

Adult Services
Summary Management
Information Headline Report
Data for August 2020



Cyngor **Abertawe**
Swansea Council

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

The 'Possibilities for People' event was held to bring forward ideas about how to shape and enhance the health and wellbeing of the region. Key themes emerged which will be followed up, following the principles of co-production; community Resilience, future planning, technology, foundational economy and wellbeing.

We continue to see an increased demand for Day Support. The majority of day support buildings have now re-opened, although the capacity is significantly reduced to around 20% and alternative support options continue to be discussed with individuals and carers.

The team are continuing with the review of domiciliary care levels to ensure citizens are receiving the correct level of care and this will free capacity in some cases this has been more than 20%.

The Safeguarding Team are nearly at full staffing capacity and able to manage the majority of adult at risk reports that are received.

DOLS applications continue to be prioritised to dealing with Urgent, Critical and there has been no reduction in the backlog yet, but there has been a slight reduction in the new applications.

There has been a significant increase in the amount of Adult Mental Health assessments requested and an increase in court of protection work.

The core forms and care assessment tools for Adult Services incorporating collaboration communication have been finalised for WCCIS.

Staff based in Civic Buildings are now able to return on rota basis and risk assessments for the adaptation of services to remain covid secure continue to be discussed and agreed with the Unions.

Helen StJohn, Head of Integrated Services Summary

July 1st saw the launch of the Regional Rapid Hospital Discharge guidance following the development work that has taken place at pace and which builds on the Hospital 2 Home scheme launched in December 2019. The RHD work was undertaken as a regional Covid response with the aim of supporting the timely and streamlined discharge from the acute hospital sites. We have effectively created a "front door" single point of contact for hospital discharges with a MDT triage function to ensure that individuals are directed into the most appropriate services to meet their reablement / rehab needs.

The figures for community reablement reflect the significant increase in referrals since the launch of the RHD. This has very quickly absorbed dom care capacity. We are also experiencing increased demand and complexity of needs of those individuals contacting our community front door or Common Access Point. Our reablement dom care services are under pressure in terms of both numbers of those requiring support and the actual support requirements of each individual.

The flow from hospital through Bonymaen House has increased in line with the return to occupancy of the hospital sites. The establishment continues to succeed in supporting return home for most temporary residents following their reablement.

The rate of uptake of carers assessments remains low, which requires a more detailed understanding given the likely impact of the current service restrictions on informal carers during the pandemic. We are also keen to increase the number of carers assessments performed for those who do request them.



Common Access Point

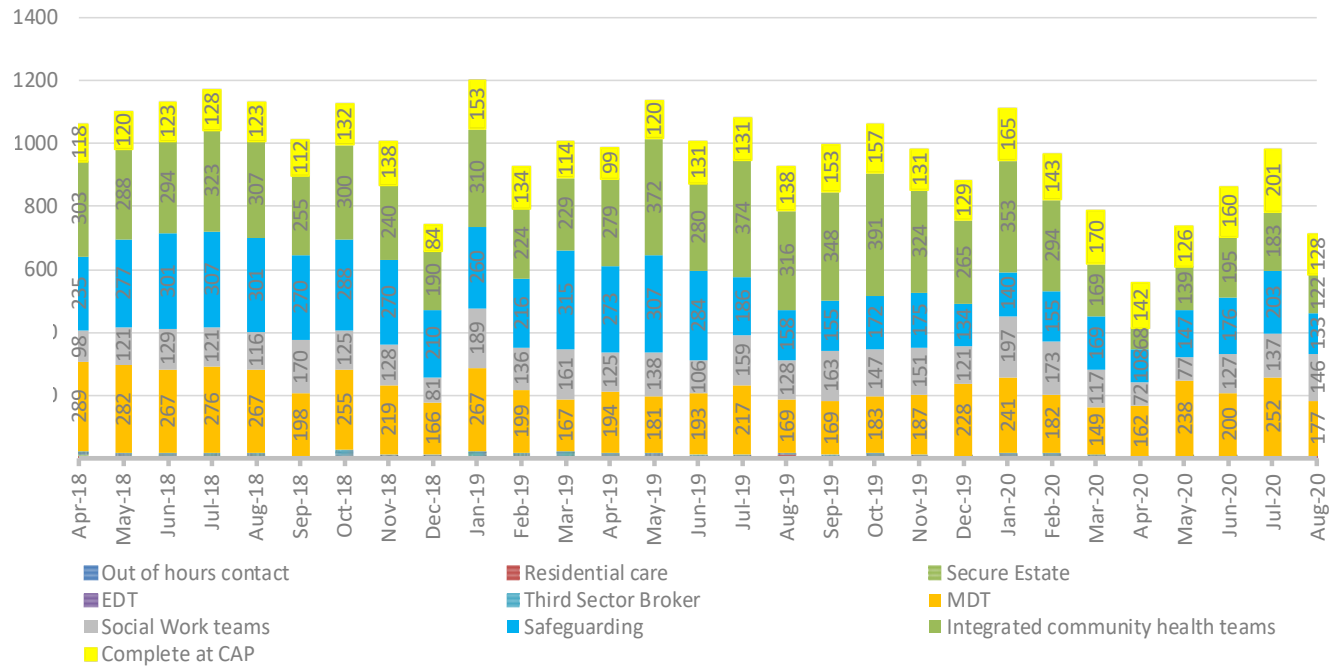
Enquiries created at the Common Access Point

712 enquiries in Aug 20

- 128 Closed at CAP
- 177 MDT
- 133 Safeguarding/Dols/PPN
- 146 to SW Teams

981 enquiries in July 20

- 201 Closed at CAP
- 252 MDT
- 203 Safeguarding/Dols/PPN
- 137 SW Teams



925 Enquiries were created by CAP in August 2019
 SW Teams 2019 average was 144 per month

What is working well?	What are we worried about?	What we are going to do?
<p>July saw an increase in contacts from the previous months. However, a low number during August. The team are working closely together, and have been supporting the demand coming through CAP.</p>	<p>Staff sickness and the increase of calls through the system. 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.</p> <p>The decline (percentage) in enquiries received into the Common Access point which we are able to resolve at the single point of contact. This could demonstrate the increased complexity of the types of contact as support/resilience plans put in place in March/April begin to erode.</p>	<p>Recruiting to the MDT and A&I's. Continually monitor the current stats during the development of the restructure.</p> <p>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.</p> <p>Maintaining this balance will be supported by the planned restructure of social work resource focused upon the key functions of initial assessment & long term reviews.</p>

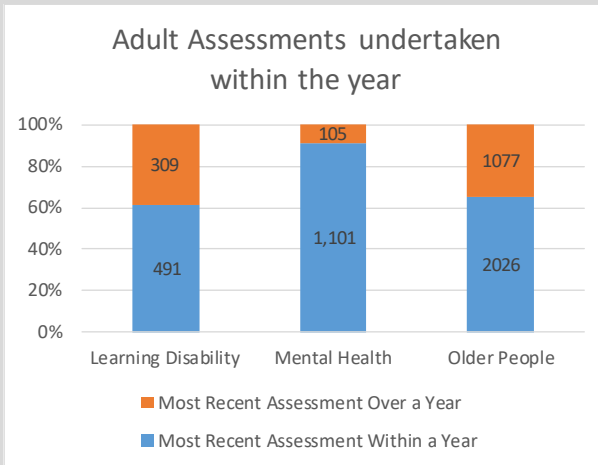
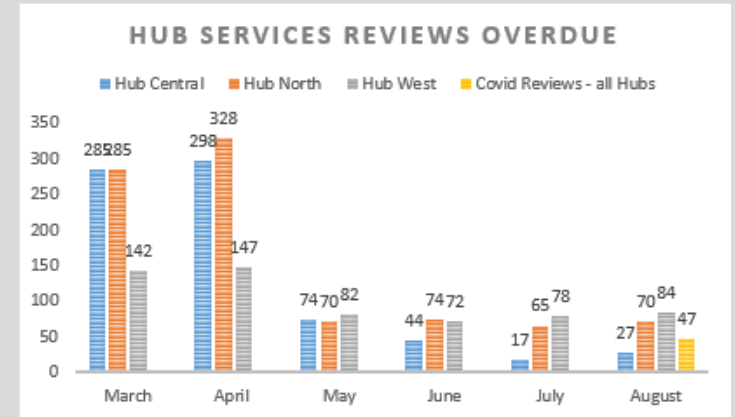


Reviews of Allocated Clients

71% of all reviews across Adult Services were completed within a year (15 Sep 2020) 3615 of 5106 reviews.

