Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: **Cyfarfod Aml-Leoliad - Ystafell Gloucester, Neuadd y Ddinas / MS Teams**

Dyddiad: **Dydd Mawrth, 12 Rhagfyr 2023**

Amser: **4.30 pm**

Cynullydd: **Y Cynghorydd Susan Jones**

Aelodaeth:
Cynghorwyr: V A Holland, C A Holley, P R Hood-Williams, Y V Jardine, A J Jeffery, J W Jones, E T Kirchner, M W Locke, C L Philpott a/ac M S Tribe

Aelodau Cyfetholedig: T Beddow

Agenda

Rhif y Dudalen.

1 **Ymddiheuriadau am absenoldeb**

2 **Datgeliadau o fuddiannau personol a rhagfarnol**
www.abertawe.gov.uk/DatgeluCysylltiadau

3 **Gwahardd pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**

4 **Cofnodion y Cyfarfod(ydd) Blaenorol** **1 - 3**
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod cywir.

5 **Cwestiynau gan y cyhoedd**
Rhaid cyflwyno cwestiynau'n ysgrifenedig, cyn hanner dydd ar y diwrno d gwaith cyn y cyfarfod fan bellaf. Rhaid i gwestiynau ymwneud ag eite mau ar yr agenda. Ymdrinnir â chwestiynau o fewn cyfnod 10 munud.

6 **Monitro Perfformiad** **4 - 42**
Amy Hawkins, Pennaeth y Gwasanaethau i Oedolion a Threchu Tlodi
Helen St John, Pennaeth y Gwasanaethau Cymunedol Integredig

7 **Sesiwn friffio ar ddementia (gan gynnwys astudiaethau achos)** **43 - 63**
Amy Hawkins, Pennaeth y Gwasanaethau i Oedolion a Threchu Tlodi
Helen St John, Pennaeth y Gwasanaethau Cymunedol Integredig

8	**Cynllun Waith 2023-24**	**64 - 66**

Cyfarfod nesaf: Dydd Mawrth, 30 Ionawr 2024 am 4.00 pm

Huw Evans
Pennaeth y Gwasanaethau Democrataidd
Dydd Mawrth, 5 Rhagfyr 2023
Cyswllt: Liz Jordan 01792 637314

Agenda Item 4

City and County of Swansea

Minutes of the Scrutiny Performance Panel – Adult Services

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

Tuesday, 31 October 2023 at 4.30 pm

Present: Councillor S M Jones (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
M S Tribe	V A Holland	P R Hood-Williams
Y V Jardine	A J Jeffery	J W Jones
M W Locke		

Co-opted Member(s)
T Beddow

Other Attendees

Louise Gibbard	Cabinet Member for Care Services

Officer(s)

Teresa Edwards	Team Leader, Deprivation of Liberty Safeguards
Amy Hawkins	Head of Adult Services & Tackling Poverty
David Howes	Director of Social Services
Liz Jordan	Scrutiny Officer
Sian Rowlands	Principal Social Worker

Apologies for Absence
Councillor(s): C A Holley
Officer(s): Helen St John

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1 Disclosure of Personal and Prejudicial Interests

No disclosures of interest were received.

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 5 September 2023 as an accurate record of the meeting.

4 Public Question Time

No questions were received.

5 Director of Social Services Annual Report 2022/23

David Howes, Director of Social Services attended to brief the Panel and stated 2022-23 very much focussed on recovery following Covid. Services adapted to try and recover and respond to changes in how people are presenting. Extraordinary efforts made by staff to adapt and be as resilient as possible.

Discussion points:

- Panel commended excellent performance by staff but noted high levels of sickness. Informed it is a combination of working conditions, demographics of workforce and staff in many areas unable to work with certain illnesses. Strategies in place to try and keep staff well and in work. Director to bring update on strategies to a future panel meeting.
- Panel queried if micro and macro social enterprises will be considered as a way of taking pressure off services. Heard there is a need to start remodelling all services to try and get upstream of critical care demand. Council wants more of a generic open access wellbeing offer to its population.
- Panel noted prevention and early help is dependent on grant funding and if it failed these areas would suffer. Panel queried if there is any contingency plan to overcome this. Heard it is a concern the way national funding works, but no more of a concern than overall restriction on public service funding. Anticipate in short term grant funding will be cash flat and the Service is working up a contingency for this.
- Report mentions 'Regional big systems'. Panel asked what this entails, and if consideration has been given to several local authorities sharing legal expert capacity. Heard the Council is not just concentrating on its own responsibilities in terms of finding solutions to make social services and the social care system work. It needs to be outward looking and look at the health system locally and regionally, nationally and in wider UK. Informed there are a number of services with finite resources across the region which would be better off sharing capacity including legal services.

Actions:

- 'Update on Wellbeing Strategies for Social Services Workforce' to be added to work plan.

6 Briefing on Deprivation of Liberty Safeguards

Louise Gibbard, Cabinet Member for Care Services and relevant officers briefed the Panel on the current situation stating volume and capacity of casework has increased, currently a backlog of applications, looking at introduction of revised application forms to screen and prioritise cases more effectively, and introduction of new legislation 'Liberty Protection Safeguards' has been delayed by a number of years.

Discussion Points:

- Panel queried if there is any pattern to the increasing and decreasing numbers of referrals across timespans. Informed there is an increase in winter months as more people are admitted to care homes at that time. The challenge going forward is to identify trends and be more proactive.
- Panel asked if the regular flow of referrals is likely to be stable over the next three to four years. Heard in terms of care homes, there is no particular reason in terms of overall demand why numbers should increase over this time.
- Panel queried if changes in demographic of the population is likely to increase demand. Heard the type of person going into care homes compared to a number of years ago is a very different demographic.
- In terms of referrals, Panel wanted to know if the numbers we deal with in Swansea are broadly in line with the rest of Wales. Officers agreed to provide information on this.
- Panel asked about the situation before the Cheshire West legal case in 2014. Informed if people were objecting to being in a care home, they would be taken forward for Deprivation of Liberty Safeguards (DoLS), but people who were not objecting were not taken forward. Following the case in 2014, everyone in a care home who lacked capacity, even if they were happy, had to have DoLS authorisation which led to a massive influx of applications.
- Panel queried who else the new legislation Liberty Protection Safeguards (LPS) will cover if/when it comes in. Heard it will also cover 16/17 year-olds, people living in supported living and people living in the community in their own home. It will be a very different process to the DoLS process. For under 16s currently, the application is made straight to the High Court and the introduction of LPS would not change this.

Actions:

- Further information to be provided to Panel on how Swansea compares on a regional and national footprint in terms of numbers of referrals for DoLS.

7 Work Plan 2023-24

Panel considered the work plan.

Item 'Update on Adult Services Transformation and Improvement Programme' to be moved from 12 December 2023 to 30 January 2024 meeting.

The meeting ended at 5.20 pm

Agenda Item 6

Report of the Cabinet Member for Care Services

Adult Services Scrutiny Performance Panel – 12 December 2023

PERFORMANCE MONITORING

Purpose	To present the Adult Services monthly performance report for October 2023.
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

Management Information

Headline Report

Data for October 2023

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 Priorities for 2023/24

1. Promoting people's voice
2. Ensuring a valued & skilled workforce
3. Better Prevention & Early Help
4. Keeping People Safe
5. Enabling & Promoting Independence
6. Financial Efficacy
7. Resources which meet the needs of our community
8. Focus on quality & continuous improvement

Amy Hawkins, Head of Adult Services & Tackling Poverty Summary

Referrals to the Mental Health team have increased and associated Assessments and Care and Treatment Plans. There continues to be an increase in the Court of Protection work and Deprivation of Liberty Orders across the Learning Disabilities (LD) and Mental Health (MH) social work caseloads.

The associated costs for LD and MH placements have significantly increased, due to more complex needs and an increase in the hours of support provided to safeguard and support people. Our teams continue to ensure the care and support and placements are reviewed and work is continuing to look at accommodation solutions. An Emotional and Mental Well-being Strategy for the regional has been launched and focuses on early help, community support and prevention, and our teams and partners are involved in the development associated actions.

The number of people supported via external Domiciliary Care providers has increased to 989 with a reduced average of 8.2 hours per week of care There is a slight increase with the number of people waiting for Domiciliary Care, but it is still significantly improved from this time last year and seasonally expected.

The number of people residential care beds which we part or fully fund remains reasonable stable and is currently 968 of approx. 1550 total residential and nursing beds across Swansea. There are low occupancy levels in some external homes – 70 – 75%.

Internal beds continue to offer a mix of respite, reablement, long-term complex beds and temporary step-up from the community beds. Within the step-up beds, people are staying for a shorter time and either returning home with no-care, a package of care or moves are arranged into longer term residential or nursing care.

There is another increase in the number of unique people attending day opportunities, particularly in older people and LD services.

There has been an increase in the number of Safeguarding consultations again this month with referrals from care providers, care homes, health, housing and the community. The number of professional concerns received and from which sector and Police Protection Notices are now included in the report.

Helen StJohn, Head of Integrated Services Summary

Demand remains high in the Common Access Point, although slight respite from September. Continue to see effective activity from Advice & Information Officers – 27.8% of enquiries were closed with A&I support which represents an increase of 4.4% on September. This is very encouraging progress in the development of our prevention and Early Help approach. Also, a drop in referrals on to CIAT. We will be looking more closely at the significant increase in numbers of task notes created for the community Therapy teams (risen from 96 to Aug to 140 in October). Task notes are created for existing clients and this increasing figure would indicate that more activity is taking place for individuals already on caseload.

Higher levels of activity across all Social Work areas of assessment, review and completion of care and support plans. This activity may be a reflection of improved staffing levels following recruitment activity.

Numbers of Carers identified has increased during October with 95.8% being offered assessment. An increased number accepted assessment however this is likely to be the result of increased carer stress. We are establishing partnership arrangements to revisit workforce training in the prevention role that carer support can provide.

The number of individuals accessing residential reablement support in Bonymaen House during October is double the number of admissions in September (28 on 14). Of the 23 people leaving, 18 returned home, 55% with no care needs.

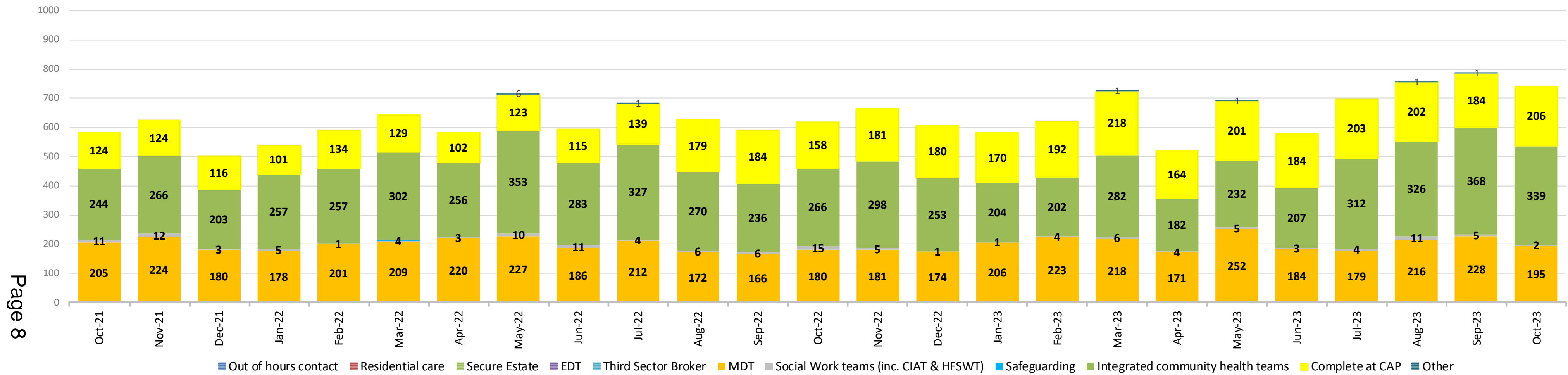
Flow out of Bonymaen House has also been high which is directly linked to the high number of people completing their period of reablement with the target max 6 weeks.

During October, of the 28 admissions, 25 were from hospital – if evidence were needed to support the key role of step-down reablement in facilitating hospital discharge.

There are some areas of Dom Care reablement activity which require some attention to address. Outcomes for those exiting the service are less positive for October – 44% independent (59% in Sept). We are hoping that recently agreed recruitment to Occupational Therapy vacancies will have a positive impact on workforce capacity to ensure intervention is therapy led. Additionally, we are focussing on slicker process to refer those who have completed reablement into brokerage and improve the position. There is an increasing backlog on brokerage. The long-term Dom Care Service has seen 8 new starters and 10 leavers – this is linked to the activity which resulted from the Board round MDT review of the caseload.

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.



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. **76 referrals (AAR, PPNs & Suicides) were recorded directly in the Safeguarding team in October (105 in September 2023).**

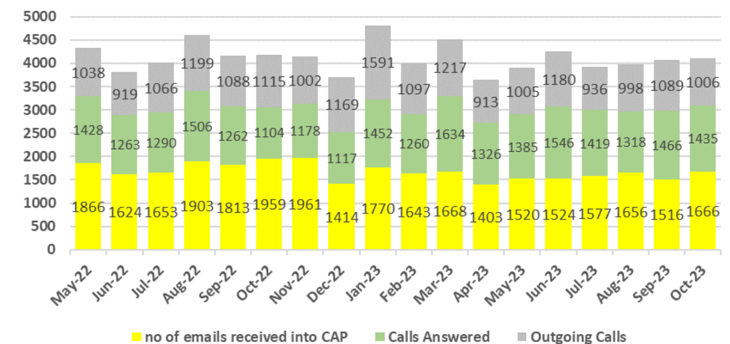
786 Referrals in Sep 23

184 Closed - Provided Advice & Information (23.4%)
228 MDT (29%)
5 directly to SW Teams (<1%)
368 to integrated therapies (46.8%)
1 to an Other Team (<1%)

742 Referrals in Oct 23

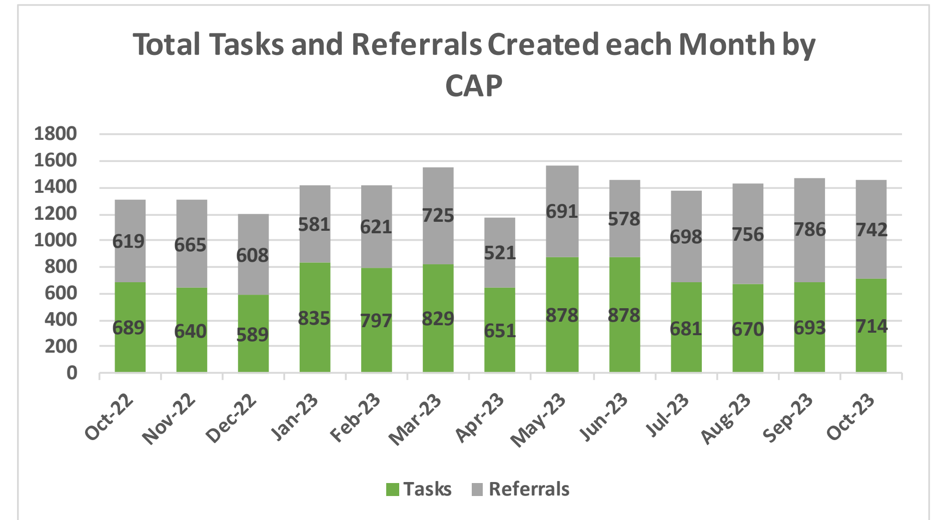
206 Closed - Provided Advice & Information (27.8%)
195 MDT (26.3%)
2 directly to SW Teams (<1%)
339 to integrated therapies (45.7%)

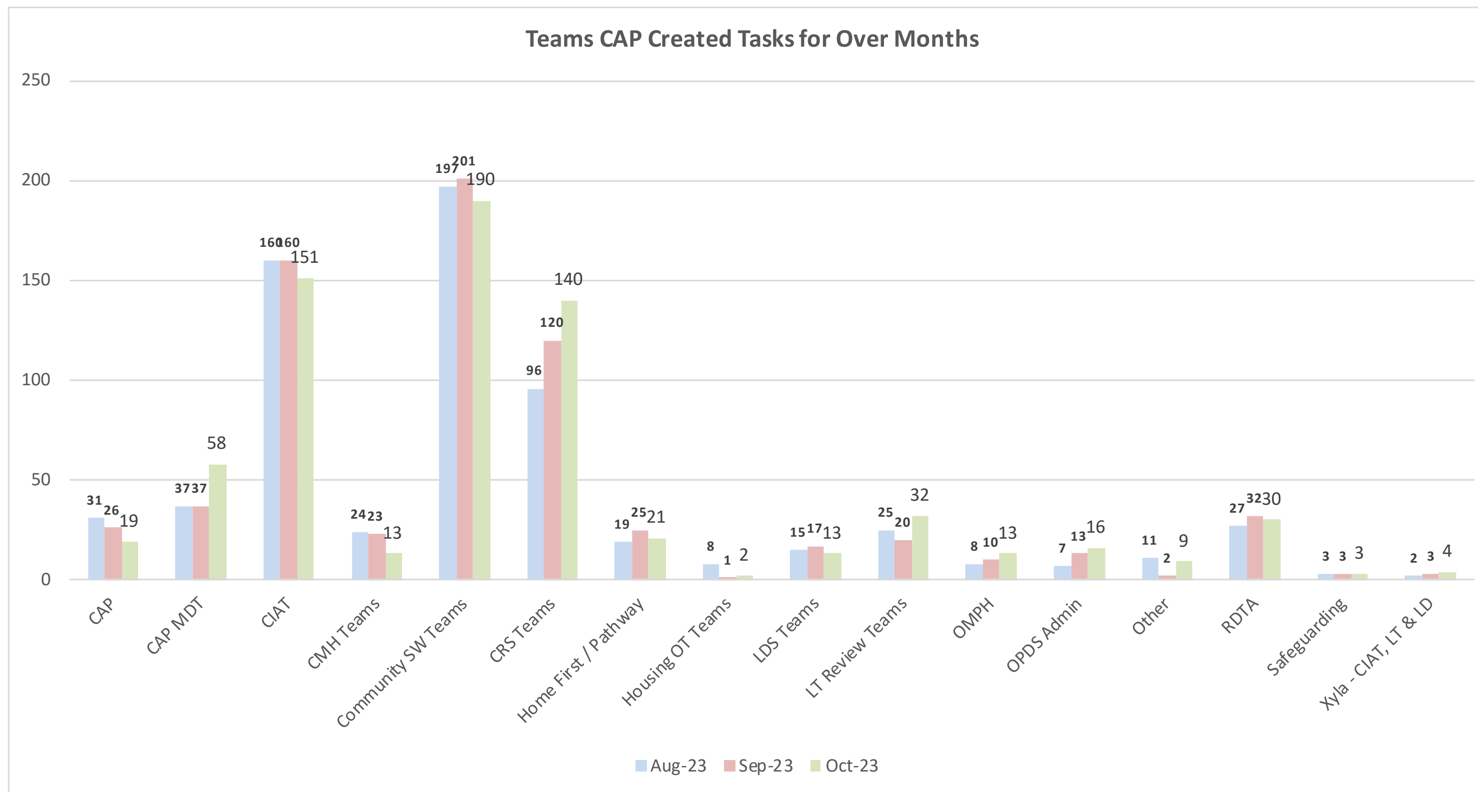
592 Referrals were created by CAP in October 2022



Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

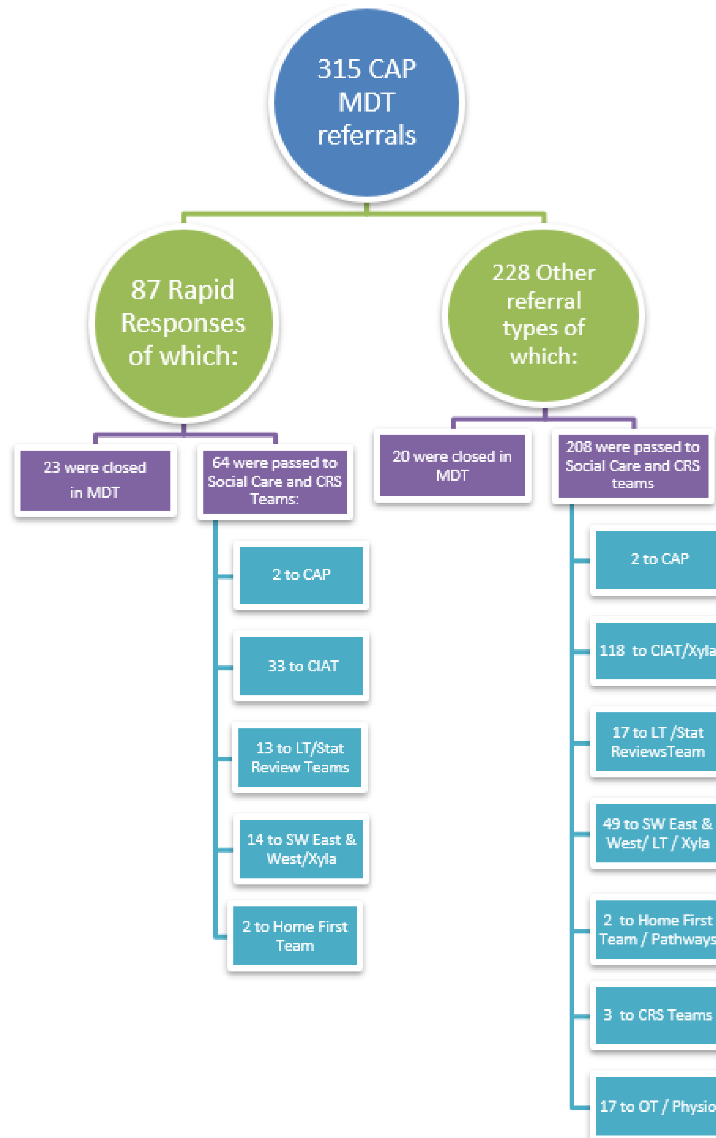
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support.

