City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: Multi-Location Meeting - Gloucester Room, Guildhall / MS Teams

On: Tuesday, 31 January 2023

Time: 4.00 pm

Convenor: Councillor Susan Jones

Membership:
Councillors: C A Holley, P R Hood-Williams, Y V Jardine, A J Jeffery, J W Jones, E T Kirchner, H M Morris and C L Philpott

Co-opted Members: T Beddow

Agenda

Next Meeting: Tuesday, 21 March 2023 at 4.00 pm

Huw Evans
Head of Democratic Services
Tuesday, 24 January 2023
Contact: Liz Jordan 01792 637314

City and County of Swansea

Minutes of the **Scrutiny Performance Panel – Adult Services**

Multi-Location Meeting - Gloucester Room, Guildhall / MS Teams

Tuesday, 8 November 2022 at 4.00 pm

Present: Councillor S M Jones (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
C A Holley	P R Hood-Williams	J W Jones
E T Kirchner	H M Morris	C L Philpott

Co-opted Member(s)
T Beddow

Other Attendees
Louise Gibbard   Cabinet Member – Care Services

Officer(s)
Richard Davies	Strategic Manager Independent Living Team
Amy Hawkins	Head of Adult Services & Tackling Poverty
David Howes	Director of Social Services
Liz Jordan	Scrutiny Officer
Helen St John	Head of Integrated Community Services

Apologies for Absence
Councillor(s): Y V Jardine and A J Jeffery

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1   Disclosure of Personal and Prejudicial Interests

Chris Holley declared an interest.

2   Prohibition of Whipped Votes and Declaration of Party Whips

No declarations were made.

3   Minutes of Previous Meeting(s)

Panel agreed the Minutes of the meeting on 27 September 2022 as an accurate record of the meeting.

Under Matters Arising, Panel raised a query in relation to the public question on learning disabilities. Members queried how many people in Swansea are in the same

situation as the person mentioned in the public question, and the types of accommodation people with these needs could go to. Officers thought it was approximately 52 individuals in Swansea who are in the same situation but will confirm following the meeting. Regarding types of accommodation, officers stated it is a whole mix of housing options, whether it is individual units where people are supported or supported living. Panel felt it would be useful to know what the Authority has been able to do for these individuals and the range of need on an individual or collective basis.

Actions:
- Panel to receive confirmation of number of individuals with Learning Disabilities in Swansea in the same situation, information on what the Authority has been able to do for them, and the range of need.

4   Public Question Time

No questions were received.

5   Actions following WAO Report (April 2022) - Direct Payments for Adult Social Care

Louise Gibbard, Cabinet Member for Care Services together with relevant officers attended to brief the Panel on the Authority's response to WAO published recommendations following their review of direct payments across adult services in Wales in April 2022.

Discussion Points:
- Panel pleased to hear that of the 10 recommendations, the Council is meeting its requirements and exceeding in some areas.
- In relation to recommendation 1, the Panel requested to see the Carers and Practitioners' leaflet that has been developed. Agreed this will be circulated to the Panel once ready for publication.
- Panel queried who checks if the leaflet is easy to read. Confirmed members of the Direct Payment Forum provide observation and feedback on all communication.
- In relation to recommendation 2, Panel asked if wider care team have up to date knowledge of direct payments and understand how they can be used. Heard that in relation to practitioners, Direct Payments Team liaise regularly with information sessions etc. but it is a slow process. DP team is producing some quantitative data but also hoping to increase their qualitative data ie telling people's stories. Panel in keen to see this qualitative data.
- Panel queried if Local Area Coordinators are involved. Heard the DP team works very closely with LAC team particularly when identifying personal assistants and people who need support within the area.
- In relation to recommendation 9, Panel asked if the Service has a picture of the categories of users of DP services. Informed the Panel has high level information on this in the Performance Monitoring Report and this can be broken down further if the Panel wishes.

- Panel queried how the Service captures everything that direct payments are used for, as it seems extremely flexible. Cabinet Member responded that this is where qualitative data ie personal stories can be used, as it would be really helpful for people to share what they used direct payments for.

Actions:
- Leaflet to be circulated to the Panel when ready for publication.
- Personal stories of how DP are used to be shared with the Panel if and when available.
- Information in Performance monitoring report on categories of users of DP services to be refined and shared with the Panel.

6   Briefing on Recent CIW Inspection Reports

Cabinet Member for Care Services and Heads of Service for Adult Services and Integrated Community Services briefed the Panel on this item and answered the Panel's questions.

Discussion Points:
- The report highlights 4 unscheduled inspections and 1 scheduled inspection. All inspections took place during Covid.
- Care Inspectorate Wales found no non-compliance with regulations and no priority action notices were issued. 11 areas of improvement were identified across the different services and the Service has an action plan to work towards the areas of improvement.
- Panel queried whether CIW were clear about the analytical framework being used for the inspection to compare one part of an organisation to another and one local authority with another, as there was little reference in the report to inputs, processes or outputs. Officers stated they could not comment for CIW but the Authority was inspected in the same framework as everywhere else and inspected on 4 areas compared to the regulations.
- Panel noted there was no dialogue in the report from CIW to indicate the extenuating external factors in play or being recovered from during the inspections. Panel heard the Authority was inspected in same way as every other authority across Wales and all worked through the pandemic. However, there was a lot of acknowledgement in the verbal debrief from CIW.
- Panel concerned about the point raised by CIW regarding medication and wanted clarification that it has been picked up and taken right across the board of all the establishments. Officers reassured the Panel that robust processes and monitoring are in place on a weekly basis across all sites re medication administration.
- Panel stated that the problem with a lot of inspections is they are snapshots of what is happening and really need to have a number of them to have a truer picture across one to two years. Panel feels the issues raised are minor compared to the overall care of the people looked at in the report.

7   Director of Social Services Annual Report 2021/22

David Howes, Director of Social Services attended to brief the Panel on this item.

No questions were asked.

8   Work Programme Timetable 2022-23

Panel discussed the work programme and noted the items scheduled for the next meeting.

Panel noted the item, Update on West Glamorgan Transformation Programme is scheduled for the meeting on 21 March 2023 and asked what 'Complex Care' is defined as. Officers agreed to provide the definition to the Panel following the meeting.

Actions:
- Definition of 'Complex Care' to be provided to the Panel.

The meeting ended at 5.15 pm

Cyngor **Abertawe**
Swansea Council

Please ask for: *Gofynnwch am:*	Scrutiny
Scrutiny Office Line: *Llinell Uniongyrochol:*	01792 637314
e-Mail *e-Bost:*	scrutiny@swansea.gov.uk
Date *Dyddiad:*	05 December 2022

To:
Councillor Louise Gibbard
Cabinet Member for Care Services

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 8 November 2022. It covers Matters Arising, WAO Report on Direct Payments for Adult Social Care, recent CIW Inspection Reports and Work Programme 2022-23.

Dear Cllr Gibbard

The Panel met on 8 November 2022 to discuss Matters Arising from the Previous Meeting; the Authority's response to Wales Audit Office (WAO) published recommendations following their review of direct payments across adult services in Wales in April 2022 and receive a briefing on recent Care Inspectorate Wales (CIW) Inspection Reports. The Panel also received the Director of Social Services Annual Report 2021/22 and discussed the Work Programme 2022-23.

We would like to thank you, Dave Howes, Amy Hawkins, Helen St John and Richard Davies for attending to present the items 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.

Matters Arising from Previous Meeting

We raised a query in relation to the public question at the previous meeting on learning disabilities. We wanted to know how many people in Swansea are in the same

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

SWANSEA COUNCIL / CYNGOR ABERTAWE
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situation as the person mentioned in the public question, and the types of accommodation people with these needs could go to. Officers thought it was approximately 52 individuals in Swansea who are in the same situation but agreed to confirm following the meeting. Regarding types of accommodation, we heard that it is a whole mix of housing options, whether it is individual units where people are supported or supported living. You mentioned 'Shared Lives' as one option, where people have different housing options for living or people living with them to help. We heard that there are different approaches being applied, it is down to individual circumstances, and it changes over people's lifetimes. We felt it would be useful to know what the Authority has been able to do for these individuals and the range of need on an individual or collective basis.

Response to WAO recommendations: Direct Payments for Adult Social Care

We were pleased to hear that of the 10 recommendations, the Council is meeting its requirements and exceeding in some areas.

In relation to recommendation 1, we requested to see the Carers and Practitioners' leaflet that has been developed. Officers agreed to circulate this to the Panel once ready for publication.

We queried who checks if the leaflet is easy to read and heard that members of the Direct Payment Forum provide observations and feedback on all communication.

In relation to recommendation 2, we asked if the wider care team have up to date knowledge of direct payments and understand how they can be used. We were informed that Welsh Government is currently consulting regarding continuing health care and looking at direct payments being conjoined with continuing health care and whether it is a viable option. We heard that in relation to practitioners, the Direct Payments (DP) Team liaise regularly with information sessions etc. but it is a slow process. The Head of Service confirmed that in terms of general understanding of direct payments in community services and primary care services, it is much higher than it was but there is still some work to do around GP practices. We heard that the DP team is producing some quantitative data but is also hoping to increase its qualitative data ie telling people's stories. We are keen to see this qualitative data when it is available.

We queried if Local Area Coordinators (LACs) are involved and heard the DP team works very closely with the LAC team particularly when identifying personal assistants and people who need support within the area.

In relation to recommendation 9, we asked if the service has a picture of the categories of users of DP services. We were informed the Panel has high level information on this in the Performance Monitoring Report and this can be broken down further if we wish. We confirmed it would be useful to have the information refined further so we can see the categories, as there may be other developing social and health issues for which direct payments may be better than the alternative currently being used.

We queried how the Service captures everything that direct payments are used for as it seems extremely flexible. For example, are they being used properly; are they being used for what they are intended; is the Authority capturing where money is actually

being spent and are clients having a good deal out of it. You responded that this is where qualitative data ie personal stories can be used, as it would be really helpful for people to share what they used direct payments for.

Recent CIW Inspection Reports

We were informed that the report highlights four unscheduled inspections and one scheduled inspection and that all inspections took place during Covid. We heard that CIW found no non-compliance with regulations and no priority action notices were issued. 11 areas of improvement were identified across the different services and an action plan is in place to work towards the areas of improvement.

We queried whether CIW was clear about the analytical framework being used for the inspection to compare one part of an organisation to another and one local authority with another, as there was little reference in the report to inputs, processes or outputs. Officers stated they could not comment for CIW but the Authority was inspected in the same framework as everywhere else and inspected on four areas compared to the regulations – Wellbeing; Care and Support; Environment; Leadership and Management. We were concerned about the fluidity of the framework but commended both Services for what they did during and since covid.

We mentioned that there was no dialogue in the report from CIW to indicate the extenuating external factors in play or being recovered from during the inspections. We did not feel CIW took these factors into consideration. We heard that the Authority was inspected in the same way as every other authority across Wales, and that all local authorities have been working through the pandemic, that is probably why it does not come out strongly in the report. We were pleased to hear that there was a lot of acknowledgements of this in the verbal debrief from CIW.

We expressed concern about the point raised by CIW with regard to medication and wanted clarification that it has been picked up and taken right across the board of all the establishments. We were reassured that robust processes and monitoring are in place on a weekly basis across all sites in terms of medication administration.

We felt the problem with a lot of inspections is they are snapshots of what is happening and that there really needs to be a number of them to have a truer picture across one to two years. We felt that the issues raised by CIW in the report are minor compared to the overall care of the people looked at.

Work Programme Timetable 2022-23

We noted the item, Update on West Glamorgan Transformation Programme is scheduled for the meeting on 21 March 2023 and asked what 'Complex Care' is defined as. Officers agreed to provide the definition to the Panel following the meeting.

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 required by 29 December 2022 to the following:

- Confirmation of number of individuals with Learning Disabilities in Swansea in the same situation as person in public question, information on what the Authority has been able to do for them, and the range of need.

- Carers and Practitioners' Leaflet to be circulated to the Panel when ready for publication.

- Personal stories of how direct payments are used to be shared with the Panel when available.

- Information in Performance monitoring report on categories of users of direct payment services to be refined and shared with the Panel.

- Definition of 'Complex Care' to be provided to the Panel.

Yours sincerely

SUSAN JONES
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.SUSAN.JONES@SWANSEA.GOV.UK

Councillor Susan Jones

BY EMAIL

Please ask for: Councillor Louise Gibbard
Direct Line: 01792 636141
E-Mail: cllr.louise.gibbard@swansea.gov.uk
Our Ref: LG/WN
Your Ref:
Date: 23rd December 2022

Dear Councillor Jones

Thank you for inviting me to panel meeting and for the letter sent on 5th December 2022, I'm happy to respond to the questions you asked as follows:

1. Confirmation of number of individuals with Learning Disabilities in Swansea in the same situation as person in public question, information on what the Authority has been able to do for them, and the range of need.

Everyone the teams work with different requirements for accommodation and different approaches are taken to address each person's needs and outcomes.

As previously reported, there are a range of accommodation options, some individuals remain in their family home and may have additional on or off-site support. Some live independently with no accommodation related support. Other options include independent accommodation with floating support, accommodation with onsite support, shared supported living, shared lives, or residential care.

There are currently 62 individuals who currently require or will require accommodation with support in the next three years (e.g., including those who are due to transition between child and family services to adult services). All 62 will not be in the same situation as the person from the public question (currently living in the family home, wanting to live in shared accommodation in the same ward). Some will already be in accommodation with support, but their needs may have changed.

Accommodation Type	Priority 1	Priority 2	Priority 3	Total
Flat with on-site support	2	1	2	5
Flat with floating support	0	0	1	1
Shared Lives	1	0	1	2
Shared supported living	18	19	6	43
Not confirmed et	5	4	2	11
Total	26	24	12	62

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IN PEOPLE | MEWN POBL

Priority 1:
- Safeguarding related issues
- Hospital Discharge
- Immediate risk of family/care breakdown (1 – 3 months)
- Rapid deterioration in condition needing an alternative environment
- Transition from child and family services (within 12 months)

Priority 2:
- Temporary accommodation
- Probable risk of family/care breakdown (3 – 12 months)
- Transition from child and family services (12 – 24 months)

Priority 3:
- Possible risk of family/care breakdown (12 months +)
- Transition from child and family services (24 – 36 months)
- Planned Transfer from Residential Care
- Inappropriate accommodation or client mix

2. **Carers and Practitioners' Leaflet to be circulated to the Panel when ready for publication.**

These are being co-produced and will be shared when finalised by the end of the financial year.

3. **Personal stories of how direct payments are used to be shared with the Panel when available.**

These are being collated and during the next 12 months case studies are being collated to demonstrate the possibilities and impact of Direct Payments. An example includes Friends United Together. IMPACT (Improving Adult Care Together – UK Centre for Evidence Implementation in Adult Social Care) local networks have met across the UK to discuss how choice and control can be enhanced for people with learning disabilities or mental health problems. Evidence from this research includes a case study, attached from Swansea about Friends United Together, a co-operative that has been set up by Direct Payment recipients to control and flexibly use their Direct Payments to meet their needs.

4. **Information in Performance monitoring report on categories of users of direct payment services to be refined and shared with the Panel.**

This work is in development and will be shared with Scrutiny via the Adult Services Performance Reports. This will include demographic information including, gender, age ranges of DP recipients under 18, 18 – 64, 65 – 74, 75 – 84 and over 85, monthly DP starters and finishers and use of Direct Payments.

Cyngor **Abertawe**
Swansea Council

5. Definition of 'Complex Care' to be provided to the Panel.

We do not use the label 'complex' to describe a person or a group of people. It is about a range of conditions for an individual that combine or interface to require partner agencies to work together to offer a non-standard intensive and prolonged package of care and support. Those people with complex care needs and those who care for them require us to work together to understand their specific situation and how we can best support them.

As Health and Social Care partners we recognise that the regular services we provide across the region do not always fit the needs of some people dealing with complex or challenging health, care, or wellbeing issues. For example, some (but not all) of the people in the list below might need 'out of the ordinary' responses from us due to the complexity of their issues or their situation:

·   People with chronic conditions (including life-limiting conditions).

·   People with physically disabilities and associated conditions.

·   People with learning disabilities and autism.

·   People with sensory impairment.

·   People who display risky, challenging, or harmful behaviours.

·   People with organic or functional mental health problems.

·   People who have experienced substitute care, abuse, neglect, domestic violence, refugee status or asylum seekers.

Please let me know if you require any further information.

Yours sincerely

Cllr Louise Gibbard
Cynghorydd / Councillor Louise Gibbard Dyfnant a Chilâ
Cyd-aelod y Cabinet dros Gwasanaethau Gofal
Cabinet Member Care Services

Cyngor **Abertawe**
Swansea Council

IMPACT Local Network Session 3 Feedback
Discussion Material for Local Network Meeting 4

The IMPACT local networks have now met three times across the UK to discuss how **choice** and **control** can be enhanced for people with learning disabilities or mental health problems.

The aim of the fourth and final meeting is to discuss what you've learnt from the previous meetings, the change you would like to see and produce an Action Plan to take things forward.
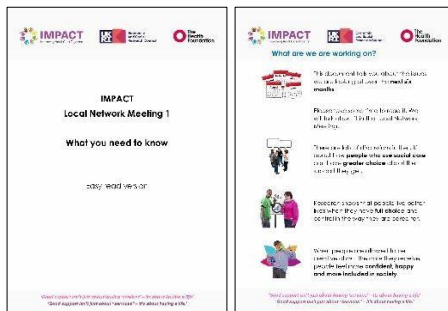
In this document, we look back on the previous summary reports to outline:

a) the **context** in each Local Network
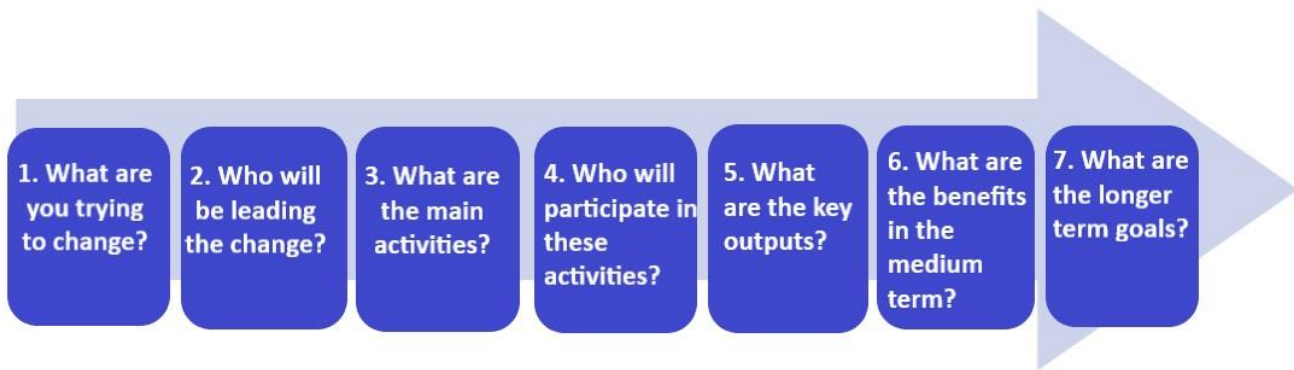
b) the **change** you want to see

c) **what and who can help** to make that change happen.

These summaries are drafts which we hope will help you to design your **Action Plans** for change.

This final session is also a good time to discuss any **activities** or **support** you may need from **IMPACT**

'Good support isn't just about services" – it's about having a life.'

As a reminder, we asked you to talk about the following questions last time:

1. What are you trying to change?
2. Who will be leading the change?
3. What are the main activities?
4. Who will participate in these activities?
5. What are the key outputs?
6. What are the benefits in the medium term?
7. What are the longer term goals?

Swansea

In Wales, '*Social Services and Well-being (Wales) Act'* requires that local authorities promote the development of co-operatives to provide care and support.

Friends United Together formed when the local authority wanted to re-tender the support they received.

The group were very concerned by the proposals because they had received support from the '*Community Lives Consortium'* for many years and had built close and enduring relations with care staff and were active participants in the organisation.

2

In response to the proposed changes, the group set up a 'Co-operative' with support from Cwmpas to manage their own direct payments.

The Co-operative model they use gives the group flexibility and control and they can bank their hours and decide when they want to use them. The Provider no longer has to justify changes to the local authority.

Co-operation was key to setting up the Cooperative. One member explained the process using a useful analogy of 'curling'- the Friends United Together group had the courage to throw the stone, but there were a lot of people polishing and brushing the ice to make the stone get where it needed to be, including within the group, with the provider, Cwmpas and the local authority.

Initially the local authority was unsure about how to engage with the Co-operative, but now have a Strategic Direct Payments Manager who wants to work further with the Friends United Together group and others who want to establish Co-operatives.

There are still challenges in terms of the financial and administrative arrangements, but the group feel they now have a lot of expertise and experience they would like to share with others in a similar position.

What are you trying to change?

3

For Friends United Together:

• **more choice** and **freedom** in how support hours are used

• **more choice** over who works with them – more say in **recruitment**

• **more members** joining Friends United Together

• **more events** in the **community**, as they did before the pandemic (coffee mornings etc.), giving support and being involved in the community

• **Avoiding the stress**, anxiety and misery of the retender when it comes again

• **Keep challenging** and trying new ways of doing things, always looking to make things better

• be an **example to others** of what can be achieved

• **help others** to do what they've done.
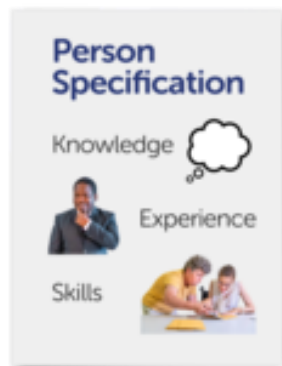
• **More staff** recruited to work with Friends United Together

• **New guides** and **materials** – 'a pathway for a Co-operative'

• **Create a video** on Friends United

Together.

Who will be leading the change?

TBC *(different groups/ people can lead on different activities/ goals).*

What are the main activities?

4

• **Recruit** another person to support the Friends United Together Group, some activities are limited while they're trying to find the right person. The group will work with the local authority to distribute advert for someone to support them (T council have a recruitment drive for PAs at the moment).

● **Create resources** to share knowledge with people receiving support and family/ friends. Cwmpas has developed a map and other useful resources for other groups looking to set up a Co-operative, but a '**how to' guide/ video** would be useful, as well as events in the community to raise awareness of Cooperatives and increase community engagement.

● Local Authority will map out the process and to develop a guide for pooling Direct Payments (sharing budgets to do something together)

● **Commissioners** - Swansea Council to share and be part of the all-Wales Direct Payments group

● **Providers**

Who will participate in these activities?

Friends United Together
Carer/support worker from **Community Lives Consortium** (CLC)
Chief Executive of Community Lives Consortium
Learning Disabilities Planning Officer, **Swansea Council**
Direct Payments Strategic Manager, Swansea Council
IMPACT comms team- support developing materials/ videos.

5

What are the key outputs?

- **More staff** recruited to work with Friends United Together.
- **More members** of Friends United Together.
- Develop **guides/ materials** – 'a pathway for a Co-operative' and the documents that they use to give structure to Friends United Together meetings, as well as model accounts as 'open-source' media – this might help other care providers to be supportive whilst promoting independence.
- A **video** on Friends United Together.

What are the benefits in the medium term? (3 years?)

- **For Friends United Together/Cooperative -** The ability to control hours and now because of the banking of hours they can be saved and used flexibly.
- **Directly recruiting** a support worker- benefits for both the carer and the Friends United Together as they all know each other, want to work together, maybe pay them more.
- **Commissioning** for wellbeing due to more engagement with and listening to people.
- **More independence** for Co-operative members benefits both Local Authority and people receiving care.

the

What are the longer-term goals? (5 years and beyond?)

6

*"**Ultimately, we want to help more people set up care Co-operatives**".*

7

In the discussion in the final session, we'd like the groups to:

Tell us if we have missed anything when we describe the context?

Explore any of the following questions you may not have had time to discuss last time/ want to change/ add more to:

1. **What are you trying to change?**
    What do we know already as a starting point locally and nationally?

2. **Who will be leading the change?**
    Why are these the right people to lead?

3. **What are the main activities?**
    What will result in these activities bringing about change?

4. **Who will participate in these activities?**
    What is their role in achieving the change?

5. **What are the key outputs?**
    What makes these outputs achievable?

6. **What are the benefits in the medium term? (3 years?)**
    a. How will the activities result in these outcomes?
    b. What else needs to be in place?

7. **What are the longer-term goals? (5 years and beyond?)**
    a. What would lead to these wider benefits?
    b. Who would need to be involved?
    c. How will you know what 'success' looks like? How will you measure progress towards your goals?
    d. What can IMPACT do to support you moving forward?

8. **What are the main challenges/barriers to implementation** *you've experienced so far/anticipate you'll experience?*

8

Cyngor **Abertawe**
Swansea Council

Report of the Cabinet Member for Care Services

Adult Services Scrutiny Performance Panel – 31 January 2023

Adult Services Transformation Programme 2022/23

Purpose	To provide an overview of the Adult Services Transformation programme and progress to date
Content	This report includes a summary of Adult Services Service Planning activity and resulting priorities which have shaped our Transformation programme. Detail on the activity under each priority area, progress and proposed focus for 23/24
Councillors are being asked to	• Give their views • Consider the report as part of their scrutiny function
Lead Councillor(s)	Cabinet Member for Care Services – Cllr. Louise Gibbard
Lead Officer(s)	Head of Service for Adult Services & Tackling Poverty – Amy Hawkins Head of Integrated Services – Helen St John
Report Author	Principal Officer Adult Services Transformation – Lucy Friday Email: Lucy.Friday@swansea.gov.uk

1.   Background

The Service planning process informs the priorities of the Adult Services Transformation Programme. As in previous years this process involved all service areas reflecting on our recovery and learning from the Covid pandemic, the continued challenges the pandemic has presented and the enduring aftermath.

We have also reflected at a team level on the wider learning from the previous 12 months, our successes as well as our challenges. Our barriers to change and where we can improve for the people of Swansea.

Combined with the principles of the Social Services and Well being Act, wider Council objectives, policy commitments, Regional work programmes and feedback from CIW assurance visits we established our service vision and priorities for 2022/23;

Our Vision for Adult Services:

> *People in Swansea will have access to modern health services, social care and support which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities.*

To achieve our vision Adult Services will;

> *Help people to keep safe and protected from harm and give opportunities to exercise voice, choice and control in all aspects of their lives.*
>
> *Our services will focus on strengths, prevention, early intervention and enablement. We will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.*

Adult Services priorities for 2022/23;

- ✓ **Better Prevention & Better Early Help**
- ✓ **Keeping People Safe**
- ✓ **Enabling & Promoting Independence**
- ✓ **Integrated Services/Partnership working**
- ✓ **Financial Efficacy**

These priorities are reflected across all projects and programmes in the Transformation programme.

(See Appendix A : Adult Services Service plan and Transformation Programme overview)

2.   Transformation Programme

The development of the Transformation programme and our delivery against our agreed priorities is co-ordinated by the Adult Services Transformation team alongside colleagues and teams across the Service and wider.

The work of the Transformation programme in this year is in addition to our business as usual improvement activity. However, in 2022 the work of the team has again needed to focus largely on recovery and stabilisation of Adult Services rather than the wider Transformation agenda, however, our longer term strategic intentions have continued to run through the core of everything we do.

Within each element of the programme specific plans identifying the purpose or 'why' of the work, defined actions or 'products' that will aid delivery, the in year priorities and time frame for delivery as well as measures of success are all developed with stakeholders and monitored against.

The following section describes briefly how these priorities are being delivered under the programme, some of the specific programmes of work and headline progress to date.

2.1 Better Prevention & Better Early Help
Better Prevention and early help themes run through the Transformation programme. Building upon and sustaining existing community based, locally developed and 'owned' alternatives to traditional statutory services is at the forefront.

Locally we also want to improve our internal systems and mechanisms which enable people to access this right support as early as possible preventing escalation of need.

- Regional work stream **Prevention and Community Co-ordination** represented by citizens, third sector, local authorities and the health board are focusing on citizen engagement, building upon community assets and supporting volunteers across the region.

- As part of this work the ongoing development of **micro and social enterprises** across communities in the region has continued. Swansea Council alongside Swansea Council for Voluntary Service (SCVS) have established a robust directory of small businesses already supported and connected with custom via the programme. Development of a **Regional Volunteering Strategy**, co-produced with volunteers and the Third sector has been drafted. The strategy focuses upon the value of volunteering, development of a consistent approach to involving and supporting volunteers in the region, best practice around the recruitment and management of volunteers alongside training and resources. **Possibilities for People** work stream under the programme has continually engaged

with citizens, carers and the third sector to identify priority areas for development including transport options, falls prevention, tackling of loneliness and isolation and hot meal provision.

- Our **Assistive Technology strategy** development also includes expanding our information and advice relating to preventative, low level equipment and digital solutions to maintaining independence. To aid this work the team have recently secured regional capital funding to stock digital aids for demonstration and short term loan from the service. In addition work to develop a self help online tool for access to anyone looking to gain advice and source their own aids and equipment is underway working alongside the Disabled Living Foundation.

- Working with colleagues in Child & Family Services we have also been developing options on what **Adult Services 'Early Help' offer** could look like. Although still in development stages this work has already pulled together information on our existing resources, including the resources described above, and commissioned services. This information has initially been pooled into an advice channel for internal teams. Longer term opportunities to work 'smarter' across established third sector, Health and Local Authority teams are being considered.

2.2 Keeping People Safe / Enabling & Promoting Independence
Clearly linked to Better Prevention and Better Early Help the priorities of keeping people safe and enabling and promoting independence are at the core of the Adult Services vision and mission. Critical across these themes are our workforce, team structures, external capacity and resulting ability to meet our statutory functions which remained a pressure following the peak of the Covid pandemic.

