



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Remotely via Microsoft Teams

**On:** Tuesday, 9 March 2021

**Time:** 4.00 pm

**Convenor:** Councillor Susan Jones

**Membership:**

Councillors: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow

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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 Minutes of Previous Meeting(s)** **1 - 4**  
To receive the minutes of the previous meeting(s) and agree as an accurate record.
- 5 Public Question Time**  
Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions will be dealt with in a 10-minute period.
- 6 Update on West Glamorgan Transformation Programme** **5 - 22**  
Including an update on the Action Plan following Wales Audit Office (WAO) report on Integrated Care Fund.

*Kelly Gillings, Programme Director*

**(Child and Family Services Panel Members invited for this item)**

**Next Meeting:** Tuesday, 20 April 2021 at 4.00 pm



**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 2 March 2021**  

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**Contact: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel - Joint Social Services**

Remotely via Microsoft Teams

Monday, 15 February 2021 at 2.30 pm

**Present:** Councillor P R Hood-Williams (Chair) Presided

### **Councillor(s)**

C Anderson  
C A Holley  
J W Jones  
H M Morris

### **Councillor(s)**

A M Day  
Y V Jardine  
E T Kirchner  
G J Tanner

### **Councillor(s)**

V M Evans  
S M Jones  
W G Lewis  
D W W Thomas

### **Other Attendees**

Louise Gibbard  
Elliott King  
Clive Lloyd

Cabinet Member - Supporting Communities  
Cabinet Member - Children Services  
Cabinet Member - Adult Social Care & Community Health Services

Alyson Pugh

Cabinet Member - Supporting Communities

### **Officer(s)**

David Howes  
Liz Jordan

Director of Social Services  
Scrutiny Officer

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

Cllr Chris Holley declared a personal interest.

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

No declarations were made.

## **3 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 26 January 2021 as an accurate record of the meeting.

## **4 Draft Budget Proposals**

Councillors Clive Lloyd, Elliott King, Alison Pugh and Louise Gibbard along with Dave Howes, Director of Social Services attended and went through the proposed budget proposals in relation to Adult Services, Child and Family Services and Poverty and Prevention, highlighting the main issues and answering questions.

The Panel agreed the following views and recommendations on the budget proposals in relation to Social Services it would like to make to Cabinet:

- The Panel feels it is vitally important we ensure there is sufficient money allocated in the budget to provide additional health and wellbeing support to staff following the pandemic. The Panel is keen to see a joint venture with the Health Board in terms of support for staff.
- Very pleased to see the budget situation for Social Services this year, with an increase in the overall budget and very little in terms of cuts. However, the Panel is aware that there is a great deal that needs to be achieved with this money.
- The Panel is concerned that it only sees the net budget. It would be useful to see details of the income streams as well as expenditure. Officers have agreed to work with Cabinet Members to provide this information.
- The Panel would like to support the budget process in any way it can and therefore intends to revisit the budget again later in the year to closely monitor progress.

The Convener of the Service Improvement and Finance Panel will attend Cabinet on 20 February to feed in the collective views of the scrutiny performance panels and write a letter to the Cabinet member.

The following was also discussed at the meeting:

- Real cash increase of £4 million to this year's Social Services budget
- There are a host of transformation plans for the coming year
- Extremely difficult to plan for coming year – a number of assumptions had to be made.
- Panel acknowledged there are a number of uncertainties such as WG no longer protecting Social Care and the outcomes of the Senedd elections, and queried to what extent the Council is relying on further central funding to deal with these uncertainties. Informed that from discussions with WG there is a reasonable expectation additional funding will be allocated to local authorities due to the pandemic and expect tapered relief over the coming year.
- Cabinet Members in Social Services and senior officers have heard moving individual stories from staff. Panel suggested these be presented to Full Council.
- Relationship with Third Sector has been amazing during pandemic.
- Council has in-house counselling service which is available to all staff. This needs to be promoted more.
- Officers confirmed working with partners during the pandemic has been essential and a step forward for the Council. This year and going into next year Council and Health Board have pooled funding more effectively, and some has been built into planning assumptions for this year.

- Panels need to consider including more scrutiny on Poverty and Prevention in work plans, as now part of Social Services.
- Panel requested sight of job description for integrated Head of Service Post.

Actions:

- Job description for integrated Head of Service post to be shared with Panel.

## 5 Update on Management of Covid-19 Pandemic

Dave Howes, Director of Social Services attended to present an update on the current situation regarding the Covid-19 Pandemic.

Discussion Points:

- Heads of Service recently presented an overall update at Full Council.
- In last two weeks have begun to see some stabilisation across Health and Social Care Services. It appears to be linked to continued decrease in rates of infection. It has taken some time to have an impact on our Services.
- Domiciliary Care has been operating at 50% of workforce. This is down to 20% absent, so there is a big increase in resource available. All Health and Care services are seeing this increase in staff present.
- Still fragility around care homes but currently seeing only a small number of homes unstable. The picture is improving, especially in last two weeks.
- Escalation tool to monitor stress has been at highest level (red) since October. In last two weeks moved into amber. This is a real milestone but does not mean Social Services will become less busy. Instead of managing emergency work will move to more planned work.
- Vaccinations – older people in care homes, care home staff and front line care staff mostly vaccinated. Mechanisms in place to pick up new staff and new care home residents.
- Panel concerned about people with learning disabilities accessing vaccine. Informed not a straightforward position. Expectation is a number of individuals will have met the criteria for one of the top four priority groups. For those that did not, expectation is majority will meet criteria for group six. Director prompted to get regional clarification that all of these are being picked up.
- Panel concerned about disturbing reports that people with learning disabilities are often the subject of 'do not resuscitate' orders. Informed Social Services together with Health Board looked at the arrangements in our region in May 2020. At the time there weren't any of these arrangements in place. Subsequently Safeguarding Board revisited this, and at that point there were none in place. Director will clarify this again with the Safeguarding Board to ensure nothing has been overlooked.
- Panel Members requested Cabinet Members and Director express once again their appreciation to staff.

**6 For Information**

Work Programme Timetables 2020/21 - Plan to return to separate meetings for Adult Services and Child and Family Services from March 2021. The scheduled timetables will be followed, unless informed of any issues by Cabinet Members/officers.

