



Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: O bell drwy Microsoft Teams

Dyddiad: Dydd Mercher, 14 Gorffennaf 2021

Amser: 3.30 pm

Cynullydd: Y Cynghorydd Susan Jones

Aelodaeth:

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

Aelodau Cyfetholedig: T Beddow

Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeluCysylltiadau
- 3 Gwahardd Pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**
- 4 Cofnodion Cyfarfod(ydd) Blaenorol** **1 - 12**
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod cywir.
- 5 Cwestiynau Gan y Cyhoedd**
Rhaid cyflwyno cwestiynau'n ysgrifenedig, cyn hanner dydd ar y diwrnod gwaith cyn y cyfarfod fan bellaf. Rhaid i gwestiynau ymwneud ag eitemau ar yr agenda. Ymdrinnir â chwestiynau o fewn cyfnod 10 munud.
- 6 Monitro Perfformiad** **13 - 42**
Amy Hawkins, Pennaeth Dros Dro'r Gwasanaethau i Oedolion
Helen St John, Pennaeth Gwasanaethau Cymunedol Integredig Dros Dro
- 7 Adborth cychwynnol o Ymweliad Sicrhau Ansawdd Arolygiaeth Gofal Cymru (AGC)**
David Howes, Cyfarwyddwr y Gwasanaethau Cymdeithasol

Amy Hawkins, Pennaeth Dros Dro'r Gwasanaethau i Oedolion
Helen St John, Pennaeth Gwasanaethau Cymunedol Integredig Dros
Dro

**8 Adolygiad Panel y Flwyddyn 2020-21 a Rhaglen Waith Ddrafft
2021-22**

43 - 46

Cyfarfod nesaf: Dydd Mercher, 8 Medi 2021 ar 3.30 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mercher, 7 Gorffennaf 2021

Cyswllt: Liz Jordan 01792 637314

Agenda Item 4



City and County of Swansea

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

Remotely via Microsoft Teams

Wednesday, 2 June 2021 at 4.00 pm

Present: Councillor S M Jones (Chair) Presided

Councillor(s)

H M Morris
C A Holley
J W Jones

Councillor(s)

V M Evans
P R Hood-Williams
E T Kirchner

Councillor(s)

J A Hale
Y V Jardine

Co-opted Member(s)

T Beddow

Other Attendees

Mark Child

Cabinet Member - Adult Social Care & Community Health Services

Officer(s)

Lucy Friday
Amy Hawkins
David Howes
Liz Jordan

Principal Officer - Transformation (Adult Services)
Interim Head of Adult Services
Director of Social Services
Scrutiny Officer

Apologies for Absence

Councillor(s): G J Tanner

Officer(s): Helen St John

1 Confirmation of Convener

Susan Jones was confirmed as Convener of the Adult Services Panel.

2 Disclosure of Personal and Prejudicial Interests

Chris Holley declared a personal interest.

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 20 April 2021 as an accurate record of the meeting.

5 Public Question Time

No questions were submitted.

6 Update on Adult Services Transformation Programme

Amy Hawkins, Interim Head of Adult Services and Lucy Friday, Principal Officer Transformation attended to present this item and stated that it is not a usual year and as such the Programme is looking at living with Covid, including contingency and recovery but it is also aspirational.

Discussion Points:

- Panel queried what developments / changes / additions have occurred in relation to assistive technology, what further possibilities are emerging, and what volume of items are currently in play. Officers responded that assistive technology plans are still in development and a briefing will be brought to Panel later in the year. There has been significant investment to date.
- Panel queried what the co-budget savings are. Informed they have been identified and taken into consideration in the budget this year. Officers agreed to provide more information.
- Panel queried what proportion of direct payment come directly to the Authority. Informed direct payments are used by individuals to purchase day provision from the private sector, or to employ someone independently for provision, or to use the Third Sector for provision. If someone wants to use the Authority's in-house provision, they do not need to use direct payments as they can access the service directly through the Authority.
- Panel asked about domiciliary care in rural areas, problems associated with this and development of social enterprises. Officers confirmed the re-commissioning of domiciliary care in 2019/20 improved expansion and coverage in rural areas. Use of in-house reablement service and in-house long-term care service improved coverage in rural areas to deal with issue. A number of new providers taken on during lockdown and this has improved coverage even in rural areas. Alongside this trying to support development of appropriate social enterprise models or other approaches.
- Panel queried if in addition to hospital to home discharge schemes there is scope for proactive inter agency assessments of people still living at home that might prevent the use of emergency admission hospital facilities in the first place and supply residents with the services they might get after a period of care in hospital. Officers gave reassurance that a lot of the Directorate's work has a multi-disciplinary team focus in the community, for example, the front door to Social Services and the mental health single point of access.
- Panel queried if there was any data available on how many referrals have been prevented by anticipatory care. Informed difficult to answer as anything preventative, by definition, does not touch the Service's formal recording system. However there are figures on sign posting.
- Panel raised a query about the complaints process, asking if there is any independent input into it. Panel requested to see a report showing a recent

summary of the number and type of complaint received and action taken. Officers agreed to share information and links outside of the meeting.

Actions:

- Panel to receive information on co-budget savings.
- Information and links on complaints process to be shared with the Panel.

7 Actions from WAO report - Front door to Adult Social Care - Recommendation: Impact of Preventative Services

Lucy Friday, Principal Officer Transformation presented this item and stated that the audit was conducted on a Wales-wide basis. Swansea was not one of the Authorities who received a visit, but did provide some information. The recommendations are broad and apply to the whole of Wales. Key recommendations from the audit report are being taken forward as part of the Transformation Programme.

Discussion Points:

- Panel informed work around all areas highlighted to the Panel in March 2020 have progressed significantly or been completed. In addition, further development of preventative services and access to the Service's own 'front door' have been expanded in response to the Covid pandemic. This has presented further opportunities for change and improvement particularly in respect of the Services carer's information, access and support.
- Panel queried what connection the Authority has with the Third Sector/SCVS, if it is contractual and if it is funded. Informed there are a couple of funding avenues to SCVS including a number of external grants and the Authority gives SCVS core funding in terms of the volunteering service aspect and also for core work SCVS undertakes under the Compact Agreement. The Authority also has other projects with them.
- Panel wanted to know how the Advocacy Service is operating, how this professional service works and to receive feedback on how it performs. Officers confirmed the independent advocacy service is available to any person or carer where there is a barrier to them receiving the support they need. Officers agreed to provide more information on this to the Panel.

Actions:

- Further information on the Advocacy Service to be provided to the Panel.

8 Director's Annual Review of Charges (Social Services) 2020/21

David Howes, Director of Social Services attended to update the Panel.

Discussion Points:

- Director's recommendation to Cabinet was that new charges should not be introduced, but an inflationary uplift to existing charges of 1.75% (advisory figure from Welsh Government) should be applied. Director's recommendations were accepted by Cabinet.

- Subsequent to report going to Cabinet, the Service looked at learning from a test case and have undertaken a review to ensure the Authority's charging regime is not discriminatory. Officers are confident the Authority is fully compliant.
- It has highlighted that the Service could do further work around transparency, in particular the mechanics of how financial assessments are carried out. Panel requested to see the information around this. Director agreed to bring further update when the work is finished. They will share what they intend to publish.

Actions:

- Further update on work around transparency and what will be published to be provided to the Panel once complete.

9 Work Programme Timetable

Care Inspectorate Wales undertaking Local Authority Assurance Review. It is covid related. Will be taking place on 07 June 2021. Therefore following items to be added to work programme:

- Initial Feedback from CIW Assurance Visit – 14 July 2021 meeting
- CIW Assurance Visit Full Report – provisionally October 2021 meeting

Also to be added:

- Feedback on inspection of Domiciliary Care Services – provisionally October 2021 meeting.

Item 'Outcomes Budgeting progress update' proposed for future work programme. Director to discuss with Cabinet Member and Heads of Service what it is possible to provide this year and inform Panel.

The meeting ended at 5.20 pm



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

Please ask for: Scrutiny
Gofynnwch am:
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Llinell
Uniongyrochol:
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e-Bost:
Date 18 May 2021
Dyddiad:

BY EMAIL

cc Cabinet Members

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 April 2021. It covers Performance Monitoring and Update on Policy Commitments.

Dear Cllr Lloyd

The Panel met on 20 April to discuss the Performance Monitoring Report for February 2021 and to receive an update on how the Council's Policy Commitments translate to 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 learned from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response.

The main issues discussed are summarised below:

Performance Monitoring

We heard that the general position was beginning to improve overall in February 2021 and is looking even better now. We were pleased to hear this.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU
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We heard that slightly less enquiries were received at the Common Access Point with safeguarding referrals going directly to the safeguarding team, however, cases are much more complex – approximately 50 per month more going to social work teams. We wanted to know what data the Common Access Point (CAP) captures in order to build up a picture. We were informed that people are given as much time as they need in order to get all the information required from them on housing, attendance allowance etc. However if it is not captured at CAP it is picked up when referred through to the Initial Assessment Team.

With regards formal reviews we heard that the WCCIS System has gone live since middle of April, and that in the months to come the information in the report around reviews will look different. We also heard that reviews information is good for the Mental Health Team but there is more work to do on the Learning Disabilities Team and you are focusing on this to ensure it is up to date.

We heard that for Carers Assessments, you are not seeing much difference in terms of statistics but that you are more focussed in this area and that work will develop in the coming year. We thought that Social Services no longer provide the same service as years ago, with much more onus on people living independently and greater pressure on carers. We queried if the decline in assessments was due to the pressure carers are under and were informed that you do not know. We were pleased to hear that there is an active group looking at support for carers, an action plan is being put in place and you will be proactively identifying carers. And that the priorities will be recognizing support to enable individuals to continue to care; support to live alongside their caring responsibilities; and information, advice and guidance to ensure appropriate support for carers. We heard it is a whole service responsibility for carers. You suggested it might be useful for the Panel to look at Carers in more depth at a future meeting and we will add this to the work programme.

We heard that Care Home data is much improved, that the position is more stable and that a number of vacancies across the provision are currently being advertised. This is good news.

We queried the current provision for day services and how this compares with two years ago. We were informed that, in terms of residential, it is very much what the whole market looks like; the Authority has vacancies but so does everyone else. For day services, we heard that emergency provision is still being offered, that the same service is being provided but numbers are limited due to social distancing; at 30% capacity. We noted that generally, less people come in to the service now and there is some concern about this. We heard that some of the preventative work has really increased and there are many more complex cases. We feel it is important to look at occupancy levels in Domiciliary Care and Residential Care and safeguarding; a snapshot every six months would be good.

We heard that the pathway between hospital and Bonymaen House is working really well. In February/March they had 14 beds available; now up to 19. We also heard there was a big increase in February in the amount of reablement hours being offered, in terms of domiciliary care support, with it taking six days on average to find support for people.

Regarding residential reablement, we queried from the report, an issue around the in-house medication process, which is going to be revised. We heard it is linked to the complexity of need now being seen in terms of reablement beds; Ensuring right processes are in place and everything is linked.

We were informed of the brokerage figures currently – only two people waiting as of 20 April. This is excellent.

In respect of the Deprivation of Liberty Safeguards, we heard that you are beginning to see improvements in the backlog. We were pleased to hear this.

We queried how the current position compares to last year and the year before, in terms of data in the report. We were informed that comparative figures to last year have been given where possible and the year before figures have also been given where possible. However some information is not comparable.

We mentioned that we believe that for Council housing stock, particularly sheltered housing, that care support plans are produced for every resident who wants one, and queried if you know the number of plans already in place, as a starting point in terms of assessing needs. Officers agreed to provide a response regarding care plans outside of the meeting.

We wanted to know what factors will influence the Integrated Care Fund and uncertainty about funding and when. We heard that the Authority wants an understanding of what new scheme or arrangement might be put in place to support regional working, as early this year as possible, to plan ongoing programmes for next year. The Director told us he believes the Welsh Government has a good understanding about all of the different work Local Authorities and the Health Board have been doing that cannot be absorbed within core funding.

We raised the issue about the withdrawal of Health Board staff from managing Learning Disabilities. We queried how this was justified, how it was managed and who in the Health Board took this decision. Officers confirmed it changed in 2016 and was to do with change of personnel and change of focus. We heard it is being looked at again with the Health Board. Officers agreed to look into it more and provide a fuller response.

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

You informed us that producing this report had acted as a reminder of how the policy commitments have become embedded in everything the Department does.

You told us that the workforce is at the centre of everything you do in Social Services and that there is a lot of planning to take place to ensure Social Services has a sustainable workforce going forward. You told us you would like to bring a briefing on well-being to a future meeting and we will add this to the future work programme.

The Director stated that the commitments continue to inform Social Services adaptation and recovery going forward, that they are embedded in service plans as headings to focus on and that he is really pleased with the process they can evidence.

We queried how this fits in with the commissioning review undertaken a few years ago and the procurement exercise you went through recently. We heard from officers that the Council has signed off the optimum model for Social Services and it is consistent with the policy commitments. We also heard there has been no change of direction and that there is always more work to be done but everything still fits and informs the thinking going forward.

Regarding the commissioning review, we remembered issues surrounding domiciliary care and day services – the level at which the Authority would put the service and how much of day services the Authority would carry on doing. We told you we were expecting feedback on the level of care and intervention rates, especially on day services. We heard that this was previously known as the fourth commissioning review, that it is being picked up and carried on as a review and it will have to take account of everything that has happened in the last year. We received confirmation that level of care and intervention will be looked at.

We told you that we felt that Local Area Coordinators (LACs) changed their job profiles substantially during the initial lockdown and that what they did was excellent. We also felt this should be acknowledged at some point in the future, as well as people who stepped in from other services to help out; this should be celebrated.

We queried how secure the Authority is about funding for LACs from housing associations etc; if there is any way they can be tied in for longer; and if there is any other external funding we can get to fund LACs. Officers confirmed that funding has been received from numerous sources this year – RSLs, University, Health - and that you are looking this year at how you can diversify funding streams. We heard that an evaluation is being undertaken with Swansea University to identify the financial and social impact of local area coordination. Officers agreed to keep the Panel updated on funding for LACs.