78%

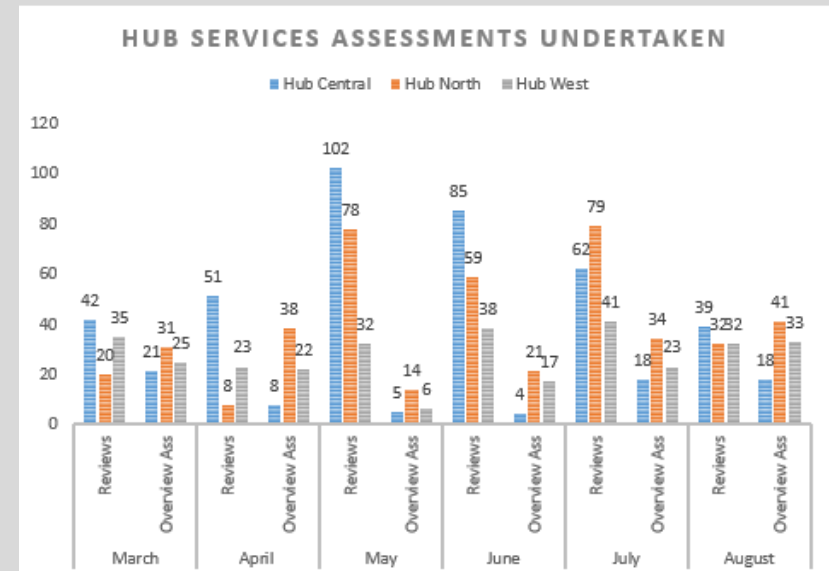
of Hub Services Overdue Reviews have been carried out between March – August 2020



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

61% of LD clients were reviewed/reassessed within a year

65% 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 three integrated Hub teams have focussed on completing reviews between May and July and this has significantly reduced the numbers of outstanding reviews.</p> <p>Proposed temporary 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>Initially team changes will merge outstanding reviews and historical data is likely to seem significant.</p> <p>Suggested timeframes are new to team and practitioners and may take time to imbed to achieve increased outputs.</p> <p>COVID19 surge/super surge parameters will impact on the team's ability to complete statutory reviews as practitioners will be 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>



Carers and Carers Assessments

141

carers identified (Aug 20)

125 offered assessment

20 assessments undertaken

Aug 2019: 144 carers identified, 125 offered assessment
42 declined, 79 wanted (63%), 4 not recorded
45 assessments undertaken

169

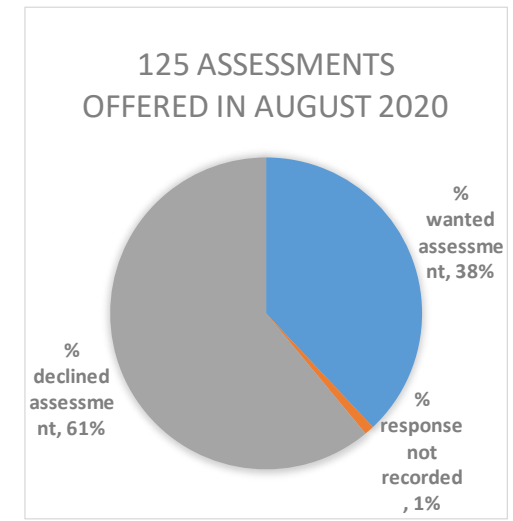
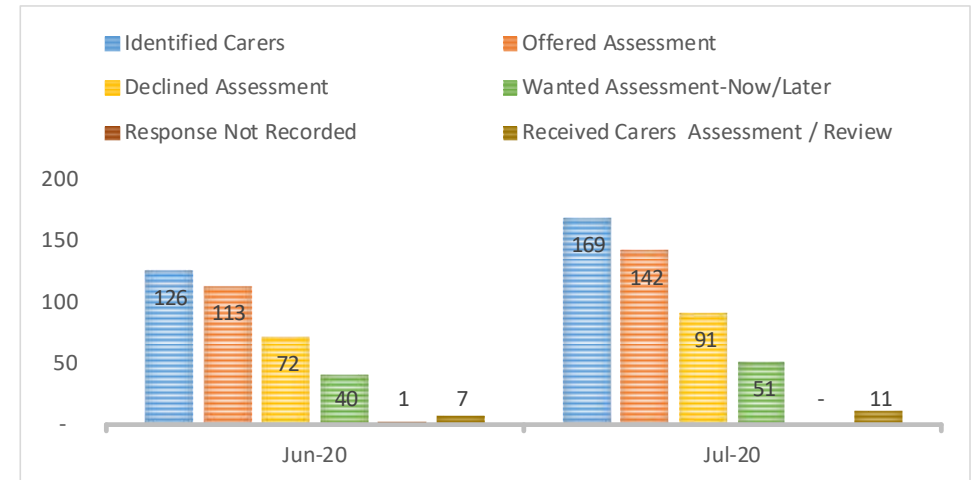
carers identified (July 20)

142 offered assessment

11 assessments undertaken

Assessments wanted:

38% (Aug) up from 36% (July), 35% (June), and down from 40% (May), and 44% (April)



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.

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). We also need to complete more assessments for those that do request them.

