Adult Services

Summary Management Information Headline Report

Data for May 2021

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.

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
5. 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.

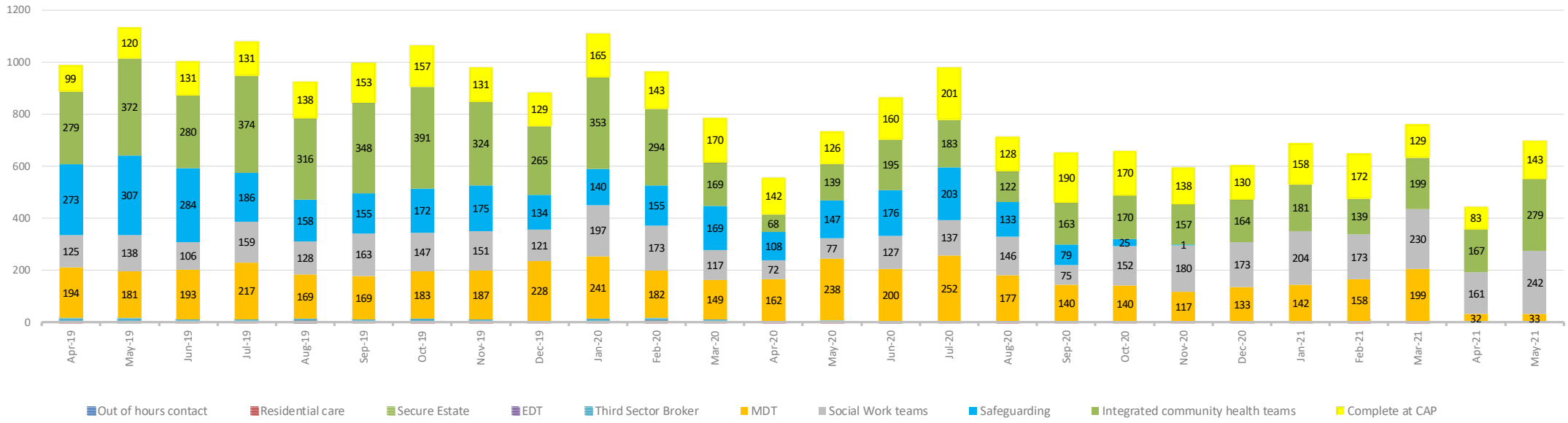
We can also see the impact of ceasing the cross over roles of the RCAS / BH based care staff in the establishment of a dedicated resource for each function – allowing us to articulate a more consistent bed capacity whilst also providing improved governance for the domiciliary care staff by forging close 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.



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

83 Closed at CAP
32 MDT
161 to SW Teams

697 enquiries in May21

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?
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. There are more complex enquiries coming into the team which are taking longer to process. We are seeing the peak of the referrals coming in during the evening and at weekend. We have continued to manage the change.	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. 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. 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 intro CAP with dementia and are at significant risks.	Continually monitor the current stats during the development of the restructure. Continue to attend the daily rapid discharge meeting. Currently developing a referral form for health professional to use the email inbox. Continue to give a very good standard of service to the public and other professionals. Continue to provide the stats required in regard to CPN as evidence that the post is required.

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.

Social Work Assessments completed

Older People and Learning Disabilities

	AS Social Work Ass & Reviews Completed	AS Care & Support Plans Completed
May-21	369	296
Apr-21	11	106
Mar-21	518	-

Mental Health

	MH & LD Assess Completed	MH & LD Care & Treatment Plans Completed
May-21	62	39
Apr-21	37	8
Mar-21	186	92

Older People Services:

What is working well?	What are we worried about?	What we are going to do?
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). The introduction of WCCIS supports understanding statutory annual review data, which enables us to work toward smarter delivery. Business Support Officers have complimented The operational development of this group remains ongoing to support the prevention agenda. 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. Relationships with Health Board partners continue to improve, as joint reviews commence, changing needs promptly identified and funding responsibility align to appropriate organisation.	Performance data presently unavailable to reflect output. The volume of statutory review demands challenges the staffing capacity across the department and the ability to meet statutory timescales in some cases. 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.	Utilise temporary staffing funding to maximise registered/unregistered workforce to address priorities in meeting statutory review functions. 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. Working with WCCIS and Performance teams to ensure what is captured reflects the output of work completed.

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
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. 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. Development of specialist accommodation for MH and LD service users with continued success in attracting ICF capital monies for new developments.	Learning Disability Care Plan Review Stats remain Low: 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. 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. 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. 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.	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. 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. 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.

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

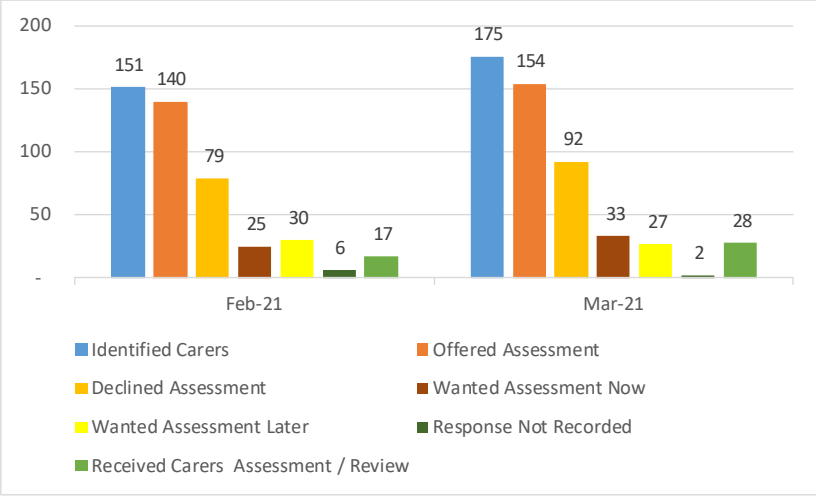
Mar 2020: 160 carers identified, 143 offered assessment
73 declined, 68 wanted (48%), 2 not recorded
38 assessments undertaken

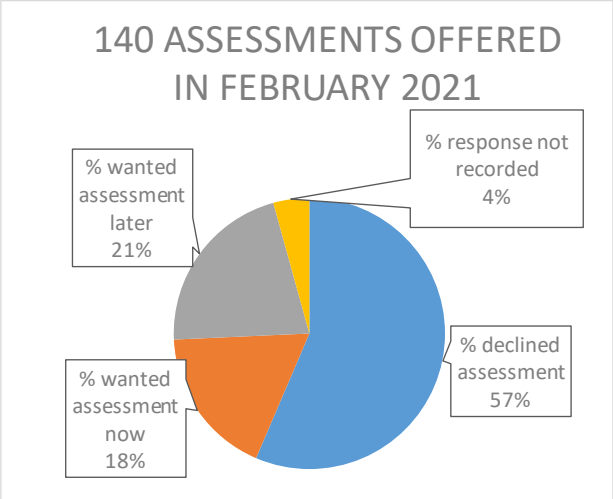
151 carers identified (Feb 21)

