

Adult Services
Summary Management
Information Headline Report
Data for November 2020



Cyngor **Abertawe**
Swansea Council

Adult Services Vision

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

Doing What Matters

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

Agreed Service Objectives for 2020/21*

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

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

Amy Hawkins, Head of Adult Services Summary –

Helen StJohn, Head of Integrated Services Summary



Common Access Point

Enquiries created at the Common Access Point

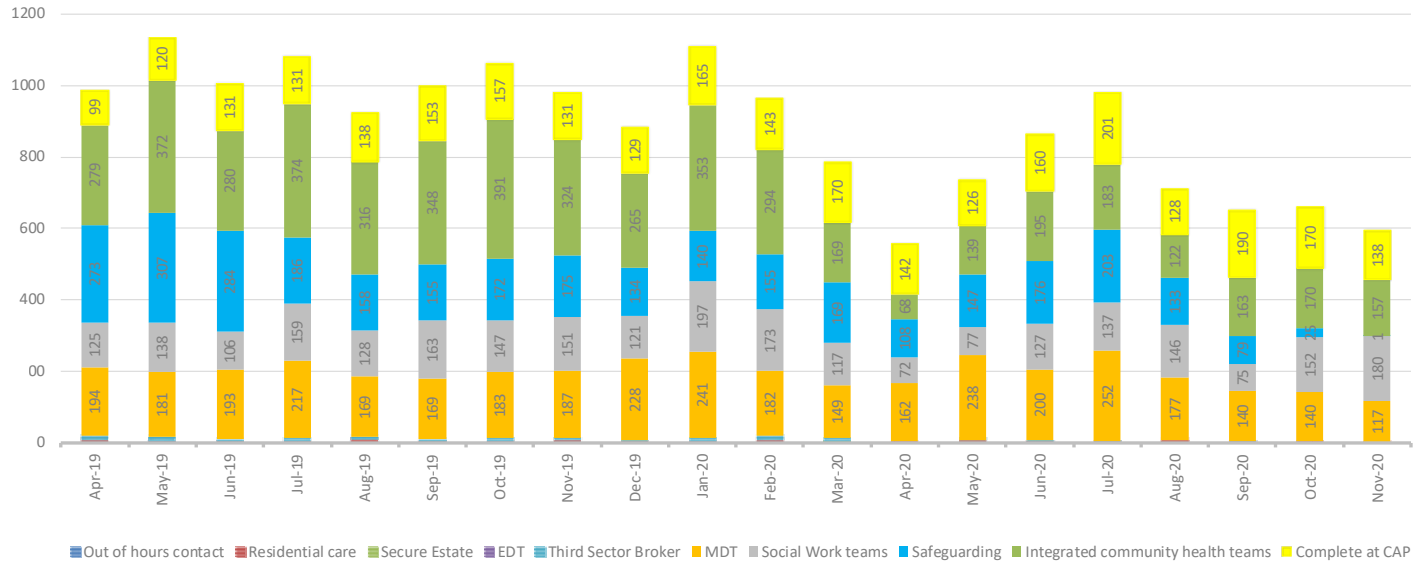
594 enquiries in Nov 20

- 138 Closed at CAP
- 117 MDT
- 1 Safeguarding/Dols/PPN
- 180 to SW Teams

660 enquiries in Oct 20

- 170 Closed at CAP
- 140 MDT
- 25 Safeguarding/Dols/PPN
- 152 SW Teams

981 Enquiries were created by CAP in Nov 2019
SW Teams 2019 average was 144 per month



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. 193 referrals were recorded in the safeguarding team in November.

What is working well?	What are we worried about?	What we are going to do?
<p>Although there is sickness and staff vacancies the team have continued to undertake their function to the best of their ability. There is an increase in the public contacting the team through the email in box which will account for the dip in phone calls.</p> <p>There is aa reduction in the referral for</p>	<p>Staff sickness and the increase of contacts made to the CAP email inbox. Deficits in the MDT. Further lockdown measures during the next few months, and the impact of this on carers and crisis work coming through CAP. Complexity of cases in crisis.</p>	<p>Recruiting to the MDT and A&I's. Continually monitor the current stats during the development of the restructure.</p> <p>The increased complexity of referrals received into the common access point will be supported by an increased static resource in CAP and additional Care Management support to the same team as part of the</p>

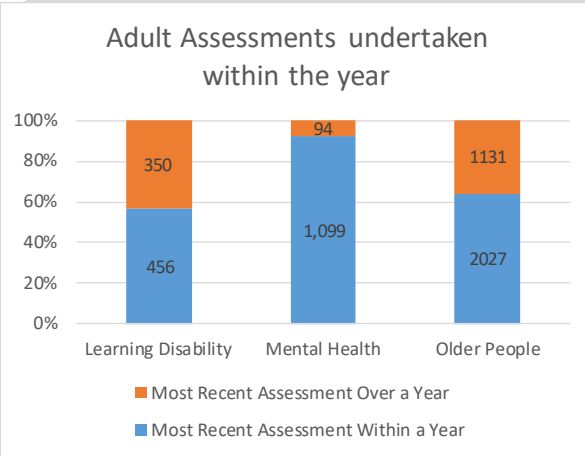
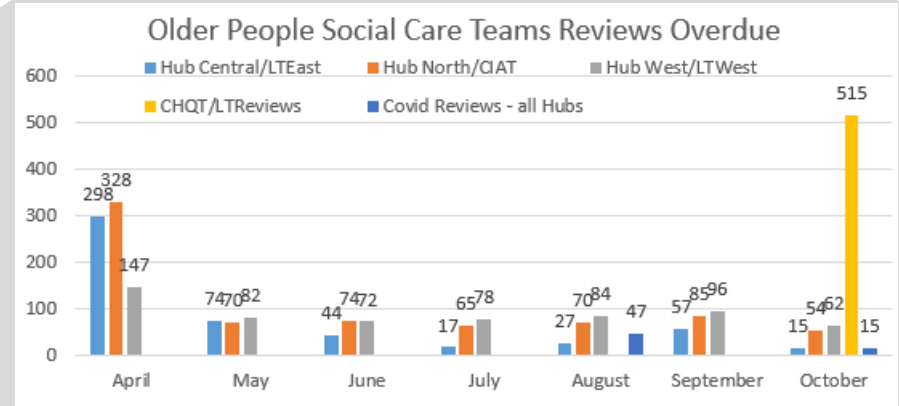
<p>Safeguarding and the PPN's during September as these now get transferred to the safeguarding team to process. This has enabled the CAP team to concentrate on the advice and information which shows in September an increase in the number of Enquires closed at CAP.</p>		<p>restructure.</p> <p>Maintaining this balance will be supported by the planned restructure of social work resource focused upon the key functions of initial assessment & long term reviews.</p> <p>Some A&I's working Saturdays to clear the inbox to ensure that we a reliant.</p>
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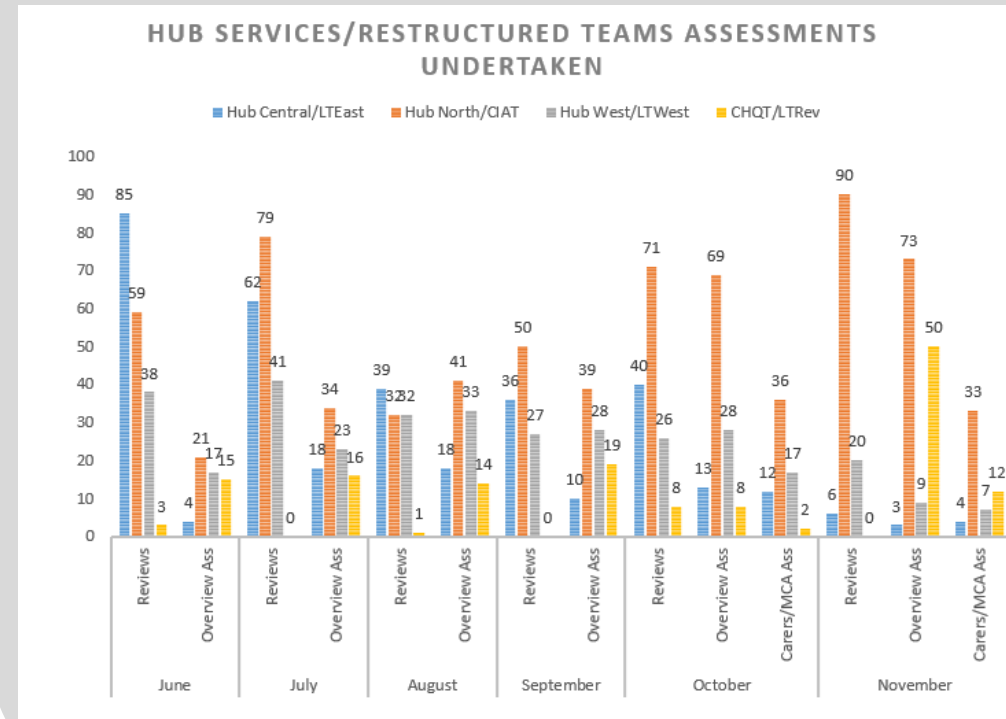
Reviews of Allocated Clients