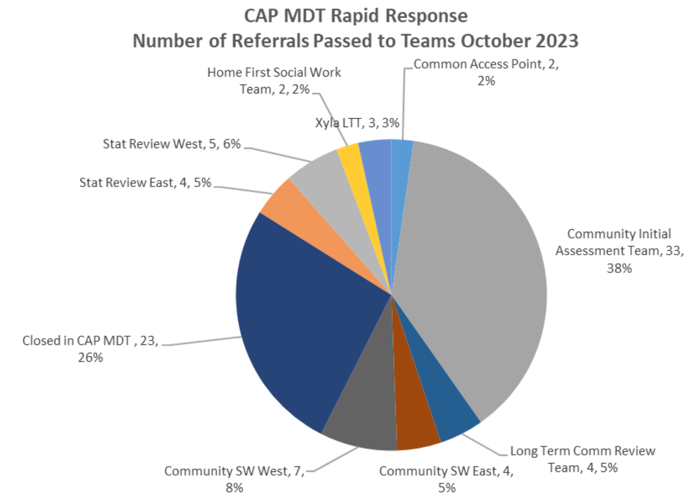


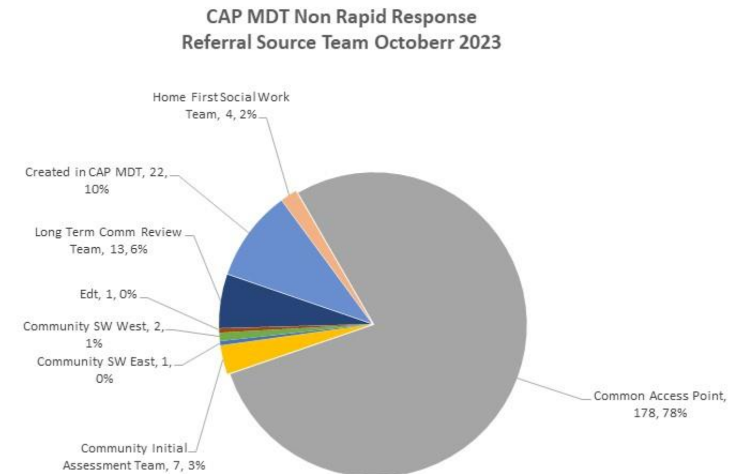


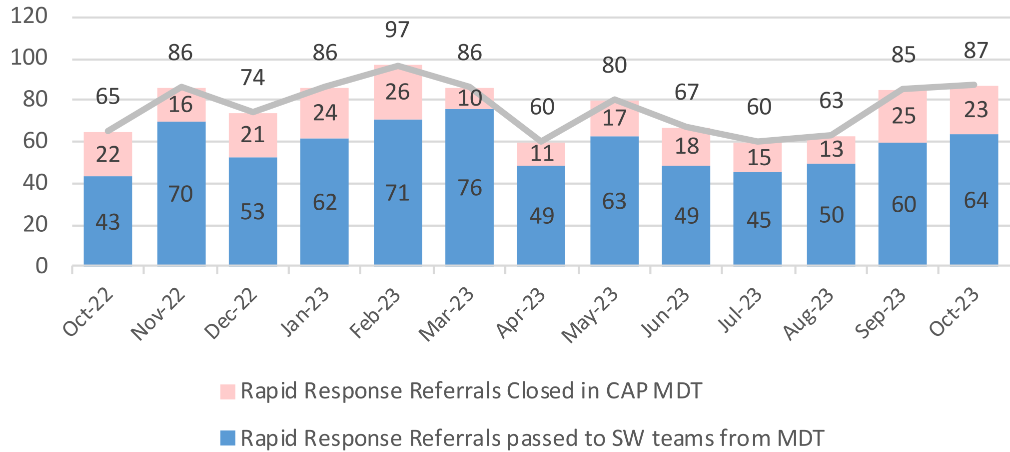
CAP MDT

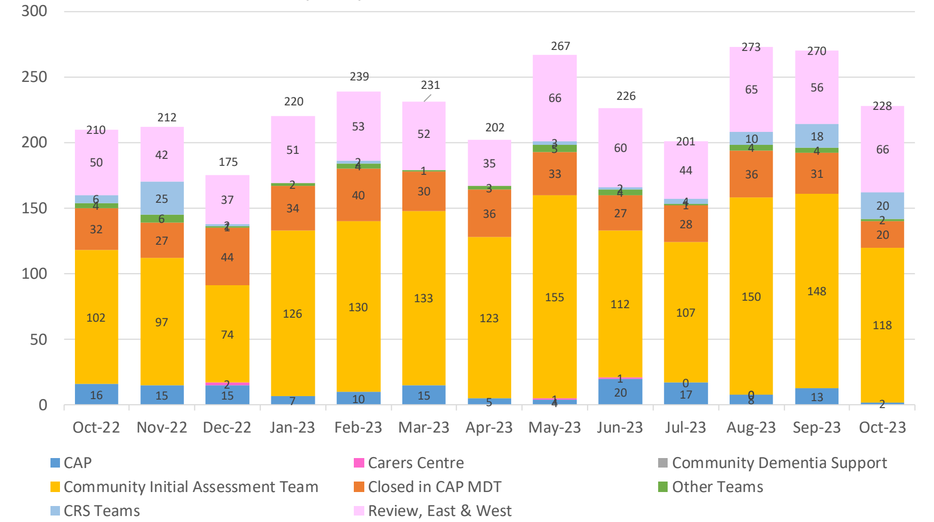
CAP MDT Data for October 2023 – further development & validation work is being undertaken.








Rapid Response Referrals into CAP MDT and Outcome
Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
65 86 74 86 97 86 60 80 67 60 63 85 87
22 16 21 24 26 10 11 17 18 15 13 25 23
43 70 53 62 71 76 49 63 49 45 50 60 64
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
Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
210 212 175 220 239 231 202 267 226 201 273 270 228
CAP
Carers Centre
Community Dementia Support
Community Initial Assessment Team
Closed in CAP MDT
Other Teams
CRS Teams
Review, East & West

Type and Amount of Services Requested by CAP MDT each month
(via a Service Order Summary Form)
Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct
2022
2023
Day Services
Direct Payments
Domiciliary Care (including Respite at Home)
Residential Respite
Residential/Nursing Care
Transport

Assessments Undertaken/Forms Completed by CAP MDT
May Jun Jul Aug Sep Oct
2023
Swansea - AS Transfer Record
Swansea - AS Social Work Assessment
Swansea - AS Social Care Review
Swansea - AS Service Order Summary Form V.2
Swansea - AS Care & Support Plan
Swansea - AS - Mental Capacity Assessment and Best Interests Record
Swansea - AS - Closure Record

What is working well?	What are we worried about?	What are we going to do?
• Reduction in the number of referrals coming into CAP in the month of October (44 less referrals) • Increase in the numbers of information and advice cases in October. Increase in the number of e mails coming into CAP • Increase in the number of cases closed at the MDT stage. (23 referrals)	• Possible increase in referrals due to the winter pressures. • Sufficient staffing to take the calls as well as dealing with the e mails and referrals in the In Box. • Possible increase in cases being passed to the area community teams.	• Continue with the information and advice at the front door. Staff being supported by a Senior Practitioner. • Consider the number of staff needed to take calls v number of staff working on the in box. • Try to hold onto the cases longer in CAP until there is a degree of stability with the case.

Assessments & Reviews

Reviews

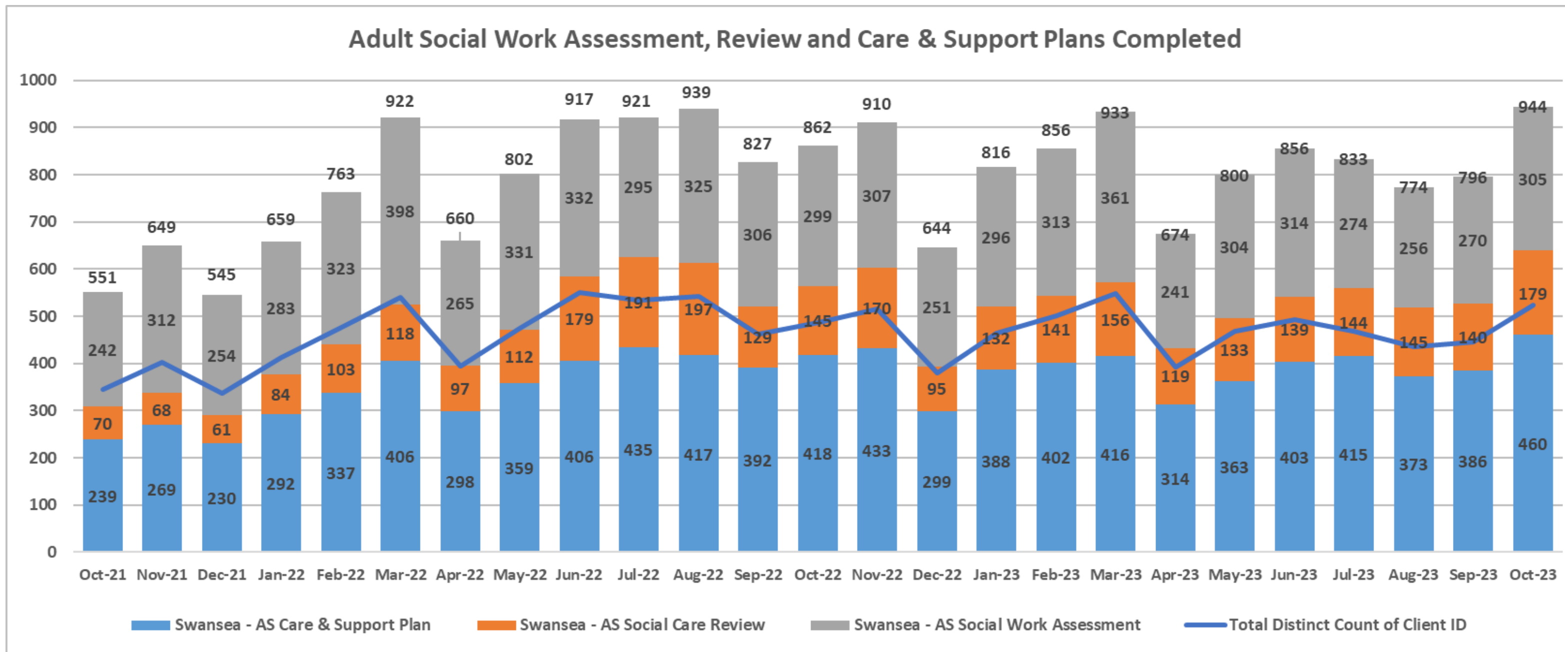
Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

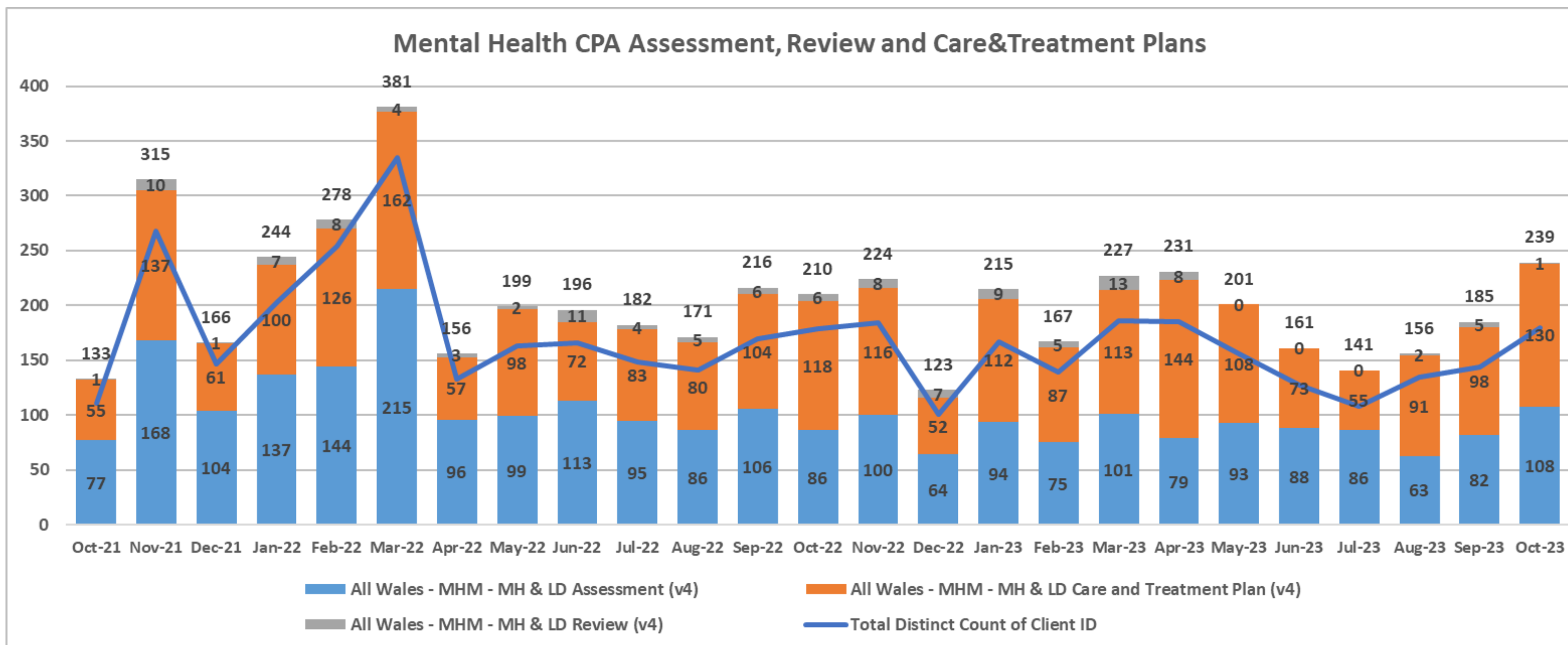
Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Oct 23	305	179	460
Sep 23	270	140	386
Aug 23	256	145	373

Mental Health CPA Assessments Completed by CMHTS & OPMH

	MH CPA Assessments Completed	MH Care & Treatment Plans & Reviews Completed
Oct-23	108	131
Sep-23	82	103
Aug-23	63	93


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

Community Teams

What is working well?	What are we worried about?	What are we going to do?
Positive growth in the volume of assessments completed / reviewed in all areas.	Managing demand going into the winter period due to unfilled social work vacancies which will impact on social work capacity to meet statutory requirements.	Continue to monitor staffing budget to ensure all resource is used to capacity. Social work process change considering the elimination of initial non statutory six-week review task, reducing documentation and releasing social work time to address demand

Mental Health and Learning Disability Services

What is working well?	What are we worried about?	What are we going to do?
3 recently appointed AMHPs to the rota has eased pressures. CoP/ Dol applications remain at their highest levels to date. Recruitment and retention in MH and LD good presently with limited vacancies. Management of the costs for private legal services have clarified funding and payment arrangements.	Volume of AMHP work continues to be high. MH and LD work volume and complexity of work is high throughout the service. Social work and Legal service will remain challenged to meet demand for CoP/Dol applications. Outsourcing to private legal services costs are increasing markedly.	Regular meetings with MH and LD staff and managers to look at their specific concerns and have identified remedial and supportive action. RAG rated service priorities remain the focus of MH and LD services for Dolo applications.

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.

118

Carers identified in Oct 23

113 offered assessment (95.8%)

58 assessments/reviews undertaken

97

Carers identified in Sep 23

89 offered assessment (91.8%)

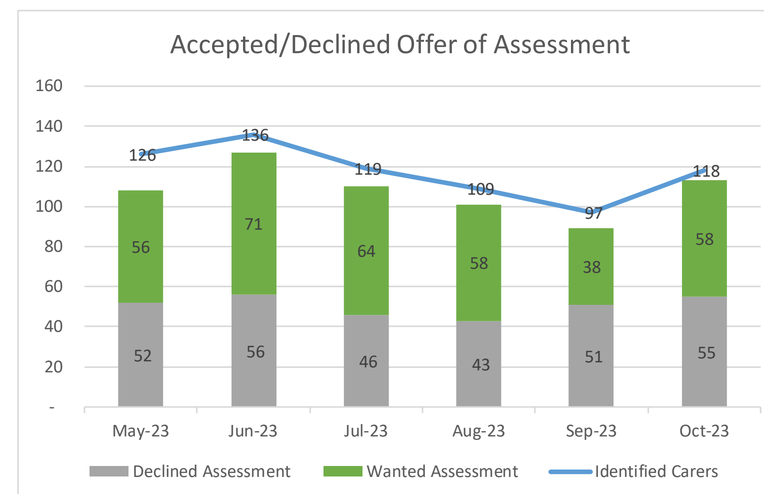
42 assessments/reviews undertaken

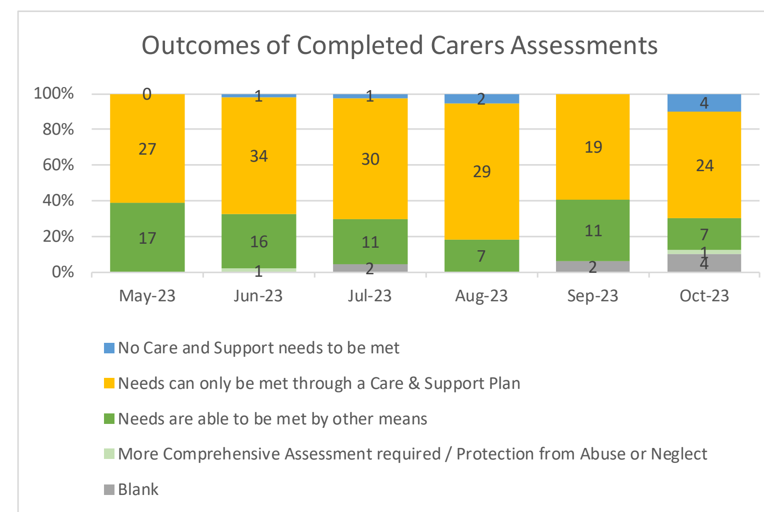
109

Carers identified in Aug 23

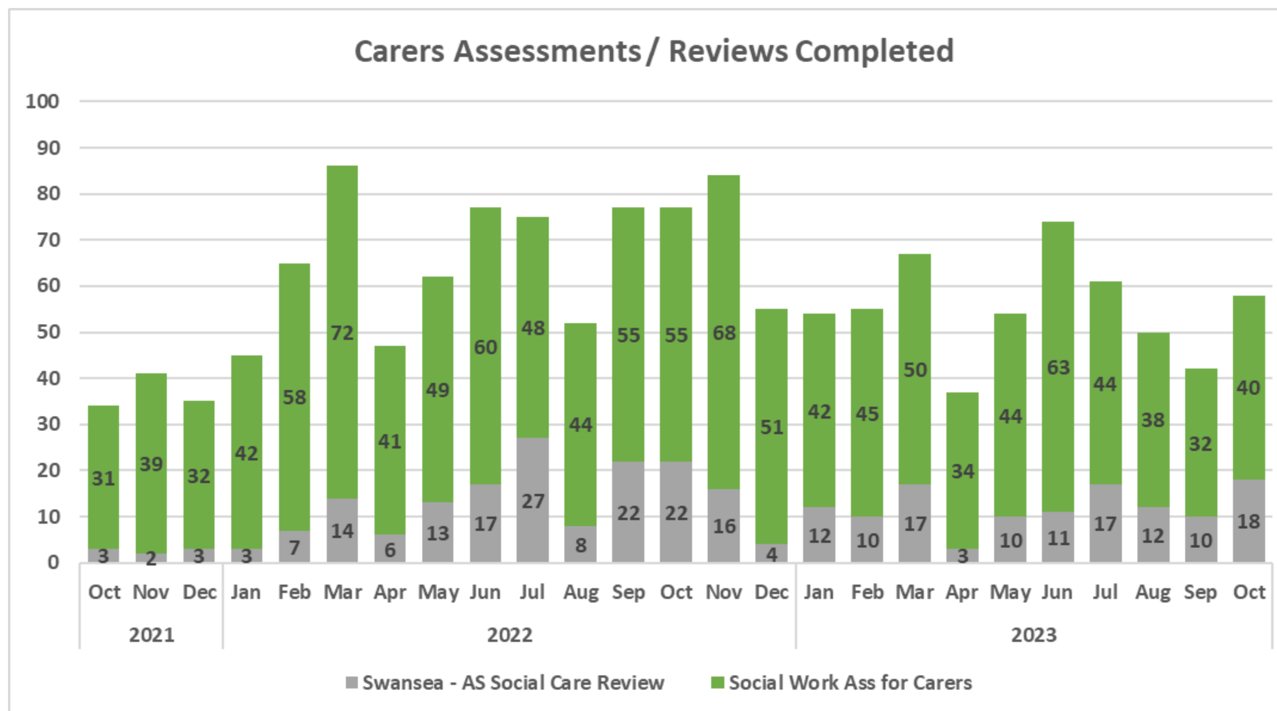
101 offered assessment (92.6%)

