



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Committee Room 5 - Guildhall, Swansea

**On:** Tuesday, 30 July 2019

**Time:** 4.00 pm

**Convenor:** Councillor Peter Black CBE

**Membership:**

Councillors: 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 and G J Tanner

Co-opted Members: T Beddow and K Guntrip

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### Agenda

Page No.

- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**  
[www.swansea.gov.uk/disclosuresofinterests](http://www.swansea.gov.uk/disclosuresofinterests)
- 3 Prohibition of Whipped Votes and Declaration of Party Whips**
- 4 (4.05pm) Notes of previous meeting** **1 - 11**  
To receive the notes of the previous meeting and agree as an accurate record.
- 5 (4.10pm) Public Question Time**  
Questions must relate to matters on the Agenda and will be dealt with in a 10 minute period.
- 6 (4.20pm) Update on West Glamorgan Transformation Programme Arrangements Following Review** **12 - 33**  
*Nicola Trotman, Interim Director*
- 7 (4.50pm) Performance Monitoring** **34 - 77**  
*Dave Howes, Director of Social Services*
- 8 (5.10pm) Review of Final Budget Outturn** **78 - 79**  
*Dave Howes, Director of Social Services*

- |           |   |                |
|-----------|---|----------------|
| <b>9</b>  | <b>(5.30pm) Care Inspectorate Wales Local Authority Performance Review</b><br><i>Dave Howes, Director of Social Services</i>                                | <b>80 - 89</b> |
| <b>10</b> | <b>(5.50pm) Work Programme Timetable 2019/20</b>  | <b>90 - 91</b> |
| <b>11</b> | <b>(5.55pm) Letters</b><br>a) Letter to Cabinet Member Mark Child (20 June 2019 meeting)<br>b) Letter to Cabinet Member Andrea Lewis (20 June 2019 meeting) | <b>92 - 97</b> |

**Next Meeting:** Tuesday, 20 August 2019 at 4.00 pm

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 23 July 2019**  

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**Contact: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

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

Committee Room 3A - Guildhall, Swansea

Thursday, 20 June 2019 at 4.00 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

E T Kirchner  
P K Jones

**Councillor(s)**

V M Evans  
S M Jones

**Councillor(s)**

C A Holley

**Co-opted Member(s)**

T Beddow

**Co-opted Member(s)**

K Guntrip

**Other Attendees**

Mark Child  
Andrea Lewis

Cabinet Member - Care, Health & Ageing Well  
Cabinet Member - Homes & Energy

**Officer(s)**

David Howes  
Liz Jordan  
Mark Wade  
Darren Williams

Director of Social Services  
Scrutiny Officer  
Head of Housing & Public Health  
Programme Planning and Delivery Manager

**Apologies for Absence**

Councillor(s): J A Hale, P R Hood-Williams, Y V Jardine, J W Jones, H M Morris and G J Tanner

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

Disclosures of interest – Chris Holley.

**2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

**3 Appoint/Confirm Convener of the Panel and Confirm Co-optees**

Peter Black was confirmed as Convener of the Panel.  
Katrina Guntrip and Tony Beddow were confirmed as co-optees on the Panel.

#### **4 Notes of previous meeting**

The Panel received the notes of the meeting on 16 April 2019 and agreed as an accurate record.

#### **5 Public Question Time**

One question was asked by a member of the public:

- *Are you aware of the latest position regarding the Council's contract with RNIB (Royal National Institute of Blind people)?*

It was agreed that this question be dealt with under item 9 on the agenda.

#### **6 Wales Audit Office Report on Housing Adaptations**

Andrea Lewis, Cabinet Member for Homes and Energy, Mark Wade, Head of Housing and Public Health and Darren Williams, Programme Planning and Delivery Manager, Housing Renewals and Adaptations attended to brief the Panel on the WAO review of Housing Adaptations. This included the background to the review, recommendations on improvement and progress made both nationally and locally in implementing the recommendations.

Discussion points:

- Very negative report nationally with the same things having been recommended in three reports over the last 10 years. Council does not think this applies to Swansea.
- Council's indicator for delivering Disabled Facilities Grants has improved from 340 days in 2015-16 to 235 days in 2018-19. The target for this year is 255 days. This is still above the national average waiting time.
- PIs are not a perfect measure of performance as Authorities look at it in different ways.
- Occupational Therapy service has been brought in house. There should be a unified assessment as duplication with Occupational Therapists from Health and Social Services.
- Difficult to do anything on unified adaptations process between Housing Associations and Council as they are funded differently. There is currently a problem of inconsistency. Welsh Government needs to sort this out and undertake a national review.
- Council has fed back to Welsh Government that there is a need to ensure All Wales Categorisation is categorised properly.
- Council made decision in last budget round not to cut housing adaptations budget in terms of leaving it at the current level, given that demand had increased. This will need to be reviewed year-on-year. If demand exceeds budget, waiting times will go up.

- 'Adapt' has been very successful. It has helped not to waste capital monies by leaving equipment in properties and matching new tenants to adapted homes.
- Panel would like to see more equitable level of waiting days for adaptations between private and council properties.
- Panel concerned whether the Council is doing the right thing by adapting certain properties that are difficult or expensive to adapt and queried whether it would be more cost effective for the Council to move tenants to more easily adapted properties. Informed there is a process for evaluating if an adaptation is value for money.
- £36,000 is the maximum that can be received for a Disabled Facilities Grant. Council currently tops this up if needed but may need to look at this in the future.
- Anyone can make an application for housing adaptations – individuals and professionals on behalf of an individual.
- Council manages a Framework of Contractors. If a contractor is employed within the framework, the Council is obliged to resolve any performance issues. If people employ contractors themselves there are limited sanctions the Council can take if any issues arise.
- There is a performance evaluation assessment for every scheme of adaptations completed using the Council's Framework of Contractors, scored under various performance headings.

Actions:

- Send letter to Andrea Lewis from Convener on behalf of the Panel.
- Andrea Lewis to provide Panel with proposals to achieve better delivery times for council tenants.

## **7 Panel Review of the Year 2018/19 and draft Work Programme 2019/20**

Panel members reviewed their year on the Adult Services Panel and completed 4 questions:

### 1. What has gone well?

- The level of quality of debate has been good
- Level of support from staff has been good
- There has been real challenge to Cabinet Members and officers from Council and Health Board
- Some progress in respect of changing thinking on budget
- Update on policy commitments item was good
- Commissioning reviews and how we assess contracts. Level of commitment and debate – very good.
- Performance data – getting better understanding of this, more focus and more detailed
- Scrutiny of Health Board. Getting them in front of us managed to unblock some of the issues.

### 2. What has not gone so well?

- Visits – not gone too well so far as only two people turned up for first visit. This does not give a good impression.
- Scrutiny of the budget - Not happy with amount of time Panel has to do this. The Panel needs to use this process to understand what the Council is trying to do with the money. Need papers to be available sooner so have time to go through it properly before the scrutiny meeting. Also officers on the front line appear to have no link to the budget.
- Scrutiny of Western Bay did not go well. Need to rethink how we interact with them.

3. Has the Panels work programme been focussed on the right things?

- May help to look at morale of staff locally particularly sickness of staff in Adult Services
- Not talking to users of service enough. Invite some users to tell us their experiences. Third Sector organisation could arrange a round table event for some service user groups on their home ground, to get their views on a certain subject (Carers Centre, service user forums).

4. What have we learned that will help us with future Adult Services scrutiny?

- The Panel has been persistent and brought things out into the open.

Panel Members agreed the Work Programme for 2019/20.

Actions:

- Add 'Sickness of staff in Adult Services' to work programme.
- Panel Members to let Scrutiny Officer know if a topic comes up in work programme that it would be useful to hold a round table event with service users for. Could speak to them before speaking to officers at the Panel meeting.
- Scrutiny Officer to look into possibility of round table event with service users for item 'Supported Living Developments for Mental Health and Learning Disability Services' scheduled for 24 September Panel meeting.

## 8 Correspondence received by Convener of the Panel

Mark Child, Cabinet Member for Care, Health and Ageing Well and Dave Howes, Director of Social Services attended to brief the Panel on this issue.

Correspondence had been received by the Convener of the Panel concerning termination of the Council's contract with RNIB.

Discussion Points:

- Panel informed officers are reviewing all contracts with providers. This is Council policy based on budget.

- Regarding Council's contract with RNIB. Council's view and RNIB's view of what contract is, is different. Council has made decision to postpone the notice of termination of this contract for time being until it has been reviewed, including speaking to RNIB. They will then feed back.
- Council did not have alternative provision to put in place when it came to decision to cancel contract with RNIB as there was no intention to replace it with another service as thought it was commissioning something different, which was being provided elsewhere.

Actions:

- Cabinet Member to provide update at next meeting.
- Panel to receive list of grants awarded and now ceased.

## 9 Letters

Letters received and considered by the Panel.

Actions:

- Convener to write back to Cabinet Member about Local Area Coordination – Report provided with response from CM has already been seen by the Panel. Panel would like to see more on performance data and will wait until this is available to bring back to the Panel. Panel is looking for progress towards PIs.

The meeting ended at 5.45 pm



**To:**  
**Councillor Andrea Lewis**  
**Cabinet Member for Homes and Energy**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
*Line:*  
*Llinell*  
*Uniongyrochol:*  
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*e-Bost:*  
*Date* 08 July 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Homes and Energy following the meeting of the Panel on 20 June 2019. It covers the Wales Audit Report on Housing Adaptations.

Dear Cllr Lewis

The Panel met on 20 June to discuss the Wales Audit Office Report on Housing Adaptations and follow up on progress with recommendations. We would like to thank you, Mark Wade and Darren Williams for attending to present the item 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:

### **Wales Audit Office Report on Housing Adaptations**

The Panel felt this was a very negative report nationally with the same things having been recommended in three reports over the last 10 years, showing that progress has not been made. You informed us that you do not think this applies to Swansea.

We were pleased to hear that the Council's indicator for delivering Disabled Facilities Grants has improved from 340 days in 2015-16 to 235 days in 2018-19 and that the target for this year is 255 days. However, it is still above the national average waiting time and the Panel will be looking for further improvements.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

**SWANSEA COUNCIL / CYNGOR ABERTAWE**

**GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE**  
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I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod  
To receive this information in alternative format, or in Welsh please contact the above



We heard that PIs are not a perfect measure of performance as Authorities look at them in different ways.

The Panel was pleased to hear that the Occupational Therapy service has been brought in house. We feel there should be a unified assessment as there is duplication with Occupational Therapists from Health and Social Services.

We were informed that it is difficult to do anything on a unified adaptations process between Housing Associations and the Council as they are funded differently. The Panel felt there is currently a problem of inconsistency. We heard that the Welsh Government needs to sort this out and undertake a national review. Panel feels anything that can be done locally would help.

We heard that the Council has fed back to Welsh Government that there is a need to ensure that the All Wales Categorisation is categorised properly. We were pleased to hear this.

You informed us that the Council made a decision in the last budget round not to cut the housing adaptations budget, in terms of leaving it at the current level, given that demand had increased but that this will need to be reviewed year-on-year. We heard that if demand exceeds budget, waiting times will go up.

You also informed us that 'Adapt' has been very successful. It has helped not to waste capital monies by leaving equipment in properties and matching new tenants to adapted homes.

The Panel expressed its concern about whether the Council is doing the right thing by adapting certain properties that are difficult or expensive to adapt and queried whether it would be more cost effective for the Council to move tenants to more easily adapted properties. We were informed that there is a process for evaluating if an adaptation is value for money.

We heard that £36,000 is the maximum that can be received for a Disabled Facilities Grant and that the Council currently tops this up if needed but may need to look at this in the future.

We asked if anyone can make an application for housing adaptations and heard that individuals can and professionals on behalf of an individual.

We heard that the Council manages a Framework of Contractors. If a contractor is employed within the framework, the Council are obliged to resolve performance issues. However, if people employ contractors themselves there are limited sanctions the Council can take if any issues arise.

We were informed that there is a performance evaluation assessment for every scheme of adaptations completed using the Council's Framework of Contractors, scored under various performance headings. The scoring mechanism includes the possibility of a warning for a contractor for performance that needs improvement, or where there is an instance of serious poor performance or continued need to improve performance on successive jobs, there is a possible sanction of removing contractors from the framework.


Finally, we noted that the waiting time for improvements for council housing is marginally longer than that for private sector housing. As the obstacles to improving a council home are significantly fewer than a similar adaptation in the private sector, we would have expected this position to be reversed. We would like to hear proposals to achieve better delivery times for council tenants.

### **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 Monday 29 July 2019 to the following:

1. We would have expected the waiting time for improvements to council housing to be less than that for private sector housing. We would like to hear proposals to achieve better delivery times for council tenants.

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)**



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

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
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*Line:*  
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*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 08 July 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 20 June 2019. It covers the Wales Audit Office Report on Housing Adaptations, Review of the year and draft Work Programme and correspondence received by Convener of the Panel.

Dear Cllr Child

The Panel met on 20 June to discuss the Wales Audit Office Report on Housing Adaptations and follow up on progress with recommendations, Panel Review of the Year 2018/19 and draft Work Programme 2019/20 and Correspondence received by the Convener of the Panel. We would like to thank you, Andrea Lewis, Dave Howes, Mark Wade and Darren Williams 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:

### **Wales Audit Office Report on Housing Adaptations**

A letter has been sent to Cllr Andrea Lewis on this item and is attached for your information.

### **Panel Review of the Year 2018/19 and draft Work Programme 2019/20**

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**  
**SWANSEA COUNCIL / CYNGOR ABERTAWE**  
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Panel Members reviewed their year on the Adult Services Panel and completed four questions. Their thoughts are shown below for your information:

1. What has gone well?

- The level of quality of debate has been good
- Level of support from staff has been good
- There has been real challenge to Cabinet Members and officers from Council and Health Board
- Some progress in respect of changing thinking on budget
- Update on policy commitments item was good
- Commissioning reviews and how we assess contracts. Level of commitment and debate – very good.
- Performance data – getting better understanding of this, more focus and more detailed
- Scrutiny of Health Board. Getting them in front of us managed to unblock some of the issues.

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- Visits – not gone too well so far as only two people turned up for first visit. This does not give a good impression.
- Scrutiny of the budget - Not happy with amount of time Panel has to do this. The Panel needs to use this process to understand what the Council is trying to do with the money. Need papers to be available sooner so have time to go through it properly before the scrutiny meeting. Also officers on the front line appear to have no link to the budget.
- Scrutiny of Western Bay did not go well. Need to rethink how we interact with them.

3. Has the Panels work programme been focussed on the right things?

- May help to look at morale of staff locally particularly sickness of staff in Adult Services
- Not talking to users of service enough. Invite some users to tell us their experiences. Third Sector organisation could arrange a round table event for some service user groups on their home ground, to get their views on a certain subject (Carers Centre, service user forums).

4. What have we learned that will help us with future Adult Services scrutiny?

- The Panel has been persistent and brought things out into the open.

We agreed the Work Programme for 2019/20 and this is attached for your information.

### **Correspondence received by Convener of the Panel**

Correspondence has been received by the Convener of the Panel concerning the termination of the Council's contract with RNIB. You and Dave Howes attended to brief the Panel on this issue.

We were informed that officers are reviewing all contracts with providers. This is Council policy based on budget.

We heard that with regard to the Council's contract with RNIB, the Council's view and RNIB's view of what the contract is, is different. We also heard that a decision has been made to postpone the notice of termination of this contract for the time being until it has been reviewed, including speaking to RNIB and that you will provide an update on this at the next meeting of the Panel.

We were informed that the Council did not have alternative provision to put in place when it came to the decision to cancel the contract with RNIB, as there was no intention to replace it with another service, as you thought you were commissioning something different that was being provided elsewhere.

You agreed to provide a list of grants awarded and now ceased.

### **Letters**

Thank you for your response to the Convener's letter dated 13 May 2019 and the report on LACs attached. We have already seen this report and would like to see more on local performance data. We are happy to wait until this is available to bring back. We are looking for progress towards Performance Indicators.

### **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 Monday 29 July 2019 to the following:

1. Provide a list of grants awarded and now ceased.

Yours sincerely



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

# Agenda Item 6



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

### Adult Services Scrutiny Performance Panel – 30 July 2019

#### WEST GLAMORGAN PARTNERSHIP

#### (formally West Glamorgan Partnership Health and Social Care Programme)

<b>Purpose</b>	To provide a briefing as required by the board in relation to: <ul style="list-style-type: none"><li>• Update on West Glamorgan Transformation Programme arrangements following review</li></ul>
<b>Content</b>	This report includes an overview of the new West Glamorgan Partnership, including the Vision, Aims and Principles of the Programme, Governance and Key Workstreams under each of the 3 transformation boards.
<b>Councillors are asked for their views on</b>	<ul style="list-style-type: none"><li>• The overview of the West Glamorgan Partnership Programme including the current governance arrangements and workstreams</li><li>• The workstreams for 2019/20 and beyond</li></ul>
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services
<b>Report Author</b>	Nicola Trotman, Nicola.Trotman@swansea.gov.uk

## 1. Vision and Aim of “West Glamorgan Partnership”

- We will drive transformational improvements in wellbeing, health and care for the populations we serve through better practice, better services, better technologies and better use of resources.
- We will change the way that we work with citizens away from paternalistic care to shared responsibility and co-production.
- We will secure the delivery of seamless care which will meet the outcomes that matter to the people we serve and support through integration, earlier intervention and prevention
- We will manage our common resources collaboratively and pool resources wherever we can.
- We will have a single and simple governance structure covering Public Service Boards, the Regional Partnership Board and sub-structures for the region.

### **The Regional Programme exists to:**

- Drive continuous improvement in wellbeing, health and care in partnership.
- Work in co-production with partners from the third sector, voluntary sector, private sector and our citizens to secure more seamless care in communities.
- Cross service boundaries to develop better, more seamless care.
- Promote a healthier region through asset-based communities.
- Make sure our agencies put people at the heart of wellbeing, health and care transformation, integration and prevention.
- Help to make sure that people live healthier and happier lives
- Deliver the Regional Transformational Strategy and Plan

## 2. Strapline for “West Glamorgan Partnership”

The aims and vision of West Glamorgan Partnership can be summed up in the following simple strapline, which we can use in all promotional material.

***Promote our regions real wealth through better wellbeing, health and care***

## 3. Principles of “West Glamorgan Partnership”

- The region will identify opportunities to develop economy of scale by delivering regional services, where not optimal the programme will “design regional and deliver local”
- “West Glamorgan Partnership” will focus on issues that can best be addressed by a joint regional approach to design
- The programme and projects will need to show that they meet the Future Generations ‘5 ways of working’ test. ie they should be about the long term, prevention, involvement, collaboration and integration

- “West Glamorgan Partnership” will only deliver programmes and projects that are multi-agency and not just limited to Local Authority’s
- “West Glamorgan Partnership” will take an asset-based approach, promoting citizens responsibility for their own wellbeing, health and care and moving away from paternalistic models of care.
- The programme and projects will demonstrate how they are driving culture change so that citizens will be effective co-producers of services, and workers will build their skills and expertise in helping people with ‘What Matters’ to them.
- “West Glamorgan Partnership” will demonstrate how the programme and project’s work will secure longer-term savings and that changes will be affordable.
- Our programme and projects will be geared to supporting the Healthier Wales vision of seamless wellbeing, health and care in neighbourhoods
- Each project will have a very clear agreed business case which will include the project deliverables, project plan with identified resources for delivery including citizen engagement, communication strategy, demonstrating the expected outcomes in straightforward language and not just quantitative terms
- Programmes and projects will not overlap or undermine each other.
- The overall programme architecture will deliver cost-effective and efficient governance and scrutiny.
- The programme and projects will be ambitious in their scope – aiming for 3-5 years into the future and recognise the likely changes in technology, medicine and care which are coming round the corner
- All programmes and projects will demonstrate how they address any implications for housing, acute and specialist care, social enterprises, voluntary and private sector providers as well as public sector bodies.
- All programmes and projects will demonstrate how they add “Social Value”
- “West Glamorgan Partnership” will communicate in clear language and will adopt the principles defined by the co-production group.
- Any new priorities identified will be managed by one of the Transformation Boards.
- Business as Usual Services will report to the Programme on a 6 monthly or annual basis.

## **4. Governance**

### **4.1 Purpose of the Regional Partnership Board**

The Regional Partnership Board’s main purpose is to drive the strategic and cultural changes required to transform the regional delivery of social services in close collaboration with health. The regional agenda in health and social services and skills is part of an important wider reform agenda for public services in Wales.

Regional Boards are a legislative requirement under the Social Services and Well-being (Wales) Act 2014 (Part 9) and the Partnership Arrangements (Wales) Regulations 2015.



The purpose of the Regional Partnership Board is to provide strategic governance on a wide range of health and social care service related matters, to be supportive and assist to unblock any issues that are preventing progress on the agreed strategic priorities and the work programme.

Specifically in accordance with the Social Services and Well Being Act the board will:

- Respond to the population assessment
- Implement the Regional Area and Action Plans
- Ensure sufficient resources for the partnership arrangements in accordance with its powers
- Promote the establishment of pooled funds, where appropriate
- Ensure that services and resources are used in the most effective and efficient way to transform outcomes for people in the “West Glamorgan Partnership” region
- Prepare an annual report for Welsh Ministers on the extent to which the Board’s objectives have been achieved
- Provide strategic leadership to ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this

The Regional Partnership Board will, through its agreed area and action plan, prioritise specific areas. In doing this, it will recognise the priorities set out in the Act in relation to the integration of services for:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness

#### **4.2 Membership of the Regional Partnership Board**

Membership of the Regional Partnership Board as outlines in Part 9 of the Social Services and Well-being Act 2014 records that the board must include the following:

- a. at least one elected member of a local authority which established the regional partnership board;
- b. at least one member of a Local Health Board which established the regional partnership board;
- c. the person appointed as director of social services under section 144 of the Act in respect of each local authority which established the regional partnership board, or his or her nominated representative;
- d. at least one representative of the Local Health Board which established the regional partnership board;
- e. at least two persons who represent the interests of third sector organisations in the area covered by the regional partnership board;
- f. at least one person who represents the interests of care providers in the area covered by the regional partnership board;
- g. at least one person to represent people with needs for care and support in the area covered by the regional partnership board;

- h. at least one person to represent carers in the area covered by the regional partnership board.
- i. at least one senior local authority officer responsible for housing including the responsibility for or links to capital investment in housing, in the area covered by the regional partnership board;
- j. at least one person who represents registered social landlords in the area covered by the regional partnership board;
- k. at least one senior local authority officer who has responsibility for education in the area covered by the regional partnership board.

The Regional Partnership Boards may co-opt other persons to be members of the board, as appropriate. The regulations refer to the minimum membership of the boards but the number of representatives and range of people involved is a matter for local determination.

It was further noted that an additional way of ensuring involvement of the additional groups for example housing leads, fire service, police service, ambulance service, education and primary care may be better served by them attending the Transformation Boards.

Further exploration of the links and governance between the Public Service Board and Regional Partnership Board will take place in order to identify the commonalities and links in order that the relevant officers responsible for the various workstreams are sighted on the pieces of work where there is potential overlap.

### **Transformation and Business as Usual Services**

The majority of attendees at the workshop concluded that the Regional Partnership Board should only be concerned with transformative programmes and services that will be delivered on a Regional basis.

It was evident that the Regional Partnership Board would need oversight of Business as Usual Services, but the Management Boards for the Business As Usual services would be the point of contact for escalating issues. The workshop attendees discussed the requirement for the Business as Usual Services to report to the Regional Partnership Board on an annual basis.

### **4.3 West Glamorgan Partnership Regional Scrutiny Panel**

It was proposed during the review workshops that the region should consider establishing a Regional Scrutiny Panel for West Glamorgan Partnership rather than each Local Authority and Health Board scrutinising separately. Further discussions have since taken place and RPB members have agreed to review at a later date given there is an ongoing national review of partnerships, the new Programme is in the early stages of development and additional resource and capacity would be required to deliver regional arrangements

### **4.4 West Glamorgan Partnership Citizen Groups**

Feedback from Citizens during stage 1 of the review included:

- While the purpose of the Citizen's Panel is to increase citizen influence on the design and delivery of future services, this can sometimes get confused with the natural desire of individual service users or carers to have their own individual issues dealt with.

- The frequency of the meetings (quarterly), gives a very limited opportunity for citizens to develop their knowledge and understanding of the programmes and projects in West Glamorgan Partnership, so feedback and perceived influence is inevitably limited. As a result, the Citizen's Panel can be seen, as one interviewee put it, as a *'rubber stamping process'*.
- There is very limited citizen involvement across the Programme, so influence is currently at a very low level.

#### **4.4.1 West Glamorgan Partnership Citizens Forum**

The Citizens Panel as it is currently constituted essentially seems to be trying to do too many different tasks.

We propose that:

- A new forum is developed whereby the Citizen Representatives of the Transformation Boards and Regional Partnership Board bring topics of relevance for further discussion.
- The Forum will be chaired by a member of the Citizens Forum chosen by the group
- Statutory Partner Officers will be in attendance but will not be responsible for the agenda setting although may request that topics of relevance be added.
- Support will be provided from the Statutory Partners in advance planning dates and venue arrangements
- Support will be provided to the Chair of the Citizens Forum in producing the agenda for publication
- This forum will be the place for Citizens to air concerns regarding the West Glamorgan Partnership Transformation Programme.
- The Citizens Forum will only be concerned with the Key Priorities of the West Glamorgan Partnership Transformation Programme (below); other areas of concerns will need to be taken by citizens to local groups:
  - Older Adults –specifically Adults requiring care on leaving hospital and dementia
  - Adults with Complex Needs – specifically individuals living with Mental Health or Learning Disabilities
  - Children and Young People – specifically Children on the Edge of Care or with Complex Needs
  - Carers
  - Digital Transformation – Specifically WCCIS

#### **4.4.2 West Glamorgan Partnership Co-production**

We propose a more inclusive role for the Citizens within each of the Transformation Boards to support the Co-Production of Regional Services. Citizens with a vested interest in the subject area could be recruited through an advertisement and interview process for a fixed term.

These roles will require a clear role description and expenses will need to be provided for attendance.

The citizens engaged in the co-production across the transformation programme could share the work of “West Glamorgan Partnership” with other service users and carers within groups they already engage with ensuring strong links across the community.

As above, citizens could meet together quarterly to advise the service user and carer representatives on the RPB about the progress on their programmes and projects under the title of ‘Citizen’s Forum’.

As work plans progress, additional co-production may be required and we propose that existing groups across the region are utilised and requests made to those groups for support, for example; Mental Health Groups and Learning Disability Groups within Abertawe Bro Morgannwg Health Board.

Finally if the West Glamorgan Partnership Transformation Team require support with specific tasks, for example development of the Area Plan or amendments to the Web Site, a group will be specifically constituted from the citizens already involved in the Transformation Boards.

#### **4.5 West Glamorgan Partnership Executive Board**

It was evident that the current Leadership Group needs to be reconstituted to become an Executive Board. The Membership of the Board is to include a Lead Chief Executive Officer, with standing invites to other Chief Executive Officers, Directors, together with Representation from the Third Sector, Providers, Citizens and Carers. Key role of the Executive Board will be to provide strategic direction to the Regional Transformation Boards.

#### **4.6 Transformation Boards**

All attendees agreed that the current number of programmes within West Glamorgan Partnership Governance is too unwieldy and requires streamlining.

It was agreed at the workshops that there should be three strategic boards:

- Children and Young Peoples Transformation Board (refer to pt 6.1 for further detail)
- Adult Transformation Board (refer to pt 6.2 for further detail)
- Integrated Transformation Board (refer to pt 6.3 for further detail)

##### **4.6.1 Membership of the Transformation Boards**

- Directors of Social Services
- Health Board Representation appropriate to the Board
- Health Board Representation from Strategy and Partnerships
- Citizen Representation appropriate to the Board
- Carer Representation appropriate to the Board
- Third sector representation appropriate to the Board

- Provider representation appropriate to the Board
- Transformation Manager (“West Glamorgan Partnership” Transformation Office)
- Primary and Secondary Care representation
- Education representation appropriate to the Board
- Head of Service representation appropriate to the Board
- Housing representation appropriate to the Board

#### 4.7 Diagram of the Governance Structure

A diagram of the proposed “West Glamorgan Partnership” governance structure is located in **Appendix A**

### 5. Regional Priorities

The regional priorities in the Area Plan for 2018-2023 were reviewed and one priority for CYP was added: CYP.P3: Safe reduction of Looked After Children from 2019 onwards.

