



**Dinas a Sir Abertawe**

**Hysbysiad o Gyfarfod**

Fe'ch gwahoddir i gyfarfod

## **Panel Perfformiad Craffu - Gwasanaethau I Oedolion**

**Lleoliad:** Ystafell Bwyllgor 5 - Neuadd y Ddinas, Abertawe

**Dyddiad:** Dydd Mawrth, 19 Mehefin 2018

**Amser:** 3.30 pm

**SYLWER: Mae'r 10 munud gyntaf yn gyfarfod caeëdig ar gyfer aelodau'r panel yn unig**

**Cynullydd:** Y Cynghorydd Peter Black

### **Aelodaeth:**

Cynghorwyr: V M Evans, C A Holley, P R Hood-Williams, S M Jones, J W Jones, A Pugh a/ac G J Tanner

Aelodau Cyfetholedig: T Beddow a/ac K Guntrip

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### **Agenda**

**Rhif y Dudalen.**

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**  
[www.abertawe.gov.uk/DatgeliadauBuddiannau](http://www.abertawe.gov.uk/DatgeliadauBuddiannau)
- 3 (3.45pm) I gadarnhau cynullydd y Panel**
- 4 (3.50pm) Nodiadau cyfarfod 16 Mai 2018** **1 - 3**  
Derbyn nodiadau'r cyfarfod blaenorol a chytuno eu bod yn gofnod cywi r.
- 5 (3.55pm) Cwestiynau'r Cyhoedd**  
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnir â nhw o fewn cyfnod o 10 munud.
- 6 (4.05pm) Adroddiad Ymchwiliad a Chynllun Gwella'r Tîm Iechyd Meddwl Cymunedol (Abertawe Ganolog)** **4 - 23**  
*Alex Williams, Pennaeth y Gwasanaethau i Oedolion*
- 7 (4.55pm) Adolygiad o'r flwyddyn 2017/18** **24 - 25**
- 8 (5.10pm) Amserlen Rhaglen Waith 2018/19** **26 - 27**

**9 (5.20pm) Llythyrau**

**28 - 38**

- a) Llythyr dilynol i Aelod y Cabinet (cyfarfod 17 Ebrill 2018)
- b) Ymateb gan Aelod y Cabinet i'r llythyr dilynol (1) (cyfarfod 17 Ebrill 2018)
- c) Ymateb gan Aelod y Cabinet i'r llythyr dilynol (2) (cyfarfod 17 Ebrill 2018)
- d) Llythyr at Aelod y Cabinet (cyfarfod 16 Mai 2018)

**10 Ar gyfer eitem o wybodaeth**

**39 - 40**

- Cylch gorchwyl Gwasanaethau I Oedolion

**Cyfarfod nesaf:** Dydd Mawrth, 17 Gorffennaf 2018 ar 4.00 pm

*Huw Evans*

**Huw Evans**

**Pennaeth Gwasanaethau Democraidd**

**Dydd Mawrth, 12 Mehefin 2018**

**Cyswllt: Liz Jordan 01792 637314**

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City and County of Swansea

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

Committee Room 5 - Guildhall, Swansea

Wednesday, 16 May 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  
G J Tanner

**Councillor(s)**

J W Jones

**Co-opted Member(s)**

T Beddow

**Officer(s)**

David Howes  
Liz Jordan  
Alex Williams

Chief Social Services Officer  
Scrutiny Officer  
Head of Adult Services

**Apologies for Absence**

Councillor(s): V M Evans and S M Jones

Co-opted Member(s): K Guntrip

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**8 Disclosure of Personal and Prejudicial Interests.**

Disclosures of interest – Chris Holley, Alyson Pugh and Gloria Tanner.

**9 Notes of meeting on 17 April 2018**

The Panel agreed the notes as an accurate record of the meeting.

**10 Public Question Time**

No members of the public were present at the meeting.

**11 Performance Monitoring Report**

Alex Williams, Head of Adult Services went through the Performance Monitoring Highlight Report, focussing on the main issues and answering questions.

Discussion points:

- Common Access Point – there is an improving trend. Much better coverage of multi-disciplinary teams since 1 April and the Department expects data to show an increase in referrals since then.
- Carer identified and Carer Assessment – Slightly fluctuating figure for assessments being completed. Hoped this will improve as a tick box has been added to the IT system since 1 April which just has to be ticked to show if an assessment has been carried out or not.
- Long Term Domiciliary Care – Department moving to a new rota for domiciliary care from 2 July so in-house capacity will be fixed. Generally seeing much better flow through. Panel will monitor this.
- Residential care for older people – Picture is fairly static. Not seeing any reductions in numbers being admitted.
- Delayed Transfers of Care – Seeing an increase in delays at Gorseinon Hospital which is being looked into. Could just be that data is not being recorded accurately.
- Reviews of Allocated Clients – This is not a great picture. Concerns with Learning Disability Team and Care Homes Quality Team's performance in reviewing client's needs. Targets are being set for improvement. The Panel will want to keep an eye on assessments 'over a year'. This figure should reduce as additional money has been allocated in the budget for this.
- Community Reablement – Issues with recording, not capturing all data at present. Action being taken to improve this.
- Timeliness of Response to Safeguarding Issues – Pre-screening being introduced to deal with really low level issues in a different way. Panel stressed the importance of figures reflecting those individuals who definitely need help. Should see improvement to 'responded within 7 days' by end of this year.
- Local Area Coordination (LAC) – Panel feels that at some point in the near future the Department will need to start measuring outputs from this. Department needs assistance to design system which will record this information. Panel informed responsibility for LAC is moving from Social Services to Poverty and Prevention.
- Discharges to Continuing Health Care (CHC) – concern about the very low levels of discharges to CHC funded placements.

