



City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: Committee Room 3A - Guildhall, Swansea

On: Tuesday, 13 February 2018

Time: 3.15 pm

Convenor: Councillor Peter Black

Membership:

Councillors: V M Evans, C A Holley, P R Hood-Williams, S M Jones, J W Jones, A Pugh and G J Tanner

Co-opted Members: Tony Beddow and Katrina Guntrip

Agenda

Page No.

- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**
www.swansea.gov.uk/disclosuresofinterests
- 3 Notes of meeting on 16 January 2018** **1 - 4**
To receive the notes of the previous meeting and agree as an accurate record.
- 4 Public Question Time**
Questions must relate to matters on the Agenda and will be dealt with in a 10 minute period.
- 5 Intermediate Care (including Disabled Facilities Grants)** **5 - 14**
Alex Williams, Head of Adult Services
Mark Wade, Housing
- 6 Presentation on Welsh Community Care Information System (WCCIS)** **15 - 19**
Steve Davies, WCCIS Implementation Manager
Tracey Bell, WCCIS Product Specialist
- 7 Adult Services Draft Budget Proposals**
Find below the link to the Cabinet papers for 15 February 2018, which

contain the budget proposals. It should be available Friday 9 February 2018:

<https://democracy.swansea.gov.uk/ieListDocuments.aspx?CId=124&MIId=7520&Ver=4&LLL=0>

The Panel is asked to discuss and agree its views and recommendations on the budget proposals in relation to Adult Services which it would like to make to Cabinet.

The conveners of each of the performance panels will feed in the views of their panel to the Service Improvement and Finance Performance Panel which meets on 14 February and has been convened to specifically look at the draft budget. Chris Holley, Convener of the Service Improvement and Finance Performance Panel will then attend Cabinet on 15 February to feed in the collective views of the scrutiny performance panels.

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|----------|---|----------------|
| 8 | Work Programme Timetable 2017-2018 | 20 - 21 |
| 9 | Letters | 22 - 28 |
| | a) Convener's letter to Cabinet Member (19 December 2017 meeting) | |
| | b) Convener's letter to Cabinet Member (16 January 2018 meeting) | |

Next Meeting: Tuesday, 20 March 2018 at 3.30 pm



Huw Evans
Head of Democratic Services
Tuesday, 6 February 2018

Contact: Liz Jordan 01792 637314



City and County of Swansea

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

Committee Room 5 - Guildhall, Swansea

Tuesday, 16 January 2018 at 3.30 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)
C A Holley
A Pugh

Councillor(s)
P R Hood-Williams

Councillor(s)
J W Jones

Co-opted Member(s)
Tony Beddow

Officer(s)

David Howes
Simon Jones
Liz Jordan
Alex Williams

Chief Social Services Officer
Performance and Improvement Officer, Social Services
Scrutiny Officer
Head of Adult Services

Apologies for Absence

Councillor(s): V M Evans, S M Jones and G J Tanner
Co-opted Member(s): Katrina Guntrip

1 Disclosure of Personal and Prejudicial Interests.

Disclosure of interests – Chris Holley and Alyson Pugh.

2 Notes of meeting on 19 December 2017

Panel agreed one amendment to the notes of the previous meeting – Item 3, Discussion Points, final bullet point to read: *‘As part of the budget proposals, Cabinet is proposing an additional investment of £3.5million in Social Services to take account of inevitable budget pressures. This is welcomed but the Department will still struggle to meet its obligations.’*

Notes agreed as an accurate record of the meeting.

Update from Department about additional money available to the region through the Health Board to deal with winter pressures (£1.7million approximately). The proposals are being worked up currently, with Council involvement, to go back to the Welsh Government. Amounts for social care still to be decided.

Actions:

- Department to provide Panel with final proposal which goes to Welsh Government.

3 Public Question Time

Dave Howes, Chief Social Services Officer and Alex Williams, Head of Adult Services responded verbally to questions from the public which will be included in the convener's letter to the Cabinet Member requesting a written response provided directly to the member of the public.

Questions from the public:

1. Does the Authority realise already that opposition is mounting at the excessive charges being proposed?
2. Do the Council realise because other Authorities have adopted new strategies that it doesn't make it right?
3. Have they questioned service users and what suits their needs?
4. Have the Council thought that they minority will be paying for the majority. If the majority are going to be exempt?
5. Does the Council realise that day centres will close if such charges of £40 per day and £70 per 2 days (not per week) take place?
6. Is this in the best interests of the clients attending the day centres?
7. By default the day centres will close – isn't this how the Council will shelve their responsibilities, isn't this what they intend?

4 Performance Monitoring Report

Alex Williams went through the reports highlighting a number of points. A number of comments were raised.

Discussion points:

- Summary report page 4 – Long term domiciliary care. Changes at the Common Access Point and the continuing programme of reassessing care packages have had a significant impact on reducing delayed transfers of care.
- Summary report page 4 – Residential care. Number of people in care homes appears to be going up. Department confirmed total bed capacity is approximately 1600. Vacancy rate is not very high. It is a relatively stable sector in Swansea.
- Summary report page 5 – Delayed transfers of care. Delays due to Social Services reasons have significantly reduced. Panel pleased that real progress has been made.
- Summary report page 5 – Review of allocated clients. Issue with Learning Disability service reviewing its clients. Department has set targets for improvement. Panel would like to see the trends on this presented in the next performance monitoring report.
- Summary report page 6 – Residential reablement. Increase in the length of stay may reflect issues in the domiciliary care market. The Panel will monitor this going forward.

