MEETING	Care Scrutiny Committee
DATE	05/11/2026
TITLE	Performance Report from the Cabinet Member for Adults, Health and Wellbeing
REASON FOR SCRUTINY	To provide assurance that the Cabinet Member has a grip on the department's performance matters.
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CABINET MEMBER	Cllr. Dilwyn Morgan

1. Why does it need to be scrutinised?

In order for Committee Members to be satisfied that I, the Cabinet Member for Adults, Health and Wellbeing have a grip on performance issues within the department.

2. Background / Context

2.1 Background / Introduction

The purpose of the report is to update you on what has been achieved in the area I am responsible for as Cabinet Member for Adults, Health and Wellbeing. This includes outlining the latest with the promises in the Council's Plan; the day-to-day work of the Department; as well as keeping you updated on any external audits that have taken place during the period.

We are operating on the Council's Plan 2023-28, and I will report on the progress of the projects during the first months of year 4 of the plan (2026-27). All issues have been the subject of discussion and have been scrutinised by me in a performance challenge and support meeting. We know that there are significant challenges facing the department as highlighted in the Llechen Lân report. In the context of these challenges, I know the department is working diligently to make progress in very difficult circumstances, and I am satisfied with the performance of the department.

2.2 Reasoning and justification

<u>Performance of the Council's Plan Pledges – Year 4 (2025-26)</u>

2.2.1 Below is a summary of the progress of the projects, as well as any issues of concern. I will give some examples, but I am not referring to all workflows as the projects are very broad. Full details can be found in appendix 1.

Project 1 - Modernising our care resources to meet future needs

2.2.2 The aim of the project is to ensure that our care homes are up to modern standards and that a wide range of accommodation options are available to support individuals to continue to live independently with a little support. It is vital that we understand the need across the county and can identify which locations to prioritise for different developments. The department has commissioned work from Housing LIN outlining the demand for care accommodation and the report will be presented to the Cabinet at its meeting in November. It is likely that an internal board will be established to lead the joint work between the Department for Adults and the Department of Housing and Property, and I hope that a timetable for implementation will be available soon.

2.2.3 In addition to the Housing LIN report, a report has also been commissioned by C4 Projects to develop potential options for investment to upgrade all of our internal homes to modern standards. We have received the potential plans for 6 of the homes and the remainder are expected very soon. Following receipt of this work, the department will actively consider the way forward per home.

2.2.4 Meanwhile, a new dementia unit offering specialist provision for men at Plas Hedd (Bangor) has been open since April, and a supported living property for 3 people with learning disabilities is ready in Pwllheli. The Pwllheli Extra Care Housing development on the Penrhos site will be ready by the end of the year and residents will move in during January 2027.

2.2.5 It is important for me to highlight the change in plans for the Canolfan Lleu project. In the Council's Plan it originally stated an intention to open Extra Care Housing units on this site. Unfortunately, the project has now changed and these units are no longer part of the plans, with the Health Board focusing solely on a Health Centre.

Project 2 - Using more technology to improve the ability of Gwynedd residents to access support and care

2.2.6 A Promoting Independence Services Team has now been established and a Team Leader has been appointed. They will lead on a wide-ranging programme of work including the promotion of support options for Living Well and the use of Direct Payments.

2.2.7 The work already started continues under the leadership of the new team and we continue to see a steady increase in the use of telecare equipment. The team has also taken responsibility for addressing the ongoing challenges in direct payments, including ensuring sufficient options of digital accounts for people and increasing the options available through Direct Payments whilst promoting micro companies and improving access to the information available about them.

2.2.8 In addition, an interim Moving with Dignity Officer has been appointed and in post since September. This officer will lead on collaboration with hospitals, social work teams and care providers to pilot opportunities to reduce the need for significant care packages by maximising the use of adaptations, equipment or effective movement and treatment techniques. Success in this area will enhance the dignity and privacy of the individual whilst also freeing up care capacity for others who are waiting.