The meeting ended at 3.45 pm

# Agenda Item 6



## Report of the Cabinet Member for Adult Social Care and Community Health Services

### Adult Services Scrutiny Performance Panel

#### WEST GLAMORGAN PARTNERSHIP

<b>Purpose</b>	To provide an update as required by the board in relation to: <ul style="list-style-type: none"><li>• West Glamorgan Transformation Programme</li></ul>
<b>Content</b>	This report includes: an update on the Impact of COVID-19 on the West Glamorgan Transformation Programme an update on the Wales Audit Office Action Plan
<b>Councillors are asked for their views on</b>	The work of the region since March 2020
<b>Lead Councillor(s)</b>	Cllr Clive Lloyd, Cabinet Member for Adult Social Care & Community Health Services
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services
<b>Report Author</b>	Kelly Gillings; West Glamorgan Regional Director of Transformation

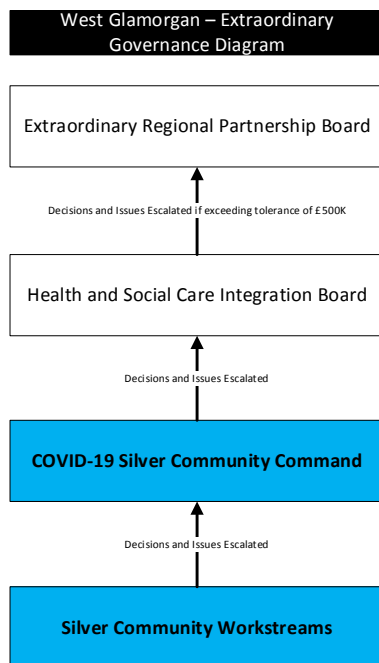
## 1. Background

- 1.1 This report will cover the work of the West Glamorgan programme since the start of COVID-19 Pandemic.
- 1.2 At the onset of the COVID 19 emergency, normal arrangements for the Regional Partnership Board were suspended so that officers' capacity across the region could be released to deal with the operational issues. New emergency governance arrangements were established and remain in operation to date.
- 1.3 The Regional Partnership Board meeting, on April 2020 was cancelled as West Glamorgan partners were at the height of their response to the pandemic. Subsequently, the Regional Partnership Board has now resumed and met in July. West Glamorgan Regional Partnership Board will continue to meet quarterly.
- 1.4 The very real risk of the Health and Social Care system being overwhelmed remains and the potential for subsequent surges in relation to Covid-19, or indeed other pandemics, cannot be ruled out - even in the near term.
- 1.5 It has been noted that the work Regional Partnership Board cannot continue to operate in emergency mode indefinitely.
- 1.6 It is likely that surges in the pandemic will result in occasional phases of more or less normality over the next year or so.
- 1.7 Partnership working during Covid-19 has been very effective on a wide range of levels and issues. In part, this is, no doubt, due to the urgent and critical nature of the tasks being worked on. The governance arrangements put in place allowed for quick decision making at all levels of the partnership.
- 1.8 Bringing together a small group of senior staff from all statutory organisations, with a strong commitment to joint working and delivery, and permission to make decisions has been a major contributor to effectiveness.
- 1.9 An area of continued challenge is the membership of the working groups in response to the pandemic.
- 1.10 At the start of the response all members were from the statutory organisations, but very quickly it was identified that we needed representation from the Third Sector who were then invited to join strategic and working groups.
- 1.11 In addition, the commitment to the coproduction principles that West Glamorgan has set throughout its governance and the quick decision making required in an emergency is still causing concerns. During times of emergency coproduction is not always possible, however, the regional recovery work is underway and most recently the Regional Partnership Board approved the Coproduction Framework, Toolkit and Charter.



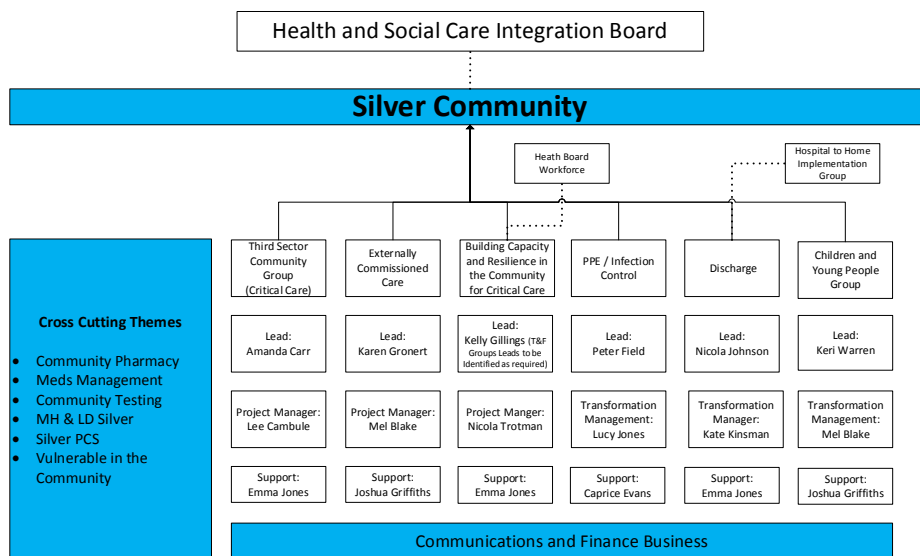
## 2. Emergency Infrastructure

2.1 The diagram below depicts the governance West Glamorgan Partnership applied through the emergency. The partnership is still in emergency response mode and therefore this governance structure is still in situ. The full Regional Partnership Board has however recommenced.



2.2 The West Glamorgan Transformation Team members that support all the regional infrastructure and support the Regional Partnership Board were drafted in to support the Emergency Infrastructure. For a time all workstreams from the original regional action plan were stood down to allow staff from the statutory partners and the West Glamorgan team, to support the emerging COVID-19 workstreams.

2.3 Below is a diagram of the workstreams that were set to support Community Services Silver Command and Health and Social Care Integration Board (Gold Command).