We asked three questions about Promoting Independent Living. We queried if the housing service in the Authority is as committed to this programme as Social Services. You confirmed that you would absolutely expect this.

We queried if the extent of additional independent living achieved would be something the Department would link to outcome budgeting. You confirmed it is part of the initial outcome strategy when setting the budget but there is no methodology from finance for outcome budgeting that the Social Services budget is built on. We stated that we felt that at some point you would have to have a list of draft outcomes to which resources are attached.

We also queried if independent living has been included in the University's evaluation of the impact of local area coordination. Officers confirmed there is still a lot of work to do in terms of fine-tuning what the evaluation will cover. We heard that as one of the objectives they are looking at specific challenges that have faced individuals and that LACs are focussing on ie food, poverty, housing, social isolation and mental health, and how local area coordination has responded to that. Officers stated they could highlight the particular issue to the University when they next meet.


We queried how well the Assistive Technology Strategy is developed at this present time. Officers confirmed it is an item on a future panel agenda; delayed but not off the agenda.

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 Tuesday 08 June 2021 to the following:

- Information on care support plans in place for residents of Council's housing stock to be provided to Panel
- More information on Health Board staff being withdrawn from managing Learning Disabilities to be provided to Panel.

Yours sincerely



SUSAN JONES
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.SUSAN.JONES@SWANSEA.GOV.UK

Councillor Susan Jones
Convenor
Adult Services Scrutiny Panel

VIA EMAIL

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cllr.mark.child@swansea.gov.uk
Our Ref: MC/CM
Your Ref:
Date: 10th June 2021

Dear Councillor Jones

Thank you for your letter dated 18th May which was addressed to Councillor Clive Lloyd. As you may be aware I have recently taken up the post of Cabinet Member for Adult Social Care and Community Health.

I would respond as follows to the questions you raise.

1. Information on care support plans in place for residents of Council's housing stock to be provided to Panel

Tenants of the Council's Sheltered Housing Service are supported by Senior Warden Practitioners and Wardens.

Wardens work with the residents on individual support plans to enable each tenant to lead an independent life and provide signposting to other services and support the resident may need.

The sheltered accommodation tenants can be visited on a regular basis by their designated warden depending on their support needs. The warden will complete a Support Plan normally on an annual basis, or at any time if support needs change, to identify the support required. The visit by the warden enables them to check on the tenants' general health and well-being and provides a means to seek advice and assistance from other agencies.

The Sheltered Accommodation Support plan is not a Care and Support plan, although the Housing and Social Services teams work closely where needs are identified or services are provided by Social Services. For example, a referral may be made to Social Services following the identification of a care need, or the same Domicillary Care provider will be providing packages of care to within a Sheltered complex.

Further joint work is being developed between Social Services Commissioning Teams and Housing around understanding the current needs of Older People's Housing requirements and this includes Extra Care and Assistive Technology.

2. More information on Health Board staff being withdrawn from managing Learning Disabilities to be provided to Panel.

Further to checking with Health colleagues, the background seems to be that linked to the development of community care for Learning Disabilities (LD), NHS resources were diverted from inpatient care to community with Nurses placed in Local Authority LD teams.

These roles were reported to have been directed by the teams within a social care model and undertook social care as well as health care tasks, these were referred to as mixed mode roles but were funded by the NHS.

By 2013 the circumstances of changes in public services in Wales meant organisations were increasingly focussed on meeting statutory duties and for the NHS that meant addressing health outcomes given the significant health inequalities that people with LD experience.

The Health Board LD Directorate that existed at the time, along with the team leads in Swansea Council, made the agreement that the mixed mode role was no longer fit for purpose and ambiguous in its governance.

A consultation exercise took place during 2013/14 with Health Board staff that changed the nine mixed mode roles to six clinical nursing roles with three Nurse Care Management roles.

By 2016 the three Nurse Care manager roles were replaced with Clinical Nursing roles as the rationale and demand for the use of NHS resources focussed on addressing health inequalities and meeting complex health needs for people with LD.

The Nurses have continued to undertake the statutory care coordination duties for the Health Board under the Mental health (Wales) Measure 2010.

Within the West Glamorgan Regional Partnership Transformation Board, there is a new Regional Strategic Planning Learning Disabilities Board who will work together and hold a shared strategic plan and priorities with shared outcomes for delivery and improvement, for those with learning disabilities, their families and carers.

The roles of the health and social care practitioners to ensure a good joined up service for people with LD will be looked at by this group.

Yours sincerely



**Y CYNGHORYDD/COUNCILLOR MARK CHILD
AELOD CABINET DROS GOFAL CYMDEITHASOL I OEDOLION A
GWASANAETHAU LECHYD CYMUNEDOL
CABINET MEMBER FOR ADULT SOCIAL CARE & COMMUNITY HEALTH SERVICES**

Agenda Item 6



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

Adult Services Scrutiny Performance Panel – 14 July 2021

PERFORMANCE MONITORING

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

Adult Services
Summary Management
Information Headline Report
Data for May 2021



Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.

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 2021/22

1. Better Prevention and Better Early Help
 2. Keeping People Safe
 3. Enabling and Promoting Independence
 4. Integrated Services
- Financial Efficacy

Amy Hawkins, Interim Head of Adult Services Summary

The Mental Health and Learning Disability teams continue to prioritise contact with service users through the use of a Well-being contact RAG rating system. Alternatives to day support and respite are implemented whilst social distancing restrictions continue to impact on the capacity of services. Completion of LD reviews in a timely manner is a focus to provide a proportionate response to review and care planning and there are some resource challenges which are being looked at with the support of the Transformation team.

The MH team continue to provide a daily emergency MH support service and a new guidance and process will go live in early July providing a central point for agencies to refer in to.

We continue working with the Health Board regarding the consideration of people considered eligible for Continuing Health Care and work is progressing to improve these processes and the timelessness of the funding considerations.

Our internal care homes continue to have staffing demands due to the care requirements of the residents and to manage infection control measures. This is being addressed through a review of staffing structures, vacancies and models of future provision. In addition to a review of use of spaces to prepare business cases for adaptations and improvements.

We have seen a significant increase in safeguarding referrals in May compared to April, although similar in number to last year. The team are providing Safeguarding Consultations with colleagues prior to putting in Adult at Risk (AAR) reports which is resulting in less inappropriate AAR reports. Our multi-agency work continues to focus on preventative work, reducing risk early on.

After a recent improvement, we have again seen an increase in the new Deprivation of Liberty Safeguards (DoLS) applications and an increased backlog. The Team have out-sourced (via grant) DoLS referrals that have been waiting on the duty desk and we anticipate this will allow the referrals to be allocated straight away preventing future delays. The team are involved in regional working groups set up to plan for the implementation of the Liberty Protection Safeguards.

The teams are becoming more familiar with the use of WCCIS and addressing any challenges as they arise with excellent support from the WCCIS team.

Helen StJohn, Interim Head of Integrated Services Summary

During May 2021 the community health and care system across the region has started to show signs of increasing pressure in some areas with increasing levels of escalation in the hospitals sites concurrently.

We experienced a significant increase in demand at the community front door (CAP) with an increase in enquiries of 124 in number approx. a third more enquiries. The number of referrals through to the MDT during April and May appears to have dropped significantly and we suspect that this is linked to the switch over to WCCIS – we need to scrutinise this further to understand why and rectify the process/recording issue.

The number of enquiries closed at CAP remains approx. 35% despite the increase in demand which indicates that staff continue to hold strengths based discussions with individuals despite the pressure of numbers to address.

The training for SW practitioners in respect of supporting Carers was undertaken during May and was well received with some of the outputs being publicised during Carers Week in June. We hope to see the results of the training reflected in performance in forthcoming months.

WCCIS also affords us the opportunity to identify carers support in a more easily identifiable way in future.

Flow through bedded reablement remains at a consistently high level with continued good outcomes for individuals. This has ensured maximum benefit has been achieved from the opening of the 4 additional reablement beds taking the current offer to 19 max.

We can also see the impact of ceasing the cross over roles of the RCAS / BH based care staff in the establishment of a dedicated resource for each function – allowing us to articulate a more consistent bed capacity whilst also providing improved governance for the domiciliary care staff by forging close links with the sister reablement service. Work to further integrate the two dom care reablement services continues with positive engagement from the staff.

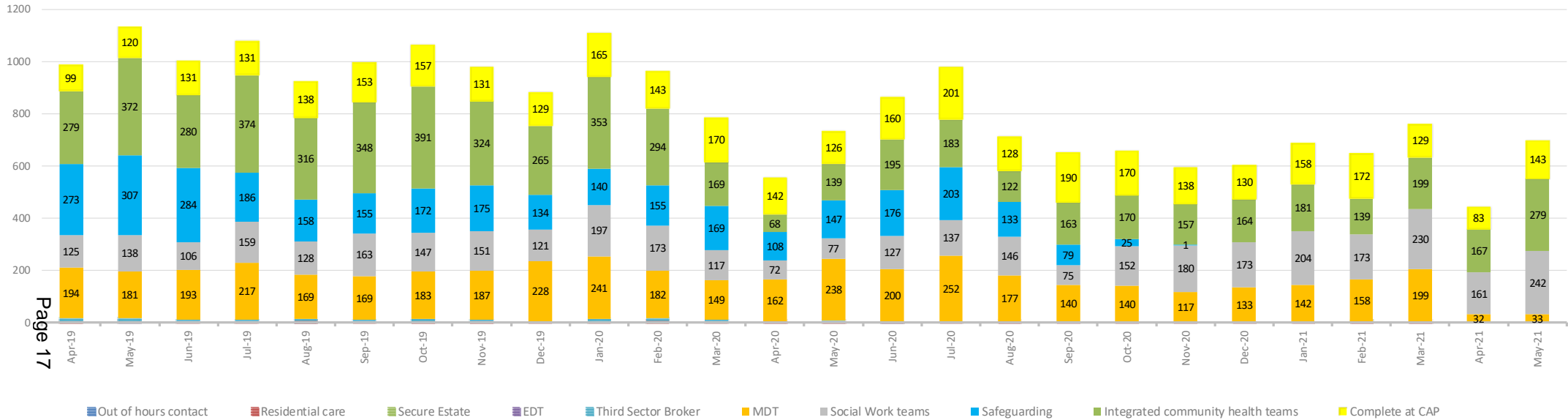
The flow of individuals through the reablement service has improved during the latter half of May with a concerted focus on timely review to support transition to a long term care provider once reablement is complete. This has freed up the reablement capacity which has been absorbed in supporting individuals waiting transition and the increased number of admissions into reablement through the Rapid Hospital discharge (Home first) scheme will be evidenced in the next month`s performance data.

We are finally seeing some impact from the recruitment drive in Feb / March in both the reablement and long term in house Homecare teams – although the lengthy processes in respect of checks continue to frustrate.



Common Access Point

Referrals created at the Common Access Point - there has been a reduction in referrals to MDT since moving onto WCCIS so we need to further examine the reports and investigate if there have been changes to processes.



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It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created. **246 referrals were recorded in the Safeguarding team in May (256 in April).**

443 enquiries in Apr 21 **697** enquiries in May21

83 Closed at CAP
32 MDT
161 to SW Teams

143 Closed at CAP
33 MDT
242 to SW Teams

350 Enquiries were created by CAP in May 2020
 SW Teams 2019 average was 144 per month
 SW Teams 2020 average was 136 per month
 SW Teams 2021 average was 201 per month

What is working well?	What are we worried about?	What we are going to do?
<p>The team has continued to develop the front door due to different demands. We are seeing more referral coming through the email inbox which has meant dedicating staff to this task.</p> <p>There are more complex enquiries coming into the team which are taking longer to process.</p> <p>We are seeing the peak of the referrals coming in during the evening and at weekend. We have continued to manage the change.</p>	<p>Number of rapid response requests coming into the MDT that require a same day response has gone up recently due to carer strain. The complexity of these cases are an issue. We are currently managing the demand.</p> <p>The number of enquires coming into the team are increasing the number of calls being abandoned due to sufficient numbers of staff to take the phone calls due to the fact that more staff are required on the In Box.</p> <p>Potentially losing funding for the CPN currently ICF funded. This would be a deficit in the team as the CPN is an asset with supporting the MDT, as we are seeing more people coming into CAP with dementia and are at significant risks.</p>	<p>Continually monitor the current stats during the development of the restructure.</p> <p>Continue to attend the daily rapid discharge meeting.</p> <p>Currently developing a referral form for health professional to use the email inbox.</p> <p>Continue to give a very good standard of service to the public and other professionals.</p> <p>Continue to provide the stats required in regard to CPN as evidence that the post is required.</p>



Assessments & Reviews

Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports are on the WCCIS Team development list and we will work towards having this data for the July report.

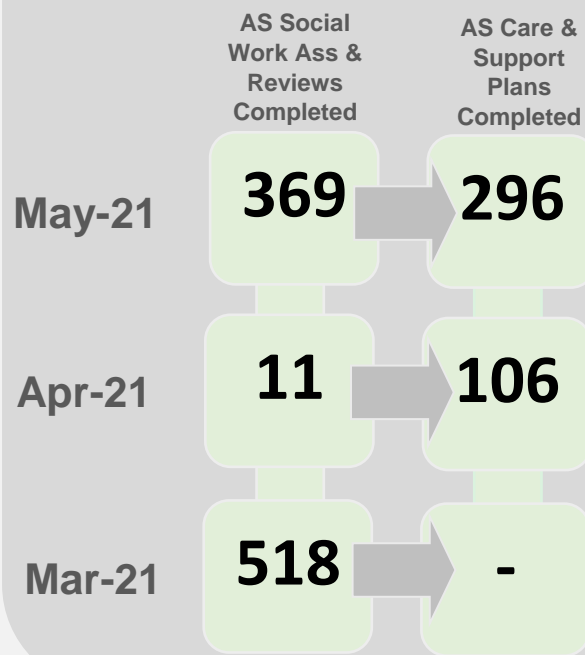
Assessments

Assessment reporting is progressing and will be developed further over coming months. The reporting for MH Assessments is being investigated/queried due to the reduction in number of MH assessments. However, Assessment numbers in March maybe higher due to the necessity to complete assessments prior to the migration to WCCIS.