50 assessments/reviews undertaken





Carers Assessments and Reviews Completed



What is working well?	What are we worried about?	What are we going to do?
Positive growth in carer assessments completed with 95% of all identified carers offered an assessment. Working toward Carers Rights Day with internal celebration of working (unpaid) carers in focus. Increase in collaboration and co-production of projects (commissioning/contracting/DP system review) involving carers. Regional funding arrangements in discussion to establish short break resource access.	% of Carers continue to decline assessment at point of contact Regional short-term funding barrier to sustainability	Reflection of process and carers journey to provide opportunity to revisit carers assessment offer. Partnership arrangements established with Carer.org to revisit workforce training on carers awareness to reinforce the importance of carers assessment as a prevention agenda.

Residential Reablement

During June, July and August Residential Reablement services in Bonymaen had an overall percentage of 87% of people returning to their own homes, independently and with care packages.

28 **Admissions (Oct 23)**
25 from Hospital
3 from Community

23 **People left residential reablement (Oct 23)**
19 people left residential reablement in Oct 22

18 **People went home**
8 with care, 10 with no care
5 hospital

14 **Admissions (Sep 23)**
11 from Hospital
3 from Community

15 **People left residential reablement (Sep 23)**
17 people left residential reablement in Sep 22

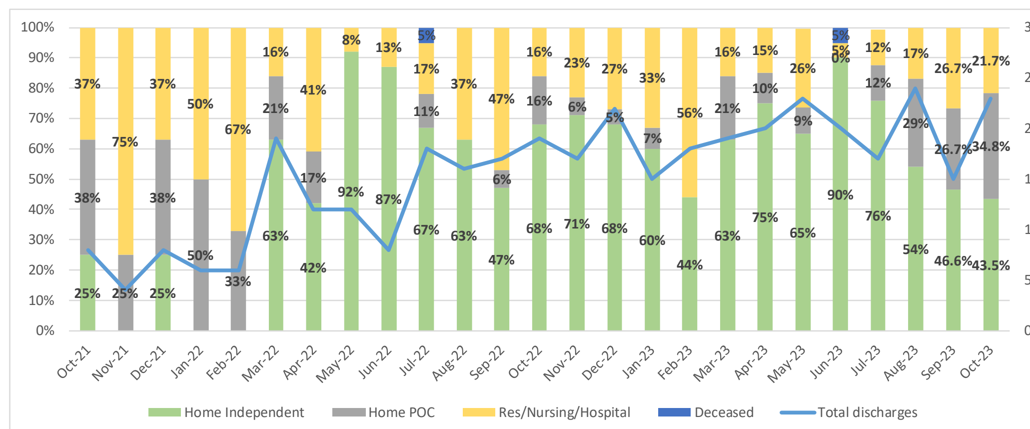
11 **People went home**
4 with care, 7 with no care
3 hospital, 1 residential

19 **Admissions (Aug 23)**
14 from Hospital
5 from Community

24 **People left residential reablement (Aug23)**
17 people left residential reablement in Aug 22

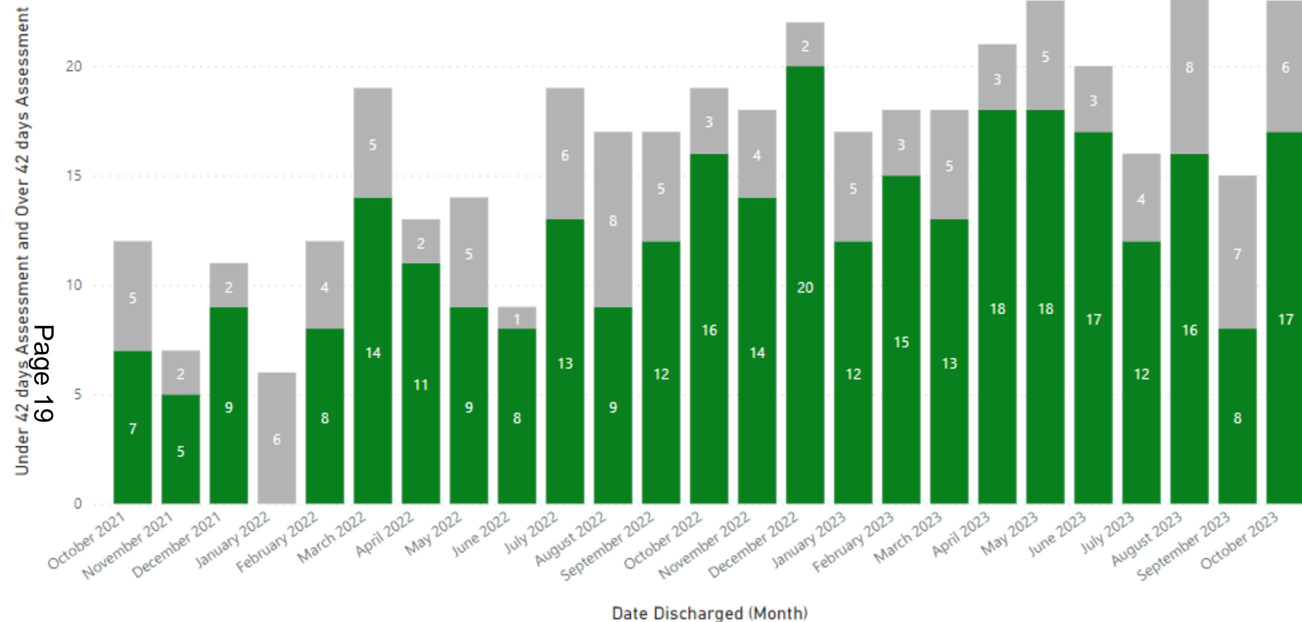
19 **People went home**
7 with care, 12 with no care
2 hospital, 3 residential

Percentages leaving Residential Reablement & Outcomes



Bonymaen House

Total Discharges each month within and over targeted 42 day assessment period



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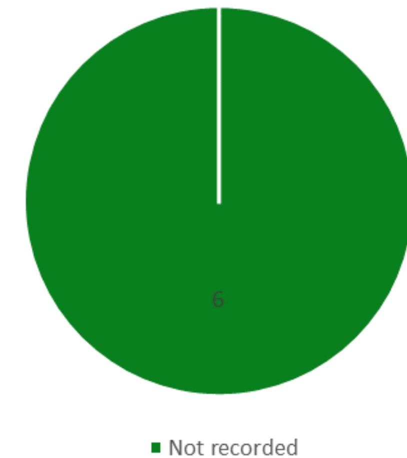


What is working well?	What are we worried about?	What are we going to do?
• Significant increase in admissions and discharges. • Continued high percentage of people returning home with no POC. • Consistent number of discharges under 42 nights.	• Increase in readmission to hospital due to individuals being medically unfit.	• Continue to monitor. • Discussions continue with Health on increased needs and support approaches and requirements in the service.

Community Reablement

Oct 23

43 Started — 42 Started Oct 22

36 from Hospital
7 from Community

80 Received — 78 Received Oct 22

41 Left — 39 Left Oct 22

18 No Care
1 long term placement, 6 Hospital, 11 same/more care, 1 CHC, 4 unknown

Sep 23

41 Started

32 from Hospital
9 from Community

77 Received

41 Left

22 No Care
1 long term placement, 3 Hospital, 8 same/more care, 1 deceased, 4 Unknown

Aug 23

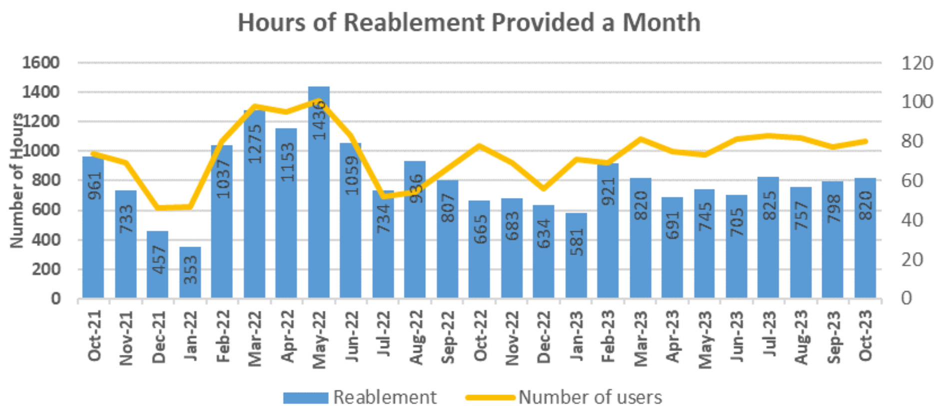
45 Started

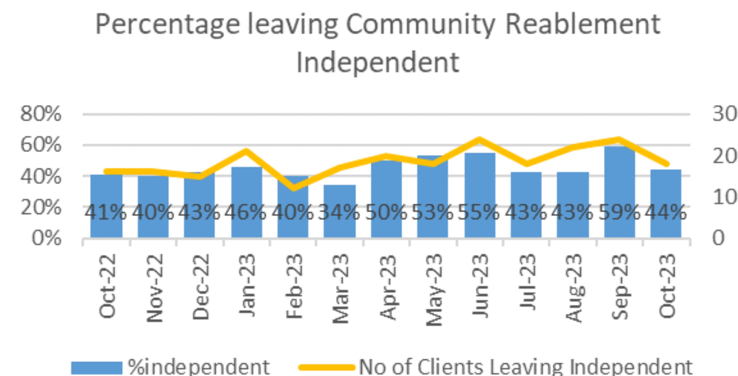
42 from Hospital
3 from Community

82 Received

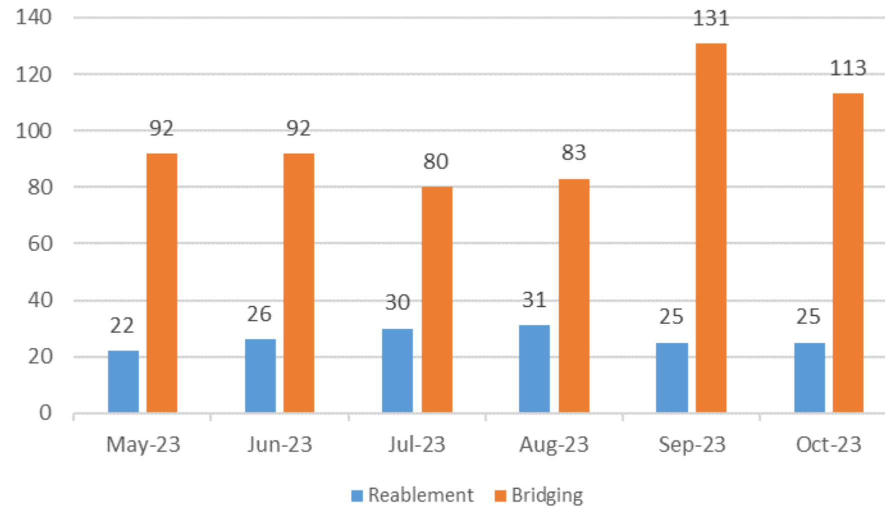
51 Left

22 No Care
2 long term placement, 11 Hospital, 12 same/more care, 3 deceased, 1 unknown





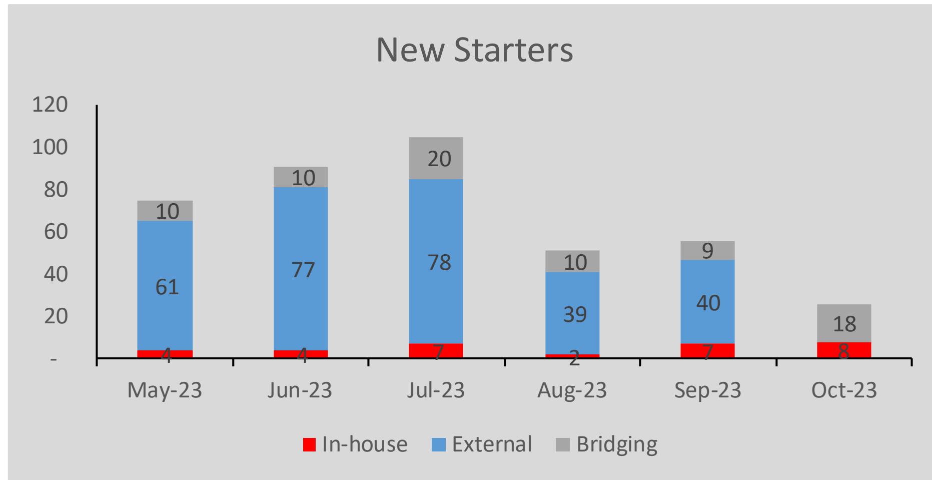
This data continues to be validated.

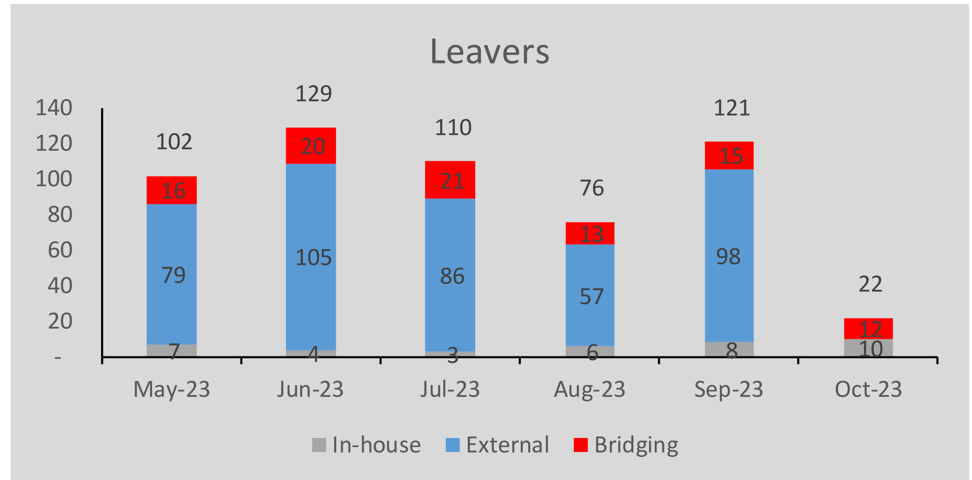


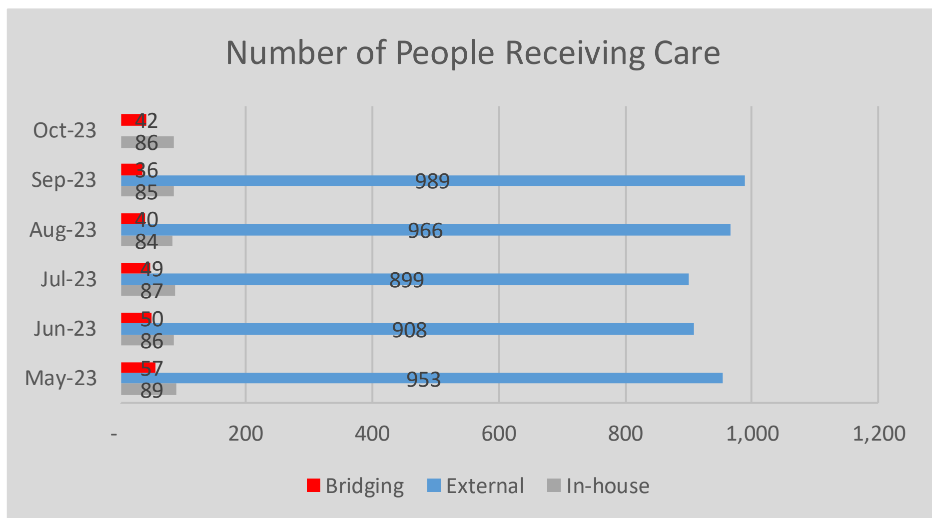
What is working well?	What are we worried about?	What are we going to do?
• A small increase in Individuals being admitted into the service. • Ongoing recruitment activity for Community Care Assistants. • Bridging package of care are reducing hence freeing up capacity to admit new packages of care into service.	• 44% of Individuals left the service with no care. As a reablement service the independence rates should be higher.	• Establish the criteria for HomeFirst/RD2A to reflect the change in 'ask' from the service. • Continue to carry out robust MDT assessments to ensure the right sizing activity with packages of care are correct.