2.4 The governance and workstreams across the Silver Community Command has been flexed according to demand and issues developing. The group are currently focussing on the Integrated Escalation Framework Tool (REIF), Patient Flow via the

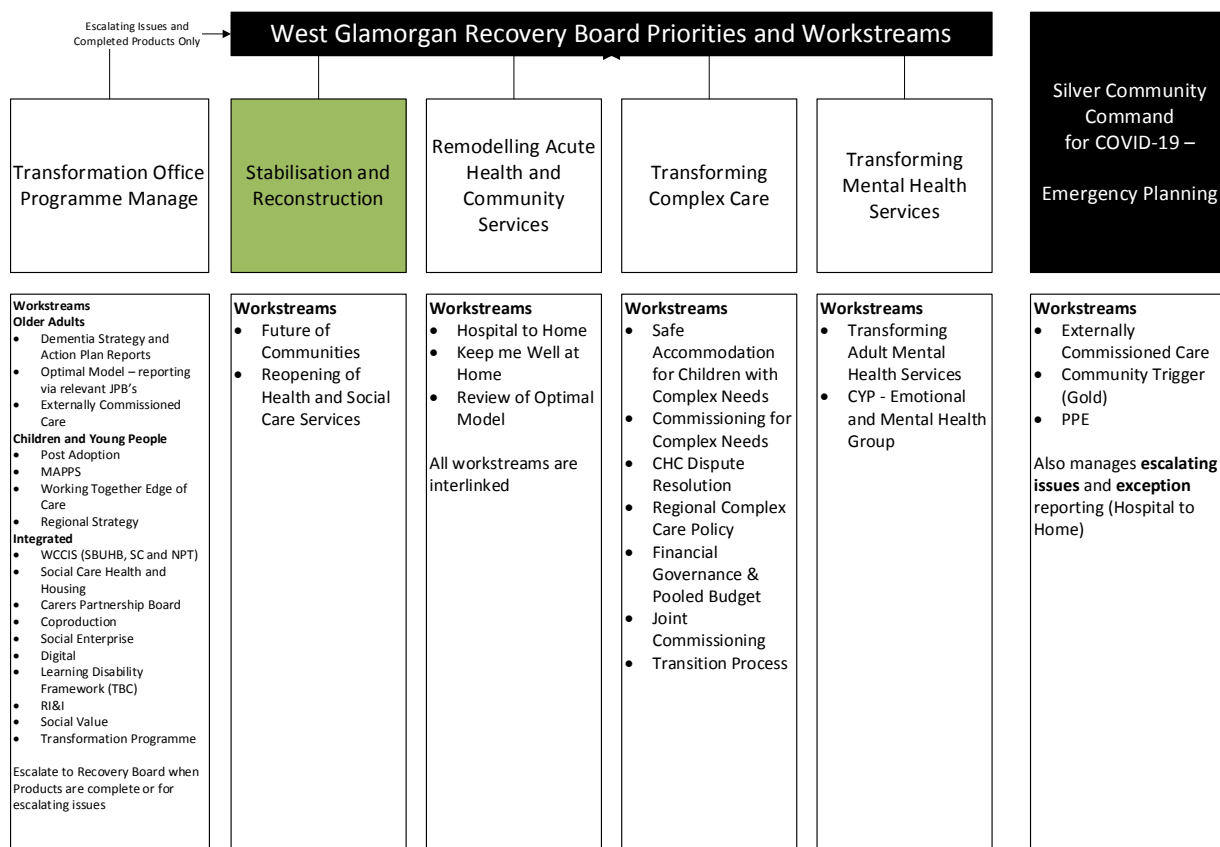
Hospital to Home Programme, Externally Commissioned Care – particularly supporting Care Homes and Domiciliary Care Services and more recently providing support to the Vaccination programme for the Social Care Workforce.

2.5 Community Silver Command met twice weekly and Health and Social Care Integration Board 3 times a week. All other workstreams met at least once per week but during the peak were meeting every day. As the peak reduced then the meetings were reduced, however, as we moved into the winter months the meeting frequency has again increased.

2.6 During February 2021 it was agreed once again to reduce the frequency of the Community Silver Command to once weekly and the Health and Social Care Integration Board to twice a week.

### 3. Stabilisation and Reconstruction (Recovery Infrastructure)

3.1 The West Glamorgan Partnership began its recovery programme during September 2020 with the first meeting of the recovery board being held on 29<sup>th</sup> September 2020. The diagram below shows the priorities and workstreams that work towards the overarching aim of stabilisation and reconstruction:



3.2 The usual West Glamorgan Transformation Boards are stood down and the Recovery Board meets every 8 weeks, programmed until the end of March when the situation will be reviewed.

3.3 The partnership is clear on the priority over the winter/spring period.

3.4 Our Key Priorities are:

- **Stabilisation and Reconstruction:**

Work with (and invest in) communities, third sector and volunteers in

maintaining and strengthening an asset and strengths based approach to safely supporting vulnerable individuals within their communities without unnecessary recourse to critical/essential health & social care services - making sure there is a particular focus on support for carers.

- **Remodelling Acute Health and Community Services:**

Continue remodelling (and shifting the balance of funding between) acute health and community health/social care services. Key programmes include Hospital to Home and Keep Me Well At Home.

- **Transforming Complex Care**

Establish fit for purpose joint funding arrangements to support the provision or commissioning of integrated/collaborative health/social care services to support children and adults with complex needs. This is intended to:

- Safely support regional LAC Reduction anywhere on the continuum of need
- Safely support adults with complex needs to remain or return to living as independently as possible within their families or local communities within the region rather than within more institutional health or care settings.
- Safely support children and young people with emotional mental health and wellbeing needs and other complex needs, including disabilities, to receive the support they need to live as fulfilled a life as possible with the minimum levels of intervention and receiving integrated care in a timely manner when they do.
- Ensure seamless transition between services across all services including young people into adulthood

- **Transforming Mental Health Services**

Develop a continuum of support for the population who require Mental Health and Well Being Services

- **Emergency Planning**

Main work of the Community Silver and Gold Groups with regard to COVID-19 Emergency Planning

#### **4. Engagement**

4.1 Statutory partners at the start and height of the pandemic were for example working to build field hospitals, ensure there was sufficient PPE Equipment, supporting Care Homes and Domically Agencies in Infection Control, redeploying the workforce to support areas such as Testing Centres and ITU and, therefore, at the start of the pandemic communications were not as effective as they could have been to the Regional Partnership Board Members, in particular Service Users and Carers.

4.2 There were slight delays in involving the Third Sector, but once identified then the third sector were key partners in each of the workstreams developed by the partnership.

4.3 During May it was identified that our key citizen and carer partners were disappointed

with the communications from the statutory partners and this was addressed immediately through the co-production and carers groups.

