



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel - Joint Social Services

**At:** Remotely via Microsoft Teams  
**On:** Wednesday, 16 December 2020  
**Time:** 2.00 pm  
**Convenor:** Councillor Paxton Hood-Williams

#### Membership:

Councillors: C Anderson, A M Day, M Durke, V M Evans, K M Griffiths, J A Hale, C A Holley, Y V Jardine, S M Jones, J W Jones, E T Kirchner, W G Lewis, H M Morris, G J Tanner and D W W Thomas

Co-opted Members: T Beddow

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<b>Agenda</b>		<b>Page No.</b>
<b>1</b>	<b>Apologies for Absence</b>	
<b>2</b>	<b>Disclosure of Personal and Prejudicial Interests</b> <a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>	
<b>3</b>	<b>Prohibition of Whipped Votes and Declaration of Party Whips</b>	
<b>4</b>	<b>Minutes of Previous Meeting(s)</b> To receive the minutes of the previous meeting(s) and agree as an accurate record.	<b>1 - 16</b>
<b>5</b>	<b>Public Questions</b> 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.	
<b>6</b>	<b>Performance Monitoring</b> <i>Dave Howes, Director of Social Services</i>	<b>17 - 65</b>
<b>7</b>	<b>Update on Management of Covid-19 Pandemic</b> <i>Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services</i> <i>Elliott King, Cabinet Member for Children Services</i> <i>Dave Howes, Director of Social Services</i>	

**Next Meeting:** Tuesday, 26 January 2021 at 4.00 pm



**Huw Evans**  
**Head of Democratic Services**  
**Wednesday, 9 December 2020**

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**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, 20 October 2020 at 4.00 pm

**Present:** Councillor S M Jones (Chair) Presided

**Councillor(s)**

P M Black  
Y V Jardine  
G J Tanner

**Councillor(s)**

C A Holley  
J W Jones  
H M Morris

**Councillor(s)**

P R Hood-Williams  
E T Kirchner

**Other Attendees**

Clive Lloyd

Cabinet Member - Adult Social Care & Community Health Services

**Officer(s)**

Amy Hawkins  
David Howes  
Liz Jordan

Interim Head of Adult Services  
Director of Social Services  
Scrutiny Officer

**Apologies for Absence**

Co-opted Member(s): T Beddow

Other Attendees: Helen St John

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**1 Appointment of Panel Convener**

Susan Jones was appointed as Convener of the Panel.

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

Disclosure of interest – Chris Holley.

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

No declarations were made.

**4 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 13 July 2020 as an accurate record of the meeting.

**5 Public Question Time**

No questions were submitted by members of the public.

## 6 Performance Monitoring

Amy Hawkins, Interim Head of Adult Services briefed the Panel on the performance monitoring report for August 2020. Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services and Dave Howes, Director of Social Services also attended for this item.

### Discussion Points:

- Day service support and respite re-established on emergency basis only, as seeing increased demand.
- Health Board no longer reporting on Delayed Transfers of Care. Welsh Government relaxed recording of a number of measures due to Covid -19 pandemic. Reassurance provided that there is a big focus on the Service's monitoring and reporting of demand and flow through health and social care system via variety of routes.
- Residential Care for Older People – Panel has not seen data from March 2020 to the present day. These figures to be included in a separate report to come to the Panel as soon as possible, on 'Effects of Covid-19 in residential homes and actions taken.'
- All Health and Social Care is under extreme pressure. It is more problematic with the second surge of the pandemic.
- Panel queried how contracts entered into with private sector are performing. Informed a lot of work has been undertaken with commissioned services on access to PPE and support for testing. Also supported in administering WG hardship fund and daily with statistics.
- A positive from the pandemic is that it has raised the profile of work carried out by health and social care workers, which will, hopefully, lead to recognition and the right career paths and terms and conditions.
- Common Access Point - Seeing increasing complexities of inquiries through the 'front door' as people who had just about been coping are now reaching crisis point.
- Department will increase capacity to deal with second surge of pandemic by the restructure of the Service and putting in resources, recruiting to all vacancies to try and increase capacity in terms of support, focussing on statutory requirements in terms of what they have to do and being flexible. Senior management team working with Health Board to put in place a contingency plan if there is a super surge. This has been negotiated with trade unions.
- Domiciliary Care – Before pandemic it was running at capacity for internal and external providers. Should be able to cope if domiciliary care needed over and above this as just before pandemic two new providers were contracted. Reasonably comfortable at the moment, but this is being tracked. Confirmation to be provided on whether new providers are ones that had previously tendered and been turned down.
- Query raised about capacity of testing when leaving hospital. Confirmed, people admitted to a closed setting/care home, whether from the community or hospital have to have had a negative test. If admitted to community

domiciliary care have to have had a negative test. This adds time onto the process of transfers of care. For general public, it is not a requirement to have a negative test before being released from hospital.

- Query about mental health and if any additional services have been put in place since the pandemic started. In terms of immediate response, community mental health team is still working with people engaged with the Council's services. For people not engaged with the Council's services, the Department is working with Swansea Council for Voluntary Service to ensure all information on provision available in terms of open access is up to date. As part of regional response work, there is a group looking at the strategy for mental health going forward. Public advised to link with the Council's partners especially the Third Sector.

Actions:

- Add item 'Effects of Covid-19 in residential homes and actions taken' to work plan as soon as possible
- Confirm number of vacancies being recruited to and whether full or part time
- Confirm if two new providers of domiciliary care had previously tendered and been turned down.

## 7 Briefing on Staff Sickness in Adult Services

Amy Hawkins briefed the Panel on sickness levels in Adult Services and answered the Panel's questions.

Discussion Points:

- There has been a 25% increase in sickness in Adult Services in last six months pro rata. This is not unexpected. 41% of the increase is related to stress. 85% of sickness in last six months is long term sick.
- Department has a three pronged approach to finding a solution and bringing down sickness levels:
  - HR Approach – monitoring compliance and checking up on management of absence
  - Occupational Health – working with stress management and counselling. Already providing psychological support for staff via Teams, which has been taken up by 100's off staff. Also, where resources allow, piloting approach with Adult Services front line staff around direct support with individuals.
  - Working with the teams themselves to co-produce a wellbeing plan. Hope to find some innovative solutions.
- Table 3 – 12% with no reason recorded. Panel queried if this was due to failure of the system. Informed could be due to people recording sickness but not the reasons. Department is doing work around this to find out more.
- Panel felt prevention was better than cure with regard to sickness, and queried if there is anyone outside the social services system who could look at the mechanisms in place and try to reduce the stress people are under. Informed removing stressful nature of work is difficult and much more so in the current climate.

## **8 Adult Services Work Programme 2020-21**

Panel discussed the work programme for 2020-21 and agreed to add the following:

1. Effects of Covid-19 pandemic in residential homes and actions taken (include data from March 2020 to present day in this). *To be scheduled as soon as possible*
2. Isolation of elderly people
3. Domestic Violence and the increase over the pandemic.

## **9 Letters**

Letters received and considered by the Panel.

The meeting ended at 5.15 pm

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

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
*Line:*  
*Llinell*  
*Uniongyrochol:*  
*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 04 November 2020  
*Dyddiad:*

**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 20 October 2020. It covers Performance Monitoring and Sickness Levels in Adult Services.

Dear Cllr Lloyd

The Panel met on 20 October to receive a briefing on the Performance Monitoring Report for August 2020 and to discuss staff sickness in Adult Services. We would like to thank you, Dave Howes and Amy Hawkins for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response.

Firstly, I would like to emphasize on behalf of the Panel, how well we feel staff in Adult Services have performed in very difficult times.

The main issues discussed are summarised below:

### **Performance Monitoring**

We were informed that day service support and respite has been re-established on an emergency basis only, as you were seeing increased demand. We queried why the Health Board was no longer reporting on Delayed Transfers of Care. This is disappointing as we feel it is important to monitor, to ensure hospital beds are being freed up. We heard that Welsh Government has relaxed recording of a

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number of measures due to the Covid -19 pandemic. We were reassured that there is a big focus on the Service's monitoring and reporting of demand and flow through the health and social care system via a variety of routes. We also heard that Delayed Transfers of Care is not a good measure, and that the region is working on more progressive measures, and that it is expected that this will be replicated in our performance monitoring reports.

Residential Care for Older People – we informed you that we have not seen the data on this from March 2020 to the present day. We agreed it would be useful for these figures to be included in a separate report to come to the Panel as soon as possible, on the 'Effects of Covid-19 in residential homes and actions taken.'

We were concerned to hear that all Health and Social Care is under extreme pressure and that it is more problematic with the second surge of the pandemic, as capacity and ability to flex resources, as you did first time, does not exist second time around. We heard that the senior management team is exhausted but performing brilliantly.

We queried how contracts entered into with the private sector were performing, and were informed that a lot of work has been undertaken with commissioned services, on access to PPE and support for testing. Support has also been provided in terms of administering the WG hardship fund and daily with statistics. We were assured the Department is keeping on top of it.

We felt that a positive from the pandemic is that it has raised the profile of the work carried out by health and social care workers, which will, hopefully, lead to recognition and the right career paths and terms and conditions. You gave assurance that it is at the forefront of discussions with Welsh Government.

Common Access Point – we heard that you are seeing increasing complexities of inquiries through the 'front door', as people who had just about been coping, are now reaching crisis point.

We queried how the Department will increase capacity to deal with the second surge of the pandemic. We were informed that the Service has been restructured and resources put in, that you are recruiting to all vacancies to try and increase capacity in terms of support, focussing on statutory requirements in terms of what you have to do and being flexible. You confirmed that the senior management team is working behind the scenes, with the Health Board, to put in place a contingency plan if there is a super surge, and that there will be a response across the Service including a 7-day working rota to move people through the system quicker. This has been negotiated with the trade unions.

Domiciliary Care – We discussed how before the pandemic, this was running at capacity in terms of internal and external providers. We expressed concern about your ability to cope if domiciliary care is needed over and above this. We were informed that just before the pandemic two new providers had been contracted, so you are reasonably comfortable, at the moment, but this is being tracked. We requested confirmation on whether the new providers are ones that had previously tendered and been turned down.



We asked about the capacity of testing when leaving hospital. We heard that for people admitted to a closed setting/care home, whether from the community or hospital they have to have had a negative test. Also if admitted to community domiciliary care, people have to have had a negative test. You confirmed that this adds time onto the process of transfers of care. For the general public, it is not a requirement to have a negative test before being released from hospital. We heard that if this were to be imposed, the whole hospital system would come to a halt.

We expressed concern about mental health and asked if any additional services had been put in place since the pandemic started. We were informed that in terms of immediate response, the community mental health team is still working with people engaged with the Council's services. For people not engaged with the Council's services, the Department is working with Swansea Council for Voluntary Service to ensure all information on provision available, in terms of open access, is up to date. We heard that as part of the regional response work, there is a group looking at the strategy for mental health going forward and that information the Department has received, has confirmed there will be increased demand or escalation going forward. We heard that the public are advised to link with the Council's partners especially the Third Sector.

### **Staff Sickness in Adult Services**

We were informed that there has been a 25% increase in sickness in Adult Services in the last six months pro rata and that this is not unexpected. Also that 41% of this increase is related to stress and 85% is long term sick.

We were pleased to hear that the Department has a three-pronged approach to finding a solution and bringing down sickness levels:

1. HR Approach – monitoring compliance and checking up on management of absence
2. Occupational Health – working with stress management and counselling. Already providing psychological support for staff via Teams, which has been taken up by hundreds of staff. Also, where resources allow, piloting approach with Adult Services front line staff around direct support with individuals.
3. Working with the teams themselves to co-produce a wellbeing plan. Hope to find some innovative solutions.

We noted that in Table 3, 12% of sickness had no reason recorded. We queried if this was due to failure of the system and were informed that it could be due to people recording sickness but not the reasons. We heard that the Department is doing work around this to find out more.

We stated that we felt prevention was better than cure with regard to sickness, and queried if there is anyone outside the social services system who could look at the mechanisms in place and try to reduce the stress people are under. We heard that removing the stressful nature of the work is difficult and much more so in the current climate, for example, flexible working opportunities do not exist for frontline domiciliary care service workers.

## **Adult Services Work Programme 2020-21**

We discussed the Panel's work programme for 2020-21 and agreed to add the following:

- Effects of Covid-19 pandemic in residential homes and actions taken. (*To be scheduled as soon as possible*)
- Isolation of elderly people
- Domestic Violence and the increase over the pandemic.

## **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 25 November 2020 to the following:

- Confirmation of the number of vacancies being recruited to and whether full or part time.
- Confirmation of whether the new providers of domiciliary care, are ones that had previously tendered and been turned down.

Yours sincerely

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



Councillor Susan Jones  
Convenor  
Adult Services Scrutiny Panel

**VIA EMAIL**

*Please ask for:* Councillor Clive Lloyd  
*Direct Line:* 01792 63 7428  
*E-Mail:* [cllr.clive.lloyd@swansea.gov.uk](mailto:cllr.clive.lloyd@swansea.gov.uk)  
*Our Ref:* CL/CM  
*Your Ref:*  
*Date:* 25<sup>th</sup> November 2020

Dear Councillor Jones

Thank you for your letter dated 4<sup>th</sup> November 2020.

In relation to the first point regarding the number of vacancies being recruited and whether they are full or part time posts, I can advise as follows;

There are 66.9 Full Time Equivalent (FTE) vacancies across Adult Services.

- 24 FTE Social Workers; 22 full-time, 2 part-time
- 17.5 FTE Residential and Day Support vacancies; 40 part-time posts including Residential Care and Night Care Officers, Domestic Assistants, Laundry Assistants and Cook.
- 17.4 FTE Home Care; 23 part-time Community Care Assistants
- 5 FTE Commissioning Team; 5 full-time Contract Officers, Monitoring Officers and Direct Payments Officers.
- 3 FTE Posts; 3 full-time posts Care Management Officer, Project Manager and Rehabilitation Officer Visual Impairment.

In respect of your second point, whether the new providers of domiciliary care are the ones that had previously tendered and had been turned down.

I can advise that Caremark and Steddy are the two new providers who have been recently appointed to the framework via an open tender process and I can confirm that they had not tendered previously. Please see links below.

<https://www.caremark.co.uk/locations/swansea> and <http://www.steddyassociates.co.uk/>

Yours sincerely

**Y Cyngorydd/Councillor Clive Lloyd**  
**Aelod y Cabiunet dros Ofal Cymdeithasol i Oedolion a Gwasanaethau Iechyd/**  
**Cabinet Member for Adult Social Care & Community Health Services**







City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Child & Family Services**

Remotely via Microsoft Teams

Wednesday, 28 October 2020 at 4.00 pm

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

**Councillor(s)**

C Anderson  
K M Griffiths  
D W W Thomas

**Councillor(s)**

A M Day  
Y V Jardine  
E T Kirchner

**Councillor(s)**

M Durke  
S M Jones  
W G Lewis

**Other Attendees**

Elliott King Cabinet Member - Children Services

**Officer(s)**

Julie Davies Head of Child & Family Services  
David Howes Director of Social Services  
Simon Jones Social Services Strategy and Performance Improvement Officer  
Liz Jordan Scrutiny Officer

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**1 Confirmation of Convener**

Paxton Hood-Williams was confirmed as Convener of the Panel.

**2 Disclosure of Personal and Prejudicial Interests**

Disclosures of interest – Mike Durke

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

No declarations were made.

**4 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 16 September 2020 as an accurate record of the meeting.

**5 Public Question Time**

No questions were submitted by members of the public.

## **6 Wales Audit Office: Follow up Review of Corporate Safeguarding Arrangements - Children, in Swansea Council**

Simon Jones, Social Services Strategy and Performance Improvement Officer briefed the Panel on the WAO report recommendations and the actions being taken to address the recommendations.

### Discussion Points:

- Panel queried the link with Education in terms of safeguarding. Informed pandemic has accelerated improving relationship with Education. The Departments are meeting on a weekly basis to prioritise the children they are most worried about to ensure they are safe.
- In terms of the action plan, a timeline has been scheduled for the first few items only. Impact of the pandemic has meant concentrating on managing the short-term crisis. Some work has had to be delayed but the Corporate Safeguarding Group will be maintaining oversight of the programme, as well as ensuring they keep children and adults safe in the meantime. Any suggestions from the Panel can be directed to the Corporate Safeguarding Group.
- Clarification that there is a Corporate Safeguarding Group that has oversight of corporate safeguarding work. There is also a Regional Safeguarding Board, which is the overarching board for the area. Suggested Panel receive update from Regional Safeguarding Board to formally feedback on how regional arrangements are working. Panel agreed to add this to next year's work programme.
- In respect of DBS, under proposals for improvement, informed Audit Committee has been looking if appropriate arrangements are in place for DBS checks. They have major concerns and a report is coming back to the Audit Committee in next few months.
- Panel raised queries about how often DBS checks are required, if they are undertaken before staff start and how many each person is supposed to have. If panel members have any outstanding issues they want assurance on, they should put together a list and feed them into the Audit Committee.
- Head of Democratic Services has circulated a link to Councillors to complete safeguarding training. Suggestion this should be completed by all Councillors, to set an example to the rest of the Council.
- Clarity sought by Panel regarding collaboration around CFS and AS in terms of domestic abuse. (agreed later in meeting to include in a work programme item.)
- Panel endorsed conclusions and actions set out in the report.

### Actions:

- Add to work programme for next municipal year 'Update from Regional Safeguarding Board on how regional arrangements are working'.
- Compile list of any outstanding issues regarding DBS checks and feed into Audit Committee.

## **7 Child and Family Services Work Programme 2020-21**

The Panel considered the draft work programme and agreed the following actions:

- Item on *WAO: Tackling Violence Against Women, Domestic* is to include a briefing on the increase in domestic violence over the pandemic and a breakdown of collaboration between CFS and AS in terms of domestic abuse. AS panel members to be invited for this item.
- Meeting to be arranged between Cabinet Member, Head of Service and Panel Convener to discuss scheduling of future items and the effect of the pandemic going forward, to help shape future work programme.
- Chairs of the AS panel and CFS panel to look at work plans to identify opportunities for any items to go to joint meetings.

The meeting ended at 5.30 pm



**To:**  
**Councillor Elliott King, Cabinet Member for  
Children Services**

Please ask for: Scrutiny  
Gofynnwch am:  
Scrutiny Office 01792 637314  
Line:  
Llinell  
Uniongyrchol:  
e-Mail [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
e-Bost:  
Date 16 November 2020  
Dyddiad:

**BY EMAIL**

**Summary:** This is a letter from the Child & Family Services Scrutiny Performance Panel to the Cabinet Member for Children Services following the meeting of the Panel on 28 October 2020. It covers WAO follow up review of corporate safeguarding arrangements for children in Swansea.

Dear Cllr King,

The Panel met on 28 October 2020 to receive an update on WAO Follow Up Review of Corporate Safeguarding Arrangements – Children in Swansea Council and to discuss the work programme for 2020-21.

