



Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

## Panel Perfformiad Craffu - Gwasanaethau I Oedolion

**Lleoliad:** Cyfarfod Aml-Leoliad - Siambr y Cyngor, Neuadd y Ddinas / MS Teams

**Dyddiad:** Dydd Mawrth, 27 Medi 2022

**Amser:** 4.00 pm

**Cynullydd:** Y Cynghorydd Susan Jones

**Aelodaeth:**

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

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### Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol**  
[www.abertawe.gov.uk/DatgeluCysylltiadau](http://www.abertawe.gov.uk/DatgeluCysylltiadau)
- 3 Gwahardd pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**
- 4 Cofnodion y Cyfarfod(ydd) Blaenorol** **1 - 14**  
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod cywir.
- 5 Cwestiynau gan y cyhoedd**  
Rhaid cyflwyno cwestiynau'n ysgrifenedig, cyn hanner dydd ar y diwrnod gwaith cyn y cyfarfod fan bellaf. Rhaid i gwestiynau ymwneud ag eite mau ar yr agenda. Ymdrinnir â chwestiynau o fewn cyfnod 10 munud.
- 6 Rôl Panel Craffu Perfformiad y Gwasanaethau i Oedolion** **15 - 23**
- 7 Cyflwyniad - Trosolwg o'r Gwasanaethau i Oedolion yn Abertawe** **24 - 53**  
*Gwahoddwyd:*  
*Y Cynghorydd Louise Gibbard, Aelod y Cabinet – Gwasanaethau Gofal*  
*David Howes, Cyfarwyddwr y Gwasanaethau Cymdeithasol*  
*Amy Hawkins, Pennaeth y Gwasanaethau i Oedolion*  
*Helen St John, Pennaeth y Gwasanaethau i Integredig*
- 8 Rhaglen Waith ddrafft 2022-23** **54 - 55**

**Cyfarfod nesaf:** Dydd Mawrth, 8 Tachwedd 2022 am 4.00 pm

*Huw Evans*

**Huw Evans**  
**Pennaeth y Gwasanaethau Democrataidd**  
**Dydd Mawrth, 20 Medi 2022**  

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**Cyswllt: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

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

Remotely via Microsoft Teams

Wednesday, 2 March 2022 at 3.30 pm

**Present:** Councillor S M Jones (Chair) Presided

**Councillor(s)**

H M Morris  
Y V Jardine

**Councillor(s)**

C A Holley  
J W Jones

**Councillor(s)**

P R Hood-Williams  
E T Kirchner

**Co-opted Member(s)**

T Beddow

**Other Attendees**

Mark Child

Cabinet Member - Adult Social Care & Community Health Services

**Officer(s)**

Kelly Gillings

Programme Director, West Glamorgan Transformation Programme

Amy Hawkins

Interim Head of Adult Services

David Howes

Director of Social Services

Liz Jordan

Scrutiny Officer

Helen St John

Interim Head of Integrated Services

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**1 Disclosure of Personal and Prejudicial Interests**

Chris Holley and Jeff Jones declared a personal interest.

**2 Prohibition of Whipped Votes and Declaration of Party Whips**

No declarations were made.

**3 Minutes of Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 25 January 2022 as an accurate record of the meeting.

**4 Public Question Time**

No questions were received.

## 5 Update on West Glamorgan Transformation Programme

Kelly Gillings, Programme Director, attended to present an update to the Panel including a summary of what has happened over the last year and a few examples of key work undertaken such as Work with carers; Support given to Children and Young People; Work around workforce; Patient Flow and Community Resilience and ongoing work in response to the pandemic.

### Discussion Points:

- Panel queried if there were any particular issues carers need support for. Informed there has been huge pressure on carers throughout the pandemic and going forward there is a transformational programme around carers involving the Regional Partnership Board and partners to ensure they are supported all the time.
- Panel queried why people are being given more direction on how to access direct payments. Informed some people did not understand how to access the payments and also the remit for accessing direct payments was widened through pandemic to make them more widely available for different purposes.
- Panel asked about the “cohorts” referred to in the report that were used to help shape the plans for Winter. Programme Director agreed to provide the detail of how many cohorts were used and what each cohort consisted of.
- Panel queried if in terms of the new funding regime for the Board, if anything alters the dynamics underpinning the process of transformation. Informed the new regime gives a proper programme and project management which the previous regime did not have.
- Regarding remodelling of acute health and community services, Panel asked if there is anything in the work the Partnership is doing so far that extends the right of fast and direct access to selected services that professional staff deem more appropriate for individuals instead of directing them to hospital A & E or medical assessment service. Informed a lot of work is being done around prevention that will stop people entering services in the first place. Also heard about development work currently being undertaken and about a pilot being trialled through the Authority’s commissioning team in 2 zones in Swansea. Panel requested further information on the pilot scheme.
- In the report it states that joint recruitment of domiciliary care staff has taken place, whereby staff are employed by the Health Board and seconded to Local Authorities. Panel queried why employment arrangements were set up this way and heard it was a pilot system to try and attract more staff as there was a view that there was more kudos with working for the Health Board. This was not as successful as hoped and the Region has since moved back to recruiting locally.

### Actions:

- Detail of how many ‘cohorts’ were used and what each cohort consisted of to be provide to Panel.
- Panel to see, if possible, either an early draft of the evaluation or an outline of the pilot scheme plus the likely date when the draft evaluation might emerge. The Panel is especially interested to see how the client assessment process

went and whether the 'flying squad' was able to reduce the use made of acute hospital assessment facilities.

## **6 Update on Management of Covid-19 Pandemic**

Mark Child, Cabinet Member for Adult Social Care and Community Health Services and David Howes, Director of Social Services attended for this item and informed that Panel in terms of Covid, it is an improving picture. It is expected that the current community Covid rates will continue as they are currently (still quite high but manageable) with all contingency plans still in place and a further drop off expected in April. As well as Covid, there have been several storms recently, but despite this, all calls scheduled both internal and commissioned were made. The two Heads of Service are back attending Adult Services Panel meetings. Both Heads of Service took up their roles just as Covid started and they have, together with their senior management teams, brought the Service through this as well as a further period of extreme pressure.

## **7 Performance Monitoring**

Amy Hawkins, Interim Head of Adult Services and Helen St John, Interim Head of Integrated Services attended to brief the Panel on the Performance Highlight Report for December 2021. They also provided verbal feedback on January's performance data.

Discussion Points:

- December was one of the most challenging months for the Service during the pandemic. Operational services were still in emergency planning mode in January, but the position had improved by January and was more positive.
- Number of individuals leaving the Service in January with no ongoing care needs was high for January which is excellent. This is learning the Service must use to challenge the support it offers.
- The Carers Centre has been commissioned to carry out some carers assessments for the Authority.
- Bonymaen House recently received an unannounced CIW visit and inspection and the feedback was excellent. The report will be shared with Scrutiny.

Actions:

- Inspection Report on Bonymaen House to be shared with the Panel.

## **8 Panel Review of the Year 2021-22**

Panel Members reviewed the year 2021-22 and discussed four questions.

What went well?

- Scrutiny was able to carry on during pandemic, even though it was at a limited level, and to work with officers to enable them to come and support scrutiny at a time when they were under extreme pressure.
- The degree of trust between officers within the organisation and between officers and elected members shone through.

- One concern of the Panel was the installation of the WCCIS system at the same time as Covid. The way staff coped with this has been incredible. A lot of recording work had to be undertaken manually because of the problems with the system and it is a real credit to staff that they still managed to cope.
- The positive development of the relationship between private care providers and our providers.
- How councillors have worked better together across parties. There was a job to do and everyone did it. Found different ways of working and learnt new things and all Members improved their IT skills.

#### What did not go so well?

- Nothing that did not go well. Could not have asked any more of staff

#### Has the Panel focussed on the right things?

- Did not have a choice. Had to focus on Covid.
- As a scrutiny panel we have supported as much as we could. We recognized from a scrutiny point of view that we needed to minimise workload put on officers and we were able to bring joint meetings where it was appropriate to reduce the workload and ensure the Panel saw the essential items it needed to see in terms of its scrutiny role. The Panel does have an important role to play, and the areas it concentrated on were the really important areas from a service point of view. The Panel was happy it could see that these areas were not deteriorating to an extent that would cause concern from a safeguarding point of view.
- Receiving updates on the management of covid gave Panel Members hope and enabled them to see how hard everyone was working in hugely challenging times. The staff have been amazing.

#### What have we learnt that will help us with future AS Scrutiny?

- Might be useful to test the Panel's own performance against other scrutiny panels eg Cardiff/Wrexham, to find out how much work they have done and the topics they have looked at and what improvements to the service they have delivered.
- Support for carers is very important including carers assessments. Relied on them so much during pandemic. Panel would like to have some feedback from carers about their experience of taking on this additional workload. Item for Panel's future work plan.
- Important to look at the situation of appointing staff and promoting the importance of care staff, as without these staff going in to care for people the Authority would have really struggled.
- Important to recognize the important role that Local Area Coordinators play.
- Scrutiny Panel has been really reactive to the situation. This is very positive.
- Increase in mental health issues is really important to be aware of. Need to be reactive to need right now. It is affecting all ages.

The meeting ended at 4.40 pm



**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* 16 March 2022  
*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 2 March 2022. It covers West Glamorgan Transformation Programme, Performance Monitoring, Management of Covid and Panel Review of the Year.

Dear Cllr Child

The Panel met on 2 March 2022 to receive an update the West Glamorgan Transformation Programme, the Performance Highlight Report for December 2021, an update on the Management of Covid-19 and to discuss the Panel's Annual Review of the Year 2021-22.

We would like to thank you, Dave Howes, Amy Hawkins, Helen St John and Kelly Gillings for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

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

The main issues discussed are summarised below:

**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



## **Update on West Glamorgan Transformation Programme**

Kelly Gillings presented an update to the Panel including a summary of what has happened over the last year and a few examples of key work undertaken such as Work with carers; Support given to Children and Young People; Work around workforce; Patient Flow and Community Resilience and ongoing work in response to the pandemic.

In the report it mentioned that one of the key priorities for West Glamorgan remains making sure there is a particular focus on support for carers. We queried if the move to more people living in their own homes meant there were any problems or issues that we need to give particular support to carers for. We heard that there has been huge pressure on carers throughout the pandemic and going forward there is a transformational programme around carers involving the Regional Partnership Board and partners to ensure they are supported all of the time.

We queried why people are being given more direction on how to access direct payments and heard that some people did not understand how to access the payments and also the remit for accessing direct payments was widened through the pandemic to make them more widely available for different purposes.

We asked about the “cohorts” referred to in the report that were used to help shape the plans for Winter. The Programme Director agreed to provide the detail of how many cohorts were used and what each cohort consisted of.

We queried if in terms of the new funding regime for the Board, if anything alters the dynamics underpinning the process of transformation and heard that the new regime gives proper programme and project management which the previous regime did not have.

Regarding remodelling of acute health and community services, we asked if there is anything in the work the Partnership is doing so far that extends the right of fast and direct access to selected services that, after careful consideration, particular professional staff deem more appropriate for individuals / clients in their care and that are preferred instead of directing the individual to an acute hospital A & E or medical assessment service. We were informed that a lot of work is being done around prevention that will stop people entering services in the first place. We heard about developmental work currently being undertaken regarding GP clusters and virtual wards accelerated cluster development, which is working around surrounding GP practices with a multi-disciplinary team and links into services required for admission to hospital. We also heard about a pilot being trialled through the Authority’s commissioning team in 2 zones in Swansea. When a call comes in, if required, a team of rapid response individuals will go out and visit, so rather than people requiring an ambulance for hospital admission a team goes to them immediately to support them. This pilot seems to be working well and a third zone is being added. We would like, if possible, to see either an early draft of the evaluation or an outline of the scheme plus the likely date when the draft evaluation might emerge. It would be especially interested to see how the client assessment process went and whether the ‘flying squad’ was able to reduce the use made of acute hospital assessment facilities.

We noted that joint recruitment of domiciliary care staff has taken place, whereby staff are employed by the Health Board and seconded to Local Authorities and queried why

employment arrangements were set up this way. We heard it was a pilot system to try and attract more staff, as there was a view that there was more kudos with working for the Health Board. However, this was not as successful as hoped, not helped by a national migration out of health care generally, and the Region has since moved back to recruiting locally. We also heard a piece of work on workforce planning going forward is currently being developed to try and attract more people.

## **Performance Monitoring**

Amy Hawkins and Helen St John briefed the Panel on the Performance Highlight Report for December 2021. They also provided verbal feedback on January's performance data.

We heard that December was one of the most challenging months for the Service during the pandemic. We also heard that operational services were still in emergency planning mode in January, but the position had improved by January and was more positive.

We were informed that the number of individuals leaving the Service in January with no ongoing care needs was high for January which is excellent. This is learning the Service must use to challenge the support it offers.

We heard that the Carers Centre has been commissioned to carry out some carers assessments for the Authority.

We heard that Bonymaen House recently received an unannounced CIW visit and inspection and the feedback was excellent. The report will be shared with Scrutiny.

## **Update on Management of Covid**

We heard that in terms of Covid, it is an improving picture. We also heard that it is expected that the current community Covid rates will continue as they are currently (still quite high but manageable) with all contingency plans still in place and a further drop off expected in April. As well as Covid, there have been several storms recently and you were very pleased to inform us that despite this, all calls scheduled both internal and commissioned were made. The Director stated that he was pleased to see the two Heads of Service back attending Adult Services Panel meetings. We heard that both Heads of Service took up their roles just as Covid started and they have, together with their senior management teams, brought the Service through this as well as a further period of extreme pressure.

## **Panel Review of the Year 2021-22**

Panel Members reviewed the year 2021-22 and discussed four questions. The comments are noted below for your information:

### What went well?

- Scrutiny was able to carry on during the pandemic, even though it was at a limited level, and to work with officers to enable them to come and support Scrutiny at a time when they were under extreme pressure.

- The degree of trust between officers within the organisation and between officers and elected members shone through.
- One concern of the Panel was the installation of the WCCIS system at the same time as Covid. The way staff coped with this has been incredible. A lot of recording work had to be undertaken manually because of the problems with the system and it is a real credit to staff that they still managed to cope.
- The positive development of the relationship between private care providers and our providers.
- How councillors have worked better together across parties. There was a job to do and everyone did it. Found different ways of working and learnt new things and all Members improved their IT skills.

#### What did not go so well?

- Nothing that did not go well. Could not have asked any more of staff.

#### Has the Panel focussed on the right things?

- Did not have a choice. Had to focus on Covid.
- As a Scrutiny Panel we have supported as much as we could. We recognized from a scrutiny point of view that we needed to minimise workload put on officers, and we were able to bring joint meetings where it was appropriate to reduce the workload and ensure the Panel saw the essential items it needed to see in terms of its scrutiny role. The Panel does have an important role to play, and the areas it concentrated on were the really important areas from a Service point of view. The Panel was happy it could see that these areas were not deteriorating to an extent that would cause concern from a safeguarding point of view.
- Receiving updates on the management of Covid gave Panel Members hope and enabled them to see how hard everyone was working in hugely challenging times. The staff have been amazing.

#### What have we learnt that will help us with future AS Scrutiny?

- Might be useful to test the Panel's own performance against other scrutiny panels eg Cardiff/Wrexham, to find out how much work they have done and the topics they have looked at and what improvements to the service they have delivered.
- Support for carers is very important including carers assessments. Relied on them so much during pandemic. Panel would like to have some feedback from carers about their experience of taking on this additional workload. Item for the Panel's future work plan.
- Important to look at the situation of appointing staff and promoting the importance of care staff, as without these staff going in to care for people the Authority would have really struggled.
- Important to recognize the important role that Local Area Coordinators play.
- Scrutiny Panel has been really reactive to the situation. This is very positive.
- Increase in mental health issues is really important to be aware of. Need to be reactive to need right now. It is affecting all ages.

## 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 required by 6 April 2022 to the following:

- Detail to be provided to Panel of how many 'cohorts' were used to help shape the plans for Winter and what each cohort consisted of.
- Panel to see, if possible, either an early draft of the evaluation or an outline of the 'flying squad' pilot scheme being trialled plus the likely date when the draft evaluation might emerge. The Panel is especially interested to see how the client assessment process went and whether the 'flying squad' was able to reduce the use made of acute hospital assessment facilities.
- Inspection Report on Bonymaen House to be shared with the Panel.