Project 3 – Ensure that timely and full support is available to support people to be able to live at home with their families

2.2.5 The aim of the project is to ensure prompt and easy support for individuals and their families. That includes recognising the value of unpaid carers and supporting them appropriately and ensuring timely and effective home care.

2.2.10 There are many workstreams currently underway to ensure more resources to evaluate the needs of patients in hospital and to speed up care and discharge decisions, with dedicated resource from each team now responsible for assessing hospital cases.

2.2.11 Unfortunately the programme of work to reduce domiciliary care waiting lists remains challenging and as you can see in the data in the second part of this report, the increase in demand is difficult to manage (see 2.2.20). In addition, all the work done so far to speed up assessments and hospital discharges can result in more people being added to the waiting list sooner. Work has been ongoing in some specific areas with the City of Bangor now resolved but other areas continue to need more attention. Work is also happening to review the delivery model as the current provider agreements are due to expire in a year's time. Engagement with providers, internal teams and individuals and families is ongoing, but changes are naturally being made to the model in trying to find solutions to the challenges faced in some areas.

Project 4 – Working with Health Services to enable people to live their best life in the community

2.2.12 We now recognise that work to adapt the arrangements of our Information, Advice and Support service will not take place in conjunction with Health for practical reasons, but work is underway internally. The department is currently confirming a new model with staff and planning the relevant system and processes. Eventually, the department will have one telephone number for contacting adult social services. The aim is to reduce confusion and ensure clarity on points of contact for the public, ensuring they get to the right place sooner.

2.2.13 We are experiencing obstacles in attempting to establish GP Surgery Cluster meetings in some areas of Arfon, and despite the efforts of the department's teams, we are unlikely to be able to achieve this in full. We are however looking at alternative options to ensure close and appropriate collaboration with the GP surgeries.

Project 5 - Developing training and work opportunities for individuals in need of support

2.2.14 I am delighted to have had the opportunity to visit the newly refurbished Dolfeurig centre, which is a truly brilliant resource for individuals with learning disabilities in the Meirionnydd area and across the county. Work continues to develop the community services within the centre. The centre will open very soon.

2.2.15 The work opportunities project is also continuing to progress, with a new co-ordinator appointed to lead the work following the departure of the previous co-ordinator. More about this project in paragraph 2.2.22.

Project 6 – Llechen Lân

2.2.16 A report to update Llechen Lân data has been submitted to this committee in July and the work programme is ongoing.

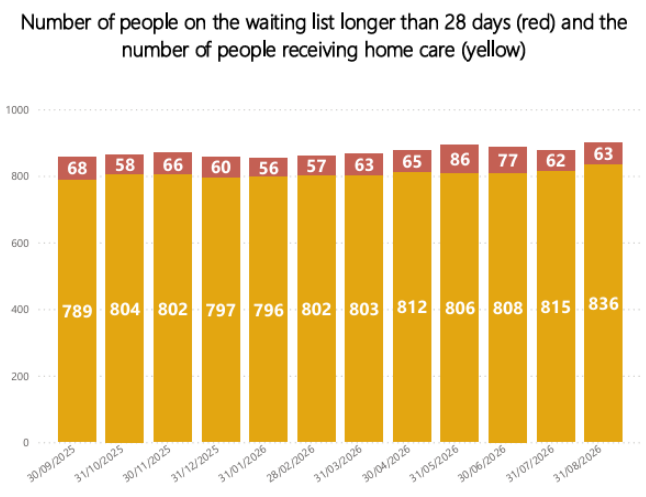
<u>The Department's day-to-day work - performance and measures</u>

2.2.17 There are several measures by the department and full details can be found in appendix 2. Yet again, I will refer below to those that specifically cause concern or are subject to congratulations.