We would like to thank you, Dave Howes, Julie Davies and Simon Jones for attending and answering questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

### **WAO: Follow Up Review of Corporate Safeguarding Arrangements – Children, in Swansea Council**

We queried the link with Education in terms of safeguarding. We heard that the pandemic has accelerated improving the relationship with Education and that the Departments are meeting on a weekly basis to prioritise the children they are most worried about to ensure they are safe. We also heard that Departments have learnt from this and maintained meetings from March to the present day, which shows a collective wish to work together. We were informed that Education has its own statutory guidance, as Social Services does, and they are held accountable about how they deliver against it through inspections etc. We were very pleased to hear that interactions are there and building and both Departments are on the same page as to how to support each other.

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In terms of the action plan, we raised the fact that a timeline has been scheduled for the first few items only and sought clarity on when other items would be dealt with. We were informed that the impact of the pandemic has meant concentrating on managing the short-term crisis but that safeguarding is right at the centre of this. We heard that some work has had to be delayed but has not been lost sight of, as the Corporate Safeguarding Group will be maintaining oversight of the programme, as well as ensuring children and adults are kept safe in the meantime. We heard that any suggestions from the Panel can be directed to the Corporate Safeguarding Group and that the Director of Social Services will make sure these are picked up in a timely fashion.

We received clarification that there is a Corporate Safeguarding Group that has oversight of corporate safeguarding work and there is a Regional Safeguarding Board, which is the overarching board for the area. It was suggested that the Panel receive an update from the Regional Safeguarding Board, at a future date, to formally receive feedback on how regional arrangements are working. We agreed to add this to next year's work programme. We were interested to hear that the Director thinks it is working really well and the pandemic has improved partnership working in the region.

In respect of DBS, under proposals for improvement, we heard that the Audit Committee has been looking if appropriate arrangements are in place for DBS checks, that they have major concerns and that a report is coming back to the Audit Committee in the next few months. We raised queries about how often DBS checks are required, if they are undertaken before staff start and how many each person is supposed to have. We were advised that if we have any outstanding issues we want assurance on, we should put together a list and feed them into the Audit Committee.

You informed us that the Head of Democratic Services has circulated a link to all Councillors to complete safeguarding training and suggested that this should be completed by all Councillors, to set an example to the rest of the Council.

We sought clarity regarding collaboration around CFS and AS in terms of domestic abuse. The Head of Service suggested that this be included in the item on the work programme titled, WAO report: Tackling Violence Against Women, Domestic.

We endorsed the conclusions and actions set out in the report.

### **Child and Family Services Work Programme 2020-21**

We discussed the draft work programme and agreed:

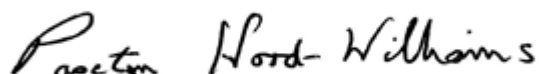
- Item on *WAO: Tackling Violence Against Women, Domestic* is to include a briefing on the increase in domestic violence over the pandemic and a breakdown of collaboration between CFS and AS in terms of domestic abuse. AS panel members to be invited for this item.
- Meeting to be arranged between Cabinet Member, Head of Service and Panel Convener to discuss scheduling of future items and the effect of the pandemic going forward, to help shape future work programme.
- Chairs of the AS Panel and CFS Panel to look at work plans to identify opportunities for any items to go to joint meetings.

Since this Panel meeting took place, the Convener of the CFS Panel and AS Panel have agreed to pause the current programme for 3 months whilst officers deal with the latest covid-19 crisis. Therefore, joint Social Services scrutiny meetings will take place in December and January and a joint budget meeting in February. The plan is that the programme for each Panel will recommence in March 2021.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your views and comments on any of the issues raised but, in this instance, a formal response is not required.

Yours sincerely

A handwritten signature in black ink that reads "Paxton Hood-Williams". The signature is written in a cursive style with a large initial 'P'.

**PAXTON HOOD-WILLIAMS**  
**CONVENER, CHILD & FAMILY SERVICES SCRUTINY PANEL**  
**[CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK](mailto:CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK)**

# Agenda Item 6



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

### Joint Social Services Scrutiny Performance Panel – 16 December 2020

#### PERFORMANCE MONITORING

<b>Purpose</b>	To present the Child and Family Services and Adult Services monthly performance reports for October 2020.
<b>Content</b>	<p>This Child and Family Services report includes performance against Welsh Government, Care Inspectorate Wales and local indicators. The information covers a child and family's contact from the front door (the Integrated Information, Advice and Assistance Service), the Supported Care Planning and Looked After Children's teams as well as Bays+, and the Youth Justice Service.</p> <p>Also contained in the report is an overview of case supervision and the Signs of Safety metrics.</p> <p>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 response.</p>
<b>Councillors are being asked to</b>	Consider the report as part of their routine review of performance in Child and Family Services and Adult Services.
<b>Lead Councillor(s)</b>	Cllr Elliott King, Cabinet Member for Children's Services Cllr Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services
<b>Lead Officer(s)</b>	David Howes, Director of Social Services

	<p>Julie Davies, Head of Child and Family Services  Amy Hawkins, Interim Head of Adult Services  Helen St.John, Interim Head of Integrated Services</p>
<b>Report Author</b>	<p>Julie Davies, Head of Child and Family Services  01792 633812  <a href="mailto:Julie.davies10@swansea.gov.uk">Julie.davies10@swansea.gov.uk</a></p> <p>Amy Hawkins, Interim Head of Adult Services  01792 636245  <a href="mailto:Amy.Hawkins@swansea.gov.uk">Amy.Hawkins@swansea.gov.uk</a></p> <p>Helen St.John, Interim Head of Integrated Services  <a href="mailto:Helen.StJohn@wales.nhs.uk">Helen.StJohn@wales.nhs.uk</a>  01792 636245</p>

# CHILD & FAMILY SERVICES

## Performance Report

October 2020

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# Our Headline Performance this Month

## Julie Davies, Head of Child and Family Services

There has been an increase in the number of contacts at the front door this month, leading to a higher number of children going over to SCP. It is positive that there are a lower number of children being referred back for support, indicating children and families are being closed at the right time to SCP and have the right support in place to prevent them coming back into the service.

The completion of 42 day assessments continues to be well below the target set. The Performance Hub is supporting the SCP teams with targeted interventions in relation to CINCS assessments along with processes to track and sign off assessments. Weekly reports are being provided to the Head of Service to track progress. The on-going impact of Covid both in relation to restrictions and staff absence has been noticeably challenging for managers and workers in the SCP teams this month; as can be seen in relation to the timeliness of assessments and children being seen and seen alone by a qualified social worker.

The data shows this month a higher percentage of family focused activity and involvement. Indications are that a system issue may be hindering the uploading of the evidence of direct work.

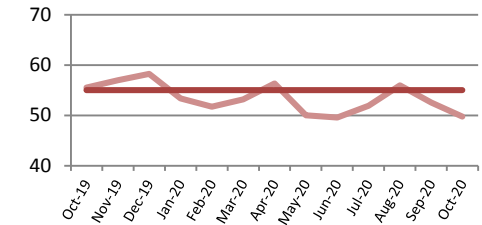
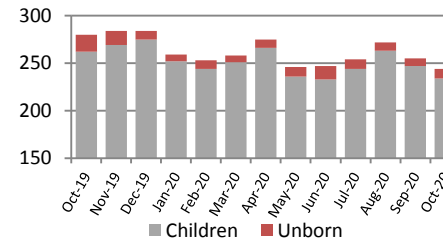
There has been a slight decrease in child protection registrations, numbers of looked after children and children in need of care and support. It is really positive to see that there are a high number of children with a plan for permanence by their 4 month review, and less children moving placement.

There is good performance around pathway plans and allocating personal advisors in the Bays+ team. It is pleasing to see this month that there is consistency in supervision levels across the Youth Justice Service and that there is a clear plan in place to achieve improvements in the timeliness of Asset Plus assessments.

The service overall continues to evidence a strong level of resilience in response to Covid and in being able to prioritise seeing the children and families we are most worried about. Mechanisms to support the emotional health and wellbeing of both staff and our carers will be key to helping everyone maintain this, as well as being able to find solutions where performance data is indicating there are emerging trends of concern.

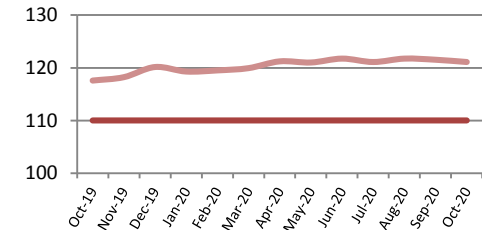
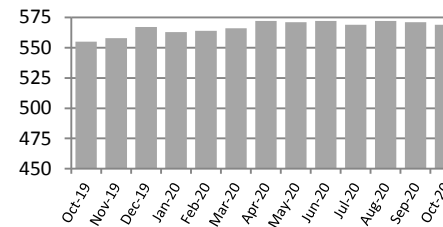
## Child Protection

There are **234** (247) children on the child protection register, plus **10** (8) to be registered at birth. This is a **decrease of 13** giving us a rate of **50** Per 10,000.



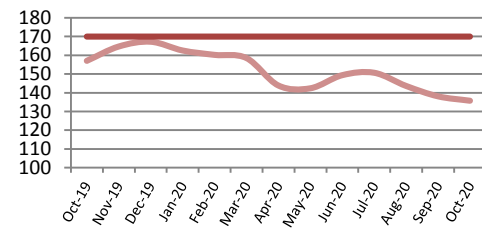
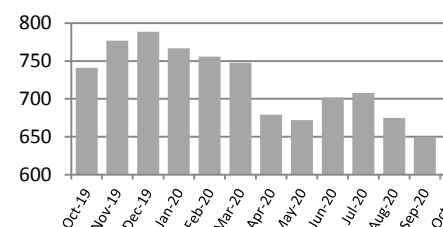
## Looked After Children

There are **569** (571) children looked after. This is a **decrease of 2** from last month giving us a rate of **121** Per 10,000.



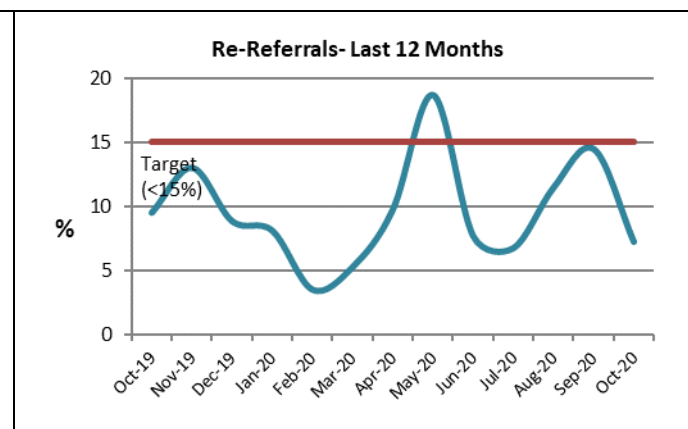
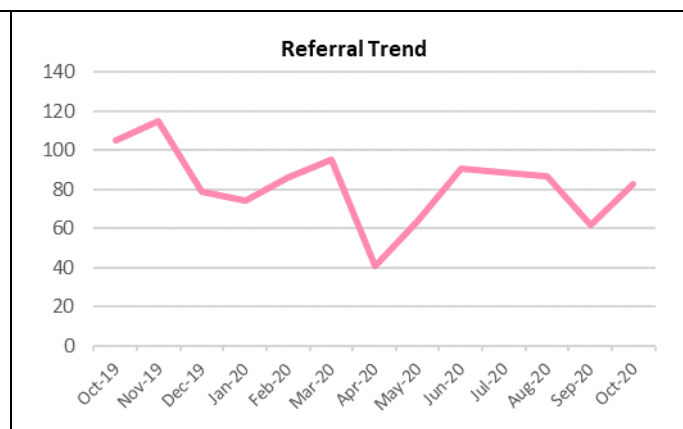
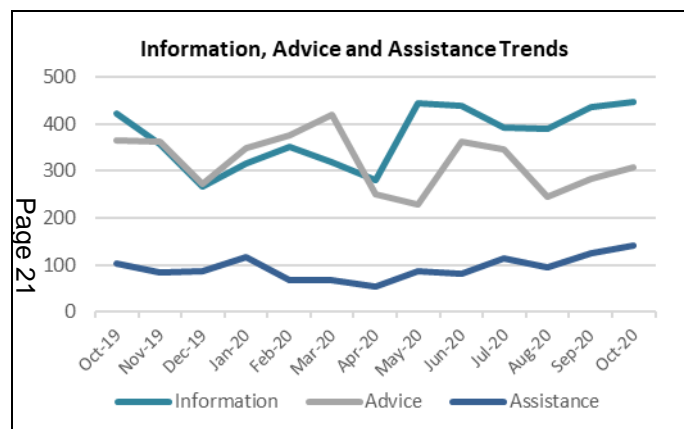
## Children in Need of Care and Support

There are **638** (649) children in need of care and support. This is a **decrease of 11** from last month giving us a rate of **136** Per 10,000.



# Wellbeing

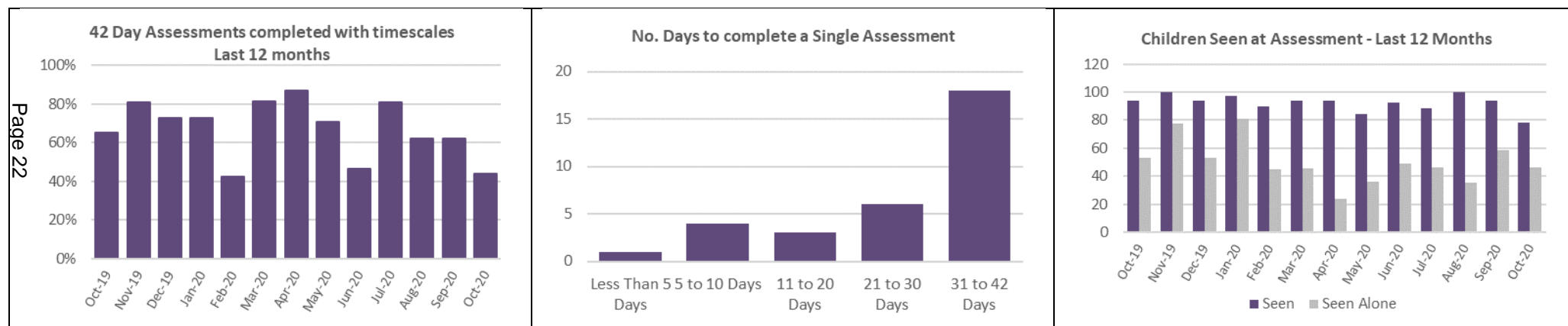
Measure / Metric	Result	Target	What's Good?	Status
The number of contacts received by the service – instances of <b>Information, Advice, Assistance or Assessment</b> :	<b>979</b> (904)		Low is Good	
The percentage of these contacts that were <b>passed on for formal assessment</b> :	<b>83, 8.48%</b> (62, 6.86%)	10%	Low is Good	
The percentage of these contacts that were <b>diverted to other services</b> :	<b>59, 6.03%</b> (94, 10.40%)		High is Good	
The number of <b>repeat referrals</b> in the month (where a referral is received within 12 months of a previous referral):	<b>6, 7.23%</b> (9, 14.52%)	Less than 15%	Low is Good	



What is working well?	What are we worried about?	What do we need to do?
There are significantly less children being referred back to the department for support within 12 months. Hope fully this tells us that we are exiting families well and that they have the support they need to prevent them from coming back in to SCP.	<p>The front door has seen an increase in contacts this month.</p> <p>A higher number of children came over to SCP this month compared to last month up by 21.</p> <p>Lower number of children diverted to the EHH.</p>	Dip sample case closures and review what went well for the family that allowed us to end our involvement – ensure this learning is shared with all staff (including feedback from families).

# Supported Care Planning - Assessments

Measure / Metric	Result	Target	What's Good?	Status
Number of 42 day Assessments Carried out during the month:	<b>73</b> (50)		Lower is Better	
The percentage of 42 day assessments carried out within timescales:	<b>32, 43.84%</b> (31, 62.00%)	90%	High is Good	
The percentage of Assessments where there is evidence the child has been <b>seen by a qualified worker</b> :	<b>39, 78.00%</b> (32, 94.12%)	More than 90%	High is Good	
The percentage of Assessments where there is evidence the child has been <b>seen alone by a qualified worker</b> :	<b>23, 46.00%</b> (20, 58.82%)	More than 65%	High is Good	



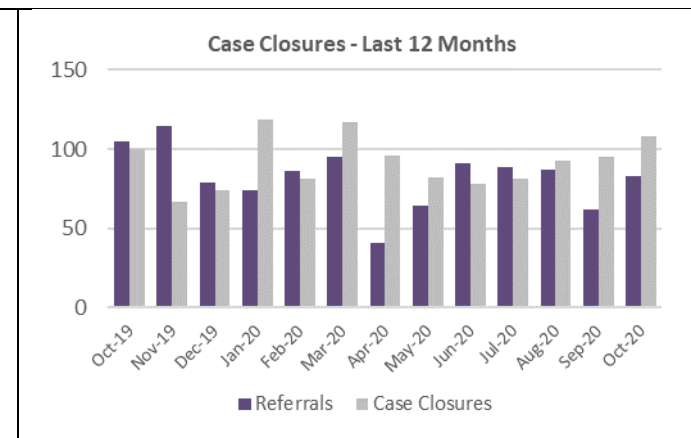
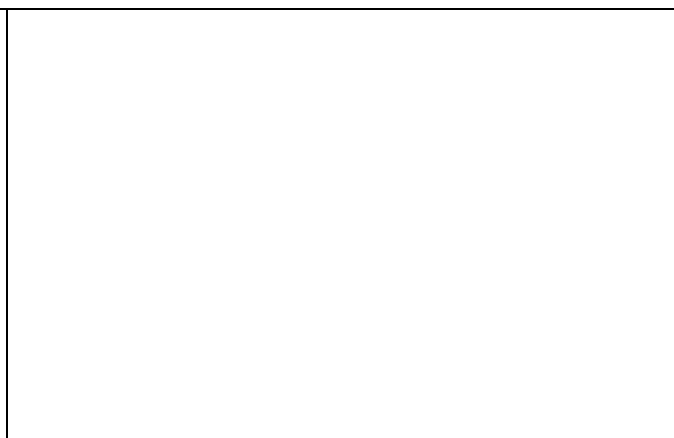
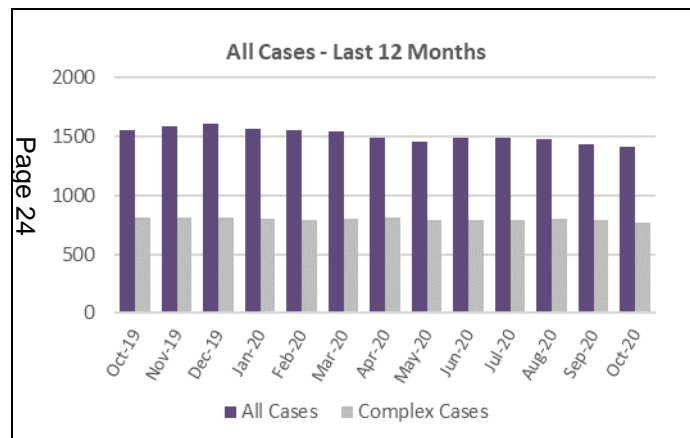
What is working well?	What are we worried about?	What do we need to do?
Increase in the number of 42 days assessments carried out this month. 23 children had their care and support needs identified so that they could receive early support to achieve what matters to them.	<p>Lower number of 42 days assessments carried out in timescales which is well below target set. This may mean that children are not having their needs identified in a timely manner and there is potential that needs may escalate in the family and lead to CP/LAC.</p> <p>Single Assessments continue to be an area that requires improvement. Hub managers have fed back that difficulties around sickness and Covid (self</p>	<p>Temporary CINCS team in place to provide additional support for CINCS assessments.</p> <p>Performance Hub to review training for newly appointed practice leads to ensure they receive professional development support on managing performance.</p> <p>A trackers has been pu tin place to monitor and review the timeliness of single assessments, targeting those</p>



