



City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: Committee Room 5, Guildhall, Swansea

On: Tuesday, 17 March 2020

Time: 4.00 pm

Convenor: Councillor Peter Black CBE

Membership:

Councillors: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow

Agenda

Page No.

- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**
www.swansea.gov.uk/disclosuresofinterests
- 3 Prohibition of Whipped Votes and Declaration of Party Whips**
- 4 (4.05pm) Minutes of Previous Meeting(s)** **1 - 4**
To receive the minutes of the previous meeting(s) and agree as an accurate record.
- 5 (4.10pm) Public Question Time**
Questions must relate to matters on the agenda and will be dealt with in a 10 minute period.
- 6 (4.20pm) Progress on Wales Audit Office Recommendations relating to 'The 'Front Door' to Adult Social Care'** **5 - 16**
Simon Jones, Social Services Strategy and Performance Improvement Officer
- 7 (4.40pm) Adult Services Complaints Annual Report 2018-19** **17 - 28**
Sarah Lackenby, Chief Transformation Officer
- 8 (5.00pm) Briefing on Staff Sickness in Adult Services** **29 - 34**
Alex Williams, Head of Adult Services

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|-----------|---|----------------|
| 9 | (5.20pm) Work Programme Timetable 2019-20 | 35 - 37 |
| 10 | (5.25pm) Letters | 38 - 44 |
| | a) Response from Cabinet Member (28 January 2020 meeting) | |
| | b) Letter to Cabinet Member (17 February 2020 meeting) | |

Next Meeting: Tuesday, 28 April 2020 at 4.00 pm

Huw Evans

Huw Evans
Head of Democratic Services
Tuesday, 10 March 2020

Contact: Liz Jordan 01792 637314

Agenda Item 4



City and County of Swansea

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

Committee Room 5, Guildhall, Swansea

Monday, 17 February 2020 at 11.30 am

Present: Councillor P M Black (Chair) Presided

Councillor(s)

J W Jones
S M Jones

Councillor(s)

C A Holley

Councillor(s)

P R Hood-Williams

Other Attendees

Mark Child

Cabinet Member - Care, Health & Ageing Well

Officer(s)

Kelly Gillings

Programme Director, West Glamorgan Transformation Programme

David Howes

Director of Social Services

Liz Jordan

Scrutiny Officer

Alex Williams

Head of Adult Services

1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley and Mark Child.

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 28 January 2020 as an accurate record of the meeting.

4 Public Question Time

No questions were asked by members of the public.

5 West Glamorgan Transformation Programme - Update and Case Studies

Kelly Gillings, Programme Director attended to update the Panel on the key work streams of the three Transformation Boards, including case studies from across the Programme.

Discussions Points:

- Page 10 - Regional 'hospital 2 home' (recovery) service – Experience suggests new approach is starting to make a difference. Waiting for evidence to support this. Panel queried if data had been analysed of people found not suitable for this service. WG Partnership will need to have this information and Panel will want to see it. Advantages of this service to Health are clear and the advantage for the Council is people can be assessed from home rather than an acute setting and this will save money for the Council by ensuring people are assessed at the right time and appropriate long-term arrangements are put in which are commensurate with needs.
- Page 38 – 'Hospital 2 Home' Recovery – At present the funding is not sustainable. It partly relies on transformation fund which is time limited. The intention is to create a system that is financially viable, but it is not about doing it cheaply, it is about doing it well in a different way so it is contributing to sustainability and delivering the best outcomes for those leaving hospital. 'Hospital 2 Home' Service is operational in all areas from December 2019/January 2020. Overall indications are good that new model is working. Panel will want to keep an eye on delayed transfers of care in Performance Monitoring item at Panel meetings.
- Page 17 – CYP Planning Group – P-CAMHS non-compliant in October. Panel would like information on what the target is and how it is being missed and information on transition.
- The Partnership is addressing how people are referred and there is now an officer in place in Swansea and Port Talbot.
- Page 28 – Similar project in Gorseinon recently (Life Time Homes). This was a good scheme and would be a good case study for the Partnership to look at.
- Page 31 – Social Value Forum – no clear definition from Welsh Government about what this means.
- Panel queried how in terms of the case studies provided, the multi-agency approach has added value. Informed better able to tailor a package to an individual's environment and do it more readily and save money along the way.

Actions:

- Analysis of data for people found not suitable for 'Hospital 2 Home' Recovery Service to be provided to Panel when available.
- Information on P-CAMHS to be provided to Panel. What the target is and how it is being missed and information on transition.

6 Adult Services Draft Budget Proposals

Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well, Dave Howes, Director of Social Services and Alex Williams, Head of Adult Services went through the proposed budget proposals in relation to Adult Services highlighting the main issues and answering questions.

The Panel agreed the following views and recommendations on the budget proposals in relation to Adult Services it would like to make to Cabinet:

- Panel noted the change of Chancellor could lead to a delay in the announcement of the national budget, which may in turn affect the Welsh Government's budget and therefore the Council's budget.
- Adult Services budget increased by 3.5% and inflationary pressures are 7%, so the Council needs to make the proposed savings next year to stay where it is. This is a concern as not all of the proposed savings will be achieved in this financial year and the panel felt therefore the savings target next financial year seems to be ambitious.
- Panel was concerned about the £500k proposed savings next year from review of senior staff structure across adults, children and poverty and prevention services. Panel felt satisfied that the plan is to flatten out the structure at every level of the directorate not just at senior staff level and that there will still be at least two Heads of Service, which is essential given the size of the budget and issues the Directorate faces going forward.
- Panel concerned about the review of opportunities for outdoor centres, the effect this could have on schools and the lack of confidence that this can be delivered. Adult Services and Child and Family Services Panels would like to see a copy of the consultation for this.
- With £750k proposed savings from review of mental health and learning disability packages next financial year, there was concern in the panel that this will be an issue as there is a shortfall of resource to undertake the review of the Health side. The panel felt that this needs to be resolved as soon as possible if we are to keep to budget for 2020-21.
- Regarding the £100k projected income from Local Area Coordination, the Cabinet Member stated he would like to see a committed funding stream so the scheme can be expanded and is sustainable. The Panel would like to see this introduced.
- The Panel acknowledged that the budget for Social Services is person driven and it would be misleading to focus on the number of people supported.
- Panel was concerned about the areas where savings are proposed and felt savings are being made which could be detrimental.
- The Panel will be revisiting the budget again in October so we can more closely monitor the outcomes of the planned efficiency savings.

Following on from this meeting:

The convener will feed in the views of this Panel, along with the conveners of the other panels to the Service Improvement and Finance Panel, which meets on 19 February. The convener of the Service Improvement and Finance panel will then attend Cabinet on 20 February to feed in the collective views of the scrutiny performance panels and write a letter to the Cabinet member.

7 Work Programme Timetable 2019-20

Work Programme received and considered by the Panel.

8 Letters

Letters received and considered by the Panel.

The meeting ended at 12.50 pm.

Agenda Item 6



Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel – 17th March 2020

Progress addressing WAO Recommendations, relating to the Front Door to Adult Social Care

Purpose	<ul style="list-style-type: none">• To provide an overview of the WAO report and recommendations.• To highlight actions taken by Adult Services to address recommendations.
Content	This report includes a summary of the context and methodology used to produce the WAO report and conclusions, and a summary of how Swansea is performing against the recommendations.
Councillors are being asked to	Endorse the conclusion of the report
Lead Councillor(s)	Cabinet Member Mark Child
Lead Officer(s)	Alex Williams, Head of Adult Services
Report Author	Jane Whitmore, Principal Officer, Strategic Commissioning, Social Services Directorate. jane.whitmore@swansea.gov.uk tel. Simon Jones, Social Services Strategic Performance & Improvement Officer, Corporate Strategic Delivery Unit: simon.jones@swansea.gov.uk tel. 01792 637559

1. Background

1.1 In September 2019 the Welsh Audit Office published a report “The ‘front door’ to adult social care”. The report was the product following a national review of the role of local authorities in considering adults’ well-being at the first point of contact and the subsequent assessment of need. Implementation of the Social Services and Well-being (Wales) Act in April 2016 (‘the Act’), through the related regulations, codes of practice and policy frameworks was viewed by Welsh Government as a largely cost neutral exercise to be driven regionally.

1.2 The main question for the study was: “Are local authority first point of contact assessment and processes better meeting the needs of service users and carers in line with the commitments of the Act?” Their review sought to look at whether the changes introduced by all Welsh Local Authorities were addressing the new requirements of the Act, by looking into the following:

- ‘What Matters to you’ assessments- and whether they are comprehensive
- Ease of access to wellbeing services and care and support
- Where there has been a shift towards prevention in social care and non-social care services; and
- Impact of assessments on people’s wellbeing, with a particular focus in all areas on carers

1.3 The context for the review, according to the Wales Audit Office is that Social Services costs a lot of money. Demand for social services has grown, and continues to increase. There is a new set of duties within the Act, with additional statutory duties, including that each Council to ensure there is an initial point of contact assessment, which can deliver the universal, ‘well-being offer’, and to facilitate access to carers, in that the Act gives carers an equal right to an assessment of their own needs in their own right. Clearly the accessibility, quality, speed of response, efficiency and outcomes of this assessment can have a major impact on the lives and wellbeing of those people seeking support, including carers.