2.2.18 The **DoLS** waiting list data was not received by the department this time. It was explained that we are still waiting for guidance to confirm the new criteria following the High Court ruling, and that in the meantime it is not possible for us to confirm with certainty how many individuals are on the waiting list (as we have no clarity on who meets the new criteria). In the meantime, cases continue to be scrutinised and discussed, and multi-factor assessments are being carried out in conjunction with the Legal Department to consider individual situations against the new criteria. The need for urgent intervention by the Court of Protection is also considered in the interim. In terms of the guidance we are expecting, the national group for Head of Adults Services are regularly pressing the Government for suitable guidance and documents.

2.2.19 Within the **Older People, Physical and Sensory Disabilities Service** there has been an increase in the number waiting for an assessment as a result of staffing instability in some teams. At the end of August 2026, 22 individuals had been waiting over 91 days for a care needs assessment. Since, an appointment has been made to fill a therapist post over a secondment period and an appointment to fill a social worker position, and these workers are expected to start shortly. Given these challenges, the delivery of this service remains very high with between 120 and 150 assessments per month being carried out.

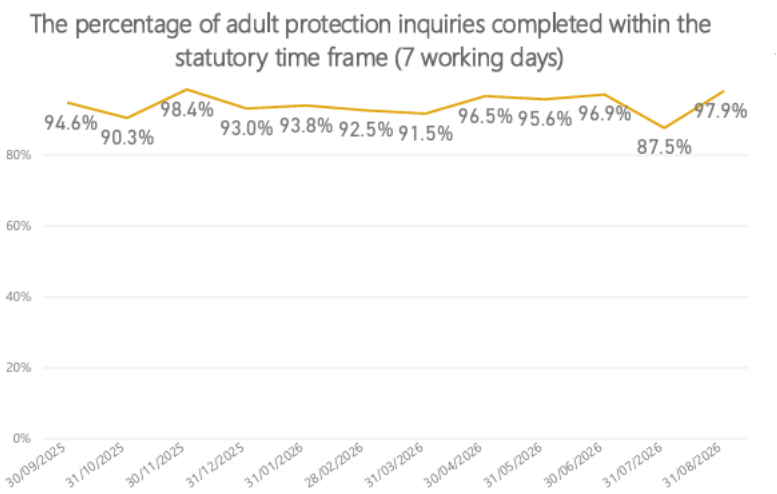
2.2.20 Since I reported last time, the department has adjusted its measure for the **domiciliary care** waiting list. The main reason for this is that it is inevitable that it will take some time to make arrangements with a provider for a new care package. In order to be able to look at the picture correctly and understand the real situation, it was decided that the measure would count those who have been waiting for more than 28 days for a package. At the end of August there were



63 on that waiting list, with 24 of those having been waiting for more than 90 days – most of these individuals are in the Tywyn and Dyffryn Nantlle areas where the difficulties have proven challenging to resolve for some time. We also see from the figures in the graph that there has been a significant increase in demand for domiciliary care and that the Council is now providing packages for 836 individuals across the county. I think it is important to recognise this noticeable increase in demand when considering the waiting lists, but I have asked the department for a meeting to discuss the domiciliary care situation in general to ensure that we fully understand what is happening in this area and how the efforts to reduce the use of traditional services and maximise alternative opportunities are progressing.

2.2.21 I noted at the last meeting that one issue of concern to me is that only 71 (4%) of all assessments in the last year were **carer assessments**. That was an average of 6 assessments per month. It is therefore good to note that 45 carer assessments were carried out between the 1st June and the 31st August this year, and a further 40 'joint' assessments were carried out (an assessment that discusses the needs of the individual and the carer jointly). According to the department's data there are 2,380 unpaid carers receiving support from Carers Outreach, and I have asked the department for a further conversation to understand exactly what that support looks like.

2.2.22 In the **Learning Disabilities** service the numbers involved in the work opportunities project remain stable with 135 individuals involved in the project and 62 in paid employment. This service is dependent on grant funding and therefore the department is naturally concerned about the future of this vital project. We have received confirmation from the Government that a source of funding will be available to replace the existing grants, but to date we have not received any details to enable us to understand whether that source will be comparable and open to the same conditions as existing grants. We are also working regionally on ensuring sustainability for this service on a more permanent basis.



