

Adult Services
Summary Management
Information Headline Report
Data for August 2021



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.

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
5. Financial Efficacy

Amy Hawkins, Interim Head of Adult Services Summary

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

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

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

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

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

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

Helen StJohn, Interim Head of Integrated Services Summary

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

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

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

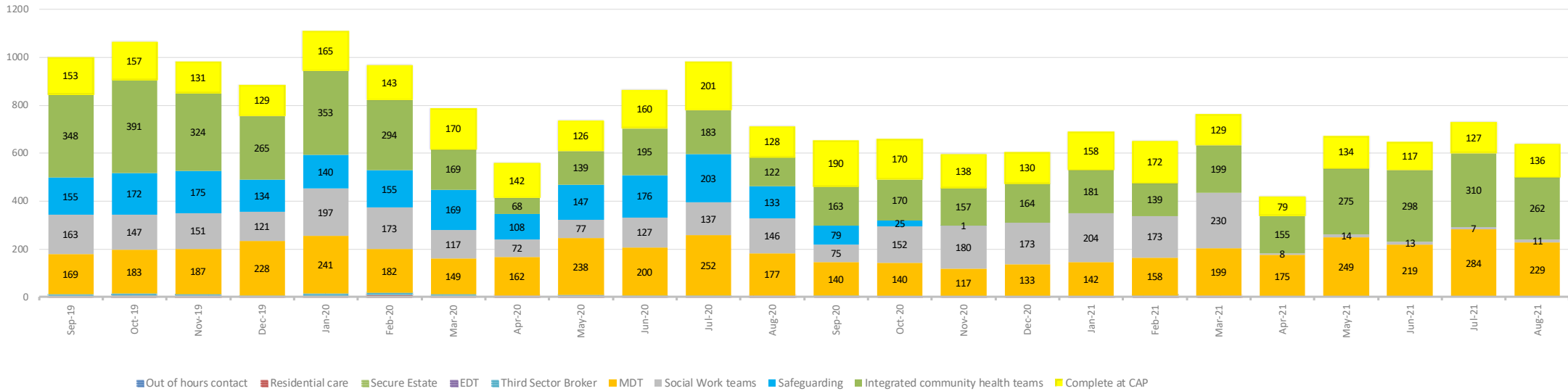
The number of enquiries received at the Common Access point is less than the previous month by 90 however within this figure a greater proportion of enquiries were resolved at the first point through the provision of advice and information – 21% in August from 17% in July. This indicates that staff are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

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



Common Access Point

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



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

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

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

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

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

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



Assessments & Reviews

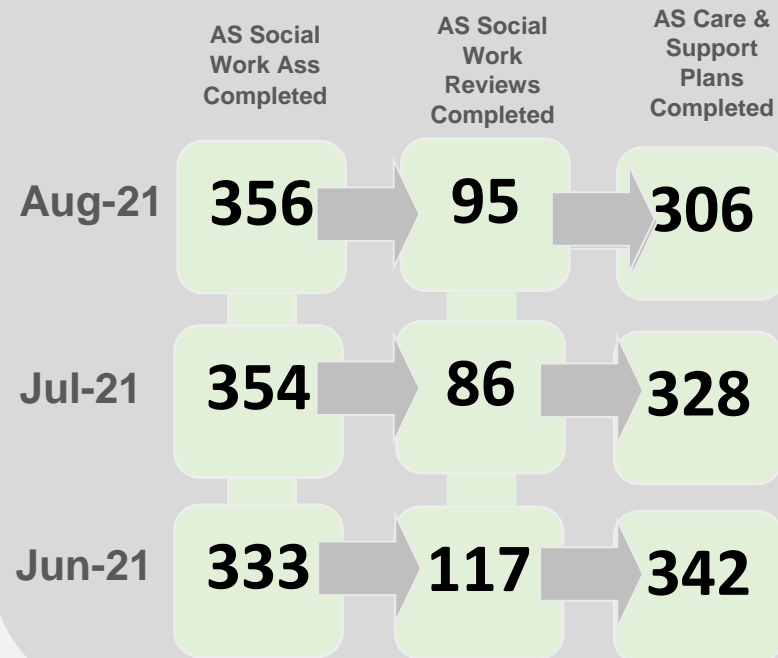
Reviews

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

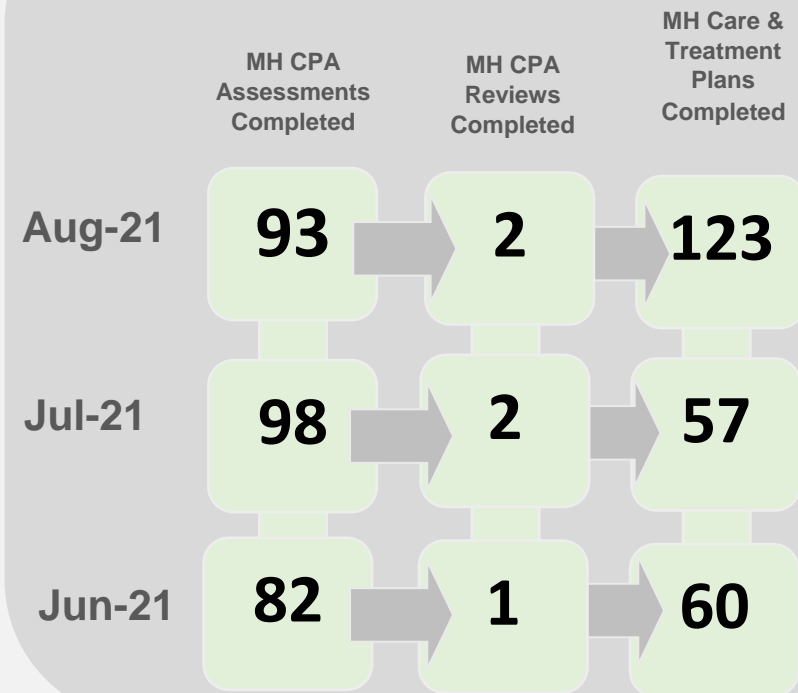
Assessments

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

Adult Social Work Assessments Completed



Mental Health CPA Assessments Completed



Community Teams:

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

Mental Health and Learning Disability Services:

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



Carers and Carers Assessments

Updated Carers Information:

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

175

carers identified (Mar 21)

154 offered assessment (88%)

28 assessments undertaken

Mar 2020: 160 carers identified, 143 offered assessment

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

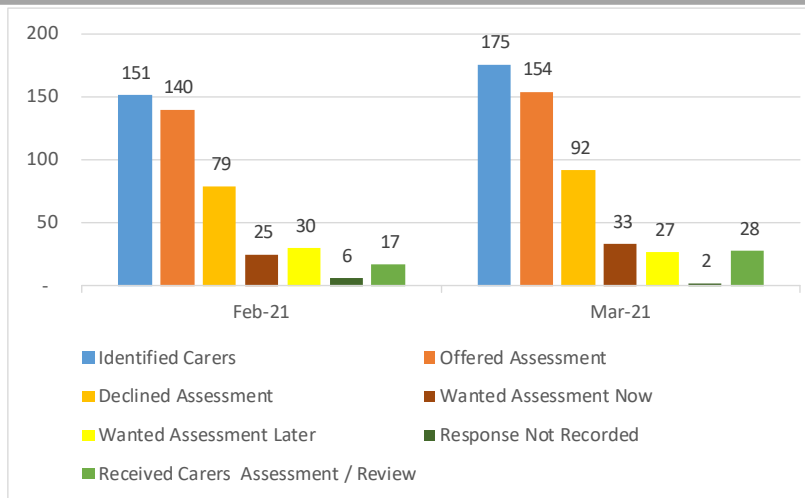
151

carers identified (Feb 21)

