



# Complete Agenda

**Democratic Services**  
Swyddfa'r Cyngor  
CAERNARFON  
Gwynedd  
LL55 1SH

## Meeting

### **CARE SCRUTINY COMMITTEE**

## Date and Time

**10.00 am, THURSDAY, 25TH SEPTEMBER, 2025**

## Location

**Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd, LL55 1SH**

### **\* NOTE**

**This meeting will be webcast**

**[https://gwynedd.public-i.tv/core//en\\_GB/portal/home](https://gwynedd.public-i.tv/core//en_GB/portal/home)**

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# **CARE SCRUTINY COMMITTEE**

## **MEMBERSHIP (18)**

### **Plaid Cymru (11)**

#### **Councillors**

Menna Baines  
Linda Morgan  
Meryl Roberts  
Jina Gwyrfai  
Sian Williams  
Elin Walker Jones

Rheinallt Puw  
Gwynfor Owen  
Einir Wyn Williams  
John Pughe  
Berwyn Parry Jones  
Geraint Wyn Parry

### **Independent (6)**

#### **Councillors**

Elwyn Jones  
Eryl Jones-Williams  
Angela Russell

Anwen J. Davies  
Beth Lawton

### **Labour/Liberal (1)**

Councillor  
Gareth Coj Parry

### **Ex-officio Members**

Chair and Vice-Chair of the Council

# **A G E N D A**

## **1. APOLOGIES**

To receive any apologies for absence.

## **2. DECLARATION OF PERSONAL INTEREST**

To receive any declarations of personal interest.

## **3. URGENT BUSINESS**

To note any items that are a matter of urgency in the view of the Chairman for consideration.

## **4. MINUTES**

5 - 10

The Chairman shall propose that the minutes of the meetings of this committee held on the 12<sup>th</sup> June 2025 be signed as a true record. (attached)

## **5. ANNUAL REPORT ON THE CHILDREN AND SUPPORTING FAMILIES DEPARTMENT AND THE ADULTS, HEALTH AND WELL-BEING DEPARTMENT'S COMPLAINTS, ENQUIRIES AND EXPRESSIONS OF GRATITUDE PROCEDURE FOR 2024-25**

11 - 45

To prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Cabinet and Scrutiny Committee in order to scrutinise and monitor the arrangements for dealing effectively with complaints received from service users and their representatives

## **6. HOSPITAL DISCHARGES PROJECT**

46 - 77

Cllr. Dilwyn Morgan to present the report.

## **7. WORKING WITH THE COMMUNITY**

78 - 97

Cllr. Dilwyn Morgan to present the report.

## **8. EMPTY HOMES**

98 - 106

Cllr. Paul Rowlinson to present the report.

## **9. CARE SCRUTINY COMMITTEE FORWARD PROGRAMME 2025/26**

107 - 110

To submit the Committee's draft work programme for 2025/26 for adoption.



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## CARE SCRUTINY COMMITTEE, 12 JUNE 2025

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### **Attendance:**

### **COUNCILLORS:**

Elwyn Jones, Jina Gwyrfai, Menna Baines, Elin Walker Jones, Sian Williams, Meryl Roberts, Berwyn Parry Jones, Gareth Coj Parry, Eryl Jones-Williams, Beth Lawton, Eimir Williams, Rheinallt Puw, Angela Russell and Gwynfor Owen

### **Officers present:**

Llywela Haf Owain (Senior Language and Scrutiny Advisor) and Iwan Edwards (Democracy Services Officer).

### **Present for item 7:**

Councillor Paul Rowlinson (Cabinet Member for Housing and Property), Carys Fôn Williams (Head of Housing and Property Department), Lowri Cadwaladr Roberts (Assistant Head of Housing and Property Department) and Sion Elwyn Hughes (Senior Executive Officer - Housing and Property Department).

### **Present for item 6:**

Councillor Menna Trenholme (Deputy Leader and Cabinet Member for Children and Supporting Families), Aled Gibbard (Assistant Head of Children and Supporting Families Department), Sharon Williams Carter (Assistant Head of Children and Supporting Families Department), Dylan Owen (Statutory Director of Social Services).

### **Present for item 7:**

Councillor Dilwyn Morgan (Cabinet Member for Adults, Health and Well-being), Aled Davies (Head of Adults, Health and Well-being Department), Mari Wynne Jones (Head of Adults, Health and Well-being Department), Alun Gwilym (Assistant Head of Business) and Dylan Owen (Statutory Director of Social Services).

## **1. ELECTION OF CHAIR**

**RESOLVED to elect Councillor Elwyn Jones as Chair of the Committee for the year 2025/26.**

## **2. ELECTION OF VICE-CHAIR**

**RESOLVED to elect Councillor Sian Williams as Vice-chair of the Committee for the year 2025/26.**

## **3. APOLOGIES**

Apologies were received from Councillors Anwen J. Davies, Geraint Parry and Linda Morgan.

#### **4. DECLARATION OF PERSONAL INTEREST**

No declarations of personal interest were received.

#### **5. URGENT ITEMS**

None to note.

#### **6. MINUTES**

The Chair signed the minutes of the previous meeting of this committee held on 3 April 2025, as a true record.

#### **7. PERFORMANCE REPORT OF THE CABINET MEMBER FOR HOUSING AND PROPERTY**

The report was submitted by the Cabinet Member for Housing and Property, Head of Housing and Property Department and the Assistant Heads of Department.

It was reported that the Department implemented the Council Plan 2023-2028, and on the progress to the end of April 2025. It was noted that there had been progress against the milestones set for the Department's projects within A Homely Gwynedd and An Efficient Gwynedd improvement priorities. It was reported that the overall progress was good, with several milestones reached by the end of the financial year, and that being under challenging circumstances.

During the discussion, the following observations were submitted by the Members:

Attention was drawn to the 'One-Stop Shop' plan and the member noted that he was disappointed with the progress in the plan. Explanation was asked about the reason why this plan had taken such a long time to be implemented. It was acknowledged that there had been a delay in implementing this plan, but it was explained that he was happy to announce that the shop would open on 15 September.

It was noted that the report was very good and comprehensive. However, it was noted that there was concern with the number of homeless people who lived in an unsuitable accommodation in Gwynedd. It was asked what the plan was to improve these statistics. It was explained that they were developing plans to address this problem with sites currently being built. It was noted that major developments were currently being built in Caernarfon and Bangor. It was hoped that these buildings would be ready to open soon. In terms of clarity, it was explained that there were currently over 200 people in emergency accommodation, with the figure increasing to over 400 when including the houses on lease.

A question was asked regarding the Gwynedd connection, the people who did not currently live in Gwynedd, specifically how many of these people were able to claim a connection with Gwynedd and get a Council house. It was explained that 97% of Gwynedd social housing went to people with a connection to Gwynedd and, in addition, 60% went to people who wished to live in the ward in which they wanted to live. Additionally, it was reported that the Housing Associations had conducted a recent survey of the last 9 developments that they had completed, and it was discovered that 90% of the people who had moved to these social houses spoke Welsh.

The department was praised for the number of plans which attempted to address the serious problems of housing needs in Gwynedd. Attention was drawn to the milestones set to attract 20 additional properties to the Leasing Wales Scheme - Gwynedd, but only 12 had been attracted, asking what problems caused this. It was explained that interest in this plan had started to fade and therefore the department intended to make a significant campaign to raise the interest once again. It was noted that it was a special plan which met many empty housing needs.

Attention was drawn to Property 5 of the Compliance Unit, noting that the number of completed buildings had fallen and continued to fall. It was accepted that a new Officer had been appointed and was not trained yet, but concern was expressed with the work being completed. It was explained that the number had reduced due to many different factors, but the department was on the right track to train again and change responsibilities within the team which would mean conducting more condition investigations. It was noted that she was confident that the officer would address this problem.

It was noted, in terms of increasing housing supply for local people, that it was welcomed that the department had purchased more that were targeted with the figure being 46. However, there were only 16 with tenants in them. It was asked what the most common reason was that so many of these houses were still empty. It was explained that they had focused on purchasing the houses at the start of the plan as there was a timetable on being able to spend the grant funding received. It was mentioned that 16 had been let, 20 were being repaired and 10 were ready to be let. Furthermore, it was estimated that 53 had been let within the year. It was hoped that a significant increase would be seen in the number of houses let this year.

## **DECISION**

**To accept the report.**

### **8. PERFORMANCE REPORT OF THE CABINET MEMBER FOR CHILDREN AND SUPPORTING FAMILIES**

The report was submitted by the Cabinet Member for Children and Supporting Families and the Head of Department.

It was reported that the department implemented the Council Plan 2023-2028 and reported on the progress made to the end of March 2025, acknowledging that it was still early days in the context of some of the new pledges in the document since April last year.

It was noted that the Children and Supporting Families Department had two projects in the Council Plan, namely the Autism Plan and Developing a residential provision for looked after children in small group homes plan. It was explained that the Autism Plan was thriving, with a training programme for front-line staff continuing with the aim of being a local authority with an understanding and awareness of autism. It was also mentioned that the collaboration with the Education Department continued with internal and external staff engaging with the third sector. Pride was expressed that there was currently no waiting list for the Autism Team, but it was assumed that this would not continue for long as there was a high demand for the service.

It was explained that the developing a residential provision for looked after children in small group homes plan had significantly developed over the past year. It was noted that staff had been appointed to the first home in Morfa Bychan and two children were welcomed to the placement. It was also reported that two additional properties had been purchased, and preparation work had commenced to get them to a registration standard.

During the discussion, the following observations were made by the Members:

Enquiries were made about the Derwen service, specifically regarding the access criteria for the Derwen service. It was explained that the criteria were if the child had a learning disability or a significant delay in more than one development field. The member noted that he appreciated all of Derwen's great work but that this meant that many families with children who needed a similar service to what Derwen offered were missing out as they did not fit into the learning disability criteria. It was believed that the Council only defined based on 'IQ' and therefore many children, for example children with autism, were missing out on the service that they required. It was explained that the Council did not use 'IQ' for the Derwen criteria, but it was acknowledged that there was a gap and that was the reason for establishing the autism team to try to address part of the gap.

It was asked whether the department could provide assurance that every autism team worker had received training to the highest level in the autism field. It was noted that it was one of the department's priorities to ensure that public-facing staff received appropriate and relevant training for the work that they did. It was explained that they could not say with certainty that every staff member had currently received the training, but the programme was in place and the intention was for all staff in the team to receive the relevant training.

With the Flying Start scheme, it was acknowledged that addressing rural areas was challenging where there was a lack of services and rural poverty. However, it was noted that the Flying Start scheme had increased and spread the provision recently.



Concern was expressed about the funding that the department would lose in 2027 due to lack of grants. It was believed that now was the time to inform the Welsh Government that the scheme provided great support for the people and Gwynedd and that it should not be cut. It was agreed with the member's words and the challenges arising from getting grants and a Government which implemented on the back of grants were noted. It was explained that the funding was given in this format to ensure that the Council was able to apply for more different schemes to show whether they worked and that the benefit came from them, then they could invest more into these schemes.

Attention was drawn to the Fostering department, and it was explained that it would be beneficial to take a more detailed look to see what the exact challenges in the fostering department were. It was asked whether it was possible to have a graph to show whether the situation had improved or worsened over the years. It was noted that the fostering service was now part of a network with the rest of authorities in Wales and collaborated with these. In terms of the statistics, it was explained that they were statistics which were compared across the different counties. It was noted that it was difficult to believe, out of the initial enquiries, that only 17% were approved as foster carers.

## **DECISION**

**To accept the report.**

### **9. PERFORMANCE REPORT OF THE CABINET MEMBER FOR ADULTS, HEALTH AND WELL-BEING**

A report was submitted by the Cabinet Member for Adults, Health and Well-being and the Head of Department.

It was reported that the department implemented the Council Plan 2023-28, and it reported on the progress to the end of March 2025. It was noted that she was aware of all the challenges that the department faced and that this had been highlighted more than ever before as part of the Llechen Lân report. It was noted that she was happy to report that significant progress had been made during the year.

A summary was given of the main projects that had seen progress or caused concern, noting that there were some examples in the report, and that it did not refer to every workflow as the department's projects were very broad.

During the discussion, the following observations were submitted by the Members:

The Head of Department, who was retiring, was thanked for all his hard work over the years and the new Head of Department was welcomed.

The Cabinet Member was asked to ensure that the Council contacted the Government in Cardiff to challenge to ensure that the grants available for the autism team until 2027 continued beyond this. It was also asked how many were waiting for a domiciliary care assessment and what were the figures regarding this. In terms of challenging the Government, it was noted that it was a permanent process for the cabinet members and happened on a weekly basis. To answer the member's question, it was explained that the waiting list for domiciliary care had reduced to 64. It was explained that the department's priority was to ensure that the people on the waiting list were safe. In terms of the number of people waiting for an assessment, it was mentioned that the department had this information every month until the end of March with 129 assessments held over the last two months. It was confirmed that no individual was being refused an assessment.

It was asked what was being done to improve the situation in terms of older people waiting for a care and support plan. It was noted that it was a very timely point as the department was currently doing a lot of work under the preventative banner and that people were waiting for a more detailed assessment. It was reported that there was a need to move away from the mentality that domiciliary care was required to support people. Domiciliary Care was one of the options, but a lot of work was being done within communities to support people who required help and support. It was noted that the Social Services and Well-being Act emphasised the need to look at the strengths of individuals instead of what they could not achieve.

It was asked what the department saw as the biggest obstacle in making more Direct Payments to support people. It was explained that complications in the process of establishing the arrangements had been an obstacle for people to be eager to consider direct payments, but a lot of work had been made by the Department to simplify the process and secure officers to provide support to people to put the arrangements in place.

Attention was drawn to the 'DOLS' arrangements. One member explained that he was unsure of the difference between 'DOLS' and lack of mental capacity. It was asked whether it would be possible to get an explanation of the difference between the two. It was explained that there was a long waiting list for DOLS and that this was true across Wales. It was explained that DOLS in essence worked with people who did not have the mental capacity to make specific decisions. If someone did not have the ability to make decisions regarding safety, the best welfare decisions had to be made on their behalf. If this meant that individuals were under consistent supervision and were not free to leave, a DOLS assessment had to be completed. It was agreed to arrange an information session for members on mental capacity assessments and the DOLS procedure.

Attention was drawn to the dementia units, and it was asked what the reason for the slippage and the delay was in opening these units. It was reported that the Bryn Blodau unit had partially opened, and that staffing was the main reason for the delay in the opening. It was confirmed that things were now moving forward and the unit had to open as soon as possible. It was noted that Plas Hedd had faced many challenges in terms of construction work but there was hope that

these challenges had now come to an end and the sooner the better that these units could be opened.

## **DECISION**

### **To accept the report**

The meeting commenced at 10:30am and concluded at 3pm

<b>TITLE</b>	<b>Annual Report on the Children and Supporting Families Department and the Adults, Health and Well-being Department's Complaints, Enquiries and Expressions of Gratitude Procedure for 2024-25</b>
<b>PURPOSE</b>	<b>To prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Cabinet and Scrutiny Committee in order to scrutinise and monitor the arrangements for dealing effectively with complaints received from service users and their representatives</b>
<b>AUTHOR</b>	<b>Sharron Williams Carter - Interim Head of Children's Department – Operational</b> <b>Aled Gibbard - Interim Head of Children's Department – Resources</b> <b>Mari Wynne Jones - Head of Adults, Health and Well-being</b>
<b>CABINET MEMBERS</b>	<b>Councillor Dilwyn Morgan</b> <b>Councillor Menna Trenholme</b>
<b>DATE OF THE SCRUTINY COMMITTEE</b>	<b>25/09/2025</b>

## 1. Introduction

- 1.1 In accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014 that came into force on 1 August 2014, the Director of Social Services is required to produce an annual report on the way complaints are handled and investigated within the Children and Supporting Families Department and the Adults, Health and Well-being Department. The report is produced by the Customer Care Officers of both Departments, on behalf of the Director of Social Services.
- 1.2 The purpose of this report is to provide information on the number of complaints received by the Children and Supporting Families Department and the Adults, Health and Well-being Department during the year, the reasons for them as well as the solutions. The report also contains a summary of the lessons learnt and the action taken on the complaints received. There are also details about the number of access to information requests and freedom of information requests received during this period.

## 2. Context

2.1 Both Departments are required to put a statutory Representations and Complaints Procedure into practice, in accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. There is a commitment to prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Council's relevant Scrutiny Committee so that it can scrutinise and monitor the arrangements for dealing effectively with complaints received from service users and their representatives. It is important that a record is kept of the representations and complaints so that the Department can learn lessons from them, as part of the process of improving the services provided. It is good practice to share the annual complaints report with the members of the Council to ensure transparency. The statistics for complaints under the Department's Representations and Complaints Procedure are reported separately to those of complaints where a response was provided under the Council's corporate Concerns and Complaints Policy. This enables the Scrutiny Committee and the Cabinet to regularly scrutinise the statistics for complaints.

2.2 The Children and Supporting Families Department's Customer Care Officer is managed by the Assistant Head of Safeguarding and Quality in the Children and Supporting Families Department.

The Adults, Health and Well-being Department's Customer Care Officer is managed by the Department's Assistant Head of Safeguarding and Quality Assurance.

Although the Officers are based within their Departments, it is important to note that the Officers are independent to ensure that complaints are dealt with according to the Social Services Complaints Procedure (Wales) Regulations 2014. The Social Services Complaints Procedure specifically concerns individuals receiving a service from one of the two Departments, or who have the right to represent the service users.

The Customer Care Officers are responsible for:

- Coordinating the service's arrangements in order to comply with the Representations and Complaints Procedure;
- Record complaints and positive and negative representations from service users and their representatives;
- Monitor the response to complaints within the timetables determined in the regulations for dealing with complaints under Stage 1 of the procedure;
- Co-ordinate investigations by independent investigators into formal complaints under Stage 2 of the procedure;
- Ensure that a formal written response is sent along with a copy of the independent investigation report (or a summary of the outcome) to the complainant within 25 working days under Stage 2 of the procedure, and inform the complainant if a delay is anticipated;
- Co-ordinate responses from Social Services to enquiries from the Office of the Public Services Ombudsman for Wales regarding complaints about matters relating to the Adults, Health and Well-being Department;

- Monitor Action Plans to ensure that lessons are learnt from complaints in order to improve the quality of services;
- Develop the internal Representations and Complaints Procedure;
- Ensure that information is available to facilitate access to the Representations and Complaints Procedure for service users and their representatives.
- Provide training and support to promote understanding of the Representations and Complaints Procedure among the staff of the Adults, Health and Well-being Department.
- The Customer Care Officer for Adults is a member of the Disabled Parking Spaces Panel which is responsible for coordinating the process of assessing applications from the public for designated disabled parking spaces outside their property.

### **3. Ease of the Complaints Procedure**

- 3.1 When a person contacts the Customer Care Officers, it relates to dissatisfaction with the Departments' service, and deciding to make a complaint is usually their last resort. The Customer Care Officers focus on facilitating access to the Complaints Procedure so that people are aware of their right to be heard and have a full investigation into their complaint.
- 3.2 To this end, information about the complaints procedure receives considerable publicity and is available in a variety of formats e.g. leaflets, on-line and 'easy to read' versions. All information is available in Welsh and English so that the complainant can choose his/her preferred language. Alternative arrangements such as Braille or other languages are available on request. Advocacy or other support is available to the complainant in their chosen language to assist the progress of the Complaints Procedure. Information leaflets are continuously amended and updated.
- 3.3 In accordance with the arrangements of the complaints procedure, on some occasions, it is not possible to receive a complaint at that time. If there is an ongoing Police investigation, an investigation under the Safeguarding procedure, an ongoing Child Protection investigation, or if the matter is being addressed in Court proceeding, we cannot receive the complaint. Receiving such a complaint could disrupt any ongoing investigation that is currently taking place. In such a case, we would advise the complainant of the reasons, and we can begin the complaints process once the investigation has come to an end.

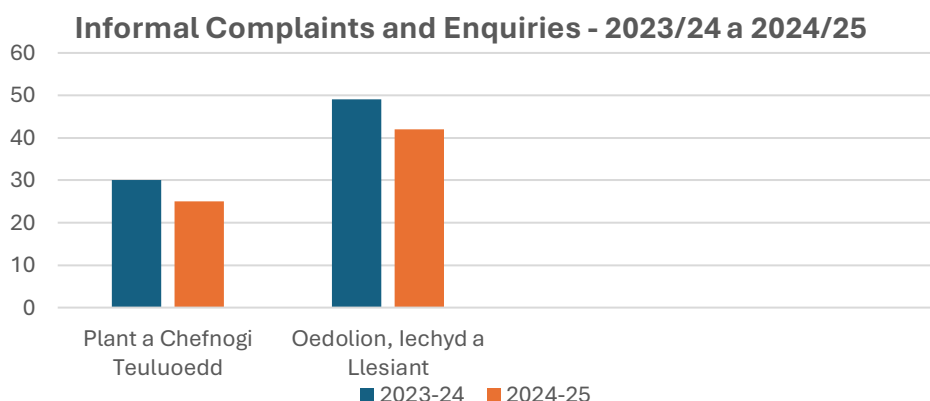
### **4. Matters recorded as Enquiries**

- 4.1 The aim is to respond to every complaint with fairness, impartiality and respect so that the individual is confident that his/her complaint will be handled professionally and positively, rather than negatively. Often, when the individual decides not to follow the Complaints Procedure, the matter is dealt with as an enquiry or informal complaint. Another example of this would be a letter from a Member of Parliament or local Councillor who wishes to express dissatisfaction or wants an answer to a specific question.

- 4.2 By responding positively during these initial stages, some matters can be resolved effectively without the need for the Complaints Procedure as this is an opportunity to address any misunderstandings or to respond to enquiries. Without a doubt, this is the best outcome for everyone. See Table 1(a) and 1(b) on the next page for a breakdown of the source of each enquiry and the unit/service that is responsible for responding to that particular enquiry.

<b>TABLE 1(a) - Enquiries and Informal Complaints received by the Children and Supporting Families Department</b>		
	<b>2023/24</b>	<b>2024/25</b>
<i>Solicitors</i>	2	1
<i>Ombudsman Enquiry</i>	3	3
<i>Local members</i>		1
<i>Members of Parliament or Assembly Members</i>	5	13
<i>Service Users</i>	1	
<i>Relative</i>	15	6
<i>The Public</i>	1	4
<i>Foster Carer</i>	1	
<i>Other Agent e.g. advocacy service</i>	2	
<b>Total</b>	<b>30</b>	<b>28</b>

<b>TABLE 1(b) - Enquiries and Informal Complaints received by the Adults, Health and Well-being Department</b>		
	<b>2023/24</b>	<b>2024/25</b>
<i>Solicitors</i>	1	
<i>Ombudsman Enquiry</i>		
<i>Local members</i>	3	1
<i>Members of Parliament or Assembly Members</i>	16	12
<i>Service Users</i>		1
<i>Relative and/or Carer</i>	14	13
<i>The Public</i>	10	9
<i>Advocate</i>		1
<i>Issues with Disabled Parking Spaces</i>	2	
<i>Another agency</i>	1	4
<i>Other Counties</i>	1	
<i>The Police</i>		1
<i>Older People's Commissioner</i>		
<i>External Companies Providing Care</i>	1	
<i>Cyngor Gwynedd Staff (another Department)</i>		
<i>Health Board Staff</i>		
<b>Total</b>	<b>49</b>	<b>42</b>



## 5. Stage 1 - Social Services Statutory Complaints Procedure - Local Resolution

- 5.1 Every effort is made to resolve the complaint so that the complainant and the Department are satisfied. Obviously, a local and early solution is the best outcome for everyone, and this can be achieved by investing time and effort early on. However, if the complainant decides to lodge a formal complaint under Stage 1 of the Complaints Procedure, the usual procedure is for contact to be made on the telephone, via e-mail or face to face with the complainant or a representative to try to resolve the matter. Over the years, the Customer Care Officers have successfully established close working relationships with the teams, managers and legal service as a means of discussing and resolving matters, and this is reflected in the



small number of complaints that reach Stage 2 of the Complaints Procedure.

