



Report of the Cabinet Member for Care Services

Adult Services Scrutiny Performance Panel– 10 September 2024

Briefing on Care Inspectorate Wales Performance Evaluation Inspection of Swansea Adult Services

Purpose	To provide a briefing on the CIW Performance Evaluation Inspection of Swansea Adult Services, the findings and resulting actions.
Content	The report includes an overview of the purpose of the inspection, the findings, action plan and next steps.
Councillors are being asked to	Exercise their scrutiny function in consideration of the report.
Lead Councillor(s)	Louise Gibbard - Cabinet Member for Care Services
Lead Officer(s)	Amy Hawkins - Head of Adult Services and Tackling Poverty Helen St.John – Head of Integrated Services
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1. Introduction

1.1 Care Inspectorate Wales (CIW) undertook an inspection of adult services in Swansea Council between 29 April and 3 May 2024. The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

1.2 In the inspection CIW seek to answer the following questions aligned to the principles of the Social Services and Well-being (Wales) Act 2014 (The 2014 Act):

People – voice and control

- How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?
- How do professionals ensure people, including their families and carers, are treated with openness and honesty and understand the decisions that are made?

Prevention

- To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?
- To what extent are adults provided with care and/or support in a timely manner? How are waiting lists managed, to minimise the impact of these on people and their carers?

Well-being

- To what extent is the local authority ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?
- How well are people supported to actively manage their well-being and make their own informed decisions so that they are able to achieve their full potential and live independently for as long as possible?

Partnership

- To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?
- How well are people encouraged to be involved in the design and delivery of their care and support as equal partners?

- 1.3 The scope of the inspection included:
- Evaluation of the experience of adults at the point of the performance evaluation inspection.
 - Evaluation of the experience and outcomes people achieve through their contact with services.
 - Evidence of the local authority and partners having learnt lessons from recent experiences and plans for service developments and improvement.
 - Consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels.

2. Report

2.1 CIW publish an inspection report (see Appendix A) highlighting key findings and evidence, identifying **positive practice** and areas where improvements **must** be made for the Local Authority to meet a duty outlined in legislation, regulation or code of practice. Along with areas where the Local Authority **should** make improvements

to enhance service provision or outcomes for people. The report also describes the fieldwork methodology approach and the next steps.

3. Findings

- 3.1 Within the report, CIW acknowledge that in Swansea, along with other Local Authorities in Wales, the current adult services context is one of persistently high levels of demand and increasing complexity of people's needs, in addition to workforce resilience challenges and budgetary pressures.
- 3.2 CIW recognise that Swansea Council has a transformation programme to address the pressures in Adult Services. Although they highlight the need to identify further efficiencies across services in the current climate presents a formidable challenge.
- 3.3 Positive Practice was identified including:
- A collaborative communication, strength-based model is embedded in the ethos of the local authority.
 - Assessments and Care and Support plans are comprehensive and person-centred.
 - A learning culture and commitment to professional development is embedded and evidence of the learning culture was found in the form of a staff practice handbook.
 - SCVS plays a pivotal role in supporting, developing, and representing voluntary organisations, volunteers, and communities, and enhance the local authority's preventative approaches.
 - Community support initiatives address key issues such as affordable housing, community safety and care needs in innovative ways.
 - The Welfare Rights and Financial Inclusion Team, along with Local Area Coordination provide advice and support to people across Swansea.
 - The Swansea Truth Commission is a positive example of coproduction.
- 3.4 Areas where Swansea Adult Services **Must** and **Should** make improvements were identified by CIW:
- We must ensure timely reviews to meet the needs of carers
 - We must provide timely access to information, advice, and assistance
 - We must address the current delay in assessments and reviews
 - We must ensure that arrangements for the provision of DoLS assessments are responsive and timely.
 - We must ensure that arrangements for the provision of financial assessments and appointments are efficient.
 - We should continue to address waiting times and ensure a consistent and sufficient workforce to reduce the need for people to be supported by a duty system.
 - We should maintain our strategic focus on Direct Payments to ensure continued improvement and efficiency in service delivery.
 - We should maintain a focus on improving how we engage with and respond to people who contact us.
 - We should continue efforts to promote Prevention and Early Help services and make them readily visible to the public.
 - We should continue to address the current delays in access to domiciliary support.
- 3.5 An action plan to address these has been developed and implemented, see appendix B. The actions are either completed, ongoing or have a timescale for completion.

