



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Remotely via Microsoft Teams

**On:** Wednesday, 2 March 2022

**Time:** 3.30 pm

**Convenor:** Councillor Susan Jones

**Membership:**

Councillors: 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 and G J Tanner

Co-opted Members: T Beddow

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### Agenda

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|----------|--|----------------|
| <b>1</b> | <b>Apologies for Absence</b>   |                |
| <b>2</b> | <b>Disclosure of Personal and Prejudicial Interests</b><br><a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>  |                |
| <b>3</b> | <b>Prohibition of Whipped Votes and Declaration of Party Whips</b>   |                |
| <b>4</b> | <b>Minutes of Previous Meeting(s)</b><br>To receive the minutes of the previous meeting(s) and agree as an accurate record.  | <b>1 - 7</b>   |
| <b>5</b> | <b>Public Question Time</b><br>Questions must be submitted in writing, no later than noon on the working day prior to the meeting. Questions must relate to items on the agenda. Questions will be dealt with in a 10-minute period. |                |
| <b>6</b> | <b>Update on West Glamorgan Transformation Programme</b><br><i>Kelly Gillings, Programme Director</i>  | <b>8 - 24</b>  |
| <b>7</b> | <b>Update on Management of Covid-19 Pandemic</b><br><i>Mark Child, Cabinet Member – Adult Care and Community Care Services</i><br><i>David Howes, Director of Social Services</i>  |                |
| <b>8</b> | <b>Performance Monitoring</b>  | <b>25 - 57</b> |

*Dave Howes, Director of Social Services*  
*Amy Hawkins, Interim Head of Adult Services*  
*Helen St John, Interim Head of Integrated Community Services*

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

**58 - 60**

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Wednesday, 23 February 2022**  

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**Contact: 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, 12 January 2022 at 4.00 pm

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

**Councillor(s)**

H M Morris  
J W Jones

**Councillor(s)**

P R Hood-Williams  
E T Kirchner

**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)**

David Howes  
Liz Jordan

Director of Social Services  
Scrutiny Officer

**Apologies for Absence**

Councillor(s): C A Holley

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**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 30 November 2021 as an accurate record of the meeting.

**4 Public Question Time**

No questions were submitted.

**5 Update on Management of Covid-19 Pandemic and Performance Monitoring**

Mark Child, Cabinet Member for Adult Social Care and Community Health Services and David Howes, Director of Social Services attended to brief the Panel on the current position.

Discussion Points:

- Cabinet Member stated how fantastic staff, colleagues and other organisations had been over last two years.
- Effects of omicron have been a real problem.
- A presentation by the Health Board, given to Councillors the previous day, was very encouraging and demonstrated closer working between all partners over the last two years.
- Director hopes to circulate report on performance monitoring this month outside of meeting and to return to more normal structure for future meetings.
- Consequence of catching Covid-19 is currently far less. Main issue for the Directorate has been number of staff having Covid or being a close contact and having to isolate.
- There has not been a significant jump in infection into most vulnerable cohort. Small number of staff in care homes testing positive but have not seen significant jump in infections in residents. Suggests learning around protective measures has worked. More cautious about admissions to care homes. Negative result of this is slowing down transfer from hospitals to care homes which is adding pressure on hospitals. Particularly issues with EMI provision.
- Still pressures on domiciliary care due to reduced staff numbers. Have not seen continued hand-backs from providers which is good. In Swansea backlog of approximately 40 individuals in hospital as unable to sort domiciliary care offer for them. Hopeful of potential increased capacity with in-house domiciliary care services.
- Trying to add further cover to in-house residential offer. If enough health and care staff can be found, may designate one in-house home to provide step-down provision, which may enable EMI individuals awaiting provision to leave hospital.
- Concern about individuals in the community who have highest level of need. Need to plan for extreme situation of not having enough staff. An in-house home may be designated as a place these individuals could move into, but it would require staffing by residential health care staff.
- Across the rest of in-house residential provision, if have catastrophic failure, have physical space to create bed capacity across other homes but would depend on being able to move other staff around. This is currently being worked through.
- In terms of social work, workforce further depleted by Covid infection but most able to carry on working from home as infection does not appear as serious.
- Panel queried if Adult Services has same problems with staff shortages as have in Child and Family Services. Informed there are issues, mainly in domiciliary care resilience, particularly for externally commissioned providers. Have significant shortfall in number of carers needed in the external market. Two-pronged approach going forward, will support external providers to recruit more but also look to increase in-house offer. Difficulties in recruiting and retaining social workers in Adult Services.

- Panel sought clarity on number of people awaiting discharge from hospital, whether it was 40 in total or 40 waiting for a particular package. It was confirmed approximately 280 individuals currently deemed medically fit for discharge. Approximately 140 of these could be supported out of hospital beds now if the Authority's community services were organised. Of these only 80 have been referred and 40 of the 80 are awaiting domiciliary care. Majority of the rest are waiting for EMI beds. These 40 are not the only ones waiting for a domiciliary care package, there are other individuals, probably around 200 altogether.
- Panel queried, in terms of health and social care, what we are going to class as 'good' when we come out of Covid. Hope is it will get significantly better after Covid but do not know whether it will be 'good'. There have been small steps towards this in recent years, but efforts need to be accelerated in next few years.
- Convener emphasised once again how grateful the Panel is to all staff and stated how very fortunate we are in Swansea.

## **6 Work Programme Timetable 2021-22**

Panel discussed items scheduled for the next meeting on 02 March 2022.

The meeting ended at 4.55 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  
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*e-Bost:*  
  
*Date* 31 January 2022  
*Dyddiad:*

**BY EMAIL**

cc Cabinet Members

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Adult Social Care and Community Health Services following the meeting of the Panel on 12 January 2022. It covers Update on Management of Covid and Performance Monitoring.

Dear Cllr Child

The Panel met on 12 January 2022 to receive an update on Management of Covid-19 pandemic and Performance Monitoring.

We would like to thank you and Dave Howes 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:

### **Update on Management of Covid and Performance Monitoring**

You told us how fantastic staff, colleagues and other organisations had been over the last two years. We heard how the effects of omicron had been a real problem, that we are a week to 10 days away from the planned peak and that health and social care

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

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

have done as much contingency planning as they can and are as ready as they can be.

You mentioned a presentation by the Health Board, given to Councillors the previous day, that it was very encouraging and demonstrated closer working between all partners over the last two years.

The Director stated that he hopes to circulate a report on performance monitoring this month outside of the meeting and to return to a more normal structure for future meetings.

We heard that the consequence of catching Covid-19 is currently far less, even if you had to go into hospital, it is likely to be less severe and to recover. We were informed that the main issue for the Directorate has been the number of staff having Covid or being a close contact and having to isolate. We heard there is a possibility that the peak is already with us, if so, it is likely to last longer so you are having to adjust contingency planning.

We were pleased to hear there is some optimism as you haven't seen a significant jump in infection into the most vulnerable cohort or seen a significant link between the increase in Covid in this cohort and the number of hospitalisations and deaths. We heard that a small number of staff in care homes are testing positive, but you haven't seen a significant jump in infections in residents and that this suggests learning around protective measures has worked. We also heard that if it spreads to residents this will test contingency arrangements. We were informed that you are much more cautious about admissions to care homes but the negative result of this is slowing down transfer from hospitals to care homes which is adding pressure on hospitals. We heard that there are particularly issues with EMI provision.

We were informed that there are still pressures on domiciliary care due to reduced staff numbers, but you haven't seen continued hand-backs from providers which is good. We heard that in Swansea there is a backlog of approximately 40 individuals in hospital as you are unable to sort a domiciliary care offer for them. However, you are hopeful of potential increased capacity with in-house domiciliary care services, so in the next two weeks there should be movement of these 40 individuals coming out of hospital.

We heard that you are also trying to add further cover to the in-house residential offer. If enough health and care staff can be found, you may designate one in-house home to provide step-down provision, which may enable EMI individuals awaiting provision to leave hospital.

We heard there is also concern about individuals in the community who have the highest level of need. These individuals have continuing health care needs and are supported by the Health Board. We heard that you need to plan for an extreme situation of not having enough staff and might designate an in-house home as a place these individuals could move into, but it would require staffing by residential health care staff.

We were informed that across the rest of in-house residential provision, if you have catastrophic failure, you have the physical space to create bed capacity across other

homes, but it would depend on being able to move other staff around. We heard it would provide temporary provision if needed and that it is currently being worked through. We also heard that if you have to make use of the extended residential care offer, staff will have to be moved in from day services, but this would only be in an extreme situation for a very short period.

In terms of social work, we heard that the workforce was further depleted by Covid infection but that most have been able to carry on working from home as the infection doesn't appear as serious. Therefore, pressures are no worse than they already were.

We queried if Adult Services has the same problems with staff shortages as in Child and Family Services. We heard there are issues, mainly in domiciliary care resilience, particularly for externally commissioned providers. The Authority is uplifting monies to providers to enable them to pay at least the real living wage, but you still have a significant shortfall in the number of carers needed in the external market. We heard there will be a two-pronged approach going forward, you will support external providers to recruit more but also look to increase the in-house offer. We were informed that there is a need to balance it, you want to recruit new entrants into the care market but not move people around. We heard the model of domiciliary care needs to be changed and that you want to move to a more outcomes-based approach. This requires investment and will need to be worked up nationally, regionally and locally. We heard there are also difficulties in recruiting and retaining social workers in Adult Services, you can't get as many as needed. We heard that the Directorate has to decide whether to maintain a high reliance on qualified social workers or if some of the functions can be undertaken by differently qualified staff to build a bit more resilience. We also heard that some work is currently being outsourced and this may need to be extended a bit further and for a bit longer.

We sought clarity on the number of people awaiting discharge from hospital, whether it was 40 in total or 40 waiting for a particular package. It was confirmed that approximately 280 individuals are currently deemed medically fit for discharge. Approximately 140 of these could be supported out of hospital beds now if the Authority's community services were organised. We heard that of these, only 80 have been referred, suggesting processes are not as efficient as they should be. We also heard that with capacity you would expect in normal times to support these individuals quicker. We were informed that of these 80, 40 are awaiting domiciliary care and most of the rest are waiting for EMI beds, probably 15/20 at least waiting in Swansea. You emphasized these 40 are not the only ones waiting for a domiciliary care package, there are other individuals, probably around 200 altogether and this is significantly more than you would like to see.

We queried, in terms of health and social care, what we are going to class as 'good' when we come out of the pandemic. You stated that where we were before Covid you wouldn't class as 'good', that you hope it will get significantly better but don't know whether it will be 'good'. We heard that within West Glamorgan area there is a desire as we come out of the pandemic for an organisationally better focus on individuals, being better able to keep people well and address their wellbeing. You told us that you felt there had been small steps towards this in recent years but that efforts need to be accelerated in the next few years.



I emphasised once again how grateful the Panel is to all staff and stated how very fortunate we are in Swansea.

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### **Your Response**

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

Yours sincerely

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

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

# Agenda Item 6



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

### Adult Services Scrutiny Performance Panel – 2 March 2022

#### WEST GLAMORGAN PARTNERSHIP

<b>Purpose</b>	To provide an update as required by the board in relation to: <ul style="list-style-type: none"><li>• West Glamorgan Transformation Programme</li></ul>
<b>Content</b>	This report includes: an update on the Impact of COVID-19 on the West Glamorgan Transformation Programme an update on the West Glamorgan Transformation Programme
<b>Councillors are asked for their views on</b>	The work of the region since March 2021
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Adult Social Care & Community Health Services
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services
<b>Report Author</b>	Kelly Gillings; West Glamorgan Regional Director of Transformation

## **1. Background**

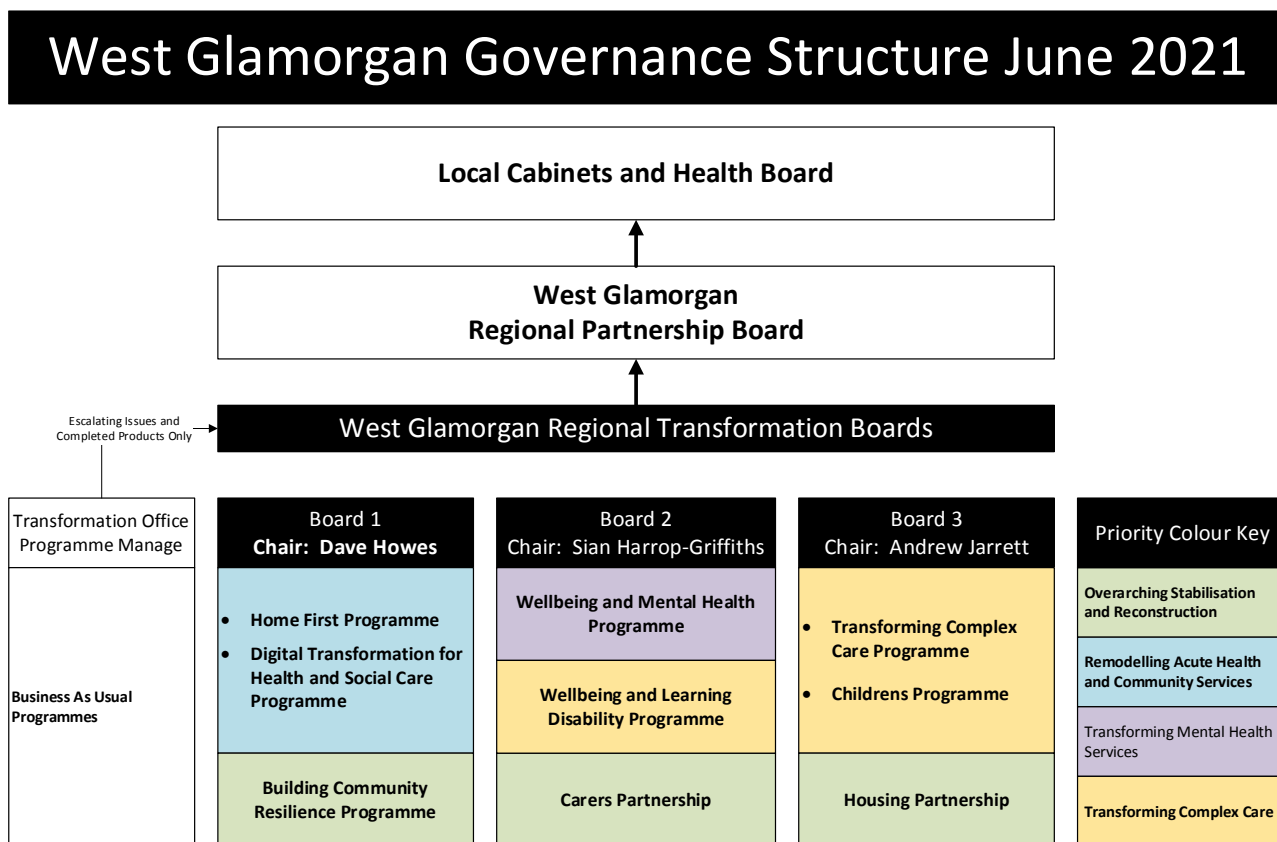
- 1.1 This report will cover the work of the West Glamorgan programme since March 2021 to date.
- 1.2 At the onset of the COVID 19 emergency, normal arrangements for the Regional Partnership Board were suspended so that officers' capacity across the region could be released to deal with the operational issues. New emergency governance arrangements were established.
- 1.3 In June 2021 West Glamorgan Regional Partnership entered a period of recovery and the Transformation Programme was re-start to support the regions stabilisation and reconstruction.
- 1.4 During September 2022, it was agreed by the Transformation Boards that the agendas would be more flexible and move to a two weekly timetable. This would allow all Transformation Programmes to report fortnightly on how they are responding to the emergency through the Winter Period.
- 1.5 It was agreed to reconfigure the current RPB transformation programme to focus on emergency (including Winter planning) with a focus on actions that will best support the population and our health/ social care system over the next 5 months.
- 1.1 It was agreed from the outset that the region had learned lessons from the first wave of the pandemic and agreed to include all cohorts in the development of and planning for the Emergency / Winter.
- 1.2 It was agreed to establish a Pooled fund to support the winter /emergency plan initiatives, utilising any un-allocated regional funding,
- 1.3 The main focus of the Transformation Board since November have been to predominantly work to stop community services failing, this includes meeting twice weekly via the Transformation Board and a Community Silver Meeting. The Community Silver meeting concentrated on the Regional Integrated Escalation Framework, which highlights in detail the pressures and issues across Community Services.
- 1.4 During December, the pressures have escalated cumulating with a decision at the Transformation Board on 21st December 2022 that the meetings would remain weekly but only concentrate on the Winter and Emergency Pressures to allow for scenario planning for the most extreme complications and to allow the group to concentrate further on developing capacity to support people to remain in their own homes.
- 1.5 In addition to working on the emergency the West Glamorgan Transformation Office is focussed on developing Business Cases for the programme in line with the new funding regime for Regional Partnership Boards announced by the Minister for Health and Social Care for the next 5 years which starts in April 2022.

## **2. Regional Partnership Board Governance Framework**

- 2.1 In October 2021 the Regional Partnership Board agreed a new governance framework with amendments to the Terms of Reference.
- 2.2 This report has now been approved across the 3 statutory partners.