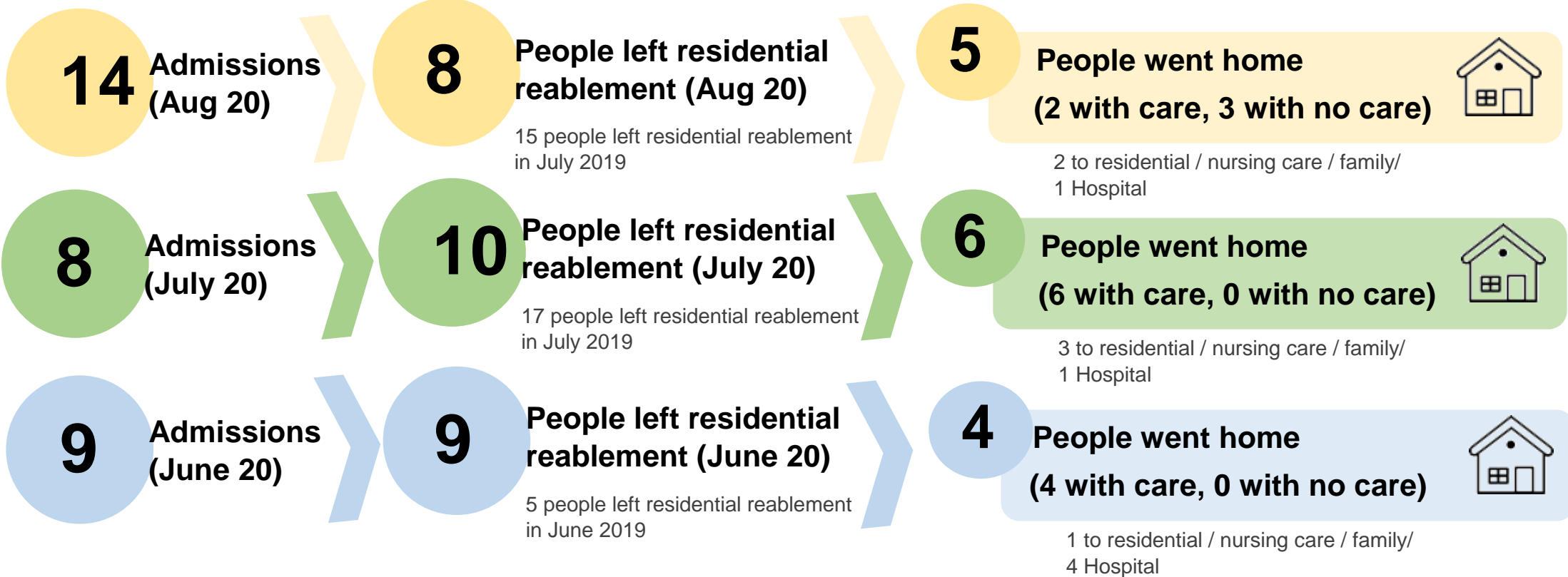
What we are going to do?

Those carers declining an assessment is still high; this topic is being assessed within the Regional Carers Partnership Board, where a working group included carers, are looking at reasons for declined assessments.



Residential Reablement

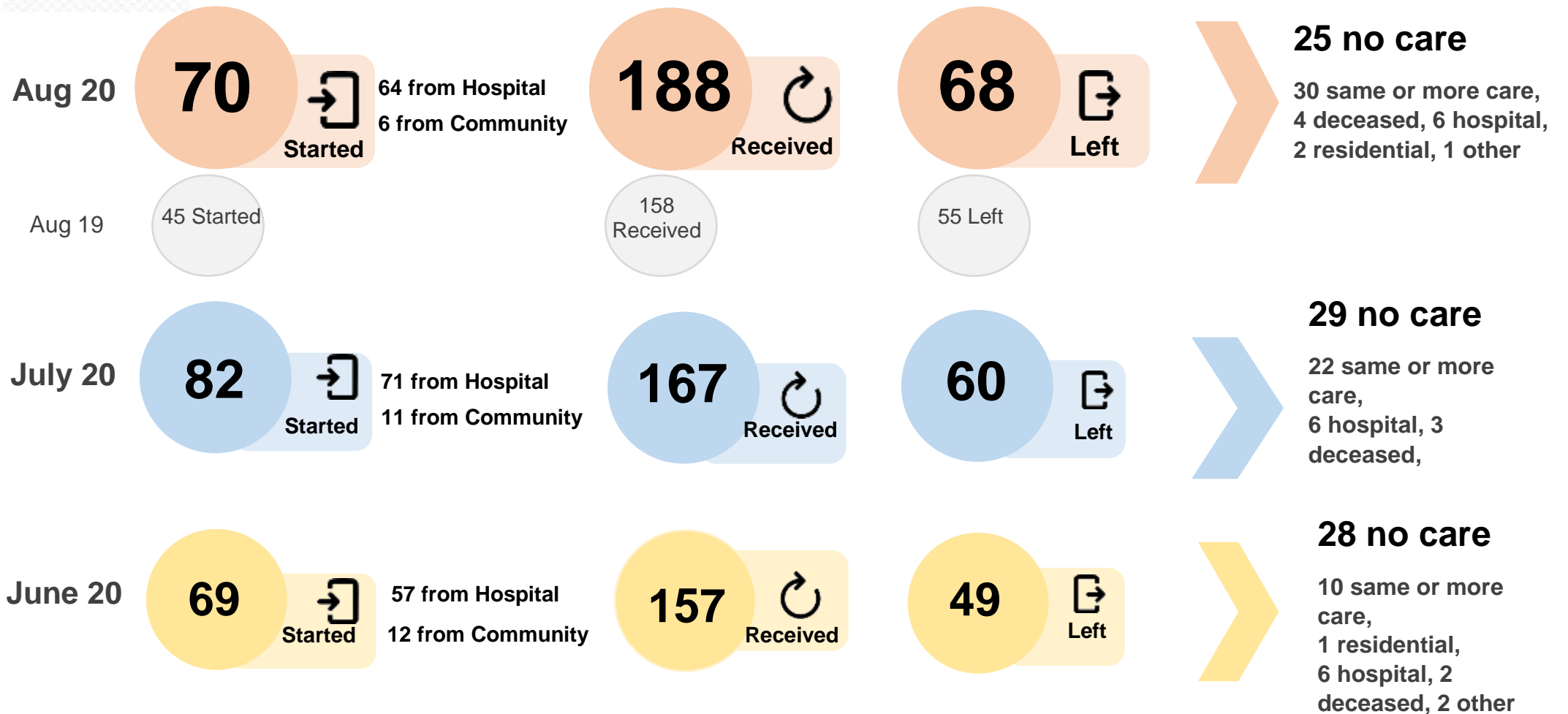
During June, July and August Residential Reablement services had an overall percentage of 56% of people returning to their own homes, independently and with care packages. During April, Step Down Beds were made available in a number of other Residential Care Homes and we are currently working with the Transformation Team on processes and methods to record the necessary information.



What is working well?	What are we worried about?	What we are going to do?
Admissions into Bonymaen House have picked up as the hospitals gradually start to open up.	The reduction in the numbers of individuals returning home with no care needs.	Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage.