- 5.2 Sometimes, a concern can be resolved by the end of the following working day, and in such cases, it does not need to be recorded as a complaint under Stage 1 of the Complaints Procedure. Instead, they will be recorded as Informal Enquiries and Complaints. In addition, on some occasions, the complainant would state that they do not wish to make a formal complaint under Stage 1 or Stage 2 of the Complaints Procedure.

At other times, the concerns received are related to historic issues and, consequently, they are not eligible for investigation under the Complaints Procedure, albeit some sort of response will be provided when appropriate. In the case of some concerns, it is not possible to respond to them under the Complaints Procedure if doing so would harm legal proceedings or adult protection investigations currently underway. The complainant will be informed of their right to resubmit the complaint once the current case is concluded, if they so wish.

- 5.3 Formal complaints are dealt with under the Social Services statutory complaints procedures. Once a complaint is received, it is sent on to the relevant Team Manager and Assistant Head of Department. The relevant Team Manager or Assistant Head of Department will contact the complainant on the phone to discuss their complaint and try to find a solution. Following this discussion, the Assistant Head of Department will send a letter to the complainant to confirm the discussion. If the complainant does not want to talk on the phone, it is possible to respond in writing only. In accordance with the guidelines, the Department has 10 working days to contact the complainant to discuss their complaint, and then five working days to confirm the discussion by letter.

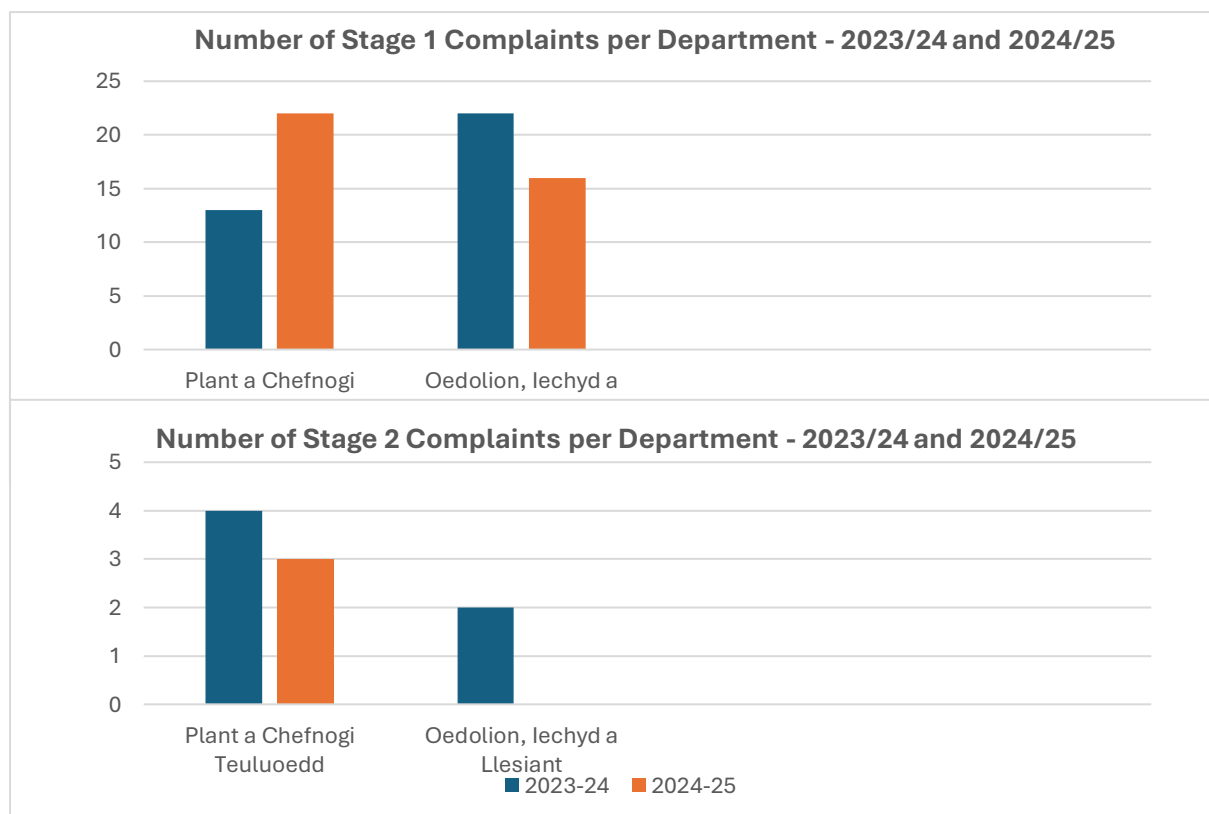
- 5.4 If the complainant is dissatisfied with the response under Stage 1 of the complaints process, they can ask for the matter to be escalated to Stage 2 of the Social Services Complaints procedure. In accordance with the guidelines, the relevant Department has 25 working days to complete a Stage 2 investigation. In exceptional cases, it is possible to extend the timetable if necessary. It is also important to note that the Complaints Arrangement allows the complainant to ask the relevant Department to upgrade their complaint directly to Stage 2 of the Complaints Procedure and choose not to receive a formal response under Stage 1.

- 5.5 Table 2 below shows the number of formal complaints received by both Departments between 01/04/24 and 31/03/25, with figures from the following year included for comparison. See also Tables 2(a) and 2(b) below for comparison of the number of complaints received by both Departments between April 2020 and March 2025.

Examples of the complaints received by both Departments are seen in **Appendices 1(a) and 1(b)**.

TABLE 2 Social Services Statutory Complaints Procedure		
<b>CHILDREN AND FAMILIES DEPARTMENT</b>	<b>2023/24</b>	<b>2024/25</b>
Stage 1	13	22
Stage 2	4	3
Ombudsman	0	0
<b>Total</b>	<b>17</b>	<b>25</b>
<b>ADULTS, HEALTH AND WELL-BEING DEPARTMENT</b>	<b>2023/24</b>	<b>2024/25</b>
Stage 1	22	16
Stage 2	2	0
Corporate Complaints Procedure	2	7
Ombudsman	0	0
<b>Total</b>	<b>26</b>	<b>23</b>

TABLE 2(a) Social Services Statutory Complaints Procedure - Children					
	2020/21	2021/22	2022/23	2023/24	2024/25
Stage 1	21	26	16	13	22
Stage 2	1	3	1	4	3
Ombudsman Investigation	0	0	0	0	0
<b>Total</b>	<b>22</b>	<b>29</b>	<b>17</b>	<b>17</b>	<b>25</b>
TABLE 2(b) Social Services Statutory Complaints Procedure - Adults					
	2020/21	2021/22	2022/23	2023/24	2024/25
Stage 1	15	29	22	22	16
Stage 2	0	1	1	2	0
Ombudsman Investigation	0	0	0	0	0
<b>Total</b>	<b>15</b>	<b>30</b>	<b>23</b>	<b>24</b>	<b>16</b>



## **6. Stage 2 - Social Services Statutory Complaints Procedure - Formal Investigation**

- 6.1 Should a complainant wish to escalate his/her complaint to Stage 2, he/she would have to provide a full record of the complaint along with any achievable outcomes; this would then form the basis to what we call a Stage 2 Investigation. For both Departments, the investigation is conducted by a person independent of the Council, known as the Independent Investigator. In addition, in a case of a complaint regarding the Children and Supporting Families Department, an Independent Person needs to be appointed. Their role is to meet the complainant, interview relevant staff and read the social care file. Following this, they create a report of their findings along with any recommendations for the relevant Departments. The Department will prepare a response to these recommendations to be shared with the complainant.

Both Departments are responsible for funding their own investigations by commissioning an independent investigator, and the independent person when relevant, as a self-employed individual. Investigation costs vary according to the complexity of the matter and the time needed to gather the evidence and create the report.

If the complainant remains unhappy after the Stage 2 process, they can ask the Ombudsman to investigate further.

By following the principle of focusing on an early and local solution successfully, and dealing with matters quickly and effectively, the need to move complaints forward to Stage 2 is uncommon in Gwynedd. It is understood that Gwynedd leads all other north Wales counties in this regard. It is a clear sign of the commitment of the Customer Care Officers, through the willing cooperation of the relevant staff in each individual case, to resolve every complaint in an effective and timely way.

- 6.2 During 2024/25, the Children and Families Department received three requests to escalate a complaint to Stage 2 of the Social Services Statutory Complaints Procedure. An analysis of the three Stage 2 Investigations is included in Appendix 1(a) .

No complaints to the Adults, Health and Well-being Department moved from Stage 1 to Stage 2 during 2024/25. Please see **Appendix 1(b)** for further details.

## **7. Investigations into complaints received by the Public Services Ombudsman**

- 7.1 If the complaint is not resolved at the end of an investigation under Stage 2 of the Complaints Procedure, the complainant has the right to refer the

case to the Public Services Ombudsman for Wales, or the Welsh Language Commissioner, or the Equality and Human Rights Commissioner, depending on the nature of the complaint.

- 7.2 A complainant has the right to contact the Ombudsman at any point, but the Ombudsman usually expects the complainant to go through the whole complaints process before they look at the matter. Therefore, the Ombudsman would refer the complainant back to the Department to try to solve the complaint locally.
- 7.3 No new investigations were received by the Ombudsman's office in 2024/25 by either of the two Departments during the period of this report.

## **8. Complaints about services jointly provided with the Health Board**

- 8.1 A joint complaints protocol exists for Betsi Cadwaladr University Health Board and the six Local Authorities in North Wales. No joint responses were submitted to complaints under this protocol during 2023/24.

## **9. Adherence to the Statutory Complaints Procedure Response Timetable**

- 9.1 The Local Authority has a duty to provide information on the way it investigates and deals with complaints within the timetable noted in the Guidelines and Regulations. Once a complaint is received, the relevant manager or senior practitioner will offer to contact the complainant to propose a meeting/phone call within 10 working days in order to discuss the complaint and seek a resolution. Then, we will write to the complainant within 5 working days of the discussion to confirm the terms of the complaint resolution.

- 9.2 The Adults, Health and Well-being Department managed to respond to 94% of Stage 1 complaints within this timetable during 2024/25. The Children and Supporting Families Department managed to respond to 95% of complaints within the same timetable during 2024/25.
- 9.3 The reasons for any late responses were mainly related to the complexity of the complaint in question, and the research that needs to be undertaken to be able to provide a full response. The sickness absences, annual leave etc. of the Customer Care Officer and staff associated with the complaint also have a significant impact on the ability/failure to adhere to the response timetable.

The timetable for providing a written response confirming the outcome of the discussion is very tight, namely 5 working days. Nonetheless, most complainants do receive a response within the timetable or have agreed to extend the timetable.

<b>Social Services Statutory Complaints Procedure - Children and Supporting Families Department - Response Performance 2024/25</b>						
<b>Stage 1</b> (total - 13)						
<i>Complaints received within 12 months of the incident</i>	<i>Complaints received 12 months after the incident</i>	<i>Acknowledged within 2 days</i>	<i>Discussion to resolve within 10 days</i>	<i>Decision announced within 5 days</i>	<i>Response time extended</i>	<i>Average number of days extended</i>
21	1	22	21	21	1	10
<b>Stage 2</b> (total - 2)						
<b>Number acknowledged within 5 days</b>	<i>Number of responses received within 25 working days</i>		<i>Total delayed under exceptional circumstances</i>			<i>Number completed within 6 months</i>
	1		2			2

<b>Social Services Statutory Complaints Procedure - Adults, Health and Well-being Department - Response Performance 2024/25</b>						
<b>Stage 1</b> (total - 16)						
<i>Complaints received within 12 months of the incident</i>	<i>Complaints received 12 months after the incident</i>	<i>Acknowledged within 2 days</i>	<i>Discussion to resolve within 10 days</i>	<i>Decision announced within 5 days</i>	<i>Response time extended</i>	<i>Average number of days extended</i>
16	0	16	15	15	1	15
<b>Stage 2</b> (total - 0)						
<b>Number acknowledged within 5 days</b>	<i>Number of responses received within 25 working days</i>		<i>Total delayed under exceptional circumstances</i>			<i>Number completed within 6 months</i>
0			0			0

## **10. Cyngor Gwynedd's Corporate Complaints Procedure**

- 10.1 Some matters that are beyond the remit of the Social Services Complaints Procedure are dealt with under Gwynedd's Corporate Complaints Policy. Complaints that are handled under the Corporate Complaints Procedure mainly relate to matters that are not associated directly with the care services that the Departments offer under the Social Services and Well-being (Wales) Act 2014.
- 10.2 Seven complaints were received this year by the Adults, Health and Well-being Department that were addressed under the Council's Corporate Complaints Procedure. More information about these complaints is available in **Appendix 2**.

## **11. Learning Lessons and Identifying Trends**

### **Learning Lessons**

- 11.1 Quarterly reports on dealing with complaints are presented to the Management Teams of the Children and Supporting Families Department and the Adults, Health and Well-being Department. This is an opportunity for the Assistant Heads to analyse every complaint and to discuss and learn to improve the service provided to Service Users.
- 11.2 The Management Teams include the lessons learnt in their amended work plans and any training needs are identified. The current lessons to be learnt log is administrated by the Customer Care Officers. The log is regularly distributed amongst the Assistant Heads of Department to notify them of the lessons that have been identified. The log will be updated with any information about actions taken in connection with the lessons to be learnt. It is hoped that this will be a more effective way of identifying lessons and ensuring that improvements are actioned.

### **Complaints Trends - Children and Supporting Families Department**

- 11.3 The Children and Supporting Families Department works daily with a wide range of different families. Some families come to the Department's attention through a direct request for assistance, for example, if their child is disabled. Most families come to the Department's attention because of concerns for a child or young person's health and safety.
- 11.4 Due to the nature of the Department's work, and specifically Social Workers, tension or conflict with families is unfortunately inevitable at times. Social Workers must make very difficult decisions, and families are not always happy. The Department understands and accepts that families can be dissatisfied, which then leads them to make a formal complaint against the Department.
- 11.5 It is fair to note that it is difficult to see whether there are specific trends or clear themes in the complaints received during 2024/25, as each complaint tends to be unique to each case. In accordance with the Complaints

Procedure, either the Team Manager or the Assistant Head of Department will discuss the complaint with the complainant. Through discussion, the Team Manager can respond to matters directly and the majority of cases are resolved over the phone; it is clear that this way of dealing with complaints works. In most cases, the complaint stems from misunderstanding and miscommunication. Once the matters are fully explained, in the majority of cases, the complainant will be happy.

- 11.6 It is also very important to note, on several occasions when a complainant initially contacts the Customer Care Officer, they are feeling emotional - they could be angry or concerned about a decision or a misunderstanding. In most cases, the complainant will be satisfied once they have been given the opportunity to discuss their concern with the Customer Care Officer, initially, and then with the relevant Team Manager, and they would be happy with the outcome of these discussions.

11.7 **Vexatious Complainants / Difficult Individuals**

We work in a special field, with the need to respond to vulnerable cases to ensure the well-being of Gwynedd children and young people. This can lead to conflict with families; between the need to safeguard a child which is contrary to their parents' wishes. This means that we come across some difficult and dangerous individuals at times.

The biggest trend in 2024/25 and seems to be continuing into 2025/26 is individuals that can be described as difficult or tiresome complainants. Difficult complainants are individuals where an effort has been made to respond to their complaint but they continue to be dissatisfied and usually behave in an increasingly abusive or threatening way. Despite presenting explanations through the Stage 1 process or sometimes the results of Stage 2 independent investigations, they continue to be dissatisfied and it is not possible to persuade or satisfy them. They become increasingly frustrated, and it is challenging to try and keep their comments confidential.

For example, complainants who choose to share sensitive information publicly about their circumstances by spreading rumours about organisational corruption and threaten individual staff members. There are corporate policies to deal with tiresome complainants. This allows us to manage how we respond to them. The threshold for this is high and staff can experience long periods of difficult contact and face threats before being able to put this to work. This means not only dealing with continuous communication from individuals about matters but that these individuals are sometimes threatening to the staff trying to maintain their statutory duties.

On several occasions, the need to escalate matters for the attention of Health and Safety has been raised, and the need to write warning letters to those individuals to explain that such behaviour will not be accepted by the Council. The balance of ensuring an individual's right to complain and receive full attention in accordance with the complaints arrangements and ensuring staff safety is very difficult at times. Also, when dealing with difficult individuals like this, there is a need to ensure that the complaints procedure does not disrupt the Service's ability to safeguard the child/young person.

It is also important to note, that as a Department we welcome complaints, it is a way to understand what is happening in our department and learn and develop in accordance with need. Individuals who are identified as tiresome complainants use the complaints process to try and put pressure on staff to change decisions, sometimes they use the process to get their own way despite it not being the best action in the interest of the child or young person in question. Clearly, this is not the purpose of the complaints procedure, this process is to give a voice to individuals who feel that they have been failed by the Department, and not to put pressure and threaten Council staff.

### **Complaints and Enquiries Trends - Adults, Health and Well-being Department**

- 11.10 The Customer Care Officer is part of the Safeguarding and Quality Assurance Unit (Adults) and has a close relationship with the Monitoring Officers and the Safeguarding Officers. This is essential to share information to identify Safeguarding cases. Sharing information about any complaints received regarding the care of individuals in residential homes is useful to identify broader care problems in those organisations that will require further investigation from the Monitoring Officers.

- 11.11 A variety of complaints and enquiries were received on different themes during the year and no specific theme became apparent.

There was a continued reduction in the number of complaints/enquiries received on the most prominent theme brought to our attention during the last two years, namely complaints and enquiries about the impact of the difficulties that we have had as a Department to provide sufficient domiciliary care hours when the need arose. Two complaints were received on this theme this year.

No other specific trends were identified among the wide range of issues received during the year 2024/25.

## **12. Training and Staff Awareness of the Complaints Procedure**

- 12.1 Providing training to staff about the Complaints Procedure is an important aspect of Customer Care, so that staff members are fully aware of the procedure and are confident of their role within it. The Customer Care Officers are always available to discuss any specific cases with the



Departments' staff members and offer advice on the best way of dealing with enquiries or complaints against the Department. An e-learning session for all staff members in both Departments has been developed to ensure that staff are fully aware of the complaints procedure and the expectations on staff during the process. We will monitor the numbers undertaking the training and will target staff members who have not completed it.

### **13. Other Duties**

- 13.1 The Adults, Health and Well-being Department's Customer Care Officer is a member of the Disabled Parking Spaces Panel, which is responsible for coordinating the process of assessing applications from the public for designated disabled parking spaces outside their property. A panel meeting is convened including staff from the Environment Department to assess each application. Currently, the Adults Department funds 11 parking spaces every year which costs around £4000 in each case. The demand for this facility has increased greatly during recent months and means there is now a waiting list due to the low number of disabled parking spaces that are available every year. A Ffordd Gwynedd review of the process has begun, and we hope to receive the outcome soon.

The Adults Customer Care Officer is responsible for ensuring that application forms are up-to-date and correct, and is responsible for receiving enquiries over the phone, by letter and e-mail. The Customer Care Officer is responsible for the entire process of recording the receipt of applications and their outcomes, co-ordinating Panel meetings, and communicating application results by letter after each Panel meeting.

- 13.2 The Children and Supporting Families Customer Care Officer also deals with access to information requests in accordance with the Data Protection Act 1998 / Data Protection Act 2018. The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 were introduced on 25 May 2018, and as a result, there were some changes in the way access to information requests are dealt with. The Adults, Health and Well-being Department has an Administrative and Information Officer who is responsible for receiving and responding to these requests.

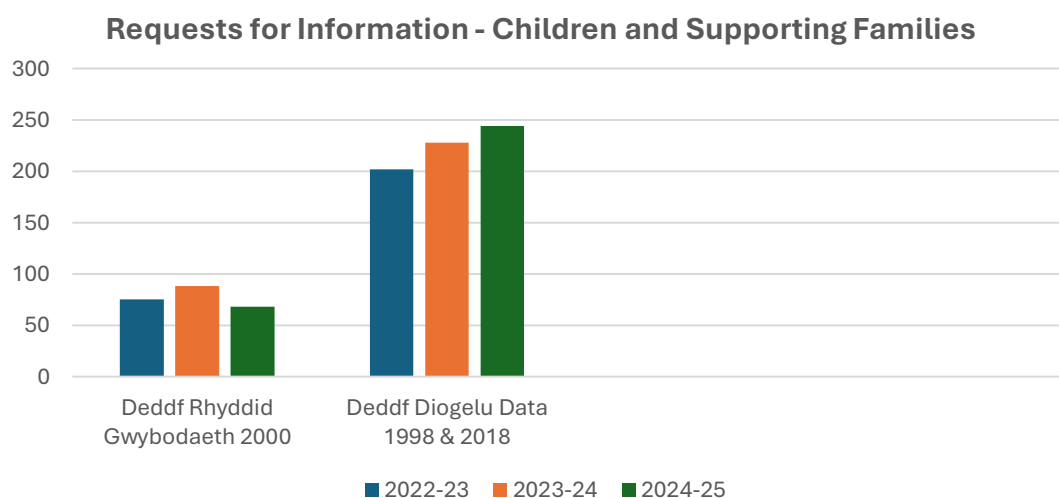
- 13.3 The access to information requests under the Data Protection Act 1998 / Data Protection Act 2018 are made by individuals, the Police, Solicitors, the Health Board as well as other Local Authorities. In accordance with the Act, there are specific timetables to adhere to, and the timetable for responding has become much more challenging since the new Act was introduced.

- 13.4 Determining what information is appropriate to be released is work that demands skill and can be emotionally challenging at times. The Officers who deal with information requests spend long hours on some of the more complex requests that the Departments receive. This means that a substantial number of hours are spent ensuring that information requests are responded to within the specified time.