### 3. Transformation Board Governance Arrangements

3.1 The West Glamorgan Programme Governance Structure is depicted in the Diagram below:



3.2 West Glamorgan Key Priorities remain as:

- **Stabilisation and Reconstruction:**

Work with (and invest in) communities, third sector and volunteers in maintaining and strengthening an asset and strengths based approach to safely supporting vulnerable individuals within their communities without unnecessary recourse to critical/essential health & social care services - making sure there is a particular focus on support for carers.

- **Remodelling Acute Health and Community Services:**

Continue remodelling (and shifting the balance of funding between) acute health and community health/social care services. Key programmes include Hospital to Home and Keep Me Well At Home.

- **Transforming Complex Care**

Establish fit for purpose joint funding arrangements to support the provision or commissioning of integrated/collaborative health/social care services to support children and adults with complex needs. This is intended to:

- Safely support regional LAC Reduction anywhere on the continuum of need
- Safely support adults with complex needs to remain or return to living as

independently as possible within their families or local communities within the region rather than within more institutional health or care settings.

- Safely support children and young people with emotional mental health and wellbeing needs and other complex needs, including disabilities, to receive the support they need to live as fulfilled a life as possible with the minimum levels of intervention and receiving integrated care in a timely manner when they do.
- Ensure seamless transition between services across all services including young people into adulthood

- **Transforming Mental Health Services**

Develop a continuum of support for the population who require Mental Health and Well Being Services

#### **4. Engagement and Coproduction**

- 4.1 The Regional Partnership Board sat in July 2020 and continues now to meet as scheduled.
- 4.2 We have all partner representation which includes 3<sup>rd</sup> Sector, People (Citizens) and Carers who are integral members of the Transformation Boards and within each programme across infrastructure.
- 4.3 Further work to support these vital representatives at all levels is continuing.

#### **5. Winter / Emergency Plan Update**

- 5.1 **Appendix A** shows the summary of the winter / emergency plan for this region. It is a live document and therefore this report only shows the plan as a snapshot in time from 15<sup>th</sup> February 2022. The document is updated daily and for items marked complete, outcomes are still being confirmed and added.
- 5.2 Below are just a few extracts and practical examples of how the Regional Partnership Board has contributed and supported the Community through this Emergency:

##### **5.3 Carers**

Engaged with the Carers Liaison Forum and Young Carers Group to explore and improve the support available to enable carers to continue in their role and enhanced communication with carers

- Approved a grant for young carers to apply for funding for a service, activity or equipment to support their well-being and personal development.
- The way in which Direct Payments are used has been modified to provide more flexible and creative support arrangements for carers

For those with care and support needs, use of DP for:

- PA's / other paid for direct care
- External day services
- Other support as required / equipment

For Carers

- Needs of carer to support them to continue caring, e.g. household tasks, driving lessons
- Enhanced communication and presence established via the Carers Forum, including the attendance of senior managers/counsellors
- Explored the virtual support available to carers to confirm as much as possible was being made available
- Extended the availability of the 'Young Carers ID Card' to adults

#### **5.4 Children & Young People**

Improved the awareness and access to services available to children and young people in the region to support their psychological and emotional wellbeing, ensuring links with education

- Wellbeing support available to young people via Tidy Minds website and Kooth virtual counselling service has been promoted on partner organisation's websites and information shared with secondary schools across the region. Tidy Minds provides links to all services available for mental health and emotional wellbeing for young people in the region, whilst Kooth provides an anonymous digital counselling and support service for 11-18 year olds (this was available throughout Xmas holidays, including Xmas day)
- Training sessions ongoing in secondary schools for Kooth virtual counselling service
- Additional funding approved to bolster Emotional Health and Wellbeing funding for children across the region
- Review of children waiting longest on the Children and Mental Health Service (CAMHS) waiting list in order to plan bridging support via Local Authorities and Third Sector
- Temporary funding secured to increase psychological interventions for children with additional needs

#### **5.5 Mental Health**

Procurement process undertaken to develop a website containing information about available services for mental health and emotional wellbeing for adults in the region. This will be an adults version of the Tidy Minds website – promoted already for Young People.

The 'Focused' sub group of the Dementia and Older Persons' Mental Health (DOPMH) project is refocussed on identifying and prioritising actions that support people with dementia and their carers and families. This includes providing more training to carers and improving access to resources for professionals.

We are progressing with implementation of the Single Point of Access (SPOA) service and implementation of the 112 access pathway as a priority. This will make it easier for citizens to get advice and guidance on what mental health support is available for them in their area.

Engagement with the third sector is crucial with a number of services such as

counselling seeing an increase in referrals. Mapping of available third sector mental health support services is being updated and we have sought feedback from mental health workers on the front line (e.g. Mental Health Link officers in GP Cluster areas) on the pressures they are facing and what ideas we can implement to improve the wellbeing of our population.

## **5.6 Learning Disability**

£18k of grants awarded to third sector/voluntary organisations to support and encourage people with learning disabilities to reconnect with community groups in their areas.

A day service mapping exercise has been undertaken to understand the current community provision for people with a Learning Disability

Increasing the update of annual health checks, funding has been made available to all health boards to support this. Engagement via a third sector organisation to support information sharing and promotion is underway

The group is continuing with the development of a regional strategy, with a provider being commissioned to run engagement events to support its development.

### **Leonard Cheshire Cymru scheme - Connecting Communities**

Digital Inclusion Coordinator will support disabled people in the community and living in specialist social care services across the region to learn crucial skills and stay connected to their community, families, and friends throughout the pandemic. Working with Digital Community Wales to upskill our staff and volunteers, and with the support of our two Volunteer Coordinators, we will run the following activities digital Inclusion Lessons, online Social Activities, virtual Activities and reminiscing therapy.

### **Dimensions Cymru – Health and Wellbeing Pilot**

This project seeks to support early intervention wellbeing initiatives across 4 Supported Living sites in Swansea. By developing resilience through wellbeing activities, our community will be stronger to cope with future challenges, and be investing in their future health and happiness. The activities of these programme will include both physical health (exercise, cooking, and healthy eating) and mental wellbeing (art, singing, dance, craft, and gardening). They will be finding ways to reduce stress, connect with each other in new ways and have physical and creative outlets in their life to focus on and improve their skills.

## **5.7 Complex Care**

Improved communication with providers to ensure coordinated and timely responses to issues and updates

The regional website for care homes continues to be updated with the most up to date information from Welsh Government and Public Health Wales, giving them a repository of the most recent information in one place.

Transition Policy and Multi-Agency Panel for Children and Young People with Complex Needs are both in the test phase until March 2022.

Commissioning for Complex Needs project has been evaluated and will move into a new phase from April 2022, with the Outcome Focused Assessments projects being paused until further work can be carried out by the development of Regional Commissioning Strategies. The Regional Commissioning Strategies will link in with the data from the PNA (Population Needs Assessment) and the MSR (Market Stability Reports).

Development of an Operationalising CHC (Continuing HealthCare) Policy is on hold due to the current emergency situation. Work is continuing in the background on getting the information gathered on the number of cases awaiting a DST (Decision Support Tool).

Development of a Joint Funding agreement is on hold due to the current emergency situation.

## **5.8 Workforce**

- Implemented 10% uplift for Domiciliary Care Staff backdated to 01<sup>st</sup> October 2021 which also includes staff in the Supported Living Sector
- Joint recruitment of Domiciliary Care Staff. Staff have been employed by Swansea Bay University Health Board and seconded to Local Authorities. Phase 1 recruitment 12 potential staff interviewed, 9 appointed. Phase 2 recruitment: further 2 appointed. Local processes remain and continue to recruit more individuals to work in the care sector
- Most significant pressure is Workforce due to staff being unwell or having to isolate as a result of Covid-19. At every meeting either via the Regional Integrated Escalation Framework or the Heads of Service share the latest issues and explain how the situations are being managed enabling the region to develop plans further or provide support.

## **5.9 Patient Flow & Community Resilience**

- Commissioned a pool of beds within care homes to facilitate hospital discharges whilst awaiting care at home
- Hospital in-reach model implemented with third sector. Regional Offer of practical support based on needs through Age Cymru. The model was developed using existing resources with funding from the RPB. Initially this has been focused on Pathway 0 (support in the community) with potential to cross over into Pathway 1 & 2 potentially (supporting discharge pathways). Wider service development with other agencies is being considered.
- Contingency arrangements were established again this year to support ongoing care provision across the region, particularly over the Christmas/New Year period and continuing into January 2022. This included re-establishing the emergency Support Team, developing on-call rotas developed, sharing rotas shared between partners, providing additional Mental Health workers on duty, and regular contact between Commissioners and providers

## **6. Ongoing Work**

- 6.1 As a Regional Partnership we continue to deliver and develop the Emergency Winter



Plan as new situations and issues arise.

- 6.2 We continue to ensure there is as much flow as possible through patient pathways from both the within the community and discharge from Hospital
- 6.3 A call to arms to has been shared with the Third Sector and wider Council Services to support the immediate emergency. We have already had some limited response from the sector from which resources are being targeted to provide support.
- 6.4 Continue to review workforce issues and redeploy staff as required to support any critical services
- 6.5 Looking to increase capacity to provide step-up support for people in the community in particular via the in house care homes in Swansea (though the capacity will be available for the whole West Glamorgan community)
- 6.6 Ensuring that all people in receipt of a care package have a contingency plan should their support fail
- 6.7 Reviewing if there are any services across the 3 statutory partners that could be paused to support the immediate crisis.
- 6.8 Working towards a bridging service for Children and Young People awaiting a service from CAMHS
- 6.9 Promoting the annual health checks for people with learning disabilities to increase the uptake, linking with GP practices and Third Sector
- 6.10 Provide financial and/ or other support to facilitate those actions where required

## **7. Financial Implications**

There were no financial implications for core funding in this programme. All programmes and projects are either funded via ICF funding or transformation funding.

## **8. Workforce Impact**

Not applicable.

## **9. Equality and Engagement Implications**

- 9.1 There are no Integrated Assessments Implications associated with this report.
- 9.2 The Council is subject to the Equality Act (Public Sector Equality Duty and the socio-economic duty), the Well-being of Future Generations (Wales) Act 2015 and the Welsh Language (Wales) Measure, and must in the exercise of their functions, have due regard to the need to:
  - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Acts.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.

- Deliver better outcomes for those people who experience socio-economic disadvantage
- Consider opportunities for people to use the Welsh language
- Treat the Welsh language no less favourably than English.
- Ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

9.3 The Well-being of Future Generations (Wales) Act 2015 mandates that public bodies in Wales must carry out sustainable development. Sustainable development means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the 'well-being goals'.

9.4 Our Integrated Impact Assessment (IIA) process ensures we have paid due regard to the above. It also takes into account other key issues and priorities, such as poverty and social exclusion, community cohesion, carers, the United Nations Convention on the Rights of the Child (UNCRC) and Welsh language.

## **10. Legal Implications**

There are no legal implications associated with this report.

## **11. Risk Management**

All individual programmes and projects utilise a risk management strategy.

## **11. Background Papers:**

Not applicable.

## Appendix 1 - Summary of Actions from the Emergency Plan

Theme	Description	Outcome	Further Action
System Support - Direct Payments	Use of Direct Payments and other mechanisms that support families to care for their loved ones	BAU No further action	N/A
System Support - Establishment of Emergency Support Team and Resilience Planning	Standard Operating Procedure updated for Christmas 2021; Team developed and On-call rota's have been established and publicised to enable providers to access support when required	Still in Operation due to Emergency	Can be invoked at any point but staffing and contacts will need updating each time
Home First - Increased Third Sector Regional Support Offer to improve patient and community flow	Provided additional funding to Third Sector organisations in increase their capacity of existing resources	Funding End March 2021.	Outcomes need further review but if proven a pooled budget to support increased capacity at Winter or other for other emergencies may be possible
Home First - Increasing Internal Residential Care Capacity:	Additional pool of beds across the region to support hospital discharge using a reablement approach, therefore improving patient flow through timelier discharge and impacting on patient outcomes and experiences	Alternative Bedded Reablement offer in place in the case of outbreaks in Bonymaen House and / or Gorseinon Hospital	Check with Amy Hawkins
Home First - Pathway 4: Accelerated Development	Accelerated the development of Pathway 4 using externally commissioned care home beds as well as the small number directly facilitated through Swansea LA homes. Launched on 18.10.21	Still in operation and will form part of the Home First Programme going forward	N/A
ECC - Supporting Care Homes and Domiciliary Care agencies	Refocus on resilience and response to commissioned services across the region	Still in operation and the Website will continue to be a live service	N/A

Theme	Description	Outcome	Further Action
	<p>Weekly meetings held to implement a coordinated response on issues/concerns</p> <p>The Care Home page on the West Glam website is updated regularly with all the latest Welsh Government and PHW guidance</p>		
Carers - Supporting Young Carers	A grant for young carers to apply for funding for a service, activity or equipment to support their well-being and personal development.	Grant established to March 2022	Consider outcomes and Carers Partnership Board to Review
Carers - Supporting Carers Wellbeing (respite and lightening the load)	A short term a grant proposal was developed to enable third sector providers to meet the needs of cares using their services	Grant established to March 2022	Consider outcomes and Carers Partnership Board to Review
Carers - Supporting Carers Wellbeing (respite and lightening the load)	Lightening the load project, funding Care and Repair Western Bay to deliver odd jobs to carers.	Grant established to March 2022	Consider outcomes and Carers Partnership Board to Review
Carers - Supporting Carers Wellbeing (respite and lightening the load)	Grant for adult carers to top up the Carers Trust hardship grant, to the same level it was in 2020. Scope to top up grant pot again if demand is high.	Grant established to March 2022	Consider outcomes and Carers Partnership Board to Review
Carers - Expand Young Carers ID card to adults	Schemes was expanded to Adults	The ID card is in operation in Swansea and NPT Carers are due to take delivery of their card printing equipment. The Adult card scheme will soon be operational at both Carers Services in West Glamorgan.	No further action

Theme	Description	Outcome	Further Action
CYP - Increased promotion of virtual Kooth counselling service to schools	Promotion of Kooth to secondary schools has been emailed to all Head teachers with the Kooth video, summary of sign-up process and the dates of the service throughout Xmas.	Promotion of Kooth to continue with further training sessions for secondary schools	BAU
CYP - Increased promotion of virtual Kooth counselling service to CYP	Kooth has provided options for digital and physical options for marketing Kooth to children in secondary schools.	Shared options for digital and physical options for marketing Kooth with young people from our NPT Young People's Mental Health Forum and they have proposed which options they feel are ones that will work.	Funding proposal to come to Transformation Board / Silver for approval on 22.2.22
CYP - Building resilience into third sector organisations that are experiencing increase in referrals for CYP with mental and emotional health issues.	Administered third sector grant scheme for funding to cover additional costs related to increase in demand and / or cover costs being met by reserves	End March 22	Consider outcomes and Children and Young People's Programme to Review
Wellbeing and MH for both Children and Adults	<p>Bolster Mental Health Funding utilising the prevention funding to increase emotional and mental health support across the region for adults and children</p> <p>Ensure the list of all the available schemes funded across West Glamorgan are shared with partners so they are able to sign post to services</p>	Continued communications for children and young people is essential	Consider outcomes and Wellbeing and MH Programme to Review
CYP - Increased promotion of Tidy Minds website through partner websites	Promotion and links to Tidy Minds website on Swansea, NPT and Health Board web page completed	Continued communications for children and young people is essential	Consider outcomes and Children and Young People's Programme to Review

Theme	Description	Outcome	Further Action
CYP - Gaps in psychological interventions for children with additional needs	<p>Within child psychology, one of biggest gaps is psychological interventions for children with additional needs accessing the children's centres. This includes children seen by community paediatricians and therapists ie children with complex needs, physical disabilities, life limiting conditions etc.</p> <p>Utilised additional temporary funding to offer regular consultation to staff in these settings to support with the psychological aspects of the work, thereby offering indirect psychological interventions</p>	End March 21	Consider outcomes and Children and Young People's Programme to Review
Home First – Additional Pathway - Creation of a bed pool in care homes to facilitate discharge from hospital whilst an individual waits to access care at home	Transfer of patients to commence w/c 15.11.21	RPB funding ends March 21	N/A
Learning Disabilities - Support for individuals with learning disabilities to reconnect with their communities	<p>Grant available for Third Sector/voluntary organisations to support and encourage people with learning disabilities to reconnect with community groups in their areas.</p> <p>9 groups applied for funding, 6 were successful totally approx. £18k in grants awarded.</p>	Funding ends March 21	Consider outcomes and Learning Disabilities Programme to Review
System Support - Increased wages for domiciliary care workers	Uplifts of 10% across all domiciliary care registered services (including supported living) on the current hourly rate paid to providers	Business as Usual	N/A