- Summary report page 7 – Timeliness of response to safeguarding issues. Percentage within 24 hours and 7 days is improving. Panel is pleased to see this. Department looking at changes to processes to improve consistency of approach in relation to thresholding. Need to ensure everything is recorded on PARIS to improve reporting.
- Summary report page 7 – Timeliness of Deprivation of Liberty Safeguard assessments. There is an issue with timeliness of assessments. Department is pressing ahead with setting up a dedicated team. Posts are out to advert.
- Main report page 10 – Local area coordination. Issues with recording of data. Work has commenced on a new system.
- Main report appendices page 48 – Performance indicators Measure 19: Delayed transfers per 1,000 people aged 75+. Panel concerned with the figure as the Department is far from meeting the target. However performance has improved during the year.

5 Arrangements for charging for Adult Social Care in Swansea

Dave Howes, went through the report, which is currently out for consultation as part of the wider budget proposals, highlighting the main points and answering questions.

Main proposals are:

- Introduction of a charge for day services for older people
- Introduction of a charge for day services for younger adults
- Introduction of a charge for respite care at home
- Increased charge for domiciliary care
- Inflationary uplift for all other social care charges.

Discussion points:

- Raft of changes within Social Services proposed as part of the budget with an overall target of £1million additional income to the Council.
- Setting of the charge for day services based on unit cost of providing the service. It bears no resemblance to what an individual will pay as this is capped by Welsh Government.
- Individuals will be means tested to confirm their ability to pay the charges. This is based purely on an individual financial assessment and is prescribed by Welsh Government.
- Department confirmed demand is not as high as it used to be for older peoples day services.
- Department expects the outcomes of the commissioning review will lead to a redesign of services. Panel feels that as part of the commissioning review it is important to look at loneliness and ensure people are not more isolated.
- Informal feedback from users of older peoples' day services suggests users would rather pay for the service than lose it.
- Department encourages public to respond to the formal consultation especially to include their views in the narrative.
- Information packs have been handed out to day centre users to encourage them to participate in the consultation and feed in their views.

- In terms of budget consultation with hard to reach groups, the Panel would like there to be more face-to-face consultation with users of day centres etc.
- Panel concerned charging for services could reduce use and eventually lead to day centre closures. Department thinks charging will have an impact on use but more important is remodelling of services to meet the needs of more complex individuals and to be fit for purpose for the future. The proposals are not about the closure of day services. Council will definitely need to have a day service for people with complex needs but don't know how big this offering will be in future.

6 Presentation on DEWIS Information System

Simon Jones, Performance and Improvement Manager attended to give a presentation, highlighting the main issues and answering questions.

Main points:

- The system is owned by the Local Government Data Unit
- National launch around July 2018
- It is a wellbeing information system for the Council not Social Services.
- There should be a direct access element to it.
- It has a built in review process and editorial control.
- Swansea has 100 resources on it currently. The aim is for it to be around 1000.
- There is a phased approach to its implementation in Swansea
- Work is being carried out on a national level to link the different information systems.

7 Work Programme Timetable 2017-2018

Work programme received and considered by the Panel.

Actions:

- Add 3 items to the future work programme:
 - Adult Services complaints annual report 2016/17 (date to be arranged)
 - Presentation on Social work practice framework (date to be arranged)
 - Explanation of budget outputs (May 2018)
- Send letter to the Cabinet Member following the meeting for information.

8 Letters

Comments in the convener's letter from 10 October 2017 meeting were considered when looking at the recent performance monitoring report.

The meeting ended at 5.55 pm.



Report of the Cabinet Member for Health and Wellbeing

Adult Services Scrutiny Performance Panel – 13th February 2018

THE ADULT SERVICES APPROACH TO INTERMEDIATE CARE

Purpose	To brief the Panel on the approach to Intermediate Care in Adult Services
Content	This report includes a summary of the approach to Intermediate Care in Adult Services, in line with the Adult Services Improvement Plan.
Councillors are being asked to	Give their views on the approach.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Health and Wellbeing
Lead Officer(s)	Dave Howes, Chief Social Services Officer Alex Williams, Head of Adult Services
Report Author	Alex Williams 01792 636245 alex.williams2@swansea.gov.uk

1. Background

- 1.1 As part of the Western Bay Programme, an optimum model of intermediate care was adopted by the 3 Local Authorities and the Health Board.
- 1.2 The Kings Fund defines intermediate care services as those that are provided generally to older people to help them avoid going into hospital unnecessarily, to help them be as independent as possible after discharge from hospital and to prevent them having to move into residential or nursing homes until they really need to. These services tend to be time-limited, until the person has regained independence or medical stability, and are provided in people's own homes, or sometimes within local residential/nursing homes.
- 1.3 The aim of this optimum model was therefore to concentrate resources at the spectrum of community services which focussed on prevention and early intervention, with a view to preventing admission to and expediting discharge from hospital. The philosophy behind the model

was that targeting resources in this way would minimise and delay demand for long-term managed care. The focus was also very much on health and social care integration and wherever possible providing a seamless service to the customer.

- 1.4 This paper sets out how Adult Services is implementing this approach to intermediate care in line with the Adult Services Improvement Plan.

2 The Adult Services Improvement Plan

- 2.1 Within the Adult Services Improvement Plan, there are 10 core workstreams as follows:

- Section 33 Improvement and Implementation
- MDT Triage function within Common Access Point
- District Nursing Single Point of Access
- Anticipatory Care Regional Model
- Internal Homecare Services Restructure Implementation
- Domiciliary Care Reablement Review
- Hospital Social Work Team Intervention Process
- Community Equipment Store and Telecare Review
- Residential Care Reablement Function
- Integrated Care Fund Bid Coordination

- 2.2 Within the Adult Services Improvement Plan, the work surrounding Intermediate Care is most advanced as it pre-dates the Improvement Plan significantly. As a consequence, some of the workstreams are complete or nearing completion.

