



City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: Remotely via Microsoft Teams

On: Tuesday, 20 October 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 Appointment of Panel Convener**
Liz Jordan, Scrutiny Officer
- 3 Disclosure of Personal and Prejudicial Interests.**
www.swansea.gov.uk/disclosuresofinterests
- 4 Prohibition of Whipped Votes and Declaration of Party Whips**
- 5 Minutes of Previous Meeting(s)** **1 - 3**
To receive the minutes of the previous meeting(s) and agree as an accurate record.
- 6 Public Question Time**
Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions will be dealt with in a 10-minute period.
- 7 Performance Monitoring** **4 - 27**
Amy Hawkins, Interim Head of Adult Services
Helen St John, Interim Head of Integrated Community Services
- 8 Briefing on Staff Sickness in Adult Services** **28 - 31**
Amy Hawkins, Interim Head of Adult Services

Helen St John, Interim Head of Integrated Community Services

- | | | |
|-----------|--|----------------|
| 9 | Adult Services Work Programme 2020-21 | 32 - 34 |
| 10 | Letters | 35 - 37 |
| | a) Letter to Cabinet Member (13 July 2020 meeting) | |

Next Meeting: Tuesday, 8 December 2020 at 4.00 pm



Huw Evans
Head of Democratic Services
Wednesday, 14 October 2020
Contact: Liz Jordan 01792 637314

Agenda Item 5



City and County of Swansea

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

Remotely via Microsoft Teams

Monday, 13 July 2020 at 2.00 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)

V M Evans
Y V Jardine
J W Jones
H M Morris

Councillor(s)

C A Holley
P K Jones
E T Kirchner
G J Tanner

Councillor(s)

P R Hood-Williams
S M Jones

Co-opted Member(s)

T Beddow

Other Attendees

Clive Lloyd

Cabinet Member - Adult Social Care & Community Health Services

Officer(s)

Amy Hawkins
David Howes
Liz Jordan
Helen St John

Interim Head of Adult Services
Director of Social Services
Scrutiny Officer
Interim Head of Integrated Community Services

1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Mandy Evans and Chris Holley.

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 17 March 2020 as an accurate record.

4 Public Question Time

No questions were submitted by members of the public.

5 Service Specific Update on Covid-19 Pandemic

Councillor Clive Lloyd, Cabinet Member for Adult Care and Community Health Services introduced this item. He thanked Alex Williams, previous Head of Adult Services for her contribution and stated there had been an internal restructure with two new interim Heads of Service appointed. Dave Howes, Director of Social Services then presented an update on effects of covid-19 pandemic on the service area. He stated that staff within the Council and wider social care and health partners and Local Area Coordinators had been extraordinary in very difficult circumstances. Expecting £3 million overspend when everything is calculated. Department is in 4 week implementation stage of staffing restructure.

Discussion Points:

- Panel queried if there was a link between introduction of virtual assessments and processes and re-prioritising offers of care with revised eligibility. Informed they are not necessarily linked. Virtual home working was about not exposing staff to catching Covid-19 themselves or passing it on to others.
- Recovery plan was discussed. Panel wanted to know if there are any timescales yet and who will be involved. Part of the plan involves restructure of Adult Services and business critical services, with current focus more on day support. Need to be ready to adapt to a surge at any stage.
- Discussion around restructure of domiciliary care and at what stage it becomes a problem. Officers felt it had not had a huge impact, as very few packages stopped all together, most were reduced or amended. It has therefore been an iterative process.
- Panel asked if there was any idea of the impact on residential services. Officers stated that it is going to look very different whilst in this stage.
- Panel felt there is a need for clarity about how day services can open again, as many people are feeling isolated and there is growing concern that the social element needs to be brought back. Informed the Department is looking at alternatives to traditional day services.
- Panel raised the issue of re-prioritising packages of care and eligibility, and asked about the main changes to assessments. Officers confirmed main changes to assessments reflect concerns about the pandemic. Need to have support for people that takes into account the infection will be with us for some time and the approach needs to reflect this. Department does not have all the answers but they will emerge through the recovery plan.
- Cabinet Member commented that the Department will want to look at what worked well in ours, and partners' response; going forward may look different; and out of adversity there is a chance to reshape things for the better.
- Panel asked about infection rates and how detailed the data is we receive on it, and if there is a team specifically for dealing with it. Informed we are linked in with all testing arrangements but Adult Services Department in Council is not overseeing or running this per se. Department is getting timely feedback especially around care homes. Officers feel contact tracing is working well for Swansea and the region.
- Department is working with Health Board to produce a range of performance indicators and this will be built into performance monitoring arrangements.

- Panel believes there is an appetite to realign Health and Social Care, especially in Wales, and that Swansea is in a good position to shape that debate. Officers think the region has been very pro-active and is very well placed to build on what has been learnt. Cabinet Member feels the integrated role in Adult Services in Swansea and the restructure is very exciting and hopes we can build on everything learnt with a wider discussion on Health and Social Care going forward.
- Panel asked about potential loss of capacity in the private sector and possible risks given the financial strains. Department expects £3 million investment on top of what is expected to be paid out to private sector. There has been a lot of impact on care homes.
- Discussed how as a society we have not significantly recognized the social care service and that there is a need as a society to do better.
- The Chair, on behalf of the Panel, conveyed his thanks to all social care staff, health and private domiciliary care staff.
- Cabinet Member stated he was blown away by how staff have responded and gave personal thanks to the Director and Heads of Service and the hundreds of care staff and family carers paid and unpaid.

6 Letters

Letters received and considered by the Panel.

The meeting ended at 3.50 pm

Agenda Item 7



Report of the Cabinet Member for Adult Social Care and Community Health Services

Adult Services Scrutiny Performance Panel – 20th October 2020

ADULT SERVICES PERFORMANCE REPORT

Purpose	<ul style="list-style-type: none">• The purpose of this report is to present the latest Adult Services Performance Information.
Content	<ul style="list-style-type: none">• The Performance Report is designed to monitor performance across Adult Services.• Members will note the report attached. This performance report is the headline indicators which demonstrate the general health of the Adult Services.• Monitoring performance has continued throughout the Covid pandemic and additional Covid specific information is included in the report.• Monitoring Performance is work in progress and there are several areas for future development, specifically in relation to reflecting the new structure of the service with two Heads of Service and their respective areas.• The report demonstrates the areas of business that are performing well and less well, and is designed to be an operational tool to help continually improve service quality and delivery.
Councillors are being asked to	<ul style="list-style-type: none">• Consider the Report
Lead Councillor(s)	Cllr Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services
Lead Officer(s)	Amy Hawkins, Interim Head of Adult Services Helen St.John Interim Head of Integrated Services
Report Author	Amy Hawkins Amy.Hawkins@swansea.gov.uk Helen St.John Helen.StJohn@swansea.gov.uk

Adult Services
Summary Management
Information Headline Report
Data for August 2020



Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives. Our services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Doing What Matters

Adult Services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Agreed Service Objectives for 2020/21*

1. Better Prevention
2. Better Early Help
3. New Approach to Assessment
4. Keeping People Safe
5. Working Together Better
6. Improved Cost Effectiveness

* Agreed pre-Covid, to be reviewed during 2020/21.

Amy Hawkins, Head of Adult Services Summary

The 'Possibilities for People' event was held to bring forward ideas about how to shape and enhance the health and wellbeing of the region. Key themes emerged which will be followed up, following the principles of co-production; community Resilience, future planning, technology, foundational economy and wellbeing.

We continue to see an increased demand for Day Support. The majority of day support buildings have now re-opened, although the capacity is significantly reduced to around 20% and alternative support options continue to be discussed with individuals and carers.

The team are continuing with the review of domiciliary care levels to ensure citizens are receiving the correct level of care and this will free capacity in some cases this has been more than 20%.

The Safeguarding Team are nearly at full staffing capacity and able to manage the majority of adult at risk reports that are received.

DOLS applications continue to be prioritised to dealing with Urgent, Critical and there has been no reduction in the backlog yet, but there has been a slight reduction in the new applications.

There has been a significant increase in the amount of Adult Mental Health assessments requested and an increase in court of protection work.

The core forms and care assessment tools for Adult Services incorporating collaboration communication have been finalised for WCCIS.

Staff based in Civic Buildings are now able to return on rota basis and risk assessments for the adaptation of services to remain covid secure continue to be discussed and agreed with the Unions.

Helen StJohn, Head of Integrated Services Summary

July 1st saw the launch of the Regional Rapid Hospital Discharge guidance following the development work that has taken place at pace and which builds on the Hospital 2 Home scheme launched in December 2019. The RHD work was undertaken as a regional Covid response with the aim of supporting the timely and streamlined discharge from the acute hospital sites. We have effectively created a "front door" single point of contact for hospital discharges with a MDT triage function to ensure that individuals are directed into the most appropriate services to meet their reablement / rehab needs.

The figures for community reablement reflect the significant increase in referrals since the launch of the RHD. This has very quickly absorbed dom care capacity. We are also experiencing increased demand and complexity of needs of those individuals contacting our community front door or Common Access Point. Our reablement dom care services are under pressure in terms of both numbers of those requiring support and the actual support requirements of each individual.

The flow from hospital through Bonymaen House has increased in line with the return to occupancy of the hospital sites. The establishment continues to succeed in supporting return home for most temporary residents following their reablement.

The rate of uptake of carers assessments remains low, which requires a more detailed understanding given the likely impact of the current service restrictions on informal carers during the pandemic. We are also keen to increase the number of carers assessments performed for those who do request them.