Yours sincerely



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

Councillor Susan Jones  
Convener, Adult Services Scrutiny Panel

(By Email)

*Please ask for:* Councillor Mark Child  
*Direct Line:* 01792 63 7441  
*E-Mail:* [cllr.mark.child@swansea.gov.uk](mailto:cllr.mark.child@swansea.gov.uk)  
*Our Ref:* MC/WN  
*Your Ref:*  
*Date:* 12<sup>th</sup> April 2022

Dear Councillor Jones

### **Adult Services Panel 2 March 2022**

Further to the Scrutiny Panel from 2<sup>nd</sup> March 2022 please see below a formal written response is to the requested:

- Detail to be provided to Panel of how many 'cohorts' were used to help shape the plans for Winter and what each cohort consisted of.
- Panel to see, if possible, either an early draft of the evaluation or an outline of the 'flying squad' pilot scheme being trialled plus the likely date when the draft evaluation might emerge. The Panel is especially interested to see how the client assessment process went and whether the 'flying squad' was able to reduce the use made of acute hospital assessment facilities.
- Inspection Report on Bonymaen House to be shared with the Panel.

The CIW Inspection report for Bonymaen was circulated to Panel members following Scrutiny.

### **Priority Population Groups (cohorts)**

- Older people including people with dementia
- Children and young people with complex needs
- People with learning disabilities and neurodevelopmental conditions including autism
- Unpaid Carers
- People with emotional and mental health well-being needs

In designing each of the national models of integrated care, RPBs must consider how they will meet the specific needs of the above population groups. Some models of care will inevitably support some population groups more than others but most of the model should be developed to meet the needs of all of these population groups.

While these are our priority groups for ensuring we offer integrated care and support services it is recognized that there are other vulnerable population groups who may also benefit from these models of care. For example, homeless people may benefit from support available through community hubs. These priority groups have not been listed in order to exclude others in need who may also benefit from these models of care, but they are the primary beneficiaries for whom models of care should be designed and delivered.

## Swansea Welfare Response Pilot

### Background

Swansea Council currently externally commission the management of the call handling of all community alarm activations for Swansea clients.

The commissioned provider has expanded to offer a range of additional services including a Community Welfare Response. In January 2022, Adult Services commissioned the provider to run a Community Welfare Response pilot to the existing call handling contract. This pilot offered, where required, a physical response for the following activation types:

- **Assistance required** - non-medical emergency
- **No response** – the response will only be able to attend where a key safe is in situ
- **Ambulance required** - call will be triaged by call monitoring centre to ensure that an Ambulance is the most suitable escalation

Recorded named contacts for clients would still be contacted so as not to displace existing support networks, however the provider would be dispatched where contacts are unavailable or unable to attend

As part of the pilot, the following is provided:

- 24 hour, 7 days a week service, including Bank Holidays
- Triage and dispatch of staff to the agreed protocols by the call monitoring centre following activation of lifeline or sensors
- Single staffed call (unless client is flagged as a 2 to attend due to Manual Handling or highlighted risks)
- Home service only
- Vehicle – Provider marked
- Provide a basic clinical observation and triage to patients who have fallen
- Pro-active follow up call for fallers
- All IT and communication equipment
- No Conveyance of Patient
- If client requires hospital transfer, Community Response Officer will liaise with EMS to arrange
- All required equipment and consumables

**Pilot Cohort:**

The pilot was initially established for clients in 'zone 5' of Swansea: Pontarddulais, Penllergaer, Waunarlwydd, Grovesend, Dunvant, Gorseinon, Three Crosses, Lougher, Penclawdd, Crofty and Gowerton. This equates to 492 existing Careline clients.

The cohort was identified solely as a result of the providers base of operations being in Llanelli. During the pilot the provider has not recruited any additional response staff and therefore to ensure call out times within 1hr of activation the geographical position was crucial.

The pilot commenced on 1<sup>st</sup> February 2022 and commissioned to run up to and including the 30<sup>th</sup> of April 2022. For the first month required call outs were low and infrequent.

As a result, to ensure best value it was agreed to expand the cohort on 7<sup>th</sup> March to include clients residing in; 'Zone 3' of Swansea (Clase, Mansleton, Blaenymaes, Treboeth, Ravenhill, Fforest Fach, Ravenhill, Landore, Brynhyfred, Gendros and Portmead.)

**These additional clients then brought the total pilot cohort to 922 across both areas.**

The Swansea Community Alarms Service have informed all clients by letter of the enhanced service and purpose of the pilot.

**Initial Response pilot call out data:**

1<sup>st</sup> February – 25<sup>st</sup> March inclusive the provider attended the following call outs:

Reason	No. of call outs	% of total no. of call outs	Number of calls escalated to Emergency Services on site
Falls	16	80%	2
Welfare call	2	10%	
No Response	2	10%	1
<b>Total</b>	<b>20</b>		

As already noted, the first month of the pilot resulted in low numbers of call outs, however since expanding the Zone and providing further clarity and support to the call monitoring staff there has been some increase.

Across the 20 call outs response have attended site on average within 52 minutes and the data shows that there have been a number of calls due to a non-injurious fall with only 3 clients needing calls to be escalated to emergency services - one of which required the fire service to attend to gain access.

**Next steps:**

The demand is low for the service and at this stage does not clearly demonstrate the potential benefit of the enhanced service. The provider has agreed to extend the pilot period up to the end of May 22 due to the low response to date - at which point a full evaluation will be completed by the Service alongside the provider.

A Response Service will be considered as part of the wider Assistive Technology plans.

Yours sincerely



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



# Agenda Item 6



## Report of the Convener

### Adult Services Scrutiny Performance Panel – 27 September 2022

#### Role of the Adult Services Scrutiny Performance Panel

<b>Purpose:</b>	As it is the first meeting of the municipal year (and Council term) this report has been written to help give clarity and ensure understanding of the role of the Adult Services Scrutiny Performance Panel. It is also designed to aid discussion on effective working.
<b>Content:</b>	A description of the role of Performance Panels is provided, the focus of the Adult Services Panel, and link to relevant Council Priorities / Policy Commitments.
<b>Councillors are being asked to:</b>	Discuss the role of the Panel and effective working
<b>Lead Councillor:</b>	Councillor Susan Jones, Convener of the Adult Services Scrutiny Performance Panel
<b>Lead Officer &amp; Report Author:</b>	Liz Jordan, Scrutiny Officer E-mail: <a href="mailto:liz.jordan@swansea.gov.uk">liz.jordan@swansea.gov.uk</a>

#### 1. Introduction

- 1.1 Within the Council's arrangements for Overview & Scrutiny, the Scrutiny Programme Committee is responsible for developing a Scrutiny Work Programme and managing the overall work of scrutiny to ensure that it is as effective as possible.
- 1.2 The broad aim of the scrutiny function is to engage non-executive councillors in activities to:
  - provide an effective challenge to the executive
  - help improve services, policies, and performance
  - engage the public in its work.
- 1.3 At the same time the Committee must ensure that the work of scrutiny is:
  - manageable, realistic and achievable given resources available to support activities
  - relevant to council priorities
  - adding value and having maximum impact
  - coordinated and avoids duplication.

- 1.4 In order to discharge the work of Scrutiny, the Scrutiny Programme Committee can establish informal Scrutiny Panels and Working Groups.

There are two types of Panel:

- Inquiry Panels will undertake discrete in-depth inquiries into significant areas of concern on a task and finish basis.
- Performance Panels will undertake provide ongoing in-depth monitoring and challenge to particular services / service areas

- 1.5 The Committee has established six Performance Panels, each with a specific focus:

- Service Improvement & Finance
- Education
- **Adult Services**
- Child & Family Services
- Development & Regeneration
- Climate Change & Nature.

- 1.6 Panel meetings will typically involve consideration / assessment of service performance reports from Cabinet Members, with support from lead officers, and discussion of issues arising. Where necessary, Panels will drill down into specific matters. Panels may request relevant reports on activities, performance and information that will help it to assess progress regarding the Council's work, commitments, and implementation of agreed plans.

- 1.7 Performance Panels are expected to have on-going correspondence with relevant Cabinet Members in order to share views and recommendations, arising from monitoring activities, holding them to account for service performance, quality and improvement.

- 1.8 The Committee also determines the frequency of Performance Panel meetings that can be supported within the overall Scrutiny Work Programme. Performance Panels will meet on an on-going basis during the Council term until otherwise agreed by the Committee. Accordingly, Panels will develop a work plan for meetings that effectively discharge their responsibilities and Committee expectations.

- 1.9 Non-executive councillors who are not members of the Committee have the opportunity to participate in Panels and other informal task and finish groups. The membership of Panels and Working Groups is determined by the Committee. The Committee will appoint Panel Conveners in the first year of a Council term, however, has agreed for Performance Panels to then re-confirm / appoint their Convener at the start of every subsequent municipal year. There are no fixed number of seats on Panels, however, more than one political group should be represented on each and should be of a manageable size in terms of team working and effective questioning. A minimum of 3 members should be present at all meetings.

1.10 Performance Panel Conveners are required to provide the Scrutiny Programme Committee with regular progress reports on the work and impact of their Panels. Performance Panel conveners can attend meetings of the Scrutiny Programme Committee as co-opted members.

1.11 Panels and Working Group meetings are accessible to the public, just as the Scrutiny Programme Committee. Agendas, reports, letters relating to scrutiny activities are published on the Council's modern.gov online platform:

<https://democracy.swansea.gov.uk/ieDocHome.aspx?bcr=1&LLL=0>

## 2. The Adult Services Scrutiny Performance Panel

2.1 The Adult Services Scrutiny Performance Panel provides ongoing challenge to performance in Adult Social Services to ensure that as the Service is undergoing major change, performance is maintained and that further improvements are made across all areas of the Service.

2.2 The Panel currently has a membership of 8 councillors and has the option to invite co-optees to join the Panel, who it believes will make a valuable contribution to the Panel's work. One person has been suggested for this role, and with Panel Members agreement, will be invited to join the Panel for 2022-23.

2.3 In accordance with the agreed Scrutiny Work Programme, the Panel meets every six weeks. This has been programmed for 4pm on a Tuesday.

2.4 The Panel has received relevant performance reports and looked at relevant data to regularly review performance in Adult Services including asking questions about performance and improvement, focusing on outcomes, provision and leadership. This provides a regular 'health check' on Adult Services activity to facilitate challenge by the Panel. The Panel has then, where necessary, drilled down on specific work, to provide a more in-depth level of scrutiny. It has monitored delivery of the Council's work, commitments and implementation of agreed plans, and assessed progress. For example, during 2021/22 this included discussion on: Wales Audit Office Reports, CIW Inspection Reports, Adult Services Transformation Programme; How Council's policy commitments translate to Adult Services. The Panel has also received updates at each meeting on the effects of COVID on the Service.

2.5 The Panel will write to the relevant Cabinet Members, to convey its views including suggested action, arising from meeting discussions. Letters, and responses where requested, are reported back to the Panel for comments and discussion as necessary.

2.6 Link to Corporate Objectives as set out within the Corporate Plan 2022/23:

- **Safeguarding** people from harm – so that our citizens are free from harm and exploitation.

The Council's Corporate Plan, pages 14-17, relate specifically to Safeguarding People from Harm and have been **appended to this report**.

2.7 Link to Policy Commitments 2022-2027 (taken from Council report 7 July 2022):

Better care

- Swansea Council will commit to investing £750 million for better care in Swansea.
- The Council will commit to fairer pay for care workers.
- We will seek to provide better day care opportunities and respite services across the City.
- Swansea Council will continue to develop and operate a network of Local Area Co-ordinators (LAC) to cover the whole of Swansea.

100 days target:

Better care

- The Council will undertake a review of post-pandemic care provision.
- We will begin options appraisal and move to increase council direct delivery of care.
- Swansea Council will engage with Health to ensure care plans align with health recovery.

### 3. Support

3.1 Performance Panels have the dedicated support of a member of the Council's Scrutiny Team. For the Adult Services Scrutiny Performance Panel it is currently Liz Jordan, [liz.jordan@swansea.gov.uk](mailto:liz.jordan@swansea.gov.uk) This lead Scrutiny Officer will assist with work planning and project-manage scrutiny activities and help to ensure that things run smoothly, for example by:

- directly supporting meetings
- liaison with Cabinet Members, departments, partners and the public
- contacting and arranging witness sessions
- carrying out research and arranging evidence gathering
- carrying out and assisting with any consultation and public engagement exercises
- helping to keep the work to time
- capturing and reflecting back the ideas, evidence gathered and any key issues that have been highlighted
- assisting in the drafting of scrutiny letters and reports
- promoting work using social media and other methods of communication.

3.2 The Corporate Management Team and Service Departments are also an essential source of advice and support. Engagement with departments will be important in providing context for areas of work, knowledge about policies and service delivery, and technical expertise.

3.3 The Committee should recognise that resource constraints may have an impact on the scrutiny activity and delivery of work plans. Being focussed, proportionate and flexible will be important as we carry out scrutiny.

#### **4. Effective Working**

4.1 The Panel is encouraged to consider how it can work more effectively, for example in its preparation for meetings, and think about its approach to issues including the following:

- Developing Questions and Questioning Strategy
- Use of short Pre-meetings / Post meetings
- Team / Inclusive Working and Communication
- Decorum at meetings
- Meeting times / length
- Any other practical considerations.

**Background Papers:** None

**Appendices:** Extract from Corporate Plan 2022/23 on 'Safeguarding People from Harm'.

## **Safeguarding people from harm**

### **Why this priority is a well-being objective.**

- Swansea is a fair and equal city in which children can have the best start in life to be the best they can be, safe within their families.
- Swansea is a vibrant city in which all people can together live happy, healthy, fulfilling lives, achieve their own wellbeing outcomes and age well.
- We are committed to enhancing the health, wellbeing, safety and to promoting the rights of vulnerable adults, children and families
- We aim to prevent and intervene early, where a person or child is at risk of harm, abuse, neglect or exploitation, and to ensure the right care and support at the right time.
- We will continue to promote safeguarding vulnerable people as everyone's business, across the Council, through a skilled and professional workforce, our elected members and any organisation or person who undertakes work on our behalf.

### **The longer-term challenges this well-being objective will help address.**

- Managing the impact of COVID-19 and looking forwards with the help of the Council's Recovery plan will be a key focus going into 2022/23 and beyond, as we carry on with transformation programmes to modernise social care services. An ageing population with increased health needs and overall greater demands on the health and social care system requires a more preventative, sustainable approach.
- We are working in partnerships to improve health wellbeing outcomes and safety of our most vulnerable citizens.
- Through coproduction we are involving people in everything we do, focusing on 'what matters most' to them as citizens, placing them at the centre of their own care and support and by coproducing services to achieve better outcomes
- By ensuring there is better quality and more accessible health and social care services for adults children and families who need our care and support.
- Swansea is engaged in work on a regional strategic approach to support the wellbeing needs of carers and young carers, this needs to translate into a clear approach locally to make a difference in the lives of individuals.

### **The steps we will take to meet this well-being objective.**

- **Safeguarding as Everyone’s business** - safeguarding our most vulnerable people, prioritising services and contact during the Covid-19 response and beyond, continuing to ensure that safeguarding is ‘everyone’s business’ across the Council, within schools, with partners and through West Glamorgan Safeguarding Board and partnerships.
- **Prevention and early intervention** - working preventatively with partners to address social isolation, adverse childhood experiences and domestic violence. By extending local area coordination, offering support to families and promoting well-being opportunities to enhance our quality of life in supportive communities and within Swansea as a Healthier City.
- **High quality and resilient statutory services** - continue to ensure that Adult and Child & Family Services are robust, resilient and effective in getting right care and support to the right person, at right place and at the right time.
- **Improving outcomes for children and young people** - by promoting rights of children, young people, and improving outcomes of looked after children and care leavers, and to reduce number coming into our care through a new ‘Supporting children and young people to be safe with family’ strategy, by implementing Child and Family service improvements and through the Corporate Parenting Strategy to help them achieve a better life.
- **Transforming Care and Support to vulnerable adults** - Supporting our most vulnerable adults to remain safe and independent at home, with access to joined up Health and Social Care services to improve outcomes for the most vulnerable Swansea citizens, and by rebalancing our service offer to focus on prevention, reablement and recovery.
- **Support to unpaid carers, parent carers and young carers** - recognising the vital contribution of unpaid carers, parent-carers and young carers to supporting vulnerable people; by coproducing new approaches to improve access to a range of support to help achieve their own well-being outcomes.
- **Building a skilled, professional workforce** – to ensure we can recruit and retain a workforce that receives the leadership and professional support they need to be resilient and the best they can be in safeguarding the most vulnerable people, delivering high quality services, promoting better health and wellbeing outcomes for citizens, and in working with partners to achieve a sustainable, zero net carbon, integrated health and social care system.