- 2.3 In addition to the above, this paper will briefly touch on the approach to DFGs as requested by the Panel.

3 Section 33 Improvement and Implementation

- 3.1 Following agreement of the optimum model in relation to intermediate care, the City and County of Swansea entered into what is termed as a Section 33 agreement with Abertawe Bro Morgannwg University Health Board, in order to pool the resources in relation to intermediate care.

- 3.2 This agreement comprised those services that delivered intermediate care, and the funding in relation to them. It also set out the governance surrounding these arrangements.

- 3.3 This agreement was entered into in 2014, and the world has significantly moved on particularly in relation to the level of integration in Swansea.

- 3.4 At the time of entering into the agreement, Swansea had a dedicated Community Resource Team responsible for delivering intermediate

care. However, in April 2015, this dedicated team was incorporated into the Integrated Hubs. It is therefore difficult to disaggregate intermediate care services from core services.

- 3.5 Both partners are consequently working together to revise the agreement so it covers health and social care integration across older people's services in its entirety, and the correct governance is in place to support a fully integrated management structure.
- 3.6 As part of this, Adult Services and the Health Board will be working together to develop the performance information. At the moment the available information is very social care driven, so having greater transparency over health information will be extremely helpful to inform service development.
- 3.7 Work is also ongoing to take the agreement to the next level, where the budget is truly pooled. This piece of work will start with intermediate care services with a view to being expanded further if successful.

4 MDT Triage Function within Common Access Point/District Nursing Single Point of Access

- 4.1 A key component of the optimum model of intermediate care was to develop a multi-disciplinary team at the Common Access Point (formerly known as Intake).
- 4.2 This would entail putting professionals at the front door to Adult Services to triage enquiries when they came in. The thinking behind this was that by putting professionals at the front door, demand into managed care would be minimised by wherever possible providing appropriate information and advice rather than assessing and providing a service response.
- 4.3 The triage function went live in the Common Access Point in January 2016, with Social Workers, Occupational Therapists, Physiotherapists and the third sector broker forming part of the multi-disciplinary team.
- 4.4 The performance information has shown that the number of enquiries channelled through the Common Access Point has increased month-on-month, but work is ongoing to look at the correlating data surrounding what this means in terms of those that are consequently signposted out with information and advice and those that are referred in. If the model is working correctly, the data should show an increase in those being provided with information and advice, and a decrease in referrals for assessment into the Hubs.
- 4.5 The triage function was originally staffed using a rota across teams. This has had varying success with difficulties in ensuring cover during all working hours. Work is therefore ongoing to look at alternative ways

of manning the cover linked to duty rotas within teams, and some progress was consequently seen in relation to cover in late 2017.

- 4.6 Critical to the successful implementation of the triage function has been the development of the District Nursing Single Point of Access. At the time of moving into Hubs, District Nurses were pulled out of GP surgeries and co-located with the other professionals. This decision has created some challenges in relation to communication with both patients and primary care colleagues. It was therefore agreed that to improve communication and address the various issues, a single point of access needed to be developed.
- 4.7 The Single Point of Access for District Nursing consequently went live in September 2017. It is co-located with the Common Access Point, and this has allowed for the District Nurses to become part of the wider multi-disciplinary team triage function. This is a huge step forward, and puts Swansea furthest ahead in terms of implementation of the optimum model in this respect.
- 4.8 The optimal model also includes mental health provision in the Common Access Point. A Mental Health Link Nurse and his team of Dementia Support Workers therefore work closely with Access and Information Assistants and in December 2017 work was completed to streamline the process further through the one system approach to new referrals via the Paris system.
- 4.9 Adult Services will continue to work with the Health Board to refine the MDT function in the Common Access Point to ensure it is fit for purpose and effectively manages demand into the service.

5 Anticipatory Care Regional Model

- 5.1 As part of the work surrounding intermediate care, an approach to anticipatory care was piloted.
- 5.2 Adult Services worked with Primary and Community Care colleagues to identify those individuals that professionals were most worried about to see whether anticipatory care plans could be put in place to better manage and coordinate their care.
- 5.3 Invest to Save funding was secured by the Health Board to fund dedicated staff to coordinate the process, and also provide additional administrative support to help embed the concept.
- 5.4 The pilot was implemented in Swansea in the West Hub with mixed success. Whilst some anticipatory care plans were put in place to support some individuals, it became clear that it would be better to target this approach as a more preventative/early intervention tool to help manage demand later on.

- 5.5 The project has been reviewed on a regional basis, and embedding the approach into core practice has been recommended. However, the practicalities of doing this are currently being explored.

6 Internal Homecare Services Restructure Implementation

- 6.1 At the time of moving into the Integrated Hubs in April 2015, the internal homecare service was organised into the 3 geographic areas.
- 6.2 Whilst this way of working initially saw many benefits because of the ability to have multi-disciplinary discussions and expedite support, it quickly emerged that there was an inconsistency of approach as 6 separate homecare teams had effectively been created. It was therefore agreed that the homecare service needed to be brought back together under one management structure. The new structure was consequently put in place in the Summer of last year and there is now one county-wide Reablement service and one county-wide long-term care service under the operation of a single Operational Manager.
- 6.3 This approach is already paying dividends surrounding consistency of approach and the ability to better manage demand.
- 6.4 Alongside the need to look at the management structure has been the need to address the long-standing issues surrounding working rotas and work-life balance for staff. This issue is still being addressed, but it is hoped that a rota will be piloted in both the Reablement and long-term care services during this calendar year.

