



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, 20 April 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

Agenda		Page No.
1	Apologies for Absence.	
2	Disclosures of Personal and Prejudicial Interests www.swansea.gov.uk/disclosuresofinterests	
3	Prohibition of Whipped Votes and Declaration of Party Whips	
4	Minutes of Previous Meeting(s) To receive the minutes of the previous meeting(s) and agree as an accurate record.	1 - 3
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	Performance Monitoring <i>Amy Hawkins, Interim Head of Adult Services</i> <i>Helen St John, Interim Head of Integrated Community Services</i>	4 - 30
7	Update on how Council's Policy Commitments translate to Adult Services <i>Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services</i> <i>Dave Howes, Director of Social Services</i>	31 - 36

8 Work Programme Timetable 2020-21

37 - 38

9 Letters

39 - 42

Next Meeting: Wednesday, 2 June 2021 at 4.00 pm

Huw Evans

Huw Evans
Head of Democratic Services
Tuesday, 13 April 2021

Contact: Liz Jordan 01792 637314

Agenda Item 4



City and County of Swansea

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

Remotely via Microsoft Teams

Tuesday, 9 March 2021 at 4.00 pm

Present: Councillor S M Jones (Chair) Presided

Councillor(s)

A M Day
P R Hood-Williams
G J Tanner

Councillor(s)

V M Evans
Y V Jardine
H M Morris

Councillor(s)

C A Holley
J W Jones
D W W Thomas

Co-opted Member(s)

T Beddow

Other Attendees

Elliott King
Clive Lloyd

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

Officer(s)

Kelly Gillings

Amy Hawkins
Liz Jordan

Programme Director, West Glamorgan Transformation Programme
Interim Head of Adult Services
Scrutiny Officer

Apologies for Absence

Officer(s): David Howes, Helen St John

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 Joint Social Services Panel meeting on 15 February 2021 as an accurate record of the meeting.

There was one matter arising from the previous meeting in relation to the budget.

Panel requested information on 'Outcomes Budgeting', the sorts of outcomes emerging that Social Services might be considering, especially in terms of integrated care. Cabinet Member stated it is very important we allocate resources in best possible way to achieve best possible outcomes. Senior officers in Adult Services have been asked to work up what some of these initiatives will look like going forward using the additional resource the Directorate has this year.

Other examples given were in relation to:

- Common Access Point – when respond to a resident through Common Access Point, how are we able to deal with their situation so it is resolved for them, and they do not come back to Council within 6 month or 12 month period. These sorts of measures help Council understand if Common Access Point system meets the needs of residents.
- Reablement – emphasis still very much on keeping people as independent as possible, not in care home environment. When people come out of hospital, for example, what are we able to provide for them?
- Constant Hospital to Home review – reviewing this and looking at best way of ensuring meets the needs of our residents, so that resource/finance working to the best outcomes for our residents.

Actions:

- Confirmation if, for the coming year, we can expect to see the budget cast either wholly, or mainly, in outcome terms.

4 Public Question Time

No questions were submitted.

5 Update on West Glamorgan Transformation Programme

Kelly Gillings, Programme Director attended to update the Panel on the impact of the Pandemic on the Programme and to update on the action plan following Wales Audit Office's (WAO) report on the Integrated Care Fund.

Impact of the Pandemic

Discussion Points:

- Recovery Board – Panel requested an overview of steps being taken in each of the four priorities.
- Panel queried if any conflict between Regional Partnership Board (RPB) and Public Service Board (PSB), as at scrutiny level not seen as much co-operation as would like. Officers confirmed RPB and PSB started to work together during pandemic but not closely as both getting on with their work. Not aware of any conflict.
- Cabinet Member (CM) confirmed driving force for bringing most of this together was RPB and not PSB. Panel felt one of the few positives from the pandemic is the way the Council and Health Board have worked together on this, particularly through RPB.

- Panel queried how effective RPB has been in finding all carers. Informed Carers Partnership Board has held a number of sessions on how to identify carers. They are working with carers to identify other carers.
- Panel queried if in terms of re-modelling acute care and community care services, if there would be new components coming into it.
- Head of Service gave some assurance in terms of the work they are doing in terms of statutory partners' involvement in some of remodelling care approaches. The Panel will see this work coming through scrutiny in next year.

WAO Report

Discussion Points:

- Panel queried if in terms of the dynamics of integrated care across professional and situational boundaries, what research and academic input were being drawn upon to find things that help it work better
- Business Assurance Group – Panel requested to see two examples of reports they have done, to get an idea of the work they do.
- CM informed Panel that RPB had managed to carry out hugely significant pieces of work as well as dealing with pandemic during the last year and he expressed his thanks
- Panel agreed it has dealt with the WAO report. The action plan dealing with the recommendations has been completed, and does not need to come back to the Panel again.

Actions:

- Overview of steps being taken in each of the four priorities by Recovery Board to be provided to the Panel
- Response to be provided to Panel in terms of any new components that may come into the re-modelling of acute care and community care services
- Some copies of the minutes of Business Assurance Group to be shared with the Panel.

6 Work Programme Timetable 2020-21

Work Programme received and considered by the Panel.

The meeting ended at 4.55 pm

Agenda Item 6



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

Adult Services Scrutiny Performance Panel – 20 April 2021

PERFORMANCE MONITORING

Purpose	To present the Adult Services monthly performance report for February 2021.
Content	The Adult Services report includes the latest performance management information, including; enquires through the Common Access Point, Client Reviews, Carers Assessments, Residential and Community Reablement, Domiciliary and Residential Care, and Safeguarding responses.
Councillors are being asked to	Consider the report as part of their routine review of performance in Adult Services.
Lead Councillor(s)	Cllr Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services
Lead Officer(s)	David Howes, Director of Social Services Amy Hawkins, Interim Head of Adult Services Helen St.John, Interim Head of Integrated Services
Report Author	Amy Hawkins, Interim Head of Adult Services 01792 636245 Amy.Hawkins@swansea.gov.uk Helen St.John, Interim Head of Integrated Services Helen.StJohn@wales.nhs.uk 01792 636245

Adult Services
Summary Management
Information Headline Report
Data for February 2021



Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Doing What Matters

Adult Services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Agreed Service Objectives for 2020/21*

1. Better Prevention
2. Better Early Help
3. New Approach to Assessment
4. Keeping People Safe
5. Working Together Better
6. Improved Cost Effectiveness

* Agreed pre-Covid, to be reviewed during 2020/21.

Amy Hawkins, Interim Head of Adult Services Summary

The number of Covid symptomatic, positive and isolating staff and general sickness across our teams has improved. The regional Rapid Response Team continues to support staffing requirements in internal and external Care Homes where required, coordinated through the Resource Support Team and supported out of hours by the Emergency Duty Team. With the internal residential provision, we have a number of resident vacancies and we are using the intelligence from the last year to inform decisions and delivery models going forward. We continue to maintain an Emergency Day Support provision although with reduced capacity due to infection control and social distancing measures.

Whilst there has been a slight increase in performance, the reviews care and support plans for Learning Disability clients is an area of focus and prioritisation. The team are working with the Transformation Team to review the caseload and workflow of the LD SW team. 91% of Mental Health clients have been reviewed or reassessed within the year.

Additional performance detail has been included (Long Term Domiciliary Care) which shows the breakdown of where the Dom Care referral are from and shows the significant improvement during the last two years of how long it takes for a provider to be identified to provide a package of care for the client.

The Safeguarding Team are providing a consistent approach is being adopted to the thresholding of Adult at Risk Reports and consultations with internal and external teams are being offered advice on safeguarding, focusing on preventative work and reducing risk.

All DOLS urgent applications are allocated within the week the application comes in. A 'Critical Projection Tool' allows the team to cut down/avoid gaps in authorisations and authorisations and refusals continue to be completed. The backlog has improved and is being addressed with additional resource.

Helen StJohn, Interim Head of Integrated Services Summary

During February we have started to see the beginnings of improved stability across Health and Social care regionally. Whilst these are encouraging, the position remains vulnerable to change, particularly the care home and both internal and external domiciliary care services. The Common Access Point activity remains at a consistent level. The reports that individuals are contacting us with a greater complexity of need on presentation would appear to be born out in the increased number of enquiries that require onward referral to the SW teams. In January 2021 a total of 204 SW referrals is a 33% increase on the monthly average for 2020. This month a total of 173 represents a 21% increase on the monthly average for 2020. We continue to work closely with SW practitioners to fine-tune the caseloads and guidance for onward referral from CAP into the most appropriate team. Whilst we continue to work to understand the continued low uptake of the offer of Carers Assessment it is encouraging to note the wider work which is emerging from the Carers Action Plan and which will aim to provide education and training for practitioners in respect of Carers. This will support the approach and ability to provide meaningful support to carers. The function based approach underpinning the SW temporary restructure has served to highlight the work required in respect of reviews for Older people's services and to allow us to focus on addressing this work.

The bedded reablement offer at Bonymaen House has continued to experience some impact on admission numbers due to covid related issues during Feb however significant work has been undertaken within the integrated services to "re launch" the offer and revisit the criteria for transfer to the establishment with the hospital wards. This has resulted in consistent and full occupancy of the 14 beds available during March. The outcomes for those leaving the reablement facility remain good.

The number of community reablement hours delivered has continued to increase significantly during February with a 35% increase in the total hours delivered on the Jan figures. Flow from hospital through reablement remains excellent supported by active pull through Brokerage.



Common Access Point

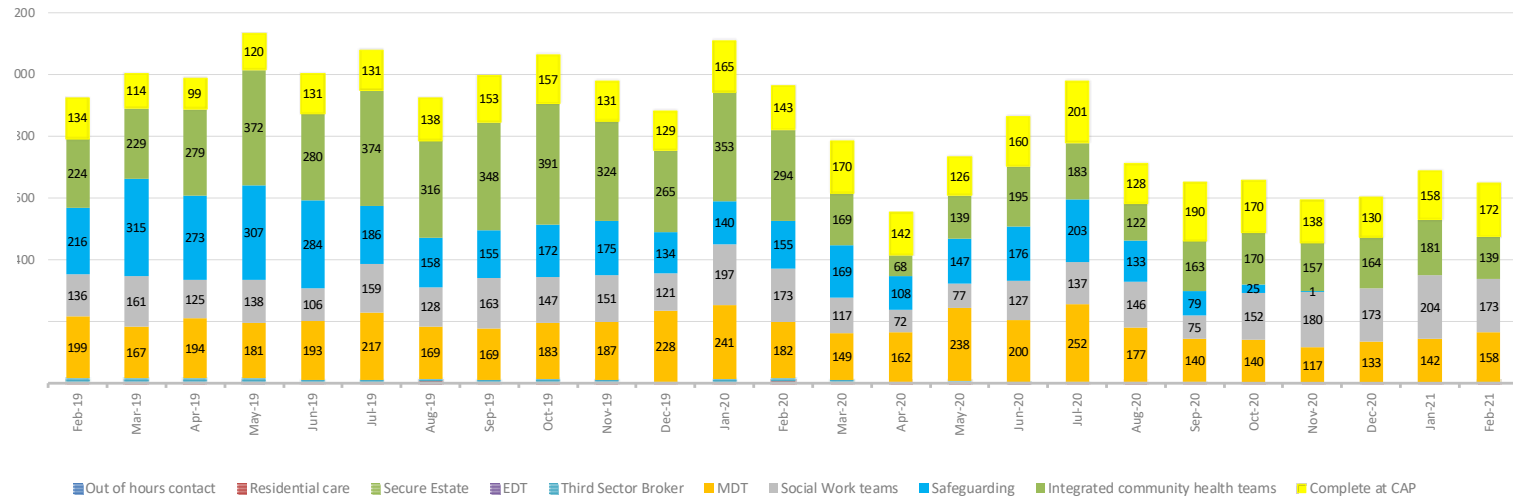
Enquiries created at the Common Access Point

649 enquiries in Feb 21

172 Closed at CAP
158 MDT
173 to SW Teams

689 enquiries in Jan 21

158 Closed at CAP
142 MDT
204 SW Teams



Page 8

965 Enquiries were created by CAP in Feb 2020
SW Teams 2019 average was 144 per month
SW Teams 2020 average was 136 per month

It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created. **173 referrals were recorded in the Safeguarding team in February** (164 in January).

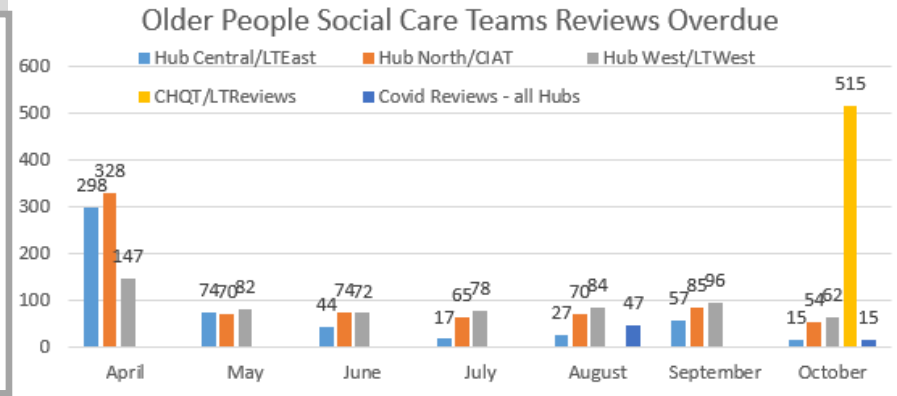
What is working well?	What are we worried about?	What we are going to do?
<p>The team has continued to develop the front door due to different demands. We are seeing more referral coming through the email inbox which has meant dedicating staff to the inbox. We are seeing the peak of the referrals coming in during the evening and at weekend. We have continued to manage the change.</p>	<p>Number of rapid response requests coming into the MDT that require a same day response has gone up recently due to carer strain. The complexity of these cases are an issue. We are currently managing the demand.</p> <p>Potentially losing funding for the CPN currently ICF funded. This would be a deficit in the team as the CPN is an asset with supporting the MDT, as we are seeing more people coming into CAP with dementia and are at significant risks</p>	<p>Continually monitor the current stats during the development of the restructure.</p> <p>Continue to attend the daily rapid discharge meeting. Currently developing a referral form for health professional to use the email inbox.</p>