The Area Plan focuses on the following five themed chapters, which align with the Population Assessment priorities and where regional working has been identified as adding the most value:

- 🏠 Older People (OP)
- 👶 Children and Young People (CYP)
- 🧠 Mental Health (MH)
- 🧑 Learning Disability and Autism (LD)
- 👨 Carers (cross-cutting theme) (CA)

To this end, the following priorities were agreed by the Regional Partnership Board:

- OP.P1:** Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home while maintaining their independence for as long as possible receiving appropriate support at times of need.
- OP.P2:** Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible.
- OP.P3:** Develop community resilience and cohesion to tackle social isolation in areas where older people live
- OP.P4:** Develop an optimum model for older people’s mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan)
- CYP.P1:** Develop a better range of services for all children with emotional difficulties and well-being or mental health issues, including transition and single point of access to services
- CYP.P2:** Develop robust multi-agency arrangements for children with complex needs
- CYP.P3** Safe Reduction of Looked After Children

**MH.P1:** Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the West Glamorgan Strategic Framework for Adults with Mental Health problems

**MH.P2:** Ensure placements for people with complex needs are effective, outcome-based and appropriate

**LD.P1.** Develop age blind person centred models of care to ensure prevention and early intervention through multi-disciplinary services, by remodelling services away from establishment-based care into community-based services.

**CA.P1:** Ensure work continues to promote early recognition of all Carers so that they are signposted to information and support in a timely manner

**CA.P2:** Develop and continue to provide information, advice, assistance and support to all Carers enabling them to make informed choices and maintain their own health and well-being

**CA.P3:** Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.







## **6. Transformation Programmes**

### **6.1 Children and Young Peoples Transformation Board**

The Children and Young People's Transformation Board's main aim is to oversee the development and delivery of the regional transformation of Children's Services.

We want all children, young people and families to live safe, healthy and fulfilled lives and to reach their full potential. Our services will work together to help families and communities to be resilient and independent. When they need extra care or support, we will listen carefully to what they say, and work hard to provide the right help at the right time.

The Children and Young People Programme will focus on:

-  ensuring children and young people get a great start in life
-  preventing problems arising and promoting resilience
-  working as equal partners (organisations/agencies, professionals and citizens)
-  offering safe, proven and cost-effective seamless services
-  helping people quickly when they need it so that problems don't get out of hand, and we can reduce the demand for complex or substitute care
-  working across professional and agency boundaries whenever it is in the interest of children, young people and families.

### **Programme Aims and Objectives**

A place which helps children, young people and families reach their potential. We want all children, young people and families in "West Glamorgan Partnership" to live safe, healthy and fulfilled lives and to reach their full potential. Our services will work together to help families and communities to be resilient and independent. When they need extra care or

support, we will listen carefully to what they say, and work hard to provide the right help at the right time. Our work together will focus on:

- Ensuring children and young people get a great start in life
- Preventing problems arising and promoting resilience
- Working as equal partners: agencies, professions and citizens
- Offering safe, proven and cost-effective seamless services
- Helping people quickly when they need it so that problems don't get out of hand and we can reduce the demand for complex or substitute care
- Working across professional and agency boundaries whenever that is in the interests of children, young people and families

The Board comprises the following workstreams:

### **Regional Strategy to reduce the number of Children and Young People who experience Care**

This workstream provides a strategic overview of the schemes within the Children and Young People's Transformation Board that are working towards the safe reduction of children and young people experiencing care. The strategy will ensure a collaborative approach with multi-agency partnership arrangements in place to deliver services that are joined up and focused on achieving good wellbeing outcomes.

### **Multi Agency Placement Support Service (MAPSS)**

MAPSS is a regional multi-disciplinary team, fully operational since last August 2018. It aims to help children who are currently in foster care or residential care and are at risk of emotional and behavioral difficulties. The team goes in and provides specialist support and provides a particular focus on children with complex needs who have experienced placement instability and educational disruption.

The Service will support children to ensure practice across the West Glamorgan Region is preventative, pro-active, planned and promotes permanence.

The creation of the service was driven by the need to develop an effective pathway to improve the mental health and emotional wellbeing of looked after children with particularly complex needs. Often looked after children fall outside of universal mental health services as they require interventions that not only consider their attachment, early trauma but require an approach which promotes the development of resilient carers to provide them with a stable base from which to start to understand their story and start to develop positive relationships with their care givers.

### **Children and Young People's Emotional and Mental Health Planning Group**

There are a number of streams under this work supporting the regional programme for children and young people. They include:

1. Access to Child & Adolescent Mental Health Services (CAMHS)
2. Neurodevelopmental Disorders
3. CAMHS Liaison (ICF) – Early intervention available through Social Services and Education - placed in social work team and links to schools (e.g. counselling services in school)

The CAMHS liaison work is the establishment of an integrated, multi-agency approach to support children and young people, with professionals getting the right support at the right time. The main objectives of the CAMHS liaison work is as follows:

- 🎯 Consider and facilitate the options available to children, young people & adolescents on an individual case basis
- 🎯 Provide additional support to schools, social services and health professionals
- 🎯 Reduce the number of inappropriate referrals to CAMHS, and reduce the demand for a part 1 assessments
- 🎯 Provide an equitable service and better access to existing support across the West Glamorgan area.

### **Post Adoption Support**

The aim of the Post Adoption Support service is to provide targeted and specialist psychological support and services for children and young people with a plan for adoption, and who have been adopted. It will provide support that is underpinned by the following guiding principles:

- 🎯 Meeting need early – providing timely access to support and intervening early so families do not have to reach a crisis point before meeting the threshold for support
- 🎯 Access to psychological services throughout the journey of adoption – providing support throughout the various stages of the adoption process
- 🎯 A multi-layered approach – working with professionals and with adoptive parents, and facilitating access to specialist therapeutic support for families where it is needed.

### **Edge of Care Service**

To develop a new regional intensive family support service that is capable of delivering effective interventions with children and families on the edge of care, those in care where there is a plan for rehabilitation and to prevent placement disruption for children at risk of escalating to a high cost package of care.

The objective of this programme is to strengthen the offer of support to families with the most complex and entrenched needs. The programme aims to achieve the following:






- 🎯 promote the personal outcomes of the most vulnerable families in our communities,
- 🎯 support the safe reduction in the number of children and young people who are looked after, and reduce the number of children and young people requiring high cost packages of care, e.g. residential or secure accommodation.



## 6.2 Adults Transformation Board

The Adults' Transformation Board oversees the transformation of Health and Social Care services for adults, ensuring partners work together to improve outcomes for citizens across the West Glamorgan region.

The Adults' Transformation Board will:

-  monitor the progress of the services in scope
-  ensure that services deliver the anticipated outcomes to the intended service user groups
-  monitor budgets to ensure value for money
-  ensure co-production is embedded across all work programmes
-  ensure that Social Value is referenced and reviewed as appropriate.

### Programme Aims and Objectives

- Planning and commissioning services for older people that require a common approach across the region
- Implementation of the “What Matters to Me Model” and development of services
- Strategic planning, commissioning and delivery of service models for adults
- Implementation of operational processes and pathways to ensure consistency across the region
- Ensuring the right support services are in place to support integration
- Effecting a sustainable and efficient ‘practice to commissioning’ methodology across West Glamorgan Partnership which commissions high quality health and social care services which are proportionate to need and are cost effective.
- Enable sharing and coordination of information, intelligence and planning together in service areas of common interest.
- Help partners shift front line practice towards the requirement of the Social Services and Well Being Act 2014

The Board comprises the following workstreams:

### Optimal Model Review of Intermediate Care Services

In 2014, the organisations that made up the then West Glamorgan Partnership Regional Partnership - Abertawe Bro Morgannwg University Health Board (now Swansea Bay University Health Board), Neath Port Talbot County Borough Council, Swansea Council and Bridgend County Borough Council agreed to work together to improve services for older people across the region.

This included ensuring those providing Health and Social Care services listened to individuals about what was important to them in terms of their own personal wellbeing. The intention was to change the nature of the conversations with people by asking ‘what matters to you?’, rather than ‘what’s the matter with you?’. By shifting the focus, it was hoped that Health and Social Care services would work towards what individuals identified as being important to them, rather than assuming what people needed and suggesting what type of care should be provided.

An independent review of the regional approach was undertaken in 2017, which found that services were generally working well. However, there is always room for improvement.

This optimal model review will look at each part of the service put in place in 2014, and determine if everything is still working efficiently and delivering the best possible outcomes for people.

### **‘Hospital 2 Home’ Recovery Service**

The ‘Hospital 2 Home’ Recovery Service focuses on ensuring patients leaving hospital receive the right level of reablement care and support. The service aims to improve outcomes for frail, older people following an unscheduled admission to hospital.

Earlier discharge from hospital will be facilitated through Third Sector and community reablement services, with a view to reduce demand and long-term pressures on managed care services. The intention is to create a system that is financially viable, while making the best use of resources and delivering the best outcomes for those leaving hospital.

The service will ensure care packages are appropriate before being put in place, which will prevent over-prescribing of Social Care over long periods of time. Coproduction and decisions based on ‘what matters’ to the individual will be central to every case, in keeping with the service’s ethos of empowerment and person-centred care.

How will this be achieved?

Trained staff will assess people in hospital and at home to identify their needs and ensure provisions are in place to facilitate a safe and comfortable discharge. Staff responsible for delivering the service work across Health, Social Care and the Third Sector, and have an in-depth knowledge the kinds of support available.

### **Development of a Strategic Framework to support those living with Dementia and their Carers**

Dementia is a major public health issue in Wales. Approximately 42,000 people have dementia, and it is most common among older people. As life expectancy increases, so will the prevalence of dementia, posing a significant challenge to Health and Social Care services.

We must also acknowledge the care and support of those with early onset dementia. As with late onset dementia, the consensus is that prevalence increases exponentially with increasing age, roughly doubling every five years.

Over the years many organisations, including parts of Health and Social Care services, have developed services and projects aimed at supporting people living with dementia, their families and carers. The development of services has not always been ‘joined-up’ with different organisations not always understanding what each can offer.

The plan for this work stream is to look at all the services offered and take a more strategic, joined-up approach to ensure people receive the best possible support and care. The [Welsh Government’s Dementia Action Plan for Wales \(2018-2022\)](#) provides a basis for this agenda in West Glamorgan.

It includes seven key themes:

1. risk reduction and delaying onset
2. raising awareness and understanding
3. recognition and identification
4. assessment and diagnosis
5. living as well as possible for as long as possible with dementia
6. the need for increased support
7. the implementation of actions to support the plan.

These themes provide a solid foundation upon which to build a strategic framework. However, before we start planning for the future we need to understand our current position. The first step will therefore be a 'mapping exercise'. This will capture what support is already available, identify what might be missing and help formulate an approach to support existing services and develop provision where there are gaps.

The mapping exercise will include all statutory and non-statutory Health and Social Care services that people living with dementia and their carers can access. This will help provide a better understanding of the processes and experiences of dementia care, offering an insight into how care is delivered and identifying any barriers.

The mapping exercise will run alongside, and inform, the development of a strategic framework. The framework will highlight the key areas which need to be developed, and identify examples of good practice that will be rolled out across the region.

### **Commissioning for Complex Needs Programme**

The Commissioning for Complex Needs Programme is transforming the lives of people receiving care services, while also delivering significant financial benefits. Its main aim is to address any irregularities in the quality of commissioned care across the region. This involves fostering positive, co-productive relationships with care providers, with the ultimate aim of increasing the independence of service users, and supporting them to achieve their personal well-being goals.

The ethos is one of true collaboration that puts the person at the centre of service planning and delivery. Care providers work closely with representatives from health and social services to create bespoke, outcome-focussed packages of care for each individual.

This methodology empowers people to support themselves, become less reliant on services in the longer term, meaning cashable savings are also realised.

The main aims of the Commissioning for Complex Needs Programme are:

- ✿ To effect a sustainable and efficient 'practice to commissioning' methodology across West Glamorgan which commissions high quality health and social care services which are proportionate to need and are cost effective.
- ✿ To enable sharing and coordination of information, intelligence and planning together in the service areas of common interest
- ✿ To help partners shift front line practice towards the requirement of the Social Services and Well-being (Wales) Act 2014
- ✿ To provide opportunities for people with learning disabilities to live fulfilled lives within their local community, being closer to family, friends, specialist services and support networks.

These will be achieved through implementing an 'Outcome Focused' methodology to assess an individual's needs and identify opportunities where independence can be developed.

Focusing on outcomes creates a pathway to independence, which in turn reduces the need for people to access residential or hospital provision.

A 'step down' model will also be implemented to move individuals from long-term residential and educational facilities into more suitable provision that is closer to home whilst also increasing independence.

## **Well-being and Mental Health**

The Well-being and Mental Health Board was established to oversee the implementation of a new Strategic Framework for Mental Health, as well as the delivery of the Welsh Government's 'Together for Mental Health Strategy'. It reports directly into the West Glamorgan Adults' Transformation Board.

### **Implementing the Adult Mental Health Strategic Framework**

The policy agenda for Mental Health and Learning Disability services is aligned to the principles of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015; that we cannot continue to do things in the same way if we are to meet future challenges and increasing demand.

The Strategic Framework for Adult Mental Health (created in 2018) covers the whole spectrum of need; from building resilience at a community level, to improving the range of specialist services available to people with the most complex needs. It incorporates the findings of a report commissioned by the previous West Glamorgan Partnership Regional Partnership Board on unmet Mental Health needs in our area.

Developed co-productively with stakeholders and service users, this framework provides a clear direction of travel for enhancing the availability of services across Health and Social Care. The framework lays the foundation for the development of a new model which will deliver a range of services available to everyone experiencing Mental Health problems (irrespective of the severity), with a clear focus on prevention and earlier intervention.

## **6.3 Integrated Transformation Board**

The Integrated Board was established to oversee any programme or project which was cross cutting across both Adults and Children. There are a variety of workstreams operating under the West Glamorgan Integrated Transformation Board.

### **Programme Aims and Objectives**

- Deliver for the West Glamorgan Partnership partner organisations an electronic information system which will enable safe sharing of information and help to deliver improved care and support for people across the region
- Develop a Digital Strategy for the Region
- Develop a Housing Strategy for the Region
- Carers, irrespective of age and situation, should be supported throughout their time as a Carer, given information when they need it and in a way which meets their needs, and be full partners in the planning and provision of care and support for those they care for.

The Integrated Transformation Board comprises the following workstreams:

### **'Our Neighbourhood Approach' Transformation Funded Programme**

'Our Neighbourhood Approach' focuses on the seamless integration of Health and Social Care services using an asset-based approach and pioneering initiatives designed to empower people and communities to manage their own health and personal well-being. This new and innovative approach will transform the way in which people are supported in terms of their health and social care. It focuses on maximising the assets available in communities and centring provision around the 'whole person' and the 'whole family'. It is focussed on 2 areas, the North Hub location in Swansea, which covers Cwmtawe and

Llwychr and the Briton Ferry and Melin area in the Neath Cluster. A more joined-up way of working will lead to better communication between service providers and the introduction of a single point of contact for health and social care will prevent individuals from having to repeat their story time and time again.

Although elements of the initiative focus on care and support for older people, 'Our Neighbourhood Approach' also aims to:

- 🏡 improve the mental well-being of all citizens
- 🏡 promote the independence of individuals with a learning disability, and
- 🏡 support families and communities to maintain the safe care of children.

It is expected that success will come in the form of a heightened awareness of self-care, self-responsibility and prevention among citizens. This in turn would lead to a reduction in the cost of admissions to hospital, primary care and residential placements.

'Our Neighbourhood Approach' represents a significant culture shift for both citizens and staff within organisations delivering services. The ethos is one of true collaboration as services will work co-productively with local people to build resilient, inclusive communities.

### **'Whole Systems Approach For Primary Care Clusters' Transformation Funded Programme**

The 'Whole Systems Approach' aims to achieve a transformed model of a cluster-led integrated Health and Social Care system for the cluster populations. Initiated and informed by the Cwmtawe Transformation Programme, by systematically implementing a range of projects locally and including a phased roll-out in the seven remaining Health Board clusters, which included Cwmtawe commencing November 2019, Neath cluster starting in April 2019 and both Llwcwyr and Upper Valleys starting in July 2019. The remaining four clusters will commence in January 2020.

This programme dovetails 'Our Neighbourhood Approach' Programme in the 3 clusters, Cwmtawe, Llwcwyr and Neath.

The overall strategic aims are to:

- 🏡 Improve wellbeing across the age spectrum. There would be a key focus on facilitating self-care and building community resilience. There would also be a key focus on the earliest years, and young carers and mental well-being.
- 🏡 Co-ordinate services to maximise well-being, independence and care closer to home. This would include Cluster Networks having control to design, co-ordinate and implement services in partnership with the community that effectively meet patient and carer need. There would be a particular focus on older people in relation to integrated services trying out new models of care closer to home and reducing unscheduled admissions.

The proposal was based on the intent for this model to become self-sustaining through the improvement in health and wellbeing, co-production and use of social prescribing as an alternative to more traditional models of Health and Social Care, including a shift of resources where appropriate from secondary to primary care.

## **Development of Regional Housing Strategy**

In 2018, the former West Glamorgan Partnership Regional Partnership Board agreed that Housing required a more strategic focus within the Transformation Programme.

The 'Your Housing, Your Health' symposium was held in October 2018, which enabled all key partners to come together to identify key issues and agree next steps.

As a result, the Regional Partnership Board agreed that the current Health and Housing Group be reformed as the new West Glamorgan Health, Social Care and Housing Group and this Group would play a central role in the development of a five year capital programme for the expenditure of Integrated Care Fund capital.

The main aim of the Social Care, Health and Housing Group is to devise a regional Housing Strategy. The Strategy's key priorities will be funded by the Integrated Care Fund Capital Programme, and will align with the workstreams and projects within the West Glamorgan Transformation Programme.

## **Co-production**

The new West Glamorgan structure ensures that co-production is embedded across all areas of work. One of the key principles for West Glamorgan is, "We will change the way that we work with citizens away from paternalistic care to shared responsibility and co-production".

Citizens with a vested interest in West Glamorgan Regional Partnership Board's five themed priorities are being recruited to sit on the Transformation Boards and Implementation Groups across the programme. This represents a more inclusive role for both citizens and carers in the planning and delivery of transformative projects and workstreams. Neath Port Talbot CVS and Swansea CVS are supporting for the overall co-ordination of co-production for West Glamorgan and oversee the recruitment of citizen and carer representatives. They are experienced at engaging with individuals who are harder to reach, and will use their existing networks and contacts to engage with citizens and carers. This will include drop ins to engage with others who may not traditionally engage with co-production.

### **West Glamorgan Co-production Group**

The West Glamorgan Co-production Group (formerly 'West Glamorgan Partnership'), was established in April 2018 as a smaller sub-group of the broader Citizens' Panel. Its purpose is to identify specific tasks suitable for co-production (e.g. communications activities, opportunities for wider engagement). The group will continue to meet and deliver against a work plan comprising specific actions.

## **Social Value Forum**

Part 2, Section 16 of the Social Services and Well-Being (Wales) Act 2014 places a duty upon Welsh Local Authorities, along with Health Board partners, to: "establish regional forums to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of the forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities".

September 2018 saw the launch of our region's Social Value Forum, with over 80 members of the community, statutory sector partners and community organisations coming together to pledge their support. Further forum meetings to be organised. The Social Value Forum has a broad remit and is open to anyone with an interest in enhancing

the health and well-being of citizens and building stronger, more resilient communities.

The project will also ensure that there are links with the co-production work, in particular around Measuring the Mountain and Most Significant Change. Members of the co-production network will link with the Social Value Forum in order to ensure that the work of the Forum is delivering organisational and service changes that do work for citizens.

Training will be made available to Forum members, with more in depth Social Return on Investment training for key staff within Regional Partnership Board partner organisations. This will mean that there is a cross sector understanding of the approach, those attending training could then be tasked with sharing the learning within their own organisations and being 'ambassadors' for social value, reporting back to the Forum on individual action plans to implement the social value approach within their own organisation. Alongside the Social Return on Investment, Measuring the Mountain and Most Significant Change work, regional procurement colleagues would have access to Social Value Academy training so that those procuring services are also adopting a consistent approach to delivering social value across the region.

### **Social Enterprise**

The aim of the project has been to deliver development support and capacity building to third sector organisations to assist them to become sustainable, to develop additional and diverse local services within the sector to meet the health and wellbeing needs of citizens. The social enterprise development support offered links to the Act and the need to transform and develop new models of service delivery. The support service is offering ongoing support to projects at various stages of development, if the support service was lost there would be a risk to reaching the full potential of some of the developments in progress, this includes work with startup groups referred by social services where exploratory work is ongoing.

### **Development of Carers Regional Strategy**

A Multi-Agency Board, now titled the West Glamorgan Carers Partnership Board has been active for the last seven years, producing and overseeing an annual regional action plan with the overall aim of improving the lives of unpaid carers across the region.

The main aim of the West Glamorgan Carers Partnership Board in 19/20 will be to develop a regional strategy for carers. This will include the development of a vision for the region, including review of priorities, co-produced by carers. Review of the current governance structure will take place to simplify and align with new West Glamorgan structure.

### **Digital Transformation and the Welsh Community Care Information System (WCCIS)**

One of the common and key impediments to integrated working between Health and Social Care services nationally and within the West Glamorgan region has been the inability of services to share information effectively.

To meet the necessary functional requirements of a solution to support the required integrated working, Local Authorities and NHS Wales organisations jointly procured the Welsh Community Care Information System (WCCIS) ensuring that the business and technical design is person centred and allows professionals to access and share information.

The implementation of WCCIS within the region goes hand in hand with digital transformation and enabling professionals to easily access and utilise information remotely within the community. In the latter half of 2018, the regional WCCIS board acknowledged that it is not going to reach the desired outcome of ICT supporting integrated working in the region, by implementing WCCIS alone. It was agreed that the regional WCCIS board needed to broaden its scope to include other digital opportunities and deliver benefits to service delivery.

The objective of this programme is to deliver the ambitions set out within the Welsh Government plan 'A Healthier Wales' to "[use] technology to support high quality, sustainable services" and meet the needs of the citizens within the region through the provision of an innovative digital strategy. This will be supported by the implementation of the WCCIS and the technologies that will enable mobilisation of the workforce, in order to deliver "new models of seamless local health and social care" and achieve the best possible outcomes for citizens across the region.

Swansea Council are well-into their implementation plan having signed their Deployment Order with the supplier CareWorks in October 2018, who continue to work closely with the Authority to ensure progress is monitored. Swansea Bay University Health Board's WCCIS project team presented an outline business case to the Investment and Benefits Group in November 2018, who approved the project moving into stage 2, to produce a full business case and draft a Deployment Order by December 2019. Neath Port Talbot Council have recently reaffirmed their commitment to adopting WCCIS, and are engaging with the regional WCCIS team to draft a business case to be presented to Cabinet later this year.

## **6.4 Business Assurance Group**

### **Programme Aims and Objectives**

- Ensure that the ICF Funding and Transformation funding is allocated according to the guidelines set out by WG
- Ensure that performance assurance of all funded programmes and projects
- Manage any regional funding allocated to the Regional Partnership Board

### **Key Priorities**

- To provide assurance to the Regional Partnership Board that the funding allocated to West Glamorgan Partnership is allocated and monitored appropriately
- To ensure Finance and Legal compliance across the partnership
- To ensure HR compliance across the partnership



## **7. Financial Implications**

There were no financial implications for core funding in this programme. All programmes and projects are either funded via ICF funding or transformation funding.

## **8. Workforce Impact**

Not applicable.

## **9. Equality and Engagement Implications**

All individual programmes and projects will consider the equality and engagement implications.

## **10. Legal Implications**

Not Applicable.

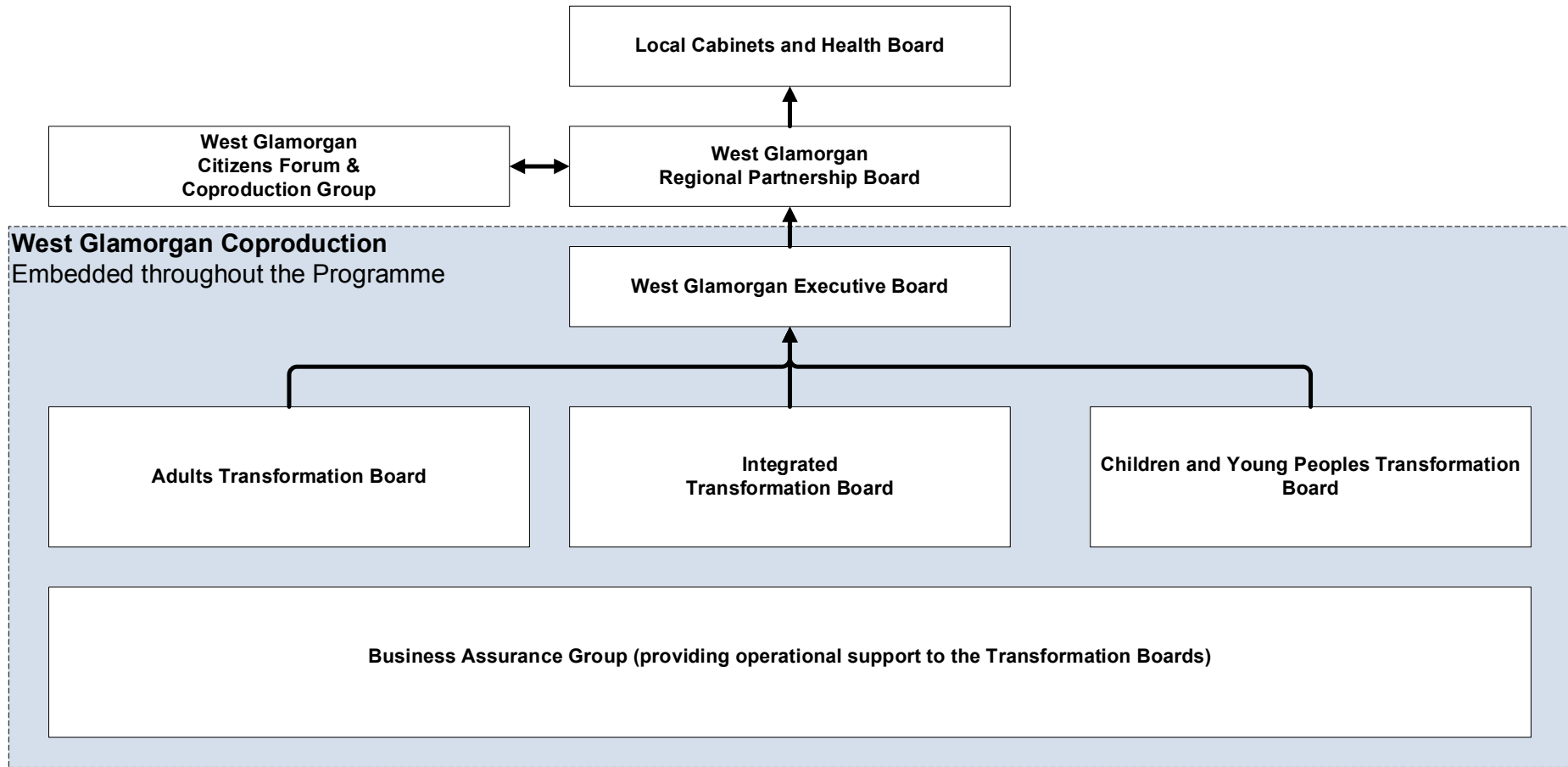
## **11. Risk Management**

All individual programmes and projects utilise a risk management strategy.