7 Reablement Review

- 7.1 Effective Reablement support is a key component of the optimum model for intermediate care.
- 7.2 Initially, when the City and County of Swansea adopted the model, it was agreed that all new referrals for domiciliary care would be put through the service regardless of whether they had Reablement potential.
- 7.3 This approach proved problematic as capacity quickly became saturated with people who had no Reablement potential, but could not be quickly moved on to long-term services due to high levels of care needs.
- 7.4 The criteria was therefore reviewed for both the domiciliary care service and the residential Reablement service to only focus on those who had Reablement potential.

- 7.5 The outcomes of this approach has proved successful in that the majority of people who receive the service remain at home with either no care or a lower package of care.
- 7.6 Work is ongoing to review the criteria for the Reablement beds in Bonymaen House and Ty Waunarlyydd to ensure that the beds are used to capacity.

8 Hospital Social Work Team Intervention Process

- 8.1 At the time of integration into the Hubs, a decision was taken to pull out the hospital social work team from the hospital and provide the function within the Common Access Point.
- 8.2 This approach did not prove successful, and it became clear quickly that on-site social work support was critical on both the Singleton and Morryston sites.
- 8.3 The teams were therefore reinstated and work was undertaken to look at the pathways through the hospital, to ensure that discharges were expedited wherever possible and delayed transfers of care were minimised.
- 8.4 This work has proved successful with delayed transfers of care rarely being due to social work assessment issues.
- 8.5 There is also now a dedicated social worker aligned to A&E in Morryston to prevent unnecessary admissions to hospital. This approach has worked well, not only for patients but also in helping improve relationships with hospital colleagues as well as the profile of social work in the hospital.
- 8.6 Aligned to the work of the Hospital Social Work Team is the Acute Clinical Response Service.
- 8.7 The team was established in 2015 and comprises Advanced Nurse Practitioners and Chronic Condition nursing to offer short term health interventions in the community including residential homes, with a particular focus on reducing hospital admissions.
- 8.8 The team is based at Bonymaen Clinic and provide one of point of access across the City and County of Swansea with consistent referral criteria.
- 8.9 The service has assisted with the prevention of hospital admissions through the provision of health interventions in the community setting and facilitated quicker discharges from hospital by following that support home.
- 8.10 The team provide medical assessments by Advanced Practitioners and

where appropriate GP and/or consultant intervention either at home or in rapid assessment hot clinic.

- 8.11 Since the establishment of the team, work has continued to monitor and refine performance measures. The outcome of this has been a clear link to the team's work in the community and hospital admission avoidance and the facilitation of expedited discharge.
- 8.12 Work will continue with the team to expand upon existing links with the Hospital Social Work Team and Reablement service to ensure all opportunities to maximise our community resources is achieved.

9 Community Equipment Store and Telecare Review

- 9.1 A complete review has been undertaken of both the front facing and back office functions relating to the Community Equipment Store and Community Alarm Service.
- 9.2 The City and County of Swansea hosts the Community Equipment Store at the Suresprung premises in Morrision on behalf of Swansea, Neath Port Talbot and the Health Board. In 2015/16 a complete review was undertaken of the operational working of the store to ensure it was fit for purpose and update the governance arrangements surrounding it. This work is now complete and a new formal agreement will shortly be signed by all parties.
- 9.3 The support infrastructure for the service also supports the Community Alarm Service, so a review is currently being undertaken to ensure that the business support infrastructure is fit for purpose.
- 9.4 Alongside this, a Telecare Strategy is in the process of being developed so there is clarity surrounding the City and County of Swansea's offer in relation to telecare. To date, the Authority has concentrated on low-level community alarms which is a non-assessed for service which can be provided by other organisations often more cost-effectively. Developing technology means there are other ways that technology can be used as a more preventative/early intervention service and the we are considering where best to invest our resources in this respect.

10 Integrated Care Fund Bid Coordination

- 10.1 Each year the Welsh Government releases a certain degree of funding to concentrate on integrated services, with a particular focus on prevention/early intervention, intermediate care and services for Learning Disabilities.
- 10.2 As part of this, there is a core grant invested in mainstream intermediate care services year on year as part of the Section 33. However, on top of this there is some additional one-off capital and

revenue funding that can be invested as pump-priming/proof of concept funding.

- 10.3 These bids are coordinated by the Improvement Plan team who also undertake the necessary returns to Welsh Government.
- 10.4 In 2017/18, Adult Services was successful in gaining funding for the following projects:

Revenue (Regional bid structure)

Western Bay Domiciliary Care Capacity (Swansea, NPT & Bridgend).

Continuation of roll out of recruitment & retention strategy for external domiciliary care provision for the whole of Western Bay (£35,000).

Resource to support 7-day working pilot of community teams (Swansea only).

To maximise the presence and effectiveness of community resource 7 days a week ensuring that service users and their carers have support for assessment and reablement activity alongside hospital discharge (£29,582).

MDT resource within Common Access Point (Swansea & NPT)

To maximise the presence and effectiveness of the full MDT within the Common Access Point in Swansea and NPT by bolstering the staffing resource to facilitate increased triage and challenge at the 'front door' (Swansea: £153,304).

Capital (Locality Bid Structure)

Enhanced Reablement Facilities in Ty Waunarwydd

To undertake modifications / adaptations to existing facilities (8 bedded unit) in Ty Waunarwydd, to provide a non-residential reablement/assessment unit alongside the residential assessment unit, increasing the range of assessments and reablement that can be undertaken to prepare for safe return home. The facility will complement the Bonymaen House Reablement facility (£42,500).