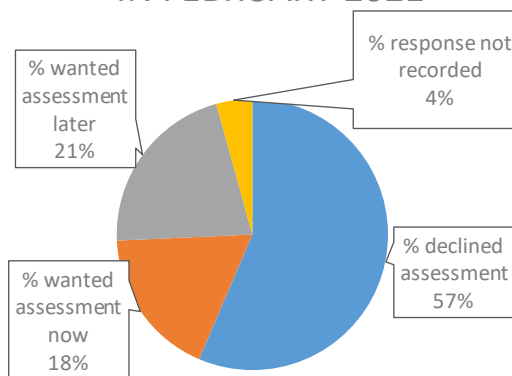
140 offered assessment (93%)

17 assessments undertaken

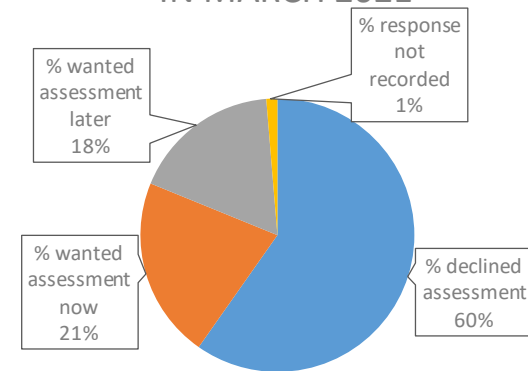
Assessments wanted either now or later:
39% (Mar), 39% (Feb), 36% (Jan), 42% (Dec),
37% (Nov), 41% (Oct)



140 ASSESSMENTS OFFERED IN FEBRUARY 2021



154 ASSESSMENTS OFFERED IN MARCH 2021



Funding in relation to respite for unpaid Carers 2021-22

Funding information received from WG July 2021.

Funding up to **£138,252** up 31/3/22

Purpose of the Funding

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

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

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

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

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

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



Residential Reablement

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

16

**Admissions
(Aug 21)**

14 from Hospital
2 from Community

17

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

8 people left residential reablement
in Aug 2020

14

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

1 to residential / nursing care / family
2 Hospital



20

**Admissions
(Jul 21)**

20 from Hospital
0 from Community

12

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

9 people left residential reablement
in Jul 2020

7

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

3 to residential / nursing care / family
2 Hospital



18

**Admissions
(Jun 21)**

18 from Hospital
0 from Community

12

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

9 people left residential reablement
in Jun 2020

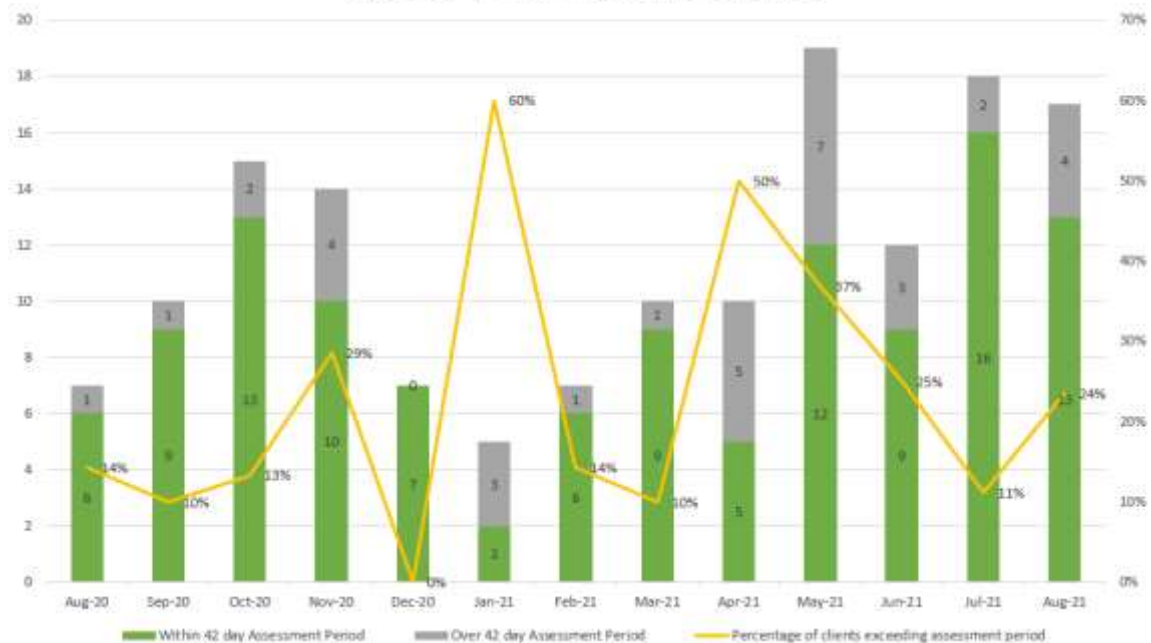
8

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

Not recorded



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



What is working well?

- Managers attendance at Rapid Discharge meetings
- Robust Infection control and COVID risk assessment
- PPE and staff testing arrangements
- Internal weekly MDT to determine outcomes and planned discharge dates
- Therapy staff working closely with Wellbeing coordinator to develop and undertake ongoing therapy programme.
- Staff support across services.
- Increase in people returning home from the previous 2 months.

What are we worried about?