Reviews of Allocated Clients

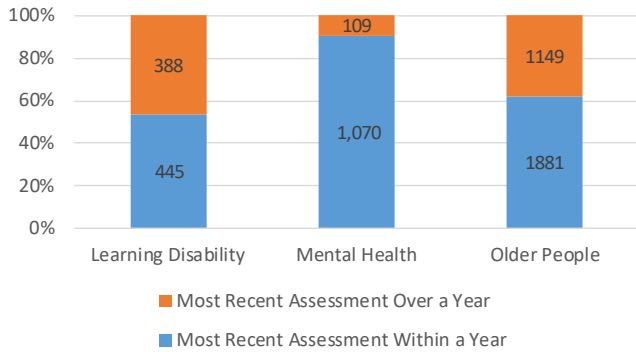
67% of all reviews across Adult Services were completed within a year (1 Mar 2021). 3394 of 5039 reviews

Since the restructure, Reviews Overdue are now not identified on a team basis but type of Review. This will be looked at for future reports



Page 9

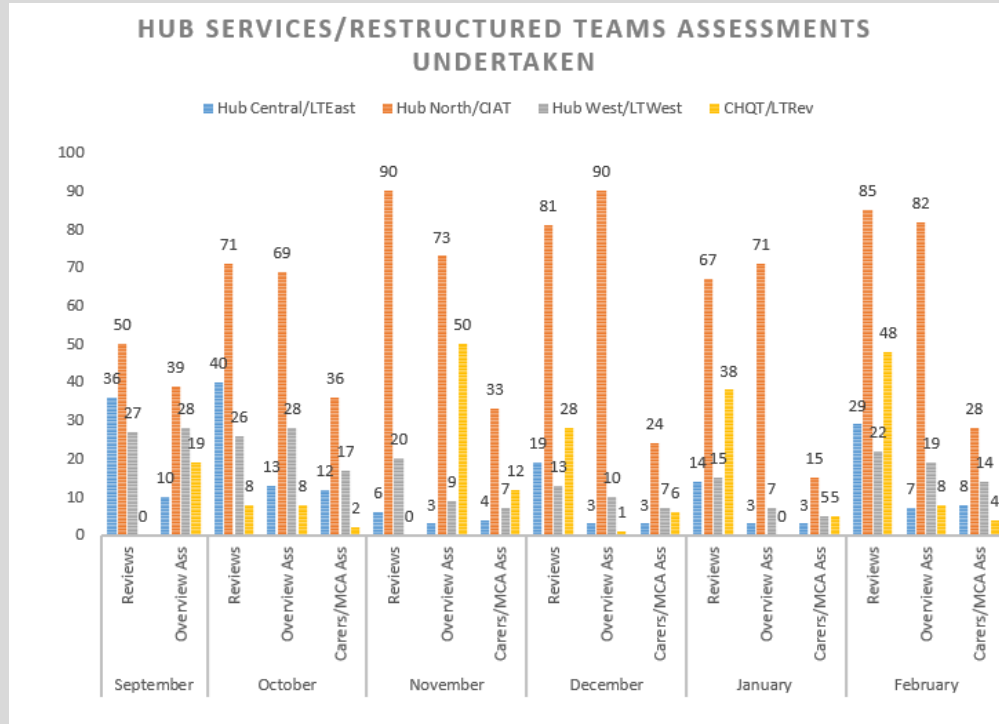
Adult Assessments undertaken within the year



91% of MH clients were reviewed/reassessed within a year

53% of LD clients were reviewed/reassessed within a year

62% of Older People clients were reviewed/reassessed within a year



Older People Services:

What is working well?	What are we worried about?	What we are going to do?
<p>Temporary structure continues to support the benefits of holding Adult Services statutory annual reviews in one place (with exception of LD/MH) to provide a clear picture of the volume of this demand.</p> <p>The standalone review group has enabled us to consider a rightsized focus on domiciliary care and work in greater partnership with commissioning partners.</p> <p>NHS partners continue to support the LA by completing annual nursing care home reviews.</p>	<p>The volume of statutory review demands outweigh the capacity staffing and statutory timescales are at risk.</p> <p>As COVID19 restrictions relax, we are worried that the teams assigned to meet the needs of the assessment demands may not be able to manage, and review staffing may have to transfer from this team to address demands.</p> <p>Development of cost saving tracker with budget and commissioning team to celebrate the efforts of the rightsizing programme.</p> <p>Whilst key partners are completing a review function on behalf of the LA, documentation quality is not addressed, leaving the LA at risk of legal challenge. The LA are also missing the opportunity to identify higher risk nursing home residents that could be fully managed and funded by the Health Board.</p>	<p>Utilise temporary staffing funding to maximise current workforce to address priorities in meeting statutory functions.</p> <p>Imbed the statutory review function as an essential part of the wellbeing role of the LA.</p> <p>Work closer with key partners to rebalance statutory review responsibilities.</p>

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>We continue to prioritise contact with service users by the use of a Wellbeing Contact RAG rating system. Alternatives to day support and respite are considered and provided to support people and their carers whilst social distancing restrictions continue. The RAG is updated weekly and there is regular audits of staff compliance.</p> <p>We continue to provide an emergency Mental Health support service via an Approved Mental Health Practitioner service operating daily from 9 – 5 despite a reduction in qualified AMHP.</p> <p>MH and LD services continue to offer a duty system for referrals and assessments and where necessary these are face to face with the public but with the use of PPE and safe distancing. All core functions have been maintained throughout the pandemic along with assessment, care planning and review.</p>	<p>Learning Disability Care Plan Review Stats remain Low:</p> <p>As part of the LD service focus we have been prioritising contact via a wellbeing and risk rating system (RAG). Consequently the team have been offering varying levels of contact via the telephone and offers of day support and respite to those in the Red and Amber categories as a priority i.e. those living at home with family where there is a risk of breakdown and admission to hospital or residential care (300 approx). There has been an attempt to use these contacts to review care plans as part of a more proportionate response to review and care planning but appears not to have provided much improvement in the statistics to date.</p> <p>The LD case numbers remain high at around 40+ cases for a F/T worker. This has been the situation since 2016 when the Health Board stopped care managing cases and the SW staff now care manage around 900 of the 950 people managed by LD services.</p> <p>Added to this is the complexity of the cases that they deal with. This includes a high number who require representations to the Court of Protection for welfare orders, Continuing Health Care challenges and representations to the Health Board, Transition cases as well as dealing with families and providers who are under pressure due to limited day support offers following covid restrictions. Staff also to take part in a weekly office duty system.</p>	<p>In LD services we are in this final stages of a complete audit of staff case notes and reviews. We hope to identify where weaknesses are in the system and focus attention and support to improve areas of weakness.</p> <p>Random audit of MH services take place regularly and are embedded into supervision practice. We will continue to review these audits as a means of improving the quality of the work of staff as well as the offer to people who use our service. Following the whole service audit this will also be the approach of LD services.</p> <p>We will continue to meet regularly with Health service partners to consider the complex needs of people under our care and our joint approach to care and funding. This work is also taking place regionally so there is a consistent service offer and agreement on what is the appropriate care provided by the right agency at the right time.</p> <p>We are working with the Transformation Team to review at the caseload and workflow of the LD SW team.</p>



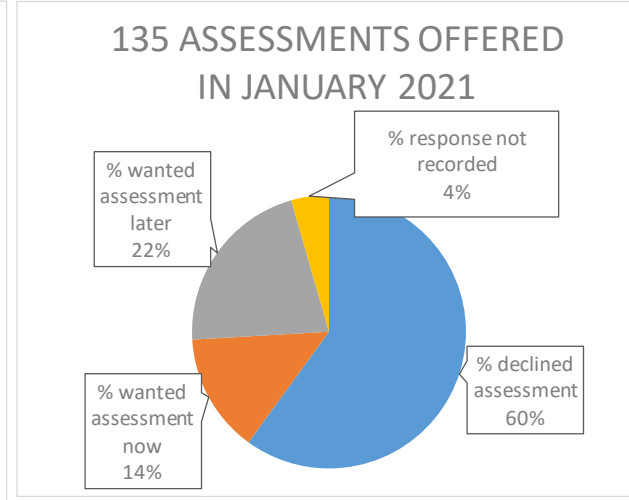
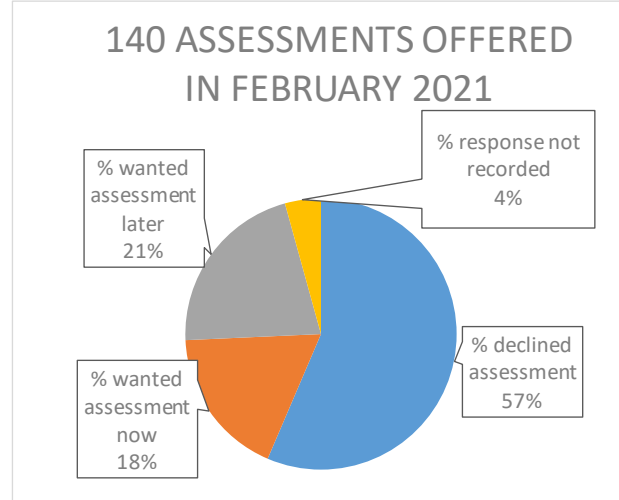
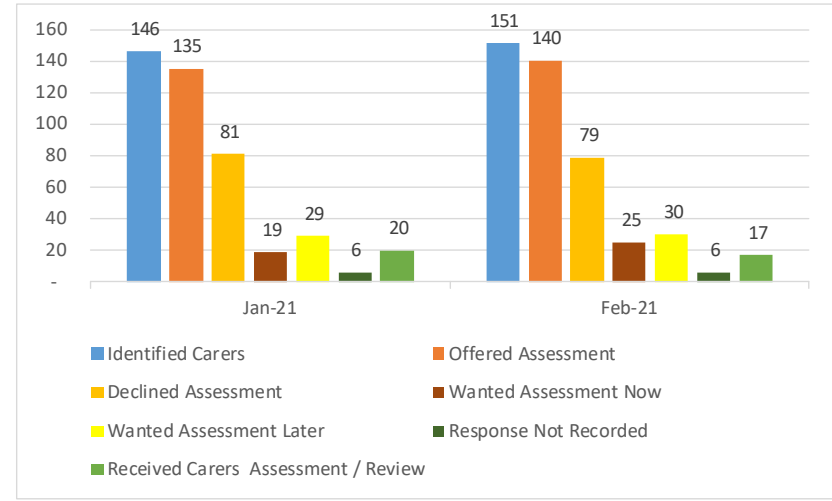
Carers and Carers Assessments

151 carers identified (Feb 21)
140 offered assessment (93%)
17 assessments undertaken

Feb 2020: 151 carers identified, 136 offered assessment
 50 declined, 84 wanted (62%), 2 not recorded
 55 assessments undertaken

146 carers identified (Jan 21)
135 offered assessment (93%)
20 assessments undertaken

Assessments wanted either now or later:
 39% (Feb), 36% (Jan), 42% (Dec), 37% (Nov),
 41% (Oct)

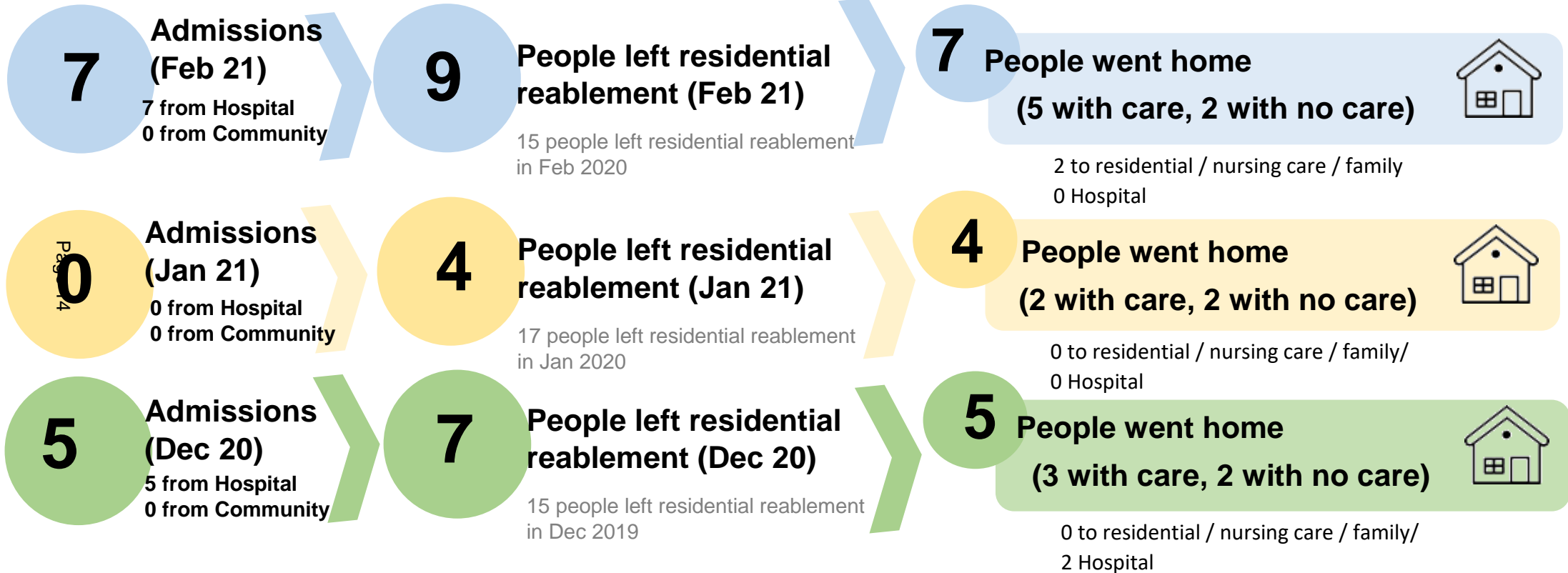


What is working well?	What are we worried about?	What we are going to do?
<p>Frontline staff are having good conversations with carers albeit the data informs us that carers continue to decline Carers Assessments.</p> <p>Regional Partnership Carers Board has provided us with a Carers Strategy to influence our local actions for carers.</p> <p>Swansea Carers Centre has supported action groups to co-produced improvements to Carers Assessment tools, which will influence training and better conversations with carers.</p>	<p>Further drilling down on data is required to understand the low number of carers assessments</p> <p>We need to be working better to capture the narrative conversation and further build upon our relationships with key partners.</p> <p>Carers data is lost as the current recording system does not consistently produce carer assessment information – data is lost within the word document person/carer combined assessment.</p>	<p>Utilising the training budget, we aim to secure Carers Wales to complete Carers Awareness training to our workforce; driving knowledge to highlight the important role of carers and the legislative duty of the LA to offering and completing carers assessments.</p> <p>WCCIS planning has supported how we intend to use single person/carer assessment tools to support data performance.</p>



Residential Reablement

During December, January & February, Residential Reablement services had an overall percentage of 76% of people returning to their own homes, independently and with care packages.

