

CABINET CYNGOR GWYNEDD



A Report to a meeting of the Gwynedd Council Cabinet

Date: 30 November 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 plans.
- 1.2 I would like to remind you that all matters have already been scrutinised at a meeting between me, the Corporate Director and a representation from the Adults, Health and Well-being Department and the Care Scrutiny Committee.
- 1.3 Given the significant challenges that we continue to face in the field of care as a result of the pandemic, I am pleased to report that progress has recently been made on the Department's priority projects. It must be acknowledged that there is always more that could be achieved, but it is a pleasure to begin to experience the fruits of the hard work undertaken across the field in conjunction with our partners.

2 GWYNEDD COUNCIL PLAN PROJECTS 2018-2023

- 2.1 Please see below an update on these projects. For each project, we note in a table what we said we would achieve by the end of March 2022. A green status against the action denotes that we have, or a likely to achieve what is noted by the end of the year, or shortly

afterwards. Highlighted in red are the elements we are not likely to have achieved in line with our intention.

- 2.2 An explanation is given on any action with a red status, explaining the reason why we are not likely to achieve, followed by an update on some of the other aspects of the project where there has been progress since I last reported to you.
- 2.3 **A 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.

2.3.1 Table 1

Seek to understand the "actual cost of care" to consider possible options for our care commissioning arrangements in the future	
Ensure that we understand the need for nursing beds provision in the county, and proceed with the Penrhos Site project in order to address the shortages in Pen Llŷn	
Work towards further increasing the number of dementia beds in the county	
Consider whether our support services, e.g. day care and respite continue to be suitable to address the needs of the people of Gwynedd, or whether there is a need for us to do something differently	
Consider how we can improve the suitability of our care provider buildings when attempting to satisfy additional infection control measures.	
Complete a bespoke dementia unit at Llan Ffestiniog, but has not been able to open due to the Covid-19 crisis	
Complete the work of building an additional dementia unit at our home in Barmouth	
Complete modifications to our home in Dolgellau in order to be able to offer more bespoke care for individuals with severe physical needs	
Collaborating with Adra housing association on an Extra Care Housing development in Pwllheli	
Seek to identify opportunities for similar developments in other parts of the county, with priority being given to the Dolgellau and Meirionnydd area more broadly	
Strengthen our quality assurance services to ensure adequate support for care providers to help to maintain quality services for the residents of Gwynedd.	

- 2.3.2 We have not been able to open the new unit in Llan Ffestiniog as we are unable to recruit sufficient staff. The challenge of recruiting new staff to the field is a major concern and progress on this is reported in section 2.5 of this report. Although considerable efforts have already been made to recruit staff to the new unit, we will once again do everything we can to increase our staffing capacity at the Home so that the unit can be opened safely.
- 2.3.3 Though the work of developing Extra Care Housing in Pwllheli is going ahead as expected, there is a slippage to report in terms of trying to seek opportunities in other areas in the County. Specifically, in terms of Dolgellau, we are currently unable to find a suitable location.

- 2.3.4 We have managed to strengthen the Quality Assurance service somewhat on a temporary basis, but a bid has been made for additional permanent revenue budget for April 2022 in order to achieve this in full in accordance with the support of the Care Scrutiny Committee.
- 2.3.5 In my previous report to you in July, I referred to the work that had started to try and gain a better understanding of the 'actual cost of care', specifically in the Residential and Nursing field. Work has been carried out with a sample of providers across north Wales in order to compare their costs with a recognised funding model which is used across England and Wales. The initial information that arises from this work highlights a significant financial gap when compared with the current fees in place by authorities in the north. Discussions are being held with the Welsh Government on this and the probable financial implications for local authorities.
- 2.3.6 This problem is highlighted specifically when attempting to commission Nursing care since the beginning of this financial year. Most of the county's nursing homes now reject our standard fees and insist on higher fees. Despite conducting further and detailed work with these independent providers, our current situation means that our costs are increasing. The situation is also detrimental to our residents in terms of the ability to offer an extensive choice of care homes in their communities. This financial risk has been highlighted with the Finance Department.
- 2.3.7 Since I reported to you in July, work is progressing on the project to redevelop the Penrhos site, and the pre-planning consultation took place during November. We have also recently commissioned, jointly with the Health Board, specialist legal guidance from an external company. This will give us clarity on the different options we have in terms of possible delivery models that would enable us to have a direct role in providing on-site Nursing care.
- 2.3.8 Construction of an additional Dementia Unit at our Barmouth Care Home is progressing and is likely to be completed shortly. I also trust that the modifications will be completed in Dolgellau early in the new year in order to be able to offer bespoke care for individuals with severe physical needs. We anticipate that we will see the benefits of the developments for our residents in early 2022.