- At the core of this is the work of our **Practice Framework and Outcome focused Social work practice.** Combined with elements of the workforce programme including training and development the Practice Framework and Collaborative Communications approach has continued to be critical in ensuring our staff have the training and support to continue to deliver 'strengths based' practice even in the most testing of times.

- Our social work team structures were adjusted in 2020 to mitigate as best as possible the potential risks to service delivery during the pandemic. As part of the **Workforce Programme; Fit for purpose Staffing Structures** the future model for all Social work teams is being developed with staff, internal stakeholders and the public. As a first phase of delivery all temporary social work posts created pre and during the pandemic were realigned to our permanent staffing structure to bring some stability to the workforce. This included stabilising critical areas including Safeguarding. Work now continues with teams and all stakeholders to review our current model, areas for improvement and opportunities to improve. The development of options and final proposals are expected in the first quarter of the new financial year.

- Building upon the regional **carer's strategy** Swansea locality have worked with carers to redesign our carers assessment process. We have also worked with the Carers Centre in Swansea to pilot a specific resource used to complete carers assessments. Successful completion of a stand alone carers assessment at the right time for the carer can help prevent crisis and ensure carers wellbeing and support needs are met. As a result of this work carer's assessments and reviews are increasing with the last 6 months showing completion of 420 in comparison with 207 for the same period in 2021.

- As well as promoting and enabling independence underpinning our practice approach specific systems of delivery have also continued to be developed to enable this in practice. The Regional **Home First Programme** which has established various integrated pathways to both prevent admission to hospital and enable timely safe discharge from hospital has continued to be at the forefront in 2022. Swansea's approach has been successful in pooling multi-disciplinary approaches across the whole system from third sector, social work, therapies, internal service provision and nursing all working with individuals to support maintaining or returning safely to their own homes.

- **Domiciliary care demand management** remains a pressure point across both the internal and external provision. Improved communications between multi disciplinary teams, utilisation of alternative models of support and the work in progress to review existing direct payment processes and the implementation of successful approach to recruit Personal Assistants are all working towards helping to ease some of the pressure. Our internal Homecare team have also reviewed and restructured their operational management structure to ensure the maximisation of resource.

- One of the many service areas critical in the delivery of both the Home First programme and our local approach to promoting and enabling independence is the Regional Community Equipment store service. In order to maintain the required performance which is critical to effective management of demand and capacity the team have undergone a review of their **staffing structures,** with regional partners. Within the same service the provision of **Assistive Technology** for assessed clients remains critical. Provision of Lifelines, Just Checking aids and alarm based technology including Care Assist and sensors continues to be actively promoted. A review of our community alarms service has been completed and our future strategy for the service is in development.

2.3 Integrated Services/Partnership working and Financial Efficacy
Across Adult Services integrated working with partners locally and across the region has been strengthened further during the last year. Working closely with our partners has been critical during the pandemic and the opportunities and benefits this has provided continues to be built upon to improve everything we do for the people of Swansea.

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- Our close working on many regional programmes including the **Hospital to Home programme, Prevention and Community Co-ordination** and **Transforming complex care** has continued. The partnership space are also revisiting our current Optimal Model S33 agreement, refreshing to ensure the current picture of services, financial investment, reporting and governance are aligned as they should be.

- The regional programme **Transforming Complex Care** aiming to integrate services for people with complex needs has achieved some notable outcomes including the development of a single multi-agency approach and processes for the transition between Children's Services to Adult Services. A Joint Working Protocol in place for adults and with complex needs, a Joint Funding Agreement for packages of care outside of Continuing Health Care or s117 funding and a revised dispute policy. Activity in development includes regional commissioning strategies, pooled budgets and regional quality framework.

- Regional funding opportunities via the Regional Investment Fund have continued to be maximised by Swansea with both revenue and capital investment secured across a number of services and schemes. The Swansea **Capital Investment** project has successfully recruited the necessary resource to ensure the co-ordination and management of all types of funding streams, embedding the necessary governance and planning structure to meet emerging needs.

- Our **recommissioning programme** continues to assess and review the range of commissioned services including day services, supported living and sensory impairment. The transformation team have also supported commissioning colleagues, housing colleagues and people with experience of homelessness with the review of Temporary Supported Accommodation for single homeless people (over 18). The purpose to ensure people experiencing homelessness have access to the right accommodation with the right level of support , improve the options available, and help to achieve better outcomes for people. Outcomes to date include the introduction of a single point of access to temporary supported accommodation and the replacement of numerous referral forms with one referral form. We are currently piloting the new pathway with Housing Options and our current external providers.

- Adult Services internal Service Provision have also progressed with the **Internal Residential Care Strategy** whilst still a work in progress the whole scale review of internal provision has produced a draft model of delivery including more 'step up beds', 'step down' provision and complex dementia beds reaffirming our focus on enabling and promoting independence and complex, specialist care.

2.4 'Cross Cutting' Programmes

Supporting all of the work of the Transformation Programme and the service priorities are transformation projects which underpin everything we do,

including the Directorate wide **Workforce Development Programme** focused upon staff wellbeing and engagement, recruitment and retention, staff development and fit for purpose staffing structures. The outputs of this programme include a dedicated resource to support our recruitment ambitions, reviewing how we promote Swansea Adult Services as a workplace of choice, presence at numerous recruitment fayres and regular presence at the pop up in Swansea city centre have all resulted in increased applications to care roles. Active engagement with colleagues and Universities to increase numbers of student placements have also been successful.

Our systems are critical to everything we do and the implementation of WCCIS in 2020 began our journey towards a system which met the needs of practice. To ensure the active development of the system, review of existing processes and maximisation of the system the **WCCIS development** group has been established with colleagues from across the service. The working group look at issues which have been identified by the same teams and works to ensure that WCCIS supports social work practice and progression into better performance and information data for the department. The Group have also taken a co-productive approach with process improvement including co-producing the carers forms and processes with carers themselves.

Our **Internal and External communications strategy** was a key area of focus of this year's transformation agenda. Establishing a dedicated resource to support with this endeavour has been the immediate focus in 2022. This team have successfully support internal communications throughout the period and are working to build our external facing website and general information in line with our strengths based model of practice.

Lastly, but not least to understand the purpose and impact of our transformational ambitions of the Service we rely heavily on our performance and quality information. The development of a **performance and quality framework** for Adult services is critical in this endeavour. The performance and information team in adult services already produce a wealth of information which is continually developed. The purpose of this revised framework in development is to build on this information and expand to incorporate more outcomes, embed a cycle of review and understand how information could be better used to inform commissioning practice, service review and strategic planning.

3.   Planning and Considerations for 2023/24

As we head into the new year and the ongoing transition for Adult Services from post pandemic recovery to longer term transformational ambition the pressures of demand versus capacity and financial restrictions will obviously influence our day to day planning and improvement activity.

However, our vision for the Service will remain to be the best we can be for the people of Swansea. Embedding our strengths based ethos at the core of

everything we do will dictate our model of Transformation.   As a result for 23/24 Adult Services Transformation planning will focus specifically on the areas of better prevention, early help, promoting and enabling independence and keeping people safe.

4.   Integrated Assessment Implications

4.1   The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.
- Deliver better outcomes for those people who experience socio-economic disadvantage
- Consider opportunities for people to use the Welsh language
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

4.1.1   The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

4.1.2   Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

4.2   The principles and priorities underpinning the Adult Services Transformation programme support positive outcomes for our communities and the people of Swansea. We focus on strengths, enablement and keeping people safe. Individual programmes and projects under the wider Transformation strategy will complete IIA screenings and full reports where required to ensure any impacts are fully understood, a positive co-productive and / or engagement approach is adopted wherever possible and detail of any risks and proposed mitigation are developed.

Appendices:

Appendix A – Adult Services Service plan and Transformation Programme overview

AS SERVICE PLAN
2022-23 Final.docx

Appendix B – IIA screening form

AS Transformation
Programme IIA_screen

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ADULT SERVICES - SERVICE PLAN 2022/23

OUR VISION		OUR MISSION
People in Swansea will have access to modern health services, social care and support which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities.		*We will help people to keep safe and protected from harm and give opportunities to exercise voice, choice and control in all aspects of their lives.* *Our services will focus on strengths, prevention, early intervention and enablement. We will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.*

Assessment – delivering last years' Service Plan

Barriers

- Covid related service pressures across all of Adult Services - internal, integrated and commissioned services
- Prolonged uncertainty regarding Covid and impact on Adult Services
- Prioritisation of contingency planning locally and Regionally
- Capacity of established resource levels vs increased and changing nature of demand
- recruitment and retention of staff across the service
- Implementation of WCCIS and issues
- Processes, timescales & uncertainty surrounding Welsh Government funding (locally and regionally)

Successes

- Resources and services maintained
- Improved monitoring and communications around specific areas of pressure
- Comprehensive contingency planning & flexible/additional resource management
- Expansion of alternative models of care & support
- Continued close working with Partners
- Inspection outcomes
- Successful development of regional programmes
- Successful adoption of WCCIS
- Creative communications and engagement with workforce
- Successful recruitment campaign for carers
- Continued training and managment of qualifications

Summary - overall progress. What can be done better?

- Continued focus on emergency response and contingency planning over and above strategic planning
- Shift in strategic planning to facilitate transition towards recovery and longer term transformational change.
- WCCIS Implementation and challenges
- Progress to date, engagement with staff, system development working group, system upgrades to improve functionality

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Adult Services SWOT Analysis

Key Service Strengths

- Highly skilled, knowledgeable and experienced workforce
- Flexible and adaptable workforce who are committed to providing the best possible support and outcomes for our communities
- Workforce who support each other and have a 'one service' identity
- Embedded integrated working practice and communications approach with partners
- Adaptability and a drive to continually improve and explore innovative solutions / challenge historic practice and processes

Main Service Weaknesses

- Continued limitations to practice that remote working can impose
- Forced delays as a result of pandemic to planned strategic planning and governance arrangements
- Social work recruitment and retention continues to be challenging.
- Optimisation of WCCIS and anticipated improvements to process/data collection and analysis are yet to come to fruition.
- Limited communication and active review routes with stakeholders.

Key Opportunities for the Service

- Utilising experience from 21/22 (challenges & our response) to inform and promote ongoing innovative practice and continuous review
- Revised Regional funding structure under Regional Integrated Fund (RIF) for focused and longer term strategic framework
- Utilise experience to continue to drive preventative model
- Build upon technological and digital solutions to assist wider strategies
- Further development of workforce wellbeing strategy with particular mental health focus
- Develop our workforce recruitment, retention, succession planning and training/skills development including maximising on the wealth of knowledge and experience of our current workforce to support.

Main Threats (Risks) to the Service

- Long term consequences of Covid contingency measures across citizens, internal workforce, external workforce
- Anticipated continued increased complexity of need across client groups and suitabilty of current models of care and support
- Legislative duties and our ability to fulfil
- External Market stability
- overall impact of austerity
- Financial restrictions / limitations of national policy in achieving our strategic goals
- Staff retention & recruitment

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OUR KEY PRIORITIES AND OBJECTIVES FOR 2022/23

CUSTOMERS

Ensure a collaborative communications approach which focuses on strengths, outcomes, voice, choice and control

Maintain the focus on safeguarding and promoting the rights of the individual

Ensure services and processes support the right intervention at the right time

Build upon integrated services model to support outcomes for individuals

Develop/expand and embed co-productive approach across service design and review

Working in partnership with carers to support their wellbeing & caring role

PROCESSES

Ensure services and systems reflect the needs of our customers & workforce

Embed systems and structures to support integrated models of delivery /objectives across community and hospital pathway clients

Embed timely and outcome focused review practice and processes across services

Explore opportunities for more cross Directorate working

Expand platforms and tools for our customers to directly access information and guidance

Key Service Priorities

Better Prevention & Better Early Help

Keeping People Safe

Enabling & Promoting Independence

Integrated Services

Financial Efficacy

WORKFORCE

Promote & support wellbeing of the Adult Services workforce

Establish fit for purpose staffing structures which reflect our Service priorities and offer clear roles & responsibilities

Continue to develop a workforce/resource management approach which is flexible and adaptable

support training, qualifications and skills development across the workforce but working collaboratively across the service

Build upon existing and embed structured communication routes and develop active engagement

FINANCIAL

Covid recovery/stabilisation including clearance of any backlogs

Ensure fiscal control/clarity across all areas with strong value focus

Embedding and strengthening of preventative approaches & community offer

Cost escalation management

Investment tied to improvement agenda

Co-ordinated and planned approach to funding / grant opportunities

Embedding new Finance team structure and revised processes

| How the service intends to work sustainably when meeting the objectives in the Service Plan. | **Addressing long term challenges or trends:**

Supporting people at every point in their journey, supporting long-term sustainability of services and service providers.

Preventing problems from occurring or from getting worse:

Preventing poorer health and well-being outcomes for people, addressing health inequalities. Providing Early Help and Prevention and accessible services.

Integration – joining things up and avoiding duplication / conflicting priorities:

Multi-agency approach, social care, health, independent and third sector.

Involving people - including the public, service users and stakeholders:

Person centred, MDT approach.

Working in partnership and collaborating with other organisations:

Multi-agency approach, social care, health, independent and third sector |

KEY MEASURES / CRITERIA FOR SUCCESS

Service Objective	Corporate Objective (tick box)						Key Measure / Criteria for Success
	Safeguarding	Education & Skills	Economy & Infrastructure	Tackling Poverty	Natural Resources & Biodiversity	Transformation & Future Council	
To provide the right support at the right time to people Achievement of Well-being outcomes; IAA, Assessment, Care & Support plans and Review	✓			✓		✓	**1.The number of Care and Support plans that were due to be reviewed during the year that were completed within statutory timescales.** (AD/017) **2.The number of Carers Assessments completed for adults during the year where** (AD/005):
Providing more support in the community and home-based settings, including in partnership with voluntary and community sectors. Focus on people's and communities' strengths not needs.	✓		✓	✓		✓	a) Needs could be met with a carer's support plan or care and support plan. b) Needs were able to be met by any other means. c) There were no eligible needs to meet. 3. **The total number of packages of reablement completed during the year which** (AD/011):
Enhance focused outcomes and experiences for people Seeing people and communities as the co-producers of health and wellbeing, rather than recipients of service,	✓		✓	✓		✓	a) Reduced the need for support b) Maintained the need for support c) Mitigated the need for support d) Neither reduced, maintained nor mitigated the need for support
Support carers' well-being	✓			✓		✓	4. **The total number of Adult Safeguarding enquiries completed within 7 working days from the receipt of the reported alleged abuse (**AD/024).
Embed the principles of co-production across all services. People are empowered to be involved in the ongoing coproduction of their care and support and all Adult Services delivery.	✓					✓	Remainder of measures to be o-produced with users of services, carers, partners and colleagues
Provide information & advice / facilitating person centred solution Develop information and advice initiatives	✓					✓	

Description							
Pilot and implement new technological capabilities to drive better service provision and better outcomes for our population.	✓					✓	
Ongoing development of the Discharge to Recover and Assess model	✓					✓	
Social Care avoidance and hospital admission avoidance through the promotion and delivery wellbeing and prevention focussed services.						✓	
A reduction in those needing long term care and / or support or placement	✓					✓	
Support people who are homeless or vulnerably housed, or at risk of becoming so, to ensure that they get the support they need	✓			✓		✓	
Ensuring communities can work with us to take collective responsibility for the best use of resources to improve health outcomes and quality of care.	✓		✓	✓		✓	
Development of agreements/ processes/ procedures for Health and the Council to form a single multi-agency complex care approach.	✓					✓	

Adult Services Transformation and Recovery Programme 2022 – 2025

Overview & Objectives of the Transformation and Recovery programme:

- ✓ Transformation plan which translates the agreed Adult Services priorities and workforce, process, customer and financial objectives to deliverable projects and programmes.
- ✓ Identification of shorter term (2022/23) focus and longer term programmes of delivery (2023-25)
- ✓ Clear distinction between 'business as usual' and Transformation/recovery
- ✓ Clear links with Regional partnership led programmes

Across all areas of the transformation programme the following will support delivery:

- **Collaborative communication**
- **Quality Assurance, Improvement & Customer Service**
- **Adult Services Financial Management**
- **Performance Monitoring**
- **Transformation Governance**

Adult Services Transformation & Recovery Projects/Programmes:

No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
1.	**Practice Framework**	Ffion Larsen / Teresa Mylan Rees	• Embedding Collaborative Communication Model in every aspect of Adult Services • Further training to support the adoption of Collaborative Communications in teams • Utilising the practice handbook as a key tool to support practice • Ensuring that all potential options are explored when supporting individuals to identify and meeting their own personal outcomes	• Implement and promote the Collaborative Communication Plan to influence strength based practice development across Adult Services. • Develop tools to assist staff to identify outcomes in practice with individuals, families and carers. • Focus on communication, assessment skills, eligibility criteria, managing risk, strength based models of supervision. • Utilise Collaborative Communication Mentors to develop and influence a strength based approach in teams • Develop performance information that evidence the use of Collaborative Communication in practice	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services	

No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
				• Review and promote the Practice Handbook as a resource all social work practitioners • Ensuring staff knowledge is refreshed in relation to assessment and care and support planning • Reviewing the delivery of the current facs panel process to become more strength based rather than deficit led			
2.	**Workforce Development**	Deb Reed	• Wellbeing & Engagement • Staff Training & Development • Recruitment & Retention • Staffing structures • Succession Planning • Support and development of external sector workforce	• Priorities for each work stream, delivery plans & measures of success • Staffing Structures – Social Work restructure / CES/Comm Alarms Restructure • Understanding workforce- service data, ages, vacancies, role moves, student retention, exit interview themes. • Build connections with marketing ahead of new marketing strategy design • Exploration of traineeships/apprenticeships /volunteering • Strengthening relationships with universities & attracting students to Swansea • Application process re-design • Additional funding to be made available for more support worker staff to be put through Social Work course	2022-2025	✓ Integrated Services ✓ Financial Efficacy	

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No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
3.	**Adult Services Carers Strategy**	Rachel Thomas	• Identifying & Recognising Carers • Work closer with carers to co-produce positive change requirements' • Supporting Life alongside caring • Provision of IAA • Supporting carers in education and the workplace	• Carers assessments • Carers Centre pilot • Direct Payments for Carers	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Integrated Services	
4.	**Co- Production strategy implementation**	Jane Whitmore	• Revision & updating of existing strategy • Develop an optimum model for Co-production within Social Care • The right, culture, structure and practice: • A culture based on a shared understanding of Co-production, principles and methods	• Co-Productive decision making structures • Resources to implement Co-production (incl. staffing and remuneration) • *Agreed approaches to working co-productively • *Toolkit and repository for pro formas and good practice • *Ensure we build in accessibility to our approaches • *Co-production Champions • *Co-production Network supporting people with care and support needs to network and work together • *Review processes to ensure that Co-production is making a real difference and that the process is following the agreed principles • *Good quality communications	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services	
5.	**Recommissioning Programme**	Peter Field / Jane Whitmore	• Assessment and review of commissioned services • Creation of options • Re-procurement • Review of commissioning support/structures and team	• Younger Adult services • Day services, supported living services (YA PD, MH), Sensory impairment services • Carers services • Adult and youth homelessness	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Integrated Services ✓ Financial Efficacy	

No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
			processes fit for purpose (inc. Direct Payments)	• Assessment and review of above (yr 1)			
6.	**Swansea Assistive Tech Strategy**	Lucy Friday/ Peter Field	• Assessment of and review of the role of assistive technology in achieving our service objectives/vision • Review alternative models of delivery • Understand options around community alarms service and inter-dependencies • Co-productive approach to development of options and options appraisal	• Completion of service assessment (inc. community alarms service) • Comparative analysis to explore alternative models of provision • Review of pilot Delta Wellbeing project • Options appraisal & decisions • Digital Switchover project and roll out	2022-23	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
7.	**Internal Residential Care Strategy**	Cathy Murray	• OP Review to transform services • Younger adults Reviews • Capital Programme • Digital Programme (engagement) • Community participation	• Recovery of services • Clear pathways to access and progression on from services • Flexible and robust workforce • Embedding individual outcomes approach	2022-25	✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
8.	**Internal Day & Community support Strategy**	Cathy Murray	• Op Review to transform services • Complex needs • Employability • Community hub • Recovery College • Capital Programme • Digital Programme (engagement)	• Recovery of services • Clear pathways to access and progression on from services. • Flexible and robust workforce • Embedding individual outcomes approach	2022-25	✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
9.	**Domiciliary Care demand management**	Peter Field/ Helen St John	• Covid impact review • Backlogs & risk management • Managed care provision & stability • Demand management (internal & external provision) • Reshape internal homecare provision • Cost escalation management	• Systems review • Roles and responsibilities • Performance monitoring • Community SW review functions & interface with commissioning	2022-25	✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
10.	**Outcome focused Social Work practice**	Ffion Larsen / Andrea Preddy	• Strengths based approach	• Practice guidance / Quality assurance	2022-24	✓ Better Early Help ✓ Keeping People Safe	

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No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
			• Alternative models of delivery (community based resources / assistive tech / assessment tools / Direct Payments) • Support and training to enable and facilitate shift in culture • System and process enablers	• Review of eligibility criteria application in practice • Development of monitoring & review framework • Direct Payments development • WCCIS development • Systems review		✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
11.	**Performance Framework Development**	SMT	• Refresh on statutory KPI's • SMT led reporting framework to aid operations • Agreed Transformation programme monitoring framework • Co-production of whole service indicators • Development of appropriate channels to share, analyse and act upon performance information • Link to risk management	• Ensure workforce adopt & understand KPI's operationally • Co-prod performance measures for service • Agreed monitoring governance – focused & clearly communicated to all staff • Revised P&FM reporting	2022/23	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	
12.	**Internal & External Communications Strategy**	Deb Reed	• Development of communication channels	• Internal strategy • Focus on internal & external web sites • External Strategy	2022/2025	✓ Integrated Services	
13.	**VAWDA Adults**	Jane Whitmore/Ffion Larsen	• Active partnership working and multi agency communications • Building awareness of DV • Establish links with Safeguarding and DV hub	• Staff training • Identifying additional provision required for Adults • Building on Population Needs Assessment outcomes	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services	
14.	**Capital investment Co-ordination**	Jane Whitmore	• Capital programme development • Building strategy • Integration of regional HCF	• Develop a capital programme and governance processes • Mapping the accommodation requirements for those with care and support needs.	2022-25	✓ Integrated Services ✓ Financial Efficacy	

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No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
15.	**Home First Model development**	Helen St John / Lucy Friday/ Andrea Preddy	• Pathway 0 – 4 development & implementation • Review of the current pooled fund Section 33 arrangement for intermediate care • Resource review • Regional reporting structure	• Definition of Home First specific roles in Swansea • Establishment of reporting framework	2022/25	✓ Better Early Help ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	Remodelling Acute Health & Community Services
16.	**Prevention & Community Co-ordination**	Amy Hawkins / Lucy Friday	• Early Help • Building Community Assets • Possibilities for People – Third Sector addressing community need • Regional Volunteering Strategy • Social and Micro Enterprise	• Early Help MDT • IAA • 3rd Sector Grant Scheme • Swansea Volunteering Strategy • Social & Micro Enterprise support	2022/25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	Stabilisation & Reconstruction
17.	**Learning Disability and Well-being (Including neurodevelopmental conditions)**	Amy Hawkins / Mark Campisi	• LD Five Year Strategy • Improving Lives review actions • Joint working protocols • Accommodation solutions	• Publishing Strategy • 3rd Sector Grant support for individuals impacted by the pandemic • Actions in ASD code of practice	2022/25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	Transforming Complex Care
18.	**Transforming Complex Care**	Mark Campisi / Peter Field	• Child to Adult Transition • Health and Social Care joint working • Regional Commissioning Project	• Child to Adult Transition policy and protocol implementation • Standard Operating Procedure for adults with complex needs including joint funding and CHC processes • Development of regional commissioning strategies for MH, LD, Dual Dx, challenging behaviour, Long Term Care, Older Adults • Establishment of joint procurement frameworks/shared contractual risks	2022/25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	Transforming Complex Care

No.	Programme/Project Title	SMT Lead	Headlines/Projects	2022/23 Focus	Timescale	Adult Service Priorities	Regional Strategic Priority (where applicable)
19.	**Wellbeing & Mental Health**	Mark Campisi	- Regional strategy for mental health - Prevention and Early Intervention for those with poor emotional health and well-being - Service integration, partnership working and strategic coordination to support people with their mental health. Dementia Services	- Mapping provision. - Improve access to MH information, advice and resources.	2022-25	✓ Better Prevention ✓ Better Early Help ✓ Keeping People Safe ✓ Enabling & Promoting Independence ✓ Integrated Services ✓ Financial Efficacy	Transforming Mental Health Services

Integrated Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form.

Which service area and directorate are you from?
Service Area: Adult Services
Directorate: People

Q1 (a) What are you screening for relevance?

- [ ] New and revised policies, practices or procedures
- [ ] Service review, re-organisation or service changes/reductions, which affect the wider community, service users and/or staff
- [ ] Efficiency or saving proposals
- [ ] Setting budget allocations for new financial year and strategic financial planning
- [ ] New project proposals affecting staff, communities or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location
- [ ] Large Scale Public Events
- [ ] Local implementation of National Strategy/Plans/Legislation
- [ ] Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
- [x] Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- [ ] Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- [ ] Major procurement and commissioning decisions
- [ ] Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services
- [ ] Other

(b) Please name and fully describe initiative here:

The Adult Services Transformation programme provides an overview of the service improvement and transformational priorities for 2022 and 2023. The Programme and resulting work is directed by the annual service planning process focusing on reflection and review of performance from the previous year, understanding of future opportunities and the mitigation of any known risks.

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)

	High Impact +	High Impact -	Medium Impact +	Medium Impact -	Low Impact +	Low Impact -	Needs further Investigation	No Impact
Children/young people (0-18)					☒			
Older people (50+)	☒							
Any other age group			☒					
Future Generations (yet to be born)					☒			
Disability	☒							
Race (including refugees)								☒
Asylum seekers								☒
Gypsies & travellers								☒
Religion or (non-)belief								☒
Sex								☒
Sexual Orientation								☒
Gender reassignment								☒
Welsh Language								☒
Poverty/social exclusion			☒					
Carers (inc. young carers)	☒							
Community cohesion			☒					

1

Integrated Impact Assessment Screening Form

Marriage & civil partnership	☐	☐		☐	☐		☐	☐		☐		☒
Pregnancy and maternity	☐	☐		☐	☐		☐	☐		☐		☒
Human Rights	☒	☐		☐	☐		☐	☐		☐		☐

Q3   What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches?
Please provide details below – either of your activities or your reasons for not undertaking involvement

Engagement with people utilising current services either directly or via bodies such as Social Care Wales and the resulting feedback has been used to inform the priority areas of focus for the Adult services transformation programme. Ongoing the management of individual projects within the programme will embed co-productive approach wherever possible.

Q4   Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:

a) **Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?**
   Yes ☒   No ☐

b) **Does the initiative consider maximising contribution to each of the seven national well-being goals?**
   Yes ☒   No ☐

c) **Does the initiative apply each of the five ways of working?**
   Yes ☒   No ☐

d) **Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?**
   Yes ☒   No ☐

Q5   What is the potential risk of the initiative? *(Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc…)*

High risk	**Medium risk**	**Low risk**
☐	☐	☒

Q6   Will this initiative have an impact (however minor) on any other Council service?

☒ Yes   ☐ No   **If yes, please provide details below**

The Transformation programme will impact on wider council services and stakeholders. Individual projects and programmes developed under the Transformation programme will highlight these impacts via individual IIA's.

Q7   Will this initiative result in any changes needed to the external or internal website?

☒ Yes   ☐ No   **If yes, please provide details below**

Integrated Impact Assessment Screening Form

Potentially yes, depending on any changes / innovations / expansions agreed and taken forward. If agreed, these will need to be shared both with internal staff and potential service users / members of the public.

Q8   What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?
(You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

The priorities of the Adult Services transformation programme are to keep people safe, develop models with communities and partner organisations which provide better early help and better preventative resources and promote and enable people to live independently for longer within their communities.

Outcome of Screening

Q9   Please describe the outcome of your screening using the headings below:
- **Summary of impacts identified and mitigation needed (Q2)**
- **Summary of involvement (Q3)**
- **WFG considerations (Q4)**
- **Any risks identified (Q5)**
- **Cumulative impact (Q7)**

The principles and priorities underpinning the Adult Services Transformation programme support positive outcomes for our communities and the people of Swansea. We focus on strengths, enablement and keeping people safe. Individual programmes and projects under the wider Transformation strategy will complete IIA screenings and full reports where required to ensure any impacts are fully understood, a positive co-productive and / or engagement approach is adopted wherever possible and detail of any risks and proposed mitigation are developed.

 (NB: This summary paragraph should be used in the **'Integrated Assessment Implications'** section of corporate report)

☐ **Full IIA to be completed**

☒ **Do not complete IIA – please ensure you have provided the relevant information above to support this outcome**

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:
Name: Lucy Friday
Job title: Adult Services PO Transformation
Date: 07/12/22
Approval by Head of Service:
Name:
Position:
Date:

Integrated Impact Assessment Screening Form

Please return the completed form to <u>accesstoservices@swansea.gov.uk</u>

Report of the Cabinet Member for Care Services
Adult Services Scrutiny Performance Panel – 31st January 2023

Update on Options Appraisal for Assistive Technology and Community Alarms

Purpose	To provide an overview of the approach and resulting decision regarding options for the Assistive Technology and Community Alarms service
Content	This report includes a summary of the Service Assessment, options appraisal activity completed in Spring 2022 and resulting decisions and rationale.
Councillors are being asked to	• Give their views • Consider the report as part of their scrutiny function
Lead Councillor(s)	Cabinet Member for Care Services – Cllr. Louise Gibbard
Lead Officer(s)	Head of Integrated Services – Helen St John
Report Author	Principal Officer Adult Services Transformation – Lucy Friday Email: Lucy.Friday@swansea.gov.uk Principal Officer Prevention, Wellbeing & Commissioning – Peter Field

1. Background

In 2019 it was agreed that a review of the Assistive Technology service including its dependency on Community Alarms (also known as Lifeline) would be undertaken to achieve the optimal service for both service users and Swansea Council going forward. Significant progress was made from April 2019 to March 2020 including a draft service assessment, engagement event with a range of professional stakeholders and distribution and analysis of service user questionnaires to a cross section of current service users at the time that the questionnaire was circulated.