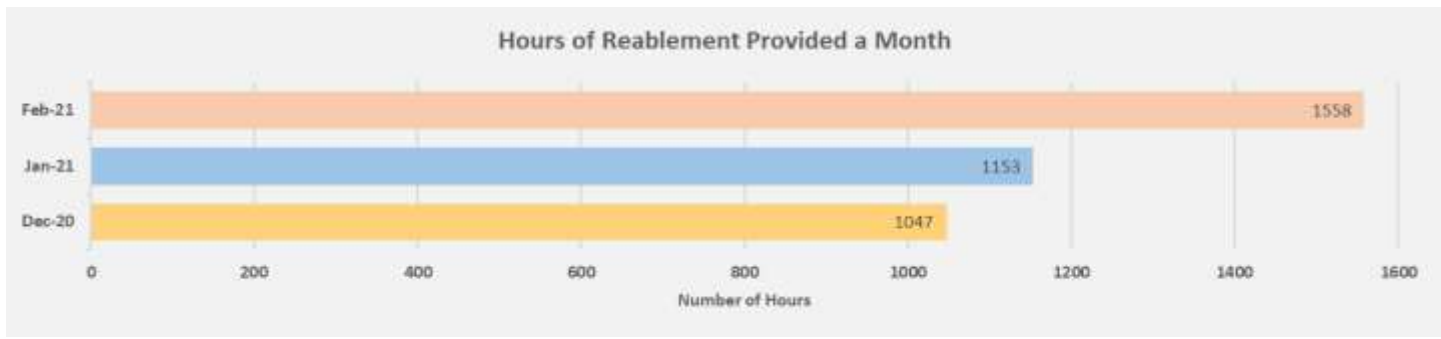
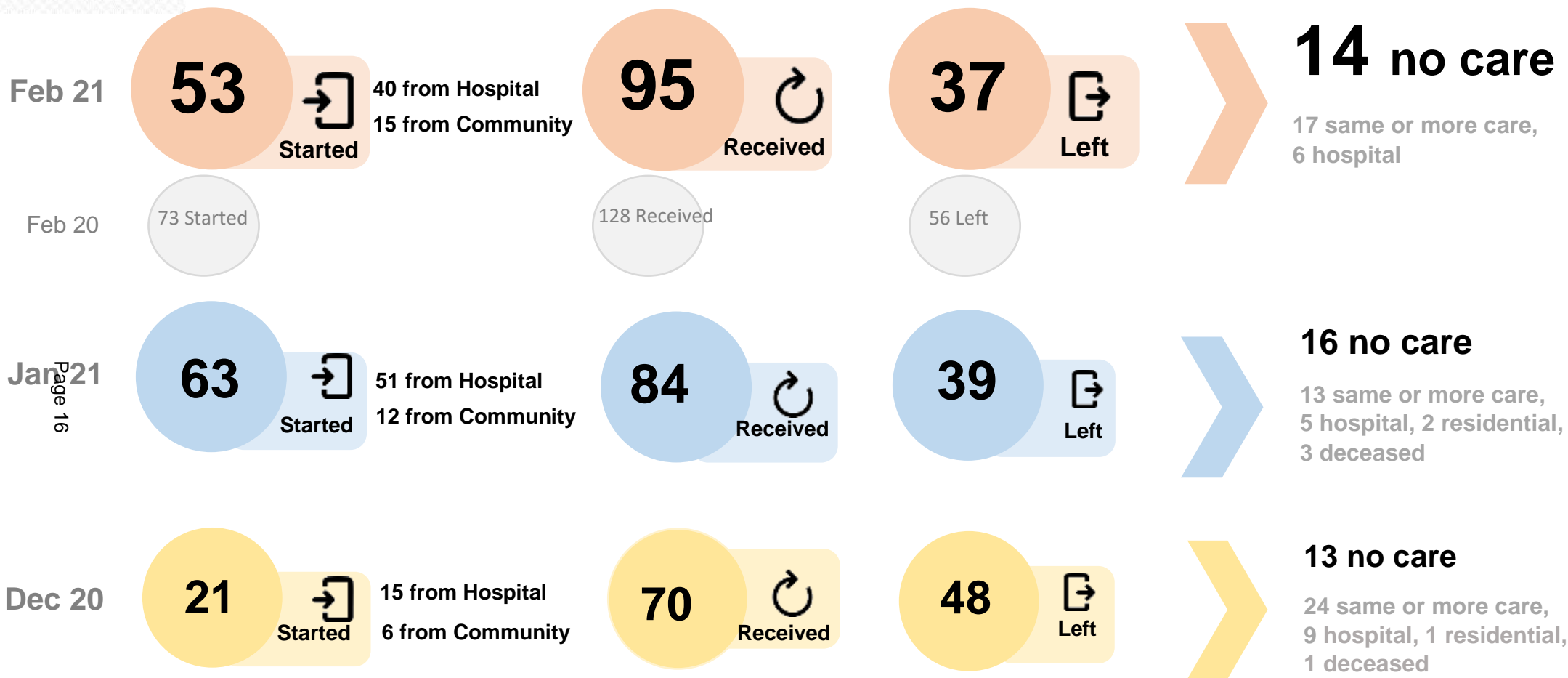


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Managers attendance at daily Rapid Discharge meeting Relationship with HSWT Relationship with Health colleagues (DLN's) Clear and efficient admission process 	<ul style="list-style-type: none"> Delays in SW allocation for individuals requiring LTC Issues with hospital wards In house medication process – needs revising as complicated Staffing issues/ concerns Insufficient staff to open to full capacity previously 	<ul style="list-style-type: none"> HSWT leader supporting with follow up if non-allocated cases PO support and advice on a weekly basis DLN's picking up and addressing issues with the wards Review of medication process with staff team-

<ul style="list-style-type: none"> • Information received is clear and honest (DLN's) • Robust Infection control and COVID risk assessment • PPE and staff testing arrangements • Internal weekly MDT to determine outcomes and planned discharge dates • Therapy staff working closely with Wellbeing coordinator to develop and undertake ongoing therapy programme • Weekly monitoring of flow by PO • Separation of RCAS team from main site • Transfer to RCAS – process in place • Staff meetings and involvement in changes • Use of feedback form individuals and families to improve service 	<p>reliant on RCAS team to support in house</p> <ul style="list-style-type: none"> • Delays in Sensory assessments • Restrictions to the building in supporting independence e.g. lack of dedicated therapy space/ no accessible kitchen laundry facility 	<p>training and renewing of service specific guidance</p> <ul style="list-style-type: none"> • Ongoing support and addressing concerns issues with HR colleagues and others as appropriate • Review of staffing structure / vacancies • Use of risk tracker to identify safe capacity • Recruitment to Sensory Team to enable timely assessments training and advice during Reablement process • Review use of spaces and prepare business case for adaptations and improvements
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Community Reablement

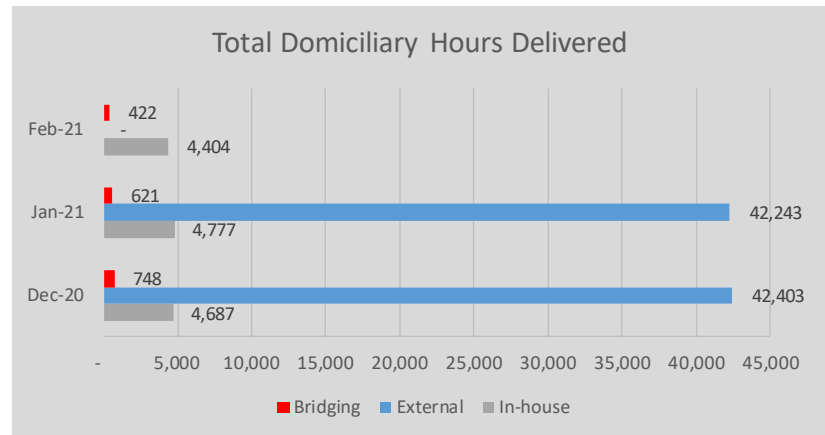
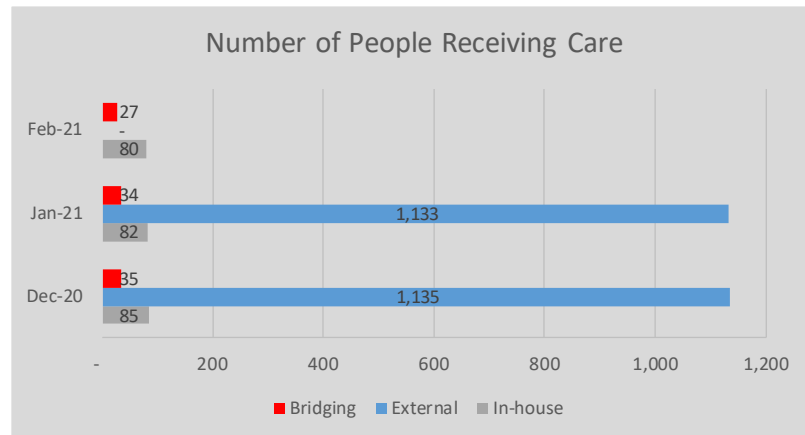
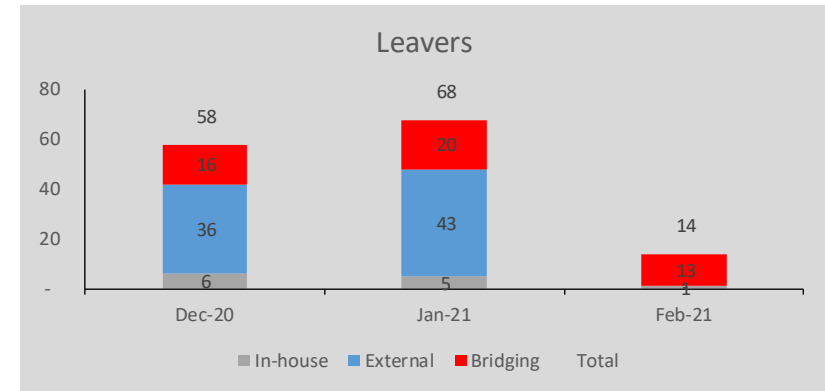
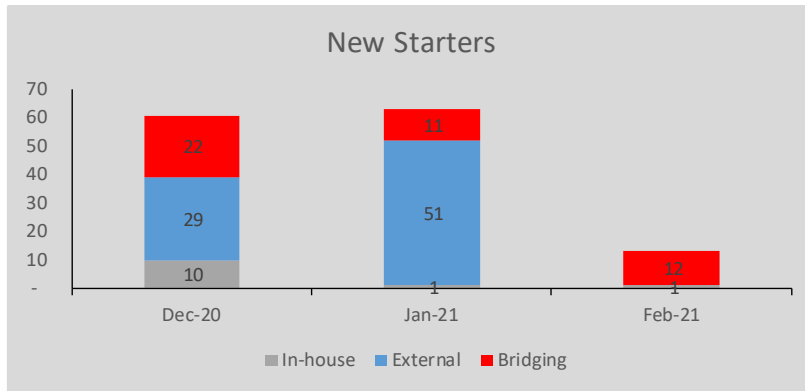


What is working well?	What are we worried about?	What we are going to do?
<p>Closer scrutiny of all new referrals by the Multi-disciplinary triage team has enabled the service to screen out individuals with no reablement potential or right sizing potential. This coupled with increased staffing capacity after the Christmas and New Year period has enabled the service to admit more individuals to the service from the hospital sites (as part of the Rapid Discharge to Assess model) and the community.</p> <p>With delays in obtaining hospital covid swab results and arranging patient transport, hospital discharges have been occurring later in the day. Our pilot rolling rota for the Homecare Managers and Senior Community Care Assistants has helped us to facilitate these late discharges home 7 days per week (until 8pm daily) reducing the length of hospital stay for individuals.</p>	<p>Delays in the recruitment process are hampering our ability to increase staffing capacity as quickly as we would like.</p> <p>We still have a number of staff who are shielding.</p> <p>Our shift/rota pattern for Community Care Assistants in the Reablement Service does not give us the flexibility that we require to affect timely admissions to the service.</p> <p>Ongoing resource (Covid funds, ICF and Winter Pressures) to continue staffing the rolling rota for Homecare Managers and Senior Community Care Assistants.</p> <p>The possibility of delays adding to length of stay in service as staff become familiar with the new working procedures associated with the introduction of WCCIS.</p>	<p>We will begin rolling out the lateral flow testing of community care staff with effect week commencing 1st March 2021 which (based on feedback from District Nursing) should see fewer staff needing to absent themselves from work (self- isolate) unnecessarily.</p> <p>We continue to recruit to our vacant posts and have put in place a robust induction process for when they start.</p> <p>We are conducting a review of the 6 month pilot rolling rota with a view to submitting a business case to secure the additional funding required to augment our core establishment.</p> <p>With the support of the Transformation Team, we are reviewing the Community Care Assistant rota in the Reablement Service and modelling alternatives that will enable us to better meet our demand in a timely manner.</p> <p>We continue to work closely with Social Work and our Brokerage Officers in order to expedite transfers to external providers.</p>