1.4 Swansea Council was not involved in any field work, or sharing information by interviews with the Audit Office and we did not contribute to producing the final report. There was fieldwork undertaken in other Welsh local authorities. None of the conclusions in the report are based on Swansea Council submissions, or evidence of Swansea Council practice. The WAO’s analysis of activity and performance data was undertaken at a national level.

1.5 Swansea Council was only asked to provide randomised details of **50 carers** who have been assessed by the local authority in relation to their needs as carers at any time between 6 April 2016 (when the Social Services and Well-being (Wales) Act 2014 came into force), and the time of submission, May 2018. This contributed to a pool of 1,100 carers from which the WAO used to survey their views. Some carers may well have preferred not to, or been unable to take

part in the telephone survey. They received 550 responses with representation from all local authority areas. A further 32 carers, nationally, took part in a more in depth survey, which focussed on the impact of caring; how easy it is to access and use local authority services; and the positive impact local authority support is having on their well-being. WAO also undertook an online survey of third sector provider organisations and received 22 responses, as well as interviews with third sector organisations.

1.6 In addition to the Carers survey, below are examples of the information used by WAO, as analysis in the main WAO report: *Front Door to Adult Social Care* (published 12th September, 2019):

- Dewis Cymru published resources per local authority 2018-19
- Number of carers of adults who had an assessment between 2008-09 and 2017-18 (national)
- Real-terms Gross Revenue Expenditure on Personal Social Services (£000's) 2008-09 to 2017-18 (national p34)
- Changes in real-terms expenditure, access to IAA, assessments offered and undertaken by local authority between 2016-17 and 2017-18 (p36)
- Social services revenue out-turn expenditure in real-terms on assessment and care management by local authority (£'000) in 2008-09 and 2017-18 (Appendix 2, p43)
- Real-terms expenditure (2017-18 equivalent) on personal social services by local authority 2008-09 and 2017-18 (Appendix 3, p45)

Link to main WAO report: <https://www.audit.wales/publication/front-door-adult-social-care>

1.7 The report does not draw any conclusions in relation to Swansea, though Exhibit 8 (p36): changes in real-terms expenditure, access to IAA, number of assessments offered and undertaken by local authority appears to show that Swansea has taken a more balanced, proportionate approach to implementing changes than some other Councils in meeting the social care needs of citizens.

2. WAO Conclusions

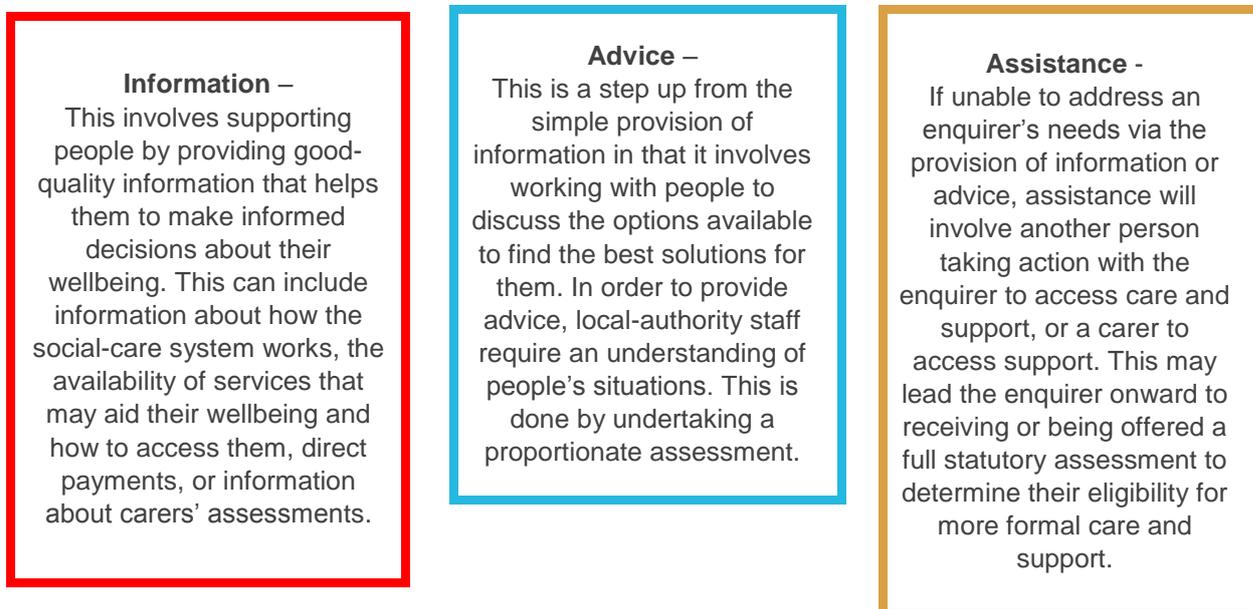
2.1 The WAO in the main report has concluded that, across Wales, councils are preventing social-care demand, but information, advice and assistance are not consistently effective.

The main report separates its conclusions into 4 Parts.

Part One: Effective Information Advice and Assistance (IAA) is key to the successful implementation of the Act – providing people with information and advice, in a timely manner, that can help them to help themselves, prevent their needs from deteriorating, and reduce dependency on their local authority. WAO found that authorities are becoming more person-centred in their approach, for example, by establishing multi-agency and co-located teams. However, there

is much work still to be done to promote access to the front door to ensure that all those who may benefit from IAA receive it.

Figure 1 IAA service (information, advice and assistance)



Source: Wales Audit Office.

Practice Example:

Dewis Cymru is a website that aims to help people seeking advice and assistance and is promoted as the 'the place for information about well-being in Wales'. Dewis Cymru is maintained by Data Cymru and is supported by all 22 local authorities which each contribute annually towards its maintenance and development. Dewis Cymru holds a wide range of information that helps support people to identify and access services that can help support them. Dewis Cymru holds details of over 10,000 local and national services. The report highlights differences across Wales in how the system is being used and promoted. At the time of reporting Swansea had around **400** resources listed in the Dewis system, whilst the Vale of Glamorgan is leading the way with close to 1200 resources (see exhibit 2, p16 main report).

Part Two: Though local authorities have increased their offer of preventative services, there is wide variation on what is available across Wales. Often, authorities do not know where gaps in provision lie, which has resulted in an inconsistent distribution and provision of services. Even where effective preventative services exist, poor co-ordination between organisations can also limit their effectiveness.

Part Three: Overall, local authorities have created good systems to identify when individuals may require an assessment or more intensive support and help. However, carers are still not getting the equal treatment envisaged by the

Act, and provision of advocacy remains challenging throughout Wales. The role of third-sector partners in helping to embed the new arrangements also needs further development.

Part Four: That no Local Authority has got the balance on spend, assessments and IAA right at this time. Whilst social care assessments are falling, spend on adult social care continues to rise and access to IAA services is not increasing at rates equivalent to the fall in assessments. In terms of improving wellbeing we found that local authorities find it challenging to demonstrate the impact of prevention services. We conclude that whilst local authorities are making sound progress, services are in transition and there remains a lot more for authorities to do.

2.2 These conclusions are general to Welsh Councils, taken from their national study. Given that their focus in the study was the well-being offer to carers, it seems justified to consider a response to the recommendations from the carers standpoint.

3. WAO Recommendations

3.1 Improving access to the front door

Recommendation 1. To improve awareness of the front door, WAO report (Part 1) recommends that local authorities:

- review their current approaches, consider their audience, and ensure that good-quality information is made available in a timely manner to avoid needs deteriorating and people presenting for assistance in 'crisis';
- work in partnership with public and third-sector partners to help ensure people accessing via partner referrals, or other avenues, are given the best information to help them;
- ensure that advocacy services are commissioned and proactively offered to those who need them at first point of contact; and
- to take local ownership and lead on the co-ordination and editing of local information published on Dewis Cymru locally.

3.2 Investing in prevention and understanding impact

WAO also identified weaknesses in Welsh Local Authorities' assurance of the availability and quality of third-sector, preventative, community-based services that they signpost people to.