Unfortunately in March 2020, personnel working on the service review were diverted to focus on our emergency response to the coronavirus pandemic. As a result there was a period of 12 months where progress was not made due to ongoing emergency contingency planning in response to the pandemic.

In April 2021 the Project Board reconvened with some change to membership and a clear expectation to progress the completion of the service review by finalising the service assessment and conclusion of the options appraisal within 12 months.   The project 'restart' also allowed capitalisation on some capacity within the Adult Services Commissioning Team to drive forward the work at pace.

2. Service Assessment and Options appraisal

To assist with our understanding of the existing service within Adult Services and to inform options upon which an Assistive Technology Strategy can be built the following work has been completed:

- Consultation with stakeholders
- Service user questionnaires & data analysis
- Service Assessment including:
  - Evaluation of demand data
  - Resources
  - Costs
  - Performance review
- Comparative analysis of alternative models of delivery and use of Assistive Technology services across other Local Authorities across Wales and England.

The resulting Service Assessment outlining all of the above was further developed and updated to include the response and learning from the coronavirus pandemic.

(See Appendix A for full Service Assessment Report)

Headline conclusions from the service assessment included;

- The provision of both assistive technology alongside community alarms services can create an alternative to more traditional managed care routes. It can increase the ability of people living with dementia, sensory impairment or chronic illness to continue to live as safely and independently within their community as possible. In addition the provision of such services and equipment can contribute to the prevention of recourse to social care, hospital admissions, strengthen existing integrated care services and support carers in both their caring responsibilities and own well-being.

- Professionals and service users are generally very positive about the service and the difference it can make. All respondents reported that assistive technology helped them feel safe, have peace of mind, and it has allowed them to remain in their own home.

- The nationwide switchover from analogue to digital telecommunications will create service continuity risks unless it is carefully managed. Ultimately, the decision about how we respond should be aligned to our strategic ambitions for the service. If a decision is made to transition to a more capable, future proofed system delivered via Smart Hubs, then there will be an associated costs.

- The service is income generating and is expected to 'break even' each year. The service assessment indicates that this expectation is increasingly difficult to achieve and is often dependent on ad-hoc grant funding. With additional costs anticipated as a result of the 'digital switchover' programme, a new financial model is required to ensure the service not only remains sustainable but is able to expand where required.

- The service demonstrated adaptability in response to the Covid-19 pandemic. Equipment provided by the service supported the re-opening of local care homes, and the Community Alarm Service (CAS) worked effectively with others to support the safe and timely discharge of people from hospital. Unnecessary visits by staff to service user homes were avoided by providing pre-programed devices (plug and play). This period has clearly demonstrated the creativity and responsiveness of the service, which are valuable qualities that could facilitate the successful implementation of future changes.

- It is submitted that there is considerable potential to grow the service. Strengths based social work practice is absolutely compatible with the opportunities afforded by assistive technology. However, we are missing the opportunity to integrate assistive technology into our practice at the assessment, planning and review stages. The Just Checking pilot was small in scale and time limited, but it proved what is possible: technology can support people to be more independent and ensure value for money for the public purse.

- The profile of individuals using the service shows it is often older people (particularly women in their 80s). While there are some younger adults accessing the service, there is considerable room to explore the advantages of assistive technology with other population groups - e.g. those with learning disabilities, mental health needs, substance misuse – and in different environments – e.g. supported living settings.

- There are a variety of professions referring to the assistive technology service, but the majority are generated by Occupational Therapists working with people following an acute incident or period in hospital. There is considerable potential to promote assistive technology amongst social workers so they routinely consider how assistive technology can contribute to meeting the needs of service users.

- Developing how we use assistive technology in the manner described above will require a cultural change for professionals and members of the public. Embedding assistive technology as a mainstream response will take work to overcome the stigma attached to using devices (particularly in the older male population), and upskilling professionals to understand technical solutions and new and emerging opportunities.

Before being able to progress with developing an Assistive Technology Strategy a 'high level' decision was required regarding the operational model of delivery of both Community Alarms and Assistive Technology.

2.1 Delivery Model Options

The project established five options for review; The options focus upon the high level decision regarding the service delivery either remaining in-house, outsourcing elements and the establishment of a regional offer with Neath Port Talbot County Borough Council.

2.1.1 Option 1 - Do Nothing: retain services as they stand. Community Alarms would continue to administer the provision and maintenance of alarms and the assistive technology offer would remain largely as is.

The strengths of this option include:
- Local Authority is offering and delivering a service that members of the public and service users value
- Service aims align with the Council's preventative agenda
- For members of the public looking to purchase a Community Alarm, the Local Authority is a trusted provider

The weaknesses of this option include:
- Service offer is limited as are opportunities to expand / explore more innovative opportunities
- This is in part a consequence of the staffing structure not being fit for purpose therefore continued pressure on staff

- There is no budget for the Assistive Technology Service. Its costs are dependent on income generated by charges to service users for Community Alarms. As income is fluctuating, we are unable to plan developments.
- Options to develop the assistive technology offer would continue to be largely time limited dependent on sporadic grant funding

2.1.2 Option 2 - Retain Community Alarms and Assistive Technology in-house and develop Assistive Technology offer

The Strengths of this option include:
- Advantages of Option 1
- Potential of cost avoidance by supporting statutory services
- Provides an opportunity to review and develop charging arrangements (linked to expanding service) which may result in increased income
- Opportunity to develop Assistive Technology Strategy
- In line with developing a strategy, opportunity to expand current offer, for example:
  - Reviewing function for Assistive Technology, in line with Care Management statutory review requirements
  - Provide information, advice and assistance to professionals and members of the public to increase use of Community Alarms and Assistive Technology (privately and via AT Service).
  - Assistive Technology support for statutory services
  - Explore Response / 'Pick-up' service to support fallers at home and diverting demand from the ambulance service and hospitals

The weaknesses of this option include:
- Service budget required (figure dependent on options and expansions agreed)
- Swansea Council responsible for day to day running of whole service excluding monitoring centre
- Swansea Council responsible for managing risk of Community Alarms and Assistive Technology service when not a statutory duty
- No current Assistive Technology Strategy – this would be needed to ensure any improvement / expansion is focused

2.1.3 Option 3: Decommission & Signpost Community Alarms; Outsource
Assistive Technology: Swansea Council to stop providing Community Alarms to individuals and instead agree a list of suppliers and signpost to the market where they can purchase a Community Alarm service (this is not an assessed for service).
Swansea Council to commission an external company to provide Assistive Technology to individuals where a social work/occupational therapy assessment concludes that Assistive Technology should be installed to meet an individual's care and support needs.

The Strengths of this option include:
- Able to focus Local Authority's resources on statutory services
- LA would not have day to day responsibility for running a Community Alarms service and therefore would not be managing the risk of providing a service that is not a statutory duty

The weaknesses of this option include:
- Reliance on external provider to meet contractual obligations
- Largescale change for stakeholders including service users in addition to the change required by the Digital Switchover
- Existing staff may be required to TUPE across to new provider(s)
- Costs for service users may increase which may price some people out of the market
- Service budget required to fund commissioned Assistive Technology service
- Income from Community Alarms would be lost (approx. £432k pa)
- Impact on housing due to current arrangements with LA Community Alarms Service
- Depending on service decision re. existing community alarm customers a phased change approach may need to be followed. This could result in having to run a Community Alarms service in the interim.

2.1.4 Option 4: Decommission & Signpost Community Alarms; retain Assistive Technology. Swansea Council to stop providing Community Alarms to individuals and instead agree a list of suppliers and signpost individuals to the market where they can purchase a Community Alarm service (this is not an assessed for service).

Swansea Council to continue to provide and manage Assistive Technology equipment to individuals where a social work/occupational therapy assessment concludes that Assistive Technology should be installed to meet an individual's care and support needs.

The Strengths of this option include:
- Internal service provided by LA will focus on supporting individuals with an assessed need
- LA would not have day to day responsibility for running a Community Alarms service and therefore would not be managing the risk of providing a service that is not a statutory duty
- Digital switchover and associated ongoing equipment costs.

The weaknesses of this option include:
- As described in option 3
- Service divided and lose potential to track individuals with community alarms that may benefit from assistive technology
- Reliance on external provider(s)

- Fit for purpose staffing structure and service budget to deliver Assistive Technology Service will still be needed along with income from Community Alarms being lost
- Further costs anticipated if Assistive Technology service is expanded from current offer with no opportunity to increase income via Community Alarms
- If individuals purchase a Community Alarm from other providers and then require Assistive Technology from Swansea Council, there may be an issue with compatibility.

2.1.5 Option 5: Regional service. Services retained and delivered in partnership with Neath Port Talbot Council.

The Strengths of this option include:
- Economies of scale when developing components of a service across the region including pooled resources for staffing, infrastructure and innovation
- Potential for colleagues in the Health Board to become more involved including service redesign and developments
- Aligns to regional agenda across the West Glamorgan Regional Partnership Board

The weaknesses of this option include:
- NPT open to discussing opportunities to work regionally within our Assistive Technology services once we have agreed a model but not in developing a complete regional service together.
- A service budget would still be needed to invest in service and expand current offer
- Unlikely to benefit from progressing Digital Switchover as a region due to timeline and work already significantly underway

3. Conclusions of Options Appraisal

In reviewing the options the decision made by project board and Head Of Service in April 2022 to progress with Option 2 - Retain Community Alarms and Assistive Technology in-house and develop Assistive Technology offer.

The potential impact of an enhanced assistive technology offer is undisputed. The delivery of this strategy relies heavily on the provision of base unit equipment i.e. a community alarm therefore the two services are intrinsically aligned. By committing to developing our Assistive Technology offer provides us with opportunities to identify, educate, signpost and provide new and innovative technology solutions.

To separate or decommission community alarms would curtail the development of the assistive technology offer and result in the loss of income provided through its provision via the Local Authority from service users as well as any future grant funding opportunities. It would also result in removing

the opportunity to support existing Community Alarms customers with additional technology if their needs increase.

Option 2 does however require investment to maximise the potential for the service and to realise the potential cost avoidance across other areas of managed care provision. Investment would be required to maintain and enhance a fit for purpose staffing structure although grant funding could continue to support the service with the projected additional equipment expenditure.

As Option 2 is developed and implemented, links with Neath Port Talbot Council will be maintained in order to pursue components of an expanded Assistive Technology Service on a regional basis.
In May 2022, discussions were held with the Cabinet Member for Adult Social Care and Director of Social Services regarding this preferred option. It was again agreed to proceed with Option 2 as a result of the service review and to develop a long term Assistive Technology Strategy which is required to distil and focus the potential opportunities into a tangible model and implementation plan.

3.1 Progress and ongoing activity of the Assistive Technology Project

The service assessment has provided a clear focus for the work of the Assistive Technology project. Over the last 12 months significant progress has been made to address some of the immediate priorities including;

- ✓ Digital Switchover management & cost mitigation programme (70 upgrades a month, at the end of October 20% of existing clients upgraded to the required digital kit (approx. 520 units)
- ✓ Additional (temporary) resource to community alarms and assistive technology specific posts
- ✓ Permanent Assistive Technology Operational lead established within staffing structure
- ✓ Reinstatement of 'just checking' provision
- ✓ Internal promotion and communication of Assistive technology options
- ✓ Revised external communications
- ✓ Progression in development of performance framework and establishment of measures of success
- ✓ Regional capital grant funding secured to establish digital demonstration suite of digital aids for demonstration and short term loan from the service.
- ✓ Exploration of pilots including Delta Wellbeing and online 'self help' tools including ASKSara
- ✓ Assistive Technology officer presence at integrated MDT review panels regarding Domiciliary Care and Hospital to Home
- ✓ Review of current charging arrangements and exploration of potential opportunities
- ✓ Inclusion of Assistive Technology resource costs within regional Optimal model S33 agreement

The overarching strategy for Assistive Technology is also in development with the project team and stakeholders to describe the high level ambition for the service in the long term.

4. Integrated Assessment Implications

4.1 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.
- Deliver better outcomes for those people who experience socio-economic disadvantage
- Consider opportunities for people to use the Welsh language
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

4.1.1 The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

4.1.2 Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

4.2 Depending on the outcome of the Assistive Technology's exploratory development work and Assistive Technology Strategy, a full IIA may be required. However, until a proposal / proposals for development are identified it is not possible to complete a full IIA on the Assistive Technology Strategy and the potential options that could be considered for implementation in the future.

Further, any Business As Usual activities implemented as part of the outcome of the work of the Assistive Technology Operational Subgroup will be assessed separately and not as part of the Assistive Technology's Steering Group's work programme.

Appendices:

Appendix A – Full Assistive Technology Service Assessment

Assisstive
Technology - Service

Appendix B – IIA Screening form

Assistive Technology
IIA_screening_form_.d

Adult Social Services

Assistive Technology Commissioning Review:

Service Assessment

Contents

Abstract

As part of the Adult Services Transformation Programme, it has been agreed that a review of the Assistive Technology Service, including its dependency on Community Alarms (also known as Lifeline), will be undertaken to achieve the optimal service for both service users and Swansea Council going forward. This paper is principally concerned with reviewing the Assistive Technology Service as it currently exists. The task of describing what the optimal service looks like and how we reach that point will be the subject of a future strategy.

1. Introduction

Definitions

1.1 The World Health Organisation describes assistive technology as an umbrella term covering a range of products of services that **maintain or improve an individual's functioning and independence, thereby promoting their well-being.** This umbrella encompasses four main categories:-

  i.   Fixed Assistive Technology – this includes products such as grab-rails, walk-in baths and stair lifts – i.e. physical products that are fixed to the home.
  ii. Portable Assistive Technology – this includes tap turners, kettle tippers and walking frames.
  iii. Electronic Assistive Technology – including products such as environmental control systems to help individuals to automate or control various items in their home.
  iv. Connected Assistive Technology – this includes products which tend to link with others such as lifeline, fall alarms, epilepsy alarms, gas alarms, medication dispensers and other digital care applications/services.

     This paper is concerned with the last category only.

1.2 Please note that connected assistive technology can be broken down into further sub-categories or tiers (e.g. Predictive, Personalised, Proactive and Reactive) based on how preventative they are designed to be. Our existing Service sit at the Reactive end of the spectrum and discussion of the other tiers is not covered in this paper.

How has the Assistive Technology offer developed in Swansea?

1.3 In 1988 West Glamorgan County Council launched their 'Staying at Home' Initiative, which included the provision of a '**Community Alarm Service'**. This service has continued to be provided by Swansea Council ever since.

1.4 A Community Alarm (or Lifeline) consists of an emergency alarm button, which can either be worn on the wrist or around the person's neck, and a base unit connected to the existing telephone system. The base unit transmits alerts, and alarm messages through the phone system to a monitoring center. It has the ability of two-way speech, which enables the monitoring center to communicate with the person if they are within reach of the unit. One limitation of the system is that the person wearing the emergency alarm button must be able to press the pendant when help is needed.

1.5 Then, in 2006, Swansea was able to broaden its assistive technology offer to include a range of telecare sensors (this aspect of the Service is hereafter referred to as the Telecare Service for ease of reference). This expansion was made possible by the introduction of the Telecare Capital Grant (TCG) by the Welsh Assembly Government. Awarded to all 22 local authorities in Wales, the aim of the Grant was to provide 10,000 homes in Wales with a telecare service. The grant was designed to promote diverse models of telecare delivery across Wales and to enable local authorities to learn from each other's experiences and best practices.

1.6 To access the Grant, local authorities had to develop a telecare strategy based on local needs and compliance with the Grant specifications. Common objectives for all local authorities included:

- To create an alternative approach to care using 'assistive technology', with an emphasis on safety and security, alongside the traditional homecare provision.
- To increase the ability of people with dementia, sensory impairment or chronic illness to continue to live as safely and independently in the community as possible.
- To reduce the need for residential care through extending the range of early intervention support within people's homes.
- To avoid hospital admissions and facilitate timely hospital discharge.
- To strengthen the existing partnerships between health and social services to foster a more integrated care.

1.7 A Telecare Service provided by the Council consists of a base unit and one or more sensors that aim to reduce the assessed risk of harm for an individual by reacting to events and raising a response. Examples of telecare sensors include fall detectors, property exit sensors and, smoke detectors. If the sensor is triggered (e.g. because someone falls) it notifies the base unit. For many people the base unit is the same used for the purposes of the Community Support Alarm. In these situations the unit reports the incident to the call monitoring center who can then respond. Some individuals chose a different base unit called **CareAssist.** Rather than alerting the call centre, it alerts a friend or family member to respond.

2. What are we hoping to achieve from the Review?

2.1 Assistive technology has long been identified as a potential area of opportunity. Turning this opportunity into reality has proven difficult though, and resources have been consumed by competing priorities and events.

2.2 For example, the Commissioning Plan for Older Peoples Services: 2011 – 2014 recommended there should be additional investment in Assistive Technology **"to help people to maintain control over their lives, contribute to their independence and manage risk more effectively"**. As a precursor to any additional monies, it was advised that commissioners needed to first understand the lessons from the current service. However, this work was not completed and the recommendation was not implemented.

2.3 Then, in 2016 a project group started to look at the existing assistive technology offer. The project was split into 3 phases:-

- Phase 1 – Identifying quick wins that are not dependent on I.T. changes
- Phase 2 – Mini commissioning review to determine the best option to meet the needs of citizens and the Council in the longer term.
- Phase 3 – Implementation of preferred option

2.4 The options identified at Phase 2 were:-

1. Retain the service model as it is with the existing call centre service provider but align costs so that we maintain a cost neutral budget.
2. Retain the service model as it is with the existing equipment provider but with the addition of an in-house call centre provision.
3. Outsource the whole service to an alternative provider (private or third party sector).
4. Explore shared operational services with Neath Port Talbot Council and retain the existing call centre provider.
5. Explore the opportunities of regional and partnership working.

2.5 A decision about these options was not made and Phase 3 of the review was not completed.

Aim and objectives of the project?

2.6 In 2019, the Head of Adult Services asked for a review to be undertaken with the aim of improving outcomes for present and future users of assistive technology services in Swansea. The objectives are:-

a. Using elements of the Corporate Commissioning process, provide an evaluation of the data on the existing service, including the staffing, costs, performance, effectiveness, and the link with community alarms.
b. A comparative analysis to explore: alternative models of provision; alternative providers, and how assistive technology services function in different local authorities and potentially around the world.

     c. A co-produced options appraisal that outlines a number of potential options, which is based on a suite of evidence, and recommends a preferred option for the service going forward.

     d. An Integrated Impact Assessment that ensures changes do not adversely impact on any citizens with protected characteristics.

     <u>This paper is primarily concerned with fulfilling the first of these objectives.</u>

2.7   The Covid-19 pandemic has unfortunately interrupted the project and caused some unwanted delay. While the aims and objectives remain the same, the impact of the pandemic and lessons gleaned have been incorporated – see section 8.

2.8   A number of preliminary tasks were completed prior to the pandemic imposed delay. This earlier work - which includes a consultation event with stakeholders, service user questionnaire and data analysis - will be referenced to below.

3. How is the Service delivered?

Location and workforce

3.1   The Community Alarm and Telecare Services are, for ease of reference, hereafter referred to as CAS.

3.2   The CAS is located in the Community Equipment Store (CES) in Morrison. CAS and CES are partially integrated and staff work across both services (see 4.6 below for further detail).

3.3   The CAS are an in-house team and are responsible for the installation of community alarms and telecare equipment. When a service user has finished with the equipment then it is returned to CAS. Repairs and maintenance tasks are performed in-house, unless it is required out-of-hours in which case it is undertaken by the private provider of the equipment: Tunstall (see section 5 for further information regarding Tunstall).

3.4   The call monitoring service is delivered via an externally commissioned provider: Delta Wellbeing (see section 5 for further information regarding Delta Wellbeing).

Referrals

3.5   People who require a community alarm do not require an eligibility assessment. Instead they are required to complete an online or paper order form. Once this has been received by CAS, arrangements are made at a convenient date and time for the alarm to be installed. The installer is responsible for demonstrating how to use the alarm.

3.6   By contrast, to receive a telecare service package (including CareAssist), a person has to be first assessed by a professional. This is usually an Occupational Therapist or Social Worker, but access is not limited to these

professionals. The table demonstrates the range of teams who assess and refer for telecare. They are known as Prescribers.

Teams who prescribe
Swansea CRT
Swansea Team (CAS)
Singleton Hospital OT
Swansea MHOT
Morriston Hospital OT
Gorseinon Hub
NPT Hospital OT
CCOS Social Services

Reviews

3.7 After the package of telecare has been installed, there are no reviews of the service or follow-ups to check if it is meeting the needs of the person. In the case of CareAssist pacakages, there is not a mechanism for checking that the equipment is still in place and in working order. The service does not form part of the annual review process for the Care and Support Plan.

3.8 The lack of any review means we have no way of knowing if the service is achieving the intended outcomes. The feedback received from service users completing the questionnaires (see section 10) suggests introducing a review process would be welcomed by many service users.

Traditional Telecare vs CareAssist

3.9 As previously explained, the difference between a Telecare package and a CareAssist package is that the sensors report activity to a different type of base unit. For Telecare the base unit alerts the call monitoring centre, and for CareAssist the alert goes to a family member or carer.

3.10 There are strengths and weakness to both options. In some instances the family member or carer may be able to provide a faster response. However, this does depend on the availability and capacity of the family member or carer, and there is a greater risk of the incident going unanswered. Carers also have to monitor alerts indicating that a sensor battery is low and be responsible for contacting the CAS to arrange for it to be replaced. For those with a traditional Telecare package this is automated as the battery alert is communicated to the call monitoring centre.

3.11 There is scope to overcome the weaknesses with CareAssist by linking the sensors to both a CareAssist unit and a community alarm unit. This would mean the call centre could act as a back-up in the event the carer did not respond within a given time.

4. What do the financial arrangements look like?

Charging arrangements

4.1 An individual seeking a community alarm does not need to be open to Social Services. They are charged a weekly fee for use of the service and no financial assessment is performed.

Year	Fee per annum	Breakdown per week
2018/2019	£136.76	£2.63
2019/2020	£143.52	£2.76
2020/2021	£150.80	£2.90
2021/2022	£150.80	£2.90

4.2 The table below explores the charging arrangements compared with other local authority services and providers:-

	Swansea Council	Lifeline 24 (provider)	Careline 365 (provider)	Caerphilly Council	Rhonnda Cynon Taf Council	Age UK
Community alarm installation Fee	£0	£35	£40	£36	£0	£69
Standard Weekly Fee (Ex VAT)	£2.90	£2.88	£3.21	£4.50	£2.90	£3.88
Standard monthly Fee (Ex VAT)	£12.57	£12.49	£13.89	£19.50	£12.57	£16.81

4.3 While the cost of the Swansea service already compares favourably to other providers, proposals are being considered to amend the charging arrangements so that charges are only applied after a financial assessment has been undertaken.

4.4 Individuals with telecare packages are required to pay for a community alarm as standard, unless they have the CareAssist unit installed in which case there is no cost. While they have to pay for the community alarm, there are no additional fees charged for the rest of the package.

Service budget

4.5 The budget summary gives the headline information for CAS:-

Budget Summary	18-19 Actual Expenditure	19-20 Actual Expenditure	20-21 Actual Expenditure	21-22 Allocated Budget
GROSS EXPENDITURE	494,875	397,578	449,689	404,200
INCOME	-505,107	-462,092	-407,731	432,000
GRANT	0	-15,132	-112,067	
NET EXPENDITURE	-10,232	-79,646	-70,109	
Budget for 2020/21	-14,150	-21,150	-20,050	-27,800
Outturn	**-3,918**	**58,496**	**50,059**	

4.6   Key observations from reviewing the budget summary:-

- Fees paid by users of community alarms mean the service is income generating.
- In addition to fees, the service has also secured various ad-hoc grant sums.
- The target for the service is to break even overall, but the service has exceeded this by producing a positive outturn in 2019/20 and 20/21.
- It is difficult to accurately forecast the level of funding and expenditure. Causes of fluctuation include changes in demand, the level of spend on new equipment and the nature of any grants received. Given the level of variation from one year to the next, caution must be taken before making too many conclusions.
- In 2020/21, an investigation was undertaken to understand how much time staff spent respectively performing duties in pursuit of (i) the CES, and (ii) the CAS (see table below). This exercise has estimated that the budget for the latter should be increased slightly.

EMPLOYEES	FUNDING SPLIT - 2020-21 - onwards	
	CES	CAS
ASSISTIVE TECHNOLOGY OPERATIONAL LEAD	90%	10%
ACCOUNTANCY SUPPORT OFFICER	70%	20%
CUSTOMER SERVICES OFFICER	75%	25%
CUSTOMER SERVICES OFFICER	75%	25%
CUSTOMER SERVICES OFFICER	75%	25%
SENIOR OFFICER STORES	75%	25%
FINANCIAL ASSISTANT	0%	100%
FINANICAL ADMIN ASSISTANT	0%	100%
TWO INSTALLERS	0%	100%

Please note: the Operational Lead post is currently being covered by the Assistive Technology Operational Lead and a restructure is ongoing.

4.7   Delving into the sources of income in 2020/21 reveals:-

Source	Reason	Amount
Winter Pressures fund	One off Funding	£102,000
Housing Department	Equipment, Installation and upkeep for 1395 alarms	£119,116
Pobl Housing	Equipment, Installation and upkeep for 48 alarms	£5,352.88
Client Income	Lifeline annual service charge	£402,378

4.8 Below is an estimate of the income and expenditure for the installation of: (i) a community alarm; (ii) community alarm plus a telecare package (including 2 of the most popular aids); and (iii) a Care assist package (including 3 of the most popular aids).

	Alarm (£)	Alarm + Telecare (£)	Care Assist (£)
Income	150.80	150.80	0
*Less Cost of Sales (*1 - per annum, per lifeline)*	27.29	27.29	27.29
Less Fall/smoke detector/pendant		38.16	52.48
Gross Profit (per annum, per alarm)	**123.51**	**85.35**	**-79.77**
Less administration costs:			
Labour costs - installation	-6.00	-6.00	-6.00
Vehicle costs	-1.60	-1.60	-1.60
Finance staffing costs	-15.84	-15.84	-15.84
Customer Service staffing	-21.15	-21.15	-21.15
Delta Carmarthen - call centre	-27.94	-27.94	-27.94
Contract/Licences - Qubic/Adept/Q3	-5.44	-5.44	-5.44
Sundries	-0.74	-0.74	-0.74
Net Profit (per annum, per alarm)	**44.8**	**6.64**	**-158.48**

4.9 This clearly demonstrates that income generated from Community Support Alarms subsidises the other service offers.

4.10 The CES provides an internal service whereby it cleans returned community alarms and telecare equipment. The current charge is £3.50 per item and this is charged to CAS. For 2020/21, the annual charge for this service was £785.

5. Who are our partners in delivering the service?

Call monitoring services: Delta Wellbeing

5.1 Delta Wellbeing provides a bilingual 24 hour call monitoring service. The service is accredited with the Telecare Services Association (TSA). They have been the Council provider for 10 years and the current collaboration agreement with Delta Wellbeing is in place until December 2023. To exit this arrangement, 1 years notice would need to be given due to the complexities of setting up a similar service or moving to a new provider.

5.2 When an alarm, sensor or other equipment is triggered, the call goes to the phone line in the CES. From there, it is automatically diverted to the monitoring centre where the call is then managed. The diversion of calls in this way is primarily for disaster recovery arrangements, but it would also smooth the transition to a new provider should this ever be needed.

5.3 The monitoring centre alert the CAS when individuals report broken equipment or the death of a user.

5.4 No regular analysis of call data is currently in place.

5.5 The Contract fee varies as it reflects the number of live connections being monitored and this is a fluctuating figure. As of June 2021 there are 4,449 live connections charged at 0.81p per connection. Based on these figures the estimated annual cost for 2021/22 is in the region of £187,391. The live connections provided for the Housing department are recharged annually.

5.6 Over the last 4 years (including the current financial year), the average number of live connections is slowly falling:-

	2018-19	2019-20	2020-21	2021-22
Average No. of live connections	4,630	4,486 - 3% less than previous year	4,358 - 3% less than previous year	4,334 - 1% less than previous year

Equipment: Tunstall

5.7 Tunstall is a global company with over 60 years of experience in the field of assistive technology. They are the supplier of all telecare and assistive technology equipment for Swansea. Equipment is purchased utilising the All Wales contract which standardises the costings and contractual expectations.

5.8 Product life expectancy is 3-5 years. As previously mentioned, while the CAS undertake general maintenance and repairs, Tunstall will respond to emergency repairs that take place outside of normal business hours. There is a charge attached to each call out, which is payable even if there is no work undertaken. The price per call out increased significantly in 2020/21 - from £41 to £60.50. The tables below highlights the financial implications for the Council:-

2018/19

Call outs	Community alarm	Telecare
679 (56 per month)	372 (55%)	307 (45%)
£41 per call out	£15,252	£12,587

2020/21		
Call outs total 2020/21	**Community alarm**	**Telecare**
748 (62 per month)	467 (62%)	281 (38%)
£60.50 per call out	£28,253.50	£13,189

5.9 The following table compares the call out charges with different providers:-

Internal	£45 per call out
Care & Repair	£70 per call out
Tunstall	£60.50 per call out

5.10 To achieve the best prices for equipment from Tunstall, it is also necessary to pay an annual subscription for affiliate membership. Examples of the prices and demand of common products:-

Product	Cost per unit	Number currently in the community
Detector - Smoke (Wireless) (AT091)	£40.80	180
Detector - Fall Vibby (AT041)	£75.00	123
Alarm - Carbon Monoxide (AT021)	£80.75	23

External I.C.T Support

5.11 Q3 are a private sector company that undertake the support and maintenance for the telephone system at the CES - ensuring it is able to redirect all calls to the monitoring centre. Q3 provide assistance for any technical fails in the system.

