



Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: O bell drwy Microsoft Teams

Dyddiad: Dydd Mercher, 20 Hydref 2021

Amser: 3.30 pm

Cynullydd: Y Cynghorydd Susan Jones

Aelodaeth:

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

Aelodau Cyfetholedig: T Beddow

Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol**
www.abertawe.gov.uk/DatgeluCysylltiadau
- 3 Gwahardd pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**
- 4 Cofnodion y Cyfarfod(ydd) Blaenorol** **1 - 22**
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod cywir.
- 5 Cwestiynau gan y cyhoedd**
Rhaid cyflwyno cwestiynau'n ysgrifenedig, cyn hanner dydd ar y diwrnod gwaith cyn y cyfarfod fan bellaf. Rhaid i gwestiynau ymwneud ag eite mau ar yr agenda. Ymdrinnir â chwestiynau o fewn cyfnod 10 munud.
- 6 Rhaglen Cefnogi'r Gweithlu - Cymorth ar gyfer Staff Iechyd a Gofal Cymdeithasol** **23 - 33**
Deborah Reed, Adnoddau prif swyddogion
- 7 Y diweddaraf am Reolaeth Pandemig COVID-19**
Mark Child, Aelod y Cabinet - Gwasanaethau Gofal i Oedolionac Iechyd Cymunedol
David Howes, Cyfarwyddwr y Gwasanaethau Cymdeithasol

- 8 Monitro Perfformiad** **34 - 66**
*Mark Child, Aelod y Cabinet - Gwasanaethau Gofal i Oedolionac
Iechyd Cymunedol*
David Howes, Cyfarwyddwr y Gwasanaethau Cymdeithasol
- 9 Er gwybodaeth** **67 - 69**
- Amserlen y Rhaglen Waith ar gyfer 2021-22

Cyfarfod nesaf: Dydd Mawrth, 30 Tachwedd 2021 ar 4.00 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mercher, 13 Hydref 2021

Cyswllt: Liz Jordan 01792 637314

Agenda Item 4



City and County of Swansea

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

Remotely via Microsoft Teams

Wednesday, 14 July 2021 at 3.30 pm

Present: Councillor S M Jones (Chair) Presided

Councillor(s)

H M Morris
J W Jones

Councillor(s)

C A Holley

Councillor(s)

Y V Jardine

Co-opted Member(s)

T Beddow

Other Attendees

Mark Child

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 Services

Apologies for Absence

Councillor(s): P R Hood-Williams, E T Kirchner and G J Tanner

1 Disclosure of Personal and Prejudicial Interests

No disclosures of interest were made.

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 02 June as an accurate record of the meeting.

4 Public Question Time

No questions were submitted.

5 Performance Monitoring

Amy Hawkins, Interim Head of Adult Services and Helen St John, Interim Head of Integrated Community Services attended to brief the Panel on the Performance Monitoring Report for May 2021.

Discussion Points:

- This is the first report since the change of system to WCCIS. There are some reporting anomalies on the new system.
- Panel felt the community Mental Health Team will come under more and more pressure in coming months. Panel noted that most of the performance data is 'out of sink' due to Covid etc and queried when the Panel will have more accurate figures on the Mental Health Team. They also queried how the public could be reassured that both Health and Social Services are on top of the problem. Officers confirmed the inaccuracies are due to the new system and they are working on the performance data. Officers stated work around Mental Health Teams is driven by plans around Mental Health and Wellbeing Board. It is a regional approach. Panel informed a public single point of access will be launched in the coming months. Panel felt all Members should be sent information on the single access point, given an idea of what is available now, who they can contact and what projects are currently running.
- Panel felt the words 'pressure' and 'Covid', problems with staff numbers, employing staff and pressure in communities were often mentioned. Also Social Services has moved to people being looked after at home. Panel queried if pressures are due to Covid or because of expecting too much of people. Officers confirmed they are starting to see people coming to Social Services in crisis and pressures are a mixture of everything.
- Panel raised a query about Learning Disabilities and Day Services – many carers for people with Learning Disabilities are elderly. Panel wondered how much support is being given to these carers. Officers confirmed day services have been limited in capacity due to social distancing. Carers assessments and direct payments are being offered and the team are trying to accommodate families with alternatives to day services.
- In the report it was mentioned that there had been a significant increase in safeguarding referrals and more DOLS referrals. Panel queried if there was a common theme between these two and what is driving it. Officers confirmed there is no direct link that they know of between the two. They are not sure why there is an increase but do not believe it is because of Covid and are keeping a watching brief.

Actions:

- All Members to receive information about the single point of access for Mental Health Services.

6 Initial Feedback from Care Inspectorate Wales (CIW) Assurance Visit

Mark Child, Cabinet Member for Adult Social Care and Community Health Services, Dave Howes, Director of Social Services, Amy Hawkins, Interim Head of Adult Services and Helen St John, Interim Head of Integrated Community Services

attended to provide initial informal feedback to the Panel on the CIW Assurance Visit and feedback on the specific inspection of Swansea's Domiciliary Care Services.

Discussion Points:

- Cabinet Member stated they are speculating until the final report on the Assurance Visit is received.
- Inspectors felt they had a good cross section of service users, carers, staff and partner agencies.
- Directorate felt that as a team they presented a strong collaborative strength based approach, that the feedback reflected the good work the teams are doing and that areas that need development and that the Directorate are taking forward are the ones the inspectors recognized also.
- Officers confirmed final report just been published on Domiciliary Care Inspection that took place on 24 May 2021. Inspectors confirmed Swansea Domiciliary Care Services inspection is the biggest they perform.
- Under areas for improvement, there were no areas for significant improvement.
- There were three areas where need action to improve. These will be followed up in next inspection. None of the issues were unexpected and the Directorate was aware of them before the inspection.
- There was excellent positive feedback from staff in respect of support and training and feedback from individuals using the services was excellent.
- Panel asked officers to take back to all staff their sincere thanks for all their hard work.
- Director stated he is hugely appreciative of work of staff, Heads of Service and their senior management teams. He felt the workforce had properly represented all of their hard work demonstrated in the most difficult of times, which has been truly outstanding and inspection feedback reflects this.
- Panel queried if the Authority had thought about tangible recognition for dedication of staff to give proper thanks. Cabinet Member stated Authority hopes to be able to demonstrate City's thanks to care workers and others across the City who have worked above and beyond. He does not know what the events will be.

7 Panel Review of the Year 2020-21 and draft Work Programme 2021-22

Panel Members reviewed the year 2020-21 and discussed four questions.

What went well?

- Identified a number of in-depth topics
- Scrutiny went well
- Presentations were good
- Staff very much on top of things despite what is happening and found time to keep Panel updated on what was happening
- Joint meetings useful in short term but would not want it as a permanent thing.

What did not go so well?

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

Has the Panel focussed on the right things?

- Did not have a choice. Had to focus on Covid.
- Joint meetings helped with allowing staff to get on with jobs.

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

- Performance monitoring very selective in many cases. Way it is presented to Panel is quite complicated and not timely. Always at least a quarter behind. Due to Covid, performance data skewed so much it is not accurate or relevant. Social Services so involved with Covid and caring for people, performance monitoring has taken a backward step and rightly so. Not criticising staff in any way, their performance has been outstanding.
- When listen to initial feedback from CIW visits – What Panel has done well is to support the services, Adult and Child and Family Services. What has not happened is performance data is not relevant to what current situation is.

Regarding the draft work programme 2021-22, Panel felt there is a need to have a clear understanding of what the Directorate is seeking to deliver in service terms. At meeting on 20 October 2021, service descriptors are scheduled to be discussed. Date still to be confirmed for item on outcomes budgeting. Panel feels it needs clarity on how much of budget is to be measured in outcome terms as opposed to output terms.

Panel informed response to last convener's letter is due and expect confirmation of what Directorate can do for the Panel this year 2021-22 in terms of an item on outcomes budgeting.

The meeting ended at 4.35 pm



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

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrochol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 09 August 2021
Dyddiad:

BY EMAIL

cc Cabinet Members

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services following the meeting of the Panel on 14 July 2021. It covers Performance Monitoring, Initial Feedback from Assurance Visit, Panel Review and Draft Work Programme.

Dear Cllr Child

The Panel met on 14 July to discuss the Adult Services Performance Monitoring Report for May 2021, to receive initial feedback from the Care Inspectorate Wales (CIW) Assurance Visit and to discuss the Panel's review of the Year 2020-21 and draft Work Programme 2021-22.

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

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

The main issues discussed are summarised below:

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU
SWANSEA COUNCIL / CYNGOR ABERTAWE
GUILDHALL, SWANSEA, SA1 4PE / NEUADD Y DDINAS, ABERTAWE, SA1 4PE
www.swansea.gov.uk / www.abertawe.gov.uk

I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod
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Performance Monitoring

We heard that this is the first report since the change of system to Wales Community Care Information System (WCCIS). There are some reporting anomalies on the new system.

We felt the community Mental Health Team will come under more and more pressure in coming months. We noted that most of the performance data is 'out of synch' due to Covid etc and queried when the Panel will have more accurate figures on the Mental Health Team. We also queried how the public could be reassured that both Health and Social Services are on top of the problem. Officers confirmed the inaccuracies are due to the new system and they are working on the performance data. We were informed that it will improve and the Panel will see a much better position when it looks at performance data next.

Officers stated work around Mental Health Teams is very much in partnership with the Health Board and Third Sector organisations. It is driven by plans around the Mental Health and Wellbeing Board and it is a regional approach. We were informed that more information on activities can be provided at a future meeting and that a public single point of access will be launched in the coming months. We felt that all Members should be sent information on the single access point, given an idea of what is available now, who they can contact and what projects are currently running. You commented that this was a very good point about all Members having a reminder about the single point of access contact point and how to refer people to it but reminded us that Members would not be able to refer individuals to specific projects themselves; it would have to be through assessment by a professional.

We felt the words 'pressure' and 'Covid', problems with staff numbers, employing staff and pressure in communities were often mentioned. Also Social Services has moved to people being looked after at home. We queried if pressures are due to Covid or because of expecting too much of people. Officers stated that there is a little bit of a legacy from people not wanting to come in. In addition, people who were working from home have now gone back to work and people are starting to say they have been suffering under pressure for 12 months and now need help. As a result, you are seeing people coming to Social Services in crisis. Therefore, officers felt the pressures are a mixture of everything.

We raised a query about Learning Disabilities and Day Services – many of carers for people with Learning Disabilities are elderly. We wanted to know how much support is being given to these carers. Officers confirmed that day services have been limited in capacity due to social distancing and only around one third of those service users who were accessing it currently are. We heard that carers assessments and direct payments are being offered and the team are trying to accommodate families with alternatives to day services.

You stated that a lot has been asked of carers who have taken on a lot more than they would have done in normal circumstances and that the Directorate has always acknowledged there would be a later demand of need when we came out of lockdown. You added that people who are struggling are coming forward now and it is important

that carers have an assessment of their needs so Social Services can work out how to support them and the people they care for.

In the report it was mentioned that there had been a significant increase in safeguarding referrals and more DOLS referrals. We queried if there was a common theme between these two and what is driving it. Officers confirmed that there is no direct link that they know of between the two. They are not sure why there is an increase but do not believe it is because of Covid and are keeping a watching brief.

Initial Feedback from CIW Assurance Visit

We received initial informal feedback on the CIW Assurance Visit and feedback on the specific inspection of Swansea's Domiciliary Care Services.

You stated that all your feedback on the Assurance Visit is speculative until the final report is received.

We heard that inspectors felt they had a good cross section of service users, carers, staff and partner agencies for the visit. We also heard from officers that they felt as a team they presented a strong collaborative strength based approach, that the feedback reflected the good work the teams are doing and that areas that need development, and that the Directorate are taking forward, are the ones the inspectors recognized also.

Officers confirmed that the final report has just been published on the Domiciliary Care Inspection that took place on 24 May 2021. We heard that inspectors had confirmed Swansea Domiciliary Care Services inspection is the most complex service that they inspect but that this will be broken down into specific service areas in future.

We heard that under areas for improvement, there were no areas for significant improvement. We also heard that there were three areas where action is needed to improve and that these will be followed up in the next inspection. Officers stated that none of the issues were unexpected and the Directorate was aware of them before the inspection.

We heard there was excellent positive feedback from staff in respect of support and training and feedback from individuals using the services was excellent.

We asked officers to take back to all staff our sincere thanks for all their hard work.

The Director stated he is hugely appreciative of the work of staff, Heads of Service and their senior management teams. He felt the workforce had properly represented all of their hard work demonstrated in the most difficult of times, which has been truly outstanding and the inspection feedback reflects this.

We queried if the Authority had thought about tangible recognition for the dedication of staff, to give proper thanks. You stated that the Authority hopes to be able to demonstrate the City's thanks to care workers and others across the City who have worked above and beyond. You stated that you do not know what the events will be.

Panel Review of the Year 2020-21 and Draft Work Programme 2021-22

Panel Members reviewed the year 2020-21 and discussed four questions. The comments are noted below for your information:

What went well?

- Identified a number of in-depth topics
- Scrutiny went well
- Presentations were good
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What have we learnt that will help us with future AS Scrutiny?

- Performance monitoring very selective in many cases. The way it is presented to the Panel is quite complicated and not timely. It is always at least a quarter behind. Due to Covid, performance data skewed so much it is not accurate or relevant. Social Services so involved with Covid and caring for people, performance monitoring has taken a backward step and rightly so. Not criticising staff in any way, their performance has been outstanding.
- When listen to initial feedback from CIW visits – What Panel has done well is to support the services, Adult and Child and Family Services. What has not happened is performance data is not relevant to what current situation is.

The Panel also discussed the draft work programme 2021-22.

We felt there is a need to have a clear understanding of what the Directorate is seeking to deliver in service terms. At the Panel meeting on 20 October 2021, service descriptors are scheduled for discussion, as well as income streams, as part of the Budget Monitoring item. We look forward to receiving this briefing.

We also noted a date was not confirmed for an item on 'Progress update on outcomes budgeting'. We felt clarity was needed on how much of the budget is to be measured in outcome terms as opposed to output terms. We were reminded by officers that a response to our last convener's letter, following the 02 June meeting, was due. In that response confirmation was expected of what the Directorate could do for the Panel this year 2021-22 in terms of an item on outcomes budgeting.

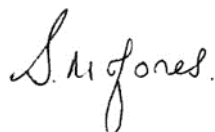
We can confirm that since the 14 July Panel meeting, your response to the convener's letter following 02 June meeting, has been received and states what you can do this year in terms of outcomes budgeting, that is 'you will incorporate relevant expenditure in addition to reporting on outputs and outcomes in performance reports' and there will be an item on outcomes of Local Area Coordination brought to the Panel.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, but in this instance please provide a formal written response by 30 August 2021 to the following:

- Confirmation all Members will receive information about the single point of access for Mental Health Services.

Yours sincerely

A handwritten signature in cursive script that reads "S. Jones".

SUSAN JONES
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.SUSAN.JONES@SWANSEA.GOV.UK

**CLLR. SUSAN JONES
CONVENER, ADULT SERVICES
SCRUTINY PANEL**

(By Email)

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cllr.mark.child@swansea.gov.uk
Our Ref: MC/JG
Your Ref:
Date: 14 September 2021

Dear Cllr. Jones,

Re: Response to Convener's letter to Cabinet Member - Adult Services Panel 14 July 2021

Thank you for your letter received 9/08/21. I apologise for my delay in sending the response.

Information on Single Point of Access for Mental Health Development

There is a Single point of Access for Mental health currently in existence in Swansea Bay UHB via the Primary Care GP route however the current developments are being driven by the aims to:

- Ensure that anyone experiencing a mental health crisis can access support 24/7
- Improve mental health pathways for assessment for people experiencing MH problems
- Improve interventions for people experiencing mental health problems

Improving mental health crisis care has been identified as a national priority and this service modernisation aims to develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis. The main objectives are to:

- Ensure service users feel supported & listened to when they ask for help
- Provide access to mental health support as early as possible
- Ensure that mental health crisis is on a level with physical health care
- Provide a wide range of options and information around self-care, self-referral and support for a broad range of mental health and welfare concerns

SBUHB plan to modernise and improve unscheduled care provision in order to provide 24/7 mental health support which will be accessible to anyone experiencing a mental health crisis; key to this would be the development of a centralised assessment & response team, based in an assessment hub.

The assessment & response team would triage all referrals into adult mental health services and ultimately be in a position to accept referrals via an open access platform (such as; 111). SBUHB is currently one of the three pathfinder sites for the 111/mental health pathway development working in conjunction with the NCCU.

The assessment & response team would have two core functions, namely the provision of a 24/7 mental health triage service to co-ordinate a proportionate response for service users who present via

the access point (potentially 111 but currently a local single point of contact number) and facilitate the prompt pathway of those in mental health crisis into services for an assessment.

We are working in partnership with social care colleagues to integrate the social care response via the hub. The hub would also have the capacity to provide direct professional advice to police, paramedics and GPs.

The benefits of creating this model would be to improve patient safety and reduce instances of DSH through the provision of an accessible specialist mental health support and advice service 24/7. The team would provide tailored treatment outcomes to service user need using an evidence-based Mental Health Triage Scale (ukmentalhealthtriagescale.org). This would serve to improve service user experience, reduce pressure and attendance at ED and Out of Hours GP. The team would have the scope to provide early detection of mental health relapse and be able to facilitate early interventions.

