



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 Mawrth 2019

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 CBE

Aelodaeth:

Cynghorwyr: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris a/ac G J Tanner

Aelodau Cyfetholedig: T Beddow a/ac K Guntrip

Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau
- 3 (3.45pm) Nodiadau cyfarfod 19 Chwefror 2019** **1 - 4**
Derbyn nodiadau'r cyfarfod blaenorol a chytuno eu bod yn gofnod cywir.
- 4 (3.50pm) Cwestiynau'r Cyhoedd**
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnirâ nhw o fewn cyfnod o 10 munud.
- 5 (4.00pm) Y diweddaraf am yr Adolygiad Comisiynu - Gofal Cartref a Chaffael** **5 - 11**
Deborah Reed, Pennaeth Dros Dro'r Gwasanaethau i Oedolion
- 6 (4.20pm) Y diweddaraf am Ddiogelu Oedolion - cyflwyniad** **12 - 28**
Deborah Reed, Pennaeth Dros Dro'r Gwasanaethau i Oedolion
- 7 (4.40pm) Diogelu: Caethwasiaeth Fodern/Masnachu Pobl - cyflwyniad** **29 - 37**

Deborah Reed, Pennaeth Dros Dro'r Gwasanaethau i Oedolion

- | | | |
|-----------|---|----------------|
| 8 | (5.00pm) Adroddiad Arolygu Arolygiaeth Gofal Cymru ar y Gwasanaethau Cefnogaeth yn y Cartref
<i>Dave Howes, Cyfarwyddwr y Gwasanaethau Cymdeithasol</i> | 38 - 49 |
| 9 | (5.20pm) Amserlen Rhaglen Waith 2018/19 | 50 - 52 |
| 10 | (5.25pm) Lythyrau
a) Llythyr at Aelod y Cabinet (cyfarfod 19 Chwefror 2019) | 53 - 56 |

Cyfarfod nesaf: Dydd Mawrth, 26 Mawrth 2019 ar 10.30 am

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mercher, 13 Mawrth 2019

Cyswllt: Liz Jordan 01792 637314

Agenda Item 3



City and County of Swansea

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

Committee Room 5 - Guildhall, Swansea

Tuesday, 19 February 2019 at 3.30 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)
G J Tanner

Councillor(s)
P R Hood-Williams

Councillor(s)
E T Kirchner

Co-opted Member(s)
T Beddow

Co-opted Member(s)
K Guntrip

Other Attendees
Mark Child

Cabinet Member - Care, Health & Ageing Well

Officer(s)
David Howes
Liz Jordan
Julie Nicholas-
Humphreys

Director of Social Services
Scrutiny Officer
Customer Service and Complaints Manager

Apologies for Absence

Councillor(s): V M Evans, C A Holley, Y V Jardine, P K Jones, S M Jones and J W Jones

1 Disclosure of Personal and Prejudicial Interests.

No disclosures of interest were made.

2 Notes of previous meetings

The Panel agreed the notes of 11 December 2018 and 11 February 2019 as an accurate record of the meetings.

3 Public Question Time

No questions were asked by members of the public.

4 Adult Services Complaints Annual Report 2017-18

Julie Nicholas-Humphreys, Customer Service and Complaints Manager attended to present this item and answer the Panel's questions.

Discussion points:

- There is no link between the change in process for recording complaints and the increase in number of stage 1 complaints received. No specific reason has been found for increase in number of complaints. However a lot more is being done to encourage people to make a complaint if their needs are not met. The Authority has also strengthened its advocacy arrangements for children and will be doing so for adults. The Authority has seen an increase in the number of complaints but not generally an increase in the number of complaints upheld.
- The Authority has a mechanism for recording complaints against third party providers. If any trends are identified the Director/Head of Service is informed
- A high number of complaints have been upheld in community support teams. This is a difficult area so it is not a surprise to the Director. This is an area the Authority could learn from.
- Independent investigators are chosen by the complaints officer depending on if they have undertaken something similar previously etc. It tends to be case led.

5 Update on how Council's policy commitments translate to Adult Services

Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well attended to present the report and answer the Panel's questions. Cabinet Member feels the Authority is making good progress on all of the commitments.

Discussion points:

- CM feels Authority is struggling with 2 areas in relation to Adult Services commitments. Commitment 104 - struggling to find providers to come in and provide the service; and commitment 57 - can see significant growth but will struggle to place a local area coordinator in every area of Swansea. The Panel's concern is consistency as many LACs are funded by partners so funding is not permanent and can be removed at any time. Panel queried why this commitment has been rated as green when the CM doesn't think we will have full coverage of LACs. CM believes the RAG rating is for progress.
- Commitment 95 – Panel queried whether we are at the stage where we understand legal and financial responsibility. CM feels progress has been made on some areas but not as much as he would like.
- Commitment 102 – no timeline stated. Panel queried when Charter would be completed. CM confirmed it is nearly complete but is dependent on the Public Services Board timetable.
- CM was informed that there are no target dates in the report. CM is hopeful all will be completed in this electoral term (by 2022).
- Commitment 105 – it states in report that Workforce Development Plan will be completed by May 2019. Panel will look at this later in the year.
- Commitment 104 – This is part of it. Will need to look at commissioning strategies to identify if enough of a different offer has been stimulated. CM would rate this as amber as some progress has been made.

Actions:

- Add to work programme item on Workforce Development Plan (date tbc)

6 Performance Monitoring Report

Dave Howes, Director of Social Services attended to brief the Panel on the performance monitoring reports for December 2018/January 2019 and answer questions.

Discussion points:

- Long term domiciliary care – It is hoped that the new commissioning arrangements will make a difference from May 2019. Not sure if there will be any more carers than there are now.
- Review of allocated clients – Should be trying to make improvements across the board. All teams are improving but at different rates. There is still a lot to do.
- Panel felt it would be more useful to have trends shown in performance reports rather than 'spot' figures. This request to be taken back to the department
- Residential reablement – there is concern that there may be more capacity than demand for this service
- Timeliness of response to safeguarding issues – figures are concerning as they have drastically reduced. Need to identify why this is happening and inform Panel
- Temporary Placements – concern about very low level of discharges to Continuing Health Care (CHC) funded placements. Continuing to engage with Health Board to achieve equitable distribution of CHC funding across Western Bay. Also relooking at Authority's strategy for negotiating funding of new placements with HB.

Actions:

- Department to inform Panel the reason for reduction in performance for 'timeliness of response to safeguarding issues'
- Request to be made to Department to show trends in performance monitoring reports rather than 'spot' figures.

7 Work Programme Timetable 2018-19

The Panel considered the work programme.

8 Letters

Letters received and considered by the Panel.

The meeting ended at 5.10 pm

Agenda Item 5



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

Adult Services Scrutiny Performance Panel – 19th March 2019

RE-PROCUREMENT OF DOMICILIARY CARE AND RESPITE AT HOME

Purpose	To share an update on the Re-Procurement of Domiciliary Care and Respite at Home
Content	Re-Procurement of Domiciliary Care and Respite at Home briefing paper.
Councillors are being asked to	Consider the update as part of their review of the Re-Procurement of Domiciliary Care and Respite at Home Service in Swansea.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	Deborah Reed, Head of Adult Services
Report Author	Deborah Reed, 01792 636245

1. INTRODUCTION

- 1.1 The Dom Care market is characterised by too few providers, difficulty recruiting and retaining staff linked to minimum wage and poor terms and conditions. This is a national problem. Locally market capacity issues cause problems providing care in more rural areas and difficulty offering timely responses generally. Waiting lists are difficult to manage, hospital discharge arrangements are impacted, bed blocking is a consequence and adult service objectives relating to timely response and de-escalation of need are frustrated. Problems are leading to instability within the market with

Providers at risk of financial failure, citizens at risk of service disruptions and commissioners with concerns about continuity of supply.

2. MARKET PROFILE

- 2.1 The market in Swansea is comprised of 13 contracted private sector operators. Mostly small independents. Between them they provide approx. 13000 hrs of commissioned care per wk (56,000 per month, 670,000 per year (figures are approximate as they can vary by 2-3% percent each month). There are approx 1200 citizens receiving commissioned dom care from the council at any time.
- 2.2 The Council currently has three main providers for respite at home services – the Alzheimer’s Society, the Carers Centre and Home Instead. This service is currently provided on a county wide basis between the 3 current providers.
- 2.3 There are currently 88 service users in receipt of this service with a total of 306 hours of respite commissioned on a weekly basis (excluding 50 hours commissioned by Health), with 1 service user currently awaiting a service. There has been a reduction in the number of people both receiving and waiting for respite at home since the introduction of charging for this service in October 2018.

3. STRATEGY

- 3.1 The strategy has been to divide Swansea into geographical areas to create individual procurement lots. This approach will enable individual providers to deploy staff within a dedicated area which offers potential for efficiencies and resilience against individual Provider failure.
- 3.2 A number of options for dividing Swansea into zones were considered. The option selected involves dividing Swansea into 5 lots with 3 that include a rural area. Each lot will allow a maximum of 5 providers to operate within it. Providers can bid for all lots (expressing preferences), but no provider will be awarded contracts in more than 2 lots. The advantages of this approach include:
 - Roads facilitate natural runs
 - Existing providers more likely to be able to bid for areas they currently work in - better opportunities for continuity of care
 - Rural areas include attractive areas
 - Includes sufficient number of lots to have enough number of providers overall
 - Takes account of likely increase in over 75’s over the next several years in Llansamlet / Bonymaen area
 - It is hoped that payment of a rural premium will ensure service provision across the whole of Swansea
 - 5 providers per lot would ensure a sufficient number of providers operating in Swansea

- 3.3 The disadvantages of such an approach would be including but not limited to:
- Doesn't mirror Hubs or GP clusters therefore less opportunity for improvements in working relationships between providers and hub professionals as each Hub will be dealing with numerous providers.

Recommendation and Rationale

- Best option to ensure sufficient bids for all areas including rural ones
- Sufficient number of providers, limited to working in no more than 2 lots to improve sustainability
- Taken account of everyone's comments and appears to be the best fit for all
- Road and run based – optimal efficiency for providers
- Potential for existing providers to bid for areas already working in – best option for continuity of care
- Rural premium will entice providers to cover outer lying areas

- 3.4 The lower volume of commissioned respite care means that this service will not be procured on a per zone basis. Instead providers will be invited to tender to deliver a respite service that covers the whole of Swansea.
- 3.5 Under the new arrangements and due to the fluctuations in demand, respite will move away from the current block contract and be commissioned on a spot purchase basis.
- 3.6 Long term dom care providers will also be required to offer a respite service to citizens within their zone, subject to capacity, so that service users have choice between Providers.

4. PRICING STRATEGY

- 4.1 Competition requires a tendering approach. Tenders will be evaluated against criteria which favours quality. Quality will equate to 55% of the evaluation score and cost will equate to 45%
- 4.2 Comparison with neighbouring authorities, national averages and professional associations representing the sector, suggest that Swansea's rates are relatively low and that retendering contracts is likely to result in hourly rate increases.
- 4.3 COST COMPARISONS

CCOS Current Costs (@ April 2018) :

- £15.75 per hr
- Estimated Total Costs per month: £787,500
- Estimated Total Annual Costs: **£9,450,000**

UKHCA Average Costs UKHCA briefing on a 'Minimum Price for Homecare' www.ukhca.co.uk/pdfs/AMinimumPriceforHomecareVersion1020140202.pdf - Jan'18 (£18.93 per hour from April 2019)

- £18.01 per hr
- Estimated Total Costs per month: £900, 500
- Estimated Total Annual Costs: **£10,806,000**

Foundation Living Wage Costs: (rate expected as per Ethical Care Charter):

- £20.03 per hr
- Estimated Total Costs per month: £1,001,500
- Estimated Total Annual Costs: **£12,018 000**

Comparison with neighbouring authorities shows:

- Bridgend CBC - £16.50 per hr
- Neath Port Talbot - £16.81 (under Dynamic Purchasing System rates can rise up to £18.00 per hr)
- Carmarthenshire - £20.00 per hr average.

4.4 Pan Wales comparison based on responses received from 12 of 22 authorities shows Swansea currently pays less at lowest, average and highest benchmarks.