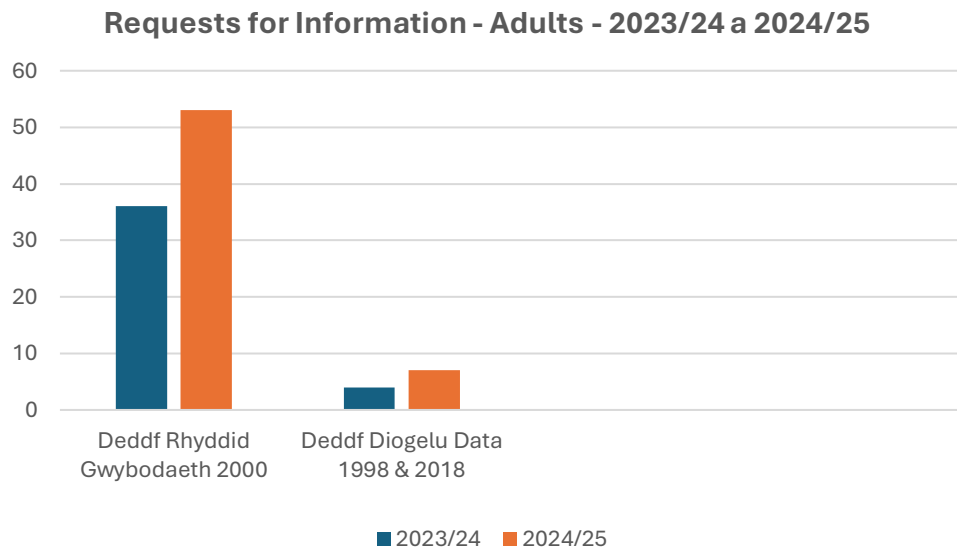
- 13.5 It is also the responsibility of the Children and Supporting Families Department's Customer Care Officer to coordinate responses to freedom of information requests under the Freedom of Information Act 2000. The number of requests under the Data Protection Act 1998 have increased over the last year. We are seeing an increase in requests from the Police, other Agencies and subject access requests, the reason for this increase is unclear.

The number of information requests received by both Departments can be seen in **Tables 5(a) and 5(b)** below

<b>TABLE 5(a) - Information requests - Children and Supporting Families</b>			
	2022/23	2023/24	2024/25
Requests under the Freedom of Information Act 2000	75	88	68
Data Protection Act 1998 / Data Protection Act 2018 Requests	202	228	244
Total	236	316	312



<b>TABLE 5(b) - Information requests - Adults, Health and Well-being</b>		
	2023/24	2024/25
Requests under the Freedom of Information Act 2000	36	53
Data Protection Act 1998 / Data Protection Act 2018 Requests	4	7
Total	40	60



## 14. Expressions of Gratitude

- 14.1 As well as responding to concerns, complaints and other representations from service users, their families, and members of the public, it is also crucial that we acknowledge and record the expressions of gratitude we receive from our service users, families, members of the public and from staff from other agencies.

In addition to the thanks and compliments recorded by the Customer Care Officer on the RESPOND recording system, we are aware that many thanks, gifts etc. have been delivered to the staff of Council residential homes. These come mainly from families of service users who wanted to show their appreciation to staff for taking such great care of their relatives.

Examples of these compliments and thanks can be seen in **Appendix 3**.

NUMBER OF EXPRESSIONS OF GRATITUDE DURING 2024-2025 - ADULTS, HEALTH AND WELL-BEING					
Adults Service (including Area Teams, Learning Disabilities Team, Mental Health Team and Occupational Therapy)	Internal Provider (Domiciliary care and residential)	Business and Finance	Telecare	Customer Care and Safeguarding	TOTAL
51	54			1	106

NUMBER OF EXPRESSIONS OF GRATITUDE DURING 2024-2025 - CHILDREN AND SUPPORTING FAMILIES	
	TOTAL
	95

## 15. Work Plans for 2025/26

- 15.1 The Customer Care Officers will continue to respond to concerns, enquiries and complaints by following the Welsh Government Social Services Complaints Procedure, ensuring that the lessons to be learnt from every case are addressed by the Departmental Management Team regularly and timely. Continue to monitor actions that take place to develop the service.
- 15.2 The Customer Service Officer will continue to chair the North Wales Customer Care Officers Group (NWCOG) for the coming year. It is intended to hold meetings every three months.
- 15.3 Further work will also be completed to try and encourage workers across both Departments to contact the Customer Care Officers to share any thanks or complimentary observations that they receive. There is currently a sense that staff members feel that it is not appropriate to share some observations, but the Customer Care Officers are eager to change this.
- 15.4 Encourage the staff to complete the e-learning training session to ensure that they are fully aware of the process and are familiar with the steps needed to take during the process.
- 15.3 In line with the 2023/24 Work Plan, we started the process of raising more awareness of the complaints and compliments process during the last year. As an initial step, a new poster was designed for the Council's residential homes to promote how service users, and/or their families, can raise a formal complaint and/or express praise about the service. During this year, we intend to look into the possibility of extending the posters provision and display them at libraries, GP surgeries and other public buildings.

## 16. Statistics on the use of Welsh and English when responding to complaints and enquiries

- 16.1 The Customer Care Officers respond to enquiries and complaints in the chosen language of the enquirer or complainant. See the relevant figures on the use of both languages in the tables below.

The Complainant's language choice to make an enquiry/complaint in 2024/2025 - Adults, Health and Well-being Department			
	Welsh	English	Total
<i>Informal Enquiries and Complaints</i>	20	22	42

<i>Stage 1</i>	7	9	<b>16</b>
<i>Stage 2</i>	0	0	<b>0</b>
<i>Corporate</i>	3	4	<b>7</b>
<i>Ombudsman</i>	0	0	<b>0</b>

**APPENDIX 1(a) - EXAMPLES OF COMPLAINTS AND REPRESENTATIONS TO THE CHILDREN AND SUPPORTING FAMILIES DEPARTMENT DURING 2024/25**

Reference	Brief description	Stage	Team	Response	Lessons to be learnt	Grounds to the complaint?
GC15745-24	Complaint received in relation to a member of staff in the Out of Hours Team. They felt that the staff member had not taken them seriously and had been rude on the phone.	Stage 1	Out of Hours Team	<p>The Team Manager contacted the individual to discuss the complaint. It was explained to them that the concerns they raised had been accepted in full and passed on to the Child Referral Team in line with the process. These were not concerns that required urgent attention from the Out of Hours Team at the time. The Team Manager apologised on behalf of the Service that they felt that the member of staff had not taken them seriously and that the matter would be discussed in full. The Manager assured the complainant that the concerns had been noted in full and shared with the relevant Team.</p> <p>The Team Manager confirmed the content of the discussion with the complainant in a letter.</p>	The Manager discussed the matter with the Officer to ensure clear communication in future.	There were grounds in part as the complainant had been upset about the way the officer dealt with them. Nevertheless the Officer gave assurance that the correct process had been followed in accordance with child protection guidelines.
GC15766-24	We received a complaint from a parent which related to the Arfon Children's Team and Independent Reviewing Officers. The complainant noted that she had felt uncomfortable during a review meeting and felt that it was not a professional meeting. The complainant also raised concerns	Stage 1	Arfon Children's Team and the Independent Reviewing Officer	<p>As a response we received comments from the two Services, namely the Children's Team and the Independent Reviewing Officers to produce a full response for the complainant.</p> <p>The Service apologised if the complainant was not comfortable during</p>	No lesson to be learnt.	There were no grounds to the complaint. The Service had taken steps to seek to support the individual by offering an advocate. They refused. Decisions in this case were multi-

	relating to the Care Plan of her child and contact matters in particular.			<p>the meeting, and this was not their intention at all. The offer of an advocate was made and we reiterated that this offer was still available to them at any point to support them.</p> <p>The Service provided a full explanation for every point in the complaint noting that a multi-agency meeting was arranged to ensure that they understood the feedback relating to the Care Plan.</p>		agency ones.
GC16005-24	A parent contacted us wishing to submit a complaint, they noted that they were not aware of who was working with the case and there was no social worker in place. They were also uncertain of the current status of the case and were concerned about the care of the children with a relative.	Stage 1	Edge of Care Team	<p>We responded by noting that a Social Worker and Social Work Student had been identified for the case, they had met with and spoken to both officers on several occasions and therefore we do not accept the viewpoint that they were not aware of who was working with the case.</p> <p>The children's current situation was explained in full, the complainant was fully aware as he had fully participated in the Courts process with full legal representation during this process.</p> <p>In terms of the children's case, they are seen regularly in line with statutory requirements, there is no evidence of abuse of concern about their care.</p>	No lessons to be learnt.	By looking through the file when investigating the complaint, it was clear that the Service had been in contact with the parent on several occasions. The parent was fully aware of the situation and was represented fully during the process.
GC16766-24	A parent contacted us wishing to submit a complaint about a lack of communication, they disagreed with a decision to hold a child protection investigation and disagreed with the contents of the Social Worker's report to the Case	Stage 1	Arfon Children's Team	We responded in full to the complainant and explained there had been regular contact and it had been recorded in full on the electronic system. In terms of responding to the decision for a child protection investigation, we reminded the complainant of the reasons for doing	No lessons to be learnt.	A clear decision had been made regarding the need to take child protection steps. Therefore, there were no grounds to the complaint.

	Conference.			this and the importance of identifying what had happened. The letter noted that we understand that this type of intervention is a very difficult time for them as a family and is a cause for concern but in this case, it was mandatory to ensure that the correct steps are taken in accordance with child protection processes.		
GC17157-25	Complaint received about the Occupational Therapist provision within the Derwen Service. The complaint related to timescales for making adaptations within the house.	Stage 1	Derwen Service	We responded in full to the complainant and noted the timetable of what has taken place so far and the plan in moving forward. It was explained that the matter was now in the hands of the Water Board and the Planning Department. The Service promised to keep in regular contact and update the family with any development on the adaptations. The Service apologised to the complainant for having to submit a complaint and assured them that the matter was progressing.	Ensure clear communication during the adaptation process.	There were partial grounds to the complaint. Although clear steps had been taken in moving the matter of adaptations forward, this may not have been very clear in this case for the complainant.
<b>EXAMPLES OF STAGE 2 COMPLAINTS DURING 2024/25</b>						
GC14171-23	<p>We received a complaint from a parent, the specific points below from the Independent Investigators were during the Stage 2 investigation.</p> <ul style="list-style-type: none"> <li>Two specific examples where the parent felt that the behaviour of specific practitioners was unprofessional during a home visit and during a Case Conference.</li> </ul>	Stage 2	Dwyfor and Meirionnydd Children's Team	The complainant received an independent investigation of the complaint with an Independent Investigator and an Independent Person appointed. They met with the complainant to give them an opportunity to report their complaint in person. As part of this investigation, the Investigators were given full access to all information on the complaint file and the social care file to assist them with the investigation. They also interviewed	Although no recommendations were noted, it is important to note in this case there had been a change in terms of the processes of sharing reports before Case Conferences. Historically, it was	The report concludes there were no grounds to the complaint.



	<ul style="list-style-type: none"> <li>The parent did not agree with the decision for the case to proceed to a Case Conference and the lack of preparation for it.</li> <li>No time to consider the Social Worker's report before the Case Conference.</li> <li>No opportunity to express opinion at the Case Conference and disagreed with the registration and the registration category.</li> <li>The parent felt that there was a lack of empathy towards them as parents.</li> </ul> <p>The parent did not believe that the Social Worker's report was complete as they had not watched a recording/video.</p>			<p>relevant staff members as part of the investigation before writing the report and reaching their conclusion.</p> <p>In this case, out of the 6 points noted the Independent Investigator did not uphold any points in the complainant's favour.</p> <p>The Head of Department wrote to the complainant confirming that the Department accepted the report and encouraged them to seek assistance to support them to process their difficult experiences as a family. A note that they could contact them at any point to assist them with this.</p>	<p>not usual to leave a copy of the report with the family before the Case Conference. The Social Worker requested a change and following her contact with the relevant Managers the procedure was changed.</p>	
GC15325-24	<p>We received a complaint from a parent, 43 points were raised by the parent during the Stage 2 investigation. These varied, for example, they had not received contact that a review was taking place, felt that there were child protection concerns, incomplete health reports, believed there had been a confidentiality breach, unhappy with contact arrangements.</p>	Stage 2	Arfon Children's Team	<p>The Department identified an Independent Investigator and Independent Person to conduct an investigation into the complainant's complaints.</p> <p>The Investigators met with the complainant to give them an opportunity to discuss the matters in person. The Investigators had full access to all the information relating to the case and they interviewed the relevant staff.</p>	<p>There were no recommendations in this case.</p> <p>The investigation confirmed that the Department held appropriate child protection investigations with no evidence of the children being at risk. It was noted that evidence</p>	<p>There were no grounds to the complaint.</p>

				Of the 43 points, the Investigators accepted one point in part. They did not accept the 42 other points. In terms of the point accepted in part, there were no recommendations, and the Investigator noted that the report would answer the complainant's question on this matter.	supported that staff worked with stakeholders and provided opportunities for the complainant to give their opinion. There was no evidence that the Department was not completely transparent with the complainant.	
GC17525-25	A further complaint was received from the complainant of the above-mentioned case (GC15325-24). We received an application to escalate it to Stage 2 at the end of March 2025, the process is ongoing. Full information will be included in the next annual report for 2025-26.	Stage 2	Arfon Children's Team.			

**APPENDIX 1(b) - EXAMPLES OF COMPLAINTS AND REPRESENTATIONS TO THE ADULTS, HEALTH AND WELL-BEING DEPARTMENT DURING 2024/25**

Reference	Brief description	Stage	Team	Response	Lessons to be learnt	Grounds to the complaint?
GC/15885-24	The relative of an elderly person concerned about the decorative condition and cleanliness of their relative's room in a residential home owned by the Council. Asked the Service to act to improve it.	Stage 1	Residential and Day Care (Internal Provider)	The service agreed there were grounds to the concerns. A full apology was provided with a promise to improve the condition of the room as soon as possible.	Ensure that the failings in the condition of residents' rooms received prompt attention and were permanently renovated.	Confirm that there are grounds to the complaint  A full apology was provided with a promise to improve the condition of the room as soon as possible.
GC/16236-24	Service user reported that a member of staff had spoken to her in a disrespectful manner and wanted an apology.	Stage 1	Domiciliary Care (Internal Provider)	Investigation held and full apology given.	No new lesson identified	Confirm that there are grounds to the complaint
GC/16355-24	A service user's relative raised concern about the quality of the care of their family member in a Council owned residential home.	Stage 1	Residential and Day Care (Internal Provider)	Thorough investigation and full response provided	No specific lesson identified.	Confirm that there are grounds to the complaint
GC/16697-24	The carer of a service user expressed concerns about the long waiting time before a home care package was able to commence. Need to start the care package urgently	Stage 1	Adults Service (Community Resources Team)	A full apology was provided with a promise to seek to provide the service urgently	No new lesson identified	Confirm that there are grounds to the complaint

GC/16905-24	A relative of a service user expressed her concern that the family did not receive enough support from several different agencies to enable her relative to receive care in her home rather than move to nursing care.	Stage 1	Adults Service (Community Resources Team)	Full investigation carried out and a full response was provided to the aspects of the complaint that encompasses the role of Cyngor Gwynedd. Separate complaints were submitted to other relevant agencies	No new lesson identified	Confirm that there are grounds to the complaint
GC/17216-24	A relative raised concerns about the delay before being able to allocate a Social Worker to her family member. Also dissatisfied with the level of communication after requesting respite care and with the timetable to conduct a financial assessment of the service user's contribution to care costs.	Stage 1	Adults Service (Community Resources Team)	Full investigation carried out. Comprehensive response and apology given as a result.	No new lesson identified	Confirm that there are grounds to the complaint
GC/17318-24	A service user raised concerns about the long wait for home care to move back home from a local nursing home.	Stage 1	Adults Service (Community Resources Team)  Domiciliary Care (Internal Provider)	Full apology and response provided for the delay. Committed to provide the home care as soon as possible	No new lesson identified	Confirm that there are grounds to the complaint
GC/17435-24	A service user's relative asked for invoices for home care costs to be	Stage 1	Adults Service (Community	An apology was provided following a full investigation to the	Note the importance of	Confirm that there are grounds to the

	deleted alleging that the family had not been clearly notified that a period of Enablement care (free of charge) had concluded on a specific date. Senior Manager to investigate and make a decision.		Resources Team)  Business Service (Income and Welfare Unit)	allegations submitted. Lessons learnt added to the Lessons Log	recording the content of every discussion about the conclusion of Enablement care periods to be able to evidence understanding of the financial contribution towards care from that date.	complaint
<b>EXAMPLES OF STAGE 2 COMPLAINTS DURING 2024/25 - ADULTS, HEALTH AND WELL-BEING DEPARTMENT</b>						
NO STAGE 2 COMPLAINTS WERE RECEIVED						

## APPENDIX 2 - Examples of Corporate Complaints - 2024/25 - ADULTS, HEALTH AND WELL-BEING DEPARTMENT

<b>Ref.</b>	<b>Brief description</b>	<b>Category</b>	<b>Stage</b>	<b>Unit / Team</b>	<b>Outcomes</b>
GC/16397-24	A service user's relative dissatisfied that he had received a document regarding a financial assessment for their contribution to residential care costs in English only. Full apology provided.	Corporate	Formal complaint	Income and Welfare Unit (Business)	Accepted there were grounds to the complaint. Full response provided and the matter has been resolved Complaint involves the Council's corporate language policy
GC/16196-24	A member of the public expressed concerns about the lack of action in the interests of his neighbour by the Community Resources Team as it caused unbearable noise and affected him and others. Full response provided.	Corporate	Formal complaint	Adults Service (Community Resources Team)	Full investigation of the allegations carried out. Response provided however the steps in place to improve the situation cannot be disclosed due to data protection rules



**APPENDIX 3 - EXPRESSIONS OF GRATITUDE AND PRAISE - EXAMPLES FROM 2024/2025**

<p>"Chrissy: Where do I start... On my behalf, thank you from the bottom of my heart for everything: May I express my genuine appreciation of your excellent support, commitment, care and devotion you have given XXXX in recent years. It has been a long journey since you became his devoted social worker, it must have been very heartbreaking for you and XXXX at times and also some very difficult situation at times. You have also given him an excellent sense of trust and assurance throughout his journey with you. From my perspective, all of these attributes were crucial for XXXX to develop a trusting relationship and develop a special bond with you. As you know by now, I can also ensure that XXXX is also very grateful for the continuous outstanding support you have given him. (He wants to thank you himself next week). I can imagine that you have also overcome so many obstacles and obstacles in your journey to give in the end the wishes you had given for XXXX. It must have been a very long emotional process, with so many ????? and disadvantages along the way in this care. I can also imagine that it has been a very emotional journey for you to keep strong and believe in the best life in the future for XXXX. Above all else, Chrissy, thank you very much for your understanding, empathy and mainly belief with XXXX in your care, that he would ultimately overcome the heartbreak and the very difficult period he has been witness to or experienced in the past. I also strongly believe that we could continue together on our journey positively with your devoted and continuous support with XXXX. I can assure you all now, from this day forward I will do my best to give my full support, love and devoted care to XXXX. Now we can begin a new chapter together, a new start and a positive journey towards nurturing a loving upbringing and beyond. Warm regards XXXX"</p>	<p>Thank you</p>	<p>Arfon Children's Team 1</p>
<p>"Family Support Worker (FSW) has given us our lives back - our family was at crisis point - my husband not wanting outside help due to his mental health, but the support has been groundbreaking and so has the advice and guidance we have been given - following different strategies week by week we were able to work together to improve our situation - some weeks were very difficult but we were able to keep in touch with FSW if we were really struggling ....which did happen - FSW listened to both of us including the children too - so she gave us all a voice with no judgements and we</p>	<p>Thank you</p>	<p>Team Around the Family</p>



<p>felt that it was a safe space at home to talk about our differences and struggles as a family - we were able to open up in a way we had never done before which was much needed and this service has really saved us as a family and for that we will be forever grateful. A brilliant service which we will be forever grateful for - I don't know what would have happened if FSW did not come into our life- we as a family will be recommending this service to any family in crisis or are really struggling - there is a lot of stigma attached to these sort of outside agencies and my husband was one who didn't want any help - but now he is an advocate for this service as is the whole family - it's a wonderful service which is accessible to everyone and as we have said before are forever grateful. You will never know to the extent that you made a difference and we honestly say this ..... we can never repay you for everything you have done for us, as a family ... thanks for all the laughter, tears and everything in between you are truly one in a million. Take care you fabulous woman!!!!"</p>		
<p>"I have enjoyed Nurturing Links Parenting and I feel that I have benefited through learning a lot of new techniques to be able to deal with situations and I have seen a big difference at home, the support that I have received from Maria has been excellent, nothing I asked was too much for her. Whether it was a phone call or an un-arranged visit. Thank you."</p>	Thank you	Trobwynt Team
<p>"Derwen do a fantastic job, and the trips give us a much appreciated break whilst helping towards developing some really useful life skills"</p>	Thank you	Derwen Service
<p>"To all the staff at Hafan y Sêr, thank you for all you have done when looking after XXXX. He has loved his breaks with you and we have felt he got a lot from them including independence and lots of fun! He always talks about 'Sêr' when he gets home. I'm sure I can speak for XXXX in saying he will really miss his visits there. Best of wishes for the future, and a huge thank from both of us."</p>	Thank you	Hafan y Sêr, Short Break Unit
<p>"Thank you so much for sending us gorgeous photographs and for arranging telephone contact. It's really hard to not see them, but we know that they are being well looked after and are happy and safe within the foster homes. Stay safe."</p>	Thank you	Dwyfor Children's Team
<p>"We wish to thank you genuinely for what Mam received during the time since the start of the year. It was a difficult time with Mam losing her confidence after breaking her arm and from the first phone-call to you we have received quick and robust support and</p>	Thank you	Adults Service (South Meirionnydd Community Resources Team)

response. The arrangements put in place by you were very quick and useful. We appreciate the resources for the home, Sea Shells' care and the respite period at Y Bae, Tywyn. We would like to thank you, Kevin and Branwen Non in particular for the thoughtful, sensitive and positive way in which you discussed the steps and the arrangements with Mam. The elderly in the area are fortunate to have a team of committed workers like you working in their interest."		
"I just wanted to let you know I've received a letter from the council saying I've been successful in the first stage of the disability parking application so I'm now being hopeful it will go through the next stage & that also no one here will oppose it. No matter what the outcome I'd like to thank you sincerely for your help & understanding & your honesty which as well as appreciating in this situation. It's helped me knowing there are still good kind honest folk out there after having these awful neighbours move in who have been anything but & I'm still struggling as to why folk can behave so badly towards others especially folk that are vulnerable who have left me with trust issues. Your help has been greatly received & appreciated & I can't tell you how much it's meant at this time"	Thank you	Customer Care and Safeguarding (Adults)
<p>"My mother died of complications arising from Motor Neuron Disease, peacefully, at home surrounded by her close friends and family. The fact that she did so is in part to her own tenacity and determination but also due in large part to the help and support she received from your Health and Well-being team. During their working day, I guess your team must strike a balance. On one side demonstrate their professionalism without becoming too personally involved and at the time deal with an apparent contradiction, display their natural humanity.</p> <p>I assume the ability to juggle these two qualities is what makes members of your team suitable for the job and how well they achieve this, what makes them very good at it. Mr Ed Owen, my mother's Occupational therapist and Mrs Alwena Rayner, her Social Worker are two such members of your team.</p> <p>I make no apology for naming individuals although I appreciate and have already mentioned it is a team effort, however in this case I believe it is justified. My mother absolutely adored these two members of your team. From the beginning of her diagnosis, they treated my mother as an individual. They demonstrated professionalism as well as compassion and treated my mother with respect and dignity right to the end of her life. They are a credit to your department and Gwynedd County Council as a whole".</p>	Thank you	Adults Service (Llyn Community Resources Team)