Recommendation 2. To improve impact and outcomes for citizens and carers, the report (part 1) recommends that local authorities:

- map the availability of preventative services in their area to better understand current levels of provision and identify gaps and duplication;
- involve third-sector partners in co-producing preventative solutions to meet people’s needs and ensure people have equitable access to these services;
- Work with third-sector partners to tailor and commission new services where gaps are identified; and]
- Work with partners to improve data to evaluate the impact of preventative services on individuals and the population more generally

4. The Position in Swansea and Progress against Recommendations.

Broadly speaking, many of the issues highlighted in the WAO report conclusions have been addressed, via the Adult Services Improvement programme and a regional approach taken to implement the Social Services & Wellbeing (Wales) Act. **The focus of this Swansea response is to consider the recommendations in general terms and from the standpoint of carers who may be seeking help with their own wellbeing**

4.1 Recommendation 1:

Swansea Social Services has well developed front door arrangements in Adult Social Care, and through a Common Access Point (CAP) there are strong links to the Health and Third sector partners. We work closely with the public by offering a ‘What Matters’ assessment to help identify what is most important to them and the outcomes to improve their own well-being.

4.1.1 Public Information: - In response to general queries, staff at the Common Access Point (CAP) to Adult Services will signpost callers to the Swansea Carers Centre web site, or to the Carers Centre drop in. There is a good range of public information relating to services and support available to carers on the Council website- over 500 users looked at the carer pages on the council website in the last month. We have plans to update the current “Are you a Carer” leaflet in online and hard copy format.

4.1.2 Awareness of the front door arrangements: via Common Access Point. We advertise the CAP at Swansea Carers Day / Carers rights events. As part of the assistance offer carers will be offered a carers assessment. Often staff at the Common Access Point are dealing with emergency situations, or a crisis with the cared for person, so it may not always be the right time to offer or complete a carers assessments. There has been an increase in carers

assessment, coming through CAP Multi-disciplinary team, who are often tasked with early help in the more complex, emergency type cases.

A more detailed report: *Briefing On Carers Assessments*, was presented to the Adult Services Scrutiny Performance Panel on 17th December 2019:

[BRIEFING ON CARERS ASSESSMENTS](#)

4.1.3 Working with third sector partners

Swansea has a good range of third sector organisations, and services, and a positive track record of signposting to other organisations who are providing support to carers e.g. Swansea CVS, Swansea Carers Centre and Hafal. As part of the regional optimum model for Intermediate Care, a third sector broker employed by the Citizens Advice Bureau has sat within the Common Access Point to help signpost people to appropriate third sector support.

One new area of development is that Common Access Point together with the Child and Family Information, Advice and Assistance service, are liaising with Swansea YMCA in extending the support offer to young carers, by increasing awareness of their rights and signposting to relevant support. There is ongoing liaison with Carers Centre.

4.1.4 Advocacy Offer- Swansea is working with Swansea Carers Centre to develop the advocacy offer to carers.

4.1.5 Dewis Cymru- We support the national launch of the DEWIS CYMRU, a nationally developed, well-being resource directory, and we use this system to complement the Council's public website and public information resources, as well as other systems such as Info-engine, Family Information System (FIS), and our regional Care Directory. Swansea currently has around 500 resources added to the Dewis Cymru portal: <https://www.dewis.wales/>

4.2 Recommendation 2:

Swansea has a strong corporate focus on well-being, a well-established, range of preventative services, and support is made available to carers

Through a shared vision, a service model and approach to improvement, change is widely understood and implemented across Adult Services

4.2.1 Availability/ access to preventative services

The Adult Services Service Model aims to ensure that there are early opportunities for citizens to engage with communities and the third sector through early engagement with the Local Area Coordinators, this helps them identify What Matters to them and enables them to make their own informed choices. All thirteen Local Area Coordinators (LACs) covering most areas of the City and County of Swansea are using a 'What Matters to you' conversation, and this enables them to make their own informed choices to achieve wellbeing.

The Local Area Coordination team now sits as part of the Common Access Point to ensure that we are supporting people at the right time.

The development of IAA service delivered through the Common Access Point focuses on improving access to prevention services. We are also ensuring that people can access the care and support they need, via professionally integrated hubs, ensuring that the right professional is available at the right time to have conversations, with individuals and carers, that are outcome focused through the identification of what matters. Achieving this may involve appropriate signposting, speaking to right person at the right time and often enabling callers to identify their own solutions through collaborative communication and prevent the need further intervention from statutory services.

Each of these new approaches are designed to support people to remain independent and keep well. We want to see more people cared for at home, with shorter stays in hospital if they are unwell, and to see a change in service delivery away from institutional care towards better community-based support.

4.2.2..Coproduction

One area of progress that Adult Services are driving forward is on implementing a *Doing What Matters* practice framework, which helps all staff to understand their roles in relation to the changes needed, and how positive conversations with citizens and partners can coproduce their personal outcomes.

We have progressed the development of a co-production strategy, which has involved many engagement events. There are already a number of key projects that have been co-produced, for example, the IAA approach, direct payments and domiciliary care commissioning strategies. This has had a direct impact on how we carry out our business; it has influenced how we manage our conversation, to ensure we establish what matters to the individual, the accessibility of our information and how user friendly our information is and so on. There have been some really good example of areas of work that have been tangibly co-produced for the benefit of citizens for example the Domiciliary Care and Supported Living frameworks.

A committed cohort of individuals have been involved in co-production, this is being further developed in partnership with the third sector to build and grow the cohorts across communities and user groups. An e-learning co-production training module is current in development to raise awareness and opportunities of this key principles

4.2.3 Commissioning gaps

The West Glamorgan Regional Carers Partnership Board has created an action plan to address the needs of carers more effectively at local and regional levels. The action plan sets out targets for improving the support offered to carers. (A copy of the detailed action plan is attached in the Briefing report on carers assessments, as mentioned previously).

Also regionally, we are improving the range and quality of Intermediate care services, based on an agreed Optimal Model. This model, which complements Swansea's Adult Services Service model, is again underpinned by the 'Doing What Matters' framework.

As part of this work, we are seeking to further enhance our reablement offer to citizens, through the development of a Hospital to Home recovery service whereby we support people to go home more quickly and do not make long-term decisions surrounding their future care until they are settled back at home.

We are also seeking to improve Care Home support to reduce emergency hospital admissions from Care Homes.

4.2.4 Impact of preventative services

We are constantly reviewing the impact of early help and preventative approaches through our Adult Services Improvement Programme, through the West Glamorgan regional partnership board work programme and through co-productive engagement, with carers.

Swansea is one of four local authority areas involved in the first phase of the fieldwork for the national evaluation of the Social Services and Well-being (Wales) Act. Prof. Mark Llewellyn, Welsh Institute for Health and Social Care is leading the study. More information about this study, – a project they are calling IMPACT – can be found here:

<https://wihsc.southwales.ac.uk/evaluation-implementation-social-services-and-well-being-wales-act-gwerthuso-gweithrediad-deddf-gwasanaethau-cymdeithasol-llesiant-cymru/>

5. Table of Progress Against WAO Recommendations

5.1 A more detailed table of recommendations and progress is set out at Appendix 1.

6. Conclusions

6.1 Whilst there are a number of areas in which the Council can improve its front door arrangements to support carers, we are generally pleased that progress is being made to ensure citizens can gain access to the full range of preventative services. We are looking forward in particular to shape our local response to carers who are seeking help to achieve wellbeing as their own right. A local carers action plan will be developed to support the regional strategy.

6.2 Proposed Actions:

- i Following the development of a Regional Commissioning Strategy for meeting the support needs of carers, work is to be undertaken on a Swansea action plan for carers.

- ii To review carers' public information, including the current "Are you a Carer" leaflet in online and hard copy, and availability across key access points.
- iii To use feedback and learning from IMPACT study feedback, Swansea to consider any additional improvement actions needed, in relation to IAA and preventative approaches within Adult social care.

APPENDIX 1.