Community Reablement



Hours of Reablement Provided a Month

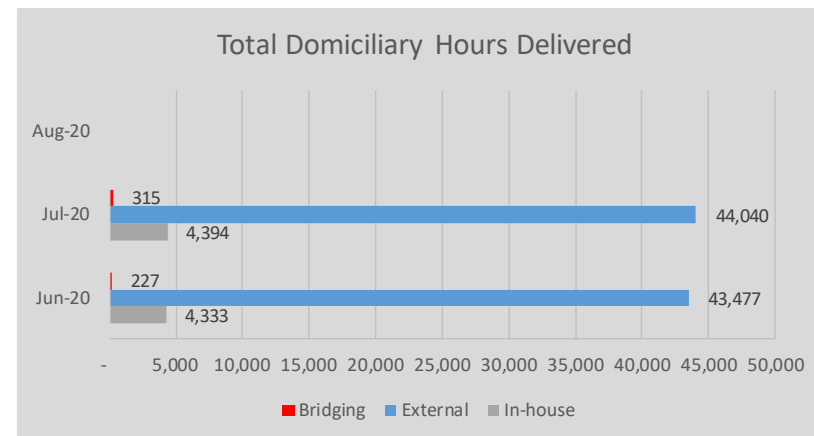
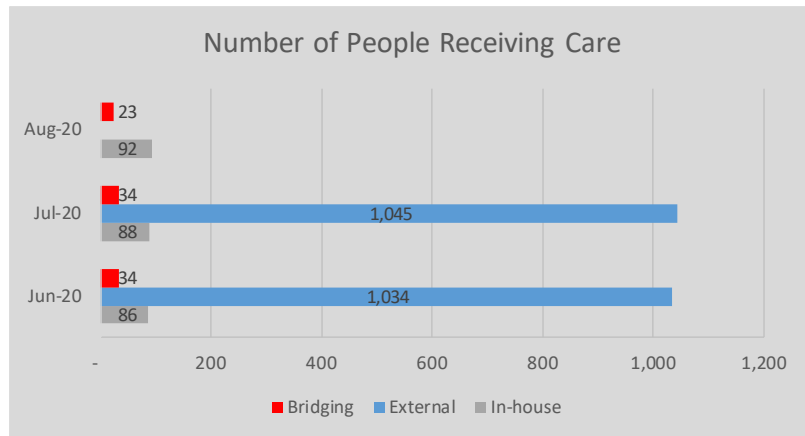
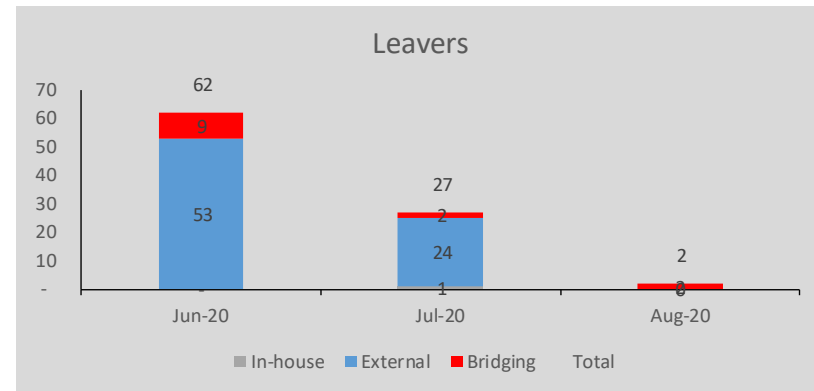
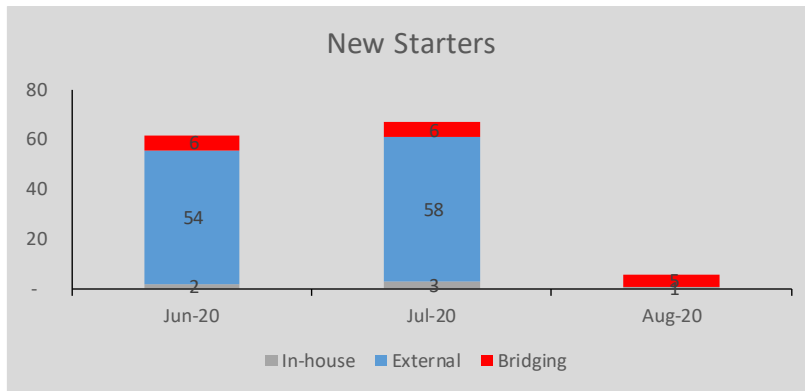
Aug 2020: 1886	Jul 2020: 1669	Jun 2020: 1005
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What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of RHD – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which operational / start up issues are discussed and resolved by all partner agencies.</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 data for July demonstrates the change in the cohort of individuals being referred into the service. Number of hours of care delivered has increased significantly with a relatively small increase in numbers of individuals receiving support - this demonstrates that the complexity and support needs of this patient cohort exceed what was anticipated.</p> <p>As predicted our care capacity has been very quickly absorbed by double handed support requirements.</p> <p>This is certainly the feedback from the Staff.</p>	<p>Reintroduced the community discharge liaison nurses into the Regional Rapid Discharge referral MDT. To help with triage and looking at how we direct individual referrals for those with clear long term care and support needs, with no right sizing or rehabilitation potential to alternative areas of service support. This helps to keep the flow moving through reablement within the regional rapid discharge model.</p> <p>We are contributing to the early formal review of the RHD scheme to inform the ongoing developments. This includes looking at how we best utilise Gorseinon and Bonymaen step down resource and the Long Term Complex Care Service.</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 August 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. Provision of additional funding via WG subsidy to cover additional Covid related expenditure.</p> <p>Implementation of the £500 carers payment.</p>	<p>An impact to services caused by the current increase in community Covid transmission that has potential to reduce Provider capacity and create additional demand on services and resources.</p> <p>Possible negative impact of reverting to spot contract form block contract arrangements (which may make it more difficult for a few providers to operate services).</p>	<p>Appointment of two new Providers to the domiciliary care framework to create additional services. Continue with review of care levels to ensure citizens are receiving the correct level of care. This will free capacity 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. Consider reverting to block contract arrangements where service sustainability risks are identified.</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 Long term service holding bridging packages of care for a protracted period of time as external providers become saturated.</p> <p>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>



Delayed Transfers of Care (DToCs)

Health are not producing DTOC information currently due to current crisis. Below is the last set of data provided.