Theme	Description	Outcome	Further Action
Wellbeing and MH - Support for Adults with Mental Health	Development a Tidy Minds Adults version of the website and renewal of self-help leaflets	Development of site planned for Jan - Apr 22	Consider outcomes and Wellbeing and MH Programme to Review
System Support - Joint recruitment of Domiciliary care workers, employed within the HB but the seconded to the LA's	11 Candidates appointed	Local recruitment continues – joint recruitment has been halted	N/A
Housing Partnership - Housing Strategy & Homelessness	Confirmation on 17/01/22 that the regional bid has been approved by The National Lottery Helping End Homelessness Fund. Work will now continue on the proposals - led by The Wallich in partnership with partners and stakeholders across Swansea and NPT - to support people to remain safely and happily in housing.		N/A
System Support - Review the volunteer work to focus on support for the emergency response e.g., use of Care Home Volunteers and wider linkages with education to establish potential opportunities around volunteering to support the wider community e.g., carers, vulnerable groups etc...	Care Home Volunteer Toolkit in development, opportunities to pilot volunteering in care homes actively being explored currently Options to create capacity through volunteering as community support being continually evolving Development of bid to support volunteering in care homes approved Initial Swansea element being progressed	Due to Emergency pressures this work has slowed – awaiting Age Cymru national pilot project report to be published to review and avoid duplicate – event attend Jan,22 and 121 with Age Cymru Pilot Project staff – detail to be entered into the toolkit.	Consider outcomes and Building Resilient Communities Programme to Review Third sector call out for volunteer support in community (dom care)
CYP - Consider third sector grant schemes to provide the bridging support for CAMHS, either waiting longest on waiting list, recently accepted onto waiting list	Work continues on this element of the plan as the waiting list continues to increase	Awaiting confirmation from CAMHS that consent forms have been received from all families in order that details can be shared with other organisations	Include in the longer term delivery plan for EH&WB

Theme	Description	Outcome	Further Action
CYP - Consideration of bridging support for CYP who could be presenting with MH issues, currently on waiting list for NDD service	Currently 841 CYP on ND waiting list, which is currently 24 months wait Work continues on this element of the plan as the waiting list continues to increase	Delay in progress in this area, though this needs to form part of the longer term delivery plan for EH&WB	Needs escalating into the Childrens Programme
CYP - Targeted work in terms of near suicide misses.	CAMHS crisis team currently only able to undertake assessments around safety planning and unable to offer treatment due to lack of capacity.	Regular attendance from Damien Rees, as chair of the Regional MAG for Suicide to ensure oversight of data and trends and progress update in terms of the work relating to CYP	Include in the longer term delivery plan for EH&WB
CYP - Increased promotion of Tidy Minds website through links with GPs High levels of inappropriate referrals from GPs to CAMHS	Liaise with GP clusters to work in partnership to deal with some of the issues	Head of Cluster Development and Planning to attend the EH&WB Board in order to strengthen links with the GP clusters	Include in the longer term delivery plan for EH&WB
Digital - Explore assistive technology to support dom care, including focus on medicine management			Unable to explore in the short term so will form part of the Digital Transformation Programme
Home First - Pathway 1: Accelerated front door turnaround linked to existing service provision e.g., the Emergency Department	<p>Priorities in progress</p> <ul style="list-style-type: none"> <li>-Support for care homes to reaccept residents directly from ED, Admission Units etc.</li> <li>-Support of domiciliary care providers to reaccept packages in a timely manner after A&amp;E attendance</li> <li>-Falls Team establishment</li> <li>-NPT Social Work presence in Morriston</li> </ul>	Under further development and will form part of the Home First Programme going forward	Consider outcomes and Home First Programme to Review



Theme	Description	Outcome	Further Action
	<p>-Use of third sector to encourage / support earlier turnaround</p>		
<p>Learning Disabilities: Increasing uptake of annual health checks.</p> <p style="text-align: center;">Page 23</p>	<p>GB will lead on the work for the health board and will update the group on progress.</p> <p>Funding has been made available by Welsh Government to all health boards which must be spent by March 2022</p> <p>There are current projects in the Third Sector, supporting people with Learning Disabilities in regards to accessing primary health care and raising awareness. However there are barriers with information sharing with Social Services and Primary Care. This effects engaging people with Learning Disabilities for Third Sector organisations.</p> <p>Work is being undertaken to publicise the need for people with a Learning Disability to have an annual health check, and to encourage them to contact their GP's</p>		<p>Consider outcomes and Learning Disability Programme to Review</p>
<p>System Support - Regional approach to the financial support we provide to Residential Care after the tapering off of payments by Welsh Government.</p>	<p>Care homes uplift of 11% overall agreed by all partners. Backdated to 1st October 2021. Uplift is on condition of RLW being implemented.</p>		<p>N/A</p>
<p>Wellbeing and MH - Dementia: Bringing resources and information together for professionals public carers and dementia patients to access support information</p>	<p>The Hub has opened in the Quadrant centre providing a centre. Providing a drop in for support and information on Dementia.</p> <p>Further support from all agencies still required.</p>	<p>Feedback from opening of The Hub has been positive and highlights need for service.</p>	<p>Consider outcomes and TMH Programme to Review</p>

Theme	Description	Outcome	Further Action
	Evaluation and feedback is going to develop the Dementia Hubs		
<p>Wellbeing and MH - Dementia/Carers: Training sessions for carers via carer centre -</p> <p>Manual Handling; emotional Resilience, coping in the moment</p> <p>Send out and e bulletin to carers and gatherer views what training they require</p>	<p>Dementia/Carers: Training sessions for carers via carer centre -</p> <p>Manual Handling; emotional Resilience, coping in the moment</p> <p>Send out and e bulletin to carers and gatherer views what training they require.</p>		<p>Consider outcomes and TMH Programme to Review</p>
<p>Housing Partnership - Develop appropriate guidance on housing needs for inclusion in discharge process.</p> <p>Identify potential different approach for discharge from mental health services.</p> <p>Communicate guidance and discharge process with relevant hospital services (e.g. specific sites and wards).</p>	<p>Guidance available as part of Discharge Process on supporting people with housing needs.</p>		<p>Consider outcomes and Housing Partnership to Review (linked to wider theme of Integrating Support Services)</p>

# Agenda Item 8



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

### Adult Services Scrutiny Performance Panel – 2 March 2022

#### PERFORMANCE MONITORING

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

Adult Services  
Summary Management  
Information Headline Report  
Data for December 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**

The national performance issues in relation to WCCIS continues to impact significantly on practitioner's abilities to record their work and for the service to monitor and report on performance. As anticipated the Omicron wave has rapidly impacted on staffing capacity with very high levels of absence in all service areas and worse anticipated as we move into January. All services have created detailed contingency plans to ensure service delivery is maintained for those individuals with the highest of level of need and to ensure safeguarding needs are met. Our internal residential care services are prioritising admissions, both short-term step up placements from community and reablement (Bonymaen). Bonymaen is increasing the number of available beds by 5. Residential and Day Services staff continue to be flexible and provide extra capacity to residential services e.g. working additional hours to cover evening shifts. Day Services are being maintained and improvement and investment plans are being developed for future requirements. We have created and increased offer for Carers, through additional funding used for the delivery of innovative respite and support. We are working with Swansea Carers Centre to identify Carers and offer Carers Assessments at the right time for those individuals We have a continued focus on Direct Payments. There has been an overall reduction in use since September. This may be due to the increased provision of Day Services, but further work is required to promote the availability and opportunities for DP use for those with Care and Support requirements and DP for Carers. With regards safeguarding, the number of reports responded to in seven days or less has decreased over the past three months. This will be an area of focus, but we have seen an increase in the number of consultations preventing the need for Adult at Risk reports and good links continue to be made with partners in relation to safeguarding, including Housing providers and DWP. Positively despite the pressures there has been a reduction in the DoLS backlog.

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

During December the health and social care system in the region has felt the impact of the ongoing shrinking of the domiciliary care sector. This has impacted all flows where there is a recourse to dom care for individuals and had in effect resulted in restricted movement from hospital to home directly or whether via a reablement / transitional care pathway. The operational challenges of the multiple issues has made December one of the most challenging months for all health and social care teams during the pandemic to date.

Community flow has also been significantly challenged with handbacks of packages of care and very limited flow through brokerage. The festive season has also further compounded the issue with the annual scaling back of care availability linked to staff holidays.

When the impact of the Omicron variant on staffing numbers is layered on top of these challenges we have had to take a sharp focus on contingency planning based on the predicted decimation of the workforce indicated by the modelling. This whilst balancing the need to continue to deliver services to those in need of care and support and attempting to mitigate the change for them.

The inhouse Homecare service has gone live with the Webroster system during December and despite the concurrent workforce deficits the system has been launched successfully. Staff are very positive about the opportunities that Webroster offers and indeed it has been key in the contingency planning work that has been required immediately post implementation.

The move into emergency / contingency planning has meant that the second phase of Webroster roll out linked to performance reporting has had to be deferred briefly and this has had a direct impact on the reporting for December and likely to also influence the Jan 2022 data. Additionally there was a need to temporarily pause admissions into the service whilst the data migration between the legacy system and Webroster was undertaken to ensure that no individuals were "lost" during this point – however the impact of this on admissions into the service was mitigated by the lack of capacity within service resulting from staffing deficits .

Despite being impacted by covid closure requirements Bonymaen House has taken a proactive and solutions focussed approach to maximising flow through close liaison with Public Health colleagues to explore the options in respect of risk assessment based admissions. The team have utilised the accommodation available to support the safe admission of individuals where necessary.



# Common Access Point

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



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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. **133 referrals were recorded in the Safeguarding team in December** (137 in Nov).

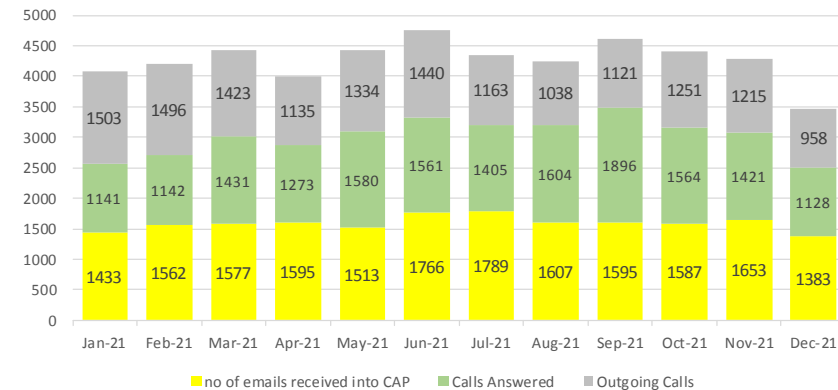
**502 Referrals in Dec 21**      **626 Referrals in Nov21**

**116** Closed - Provided Advice & Information (23%)  
**180** MDT(36%)  
**3** directly to SW Teams (1%)  
**203** to integrated therapies (40%)

**124** Closed - Provided Advice & Information (20%)  
**224** MDT (36%)  
**12** to SW Teams (2%)  
**266** to integrated therapies (42%)

604 Referrals were created by CAP in Dec 2020

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

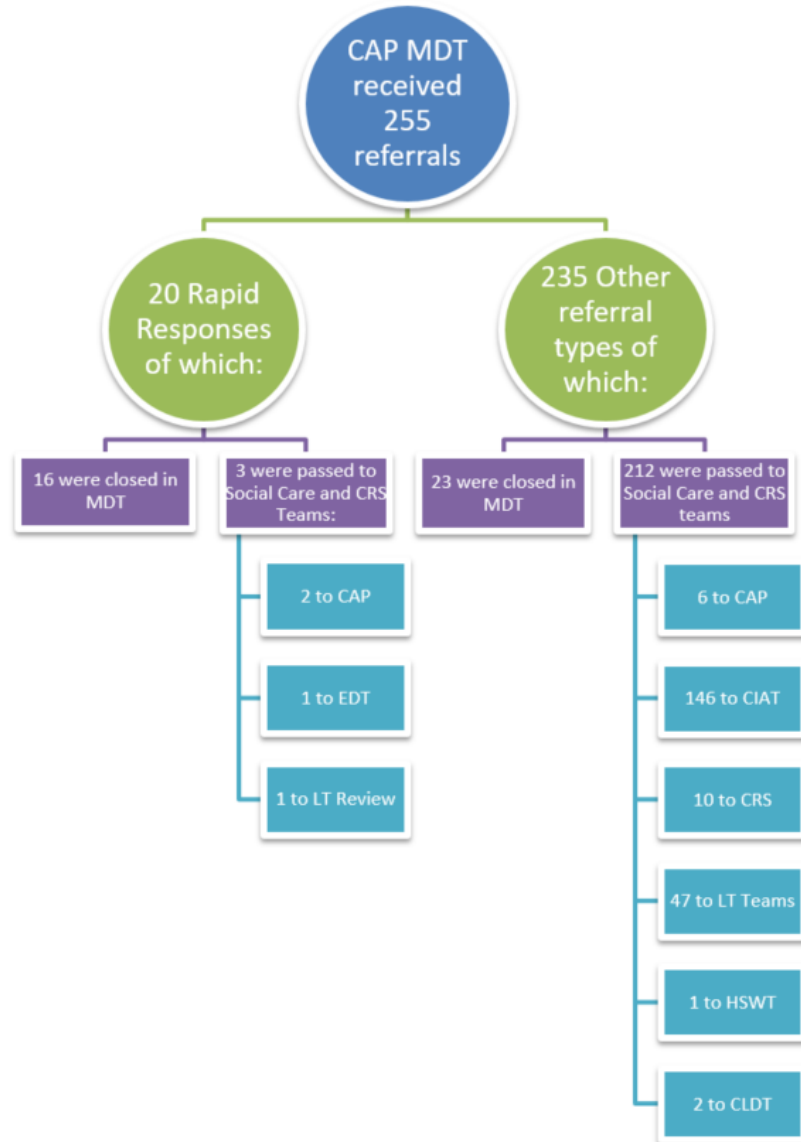




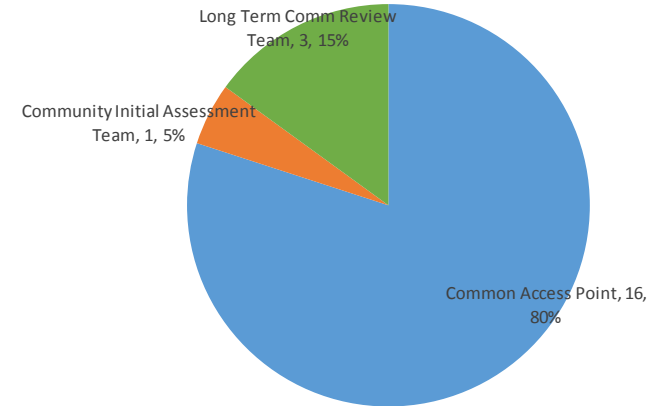
# CAP MDT

CAP MDT Data for Dec 2021 – further development & validation work is being undertaken

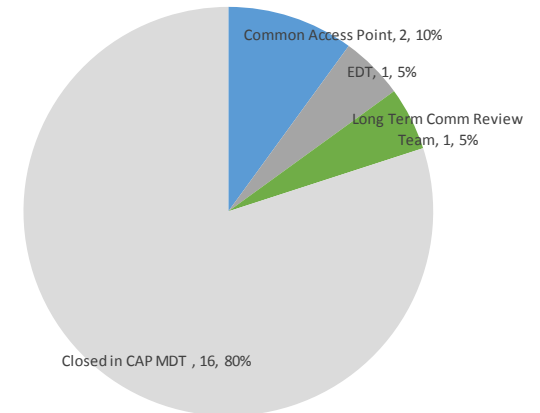
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## Sending team of Rapid Response Referrals Passed to CAP MDT

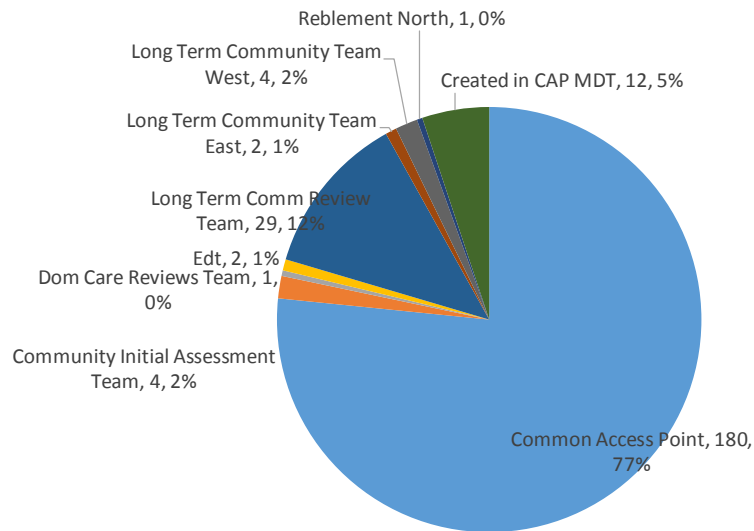


## Rapid Response Referrals Closed in CAP MDT or Passed to Other Teams

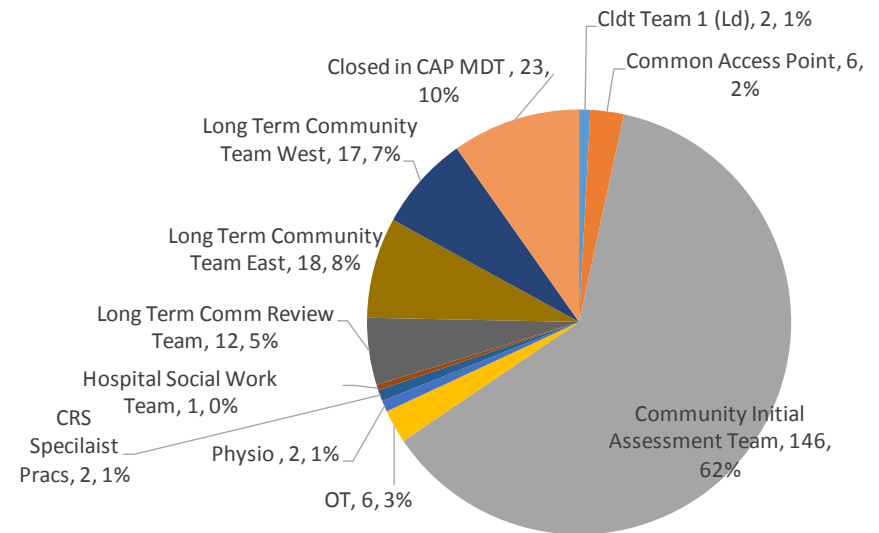




### Sending team of other type Referrals Passed to CAP MDT



### Other Type Referrals Closed in CAP MDT or Passed to Other Teams



#### What is working well?

Enhanced pathways to maximise prevention, signposting, diversion and alternative community support to mitigate the current paucity of formal care are working well and ensuring speedier access to formal care for individuals with the greatest need or at risk of care breaking down in the community.

