

Adult Services
Summary Management
Information Headline Report
Data for July 2022



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 strengths, prevention, early intervention and enablement. 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 2022/23

1. Better Prevention and Better Early Help
2. Keeping People Safe
3. Enabling and Promoting Independence
4. Integrated Services
5. Financial Efficacy

Amy Hawkins, Head of Adult Services Summary

Across services there is a continued focus on recovery and transformation. This has included a focus on the Practice Framework and two new Quality posts have been recruited to support with this. The Internal Residential Care Strategy and this has included work to increase resilience in the Resource Support Team who provide cover across all direct delivery service provision and a proposal for increased complex dementia residential care has been submitted. The LD review is looking at a range of day support options and the Early Help and Prevention programme is in development, focusing initially on the 'as is' and gap identification.

The number of Carers Assessments overall is increasing and further work is ongoing to ensure the resource requests and needs are incorporated into commissioning plans for Carers.

There has been no improvement to report in the external Dom Care market, there is a growing waiting list and shrinking provider capacity along with rapidly increasing costs. The Commissioning team are reviewing services and models and the pilot block contract arrangements for rural and hard to reach areas has increased capacity, although provider hand backs has taken up the majority of this. More hand backs have been confirmed from other providers and there are concerns about delivery in coming months. Additional uplifts and subsidies to address cost pressures are being explored both in Dom Care and Residential Services and regional approaches.

Internal services have been able to increase the availability of respite beds and provide a timely response to emergency placements.

The Direct Payment team are reviewing all processes to improve the timely implementation of DPs, increase awareness and take up of DPs, although there are a number of challenges currently in relation to the payroll provision which is taking up resources to resolve.

Within the Safeguarding Team the consultations continue to rise and advice and guidance is provided. The DoIS team is continuing to keep the backlog low with the use of independent BIA's, although access to Section 12 Doctors remains a challenge.

Helen StJohn, Head of Integrated Services Summary

July has been a challenging month for the regional health and care system and has been reflected in the consistent high level of escalation reported through the Regional Integrated Escalation Framework each week (level 4 risk score 20). The level of seasonal annual leave overlaid on the high number of vacant posts and sickness absence has had an impact on performance levels in a number of areas.

Social Work activity has continued to be stable overall with a further increase to the number of reviews being completed on the June activity. Additional demand in the form of domiciliary care hand backs has been experienced during July.

It is pleasing to see an increased flow through the bedded reablement at Bonymaen House given the compromised infection control / incident status during this month. Of the 14 individuals who returned to their own homes 12 required no ongoing care support – the establishment has also demonstrated flexibility to support high levels of hospital escalation both in terms of numbers of admissions per day and hours of admission acceptance.

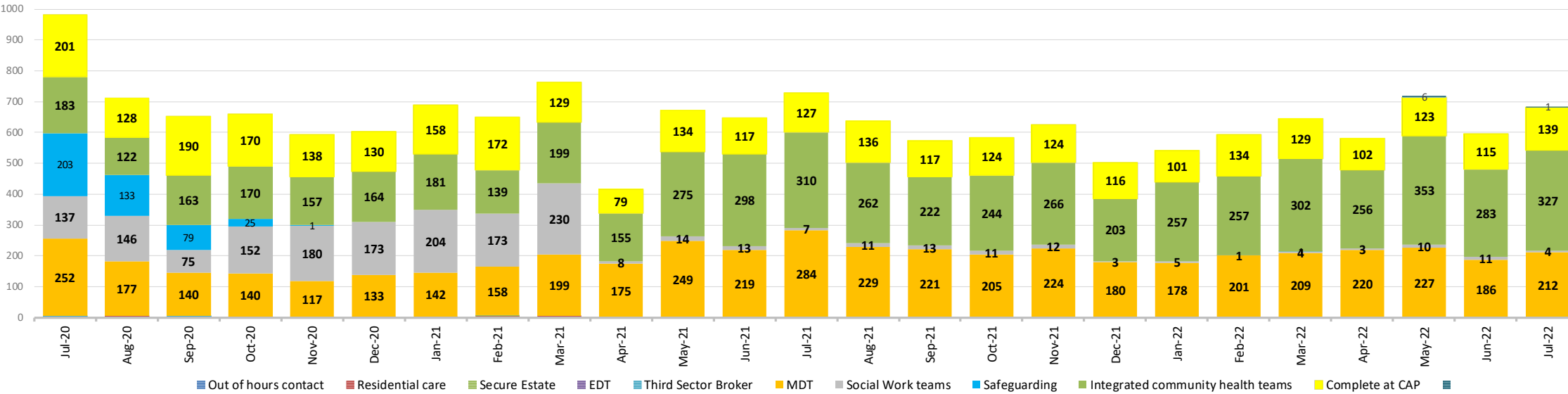
The area of most concern this month has continued to be the Homecare service which has been hugely impacted by staff sickness, increased resignations and seasonal annual leave – huge efforts have been required to simply maintain the service provision for those individuals already in service however despite this the team has still managed to take some admissions and the proportion leaving with no care continues to slowly increase. The paucity of care support has necessitated alternative support offers to be made to individuals in the form of therapy only support (dependent upon family bridging the care component) so the total amount of dom reablement support delivered was in reality in excess of that delivered by the Homecare part of the pathway offer. Despite this however the figures for July demonstrate a significant decrease in the number of individuals admitted to the service and also those receiving support. The limited flow out from the service for those requiring ongoing care support continues to absorb reablement capacity.

Overall, the activity levels in the July report demonstrate the impact of significant staffing deficits. Sickness absence levels have started to reduce during August and in conjunction with an improved annual leave position we aspire to demonstrate an improved position during August 2022.