37

Delays in Mar-20

9 Social Services reasons - 24%
(3 Awaiting PoC - 33%)

28 Health / Other reasons

42

Delays in Feb-20

21 Social Services reasons - 50%
(10 awaiting PoC – 47%)

21 Health / Other reasons

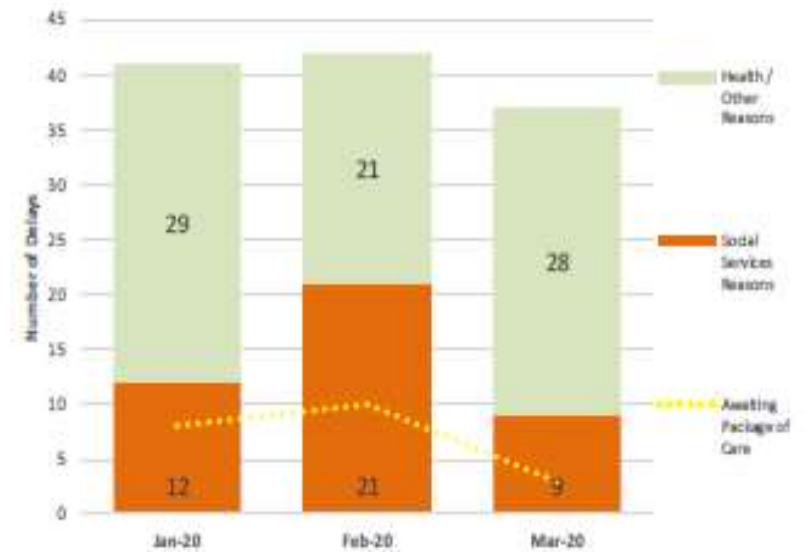
41

Delays in Jan-20

12 Social Services reasons - 50%
(8 awaiting PoC – 67%)

29 Health / Other reasons

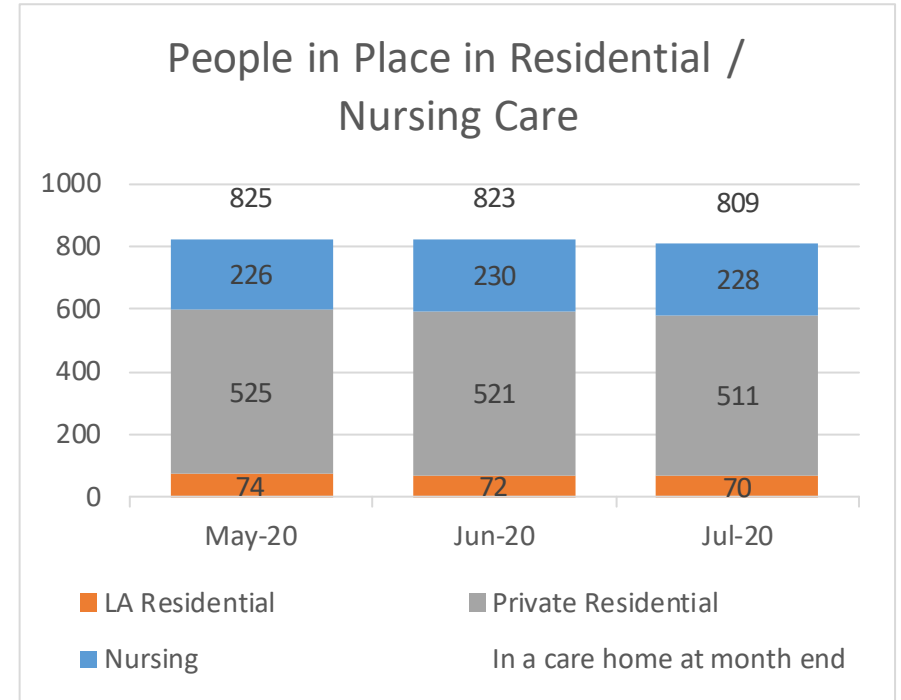
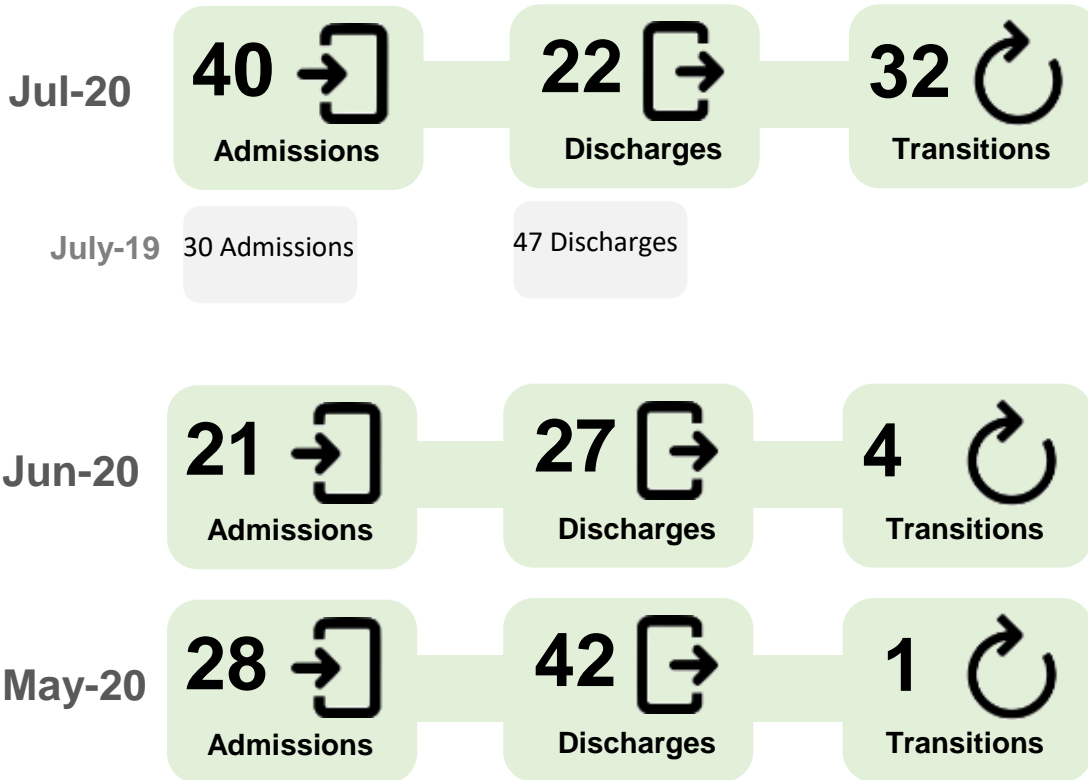
Delayed Transfers - Reason Type and Waiting for Care





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.

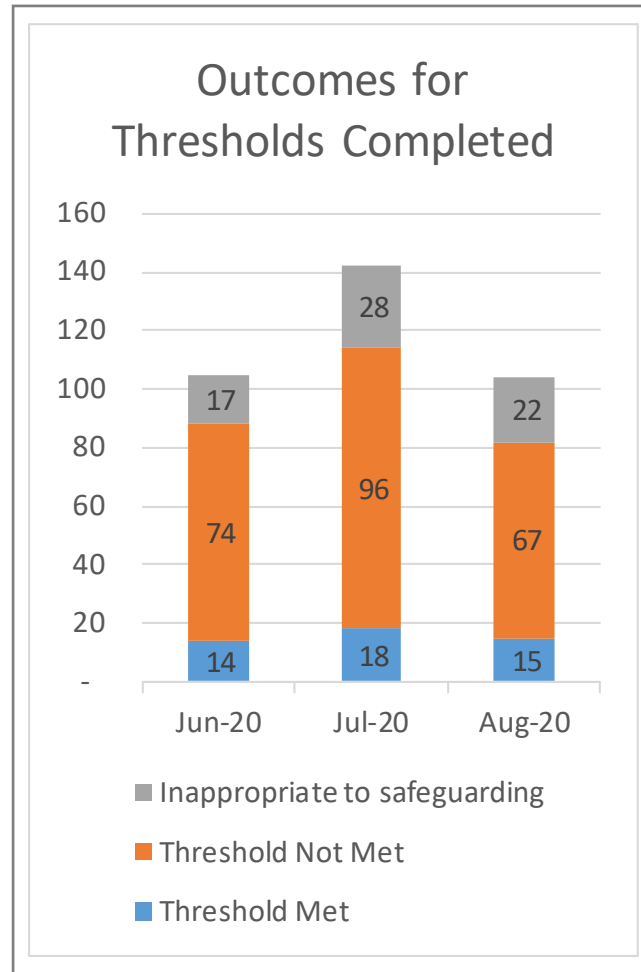
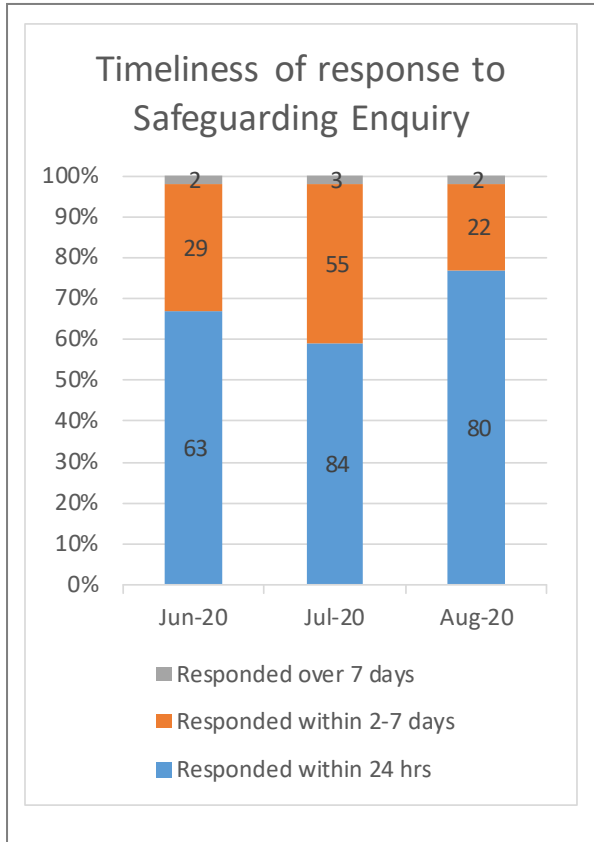


July-19 905 People in place

What is working well?	What are we worried about?	What we are going to do?
Active engagement with social workers to move individuals back home or on to appropriate long term placements.	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.	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.