SWANSEA COUNCIL TABLE OF PROGRESS AGAINST WAO RECOMMENDATIONS FRONT DOOR TO ADULT SOCIAL CARE 2019/20					
REPORT REF	RECOMMENDATION	STATUS	OUTSTANDING ACTIONS/ COMMENTS	LEAD	BY WHEN?
4.1.1	Public Information – to ensure there is a good range of public information relating to services and support available to carers	Action needed	Action: To co-produce a resource that will inform carers and citizens that will help them navigate Health and Social Care (project linked to ICF bid)	Andrew Fung /Jeanette Munn	April 2021
4.1.2	Promote awareness of the front door- arrangements to carers	On-going and complete	Awareness raised via public information, public website and events such as Carers Right day	Andrea Preddy	
4.1.3	Working with third sector partners - to extend the offer of support to carers	Action needed	Action: to coproduce development of regional and local carers commissioning strategy and action.	Peter Field/ Jeanette Munn	April 2021
4.1.4	Advocacy Offer – improving access to advocacy services for carers	In progress	To review advocacy offer/ take up by carers linked to 4.1.3, with data on current take up expected by end of year	Peter Field	
4.1.5	Dewis Cymru continue to support the development of DEWIS CYMRU, a nationally developed, well-being resource directory	In progress	Continue to review, update and add local resources to directory	Andrea Preddy	

REPORT REF	RECOMMENDATION	STATUS	OUTSTANDING ACTIONS/ COMMENTS	LEAD	BY WHEN?
4.2.1	Availability/ access to preventative services - early opportunities for carers and citizens to engage with communities and the third sector to improve wellbeing opportunities	In Progress	Continue to review approaches within Adult Services Improvement Programme, and through the West Glamorgan regional partnership board	Lucy Friday	
4.2.2	Coproduction – working with citizens and partners to coproduce their personal outcomes.	On-going and complete	Coproduction to design services and commissioning processes, as well as through Collaborative Communication implementation	Lisa Banks	
4.2.3	Commissioning gaps - to improve the support offered to carers	In Progress	As part of the regional partnership work programme and locally as 4.1.3	Peter Field	
4.2.4	Impact of preventative services – to review the impact of early help and preventative approaches	Action Needed	Action: To use feedback and learning from IMPACT study feedback and whether any additional improvement actions are needed	Lucy Friday/ Simon Jones	Sept. 2020

Agenda Item 7



Report of the Cabinet Member for Delivery & Performance

Adult Services Scrutiny Performance Panel - 17th March 2020

Adult Services Complaints Annual Report 2018-2019

Purpose:	To report on the operation of the Complaints Team in relation to Adult Services for the period 1 April 2018 to 31 March 2019.
Policy Framework:	Safeguarding, Customer Contact
Consultation:	Access to Services, Legal and Finance
Report Author:	Julie Nicholas-Humphreys
Finance Officer:	Janet Morgan
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1.0 Introduction

- 1.1 Swansea Council's Social Services Complaints Procedure seeks to empower service users or those eligible to speak on their behalf to voice their concerns in relation to the exercise of Social Services functions.
- 1.2 With effect from 1 August 2014 revised legislation came into effect, bringing the Social Services complaints procedure into line with other complaints procedures across public services, in particular the process for NHS '*Putting Things Right*'. The Social Services Complaints Policy reflects the requirements of the new legislation and full details of the new policy can be viewed online at: <https://www.swansea.gov.uk/article/6520/Making-a-Comment-Complaint-or-Compliment-about-Swansea-Social-Services> . The

legislation requires the reporting of additional information which has been incorporated into this report.

- 1.3 Swansea Council Adult Services are committed to ensuring that concerns raised are listened to and resolved quickly and efficiently. Lessons learned from this process are fed back to relevant teams and used wherever possible to improve future service delivery.
- 1.4 Our aim is to resolve complaints at the earliest opportunity and teams are encouraged to be proactive in achieving this goal.
- 1.5 Where someone has been deemed 'not eligible' to utilise the social services complaint procedure in accordance with guidance/legislation, their complaints may be dealt with under the corporate complaint procedure. This ensures that everyone is able to voice their concerns and that a complaints mechanism is accessible to everyone.
- 1.6 Appendix 1 contains all tables referred to in this report.

2. Total Complaints received during the reporting period

- 2.1 **Table 1** shows this year's total complaints received by the Complaint Team in respect of Adult Social Services with the previous two years' figures for comparison. The total number of Stage 1 complaints received this year has increased by in comparison with figures for the previous year.
- 2.3 Under the Social Services complaints policy, both the old and new legislative framework allow complainants to immediately request a stage 2 investigation. Through efforts to resolve complaints internally wherever possible, the number of stage 2 complaints this year has decreased to four.

3. Analysis of Stage 1 Complaints

- 3.1. A detailed breakdown of the Stage 1 Complaints received by Service Area is shown in **Table 2**. Complaints need to be acknowledged within 2 working days, and in **91%** of cases where complaints proceeded to conclusion, discussions took place within 10 working days, this was slightly down on the previous year at **94%**.
- 3.2 Complaints have been broken down by individual service team this year, in order to provide greater clarity on specific areas where complaints are being received. This will help with the identification of systemic issues and trends which can then be scrutinised more closely within those teams affected.

4. Stage 2 Complaints

- 4.1 Complaints are considered at Stage 2 of the complaints procedure either where we have not been able to resolve the issues to the complainant's satisfaction at stage 1, or the complainant has requested that the matter be immediately considered at Stage 2.

- 4.2 Both the old and new social services complaint regulations give an eligible complainant a statutory right to request Stage 2 of the process. Complainants are able to request that their complaint is dealt with directly at Stage 2 should they wish, and is not dependent on having been investigated at stage 1 or the outcome at stage 1.
- 4.3 An independent person is commissioned for a Stage 2 investigation. A formal report is produced which presents the facts and considers the feelings around the difficulties to suggest ways to move forward. Resolution and applying lessons learned is the prime objective of the complaints procedure.
- 4.4 **Table 3** provides a summary of the complaints handled at Stage 2 of the complaints process.
- 4.5 The Social Services Complaints Procedure has set criteria as to who can raise a complaint under that policy. Where an individual is not eligible to make a complaint under the Social Services complaints policy, their concerns will be handled through the Authority's Corporate Complaints Procedure.
- 4.6 The timeframe for dealing with Stage 2 complaints is 25 working days under the Social Services complaints policy, or within a reasonable time agreed with the complainant due to the complexity of a case or where enquiries could be extensive to provide a comprehensive review. For complaints made after the implementation of the new regulations, where an extension of time is sought this will normally only be granted with the permission of the Chief Social Services Officer or other delegated officer on their behalf. All investigations this year were subject to extended periods of time.
- 4.7 Whether the complaint is upheld or not, staff need to reinstate confidence in a good working relationship with the service user or their representatives, to move forward following the formal Stage 2 Process. There have been 7 complaints taken to Stage 2 in this reporting period.
- 4.8 **Summary of Stage 2 complaints**
- 4.9 Case 1: Adult Corporate – dissatisfaction with consultation. 6 Complaints, none upheld
- 4.10 Case 2: Community Support Team
- Dissatisfaction with service 7 complaints of which 4 were partially upheld, one upheld, and 2 not upheld. This complaint impacted on one service user as was in relation to meeting with friends from a previous service.
- 4.11 Case 3: Care Home Quality Team.
- Dissatisfaction in relation to the care a relative received a care home. None of the complaints were upheld.

4.12 Case 4: Community Support Team

Financial Issues relating to Direct Payments.

There were 16 complaints, of which 6 were upheld in part, 9 were not upheld and 1 was resolved. An apology was offered for the delay in receiving the assessment in a timely manner and the number of Social Workers that have dealt with the case. It was also recommended that the direct payments hours should be clarified and reviewed to ensure that the hours provided are a realistic amount for the purposes of supporting the service user to reduce isolation and to participate in the community.

5 Complaints made to the Public Services Ombudsman for Wales (PSOW)

5.1 The remit of the Public Services Ombudsman for Wales is to identify whether a member of the public has suffered hardship or injustice through maladministration, or identify where services have fallen below a reasonable standard. There is an obligation for a report to be produced on any investigation the office accepts. The reports produced are defined under two separate headings. Section 16 (Public Interest) Reports, for which there is a requirement for the Authority to publish details and Section 21 Investigation Reports which do not need to be published. Further details of the role of the PSOW can be found at <http://www.ombudsman-wales.org.uk>

5.2 The PSOW has produced his Annual Letter for 2018/19 which can be seen online at:

<https://www.ombudsman.wales/wp-content/uploads/2019/08/Swansea.pdf>

The council received 13 queries from the Ombudsman in relation to social services, none of which were investigated. Two of which were referred back into the complaint process to be investigated via stage 2 of the complaint process and one was referred back for a new assessment.

6. Reasons for complaints and their outcome

6.1 Further analysis of the reasons for complaints is shown in **Table 4**. Whilst service users have unique and complex individual circumstances, complaints have been grouped under 'best fit' generic headings for reporting purposes.

6.2 Wherever possible, lessons are learned and improvements are made to service delivery when a complaint is upheld. 27% of complaints were justified/partly justified this year, slightly down on last year (32%)

7. Advocacy

7.1 Advocacy services exist to represent service recipient's views and feelings when dealing with organisations. Social Services engage in statutory arrangements to ensure the welfare of clients with mental health and learning disability needs where capacity is compromised and provide signposting to other organisations providing such services for all clients.

7.2 The Complaints Officer will work with groups and organisations providing advocacy services, to address issues and promote the provision of assistance to service-users through the complaints process. Effective engagement with advocacy services empowers more individuals and groups to make use of the complaints process at the earliest opportunity.

