



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

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Date 31 January 2022
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BY EMAIL

cc Cabinet Members

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

Dear Cllr Child

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

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

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

The main issues discussed are summarised below:

Update on Management of Covid and Performance Monitoring

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

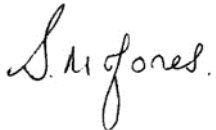
I emphasised once again how grateful the Panel is to all staff and stated how very fortunate we are in Swansea.

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Your Response

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

Yours sincerely

A handwritten signature in black ink that reads "S. Jones." The signature is written in a cursive style with a large initial 'S' and a small 'J'.

SUSAN JONES
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