These enhanced pathways include that CAP now has stronger formal links with the daily rapid hospital discharge meetings and the virtual ward round established for the Cwmtawe Cluster.

#### What are we worried about?

The national performance issues with the WCCIS system continue to impact both in terms of slowing down user recording and the extraction of performance information.

Workforce capacity at the front door has been impacted both by staff vacancies and sickness absence.

#### What we are going to do?

Escalation of WCCIS issues both locally and nationally continues. In the meantime local mitigations remain in place.

Development work is taking place in relation to performance monitoring and reporting of the MDT function which should lead to service improvement opportunities

Enhanced recruitment and staff well being arrangements are in place



# Assessments & Reviews

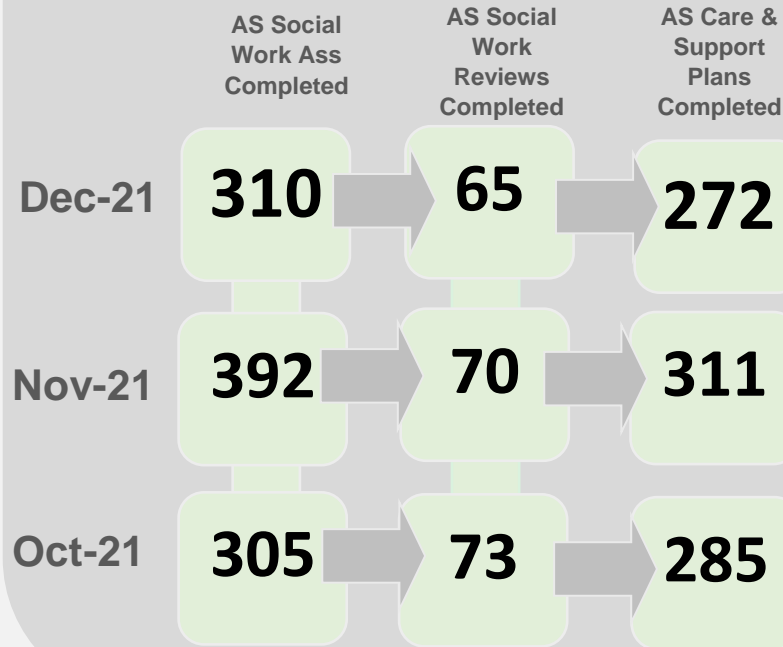
## Reviews

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.

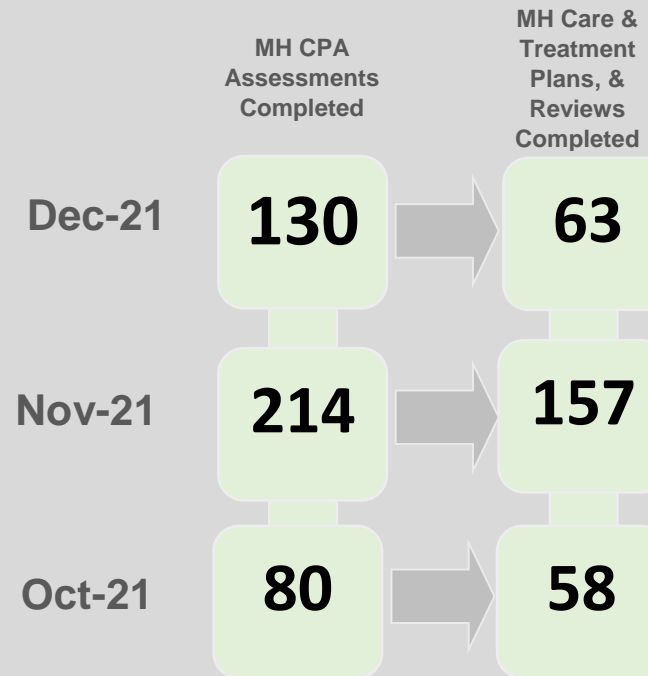
## Assessments

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?
Given the context of high staff absence rates was higher than average assessment and review performance was strong	As we have prioritised assessments during this period, we wont meet our statutory responsibility to complete an annual review for all individuals by year end	Increased staff attendance and the outsourcing of some assessment and review work will lead to some of backlog being recovered by year end

## Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
The prioritisation of support to individuals with the highest level of need, at risk of a breakdown in care arrangements or to address safeguarding concerns are working well.	Staff absence levels are high and combined with the poor performance of WCCIS are impacting detrimentally on staff morale and consequent performance of the service	Enhanced staff recruitment and well being arrangements continue  WCCIS issues continue to be escalated locally and nationally



# Carers and Carers Assessments

## Updated Carers Information:

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

**97**

**carers identified in Dec 21**  
**85 offered assessment (88%)**  
**37 assessments undertaken**

Dec20: 122 carers identified, 115 offered assessment

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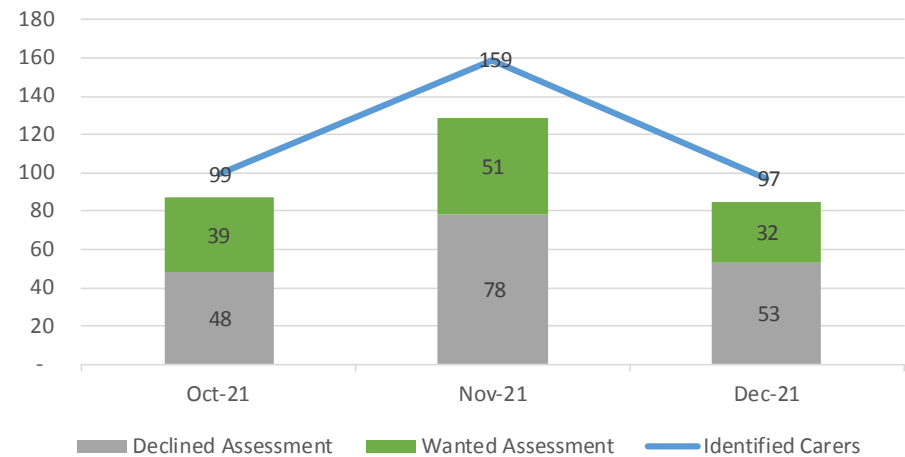
**159**

**carers identified in Nov 21**  
**130 offered assessment (82%)**  
**47 assessments undertaken**

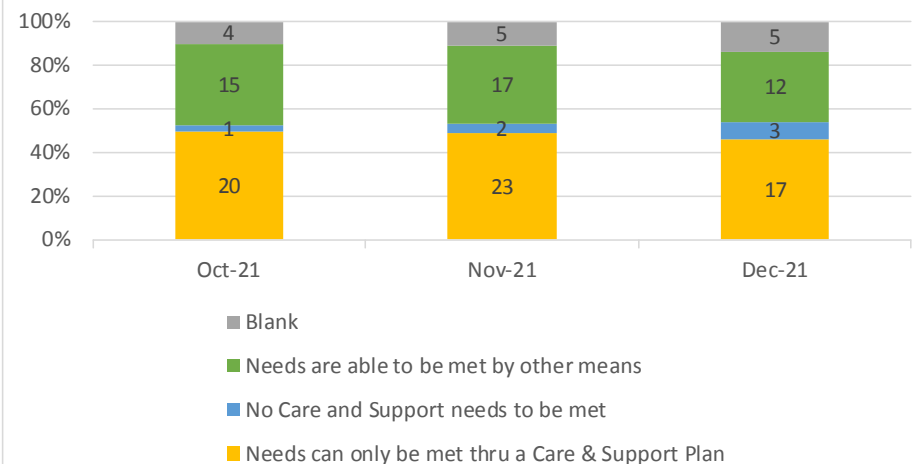
**99**

**carers identified in Oct 21**  
**87 offered assessment (88%)**  
**40 assessments undertaken**

Accepted/Declined Offer of Assessment



Outcomes of Completed Carers Assessments



What is working well?	What are we worried about?	What we are going to do?
<p>The % of carers offered an assessment was higher than the previous month particularly with evidence of needs that can be met outside of traditional statutory services. This may indicate that enhanced levels of 3<sup>rd</sup> Sector grants and services supporting alternative carer arrangements are working well.</p>	<p>Still not achieving a 100% of carers being offered an assessment .</p> <p>The number of individuals declining an assessment remains high.</p>	<p>Development of more contemporaneous performance dashboards to assist practitioners and teams to identify when the opportunity to offer a carers assessment has been missed or not properly recorded</p> <p>Improve the timing of the offer of an assessment to avoid it being at point of crisis when the carer is most likely to decline including through better utilisation of the carers centre</p>



# Residential Reablement

During October, November & December Residential Reablement services had an overall percentage of 62% of people returning to their own homes, independently and with care packages.

5

**Admissions  
(Dec 21)**

4 from Hospital  
1 from Community

8

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

7 people left residential reablement  
in Dec 2020

5

**People went home**

**(3 with care, 2 with no care)**

1 Nursing Care  
2 Hospital



13

**Admissions  
(Nov 21)**

12 from Hospital  
1 from Community

4

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

14 people left residential reablement  
in Nov 2020

2

**People went home**

**(1 with care, 1 with no care)**

1 Not recorded  
1 Deceased



5

**Admissions  
(Oct 21)**

5 from Hospital  
0 from Community

9

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

15 people left residential reablement  
in Oct 2020

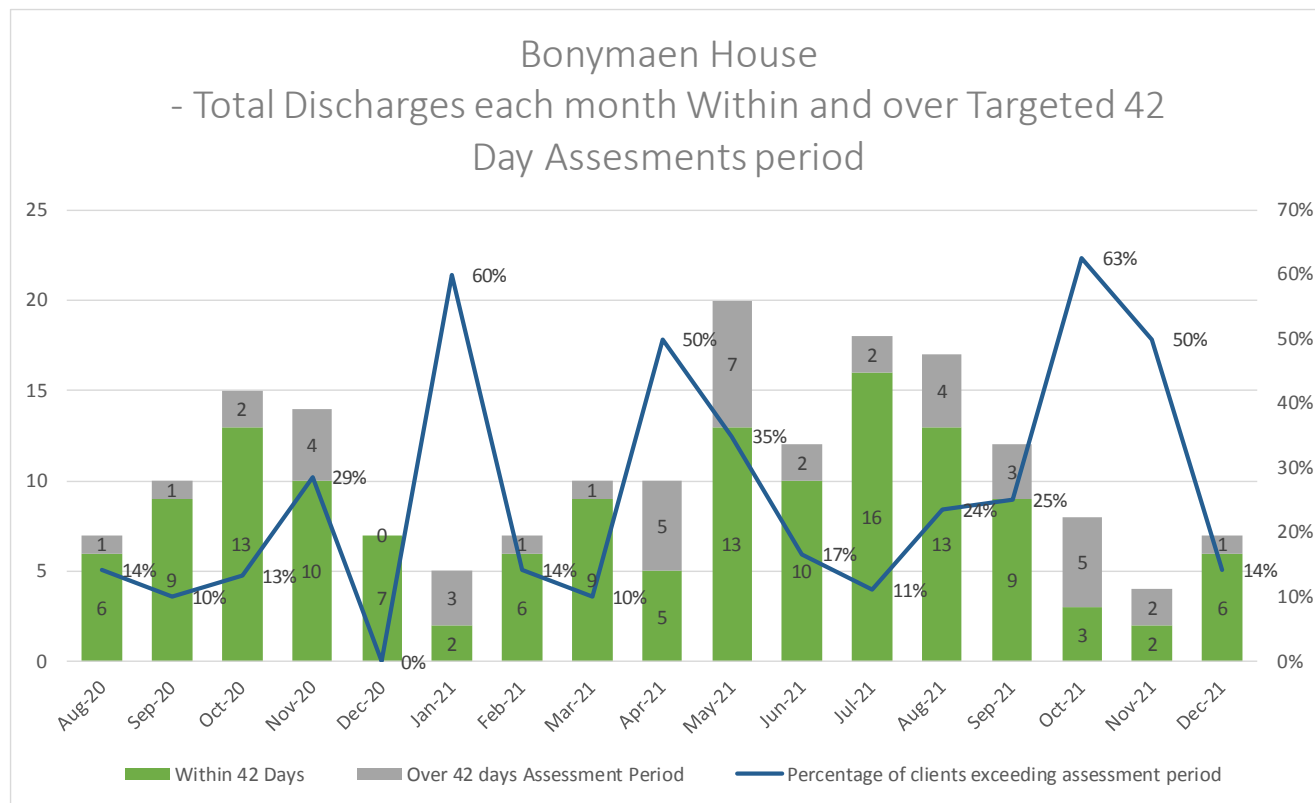
6

**People went home**

**(4 with care, 2 with no care)**

2 to residential / nursing care / family  
1 Hospital

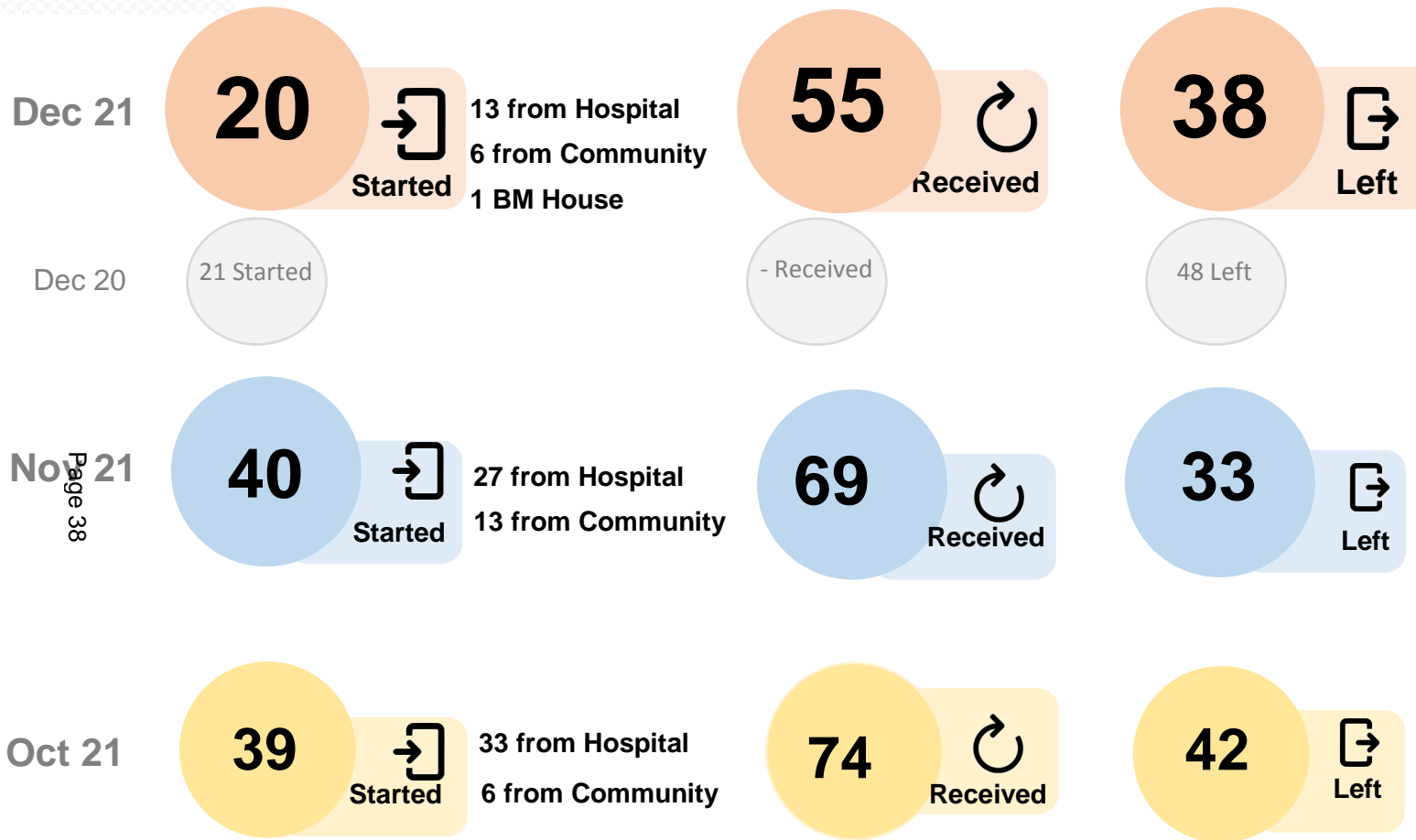




What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Vacancies have been filled and staff have worked flexibly to maximise capacity</li> <li>• Effective partnership working with health and domiciliary care colleagues is supporting good flow and ensuring individuals return home at the earliest opportunity</li> <li>• The service has implemented covid secure bubbles in consultation with PHW which has reduced the times that the entire home is closed if there is a covid outbreak</li> </ul>	<p>Maintenance dom care capacity is limited and consequently impacts on discharge rates if residents require ongoing support post discharge</p> <ul style="list-style-type: none"> <li>• Therapy capacity is stretched across community services and this reduces the effectiveness of the reablement offer</li> <li>• Social work capacity is stretched across community services which is leading to delays in assessment and again impacts on rates of discharge</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure BH is only utilised for reablement and that other care homes are used where short term bridging placement is required</li> <li>• Utilise reablement support from Sensory Team and Community Reablement Team (formerly Physical Disability Team).</li> <li>• Identify additional and/ or dedicated social Work support to support move on.</li> <li>• Contingency plans being developed for winter pressures, increased covid etc.</li> <li>• Tight monitoring of referrals, progress and next steps.</li> <li>• Increase beds, subject to staffing</li> </ul>