Common Access Point

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



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. **99 referrals (AAR, PPNs & Suicides) were recorded directly in the Safeguarding team in July (93 In June).**

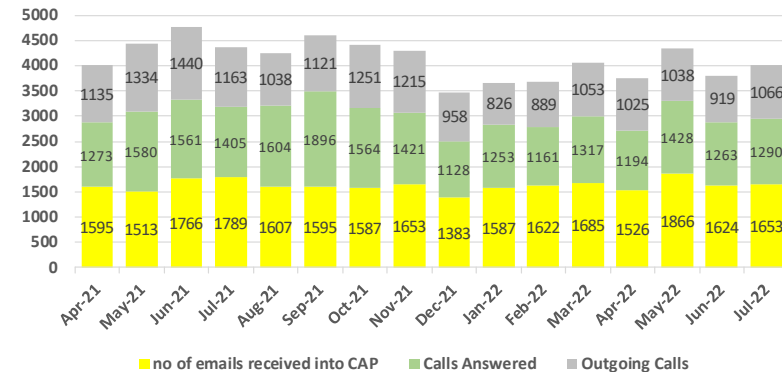
595 Referrals in Jun 22 683 Referrals in July 22

115 Closed - Provided Advice & Information (19%)
186 MDT(31%)
11 directly to SW Teams (2%)
283 to integrated therapies (48%)

139 Closed - Provided Advice & Information (20%)
212 MDT (31%)
4 to SW Teams (0.5%)
327 to integrated therapies (48%)
1 to Carers Centre (>1%)

728 Referrals were created by CAP in July 2021

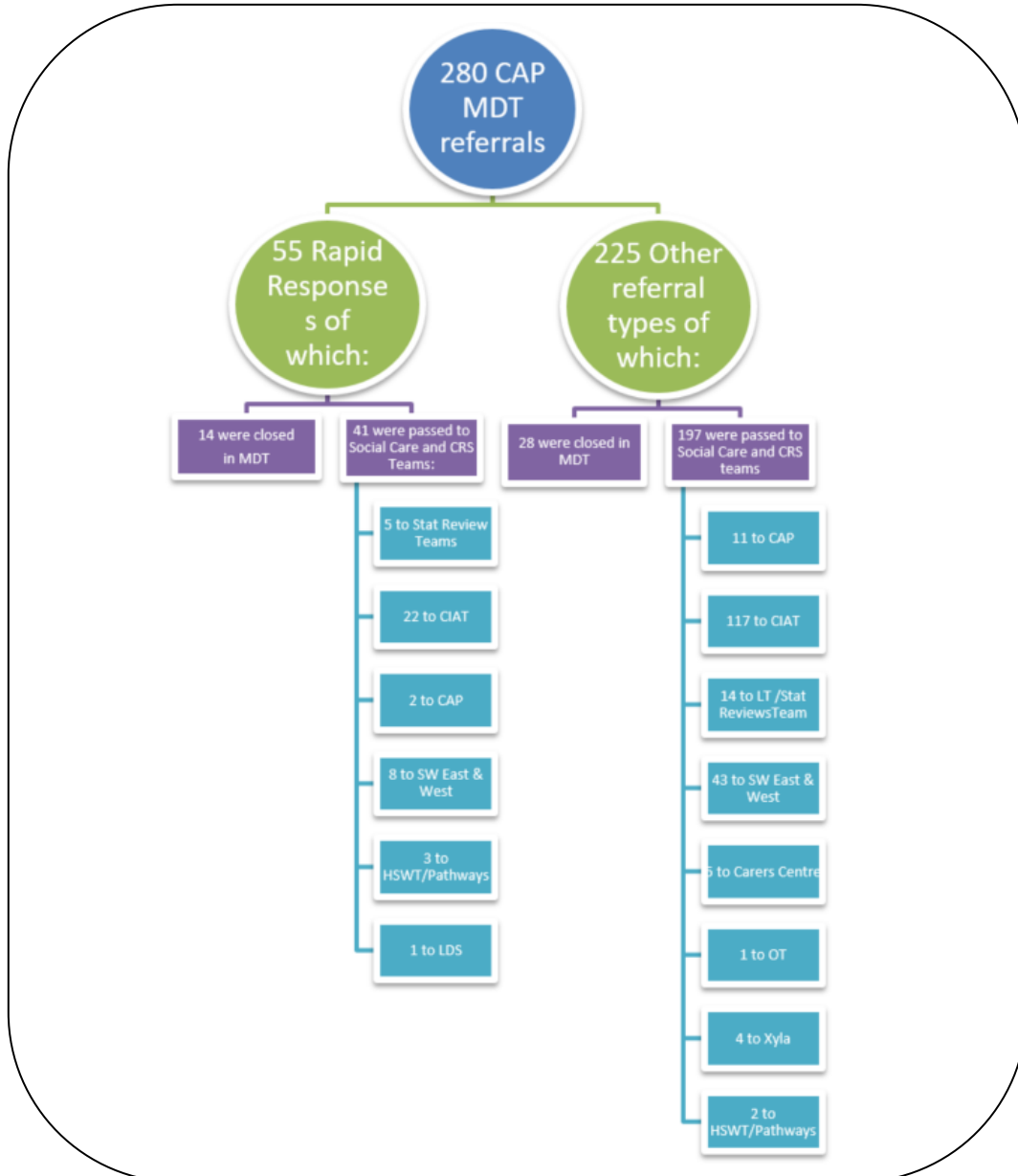
Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received



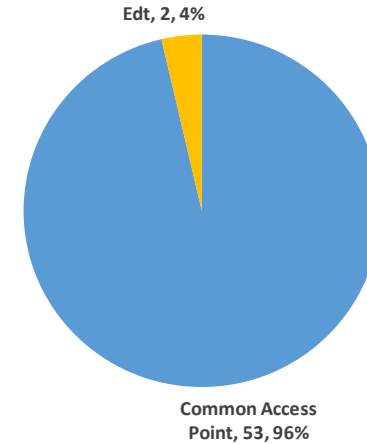


CAP MDT

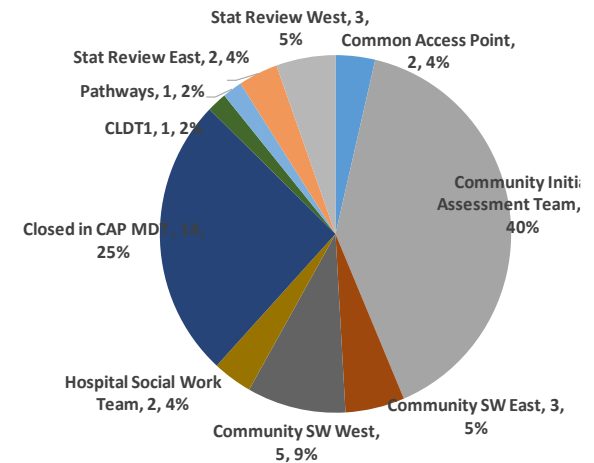
CAP MDT Data for July 2022 – further development & validation work is being undertaken



