

Adult Services
Summary Management
Information Headline Report
Data for October 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

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

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

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

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

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

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

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

Helen StJohn, Head of Integrated Services Summary

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

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

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

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

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

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



Common Access Point

Enquiries created at the Common Access Point

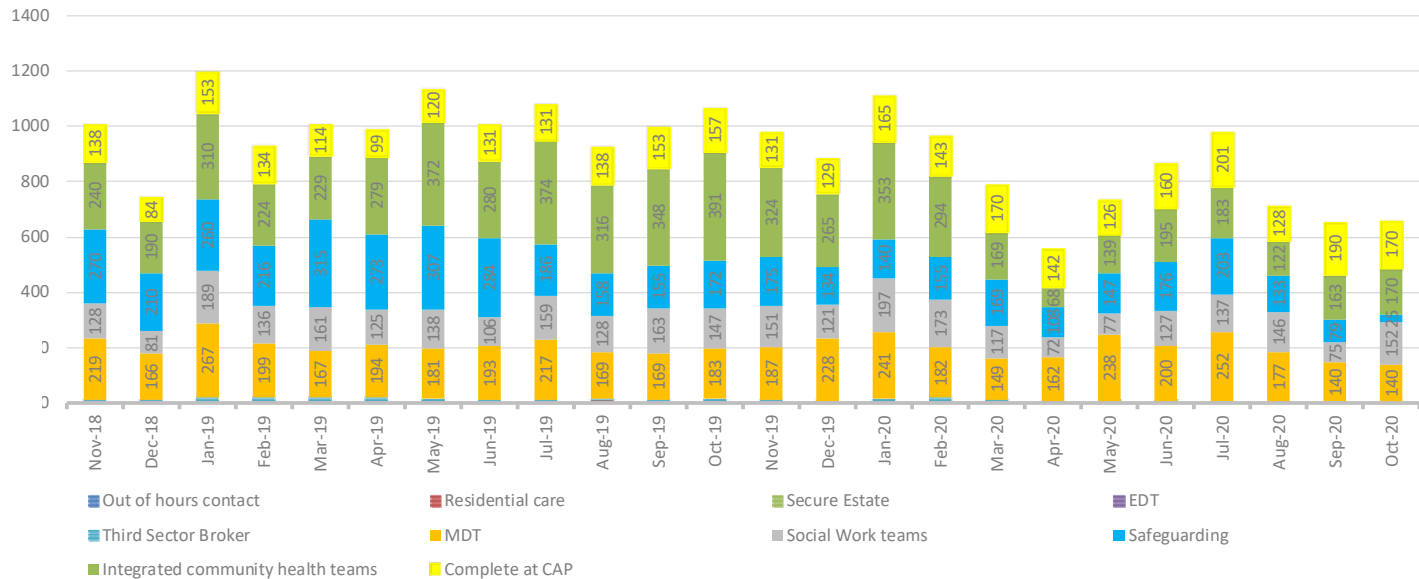
660 enquiries in Oct 20

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

652 enquiries in Sept 20

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

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



What is working well?	What are we worried about?	What we are going to do?
<p>Although there is sickness and staff vacancies the team have continued to undertake their function to the best of their ability. There is an increase in the public contacting the team through the email in box which will account for the dip in phone calls.</p> <p>The referrals for Safeguarding and the PPN's now get transferred to the safeguarding team to process. This has enabled the CAP team to concentrate on the advice and information</p>	<p>Staff sickness and the increase of contacts made to the CAP email inbox. Deficits in the MDT. Further lockdown measures during the next few months and the impact of this on carers and crisis work coming through CAP. Complexity of cases in crisis.</p>	<p>Recruiting to the MDT and A&I's. Continually monitoring the current stats during the implementation 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</p>

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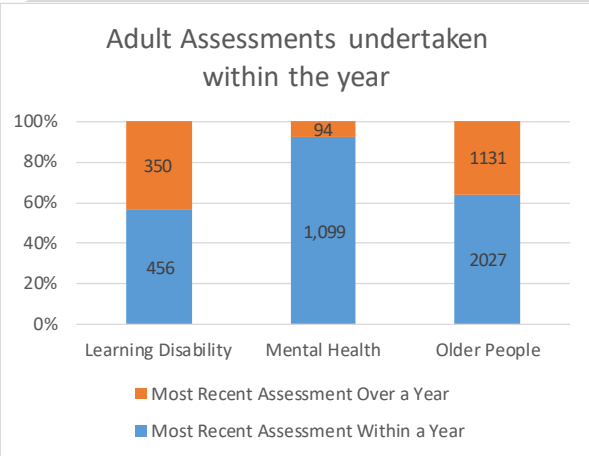
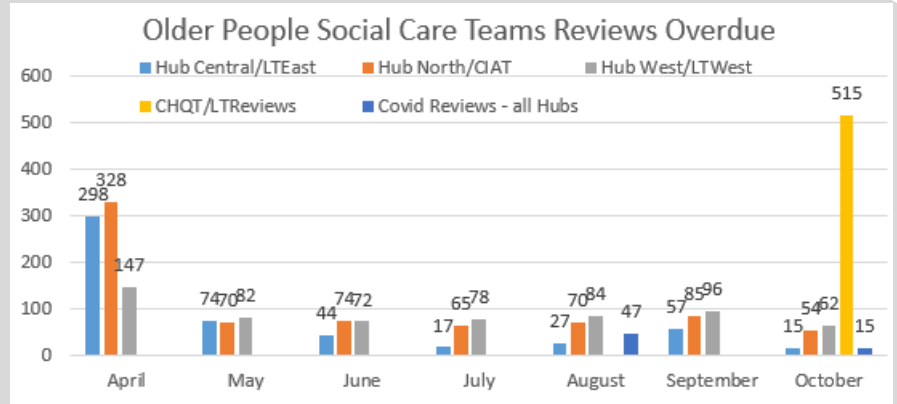