**The contribution this well-being objective makes to the national goals.**

A prosperous Wales	A Resilient Wales	A more equal Wales	A Wales of more cohesive communities	A Wales of vibrant culture and thriving Welsh language	A healthier Wales	A globally responsible Wales
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

**How we will maximise our contribution to the national goals through the way in which we work.**

- *Preventing problems from occurring or from getting worse* – developing preventative services to help citizens achieve their own wellbeing outcomes and to reduce the need for people to access statutory services.
- *Addressing long-term challenges* – working preventatively, in a rights-based way, co-producing care and support plans with citizens to help plan to address future care and support outcomes, and identify solutions for tackling new and rising demands on local health and social care services.
- *Working in partnership with others* – to tackle complex well-being and society issues such as adverse childhood experiences, domestic violence, homelessness and helping people to live and age well with partners through the Public Service Board.
- *Avoiding conflicts between public body objectives* – working collaboratively with partners through Western Bay regional health and social care partnership board, regional safeguarding board and through the Public Service Board.
- *Involving people* – involving all citizens, including carers, young carers and victims of domestic abuse and looked after children and their families in coproducing their own care and support plans, and by focussing on their rights, their strengths and assets and what they can bring to their own family networks and communities.

**How we will measure progress<sup>1</sup>.**

- Total number of reablement packages completed and the need for support.
- Adult care and support plans reviewed within statutory timescales.

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<sup>1</sup> Provisional pending review and data development.



- Carers assessments completed for adults.
- Children on the Child Protection Register, looked after, supported and visits not overdue.
- Children and young people supported.

**The contribution this well-being objective makes to the Public Service Board Well-being Objectives.**

Children have the best start in life to be the best they can be	People live well and age well	Working with nature	Strong communities
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

# Agenda Item 7



## Report of the Cabinet Member for Care Services

### Adult Services Scrutiny Performance Panel – 27<sup>th</sup> September 2022

#### PERFORMANCE MONITORING

<b>Purpose</b>	To present the Adult Services monthly performance report for July 2022.
<b>Content</b>	The Adult Services report includes the latest performance management information, including; enquires through the Common Access Point, Client Reviews, Carers Assessments, Residential and Community Reablement, Domiciliary and Residential Care, and Safeguarding responses.
<b>Councillors are being asked to</b>	Consider the report as part of their routine review of performance in Adult Services.
<b>Lead Councillor(s)</b>	Cllr Louise Gibbard, Cabinet Member for Care Services
<b>Lead Officer(s)</b>	Amy Hawkins, Head of Adult Services & Tackling Poverty Helen St.John, Head of Integrated Services
<b>Report Author</b>	Amy Hawkins, Head of Adult Services & Tackling Poverty 01792 636245 <a href="mailto:Amy.Hawkins@swansea.gov.uk">Amy.Hawkins@swansea.gov.uk</a>  Helen St.John, Head of Integrated Services <a href="mailto:Helen.StJohn@wales.nhs.uk">Helen.StJohn@wales.nhs.uk</a> 01792 636245

Adult Services  
Summary Management  
Information Headline Report  
Data for July 2022



## **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 strengths, prevention, early intervention and enablement. 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 2022/23

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

## **Amy Hawkins, Head of Adult Services Summary**

Across services there is a continued focus on recovery and transformation. This has included a focus on the Practice Framework and two new Quality posts have been recruited to support with this. The Internal Residential Care Strategy and this has included work to increase resilience in the Resource Support Team who provide cover across all direct delivery service provision and a proposal for increased complex dementia residential care has been submitted. The LD review is looking at a range of day support options and the Early Help and Prevention programme is in development, focusing initially on the 'as is' and gap identification.

The number of Carers Assessments overall is increasing and further work is ongoing to ensure the resource requests and needs are incorporated into commissioning plans for Carers.

There has been no improvement to report in the external Dom Care market, there is a growing waiting list and shrinking provider capacity along with rapidly increasing costs. The Commissioning team are reviewing services and models and the pilot block contract arrangements for rural and hard to reach areas has increased capacity, although provider hand backs has taken up the majority of this. More hand backs have been confirmed from other providers and there are concerns about delivery in coming months. Additional uplifts and subsidies to address cost pressures are being explored both in Dom Care and Residential Services and regional approaches.

Internal services have been able to increase the availability of respite beds and provide a timely response to emergency placements.

The Direct Payment team are reviewing all processes to improve the timely implementation of DPs, increase awareness and take up of DPs, although there are a number of challenges currently in relation to the payroll provision which is taking up resources to resolve.

Within the Safeguarding Team the consultations continue to rise and advice and guidance is provided. The DoLS team is continuing to keep the backlog low with the use of independent BIA's, although access to Section 12 Doctors remains a challenge.

## **Helen StJohn, Head of Integrated Services Summary**

July has been a challenging month for the regional health and care system and has been reflected in the consistent high level of escalation reported through the Regional Integrated Escalation Framework each week (level 4 risk score 20). The level of seasonal annual leave overlaid on the high number of vacant posts and sickness absence has had an impact on performance levels in a number of areas.

Social Work activity has continued to be stable overall with a further increase to the number of reviews being completed on the June activity. Additional demand in the form of domiciliary care hand backs has been experienced during July.

It is pleasing to see an increased flow through the bedded reablement at Bonymaen House given the compromised infection control / incident status during this month. Of the 14 individuals who returned to their own homes 12 required no ongoing care support – the establishment has also demonstrated flexibility to support high levels of hospital escalation both in terms of numbers of admissions per day and hours of admission acceptance.

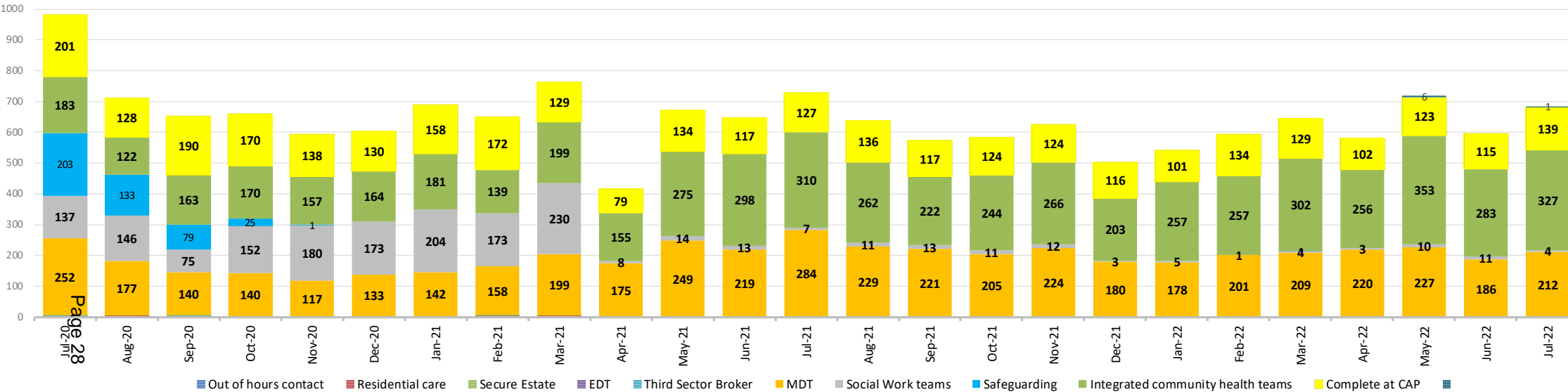
The area of most concern this month has continued to be the Homecare service which has been hugely impacted by staff sickness, increased resignations and seasonal annual leave – huge efforts have been required to simply maintain the service provision for those individuals already in service however despite this the team has still managed to take some admissions and the proportion leaving with no care continues to slowly increase. The paucity of care support has necessitated alternative support offers to be made to individuals in the form of therapy only support (dependent upon family bridging the care component) so the total amount of dom reablement support delivered was in reality in excess of that delivered by the Homecare part of the pathway offer. Despite this however the figures for July demonstrate a significant decrease in the number of individuals admitted to the service and also those receiving support. The limited flow out from the service for those requiring ongoing care support continues to absorb reablement capacity.

Overall, the activity levels in the July report demonstrate the impact of significant staffing deficits. Sickness absence levels have started to reduce during August and in conjunction with an improved annual leave position we aspire to demonstrate an improved position during August 2022.



# Common Access Point

Referrals created at the Common Access Point - Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams. Further development work is being undertaken to provide information on Casenotes and Forms recorded in CAP



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 from Aug 2020. **99 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in July** (93 In June).

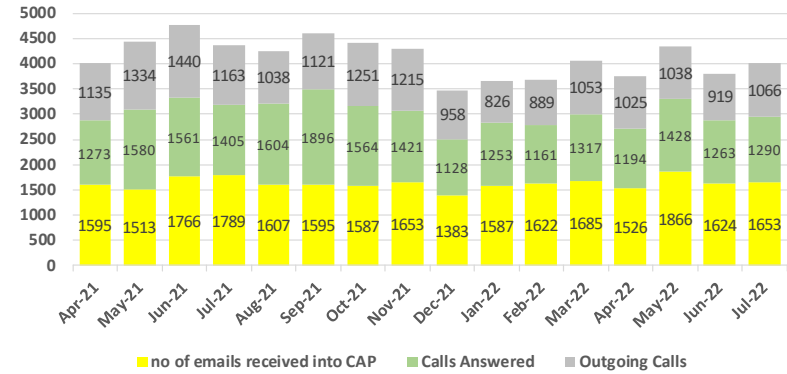
## 595 Referrals in Jun 22 683 Referrals in July 22

**115** Closed - Provided Advice & Information (19%)  
**186** MDT(31%)  
**11** directly to SW Teams (2%)  
**283** to integrated therapies (48%)

**139** Closed - Provided Advice & Information (20%)  
**212** MDT (31%)  
**4** to SW Teams (0.5%)  
**327** to integrated therapies (48%)  
**1** to Carers Centre (>1%)

728 Referrals were created by CAP in July 2021

Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received

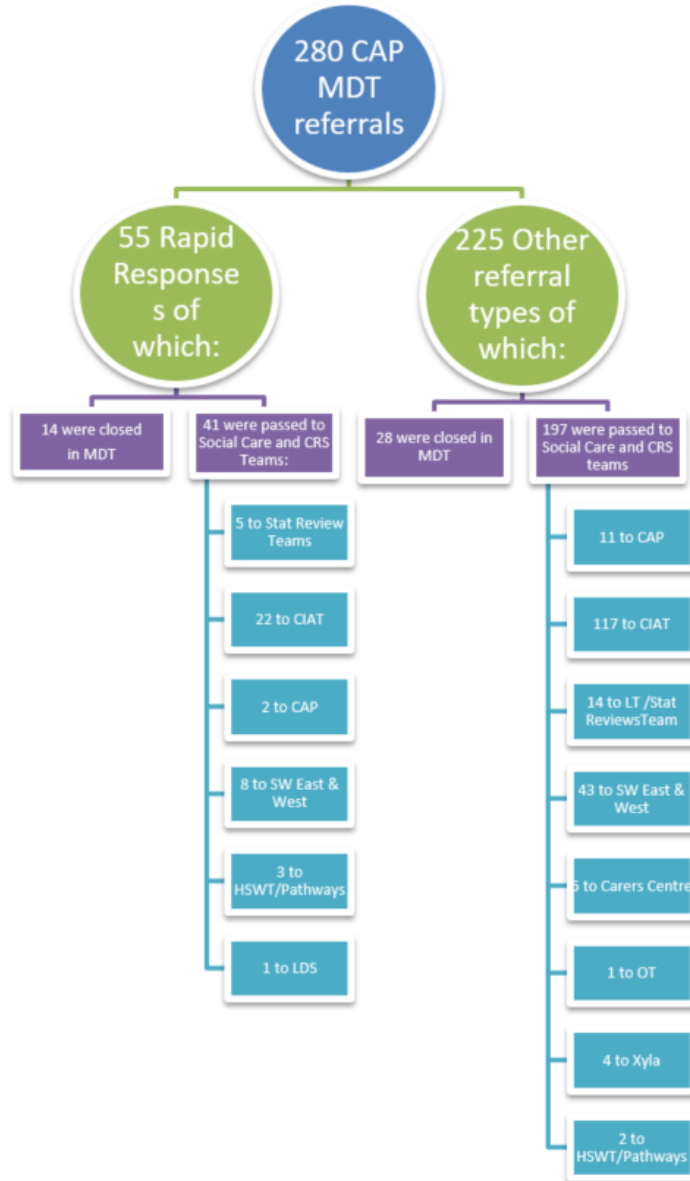




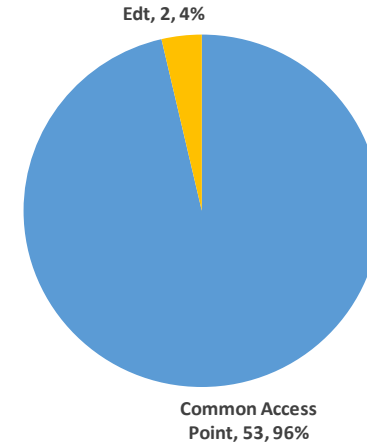
# CAP MDT

CAP MDT Data for July 2022 – further development & validation work is being undertaken

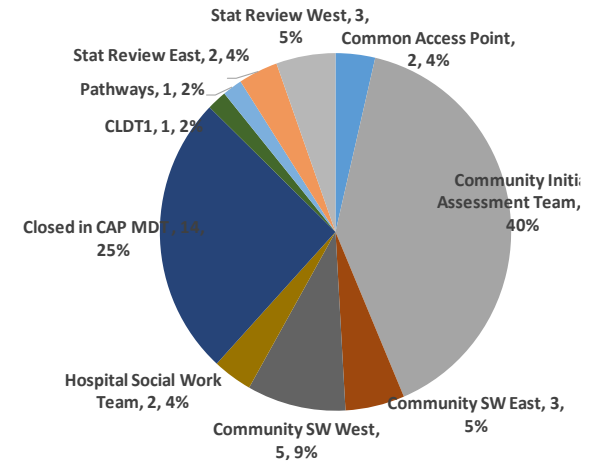
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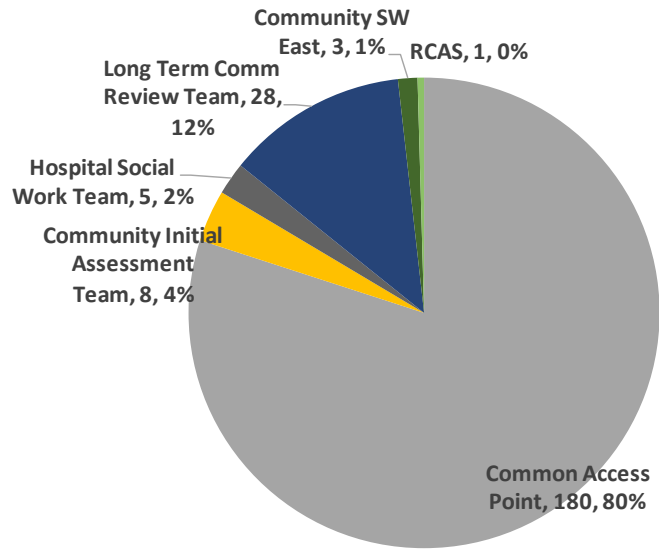
## Sending team of Rapid Response Referrals Passed to CAP MDT