68%

of all reviews across Adult Services were completed within a year (1 Dec 2020). 3532 of 5160 reviews



- 93%** of MH clients were reviewed/reassessed within a year
- 53%** of LD clients were reviewed/reassessed within a year
- 63%** of Older People clients were reviewed/reassessed within a year



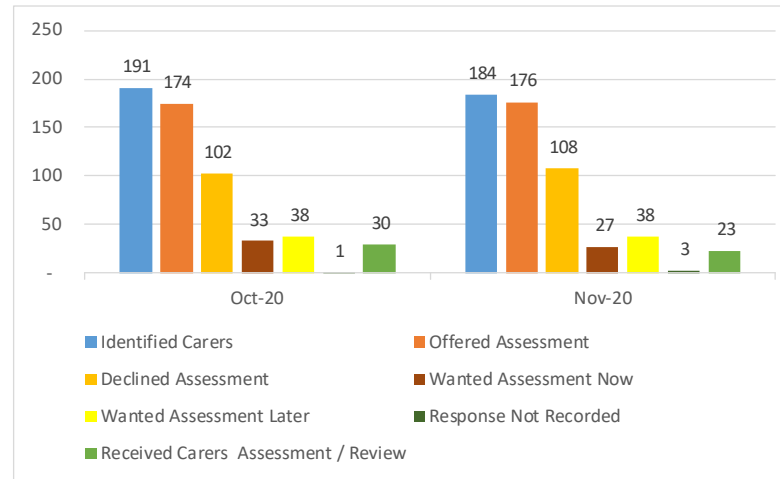
What is working well?	What are we worried about?	What we are going to do?
<p>The three integrated Hub teams have focussed on completing reviews between May and July and this has significantly reduced the numbers of outstanding reviews.</p> <p>Proposed temporary structure has given us the opportunity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



Carers and Carers Assessments

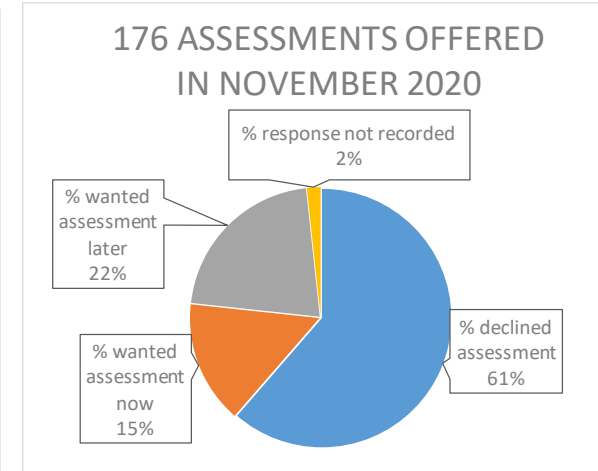
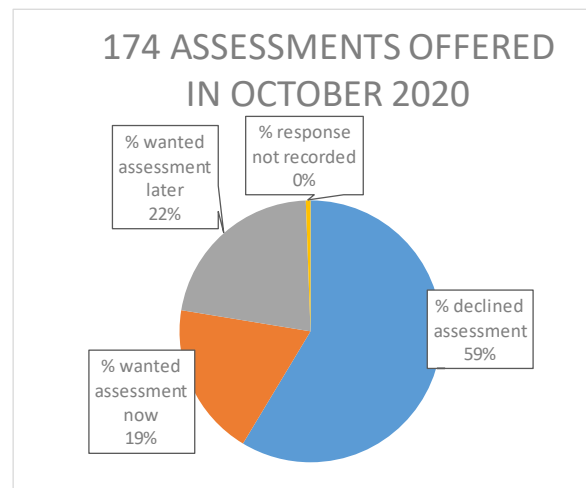
184 carers identified (Nov 20)
176 offered assessment (96%)
23 assessments undertaken

Nov 2019: 163 carers identified, 150 offered assessment
 64 declined, 84 wanted (62%), 2 not recorded
 51 assessments undertaken



191 carers identified (Oct 20)
174 offered assessment (91%)
30 assessments undertaken

Assessments wanted either now or later:
 37% (Nov), down from 41% (Oct), 43% (Sept),
 38% (Aug), up from 36% (July), 35% (June)