Safeguarding Response



Enquiries /Actions

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

136 Enquiries were received in Aug 2019, 33 met the threshold, 69 did not meet threshold

146 Enquiries received in July 20
 142 Thresholds completed (97%)
 4 did not proceed to threshold (2.7%)
 1 awaiting response (0.3%)

110 Enquiries received in June 20
 94 Thresholds completed (86%)
 4 did not proceed to threshold (4%)
 1 awaiting response (1%)

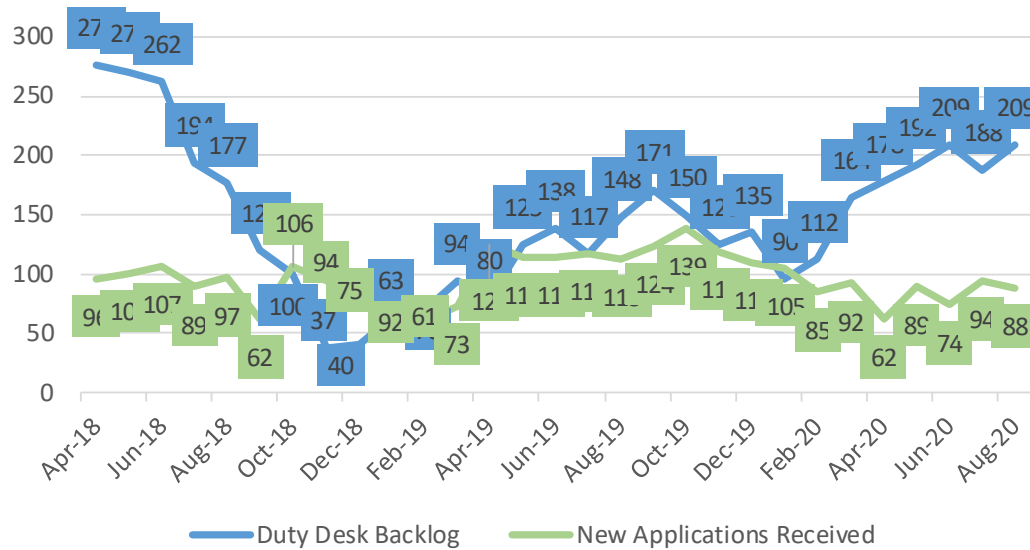
* Only 99 cases worked on during month

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 majority of Adult at Risk (AAR) Reports that are received, due to an increase in staffing. The Team are working towards building more effective working relationships that offer advice and guidance before reports are being made; offering consultation to partner agencies to ensure that the AAR Reports that are received are appropriate.</p> <p>Timescales are being more readily met, despite the increase in Reports being received in recent weeks. This is due to a dedicated Safeguarding team being in place, focusing on Safeguarding alone. A consistent approach is being adopted to the thresholding of AAR Reports due to the AAR Reports being managed by the Safeguarding Team.</p> <p>The number of cases being threshold has reduced, as is evidenced in the statistics. This is as a result of detailed thresholding taking place and a move away from bringing cases in 'just in case'. This culture is slowly being changed through open dialogue for partner agencies, with skilled practitioners in the Safeguarding Team.</p>	<p>Until the team is fully resourced, a proportion of the AAR Reports will be managed by the Community Hubs. This means that the consistent approach that is being adopted is lost with some cases. Therefore the work that is being undertaken with partner agencies is at risk of being undermined by different approaches within the Community Hubs.</p> <p>Community Hubs are reluctant to backfill posts when practitioners have been sourced to move across to the Safeguarding Team, resulting in a delay in the Safeguarding Team being fully resourced.</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. In turn this will allow the Safeguarding team to continue to develop working with multi-agency groups to Safeguard the most vulnerable in our community.</p> <p>To further strengthen the consistent approach to Safeguarding, the Team are going to take responsibility for managing the Protection Notice (PPN) reports that are received currently by CAP. This means that a CMO position is currently being advertised. The CMO post will not only manage the PPN's but also assist the Seniors with gathering information, allowing the Seniors to focus more on the analytical side of the work.</p>

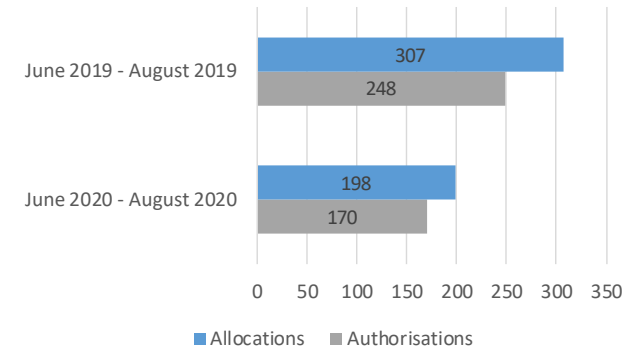


Timeliness of Deprivation of Liberty Assessments

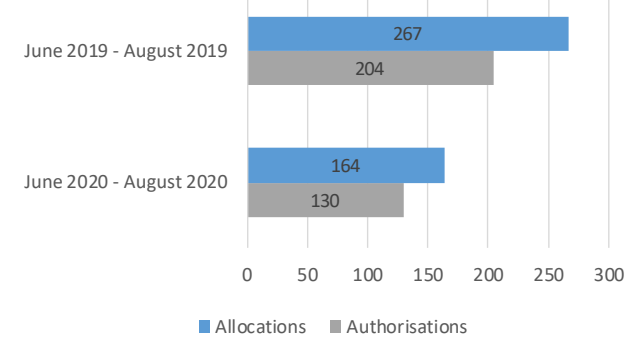
DoLS Backlog and New Referrals



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"> • Modifications to the DoLS assessment process during pandemic. • Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments. • New staff member has started within the team and is nearly up to a full case load. • 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. • 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. • All Urgents are allocated within the week the application comes in, Criticals and Highs being allocated the next week. • Critical projection tool allow us to cut down/avoid gaps in authorisations. • DoLS authorisations and refusals continue to be completed. • Continued support and guidance by staff to care homes to implement new working practices. • We are continually adapting methods of working to take account of changing government guidance and care homes pressures. 	<ul style="list-style-type: none"> • Backlog of DOLS applications caused by DOLS staff being diverted to other areas of adult services for four months (still an issue). • Amount of short authorisations put in place when lockdown was first put in place is now impacting on duty desk (lots of six month authorisations put in place which now need a new authorisation). • 1 full-time Best Interest Assessment (BIA) vacancy in the team • Part-time BIA off on maternity leave. • Queries from care homes, Responsible Person (RP) and Responsible Person Representative (RPR) have increased. • Increase in challenges to deprivations in the court of protection. • 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 Managing Authority (MA). • Manager has been on annual leave for 2 weeks and now on sick leave leading to increased workload for Seniors. • Backlog of medium and low applications. • Backlog of Form 5 and 6's due to annual leave and sickness within management team. • MA's still struggling with technology and not sending in appropriate care plans needed for assessments. • Potential for second wave overwhelming care homes, meaning they may not be able to facilitate video assessments or send us essential paperwork. 	<ul style="list-style-type: none"> • Priority is given to dealing with Urgent, Critical and High applications (in that order). • Requested support from PO in relation to Form 6's. • Requested support from PO for more signatories to help with Form 5 backlog. • Seniors have organised to cover manager's workload between them. • Using equivalent assessments when possible.

