

## **Staff Engagement Events**

The Head of Service and the Community Support Services Senior Leadership Team held four engagement events for community support services staff on the 13<sup>th</sup> and 25<sup>th</sup> January 2016. A total of 302 staff attended the four events. As part of each event, a workshop was held to discuss the options being considered for the future of the council's in-house care services, and to gather feedback from the wider staff group in Community Support Services. The following is a summary of the main themes and comments expressed by staff during those four workshops. The comments from each event have been collated and presented together in relation to each of the four in-house care services.

### **Hafan Deg:**

Most staff appeared to feel that Option 1 is the best option. A number of staff referred to the importance of using all the resources there better, ensuring that it benefitted more people in the future.

The following comments/suggestions or questions were posed:

- Is there a more cost effective option regarding running of the building - could services be combined with existing services in the Rhyl area available to learning disability services i.e., older people have access to day care centres.
- Weekends should be included to expand services.
- Should be not for profit.
- Worried about wider use because of parking (could they use the football club parking facilities?).
- Should be a community integration facility, supporting communities & isolated population.
- Could develop a service user led CIC to deliver this moving forwards?
- Could be intergenerational with contributions from younger people - modern and flexible changes needed.
- The service offered seems to go well with the new social care act. Works particularly well with people who may soon need full care.
- The service could be expanded to benefit 20 or 30 people a day. We could take self-funders.
- Are panel re-directing people away from the Hafan Deg service?
- Isolation should be part of criteria - so again service is a good fit.
- Building could be used for EMH project workers.
- We could provide a more activity based centre. Could it be used as a talking point, should be able to be a multi-functional community hub.

- Needs to come into 21st century and not be left behind. Wider use of activities, it's under used.
- Option 1 is best. At present quite an expensive service but not getting much for your money. Need to remarket as 21st Century day centre. Opportunity to recreate revenue i.e. laundry service. More staff on duty than service users, poorly managed.
- Utilise all the building, involving wider community volunteers.
- DCC continue to own, provide services - e.g. hairdresser, room rental, day centre, laundry services. All charges so that money contributes to running costs.
- Option 1: Advantages- people can still attend, Staff will still work at site - but assumes suitable provider available. Current service only 3 day so opportunities to expand / be more flexible - made for all ages in the community.
- Option 2: People will become isolated and disengaged, staff will lose jobs.
- Option 3: Explore possibility of using extra care in Rhyl as a venue for day activities.
- Like idea of community hub - Could be so much more than it is.
- Option 1: Creativity required.
- Good resource, voluntary agencies to be involved as a resource centre. Could become a community centre for all ages. (Monday clinic, Parent& baby groups, youth club, cubs, scouts etc Slimming clubs, benefits ETC).
- Important service - Inclusion, prevents need to go onto more formal services.
- Option 1 is preferred, however have to be aware of added starting in 3rd sector and possible cherry picking (could be solved by service specifications)
- Positive-community groups could use early intervention.
- Concerns - Every group after money.

### **Dolwen**

Several staff expressed a preference for option 1. However the following comments / suggestions or questions were posed:

- Option 1 preferred - with provisions for reablement as a clause for new owner.
- EMI Nursing care units will still be needed though DCC cannot offer these.
- Being dual registered would be a big advantage. It would be good to developing community support services alongside extra care housing development. Developing reablement further.
- Dolwen and Cysgodfa could work more closely, e.g. by making Cysgodfa into extra care housing and using Dolwen as a base.
- Could Dolwen be used as intermediate care for patients leaving hospital?

- Day care centre could be 5 days a week again.
- Option 1 might be the right choice for those who would qualify. However this is not nor can be the preferred option for all staff, residents and day clients.
- Option 2: would mean residents being moved to places against their will to places they don't know. (Choice) Day care would disappear.
- Option 3: Join forces with the health service to provide for the section of users who currently block beds in hospitals and increase occupancy of residential homes.
- Utilise the building in other ways.
- Increase charges for services provided.
- EMH is a good option (x2)
- Option 1 appears most appropriate, with social clubs using day rooms.
- Extra care housing, Sell part of land - keeping structure to develop as EMI/Nursing DCC owned home. Including DCC staff to provide in house service.
- Option 1: Advantage - recognised need for a specialist provision in county - needs to be linked to the development of ECH in Denbigh.
- Option 2: Disadvantages - goes against promise of council to not compulsory moving people from residential care homes.
- Option 3: Include EMI provision with in the new ECH development in Denbigh, freeze admissions, transfer people to new development when completed. Sell site.
- Privatised day centre same as Hafan Deg.
- DCC to develop as EMI same as CCBC did.
- Would like to see it used for EMH residential and respite. Would like a provision for day care especially to support informal carers.
- Other option: Intermediate care? Contribution from health.

### **Awelon**

Again a number of staff expressed support for option one. However the following comments/suggestions or questions were posed:

- Within Option 1 - propose developing reablement with in the extra care facility, maintaining current services and further developing community support.
- Need more flats and day care facility.
- Extra care with facility.
- Build extra care for EMI on Awelon.
- Extra care provision is needed for this site.

- Concerned for people remaining and their wellbeing under option 2. How would this be sensitively managed?
- Reference to two tenants moving from Llys Awelon to Awelon because they could not cope at the former due to mental health issues (...but the familiarity of Awelon made it suitable for them).
- References to the advantages of shared catering between Awelon/Llys Awelon in terms of both finance and social integration.
- References to the fact that Awelon effectively provides nursing care though it is not registered to do so.
- Keep as residential / EMI expand day care as rural area has a few community facilities chargeable, develop existing reablement service.
- Advantages of option 2 - Vulnerable people do not have to move. Disadvantages - Could be costly to run two care teams.
- In future change residential to EMI.
- Prefer Option 2: With step up or step down facility - Keep half of Awelon for extra care and half for standard residential, respite and rehabilitation from hospital discharge patients.
- Consider bringing back private day centre and meals on wheels.
- Will the building and carers be kept on to cater for a handful of people?

### **Cysgod y Gaer**

A strong preference for Option 1 was expressed with the following additional suggestions:

- Option 1 to include hot meal delivery again.
- Homecare needs to cover all outlying areas which are problematic.
- Recruitment of domiciliary care has historically been difficult. Volunteers, working as a community, developing support and relationships across age groups would help.
- Keep day care and reablement section. Work with BCU regarding nursing care.
- Reablement unit should be better used.
- Extra care facility should maintain beds for respite care or if residential require Hub for in house services and 3rd sectors.
- Support hub in Corwen.
- Out of county protocols for existing schemes e.g.:- Bala, Wrexham etc. should be considered.
- Regional approach need for rural areas in order to maintain local connections.