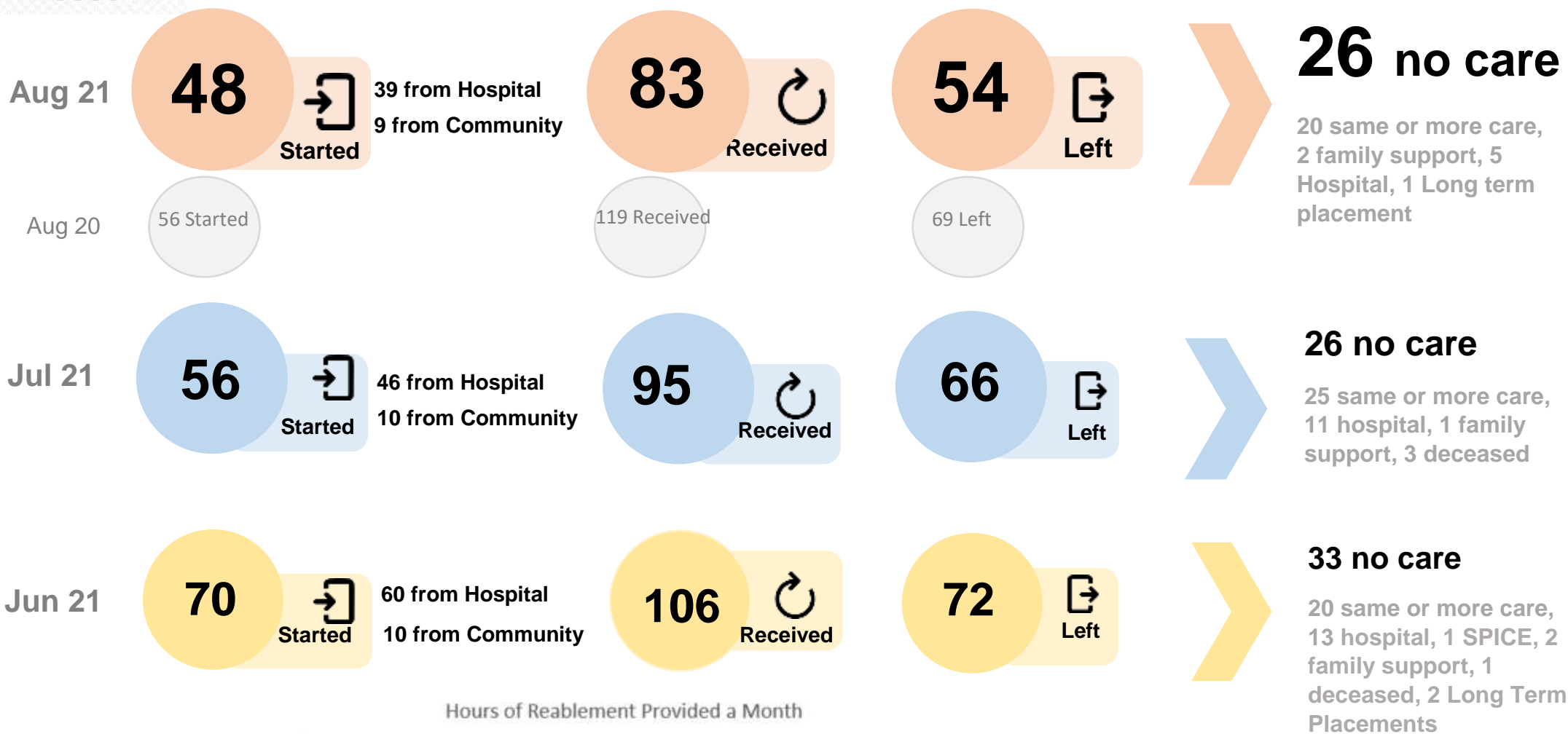
- Delays in Sensory assessments
- Pressures from Hospital to discharge patients
- Some patients discharged from hospital are not at the reablement phase.
- Referrals that are more complex/fractures, which take longer to recover before reablement potential, delaying discharge home and reducing capacity in the service.
- Insufficient staff to open to full capacity previously reliant on RCAS team to support in house
- Increase in infections with impact that staff have to isolate, pressure on staffing and lockdown of service.
- Long term sickness.
- Restrictions to the building in supporting independence e.g. lack of dedicated therapy space/ no accessible kitchen laundry facility

What we are going to do?

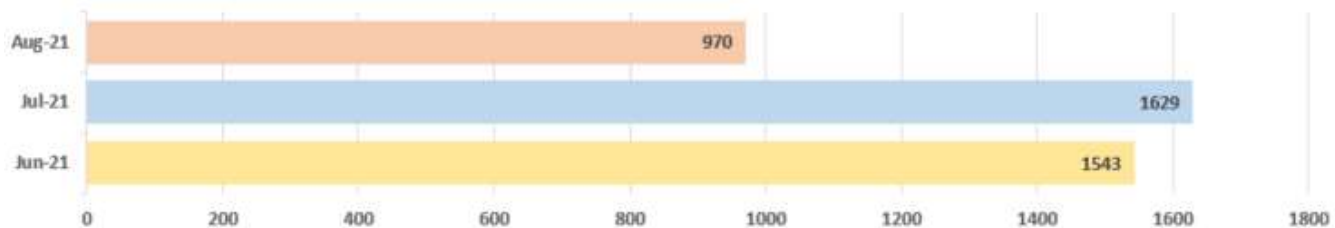
- HSWT leader supporting with follow up of non-allocated cases
- Ongoing support and addressing concerns issues with HR colleagues and others as appropriate
- Use of risk tracker to identify safe capacity
- Recruitment to Sensory Team to enable timely assessments training and advice during Reablement process
- Monitoring of staffing.
- Use of agency funded by hardship fund (temporary).
- Managers meeting with Health to review referrals and if meet reablement potential before admitting to the service.
- ICF bid for dedicated treatment room, reablement kitchen facilities.
- Repurposing space for therapy room



Community Reablement



Hours of Reablement Provided a Month



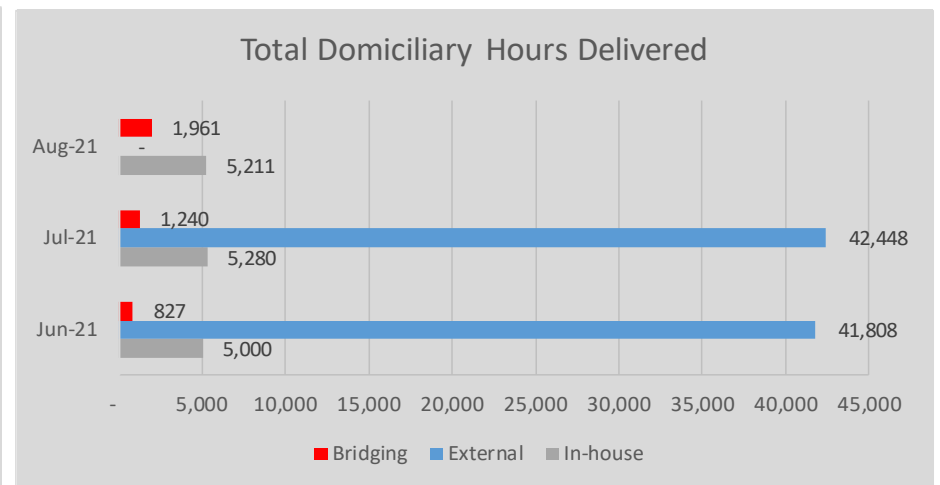
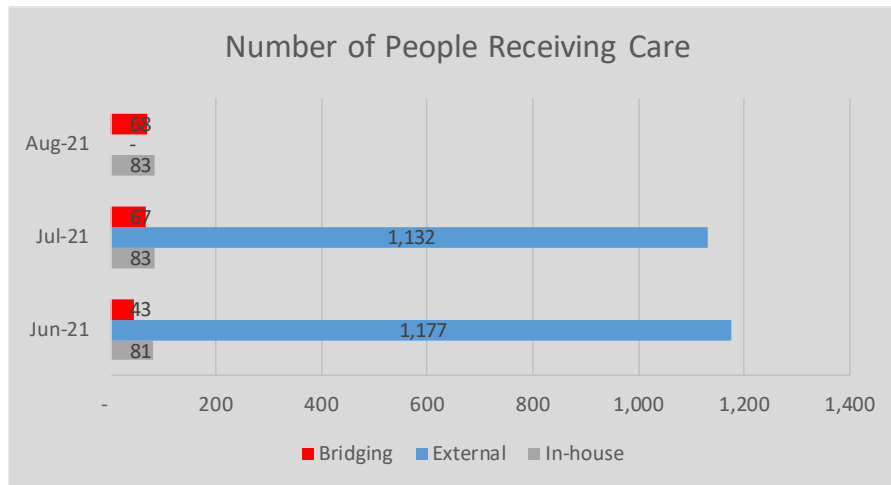
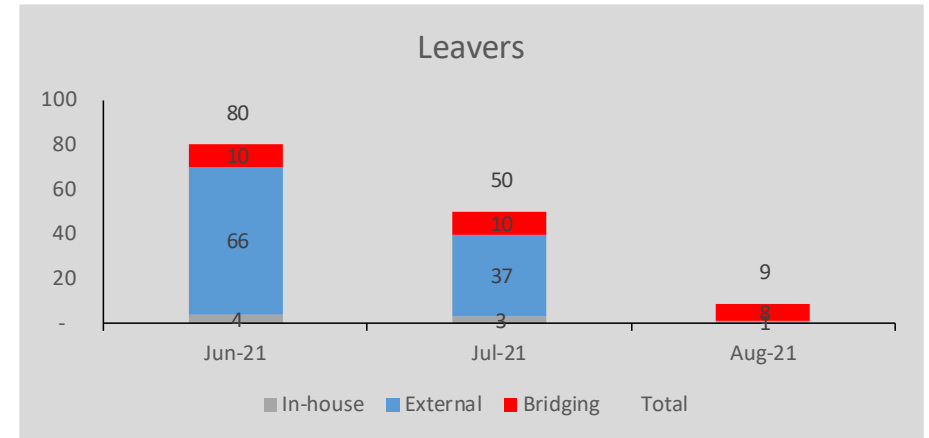
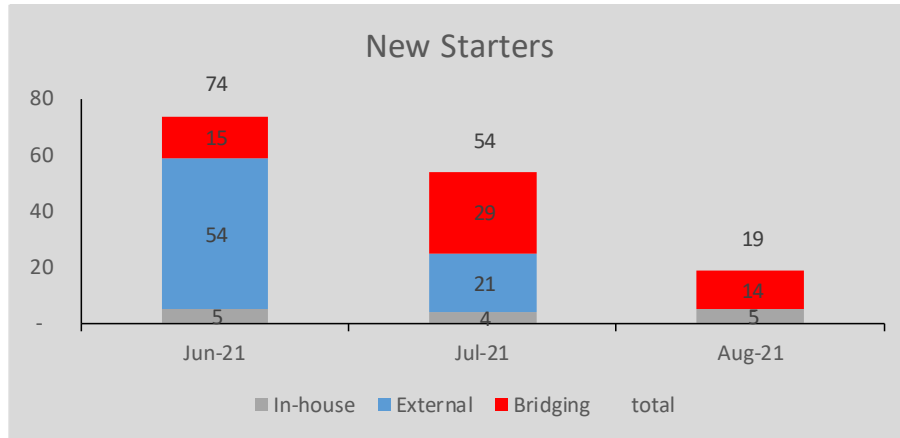
During June, July & August, Community Reablement services had an overall percentage of 44% of people returning to their own homes independently