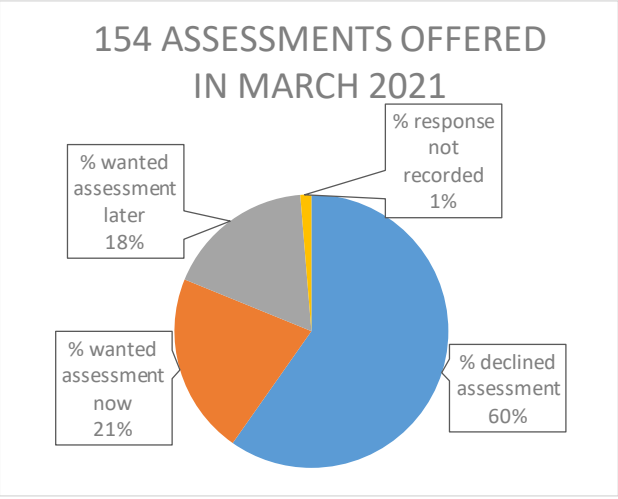
140 offered assessment (93%)

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?
Social Work Practitioners continue to have collaborative conversations with carers, albeit the data informs us that carers continue to decline Carers Assessments. Regional Partnership Carers Board has provided us with a Carers Strategy to influence our local actions for carers. 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. 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.	Deeper understanding to the reason for declined carer assessments. Front door response to carers remains unrecorded. We need to be working better to capture the narrative conversation alongside statistical data. Carer Groups inform us that carer assessments are not offered consistently across the service – workforce training should address this issue. 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.	Further partnership conversations with carer groups is required to understand the barriers to the decline of carers assessments WCCIS implementation has changed the carers assessment tool within the recording process which provides practitioners a simpler recording task and managers greater performance data. Additional social work practitioner carers needs assessment training is planned to enhance carer's rights. Consideration of a Carers Project at our front door to improve the carers assessment offer is planned which will enhance the carer conversations record.

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?	What are we worried about?	What we are going to do?
• Managers attendance at daily Rapid Discharge meeting • Relationship with HSWT • Relationship with Health colleagues (DLN's) • Clear and efficient admission process	• 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	• 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-

• 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	reliant on RCAS team to support in house • 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.	training and renewing of service specific guidance • 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.

Community Reablement

May 21

58 Started — 50 from Hospital, 8 from Community

110 Received

51 Left

17 no care

26 same or more care, 7 hospital, 1 family support

May 20: 37 Started | 79 Received | 44 Left

Apr 21

54 Started — 47 from Hospital, 7 from Community

123 Received

73 Left

39 no care

23 same or more care, 6 hospital, 1 residential, 1 deceased, 3 family support

Mar 21

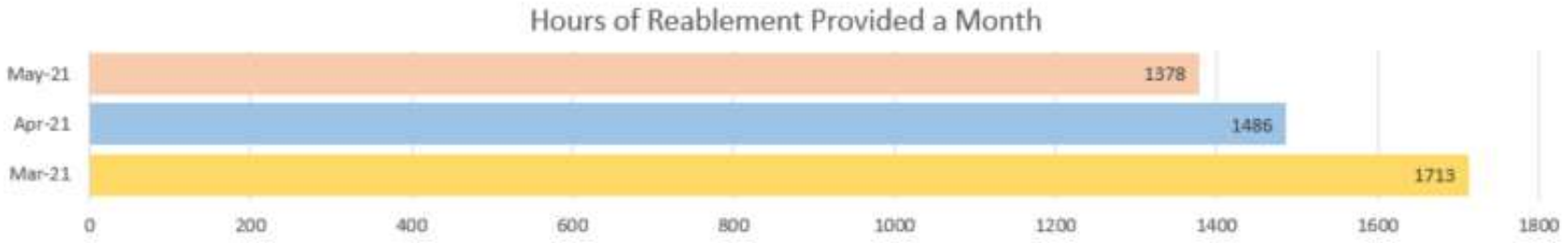
81 Started — 67 from Hospital, 14 from Community

103 Received

69 Left

33 no care

26 same or more care, 7 hospital, 1 residential, 2 deceased

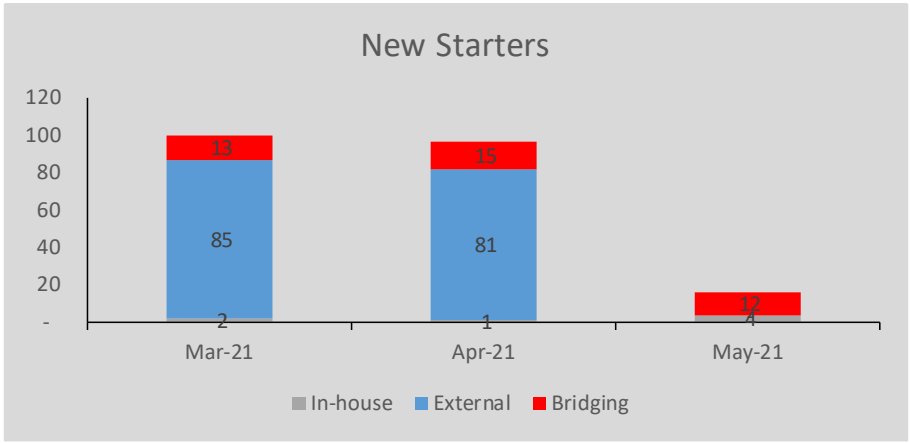


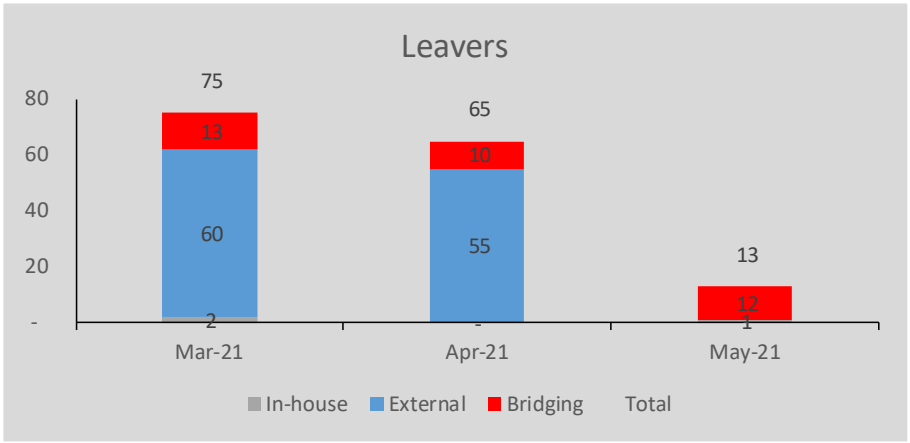
During March, April & May Residential Reablement services had an overall percentage of 46% of people returning to their own homes independently