5.12 ICL Support help to maintain aspects of the ICT infrastructure. Their involvement is being reviewed, with possible plans to introduce a new system called Pro Cloud.

6. How many people are receiving a service?

Total numbers

6.1 As the service is live and constantly responding to referrals, the figures provided below represent a snap shot of the products in the community on a given day, for example the 2021 data is as it stood on 26 April 2021.

6.2 The total number of services users of community alarms, telecare and additional services over the last 3 years are listed below:-

ASSISTIVE TECHNOLOGY PAST/CURRENT CONNECTIONS			
	2019 (April)	2020 (April)	2021 (April)
Individuals with community alarms	2718	2735	2530
Individuals with CareAssist packages	86	86	133
Individuals with telecare packages (inc. community alarms)	349	97	330
Gwalia Connections	48	48	46
Swansea sheltered housing connections	1397	1395	1410
TOTALS	**4,598**	**4,361**	**4,449**

6.3 The chart below explores the age and gender of individuals using the service during 2021. The information indicates women in their 80s are most likely to use assistive technology. The older age of so many of the recipients (80+), is an indication that the service is generally used on reactive basis rather than preventative – potentially being installed after an incident has occurred or where there is an identified risk. However, the flexibility and opportunity presented by assistive technology is that it can, and is to some degree, be used to support people from their twenties up to centenarians. For further detail, a full breakdown of the number of the users (in 2019 and 2021) by age and gender is available in the tables in Schedule 1.

Age and gender of users in 2021
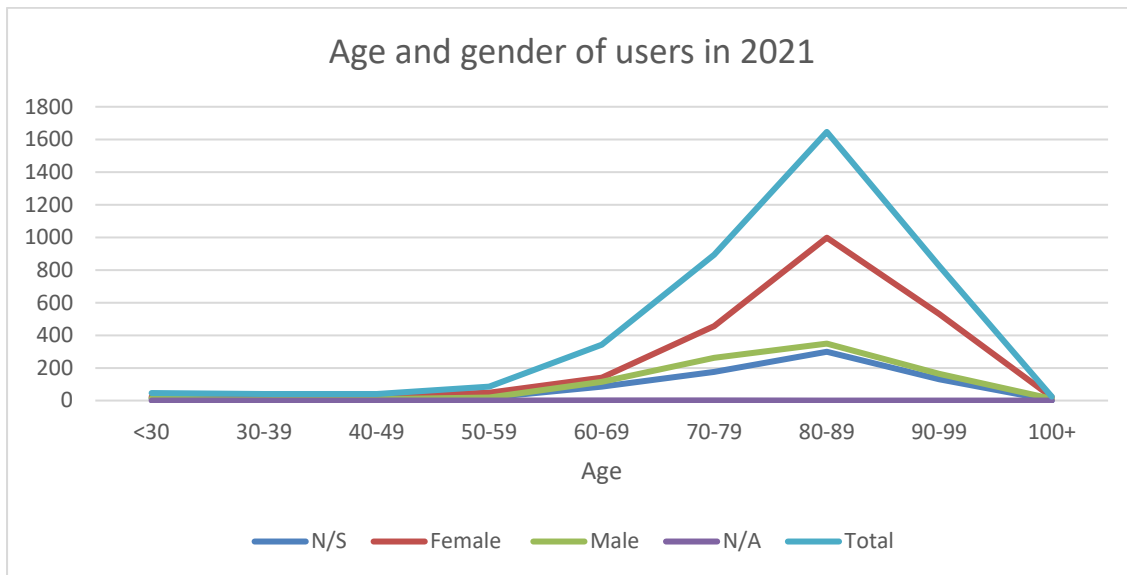
Numbers using Telecare & CareAssist equipment

6.4 The number and range of telecare products in the community has decreased since 2019:-

Tele Care Products 2019 & 2021
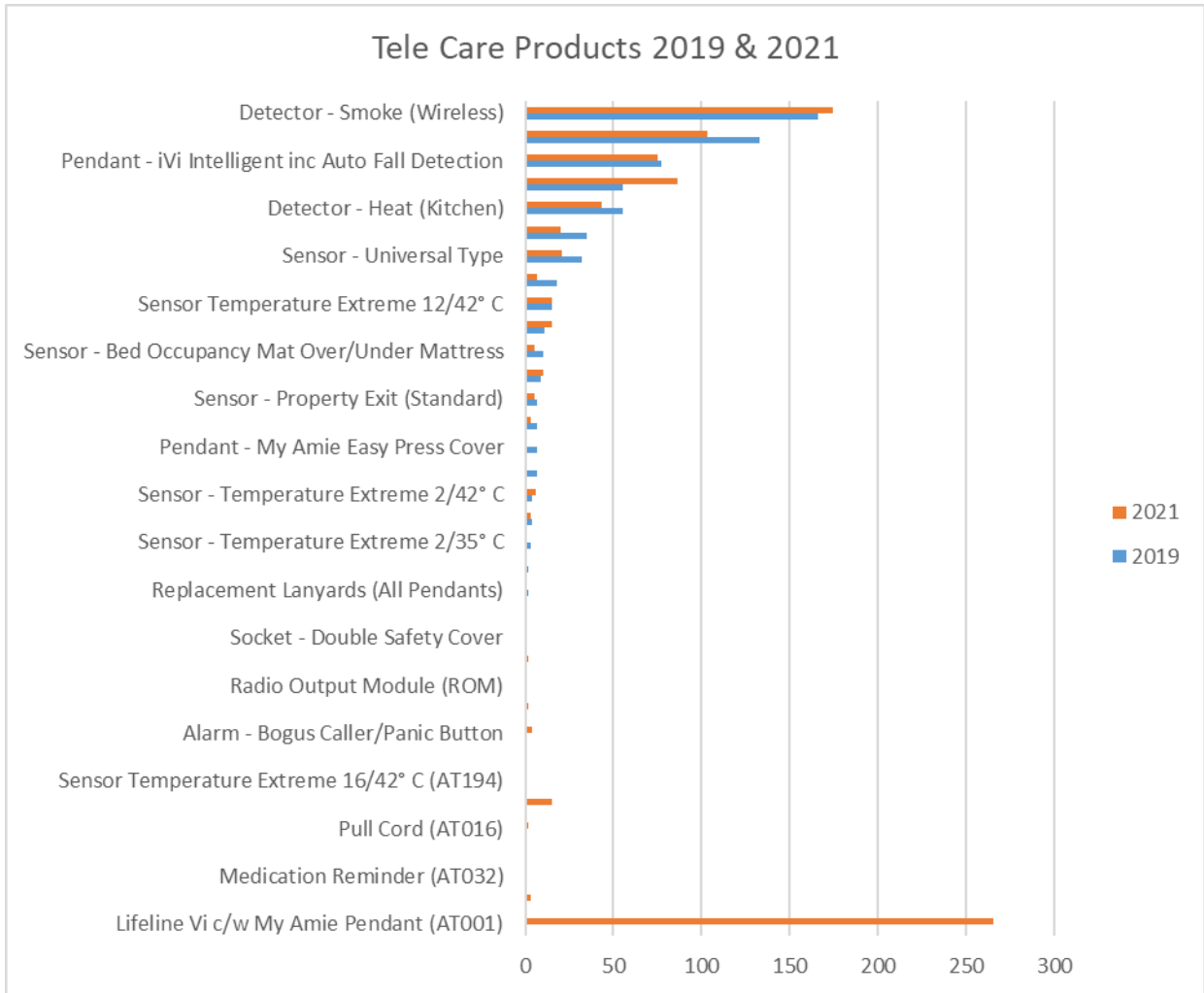
*It is useful to note there is currently no Just Checking Officer in place, hence there is no equipment in the community in 2021.

6.5 While the take-up of alarms and general telecare equipment has fallen slightly, the number of individuals using CareAssist has been increasing: up by 32% since 2019.

	2019	2021
Number of individuals with Care assist	92	134
Additional sensors	261	540

6.6 The average number of sensors has also increased: from 2.3 per individual to 4 per individual. Below is a comparison of the range of sensors that are being used in CareAssist packages in 2019 and 2021. In summary, there are a total of 23 different types of products in the community. 5 products have a seen a decrease in demand but 5 have not seen a change and 13 have seen an increase.

Care Assist Products 2019 & 2021
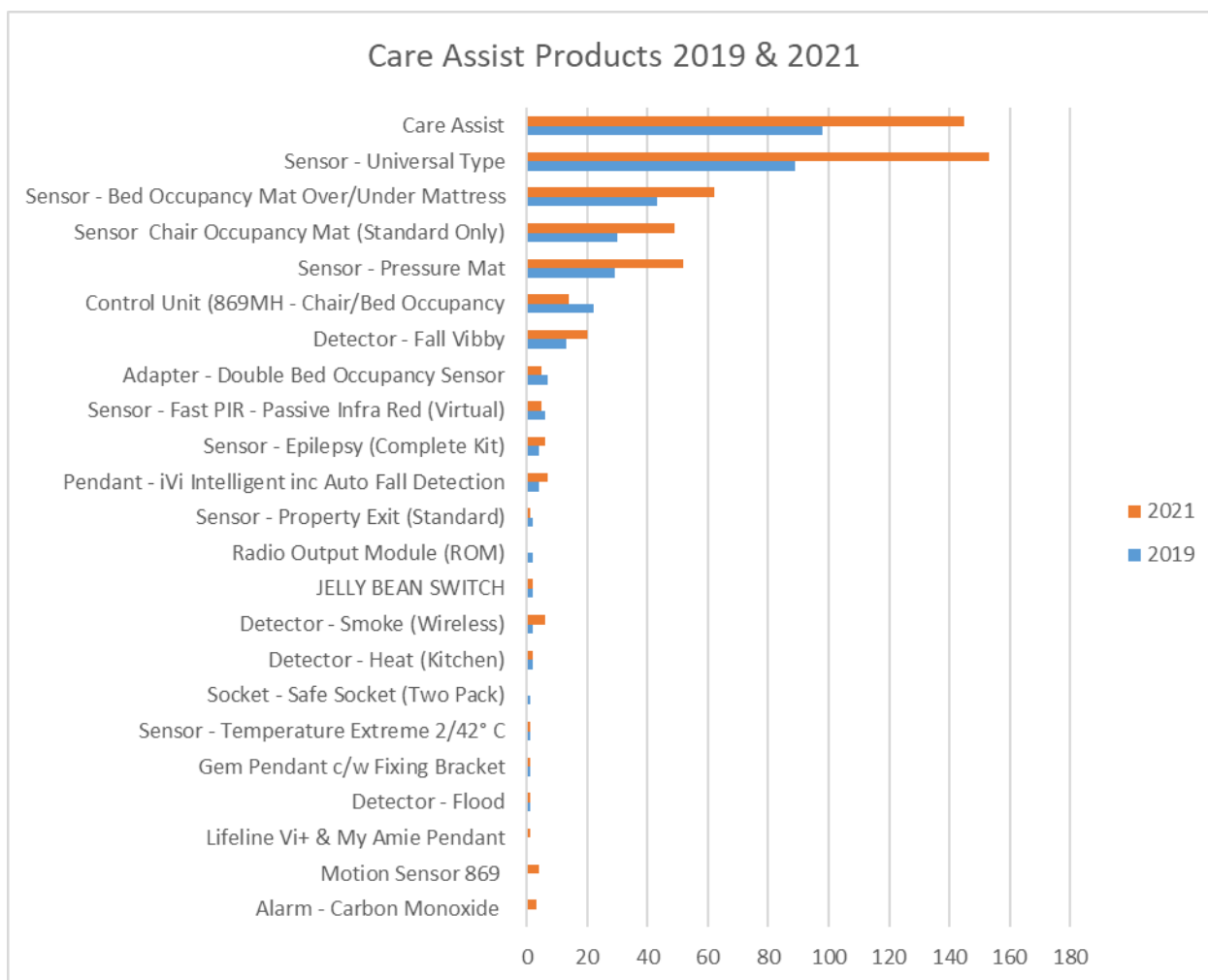
6.7 The duration that the packages are in use varies. The table below illustrates the period of time equipment has been in place on the 1st November 2019 and 26th April 2021. It should be noted that some people had sensors added to their original packages hence the total number is not equal to the total number of individuals with a package.

Period	Packages 2019	Packages 2021
Day 1 – 6 months	24	56
6 month – 12 months	25	28
1 year – 18 months	18	38
18 months – 2 years	18	11
2 years – 30 months	13	31
30 months – 3 years	3	18
3 years +	0	18
Total	**101**	**200**

7. What does the call monitoring data tell us?

7.1 There is no routine data analysis being undertaken in relation to the calls received by the Delta Wellbeing Centre. This means the information being captured is not necessarily as accurate or informative as it could be. The data

that is available is captured via the PNC System monitoring database. To understand the sort of information available, 4 call categories have been selected to explore in more detail: (i) Ambulance requested, (ii) Client Fallen, (iii) Fire Brigade requested, and (iv) Door Exit.

7.2 The data provided below relates to the period between 20th November 2018 and 20th November 2019. The impact on the service as a result of the Covid-19 pandemic, as evidenced by the available data, will be discussed further below in section 8.

Ambulance requests

7.3 Available data:-

- There were 507 alerts requesting an ambulance.[1]
- These alerts came from 60 users. 52 of these users made more than one request for an ambulance during the year.

	Ambulance requests						
Number of people	8	39	5	3	3	1	1
Number of Ambulance Requests	1	2	3	4	5	6	22

- Individuals receiving a Telecare package are more than twice as likely to request an ambulance compared to those just in receipt of an alarm: 42 users with telecare compared to 18 with just an alarm.
- The Manual Trigger or the Integral Button generated the majority of the calls - 4 people had generated the call through the use of a Fall Detector on 11 occasions.

Alerts of a fall

7.4 Available data:-

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[1] It must be noted that people did activate a call on more than one occasion during the same day, for the purpose of this analysis only the first call has been counted. It has been presumed the second or repeated calls during the same day would be checking on the progress of the call or reporting the outcome.

- The following table shows the number of falls, number of people who have fallen, and the number of occasions some people are seemingly reporting a fall:-

Incidences of Falls Recorded	Number of People Recorded Fallen
1	130
2	107
3	33
4	18
5	9
6	4
8	2
11	1
12	3
14	2
16	1
Total 1391	**310**

- The data also shows that people who have fallen are prone to contact the monitoring centre more than once after making the initial call, especially if the person had fallen during the evening or overnight. Examples to demonstrate this point:-

  - 26 people called 3 times
  - 16 people called 4 times
  - 8 people called 5 times
  - 3 people called 7 times
  - 1 person called 15 times
  - 1 person called 21 times
  - 1 person called 24 times
  - 1 person called 56 times

- Repeat calls will be linked to response times. The data suggests that the length of time people were waiting for assistance varied considerably, but there are examples where the data suggests that people were waiting several hours for assistance. The table provides a few examples to illustrate the experience of some:-

Number of Calls Received	Date of First Call	Time of First Call	Date of Last Call	Time of Last Call	Data Suggests Waiting Period
5	14/09/19	22.52	15/09/19	07.53	9 hrs 1 min

56	12/10/19	22.58	13/10/19	05.07	6 hrs 9 min
7	25/08/19	01.37	25/08/19	07.32	5 hrs 55 min
21	11/05/19	21.19	12/05/19	00.39	3 hrs 20 min
10	09/04/19	02.13	09/04/19	05.57	3 hrs 44 min
6	22/01/19	07.43	22/01/19	10.16	2 hrs 33 min
5	25/08/19	18.35	25/08/19	21.44	3 hrs 9 min

- When you combine the data for those people who have fallen and those people who require an ambulance, we can see that 24 people have a history of both. How incidents are recorded will depend on the call operator's judgement. The following example illustrates the issues:-

  ➢ Mrs Jones presses her manual trigger and reports that she has fallen and injured herself and needs an ambulance, the operator then has a choice how to record the incident 'client fallen' or 'ambulance required', the operator may on this occasion record it as 'ambulance required'.
  ➢ On another occasion Mrs Jones presses her manual trigger and reports that she has fallen not injured but cannot get up and requires an ambulance to assist, the operator on this occasion may record it as 'client fallen'.

- The following table provides a breakdown of the equipment generating the alert of a fall:-

Sensor / Equipment	Number of calls
Bed/Chair Mat	1
Fall Detector Button	105
Fall Detector first resident	10
Fall Detector second resident	2
Fall Detector Fallen	28
Fall Detector first resident	3
Fall Detector Fallen & low battery	1
Integral Button	56
Manual Trigger first resident	550
Manual Trigger second resident	112
Manual Trigger third resident	13
Pressure mat bedroom	11
Property Exit	1

Alerts for support from the fire service

7.5   Available data:-

- There were 138 alerts.
- The majority of alerts are generated by Sheltered Housing residents. Other community alarm and telecare users only generated 20 alerts (14%).

Property exit sensors

7.6   The property exit sensor is designed to monitor the safety of people with a cognitive impairment who may be prone to leaving their homes for extended periods at inappropriate times of the day or night, thereby putting themselves at risk. The system has many benefits, primarily that of helping people with dementia to live safely independently in the community. It allows appropriate action to be taken as quickly as possible to ensure the user is returned to a safe environment, and can also help to alleviate the emotional and physical stress of caring for someone who may leave their home and be unable to return unassisted.

7.7   The property exit sensor is located above the door and comprises a PIR (Passive Infra-Red) movement detector and door contacts which together detect if someone has walked out of the door and not returned. The alarm can be set to activate for certain periods of the day, and will raise an alarm to either the carer or the monitoring centre.

7.8   Available data:-

- 496 calls were received from just 12 service users.
- There were many reasons recorded but the main reason reported were false calls, which totalled 383. The table below illustrates the reasons given.

Reason Recorded	Number of Recording
Assistance Required	4
Client Information	54
Contact Arrived	5
False Call	383
No Response	21
Unable to understand client	5

- The following table looks at the number of alerts from 4 individuals who generated the most activity:-

Service User	Number of Calls	First Call Date	Last Call Date	Period

W	22	05/06/19	26/07/19	7 weeks
X	51	17/09/19	18/11/19	9 weeks
Y	146	21/11/18	26/03/19	18 weeks
Z	249	09/01/19	29/09/19	37 weeks

8. What do we understand about the impact of the Covid-19 pandemic

8.1   As with the rest of society, the CAS had to quickly adapt and adjust to the pandemic, lockdown and adhere to COVID-19 guidelines. Anecdotally, it is reported that the service has been as busy as ever.

8.2   In May 2020, the CAS supported the re-opening of Parkway Residential Care Home and Alexandra House to reduce the demand on health services. The CAS helped by providing alarms, bed and chair sensors, pressure mats and door sensors. These sensors were linked to a CareAssist unit which notified the on-site carers. The equipment provided reassurance and peace of mind for staff members that they would be quickly notified if a resident was in need.

8.3   There continued to be referrals into the CAS. The option of people collecting pre-programmed equipment ('plug and play') was introduced, which reduced the number of occasions where staff had to visit homes to install equipment.

8.4   New users in 2020/21:-

	Total Users
Community alarms	218
Telecare/ Care assist	183
Total	**401**

8.5   The service delivered or installed a total 812 products during 2020/21. On average this is 67 products a month. The numbers of equipment repairs or collections are not recorded.

8.6   CareAssist referrals increased in the first 3 months of the financial year 2020/21.

8.7   The table below displays a comparison of the teams referring in 2019/20 and 2020/21. This data does not include self-referrals for the community alarm.

Referrals via team	number of referrals 2019/20	2019/20 %	number of referrals 2020/21	2020/21 %
Swansea CRT	64	30%	80	30%
Swansea Team (CAS)	3	1.4%	57	22%
Singleton Hosp OT	38	18%	46	17%
Swansea MHOT	11	5.2%	29	11%
Morriston Hosp OT	65	31%	20	8%

Gorseinon Hub	3	1.4%	14	5%
NPT Hospital OT	0	0%	9	3%
CCOS Social Services	0	0%	7	3%
NPT Community LDT	0	0%	2	1%
ABMU CNWK cityhealth	1	0.5%	0	0%
Swansea Admin	27	13%	0	0%
Total	**212**	**100%**	**264**	**100%**

8.8 While the number of service users has fallen slightly, the overall number of calls in and out of the monitoring centre has decreased dramatically between 2018/19 and 2020/21.

Year	2018/19	2020/21
Total Calls	227,797	91,614 (60% less calls then 2018/19)

8.9 Due to technical issues, the level of call monitoring data for the period of the pandemic is even more limited. However, by comparing a few available indicators for 2020/21 to the figures in 2019/20, it is apparent that there have been other significant changes in demand during the pandemic:-

- A sharp drop in the number of calls where an ambulance is requested - 49% fewer calls.
- An increase in fall detector activations - 24% increase.
- An increase in property exit sensor activations - 58% increase.

8.10 Caution is needed to avoid making hasty conclusions, but it is probably reasonable to hypothesize that the changes are in-part due to individual's spending more time in the home and alternative support networks (e.g. family) having been put in place due to people's reticence to access health services.

8.11 The split between outgoing and incoming calls to the monitoring centre is consistent with around 18% of calls outgoing and 82% incoming over the last 2 years. Places with a more preventative model of telecare can expect a much higher percentage of outgoing calls, e.g. routine calls to remind individuals to take their medication.

8.12 There is also some data capturing calls, whether they are incoming or outgoing, by the Reason, Action and Event. However, the data is often incomplete and could benefit from being reconfigured in a manner that provides a clearer insight of the recurring or common call events.

8.13 Further information regarding the available data for 2020/21 is contained within Schedule 1.

9. Are there any interdependencies or related projects and services?

Digital switchover

9.1 The digital switchover is a programme of change to switch from analogue telephone networks to digital (VOIP – Voice Over Internet Protocol). The roll out is being managed by British Telecom and Virgin Media but will affect all telephone providers. The work across the UK is due to be completed by 2025. Swansea is currently scheduled for the roll out to be completed by 2022 but this is understood to be subject to change. Furthermore, it is worth noting that home owners/housing providers can choose to switch from an analogue to a digital line prior to the deadline. Switching over is actively promoted by many phone providers and if customers aren't aware of the impacts on their alarm/telecare service there could be a risk to its functionality as a result.

9.2 All systems dependent on an analogue phone-line will be redundant and unusable after the switch-over. The majority of the existing base units will therefore need to be adapted or replaced.

9.3 A co-ordinated approach and systematic communication around the necessity of this adaptation prior to the planned switch over to digital will need to be established to ensure that service is maintained and risks mitigated.

9.4 **Can we keep the Lifeline Vi Base Unit?**

9.5 The Lifeline Vi Base Units are used by approximately 3100 community alarm customers and telecare recipients. These units are adaptable and can be made compatible with digital phone lines via the installation of an ATA adapter to the unit. Responsibility for the installation and costs associated with this additional kit is yet to be confirmed.

9.6 In the event of a power cut, the ATA adapter will provide battery back-up for up to 1 hour. This is a significant reduction of the current 72 hours available via the analogue system. This risk would need to be considered when deciding whether or not to continue to use the existing Lifeline Vi Base Units.

9.7 A decision to continue to rely on the Lifeline Vi base units would mean we would be restricted by some of the inherent limitations of that unit. For instance, we would not be able to remotely access, test, and change settings of units, and such tasks would need to be completed in the person's home as they are now.

9.8 **Is there an alternative to the Lifeline Vi Base Unit?**

9.9 Digital Smart Hubs – compatible with the digital switchover units - do not require a physical connection as they operate via an inbuilt SIM.

9.10 The key advantage of these units over an adapted Lifeline Vi Base Unit are threefold. They provide a guaranteed 24 hours back up in the event of a power cut. They can be placed anywhere in the home – i.e. wherever the person spends most of their time – and are not dependent on a landline. They can be maintained/tested/updated post installation remotely from the CES base. Further understanding on the potential reduction of associated maintenance costs of a full scale roll out of this model of delivery would need to be established to evaluate the Cost/Value analysis.

9.11 Winter funding monies and previous Intermediate Care Funding has enabled the Council to purchase a relatively small stock of these Hubs, but the level of installation when compared to the use of the Lifeline Vi Base Units is minimal.

9.12 The initial cost per Smart hub is £198. This does not include the recurring SIM costs of £45 per annum following 24 months post installation date. To replace all current Lifeline Vi base units in use would therefore incur cost in the region of £597k (minus current stock not in use) The recurring SIM costs for 3100 units would be approximately £139k per annum following year 2 post installation.

9.13 To help take forward the work required as a result of the switchover, a temporary Digital Switchover Project Manager position has been created to work within the CAS service. This role has been recruited alongside an additional Installation and Maintenance Technician.

Rapid Discharge & Home First programme

9.14 The 'Home First' Programme was established across the West Glamorgan Region - in partnership with Neath Port Talbot Council, Swansea Bay University Health Board and the third sector. It is the product of the 'Hospital to Home' regional model (launched in December 2019) and Rapid Discharge process established in July 2020. Its purpose is to manage the unique pressures around hospital admissions and discharges during the Covid pandemic.

9.15 Part of the work is to eliminate the delays some people experience when being discharged. Unfortunately, it is not unusual for patients to remain in hospital despite having been deemed 'medically fit'. One of the reasons for this can be the time taken by providers to undertake assessments and make longer-term care arrangements prior to the person being able to return home. This delay can result in hospital stays that are longer than necessary. Home First ensures that, wherever possible, these delays are avoided by community resources undertaking assessments away from the hospital setting, and ideally within the persons home.

9.16 Management of referrals to the service is facilitated by a dedicated, therapy-led, triage team based within the Community Resource Team. This team, which also includes nursing, social work and domiciliary care professionals, work alongside

ward staff and the person. In many instances, assessments that were previously carried out in hospital, are instead undertaken in a person's own home on the day they are discharged. As well as improving discharge timescales, it provides assessors with a better picture of the individual's living environment and potential support needs.

9.17 As part of the Home First pathway, an assistive technology element has been introduced to support the therapist in their assessment. This includes the use of Smart Hubs. The Smart Hubs are programmed by the Community Alarm Service team and are available for collection from CES or can be delivered to the person's home.

9.18 The Smart Hubs will be on loan for the period up to 6 weeks free of charge. If, after the six week period, the service user feels that they would like to continue with the alarm service, they will be issued with an order form, and arrangements are made to swap over the Smart Hub for our standard Lifeline Vi base unit. The service at this point will then become chargeable.

9.19 The Smart Hub will then be cleaned, de-programmed and transferred back into stock.

Just Checking

9.20 Just Checking is an activity monitoring system that helps people with dementia and learning disabilities live in their own homes for longer. Just Checking uses various sensors around the house to gather information on an individual's day-to-day activities.

9.21 The system can be used to provide reports that give professionals a better understanding of where support is actually required, helping to maximise independence and improve efficiency, without compromising on the quality of care. Just Checking is a part of the wider evaluation of the care packages and rightsizing work, it works alongside other tools and processes to appropriately assess individual's needs. Used correctly, it can potentially help to increase capacity in the domiciliary care sector.

9.22 Just Checking is not the only system of this kind but it is the one we have experience of in Swansea. It was piloted via an ICF Grant. The grant was used to purchase ten Just Checking kits, and helped to create an Assistive Technology Officer post. Their role was to provide users with the Just Checking kits, monitor and write reports for each service user, and record the outcomes. The service worked well during its trial period, which began in January 2019 and ended on 18th May 2020. In under a year and half, the outcomes report shows the following changes in packages where Just Checking was involved:-

- Homecare Packages downsized: £85,800
- Homecare Packages increased: £62,400

- Avoidance costs: £169,600

9.23 Unfortunately, due to a lack of further Government funding, the Just Checking Service was ceased in October 2020. The 10 Just Checking activity monitoring systems are currently in storage and not in use.

Internal Residential Care Commissioning Review Phase 2 Project

9.24 The Older People's Residential Care Commissioning Review project is looking at how our in-house residential care homes operate. It is still in its early stages, but it is expected that assistive technology will, in future, play a large part in any care homes, e.g. to help therapists / care managers to assess the level of need required by the individual.

Plans in development by the Housing Department

9.25 A Commissioning Review within the Housing Department has recently been completed. The purpose being to reflect on the fact the Housing Department has seen a reduction in demand for their traditional sheltered accommodation projects. At the same time, they are also encountering challenges in terms of meeting the range of needs of older people.

9.26 The review therefore proposes to rebrand sheltered schemes as Independent Living Services. The Wardens will become Independent Living Officers. They will offer support and signposting to residents as well as making the most of the available communal spaces. The long term aim is for Independent Living Services to be more effective at supporting independence for a greater range of needs.

9.27 The Housing Department have a long standing relationship with CAS to provide and install assistive technology products. Independent Living Services will have a new alarm system which supports the digital switchover and broadband. The relationship between CAS and the housing schemes will therefore continue - with an allocated price per unit which supports the monitoring, installation and repair of Assistive Technology products. (The annual recharge from housing to CAS is in the region of £119,116 in 2020/21.) Whether there are further opportunities to develop the assistive technology offer in these new services will need to be kept under consideration.

10. What do service users and other stakeholders say about assistive technology?

10.1 This review of the service has followed the Council model for commissioning reviews. Consequently, stakeholders who have an interest or potential interest in the exercise were mapped out at the outset. An initial meeting was convened to decide how we should best proceed. As there was no information available regarding service user experiences, it was agreed that we would canvas opinions via the use of questionnaires. Furthermore, it was decided we should

hold stakeholder events - the first of to explore what is working and what could be improved.

Outcome of the stakeholder workshop

10.2 A stakeholder event was arranged for 1st October 2019. Over 40 stakeholders attended from a wide range of professions and organisations. Kevin Doughty a visiting Professor in the Digital Transformation of Care Service gave an inspiring and thought-provoking presentation which demonstrated the potential of assistive technology if we were to 'think outside the box'.