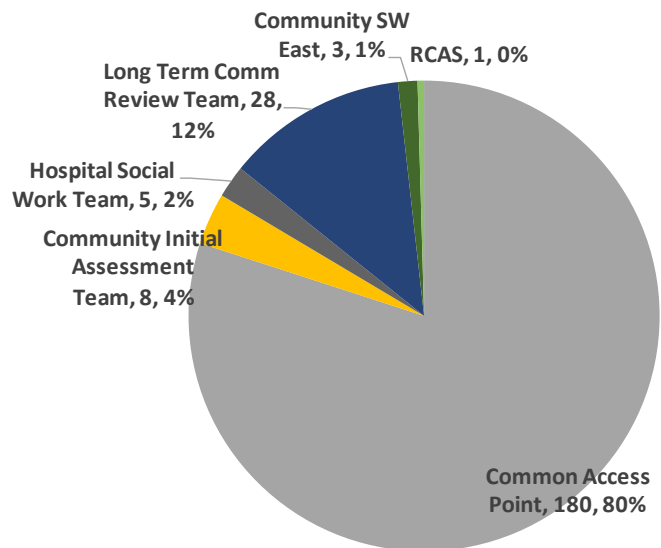
Sending team of Rapid Response Referrals Passed to CAP MDT



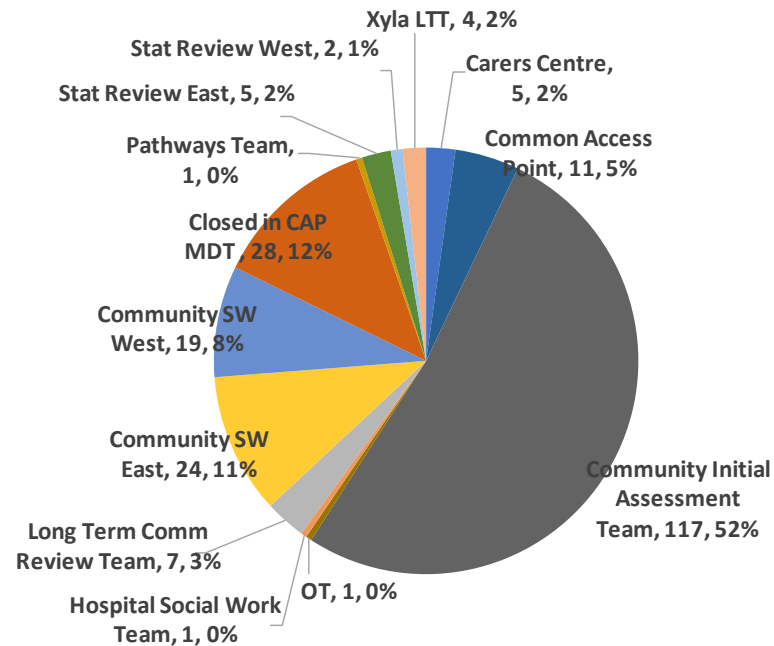
Rapid Response Referrals Closed in CAP MDT or Passed to Other Teams



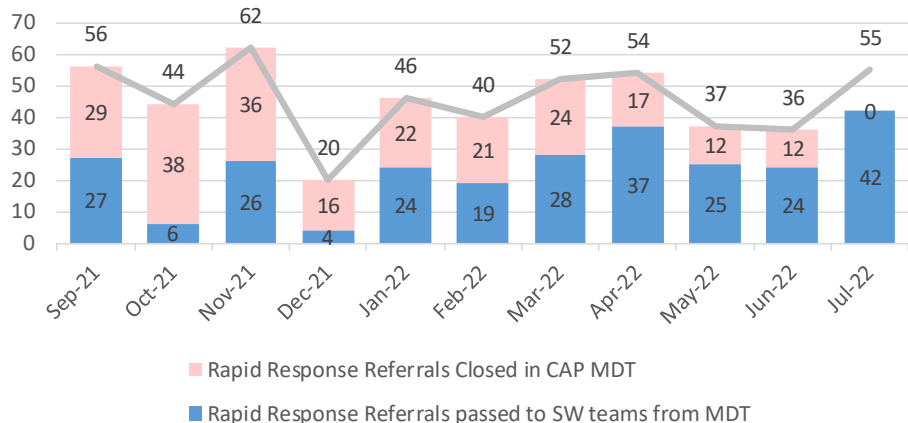
Sending team of Non RR Referrals Passed to CAP MDT



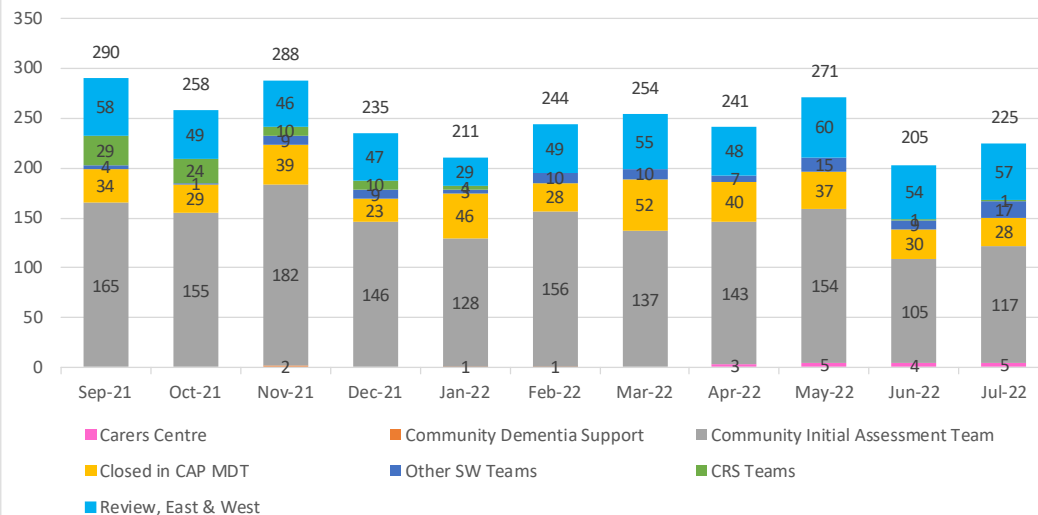
Non RR Referrals Closed in CAP MDT or Passed to Other Teams