4.4 The Regional Partnership Board sat in July 2020 and continues now to meet as scheduled.

4.5 Citizens and Carers are also now an integral partners at the recovery board and within implementation groups across the infrastructure

4.6 The Extraordinary Regional Partnership Board will now only be brought together for urgent decision making in response to the pandemic. In **Appendix A** you can see a diagram of all the COVID-19 Governance infrastructure across West Glamorgan and how they all interconnected

## 5. **Achievements since March 2020 through the COVID Emergency and into the Recovery Phase**

### 5.1 Emergency Arrangements

5.1.1 Developed and Implemented Robust Governance Arrangements

5.1.2 Protocols Developed and Implemented:

- PPE Protocol
- Care Homes Protocol
- Emergency Funding Protocol

5.1.3 Implemented the Rapid Discharge Process

5.1.4 Developed and Implemented an Integrated Escalation Framework; which has in addition led to the development and implementation of:

- A Care Home Support Squad
- An infection Prevention and Control Support Squad including training

5.1.5 Continuing to implement, monitor and further develop the Care Homes Action plan

5.1.6 Developed and Implemented a Regional Website for Care Homes

5.1.7 Developing a Regional plan for Lateral Flow Testing Devices for Social Care Staff

5.1.8 Vaccination Programme on Target for meeting the Key Priority Groups

### 5.2 Recovery Work

5.3 At the most recent Regional Partnership Board held in February 2021, a number of key endorsements were made which will support the partnership to develop further.

5.4 Key items endorsed were:

- The Regional Carers Strategy with a Quick Reference Guide

- Carers Emergency Action Plan Toolkit
- Coproduction Framework, Toolkit and Charter

5.5 A review is currently underway across our Hospital to Home Service via an independent evaluator which will provide the region with the necessary information to refresh the programme and support progression of the model into 2021

## 6. Evaluation/Lessons Learned So Far for COVID-19 across the Community

6.1 The Regional Partnership Board and its entire infrastructure has been instrumental in supporting Health and Social Care to minimise the impact of the pandemic on the most vulnerable people in our society. We have reasoned that had the Regional Partnership Board Members and Officers working within the infrastructure not already had excellent working relationships, our response would have been diminished.

6.2 The trust that has been garnered through the years across the previous partnerships of Western Bay and now West Glamorgan has been influential to the rapid and efficient decision making that has taken place between the statutory partners.

6.3 The speed at which officers responded to the crisis and the guidance issued by Welsh Government has been swift and comprehensive and therefore has impacted greatly on the regional and national response to the pandemic.

6.4 The impact on the Area Plan and Action Plan of the Regional Partnership Board has been that for a time, all work was suspended and we are now starting and evaluating each programme in light of the changes that COVID-19 has brought. Our key objectives were streamlined, but it is clear that all the ongoing work within the Area Plan and Action Plan contribute to these key priorities.

6.5 The Research, Innovation and Improvement hub have been supporting the region to collect the Lessons Learned across the Health and Social Care Integrated Programme. It is important to note that we are not yet out of the emergency and that lessons are still being learned.

6.6 The full list of Lessons Learned can be viewed in **Appendix B**.

6.7 In summary the key themes that have been identified are:

- Digital Capability
- Community Response
- Resources – Agility and Flexibility
- Co-production, including Carers and Volunteers
- Integrated service delivery

6.8 Work to integrate the lessons learned into workstreams is ongoing as there is so much data to synthesise, however the workstreams are continually reviewing and improving.

6.9 There are key strengths that we can build on and some weaknesses in certain areas where it is evident that improvements need to be made. A full SWOT analysis can be seen at **Appendix C**

6.10 Some of the key messages are:

**Volunteers were critical** – ensured vital services such as Pharmacy and prescriptions were managed effectively to assist the most vulnerable.

**Carers were integral**– ensured that vital connections were continuing to be made with those in most need of support especially vulnerable groups at risk of isolation eg. Safe and Well service.

**Workforce was essential** – ensured that new ways of working were embraced and staff became more flexible and utilised their time where most needed e.g Staff were moved to key roles to support day services such as domiciliary care.

**Digital was necessary** – all stakeholders used digital communications more effectively in order to maintain services and to ensure that, where necessary, links to loved ones were managed compassionately e.g. use of TEAMS and iPad technology.

**3rd Sector Community were crucial**– without the community help the crisis could have been potentially more debilitating to vital primary and secondary care services e.g delivery of food parcels especially to vulnerable groups.

**Care Home Collaboration was needed** – all stakeholders pooled resources to aid effective use of assets to avert a more devastating outcome on the primary and secondary care services and we needed to develop Community Triggers.

However, more is required. Moving on from the lessons learned will mean for:

**Care Homes** – implementing the Care Home action plan and liaising with primary and secondary care sectors to ensure a seamless relationship with all services impacted and manage the key risks previously experienced during phase 1 of COVID-19. Also required is to work on the Community Triggers needed to identify potential issues between Care and Health providers.

**3rd Sector/Community** - Focus on food and health and wellbeing projects that address some of the issues that have emerged around who is most vulnerable due to Covid-19.

**Carers** – develop a more integrated approach where Carers are involved in co-producing services that impact on both carers and service users. Work on the key outcomes from the recent “Possibilities for People” event.

**Digital** – Work with Health board and stakeholders in developing a regional digital strategy that excludes nobody, building on the “Leave no-one Behind” report which encompasses the implementation of assistive technology.

**Workforce** – develop a more agile, integrated workforce provision that will assist in determining the optimum level of resources being deployed to those service areas of greatest need. This will include the use of volunteers to support the established workforce.

**Volunteers** – develop a way of embracing the volunteers to work in a more robust and integrated way. A reconfiguration of the role of the voluntary/3rd Sector, to build upon and ensure that asset based methodologies are used when developing projects and working with communities, is fundamental.

## 7. Welsh Audit Office Action Plan

In autumn 2018 Wales Audit Office presented regional feedback to Western Bay Region – this was prior to the disaggregation of the Bridgend population to the Cwm Taff Health Board. The final report was published in the Spring of 2019.

Overall the findings were favourable, but noted a number of recommendations that should be taken forward by the region. Progress was made through West Glamorgan in the 2019/2020 financial year and all recommendations were complete by January 2020.

Details of the findings and progress can be viewed in the table below.