<p>"Dear Staff of Plas Maesincla – on behalf of our family we wish to extend our heartfelt thanks for the exceptional care, compassion and professionalism you showed to our mum during her three years as a resident. Your unwavering dedication to her Wellbeing and the genuine warmth with which you cared for her made an immeasurable difference in her life and brought us comfort as a family. Knowing she was in such capable and loving hands gave us peace of mind, even during the most difficult times and up to her passing. While words alone cannot express our gratitude, please know you will always have a special place in our hearts for everything you have done. With our deepest thanks, love and best wishes for the future".</p>	Thank you	Internal Provision (Residential and Day Care)
<p>"I'm afraid I must give you the sad news that mam passed away yesterday morning, following a cardiac arrest. Despite everything, it was rather unexpected, but she'd been in a lot of pain the last couple of days so in that sense it's a relief that she didn't have to suffer for an extended period.</p> <p>Please could you pass on my immense gratitude to the whole team for all the care they gave to mam, always cheerful, respectful, and unflappable regardless of what they had to deal with. She wouldn't have been able to continue to live in her own home without such excellent support, and I certainly couldn't have coped either."</p>	Thank you	Internal Provider (Domiciliary Care)
<p>"As a family we wish to give the excellent team at Plas y Don Care home our heartfelt thanks for the exceptional care they provided to our dear mam, nain and hen nain. From the outset, it was apparent that nain was more than just another resident - she was part of an extended family. The staff's kindness and fondness made a big difference, giving us peace of mind in knowing that she is safe. The home was always welcoming, and the food excellent. Activities were arranged, from hairdressing and nail painting, to the numerous celebrations throughout the year.</p> <p>Events such as Christmas and national rugby matches were always noted with enthusiasm, creating a warm sense of community. The relaxed atmosphere meant there was no strict routine there, giving her the freedom to choose when she went to bed - exactly like being at home. We loved the days we were able to take her out in her wheelchair, or to Caffi Largo, creating valued memories together.</p> <p>Thank you so much to the current staff, and the previous home carers who supported her before she moved in. Your commitment and compassion have meant the world to us. We could not have wished for better care. Mrs R died peacefully at Plas y Don, where in her final days, the staff showed immense compassion, not only offering her care but supporting the family as well.</p>	Thank you	Internal Provision (Residential and Day Care)

<p>We are very grateful for the kindness shown and for the freedom to come and go at any time, allowing us to be by her side during those treasured times."</p>		
<p>"On behalf of the family, we wish to thank the Plas Pengwaith Family for your outstanding care of Mam over the last four years. Mam received the best possible warm, kind and Welsh care. She sometimes thought that she was in a hotel and I'm not surprised! She also always praised the 'girls' and the food and I'm sure there was usually very little left on her plate. I remember someone calling one November asking for more skirts for her. We needed to buy new ones and I asked what size did she need? "Twelve" said someone before changing her mind quickly and said "No, we better make them 14 because Christmas is on the way!" Brilliant - Mam loved to have fun and the humour and provoking she was part of suited her very well. Therefore as we close the page on another chapter in the history of Plas Pengwaith, you can all hold your heads high and be proud of the outstanding Service you provide the elderly, like my Mam."</p>	<p>Thank you</p>	<p>Internal Provision (Residential and Day Care)</p>



Adran Oedolion, Iechyd a Llesiant

# GWRANDO, YMATEB, GWELLA!



Mae eich sylwadau'n bwysig i ni, gan ei fod yn ein helpu i wella ein Gwasanaethau.



Mae croeso i chi anfon:

- canmoliaeth
- sylwadau positif
- sylwadau negyddol
- cwyn ffurfiol



Os oes gennych gwyn, fe wnawn:

- gasglu gwybodaeth yn llawn
- gwneud trefniadau i drafod y gwyn ac ymateb yn effeithiol
- adnabod ffyrdd o wella i'r dyfodol



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Adults, Health and Wellbeing Department

# LISTENING, RESPONDING, IMPROVING



Your comments are important to us, as they help us improve our Services.



You are welcome to send us:

- praise
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- a formal complaint



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- collect information fully
- make arrangements to discuss and respond effectively to your complaint
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**Ask for the 'Listening, Responding, Improving' booklet**

<b>MEETING</b>	Care Scrutiny Committee
<b>DATE</b>	25 September 2025
<b>TITLE</b>	Hospital Discharges Project
<b>REASON TO SCRUTINISE</b>	Council Plan 2023-28 - A Caring Gwynedd
<b>AUTHOR</b>	Sian Edith Williams Jones Lynne Lloyd Jones Manon Elwyn Owens Rhian Green
<b>CABINET MEMBER</b>	Dilwyn Morgan

## CONTENTS OF THE REPORT:

1. Why is there a need to scrutinise Hospital Discharges?
2. What exactly needs scrutiny?
3. Summary of the key matters
4. Background/ context
5. Consultation
6. The Well-being of Future Generations (Wales) Act 2015
7. Impact on Equality Characteristics, the Welsh Language and the Socio-Economic Duty
8. Next Steps

### 1. Why is there a need to scrutinise Hospital Discharges?

- 1.1 Collaboration with the health service is one of the Caring Gwynedd priorities and one of the work streams is to work with them to ensure that care is available to patients discharged from hospital.
- 1.2 A report was recently published by the Welsh Government on this, as well as a report from the Heads of Social Services responding to the challenges relating to care following being discharged from hospital.
- 1.3 The Council is also required to create a plan detailing the care path of those who are discharged from hospital, and it is a requirement that we report annually on progress to the Welsh Government.
- 1.4 Therefore, it is appropriate for us to scrutinise this field of work and what is happening in response to the challenges that arise.

## **2. What exactly needs scrutiny?**

- 2.1 Scrutinise the report from the Wales Heads of Social Services to understand the context and the challenges.
- 2.2 Consider possible solutions in Gwynedd including the necessary investment.
- 2.3 What is the link with Cyngor Gwynedd's Llechen Lân plan.
- 2.4 Data about the number of patients who are awaiting discharge from hospital and awaiting a domiciliary care package.
- 2.5 Data about the number of patients who are awaiting a community care package and does providing a care plan to those who are ready to be discharged from hospital affect those who are waiting for a community care package.
- 2.6 Data about the number of patients who have been refused for a care package and why.
- 2.7 Forward scrutiny of the care path and progress.

## **3. Summary of the Key Matters**





- 3.1 In the report we set out the current context on the hospital discharge arrangements in Gwynedd by the Community Resources Teams who support adults with physical needs, sickness, conditions associated with old age and dementia. There will be an emphasis on the principles of the Social Services and Well-being Act and the expectation for us to be considering individuals' personal resources and strengths when assessing and planning care and support needs when a person is discharged from hospital.
- 3.2 We will ask the Scrutiny Committee to consider the efficiency of our current arrangements in terms of providing local support, that is commensurate, timely and safe for Gwynedd residents within our current resources. Answers to the above scrutiny questions will be included in the relevant sections of the report.



## **4. Background / Context**

### The legislative and practical context


- 4.1 The Social Services and Well-being (Wales) Act 2014 is the legal framework to identify a person's personal outcomes and to assess their care and support needs. Social Services have a duty to meet the need if the resources (personally, in the community or by others) are not available for the person to meet their own needs.
- 4.2. The NHS in Wales uses specific codes to specify the pathway of persons who need to be discharged from hospital. They are based on the principles of Discharge to Recover and then Assess (D2RA).
- 4.3 There are four streams, namely, 0, 1, 2 and 3. See the diagram below that explains the purpose and principles of these pathways.



			
DISCHARGE	TO	RECOVER	ASSESS
<b>Pathway 0</b>	<b>Pathway 1</b>	<b>Pathway 2</b>	<b>Pathway 3</b>
NO ADDITIONAL SUPPORT REQUIRED FOR DISCHARGE	SUPPORTED HOME FIRST	SHORT TERM SUPPORTED FACILITY	COMPLEX SUPPORT
<ul style="list-style-type: none"> <li>Fully independent – no further support required</li> <li>Multidisciplinary Team assessment within hospital 'front door' units to avoid full admission.</li> <li>Patient returns to usual place of residence (including Care Home)</li> <li>Restart Package of Care (POC) with no changes</li> <li>Has pre-existing community services in place</li> </ul>	<ul style="list-style-type: none"> <li>Patient returns to usual place of residency with short term support.</li> <li>Preventative services delivered in collaboration with third and voluntary sector organisations. e.g Meal provision, shopping, housing</li> <li>New POC or increase of existing package.</li> <li>Short term reablement to maximise independence.</li> <li>Assessment and some additional care and support (including therapy, nursing, Pharmacy, domiciliary care &amp; new equipment). e.g Community Resource Teams</li> <li>Safe between calls/overnight.</li> </ul>	<ul style="list-style-type: none"> <li>Patient is transferred to a non-acute bed and receives rehab/reablement and assessment until able to return safely home.</li> <li>Unsafe to be at home overnight/between care calls.</li> <li>Currently needing some care (eg: ADL) support/ intervention 24/7</li> <li>Includes specialist rehab. (e.g Stroke, Neuro, T&amp;O)</li> </ul>	<ul style="list-style-type: none"> <li>Patient is transferred to a new long term bed, assessment bed or usual residence and receives the complex support and/or assessment for their needs.</li> <li>Complex/significant health and/or social needs in usual residency.</li> <li>Significant change requiring new placement.</li> <li>Longer term placement</li> <li>Life changing health care needs</li> <li>Complex end of life or mental health needs.</li> </ul>

Click on the link to Goal 5 where you will find the main documents



- 4.4 The various features that belong to each stream require a specific treatment. Therefore, it was decided to commence the work of revising our arrangements in the Council with pathways 0 and 1.
- 4.5 Work is underway to improve our cooperation and our arrangements with pathways 2 and 3, however, as this is just starting, it would not be appropriate to include these in this report.
- 4.6 Please note also that health boards and local authorities have operational language and terminology that are unique to them. The concept of D2RA is an example of that. So, as part of the collaboration, we're also working on improving understanding of each other's vocabulary and procedures.
- 4.7 StatsWales data, which is published monthly under the guidance of the Welsh Government, identifies and codes the reasons for delay prior to patient hospital discharge. They are initially specified by the team responsible for hospital discharge in the Health Boards and are checked and approved by leaders in the relevant Social Services.
- 4.8 Below is a table summarising and highlighting the averages that are relevant to the work and this report.

Table 1: A summary of StatsWales statistics showcasing the number of medically fit individuals awaiting hospital discharge (relevant information for this report is highlighted in yellow).

		Average of each calculati on since 2023	Jan-Jul 2025	Jan-Jul 2024	Differ ence	Jan- Jul 2025 %	Jan- Jul 2024 %
Total	All delay categories	62	57	58	1		
Total	Assessment and GC	29	27	28	1	48	48
Total	Assessment	20	20	18	-1	35	32
	Awaiting a social worker.	4	4	5	0	7	8
	Awaiting a social services assessment	4	4	4	0	7	7
	Awaiting a joint assessment	8	6	7	1	10	13
Total	GC Issues	9	7	9	2	13	16
	Awaiting a new care package	9	7	9	2	13	16
	Awaiting a care package to recommence	2	-	1	1	0	2

4.9 Specifying a social worker and an assessment from a social worker are two reasons that contribute to the delay. These are two fields that are within our ability to influence and improve and are therefore fields that we address in this work programme and, therefore, in this report.

4.10 See the appendix for more detailed explanation and context to this monthly report and its contents.

### The Current Situation

4.11 Since 2011, the population aged over 65 grew by 7.8% in Gwynedd. Social Care Wales reports that Wales has more people over 85 years old than the rest of the United Kingdom and by 2045 the number is likely to double across Wales.

4.12 Furthermore, the Welsh NHS Confederation explains that Wales has the highest number of people with restrictive or chronic long-term conditions in the United Kingdom, with numbers increasing rapidly (from 105,000 people with restrictive or chronic long-term conditions in Wales in 2001/2 to 142,000 in 2010/11) and likely to continue to increase as the population ages further.

4.13 By the 2021 Census, there were more than 25,000 people over the age of 65 in Gwynedd, with around a third over the age of 80. Compared to Wales, there are 23.5% of people over the age of 65 in Gwynedd and 21.3% in Wales.

4.14 This increase obviously brings its challenges, with a high likelihood that there will be more demand for health and social care services. Medical advances have improved

people's survival but have also led to more complex needs. Linked to the ageing population, an increase in the number of people living with dementia and the condition can lead to many complications in terms of care and support which for some affect hospital discharge arrangements, particularly individuals who are unable to meet their own needs and make decisions about their care, where best welfare decisions and the involvement of the Court of Protection are required to organise their continuing care. These are intensive processes with a legal framework and therefore take more time to organise.

### Hospital Discharge Work

- 4.15 By now it is a very common theme that social services are responsible for the delay in an individual's discharge arrangements from hospital. There are actually a range of other factors that extend beyond social care. Delays can be due to an individual waiting for a nursing assessment, a Continuing Healthcare assessment, a delay in completing medical, mental health assessments and the time taken to complete medication arrangements.
- 4.16 It is a matter of concern that "10 days in hospital lead to the equivalent of 10 years of ageing in the muscles of people over 80 years old." This damage and the loss of independence means that older and vulnerable people are more likely to need care and support to return home, increasing the pressure on social care and community services that are already under pressure.
- 4.17 The hospital has a method of determining when an individual reaches "clinically fit" status (Clinically Optimised) and this does not necessarily mean that the individual is healthy or has recovered. This status imposes a tight timetable and considers that anyone who is still in hospital 48 hours later receives a "delayed" status.
- 4.18 Meeting a social worker, trying to agree on a plan for care needs, discussing with the family during visiting time and getting the views of the multidisciplinary team is a complex and difficult time for people. Doing this while the individual is still sick is much harder. People are expected to work through an assessment, agree a care plan or residential placement (which can cost up to £2,000 a week) and all of this to be in place within 48 hours is completely unreasonable and immediately puts us in a position of failure.
- 4.19 Hospital admission is a significant event in every person's life and deserves adequate attention and investment to ensure that the experience of leaving hospital and engaging with health and social care services is a positive and seamless experience and gives the best start to the journey of receiving any form of care and support. For most, this is when a person receives contact with social services for the first time and this is when expectations are set.
- 4.20 To date, Gwynedd has received short-term grants to meet the growing demand from the hospital, which hampers our ability to invest in long-term plans to meet an ongoing and increasingly worrying situation.
- 4.21 The messages and the expectations from various Welsh Government papers clearly state that local authorities must ensure every effort to support people to be discharged.

from hospital as soon as possible, and this with minimal additional resources. This expectation comes at a significant cost, impacting our ability to provide wider support in the community.

- 4.22 With resources and staffing being redirected to prioritise hospital discharge, services such as preventative care, early intervention and long-term support to vulnerable persons have faced increasing stress.
- 4.23 Although, we all recognise that discharge from hospital is a priority, social care must also be able to provide preventative and continuous support. Without this balance, the pressure on hospitals may reduce in the short term, but the demand for emergency interventions could increase, making the system less sustainable over time. We have therefore had to be creative and balanced in transforming the service and introducing improvements and changes within our existing resources.

#### Changing culture and the narrative across Health and Care

- 4.24 We started by communicating the Council's position and the care context with the staff of Ysbyty Gwynedd wards. Recent discussion sessions have been organised emphasising the need for nurses to be sharing accurate messages with patients and their families, preventing over-provision and over-reliance on domiciliary care, asking them to avoid raising the hopes of families and setting high expectations for the care provision, to be comfortable with risk, choice and the decision of patients and to encourage independence if appropriate and safe. This is a challenge and is a conversation that needs to happen regularly.
- 4.25 When someone contacts the Adults Services, we ensure that a collaborative conversation takes place between the nurse and patient, the family and friends (or any other relevant professional) to gather the required information. This will allow the team to focus on the patient's strengths and resources to support them with what matters to them.
- 4.26 We must also look at practices and culture in our Social Services Teams when considering providing care and support. There is an effort for us to be moving away from 'traditional' practices. It can be argued that a domiciliary care package can be 'uniform' and rigid and what is the point of carrying out a comprehensive assessment and providing the same type of service to all?
- 4.27 We need to encourage and support workers to think creatively and to be enterprising and confident with new ideas, which is a huge change for the teams. Historically, there has been an adequate supply of domiciliary care that may have led to over-reliance, hampering the enterprise and creativity of the workforce.
- 4.28 We now encourage our workers to assess individuals based on their strengths rather than focusing on issues and risks. It is key that employees have the skills and confidence to have good and constructive conversations with the person and the family – needs must be met in a commensurate way to prevent over-reliance and over-delivery of care from the first step, addressing what matters to individuals rather than focusing on providing a total number of hours and specific tasks.
- 4.29 We promote the use of Direct Payments and the development of the workforce's awareness of local micro enterprises, third sector agencies and the use of assistive technology. Through Direct Payments we can better meet the needs and provide substantial packages at a reduced price.

- 4.30 There is also an effort to encourage close cooperation with our domiciliary care providers, so that they are key members of the Community Resources Team. This is done by ensuring that discussion forums are in place regularly and consistently and co-locating offices where possible, encouraging and welcoming the views and expertise of carers about the person being looked after, as they are the ones who know the person best. With this we get a provision that is flexible and commensurate to the person's actual needs.
- 4.31 By now, we have four Social Worker Practitioners and four Community Resources Teams (CRTs) (Bangor, Llŷn, Eifionydd and Caernarfon) located in Ysbyty Gwynedd for 1-2 days a week, they share an office with the BCUHB Hospital Discharges Team. The practitioners work under the new CRT structure which has been split into smaller sub-areas or patches.
- 4.32 This means that practitioners have a better structure and more local awareness and therefore a better opportunity of identifying the alternative, community, third sector resources, and to look beyond statutory resources. Having a separate and dedicated Team for the hospital would lose the local awareness and knowledge that is now so necessary.
- 4.33 As a result of recent talks with the Health Board we have an agreement that they will adapt their patient data systems to correspond to Gwynedd sub-areas/patches. This has been done and there are very broad and positive implications in terms of saving time and identifying patients who need to be prioritised.
- 4.34 As the hospital tends to refer a patient within 48 hours of admission and this without sufficient information about the person and their circumstances, the practitioners on site can check each referral, get access to the hospital's information systems, discuss with the Discharge Team following 'board rounds' and identify the individuals who are genuinely ready for a 'What Matters' conversation (care and support assessment).
- 4.35 Another advantage of having CRT members at the hospital rather than a separate Team is the transition between CRT and the hospital. This is key and works much more effectively. Because they belong to the CRT, they bring their knowledge of local resources and networks directly to the hospital assessment, where previously it was the hospital that decided the level of care (and gave 'a safe bet' of four calls a day) without the awareness of local services and support in the community in which the patient lives.
- 4.36 With the four linked to the CRT they can follow cases through from the hospital to the community. The hope is that persons will leave hospital promptly, are less likely to deteriorate and therefore the care needs will be less or more commensurate to needs, which avoids over provision and creating dependence too early.

#### Scrutiny of data and informatics

- 4.37 As part of the work, it is important for us to consider quantitative and qualitative (data) as they have their own merits.
- 4.38 The quantitative data comes from StatsWales, our own databases (mainly WCCIS), and from the information collected by the practitioners during the project. To balance this, patients' stories are collected to understand the situation from the patient and the workforce's perspective, and this gives substance to the more abstract figures.
- 4.39 We initially look at the quantitative data collected during the plan, and this is compared with the StatsWales data involving Hospital Discharges.
- 4.40 The practitioners recorded their visits in the form of a simple database, with the aim of identifying what type of impact the intervention had.

- 4.41 Approximately 100 individuals were seen by the practitioners over the pilot period. Some were recorded in greater detail than others.
- 4.42 The following table gives information about seven patients from the Bangor area; namely, Bangor City, Bethesda, Penrhosgarnedd, Y Felinheli.

Tabl3 2: Figures showcasing length of stay and patient referrals seen by Social Work Practitioners in the Bangor area (namely Bangor City, Bethesda, Penrhosgarnedd, Y Felinheli) during the pilot.

Clinically Optimised on referral?	Length of stay	Days before referral	Days between Social Services referral and assessment	Days between referral and discharge	Days between assessment and discharge	Path way	Outcome
No	41	21	4	20	16	0	Refusal of support
Yes	24	11	0	13	13	1	Enablement
Yes	25	1	6	24	18	0	Family and equipment
Yes	9	5	2	4	2	0	Equipment and adaptations
Yes	5	3	2	2	0	1	TA
No	22	16	0	6	6	0	Family and physiotherapy and equipment
Yes	27	6	0	21	21	1	TA
	22	9	2	13	11		
		41%	9%	59%	50%		

- 4.43 In the Bangor area, there was one social work practitioner visiting Ysbyty Gwynedd once or twice a week. The person would receive referrals through the IAA service, from the 'Progress Chasers', through the Board Round on the ward, and when chatting with individual patients.
- 4.44 We have identified the various referral methods, but to be concise, we will not elaborate on this here. Instead, we wish to focus on the information in the table.
- 4.45 The table includes seven individuals who were on pathways 0 and 1, which are the most basic support pathways.
- 4.46 It is shown that the average length of a stay is 22 days. Of these, nine days deal with improving a patient's health to be clinically optimised. Of the seven samples, only two were referred to as clinically optimised. This is significant as early and timely planning for the discharge of individuals from hospital is an important issue.
- 4.47 If we look once more at the average figures, we see that there is a two-day delay between referral to the social services in Bangor and receiving an assessment, this is equivalent to 9% of all the persons' hospital stay. The greatest delay then occurs after receiving the social work assessment.

- 4.48 If we compare the above data with the StatsWales statistics where 14% of a person's stay in hospital involves waiting for a social worker and assessment.<sup>1</sup>
- 4.49 It is very superficial, therefore the quantitative data suggests that the intervention in Bangor assists the social services teams to ensure that their duties are carried out sooner for the patient's benefit. And we're looking for further improvements.
- 4.50 Only seven months have passed since commencing this work, and we already see evidence of improving the experiences of individuals when discharged from hospital, the relationships created improved communication and the Health and Care employees have facilitated access to each other's information systems.
- 4.51 Below, positive stories are shared from the three areas about persons and how this work has been of benefit to them with their journey through the system - reiterating the message of the above quantitative data in each of the pilot areas.

### **Case 1**

A referral from the ward enquiring about a care package to return home. After my conversation with the gentleman, it became clear that this was not what he needed. Instead of arranging a care package, I arranged a Telecare and 'Falls Detector' system for him as well as a 'Swivel Bather' which allows him to shower and wash his feet independently. He returned home the following day. The family also has peace of mind knowing that the case will be followed-up in the community by me.