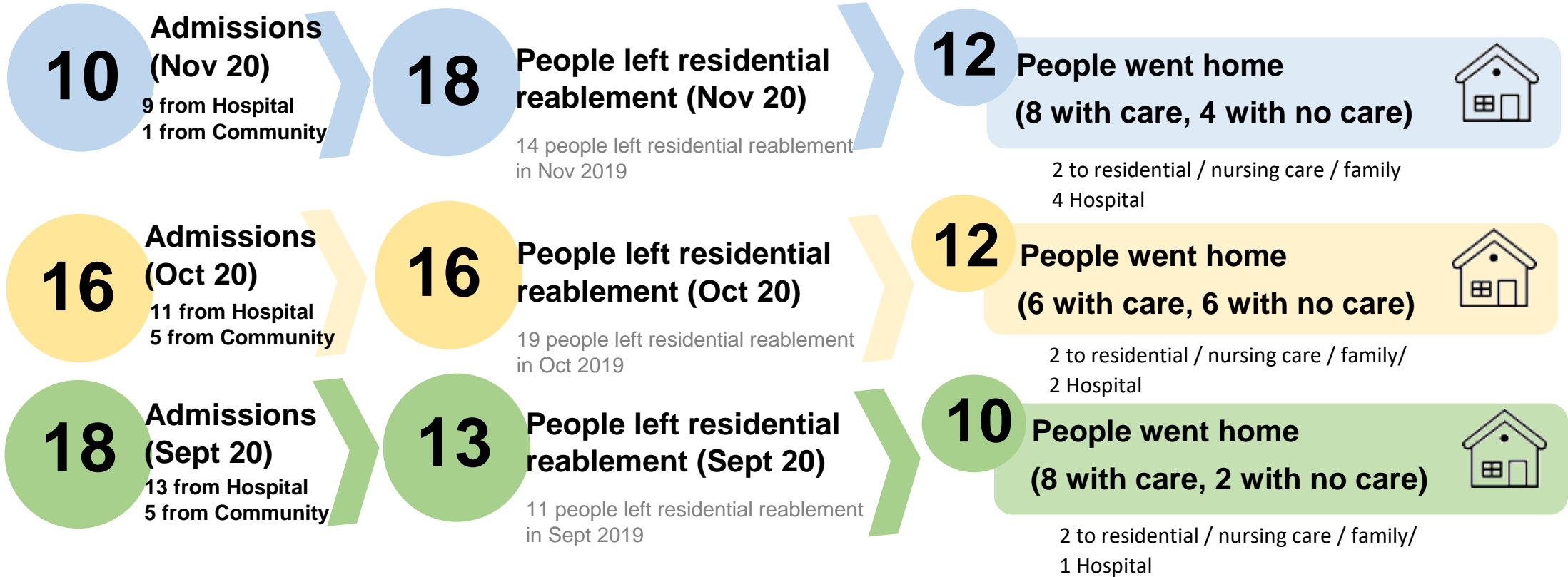


What is working well?	What are we worried about?	What we are going to do?
The data informs us that there are some responses not recorded, which challenges our values and commitment to offer every carer an assessment – this will help us reiterate our message with frontline staff.	We need to understand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



Residential Reablement

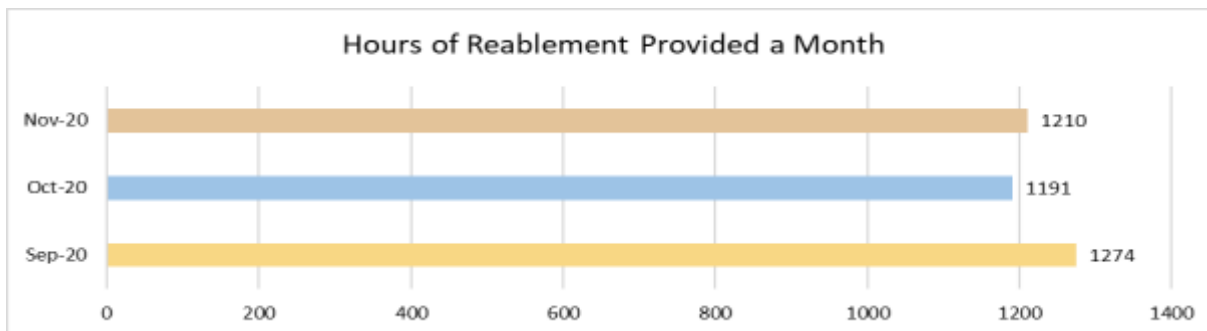
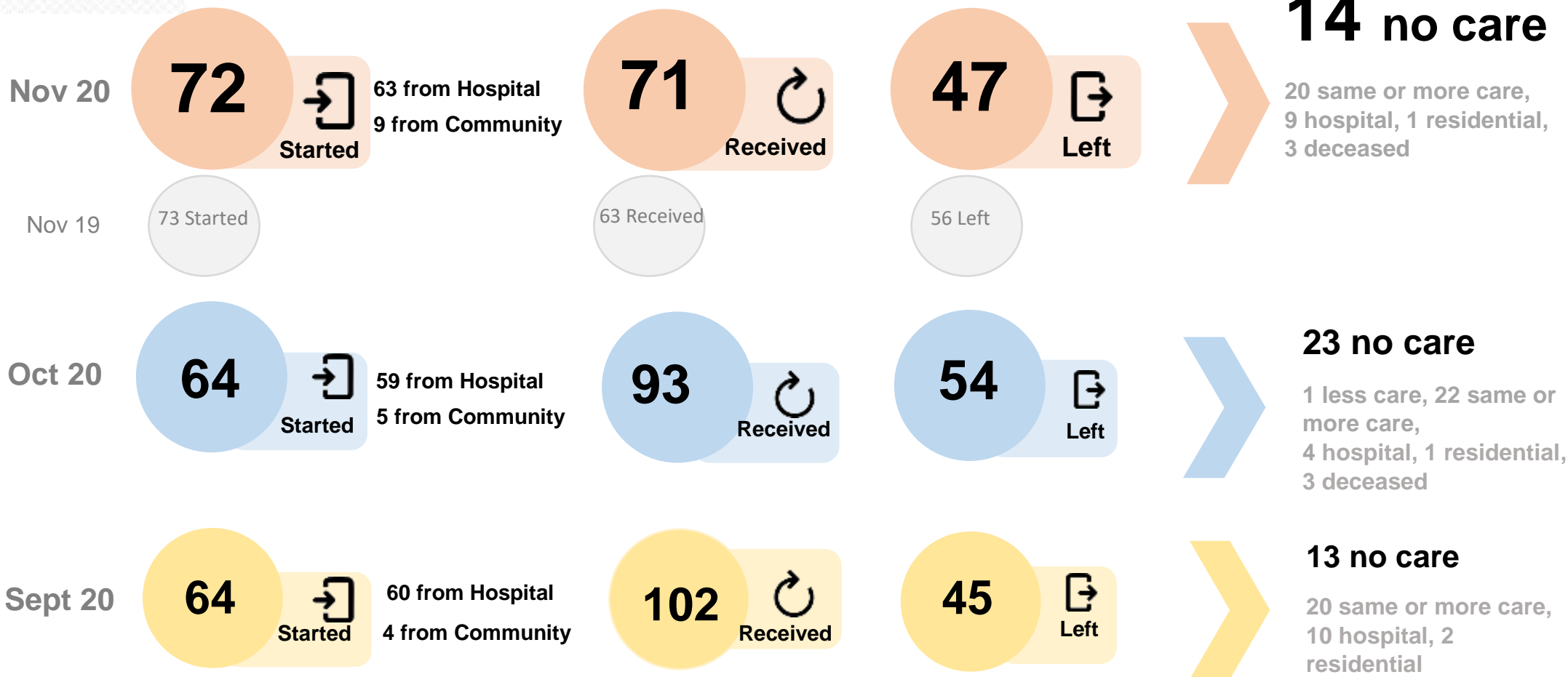
During September, October and November, Residential Reablement services had an overall percentage of 72% of people returning to their own homes, independently and with care packages.