# Community Reablement

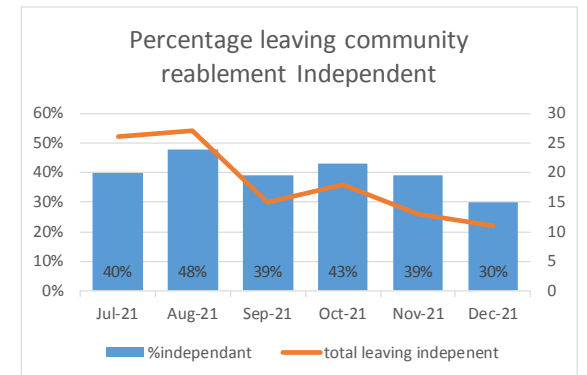
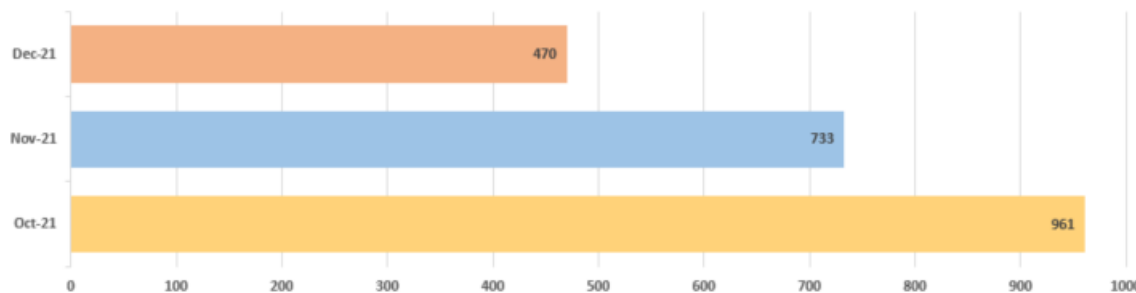


**11 no care**  
17 same or more care, 8 Hospital, 1 Deceased, 1 Long Term placement

**13 no care**  
10 same or more care, 1 family support, 4 Hospital, 2 Financial Reasons, 1 Deceased, 1 Long Term placement, 1 SPICE

**18 no care**  
11 same or more care, 8 hospital, 2 family support, 1 SPICE, 2 deceased

Hours of Reablement Provided a Month





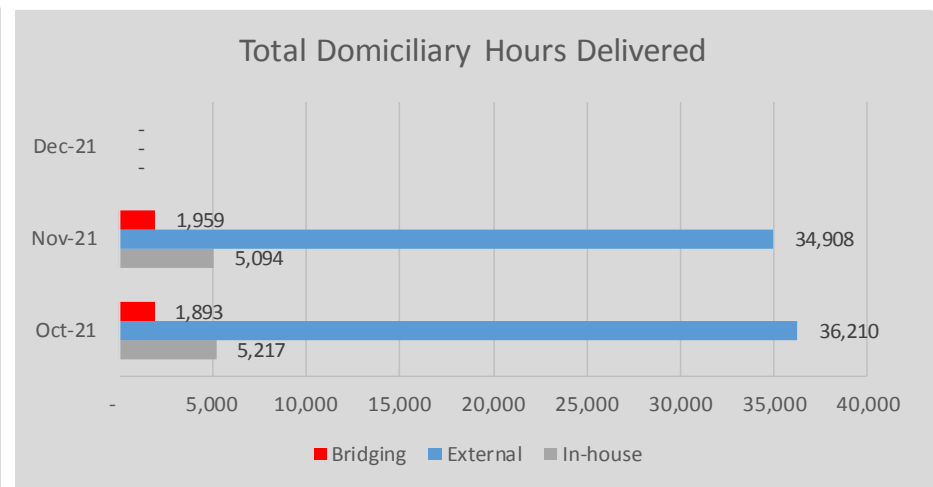
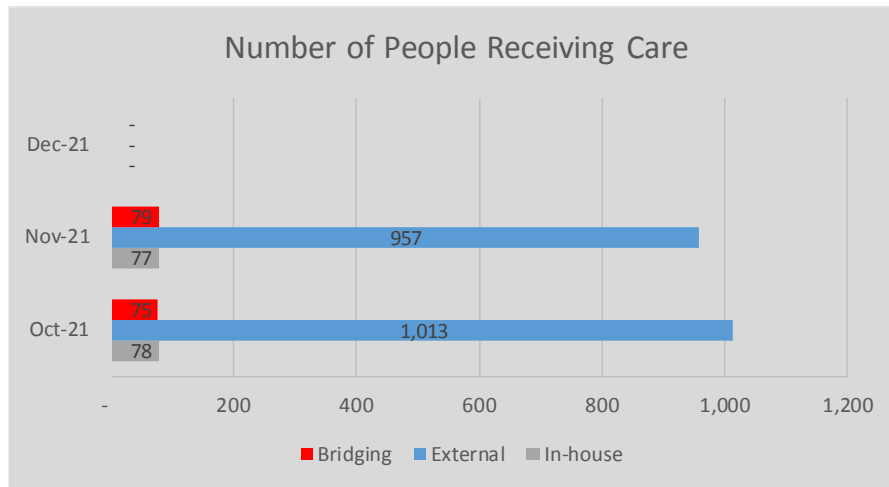
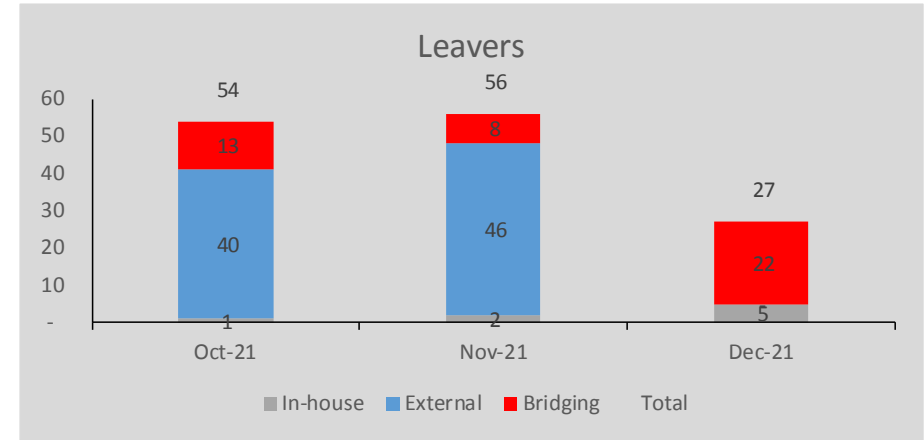
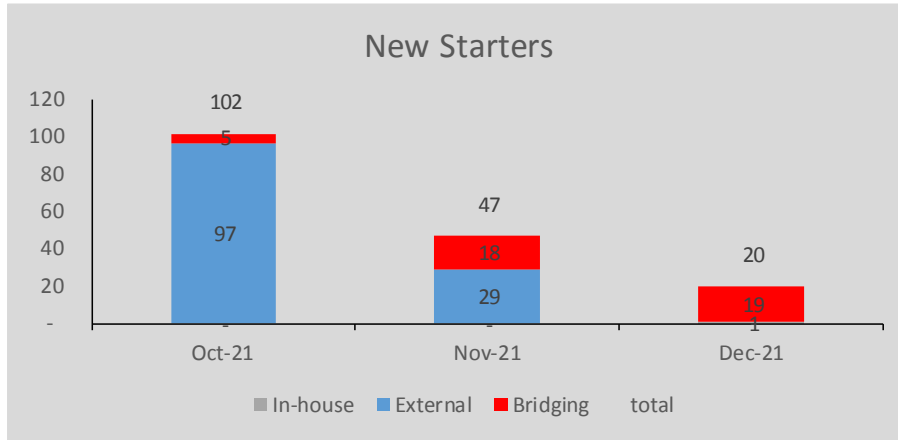
What is working well?	What are we worried about?	What we are going to do?
<p>A new staffing roster (Webroster) system has been launched and this should enable more effective use of resources.</p> <p>Staff have been extremely flexible in deferring leave etc to maximise capacity in light of the omicron wave</p>	<p>Too many individuals are having to be bridged whilst awaiting long term care reducing reablement capacity and severely impacting on flow</p> <p>Delays in the WebRoster report development is impacting on performance reporting and delaying the intended service improvement</p> <p>Staffing capacity continues to be impacted by sickness absence and vacancies</p>	<p>Considerable work to increase the resilience and capacity of the external dom care market.</p> <p>Realignment of in house staffing capacity to increase the number of individuals being supported by the long term dom care team</p> <p>Streamline the home first pathways to ensure more timely admission to reablement services</p> <p>Prioritisation of the development of Webroster reporting by the software supplier and enhanced performance reporting capacity created within the service</p>



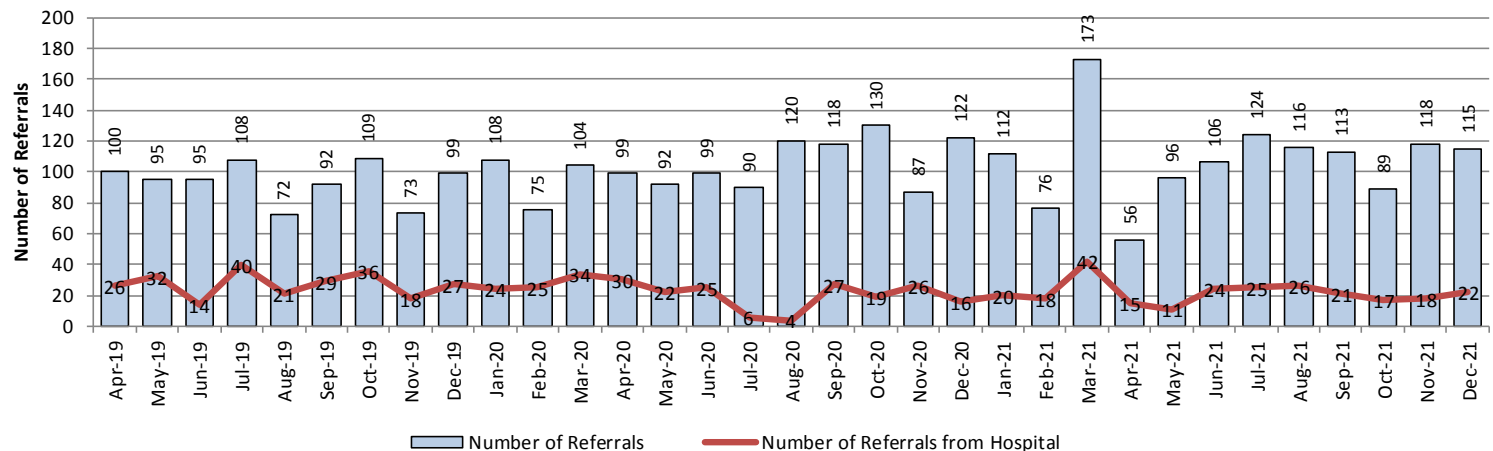
# Long Term Domiciliary Care

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. For our in-house services. with the introduction of the new WebRoster System in Dec, we have not yet completed all report development. Therefore, we are unable to provide number of users & hours provided at this time

Page 40



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"> <li>Proactive actions to build resilience and capacity in the external dom care market inc:</li> <li>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.</li> <li>Implementation of vaccination programme for dom care workers across the private sector.</li> <li>Cost savings programme to reduce expenditure on under-delivered packages of care (Circa 1m to date) allowing reinvestment in capacity building</li> <li>Regional agreement on in-year fees uplift to strengthen recruitment and retention of dom care workers.</li> </ul>	<ul style="list-style-type: none"> <li>Inability of dom care providers to sustain service levels</li> <li>Growing waiting list for care and shrinking provider capacity.</li> <li>Workforce migration to hospitality and retail sectors as they re-open.</li> <li>WCCIS performance is delaying planned improvements to referral and allocation arrangements and impacting detrimentally on timely pick up of new dom care packages.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with review of care levels to ensure citizens are receiving the correct level of care and optimise capacity.</li> <li>Revise processes to ensure effective management of waiting lists and identify changes in circumstances / alternative solutions for people impacted by delays.</li> <li>Keep RAG risk status under review.</li> <li>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.</li> <li>Introduce contractual changes which make shorter calls more viable (and increase capacity / people cared for).</li> <li>Introduce contractual changes to improve working conditions and incentivise increases in Provider capacity ( rural boundary changes)</li> <li>Work with regional partners to consider regional changes to dom care commissioning models, and alternative options for people in hospital who need</li> </ul>

		<p>dom care.</p> <ul style="list-style-type: none"> <li>• Use of manual referral and allocation systems pending resolution of WCCIS implementation issues.</li> <li>• Contingency planning to transfer paid carers and service users to other external dom care providers</li> <li>• Transfer of service users to internal services if required</li> <li>• Establishing contracts with non-framework providers to maximise ability to meet needs.</li> <li>• Use spare care home capacity to meet needs as a last resort.</li> <li>• Explore pilot for dom care services at sheltered housing complexes to achieve more efficient use of resources and promote strategic objectives (hospital discharge and reduced reliance on care homes)</li> </ul>
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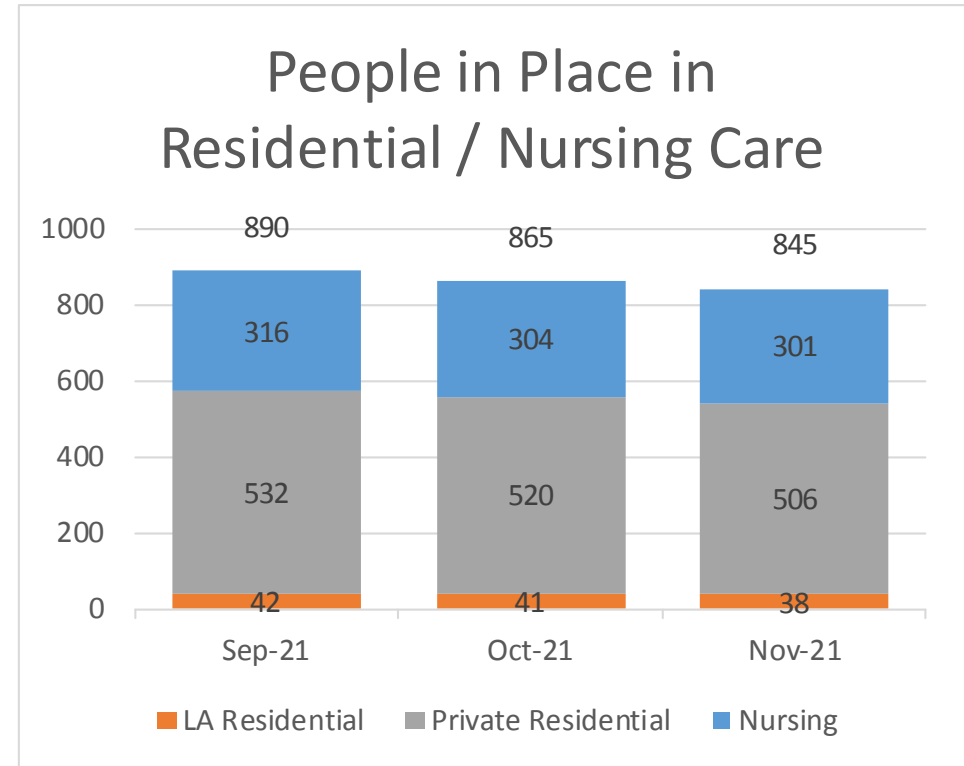
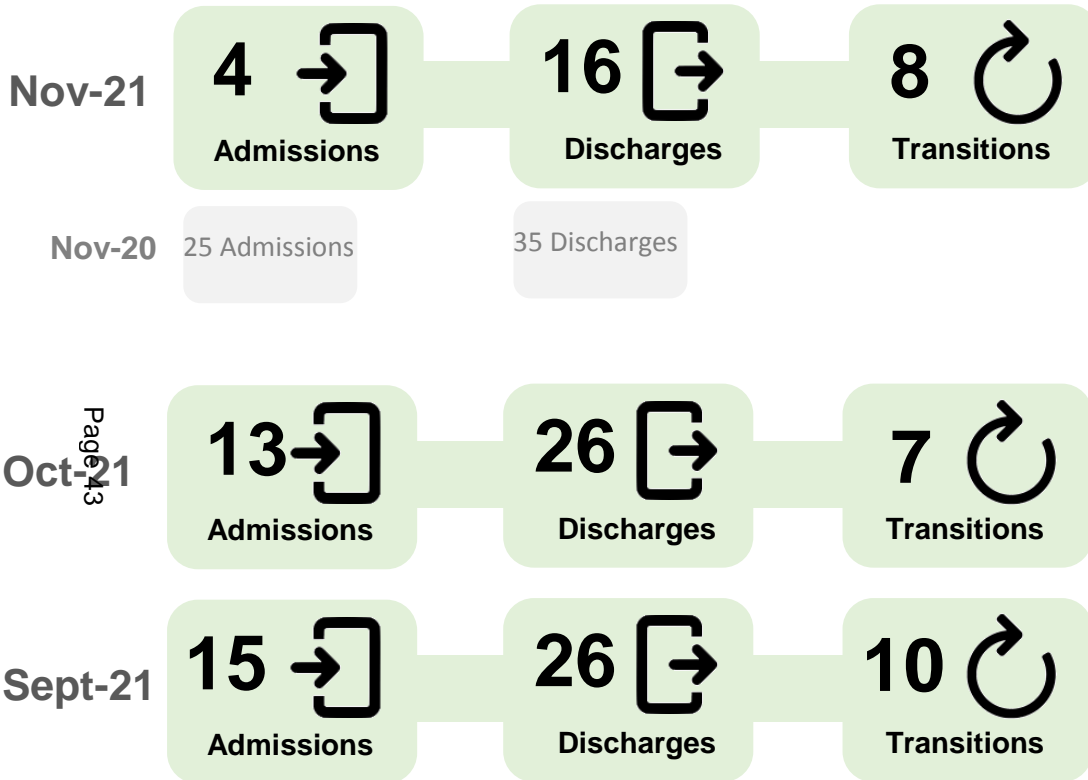
## Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<p>Page 42</p> <ul style="list-style-type: none"> <li>• Creative and flexible use of resource to support handbacks from external providers</li> <li>• Increased staffing capacity following the induction of new recruits has enabled us to increase the number of individuals that we can safely support.</li> <li>• Increased pick up of bridging packages from the reablement service</li> <li>• The Community Care Assistant rolling rota continues to work well in the Long Term Complex Care Service maximising capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing capacity due to sickness absence and staffing vacancies.</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced recruitment and staff well being approach inc:</li> <li>• Creative approach to marketing to encourage individuals to take up a career in care</li> <li>• Focussed approach to sickness management</li> <li>• All Wales approach to the introduction of social care as a career for which Swansea are providing lead trainers.</li> </ul>