## **Background Papers:**

Western Bay Programme Update 15<sup>th</sup> September, 2018

# West Glamorgan Governance Structure





# Agenda Item 7



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

### Adult Services Scrutiny Performance Panel – 30th July 2019

#### ADULT SERVICES PERFORMANCE FRAMEWORK

<b>Purpose</b>	<ul style="list-style-type: none"><li>• The purpose of this report is to present the Adult Services Performance Framework.</li></ul>
<b>Content</b>	<ul style="list-style-type: none"><li>• The Performance Framework is designed to monitor performance across Adult Services.</li><li>• Members will note that there are two reports attached. The first is a summary report with headline indicators which demonstrate the general health of the Adult Services overall system. The second is the more detailed report with a summary at the beginning.</li><li>• Monitoring performance in this way is still very much work in progress and there are several areas for future development towards the end of the report.</li><li>• The report demonstrates the areas of business that are performing well and less well, and is designed to be an operational tool to help continually improve service quality and delivery.</li><li>• Similarly to the Performance Framework that Child and Family has developed over the years, it is anticipated that the Framework will be an evolving document.</li></ul>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>• Consider the report</li></ul>
<b>Lead Councillor(s)</b>	Mark Child, Cabinet Member – Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Deb Reed, Interim Head of Adult Services
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# ADULT SERVICES SUMMARY MANAGEMENT INFORMATION HEADLINE REPORT

## DATA FOR MAY / JUNE 2019

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Cyngor **Abertawe**  
**Swansea** Council

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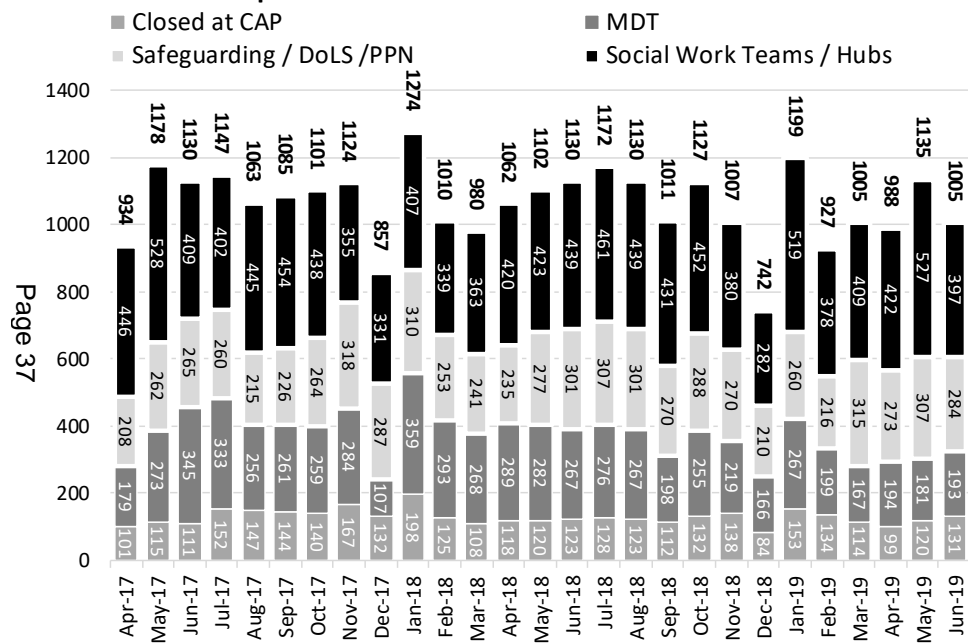
# Adult Services Performance Headlines

## Common Access Point

The service has been piloting various ways of delivering an effective Multi-Disciplinary Team (MDT) approach, in line with the West Glamorgan 'optimal model'.

Further information appears in the main report on page 5.

### Enquiries Created At Common Access Point



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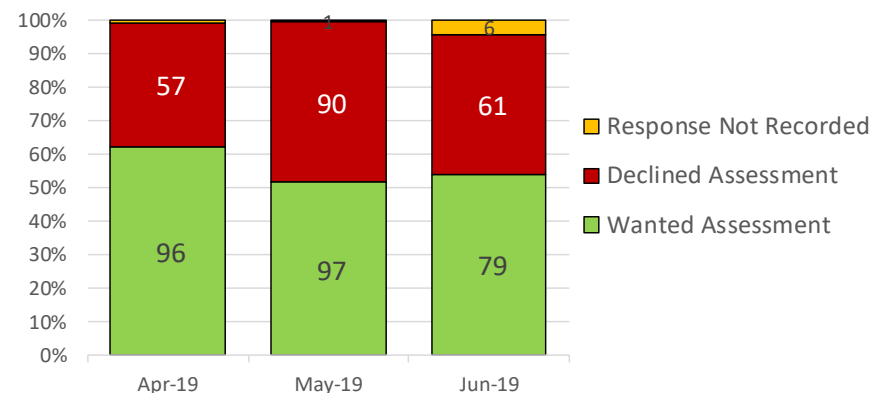
## Carers Identified and Whether Wanted Carer Assessment

The number of carers identified had been broadly lower since April 2016. Changes to Paris have improved these numbers in 2018/19. Additional changes in the Paris system will further improve the recording of offer of carer assessment.

Since July 2018, those wanting carers assessment have usually represented at least half of those offered an assessment. This reverses the historic position where a majority did not wish to receive a separate carer assessment.

Further information appears in the main report on page 13.

Month	Apr-19	May-19	Jun-19	Desired Direction of Travel
Identified Carers	175	214	163	High
Offered Assessment	154	188	146	High
% offered assessment	88.0%	87.9%	89.6%	High
Declined Assessment	57	90	61	Low
% declined assessment	37.0%	47.9%	41.8%	Low
Wanted Assessment	96	97	79	High
% wanted assessment	62.3%	51.6%	54.1%	High
Response Not Recorded	1	1	6	Low
% response not recorded	0.6%	0.5%	4.1%	Low
Received Carers Assessment / Review	47	62	53	High



## Adult Services Performance Headlines

### Long-Term Domiciliary Care

The most significant area of concern continues to be the difficulties within the care market which continue to have an impact on the timeliness with which we can start new packages of care.

Further information appears in the main report on page 27.

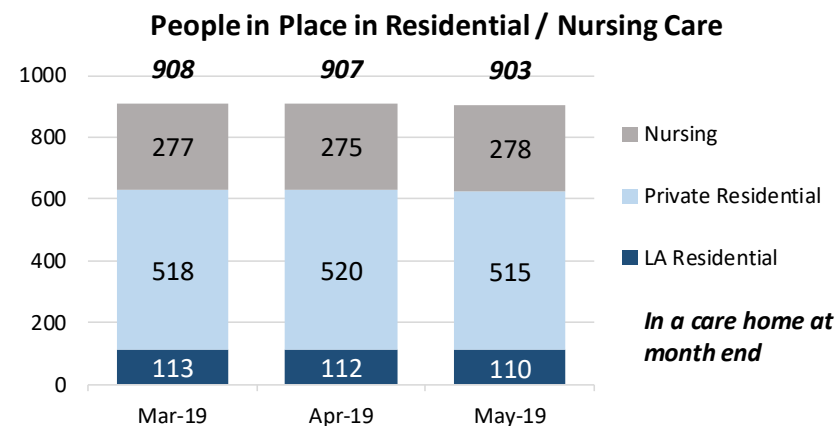
Month	Apr-19	May-19	Desired Direction of Travel
<b>New starters</b>	<b>43</b>	<b>30</b>	Low
Of which			
In-house	5	5	Low
External	38	25	Low
% internal	11.6%	16.7%	Low
<b>Receiving Care at Month End</b>			Low
<b>End</b>	<b>1,290</b>	<b>1,314</b>	
Of which:			
In-house	87	91	Low
External	1,203	1,223	Low
% internal	6.7%	6.9%	Low
<b>Hours Delivered in Month</b>			Low
	<b>62,590</b>	<b>65,802</b>	
Of which:			
In-house	7,089	7,540	Low
External	55,501	58,262	Low
% internal	11.3%	11.5%	Low
<b>Average Weekly Hours</b>	<b>11.3</b>	<b>11.3</b>	Low
Of which:			Low
In-house	19.0	18.7	Low
External	10.8	10.8	Low

### Residential Care for Older People

The numbers newly-admitted to residential care have been relatively higher than was anticipated by the West Glamorgan intermediate care model. For sustainable operation, admissions need to be under 30 each month. There have been some improvements in recent months with reductions in admissions during Q4 2018/19 continuing into Q1 of 2019/20.

Further information appears in the main report on page 22.

Permanent Residential Care for People Aged 65+	Mar-19	Apr-19	May-19	Desired Direction of Travel
<b>Admissions</b>	20	36	20	Low
<b>Discharges</b>	36	39	24	Low
<b>In a care home at month end</b>				
	908	907	903	Low
Of which:				Low
LA Residential	113	112	110	Low
Private Residential	518	520	515	Low
Nursing	277	275	278	Low





# Adult Services Performance Headlines

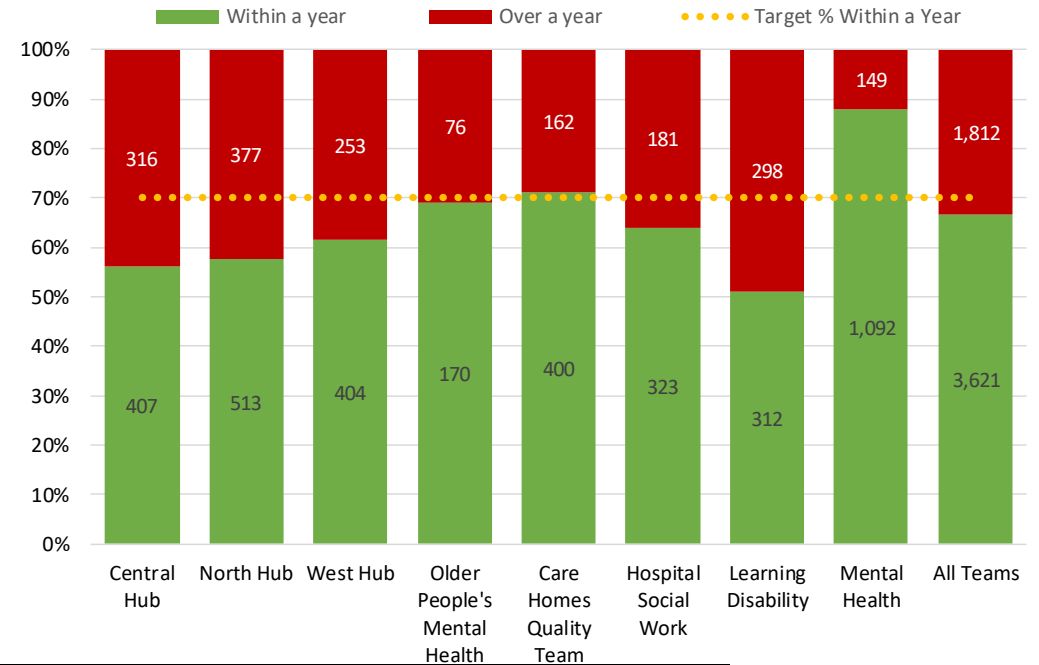
## Reviews of Allocated Clients

Routine reviewing and re-assessing of clients receiving a package of care is a significant social services requirement.

Mental Health Services are now achieving over 90% compliance most months. Learning Disability Services continue to make significant improvements in reviewing clients since May 2018, and CHQT have also made significant improvements.

We will continue to focus on progress in reviewing clients, setting targets for improvement.

Allocated Clients Most Recent Assessment: 1/07/2019



When most recent assessment took place:	Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19	
	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year
Central Hub	438	280	442	282	419	293	414	301	421	303	407	316
North Hub	605	330	596	338	567	346	545	349	523	366	513	377
West Hub	417	227	409	245	409	248	402	251	415	251	404	253
Older People's MH Team	177	76	180	81	163	84	168	74	177	76	170	76
Care Homes Quality Team	389	204	400	197	425	189	426	134	409	147	400	162
Hospital Social Work	315	200	308	201	317	195	317	184	315	187	323	181
Learning Disability	520	360	505	347	437	333	396	302	348	303	312	298
Mental Health	1,166	110	1,170	102	1,142	115	1,131	130	1,106	142	1,092	149
<b>Total</b>	<b>4,027</b>	<b>1,787</b>	<b>4,010</b>	<b>1,793</b>	<b>3,879</b>	<b>1,803</b>	<b>3,799</b>	<b>1,725</b>	<b>3,713</b>	<b>1,775</b>	<b>3,621</b>	<b>1,812</b>

# Adult Services Performance Headlines

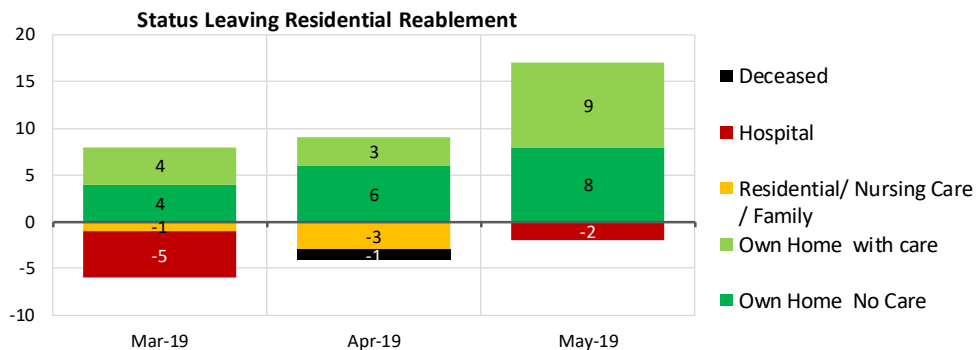
## Effectiveness of Reablement

### Residential Reablement

During April & May 2019 combined reablement services had an overall percentage of 81% of people returning to their own homes, independently and with care packages. Bonymaen House discharges over this period were 86% returned home. From Ty Waunarlwydd all discharges went home, which is an exceptional result. People appear to be staying in Ty Waunarlwydd longer, as there is often a wait for a placement to become available.

Further information appears in the main report on page 20.

Leaving Residential Reablement	Apr-19		May-19		Desired Direction of Travel
	BH	TW	BH	TW	
Left Residential Reablement	11	2	17	2	High
<i>Of Which</i>					
Own Home No Care	6		8		High
Own Home with care	3		7	2	High
Residential/ Nursing Care / Family	-1	-2			Low
Hospital			-2		Low
Deceased	-1				--
% Went home	82%	0%	88%	100%	High
Average Length of Stay	42	41	34	64.5	Low



### Community Reablement

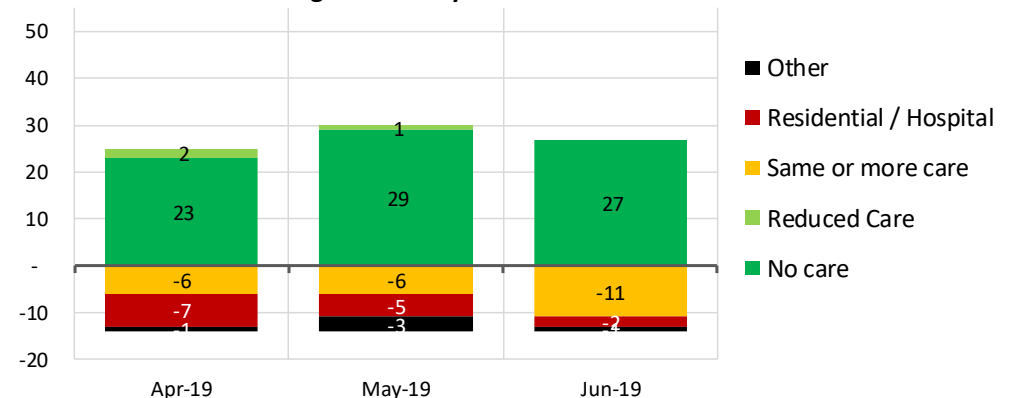
The data on community reablement is unfortunately not as robust as data relating to residential reablement and we are taking action to improve the data quality, coverage and completeness.

Data on the average length of service has been calculated and added for April as it was temporarily unavailable while the previous report was being prepared.

Further information appears in the main report on page 18.

Leaving Community Reablement	Apr-19	May-19	Jun-19	Desired Direction of Travel
<b>Left Community Reablement</b>	<b>39</b>	<b>44</b>	<b>41</b>	High
<i>Of which</i>				
No care	23	29	27	High
Reduced Care	2	1		High
Same or more care	-6	6	11	Low
Residential / Hospital	-7	5	2	Low
Other	-1	3	1	Low
% reduced / no care	64.1%	68.2%	65.9%	High
<b>Average Days in Service</b>	13.3	20.5	15.2	Low

Status Leaving Community Reablement



## Adult Services Performance Headlines

### Timeliness of Response to Safeguarding Issues

Performance on the proportion of referrals which received a threshold decision within 7 days increased in June 2019 to 92.7%, compared to May's result of 83.7%. We will maintain focus on swift responses to safeguarding enquiries and maintain performance to >90%.

30.8% of enquiries met threshold in June 2019, 58.7% did not meet threshold and 10.5% were awaiting a decision or closed at Intake / referred to health. We continue to seek ways to improve the quality of enquiries so that a larger proportion meet the threshold for investigations.

Further information appears in the main report on page 31.

(N.B. Thresholds may take place in a different month to when enquiry received.)

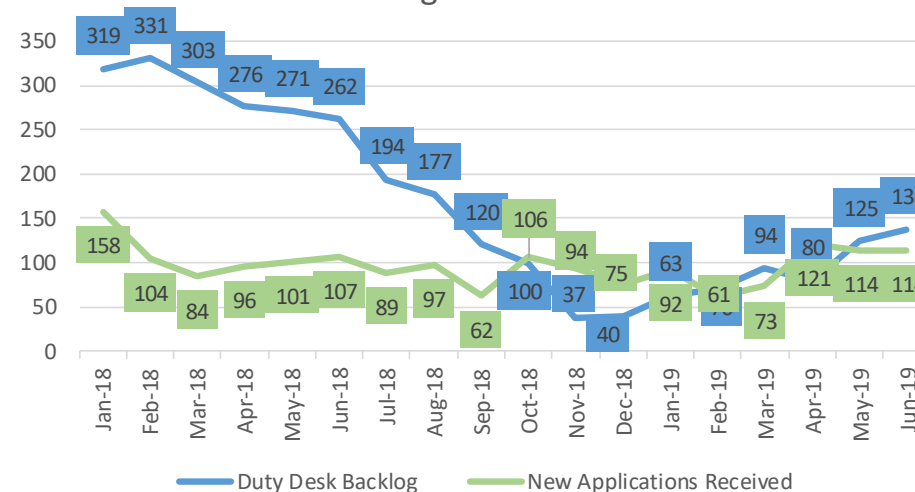
Month	Apr-19	May-19	Jun-19	Desired Direction of Travel
<b>Enquiries Received</b>	<b>86</b>	<b>114</b>	<b>119</b>	High
<b>Thresholds During the Month</b>				
Responded within 24 hrs	38	49	53	High
% responded within 24 hrs	51.4%	44.5%	51.0%	High
Responded within 2-7 days	27	40	38	High
% responded within 2-7 days	36.5%	36.4%	36.5%	High
Responded over 7 days	9	21	13	Low
% Responded over 7 days	12.2%	19.1%	12.5%	Low
<b>Awaiting response</b>	<b>3</b>	<b>6</b>	<b>12</b>	Low
% awaiting response	3.5%	5.3%	10.1%	Low
<b>Outcome</b>				
<b>Thresholds</b>	<b>74</b>	<b>110</b>	<b>104</b>	High
Threshold Met	17	45	32	High
% Threshold met	23.0%	40.9%	30.8%	High
Threshold Not Met	51	55	61	Low
% Threshold not met	68.9%	50.0%	58.7%	Low
Inappropriate to safeguarding	6	10	11	Low
% Inappropriate	8.1%	9.1%	10.6%	Low

### Timeliness of Deprivation of Liberty Assessments

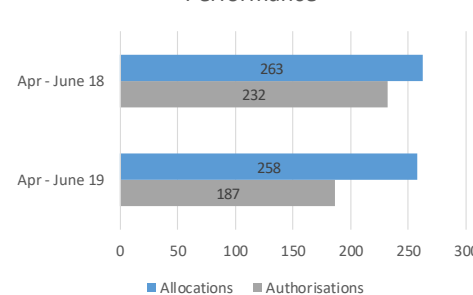
During 2018/19, a new DoLS Team was implemented. There was a specific issue with timeliness for the majority of BIA and SB assessments. The new working arrangements had shown an increase in performance in all areas in recent months. Unfortunately recent staffing issues have impacted on this since Spring 2019.

Related information appears in the main report on pages 33-34.

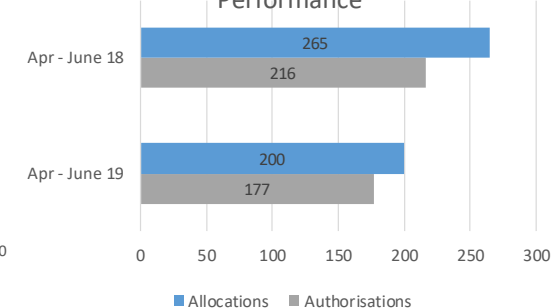
#### DoLS Backlog and New Referrals



#### Quarterly Best Interest Assessor Performance



#### Quarterly Signatory Body Performance



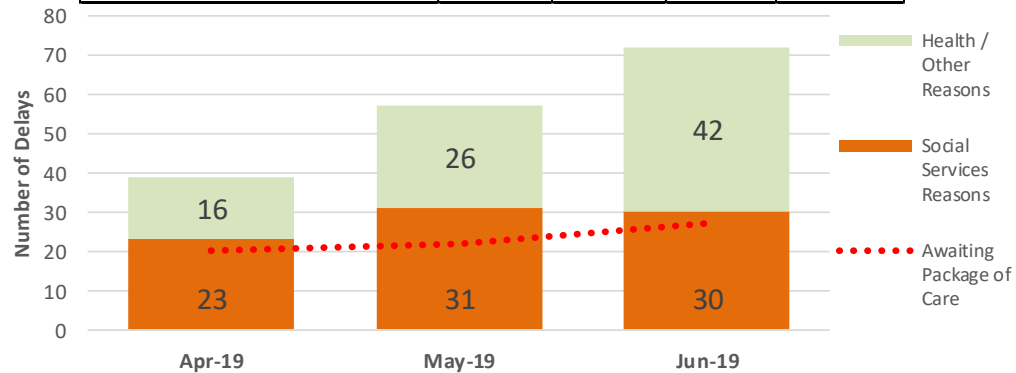
## Adult Services Performance Headlines

### Delayed Transfers of Care (DToCs)

The impact of the domiciliary care market issues is that it is harder to set care up for people. This has an impact on people waiting in hospital and is evidenced by recent DToCs data.

Further information appears in the main report on page 8.

Delayed Transfers	Apr-19	May-19	Jun-19	Desired Direction
<b>Total Delays</b>	<b>39</b>	<b>57</b>	<b>72</b>	Low
Of which				
Health / Other Reasons	16	26	42	Low
Social Services Reasons	23	31	30	Low
<i>% social services</i>	<i>59.0%</i>	<i>54.4%</i>	<i>41.7%</i>	<i>Low</i>
<b>Awaiting Package of Care</b>	<b>20</b>	<b>22</b>	<b>27</b>	Low
<i>% of Social Services Reasons</i>	<i>87.0%</i>	<i>71.0%</i>	<i>90.0%</i>	<i>Low</i>



**ADULT SERVICES SUMMARY MANAGEMENT  
INFORMATION REPORT  
DATA FOR MAY / JUNE 2019**



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### Summary of Expectations, Standards & Performance

Throughout this report, each series of information is prefaced by a brief summary of any national or local performance indicators and performance against those.

For subjects where there are no indicators or indicators that do not assist the reader to evaluate performance, we have provided some commentary to assist the reader.

### **Common Access Point (CAP)**

We continue to deal with a large volume of requests for support via the Common Access Point. We believe that the MDT approach is helping to prevent unnecessary assessment. We will continue to improve our recording arrangements for Third Sector Broker activities to develop stronger intelligence on our use of the third sector to support the population (p.6).

### **Local Area Co-ordination (LAC)**

Our performance team will continue to work with the LAC Team to maximise the utility of the data they are gathering (p.8). Performance consistently exceeded target during 2018/19 and has met target in Q1 2019/20.

### **Delayed Transfers of Care**

We have been supporting our NHS Hospital colleagues by continuing to focus on ensuring the pathway home from hospital is as speedy as possible and social care related delays are minimised (p.9).

### **Assessment and Care Management**

We are aware that enquiry-handling, assessment and care management practice across the department is in need of some refreshment and renewal. In particular, we need to review our approach to assessment to ensure it fits with the Social Services and Well-Being Act, and that we can ensure that we have effective reviewing arrangements to help people to remain independent.

*Integrated Health and Social Care Services:* Activity continues to be sustained (pp. 11-15) and most assessments are completed in under 30 days (p. 15). *Mental Health :* The service continues to provide assessment for those requiring mental health support (pp. 16-17).

### **Community Reablement**

There have been some improvements in the effectiveness of the community reablement service during the year (p. 18-19) but the evidence is incomplete. We have been working through a program of development of the relevant information systems. These systems improvements are expected to improve consistency of recording.

### **Residential Reablement**

Reablement services have contained to discharge the majority of people to their own homes (p.19-21).

### **Permanent Residential / Nursing Care**

We continue to see admissions running at a higher level (p.23). We have therefore introduced a Panel to test and challenge decisions made about new and temporary placements into residential and nursing care.

### **Temporary Placements to Residential / Nursing Care**

Through the Panel arrangements, temporary placements can now only be made for a maximum of two weeks. This appears to have created a higher level of throughput (p.26).

### **Domiciliary Care**

The numbers of people receiving a package of care has increased as has the total number of hours provided (p.28).

### **Safeguarding Adults**

This is an area of critical focus due to the need to ensure that people are safeguarded, to ensure that our work is as effective as possible, keeping people safe and reducing the risk of further abuse or neglect. Performance measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. Performance on timeliness of response within 1 day has missed target since Spring 2018. Close examination of relevant data by the Principal Officer and Head of Service has been carried out and proposals for improving arrangements are in development (p.30).

### **Deprivation of Liberty Safeguards (DoLS)**

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance were noted during 2018. Welsh Government expects the core elements of the process to be completed in 21 days. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60%. During 2018/19 performance dropped to 53.7% but the new arrangements are making a difference and performance has improved in 2019/20 to 67.9%. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves further. (p.34).

## Common Access Point

### Common Access Point (CAP)

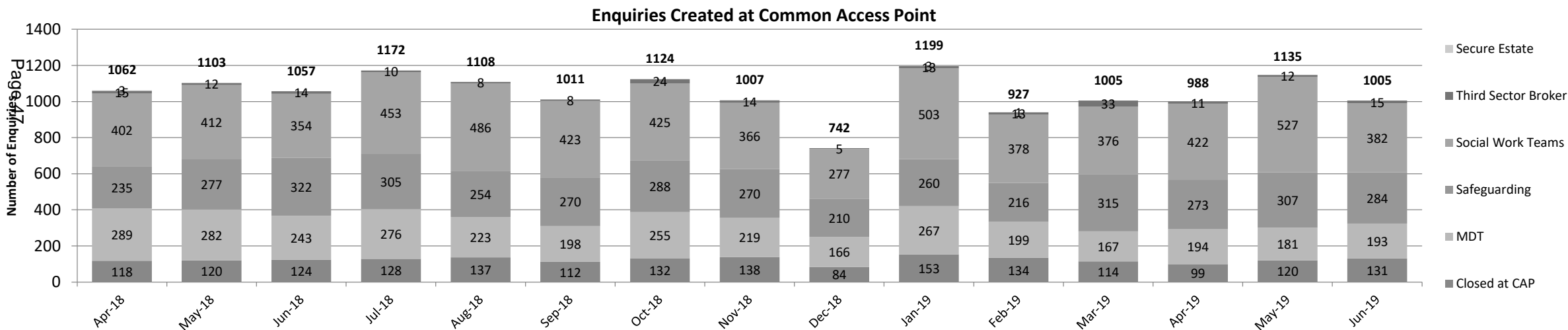
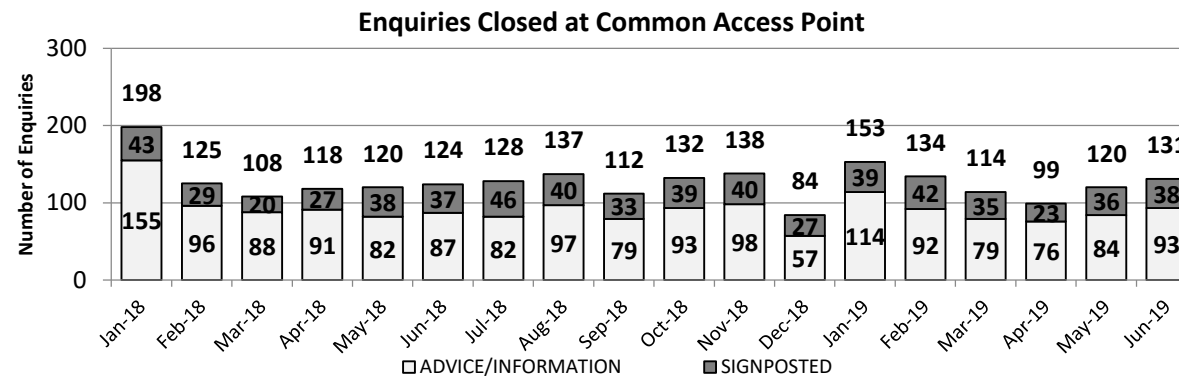
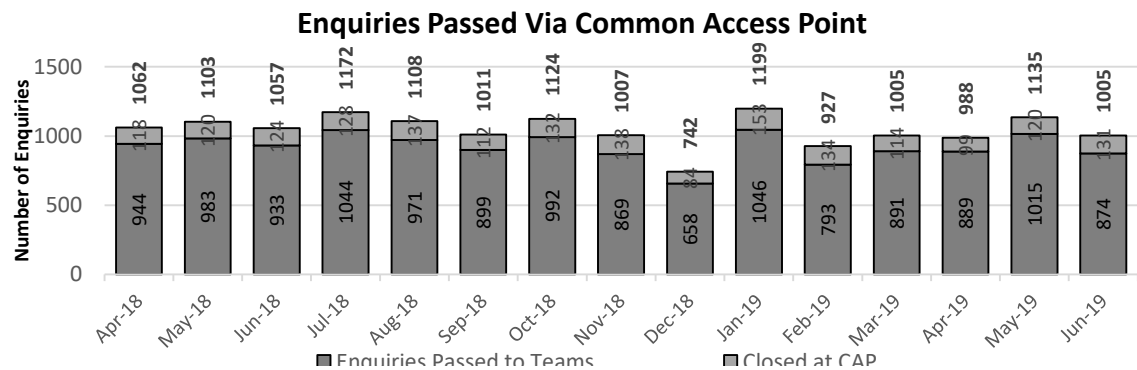
The Common Access Point continues to be reviewed for function and purpose. The key expectations for the service and outcomes against those are set out below.