2.4 Redesigning our Care Services - 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.

2.4.1 Table 2

Empower the integrated teams (teams that include care staff as well as health staff), to be able to achieve what matters to the adults of Gwynedd. This will include looking at appropriate training and removing any technological barriers	
Award new home care contracts in each area, with the aim of implementing the new model early in 2022/23	
Strengthen our Occupational Therapy service, including developing a specialist manual handling service to enable individuals to live as independently as possible	
Adding to the network of community hubs that support and create opportunities for individuals with learning disabilities by developing plans for Canolfan Dolfuirig in Dolgellau	
Re-open our community mental health hub in Pwllheli, after it had to close as a result of the Covid-19 crisis, and looking at options to develop further hubs across the county	

- 2.4.2 There has been a slippage in the schedule in terms of opening the domiciliary care tender as a result of the Covid-19 crisis. There are plans now to open the tender in January 2022, which will mean that providers will have new contracts in place by the following summer. In preparation for this, detailed work is underway to ensure effective communication with all stakeholders. In addition, steps are being taken to ensure that any reviews of people's care needs take place before the transition period begins. Work on training staff to administer medication began on 1 November, and what will be learnt from the experiences of the first group of trainees will be valuable in drawing up a comprehensive business case aimed at ensuring that the care workforce as a whole have these skills.
- 2.4.3 Work is continuing on the development of the new model of domiciliary care provision. It was reported to you in July this year that a number of the Council's domiciliary care teams had moved to work shift patterns. This offers better flexibility to the individuals who receive care and better stability for staff. I can also update you that we have recently experienced positive examples of providers negotiating with each other to ensure that staff do not travel unnecessarily. Examples like this are nice to see and demonstrate once again that steps are being taken to move closer to the new working model.
- 2.4.4 It was reported in July that we had managed to secure permanent funding to establish a specialist Manual Handling Service that will strengthen the work of the Community Resource Teams. We have now appointed to four permanent posts and are in the process of appointing to the fifth temporary post. We have also appointed two Occupational Therapy trainees which will mean we can develop the required future workforce.
- 2.4.5 I was pleased to be able to report last time that the Community Mental Health Hub in Pwllheli had reopened. We have also been looking at options to develop further hubs across the county. The Caernarfon area has been identified as an area where there is a gap in preventative provision for adults, and over the coming months we will discuss further how best to respond to this.
- 2.4.6 Recently, we have set up well-being hubs for people up to the age of 25 in Caernarfon and Blaenau Ffestiniog. The service will be provided by Gisda and will provide emotional and practical support for individuals. Over the next year, we will monitor these developments, and hopefully witness the positive impact of the provision on residents soon.
- 2.4.7 It was reported to you in July that we had almost completed an extension to our Learning Disabilities Residential Home in Pwllheli, in order to make it easier for families to visit safely due to COVID-19 regulations. Another planned development to add to our network of community hubs for individuals with learning disabilities is the development of Canolfan Dolfeurig in Dolgellau. Planning work is ongoing and discussions are taking place with the National Park. If there are no further complications, it is expected that construction will begin summer 2022. While this work is taking place, we will make temporary use of Llanelltu Community Hall and other facilities to ensure provision in the area.
- 2.5 **The workforce and recruitment to 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.
- 2.5.1 Table 3

Review the arrangements of the recent #GalwGofal recruitment campaign in order to consider how we will approach recruitment in the future	
Consider our registration and training arrangements as well as staff development arrangements, in order to increase flexibility and resilience in the field	
Develop a Grow our Own scheme to address the lack of expertise in some fields, such as Occupational Therapy.	