10.3 Attendees took part in two activities - the first was a Strengths, Weakness, Opportunities and Threats (SWOT) analysis looking at 'Where we are now' and the second looked at 'The opportunities for doing things differently'. Some of the suggestions included:-

- Looking at new business models to ensure a sustainable service and review current assistive technology charges.
- Pushing or selling the community alarms by improved advertising, but signposting people to other providers where other technology is required.
- Broadening the cohorts of people we consider assistive technology for. Taking this sort of approach could, it was suggested, lead to a more informed understanding of cost benefits, preventative effects and other quality of life impacts for citizens.
- That changes may need to be incremental to manage roll out of any agreed changes.
- We update technology/infrastructure within our own processes.
- The opportunity and benefit of using assistive technology to take a person centred approach and support assessments and care planning. Ideas for how we achieve this:
  - ➢ we recruit and train additional Assistive Tech Officers to help realise this cultural change; and
  - ➢ have an assistive technology expert present during MDTs to provide advice on opportunities to integrate assistive technology into care packages.
- A reoccurring suggestion was to establish a mobile falls unit linked to the technology.

10.4 Further information on the event, agenda, presentation and the report and comments can be found in Schedule 2.

Service User Questionnaires

10.5 Three specific service user questionnaires were developed: one for recipients of a community alarm only, another for those receiving a telecare package as well, and the third for CareAssist users. The questionnaires had both tick box questions and free text boxes.

10.6   What follows is a summary of the feedback on each of the questionnaires, and more detailed information is available in Schedule 2.

10.7   **Community alarm questionnaire:-**

10.8   The first of the questionnaires were sent out in January 2020. Sent to **400** Community Alarm Users who had used the system in the past year, **152** completed questionnaires were returned. This represents a **38%** response rate. Evidence informs that a 10-15% response rate is average for external surveys. A 38% return is therefore much higher than the average and a good sample number.

10.9   A detailed analysis report is available in Schedule 2 but here are a few of the key headline findings:-

- A high percentage of people found out about the service from professionals, but family and friends were another important source of information.
- The main reasons why people had a community alarm was for peace of mind, to help remain in their own homes, feel safe, and to raise an alarm if they were to fall.
- **97** people (64%) strongly agreed that they had found the Community Alarm service useful.
- **100** people (66%) strongly agreed that the community alarm had helped them stay independent.
- **105** people (69%) strongly agreed that they felt safer with a community alarm.
- **53** people (35%) had used the community alarm in an emergency or accident compared to **95** who had not. **23** of those were of a result of a fall.
- Only **9** people (6%) would be interested in purchasing a telecare service from a private company. **22** people selected 'did not know', **29** 'disagreed' and **63** 'strongly disagreed'.

10.10   A range of suggestions were received as to how we could improve the service:

- Consider improving the medical knowledge of call centre staff.
- More publicity as to availability
- A reminder to test the alarm
- Improved repair response times.
- 'I always wear my lifeline but can only use it in the house and my small garden. It would be a huge benefit were I to get more mobile and able to walk to neighbours to be able to use it somehow if I had a fall for instance'
- Automated reminders for medication etc. would be useful to those with memory problems.
- 'I feel it would be good to have more communication after pressing for help before ambulance arrives. I had to phone – via button 2 times last time to check where they were and my phone company charge me for pressing!'
- 'I can afford it but lots of people can't. Make it cheaper'

10.11 A number of other comments were made which are included in the appended report, but here are a few examples:

- At present, I am more than satisfied
- Service very efficient, call answered almost immediately by very polite operators
- Very pleased with the service you provide
- I would be very unhappy if the service was to be put out to another provider. Since the carer service was put out to a private provider the service has deteriorated drastically and I fear this would also apply to the Community Alarm if this were to happen
- My alarm is indeed a lifeline and so far has met my needs - ☺for good service from all staff

10.12 **Telecare Service User Questionnaire**

10.13 The second of the questionnaires was sent out in February 2020. They were sent to all **358** telecare users. **54** completed questionnaires were returned which is a **15%** response rate, which is average.

10.14 A detailed analysis report can be found below, here are a few of the headline findings:-

- A higher number of people found out about the Service from professionals, particularly Social Workers and Occupational Therapists. Some people also found out from family members.
- The main reasons why people had telecare equipment was to raise an alarm if they were to fall so they could remain living in their own home.
- Most people were aware which telecare sensor that they had in their homes but **14** people **(26% of respondents)** were not.
- **38** people (70%) strongly agreed that they found the telecare equipment useful, while **34** strongly agreed that the equipment has helped them to manage better and feel safer in their homes.
- Respondents advised that there have been **13** emergencies or accidents that had been identified by the equipment.
- **38** people strongly agreed that they were happy with the service.
- **36** strongly agreed they were happy with the service received from the Monitoring Centre.
- **15** people (28%) would like someone to respond physically to an alarm alert compared with **23** who either did not know or disagreed.
- Only **9** people (17%) agreed that they would consider financially contributing to a response service, compared to **27** who either did not know or disagreed.
- The vast majority of people would not be prepared to contribute to the costs of the service.

- Only **1** person would be interested in purchasing a telecare service from a private company with **34** people either saying they did not know **(5)**, disagreed **(9)** or strongly disagreed **(20).**

10.15 Respondents were also given the opportunity to suggest improvements. Examples include:-

- 'Telecare service is not for everyone. It depends, are you an old age pensioner living alone, in poor health, no family you can call on when not feeling well. Can you afford to pay for the service?'
- 'The company that installs and runs the equipment, need to do a follow up service, so that the person using it understands how the equipment works.'
- 'Voice response through a pendant – my house is large and the current speaker / listener monitor doesn't always pick up my voice.'
- 'More stringent checking updating of my medical conditions on your records. Maybe linking to my NHS records.'

10.16 Other comments of note:-

- Not sure if this is the correct equipment for my mother in law, as she cannot understand that you can press the face of it to call for assistance, used to have a red button before, and has not worked a couple of times when she has fallen slowly.
- Not sure if call from the lifeline goes through to the monitoring centre first or to a neighbour or my aunt.
- At the moment I am satisfied with the alarm system supplied.
- All very good.
- My father has Alzheimer's and does not really know how to respond to the call answering service so I was very grateful when the police arrived promptly in response to the fall alarm being triggered.

10.17 **CareAssist / Telecare Service User Questionnaire:-**

10.18 The third questionnaire was designed for Care Assist users and was sent out in October 2021 to all **136** CareAssist users. **23** completed questionnaires were returned which is a **17%** response rate (within the average range).

10.19 Here are a few of the headline findings:-

- A higher number of people found out about the Community Alarm Service from professionals, particularly Occupational Therapists and Social Workers.
- The main reasons why people had the equipment was to raise an alarm if they were to fall and to minimise risk of harm.
- **8** people were not aware which telecare sensor that they had in their homes. There did appear to be some confusion about the scope of the questionnaire by some - a couple of people included a range of non-telecare equipment

such as hand rails, bath lift etc. and another mentioned they were not connected to CareAssist.

- **12** people (52%) strongly agreed that they found CareAssist useful while **9 (39%)** strongly agreed that the equipment has helped them to manage better and feel safer in their homes.
- There has only been **1** emergency or accident identified by the equipment.
- Only **4** people agreed that they would consider financially contributing to a response service compared to **13** who either did not know or disagreed.
- Only **4** people would be willing to contribute financially to the telecare service compared to **13** who either did not know or disagreed.
- Only **1** person would be interested in purchasing a telecare service from a private company

10.20 Carers were also asked specific questions in terms of their experience of CareAssist:-

- **11** carers strongly agreed the equipment was useful.
- **13** carers strongly agreed that the CareAssist had helped them in their caring role, **1** disagreed
- **9** carers strongly agreed or agreed that their quality of life had improved since the Care Assist and equipment had been installed. **6** either did not know or disagreed.

10.21 Comments made to specific text box questions:-

- If the telecare service has improved your quality of life, how has it done so?
  - ➢ 'The pressure mat care assist system did exactly what I needed to do – to alert me (my dad's carer) to when he got up from bed in the night, so that I could assist him and prevent him from falling which he would do if unaided'
  - ➢ 'We did not find a need for Telecare, he has not had a fall this year.'
- If the telecare service has improved your quality of life, how has it done so?
  - ➢ 'My husband fell and broke hip without equipment I don't know how we would have managed'
  - ➢ 'It enables me to carry out tasks in the home knowing I will be alerted if my husband attempts to leave his chair'

10.22 Suggestions for Improvements:-

- 'Follow up after installation. Equipment was provided 2018 and never followed up since.'
- 'The remote controls are quite stiff and require firm pressure to turn off / acknowledge. A better smoother remote would improve ease of use.'
- 'A follow up visit time would be good, as sometimes other equipment or use of could be discussed.'

11. Summary and Conclusions

11.1 The Department has a long history of successfully delivering assistive technology services. The whole raison d'etre of assistive technology is to promote the independence and wellbeing of the individual service user, which means it is completely aligned with the departmental Mission statement. Moreover, while it is not covered in this paper, the use of assistive technology is seen by Welsh Government, and others, as one of the principal means by which social services can remain sustainable in the face of increasing numbers of vulnerable people.

11.2 There is some evidence available that the service helps to keep people safe (and feeling safe), and enables them to live independently for longer. But, the data available has a number of limitations and shortcomings. There is very little available about the outcomes it is intended to support at the outset. The absence of any review process for the service means it effectiveness in achieving these outcomes is also unknown. Where data is collected by the call monitoring centre, it is not organised in a way that is conducive to undertake a detailed analysis.

11.3 Nevertheless, we know, from feedback, that professionals and service users are generally very positive about the service and the difference it can make. All respondents reported that assistive technology helped them feel safe, have peace of mind, and it has allowed them to remain in their own home.

11.4 The nationwide switchover from analogue to digital telecommunications will create service continuity risks unless it is carefully managed. Ultimately, the decision about how we respond should be aligned to our strategic ambitions for the service. If a decision is made to transition to a more capable, future proofed system delivered via Smart Hubs, then there will be an associated cost which will need to be paid for somehow.

11.5 The service is income generating and is expected to 'break even' each year. The service assessment indicates that this expectation is increasingly difficult to achieve and is often dependent on ad-hoc grant funding. With additional costs anticipated as a result of the 'digital switchover' programme, a new financial model is required to ensure the service not only remains sustainable but is able to expand where required.

11.6 Any new financial model will need to consider how charges are applied for use of the service. Historically people receiving a community alarm have been charged a flat rate. This is not subject to any means testing and is applied regardless of any other care service received. At the same time, any additional telecare equipment is provided free of charge and those using CareAssist do not pay anything. Whether these arrangements are properly aligned with the department's wider charging policy and ambitions for the service should be reviewed separately.

11.7 The service demonstrated adaptability in response to the Covid-19 pandemic. Equipment provided by the service supported the re-opening of local care homes, and CAS worked effectively with others to support the safe and timely

discharge of people from hospital. Unnecessary visits by staff to service user homes were avoided by providing pre-programed devices (plug and play). This period has clearly demonstrated the creativity and responsiveness of the service, which are valuable qualities that could facilitate the successful implementation of future changes.

11.8 The pandemic has also seen a change in the nature and level with which assistive technology is called upon as people's daily habits have changed. There has, overall, been a reduced volume of incidents, with considerably fewer people requesting an ambulance. At the same time, there is evidence of a potentially greater dependency on family and carers, e.g. with more choosing to use of CareAssist model. Whether these trends continues post-pandemic, will need to be carefully monitored.

11.9 It is submitted that there is considerable potential to grow the service. Strengths based social work practice is absolutely compatible with the opportunities afforded by assistive technology. However, we are missing the opportunity to integrate assistive technology into our practice at the assessment, planning and review stages. The Just Checking pilot was small in scale and time limited, but it proved what is possible: technology can support people to be more independent and ensure value for money for the public purse.

11.10 At the same time, the service assessment highlights the risk that some people, in the absence of any review mechanism, are not adequately having their needs met. This might result as 'waste' in the system because of false alerts being made to the call centre. More worrying, it could mean individuals are frequently falling without checks being done to see if there is anything more that can be done.

11.11 The profile of individuals using the service shows it is often older people (particularly women in their 80s). While there are some younger adults accessing the service, there is considerable room to explore the advantages of assistive technology with other population groups - e.g. those with learning disabilities, mental health needs, substance misuse – and in different environments – e.g. supported living settings.

11.12 There are a variety of professions referring to the telecare service, but the majority are generated by Occupational Therapists working with people following an acute incident or period in hospital. There is considerable potential to promote assistive technology amongst social workers so they routinely consider how assistive technology can contribute to meeting the needs of service users. Further, there is the potential, subject to additional resources being provided, to promote its use earlier in the person's 'journey'. By developing the sophistication of our model to become less reactive focused and more preventative, it is possible we can prevent, or at least delay, people from accessing statutory services to meet their needs.

11.13 Developing how we use assistive technology in the manner described above will require a cultural change for professionals and members of the public. Embedding assistive technology as a mainstream response will take work to

overcome the stigma attached to using devices (particularly in the older male population), and upskilling professionals to understand technical solutions and new and emerging opportunities.

SCHEDULE 1 – Tables and charts

Profile of service users in 2019:-

Age & Gender									
	<30	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80-89**	**90-99**	**100+**
N/S	14	9	5	15	81	133	211	75	0
Female	32	29	28	64	173	516	**1187**	586	17
Male	14	5	8	24	139	296	423	179	7
N/A	0	0	0	0	1	1	0	0	0
Total	**60**	**43**	**41**	**103**	**394**	**946**	**1821**	**840**	**24**
%	**1.4%**	**1%**	**0.9%**	**2.4%**	**9.2%**	**22.1%**	**42.6%**	**19.6%**	**0.5%**

Profile of service users in 2021:-

Age & Gender									
	<30	**30-39**	**40-49**	**50-59**	**60-69**	**70-79**	**80-89**	**90-99**	**100+**
N/S	12	10	6	18	86	175	299	131	1
Female	22	27	26	49	141	456	**998**	530	21
Male	12	3	9	18	114	261	349	163	10
N/A	0	0	0	0	1	1	0	0	0
Total	**46**	**40**	**41**	**85**	**342**	**893**	**1646**	**824**	**32**
%	**0.9%**	**0.8%**	**0.8%**	**1.7%**	**6.9%**	**18.0%**	**33.2%**	**16.6%**	**0.6%**

Snapshot of the number of Telecare products in use:-

Product	2019	2021
Detector - Smoke (Wireless)	166	174
Detector - Fall Vibby	133	103
Gem Pendant c/w Fixing Bracket	55	86
Pendant - iVi Intelligent inc Auto Fall Detection	77	75
Detector - Heat (Kitchen)	55	43
Sensor - Universal Type	32	21
Alarm - Carbon Monoxide	35	20
Detector - Natural Gas (Plug In Type)	11	15
Sensor Temperature Extreme 12/42° C	15	15
Detector - Flood	9	10
Sensor - Pressure Mat	18	7
Sensor - Temperature Extreme 2/42° C	4	6
Sensor - Bed Occupancy Mat Over/Under Mattress	10	5
Sensor - Property Exit (Standard)	7	5
Alarm - Bogus Caller/Panic Button	1	4
Control Unit (869MH - Chair/Bed Occupancy)	4	3
Sensor Chair Occupancy Mat (Standard Only)	7	3
Pull Cord (AT016)	0	2
Possum HCP Switch Pneumatic Suck, RF Enabled	1	2
Sensor - Fast PIR - Passive Infra-Red (Virtual)	1	2
Medication Reminder (AT032)	0	1
Minuet Watch-Falls Detector (AT017)	0	1
Sensor Temperature Extreme 16/42° C (AT194)	0	1
Radio Output Module (ROM)	1	1
Sensor - Epilepsy (Complete Kit)	2	1
Socket - Double Safety Cover	1	0
Socket - Single Safety Cover	1	0
Replacement Lanyards (All Pendants)	2	0
Sensor - Temperature Extreme 2/35° C	3	0
*Just Checking Daily living system 3	**7**	**0**
Pendant - My Amie Easy Press Cover	7	0
Adapter - Double Bed Occupancy Sensor	1	0
Total	**666**	**621**

Call monitoring data comparing 2020/21 with the position pre-pandemic:-

	2019/20	2020/21
Ambulance Requested	490 (65% from Manual trigger)	249 (68% from Manual trigger)

	2019/20	**2020/21**
Falls Detector Activations	4046 (62% Fall detector button)	5321 (50.7% Fall Detector Fallen & 49.3% Fall Detector button)

	2019/20	**2020/21**
Property exit sensor	841 (Property exit walking 100%)	1996 (Property exit walking 100%)

SCHEDULE 2 – Stakeholders and Service User feedback

Documents relating to the stakeholder workshop:-

Stakeholder event
report tech final dra

Stakeholder event
anaylsis.docx

KD Swansea
Stakeholders Octob

Document1.docx

Documents relating to the community alarms questionnaire:-

Community Alarms
cover letter.doc

Swansea Lifeline
questionnaire v2.do

Community Alarms
Questionnaire repor

Lifeline
Questionnaire analy

Documents relating to the telecare questionnaire:-

Community Alarms
cover letter.doc

Swansea Lifeline
questionnaire v2.do

Telecare
Questionnaire repor

Telecare
quetionnaire text re

Documents relating to the CareAssist questionnaire:-

Care Assist Telecare
Service cover letter e

Swansea Assistive
Technology CareAss

Care Assist
Questionnaire repor

Care Assist
questionnaire text r

SCHEDULE 3 – Pictorial examples of equipment

An example of the Lifeline Vi base unit:

Example of the CareAssist unit

Examples of telecare equipment include:

Vibby Falls detector

Smoke Detector

Bed Sensor

pressure mat

Integrated Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form.

Which service area and directorate are you from?
Service Area: Adult Services
Directorate: People

Q1 (a) What are you screening for relevance?

☐ New and revised policies, practices or procedures
☒ Service review, re-organisation or service changes/reductions, which affect the wider community, service users and/or staff
☐ Efficiency or saving proposals
☐ Setting budget allocations for new financial year and strategic financial planning
☐ New project proposals affecting staff, communities or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location
☐ Large Scale Public Events
☐ Local implementation of National Strategy/Plans/Legislation
☐ Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
☐ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
☐ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
☐ Major procurement and commissioning decisions
☐ Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services
☐ Other

(b) Please name and fully <u>describe</u> initiative here:

A service review of the Assistive Technology and Community Alarms service has been undertaken and was concluded in June 2022. The preferred option agreed was to retain both services in-house with an aspiration to develop and expand the offer of the Assistive Technology Service. The Community Alarms service consists of the provision of a special 'Lifeline' telephone unit which connects to an existing telephone line and wearable pendant/wrist band which is connected to a 24-hour call monitoring centre if the wearable pendant/wrist band is activated. Service users pay an annual charge to Swansea Council for the Community Alarm service. The Assistive Technology Service consists of a number of users who, following assessment, benefit from an array of sensors, connected electronically to a lifeline unit and monitoring other events, such as smoke detection, extreme heat, falls, door access and exit, movement etc. These are paid for via the income received from Community Alarms.
As a result of the outcome of the service review, an Assistive Technology Strategy Steering Group has been established to take forward developments for the Assistive Technology Service and an Operational Subgroup has been established to take forward Business as Usual improvement. As the Steering Group has been established to look at opportunities and innovative practice for use of Assistive Technology in the future, it is not currently clear what these activities may look like. These will be detailed in an Assistive Technology Strategy.

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)

	High Impact + / -	Medium Impact + / -	Low Impact + / -	Needs further Investigation	No Impact
Children/young people (0-18)	☐ ☐	☐ ☐	☒ ☐	☐	☐
Older people (50+)	☒ ☐	☐ ☐	☐ ☐	☐	☐
Any other age group	☐ ☐	☒ ☐	☐ ☐	☐	☐

1

Integrated Impact Assessment Screening Form

Future Generations (yet to be born)	☐	☐	☐	☐	⊠	☐	☐		⊠
Disability	⊠	☐	☐	☐	☐	☐	☐		☐
Race (including refugees)	☐	☐	☐	☐	☐	☐	☐		⊠
Asylum seekers	☐	☐	☐	☐	☐	☐	☐		⊠
Gypsies & travellers	☐	☐	☐	☐	☐	☐	☐		⊠
Religion or (non-)belief	☐	☐	☐	☐	☐	☐	☐		⊠
Sex	☐	☐	☐	☐	☐	☐	☐		⊠
Sexual Orientation	☐	☐	☐	☐	☐	☐	☐		⊠
Gender reassignment	☐	☐	☐	☐	☐	☐	☐		⊠
Welsh Language	☐	☐	☐	☐	☐	☐	☐		⊠
Poverty/social exclusion	☐	☐	⊠	☐	☐	☐	☐		☐
Carers (inc. young carers)	⊠	☐	☐	☐	☐	☐	☐		☐
Community cohesion	☐	☐	☐	☐	⊠	☐	☐		☐
Marriage & civil partnership	☐	☐	☐	☐	☐	☐	☐		⊠
Pregnancy and maternity	☐	☐	☐	☐	☐	☐	☐		⊠
Human Rights	☐	☐	☐	☐	☐	☐	☐		⊠

Q3 **What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches?**
Please provide details below – either of your activities or your reasons for not undertaking involvement

As part of the Assistive Technology and Community Alarms service review, stakeholder engagement was carried out to ensure the views, ideas and concerns of staff, stakeholders and citizens were taken into account when shaping the future of the Assistive Technology service. These activities took place via email, online meetings, face-to-face meetings, a stakeholder workshop and service user feedback questionnaires over the course of the review. Oversight has been and will continue to be provided on a monthly basis from Lucy Friday, Principal Officer Transformation.
Going forward in developing the Assistive Technology Strategy, we will continue to engage closely with key stakeholders.
Depending on the changes agreed will also have an impact on the level and type of engagement we undertake with service users / potential service users / members of the public.

Q4 **Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:**

  a) **Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?**
     Yes ⊠   **No** ☐

  b) **Does the initiative consider maximising contribution to each of the seven national well-being goals?**
     Yes ⊠   **No** ☐

  c) **Does the initiative apply each of the five ways of working?**
     Yes ⊠   **No** ☐

  d) **Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?**
     Yes ⊠   **No** ☐

Integrated Impact Assessment Screening Form

Q5   What is the potential risk of the initiative? *(Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc…)*

High risk	**Medium risk**	**Low risk**
☐	☒	☐

Q6   Will this initiative have an impact (however minor) on any other Council service?

☒ **Yes**   ☐ **No**   **If yes, please provide details below**

> The Assistive Technology Service is funded via income from the Community Alarms Service which is currently a chargeable service. As this income provides the funding for wider Assistive Technology, any options proposing a change / expansion etc. to the current Assistive Technology arrangements as part of the Assistive Technology Strategy will need to consider this impact. Further, opportunities around technology supporting statutory services, if taken forward, could also have an impact on wider Council services.

Q7   Will this initiative result in any changes needed to the external or internal website?

☒ **Yes**   ☐ **No**   **If yes, please provide details below**

Potentially yes, depending on any changes / innovations / expansions agreed and taken forward. If agreed, these will need to be shared both with internal staff and potential service users / members of the public.

Q8   What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?
(You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

By committing to exploring the potential development of the Assistive Technology service, there is an opportunity to consider the wider impact technology can have to support individuals who live in Swansea. This includes individuals who pay for a service (Community Alarm) and also individuals that are assessed and it is determined that assistive technology could meet their care and support needs. Further, it is hoped this development will support in providing information to members of the public to support themselves with technology e.g. by purchasing appropriate equipment, thereby directing them from the front door of Social Services for longer. Across all three groups, this initiative could have an impact on supporting individuals to live independently in their own homes for longer. These will all be considered in the development of the Assistive Technology Strategy.

Outcome of Screening

Q9   Please describe the outcome of your screening using the headings below:
- **Summary of impacts identified and mitigation needed (Q2)**
- **Summary of involvement (Q3)**
- **WFG considerations (Q4)**
- **Any risks identified (Q5)**

Integrated Impact Assessment Screening Form

- **Cumulative impact (Q7)**

Depending on the outcome of the Assistive Technology's exploratory development work and Assistive Technology Strategy, a full IIA may be required. However, until a proposal / proposals for development are identified it is not possible to complete a full IIA on the Assistive Technology Strategy and the potential options that could be considered for implementation in the future.

Further, any Business As Usual activities implemented as part of the outcome of the work of the Assistive Technology Operational Subgroup will be assessed separately and not as part of the Assistive Technology's Steering Group's work programme.

(NB: This summary paragraph should be used in the **'Integrated Assessment Implications'** section of corporate report)

☐ **Full IIA to be completed**

☒ **Do not complete IIA – please ensure you have provided the relevant information above to support this outcome**

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:
Name: Jessica Fitzpatrick
Job title: Adult Services Project Manager
Date: 22/11/22
Approval by Head of Service:
Name:
Position:
Date:

Please return the completed form to <u>accesstoservices@swansea.gov.uk</u>

4

Report of the Cabinet Member for Care Services

Adult Services Scrutiny Performance Panel – 31 January 2023

PERFORMANCE MONITORING

Purpose	To present the Adult Services monthly performance report for November 2022.
Content	The Adult Services report includes the latest performance management information, including; enquires through the Common Access Point, Client Reviews, Carers Assessments, Residential and Community Reablement, Domiciliary and Residential Care, and Safeguarding responses.
Councillors are being asked to	Consider the report as part of their routine review of performance in Adult Services.
Lead Councillor(s)	Cllr Louise Gibbard, Cabinet Member for Care Services
Lead Officer(s)	Amy Hawkins, Head of Adult Services & Tackling Poverty Helen St.John, Head of Integrated Services
Report Author	Amy Hawkins, Head of Adult Services & Tackling Poverty 01792 636245 Amy.Hawkins@swansea.gov.uk Helen St.John, Interim Head of Integrated Services Helen.StJohn@wales.nhs.uk 01792 636245

Adult Services
Summary Management Information Headline Report
Data for November 2022

Cyngor **Abertawe**
Swansea Council

Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.

Doing What Matters

Adult Services will focus on strengths, prevention, early intervention and enablement. We will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Agreed Service Objectives for 2022/23

1. Better Prevention and Better Early Help
2. Keeping People Safe
3. Enabling and Promoting Independence
4. Integrated Services
5. Financial Efficacy

Amy Hawkins, Head of Adult & Tackling Poverty Services Summary

The recovery and transformation work continues along with preparations to manage winter pressures. Additional bed capacity in internal homes has been realised to contribute to the '1000 beds' ask from WG to alleviate pressure across the health and social care system. We have increased the number of step-up / step-down beds available for temporary admissions to internal care homes The Regional Investment Fund complex care dementia beds bid for Ty Waunarlwydd has been approved to trial interim beds.

The take up of Carers Assessments has steadily been increasing over the last few months and a high percentage of carers are being offered an assessment, this is being attributed to the continued focus on the identification and support for carers, additional training for teams and the coproduction approach being taken to make improvements to the Carers Assessment Forms. Work continues on the cross Social Services Carers Planning Group, focused on the support offer and the recommissioning of Carers Support services.

There has been an increase in the amount of Mental Health and Learning Disability, Assessments and Care and Support / Treatment Plans completed this month and an increase in the number of unique people the teams are working with.

Regional work continues with the team active in the Complex Care programme, addressing joint working protocols and training for Decision Support Tool meetings to consider CHC cases. Work is progressing on the development of a Regional Emotional Well-being and Mental Health strategy which including a public survey and engagement activity closing in January.

The Commissioning team continue to work with new Dom Care providers to maximise the availability of care, with a focus on improvements to Direct Payment processes and engaging with micro enterprises to provide care.

There has been in increase in the number of unique people accessing day services in November.

The safeguarding detail shows that the consultations have risen, and the Adult at Risk Reports have reduce. The DoLS backlog has decreased this month, whilst the new applications have increased.

Helen StJohn, Head of Integrated Services Summary

In line with what we are hearing from staff working in the Common Access Point we can see the increase in referrals to CAP that has occurred during November 2022. Whilst we can see the maintenance of the management of these referrals continues to breakdown proportionately between the various outcome pathways it is pleasing to see that the number of referrals passed to other SW team is as low as 1% with an increase in those able to be closed following AI&A increasing. Whilst it may be concerning to see the gradual increase in numbers of cases where a request for dom care is made during October and November it is important to note that this is the impact of relocating a CMO from one of the SW teams into CAP in order to manage the contract changes and right sizing of care packages advised by providers (work which is not purely new work but has been relocated from CIAT to CAP).

The continued reduction in the number of tasks being recorded in WCCIS demonstrates appropriate contact between existing clients with their involved teams / workers and therefore improved appropriate use of CAP. We plan further support to facilitate the increased resolution of complex presentations by the AI&A staff by providing registrant direct access to the staff managing the calls via a pilot in coming weeks.

The level of Adult SW assessment and review activity shows continued steady increase however we are concerned about the sustainability of this progress given the number of SW vacancies. Similarly, we have seen a positive increase in the number of carers identified and assessments /reviews undertaken.

Our Pathway 3 bedded reablement offer has seen an increased flow through the establishment with 23 admissions (17 October). Although the number of individuals who left the service is down on October the percentage with no ongoing care needs was 92% up from 81%. Bonymaen House continues to demonstrate flexibility to support hospital escalation and worked flexibly during the MADE event at the beginning of November to make beds available by transferring residents appropriately between internal care homes to create reablement capacity.

The community reablement team continue to see increasing numbers of referrals into service from the community – 15 of the 51 referrals in Nov (10 in Oct) however we are working to increase the proportion of discharges with less or no care needs following reablement. We are noting a consistent rota staffing deficit of between 30 and 40% and are working closely with HR colleagues to ensure timely and robust management of absence in conjunction with all efforts to expedite the delays linked to recruitment.

The internal long term complex dom care service has found great benefits in the current pilot of SCCA and HCM functions in the focussed work to right size existing packages of care based on ECM data. This has freed up capacity to accommodate new packages of support and also ensure that we avoid over prescription of care to those individuals whom we are providing bridging care to whilst they await a long-term provider.