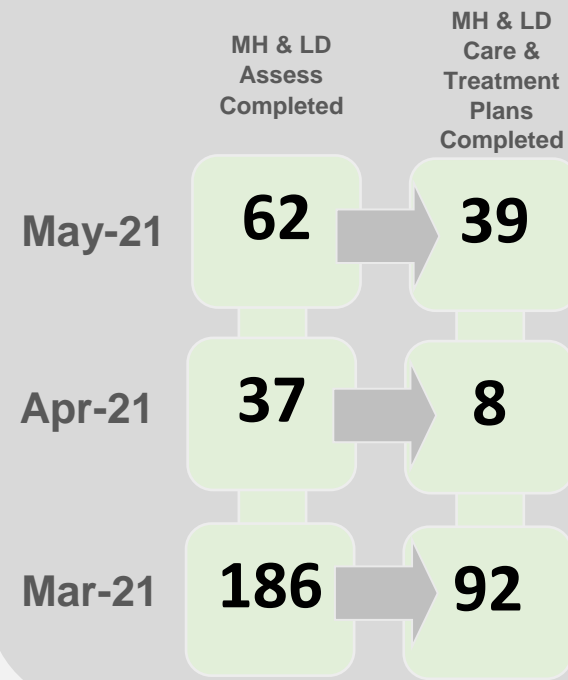
Page 19

Social Work Assessments completed

Older People and Learning Disabilities



Mental Health



Older People Services:

What is working well?	What are we worried about?	What we are going to do?
<p>With focus on prevention the temporary structure is beginning to see the benefits of holding Adult Services statutory annual reviews in one place (with exception of LD/MH).</p> <p>The introduction of WCCIS supports understanding statutory annual review data, which enables us to work toward smarter delivery. Business Support Officers have complimented</p> <p>The operational development of this group remains ongoing to support the prevention agenda.</p> <p>Working in partnership with the Commissioning Team, the review group has embedded a right-sizing model to domiciliary care using electronic data of care hours, identifying unused hours and utilising strength based conversations to maximise independence in the community. The development of cost saving tracker with both Budget and Commissioning Teams has evidenced the efforts of the right-sizing programme.</p> <p>Relationships with Health Board partners continue to improve, as joint reviews commence, changing needs promptly identified and funding responsibility align to appropriate organisation.</p>	<p>Performance data presently unavailable to reflect output.</p> <p>The volume of statutory review demands challenges the staffing capacity across the department and the ability to meet statutory timescales in some cases.</p> <p>To enhance the present Review Group skill mix, increase the quality of the review performance and complement the joint review partnerships, there is a lack of social work resource within this area to produce the performance required.</p>	<p>Utilise temporary staffing funding to maximise registered/unregistered workforce to address priorities in meeting statutory review functions.</p> <p>Work closer with key partners to improve volume of statutory review completed, identifying primary health care needs to support risk management and appropriate funding responsibilities.</p> <p>Working with WCCIS and Performance teams to ensure what is captured reflects the output of work completed.</p>

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>We continue to prioritise contact with service users by the use of a Wellbeing Contact RAG rating system. Alternatives to day support and respite are considered and provided to support people and their carers whilst social distancing restrictions continue. The RAG is updated weekly and there is regular audits of staff compliance.</p> <p>MH and LD services continue to offer a duty system for referrals and assessments and where necessary continue to be face to face with the public but with the use of PPE and safe distancing. All core functions have been maintained throughout the pandemic along with assessment, care planning and review.</p> <p>Development of specialist accommodation for MH and LD service users with continued success in attracting ICF capital monies for new developments.</p>	<p>Learning Disability Care Plan Review Stats remain Low:</p> <p>As part of the LD service focus we have been prioritising contact via a wellbeing and risk rating system (RAG). Consequently the team have been offering varying levels of contact via the telephone and offers of day support and respite to those in the Red and Amber categories as a priority i.e. those living at home with family where there is a risk of breakdown and admission to hospital or residential care (300 approx). There has been an attempt to use these contacts to review care plans as part of a more proportionate response to review and care planning. However this still appears not to have provided much improvement in the statistics to date as it is felt that the complexity of much of the cases does not allow for a proportionate approach and the capacity of the teams to review all clients is hindered due to the high caseloads.</p> <p>We continue to provide an emergency Mental Health support service via an Approved Mental Health Professional service operating daily from 9 – 5. MH services have now devised an AMHP referral form which is to go live on the 05.07.21 with Guidance and central referral point agencies to refer into.</p> <p>The LD case numbers remain high at around 40+ cases for a F/T worker. Added to this is the complexity of the cases that they deal with. This includes a high number who require representations to the Court of Protection for welfare orders, Continuing Health Care representations to the Health Board, Transition cases, as well as dealing with families and providers who are under pressure due to limited day support offers following covid restrictions. Staff also to take part in a weekly office duty system.</p> <p>Assessment by the Health Board of people considered eligible for Continuing Health Care remain at about 1 per month. A common and agreed list has been developed with over 40 cases yet to be assessed.</p>	<p>LD services have completed their staff audit of cases, case notes and reviews. We are working with the transformation Team to identify where weaknesses are in the system and focus attention and support to improve areas of weakness.</p> <p>A random audit of MH services has taken place for all SW staff and improvements actioned. As well as this regular random case audits are embedded into supervision practice. We will continue to review these audits as a means of improving the quality of the work of staff as well as the offer to people who use our service. Following the whole service audit this will also be the approach of LD services.</p> <p>We will continue to meet regularly with Health service partners to consider the complex needs of people under our care and our joint approach to care and funding. This work is also taking place regionally so there is a consistent service offer and agreement on what is the appropriate care provided by the right agency at the right time.</p>



Carers and Carers Assessments

Updated Carers Information:

Carers Information for Qtr1 2021/22 is in development from WCCIS and will be available in Julys Report.

175

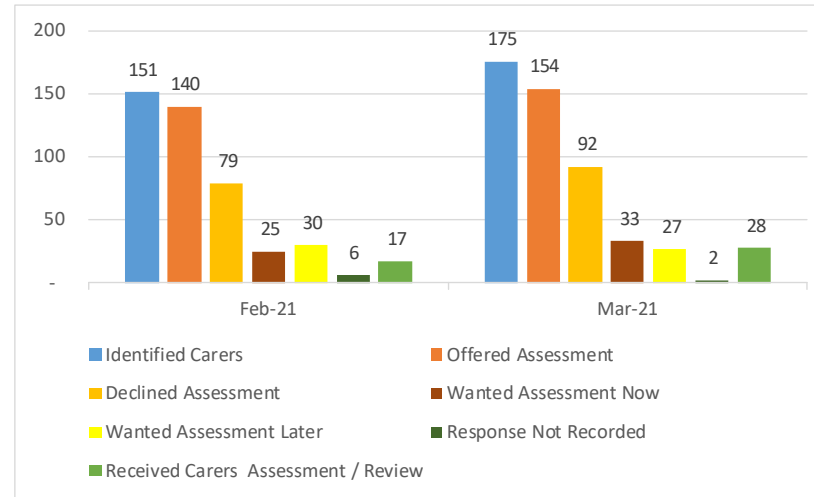
carers identified (Mar 21)

154 offered assessment (88%)

28 assessments undertaken

Mar 2020: 160 carers identified, 143 offered assessment

73 declined, 68 wanted (48%), 2 not recorded
38 assessments undertaken



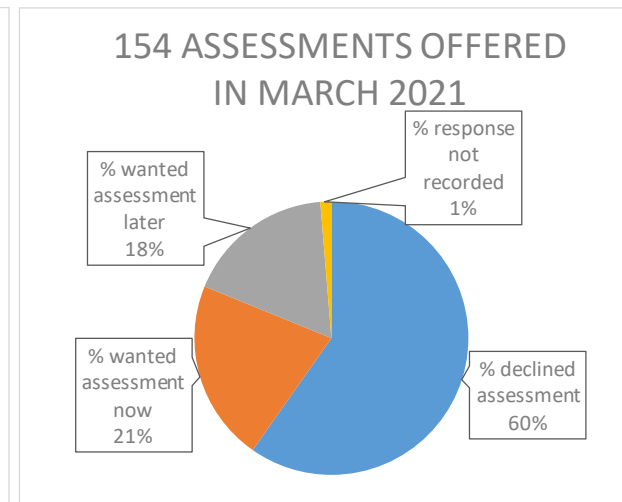
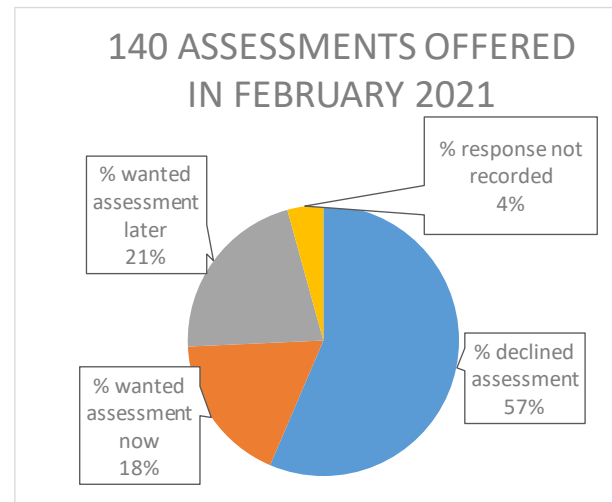
Page 22

151

carers identified (Feb 21)

140 offered assessment (93%)

17 assessments undertaken



Assessments wanted either now or later:

39% (Mar), 39% (Feb), 36% (Jan), 42% (Dec), 37% (Nov), 41% (Oct)

What is working well?	What are we worried about?	What we are going to do?
<p>Social Work Practitioners continue to have collaborative conversations with carers, albeit the data informs us that carers continue to decline Carers Assessments.</p> <p>Regional Partnership Carers Board has provided us with a Carers Strategy to influence our local actions for carers.</p> <p>Partnerships with Swansea Carers Centre has contributed to the review of Carer Assessments. Social Work Practitioners have contributed to improvement of WCCIS recording tools (Carers Assessment), which will improve performance data.</p> <p>Carers Awareness Training was launched within 'National Carers Week' with a good response to this enhanced learning and commitment to identify and timely respond to carers needs.</p>	<p>Deeper understanding to the reason for declined carer assessments.</p> <p>Front door response to carers remains unrecorded.</p> <p>We need to be working better to capture the narrative conversation alongside statistical data.</p> <p>Carer Groups inform us that carer assessments are not offered consistently across the service – workforce training should address this issue.</p> <p>Some Carers are not in contact with commissioned services and have not had the opportunity of a carers assessment – we continue to work with Swansea Carers Centre to address carers rights.</p>	<p>Further partnership conversations with carer groups is required to understand the barriers to the decline of carers assessments</p> <p>WCCIS implementation has changed the carers assessment tool within the recording process which provides practitioners a simpler recording task and managers greater performance data.</p> <p>Additional social work practitioner carers needs assessment training is planned to enhance carer's rights.</p> <p>Consideration of a Carers Project at our front door to improve the carers assessment offer is planned which will enhance the carer conversations record.</p>



Residential Reablement

During March, April & May Residential Reablement services had an overall percentage of 54% of people returning to their own homes, independently and with care packages.

11

Admissions (May 21)

10 from Hospital
1 from Community

13

People left residential reablement (May 21)

15 people left residential reablement in May 2020

6

People went home (5 with care, 1 with no care)

3 to residential / nursing care / family
3 Hospital, 1 Deceased



10

Admissions (Apr 21)

9 from Hospital
1 from Community

10

People left residential reablement (Apr 21)

13 people left residential reablement in Apr 2020

5

People went home (5 with care, 0 with no care)

2 to residential / nursing care / family/
3 Hospital



18

Admissions (Mar 21)

15 from Hospital
3 from Community

12

People left residential reablement (Mar 21)

15 people left residential reablement in Mar 2020

8

People went home (6 with care, 2 with no care)

3 to residential / nursing care / family/
1 Hospital



What is working well?

- Managers attendance at daily Rapid Discharge meeting
- Relationship with HSWT
- Relationship with Health colleagues (DLN's)
- Clear and efficient admission process

What are we worried about?