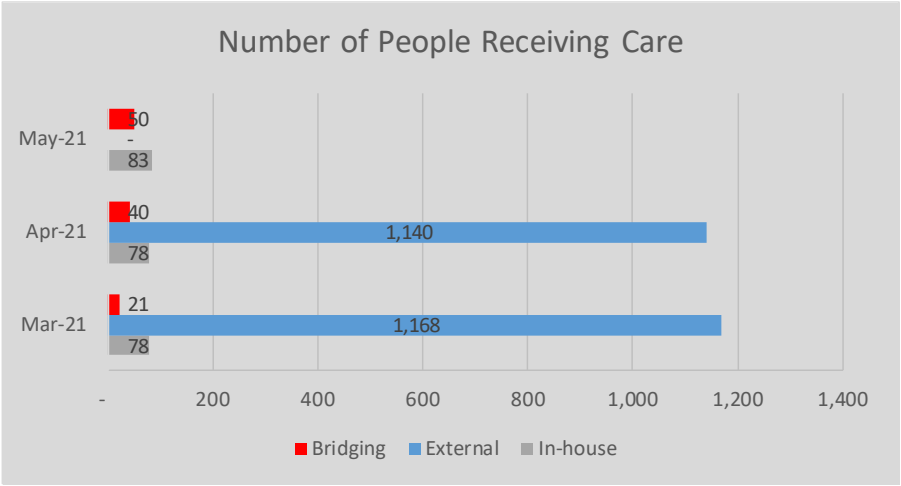
What is working well?	What are we worried about?	What we are going to do?
Continued close working with the MDT triage function at our front door is helping to screen out inappropriate referrals. Staff are becoming more familiar with the use of WCCIS.	Whilst the number of individuals that we are supporting 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). 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. Continued delays in the recruitment process are hampering our ability to increase staffing capacity as quickly as we would like. 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. The take up of the Lateral Flow Tests amongst care staff is still lower than we would like. 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.	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. 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 We will continue to progress chase Employee Services regarding our new staff starters. We will continue to reinforce the positive benefits of lateral flow testing with staff, drawing upon the key messages from Welsh Government. 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. 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).

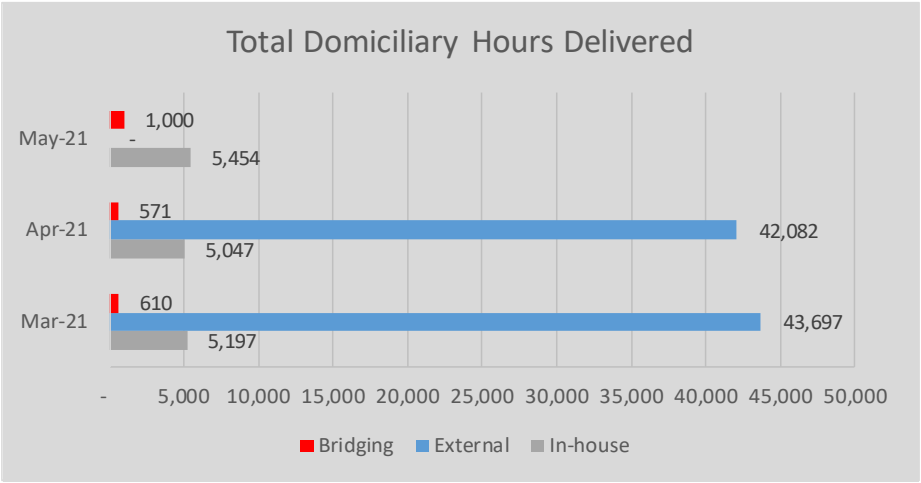
Long Term Domiciliary Care

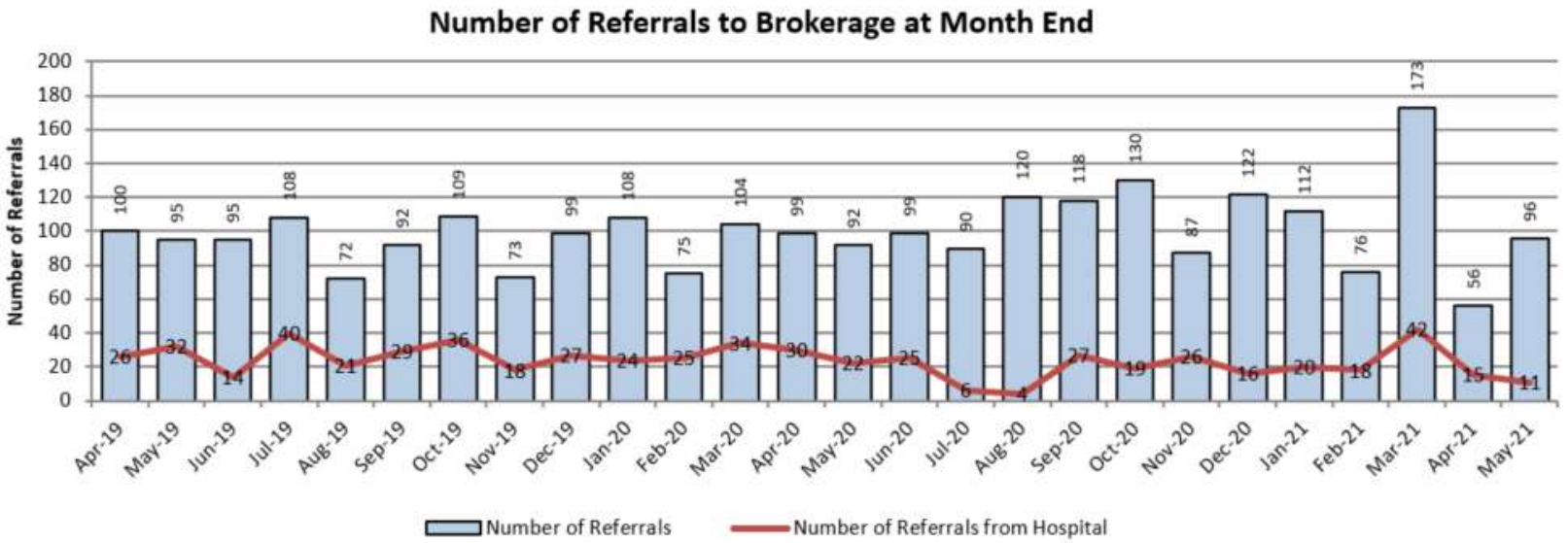
Jan 2020 – Change of method for counting hours delivered for external providers - changed from estimates to figures based on actuals (Method is no longer possible due to the change from recording actual hours on invoices received to block contracting). May & June data is based on ECM Hours received, 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











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?
• 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)	• 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.	• 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?
• 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.	• As with reablement, staffing capacity is an issue given the level of vacancies and delays in backfilling being incurred.	• 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-21

