



**To:**

**Councillor Louise Gibbard  
Cabinet Member for Care Services**

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01 March 2024

## **BY EMAIL**

cc Cabinet Members

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care Services following the meeting of the Panel on 30 January 2024. It covers Adult Services Transformation Programme. A formal written response is not required.

Dear Cllr Gibbard

The Panel met on 30 January 2024 to discuss progress on the Adult Services Transformation Programme.

We would like to thank you, David Howes, Amy Hawkins, Helen St John and Lucy Friday for attending to present this item and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learned from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response.

### **Adult Services Transformation Programme**

You provided an update on progress for the three main themes under the Programme and the proposed focus for 2024-25.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

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We wanted to know if there are trained nurses or trained carers in care homes, and how the difference between the two is defined. We heard that internal residential homes are only 'care' homes and if people are assessed with having nursing needs, and therefore have more complex needs, they would be supported to go into nursing provision that has medical support. We also heard the teams around residential care deal with really complex care needs and are trained in a whole suite of support such as dementia care and behaviour support.

In terms of Early Help, we queried how you are getting everyone to work together to coordinate who needs this early help and heard that part of the focus for this year's work is to explore and understand better what is already available to the Council, and to make sure opportunities are maximised wherever possible. We were informed that in terms of communication channels, there has been a lot of re-educating of internal staff and making sure partners understand what else it is out there.

We discussed the Common Access Point (CAP) and were pleased to see there has been an improvement in the last nine months with 28% of enquiries into CAP being signed off or closed at point of contact. We believe it has become far more 'professional' as the people working there over time have built up some expertise.

We asked for clarification of what 'just checking' means in assistive technology and if it is new. We heard it has been in operation for some time but on a small scale, however, over the last 12 months, with availability of additional temporary resource, it has been pushed as an option. We were informed it is a series of monitors that can go into a person's home for a period of a couple of weeks. It can monitor the person's movements throughout the day when people, friends and family are not there to observe, and it can help inform an assessment.

Regarding people being maintained in their own homes, we queried how internal domiciliary care staff are helped to deal with individuals who may need extra care or might be more challenging and also how you know that a private company has got the expertise to deal with it. We were informed there has been a lot of feedback from staff around the challenges they are facing. As a result, the service is being refocussed so there is more support from the wider community, for example, therapists and other professional staff to support care staff with triaging and there are multi-disciplinary boards for caseload in-house. Also, staff have received training and have regular supervision. We heard there are a number of external commissioned providers and there are checks and monitoring in terms of quality and standards. In addition, they are all registered via Care Inspectorate Wales (CIW).

We queried if there is a role for GPs within the Early Help and Prevention process. We heard from officers that there is a role but some GP clusters are better on this than others. We were informed that looking wider at how people find out generally about this, there is a whole network of colleagues who support it, and Local Area Coordination is definitely key.

We asked if there is a reliance on agency staff in the carer's role, and if so, what percentage they make up of the total workforce. We heard that internally agency staff are not used for domiciliary care and instead there is a reliance on staff to do overtime and cover gaps/sickness.

In terms of the re-tendering process for externally commissioned domiciliary care, it seemed to us that external providers may be being asked to do more and if so, we queried if this would impact on the cost of the contract. We were assured that external providers are not being expected to do more and the Council is having to re-tender to ensure compliance with processes. We noted you are unsure if it will be more expensive and will have to await the conclusion of the tendering process.

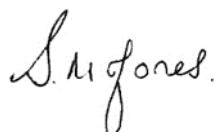
We discussed how the Service wants people to live independently and look after themselves more and queried if there are any downsides to this because of less contact etc. You stated that it is a very individual approach, some people want to be in their own home whilst others thrive in more of a community setting of a residential home. And that with Early Help and Prevention the service needs to make sure it is linking people with opportunities in their communities, so they might be living independently but are not isolated. We feel communication channels are going to be very important for this.

We discussed domiciliary care in rural areas and asked about progress in the establishment of micro enterprises to provide this service, particularly in rural areas and making use of direct payments. We heard the number of direct payments is up and there are more micro enterprises and social enterprises, and the Service promotes their development via SCVS who hold a directory.

## **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, however in this instance, a formal written response is not required.

Yours sincerely

A handwritten signature in cursive script that reads "S. Jones".

**SUSAN JONES**  
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