What is working well?	What are we worried about?	What do we need to do?
	<p>isolating with children at home) appear to be causing some difficulties in assessments concluding in timescale.</p> <p>Lower number of children being seen by a qualified Social Worker.</p> <p>Lower number of children being seen alone as part of the assessment .</p>	<p>hubs where performance is consistently below the target set.</p> <p>The Performance Hub continues to work with the Principal Officer and Hubs to adapt creative ways of working with the current Covid constraints to ensure families continue to receive a timely assessment of their needs.</p>

# Supported Care Planning – Planning, Reviews and Caseloads

Measure / Metric	Result	Target	What's Good?	Status
<b>Number of Cases</b> of Children needing Care and Support Managed by the Service at the end of the month:	<b>1409</b> (1436)	1600	Lower is Better	
Of these, the percentage that represent <b>complex cases</b> (LAC, CP):	<b>771, 54.72%</b> (787, 54.81%)	65%	Higher is Better	
The number of <b>cases closed</b> to Child and Family Services during the month:	<b>108</b> (95)		Higher is Better	
<b>The percentage of reviews of Children in Need of Care and Support held during the month within prescribed timescales:</b>			High is Good	
The percentage of <b>CINCS allocated to a qualified worker</b> at the end of the month:	<b>505, 79.15%</b> (507, 78.12%)		High is Good	



What is working well?	What are we worried about?	What do we need to do?
<p>Lower number of children managed by the department this month, fallen by 21.</p> <p>Number of complex cases managed continues to remain relatively stable.</p> <p>More cases closed this month with children having their care and support outcomes met.</p>	<p>A large number of CINCS cases have SGO/SO and Family Arrangement Orders in place preventing closure. An example of this would be Townhill Pod 2 who have 9 Direct Payments and 2 SGO open; this work still has to be reviewed, and visits undertaken in line with practice guidance.</p>	<p>Analysis of the CINCS cases allocated in SCP to see if they have needs that can be met in universal or wellbeing services. CINCS team will be supported with this by the Performance Hub.</p>

# Supported Care Planning – Children with a Disability

Measure / Metric	Result	Target	What's Good?	Status
The number of <b>disabled children referred</b> to the Child Disability Team during the month:	<b>5</b> (10)		Range	
The total number of <b>disabled children with a Care and Support Plan</b> at the end of the Month:			Range	
The number of <b>disabled children provided with Direct Payments</b> at the end of the month:			Range	
The number of <b>disabled children transitioning to the Care of Adult Services</b> during the month:			Baseline	
The number of <b>disabled children provided with respite care</b> at the end of the Month:			Range	



What is working well?	What are we worried about?	What do we need to do?
Awaiting the introduction of WCCIS to run reports for Children with a Disability		

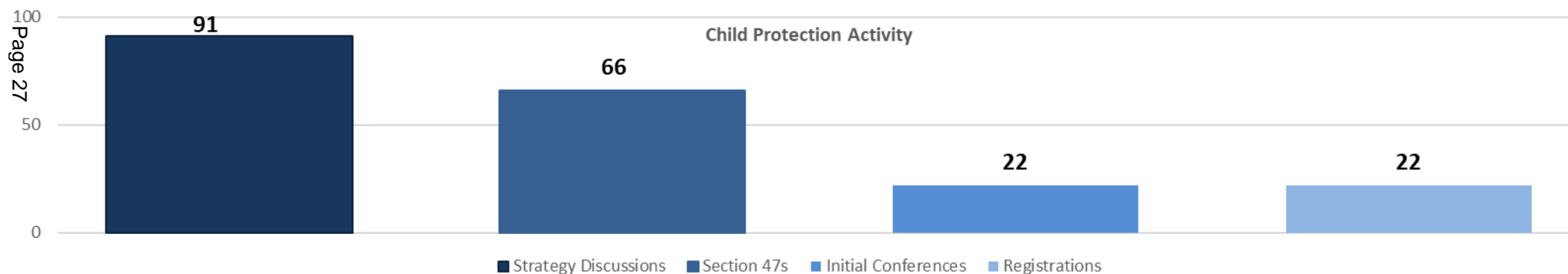
## Supported Care Planning – Signs of Safety

Measure / Metric	Result	Target	What's Good?	Status
Of the assessments completed during the month, the percentage that have Direct Work attached ( <b>Children over 5 Only</b> ):	<b>32, 47.06%</b> <i>(24, 39.34%)</i>	75%	High is Good	
Of the Initial Conferences held during the month, the percentage where there is evidence that a Family Network Meeting has taken place:	<b>17, 77.27%</b> <i>(8, 47.06%)</i>	75%	High is Good	
Of the Conferences held during the month, the percentage where there is evidence of a child friendly explanation of the Safety Plan ( <b>Children over 5 Only</b> ):	<b>13, 30.23%</b> <i>(21, 65.63%)</i>	75%	High is Good	
The percentage of Words and Pictures completed within 5 working days of a child becoming Looked After due in the month ( <b>Children over 5 Only</b> ):	<b>3, 60.00%</b> <i>(2, 40.00%)</i>	75%	High is Good	
Of the Initial LAC Reviews held during the month, the percentage where there is evidence that a Family Network Meeting has taken place:	<b>6, 60.00%</b> <i>(4, 50.00%)</i>	75%	High is Good	

What is working well?	What are we worried about?	What do we need to do?
An improvement in a number of areas indicating that social workers are working with children and their families to develop family plans. There has also been an increase in workers providing a child friendly explanation as to why a child has been accommodated. This is particularly positive given the constraints in place as a result of Covid. Staff are being innovative in finding new ways to overcome barriers, and ensure families and children continue to receive support to express what matters to them.	There are a large number of children who have been through an assessment without evidence of direct work attached to the assessment . This may indicate that we are not undertaking direct work with children as part of the assessment process.	<p>The current system makes it difficult to fully record direct work if it has not been placed on the system as an attachment. A dip sample of the children who do not have direct work may help us identify the barrier to this and whether it is a practice or system issue.</p> <p>Review of the words and pictures completed over the last month may help identify some good practice and learning to be shared amongst the teams. This would be a good opportunity for the SOS lead to review and identify good practice and to provide feedback to staff.</p>

# Safeguarding – Child Protection Activity

Measure / Metric	Result	Target	What's Good?	Status
The total number of children <b>added</b> to the Child Protection Register in the month:	<b>20</b> (18)		Low is Good	
The re-registrations of children to the child protection register during the month within 12 months from the end of the previous registration:	<b>0, 0.00%</b> (1, 5.56%)	< 20%	Low is Good	
The total number of children <b>removed</b> from the Child Protection Register in the month:	<b>33</b> (34)		Higher is Better	
The Percentage of <b>Initial Conferences</b> held in timescales during the month:	<b>21, 95.45%</b> (17, 100%)	100%	High is Good	
The percentage of <b>Initial Core Group Meetings</b> held within timescales during the month:	<b>21, 77.78%</b> (12, 92.31%)	90%	High is Good	
The percentage of visits to children on the Child Protection Register that were on time or not overdue:	<b>218, 91.60%</b> (227, 93.03%)	90%	High is Good	

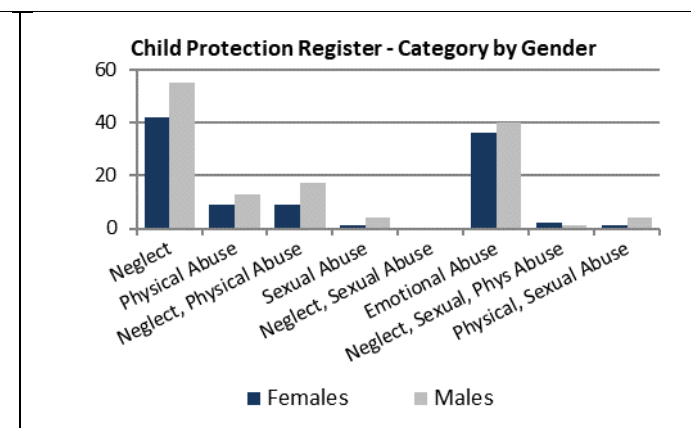
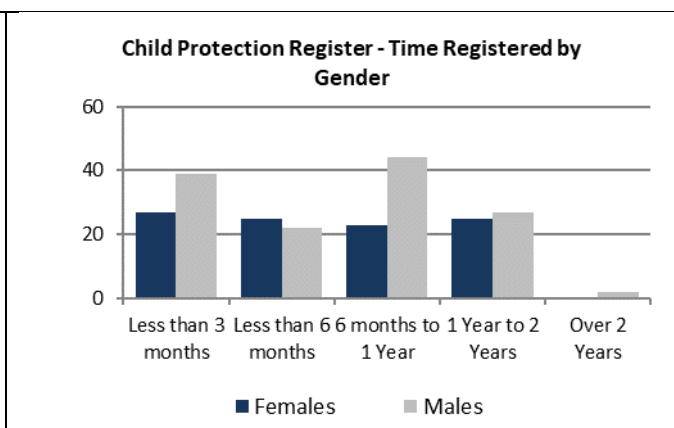
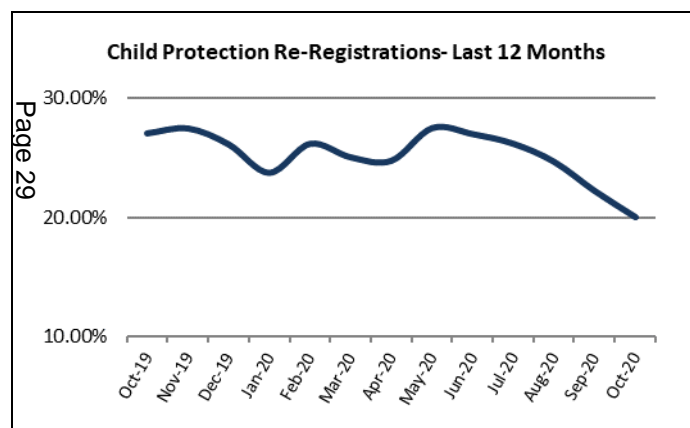


What is working well?	What are we worried about?	What do we need to do?
<p>Drop in number of children being added to Child Protection Register this month.</p> <p>No children being re-registered within 12 months.</p> <p>100% ICPC held in timescales. This indicates that all families are having the opportunity to meet and discuss a safe plan at an early stage of the CP process</p>	<p>Of the 91 Initial Strategy Discussions completed only 66 resulted in a S.47 and 22 went to Conference. This may be as a result of a number of factors– was this slowing down our thinking and preventing escalation; or was it the information being received was not accurate to meeting threshold. Further breakdown of the data may help identify any themes or trends.</p>	<p>Further breakdown of the data above may help to identify how many of these are process led – such as FGM or CSE ISDs/S.47s. Re-establishing weekly safeguarding review meetings will allow an opportunity to review the CP activity and develop shared learning around this.</p>

What is working well?	What are we worried about?	What do we need to do?
<p>with the hope that this would provide better outcomes to prevent further escalation.</p> <p>Above number of children being seen in line with statutory requirements. Despite the current constraints in place, Social Workers continue to ensure children at risk are seen and have an opportunity to speak to their social worker.</p>		

# Safeguarding – Reviews and Allocations

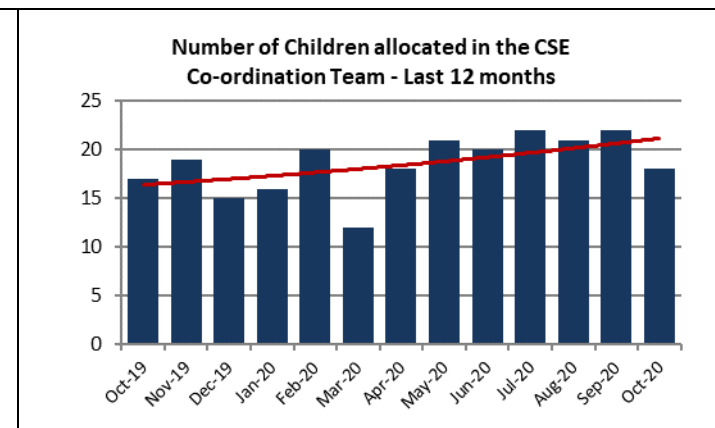
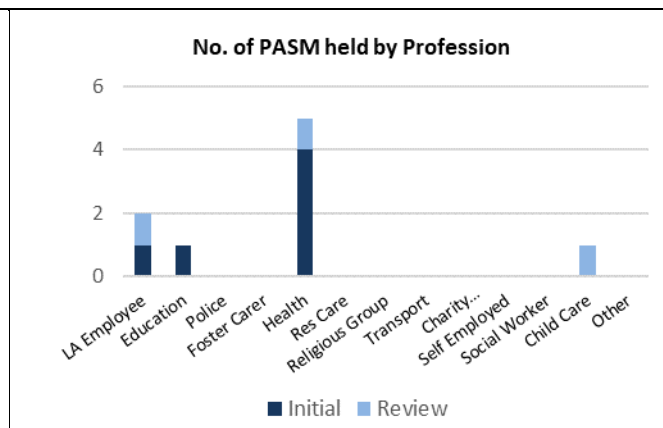
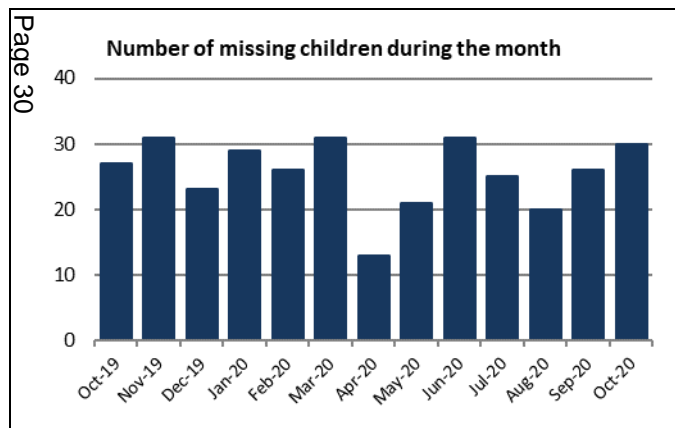
Measure / Metric	Result	Target	What's Good?	Status
The percentage of children on the Child Protection Register that have been <b>registered previously</b> :	<b>47, 20.09%</b> <i>(55, 22.27%)</i>	Less than 20%	Low is Good	
The <b>length of time on the Child Protection Register</b> for those children removed during the month:	<b>271 days</b> <i>(310 days)</i>	Range of 100-300	180-270 is Optimal	
The percentage of <b>Review Conferences held on time</b> during the month:	<b>81, 100%</b> <i>(85, 100%)</i>	100%	High is Good	
The percentage of children de-registered in the month who were <b>de-registered at the first review</b> :	<b>9, 36.00%</b> <i>(7, 20.59%)</i>	< 15%		
The percentage of children on the Child Protection Register, <b>plus those to be registered at birth, allocated to a qualified worker</b> at the end of the month:	<b>244, 100%</b> <i>(255, 100%)</i>	100%	High is Good	



What is working well?	What are we worried about?	What do we need to do?
<p>100% Review Child Protection Conferences held on time. This indicates that Child Protection care plans are being reviewed regularly to ensure support is provided to the family and progress reviewed.</p> <p>All Child Protection cases allocated to qualified social workers.</p>	<p>We have 47 children on the register that have been registered previously. Further exploration of this may help determine what may be causing this high level.</p> <p>9 children were de-registered within 3 months –we need to understand if they should have been subject to CP in the first place.</p>	<p>Review children who have been registered previously and identify any themes, trends or learning around ending their Child Protection registration.</p>

# Safeguarding – CSE, Missing Children and Professional Abuse

Measure / Metric	Result	Target	What's Good?	Status
The number of children allocated in the CSE Co-ordination Team at the end of the month:	<b>18</b> (22)	No Target Set	Lower is Better?	
The number of episodes of <b>children going missing or absent without authority</b> from home during the month:	<b>52</b> (51)	No Target Set	Lower is Better	
The <b>number of children</b> that these episodes related to:	<b>30</b> (26)	No Target Set	Lower is Better	
The number of Strategy Discussions held by the CSE Co-ordination Team during the month:	<b>43</b> (27)	No Target Set		
The number of <b>Professional Abuse Meetings</b> held during the month:	<b>9</b> (15)	No Target Set	Low is Good	

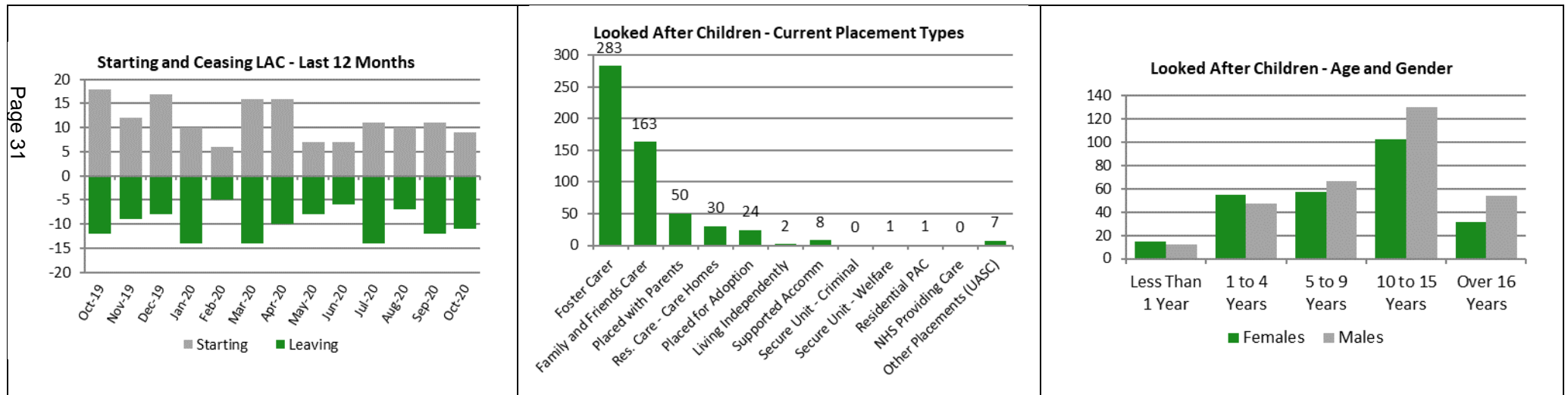


What is working well?	What are we worried about?	What do we need to do?
Drop in number of children allocated to CSE team - What has worked well that has resulted in less children being open under the CSE protocol?.	Higher number of Initial Strategy Discussions held by CSE team this month however a reduction in cases allocated to CSE team.	Further data around this (E.G are they Swansea children or from other areas) may help analyse this data further and identify if the Initial Strategy Discussions were appropriate given the low level of allocations.