- Delays in SW allocation for individuals requiring LTC
- Issues with hospital wards
- In house medication process – needs revising as complicated
- Staffing issues/ concerns
- Insufficient staff to open to full capacity previously

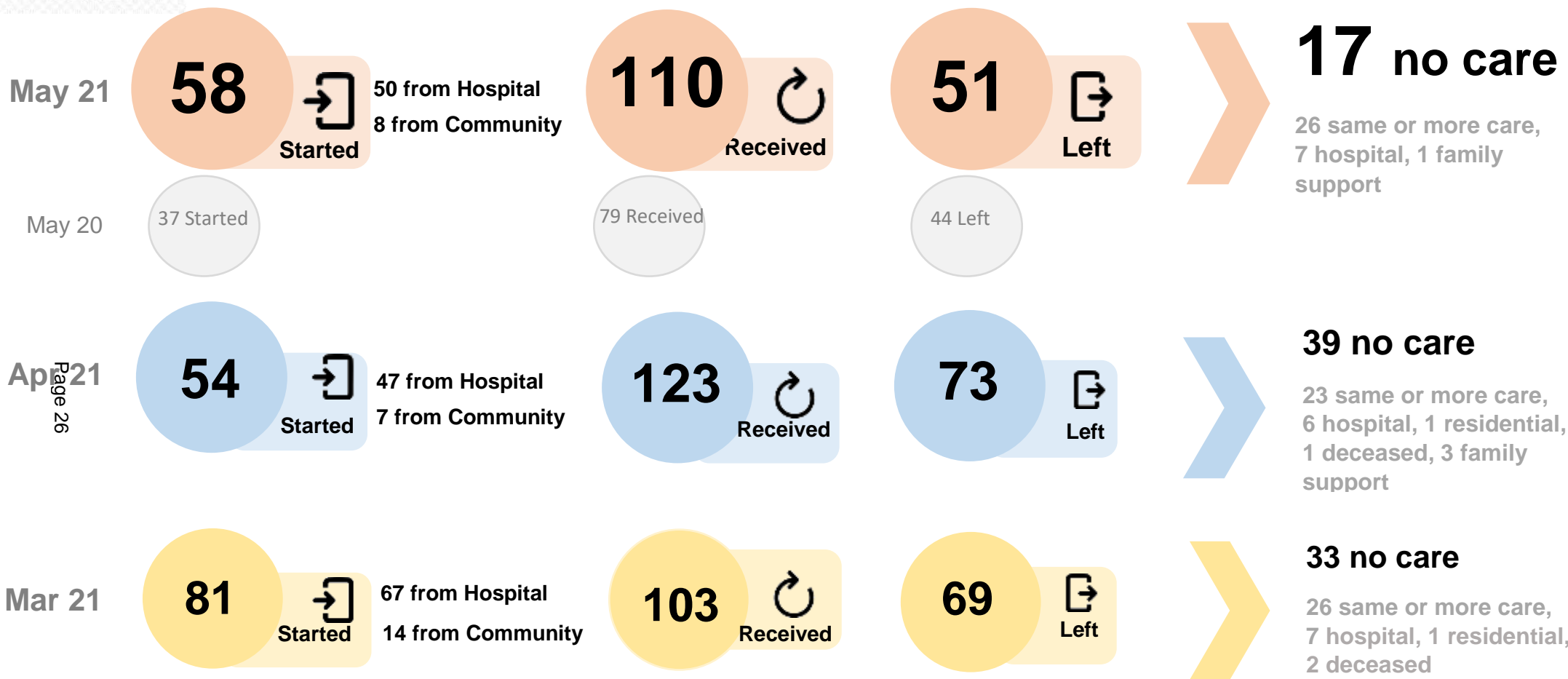
What we are going to do?

- HSWT leader supporting with follow up of non-allocated cases
- PO support and advice on a weekly basis
- DLN's picking up and addressing issues with the wards
- Review of medication process with staff team-

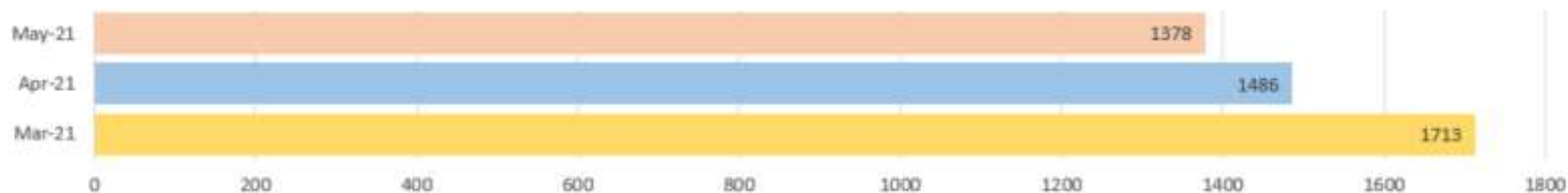
<ul style="list-style-type: none"> • Information received is clear and honest (DLN's) • Robust Infection control and COVID risk assessment • PPE and staff testing arrangements • Internal weekly MDT to determine outcomes and planned discharge dates • Therapy staff working closely with Wellbeing coordinator to develop and undertake ongoing therapy programme • Weekly monitoring of flow by PO • Separation of RCAS team from main site • Transfer to RCAS – process in place • Staff meetings and involvement in changes • Use of feedback form individuals and families to improve service 	<p>reliant on RCAS team to support in house</p> <ul style="list-style-type: none"> • Delays in Sensory assessments • Restrictions to the building in supporting independence e.g. lack of dedicated therapy space/ no accessible kitchen laundry facility • Staffing issues/ concerns –as return to day services, impact on covering shifts as RCAS team and budget now moved to Dom Care. • Referrals that are more complex/fractures, which take longer to recover before reablement potential, delaying discharge home and reducing capacity in the service. 	<p>training and renewing of service specific guidance</p> <ul style="list-style-type: none"> • Ongoing support and addressing concerns issues with HR colleagues and others as appropriate • Review of staffing structure / vacancies • Use of risk tracker to identify safe capacity • Recruitment to Sensory Team to enable timely assessments training and advice during Reablement process • Review use of spaces and prepare business case for adaptations and improvements • DPR on restructuring staffing using vacant hours to come in line with other service areas. Review of management structure. • Use of agency funded by hardship fund (temporary). • Managers meeting with Health to review referrals and if meet reablement potential before admitting to the service.
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Community Reablement



Hours of Reablement Provided a Month



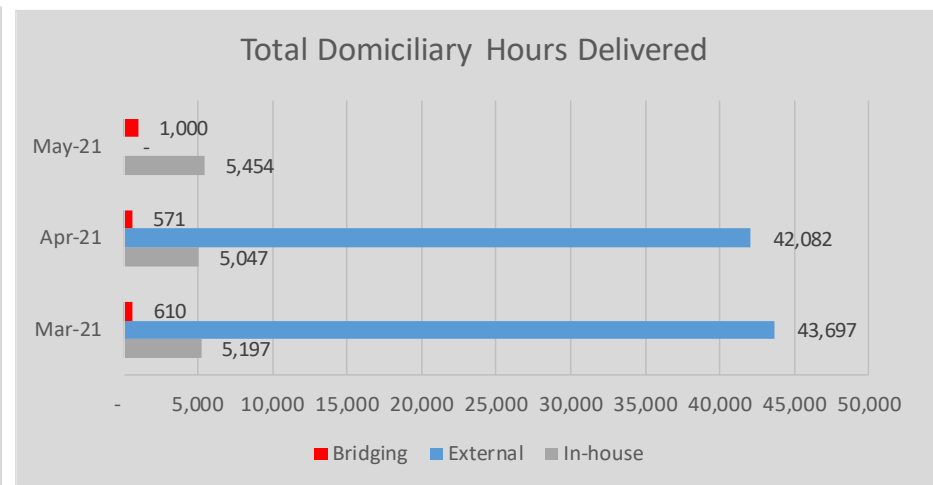
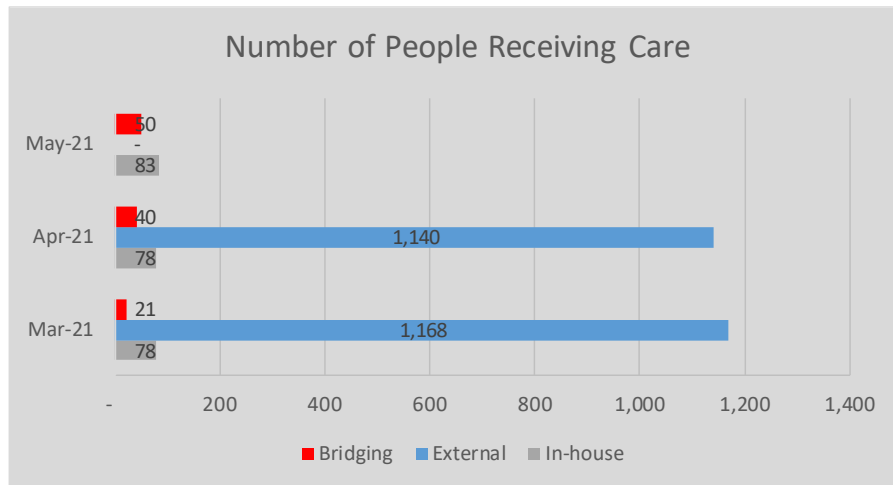
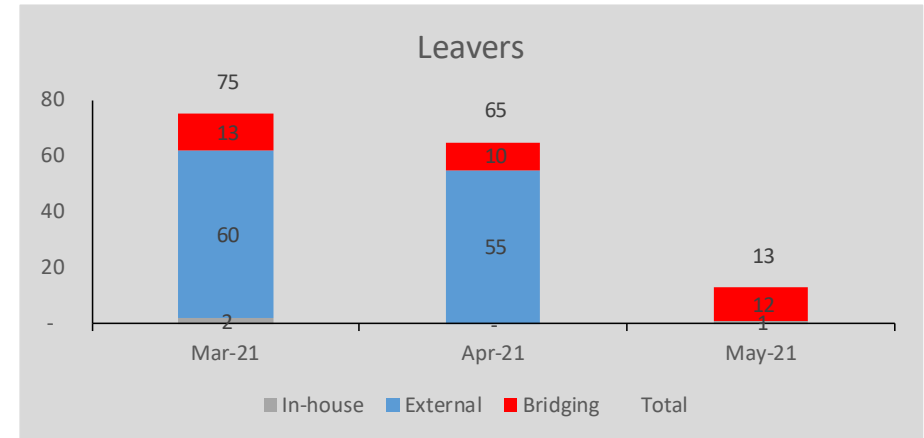
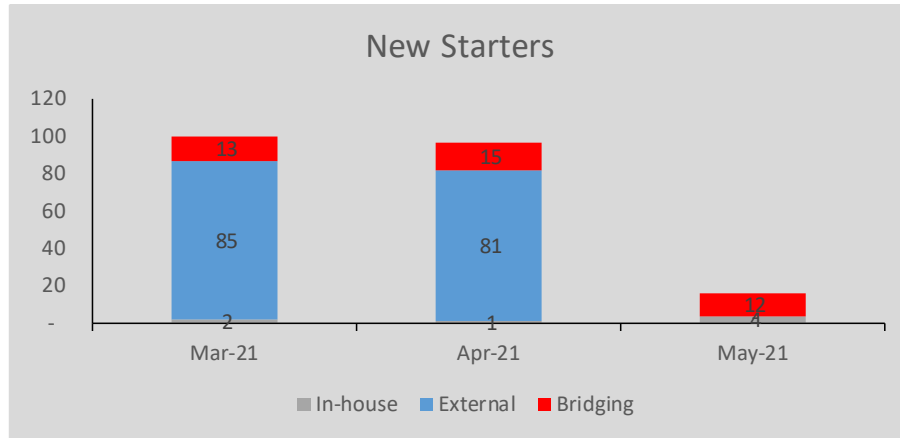
During March, April & May Residential Reablement services had an overall percentage of 46% of people returning to their own homes independently

What is working well?	What are we worried about?	What we are going to do?
<p>Continued close working with the MDT triage function at our front door is helping to screen out inappropriate referrals.</p> <p>Staff are becoming more familiar with the use of WCCIS.</p>	<p>Whilst the number of individuals that we are supporting is lower than last month, the average amount of care hours provided to each individual is marginally higher at 12.5 hours per person. This however is consistent with admitting individuals with higher acuity associated with a discharge to recover and assess model and is evidenced by a drop in the proportion of individuals that are discharged needing no ongoing care (from 53% in April to just 33% this month). It is also a possible explanation for the drop in the number of referrals to brokerage direct from Hospital (see page 15).</p> <p>Delays in social work reviewing the ongoing need for care and support of more individuals means that a significant portion of our capacity is being used to 'Bridge' clients and this is impacting the number of individuals that we are able to start and support in month.</p> <p>Continued delays in the recruitment process are hampering our ability to increase staffing capacity as quickly as we would like.</p> <p>We still have a number of staff who are shielding and for whom the local authority workforce risk assessment methodology will not facilitate a return to work.</p> <p>The take up of the Lateral Flow Tests amongst care staff is still lower than we would like.</p> <p>Our shift/rota pattern for Community Care Assistants in the Reablement Service does not give us the flexibility that we require to affect timely admissions to the service.</p>	<p>We will continue to monitor the destination on discharge data reasons of "Independent" and "Less Care" and review possible markers amongst admissions in those that left with "same or more" to further refine our admissions with the MDT.</p> <p>Participation of social work in our weekly MDT board rounds is beginning to support flow through the service to long term providers. This should result in more individuals leaving the service in a month</p> <p>We will continue to progress chase Employee Services regarding our new staff starters.</p> <p>We will continue to reinforce the positive benefits of lateral flow testing with staff, drawing upon the key messages from Welsh Government.</p> <p>We have concluded a review of the 6 month pilot rolling rota and will be submitting a business case to secure the additional funding required to augment our core establishment and address areas for improvement identified in our recent CIW inspection.</p> <p>With the support of the Transformation Team, we have reviewed the Community Care Assistant rota in the Reablement Service and will develop/model alternatives that will enable us to better meet our demand in a timely manner using our new staff rostering and care planning system (which has a Go Live date of August 23rd 2021).</p>

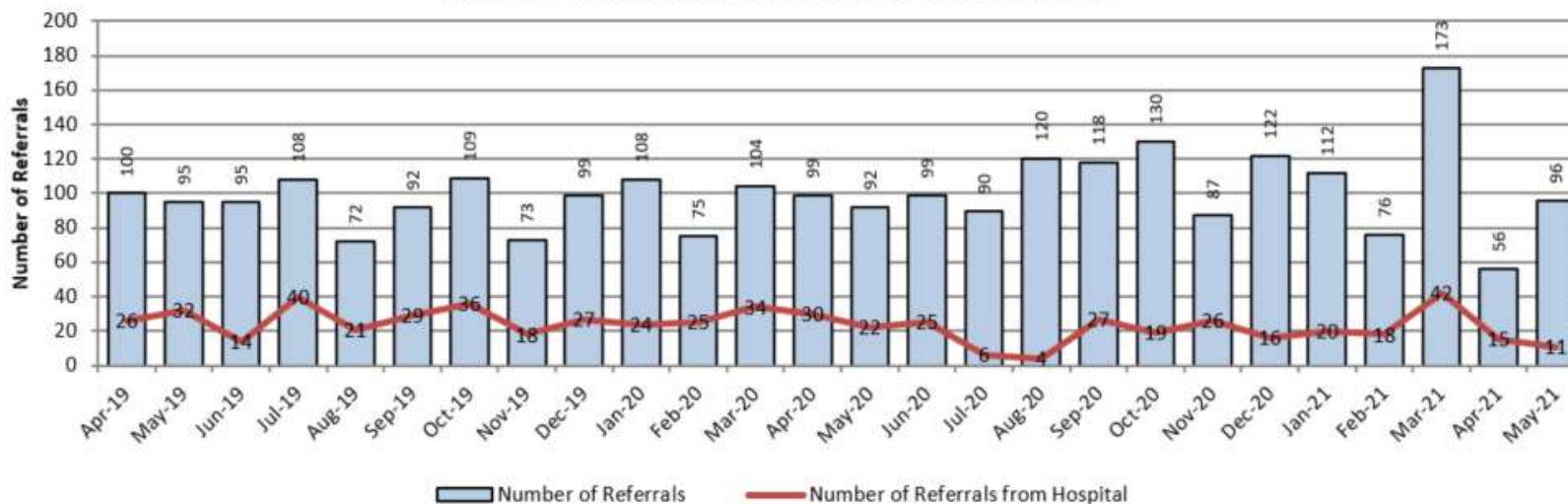


Long Term Domiciliary Care

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



Number of Referrals to Brokerage at Month End



Brokerage Reports are on the development list for the WCCIS team.