- 16 Admissions
- 16 Discharges
- 21 Transitions

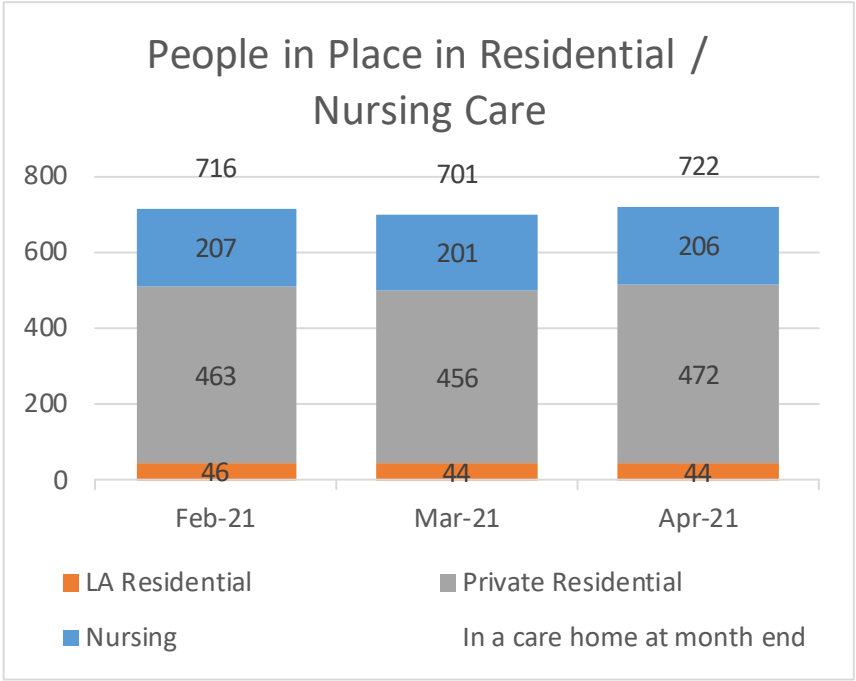
Apr-20 26 Admissions | 69 Discharges

Mar-21

- 25 Admissions
- 26 Discharges
- 19 Transitions

Feb-21

- 18 Admissions
- 31 Discharges
- 3 Transitions



Apr-20 840 People in place

What is working well?	What are we worried about?	What we are going to do?
Internal provision: • 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	**Internal Provision** • 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	**Internal Provision** • 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

• 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.	periods of support with health and therapy input • 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.	services are being capture to inform Service Plan and Commissioning Reviews going forward. • 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.

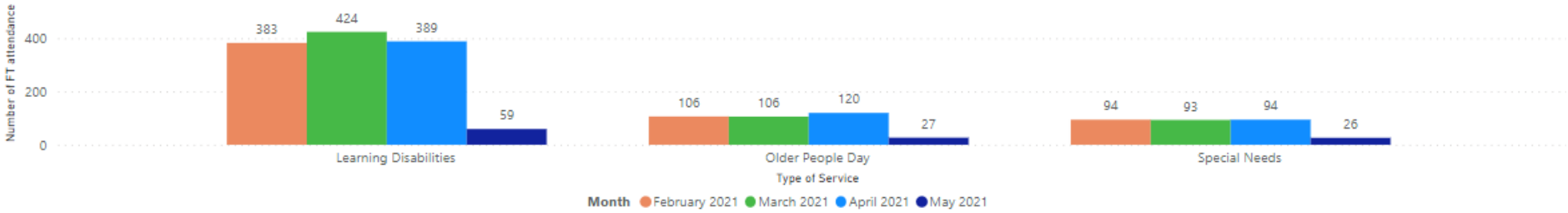
Day Services for Older People, Special Needs and Learning Disabilities

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.

Total number of individuals that attended a day service

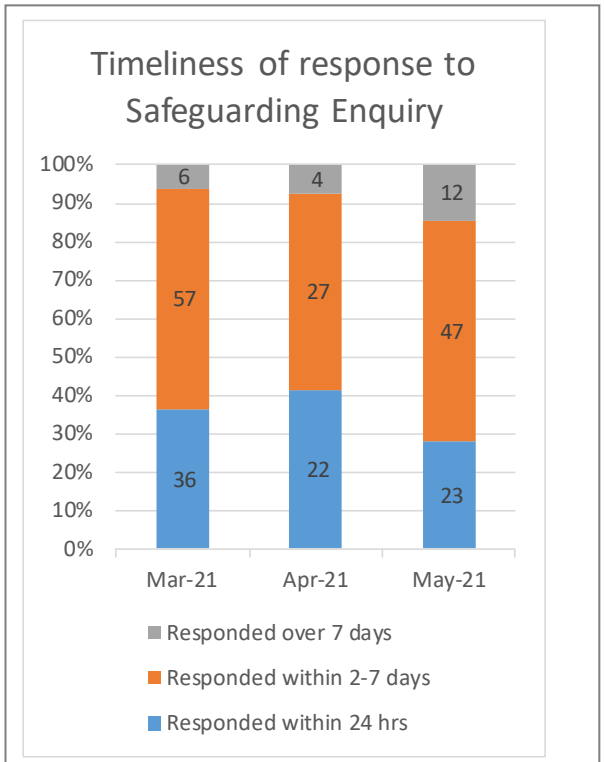
		Older People	Special Needs	Learning Disabilities
Apr 2021	102	33	9	56
Mar 2021	97	30	9	54
Feb 2021	90	26	9	52

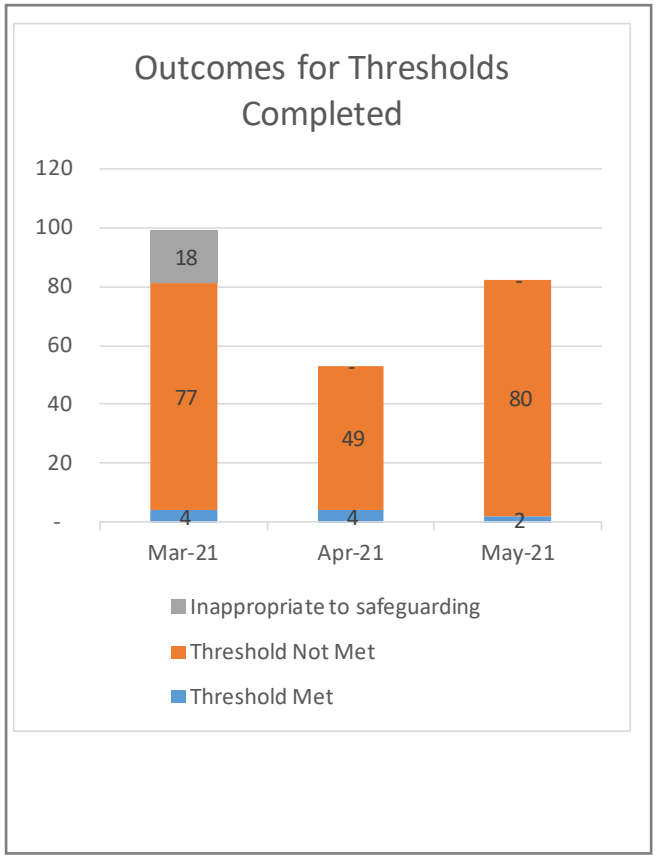
The graph shows the total number of used places each month. As the restrictions ease, each service will increase their capacity.