Reviews of Allocated Clients

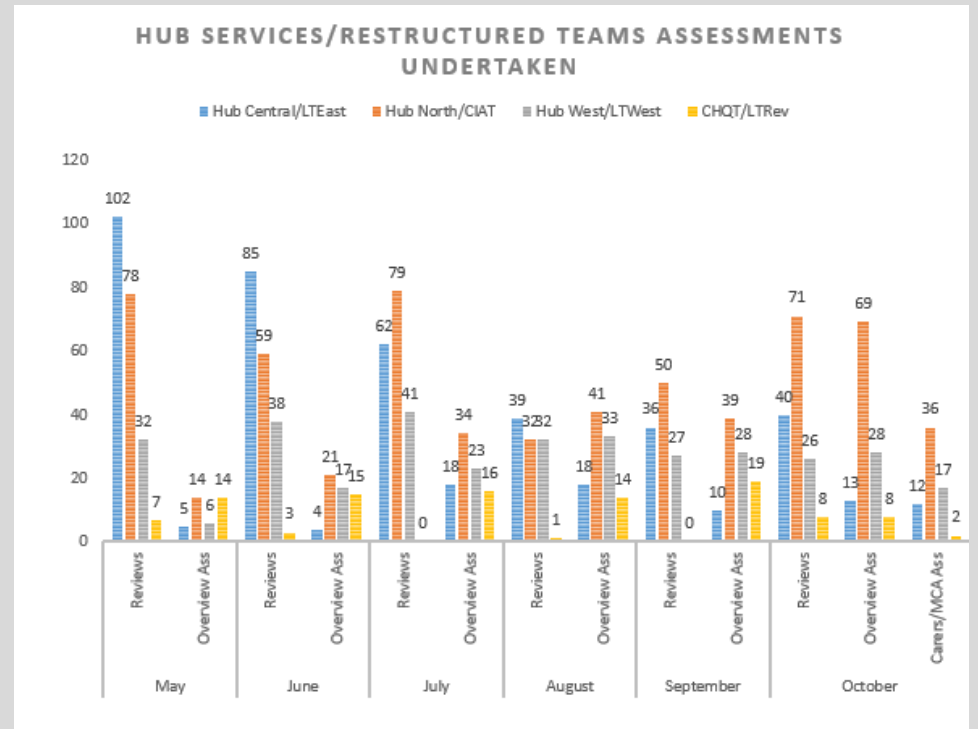
69%

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

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



- 92%** of MH clients were reviewed/reassessed within a year
- 57%** of LD clients were reviewed/reassessed within a year
- 64%** of Older People clients were reviewed/reassessed within a year



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



Carers and Carers Assessments

191

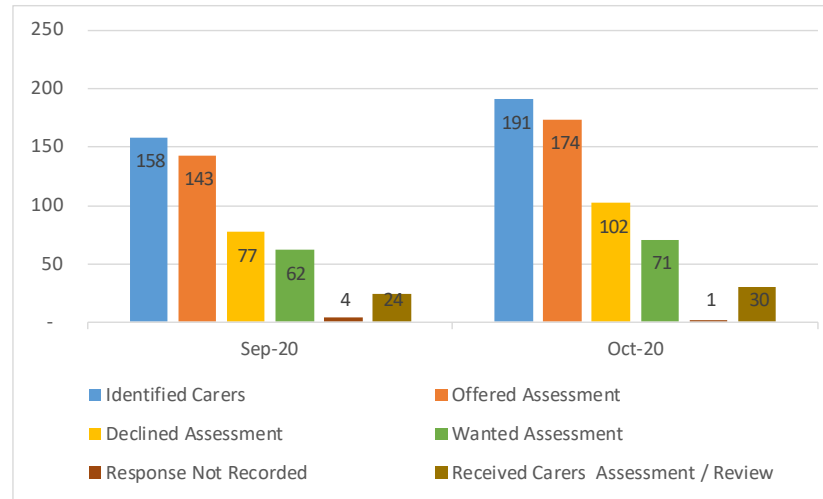
carers identified (Oct 20)
174 offered assessment (91%)
30 assessments undertaken

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

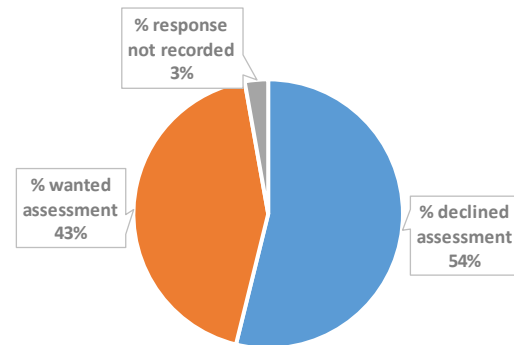
158

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

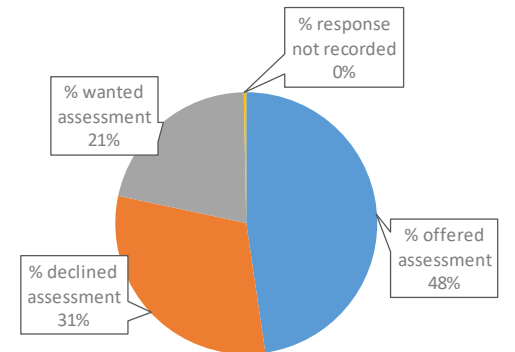
Assessments wanted either now or later:
 41% (Oct), 43% (Sept), up from 38% (Aug),
 36% (July), 35% (June)



158 ASSESSMENTS OFFERED IN SEPTEMBER 2020



174 ASSESSMENTS OFFERED IN OCT 2020



What is working well?

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

What are we worried about?

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

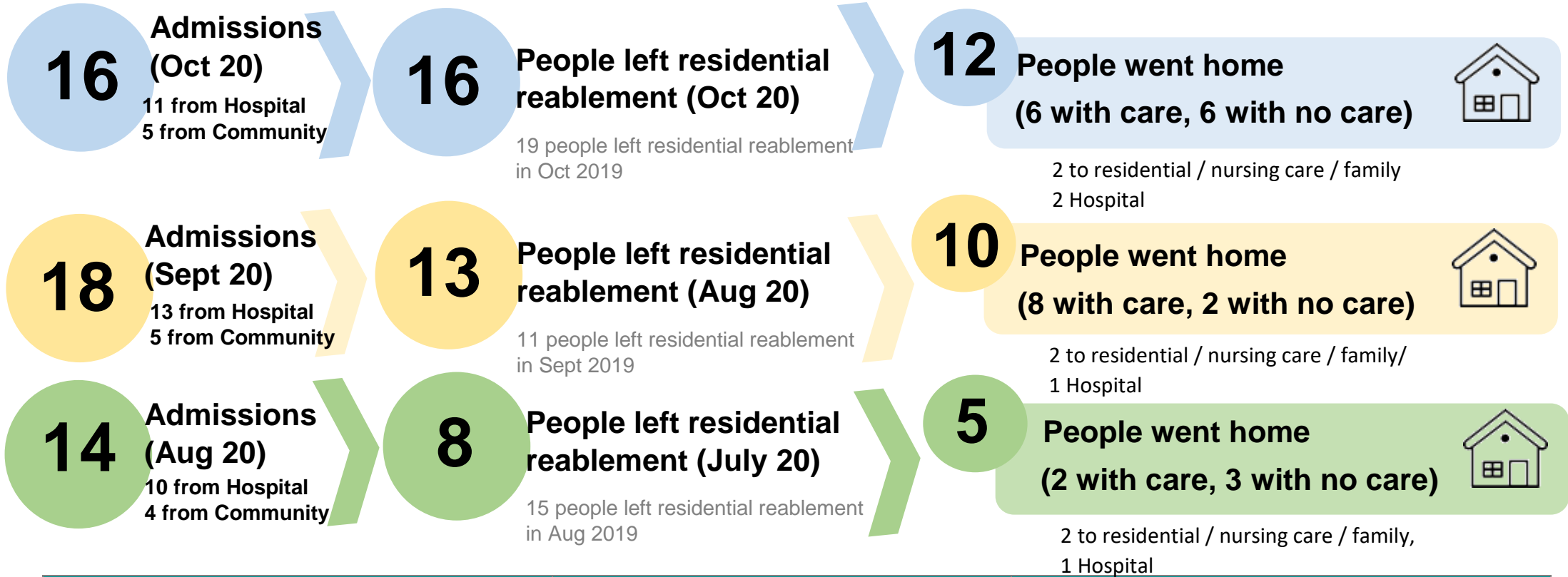
What we are going to do?