External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure. Implementation of vaccination programme for dom care workers across the private sector. Cost savings programme to reduce expenditure on under-delivered packages of care (Circa 840k to date) 	<ul style="list-style-type: none"> Ongoing Covid pressures caused by a possible third wave. Confirmation of ongoing COVID cost subsidies from Welsh Government post June 21. Ability of certain Providers to sustain certain domiciliary care runs if demand for services remains static. Significantly reduced capacity of 1 private sector service linked to performance of RI and care to individuals needing to transfer to other Providers Spike in demand for services linked to packages of care being handed back Impact of WCCIS changes on referral and allocation arrangements. 	<ul style="list-style-type: none"> Continue with review of care levels to ensure citizens are receiving the correct level of care. Keep RAG risk status under review. Continue to support and enable use of alternatives to Dom care. Consider reverting to block contract arrangements and review allocation arrangements to address market share and service sustainability risks. Use of manual referral and allocation systems pending resolution of WCCIS implementation issues. Contingency planning to transfer paid carers and service users to other external dom care providers Transfer of service users to internal services if required

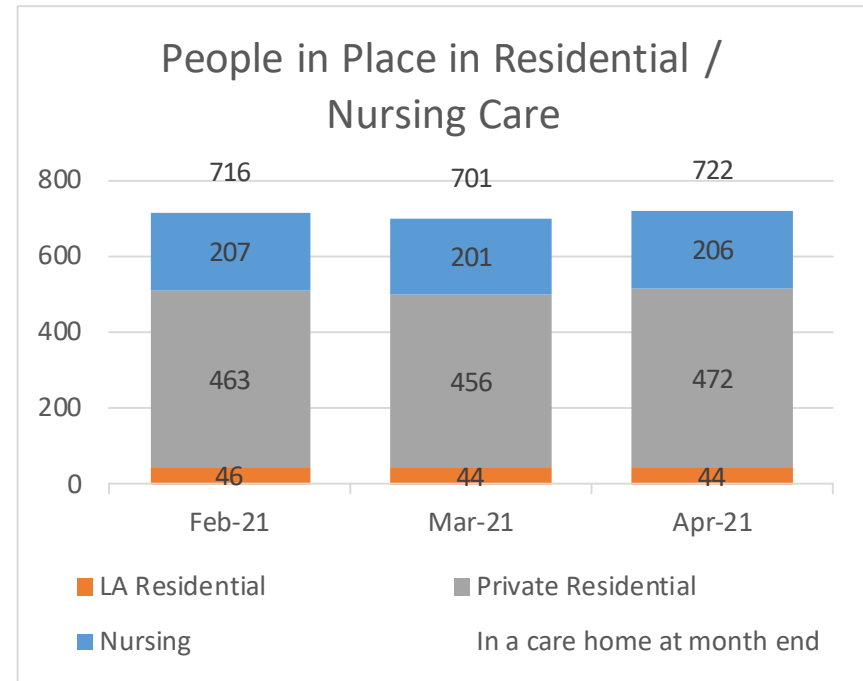
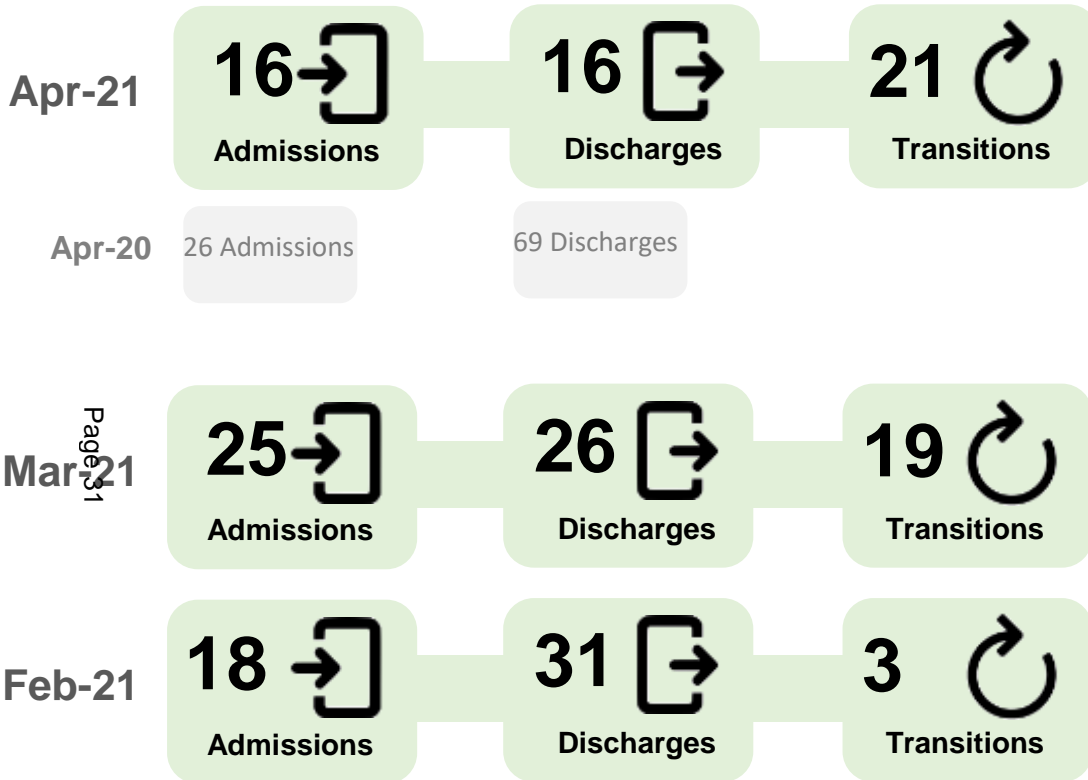
Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Increased staffing capacity following the induction of new recruits has enabled us to increase the number of individuals that we can safely support. • We continue to support the Reablement service in 'bridging' packages of care. • Unlike the Reablement Service, the Community Care Assistant rolling rota continues to work well in the Long Term Complex Care Service. • We continue to benefit from the timely supply of PPE. 	<ul style="list-style-type: none"> • As with reablement, staffing capacity is an issue given the level of vacancies and delays in backfilling being incurred. 	<ul style="list-style-type: none"> • As for community reablement



Residential/Nursing Care

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



Apr-20 840 People in place

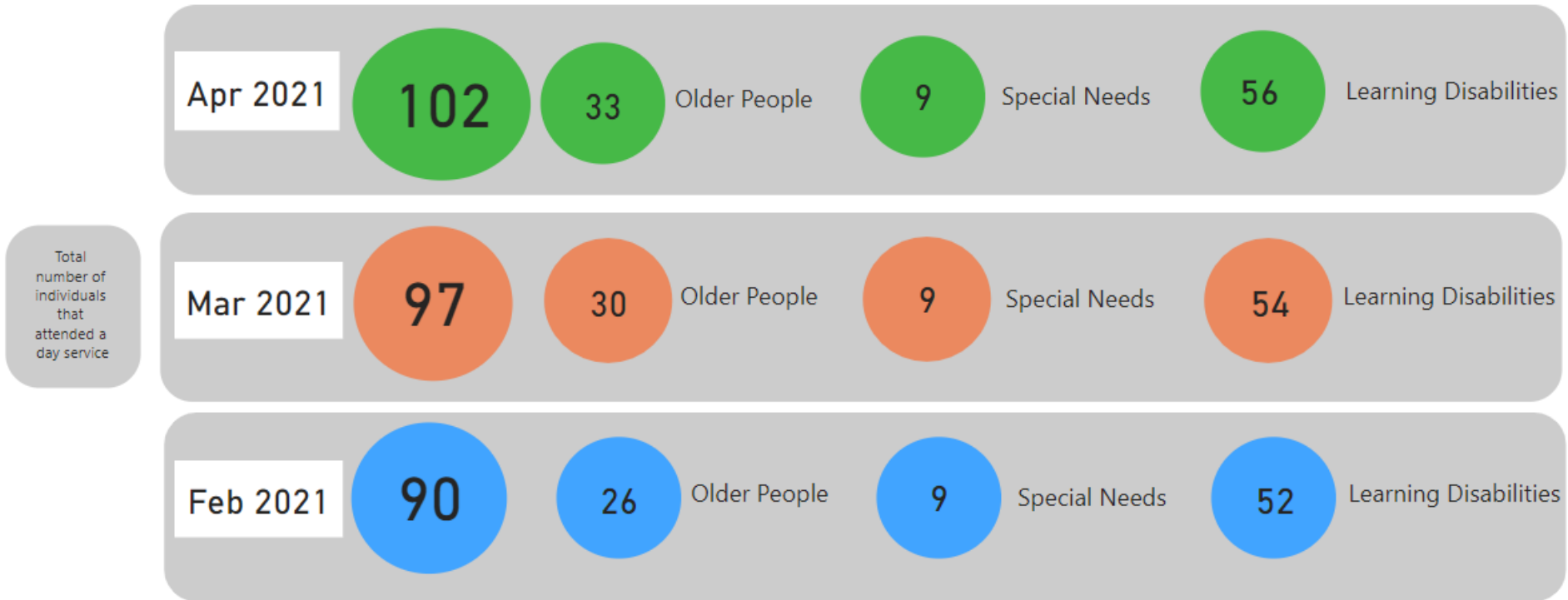
What is working well?	What are we worried about?	What we are going to do?
<p>Internal provision:</p> <ul style="list-style-type: none"> PPE and staff testing arrangements Use of discharge tracker to monitor flow through care homes on a weekly basis by PO/ Ops Manager and BSO manager with follow actions Recovery/Surge plan reviewed weekly and cascaded to Managers 	<p>Internal Provision</p> <ul style="list-style-type: none"> Bed vacancies in care homes are at a higher rate than pre Covid and impact on longer term sustainability. Sufficient staffing, within budgets, going forward, to meet higher complex needs Being able to offer support to individuals with long COVID may require extended 	<p>Internal Provision</p> <ul style="list-style-type: none"> All services are taking referrals and occupancy is monitored on a weekly basis. Capital Maintenance programme 21-22 agreed to improve facilities. Review of staffing structure / vacancies / temporary arrangements. Recovery/Reflection/Opportunities from

<ul style="list-style-type: none"> • Residential respite increased demand but still have capacity despite restrictions with Covid. • Some staff relocated from other services still supporting residential services. • Management teams working closely to support services to maintain compliance. • Services and staff have become very flexible and responsive to emergency requests and short term placements and assessments. • Testing process for both PCRs and LFTs in place. 	<p>periods of support with health and therapy input</p> <ul style="list-style-type: none"> • Impact of long COVID on staff • Post COVID effect on staff teams well-being • Positive cases and future lockdowns. • Increased testing increases workload and takes care staff away from their core duties. • Demand for planned respite and how to balance this with emergency requests, pressures from hospital to support discharge and community. 	<p>services are being capture to inform Service Plan and Commissioning Reviews going forward.</p> <ul style="list-style-type: none"> • BSOs returning to services on a phased basis to support performance data reporting. • Work with Occupational health colleagues to support staff, flexible working arrangements alternative duties etc. • Links with Counselling support service to provide de-brief sessions for teams and individuals • Use of BSOs or staff who cannot be hands on/restricted to support the testing regimes. • VMFs to be completed for vacant posts. • RST recruitment drive.
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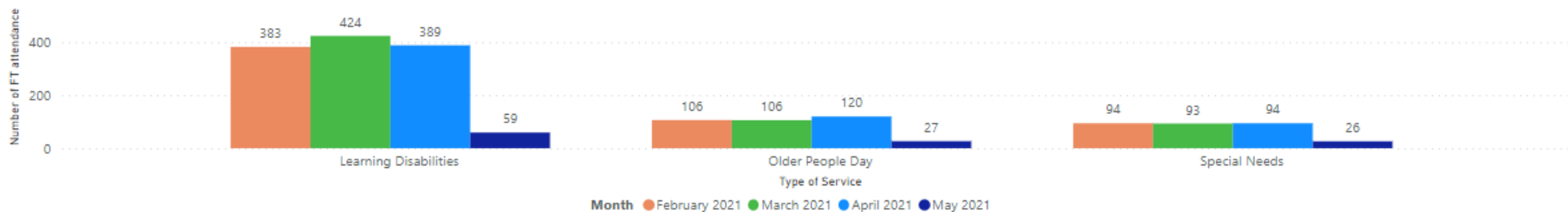
Day Services for Older People, Special Needs and Learning Disabilities

During the pandemic, there was a limited provision of Day Services and the capacity of each service was greatly reduced. The data below is extracted from Abacus and is the number of people who have attended a day service, not the number of places allocated (this will be available in the near future). Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data.

Page 33



The graph shows the total number of used places each month. As the restrictions ease, each service will increase their capacity.