Common Access Point

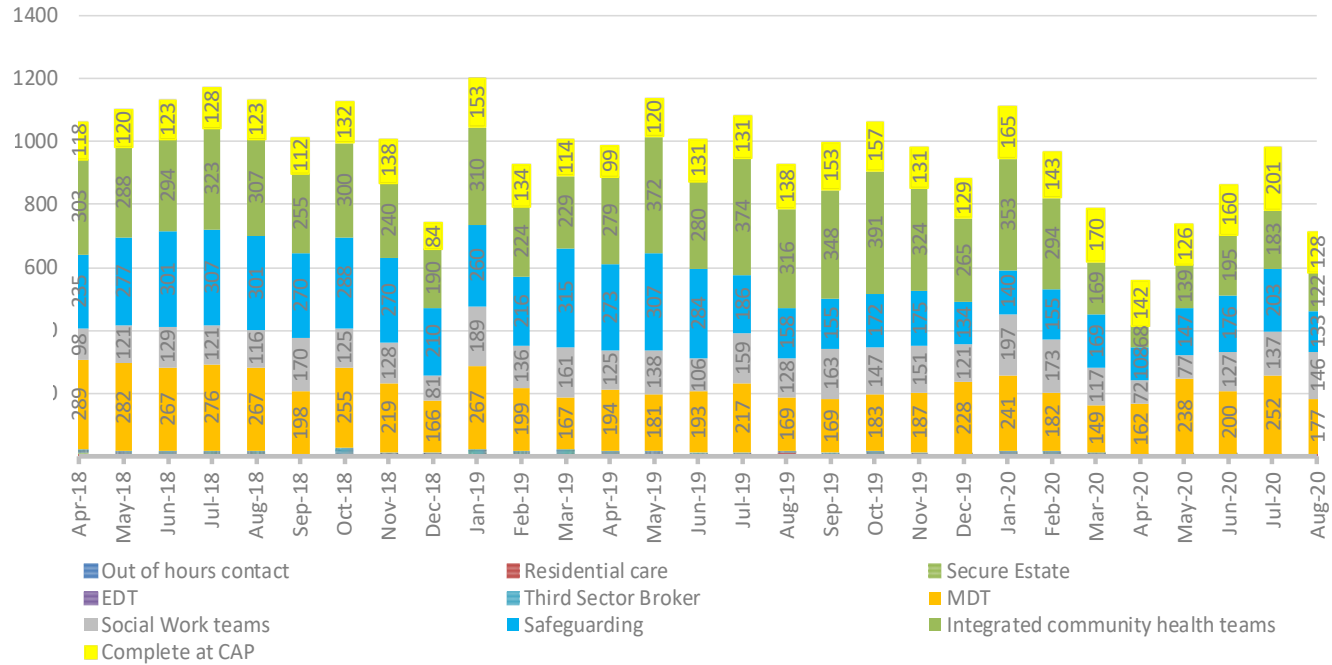
Enquiries created at the Common Access Point

712 enquiries in Aug 20

- 128 Closed at CAP
- 177 MDT
- 133 Safeguarding/Dols/PPN
- 146 to SW Teams

981 enquiries in July 20

- 201 Closed at CAP
- 252 MDT
- 203 Safeguarding/Dols/PPN
- 137 SW Teams



Page 8

925 Enquiries were created by CAP in August 2019
 SW Teams 2019 average was 144 per month

What is working well?	What are we worried about?	What we are going to do?
July saw an increase in contacts from the previous months. However, a low number during August. The team are working closely together, and have been supporting the demand coming through CAP.	Staff sickness and the increase of calls through the system. Deficits in the MDT. Further lockdown measures during the next few months, and the impact of this on carers and crisis work coming through CAP. Complexity of cases in crisis. The decline (percentage) in enquiries received into the Common Access point which we are able to resolve at the single point of contact. This could demonstrate the increased complexity of the types of contact as support/resilience plans put in place in March/April begin to erode.	Recruiting to the MDT and A&I's. Continually monitor the current stats during the development of the restructure. The increased complexity of referrals received into the common access point will be supported by an increased static resource in CAP and additional Care Management support to the same team as part of the restructure. Maintaining this balance will be supported by the planned restructure of social work resource focused upon the key functions of initial assessment & long term reviews.



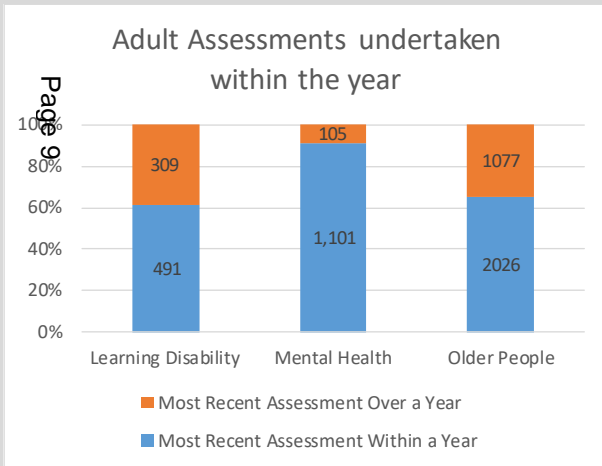
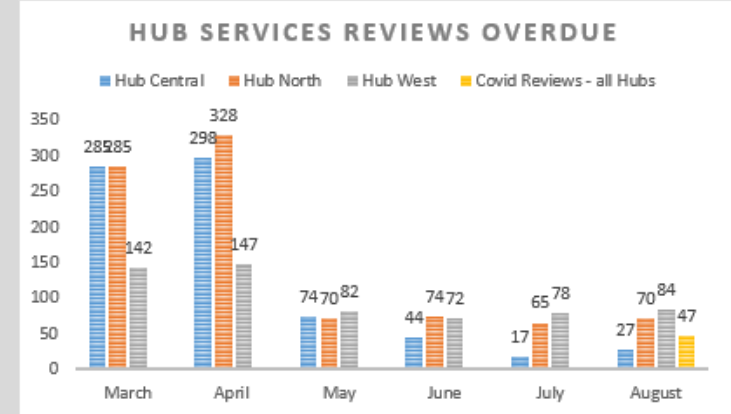
Reviews of Allocated Clients

71%

of all reviews across Adult Services were completed within a year (15 Sep 2020) 3615 of 5106 reviews.

78%

of Hub Services Overdue Reviews have been carried out between March – August 2020



91%

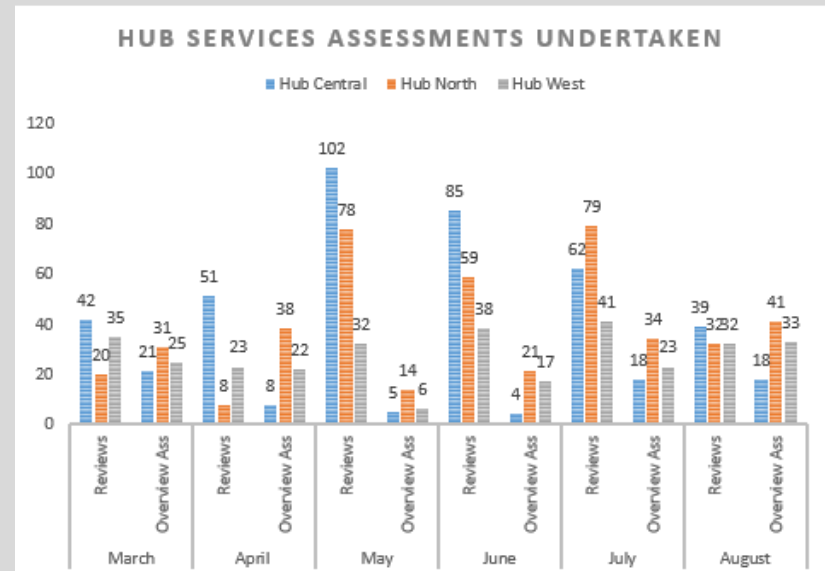
of MH clients were reviewed/reassessed within a year

61%

of LD clients were reviewed/reassessed within a year

65%

of Older People clients were reviewed/reassessed within a year



What is working well?	What are we worried about?	What we are going to do?
<p>The three integrated Hub teams have focussed on completing reviews between May and July and this has significantly reduced the numbers of outstanding reviews.</p> <p>Proposed temporary structure has given us the opportunity to implement changes to statutory responsibilities around annual reviews.</p> <p>Page 10</p>	<p>The number of overview assessments undertaken is lower and there is a need to maintain balance between the two required tasks in the long term.</p> <p>Following the easing of Covid restrictions, the public perception of what our services can provide is difficult to manage. The requirement to provide services at the level previously is expected. However given PHW and WG Guidance we continue to be restricted in this offer and so we will not be able to meet full demand or the expectations of all carers and service users.</p> <p>Initially team changes will merge outstanding reviews and historical data is likely to seem significant.</p> <p>Suggested timeframes are new to team and practitioners and may take time to imbed to achieve increased outputs.</p> <p>COVID19 surge/super surge parameters will impact on the team's ability to complete statutory reviews as practitioners will be required to manage other urgent demands.</p>	<p>We will continue to prioritise risk and service delivery via a RAG rating system.</p> <p>We continue to liaise with users and carers to update them on the offer of services.</p> <p>We continue to seek clarity from PHW and WG regarding interpretation of guidance</p> <p>Timescale expectations have been set with the Long Term Community Team to address the statutory review function which will support focus on function and productivity</p>



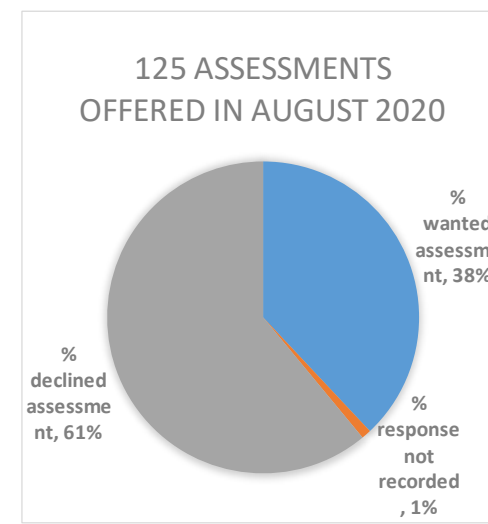
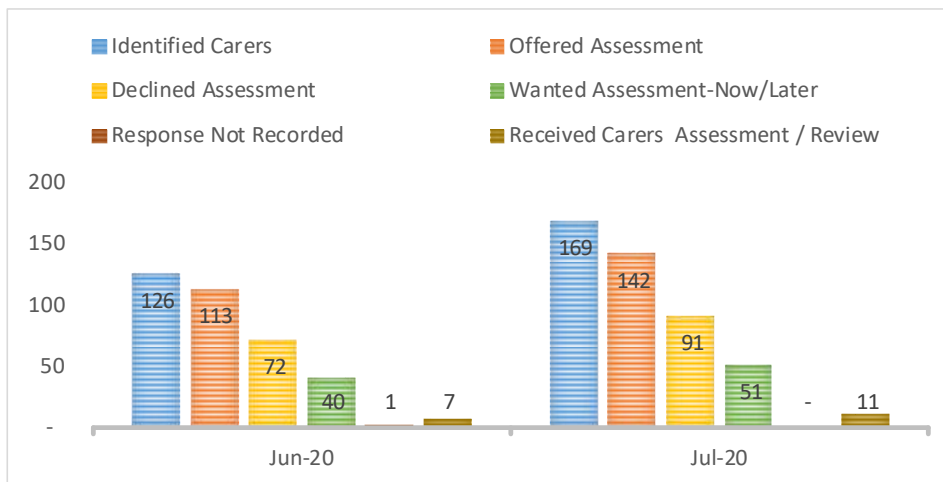
Carers and Carers Assessments

141 carers identified (Aug 20)
125 offered assessment
20 assessments undertaken

Aug 2019: 144 carers identified, 125 offered assessment
 42 declined, 79 wanted (63%), 4 not recorded
 45 assessments undertaken

169 carers identified (July 20)
142 offered assessment
11 assessments undertaken

Assessments wanted:
 38% (Aug) up from 36% (July), 35% (June),
 and down from 40% (May), and 44% (April)