Evidence from UK pilot sites (Cambs & Peterborough) has shown:

- 25% reduction in ED MH attendances
- 26% reduction in ambulance see, treat & convey
- 39% reduction in OOH GP

The team would provide 24/7 referral acceptance & ownership from Primary care, other health professionals, social care and emergency services (SWP & WAST); building on established pathways.

The mental health practitioners within the team would provide an initial triage assessment and promptly assess the situation and determine whether an urgent action is required. All referrals deemed urgent would have an assessment within a time-frame in keeping with the level of identified need.

Progress to date.

The progress on the project to date has seen the creation of a steering group which met for the first time on July 29th 2021. There are ongoing monthly dates set to ensure the opportunity to work through the operational arrangements and interface of the SPoA with existing services such as the Common Access Point and the ambition remains to be able to go live with the Single Point of Access from October 2021.

Yours sincerely



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



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

Please ask for: Scrutiny
Gofynnwch am:
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Line:
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Uniongyrochol:
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Date 23 June 2021
Dyddiad:

BY EMAIL

cc Cabinet Members

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services following the meeting of the Panel on 02 June 2021. It covers Adult Services Transformation Programme, Wales Audit Office Report actions and Director's Annual Review of Charges.

Dear Cllr Child

The Panel met on 02 June to discuss the Adult Services Transformation Programme, Actions from the Wales Audit Office (WAO) Report 'Front Door to Adult Social Care' (Recommendation: Impact of Preventative Services) and the Director's Annual Review of Social Services Charges.

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

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

The main issues discussed are summarised below:

OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU
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Adult Services Transformation Programme

We heard that it is not a usual year and as such, the Programme is looking at living with Covid, including contingency and recovery but that it is also aspirational.

We queried what developments / changes / additions have occurred in relation to assistive technology, what further possibilities are emerging, and what volume of items are currently in play. Officers responded that assistive technology plans are still in development and a briefing will be brought to the Panel later in the year. We heard that there has been significant investment to date and that we have always had the telecare offer but Smart Hubs have also been introduced and pager alerts. In terms of volume across telecare/community alarms stock, we heard that the Authority has approximately 300 kits out in the community and 100 smart hubs in stock. In addition, to telecare we heard that investment has been made in 'just checking' kits and that currently we have approximately 50 in stock but would like more and there has also been investment in chair and bed sensors.

We queried what the co-budget savings are and were informed they have been identified and taken into consideration in the budget this year. Officers agreed to provide more information.

Direct payments were discussed and we queried what proportion of direct payments come directly to the Authority, and if the payments come to the Authority, what service is provided. We were informed that direct payments are used by individuals to purchase day provision from the private sector, or to employ someone independently for provision, or to use the Third Sector for provision. If someone wants to use the Authority's in-house provision, they do not need to use direct payments as they can access the service directly through the Authority.

We asked about domiciliary care in rural areas, the problems associated with this and development of social enterprises. Officers confirmed the re-commissioning of domiciliary care in 2019/20 improved expansion and coverage in rural areas. Use of the in-house reablement service and in-house long-term care service improved coverage in rural areas to deal with this issue. We also heard that a number of new providers have been taken on during lockdown and this has improved coverage even in rural areas. Alongside this, we heard that you are trying to support development of appropriate social enterprise models or other approaches. We heard that a programme started last year with Co-production Wales and the Third Sector called 'Communities Together' Programme. This focussed on hyper local solutions being community-led, using resources on the ground to understand where there is need and gaps in provision and identify opportunities to support local businesses and individuals grouping together, to make best use of direct payments or help start-ups for local business.

We queried if in addition to hospital to home discharge schemes there is scope for proactive inter agency assessments of people still living at home, that might prevent the use of emergency admission hospital facilities in the first place and supply residents with the services they might get after a period of care in hospital. Officers gave reassurance that a lot of the Directorate's work has a multi-disciplinary team focus in the community, for example, the front door to Social Services and the mental

health single point of access. Also for residential the Authority offers some step up provision from the community. We heard that you are considering doing more assessments within The Authority's residential settings around peoples' most appropriate at home package of support. Officers also confirmed that in terms of regional work streams, working alongside this is the 'Home First' and 'Keep me at home' programmes, which are working towards the same outcome, to prevent people going into hospital at all, or if they have to, making sure they can return home as quickly as possible and be reabled to remain at home.

We asked if there was any data available on how many referrals have been prevented by anticipatory care and were informed that this is difficult to answer as anything preventative, by definition, does not touch the Service's formal recording system. We heard however, that there are figures on sign posting but in terms of outcomes there is work to be done in terms of understanding this better.

We raised a query about the complaints process, asking if there is any independent input into it. We requested a report showing a recent summary of the number and type of complaint received and action taken. Officers agreed to share information and links outside of the meeting.

Actions from the Wales Audit Office (WAO) Report 'Front Door to Adult Social Care' (Recommendation: Impact of Preventative Services)

We were informed that the audit was conducted on a Wales-wide basis. Swansea was not one of the Authorities who received a visit, but did provide some information. We heard that the recommendations are broad and apply to the whole of Wales and that key recommendations from the audit report are being taken forward as part of the Transformation Programme.

We heard that work around all areas highlighted to the Panel in March 2020 have progressed significantly or been completed. In addition we heard that further development of preventative services and access to the Service's own 'front door' have been expanded in response to the Covid pandemic and this has presented further opportunities for change and improvement particularly in respect of the Services carer's information, access and support.

We queried what connection the Authority has with the Third Sector/SCVS, if it is contractual and if it is funded. We were informed that there are a couple of funding avenues to SCVS including a number of external grants and the Authority gives SCVS core funding in terms of the volunteering service aspect and also for core work SCVS undertakes under the Compact Agreement and that the Authority also has other projects with them. We heard that the proportion of ONA funding to SCVS has increased to reflect activity over the last 12 months. We also heard that exit planning post funding is now the Authority and SCVS' focus as there is a need to understand the benefit of all models to determine how we commission going forward.

We wanted to know how the Advocacy Service is operating, how it works and receive feedback on how it performs. Officers confirmed the independent advocacy service is available to any person or carer where there is a barrier to them receiving the support they need. Officers agreed to provide more information on this to the Panel.

Director's Annual Review of Charges

We heard from the Director that his recommendation to Cabinet was that new charges should not be introduced, but an inflationary uplift to existing charges of 1.75% (advisory figure from Welsh Government) should be applied. We noted that the Director's recommendations were accepted by Cabinet.

We were informed that subsequent to the report going to Cabinet, the Service looked at learning from a test case and as a result have undertaken a review to ensure the Authority's charging regime is not discriminatory. We heard that officers are confident the Authority is fully compliant. We also heard that it has highlighted that the Service could do further work around transparency, in particular the mechanics of how financial assessments are carried out. We requested to see the information around this. The Director agreed to bring a further update when the work is finished, sharing what they intend to publish.

Work Programme

We heard that Care Inspectorate Wales are undertaking a Local Authority Assurance Review, that it is covid related and that it was taking place on 07 June 2021. As a result the following items have been added to the work programme:

- Initial Feedback from CIW Assurance Visit – scheduled for 14 July 2021 meeting
- CIW Assurance Visit Full Report – provisionally scheduled for October 2021 meeting

For information, we also agreed to schedule the item 'Feedback on inspection of Domiciliary Care Services' provisionally for the October 2021 meeting.

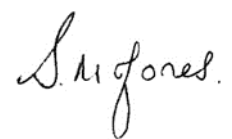
We discussed the possibility of an item on 'Outcomes Budgeting' being added to the work programme this year. The Director said he would discuss with you, and Heads of Service, what it is possible to provide this year and inform the Panel.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, but please provide a formal written response by Wednesday 14 July 2021 to the following:

- Information on co-budget savings
- Information and links on complaints process
- Further information on the Advocacy Service
- Update on work around transparency and what you intend to publish to be shared with the Panel once completed
- Confirmation of what can be provide to the Panel this year in relation to 'Outcomes Budgeting'.

Yours sincerely

A handwritten signature in black ink that reads "S. Jones." The signature is written in a cursive style with a large initial 'S' and a period at the end.

SUSAN JONES
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.SUSAN.JONES@SWANSEA.GOV.UK



Councillor Susan Jones
Convener, Adult Services Scrutiny Panel

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cllr.mark.child@swansea.gov.uk
Our Ref: MC/JW
Your Ref:
Date: 16 July 2021

BY EMAIL

Dear Councillor Jones

Thank you for your letter dated 23rd June 2021. As requested, please see below responses to the points you have raised.

1. Information on co-budget savings

The savings target is £2,946,000 for Adult Services.

The majority are on track to be delivered and we've removed from the budgets, e.g. efficiency savings due to changes in working practices, increase in client contribution and income recovery. To ensure these stay on track and to ensure the savings targets which span more than one year this is aligned to our Transformation work so new ways of working are implemented to achieve the savings in the long term.

Work this year includes savings in efficiencies through; the Supported Living retender; continuation of Right Sizing of Domiciliary Care work to reduce expenditure and any under delivery; establishing a collaborative approach with health for funding for complex high cost placements and packages of care; co-produce future model for Day Services; Investment in Hospital to Home, and through Direct Payment reviews.

One budget saving is on 'amber' relating to a 1% reduction in staffing budget (£350,000) and this is being monitored and tracked quarterly. This was based on an underspend in 2020/21 through vacancy management and maximising the use of grant funding, although we know there is an increased demand on staffing levels.



2. Information and links on complaints process

The Social Services Complaints Policy has been established in accordance with the Social Services Complaints Procedures (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014.

It is hoped that all concerns can be resolved by Social Services without the need for further action. Stage 1 of the complaints process is informal / local resolution. If the complainant refuses the offer of a discussion, the complaint may proceed to the formal investigation stage.

Stage 2 of the complaints process is a formal investigation. This is completed by someone independent of the council who is commissioned to undertake the investigation and produce a report. The Director of Social Services produces the complainant with a written response to the report which includes whether the complaint is upheld and any action which will be taken.

If we do not succeed in resolving a complaint, the complainant may refer the matter to the Public Services Ombudsman for Wales.

Actions and service improvements resulting from complaints are implemented with the service. The Adult Services Quality Assurance and Improvement meeting ensures that all learning is shared and service improvements are implemented following complaints, reviews and hearings.

The annual report of complaints to Social Services is report to the Service Improvement and Finance Scrutiny Performance Panel. The latest report went the April 2021 meeting: [Agenda for Scrutiny Performance Panel – Service Improvement & Finance on Monday, 12 April 2021, 10.00 am - City and County of Swansea](#)

3. Further information on the Advocacy Service

Advocacy services can help individuals in situations where they may not feel able to deal with everything on their own. An advocate is independent and non-judgemental.

An advocate can:

- Help find relevant information
- Ensure the individual understands their rights
- Speak on behalf and represents the views of the individual
- Liaise with professional services on behalf of the individual
- Go with the individual to meetings and other formal appointments

Usually advocates are used to help with a specific issue like obtaining a service, dealing with abuse or making a complaint rather than for ongoing support.

Details of the Advocacy Services are on www.swansea.gov.uk/advocacy

There are different advocacy services based on an individuals' requirements, these include;

Independent Professional Advocacy (IPA) Service (www.mhmwales.org.uk) is available to those entering into or already engaged with Social Services, and is accessible when a person can only overcome the barrier(s) to participating fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available. This is available via self-referral and agency referral.

The contract is managed via our Commissioning Team, including the performance monitoring. The performance information includes number of clients per month e.g. Older People, Carers and nature of requests including assessments, care and support plans, safeguarding and accommodation issue etc, along with age demographics, trends of issues raised and evidence of distance travelled by the clients.

4. Update on work around transparency and what you intend to publish to be shared with the Panel once completed.

Swansea Council's Social Services charging policy applies the Charging Regulations and statutory Code of Practice as set by the Welsh Government within which framework the Local Authority is required to operate. Each year the Council completes a review of the policy to inform the list of charges to apply in the following year and to apply any changes proposed by Welsh Government or based on feedback.

The annual review of charges is overseen by Swansea Council's Social Services Finance and Charging group, chaired by the Director of Social Services. Annual changes to charges are agreed by Cabinet and contained within the List of Charges which is annexed to the Charging Policy. We will be incorporating coproduction approaches within this annual review process during the next year.

We are currently reflecting on the Financial Assessment processes for Social Services service user contributions towards the costs of Social Care and will be reviewing the methods by which the information needed to make those decisions is gathered and the type of supporting evidence that is requested. We aim to make the process as clear and simple as possible and aim to publish Financial Assessment Guidance. The Financial Assessment Guidance will be coproduced with service users and representative forums including the Direct Payment Forum in the coming months and will bring this to scrutiny later this year.

5. Confirmation of what can be provide to the Panel this year in relation to 'Outcomes Budgeting'.

During the financial year 21/22 we will be refining our approach to forecasting and outcome based budgeting during 21/22. Due to Covid 19, 2020/21 was an unusual year in terms of budget outturn, income and additional grants and as such the budget forecasts for 21/22 are a hybrid of supporting recovery and maintaining a business as usual position.

We are developing budget plans that demonstrate the delivery of our service priorities and outcomes achieved.

The budgeting approach will demonstrate how the spending is making a difference and how it is contributing to the Adult Service priorities;

- Better Prevention and Better Early Help
- Keeping People Safe
- Enabling and Promoting Independence
- Integrated Services
- Financial efficacy

Current budgeting and accounting arrangements are indeed complex enough, especially as we move from a position pre-pandemic to post pandemic. Planning assumptions will have changed as has demand for services.

We focus on the regulatory requirements which are predominantly input, cost focussed, budget builds within resources available. This is influenced by the levels of block grant from Welsh Government, with only a relatively small proportion met by council tax.

This sets overall parameters and then members in Councils make a series of often undefined and certainly not fully quantified value judgments based on available advice around allocation of the input cost budgets by service based on relative importance.

To move to outcome based budgeting has a huge amount of complexity involved. A planned step change from actual to aspiration is potentially very large, especially if done in one go and takes measurement and valuation to a whole new level and not only requires those judgements and values to be described but almost certainly requires extra inputs including a bigger accountancy and economics workforce to do the extra work. Decisions on such extra back office inputs would depend on the value ascribed to the value of outcomes of the work done by those extra inputs to better inform and optimise the outcome based aspiration.

Throughout 21/22 we will be taken an approach based on the CIPFA Financial Management Code which is designed to support good practice in financial management and to assist local authorities in demonstrating their financial sustainability.

The Code is based on a series of principles supported by specific standards and statements of practice which are considered necessary to provide the strong foundation to:

- Financially manage the short, medium and long term finances
- Manage financial resilience to meet foreseen demands on services
- Financially manage unexpected shocks in their financial circumstances

Financial management challenges faced by many local authorities are unprecedented and show no signs of easing. This is significant because it means that different styles of financial management are necessary.

Financial sustainability will not be achieved by continuing with the behaviours of the past since these will not meet the demands of the present and the possibly even more challenging future.

To remain financially sustainable authorities need to develop their financial management capabilities, this is the work we will undertake in 21/22.

The strength of financial management can be assessed by a hierarchy of three 'financial management styles':

- Delivering accountability
 - Supporting performance
 - Enabling transformation
- These different styles are used to describe the different standards of financial management which may be found in local authorities.
 - They represent a hierarchy in which success in enabling of transformation is only achieved by a financial management style which supports performance and which in turn delivers accountability.
 - Once these basic foundations have been soundly established, in response to increasing risk authorities need to move up through a hierarchy of financial management styles.
 - This is especially as risks have increased for many local authorities; on the one hand reduced expenditure leaves less margin for error while on the other hand in seeking to generate new income local authorities take on unfamiliar risks.
 - This hierarchy of financial management styles loosely maps onto the now deeply embedded recognition of the necessity for economy, efficiency and effectiveness to achieve value for money.
 - In delivering accountability the finance team ensures that their authorities spend less and so achieve economy.
 - In supporting performance the finance team works with the authority to spend well by maximising the output from goods or services and so achieves efficiency.
 - Finally, in enabling transformation the finance team supports the effective use of public money.



These are the principles we will be working towards this financial year, however as outlined above this is a complex and needs careful planning and consideration.

We will incorporate relevant expenditure in addition to reporting on outputs and outcomes, in our performance reports. We will having a specific focus on the outcomes of Local Area Coordination and an analysis of the cost benefit during the next nine months and will bring this to scrutiny.