<b>Findings</b>	<b>Action Taken</b>
<b>Develop mechanisms for reporting back to individual organisations in a more consistent way</b>	RPB Representatives from across the partnership take papers into their own organisations. West Glamorgan reports into the Scrutiny Committees as requested and the Health Board take papers through to their own Board
<b>Address low attendance rates by members of the Leadership Group</b>	Leadership Group has been reformed into Executive Board in the new West Glamorgan governance arrangements. The Executive Board is a non-decision making Board as decisions are made in the 3 Transformation Boards and reported into RPB
<b>Ensure approved ICF projects have a robust exit strategy</b>	<p>Exit Strategy is included in the new application forms and in the business case template as part of the programme and project management arrangements.</p> <p>End of Project Procedures for closing projects being developed</p> <p>Risk assessment currently being undertaken for funded programmes and projects and this will include assessment of available exit strategies</p>
<b>Seek assurance that risks relating to ICF projects are identified and managed effectively, at a programme level as well as local level</b>	<p>RAG status and reason for RAG status are included in the ICF quarterly monitoring reports</p> <p>Key risks for programmes and projects are captured in the highlight reports escalated to the Transformation Boards for decision and / or information. Decisions are captured in the West Glamorgan action log to ensure an audit trail</p> <p>Developed a risk register for the emergency and planning arrangements for CV19 programme.</p> <p>Currently undertaking a risk assessment for all the programmes and projects given future funding has not yet been clarified.</p> <p>Currently establishing new Project Online system for the West Glamorgan Team, which includes risk, issue and action logs for all projects which can then be amalgamated as a cross-programme risk register</p>
	A coproduced application form and expressions of interest form is used for revenue and capital schemes is now utilised instead of the Welsh Government template. The form captures the

Findings	Action Taken
<p><b>Simplify the bidding process for third sector pots of ICF</b></p>	<p>relevant information required in the WG Revenue Investment Plan</p>
	<p>The Business Assurance Group undertakes an assessment from a business perspective in terms of deliverability, impact, value for money and sustainability. This assessment is shared with the relevant workstream group who are prioritising the schemes</p>
	<p>Development of flow diagrams for ICF processes so partners understand the process</p>
	<p>Application proposals are reviewed by the relevant workstream group, negating the need for a separate multi-agency panel. For example, dementia proposals are considered by the Dementia Strategy Group, carers proposals are considered by the Carers Partnership Group, ICF capital proposals are considered by the Social Care, Health and Housing Group</p>
<p><b>Strengthen project management arrangements across all Integrated Care Fund projects</b></p>	<p>One of the key principles of the new West Glamorgan Programme was utilisation of a consistent programme and project management methodology.</p>
	<p>A series of programme and project management templates have been developed and are utilised by all programme and project leads.</p>
	<p>The templates have been revised in order to align with the Health Board templates to ensure consistency given there is dual reporting for some Health Board led schemes</p>
	<p>Development of a new integrated West Glamorgan technology infrastructure - including aligned Microsoft Teams and Project Online sites - to support more effective project management processes</p>
<p><b>Explore ways to improve sharing access to information between partners to enable organisations to demonstrate the benefits of projects on a multi-organisational basis</b></p>	<p>The use of SharePoint within the team will allow us to share the data with partners directly depending on the technology at each organisation.</p> <p>Currently establishing Teams capabilities which enable us to host cross-partnership groups and working sites, whereby all partners can access papers (for example, for Board meetings).</p>
<p><b>Learn from good practice in other regions beyond West Wales</b></p>	<p>Attendance at various national meetings where good practise is shared</p>
	<p>Regional Leads meeting and ICF Leads meeting takes place on a quarterly basis where approaches, learning and ideas are shared</p>
	<p>COP being set up by WG in order to share good practise</p>



**8. 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.

**9. Workforce Impact**

Not applicable.

**10. Equality and Engagement Implications**

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

**11. Legal Implications**

There are no legal implications associated with this report

**12. Risk Management**

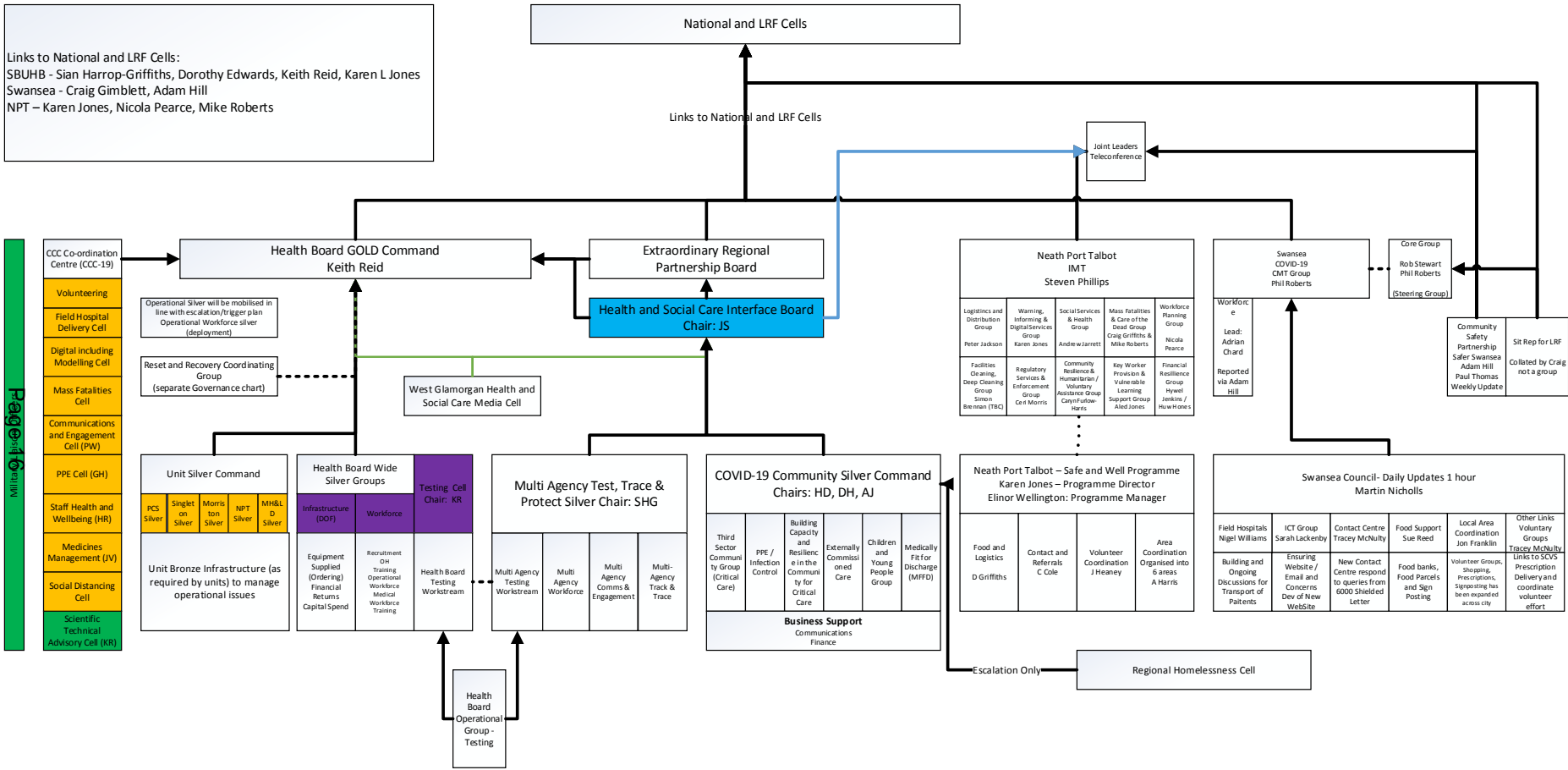
All individual programmes and projects utilise a risk management strategy.