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. A target of <b>80%</b> has been in place since 2017/18.</p>	<p>For 2017/18, performance on this indicator was well above target at <b>93.8%</b>. During 2018/19, performance of <b>86.5%</b> was achieved. During 2019/20, performance has improved slightly to <b>86.9%</b> exceeding target.</p>
<p>To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.</p>	<p>Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function.</p> <p>From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.</p>
<p>We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations</p>	<p>The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.</p>
<p>We wish to make effective use of the Third Sector Broker arrangements.</p>	<p>We have improved the recording process and the Performance &amp; Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.</p>



## Common Access Point

### Enquiries Created at Common Access Point



What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	Continue to work with Team Manager to improve recording of activity within CAP. We will continue to monitor for sustained changes to patterns of enquiry.

### Common Access Point

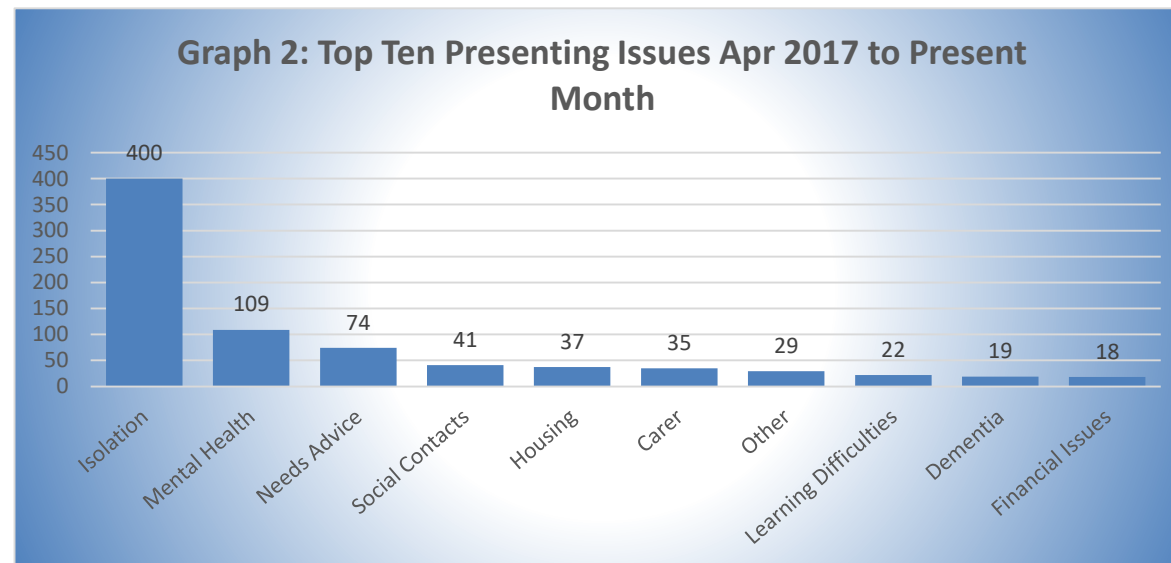
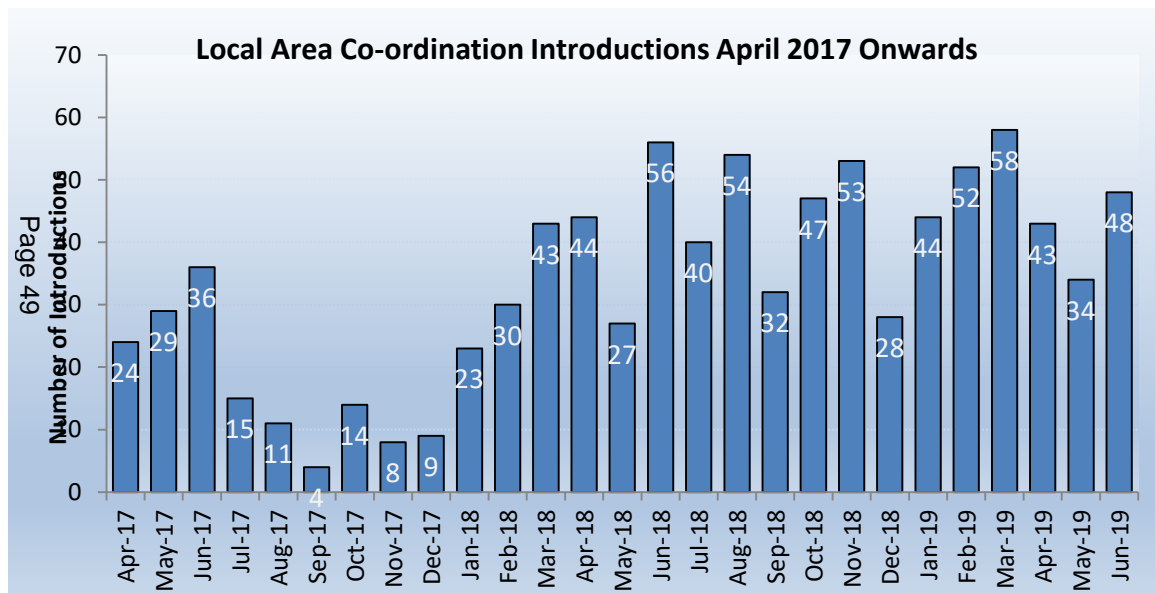
What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through	During December 2017 a new MDT service structure was implemented within the CAP. We are continuing to look at refining to reach the optimum configuration.	We have been monitoring the new arrangements to strengthen the MDT approach. We continue to monitor as we optimise.
We have been able to respond to the periodic (May and November) fluctuations in safeguarding referrals caused by the anniversary of the relevant court judgment that drove up DOLS referrals.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	We are examining the data to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3 <sup>rd</sup> sector broker referrals.		Transformation Team staff continue to work with the service to improve recording processes for Third Sector Broker activity.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 75 new introductions to the service each quarter during 2018/19. For 2019/20, this was set at 125 a quarter.	Target for 2018/19 was met comfortably. Performance met target during Q1 2019/20.

Requests for Local Area Co-ordination and Main Presenting Issues

'Other' includes categories of 10 or less introduction reasons in the period, including Child and Family, Community Tension, Domestic Violence and Employment.

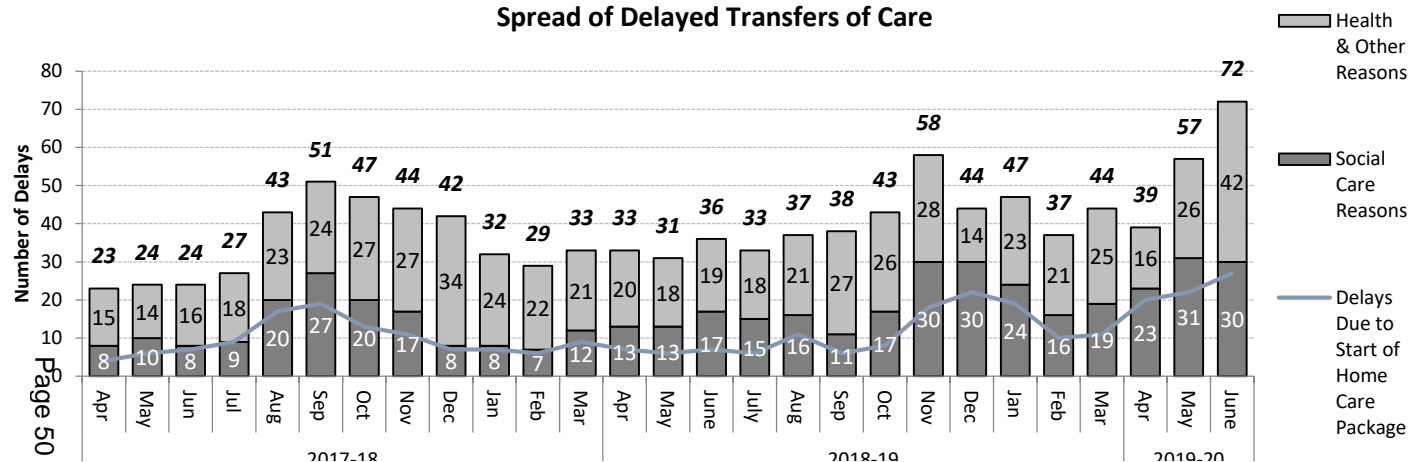


What is working well?	What are we worried about?	What are we going to do?
New introductions have been growing this year, recording info about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers for some periods.	Continue working to extract and report meaningful data from the new system.

## Delayed Transfer of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2018/19 was set to less than 6 per 1,000 adults aged 75+. This was not met but the target is retained for 2019/20.	Performance in 2018/19 was <b>7.5</b> for the whole year, missing the target. Performance to date during 2019/20 is <b>2.8</b> .

**Spread of Delayed Transfers of Care**



SSD Delays	
2.03.01: Awaiting start of new home care package	27
2.03.02: Awaiting restart of previous home care package	
2.03.03 Home Care related: Other	
2.4: Care Home placement Arrangements	2
2.04.01: Awaiting completion of arrangements prior to placement	1
	<b>30</b>

The data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay in start of package of home care

What is working well?	What are we worried about?	What are we going to do?
The arrangements for recording and reporting delayed transfers are well-established.	Significant worsening in numbers of individuals delayed due to waiting for package of home care.	We will continue to maintain focus on facilitating early discharge. We want to develop and use better evidence about delays to address the issues that are identified.
	Increasing numbers delayed since. Issues with capacity in the home care market are expected to continue to cause difficulties.	We continue to seek ways to improve the availability of hours of care to people who need care to return home. We are actively working with providers to ensure capacity is available. Effective procedures are in place to escalate cases where there is a social care delay for whatever reason, and targeted activity is undertaken by both the hospital and community teams to expedite discharges. We recognise that we do have issues over availability of packages of care in the external sector, but wherever possible we put interim arrangements in place to deliver this care using the internal service.
	The established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	

## Adult Services Performance

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a local indicator AS10 which reflects the percentage of people who were due an assessment of social care need that received an assessment. For 2017/18, a target of 65% was set and increased to <b>70%</b> for 2018/19 and retained for 2019/20.	Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records. For 2017/18, performance was met the target at <b>68.4%</b> . For 2018/19, performance at end of March 2019 was <b>71.1%</b> , over the target. Performance in Q1 2019/20 is under target at <b>66.7%</b>
There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.	Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments.  We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.
Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.	Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report

### Integrated Social Care and Health Services Teams

In order to make reporting of the data meaningful, we have grouped the 30 Paris general and specialist teams together into specific groups for the purpose of reporting. Principal Officers are provided with team-level data on a monthly basis.

Teams included in this section are:

- *Central / North / West Hubs* includes the three social work Hub teams with a range of OT and physiotherapy staff, including both local authority and NHS workers.
- *Specialist Practitioners* refers to community health specialist services e.g. continence. They also work across the Central / North / West hubs.
- *Sensory Services* relates to specialist sensory and younger adults workers
- *Hospital Team* refers to the social work teams at Morriston and Singleton Hospitals
- The *Care Homes Quality Team* is a social work team that works with those living in residential and nursing care
- The *Older People's Mental Health Team* is the social work team working directly with those older people experiencing dementia and requiring specialist social work support.
- *Service Provision Teams* groups referrals or requests for specific service(s) to all areas of service provision, but notably brokerage for domiciliary care and the community reablement service (aka DCAS).
- *Sensory Services* relates to specialist social work support for people with visual or hearing impairment.

### Types of Enquiries

With over 50 enquiry types reflecting the range of support provided to the community, we have classified the enquiry types to help make sense of the data and to allow for meaningful comparison.

- *MDT / Advice / Info* are enquiries that are dealt with as part of the multi-disciplinary screening process that has been piloted during the year. Note that many of these are dealt with at the Common Access Point.
- *Care Management Input* enquiries relate to requests for initial, review or specialist assessment by a social worker, including 'proportional assessment' under the new Act formerly known locally as 'integrated assessment'. Also included are enquiries requesting joint assessment or to support discharge from hospital.
- *OT Input and Physio Input* refer respectively to requests for OT or physiotherapy assessment, review or other input. The OT service includes staff employed by both social services and the NHS. Physiotherapy is exclusively provided by the NHS via the Hubs.
- *Specialist NHS Input* refers to enquiries to the community health specialisms such as incontinence which are delivered area-wide.
- *Service Requests* refers most commonly to enquiries relating to domiciliary care and community reablement but other services are also included e.g. respite. These enquiries only rarely relate to brand new requests for support and most enquiries relate to package adjustments etc.
- *Other Enquiry Types* includes specialist technical sensory impairment enquiries, requests for AMHP assessments and a small number of enquiries relating to more specialist services e.g. substance misuse.

### Enquiries / Assessments and People

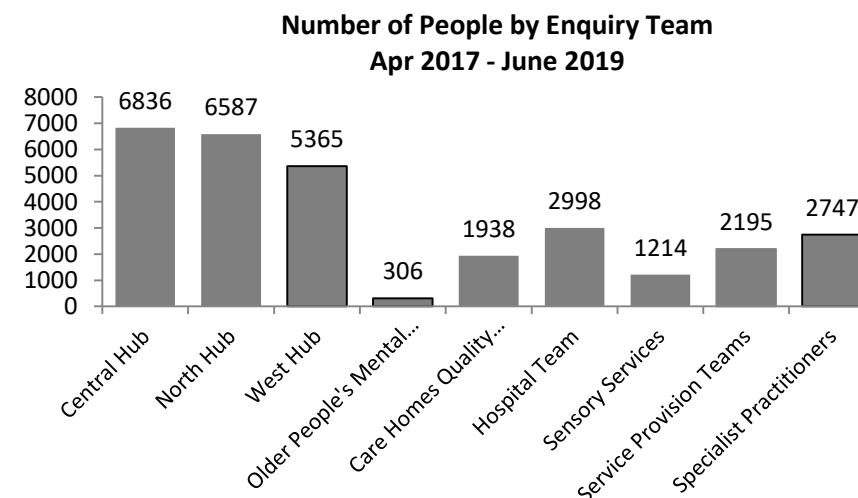
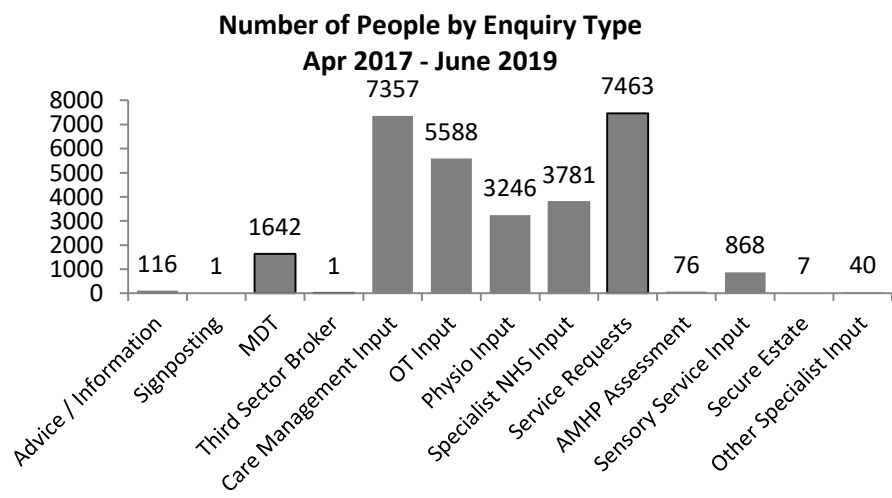
The tables and charts below reflect counts and proportions of enquiries and people. This is an important distinction since over time individual **people** commonly accrue enquiry **events** of different types.

All references below distinguish between **people** and **enquiries** and **assessments**

## Enquiries Created by Team

### People Subject of Enquiry by Team and by Type of Enquiry April 2017 - June 2019

Enquiries Number of People	Central Hub	North Hub	West Hub	Older People's Mental Health Team	Care Homes Quality Team	Hospital Team	Sensory Services	Service Provision Teams	Specialist Practitioners	All Referral Types	% of all Types
Advice / Information	26	30	31	2	3	5	19			116	0%
Signposting			1							1	0%
MDT	526	593	471	12	37	2		1		1642	5%
Third Sector Broker	1									1	0%
Care Management Input	1335	1484	1216	192	351	2768	9	2		7357	24%
OT Input	2149	1893	1540	1		2			3	5588	19%
Physio Input	1271	1042	933							3246	11%
Specialist NHS Input	242	228	567	1			1	1	2741	3781	13%
Service Requests	1282	1296	603	36	1546	199	310	2191		7463	25%
AMHP Assessment		14		61		1				76	0%
Sensory Service Input							868			868	3%
Secure Estate	3	3	1							7	0%
Other Specialist Input	1	4	2	1	1	21	7		3	40	0%
<b>All Adult Services</b>	<b>6836</b>	<b>6587</b>	<b>5365</b>	<b>306</b>	<b>1938</b>	<b>2998</b>	<b>1214</b>	<b>2195</b>	<b>2747</b>	<b>30146</b>	
<b>Percentage of Teams</b>	<b>23%</b>	<b>22%</b>	<b>18%</b>	<b>1%</b>	<b>6%</b>	<b>10%</b>	<b>4%</b>	<b>7%</b>	<b>9%</b>		



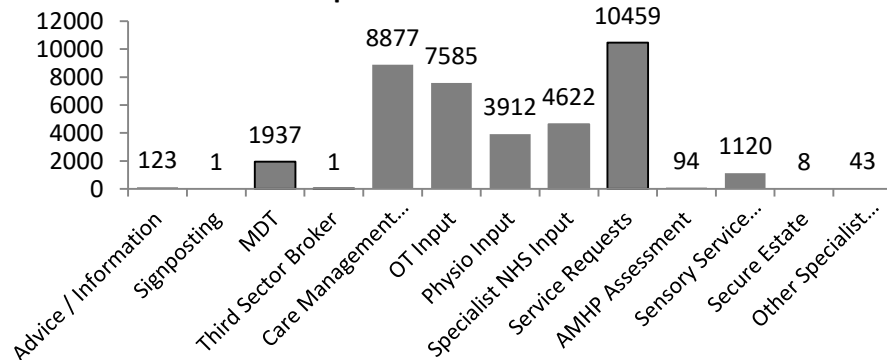
## Enquiries Created by Team

### Number of Enquiries by Team and Type of Enquiry April 2017 – June 2019

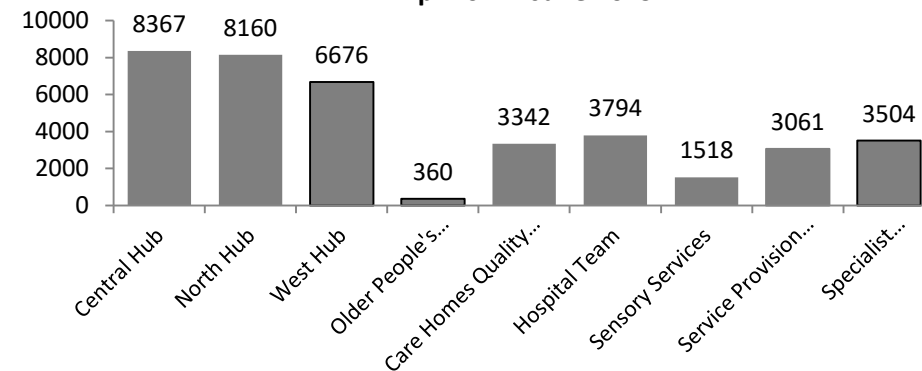
Many service users receive more than one enquiry type in a period of time. The most common enquiry type relate to service provision such as home care or community reablement.

Number of Enquiries	Central Hub	North Hub	West Hub	Older People's Mental Health Team	Care Homes Quality Team	Hospital Team	Sensory Services	Service Provision Teams	Specialist Practitioners	All Referral Types	% of all Types
Advice / Information	26	32	36	2	3	5	19			123	0%
Signposting			1							1	0%
MDT	618	703	564	12	37	2		1		1937	5%
Third Sector Broker	1									1	0%
Care Management Input	1,591	1,686	1,426	216	405	3,542	9	2		8877	23%
OT Input	2,886	2,534	2,159	1		2			3	7585	20%
Physio Input	1,522	1,283	1,107							3912	10%
Specialist NHS Input	256	245	619	2			1	1	3,498	4622	12%
Service Requests	1,462	1,655	761	48	2,896	218	362	3,057		10459	27%
AMHP Assessment		15		78		1				94	0%
Sensory Service Input							1,120			1120	3%
Secure Estate	4	3	1							8	0%
Other Specialist Input	1	4	2	1	1	24	7		3	43	0%
<b>All Adult Services</b>	<b>8367</b>	<b>8160</b>	<b>6676</b>	<b>360</b>	<b>3342</b>	<b>3794</b>	<b>1518</b>	<b>3061</b>	<b>3504</b>	<b>38782</b>	
<b>Percentage of Teams</b>	<b>22%</b>	<b>21%</b>	<b>17%</b>	<b>1%</b>	<b>9%</b>	<b>10%</b>	<b>4%</b>	<b>8%</b>	<b>9%</b>		

**Number of Referrals by Enquiry Type  
Apr 2017 - June 2019**



**Number of Referrals by Enquiry Team  
Apr 2017 - June 2019**



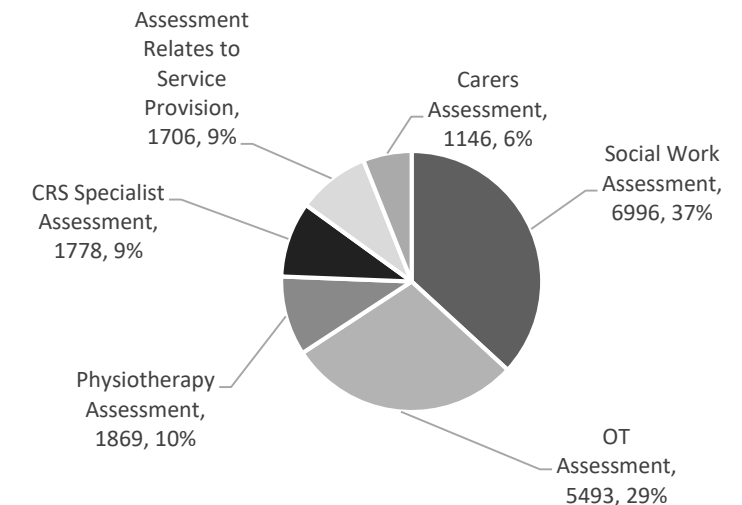
## Assessments Completed by Team

What is working well?	What are we worried about?	What are we going to do?
There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly.	Continuing demographic pressure could escalate the number of enquiries.	Some preliminary analysis has been discussed within the service. This will build on work carried out on the Population Assessment and will be used to model future population need.
The distribution of enquiries across the hubs is now relatively even.		
We believe there is a consistent level of recording enquiries across the service.		

### Numbers of People Assessed and Assessments Completed by Assessment Type and by Assessment Team April 2017 – June 2019

Number of People Assessed	Central Hub	North Hub	West Hub	Older People's Mental Health Team	Care Homes Quality Team	Hospital Team	Sensory Services	Specialist Practitioners	All Assessment Types	Number of People Assessed
<b>Social Work Assessment</b>	1087	1547	1158	386	783	1436	599		<b>6996</b>	<b>5614</b>
<b>OT Assessment</b>	2186	2054	1253						<b>5493</b>	<b>5292</b>
<b>Physiotherapy Assessment</b>	685	619	564					1	<b>1869</b>	<b>1763</b>
<b>CRS Specialist Assessment</b>	216	527	266					769	<b>1778</b>	<b>1681</b>
<b>Assessment Relates to Service Provision</b>	623	573	510						<b>1706</b>	<b>1656</b>
<b>Carers Assessment</b>	277	418	346	72		32	1		<b>1146</b>	<b>1108</b>
<b>Number of Assessments Completed</b>	<b>5074</b>	<b>5738</b>	<b>4097</b>	<b>458</b>	<b>783</b>	<b>1468</b>	<b>600</b>	<b>770</b>	<b>18988</b>	

### Number of Assessments Completed by Type April 17 - June 2019



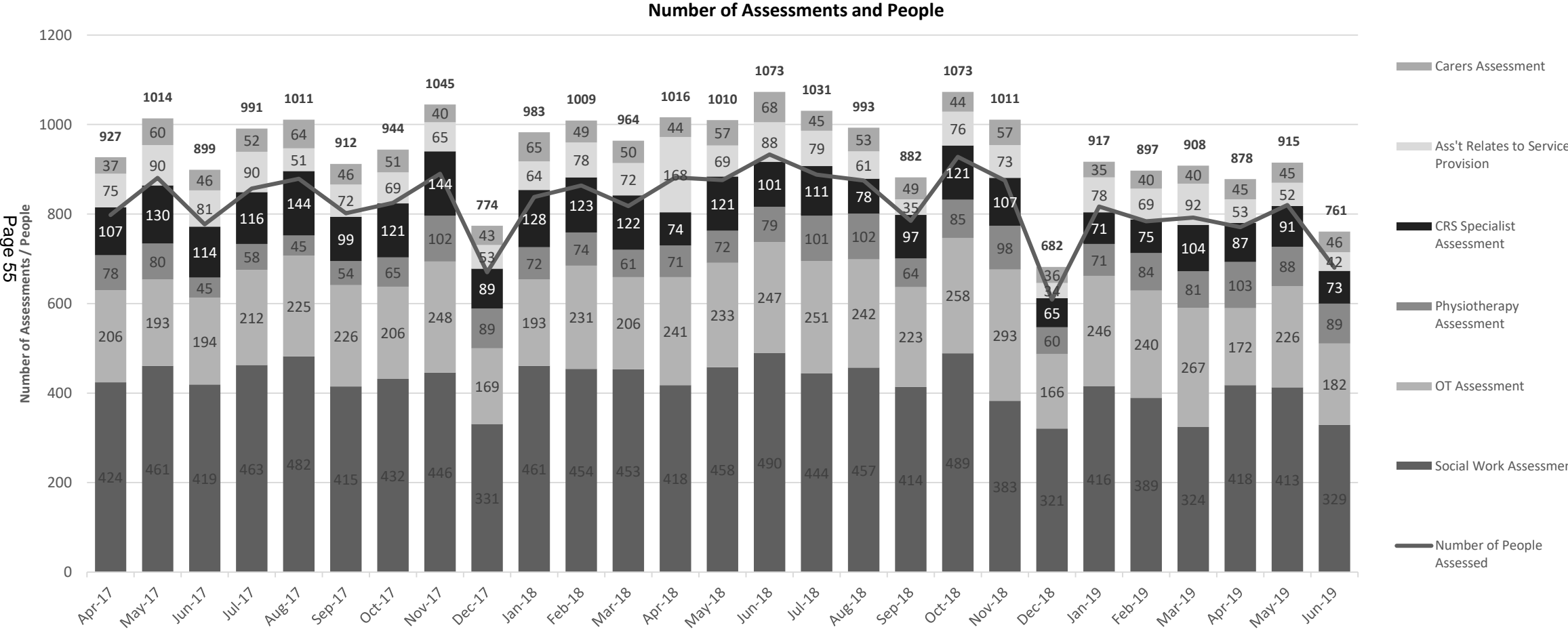
'Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead. 'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.