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

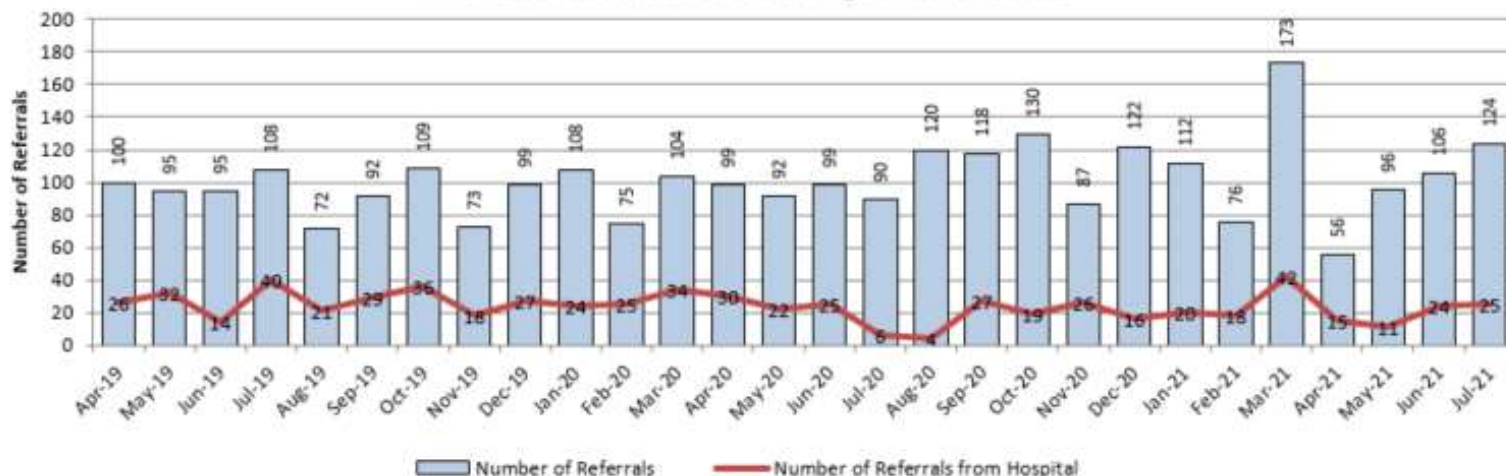


Long Term Domiciliary Care

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



Number of Referrals to Brokerage at Month End



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

External Domiciliary Care:

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

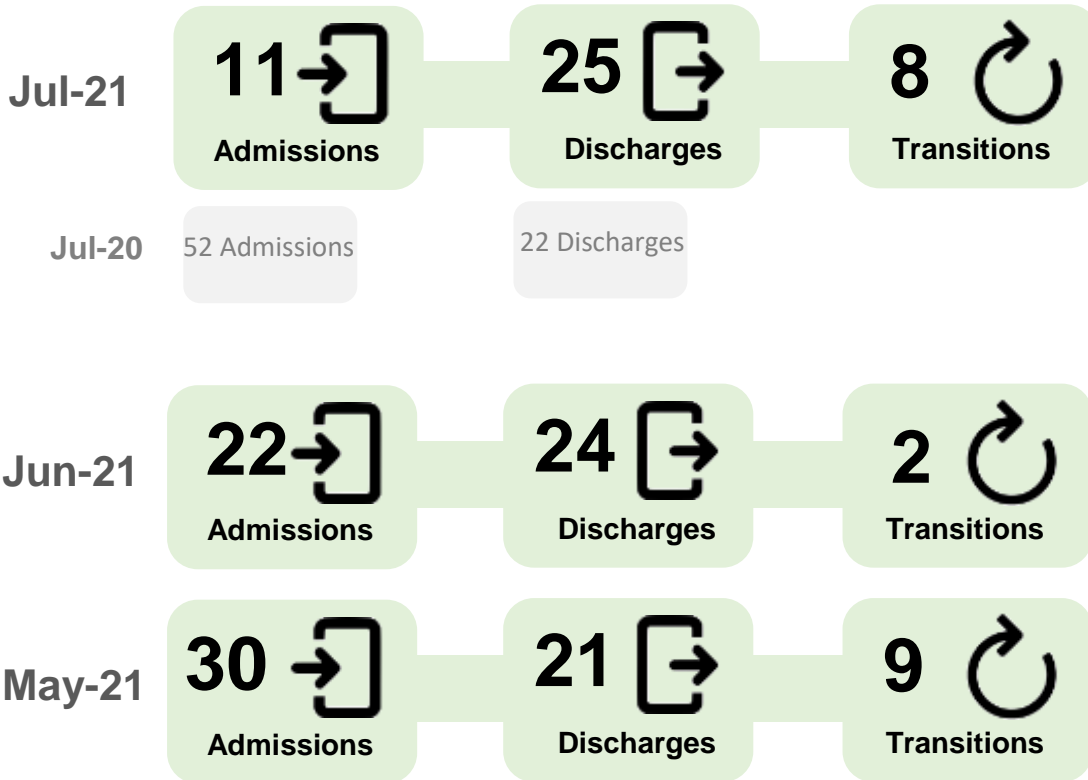
Internal Long Term Care:

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



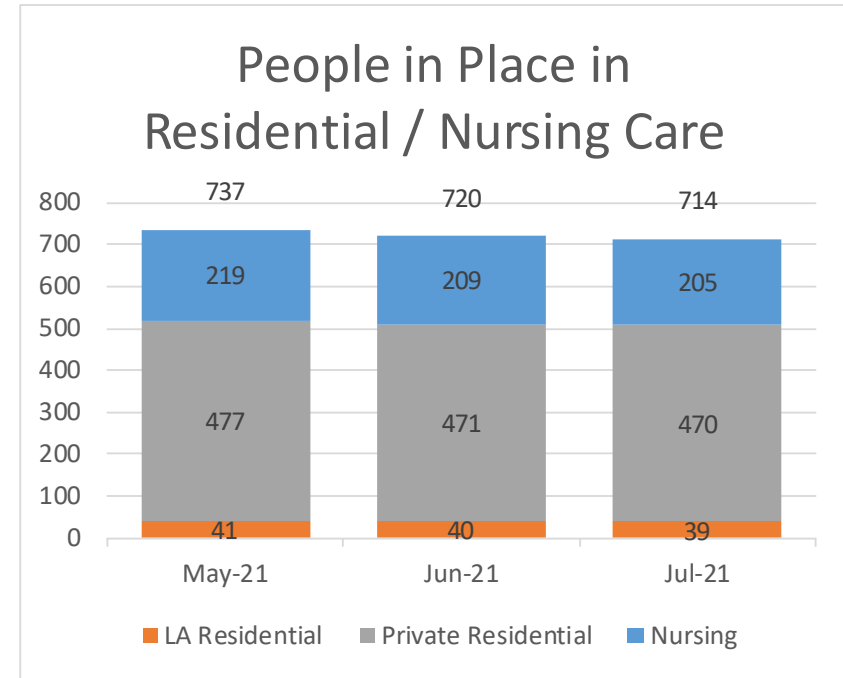
Residential/Nursing Care

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



Jul-20 52 Admissions

22 Discharges



Jul-19 911 People in place

Jul-20 809 People in place

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

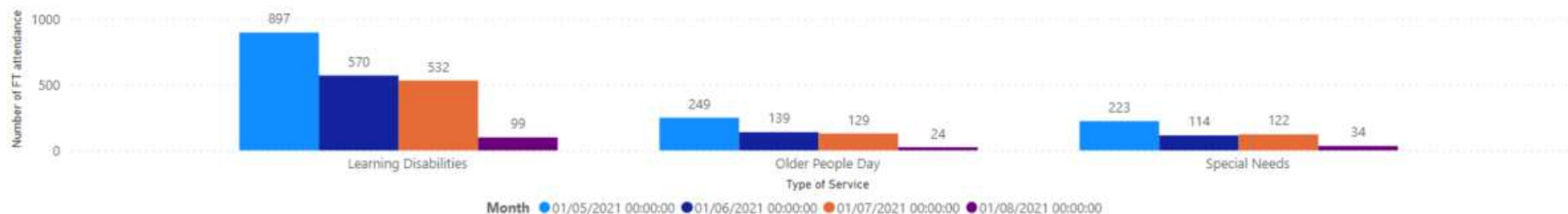
| | | |
|---|---|--|
| <ul style="list-style-type: none"> • Residential respite increased demand but still have limited capacity despite restrictions with Covid. • Some staff relocated from other services still supporting residential services. This is under constant review. • Management teams working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

Day Services for Older People, Special Needs and Learning Disabilities

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



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



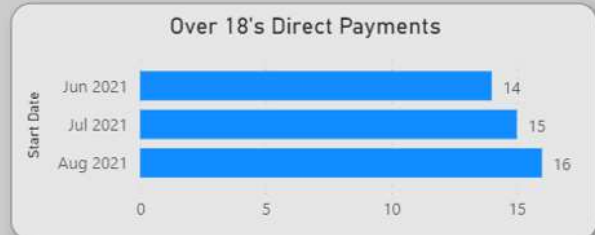
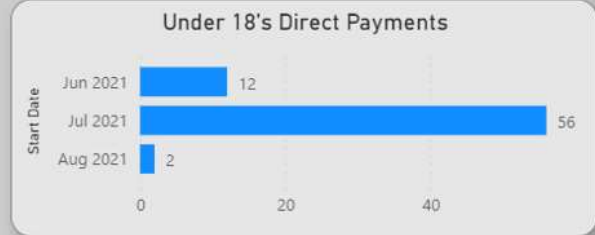
| What is working well? | What are we worried about? | What we are going to do? |
|--|--|---|
| <ul style="list-style-type: none"> • Re-opening of day services on a phased basis. • Increasing numbers of service users using day services and support. • Ongoing communication with service users and families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

Direct Payments

| | Starters | Finishers |
|----------|----------|-----------|
| Aug 2021 | 18 | 79 |
| Jul 2021 | 71 | 25 |
| Jun 2021 | 26 | 73 |