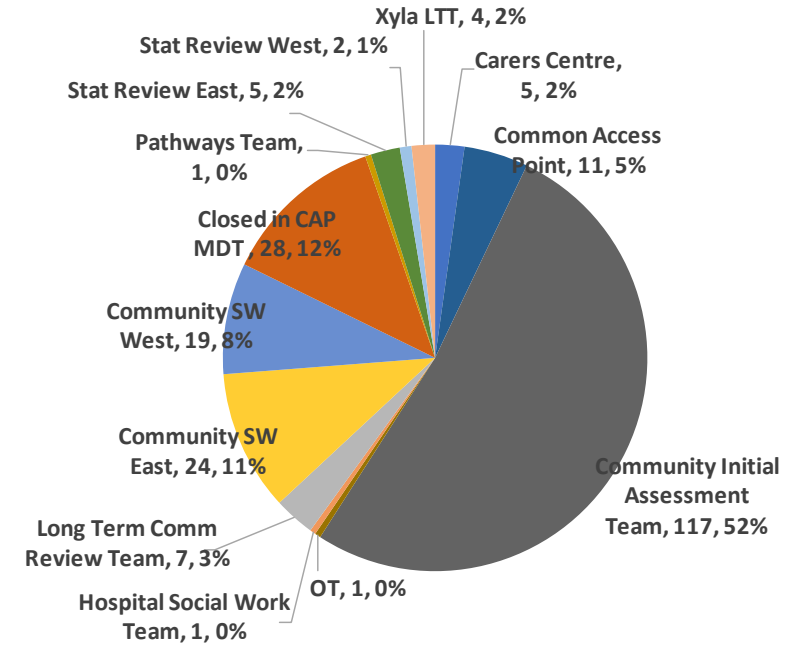
## Rapid Response Referrals Closed in CAP MDT or Passed to Other Teams



### Sending team of Non RR Referrals Passed to CAP MDT

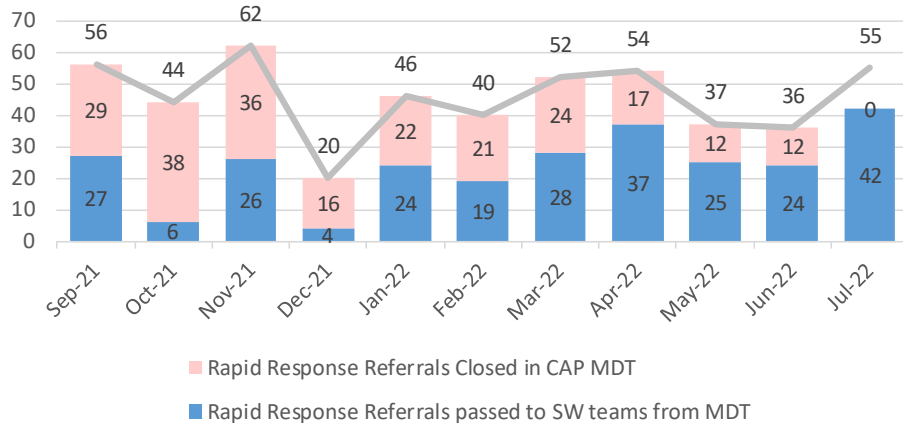


### Non RR Referrals Closed in CAP MDT or Passed to Other Teams

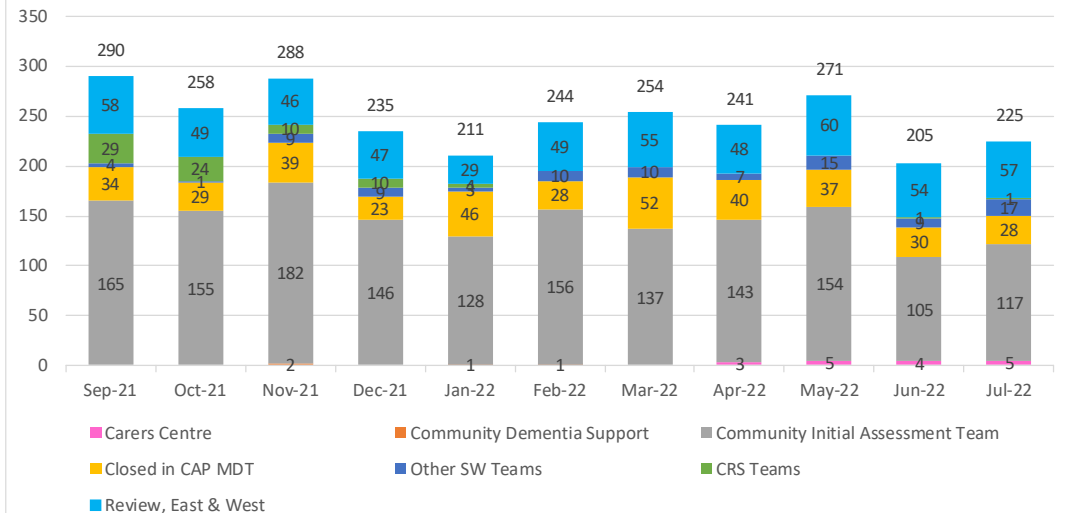


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### Rapid Response Referrals into CAP MDT and Outcome



### Non Rapid Response Referrals in MDT and their Destination





What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>We are proud of the team in CAP and their resilience to the demand on the team in the past few weeks.</li> <li>We are continuing to develop our working relationship with the 3<sup>rd</sup> sector. SCVS attended our meeting last Friday. We are also continuing to develop our early help offer.</li> </ul>	<ul style="list-style-type: none"> <li>We are worried about the increase in demand in the team over the past month</li> <li>We are worried that 2 full time A&amp;I Assistants will be leaving CAP at the beginning of September. This will put an additional strain of the existing Team.</li> <li>We continue to be worried about the CPN post no longer being in CAP and the affect this is having on the service we provide.</li> </ul>	<ul style="list-style-type: none"> <li>We are exploring solutions with Therapy Managers in relation information shared with Health professionals (GP, District Nurses and the acute clinical teams) Therapy Managers to share their criteria, so we reduce some demand on CAP in relation to inappropriate queries.</li> <li>The vacancy monitoring form has been completed ready to be advertised for 2 x A&amp;I Assistants</li> <li>We have arranged to meet with Health to discuss the CPN post on 02/09/2022</li> </ul>

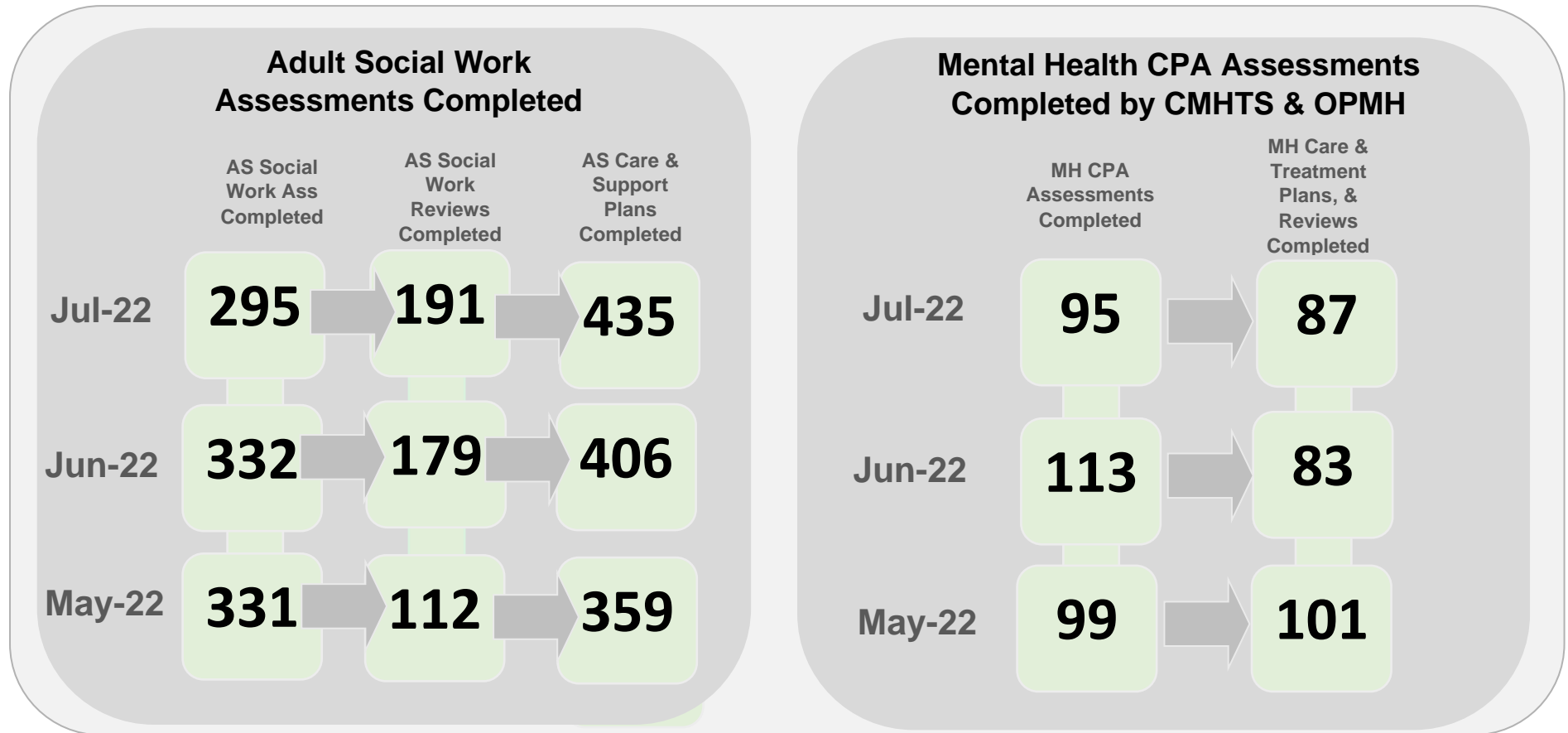


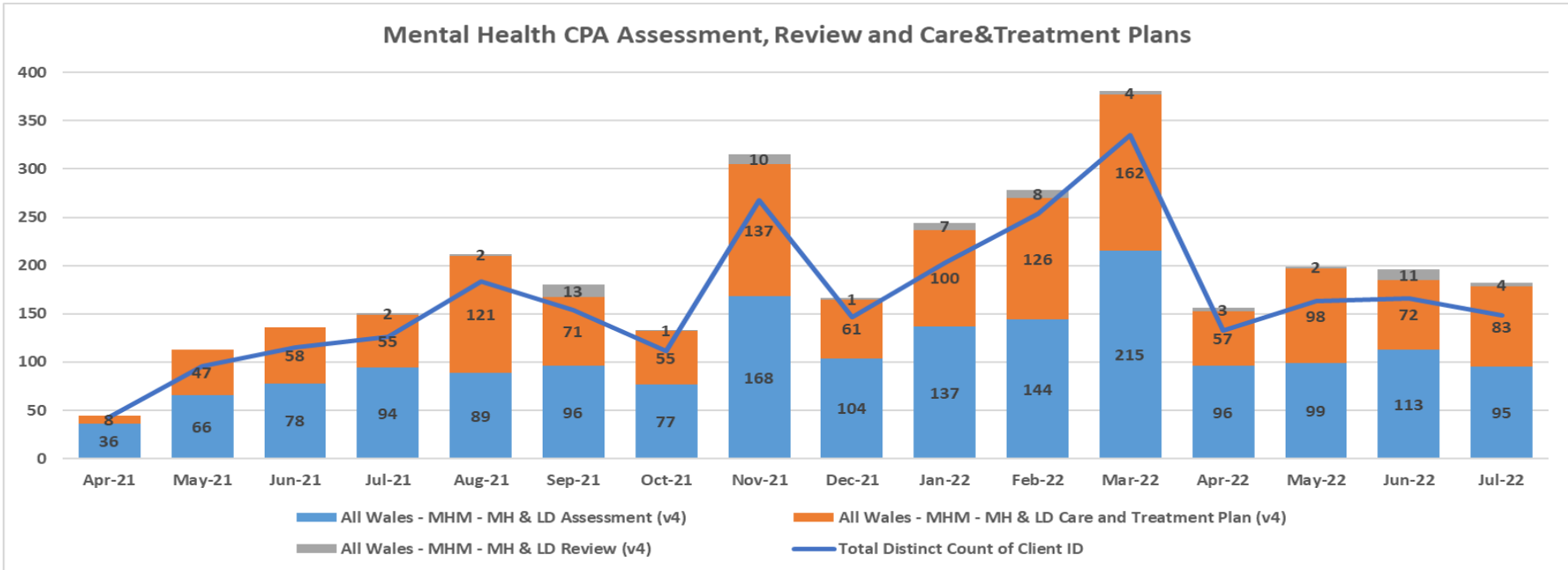
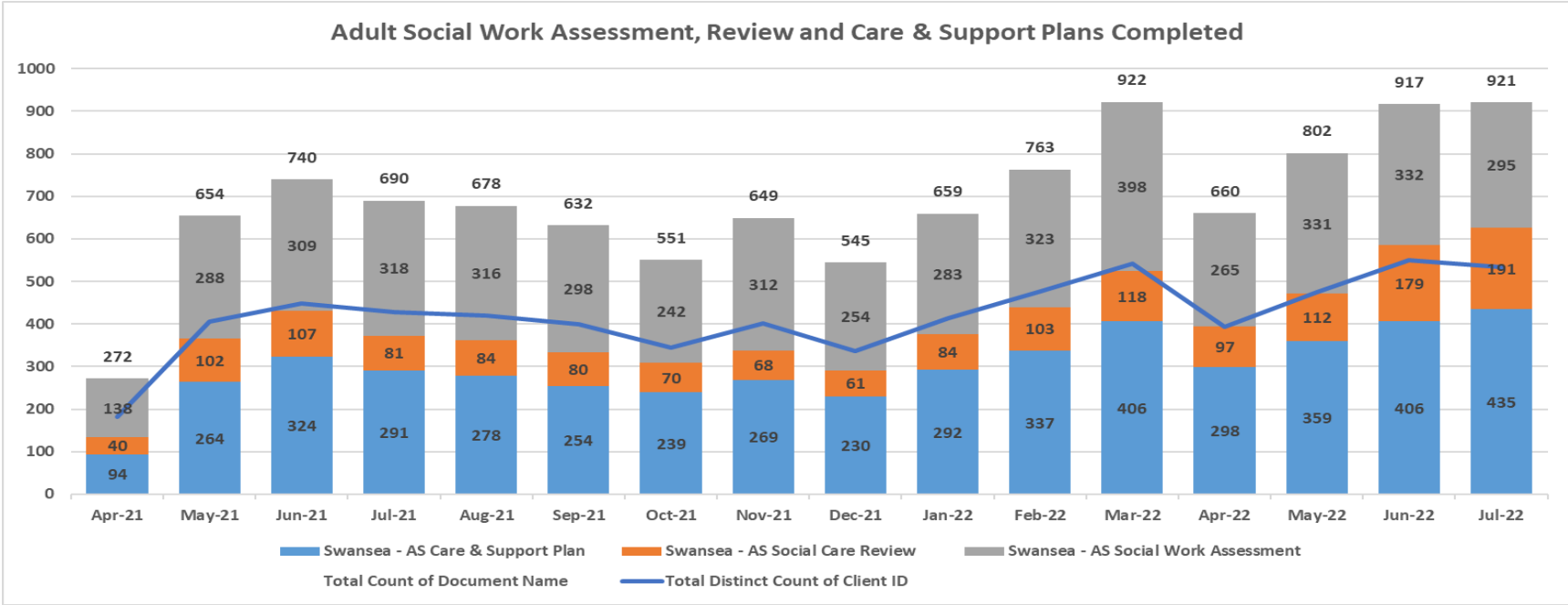
# Assessments & Reviews

## Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

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## Community Teams:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Positive steady social work engagement over holiday period continuing to strive to meet the demands in social services.</li> <li>The statutory reviews team has exceeded expectations and continue to positively perform to meet the statutory function.</li> </ul>	<ul style="list-style-type: none"> <li>Social work staffing retention has, and will continue to have, an impact on the capacity to meet the assessment demands within the department.</li> <li>Social Work recruitment has hit an all-time low with many unfilled vacancies across community teams putting pressure on currently depleted workforce.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to promote Swansea as a positive council to work and live.</li> <li>Utilise other departments to promote positive advertising of vacant posts.</li> <li>Continue to praise good work and resilience across the department.</li> </ul>

## Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>Page 34</p> <ul style="list-style-type: none"> <li>Assessment and in date care plans are improving in LD and MH services.</li> <li>We continue to provide packages of care and support to people daily as well as prioritising those in greatest need.</li> <li>Safeguarding of vulnerable people remains a priority and there are regular weekly meetings to discuss service priorities such as respite and day support services.</li> </ul>	<ul style="list-style-type: none"> <li>Strain on services appear to be high presently due to a lack of available staffing. This is due to significant levels of long-term illness in some areas, summer holiday leave and vacant posts. This is putting strain on the AMHP service where one of the Locum AMHP has given notice from the 18.08.22.</li> </ul>	<ul style="list-style-type: none"> <li>SW agency XYLA are supporting LD services with assessments and reviews as well as CoP work.</li> <li>Advertising for permanent posts continue with readvertising as necessary with support regarding the advertising process and content to improve post attractiveness.</li> <li>A case has been made for the one remaining Locum AMHP to remain in post longer to support the service and meet our legal obligations.</li> </ul>



# Carers and Carers Assessments

## Updated Carers Information:

Carers Information is now successfully being extracted from WCCIS however it continues to be validated with a view to improve on accuracy and completeness of information. Work to be undertaken to ensure data is appropriately entered and completed on WCCIS.