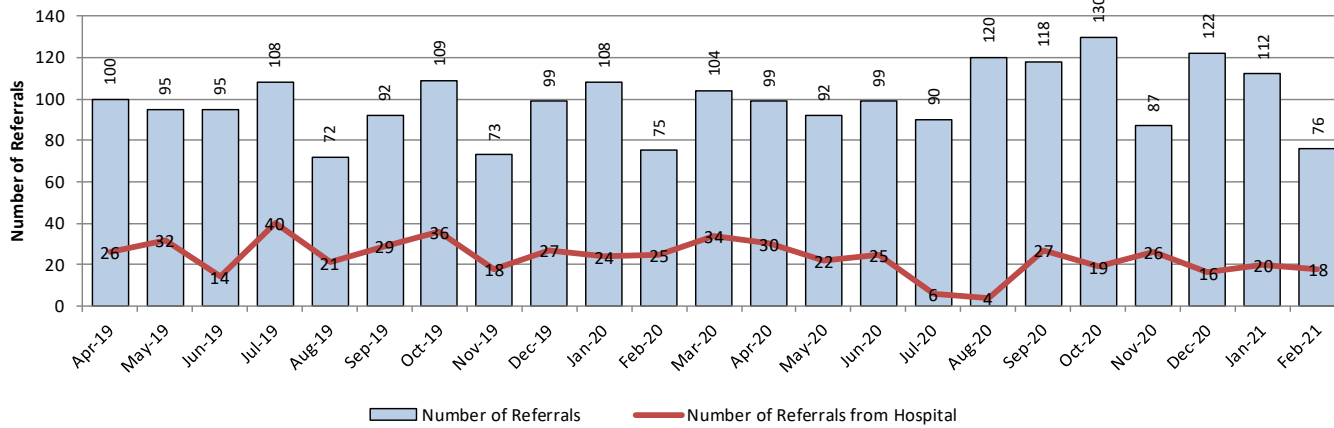


Long Term Domiciliary Care

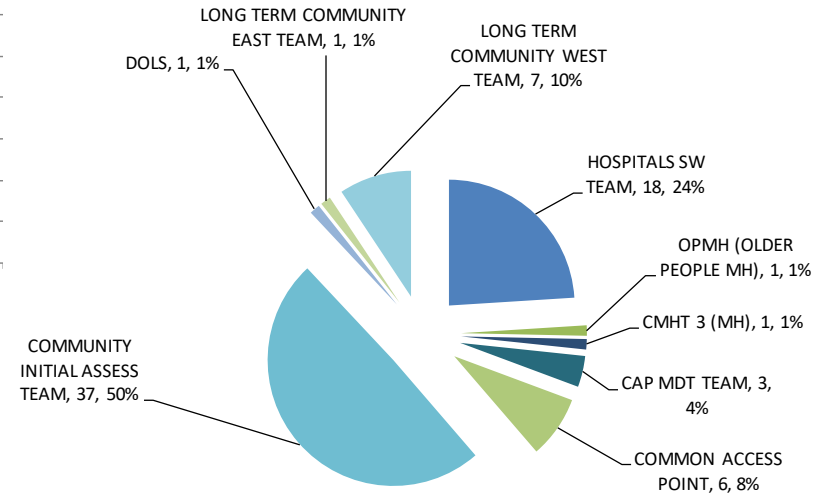
Jan 2020 – Change of method for counting hours delivered for external providers - changed from estimates to figures based on actuals (Method is no longer possible due to the change from recording actual hours on invoices received to block contracting). May & June data is based on ECM Hours received, however the recording and submission of these is not consistent, therefore some elements are estimates. The Team is working with Commissioning to understand new contracts and data reporting needs. There was a substantial increase in leavers during March & April in External Services and was due to the cancelled non-essential POC in order to increase capacity



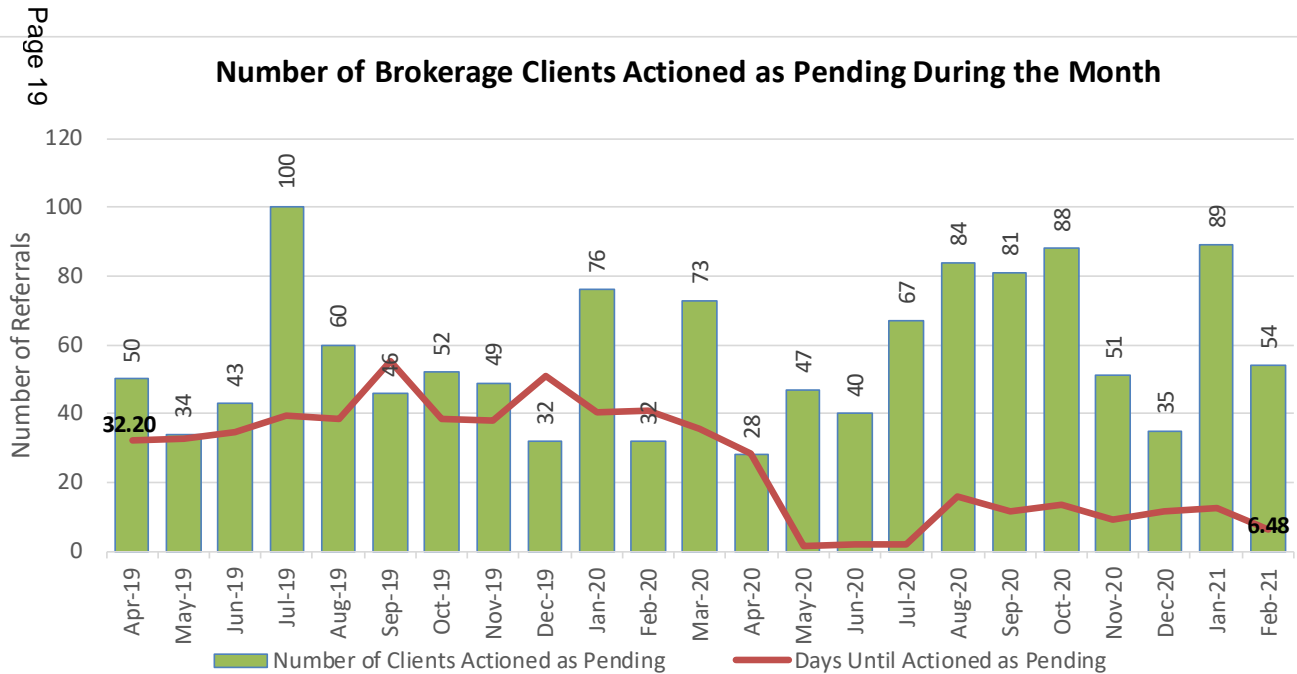
Number of Referrals to Brokerage at Month End



Brokerage Referral Source February 2021



Number of Brokerage Clients Actioned as Pending During the Month



The action of *Pending* means that a provider has been identified to provide a Package of Care for the client.

The number of days to identify a provider from receiving the referral (red line) has reduced significantly during the last 12 months, averaging 6.48 days during February 2021

External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure. Implementation of vaccination programme for dom care workers across the private sector. Maintaining sufficient capacity to meet needs with few people waiting for care on current brokerage waiting list. Cost savings programme to reduce expenditure on under-delivered packages of care. Introduction of LFT pilot programme to 5 Dom care providers. 	<ul style="list-style-type: none"> Ongoing Covid pressures caused by a possible third wave. Confirmation of ongoing COVID cost subsidies from Welsh Government. Ability of certain Providers to sustain certain domiciliary care runs if demand for services remains static. 	<ul style="list-style-type: none"> Continue with review of care levels to ensure citizens are receiving the correct level of care. Keep RAG risk status under review. Continue to support and enable use of alternatives to Dom care. Consider reverting to block contract arrangements and review allocation arrangements to address market share and service sustainability risks.

Page 20

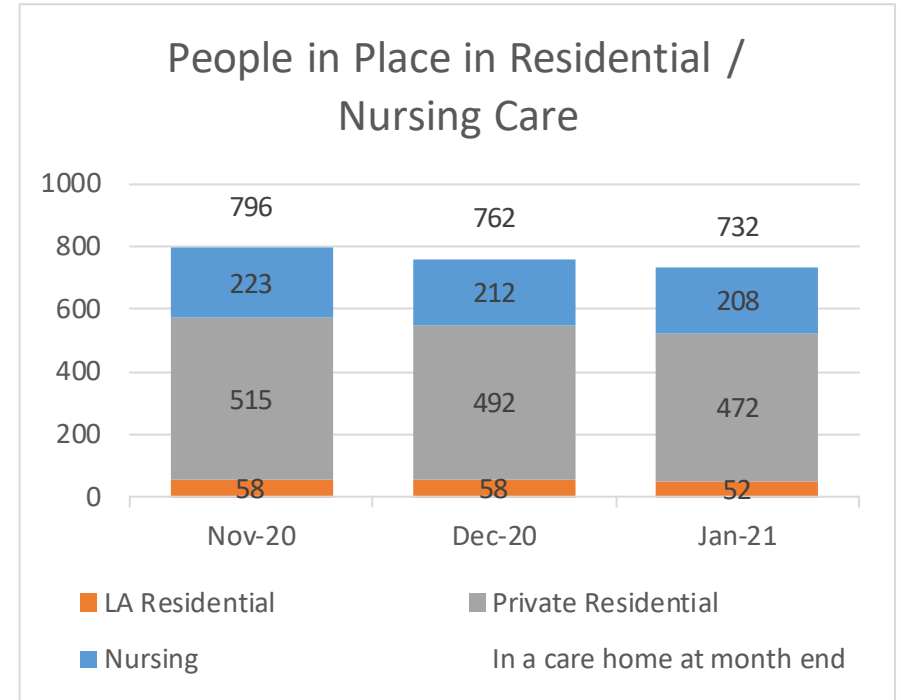
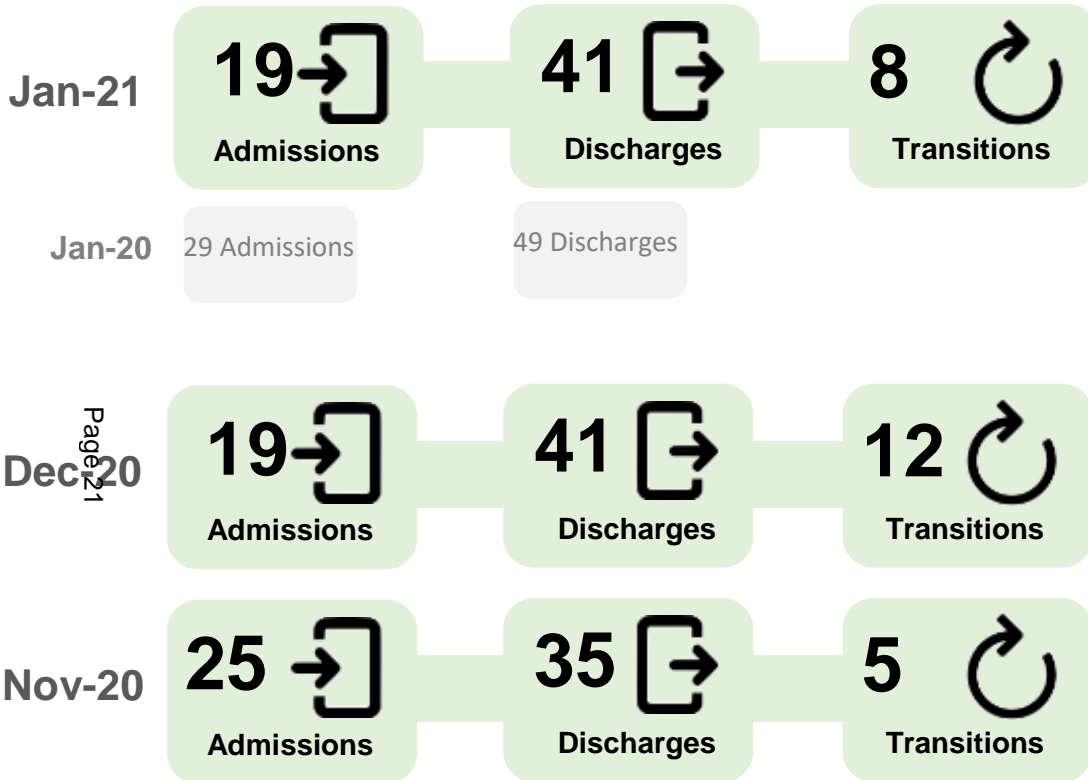
Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Increased staffing capacity following the Christmas and New Year period has enabled the service to increase its care capacity. We continue to support the Reablement service in 'bridging' packages of care and have been able to re-start calls that were previously suspended at the outset of the pandemic. Unlike the Reablement Service, the Community Care Assistant rolling rota continues to work well in the Long Term Complex Care Service. We continue to benefit from the timely supply of PPE. 	<ul style="list-style-type: none"> As with reablement, staffing capacity is an issue given the level of vacancies and delays in backfilling being incurred. 	<ul style="list-style-type: none"> As for community reablement The service is also reviewing its individual risk assessments with a view to reinstating pre covid support (e.g. showering support).



Residential/Nursing Care

For sustainable operation, admissions need to be under 30 each month. We are working with the finance team and relooking at methods to ensure accurate information



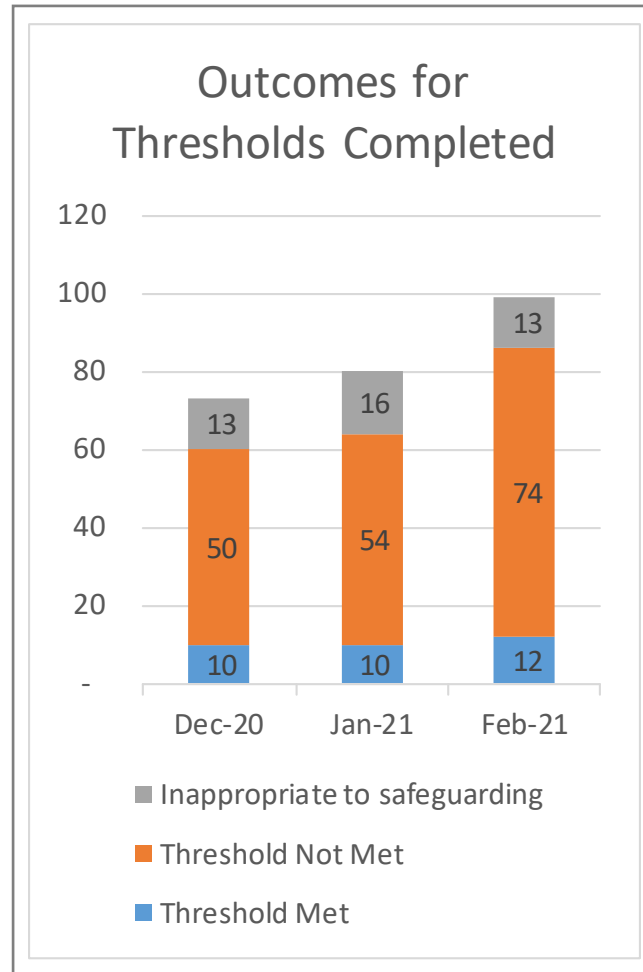
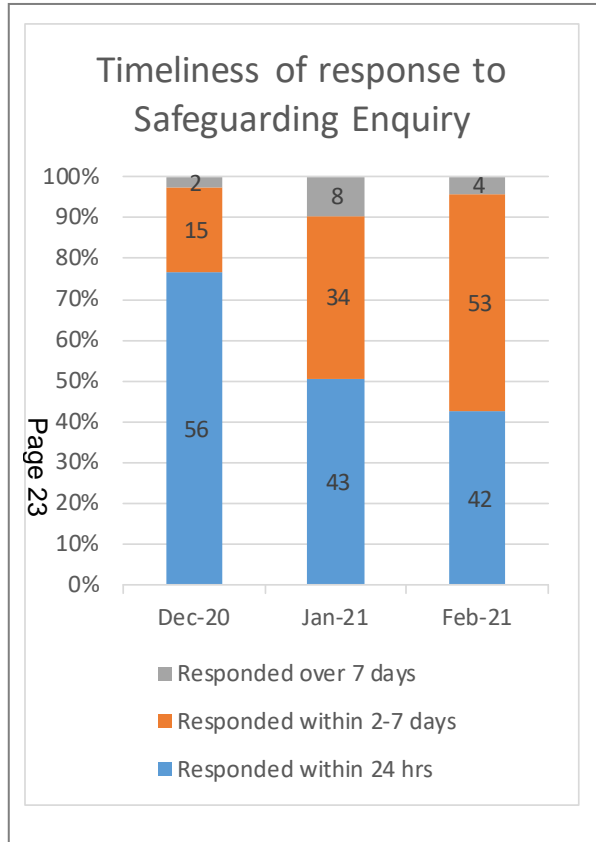
Jan-20 870 People in place