What is working well?	What are we worried about?	What we are going to do?
Admissions into Bonymaen House has continued to increase.	The reduction in the numbers of individuals returning home with no care needs.	Continue to work closely with secondary care to ensure that referrals are appropriate for the service – should be supported by the RHD MDT triage PO meets weekly with BMH management to monitor the flow through BMH



Community Reablement

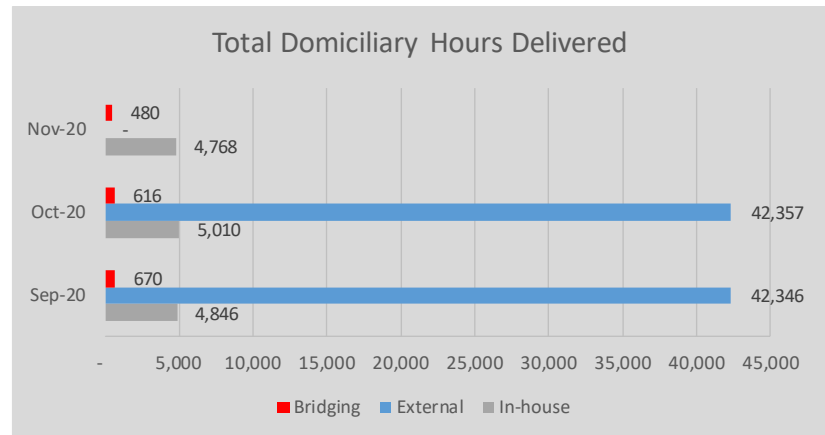
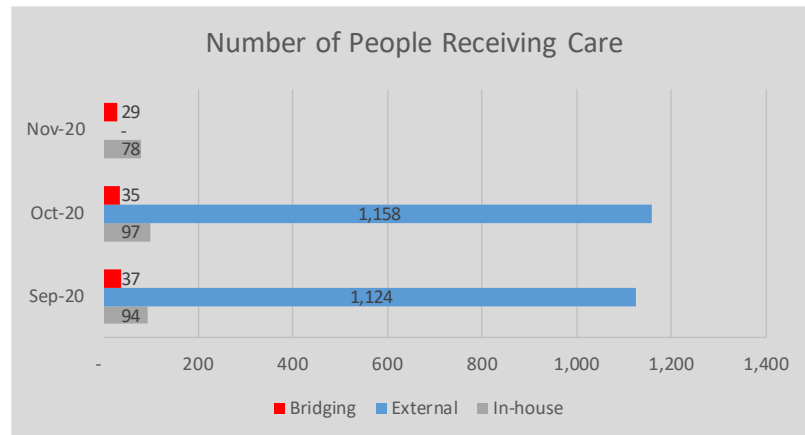
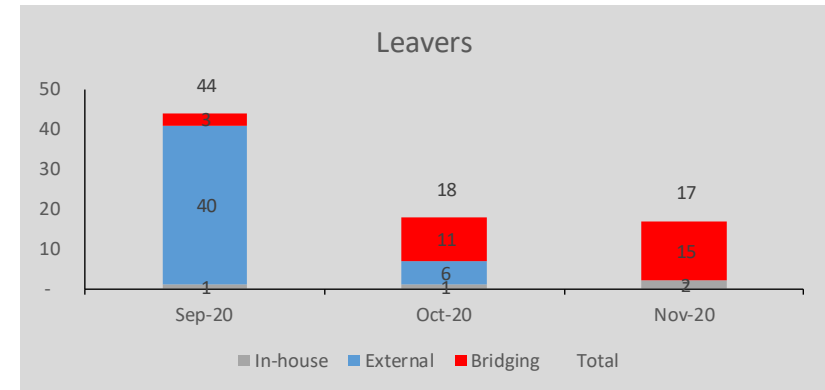
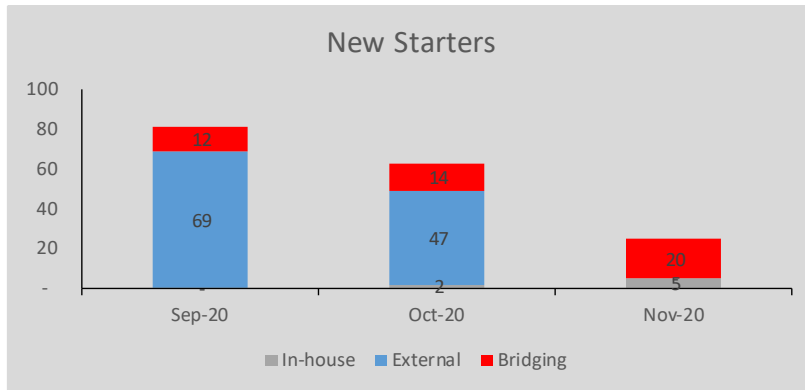


What is working well?	What are we worried about?	What we are going to do?
<p>The Multi-disciplinary triage of all new referrals has developed at pace since the launch of Rapid Hospital Discharge (RHD) – this has also led to the instigation of daily RHD operational meetings with all stakeholders in which operational / start up issues are discussed and resolved by all partner agencies.</p> <p>Multi agency working between Community services and Secondary care has taken working relationships to a level of collaborative effort which has not been experienced before.</p> <p>We have introduced a pilot rolling rota for the Homecare Managers and Senior Community Care Assistants which should enable us to discharge home to assess over extended operating hours from 8am to 8pm 7 days per week.</p>	<p>The data since July shows the increase in the acuity of the individuals that we are seeing coming through Reablement from single staffed to double staffed calls with greater demand for evening and bed calls than before. This has resulted in a reduction in the number of individuals that we have been able to support.</p> <p>The proportion of individuals that are being discharged from Reablement who require no ongoing care and support has also reduced from circa 50% in July to less than 40% in September. Any delays in securing long term maintenance packages of care and support from the external sector means that the service ends up ‘bridging’ these and this in turn precludes us from taking on new admissions.</p> <p>In addition to carrying 22 vacancies and delays in obtaining manual handling training for the new relief care staff, staffing levels have also been impacted by track, trace and protect requirements for staff to self-isolate and we still have a number of staff who are shielding.</p>	<p>Reintroduced the community discharge liaison nurses into the Regional Rapid Discharge referral MDT to help with triage and looking at how we direct individual referrals for those with clear long term care and support needs and no right sizing or rehabilitation potential to alternative areas of service support within the regional rapid discharge model to help keep flow moving through reablement.</p> <p>We have arranged for an external training provider to deliver manual handling training to the new recruits and will be seeking permission to recruit to the vacancies on a permanent 28 hour basis. We have also started to look at the shift pattern worked by the community care assistants in the Reablement Service as the ‘ask’ has changed and we need more staff working a PM shift than was previously required.</p> <p>We continue to work closely with Social Work and our Brokerage Officers in order to expedite transfers to external providers.</p>