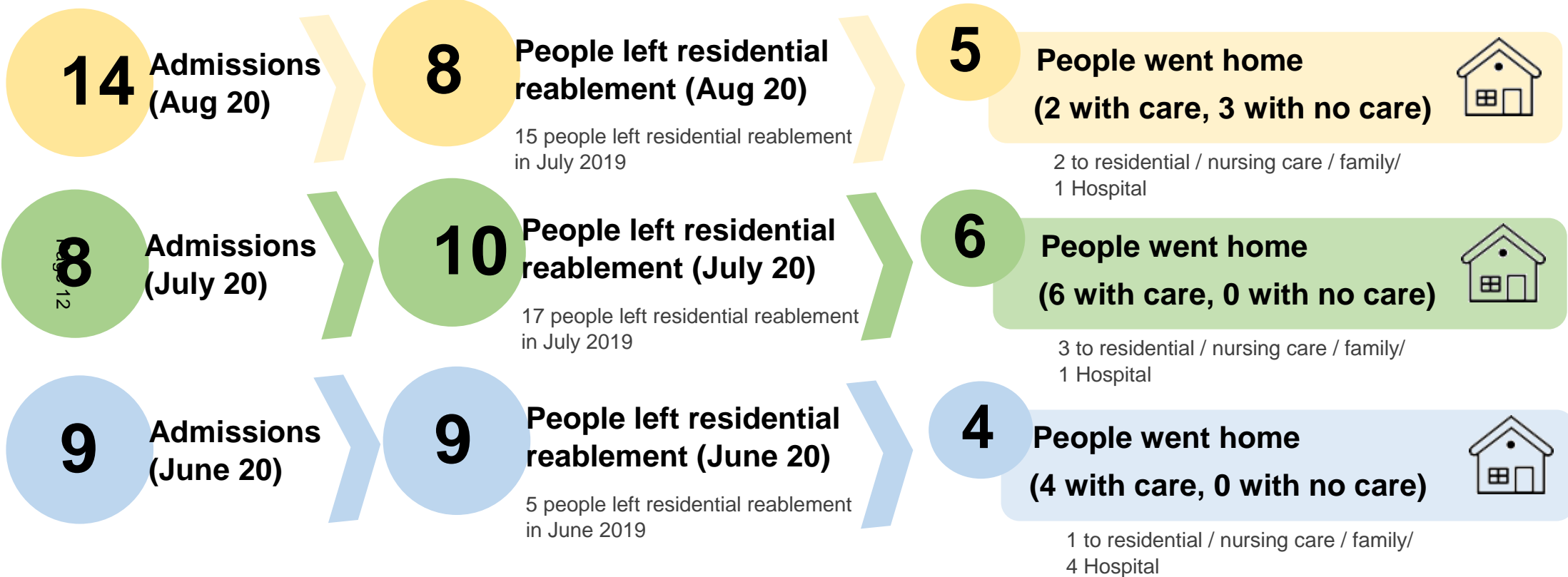


What is working well?	What are we worried about?	What we are going to do?
The data informs us that there are some responses not recorded, which challenges our values and commitment to offer every carer an assessment – this will help us reiterate our message with frontline staff.	We need to understand further the relatively low number of carers requesting carers’ assessment (in the context of the likely demands on this group during the pandemic). We also need to complete more assessments for those that do request them.	Those carers declining an assessment is still high; this topic is being assessed within the Regional Carers Partnership Board, where a working group included carers, are looking at reasons for declined assessments.



Residential Reablement

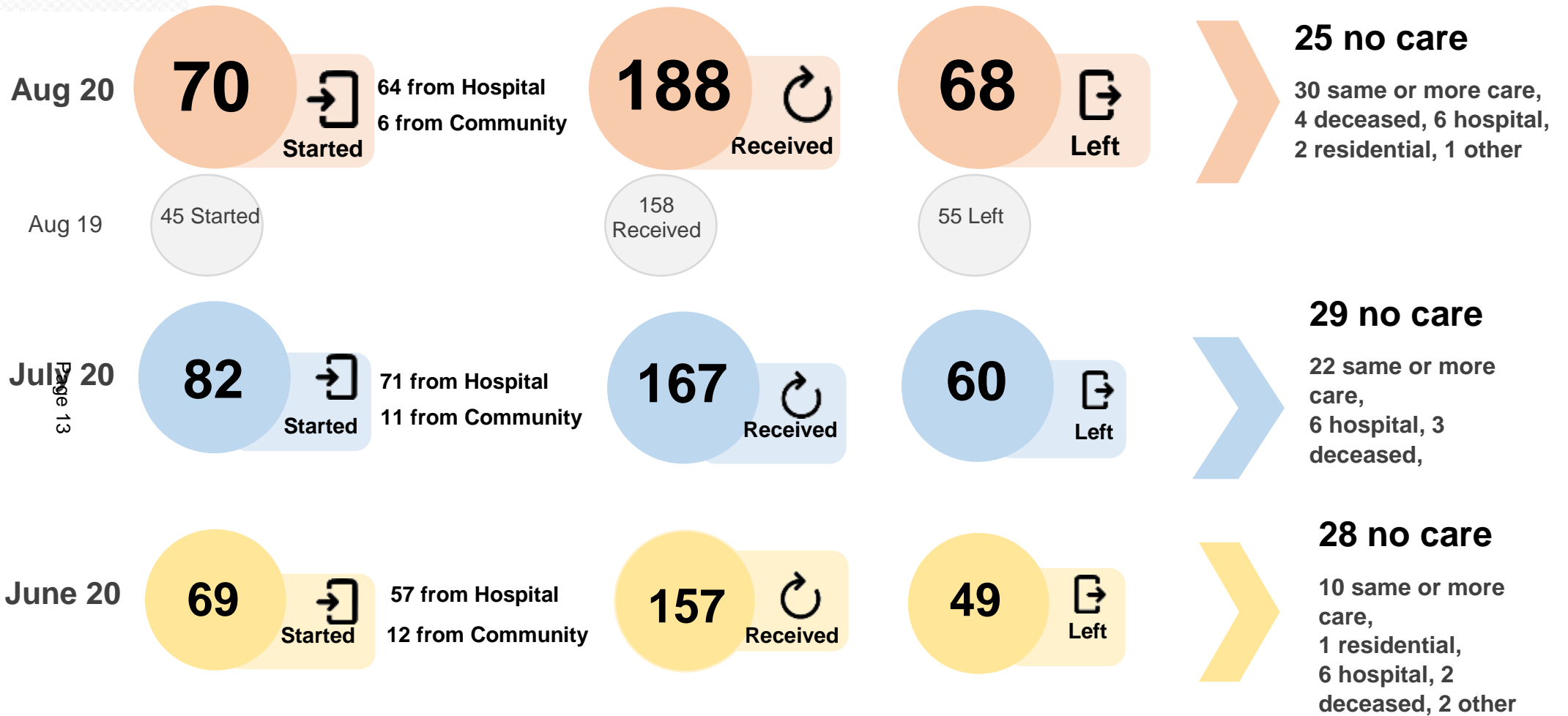
During June, July and August Residential Reablement services had an overall percentage of 56% of people returning to their own homes, independently and with care packages. During April, Step Down Beds were made available in a number of other Residential Care Homes and we are currently working with the Transformation Team on processes and methods to record the necessary information.



What is working well?	What are we worried about?	What we are going to do?
Admissions into Bonymaen House have picked up as the hospitals gradually start to open up.	The reduction in the numbers of individuals returning home with no care needs.	Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage.



Community Reablement



Hours of Reablement Provided a Month

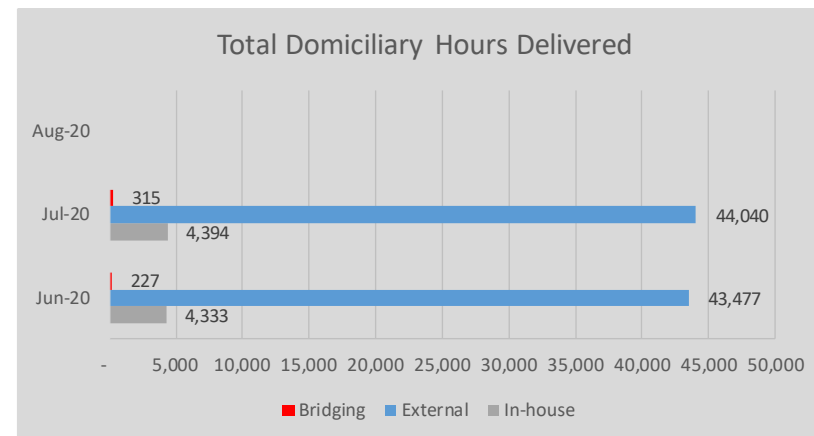
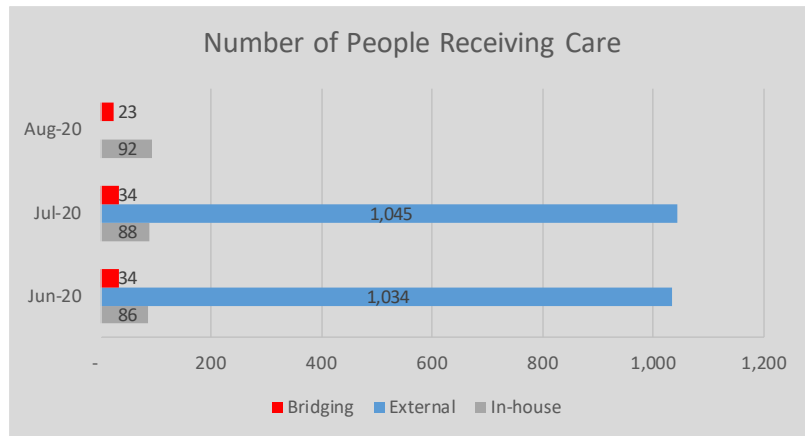
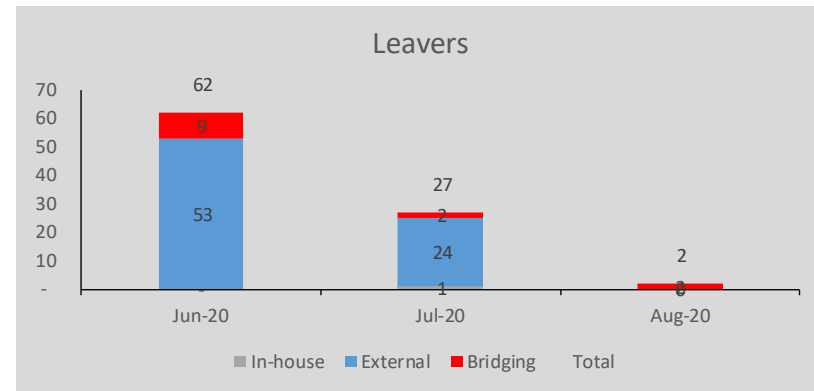
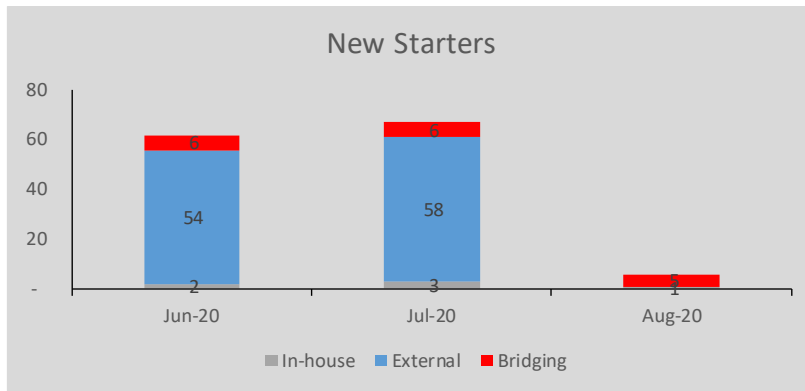
Aug 2020: 1886	Jul 2020: 1669	Jun 2020: 1005
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What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of RHD – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which operational / start up issues are discussed and resolved by all partner agencies.</p> <p>Multi agency working between Community services and Secondary care has taken working relationships to a level of collaborative effort which has not been experienced before.</p>	<p>The data for July demonstrates the change in the cohort of individuals being referred into the service. Number of hours of care delivered has increased significantly with a relatively small increase in numbers of individuals receiving support - this demonstrates that the complexity and support needs of this patient cohort exceed what was anticipated.</p> <p>As predicted our care capacity has been very quickly absorbed by double handed support requirements.</p> <p>This is certainly the feedback from the Staff.</p>	<p>Reintroduced the community discharge liaison nurses into the Regional Rapid Discharge referral MDT. To help with triage and looking at how we direct individual referrals for those with clear long term care and support needs, with no right sizing or rehabilitation potential to alternative areas of service support. This helps to keep the flow moving through reablement within the regional rapid discharge model.</p> <p>We are contributing to the early formal review of the RHD scheme to inform the ongoing developments. This includes looking at how we best utilise Gorseinon and Bonymaen step down resource and the Long Term Complex Care Service.</p>