Closer to Home Project

Closer to Home is a strategy to develop in partnership, joint commissioning of a range of accommodation services within each locality and across the ABMU area that will support the needs of adults with a learning disability and complex behavioural and mental health needs. The proposal is to purchase and refurbish a property for 4 people (£354,164).

11 Disabled Facilities Grants

- 11.1 Work surrounding Disabled Facilities Grants complements the intermediate care workstreams. At the time of moving into the Hubs, the Occupational Therapist resource was divided up against the 3 geographical areas, and there was an expectation that all staff would be responsible for all elements of the work.
- 11.2 In reality, this meant that inevitably crisis work dominated and planned long-term work was de-prioritised. Due to the critical input of Occupational Therapists within the Disabled Facilities Grant (DFG) process, concerns were raised on the impact that this was having on DFG performance and timeliness of processing of DFG applications.
- 11.3 A complete review was undertaken and it was decided that the Occupational Therapy service needed to be brought back together as a County wide service and three new teams created, one to focus on Rapid Response, one to focus on Reablement and one to focus on planned work included DFGs. The restructure was implemented in the summer of 2017, but initial feedback has demonstrated that this change in approach is allowing us to prioritise all workstreams effectively. This, alongside the employment of 3.5 OTs by Housing who work within, and are supervised by, the Occupational Therapy service has meant that there have been improvements to timeliness of processing of DFGs.
- 11.4 Whilst Delayed Transfer of Care figures did peak in Swansea in September 2017, this was down to availability of packages of care, not adaptation delays. Discharge delays due to adaptations is not something that tends to be an issue in Swansea.
- 11.5 Progress and performance in relation to DFGs is continually reviewed jointly by Housing and Social Services.
- 11.6 Funding has also been secured via the Welsh Government ENABLE grant to focus on low level adaptations to facilitate hospital discharges. This funding is being managed by Care and Repair on behalf of the Local Authority.

12 Financial Implications

- 12.1 All of the above intermediate care work streams are critical to helping Adult Services manage its resources effectively and manage demand into the service.

13 Legal implications

- 13.1 All of the above intermediate care workstreams must be delivered in line with relevant legislation including the Social Services and Wellbeing (Wales) Act.

14 Equality and Engagement Implications

- 14.1 All of the above intermediate care workstream activities must be undertaken in line with the Equalities Act and relevant EIA screening and EIAs undertaken where applicable.

15 Appendices

- None

16 Background Papers

- None



Report for Scrutiny Performance Panel Adult Services Meeting 13th February 2018 Welsh Community Care Information System (WCCIS): Overview of System functionality

1. Purpose of Report

- 1.1 Following the meeting of the Scrutiny Performance Panel held on Tuesday 21st November 2017, the Western Bay Regional Programme Team was requested to provide an overview of WCCIS including a summary of its expected functionality. This report provides the requested briefing and will be accompanied by a technical presentation at the next meeting of the Panel on Tuesday 13th February 2017.

2. Background to WCCIS

- 2.1 The strategic directives for Health and Social Care services to work more closely has been a national policy directive for many years. As far back as 2002, the Welsh Assembly Government introduced the “Creating a Unified and Fair Assessment of Assessing and Managing Care” which was a clear statement of intent that Health and Social Care services should work together to deliver joint care to the benefit of the citizens of Wales. The ambition of “integrated care” has, ever since been central to a range of strategic measures and directives that have been directed at both local authorities and NHS Wales.
- 2.2 However despite the development of closer working and integrated services between local authorities and health boards, across Wales, the ability of Health and Social Care services to share information effectively and safely has often been a hindrance to success. Even where solutions have been developed that includes using a common local authority system such as PARIS, these solutions are restricted to local authority boundaries and can hinder the continuity of care should a citizen in receipt of care move to another area.

3. Introduction

- 3.1 The Welsh Community Care Information System (WCCIS) is a National computerised system that is designed to meet the requirements of Social Care and Community Health Services and supported the delivery of integrated services. In preparation for the procurement process a “Specification of Requirements” was carefully developed and detailed and identifies in the region of fifteen hundred system functional requirements that were informed by local authorities and Health Boards across Wales. It is important to add that whilst WCCIS is a single national system it is implemented locally and can therefore be tailored to meet local needs.



3.2 WCCIS is available to each of the 22 local authorities and 7 Health Boards in Wales and Bridgend CBC were the first organisation to go live using WCCIS in April 2016. Since this time, WCCIS has proven to be a valuable replacement for local authorities as their existing systems approach end of contract life. At this time, there are now ten organisations across Wales using WCCIS being Bridgend, Ceredigion, Powys Health Board and Powys Local Authority, Merthyr, Blaenau Gwent, Gwynedd, Isle of Anglesey, Torfaen and Vale of Glamorgan. A further four organisations (Newport, Rhondda Cynon Taf, Caerphilly and Wrexham) are currently working on their local implementation plans with the intention of going live early in 2018.

3.3 Because of its intended ambition to support integrated working, the implementation of WCCIS has been subsidised by Welsh Government who invested capital funding to assist the initial set up of WCCIS in addition to the provision of Integrated Care Funds to each region to support a Regional approach to WCCIS.