Swansea Costs:

- Average (non-weighted) per hr £15.75 (Wales wide £16.27)
- lowest per hr £13.88 (Wales wide £14.76 based on 10 responses)
- highest per hr £17.95 (Wales wide £18.96 based on 10 responses)

4.5 Hourly rate increases based on likely tender submissions are impossible to forecast accurately. A 10% increase would take the average rate to £17.33 ph. This would increase the budget allocation from 9.45m to 10.39m.

5. COMMISSIONED CARE VERSES ACTUAL CARE DELIVERED

- 5.1 Figures reported from Income and Finance demonstrate that currently Swansea providers consistently under deliver on the call durations which are commissioned (as outlined in the Timetable of Care - TToC).
- 5.2 The commissioning objective must be to ensure that levels of care delivered are as closely aligned as possible to the levels of care commissioned, *and*, that levels of care commissioned are an accurate reflection of the needs of the service user.
- 5.3 The new arrangements put a contractual responsibility on the Service Provider to inform the Local Authority within 7 days of any pattern of change that results in the Person requiring either more care or less care. This will ensure commissioned care hours are more closely aligned with that required in order to meet the needs and wellbeing outcomes of the Person.
- 5.4 Under the new arrangements domiciliary care will also be commissioned in weekly hours (with the social work daily Timetable of Care being used as a guide rather than being prescriptive) to enable the Person to receive a more person centred and flexible service wherever possible.

6. RURAL PREMIUMS

- 6.1 Less densely populated rural areas are a less attractive proposition for service providers. The number of hours delivered in these areas is relatively low (in the Gower approx 200 hrs per wk and in Mawr approx 115 hrs per wk).
- 6.2 The increased cost of providing services in these areas is an obvious disincentive. Re-commissioning options highlight two approaches to overcoming these problems. One is to pay a slightly higher rate to all packages of care within zones with high rural populations. The other is to pay significantly higher rates but only for service users in designated rural locations.
- 6.3 It was determined that paying a slightly higher rate to all packages of care within zones with rural populations would be significantly more costly than paying a significantly higher rate but only for Service Users in designated rural locations.
- 6.4 As a result, potential providers are asked through the tender process to determine the rate in designated rural locations but with a cap on this figure of no more than 40% more of the standard rate submitted for non-rural areas within the zone/s for which they are bidding.
- 6.5 The lower volume of commissioned respite care means that these services will be commissioned city wide and there will be no additional rural premium paid.

7. CURRENT EXPENDITURE AND FUTURE COST IMPLICATIONS

Basic Costs	Uplift at 10% in 19/20 and 4% thereafter	Plus Rural Premium	Additional cost based on 2.5% increased demand	Sub totalled Yearly cost	Savings by Paying on actuals (half of 27% under delivery)	Total cost
Cost for 19/20	At 10%					
£9,450,000	£945,000	£114,000	£262,725	£10,771,725	£1,454,183	£9,317,542
RESPIRE DOM CARE						
£361,310	£36 131	£4,335	£10, 044	£411, 820	N/A	£411, 820
			Total Gross	£11,183,545	Total Net of Savings	£9729 ,362

8. PROGRESS WITH DEVELOPMENT OF TENDER REQUIREMENTS AND DOCUMENTATION

8.1 Business as usual work had impacted progress. The collapse of Allied and general operational pressures have at times needed to take priority over re-procurement activity.

8.2 I signed the recommissioning process and Contract Specifications off on 26th February 2019. The Tender was advertised 1st March 2019 with a deadline for submissions on 18th April 2019.

The next Stage in the process is for the Project Board to;

- a. Confirm tender evaluation panel members
- b. Develop the Transition arrangements following contract award (timescales and prioritise to ensure safe transfer of business to new providers, and ensure continuity of care and stable market expansion).

9. TIMESCALES FOR AWARDING NEW CONTRACTS

9.1 A basic timeline for award of new contracts is as follows:

- Advertise tender requirements via Sell2 Wales 1st March.
- Allow 7 weeks for Providers to submit Tenders (return 18th April)
- Allow 6 wks to complete tender evaluations and award contracts (early June).
- Allow up to 3 months before contract award start dates to allow new Providers to establish presence in Swansea and recruit staff etc – early Sep)
- Commencement of contracts for new business in October.

- Commence transition of placements from existing Providers to new providers over 3-6 months (period to be agreed).

10. LINKS TO OTHER AREAS AND DEPENDENCIES

- 10.1 Social Services is developing a strategy for use of Direct Payments which in the longer term aims to reduce demand for more costly commissioned domiciliary care by offering payments for PA services at increased rates to incentivise greater use.
- 10.2 Controlling expenditure on Dom care services is linked to understanding and controlling spend on commissioned care which is not delivered. Analysis of call monitoring data is key to understanding potential to reduce costs. Additional resources will be required to support this.

11. CURRENT STATUS OF DOMICILIARY CARE

- 11.1 The Swansea Domiciliary Care Brokerage waiting list had been static since October 2018 with Providers reporting very limited capacity to pick up new packages of care. As packages of care were allocated a similar number of referrals resulted in the overall picture remaining largely the same.
- 11.2 The table below indicates a reduction in those waiting for care since the beginning of 2019.

Date	Waiting list Total	No. waiting in Hospital	No. Waiting in the Community
31/10/18	154	31	123
21/11/18	158	46	112
21/12/18	155	40	115
07/01/19	121	32	89
14/01/19	119	29	90
21/01/19	122	34	88
28/01/19	126	28	98

- 11.3 The downward trajectory has been maintained though not significantly improved since the end of January 2019. Current figures are (12.03.19):

Waiting list total – 122

Waiting in hospital – 23

Waiting in the community - 99

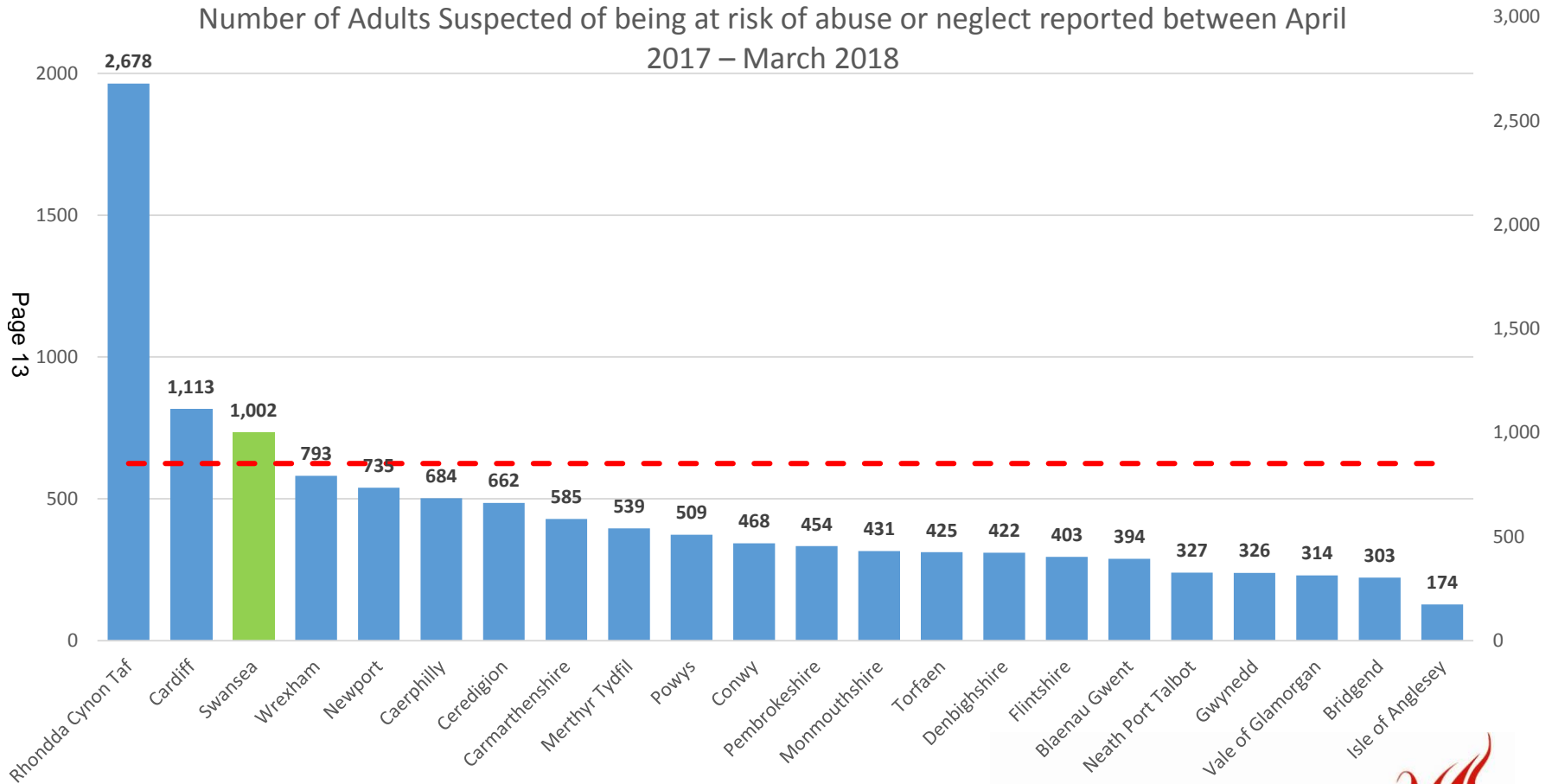
Adult Services Scrutiny Panel Presentation

Adult Safeguarding March 2019



Number of Safeguarding referrals (Wales)

Number of Adults Suspected of being at risk of abuse or neglect reported between April 2017 – March 2018



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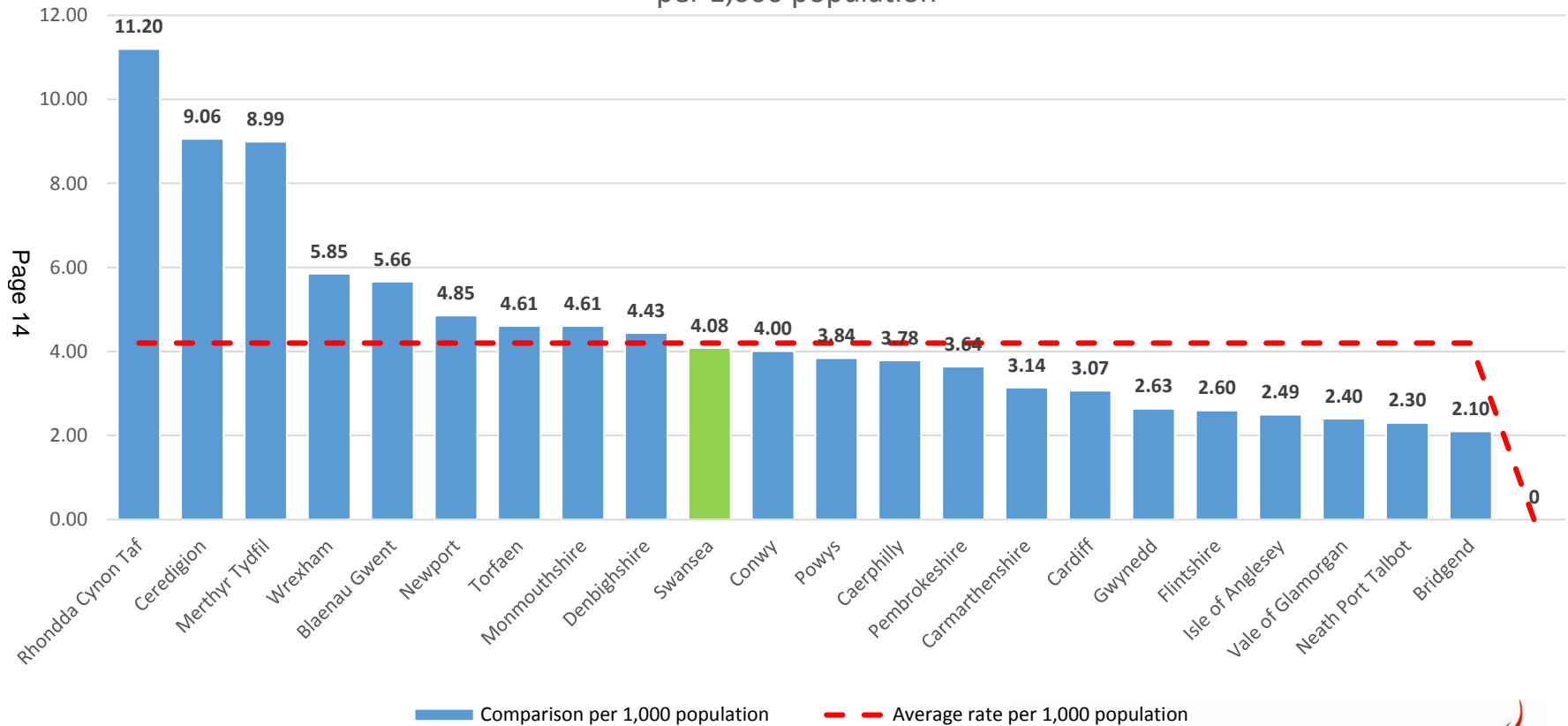
Source - <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Adult-Safeguarding>