Common Access Point

Referrals created at the Common Access Point - Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams.

Legend: Out of hours contact | Residential care | Secure Estate | EDT | Third Sector Broker | MDT | Social Work teams | Safeguarding | Integrated community health teams | Complete at CAP
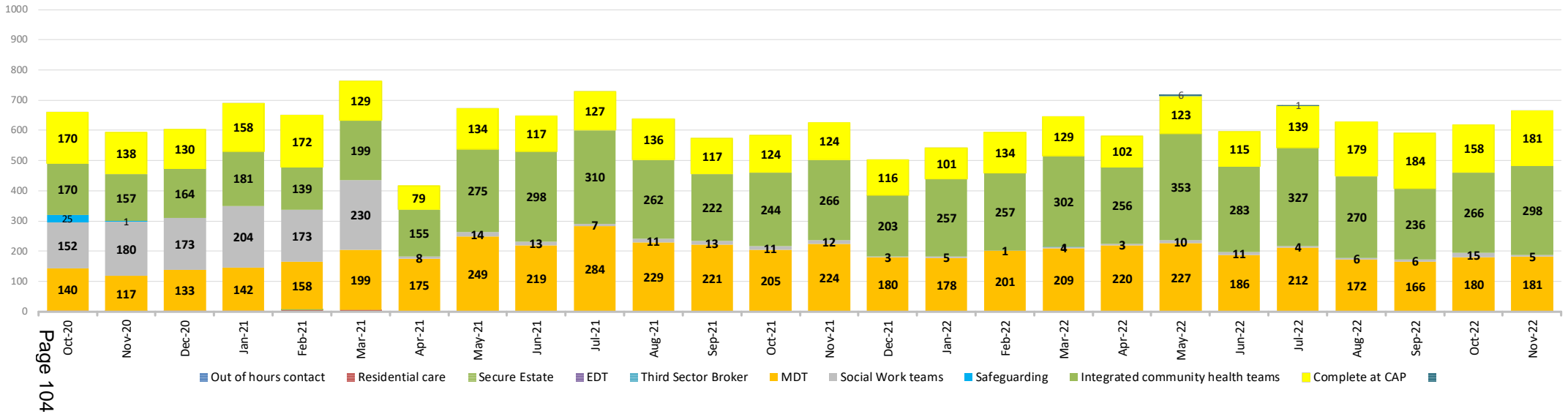
It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created from Aug 2020. **83 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in November** (105 in October 22).

619 Referrals in Oct 22

158 Closed - Provided Advice & Information (26%)
180 MDT(29%)
15 directly to SW Teams (2%)
266 to integrated therapies (43%)

626 Referrals were created by CAP in Nov 2021

665 Referrals in Nov 22

181 Closed - Provided Advice & Information (27%)
181 MDT (27%)
5 to SW Teams (1%)
298 to integrated therapies (45%)

Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received

Legend: no of emails received into CAP | Calls Answered | Outgoing Calls

3 Adult Services Management Information Summary Headline Report – November 2022
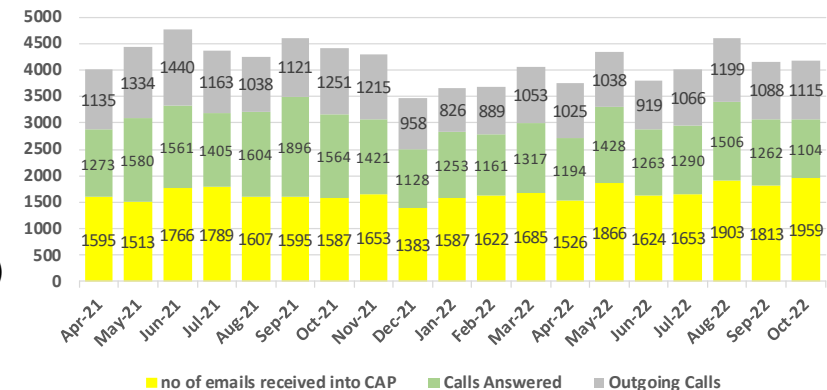
Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support. The number of Tasks is reducing each month which indicates service users are contacting the involved teams/staff members directly rather than via CAP

Total Tasks and Referrals Created each month by CAP

	Aug	Sep	Oct	Nov
Referrals	627	592	619	665
Tasks	808	757	687	641

■ Tasks ■ Referrals

Teams CAP Created Tasks for Over Months

Team	Aug	Sept	Oct	Nov
CMHTS	13	22	19	14
Safeguarding	3	2	7	1
CAP MDT	19	25	31	45
CAP	53	48	37	41
CIAT	230	220	183	186
Comm SW E&W	196	220	227	165
LT Complex	3	3	6	1
CRS Teams	135	89	72	76
HomeFirst Team/Pathways	33	20	22	18
Housing OT	5	8	4	5
OPDS Admin	15	12	8	12
OPMH	13	9	8	4
RDTA	24	22	17	32
LT Review Teams	30	27	28	18
LDS Teams	13	10	6	10
Xyla LT, LD, CIAT	18	21	9	7
Other - Brokerage, DOLS, ILT, reablement,...	11	3	15	7

■ Aug ■ Sept ■ Oct ■ Nov

CAP MDT

CAP MDT Data for November 2022 – *further development & validation work is being*

Referral flow diagram

- **298 CAP MDT referrals**
  - **86 Rapid Responses of which:**
    - 16 were closed in MDT
    - 70 were passed to Social Care and CRS Teams:
      - 12 to Stat Review Teams
      - 36 to CIAT
      - 2 to CAP
      - 16 to SW East & West/Xyla
      - 4 to HomeFirst SW Team/Pathways
  - **212 Other referral types of which:**
    - 27 were closed in MDT
    - 185 were passed to Social Care and CRS teams
      - 15 to CAP
      - 98 to CIAT/Xyla
      - 8 to LT /Stat ReviewsTeam
      - 34 to SW East & West/Xyla
      - 2 to OPMH/ CMHT
      - 1 to Rapid Discharge
      - 1 to HomeFirst SW Team/Pathways
      - 1 to Reablment
      - 25 to CRS Teams

Sending team of Rapid Response Referrals Passed to CAP MDT

- Home First Social Work Team, 6, 7%
- Created in CAP MDT, 1, 1%
- Long Term Comm Review Team, 15, 18%
- Edt, 1, 1%
- Community SW West, 1, 1%
- Community Initial Assessment Team, 5, 6%
- Common Access Point, 57, 66%
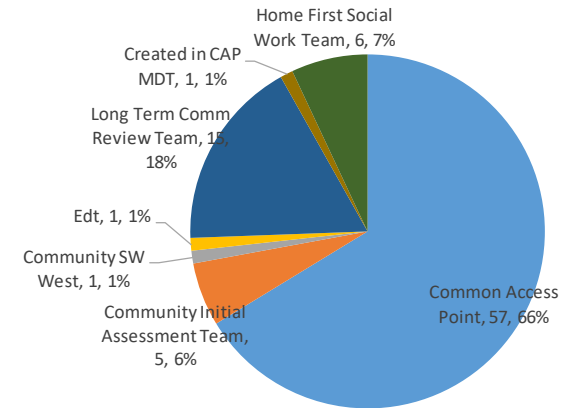
Sending team of Non RR Referrals Passed to CAP MDT

- Home First Social Work Team, 2, 1%
- Rse Cross, 1, 0%
- Rapid Discharge to Assess, 1, 0%
- Stat Review East, 1, 0%
- Created in CAP MDT, 33, 16%
- Community SW West, 1, 0%
- Long Term Comm Review Team, 15, 7%
- Edt, 1, 0%
- Dom Care Reviews Team, 1, 0%
- Community Initial Assessment Team, 3, 1%
- Common Access Point, 153, 72%
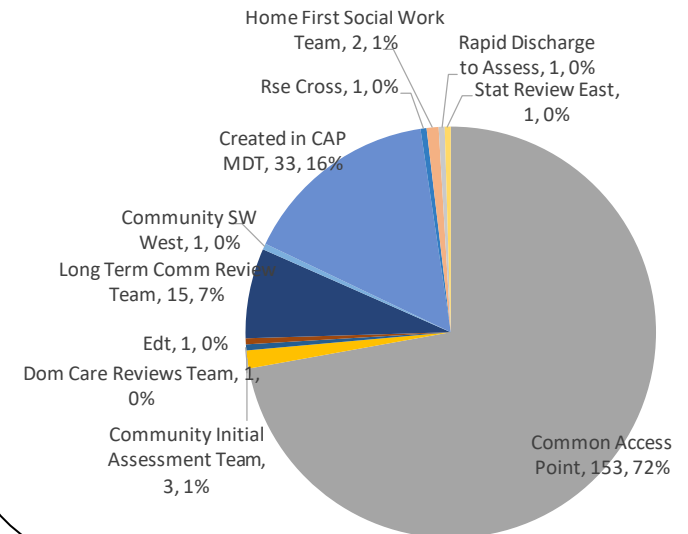
Rapid Response Referrals into CAP MDT and Outcome

Legend:
- Rapid Response Referrals Closed in CAP MDT
- Rapid Response Referrals passed to SW teams from MDT
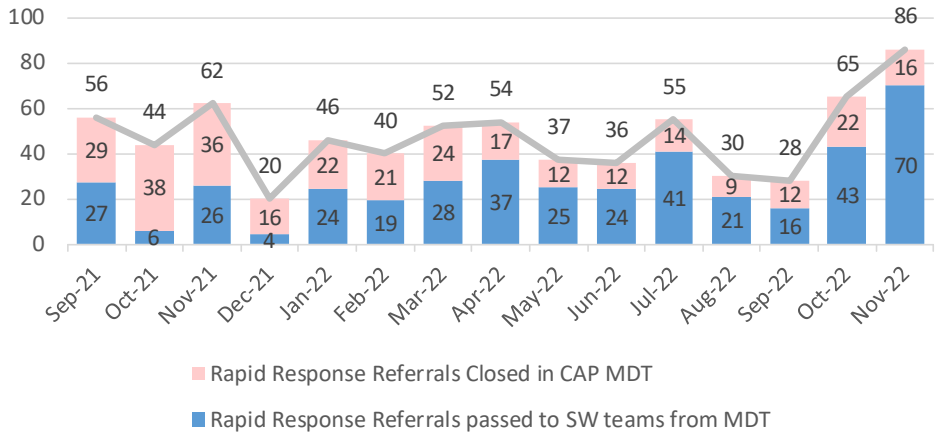
Non Rapid Response Referrals in MDT and their Destination

Legend:
- Carers Centre
- Community Dementia Support
- Community Initial Assessment Team
- Closed in CAP MDT
- Other SW Teams
- CRS Teams
- Review, East & West
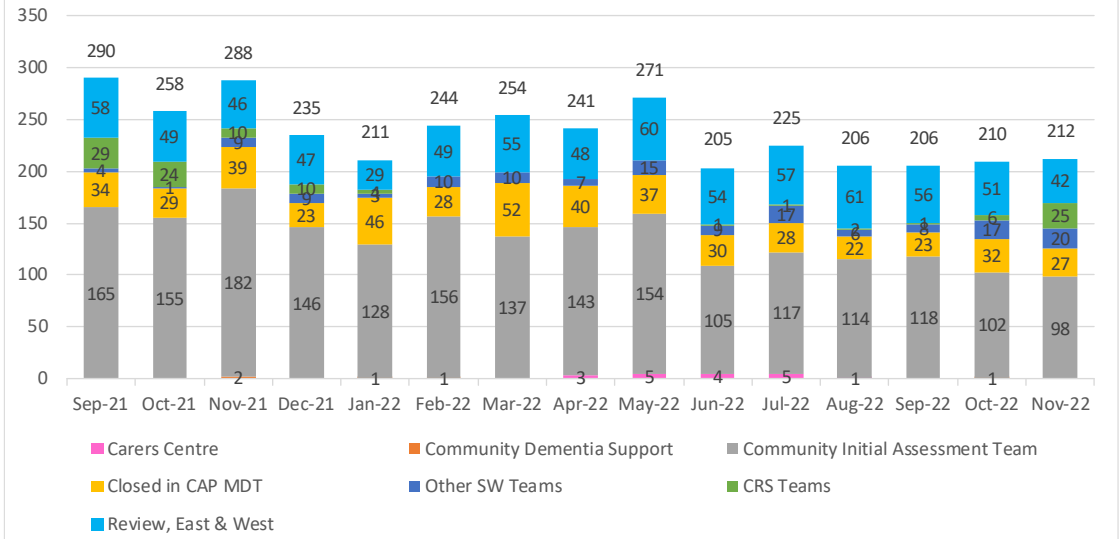
Type and Number of Services Requested by CAP MDT each month via a Service Order Summary Form

Legend:
- Day Services
- Direct Payments
- Domiciliary Care (including Respite at Home)
- Residential Respite
- Residential/Nursing Care
- Transport
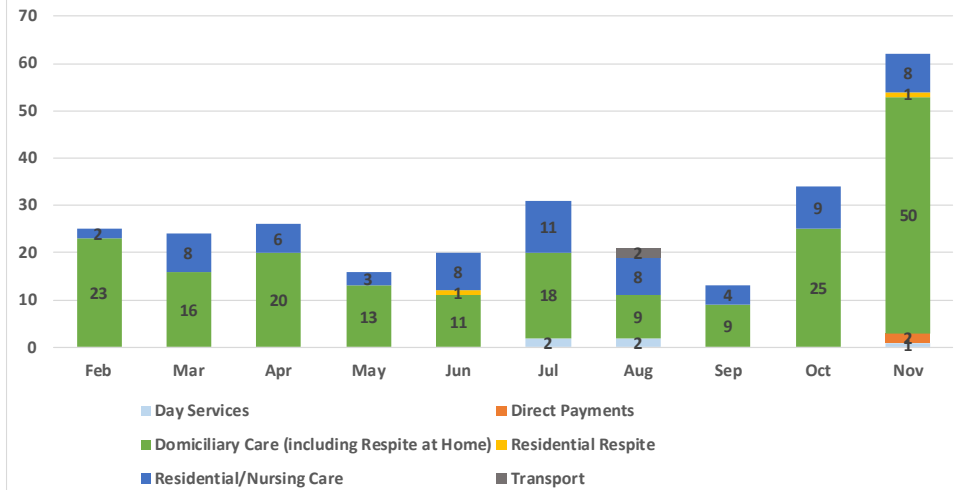
Assessments Undertaken/Forms Completed by CAP MDT

Legend:
- Swansea - AS - Closure Record
- Swansea - AS - Mental Capacity Assessment and Best Interests Record
- Swansea - AS Care & Support Plan
- Swansea - AS Service Order Summary Form
- Swansea - AS Service Order Summary Form V.2
- Swansea - AS Social Care Review
- Swansea - AS Social Work Assessment
- Swansea - AS Transfer Record

6 Adult Services Management Information Summary Headline Report – November 2022

What is working well?	What are we worried about?	What we are going to do?
The Resilience of staff in the team including the Access and Information Assistants, Social Workers, and Therapy Staff. There have been quite a few new A& I,s appointed who are doing well with their inductions. Staff continue to work in a collaborative /person centred approach. Hybrid working is still working well however in the New Year the team are looking at being back in the office as a full MDT. A care Management Officer from the Community Initial Assessment Team is now based in CAP dealing with the increases and decreases in care coming in from providers this has stopped some work going into the CIAT team. Her role in CAP IS assisting with the completion of contracts and care and support plans with cases that require right sizing.	The team have a few new staff who all need supervision/mentoring on a daily basis. Keeping up with the demand coming into the front door. Calls still coming into the department where the public could have explored community options first.	Regular support and supervision/mentoring required however this is difficult for staff due to the demand and complexity of cases being presented. Organising pilot in CAP to have the social workers from the MDT to sit next to the A& I,s in order to full discuss cases and make sure all options have been explored. A meeting is to be held with the digital team to look at options for the CAP main number with the possibility of the public being sign posted to the correct person/ department with a more manageable phone system.

Assessments & Reviews

Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Nov-22	307	170	433
Oct-22	299	145	418
Sept-22	306	129	392
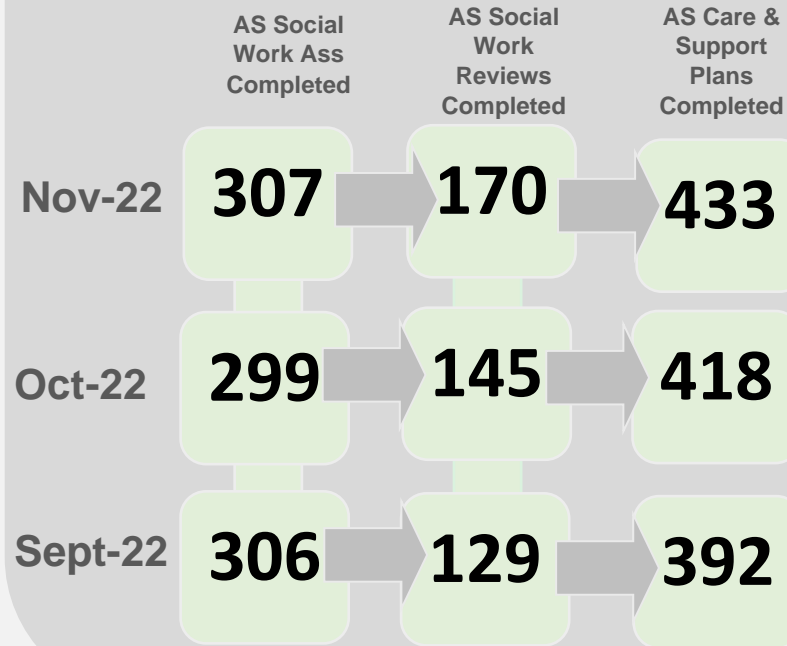
Mental Health CPA Assessments Completed by CMHTS & OPMH

	MH CPA Assessments Completed	MH Care & Treatment Plans, & Reviews Completed
Nov-22	100	124
Oct-22	86	124
Sept-22	106	110

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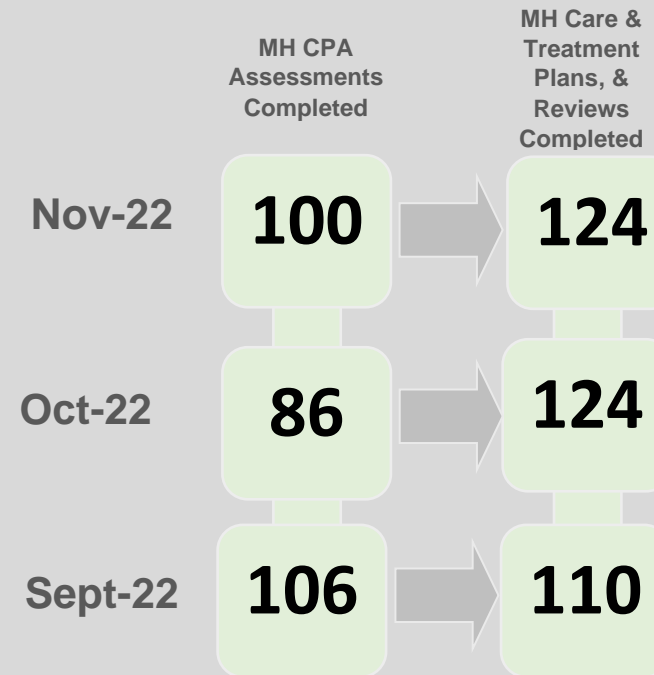
Adult Social Work Assessment, Review and Care & Support Plans Completed

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Total	272	654	740	690	678	632	551	649	545	659	763	922	660	802	917	921	939	827	862	910
Social Work Assessment	138	288	309	318	316	298	242	312	254	283	323	398	265	331	332	295	325	306	299	307
Social Care Review	40	102	107	81	84	80	70	68	61	84	103	118	97	112	179	191	197	129	145	170
Care & Support Plan	94	264	324	291	278	254	239	269	230	292	337	406	298	359	406	435	417	392	418	433

Legend: Swansea - AS Care & Support Plan; Swansea - AS Social Care Review; Swansea - AS Social Work Assessment; Total Distinct Count of Client ID

Mental Health CPA Assessment, Review and Care&Treatment Plans

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Total	44	113	136	151	212	180	133	315	166	244	278	381	156	199	196	182	171	216	210	224
Review				2	2	13	1	10	1	7	8	4	3	2	11	4	5	6	6	8
Care and Treatment Plan	8	47	58	55	121	71	55	137	61	100	126	162	57	98	72	83	80	104	118	116
Assessment	36	66	78	94	89	96	77	168	104	137	144	215	96	99	113	95	86	106	86	100

Legend: All Wales - MHM - MH & LD Assessment (v4); All Wales - MHM - MH & LD Care and Treatment Plan (v4); All Wales - MHM - MH & LD Review (v4); Total Distinct Count of Client ID

9 Adult Services Management Information Summary Headline Report – November 2022

Community Teams:

What is working well?	What are we worried about?	What we are going to do?
Level of assessments and reviews completed continue to grow steady.	Due to the number of social work vacancies and level of sickness in teams, we are worried about level of incomplete assessments on waiting lists.	Working to priority levels at RAG to minimise potential public risks.
Positive legal support to address complex social work functions.	Growing number of COP cases requiring experienced staffing levels to meet demand. Worried about competent capacity to meet complex demands which could affect organisational reputation.	Continue to work with existing staff to grow experience in teams. Continue to promote social work vacancies in Swansea Adult Services

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
The ability to maintain the Approved Mental Health Professional service is being maintained with staff returning from long term sickness to take up the role. Added to this we have approved staff from other service areas looking to join the rota as well as 3 members of staff hopefully qualifying in September.	The long term and unpredictable sickness levels of staff cause some difficulty in planning and managing this service.	Monthly meetings with managers to plan the rota and manage the service. AMHP re warranting interviews have been arranged for January 2023 with 3 students due to qualify in July 2023.
The Regional CHC dispute Policy is being looked at in detail. Improved working arrangements as part of this policy are developing. Management of the CHC lists regionally is allowing us to be clear about system blockages and focus on solutions.	Individual interpretation of the regional guidance is creating on going confusion and delay in the system. The funding split arrangement as part of this agreement will add to our spend in the short to medium term.	MH and LD services Regionally continue to engage in discussion regarding the financial arrangement regarding CHC cases through the West Glamorgan Regional Board.
	Another concern is that many people, their family, and Deputies decline to engage in the CHC process for fear of losing their Direct Payments and Personal Assistants.	We continue to engage with the NHS in Wales and Regionally to solve this issue. One recommendation from Welsh Government is the development of Independent User Trusts. As yet this has not been tried in any Health Board in Wales.

CLDT staff are applying for more applications to the Court of Protection with additional applications being completed by the SW agency XYLA.	Following the completion of the work undertaken by XYLA the court will look for these presented cases to be renewed. This will create a level of demand that the CLDT may not be able to manage in a short time which may cause delays in renewal applications for cases already before the Court. This increases the reputational and financial risk to the Authority.	Continue to do the best we can by meeting regularly with the CLDT staff to prioritise cases and manage demand within the available resources

Carers and Carers Assessments

Updated Carers Information:
Carers Information is now successfully being extracted from WCCIS however it continues to be validated with a view to improve on accuracy and completeness of information. Work to be undertaken to ensure data is appropriately entered and completed on WCCIS.

187 carers identified in Nov 22

169 offered assessment (90%)

84 assessments/reviews undertaken

6 of the MH Carers identified who weren't offered an assessment were not in attendance at the assessment

162 carers identified in Oct 22

149 offered assessment (92%)

77 assessments/reviews

164 carers identified in Sept 22

141 offered assessment (86%)

77 assessments/reviews

Accepted/Declined Offer of Assessment

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Declined Assessment	89	67	64	82	79	95
Wanted Assessment	60	55	73	59	70	74
Identified Carers	165	147	170	164	162	187

Outcomes of Completed Carers Assessments

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Blank	4	1	0		1	
Needs are able to be met by other means	22	14	14	14	13	11
No Care and Support needs to be met		1	2	1	3	4
Needs can only be met through a Care & Support Plan	31	31	26	39	37	52

- More Comprehensive Assessment required
- Blank
- Needs are able to be met by other means
- No Care and Support needs to be met
- Needs can only be met through a Care & Support Plan

Carers Assessments and Reviews completed

What is working well?	What are we worried about?	What we are going to do?
Carers assessment have remained at a steady growth with assessments offered at every opportunity where identified.	Carers continue to prefer traditional methods of care which are reported from a 'cared for' perspective rather than alternative methods of support from a carer's perspective.	Continue to promote Carers Right for carers support needs.

Residential Reablement

During September, October & November Residential Reablement services in Bonymaen had an overall percentage of 72% of people returning to their own homes, independently and with care packages.

23 Admissions (Nov 22)
23 from Hospital

17 People left residential reablement (Nov 22)
7 people left residential reablement in Nov 21

13 People went home
(1 with care, 12 with no care)
1 Hospital, 3 Residential

17 Admissions (Oct 22)
14 from Hospital
3 Community

19 People left residential reablement (Oct 22)
8 people left residential reablement in Oct 2021

16 People went home
(3 with care, 13 with no care)
3 Hospital

19 Admissions (Sept 22)
12 from Hospital
3 Community
4 Not Recorded

17 People left residential reablement (Sept 22)
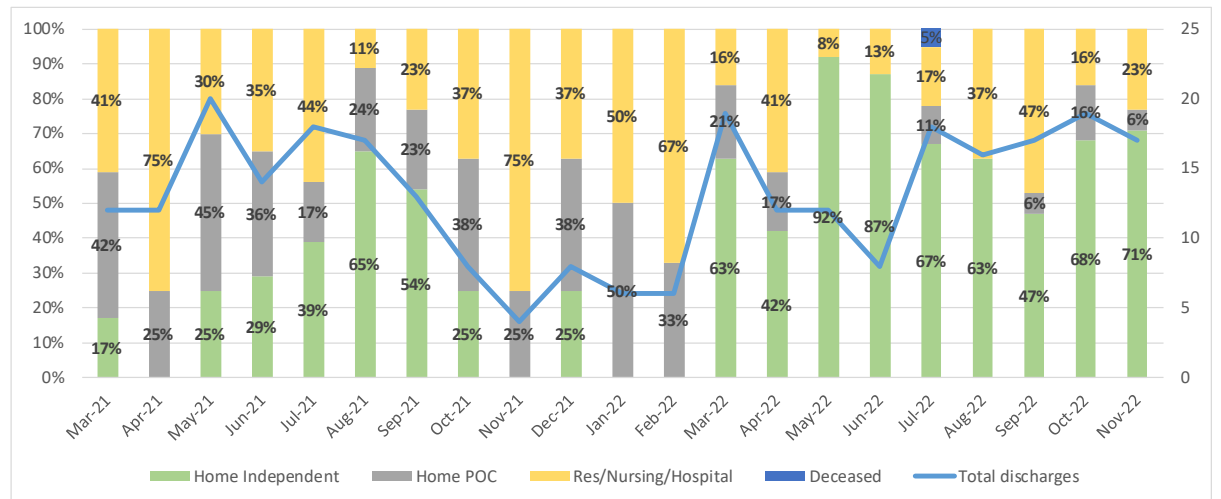21 people left residential reablement in Sept 2021
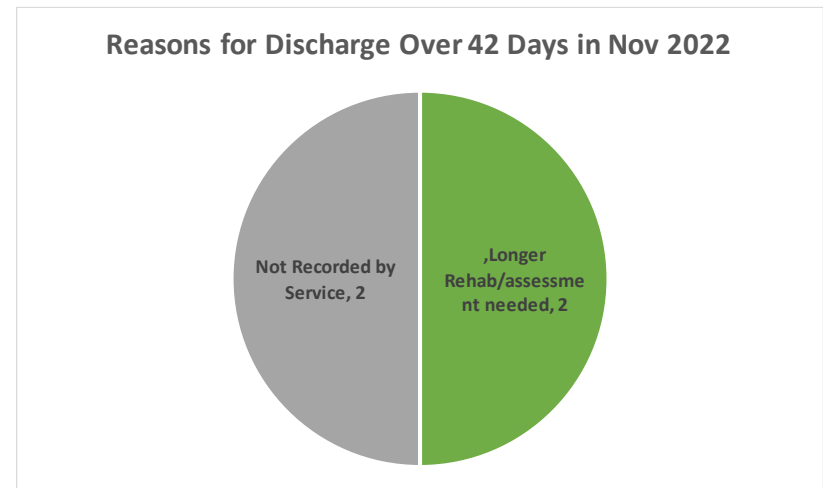
9 People went home
(1 with care, 8 with no care)
5 Hospital, 3 Residential

Percentages Leaving Residential Reablement & Outcomes

Bonymaen House
- Total Discharges each month Within and over Targeted 42 Day Assesments period

Legend: Within 42 Days | Over 42 days Assessment Period | Percentage of clients exceeding assessment period

Reasons for Discharge Over 42 Days in Nov 2022

Not Recorded by Service, 2 | ,Longer Rehab/assessment needed, 2

What is working well?	What are we worried about?	What we are going to do?
• Consistently high percentage of people returning home without a package of care. • Continue to meet requests within the agreed response time for the service. • Remain above the target for residential reablement. • Increased admissions from Hospital	• There are still a small number of people requiring readmission to hospital or long-term care. • Slight increase in 42 plus day discharge – some presented needs are higher than reablement. • Decrease in leaving the service. • Winter pressures and available staffing.	• Continue to have dialogue with hospital colleagues on appropriate referrals. • Work with other services and colleagues to plan for Winter Pressures and business continuity. • Continue to review beds available and increase subject to staffing.