Yours sincerely



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

Agenda Item 6



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

Adult Services Scrutiny Performance Panel – 20th October
2021

Workforce Support Programme - Support for Health and Social Care Staff

Purpose	To provide a briefing requested by the Board about the Social Services Workforce Support Programme
Content	<ul style="list-style-type: none">• This report includes a summary of support provided to Health and Social Care Staff
Councillors are being asked to	<ul style="list-style-type: none">• Endorse the report
Lead Councillor(s)	Cllr Mark Child
Lead Officer(s)	Dave Howes Director of Social Services
Report Author	Deborah Reed/ deborah.reed@swansea.gov.uk

**Rhaglen Cefnogi'r
Gweithlu -
Cymorth ar gyfer
Staff Iechyd a
Gofal
Cymdeithasol**

Deborah Reed, Prif Swyddog
(Adnoddau)
Arweinydd y Gweithlu

**Workforce
Support
Programme -
Support for
Health and Social
Care Staff**

Deborah Reed PO (Resources)
Workforce Lead



- Cymorth Cyntaf Seicolegol ar gyfer Gweithwyr y Rheng Flaen
- Taliadau Gofalwyr
- Ymgyrch Recriwtio
- Tîm Cymorth Ychwanegol (TCY)
- Lles Staff
- Cynllun Peilot Salwch Tâl Salwch Statudol (SSP)
- Ffurflenni Gweithlu Llywodraeth Cymru

- Psychological First Aid for Front Line Workers
- Carer's Payments
- Recruitment Drive
- Additional Support Team (AST)
- Staff Wellbeing
- Sickness Pilot
- Statutory Sick Pay (SSP)
- Welsh Government Workforce Returns

Cymorth Cyntaf Seicolegol ar gyfer Gweithwyr y Rheng Flaen

Nod Cyffredinol

- Nod cyffredinol y prosiect oedd darparu cefnogaeth iechyd meddwl a lles i weithwyr y rheng flaen yr oeddent yn dioddef o straen cynyddol yn ystod pandemig COVID-19.

Psychological First Aid for Front Line Workers

Overall Aim

- The overall aim of the project was to provide mental health and wellbeing support to front line workers whilst under increased stress during the Covid-19 outbreak.

Taliadau Gofalwyr

- Medi 2020 - Gweinyddwyd taliad Llywodraeth Cymru o £500 i ofalwyr (Gwasanaethau Mewnol a rhai a gomisiynwyd a busnesau gofal cymdeithasol yn Abertawe) o fewn y Gwasanaethau Cymdeithasol.
- Mai 2021 - Rhoddwyd y cynllun cydnabyddiaeth ariannol ar gyfer gweithwyr y GIG a Gofal Cymdeithasol ar waith. Y tro hwn roedd y cylch gwaith yn llawer mwy o ran y canlynol: manylion ynghylch pa weithwyr a fyddai'n elwa o'r taliad hwn, eto roedd yn cynnwys staff mewnol, gwasanaethau a gomisiynwyd a busnesau gofal cymdeithasol yn Abertawe.

Carer's Payments

- September 2020 - Welsh Government Payment of Carers £500 (Internal & commissioned services and social care businesses based in Swansea) was administered from within Social Services.
- May 2021 – Saw the implementation of the financial recognition scheme for NHS and Social Care Workers. This time the remit was much larger re: specifics of which employees would benefit from this payment, again it included internal staff, commissioned services and social care businesses based in Swansea

Ymgyrch Recriwtio

- Arweiniais ymgyrch recriwtio ar gyfer y gwasanaethau preswyl a gofal cartref (a arweiniodd at ehangu ein gweithlu'n sylweddol yn ystod y pandemig)
- Roedd yr ymgyrch recriwtio gyntaf wedi arwain at recriwtio 61 o staff ychwanegol ar gyfer y rheng flaen
- Roedd ymgyrch bellach ym mis Ionawr 2021 wedi arwain at recriwtio 34 aelod o staff ychwanegol
- Recriwtiwyd 12 aelod o staff mewnol hefyd i gefnogi'r gwasanaethau preswyl

Recruitment Drive

- I led a recruitment drive for both residential services and homecare (resulting in bolstering our workforce considerably during the pandemic)
- Initial recruitment campaign saw an additional 61 front line staff recruited
- Further campaign in January 2021 saw an additional 34 staff appointed
- 12 internal staff were also recruited to support residential services

Tîm Cymorth Ychwanegol (TCY)

- Crëwyd Tîm Argyfwng a allai gweithio ar draws ein gwasanaethau preswyl a gwasanaethau a gomisiynwyd o fewn Abertawe a CNPT petai'r angen yn codi (wrth i nifer yr achosion o COVID-19 gynyddu mewn cartrefi, roedd y ddarpariaeth hon wedi darparu ychydig o sicrwydd i reolwyr/staff gan wybod bod gennym dîm i ddarparu cefnogaeth bob amser heb lawer o rybudd)

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Additional Support Team (AST)

- This was the creation of a crisis team that could work across our residential services and commissioned services both within Swansea and NPT if the need arose (as Covid increased in homes this provision provided a certain amount of security to Managers/Staff knowing we always had a team to provide support with the shortest of notice)

Lles Staff

- Sefydlwyd grŵp lles i staff
- Cynhaliwyd arolwg staff
- Datblygwyd gwefan i ddarparu dolenni ar gyfer cefnogaeth

Staff Wellbeing

- Wellbeing staff group established
- Staff survey carried out
- Website developed to provide links for support

Cynllun Peilot Salwch

- Gwaith penodol gydag AD i leihau lefelau salwch o fewn gofal cartref, ymestynnwyd hyn i ddarpariaeth gwasanaeth e.e. cefnogi staff i ddychwelyd i'r gwaith, a oedd yna'n cefnogi pwysau staff o fewn y tîm

Sickness Pilot

- Specific work with HR to reduce sickness levels within Homecare, this has now extended into Service Provision i.e. supporting staff to return to work, which then supported staffing pressures within team

Tâl Salwch Statudol (SSP)

- Cyflwynodd Llywodraeth Cymru Tâl Salwch Statudol ar gyfer yr holl staff yn y ddau wasanaeth a gomisiynwyd a busnesau gofal cymdeithasol yn Abertawe a'r ffordd y gweinyddwyd hyn o fewn y Gwasanaethau Cymdeithasol

Statutory Sick Pay (SSP)

- Welsh Government introduced Statutory Sick Pay for all staff in both commissioned services and social care businesses based in Swansea and this was administered from within Social Services

Ffurflenni Gweithlu Llywodraeth Cymru

- Ffurflenni wythnosol gweithlu Llywodraeth Cymru ar y gweithlu e.e. nifer y staff sy'n gwarchod, symptomau COVID-19, dioddef o COVID-19, problemau iechyd eraill (Nid oedd hyn o reidrwydd yn cefnogi staff ond o safbwynt rheoli roedd yn fy ngalluogi i fonitro'r meysydd gwasanaeth a allai fod angen rhagor o gefnogaeth staff)

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Welsh Government Workforce Returns

- Weekly workforce returns for WG on the workforce i.e. number of staff shielding, Covid symptoms, actually have Covid, other sickness issues (This did not necessarily support staff but from a management perspective enabled me to monitor the service areas that potentially required more staff support)

Agenda Item 8



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

Adult Services Scrutiny Performance Panel – 20 October 2021

PERFORMANCE MONITORING

Purpose	To present the Adult Services monthly performance report for August 2021.
Content	The Adult Services report includes the latest performance management information, including; enquires through the Common Access Point, Client Reviews, Carers Assessments, Residential and Community Reablement, Domiciliary and Residential Care, and Safeguarding responses.
Councillors are being asked to	Consider the report as part of their routine review of performance in Adult Services.
Lead Councillor(s)	Cllr Mark Child, 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, Interim Head of Adult Services 01792 636245 Amy.Hawkins@swansea.gov.uk Helen St.John, Interim Head of Integrated Services Helen.StJohn@wales.nhs.uk 01792 636245

Adult Services
Summary Management
Information Headline Report
Data for August 2021



Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.

Doing What Matters

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

Agreed Service Objectives for 2021/22

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

Amy Hawkins, Interim Head of Adult Services Summary

During August there has been an increase in Mental Health Care and Support plans completed. The MH team continue to provide an emergency Mental Health support service via approved mental health professionals. The Learning Disabilities Team continue to implement a Well-being contact RAG rating system to support people. The availability of day support and respite is increasing, although there are still restrictions in capacity due to infection control measures in place to ensure the safety of attendees. Additional information is included in this report on the use of day services and the type of day service.

The report includes details of new projects starting with additional funding we have received from Welsh Government to support innovative approaches for respite for unpaid carers. We continue to focus on support for unpaid carers and a group including carers, providers and internal staff focused on local actions to support carers has been implemented.

Our internal care homes continue to have staffing demands due to the care requirements of the residents and to manage infection control measures. Additional staff have been recruited and all vacancies are being filled.

The report includes additional detail about Direct Payments, the current use and the work planned in this area to increase the use and ease of use of Direct Payments as a flexible way to deliver support to individuals.

We still have a high level of Adult at Risk reports received and these are being addressed in a timely manner. The team are providing Safeguarding Consultations with colleagues prior to putting in Adult at Risk (AAR) reports which is resulting in less inappropriate AAR reports. Statistics continue to evidence that the work the Team are undertaking in determination of AAR Reports, using a collaborative approach, is lowering the number of cases brought through Safeguarding. Our multi-agency work continues to focus on preventative work, reducing risk early on.

After a recent improvement, we have again seen an increase in the new Deprivation of Liberty Safeguards (DoLS) applications and a slightly increased backlog. Further grant funding has been secured to address the large number of referrals.

Helen StJohn, Interim Head of Integrated Services Summary

The regional Health and Social Care system has experienced an escalation in the level of demand during August which, in conjunction with staff absence has kept us at a Level 4 with an increasing level of risk throughout the month.

The picture is of many service areas being impacted to varying degrees. There are a large number of care homes being temporarily closed to admissions due to very small numbers of staff having to leave the workplace following positive LFD tests and whilst awaiting PCR test results. Whilst the staffing in each establishment is able to continue to support resident care, there is a temporary closure to admissions whilst test results are awaited. An added layer this month is the summer holiday annual leave absence which further reduces staffing levels. It is positive to see that despite the afore mentioned challenges, the flow through the bedded reablement facility in Bonymaen House has continued and the outcomes for individuals continue to improve with 71 % of the 14 people who returned home having no care needs. The figure of 14 discharges is double the figure for the previous month so the service has achieved greater flow and also better outcomes which is worthy of note.

The Domiciliary reablement service has really felt the impact of the hand backs of packages of care by external care providers during August – the constant flow through this service and the dynamic use of care capacity has had to be utilised to support individuals where no alternative external care provider could be secured thus reducing the capacity available to carry out reablement. The impact of this is two –fold as those individuals who have completed their reablement and require ongoing long term dom care cannot move on to the next stage of their support due to the reduced capacity and fragility in the external market. The reduction in hours of reablement for August bears this out – a reduction from 1629 hrs in July to 970 during August.

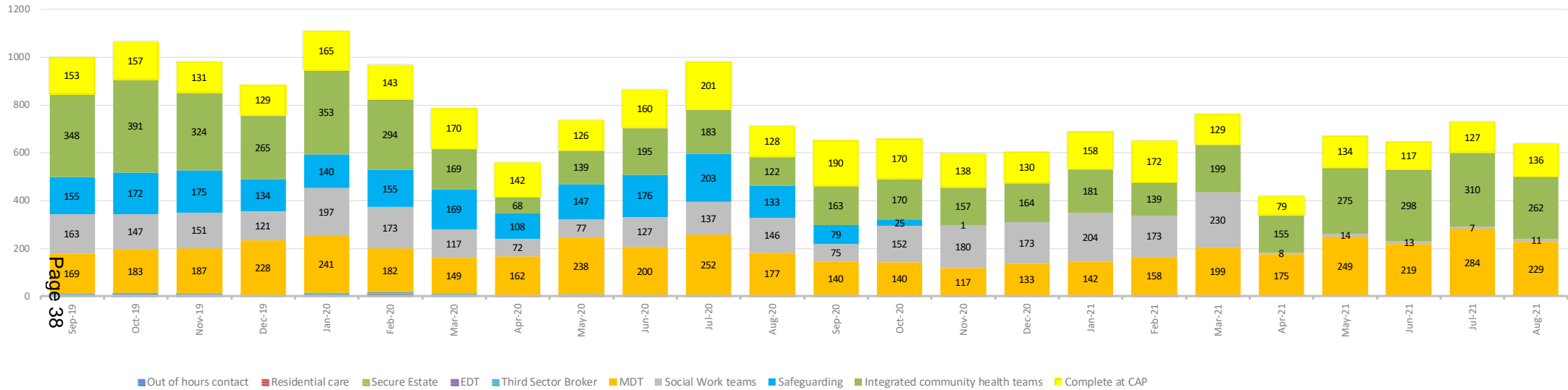
The number of enquiries received at the Common Access point is less than the previous month by 90 however within this figure a greater proportion of enquiries were resolved at the first point through the provision of advice and information – 21% in August from 17% in July. This indicates that staff are having strengths based conversations and supporting resilience from family and local support.

We have reflected the increased levels of demand that services are experiencing for several months. In conjunction with the longstanding and ongoing impact of the Covid -19 activity on staff absence there has been a cumulative effect of waiting lists and times for SW assessment and review. Despite trialling creative recruitment solutions for Social work registrants, the national paucity of this workforce has frustrated out efforts to achieve full staffing establishment and bring this issue back to a level that is comfortable. We have actively engaged with an external agency and are developing an approach that will bring additional capacity to bear down on this between now and the end of the financial year.



Common Access Point

Referrals created at the Common Access Point - the reduced number of referrals going to CAP MDT reported in previous months was investigated and was identified as an extract error which has been resolved. This has resulted in a change to the numbers of referrals moving directly from CAP to the SW teams. Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams.



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It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created from Aug 2020. **302 referrals were recorded in the Safeguarding team in August** (289 in July).

638 enquiries in Aug21 **728** enquiries in Jul21

136 Provided Advice & Information
229 MDT
11 directly to SW Teams
262 to integrated therapies

127 Provided Advice & Information
284 MDT
7 to SW Teams
310 to integrated therapies

712 Enquiries were created by CAP in July 2020
 SW Teams 2019 average was 144 per month
 SW Teams 2020 average was 136 per month

What is working well?	What are we worried about?	What we are going to do?
<p>WCCIS is now beginning to be embedded into our daily work and staff are adapting to the new system well.</p> <p>For August there is an increased proportion of enquiries being resolved by the Common Access team by the provision of Advice & Information. Staff continue to have collaborative conversations looking at the strengths of the client and surrounding families and networks</p> <p>The CMOs based in CAP continue to right size packages of care as well as covering phone duties. The social workers based in CAP MDT are continuing to go out on home visits. Completing the risk documentation and wearing appropriate PPE.</p> <p>We are seeing the peak of the referrals coming in during the evening and at weekends. We have continued to manage the change accordingly.</p>	<p>A concern that we are missing some online referrals, due to an issue with the IT system, this is being investigated by ICT.</p> <p>Number of rapid response requests coming into the MDT that require a same day response has gone up recently due to carer strain. The complexity of these cases are an issue. We are currently managing the demand in the team. The number of residential placements requests has increased.</p> <p>The number of enquires coming into the team are increasing the number of calls being abandoned due to insufficient numbers of staff to take the phone calls. This is because more staff are required on the Inbox completing online enquiries.</p> <p>This situation may improve during September as most annual leave requests would have been completed.</p> <p>Potentially losing funding for the CPN currently ICF funded. This would be a deficit in the team as the CPN is an asset with supporting the MDT, as we are seeing more people coming into CAP with dementia and are at significant risk.</p> <p>We need to look at what performance indicators we need to extract from the WCCIS system in order to improve our way of working in CAP.</p>	<p>Continue to liaise with ICT to resolve issue with missing online referrals</p> <p>Continually monitor the current stats and meet with the WCCIS managers in regard to collating the correct data during the development of the restructure.</p> <p>Continue to attend the daily rapid discharge meeting.</p> <p>Continue to give a very good standard of service to the public and other professionals.</p> <p>Continue to provide the stats required in regard to CPN as evidence that the post is required.</p> <p>Look to further develop reporting to split Rapid Responses and CIAT referral in MDT.</p> <p>Continue to signpost enquiries to alternative provision for simple equipment solutions in the community.</p>



Assessments & Reviews

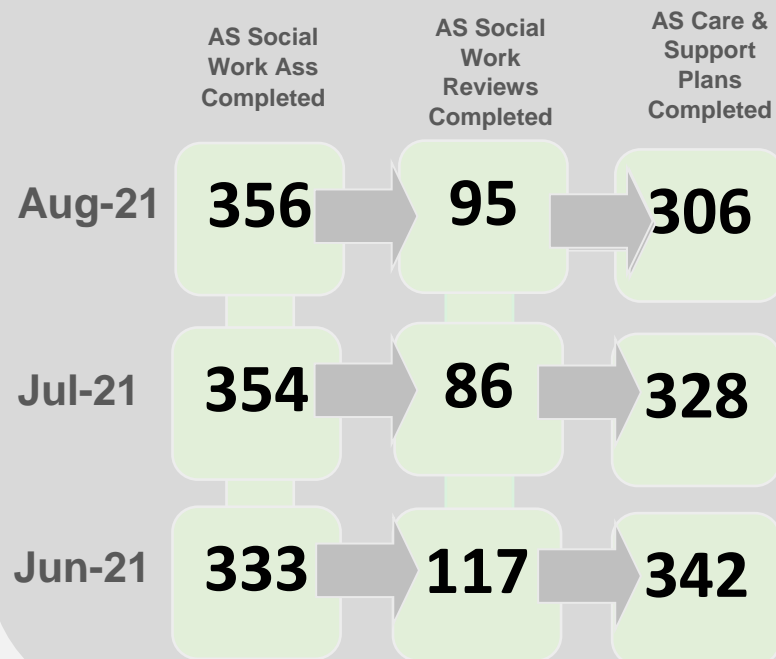
Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports are on the WCCIS Team development list and we will work towards having this data for a report in the near future.