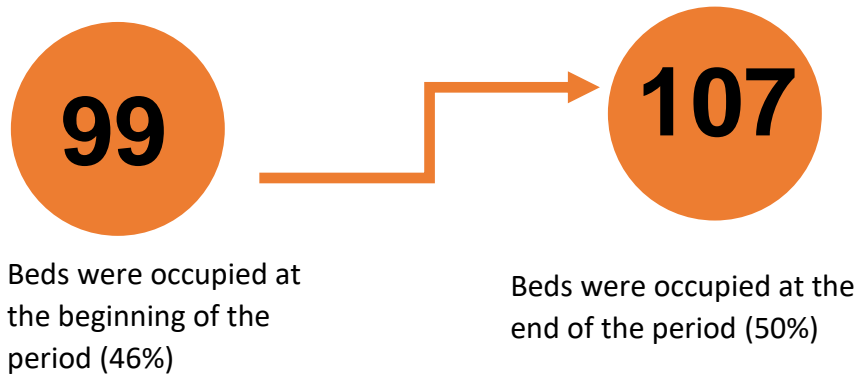


Covid-19 - LA residential Care for Older People

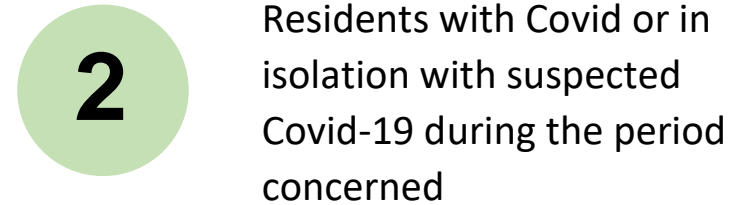
Data for 20 Aug – 18 Sept 2020

Information is gathered from the Internal Residential homes on a daily basis on capacity and occupancy, plus staff and resident Covid-related illness.

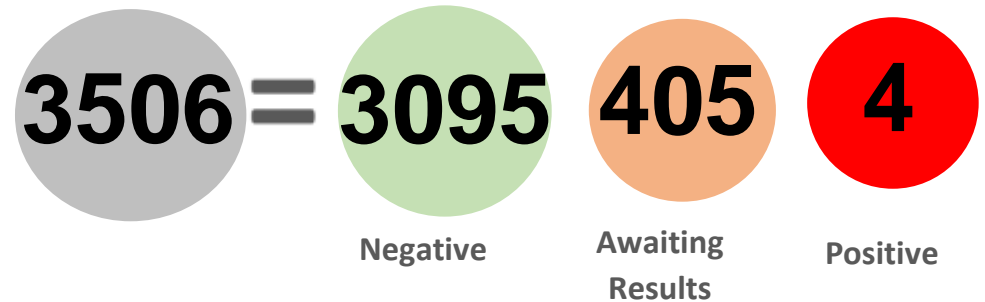
Capacity Usage / Bed Usage



Residents with Covid-19 Symptoms



Residential Staff Tested since April

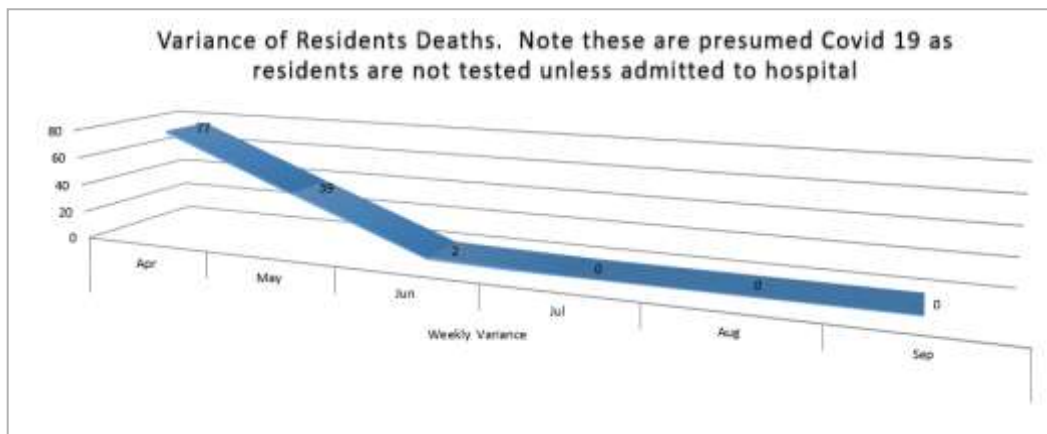
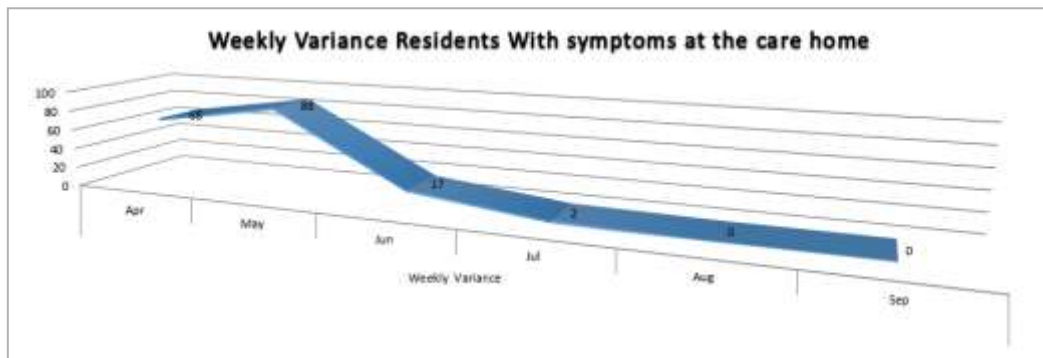


Covid-19 - External & LA residential Care for Older People



CORONAVIRUS

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.



Lockdown Status
Period 20th Aug – 17th Sept

- 47** Number of homes where lockdown is not recommended/enforced
- 0** Removed from Lockdown
- 0** → **1** Number of homes where Lockdown was recommended