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



Residential Reablement

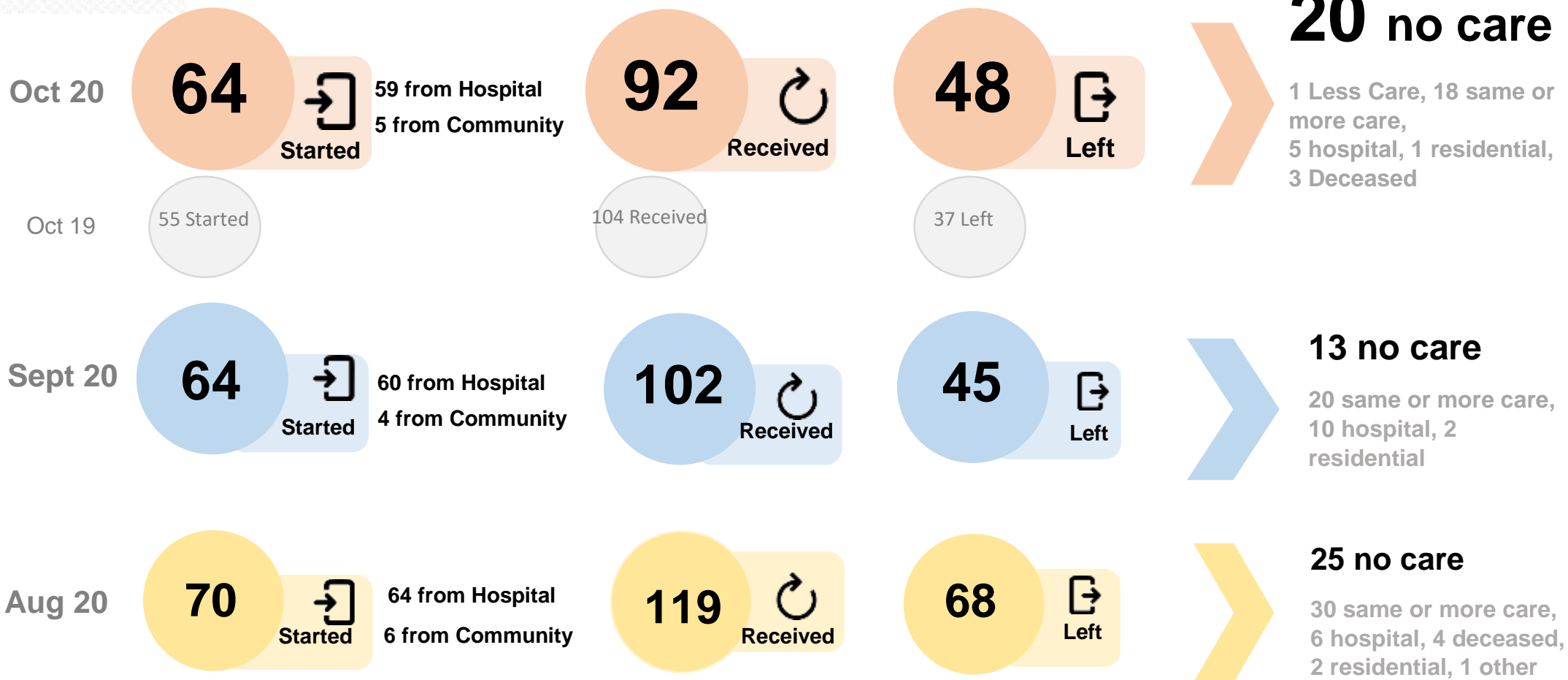
During August, September and October, Residential Reablement services had an overall percentage of 73% of people returning to their own homes, independently and with care packages.



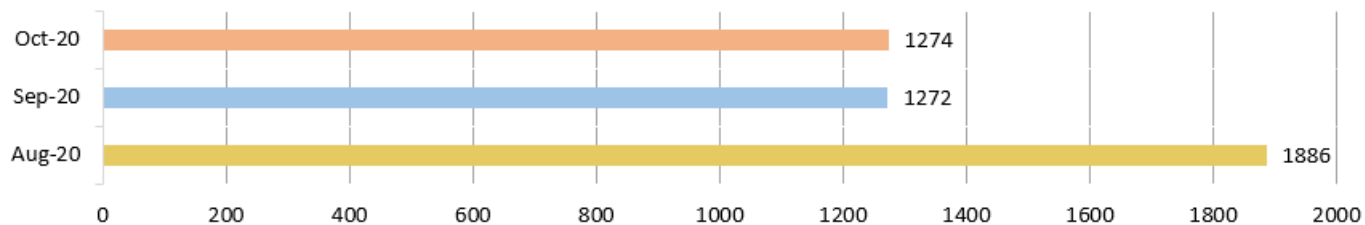
What is working well?	What are we worried about?	What we are going to do?
Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage. PO meets weekly with BMH management to monitor the flow through BMH. We continued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