8 Compliments

8.1 Adult Services have received in excess of **98** compliments over the course of the year. At the point of service delivery, service users, relatives or friends can convey their appreciation more formally through the Comment or Compliment process. Set out in **Table 5** are examples of some of the compliments which have been passed to the complaints team in relation to Adult Services. The individual staff members have been made aware of the compliments concerning them, as has the Head of Service.

8.2 Compliments received are an equal reflection of individual and team efforts and Adult Services teams should be encouraged by their successes having regard to compliments received.

9. Equality and Engagement Implications

9.1 There are no direct equality and engagement implications arising from this report.

10. Financial Implications

10.1 All costs incurred in dealing with complaints have to be covered within existing Budgets in Corporate Services.

10.2 External Independent Investigators and Independent Persons may be appointed to deal with some complaints in accordance with legislation. The cost to the Authority of providing this service in 2018/19 for Adult & Directorate Services was **£7,695**, (down £7,165 on the previous year)

11. Legal Implications

11.1 Complaints should be administered in accordance with the regulations outlined in paragraph 1.2 above.

Background papers: None

Appendices: Appendix 1 – Statistical Data Tables

Appendix 1 – Statistical data in Tables

Table 1 - Total number of complaints received by Complaint Team				
	Year	2016/17	2017/18	2018/2019
Service Requests		29	27	27
Corporate		19	18	25
Stage 1		100	138	135
Stage 2		4	7	4
Ombudsman		5	7	13
Totals		157	197	204

Table 2 – Stage 1 Social Services complaints by Service Area	Total
Adult- Commissioning & Partnership	0
Adult- Community & Intermediate Care Services	0
Adult- Health & Home Care	1
Adult Safeguarding	1
Bonymaen Residential Home	1
Care Home and Quality Team	4
Central Hub	7
Client Property and Finance	0
CMHT 1	0
CMHT 3	3
CMHT 4	0
Community Alarms	1
Community Services Hub	6
Community Support Team	3
Contracting	2
Cwmbwrla Day Service	0
Dcas Central Hub	6
Dcas North Hub	3
Dcas West Hub	0
Direct Payments	1
Deprivation of Liberty (DoLs)	2
Financial Assessments	0
Financial Issues	12
Hospital social work team	5
Intake Team-CAP MDT	2
Llanfair	0
Long Term Home Care Team	2
Long term care and complex team	1
Morrison Hospital	1
North Hub	28
Occupational Therapy Service	1

Occupational Therapy Unit	1
Older People Community mental health	1
Older people, residential & day services	1
Other Agency	4
Referred to Health	3
Safeguarding	5
Safeguarding and wellbeing	1
Ty Einon	1
Unknown	18
West Hub	5
Western Bay Adult Safeguarding	1
Whitehorn IDS	1
Total number of Stage 1 SS complaints	135

Table 3 – Stage 2 Social Services complaints by Service Area		Total
Service	Outcome	ID
Budget Consultation	6 complaints, none upheld	Case 1
Community Support Team	7 complaints, 4 partially upheld, 1 upheld, 2 not upheld	Case 2
Care Home Quality Team	No complaints upheld	Case 3
Community Support Team (financial issues re Direct Payments)	16 Complaints, 9 not upheld, 6 partially upheld, 1 resolved	Case 4

Safeguarding concerns															5			
Staff attitude		1		1						1				2				
Unhappy with action taken	2	1	2	2					1		2	1	1			1	1	
Unhappy with charges levied	2	3		1														
Unhappy with decision		1								1					1			
Unhappy with level of service	4	3	2				1			1								
Unhappy with response					1		1								1			
Unknown				18														
Withdrawal of service	1							1										
Totals	27	20	10	27	6	0	3	5	3	7	5	1	3	4	7	1	5	1

Table 5 – Examples of Compliments Received

Teams	Compliments Received
Cwmbwrla OPMHT	We are both very grateful to you....it is so refreshing to meet a professional who understands the importance of not just person centred care but also relationship centred care. You captured the essence of mum as a person from a few occasions of meeting her when clinical staff had 7 weeks and still could not see what we were saying. A huge thank you from the bottom of our hearts.
Hospital SW team	A has been brilliant during this time. She has been so professional, patient and kind. She has been available on a daily basis constantly updating me either via email or phone. My cousin is not what you would describe an easy man to deal with and Anna has been calm and stoic with handling his behaviour. She has managed the situation with a great sense of humour and firmness. A has now secured a wonderful placement so that he can continue to convalesce and I am hoping he will continue to progress after his discharge today
Bonymaen House	You and your staff have given us our life back, and for that we are grateful to a degree that we can't put into words. Your service is outstanding, and the standards to which you work are superior to any we had encountered in previous months. We sincerely hope that you all will continue with the work that you do with passion, and with all your heart - and that is, probably, what makes the greatest difference of all!
Cwmbwrla Day Centre	Letter from Ambulance Service thanking Day Service driver for calling 999, looking after patient until help arrived and then driving patient to the hospital and providing support that was above and beyond what would normally have been expected.
North Hub	M is relatively new to adult services and was covering duty social worker on Monday of this week. We had an issue with one of our service users . M went to Clydach to visit Mrs X to discuss a possible placement and found her condition to have deteriorated further. He telephoned 999 and the family and remained with her, liaising with the first responder and then waiting until almost 8pm for the ambulance to arrive. During this time he provided Mrs X with reassurance and care including giving her sips of water. His attitude was one of caring, consideration and great concern for a very vulnerable elderly lady. I was extremely grateful to him and impressed with the lengths he went to which was over and above what would generally be expected. I believe that he should be commended on his service and supported to continue with the amazing attitude to his job that he has.
Central Hub	I would like to thank L for listening and taking into account my concerns when assessing my mother. She has also recognised the need for increased care at home. I am confident that going forward L and I can work together to provide my mum with the care she needs. L's pragmatic approach and willingness to work with me has been greatly appreciated.
West Cross Day Service	People are very quick to complain about services these days - I would like to applaud one of Swansea's services and give credit where it is well and truly due. Yesterday I attended an 'awards ceremony' for the

	<p>service users at West Cross Day Service for adults with various learning difficulties. My daughter attends and has done for several years. At the ceremony each and every individual's various achievements were recognised and applauded. The atmosphere was truly one of celebration, inclusion and fun. It was most enjoyable and worthy of praise. However what was missing was applause for the incredible staff who work on a daily basis with the service users. People who attend have complex and profound difficulties of varying degrees, especially with communication. And yet each and every person was totally involved, aware and appreciative of the proceedings. It was a pleasure to witness adults who have difficulty making contact being included and participating. The staff obviously know each one and how to include them and encourage them to not only take part but also to really enjoy the experience. I was more than impressed. I know from my own experience how my daughter has 'blossomed' under the care of the people who work with her. This is entirely due to their dedication, hard work and sense of who she is and what motivates her. I imagine it is the same for the other service users. The staff certainly seem to be performing 'magic' as far as I am concerned. So I just wanted to record my thanks, and to bring to your notice the excellent service provided by these workers. Thank you!</p>
Local Area Co-ordinator	<p>It was great seeing you I don't know what it is but I am always on a high when I have been up to see you, it's hard to explain but when I was thinking of ended my life when I was really poorly in the early days & when you started working with me you helped me a lot, then I started to think just maybe life was worth living after all and look at me now, I still have my off days but not as much as I was before so thank you for giving me my life back</p>
Social Worker	<p>Thank you card and email - thank you for the care and attention over the last 14 months, it's been very much appreciated. C - you have been involved with Dad's Care since August 2017 and have supported both Dad and myself during this time and for that we will be forever grateful. Your professionalism and skill throughout has been exemplary and has mitigated any anxiety we would expect to encounter on what is a bewildering journey to the uninitiated in elderly care. I would be grateful if you could forward on my email to your manager as this praise is well deserved and should be recognised.</p>
Long Term Homecare Team	<p>I wanted to thank you and all the carers in your team for the care given to my Aunt over many years. My Aunt would not have attained such a great age without the superb care she received and the diligence, respect and professionalism of the Carers have been absolutely tremendous. Please pass on our very deep gratitude and most sincere appreciation to your colleagues for the tremendous job you all do.</p>
Local Area Co-ordinator	<p>When A came into my life, I can honestly say I was at a point of sheer desperation. I am an 83 year old active lady who looks after my 85 year old severely disabled husband who has vascular dementia. My</p>