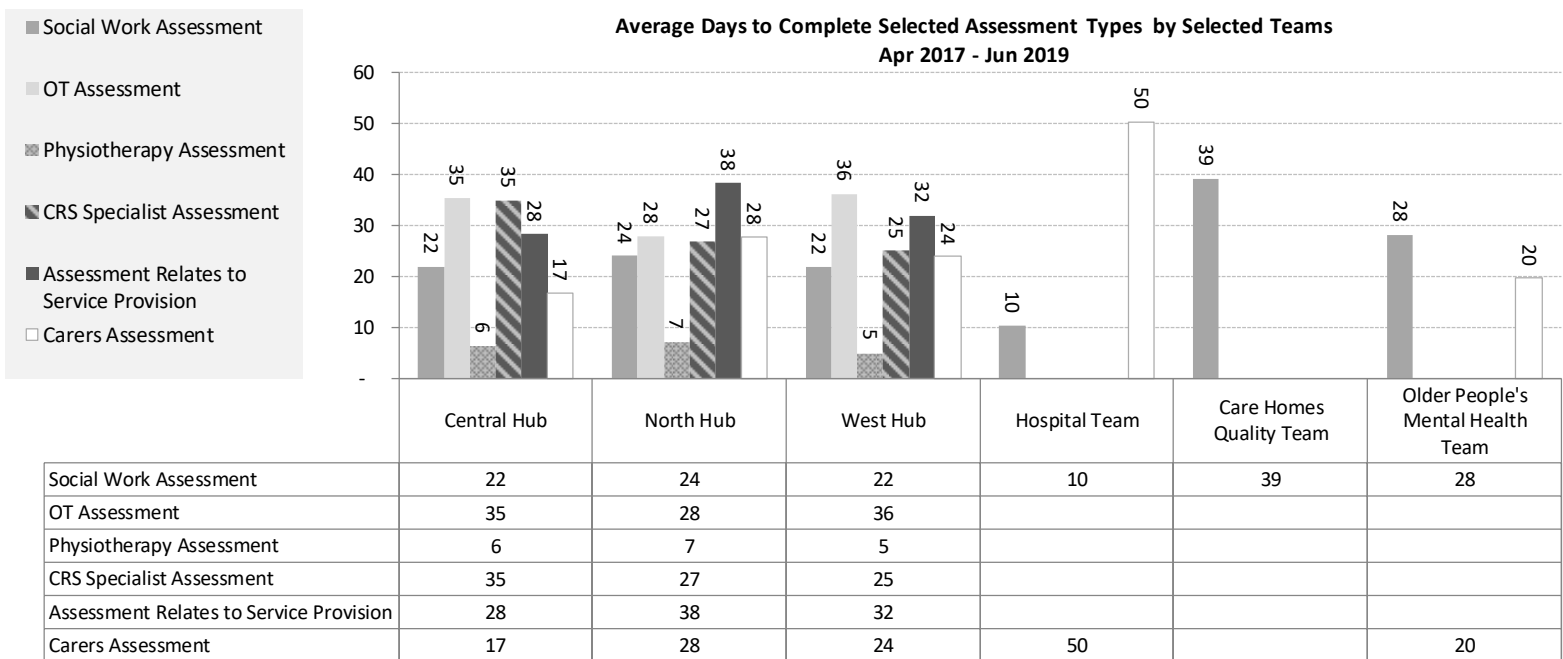
# Assessments Completed by Team

## Distribution of Assessments by Type and Over Time (Apr 2017 – June 2019)

36% of completed assessments are social work assessments, which mostly comprise Overview Assessments and Review Assessments. Assessments for Occupational Therapy and Physiotherapy together account for 39% of all completed assessments. Assessments of need and OT / Physio assessments therefore represent 3 out of 4 completed assessments. The line in the graph shows the total number of individuals who were assessed.



## Assessments Completed by Team



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What is working well?	What are we worried about?	What are we going to do?
A reasonably consistent amount of assessment activity continues to take place.	We are aware of current difficulties with accurately reporting numbers of new assessments/ re-assessments and reviews.	Performance staff and managers are working together to look in more detail at this topic.
Typically assessments of need are completed within 30 days by most teams.	It is not clear whether physios are following the correct agreed procedure in Paris and may be recording assessments in casenotes, where they will not be counted as assessments.	Social work practice will be examined as part of the development of a practice framework.
Physio assessments are carried out swiftly by the Hubs. OT assessments take slightly longer than assessments of need to complete.		We will look into the issue of physios recording assessments

### Caseloads & Reviews

At this stage, information on these subjects is not completely reliable across most work areas and as such we are working towards being able to present more reliable information as it becomes available.

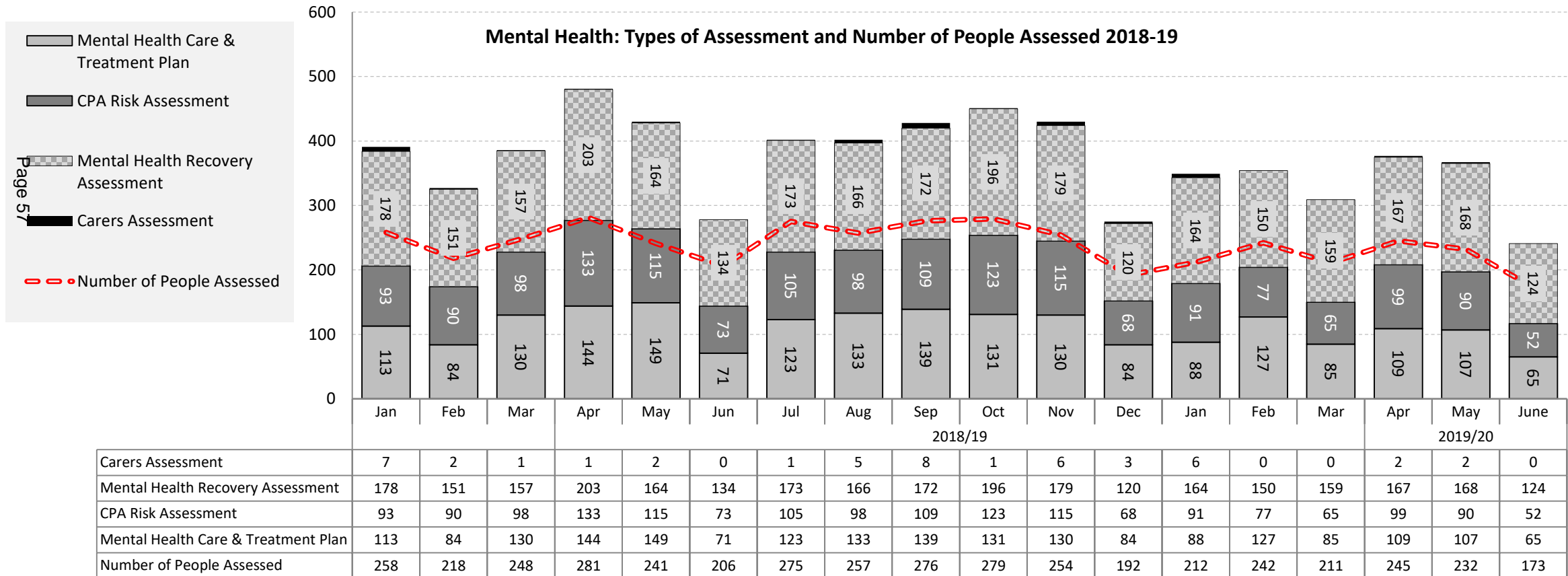
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have the intelligence to understand caseloads and therefore effectively deploy resources

Assessment and Care Management: Mental Health

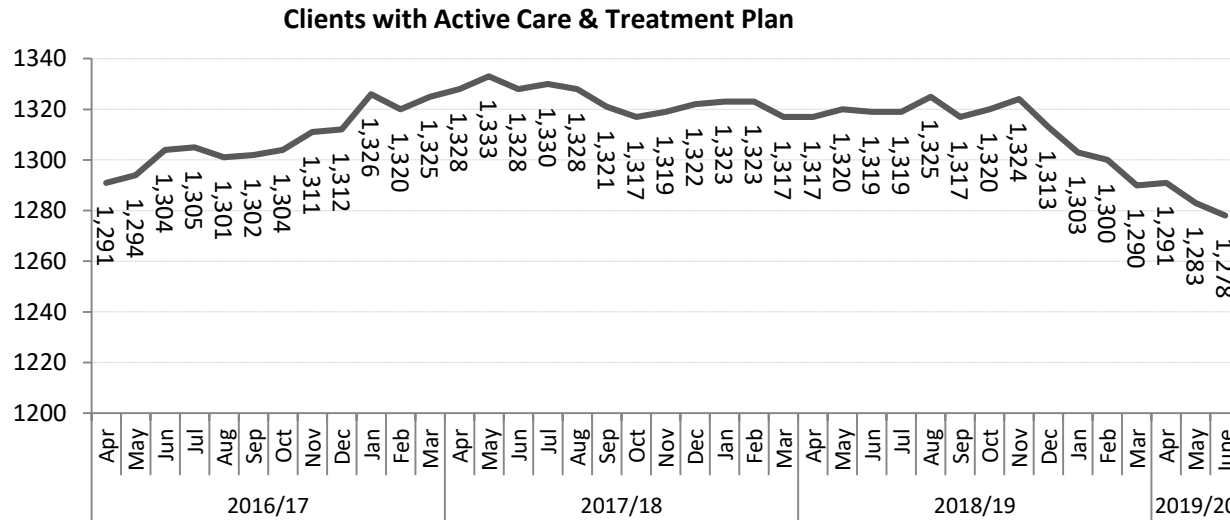
Numbers and Types of Assessment

Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried out and reviewed at periodic intervals. An *Associate Mental Health Professional (AMHP)* assessment is carried out where a person with a mental health problem may need to be admitted to hospital for care and treatment.

The dotted line shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time. This will be particularly the case for those who receive a Recovery Plan which identifies the need for care co-ordination and a subsequent Care & Treatment Plan



People with Active Care & Treatment Plan



The ‘caseload’ for the mental health service is relatively-well defined since the Mental Health Measure stipulates a mental health client should have an active Care and Treatment Plan.

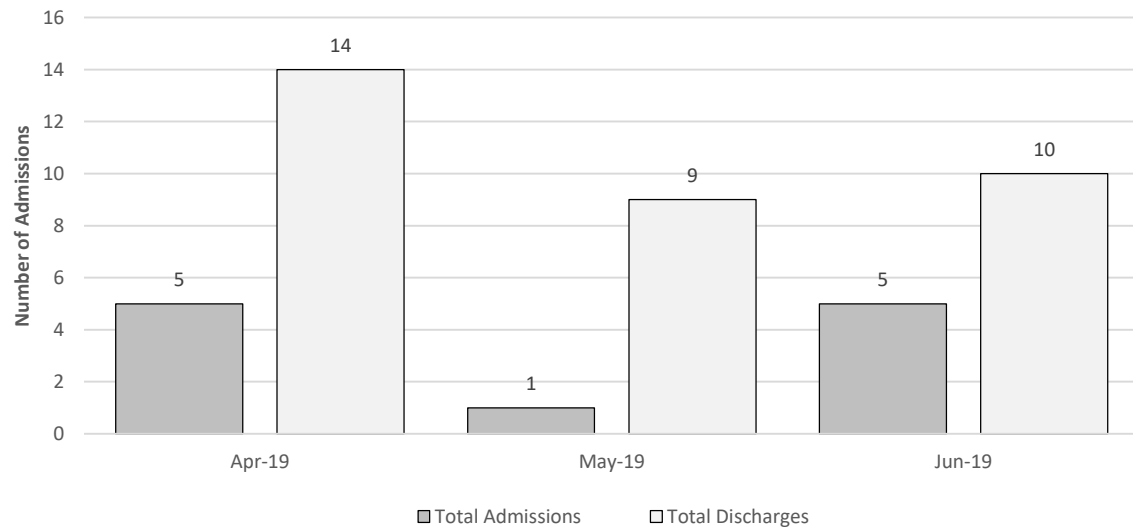
The overall caseload for the mental health service has remained relatively stable over the last 29 months (up 1% since April 2016). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing the number of clients by the number of workers gives only a rough estimate of average caseload. Although this method provided a steady statistical average of roughly 21 - 22, it should be noted that due to the variety of staff working hours, this value is more indicative than real.

What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training is substantial and lasts for most of a year.	We are going to look in more detail at issues that affect available resource.

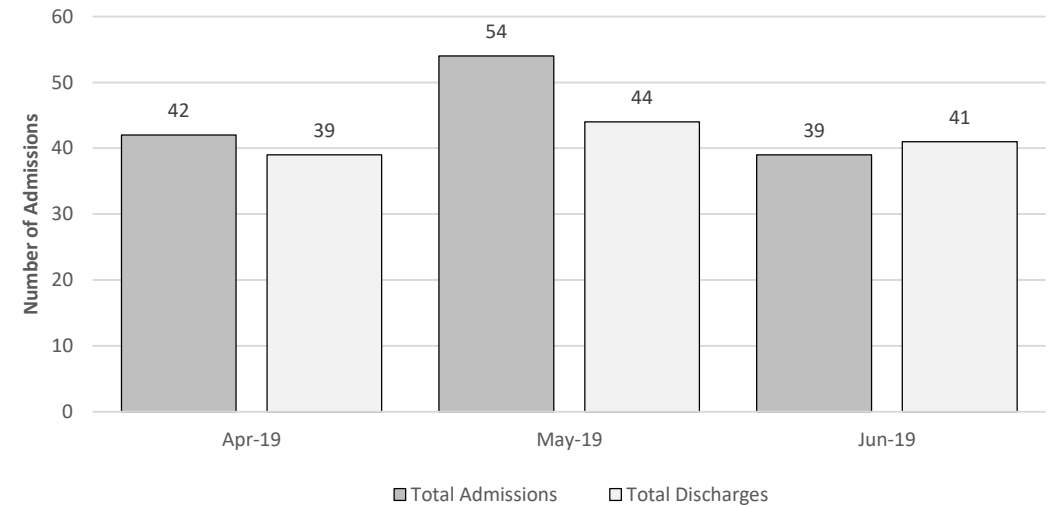
Community Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective the service has been in reducing the total burden on the managed care system.
There are two national performance indicators measuring the effectiveness of community reablement. These are brand new indicators and there continue to be national debates as to the final national definition of the indicator calculation method.	Staff are engaged in discussion with peers across Wales and contributing positively to a meaningful definition.
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. A local internal target of <b>50%</b> applies.	Performance for whole of 2018/19 was <b>81.8%</b> and is running at <b>100%</b> for 2019/20. (Note that changes can be significant due to low number.)
Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. A local internal target of <b>25%</b> has been in place for some years.	For 2017/18 performance was <b>79.3%</b> , considerably exceeding target. 2018/19 performance was <b>90.4%</b> exceeding target and 2019/20 performance is running at <b>95%</b> .

Community / Hospital Bridge Number of Admissions and Discharges

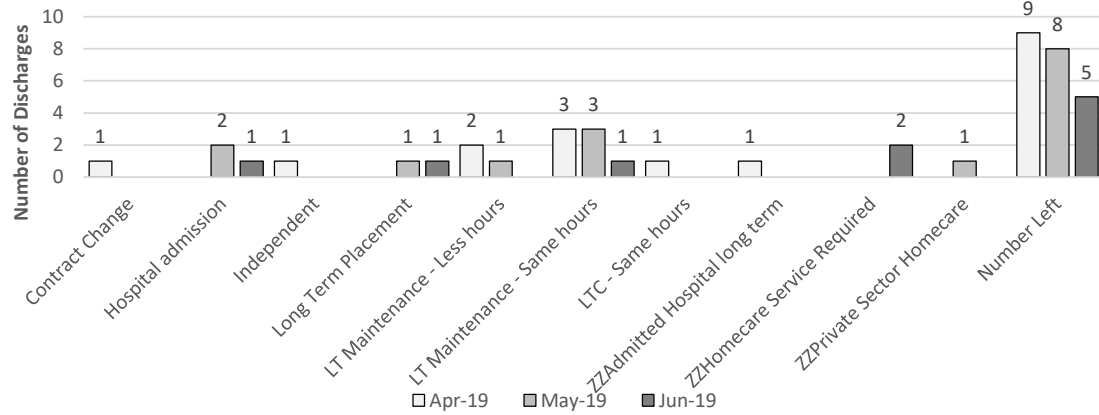


Community Reablement Free / Charge Number of Admissions and Discharges

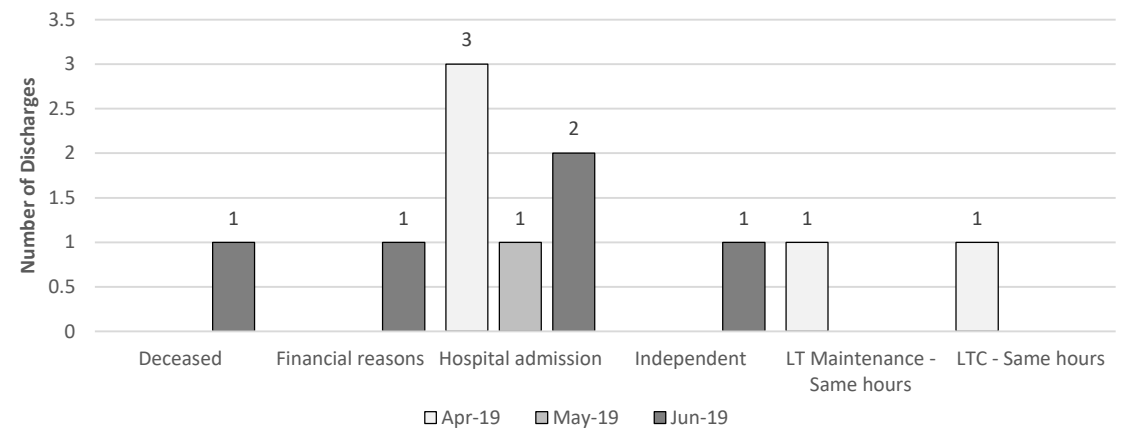


# Community Reablement

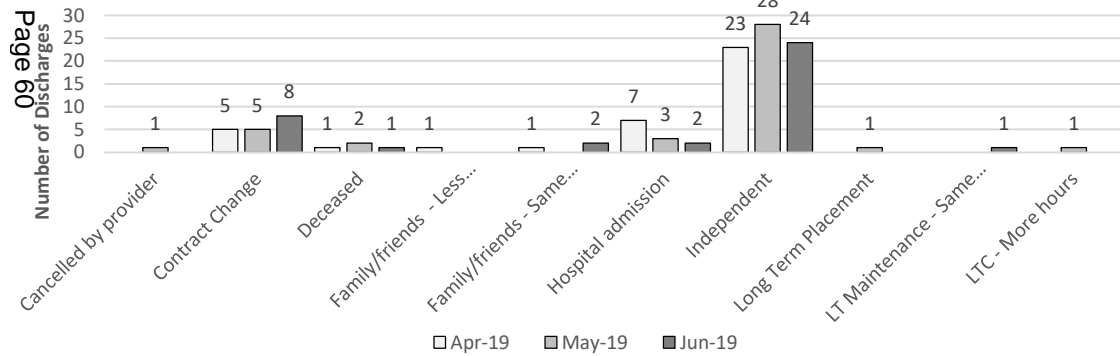
### Community Bridge Destination on Discharge



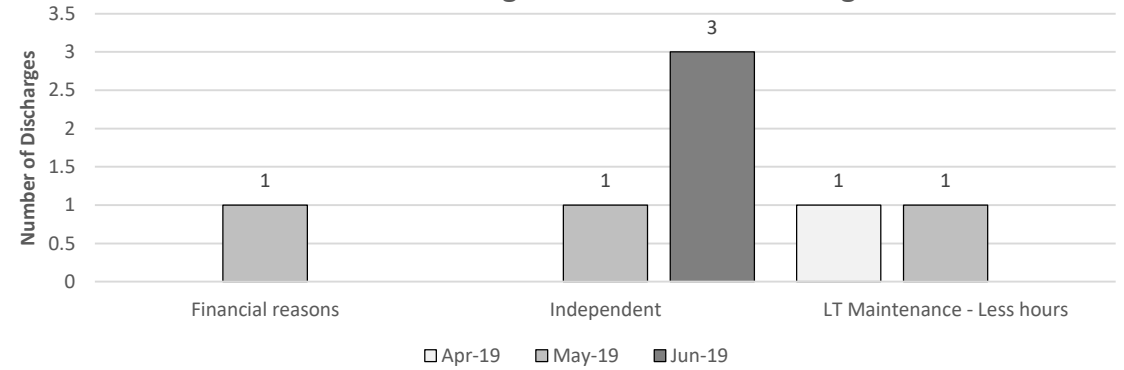
### Hospital Bridge Destination on Discharge



### Reablement Free Destination on Discharge



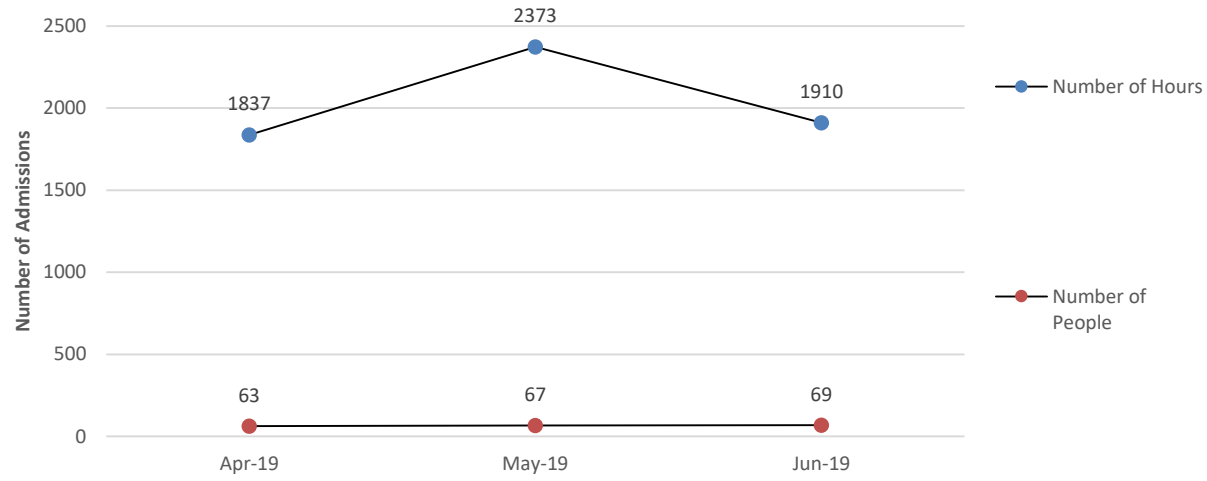
### Reablement Charge Destination on Discharge



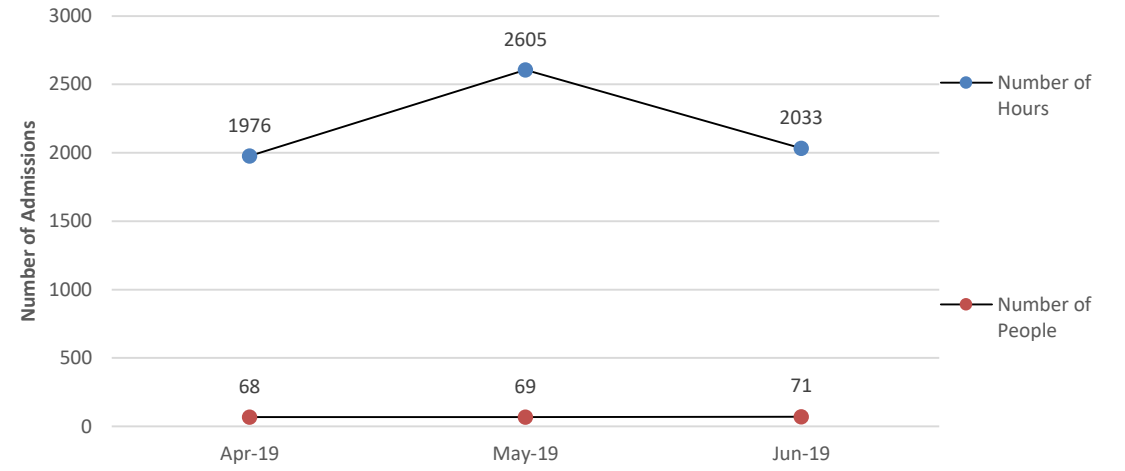
What is working well?	What are we worried about?	What are we going to do?
People continue to access the service and 70-90 people are currently being supported at any given time.	We know that stay lengths can increase due to pressures within the service, in terms of securing long-term care.	We will continue to divert people away from care in care homes or hospital where appropriate in line with people's desired outcomes.
		Maintain focus on effective commissioning arrangements and workflow processes for domiciliary care.

# Community Reablement

## Community Reablement Number of People and Hours



## Bridging Number of People and Hours

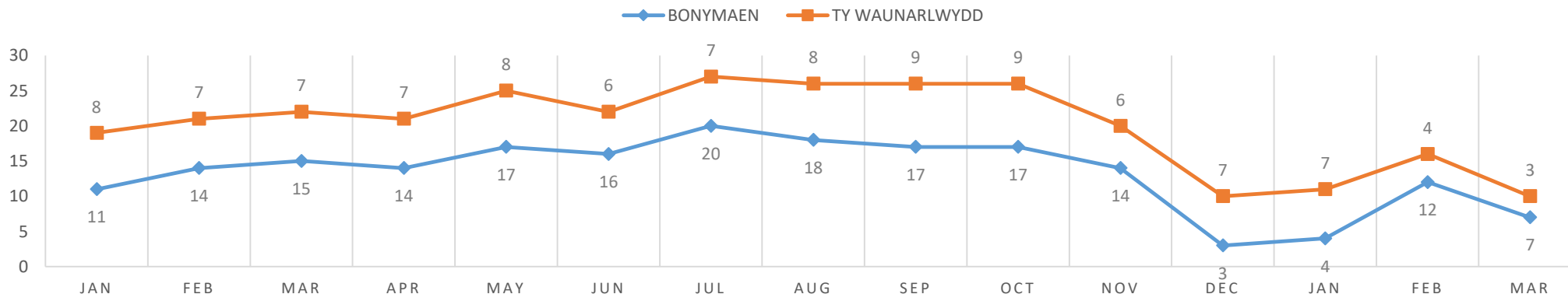


Residential Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>The purpose of the residential reablement service is to avoid further escalation in a person’s care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.</p>	<p>There is good evidence the service has become effective in preventing admissions over the last 2 years.</p>
<p>There was a local PI relating the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the <b>target was set at 58%</b> returning home. The measure is no longer reported but we continue to examine our effectiveness.</p>	<p>From April 2018 to June 2019, of those leaving Bonymaen House 44% returned home independently and 28% with a care Package.</p> <p>Discharges from Ty Waunarlwydd were 47%. This figure shows a decrease over past months.</p>
<p>The graph below shows the amount of people resident within both services at the end of each month, April 2018 to March 2019.</p>	

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PEOPLE IN RESIDENTIAL REABLEMENT AT END OF MONTH 2018



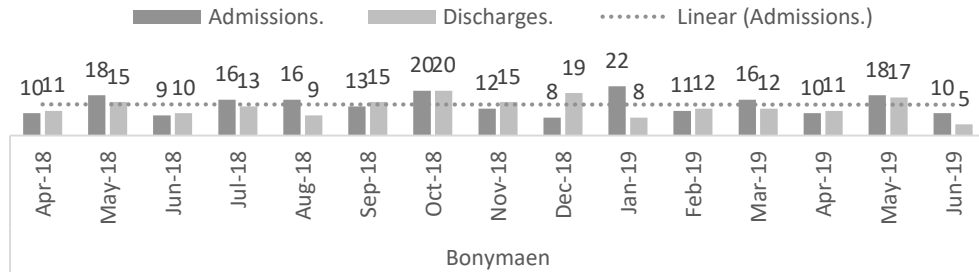


Admissions to /Discharges from Residential Reablement April 2018 to May 2019

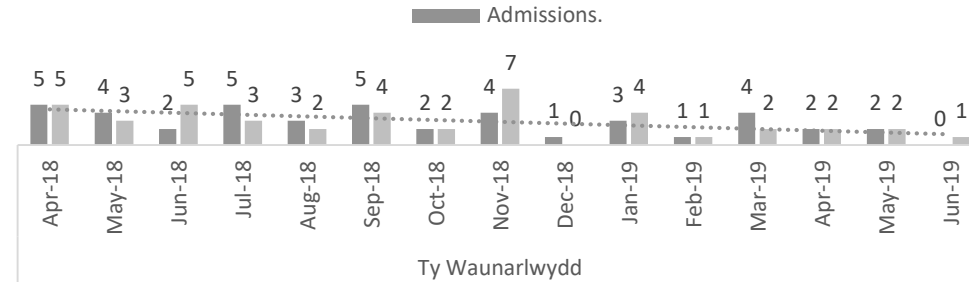
Both services have a trend line that is attached to admissions.