**147**

carers identified in July 22

125 offered assessment (85%)

75 assessments/reviews undertaken

37 Carers who declined an assessment had previously been offered/had assessment undertaken in the past 12 months  
8 of the MH Carers identified who weren't offered an assessment were not in attendance at the assessment

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**165**

carers identified in June 22

149 offered assessment (90%)

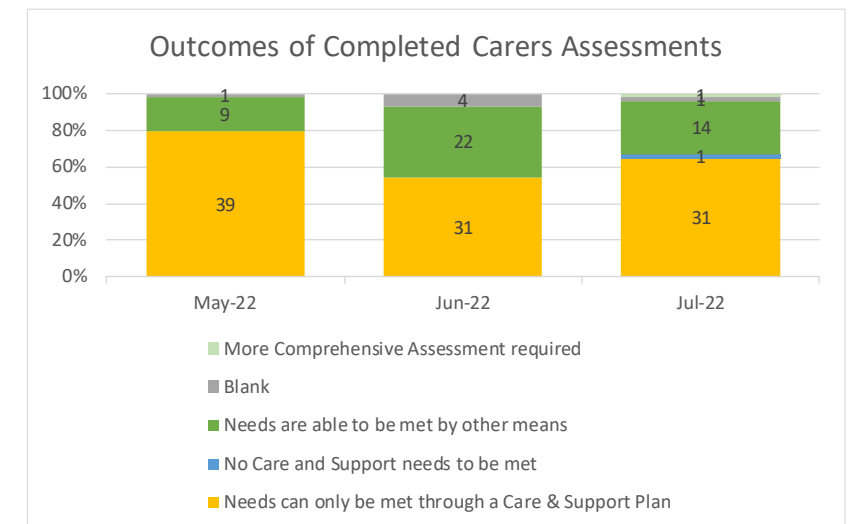
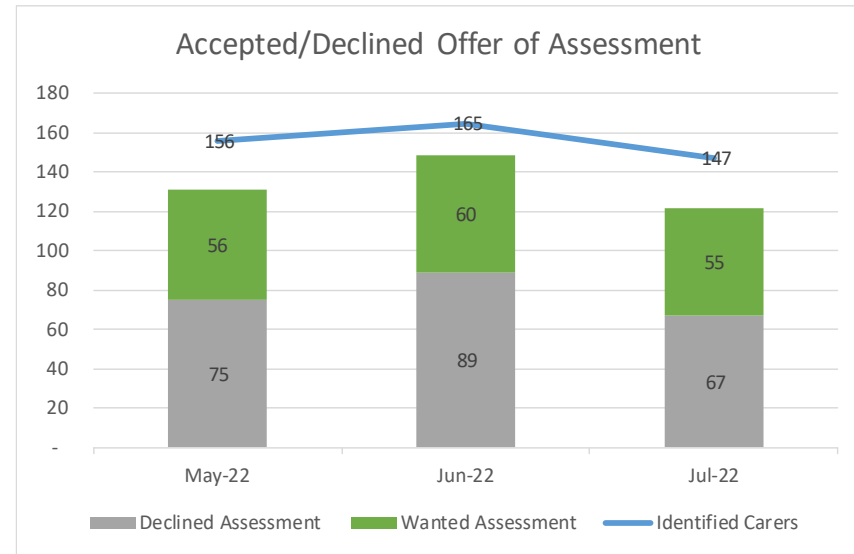
77 assessments/reviews

**156**

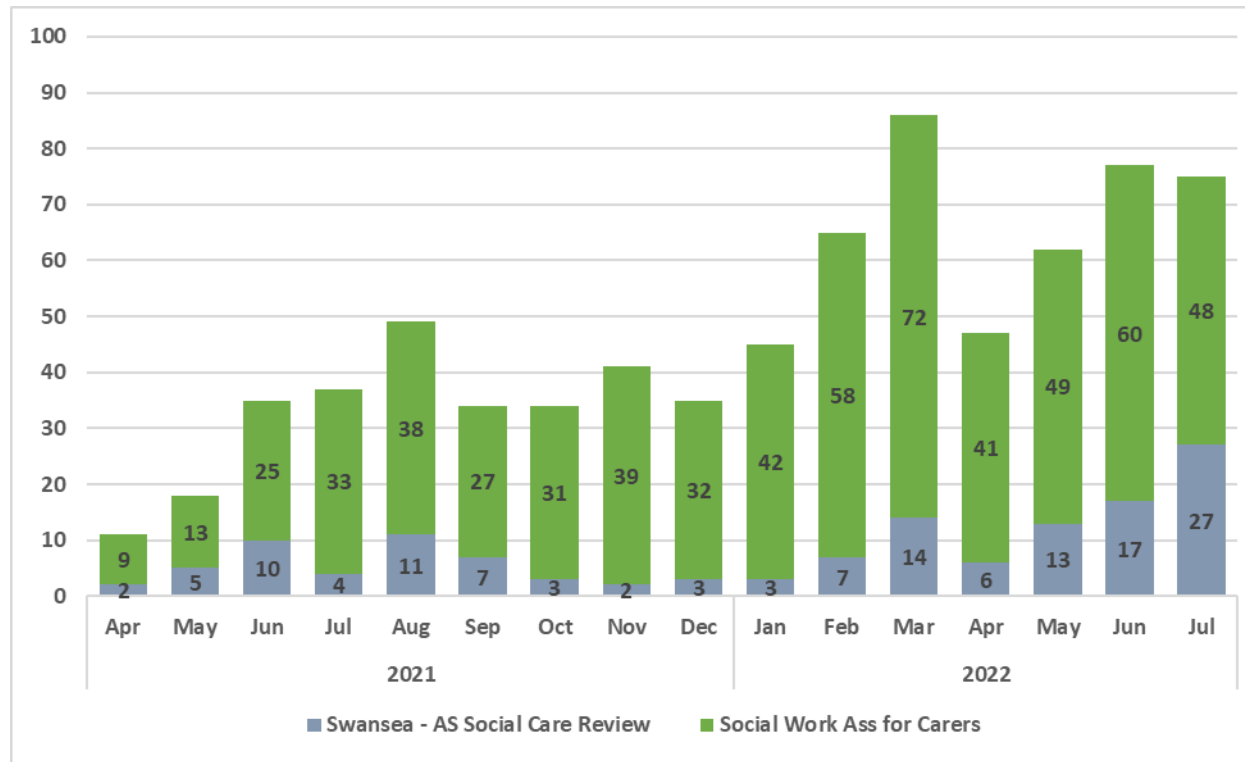
carers identified in May 22

131 offered assessment (84%)

62 assessments/reviews



## Carers Assessments and Reviews completed



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Carers Assessments overall are increasing due to positive training awareness, promotion of this statutory responsibility and the Carer Assessment partnership project.</li> </ul>	<ul style="list-style-type: none"> <li>Data is lost due to inconsistencies within recording tools and may be impacting on number of assessments completed.</li> </ul>	<ul style="list-style-type: none"> <li>Co-produced working groups planned to make positive improvements in recording tools.</li> </ul>



# Residential Reablement

During May, June & July Residential Reablement services in Bonymaen had an overall percentage of 84% of people returning to their own homes, independently and with care packages.

**23**

**Admissions (Jul 22)**

20 from Hospital  
3 Community

**18**

**People left residential reablement (Jul 22)**

14 people left residential reablement in July 2021

**14**

**People went home (2 with care, 12 with no care)**

3 Hospital, 1 Deceased



**10**

**Admissions (June 22)**

7 from Hospital  
3 Community

**8**

**People left residential reablement (June 22)**

14 people left residential reablement in June 2021

**7**

**People went home (0 with care, 7 with no care)**

1 Residential Care



**13**

**Admissions (May 22)**

12 from Hospital  
1 TBC

**12**

**People left residential reablement (May 22)**

19 people left residential reablement in Apr 2021

**11**

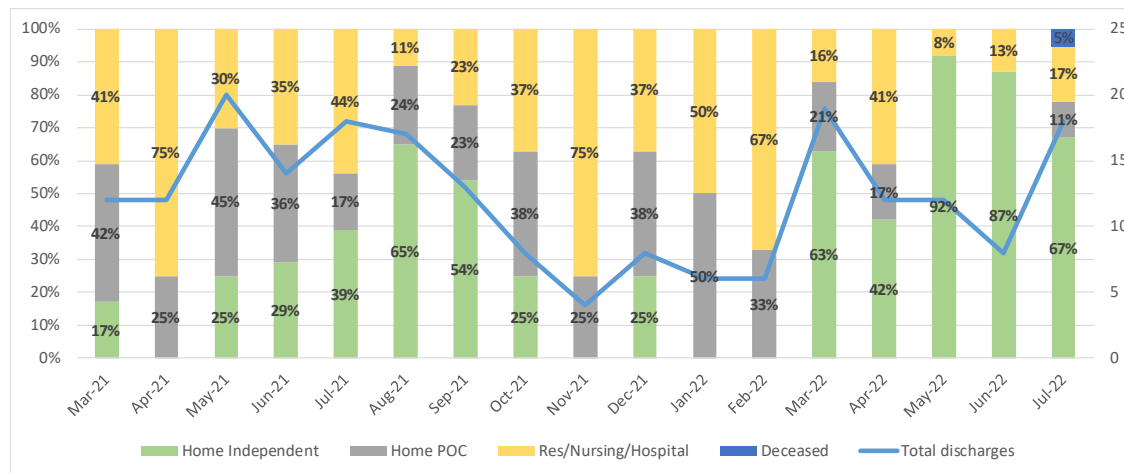
**People went home (0 with care, 11 with no care)**

(1 of the above is being bridged by family awaiting a POC)  
1 Residential Care

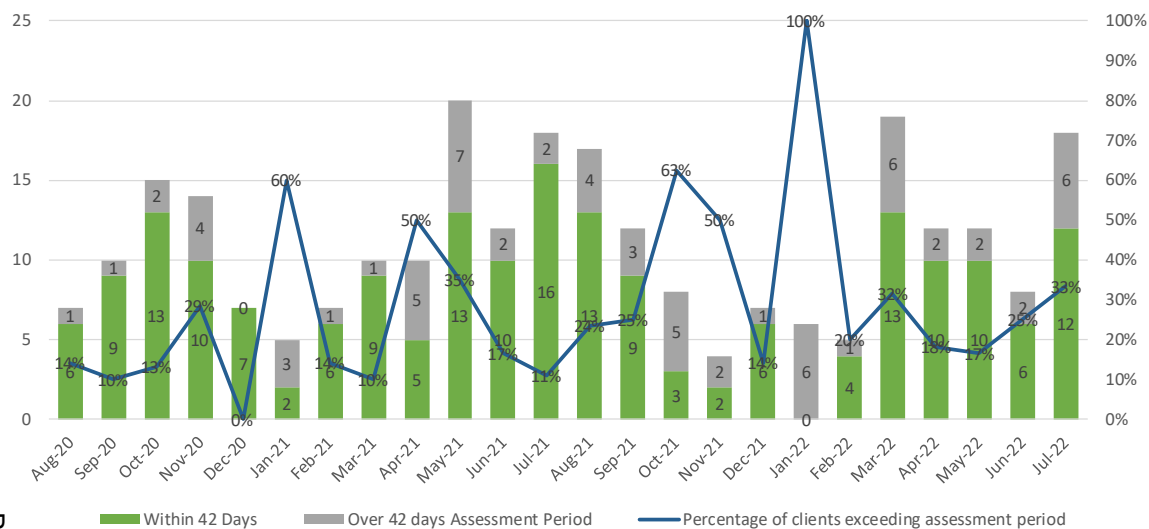


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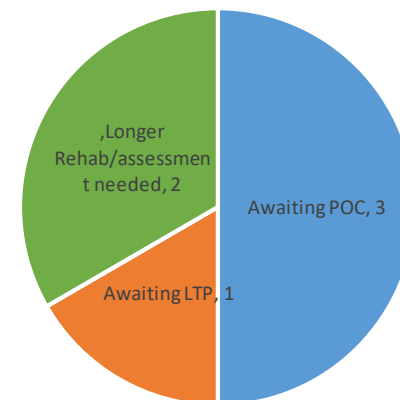
Percentages Leaving Residential Reablement & Outcomes



## Bonymaen House - Total Discharges each month Within and over Targeted 42 Day Assesments period



### Reasons for Discharge Over 42 Days in July 2022



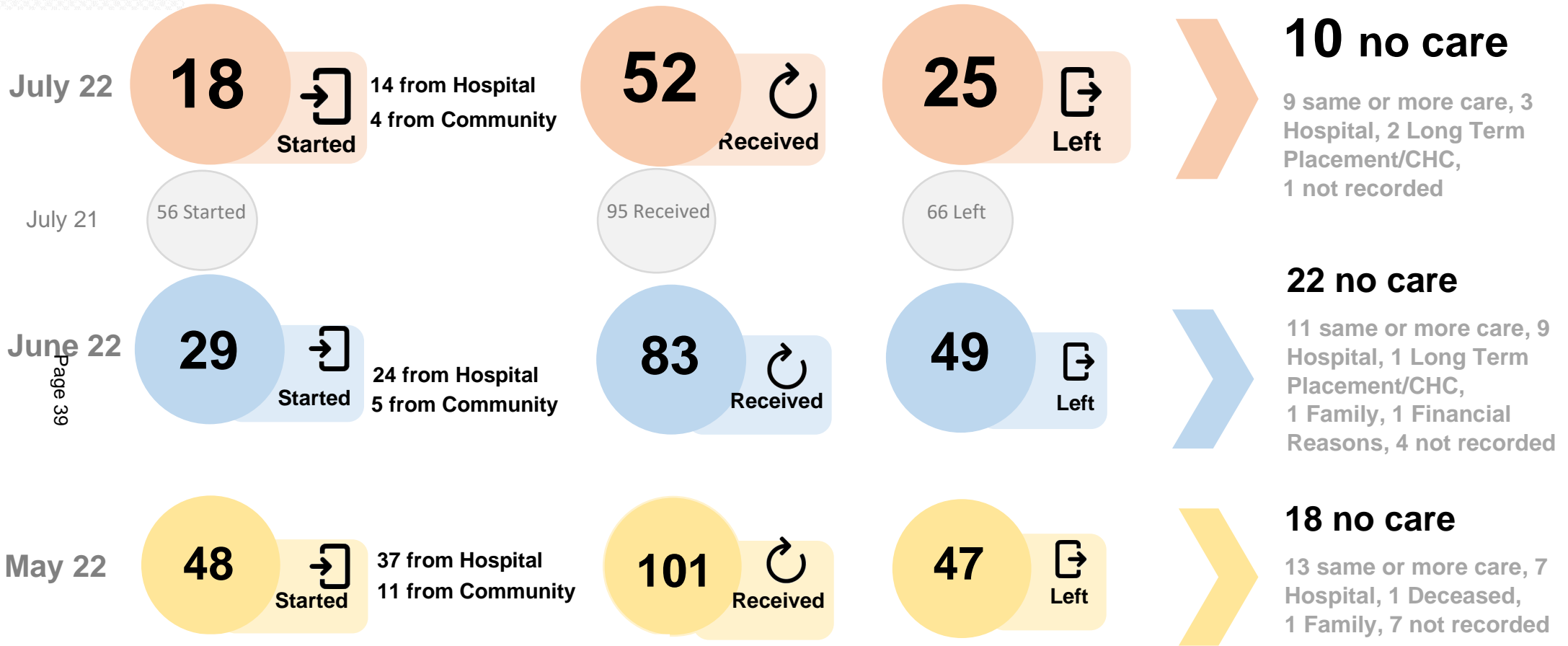
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What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• High percentage of people returning home without a package of care, third month running.</li> <li>• 100% requests met within the agreed response time for the service.</li> <li>• Increase in admissions and discharges demonstrating good flow through.</li> <li>• Efficient response to demand from hospitals for admissions, despite a variety of barriers (see next column).</li> <li>• Very positive feedback from ex-residents and families on the difference the intervention of the service has made, increasing independence, returning home without the need for a POC (and therefore delay in returning home).</li> </ul>	<ul style="list-style-type: none"> <li>• Level of acuity in referrals, therefore needing a period of recuperation before reablement, demonstrated by longer assessment period.</li> <li>• Continued staffing shortages due to Covid, other illnesses, within Bonymaen and across the supporting services and disciplines, and limited POCs available, resulting in fluctuating performance re: capacity, flow out of the service.</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Pathway 3 group will develop a paper to evidence.</li> <li>• Regional P3 group, via IPC workshop (delayed until Sept), will consider need for enhanced capacity based on demand and different models e.g. step down facility prior to reablement due to current issues experienced in Bonymaen House with acuity.</li> <li>• Continued recruitment.</li> </ul>