4 Next Steps

- 4.1 CIW expects the local authority to consider the areas identified for improvement and take appropriate action to address and improve these areas, see Appendix B.
- 4.2 CIW will monitor progress through its ongoing performance review activity with the local authority.
- 4.3 CIW expect the local authority to share the positive practice identified with other local authorities, to disseminate learning and help drive continuous improvement in statutory services throughout Wales.

5 Legal implications

- 5.1 There are no legal implications associated with this report.

6 Finance Implications

- 6.1 There are no direct financial implications arising from this report.

7. Integrated Assessment Implications

- 7.1 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.

- 7.1.1 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'.

Background papers: None

Appendices:

Appendix A: CIW Performance Evaluation Inspection – Swansea Council Adult Services:
<https://www.careinspectorate.wales/sites/default/files/2024-07/240711-swanea-pei-report-en.pdf>

Appendix B:

Feedback from CIW Inspection of Adult Services 2024 - Action Plan				
	CIW Feedback - We MUST	Response Action	By When?	Performance Monitoring Approach (What does good look like?)
1	We MUST ensure timely reviews to meet the needs of carers	<p>Carers support plans are reviewed at a minimum annually, in line with statutory requirements.</p> <p>Ongoing promotion of carers assessments and monitoring of performance surrounding assessments and reviews to continue. (encompassing all Social Work Teams).</p> <p>New Assessment & Care Management Team organisation to establish stand alone, fully resourced review team. Function to encompass ongoing case management & all review activity for Carers.</p> <p>Revision of performance information to include enhanced review information for clear monitoring.</p>	<p>Implementation of new Assessment & Care Management Structure planned for WC 16/09/24</p> <p>Initial Performance measures via P&FM Report established. Further development to be completed by November 2024.</p>	<p>Carers Assessments, Support Plans & Reviews section included in monthly P&FM reporting:</p> <ul style="list-style-type: none"> -No. Carers identified (high is good) -No. Carers offered Assessment (high is good) -No. Carers awaiting Assessment (low is good) -No. Carers assessments completed (high is good) -Carers Assessments completed (By Type) - (high is good) -Carers Assessment outcomes (By Type) - <i>In development</i> -Carer Support Plans in date/out of date (within and over 12 months) -Carer Reviews due (over 12 months) - (low is good) -Carer Reviews completed (high is good).
2	We MUST provide timely access to information,	Adult Services Common Access Point (CAP) function ring-fenced for new enquiries, advice and information ensuring	Implementation of new Assessment & Care Management	Common Access Point referral information & outcomes included within current

	<p>advice, and assistance</p>	<p>capacity to provide timely contact & response.</p> <p>New Assessment & Care Management Team organisation implementation including:-</p> <ul style="list-style-type: none"> -Establishment of Early Help focus / establishment of Carer role at Front door and Early Help workers to work alongside existing Access & Information Assistants -Incorporation of Sensory Support Team - Separation of Rapid Response & Assessment function at front door -Clear contact for existing clients to directly access wider Social Work teams ensuring CAP preserved for all 'new' enquiries. <p>Revision of existing CAP measures and monitoring in line with objectives of Assessment & Care management reorganisation.</p>	<p>Structure planned for WC 16/09/24</p> <p>Carer Role in place. Additional Early Help Workers – March 2025.</p> <p>Performance reporting revised CAP measures - November 2024.</p>	<p>P&FM reporting:</p> <ul style="list-style-type: none"> -No. Referrals created (by type) (low is good) - No. closed through provision of Advice & Information.(high is good) - % of calls offered vs answered (in development) - (high is good) - No of task notes created (i.e referrals/enquiries from existing clients) - (low is good).
<p>3</p>	<p>We MUST address the current delay in assessments and reviews</p>	<p>Waiting list for Assessment reduced to minimum - target equal to 1 month of caseload allocation.</p> <p>All reviews completed within 12 months minimum in line with statutory requirements.</p> <p>Ongoing review and monitoring of performance surrounding assessments and reviews to continue. (encompassing all Social Work Teams).</p> <p>New Assessment & Care Management Team organisation to establish revised assessment team and stand alone, fully</p>	<p>Implementation of new Assessment & Care Management Structure planned for WC 16/09/24.</p>	<p>Social Care Assessments, Support Plans & Reviews section included in monthly P&FM reporting:</p> <ul style="list-style-type: none"> -No. clients waiting for Social Care Assessment (by team) (Low is good) -No. Social Care Assessments authorised (by team) (high is good) - No. by type of assessment (initial or reassessment) - Initial Assessment outcomes (by type) - No. clients with Care & Support plan