Ty Waunarlyydd trend line indicates a decrease in overall admissions, where as Bonymaen House is more static.

Admissions & Discharges



Admissions & Discharges

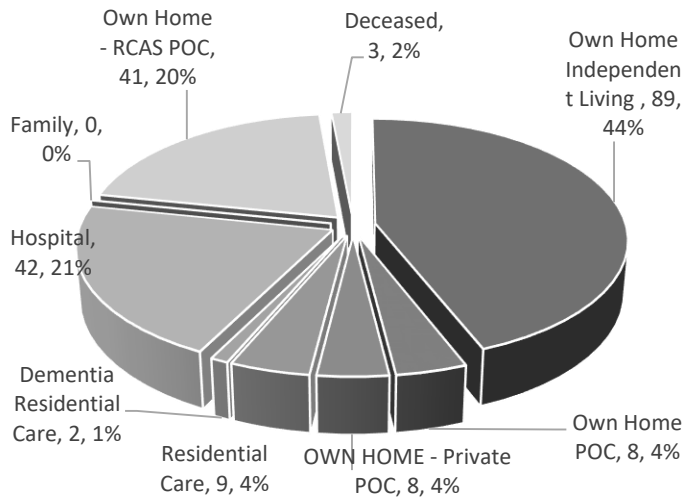


Effectiveness of Residential Reablement

The desired outcome of residential reablement, which is to avoid admission to a care home or hospital. Enabling a person to live within their own home as long as passable.

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Bonymaen House Discharges April 2018 - June 2019



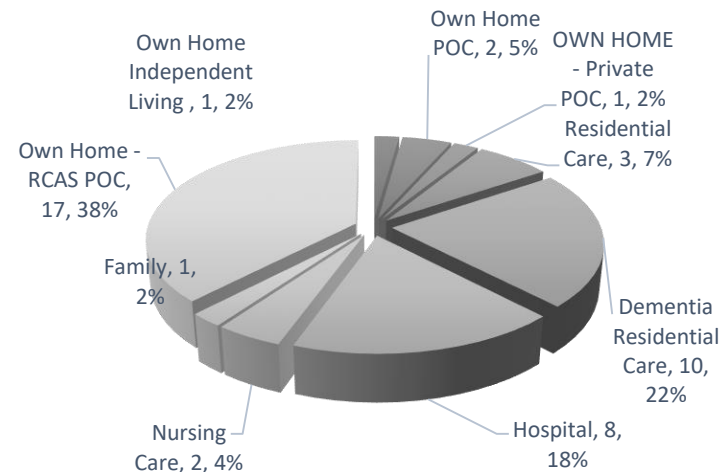
Bonymaen House 23 Assessment Beds.

The capacity was reduced in January by 4 beds. Due to additional support needs of current admissions.

The cumulative sum of discharges was 202. Of these the returning to their own home were, 44% independently, with an additional 28% receiving a package of care at home.

The total percentage of people returning home independently and or with a care package was 72%. the highest category for people that did not return home was Hospital 21%.

Ty Waunarlyydd Discharges April 2018 - June 2019



Ty Waunarlyydd 8 Assessment Beds.

The total cumulative discharges were 45. Of these 47% returned home, with care packages.

Dementia residential care accounted for 22% of the overall discharges, this category continues to increase.

The remaining discharges were to residential care based services..

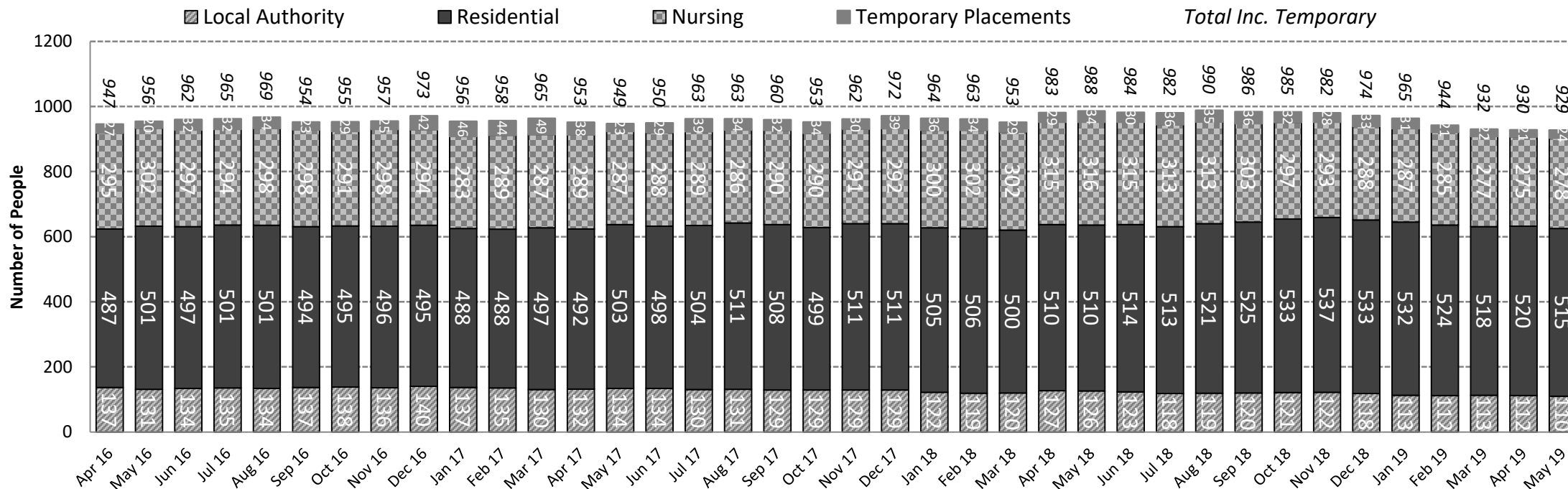
## Residential Reablement

What is working well?	What are we worried about?	What are Possible actions?
<p>Both services work to support people to be as independent as possible. Enabling a number of people to return to their own home, independently or with a care package.</p> <p>Services usage information is provide monthly, enable reports to be completed, within the current time period.</p> <p>Prior to reporting, a draft is shared with reablement services. Enabling any discrepancy's to be identified and amended before presentation.</p>	<p>Ty Waunarlyydd, predominantly support people living with dementia.</p> <p>Between April 2018 and June 2019 47% of all discharges returned home, predominately being supported with a care package.</p> <p>However, some of these referrals may be deemed inappropriate, for example, where the person's condition has progressed to the stage that they are more likely to be discharged to residential accommodation.</p> <p>The average stay within Ty Waunarlyydd exceeds 42 days, which is the assessment period. From April 2018 to June 2019 this has been the case for 65% of admissions whereas Bonymaen House exceeded the assessment period by 25% for the same period.</p> <p>Reasons for this include waiting for a long term residential placement to become available, the unavailability of equipment or a suitable discharge destination .</p> <p>Once the assessment has been completed, or the 42 day assessment period has lapsed the person can be charged for their exceeded stay. However this was not always been possible where the service may be deemed responsible for the prolonged stay – see above. This has resulted in potential loss of revenue and a reduction in bed capacity.</p>	<ul style="list-style-type: none"> <li>Review the assessment eligibility criteria, to reduce the likelihood of people being admitted, that have a high probability of being discharged to hospital or nursing care.</li> </ul> <p>Review how the 42 day assessment period is managed, with an aim to have the person assessed and discharged within this time frame.</p> <p>Review the pathway and resources available in the community to ensure a speedy discharge.</p> <p>The above actions will form part of the reshaping of internal care home services as part of the Adult Services model, under the Older People's Commissioning Review, phase 2.</p>

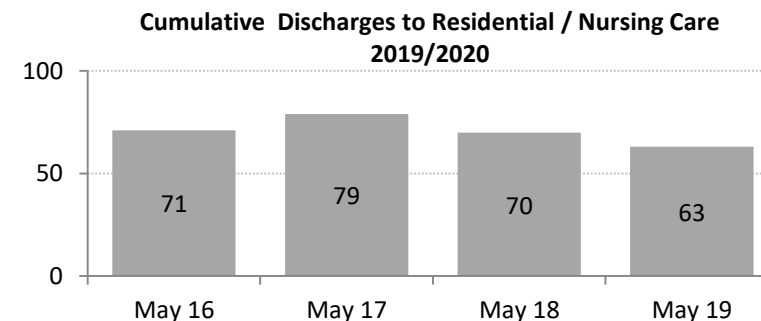
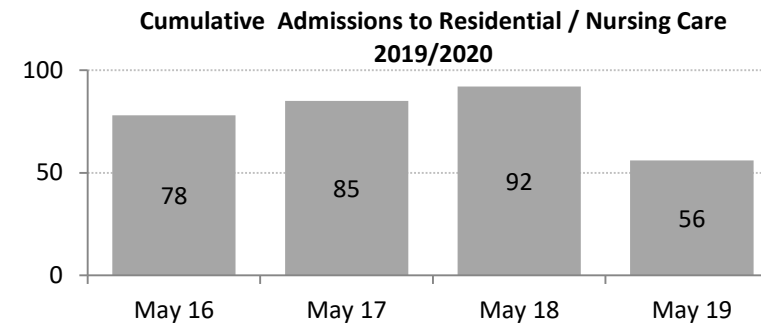
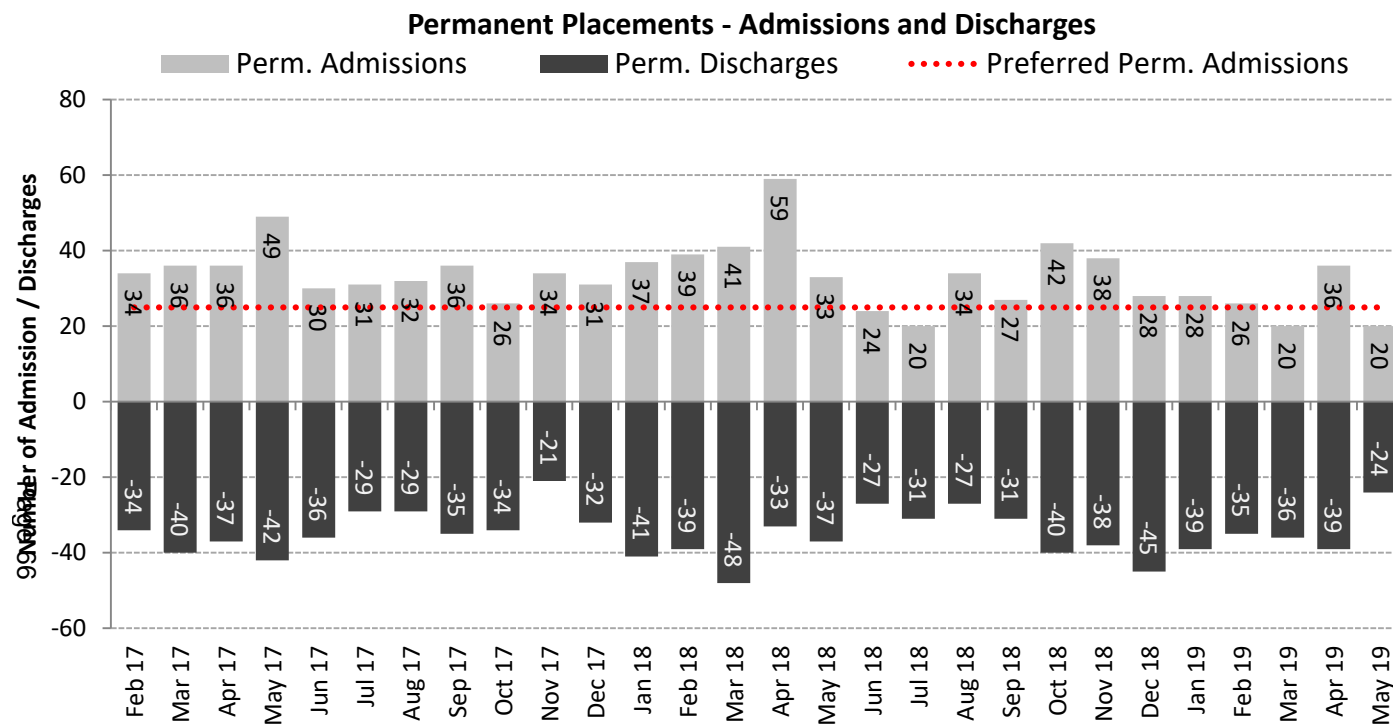
Residential / Nursing Care for Older People

Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people supported over the last four years but the decreases have slowed down over that period.
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature.	For 2017/18, Measure 21 was <b>921.8</b> and Measure 22 was <b>83.7</b> . For 2018/19, the annual result was <b>943.9</b> (poorer) and <b>81.9</b> (poorer) respectively.
While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	Up to the end of Q1 2019/20, performance was <b>947</b> and <b>81.5</b> respectively.

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Admissions to and Discharges from Residential / Nursing Care



What is working well?	What are we worried about?	What are we going to do?
	We have not reduced numbers to the level anticipated in the Western Bay business case for intermediate care. We are still making above-average use of residential care compared to other Welsh councils.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes. A Panel is now in place which challenges decisions on new and temporary placements. We will need to monitor whether these arrangements help reduce the propensity to use of long-term placements.

## Temporary Placements

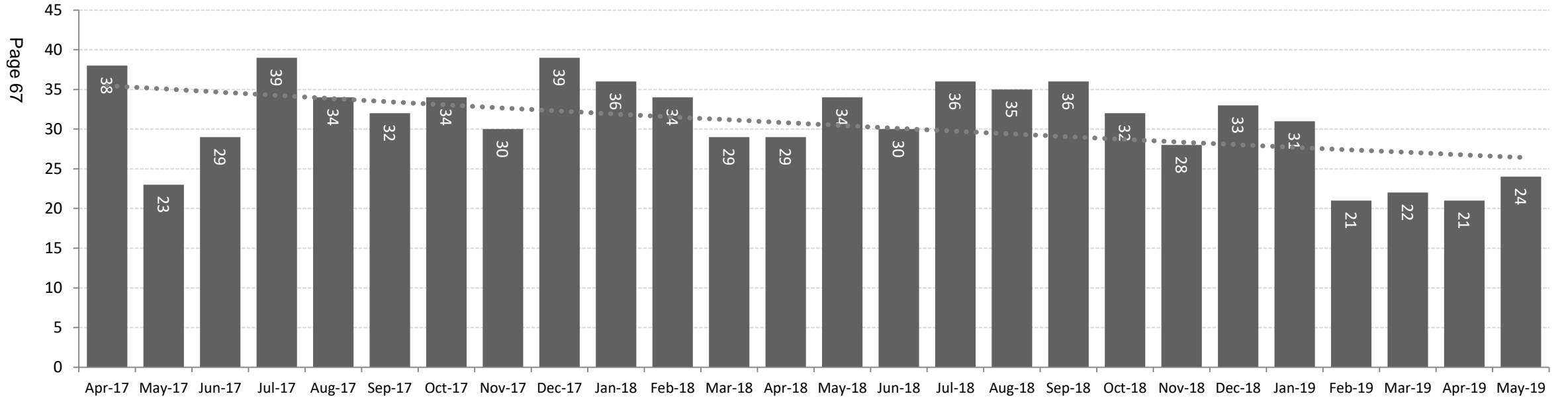
### Temporary Admissions to Residential / Nursing Care

A temporary admission can be for a variety of reasons, the most common being trial periods to allow a person to establish whether they would like to consider a permanent placement and where the authority will need to carry out a financial assessment to determine whether the law requires that the person should pay for their care. Such stays tend to be relatively brief, typically between 40 and 60 days.

We have recently started to examine this information in the context of understanding overall levels of demand for residential / nursing care.

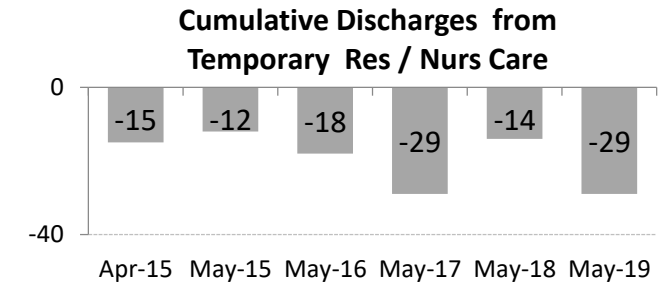
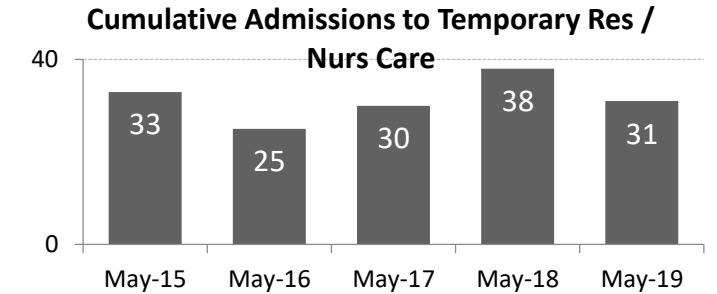
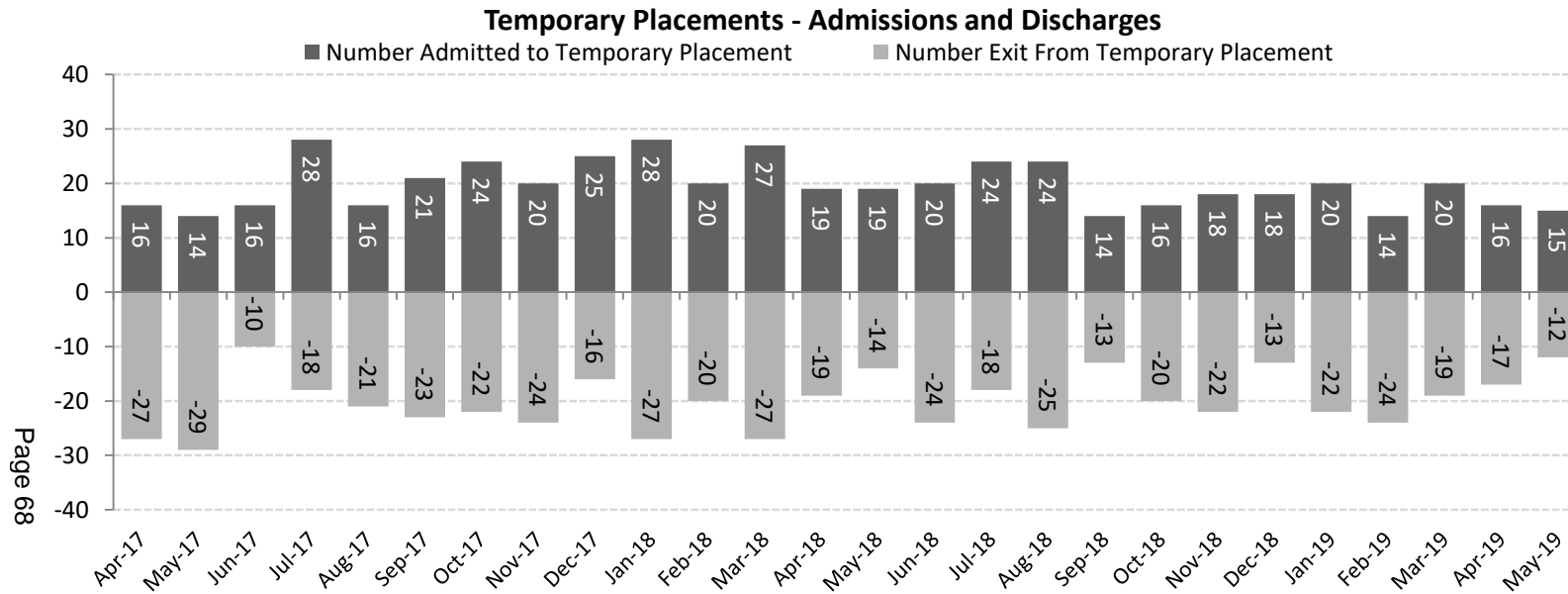
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a lower rate than in either of these years.
We will keep this area under review in order to define reasonable expectations.	No additional outcomes defined as yet.

**Numbers in Temporary Placement At Month End**



## Temporary Placements

### Admissions to and Discharges from Temporary Residential / Nursing Care



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What is working well?	What are we worried about?	What are we going to do?
Admissions and discharges are keeping pace with each other and numbers are remaining relatively stable	We do not yet understand the dynamics of this aspect of service delivery.	We are going to monitor this area of work and seek to understand it better. Under the new Panel arrangements, temporary placements are now only agreed for a two week period. Following the two weeks, care managements have to come back to Panel explaining the long-term care arrangements or why the temporary placement should be extended.

## Temporary Placements

### Destination on Discharge from Temporary Residential / Nursing Placements

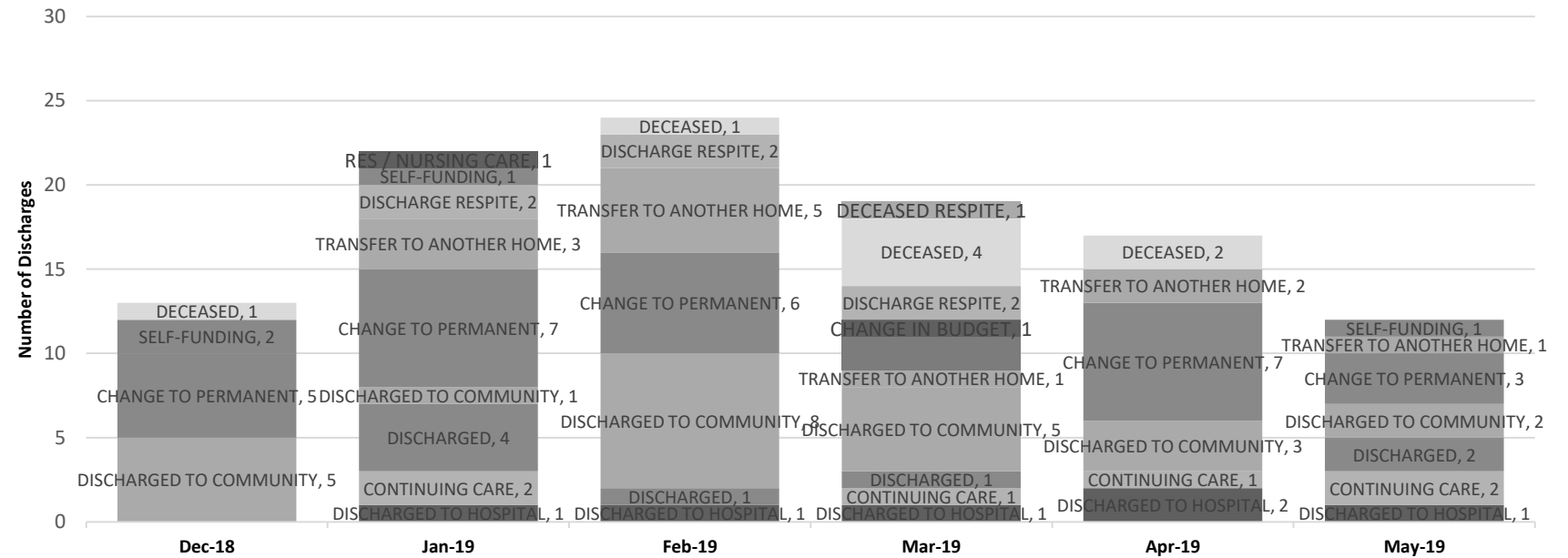
The chart opposite shows the destination of people who have ceased to be in a temporary placement.

This means a large proportion of those who are admitted to temporary placements are likely to become an ongoing cost to the local authority.

Of the discharges to the community, many are likely to require ongoing care and we will examine the relevant records to test this.

8.8% of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

### Temporary Placements Destination on Discharges



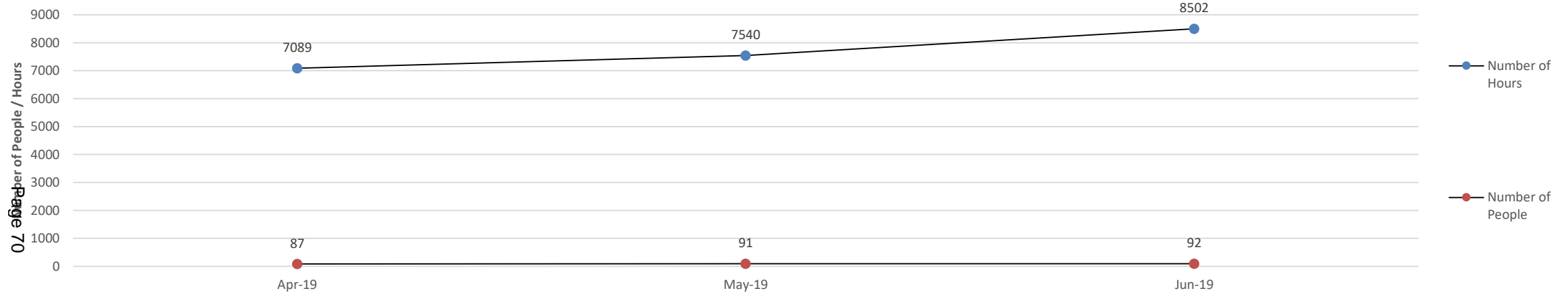
What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This is particularly following the change in charging arrangements as a result of the Social Services and Wellbeing Act whereby temporary placements can now only be charged at a maximum of £60 per week for the first 8 weeks.	We have developed length of stay profiles for those in temporary placements and will include in future editions.
	The very low level of discharges to Continuing Health Care (CHC) funded placements is illustrative of wider issues of whether the Health Board is appropriately funding Swansea citizens. This pattern is echoed across Western Bay.	We will continue to engage with the LHB on achieving equitable distribution of CHC funding across Western Bay. We are also relooking at our strategy in relation to how we negotiate the funding of new placements to make sure that the Health Board funds legitimate health needs.

## Long Term Domiciliary Care

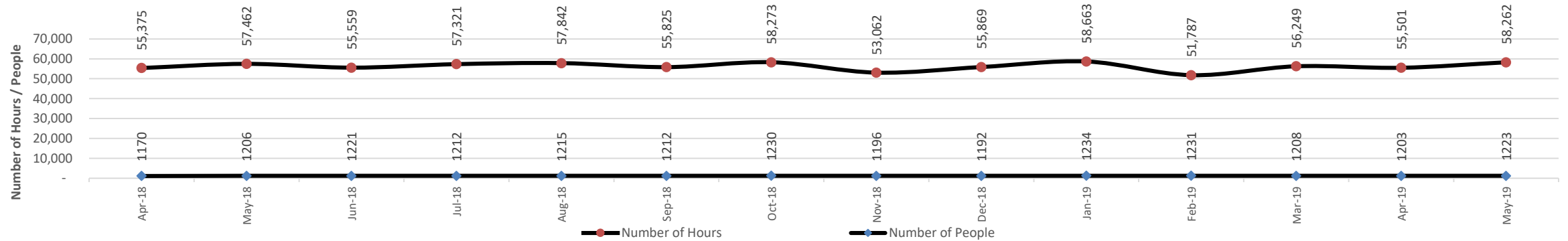
### Providing Long-Term Domiciliary Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care should be limited to those who need it to remain independent. As such our intention is to keep numbers low.	There has been no significant reduction in the numbers of people supported over the last four years.