What is working well?	What are we worried about?	What we are going to do?
• 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 form 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.	• 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.	• 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

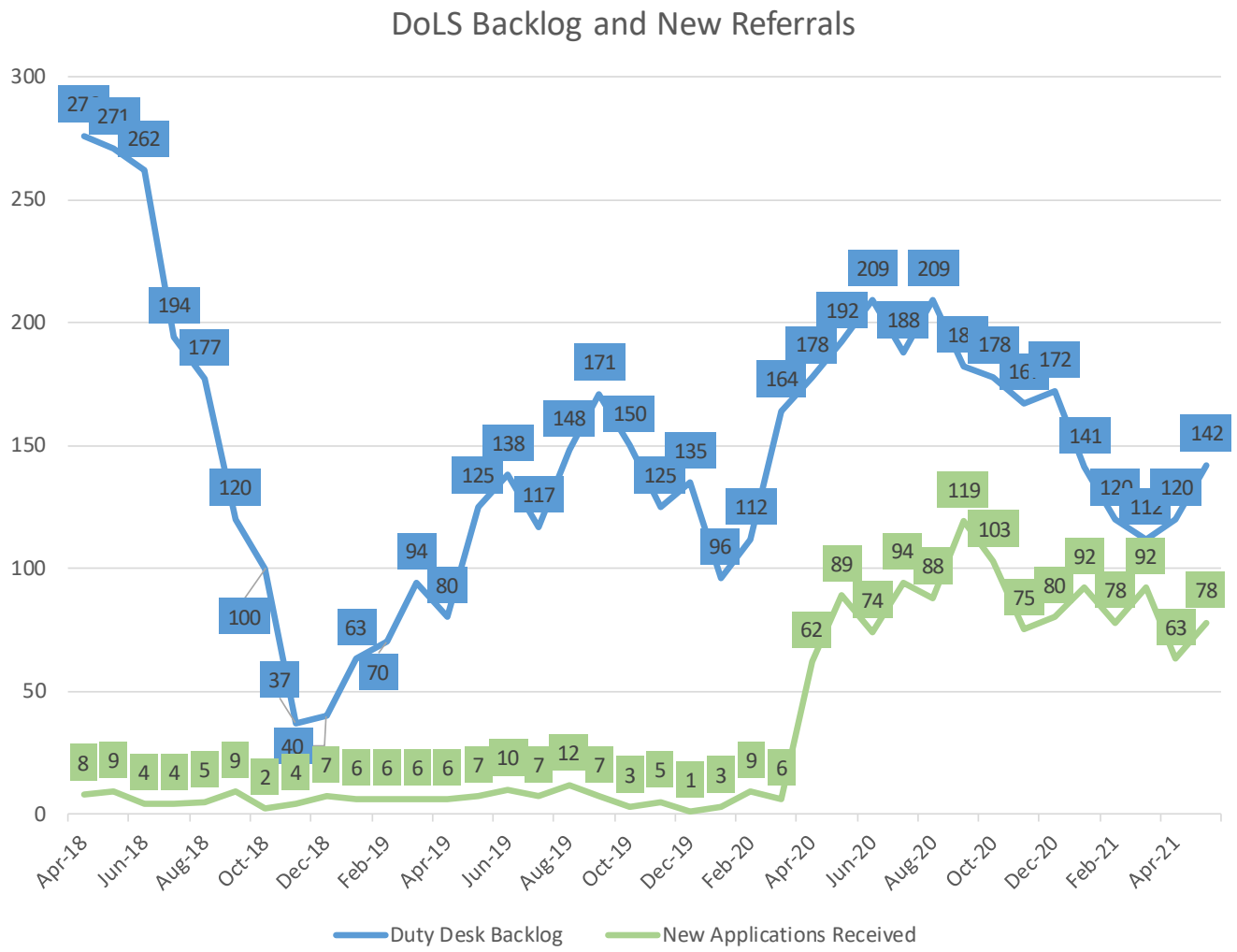
53 Thresholds completed
3 did not proceed to threshold
0 awaiting response

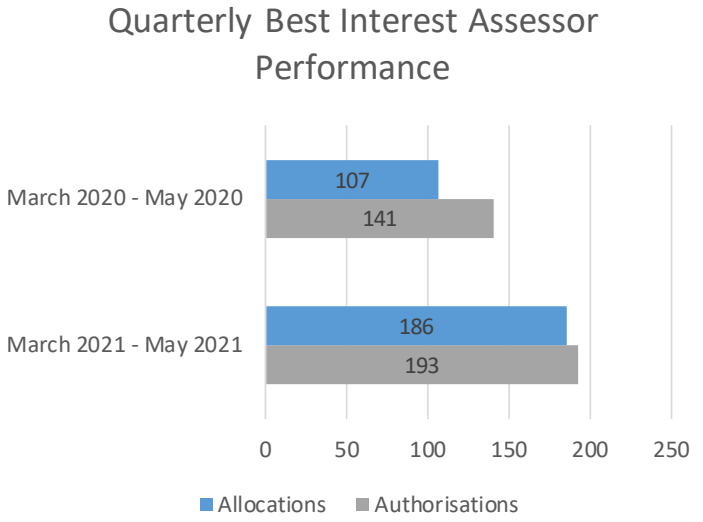
101 Reports received in Mar 21

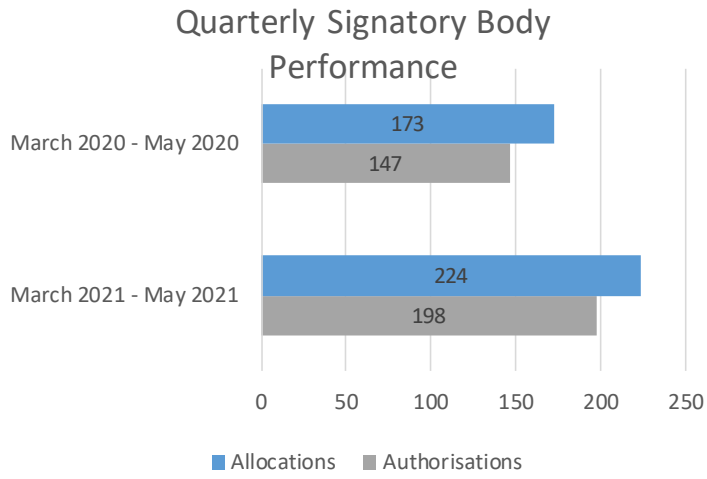
101 Thresholds completed
2 did not proceed to threshold
0 awaiting response

What is working well?	What are we worried about?	What we are going to do?
* 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. ***** 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. * 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. * 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. * 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. * 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.	* 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. * 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. * 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. * 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 positon of risk.	* 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. * Work is progressing with the Transformation Team to consider the staffing and processes of the Safeguarding Team. * 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. * 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. * 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. * 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.