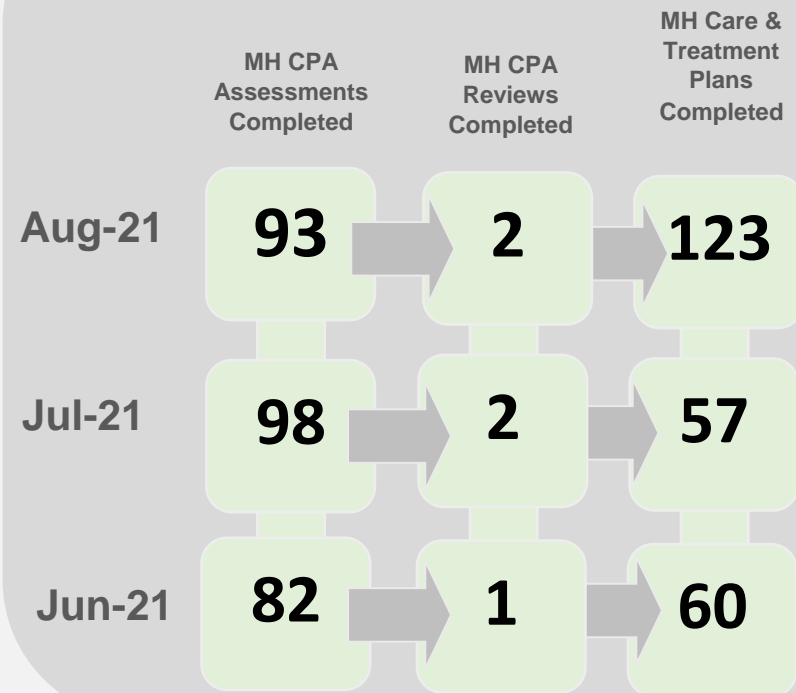
Assessments

Further Assessment reporting is progressing and will be developed further over coming months.

Adult Social Work Assessments Completed



Mental Health CPA Assessments Completed



Community Teams:

What is working well?	What are we worried about?	What we are going to do?
<p>The introduction of WCCIS supports understanding statutory annual review data, which enables us to work toward smarter delivery. Business Support Officers have complimented.</p> <p>All assessments tools are consistent with the collaborative communication approach, which refers to “what matters to people” and outcomes that matters to people. The assessment tools has had oversight of a barrister, this will minimise the risk of legal challenges on the tools that we are currently using. All assessment tools have been built into WCCIS and therefore all the teams use the same assessment tools hence providing a consistent approach</p> <p>The operational development of this group remains ongoing to support the prevention agenda.</p> <p>Working in partnership with the Commissioning Team, the review group has embedded a right-sizing model to domiciliary care using electronic data of care hours, identifying unused hours and utilising strength based conversations to maximise independence in the community. The development of cost saving tracker with both Budget and Commissioning Teams has evidenced the efforts of the right-sizing programme.</p> <p>Relationships with Health Board partners continue to work well, as joint reviews commence, changing needs promptly identified and funding responsibility align to appropriate organisation.</p>	<p>Performance data presently limited to reflect output.</p> <p>The volume of statutory review demands challenges the staffing capacity across the department.</p> <p>To enhance the present Review Group skill mix, increase the quality of the review performance and complement the joint review partnerships.</p>	<p>Utilise temporary staffing funding to maximise workforce to address priorities in meeting statutory review functions.</p> <p>Work closer with key partners to improve volume of statutory review completed, identifying primary health care needs to support risk management and appropriate funding responsibilities.</p> <p>Working with WCCIS and Performance teams to ensure what is captured reflects the output of work completed.</p>

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<p>The recruitment of agency AMHP has allowed greater stability in the provision of a daytime Mental Health emergency service. We continue to support the training and recruitment of qualified AMHP to the MH services which is steadily improving our capacity and resilience.</p> <p>MH and LD services continue to offer a duty system for referrals and assessments and where necessary continue to be face to face with the public but with the use of PPE and safe distancing. All core functions continue to be maintained throughout the pandemic along with assessment, care planning and review.</p> <p>MH Services are looking at extending the Single Point of Access Service to be available to the whole population via the NHS 111 call line.</p> <p>Work with the Transformation Team has allowed focussed attention on staff capability and function. Extra resource has been provided for MH and LD services with the creation of extra and higher grade posts out of existing establishment and with a minimum extra funding through alternative funding streams.</p> <p>We continue to plan for the development of accommodation based on the assessed needs of our MH and LD population. ICF and SHG capital funding has been procured to meet the varying and complex needs of the population of Swansea. These innovative schemes have been the result of very good long term planning and collaboration between Health and social services.</p>	<p>The lack of availability of psychiatric beds and transport to hospital continues to be a challenge for service users and AMHP when considering and arranging admission to hospital under the MH Act. Local network meetings with the police and the LHB continue to look at these issues and the creation of capacity within psychiatric services. We continue to provide an emergency Mental Health support service via an Approved Mental Health Professional service operating daily from 9 – 5. The AMHP referral form is now embedded within the process.</p> <p>Review statistics appear low in MH and this will be looked into. The LD care management numbers remain high at around 40+ cases for a F/T worker. Added to this is the complexity of the cases that they deal with. This includes a high number who require representations to the Court of Protection for welfare orders, Continuing Health Care representations to the Health Board, Transition cases, as well as dealing with families and providers who are under pressure.</p> <p>Assessment by the Health Board of people considered eligible for Continuing Health Care remain at less than 1 per month. A common and agreed list has been developed with over 40 cases yet to be assessed.</p> <p>MH and LD Providers of domiciliary, supported living and residential care are regularly reporting their inability to recruit and maintain staff. This has led to a number of placements not being able to proceed due to the lack of staff available.</p>	<p>In Jan 2022 we will launch a Swansea wide AMHP daytime rota without reliance on agency AMHP.</p> <p>Review statistics to be scrutinised to better understand the output in the MH service. We continue to work with the Transformation Team to identify improvements.</p> <p>Regular monthly development meetings with LHB and Partners to clarify operational issues.</p> <p>We will continue to meet regularly with Health service partners to consider the complex needs of people under our care and our joint approach to care and funding. This work is also taking place regionally so there is a consistent service offer and agreement on what is the appropriate care provided by the right agency at the right time.</p> <p>We are looking to extend the focus of the provision of accommodation and care for those people with complex needs regionally. Our focus will be on providing sustainable models of specialist accommodation and care locally to prevent people being placed away from their homes and family. Sustaining a skilled and reliable care workforce will be part of this groups focus.</p>



Carers and Carers Assessments

Updated Carers Information:

Carers Information for 2021/22 is in development from WCCIS. A report has been reviewed and is now being further developed to ensure it also captures data from MH services. Once the report is ready to be shared work will need to be undertaken to further validate the information and ensure data is appropriately entered and completed on WCCIS.

175

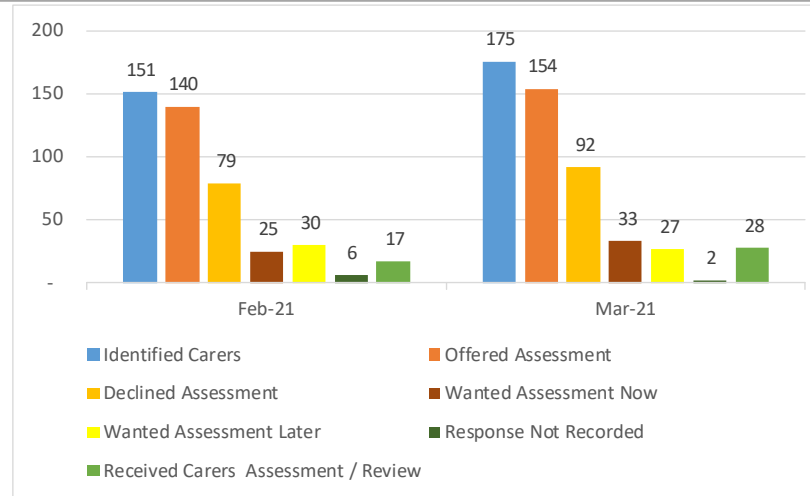
carers identified (Mar 21)

154 offered assessment (88%)

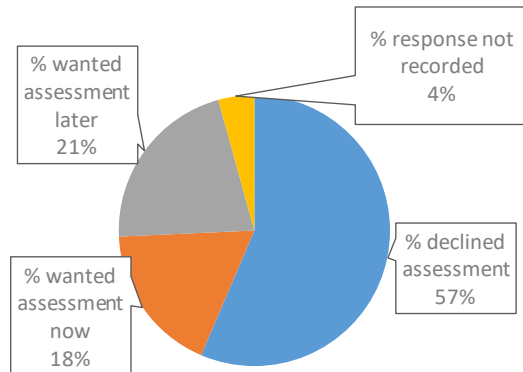
28 assessments undertaken

Mar 2020: 160 carers identified, 143 offered assessment

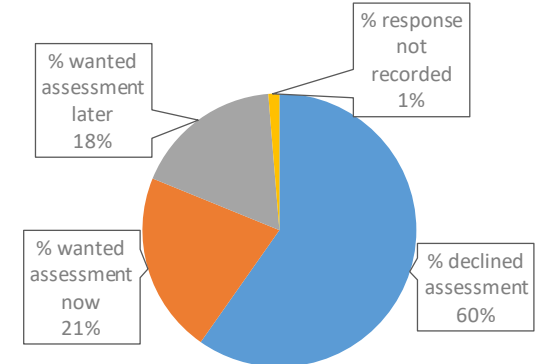
73 declined, 68 wanted (48%), 2 not recorded
38 assessments undertaken



140 ASSESSMENTS OFFERED IN FEBRUARY 2021



154 ASSESSMENTS OFFERED IN MARCH 2021



Assessments wanted either now or later:
39% (Mar), 39% (Feb), 36% (Jan), 42% (Dec),
37% (Nov), 41% (Oct)

Funding in relation to respite for unpaid Carers 2021-22

Funding information received from WG July 2021.

Funding up to **£138,252** up 31/3/22

Purpose of the Funding

The funding is to enable Local Authorities to meet the anticipated spike in demand for respite services caused by the impact of the pandemic on the mental and physical health of carers.

Whilst WG recognise there will be a high level of demand for traditional* forms of respite in the first six months of 2021-22, from September 2021, they are keen to encourage local authorities to consider more innovative approaches and have commissioned Carers Trust Wales to work with Swansea and Bangor Universities to draft a 'Roadmap to respite' which will can be used to inform how this money is spent. The research will be available in late July 2021. We are aware that many local authorities are already operating flexible and person-centred forms of respite, such as short breaks funds, that could be scaled up.

**Traditional forms of respite could include a sitting service or replacement care as a result of a carers' assessment.*

We ran a grant round for providers to address the criteria above and have awarded the following organisations for the following innovative approaches:

- Rapid response for respite at home for cares of persons affected by dementia and physical disability providing a short term responsive service for carers to support their wellbeing (Hafal)
- TIME 4 YOU, offering flexible and personalised respite service and giving adult carers a break and time for themselves – Ensuring they have a life outside of caring, improving wellbeing and increasing socialisation and reduce isolation (Swansea Carers Centre)
- Practical support for parent carers as means of supporting them in their caring role, although parent carers can apply for a direct payment the current service is inflexible and often for the benefit of the cared for and not the carer. This is an innovative pilot, which provides a menu of practical help so that parent carers have a choice as to what will meet their needs most and this in turn may help maintain parent carer health and well-being. (Swansea Parent Carer Forum)
- Supporting young carers to access respite by removing the major barrier of transport. In addition sessional workers for respite support every week providing extra activities sessions for groups and family for respite as identified by them as and when needed. (YMCA Young Carers Services)

What is working well?	What are we worried about?	What we are going to do?
<p>Social Work Practitioners continue to have collaborative conversations with carers.</p> <p>Regional Partnership Carers Board has coproduced a Regional Carers Strategy to influence our local actions for carers.</p> <p>Partnerships with Swansea Carers Centre has contributed to the review of Carer Assessments. Social Work Practitioners have contributed to improvement of WCCIS recording tools (Carers Assessment), which will improve performance data.</p> <p>Carers Awareness Training was launched within 'National Carers Week' with a good response to this enhanced learning and commitment to identify and timely respond to carers needs.</p> <p>Interest and participation from partners, carers and colleagues in the Swansea Carers Action Group and Planning Group.</p>	<p>Deeper understanding to the reason for declined carer assessments.</p> <p>Front door response to carers remains unrecorded.</p> <p>We need to be working better to capture the narrative conversation alongside statistical data.</p> <p>Carer Groups inform us that carer assessments are not offered consistently across the service – workforce training should address this issue.</p> <p>Some Carers are not in contact with commissioned services and have not had the opportunity of a carers assessment – we continue to work with Swansea Carers Centre to address carers rights.</p>	<p>Further partnership conversations with carer groups is required to understand the barriers to carers assessments</p> <p>WCCIS implementation has changed the carers assessment tool within the recording process which provides practitioners a simpler recording task and managers greater performance data. Work has been undertaken and continues at pace to clarify, validate and present the data.</p> <p>Additional social work practitioner carers needs assessment training is planned to enhance carer's rights.</p> <p>Consideration of a Carers Project at our front door to improve the carers assessment offer is planned which will enhance the carer conversations record.</p> <p>Deliver the Swansea Carers Action plan, monitor impact of actions.</p>



Residential Reablement

During June, July & August, Residential Reablement services had an overall percentage of 71 % of people returning to their own homes, independently and with care packages.

16

**Admissions
(Aug 21)**

14 from Hospital
2 from Community

17

**People left residential
reablement (Aug 21)**

8 people left residential reablement
in Aug 2020

14

**People went home
(4 with care, 10 with no care)**

1 to residential / nursing care / family
2 Hospital



20

**Admissions
(Jul 21)**

20 from Hospital
0 from Community

12

**People left residential
reablement (Jul 21)**

9 people left residential reablement
in Jul 2020

7

**People went home
(1 with care, 6 with no care)**

3 to residential / nursing care / family
2 Hospital



18

**Admissions
(Jun 21)**

18 from Hospital
0 from Community

12

**People left residential
reablement (Jun 21)**

9 people left residential reablement
in Jun 2020

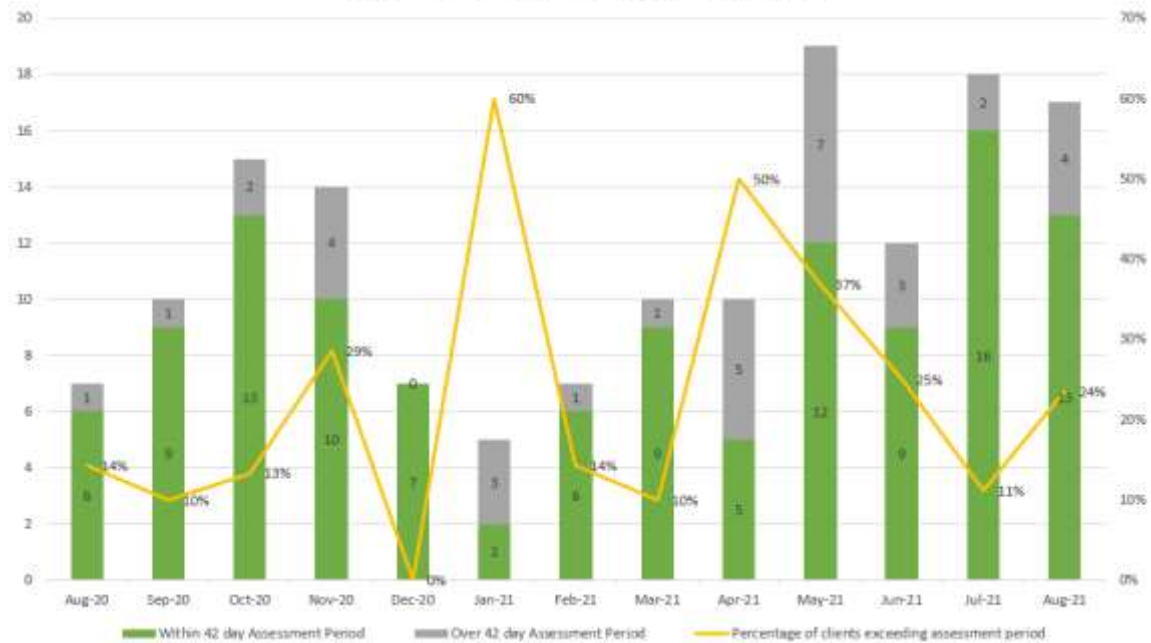
8

**People went home
(5 with care, 3 with no care)**

Not recorded



Bonymaen House - Total Discharges each month Within and Over Targeted 42 Day Assessment Period