Rapid Response Referrals into CAP MDT and Outcome



Non Rapid Response Referrals in MDT and their Destination



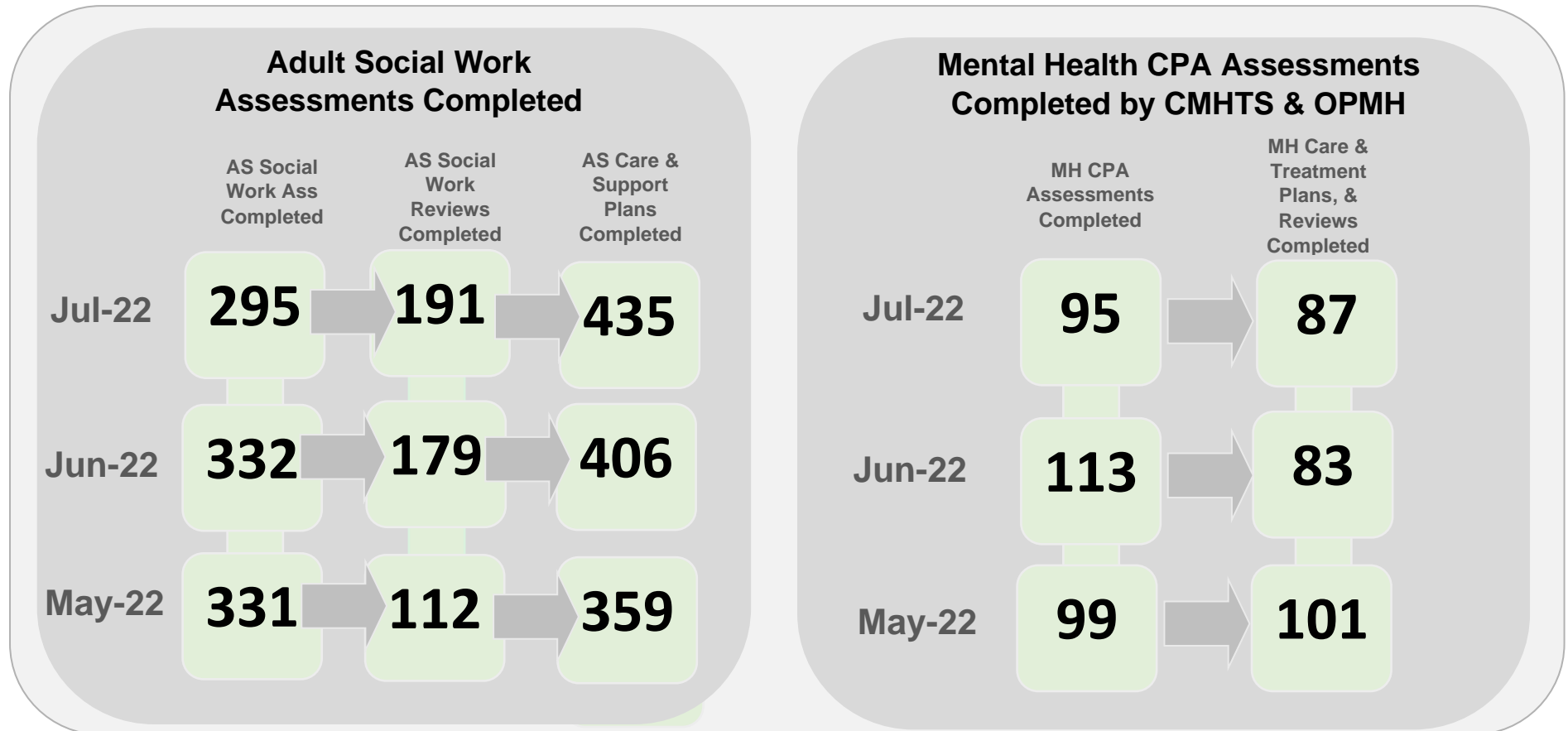
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> We are proud of the team in CAP and their resilience to the demand on the team in the past few weeks. We are continuing to develop our working relationship with the 3rd sector. SCVS attended our meeting last Friday. We are also continuing to develop our early help offer. 	<ul style="list-style-type: none"> We are worried about the increase in demand in the team over the past month We are worried that 2 full time A&I Assistants will be leaving CAP at the beginning of September. This will put an additional strain of the existing Team. We continue to be worried about the CPN post no longer being in CAP and the affect this is having on the service we provide. 	<ul style="list-style-type: none"> We are exploring solutions with Therapy Managers in relation information shared with Health professionals (GP, District Nurses and the acute clinical teams) Therapy Managers to share their criteria, so we reduce some demand on CAP in relation to inappropriate queries. The vacancy monitoring form has been completed ready to be advertised for 2 x A&I Assistants We have arranged to meet with Health to discuss the CPN post on 02/09/2022