2.5.2 Staff recruitment and retention is extremely challenging at present, and the shortage has resulted in an inability to meet all the demand for Domiciliary Care in many of our communities. Though the actions agreed to in the Council's Plan are moving ahead as expected, problems with recruiting new staff and retaining experienced staff across the care field continue. The difficulties arise from:

- Difficulties recruiting new staff to the field
- Experienced staff leaving to go to other jobs within the Health and Care field more widely and to other sectors
- Sickness absences high at present
- Effects of Self-Isolating
- The workforce is tired with the Covid crisis continuing.
- Unpaid carers burning out

2.5.3 Unfortunately, these issues will not be resolved over night as some of the answers involve a significant financial investment, and changing people's perception of the field. For example, improving employment conditions such as salary, and ensuring that there are prominent and attractive career opportunities for our workforce in the future.

2.5.4 I reported in July that we had reviewed the success of our recent recruitment campaigns. Although there are always opportunities to improve materials and different ways of marketing, it is believed that the campaigns that have been carried out have been successful in alerting individuals to the opportunities available. But while this may attract individuals to make the initial contact and show interest, the numbers that eventually get a job in the field are low by comparison. There are various reasons for this, e.g. individuals rethinking after understanding more about the work - but it is also thought that the time it takes to appoint new staff to the care field is having a detrimental effect on the numbers we manage to appoint. We are therefore currently looking at our appointment processes to ensure that they are as effective and as appropriate as possible. One of the changes which have been made to date is that we will send an application form and information pack to individuals centrally (rather than this being done by the service / individual care home), with a follow-up phone call afterwards in order to see if they need support to fill in the application form. This will allow us to track the progress of the individuals who have expressed an interest in working in the field.

2.5.5 The main challenge currently facing care providers across the country is to ensure that we are able to fill staffing gaps on the front line. In response to these pressures, we are increasing our recruitment efforts but also targeting to attract seasonal staff working in the hospitality sector and possibly seeking employment during the winter months. We are hopeful that our efforts to attract temporary additional staff during the winter period will be successful and that some of them will enjoy the experience and stay on in the field for the longer term.

- 2.5.6 I am grateful to the Cabinet for approving £765,000 of one-off funding in October last year for extra care staff, but, unfortunately, recruitment difficulties mean that a significant proportion of the funding is as yet unspent.
- 2.5.7 I am pleased to report that we have put substantial pressure on the Government in Cardiff to hold them to the manifesto commitment to ensure that everyone in the care sector is paid the Living Wage. I believe that achieving this is key and needs urgent attention, but at the same time it should be noted that the concern that is regularly reported to us by many of our care providers is that paying the Living Wage is no longer sufficient to retain their experienced staff and attract new staff to the field. We are certain that a National Pay Structure is needed in the care field and we will continue with our efforts to ensure that this is one of our national priorities over the coming period.
- 2.5.8 Improving the terms of service of front-line staff is undoubtedly one of the main aspects that needs to be addressed, but it is also considered essential to ensure that our young people in our schools, colleges and beyond see the care sector as a field that offers prosperous, important and enjoyable careers. I am keen to see how we can do more on this and highlight the different pathways available in the field. We will be holding further discussions with the Education Department and the Economy Department, together with other key partners, in order to try to move this forward.