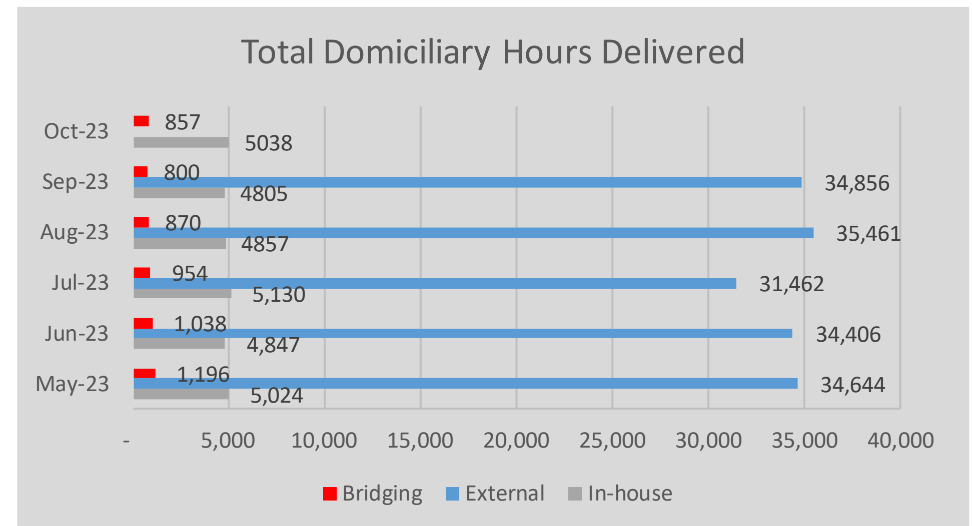
Long Term Domiciliary Care

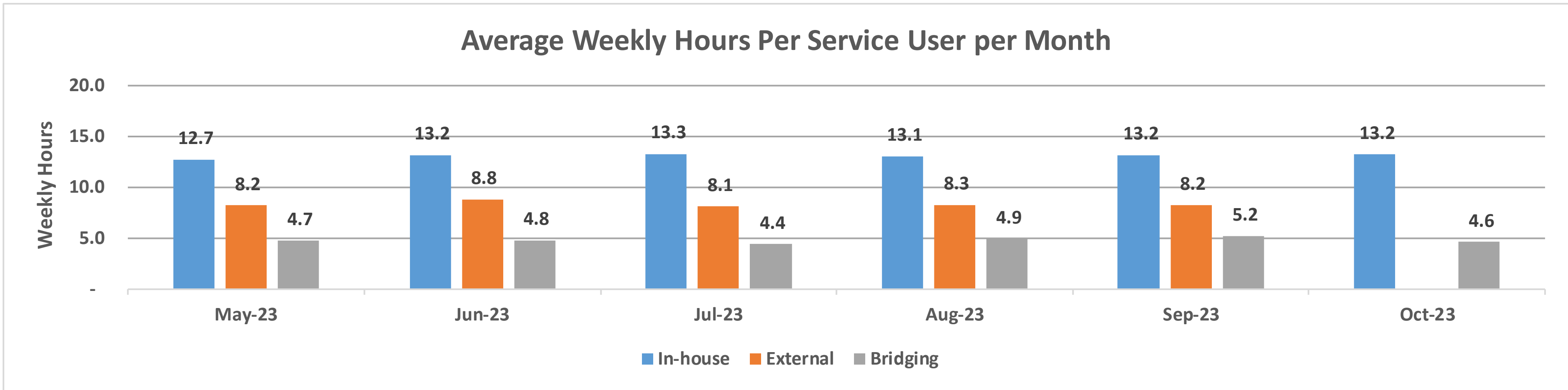
Due to when the service receives Call Monitoring Logs and Invoices from external providers, we are always 2 months behind in reporting for externally commissioned care. In addition, our domiciliary care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing.



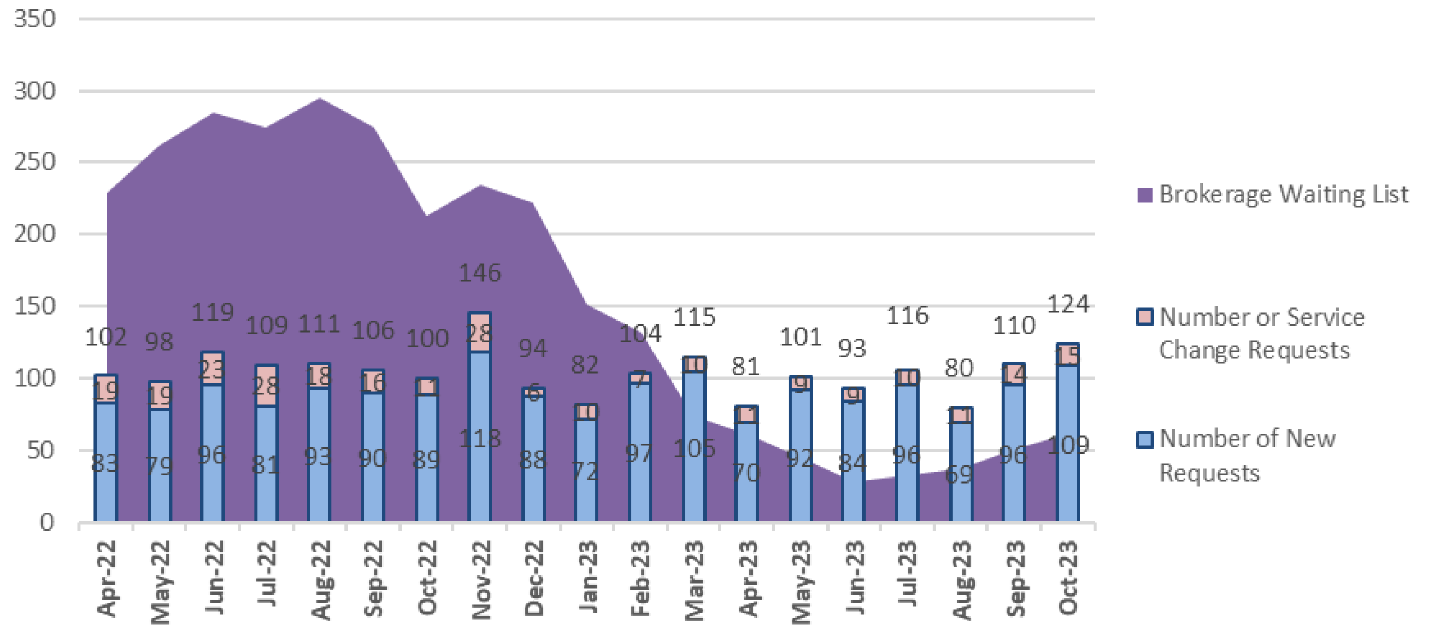








Brokerage Reports are on the development list for the WCCIS team.



External Domiciliary Care

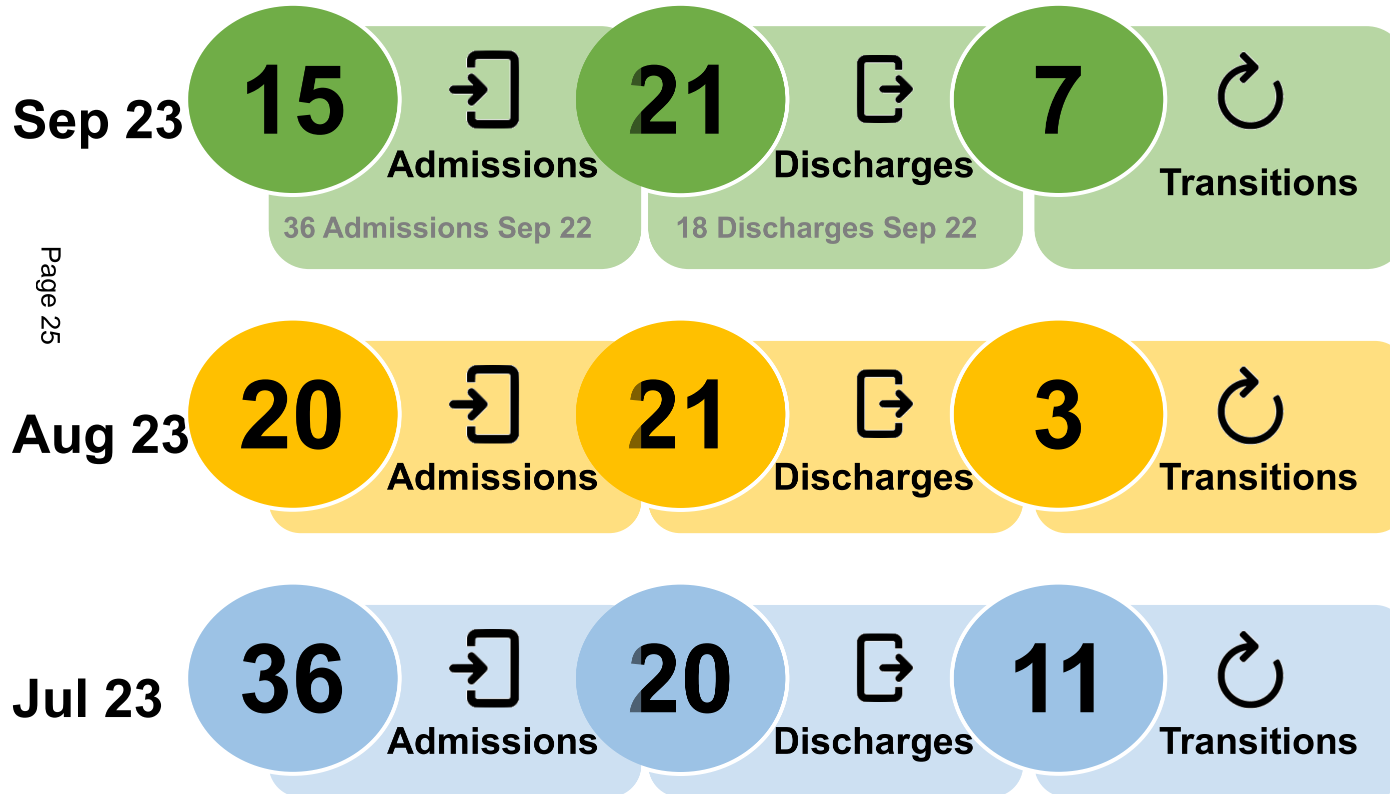
What is working well?	What are we worried about?	What are we going to do?
• Continued stability of services • Maintenance of sector capacity • Operation of block contracts • Implementation of I Stumble falls response pilot.	• Ongoing operational cost pressures • Slow increase in numbers waiting for domiciliary care. • Potential for winter pressures to increase demand / reduce capacity. • Capacity to address rising costs given departmental budget pressures.	• Monitor services and respond to pressures in a timely way. • Review pricing strategy and address cost pressures in so far as budget limitations will allow. • Maintain fuel subsidies for 23/24 to help with increased fuel costs. • Continue to encourage and monitor sector wide winter pressures contingency planning.

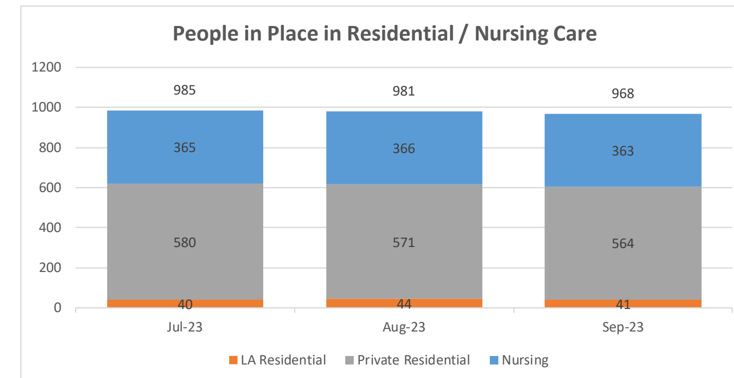
Internal Long Term Care

What is working well?	What are we worried about?	What are we going to do?
• Increase in hours delivered by the In-House Service • Stability of the service 10 people left In House Homecare, 8 people started. Filling capacity in a timely manner	• Winter pressures • Increase in numbers on BCL	• Continue to review and monitor packages of care. • To ensure capacity is used in the smartest and most cost-effective manner

Residential/Nursing Care – Permanent (being Funded / Part Funded)

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.
Previous months information is updated as systems are updated.





External Provision

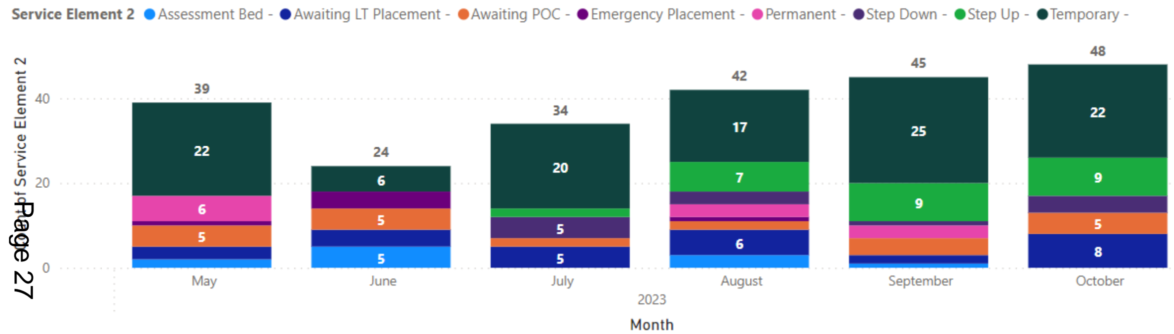
What is working well?	What are we worried about?	What are we going to do?
• Generally, the sector is stable. • Implementation of joint monitoring processes with Swansea Bay Health Board. • Ongoing joint working with colleagues from CIW and health board to address performance concerns at one home continues to be effective leading to improvements and reduced performance monitoring.	• Ongoing inflationary pressures. • Continued low occupancy levels at some homes creating potential financial instability for some providers. • Increasing number of third-party charges paid for by LA. • Pending closure of 70 bed care home in NPT and possible impacts for care homes in Swansea • Capacity to address rising costs given departmental budget pressures.	• Maintain programme of joint contract monitoring arrangements with SBUHB • Monitor services and respond to pressures in a timely way. • Review pricing strategy and address cost pressures in so far as budget limitations will allow. • Ongoing monitoring of occupancy levels and assess risk to individual services. • Continued implementation of joint action plan with health colleagues to oversee performance of care home in Escalating Concerns. • Participation in NPT home closure processes to mitigate any impacts.

Older People Internal Residential Care

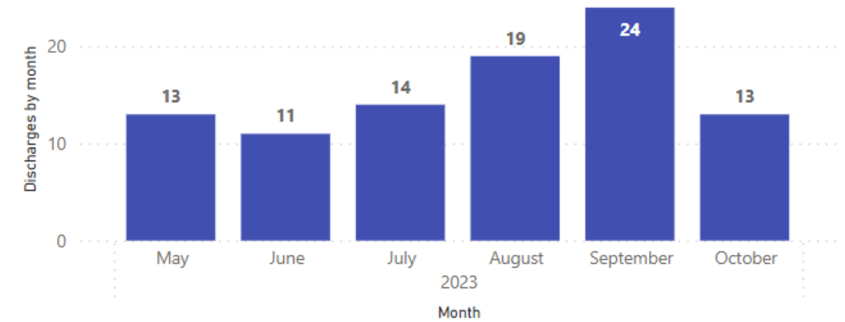
Permanent & Step Up / Step Down

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

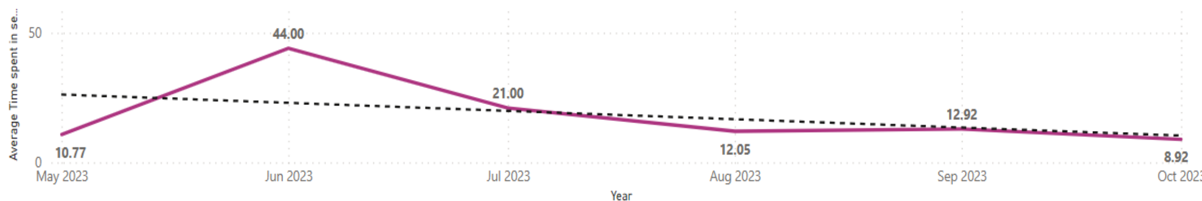
Admissions



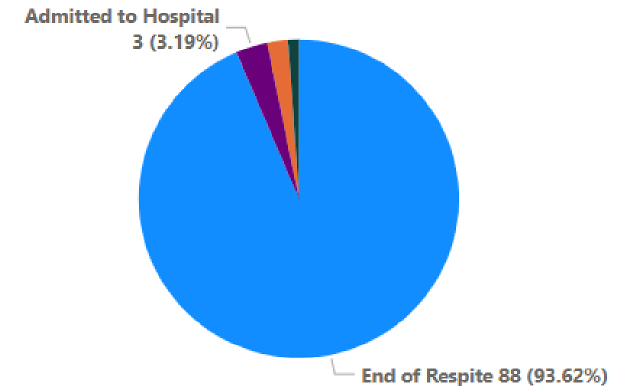
Discharges



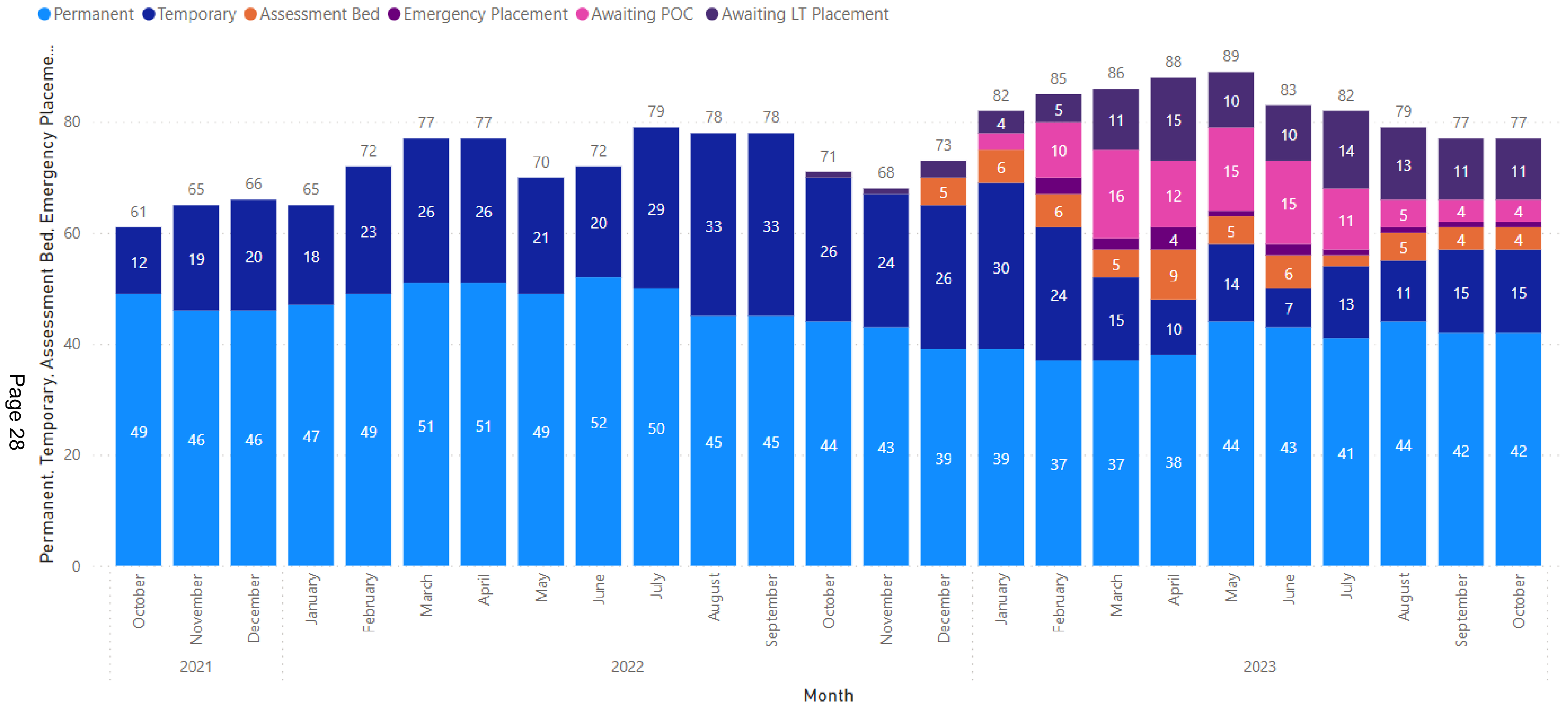
Average time in Service for discharges between May and October 2023