Long Term Domiciliary Care

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



External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<p>Supporting Providers' Covid response by enabling regular and timely access to PPE. Provision of additional funding via WG subsidy to cover additional Covid related expenditure.</p> <p>Implementation of the £500 carers payment.</p>	<p>An impact to services caused by the current increase in community Covid transmission that has potential to reduce Provider capacity and create additional demand on services and resources.</p> <p>Possible negative impact of reverting to spot contract form block contract arrangements (which may make it more difficult for a few providers to operate services).</p>	<p>Appointment of two new Providers to the domiciliary care framework to create additional services. Continue with review of care levels to ensure citizens are receiving the correct level of care. This will free capacity to enable services to flex in response to increases in demand. Keep RAG risk status under review.</p> <p>Continue to support and enable use of alternatives to Dom care. Consider reverting to block contract arrangements where service sustainability risks are identified.</p>

Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<p>The Long Term service is actively supporting the flow of individuals from the reablement service and thereby ensuring that capacity to support RHD is maintained as far as possible.</p>	<p>The Long term service holding bridging packages of care for a protracted period of time as external providers become saturated.</p> <p>The LTC capacity becomes blocked and individuals that we are currently sustaining safely at home may end up in placement.</p> <p>As with reablement, staff capacity is an issue given the level of vacancies and delays in backfilling incurred to ongoing issues with securing practical manual handling training and support.</p>	<p>As for community reablement.</p>



Delayed Transfers of Care (DToCs)

Health are not producing DTOC information currently due to current crisis. Below is the last set of data provided.

37

Delays in Mar-20

9 Social Services reasons - 24%
(3 Awaiting PoC - 33%)

28 Health / Other reasons

42

Delays in Feb-20

21 Social Services reasons - 50%
(10 awaiting PoC – 47%)

21 Health / Other reasons

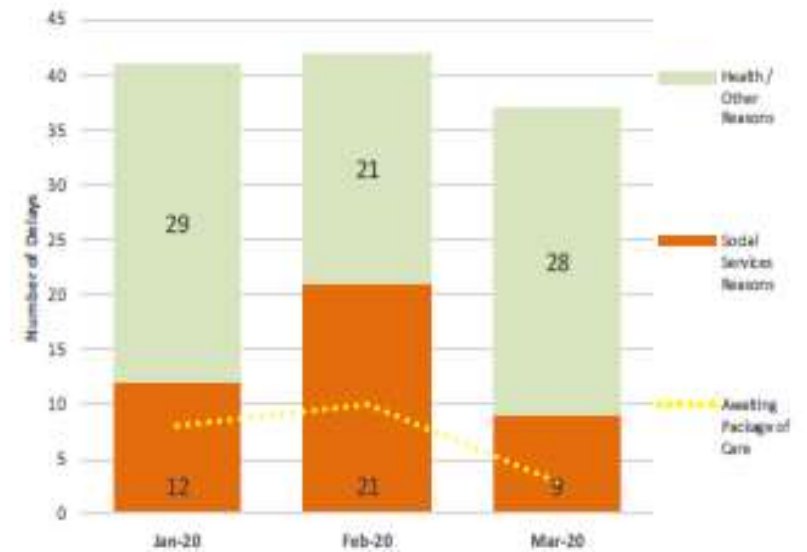
41

Delays in Jan-20

12 Social Services reasons - 50%
(8 awaiting PoC – 67%)

29 Health / Other reasons

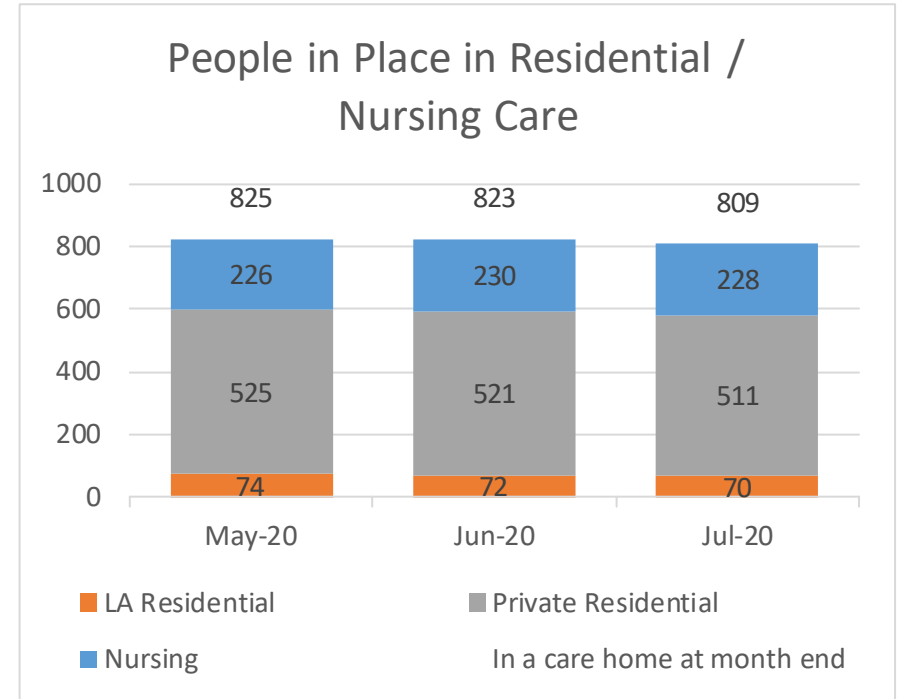
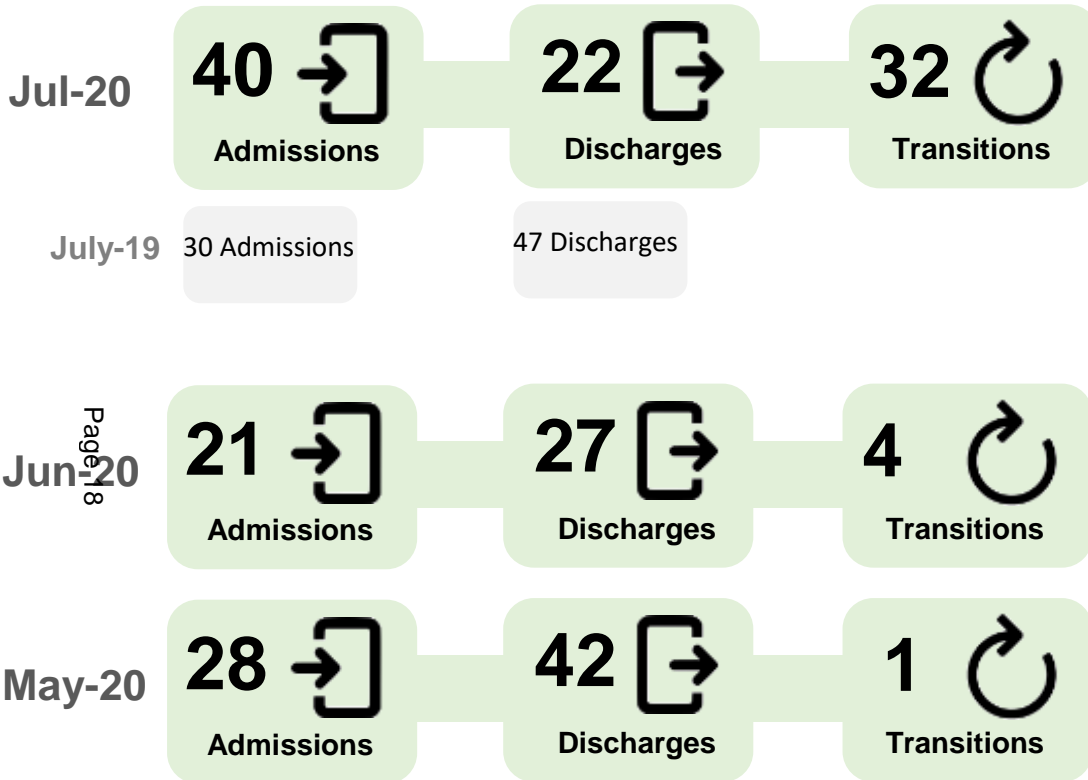
Delayed Transfers - Reason Type and Waiting for Care