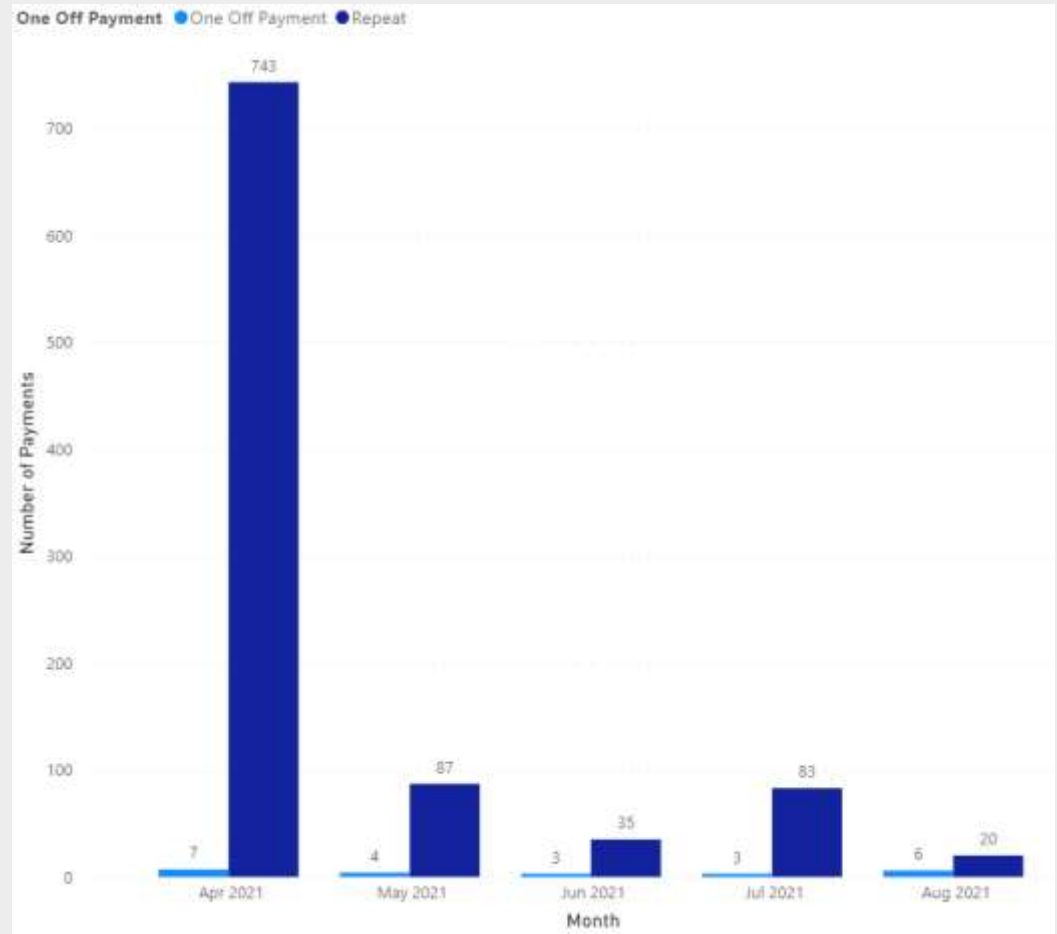
Starters & Finishers

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



Ongoing and One off Payments

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

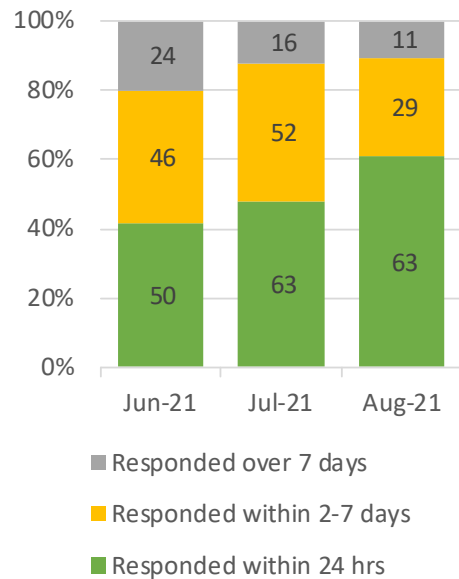


| What is working well? | What are we worried about? | What we are going to do? |
|---|--|--|
| <ul style="list-style-type: none"> • Direct Payment (DP) is a flexible way of delivering support for individuals, they can have a package of care provided by DP or they can have a one off payment to help with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

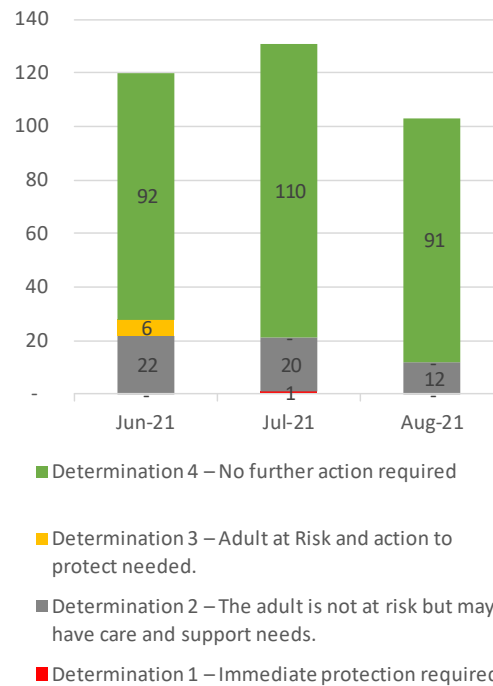


Safeguarding Response

Timeliness of response to Safeguarding Enquiry



Determination Outcomes of those Completed



Reports /Actions

105 Reports received in Aug 21

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

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

132 Reports received in Jul 21

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

124 Reports received in June 21

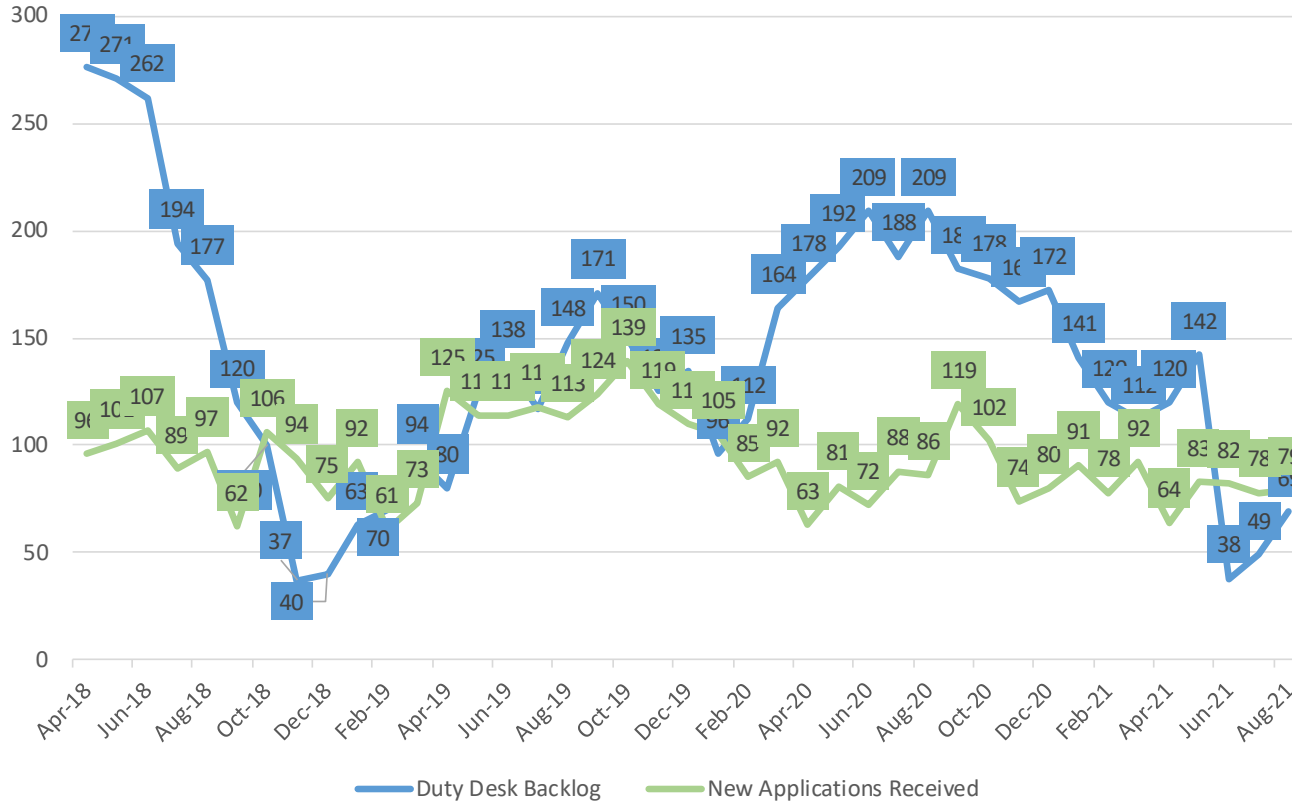
120 Determinations completed
4 awaiting response
80% responded to within 7 days

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

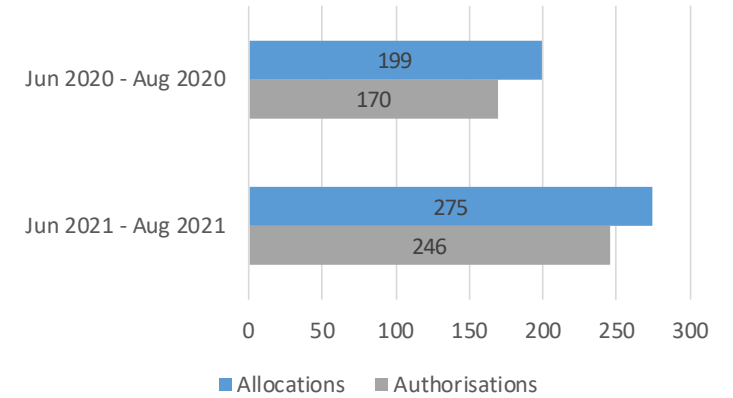


Timeliness of Deprivation of Liberty Assessments

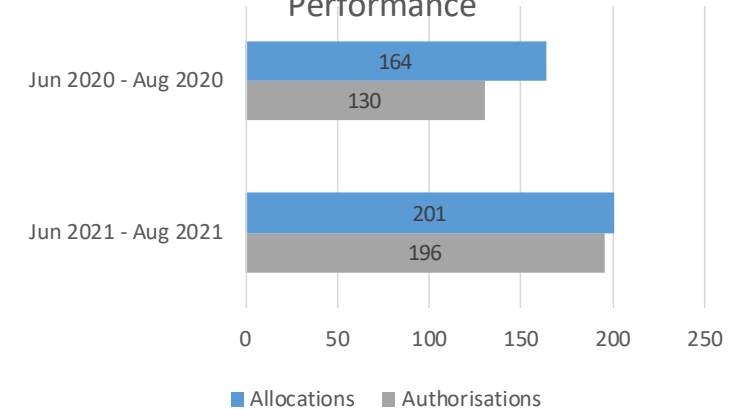
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