Community Reablement

Nov 22

51 Started — 36 from Hospital, 15 from Community

Nov 21 — 39 Started

69 Received

Nov 21 — 69 Received

40 Left

Nov 21 — 33 Left

16 no care
11 same or more care, 9 Hospital, 3 not recorded

Oct 22

43 Started — 33 from Hospital, 10 from Community

78 Received

39 Left

16 no care
12 same or more care, 9 Hospital, 1 Family, 1 Deceased

Sept 22

35 Started — 31 from Hospital, 4 from Community

66 Received

30 Left

16 no care
6 same or more care, 5 Hospital, 1 Family, 2 not recorded

Hours of Reablement Provided a Month

Month	Number of Hours
Nov-21	733
Dec-21	457
Jan-22	353
Feb-22	1037
Mar-22	1275
Apr-22	1153
May-22	1436
Jun-22	1059
Jul-22	734
Aug-22	936
Sep-22	807
Oct-22	665
Nov-22	683

Legend: Reablement | Number of users

Percentage leaving Community Reablement Independent

Month	%independent
Sep-21	39%
Oct-21	43%
Nov-21	39%
Dec-21	30%
Jan-22	50%
Feb-22	63%
Mar-22	46%
Apr-22	43%
May-22	44%
Jun-22	48%
Jul-22	40%
Aug-22	40%
Sep-22	53%
Oct-22	41%
Nov-22	40%

Legend: %independent | No of Clients Leaving Independent

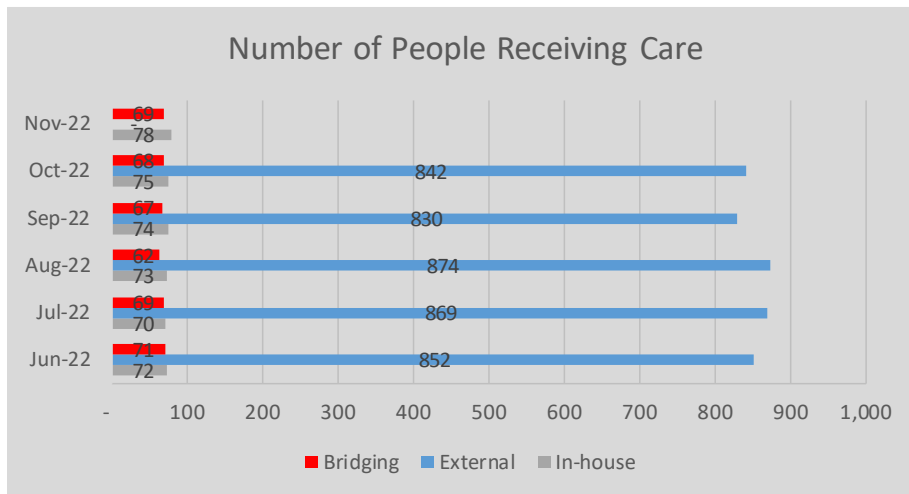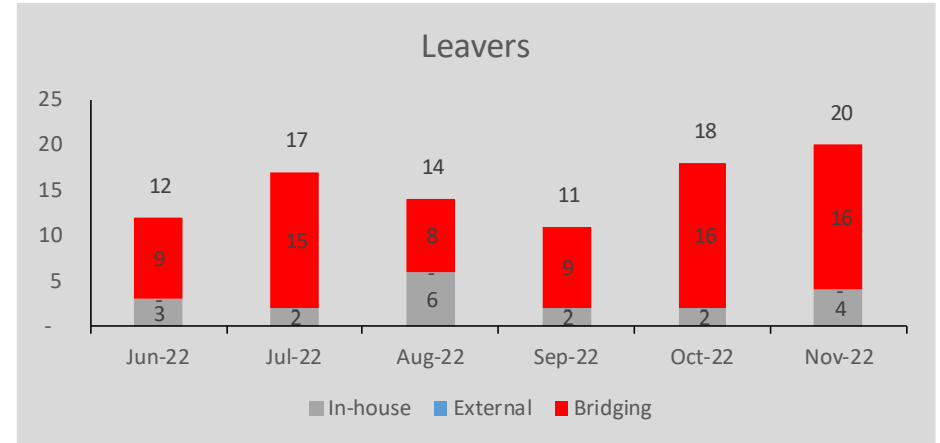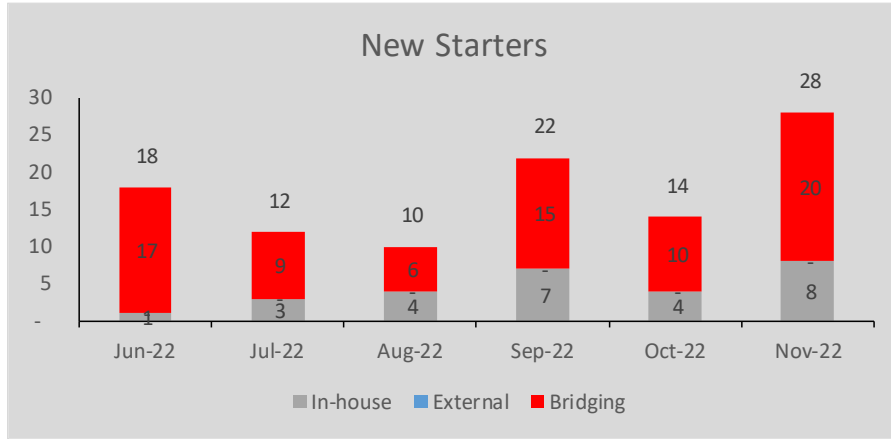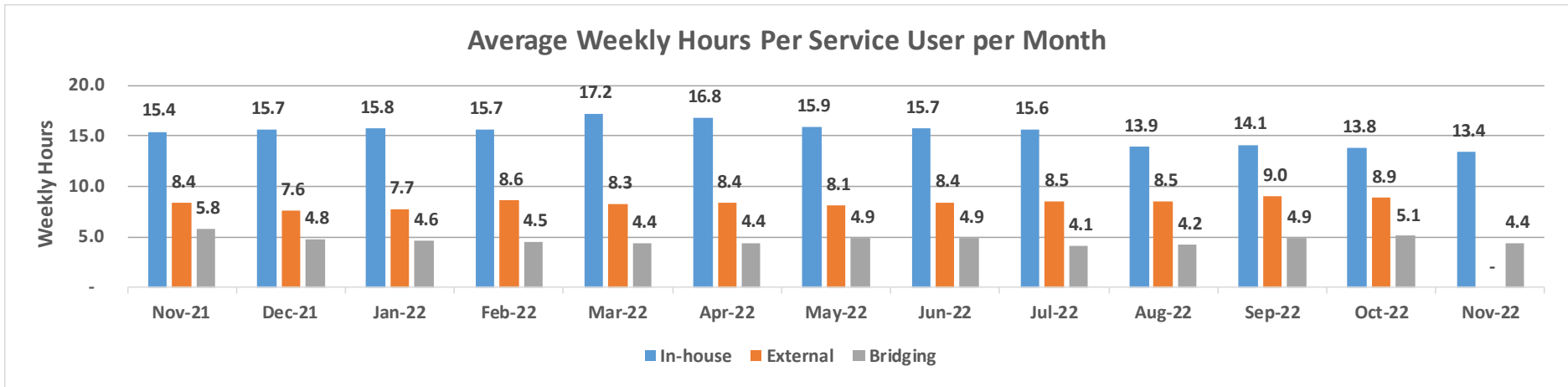| What is working well?	What are we worried about?	What we are going to do?
In spite of rising staffing deficits we have managed to increase the number of individual's admitted to service this month. This is wholly due to the teams' ability to identify spare capacity to safely accommodate new packages.	The proportion of discharges that are with the same or more care following our intervention is still higher than we would like to see as a Reablement Service and points to an increase in the number of individual's that are being referred to us with longer term and more complex needs. Flow through the reablement service is still impacted by delays in sourcing long term maintenance packages of care in the external domiciliary care sector. Our staffing rota deficits have been fluctuating between 30 and 40% throughout November due to staff sickness and staff vacancies. We fear that this will increase as we near the Christmas period when staff socialise more when the incidence of flu and other seasonal illnesses are on the increase. Delays in our recruitment pipeline means that we are not filling our vacancies as quickly as we would like. Feedback from the Homecare Manager and Seniors in Reablement would suggest that they continue to struggle to to meet their week 1,3 and 5 reviews with all of their clients in spite of the new Pilot.	Look again at the criteria used in triage for referrals into the service to ensure that we are taking individual's with reablement/right sizing potential. We continue to work with our colleagues across the wider MDT to manage down demand (right sizing packages of care whilst individuals are waiting for an external domiciliary care provider via Brokerage; attendance at the domiciliary care consideration panel). Continue to transfer bridging packages of care to our Long-Term Complex service, where their capacity allows. Continue to work on our staffing deficits (through better management of absence and ongoing recruitment activity). Remind staff of the measures that can be taken to keep themselves and the individuals we support, safe and well during the festive period. Maintain contact with successful applicants throughout the pre-employment check period to ensure that they are not 'lost' to other employment opportunities. Amend the pilot in the Reablement Service to address the concerns raised by staff and review procedures to identify any further efficiencies that can be made.

Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always a month behind in reporting for externally commissioned care. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing

New Starters

Month	In-house	Bridging	Total
Jun-22	1	17	18
Jul-22	3	9	12
Aug-22	4	6	10
Sep-22	7	15	22
Oct-22	4	10	14
Nov-22	8	20	28

Legend: In-house, External, Bridging

Leavers

Month	In-house	Bridging	Total
Jun-22	3	9	12
Jul-22	2	15	17
Aug-22	6	8	14
Sep-22	2	9	11
Oct-22	2	16	18
Nov-22	4	16	20

Legend: In-house, External, Bridging

Number of People Receiving Care

Month	Bridging	External	In-house
Nov-22	69	-	78
Oct-22	68	842	75
Sep-22	67	830	74
Aug-22	62	874	73
Jul-22	69	869	70
Jun-22	71	852	72

Legend: Bridging, External, In-house

Total Domiciliary Hours Delivered

Month	Bridging	External	In-house
Nov-22	1,291	-	4,490
Oct-22	1,527	33,086	4,599
Sep-22	1,394	32,154	4,476
Aug-22	1,163	32,890	4,509
Jul-22	1,258	32,980	4,848
Jun-22	1,477	31,264	4,855

Legend: Bridging, External, In-house

Average Weekly Hours Per Service User per Month

Month	In-house	External	Bridging
Nov-21	15.4	8.4	5.8
Dec-21	15.7	7.6	4.8
Jan-22	15.8	7.7	4.6
Feb-22	15.7	8.6	4.5
Mar-22	17.2	8.3	4.4
Apr-22	16.8	8.4	4.4
May-22	15.9	8.1	4.9
Jun-22	15.7	8.4	4.9
Jul-22	15.6	8.5	4.1
Aug-22	13.9	8.5	4.2
Sep-22	14.1	9.0	4.9
Oct-22	13.8	8.9	5.1
Nov-22	13.4	-	4.4

Legend: In-house, External, Bridging

Brokerage Reports are on the development list for the WCCIS team.

Number of Referrals to Brokerage and Number on Waiting List at Month End

Month	Number of Referrals	Number of Referrals from Hospital	Number on WL at month end
Aug-20	120	4	
Sep-20	118	27	
Oct-20	130	19	
Nov-20	87	26	
Dec-20	122	16	
Jan-21	112	20	
Feb-21	76	18	
Mar-21	173	42	
Apr-21	56	15	
May-21	96	11	
Jun-21	106	24	
Jul-21	124	25	
Aug-21	116	26	
Sep-21	113	21	
Oct-21	89	17	
Nov-21	118	18	
Dec-21	115	22	
Jan-22	124	15	
Feb-22	88	19	
Mar-22	177	24	
Apr-22	140	13	229
May-22	149	14	262
Jun-22	176	11	285
Jul-22	184	21	275
Aug-22	184	17	295
Sep-22	168	23	275
Oct-22	201	36	213

External Domiciliary Care:

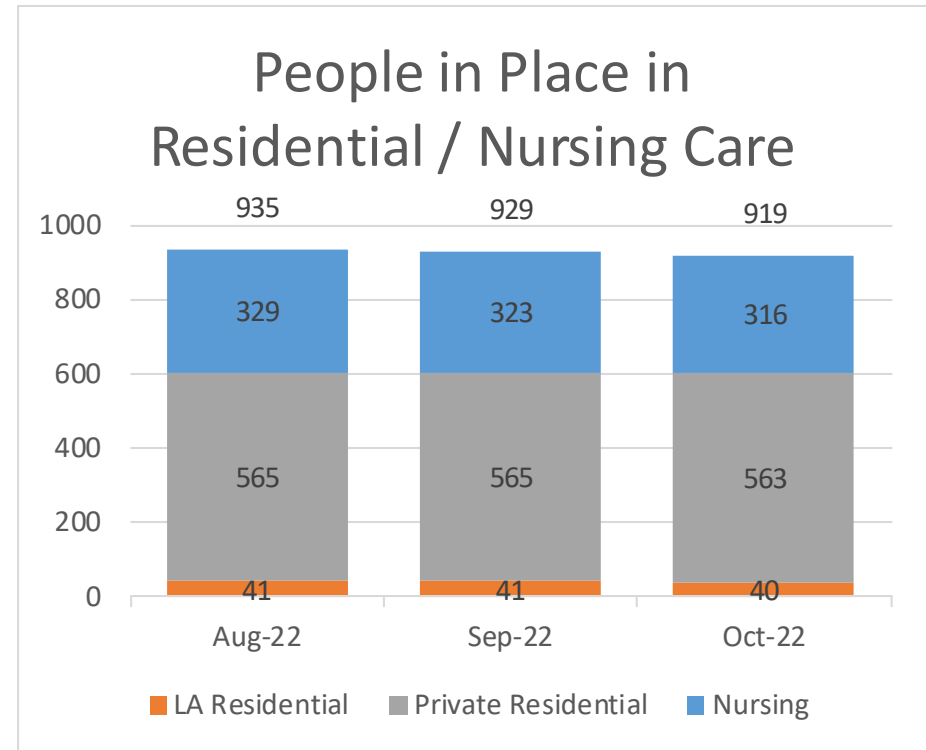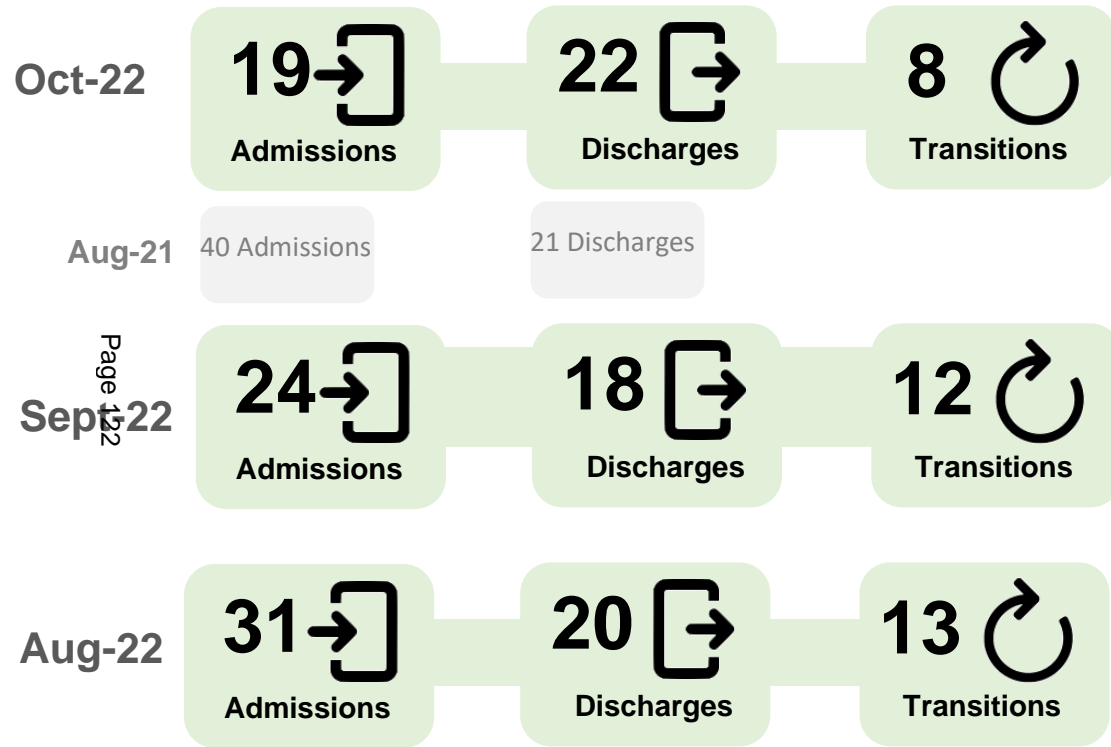| What is working well?	What are we worried about?	What we are going to do?
• Optimisation of block contract in hard to reach areas resulting in no waiting list for care on Gower. • Implementation of second block (low volume) contract to optimise capacity and stabilise workforce. • Relative stability of services approaching Christmas • Provider feedback which suggests use of long-term services to provide respite care is effective and helps maintain Provider stability.	• Ongoing operational cost pressures • Ongoing workforce recruitment and retention pressures. • Potential for further handbacks caused by staff leaving the care sector • Ongoing Winter Pressures	• Continue to Review service and commissioning models to achieve more sustainable and stable services • Explore additional uplifts for 23/24 • Continue to attempt to develop ways to increase social care workforce • Winter pressure contingency planning

Internal Long-Term Care:

What is working well?	What are we worried about?	What we are going to do?
Focussed work on right sizing packages of care based on our call monitoring data is releasing capacity to accommodate new packages of care from our duty desk and facilitating the transfer of bridging calls from our Reablement Service. Feedback on the new Pilot from the Homecare Manager and Seniors reveals that it is freeing up staff to fulfil their regulatory obligations in respect of timely client reviews.	See Reablement Service	See Reablement Service Maintain the existing pilot Management Structure in the Long Term Complex Service and continue to review to ensure that we are still providing a safe and sustainable service.

Residential/Nursing Care - Permanent

We have worked with the finance teams and fully revised our methods to ensure accurate information. Alternative methods of gathering this data are being investigated to see if we can get faster accurate data. WCCIS is being developed to fully meet requirements for internal & external residential care and reports have been developed. We are in the process of ratifying data.

Previous months information is updated as systems are updated.

Oct-22
- 19 Admissions
- 22 Discharges
- 8 Transitions

Aug-21
- 40 Admissions
- 21 Discharges

Sept-22
- 24 Admissions
- 18 Discharges
- 12 Transitions

Aug-22
- 31 Admissions
- 20 Discharges
- 13 Transitions

People in Place in Residential / Nursing Care

	Aug-22	Sep-22	Oct-22
Total	935	929	919
Nursing	329	323	316
Private Residential	565	565	563
LA Residential	41	41	40

Legend: LA Residential, Private Residential, Nursing

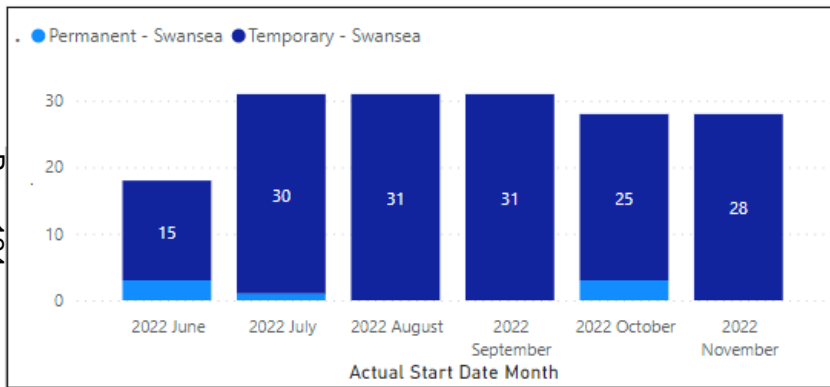| What is working well?	What are we worried about?	What we are going to do?
External Provision • Stable occupancy levels leading to reduced market stability risks • Collaborative work with Providers to review costs and revise fee structures	**External Provision** • Ongoing workforce recruitment and retention pressures • Ongoing inflationary pressures • Reduced contract monitoring and	**External Provision** • Winter pressure contingency planning • Service failure / disruption contingency planning • Resume light touch contract monitoring arrangements

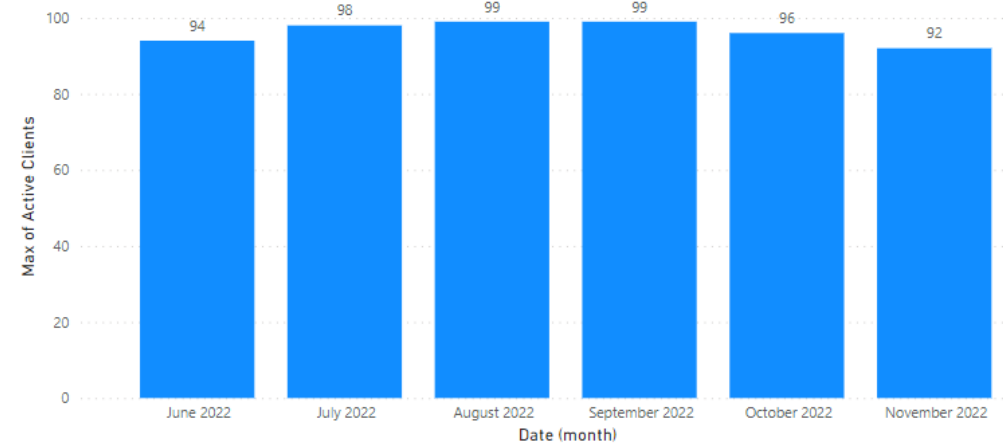|		
• Implementation of interim subsidy to reflect unforeseen inflationary cost pressures • Compulsory workforce registration	understanding of service quality. • Absence of residential dementia fee rate • Potential for service failures / disruptions linked to rising costs • Winter pressures	• Provide contingency cover for homes if essential and where possible. • Devise options for dementia rate implementation

Older People Internal Residential Care – Permanent & Temporary

WCCIS is now being used to record and collect data on Internal Residential Care. All data continues to be validated.
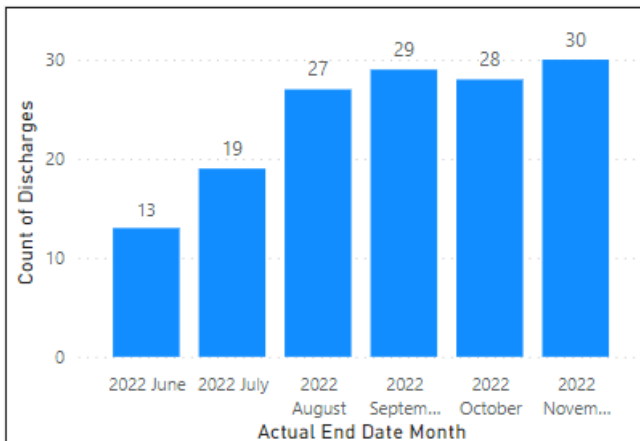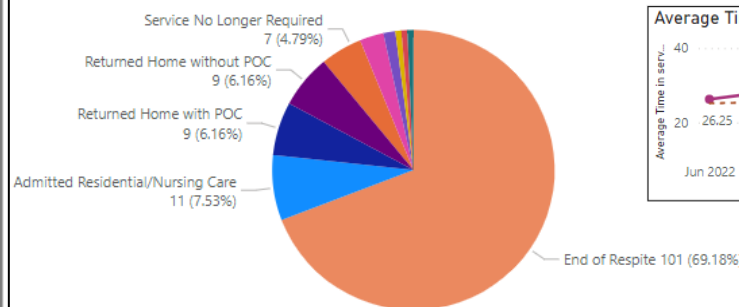
Admissions:

Permanent - Swansea ● Temporary - Swansea

| 2022 June | 2022 July | 2022 August | 2022 September | 2022 October | 2022 November |
| 15 | 30 | 31 | 31 | 25 | 28 |

Actual Start Date Month

Clients in Place during each month:

| June 2022 | July 2022 | August 2022 | September 2022 | October 2022 | November 2022 |
| 94 | 98 | 99 | 99 | 96 | 92 |

Date (month)

This will be broken down into temp and permanent placements in next months report

Discharges:

| 2022 June | 2022 July | 2022 August | 2022 September | 2022 October | 2022 November |
| 13 | 19 | 27 | 29 | 28 | 30 |

Actual End Date Month

Discharge Destinations over Period June-Nov 22

Service No Longer Required 7 (4.79%)
Returned Home without POC 9 (6.16%)
Returned Home with POC 9 (6.16%)
Admitted Residential/Nursing Care 11 (7.53%)
End of Respite 101 (69.18%)

Average time in Service for Temp Placements only over Period Jun-Nov 22

Average Time in service by Year and Month

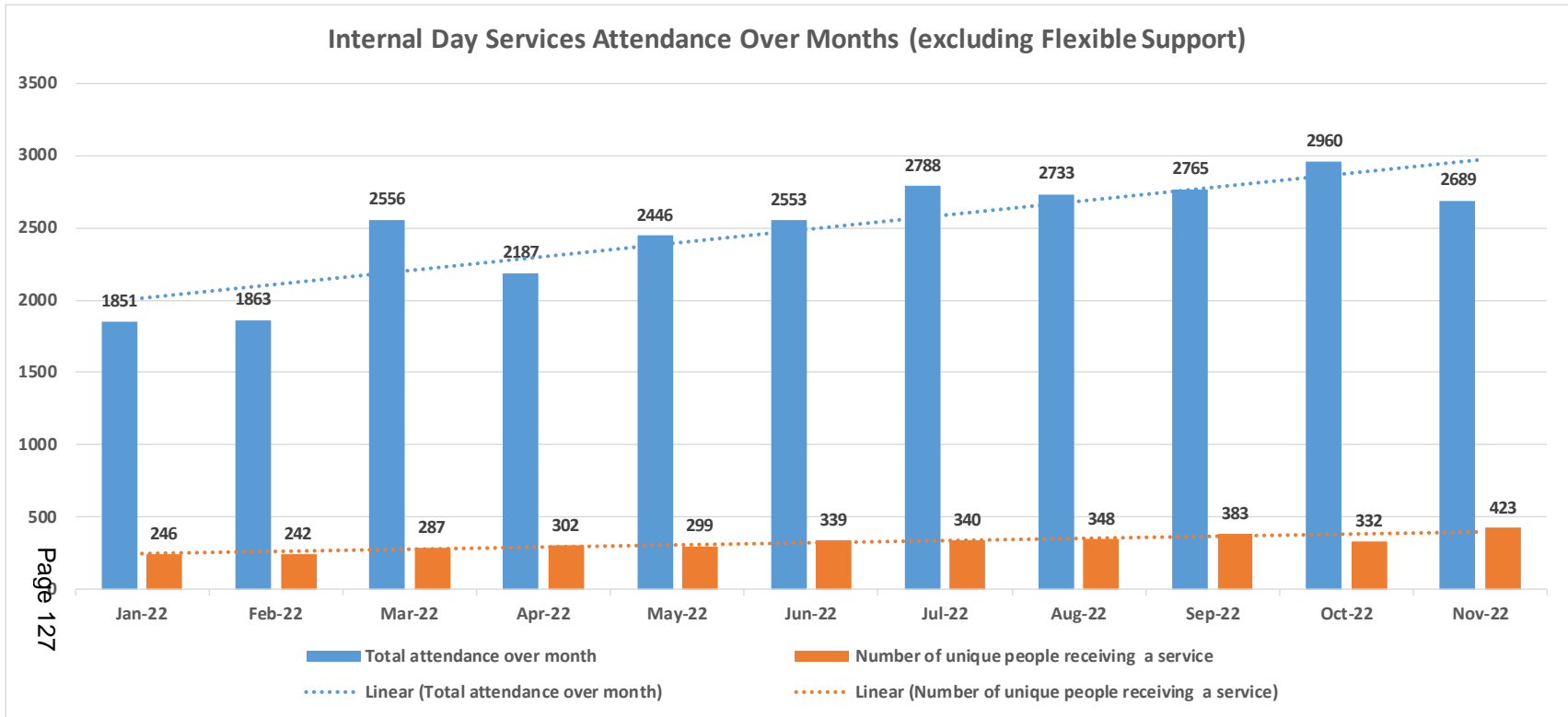| Jun 2022 | Jul 2022 | Aug 2022 | Sep 2022 | Oct 2022 | Nov 2022 |
| 26.25 | 31.00 | 28.04 | 16.10 | 22.79 | 39.17 |

Year

What is working well?	What are we worried about?	What we are going to do?
• Offering step up/down short term emergency placements. This prevents admission to hospital/long term care or enables discharge from hospital. • Planned respite continues to increase. • System to refer now on WCCIS which will help with speedy admissions.	• Delays in resident returning home due to availability of POC. Impact on available beds. • Complexity of need requires higher staffing levels. • Winter Pressures.	• Need to review the figures and refine to confirm data. • Offer support to lower level need individuals e.g. P1, low intervention within staffing levels. Supports return home.