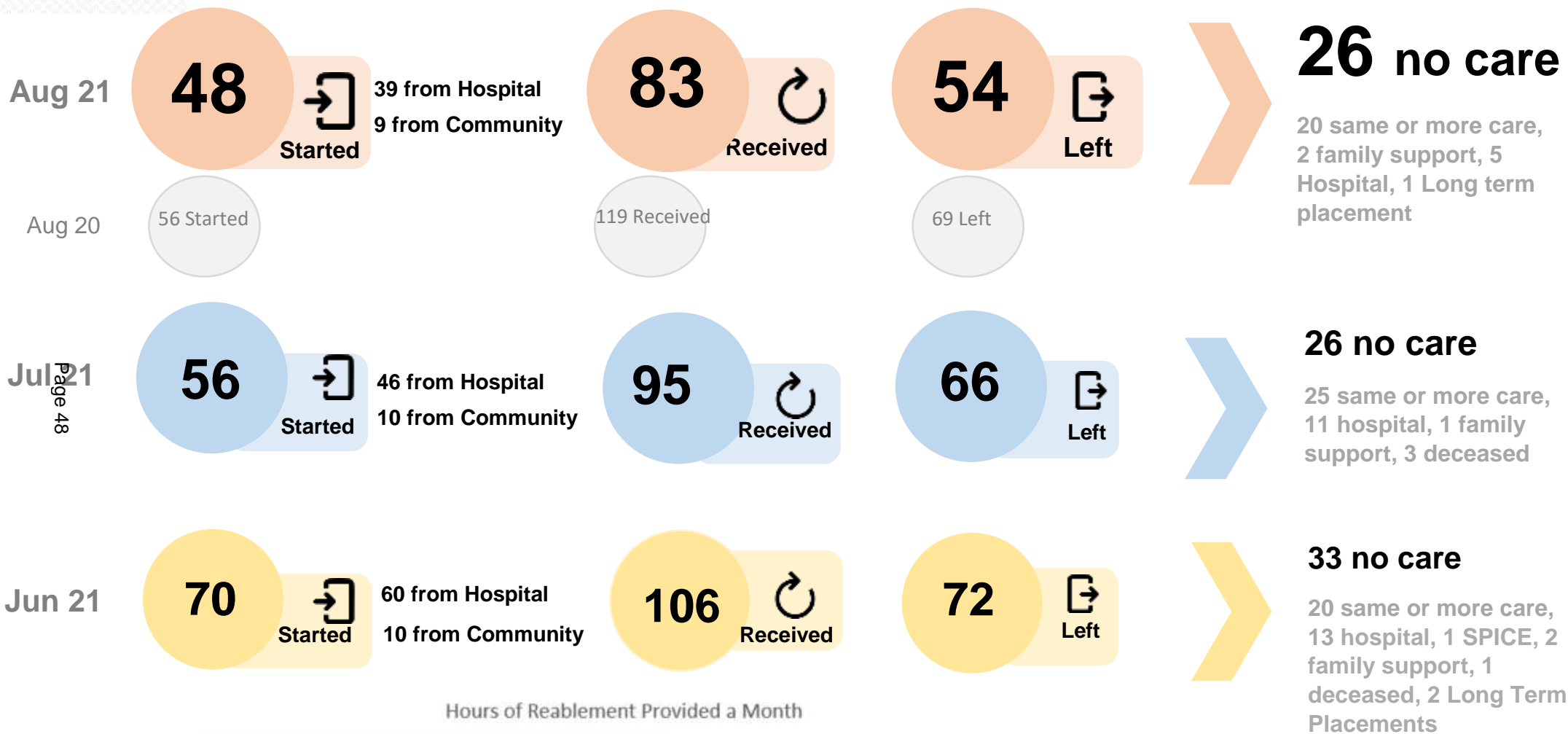


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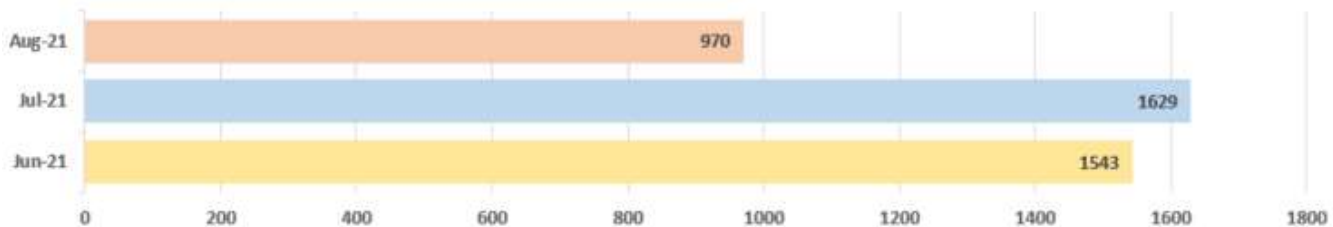
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Managers attendance at Rapid Discharge meetings Robust Infection control and COVID risk assessment PPE and staff testing arrangements Internal weekly MDT to determine outcomes and planned discharge dates Therapy staff working closely with Wellbeing coordinator to develop and undertake ongoing therapy programme. Staff support across services. Increase in people returning home from the previous 2 months. 	<ul style="list-style-type: none"> Delays in Sensory assessments Pressures from Hospital to discharge patients Some patients discharged from hospital are not at the reablement phase. Referrals that are more complex/fractures, which take longer to recover before reablement potential, delaying discharge home and reducing capacity in the service. Insufficient staff to open to full capacity previously reliant on RCAS team to support in house Increase in infections with impact that staff have to isolate, pressure on staffing and lockdown of service. Long term sickness. Restrictions to the building in supporting independence e.g. lack of dedicated therapy space/ no accessible kitchen laundry facility 	<ul style="list-style-type: none"> HSWT leader supporting with follow up of non-allocated cases Ongoing support and addressing concerns issues with HR colleagues and others as appropriate Use of risk tracker to identify safe capacity Recruitment to Sensory Team to enable timely assessments training and advice during Reablement process Monitoring of staffing. Use of agency funded by hardship fund (temporary). Managers meeting with Health to review referrals and if meet reablement potential before admitting to the service. ICF bid for dedicated treatment room, reablement kitchen facilities. Repurposing space for therapy room



Community Reablement



Hours of Reablement Provided a Month



During June, July & August, Community Reablement services had an overall percentage of 44% of people returning to their own homes independently

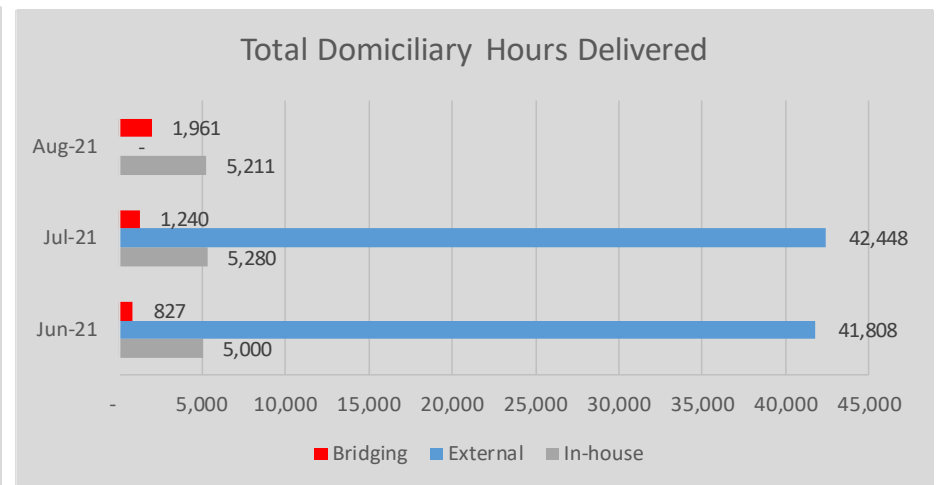
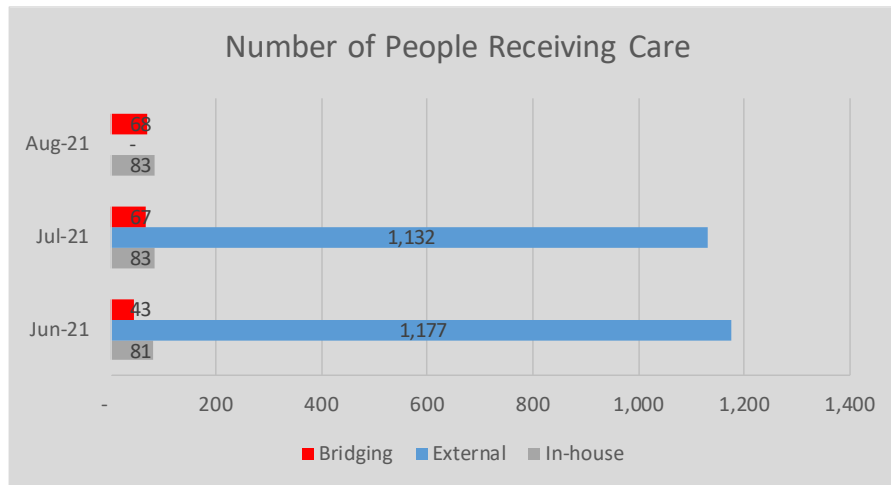
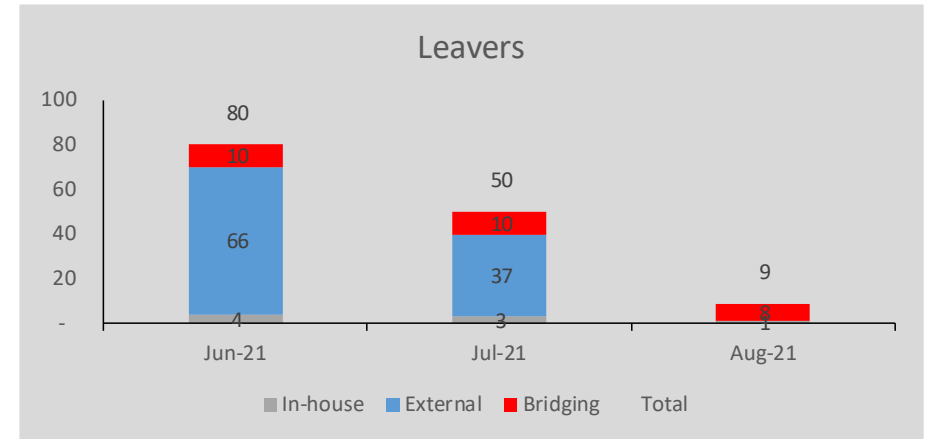
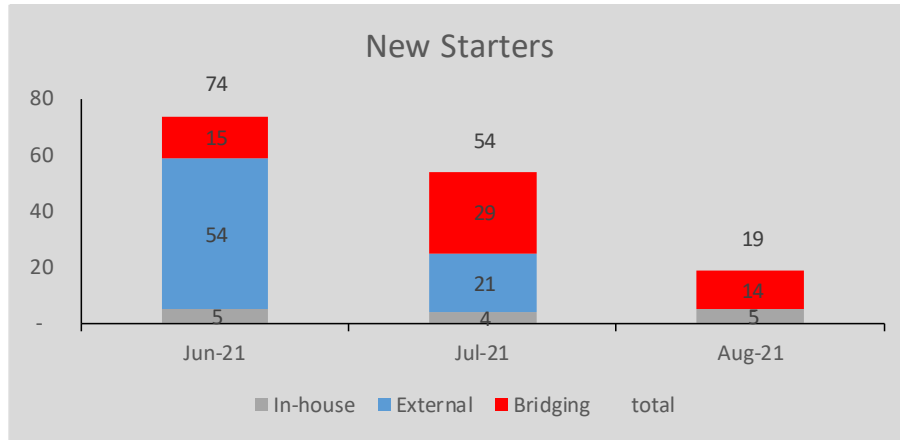
What is working well?	What are we worried about?	What we are going to do?
<p>The reduction in both admissions and discharges from the reablement service demonstrates the significant impact of the high number of independent provider handbacks of packages of care which have been absorbed by this service. The basis for this service providing such a high level of resource in this matter is the level of flow through the reablement function and related release of care capacity.</p> <p>It is really pleasing to note that despite the unprecedented pressure that the level of handbacks have brought to bear the service continues to support individuals to achieve positive outcomes.</p> <p>Increased number of people leaving independently.</p> <p>Creative and flexible use of the service capacity to support provider failure and handbacks.</p> <p>Continued close working with the MDT triage function at our front door is helping to screen out inappropriate referrals.</p> <p>Staff are becoming more familiar with the use of WCCIS.</p>	<p>Delays in social work reviewing the ongoing need for care and support of more individuals, means that a significant portion of our capacity is being used to 'bridge' clients and this is impacting the number of individuals that we are able to start and support in month.</p> <p>We still have a number of staff for whom the workforce risk assessment methodology will not facilitate a return to work.</p> <p>The take up of the Lateral Flow Tests amongst care staff is still lower than we would like.</p> <p>Our shift/rota pattern for Community Care Assistants in the Reablement Service does not give us the flexibility that we require to affect timely admissions to the service.</p>	<p>We will continue to monitor the destination on discharge data reasons of "Independent" and "Less Care" and review possible markers amongst admissions in those that left with "same or more" to further refine our admissions with the MDT.</p> <p>Participation of social work in our weekly MDT board rounds is beginning to support flow through the service to long term providers. This should result in more individuals leaving the service in a month.</p> <p>We will continue to reinforce the positive benefits of lateral flow testing with staff, drawing upon the key messages from Welsh Government.</p> <p>We have concluded a review of the 6 month pilot rolling rota and will be submitting a business case to secure the additional funding required to augment our core establishment and address areas for improvement identified in our recent CIW inspection.</p> <p>With the support of the Transformation Team, we have reviewed the Community Care Assistant rota in the Reablement Service and will develop/model alternatives that will enable us to better meet our demand in a timely manner using our new staff rostering and care planning. Due to service pressures and minor IT delays the Go Live date for WebRoster has been revised to Monday 18th Oct.</p>



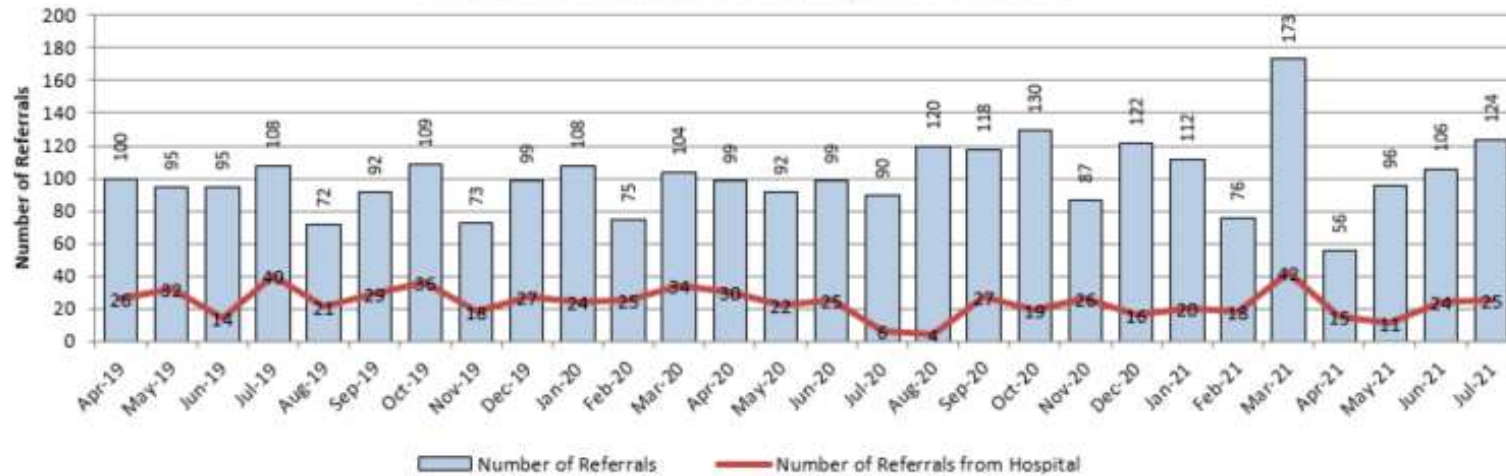
Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always a month behind in reporting for externally commissioned care.

Page 50



Number of Referrals to Brokerage at Month End



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

External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure. Implementation of vaccination programme for dom care workers across the private sector. Cost savings programme to reduce expenditure on under-delivered packages of care. 	<ul style="list-style-type: none"> Inability of dom care providers to sustain service levels Growing waiting list for care and shrinking provider capacity. Impact of TTP on social care workforce. Workforce migration to other sectors. Reduction in dom care workforce linked to summer holidays. Ongoing COVID cost subsidies from Welsh Government post August 21. Impact of WCCIS changes on referral and allocation arrangements. 	<ul style="list-style-type: none"> Continue with review of care levels to ensure people are receiving the correct level of care and optimise capacity. Keep RAG risk status under review. Continue to support and enable use of alternatives to Dom care. Consider reverting to block contract arrangements and review allocation arrangements to address market share and service sustainability risks. Use of manual referral and allocation systems pending resolution of WCCIS implementation issues. Contingency planning to transfer paid carers and service users to other external dom care providers. Transfer of service users to internal services if required Establishing contracts with non-framework providers to maximise ability to meet needs. Use spare care home capacity to meet needs as a last resort.