		<p>resource review & reassessment team.</p> <p>Revised performance monitoring incorporating all waiting list information across assessment and review.</p>	<p>Initial Performance measures via P&FM Report established. Further development to be completed by November 2024.</p>	<p>-No. and % Social Care reviews due/overdue (low is good) -No. Reviews completed (high is good)</p>
4	<p>We MUST ensure that arrangements for the provision of DoLS assessments are responsive and timely.</p>	<p>DoLS and mental capacity teams under one manager - supporting both internal and external care home staff to understand obligations under framework.</p> <p>Provision of training to care home sector - design and roll out training to care home staff to support their understanding of the Mental Capacity Act 2005 and DoLS to support the lowering of unnecessary restrictions in care homes and timely and appropriate DoLS applications.</p> <p>Prioritisation of DoLS applications - use of prioritisation tool to ensure that all DoLS applications are managed appropriately within the current resources we have. All urgent applications are allocated within 24 hours and are completed within the legal timescales and all Standard Applications are screened using the prioritisation tool. This ensures that any person who is unbefriend, is under a high level of restrictions, unsettled or objecting to their</p>	<p>One manager approach implemented.</p> <p>Ongoing training schedule.</p> <p>Prioritisation tool in place.</p>	<p>Timeliness of DoLS Assessments included in monthly P&FM reporting:</p> <ul style="list-style-type: none"> - No. new referrals - No. referrals awaiting action (low is good) - No. BIA allocations / authorisations

		<p>placement has their case allocated as soon as possible, within 2 -3 weeks.</p> <p>Increase pool of qualified Best Interest Assessors (BIA's) within Swansea Council/across Region - commissioning a BIA training course to allow social workers who already work for the authority to become qualified BIA's. (Further 5 trained July 24).</p> <p>BIA legal updates to all BIA qualified staff in the authority to allow them to carry out BIA work again. Resource pooled regionally with Swansea LHB and NPT Council and have a further 2 this year (one in September and another in November).</p> <p>Review of current DoLS system to identify any opportunities to streamline processes. Utilising operating model for DoLS in West Midlands as template.</p>	<p>Ongoing work to increase pool of BIA's.</p> <p>Proposed process planned implementation in October 2024.</p>	
5	<p>We MUST ensure that arrangements for the provision of financial assessments and appointeeship are efficient</p>	<p>As per action 1, 2, 3 and 4.</p> <p>Implementation of improved processes within Client Property & Finance Unit to ensure roles and responsibilities are carried out within agreed timeframes. Actions include revised triage process and information and advice to support families. Additional temporary resource allocated to team to assist with waiting list and administrative tasks.</p> <p>Initiative to engage with non-profit organisation</p>	<p>Initial resource review - completed.</p> <p>2x additional full-time officers recruited and in process of completing training. 1 x additional business support role allocated to team.</p> <p>Qualia Law engaged to provide</p>	<p>As per Actions 1, 2, 3 and 4.</p> <p>Reduction in waiting list by 20% (target) - current figure 73</p>

		<p>providing deputy services by qualified and regulated solicitors.</p> <p>Inclusion of Client & Property finance team performance information as part of monthly monitoring.</p>	<p>support -Nov 24.</p> <p>Development of CPFU data as part of performance monitoring – Nov 24.</p>	
	CIW Feedback - We SHOULD	Response Action	By When?	Performance Monitoring Approach (What does good look like?)
6	We SHOULD continue to address waiting times and ensure a consistent and sufficient workforce to reduce the need for people to be supported by a duty system.	As per Actions 1, 2, 3 & 4.	As per Actions 1, 2, 3 & 4.	As per Actions 1, 2, 3 & 4.
7	We SHOULD maintain our strategic focus on Direct Payments to ensure continued improvement and efficiency in service delivery.	<p>Continued promotion of Direct Payments ongoing & active monitoring of take up, unique users etc.</p> <p>Directorate wide Systems Thinking Review in progress to better understand system conditions, current processes, what matters to the people we work with and other stakeholders, demand types and our existing response/performance and case mapping. Conclusion of review will identify opportunities for testing new models of delivery and revised performance measures for roll out.</p>	<p>Initial stages of Systems thinking review completed.</p> <p>Next steps to move to new models of delivery in progress – March 25.</p>	<p>Direct payments key performance indicators included as part of current monthly P&FM reporting:</p> <ul style="list-style-type: none"> -No. of payments made per month -No. of unique service users receiving Direct Payments per month -No. payments per month by type