I predict that without the What Matters conversation and things like Telecare he would have been in hospital for weeks waiting for an unneeded care package. I also predict that if he hadn't fallen and gone to hospital at that time, he could have been in a more serious situation in the future.

### **Case 2**

A referral from the ward assuming that a gentleman needed a care package before being discharged home, after I went to see him and had a conversation with him, he definitely did not need a care package, he went home the same day.

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<sup>1</sup>For information on StatsWales: figures are presented to the Government by Health Boards across Wales on the third Wednesday of the month. A snapshot of the number of persons in a delayed position of discharge from hospital on that day (day of calculation) is given. There is a specific code for the different reasons and the information is checked with the leaders of the Social Services before sending them for analysis. It should also be noted that the StatsWales information looks at the whole of Gwynedd, and we are looking at Gwynedd as a whole, at an area level and at a sub-area level.

### Case 3

The ward had stated that a lady needed a care package before being discharged from hospital, had an initial conversation with her, shared that she was living with her son and was completely independent at home, I asked the son to have a meeting with me and the mother the following week, he also confirmed that his mother was independent. I understood that she enjoyed cooking and baking, and that this was an important part of maintaining an independent life. Therefore, I said that I would help her go home at once as long as she baked me a cake when I came to see her after she got home. The lady went home with a Telecare system. When I went to see her at her home a week later, she had settled down well and had baked me a cake!

### Feedback from the Practitioners

*I get really good feedback from patients from the Llŷn area when I go to see them on the ward. They are pleased of the opportunity to talk to someone about what matters to them.*

*Many positive things come out of my work while I'm at YG, the connection that has been created with the discharge team is extremely valuable. I feel that there is 'respect' and 'trust' established, they know how to approach me if they need an answer about a patient, and vice versa.*

*The contact with YG is very valuable, in terms of knowing exactly where patients are medically, that is medically fit for discharge, Llŷn allocations were looked at on Tuesday, but this is now on Thursday, because I'm able to give an update on patients following my day here every Wednesday*

- 4.52 I am very confident that positive stories such as this will continue and the joint working between Social Services and Health will continue to strengthen for the benefit of the people of Gwynedd and to ensure that we realise the pledge:

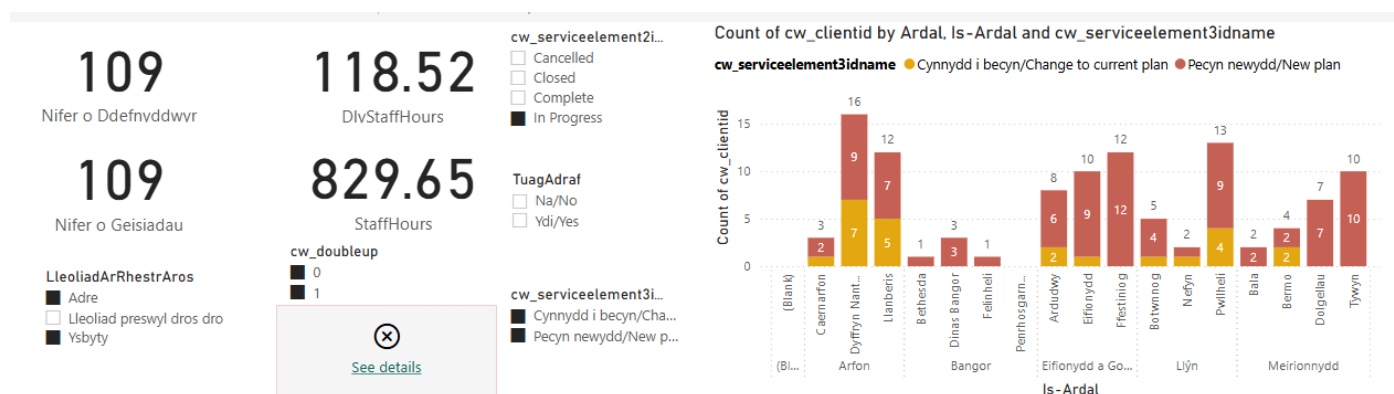
**"HELP ME LIVE MY LIFE AS I WISH."**

Data on the numbers of patients awaiting hospital discharge and waiting for a domiciliary care package/community care package

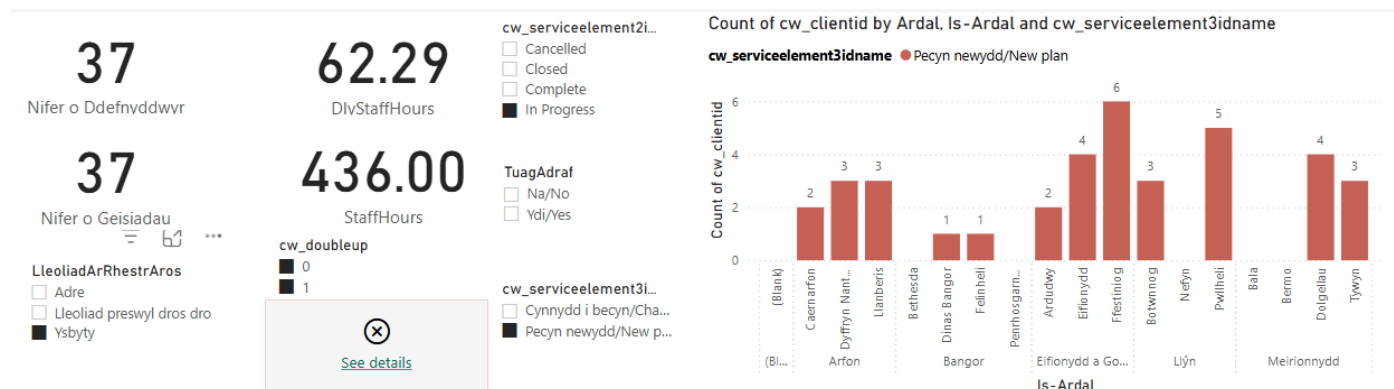
- 4.53 We have a comprehensive dashboard that shows every patch and wider, number of persons waiting for a care package in hospital and in the community. It also shows the figures according to the number of hours and whether calls are with one or two carers.



- 4.54 The following is an analysis of the domiciliary care hours who are on the waiting list per patch, considering the persons who are in hospital and those persons who are home waiting for a care package.



- 4.55 Throughout Gwynedd, 109 persons wanted new or increasing support. In the following picture, you can see the numbers who are in hospital, namely, 37 out of 109. An application for approximately half the hours come from the hospital for about a third of the people.



**Does providing a care package to those who are ready to be discharged from hospital affect those waiting for a care package in the community?**

- 4.56 Certainly. providing a care package to those who are ready to be discharged from hospital has an impact on those waiting for a care package in the community, but not necessarily in a linear fashion. There are several factors at play here, and therefore, it cannot be stated unequivocally that providing care to someone coming home from hospital exempts a person in the community from having a care package at the same time – although the figures suggest that demand for higher hours is coming from the hospital.
- 4.57 It is useful to look at the wider picture and the entire situation rather than 'one in, one out'. It is also useful to look at the issue as one whole system, rather than considering the demand coming from the hospital and the demand coming from the community as separate entities, since a change in one part of the system has a direct or indirect impact on the other. Moving away from the concept that one is competing with the other – the community v the hospital, we are in a more positive place to improve the entire system.
- 4.58 For example, it is known that a long-standing stay in hospital (beyond the date when a person is medically optimised for discharge) has an impact on recovery. The possibility of acquiring an infection e.g. pneumonia is increased, and musculoskeletal mobility and capacity are affected.

- 4.59 See the following table from a study in Geriatric Society in 2019 <sup>2</sup> demonstrating the impact of a longer than necessary hospital stay on patients:

Functional decline	X 3 more likely
Delerium	X 2.6 more likely
New incontinence	X 1.7 more likely
Pressure injury	X 1.2 more likely
Any hospital-acquired complication (HAC)	X 2.4 more likely
Strong and graded association between HAC and:	Length of stay: 9.1 days LOS for any HAC vs 6.8 days with none (p<0.001)
	6-month mortality (26/192 [14%] vs 17/242 [7%], p=0.02)

- 4.60 Therefore, it is inevitable that there is an increase in the intensity of conditions as a result of a longer stay than needed and that this will have an impact on care and support resources in the community, e.g. the need for long-term domiciliary care rather than enablement, and this will go from the need for support in the home to a need for residential care.
- 4.61 Below is a summary of a patient's story from a presentation by Dr Conor Martin, Geriatric Care Consultant in Ysbyty Gwynedd.

<b>Situation before hospital admission:</b>
<i>Retired 79 year old farmer living alone in a two-storey house, no package of care (POC), mobile with zimmer frame upstairs, using wheelchair downstairs, stair lift in between, friend helping with errands.</i>
<b>Admitted 09/11/2023 with fall -&gt; Right Periprosthetic Hip Fracture</b>
<i>10/11/23 (day 2): Total Hip Replacement Revision, short stay in critical care</i>
<i>12/11/23 (day 4): On Ortho ward for post-op acute rehabilitation</i>
<i>16/11/23 (day 8): Ready for community hospital for further rehabilitation</i>
<i>27/11/23 (day 19): Transferred to community hospital - Using steady transfer aid, aiming to get back to baseline mobility</i>
<b>However:</b>
<i>13/12/2023 (day 35): Hospital-acquired Pneumonia (HAP) 1 – treated with oral antibiotics in community hospital. Decompensation in functional abilities and rehabilitation goals</i>
<i>27/12/2023 (day 47): 'Slow progress' due to setback from HAP</i>
<i>30/12/2023 (day 50): Transferred to ED YG – admitted to medicine with HAP 2</i>

<sup>2</sup>Mudge AM, McRae P, Hubbard RE, Peel NM, Lim WK, Barnett AG, Inouye SK. Hospital-Associated Complications of Older People: A Proposed Multicomponent Outcome for Acute Care. J Am Geriatr Soc. 2019 Feb;67(2):352-356

<i>12/01/2024 (day 63): Transferred back to community hospital for more rehabilitation</i>
<i>14/01/2024 (day 65): Transferred to ED YG – admitted to medicine with HAP 3 and Covid</i>
<i>27/01/2024 (day 77): HAP 4 whilst still in YG</i>
<i>05/02/2024 (day 86): Transferred to community hospital. Now aiming for downstairs living with steady transfers and a package of care for ADLs</i>
<i>27/02/2024 (day 108): Transferred to ED YG – admitted to medicine with Urinary Tract Infection</i>
<i>18/03/2024 (day 128): Transferred to community hospital. Now dependent for all ADLs (all daily living), incontinent, therefore needs care home</i>
<i>15/04/2024 (day 156): discharged to dual registered residential/nursing home</i>
<b>Summary:</b>
<i>Medically Fit day 8</i>
<i>Subsequently spent 148 days unsuccessfully rehabilitating in a hospital setting, coming to repeated harm</i>
<i>Ended up in a care home with significant decompensations in physical health, functional status and overall well-being</i>

- 4.62 Therefore, one of the main objectives of our work jointly with the Health Board is to ensure that people come home from hospital at the appropriate time, with the appropriate support, to avoid complications such as the above that contribute to a deterioration in our residents' quality of life and increasing the demand for community support.

#### **Data about the numbers who have been refused a care package and why**

- 4.63 We do not currently gather quantitative information directly on these topics. But we remind ourselves of the above "qualitative" examples of individuals who were identified through the Hospital Discharge Scheme and were "refused" from receiving a care package.
- 4.64 They are positive examples of reaching a joint decision with a person and their family that a care package is not the appropriate solution every time. It also underscores the importance of discussing with individuals and their support network before making decisions about their well-being.

- 4.65 Principle D2RA (Discharge to Recover and then Assess) is that the person's home (be it a house or residential care setting) is the appropriate and the best place to assess a person. The hospital is an unnatural environment to understand an individual's ability to manage in the familiar home environment. Therefore, in another example since the start of this work, a discussion was held with an individual and the family that it would be more appropriate for her to go back home with Tuag Adref support and that a social worker from the local team would visit some two days later.
- 4.66 This was successful, and after a fortnight of more intensive support by Tuag Adref, a package was put in place for a period to support recovery by re-assessing in six weeks' time.
- 4.67 The merit of this early solution was that the family could be around the individual better. She was living with family, and so ongoing support was already available, and the family didn't have to spend an hour each way travelling to visit her in hospital. Considering all the relevant individuals in the scenario, it was very beneficial to all and took extreme stress off the family.
- 4.68 Following an assessment from a worker or social worker practitioner, a traditional domiciliary care package may be unsuitable to meet the need. It is vital that we stop considering that a domiciliary care package is the main and only solution to support, and that we work with partners to debunk this assumption. Direct Payments are one alternative way to support individuals, for example. This is also the period where support from agencies such as Care & Repair and Telecare (and electronic independent living appliances) should be considered to support – as can be seen in the stories; and to ensure that any benefits that the individual is eligible to receive, are offered.

## **5. Consultation**

- 5.1 We have continually consulted and cooperated with key members of the Betsi Cadwaladr Health Board, including staff of the Adref yn Gyntaf office, Hospital Discharge Facilitators and officers and strategic and operational senior managers. Indeed, the work from the very beginning has been a collaboration between us as a Council and Betsi Cadwaladr University Health Board, operating in an integrated way to put the citizen at the centre of the work and ensure that we succeed.
- 5.2 In addition, the Community Resources Teams have given their views about the work as required, ensuring a timely and commensurate insight into the need and demand.
- 5.3 Recently we have held a series of meetings and workshops for officers who are working on the new project, seeking their views about the advantages and disadvantages of the new way of working, as well as asking for new ideas or any improvements they can think of. We've had positive feedback from everyone so far, as well as ideas for more efficient ways to implement the model.
- 5.4 It is important to note that undertaking this has not only improved the way of working, but it has also boosted staff morale, who have been under a great deal of consistent pressure to address the demand for some months, if not years. In turn, the culture of the Community Resource Teams, and the team involved in the project, has transformed into a much more positive culture, with a fresher overview of the work.

## **6. The Well-being of Future Generations (Wales) Act 2015**

### **6.1 Have you included residents / service users? If not, when and how do you intend to consult them?**

6.1.1 As we have been trialling a new way of working, we have not formally consulted with service users thus far, but those who have been patients at Ysbyty Gwynedd who have experienced a new way of working by being assessed by a practitioner/social worker and have a better experience in hospital to be discharged in a timelier manner.

### **6.2 Have you considered *collaboration*?**

6.2.1 In an effort to ensure better collaboration and integration between the Health Board and the Council, a Project Manager has been appointed since May 2024, this is a joint post between both organisations. The Project Manager works with teams from both organisations to promote collaboration, reduce duplication of efforts, share information and data, and break down the barriers of working in silos.

6.2.2 We collaborate very closely with the Betsi Cadwaladr University Health Board on this work, and as already mentioned, their input is essential to ensure the project's success. We are continuously communicating with the Health Board to ensure seamless operation, to avoid duplication of work, and share good practice and information.

6.2.3 In terms of sharing information in this context, work has already been undertaken and there is more in the pipeline. A dashboard has been developed which provides information about the patients from Gwynedd who are in our hospitals across north Wales and are known to social services.

6.2.4 It combines information from the Health Board's 'Data Warehouse' with information from our system, namely WCCIS. Therefore, the hospital location of patients from Gwynedd can be seen, along with how long they have been in hospital, when they are expected to leave hospital, the area in which they live, who the provider is, how many hours of support they receive, and details of the social worker. The information is available on a patch basis to our social workers and more broadly to health board staff. The information is shared through the principles and procedures of WASPI (Wales Accord on the Sharing of Personal Information).

6.2.5 This is the only example of its kind in Wales, and it was one of the exemplar projects of the Bevan Commission last year.

6.2.6 Very early discussions are underway to improve this system and to expand our methods of sharing information, however, as it is early days, it is beyond the scope of this report.

### **6.3 What has been done or will be done to prevent problems arising or worsening in the future?**

6.3.1 This project addresses the barriers that currently exist in the health and care system, which will get worse in the future according to the figures in the Llechen Lân report if we do not do something. The problems we already face have been identified in this report, and this work

will get to grips to improve the hospital discharge system to ensure that the patient arrives home/in the community in a timely manner.

#### **6.4 How have you considered the *long-term* and what will people's needs be in years to come?**

6.4.1 The Llechen Lân report has given a firm foundation to the work and is evidence (as has been mentioned at the start of the report) that the older population is increasing, and that the demand has also increased as a result. Carrying out this type of work at Ysbyty Gwynedd will ensure that we have a suitable resource in the setting to address these challenges and make the most of the resource we have.

#### **6.5 To ensure *integration*, have you considered the potential impact on other public bodies?**

6.5.1 As has already been mentioned, we have been working closely with Betsi Cadwaladr University Health Board, but also, we collaborate with several third sector organisations who work in Ysbyty Gwynedd such as Care and Repair, Carers' Outreach, etc. It is vital that we include any relevant organisation involved in the patient's journey back home/into the community.

### **7. Impact on Equality Characteristics, the Welsh Language and the Socio-Economic Duty**

7.1 An Equality Impact Assessment has been completed in draft form, and we hope to finally complete this next month.

### **8. Next Steps**

8.1 Recently, Cyngor Gwynedd has received a Transforming Care Pathways Grant 2025 of £1,149,449 which is very positive and relevant to the contents of this report. The purpose of the grant is to support activity towards carrying out timely assessments and providing care packages to ensure that people can leave hospital when they are medically optimised to do so, helping to reduce the level of delays that occur in discharging patients from hospital.

8.2 Also, the fund will be used to strengthen community care services to assist people to stay healthy at home. This is funding to focus on supporting improvements, and where appropriate, developing or commissioning new or extended services and systems that help address the main areas where this delay occurs.

8.3 The intention with this grant will be to:

- Strengthen our assessment and review capacity, including in the hospital. Develop our information and support service to reduce the demand for an assessment.
- Maintain and expand our domiciliary care provision, particularly in some challenging areas of Gwynedd.
- Commission beds in homes so that they are available for respite periods and/or 'step down' from hospital.
- Co-ordinate culture change within the social work teams, including, workforce training, Al licences to reduce administrative burden, piloting a volunteer co-ordination system in our communities.

- 8.4 The Grant will also enable us to work jointly with Health and develop the workforce to adopt this approach Moving with Dignity. This approach ensures that care is delivered in a manner that prioritises the individual's dignity, independence and safety while making the best use of available resources.
- 8.5 We also intend to work together with the Health Board to develop and improve our information-sharing methods.

## Background Information

[The right care, in the right place, the first time: Six goals for emergency and crisis care](#)

[A healthier Wales](#)

## Appendices

### Appendix 1: Background information about StatsWales

In Gwynedd, we are considering delays before hospital discharge in the context of the number of days and the number of individuals. So, when looking at StatsWales' analysis of the figures around delayed discharge from hospital, there are a few things to keep in mind.

1. It's a monthly census – the information on the number of patients waiting to be discharged from hospital takes place on the third Wednesday of the month. So, whatever the numbers are on that day, and the reasons for the delay, that's what is being announced. E.g. On the third Wednesday of July 2025, six people in Gwynedd were in hospital, medically optimised and therefore ready to come home, but were unable to as a social worker allocation was required for them
2. The information is created by the Health Board and verified by the Council
3. The information is not unambiguous
4. It's for the whole of Gwynedd, therefore, it is not possible to identify local trends
5. The information is high-level and indicative, therefore, it is impossible to act directly based on the figures
6. The wide and varied factors that affect and influence the numbers must be borne in mind
7. The StatsWales reports looks at a wide range of factors – they are coded – e.g. waiting for a social worker, housing and homelessness issues, psychiatric or nursing assessments, equipment
8. The StatsWales reports take into account areas for the whole of Wales, some reports by Health Board area, and others by County. However, it does not compare the numbers with e.g. the population in the area, therefore, in order to be able to compare Gwynedd with other counties in this way, further work would need to be done.

### StatsWales information (extract from the StatsWales website)

#### General description

A delayed discharge occurs when a patient who is clinically ready for discharge cannot leave hospital because the necessary ongoing care and support or suitable accommodation for them is not yet accessible.

The data represent the number of adults occupying an NHS hospital bed, who were 'clinically optimised' ready to return home or move on to the next stage of care, that experienced a delay in their transfer of more than 48 hours beyond the point they

clinically optimised. 'Next stage of care' refers to all destinations outside of NHS hospitals. The figures are a census snapshot of current delays being experienced on a specific day in each month across Wales. They do not reflect the total number of delays that occurred over the month.

The data are used to monitor the number of delays, and the reasons for delays, assisting NHS and Local Authority partners to develop regional plans with a focus on outcome based actions to reduce discharge delays across the health system.

### **Data collection and calculation**

Data are provided by Local Health Boards and validated jointly with Local Authority partners.

The Pathway of Care Delays is a snapshot census that identifies people with a discharge delay and reason at a given point each month. Health Boards are required to extract the data from local systems on a census day in each month, and validate the delays with Local Authority partners. Subsequently, data records are entered via a web-based tool and submitted to NHS Wales.



# Asesu'r Effaith ar Bobl Gwynedd

This document assesses the impact that the policy, procedure, plan etc will have on the population of the county and operates based on a number of laws.

- **The Equality Act 2010.** It places a duty on public organisations to pay due attention to the impact of any new policy, procedure, scheme etc (or in adapting them) on people with protected characteristics. We are asked to
  - abolish unlawful discrimination, harassment and persecution and other conduct prohibited by the Act.
  - promote equal opportunities between people who share a relevant protected feature and those who do not.
  - foster good relationships between people who share a protected trait and those who don't.

In Wales the specific duty sets out the need to carry out an impact assessment following specific guidelines to consider the impact that a change in any policy or procedure (or the creation of a new policy or procedure) will have on people with protected equality characteristics. A timely assessment must be made before a decision is made on any material change (i.e. affecting people with a protected feature).

- **Socio-Economic Duty.** Wales has now implemented this duty which is part of the Equality Act 2010 giving a duty to address socio-economic disadvantage in strategic decisions.
- **Welsh Language Standards (Section 44 of the Welsh Language (Wales) Measure 2011).** The Council is required to consider the impact that a change in any policy or procedure (or the creation of a new policy or procedure) will have on opportunities for people to use Welsh and to ensure that the Welsh language is not treated less favourably than English. This document therefore ensures that these decisions protect and promote the use of the Welsh language.
- **Well-being of Future Generations Act 2015.** The Council has a duty to implement the five ways of working, and to respond to the 7 national well-being goals.

- **the Armed Forces Act 2021.** Councils must give due regard to the impact of this proposal on those serving or having served in the Armed Forces, as well as their families.

**Author:** Manon Elwyn Owens (TA)

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## **STAGE 1 - Main Aims and Objectives of the Policy or Practice**

### **1. What kind of document or procedure is being assessed?**

Decisions affecting service users, employees or the wider community including commissioning/decommissioning or reviewing services.