**Actions:**

- For 'Reviews of Allocated Clients' the Panel would like to see the average figures, for each team, for the time clients are waiting 'over a year' since their last assessment.
- Chief Social Services Officer to provide data to Panel on the low levels of discharges to CHC funded placements, when available.
- ABMU to be invited to attend the Panel later in the year to discuss issues around Continuing Health Care.

## **12 Explanation of budget outputs**

Dave Howes, Chief Social Services Officer, attended to give a presentation explaining some budget outputs and to answer the Panel's questions. The Panel

was pleased with the information provided. The Panel was informed that for Mental Health and Learning Disability Residential and Supported Living Placements, management information in this area is not developed, which is a concern to the Department and to the Panel.

Actions:

- Dave Howes to be informed of other areas the Panel want him to focus on to give an explanation of budget outputs.
- Presentation to be circulated to the Panel following the meeting.

### **13 Review of the year and plan for next 12 months in Adult Services Scrutiny**

Draft Work Programme agreed for 2018/19. Review of the year to be moved to the next meeting agenda.

Actions:

- Panel members to think about the 4 questions in relation to their year on the Panel prior to the next meeting.

### **14 Letters**

Letters received and considered by the Panel.

Actions:

- Convener to write back to the Cabinet Member asking for a response to point 4 in the letter to him following the 17 April 2018 meeting.

The meeting ended at 5.35 pm



## Report of the Cabinet Member for Care, Health and Ageing Well

### Adult Services Scrutiny Performance Panel – 19<sup>th</sup> June 2018

#### CIW/HIW JOINT INSPECTION OF COMMUNITY MENTAL HEALTH SERVICES SWANSEA AREA 2

<b>Purpose</b>	To present an update on progress in relation to the Action Plan following the Joint inspection by Care Inspectorate Wales and Health Inspectorate Wales of Community Mental Health Services in Swansea Area 2.
<b>Content</b>	<ul style="list-style-type: none"> <li>• The report provides a link to the final report of the joint inspection undertaken by CIW and HIW of Swansea Area 2.</li> <li>• A copy of the agreed Improvement Plan is also enclosed.</li> <li>• An update of progress against each of the Local Authority actions is contained within this report.</li> </ul>
<b>Councillors are being asked to</b>	Consider the action plan
<b>Lead Councillor(s)</b>	Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Alex Williams, Head of Adult Services
<b>Report Author</b>	Alex Williams alex.williams2@swansea.gov.uk 01792 636249

## 1. Background

- 1.1 A joint inspection was undertaken by CIW and HIW of Swansea Area 2 Community Mental Health Team on 14<sup>th</sup> and 15<sup>th</sup> September 2017. A full copy of the inspection report is available at the following link <http://hiw.org.uk/docs/hiw/inspectionreports/180131swanseacentralcmhten.pdf> .
- 1.2 An Improvement Plan was agreed as a follow up to the inspection and as contained as Appendix 1 to this report.

## 2 Progress against Improvement Plan

- 2.1 The below table sets out progress to date against the agreed Local Authority actions contained within the Improvement Plan. Green denotes that the action is complete whilst amber denotes that the action is still in progress.

Ref	Date Raised	Improvement Needed	Action Required	Owner	Due Date	Progress / Status	Completed Date
1	Sep-17	Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs.	Develop a randomised audit of people who were signposted following CMHT assessment to assess satisfaction in the quality of service and information provided.	C.Woods & J.Doyle	30/06/2018	This has been developed and can go 'live'. A Duty Assessment Feedback form has been developed which will allow the team to establish the effectiveness of the information and signposting given.	23/04/2018

1.1	Sep-17	Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs.	Support regular information exchange meetings with Local Primary Mental Health Support Services, Child Adolescent Mental Health Services and Older Peoples Mental Health Services to support the seamless transition from one service to another.	M.Jones & M.Campisi	Ongoing	This is to be undertaken at the Swansea MH managers meeting and Locality Board Meetings.	On Going
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3	Sep-17	Make arrangements for a more systematic offer of advocacy and record this in service users' care records.	Managers to reinforce the necessity for a more systematic approach via supervision and regular assessment audits. Practitioners to be reminded to record this initially in PARIS in the designated place. This process to be adopted as part of the National IT system WCCIS when implemented.	M.Campisi,C.Woods & J.Doyle	30/06/2018	This will continue to evidenced in the recovery assessment under the Mental Capacity Assessment section. Continued development discussions with Paris team to make the request a mandatory field.	On Going
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6	Sep-17	Record keeping within care records to clearly demonstrate that carers have been provided with every opportunity for their needs to be assessed	Managers to reinforce the necessity for a more systematic approach to carers needs assessment via supervision with staff. Regular Care and Treatment Plan and Care Programme Approach recovery assessment audits. Dedicated Carers assessor to focus staff regarding carers assessment. PARIS has the assessment recording functionality so it is important that the WCCIS IT system retains this functionality as part of new IT system	C.Woods & J.Doyle	Annually Ongoing	Continued development discussions with Paris to make the request a mandatory field. Please see evidence for audit.	Annually - next April 2019 (Green as Audit present in evidence, review annually)
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			development.				
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7	Sep-17	Record keeping within care records to clearly demonstrate multi-disciplinary team and management decisions in relation to service users' care and management	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate	C.Woods & J.Doyle	Ongoing	Action Log is being kept for team meetings to evidence any recommendations made regarding individual cases. This is purely an information sharing exercise.	Ongoing
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8	Sep-17	Consideration should be given to whether the existing multi-disciplinary team meeting arrangements effectively contribute to the review of service users' care	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate. The existing MDT is a team meeting that focuses on information sharing and communication but it is recognised that complex cases are sometimes discussed in these meetings in the form of a peer review	C.Woods & J.Doyle	30/04/2018	Team meeting agendas have been adapted to allow for this action to happen.	23/04/2018
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9	Sep-17	Consideration should be given to introducing a more formal reference to exchanging information within the identified actions from the Single Point of Access Meeting	Single point of access meetings to clarify action points in relation to particular individuals and these to be clearly directed to the responsible Care Coordinator or duty officer. The system currently in place where the notes and actions are managed by the Team Administrator is to be strengthened by regular review of the actions by the CMHT managers	C.Woods & J.Doyle	30/04/2018	Single Point of Access Meeting book of referrals to highlight individuals who are not care managed but have an Outpatients appointment with the Psychiatrist.	23/04/2018
10	Sep-17	Third sector input to support prevention and recovery	Continued collaboration with third sector agencies through Together for Mental Health Partnership Group to ensure efficient	M.Jones & M.Campisi	Ongoing	Partnership Board Meetings take place on a bi monthly basis. Recent refocus of the Partnership Board Meetings to be more locality based and the TOR and membership to be more inclusive and	On going