City and County of Swansea
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Number of Safeguarding referrals per 1,000 population

Number of Adults Suspected of being at risk of abuse or neglect reported during 2017 - 2018 per 1,000 population



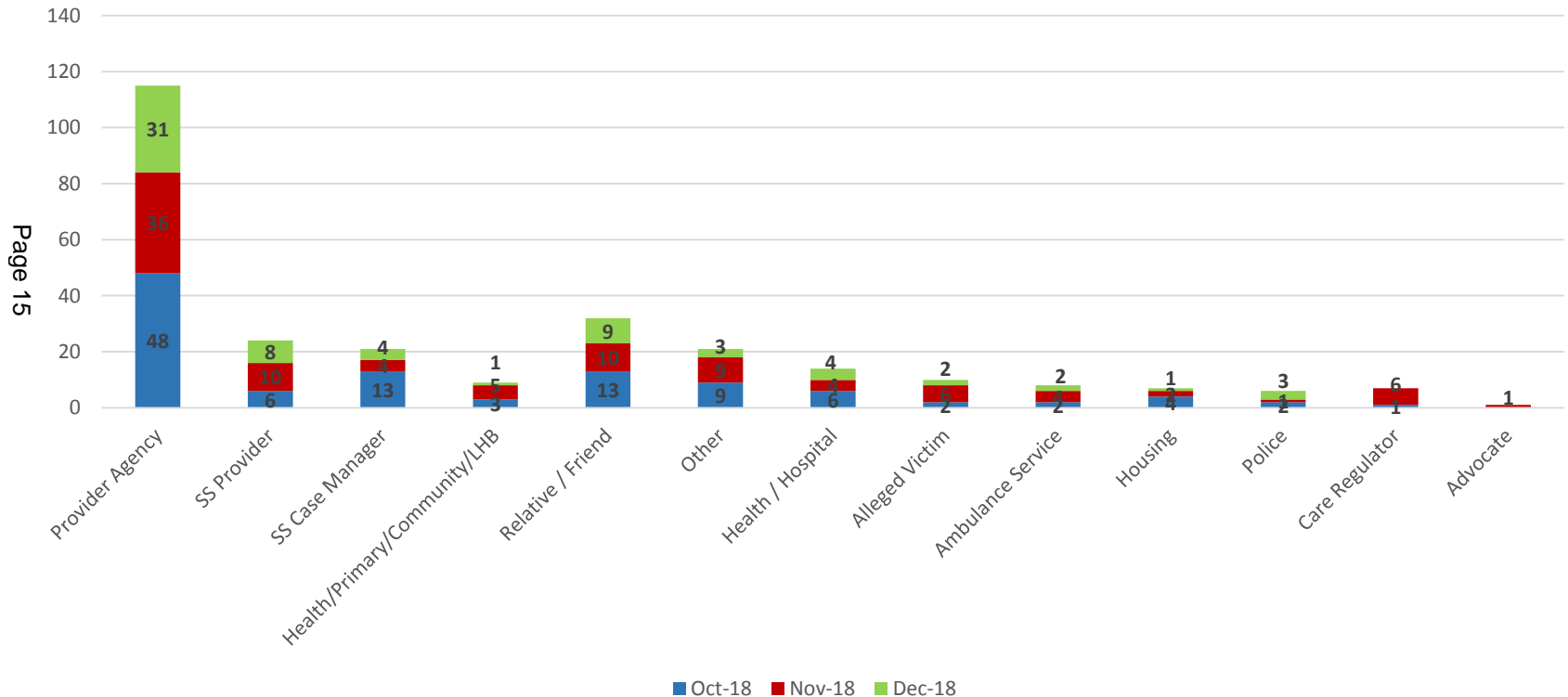
Source - <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Adult-Safeguarding>

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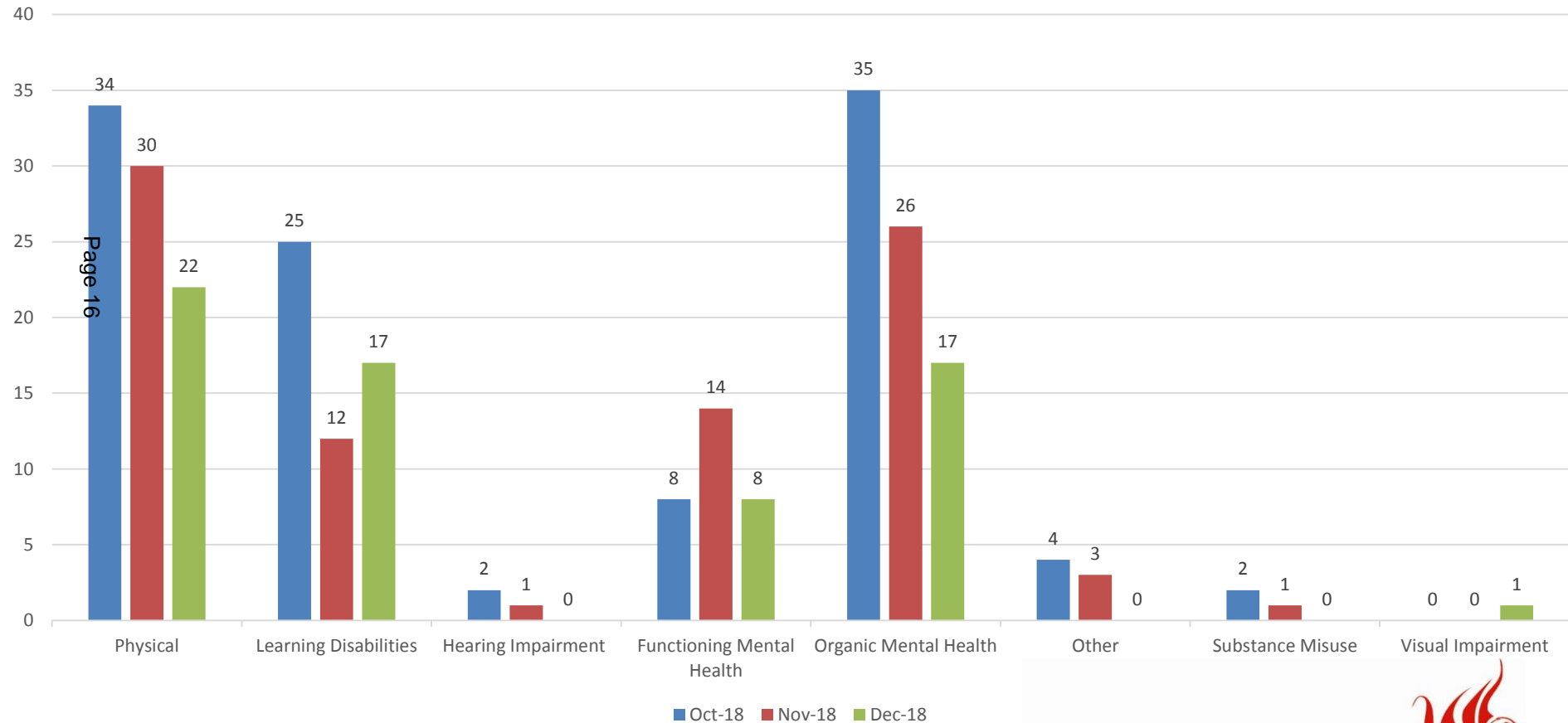
Source of Referral Locally

Source of VA1 Referrals Previous 3 months
October 2018 - December 2018



Safeguarding Main Category of Vulnerability

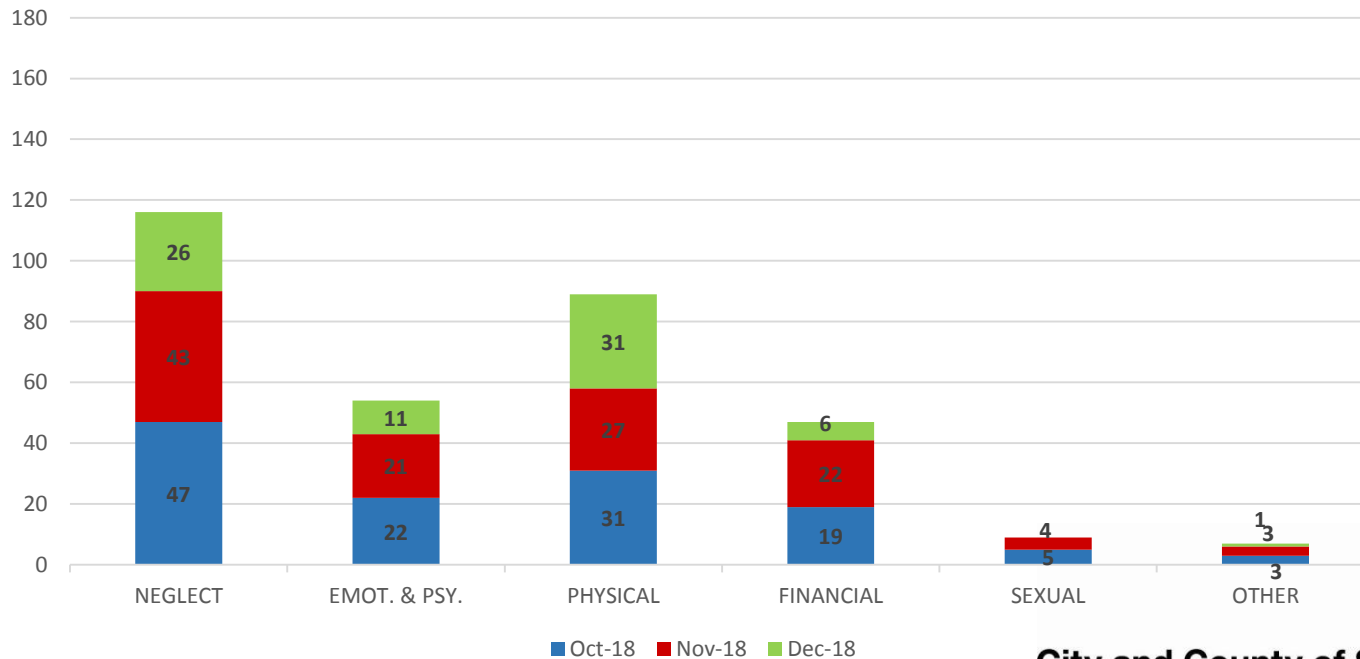
Main Category of Vulnerability of those referred over the last 3 months