What is working well?	What are we worried about?	What we are going to do?
<p>Internal provision:</p> <ul style="list-style-type: none"> Relationship with Health colleagues Lead Manager supporting internal residential services to ensure robust Infection control and COVID risk assessments in place with ongoing review PPE and staff testing arrangements Use of discharge tracker to monitor flow 	<p>Internal Provision</p> <ul style="list-style-type: none"> Bed vacancies in care homes Decisions about the model of Older person care Sufficient staffing, within budgets, going forward, to meet higher complex needs Uncertainty of testing outcomes in Respite Flow out of emergency accommodation 	<p>Internal Provision</p> <ul style="list-style-type: none"> Review of staffing structure / vacancies / temporary arrangements Use of intelligence from COVID admissions and lessons learnt to inform decisions Commissioning review will support identification of models going forward Keep respite provision under review

<p>through care homes on a weekly basis by PO/ Ops Manager and BSO manager with follow actions</p> <ul style="list-style-type: none"> • Introduction of most significant change tool to gather staff experiences • Use of feedback from individuals and families stakeholders to improve service • Surge plan reviewed weekly and cascaded to Managers • Relevant guidance reviewed and relevant information condensed and shared with Managers where changes occur • Increased use of digital technology within services for residents and staff • COVID exempt services opened/ closed/ reopened and closed in response to COVID pressures and demands, currently being kept on standby <p>Residential respite service reopened in response to increased demand for emergency respite</p> <ul style="list-style-type: none"> • Emergency accommodation service able to support discharge using digital technology • Staff relocated from other services have developed skills and experience to support a more flexible workforce going forward • Bespoke training provided in response to service needs by experts in the field • Management teams supporting services in times of need • Positive outlook of teams who are keen to look forward, being able to take referrals again as they come out of lockdown. 	<p>service</p> <ul style="list-style-type: none"> • Impact of LFT on teams • Impact of BSO staff not being able to return to services in the shorter or longer term increasing the workload of management team • Being able to offer support to individuals with long COVID may require extended periods of support with health and therapy input • Impact of long COVID on staff • Post COVID effect on staff teams well-being 	<ul style="list-style-type: none"> • Flow is being looked at by Transformation team • LFT testing pilot to inform wider service • BSO managers liaising with services to identify solutions • Work with health colleagues to identify need and model of service • Wellbeing group looking at support mechanisms and resources for staff • Work with Occupational health colleagues to support staff, flexible working arrangements alternative duties etc. • Links with Counselling support service to provide de-brief sessions for teams and individuals
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Safeguarding Response



Reports /Actions

101 Reports received in Feb 21
 99 Thresholds completed (98%)
 2 did not proceed to threshold (2%)
 0 awaiting response

121 Reports were received in Feb 2020, 113 thresholds completed – 33 met the threshold, 67 did not meet threshold

81 Reports received in Jan 21
 85 Thresholds completed
 1 did not proceed to threshold
 1 awaiting response

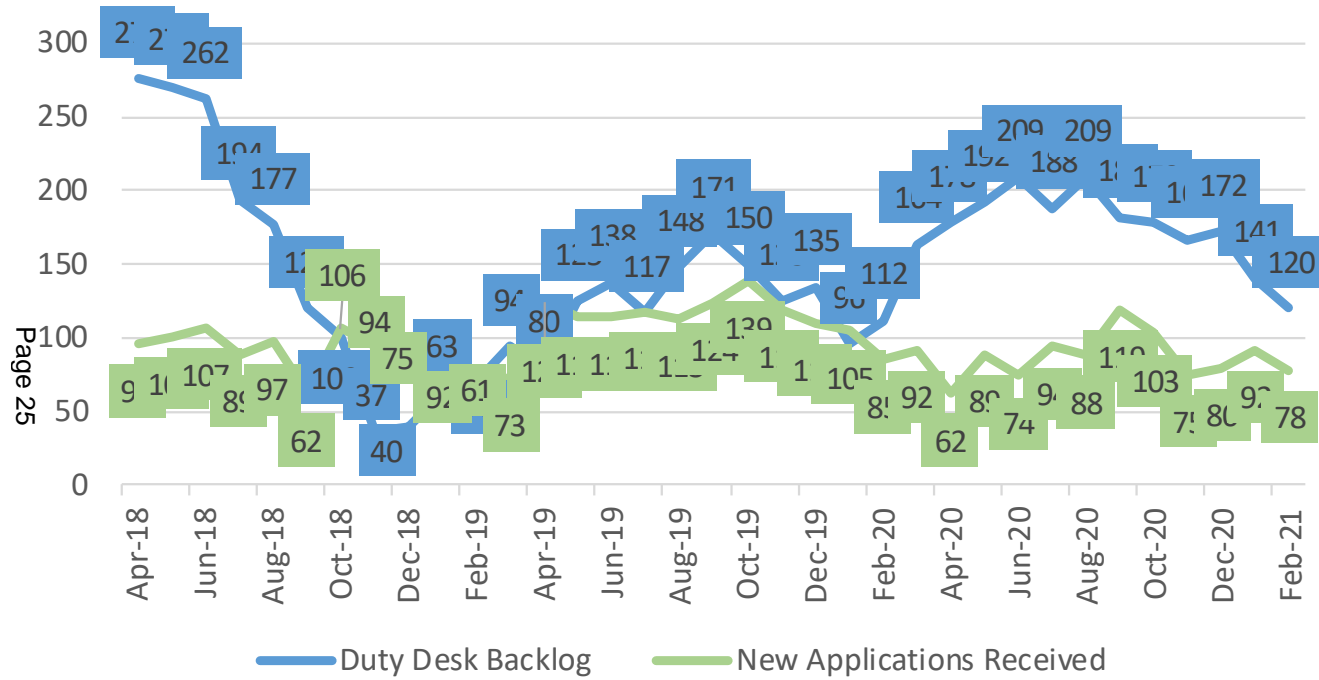
76 Reports received in Dec 20
 73 Thresholds completed (96%)
 3 did not proceed to threshold (4%)
 0 awaiting response (0%)

What is working well?	What are we worried about?	What we are going to do?
<p>The Team are meeting with SW Teams and partner Agencies to share the role of the Team and the Consultations we are offering to ensure that only the correct safeguarding Reports are being made. This is reducing the number of inappropriate Reports being received.</p> <p>The Team are chairing of Multi-agency meetings where there are safeguarding worries but not significant enough to warrant an Adult at Risk Report (AAR). This encourages those involved in a case to think from a collaborative perspective in terms of what they are worried about and what needs to happen next. This focuses on preventative work and reducing risk.</p> <p>Each Practitioner now has their own portfolio of expertise to give robust guidance and advice. Four of the Team will be engaging in ASIST training, to link with those who attempt suicide to prevent significant harm occurring. Statistics continue to evidence that the work the Team are undertaking in determination of AAR Reports, using a collaborative approach, is lowering the number of cases brought through Safeguarding. This enabling the Team to undertake more preventative work through attendance at multi-agency meetings.</p> <p>Two student placements have progressed well. The Team have a 'compliments page' within Microsoft Teams that celebrates their achievements. This provides a much needed sense of well-being throughout the pandemic and also encourages positive practice to be shared and recognised.</p>	<p>There is a gap in terms of the immediate support available to those trying to take their own lives outside of Mental Health Teams. The Team as mentioned will be attending training to better equip them to make those difficult supportive calls, however there is still room to develop this work further.</p> <p>Six of the eight staff members are on temporary contracts and as the reputation of the team positively grows, we are finding that offers of permanent contracts, are being offered to our skilled staff to join other areas of Social Services. The staff in the team are valued and respected practitioners and to start to lose them at this stage of the journey in establishing a Safeguarding Team would be a huge backwards step.</p> <p>The staff member that was employed to cover maternity leave, has been fully utilised prior to the maternity leave starting. This is due to the work that the Team have generated through the promotion of the team. With this in mind it is likely that the pressure on the team will increase when maternity leave commences.</p> <p>The two students have also been utilised fully assisting with PPN work. As this work has developed, carrying out more direct contact and making enquiries, it is evident that a further person is required.</p>	<p>A meeting is set up with the Transformation Team to consider the staffing structure of the Safeguarding Team; ensuring that the good work being carried out to promote the Team, does not become overwhelming in terms of the work that is generated and we don't become victim to our own success.</p> <p>We continue to develop more robust ways of recording the good work that is being undertaken. Ensuring that additional meetings that we chair are recorded and recognised as meaningful pieces of work. With the implementation of WCCIS in the coming weeks we strive to capture this work more effectively.</p> <p>The Team have recorded data relating to the attempted suicides. This data will be used to try to access funding to support those persons in need.</p> <p>The Safeguarding Team will continue to evidence through statistics, that the work being undertaken reduces the number of AAR Reports that need to be brought through Safeguarding; safely determining alternative ways of better managing the cases. In doing so the Teams best hopes are that they secure permanent contracts so that their work and expertise can continue to develop and further prevent harm to adults at risk.</p>

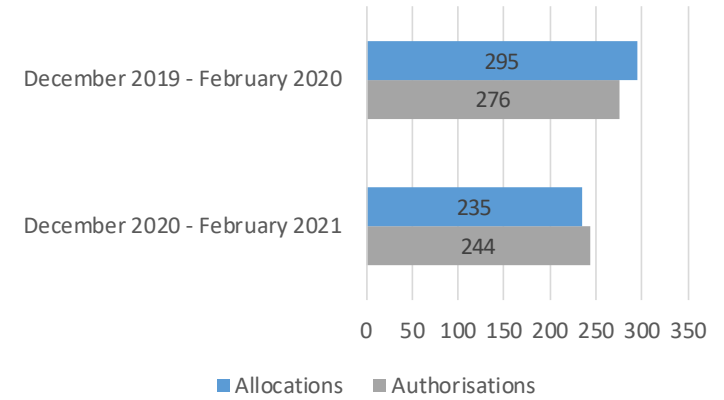


Timeliness of Deprivation of Liberty Assessments

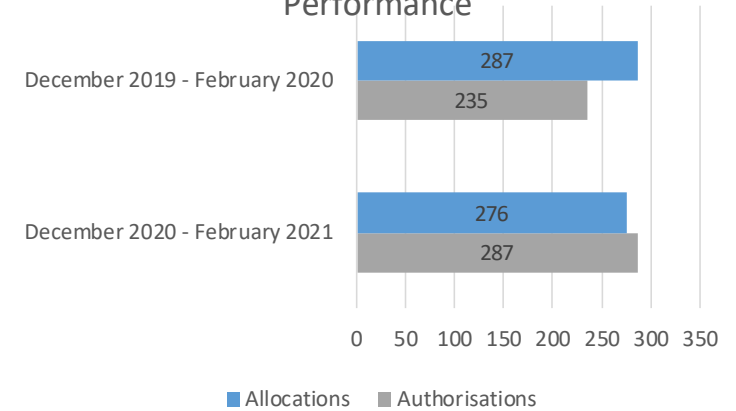
DoLS Backlog and New Referrals



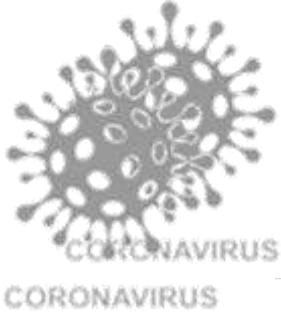
Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