Community Reablement



Hours of Reablement Provided a Month

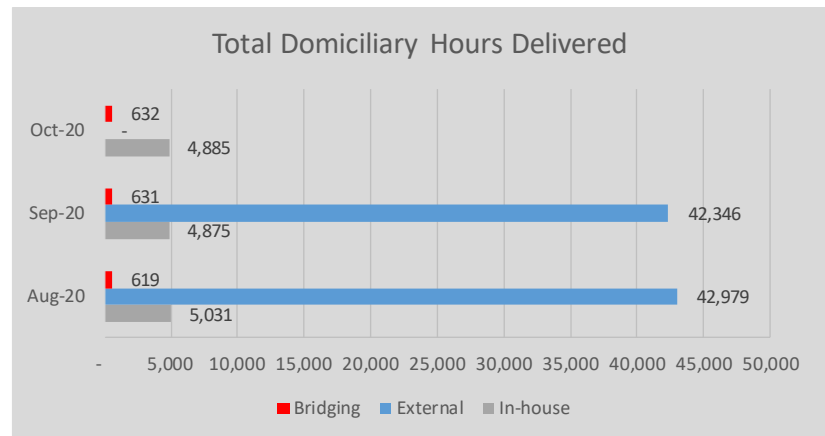
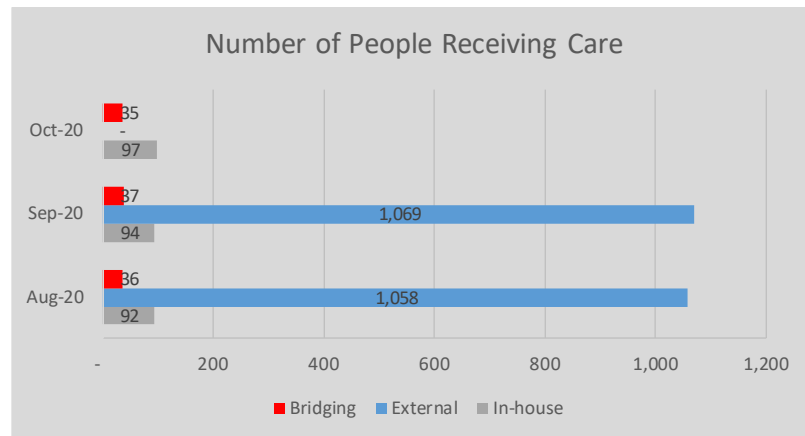
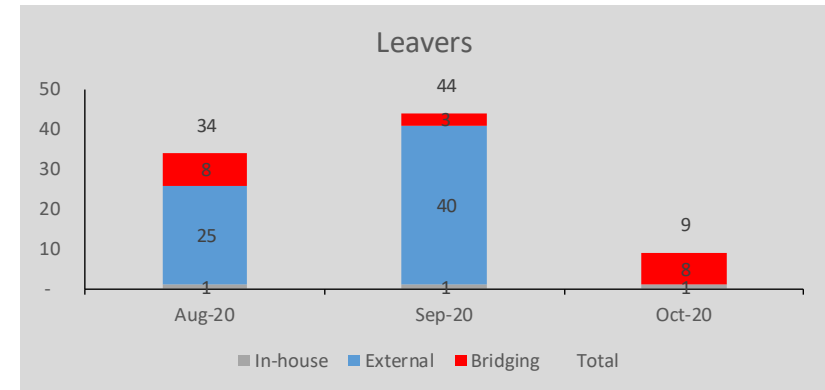
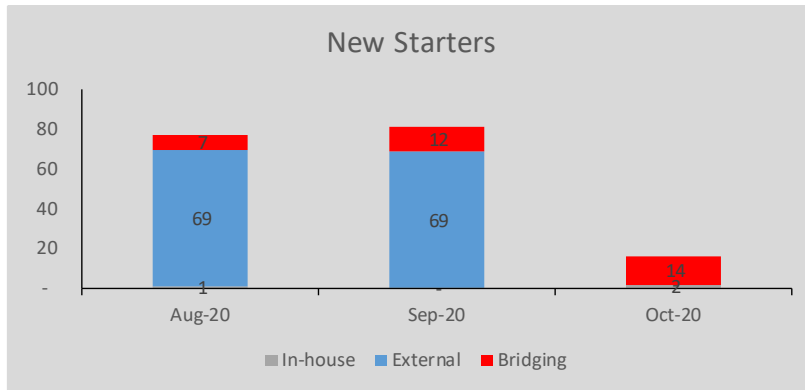


What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of Rapid Hospital Discharge (RHD) – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which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



Long Term Domiciliary Care

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



External Domiciliary Care:

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

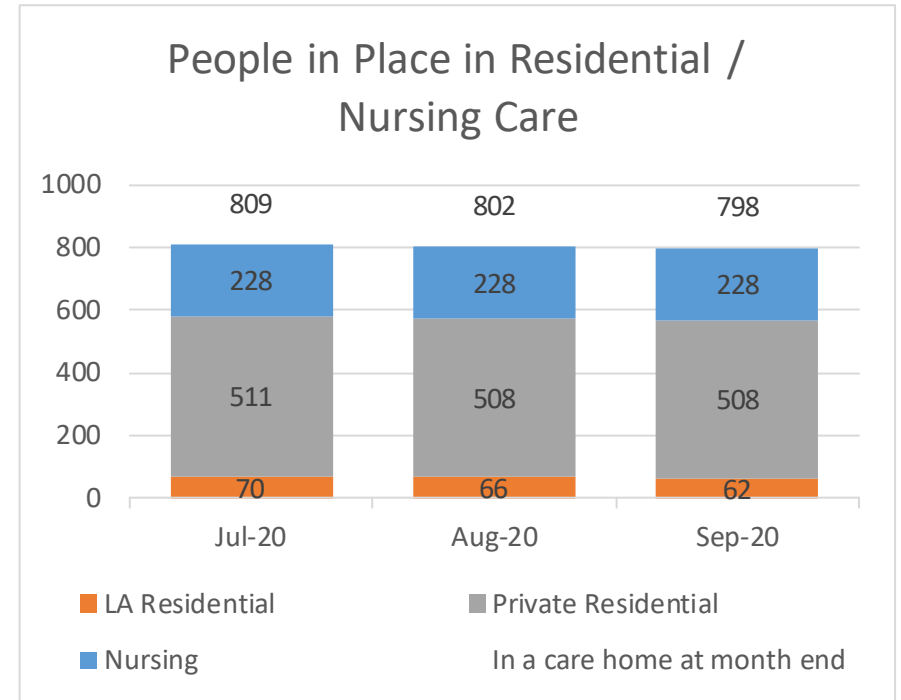
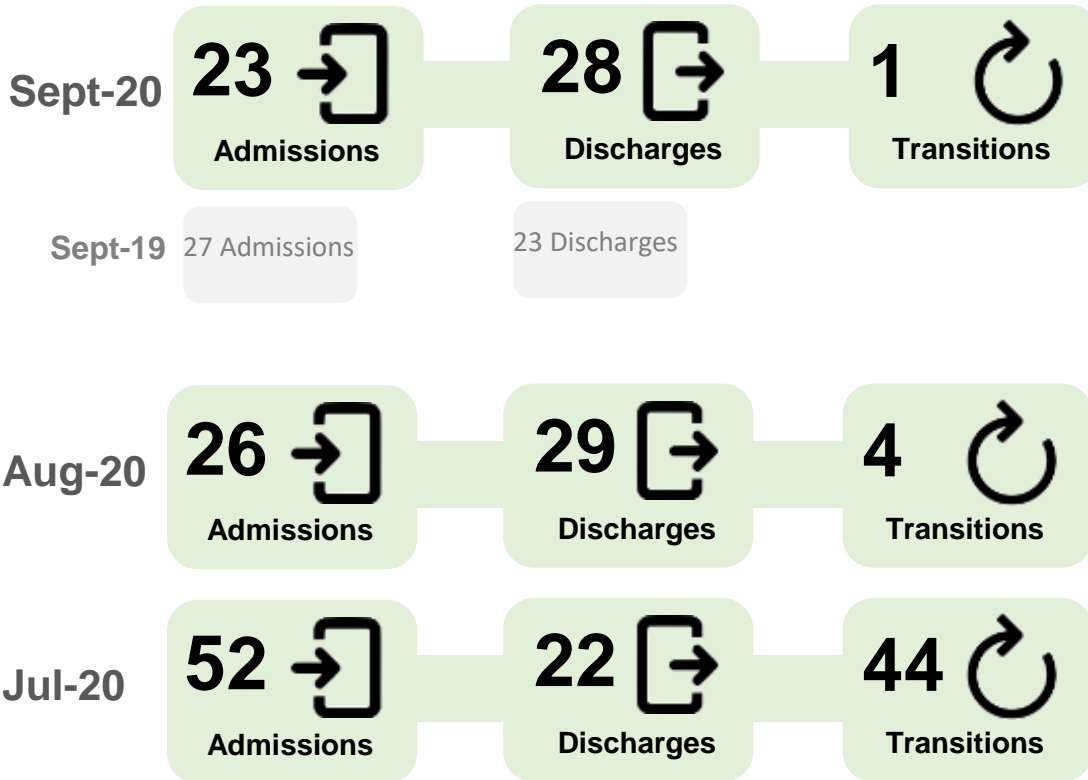
Internal Long Term Care:

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



Residential Care

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



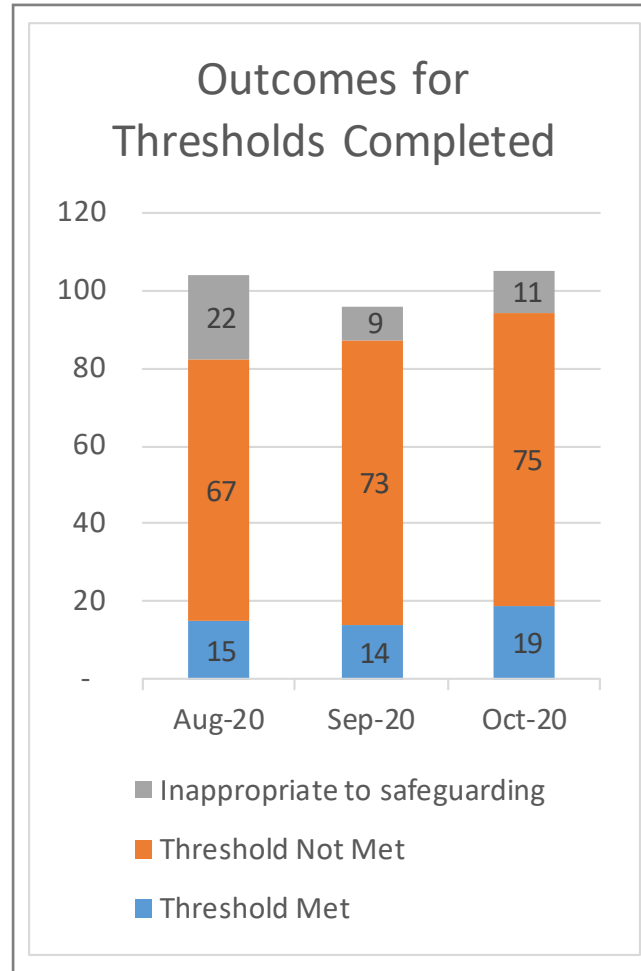
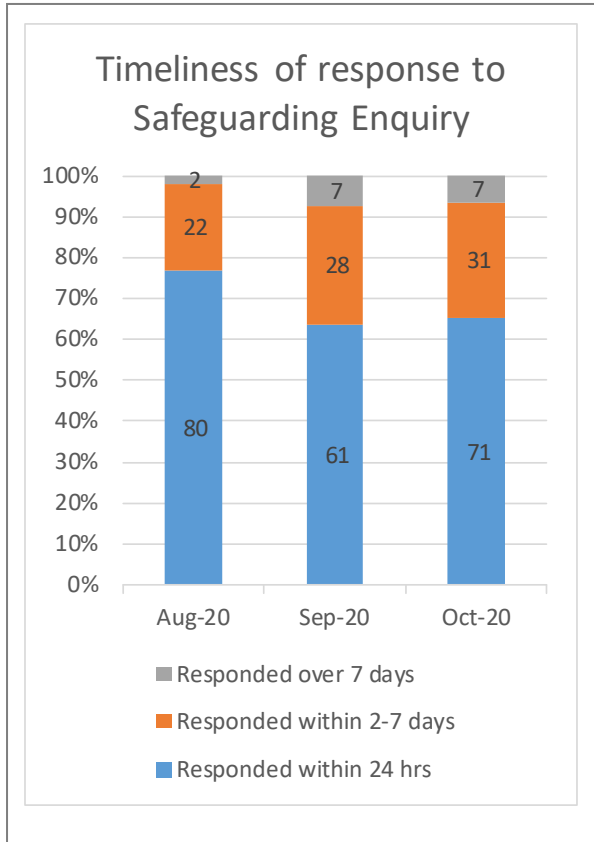
Sept-19 911 People in place

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

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



Reports /Actions

108 Reports received in Oct 20
 109 Thresholds completed
 3 did not proceed to threshold
 96 Reports Oct 2019, 88 thresholds completed –
 29 met threshold, 48 did not meet threshold

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

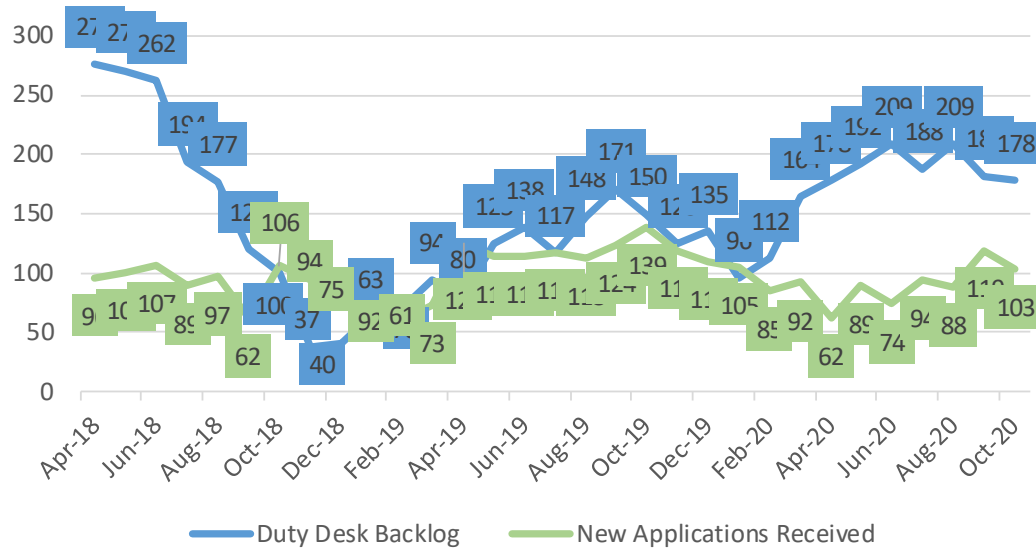
106 Reports received in Aug 20
 104 Thresholds completed (98%)
 2 did not proceed to threshold (2%)