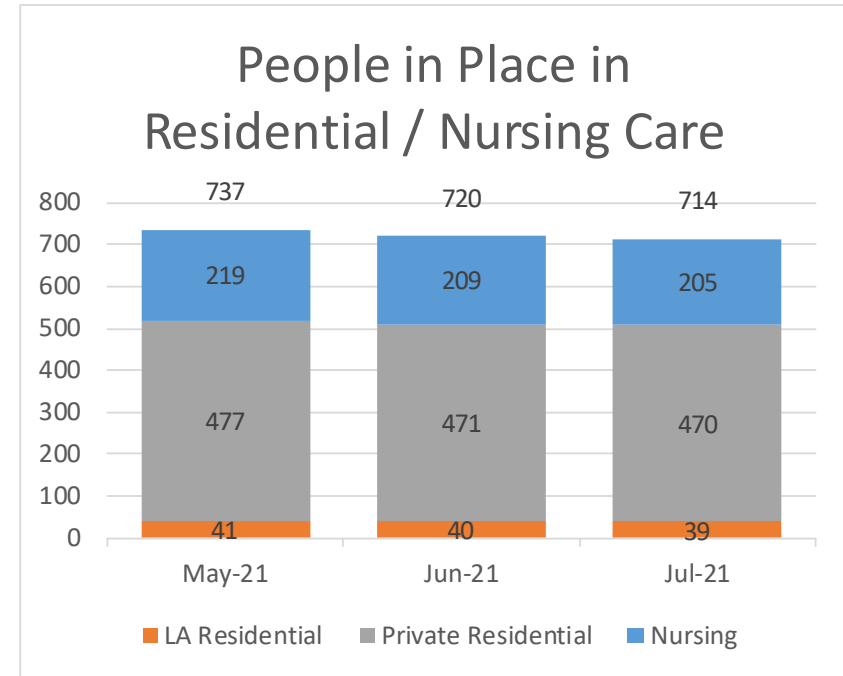
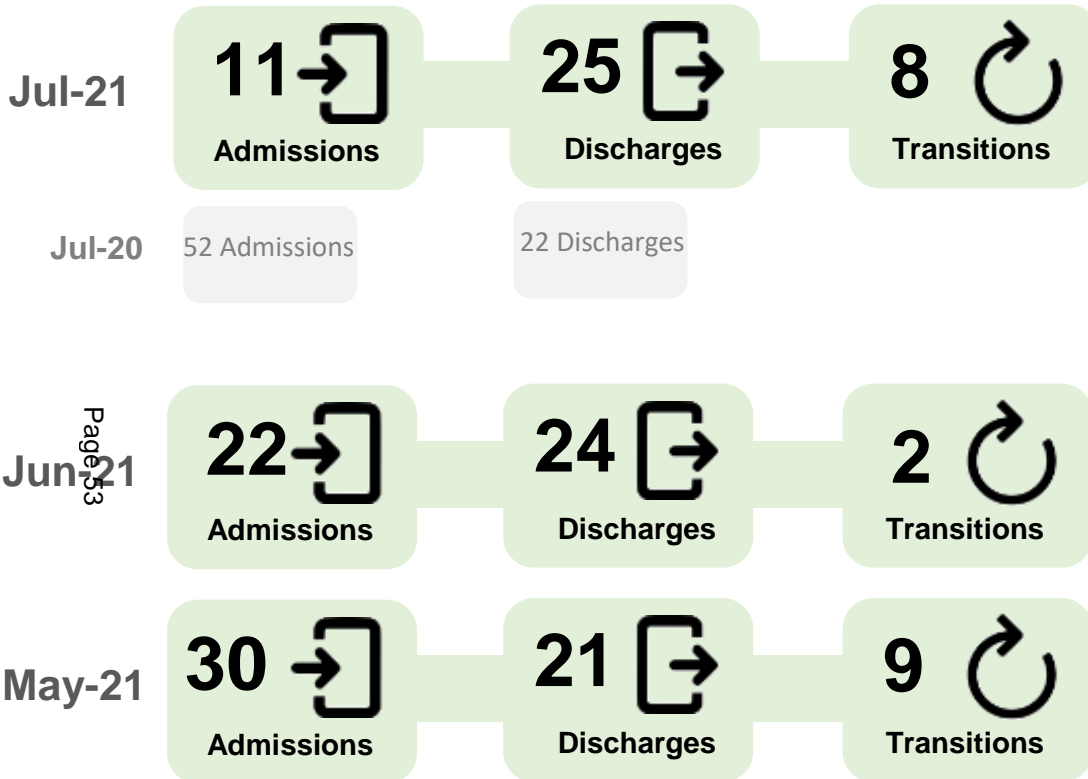
Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Creative and flexible use of resource to support handbacks. • Increased staffing capacity following the induction of new recruits has enabled us to increase the number of individuals that we can safely support. • We continue to support the Reablement service in 'bridging' packages of care. • Unlike the Reablement Service, the Community Care Assistant rolling rota continues to work well in the Long Term Complex Care Service. • We continue to benefit from the timely supply of PPE. 	<ul style="list-style-type: none"> • As with reablement, staffing capacity is an issue given the level of vacancies and sickness being incurred. 	<ul style="list-style-type: none"> • As for community reablement • Creative approach to marketing regarding recruitment & encourage individuals to take up a career in care • Focussed approach to sickness management • All Wales approach to the introduction of social care as a career for which Swansea are providing lead trainers.



Residential/Nursing Care

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



Jul-19 911 People in place
Jul-20 809 People in place

What is working well?	What are we worried about?	What we are going to do?
<p>Internal provision:</p> <ul style="list-style-type: none"> PPE and staff testing arrangements Use of discharge tracker to monitor flow through care homes on a weekly basis by PO/ Ops Manager and BSO manager with follow actions Recovery/Surge plan reviewed weekly and cascaded to Managers 	<p>Internal Provision</p> <ul style="list-style-type: none"> Bed vacancies in care homes are at a higher rate than pre Covid and impact on longer term sustainability. Sufficient staffing, within budgets, going forward, to meet higher complex needs Being able to offer support to individuals with long COVID may require extended 	<p>Internal Provision</p> <ul style="list-style-type: none"> Referrals and occupancy is monitored on a weekly basis. Capital Maintenance programme 21-22 agreed to improve facilities. Review of staffing structure / vacancies / temporary arrangements. Recovery/Reflection/Opportunities from

<ul style="list-style-type: none"> Residential respite increased demand but still have limited capacity despite restrictions with Covid. Some staff relocated from other services still supporting residential services. This is under constant review. Management teams working closely to support services to maintain compliance. Services and staff have become very flexible and responsive to emergency requests and short-term placements and assessments. Testing process for both PCRs and LFTs in place. Home First Pathway 3 introduced to the Ty Waunarlyydd site. Short Term Placements continue with return to home. Recruitment to posts underway. Admissions and discharges home are continuing. 	<p>periods of support with health and therapy input</p> <ul style="list-style-type: none"> Impact of long COVID on staff Post COVID effect on staff teams well-being Positive cases. Increased testing increases workload and takes care staff away from their core duties. Demand for planned respite and how to balance this with emergency requests, pressures from hospital to support discharge and community pressures. Meeting individual need – some referrals placed lead to re admission to hospital Staff capacity to meet need. Disruptions to planned respite Closure of some unit e.g. Ty W due to staff shortages. Impact of Dom Care market on staff availability in the service. Impact of Dom Care provider failure in securing POC for short term placements, resulting in longer stays in the home, reduced capacity in the homes. 	<p>services are being capture to inform Service Plan and Commissioning Reviews going forward.</p> <ul style="list-style-type: none"> BSOs returned to services to support performance data reporting. Operational managers working hands on and/or supporting functions within the services. Work with Occupational health colleagues to support staff, flexible working arrangements alternative duties etc. Links with Counselling support service to provide de-brief sessions for teams and individuals Use of BSOs and staff who cannot be hands on/restricted to support the testing regimes. VMFs completed for vacant posts. RST recruitment drive underway. Develop/improve the integrated pathway and process Continue with PCR/ LFT tests Review current protocols to incorporate to contractual arrangements for short term placements including a pathway in and out of residential care Review operational procedures including the referral pathway in and out of residential care. Considering targeted support in the services.
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Day Services for Older People, Special Needs and Learning Disabilities

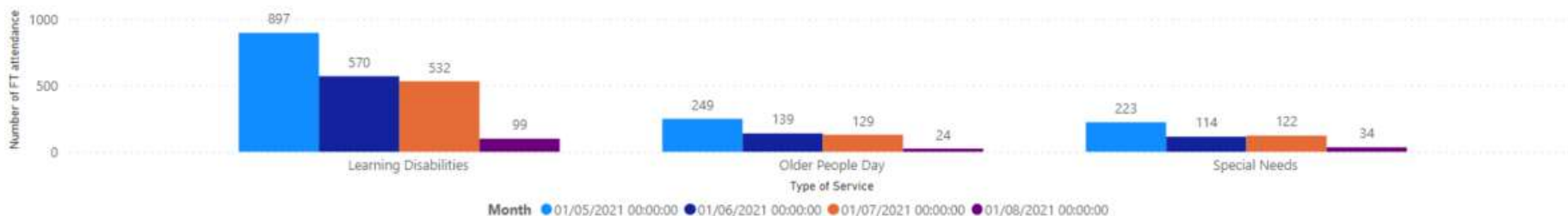
During the pandemic, there was a limited provision of Day Services and the capacity of each service was greatly reduced. The data below is extracted from Abacus and is the number of people who have attended a day service, not the number of places allocated (this will be available in the near future). Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data.

Page 55

Total number of individuals that attended a day service



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



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Re-opening of day services on a phased basis. • Increasing numbers of service users using day services and support. • Ongoing communication with service users and families to ensure they are coping or flag up any needs. • Weekly meetings to monitor requests and outcomes. • Staff returning from supporting residential to increase services that can re-open. • Staff returning from sick leave. • Risk assessments and service capacity reviewed with Health & Safety colleagues. <p style="margin-left: 20px;">Due to reduced capacity on transport, more families are providing own transport.</p> <ul style="list-style-type: none"> • Flexible opening hours. • Capacity is increasing as restrictions ease. 	<ul style="list-style-type: none"> • Even with restrictions eased on social distancing, need to be cautious and the revised risk assessment for services still offers reduced capacity. Demand is starting to outstrip this in some services. • Some staff are still unable to work face to face. • Future shape of day services due to reduction/change in demand. • Increased pressures and issues of service users and families from remaining at home over the last year and changing needs. • Post COVID effect on staff teams well-being • Demand for transport increases yet still reduced capacity. • Ensuring BAU, compliance is in place • As services re-open, staffing resources are being stretched, with an impact on all services. • Staff need to take leave, which further impacts on staffing. • Increased infection rates leading to staff isolating and reduced staffing capacity. 	<ul style="list-style-type: none"> • Continue to review requests on a weekly basis. • Reviewing capacity of services. • Seek temp alternative duties for staff e.g. business support. • BSOs returned to services to support performance data reporting. • Operational managers working hands on and/or supporting functions within the services. • Review the critical functions and refocus, via Service reviews. • Work with Occupational Health colleagues to support staff, flexible working arrangements alternative duties etc. • Links with Counselling support service to provide de-brief sessions for teams and individuals • QA audits, business support. • Co-ordinated approach to re-opening day services, continue or delay move back to buildings. • Consider targeted/local support to help with the Dom Care pressures.

Direct Payments

Starters & Finishers

Number of clients starting and ending receipt of a Direct Payment each month



Under 18's Direct Payments

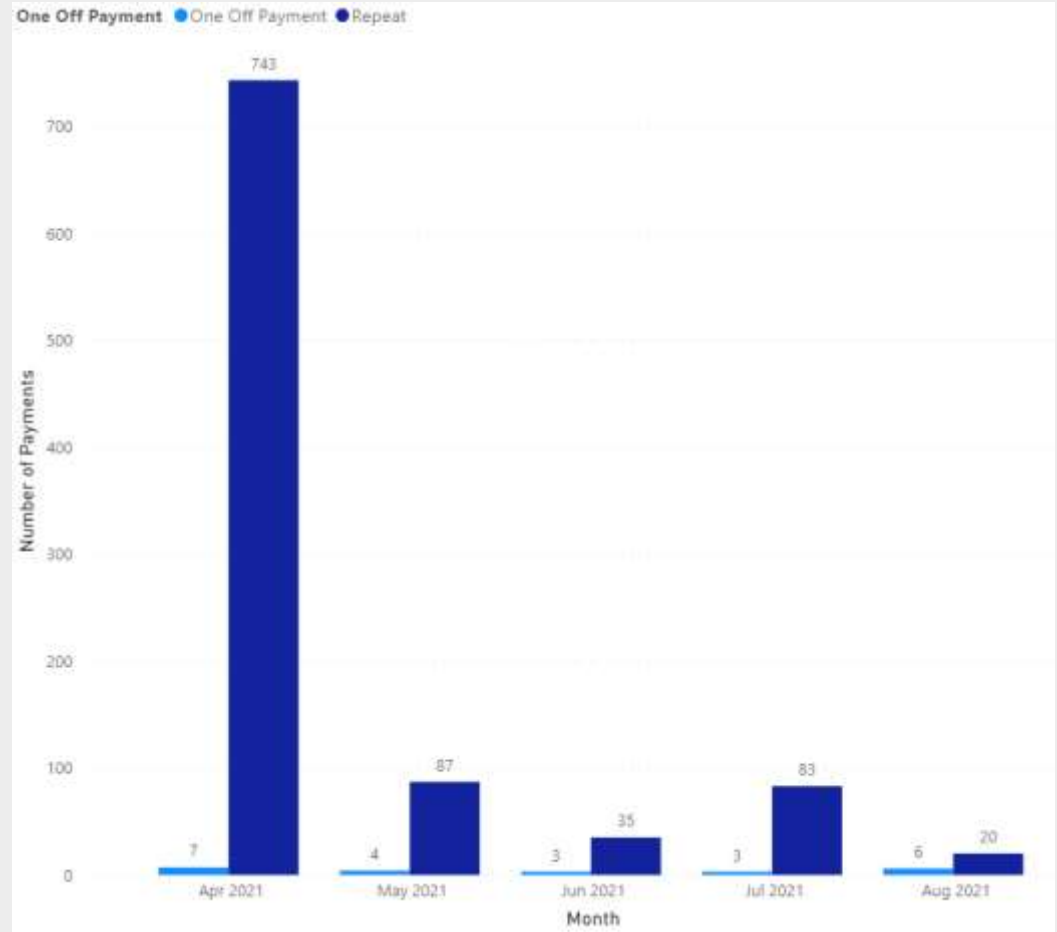


Over 18's Direct Payments



Ongoing and One off Payments

Number of Ongoing and One off Payments each month. The spike in April (for starters) reflects transfers from one financial year to the next on the Abacus

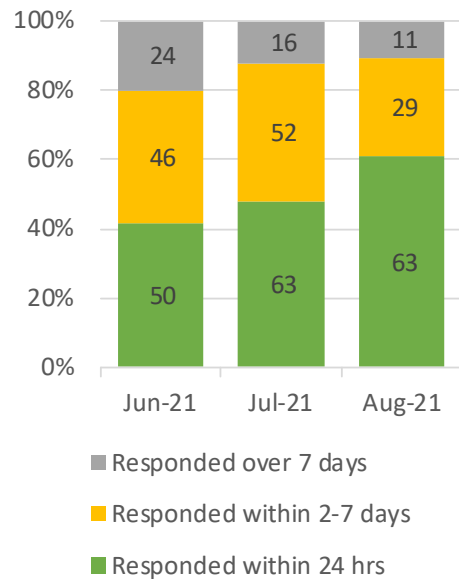


What is working well?	What are we worried about?	What we are going to do?
<p>Page 58</p> <ul style="list-style-type: none"> • Direct Payment (DP) is a flexible way of delivering support for individuals, they can have a package of care provided by DP or they can have a one off payment to help with their care and support needs, i.e. equipment • The Direct Payment Team overlooks the whole process from start to finish, this helps individuals to meet all their legal requirements and use the money allocated in the most cost effective manner • From the onset various professionals, including finance to ensure that process is seamless and to ensure individuals have the right information to make an informed choice about whether they want to continue with DP, for some people it would not be financially viable • There are processes in place to ensure that monies allocated to people are being spent appropriately, for example prepaid card • There are processes in place to enable people who lack mental capacity to have a direct payment, their direct payment is paid into a managed account, currently provided by “Diverse Cymru”. • The rate of pay for Personal Assistants (PA) is one of the highest in Wales, up to £11 per hour can be paid to a PA. • Family members can be recruited as PA’s to provide personal care for the person in need of care and support. 	<ul style="list-style-type: none"> • DP is a bureaucratic process, there are also various legal duties attached to DP, this may discourages some people from choosing this option. • The number of individuals who discontinue a DP is high, as indicated in the graph above, we need to fully understand what this means. • The relative low uptake of direct payment in comparison to traditional services. • Recruitment of personal assistant to provide care via DP can be difficult. • Demand has recently increased and the DP team are finding it difficult to deal with the increase request for DP. 	<ul style="list-style-type: none"> • Ongoing work to minimise the effect of the bureaucratic processes, for example the introduction of pre-paid cards, managed accounts, financial advice being given at the onset to both the SW and the individual concerned, to minimise any delays. Also by providing information at the onset to the DP recipient can make an informed decision as to whether to pursue with the DP or not (need to ensure that DP does not have a negative effect on benefits etc). • The DP team involvement from start to finish, minimises problems and ensure that individual are meeting their legal responsibilities. • To attract people to become PA’s the rate of pay has increased to the maximum of £11 per hour, which is above the national average. Also, e-learning has been set up for PA’s. • To address vacancies within the team and to mitigate risks around the expected increase in demand recruitment to existing posts is being progressed at pace. In addition temporary funding to secure 2 x temporary ILT co-ordinators is being progressed in October. • The Direct Payments team are proactively linking with colleagues across the third sector to promote the use of the service in supporting the establishment of microenterprise / community based solutions to care at home.