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

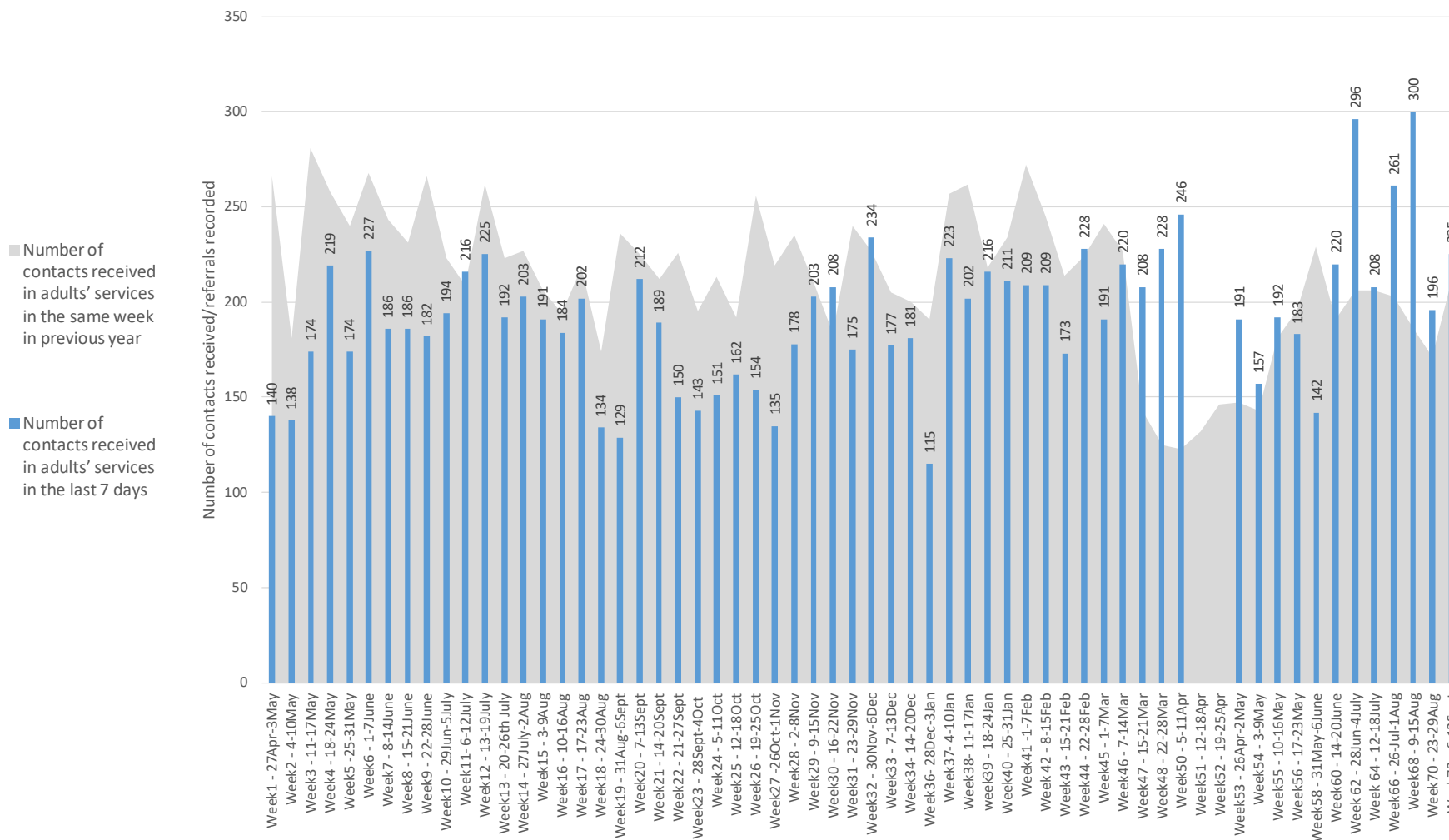


Weekly Welsh Government Adult Services Submission in Response to Covid19

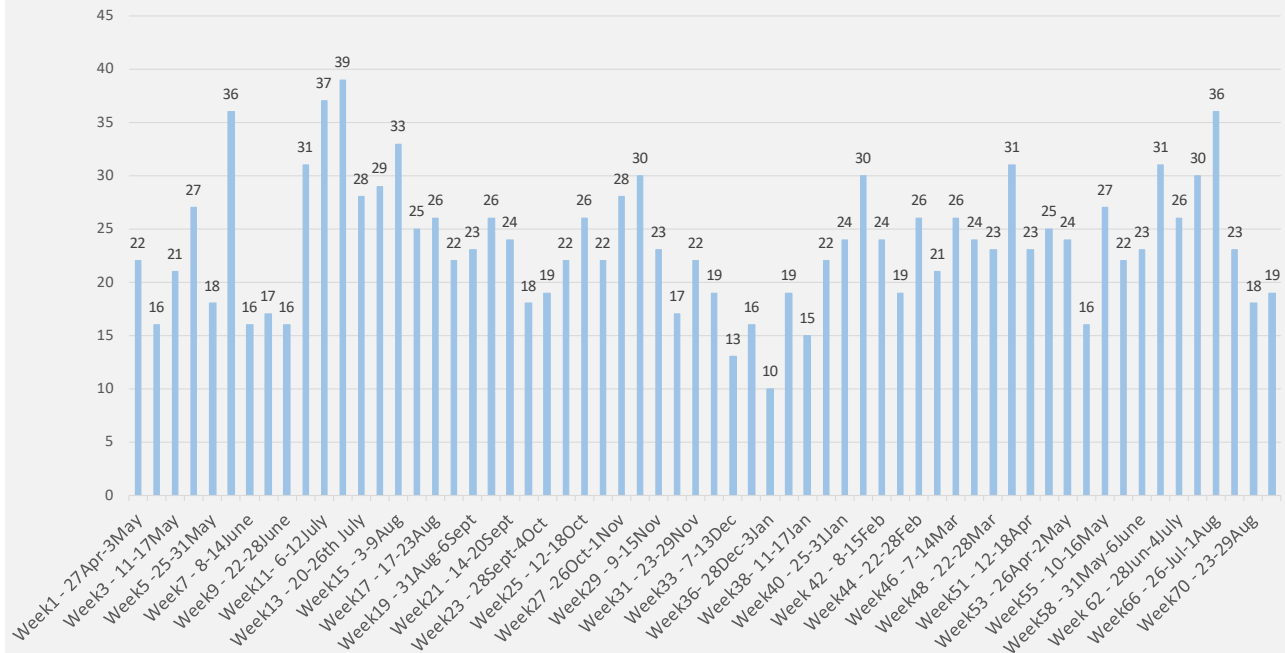
Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19, this has recently been changed to fortnightly (from week 64). The data has been gathered for 72 weeks to date. Data for Week 35 (Christmas Week) and Week 49 (Easter Week) were not submitted at the request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