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

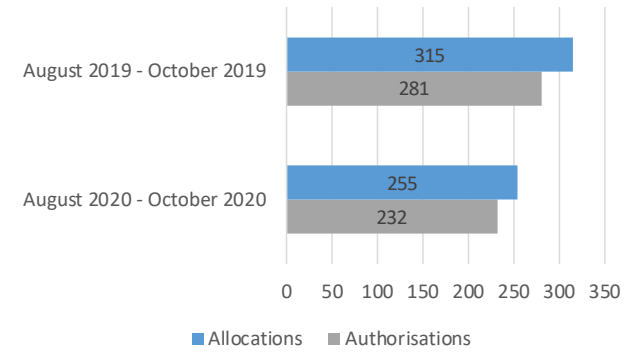


Timeliness of Deprivation of Liberty Assessments

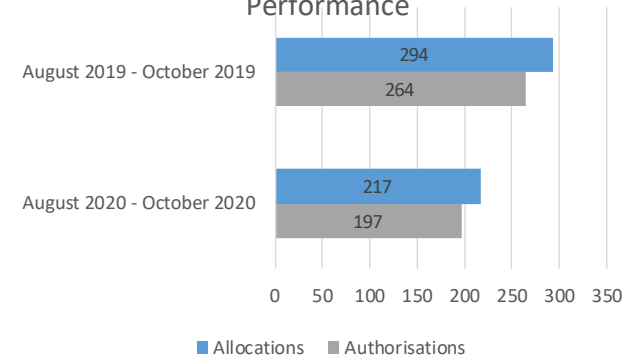
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



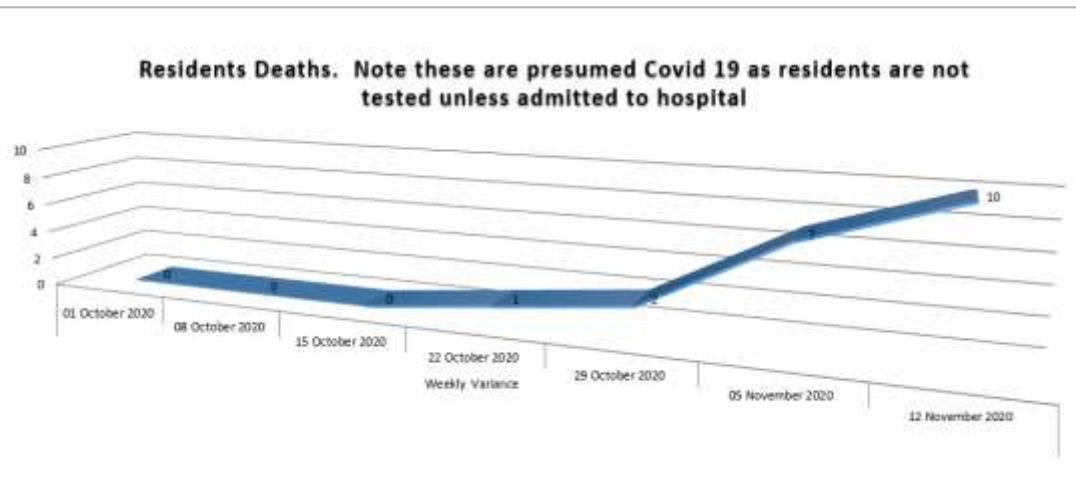
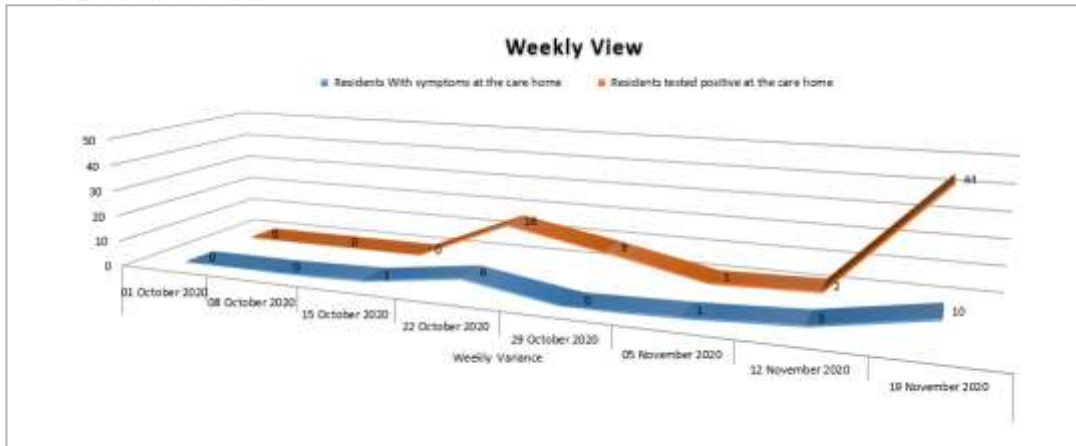
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Modifications to the DoLS assessment process during pandemic. • Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments. • 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. • Funding has been agreed for a temporary senior Practitioner in the team which will help with authorisations and Court work. • Additional staff member is currently supporting the team by completing authorisations for us on a weekly basis. • PO is now supporting with Form 6's. • The amount of applications on the duty desk is slowly reducing. 	<ul style="list-style-type: none"> • 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. • Current backlog of applications waiting to authorised due to annual leave and sickness within management team. • The 21 day timescale is challenging to meet in current conditions – coordinating remote assessments takes longer than visiting in person. The virtual platform for remote assessment differs in each Care Home. • Sickness within the team has led to increased workload for Seniors. • Backlog of medium and low applications. • Care homes still struggling with technology and not sending in appropriate care plans needed for assessments. • Care Homes are now experiencing a second wave of Covid-19 infections meaning they are struggling to facilitate video assessments or send us essential paperwork due to extra stress or staffing issues. • Staff well-being – a lot of team members are experiencing 'working from home' fatigue leading to people feeling isolated. • Quality issues with some Section 12 doctors reports putting us at risk of not having enough sections 12's. 	<ul style="list-style-type: none"> • Priority is given to dealing with Urgent, Critical and High applications (in that order). This is also being done with Form 5's. • Seniors continue to organise cover for sickness cover workload between them. • Plan to recruit third senior into the team soon. • Continued use of equivalent assessments when possible. • Increase in opportunities for staff to get together both for work discussions and informally to try and help with feelings of isolation. • Working with section 12 doctors to support them to complete higher quality assessments offering both in-house support and using Local Health Board training.