# Residential/Nursing Care

For sustainable operation, admissions need to be under 30 each month. We have worked with the finance teams and fully revised our methods to ensure accurate information



What is working well?	What are we worried about?	What we are going to do?
<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Additional recruitment of posts proving effective.</li> <li>Strong and effective processes to support timely admissions and discharges home</li> </ul>	<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Impact of Dom Care provider failure in securing POC for short-term placements, resulting in longer stays and reduced capacity in the homes.</li> <li>Winter pressures – having sufficient cover in place to meet referral demand.</li> <li>Incident/lockdown restricting admissions</li> </ul>	<p><b>Internal Provision</b></p> <ul style="list-style-type: none"> <li>Continue to review and adjust bed capacity</li> <li>Continue to consider short-term referrals across all in house care homes, not just identified home.</li> <li>Joint arrangements with other care homes to support where recovery/short term placements are required rather than reablement.(Pathway</li> </ul>

	<p>and discharges.</p> <ul style="list-style-type: none"> <li>• Unable to deliver planned respite stays</li> <li>• Increased infection rates and reduced staffing.</li> <li>• Increased requests for EMI placements</li> </ul>	<p>3).</p> <ul style="list-style-type: none"> <li>• Tight monitoring of referrals, progress and next steps.</li> <li>• Contingency plans being developed for winter pressures, increased covid etc.</li> <li>• Rolling recruitment programme</li> <li>• Review use of the homes to include temp placements for EMI</li> </ul>
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What is working well?	What are we worried about?	What we are going to do?
<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>• A number of measures to build marker resilience and capacity inc:</li> </ul> <p>Supporting Providers' Covid response by supplying regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure.</p> <ul style="list-style-type: none"> <li>• Maintenance of staffing levels is currently good (6% vacancies across sector)</li> <li>• Creation of transitional beds to support hospital discharge which creates flow and increases care home sector stability (funded via winter pressures grant).</li> <li>• Regional work to create arrangements for managing tapering subsidies and future fee rates</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>• Longer term viability of certain homes if occupancy remains low</li> <li>• Risk of workforce migration to other sectors</li> <li>• Requirement for updated contracts</li> <li>• Reduced contract monitoring and understanding of service quality.</li> <li>• Low fee rates and impact of RLW expectations and other inflationary pressures.</li> <li>• Potential for reduced capacity linked to increasing COVID transmission and incident / lockdown restrictions.</li> </ul>	<p><b>External Provision</b></p> <ul style="list-style-type: none"> <li>• Working with regional partners to agree principles for discretionary subsidy payments.</li> <li>• Progress contracts for transitional beds to support sector sustainability</li> <li>• Review fee rates to address future cost pressures and enable recruitment and retention of workforce.</li> <li>• Provide contingency cover for homes if essential and where possible.</li> </ul>

# Day Services for Older People, Special Needs and Learning Disabilities

During the pandemic, there was a limited provision of Day Services and the capacity of each service was greatly reduced. The data below is extracted from Abacus plus a manual record of Health users, and 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.



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Recruitment to posts process is now swift and efficient.</li> <li>Review of capacity against risk assessments, resulting in increased use.</li> </ul>	<ul style="list-style-type: none"> <li>The possibility of further service closures due to Covid case increases, illness or Winter pressures.</li> </ul>	<ul style="list-style-type: none"> <li>Contingency plans developed for winter pressures, increased covid etc.</li> </ul>

# Direct Payments

Starters Finishers

Dec 2021

84

30

Nov 2021

29

28

Oct 2021

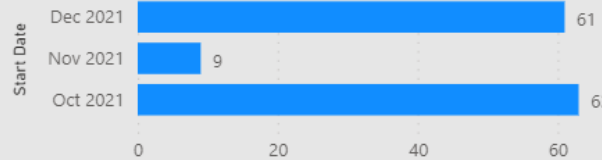
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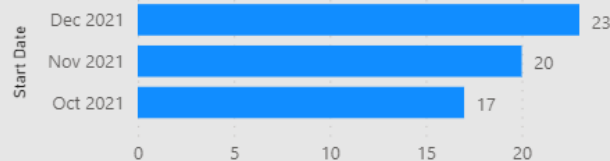
## Starters & Finishers

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

### Under 18's Direct Payments



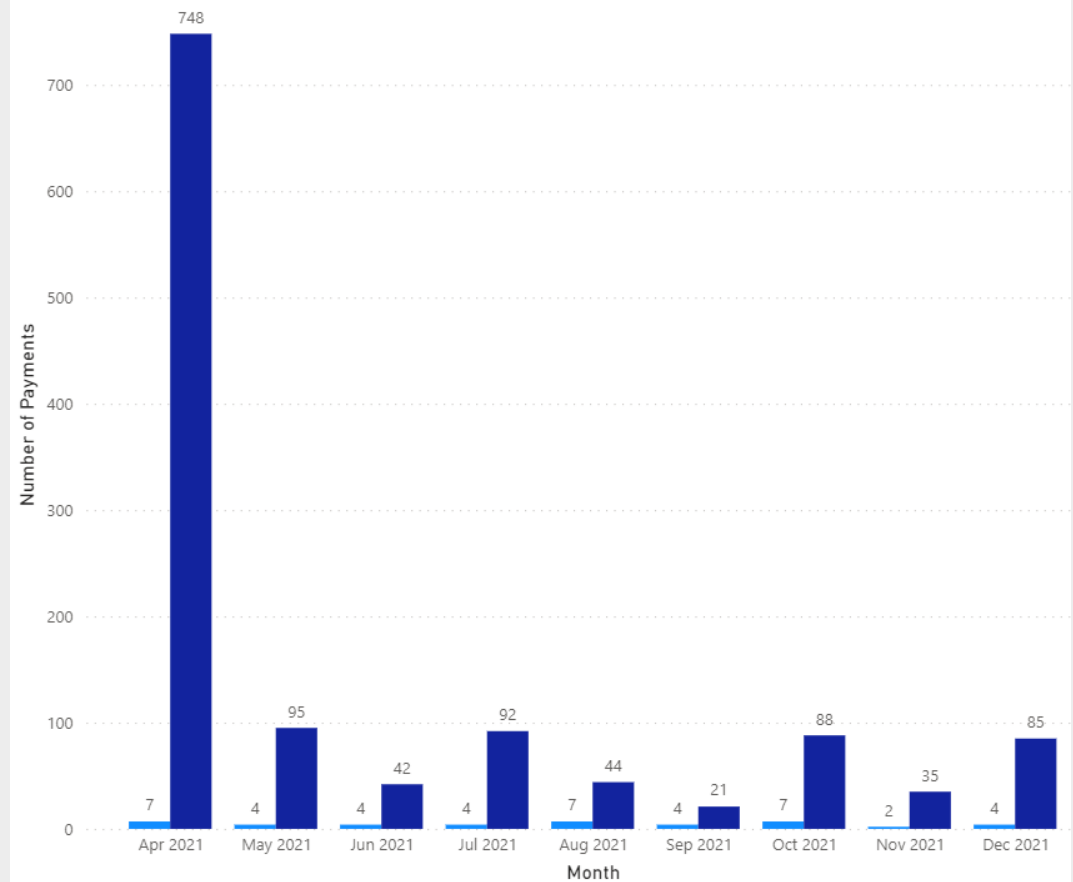
### Over 18's Direct Payments



## New Ongoing and One off Payments

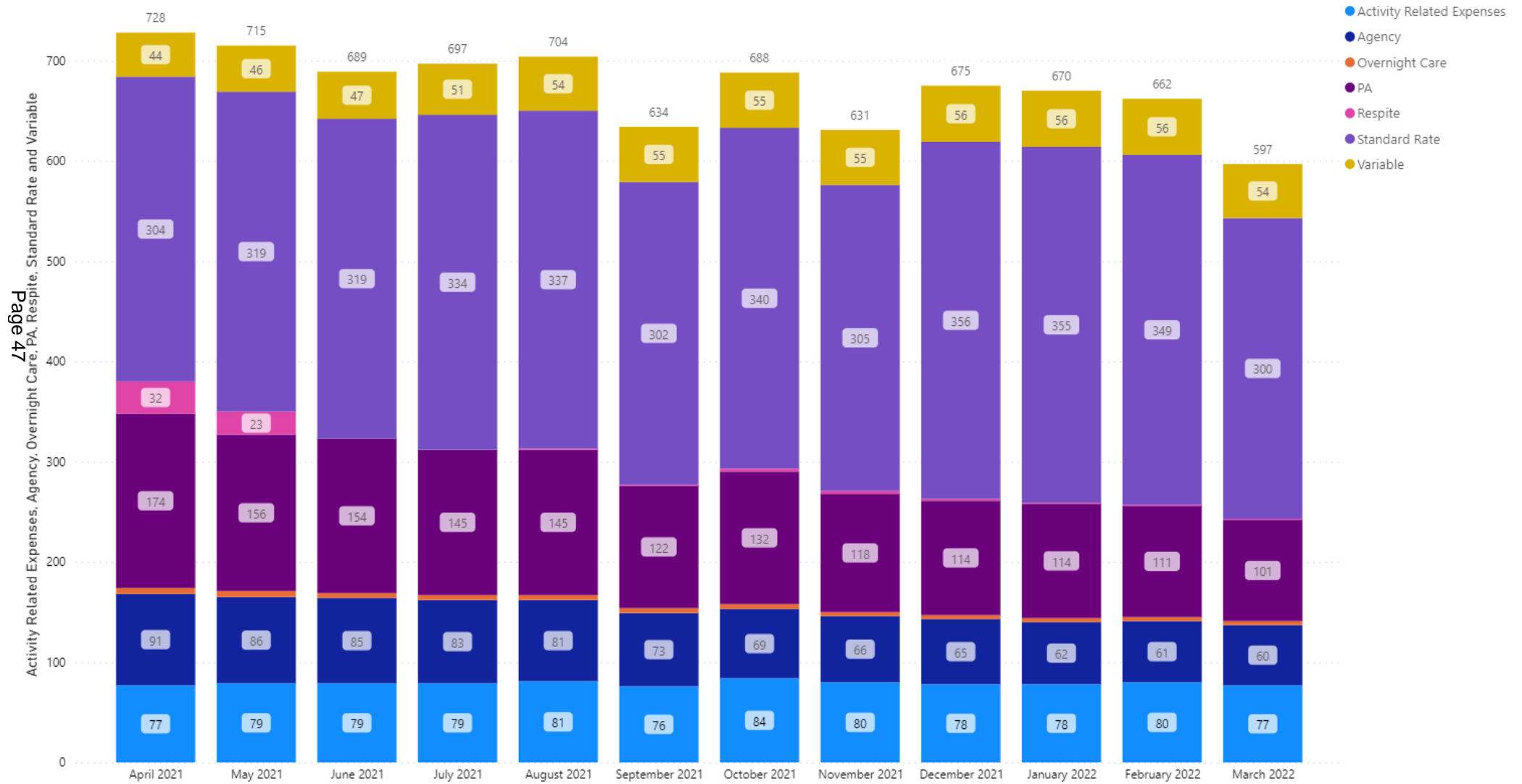
Number of new Ongoing and One off Payments each month. The spike in April (for starters) reflects transfers from one financial year to the next on Abacus. Please note some starters have more than one direct payment