			and effective engagement			locally representative of third sector agencies.	
12	Sep-17	The arrangements to review the CMHT resources so that it can continue to meet the level of demand	To continue to audit referrals to analyse and consider benchmarking for acceptance and non-acceptance into Secondary MH services.	M.Campisi & M. Jones and E. Twigg	31/07/2018	Health Board to look at possible pilot from a post graduate leadership tool or engagement with an independent agency to review demand and capacity in a more structured way.from a whole service perspective	On going

13	Sep-17	The scope of supervision meetings for social work staff to promote discussion around wellbeing and other aspects of work. The system for appraisals for social work staff so that these take place annually.	Managers to ensure compliance with Swansea Council code of practice and staff development. PO to regularly audit compliance via internal IT system – Oracle.	C.Woods & M. Campisi	30/09/2018	Swansea Council are developing an Adult Service standardised supervision form to encompass a range of supervision aspects including Wellbeing. Local Authority HR department has developed a managers dashboard to allow ease of oversight regarding compliance with annual appraisals for all staff in their section.	On going
14	Sep-17	The arrangements to support staff to attend mandatory training	Swansea Council to continue to provide managers with a record of mandatory training of all staff members.	C.Woods & M. Campisi	Ongoing	HR are sending the record of mandatory training to all managers regularly to support them in the supervision process. Mark Campisi to annually review mandatory training compliance.	On going

### 3 Appendices

#### 3.1 Appendix 1: Improvement Plan





## Appendix 1 – Improvement plan

**Service:** Swansea Central (Area 2) CMHT

**Date of inspection:** 14 and 15 September 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
<p>Implement a formal system to assess the effectiveness of the information and signposting in addressing service users' needs</p> <p>The waiting times for psychology and therapy and the interface between the CMHT and other teams</p>	<p><b>Health and Care Standards:</b></p> <p>5.1 Timely access</p> <p>6.1 Planning care to promote independence</p> <p><b>Local Authority Quality Standards (LAQS)</b></p> <p>1b) Provide services to prevent or delay people's need for</p>	<p>Develop a randomised audit of people who were signposted following CMHT assessment to assess satisfaction in the quality of service and information provided.</p> <p>Support regular information exchange meetings with LPMHSS, CAMHS and OPMHS to support the seamless transition from one service to another via the Swansea Community Managers meeting and the</p>	<p>Community Mental Health Team (CMHT) managers: C. Woods &amp; J. Doyle</p> <p>Locality Manager: M. Jones &amp; Principal Officer M. Campisi</p>	<p>June 2018</p> <p>In situ</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
	care and support	<p>Swansea Locality board.</p> <p>A Task &amp; Finish Group has been established to address the waiting times in relation to psychology and therapy.</p> <p>The T&amp;F group will implement a plan to validate existing therapy waiting lists and produce a demand &amp; capacity plan.</p>	<p>Head Of Therapies R.Parry</p>	<p>June 2018</p>
<p>Make arrangements for a more systematic offer of advocacy and record this in service users' care records.</p>	<p><b>Health and Care Standards:</b></p> <p>6.1 Planning care to promote independence</p> <p><b>LAQS</b></p> <p>1g) Arrange independent advocate</p> <p>2b) Support people to access services</p>	<p>Managers to reinforce the necessity for a more systematic approach via supervision and regular assessment audits.</p> <p>Practitioners to be reminded to record this initially in PARIS prior to the introduction of WCCIS that will have this functionality as part of new IT system development</p>	<p>Principal Officer M. Campisi &amp; CMHT Managers: C. Woods &amp; J. Doyle</p>	<p>June 2018</p>