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

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

CORONAVIRUS



Lockdown Status

Period 15th Oct – 19th Nov

46 Number of homes where lockdown is not recommended/enforced

10 Removed from Lockdown

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

Daily Usage

15th Oct -19th Nov

1817 Total Bed Capacity

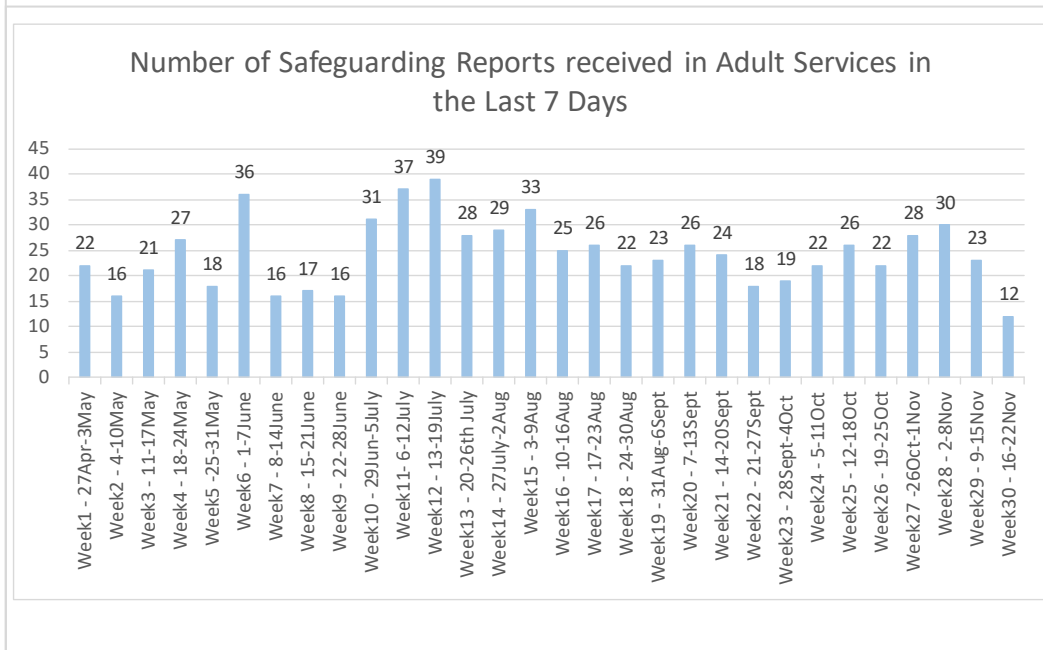
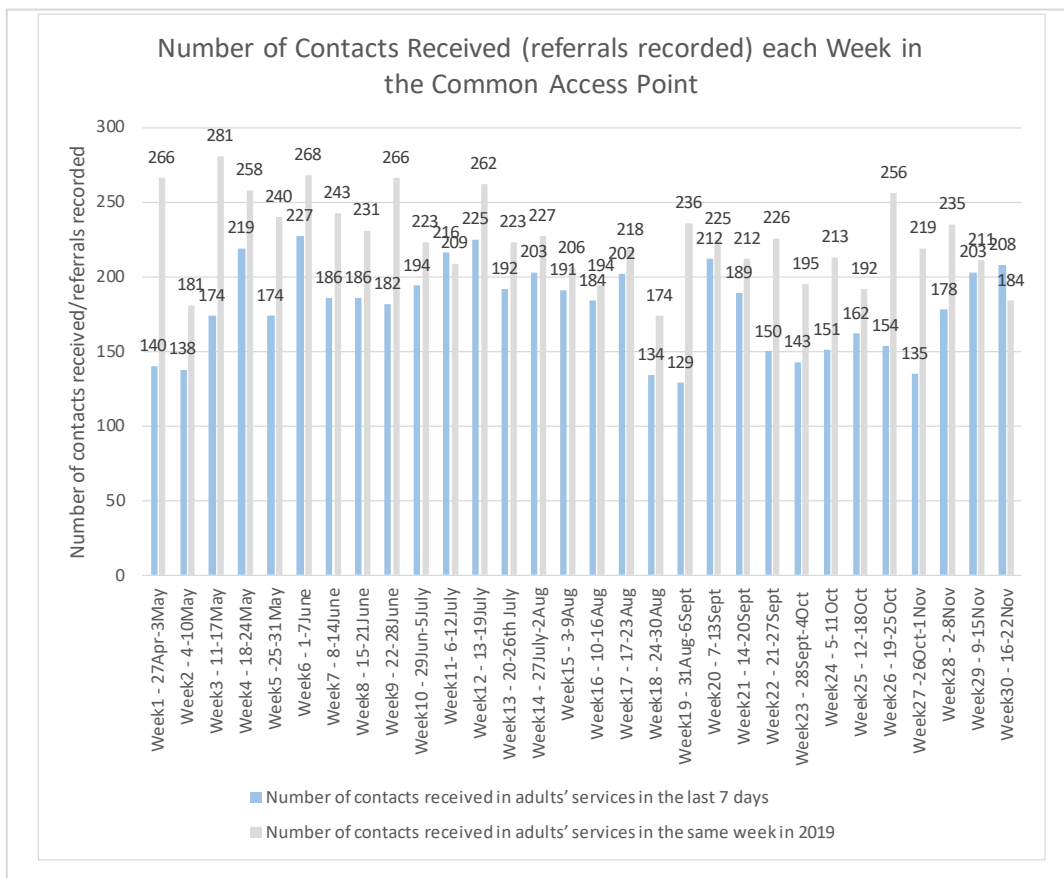
1469 → **1405** Current number of Residents remained the same in the period