Long Term Domiciliary Care

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



External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<p>Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure.</p>	<p>A second wave of Covid that has potential to create additional demand on services and resources.</p> <p>Possible negative impact of reverting to spot contract form block contract arrangements (which may make it more difficult for a few providers to operate services)</p>	<p>Appointment of 2 new Providers to the domiciliary care framework to create additional services. Continue with review of care levels to ensure citizens are receiving the correct level of care. This will free capacity to enable services to flex in response to increases in demand. Keep RAG risk status under review.</p> <p>Continue to support and enable use of alternatives to dom care.</p>

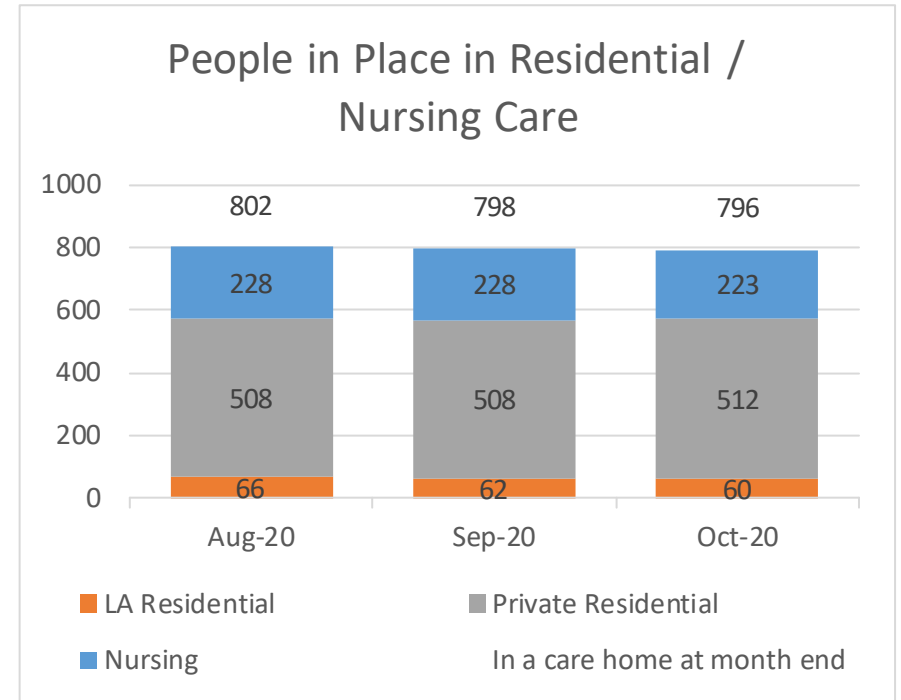
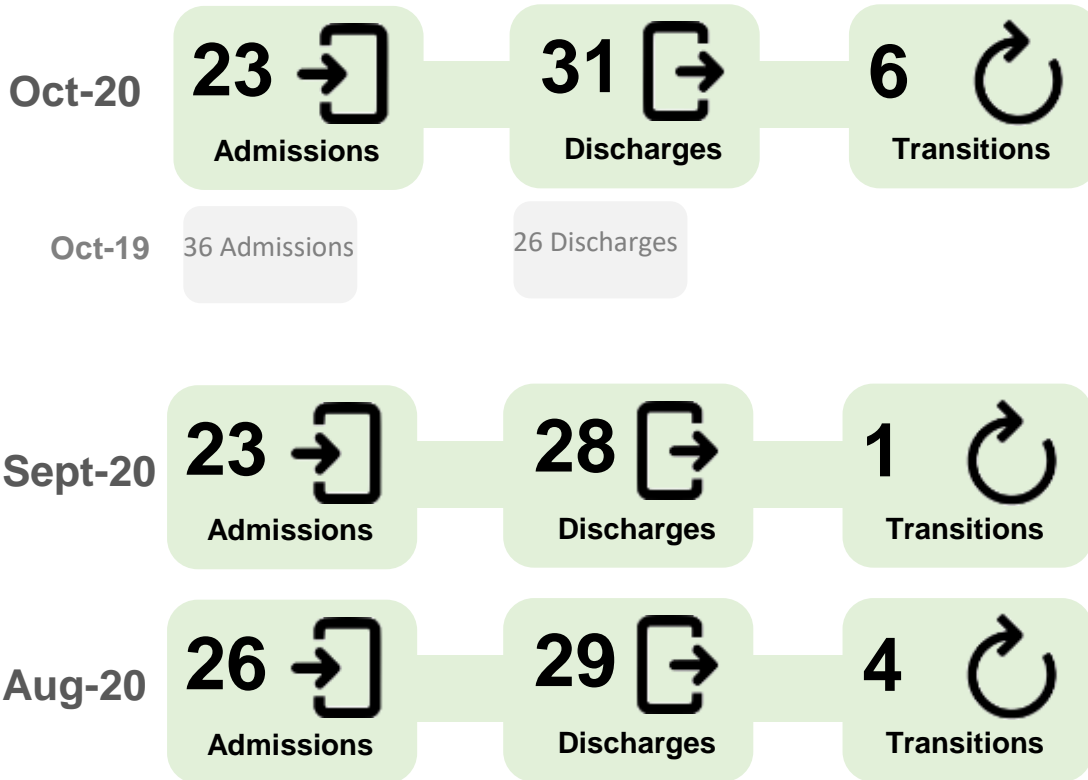
Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
<p>The Long Term service is actively supporting the flow of individuals from the reablement service and thereby ensuring that capacity to support RHD is maintained as far as possible.</p> <p>The service continues to support the Reablement service in 'bridging' packages of care and has been able to re-start calls that were previously suspended at the outset of the pandemic.</p>	<p>The Long term service holding these bridging packages of care for a protracted period of time as external provider becomes saturated.</p> <p>Also that the LT capacity becomes blocked and individuals that we are currently sustaining safely at home may end up in placement.</p> <p>As with reablement, staff capacity is an issue given the level of vacancies and delays in backfilling incurred to ongoing issues with securing practical manual handling training and support.</p>	<p>As for community reablement</p>