# Permanence – Looked After Children

Measure / Metric	Result	Target	What's Good?	Status
The number of children becoming looked after during the month:	<b>9</b> (11)	<10	Low is Good	
The number of children ceasing to be looked after during the month:	<b>11</b> (12)	>10	Higher is Better	
The percentage of children becoming looked after during the month who had a completed Care and Support plan within 10 working days of becoming LAC:	<b>9, 100%</b> (11, 100%)	100%	High is Good	
The percentage of LAC Statutory Visits in the month that were completed or not overdue:	<b>505, 92.83%</b> (502, 91.77%)	90%	High is Good	
The percentage of Looked After Children allocated to a qualified Social Worker:	<b>568, 99.82%</b> (571, 100%)	100%	High is Good	

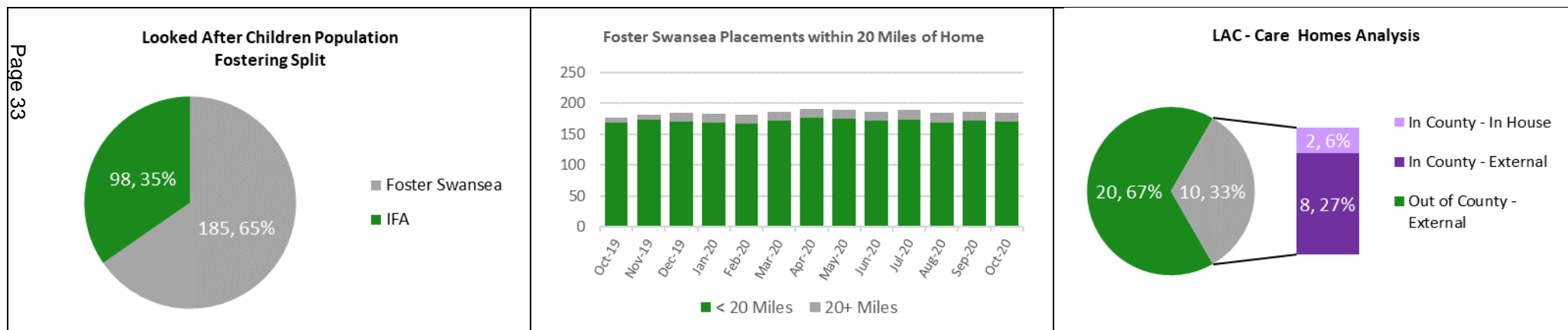


What is working well?	What are we worried about?	What do we need to do?
<p>The number of children becoming looked after has reduced slightly, and all children who have become LAC have received a Care Plan within 10 working days.</p> <p>Despite the ongoing constraints of Covid the teams are developing creative ways to ensure children who are</p>		

<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What do we need to do?</b>
looked after continue to be seen and involved in their care planning.		

# Permanence – Reviews and Placement Stability

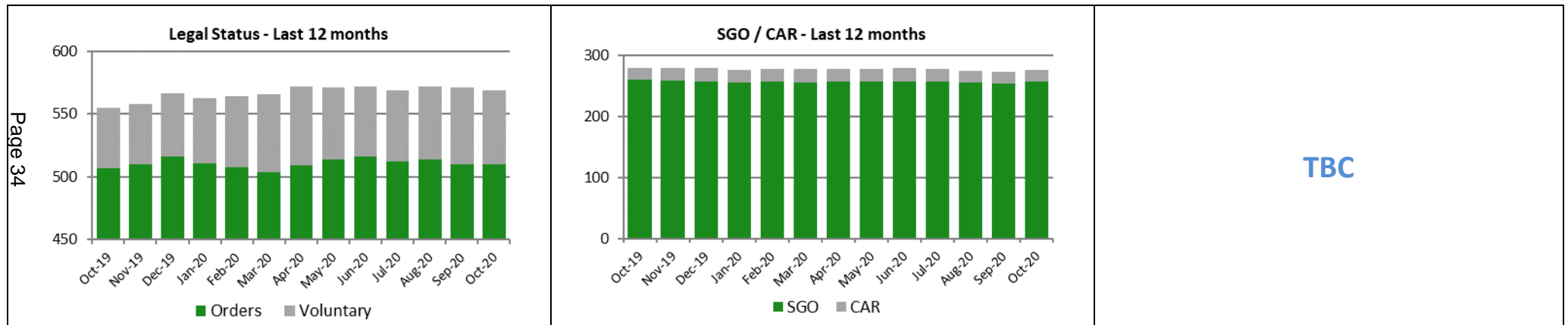
Measure / Metric	Result	Target	What's Good?	Status
The number of LAC Reviews Carried out during the month:	<b>129</b> (162)	No Target Set	High is Good	
The number of LAC reviews that were completed within statutory timescales:	<b>128, 99.22%</b> (162, 100%)	100%	High is Good	
The percentage of 4 month LAC reviews which had a plan for permanence:	<b>9, 90.00%</b> (7, 100%)	100%	High is Good	
The percentage of PEP's received within 20 school days of becoming looked after:	<b>5, 100%</b> (4, 57.14%)	100%	High is Good	
The percentage of looked after children who have had three or more placements in the previous 12 months of being looked after:	<b>43, 7.56%</b> (49, 8.58%)	Less Than 12%	Lower is Better	
The number of children/Young People residing in Bed and Breakfast at any time during the month:	<b>0</b> (0)	Zero	Low is Good	



What is working well?	What are we worried about?	What do we need to do?
Positively high number of children received their LAC review last month with a plan for permanence in place by the 4 month review. In addition to this the amount of children experiencing 3 or more placements moves has reduced. This may indicate that children and carers are being matched effectively to what matters for the child – preventing the need to be moved.		

# Permanence – Leaving Care

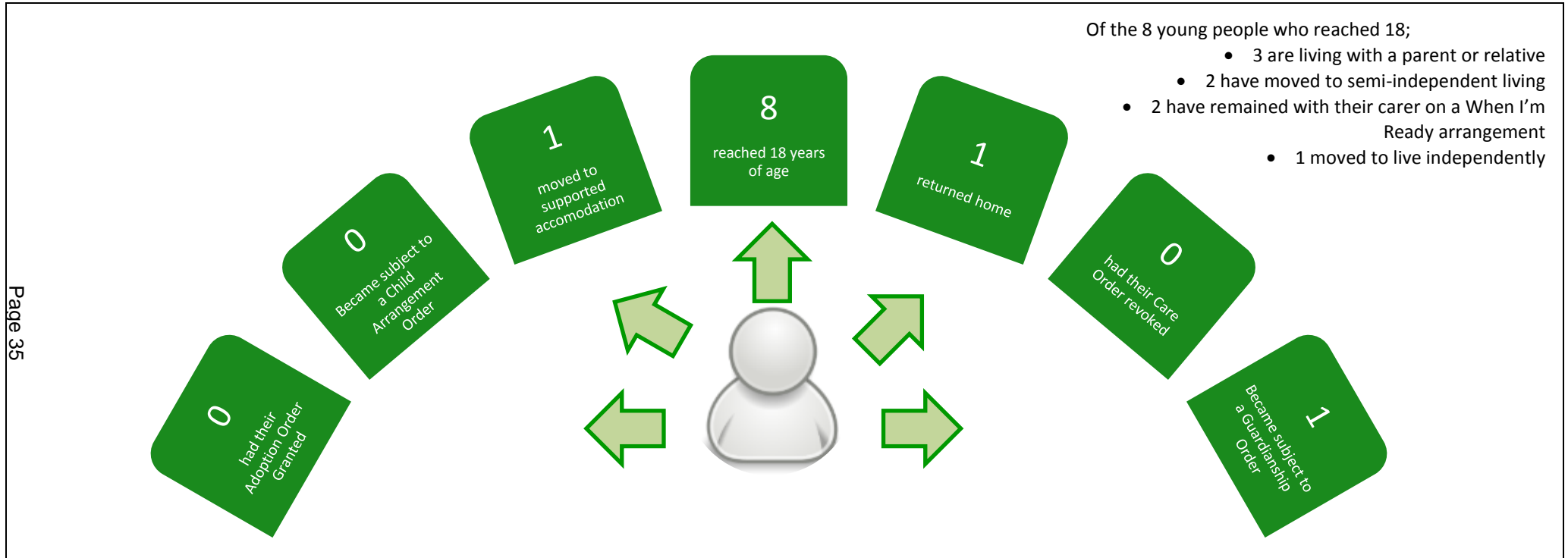
Measure / Metric	Result	Target	What's Good?	Status
The number of cases managed under Special Guardianship Orders and Child Arrangement Orders at the end of the month:	<b>277</b> (274)	No Target Set	Range of 250-300	
The number/percentage of young people becoming category 2-4 during the month who have an up to date Pathway Plan:	<b>11, 100%</b> (5, 100%)	100%	High is Good	
The number/percentage of young people becoming category 2-4 during the month who have an allocated personal adviser:	<b>11, 100%</b> (5, 100%)	100%	High is Good	
The number of young people in category 2-4 at the end of the month who were in Education, Employment or Training 12 months after ceasing to be LAC:	<b>0, 0.00%</b> (0, 0.00%)	No Target Set	High is Good	
The number of young people presenting as homeless during the month:	<b>7</b> (7)	No Target Set	Low is Good	



What is working well?	What are we worried about?	What do we need to do?
There continues to be excellent performance for children category 2-4 who have up to date pathway plans and a personal advisor to assist them to achieve their personal goals.	Young people continuing to present as homeless.	

# Permanence – Destination upon Leaving Care

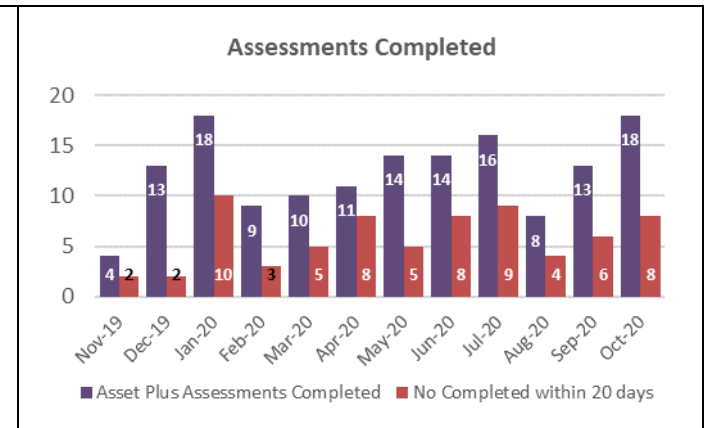
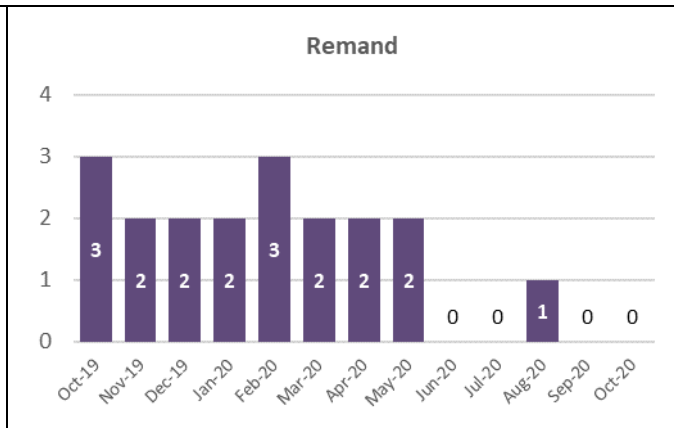
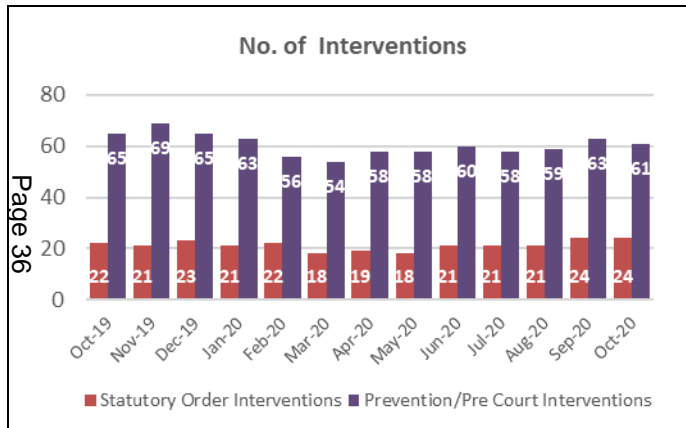
Measure / Metric	Result	Target	What's Good?	Status
The percentage of children supported to live at home at the end of the month:	<b>840, 59.62%</b> (865, 60.24%)	75%	High is Good	
The percentage of children returning home from care during the month:	<b>2, 18.18%</b> (4, 33.33%)	55%	High is Good	

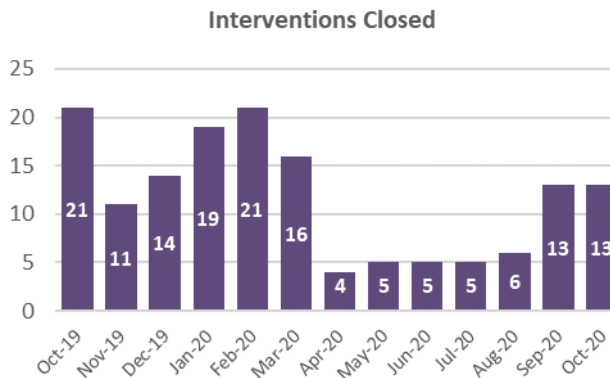


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What is working well?	What are we worried about?	What do we need to do?

Measure / Metric	Result	Target	What's Good?	Status
Total number of Young People open on an Intervention:	<b>85</b> (87)		Lower is Better	
Number of Young People on Remand:	<b>0</b> (0)		Low is Good	
Number of Asset Plus Assessments completed in the month:	<b>27</b> (18)			
Number of Asset Plus Assessments completed within 20 days:	<b>17</b> (8)		Higher is Better	
Number of Supervisions that took place in the month:	<b>27</b> (27)			
Number of Interventions closed in the month:	<b>13</b> (13)			





### What is working well?

- It is positive to see that we continue to have low remand figures. One young person was remanded overnight in October however the statistics don't show this due to the data being collated on the last day of the month. The number of assessments completed in October is significantly higher than other months, this related to an update of our system which required all open assessments to be completed fully by the end of the month.
- Supervision levels and intervention numbers remain consistent.

### What are we worried about?

- There continues to be a delay in getting assessments completed within timeframes. What our data is currently not showing us is where the delay is coming from, whether this is a delay in assessments being submitted for QA or whether the delay is taking place during the QA process.
- What we know from the QA process is that, now we are focusing more on the quality of assessments and reports, the process is taking longer as work is being returned to case managers for amendments. It is likely that this may be a reason for some of the delay.
- On further analysis of the data, we identified that a number of the assessments completed out of timeframe were review assessments perhaps indicating that staff have prioritised assessments required for Court reports.

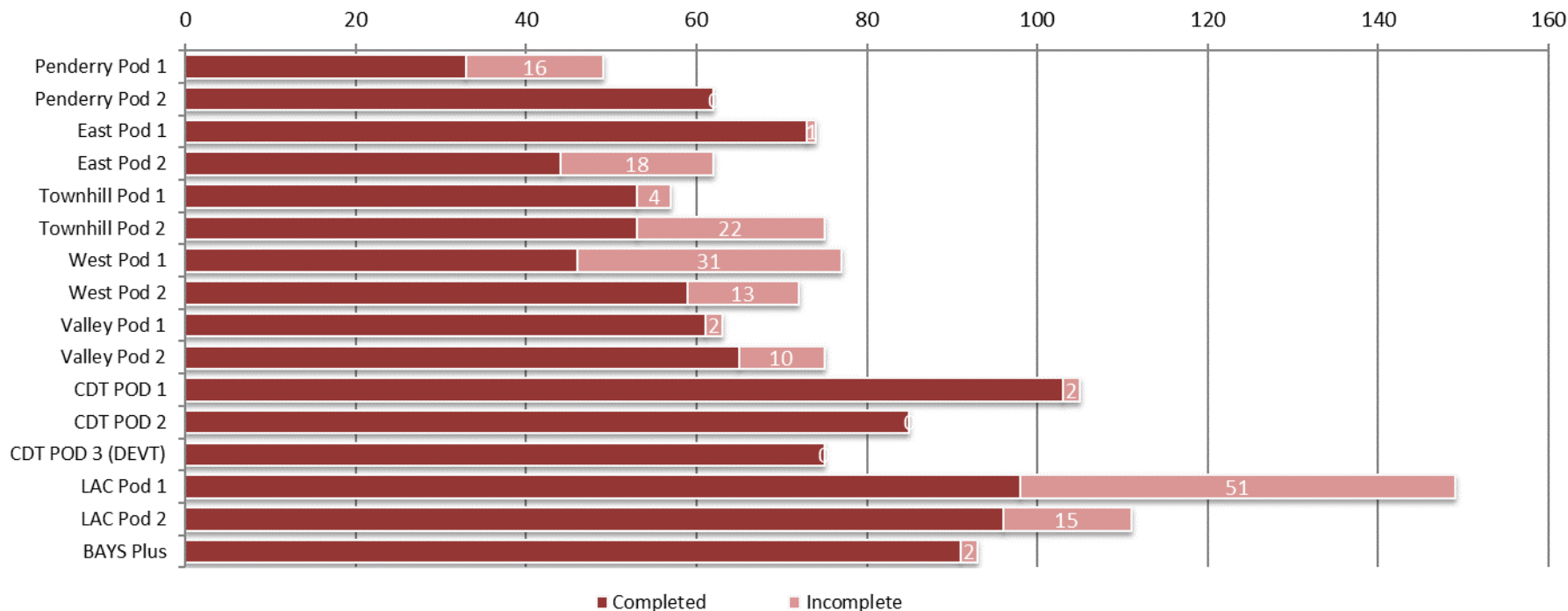
### What do we need to do?

- Performance reporting will be regularly discussed in team meetings to ensure that all staff understand the importance of completing assessments within timeframes.
- Use of spreadsheet to highlight where delays are identified and address any issues.
- Staff training – throughout November, 3 workshops will be held covering assessments, report writing and intervention planning.
- Further exploration of the types of assessments outside of timeframe in the past 6 months to identify whether there is a pattern of review assessments not being prioritised.
- A weekly review meeting has been set up and will be chaired by PO and Practice Manager to monitor and support Asset plus assessment completion.