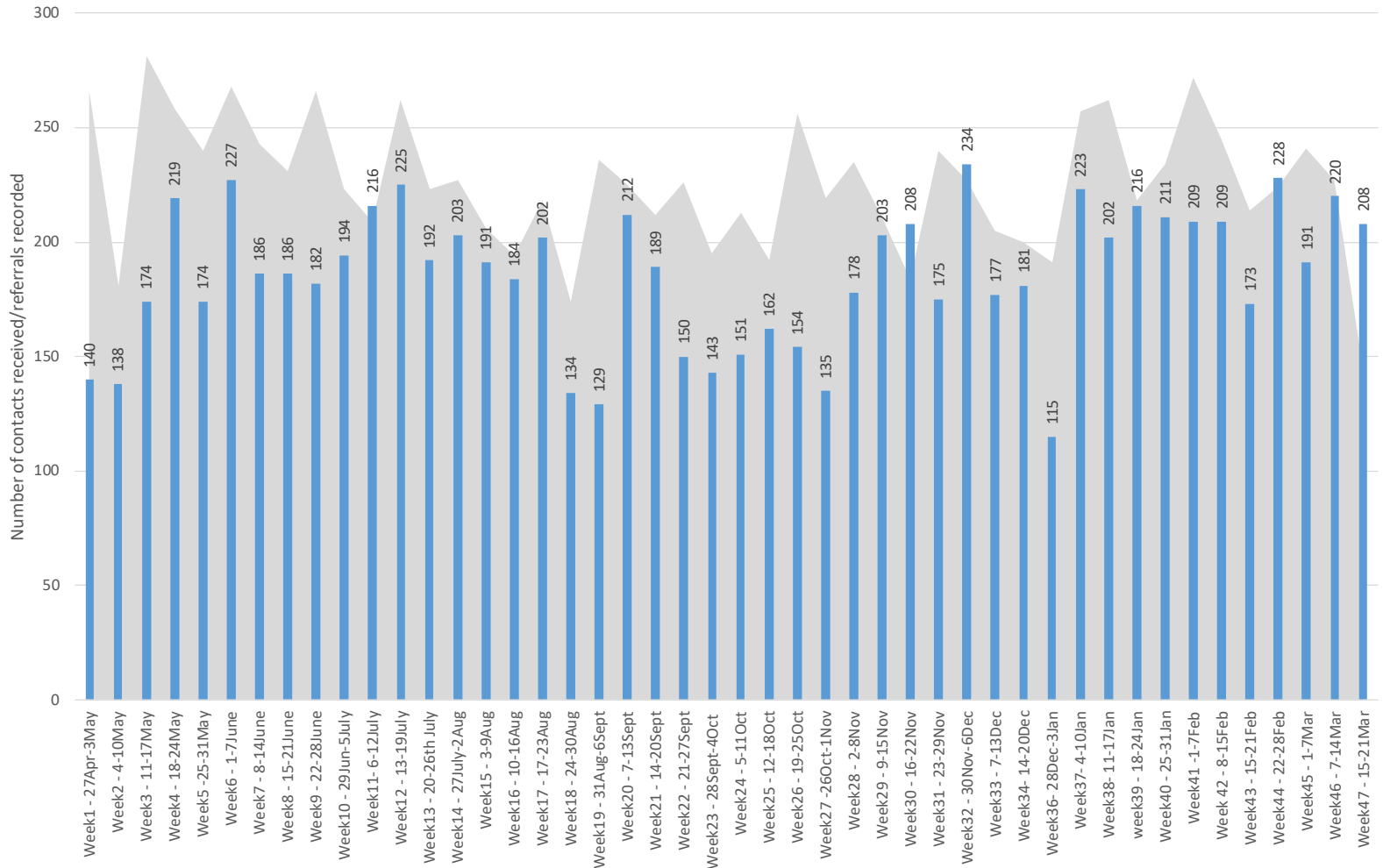
What is working well?	What are we worried about?	What we are going to do?
<p data-bbox="91 727 125 834">Page 26</p> <ul style="list-style-type: none"> • The interim Team Leader remains in place, enabling seniors to better manage their own workload. • The commitment of staff and their ability to work in new and innovative ways to ensure continuation of assessments. • The continued use of remote assessments undertaken by the DoLS Best Interest Assessors (BIAs) and Mental Health (i.e. s.12) Assessors. Face-to-face assessments need to be undertaken if necessary and with prior PO approval. • The daily duty system, which ensures all DoLS applications are prioritised in to urgent, critical, high, medium and low priorities. • A 'Critical Projection Tool' which allows us to cut down/avoid gaps in authorisations. DoLS authorisations and refusals continue to be completed. The numbers on the duty desk continue to reduce on a weekly basis. • Continued support and guidance provided by the DoLS Team (inc. DoLS admin.) to Managing Authorities (MAs), which continues to ensure the appropriate implementation of remote working practices. • MAs are recently subject to less Covid-19 related pressures enabling allocations to now take place across all MAs. • The team are in the process of purchasing specialist IT equipment to enable the DoLS Team to further promote effective communication with individuals who have sensory (as well as cognitive) impairments. 	<ul style="list-style-type: none"> • Some long term sick in the team. • 1 temp. full-time BIA vacancy in the team remains vacant. No interest currently expressed. • 1 temp. full-time senior social work practitioner post remains vacant in the team. Advert closing date 23.03.21. • A continued increase in the number of challenges to Deprivations of Liberty being heard in the Court of Protection. • The 21 day Best Interest Assessment statutory timescale is not consistently being met. • The 28 DoLS end-to-end statutory timescale is not consistently being met. • There remains a backlog of medium and low priority applications. • MAs are still not sending in the appropriate documentation with their applications. • The number of Mental Health Assessors (i.e. s.12 drs) available to the team is limited. If any other doctor stops work/goes off on sick leave we will not be able to cover all of the weekly allocations. • DoLS admin have expressed that their workload is high and feel that some of their allocated tasks are not administrative. • There will be read-only access to PARIS the week before WCCIS goes live. This may negatively impact on authorisation timescales. • The number of applications being submitted seems low at present. There is likely to be an element of under-reporting by MAs. • The Supervisory Body doesn't currently, formally monitor all conditions set or formally prompt all renewal applications. 	<ul style="list-style-type: none"> • Priority is given to dealing with urgent, critical and high applications (respectively). • Equivalent assessments are used when possible. • The interim Team Leader is taking the lead within the team for all relevant court cases and complaints. • The BIAs continue to be made aware of MA RAG statuses, and DoLS Team senior staff are trying not to allocate to individuals whose MAs are in the 'amber' or 'red' category. • The recruitment process is on-going in respect of the vacant temp. social work and senior social work posts. • The team continue to work through the backlog of applications. • DoLS admin. and BIAs continue to (sensitively) contact MAs to request outstanding documentation as required. MA training needs will be considered in due course. • The interim Team Leader and DoLS admin. supervisor continue to monitor DoLS admin's workload. A senior social work practitioner continues to support them with allocations as an interim measure. • The team's senior staff and DoLS admin have developed systems and processes that will ensure service delivery is maintained (and improved) during the transition from PARIS to WCCIS. • Work is on-going to source external Mental Health Assessors and BIAs to address the backlog of applications. • Work is on-going to ensure a sufficient number of Mental Health Assessors remain consistently available to the team. • In due course, consideration will be given to how we will formally prompt all renewal applications and monitor all conditions.



Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 47 weeks to date. Data for Week 35 (Christmas Week) was not submitted at the request of Welsh Government.

Number of Contacts Received (referrals recorded) each Week in the Common Access Point

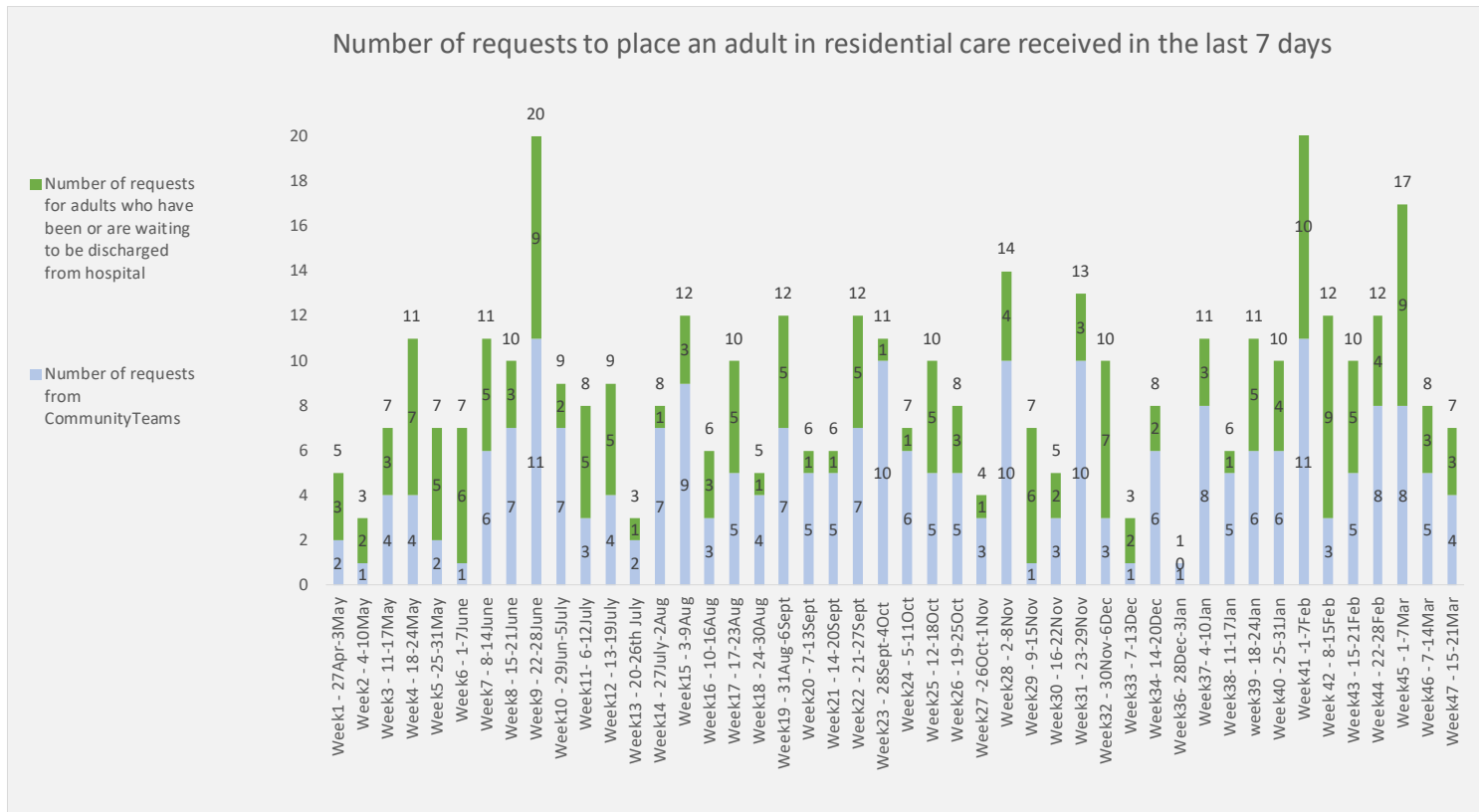
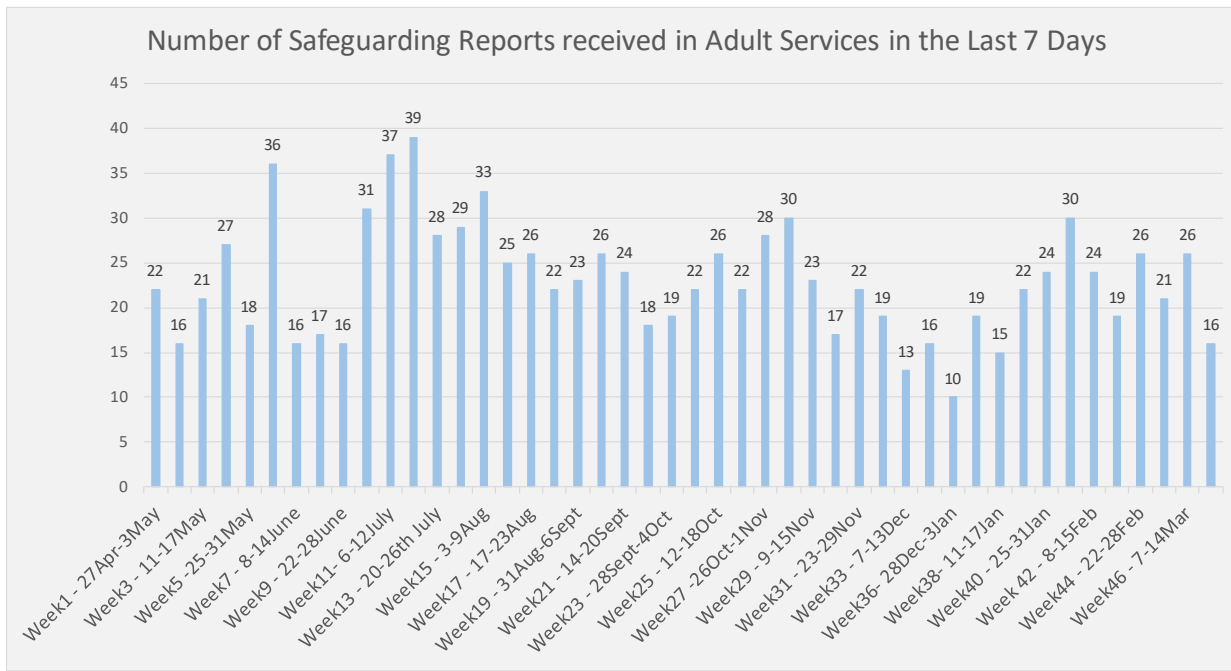


■ Number of contacts received in adults' services in the same week in 2019

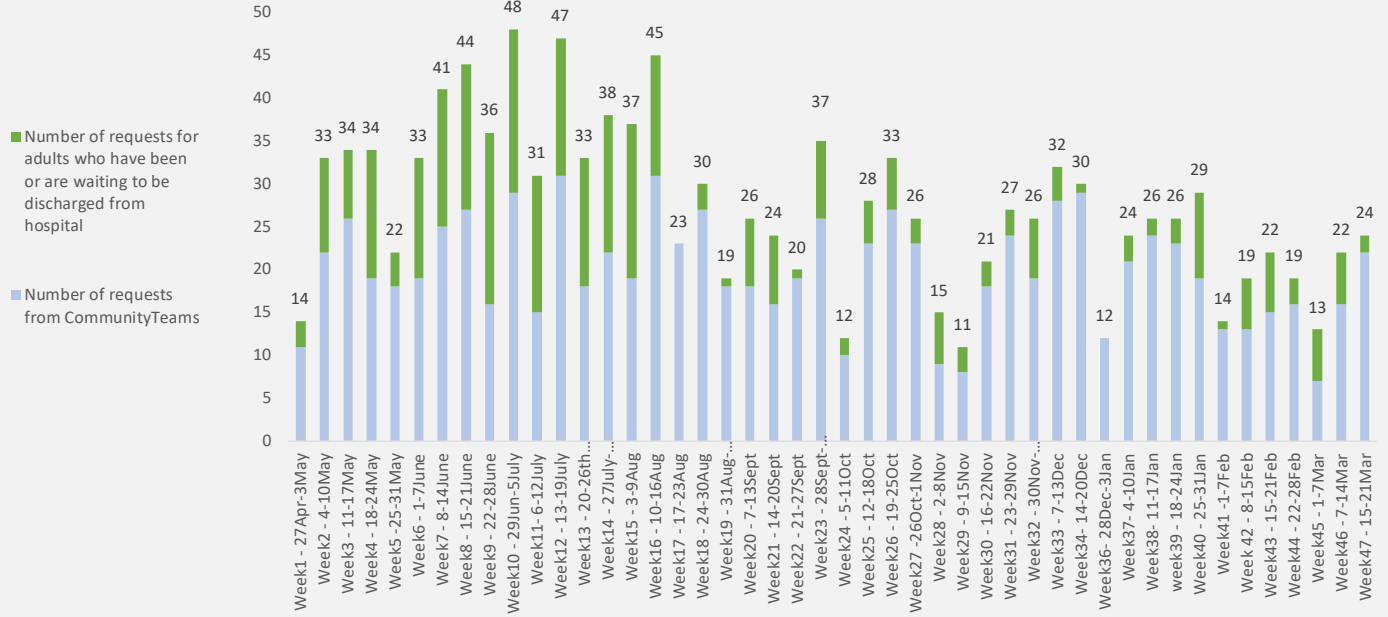
■ Number of contacts received in adults' services in the last 7 days