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. We have recently seen a decline in the percentage of individuals who have achieved what matters to them. The percentage has fallen from 78% to 72% in terms of those individuals who have fully achieved what matters to them, but then there is an increase when comparing how many have achieved this in part (19% to 24%). Of those reviewed during this period, this leaves 4% (i.e. 11 individuals across the county) who have not been able to achieve what matters to them. Please note that this measure does not include those individuals who are waiting for a care package to start.
- 3.2 There may be a number of different and unique reasons why individuals have not managed to achieve what matters to them, but in order to try to improve and respond to gaps in provision, the emerging themes are also reported: a delay in being able to assess and organise appropriate care to meet personal goals, stress on unpaid carers, reduced social opportunities, loss of confidence, loss of contact with family and friends.
- 3.3 Since I reported to you in the spring, the situation regarding the number of people waiting to be cared for at home has deteriorated, with the percentage of hours we cannot meet rising from 2.43% to 6.95% by now. This is of great concern and it is seen that the situation is at its worst in the Llŷn, Eifionydd/North Meirionnydd areas. The situation is very difficult for individuals and their families and we currently have over 100 individuals on our waiting list. I would like to take this opportunity to acknowledge and thank those families who support their loved-ones during this difficult time. I am confident that every effort is being made to try and stabilise the market by targeting specific areas while seeking to recruit more staff, to provide assurance to independent providers through block contracts until the new domiciliary care arrangements are in place. We are also making every effort to prioritise, where possible, the most critical cases on our waiting list.

- 3.4 The data to date in 2021/22 show that the **Learning Disabilities Service** has achieved what matters in 74% of the cases recorded. In the remaining 26% of cases, the service has partly achieved what matters to individuals. There is no case where the Service has been totally unable to address what matters to the individual.
- 3.5 An analysis of the reasoning behind the data shows that the main reason why it was not possible to fully address what matters in each case was the impact COVID-19 restrictions were having on individuals, and the opportunities available to them as a result. Among the reasons given was that individuals were unable to attend work opportunities, day services, or go on holidays, because of COVID-19 restrictions for example. During the period of tougher Government restrictions, this was in many cases beyond the service's control. Recently, the service has been able to move on to offer more day and support services safely, restart some groups, and support individuals to go on holidays, etc. in line with their wishes.
- 3.6 I reported last time that we do not have performance measures in place for the **Mental Health Service**, and that this is something that we need to address. The Service does not use an electronic information recording system, which hinders our ability to develop a suitable performance measure to measure our purpose, and to extract information in a timely manner. This is an integrated Service which is led by the Health Board and introducing changes to working methods is something that needs to be done together. Although a solution to this is needed soon to give us the assurance that we know we are fulfilling our purpose and identifying opportunities for improvement, work is currently underway looking at data that is being gathered in the field to see if it can be used in a way that would improve our understanding of performance.
- 3.7 The purpose of the **Safeguarding Service** is to protect individuals who have support needs and are at risk of, or are, suffering abuse. During the last period, it can be seen that the number of safeguarding enquiries has decreased (108 compared to 134 enquiries). Although this is a positive trend, the time that it takes for us to respond to enquiries has deteriorated - a reduction from 93% to 91% in cases where we have been able to respond within seven days. With the number of enquiries reduced, I would have expected to see an increase in the response percentage, but I understand that one of the main obstacles to being able to respond promptly is that officers are waiting for information back from employees and there is currently a delay particularly with those cases that are linked to hospitals. I also understand that work is ongoing to adapt the report form and it is believed that this will improve the process going forward. I hope to see that improvement reflected in the performance measure soon. There has also been a decline in the measure we have which states, **of the adult protection referrals completed during the year, the percentage where the risk has been controlled**. The main reason for this is that some individuals refuse intervention or the closure report is incorrectly completed.
- 3.8 Another practical factor that has undoubtedly led to a further deterioration in the situation recently is the high level of sickness in the field at present. The sickness percentage for the Council's Domiciliary Care staff increased from 7.2% at the end of May this year to 12.5% at the end of October. The situation is of course distressing to vulnerable individuals and their families and is also seen to be having a detrimental effect on other parts of the system. In the absence of core services such as domiciliary care, Community Resource Teams staff now often have to use themselves as a resource to support individuals. This then leads to a reduction in the capacity to carry out assessments for those individuals who are new to the service. An obvious question arises here in terms of

what we as a Council can do to improve the situation and support staff who are suffering with the various side effects of Covid.