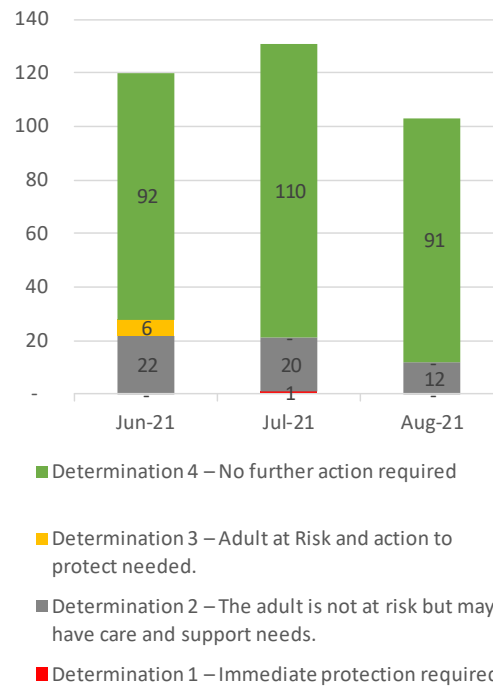


Safeguarding Response

Timeliness of response to Safeguarding Enquiry



Determination Outcomes of those Completed



Reports /Actions

105 Reports received in Aug 21

103 Determinations completed
2 awaiting response
89% responded to within 7 days

106 Reports were received in Aug 2020, 104 thresholds completed – 15 met the threshold, 67 did not meet threshold, 22 inappropriate

132 Reports received in Jul 21

131 Determinations completed
1 awaiting response
88% responded to within 7 days

124 Reports received in June 21

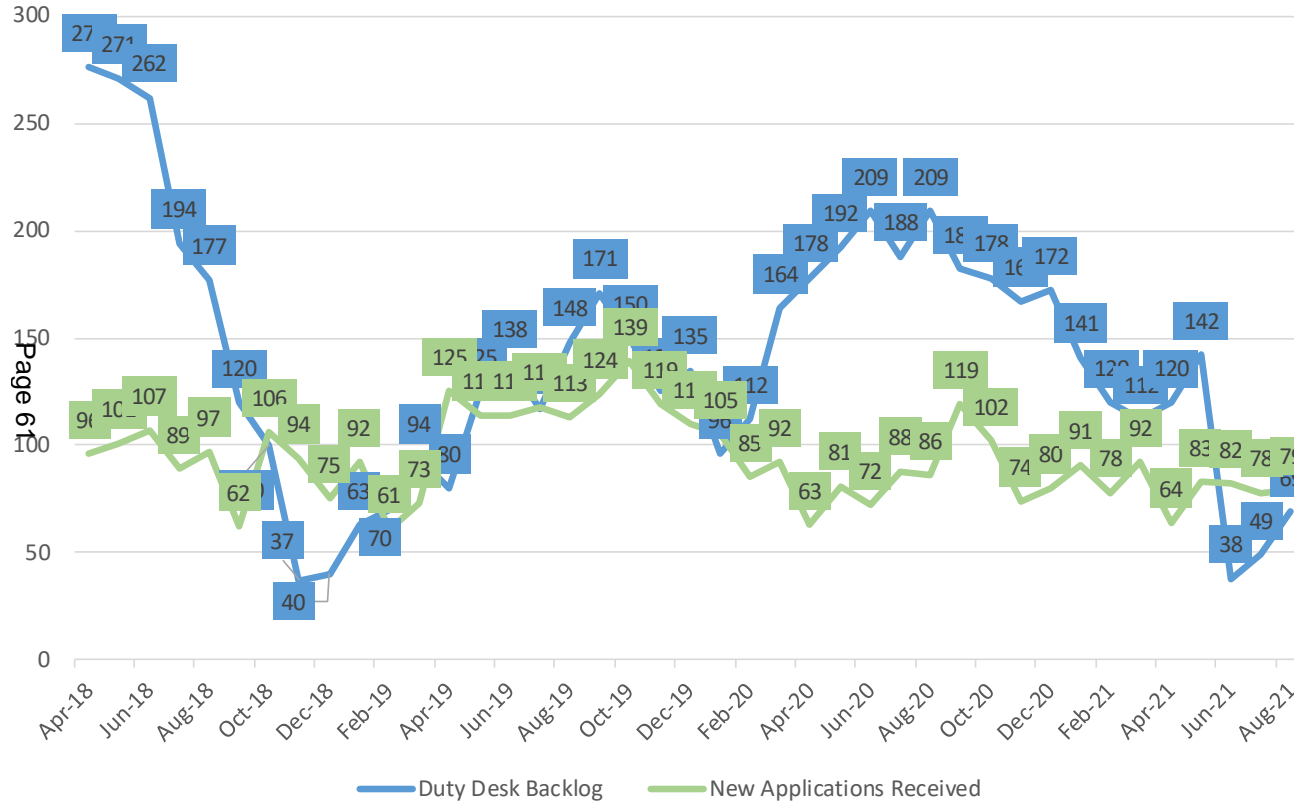
120 Determinations completed
4 awaiting response
80% responded to within 7 days

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The Safeguarding Team are meeting with colleagues who are taking the opportunity to have Safeguarding Consultations prior to putting in an AAR Report. This means that we are receiving less inappropriate AAR Reports. • We are ensuring that we are hearing and demonstrating in our work that the person's voice is heard. Where appropriate the vulnerable person and their family is spoken to about the worries that have been shared. • The Team are offering to chair Multi-agency Safeguarding Meetings where there are low level worries. This encourages those involved in a case to think from a collaborative perspective, considering what they are worried about and what needs to happen next. This focus is on preventative work, reducing risk early on. • The Suicide Rapid Response (SSR) Meetings have successfully run since March 2020, however we recognise the need to consider the significant suicide attempts also, as these are increasing. Work is currently being undertaken to include these cases in SSR Meetings. • Statistics continue to evidence that the work the Team are undertaking in determination of AAR Reports, using a collaborative approach, is lowering the number of cases brought through Safeguarding. • Each Practitioner has their own portfolio of expertise to give robust guidance and advice. Four of the Team have undertaken ASIST training, to link with those who attempt suicide and to prevent significant harm occurring again in the future. 	<ul style="list-style-type: none"> • There is a need to check to ensure that the safeguarding process is making a difference in adult at risk's lives. • As a result of the increase in AAR Reports, the Team are incredibly busy, however we have clear plans in place to quickly and effectively manage this current spike in Reports and to ensure that no vulnerable person is left in a position of risk. 	<ul style="list-style-type: none"> • In order to try to manage this current spike in AAR Reports we have considered our functions and made adjustments to our weekly work including prioritising which multi-agency meetings are covered to focus on the most at risk cases. This position is being reviewed weekly. • Establish a robust way of obtaining individual's feedback following a safeguarding investigation and establishing the "what matters" issues have been addressed. • Work is progressing with the Transformation Team to consider the long-term staffing and processes of the Safeguarding Team. • One of the Students that completed her placement in the Safeguarding Team, has been employed for the summer months as a Care Management Officer. This will provide the Team with extra support during this busy period. An advert has been shared internally for an additional temporary Senior Practitioner to join the Team. • With the implementation of WCCIS we are now able to capture the consultation work that is being undertaken. We continue to review and develop the recording of good work that is being undertaken. • The Team have recorded anonymous data relating to attempted suicides. This will be used to consider the need for support and endeavour to access funding to support those persons in need. • The Team will continue to evidence the work being undertaken reduces the number of Reports that need to be brought through Safeguarding; safely determining alternative ways of better managing the cases.

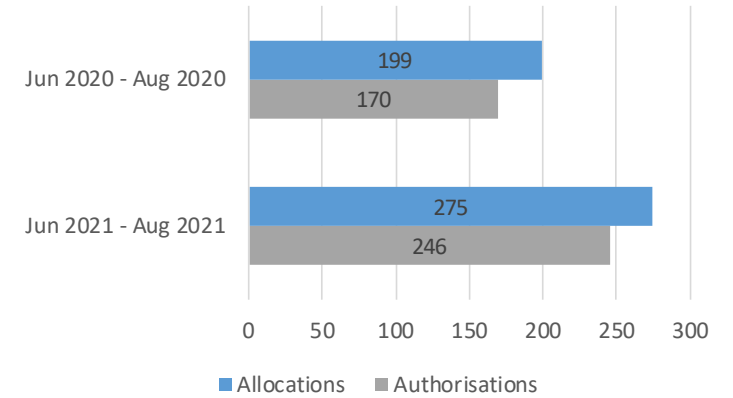


Timeliness of Deprivation of Liberty Assessments

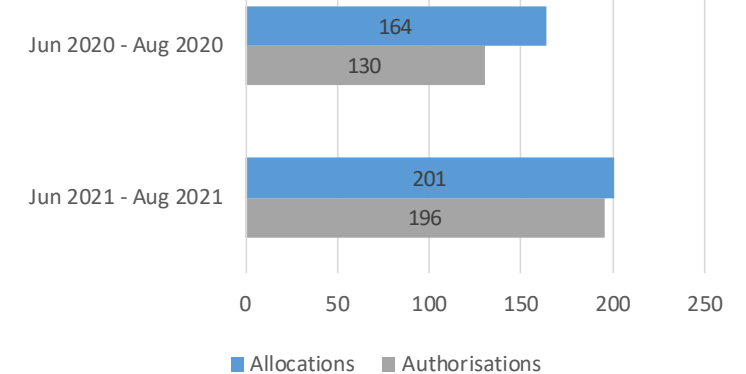
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



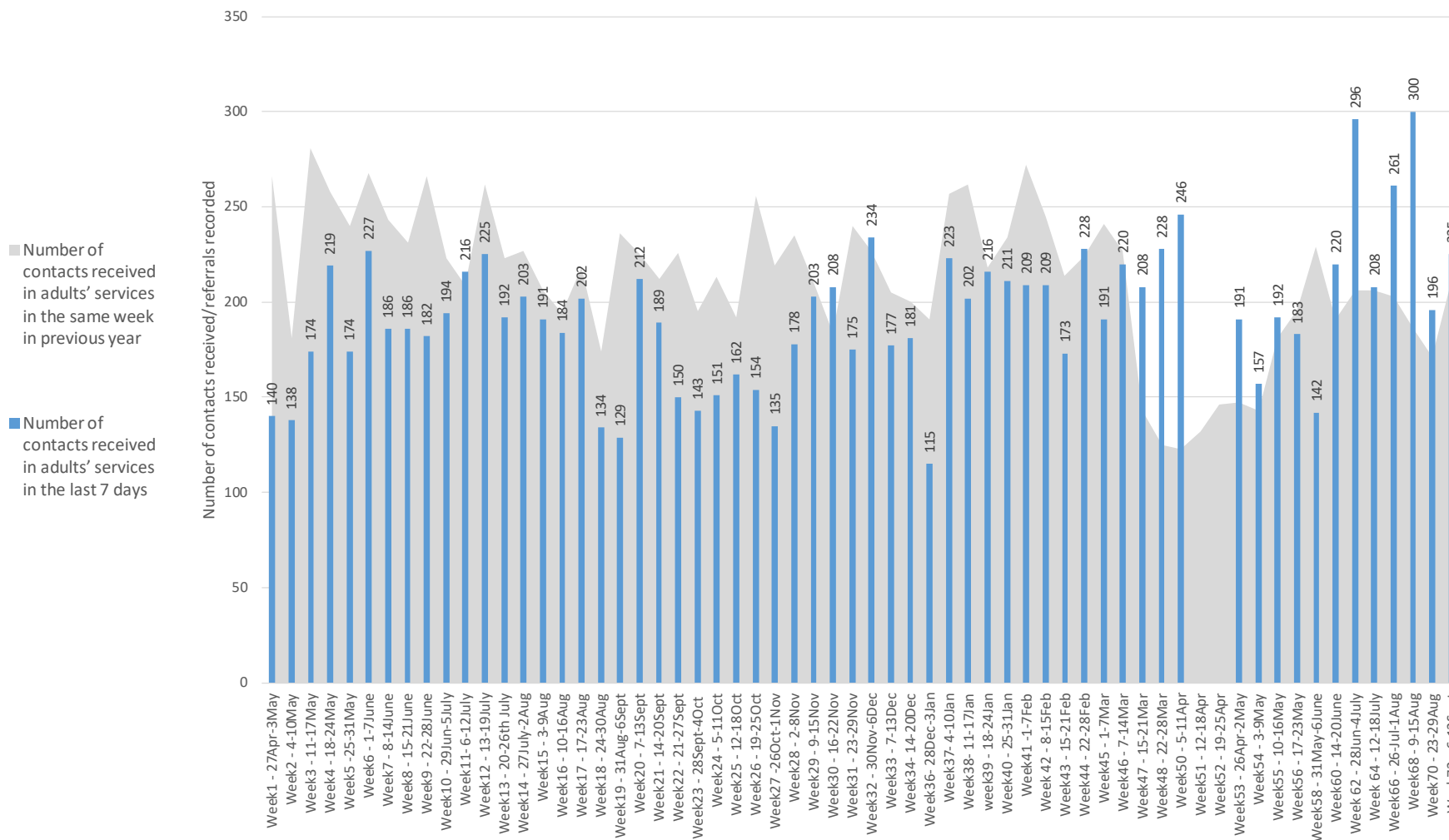
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • DoLS assessments continue to take place remotely with face-to-face assessments undertaken in circumstances where the assessors believe it is necessary. • The Team have out-sourced 151 DoLS applications from the duty desk. • The Team continue to have a robust and efficient duty system in place which involves screening the referrals that come and are considered Urgent, Critical or High-we are also able to respond to query's and provide ongoing expert guidance and support to the Managing Authorities in respect of the DoLS. • The ongoing use of a 'Critical Projection Tool' allows us to prevent gaps in the DoLS authorisations of some of the highest priority applications (e.g. live court cases). • DoLS authorisations and refusals continue to be completed. • Ongoing specialist DoLS training and training in relation to the new Liberty Protection Safeguards has been secured. • Some staff members have returned from long term sick and are building back up their allocations. • Temporary team leader in place which is helping to manage the team. • Temporary senior practitioner in place to help with backlog of Form 5's. • System set up to monitor all conditions set to authorisations with all senior practitioners. • Have recruited one more Mental Health Assessor into the team. 	<ul style="list-style-type: none"> • Ongoing issues with WCCIS and capturing the DoLS Teams performance. • A continued increase in the number of challenges to DoLS authorisations being heard in the Court of Protection. This uses a lot of staff time to manage. • The 21 day Best Interest Assessment statutory timescale is not consistently being met. • The 28 day DoLS end-to-end statutory timescale is not consistently being met. • Managing Authorities [MAs] don't always send in the appropriate documentation with their DoLS applications. • The availability of the DoLS Mental Health Assessors continues to be limited. This can impact on the number of allocations given to BIAs on a weekly basis and prevent us from being able to respond to those that require a prompt response. • Still no Code of Practice and Regulations for LPS so this is making planning for LPS very difficult. • BIA's are currently stressed due to the amount of urgent applications being made to the team due to the much shorter timescales. 	<ul style="list-style-type: none"> • The Team will continue to carry out duty responsibilities in order to identify those that require a DoLS assessment quickly. • Ongoing use of the prioritisation tool to screen those that are considered Urgent, Critical and High priority. • Enquiries are being made to establish if another agency can complete some Form 5's to reduce the backlog. • DoLS admin and BIAs continue to sensitively contact MAs to request outstanding documentation as required. • The DoLS Team have regular discussions regarding any issues with WCCIS. DoLS admin and senior staff, continue to work with the WCCIS in order to develop systems and processes that ensure service delivery is maintained (and improved) now WCCIS has gone live. • Regional working groups continues to discuss LPS matters and set up appropriate task and finish groups. • Started to work on plans for what resources we will need for the implementation of LPS. • Team leader is now involved in Welsh Government meetings in relation to the implementation of LPS. • Team well-being is being closely monitored by DoLS senior staff, and systems are in place which includes peer support. Regular supervision with staff. • Continue to approach Mental Health Assessors about working for the DoLS Team.