Delivery of safe and effective care

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Review position of panic buttons to promote easy access by staff</p>	<p><b>Health and Care Standards:</b> 2.1 Managing risk and promoting health and safety</p>	<p>The Swansea Locality manager has requested that Health &amp; Safety conduct a review of the panic buttons and that a risk assessment of the area is conducted.</p>	<p>Locality Manager: M.Jones</p>	<p>March 2018</p>
<p>Implement a system to ensure that medicines are being stored at temperatures recommended by the manufacturer</p> <p>Make arrangements to ensure that drug charts clearly indicate whether patients have known allergies</p>	<p><b>Health and Care Standards:</b> 2.6 Medicines Management</p>	<p>The CMHT Health Team Manager has liaised with the Pharmacy to ensure that a system is put in place to monitor the temperature levels in the clinical room and the clinic room fridges.</p> <p>The CMHT Health Team Manager will remind all CPNs of the requirement to clearly indicate known allergies on the drug charts.</p> <p>An audit will be conducted by the pharmacist to check compliance.</p>	<p>CMHT Manager J.Doyle &amp; Lead Pharmacist: S.Jones</p>	<p>Feb 2018</p>
<p>Record keeping within care records to clearly demonstrate that carers have been provided with every opportunity for their needs to be</p>	<p><b>Health and Care Standards:</b> 3.5 Record</p>	<p>Managers to reinforce the necessity for a more systematic approach to carers needs assessment</p>	<p>CMHT Managers: C. Woods &amp; J. Doyle</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
assessed	keeping <b>LAQS:</b> 5d) Take the views of carers into consideration when assessing care and support needs	via supervision with staff and regular CTP and CPA recovery assessment audits as well as focus for the dedicated carers assessor.  PARIS has this functionality so it is important that the WCCIS IT system has this functionality as part of new IT system development.		
Record keeping within care records to clearly demonstrate multi-disciplinary team and management decisions in relation to service users' care and management	Monitoring the Mental Health Measure  Compliance with Social Services and Well-being (Wales) Act 2014  <b>Health and Care Standards:</b>  3.5 Record keeping  6.1 Planning care to promote	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate	CMHT Managers: C. Woods & J. Doyle	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	independence  <b>LAQS:</b>  1k) Professionals facilitate multi-disciplinary plans			
Consideration should be given to whether the existing multi-disciplinary team meeting arrangements effectively contribute to the review of service users' care	<b>Health and Care Standards:</b>  3.1 Safe and Clinically Effective care  <b>LAQS:</b>  1k) Professionals facilitate multi-disciplinary plans  6a) Participate as active citizens	Team meetings to clarify action points in relation to particular individuals and these to be transposed onto the individuals case record as appropriate  The existing MDT is a team meeting that focuses on information sharing and communication but it is recognised that complex cases are sometimes discussed in these meetings in the form of a peer review.	CMHT managers: C. Woods & J. Doyle	Completed
Consideration should be given to introducing a more formal reference to exchanging information within the identified actions from the single point of access meeting	<b>Health and Care Standards:</b>  2.7 Safeguarding children and adults at risk	Single point of access meetings to clarify action points in relation to particular individuals and these to be clearly directed to the responsible Care	CMHT Managers: C. Woods & J. Doyle	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	<p><b>LAQS:</b></p> <p>3c) Develop suitable arrangements for people who put their safety or that of others at risk to prevent abuse and neglect</p>	<p>Coordinator or duty officer.</p> <p>The system currently in place where the notes and actions are managed by the Team Administrator is to be strengthened by regular review of the actions by the CMHT managers.</p>	<p>CMHT Managers: C. Woods &amp; J. Doyle</p>	<p>Completed</p>
<p>Third sector input to support prevention and recovery</p> <p>Page 21</p>	<p><b>Health and Care Standards:</b></p> <p>6.1 Planning care to promote independence</p> <p><b>LAQS:</b></p> <p>6a) Participate as active citizens</p>	<p>Continued collaboration with third sector agencies through Together for Mental Health Partnership Group to ensure efficient and effective engagement.</p>	<p>Locality manager: M. Jones &amp; Principal Officer M. Campisi</p>	<p>In situ</p>
<p>Community Treatment Order documentation should demonstrate whether service users have been involved in the process and whether an advocate had been involved</p>	<p>Application of the Mental Health Act</p>	<p>All practitioners have been instructed that the right to advocacy needs to be discussed with the service user at the point when a CTO is being considered and that the service user is</p>	<p>CMHT Managers C. Woods &amp; J. Doyle</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>actively involved in the process.</p> <p>This should be recorded in the patient's file.  </p>		
<b>Quality of management and leadership</b>				
<p>The arrangements to review the CMHT resources so that it can continue to meet the level of demand</p> <p>Page 22</p> <p>The scope of supervision meetings for social work staff to promote discussion around wellbeing and other aspects of work</p>	<p><b>Health and Care Standard:</b></p> <p>7.1 Workforce</p> <p> </p>	<p>To continue to audit referrals to analyse and consider benchmarking for acceptance and non-acceptance into Secondary MH services.</p> <p>Managers to ensure compliance with City and County of Swansea code of practice and staff development. PO to regularly audit compliance via internal IT system – Oracle.</p>	<p>Principal Officer: M. Campisi &amp; Service manager: E. Twigg</p> <p>CMHT Manager C. Woods &amp; Principal Officer: M. Campisi</p> <p>Principal Officer</p>	<p>July 2018</p> <p>September 2018</p>



Improvement needed	Standard	Service action	Responsible officer	Timescale
The system for appraisals for social work staff so that these take place annually.		As above	M. Campisi & CMHT Manager: C. Woods	in situ
The arrangements to support staff to attend mandatory training.		City and County of Swansea to continue to provide managers with a record of mandatory training of all staff members	Principal Officer M. Campisi & CMHT Manager: C. Woods	in situ

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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):** | **Malcolm Jones/Mark Campisi** |

**Job role:** | **Locality General Manager ABMU Health Board/Principal Officer**  
**City & County of Swansea** |

**Date:** | **18.1.18** |

## Adult Services Scrutiny Performance Panel Summary of the Year 2017/18

Could Panel members have a think about the following questions in relation to their year on the Adult Services Scrutiny Performance Panel in readiness for the discussion at the Panel?