One Off Payment One Off Payment Repeat

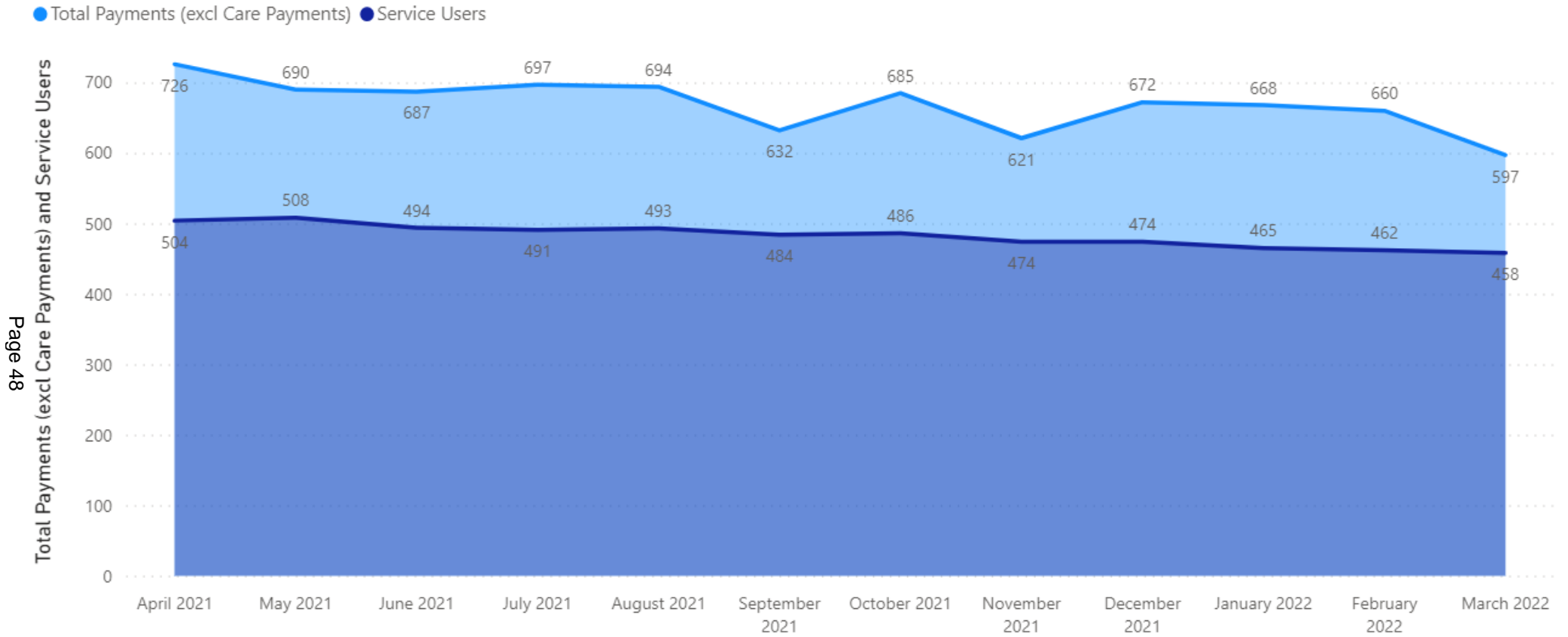




## Number of Payments each Month based on Type of Payment

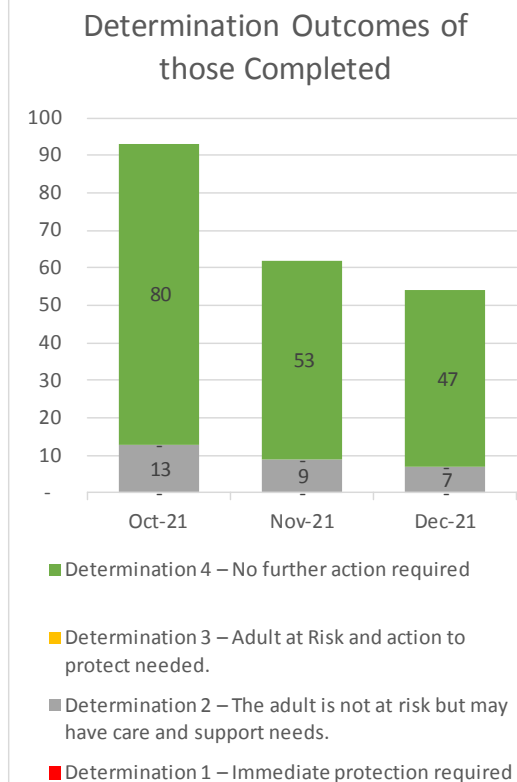
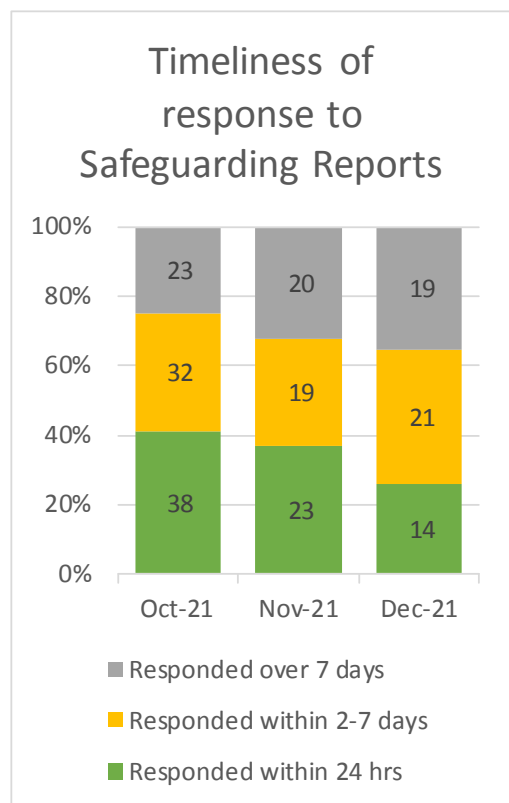


## Number of Payments each Month Plus number of Unique Service Users



What is working well?	What are we worried about?	What we are going to do?
<p>• A number of measures are in place to maximise the capacity and use of personal assistants via a direct payment inc:</p> <ul style="list-style-type: none"> <li>•</li> <li>• 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</li> <li>• Enabling family members to be recruited as PA's helps to promote choice for individuals and reduce pressure on traditional services.</li> <li>• Processes in place to ensure that DPs are being spent appropriately.</li> </ul> <p>Processes to enable people who lack mental capacity to have a direct payment via a managed account.</p>	<ul style="list-style-type: none"> <li>• Since COVID use of DPs is reducing across all categories.</li> <li>• Time taken to complete process to access DP payments is too long in some instances.</li> <li>• Transfer of Payroll and Managed account Services to a new operator (Diverse Cymru) is causing some service performance problems.</li> <li>• Recruitment of personal assistants to provide care via DP can be difficult</li> <li>• Some evidence that professional and citizen misunderstanding of the DP process may limit take up</li> <li>• Staff capacity to meet demand</li> <li>• Opportunities to use DPs to create alternatives to traditional services may be being missed</li> <li>• DPs for carers could be better utilised</li> </ul>	<ul style="list-style-type: none"> <li>• 3 new posts are being created to expand the capacity of the team (2 x temporary ILT coordinators and a strategic manager post)</li> <li>• Processes are being reviewed to identify barriers and bottlenecks to accessing services</li> <li>• Comms are being updated to ensure all teams are fully informed of processes</li> <li>• Performance management data is being compiled to identify opportunities for improvement.</li> <li>• Expand use of DPs to support the development of micro enterprises, and other social value organisations.</li> <li>• Uplift DP rates for 22/23 to ensure payment is sufficient to incentivise new PAs</li> <li>• Revise processes and provide additional resources for carers assessments to enable more carers to access DPs</li> <li>• A performance management action plan has been created to address any service problems caused by transfer of services to Diverse (this is working well and fewer problems are arising).</li> </ul>

# Safeguarding Response



## Reports /Actions

### 59 Reports received in Dec 21

- 54 Determinations completed
- 5 awaiting response
- 65% responded to within 7 days
- 89 Consultations held

76 Reports were received in Dec 2020, 73 thresholds completed – 10 met the threshold, 50 did not meet threshold, 13 inappropriate

### 65 Reports received in Nov 21

- 51 Determinations completed
- 14 awaiting response
- 74.5% responded to within 7 days
- 112 Consultations held

### 96 Reports received in Oct 21

- 86 Determinations completed
- 10 awaiting response
- 81% responded to within 7 days
- 67 Consultations held

#### What is working well?

- Consultations are reducing inappropriate AAR Reports.
- A questionnaire is being used to obtain qualitative feedback from citizens that have been in contact with the Safeguarding Team to add greater depth to performance reporting
- The strengths based collaborative communications approach has been

#### What are we worried about?

- Service resilience due to an over reliance on short term contracts linked to additional grant income
- Additional demands linked with dom care provider failures impacting on performance of core duties.
- Statistically timescales are indicating a reduction in efficiency, with regard to 7 days decision making but this is because more

#### What we are going to do?

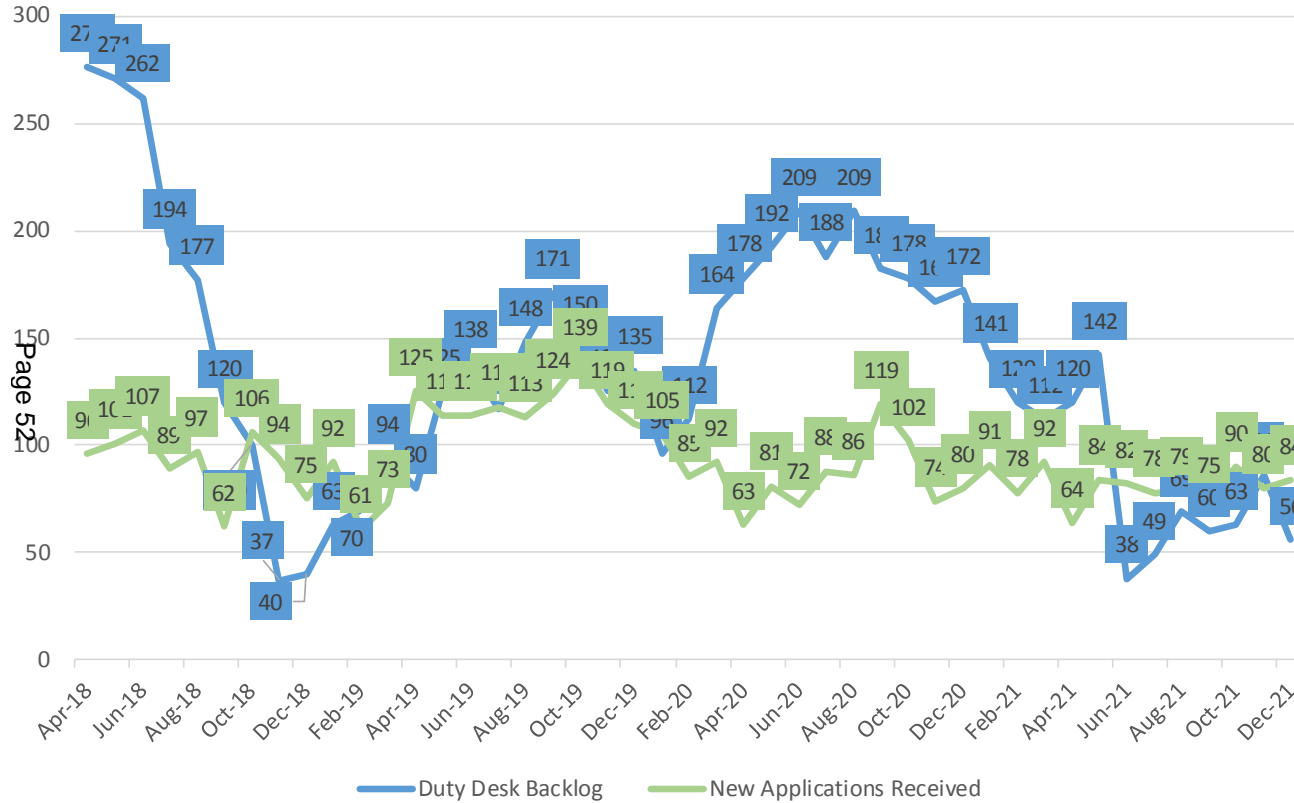
- Establish a robust way of obtaining individual's feedback following a safeguarding investigation and establishing if the "what matters" issues have been addressed.
- Performance information to reflect the work that the Safeguarding Team are undertaking. E.g the additional pieces of work that stand outside of the daily functions
- The Safeguarding Team are considering ways in

<p>embedded into safeguarding meetings to promote strengths based practice and enhance effective safeguarding practice.</p> <ul style="list-style-type: none"> <li>• Peer group mentor sessions are running regularly enabling practitioners to consider and critically reflect on practice</li> <li>• Staff well being is being promoted through the use of counselling support to prevent vicarious trauma.</li> <li>• The safeguarding team have expanded their prevention approach further by proactively sharing knowledge and expertise with a wider network inc the housing department and DWP.</li> </ul>	<p>cases are being diverted as a result of earlier consultation meaning the pool of residual cases have a higher proportion of complex issues that require enhanced information gathering.</p>	<p>which timescales can be improved inc enhanced reporting functionality to be developed in WCCIS.</p>
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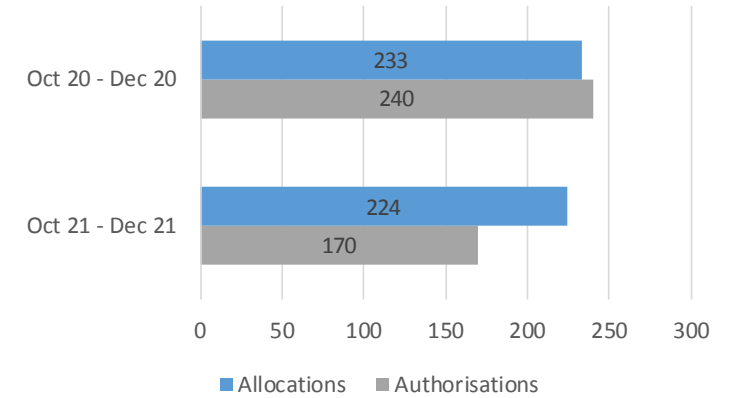


# Timeliness of Deprivation of Liberty Assessments

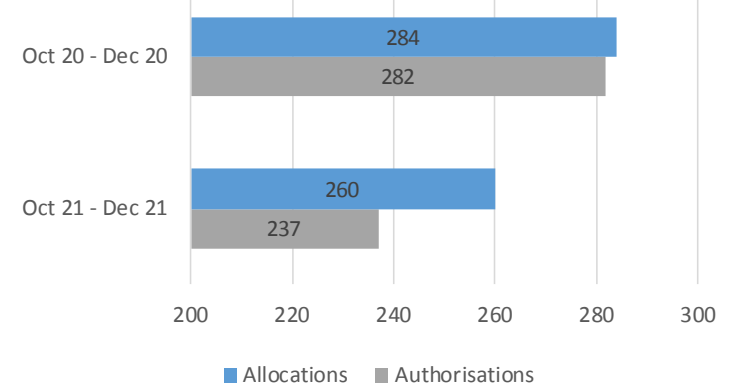
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



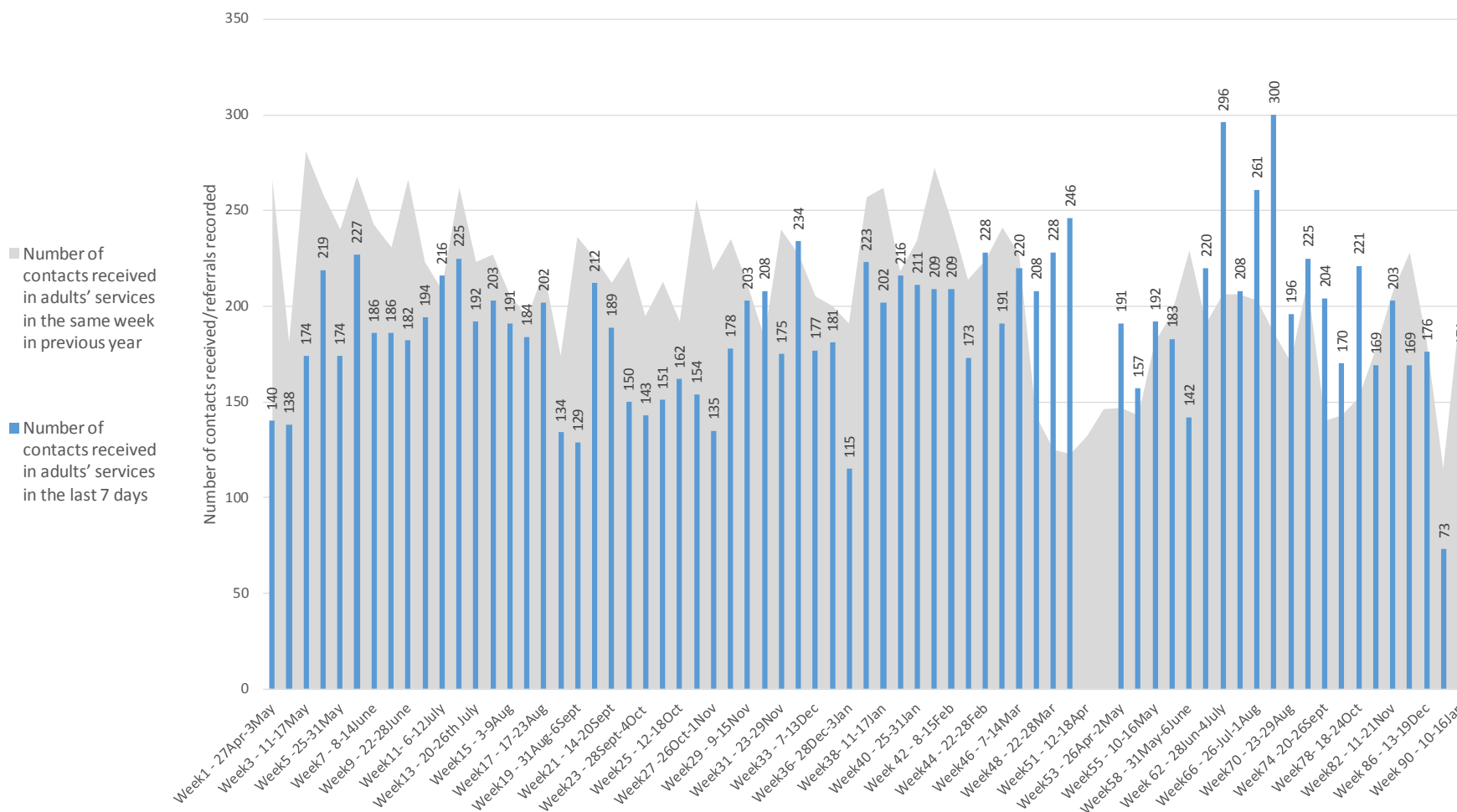
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Increased capacity through flexible use of grants</li> <li>• Virtual assessments where safe and appropriate to maintain throughput.</li> <li>• Enhanced business support to reduce bureaucracy for front line staff</li> </ul>	<ul style="list-style-type: none"> <li>• Staff capacity and an over reliance on temp staff accessed through recourse to grant funding</li> <li>• Catching up on the backlog</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced recruitment and staff well being approaches</li> <li>• Maintain current temp utilisation of additional resources and implement a sustainable longer staff structure for the team in the new financial year</li> </ul>