Discharge Destinations between May and October 2023



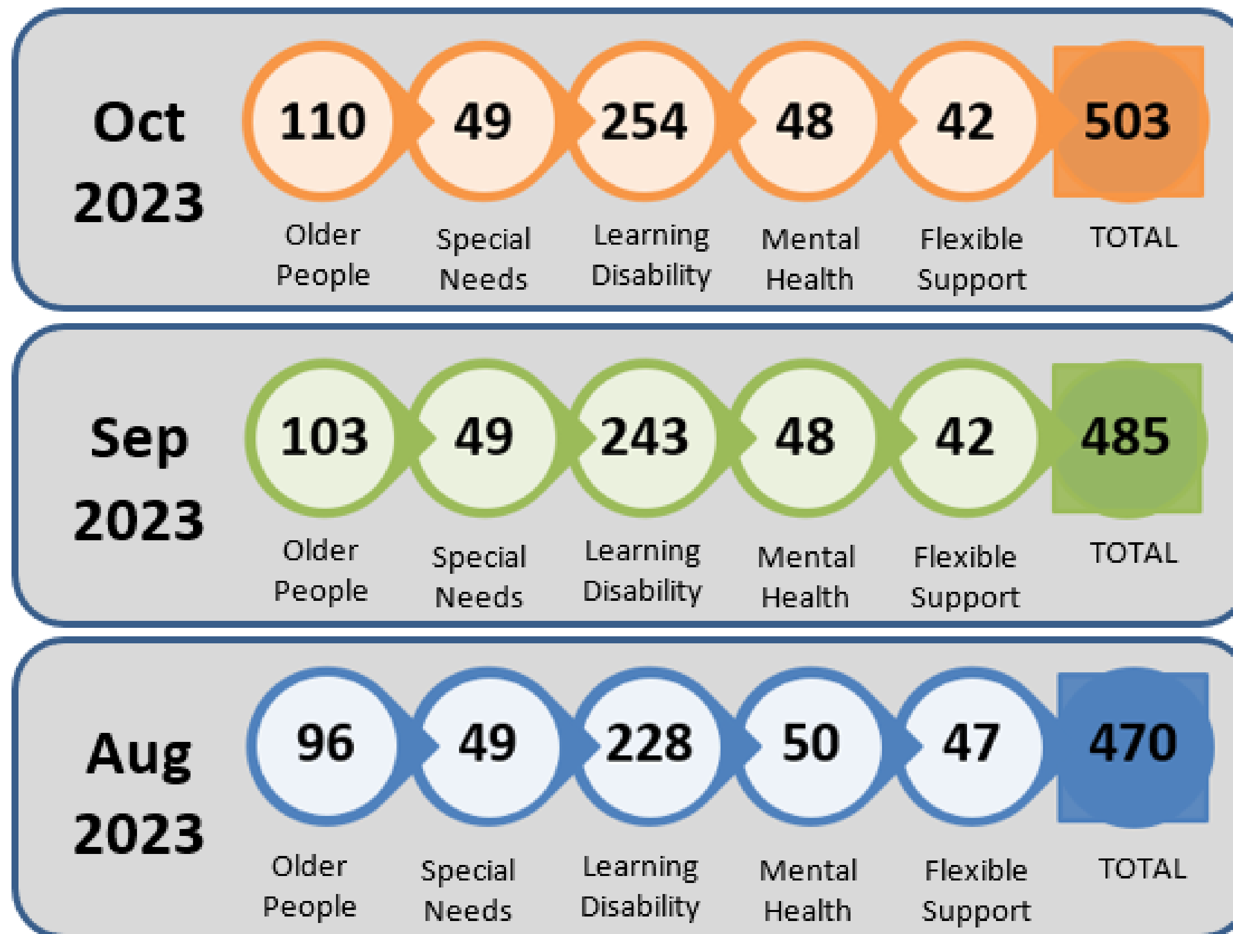
Clients in Place During Each Month

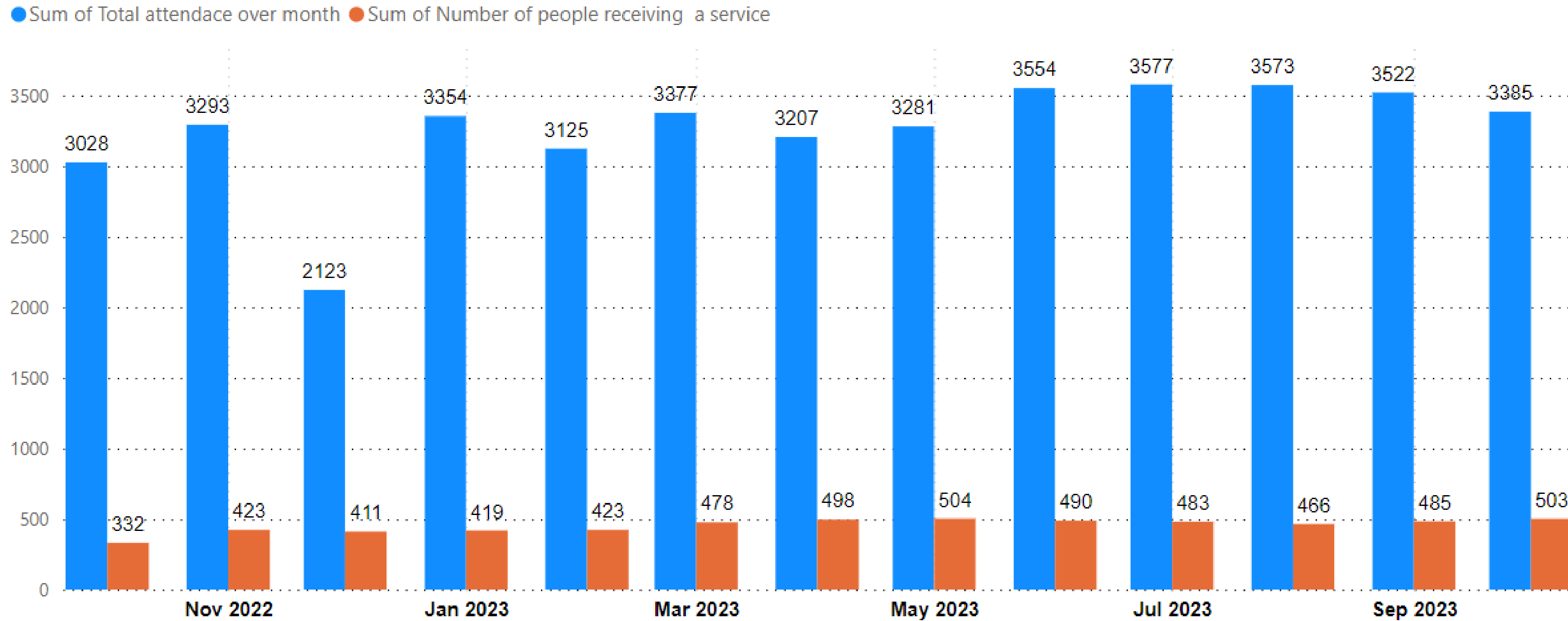


What is working well?	What are we worried about?	What are we going to do?
• Increase in admissions. • Average time in service trend decreasing.	• Decrease in discharges from previous month but mostly due to respite stays.	• Adjusting allocation to demand e.g. respite and long term.

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. Work has also commenced on External Day Services Provision.

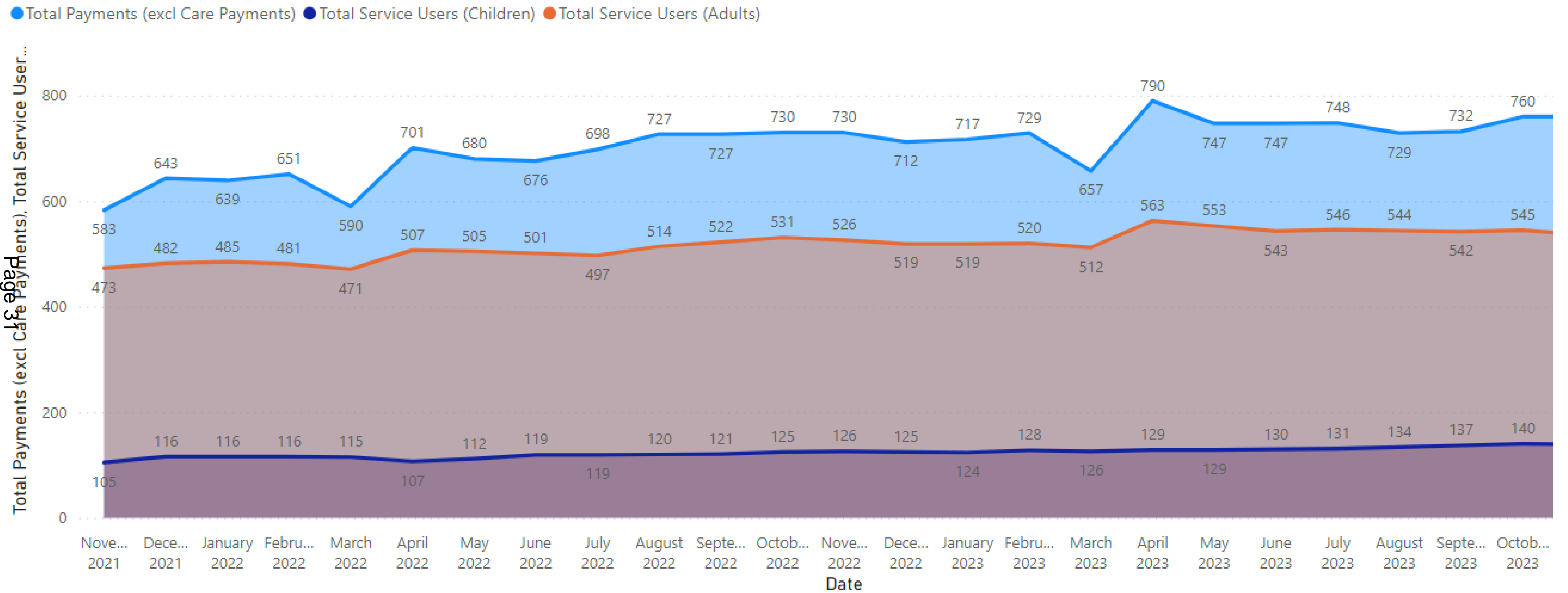




What is working well?	What are we worried about?	What are we going to do?
• Continued increase in individuals using day services	• Capacity in some services is restricted due to staffing and environment/buildings	• Reviewing staffing and use of buildings as part of the transformation of day services to maximise use/support

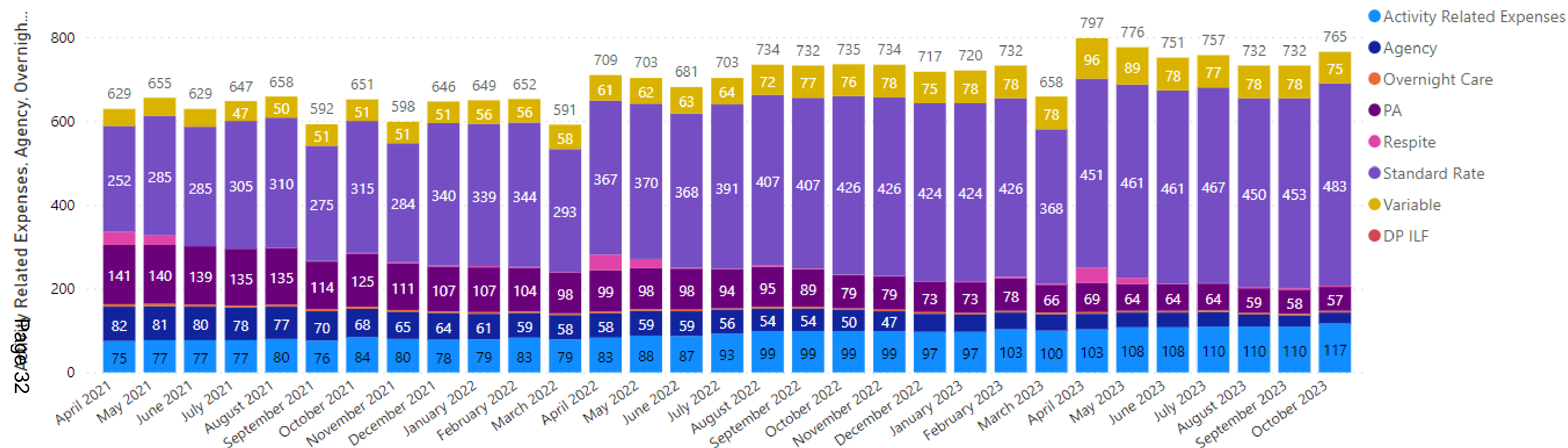
Direct Payments

Number of Payments each Month Plus number of Unique Service Users



Number of Payments each month based on Type of Payment

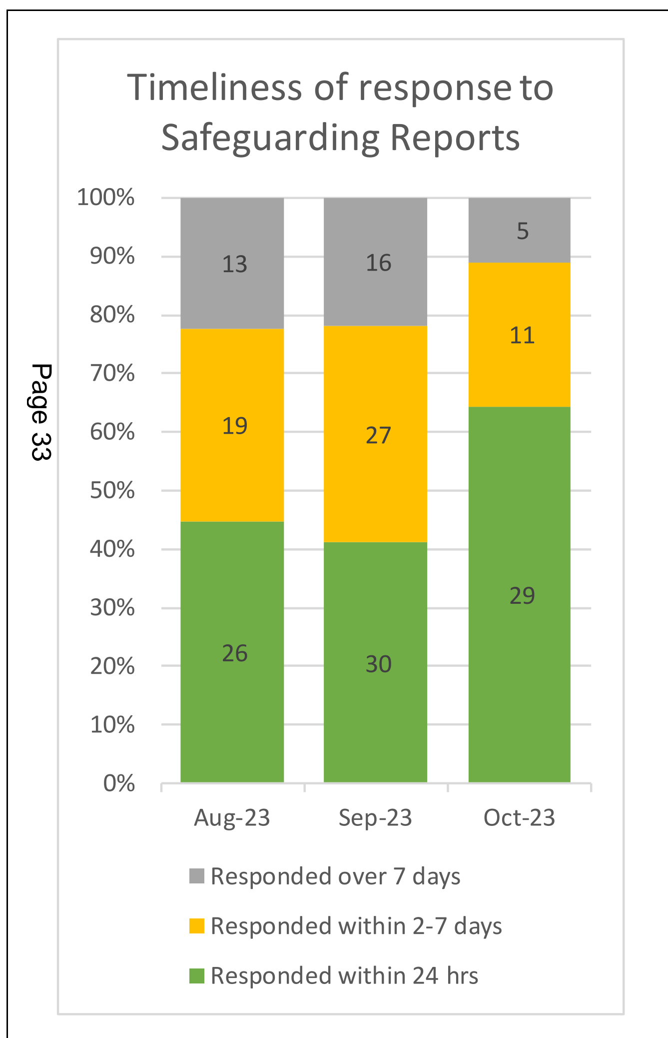
Number of payments based on payment type

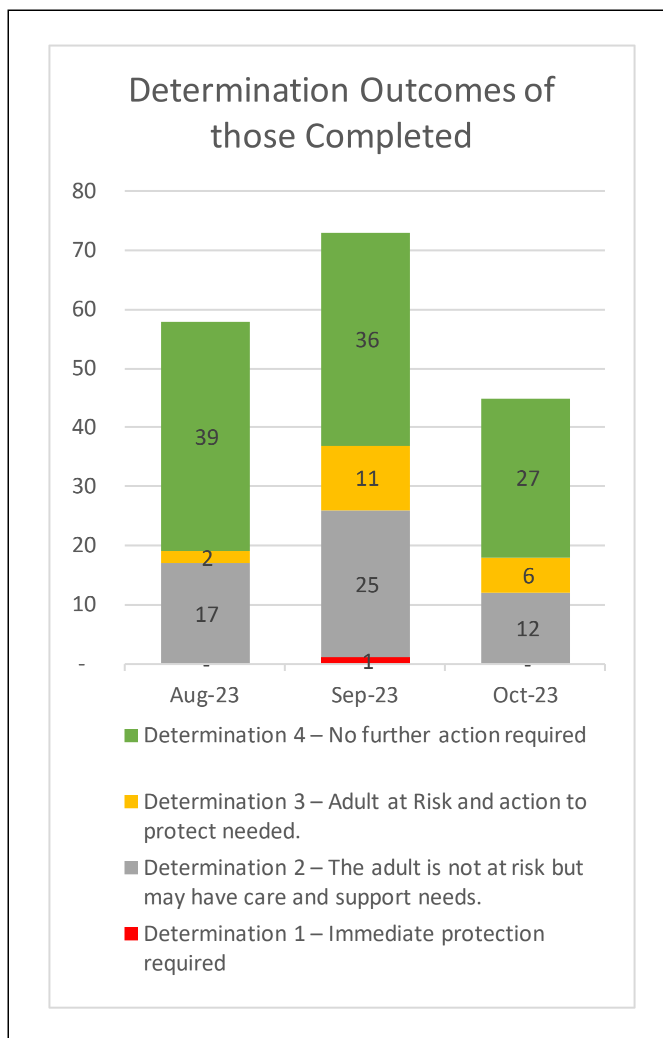


What is working well?	What are we worried about?	What are we going to do?
• Effective managed account services. • Successful recruitment of PAs • Commencement of systems thinking review to improve DP processes and improve experiences for recipients and SW teams.	• DPs for carers are underused. • Resources and processes are impeding capacity to match PAs with people waiting to receive care. • Business support capacity to achieve performance reporting and answer telephones and perform other administrative functions is insufficient. • Social Work Team satisfaction with time taken to access DP is low across some teams.	• Negotiation to recover additional costs incurred because of managed account failures continues. • Review systems and processes and identify improvements where possible. • Continue to manage customer expectations via phone and email messages to enable reply within 48hrs. • Complete systems thinking review. • Trail process changes with C +F colleagues to reduce time and improve experience for DP recipients.

Safeguarding Response

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 reported and Consultations & Inappropriate Casenotes will be higher.





Reports / Actions

53 Reports received Oct 23
45 Determinations completed
88% responded to within 7 days
208 Consultations held
46 inappropriate
63 Reports received Oct 22
60 Determinations completed.