Page 27

As agreed with Welsh Government, figures include Safeguarding, DOLS and PPN referrals that since August go directly to the Safeguarding team rather than via CAP



Number of requests to provide care at home received in the last 7 days



Between 27th April 20 – 21st March 21

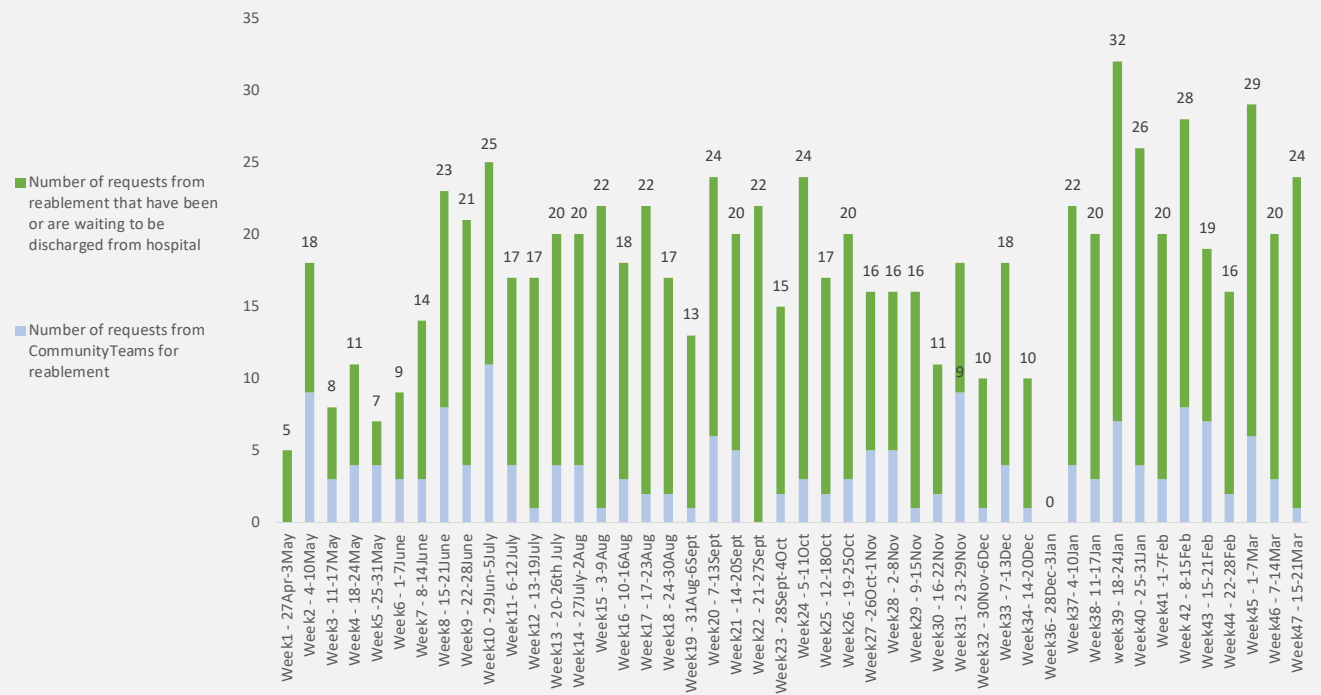
71

packages reduced or withdrawn by the service user

3 by the Local Authority

25 by the Provider

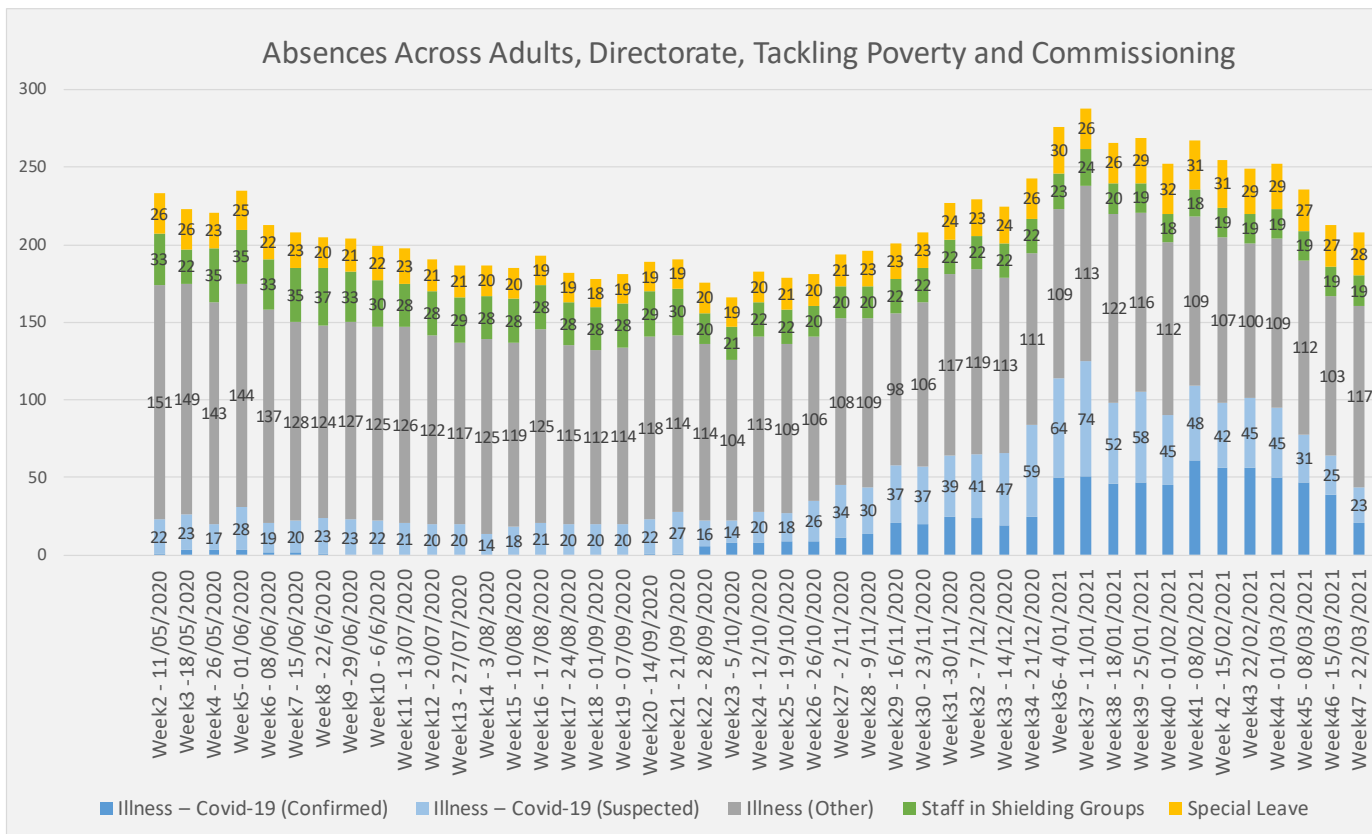
Number of requests for community and residential reablement received in the last 7 days



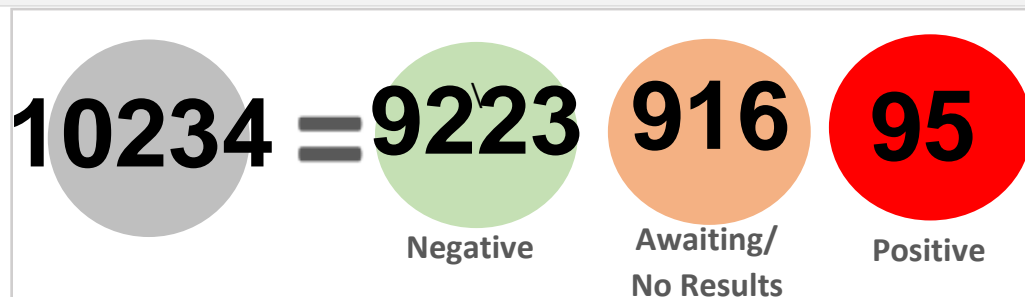


Weekly Welsh Government Adult Workforce Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 47 weeks to date. Data for Week 35 (Christmas Week) was not submitted at the request of Welsh Government.



Number of Tests carried out on Adult Services Staff in the 47 week period:



Agenda Item 7



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

Adult Services Scrutiny Performance Panel – 20 April 2021

ADULT SERVICES POLICY COMMITMENTS

Purpose	<ul style="list-style-type: none">To provide an update on how Council's policy commitments translate to Adult Services
Content	<ul style="list-style-type: none">This report includes a summary of key achievements and the progress made with the delivery of policy commitments in Adult Services, which were adopted by Council in 2017.
Councillors are being asked to	<ul style="list-style-type: none">Make recommendations to Cabinet Member
Lead Councillor(s)	<ul style="list-style-type: none">Clive Lloyd, Cabinet Member for Adult Care and Community Health Services
Lead Officer(s)	<ul style="list-style-type: none">Dave Howes, Director of Social Services
Report Author (s)	<ul style="list-style-type: none">Amy Hawkins / Helen St John Interim Head of Adult Services / Interim Head of Integrated Services

Delivering Policy Commitments (Adult Services)

Introduction

This report highlights our key achievements and the progress we have made with the delivery of policy commitments in Adult Services, which were adopted by Council in 2017.

Support people to live independently by ensuring a complete network of Local Area Coordinators is established to cover the whole of Swansea

We have established a Local Area Coordination (LAC) programme across Swansea which aims to support people who may be isolated, excluded or who face challenges due to age, disability, physical or mental health difficulties. The initiative aims to support people to stay strong, safe and connected to their communities, build more welcoming, inclusive and supportive communities and build partnerships with local people, communities, organisations and services.

During the first wave of the COVID pandemic the Local Area Coordinator team was increased with additional temporary Coordinators offering full coverage across the County. Local Area Coordination has responded to many of the COVID related challenges faced by communities and engaged in solution-focus collaboration and forged new ways of working. The team have supported residents including those shielding and isolating with practical community support including access to food parcels and prescription deliveries. The team also mobilised hundreds of 'Street Champions', street level volunteers providing practical and social support in their communities.

Local Area Coordination is an alongside approach that is preventative and which also recognises and cultivates the many strengths in communities and individuals. Citizens are supported both before and at our front door with the offer of early help which can delay or prevent the need for statutory services. By March 2021 the team have expanded to a Manager, two Deputy Managers and 19 Local Area Coordinators, who work across a range of different communities in Swansea. The increased resource enables Local Area Coordination to connect more people to local resources reducing the need for traditional managed care.

Whilst the majority of the posts are funded by the Council there has been a significant investment from external partners including; Coastal Housing Association, Family Housing Association, Pobl Housing Group, Swansea University and the Welsh Government Transformation Fund. An evaluation of the work of Local Area Coordination is being carried out during 2021, building on the initial evaluation from 2016 to critically examine the evidence-base of characteristics, activities and outcomes of Area Coordination in Swansea and measure its effectiveness.

Promote independent living, providing people with the support to live in their own homes

We have continued to promote independent living aiming to providing people with the support to live in their own home with dignity and respect for as long as they want.

The 2020 COVID pandemic highlighted a greater importance on staying safe at home, the promotion of independent living increased, supporting people to stay local, utilising their own resources, has been essential to maximising wellbeing and safety against the risk of viral contamination.

Both regional work programmes and Swansea specific projects continue to support this priority. Our re-procurement of domiciliary care services has achieved an increase in the number of agencies and more timely access to services even with an increase in the number of referrals during the pandemic.

The new interim Head of Integrated Services started in April 2020 – during the pandemic there has been a requirement and a will for increased partnership working between the Swansea Bay University Health Board and the two Councils within the geographical footprint of the HB to take a joined up approach to management of the crisis. The Head of Integrated Services post has been able to harness the collaborative approach in driving forward the “Home First” philosophy which was underpinning Adult Services` pre-Covid aspiration to keep individuals safe and well at home by avoiding admission to hospital or long term care and, where this is unavoidable, returning them home to recover with the right level of support.

Elements of the West Glamorgan optimum model of delivery for integrated services and the Swansea approach to Reablement/Hospital to Home pathway have been revised during 2020 to amalgamate into the national Discharge to Recover and Assess model. The model supports the shared priorities of minimising extended stays in hospital and the eradication wherever possible of assessment of long term care needs from a hospital setting. Since July 2020 integrated teams in Swansea including nursing, therapies, social work and homecare have managed all hospital discharges via a newly developed single point of access to ensure the community support is there to enable people to safely return to their own homes or an appropriate residential reablement setting for completion of their recovery and evaluation of any long term care needs. This model of delivery has been underpinned by community based support co-ordinated by the Third Sector offering a range of service and volunteer led support such as prescription deliveries, food deliveries and befriending.

The Welsh Government funded Transformation programme ‘Our Neighbourhood Approach’ has continued over the last 12 months with the areas of ‘Building Community Assets’ and ‘Home based care and Review’ specifically supporting the same policy commitment and working alongside our Discharge to Recover and Assess model.

This involves close working with the Third Sector and communities via Our Neighbourhood Approach Development Officers and Local Area Co-ordinators. Key outcome objectives include increased uptake in community based services, increased community engagement/volunteering/citizen led schemes and services, and a reduction in traditional long term managed care routes. It has also facilitated the establishment of necessary resource to ensure ‘flow’ through the system so that people receive timely interventions, review checkpoints, access to services such as Direct Payments and where necessary access to long term commissioned care.

Alongside regional partners, Swansea integrated teams will continue to review the wider strategies surrounding the aforementioned models of delivery including the Optimum Model for integrated community services and Keep Me At Home. This ensures that our

services are designed to focus as much as possible on supporting people to remain independently at home for longer, whilst preventing avoidable hospital admissions and expediting hospital discharges. An increased number of clients are passing through the reablement pathway from home or hospital and an increased number of people are leaving a period of reablement support with significantly reduced needs or independent of any support.