### **2. What are the goals, objectives and intended outcomes of the policy or practice?**

Working with the health service is one of Caring Gwynedd's priorities and one workstream is to work with them to ensure that patients who are discharged from hospital are cared for.

A report on this has recently been published by the Welsh Government as well as a report by Heads of Social Services responding to the challenges around care following hospital discharge.

The Council is also required to create a plan detailing the pathway of care for those discharged from hospital and progress must be reported annually to the government.

Hospital entry is a significant event in every individual's life, it deserves adequate attention and investment to ensure that the experience of leaving hospital and engaging with the health and social care services is a positive and smooth experience and that the journey of receiving any form of care and support is the best start to the journey.

To date, Gwynedd has received short-term grants to meet the growing demand from the hospital, which is hampering our ability to invest in long-term plans to meet an ongoing and increasingly worrying situation. The messages and expectations from various Welsh Government papers make it clear that local authorities must ensure every effort to support people to move out of hospital as quickly as possible with little additional resource. This expectation comes at a significant cost, impacting our ability to provide wider support in the community. With resources and staffing being redirected to prioritise hospital discharge, services such as preventative care, early intervention, and long-term support for vulnerable individuals have faced increasing stress. While we all recognise that hospital discharge is a priority, social care must also be able to provide preventative and ongoing support. Without this balance, the pressure on hospitals may decrease in the short term, but the demand for emergency interventions could increase, making the system less sustainable over time. We have therefore had to be creative and balanced in transforming the service and introducing improvements and changes within our existing resources.

### **3. Who are the main advisory groups (stakeholders)?**

The main advisory group is the service users/patients receiving our service and care at the hospital.

We also consult continuously with hospital staff and Social Services staff at the Council.

## STEP 2 - Engagement Data and Impact Assessment

**4. Has an attempt been made to comply with the duty to engage in accordance with what is described above and has sufficient information been gathered to proceed?**

Yes.

**Details of engagement. Please note any consultation or engagement you have made or intend to do.**

Operation	Dates	Knowledge
Workshop held with staff working at YG on the project	5/20/2025 12:00:00 AM	Members of the teams had the opportunity to give their views on the project, as well as what works well and what doesn't.
Scrutiny Committee	9/25/2025 12:00:00 AM	The project will be scrutinised by Gwynedd Council's Scrutiny Committee in September.

**5. What information is available about the impact on each of the features and topics below?**

	Relevant Evidence, Information and Data	Potential Positive and/or Negative Impact
Race	Nothing.	Nothing has been identified so far.

<b>Disability</b>	<p>The <a href="#">Llechen Lân</a> Report emphasises the need to take proactive and preventative action to ensure that social services are able to cope with the growing demand for services for older people and disabled people.</p> <p>Across Gwynedd, 109 individuals want new or increased support. About half of the hours come from the hospital for about a third of the people.</p>	<p>We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.</p> <p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them.</p> <p>The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.</p>
<b>Sex</b>	Nothing.	Nothing has been identified so far.
<b>Age</b>	It is a matter of concern that "10 days in the hospital leads to the equivalent of 10 years of muscle aging in people over the age of 80." This harm and loss of independence means that older and vulnerable people are more likely to need care and support to return home, increasing the pressure on social care and community services that are already under pressure.	We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.

	<p>The <a href="#">Llechen Lân</a> Report emphasises the need to take proactive and preventative action to ensure that social services are able to cope with the growing demand for services for older people and disabled people.</p> <p>Since 2011 the population over 65 years of age grew by 7.8% in Gwynedd. Social Care Wales said that Wales has more people over 85 than the rest of the UK and that the number is likely to double across Wales by 2045.</p> <p>Further, the Welsh NHS Confederation explains that Wales has the highest number of people with limiting or chronic long-term conditions in the United Kingdom, with numbers increasing rapidly (from 105,000 people with limiting or chronic long-term conditions in Wales in 2001/2 to 142,000 in 2010/11) and likely to continue to increase as the population ages further.</p> <p>By Census 2021 there were over 25,000 people over the age of 65 in Gwynedd, with around a third of them over the age of 80. Compared to Wales, 23.5% of people over the age of 65 are in Gwynedd and 21.3% in Wales.</p> <p>This increase clearly brings its challenges, with a high probability that there will be an increased demand for health and social care services. Medical advances have improved people's survival but have also led to more complex needs. Linked to the ageing population, an increase in the number of people living with dementia and the condition can lead to many complications in terms of care and support</p>	<p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them.</p> <p>The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.</p>
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	<p>which for some affect hospital discharge arrangements, particularly individuals who are unable to meet their own needs and make decisions about their care where best welfare decisions and the involvement of the Court of Protection are required to organise their continuing care. These are intensive processes with a legal framework and therefore take more time to organise.</p>	
<b>Religion and belief</b>	Nothing.	Nothing has been identified so far.
<b>Sexual Orientation</b>	Nothing.	Nothing has been identified so far.
<b>Gender reassignment</b>	Nothing.	Nothing has been identified so far.
<b>Marriage and Civil Partnership</b>	Nothing.	Nothing has been identified so far.
<b>Pregnancy and Maternity</b>	Nothing.	Nothing has been identified so far.
<b>Welsh Language</b>	Nothing.	Nothing has been identified so far.
<b>Socio-Economic Considerations</b>	<p>This project ensures that patients are able to get home to their community sooner, prevents potential loneliness, ensures they are able to be part of their community as soon as practicable, and receives support at a more local level through local interventions and initiatives e.g. Active Dementia, community hubs.</p> <p>There is also another element to note that the practitioners/social workers are going to visit the patients who are within their area of work, and therefore can offer them a snippet from home by</p>	<p>We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.</p> <p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or</p>

	discussing what is available in their area, any local updates etc.	any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them.  The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.
<b>Those who serve or have served in the armed forces, together with their families</b>	Nothing.	Nothing has been identified so far.
<b>Skip to footer</b>	Nothing.	Nothing has been identified so far.
<b>Other</b>	Nothing	Anything

**6. Are there any data or information gaps and if so, what are these and how are they intended to be addressed?**

Consideration is being given to the data that needs to be collected and recorded as part of this project, and a dashboard is being created for the purpose of collecting data on the patients being discharged from hospital.

**7. When considering other key decisions affecting these groups, is there an incremental effect (cumulative effect)?**

There is no incremental effect here.

**8. What does the proposal include to show that you have given due regard to the Public Sector Equality Duty (to promote equal opportunities; help to eliminate discrimination, harassment or unlawful victimisation and foster good relationships and wider community cohesion) as covered by the 3 aims of the General Duty in the Equality Act 2010?**



This project promotes equal opportunities by ensuring that patients return to where they want to be on a long-term basis – whether that means returning to their home or going into residential or nursing care. Completing a What Matters assessment with the patient in hospital, to understand their strengths and what is important in their life, ensures that they are able to achieve the outcomes that are important to them in their life, while also receiving proportionate and appropriate care at a suitable time.

**9. How does the proposal show that due attention has been given to the need to address inequalities in the cause of socio-economic disadvantage? (Note that this is about closing inequality gaps rather than just improving outcomes for all)**

Mechanisms are in place to ensure that there is no disparity in the cause of socio-economic disadvantage. Each patient receives a What Matters assessment, and every effort is made to achieve the patient's outcomes. The Council also provides financial support to patients who require residential care depending on their individual situation.

**10. How does the proposal demonstrate action in accordance with the requirements of the Welsh Language Standards (Welsh Language (Wales) Measure 2011), not to treat the Welsh language less favourably than English, and to ensure opportunities for people to use Welsh? Also how will action be taken in accordance with the Council's language policy and strategy to take advantage of every opportunity to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?**

The project does not contravene Welsh Language Standards, and all patients are treated fairly regardless of their language. All patients are also offered a What Matters assessment in their preferred language, with Council staff at Ysbyty Gwynedd being fluent in both Welsh and English.

**11. How does this proposal meet the requirements of the Well-being of Future Generations Act by implementing the five ways of working, and responding to the 7 national well-being goals including creating a More Equal Wales?**

As we have been piloting a new way of working, we have not formally consulted with service users to date, but those who have been patients at Ysbyty Gwynedd have been able to experience the new way of working by being assessed by a practitioner/social worker and having a better experience in hospital in order to discharge them more timely.

This project greets barriers that currently exist in the health and care system, and which will get worse in the future according to figures from the Llechen Lân report unless we take action. The problems we face have already been identified in this report, and this work will address improving the hospital discharge system to ensure that the patient arrives home/the community in a timely manner.

The Llechen Lân report has provided a solid basis for the work, providing evidence (as mentioned at the beginning of the report) that the older population is increasing, and that demand is also increasing as a result. Carrying out this type of work at Ysbyty Gwynedd will ensure that we have a suitable resource in the setting to address these challenges and make the most of the resource we have.

As already mentioned, we have been working closely with Betsi Cadwaladr University Health Board, but we are also working with a number of third sector organisations working at Ysbyty Gwynedd such as Care and Repair, Carers Outreach etc. It is vital that we include any relevant organisation involved in the patient's journey back home/into the community.

### **PHASE 3 - Procurement and Partnerships**

#### **12. Will this policy or practice be carried out in whole or in part by contractors or in partnership with other organisation(s)?**

Yes.

#### **What action will be taken to comply with the General Equality Duty, Human Rights and Welsh language legislation and the Socio-Economic Duty in relation to procurement and/or partnerships?**

##### **Procurement:**

Irrelevant.

##### **Partnership:**

We are collaborating with the Health Board on this project. The Health Board has a commitment to comply with the relevant legislations.

We have consulted and collaborated continuously with key members of Betsi Cadwaladr University Health Board, including Home First Office staff, Hospital Discharge Facilitators, and strategic and operational officers and senior managers. Indeed, the work from the very beginning has been a collaboration between the Council and Betsi Cadwaladr University Health Board, operating in an integrated way to put the citizen at the centre of the work and ensure that we succeed.

In addition, the Community Resource Teams have been giving their views on the work as needed, ensuring timely and proportionate insight into the need and demand.

Recently we have been holding a series of meetings and workshops for the officers working on the new project, asking their views on the pros and cons of the new way of working, as well as asking for new ideas or any improvements they can think of. We've had positive feedback from everyone so far, as well as ideas for more efficient ways to implement the model.

It's important to note that doing this has not only improved the way we work, but has also boosted staff morale, who have been under a lot of constant pressure to meet demand for months, if not years. In turn, the culture of the teams and the team involved in the project has transformed into a much more positive culture, with a fresher overview of the work.

#### **STEP 4 - Dealing with Negative or Unlawful Impact and Strengthening the Policy or Practice**

##### **13. In considering proportionality, does the policy or practice cause a significant positive or negative impact or create unequal outcomes?**

###### **Significant Positive Impact:**

One of the main objectives of our work in conjunction with the Health Board is to ensure that people come home from hospital at the appropriate time, with the appropriate support, to avoid complications that contribute to a decline in the living condition of our residents and increase the demand for support in the community.

The contact of the four practitioners within the CRTs is considered to mean that they can follow cases through from the hospital to the community. The hope is that individuals will leave hospital promptly, are less likely to deteriorate and therefore their care needs will be less or more proportionate to the needs, which avoids overprovision and creating dependence too early. This project creates a significant positive impact on the residents of Gwynedd by ensuring that they are discharged from hospital in a timely manner, receive the right care at the right time from the right person, and receive better care provision.

###### **Significant Negative Impact:**

Having weighed everything up, it is not considered that there will be a significant negative impact or any disproportionate outcomes as a result of this project.

**14. Any intentional negative impact should be explained, and why it is believed that there is justification for such action (for example, on the basis of improving equal opportunities or fostering good relationships between those who share a protected characteristic and those who do not or because of objective justification or positive action)**

None predicted. The work aims to improve patients' experiences in hospital by improving their journey from hospital to a suitable and safe location.

**15. Will any of the negative impacts identified count as unlawful but unavoidable discrimination (e.g. reduction of funding)?**

No.

**Please note the reason for saying so and the justification for continuing**

Irrelevant.

**16. What other measures or changes could be included in order to strengthen or change the policy/practice to demonstrate that due consideration has been given to promote equal opportunities; helping to eradicate unlawful discrimination, harassment or persecution and foster good relationships and wider community cohesion; as addressed in the General Duty of the Equality Act 2010?**

Promoting equal opportunities, and fostering community cohesion is at the heart of this project. Indeed we look at our internal practices and culture when considering the provision of care and support, with an effort to move away from 'traditional' practices. It can be argued that a domiciliary care package can be 'uniform' and rigid.

The report itself answers this question in more detail.

**17. What other measures or changes could be included to strengthen or change the policy/practice to demonstrate that due attention has been given to the need to reduce unequal outcomes as a result of socio-economic disadvantage?**

As already mentioned, we have been working closely with Betsi Cadwaladr University Health Board, but we are also working with a number of third sector organisations working at Ysbyty Gwynedd such as Care and Repair, Carers Outreach etc. It is vital that we include any relevant organisation involved in the patient's journey back home/into the community.

**18. What other measures or changes could be included to strengthen or change the policy/practice to demonstrate that due regard has been given to the need to increase opportunities for people to use the Welsh language and not to treat the Welsh language less favourably than English in accordance with the Welsh Language (Wales) Measure 2011 and to reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?**

All staff at the CRTs are fluent Welsh speakers and can provide a bilingual service to any patient.

**19. Is there enough information to form a balanced view and move forward?**

Yes.

#### **STEP 5 - Decide to Go Ahead**

**20. Given the information gathered at Steps 1-4, is it possible to proceed with the policy or practice, and if so, on what basis? Choice of:**

Continue the policy or practice in its current form.

#### **PHASE 6 - Actions and Arrangements for Monitoring Results and Reviewing Data**

The AEC process is an ongoing one and does not end when the policy/practice and the AEC have been agreed and implemented. There is a specific legal duty to monitor the impact of the policies/practices on equality on an ongoing basis to identify whether the outcomes have changed since you introduced or modified this new policy or practice. If you do not have the relevant data, you should be taking action to correct this in your action plan. To view the EHRC's guidance on data collection you can review their [Measurement Framework](#)

**21. What actions identified in Steps 1-5, or any additional data collection work will assist in monitoring the policy/practice when implemented:**

<b>Operation</b>	<b>Dates</b>	<b>Timetable</b>	<b>Lead Responsibility</b>	<b>Add to Service Plan</b>
Continue to communicate with YG and CRT staff to ensure that qualitative and anecdotal data are fully and fairly considered.	Continuous.	Continuous.	Project Managers and Assistant Head of Adults Department	No
Data dashboards are regularly monitored and maintained to keep an eye on progress, barriers and any gaps	Continuous	Continuous	Project Managers and Assistant Head of Adults Department	No

**22. What arrangements to monitor and review the ongoing impact of this policy or exercise will be implemented, including timescales for when it should be formally reviewed:**

<b>Monitoring and Review Arrangements</b> (including where the results will be recorded)	<b>Timetable and Frequency</b>	<b>Lead Responsibility</b>	<b>Add to Service Plan</b>
Data dashboard	Continuous.	Project Managers and Assistant Head of Adults Department	No

MEETING	Care Scrutiny Committee
DYDDIAD	25/09/2025
TITLE	Working with the community
REASON FOR SCRUTINY	Pre-scrutiny / The Cyngor Gwynedd Plan 2023-28 – A Caring Gwynedd
AUTHOR	Bethan Williams, Supporting Health and Wellbeing Manager, Age Friendly
CABINET MEMBER	Coun. Dilwyn Morgan

## 1. Why does it need to be scrutinised?

Pre-scrutiny of a pilot project to provide preventative support that aims to find alternative solutions to support people in their local area and strengthen community resilience.

To provide feedback on the pilot scheme and whether it should be considered for expansion to other areas.

## 2. What exactly needs to be scrutinised?

- Has the pilot model strengthened collaboration and community resilience?
- What preventative and aftercare elements have been successful, and which have been less effective?
- Should it be extended to other areas, and are appropriate resources available for that?
- What is the role of elected members in the scheme?

## 3. Background / Context

This work is based in Dyffryn Nantlle and is an idea nurtured and developed by individuals and organisations already working in the area. By coming together to discuss and share information, a statement of purpose was agreed with the aim of collaborating locally to develop a new way of delivering health and wellbeing services at a community level—a model that involves building stronger relationships between people, services, and individuals.

This way of working brings together agencies, community groups and individuals who will support community wellbeing in a collaborative partnership. By working together, they ensure that people can access the right support when they need it. The model is based on simple but powerful principles:

- Holding open and purposeful conversations
- Building relationships
- Sharing resources creatively
- Using each other's connections and expertise

It moves away from operating on the basis of individual services, and aim to create a network that works together to improve quality of life and wellbeing for everyone.

The aim is to create a community where people truly understand local needs, work together to address them, and focus on strengths rather than weaknesses. This approach evolves through continuous learning and adaptation, ensuring it remains relevant and effective. It's more than just service provision—it's about creating a thriving and supportive environment where collaboration leads to innovation and better outcomes. It's an inspiring and effective model for decision-makers and communities alike, offering a blueprint for healthier and more connected communities.

There are clear links to the priority of creating a Caring Gwynedd within the Gwynedd Council Plan and the project 'Supporting People's Well-being' within that programme.

"Some residents find it difficult to cope with life's challenges and the situation of a number of residents has been exacerbated as a result of the cost of living crisis. These residents need support to cope, to thrive, to be safe and to keep healthy.

We have a broad network throughout our communities which helps and supports residents to cope and to respond to their various needs. This network needs support to sustain that voluntary effort, and we will work to strengthen this essential task over the coming years."

#### **4. Consultation**

Consultation in the context of this work has taken place on several levels, but we would like to outline the following three events as key steps that have laid the foundations for the work in Dyffryn Nantlle:

##### **'Getting Ready' Consultation – The National Development Team for Inclusion**

Between March and April 2023, the National Development Team for Inclusion was commissioned by Menter Môn, on behalf of Gwynedd Council, to undertake a piece of work called '*Getting Ready*' in the Bro Lleu regeneration area, encompassing Dyffryn Nantlle and Penygroes. The overall aim was to consider whether there was a local basis and appetite to develop ways to "*help everyone live a good life in their community*", genuinely led by the community.

The '*Getting Ready*' exercise enabled the team to understand the extent to which efforts were aligned and to consider how connections between stakeholders could be strengthened and improved. A series of conversations were held with local stakeholders.

Key findings from the work are noted below:

- A strong sense of community spirit and pride shone through every conversation.
- There was a willingness to understand how to do things differently to improve citizens' lives, staff experiences, and relationships locally.
- Partnership working and strong leadership were evident at many levels.



- Excellent methods and examples of co-production with local communities that could be replicated and modelled in future work.
- A consistent message about short-term funding streams and the need for longer-term commitment to build stability and resilience.
- An opportunity to build on the work done so far, to expand a culture of strength-based practice across all teams, services, and partners with consistent processes and systems.

A full copy of the ‘Getting Ready’ report is available in [Appendix 1](#).

## **5. Well-being of Future Generations (Wales) Act 2015**

### **Have you involved residents/service users? If not, when and how do you intend to consult them?**

A formal consultation with local people has not been undertaken, but engagement and consultation with partners and stakeholders have been at the core of the work as outlined in point 4 above. It is also important to highlight that the practitioners involved in the work advocate on behalf of people and share their experiences of receiving or waiting for services in the health and care sectors. Some of the practitioners and stakeholders are local residents who are close to their community and have a rich understanding of people’s lived experiences.

As part of the work, a local coordinator has been appointed. A key part of the Wellbeing Coordinator’s role is to engage and involve residents—this is outlined in the job description. Using and listening to residents’ voices as part of learning, development, and evaluation will also be central to the way of working. This is referred to further in point 8, with an opportunity to read more by following the link provided there.

### **Have you considered collaboration?**

Collaboration is at the heart of this work. Responsibilities, plans, and decisions are shared and made jointly. There is genuine commitment from all partners to collaborate. There is shared ownership of the work, and as outlined in the ‘Getting Ready’ report, partnership working and strong leadership were evident at many levels.

*“I haven’t attended meetings where so many people come together—and keep coming.”*  
(Councillor Craig ap Iago)

### **What has been done or will be done to prevent problems from arising or worsening in the future?**

This work is an opportunity to implement a model where everyone collaborates for the benefit of the people of Dyffryn Nantlle. We will reinforce what already works, build connections within and across the health, community, and social care systems, combine good practice, and strengthen common sense, empowerment, and trust. The local vision to learn, develop, and identify barriers and solutions together is a key element of the work in order to identify and, where appropriate, prevent problems.

### **How have you considered the long term and what people's needs will be in the years to come?**

The use of data and evidence through various methods has been a focus for the partners, and they are committed to learning together through data. In one of the workshops, there was an opportunity to consider the types of qualitative data that could be used and how to access it. The partners have also sought the expertise of the council's Research and Analytics team to examine the most recent local data to gain insight into areas such as Health and Disability, Unpaid Carers, Deprivation, and Housing Efficiency. There is a joint understanding of the importance of using this data and what can be gained from it to tailor and develop support to meet local needs.

### **To ensure integration, have you considered the potential impact on other public bodies?**

Other public bodies have been a key part of the work from the outset. Adra, Grŵp Cynefin, Public Health, and Primary Care have been key partners in the work. There is interest at a strategic level within the Health Board, with Chief Executive Dyfed Edwards having attended two workshops and committing to attend a further workshop on October 6th, which will be facilitated by Public Health Wales officers. Comments from partners involved in the work can be found in [Appendix 2](#).

## **6. Impact on Equality Characteristics, the Welsh Language, and the Socio-Economic Duty**

No impact assessment has been completed.

Lles Nantlle workshops/meetings have been held in Welsh, and appropriate arrangements have been put in place to facilitate opportunities for people to use their language of choice during meetings.

If the Committee wishes, we would be happy to hold further joint discussions with partners involved in the work regarding conducting a joint assessment.

## **7. Next Steps**

**Wellbeing Coordinator** – appointed on behalf of the partners. She has completed her induction period and is now progressing with the work programme developed by the partners. The job description that has been developed and agreed between the partners, and a copy can be provided if needed.

**Community Lounge** – Establishing a 'Community Lounge' is one of the developments agreed by the partners, and the Wellbeing Coordinator will lead on this development as part of her work programme over the coming weeks. The local Community Lounge will be tailored to provide support to the community and will be a welcoming, easily accessible local space. The aim is to create a sense of local pride and belonging in the Lounge, and to make the best use of local strengths and connections. The Lounge will offer a space for residents, families, and individuals to receive local advice and support on a range of issues.

It is worth noting here that the development in Dyffryn Nantlle is linked to the Welsh Government's aspirations to develop the social prescribing agenda in terms of the help and support available to people. In January 2024, the Welsh Government published the national framework for Social Prescribing. In this document, Social Prescribing is described as follows: "Social prescribing is a way of connecting people of all ages and backgrounds with their community to better manage their health and wellbeing. It can help empower individuals to understand their needs, strengths, and personal assets and connect with their own communities for support with their health and wellbeing."

Following this, a regional workstream to develop social prescribing models is being led by Public Health Wales across the Betsi Cadwaladr Health Board area. Locally here in Gwynedd, a task group has been involved in this work and is taking a keen interest in the pilot being trialled in Nantlle.