Residential Care

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

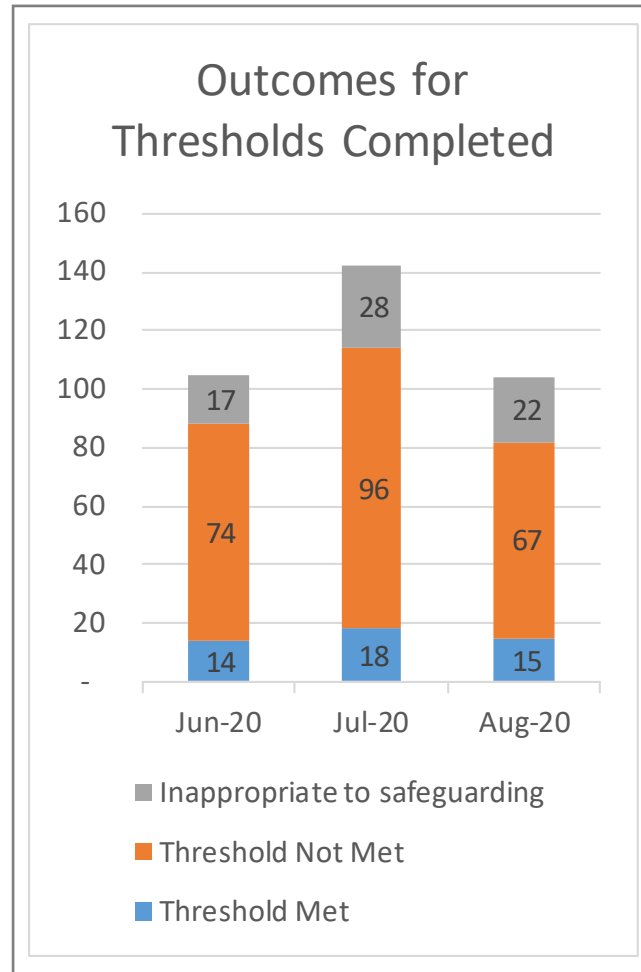
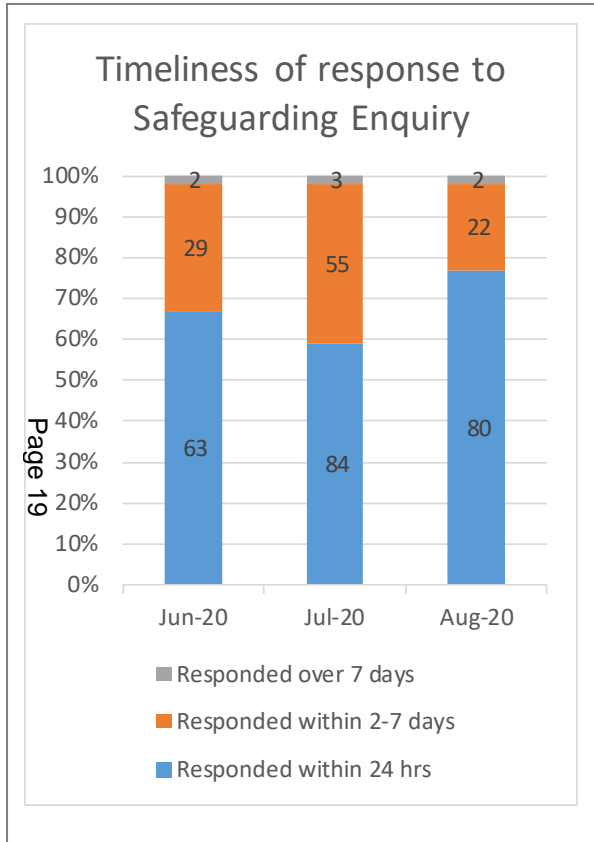


July-19 905 People in place

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



Safeguarding Response



Enquiries /Actions

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

136 Enquiries were received in Aug 2019, 33 met the threshold, 69 did not meet threshold

146 Enquiries received in July 20
 142 Thresholds completed (97%)
 4 did not proceed to threshold (2.7%)
 1 awaiting response (0.3%)

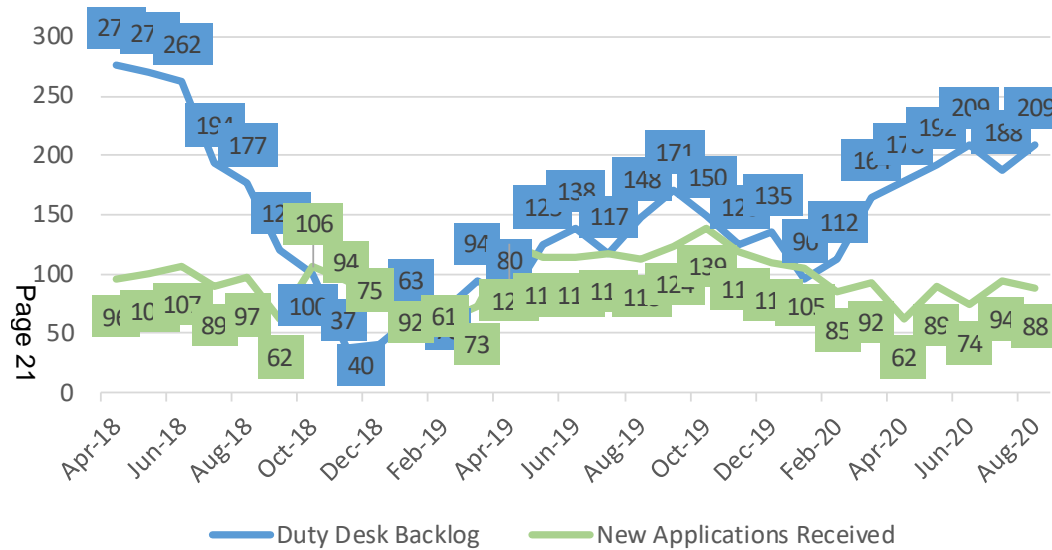
110 Enquiries received in June 20
 94 Thresholds completed (86%)
 4 did not proceed to threshold (4%)
 1 awaiting response (1%)
 * Only 99 cases worked on during month

What is working well?	What are we worried about?	What we are going to do?
<p>The Safeguarding Team are now able to manage the majority of Adult at Risk (AAR) Reports that are received, due to an increase in staffing. The Team are working towards building more effective working relationships that offer advice and guidance before reports are being made; offering consultation to partner agencies to ensure that the AAR Reports that are received are appropriate.</p> <p>Timescales are being more readily met, despite the increase in Reports being received in recent weeks. This is due to a dedicated Safeguarding team being in place, focusing on Safeguarding alone. A consistent approach is being adopted to the thresholding of AAR Reports due to the AAR Reports being managed by the Safeguarding Team.</p> <p>The number of cases being threshold has reduced, as is evidenced in the statistics. This is as a result of detailed thresholding taking place and a move away from bringing cases in 'just in case'. This culture is slowly being changed through open dialogue for partner agencies, with skilled practitioners in the Safeguarding Team.</p>	<p>Until the team is fully resourced, a proportion of the AAR Reports will be managed by the Community Hubs. This means that the consistent approach that is being adopted is lost with some cases. Therefore the work that is being undertaken with partner agencies is at risk of being undermined by different approaches within the Community Hubs.</p> <p>Community Hubs are reluctant to backfill posts when practitioners have been sourced to move across to the Safeguarding Team, resulting in a delay in the Safeguarding Team being fully resourced.</p>	<p>By continuing to develop positive links with partner agencies and practitioners within the Local Authority, it is envisaged that the Safeguarding Team will become a Team of expertise that can be fully utilised for advice and guidance regarding Safeguarding matters. With this in place it is envisaged that the number of Safeguarding Reports will reduce. In turn this will allow the Safeguarding team to continue to develop working with multi-agency groups to Safeguard the most vulnerable in our community.</p> <p>To further strengthen the consistent approach to Safeguarding, the Team are going to take responsibility for managing the Protection Notice (PPN) reports that are received currently by CAP. This means that a CMO position is currently being advertised. The CMO post will not only manage the PPN's but also assist the Seniors with gathering information, allowing the Seniors to focus more on the analytical side of the work.</p>

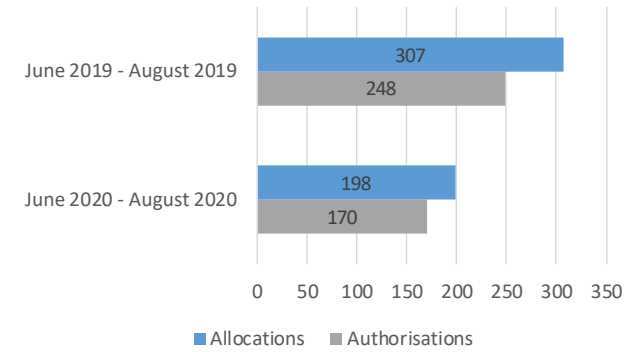


Timeliness of Deprivation of Liberty Assessments

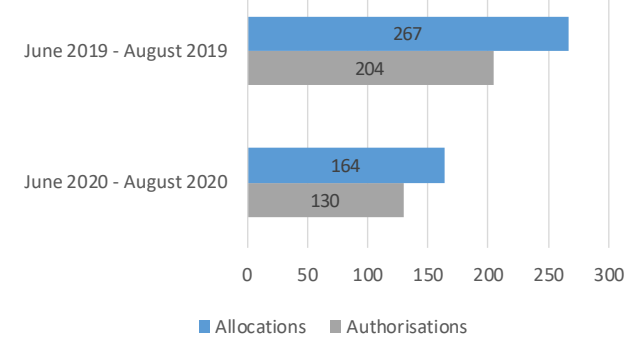
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What we are going to do?
<p>Page 22</p> <ul style="list-style-type: none"> • Modifications to the DoLS assessment process during pandemic. • Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments. • New staff member has started within the team and is nearly up to a full case load. • Continued use of remote DoLS assessments by the doctors and BIA's - allows assessments to continue in a more robust manner than carrying out 'desk based' assessments. • Have a daily duty system to ensure all DoLS applications are prioritised into Urgent, Critical, High, Medium and Low. This ensures our resources are more targeted. • All Urgents are allocated within the week the application comes in, Criticals and Highs being allocated the next week. • Critical projection tool allow us to cut down/avoid gaps in authorisations. • DoLS authorisations and refusals continue to be completed. • Continued support and guidance by staff to care homes to implement new working practices. • We are continually adapting methods of working to take account of changing government guidance and care homes pressures. 	<ul style="list-style-type: none"> • Backlog of DOLS applications caused by DOLS staff being diverted to other areas of adult services for four months (still an issue). • Amount of short authorisations put in place when lockdown was first put in place is now impacting on duty desk (lots of six month authorisations put in place which now need a new authorisation). • 1 full-time Best Interest Assessment (BIA) vacancy in the team • Part-time BIA off on maternity leave. • Queries from care homes, Responsible Person (RP) and Responsible Person Representative (RPR) have increased. • Increase in challenges to deprivations in the court of protection. • The 21 day timescale is challenging to meet in current conditions – coordinating remote assessments takes longer than visiting in person. The virtual platform for remote assessment differs in each Managing Authority (MA). • Manager has been on annual leave for 2 weeks and now on sick leave leading to increased workload for Seniors. • Backlog of medium and low applications. • Backlog of Form 5 and 6's due to annual leave and sickness within management team. • MA's still struggling with technology and not sending in appropriate care plans needed for assessments. • Potential for second wave overwhelming care homes, meaning they may not be able to facilitate video assessments or send us essential paperwork. 	<ul style="list-style-type: none"> • Priority is given to dealing with Urgent, Critical and High applications (in that order). • Requested support from PO in relation to Form 6's. • Requested support from PO for more signatories to help with Form 5 backlog. • Seniors have organised to cover manager's workload between them. • Using equivalent assessments when possible.



Covid-19 - LA residential Care for Older People

Data for 20 Aug – 18 Sept 2020

Information is gathered from the Internal Residential homes on a daily basis on capacity and occupancy, plus staff and resident Covid-related illness.