We have also continued to develop the Community Equipment Store to accommodate the early discharge from hospital on the Hospital to Home pathway. An Assistive Technology Strategy is in development to clarify the approach in Swansea to promote independence through the use of improving technology. We are currently going through a commissioning review to develop the strategy going forward.

Review the effectiveness of Social Service provision and reinvesting and redesigning services to make them sustainable for the long term

We have maintained a robust focus on reviewing the effectiveness of Social Service provision and reinvesting and redesigning services to make them sustainable for the long term. Overall we are working to manage demand by getting things right at our statutory front door, in making sure that we have a targeted approach to early help and prevention services and that potentially vulnerable individuals and families receive the right help, from the right person, at the right time.

We are continuing to review our service provision and have responded to the pandemic through our residential care and day service offer and continue to incentivise greater use of direct payments to enable greater choice and control for people who need care.

Our Adult Services Transformation and Recovery Programme continues to focus on 'Doing What Matters' for our communities and teams. The continued development and implementation of the outcome focused model has been embedded into practice through the roll out of Collaborative Communications training and practice. We have developed a Practice Framework to upskill social care staff in adopting practice encouraging staff to be more outcome-focused.

During 2020/21 the temporary realignment of social work teams into functions has allowed us to meet the demands of the pandemic and address the most urgent needs of our citizens. Our statutory front door has been bolstered with additional staffing and utilising technology has enabled frontline workers to work from the safety of their homes yet still provide essential communications with citizens, along with regional and integrated partners.

As part of our recovery planning, this functional model of support which mirrors the client pathway will be reviewed and longer term structure defined for implementation. Learning from this period will inform our future Social Work team structure, the maintenance of standalone Safeguarding and Deprivation of Liberty Safeguards (DoLS) teams, as well as supporting regional models of delivery such as Discharge to Recover and Assess will support our approach to practice.

Collaborative Communication training of strength based outcomes has provided the workforce with a skilled approach to positive discussions with citizens at a difficult time.

The COVID 19 restrictions and service delivery guidelines has diverted traditional approached care solutions into smarter conversations to promote wellbeing at a distance.

The use of digital platforms to support and improve ways of working has rapidly expanded over the last 12 months and this change in practice and the many benefits it affords will continue to inform many areas of improvement and opportunities for integrated working.

Adopt the new Welsh Community Care Information System

The Welsh Community Care Information System (WCCIS) is a single information system that supports the delivery of innovative, person-centred and integrated community health and social care. It will allow Local Authorities and community health services to share care records as required by the Social Services and Well-being (Wales) Act 2014, to help improve support for vulnerable people.

Delays in the implementation to WCCIS has allowed creative planning to modify system led tools and applications. The workforce has been actively involved in a solutions based approach to the new recording system and the system is now going 'live' from 12th April 2021.

Invest in services to help people re-able and recover so that they are able to return to living an active and productive life.

We have continued to review and re-invest in services to help people recover and ensure that they are able to return to living an active and productive life. As previously mentioned progress towards this objective has been largely supported by the regional Discharge to Recover and Assess model and Our Neighbourhood approach work streams. Social work practice and application of the collaborative communications approach and the resource structures in place to facilitate these outcomes also supports this priority. Services are in place to support people at home and there is ongoing investment in home-based and residential-based reablement services. Ensuring the maximisation of capacity within our externally commissioned domiciliary care sector has been a priority throughout the last 12 months. This work and supporting review function will continue to make sure timely interventions and access to the right care at the right time is maintained.

Focus resources for residential care on those with the most complex needs so that they are properly supported

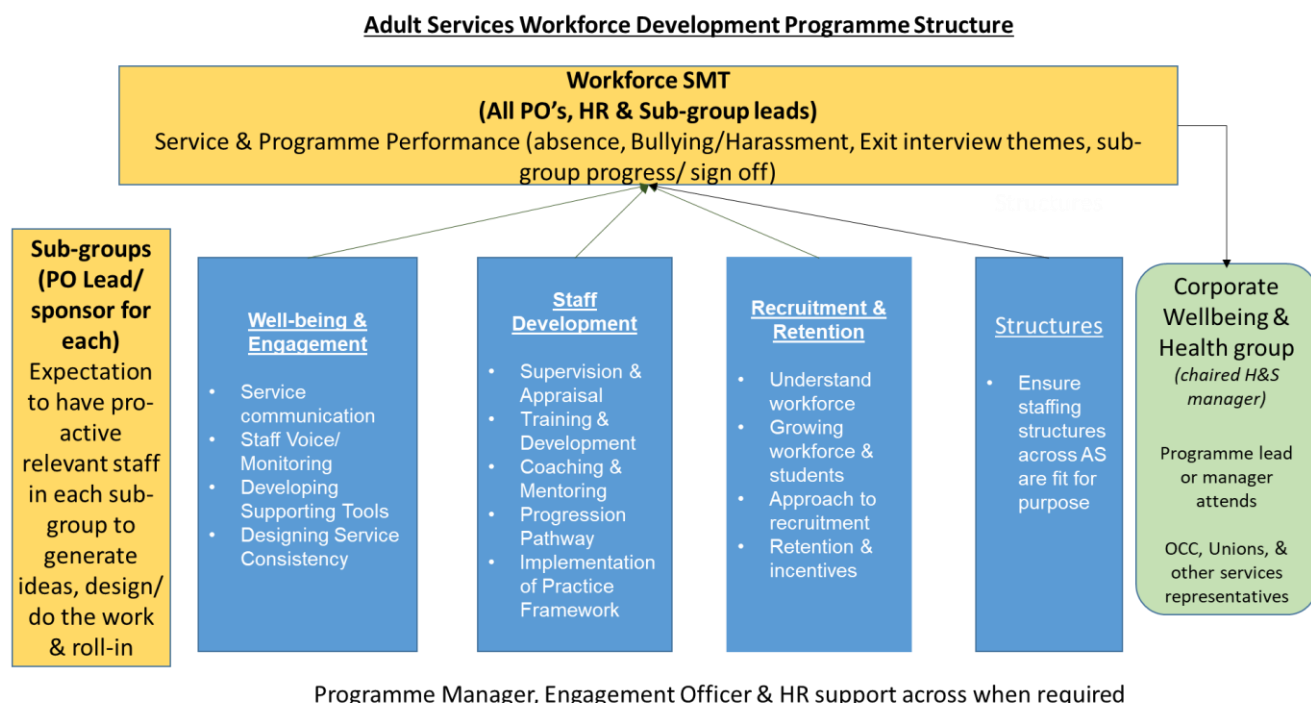
We have continued to focus on prioritising resources for residential care for those with the most complex needs. We have completed a Commissioning Review of Residential Care for Older People and have refocused internal service on complex needs, as well as residential reablement and respite. The preferred option is now being implemented and the implications related to the requirement for the Health Board to contribute to funding are being explored further. The next phase (delayed by Covid) is to identify each of the in-house services best suited to meet the needs and outcomes of people assessed as

complex, in terms of reablement, respite, short term emergency, assessment or long term care and maintaining in the family home through day support or alternatives. The Capital Programme will contribute to any adaptations required to the buildings and external funding is also being sought.

Continue to invest in our staff at all levels in Social Services

As part of our Transformation programme for Adult Services a revised approach to Workforce Development will be a priority for 20/21. Building upon training, recruitment and wellbeing programmes already in place, a revised governance structure and robust collaborative approach is in development to revisit and review/improve recruitment, retention, training and peer to peer support as well as wellbeing priorities for all staff.

Below outlines what this programme of work looks like and these are things that we are investing in for our staff.



The Social Care Wales and the Institute of Public Care has designed training programmes for managers of which Swansea Council has adopted to improve and support the principles of leadership. The Middle Management Development Programme, delivered by Oxford Brookes University continues to be a welcomed success.

We have continued to host students on social work degree programmes run by partner HEI's such as Swansea University. During the past year Adult Services have recruited additional Social Workers, residential service and homecare staff.

To address the impact of COVIC on staffing in residential services, both internally and externally in Swansea and Neath Port Talbot, a temporary crisis response team, the Additional Support Team (AST) was developed to provide staffing resource 24 hours a day, seven days a week.

Agenda Item 8

ADULT SERVICES PERFORMANCE PANEL WORK PROGRAMME 2020/21

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

<p>Meeting 6 Tuesday 20 April 2021</p> <p>4.00pm</p>	<p>Performance Monitoring <i>Amy Hawkins / Helen St John</i></p> <p>Update on how Council’s policy commitments translate to Adult Services <i>Clive Lloyd, Cabinet Member for Adult Care and Community Health Services</i> <i>Dave Howes, Director of Social Services</i></p>
<p>2021/22</p>	
<p>Meeting Wednesday 2 June 2021</p> <p>4pm</p>	<p>Update on Adult Services Transformation Programme <i>Amy Hawkins/Helen St John</i></p> <p>Briefing on Annual Review of Charges (Social Services) 2020/21 <i>Dave Howes, Director of Social Services</i></p> <p>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) <i>Amy Hawkins TBC /Helen StJohn TBC</i> <i>Lucy Friday, Principal Officer Transformation</i></p>
<p>Meeting Wednesday 14 July 2021</p> <p>3.30pm</p>	<p>Performance Monitoring <i>Amy Hawkins / Helen St John</i></p> <p>Isolation of Elderly People <i>Amy Hawkins?/Helen St John?</i></p> <p>Options Appraisal for Assistive Technology and Community Alarms (Agreed pre March 2020) TBC <i>Helen St John</i></p>

Agenda Item 9



To:
Councillor Clive Lloyd
Cabinet Member for Adult Social Care and
Community Health Services

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Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services following the meeting of the Panel on 09 March 2021. It covers Update on West Glamorgan Transformation Programme and matters arising from previous meeting.

Dear Cllr Lloyd

The Panel met on 9 March to receive an update on West Glamorgan Transformation Programme including the impact of the pandemic on the Programme and an update on the action plan following Wales Audit Office Report on the Integrated Care Fund.

We would like to thank you, Amy Hawkins and Kelly Gillings for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

Members of the Child and Family Services Panel and the Cabinet Member for Children's Services were also invited to this meeting, as the WAO report is relevant for both panels.

We are writing to you to reflect on what we learned 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:

Matters Arising from Previous Meeting

There was one matter arising from the previous meeting (Joint Social Services Panel) on 15 February in relation to the budget.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

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We requested information on 'Outcomes Budgeting', the sorts of outcomes emerging that Social Services might be considering, especially in terms of integrated care. You stated it is very important we allocate resources in the best possible way to achieve the best possible outcomes. One example you gave was co-production and identifying a co-production strategy. You stated that partners and carers groups are really important in developing the initiatives we are going to see through the year. We heard that senior officers in Adult Services have been asked to work up what some of these initiatives will look like going forward, using the additional resource the Directorate has this year.

Other examples you gave were in relation to:

- Common Access Point – when the Council responds to a resident through the Common Access Point, how are we able to deal with their situation so it is resolved for them, and they do not come back to the Council within a 6 month or 12 month period. These sorts of measures help the Council understand if the Common Access Point system meets the needs of residents.
- Reablement – emphasis is still very much on keeping people as independent as possible, not in a care home environment. When people come out of hospital, for example, what are we able to provide for them? Are we able to provide them with a safe environment that does not necessitate domiciliary care, or can the Council review domiciliary care when they are having it and reduce it so they are in an environment that is independent and meets their needs going forward.
- Constant Hospital to Home review – reviewing this and looking at the best way of ensuring it meets the needs of our residents, so that resource/finance is working to the best outcomes for our residents.

We were very pleased to hear about some examples of 'outcomes budgeting' and look forward to hearing more about this at future meetings. In the meantime, can you please confirm if, for the coming year, we can expect to see the budget cast either wholly, or mainly, in outcome terms.

Impact of Covid-19 on the Programme

We heard about the Recovery Board and requested an overview of steps being taken in each of the four priorities. The Programme Director agreed to provide this.

We queried if there has been any conflict between the Regional Partnership Board (RPB) and Public Service Board (PSB), as at a scrutiny level we have not seen as much co-operation as we would like. It was confirmed that the RPB is in touch with leads for the PSB and that they have started to work together during the pandemic but not closely as both are getting on with their work and officers are not aware of any conflict. You confirmed that the driving force for bringing most of this together was RPB and not PSB and that going forward we have to establish the role that the PSB takes in terms of wellbeing and ensuring it does not overlap with RPB. We felt one of

the few positives from the pandemic is the way the Council and Health Board have worked together on this, particularly through the RPB and that this cooperation has to be maintained, whether through the PSB or RPB. You confirmed that the Integrated Head of Service role has made this much more sustainable, and more integrated working is something we aspire to.

We queried how effective the RPB has been in finding all carers. We heard that the Carers Partnership Board has held a number of sessions on how to identify carers, and that they are working with carers to identify other carers. We were pleased to hear this.

We queried if in terms of re-modelling acute care and community care services, there would be new components coming into it, for example, 24 hour domiciliary care services. The Programme Director agreed to investigate and come back with a response.

The Head of Service gave some assurance about the work they are doing in terms of statutory partners' involvement in some of the remodelling care approaches. We heard that through Adult Services transformation plans, picking up reviews and recovery groups they are looking at this at the moment and lessons learned from the pandemic. We were pleased to hear that we will see this work coming through scrutiny in the next year.

Update on Wales Audit Office Report on Integrated Care Fund and Action Plan

We were pleased to hear that all recommendations from the WAO Report have been dealt with through the Action Plan.

We queried in terms of the dynamics of integrated care across professional and situational boundaries, what research and academic input were being drawn upon to find things that help it work better, for example network theory. We received confirmation that there is a research, innovation and improvement network within Wales and they share best practice. They also work with Swansea on some parts of the Programme.

With regard to the Business Assurance Group, we requested to see two examples of reports they have done, to get an idea of the work they do. The Programme Director confirmed they meet regularly and will share some of their minutes with the Panel.

You informed the Panel that the RPB had managed to carry out hugely significant pieces of work as well as dealing with the pandemic during the last year and you expressed your thanks to them. We were very pleased to hear this.

The Panel agreed that it has dealt with the WAO report. The action plan dealing with the recommendations has been completed, and does not need to come back to the Panel again.

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 formal written response by Wednesday 28 April 2021 to the following:

- Confirmation if, for the coming year, we can expect to see the budget cast either wholly, or mainly, in outcome terms.
- Overview of steps being taken in each of the four priorities by Recovery Board.
- Briefing on any new components that may come into the re-modelling of acute care and community care services.
- Some copies of the minutes of Business Assurance Group.

Yours sincerely

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