

GWYNEDD COUNCIL CABINET



Report to a meeting of Gwynedd Council Cabinet

Date: 6 July 2021

Title of Item: Performance Report of the Cabinet member for Adults, Health and Well-being

Cabinet Member: Councillor Dafydd Meurig

Contact Officer: Aled Davies, Head of Adults, Health and Well-being Department

THE DECISION SOUGHT

To accept and note the information in the report.

THE REASON WHY A DECISION IS NEEDED

In order to ensure effective performance management.

1. INTRODUCTION

- 1.1 The purpose of this report is to update my fellow members on what has taken place in the areas within my remit as Cabinet Member for Adults, Health and Well-being. This includes outlining the latest developments against pledges within the 2018-2023 Gwynedd Council Plan; the progress of performance measures; and the latest on the savings and cuts schemes.
- 1.2 I would like to remind you that all matters have already been the subject of discussions and have been scrutinised at the management team meetings of the Adults, Health and Well-being Department, which also included representation from the Scrutiny Committee.
- 1.3 It is very early in the year 2021/22 as I present this report but I am very proud to note, particularly to consider the substantial challenges that have been and continue to face the department as a result of the crisis, that progress is already being done on the priority projects. The measures 'did we do what matters?' to our residents also bodes well for the year to come and I will monitor these measures as the department recovers and reshapes its services. They also suggest that the measures that the department take towards improving and transferring services are steps in the right direction and I look forward to update you further in my next report.

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2 GWYNEDD COUNCIL PLAN PROJECTS 2018-2023

- 2.1 The vulnerability of the care sector has been of substantial concern to the department for some years and is a risk to our ability to maintain the services needed by the people of Gwynedd. Unfortunately, the Covid-19 crisis has added further pressure on the sector and has highlighted this risk even more. The greatest challenge that is currently facing us is the financial viability of the residential and nursing care sector and the domiciliary care sector and the impact of this on the quality of our care services. In addition, we have problems relating to the lack of nursing beds in the county and the lack of beds and support provision for individuals with dementia. Hand in hand with this, there is a need to modernise and adapt our buildings in order to be able to respond to the increasingly specialist needs amongst our residents. In addition to this all, attracting and retaining carers and other staff in the care field has been challenging for many years and this has also been highlighted during the crisis.
- 2.2 In order to address these challenges, the department has three priority projects in the Gwynedd Council Plan 2018-23, namely:
- Suitable and Sustainable Care Provision for the future - a programme to address the factors that could affect our ability to continue to provide appropriate care services for the people of Gwynedd.
 - Re-designing our Care Service - a programme to transform our health and care services jointly with the Health Board in order to respond to the county's care needs in the future.
 - The Workforce and Recruiting into the Care Field - a programme to address the challenges of attracting and retaining staff in the field in order to be able to cope with the increasing need that is likely to arise in the future.

Please see below an update on these projects.

2.3 A Suitable and Sustainable Care Provision for the future

- 2.3.1 The department has started on the journey to try and gain a better understanding of the 'actual cost of care', with the initial focus on the Residential and Nursing care field. A regional task group was established recently, and the local work that had been commenced before the Covid-19 crisis has now been able to recommence. I will provide an update on the progress in my next report.
- 2.3.2 Discussions are under way in the Council to outline options and preliminary costs to proceed with the Penrhos Site project, and the department will move to hold further discussions with the local members. Work is also under way to prepare a detailed outline of plans, based on our assessment of need, with an emphasis on a flexible provision. All of this is happening in an attempt to address the lack of nursing beds in Pen Llŷn. The department is also considering the options to increase the number of dementia beds in our home in Bangor, and the work to upgrade our homes in Barmouth and Dolgellau continues. The department has almost completed an extension to our learning disabilities residential home in Pwllheli also, in order to make it easier for families to visit safely due to Covid-19. The current levels of demand suggest strongly that there is a need to change the mix in terms of the type of residential beds across the county. Specific attention will

be given to gathering data to obtain a clear picture of the need by means of the Population Needs Assessment, and this will lead to reviewing our investment programme in the Council's residential homes.

2.3.3 We have also committed to strengthening our quality assurance services to secure sufficient support for care providers as they seek to maintain a quality service for residents. Unfortunately, 4 homes in the county have been given attention in relation to escalating concerns over the past months, which has meant that no new admissions can be allowed to those homes in the meantime. Of course, this places a strain on our services and on the ability to discharge individuals from hospital in a timely way and we need to be able to support our providers to avoid such situations. Preventative quality assurance support would be helpful for providers to manage care provision costs by maintaining standards and working more efficiently. The department will report on this situation to the Care Scrutiny Committee in September and work is progressing to prepare and submit a bid to increase the capacity of the Service.