Reasons for concerns locally

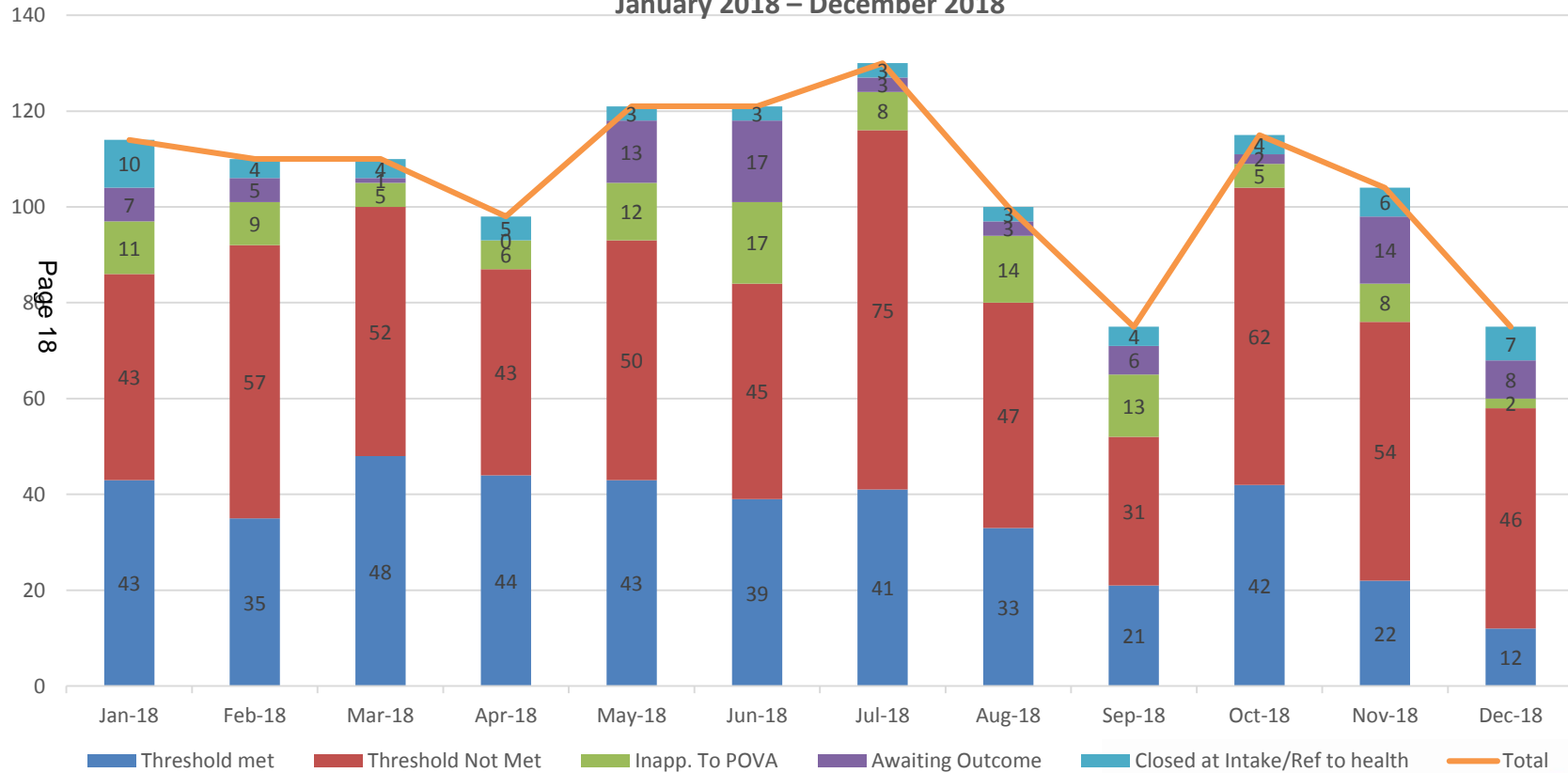
- There are six categories of abuse.
- Enquiries relating to neglect of adults within social care provision are a concern.
- Monitoring capacity can support preventative approaches within the social care market.

Types of Abuse Recorded October 2018 - December 2018



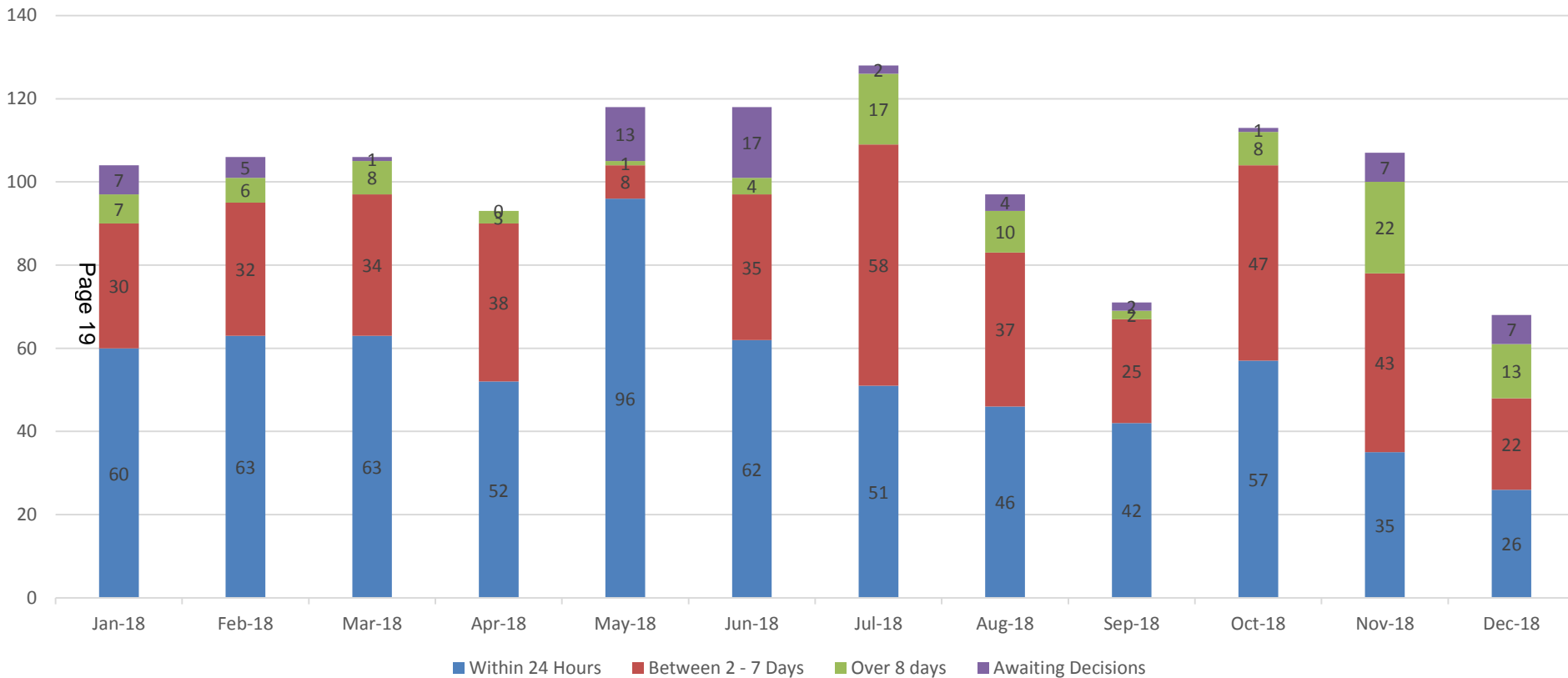
AAR1 (VA1) Referrals Received and Outcome

Monthly Outcome of Referrals
January 2018 – December 2018



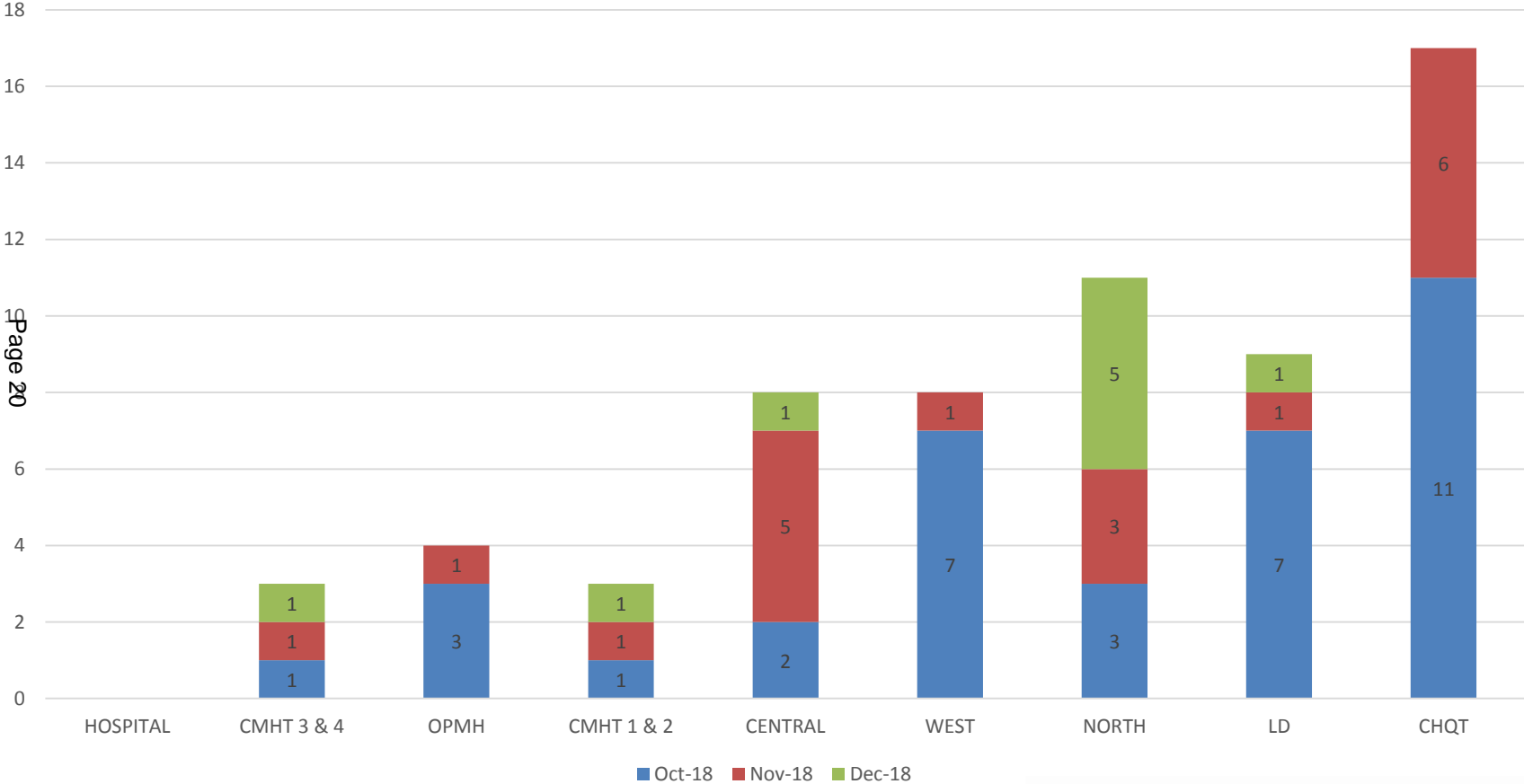
AAR1 (VA1) Timescales

Safeguarding Timescales
January 2018 – December 2018



AAR1 (VA1) Allocations

DLM Cases Allocated by Team previous 3 months



Working with Providers

(January 2019)

- There are **no** care homes under the Escalating Concerns Process currently, however two providers of care are under an Improvement Plan.
- Nine providers currently being closely monitored following concerns about:
 - Safeguarding, Health and Safety, staffing, training, documentation, financial concerns and medication management
- Contract Monitoring Officers have to support providers to achieve care standards requested by CIW

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Emerging Trends

- Wider range of issues where there are potential safeguarding risks, e.g. human trafficking, modern slavery, County Lines, F. G.M., Hate Crimes, Channel/Prevent (Radicalisation), Student sex trade.
- Professional Concerns - This Protocol is for the management of cases where information comes to light that an employee, carer or volunteer may have acted in a way that suggests a risk of significant harm to vulnerable adults. It provides a process for the lawful and proportionate sharing of information, and management of risk where the matter is an adult protection issue.

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Examples of the types of cases that should be managed under this protocol include:

- Harmful conduct that has occurred in a volunteer, carer or employee's private life (for example being a perpetrator of domestic abuse)
- The individual of concern is the subject of a Police investigation and the investigation has identified a risk to vulnerable adults
- Historic allegations of abuse by an employee, volunteer or carer.