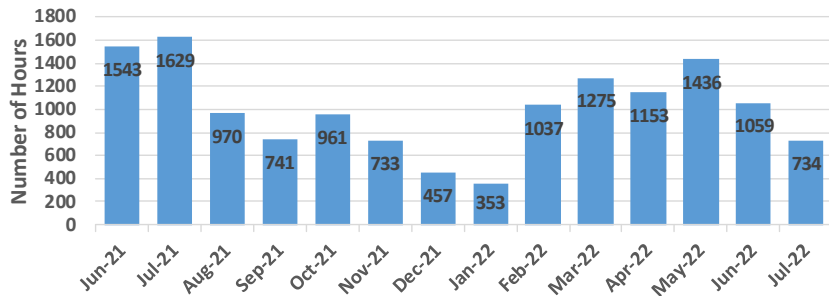




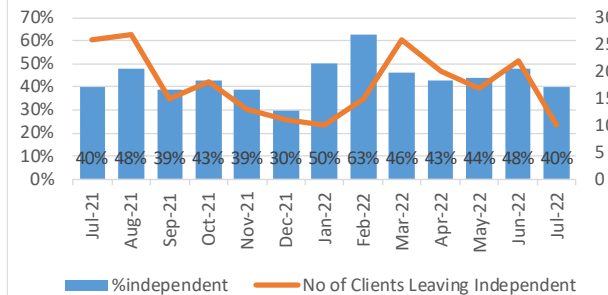
# Community Reablement



Hours of Reablement Provided a Month



Percentage leaving Community Reablement Independent

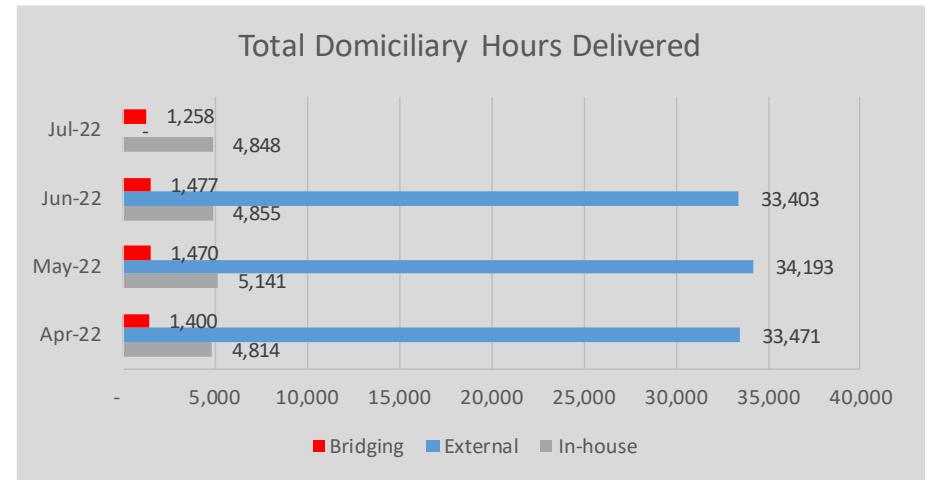
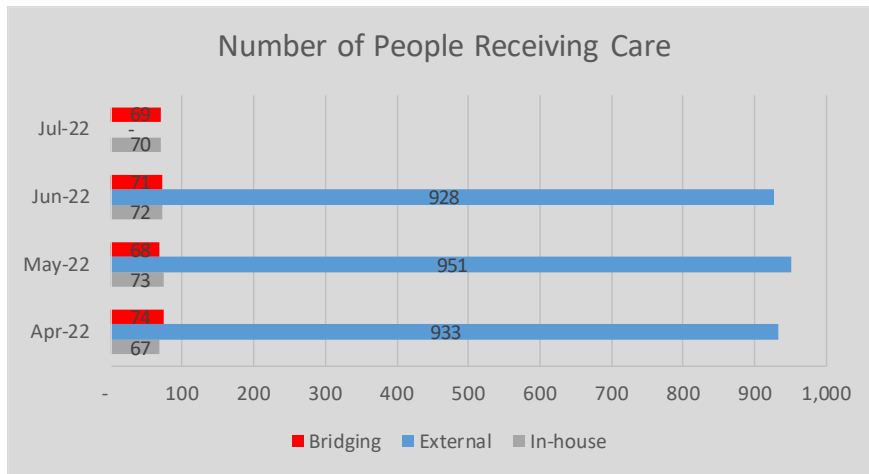
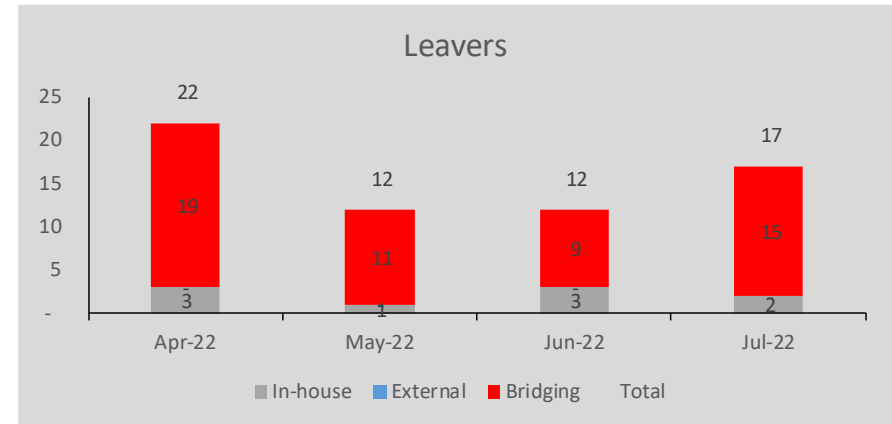
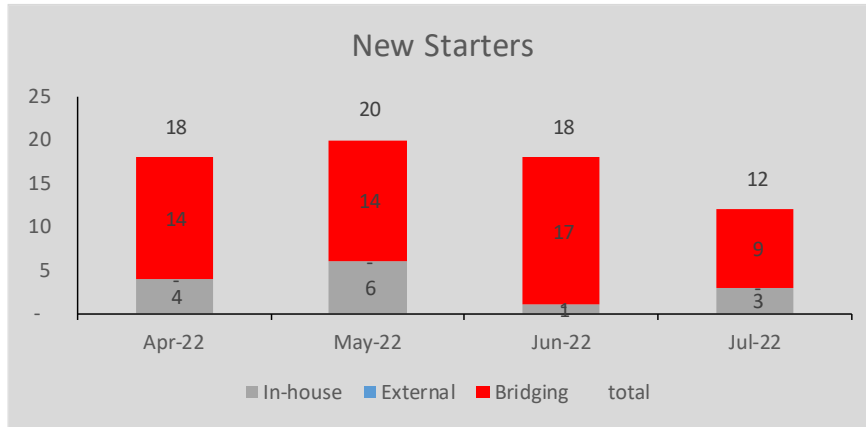


What is working well?	What are we worried about?	What we are going to do?
<p>Homecare Managers and Senior Community Care Assistants in-Reablement team have moved accommodation at Gorseinon Hospital to the MDT corridor. Positive feedback from the MDT screening and Homecare that communication has improved.</p> <p>Continued ability to 'flex' our service offer, in light of changing carer capacity, to sustain support to vulnerable adults in service thus reducing the need for admission to hospital or placement.</p> <p>Staff from our Reablement teams have been supporting across our long-term service to cover staff absences in those teams (as part of our contingency planning arrangements).</p> <p>Daily planning meetings are improving communication across the service and help identify capacity in LTC to bridge calls and start new POC.</p> <p>We have seen a decrease in the numbers of staff off with Covid related absence.</p> <p>Numbers of individual waiting on the duty desk is reducing.</p> <p>Return to face-to-face team meetings and supervisions.</p>	<p>Working our Reablement staff in long-term complex meant that we had reduced carer capacity in Reablement with which to offer reablement care and support.</p> <p>Ongoing delays in securing long-term maintenance packages of care and support from externally commissioned providers is also restricting capacity to accept new referrals into service, leading to longer waits for Reablement care and support.</p> <p>The slight upward trend of Community Care Assistants resigning from the service continues.</p> <p>Due to the increase of complex cases in Homecare CCA's are reporting an impact on their well-being. The complexity is also proving both quite challenging and time consuming on the Senior Community Care Assistants.</p> <p>Decrease in hours of Reablement care delivered during July. Due to more staff taking annual leave during the summer months.</p>	<p>We are monitoring levels of staff absence closely.</p> <p>Daily planning meetings are happening to ensure that all care and support calls are covered and to enable early identification of sustainable capacity within the Reablement Service with which to accommodate new admissions into service.</p> <p>Recruitment activity is underway to fill community care assistant vacancies within the service and increase carer capacity.</p> <p>Actively working with Staff Development to purchase external Positive Behaviour Management training.</p> <p>Grade 9 training post is currently out to advert for Homecare.</p> <p>CCA staff consultation has been extended a further two weeks to 26/08/2022. We hope to be in the position at the end of consultation to move all CCA's onto a Grade 6.</p> <p>Monitor annual to ensure the correct percentage of staff are taking leave and not allowing a higher percentage off.</p>

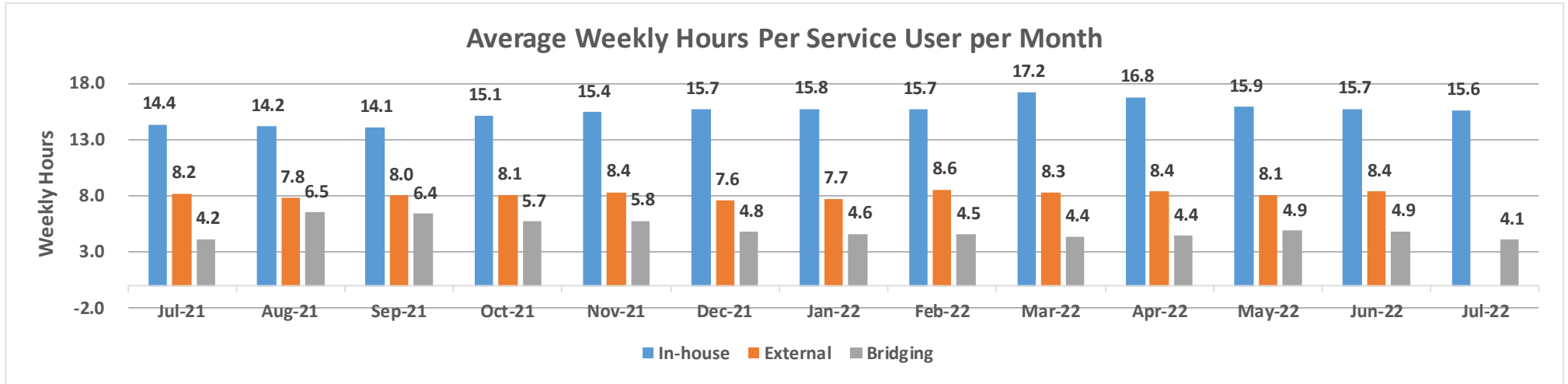


# Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always a month behind in reporting for externally commissioned care. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing



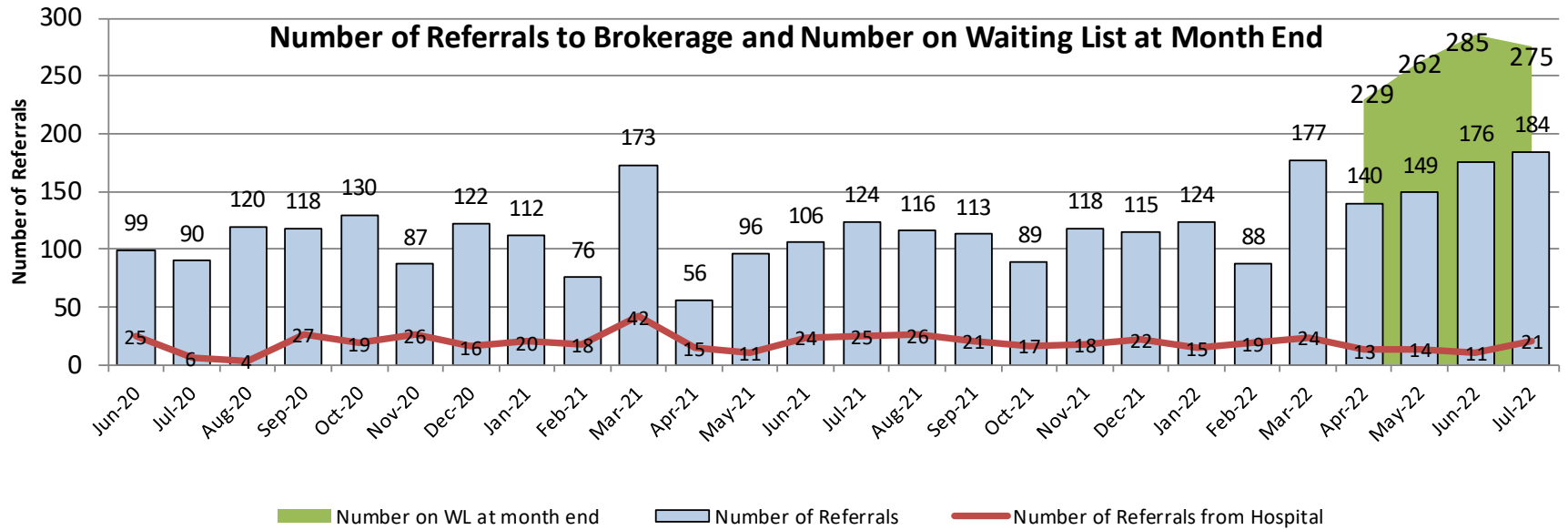
### Average Weekly Hours Per Service User per Month



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

### Number of Referrals to Brokerage and Number on Waiting List at Month End



## External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Implementation of block contract arrangement for rural and hard to reach areas to significantly increase care capacity.</li> <li>Implementation of subsidies to cover rising fuel costs.</li> <li>Partnership working with Providers to evaluate rising costs and rates of pay necessary to recruit and retain workforce.</li> </ul>	<ul style="list-style-type: none"> <li>Growing waiting list for care and shrinking provider capacity.</li> <li>Rapidly increasing costs</li> <li>Ongoing workforce recruitment and retention pressures.</li> <li>Hand-backs from 2 providers which can be accommodated using additional capacity created by block contract.</li> </ul>	<ul style="list-style-type: none"> <li>Review service and commissioning models to achieve more sustainable and stable services</li> <li>Explore additional uplifts / subsidies to address other unforeseen cost pressures</li> <li>Explore regional approaches to address dom care pressures</li> <li>Develop ways to increase social care workforce</li> </ul>