Residential Care

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



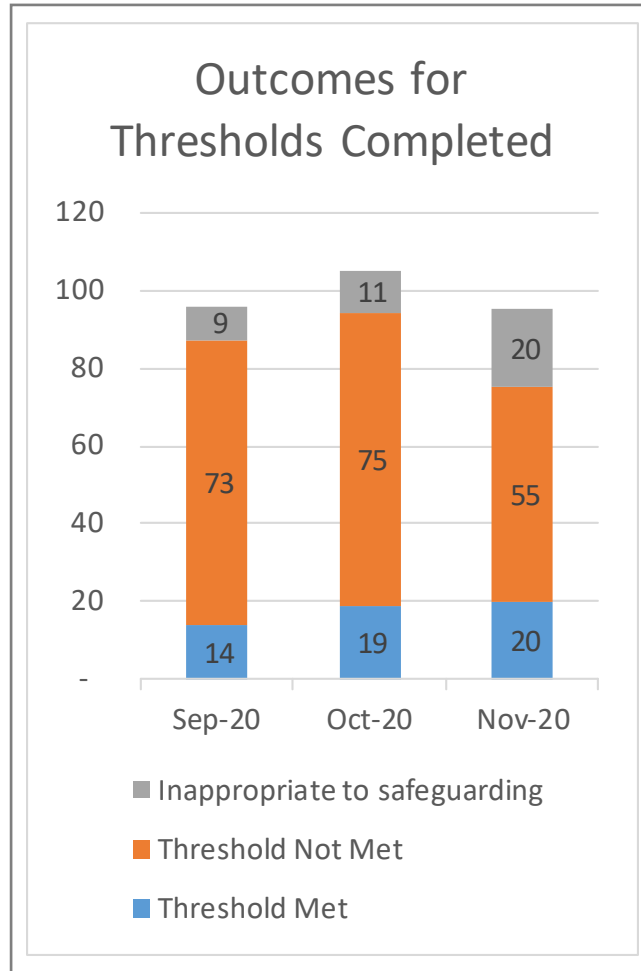
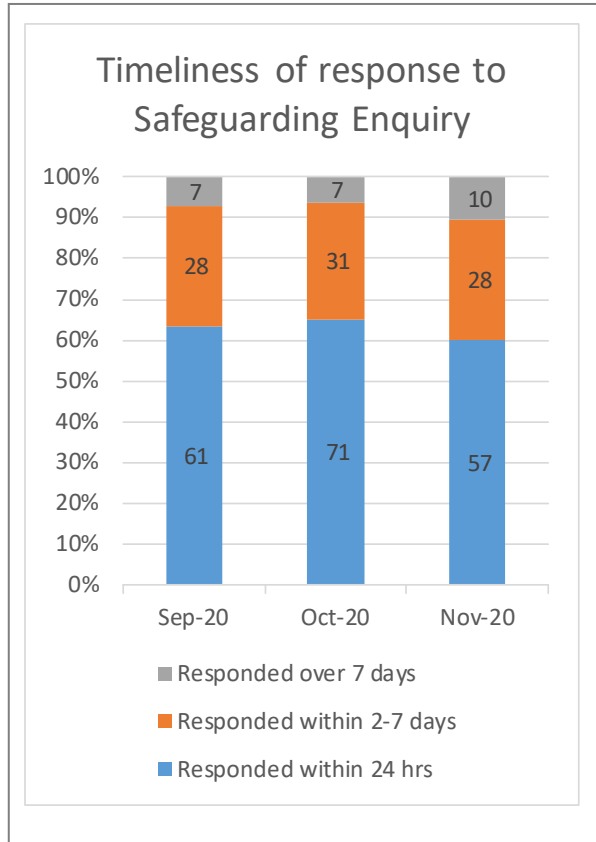
Oct-19 934 People in place

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> 1. Active engagement with social workers to move individuals back home or on to appropriate long term placements. 2. Quicker response and action of referrals to residential homes. 	<ul style="list-style-type: none"> 1. Staffing capacity as covid cases increase in terms of illness, isolation, TTP and potential increased demand for beds. Delay in testing results for residential care staff with symptoms, who will have to self-isolate until results are known, which has impact on available workforce. 	<ul style="list-style-type: none"> 1. Review staffing capacity and availability. Explore temp contracts with RST linked to each residential service to build up resilience. Seek permission to fill vacancies on a permanent basis. Identify levels of staffing capacity as part of surge plan.

	<p>2. Possible expectation that staff can only work in one service, reducing the staffing capacity and flexibility.</p> <p>3. Positive tests of staff or residents that mean care homes can not admit individuals for 28 days.</p>	<p>2. Commenced planning to allocate staff (RST, Day Support or Agency) to one service where possible.</p> <p>3. Continue to ensure ppe in place, infection control measure, negative tests and evidence before admission, isolation and staff keeping 2 metre distance, wearing masks as per guidance and reminder for staff to adhere to guidance out of work. Staff to alert Managers asap of any illness and symptoms.</p>
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Safeguarding Response



Reports /Actions

98 Reports received in Nov 20
 95 Thresholds completed (97%)
 3 did not proceed to threshold (2%)
 1 awaiting response (1%)

114 Reports were received in Nov 2019, 102 thresholds completed – 27 met the threshold, 62 did not meet threshold

108 Reports received in Oct 20
 109 Thresholds completed
 3 did not proceed to threshold

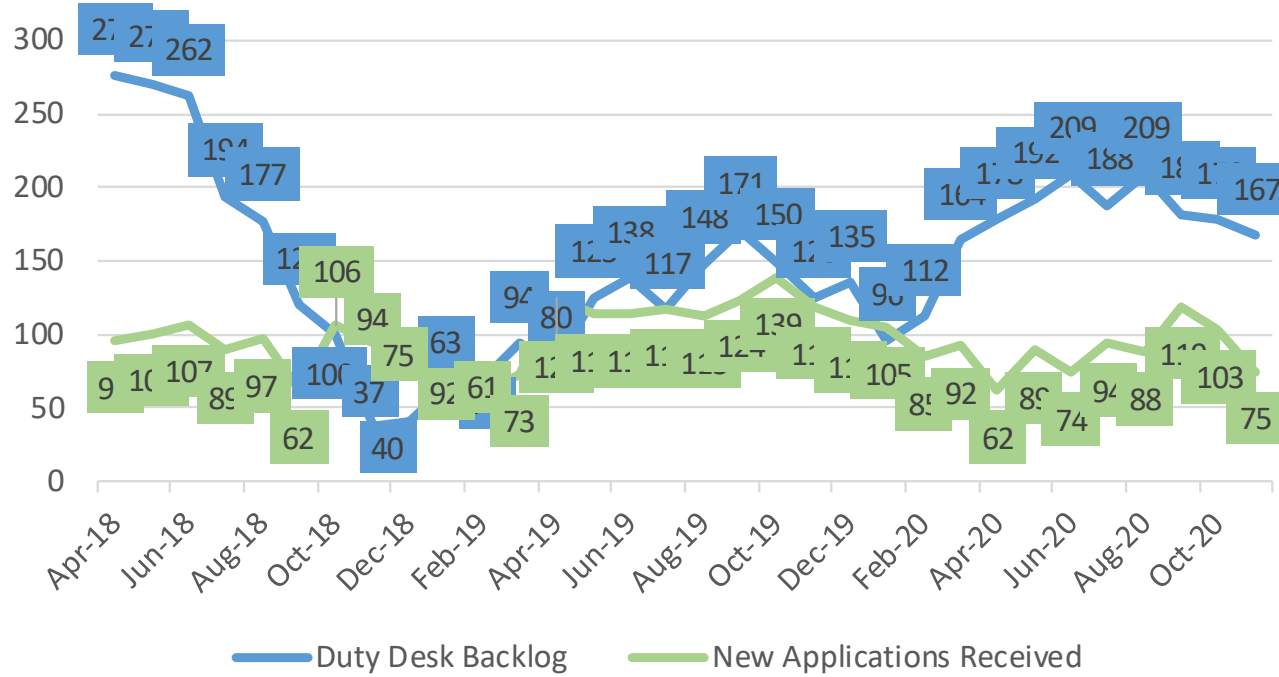
100 Reports received in Sept 20
 96 Thresholds completed (96%)
 4 did not proceed to threshold (4%)