#### Long Term Number of People and Hours



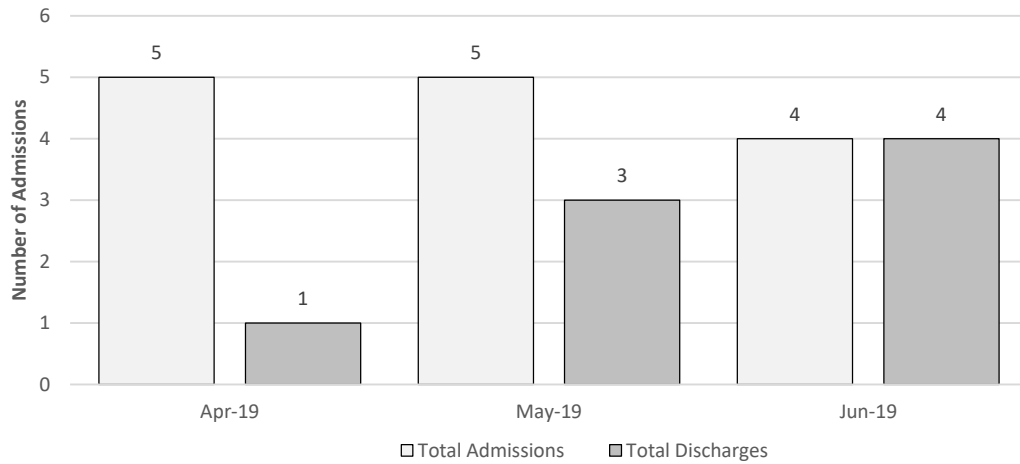
#### Purchased Number of People and Number of Hours of Care During Month



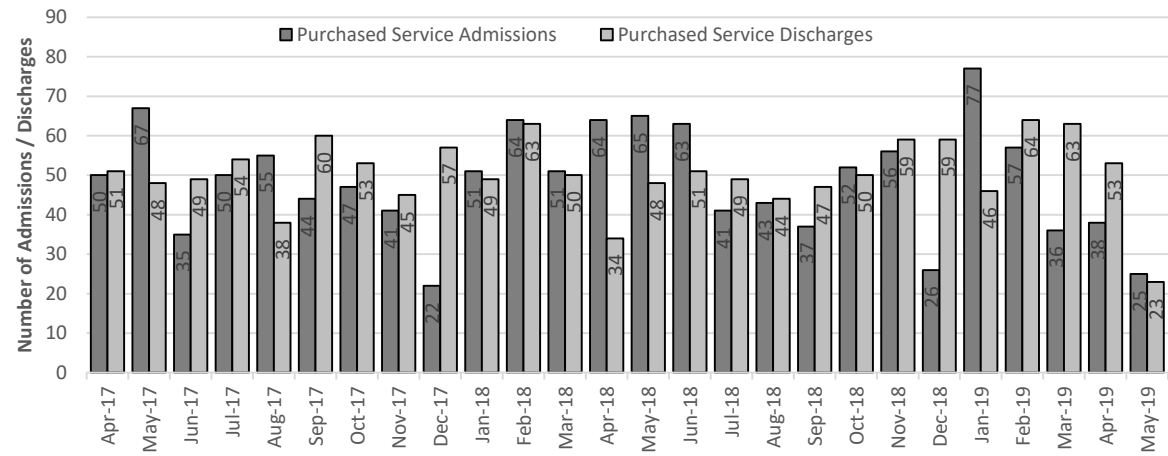


## Long Term Domiciliary Care

### Long Term Number of Admissions and Discharges

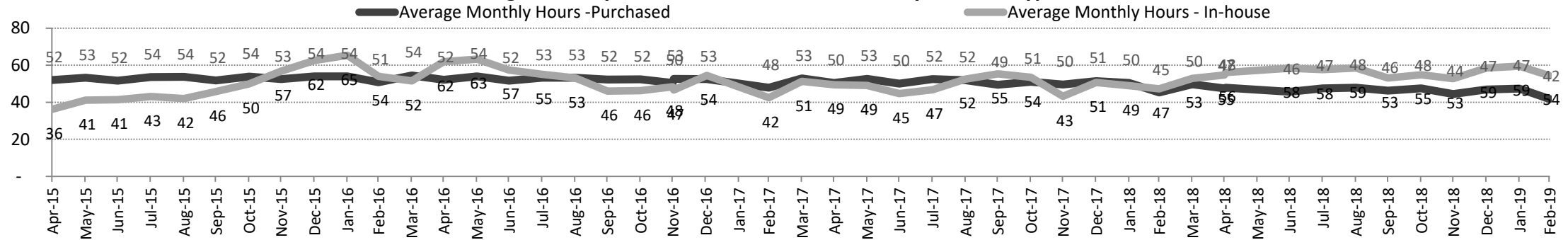


### Purchased Domiciliary Care Admissions and Discharges



### Average Monthly Hours of Home Care Provided by Provider Type

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What is working well?	What are we worried about?	What are we going to do?
	Conversely, numbers were projected to reduce more significantly within the Western Bay business model for intermediate care.	We need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work has commenced to map this and then ensure appropriate test and challenge arrangements are in place.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	

## Safeguarding Vulnerable Adults

There are a number of national and local performance indicators relating to safeguarding. All of these are **new** and therefore baselines are still being set for targets and, in some cases, definitions. The performance measures focus on issues of the timeliness of response to safeguarding referrals and the most vulnerable people in residential / nursing care

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>Effective safeguarding procedures are dependent on effective enquiries being made.</p> <p>Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours. A local target for 2017/18 was set to achieve <b>higher than 65%</b> reflecting a desire to ensure that matters are dealt with promptly but recognising that there will always be occasions where decisions cannot be taken within a day.</p> <p>65% target has been retained for 2018/19 and 2019/20.</p>	<p>Cumulative for the whole of 2017/18 performance was just below the revised target at <b>63.7%</b>.</p> <p>Whole-year 2018/19 performance was below target at <b>55.3%</b>. Performance in 2019/20 is marginally lower at <b>55.01%</b></p>
<p>National Indicator: Measure 18: The percentage of adult protection enquiries completed within 7 days. . A local target for 2017/18 was set to achieve <b>higher than 90%</b> reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will always be occasions where decisions cannot be taken even within a week.</p> <p><b>90%</b> target has been retained for 2018/19 and 2019/20.</p>	<p>Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again.</p> <p>Performance for 2017/18 met the target at <b>91.9%</b> .</p> <p>Final 2018/19 performance was above target at <b>90.4%</b> and performance has improved to <b>94.5%</b> in 2019/20.</p>

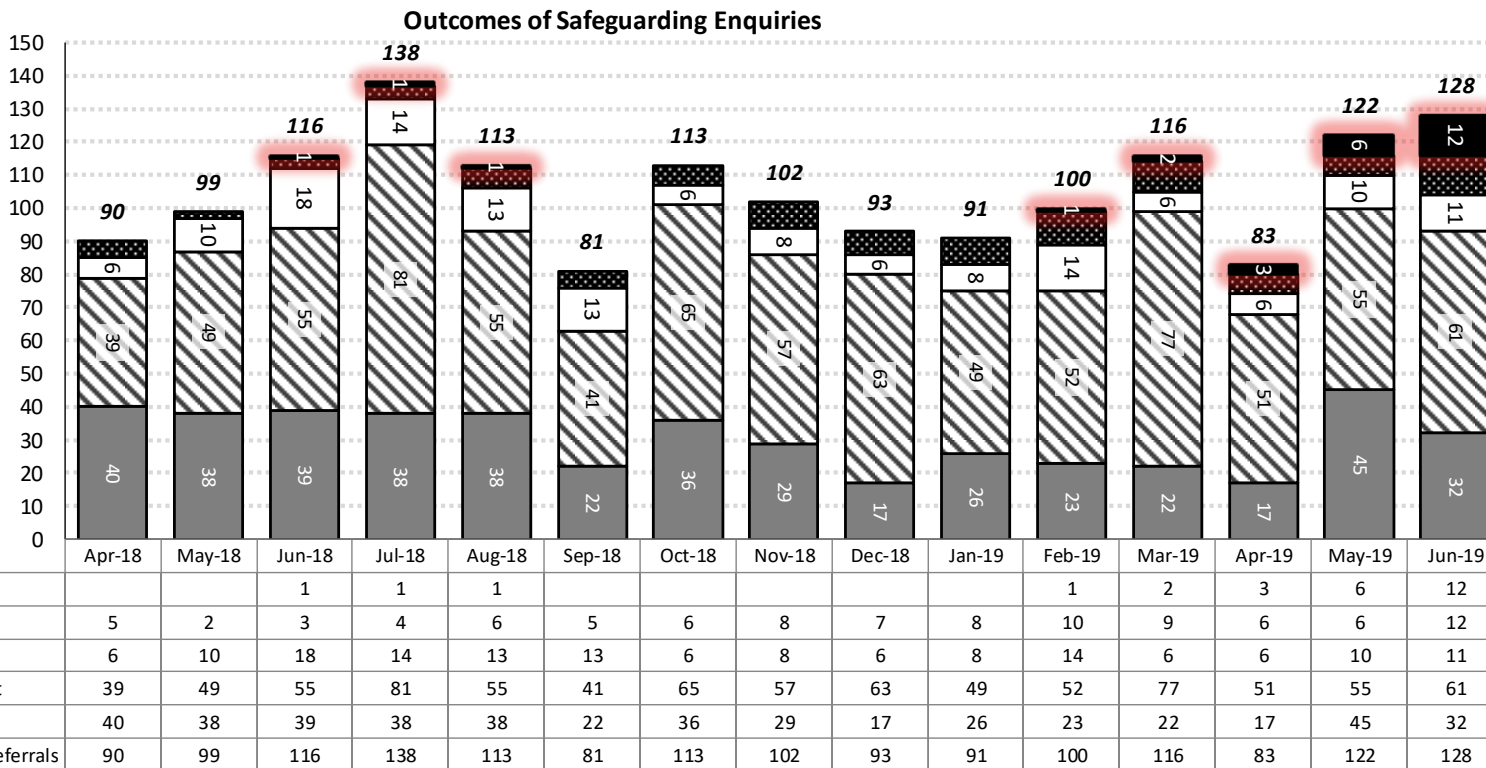
**Safeguarding Enquiries and Outcomes**

The graphs show that of the 4,182 safeguarding enquires completed since April 2018, 28% met the threshold for investigation and 54% did not meet the threshold.

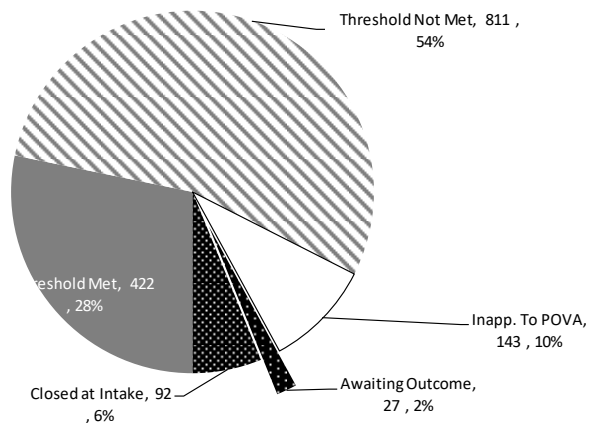
**Highlighted** are those enquiries that were 'Awaiting Outcome' at the end of each month. These do not accumulate. At the end of June 2019, **12** were outstanding

- Threshold Met
- ▨ Threshold Not Met
- Inapp. To POVA
- Closed at Intake
- Awaiting Outcome

**All Safeguarding Referrals**

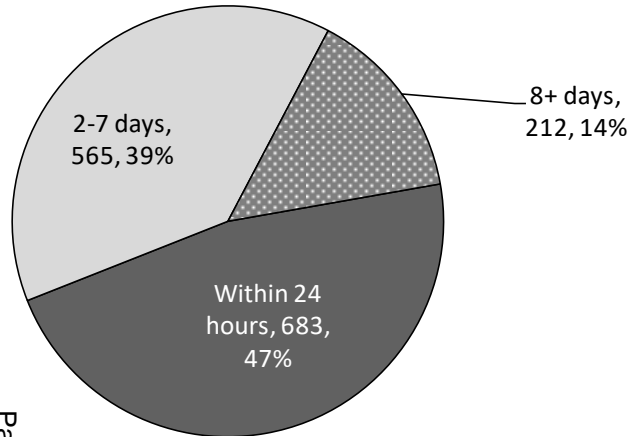


**Outcomes of Safeguarding Enquiries: Sept 2016 - June 2019**



What is working well?	What are we worried about?	What are we going to do?
Numbers are remaining relatively constant.	Some recording and compliance issues remain amongst some staff.	Information has been passed by the Performance Team to the relevant Principal Officers to highlight these issues.

**Safeguarding Thresholds Completed  
In Timescale: Apr 2018 - June 2019**

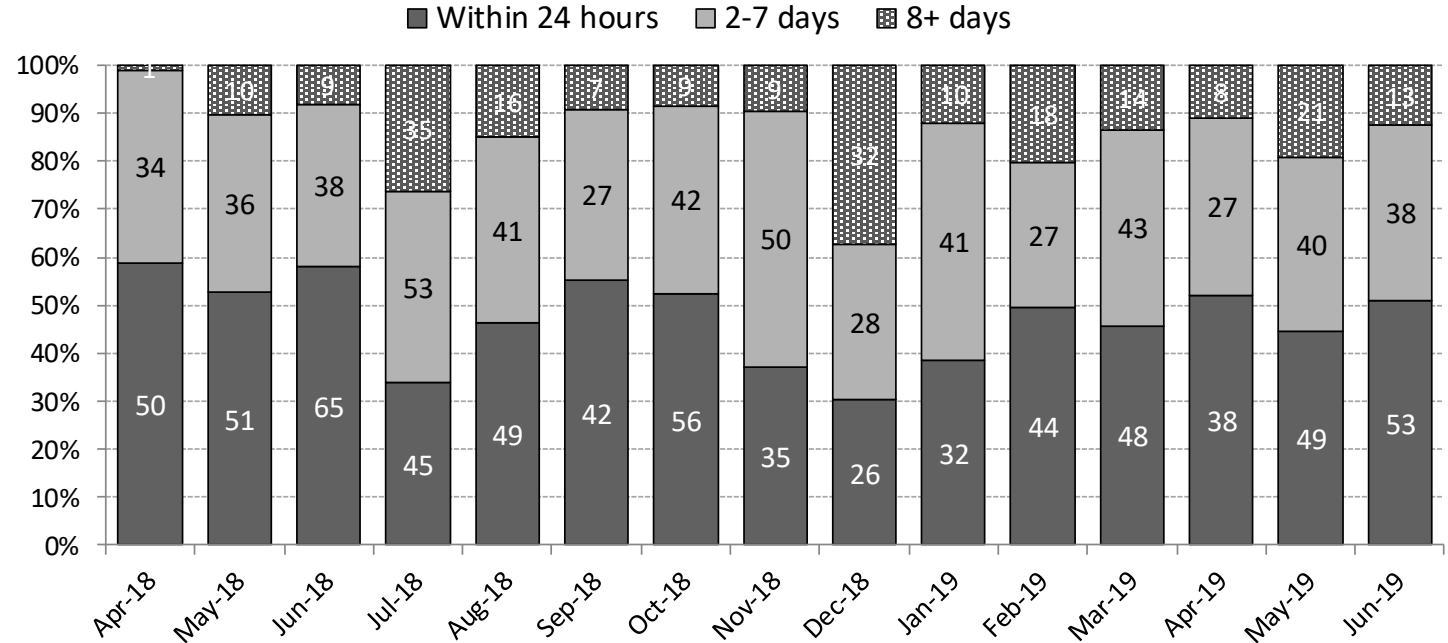


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We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since April 2018.

In terms of reporting this data, a referral is completed when the threshold decision is taken. The preferred timescale is set by Welsh Government within its practice guidance, which is between 2-7 days.

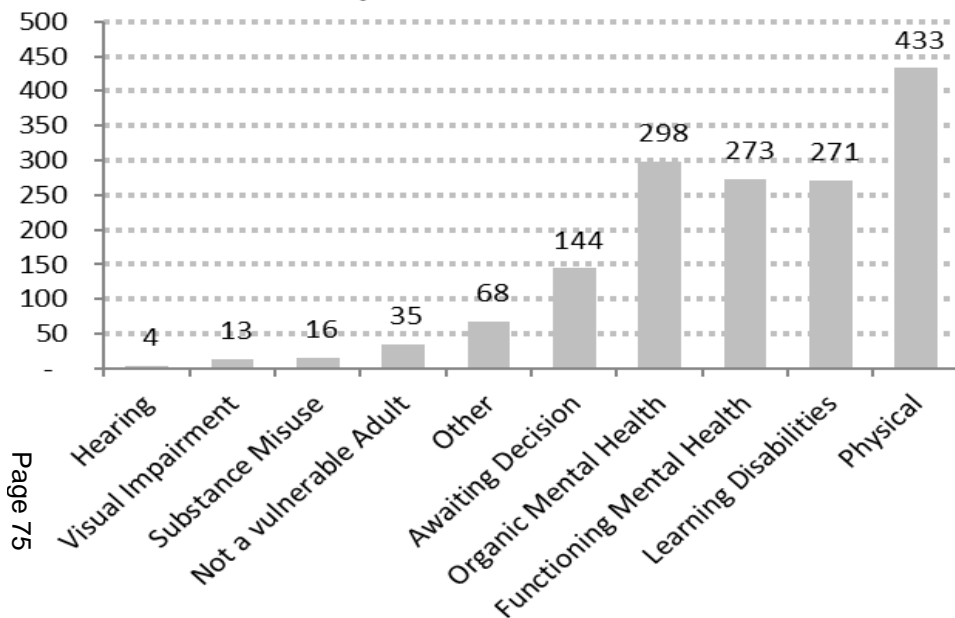
**Safeguarding Thresholds Completed within Timescales**



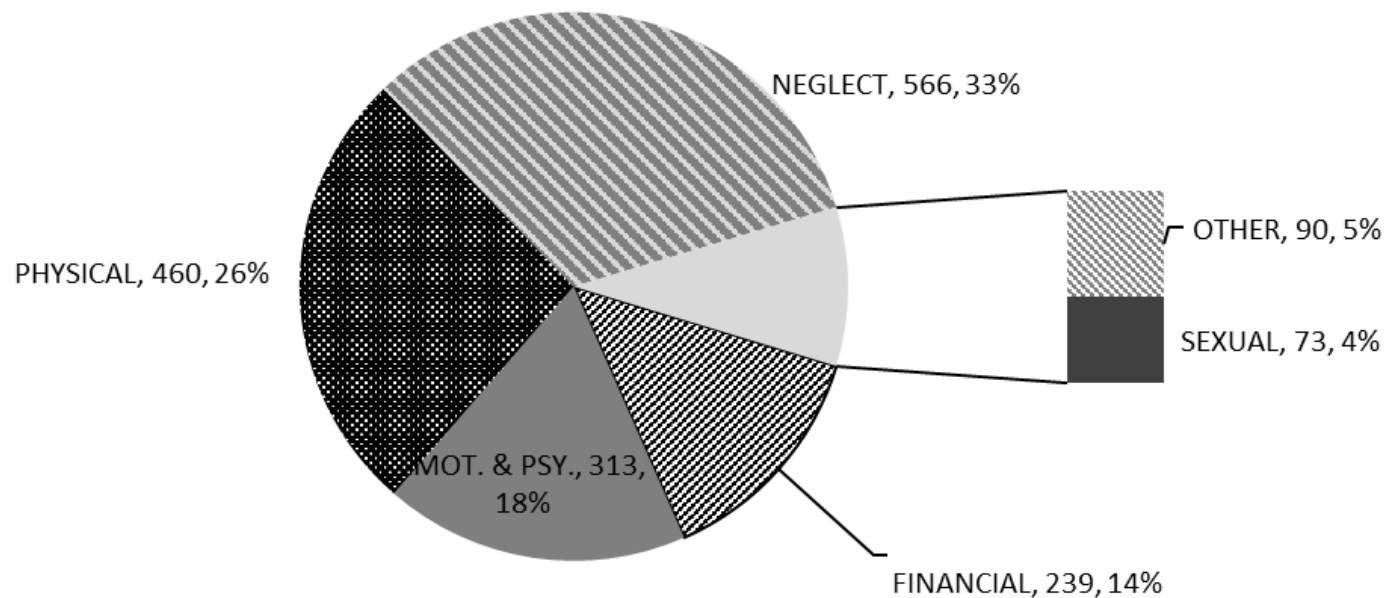
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
8+ days	1	10	9	35	16	7	9	9	32	10	18	14	8	21	13
2-7 days	34	36	38	53	41	27	42	50	28	41	27	43	27	40	38
Within 24 hours	50	51	65	45	49	42	56	35	26	32	44	48	38	49	53

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 was sustained but fluctuates in 2018/19 with more cases taking 8 days and over to complete.	This situation is being closely monitored and staff will be reminded of the statutory practice requirements. It is pleasing to note that the majority of cases are being thresholded within 7 days.

**Main Category of Vulnerability  
Apr 2018 - June 2019**



**Types of Abuse Reported in VA1 Apr 2018 - June 2019**



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This information is largely contextual and would not normally be considered to represent performance. However we monitor these monthly to provide early warning of any emerging issues.

Patterns of vulnerability and of abuse categories have remained relatively constant throughout 2018-19 and into 2019/20.

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 59% of the types of abuse reported. Emotional and psychological abuse (21%) is nearly twice as often reported as financial abuse. Sexual abuse is relatively unusual representing around 4% of abuse types reported.

In terms of the 'vulnerability' of the person who is reported to be experiencing abuse or neglect, the two categories 'physical' and 'organic mental health' largely refer to older people over the age of 65 and typically represent 45-60% of vulnerability reported each month. With learning disability, these 3 categories account for over 60% of vulnerability categories recorded each month.

**Deprivation of Liberty Safeguards (DoLS)**

Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not deprived of their liberty without due process, handling the volume of demand in a timely fashion is critical. Completion requires a range of documentation to be completed in order for the decision on whether to authorise the deprivation of liberty can proceed.

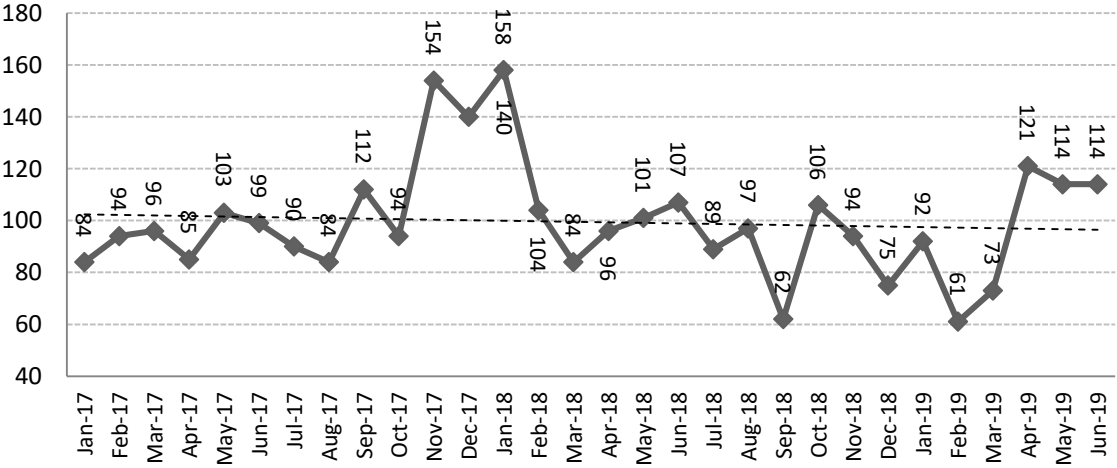
Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of <b>60% or higher</b> for 2017/18. Target increased to <b>70%</b> for 2018/19 and 2019/20.	Performance for 2017/18 improved to <b>59.7%</b> and was slightly below the target. For 2018/19, performance dropped to <b>56.1%</b> and thus below target performance. Further improvements continued as the new working arrangements bedded in and current performance is now <b>67.8%</b> , much closer to target.
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half-year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

**Applications for and Disposals of Requests for DOLS Authorisations**

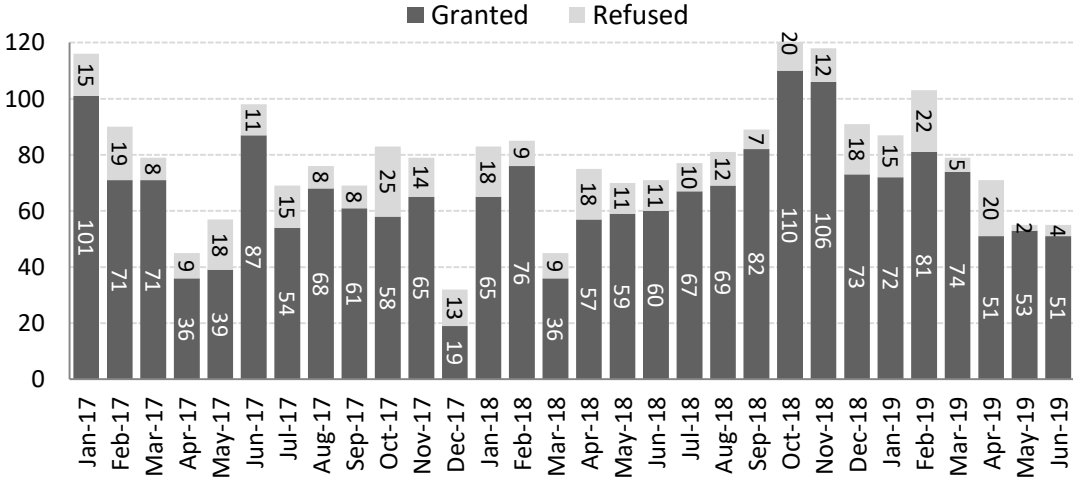
The average monthly number of applications in 2019/20 is 116 but the start of the financial year usually sees the highest number of applications. On average 86% of applications have been granted in 2019/20 to date.

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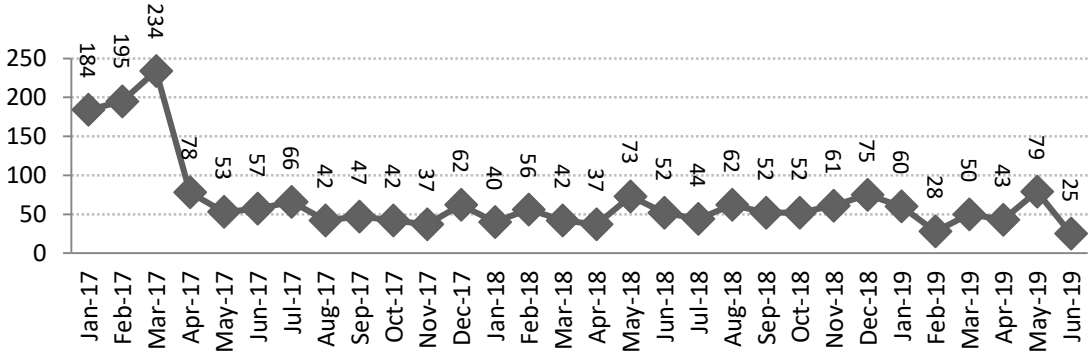
**DoLS Applications Received per Month**



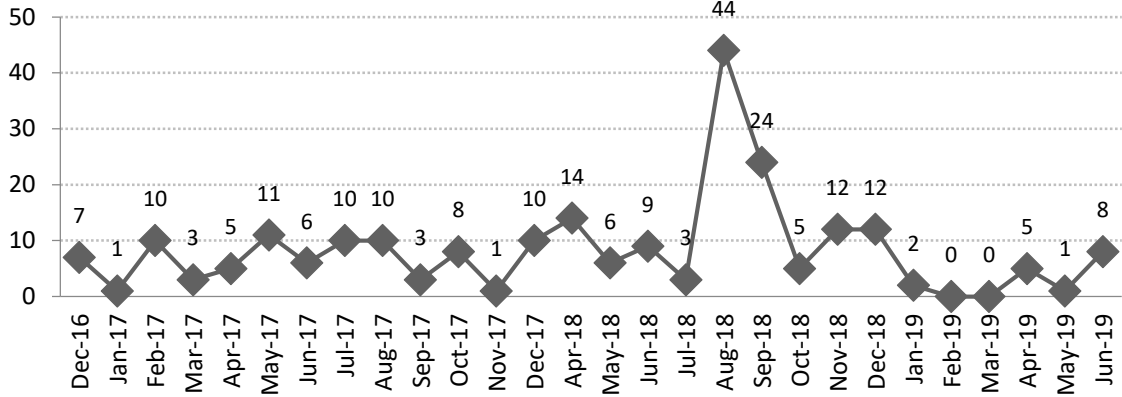
**DoLS Authorisations Granted / Refused**



Outstanding BIA Assessments At Month End



Outstanding Doctors' Assessments At Month End



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What is working well?	What are we worried about?	What are we going to do?
Applications have been fairly constant since August 2016.	The number of authorisations has not always kept pace with the number of applications.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following the introduction of the dedicated DoLS Team in July 2018, all performance figures are improving including the end to end process, which will be reported on in future reports.	We will want to seek to avoid further bottlenecks in the process leading to a backlog reoccurring.	Continue to monitor the progress of the DoLS Team.