<b>1. What has gone well?</b>	
<b>2. What has not gone so well?</b>	
<b>3. Has the Panels work programme been focused on the right things?</b>	
<b>4. What have we learned that will help us with future CFS scrutiny?</b>	

## Summary of the Year 2017 – 2018

*See below a summary of the year of activity carried out by the Adult Services Scrutiny Performance Panel*

### 1. Work of the Panel this year

Topics suggested for scrutiny by Councillors, the public and officers for the year 2017/18 and whether they were completed by the panel are detailed as follows:

- ✓ Overview of key priorities and challenges for Adult Services in Swansea
- ✓ Role of Adult Services Panel including Terms of Reference and Draft Work Programme
- ✓ Prevention including update on Local Area Coordination and Supporting People
- ✓ Overview of Western Bay Programme including Governance
- ✓ Performance Monitoring
- ✓ Demand Management including Deprivation of Liberty Safeguards
- ✓ Workforce Development
- ✓ Systems Support
- ✓ Draft Budget proposals for Adult services
- ✓ Intermediate Care including DFGs
- X DoLS update
- X Commissioning Reviews - Domiciliary Care and Procurement update

- ✓ Cabinet Member presentation and Q and A Session
- ✓ Complaints Annual Report for Adult Services 2016/17
- ✓ Report on how Council's policy commitments translate to Adult Services
- ✓ Presentation on DEWIS information system
- ✓ Briefing on Social Services' Charging
- ✓ Presentation on Welsh Community Care Information System
- ✓ Pre decision scrutiny of Outcome of Residential Care and Day Services for Older People Commissioning Reviews

## **2. Data monitoring in 2017/18**

Item monitored over the year:

- ✓ Monthly performance report July/August 2017
- ✓ Monthly performance report November/December 2017
- ✓ Complaints Annual Report for Adult Services 2016/17

## **Planning for the year ahead 2018/19**

*See below some items that can be scheduled for the coming year:*

### **1. Some issues the panel identified but did not get chance to look at or require ongoing monitoring at present. These can be referred onto the new municipal year**

- Deprivation of Liberty Safeguards update
- Commissioning Reviews - Domiciliary Care and Procurement update (February 2019)
- Explanation of Budget outputs (May 2018)
- Update on how the Council's policy commitments translate to Adult Services (October 2018)
- Presentation on Social Work Practice Framework
- Local Area Coordination Update
- Review of Community Alarms pre decision scrutiny
- Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan
- Progress with Western Bay Programme

### **2. Annual items to be scheduled for the new municipal year**

- Monthly performance reports for Adult Services
- Corporate Complaints Annual Report for Adult Services 2017/18 (Feb 19)
- Scrutiny of annual budget as it relates to Adult Services matters (Feb 19)

### **3. Other background information**

- Number of times the Adult Services Scrutiny Performance Panel has met = 10
- Number of Adult Services related Conveners letters = 11
- Councillor attendance across the Panel on average = 70%

## ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
<b>Meeting 1</b> Tuesday 19 June 2018  3.30pm	<b>Community Mental Health Team (Swansea Central)                      Inspection Report and Improvement Plan</b>  <b>Review of the year 2017/18</b>
<b>Meeting 2</b> Tuesday 17 July 2018  4.00pm	<b>Update on Local Area Coordination (LAC)</b> <i>Alex Williams, Head of Adult Services or Rachel Moxey,                      Head of Poverty and Prevention</i>
<b>Meeting 3</b> Tuesday 21 August 2018  3.30pm	<b>Performance Monitoring</b>  <b>Overview of Western Bay Programme</b> (to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse) <i>Dave Howes, Chief Social Services Officer</i>
<b>Meeting 4</b> Tuesday 25 September 2018  4.00pm	<b>Overview of Supporting People</b>
<b>Meeting 5</b> Tuesday 23 October 2018  3.30pm	<b>Update on how Council's policy commitments translate                      to Adult Services</b> <i>Mark Child, Cabinet Member for Health &amp; Wellbeing</i>  <b>Deprivation of Liberty Safeguards (DoLS)</b>
<b>Meeting 6</b> Tuesday 20 November 2018  3.30pm	<b>Performance Monitoring</b>
<b>Meeting 7</b> Tuesday 11 December 2018  4.00pm	<b>Update on Social Work Practice Framework                      (presentation)</b> <i>Alex Williams, Head of Adult Services</i>
<b>Meeting 8</b> Tuesday 15 January 2019  3.30pm	
<b>Additional meeting</b> ? February 2019	<b>Draft budget proposals for Adult Services</b>

<b>Meeting 9</b> Tuesday 19 February 2019  3.30pm	<b>Performance Monitoring</b>  <b>Adult Services Complaints Annual Report 2017-18</b> <i>Corporate Complaints Manager</i>
<b>Meeting 10</b> Tuesday 19 March 2019  3.30pm	<b>Update on Commissioning Review - Domiciliary Care          and Procurement</b>  <b>Safeguarding Arrangements update</b>
<b>Meeting 11</b> Tuesday 16 April 2019  3.30pm	
<b>Meeting 12</b> <b>? May 2019</b>	<b>End of year review</b>

Future Work Programme items:

- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Issues around Continuing Health Care - ABMU to be invited to attend (date to be arranged later in the year)



**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](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 22 May 2018  
*Dyddiad:*

**Summary:** This is a follow up letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Health and Wellbeing following your response to the convener's letter following the meeting of the Panel on 17 April 2018.