2.4 Re-designing our care services

- 2.4.1 In order to empower the integrated teams (teams that include care staff and health staff), to achieve what matters for the adults of Gwynedd, a great deal of training has been provided. The purpose of the training is to assist to implement safeguarding procedures and place the person at the centre in doing so, and to provide advocacy services in order to strengthen the voice of the individual regarding their care journey. The teams also meet regularly and include domiciliary care providers at those meetings. This is key to ensure that different professions co-plan to make the best of the resources available locally, and identify opportunities to develop.
- 2.4.2 The work of developing the new model of domiciliary care provision continues and now a number of the Council's domiciliary care teams have moved to work shift patterns, which offers better flexibility to the individuals who receive care and better stability for staff. Also, some external providers have continued to innovate by assisting members of the community resources team with tasks that are beyond the usual role of carers. Note below in part 3.2 the broader possible impact of this work programme on performance and other work programmes in the field.
- 2.4.3 Permanent funding was also secured to establish a specialist manual handling service that will strengthen the work of the community resources teams. New jobs will be advertised within the next weeks and in the meantime, an additional occupational therapy resource is in place temporarily.
- 2.4.4 In collaboration with the Health Board, the community mental health hub in Pwllheli has reopened at the beginning of June after it had to close because of the Covid-19 crisis. The service includes sharing information and referring individuals for support, as well as offering well-being activities such as walking, art groups, etc. The face-to-face services are by appointment only for the time being, to ensure the safety of the individuals, and the option of virtual support continues.
- 2.4.5 Our ability to succeed to transform services depends on the joint-working relationship with our partners, and particularly the Health Board. Though we experience challenges when working together and delivering priorities, we are confident that we remain in agreement regarding the vision. It is encouraging to hear that the Health Board's new Chief

Executive is supportive of this direction, and I am eager to hold further discussions to see how we can strengthen the collaboration between us by placing a focus on changing culture and changing working methods in the interests of our residents.

2.5 The workforce and recruitment to the care field

- 2.5.1 The department has reviewed the arrangements of the recent recruitment campaign #GalwGofal and has found that it assisted to attract new applicants and workers to the field. Nevertheless, we still need to be able to attract many more and staff retention continues to be a challenge in some situations. However, early signs suggest that offering better terms and more regular work patterns assists to somewhat reduce the staff turnover levels. South Meirionnydd (and the Tywyn area specifically), was the first area where the staff worked shift patterns, and this has given better security to staff regarding their contracted hours and offers better work-life balance as they are able to plan their lives around their shifts. The situation in south Meirionnydd, as a result, is much more stable than it was and the department is in the process of also adopting these arrangements in other areas. The change has proven to be positive for the individual by ensuring consistency, and has improved the relationship between the carer and the individual receiving support.
- 2.5.2 In response to gaps in specific specialisms, funding was attracted for 1 social work trainee post and two occupational therapy trainee posts. Interviews will be held during the coming weeks.
- 2.5.3 Work has commenced to develop a programme of training and support, jointly with the Health Board, which will mean that all of the county's domiciliary care workers can assist people to take medication. This will reduce the pressure on other parts of the health and care system and will help to ensure that quality of life is improved as people get the correct medication at the correct time and safely.

3. PERFORMANCE

- 3.1 The main measure of the **Older People, Physical and Sensory Disabilities Service** is 'Did we achieve what matters?' to the individual who is receiving our services. To date in 2021/22, the data shows that the service has achieved what matters in 78% of the cases recorded against the measure, and that they managed to achieve what matters in part in 19% of further cases. This is an improvement to date compared with the end-of-year figures for 2020/21 - namely 71% and 23% respectively. The reasons for failing to achieve what matters to the individual did not show any common trends and was mainly down to individual circumstances. When analysing the reasons why individuals have achieved what matters to them in full, the main reason is the social restrictions as a result of Covid e.g. not being able to go out, go to chapel, lack of family contact. There are also examples of individuals waiting for equipment and adaptations. The department, of course, will support these individuals to seek to improve their situation.
- 3.2 We should take the opportunity in this report also to highlight and give a forewarning that the major changes afoot in the field, such as the work of developing a new domiciliary care model, is currently forcing us to prioritise our priorities. This is likely to lead to slippages in some work programmes, and, possibly, to a negative effect on performance over the next 6 to 9 months. We will strive to ensure that the change will not have a detrimental

impact on residents' ability to achieve what matters to them during this period, but at the same time, it is believed that we should be as open and realistic as possible regarding the impact of this substantial change that is under way.