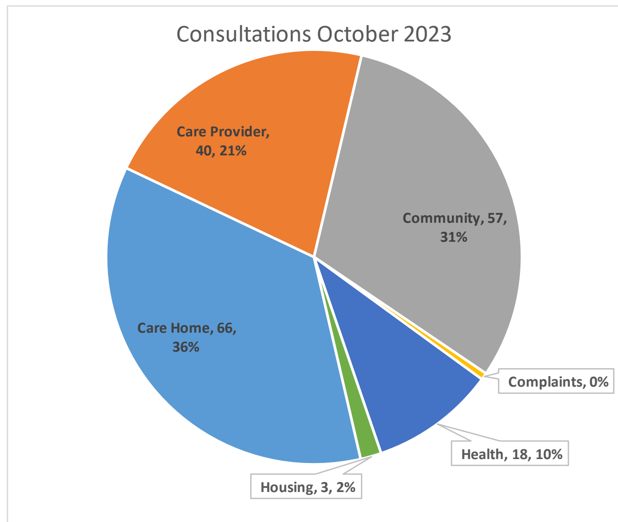
76 Reports received Sep 23
73 Determinations completed
78% responded to within 7 days
194 Consultations held
41 inappropriate

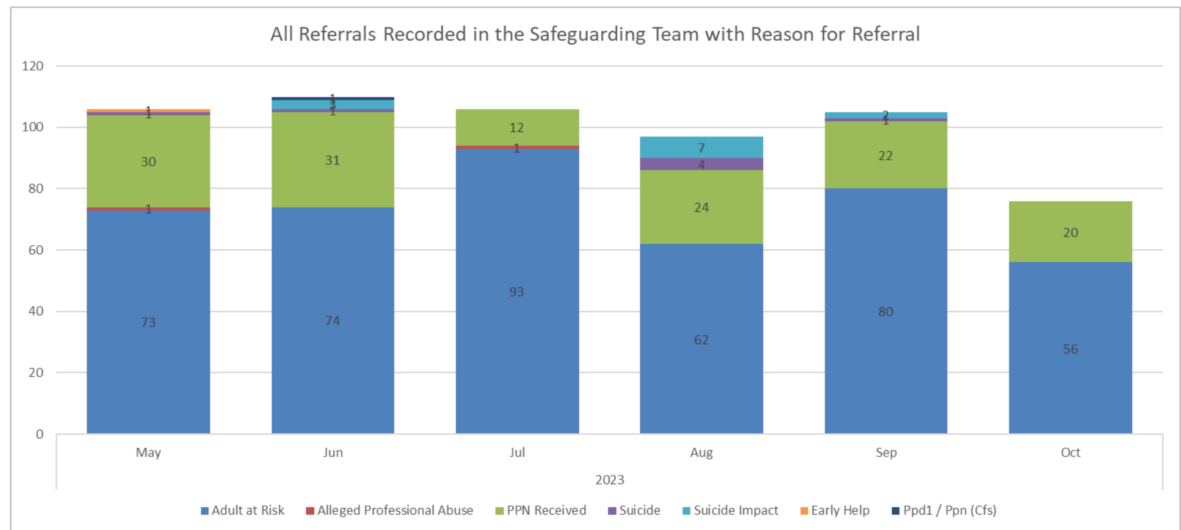
59 Reports received Aug 23
58 Determinations completed
78% responded to within 7 days
185 Consultations held
41 inappropriate

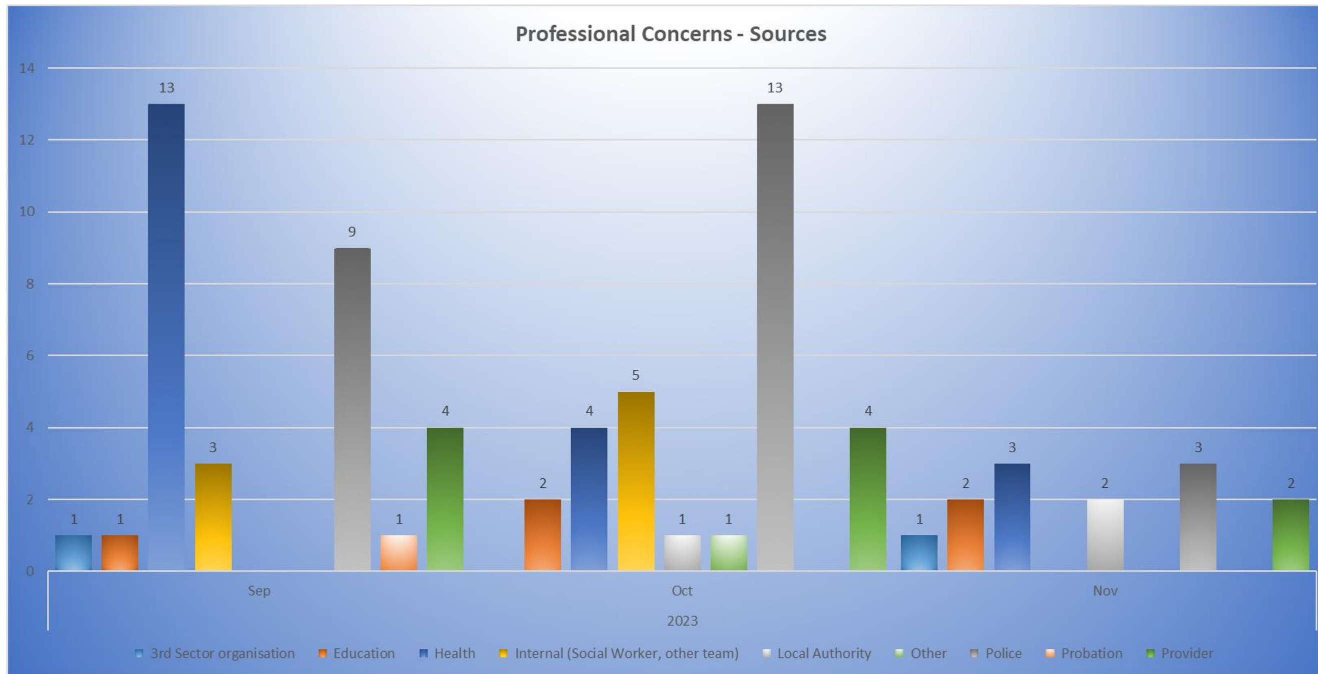
Referrals/Consultations % Breakdown

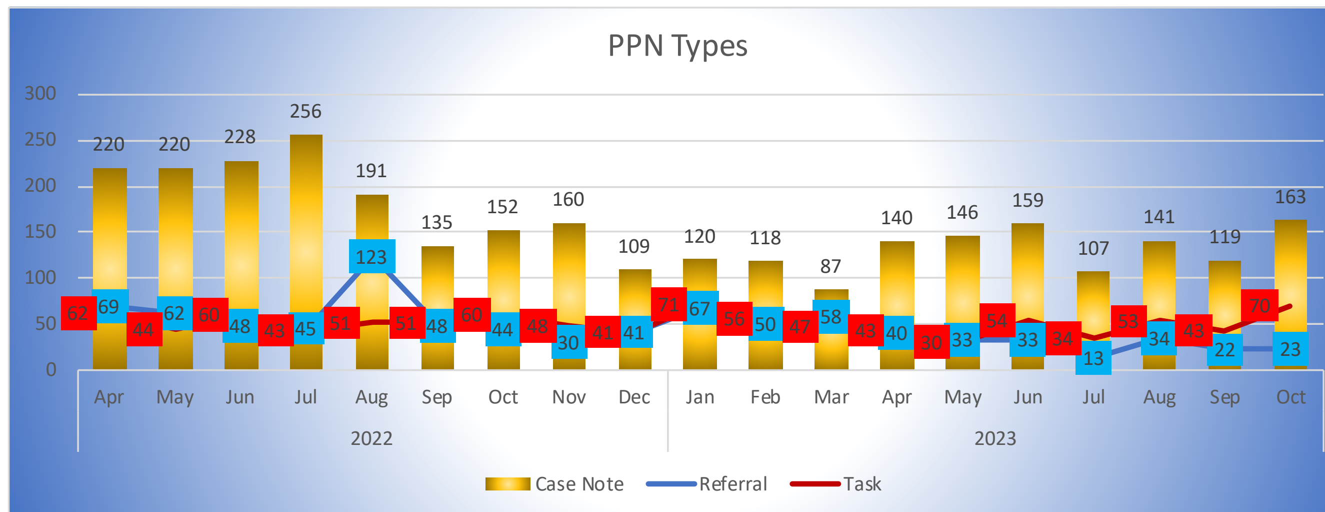
Month	% of Referrals	% of Consultations	% of innapropriate
Oct-21	58.90%	41.10%	0.0%
Nov-21	35.91%	64.09%	0.0%
Dec-21	38.82%	61.18%	0.0%
Jan-22	19.23%	64.10%	16.7%
Feb-22	29.80%	55.63%	14.6%
Mar-22	30.85%	60.70%	8.5%
Apr-22	27.78%	62.96%	9.3%
May-22	28.08%	53.69%	18.2%
Jun-22	34.29%	57.71%	8.0%
Jul-22	25.74%	59.90%	14.4%
Aug-22	23.50%	67.52%	9.0%
Sep-22	27.75%	60.77%	11.5%
Oct-22	27.16%	60.78%	12.1%
Nov-22	23.93%	66.67%	9.4%
Dec-22	29.19%	50.27%	20.5%
Jan-23	29.57%	61.30%	9.1%
Feb-23	27.27%	55.61%	17.1%
Mar-23	32.40%	57.49%	10.1%
Apr-23	27.51%	56.61%	15.9%
May-23	30.17%	62.07%	7.8%
Jun-23	31.84%	58.78%	9.4%
Jul-23	35.48%	57.26%	7.3%
Aug-23	20.70%	64.91%	14.4%
Sep-23	24.44%	62.38%	13.2%
Oct-23	17.26%	67.75%	15.0%

% of Referrals — % of Consultations — % of innapropriate — Linear (% of Referrals) — Linear (% of Consultations)



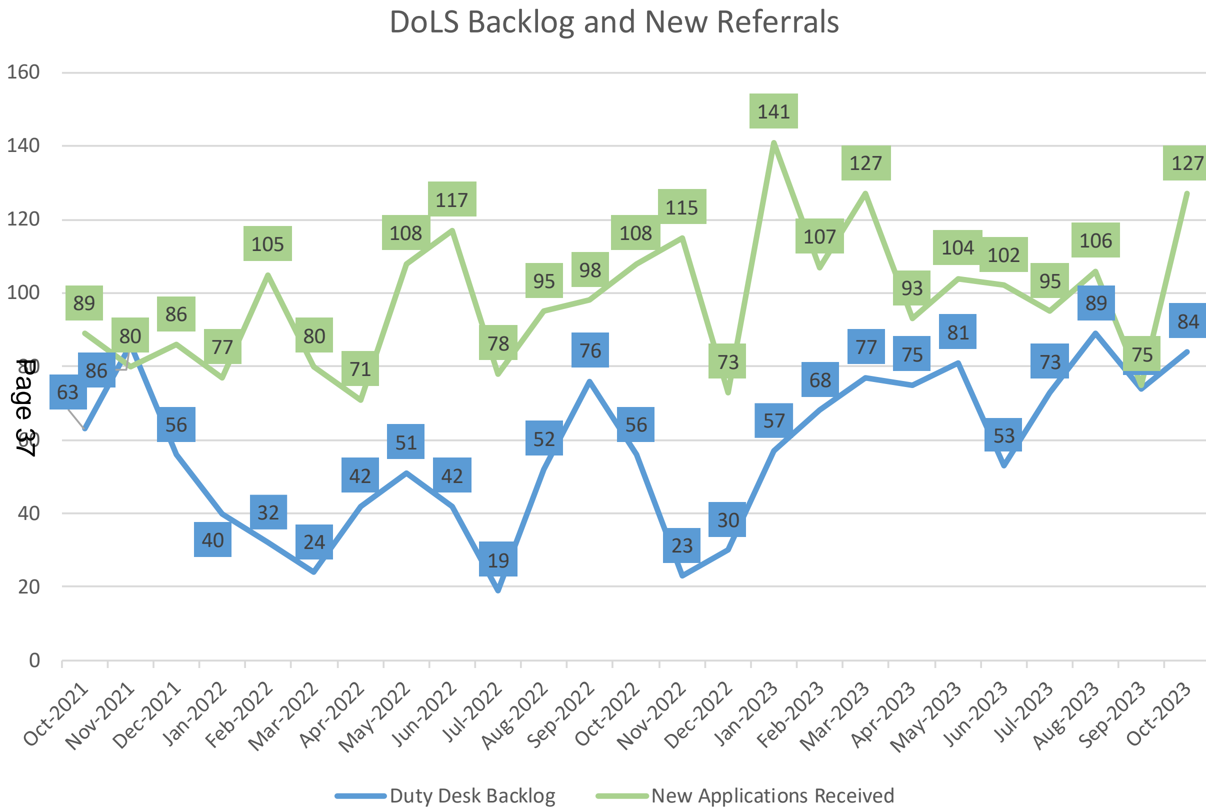


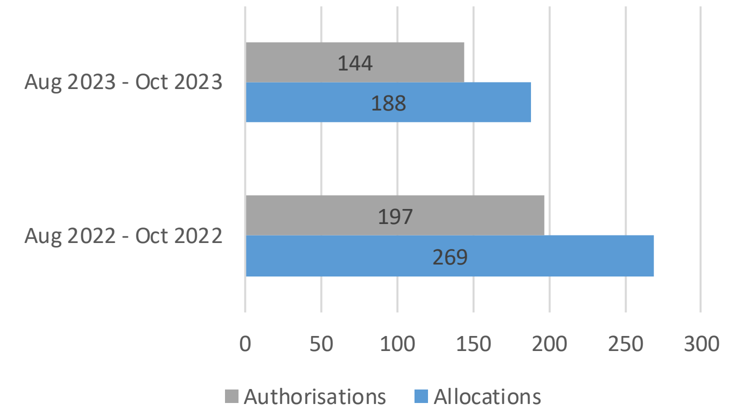

Professional Concerns - Sources
Sep
Oct
Nov
2023
3rd Sector organisation
Education
Health
Internal (Social Worker, other team)
Local Authority
Other
Police
Probation
Provider

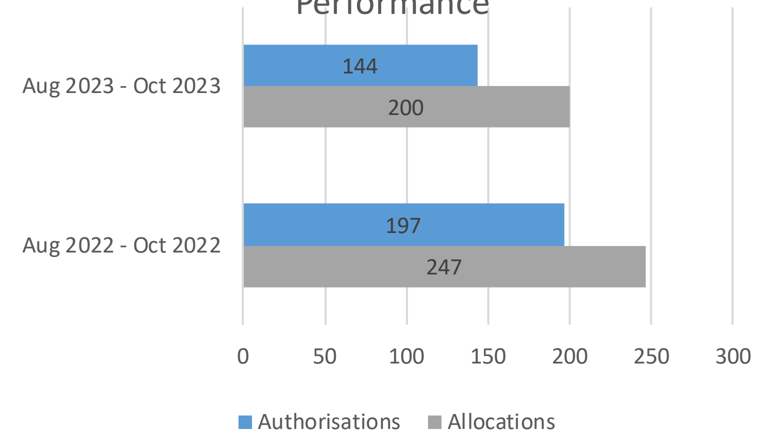

PPN Types
2022
2023
Case Note
Referral
Task

What is working well?	What are we worried about?	What are we going to do?
• Early intervention work remains high on the Teams priority list and the 2 CMO's are now attending the multi-agency meetings to provide a consistent approach. It had proved difficult to have a regular attendee from the pool of SW staff given the volume of work coming into the Team. • Despite a high volume of work this month the Team remain resilient with regular supervision in place and peer group case study sessions slowly being reintroduced again as routine. • Professional Concerns referrals remain high, with the absence of the Principal Officer (long term sick leave), one of the Senior Social Workers has been placed on an honorarium to support the Manager with this aspect of work. • We are now again attending all partnership meetings. • The PPN work is being captured in the weekly reports, evidencing the good work that our CMO' carry out in the team. • Being office based on a Tuesday and Wednesday is strengthening the bond the team as already has. Also sharing experiences and knowledge has helped the new starters. • The Team attended a bespoke training session set for us on WARRN assessments, to further develop our understanding of mental health risk assessing.	• High level of safeguarding work is being experienced across all agencies. Police are currently struggling to attend all the meetings that are called due to their workload. This is being monitored in terms of how many meetings are declined, so that next steps can be considered. • The Team are anxious to hear more about the restructure of Adult Services, so that they feel secure in their roles and understand potential changes ahead. Additionally the early intervention and prevention work may not be as robust if the current staffing structure doesn't remain, with 2 CMO's in the Team. • The Principal Officer is on sick leave, this has highlighted the pressure placed on the Manager without that additional support for Professional concerns cases. Whilst there is a person acting up, it reduces the capacity that she has to take on the adult at risk work, placing further pressure on the rest of the Team.	• The Team will maintain their own emotional well-being by ensuring that they take regular breaks, attend vicarious trauma counselling, and use supervision effectively. This will assist in their ability to be resilient staff members. • Outreach work is commencing where possible in terms of raising the profile of the Safeguarding team and the role we play in support our colleagues and partner agencies, to work collaboratively together to safeguard the citizens of Swansea. Opportunities will be identified through closer working with the Preventing Poverty Service. • Despite the pressure, the Team remain upbeat and are considering more ways in which preventative work can be undertaken.

Timeliness of Deprivation of Liberty Assessments







What is working well?	What are we worried about?	What are we going to do?
• WCCIS systems in place Business support continue to support and upload all new enquiries for DOLS team • Team continue to make use of ADASS Prioritisation Tool to identify applications where there is a greater time pressure in the need to undertake assessments. For e.g., person objecting. • Unique specialist team, with staff who have various high levels of experiences and skills/ Staff manage the complexity of working within legislation and time constraints • Unique specialist team, with staff who have various high levels of experiences and skills/ Person centred work • IMCAs/39A, 39C and 39D: paid RPR/litigation friends. Excellent relationships with Mental Health Matters Wales monthly/quarterly meetings / COP section 21 a challenges • Active COP cases there are a number supported by external legal team and several others supported by internal legal team. Daily contact with both external and internal solicitors/barristers-good relationships have been developed /active case data base is extremely useful in maintaining overview of cases.	• Applications received each month continue to exceed the number receiving a decision; Impact increases the supervisory bodies' backlog. Complex process in terms of flow of application through systems i.e., WCCIS/recording systems. • Applications not screened as urgent or critical take lesser priority and requests will not receive a decision within recommended timescales/increases backlog. Risk to person being deprived/COP challenges/Costs to LA.MA do not always request further authorisation-impact person not safeguarded/challenges in COP. • Relentless pace of 4 assessments each week for the BIA,s .One BIA 29 hour vacant post in dols team and 2 long term staff sickness in team also impacts on number of assessments completed per week. • Ensure that the service user continues to be at the heart of the work we do in the team • Current commissioned agency MHMW submitted further bid to Health board to continue to provide this service/if their bid is unsuccessful major impact on dols team in January 24 work assigned to MHMW would need to be reassigned to the successful agency. • Impact: team manager for DOLS has an overview role in managing COP cases/liaison with community social work teams/legal teams/demand is high on daily basis-reduces capacity to manage other areas of that role. Including acting in role of supervisory body signatory.	• To Continue to monitor performance in DOLS team using various performance measures. • Capacity in business support 1xstaff vacancy Business support manager to complete vacancy management to -support flow of applications in team and to support contact with care homes regarding requests for further dols authorisations. Option of utilising additional business support discussed. • Capacity in Supervisory body signatory group has increased x1 on induction-to support flow of applications in team. • Training issue for Managing Authorities /care homes. DOLS team leader to attend provider forum • Managing authorities /care homes still submit inappropriate urgent applications -. A lack of guidance on this issue as the primary cause of the inappropriate use of Urgent authorisations.MA have other priorities. • Team manager and senior practitioners Continue to provide the support to the BIAs in a way that best suits them, on an individual basis/sickness absence monitoring in progress with HR and OH support. • As above - also reflective practice session to commence for staff in December in- TEAM development. • Forward planning to manage any potential risk /impact required. • Meetings ongoing with external and internal legal team to discuss/update current active cop cases/data base.

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 Social Services
Directorate: 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		Medium 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**

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: 30/11/23

Approval by Head of Service:
Name: Amy Hawkins
Position: Head of Adult Services and Tackling Poverty
Date: 30/11/23

Please return the completed form to accesstoservices@swansea.gov.uk

Report of the Cabinet Member for Care Services

Adult Services Scrutiny Performance Panel – 12 December 2023

Dementia Report

Purpose	To provide a briefing on Dementia care in Swansea.
Content	This report includes a briefing on regional priorities for Dementia care, social work support and examples of commissioned and internal dementia services, along with case studies.
Councillors are being asked to	• Give their views. • Make recommendations to Cabinet Member for Care Services.
Lead Councillor(s)	Cabinet Member for Care Services – Cllr Louise Gibbard Cabinet Member for Community and Councillor Champion for Dementia – Cllr Hayley Gwilliam
Lead Officer(s)	Amy Hawkins – Head of Adult Services & Tackling Poverty
Report Author	Amy Hawkins – Head of Adult Services & Tackling Poverty Helen St. John – Head of Integrated Services
Legal Officer	Carolyn Isaac
Finance Officer	Chris Davies
Access to Services Officer	Rhian Millar

1. This report provides an overview of population needs analysis, regional Dementia care priorities, commissioned services, the work of the Older Person's Mental Health Team, the Community Memory Support Team and dementia support provided by internal services.

   Social Services work in partnership with the health service and the voluntary sector to provide information, services and support for people living with dementia and their carers.

2. Population

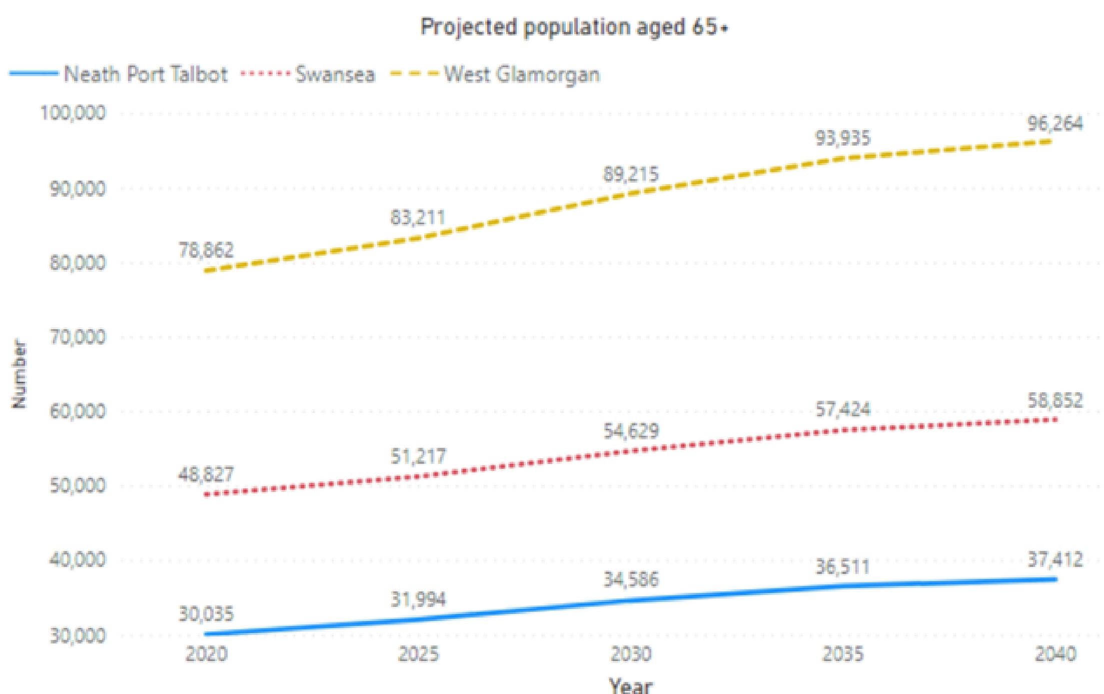
2.1 Population Needs Assessment 2022-2027

According to Social Care Wales, the over 65 population for the West Glamorgan region in 2020 was 79,212.