# Quality – Case and Personal Supervision

Measure / Metric	Result	Target	What's Good?	Status
The percentage of children in need of Care and Support whose cases were reviewed during the month:	<b>1097, 85.44%</b> <i>(1131, 84.53%)</i>	90%		

Case Supervision SCP



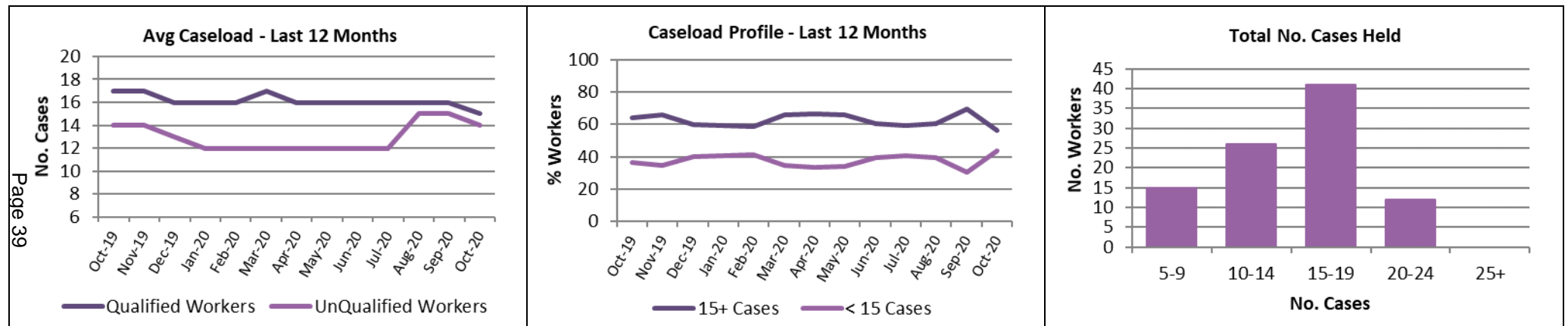
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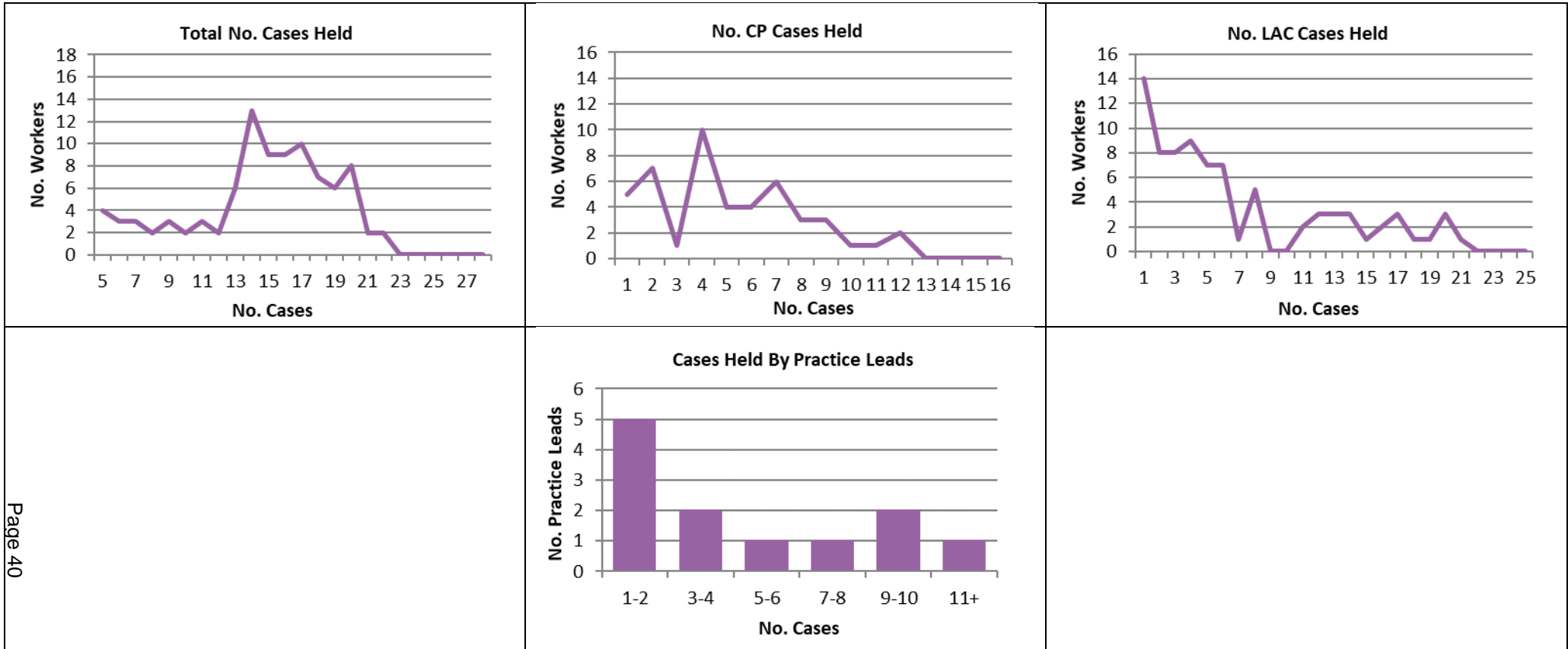
What is working well?	What are we worried about?	What do we need to do?
A number of Hubs have been able to undertake all supervision of staff with all completed.	Some areas continue to struggle. What is not clear is any factors that may be impacting on this such as staffing levels or sickness. Some practice leads continue to hold cases that may be impacted on their ability to undertake supervision.	Develop contingency plan in the event that the Practice Lead is unable to complete supervision. Supervision contract agreement should identify a plan for this.



# Case Management

Measure / Metric	Result	Target	What's Good?	Status
Number of Cases of Children needing Care and Support Managed by the Service at the end of the month:	<b>1409</b> (1436)	<1600	Low is Good	
Average caseload of Qualified Workers:	<b>15</b> (16)	<15	Lower is Better	
Average caseload of Unqualified Workers:	<b>14</b> (15)	<15	Lower is Better	
The percentage workers (qualified and unqualified) holding 15+ cases:	<b>56.38%</b> (69.66%)	No Target	Lower is Better	





What is working well?	What are we worried about?	What do we need to do?
<p>Caseloads remain stable for workers across SCP. This however does not identify complexity and time required for each case.</p>		

# Notes

October's report has emphasised the hard work undertaken by staff to continue working around covid restraints during a lockdown period and ensure that children and families are seen and continue to receive support. There has been an increase in performance around around Signs of Safety work indicating that direct work has continued to take place with children and families despite the ongoing barriers.

Over the last 12 months there has been a change in Practice Leads within a number of Hubs. Prior to this change the Practice Leads had attended a number of training sessions including a session on working with staff on maintaining performance to allow them the opportunity to help staff develop and progress. Unfortunately the more recent Practice Leads have missed the opportunity to receive this training to allow them to professionally be the best they can be in their current role. The Performance Hub will support the Practice Leads to access some of this training moving forward with the hope that this will impact positively on the performance of assessments within Supported Care Planning.



Adult Services  
Summary Management  
Information Headline Report  
Data for October 2020

## **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, Head of Adult Services Summary**

We continue to experience the impact of Covid-19 on our staffing levels from, covid symptomatic, positive and isolating staff and general sickness in residential, day support and social work teams. We are focused on increasing our staffing capacity through recruitment to vacancies across all the service areas. We are allocating staff (RST, Day Support or Agency) to one service where possible and safe staffing levels within services must remain the priority.

The requirement for Emergency Respite and Emergency Day Support has increased and the majority of our services are re-open with infection control and social distancing measures.

The Safeguarding Team are nearly at full staffing capacity and are managing the adult at risk reports that are received. There is an increase in the number of financial concerns being raised within AAR Reports. This is likely to be due to financial pressures on the community due to Covid.

DOLS applications continue to be prioritised to dealing with Urgent, Critical and the amount of applications on the duty desk is slowly reducing.

Carers declining an assessment is still high, although we have seen an increase in requests for assessments and those completed in October and this is an area of focus.

We are seeing a continued increase in the amount of Adult Mental Health assessments requested and an increase in court of protection work.

The 'Possibilities for People' follow up work has continued with LA, Health, Third Sector and residents to bring forward ideas about how to shape and enhance the health and wellbeing of the region. Proposals and recommendations are being identified around key themes of Communication, Community Assets, Resilience, Foundational Economy, Mental Health, Technology and Well-being.

### **Helen StJohn, Head of Integrated Services Summary**

Throughout October we have continued to experience a greater impact from Covid-19 on our staffing levels in Internal Homecare. Despite this the service demonstrates a significant improvement to the numbers of individuals who are exiting the service with no ongoing care and support needs (29% in September 42% in October).

We have also demonstrated a similar improvement in outcomes for those individuals receiving reablement in our bedded facility at Bonymaen House – both an increase in the numbers leaving the facility and an increase in the numbers who have no ongoing care needs (20% in September 50% in October).

It is hugely rewarding to see such improved outcomes for individuals despite the challenging landscape in which reablement teams are working.

The Common Access Point figures for October show static numbers of calls received however the anecdotal increased complexity of those presenting is borne out in the lower number of cases able to be closed at CAP and doubling of cases requiring onward referral to the community Social Work teams.

The Covid stats for CAP for the month of November demonstrate a week on week increase in the number of contacts being made.

This month has seen the development of a Regional System Wide Escalation Framework designed to provide early warning of the overall pressures and demand in Community Services. Work has taken place at pace to deliver a tool which provides an overall health check on Health and Social Care services across the Region in addition to describing the service level actions that sit behind each level of escalation to mitigate the risks, control the position and ultimately support de-escalation. It is an exciting and progressive development which describes Community pressures in a common language which is recognised and understood by our Health Board colleagues and facilitates a clarity of the whole system picture.



# Common Access Point

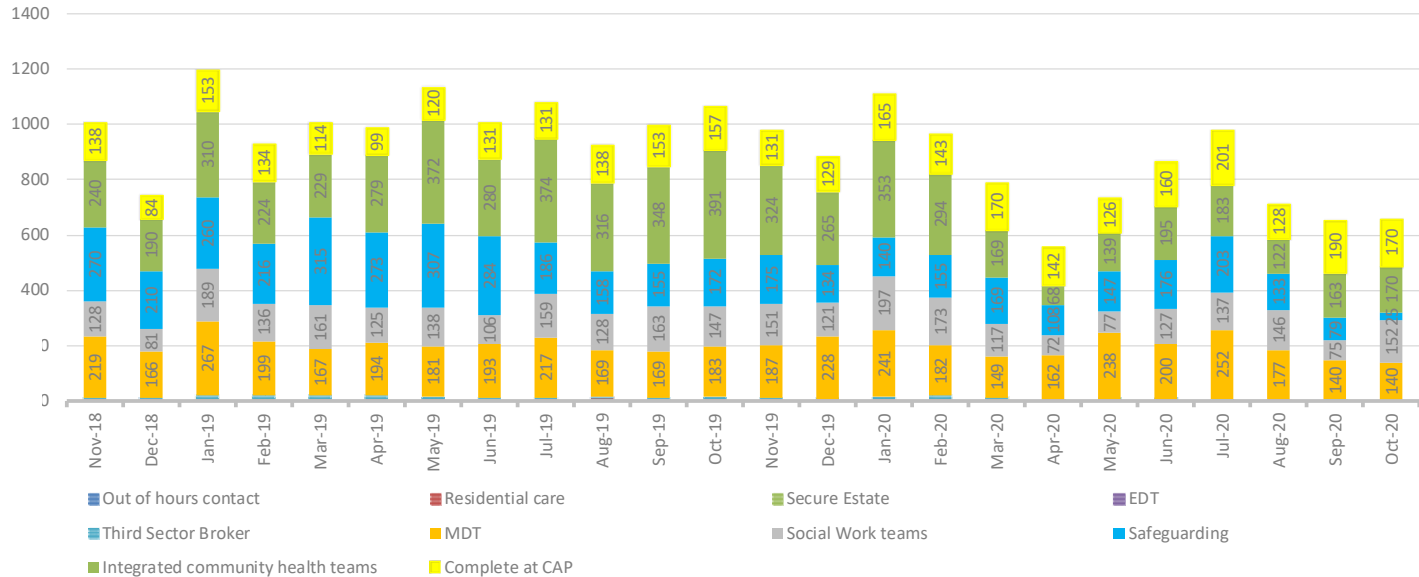
Enquiries created at the Common Access Point

**660** enquiries in Oct 20

- 170 Closed at CAP
- 140 MDT
- 25 Safeguarding/Dols/PPN
- 152 to SW Teams

**652** enquiries in Sept 20

- 190 Closed at CAP
- 140 MDT
- 79 Safeguarding/Dols/PPN
- 75 SW Teams



1064 Enquiries were created by CAP in Oct 2019  
 SW Teams 2019 average was 144 per month

### What is working well?

Although there is sickness and staff vacancies the team have continued to undertake their function to the best of their ability. There is an increase in the public contacting the team through the email in box which will account for the dip in phone calls.

The referrals for Safeguarding and the PPN's now get transferred to the safeguarding team to process. This has enabled the CAP team to concentrate on the advice and information

### What are we worried about?

Staff sickness and the increase of contacts made to the CAP email inbox. Deficits in the MDT. Further lockdown measures during the next few months and the impact of this on carers and crisis work coming through CAP. Complexity of cases in crisis.

### What we are going to do?

Recruiting to the MDT and A&I's. Continually monitoring the current stats during the implementation of the restructure.

The increased complexity of referrals received into the Common Access Point will be supported by an increased static resource in CAP and additional Care Management support to the same team as part of the restructure.

Maintaining this balance will be supported by the



<p>which shows an increase in the number of enquires closed at CAP.</p> <p>We have now put in place two staff to manage the inbox on a monthly rota which has now benefited the team, we are now managing the demand effectively. Without the need to work additional weekends at the moment.</p>		<p>restructured social work resource focused upon the key functions of initial assessment &amp; long term reviews.</p>
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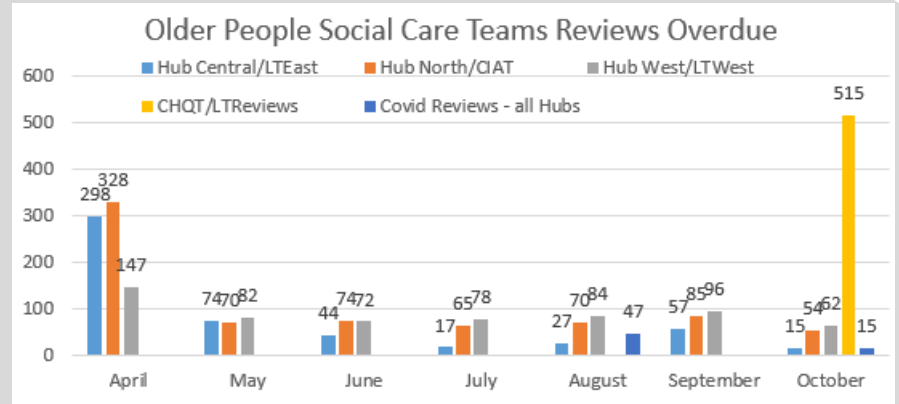


# Reviews of Allocated Clients

**69%**

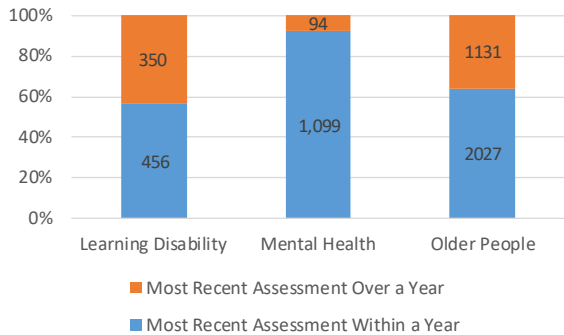
of all reviews across Adult Services were completed within a year (1 Nov 2020). 3578 of 5152 reviews

The October data is a combination of both Hub and the restructured teams. Data going forward should be more settled.



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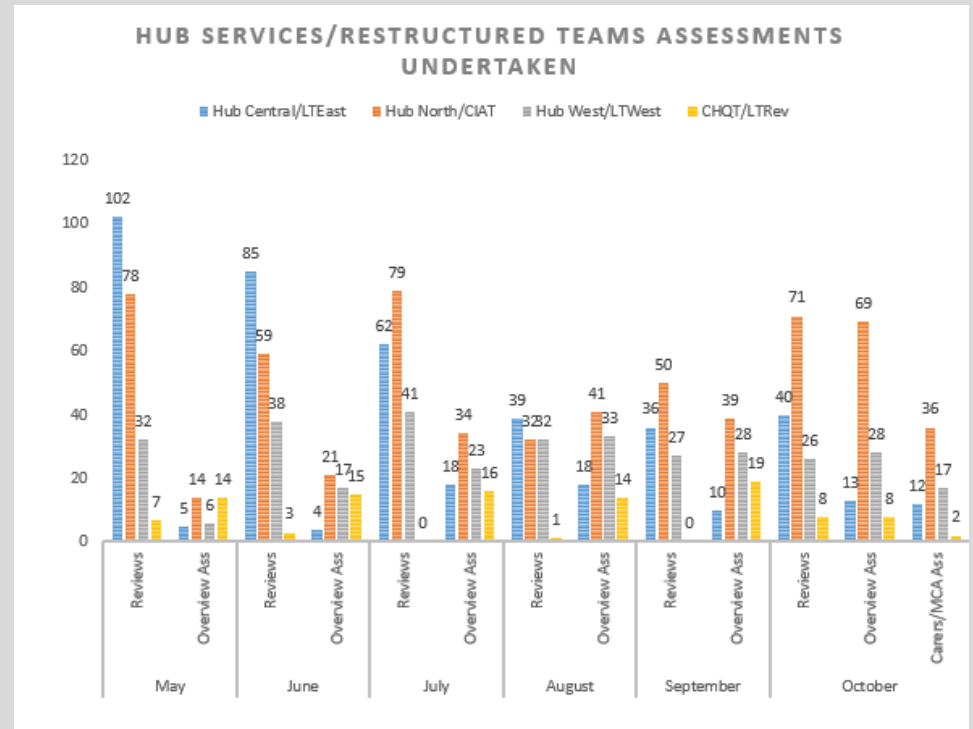
Adult Assessments undertaken within the year



**92%** of MH clients were reviewed/reassessed within a year

**57%** of LD clients were reviewed/reassessed within a year

**64%** of Older People clients were reviewed/reassessed within a year



What is working well?	What are we worried about?	What we are going to do?
<p>The teams have focussed on completing reviews in recent months and this has significantly reduced the numbers of outstanding reviews.</p> <p>The new Social Work structure has given us the opportunity to implement changes to statutory responsibilities around annual reviews.</p>	<p>The number of overview assessments undertaken is lower and there is a need to maintain balance between the two required tasks in the long term.</p> <p>Following the easing of Covid restrictions, the public perception of what our services can provide is difficult to manage. The requirement to provide services at the level previously is expected. However given PHW and WG Guidance we continue to be restricted in this offer and so we will not be able to meet full demand or the expectations of all carers and service users.</p> <p>Suggested timeframes are new to team and practitioners and may take time to imbed to achieve increased outputs. Restructuring the teams has provided opportunity to merge known statutory review lists to be managed centrally. However, it is recognised that the volume of statutory reviews outweigh the staging capacity assigned to this area of work.</p> <p>COVID19 surge/super surge responses impact on the team's ability to complete statutory reviews as practitioners are required to manage other urgent demands.</p>	<p>We will continue to prioritise risk and service delivery via a RAG rating system.</p> <p>We continue to liaise with users and carers to update them on the offer of services.</p> <p>We continue to seek clarity from PHW and WG regarding interpretation of guidance.</p> <p>Timescale expectations have been set with the Long Term Community Team to address the statutory review function which will support focus on function and productivity.</p> <p>In the LD team, staff were concentrating on welfare checks for those clients on the RAG and prioritising those at risk or in transition. This approach has been reviewed and staff will now include reviewing as part of the welfare check.</p>