## Internal Long Term Care:

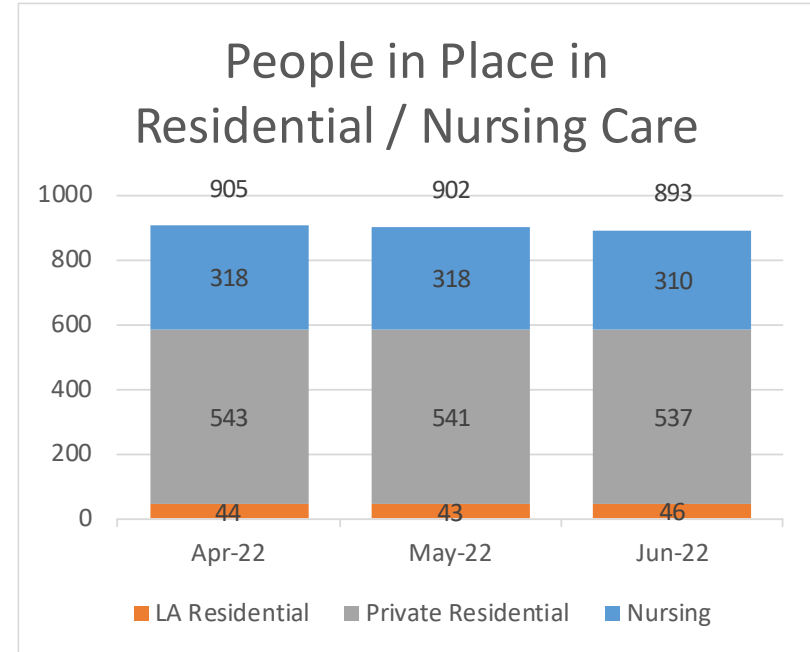
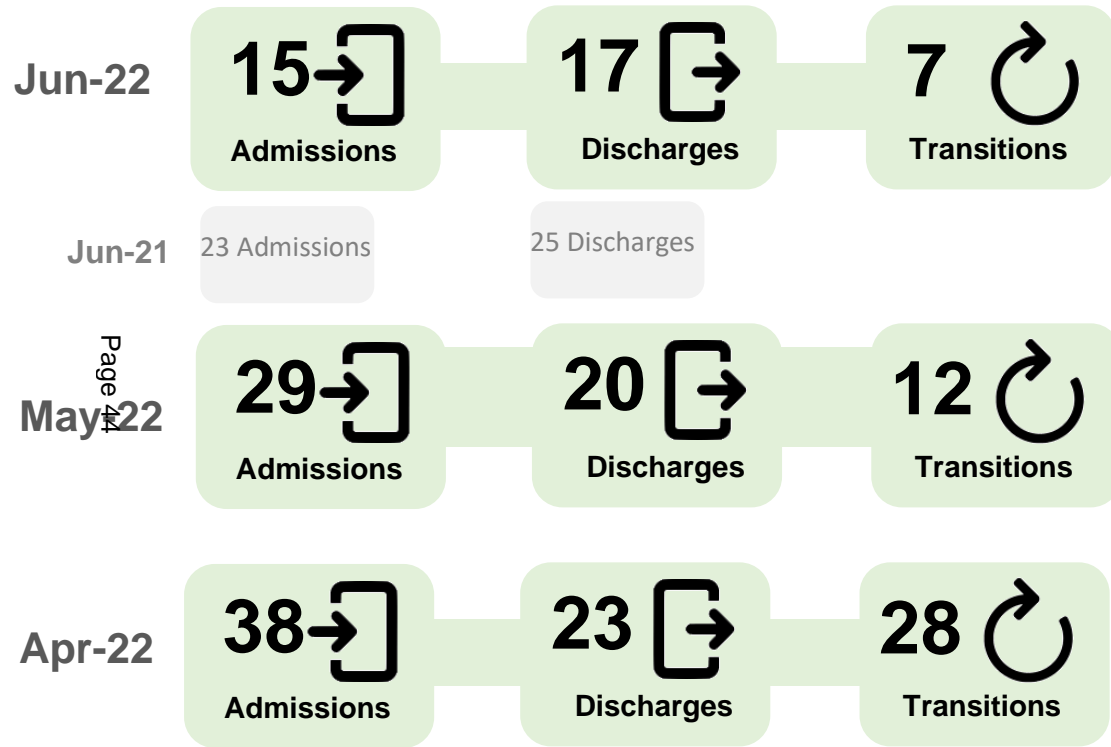
What is working well?	What are we worried about?	What we are going to do?
<p>• Ability to sustain long term packages of care and support in spite of increased staff absence - See Reablement Service p15.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 43</p>	<ul style="list-style-type: none"> <li>See Reablement service p15.</li> </ul>	<ul style="list-style-type: none"> <li>See Reablement service p15.</li> </ul>



# Residential/Nursing Care

We have worked with the finance teams and fully revised our methods to ensure accurate information. Alternative methods of gathering this data are being investigated to see if we can get faster accurate data. WCCIS is being developed to fully meet requirements for internal & external residential care and reports have been developed. We are in the process of ratifying data.

*Previous months information is updated as systems are updated.*

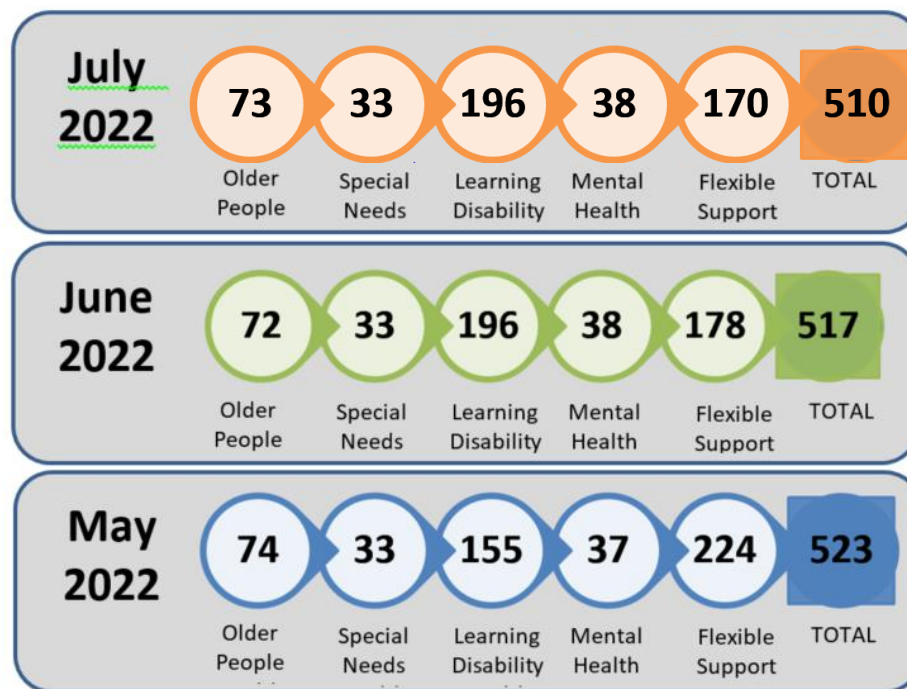


What is working well?	What are we worried about?	What we are going to do?
<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Continued with timely response to high demand for emergency placements.</li> <li>Increase in planned respite alongside emergency admissions.</li> <li>Care homes working together to support emergency admissions.</li> <li>Good progress in staff registering with SCW</li> </ul>	<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Continued Staffing shortages due to Covid, other illnesses, across the homes and in other supporting services and disciplines.</li> <li>Continued delays in returning home from short term emergency placements or respite due to limited POCs. This has resulted in long-term placements and reduced available bed capacity.</li> </ul>	<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Continued recruitment to posts.</li> <li>Tight monitoring and support to ensure that all staff are registered as per Social Care Wales regulation for Care Homes, by 1st October 22.</li> <li>Weekly monitoring of admissions and discharges.</li> </ul>

What is working well?	What are we worried about?	What we are going to do?
<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Continued gradual increase in occupancy levels leading to reduced market stability risks</li> <li>Reduced COVID problems in external OP care homes</li> <li>Collaborative work with Providers to review costs and revise fee structures</li> <li>Implementation of interim subsidy to reflect unforeseen inflationary cost pressures</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Ongoing workforce recruitment and retention pressures</li> <li>Ongoing inflationary pressures</li> <li>Reduced contract monitoring and understanding of service quality.</li> <li>Absence of residential dementia fee rate</li> <li>Timescales for compulsory workforce registration with SCW.</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>Implement additional uplifts / subsidies to address unforeseen cost pressures</li> <li>Resume light touch contract monitoring arrangements</li> <li>Provide contingency cover for homes if essential and where possible.</li> <li>Devise options for dementia rate implementation</li> <li>Monitor and support workforce registration</li> </ul>

# 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 plus a manual record of Health users and a number of other recording systems. This 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. Work has commenced to record Day Services data onto WCCIS. This will hopefully provide a much streamlined approach with the information all being in once place. Work has also commenced on External Day Services Provision.



Total number of individuals that attended an internal day service

We are working with flexible support to ensure reporting timelines align with the reporting month and other days service providers

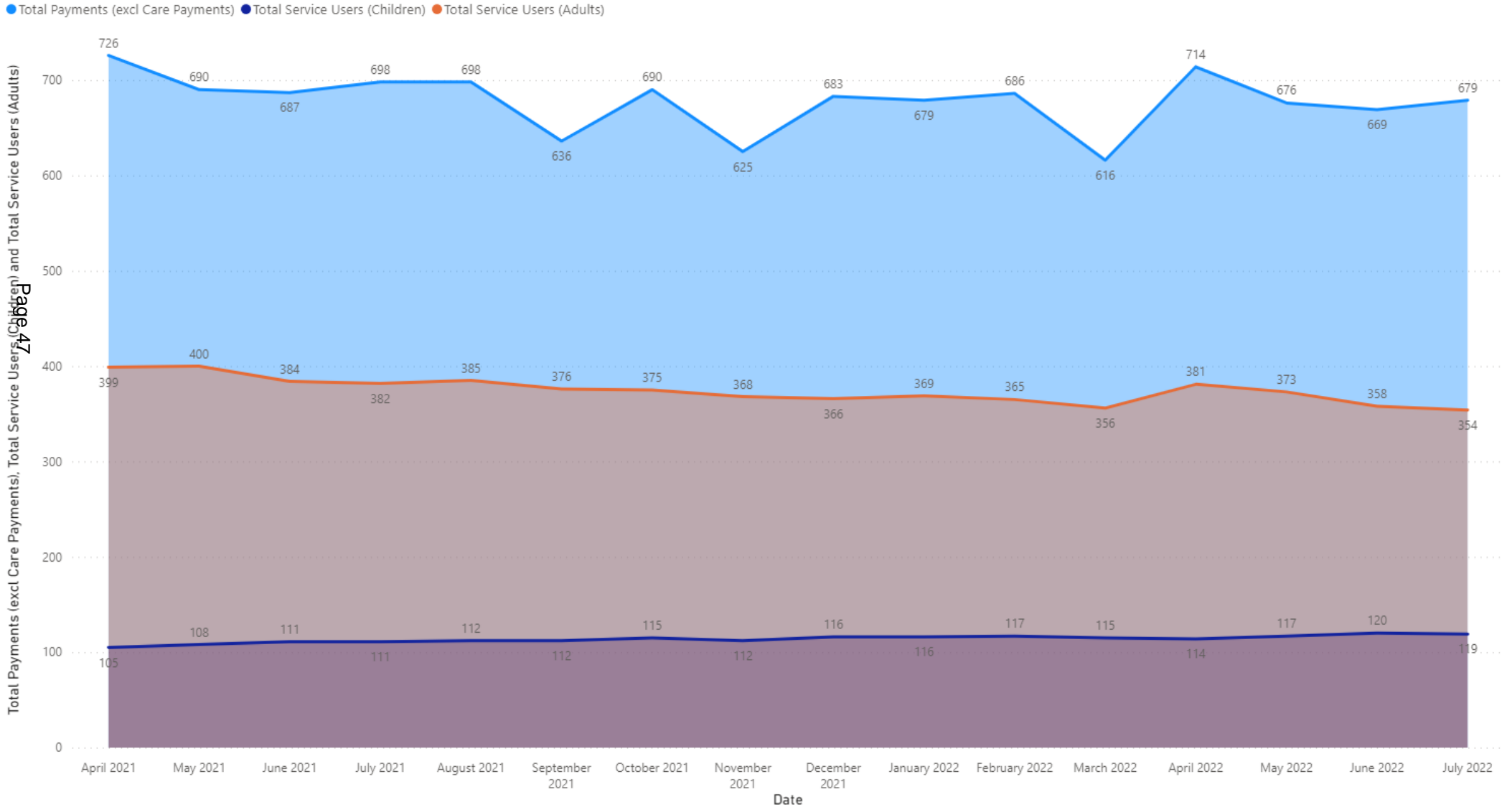
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What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Maintaining capacity of services despite Covid.</li> <li>Continue to support new referrals to services.</li> <li>Continue to keep in touch with families and service users and plan return to services/pre-covid allocation.</li> </ul>	<ul style="list-style-type: none"> <li>Covid rates increasing and impact on recovery and delivery of services.</li> </ul>	<ul style="list-style-type: none"> <li>Review current demands and increase capacity whilst maintaining a safe environment.</li> <li>Develop sessional as well as full day offer, with flexible hours.</li> <li>As part of the LD review, develop a range of day support options.</li> <li>Refocussing FSS to outreach work to maintain vulnerable people to continue living independently.</li> </ul>

