



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Adult Social Care and**  
**Community Health Services**

Please ask for: Scrutiny  
Gofynnwch am:  
Scrutiny Office 01792 637314  
Line:  
Llinell  
Uniongyrchol:  
e-Mail [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
e-Bost:  
Date 10 November 2021  
Dyddiad:

**BY EMAIL**

cc Cabinet Members

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services following the meeting of the Panel on 20 October 2021. It covers Workforce Support Programme, Update on Management of Covid and Performance Monitoring.

Dear Cllr Child

The Panel met on 20 October to discuss the Workforce Support Programme for Adult Services, to receive an update on Management of Covid and the Performance Monitoring Report for August 2021.

We would like to thank you, Dave Howes and Deborah Reed for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

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

Firstly, I would again like to ask you, on behalf of the Panel, to take a message back to the staff, expressing our wholehearted thanks and appreciation to all members of staff, who continue to have a huge burden placed upon them and are doing an amazing job in very difficult circumstances.

The main issues discussed are summarised below:

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

SWANSEA COUNCIL / CYNGOR ABERTAWE

GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE

[www.swansea.gov.uk](http://www.swansea.gov.uk) / [www.abertawe.gov.uk](http://www.abertawe.gov.uk)

I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod  
To receive this information in alternative format, or in Welsh please contact the above

## **Minutes of Previous Meeting**

In response to a query under matters arising the Convener confirmed in relation to the statement on page 22 of the agenda pack that moving to a form of outcome budgeting was on hold.

## **Workforce Support Programme**

The Principal Officer Resources presented to the Panel on the programme of support in place for Adult Services staff, recruitment and next steps.

We were informed that Social Services quickly realized there was an issue with sickness and were the first to trial a dedicated Human Resources Officer and that Place and Education have now moved to a similar model and are piloting a dedicated HR Officer in their area. We were pleased to hear that the actions taken have led to a reduction in sickness levels in Social Services and that the learning had been shared across the Authority.

We expressed concern that the private sector suffered similar problems with staffing and queried if the Authority has shared its practices with them. We heard that private homes would have their own governance arrangements in place but can turn to our commissioning services for advice and that there is not a shared recruitment drive but when the Authority recruits staff it ensures staff are not taken from private homes. The Director stated that he felt the Authority could probably do more to help private domiciliary care providers.

The Director also stated that he felt lots of work has taken place around workforce, that there is still lots to do but that you have a plan. You confirmed that it has been reassuring for staff to know there is backup in place.

## **Update on Management of Covid**

You confirmed that the Directorate is still managing but that it remains a struggle. We heard that we are in the third wave, which is having a very significant impact. Fragility of Domiciliary Care has hit the Directorate worst particularly workforce. Most of the work has been picked up by community reablement teams and step down from hospital and that this has been the biggest impact on the health and social care system as unable to maintain flow through the system.

We heard that the situation is far from ideal and that the waiting list for long term domiciliary care was 200 individuals and is now down to 100/110 individuals. We were informed that not all individuals did not have care but did not have the right care and that the Directorate is working hard with families / carers to come up with alternatives until February next year. We also heard that a number of individuals (now less than 10) are having to consider residential care as the Authority is unable to provide the domiciliary care they need.

We heard that the other challenge for the Directorate is prioritisation of assessments and reviews and that there is still a backlog of planned review work. We were informed that negotiations are taking place with an independent agency to pick up a lot of work including all outstanding reviews and assessments, that you are optimistic you

will get through the backlog by working with this agency and that in the meantime everyone continues to receive regular updates.

We heard that in performance reporting the Directorate can see what it is doing but not what it is not doing. Around safeguarding, the Director believes the Authority's arrangements are good enough to meet its safeguarding responsibilities.

We heard that there is still a lot of stress and pressure despite the work undertaken on supporting the workforce.

We queried what relationship the Authority wants with the private sector regarding the foreseen and unforeseen and the pros and cons of the different options. You informed us that elements of the domiciliary and residential care market require fundamental change to ensure that they remain fit for purpose. The Authority has stepped in as it has a duty of care to the public receiving the service. You told us that personally you would like to see the Authority's proportion of provision increased. We heard that the Authority's relationship with commissioned services has improved and that this is appreciated by the private sector. We also heard that there is recognition that greater resilience needs to be built in and one of the ways is to try to address the low pay of care workers and terms and conditions. The Director added that the relationship between the Authority and private providers has clearly shifted and there needs to be a permanent change of relationship.

## **Performance Monitoring**

We raised two queries with regard to the Common Access Point. Firstly, whether the number of 'lost referrals' is known and their source eg GPs, relatives or others. We heard that there appears to be something that happens in the IT system that does not pass all content onto the Common Access Point. It has been picked up as an issue and not yet resolved but is being tracked manually. We heard that officers are satisfied enough checks and balances are in place so they are not missing anything. The second query was whether the referral process is capturing the right data to inform the Common Access Point team about both the urgency of the referral and the likely prognosis. We were informed that Health and Social Care would like one standardised record. We heard that you are not planning to make any changes currently but the issue will come up again in the future and some development work will be needed.

In relation to Direct Payments, we queried how the professional review arrangements link with the payment systems to ensure timely funding arrangements are in place. We were informed that panel meetings are held three times per week and all links are made via this meeting. We heard that currently manual oversight of things is needed as there are changes to WCCIS etc, however, individuals are more likely to be stuck in other parts of the system.

We queried who is responsible for determining the code of practice for DOLS assessments, what is causing the delay in agreeing it and how any obstacles might be removed. We were informed that this is UK led and that the changes that will be made are not so significant that delay gives rise to concern.

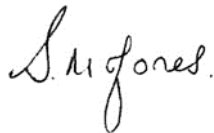
We commented that we felt the Welsh Government are quite keen to see the number of direct payments increasing. We heard that use of direct payments expanded during

Covid and that it gives individuals a choice in the way they are helped, however, it does not replace direct service provision if that is the best service for the individual. We mentioned that there has been discussion at PDC about the potential benefit of direct payments in rural areas where micro businesses are set up to provide the service and that there has been a lot of work on this in the Somerset area. Officers confirmed that as well as discussion at PDC, as part of regional work you are trying to generate a micro enterprise approach in rural areas working with CVCs and that this work is ongoing.

### **Your Response**

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

Yours sincerely

A handwritten signature in black ink, appearing to read 'S. Jones'.

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