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Re-opening of day services on a phased basis. • Ongoing communication with service users and families to ensure they are coping or flag up any needs. • Weekly meetings to monitor requests and outcomes. • Staff returning from supporting residential to increase services that can re-open. • Staff returning from sick leave. • Risk assessments and service capacity reviewed with Health & Safety Colleagues. • Due to reduced capacity on transport, more families are providing own transport. • Flexible opening hours. 	<ul style="list-style-type: none"> • Due to social distancing, services can only offer reduced capacity. Demand is starting to outstrip this in some services. • Some staff are still unable to work face to face. • Future shape of day services due to reduction/change in demand. • Increased pressures and issues of service users and families from remaining at home over the last year and changing needs. • Post COVID effect on staff teams well-being • Demand for transport increases yet still reduced capacity. • Ensuring BAU, compliance is in place • As services re-open, staffing resources are being stretched, with an impact on all services. • Staff need to take leave, which further impacts on staffing. 	<ul style="list-style-type: none"> • Continue to review requests on a weekly basis. • Review capacity of services. • Seek temp alternative duties for staff e.g. business support. • Review the critical functions and refocus, via Service reviews. • Work with Occupational Health colleagues to support staff, flexible working arrangements alternative duties etc. • Links with Counselling support service to provide de-brief sessions for teams and individuals • QA audits, business support. • Co-ordinated approach to re-opening day services, continue or delay move back to buildings. • Restrict places provided based on staffing levels as well as social distancing.



Safeguarding Response

Reports /Actions

96 Reports received in May 21

82 Thresholds completed
12 did not proceed to threshold
0 awaiting response

91 Reports were received in May 2020, 85 thresholds completed – 18 met the threshold, 57 did not meet threshold

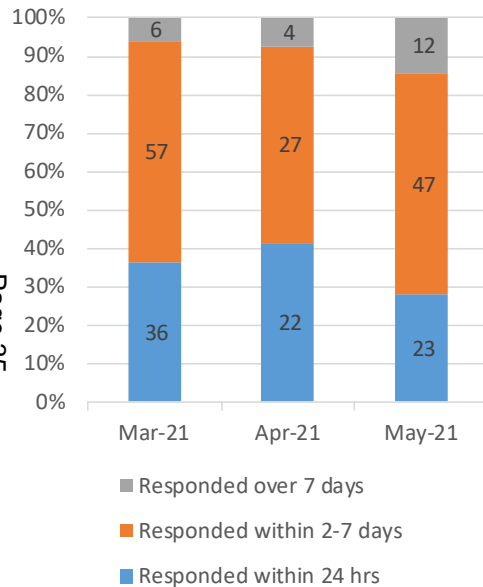
58 Reports received in Apr 21

53 Thresholds completed
3 did not proceed to threshold
0 awaiting response

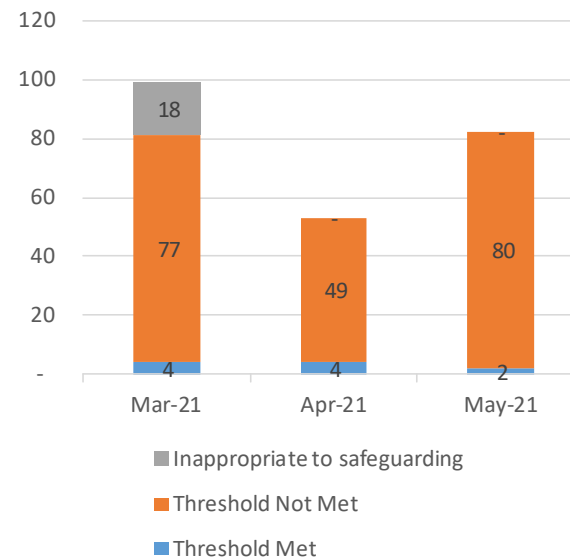
101 Reports received in Mar 21

101 Thresholds completed
2 did not proceed to threshold
0 awaiting response

Timeliness of response to Safeguarding Enquiry



Outcomes for Thresholds Completed

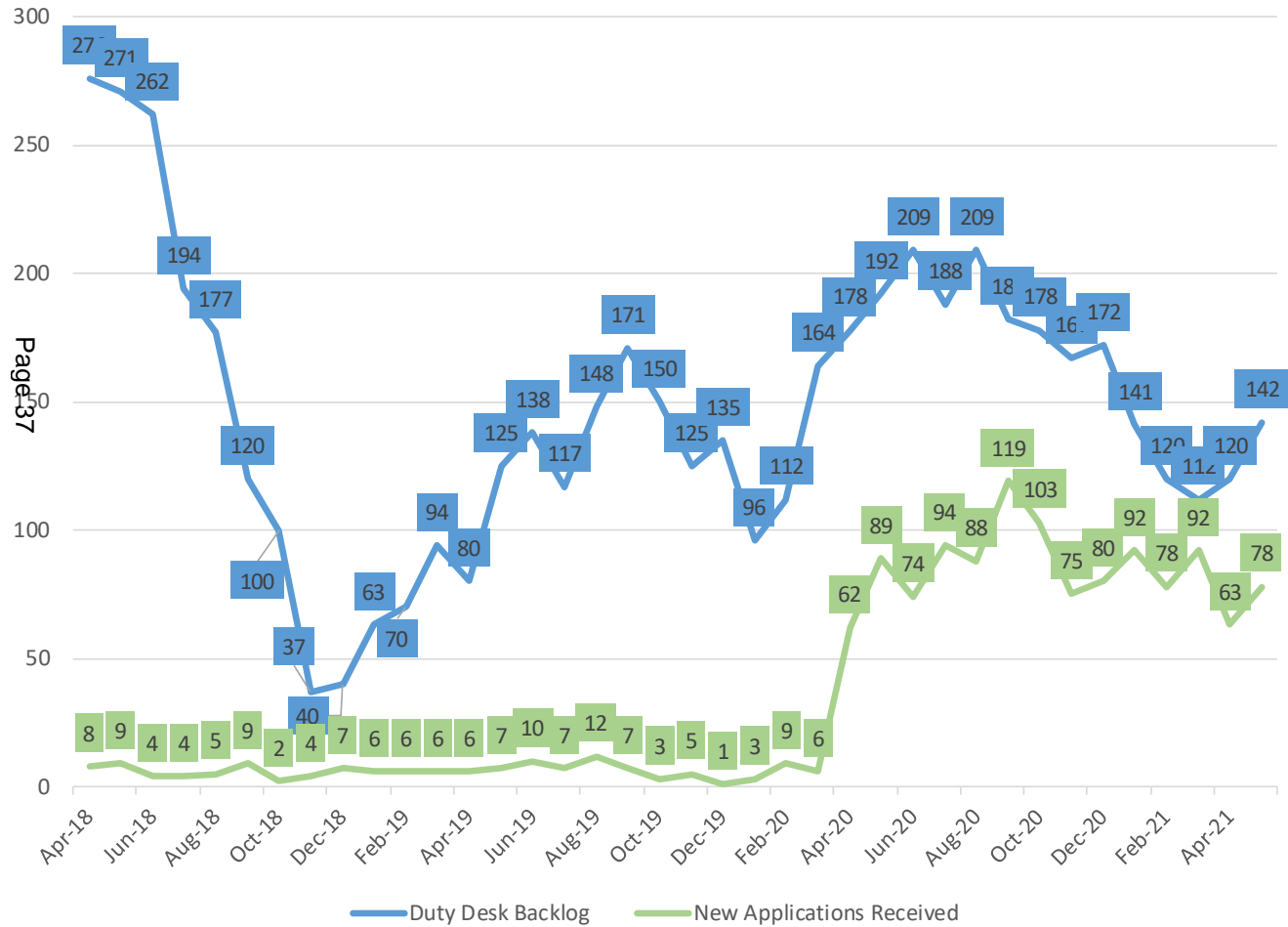


What is working well?	What are we worried about?	What we are going to do?
<p>* The Safeguarding Team are meeting with colleagues who are taking the opportunity to have Safeguarding Consultations prior to putting in an AAR Report. This means that we are receiving less inappropriate AAR Reports.</p> <p>* We are ensuring that we are hearing and demonstrating in our work that the person's voice is heard. Where appropriate the vulnerable person and their family is spoken to about the worries that have been shared.</p> <p>* The Team are offering to chair Multi-agency Safeguarding Meetings where there are low level worries. This encourages those involved in a case to think from a collaborative perspective, considering what they are worried about and what needs to happen next. This focus is on preventative work, reducing risk early on.</p> <p>* The Suicide Rapid Response (SSR) Meetings have successfully run since March 2020, however we recognise the need to consider the significant suicide attempts also, as these are increasing. Work is currently being undertaken to include these cases in SSR Meetings.</p> <p>* Statistics continue to evidence that the work the Team are undertaking in determination of AAR Reports, using a collaborative approach, is lowering the number of cases brought through Safeguarding.</p> <p>* Each Practitioner has their own portfolio of expertise to give robust guidance and advice. Four of the Team have undertaken ASIST training, to link with those who attempt suicide and to prevent significant harm occurring again in the future.</p>	<p>* Six of the eight staff members are on temporary contracts. As their experience, expertise and knowledge grows it is a worry that they may look for permanent Contracts elsewhere. This would undermine the good work that has been undertaken and the development of a skilled Team.</p> <p>* The Team staffing has reduced as a result of maternity leave and students coming to the end of their placements. The figures earlier in the year were often at, and under, the monthly average of 23 AAR Reports being received. As it currently stands we are receiving more AAR Reports to consider with less staff.</p> <p>* The current decline in our efficiency will be reflected in the statistics that will be reported, as we cannot always carry out the Section 126 Enquiries within the 7 day timescale.</p> <p>* As a result of the increase in AAR Reports and the reduction of staffing, the Team are incredibly busy which potentially increases the risk of sickness. However we have clear plans in place to quickly and effectively manage this current spike in Reports and to ensure that no vulnerable person is left in a position of risk.</p>	<p>* In order to try to manage this current spike in AAR Reports we have considered our functions and made adjustments to our weekly work including prioritising which multi-agency meetings are covered to focus on the most at risk cases. This position is being reviewed weekly.</p> <p>* Work is progressing with the Transformation Team to consider the staffing and processes of the Safeguarding Team.</p> <p>* One of the Students that completed her placement in the Safeguarding Team, has been employed for the summer months as a Care Management Officer. This will provide the Team with extra support during this busy period. An advert has been shared internally for an additional temporary Senior Practitioner to join the Team.</p> <p>* With the implementation of WCCIS we are now able to capture the consultation work that is being undertaken. We continue to review and develop the recording of good work that is being undertaken.</p> <p>* The Team have recorded anonymous data relating to attempted suicides. This will be used to consider the need for support and endeavour to access funding to support those persons in need.</p> <p>* The Team will continue to evidence the work being undertaken reduces the number of Reports that need to be brought through Safeguarding; safely determining alternative ways of better managing the cases.</p>