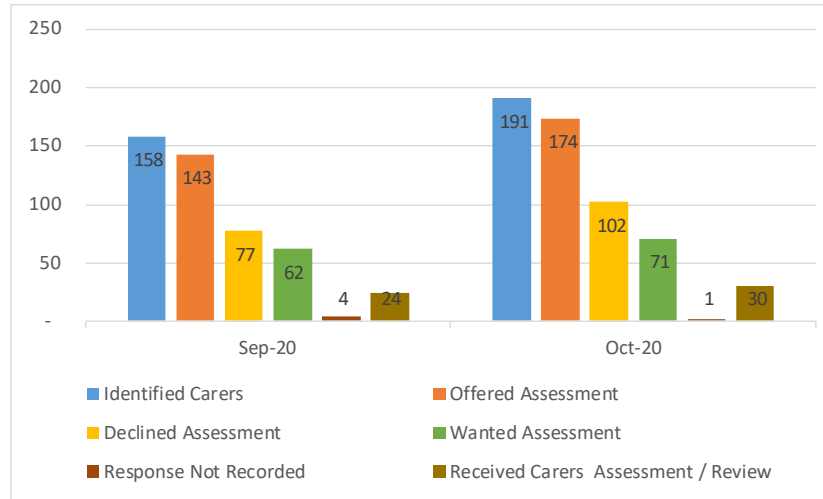


# Carers and Carers Assessments

**191**

**carers identified (Oct 20)**  
**174 offered assessment (91%)**  
**30 assessments undertaken**

**Oct 2019:** 199 carers identified, 180 offered assessment  
 81 declined, 91 wanted (51%), 8 not recorded  
 57 assessments undertaken



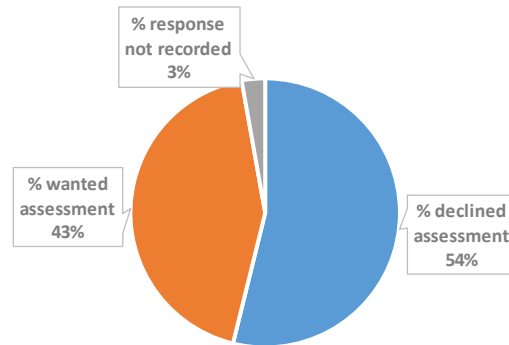
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**158**

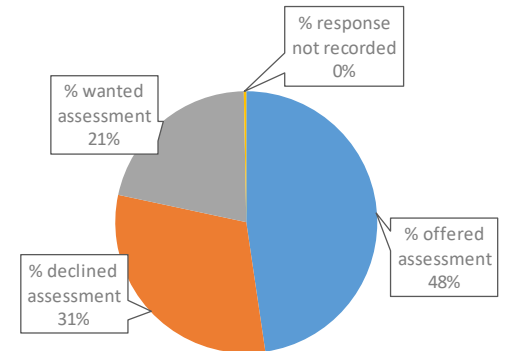
**carers identified (Sept 20)**  
**143 offered assessment (90%)**  
**24 assessments undertaken**

Assessments wanted either now or later:  
 41% (Oct), 43% (Sept), up from 38% (Aug),  
 36% (July), 35% (June)

## 158 ASSESSMENTS OFFERED IN SEPTEMBER 2020



## 174 ASSESSMENTS OFFERED IN OCT 2020



### What is working well?

The data informs us that there are some responses not recorded, which challenges our values and commitment to offer every carer an assessment – this will help us reiterate our message with frontline staff. There has been an increase in the number of assessments in October.

### What are we worried about?

We need to understand further the relatively low number of carers requesting carers assessment (in the context of the likely demands on this group during the pandemic).

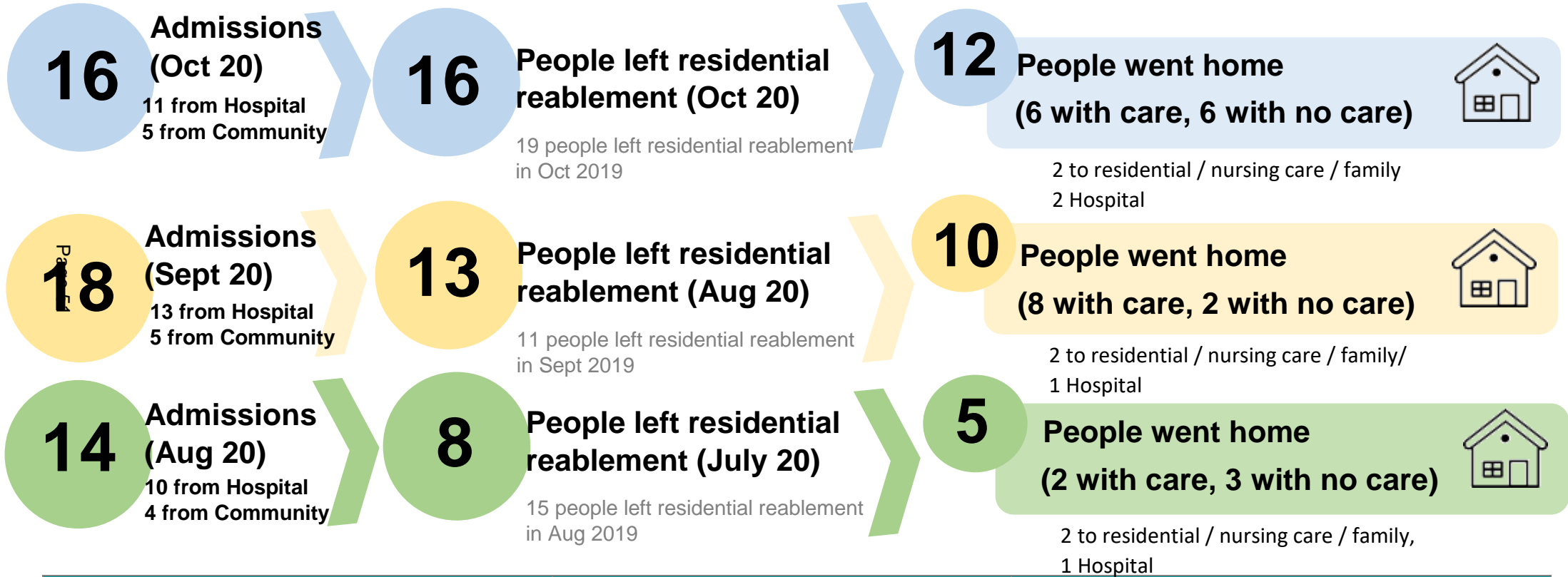
### What we are going to do?

Those carers declining an assessment is still high; this topic is being assessed within the Regional Carers Partnership Board, where a working group has up to included carers around reasons for declined assessments. We also need to complete more assessments for those that request them.



# Residential Reablement

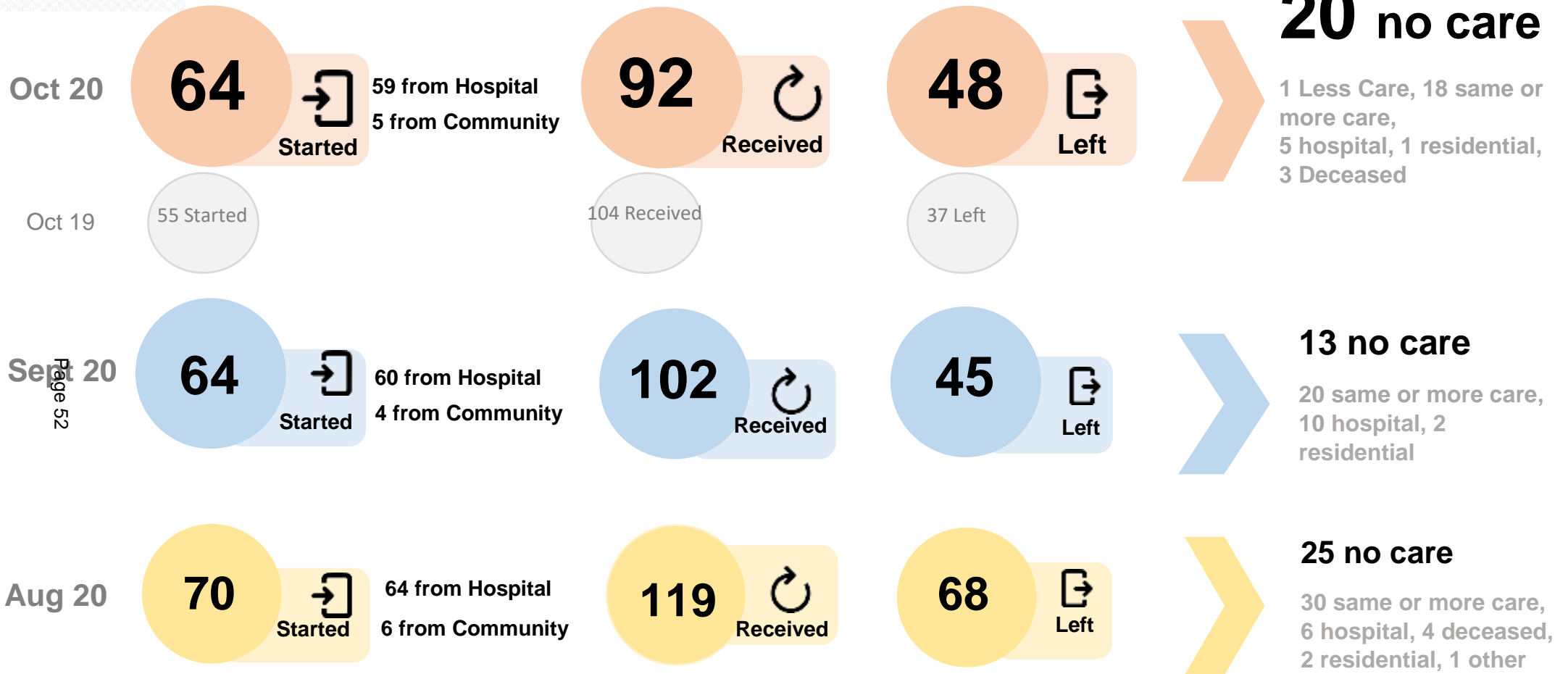
During August, September and October, Residential Reablement services had an overall percentage of 73% of people returning to their own homes, independently and with care packages.



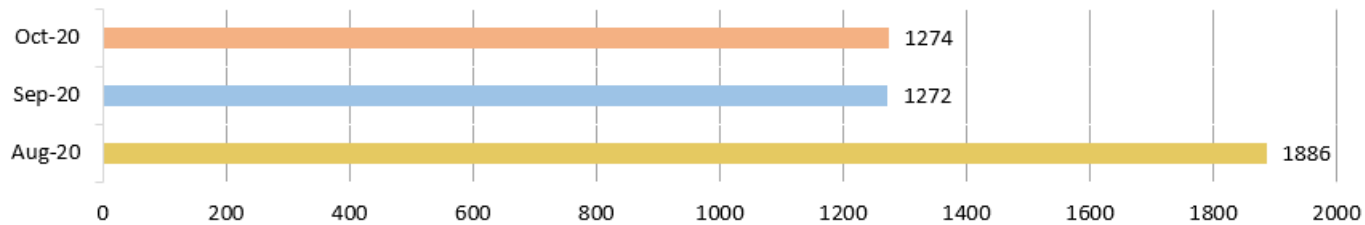
What is working well?	What are we worried about?	What we are going to do?
Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage. PO meets weekly with BMH management to monitor the flow through BMH. We continued with the reablement of those in the home and got them home.	The reduction in the numbers of individuals returning home with no care needs.  Home has been shut down to new residents for 28 days (until 1/12/20) as result of having covid in the home.	Deep clean of the home to enable us to reopen. Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage PO meets weekly with BMH management to monitor the flow through BMH.



# Community Reablement



Hours of Reablement Provided a Month

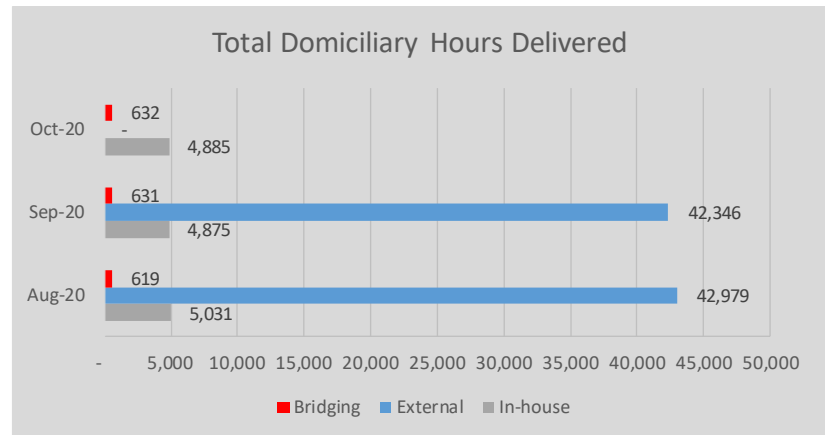
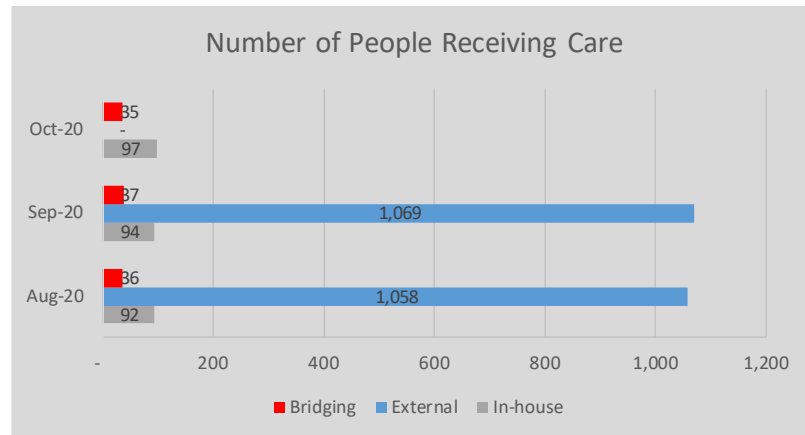
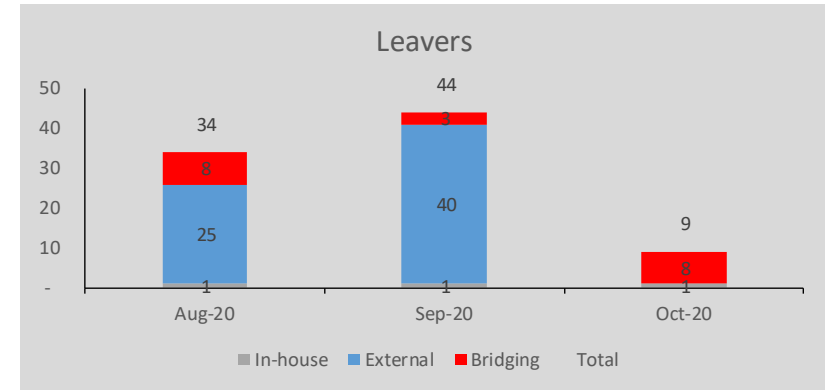
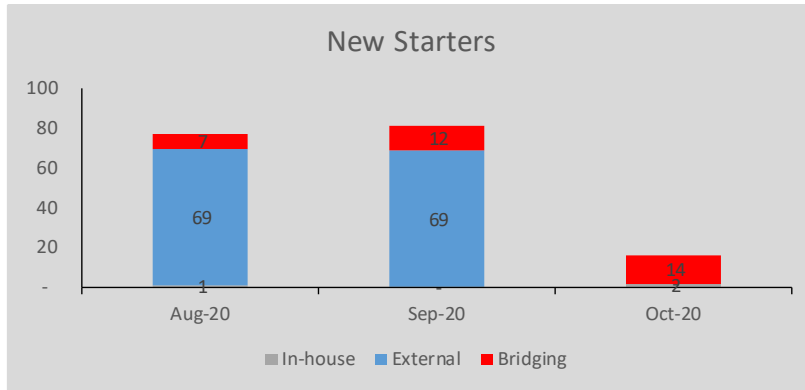


What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of Rapid Hospital Discharge (RHD) – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which operational / start up issues are discussed and resolved by all partner agencies to maintain flow.</p> <p>Multi agency working between Community services and Secondary care has taken working relationships to a level of collaborative effort which has not been experienced before.</p> <p>The pilot rolling rota for the Homecare Managers and Senior Community Care Assistants is enabling us to discharge home to assess over extended operating hours from 8am to 8pm 7 days per week, subject to carer capacity.</p> <p>The reintroduction of the community discharge liaison nurses into the triage stage of the Regional Rapid Discharge Model is having a clear benefit in identifying the most appropriate route home from hospital for individuals with clear long term care and support needs and no right sizing or rehabilitation potential to help keep flow moving through reablement.</p>	<p>The proportion of individuals that are being discharged from Reablement who require no ongoing care and support has also reduced to 42% in October. Any delays in securing long term maintenance packages of care and support from the external sector means that the service ends up 'bridging' these and this in turn precludes us from taking on new admissions.</p> <p>In addition to carrying 23 vacancies, staffing levels continue to be impacted by track, trace and protect, covid symptomatic, positive and shielding staff and general sickness. This equates to the service having to find cover for, on average 1000 staff hours per week due to Covid related absence and sickness absence.</p>	<p>We are recruiting to the 28 hour vacancies on a permanent basis and will continue to recruit to the relief posts to increase the resilience within the service.</p> <p>We continue to look at the shift pattern worked by the community care assistants in the Reablement Service as the 'ask' has changed and we need more staff working a PM shift than was previously required.</p> <p>We continue to work with our MDT colleagues to identify the most appropriate pathway/route home from hospital to minimise delays.</p> <p>We continue to review our existing client base to ensure that the packages of care and support are fit for purpose, continue to meet each individuals' wellbeing outcomes and, where a review identifies that an individuals' needs would be better met elsewhere (eg Continuing Healthcare), are ensuring that transfers are affected as efficiently as possible.</p> <p>This includes working 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. We do not have July Data for external providers as yet. 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.