	<p>friend suggested I telephoned A although I didn't know what at the time she could do for me. She has been a ray of sunshine in my life, sorting out a smoke alarm, talking to me about what's available, taken me to the carers centre, re introduced me to clubs I had previously been a member of and most importantly facilitating a sitter for my husband for me to go to the hairdressers and old age club once a week. Without her intervention I really don't know what I would have done as I was absolutely exhausted and depressed. Had I not met her, I honestly believe that such was my exhaustion I would probably have ended up in hospital and my husband in a care home, a situation I pray every night won't happen as we have been married for 63 years and never been apart.</p>
Central Rehab team	<p>My mother (91) fell and broke her shoulder and I'd like to thank the team who swung into action. Not only did they provide support for my parents but also for my dad (who is 95 with vascular dementia) but also to my brother and I. Special mention to the ladies who made a difficult time for the family a little easier. All three showed a genuine sympathy and professionalism when sorting things out for us. I know that social services come in for all manner of criticism but I cannot thank your team enough.</p>
Hospital Social Work Team	<p>I just wanted to say thank you for what you did for dad this year. We still have the four carers a day but they are living at home and getting out on the bus - dad can walk with 2 sticks a good distance! He is doing an exercise class every week and loves it and we have got him regular private physio. All of this is down to the call you made to let us take him home. We have all lost weight and sleep, particularly that first horrendous month. You did prepare me though and said it would be tough- boy, it was! But regardless of what happens in the future you gave him the chance to recover from the delirium, which we all know wouldn't have happened if he went into a home in that state! I am emailing you as I think it important you know what a difference you make, as did the Ward Sister, who like you, believed in us.</p>
Re-enablement	<p>I would like to convey my thanks and appreciation to the team without which I would not have been able to return to my own home after a recent operation. Their cheerful happy faces brighten up my day and blow away any depressive thoughts. Nothing is too much trouble for them all, many thanks once again.</p>
Re-enablement	<p>I thought it important to inform you of what is happening at the grassroots of the Social Services Domiciliary Care. Re-enablement Team, Gorseinon Hospital, for 6 weeks from the 5th January 2019 the above team of Community Care Assistants had been visiting our home three times daily to care for my 86 year old husband. Their dedication to their work was very impressive, demonstrating very high standards of care and ensuring his dignity at all times. Their kindness and understanding to ensure his needs were met was greatly appreciated. I was extremely grateful for their support as I am his main carer and have been for many years</p>

Agenda Item 8



Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel – 17th March 2020

BRIEFING ON SICKNESS LEVELS IN ADULT SERVICES

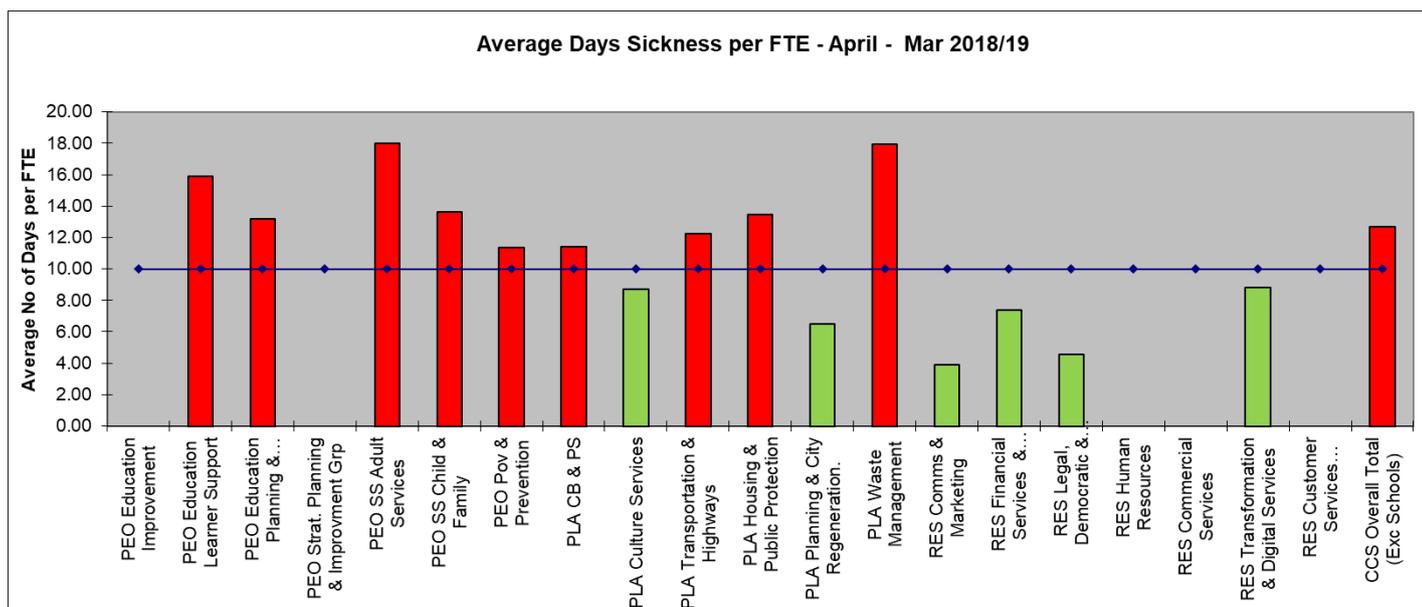
Purpose	To provide a briefing requested by the Panel on sickness levels in Adult Services
Content	<p>This report includes a summary of comparative sickness data across Adult Services for years 16/17, 17/18 and 18/19 including:</p> <ul style="list-style-type: none">• Average and total sickness days lost measured against the Corporate sickness target;• How that sickness information measures against other Service areas;• Top 5 sickness reasons;• Long term and Short term sickness absence distinction. <p>We are unable to provide figures for 19/20 until the end of the financial year (i.e. 31.3.20)</p>
Councillors are being asked to	Consider the information contained in the report
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	Alex Williams, Head of Adult Services
Report Author	Carryl Evans Principal HR & OD Business Partner 01792 636098 carryl.evans@swansea.gov.uk

Average Days Sickness for April 2017 to March 2018 and April 2018 to March 2019 by Service Unit measured against the Corporate sickness target

Service Unit	Av. Days	Av. Days	Trend	Av. Days
	FTE	FTE		FTE
	Apr - Mar 2018	Apr - Mar 2019		Target
PEO Education Improvement	3.05			10.00
PEO Education Learner Support	13.17	15.88	↑	10.00
PEO Education Planning & Resources	10.86	13.17	↑	10.00
PEO Strat. Planning & Improvement Grp	2.24			10.00
PEO SS Adult Services	15.79	17.99	↑	10.00
PEO SS Child & Family	13.61	13.60	↓	10.00
PEO Pov & Prevention	9.57	11.37	↑	10.00
PLA CB & PS	11.33	11.40	↑	10.00
PLA Culture Services	9.00	8.69	↓	10.00
PLA Transportation & Highways	12.22	12.23	↑	10.00
PLA Housing & Public Protection	9.54	13.46	↑	10.00
PLA Planning & City Regeneration.		6.49		10.00
PLA Waste Management	15.64	17.91	↑	10.00
RES Comms & Marketing	3.33	3.89	↑	10.00
RES Financial Services & Service Centre	8.88	7.39	↓	10.00
RES Legal, Democratic & Business Intelligence	7.95	4.56	↓	10.00
RES Human Resources	10.41			10.00
RES Commercial Services				10.00
RES Transformation & Digital Services	7.04	8.81	↑	10.00
RES Customer Services (Transformation)	9.47			10.00
CCS Overall Total (Exc Schools)	11.98	12.67	↑	10.00

NB. The gaps against certain Service Units i.e. Customer Services (Transformation) are as a result of reorganisation and restructure where those Service Units are no longer standalone or exist.

The most up to date figures for 18/19 as shown in the above table are represented in the graph below:



Annual Average Number of Days Sickness (per FTE) - Comparison by Service Unit (March 2011 to March 2019)