New Approaches

- Working with Adult Care Management Teams to improve performance.
- Adult Services Practice Framework
- Review Swansea's approach to adult safeguarding which, once completed, will be considered as part of the overall adult services restructure.
- Closer collaboration with Corporate Legal and ensuring they are involved much earlier in the process.
- Reviewing our processes and documentation to be in line with the implementation of WCCIS in 2020.



Current Position: DoLS

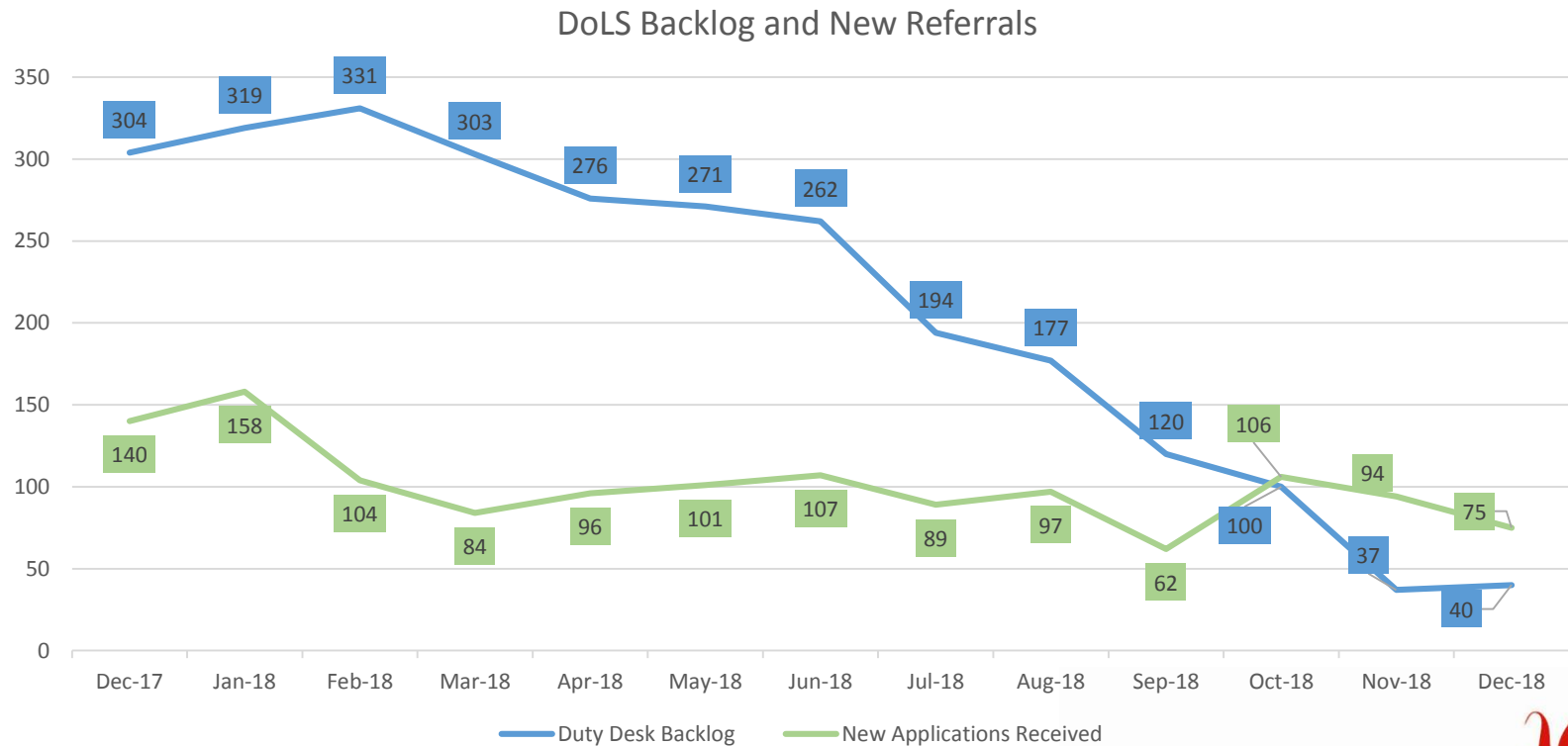
- During the 2017 – 2018 Financial Year the Local Authority received 1028 DoLS Applications which was the highest in Wales.
- A new and dedicated DoLS team has been in place since July 2018.
- It has removed the DoLS work completely from social worker's caseloads which enables them to focus on other statutory functions.
- The new team is already significantly reducing the backlog as they focus solely on DoLS applications.
- The Mental Capacity (Amendment) Bill which sets out measures to replace DoLS with a system called Liberty Protection Safeguards (LPS) is going through the parliamentary process



DoLS: Duty Desk

- The data below shows the new referrals received into Swansea's Intake Team (CAP) over the previous year and the number of new referrals received each month.
- The data shows a reduction in the numbers on the duty desk since July 2018.

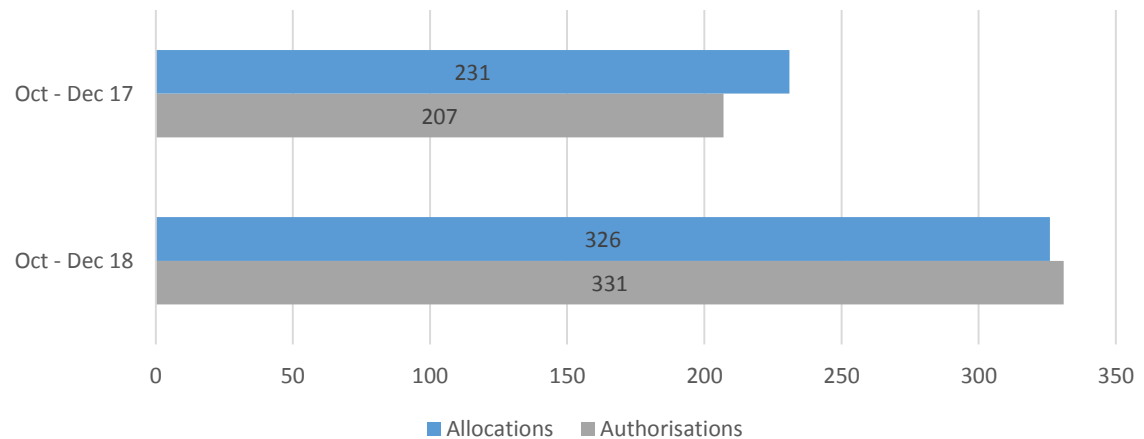
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DoLS: Team Performance

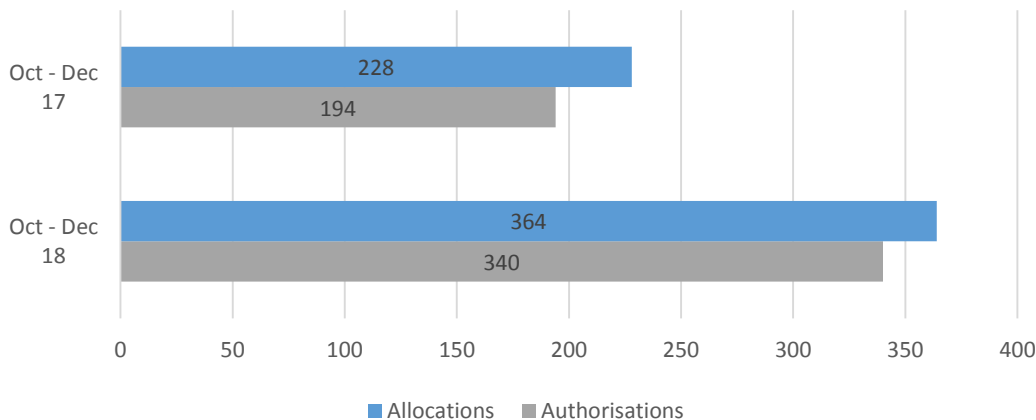
- The data below shows Swansea's performance around the completion of Best Interest Assessments and authorisations made by the Signatory Body to complete the process of a DoLS application.
- The new working arrangements have shown an increase in performance in all areas.

Quarterly Best Interest Assessor Performance



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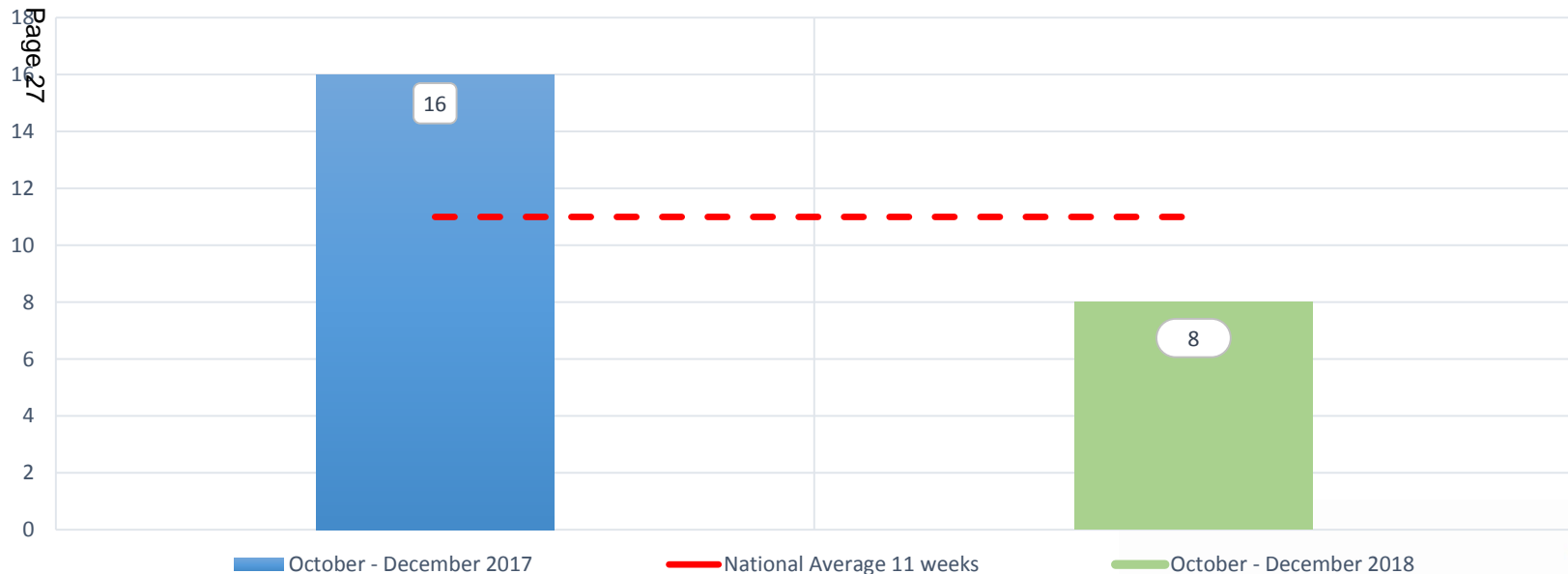
Quarterly Signatory Body Performance



DoLS: End to End

- The data below shows a snapshot of the average time taken for the whole DoLS process in Swansea from first receiving the request to the authorisation being in place. The national average for this is 11 weeks.
- Between October – December 2017, Swansea were taking on average 16 weeks to complete a DoLS enquiry from “end to end”.
- Between October – December 2018, Swansea had reduced the process time to 8 weeks as a result of the set up of the DoLS Team.

DoLS End to End Process



DoLS – Future Aims

- Train BIAs to carry out MCA instead of Doctors to make savings.
- Continue to develop the team to provide quality assessments.
- Strive to meet legal deadlines to minimise risk of legal challenge and costs involved.
- Continue to meet or exceed the national average of 11 weeks to complete whole assessment process.
- Work with Doctors assessors to provide quality assessments, including increasing the pool of suitably qualified Doctors.
- Monitor process of Mental Capacity (Amendment) Bill in order to prepare for introduction of LPS, likely to be 2021.