## External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<p>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.</p> <p>The appointment of two new Providers to the domiciliary care framework creating additional services.</p>	<p>A second wave of Covid is creating additional demand on services and resources.</p>	<p>Continue with review of care levels to ensure citizens are receiving the correct level of care. This will free capacity (up to 20% per Provider) to enable services to flex in response to increases in demand. Keep RAG risk status under review.</p> <p>Continue to support and enable use of alternatives to dom care.</p>

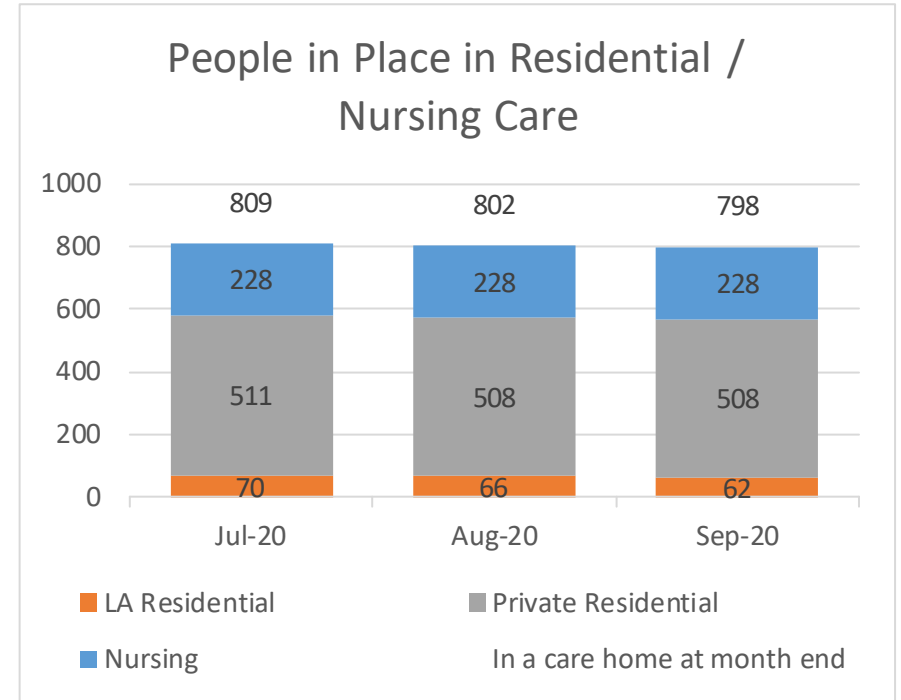
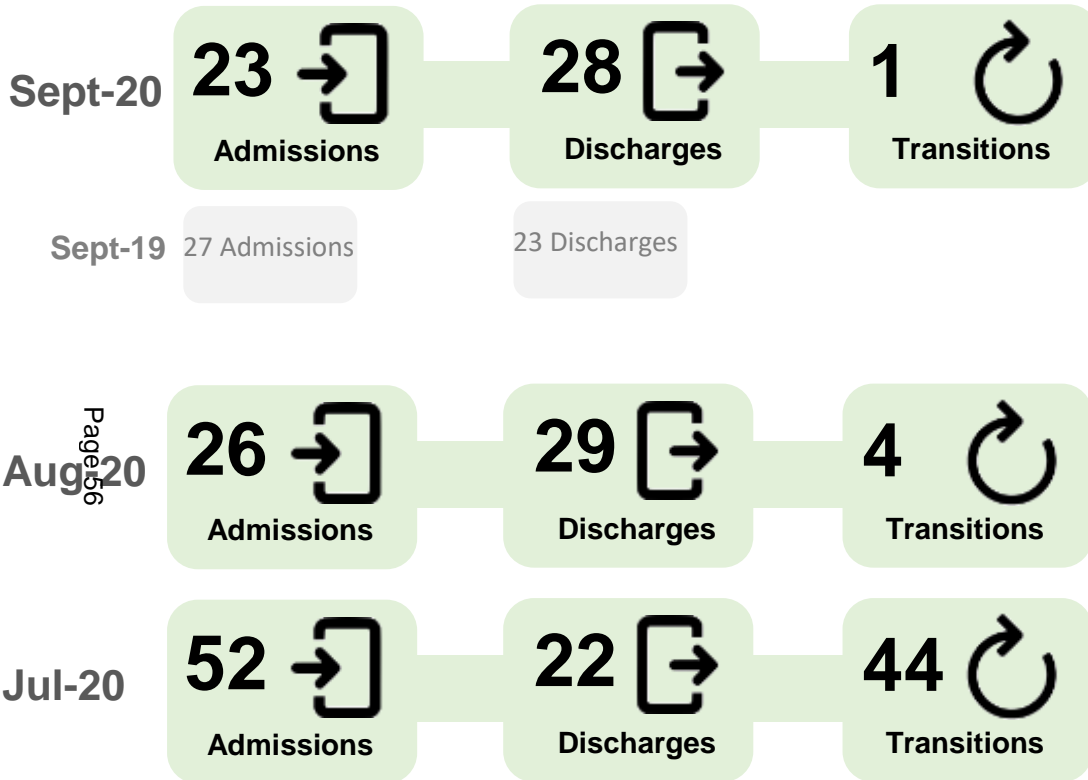
## Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<p>The Long Term service is actively supporting the flow of individuals from the reablement service and thereby ensuring that capacity to support RHD is maintained as far as possible.</p> <p>The service continues to support the Reablement service in 'bridging' packages of care and has been able to re-start calls that were previously suspended at the outset of the pandemic.</p>	<p>The Long term service holding these bridging packages of care for a protracted period of time as external provider becomes saturated.</p> <p>Also that the LTC capacity becomes blocked and individuals that we are currently sustaining safely at home may end up in placement.</p> <p>As with reablement, staff capacity is an issue given the level of vacancies and delays in backfilling incurred to ongoing issues with securing practical manual handling training and support.</p>	<p>As for Community Reablement.</p>



# Residential 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



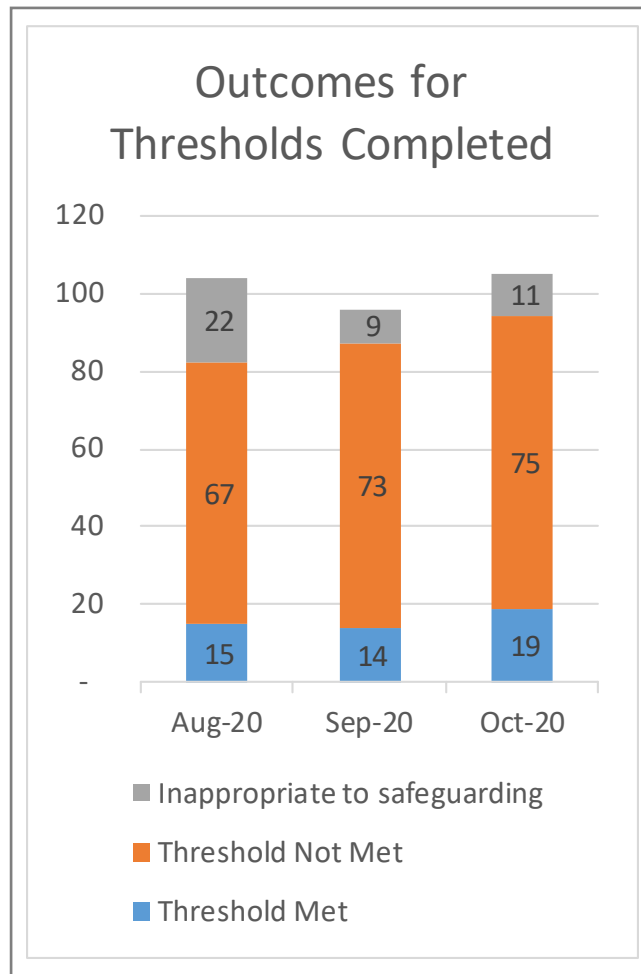
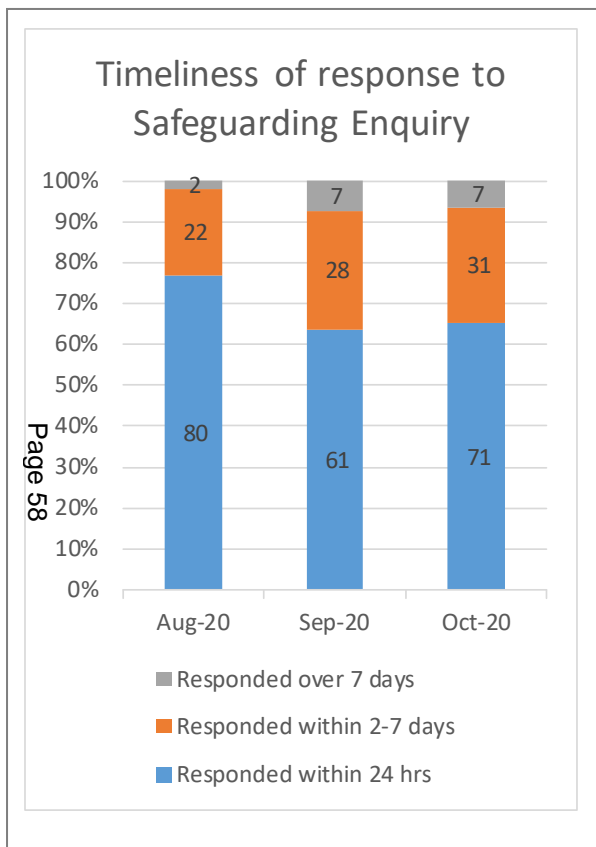
Sept-19 911 People in place

What is working well?	What are we worried about?	What we are going to do?
<p>Active engagement with social workers to move individuals back home or on to appropriate long term placements.</p> <p>Quicker response and action of referrals to residential homes.</p>	<p>Staffing capacity as covid cases increase in terms of illness, isolation, TTP and potential increased demand for beds. Delay in testing results for residential care staff with symptoms, who will have to self-isolate until results are known, which has impact on available workforce.</p>	<p>Review staffing capacity and availability. Explore temp contracts with RST linked to each residential service to build up resilience. Seek permission to fill vacancies on a permanent basis.</p> <p>Identify levels of staffing capacity as part of surge plan.</p>

	<p>Expectation that staff can only work in one service, reducing the staffing capacity and flexibility.</p> <p>Positive tests of staff or residents that mean care homes can not admit individuals for 28 days.</p> <p>Requests from hospitals to take patients, who are tested covid negative but on wards with covid, and resultant risk/anxiety within the care home.</p>	<p>Commenced planning to allocate staff (RST, Day Support or Agency) to one service where possible. However, safe staffing levels within services must remain the priority.</p> <p>Continue to ensure PPE is in place, infection control measure, negative tests and evidence before admission, isolation and staff keeping 2 metre distance, wearing masks as per guidance and reminder for staff to adhere to guidance out of work. Staff to alert Managers asap of any illness and symptoms.</p> <p>Agree a shared approach with Heads of Service to mitigate risk and anxiety.</p>
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# Safeguarding Response



### Reports /Actions

**108 Reports received in Oct 20**  
 109 Thresholds completed  
 3 did not proceed to threshold

96 Reports Oct 2019, 88 thresholds completed –  
 29 met threshold, 48 did not meet threshold

**100 Reports received in Sept 20**  
 96 Thresholds completed (96%)  
 4 did not proceed to threshold (4%)

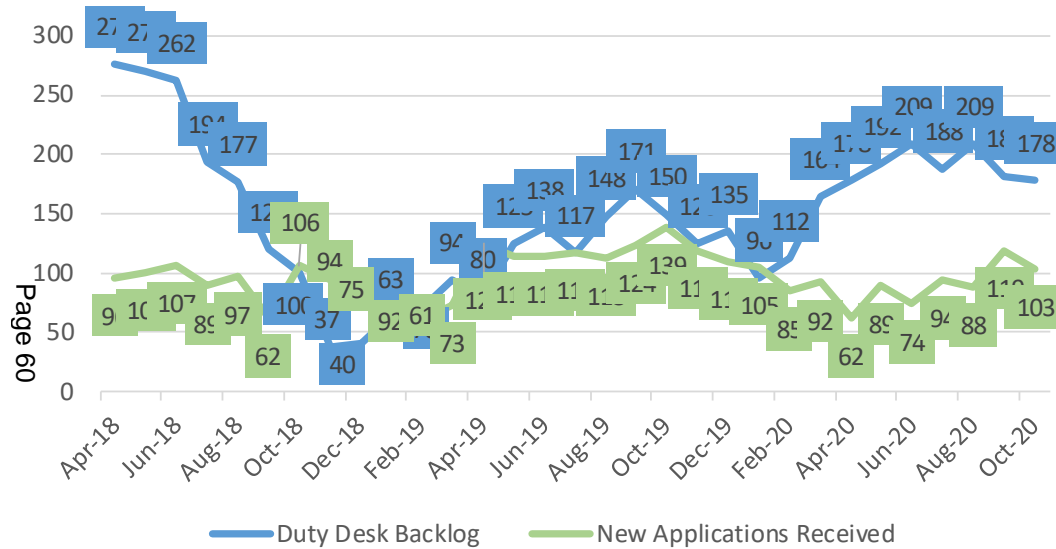
**106 Reports received in Aug 20**  
 104 Thresholds completed (98%)  
 2 did not proceed to threshold (2%)

What is working well?	What are we worried about?	What we are going to do?
<p>The Safeguarding Team are now able to manage the Adult at Risk (AAR) Reports that are received for Community Cases, Care Homes and those with Learning Difficulties, due to an increase in staffing. We are also now responsible for screening the PPN reports, which enables us to have a more joined up approach to the recording of information sooner.</p> <p>The Team are continuing working towards building more effective working relationships that offer advice and guidance before reports are being made; offering consultation to partner agencies. A meeting between PPU and the Safeguarding Team in recognition of National Safeguarding Week was set up to further build on those positive working relationships. Timescales are being more readily met, despite the increase in Reports being received in recent weeks. There has been an increase of 12.5% in October in the number of AAR Reports being received.</p> <p>A consistent approach is being adopted to the thresholding of AAR Reports due to the AAR Reports being managed by the Safeguarding Team. As a result of this there is a clear comparison to be made with last years figures. 30% of AAR Reports were threshold in last year in the month of October, and this year 17.6% of cases were threshold in. This change by no means puts any person at risk, but is ensuring that case management is more involved in managing situations and also, more thorough work at the thresholding stage being carried out to determine risk.</p>	<p>Community Teams are unable to backfill posts quickly when practitioners have been sourced to move across to the Safeguarding Team. Further recruitment adds to a delay in the Safeguarding Team being fully resourced.</p> <p>There is not currently the capacity to manage processing Safeguarding Reports after the Safeguarding Team agreed to temporarily put the enquiries onto the system for CAP due to their pressures. This task has not been taken back by CAP. Recruitment is now underway for additional business support, but this has put an additional pressure on the team in the interim.</p> <p>There has been an increase in the amount of professional concerns due to Social Services taking responsibility for Health Professional Concerns meetings. As a result Team Leaders time is taken up mostly with chairing these meetings.</p> <p>There is an increase in the number of financial concerns being raised within AAR Reports. This is likely to be due to financial pressures on the community due to Covid.</p>	<p>Negotiation across teams needs to be recognised when transferring of staff from team to team within Adult Services.</p> <p>Recruitment to business support will provide the additional resource that is required and alleviate the pressure on the team.</p> <p>By continuing to develop positive links with partner agencies and practitioners within the Local Authority, it is envisaged that the Safeguarding Team will become a Team of expertise that can be fully utilised for advice and guidance regarding Safeguarding matters. With this in place it is envisaged that the number of Safeguarding Reports will reduce, whilst still ensuring the safety of those most vulnerable adults in our community. In turn this will allow the Safeguarding team to continue to develop working with multi-agency groups.</p> <p>Consideration to be given to how the Professional Concerns Meetings can be managed within the existing staff structure.</p> <p>In terms of the financial abuse cases being received, contact will be made with banks to ensure they know how to refer to Social Services if they have worries and to provide them with basic Safeguarding training via the Safeguarding Team.</p>

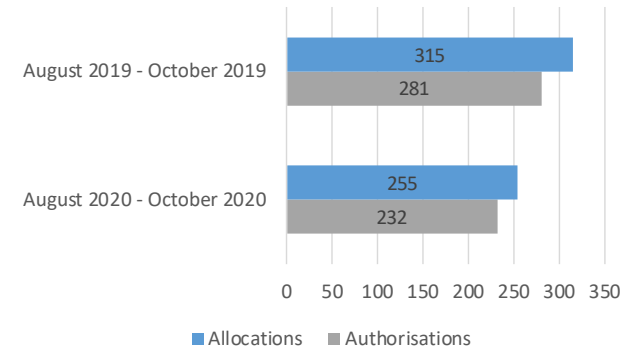


# Timeliness of Deprivation of Liberty Assessments

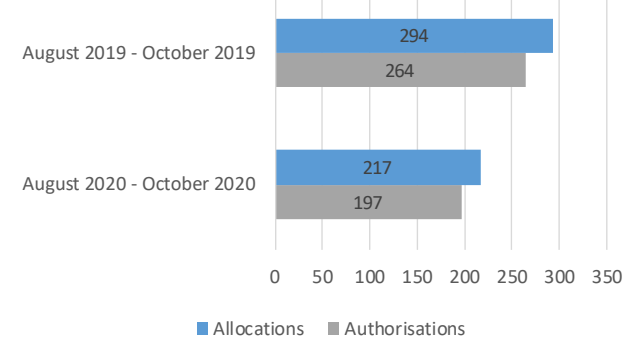
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