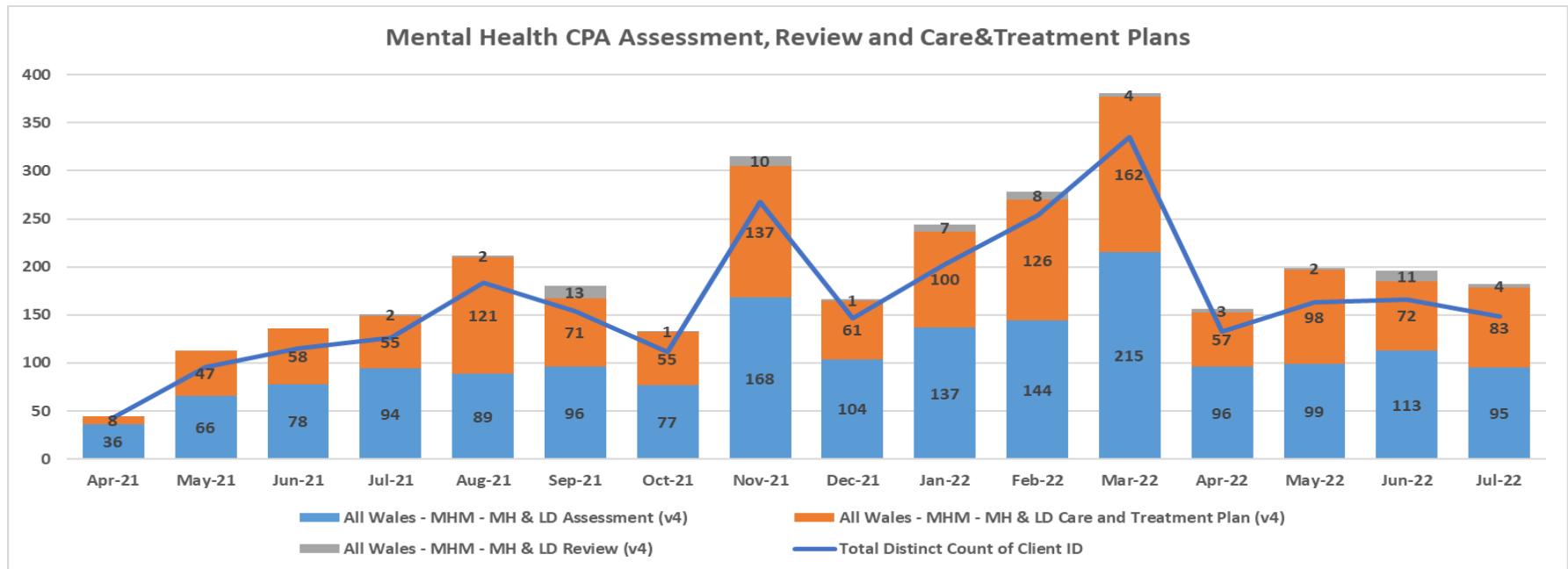
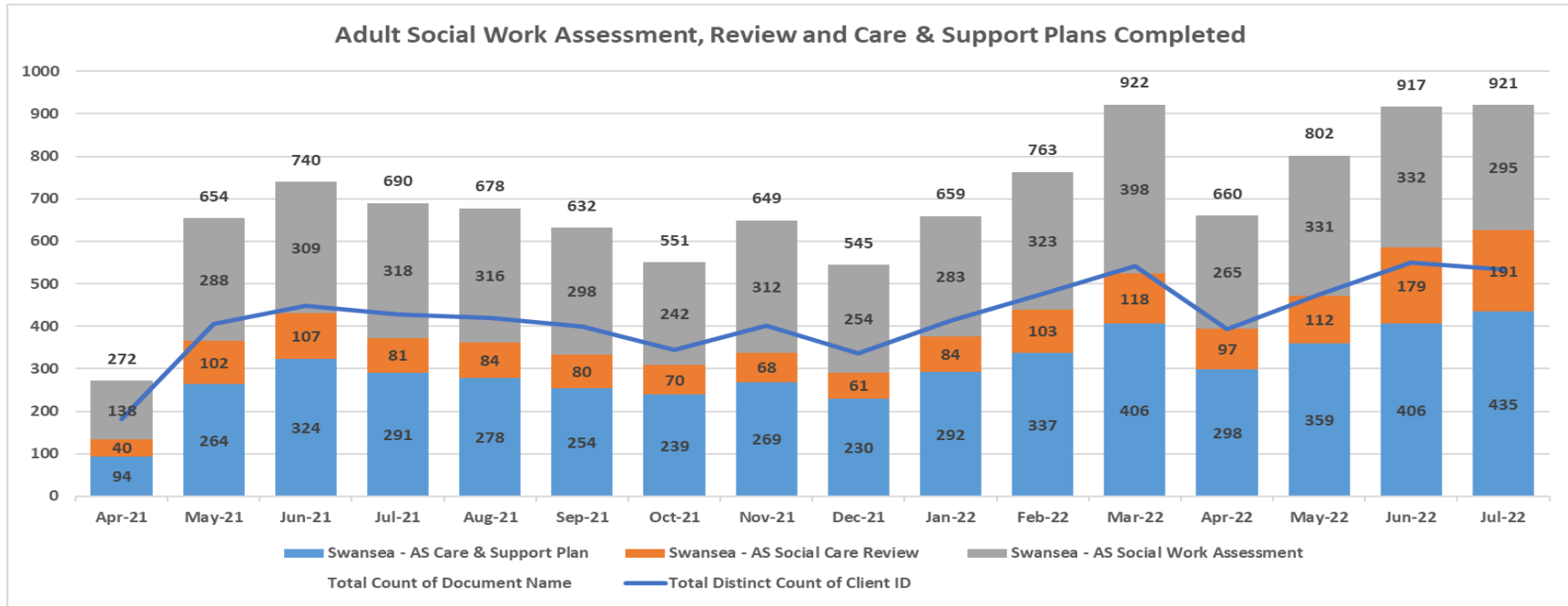


Assessments & Reviews

Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.





Community Teams:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Positive steady social work engagement over holiday period continuing to strive to meet the demands in social services. • The statutory reviews team has exceeded expectations and continue to positively perform to meet the statutory function. 	<ul style="list-style-type: none"> • Social work staffing retention has, and will continue to have, an impact on the capacity to meet the assessment demands within the department. • Social Work recruitment has hit an all-time low with many unfilled vacancies across community teams putting pressure on currently depleted workforce. 	<ul style="list-style-type: none"> • Continue to promote Swansea as a positive council to work and live. • Utilise other departments to promote positive advertising of vacant posts. • Continue to praise good work and resilience across the department.

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Assessment and in date care plans are improving in LD and MH services. • We continue to provide packages of care and support to people daily as well as prioritising those in greatest need. • Safeguarding of vulnerable people remains a priority and there are regular weekly meetings to discuss service priorities such as respite and day support services. 	<ul style="list-style-type: none"> • Strain on services appear to be high presently due to a lack of available staffing. This is due to significant levels of long-term illness in some areas, summer holiday leave and vacant posts. This is putting strain on the AMHP service where one of the Locum AMHP has given notice from the 18.08.22. 	<ul style="list-style-type: none"> • SW agency XYLA are supporting LD services with assessments and reviews as well as CoP work. • Advertising for permanent posts continue with readvertising as necessary with support regarding the advertising process and content to improve post attractiveness. • A case has been made for the one remaining Locum AMHP to remain in post longer to support the service and meet our legal obligations.



Carers and Carers Assessments

Updated Carers Information:

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

147

carers identified in July 22

125 offered assessment (85%)

75 assessments/reviews undertaken

37 Carers who declined an assessment had previously been offered/had assessment undertaken in the past 12 months
8 of the MH Carers identified who weren't offered an assessment were not in attendance at the assessment

165

carers identified in June 22

149 offered assessment (90%)