Page 23

Capacity Usage / Bed Usage



Total number of beds available during the period



Beds were occupied at the beginning of the period (46%)



Beds were occupied at the end of the period (50%)

Residents with Covid-19 Symptoms

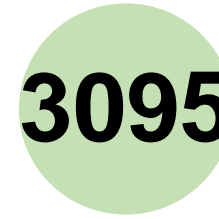


Residents with Covid or in isolation with suspected Covid-19 during the period concerned

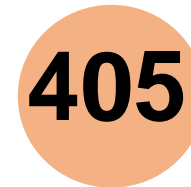
Residential Staff Tested since April



=



Negative



Awaiting Results



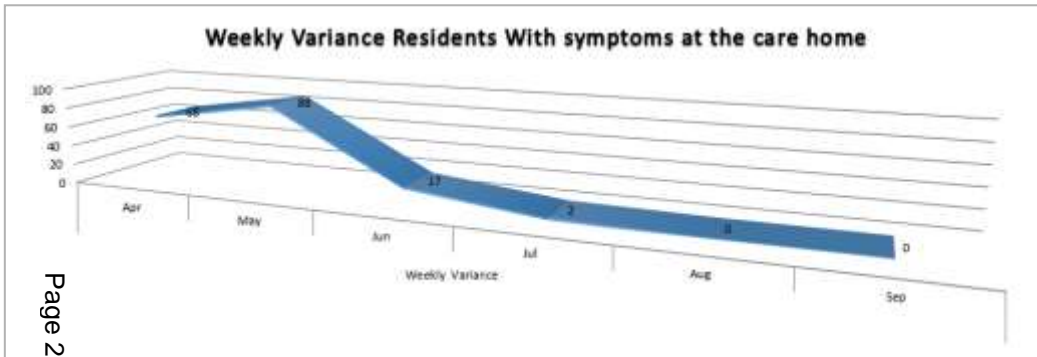
Positive

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

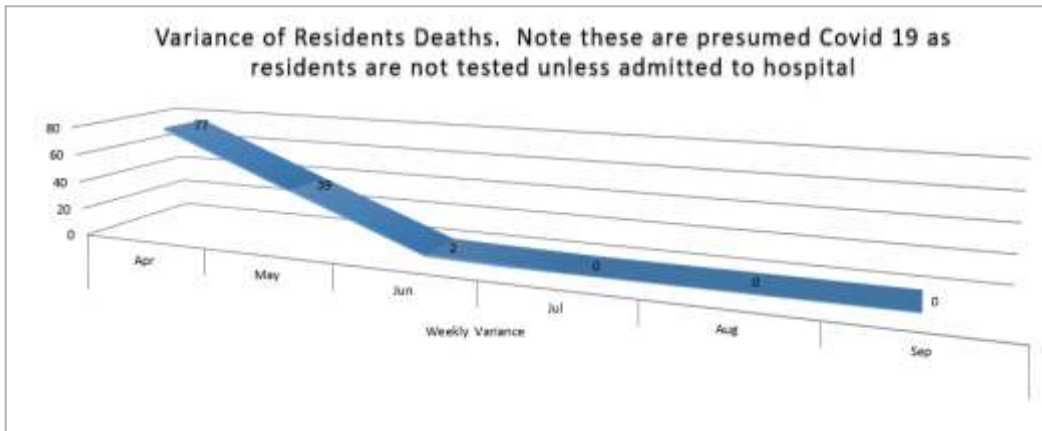


CORONAVIRUS

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



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Lockdown Status

Period 20th Aug – 17th Sept

47 Number of homes where lockdown is not recommended/enforced

0 Removed from Lockdown

0 → **1** Number of homes where Lockdown was recommended

Daily Usage
20th Aug – 17th Sept

1825 Total Bed Capacity

1479 → **1479** Current number of Residents remained the same in the period

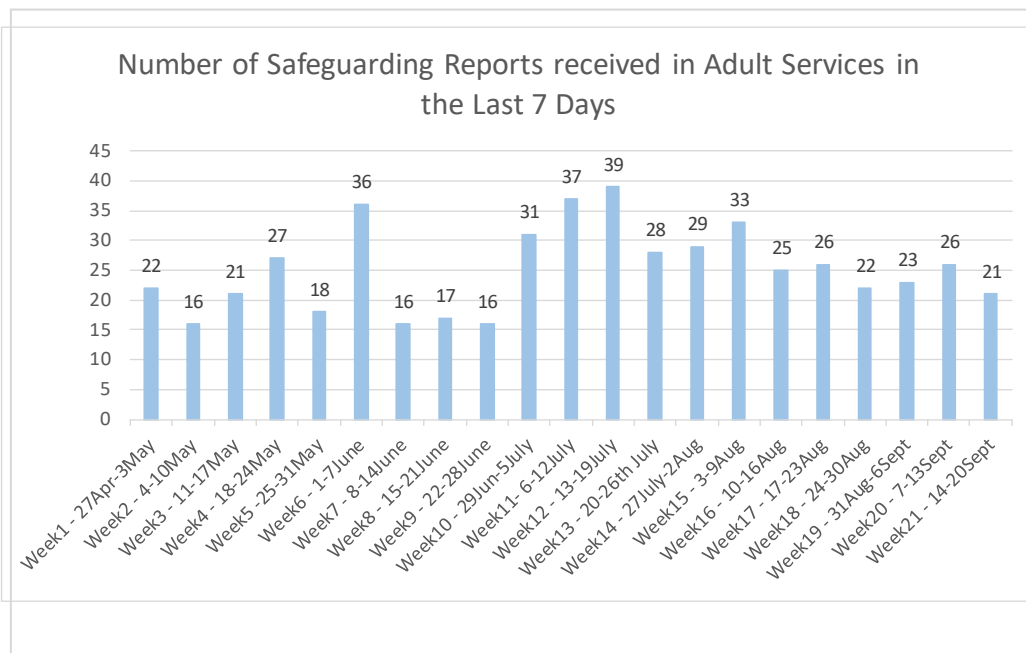
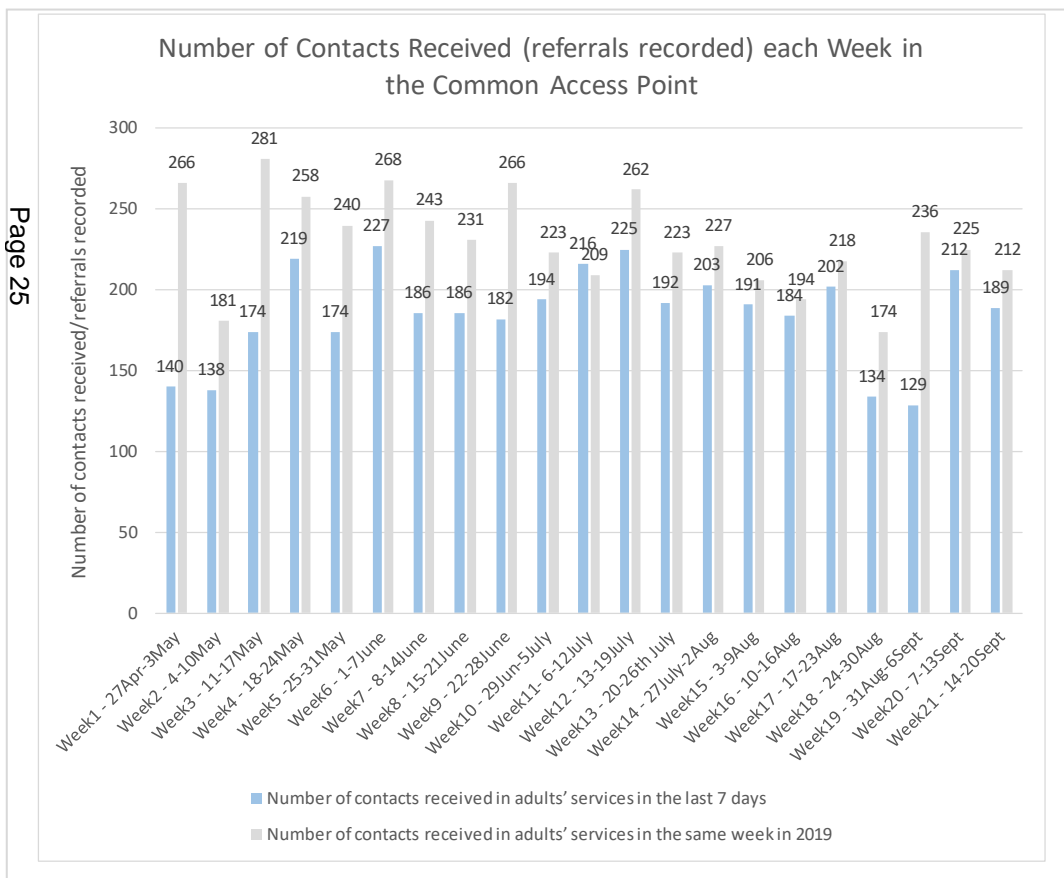
81% Of total bed capacity



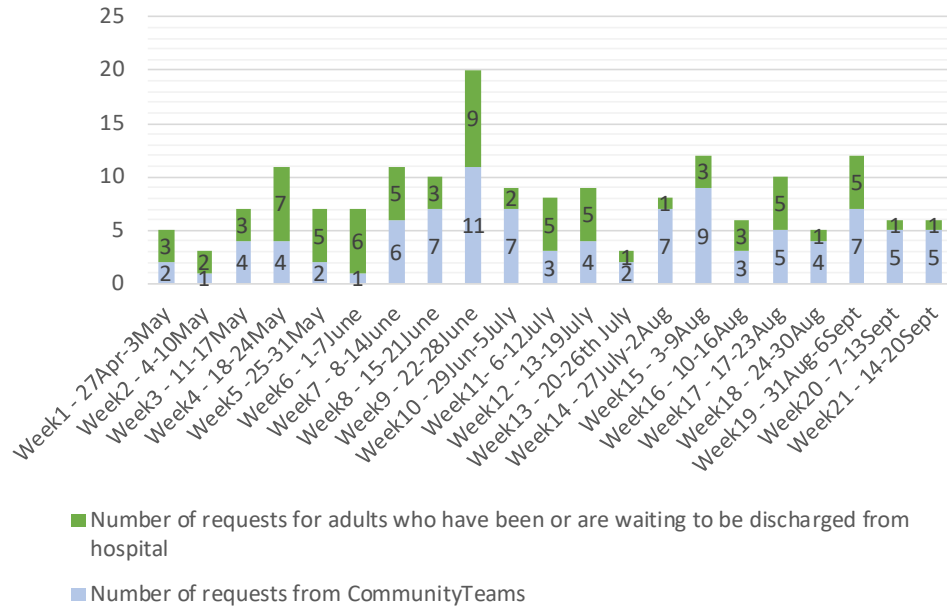
Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 21 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.