**13. Background Papers:**

Not applicable

# Appendix 1 – West Glamorgan Partnership Governance Structure

## COVID-19 GOVERNANCE ACROSS WEST GLAMORGAN



Links to National and LRF Cells:  
 SBUHB - Sian Harrop-Griffiths, Dorothy Edwards, Keith Reid, Karen L Jones  
 Swansea - Craig Gimblett, Adam Hill  
 NPT – Karen Jones, Nicola Pearce, Mike Roberts

- Bronx**
- CCC Co-ordination Centre (CCC-19)
  - Volunteering
  - Field Hospital Delivery Cell
  - Digital including Modelling Cell
  - Mass Fatalities Cell
  - Communications and Engagement Cell (PW)
  - PPE Cell (GH)
  - Staff Health and Wellbeing (HR)
  - Medicines Management (JV)
  - Social Distancing Cell
  - Scientific Technical Advisory Cell (KR)

**Key**

- Coordinated via CC
- Reports directly to GOLD
- Reports to Board with input from Gold
- Chaired by DPH to support response

**Key**

- Decision Making (Black arrow)
- Advice (Green arrow)
- For Information and Sharing (Blue arrow)

**Key**

- GOLD: Decision Making
- SILVER: Tactical Decision Making
- BRONX: Operational Decision Making
- CELLS: Cross system wide planning and delivery (reporting and action via RAID logs with escalation to GOLD on key risks and issues)

## Appendix B – Lessons Learned



WGRPB Lessons  
learnt Summary May 2020

Below is an extract of the lessons learned for the full report please double click the icon to open the embedded file..

ID	Lead Organisation	COVID Workstream	Project Name (Area of Focus)	Background/Context	Yellow – What went well? What has worked well?	Black – What went wrong? What didn't work so well/	Green – Innovation & Development Any Learning points? Recommendations?	Blue - Overview of Actions (Actions to be taken forward that will change the way we work)	Themes of Improvement - List
SCVS	Community / Third Sector		<b>General Points and observations in relation to the 3rd sector / future delivery</b>		<ul style="list-style-type: none"> <li>Governance and planning- I think the rapid discharge route is an example of how the sector can be responsive, flexible and FAST!</li> </ul>	Involvement in governance and strategic planning at the earliest stage is critical	<p>An opportunity to focus on new ways of delivery- but also in the context of economic recovery</p> <p>We need to demonstrate that we are still committed to this work. Our co producers and carers have lived experience of the impact of Covid19- we need to make sure that our planning is based on this real experience. We need to make sure that as far as is reasonably possible that things are mirrored across the region- e.g. the community route discharge pathway</p> <p>3rd sector access to PPE</p>	<p><b>In terms of key improvements, I think that it has been obvious that genuine and equal partnership working is more important than ever and also that this needs to include our community members looking to the future, so Co Pro needs to be central.</b></p> <p><b>I think we need to better value our workforce and will continue to ask that we all commit to becoming a real living wage region and to promote this via commissioning, grant funding etc.</b></p>	Key decision making
SUHB	Primary and Community - Health Board – Split into Areas ?		<b>Primary Health</b>			<p>Speed of change and requirement to respond to changing demands/ requests</p> <p>Challenges associated with managing rapid decision making.</p>		<ol style="list-style-type: none"> <li>Adopt Command Control Coordination structure in early stages of response to provide clear leadership and structure, moving towards less intensive and flexible approach as situation progresses.</li> <li></li> <li>Rapid decision making is essential to support the pace of change required, particularly in early phases of response, however a detailed planning approach to understand the wider impact of change must run in parallel – this should be the focus of subsequent stages of the COVID response.</li> </ol>	Key decision making

Financial

Strengths	Weakness	Opportunities	Threats
<p>Page 18</p> <ul style="list-style-type: none"> <li>• COVID funding has been made available via grant schemes to Third Sector and Adult Social Care Fund</li> <li>• West Glamorgan have been flexible with all partners on how funding can be used to reconfigure services to meet the needs of the local community during the pandemic. All change requests captured on the SharePoint change request log</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunist increases in costs for resources/equipment.</li> <li>• The prioritisation of COVID-19 activities by funders is likely to result in a shortfall in future funding available for the sector, particularly for activities which aren't COVID-19 specific</li> <li>• WG agreed establishment of a regional pooled fund for CV19 however individual departments are still requesting funding targeted at specific cohorts limiting the flexibility</li> <li>• Lack of central co-ordination on specific areas, e.g. workforce/finance reporting???</li> </ul>	<ul style="list-style-type: none"> <li>• Cost savings (property, expenses)</li> <li>• Foundation economy</li> <li>• Reconfigure funding arrangements between all sectors looking more long term.</li> <li>• Rapid decision making is essential to support the pace of change required, particularly in early phases of response, however a detailed planning approach to understand the wider impact of change must run in parallel – this should be the focus of subsequent stages of the COVID response.</li> <li>• Strengthen central grip on specific areas, e.g. workforce/finance reporting– provide templates/ guidance for use early on - to ensure consistency of approach by all.</li> </ul>	<ul style="list-style-type: none"> <li>• The Economy</li> <li>• Recession/no certainty that this sector is fireproof</li> <li>• Budget constraints</li> <li>• Demand for services will increase financial expenditure</li> <li>• Have to starting paying again for PPE</li> <li>• rapid discharge- there is a cost beyond immediate Covid19 related changes</li> <li>• Dom Care - Some Providers may have lost significant private income and this may cause longer term capacity and sustainability problems.</li> <li>• Financial sustainability of Care Homes given low occupancy rates</li> </ul>