# 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 90 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

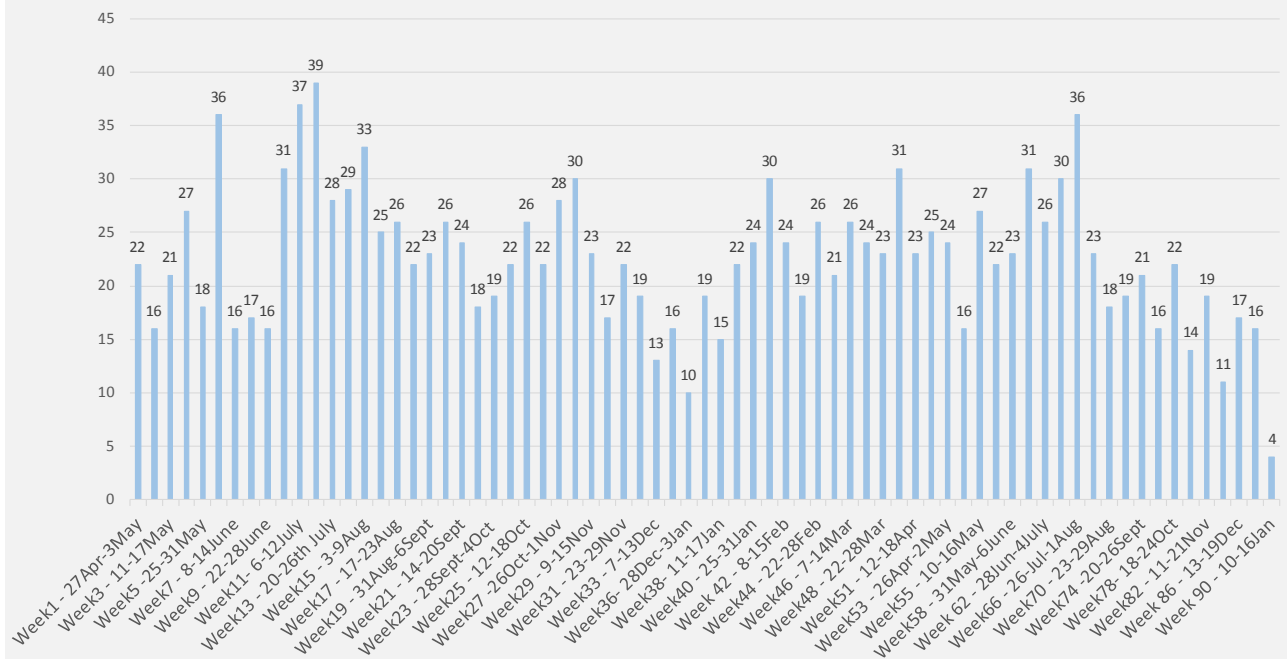
Number of Contacts Received (referrals recorded) each Week in the Common Access Point



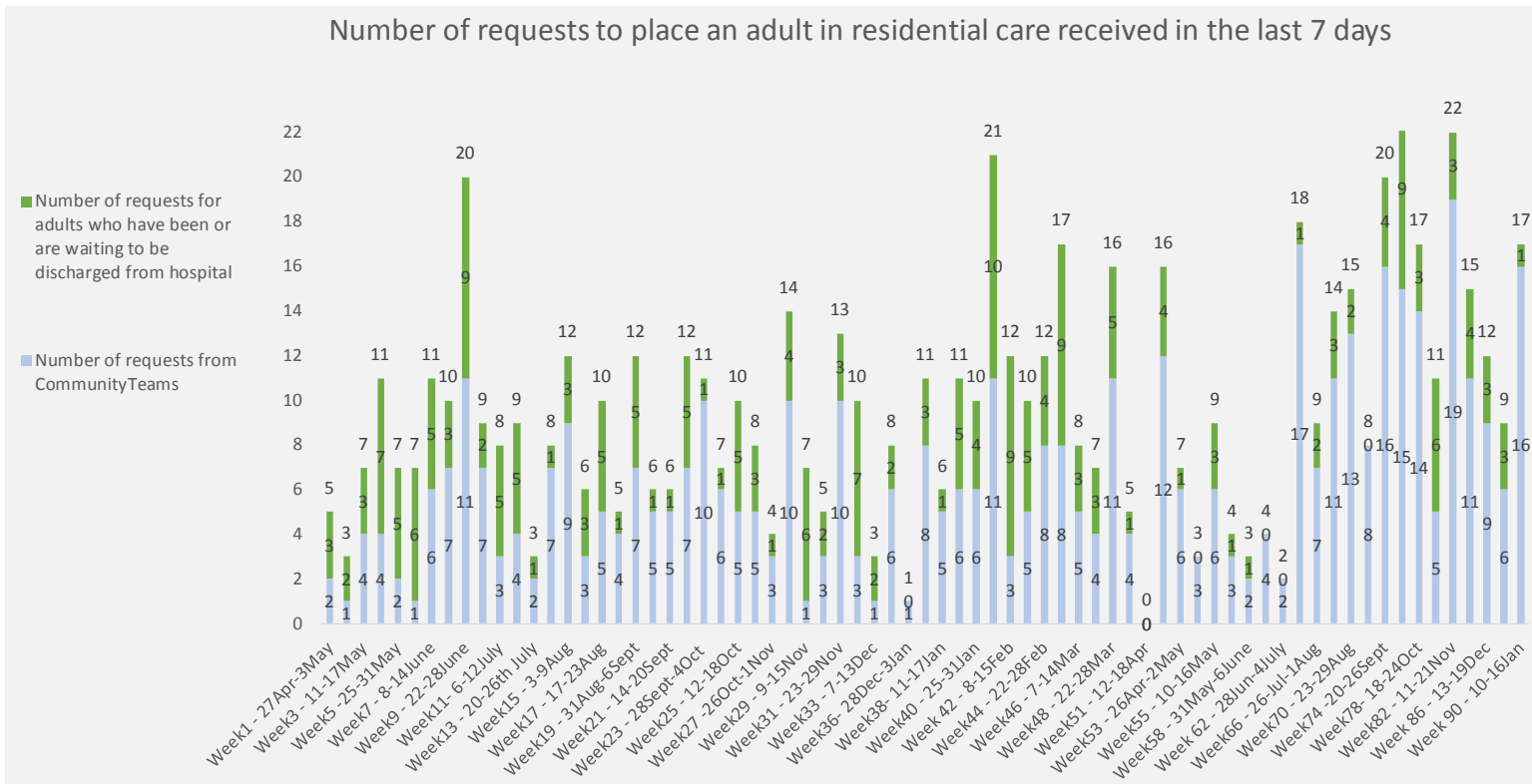
As agreed with Welsh Government, figures include Safeguarding, DOLS and PPN referrals that since August 20 go directly to the Safeguarding team rather than via CAP



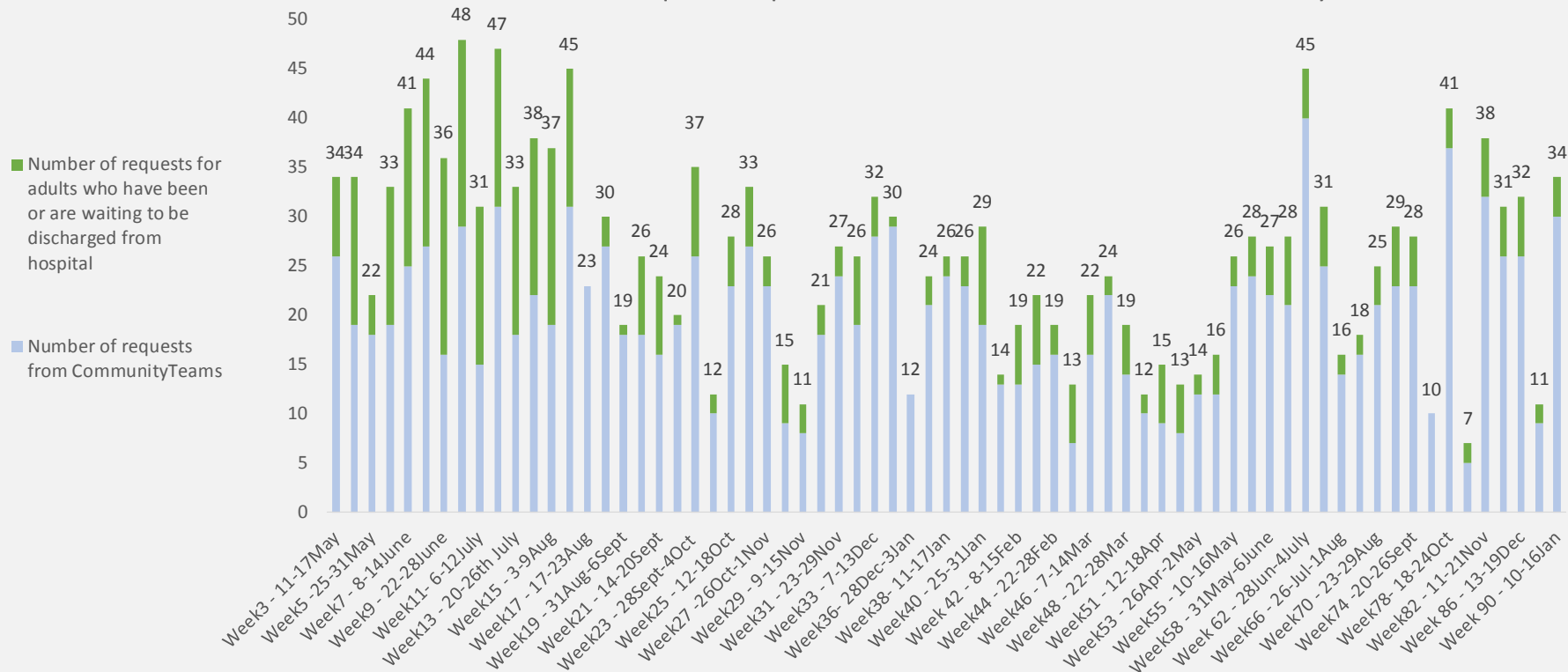
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



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

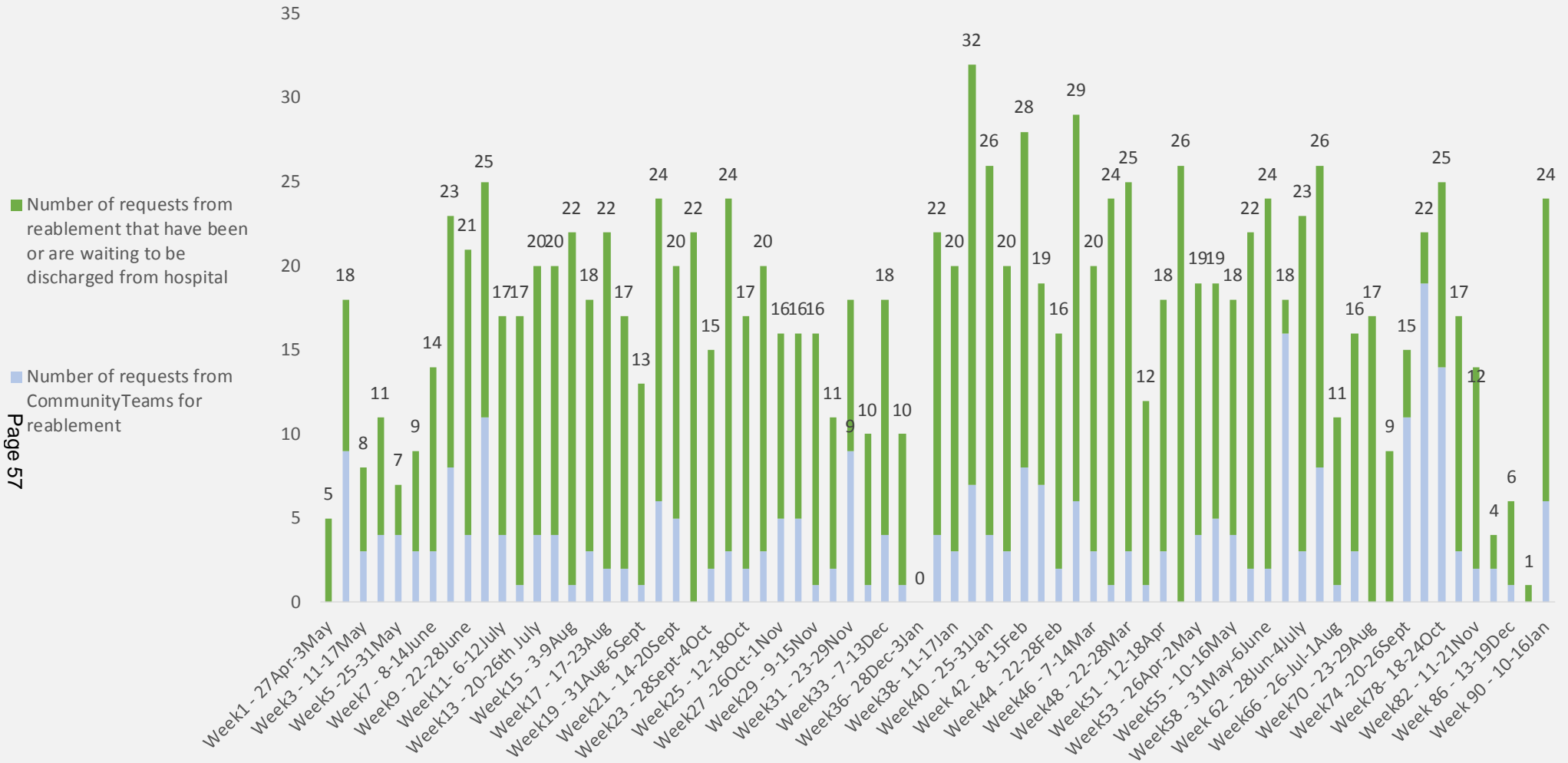


Between 27 Apr 20 – 17 Jan 22 the number of packages of care reduced or withdrawn due to covid has been ...

**77**

- by the service user
- 3 by the Local Authority
- 42 by the Provider

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



# Agenda Item 9

## Report of the Convener

### Adult Services Scrutiny Performance Panel – 2 March 2022

#### Adult Services Scrutiny Review of the Year 2021-22

<b>Purpose:</b>	As the municipal year ends, it is good practice to reflect on the Panel's work, experience, and effectiveness over the past year.
<b>Content:</b>	Summary of the Year's work 2021-22.
<b>Councillors are being asked to:</b>	<ul style="list-style-type: none"><li>• Reflect on the past year's work</li><li>• Share ideas to improve the effectiveness of Adult Services Scrutiny.</li></ul>
<b>Lead Councillor:</b>	Susan Jones, Convener Adult Services Scrutiny Performance Panel
<b>Lead Officer &amp; Report Author:</b>	Liz Jordan, Scrutiny Officer Tel: 01792 637314 E-mail: <a href="mailto:liz.jordan@swansea.gov.uk">liz.jordan@swansea.gov.uk</a>

#### 1.0 Background

- 1.1 As this is the final meeting of this municipal year, the Panel is invited to reflect on this year's scrutiny work, experience and effectiveness. Any ideas that will improve the effectiveness of the scrutiny of Adult Services are welcome.
- 1.2 Some of the questions the Panel may want to consider:
- What went well?
  - What did not go so well?
  - Has the Panel's work focused on the right things?
  - What have we learnt that will help us with future AS scrutiny?
- 1.3 To aid Panel Members, a summary of the year's work has been included at 3.0.

#### 2.0 Overview

- 2.1 The purpose of the Panel is to provide ongoing challenge to Adult Services performance, to ensure that as the Service is undergoing major change, performance is maintained and that further improvements are made across all areas of the Service.
- 2.2 Possible lines of enquiry - To regularly review performance in Adult Services including asking questions about performance and improvement, focusing on outcomes, provision and leadership. To look at relevant data, commissioning reviews and anything that impacts on Adult Services in Swansea.

- 2.3 The Panel has a core membership of 10 councillors and 1 co-opted member.
- 2.4 There have been 6 Panel meetings and 1 Joint Social Services Panel Meeting, with 6 Conveners letters sent to Cabinet Members to date. Overall Councillor attendance at the Panel for the year has been 68% to end of February 2022.

### 3.0 Adult Services Work Programme 2021-22

Date	Items Discussed
2 June 2021	<ol style="list-style-type: none"> <li>1. Update on Adult Services Transformation Programme</li> <li>2. Briefing on Annual Review of Charges (Social Services) 2020/21</li> <li>3. Actions from WAO report 'Front door to Adult Social Care' (specific action: to use feedback from the study and whether any additional improvement actions needed)</li> </ol>
14 July 2021	<ol style="list-style-type: none"> <li>1. Performance Monitoring</li> <li>2. Initial Feedback from CIW Assurance Visit - verbal</li> <li>3. Review of the Year and draft Work Programme 2021-22</li> </ol>
20 October 2021	<ol style="list-style-type: none"> <li>1. Workforce Support Programme – Support for Health and Social Care Staff</li> <li>2. Update on Management of Covid-19 Pandemic</li> <li>3. Performance Monitoring (shorter item with Covid focus)</li> </ol>
30 November 2021	<ol style="list-style-type: none"> <li>1. Update on Management of Covid-19 Pandemic</li> <li>2. Performance Monitoring (shorter item with Covid focus)</li> </ol>
12 January 2022	<ol style="list-style-type: none"> <li>1. Update on Management of Covid-19 Pandemic</li> <li>2. Performance Monitoring (shorter item with Covid focus)</li> </ol>
<b>14 February 2022 Joint Social Services Meeting</b>	<ol style="list-style-type: none"> <li>1. Draft Budget Proposals for Adult Services / Child and Family Services</li> <li>2. Update on Management of Covid-19 Pandemic and Staffing Issues</li> </ol>
2 March 2022	<ol style="list-style-type: none"> <li>1. Update on West Glamorgan Transformation Programme</li> <li>2. Update on Management of Covid 19 Pandemic</li> <li>3. Performance Monitoring</li> <li>4. Review of the Year 2021-22</li> </ol>

### 4.0 The Future Work Programme

- 4.1 The future work programme will be discussed at the first Adult Services Scrutiny Performance Panel in the new municipal year.