Number of people 65+ years

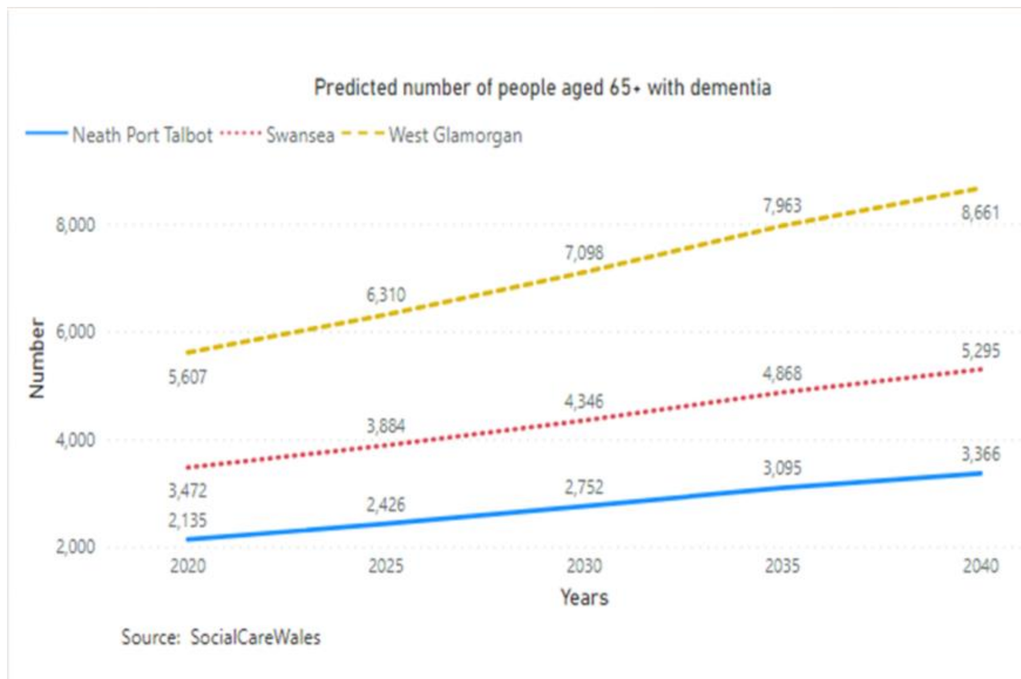
Year	Neath Port Talbot	Swansea	West Glamorgan
2017	29,159	47,549	76,708
2018	29,530	48,049	77,579
2019	29,981	48,720	78,701
2020	30,254	48,958	79,212

The table shows a steady increase in the over 65 population between 2017 and 2020 and predictions from Stats Wales in the below graph show this will increase by more than 20% by 2040.



In addition, the Office for National Statistics predict the over 75 population will increase from 9.3% of the population in 2018 to 13.7% in 2038.

The total number of individuals with dementia in the West Glamorgan region in 2020 was 5,607. Social Care Wales projections for West Glamorgan indicate a 65% increase by 2040 (see below).



For older people with mental health conditions, particularly dementia, the sudden loss of routine and familiar surroundings increase the risk of their condition worsening and can also increase their risk of falling, resulting in longer stays in hospital and then needing more care when they are discharged than might otherwise be required. Evidence shows that where people can be treated at home, outcomes are better.

2.2 Regional Dementia Programme

The West Glamorgan Regional Partnership is committed to improving the quality of life for people living with dementia and their carers, through more effective and targeted service provision.

There is a Dementia Steering Group which sits under the Emotional and Wellbeing Population Programme Board, which reports through to the Steering and Advisory Board Two, through to West Glamorgan Regional Partnership Board.

The region is in the process of coproducing a Regional Dementia Strategy and is currently working with colleagues in Welsh Government to implement the National Dementia Programme. This includes working with statutory and non-statutory health and social care service providers to develop new models of care and projects aimed at supporting people living with dementia, their families and carers. Dementia Workstreams have been established to deliver this.

Work is underway to improve information sharing and effective collaborative working, with an emphasis on prevention.

The total dementia and memory assessment is £1,556,000. 18 organisations were provided with RIF Dementia and Memory Assessment Funding in 2023-24. There are 4 statutory schemes and 13 third sector schemes. There are 13 regional schemes and 5 local schemes (3 in Neath Port Talbot and 2 in Swansea). Further information can be found in the story of change template: End of Quarter 2 (2023-24) - West Glamorgan Regional Partnership

2.3 Regional Dementia Priorities

Objective	Method of Delivery	Current Progress
Community Engagement 1. People's health & wellbeing is improved via access to timely information and community-based support 2. Prevention & early intervention to avoid escalation and crisis interventions and promote living well with dementia 3. Community engagement via the Listening Campaign and other community events & hubs	Information, Advice and Assistance (IAA) Preventative / Early intervention Signposting Training Communications Engagement Consultation	**IAA –** The Dementia Hwb is an excellent resource providing information, sign posting and offers immediate support to anyone who visits the Dementia Hwb in need of help & assistance. 5 mobile Dementia Hwbs across the region are due to open imminently. West Glamorgan Dementia Partnership offer information & sign posting via website and phone contact. In addition, the Carers Centre is huge source of information and support for unpaid carers and those they care for. **Prevention / Early Intervention / Living Well with Dementia –** Projects supporting people to live well with dementia, intervene early to prevent escalation include Sporting Memories; Me Myself & I; 2 Dementia Choirs; SCVS Dementia Cafes; NPT Sunflower Dementia cafes; Forget Me Not Clubs. These projects take place in many areas of the region to support people face to face to improve their physical, emotional, and mental wellbeing. All the above projects also offer IAA & sign posting. **Listening Campaign –** Phase 1 of the Listening Campaign has begun. Two areas have been selected: Baglan, Neath Port Talbot Council and Gorseinon, Swansea Council. Materials supporting the Campaign have been developed. A survey is being drawn up. Focus groups will commence soon to undertake the listening and recording of dementia stories. **Consultation/Engagement –** West Glamorgan Dementia Project Manager and Transformation Manager are working with West Glamorgan Communications Team to undertake a series of consultations with dementia groups, people living with experience and their carers to assist in coproducing the Dementia Strategic Document which will determine the direction of Dementia Care in West Glamorgan.
Assessment & Diagnosis 1. Implement Dementia Read Codes 2. Increase	Direct support Face to face	**Dementia Read Codes –** All GP clusters in NPT & Swansea have adopted the Dementia Read Codes. LD are planning to adopt the Dementia Read Codes. **Mapping –** of statutory services for citizens to work in partnership to ensure reasonable adjustments are made at the point of contact.

Diagnostic Rates for those living with Dementia 3. Diagnosis Support including those Pre-Diagnosis waiting for a Memory Assessment	appointments Multi-agency partnership working Mapping Development of new streamlined pathways	LD – Learning Disability representatives are working with Improvement Cymru to map the regions LD population. **Pathways –** A review of all dementia and MCI pathways is underway and to streamline with LD pathways. **Health & Social Care –** To work together to commence providing outcomes of the agreed set of completed assessments & interventions; to develop a list of interventions to support people post-diagnosis. **Supporting People Through Diagnosis –** One of a range of initiatives is the establishment of Advanced Nurse Practitioners to provide leadership roles to improve diagnostic capacity within Memory Assessment Service. The Dementia Connect project run by the Alzheimer's Society support people through the diagnosis process. The Speech & Language Therapy project are part of the Memory Assessment Service ensuring early and timely interventions. **Pre-Diagnosis Support -** The Pre-Memory Assessment Support Project supports people living in NPT to develop care support plans whilst waiting for a diagnosis.
Community Care & Support 1. People receive preventative & early intervention support in their communities or as close to as possible 2. People are involved in deciding where they live while receiving care & support 3. Complex Care and Support Packages are better at meeting the needs of people and delivered at home or as close to home 4. Dementia Connector Role	Direct Support Face to Face Multi Agency / Partnership Working Preventative / Early Intervention	**Community Preventative & Early Intervention Projects –** In addition to the projects listed under Community Engagement that supply preventative & early intervention services; there are several additional projects that provide Dementia Connector type roles supplying wrap around services for those living with dementia and their carers. Alzheimer's Society guide people through an established pathway of dementia support for those pre-diagnosis and their carers. Age Connects and Age Cymru support people living with dementia and their carers post diagnosis. The West Glamorgan Dementia Partnership provide wrap around services for pre and post diagnosis. **Complex Care – Meeting People's Needs in the Home –** In addition to the organisations mentioned above, who significantly contribute to allowing people to live as well as possible in their own homes; the Marie Curie respite project provides a vital service to prevent hospital admissions and allow people to remain at home for as long as they wish. **Dementia Connector Role –** Workstream 3 Dementia Connector, held their first meeting on 24th August 2023. Since then, the members have moved the Dementia Connector Role agenda forward with pace. A mapping exercise

		took place where all job roles/specifications for Dementia Connector type roles across the region were gathered and analysed. A multi-agency Task & Finish group has been set up and members have created a job description and specification for a Dementia Connector. An advert for two Dementia Connector roles is currently out to advert to pilot the job description. The Dementia Hwb are funding the two posts.
Hospital Focused Work 1. People have a better understanding of the discharge process and are more involved in pre and post discharge planning 2. Dementia Friendly Hospital Wards	IAA Early intervention Signposting Communications and engagement / Consultation Direct support Face to face Multi-agency	**People have a better understanding of the discharge process and are more involved in pre and post discharge planning –** Advocacy Support Cymru has employed a non-statutory advocate to complement the statutory service, to ensure timely discharge in a person centred way for effective transition between hospital and home. This is a niche role that allows the same advocate to be involved once the person is at home until all services and support has been put in place and seen to be working well. **Dementia Friendly Hospital Wards –** All Wales Dementia Friendly Hospital Charter. Care fit for VIPS (Values of People, Individual Needs, Perspective of service user, Supportive Social Psychology) has been piloted in the following hospital and wards: Morriston Hospital, wards A & G; Singlton ward 2; Gorseinon Hospital, West ward; Cefn Coed Hospital, ward Derwen; Neath Port Talbot Hospital, Minor Injuries Unit; Tonna Hospital, suite 2. The next step is the roll out of VIPS to all wards in all West Glamorgan Hospitals once the regional Workstream 4 steering group has been set up.
Workforce Development & Measurement 1. Health, social care and third sector to develop training in line with 'Good work framework standards' 2. Develop national measurements and gather the data items regionally	Multi-agency Workforce Development & Measurement are crosscutting themes for the whole Dementia Programme and membership therefore is taken from all Workstreams to ensure the work is developed with all partners	**Health, social care & third sector to develop training in-line with the 'Good Work Framework of Standards' -** Workstream 5a was set up with the first meeting taking place 3rd October. The workstream members include SBUHB, Swansea & NPT LA, 3rd Sector and people living with experience who will work together to map current training provision to ensure the 'Good work framework standards' are being met. **Develop national measurements and gather the data items regionally –** Workstream 5a meet with Workstream 5b in one meeting, due to the fact many members sit on both 5a & 5b workstreams. The lead for workstream 5 attends the national meetings where development of national measures is taking place. Currently only one meeting has taken

		place in October 2023. A mapping exercise to gather all regional data will take place.

Case Study: The Dementia Support Service The Dementia Support Service is a partnership of five organisations across Swansea and Neath Port Talbot, supported by the Regional Partnership Board, to help people to live well with dementia, with person-centred support and information. A partnership between Citizen's Advice, Age Cymru West Glamorgan, Care and Repair, Swansea Carers Centre and NPT Carers and At Home Respite for Carers by Age Cymru West Glam, provides services to fully support people in adapting and living with dementia. The partnership supports people with dementia and their families, friends, and carers. Further information about the dementia support service can be found here: www.dementiasupportservice.org.uk

2.4 Commissioned Services

Swansea Adult Services commission a number of services supporting people with Dementia.

Care Homes

Swansea commissions services from 36 care homes for older people. 5 of these are specialist dementia nursing homes. 14 are residential homes offering personal care only and 17 are nursing homes offering both personal and nursing care.

Of the 14 residential care homes there are 2 which have dedicated specialist units for providing dementia related care. One unit is for 32 beds and the other is for 9.

Combined, the five nursing homes which provide specialist dementia care offer 168 beds of specialist dementia care. The largest of these providers offers 51 beds, most of which are higher cost placements funded via Continuing Health Care arrangements.

All other residential and nursing homes can provide some level of dementia care. All care home operators will describe their capacity to provide dementia services within their statement of purpose.

Adult Services recognises the value in developing the capacity of the sector to provide dementia services and is considering introducing an enhanced fee rate to cover the additional costs of providing more specialist residential dementia care. This will link to a set of criteria for determining eligibility based on the needs of the individual and the capacity of the care home to provide more specialist care. This work will be developed further during 24/25.

In relation to the 7 care homes currently offering specialist dementia beds, all 7 have been inspected by the regulator (CIW) in the last 24 months. 6 of these 7 services were meeting standards required. 1 service received action notices to achieve improvements relating to training, supervision of staff and aspects of the physical environment which we have worked with the Provider to address.

Domiciliary Care

All 18 commissioned domiciliary care providers are contractually required to provide services to people with dementia. This includes respite services. All domiciliary care workers are required to receive training on providing care to people with dementia, and to understand the impact that dementia may have on unpaid carers and other family members. The training required should also address ancillary areas such as communication, end of life care and advance care planning.

All domiciliary care services are contractually required to implement 'Good Work, a Dementia Learning and Development Framework' (https://socialcare.wales/cms-assets/documents/Good-Work-Dementia-Learning-And-Development-Framework.pdf).

This framework sets out the requirements of Welsh policy, legislation and guidance for enabling effective care, support and empowerment of people with dementia, carers and the health and social care workforce. It provides guidance in relation to areas such as ethics, ensuring an outcomes approach, working with and supporting families, as examples.

There is currently no data available to confirm the number of domiciliary care service recipients with a diagnosis of dementia.

There are currently no contract compliance issues with aspects of dementia care for people who receive domiciliary care services.

Direct Payments

Direct Payments (DP) are currently being provided to 38 people with a diagnosis of dementia.

Mostly, these are used for sitting and respite services which can provide social opportunities to the person with dementia, whilst enabling carers to have a break from their caring role.

Currently of the 26 people with dementia who are using a DP to purchase Personal Assistant (PA) services, 11 are using a DP to purchase services from a care agency, and 1 person is using a DP to purchase day services.

These arrangements provide invaluable support to assist carers to continue in their caring role, and in maintaining the wellbeing and independence of people with dementia.

Case study: Direct Payments

A is an 85-year-old woman with a diagnosis of mild dementia who lives alone and receives support from her daughter who lives close by. She also receives help with personal care from a commissioned domiciliary care service.
A is very reluctant to receive care and support from people she does not know.

Sadly, a year prior to the Direct Payment starting, her husband, who was her main support, passed away. Following her husband's death, A's wellbeing declined. As well as mild dementia A began to suffer depression and anxiety and began to self-neglect, refusing to eat, isolating at home and refusing to attend medical appointments.

By providing a Direct Payment of 10 hours per week, she was able to employ her granddaughter as a Personal Assistant. This additional support has significantly improved A's health and wellbeing. Regular support from her granddaughter has opened up new social opportunities, reduced A's depression and anxiety, restored her appetite and eating habits, and enabled her to receive regular medical care. A's granddaughter has reduced her hours at her regular job so that her caring responsibilities can be given more priority and are more sustainable. A principle which is compatible with the department's prevention ethos.

2.5 Swansea Older Peoples Mental Health Team (OPMH) role and function

The OPMH team focus their work on people with a diagnosed mental health disorder and predominantly a cognitive impairment. The OPMH Social Work Team is part of a Multi-Disciplinary Team co-located in geography and purpose with the health service.

Main function within the OPMHT is providing a service to in-patients within Ysbryd Y Coed Hospital assisting and facilitating discharge to all service users. This 60-bed unit has three wards providing care for older people with dementia in purpose-built, modern surroundings to provide effective care.

Ysbryd y Coed provides extended assessment, treatment and a range of therapeutic intervention for patients who for one reason or another cannot be supported in any other setting at that time in their illness.

The OPMHT also follow service users'/patients into General Hospitals. These offer Social Workers the opportunity to discuss any concerns with the consultants, meet with families, discuss issues with service users and begin the discharge process.

Discharges from Hospital take place on a weekly basis with MDT's, Multi-disciplinary team meetings.

2.6 The Community Memory Support Team (CMST)

The CMST is a team consisting of a Mental Health Link Practitioner and Memory Support Workers.

The team's aim is to provide early intervention and support to those living in Swansea who are experiencing changes to their memory and/or cognitive function. The team are a holistic, empathetic service, identifying and supporting individual needs and recognising what is most important to the person and their family/ carers.

The CMST assess people in their own homes and use a variety of cognitive assessments depending on the individual's needs. The initial assessment can help to establish a baseline of memory and functional ability and can determine if there is a need for further in-depth investigation or support services. If a memory/cognitive impairment is identified, the Memory Support team will then liaise with Primary Care GP's. The GP will order further screening tests and referral to Older People's Mental Health Services if appropriate.

The team also have close links with the Dementia Hwb in the Quadrant and run a clinic there weekly assessing patients with concerns who have visited the Hwb for information and support.

Case Study: Community Memory Support Team

A gentleman called into the Dementia Hwb on two or three occasions saying his wife was acting very strange and out of character and he was struggling to cope. He was extremely stressed and said he was at his wits end. He didn't have local family support. He was provided with the number of Adult Service Common Access Point and suggested he request a social work assessment. At his second visit to the Hwb the team suggested a visit to the property to see his wife. Joint visits took place with the Social Worker and the team spoke with him about his stress and ways in which they could help. His wife was very pleasant but had no awareness of her cognitive decline and out of character behaviour. The team were unable to undertake any memory assessment with her due to her lack of awareness but could clearly see she had significant cognitive problems. A CT head scan appointment was arranged, and the wife agreed to go for the scan.

The gentleman was also signposted to a six-week Dementia Awareness course being run by the Carers Centre which would give him a better understanding of the changes going on with his wife. He agreed to start the course and found the content very informative and helped raise his awareness. A sitting support has also been arranged and accepted.

2.7 Internal Service Provision

We have a range of services tailored to people living with dementia which include long term residential care and support, respite, assessment, and day opportunities for people living with dementia with complex support needs. Our dedicated dementia services are The Hollies and Ty Waunarlwydd residential homes and St Johns day service.

Our service ethos is about connecting on a human level with our service users, getting to know the real person, and what matters to them. We take a journey through their lives, celebrating each unique person and the route their life has taken, and planning for the next chapter.

People's past experiences can have a real impact on trust, only by understanding who they are, and their life experiences can we build relationships and help them to let down their guard and feel safe to be themselves.

Underpinning our work is creating an environment of warmth and security where people feel a sense of belonging and self-worth. Building strong relationships is key, having opportunities to undertake meaningful roles within the household, taking part in the normal and ordinary, can enable people to feel valued for the contribution that they make and feel an important part of the family household. Creating a place where people can feel I will be ok here, this is home I feel safe here.