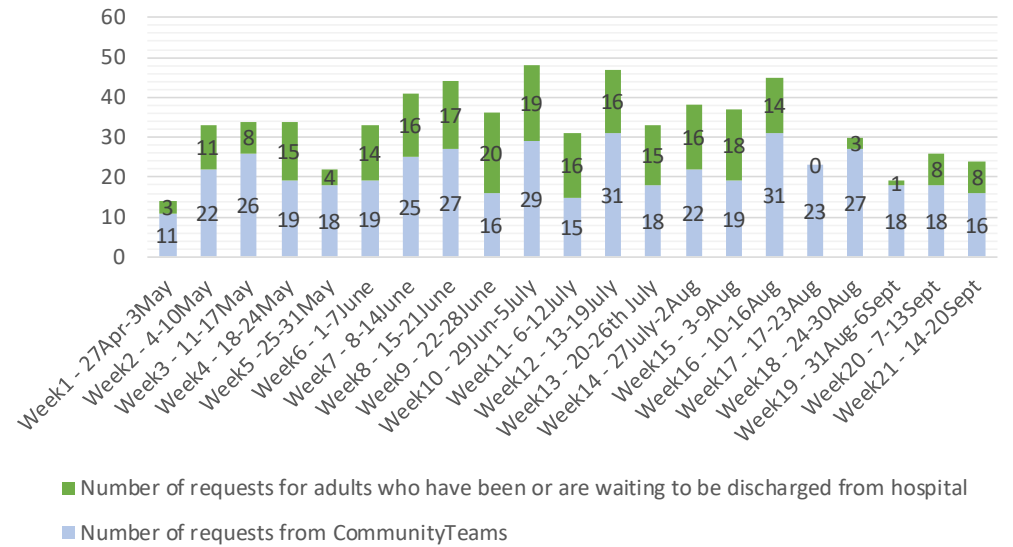
Page 25



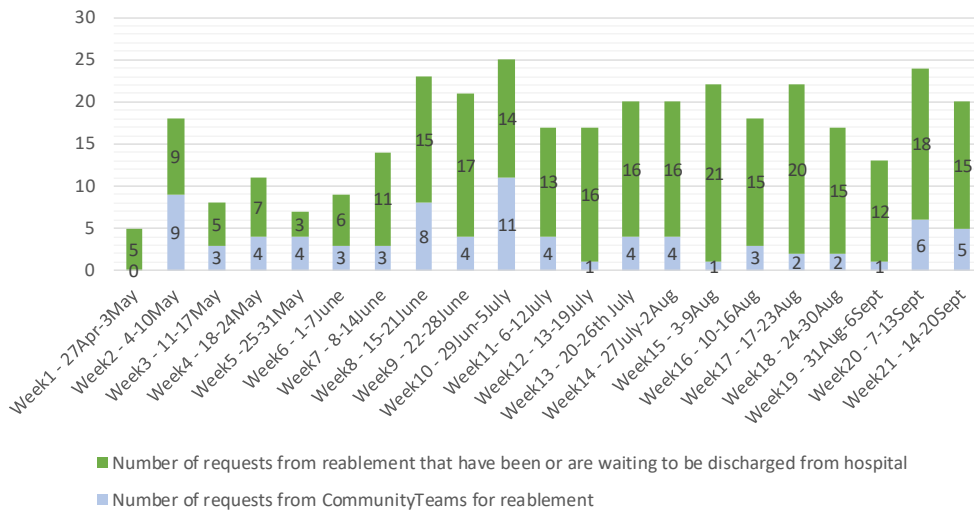
Number of requests to place an adult in residential care received in the last 7 days



Number of requests to provide care at home received in the last 7 days



Number of requests for community and residential reablement received in the last 7 days



Between 27th April – 21st September



6 Packages withdrawn by the services user

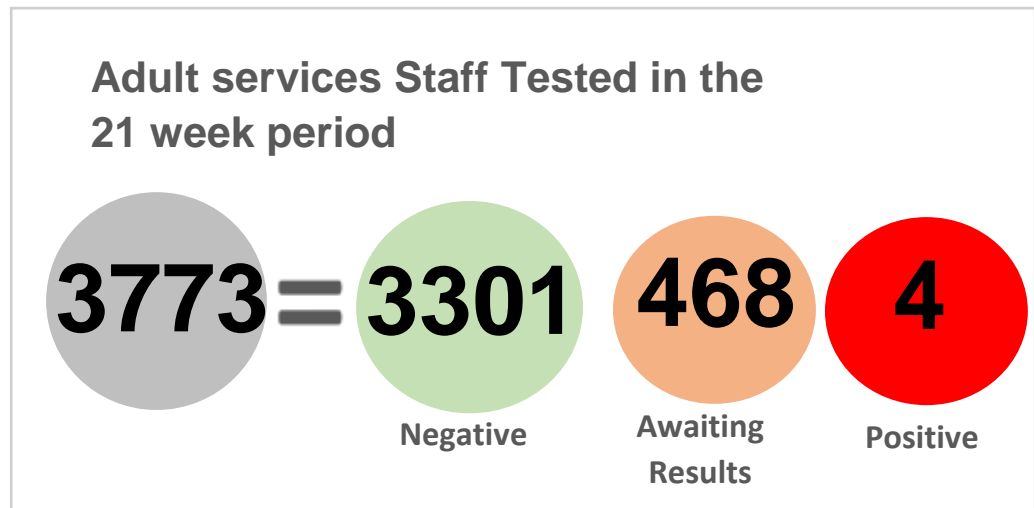
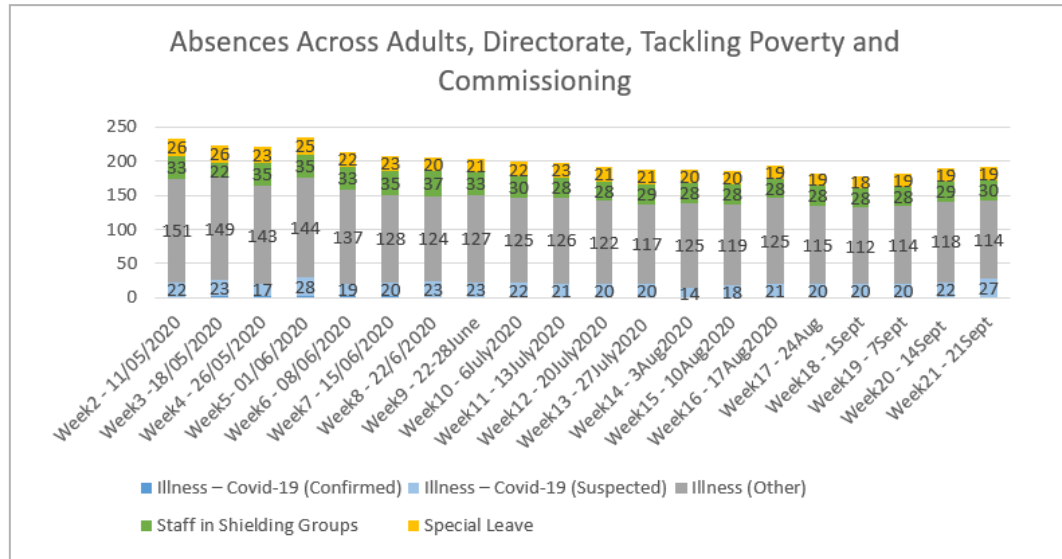
0 by the Local Authority

0 by the Provider



Weekly Welsh Government Adult Workforce Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 21 weeks to date.



Agenda Item 8



Report of the Cabinet Member for Adult Social Care and Community Health Services

Adult Services Scrutiny Performance Panel – 20th October 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:</p> <ol style="list-style-type: none">1. Average and total sickness days lost measured against the corporate sickness target2. Sickness information measured against other Service areas3. Top 5 sickness reasons4. Long term and Short term sickness absence distinction.
Councillors are being asked to	Consider the information contained in the report
Lead Councillor(s)	Cllr Clive Lloyd, Cabinet Member for Adult Social Care and Community Health Services
Lead Officer(s)	Amy Hawkins, Interim Head of Adult Services Helen St.John, Interim Head of Integrated Services
Report Authors	Amy Hawkins Helen St.John

1. **Average Days Sickness (per FTE) for April 2019 to March 2020 and April 2020 to Sept 2020 by Service Unit measured against the corporate sickness target**

Service Unit*	19/20	Trend	Target	20/21 (6 mths)	Trend	Target
Education Achievement & Partnership	13.21	↓	10.00	2.61	↑	5.00
Education Planning and Resources	14.76	↑	10.00	5.61	↓	5.00
SS Adult Services	18.97	↑	10.00	11.81	↑	5.00
SS Child & Family	12.63	↓	10.00	5.61	↓	5.00
Transportation and Highways	16.9	↑	10.00	4.39	↓	5.00
Waste Management	16.82	↓	10.00	8.2	↓	5.00
Culture, Sport & Tourism	8.44	↓	10.00	5.67	↑	5.00
Property Services	9.47	↑	10.00	3.45	↓	5.00
Planning & City Regeneration	8.2	↑	10.00	2.19	↓	5.00
Housing & Public Protection	11.68	↓	10.00	3.39	↓	5.00
Communication & Marketing	5.59	↑	10.00	1.87	↓	5.00
Finance	7.39	-	10.00	2.92	↓	5.00
Transformation & Digital Services	5.4	↓	10.00	1.53	↓	5.00
Legal, Democratic & Procurement	5.62	↑	10.00	3.45	↑	5.00

*Comparable data is not available for all Service Units as a result of reorganisation and restructure.

2. **Annual Average Number of Days Sickness (per FTE) - Comparison by Service Unit (April 2015 to Sept 2020)**

Service Unit*	15/16	16/17	17/18	18/19	19/20	20/21 (6 mths)
Education Achievement & Partnership				14.04	13.21	2.61
Education Planning and Resources	5.48	8.76	10.86	13.17	14.76	5.61
SS Adult Services	15.79	15.83	15.79	17.99	18.97	11.81
SS Child & Family	10.73	12.91	13.6	13.61	12.63	5.61
Transportation and Highways	10.28	13.99	12.22	12.23	16.9	4.39
Waste Management	16.46	17.33	15.64	17.91	16.82	8.2
Culture, Sport & Tourism	7.12	7.51	9	8.69	8.44	5.67
Property Services				7.24	9.47	3.45
Planning & City Regeneration				6.49	8.2	2.19
Housing & Public Protection	10	10.3	9.54	13.46	11.68	3.39
Communication & Marketing	6.39	10.18	3.33	3.89	5.59	1.87
Finance	11.14	10.55	8.88	7.39	7.39	2.92
Transformation & Digital Services	5.77	7.69	7.04	8.81	5.4	1.53
Legal, Democratic & Procurement	7.68	10.82	7.95	4.56	5.62	3.45

*Comparable data is not available for all Service Units as a result of reorganisation and restructure.