Adult Services Scrutiny Panel Presentation

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Modern Slavery/Human Trafficking
Western Bay
March 2019

Agenda Item 7



Modern Slavery / Human Trafficking Western Bay

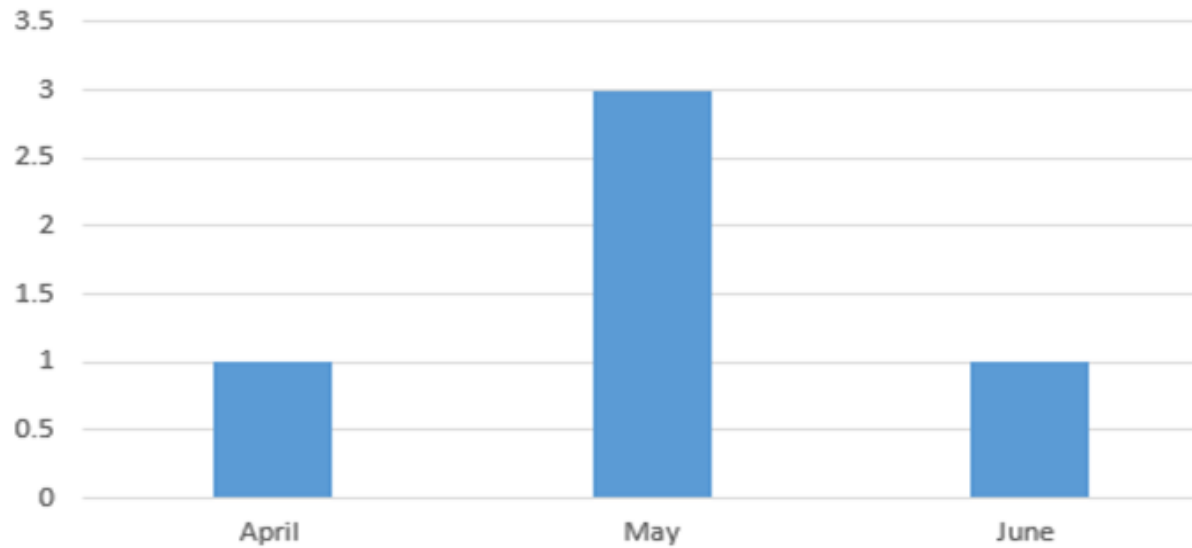
- Modern Slavery Human Trafficking is monitored through a Western Bay multi agency meeting. Riaz Hassan is the lead officer for Western Bay (including Swansea).
- Wales only approach – first established in October 2013
- Same framework as the domestic violence MARAC
- MARACs are recognised as a best practice for addressing the needs and safeguarding victims of modern slavery and other types of abuse and exploitation



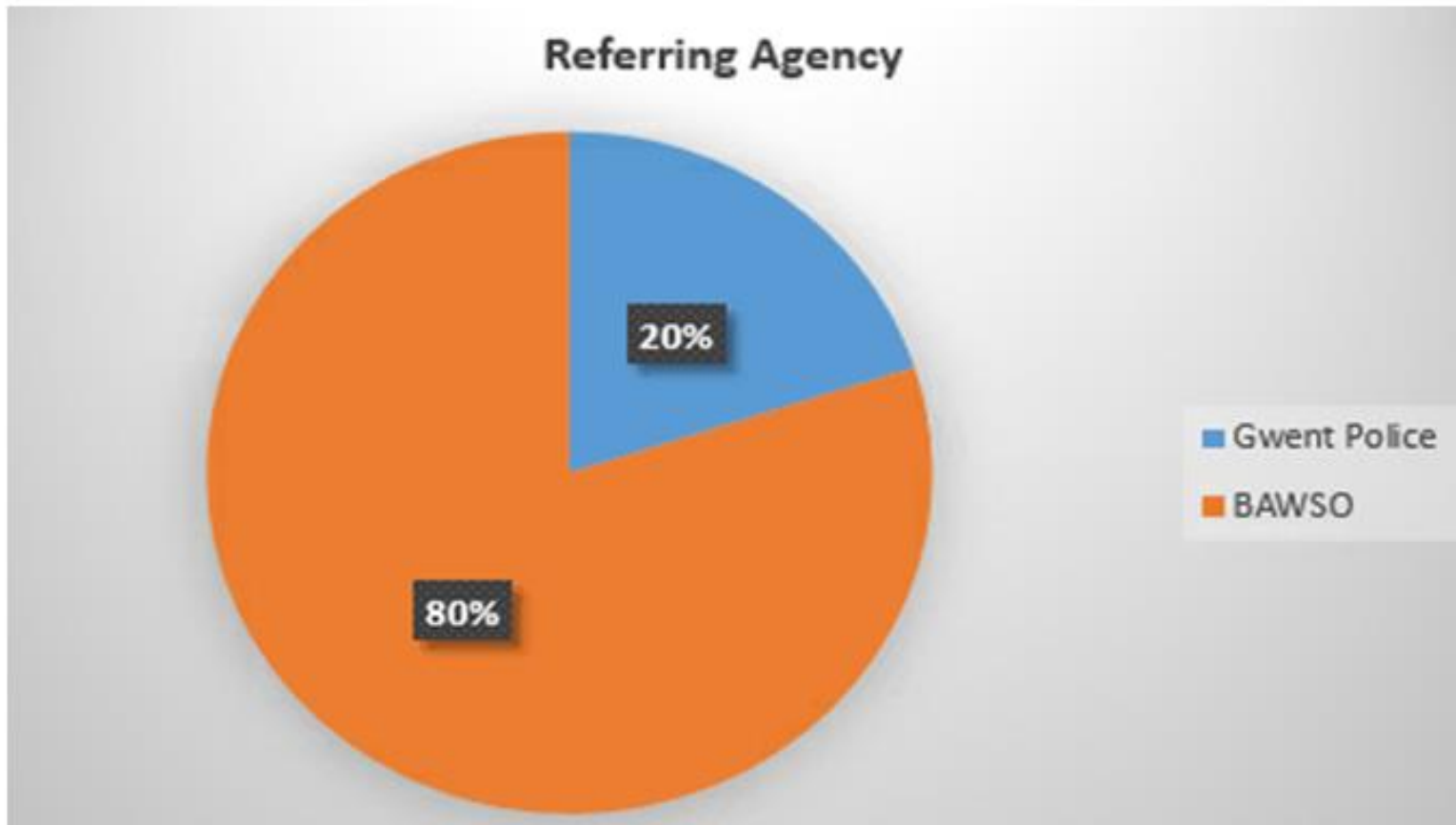
Morden Slavery / Human Trafficking Western Bay

Overall Picture of the cases referred and discussed at the Modern Slavery Human Trafficking MARAC in Western Bay from April–June 2018

