

Public Document Pack

Health and Care Scrutiny Committee – 27 May 2021

MINUTES OF A MEETING OF THE HEALTH AND CARE SCRUTINY COMMITTEE HELD AT ON THURSDAY, 27 MAY 2021

PRESENT

County Councillors A Jenner (Chair), J Gibson-Watt, S M Hayes, P C Pritchard, L Rijnenberg, L Roberts, K M Roberts-Jones, D Rowlands, A Williams, J M Williams and R Williams

Cabinet Portfolio Holders in Attendance: County Councillor MC Alexander

Officers: M Gray, Head of Adult Services

1. APOLOGIES

An apology for absence was received from County Councillor S McNicholas.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. DISCLOSURE OF PARTY WHIPS

There were no disclosures of party whips.

4. PERFORMANCE

Documents:

- Monthly Adult Services Performance Report

Discussion:

- The Head of Service reminded Members that the service had invoked business continuity in March 2020. The year had been unprecedented and the Head of Service wished to thank the staff who had worked tirelessly through the year and contributed towards an Inspection during the autumn which resulted in enhanced monitoring being stepped down.
- The report was presented in a new style – the service had refined the measures and staff had greater access to the information provided
- Assist, the front door to the service, was a statutory obligation and had seen a spike in demand since December 2020 which correlated to welfare calls made. Increased demand will lead to additional work for operational teams.
- Ask Sara, a virtual OT system, was working well and promotion of the service had resulted in increased demand
- Safeguarding referrals had fallen during the pandemic with the service not being able to access care homes in the usual way. Care homes and staff have been assured that the service was still available. Cases had started to increase at the beginning of the year.
- Daily, virtual meetings were being held across the service

- Adult Services was working closely with Children's Services in promoting services available for support for abuse, domestic violence and neglect. Communications were particularly important during the pandemic.
- Performance was stable and targets had been met
- A number of new contact staff have been recruited
- There needs to be greater consistency in the recording of Information, Advice and Assistance (IAA). There had been a new cohort of staff who had not been able to access services from offices – this has been rectified by a review of forms to enable IAA to be recorded.
- During lockdown the Welsh Government had an expectation that discharges from hospital would be speedy. The service worked to discharge to rehabilitation and assessment wherever possible. Clear standards and responsibilities were monitored monthly. Patients were brought home rather than placed in interim settings although this was sometimes required whilst a package of care was finalised. An Interim Bed Monitoring Group was established.
- A new daily screening call was introduced to allow Team Managers to identify the best pathway for a client and reduce the stages in the process.
- Regional working across borders had proved challenging as had conforming to both English and Welsh legislation
- The WCCIS (Welsh Community Care and Information System), client management system, was hindering performance. The system was proving unreliable and staff were experiencing considerable difficulties leading to poor morale. The issue had been escalated to the Strategic Risk Register and discussions were ongoing with the provider and Welsh Government. The Chair sought assurance that the issues were not compromising health and safety and was informed that the system was causing administrative difficulties and delays and that there is a risk caused by this which is why the matter has been escalated to the corporate risk register. The Chair reported that she has already asked for an update from the Director on how this is being escalated.
- The service is continuing with its programme of right sizing packages of care to ensure they are appropriate
- Day centres and services were closed at the beginning of the pandemic as a prevention control measure and staff deployed into other roles including community outreach work to ensure clients continued to be supported. A decision will need to be taken when it will be safe to reopen these services – social distancing will limit the availability of the service
- Investment into Technology Enabled Care (TEC) continues – there had been 32 TEC clients in March 2020, but this had increased to 575 in March 2021
- The Authority's investment in ICT had enabled staff to move to home working relatively easily
- The vital role of unpaid carers was acknowledged. Partnerships had been stepped back during the pandemic but the Carers' Steering Group had been maintained. A Plan on a Page had been developed.
- A key issue was to focus on prevention and early intervention. A Community Connector is in place in each of the 13 localities and can assist in identifying local provision
- There are a few clients waiting for domiciliary care provision – only two clients were waiting during the previous month

- Investment has been made into the moving with dignity approach. The oldest age group that service is provided for is 105-109.
- Direct Payments provide as much choice and control as possible for residents. There is further work to do to ensure that administration is easier and a virtual wallet is being introduced which removes the need for paper records and avoids the need for clawback. A Care and Support Finder tool enables a resident or their family to source a Personal Assistant or Micro-enterprise (sole traders who are able to deliver more personalised care).

County Councillor J Gibson-Watt declared a personal interest in Direct Payments.