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

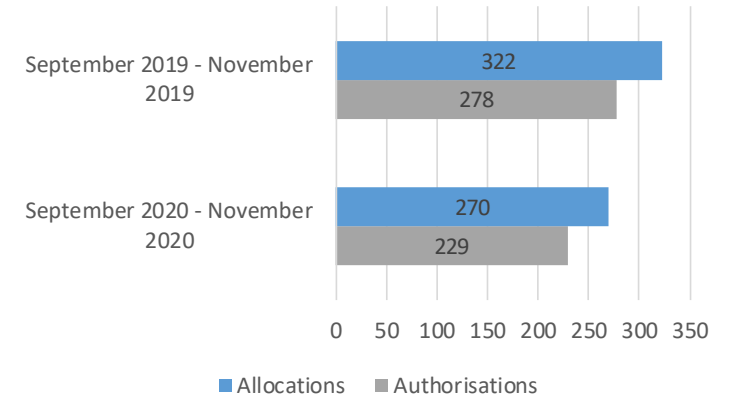


Timeliness of Deprivation of Liberty Assessments

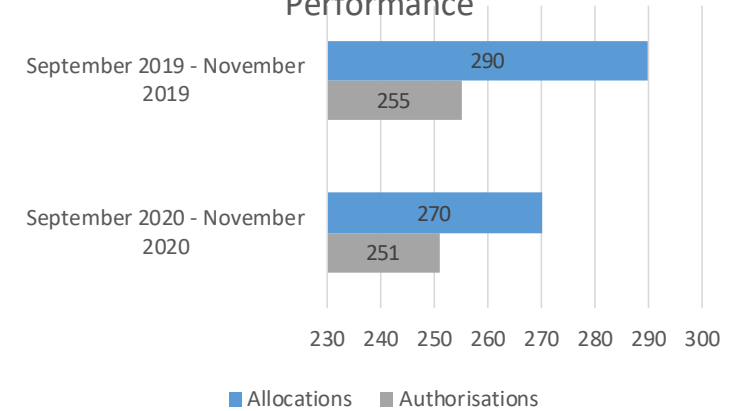
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



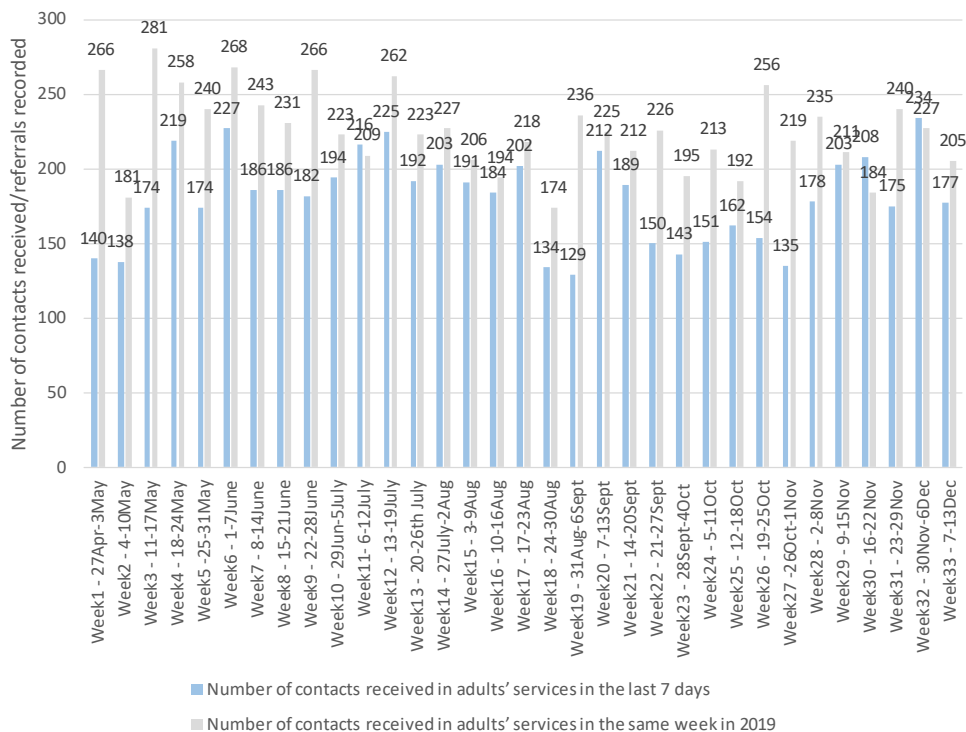
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Modifications to the DoLS assessment process during pandemic. • Commitment of staff and their ability to work in new and innovative ways to ensure we can continue to carry out assessments. •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



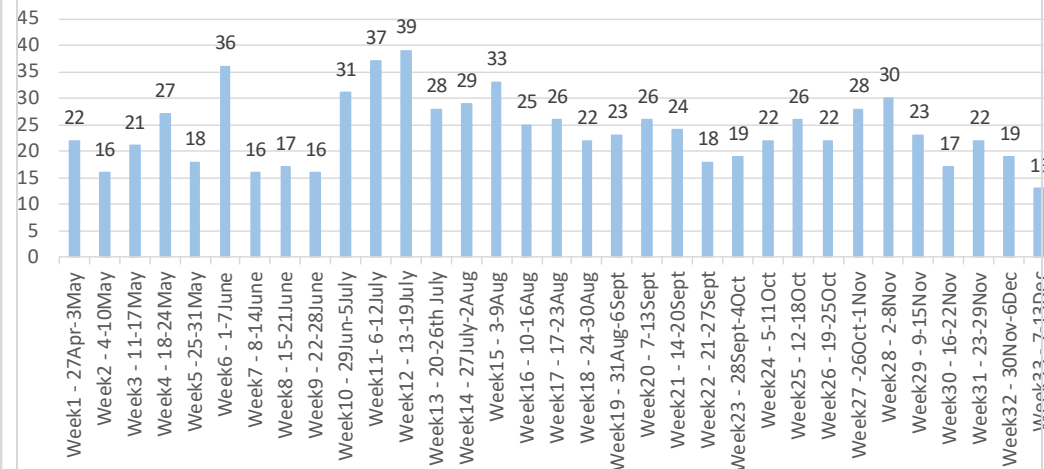
Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 33 weeks to date. The data for week 2 and 5 will have been impacted because of the bank holidays.