- 3.9 We have recently experienced difficulties in providing placements in care homes as a result of staffing problems, the intensity of care the individual needs, the COVID status of the home or the home undertaking renovation work. In response to this, and in order to understand the extent of the problem and identify trends, we are in the process of establishing a procedure for reporting on care waiting lists for the Council's homes.
- 3.10 One aspect that I need to update you on and which is having a significant impact on our performance and that of the Children and Supporting Families Department in various ways, are the problems that have been encountered since upgrading to a new version of the WCCIS system (*Wales Community Care Information System*). The system has been purchased nationally and we, like most other authorities across Wales, are totally dependent on it to run day-to-day services. Since I reported to you in July about the problems that existed, we had hoped that upgrading the system in October would have resulted in improved system performance but unfortunately this is not the case. The issue is being addressed at the highest level and I will keep you updated on any developments. We are currently tied to the national contract, but I believe that we need to consider our options carefully in the longer-term and assess the implications of some of the alternative options available.

4. FINANCIAL POSITION / SAVINGS

- 4.1 Based on a review at the end of August 2021, it is anticipated that the Department will overspend by £1,370,260 by the end of this financial year. The fact that we have not been able to deliver some of our main savings plans contributes significantly to this overspend.
- 4.2 A further review is currently underway and the outcome of this will give us a better idea of the likely situation by the end of March 2022. Although there is always a tendency for the first review of the year to reflect a challenging financial situation, due to the uncertainty at that time of receiving various substantial grants, I am concerned about the current situation and the challenge we face over the next couple of years.
- 4.3 I reported in July that the Cabinet had reprofiled some of the main savings plans so that they are delivered in 2022/23. This has eased the pressure and expectations on the Department this year in delivering savings, enabling the Department to have more time to ensure that a new Operating Model is embedded within the teams.
- 4.4 However, the value of the savings targets facing the Department in 2022/23 is going to be challenging given the significant ongoing work to transform services and change the way of working. To ensure we have the transformation facilitating resource needed to achieve this over the next three to four years, efforts are currently underway to utilise various funding sources. Reaching the end of the journey in this respect is absolutely necessary to guarantee that the structural and cultural changes that are taking place are sustainable for the future.
- 4.5 As you are aware, the most challenging savings plans for the Department relate to managing the demand on our services, with the ability to deliver dependent on the success of the work of transforming our care and health services jointly with the Health Board. Achieving this is, of course, going to be even more challenging if we find that demand is

increasing more than expected. The progress of this programme will be reported upon through the 'Redesigning our Care Services' Improvement Priority.

- 4.6 We have recently received substantial one-off grants from the Governments which need to be used by the end of March 2022. I would like to take this opportunity to thank our partners for their ideas and the collaboration in preparing the list of plans to improve and restore care services following the pandemic. Though I clearly appreciate the fact that additional funds are being provided to this field which is a help to deal with the pressure which currently exists, I would like to emphasise how crucial it is to have permanent additional resources in order to be able to fund some of the changes which really need to be made in the field.

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:

I note that part 4 of the report expands on the financial risks facing the Adults, Health and Well-being Department, and the risks attached to the savings plans. The report acknowledges that the savings targets facing the Department is challenging for this year, and also for 2022/23.

Along with the Chief Executive, I have met with the Head of Department to review the practicalities of achieving the savings plans for 2022/23, and following detailed further work we will be reporting to the Cabinet through the budgeting process which is afoot.

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.