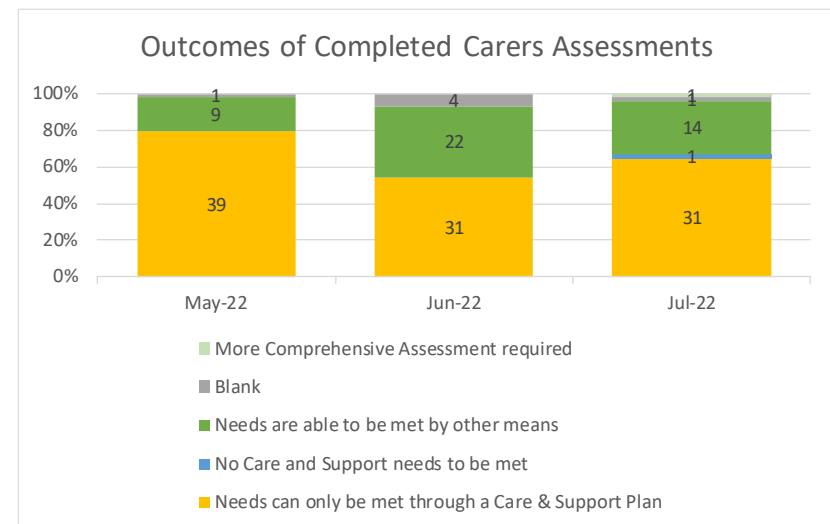
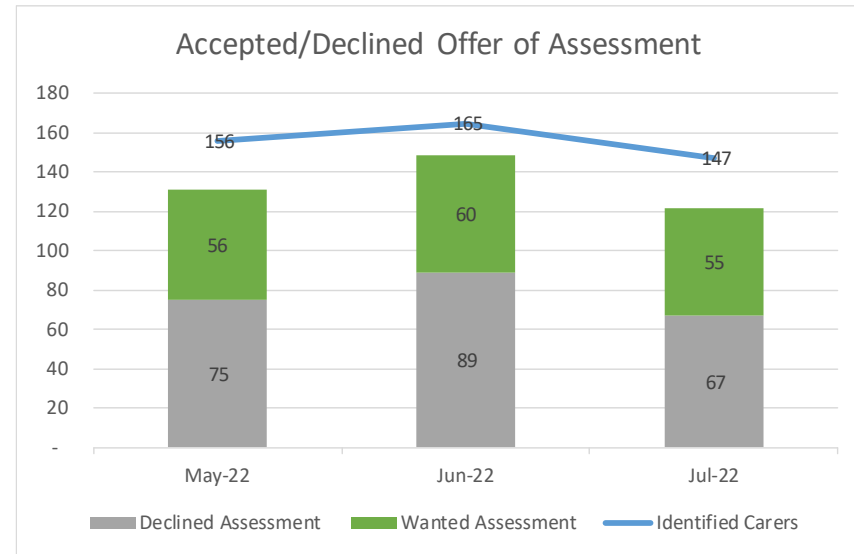
77 assessments/reviews

156

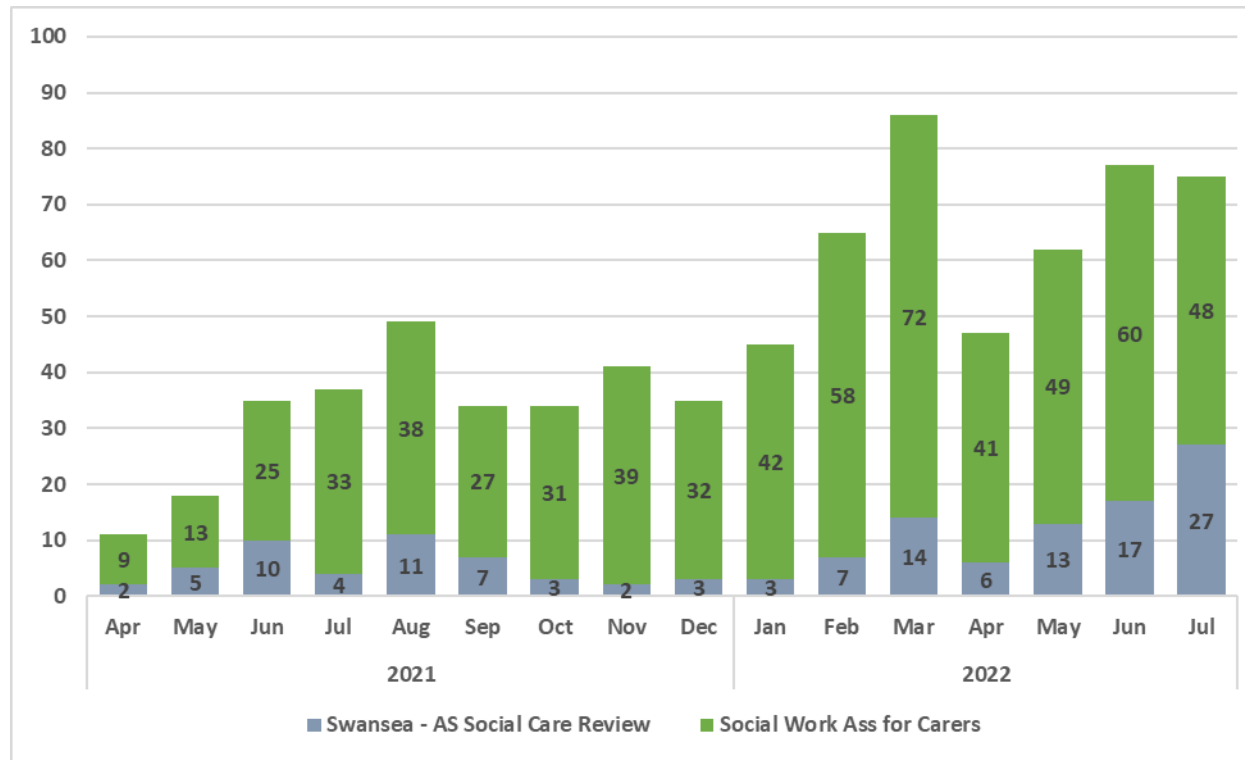
carers identified in May 22

131 offered assessment (84%)

62 assessments/reviews



Carers Assessments and Reviews completed



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Carers Assessments overall are increasing due to positive training awareness, promotion of this statutory responsibility and the Carer Assessment partnership project. 	<ul style="list-style-type: none"> Data is lost due to inconsistencies within recording tools and may be impacting on number of assessments completed. 	<ul style="list-style-type: none"> Co-produced working groups planned to make positive improvements in recording tools.



Residential Reablement

During May, June & July Residential Reablement services in Bonymaen had an overall percentage of 84% of people returning to their own homes, independently and with care packages.