Internal Day Services for Older People, Special Needs and Learning Disabilities

The data below is extracted from Abacus plus a manual record of Health users and a number of other recording systems. This is the number of unique people who have attended a day service, together with the number of places used each month. Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data. Internal Day Services Service Provisions are soon to officially 'go live' on onto WCCIS. This will provide a streamlined approach to gathering data on unique service users and admissions and discharges. Attendance cannot be recorded on WCCIS so other methods will continue to be used to gather this information. Work has also commenced on External Day Services Provision.
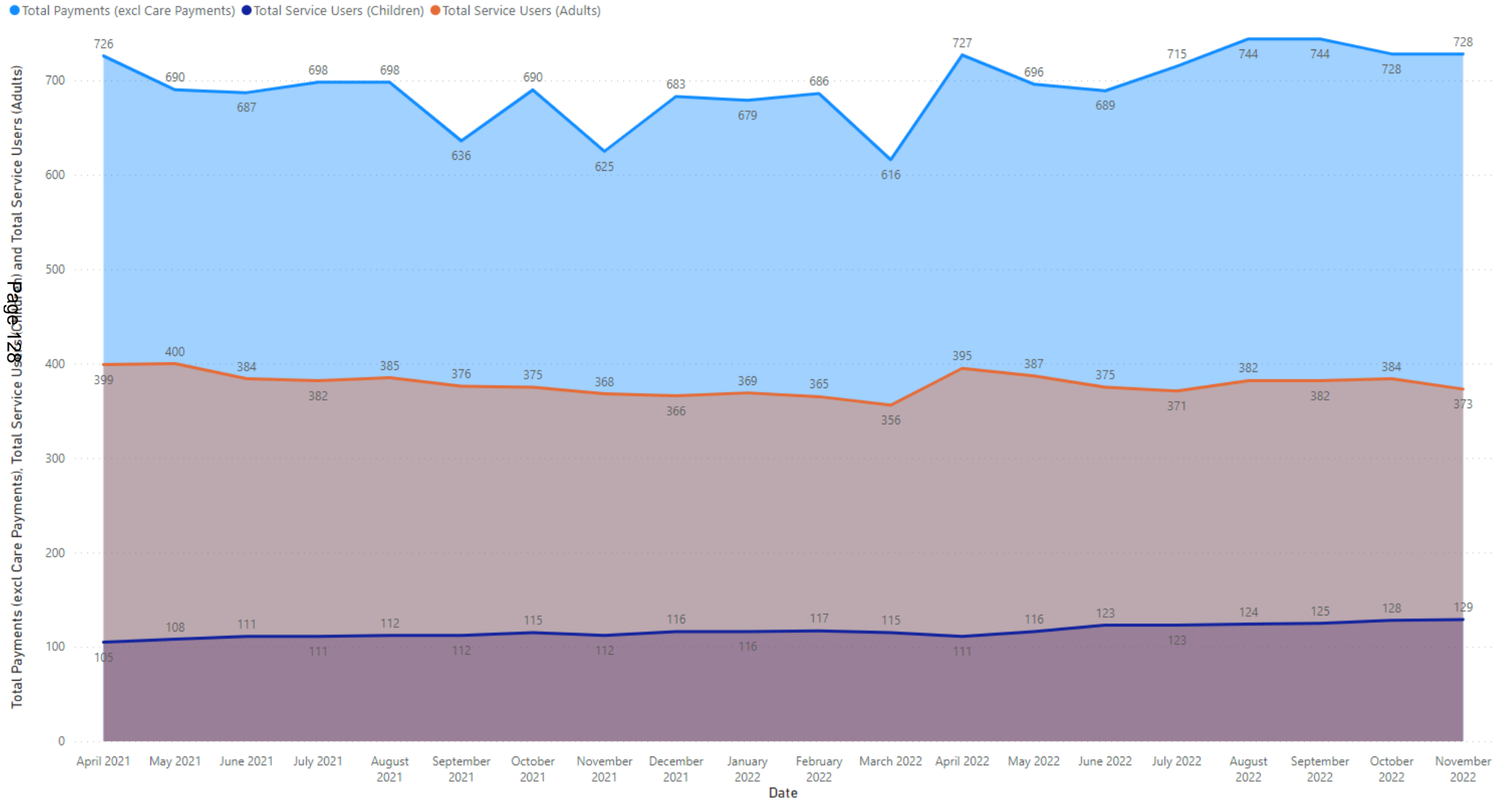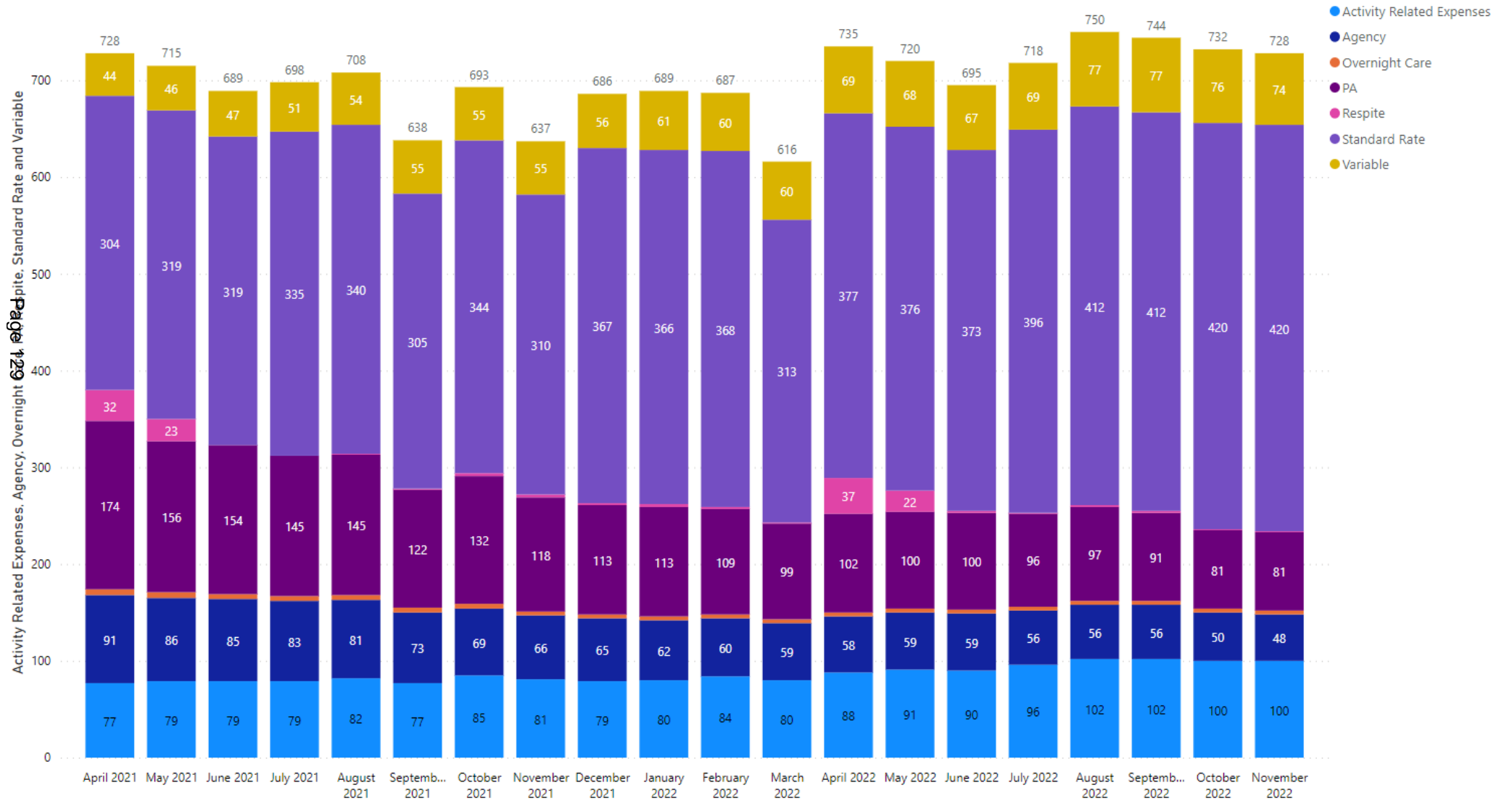
Nov 2022	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	99	36	226	62	42	465

Oct 2022	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	84	37	149	62	42	374

Oct LD Data is being further validated

Sept 2022	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	85	35	226	37	42	425

Internal Day Services Attendance Over Months (excluding Flexible Support)

Month	Total attendance over month	Number of unique people receiving a service
Jan-22	1851	246
Feb-22	1863	242
Mar-22	2556	287
Apr-22	2187	302
May-22	2446	299
Jun-22	2553	339
Jul-22	2788	340
Aug-22	2733	348
Sep-22	2765	383
Oct-22	2960	332
Nov-22	2689	423

Oct LD Data is being further validated

- Total attendance over month
- Number of unique people receiving a service
- Linear (Total attendance over month)
- Linear (Number of unique people receiving a service)

What is working well?	What are we worried about?	What we are going to do?
• Increase in number of service users returning, commencing a new service and attending day services.	• Flexible Support is at capacity.	• Review criteria, use, capacity and pressures on FSS. • Continue to enable service users to return to service. • Support care managers to review service users' needs and consider a range of options. • Services such as CREST and Work Development working closely together to maximise support around employment.

Direct Payments

Number of Payments each Month Plus number of Unique Service Users

- Total Payments (excl Care Payments) ● Total Service Users (Children) ● Total Service Users (Adults)

Number of Payments each Month
based on Type of Payment

Legend:
- Activity Related Expenses
- Agency
- Overnight Care
- PA
- Respite
- Standard Rate
- Variable

Y-axis: Activity Related Expenses, Agency, Overnight Care, Respite, Standard Rate and Variable

Month	Variable	Standard Rate	Respite	PA	Agency	Activity Related Expenses	Total
April 2021	44	304	32	174	91	77	728
May 2021	46	319	23	156	86	79	715
June 2021	47	319		154	85	79	689
July 2021	51	335		145	83	79	698
August 2021	54	340		145	81	82	708
September 2021	55	305		122	73	77	638
October 2021	55	344		132	69	85	693
November 2021	55	310		118	66	81	637
December 2021	56	367		113	65	79	686
January 2022	61	366		113	62	80	689
February 2022	60	368		109	60	84	687
March 2022	60	313		99	59	80	616
April 2022	69	377	37	102	58	88	735
May 2022	68	376	22	100	59	91	720
June 2022	67	373		100	59	90	695
July 2022	69	396		96	56	96	718
August 2022	77	412		97	56	102	750
September 2022	77	412		91	56	102	744
October 2022	76	420		81	50	100	732
November 2022	74	420		81	48	100	728

What is working well?	What are we worried about?	What we are going to do?
• DP increases continue to enable people to receive one of the most favourable rates across Wales • Stabilisation of services from new Managed Account service Provider (Compass) • Successful recruitment of PAs which has significantly increased additional no of PAs (now over 180) available to provide care and support. • Creation of 2 work placements within team to bolster capacity • Data shows gradual increase in use of DPs • Creation of performance management data sets to be used to evaluate DP use, process bottlenecks and team performance.	• Transfer of contract (and data) for Payroll and Managed Account Services is creating additional costs (to manage / correct former Provider's payroll errors) • Opportunities to use DPs to create alternatives to traditional services are not optimised. • DPs for carers are underused. • Systems and processes to ensure payments are recovered if not used require review. • Resources and processes are impeding capacity to match PAs with people waiting to receive care.	• Risk management plan in place to address transfer of contract / data related problems • Legal advice regarding recovery of additional costs (legal action pending). • Review systems and processes and identify improvements where possible. • Improve Performance management (of internal staff , systems and processes) • Expand use of DPs to support the development of micro enterprises. • Review process for ensuring allocated DP funds are used or recovered. • Benchmarking systems, processes and team structures with other LAs to identify improvements

Safeguarding Response

Timeliness of response to Safeguarding Reports

	Sep-22	Oct-22	Nov-22
Responded over 7 days	8	9	7
Responded within 2-7 days	20	22	21
Responded within 24 hrs	30	28	21

- ⬛ Responded over 7 days
- ⬛ Responded within 2-7 days
- ⬛ Responded within 24 hrs
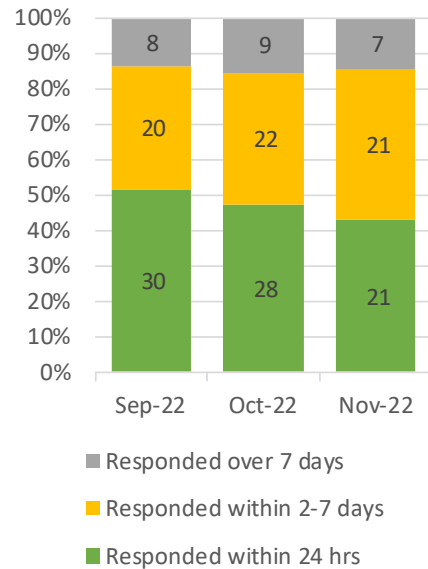
Determination Outcomes of those Completed

	Sep-22	Oct-22	Nov-22
Determination 4 – No further action required	36	35	31
Determination 3 – Adult at Risk and action to protect needed.	6	3	2
Determination 2 – The adult is not at risk but may have care and support needs.	14	21	14
Determination 1 – Immediate protection required	2		2

- ⬛ Determination 4 – No further action required
- ⬛ Determination 3 – Adult at Risk and action to protect needed.
- ⬛ Determination 2 – The adult is not at risk but may have care and support needs.
- ⬛ Determination 1 – Immediate protection required

Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reporting and Consultations & Inappropriate Casenotes will be higher.

Reports /Actions

56 **Reports received in Nov 22**
49 Determinations completed
86% responded to within 7 days
156 Consultations held,22 inappropriate

65 Reports were received in Nov 21, 65 Determinations completed

59 Determinations completed
85% responded to within 7 days
127 Consultations held,26 inappropriate

55 Determinations completed
3 awaiting response
89% responded to within 7 days
122 Consultations held,23

Referrals/Consultations % Breakdown

Legend: % of Referrals | % of Consultations | % of innapropriate | Linear (% of Referrals) | Linear (% of Consultations)

Consultations Categories Nov 22

Statutory SW Team, 1
Health, 1
Care Home, 13
Community, 11
Care Provider, 4

All Referrals Recorded in the Safeguarding Team with Reason for Referral

Legend: Adult at Risk | Alleged Professional Abuse | Contact Enquiry (New) | IFSS | POVA | PPN Received | Suicide | Suicide Impact

31 Adult Services Management Information Summary Headline Report – November 2022

What is working well?	What are we worried about?	What we are going to do?
• Consultations continue to rise- demonstrating that people are using the Safeguarding Team for advice and Guidance • The Safeguarding Team remain resilient, strong and together. Despite the trauma, abuse and harm that they deal with daily. They utilise the support of one another and 6 weekly vicarious trauma counselling. There is no sickness within the Team currently and sickness is not something that features very often. • 2 Students have joined the Team and are a huge asset in terms of supporting the work that is being undertaken • Office days are being seen and the team are enjoying some face to face work again. • No sickness in the fully staffed Team	• There continues to be a rise in the inappropriate reports, and we believe this is down to a rise in the number of agency staff that are being used in the care sector, due to the current care crisis we are in. They may not be aware of the consultation process, and submit AAR Reports rather than consulting with us. • The volume of Professional Concerns referrals continues to rise. This means that the Manager has reduced time to manage other elements of the Team Manager role. This also has an impact on the principal officer, who also undertakes professional concerns meeting. • Suicide numbers are rising and we worry that the number of attempted suicides is also rising. This has an emotional drain on the team.	• Continue to promote Team resilience and engage and encourage the team to recognise the importance of their emotional well-being, by booking vicarious trauma counselling regularly. Continue to meet regularly and talk through what is working well and what they are worried about. Continue to support one another in the difficult and frequently challenging roles that we have in the Safeguarding Team. • The 'buddy system' that was developed last month continues to be used and is working well. This ensures that they are not left alone with the emotion of difficult and emotive phone calls.
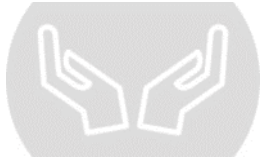
Timeliness of Deprivation of Liberty Assessments

DoLS Backlog and New Referrals
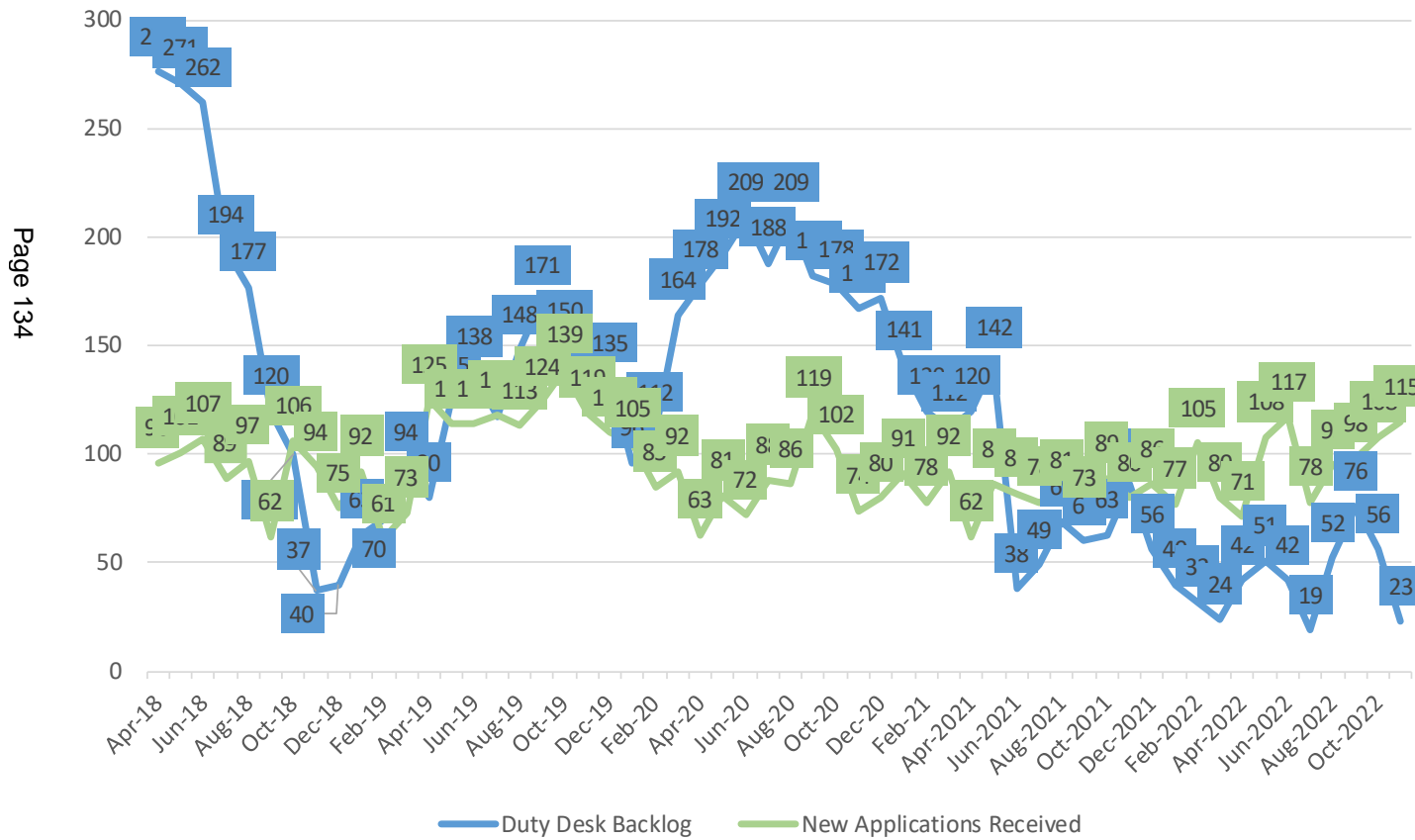
Quarterly Best Interest Assessor Performance
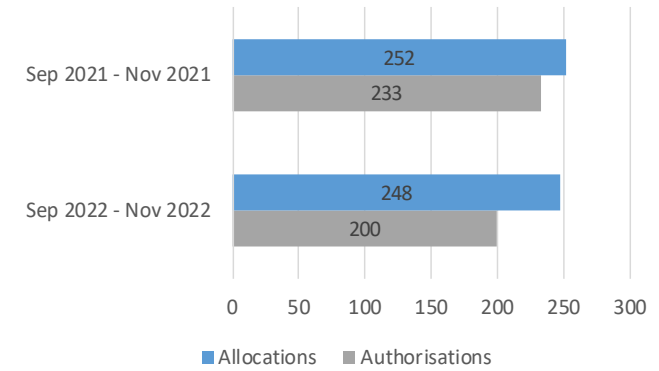
Quarterly Signatory Body Performance

33 Adult Services Management Information Summary Headline Report – November 2022

What is working well?	What are we worried about?	What we are going to do?
• Full team of BIA's so well staffed. • Backlog staying low. • Senior back from sickness. • Morale in team is good	• Still one senior post vacant causing a backlog of Form 5's to be authorised. • Still a backlog of documents waiting to be sent out due to sickness in business support. • Increased amount of s21 applications being made to Court of Protection. • Still not in a position to advertise LPS roles meaning Team Leader is still having to pick up this work. • Very short of s12 doctors over the festive period due to them taking leave.	• Team Manager picking up Form 5 work. • Business support from Safeguarding helping out with sending documents out. • Regular meetings with paid RPR service to ensure s21a challenges are appropriate. • Follow up HR in the new year in relation to LPS roles. • Prioritise s12 doctor allocations over the festive periods to ensure we can continue to allocate.

Integrated Impact Assessment Screening Form

Please ensure that you refer to the Screening Form Guidance while completing this form.

Which service area and directorate are you from?
Service Area: Tackling Poverty Service
Directorate: Adult Social Services

Q1 (a) What are you screening for relevance?

- ☐ New and revised policies, practices or procedures
- ☐ Service review, re-organisation or service changes/reductions, which affect the wider community, service users and/or staff
- ☐ Efficiency or saving proposals
- ☐ Setting budget allocations for new financial year and strategic financial planning
- ☐ New project proposals affecting staff, communities or accessibility to the built environment, e.g., new construction work or adaptations to existing buildings, moving to on-line services, changing location
- ☐ Large Scale Public Events
- ☐ Local implementation of National Strategy/Plans/Legislation
- ☐ Strategic directive and intent, including those developed at Regional Partnership Boards and Public Services Board, which impact on a public bodies functions
- ☐ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)
- ☐ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)
- ☐ Major procurement and commissioning decisions
- ☐ Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services
- ☒ Other

(b) Please name and fully <u>describe</u> initiative here:

This is an IIA Screening for the latest Adult Services Performance Report for Adult Services for the Adult Services Scrutiny Panel. The report outlines the key performance areas of Adult Services provision outlining how we're meeting our statutory obligations and requirements of relevant legislation and procedures we are required to follow e.g. Wales Safeguarding procedures.

The Adult Services Scrutiny Panel is being asked to consider the report and give its views / make recommendations to the relevant Cabinet Member.

There is no impact for the report itself. Recommendations made by the committee to inform future activity may require further investigation through the full IIA process which would be actioned at the appropriate time.

Q2 What is the potential impact on the following: the impacts below could be positive (+) or negative (-)

	High Impact +	High Impact -	Medium Impact +	Medium Impact -	Low Impact +	Low Impact -	Needs further Investigation	No Impact
Children/young people (0-18)	☐	☐	☐	☐	☐	☐	☐	☒
Older people (50+)	☒	☐	☐	☐	☐	☐	☐	☐
Any other age group	☐	☐	☒	☐	☐	☐	☐	☐
Future Generations (yet to be born)	☐	☐	☐	☐	☒	☐	☐	☐
Disability	☒	☐	☐	☐	☐	☐	☐	☐
Race (including refugees)	☐	☐	☒	☐	☐	☐	☐	☐
Asylum seekers	☐	☐	☒	☐	☐	☐	☐	☐
Gypsies & travellers	☐	☐	☒	☐	☐	☐	☐	☐
Religion or (non-)belief	☐	☐	☒	☐	☐	☐	☐	☐

Sex	☐ ☐	☒ ☐	☐ ☐	☐	☐
Sexual Orientation	☐ ☐	☒ ☐	☐ ☐	☐	☐
Gender reassignment	☐ ☐	☒ ☐	☐ ☐	☐	☐
Welsh Language	☐ ☐	☒ ☐	☐ ☐	☐	☐
Poverty/social exclusion	☒ ☐	☐ ☐	☐ ☐	☐	☐
Carers (inc. young carers)	☒ ☐	☐ ☐	☐ ☐	☐	☐
Community cohesion	☐ ☐	☒ ☐	☐ ☐	☐	☐
Marriage & civil partnership	☐ ☐	☒ ☐	☐ ☐	☐	☐
Pregnancy and maternity	☐ ☐	☒ ☐	☐ ☐	☐	☐
Human Rights	☐ ☐	☒ ☐	☐ ☐	☐	☐

Q3 **What involvement has taken place/will you undertake e.g. engagement/consultation/co-productive approaches?**
Please provide details below – either of your activities or your reasons for not undertaking involvement

Co-productive approaches with residents, service users and partners continue to shape our strategic delivery across Adult Services. All Social Work assessments and care and support plans are co-produced with service users, applying a strength based approach. Specific workstreams are being co-produced including a revision of the (Unpaid) Carers Assessment.

Q4 **Have you considered the Well-being of Future Generations Act (Wales) 2015 in the development of this initiative:**

   a) **Overall does the initiative support our Corporate Plan's Well-being Objectives when considered together?**
      Yes ☒   No ☐

   b) **Does the initiative consider maximising contribution to each of the seven national well-being goals?**
      Yes ☒   No ☐

   c) **Does the initiative apply each of the five ways of working?**
      Yes ☒   No ☐

   d) **Does the initiative meet the needs of the present without compromising the ability of future generations to meet their own needs?**
      Yes ☒   No ☐

Q5 **What is the potential risk of the initiative?** *(Consider the following impacts – equality, socio-economic, environmental, cultural, legal, financial, political, media, public perception etc…)*

High risk	**Medium risk**	**Low risk**
☐	☐	☒

Q6 **Will this initiative have an impact (however minor) on any other Council service?**

   ☒ **Yes**   ☐ **No**   **If yes, please provide details below**

Integrated Impact Assessment Screening Form

The performance of Adult Services does impact on other areas of the Council including Revenues and Benefits in relation to social care charging and Housing in relation to people maintaining their tenancies.

Q7   Will this initiative result in any changes needed to the external or internal website?

☐ **Yes**   ☒ **No**   **If yes, please provide details below**

Q8   What is the cumulative impact of this proposal on people and/or communities when considering all the impacts identified within the screening and any other key decisions affecting similar groups/ service users made by the organisation?
(You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups/ communities more adversely because of other decisions the organisation is making. For example, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, e.g., disabled people, older people, single parents (who are mainly women), etc.)

There is no impact for the report itself.

Recommendations made by the committee to inform future activity may require further investigation through the IIA process which would be actioned at the appropriate time.

We recognise that the delivery of Adult Services impacts people and communities at different times and often when they are most vulnerable, and the scrutiny of the performance is a key aspect of ensuring maximum impact and quality of the services where they are needed.

Outcome of Screening

Q9   Please describe the outcome of your screening using the headings below:
- **Summary of impacts identified and mitigation needed (Q2)**
- **Summary of involvement (Q3)**
- **WFG considerations (Q4)**
- **Any risks identified (Q5)**
- **Cumulative impact (Q7)**

This is an IIA Screening for the Report on the latest Adult Services Performance report.

The Adult Services Scrutiny Panel is being asked to consider the report and give its views / make recommendations to the Cabinet Member for Care Services.

(NB: This summary paragraph should be used in the **'Integrated Assessment Implications'** section of corporate report)

☐ **Full IIA to be completed**

☒ **Do not complete IIA – please ensure you have provided the relevant information above to support this outcome**

Integrated Impact Assessment Screening Form

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email.

Screening completed by:
Name: Amy Hawkins
Job title: Head of Adult Services and Tackling Poverty
Date: 03/12/22
Approval by Head of Service:
Name: Amy Hawkins
Position: Head of Adult Services and Tackling Poverty
Date: 03/12/22

Please return the completed form to <u>accesstoservices@swansea.gov.uk</u>

ADULT SERVICES PERFORMANCE PANEL
WORK PROGRAMME 2022/23

Meeting Date	Items to be discussed
Meeting 1 **27 September 2022** 4pm	**Role of the Adult Services Scrutiny Performance Panel** **Overview of Adult Services in Swansea** (including key priorities and challenges, and Performance Monitoring Report (including update on workforce pressures and impact)). *Presentation by Amy Hawkins, Head of Adult Services / Helen St John, Head of Integrated Services* **Draft Work Programme 2022-23**
Meeting 2 **8 November 2022** 4pm	**Actions following WAO Report (April 2022) – Direct Payments for Adult Social Care** *Richard Davies, Strategic Manager Independent Living Team* **Briefing on Recent CIW Inspection Reports** *Amy Hawkins / Helen St John* **Director of Social Services Annual Report 2021/22** *David Howes, Director of Social Services*
Meeting 3 **20 December 2022**	**CANCELLED**
Meeting 4 **31 January 2023** 4pm	**Performance Monitoring** *Amy Hawkins / Helen St John* **Update on Adult Services Transformation Programme** *Amy Hawkins / Helen St John* *Lucy Friday, Principal Officer Transformation* **Options Appraisal for Assistive Technology and Community Alarms** *Helen St John / Peter Field / Lucy Friday*
BUDGET MEETING **13 February 2023** 9.30am **JOINT SOCIAL SERVICES MEETING**	**Draft Budget Proposals for Adult Services / Child and Family Services** *Louise Gibbard, Cabinet Member for Care Services* *David Howes, Director of Social Services*
Meeting 5 **21 March 2023**	**Update on West Glamorgan Transformation Programme** (including relationship between Health and Social Care and the

4pm	rebalancing agenda, and partnership elements of Health Board Plans for Change) *Kelly Gillings, Programme Manager* **Performance Monitoring** *Amy Hawkins / Helen St John* **Briefing on Annual Review of Charges (Social Services) 2021/22** *David Howes, Director of Social Services* **Local Area Coordination Update** *Amy Hawkins*
Meeting 6 **2 May 2023** 4pm	**Adult Services Complaints Annual Report 2021/22** *Sarah Lackenby, Head of Digital and Customer Services* **Update on how Council's policy commitments translate to Adult Services** *Louise Gibbard / David Howes* **Commissioning Reviews Progress Update** *Amy Hawkins / Helen St John* **End of Year Review**

Future Work Programme items:

- Recruitment and Retention of Care Staff (dates tbc once new policies developed)
- Update on Support for Carers (including Assessments). Scheduled for CFS Panel meeting on 7 March 2023. AS Panel Members to be invited.
- Wales Audit Office Reports (dates to be confirmed):
    - Social Enterprises (May / June 2023 TBC)