# Agenda Item 8



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

### Adult Services Scrutiny Performance Panel – 30th July 2019

#### Adult Services - Review of Final Budget Outturn

<b>Purpose</b>	<ul style="list-style-type: none"><li>• The purpose of this report is to present the Adult Services Financial Outturn for 2018/19</li></ul>
<b>Content</b>	<ul style="list-style-type: none"><li>• The attached paper is as presented to the May meeting of the Social Services P&amp;FM group.</li><li>• Financial Monitoring requires a split between budget variances attributable to unachieved savings and those resulting from 'business as usual' activities.</li><li>• The variances attributable to unachieved savings are in respect of an overall savings requirement of £4.2m</li><li>• Business as usual variances use the headings identified by the Director of Social Services for the purpose of reporting to the Business Review Steering Group.</li></ul>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>• Consider the report</li></ul>
<b>Lead Councillor(s)</b>	Mark Child, Cabinet Member – Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Deb Reed, Interim Head of Adult Services
<b>Report Author</b>	<a href="mailto:deborah.reed@swansea.gov.uk">deborah.reed@swansea.gov.uk</a> 01792 636249



## SERVICE: ADULT SERVICES

	+ve = overspend
DETAILS OF FORECAST VARIATION	THIS MONTH '£000
<i>Savings</i>	
Senior Staffing - Review/Reduce posts at senior level (linked to implementing preferred options of Adult Services Commissioning Reviews and fit for purpose structure)	54
Residential Care for Older People - Implement preferred options as outcome of Commissioning Review leading to reduction of in-house beds	87
Provide day services to those who are eligible only	22
Implement preferred options as outcome of Commissioning Review (LD, PD & MH service provision commissioning review)	63
Test and challenge residential care - Reduce overall number of funded residential care placements by 20 per year	142
Direct Payments Strategy - Targeted increase in recourse to direct payments as alternative to non-complex domiciliary care packages and complex care packages for MH & LD	158
Charging Policy and Annual Fee Increases - Increased client income through uplifts and more efficient processes following transfer of Income and Finance Team to Corporate Finance	183
	709
<i>Business as Usual (Non Savings Variances)</i>	
External Domiciliary Care (Older Persons)	108
External Residential Care	1,305
Internal Services	-1,886
Community Equipment (joint arrangement with ABMU and NPTCBC)	-371
MHLD Complex Care	1,674
Third Party Spend	-102
<b>TOTAL FORECAST VARIATION</b>	<b>1,437</b>
<b>APPROVED BUDGET</b>	<b>74,976</b>
AGREED VIREMENT	892
<b>AMENDED BUDGET</b>	<b>75,868</b>
<b>FORECAST FOR YEAR</b>	<b>77,305</b>
Contingency Funding Included in arriving at variance above	275
Other Reserve Funding	290

# Agenda Item 9



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

### Adult Services Scrutiny Performance Panel

30th July 2019

### Annual CiW Performance Review & Letter

<b>Purpose</b>	To provide a briefing as required by the board in relation to the Care Inspectorate Wales' Annual Performance Review of Swansea Council's social services, and the meeting of statutory requirements under the Social Services and Well-being (Wales) Act 2014.
<b>Content</b>	<p>This report includes an overview of the annual review of performance, as carried out by Care Inspectorate Wales (CiW) in respect of Swansea Council's social services.</p> <p>Appended to the briefing report is the letter to the Director of Social Services, which summarises this evaluation of performance of social services (adults and children's services) during 2018/19. <a href="https://careinspectorate.wales/sites/default/files/2019-06/190628-swanea-en.pdf">https://careinspectorate.wales/sites/default/files/2019-06/190628-swanea-en.pdf</a></p> <p>This report will be of interest to the Members of the Adult Services Scrutiny Performance Panel.</p> <p>The report concludes with a consideration of the areas of improvements needed, and recommendation to consider as part of the Panel's future work programme.</p>
<b>Councillors are being asked to</b>	Scrutiny Performance panel are asked to consider the report as part of their review of performance in Adult Services
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services
<b>Report Author</b>	Simon Jones, Social Services Strategy and Performance Improvement Officer

## 1. Introduction

1a The Care Inspectorate Wales published a code of practice for review of local authority social services in April 2019, which outlined a process for annual performance review, and the intention to write and publish an annual letter for local authorities. Following the annual review of performance, a letter is then sent to the Director of Social Services, which is intended to:

- provide feedback on inspection and performance evaluation activity completed by CiW during the year;
- report on progress the local authority has made in implementing recommendations from inspections and/or child and adult practice reviews;
- outline their forward work programme.

1b This letter attached, in Appendix 1, summarises CiW's annual review of Swansea City Council's performance in carrying out its statutory social services functions. It uses a structure as provided by four principles of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) to reflect a collaborative and strengths based approach to evaluating social services, and in supporting improvement. This letter, the first under the new arrangements, is expected to assist the local authority and its partners to continually improve.

## 2. Annual Performance Review

2a The Annual review of performance considers the Council's statutory social services' effectiveness and its impact upon well-being outcomes for local citizens. A Code of Practice, published under the Registration and Inspection of Social Care (Wales) Act 2016, sets out new arrangements for regulated services:

<https://careinspectorate.wales/sites/default/files/2019-03/190313-code-of-practice-en.pdf>

2b The annual performance review takes into account data sourced from data on key national indicators, includes intelligence gathered from regulation and inspection activities and other information held by CiW. The Annual Performance Review Meeting was held on 1<sup>st</sup> May 2019, between CIW leads, the Director of Social Services, Senior Officers and relevant (invited) elected member portfolio holders and scrutiny chairs.

The letter (appended) was received by the Director in June 2019, and discussed at Corporate Management Team, and forwarded to the Cabinet Members and both chairs of scrutiny. The letter has also been copied to colleagues in WAO, Estyn and HIW, and is published on the CiW website.

### **3. Director's Annual Reporting**

- 3a The Director of Social Services' Annual Report 2018/19 is being considered at Council on 25th July 2019. This report is a self-evaluation of the Council's improvement journey. It addresses how well Swansea's Social Services has implemented new requirements under the Social Services and Well-being (Wales) Act 2014 (SSWB Act) and how well we contributed to well-being outcomes for the citizens of Swansea.
- 3b This Annual Report sets out a number of priorities for improvement in 2019/20, and many of these are reflected in the updated service plans for Adult Services and Child and Family Services.

### **4. Improvement priorities**

- 4a In this year's annual report, The Director of Social Services has set out some overall priorities for the year ahead. These areas of focus are aimed at improving the standards of our statutory social care services and ensuring that our most vulnerable children and adults are safe.

Whilst we have progressed in all of these areas, there still remains work to be done:

- Safeguarding and protecting our most vulnerable citizens
  - To achieve a financially sustainable position, delivering on agreed savings targets through our established improvement programmes.
  - New regional partnership arrangements to achieve collocation and integrated health and social care
  - Youth Offending- to develop a local offer building on the practice strengths and partnerships within Child and Family Services
  - Workforce-by developing our staff to be the best they can be, by setting the right conditions to achieve excellence in their practice and to have a real impact in their work to achieve wellbeing and the personal outcomes of the people we work with.
- 4b Within the CiW Annual Performance review letter, there are also improvements put forward, arising out of their Inspection work, evidence gathering and visits:
- Evidencing the voice of the child within all areas of our work
  - YOS - better outcomes for children and improve oversight.
  - Workforce to focus on future proofing the organisation and stability
  - Safeguarding, improving personal outcomes for adults at risk
  - Supervision arrangements - systems to better support staff
  - Adult Services - strengthening management oversight
  - Risk Management- alongside reshaping services to adults

## **5. Future Programme of Inspection work**

5a. The CiW's focused activity with the local authority will include, subject to change, the follow up areas for improvement as referred to previously.

- Learning outcomes for children with focus on partnership working and the first point of contact service.
- Within adult services we will focus on reviewing personal outcomes of adults at risk.

5b Also the letter makes reference to the *CiW Performance Review Plan for 2019-20*. At a national level the scheduled thematic adult services inspection programme for 2019/20 will be focusing on:

- prevention and promoting independence for older people and for children services

Also at a national level within children's services, the focus of thematic inspection will be on:

- prevention, partnerships and experiences of disabled children

Swansea Council may be selected, as one of the local authorities for inclusion in this programme for fieldwork or inspection.

Within Adult Services, CiW will be undertaking engagement activities aligned to the thematic inspections and meet with people who receive care and support services. CiW will be convening a meeting with the local authority and its key partners in the summer to follow up areas identified in the self-evaluation submitted in January 2019 focusing on prevention and promoting independence for older people self-evaluation

The local authority's early intervention and prevention services with Child and Family Services, will also be an area for consideration of locally focused activity in 2019/20.

## **6. Recommendation**

6.1 The Panel may wish to consider this report and the annual performance review letter within future considerations, or as part of their work programme 2019/20.

## **7. Appendix 1.**

CiW Local Authority Performance Review letter (as attachment-in PDF)

Dear Director

## **CIW Local Authority Performance Review**

We published our code of practice for review of local authority social services in April 2019 which outlined our intention to write and publish an annual letter for local authorities which will:

- provide feedback on inspection and performance evaluation activity completed by us during the year;
- report on progress the local authority has made in implementing recommendations from inspections and/or child and adult practice reviews;
- outline our forward work programme.

This letter summarises our review of Swansea City Council's performance in carrying out its statutory social services functions. It follows the four principles of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) and our increasingly collaborative and strengths based approach to supporting improvement. The letter is intended to assist the local authority and its partners to continually improve.

The content is informed by CIW's inspection of:

- Swansea Council's children services during July 2018
- Western Bay Youth Offending Service Joint Inspection in December 2018

Arolygiaeth Gofal Cymru (AGC)  
Swyddfa Caerfyrddin  
Llywodraeth Cymru  
Adeiladau'r Llywodraeth  
Heol Picton  
Caerfyrddin  
SA31 3BT  
[www.arolygiaethgofal.cymru](http://www.arolygiaethgofal.cymru)

☎ 0300 790 0126  
☎ 0872 437 7303  
✉ [CIWLocalAuthority@gov.wales](mailto:CIWLocalAuthority@gov.wales)

Care Inspectorate Wales (CIW)  
Carmarthen Office  
Welsh Government  
Government Buildings  
Picton Terrace  
Carmarthen  
SA31 3BT  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- Joint HIW and CIW inspection of Community Mental Health Team

And, performance evaluation activity during the course of the year:

- Local Authority self-evaluation in respect of thematic work focusing on prevention and promoting independence for older people (65+).
- Focused activity within adult safeguarding and deprivation of liberty safeguards service area.

We discussed these matters and our proposed performance evaluation activity for 2019/20 with you at the annual performance review meeting on 1<sup>st</sup> May 2019.

#### Summary of strengths and areas for improvement in line with principles of SSWBA

- Well-being

A designated deprivation of liberty safeguards (DoLS) team has been in operation since July 2018 and has processed the backlog of applications. DoLS authorisations are now consistently being processed in a timely manner and under the 11-week national average. There is good management oversight ensuring consistency and quality of work. We heard from staff members of the benefits of having a designated DoLS team where they could “hone and develop their skills and knowledge.” Staff we spoke with felt supported and enjoyed their work, however the new model faced some challenges due to a six monthly rotation of staff within the team.

We found safeguarding referrals are responded to in a timely manner and action is taken to safeguard adults at risk. The safeguarding process is devolved to the teams and presents the local authority with some challenges including ensuring consistency of threshold decisions and quality of work. We will be reviewing the local authority’s plans in improving outcomes for adults at risk ensuring personal outcomes are linked to safeguarding.

Designated lead managers shared with us there were no formal support processes in place, however informally supported each other and felt a mentor system would be beneficial in providing support. The local authority will need to ensure there are clear policies in place to support practitioners to undertake their role. We heard of the challenges of work demands from staff members and they viewed a designated safeguarding team would be more effective. We heard this was an area currently under consideration by Senior Managers.

Swansea City Council’s Signs of Safety (SOS) approach within children’s services, which underpinned assessments as well as safeguarding and care planning, provided a detailed framework which was well understood by staff, and clearly prioritised risk. Sound assessment and care planning processes were utilised as a basis for identifying need, and planning and delivering the support required to achieve agreed individual outcomes. The ‘what matters conversation and voice of the child were not always apparent in assessment and planning records; improvements are also required in recording strengths and personal outcomes.

- People – voice and control

We assessed the local authority leadership, direction and progress in embedding Welsh language in front-line services as part of inspection and annual performance evaluation activities with the need to meet the requirements of the Welsh language 'active offer' being recognised. The local authority also supports people from a range of black and minority ethnic backgrounds, and has access to translators and interpreters to assist with this.

Swansea Council children's services have a relatively stable and resilient workforce that is committed to being child focused, and is passionate about keeping families together and achieving good outcomes for children. Staff consistently told us they enjoyed working for the local authority where there was a culture of support which they valued, even when demands were high people were happy within their roles. In contrast, staff morale was noted to be low within the youth offending service inspection, and an area for focus for the local authority when involved in organisational changes.

Children and young people we spoke to were generally positive about the support they received, and were appreciative of the relationships established with individual social workers.

Our monitoring of the deprivation of liberty safeguards has identified the local authority, in common with many others in Wales, is unable to assure itself people's human rights are not being breached by being deprived of their liberty unlawfully. We will continue to monitor this.

- Prevention

The local authority has reshaped its services to meet the requirements of the Social Services and Well-Being (Wales) Act 2014 (SSWBA). There has been an increase in demand for children's services over recent years, and the need to work more effectively with partner agencies to respond positively to children and their families had been recognised and acted on. The launch of the multi-agency Pathway to Provision Guidance has promoted clarity around thresholds and pathways for partner agencies.

As part of the local authority's wider Poverty and Prevention agenda, the Team Around the Family (TAF) service has been successfully embedded within the majority of schools across Swansea, and is considered by partner agencies to be working well. The plans we heard about to further develop a 'Signs of Wellbeing' approach at the first point of contact are likely to strengthen the local authority's early intervention and prevention services. This will be an area for consideration of our focused activity in 2019/20.

Throughout 2018 our programme of work focused on care experienced children and young people. Qualitative evidence was gathered from six local authority children and fostering inspections, 22 self-evaluations completed by local authorities, challenge meetings held with those local authorities who were not subject to an inspection and engagement activity with care experienced children, care leavers and foster carers. The report will be published on our website, with key findings made in respect of profile, sufficiency, practice, partnerships, stability, governance and corporate parenting. Many of the areas we have identified for improvement are being considered by Welsh Government's Ministerial Advisory Group on improving outcomes for care experienced children and young people and we also hope local authorities will consider their own contribution to addressing these findings.



- Partnerships

Our CMHT inspection found areas of strength and made recommendations for improvements. An integrated approach is needed by the local authority and its partners in following up the recommendations. The inspection found good compliance with the Mental Health Measure around service users' rights to a reassessment by the CMHT once discharged by the team if the person felt this was needed.

Effective working relationships were in place between the CMHT and child and families team. Our children's services inspection highlighted some areas of good partnership working with a need for improved partnership working between education and children services. We will follow up with the local authority as part of planned focused activity.

We found good quality practice in Swansea Council children's services, with positive outcomes being achieved for many children and young people. The performance hub had enabled strengthening quality assurance and management oversight.

The local authority had worked hard to increase the proportion of children and young people placed with in-house foster carer placements instead of being placed outside of the local authority. We saw that attempts were consistently made to maintain children within their families, where this was in their best interests.

Placement choice continued to present on-going challenges, particularly for children and young people with more complex needs. There have been occasions where children have been placed in unregulated settings for short periods due to these challenges and an area recognised by the local authority in need of improvement. There have been some challenges to achieving the best outcomes for children with complex needs and partnership working with health boards. The local authority are proactive in its approach in identifying areas for development and use a range of approaches for supporting improvement.

The youth offending service inspection found the governance and leadership of the service to be ineffective. The inspection found concerns in respect of the management of risk and outcomes for children and young people. The local authority have considered the findings of this inspection and is developing plans for a Swansea youth offending service (YOS) to ensure better outcomes for children and improve oversight.

The need for strengthening of supervision arrangements were areas identified in three separate inspections: the children services inspection, CMHT inspection and YOS inspections. This is an area senior leaders will need to review to ensure there are robust systems in place to support staff within the workplace.

Within children services there has been a stable, consistent and experienced senior leadership team which has led the department with confidence. Workforce is a source of challenge for the local authority and there is a need to focus on future proofing the organisation and maintaining stability.

Within adult services there has been a period of instability due to reshaping services / operational structures and also changes in personnel. There is a need to focus on strengthening management oversight of this service to enable effective delivery of the local authority's transformation agenda and ensuring the workforce are supported through a period of change. There is a need to ensure a right balance of managing day to day risks alongside reshaping services in order to drive improvements.

Swansea Council is a learning organisation and fully aware of its strengths and areas in need of improvements and have a proactive approach to improvement and ensuring positive outcomes, however this is an ongoing significant challenge due to budgetary and workforce issues.

### CIW Performance Review Plan for 2019-20

Our scheduled thematic adult services inspection programme for 2019/20 will be focusing on prevention and promoting independence for older people and for children services thematic inspection the focus will be on prevention, partnerships and experiences of disabled children. If your local authority is selected for inclusion in this programme, you will receive four weeks' notice of the scheduled date of the inspection.

We will undertake engagement activities aligned to the thematic inspections and meet with people who receive care and support services. CIW will be convening a meeting with the local authority and its key partners in the summer to follow up areas identified in the self-evaluation submitted in January 2019 focusing on prevention and promoting independence for older people self-evaluation. A thematic national report will be published upon the completion of inspections and engagement activities.

In late 2019 we will pilot a joint inspection of child protection arrangements. The joint inspection will be led by CIW and in partnership with HIW, Estyn, HMI Constabulary (HMICFRS) and HMI Probation. With the drive towards collaboration and integration in public services, CIW work closely with other inspectorates to share intelligence and jointly plan inspections. We will work closely with Social Care Wales to support improvement in social care services.

CIW will continue in 2019/2020 to work with HIW in jointly inspecting community mental health teams. CIW will be following up recommendations made within HIW and CIW joint thematic review of Community Mental Health Teams as part of bi-annual head of service meetings with local authorities.

Our focused activity with the local authority will include following up areas for improvement following inspection activity, learning outcomes for children with focus on partnership working and the first point of contact service. Within adult services we will focus on reviewing personal outcomes of adults at risk.

This may be subject to change in the light of emerging issues.

You will note that this letter has been copied to colleagues in WAO, Estyn and HIW. CIW works closely with partner inspectorates to consider the wider corporate perspective in which social services operate, as well as local context for social services performance.

We will publish the final version of this letter on our website.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sharon Eastlake', with a stylized flourish at the end.

Sharon Eastlake  
**Interim Head of Local Authority Inspection Team**  
Care Inspectorate Wales

Cc.  
WAO  
HIW  
Estyn

# Agenda Item 10

## ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2019/20

Meeting Date	Items to be discussed
<b>Meeting 1</b> Thursday 20 June 2019  4.00pm	<b>Wales Audit Office report on Housing Adaptions</b> <i>Andrea Lewis, Cabinet Member for Homes and Energy</i>  <b>Panel Review of the year 2018/19 and draft Work Programme 2019/20</b>
<b>Meeting 2</b> Tuesday 30 July 2019  4.00pm	<b>Performance Monitoring</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Update on West Glamorgan Transformation Programme arrangements following review</b> <i>Nicola Trotman, Interim Director</i>  <b>Review of Final Budget Outturn</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>CIW Local Authority Performance Review</b> <i>Dave Howes, Director of Social Services</i>
<b>Meeting 3</b> Tuesday 20 August 2018  4.00pm	<b>Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home</b>  <b>Workforce Development Plan</b>
<b>Meeting 4</b> Tuesday 24 September 2019  4.00pm	<b>Supported Living Developments for Mental Health and Learning Disability Services</b>  <b>Procurement Practice and Assurance in Social Care</b> <i>Peter Field, Principal Officer Prevention, Well-being and Commissioning</i>  <b>Commissioning of Residential Care (quality of service/contracts; financial stability) (Referred from SPC)(TBC)</b>
<b>Meeting 5</b> Tuesday 29 October 2019  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>
<b>Meeting 6</b> Tuesday 19 November 2019  4.00pm	<b>Telecare and Community Alarms mini commissioning review</b>

<b>Meeting 7</b> Tuesday 17 December 2019  4.00pm	<b>Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>  <b>Update on Local Area Coordination</b>
<b>Meeting 8</b> Tuesday 28 January 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>
<b>Additional meeting</b> ? February 2020	<b>Draft budget proposals for Adult Services</b>
<b>Meeting 9</b> Tuesday 25 February 2020  4.00pm	
<b>Meeting 10</b> Tuesday 17 March 2020  4.00pm	<b>Adult Services Complaints Annual Report 2018-19</b> Julie Nicholas-Humphreys, Corporate Complaints Manager  <b>Briefing on Sickness of Staff in Adult Services</b>
<b>Meeting 11</b> Tuesday 28 April 2020  4.00pm	
<b>Meeting 12</b> Tuesday 19 May 2020  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>

Future Work Programme items:

- 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)
  - Integrated Care Fund (Joint Adult Services and CFS)
  - Tackling Violence Against Women, Domestic (includes fieldwork in Swansea amongst others) (check if Adult Services or CFS?)

# Agenda Item 11



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

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
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*Uniongyrochol:*  
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*e-Bost:*  
*Date* 08 July 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 20 June 2019. It covers the Wales Audit Office Report on Housing Adaptations, Review of the year and draft Work Programme and correspondence received by Convener of the Panel.

Dear Cllr Child

The Panel met on 20 June to discuss the Wales Audit Office Report on Housing Adaptations and follow up on progress with recommendations, Panel Review of the Year 2018/19 and draft Work Programme 2019/20 and Correspondence received by the Convener of the Panel. We would like to thank you, Andrea Lewis, Dave Howes, Mark Wade and Darren Williams 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:

## **Wales Audit Office Report on Housing Adaptations**

A letter has been sent to Cllr Andrea Lewis on this item and is attached for your information.

## **Panel Review of the Year 2018/19 and draft Work Programme 2019/20**

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

**SWANSEA COUNCIL / CYNGOR ABERTAWE**

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

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Panel Members reviewed their year on the Adult Services Panel and completed four questions. Their thoughts are shown below for your information:

1. What has gone well?

- The level of quality of debate has been good
- Level of support from staff has been good
- There has been real challenge to Cabinet Members and officers from Council and Health Board
- Some progress in respect of changing thinking on budget
- Update on policy commitments item was good
- Commissioning reviews and how we assess contracts. Level of commitment and debate – very good.
- Performance data – getting better understanding of this, more focus and more detailed
- Scrutiny of Health Board. Getting them in front of us managed to unblock some of the issues.

2. What has not gone so well?

- Visits – not gone too well so far as only two people turned up for first visit. This does not give a good impression.
- Scrutiny of the budget - Not happy with amount of time Panel has to do this. The Panel needs to use this process to understand what the Council is trying to do with the money. Need papers to be available sooner so have time to go through it properly before the scrutiny meeting. Also officers on the front line appear to have no link to the budget.
- Scrutiny of Western Bay did not go well. Need to rethink how we interact with them.

3. Has the Panels work programme been focussed on the right things?

- May help to look at morale of staff locally particularly sickness of staff in Adult Services
- Not talking to users of service enough. Invite some users to tell us their experiences. Third Sector organisation could arrange a round table event for some service user groups on their home ground, to get their views on a certain subject (Carers Centre, service user forums).

4. What have we learned that will help us with future Adult Services scrutiny?

- The Panel has been persistent and brought things out into the open.

We agreed the Work Programme for 2019/20 and this is attached for your information.

### **Correspondence received by Convener of the Panel**

Correspondence has been received by the Convener of the Panel concerning the termination of the Council's contract with RNIB. You and Dave Howes attended to brief the Panel on this issue.

We were informed that officers are reviewing all contracts with providers. This is Council policy based on budget.

We heard that with regard to the Council's contract with RNIB, the Council's view and RNIB's view of what the contract is, is different. We also heard that a decision has been made to postpone the notice of termination of this contract for the time being until it has been reviewed, including speaking to RNIB and that you will provide an update on this at the next meeting of the Panel.

We were informed that the Council did not have alternative provision to put in place when it came to the decision to cancel the contract with RNIB, as there was no intention to replace it with another service, as you thought you were commissioning something different that was being provided elsewhere.

You agreed to provide a list of grants awarded and now ceased.

### **Letters**

Thank you for your response to the Convener's letter dated 13 May 2019 and the report on LACs attached. We have already seen this report and would like to see more on local performance data. We are happy to wait until this is available to bring back. We are looking for progress towards Performance Indicators.

### **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 Monday 29 July 2019 to the following:

1. Provide a list of grants awarded and now ceased.

Yours sincerely



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





**To:**  
**Councillor Andrea Lewis**  
**Cabinet Member for Homes and Energy**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
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*Line:*  
*Llinell*  
*Uniongyrochol:*  
*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 08 July 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Homes and Energy following the meeting of the Panel on 20 June 2019. It covers the Wales Audit Report on Housing Adaptations.

Dear Cllr Lewis

The Panel met on 20 June to discuss the Wales Audit Office Report on Housing Adaptations and follow up on progress with recommendations. We would like to thank you, Mark Wade and Darren Williams for attending to present the item 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:

### **Wales Audit Office Report on Housing Adaptations**

The Panel felt this was a very negative report nationally with the same things having been recommended in three reports over the last 10 years, showing that progress has not been made. You informed us that you do not think this applies to Swansea.

We were pleased to hear that the Council's indicator for delivering Disabled Facilities Grants has improved from 340 days in 2015-16 to 235 days in 2018-19 and that the target for this year is 255 days. However, it is still above the national average waiting time and the Panel will be looking for further improvements.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

**SWANSEA COUNCIL / CYNGOR ABERTAWE**

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I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod  
To receive this information in alternative format, or in Welsh please contact the above

We heard that PIs are not a perfect measure of performance as Authorities look at them in different ways.

The Panel was pleased to hear that the Occupational Therapy service has been brought in house. We feel there should be a unified assessment as there is duplication with Occupational Therapists from Health and Social Services.

We were informed that it is difficult to do anything on a unified adaptations process between Housing Associations and the Council as they are funded differently. The Panel felt there is currently a problem of inconsistency. We heard that the Welsh Government needs to sort this out and undertake a national review. Panel feels anything that can be done locally would help.

We heard that the Council has fed back to Welsh Government that there is a need to ensure that the All Wales Categorisation is categorised properly. We were pleased to hear this.

You informed us that the Council made a decision in the last budget round not to cut the housing adaptations budget, in terms of leaving it at the current level, given that demand had increased but that this will need to be reviewed year-on-year. We heard that if demand exceeds budget, waiting times will go up.

You also informed us that 'Adapt' has been very successful. It has helped not to waste capital monies by leaving equipment in properties and matching new tenants to adapted homes.

The Panel expressed its concern about whether the Council is doing the right thing by adapting certain properties that are difficult or expensive to adapt and queried whether it would be more cost effective for the Council to move tenants to more easily adapted properties. We were informed that there is a process for evaluating if an adaptation is value for money.

We heard that £36,000 is the maximum that can be received for a Disabled Facilities Grant and that the Council currently tops this up if needed but may need to look at this in the future.

We asked if anyone can make an application for housing adaptations and heard that individuals can and professionals on behalf of an individual.

We heard that the Council manages a Framework of Contractors. If a contractor is employed within the framework, the Council are obliged to resolve performance issues. However, if people employ contractors themselves there are limited sanctions the Council can take if any issues arise.

We were informed that there is a performance evaluation assessment for every scheme of adaptations completed using the Council's Framework of Contractors, scored under various performance headings. The scoring mechanism includes the possibility of a warning for a contractor for performance that needs improvement, or where there is an instance of serious poor performance or continued need to improve performance on successive jobs, there is a possible sanction of removing contractors from the framework.

Finally, we noted that the waiting time for improvements for council housing is marginally longer than that for private sector housing. As the obstacles to improving a council home are significantly fewer than a similar adaptation in the private sector, we would have expected this position to be reversed. We would like to hear proposals to achieve better delivery times for council tenants.

### **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 Monday 29 July 2019 to the following:

1. We would have expected the waiting time for improvements to council housing to be less than that for private sector housing. We would like to hear proposals to achieve better delivery times for council tenants.

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)**