Timeliness of Deprivation of Liberty Assessments





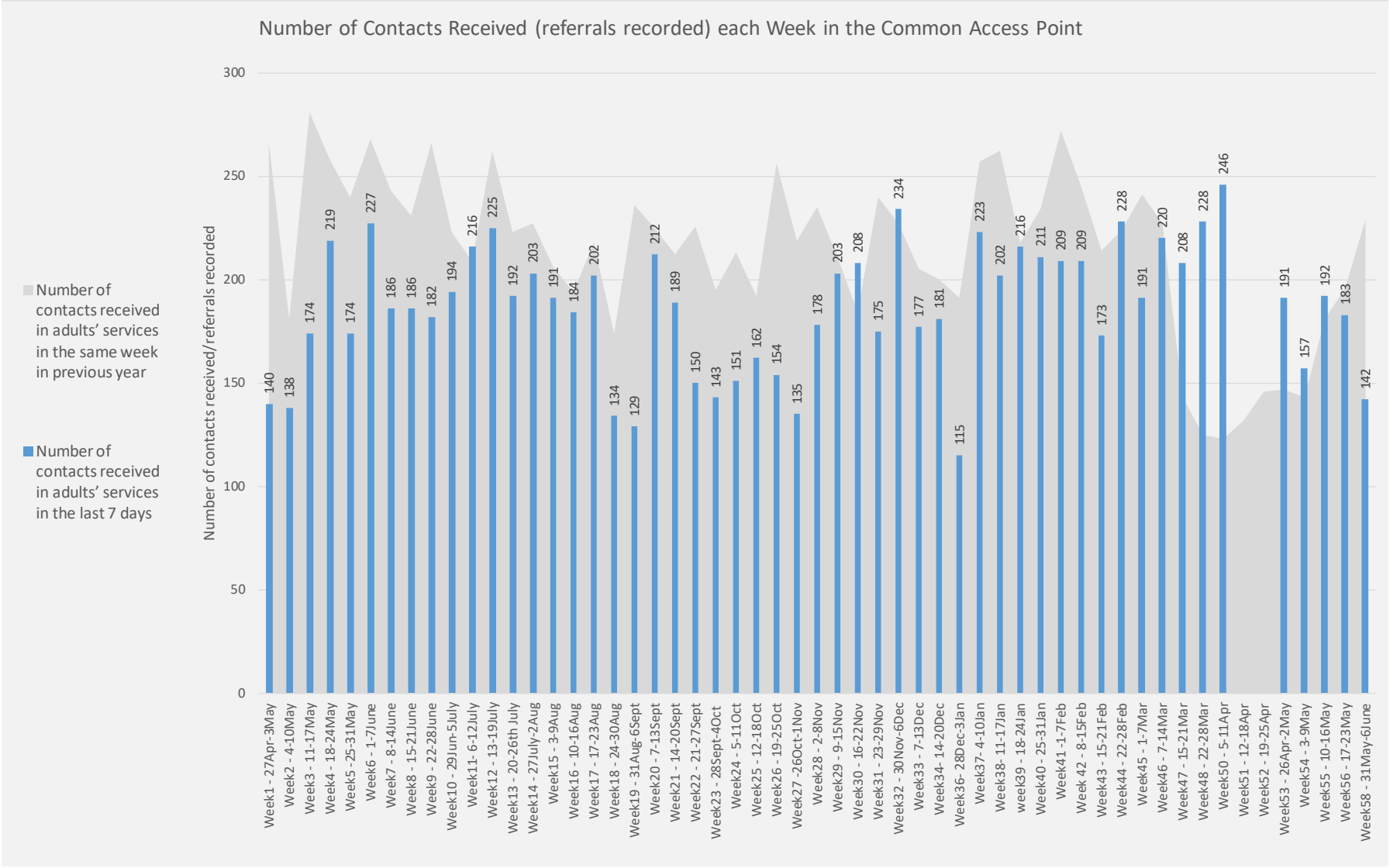


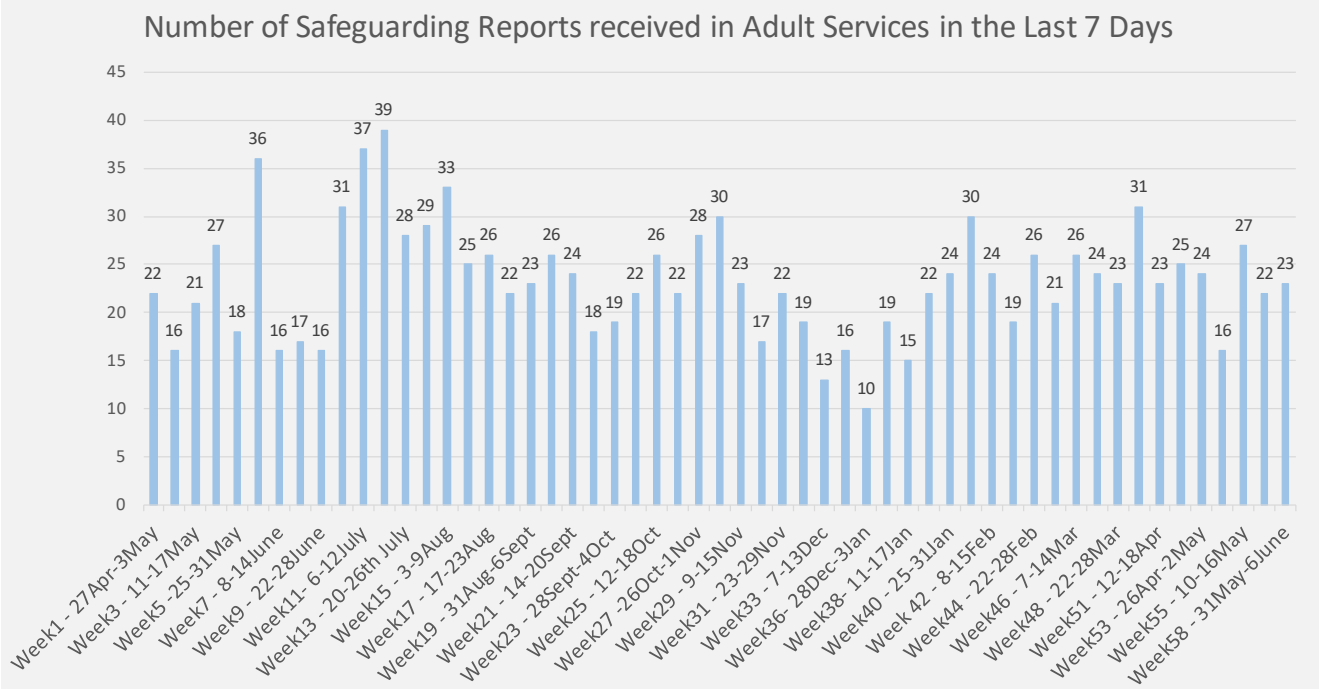
What is working well?	What are we worried about?	What we are going to do?
• DoLS assessments continue to take place remotely due to the Covid-19 pandemic and the restrictions on visiting. Face-to-face assessments are undertaken in essential circumstances. • The Team have out-sourced 124 DoLS referrals 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 devises 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.	• 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.	• 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.