## Process

Strengths	Weakness	Opportunities	Threats
<p>Page 19</p> <ul style="list-style-type: none"> <li>Local/neighbourhood level response is the most effective. Showing that the energy, the innovation of the people can overcome significant challenges.</li> <li>Cross authority collaborative working</li> <li>Complementary not competing/shared aims</li> <li>Technology – allows us to work remotely</li> <li>Improved amounts of data</li> <li>Sharing best practices</li> <li>Better integrated working/sharing with Volunteer and 3<sup>rd</sup> Sectors</li> <li>Less bureaucracy but retained governance</li> <li>Able to make decisions quicker</li> </ul>	<ul style="list-style-type: none"> <li>Understood needs for mental health services</li> <li>PPE – conflicting advice on PPE usage/quality concerns/supply and delivery issues</li> <li>Concerns over PPE specifications</li> <li>Testing – differences in sectors/delivery/results</li> <li>Confusion over testing</li> <li>Differences in Partner data collection methods</li> <li>Why aren't transmission rates considered in dom care</li> <li>Lack of knowledge of virus</li> <li>General Lack of coordination with Homes (Care/Residential)</li> <li>Policy changes affecting regions</li> <li>Policy disparities (England and Wales)</li> <li>Comms are not easily shared/organised/promoted. Gaps in messages/guidance occurred frequently.</li> </ul>	<ul style="list-style-type: none"> <li>Look at how we can use the data</li> <li>Is there an opportunity for a National Social Care Service encompassing Health?</li> <li>Continue to strengthen relationships and ongoing partnership working – of particular note during this period is the relationship with the Care Home sector as service fragility in this area remains a concern.</li> <li>Peer reviews to assess performance</li> <li>More empathy for other organisations</li> <li>Look at ways we deliver / less emphasis on perfection more on delivering best we can</li> <li>Focus on food and health and wellbeing projects that address some of the issues that have emerged around who is most vulnerable re Covid19. Do we need to have even greater focus on obesity, BAME communities, food poverty (and access to healthy food).</li> <li>Comms will need a strategy to manage outputs, inputs and expectations to eliminate gaps and ambiguity of guidance etc.</li> <li>Better use of mobile technology and IT products/tools</li> </ul>	<ul style="list-style-type: none"> <li>Increased need for rehabilitation services</li> <li>When services reopen what will they look like</li> <li>Reduction in services/less demand</li> <li>Increased poverty/increased requirement for supporting housing</li> </ul>

- Information overload and conflicting guidance from various sources.
- Information flow from sources has been inconsistent meaning key data not always received in a timely way (eg care home testing results) More effective analysis of mass testing impacts is required / underway.
- A number of parallel data capture arrangements were created (WG, CIW and PHW). This may have caused some duplication of effort / Provider anxiety

- Use of data to identify additional staffing resource required for surge/super-surge.

## Workforce

Strengths	Weakness	Opportunities	Threats
<p>Page 21</p> <ul style="list-style-type: none"> <li>• Staff – agile and willing to work remotely</li> <li>• Willingness of staff to be deployed</li> <li>• Currently able to recruit staff and volunteers</li> <li>• Staff Development &amp; Training loaded all face to face training materials up to E-Learning Pool for staff to continue their induction and training.</li> <li>• Use of data to identify additional staffing resource required for surge/super-surge.</li> <li>• Provision of volunteering good practice information to newly established community groups as well as existing organisations.</li> <li>• Volunteer recruitment, training</li> </ul>	<ul style="list-style-type: none"> <li>• Fears over deployment</li> <li>• Lack of clear redeployment policy at start</li> <li>• Pay structure for care staff</li> <li>• Lack of staff knowledge of new roles</li> <li>• Provision of volunteering good practice information to newly established community groups as well as existing organisations not comprehensive across region</li> <li>• Lack of testing for clients (receiving domiciliary care in the community) has caused management challenges and resulted in anxiety within the Domiciliary care workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Increasingly agile workforce</li> <li>• More flexible workforce</li> <li>• Shared resource across region in support areas</li> <li>• More employed in sector (long standing concern)</li> <li>• Appreciation of colleagues/management</li> <li>• More understanding of your organisation/culture by deployed staff</li> <li>• Opportunities to capitalise where economy is weaker – ie. Use staff who would look to tourism in care work</li> <li>• In relation to workforce, do we need to take a coordinated long hard look at remote services / working and the implications of this for our offices, community buildings etc?</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of staff</li> <li>• New staff leaving because of pay</li> <li>• Financial hardship (staff and sector)</li> <li>• Anxiety/uncertainty (possible second surge)</li> <li>• Mental health issues/staff burnout</li> <li>• Some staff may not wish to return to old roles</li> <li>• Losing staff goodwill</li> <li>• Lack of testing for clients (receiving domiciliary care in the community) has caused management challenges and resulted in anxiety within the Domiciliary care workforce</li> <li>• What post Covid-19 will look like</li> <li>• Lack of unification on all matters to workforce structure</li> </ul>