**Strengths-Based Conversations** – We have secured this training for all partners. Joint training and learning is one of the guiding principles that all partners have agreed to and are keen to see implemented locally. This training will enable those involved in the work to:

- Identify the essential elements for holding good conversations with people
- Reflect on traditional methods of delivering services in health and social care and how a strengths-based approach aligns with statutory duties and good practice
- Explore personal skills and other factors that can improve the person's experience
- Consider our use of language and how the words we use can impact the person
- Consider the resources that can support a good conversation

**Impact Evaluation** – Our partners in Public Health Wales have offered their expertise to help evaluate the impact of the work. A 'Ripple Effect Mapping' workshop will be held on October 6th. Ripple Effect Mapping is a participatory, qualitative method that can capture broader (intentional and unintentional) effects of a project or programme. It brings together people who have been involved in delivering a project or programme to visually map what they have done and the impacts so far. Traditional forms of evaluation often capture only a small portion of what actually happens. This means valuable information can be lost, which is why this method can be so valuable. If the committee would like to receive further information or a report following this session, we would be happy to prepare it for you.

**Resident Voices** – Continuous learning and adaptation is also a key principle for partners. Hearing residents' voices will be crucial to this learning. We will bring people together to do this using Evidence-Enriched Practice (DEEP) methods. DEEP focuses on people, their experiences, and their stories, and uses various types of evidence. The Council officer who has facilitated the Nantlle work has completed the course 'Leading learning and development using evidence: DEEP Catalyst Course' and we would like to share and use this learning as part of the work going forward.

## **8. What exactly needs to be reviewed?**

- **Has the pilot model strengthened collaboration and community resilience?**

It is suggested that the scheme has significantly strengthened collaboration across agencies. An example of this can be seen in [Appendix 2](#), which refers to the commitment of local doctors to support a project providing food for children and young people with local partners. An example of local collaboration and its impact on residents can be seen in the case study in [Appendix 3](#).

- **What preventative and aftercare elements have been successful, and which have been less effective?**

The scheme is not yet in place to report on preventative and aftercare elements, but we will monitor and evaluate the scheme during the first six months and will be happy to report back then.

- **Should it be extended to other areas, and are appropriate resources available for that?**

Based on the initial work, we recommend that it could be extended to other areas. Resources will be needed to facilitate the process.

- **What is the role of elected members in the scheme?**

The local elected member, Craig ap Iago, has been a key part of the work and has seen tremendous benefit from being involved in the scheme:

“A new model, where the Council doesn’t do everything. We all collaborate and want to collaborate. The Council doesn’t have to lead—just facilitate the process.”

## **9. Background Information**

See below for links to further information on the evaluation methods referenced:

[Ripple effect mapping | Evaluation tool | UMN Extension](#)

[Developing Evidence Enriched Practice \(DEEP\) - Social Care Wales - Research, Data & Innovation](#)

[National framework for social prescribing \[HTML\] | GOV.WALES](#)

## **10. Appendices**

- **Appendix 1:** ‘Getting Ready’ Report – National Development Team for Inclusion
- **Appendix 2:** Partner Comments
- **Appendix 3:** Case Study

Amanda Nally, Gordon Waigand, Annie Smith and Jenny Pitts, National Development Team for Inclusion  
March - May 2023

The following report summarises the insights and reflections of the National Development Team for Inclusion (NDTi) gained through a series of discussions that took place between March – end of April 2023

The work and report have been commissioned by Menter Môn on behalf of the Council. The overarching goal is to determine whether or not the core ingredients and mindset required to achieve a true 'community led' approach to helping people live the best possible life within their local area are evident. The Getting Ready exercise enables the NDTi team to understand to what extent efforts are aligned and to consider how, if at all, links between stakeholders could be strengthened and enhanced. The geographic scope of the work was the Bro Llew Regeneration Area, focussed on Dyffryn Nantlle and Penygroes.

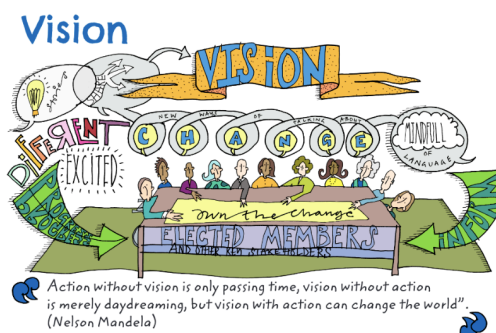
Key points can be summarised as follows:

- Agreeing a local vision that is joined up and coproduced would bring clarity and focus to the work going forwards.
- An overwhelming sense of Community spirit and pride shone through every conversation.
- A willingness to understand how to do things differently that will improve the lives of citizens, staff experience and relationships locally.
- Strong partnership working and leadership is evident at several levels.
- Some wonderful approaches and examples of coproduction with local communities that needs to continue to be embraced and modelled as part of any work going forward.
- A consistent message about short-term funding streams and needing longer commitment to build longer term stability and resilience.
- There is an opportunity to build on the work to date, to expand a culture of strengths based practice across all teams, services and partners with aligned processes and systems.

The structure of this report follows the CLS Getting Ready Framework.

## Vision

The council as a whole has a clear ambition to strengthen its relationship with the citizens of Gwynedd and a community focussed, strengths based approach is consistent with this broad direction. Gwynedd, like many areas of the country, saw significant changes during Covid-19 with local initiatives developing and relationships building and there is a great deal to continue with.



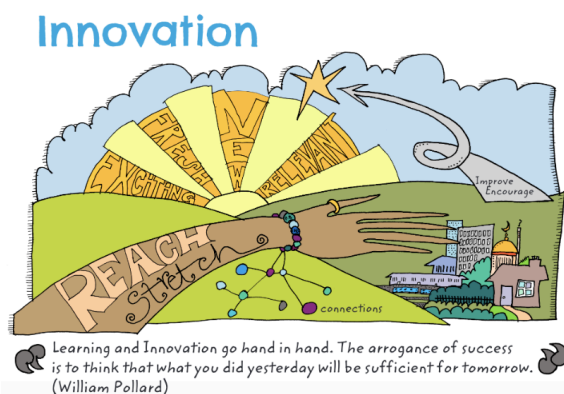
Currently there is significant work underway in the 5 localities and 16 patch areas with pockets of good practice all over the county having a strong community focus for several years. Social Care and Health are working towards better integration and recognise there are real opportunities to further develop this. Other development work includes the implementation of a new model for Home Care and work relating to Building Community Resilience. The Council has a delicate role and needs to ensure it supports and nurtures the existing work and strength of the local communities without taking over, and this is something that there is an awareness and recognition of.

Developing a shared vision that clearly articulates the change programme, that is coproduced with people, partners and organisations is a critical first step to ensuring the intent, resources and commitment are aligned across all involved and this would be a positive step locally.

When local citizens need more formal help or support there are a number of Council 'front doors' with clear processes that practitioners follow. The developing community hubs could provide an opportunity to consider a more community-based approach to this formal route ensuring people get the information, advice and support at a time and place that's best for them and avoids pulling people unnecessarily into formal processes with the delays that are often associated with that. Residents are not always getting information and advice easily and yet we know this is a vital requirement in preventing reliance on services. Smooth processes between the community hubs and statutory services for people who do need formal support will be vital and such a response needs to be aligned with a strengths based approach.

Cross agency partnership appears strong in most areas we spoke to and there is a shared vision of success, even if this isn't formally written down. This is especially encouraging given that a number of people had not met before meeting with us, even though they were working on projects together or closely aligned.

## Leadership and Innovation



Strong leadership at all levels that supports the principles of a community focused, strengths based approach is a key success factor in both the implementation of further change its sustained ongoing development. The need for leaders in all organisations overtly and continually to reinforce the culture they are wanting to embed through communication and actions has a direct impact on how it is embraced and the reach of that impact.

is to think that what you did yesterday will be sufficient for tomorrow.  
(William Pollard)

Over recent years, many initiatives by various partners have led to significant regeneration within Dyffryn Nantlle, with efforts continuing and many projects likely to lead to better quality of life underway. There has been development by statutory bodies and large public sector organisations alongside grass-roots community initiatives where citizens have developed local assets.

Partners we spoke to during the Getting ready exercise provided invaluable insights:

"Covid has shown us that you can trust people, believe it and not just say it. Covid taught us a lot in how to work differently together. But old approaches are coming back, and we need to guard against this".

"The community-facing primary school is very much seen as a place where future leaders are being trained – investing in the youngest amongst the community: leaders at all levels".

"Community-based hubs are the evolving model at the moment, with a lot of hubs providing different support to different people, communities and types of support. The council recognises the need to invest to help these connections work well. There are lots of services and interventions, but not all of these are known about".

There are consistent themes regarding funding for projects and innovation where this is frequently shorter term, often 3 years in duration. Recognising that development takes longer in many communities this can lead to disruption and instability. It can also mean that stakeholders are more likely to have transactional relationships, meaning the investment in getting to know people and organisations and growing those relationships can be jeopardised.

People of all ages, all interests are supported within the area. Some projects are more leaning to formal health and social care, but the golden thread is helping people to have a good life in their community. Regeneration of the area, investment in training, skills development and employability will ensure that local people will have the skills and job opportunities without having to leave the area – a real investment in the local community and its growth.

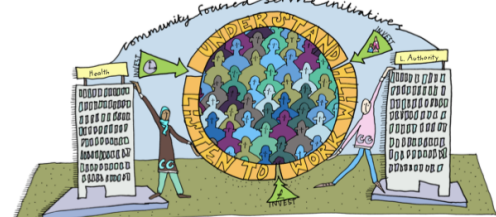
There is a shortage throughout the county of units for people to start running their own business and a need to expand what can be offered. The Housing support is very much based on a 'whole person, whole life' approach, offering so much more than a place to live. Offering good quality housing, linked to support if needed, employment initiatives and building a future locally ensures local people can remain within their community and thrive.

In many respects there does appear to be a permissive approach that has supported innovation and creativity. The messaging relating to any subsequent change programme needs to be clear that it is building on the work underway, continuing to listen to the voices and ideas of those involved. The branding, the underpinning narrative and the positioning of such change will therefore be important to consider prior to wider engagement. In addition, it is important to consider how best to involve and engage people locally to maximise their time and energy whilst ensuring their voice is heard.

## Community Focus and Connections

Cyngor Gwynedd already adopts a genuine, community focus in its approach. Corporate support for the place-based change programme is essential in 'everyone playing their part'. Taking a citizenship-based approach to people who may require support will, by nature, require all statutory agencies, services, and local communities to work together around the person, or indeed, around the family. This could be an excellent opportunity to bring together a range of teams, organisations and professionals to work as a virtual team in further shaping a place-based approach.

### Community Focus



There is no power for human change greater than a community discovering what it cares about. (Margaret J. Wheatley)

The primary obstacles for community organisations appear to concern commissioning, especially for smaller, local provision, and the need to recognise some of the challenges these organisations face, especially the nature of shorter-term funding envelopes. Partnerships across members of the third sector offer a real opportunity to further understand and fully utilise the richness of local communities, particularly the opportunity to build on the neighbourhood, volunteers and community initiatives that have emerged during the Covid pandemic (and before).

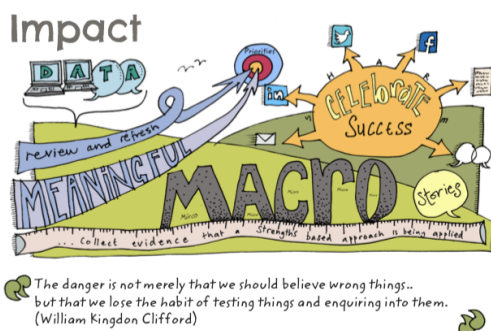
Local authority structures need not be a barrier to this approach but there will be a need for all Social Care and Health teams to support a place-based approach; inevitably this can be



disruptive and will require strong leadership but will enable a range of practitioners to connect with those community organisations, increase their knowledge of specific communities and to bring their expertise and 'specialism' to bear. Knowledge of local communities and the existing 'community engagement' groups and partnerships will be invaluable to share with statutory colleagues. Inevitably, this is likely to require changes in process and behaviours between teams so that people experience seamless and timely support.

There is therefore real potential for Social Care, the Community Resource Teams, Housing and Communities to further connect around place, join up practice and to develop knowledge and relationships at a very local level and we get a strong sense that people are up for this.

## Impact and Measuring Change



There is, therefore, an opportunity to create a set of joined up measures that will provide vital information on whether the changes taking place are achieving the desired improvements against an agreed set of local outcomes. It will be particularly beneficial to agree those across organisations and service areas, including commissioning, including the voice of people with experience of using services locally, and to collect evidence and measures from a range of places to create a multi-dimensional learning and understanding of change.

There are so many positive things happening at present in the Dyffryn Nantlle and Penygroes area which, through rigid and traditional performance reporting could be missed or, worse still, such reporting could divert activity away from work that matters. A framework for understanding local impact needs to capture the difference (personal, social, economic and cultural) that these are making and to be developed collaboratively with those organisations. The Social Services and Wellbeing Act is an important part of that local framework but, we suggest, could be adapted and added to in order to reflect local context and priorities.

There is an opportunity to rethink locally about what data is gathered and by whom, how government returns can be serviced, how information is used internally, as well as across agencies and, importantly, the culture and leadership that needs to underpin this activity in order for this to be a positive and integral aspect of moving to a strengths-based, community led culture of practice.

There is therefore a need for a shared understanding of impact, evidence and outcomes and for this to be integral to the change process to inform learning on the ground. These measures will need to be identified and a baseline, wherever possible, established.

There was a local evaluation of community responses to Covid-19 and learning that was mentioned in many of the discussions. Health and Social Care saw that when people had to work together differently, and almost overnight in some cases, solutions came from the community. Unfortunately, some of these relationships have not been maintained and there is a need to recover some of that innovation. Pre-Covid, statutory organisations weren't working as much on prevention and it was reflected that there is a danger of the learning becoming forgotten and opportunities missed.



## Co-production

There is a need locally to embrace and recognise the local culture of genuine coproduction in a meaningful way. There are so many examples where consultation has formed a key part of previous change initiatives and it is therefore important to be mindful of citizens not having to repeat this exercise where information already exists, but to build on what has already been gathered to avoid repetition and duplication.

Local people love the area and are fiercely proud of it.

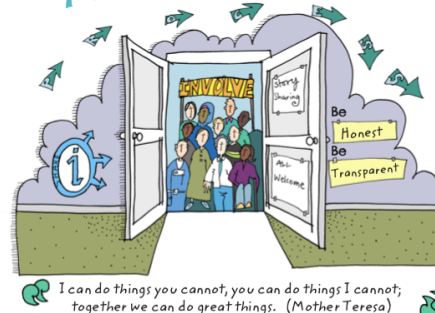
As a post-industrial area, evidence shows the resilience and character. There is a well put together community network and, we understand, local citizens don't describe themselves as 'volunteers', they just see themselves as getting on with community life. On the ground, no matter how stressed people are, there is a desire to look after each other; Covid-19 seems to have highlighted and reinforced this community spirit.

There is a risk that this culture of 'Welsh people just do, they don't become an official volunteer' misses the opportunity to capture, celebrate and support (only where needed) their activities and vibrant contribution. Two community mapping exercises showed over 60 community organisations providing weekly/monthly activities.

It was felt that the council has gained more trust with the community, stating it is the strongest it's been, and this has been building over the last 3-4 years. This has been achieved by constant communication with local people and hosting regular events where 50 people join and share a meal; other examples include 25 older people coming to social events and the community pantry able to distribute free food from supermarkets. The voice of the community is strong in everything with lots of community consultations and reacting to what the community wants and needs; it is very important to those involved: "It keeps us going".

Increasing understanding and awareness of coproduction itself is going to be key in really working with communities and to engaging not just with the larger voluntary sector organisations, but the smaller (formal and informal) community groups some of which have come to the fore during the Covid-19 crisis.

## Co-production



## Quality

### Quality



There are undoubtedly many areas of work that Gwynedd can celebrate and which have a direct impact on people's quality of life. A willingness to fully embed a culture of strength-based practice and outcomes-based support exists in pockets but will require a concerted and long-term effort throughout all partners to embed and sustain that culture.

We know that such approaches will only make a difference if the quality of interactions and conversations with people are backed up by internal processes and systems and, of course, by the quality of community supports and commissioned providers. This needs to include difficult decisions regarding over-provision of support that isn't promoting people's independence and it is likely to require a very

different approach to reviews and the quality of supports for people with Direct Payments (rather than seeing the mechanism of the Direct Payment a success indicator in itself).

Locally there are known issues surrounding care provision and this links with the key initiative to develop and embed a new model for Home Care provision, utilizing the strengths and assets of the person, their connections and community.

Demand for employment opportunities is growing in a positive manner. People want to better the quality of their own and their family's situation. More new businesses are starting off and living and working to enjoy the area is a driver in pushing up quality of life locally.

There is opportunity to increase the quality of people's experience of coming into contact with services; for those who contact any of the Council 'front doors' there is real potential for a different conversation underpinned by strong knowledge of the community and what is available which could prevent people being passed on unnecessarily and the subsequent delay to having their situation resolved. There is real potential to redesign the possible 'journey' people will experience through a range of approaches and to streamline and improve on that experience for people.

It is recognised that there is potential to further develop relationships with service providers to reflect a move to outcomes-based support, enabling positive risk and trust so that people of Gwynedd have more responsive and person-centred care and support. Promoting independence is a principle that runs through this work and indeed needs to be consistent across all the work of Social Care and Health. This will enhance the understanding of what quality of support can aspire to be and remove potential inefficiencies and limits to choice and independence that people may experience currently.

## Conclusion and next steps

It was a really enjoyable experience listening to all who attended the meetings; as mentioned, the sense of pride was clearly evident regardless of who was sharing their experiences. There are undoubtedly lots of great things happening in Gwynedd. Community infrastructure is there with plenty of "community spirit". One person stated, *"we have a massive opportunity here in a small window"* and there was total agreement of this statement.

People were open, honest and respectful and left feeling they learned a lot from listening to others. There was also a consistent message that those involved did not want a report that sits on a shelf and doesn't serve a practical function. It was felt this needs to be a stepping-stone to something else.

There is so much to build on in Gwynedd and the crucial factor in determining the success of any next steps will be a **clear scope** for any future work. There is an opportunity to include the full engagement of those with operational responsibility for Social Care teams and the Community Resource teams, and to include the processes that support local people when they do need formal support from Social Care. Considering the person's experience through this and the role of 'community' in ensuring those processes are aligned, can only enhance and further develop the approach with people and community at the heart.

Agreement of a **clear, joined up vision** will enable all parties to articulate a shared definition of success and then to agree together how this will be evidenced and we suggest a co-designed

impact framework would be powerful and would support the governance of further innovation without micro-managing it.

The council plays a major role in ensuring a strengths based, community led culture is embedded, but it must be on the community's terms. There is an opportunity to bring partners together, with local people, to really define success and to build resilience across communities where people know where to go or who to contact, at the right time for them, with a supporting infrastructure of collaboration and communication across a range of organisations, teams and professional groups.

Any change programme going forward needs to join the dots between community activity and strengths-based practice and conversations, and commissioning. It needs to provide a framework to bring everything together, including local and national government agendas, in a way that starts with the community. Cyngor Gwynedd is in a very strong place to build on, consolidate and embed the fantastic work to date in this regard and it does feel, with the degree of motivation and enthusiasm across all partners we met with, that the time is right to do so.



The National Development Team for Inclusion  
May 2023

## Appendix 2

### Partners Comments

#### **(Llio Wyn Yr Orsaf)**

It is encouraging and positive that around 20 different organisations/departments have gathered in one room with the same vision, and have worked together, shared ideas, and shared good practice which in turn has led to funding to fund the project, the establishment of the community lounge and a full time job. It shows what is possible when there is clear communication, collaboration and the desire to improve the well-being of the residents of the Nantlle Valley.

The collaboration between all partners has meant that information sharing is more effective and reaches more people, e.g. A number of regular activities are carried out to prevent loneliness and isolation in the Valley, and this project has enabled us to strengthen community connections, which is a key preventive element for emotional and physical wellbeing.

#### **(Ellen Williams – Senior Area Manager for the Western Cluster)**

Primary Care and in particular the Primary Care Clusters within the Health Board are delighted to be an active partner in the work of the Wellbeing Nantlle project as it aligns with the cluster's priorities in terms of promoting self-care and building Community resilience as a vehicle to promote health and wellbeing. A key part of Primary Care work and the vision within Health is to move services closer to home and ensure that the population can easily access the appropriate provision they need at the right time and in order to be able to do this community collaboration and resilience are key.

The Nantlle Valley Wellbeing Group aligns with several key National Health and Wellbeing frameworks including the Health and Social Care Plan 2024, the Well-being of Future Generations Wales, Healthier Wales, and the Primary Care Model for Wales and the Healthy North Wales Programme.

The Health and Social Care Plan 2024 focuses on a whole-system approach to health and wellbeing with a focus on preventative work, early intervention and integrated Community services and the work of Wellbeing Nantlle encompasses these principles and this way of working by bringing people together and offering early provision and responding to loneliness and social isolation and promoting health and wellbeing by connecting individuals with Community resources.

The work of Wellbeing Nantlle links perfectly with the Health Board's priority on Social Prescription and the importance of connecting people with activities and provisions and aligns with the objectives of the National Social Prescription Framework. The project is also part of Social Prescribing's partnership work with Health and Public Health to agree and deliver a Social Prescription model across Gwynedd from April 2026.

As part of this collaboration we as a cluster held discussions with the local doctors and local community pharmacists and were very keen to be involved in this work and promote it. An offer came from the surgery to support the food provision for children and young people in

the area and to contribute to this support as this element often manifested itself and was something that the surgery wanted to contribute to the solution.

**(Bethan Thomas, Grŵp Cynefin)**

Grŵp Cynefin led an in-depth community engagement process in 2019, where over 150 local activities and resources were mapped and the wellbeing needs of residents of Dyffryn Nantlle were explored. In 2021, Grŵp Cynefin commissioned academic research to assess the need for social prescribing in the Valley, laying solid foundations for cross-sector collaboration. Thanks to the Community Led Support research commissioned by Gwynedd Council and Menter Môn, the Dyffryn Nantlle Wellbeing Group was established, which led to the development of collaborative approaches to sharing information and good practice, and planning how services and organisations can work together effectively to respond to the needs of the community.

The appointment of a Wellbeing Co-ordinator is a decisive step towards making that collaboration a practical reality. The role will focus on coordinating services, mapping gaps in provision, and intertwining what already exists in the Valley to create a more co-ordinated approach to supporting residents. By fostering inter-agency links and promoting social prescribing, the Co-ordinator will enable early interventions, reduce loneliness, and offer accessible support before problems worsen strengthening the preventative element of local provision and increasing community resilience in the long term.

**(Dylan Thomas Adra)**

As the largest Social Landlord in Gwynedd with over 350 properties in Dyffryn Nantlle, we were very keen to be part of the project and try to support in any way we could.