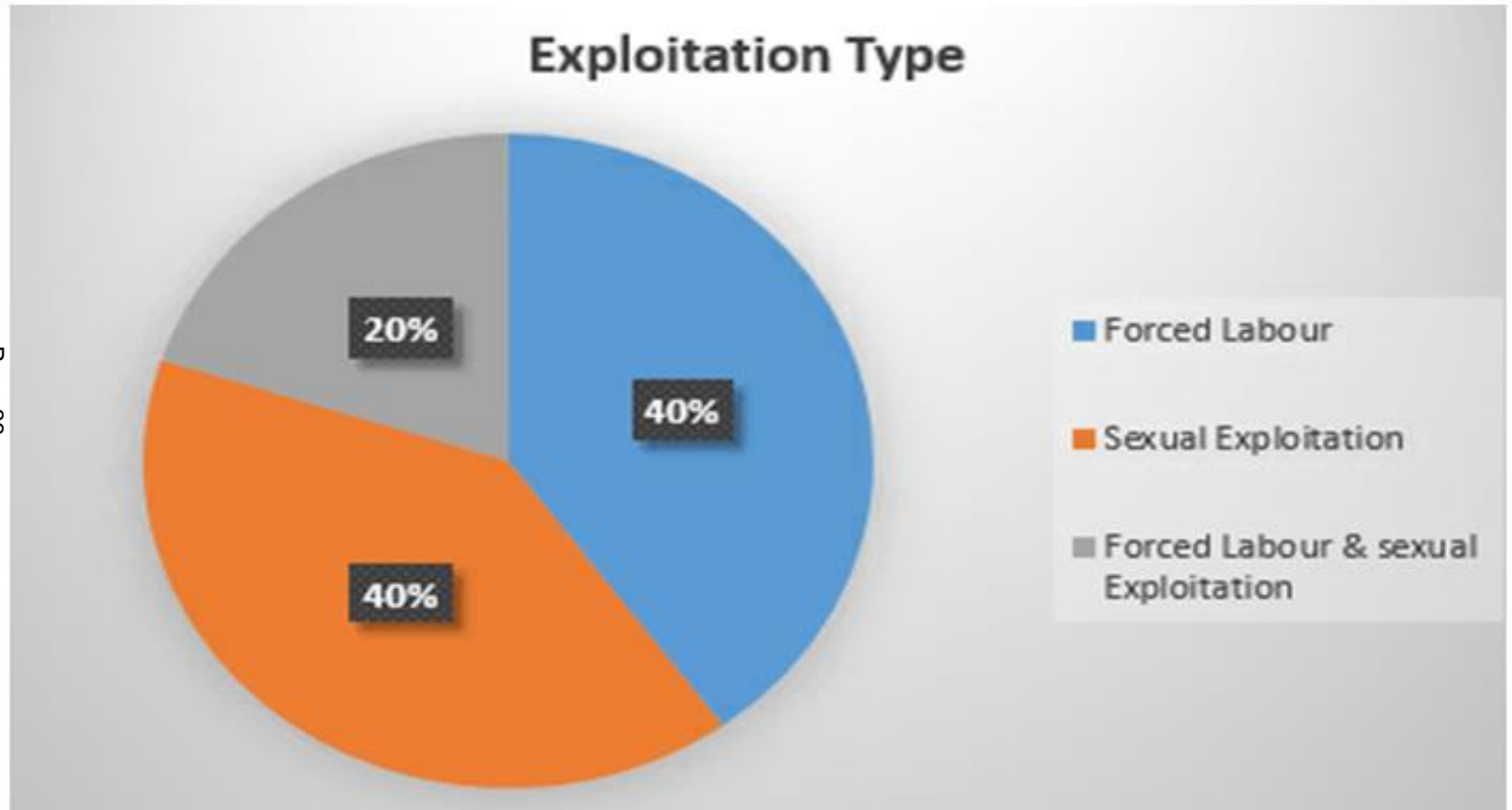
Number of referrals received



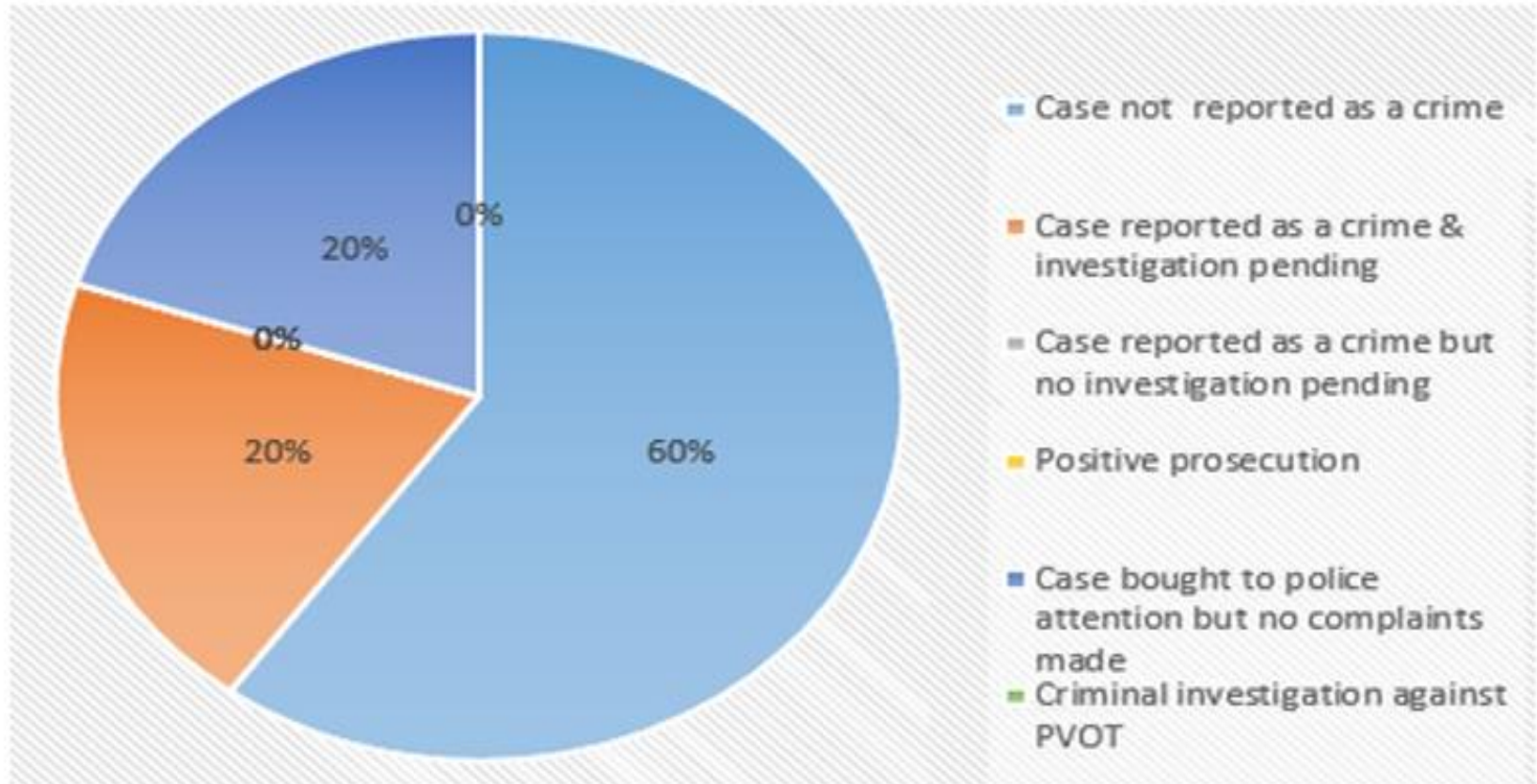
Referral Sources



Exploitation Types



MARAC – Crime Reporting



Swansea's Next Steps

- Currently working with Swansea Procurement colleagues to embed the Anti-Slavery Wales Victim Response pathway into the Welsh Governments Ethical Employment in the Supply Chain: Code of Practice.
- Regular Modern day slavery sessions delivered in Western Bay. In the last 6 month (April – Sept 2018) a total of 81 people attended these sessions.
- Swansea Social Services Strategic Working Group is currently developing internal referral pathway for human trafficking cases. Both Child and Family and Adult Services Principal Officers are members of this group.
- Community Cohesion Regional Coordinator (Riaz Hassan) currently providing the secretariat to the Western Bay Anti-Slavery Forum.
- Riaz Hassan represents the WB Forum on the Wales Anti-Slavery Operational Delivery Group and share relevant information.



Training Available

Awareness raising training

- To raise awareness about exploitation of Modern slavery/human trafficking

Modern Slavery -Train the trainer training

- To raise awareness about exploitation of human beings
- To understand your organisations role and responsibilities in tackling Modern Slavery human trafficking

First Responder Training

- What roles and responsibilities of a first responder
- What is an NRM
- How to complete an NRM



Contact Details

BAWSO :-

Cardiff: 029 20644633

Newport: 01633 213213

Swansea: 01792 – 642003

Wrexham: 01978 355818

BAWSO (24hrs) 0800 731 8147

MS MARAC coordinator

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Riaz Hassan

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Modern Slavery Helpline
08000 121 700

City and County of Swansea
Dinas a Sir Abertawe



Agenda Item 8



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

Adult Services Scrutiny Performance Panel – 19th March 2019

CARE INSPECTORATE WALES INSPECTION REPORT OF DOMICILIARY CARE

Purpose	To share the outcome of the Care Inspectorate Wales (CIW) Inspection of Swansea's Domiciliary Care Service.
Content	CIW Inspection Report
Councillors are being asked to	Give their views on the outcome of the Inspection of Swansea Domiciliary Care Service.
Lead Councillor(s)	Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	David Howes, Director of Social Services
Report Author	David Howes, 01792 636243



Inspection Report on

Swansea Council Domiciliary Support Services

**CITY & COUNTY OF SWANSEA
62 CARDIGAN CRESCENT WINCH WEN
SWANSEA
SA1 7DY**

Date of Publication

13 March 2019

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Description of the service

The Swansea Council Domiciliary Support Services has combined four of its services into one under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The service is made up of short-term re-ablement (up to six weeks) and long-term domiciliary care to people with complex needs. This includes care and support to adults over 18 years with mental ill health living in a supported living arrangement.

In addition the service provides short – term crisis intervention through practical support for children and their families at times of urgent need or stress; enabling families to remain together in their own homes.

Summary of our findings

1. Overall assessment

People receive a good service from Swansea Council Domiciliary Support Services. They are supported by motivated, well trained and supported care workers who are committed to making a difference to people's lives. The management team promotes a culture of openness, flexibility, honesty and candour at all levels.

2. Improvements

There were a number of improvements identified since the last inspections were carried out. These include a significant improvement in the consistency of care workers providing care to people who use the service. We saw an overall review of care plans was being completed. In addition a new template was being considered to ensure care planning documentation was more focussed around the person.

We saw that overall staff supervisions were being carried out on a quarterly basis and a plan will be submitted to CIW stating timescales for all staff annual appraisals to be completed. All mandatory training has been completed or in the process of being arranged. There is now a clear management structure that provides consistency across the service.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

1. Wellbeing

Our findings

People benefit from a service that places great emphasis on continuity of care. We saw a new rota system had been introduced into the service. This was organised and maintained by a team of experienced care workers. There was mixed views from care workers on the new rota system, but all agreed it provided greater continuity for people who used the service. One staff member said *“people are now much more familiar with staff”*. Another said *“we now know our working days for the year”*. People who used the service were extremely positive on the continuity of staff who provided their care and support. Comments included *“I feel I really know the care workers, and look forward to them coming”*. Another said *“it’s a great service; I never knew what carer was coming from the last service”*. A relative told us *“x has developed a great relationship with staff; I always hear laughter whenever they are here”*.

We found care workers and health care professionals demonstrated a *“positive ethos”* and a *“can do”* approach to their work with people. We saw the service benefited from easy access to a range of health and social care professionals. These included occupational therapists, district nurses, community mental health nurses and social workers. This demonstrated a multi-disciplined approach to the service provided. We saw a clear emphasis on re-ablement, with dedicated care workers working closely with other professionals in improving the lives of people who used the service. Conversations with both care workers and nurses as part of the inspection highlighted the benefits of such an approach. We saw people who required longer-term care and support were moved on internally into the longer term domiciliary care team, or where appropriate to other services. This was carried out in a structured manner. People are supported to fulfil their potential by staff whom they are familiar with, and who have a good understanding of them as individuals. Therefore, people are supported to be as active and healthy as they can be.

There are clear systems in place to protect people from neglect and abuse. Generally risks were identified as part of the initial assessment process but further work was needed to ensure these were clearly documented. Care workers we spoke to were aware of their responsibilities to keep people safe and the procedures to follow if they had concerns about an individual’s safety. The safety of individuals was supported by the comprehensive policies and procedures of Swansea Council, quality assurance processes and staff training although further specific training would further enhance care workers skills and knowledge to promote good outcomes for people. Therefore, people are safe and risks to their health and wellbeing minimised.

2. Care and Development

Our findings

People cannot always feel confident that there is an accurate and up to date plan for how their care is to be provided in order to meet their needs. We found inconsistencies in the quality of assessment and personal planning across the service. Initial assessments were at times brief and did not always provide a clear picture of the person accessing the service. We saw personal plans provided clear guidance for care workers to follow. However, were very generic on the goals and aspirations of people. Terminology such as *“enable service users to remain in own home”* and *“To be able to complete own hygiene tasks and other needs independently”* were commonly used. In addition there was inconsistent evidence to suggest that people and/ or their relatives were involved in the personal planning and review process. This was because personal plans were not routinely signed by people. Also people told us they did not always feel consulted on the contents of their personal plan. Managers told us a period of consultation had been carried out on a new assessment/ personal planning document. This we found centred around the individual, and a significant improvement on current documentation. However, we found a culture of promoting independence throughout the service. One person told us how following a stroke they had lost the ability to walk. This had resulted in care being provided four times a day. We saw following an intense period of re-ablement their condition had improved and the number of calls reduced. They said *“it’s a wonderful service, staff are excellent”*. Therefore, improvements are required in ensuring the personal wishes, goals and specialist needs for people are clearly referenced.

People are supported to manage their medication safely. We found personal care plans highlighted medication people received. They also provided guidance on how medication was to be administered, or if the person/ or relative administered themselves. However, one personal care plan seen did not detail the level of support the individual needed to manage their medication including ordering and collecting it. No risk assessment was in place. However, the care worker spoken with had a very good understanding of the support needed. Care workers had regular training in medication administration and a policy was available which provided clear guidance to staff. We saw regular medication competency checks were carried by senior staff, and recorded. The service benefitted from good links with health and social care colleagues, which included district nurses and nurses from the medicines management team. Care workers told us this was one of the significant benefits of a multi-disciplined team. There are safe systems in place for medicines management.

Overall people receiving a service and staff are safe and as far as possible protected from risk. We saw risk assessments were carried out as part of the initial assessment process. These were at times brief and strategies to manage any risks to staff and people were not always clear. We saw appropriate risks were noted on an electronic care management

system which was accessed by appropriate professionals working across the City and County of Swansea. These alerted staff to any high risk situation. We saw care workers all received safeguarding training as part of their initial induction process and updates provided when appropriate. Staff all felt well supported by the management team and there were clear lines of accountability. People accessing the service told us they felt safe with staff, and in an event of a concern had been provided with the office contact details. Care workers had access to an out of hour's on-call service, managed by senior staff. The management team maintained an open-door policy and maintained good channels of communication with staff, people and their relatives. Therefore, the provider has appropriate mechanisms in place to safeguard vulnerable individuals to whom they provide care and support.

3. Leadership and Management

Our findings

The management team promotes a culture of openness, flexibility, honesty and candour at all levels. We found a relaxed, positive, can-do culture had been developed within the service. This was reflected throughout the management structure. They made themselves available throughout the inspection. All information and documentation requested was promptly provided. They were seen to be accessible and supportive to all care workers and administrative staff throughout the inspection. Staff were extremely positive on working in the service, and how the service was managed. They told us that support has improved with more regular management meetings being held to share information across the service. There were clear lines of accountability which staff were aware of. They told us that the Responsible Individual (RI) was actively involved in the service and was approachable and *“down to earth”*. Care workers provided a number of positive comments on the guidance and support provided by managers. These included *“I feel valued, management have an open door and do listen to us”, “they are always available for advice”* and *“I love it here, I feel listened too”*.

The statement of purpose was detailed and an overall reflection of the service provided. The management had a sound understanding of the aims and objectives of the service. We found when visiting people in their own homes that they did not have a written guide to the overall service but did have information about how to raise a concern or make a complaint. We saw that any concerns raised were handled appropriately and in line with the complaints policy for the service. We found examples of how the service was flexible and acted upon feedback provided by people who used it. We spoke with one care worker who identified an opportunity to arrange an afternoon tea meeting with two people that supported their friendship. Another told us about the gym visits and physical activity that they promoted, which included a renewed cycle club for people who had asked for this and wanted to join in. A number of people told us how the service had enabled them to regain and/ or maintain independence following an episode of ill-health. One person told *“us because of the girls I’m able to come home”*. We saw evidence in documentation and from speaking to people who used the service that management and care workers were adaptable which helped to reduce stress for people when having planned or unplanned discharges from hospital. We were told that care workers adapted quickly to the new or changing needs of people. One comment we had was *“Assigned two fantastic support workers...so patient...observant to how I was feeling...they listen...will now have access to opportunities”*. Therefore, the provider has clear arrangements for the oversight and governance of the service in order to embed a culture that the best possible outcomes are achieved for individuals using the service.