4. The functions of WCCIS

4.1 WCCIS is a comprehensive “case management” system that is designed to meet the needs of social care and community health practitioners group. The practitioner groups in scope to use WCCIS are as follows:

Social Care:

- Adult’s services
- Children and Family services
- Financial services

NHS Wales

- Mental Health
 - Community, Out-patient and In-patient
 - Adult & Older Adult MH
 - CAMHS
 - Learning Disabilities
 - Forensics
 - *Substance Misuse*
- Community Health:
 - District Nursing
 - Complex Care teams
 - Specialist Nurses
 - Health Visiting
 - School Nursing
 - Community Paediatric teams
- Therapies (including Physiotherapy, Occupational Therapy, Speech and Language, Dieticians etc):
 - Community/Out-patient
 - In-patient
- Integrated Teams across Health and Social Care

To support this range of professional services requires WCCIS to be very flexible and configurable. WCCIS has a vast amount of system functionality that is both common to all services but also meets specific needs depending on service requirements. So for example system audit functionality is a common system requirement that is applicable to all practitioners but conversely Mental Health practitioners for example will require specific functionality from WCCIS to ensure that their statutory deliverables are supported by WCCIS. Despite service specific requirements it has been identified that nearly three quarters of the WCCIS functionality is common to all system users and therefore required by Health and Social Care practitioners.

The following is not an exhaustive list of WCCIS functionality but provides an overview of the key requirements that WCCIS is required to deliver:

Service User Demographic

The ability to create and records for service users that ensure such records provide the “casefiles” of information required of any case management system.

Referrals

The ability to record referrals against service users that enables the identification of service demand and recording of specific events and activities against referrals which provides the case history including the creation of chronologies. In addition, it will also be possible to identify input by other workers at any time whilst the referral remains active.

Assessments and other documents

WCCIS has the functionality to create any number of documents to meet service needs. Therefore documents such as assessments, reviews, care plans etc are easily designed and completed in the system, and support the principle of “record once and use many times” which allows information to be shared between different document types as required.

Care Planning and Services

Following the completion of assessment and resultant care and support/treatment plans, WCCIS allows the recording of detailed service information such as the levels and costs of care provided to individuals, in addition to other critical information such as care providers.

Alerts and Notifications

WCCIS is required to provide alerts and notifications to system users so that they are informed and reminded of tasks and activities. Such functionalities allows WCCIS to proactively support and organize the users by the design and development of user “dashboards” that presents identification of required actions.

Diaries/Scheduling

WCCIS has a diary management system that allows staff to create, identify and coordinate appointments such as visits and clinics etc. This functionality enables the creation of work activities, and supports reallocation of such activity at times of staff absence and provides the ability to better coordinate service visits.

Access to functionality on Mobile Devices

A critical benefit of WCCIS is its ability to be support mobile working and therefore work on mobile devices in the community. To support this flexible requirement, WCCIS has developed a Mobile version of the software (an “App”) that allows it to be used on a range of mobile devices and can support “on-line” and “off-line” working. This essential feature will contribute significantly to the transformation of services by providing staff access to information as required.

Access control

Another critical feature of WCCIS is its ability to support users to only access the information that they are entitled to see. WCCIS will hold a wide range of information from each of the practitioners that use the system. Whilst some information available on WCCIS will be required to be shared between workers, other information will need to be protected and therefore the ability to create user profiles that support a multitude of sharing requirements is critical functionality.

Audit

Whilst Access controls can prevent access to WCCIS information, WCCIS audit functionality will identify when an information has been accessed, what information has been looked at or amended and can also send alerts when information has been accessed inappropriately.

Reporting

WCCIS has the ability to provide a range of report formats that enable the provision of management or case information, in addition to detailed performance reports such as required for National Performance returns. Case and performance information is presented to workers as dashboards, which will assist in identification of work activities that are due/overdue in addition to more sophisticated detailed reports suitable for analysis.

Workflow

Workflow is functionality that allows the system to identify an activity that then auto-generates the next stage of the locally defined processes. This functionality assists users and can assist in speeding up related processes

Integration with other Health and Social Care systems

WCCIS is required to connect to other systems in use. For example it is possible to connect WCCIS to other local systems such as Education or Finance systems so that specific information can be electronically shared. Similarly, NHS Wales have a range of local and national systems, including the Welsh Clinical Communications Gateway that could allow referrals to be received electronically from GPs and replace current outdated methods such as fax.

Benefits of WCCIS

WCCIS will deliver a comprehensive set of integrated, cross-functional business focused processes. The business benefits of the system will allow collaboration and operational functions to be extended and shared fully across Health and Social Care allowing an integrated care approach to be utilised across Wales, including:

- Care System costs decreased
 - Interfacing (system connectivity) costs decreased
 - Duplication of processes and record keeping systems decreased
 - User confidence in care service increased
 - Control of access to sensitive data increased
 - Valued patient/client experience increased
 - Community staff safety increased
- Patient /client safety increased
- Citizen access to services increased
- Care system efficiency increased
 - Support for integrated and shared assessments created
 - Incidence of missed appointment and wasted visits decreased
 - Ability to manage resources against demand increased
- Health/social wellbeing increased
 - Decrease unnecessary hospital admissions and speed up discharges
- Legal/policy compliance increased
 - Support for effective information sharing and MDT working increased