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

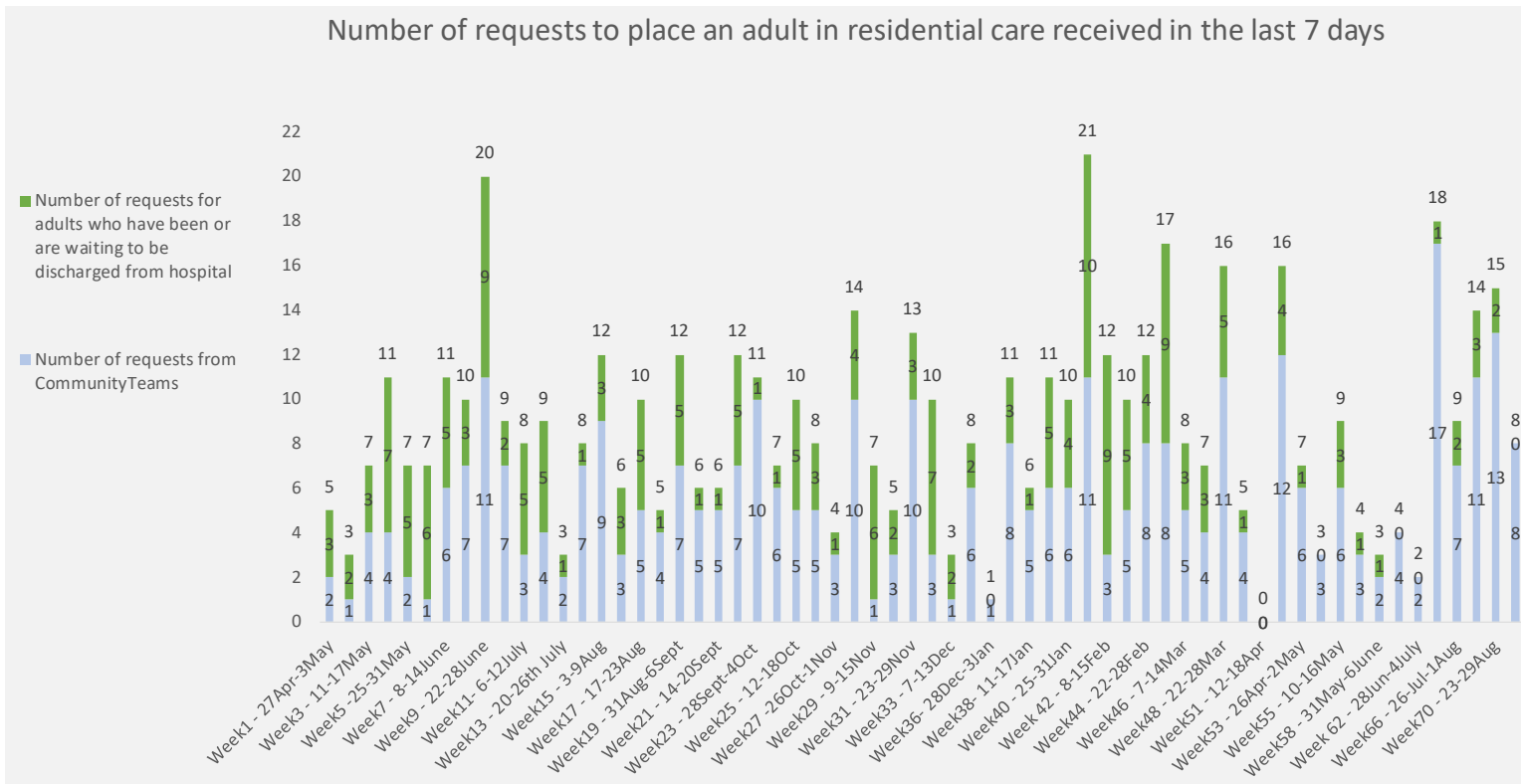
As agreed with Welsh Government, figures include Safeguarding, DOLS and PPN referrals that since August go directly to the Safeguarding team rather than via CAP



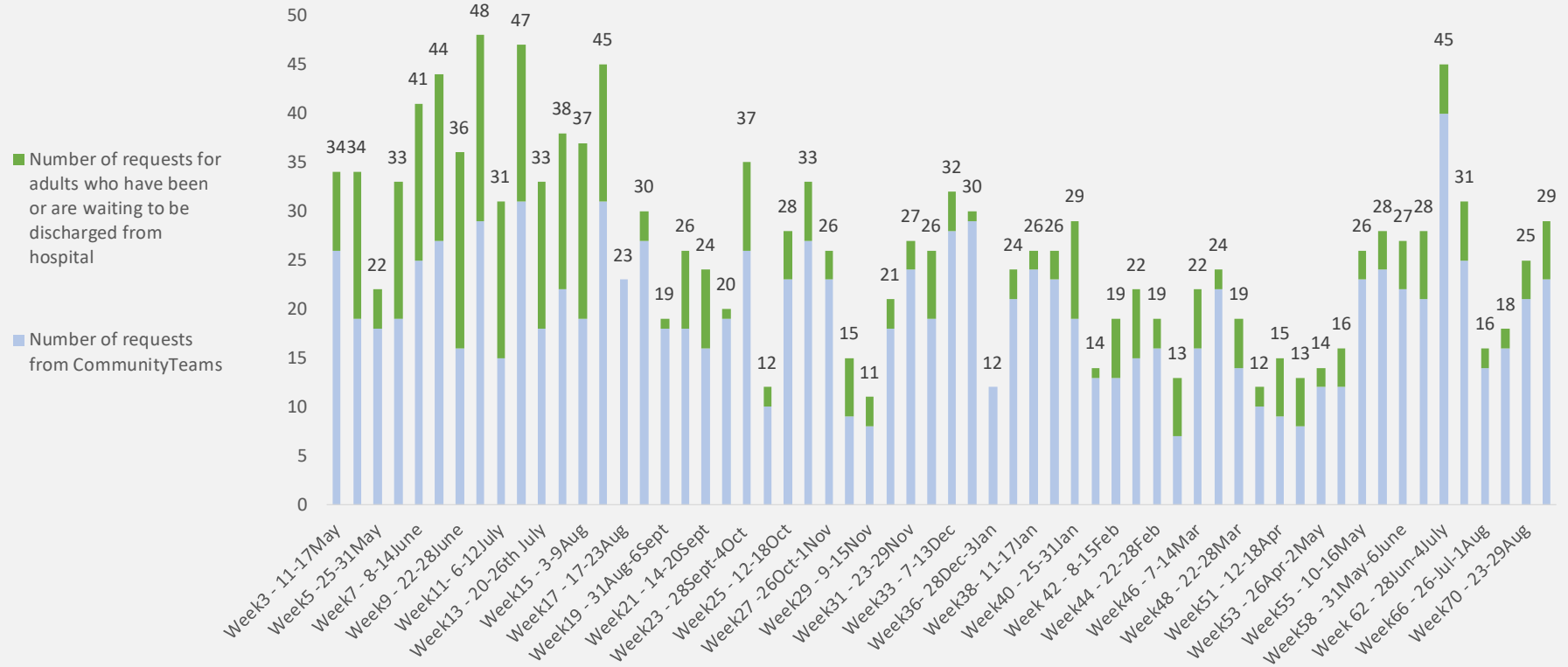
Number of Safeguarding Reports received in Adult Services in the Last 7 Days



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



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



Between 27 Apr 20 – 13 Sept 21

73

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