There are audit systems and processes in place for monitoring the service. The service maintained a clear quality assurance process. This included regular medication competency assessments for care workers and spot checks to observe their practice when

supporting people in the community. Regular management meetings took place to ensure the smooth and effective running of the service. A sample of the minutes seen confirmed that responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) were discussed along with the overall management of the service. Audits of care files were taking place and an action plan developed to address any issues identified. We evidenced that consultation with people who used the service, relatives and care workers formed part of the auditing and quality assurance process. We saw that the RI carried out visits to people who used the service in line with their responsibilities under RISCA. Evidence showed that any issues identified during the visits were addressed promptly with the relevant professionals. For one concern, the RI had requested monthly updates on the situation demonstrating their commitment to promoting good outcomes for people. We saw policies and procedures were in place to support practice in all parts of the service. We were told that the six monthly quality review report required under RISCA regulations would be completed by the end of March 2019. Therefore, the service has systems and processes in place to monitor, review and improve the quality of care and support

We looked at a sample of staff personnel files, and found good recruitment and induction processes were being maintained. Although some files did not have an up to date photograph of the staff member. We were assured this would be addressed. We saw that the service was developing a value based approach to recruitment. There was a drive to recruit to vacant posts within the service, which was supported by the RI. Staff we spoke to welcomed this as a way to ensure there were sufficient numbers of care workers available to ease the pressure on the existing team. There was a system in place to monitor staff sickness and recruitment on a monthly basis and a well organised and maintained rota system which helped to ensure all the care calls were covered. We found no evidence that people had experienced missed calls.

Care workers were provided with good training throughout their induction and on an ongoing basis. Details of training undertaken was not currently held in one place. We were told that a working group had been set up to look at how this would be addressed to give a full overview of all training undertaken and when renewal / updates were needed. We saw that senior workers attended training including manual handling and medication management to enable them to complete their observation of care workers effectively. Management told us that they were aware that care workers would benefit from more specific training around for example substance misuse and managing challenging behaviour and were looking to arrange this. Care workers spoke very positively of the training opportunities and comments included "*we have the best training, it's amazing*" and "*training is very good*". We saw that supervisions were mostly carried out every three months. However not all staff working across the service had an annual appraisal. The management were aware of this and planned to provide CIW with an action plan of when this would be achieved. Therefore, all staff are equipped and supported to be confident in their roles and practice and enables them to make a positive contribution to the well-being of individuals using the service.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

Care workers have now completed all the training updates appropriate to the work they perform.

4.2 Recommendations for improvement

We recommend the following:

- To capture more detailed information during the initial assessment process and ensure any identified risks cross reference with personal plans/ risk management documentation.
- Personal plans should be more reflective of the individual outcomes people using the service would like and/ or have achieved.
- To evidence the involvement of people and/ or relatives in the care planning and review process.
- To further develop risk management documentation in ensuring all risks are appropriately identified and risk management strategies are clearly noted.
- To ensure all staff supervisions are carried out at quarterly intervals.
- To ensure all staff appraisals are consistently undertaken on an annual basis.
- To consider additional training for care workers on substance misuse and mental health.
- To centralise how all staff training is recorded as to improve access to staff training records.
- To develop a more appropriate guide to the service which is in plain language and in a format that reflects the needs, age and level of understanding for whom the service is intended.
- To ensure there is detailed information in personal care plans around the support individuals need to manage their medication and risk assessments show how identified risks will be managed.
- To ensure there are up to date photographs in all personnel files

5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. The inspection formed part of an inspection framework pilot and due to the size of the service was carried out by three inspectors over five days, between Monday 28 January 2019 and Friday 01 February 2019.

The following methods were used.

- We announced visits to the registered offices of the service;
- We spoke to the responsible individual and the managers of the service;
- We spoke to wide range senior care workers, care workers and health care professionals working in the service;
- We visited a number of people in their own homes and spoke to them and their relatives;
- We had a number of telephone conversations with people who used the service and their relatives;
- Examination of staff records, including recruitment, supervision and training
- Examination of the staff rostering system and the care planning records of people using the service.
- Examination of a range of documentation pertaining to the service, such as the statement of purpose, service user guide, accident and incident reports and policies and procedures.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	City and County of Swansea
Manager	Claire Warren Wendy Goff Amanda Hegarty Linzi Margeston Mandy Fuge
Date of previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Dates of this Inspection visit(s)	28/01/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	

Agenda Item 9

ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
Meeting 1 Tuesday 19 June 2018 3.30pm	Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan Review of the year 2017/18
Meeting 2 Tuesday 17 July 2018 4.00pm	Presentation - Update on Local Area Coordination (LAC) <i>Alex Williams, Head of Adult Services plus a Local Area Coordinator</i>
Meeting 3 Tuesday 21 August 2018 1.00pm	Performance Monitoring
Additional meeting Monday 17 September 2018 4.00pm	Pre decision scrutiny on Outcomes of Residential Care and Day Services for Older People Consultation
Meeting 4 Tuesday 25 September 2018 4.00pm	Overview of Supporting People <i>Alex Williams, Head of Adult Services</i> Overview of Western Bay Programme (to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse) <i>Kelly Gillings, Programme Manager</i>
Meeting 5 Tuesday 23 October 2018 3.30pm	Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Health & Wellbeing</i> Deprivation of Liberty Safeguards (DoLS)
Meeting 6 Tuesday 20 November 2018 3.30pm	Wales Audit Office Report on Strategic Commissioning of Accommodation Services for People with Learning Disabilities Performance Monitoring Briefing on Annual Review of Charges (Social Services) 2018-19 <i>Dave Howes, Director of Social Services</i>

<p>Meeting 7 Tuesday 11 December 2018</p> <p>4.00pm</p>	<p>Update on Social Work Practice Framework (presentation) <i>Deb Reed, Interim Head of Adult Services</i> <i>(Social Care Wales also attending to discuss training they are delivering in relation to this)</i></p>
<p>Meeting 8 Tuesday 15 January 2019</p> <p>3.30pm</p>	<p>CANCELLED</p>
<p>Additional meeting 11 February 2019</p> <p>11.00am</p>	<p>Draft budget proposals for Adult Services</p>
<p>Meeting 9 Tuesday 19 February 2019</p> <p>3.30pm</p>	<p>Performance Monitoring <i>Deborah Reed, Interim Head of Adult Services</i></p> <p>Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i></p> <p>Adult Services Complaints Annual Report 2017-18 <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i></p>
<p>Meeting 10 Tuesday 19 March 2019</p> <p>3.30pm</p>	<p>Update on Commissioning Review - Domiciliary Care and Procurement</p> <p>Safeguarding Arrangements update</p> <p>Briefing on Safeguarding – Modern Slavery / Human Trafficking (is there a problem in Swansea? What is happening to prevent it?) (Referred from SPC) <i>(Welsh Government Anti-Slavery Co-ordinator invited to attend)</i></p> <p>CIW Inspection Report Swansea Council Domiciliary Support Services</p>
<p>Additional Meeting Tuesday 26 March 2019</p> <p>10.30am</p>	<p>Chief Executive and Chairman of ABMU attending to inform the Panel of their vision for Swansea once the number of authorities in ABMU is reduced to two</p>
<p>Meeting 11 Tuesday 16 April 2019</p> <p>3.30pm</p>	<p>Update on Adult Services Improvement Plan <i>Deborah Reed, Interim Head of Adult Services</i></p> <p>WAO report on Commissioning of Accommodation Services for People with Learning Disabilities - Follow</p>

	<p>up on recommendations <i>Deborah Reed, Interim Head of Adult Services</i></p> <p>Wales Audit Office report on Housing Adaptations</p> <p>End of year review</p>
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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)
- Update on Western Bay arrangements following the review to be added to Panel work programme early in next municipal year (date to be agreed)
- Wales Audit Office reports (dates to be confirmed) –
 - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
 - Tackling Violence against Women, Domestic (includes fieldwork in Swansea amongst others)
 - Integrated Care Fund (Joint Adult Services and CFS)
- Procurement Practice and Assurance in Social Care (Peter Fields) (date to be arranged)
- Review of budget savings (October 2019)
- Workforce Development Plan (date to be agreed)

Agenda Item 10



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

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrochol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 05 March 2019
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 19 February 2019. It covers Adult Services Complaints Annual Report 2017-18, update on how Council's Policy Commitments translate to Adult Services and Performance Monitoring.

Dear Cllr Child

The Panel met on 19 February and discussed the Adult Services Complaints Annual Report for 2017-18, received an update on how the Council's policy commitments translate to Adult Services and discussed the Performance Monitoring Reports for December 2018 / January 2019. We would like to thank you, Dave Howes and Julie Nicholas-Humphreys for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we 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:

Adult Services Complaints Annual Report

We were informed that there is no link between the change in process for recording complaints and the increase in number of stage 1 complaints received and that no specific reason has been found for the increase in the number of complaints. We heard however that a lot more is being done to encourage people to make a complaint if their needs are not met and that the Authority has strengthened its advocacy arrangements for children and will be doing so for adults. We also heard that although the Authority

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has seen an increase in the number of complaints, there has not generally been an increase in the number of complaints upheld.

We were pleased to hear that the Authority has a mechanism for recording complaints against third party providers and that if any trends are identified the Director/Head of Service is informed.

We were concerned to see in the report that a high number of complaints have been upheld in community support teams. We were informed by the Director that this is a difficult area so it is not a surprise and that this is an area the Authority could learn from.

We were informed that independent investigators are chosen by the complaints officer depending on whether they have undertaken something similar previously etc and that it tends to be case led. The Panel was assured that the performance of independent investigators was monitored and investigators whose reports and decisions were found wanting by subsequent Ombudsman enquiries were unlikely to be used by the City and County.

Update on how Council's Policy Commitments Translate to Adult Services

You told us that you feel the Authority is making good progress on all of the commitments. However you think it is struggling with 2 areas in relation to Adult Services commitments. For Commitment 104, you told us that the Authority is struggling to find providers to come in and provide the service; and for Commitment 57, you believe that there will be significant growth but the Authority will struggle to place a Local Area Coordinator in every area of Swansea. The Panel expressed its concern about consistency as many LACs are funded by partners so funding is not permanent and can be removed at any time. The Panel queried why this commitment has been rated as green when you do not think we will have full coverage of LACs. You informed us that you believe the RAG rating is for progress.

Regarding Commitment 95, the Panel queried whether we are at the stage where we understand legal and financial responsibility. You stated that you feel progress has been made on some areas but not as much as you would like.

We informed you that for Commitment 102 in the report, no timeline has been stated and we therefore queried when the Charter would be completed. You confirmed that it is nearly complete but is dependent on the Public Services Board timetable.

We informed you that there are no target dates in the report. You stated that you are hopeful that all of the commitments will be completed in this electoral term (by 2022).

For Commitment 105 in the report, it states that the Workforce Development Plan will be completed by May 2019. The Panel will want to look at this later in the year.

We were informed that for Commitment 104, this is part of what you want to achieve and that the Authority will need to look at commissioning strategies to identify if enough of a different offer has been stimulated. You informed us that you would rate this as amber as some progress has been made.

Performance Monitoring Report

Long term domiciliary care – We heard that it is hoped the new commissioning arrangements will make a difference from May 2019. However you were unsure if there will be any more carers than there are now.

Review of allocated clients – You informed us that the department should be trying to make improvements across the board. We heard that all teams are improving but at different rates and that there is still a lot to do.

The Panel felt it would be more useful to have trends shown in performance reports rather than ‘spot’ figures. We would like this request to be taken back to the department.

Residential reablement – there is concern that there may be more capacity than demand for this service and the Panel will want to monitor this going forward.

Timeliness of response to safeguarding issues – The Panel is very concerned with these figures as they have drastically reduced. The Panel wish to be informed about the reason for this.


Temporary Placements – we heard about the department’s concern about the very low level of discharges to Continuing Health Care (CHC) funded placements and that you are continuing to engage with the Health Board to achieve equitable distribution of CHC funding across Western Bay. We also heard that you are relooking at the Authority’s strategy for negotiating funding of new placements with the HB. The Panel will want to monitor progress with this very closely going forward.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide a written response by Tuesday 26 March 2019 to the following:

1. Timeliness of response to safeguarding issues – The Panel is very concerned with these figures as they have drastically reduced. The Panel wish to be informed about the reason for this.

Yours sincerely



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