8	<p>We SHOULD maintain a focus on improving how we engage with and respond to people who contact us</p>	<p>In addition to improved access to Adult Services as detailed in Actions 1,2,3 and 4 we will continue to build on our established engagement and co-productive practice via the following:</p> <ul style="list-style-type: none"> -Implementation of the Carers Lead Worker based in CAP. -Development of a robust feedback mechanism for individuals that contact us via the Common Access Point. -Establish Lived Experiences Panel for Adult Services, meeting quarterly to gather feedback on our services across the department. - Review of how people's feedback is incorporated into quality and performance framework. 	<p>Carers Lead - completed</p> <p>CAP feedback mechanism - Jan 25</p> <p>Lived Experiences Panel - January 25</p> <p>Feedback into framework – March 25.</p>	<p>Expansion of existing monitoring approach to incorporate more engagement feedback/case studies.</p>
9	<p>We SHOULD continue efforts to promote Prevention and Early Help services and make them readily visible to the public.</p>	<p>See Action 2 Increase in capacity for Access & Information Assistants to focus on promoting early help opportunities to 'new' individuals contacting the Common Access Point.</p> <p>See Action 2 Signpost individuals to alternative models of support (rather than via statutory care and support). This will include the Access & Information Assistants, the SCVS Community Wellbeing Officers, Lead Early Help Workers (these posts are aligned to CAP) and LD Early Help Workers (aligned to Learning Disabilities).</p> <p>Continued promotion of Assistive Technology offer publicly and via internal teams.</p>	<p>Ongoing - monthly monitoring</p>	<p>As part of current P&FM monthly reporting impact of continued promotion of Prevention & Early Help services will be identified via the following indicators/outcomes :</p> <ul style="list-style-type: none"> Common Access Point - No/% total referrals closed via Advice and Information (high is good) no. MDT referrals to assessment (low is good) no. initial assessments indicating a need for care & Support (low is good) no. referrals to

		External communication strategy promoting Prevention and Early Help and resources	External Comms Strategy - November 2024	<p>Homecare reablement from community (high is good) no. of clients leaving Homecare reablement independent (high is good).</p> <p>Incorporation of Assistive Technology performance information into monthly P&FM reporting in development.</p>
10	We SHOULD continue to address the current delays in access to domiciliary support.	<p>As per actions 1,2 and 3 - reduction in waiting lists for assessments and improved Review activity.</p> <p>Continued monitoring of brokerage position to maintain current status of timely access to domiciliary care</p> <p>Completion of externally Commissioned Domiciliary care Framework re-refresh thereby ensuring sufficient provision to meet demand.</p> <p>Completion of review of current pilots underway with external providers reviewing how care outcomes can be delivered creating capacity where possible.</p> <p>Rebalancing internal homecare to promote reablement and a therapy led service resulting in a reduction in long-term support being delivered internally.</p> <p>Reduce individuals currently being bridged by internal homecare by</p>	<p>Ongoing - monthly monitoring</p> <p>Ongoing-monthly monitoring</p> <p>Domiciliary Care Framework re-refresh: Completed</p> <p>Review of Pilots: October 2024.</p> <p>Implementation of expanded reablement provision: Nov 2024.</p> <p>Ongoing - monthly monitoring.</p>	<p>As per Actions 1, 2, 3</p> <p>Externally commissioned Domiciliary Care and Brokerage position monitored as part of current P&FM monthly reporting: -no. brokerage referrals -waiting list (total) (low is good) -No. people receiving care -Total hours of Domiciliary Care delivered (inc. bridging hours) - (low is good) - Planned hours vs Actual delivered (target 80% of planned hours delivered)</p> <p>Internal Homecare provision monitored as part of current P&FM monthly reporting: -No. new starters in</p>

		transferring, where appropriate, to the external market.		reablement (high is good) target 60 per month -% clients leaving reablement independent (high is good) target 60%.
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