Supporting People, Supporting Health and Wellbeing and Supporting our Communities to Thrive are some of the main objectives of Adra's latest Corporate Plan, so hopefully being part of the project will contribute towards meeting these objectives.

A number of different members of staff have attended the group's workshops and meetings so far - from frontline staff to the Chief Executive - with everyone benefiting by learning about partner work and making new contacts. Our People Support Officer for the area who works with some of the most vulnerable residents in our communities, in particular, has benefited greatly by attending the group sessions.

*As a company we have also supported by facilitating most of the meetings at our Tŷ Gwyrddfai site in Penygroes which has enabled us to educate partners about the work taking place on site.*

*We are looking forward to seeing how work develops and hope that our tenants in the Valley will benefit from it.*

**(Dafydd Gwynne Strategic Partnerships Manager, Public Health Directorate, Betsi Cadwaladr University Health Board)**

Along with the provision of high quality healthcare services, another important objective of the Health Board is to improve the health and well-being of the population and to reduce health inequalities. We as a Public Health Directorate are therefore extremely keen to

support partnership initiatives that seek to improve the health and wellbeing of our communities by:

- put a focus on prevention and early intervention, especially for individuals most in need
- supporting people to live independently in their communities and reducing the need for health and social care services
- creating the conditions for communities to lead themselves, including having a voice and a sense of control over what is important to them
- identifying local assets and supporting communities to connect with them

The work at hand in the Nantlle Wellbeing Project is a good example of what is possible when leadership and energy comes from the community itself, with support then provided by statutory agencies. We are very keen that the model being developed is sustainable, and are therefore committed to supporting the process of evaluating the impact of the project e.g. holding a mapping and evaluation workshop on the 6th of October.

We look forward to supporting the work over the next period, to understand the impact of the project on the wellbeing of the residents of Nantlle, and to identify what lessons we can further share across the county and region.

Our journey started back in 2023. I started to get to know that there wasn't much going on in our community to help people and their families who were living with dementia or memory problems. We started doing a bit of research and came across Dementia Actif Gwynedd who at the time were running activities in towns that were quite a journey from our area. We contacted team members and arranged to get together to have a conversation about what was possible.

An agreement was reached to pilot sessions locally and we set about looking for a venue, creating posters and sharing our local contacts with the Dementia Active team.

A group of 4 people originally started with the group but today the membership has tripled.

Our ability to offer transport through our community transport scheme has helped people attend.

Our staff includes the driver who has completed Dementia Friends training, which means we have the ability to understand to support people and facilitate their access to the group.

*'On Mondays the group is held and I love coming to work on Mondays, I get a good feeling coming to work and the thought of being part of a group really lifts my spirits.'* (Llio Yr Orstation)

The individuals who attend the group are now very dear friends of each other. They didn't know each other before but today the friendship group has become a very important part of their lives. They wait for a cup of tea and a chat after the session and then go out for lunch with each other. It's a day that means so much and makes a big difference to their well-being. One of the attendees said....

*'Coming into this group has helped me come out of a period of great depression and my life is a lot better now.'*

The contact that the group has outside of the group time is something that has struck us, there is a sense of community between the members. There was a recent incident when one of the crew members was hospitalized. Everyone was busy making sure everything was in place for her when she got home and there was a rota between the group to keep her company through visits and phone calls.

Two of the people who attend are unpaid carers and attending the group is an opportunity for them to take a break and enjoy themselves.

*'I feel so proud when I see the positive impact that being a group has had on the lives of the individuals, that it's a pleasure to see them enjoy each other's company and see them live their best lives.'* (Greta The Station)

Through working with the Dementia Active team, together we have developed a very close relationship with the local primary school. We often hold activities there which are an opportunity for older people to discuss and play with the children. It is a very good experience for children as well, it is an opportunity for them to learn social skills, build confidence and have intergenerational contact.

<b>MEETING</b>	Care Scrutiny Committee
<b>DATE</b>	25 September 2025
<b>TITLE</b>	Empty Homes
<b>REASON FOR SCRUTINY</b>	Council Plan 2023-2028 - Gwynedd Glyd
<b>AUTHOR</b>	Gareth Moriarty Owen
<b>CABINET MEMBER</b>	Councillor Paul Rowlinson

## **1. Why does it need to be scrutinized?**

- 1.1 To ensure that suitable schemes are in place to tackle empty homes, as well as reporting on the progress that has been made to date in relation to individual schemes to assist Gwynedd residents.

## **2. What exactly needs to be scrutinized?**

- 2.1 The following issues will form the main areas of scrutiny:

- Number of vacant homes in the county
- A grant scheme to help buyers renovate vacant homes to an acceptable standard and bring empty homes back into use to help young people and first-time buyers
- Progress on the target to bring 282 empty homes back into use
- Forward consideration of whether it would be appropriate to charge a higher level of tax premium on houses that have been vacant for years

## **3. Summary and Key Issues**

- 3.1 The grant scheme was originally launched in 2018 as the 'First Time Buyers Grant', assisting first time buyers with renovating empty properties.
- 3.2 On 15 December 2020, the grant scheme was extended as part of the Gwynedd Housing Action Plan approved by the Cabinet. This included a £4m investment to the scheme and setting a target to bring 282 empty properties back into use.
- 3.3 Since 2020, the scheme has been amended further to reflect feedback received from Gwynedd residents which includes the following changes:
- To include former second homes as well as empty properties – to provide an opportunity to support local individuals who need help renovating former second homes that also need work.
  - Increase the amount available from £15,000 to £20,000 – to reflect increases in material and labour costs to complete the work.



- Expand the scheme to ensure that more than first-time buyers are eligible – this enables anyone with a local connection to apply for the grant if they are first-time buyers or not, giving more people the opportunity to renovate their home and stay within their communities.
  - Amend the criteria so that an applicant requires a local connection to the county of Gwynedd instead of a local connection to the ward / area the house is located.
- 3.4 Since the launch of the Housing Action Plan, 299 empty properties have been brought back into use, exceeding the target of 282 originally set.
- 3.5 In light of the Housing Action Plan being extended to 2028/29, an additional £750,000 investment is being made to the scheme.
- 3.6 The Housing and Property Department is continuing to consult with Gwynedd residents and is currently trialling further changes to the scheme from 1st August which includes:
- Raising the maximum household income for the scheme to £60,000 for individuals and £80,000 for couples who wish to apply to the scheme.
  - Assess if a property is eligible for the grant by using Council Tax Bandings (A-D)
  - Raising the maximum grant award from £20,000 to £25,000.

#### **4. Background / Context**

- 4.1 The Empty Homes Grant was established in 2018 in response to the number of empty properties within the county. The purpose of the grant is to assist individuals to complete works on empty properties, to bring them up to a reasonable standard and back into use. The grant was initially known as the First Time Buyers Grant and received 134 applications from first time buyers resulting in an Investment of £1.3m. The scheme was closed temporarily from June 2019 as there was no additional funding available.
- 4.2 As noted above, the grant was then included in the Department's wider Housing Action Plan that was approved by the Cabinet on 15 December 2020. A further £4m was invested in the scheme and a target of bringing 282 units back into use was set.
- 4.3 It is important to note as part of delivering the grant scheme, the Empty Homes Team are monitoring feedback received by the public in order to identify ways to improve and amend the scheme criteria to meet the requirements and needs of Gwynedd residents in order to maximize the number of individuals who can benefit from the grant.
- 4.4 Following feedback by residents, the scheme was amended in 2023 to include homeowners who bought former empty second homes to be eligible for the grant. This allowed us to encourage as many empty homes to get back into use as possible as well as offering more opportunities and support to Gwynedd residents. One example of this is a specific case in Trefor, where the original grant application was refused as the property was a second home prior to being bought, however

due to the changes in the criteria the new owner was now eligible for grant. Below is a quote from the owner of the property, Sion:

*“The house I bought used to be my friend’s home and I remember coming here to play when I was a child. The house was sold around 15 years ago and became a second home. The house was available on Airbnb, which was a shame as so many young local people wanted to stay in the area and wanted a house. The grant means so much to me. I did apply for the grant when I bought the house but was refused. I was happy when the Council contacted to notify me of the change in criteria. It’s going to be a huge help to renovate the house and move in a lot quicker. Otherwise it would of taken years to complete the works on my own.”*

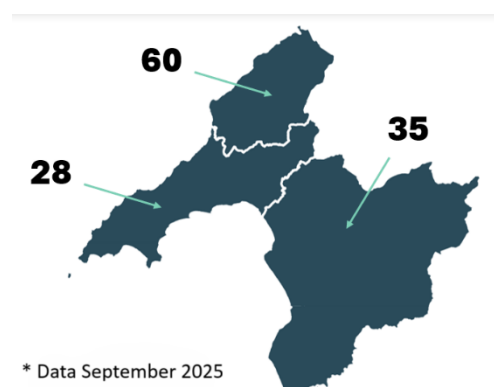
For more details regarding Sion’s story please visit the link below:

[Sion's story - Cyngor Gwynedd launches a revised version of the first-time buyers grants.](#)

- 4.5 Recently, an opportunity was taken to amend the scheme again in response to the needs of our residents and the increase in costs of materials and labour seen throughout the country. The maximum grant award was increased from £15,000 to £20,000 and the grant was made available for every type of buyer, not just a first time buyer.
- 4.6 A total of 299 empty homes have been bought back into use since April 2020 across all our Empty Homes schemes, which means that we have reached and exceeded the target of 282 units that was set for the scheme, assisting several Gwynedd residents across the county.

123 properties have received a grant to renovate their empty properties as part of scheme 3dd in the Housing Action Plan with the breakdown for Arfon, Dwyfor and Meirionnydd as follows:

- i. Arfon – 60
- ii. Dwyfor – 28
- iii. Meirionnydd – 35



- 4.7 The residents who have benefited from this scheme have been able to remain in their local communities whilst also being able to raise the standard of their homes. The quote below is from another resident to has received the grant:

*“We are looking forward to settling down in our home in Chwillog and begin our new chapter as a family with a baby on the way. The Empty Homes Grant has assisted us to complete the necessary works on the house such as installing new Windows, re-build the chimney and electrical works, a lot faster than if we had to complete the work ourselves, allowing us to get the house ready for our family in time. Without the grant we wouldn’t be where we are now – that’s certain! It means we can carry on working on the house and make it a home for many years to come.*

*The house had been empty for over a year before we moved in, and the previous owner, a local lady, really wanted to sell it to local people. The two of us were raised near Chwillog and it means a lot to us being able to stay close to our families and raise our child in the area we know and love.”*

- 4.8 Owain ab Myrddin has also benefited from the grant scheme by renovating his house in Nefyn. According to Owain:

*“The grant was a huge help for me to renovate my home in Nefyn. If it wasn’t for the grant, I would not have bought a house with so much work required as my first home! It had been a second home for around 10 years before I bought it, and it really needed a lot of work to bring it up to a liveable standard. I had to deal with damp, install new windows and doors, fix the roof, re-wire the house, install a new heating system and insulation... and a lot more on top of that.*

*It is really important for local people to have opportunity to live in their communities and this grant has supported me in renovating the house and having a home I’m proud of. This is the area I’ve been raised, the area where most of my family and friends live, and the feeling of community is very strong here. When thinking about the future, I’m excited to be living in this house for years to come following all the hard work.”*

Owain has also shared his story with BBC programme Countryfile. Owain’s story can be found by following the link below (Episode aired 14th September 2025 ‘ The Archers’ 21:50 minutes into the episode):

[Countryfile - BBC iPlayer](#)

4.9 Here is an example below of a property that has benefited from installing new Windows and doors through the grant:



*Left: Picture taken of property before installing new windows and doors Right: Picture taken following completion on the work*

- 4.10 It is important to note that the scheme not only assists with bringing properties back into use but also has a positive effect on the wider community, contributing £1.47m into the local economy, and on average supporting 3.5 local Contractors per grant application, attracting an additional £229,000 of private investment into the local economy.
- 4.11 There are an additional 42 approved applications with £465,000 allocated to complete the works along with 17 applications currently going through the application process.
- 4.12 During May 2025, the Cabinet decided to extent the Housing Action Plan and as a result, the grant scheme has also received an extension until 2028/29, alongside an additional investment of £780,000. As a result of extending the scheme, it has also been renamed and is now known as the 'Gwynedd Empty Homes Grant Scheme'.
- 4.13 It is important to note that the Welsh Government's Empty Homes Grant is coming to an end in September 2026 with the Government refusing any applications made after December 2025. There are currently 1,306 empty properties in Gwynedd, highlighting the importance of extending the scheme and supporting residents with their homes.
- 4.14 In future we will be continuing to monitor feedback from Gwynedd residents. We are currently trialling further changes to the scheme which include:
- Raising the maximum income threshold to £60,000 for individuals and £80,000 for couple who wish to apply for the grant.
  - Use Council Tax banding to assess the eligibility of properties for the grant, by awarding the grant to Properties rated between A and D banding.
  - Increase the maximum award of the grant to £25k to reflect the increase in building materials and labour costs.

The trial period began on the 1st August and will last for 3 months. We will be monitoring the effects of this change in criteria during this period.

- 4.15 In addition to the grant scheme, we are also working with the Council Tax Team to extend the council tax exemption period for empty properties as part of scheme 3e on the Gwynedd Housing Action Plan. This exemption if applied for an extra year for first time buyers to complete the essential renovation works on the property before moving in, including cases where an exemption period has already been granted to the previous owners.
- 4.16 Since the launch of the scheme in 2020, the scheme has assisted 142 first time buyers with an investment of £199,088 made so far (data dated 1<sup>st</sup> of July 2025).
- 4.17 Following the Cabinet's recent decision to extend the Housing Action Plan the partnership will continue between the Housing and Property and Finance Department to deliver the scheme over the next few years.

## **5. Consultation**

- 5.1 As noted above the Department has considered feedback received by the public to improve the scheme and ensure that it's available for Gwynedd residents that require the support.
- 5.2 Feedback is also collected during events such as 'Tai ar Daith' (Housing drop-in sessions) which was held for the second year running this year (visiting Bethesda, Porthmadog, Tywyn and Nefyn) as well raising awareness of the scheme during the National Eisteddfod in Boduan in 2023. In person events like these also allow us to discuss the schemes with Gwynedd residents allowing them the opportunity to ask any questions regarding the support that is available.
- 5.3 It is important to note that the Empty Homes Team have also attended events organised by other partners to raise awareness of the support available. This includes an event organised by Welsh Government to share information with local Estate Agents operating within the county regarding the opportunities and support available for Gwynedd residents.
- 5.4 It is important to note that the Welsh Government Empty Homes grant is coming to an end in September 2026, with the closing date for all applications in December 2025. This highlights the importance of the Council providing it's own grant in order to assist residents.

## **6. Well-being of Future Generations (Wales) Act 2015:**

- 6.1 The aim on the Well-being of Future Generations (Wales) Act 2015 is to improve the social, economic, environmental and cultural well-being of Wales by aiming to complete 7 of the well-being goals: a prosperous, resilient, healthier, more equal Wales with cohesive communities, vibrant culture and thriving Welsh Language and a globally responsible Wales.
- 6.2 The schemes above are part of the Housing Action Plan that was structured with the well-being goals in mind, with the goals noted clearly on each page (see appendix 1).
- 6.3 As noted above we will continue to listen to feedback by Gwynedd residents and continue to attend events that will allow us to discuss our schemes with residents in person.
- 6.4 We are currently trialling further changes to the Gwynedd Empty Homes Grant Scheme that will allow new opportunities for Gwynedd residents. We will be monitoring applications during the trial period to establish if these changes are effective.
- 6.5 Due to the nature of the outcomes of the scheme of renovating empty properties within the county, contributing to the areas local economy, the scheme does support the prosperous Wales goal within the act. In addition to this the schemes also assist individuals to create homes and stay within their communities which also contributes towards the healthier Wales goal.
- 6.6 Both the Empty Homes Team and the Enforcement Team have been working closely together to deliver the grant scheme in addition to taking part in a group held across different departments to tackle problematic properties. The Departments working together in this Group are:
- Housing and Property (Empty homes and Enforcement)
  - Economy
  - Legal
  - Planning (Enforcement)
  - Building Regulation
  - Finance / Council Tax
  - Eryri National Park
- 6.7 This partnership work also contributes towards the prosperous Wales goal of the Act as the group assists in tackling the problematic properties and creating more opportunities for residents.

- 6.8 The Empty Homes Team is also a part of the North Wales Regional Empty Homes Group again, working with other counties in the North.
- 6.9 In addition to this, the team also work in partnership with the company Fraser & Fraser which support the team to contact problematic properties in the county at no additional cost to the Council.
- 6.10 As noted above we are continuing to trial amendments made to the scheme whilst following the Ffordd Gwynedd principles.

## **7. Effects on Characteristics of Equality, Welsh Language and Socio-Economic Duty**

- 7.1 The above plans schemes form part of the Housing Action Plan. An Equality Impact Assessment has been carried out from the Housing Action Plan in its entirety (Appendix 2).
- 7.2 An Impact Assessment to this effect was originally produced when the Housing Action Plan was launched in 2020, and again when the Plan was reviewed in June 2023.
- 7.3 The above Schemes are considered to have a positive impact on each of the equality features and the Welsh language by increasing the number and range of housing within the county for the needs of different communities.
- 7.4 As part of the criteria for the scheme applicants must prove that they have lived in Gwynedd for at least the last 5 years or if they do not currently live in Gwynedd, that they have lived here for a period of 10 years continuously in the past.

## **8 .Next Steps**

- 8.1 As set out above we are in the process of trialling changes to the scheme criteria since 1st August which are:
- Use of Council Tax bands A-D for empty property eligibility
  - Maximum salary of £60,000 for individual applicants and £80,000 for couples.
  - Increase the maximum grant amount to £25k to reflect the increase in material and labour costs.
- 8.2 We will be monitoring the impact of these changes for a period of 3 months.

- 8.3 If the trial period is successful, we will look to incorporate the changes as part of the criteria from November 2025.
- 8.4 We will continue to consult with the public and collaborate with other departments through the methods set out above to ensure that the schemes are effective.
- 8.5 We will continue to implement Empty Homes Schemes (3dd and 3e) and continue to promote the schemes through the Department's marketing methods including the use of social media and at face-to-face events.

## **Background Information**

### **[Empty homes](#)**

## **Appendices**

### Appendix 1 – Housing Action Plan

#### **[Housing Action Plan 3.0](#)**

### Appendix 2 – Equality Impact Assessment

#### **[CYNNAL ASESIAD EFFAITH CYDRADDOLDEB](#)**



<b>MEETING</b>	CARE SCRUTINY COMMITTEE
<b>DATE</b>	25 September 2025
<b>TITLE</b>	Care Scrutiny Committee Forward Programme 2025/26
<b>PURPOSE OF THE REPORT</b>	To submit the Committee's draft work programme for 2025/26 for adoption
<b>AUTHOR</b>	Llywela Haf Owain, Senior Scrutiny Adviser

1. All Council members, co-opted members, cabinet members, heads of department and the public were given an opportunity to propose potential items to be scrutinised during 2025/26.
2. At the Committee's informal meeting on 2 July 2025, potential items to scrutinise during 2025/26 were considered.
3. Information about the potential items was provided in advance to committee members. The items included those suggested at the Chair and Vice-chair's liaison meetings with the relevant Heads of Department and Cabinet Members, scrutinised items in need of follow-up and two items suggested by members of this committee.
4. Items were prioritised at the meeting bearing in mind the purpose of scrutiny in Gwynedd, namely to:

## CONTRIBUTE TOWARDS DRIVING IMPROVEMENT IN SERVICES FOR THE PEOPLE OF GWYNEDD

This will be done constructively by:

- Investigating concerns regarding the quality of our services
- Acting as a Critical Friend, ensuring that appropriate attention is given to the citizen's voice
- Identifying good practice and weaknesses
- Holding the Cabinet and its members to account
- Reviewing or scrutinising decisions or actions that are not the responsibility of the Cabinet

5. Members were asked to consider the following factors when prioritising items:

❖ *Does the matter affect the residents of Gwynedd?*

- ❖ *Can scrutiny make a difference / have an influence? (people / service / performance)*
- ❖ *Is it timely to scrutinise the matter?*
- ❖ *Is the matter a priority for the Council?*
- ❖ *Are we clear about what we are trying to improve?*

6. We have sought to prioritise a maximum of three items per meeting to ensure that matters receive due attention and that scrutiny adds value.
7. After sending a reminder to the relevant officers of the timetable for submitting reports, the Chair received a request to add another item to the September meeting agenda, namely: Annual Report 2024-25 – Complaints, Enquiries and Expressions of Gratitude Procedure – Children and Supporting Families Department and the Adults Department.
8. See attached as an appendix to the report, the Committee's draft work programme.
9. The scrutiny forward programme is a live programme which will be reviewed regularly during the year to ensure that the correct matters are addressed. Consideration will be given to prioritising matters that will arise during the year, e.g. matters arising in the scrutiny of performance and items on the Cabinet's forward programme.
10. **The Care Scrutiny Committee is asked to adopt the work programme for 2025/26.**

## CARE SCRUTINY COMMITTEE DRAFT FORWARD PROGRAMME 2025/26

Date	Items	Reason for scrutiny
12/6/25	<ul style="list-style-type: none"> <li>Performance Report of the Cabinet Member for Housing and Property</li> <li>Performance Report of the Cabinet Member for Adults</li> <li>Performance Report of the Cabinet Member for Children</li> </ul>	Scrutiny of the performance of Council departments
25/9/25	<ul style="list-style-type: none"> <li>Hospital Discharges</li> <li>Working with the community</li> <li>Empty Houses</li> <li>Annual Report 2024-25 - Complaints, Enquiries and Expressions of Gratitude Procedure – Children and Supporting Families Department and the Adults Department</li> </ul>	Council Plan 2023-28 - A Caring Gwynedd Pre-scrutiny / Council Plan 2023-28 - A Caring Gwynedd Council Plan 2023-28 - A Homely Gwynedd Assurance in terms of the arrangements to deal with complaints in care work.
20/11/25	<ul style="list-style-type: none"> <li>Performance Report of the Cabinet Member for Housing and Property</li> <li>Performance Report of the Cabinet Member for Adults</li> <li>Performance Report of the Cabinet Member for Children</li> </ul>	Scrutiny of the performance of Council departments
29/1/26	<ul style="list-style-type: none"> <li>Derwen Service</li> <li>Youth Justice Service</li> </ul>	Council Plan 2023-28 - A Caring Gwynedd / Challenges in the field Assurance that the service is efficient

	<ul style="list-style-type: none"> <li>16+ Team</li> </ul>	
		Assurance in terms of the provision for those aged 16+
<b>26/3/26</b>	<ul style="list-style-type: none"> <li>Rapid rehousing and Housing Support Grant Schemes</li> <li>A Strategy for Keeping Families Together</li> <li>Day Care Service</li> </ul>	Pre-scrutiny / Council Plan 2023-28 - A Homely Gwynedd
		The existing provision and the resources available to realise the strategy
		Pre-scrutiny / Council Plan 2023-28 - A Caring Gwynedd