77% Of total bed capacity

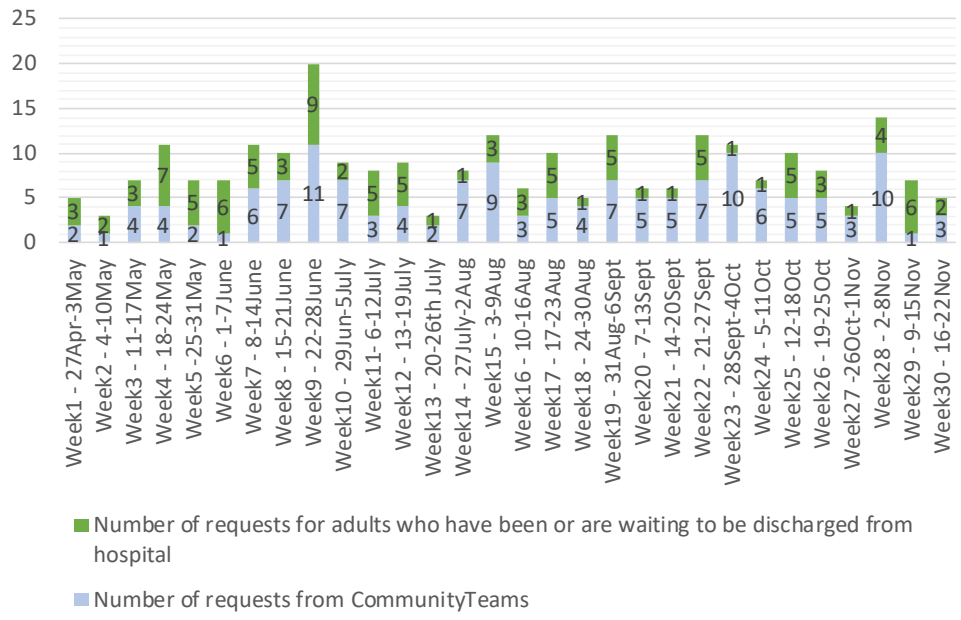


Weekly Welsh Government Adult Services Submission in Response to Covid19

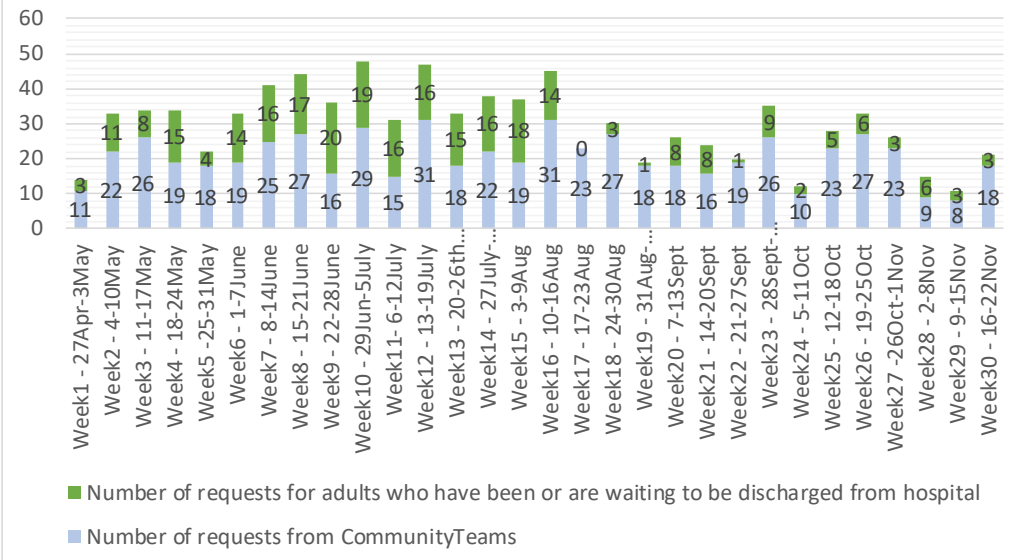
Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 30 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.



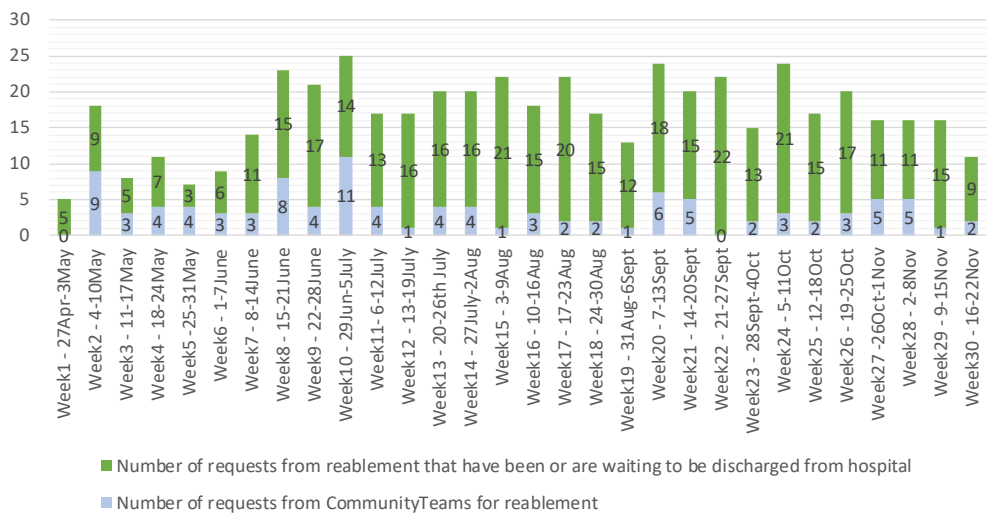
Number of requests to place an adult in residential care received in the last 7 days



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 – 22nd November

21

Packages withdrawn by the services user

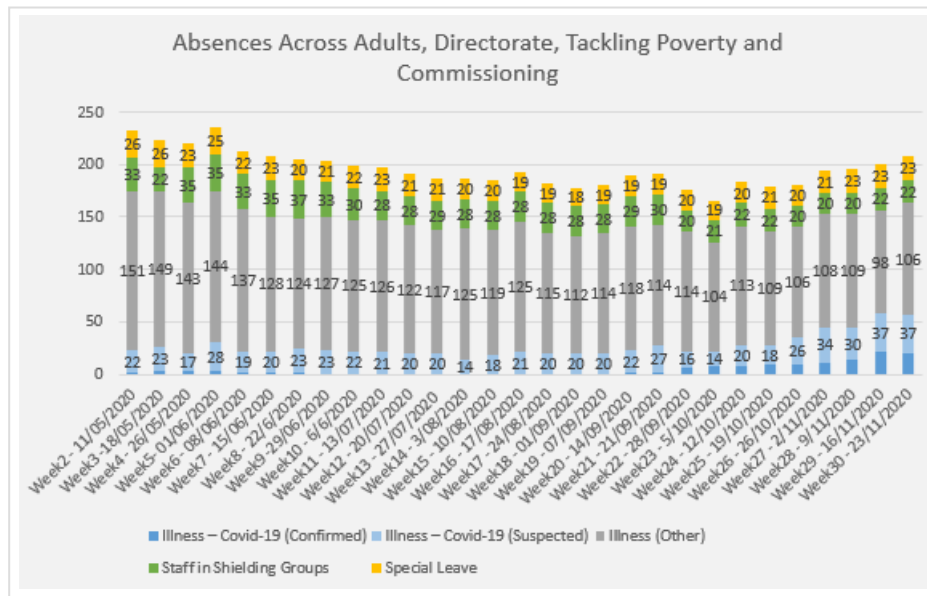
1 by the Local Authority

0 by the Provider



Weekly Welsh Government Adult Workforce Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 30 weeks to date.



Adult services Staff Tested in the 30 week period

6012 = 5269 Negative

707 Awaiting Results

36 Positive