We work closely with the Wales School of Social Care and Research and participate in many research projects such as developing the Dementia Risk Taking Cards, Magic Moments, Community of Practice workshops and Developing Evidence Enriched Practice.

Our services embrace a relationship/ human centred model of care, moving away from traditional 'hotel' models of care where people are 'cared for' to an enabling environment where people who live with dementia can live enriched lives and are recognised and hold socially valued roles. Supporting compassionate practice, the 'Good Work' dementia learning and development framework for Wales suggests 5 key ethical considerations which fit seamlessly with our service values.

- Everyone matters.
- Everyone has something to contribute.
- Everyone is different.
- Everyone matters and the ‘normal’ and ‘ordinary’ are important.
- Every word matters – we must use positive and strengths- based terminology in supporting people with dementia.

Storytelling
We have created a culture of learning by embracing a storytelling approach, encouraging staff to share those magic moments in time and learn from one another. Working in a Developing Evidence Enriched Practice programme (DEEP) approach we have published our own Swansea Council Magic Moments book. This approach has enabled us to make a real impact on seeing the person and realise some of the important little moments that create happiness and a sense of belonging.

Case Study – What Matters 1
A lady who had had a very unhappy marriage, in her later years had met a very kind man who had treated her very well. Even though they had never married, her wish was to be known by this man’s surname. Only by having this ‘what matters’ story did we find out this important information that had such a positive impact on’ the lady’s happiness and well-being.

Dementia champions and Dementia Friends Ambassadors

We have a team of dementia champions across our services. The dementia champions receive regular support, knowledge of the latest developments, coaching and modelling to support them in their role as a Dementia Champion and develop confidence to be a role model in dementia care. This enables them to coach and mentor staff in their service area. The Champion team has recently been expanded to help support those individuals with a learning disability, particularly those with Down Syndrome. The Dementia Friends awareness sessions has been delivered to older adults Dementia Champion team, staff teams across services and more recently to the Learning Disability teams.

We have three Dementia Friends Ambassadors across our service area. The Ambassadors deliver Dementia Friends information sessions and are a point of contact for anyone requiring more information or support about the work of the Alzheimer’s Society.

Case Study – What Matters 2
A gentleman with Down Syndrome and a Learning Disability, he has been using the Day service and respite services for several years. During his time in day service, staff noticed a decline in his short-term memory and understanding. The gentleman was later diagnosed with Dementia. Subtle changes were made in the service to support him and his mum, unfortunately the situation at home broke down and it was decided that it was best for them both if he came in for an emergency residential assessment at Maesglas. While there he was assessed for his strengths and needs; it was deemed a long-term placement was needed. A placement was identified, the team at Maesglas and the Social Worker worked with the gentleman and his mum to replicate his home routine and what matters to him. Our Dementia Ambassador worked with the service and the future home to ensure they had a good awareness of how to support this gentleman and what matters to him, who he is, his strengths and what his future outcomes are and to ensure a smooth transition to his new home.

Our champions have a very important role in enabling other staff to understand the signs of dementia. Also, the process to get the individual support for early intervention and a diagnosis, and to recognise some of the other potential reasons that the person may be experiencing memory loss i.e., physical reasons such as any form of infection and to rule this out. By receiving Dementia Friends awareness, the team had a better understanding and were able to recognise the early signs of dementia and support the gentleman to get an early diagnosis and therefore the support that he needed.

The whole Champion team support staff to apply the true meaning of 'being human centred' for them to change and develop both culture and practice across all our in-house services. Alongside our established Dementia Champions, we have End of Life and Welsh Champions.

Dementia Training

The Virtual Dementia Tour (VDT) gives staff an experience of what dementia might be like by using specialist equipment and creating a simulated environment. Staff carry out simple tasks during the tour and can then empathise better with the challenges that people living with dementia may experience.

The Virtual Dementia Tour is a scientifically and medically proven method of giving a person with a healthy brain the experience of what dementia might be like. When a person with dementia is diagnosed, we really need to support them by giving people around them a true understanding of the disease. We have very positive feedback from the staff every time the team facilitate this training, they feel it gives them an opportunity to experience what the individuals they support cope with every day. It gives them a window into their world and makes them feel more confident to support the person and so provide them with a better quality of care.

Personal outcomes, a strength-based approach.

Traditionally people living in a residential home remain there for the rest of their lives, but in one of our dementia care homes, people living with dementia are increasingly having the opportunity to return to their own homes.

Case Study: Dot

Dot was admitted into the care home as an emergency as she had been found out on the road in the night unable to find her way home. It was deemed she needed a place of safety.

"My name is Dot and I live in Swansea, I run my own business, a B&B in Oystermouth Road in Swansea. I do most of the work myself but had a little help with the cleaning and ironing from my friend. I have worked hard all my life.
When I wake up in the morning at the Hollies, I always ask "have the day staff started work?", I then come down to make the breakfast and tell the kitchen what I need. I dish out the breakfast, make the toast and pour the tea and coffee for the other people. I have my work apron in my shopping bag, and I put that on when I start work. After serving the meals, I then clear up the dishes and load the dishwasher. I also make sure the cats' dishes are washed up after his meals. I am always in the kitchen working and I like to care for the other people here, I am always a helper! They tell me to have a break, but I like to keep going, it's how I have always been. So, my plan is to go back home, but if I ever need to go anywhere it will be here, I know everybody and I recommend it to anybody. I have always worked. I have always had my own money."

Dot expressed her wish to go home. Following a period of assessment we were able to support her wish and look at the level of support she required to achieve her personal outcomes. Dot returned home and lived independently for a period of 4 months.
We saw an immense improvement in Dot's well-being, when we listened and took a positive risk approach, we were able to support Dot to achieve her personal outcomes.

Positive Risk taking
Positive risk taking underpins our work, People living with dementia are still able to make a valuable contribution. They may still be able to work, cook, clean, iron and garden. For each person this is different. And how much they can do and how long they can do it for will vary. However, these normal and ordinary activities of life can help a person feel a sense of worth. It is important that people are enabled to do as much as they can, using a positive risk approach people can engage in this normal activity of life.

Connecting with the individual in their reality.
When the person's most recent memories have fallen away, we endeavour to meet them in their reality and help them to undertake activities of life that enables them to carry on doing what matters. During our training and development sessions we encourage our staff to bring along some very personal and important items and to tell us their story and why these things matter. We explore ways to connect and get to the heart of what matters, this is a powerful exercise and one that never fails to help staff see through the eyes of the person living with dementia.

Expressive behaviours are a form of complaint or communication.
People can often be labelled as having expressive behaviours, but we have found that if a person is expressive, it might be the only way they can let us know that something is wrong. People living with dementia are doing the best they can, we have learned to adapt to try to find out why the person is feeling unhappy or are expressing behaviours that others may find challenging.

Case Study
A gentleman living with dementia came into the service as an emergency, he was in his late 80's living with his family who loved him dearly. The gentleman was looking to leave the house, and the doors were locked to keep him safe. He lived in a different reality and as far as he was concerned, he had to get out to work, the doors were locked, and his only option was to jump from the upper floor window of his home. He was brought into the care home as an emergency. He told us he would have got away with it because he was in the army and he knew how to roll, but the neighbours saw him.

Miraculously he was not injured but deemed too risky for him to stay at home. Over the next few weeks and months, we got to know the gentleman, what matters to him and his life story. Initially he would leave the home every day and we would monitor from a discreet distance. Work was very important to this gentleman; therefore, our goal was to replicate the feelings that his work gave him, i.e., a sense of self-worth, contributing to the household, a sense of continuity and belonging. The gentleman's name was added to the staff rota, he would check the rota to see if he was on duty, he would dress in his work clothes and undertake busy roles within the household usually outdoors such as painting the fences. He would put in his timesheet at the

end of each week. Gradually he didn't look to leave anymore, and he found his place in the household.

Creating an enriched environment
Our Dementia champion team have been upgrading the environments in our dementia services. This includes an individual front door on each person's private room in residential services, the colours were chosen by the individuals and are therefore recognisable to them. These are already making a real impact. One gentleman commented, "*I have just been to my new house".* A second lady who was finding it difficult to settle, chose her new home and decided to stay.

Murals have been added to help people with wayfinding and to make sense of their surroundings. In the Hollies, we have recreated the local village landmarks, named after the shops in the local village. The team have also recreated the local park and at the heart of the home is a small office where people living in the home can often be seen, therefore this has been recreated into a post office a vibrant familiar space just like the local community post office.

Use of digital technology
People living with dementia are reliving memories in our services by taking a Virtual Reality trip to their favourite places.

Case Study: VR
One person living with dementia took a virtual tour of a small market town in Thailand that he was stationed at when he was a paratrooper in the war. He was supported by a staff member who followed his journey on the iPad and engaged in conversation as he moved around the town, pointing out the floating markets, and how everything looked just as it did when he was last there. The gentleman watched paratroopers and even took his own virtual parachute jump.

Magic table 360-degree projector
For those who are unable to use the VR headsets we have a 360-degree projector that can project interactive images on any surface, floor, ceiling, bed, walls, or tables. This has been particularly positive for people who are reaching end of life, or who spend long periods in bed. People can watch the sun rise, and sun set, they can experience falling autumn leaves in their line of sight, watch hot air balloons passing, or can dip their toes in the rolling waves. The projection is interactive and so moves with the person's touch.

Case Study: Magic Table
A lady living with dementia who was reaching the end of her life, watching her favourite family images projected on her ceiling. This was accompanied by gentle music. The lady quietly lay watching the family images slowly move across the ceiling in her line of sight. This was such a relaxing and personal magic moment.

This projector has completely changed the experience of people at end of life, or who spend long periods in bed. By adding the persons favourite music, smells and if appropriate, taste, we can create a fully immersive digital experience.

Intergenerational Project

One of our most recent intergenerational projects involves The Hollies care home, Whitethorns Intensive Day Support, Pontarddulais Comprehensive, People Speak up, Our Place and colleagues from Helsingborg, Sweden to develop a Dementia Friendly Community Garden.

This exciting project will mirror the Dementia Garden in Helsingborg, with a few of our own ideas to create an informative community garden which follows the stages of dementia. The initial designs include a busy work area and poly tunnel, a 'What matters' memory corner incorporating items from the past. A sensory corner with nature sounds. Instruments such as bongo drums and natural rain sticks, a storytelling section, and rose garden. The garden will include art and dementia information on the different stages of dementia as you move throughout the garden, we hope to create a central dance floor area for spontaneous dance. A community garden that is used by the people who live in the home, the local schools and community members.

Assessment services

We have an assessment house within Ty Waunarlwydd, which enables individuals living with dementia to step down from hospital or step up from the community for recovery, and resettlement back home with or without a package of care or in some instances to their preferred choice for long term residential care if this is needed. We have a skilled and experienced dementia support staff team and a dedicated Occupational Therapy Assistant (OTA) experienced in working with people living with dementia. The OTA carries out activities of daily living assessments to see how the person will manage at home. This assessment model of care empowers people living with dementia to have the opportunity to be supported to return to their own homes, wherever possible. Our work means that people living with dementia are being recognised for their strengths and adaptations are made to make the possibility of a return home into a reality, for many people.

Case Study

When N initially came to us, he was very disorientated and had very poor mobility which put him at risk of falls. He also struggled with communication and spent a lot of time in his room, not wanting to join in or socialise. Even though N had come to us for a step-down bed for assessment we were very unsure as to whether he would be able to return home with a package of care due to him needing a lot of support. It was N's wish to return home which he consistently stated as his outcome and this was clearly important to him. N slowly showed signs of improvement in relation to his cognition and levels of functioning. We also noticed that he was starting to engage more with staff and was building friendships with the other people staying with us. As part of the assessment process, N returned home on an assessment visit. N understood that he should not use the stairs and knew how to operate his kitchen appliances, this is a good example of why it's so important to see people in their own environments. However, on securing the property when we were leaving N almost fell but thankfully managed to save himself.

During his stay N developed a friendship with another gentleman, who is living in Ty W on a permanent basis. Both gentlemen had similar interests and are both academics. They both had a love of cycling, and the outdoors. The gentlemen would spend time walking around the garden together, which was assessed as a positive risk for the gentleman.

N had an interest in local history and enjoyed the "story telling" sessions we had via People Speak Up. It was so pleasing to see N engaged in deep conversation with the storyteller, about subjects such as the Rebecca Riots. This was so far removed from the gentleman that initially came to us, who was disorientated to time, place, and person, who struggled to communicate his basic needs, didn't want to socialise, and chose to isolate himself in his room.

On the day of his discharge his daughter came to pick him up to take him home and her parting words to us were "*Thank you for giving us back our dad".* He is still at home and doing well.

Westfield Unit, Ty Waunarlwydd, has been funded via the Regional Investment Fund funding to provide 8 step-down beds from acute hospital settings within Swansea and Neath Port Talbot, for people that are medically fit for discharge, live with complex dementia related needs, and require a settlement & assessment period to establish their future move on plans. This pilot initiative is focused on achieving better outcomes for people through a short-term specialist residential placement to establish future care plans in a non-hospital setting. The service has been operational since June and to date has supported nineteen people, including current residents. Five have returned home with a package of care, six to residential care with no individual moving into nursing care.

Having the opportunity to resettle in Westfield Unit has enabled people to become well, mobilise better, to complete tasks and fulfil assessments evidencing their ability, with the opportunity for their future care and support needs to be right for them and their families. People have been involved in meetings and encouraged to make decisions and take control on their day-to-day life with even the smallest of choices being promoted.

One person, whilst in hospital, was deemed to be end of life, requiring long term care but was given the opportunity to stay in Westfield and has had time to regain her strength, and skills, expressing a wish to return home. She has since returned home with a package of care. Some people have recognised that they now need long term care going forward, having had the support to understand their own care and support needs. For some people where they are unable to retain information in relation to next steps, then the relevant person i.e., carer or relative, advocate, social workers have been involved and supportive of discharge planning in the best interest of the individual.

4. Legal implications

4.1 There are no legal implications associated with this report.

5. Finance Implications

5.1 Whilst this report is for information and not for action, the issues raised in the report may lead to the Council taking decisions in the future that will have implications for Council finances. Any such decisions will

need to be taken with consideration to the financial circumstances of that Council at the time and the latest medium term financial plan.

6. Integrated Assessment Implications

6.1 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.

6.2 The Well-being of Future Generations (Wales) Act 2005 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'.

6.3 Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also considers 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.

6.4 The report highlights the person centred, strength-based approaches being delivered to support with dementia and their carers. There are no direct impacts identified, mitigation needed or risks identified as a result of this briefing report IIA screening.

Appendices:
Appendix A – Integrated Impact Assessment

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 Social Services
Directorate: 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 a Briefing on Dementia, the regional priorities for Dementia Care and support, population needs assessment, commissioned services, internal services and case studies.

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

There is no impact for the report itself. Recommendations made by the committee to inform future activity or when new legislation is introduced 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		Medium 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 are central in supporting people with Dementia, their carers and representatives, advocates and service providers. All assessments and care and support plans are co-produced with service users, applying a person-centred strength-based approach.

The report also illustrates approaches taken to ensure a person-centred approach at all stages of people's diagnosis and their ongoing care and support.

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**

This impacts on Social Work Teams, Ageing Well team, Local Area Coordination, housing, internal care services external commissioned services e.g. care homes and other care providers.

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?

There is no impact for the report itself.

We recognise that Dementia impacts people and carers at different times and often when they are most vulnerable. The provision of appropriate community engagement, information, advice, assistance, early help and preventative services, assessment and diagnosis, community care and support and direct care, supports the quality of life of people living with dementia and their carers.

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 a Briefing on Dementia.

The Social Care and Tackling Poverty Service Transformation Committee Scrutiny Panel is being asked to consider the report and give its views and make any recommendations to the Cabinet Member for Care Services.

The report provides an overview of the Dementia population needs analysis. Regional Dementia Care priorities, commissioned services, the work of the Older Person's Mental Health Team, the Community Memory Support Team and dementia support provided by internal services, including case studies.

The report highlights the person centred, strength-based approaches being delivered to support with dementia and their carers. There are no direct impacts identified, mitigation needed or risks identified as a result of this briefing report IIA screening.

(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
Position: Head of Adult Services and Tackling Poverty
Date: 30/11/23

Approval by Head of Service:
Name: Amy Hawkins
Position: Head of Adult Services and Tackling Poverty
Date: 30/11/23

Please return the completed form to accesstoservices@swansea.gov.uk

ADULT SERVICES PERFORMANCE PANEL
WORK PLAN 2023-24

Meeting Date	Items to be discussed
Meeting 1 **28 June 2023** 4.30pm	**Confirm Convener of the Panel and Co-optee** **Performance Monitoring** *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services* **Briefing on Recent CIW Care Home Inspection Reports** *Amy Hawkins* **Draft Work Plan 2023-24**
Meeting 2 **7 August 2023** 4pm	**WAO Report 'Together we Can' – Community Resilience and Self-reliance** *Invited to attend:* *Hayley Gwilliam, Cabinet Member for Community (Support)* *Alyson Pugh, Cabinet Member for Wellbeing* *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Lee Cambule, Tackling Poverty Service Manager* **Tackling Poverty Service Grants 2022-23: Impact Report** *Invited to attend:* *Alyson Pugh, Cabinet Member for Wellbeing* *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Lee Cambule, Tackling Poverty Service Manager* *Anthony Richards, Poverty and Prevention Strategy and Development Manager* **Additional Direct Payments Information** *Amy Hawkins* *Richard Davies, Strategic Manager Direct Payments Team*
Meeting 3 **5 September 2023** 4.30pm	**Performance Monitoring** *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services* **Wales Audit Office Report 'A Missed Opportunity' Social Enterprises** *Alyson Pugh, Cabinet Member for Wellbeing* Lee Cambule, Tackling Poverty Service Manager *Peter Field, Principal Officer Prevention, Wellbeing and Commissioning*

Meeting 4 **31 October 2023** 4.30pm	**Director of Social Services Annual Report 2022/23** *David Howes, Director of Social Services* **Briefing on Deprivation of Liberty Safeguards (DoLS)** *Louise Gibbard, Cabinet Member for Care Services* *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services*
Meeting 5 **12 December 2023** 4.30pm	**Performance Monitoring** *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services* **Briefing on Dementia (including case studies)** *Amy Hawkins / Helen St John*
Meeting 6 **30 January 2024** 4pm	**Update on Adult Services Transformation and Improvement Programme** *Amy Hawkins / Helen St John* *Lucy Friday, Principal Officer Transformation* **Local Area Coordination Update** *Hayley Gwilliam, Cabinet Member for Community* *Lee Cambule, Tackling Poverty Service Manager* **Update on Progress with WAO Report 'A Missed Opportunity' Social Enterprises TBC** *Alyson Anthony, Cabinet Member for Wellbeing* *Amy Hawkins / Lee Cambule*
BUDGET MEETING **12 February 2024** **JOINT SOCIAL SERVICES MEETING** 2pm	**Draft Budget Proposals for Adult Services / Child and Family Services** *Louise Gibbard, Cabinet Member for Care Services* *David Howes, Director of Social Services*
Meeting 7 **20 March 2024** 4pm	**Update on West Glamorgan Transformation Programme** *Kelly Gillings, Programme Manager* **Performance Monitoring** *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services* **Briefing on Annual Review of Charges (Social Services) 2022-23**

	David Howes, Director of Social Services
Meeting 8 **7 May 2024** 4pm	**Update on how Council's Policy Commitments translate to Adult Services** *Louise Gibbard, Cabinet Member for Care Services* *David Howes, Director of Social Services* **Update on Adult Services Transformation and Improvement Programme – including progress on Reviews** *Amy Hawkins, Head of Adult Services and Tackling Poverty* *Helen St John, Head of Integrated Community Services* *Lucy Friday, Principal Officer Transformation* **End of Year Review**

Future Work Programme items:

- Briefing on Llais (date tbc)
- Update on Wellbeing Strategies for Social Services Workforce (date tbc on work plan 2024-25)
- Adult Services / Child and Family Services Complaints Annual Report 2022-23. AS Panel Members to be invited to CFS Panel meeting on 12 March 2024 for this item
- Recruitment and Retention of Care Staff (dates tbc once new policies developed)
- Wales Audit Office Reports (dates to be confirmed):