23

**Admissions
(Jul 22)**

20 from Hospital
3 Community

18

**People left residential
reablement (Jul 22)**

14 people left residential reablement
in July 2021

14

**People went home
(2 with care, 12 with no care)**

3 Hospital, 1 Deceased



10

**Admissions
(June 22)**

7 from Hospital
3 Community

8

**People left residential
reablement (June 22)**

14 people left residential reablement
in June 2021

7

**People went home
(0 with care, 7 with no care)**

1 Residential Care



13

**Admissions
(May 22)**

12 from Hospital
1 TBC

12

**People left residential
reablement (May 22)**

19 people left residential reablement
in Apr 2021

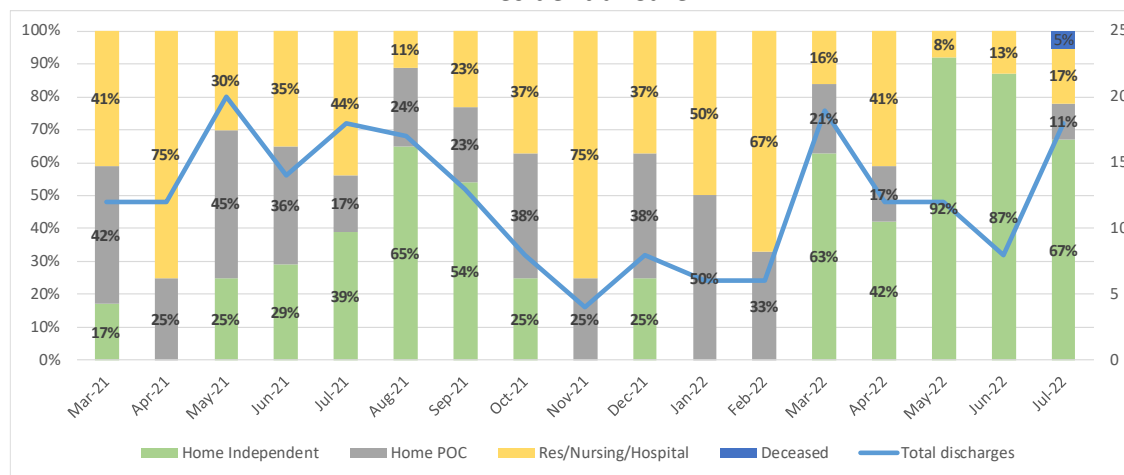
11

**People went home
(0 with care, 11 with no care)**

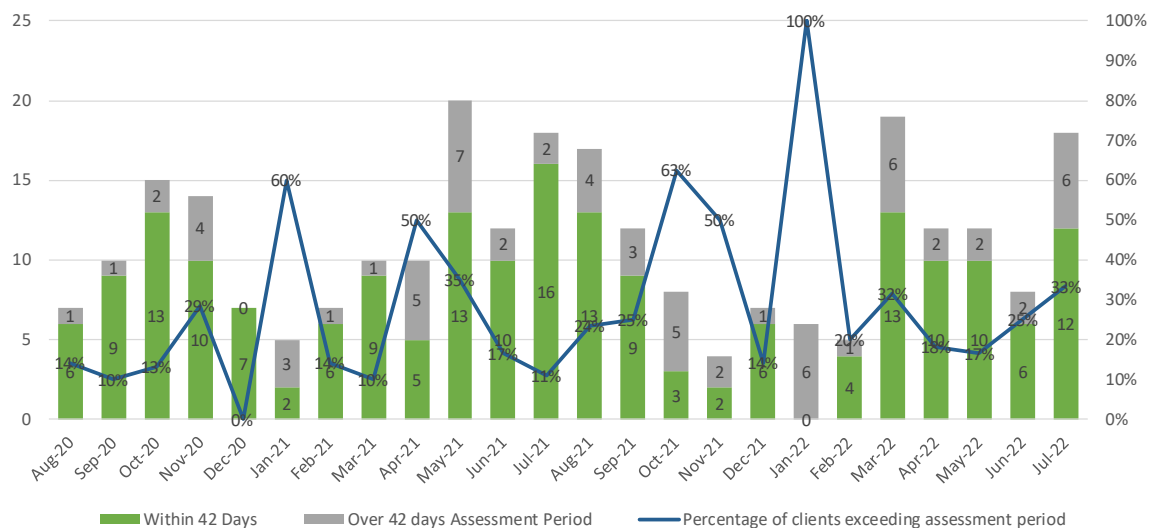
(1 of the above is being bridged by family
awaiting a POC)
1 Residential Care



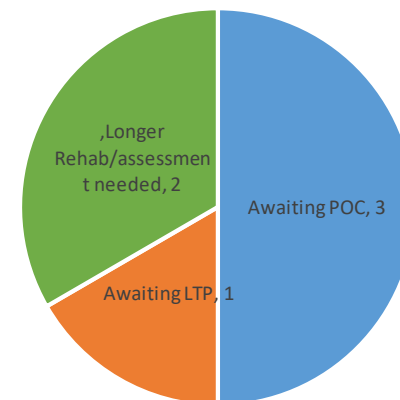
Percentages Leaving
Residential Reablement
& Outcomes



Bonymaen House - Total Discharges each month Within and over Targeted 42 Day Assesments period



Reasons for Discharge Over 42 Days in July 2022



What is working well?

- High percentage of people returning home without a package of care, third month running.
- 100% requests met within the agreed response time for the service.
- Increase in admissions and discharges demonstrating good flow through.
- Efficient response to demand from hospitals for admissions, despite a variety of barriers (see next column).
- Very positive feedback from ex-residents and families on the difference the intervention of the service has made, increasing independence, returning home without the need for a POC (and therefore delay in returning home).

What are we worried about?