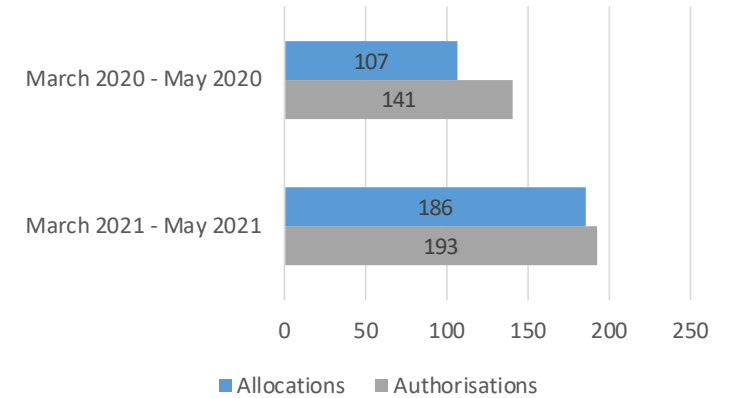


Timeliness of Deprivation of Liberty Assessments

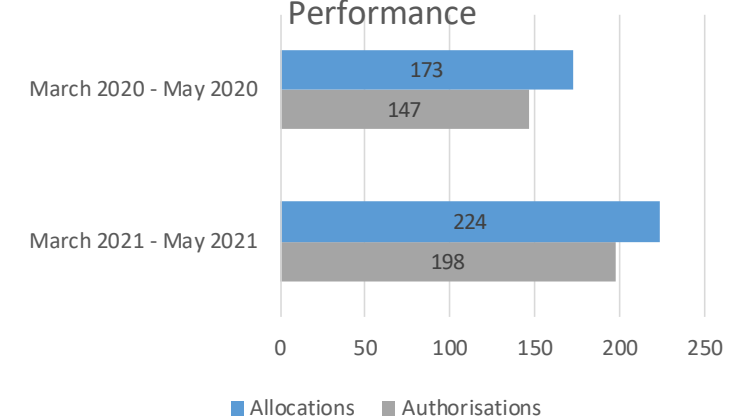
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • DoLS assessments continue to take place remotely due to the Covid-19 pandemic and the restrictions on visiting. Face-to-face assessments are undertaken in essential circumstances. • The Team have out-sourced 124 DoLS referrals that have been waiting on the duty desk. The Team will now be able to respond promptly to the referrals as they come in by allocating them straight away-this will prevent future delays. • The Team have a robust and efficient duty system in place which involves screening the referrals that come and are considered Urgent, Critical or High-we are also able to respond to query's and provide ongoing expert guidance and support to the Managing Authorities in respect of the DoLS. • The ongoing use of a 'Critical Projection Tool' allows us to prevent gaps in the DoLS authorisations of some of the highest priority applications (e.g. live court cases). • DoLS authorisations and refusals continue to be completed. • The DoLS Team have invested in purchasing specialist IT equipment (4 x iPads), which will be used to facilitate the Best Interest Assessor to reduce the barrier to communication. They iPads will also facilitate the participant by providing a range of visual, audio and tactile means to communicate their wishes and feelings. These devices will also allow the Best Interest Assessors and Doctors' to assess their capacity through further exploration that would otherwise be impossible. • Ongoing specialist DoLS training and training in relation to the new Liberty Protection Safeguards has been secured. 	<ul style="list-style-type: none"> • Ongoing sickness within the DoLS Team. • The higher levels of sickness has impacted on the DoLS Team being able to distribute the agreed number of allocations to Best Interest Assessors. Therefore, this increases the number of referrals placed on the duty desk. • Ongoing issues with WCCIS and capturing the DoLS Teams performance. • A continued increase in the number of challenges to DoLS authorisations being heard in the Court of Protection. • The 21 day Best Interest Assessment statutory timescale is not consistently being met. • The 28 day DoLS end-to-end statutory timescale is not consistently being met. • The Team have a limited number of signatory bodies who will be able to complete the 124 DoLS authorisation when the assessments have been completed by the agency. • Managing Authorities [MAs] don't always send in the appropriate documentation with their DoLS applications. • The availability of the DoLS Mental Health Assessors continues to be limited. This can impact on the number of allocations given to BIAs on a weekly basis and prevent us from being able to respond to those that require a prompt response. • The number of DoLS applications being submitted by MAs seems to remain low at present. There is likely to be an element of under-reporting. • The Supervisory Body [SB] doesn't currently, formally monitor all conditions set or formally prompt all renewal applications. • The forthcoming implementation of the LPS. 	<ul style="list-style-type: none"> • Expressions of interest for the interim Team Leader post. • The newly appointed temp senior practitioner will be starting shortly. • The DoLS Team will remain in contact and support staff who are on sick leave. • The Team will continue to carry out duty responsibilities in order to identify those that require a DoLS assessment quickly. • Ongoing use of the prioritisation tool to screen those that are considered Urgent, Critical and High priority. • DoLS applications will now be allocated to a Best Interest Assessor as soon as applications come in. • Equivalent assessments continues to be used where possible. • The commencement of the DoLS Team review has been arranged with the Transformation Team. • The 124 assessments completed by the agency will be equally distributed between the senior practitioners who will complete the authorisation. • DoLS admin and BIAs continue to sensitively contact MAs to request outstanding documentation as required. • The DoLS Team have regular discussions regarding any issues with WCCIS. DoLS admin and senior staff, continue to work with the WCCIS in order to develop systems and processes that ensure service delivery is maintained (and improved) now WCCIS has gone live. • Best Interest Assessors meet on a monthly basis as part of providing peer support-any issues identified are taken back to the WCCIS team • Consideration will be given to how the Supervisory Body will monitor all conditions and formally prompt all renewal applications. • Regional working groups have been set up to plan the implementation of the LPS across the region. • Team well-being is being closely monitored by DoLS senior staff, and systems are in place which includes peer support.

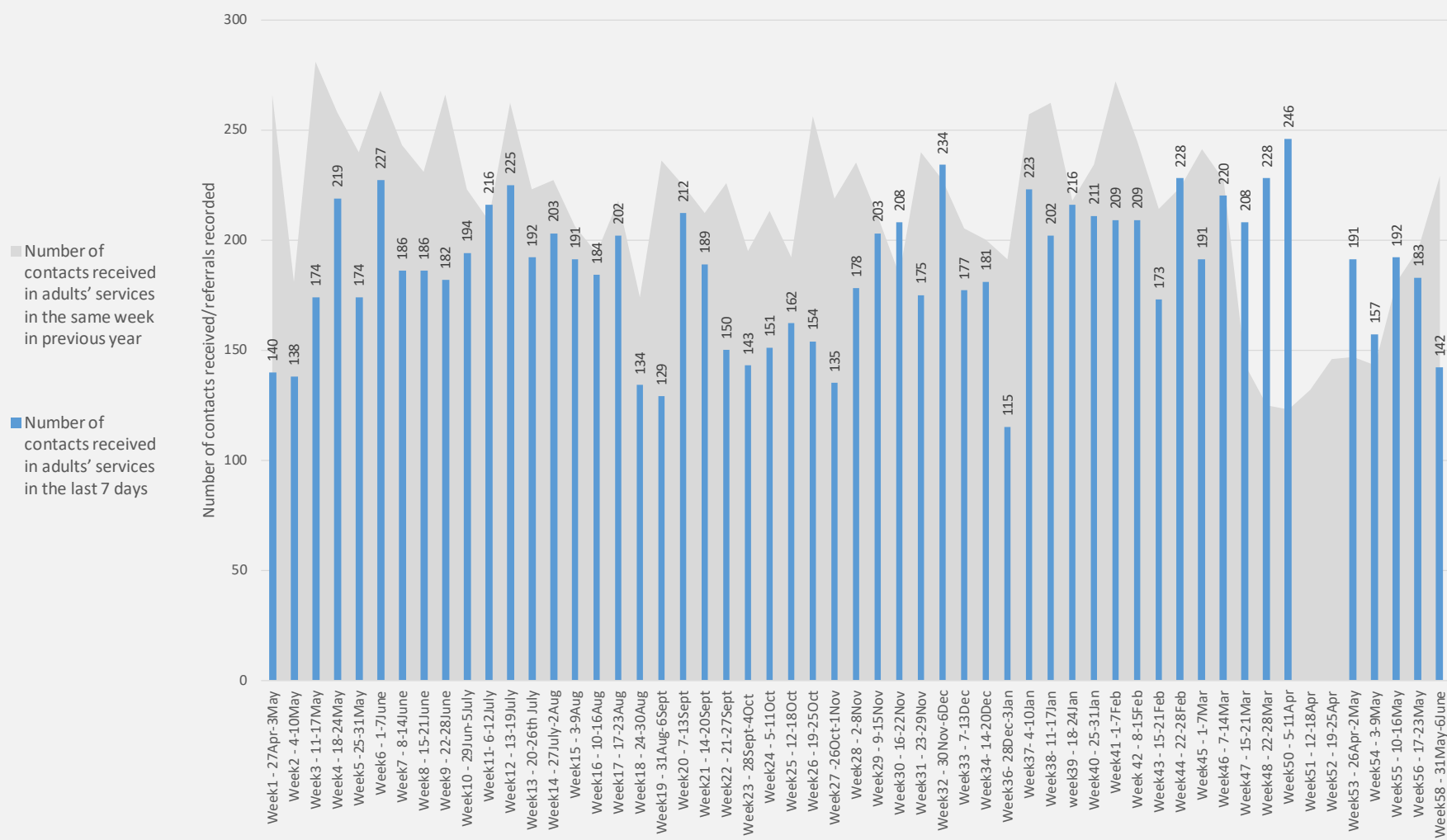


Weekly Welsh Government Adult Services Submission in Response to Covid19

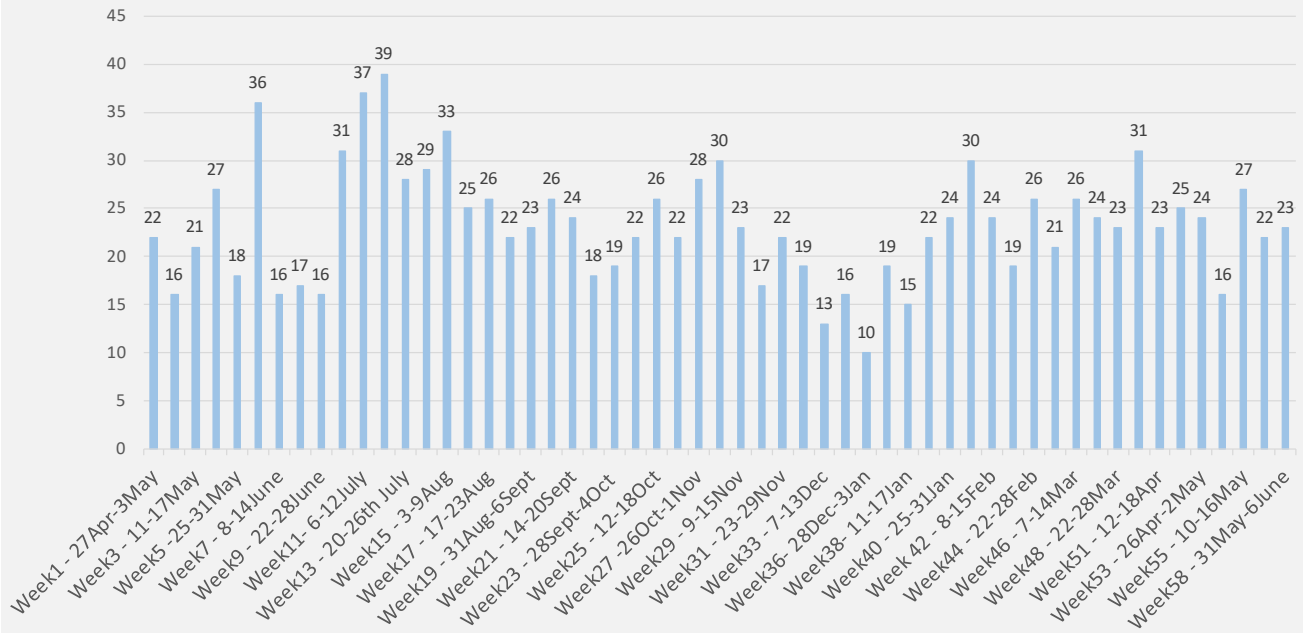
Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19, this has recently been changed to fortnightly (from week 56). The data has been gathered for 58 weeks to date. Data for Week 35 (Christmas Week) and Week 49 (Easter Week) were not submitted at the request of Welsh Government. We are also missing some weeks data due to the migration to WCCIS

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

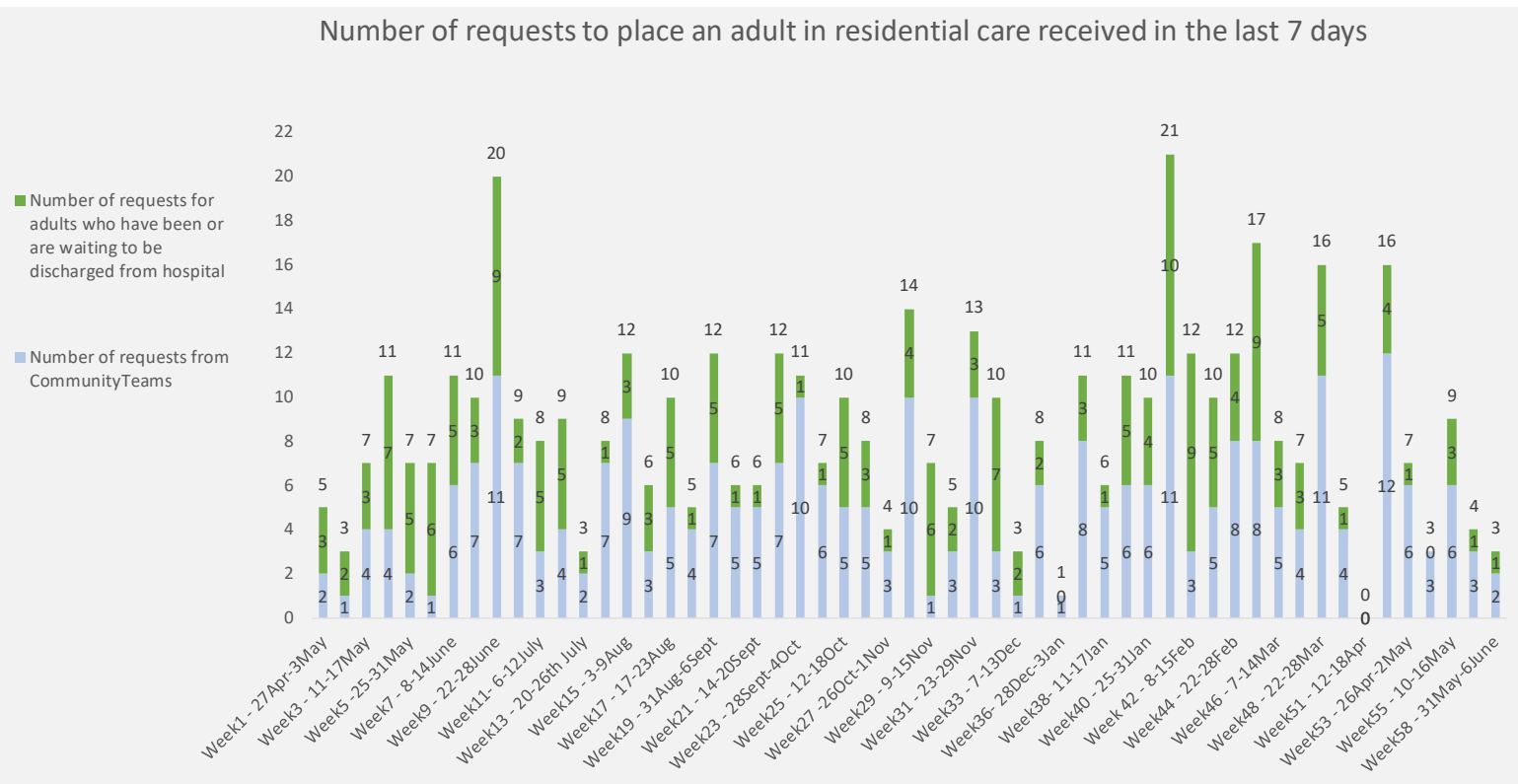
Number of Contacts Received (referrals recorded) each Week in the Common Access Point