Sara Harvey
Regional Programme Director,
Western Bay Programme

Steve Davies
Regional WCCIS Implementation Manager
Western Bay Programme

Work Programme

Meeting Date	Items to be discussed
Meeting 1 Tues 8 August 2017 3.30pm	Overview of key priorities and challenges for Adult Services in Swansea <i>Presentation by Alex Williams, Head of Adult Services</i> Role of the Adult Services Scrutiny Performance Panel including Terms of Reference and Work Programme Letters to / from Convener
Meeting 2 Wed 20 September 2017 3.00pm	Prevention including (i) Update on Local Area Coordination (LAC) and (ii) Supporting People <i>Alex Williams, Head of Adult Services and Steve Porter / Jane Harries, Housing</i> Overview of Western Bay Programme (postponed) <i>Sara Harvey, Programme Director</i>
Meeting 3 Tues 10 October 2017 3.30pm	Performance Monitoring Report on how Council's policy commitments translate to Adult Services <i>Alex Williams, Head of Adult Services</i>
Meeting 4 Tues 21 November 2017 3.30pm	Demand Management including Deprivation of Liberty Safeguards (DoLS) Overview of Western Bay Programme including Governance <i>Sara Harvey, Programme Director</i>
Meeting 5 Tues 19 December 2017 3.30pm	Workforce Development Systems Support <i>Alex Williams, Head of Adult Services</i>
Meeting 6 Tues 16 January 2018 3.30pm	Performance Monitoring Presentation on DEWIS information system <i>Alex Williams, Head of Adult Services</i> <i>Simon Jones, Performance and Improvement Officer</i> Briefing on Social Services' Charging <i>Dave Howes, Chief Social Services Officer</i>
Meeting 7 Tues 13 February 2018	Intermediate Care including DFGs <i>Alex Williams, Head of Adult Services</i> <i>Mark Wade, Housing</i>

3.15pm	<p>Presentation (20 minutes) on Welsh Community Care Information System (WCCIS) <i>Sara Harvey, Programme Director, Western Bay</i> <i>Steve Davies, WCCIS Implementation Manager</i> <i>Tracey Bell, WCCIS Product Specialist</i></p> <p>Draft budget proposals for Adult Services</p>
<p>Meeting 8 Tues 20 March 2018</p> <p>3.30pm</p>	<p>Commissioning Reviews - Domiciliary Care and Procurement Update</p> <p>Cabinet Member presentation and Q and A Session <i>Mark Child, Cabinet Member for Health and Wellbeing</i></p>
<p>Meeting 9 Tues 17 April 2018</p> <p>3.30pm</p>	<p>Performance Monitoring</p> <p>End of year review</p>

Future Work Programme items:

- Adult Services Complaints annual report 2016/17 (date to be arranged)
- Presentation on Social work practice framework (date to be arranged)
- Explanation of budget outputs (May 2018)
- Update on how the Council's policy commitments translate to Adult Services (October 2018)



To:
Councillor Mark Child
Cabinet Member for Health & Wellbeing

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrochol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 06 February 2018
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Health and Wellbeing following the meeting of the Panel on 19 December 2017. It covers Workforce Development and Systems Support.

Dear Cllr Child

The Panel met on 19 December and looked at Workforce Development and Systems Support. We would like to thank Alex Williams and Dave Howes for attending to go through the report and answering the Panel's questions. We appreciate their engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

We heard that from a budgetary perspective, the internal workforce in Adult Services is the highest area of spend after commissioned services.

We were informed that the whole of Social Services and integrated workforce have received high level training on the Social Services and Wellbeing (Wales) Act which came into force in April 2016 and that workforce development is a focus of the Care and Social Services Inspectorate Wales (CSSIW) regular inspection activity.

We heard that CSSIW recently inspected a Community Mental Health Team and were pleased to hear that informal feedback was good. The Department has agreed to circulate the formal report to the Panel once it becomes available in early 2018.

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We also heard that Adult Services is developing an overarching Practice Framework 'Doing What Matters'. This is focussed intervention looking at outcomes the individual wants to achieve. The Panel would like to receive this when it is finalised together with some case studies and also receive a presentation to a future Panel meeting.

We were pleased to hear that recruitment to certain areas such as occupational therapists and social workers is no longer a big problem for the Authority. We heard that the department supports apprenticeships and also sponsor some individuals to undertake a social services degree, although this has currently been scaled right back but can be increased if needed.

In relation to safeguarding, we heard that the Department thinks there is room for improvement in how we organise safeguarding and are proposing a more centralised approach. It is developing standards around completion of safeguarding investigations and this will be included in the performance monitoring reports provided to the Panel. The Panel supports this idea.

We also discussed Welsh Community Care Information System (WCCIS) development and implementation and heard that this will involve practitioner time which the department thinks is manageable with the additional posts being taken on.

We heard that the Department is looking to support direct payments and a pre-paid card system will be up and running early in 2018 and that this may present opportunities for other areas of the Authority. We raised our concern about the risks associated with direct payments and individuals not using them for the right reasons.

We were informed that as part of the draft budget proposals, Cabinet is proposing an additional investment of £3.5million in Social Services to take account of inevitable budget pressures. This is welcomed but the Department will still struggle to meet its obligations.

Your Response

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

Yours sincerely



PETER BLACK
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.PETER.BLACK@SWANSEA.GOV.UK



To:
Councillor Mark Child
Cabinet Member for Health & Wellbeing

Please ask for: Scrutiny
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Llinell
Uniongyrchol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 06 February 2018
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Health and Wellbeing following the meeting of the Panel on 16 January 2018. It covers Social Services charges and performance monitoring.

Dear Cllr Child

The Panel met on 16 January and looked at Social Services charges, performance monitoring and the DEWIS information system. We would like to thank Dave Howes, Alex Williams and Simon Jones for attending to present the items and answering the Panel's questions. We appreciate their engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

Notes from previous meeting on 19 December

We were updated about additional money being available to the region through the Health Board to deal with winter pressures (£1.7million approximately). Also that the proposals are being worked up currently with Council involvement to submit to the Welsh Government and that the amounts for social care are still to be decided. We would like to see a copy of the final proposal to the Welsh Government.