Weekly Welsh Government Adult Services Submission in Response to Covid19

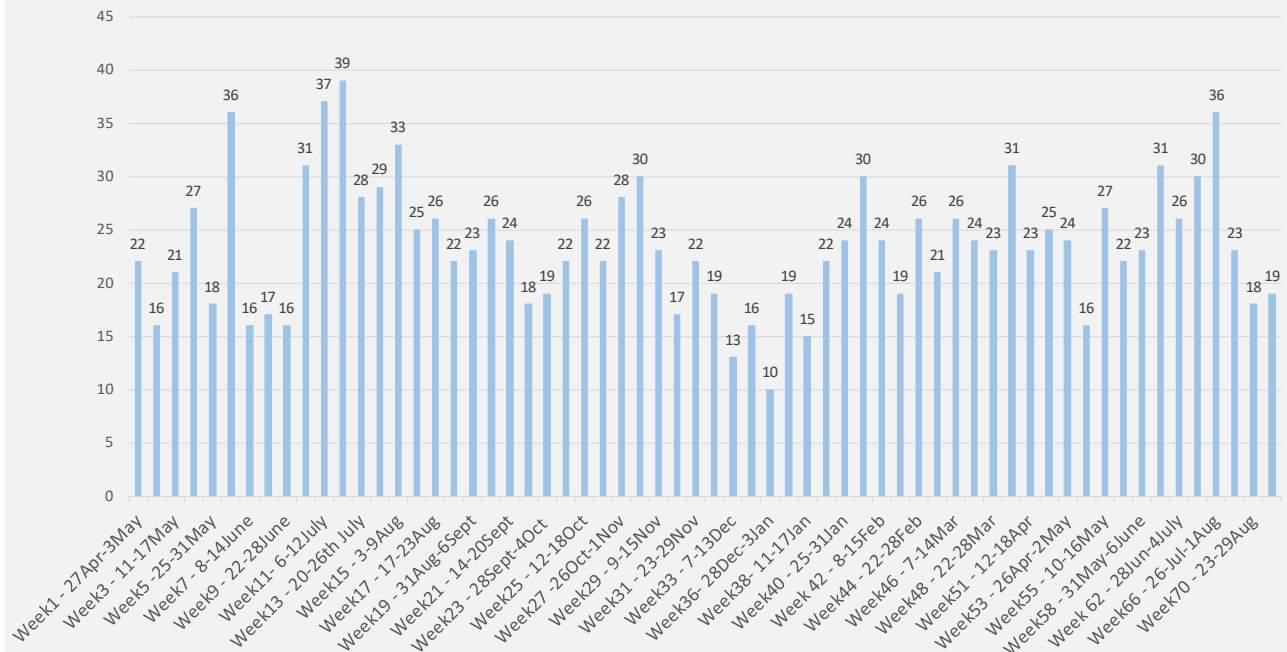
Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19, this has recently been changed to fortnightly (from week 64). The data has been gathered for 72 weeks to date. Data for Week 35 (Christmas Week) and Week 49 (Easter Week) were not submitted at the request of Welsh Government. We are also missing some weeks data due to the migration to WCCIS

Number of Contacts Received (referrals recorded) each Week in the Common Access Point

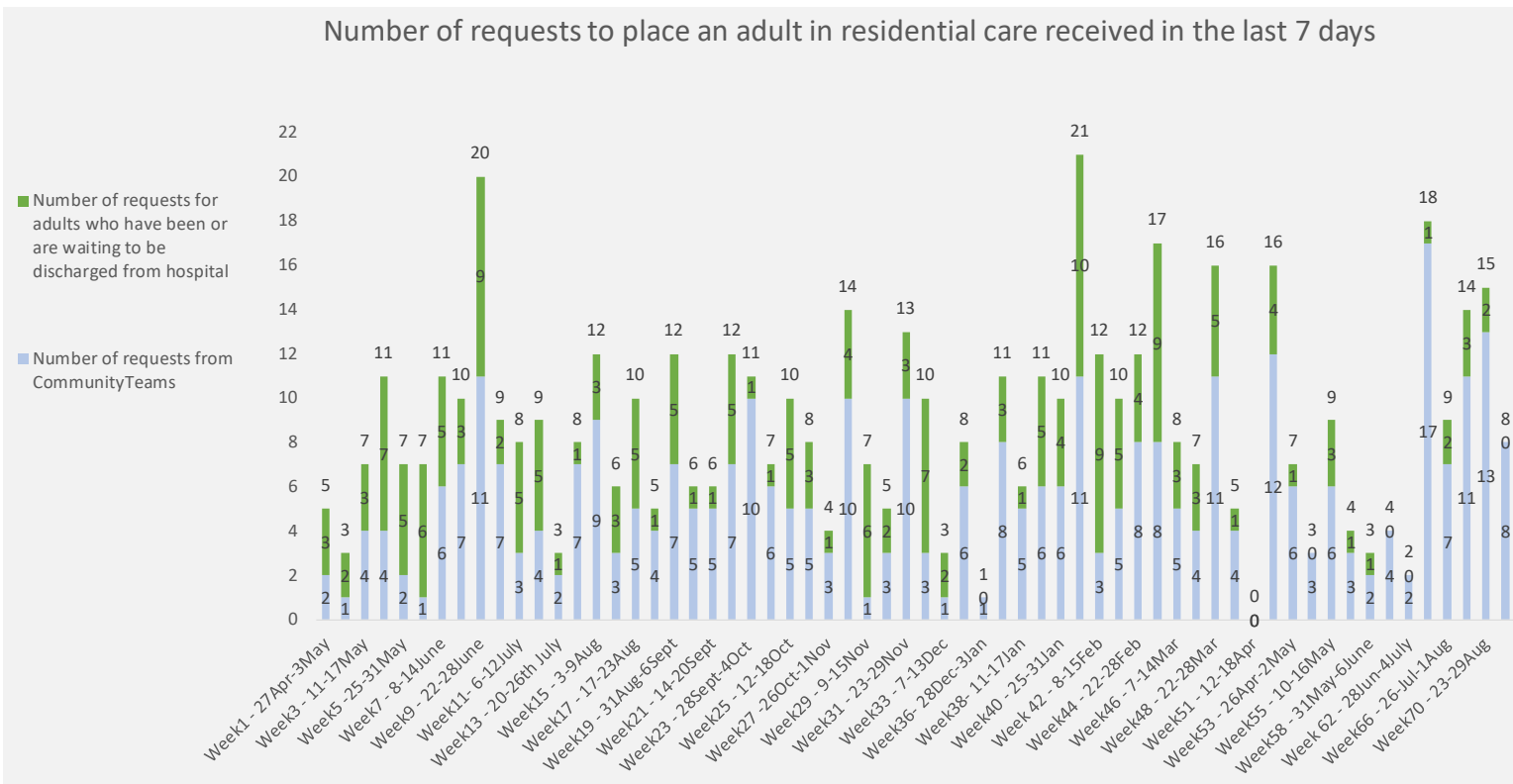


As agreed with Welsh Government, figures include Safeguarding, DOLS and PPN referrals that since August go directly to the Safeguarding team rather than via CAP

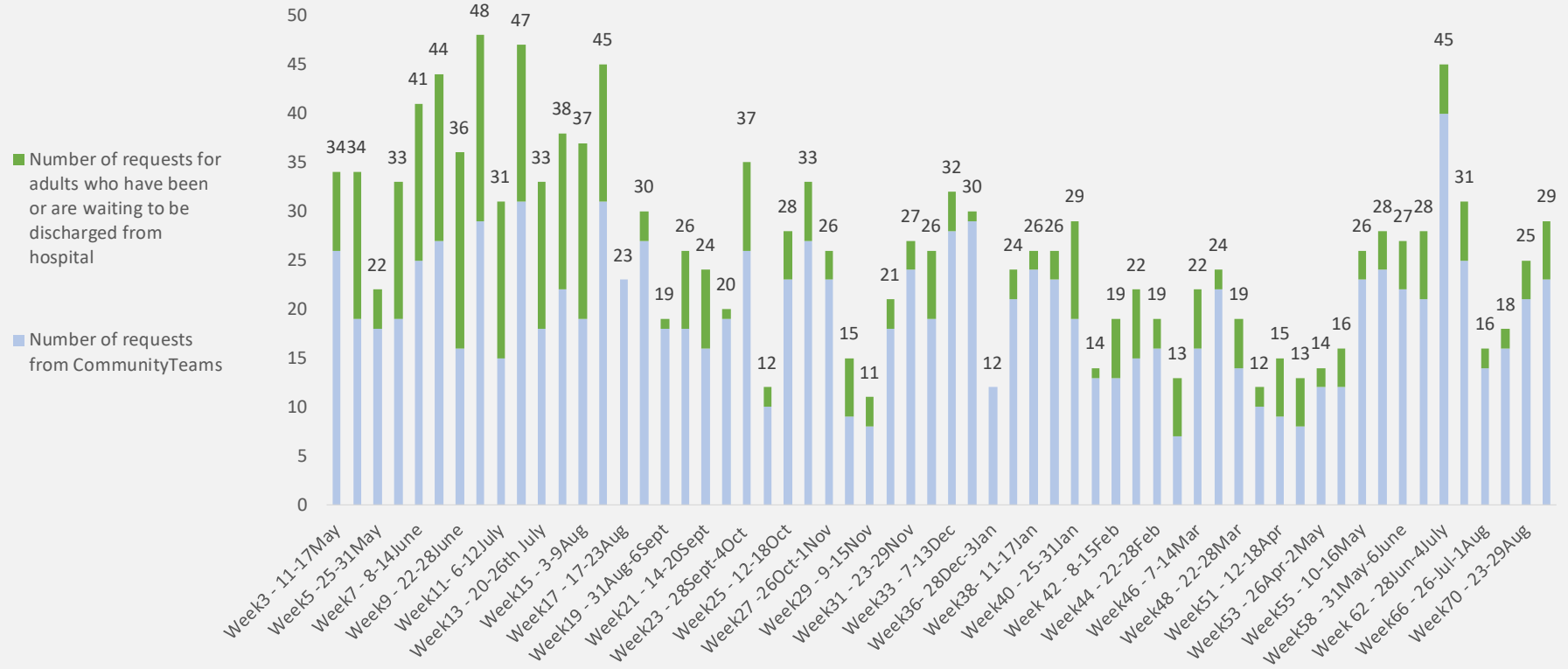
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



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

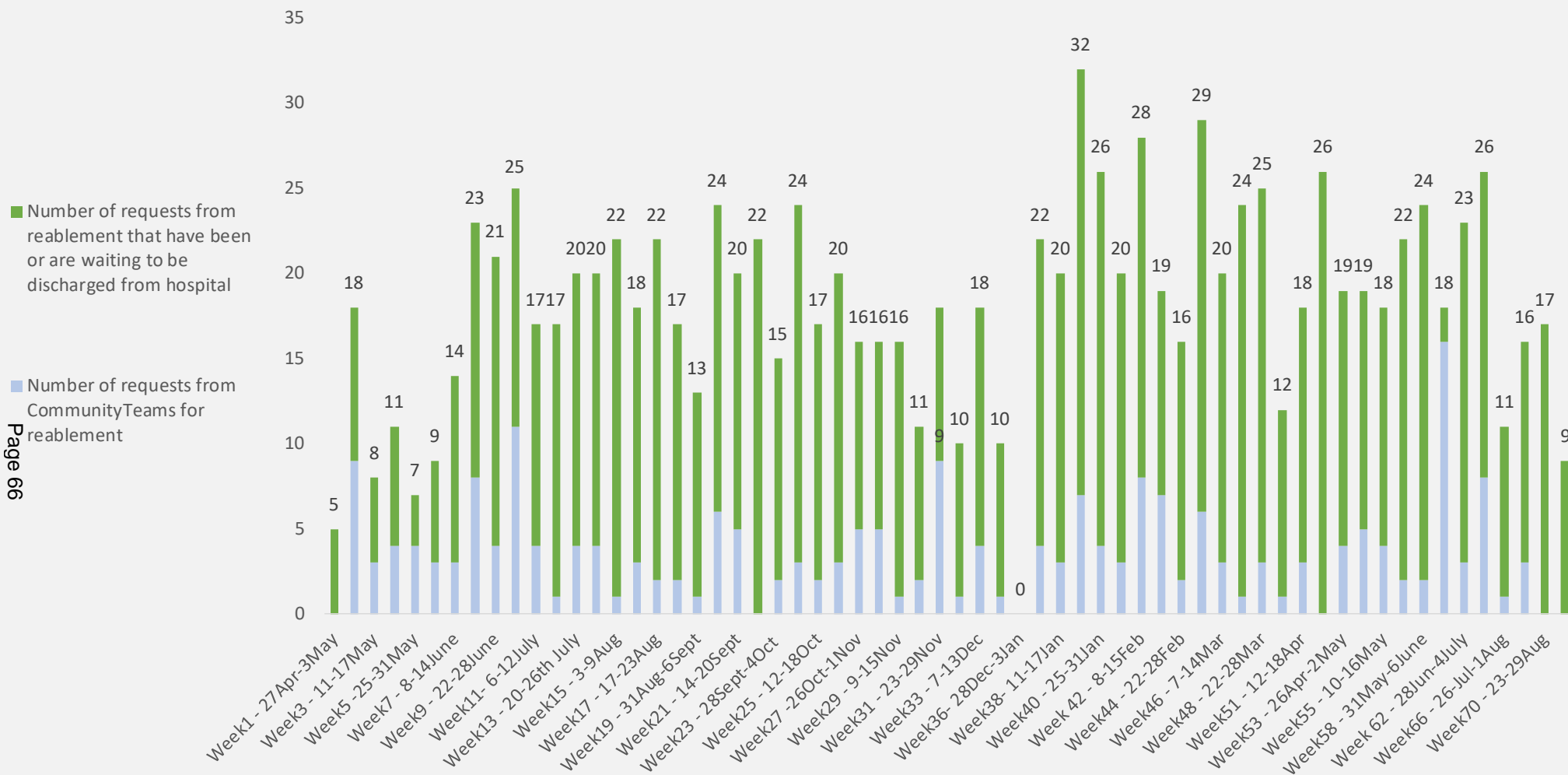


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Between 27 Apr 20 – 13 Sept 21

73

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



Agenda Item 9

ADULT SERVICES PERFORMANCE PANEL WORK PROGRAMME 2021/22

Meeting Date	Items to be discussed
<p>Meeting 1 Wednesday 2 June 2021 4pm</p>	<p>Confirmation of Convener</p> <p>Update on Adult Services Transformation Programme <i>Amy Hawkins, Interim Head of Adult Services</i> <i>Helen St John, Interim Head of Integrated Community Services</i> <i>Lucy Friday, Principal Officer Transformation</i></p> <p>Briefing on Annual Review of Charges (Social Services) 2020/21 <i>Dave Howes, Director of Social Services</i></p> <p>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 / Helen StJohn</i> <i>Lucy Friday</i></p>
<p>Meeting 2 Wednesday 14 July 2021 3.30pm</p>	<p>Performance Monitoring <i>Amy Hawkins / Helen St John</i></p> <p>Initial Feedback from CIW Assurance Visit - verbal <i>Dave Howes / Amy Hawkins / Helen St John</i></p> <p>Review of the Year and draft Work Programme 2021-22</p>
<p>Meeting 3 Wednesday 8 September 2021</p>	<p>CANCELLED</p>
<p>Meeting 4 Wednesday 20 October 2021 3.30pm</p>	<p>Workforce Support Programme – Support for Health and Social Care Staff <i>Deborah Reed, Principal Officer Resources</i></p> <p>Update on Management of Covid-19 Pandemic <i>Mark Child, Cabinet Member for Adult Social Care and Community Health Services</i> <i>Dave Howes, Director of Social Services</i></p> <p>Performance Monitoring (shorter item with Covid focus) <i>Mark Child / Dave Howes</i></p>
<p>Meeting 5</p>	<p>Update on Management of Covid-19 Pandemic <i>Mark Child / Dave Howes</i></p>

Tuesday 30 November 2021 4pm	Performance Monitoring (shorter item with Covid focus) <i>Mark Child / Dave Howes</i>
Meeting 6 Wednesday 12 January 2022 4pm	Update on Management of Covid-19 Pandemic <i>Mark Child / Dave Howes</i> Performance Monitoring (shorter item with Covid focus) <i>Mark Child / Dave Howes</i>
BUDGET MEETING 14 February 2022 1pm JOINT SOCIAL SERVICES MEETING	Draft Budget Proposals for Adult Services / Child and Family Services Mark Child / Elliott King / Dave Howes Update on Management of Covid-19 Pandemic Mark Child / Dave Howes
Meeting 7 Wednesday 2 March 2022 3.30pm	Performance Monitoring TBC Amy Hawkins / Helen St John Update on West Glamorgan Transformation Programme TBC <i>Kelly Gillings, Programme Director</i>

Future Work Programme items:

- Update on how Council's policy commitments translate to Adult Services. (Mark Child / Dave Howes) **Moved from 12 January 2022 meeting**
- Local Area Coordination Update **Moved from 12 January 2022 meeting**
- Options Appraisal for Assistive Technology and Community Alarms (Agreed pre March 2020). (Helen St John / Peter Field / Lucy Friday). **Moved from 30 November 2021 meeting**
- Commissioning Reviews Progress Update. (Amy Hawkins? Helen St John?) **Moved from 30 November 2021 meeting**
- Social Services Budget Monitoring (including update on this year's budget, income streams and discussion about 'service descriptors' etc). (Dave Howes / Jane Whitmore) **Moved from 20 October 2021 meeting (CFS Panel Members to be invited for this item)**
- CIW Assurance Visit Full Report (Dave Howes / Amy Hawkins / Helen St John) **Moved from 20 October 2021 meeting**
- Swansea Bay Health Board plans for change (presentation by Health Board; presentation by Social Services on the impact of the plan) Date TBC
- Update on Support for Carers (including Assessments) **Currently scheduled to go to CFS Panel on 13 December 2021. AS Panel Members to be invited.**

- Complaints Annual Report 2020/21 for Adult Services / Child and Family Services (Sarah Lackenby, Chief Transformation Officer) **Currently scheduled to go to CFS Panel on 13 December 2021. AS Panel Members to be invited.**
- WG report: Rebalancing care and support - A consultation on improving social care arrangements and strengthening partnership working to better support people's well-being (Date TBC) **(CFS Panel Members to be invited for this item)**
- Progress update on Outcomes Budgeting TBC
- Wales Audit Office Reports (dates to be confirmed)