- 3.3 The **Learning Disabilities Service** uses the same measure, and to date in 2021/22, it shows that the service achieved what matters in 91% of the cases recorded against the measure, and that they have managed to achieve what matters in part in the other 9% of cases. This is an improvement to date compared with the end-of-year figures for 2020/21 - namely 85% and 15% respectively. Of course, it must be acknowledged that what matters to a number of individuals is different at the moment, because of the impact of the Covid-19 crisis and the restrictions on their personal circumstances. This needs to be borne in mind when recovering services and monitoring this measure in the future.
- 3.4 The purpose of the **Safeguarding Service** is to safeguard individuals with support needs and who are at risk, or who suffer abuse. Since 1 April 2021, the service has received 81 safeguarding enquiries, and 75 of them were successfully dealt with within the statutory timetable. Of those where it was decided that they were safeguarding cases, the risk was managed in 92% of them. There were three cases where the individual refused intervention, and one case where the risk is not managed. It appears that the risk is not managed when no clear outcome has been documented on the closure form. Normally, the practitioners will check this information but this has not been done yet due to work pressure and the high number of safeguarding reports.
- 3.5 One of the challenges facing us as a result of the viability of the domiciliary care sector and the recruitment challenges that we have experienced for some years is the inability to meet all of the County's domiciliary care needs, and the subsequent impact of that on unpaid carers and more intensive services. At the end of March this year, 38 individuals who needed domiciliary care in Gwynedd were on the waiting list because it was not possible to meet their needs. This equated to 2.43% of the total domiciliary care hours that we commission. By the end of June, the number of individuals had reduced to 15, and the percentage of hours that could not be met, compared to all hours, had reduced to 0.63%. This reduction is despite an increase of almost 2% in the demand for care in the same period. Of course, we want to see a situation where nobody has to be on a waiting list for care; however, this reduction is encouraging and is an early sign that our work to develop a new model for domiciliary care in Gwynedd is bearing fruit. Indeed, feedback from staff who have been involved in the pilot in the Tywyn area is encouraging and gives us faith that the new working arrangements, such as working shift patterns, is favourable to people.
- 3.6 The department is also in the process of developing new measures as a result of all the work being done to integrate our services. Some of these will build on the above measures regarding whether we achieve what matters to individuals, with work being done to consider any further measures in order to strengthen our understanding of what matters and of our ability to achieve that. It is premature to present you with any data in relation to these new measures, but I hope to report on them in my next report in November.
- 3.7 A high proportion of the Business Service's work continues to be dealing with aspects of the pandemic. Whether this was by redirecting staff, supporting providers with the testing arrangements or administrating extra financial assistance to the field. The core work of supporting front-line teams to fulfil their purpose continues, but concerns specifically about the national system used by social care staff from day to day should be highlighted.

We are experiencing risks to the system at a national level and this has caused operational problems at a local level in terms of data protection, as well as substantial obstacles to the effective implementation of front-line services. This stems from a lack of progress by the system suppliers to update them and maintain the system. These risks affect authorities across Wales and there are national and regional efforts underway to seek solutions. Consideration is being given at a local level also to mitigate the effect of any risks on the Council's services although capacity to do so is limited.

4. FINANCIAL POSITION / SAVINGS

- 4.1 The Department was seen to be underspending against the budget last year; however, it is currently too early in the year to be able to report on the projections for this year.
- 4.2 The most challenging saving plans for the Department relate to managing the demand on our services, with the ability to deliver, subject to the success of the work of transforming our care and health services, jointly with the Health Board. The progress of this programme will be reported upon through the 'Re-design our Care Services' Improvement Priority.
- 4.3 The Cabinet resolved on 26 January to re-profile some of the main saving plans in relation to this so that they are delivered in 2022/23. This enables the Department to ensure that a new Operational Model is being embedded within the teams. This model is based on Ffordd Gwynedd, and focuses on identifying and realising what matters to people, understanding the nature of the demand, identifying waste within the system and highlighting and acting on barriers. Another core part of the model is ensuring that we have measures that allow us to understand the relationship between our decisions and our practice, and the impact on costs within the system. The new measure framework for the Adults service is being developed, and plans are in progress to be established over the next months.
- 4.4 We have experienced slippage recently against some of the Department's other savings schemes and we will move during the coming weeks to revisit some of these plans, in order to see what can be achieved this year and where we need to consider alternative plans.

5. NEXT STEPS AND TIMETABLE

None to note.

6.1 Views of the Statutory Officers:

i. The Monitoring Officer:

No observations to add in relation to propriety.

ii. Head of Finance:

Part 4 of this performance report expands on the department's financial risks and risks associated with the savings plans; I am satisfied that Part 4 of the report is a fair reflection of the situation. The Cabinet Member for Finance's report on the position of the 2021/22 revenue budget at the end of August will be presented to the Cabinet in October 2021.

6.2 Views of the Local Member:

6.2.1 Not a local matter.

6.3 Results of Any Consultation:

6.3.1 None to note.