Dear Cllr Child

The Panel would like to thank you for your response to the convener's letter following the 17 April panel meeting. However can you please provide the Panel with more information on the issues raised in point 4:

4. Concerned that the reviews for defining individuals as having complex needs would be undertaken almost entirely in house in the proposed new model. Panel feels strongly that Health needs to be involved as there is a grey area between social care and nursing care, and Council staff are not really qualified to undertake the reviews on their own. The needs of some residents may need to draw on the assessment and care skills of both health and social care staff. **Furthermore, being at the high end of care, some residents may become more dependent on health care sooner rather than later which implies either that health skills will need to come to the home or the resident will need to move. It was not clear that the benefits of a flexible and jointly conceived and operated facility had been explored between ABMU and The City and County of Swansea, but if they have, and been rejected, the rationale should be explained. There was also strong concern amongst all Panel members regarding the definition of complex care, which it was felt strayed into the realm of nursing care and would involve medically trained and qualified staff to deliver.**

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GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE

[www.swansea.gov.uk](http://www.swansea.gov.uk) / [www.abertawe.gov.uk](http://www.abertawe.gov.uk)

***Your response***

We would ask for you to provide us with a full written response to the issues highlighted in bold by Tuesday 12 June 2018.

Yours sincerely

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

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

Cllr Peter Black  
Convener  
Adult Services Scrutiny Panel

*Please ask for:* Councillor Mark Child  
*Direct Line:* 01792 63 7441  
*E-Mail:* [cllr.mark.child@swansea.gov.uk](mailto:cllr.mark.child@swansea.gov.uk)  
*Our Ref:* MC/CM  
*Your Ref:*  
*Date:* 29 May 2018

Dear Cllr Black

Please accept my sincere apologies as it would appear that my recent letter to you did not cover fully all the questions raised in your original letter.

I have responded below to each point in turn that has been raised by the Panel.

**1. Concerned the commissioning review took too long to complete and felt residential care and day care should have been separated as it was very confusing for people.**

*Response: I agree that it was a long process, but it needed to be got right. It had taken longer than I would have wished, in fact the council had made a number of attempts at this dating back to when the previous administration was in charge. I welcomed the support that a review was very much needed. Due to the physical interlinking of Residential Homes and Day Centres they had to be done together to ensure the conclusions of each were not contradictory. As it happens this wasn't the case, but that couldn't have been known at the start.*

**2. Panel felt the original consultation in 2016 was overly complicated and did not reach the people it was going to affect.**

*Response: There has been no previous consultation undertaken in relation to the Residential Care and Day Services for Older People Commissioning Reviews. The consultations undertaken in 2016 related to the overarching Service Model and the Domiciliary Care Review. Those consultations therefore do not relate specifically to these reviews. Cabinet has now agreed to publicly consult on the proposals in relation to Residential Care and Day Services. Everyone directly affected will have assistance to participate, and we want to involve their families in this process, and where there are no families we will seek independent advocates to assist people if they require this support. The consultation will also be available to the public and in various forms so as wide involvement as possible takes place.*



- 3. There was no information in the proposals or any long term vision regarding shifts over time for people moving to different care settings and changes in long-term needs and what this means for the proposals.**

*Response: The overarching service Model sets out the long-term vision. A copy of the model is attached.*

- 4. Concerned that the reviews for defining individuals as having complex needs would be undertaken almost entirely in house in the proposed new model. Panel feels strongly that Health needs to be involved as there is a grey area between social care and nursing care, and Council staff are not really qualified to undertake the reviews on their own. The needs of some residents may need to draw on the assessment and care skills of both health and social care staff. Furthermore, being at the high end of care, some residents may become more dependent on health care sooner rather than later which implies either that health skills will need to come to the home or the resident will need to move. It was not clear that the benefits of a flexible and jointly conceived and operated facility had been explored between ABMU and The City and County of Swansea, but if they have, and been rejected, the rationale should be explained. There was also strong concern amongst all Panel members regarding the definition of complex care, which it was felt strayed into the realm of nursing care and would involve medically trained and qualified staff to deliver.**

*Response: Each review will be led by a qualified social worker. If there are potential health needs, then appropriate health professionals would be involved in that review process as would be the case with any review that is undertaken. All Local Authority social workers are fully qualified to be able to take an informed professional view as to whether there are potential health needs and health professionals need to be involved. However involving Health in an assessment doesn't automatically mean that Health will accept the individual has a health need.*

*As explained at the Panel meeting, the new CIW registration arrangements will allow for flexibility to draw on health support for those individuals whose needs become more complex and tip over into the requirement for nursing care whilst in a Council run home. The Local Authority will continue to work with the Health Board over the development of the model and explore the potential for joint initiatives in the future.*

- 5. Despite the confidence that staff can be upskilled to take on complex needs, the Panel is sceptical and would like reassurance on the level of training, validation and supervision of staff being asked to provide care at this level.**

*Response: In reality, our staff are already delivering complex care in our existing internal homes. Under the new registration requirements introduced under RISCA, all workers will now need to be registered with Social Care Wales and have achieved a minimum level of training. This registration will help to raise the status and professional qualifications of all care workers. Social Services is in the process of developing a whole Social Services Workforce Development Plan which will set out all of the training requirements going forward and monitor compliance with them. Validation will be through regular inspection by CIW and staff supervision is already in place on all sites.*

- 6. The Panel notes that the Council's long term vision is to rely on the private sector to deliver standard residential care and is concerned that the council will not be offering a public sector option. We feel that this needs to be acknowledged and made clear to clients.**

*Response: The Council's long term vision is set out in the Adult Services model and it is to focus resources on those areas where only we as a Local Authority can meet the need, the Council is probably the best at meeting a need or there is a shortage of provision in the external market. This translates as Respite, Reablement and Complex Care. It remains an ambition of this administration to try wherever possible to expand our existing provision, but resources available currently prohibit it. The public consultation will make clear that the Local Authority intends to no longer deliver standard residential care and we will be seeking views on this before making a final decision.*