- There has been a steady increase in the number of referrals for OT services
- Actions for the service include managing demand, consideration of day opportunities including creativity of alternative provision and continuing to focus on early intervention and prevention. Packages of care will be timely and reviewed regularly and be proportionate.
- There is significant pressure in care homes – at the peak of the pandemic, 19 out of 31 care homes were closed due to Covid. This has reduced to 2 more recently. Care homes will continue to be monitored.
- There is continuing progress with supported living and extra care housing
- The Head of Service acknowledged that the workforce had been working flexibly during the pandemic, many of whom had been redeployed to support mission critical activities. As of April 2021, 81 staff are redeployed. Some staff have been furloughed where they were unable to work or be redeployed. Staffing capacity has been affected with Provider Services taking the brunt of the impact as some staff could not work within the 2m guideline.
- Staff have been working longer hours and more flexibly – staff wellbeing has been key and support through virtual lunches etc has been welcomed. Weekly virtual ‘check-ins’ with Team Managers have been invaluable in setting priorities and raising issues. These meetings will continue as the service moves back to ‘business as usual’.
- The Committee welcomed the data and requested that performance information be circulated monthly even if it were not to be considered in detail at a formal Committee meeting
- The Head of Service was asked if professionals and partners were still using Assist. New web forms had been introduced – in April 2020, 134 contacts were made rising to 262 in April 2021. Use of these forms was key. It was noted that external agencies or partners should not take a view on what care was required for a client before the ‘what matters’ conversation takes place. Continuous feedback is available enabling earlier action to be taken if a form is wrongly completed etc
- Reviews are undertaken after 6 weeks and thereafter, annually. There has been a decline in performance as it has not been possible to undertake virtual visits with care home clients and some cases are too complex to complete by telephone. Wellbeing calls are being undertaken but comprehensive reviews are not possible.
- 142 reviews were completed within the timescale, 2 were outstanding for over a month and 174 have not been completed at all. It is possible for

managers to interrogate the system to ascertain the specific details of each case.

- There were no details regarding Deprivation of Liberty Safeguards (DOLS) in the report -details could be provided. The threshold had been significantly reduced some years ago leading to an increase in DOLS creating a backlog. This is reducing. Details could be built into future monthly reports. DOLS are to transition to Liberty Protection Safeguards (LPS) in April 2022. A revised Code of Practice and Regulations were awaited. However, it was likely that additional work would be created as LPS will cover all settings and not just hospitals and care homes. LPS will also be applicable to over 16s. Additional workforce capacity was currently being assessed. Further information has been requested on this and can be provided to scrutiny for review.
- The Committee questioned whether there had been an increase in leavers – the Head of Service informed the Committee that there had been three leavers during April but there was no cause for concern. Immediate line managers are provided with details of exit interviews – these could be made available to senior managers if required.
- Some concern was expressed regarding duplication of work between the warden service and carers. The Committee was advised that the two roles were different. Members have already requested an update on the transformation of the warden service and the Portfolio Holder suggested that this be considered in the context of home support.
- 22.5% of social workers are agency workers. The service would prefer permanent social workers. The number had reduced more recently but the nature of short-term funding streams can lead to difficulties in recruitment. However there had been a number of agency workers who had become permanent.
- One measure reported the percentage of carers that felt supported – the Chair questioned how this was measured. The information was drawn from a quarterly survey. If a carer did not feel supported a review of needs would be undertaken and support may be changed. More carers breaks and respite options are being developed. It was queried whether there is data for carers who do not feel supported and reported that this can be looked into to see if can be provided going forward.
- A further question regarding how to define the appropriateness of TEC provided – the dedicated TEC team works alongside operational teams to ensure the resident is supported with whatever TEC is provided. Trials of equipment for residents and their families or carers are offered and support offered throughout the process.
- The number of complaints had fallen and none had moved to Stage 2. A Policy and Customer Care Officer has been newly appointed and a mediatory approach is being taken which ensure complaints are dealt with more effectively and at an earlier stage. The Chair requested further information and data regarding complaints data e.g. to show timescales for being resolved.

Outcomes:

- **Monthly performance reports would be circulated to Committee Members for information**
- **An update on the Warden Service transformation would be provided in due course**

5.	SERVICE RISK REGISTER
-----------	------------------------------

Documents:

- Service Risk Register

Discussion:

- Service risks are monitored through a joint Senior Management Team covering both operational and commissioning services
- A review had taken place and five key risks identified on a themed basis
- The inherent risk was the original scoring of the risk with the residual score representing the risk following mitigation
- The budget risk includes potential risks arising from demographic changes, inflationary pressures, covid surges in demand, agency staff and continuing health care. A protocol regarding CHC is to be applied appropriately and consistently. The integrated budget planning cycle is one of the mitigating measures. Early intervention and prevention is also key. The service is reducing its reliance on agency workers and this is monitored regularly. The service makes best use of Welsh Government funding including the Hardship Fund. The Committee would be considering Q1 financial position and progress against cost reductions at its July meeting.
- The service achieved an underspend at the end of the 2020/21 financial year. 88% of efficiencies had been achieved by February 2021. Grants received and contract reductions from services not delivered all led to the overall financial position. The budget setting process will resume soon and will continue with the strengths-based approach.
- Transformation has continued despite the pandemic
- WCCIS is a significant risk, but the service cannot mitigate the impact as it has no control over the system
- There is uncertainty regarding future demand, particularly in relation to long covid. The demand on the service may continue long after the demand on the health service has reduced. This has an additional impact on workforce planning.

Outcomes:

- **The report was noted**

County Councillor A Jenner (Chair)

This page is intentionally left blank