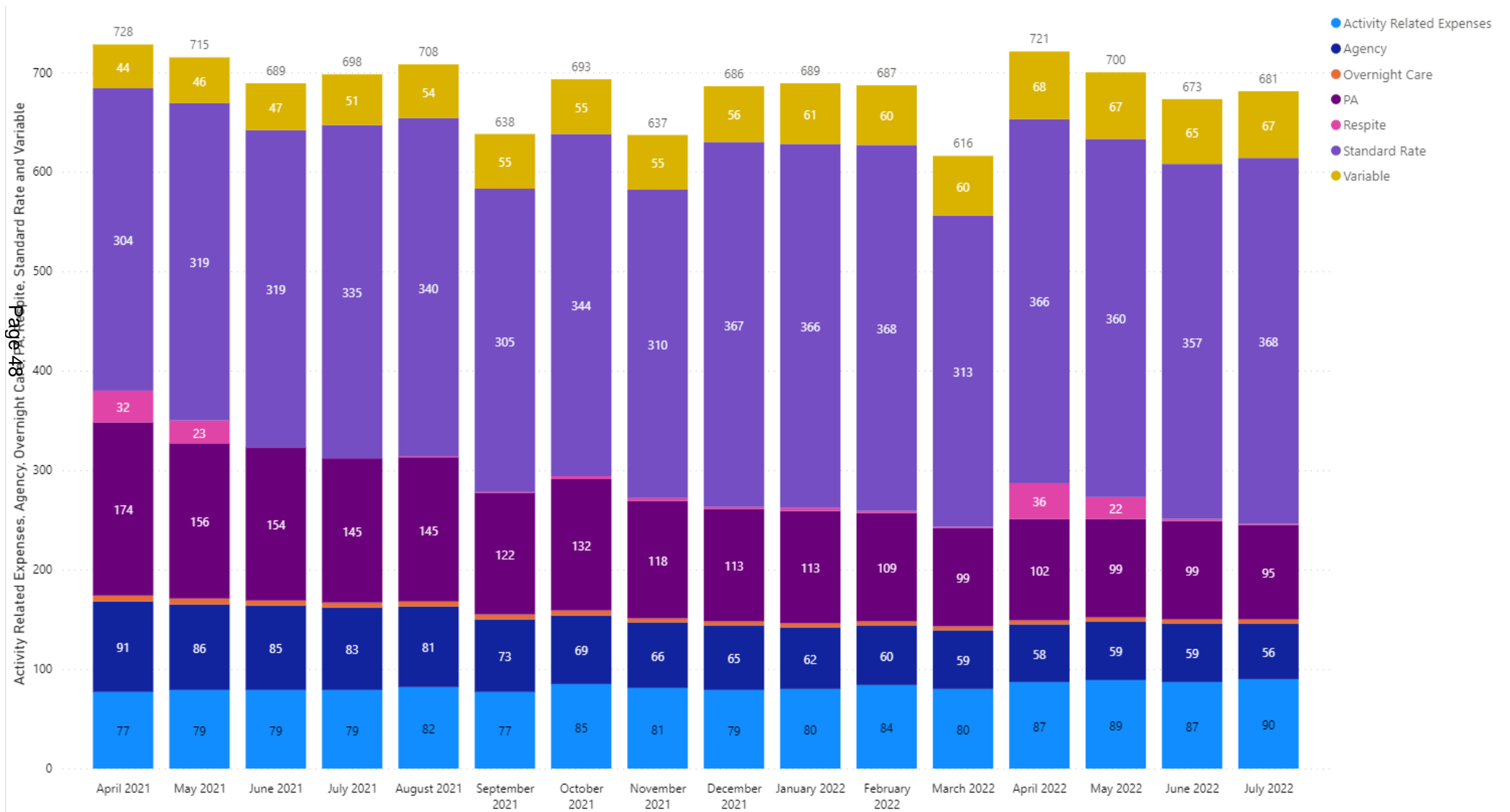


# Direct Payments

Number of Payments each Month Plus number of Unique Service Users

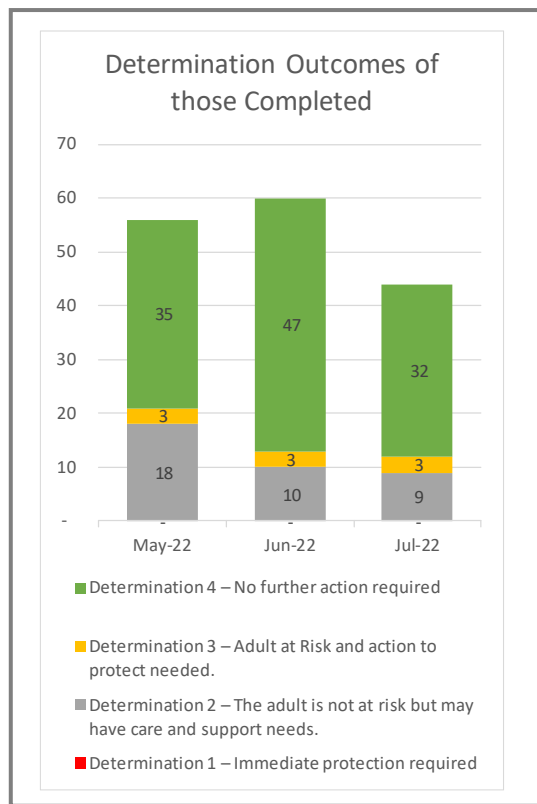
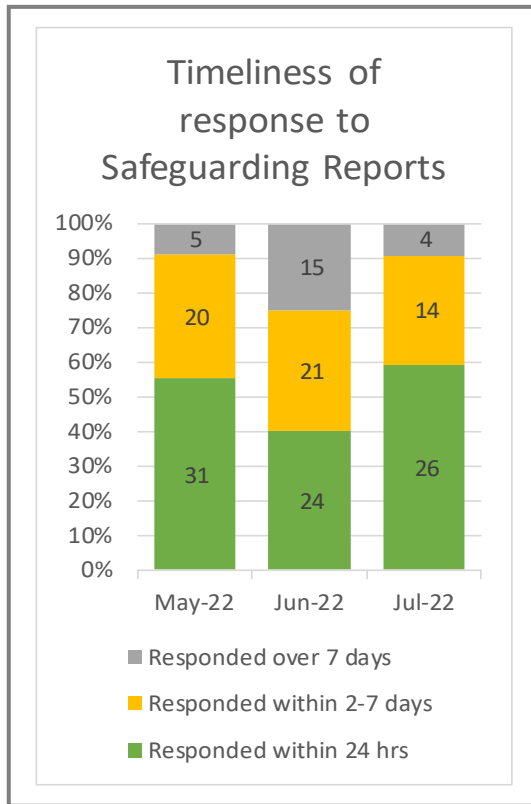


## Number of Payments each Month based on Type of Payment



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Good Team approach.</li> <li>• Identification and addressing challenges together.</li> <li>• Good links being made with partners and representative groups to promote the opportunities of DP.</li> </ul>	<ul style="list-style-type: none"> <li>• Since COVID use of DPs has reduced across all categories.</li> <li>• Transfer of contract (and data) for Payroll and Managed Account Services may risk service disruptions.</li> <li>• Opportunities to use DPs to create alternatives to traditional services are not optimised.</li> <li>• DPs for carers are underused.</li> <li>• Systems and processes for ensuring DP payments allocated to service users are recovered if not used.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand team capacity (RIF bid submitted for 4 additional staff)</li> <li>• Review and improve systems and processes</li> <li>• Improve Performance management (of internal staff, systems and processes)</li> <li>• Implement contingency plans to minimise disruptions caused by transfer of contract from failing Payroll and Managed Account Provider (Diverse).</li> <li>• Terminate contract with failing Payroll and managed account service Provider mid- September</li> <li>• Expand use of DPs to support the development of micro enterprises.</li> <li>• Review process for ensuring allocated DP funds are used or recovered.</li> </ul>

# Safeguarding Response



## Reports /Actions

### 60 Reports received in July 22

42 Determinations completed  
 8 awaiting response  
 91% responded to within 7 days  
 121 Consultations held, 29 Inappropriate

132 Reports were received in July 21, 132 Determinations completed

### 47 Determinations completed

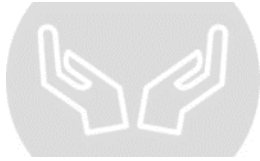
12 awaiting response  
 79% responded to within 7 days  
 98 Consultations held, 14 Inappropriate

### 54 Determinations completed

3 awaiting response  
 91% responded to within 7 days  
 105 Consultations held, 35 Inappropriate

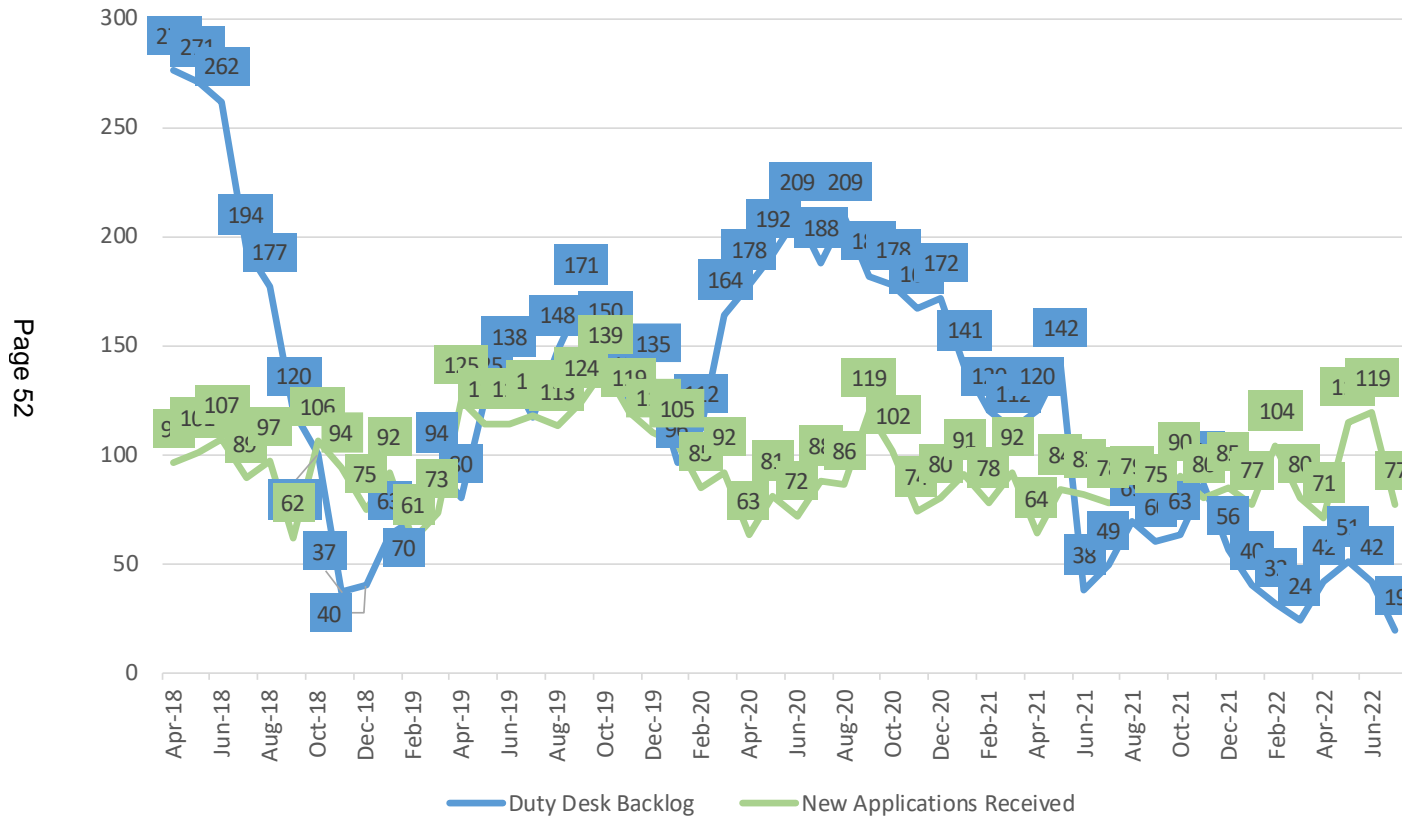
Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reporting and Consultations & Inappropriate Casenotes will be higher.

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Suicide Prevention Work - The 'Terms of Reference' document has been agreed by the steering group for the meetings to commence when a Significant attempted Suicide is reported to the Safeguarding Team. This is due to be piloted between the beginning August and end of October.</li> <li>• Consultations continue to rise, demonstrating that colleagues are more aware of the Safeguarding Teams role in providing advice and guidance re safeguarding matters. This month 121 consultations took place.</li> <li>• A focused piece of work is being planned for the autumn, to tackle the inappropriate Adult At Risk Reports that we receive. The team are completing a spreadsheet when we receive an inappropriate AAR, so that we can target those that submit them and educate them in safeguarding.</li> </ul>	<ul style="list-style-type: none"> <li>• Team resilience continues to be an area of concern over the months when annual leave is taken. The statistics demonstrate excellent response times in July, 91% of AAR reports dealt with, within 7 days. However this is due to stepping back from other responsibilities such as the multi-agency meetings that the Safeguarding Team attend.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to promote Team resilience and engage and encourage the team to recognise the importance of their emotional well-being, by booking vicarious trauma counselling regularly. Continue to meet regularly and talk through what is working well and what they are worried about. Continue to support one another in the difficult and frequently challenging roles that we have in the safeguarding team.</li> <li>• Strive to continue to be the best we can be, in terms of undertaking our essential roles. The development work and preventative work will need to be on hold somewhat until staffing levels are more stable.</li> </ul>

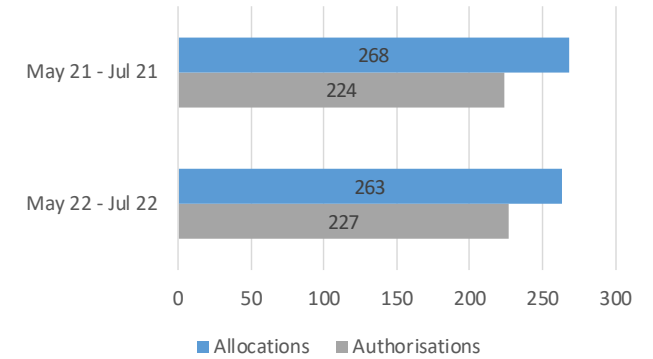


# Timeliness of Deprivation of Liberty Assessments

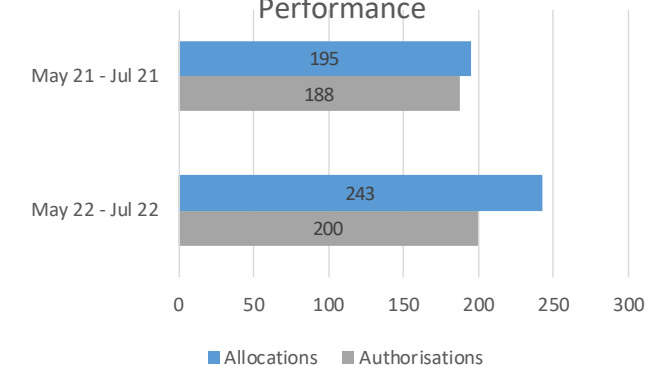
## DoLS Backlog and New Referrals



## 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"> <li>Sickness in the team is now low and most people are back in work.</li> <li>The team has full complement of business support staff and so work is flowing through the team at a better rate and stress levels have improved.</li> <li>The Team backlog is minimised as much as possible with the use of independent BIA's and the agency.</li> </ul>	<ul style="list-style-type: none"> <li>Shortage of s12 doctors. We have struggled to find enough doctors for urgent applications.</li> </ul>	<ul style="list-style-type: none"> <li>The Team have been trying to source more capacity with section 12 doctors who used to work and asking other Local Authorities. The agency can also provide s12 doctors if the Team are short.</li> </ul>

# Agenda Item 8

## ADULT SERVICES PERFORMANCE PANEL WORK PROGRAMME 2022/23

Meeting Date	Items to be discussed
<b>Meeting 1</b> <b>27 September 2022</b>  4pm	<b>Role of the Adult Services Scrutiny Performance Panel</b>  <b>Overview of Adult Services in Swansea</b> (including key priorities and challenges, and Performance Monitoring Report (including update on workforce pressures and impact)).  <i>Presentation by Amy Hawkins, Head of Adult Services / Helen St John, Head of Integrated Services</i>  <b>Draft Work Programme 2022-23</b>
<b>Meeting 2</b> <b>8 November 2022</b>  4pm	<b>Actions following WAO Report (April 2022) – Direct Payments for Adult Social Care</b> <i>Richard Davies, Strategic Manager Independent Living Team</i>  <b>Briefing on CIW Inspection Reports</b> <i>Amy Hawkins / Helen St John</i>  <b>Briefing on Annual Review of Charges (Social Services) 2021/22</b> <i>David Howes, Director of Social Services</i>  <b>Director of Social Services Annual Report 2021/22</b> <i>David Howes, Director of Social Services</i>
<b>Meeting 3</b> <b>20 December 2022</b>  4pm	<b>Performance Monitoring</b> <i>Amy Hawkins / Helen St John</i>  <b>Update on Adult Services Transformation Programme</b> <i>Amy Hawkins, Head of Adult Services / Helen St John</i> <i>Lucy Friday, Principal Officer Transformation</i>  <b>Options Appraisal for Assistive Technology and Community Alarms</b> (Agreed pre March 2020) <i>(Helen St John / Peter Field / Lucy Friday (Jess Fitzpatrick))</i>
<b>Meeting 4</b> <b>31 January 2023</b>  4pm	<b>Commissioning Reviews Progress Update</b> <i>Amy Hawkins / Helen St John</i>  <b>Local Area Coordination Update</b> <i>Amy Hawkins</i>
<b>BUDGET MEETING</b> <b>February 2023</b>	<b>Draft Budget Proposals for Adult Services / Child and Family Services</b>



<p><b>JOINT SOCIAL SERVICES MEETING</b></p>	<p><i>Louise Gibbard, Cabinet Member for Care Services</i> <i>David Howes, Director of Social Services</i></p>
<p><b>Meeting 5</b> <b>21 March 2023</b></p> <p>4pm</p>	<p><b>Update on West Glamorgan Transformation Programme</b> (including relationship between Health and Social Care and the rebalancing agenda, and partnership elements of Health Board Plans for Change) <i>Kelly Gillings, Programme Manager</i></p> <p><b>Performance Monitoring</b> <i>Amy Hawkins / Helen St John</i></p>
<p><b>Meeting 6</b> <b>2 May 2023</b></p> <p>4pm</p>	<p><b>Adult Services Complaints Annual Report 2021/22</b> <i>Sarah Lackenby</i></p> <p><b>Update on how Council's policy commitments translate to Adult Services</b> <i>Louise Gibbard, Cabinet Member for Care Services</i> <i>David Howes, Director of Social Services</i></p> <p><b>End of Year Review</b></p>

Future Work Programme items:

- Recruitment and Retention of Care Staff (dates tbc once new policies developed)
- Update on Support for Carers (including Assessments). **Scheduled for CFS Panel meeting on 24 January 2023. AS Panel Members to be invited.**
- Wales Audit Office Reports (dates to be confirmed)