- 7. Panel would like to see some of the capacity for complex needs provision shared with other providers.**

*Response: This is currently, and will remain the case. People will have a choice between Council run and Independent Sector provision; it is just that we want to increase our capacity to deliver complex care as the independent sector are less able to increase theirs, and there is a growing need.*

- 8. In relation to the proposed closure of the Parkway site, the Panel felt there was no clarity about what will happen to the site if it does close. It is noted that the value of this site was taken into account in assessing the decision to close it but witnesses were unable to provide any detail as to what that valuation was based on, and whether it was consistent with proposals in the report to retain it for private residential care nor who and how that ambition would be delivered.**

*Response: We cannot pre-empt any final decision on the way forward. Therefore, there are no firm proposals at this stage for the future use of the site should it close in the future. However, the Cabinet paper sets out some options that could be considered. As with all sites, should they become surplus to need there is a process to go through to maximise the asset value and the Council has a capital programme that currently prioritises school building. As Cabinet Member, if the proposals are agreed following the consultation, I will attempt to influence decisions surrounding the disposal of the site to the benefit of Social Services. In terms of the evaluation exercise, the value of all sites was calculated using exactly the same criteria so there was a fair comparison.*

- 9. The Panel felt there was a possibility of strong opposition to the proposals from residents of Parkway and would like to know how the Authority will then proceed if a resident refused to leave.**

*Response: Effective communication and collaboration with both staff and residents will be critical to any successful outcome should the proposals proceed. If the proposals go forward, we would work with each individual to identify appropriate move on plans and support them through the process giving them the time they needed to make decisions. We therefore envisage that it is very unlikely that we would reach a position where a resident refused to leave. If this eventuality did occur, we would need to take appropriate legal advice surrounding how we managed the situation. Our previous experience of managing this type of situation when Cartref closed was that we were able to work with residents and their families effectively to find suitable alternative homes.*

**10. Panel felt that third party top up fees for private residential care is an issue which needs to be addressed. We felt that it could be a factor for some residents in choosing where they are to be rehoused but that this was not taken seriously enough in the responses to questions on the matter.**

*Response: At this stage, it is difficult to quantify whether the issue of top-up fees will be an issue for those residents affected. It will be entirely dependent on where individuals move onto, if top-up fees apply and if individuals feel that this is a significant factor in reaching a decision on the way forward. Each case will need to be looked at individually should this issue arise. In addition, the capital threshold that is taken into consideration when determining the financial contribution that individuals pay has increased to £40,000 this year, which will also reduce the amount that people need to pay over time.*

**11. Panel would like confirmation that there will be an annual review of all residents of residential care by competent people to assess their ongoing needs.**

*Response: Undertaking a review at least annually of all Local Authority funded residential care placements in Swansea is a statutory requirement. This review must be undertaken by a suitably qualified professional.*

**12. The Panel would like more detail on alternative day care provision for non-complex clients who will no longer be able to access the remaining three day centres for elderly people.**

*Response: As explained at the Panel, each individual will have a review. That review will determine if they have complex or non-complex needs. If they have non-complex needs, the social worker undertaking the review will work with the individual and their families/carers if appropriate to determine an individually tailored move on plan. This plan will not involve alternative day-care provision, but support to meet any identified needs. There are a huge number of events, locations, groups and meetings taking place all over all of our wards. The process, as happened in The Beeches, was to match up people with opportunities that suited them. This again would be worked on with Social Workers and Local Area Coordinators where we had them, and subject to follow ups to make sure everything was OK, and that frequently people said they were happier with the new arrangement than the Council service.*

**13. Of the two day centres which are due to close, one is in a very small and distant community from the city. The Panel would therefore like to know what provision is being made for Pontarddulais.**

*Response: Not all residents attending the Hollies Day Centre live in Pontarddulais itself. Some actually live nearer to other day services. Those who have complex needs will be offered an alternative place in another day service; in all likelihood for those in the Hollies, that will be Llys Y Werin in Gorseinon which is a short distance from Pontarddulais itself.*

Yours faithfully

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

**Councillor Mark Child**  
**Cabinet Member for Health & Wellbeing**

Cllr Peter Black  
Convener  
Adult Services Scrutiny Panel

Please ask for: Councillor Mark Child  
Direct Line: 01792 63 7441  
E-Mail: [cllr.mark.child@swansea.gov.uk](mailto:cllr.mark.child@swansea.gov.uk)  
Our Ref: MC/HS  
Your Ref: ref  
Date: 31 May 2018

Dear Cllr Black

Thank you for your additional question:-

*"It was not clear that the benefits of a flexible and jointly conceived and operated facility had been explored between ABMU and the City & County of Swansea, but if they have, and been rejected, the rationale should be explained."*

### **Response**

The Health Board are aware of the proposal to remodel the Council's in house residential care services and are reassured that the remodeling is in line with the regional commissioning strategy for residential and nursing care and supports the Western Bay optimal model for intermediate care services.

The Council cannot seek to agree any plans for an alternative use, or indeed the disposal, of the Parkway site without running the risk of being seen to pre-determine the outcome of the consultation.

If the site does become vacant then all options for future use or disposal will be considered including the possibility of a jointly commissioned service with the Health Board or indeed any other partner. As part of the ongoing work to develop the required pooled fund for residential and nursing care home provision discussions are ongoing as to how the pooled fund could be utilised to collaboratively fund provision that better addresses need across the region.