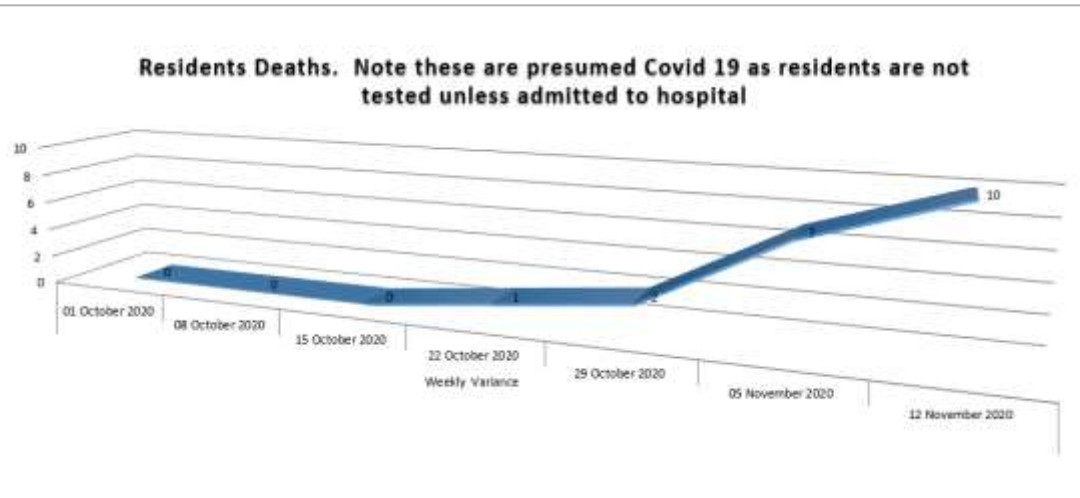
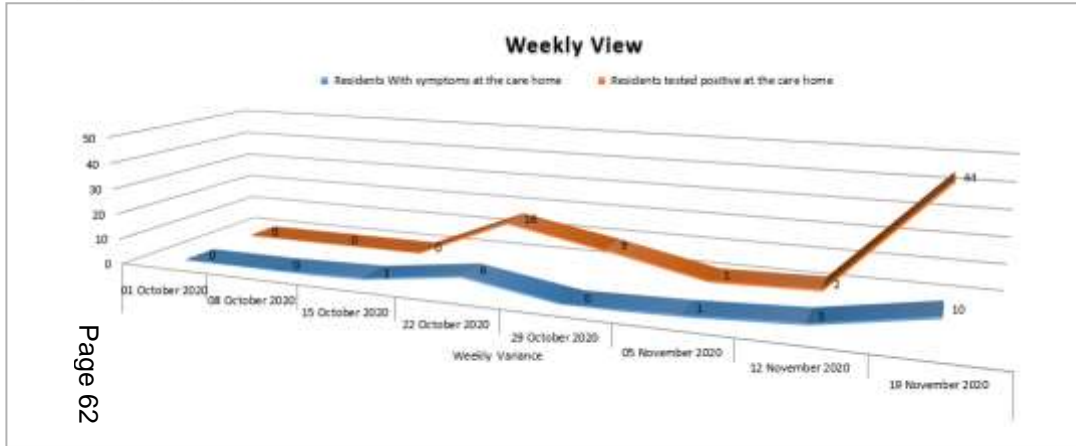
What is working well?	What are we worried about?	What we are going to do?
<p>Page 61</p> <ul style="list-style-type: none"> <li>• Modifications to the DoLS assessment process during pandemic.</li> <li>• Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments.</li> <li>• Continued use of remote DoLS assessments by the doctors and BIA's - allows assessments to continue in a more robust manner than carrying out 'desk based' assessments.</li> <li>• Have a daily duty system to ensure all DoLS applications are prioritised into Urgent, Critical, High, Medium and Low. This ensures our resources are more targeted.</li> <li>• All Urgents are allocated within the week the application comes in, Criticals and Highs being allocated the next week.</li> <li>• Critical projection tool allow us to cut down/avoid gaps in authorisations. DoLS authorisations and refusals continue to be completed.</li> <li>• Continued support and guidance by staff to care homes to implement new working practices.</li> <li>• We are continually adapting methods of working to take account of changing government guidance and care homes pressures.</li> <li>• Funding has been agreed for a temporary senior Practitioner in the team which will help with authorisations and Court work.</li> <li>• Additional staff member is currently supporting the team by completing authorisations for us on a weekly basis.</li> <li>• PO is now supporting with Form 6's.</li> <li>• The amount of applications on the duty desk is slowly reducing.</li> </ul>	<ul style="list-style-type: none"> <li>• 1 full-time Best Interest Assessment (BIA) vacancy in the team.</li> <li>• Part-time BIA off on maternity leave.</li> <li>• Queries from care homes, Responsible Person (RP) and Responsible Person Representative (RPR) have increased.</li> <li>• Increase in challenges to deprivations in the court of protection.</li> <li>• Current backlog of applications waiting to authorised due to annual leave and sickness within management team.</li> <li>• The 21 day timescale is challenging to meet in current conditions – coordinating remote assessments takes longer than visiting in person. The virtual platform for remote assessment differs in each Care Home.</li> <li>• Sickness within the team has led to increased workload for Seniors.</li> <li>• Backlog of medium and low applications.</li> <li>• Care homes still struggling with technology and not sending in appropriate care plans needed for assessments.</li> <li>• Care Homes are now experiencing a second wave of Covid-19 infections meaning they are struggling to facilitate video assessments or send us essential paperwork due to extra stress or staffing issues.</li> <li>• Staff well-being – a lot of team members are experiencing 'working from home' fatigue leading to people feeling isolated.</li> <li>• Quality issues with some Section 12 doctors reports putting us at risk of not having enough sections 12's.</li> </ul>	<ul style="list-style-type: none"> <li>• Priority is given to dealing with Urgent, Critical and High applications (in that order). This is also being done with Form 5's.</li> <li>• Seniors continue to organise cover for sickness cover workload between them.</li> <li>• Plan to recruit third senior into the team soon.</li> <li>• Continued use of equivalent assessments when possible.</li> <li>• Increase in opportunities for staff to get together both for work discussions and informally to try and help with feelings of isolation.</li> <li>• Working with section 12 doctors to support them to complete higher quality assessments offering both in-house support and using Local Health Board training.</li> </ul>



# Covid-19 - External & LA residential Care for Older People

Information has been gathered from all Swansea Care homes for a number of weeks; however it is reliant on the homes providing the information in order to gather a full picture.

## CORONAVIRUS



### Lockdown Status

Period 15<sup>th</sup> Oct – 19<sup>th</sup> Nov

**46** Number of homes where lockdown is not recommended/enforced

**10** Removed from Lockdown

**11** → **1** Number of homes where Lockdown was recommended

### Daily Usage

15<sup>th</sup> Oct -19<sup>th</sup> Nov

**1817** Total Bed Capacity

**1469** → **1405** Current number of Residents remained the same in the period

**77%** Of total bed capacity

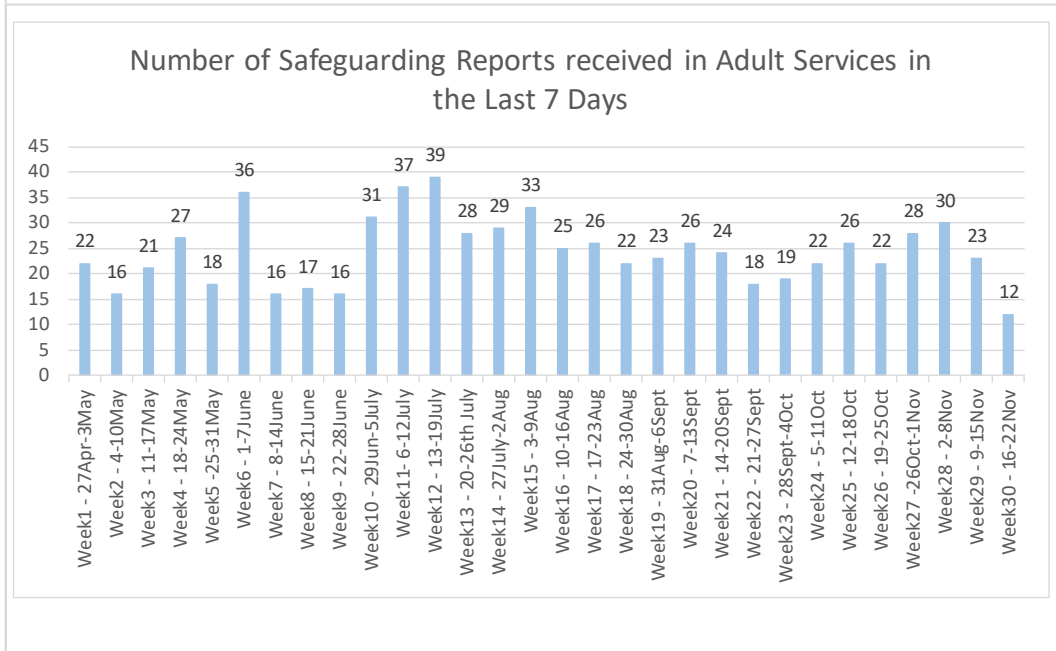
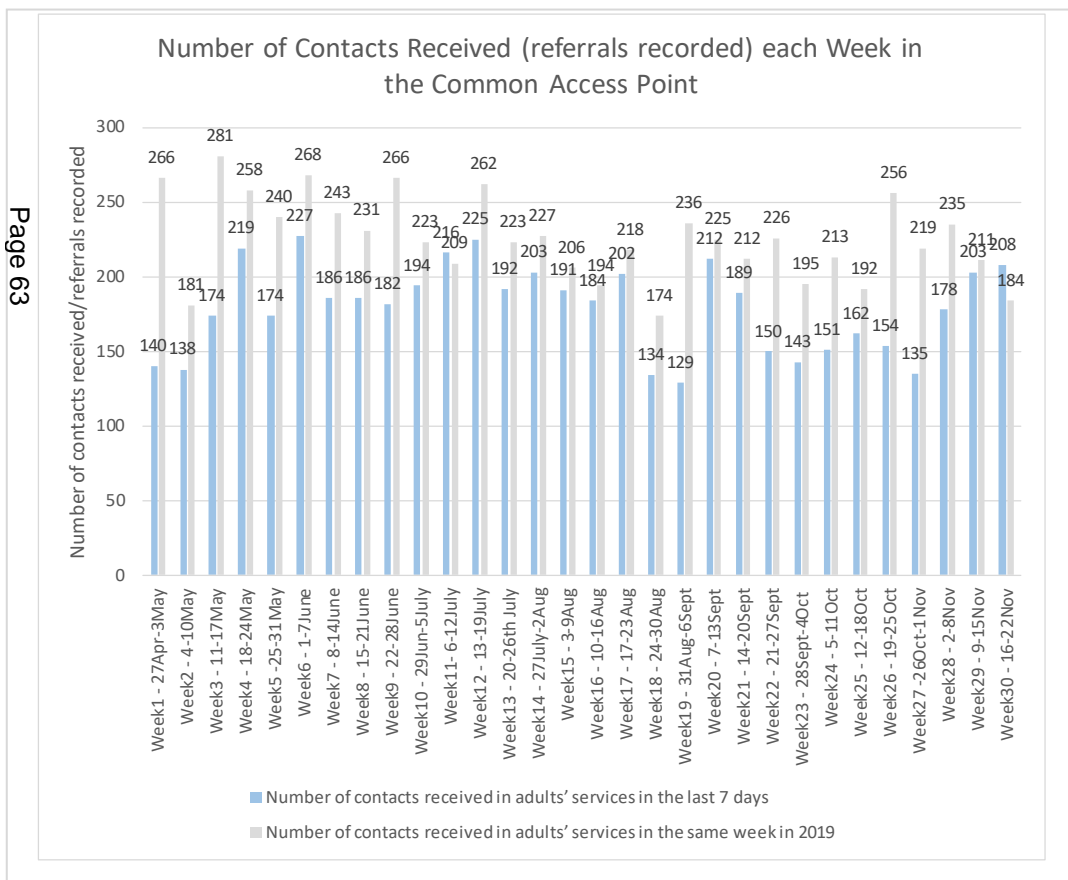




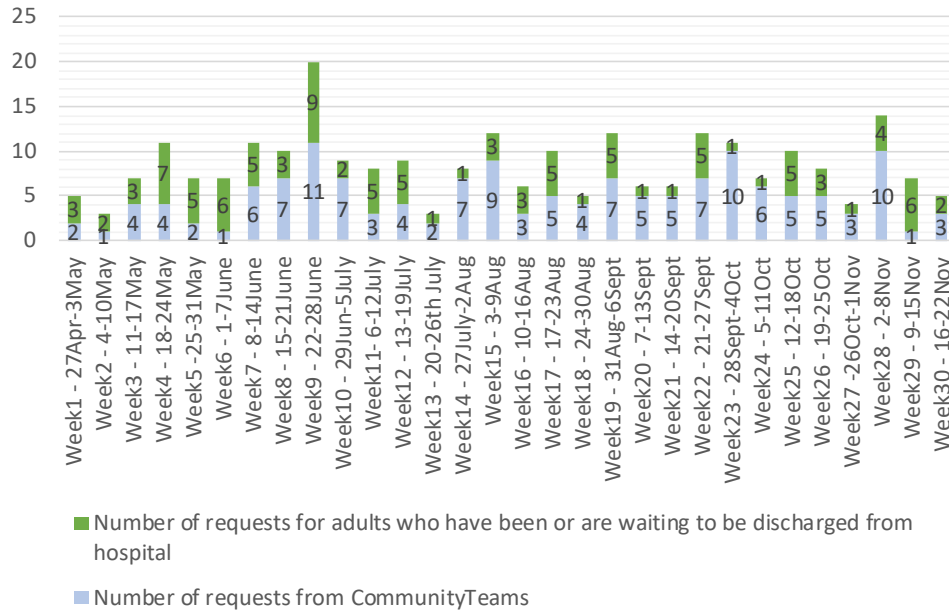
# Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 30 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.

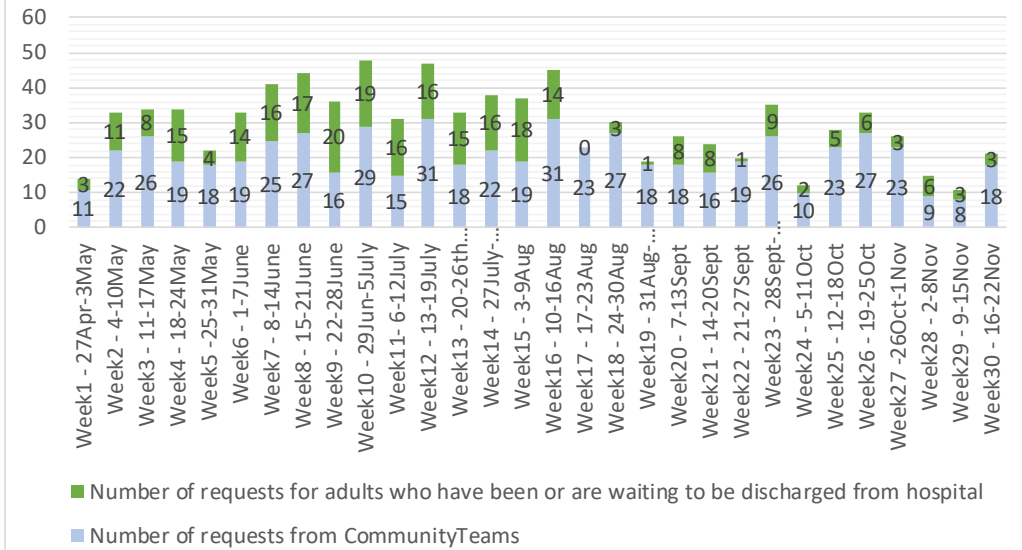
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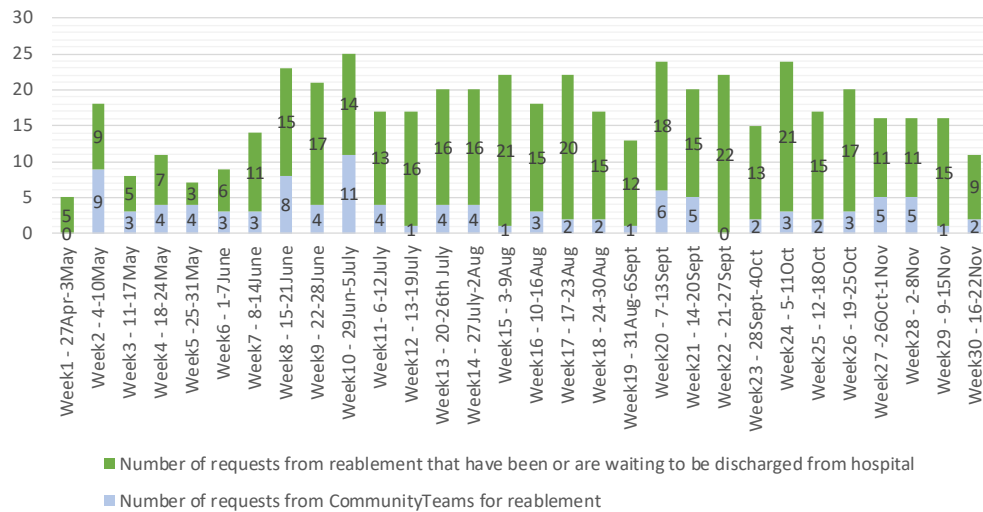
Number of requests to place an adult in residential care received in the last 7 days



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



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



Between 27<sup>th</sup> April – 22<sup>nd</sup> November

**21**

Packages withdrawn by the services user

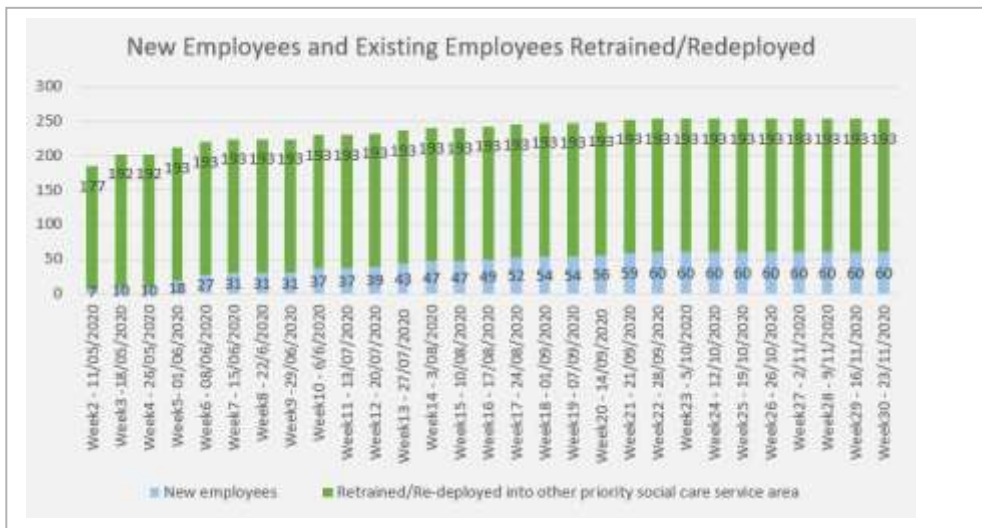
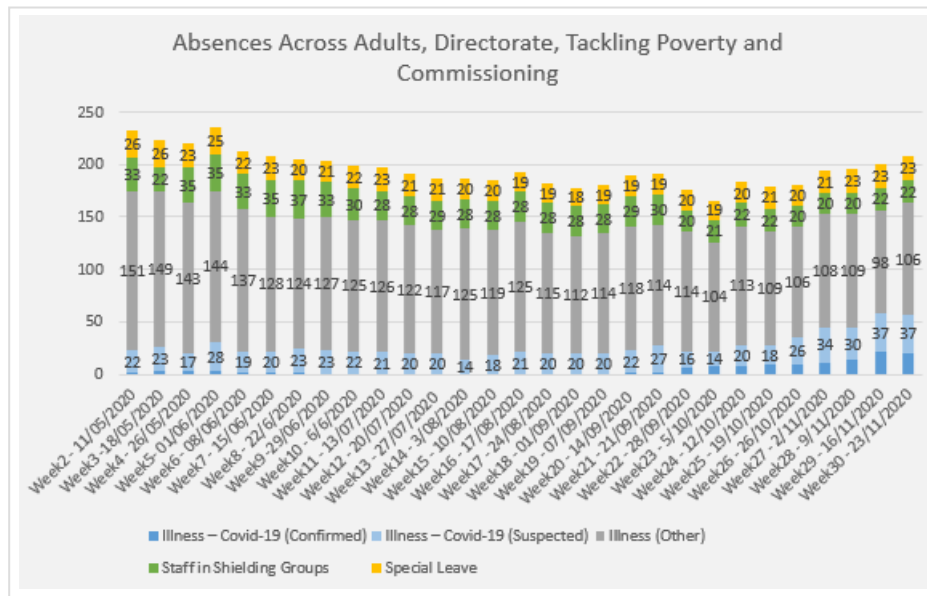
1 by the Local Authority

0 by the Provider



# 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 30 weeks to date.



## Adult services Staff Tested in the 30 week period