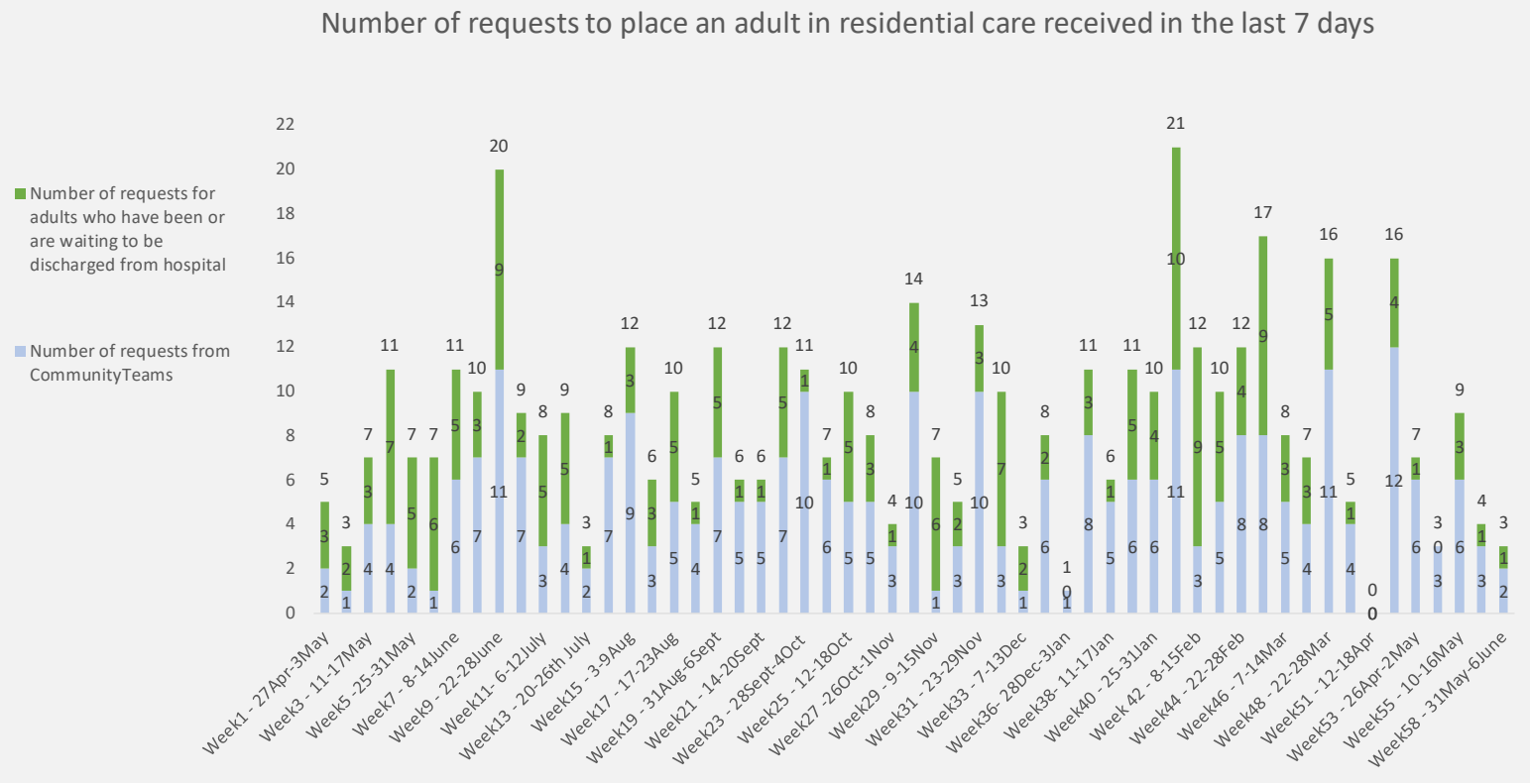
Weekly Welsh Government Adult Services Submission in Response to Covid19

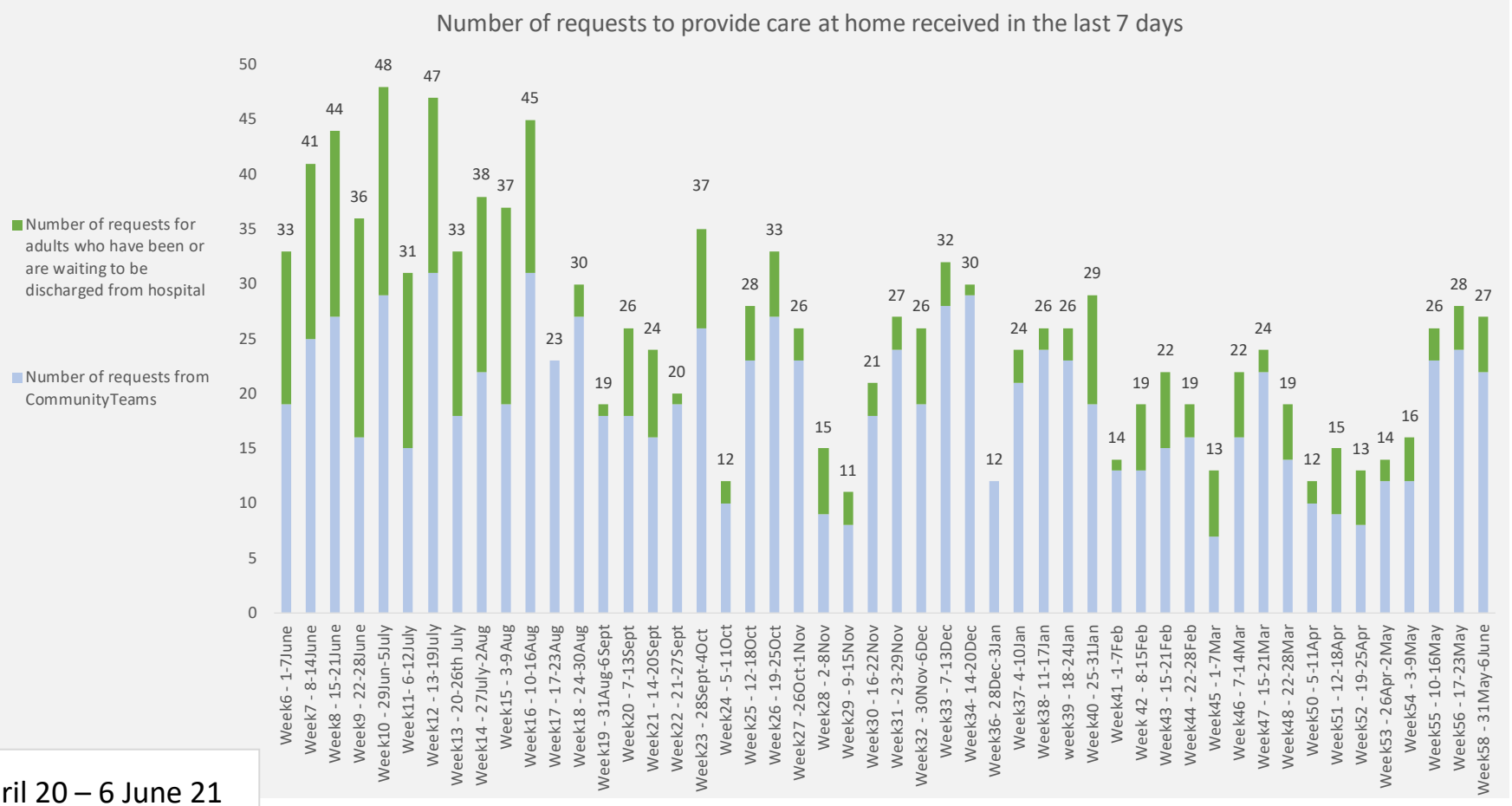
Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19, this has recently been changed to fortnightly (from week 56). The data has been gathered for 58 weeks to date. Data for Week 35 (Christmas Week) and Week 49 (Easter Week) were not submitted at the request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