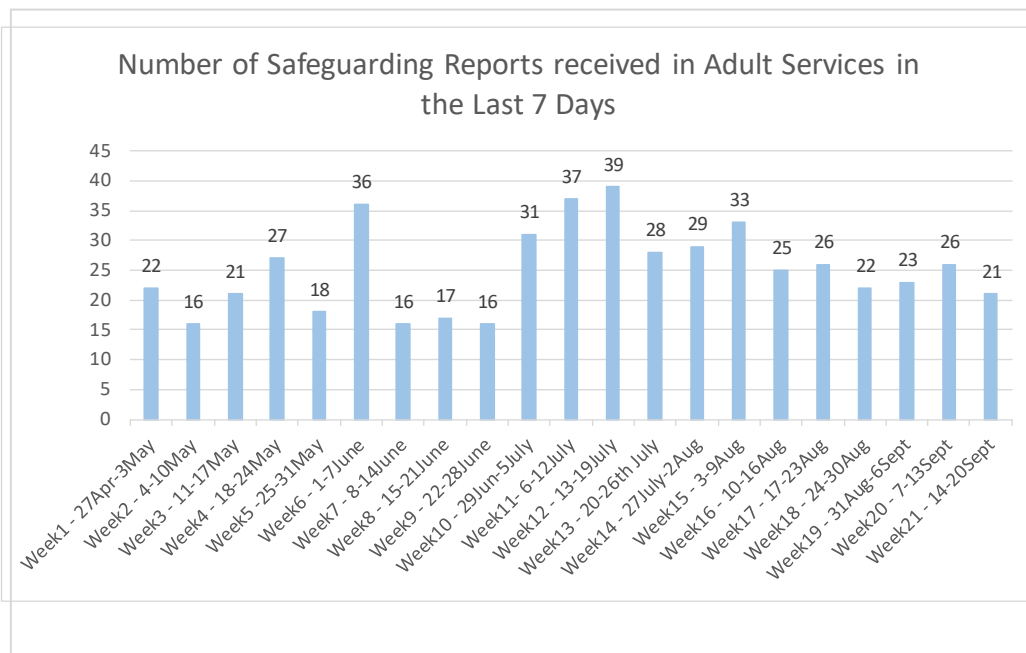
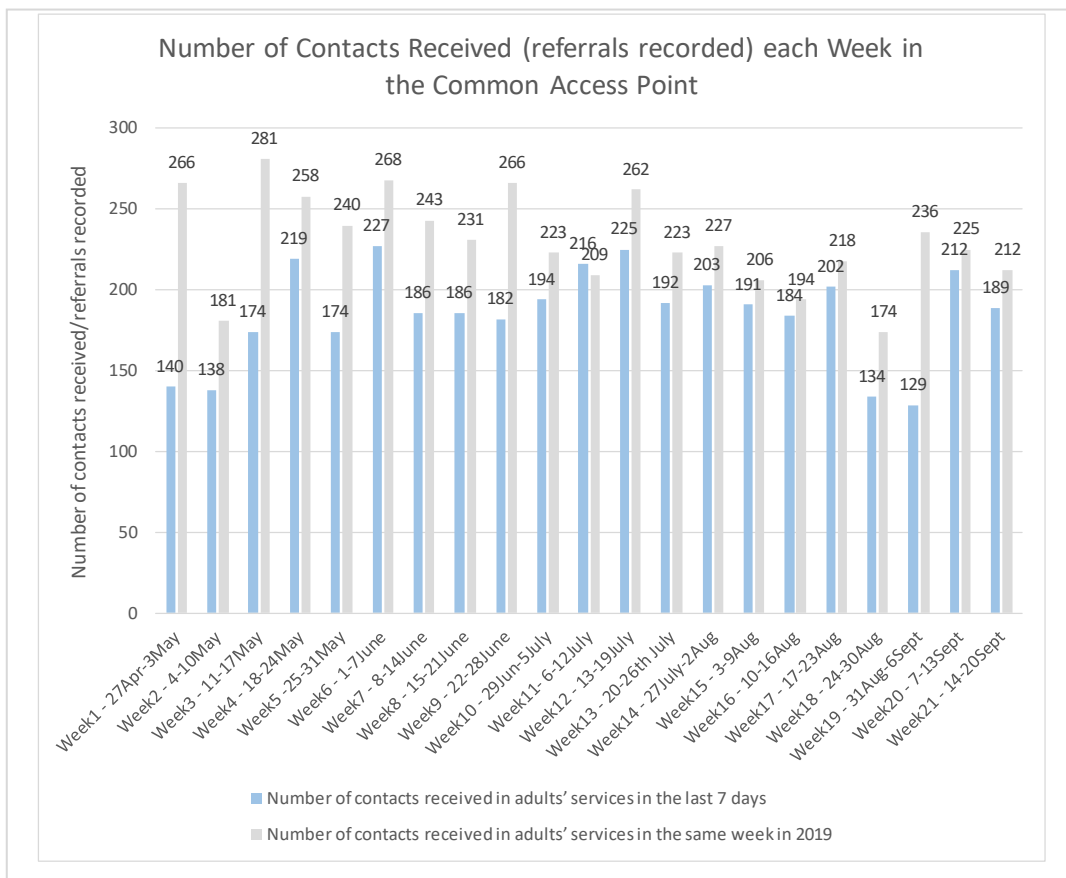
Daily Usage
20th Aug – 17th Sept

- 1825** Total Bed Capacity
- 1479** → **1479** Current number of Residents remained the same in the period
- 81%** Of total bed capacity

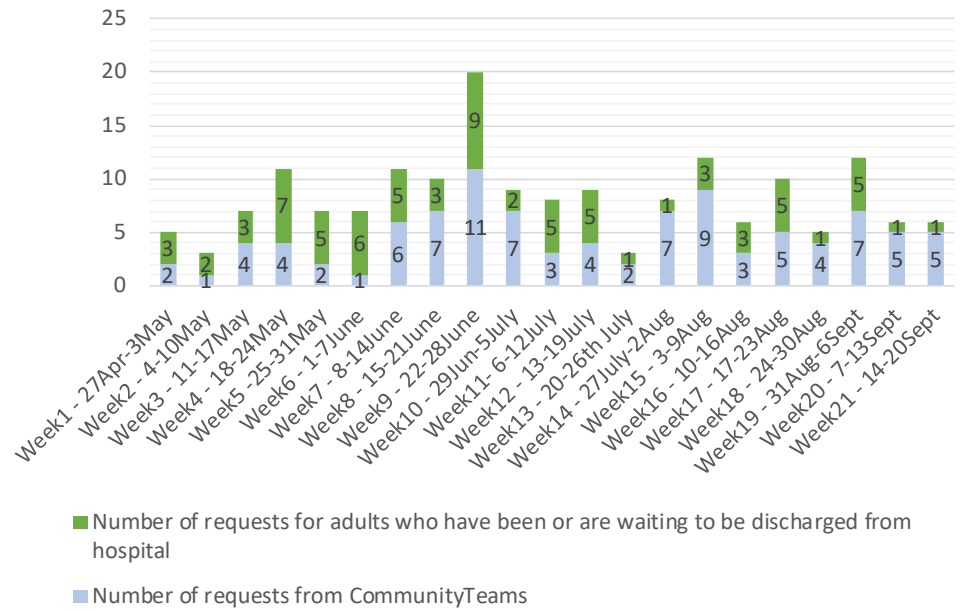


Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 21 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.



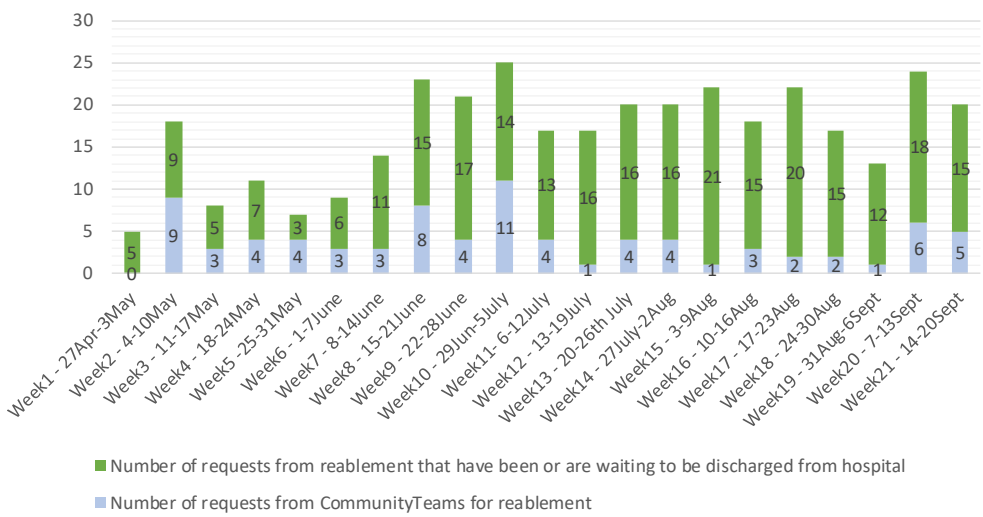
Number of requests to place an adult in residential care received in the last 7 days



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 27th April – 21st September



6 Packages withdrawn by the services user

0 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 21 weeks to date.