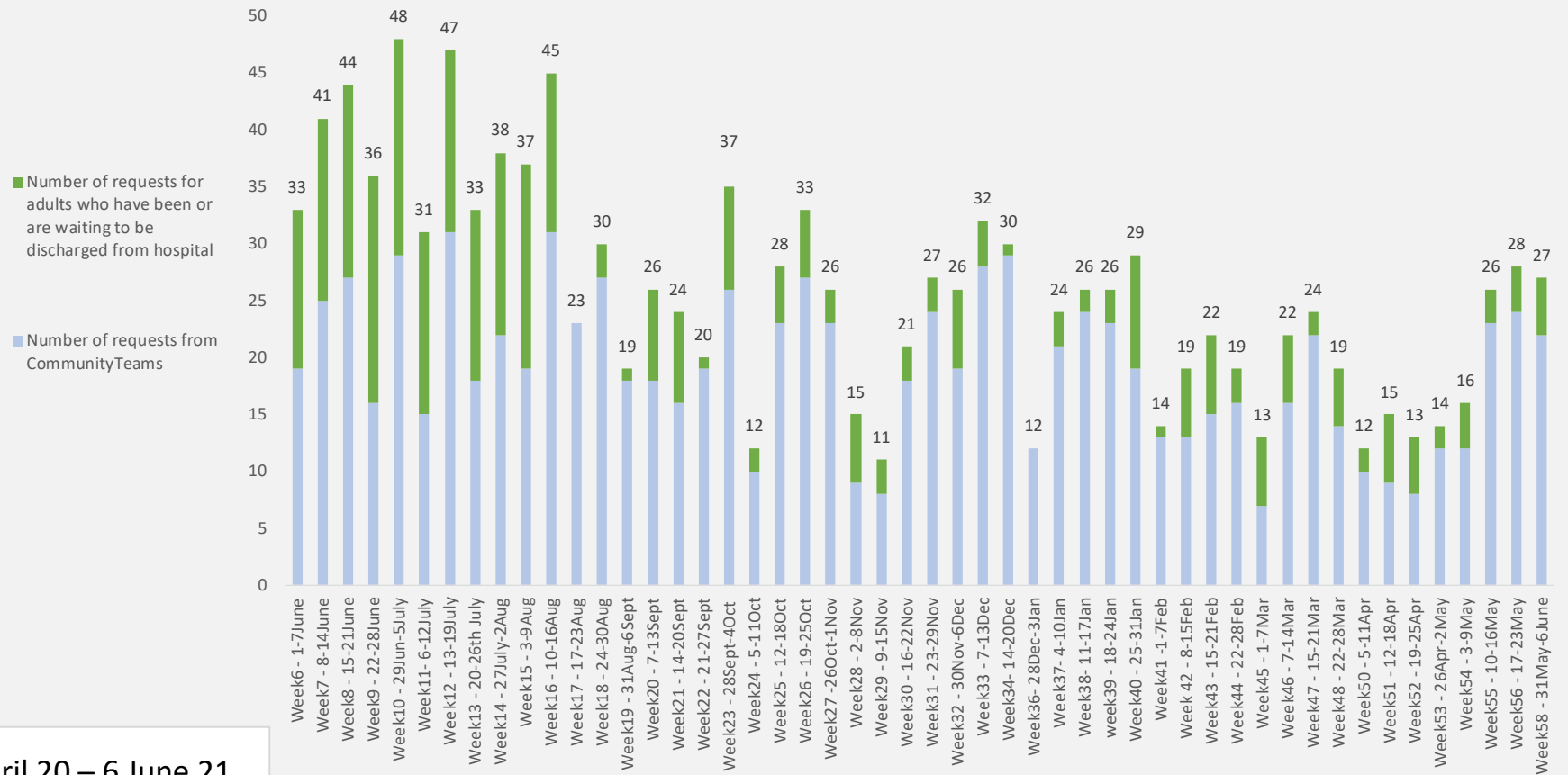
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



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



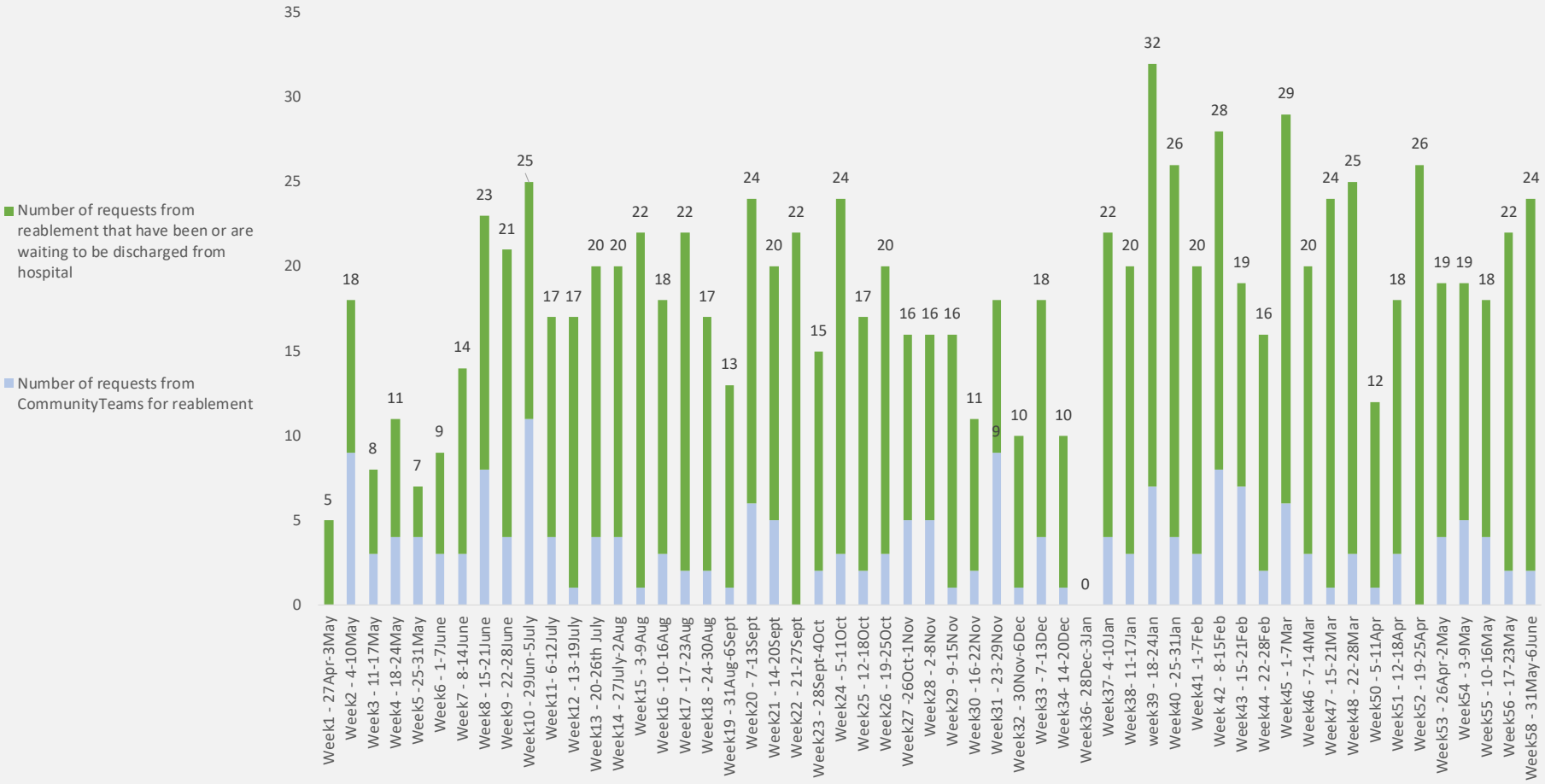
Number of requests to provide care at home received in the last 7 days



Between 27th April 20 – 6 June 21

71

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



Agenda Item 8

Report of the Convener

Adult Services Scrutiny Performance Panel – 14 July 2021

Adult Services Scrutiny Review of the Year 2020/21 and Draft Work Programme 2021/22

Purpose:	To reflect on the Panel's work, experience, and effectiveness over the past year, and to develop a work programme going forward that will provide ongoing challenge to Adult Services performance, to ensure that as the service is undergoing major change, performance is maintained and that further improvements are made across all areas of the service.
Content:	Summary of the Year's Activities 2020/21; Draft Work Programme 2021/22
Councillors are being asked to:	Reflect on the past year's activities; Share ideas to improve the effectiveness of Adult Services Scrutiny; Agree the work programme for the Council year 2021/2022.
Lead Councillor:	Susan Jones, Convener Adult Services Scrutiny Performance Panel
Lead Officer & Report Author:	Liz Jordan, Scrutiny Officer Tel: 01792 637314 E-mail: liz.jordan@swansea.gov.uk

1.0 Review of the Year 2020-21

1.1 The Panel is invited to reflect on the year's scrutiny work, experience and effectiveness. Any ideas that will improve the effectiveness of the scrutiny of Adult Services are welcome.

1.2 To aid Panel Members, a summary of the year's work 2020/21 has been included at 1.3.

1.3 Adult Services Work Programme 2020-21:

Date	Items Discussed
Meeting 1 20 Oct 2020	1. Performance Monitoring 2. Sickness Levels in Adult Services briefing 3. Adult Services Work Programme 2020/21
Meeting 2 - Joint Social Services Meeting 16 Dec 2020	1. Update on Managing Covid-19 pandemic 2. Performance Monitoring

Meeting 3 - Joint Social Services Meeting 26 Jan 2020	1. Update on Managing Covid-19 pandemic 2. Performance Monitoring
Meeting 4 - Joint Social Services Meeting 15 Feb 2021	1. Draft Budget Proposals for Child and Family Services / Adult Services 2. Update on Managing Covid-19 pandemic
Meeting 5 9 Mar 2021	1. Update on West Glamorgan Transformation Programme (including update on actions following WAO Report on Integrated Care Fund)
Meeting 6 20 Apr 2021	1. Performance Monitoring 2. Update on how Council's policy commitments translate to Adult Services

- 1.4 Some of the questions the Panel may want to consider:
- What went well?
 - What did not go so well?
 - Has the Panel's work focused on the right things?
 - What have we learnt that will help us with future AS scrutiny?

2.0 The Future Work Programme 2021-22

- 2.1 The Panel agrees the Adult Services Scrutiny Work Programme in May/June each year for the coming council year. The work programme can now be discussed and agreed for the 2021-22 Council year.
- 2.2 The draft Work Programme 2021-22 is attached at Appendix 1. This work programme is a combination of issues outstanding from last year, items the Panel looks at annually or has chosen to keep a watching brief on, and items highlighted to the Panel as key issues by the Adult Services Department/Cabinet Member.
- 2.3 The Panel is asked to consider and discuss the draft Adult Services Scrutiny Work Programme attached, to make any additions/amendments as required and then to agree its contents.

Appendix 1

ADULT SERVICES PERFORMANCE PANEL WORK PROGRAMME 2021/22

Meeting Date	Items to be discussed
<p>Meeting 1 Wednesday 2 June 2021 4pm</p>	<p>Confirmation of Convener</p> <p>Update on Adult Services Transformation Programme <i>Amy Hawkins, Interim Head of Adult Services</i> <i>Helen St John, Interim Head of Integrated Community Services</i> <i>Lucy Friday, Principal Officer Transformation</i></p> <p>Briefing on Annual Review of Charges (Social Services) 2020/21 <i>Dave Howes, Director of Social Services</i></p> <p>Actions from WAO report 'Front door to Adult Social Care' – Recommendation: Impact of Preventative Services (specific action: to use feedback from the study and whether any additional improvement actions needed) (Agreed at March 2020 meeting) <i>Amy Hawkins / Helen StJohn</i> <i>Lucy Friday</i></p>
<p>Meeting 2 Wednesday 14 July 2021 3.30pm</p>	<p>Performance Monitoring <i>Amy Hawkins / Helen St John</i></p> <p>Initial Feedback from CIW Assurance Visit - verbal <i>Dave Howes / Amy Hawkins / Helen St John</i></p> <p>Review of the Year and draft Work Programme 2021-22</p>
<p>Meeting 3 Wednesday 8 September 2021 3.30pm</p>	<p>Workforce Support Programme - Support for Health and Social Care Staff <i>Dave Howes</i> <i>Deborah Reed, Principal Officer Resources</i></p>
<p>Meeting 4 Wednesday 20 October 2021 3.30pm</p>	<p>Social Services Budget Monitoring (including income streams and discussion about 'service descriptors' etc) <i>Dave Howes, Director of Social Services</i> CFS Panel Members to be invited for this item</p> <p>CIW Assurance Visit Full Report <i>Dave Howes / Amy Hawkins / Helen St John</i></p> <p>Feedback on Inspection of Domiciliary Care Services <i>Amy Hawkins / Helen St John</i></p>

<p>Meeting 5 Tuesday 30 November 2021</p> <p>4pm</p>	<p>Performance Monitoring Amy Hawkins / Helen St John</p> <p>Options Appraisal for Assistive Technology and Community Alarms (Agreed pre March 2020) <i>Helen St John / Peter Field / Lucy Friday</i></p> <p>Commissioning Reviews Progress Update <i>Amy Hawkins? Helen St John?</i></p>
<p>Meeting 6 Wednesday 12 January 2022</p> <p>4pm</p>	<p>Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Adult Care and Community Health Services</i> <i>Dave Howes</i></p> <p>Local Area Coordination Update <i>Amy Hawkins? Helen St John?</i></p>
<p>Additional Meeting Budget</p> <p>Date TBC</p>	<p>Draft Budget Proposals for Adult Services</p>
<p>Meeting 7 Wednesday 2 March 2022</p> <p>3.30pm</p>	<p>Performance Monitoring Amy Hawkins / Helen St John</p> <p>Update on West Glamorgan Transformation Programme <i>Kelly Gillings, Programme Director</i></p>

Future Work Programme items:

- Update on Support for Carers (including Assessments) **Currently scheduled to go to CFS Panel on 13 December 2021 – AS Panel Members to be invited.**
- Complaints Annual Report 2020/21 for Adult Services / Child and Family Services (Sarah Lackenby, Chief Transformation Officer) **Currently scheduled to go to CFS Panel on 13 December 2021. AS Panel Members to be invited.**
- WG report: Rebalancing care and support - A consultation on improving social care arrangements and strengthening partnership working to better support people's well-being (Date TBC) **(CFS Panel Members to be invited for this item)**
- Progress update on Outcomes Budgeting TBC
- Wales Audit Office Reports (dates to be confirmed)