2.2.23 In my last report, I noted that we had seen a reduction in the department's ability to complete **adult protection enquiries** within the statutory 7-day timeframe. This was due to several things, including a loss of resource in the team and the continuously increasing complexity of cases, with the requirement to discuss complex cases with all relevant stakeholders within 7 days proving to be a challenge. I also noted that a new Safeguarding Officer was initially appointed in July, but unfortunately DBS confirmation processes are unusually slow at present and therefore we have experienced delays in confirming a start date. However, we can confirm that the new officer will take up post in December. In times of understaffing in the safeguarding team, the social work teams continue to support with the investigation of

referrals, and they are to be congratulated on their ability to complete 98% of enquiries within 7 days. However, these teams are the same ones trying to respond to increasing requests for assessments and organising care in a situation of lack of provision and so naturally additional safeguarding work can have an impact on their ability to carry out their day-to-day work.

2.2.24 From the point of view of our internal residential homes, the bed rate has decreased slightly following the imposition of an embargo on new entrances to one home following an investigation under the escalating concerns process. A professional group has been set up to oversee the implementation, and the embargo has now been lifted, but the escalating concerns process continues to ensure we are fully satisfied with the progress.

Financial Situation

2.2.25 A fiscal review was carried out in August 2026, which projects the department's budget deficit to be £2.3m by the end of the financial year. Most of this deficit sits within the budget of the older people and physical disabilities service and is proof of the lack of adequate resources available for the department to respond to the demand for care amongst an ageing population.

2.2.26 There is also a significant shortfall within the provider services as I have previously reported. The last time I reported this service was responsible for £1m of departmental pressure, mainly on staff overspend and use of agency staff within residential care. I am pleased to note that the department decided to commission an expert report to consider staffing levels, rotas etc across our residential homes and to advise on the necessary staffing levels to run the service efficiently.

2.2.27 The department has been provided with an additional budget for 2026-27 to try and deal with the pressures that remain on the residential side of the Mental Health service. Following the review in August, this service is on track to be able to operate within their budget this year which is encouraging.

2.2.28 The projected overspend reflects the growing demand for adult services and an ageing population, rather than an issue that can be solved through short-term measures. While the Department is reviewing areas such as residential care and the domiciliary care model to ensure more sustainable services to the future, this work will take time. In the meantime, the Department must continue to provide appropriate care and support to individuals who need it.

2.3 External Audits

2.3.1 As a Cabinet Member, I welcome audits for the department as they provide us with feedback on how the department is carrying out its duties and are a vital part of ensuring the quality of care provisions. The department was not subject to external audits at department level in the first months of 2026-27, but we have been audited by Care Inspectorate Wales into several care settings during the period.

2.3.2 Our learning disability home in Caernarfon, Y Frondeg, received an audit at the beginning of the summer, and I am very pleased to note that they were rated 'Excellent' in three out of the 4 areas covered (Well-being, Care and Support, and Leadership and Management). It is extremely encouraging to see such an outcome and a pleasure to see the good work being recognised.

2.3.3 A number of our homes for older people and physical disabilities have also received inspections. Inspections were carried out at Hafod Mawddach (Barmouth), Llys Cadfan (Tywyn) and Cefn Rodyn (Dolgellau) during the autumn term, and earlier this year inspections were carried out at Plas y Don (Pwllheli), Bryn Blodau (Ffestiniog), Plas Hafan (Nefyn), Plas Pengwaith (Llanberis) and Plas Hedd (Bangor). It's good to be able to report that the results of the inspections were positive and, where relevant, have shown progress in areas that had been identified in previous inspections as requiring attention.

3. Consultations

The report has been created based on the information provided and the content of a recent meeting to challenge and support the performance of the Department for Adults, Health and Wellbeing, with the Director, Head of Department, Assistant Heads and myself attending this meeting.

Attachments

Appendix 1: Council Plan project milestone progress reports
Appendix 2: Departmental Performance Measures