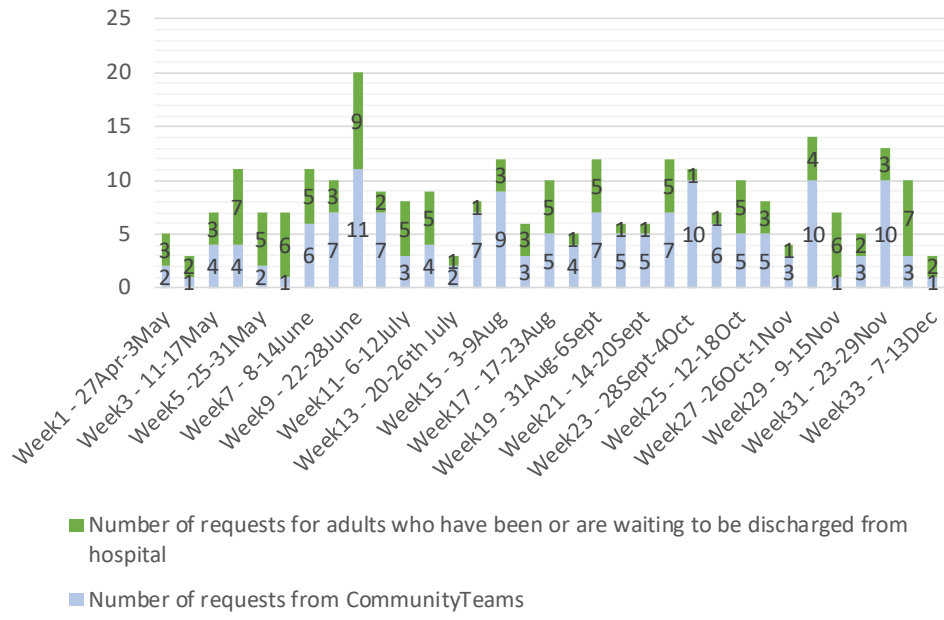
Number of Contacts Received (referrals recorded) each Week in the Common Access Point



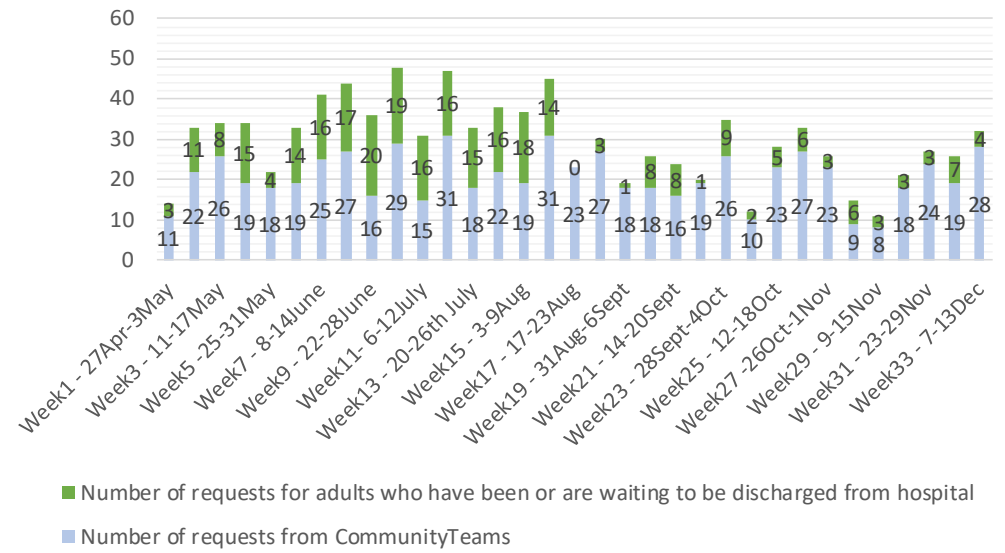
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



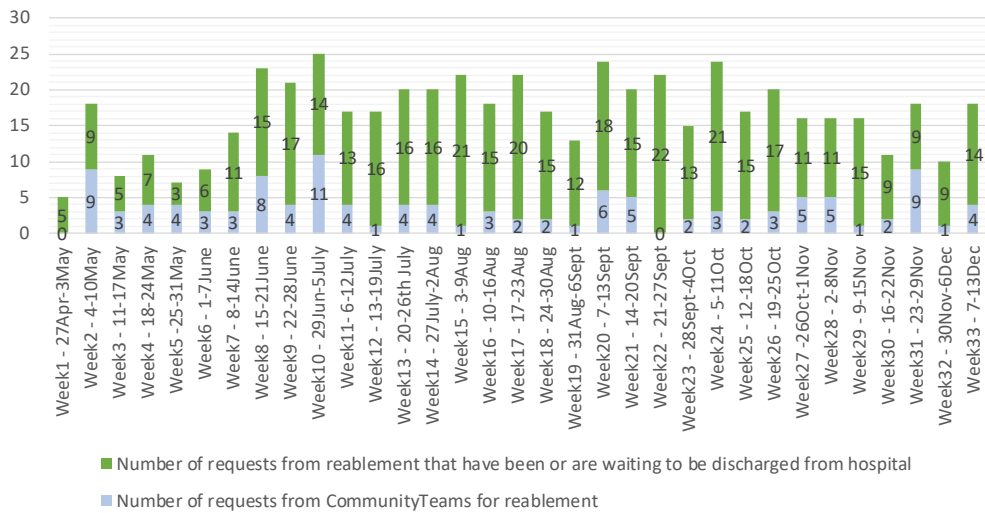
Number of requests to place an adult in residential care received in the last 7 days



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



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



Between 27th April – 14 Dec

40

packages withdrawn/reduced by the services user

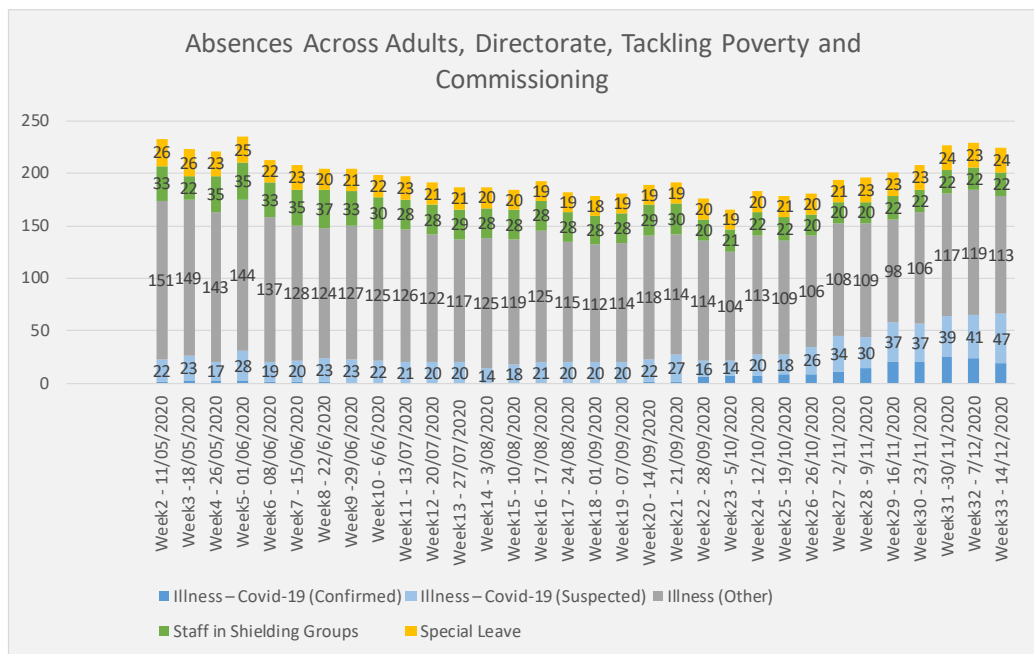
1 by the Local Authority

1 by the Provider



Weekly Welsh Government Adult Workforce Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19. The data has been gathered for 33 weeks to date.



Adult services Staff Tested in the 33 week period

6926 = 6140 Negative

736 Awaiting Results

50 Positive