Yours faithfully



**Councillor Mark Child**  
**Cabinet Member for Care, Health & Ageing Well**



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Health & Wellbeing**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
*Line:*  
*Llinell*  
*Uniongyrchol:*  
*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 07 June 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 16 May 2018. It covers performance monitoring and explanation of budget outputs.

Dear Cllr Child

The Panel met on 16 May and looked at performance monitoring for March and April 2018 and received an explanation of budget outputs. We would like to thank Dave Howes and Alex Williams 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:

### **Performance Monitoring**

Alex Williams went through the Highlight Report focussing on a number of points and we made a number of comments, namely:

Summary report page 3 - Common Access Point. We heard that there is an improving trend and that there is much better coverage of multi-disciplinary teams since 1 April and the Department expects data to show an increase in referrals since then.

Summary report page 3 - Carer identified and Carer Assessment. The Panel was informed that there is a slightly fluctuating figure for assessments being completed. The Department hopes this will improve as a tick box has been added to the IT system

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since 1 April which just has to be ticked to show if an assessment has been carried out or not.

Summary report page 4 - Long Term Domiciliary Care. We were pleased to hear that the Department is moving to a new rota for domiciliary care from 2 July so in-house capacity will be fixed and that generally they are seeing a much better flow through. We will continue to monitor this situation.

Summary report page 4 - Residential care for older people. We heard that the picture is fairly static and they are not seeing any reductions in numbers being admitted. We were informed that admissions need to be under 30 each month for sustainable operation and they are currently over this. We will be monitoring this going forward.

Summary report page 5 - Delayed Transfers of Care. We were informed that there is an increase in delays at Gorseinon Hospital which is being looked in to. We heard that it could just be that data is not being recorded accurately. We would like feedback on whether this is the reason for the delays.

Summary report page 5 - Reviews of Allocated Clients. This is not a great picture. We heard that there are concerns with the Learning Disability Team and Care Homes Quality Team's performance in reviewing client's needs and that targets are being set for improvement. The Panel is concerned about performance in undertaking reviews. We will want to keep an eye on assessments 'over a year'. This figure should reduce as additional money has been allocated in the budget for it. The Panel would like to see the average figures, for each team, for the time that clients are waiting 'over a year' since their last assessment.

Summary report page 6 - Community Reablement – We heard that there are issues with recording and not all data is being captured at present but that action is being taken to improve this. We hope to see improved accuracy of recording on the next performance monitoring report.

Summary report page 7 - Timeliness of Response to Safeguarding Issues. We heard that pre-screening is being introduced to deal with really low level issues in a different way. We stressed the importance of figures reflecting those individuals who definitely need help. We heard that we should see improvement to the 'responded within 7 days' figures by the end of this year.

Full report page 10 - Local Area Coordination (LAC). The Panel feels that the Department needs to start measuring outputs from this. We were informed that the Department need assistance to design a system which will record this information and we hope that this will happen in the very near future. The Panel was informed that responsibility for LAC is moving from Social Services to Poverty and Prevention. We will want to continue to monitor this area going forward as it is vital for Adult Services.

Full report page 36 - Discharges to Continuing Health Care (CHC). We heard of the Department's concerns about the very low levels of discharges to CHC funded placements. The Panel feels this is a very serious issue and we have asked the Chief Social Services Officer to provide data to the Panel on the low levels of discharges to CHC funded placements as soon as it is available. We will also be inviting ABMU to attend the Panel later in the year to discuss issues around Continuing Health Care.

## **Explanation of Budget Outputs**

Dave Howes gave a presentation explaining some of the budget outputs and answered the Panel's questions. We appreciate that a great deal of work went into providing this information and we were pleased with the information provided. We will be informing Dave of the other areas we want him to focus on to explain the budget outputs for. However, we were concerned to hear that management information in the area of Mental Health and Learning Disability Residential and Supported Living Placements is not developed. The Panel feels it is essential that the Department has this information in order to budget accurately. We will want to be kept updated on development.

## **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, and in this instance, ask that you provide a written response by Thursday 28 June 2018.

Yours sincerely

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

**PETER BLACK**  
**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**[CLLR.PETER.BLACK@SWANSEA.GOV.UK](mailto:CLLR.PETER.BLACK@SWANSEA.GOV.UK)**



## **Adult Services Scrutiny Performance Panel**

### **Terms of Reference**

#### **1. Why this topic is important?**

- The service is undergoing major change and it is vital that performance is maintained and that further improvements are made across all areas of the service
- It is an area of high demand from an ageing population and high spend - there are significant financial pressures in this service area
- Safeguarding is a corporate priority area.
- Because of key partnership relationships.

#### **2. What is the purpose of the Panel?**

The Panel will:

- Require and receive relevant performance reports to monitor and challenge assessments on, and outcomes of service performance and quality in respect of adult social services
- Assist the Executive in containing departmental spend in this high spend, demand led service area
- Consider best practice in other organisations
- Engage the third sector and other providers involved in the delivery of adult services
- Hold the Executive to account
- Consider the performance of Western Bay, regionally provided services and the impact of the integrated health and social care fund
- On behalf of the Panel, the convener will write to the relevant Cabinet Member raising issues of concern, comments and recommendations as appropriate following Panel meetings
- Report on progress to the Scrutiny Programme Committee on a regular basis throughout the year. The Panel may also raise issues, as appropriate, with the Committee.

**3. Meetings:**

The Panel will meet on a monthly basis.

Lead Scrutiny Officer: Liz Jordan ([Liz.jordan@swansea.gov.uk](mailto:Liz.jordan@swansea.gov.uk))  
Tel: 01792 637314