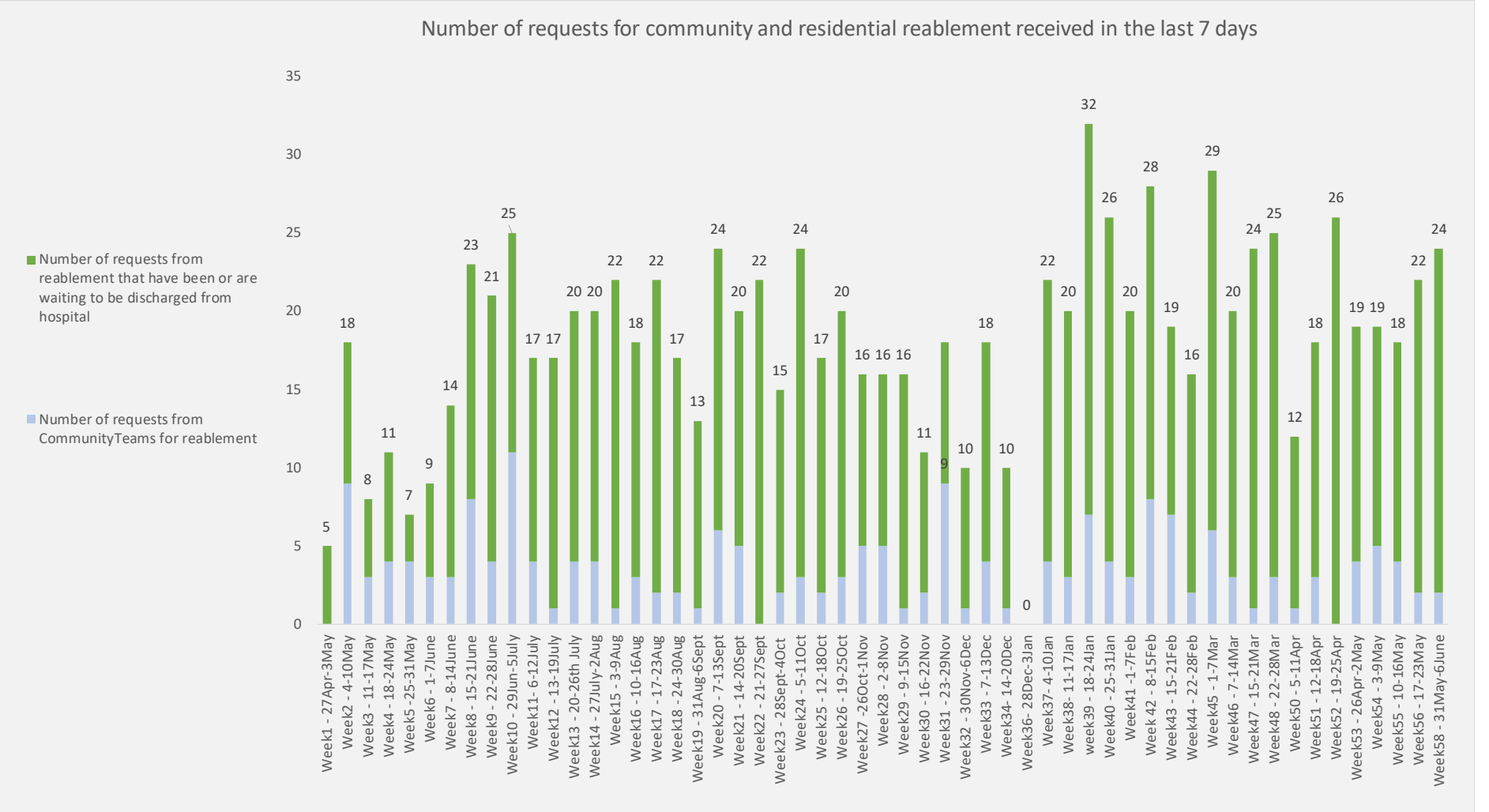

Number of Safeguarding Reports received in Adult Services in the Last 7 Days
Week1 - 27Apr-3May
Week3 - 11-17May
Week5 -25-31May
Week7 - 8-14June
Week9 - 22-28June
Week11- 6-12July
Week13 - 20-26th July
Week15 - 3-9Aug
Week17 - 17-23Aug
Week19 - 31Aug-6Sept
Week21 - 14-20Sept
Week23 - 28Sept-4Oct
Week25 - 12-18Oct
Week27 -26Oct-1Nov
Week29 - 9-15Nov
Week31 - 23-29Nov
Week33 - 7-13Dec
Week36- 28Dec-3Jan
Week38- 11-17Jan
Week40 - 25-31Jan
Week 42 - 8-15Feb
Week44 - 22-28Feb
Week46 - 7-14Mar
Week48 - 22-28Mar
Week51 - 12-18Apr
Week53 - 26Apr-2May
Week55 - 10-16May
Week58 - 31May-6June


Number of requests to place an adult in residential care received in the last 7 days
Number of requests for adults who have been or are waiting to be discharged from hospital
Number of requests from CommunityTeams
Week1 - 27Apr-3May
Week3 - 11-17May
Week5 -25-31May
Week7 - 8-14June
Week9 - 22-28June
Week11- 6-12July
Week13 - 20-26th July
Week15 - 3-9Aug
Week17 - 17-23Aug
Week19 - 31Aug-6Sept
Week21 - 14-20Sept
Week23 - 28Sept-4Oct
Week25 - 12-18Oct
Week27 -26Oct-1Nov
Week29 - 9-15Nov
Week31 - 23-29Nov
Week33 - 7-13Dec
Week36- 28Dec-3Jan
Week38- 11-17Jan
Week40 - 25-31Jan
Week 42 - 8-15Feb
Week44 - 22-28Feb
Week46 - 7-14Mar
Week48 - 22-28Mar
Week51 - 12-18Apr
Week53 - 26Apr-2May
Week55 - 10-16May
Week58 - 31May-6June



Between 27th April 20 – 6 June 21

71


Number of requests for community and residential reablement received in the last 7 days
Number of requests from reablement that have been or are waiting to be discharged from hospital
Number of requests from CommunityTeams for reablement
0
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Week1 - 27Apr-3May
Week2 - 4-10May
Week3 - 11-17May
Week4 - 18-24May
Week5 -25-31May
Week6 - 1-7June
Week7 - 8-14June
Week8 - 15-21June
Week9 - 22-28June
Week10 - 29Jun-5July
Week11- 6-12July
Week12 - 13-19July
Week13 - 20-26th July
Week14 - 27July-2Aug
Week15 - 3-9Aug
Week16 - 10-16Aug
Week17 - 17-23Aug
Week18 - 24-30Aug
Week19 - 31Aug-6Sept
Week20 - 7-13Sept
Week21 - 14-20Sept
Week22 - 21-27Sept
Week23 - 28Sept-4Oct
Week24 - 5-11Oct
Week25 - 12-18Oct
Week26 - 19-25Oct
Week27 -26Oct-1Nov
Week28 - 2-8Nov
Week29 - 9-15Nov
Week30 - 16-22Nov
Week31 - 23-29Nov
Week32 - 30Nov-6Dec
Week33 - 7-13Dec
Week34- 14-20Dec
Week36- 28Dec-3Jan
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Week54 - 3-9May
Week55 - 10-16May
Week56 - 17-23May
Week58 - 31May-6June