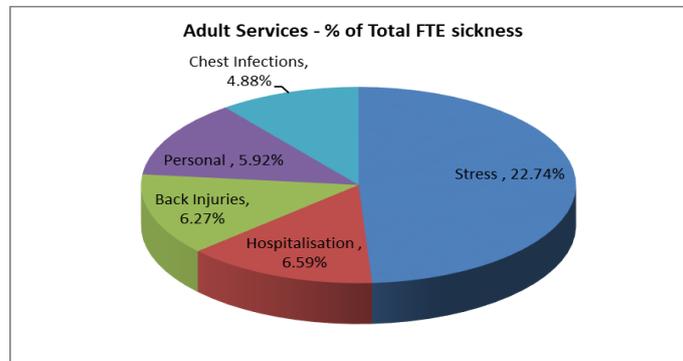
Service Unit	2010/11	2011/12	2012/13	2013/14	2014/15	2015/2016	2016/2017	2017/2018	2018/2019
Education Improvement	7.03	7.61	7.63	10.17	8.69	7.14	4.23	3.05	
Education Achievement & Partnership									14.04
Education Learner Support						15.58	16.23	13.17	15.88
Education Strategic Planning & Imp.						2.17	3.50	2.24	
Education Planning & Resources	21.10	18.67	19.01	12.46	14.42	5.48	8.76	10.86	13.17
SS Adult Services	24.50	23.53	21.76	15.00	15.60	15.79	15.83	15.79	17.99
SS Child & Family Services	10.48	11.90	13.18	9.76	13.78	10.73	12.91	13.60	13.61
Poverty & Prevention	0.00	0.00	0.00	6.71	8.83	12.00	9.72	9.57	11.37
CB & PS	9.33	8.97	8.95	7.18	9.82	8.20	11.45	11.33	11.40
Tranportation & Highways	12.45	10.31	7.66	9.48	11.46	10.28	13.99	12.22	12.23
Waste Management	17.27	16.04	14.49	10.69	12.60	16.46	17.33	15.64	17.91
Culture, Sport & Tourism	9.22	9.68	8.11	7.11	6.73	7.12	7.51	9.00	8.69
Property Services									7.24
Econ Regen & Planning	10.26	11.94	8.40	9.23	7.97	6.17	7.15	10.56	
Planning & City Regeneration									6.49
Housing & Public Protection	12.10	9.29	7.91	7.82	10.19	10.00	10.30	9.54	13.46
Commercial Services	0.00	0.00	0.00	0.00	0.00	3.45	1.71		
Communication & Marketing	6.35	8.52	5.62	5.44	11.86	6.39	10.18	3.33	3.89
Customer Services								9.47	
Finance	10.22	9.25	9.13	8.65	13.40	11.14	10.55	8.88	7.39
HR & OD	5.22	8.21	9.04	7.68	9.49	9.15	9.62	10.41	
Transformation and Digital Services	6.18	7.94	5.62	6.32	4.94	5.77	7.69	7.04	8.81
Legal & Democratic & Procurement	9.87	5.67	9.12	7.06	7.84	7.68	10.82	7.95	4.56
Overall Total	12.55	11.55	11.32	8.79	9.56	11.82	12.61	11.98	12.97

NB. Again the gaps against certain Service Units as above represent reorganisation and restructure.

Top 5 Sickness reasons in Adult Services

Top 5 Absence Sickness Reasons 01 April 2018 to 31 March 2019	% of Total FTE Sickness
Stress	22.74%
Hospitalisation	6.59%

Back Injury	6.27%
Personal	5.92%
Chest Infection	4.88%



Previous Annual Comparison of Top 5 Sickness reasons in Adult Services

Adult Services - April - March 2016

Absence Reason	% of Total FTE sickness
Stress	27.4%
Hospitalisation	10.0%
Stomach Complaints	7.4%
Lower Limb Injuries	6.7%
Personal	5.7%

Adult Services - April - March 2017

Absence Reason	% of Total FTE sickness
Stress	19.96%
Hospitalisation	10.22%
Lower Limb Injuries	9.57%
Gynaecological	7.12%
Back Injuries	5.67%

Adult Services - April - March 2018

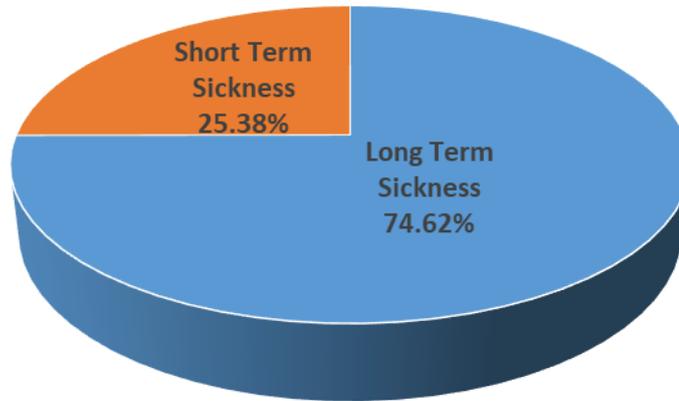
Absence Reason	% of Total FTE sickness
Stress	19.25%
Hospitalisation	8.13%
Back Injuries	5.94%
Lower Limb Injuries	5.69%
Personal	5.52%

Adult Services Short Term/Long Term Sickness Absence Split (1 April 2018 to 31 March 2019)

Service Area	Total FTE Long Term Sickness Days: 01-04-18 to 31-03-19	Total FTE Short Term Sickness Days: 01-04-18 to 31-03-19	Total FTE Sickness Days: 01-04-18 to 31-03-19
Adult Services	11804.3	3942.9	15747.2

Adult Services Short Term / Long Term Sickness Absence Split

01 April 2018 to 31 March 2019



Previous Annual Comparison of Adult Services Short Term/Long Term Sickness Absence Split

Period	Long Term FTE Sickness Days	Short Term FTE Sickness Days
April 2017 to March 2018	10133.4	3929.6
April 2016 to March 2017	11236.7	3741.2
April 2015 to March 2016	11257.1	4236.2

Agenda Item 9

ADULT SERVICES SCRUTINY PERFORMANCE PANEL WORK PROGRAMME 2019/20

Meeting Date	Items to be discussed
Meeting 1 Thursday 20 June 2019 4.00pm	Wales Audit Office report on Housing Adaptions <i>Andrea Lewis, Cabinet Member for Homes and Energy</i> Panel Review of the year 2018/19 and draft Work Programme 2019/20
Meeting 2 Tuesday 30 July 2019 4.00pm	Performance Monitoring <i>Deborah Reed, Interim Head of Adult Services</i> Update on West Glamorgan Transformation Programme arrangements following review <i>Nicola Trotman, Interim Director</i> Review of Final Budget Outturn <i>Deborah Reed, Interim Head of Adult Services</i> CIW Local Authority Performance Review <i>Dave Howes, Director of Social Services</i>
Meeting 3 Tuesday 20 August 2018 4.00pm	Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home
Meeting 4 Tuesday 24 September 2019 4.00pm	Supported Living Developments for Mental Health and Learning Disability Services Procurement Practice and Assurance in Social Care <i>Peter Field, Principal Officer Prevention, Well-being and Commissioning</i>
Meeting 5 Tuesday 29 October 2019 4.00pm	Performance Monitoring Update on Transformation Programme <i>Deborah Reed, Interim Head of Adult Services</i> Commissioning of Residential Care (quality of service/contracts; financial stability) (Referred from SPC)
Meeting 6 Tuesday 19 November 2019	Telecare and Community Alarms Mini Commissioning Review Workforce Development Plan

4.00pm	Discussion Paper on Improving Performance Data <i>Tony Beddow</i>
Meeting 7 Tuesday 17 December 2019 4.00pm	Briefing on Carers Assessments Update on Local Area Coordination
Meeting 8 Tuesday 28 January 2020 4.00pm	Performance Monitoring Update on how Council's Policy Commitments translate to Adult Services <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i> Briefing on Annual Review of Charges (Social Services) 2019-20 <i>Dave Howes, Director of Social Services</i>
Meeting 9 Monday 17 February 2020 11.30am	Draft budget proposals for Adult Services (last year's report to be provided too, to see what has been achieved) West Glamorgan Transformation Programme – Update and 3 case studies <i>Kelly Gillings, Programme Director</i>
Meeting 10 Tuesday 17 March 2020 4.00pm	WAO Report - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 <i>Simon Jones, Social Services Strategy and Performance Improvement Officer</i> Adult Services Complaints Annual Report 2018-19 Briefing on Staff Sickness in Adult Services
Meeting 11 Tuesday 28 April 2020 4.00pm	To be confirmed
Meeting 12 Tuesday 19 May 2020 4.00pm	Performance Monitoring Update on Transformation Programme <i>Alex Williams, Head of Adult Services</i>

Future Work Programme items:

- Update on RNIB (keep on forward agenda – CM to update)
- Options Appraisal for Assistive Technology and Community Alarms (August 2020)
- West Glamorgan Transformation Programme (update on Citizen's Panel and stakeholder engagement) date tbc
- Wales Audit Office Reports (dates to be confirmed):
 - Integrated Care Fund (Joint Adult Services and CFS)

Councillor Peter Black
Convenor
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
Our Ref: MC/CM
Your Ref:
Date: 2nd March 2020

Dear Councillor Black

Thank you for your letter following the Panel meeting on 28th January 2020.

Further to the specific queries, raised in your letter, I can respond as follows.

In relation to the current position on Local Area Coordination, Adult Services is in the process of pulling together the full picture in terms of current and future coverage and as soon as I have this, I will ensure that this is shared with you. I can also confirm that a briefing on Liberty Protection Safeguards (the successor to DoLS) will be shared with the Panel in due course.

With respect to the point raised surrounding the process for recovering debt, I have sort clarification from the Finance department who have provided the following very detailed explanation.