3. Top 5 Sickness reasons in Adult Services

Top 5 Absence Sickness Reasons 01 April 2020 to 30 Sept 2020 (6 months)	% of Total Sickness
Stress	41.04%
Reason Not Recorded	11.9%
Chest Infections	6.3%
Back Injuries	5.93%
Bereavement	2.73%

Top 5 Absence Sickness Reasons 01 April 2019 to 31 March 2020	% of Total FTE Sickness
Stress	22.74%
Hospitalisation	6.59%
Back Injury	6.27%
Personal	5.92%
Chest Infection	4.88%

Top 5 Sickness Absence Reasons 2018/19	% of Total FTE Sickness
Stress	22.74%
Hospitalisation	6.59%
Back Injury	6.27%
Personal	5.92%
Chest Infection	4.88%

Top 5 Sickness Absence Reasons 2017/18	% of Total FTE Sickness
Stress	19.25%
Hospitalisation	8.13%
Back Injury	5.94%
Lower Limb Injuries	5.69%
Personal	5.52%

Top 5 Sickness Absence Reasons 2016/17	% of Total FTE Sickness
Stress	19.96%
Hospitalisation	10.22%
Lower Limb Injuries	9.57%
Gynaecological	7.12%
Back Injury	5.67%

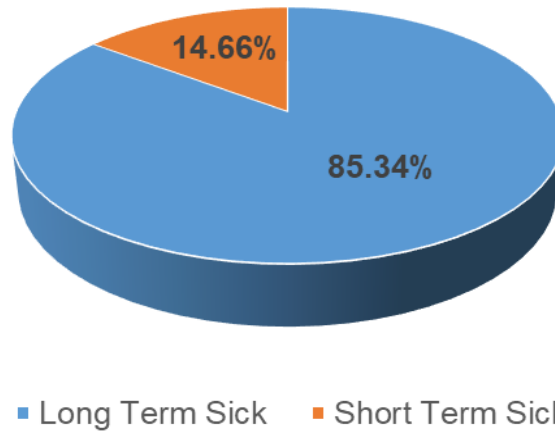
Top 5 Sickness Absence Reasons 2015/16	% of Total FTE Sickness
Stress	27.4%
Hospitalisation	10.0%
Stomach Complaints	7.4%
Lower Limb Injuries	6.7%
Personal	5.7%

4. Adult Services Short Term/Long Term Sickness Absence Split

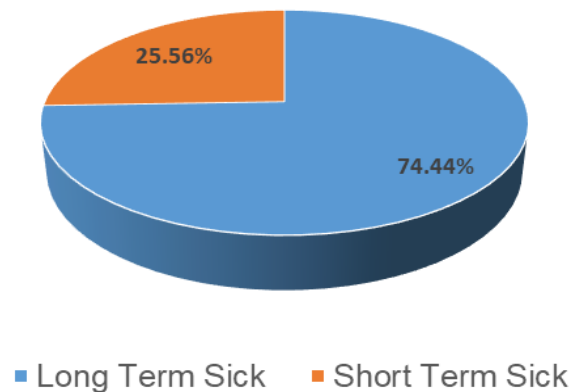
Service Area	Total FTE Long Term Sickness Days: 01-04-20 to 30-09-20	Total FTE Short Term Sickness Days: 01-04-20 to 30-09-20	Total FTE Sickness Days: 01-04-20 to 30-09-20
Adult Services	8,808	1513.28	10,321

Service Area	Total FTE Long Term Sickness Days: 01-04-19 to 31-03-20	Total FTE Short Term Sickness Days: 01-04-19 to 31-03-20	Total FTE Sickness Days: 01-04-19 to 31-03-20
Adult Services	12,232.5	4,200	16,432.5

Adult Services Short Term / Long Term Sickness
Absence - 6 months
1 April 2020 - 30 Sept 2020



Adult Services Short Term / Long Term Sickness
Absence
1 April 2019 - 31 March 2020



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

Period	Long Term FTE Sickness Days	Short Term FTE Sickness Days
<i>April 2020 - Sept 2020</i>	8,808	1513.3
April 2019 to March 2020	12,232.5	4200
April 2018 to March 2019	11804.3	3942.9
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

Report of the Convener of the Adult Services Scrutiny Performance Panel 20th October 2020

Adult Services Scrutiny Work Planning

Purpose:	To develop a work programme going forward that will provide ongoing challenge to Adult Services performance 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.
Content:	Draft Work Programme
Councillors are being asked to:	Discuss and agree the work programme for the remainder of the Council year 2020/2021
Lead Councillor:	Convener of Adult Services Scrutiny Performance Panel
Lead Officer & Report Author:	Liz Jordan, Scrutiny Officer Tel: 01792 637314 E-mail: liz.jordan@swansea.gov.uk

Context

The Panel agrees the Adult Services Scrutiny Work Programme in May/June each year for the coming council year. Due to the ongoing Covid-19 Pandemic situation, discussion of the work programme has been delayed. The work programme can now be discussed and agreed for the remainder of the 2020/2021 Council year.

Work Programme 2020/2021

The attached work programme is a combination of issues outstanding from earlier in the year (pre-covid), items the Panel looks at annually or has chosen to keep a watching brief on, and items highlighted to the Panel as key issues by Adult Services Department/Cabinet Member.

Action Required

The Panel is asked to consider and discuss the draft Adult Services Scrutiny Work Programme attached, to make any additions/amendments as required and then to agree its contents.

**ADULT SERVICES SCRUTINY PERFORMANCE PANEL
WORK PROGRAMME 2020/21**

Meeting Date	Items to be discussed
Meeting 1 Tuesday 20 October 2020 4.00pm	Appointment of Panel Convener Performance Monitoring <i>Amy Hawkins, Interim Head of Adult Services</i> <i>Helen St John, Interim Head of Integrated Community Services</i> Sickness Levels in Adult Services briefing (Deferred from March 2020 meeting) <i>Amy Hawkins / Helen St John</i> Adult Services Work Programme 2020/21
Meeting 2 Tuesday 8 December 2020 4.00pm	Update on West Glamorgan Transformation Programme <i>Kelly Gillings, Programme Director</i> WAO Report on Integrated Care Fund (CFS Panel Members to be invited for this item) <i>Kelly Gillings, Programme Director</i>
Meeting 3 Tuesday 26 January 2021 4.00pm	Performance Monitoring <i>Amy Hawkins / Helen St John</i> Update on how Council's policy commitments translate to Adult Services <i>Clive Lloyd, Cabinet Member for Adult Care and Community Health Services</i> <i>Dave Howes, Director of Social Services</i> Actions from WAO report 'Front door to Adult Social Care' – Recommendation: Impact of Preventative Services (specific action: to use feedback from the study and whether any additional improvement actions needed) (Agreed at March 2020 meeting) <i>Amy Hawkins TBC /Helen StJohn TBC</i> <i>Lucy Friday, Principal Officer Transformation</i>
Additional Meeting ? February 2021	Draft budget proposals for Adult Services
Meeting 4 Tuesday 9 March 2021 4.00pm	Update on Adult Services Transformation Programme <i>Amy Hawkins/Helen St John</i> Briefing on Annual Review of Charges (Social Services) 2020/21

	<i>Dave Howes, Director of Social Services</i>
Meeting 5 Tuesday 20 April 2021 4.00pm	Performance Monitoring <i>Amy Hawkins / Helen St John</i> Adult Services Complaints Annual Report 2019-20 <i>Sarah Lackenby, Chief Transformation Officer</i>

Future Work Programme items:

- Options Appraisal for Assistive Technology and Community Alarms (Agreed pre March 2020) Date TBA (*Helen St John*)
- Actions from WAO Report 'Front Door to Adult Social Care' (from March 2020 meeting):
 - Impact of Preventative Services (Was October 2020. Now scheduled for 26 January 2021)
 - Public Information (April 2021)
 - Working with Third Sector Partners (April 2021)
- Wales Audit Office Reports (dates to be confirmed):

Agenda Item 10



To:
Councillor Clive Lloyd
Cabinet Member for Adult Care and
Community Health Services

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrochol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 27 July 2020
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Care and Community Health Services following the meeting of the Panel on 13 July 2020. It covers Service Specific Update on Covid-19 Pandemic.

Dear Cllr Lloyd

The Panel met on 13 July to receive an update on the Covid-19 Pandemic in relation to Adult Services. We would like to thank you, Dave Howes, Amy Hawkins and Helen St John for attending to present the item 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:

Service Specific Update on Covid-19 Pandemic

You introduced this item thanking Alex Williams, the previous Head of Adult Services for her contribution, and stated that there has been an internal restructure with two new interim Heads of Service, Amy Hawkins and Helen St John, who you stated "have been thrown in at the deep end". Dave Howes then presented an update on the effects of Covid-19 Pandemic on the service area. He stated that staff within the Council and wider social care and health partners had been extraordinary. He also paid tribute to LACs who he also felt had been extraordinary in these very difficult times.

We heard that a £3 million overspend is expected when everything is calculated and that the Department is in the 4 week implementation stage of a staffing restructure.

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU

SWANSEA COUNCIL / CYNGOR ABERTAWE

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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

We queried if there was a link between the introduction of virtual assessments, processes etc and re-prioritising offers of care with revised eligibility. We heard that they are not necessarily linked, and that virtual home working was about not exposing staff to catching Covid-19 themselves or passing it on to others. It does not work for personal direct care, it was more for assessments, and there is now a need to start planning for more face-to-face assessment work.

We discussed the recovery plan. We wanted to know if there are any timescales yet and who will be involved. We heard that part of the plan involves the restructure of Adult Services and business critical services, with the current focus more on day support. We also heard that we need to be ready to adapt to a surge at any stage.

We discussed the restructure of domiciliary care and at what stage it becomes a problem. Officers felt it had not had a huge impact, as very few packages stopped all together, most were reduced or amended. It has therefore been an iterative process.

We asked if there was any idea of the impact on residential services. Officers stated that it is going to look very different whilst in this stage.

We felt there is a need for clarity about how day services can open again, as many people are feeling isolated and there is growing concern that the social element needs to be brought back. We were informed that the Department is looking at alternatives to traditional day services.

We raised the issue of re-prioritising packages of care and eligibility, and asked about the main changes to assessments. Officers confirmed the main changes to assessments reflect concerns about the pandemic. We heard there is a need to have support for people that takes into account that the infection will be with us for some time and the approach needs to reflect this.

We heard that you do not have all the answers but that they will emerge through the recovery plan, and that there is an acceptance through guidance that services will have to be shaped accordingly. Heads of Service will look at how this makes us fitter for purpose whilst living with the pandemic in the community. We noted that this will change over time, as you expect Welsh Government to retract guidance at some stage and we will have to meet the Health and Wellbeing requirements. You commented that the Department will want to look at what worked well in ours and partners' response; that going forward may look different; and that out of adversity there is a chance to reshape things for the better.

We asked about infection rates and how detailed the data is that we receive on it, and if there is a team specifically for dealing with it. We were informed that the Department is linked in with all testing arrangements but that Adult Services in the Council is not overseeing or running this per se. Adam Hill, Director of Resources is running Track and Trace for the Council. We heard that the Department is getting timely feedback especially around care homes. Officers feel contact tracing is working well for Swansea and the region. We noted that there is some concern about how this links nationally to testing of care home staff as it is taking longer than you would like for tests to come back.

We heard that the Department is working with the Health Board to produce a range of performance indicators and that this will be built into performance monitoring arrangements. We were pleased to hear this.

We believe there is an appetite to realign Health and Social Care, especially in Wales, and that Swansea is in a good position to shape that debate. Officers think the region has been very pro-active and is very well placed to build on what has been learnt. You told us you feel the integrated role in Adult Services in Swansea and the restructure is very exciting and hope we can build on everything that has been learnt, with a wider discussion on Health and Social Care going forward.

We asked about the potential loss of capacity in the private sector and possible risks given the financial strains. We heard that you expect £3 million investment on top of what you expected to pay out to the private sector. There has been a lot of impact on care homes. Some homes have lost many residents and have had to change how they operate.

We discussed how as a society we have not significantly recognized the social care service and that there is a need as a society to do better.

The Chair, on behalf of the Panel, conveyed his thanks to all social care staff, health and private domiciliary care staff.

You stated that you were blown away by how staff have responded and gave personal thanks to Dave, Amy and Helen and the hundreds of care staff and family carers paid and unpaid.

Your Response

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

Yours sincerely

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

PETER BLACK
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.PETER.BLACK@SWANSEA.GOV.UK