Public Question Time

Public question time has been introduced to Adult Service scrutiny panel meetings, starting from this meeting. A number of questions were asked and Dave Howes and

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Alex Williams responded verbally. The questions asked are noted below and we ask that you provide a written response directly to the member of the public:

1. Does the Authority realise already that opposition is mounting at the excessive charges being proposed?
2. Do the Council realise because other Authorities have adopted new strategies that it doesn't make it right?
3. Have they questioned service users and what suits their needs?
4. Have the Council thought that they minority will be paying for the majority. If the majority are going to be exempt?
5. Does the Council realise that day centres will close if such charges of £40 per day and £70 per 2 days (not per week) take place?
6. Is this in the best interests of the clients attending the day centres?
7. By default the day centres will close – isn't this how the Council will shelve their responsibilities, isn't this what they intend?

Performance Monitoring

Alex Williams went through the report highlighting a number of points and we made a number of comments.

Summary report page 4 – Long term domiciliary care. We heard that changes at the Common Access Point and the continuing programme of reassessing care packages have had a significant impact on reducing delayed transfers of care.

Summary report page 4 – Residential care. The Panel was informed that the number of people in care homes appears to be going up. The Department confirmed that the total bed capacity is approximately 1600 and that the vacancy rate is not very high. It is a relatively stable sector in Swansea.

Summary report page 5 – Delayed transfers of care. We heard that delays due to Social Services reasons have significantly reduced. The Panel is pleased that real progress has been made.

Summary report page 5 – Review of allocated clients. We heard that there is an issue with the Learning Disability service reviewing its clients and that the Department has now set targets for improvement. The Panel would like to see the trends on this presented in the next performance monitoring report.

Summary report page 6 – Residential reablement. The Panel heard that the increase in the length of stay may reflect issues in the domiciliary care market. The Panel will want to monitor this going forward.

Summary report page 7 – Timeliness of response to safeguarding issues. The Panel were pleased to see that the percentage within 24 hours and 7 days is improving and that the Department is looking at changing processes in order to improve consistency of approach in relation to thresholding. There is a need to ensure everything is recorded on PARIS to improve reporting.

Summary report page 7 – Timeliness of Deprivation of Liberty Safeguard assessments. We heard that there is an issue with timeliness of assessments but that

the Department is pressing ahead with setting up a dedicated team and posts are out to advert.

Main report page 10 – Local area coordination. We were informed that there are issues with recording of data. We were pleased to hear that work has commenced on a new system. We will want to monitor this going forward.

Main report appendices page 48 – Performance indicators Measure 19: Delayed transfers per 1,000 people aged 75+. The Panel was concerned with this figure as the Department is far from meeting the target. The Panel heard that unfortunately performance earlier in the year meant that the target could not be achieved. However, the Panel was assured that performance has improved during the year.

Social Services Charges

Dave Howes went through the Social Services Charges report highlighting the proposals which are currently out for consultation as part of the Council's wider budget proposals. The Panel commented on a number of issues.

We heard that a raft of changes are proposed within Social Services as part of the budget with an overall target of £1million additional income to the Council.

The Panel was informed that the setting of the charge for day services was based on the unit cost of providing the service and that it bears no resemblance to what an individual will pay as this is capped by Welsh Government. We also heard that individuals will be means tested to confirm their ability to pay the charges. This is based purely on an individual financial assessment and is prescribed by Welsh Government.

We asked if demand for day services has reduced and the Department confirmed that demand is not as high as it used to be for older peoples day services and that it is expected that the outcomes of the commissioning review will lead to a redesign of services. The Panel feels that as part of the commissioning review it is important to look at loneliness and ensure people are not more isolated.

We heard that informal feedback from users of older peoples' day services suggests users would rather pay for the service than lose it.

We were told that the Department encourages the public to respond to the formal consultation especially to include their views in the narrative and that information packs have been handed out to day centre users to encourage them to participate in the consultation and feed in their views.

In terms of budget consultation with hard to reach groups, the Panel would like there to be more face-to-face consultation with users of day centres etc.

The Panel was concerned that charging for services could reduce use and eventually lead to day centre closures. We were informed that the Department thinks that charging will have an impact on use but more important is the remodelling of services to meet the needs of more complex individuals and to be fit for purpose for the future.

We heard that the proposals are not about the closure of day services and that the Council will definitely need to have a day service for people with complex needs but that it is not yet know how big this offering will be in future.

No details were shown, as to how the proposed £40 charge, for a visit to a Day Service, was arrived at. Please provide a complete breakdown of the unit cost (cost per person per visit) of providing this service, detailing a breakdown of the costs into the variable and fixed costs elements. Please also provide a breakdown of each category of cost, for example, for the variable costs, the cost of catering, transport, etc., and, for the fixed costs, staff costs, building maintenance costs, overhead costs, etc.

At the end of the meeting there was unanimous concern expressed at the fact that the only way those affected by day centre charges could respond to the consultation was via the online method. Many of the elderly clients affected do not have access to a computer and could be potentially disenfranchised by this process. The council need to take this criticism on board in future.

Work Programme Timetable 2017-2018

We agreed three items to add to the future work programme of the Panel which you may wish to note:

- Adult Services complaints annual report 2016/17 (date to be arranged)
- Presentation on Social work practice framework (date to be arranged)
- Explanation of budget outputs (May 2018)

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but would ask that you respond to the following issues by 19 February 2018:

- In relation to the proposed £40 charge for a visit to a day service, please provide a complete breakdown of the unit cost (cost per person per visit) of providing this service, detailing a breakdown of the costs into the variable and fixed costs elements.
- Please also provide a breakdown of each category of cost, for example, for the variable costs, the cost of catering, transport, etc., and, for the fixed costs, staff costs, building maintenance costs, overhead costs, etc.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Black', written in a cursive style.

PETER BLACK
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