The overarching principle under which we recover care charges owed to the Council is that if a person fails to pay what they owe, the cost of their care falls on the Council Tax payers of Swansea. The contribution of all service users is determined by a financial assessment under Welsh Government legislation, so they have the resources to pay what they are asked to pay. Some people decline the offer of a financial assessment and are therefore required to pay the maximum amount. The implications of not having a financial assessment are explained on our financial assessment form. When recovering social care charges on behalf of the Council, the entire client base is most likely going to be considered vulnerable which will limit the action we can take, even when substantial debts accrue. Our approach is slightly different, depending on the type of charge that has been applied.

Non-Residential care

We pay the care providers the gross cost of the service users' care and then recover the service users' contribution from the service user. A financial assessment determines a service user's contribution towards the cost of their care up to the maximum contribution set by Welsh Government. Currently this is £90 per week in 2019/20 rising to £ 100 per week in 2020/21. The actual cost of care can be much higher than this. Invoices are

issued covering 4 weeks' worth of care, usually 6 weeks after the period ends to allow time for care providers to provide us with the details of the care provided in that month.

Once an invoice has been issued, automatic reminders are sent by our Social Care Income and Finance Team (SCIFT) if payment is not received. These are sent:

- Reminder 1 - 14 days after the invoice.
- Reminder 2 - 28 days after the invoice.
- Final letter before case is passed to our Debt Recovery Team (DRT) - 42 days after the invoice.

The case is then passed to the DRT.

Residential care - Swansea council care homes

Invoices are issued in arrears covering a month's worth of care within 2 weeks after the month ends. Once an invoice has been issued, if payment is not received automatic reminders are sent by our Social Care Income and Finance Team (SCIFT). These are sent :

- Reminder 1 - 14 days after the invoice.
- Reminder 2 - 28 days after the invoice.
- Reminder 3 - 42 days after the invoice.

The case is then passed to the DRT.

Residential care – private care providers only

If a service user resides in a privately operated care home, the care provider is paid net of the service user's contribution. It is the provider's responsibility to collect the amount the service user is assessed as having to pay so that the full cost of the placement is met overall. However, if the client fails to make the necessary payments to the care home, the Council may be required to take on the liability for the charges and pay the care home. The money paid to the care home is then recovered directly from the service user.

You will note that prior to the debt being passed from SCIFT to the DRT, for both residential and non-residential care charges we send more reminders than would perhaps usually be issued when recovering a debt owed to the Council. This is due to the nature of our client base and we consider it good practice to do so. Also, our Finance team will engage clients who contact us to deal with a variety of issues related to care, payments for care and income maximisation, during this period.

We usually send around 1,100 invoices every month. In January:

- 90 of those were sent a first reminder (only 8% were not paid by the deadline date)
- 30 were sent a second reminder (approximately 3% of the original batch issued)
- 11 were sent the final letter before the case was passed to DRT (1% of the original batch issued).

Debt Recovery Team

Once the Debt Recovery Team take over the recovery process, an initial letter is sent to the individual to demonstrate that change of responsibility and to provide another opportunity to make contact with us. There will be a period over which we encourage service users to contact us or we try to make contact with them ourselves and negotiate

repayment. During this period, we continue to allow opportunities to discuss the charge, arrange repayment or to raise any queries. The DRT would send more bespoke letters to clients who have not paid their contribution with the content appropriate to the circumstances of the case. They will also try to speak to the service user / their representative by telephone where appropriate/possible or to contact them by e-mail. However, eventually if a reasonable, mutually acceptable payment agreement cannot be made and where there is a large debt, the case may be submitted to court so that a County Court Judgement (CCJ) can be obtained. This is done only with the approval of Social Services and Legal Services and in a very small number of cases.

We have also set up an escalation process so if we have a service user who has not engaged with us and we feel the situation could be improved by involvement from Social Services, the DRT leader will contact a Principal Officer in Social Services who can ensure that the necessary resources are allocated to try and resolve the situation. This would include situations where we believe a safeguarding issue may exist. A common example of this is where a client is being charged the maximum amount as they have declined to declare their financial circumstances and a social worker might be able to persuade them to do so. If that route cannot resolve the matter and further involvement is needed, there is a final escalation to the Revenues and Benefits Manager and the deputy to the Head of Adult Services in Social Services. Their involvement is intended to cut through any bureaucratic issues that may be causing problems.

If a service user owns a property, the SCIFT team/DRT may request a legal charge be placed on that property to safeguard the debt owed to the Authority. This is done without Court action as it is a power given in the relevant regulations.

No debts owed by services users have been passed to bailiffs. This would be unlikely due to the nature of the client base although it remains an option once a CCJ is granted. No residential care debts owed by service users have been submitted to court as yet, although it remains an option should an appropriate case arise. An example of this might be if there was a self-funding service user, with significant capital, living in residential care. If they failed to pay their care home fees, the authority might be forced to take on the liability for those fees and recharge the client. If they did not pay those recharged fees, court action might be appropriate.

What are described here are the standard processes followed. Our customers present us with many and varied issues and we take a flexible approach to collect the income owed to the authority. For example, in extreme cases, our officers will make regular personal contact with habitual non-payers to chase for payment, sometimes assisted by officers from social services. This is not sustainable for large numbers of cases but as a one-off measure, it can be beneficial.

All of the letters have been updated and softened following feedback from Social Services. Copies of these letters can be provided to the Panel if it would be helpful.

I am aware that the Head of Adult Services has already replied separately on the issue of recording of carers' assessment, but I can confirm that the reason why carers decline an assessment will be built into the design of the WCCIS.

I trust this answers all of the queries the Panel raised in the letter.

I also wanted to take this opportunity to respond to the matter raised at the Panel meeting on 19th November 2019 as outlined in the Convenor's letter dated 9th December 2019, and the brief given by Tony Beddow on improving our understanding *of the agreed range of adult care services and of the performance and budgeting data.*

I have asked the Director of Social Services to speak with relevant Welsh Government officials about the work they are seeking to undertake on this matter and whether and how Swansea Council may become involved, subject to the necessary resources being made available.

Yours sincerely



Y Cynghorydd/Councillor Mark Child
AELOD Y CABINET DROS OFAL, IECHYD A HENEIDDIO'N DDA
CABINET MEMBER FOR CARE, HEALTH & AGEING WELL



To:
Councillor Mark Child
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Date 03 March 2020
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 17 February 2020. It covers West Glamorgan Transformation Programme.

Dear Cllr Child

The Panel met on 17 February to receive an update on the West Glamorgan Transformation Programme and to discuss the budget proposals for Adult Services. We would like to thank you, Dave Howes, Alex Williams 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 learnt 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:

West Glamorgan Transformation Programme

Kelly Gillings, Programme Director attended to update the Panel on the key work streams of the three Transformation Boards, including case studies from across the Programme.

Page 10 - Regional 'hospital 2 home' (recovery) service – We heard that experience suggests the new approach is starting to make a difference but you are waiting for evidence to support this. We queried if data had been analysed of the people found not suitable for this service. We were informed that the West Glamorgan Partnership will need to have this information. The Panel would like to see it once available. We felt the

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advantages of this service to Health are clear and we heard the advantage for the Council is that people can be assessed from home rather than an acute setting and this will save money for the Council by ensuring that people are assessed at the right time and appropriate long-term arrangements are put in which are commensurate with needs.

Page 38 – ‘Hospital 2 Home’ Recovery – We noted that at present the funding is not sustainable. We heard it partly relies on the transformation fund which is time limited. You told us that the intention is to create a system that is financially viable, but it is not about doing it cheaply, it is about doing it well in a different way so it is contributing to sustainability and delivering the best outcomes for those leaving hospital. We heard the ‘Hospital 2 Home’ Service was operational in all areas from December 2019/January 2020 and that overall indications are good that the new model is working. We will want to keep an eye on delayed transfers of care in the Performance Monitoring item at Panel meetings.

Page 17 – CYP Planning Group – We noted that P-CAMHS was non-compliant in October. We would like information on what the target is and how it is being missed, and also information on transition.

We were informed that the Partnership is addressing how people are referred and there is now an officer in place in Swansea and Port Talbot.

Page 28 – We informed you that there was a similar project in Gorseinon recently (Life Time Homes), and that this was a good scheme and would be a good case study for the Partnership to look at.

Page 31 – Social Value Forum – We heard that there is no clear definition from Welsh Government about what this means.

We queried how in terms of the case studies provided, the multi-agency approach has added value. We were informed you are better able to tailor a package to an individual’s environment and do it more readily and save money along the way.

We also discussed the draft budget proposals for Adult Services. Our views and recommendations along with the views and recommendations of the other panels were raised at Cabinet on 20 February 2020 and have been included in a letter from the Service Improvement and Finance Panel to the Leader for response.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised. We do not require a formal written response on this occasion but please provide the following:

- Analysis of data for people found not suitable for ‘Hospital 2 Home’ Recovery Service, when available.
- P-CAMHS - information on what the target is and how it is being missed, and also information on transition.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Black', written in a cursive style.

PETER BLACK
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