## Customer/Third Sector

Strengths	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Strong support from voluntary sector/community</li> <li>• Good relationships with providers</li> <li>• Improved public perception of the value of social care</li> <li>• Strong awareness of sector (reference Rhod Gilbert show)</li> <li>• Volunteer befriending service</li> </ul> <p>Safe and well service - Has allowed individuals to remain independent in their homes during a time when family support is not as readily available due to CV related difficulties and care packages have had to be reduced due to pressures on social care.</p>	<ul style="list-style-type: none"> <li>• Safeguarding particularly for children's and domestic violence – what will it look like post Covid-19</li> <li>• Increased requirements of packages</li> <li>• 3rd sector access to PPE</li> <li>• MHLG groups – community groups missed in supporting needs in early stages</li> <li>• To recognise that parts of our community are digitally excluded and plan communications accordingly.</li> <li>• Lack of testing for clients (receiving domiciliary care in the community) has caused management challenges and resulted in anxiety within the Domiciliary care workforce. A wider and prompt testing programme of symptomatic individuals would alleviate this.</li> </ul>	<ul style="list-style-type: none"> <li>• In terms of key improvements, genuine and equal partnership working is more important than ever and also that this needs to include our community members looking to the future, so Co Pro needs to be central.</li> <li>• better value our workforce, commit to becoming a real living wage region and to promote this via commissioning, grant funding etc.</li> <li>• Reconfigure role of the voluntary/3<sup>rd</sup> Sector</li> <li>• To build upon and ensure that asset based methodologies are used when developing projects and working with communities.</li> <li>• To recognise that parts of our community are digitally excluded and plan communications accordingly.</li> <li>• Testing - A wider and prompt testing programme of symptomatic individuals would assist in providing better insight into future plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Will residential care look to community residential</li> <li>• Sustainability of care home sector/loss of the market</li> <li>• Data protection issues in relation to customer information being shared over numerous platforms</li> <li>• Lack of testing for clients</li> </ul>



# Agenda Item 7

## ADULT SERVICES PERFORMANCE PANEL WORK PROGRAMME 2020/21

Meeting Date	Items to be discussed
<b>Meeting 1</b> Tuesday 20 October 2020  4.00pm	<b>Appointment of Panel Convener</b>  <b>Performance Monitoring</b> <i>Amy Hawkins, Interim Head of Adult Services</i> <i>Helen St John, Interim Head of Integrated Community Services</i>  <b>Sickness Levels in Adult Services briefing</b> <b>(Deferred from March 2020 meeting)</b> <i>Amy Hawkins / Helen St John</i>  <b>Adult Services Work Programme 2020/21</b>
<b>Meeting 2</b> Wednesday 16 December 2020 2pm  <b>JOINT SOCIAL SERVICES MEETING</b>	<b>Update on Managing Covid-19 pandemic</b> <i>Clive Lloyd, Elliott King, Dave Howes</i>  <b>Performance Monitoring</b> (shorter item with covid focus. Panel members to provide questions in advance to be answered at meeting) <i>Clive Lloyd, Elliott King, Dave Howes</i>
<b>Meeting 3</b> Tuesday 26 January 2020 4pm  <b>JOINT SOCIAL SERVICES MEETING</b>	<b>Update on Managing Covid-19 pandemic</b> <i>Clive Lloyd, Elliott King, Dave Howes</i>  <b>Performance Monitoring</b> (shorter item with covid focus. Panel members to provide questions in advance to be answered at meeting) <i>Clive Lloyd, Elliott King, Dave Howes</i>
<b>Meeting 4 - BUDGET MEETING</b> 15 February 2021 2.30pm  <b>JOINT SOCIAL SERVICES MEETING</b>	<b>Draft Budget Proposals for Child and Family Services / Adult Services</b> <i>Clive Lloyd, Elliott King, Dave Howes</i>  <b>Update on Managing Covid-19 pandemic</b> <i>Clive Lloyd, Elliott King, Dave Howes</i>
<b>Meeting 5</b> Tuesday 9 March 2021  4.00pm	<b>Update on West Glamorgan Transformation Programme (including update on actions following WAO Report on Integrated Care Fund)</b> <i>Kelly Gillings, Programme Director</i>  <b>(CFS Panel Members to be invited for this item)</b>

<p><b>Meeting 6</b> Tuesday 20 April 2021</p> <p>4.00pm</p>	<p><b>Performance Monitoring</b> <i>Amy Hawkins / Helen St John</i></p> <p><b>Update on how Council’s policy commitments translate to Adult Services</b> <i>Clive Lloyd, Cabinet Member for Adult Care and Community Health Services</i> <i>Dave Howes, Director of Social Services</i></p> <p><b>Actions from WAO report ‘Front door to Adult Social Care’– Recommendation: Impact of Preventative Services (specific action: to use feedback from the study and whether any additional improvement actions needed) (Agreed at March 2020 meeting)</b> <i>Amy Hawkins TBC /Helen StJohn TBC</i> <i>Lucy Friday, Principal Officer Transformation</i></p>
<p><b>Meeting</b> ? June 2021 TBC</p>	<p><b>Update on Adult Services Transformation Programme</b> <i>Amy Hawkins/Helen St John</i></p> <p><b>Briefing on Annual Review of Charges (Social Services) 2020/21</b> <i>Dave Howes, Director of Social Services</i></p>
<p><b>Meeting</b> ?July/August TBC</p>	<p><b>Performance Monitoring</b> <i>Amy Hawkins / Helen St John</i></p> <p><b>Isolation of Elderly People</b> <i>Amy Hawkins?/Helen St John?</i></p> <p><b>Options Appraisal for Assistive Technology and Community Alarms (Agreed pre March 2020) TBC</b> <i>Helen St John</i></p>
<p><b>Meeting</b> ? September TBC</p>	
<p>Meeting ? October / November TBC</p>	<p><b>Social Services Budget Monitoring (including income streams and discussion about ‘service descriptors’ etc)</b> <i>Dave Howes, Director of Social Services</i></p> <p><b>(CFS Panel Members to be invited for this item)</b></p>

Future Work Programme items:

- Support for Health and Social Care Staff (Date TBC)
- WG report: Rebalancing care and support - A consultation on improving social care arrangements and strengthening partnership working to better support people’s well-being (Date TBC) **(CFS Panel Members to be invited for this item)**

- Complaints Annual Report 2019-20 for Child and Family Services / Adult Services (Date TBC – moved from joint Feb 2020 meeting) *Sarah Lackenby, Chief Transformation Officer*
- Actions from WAO Report 'Front Door to Adult Social Care' (from March 2020 meeting):
  - Impact of Preventative Services (Was October 2020. Now scheduled for 20 April 2021)
  - Public Information (July 2021?)
  - Working with Third Sector Partners (July 2021?)
- Wales Audit Office Reports (dates to be confirmed)