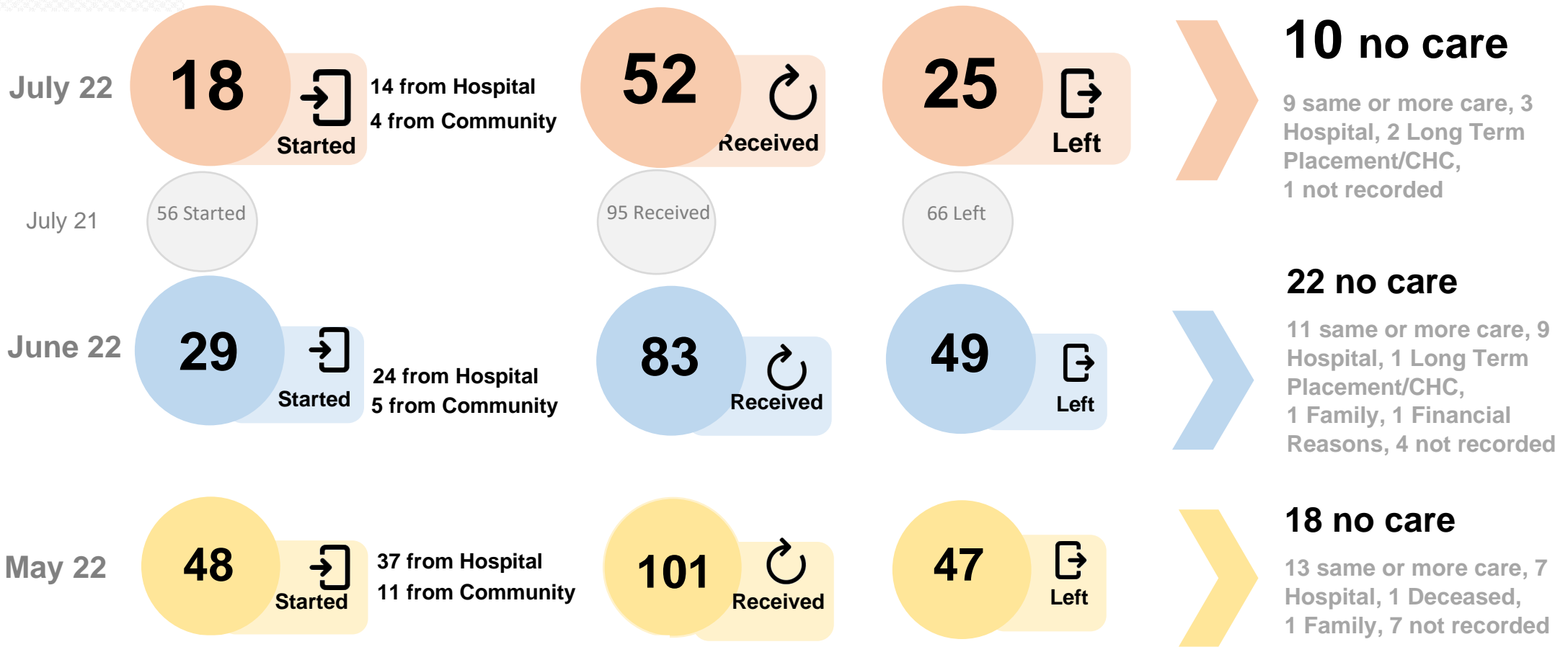
- Level of acuity in referrals, therefore needing a period of recuperation before reablement, demonstrated by longer assessment period.
- Continued staffing shortages due to Covid, other illnesses, within Bonymaen and across the supporting services and disciplines, and limited POCs available, resulting in fluctuating performance re: capacity, flow out of the service.

What we are going to do?

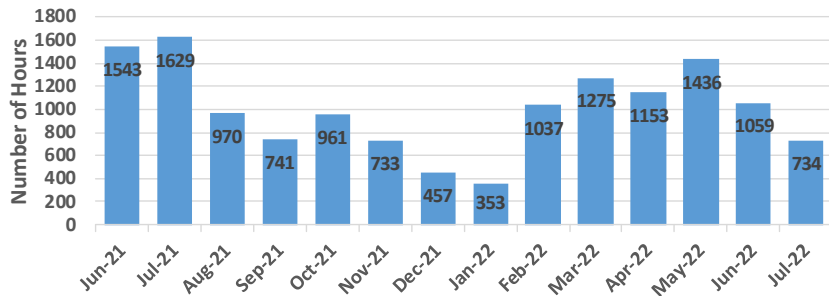
- Regional Pathway 3 group will develop a paper to evidence.
- Regional P3 group, via IPC workshop (delayed until Sept), will consider need for enhanced capacity based on demand and different models e.g. step down facility prior to reablement due to current issues experienced in Bonymaen House with acuity.
- Continued recruitment.



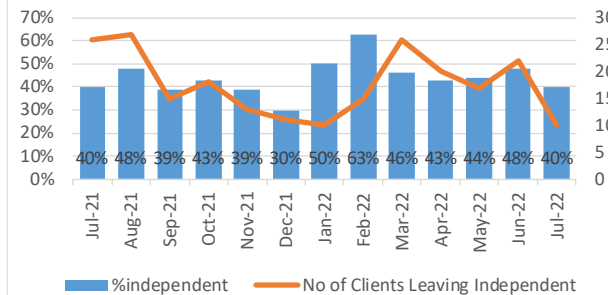
Community Reablement



Hours of Reablement Provided a Month



Percentage leaving Community Reablement Independent

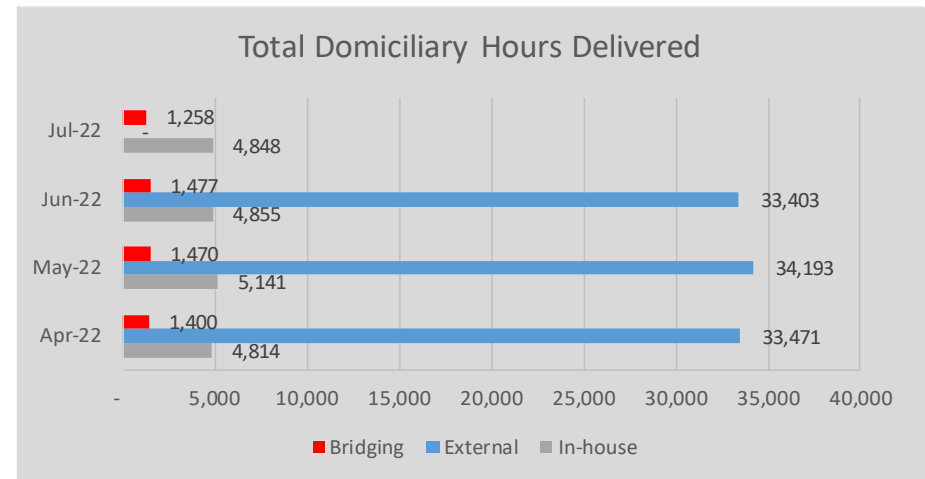
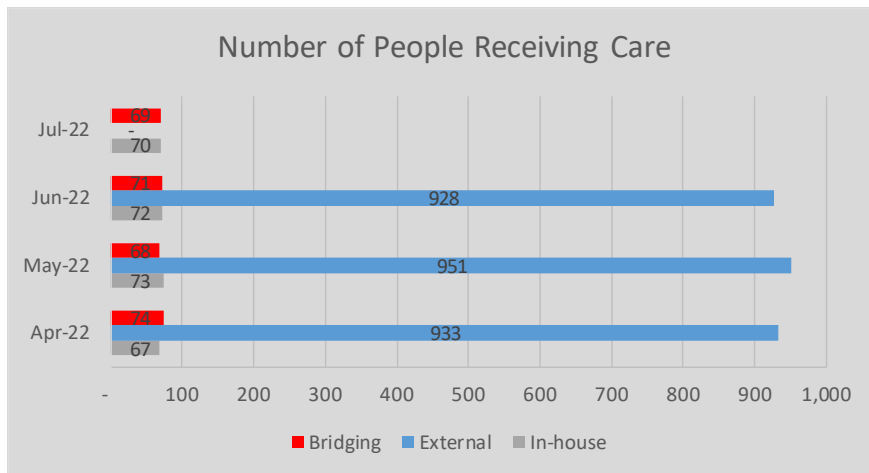
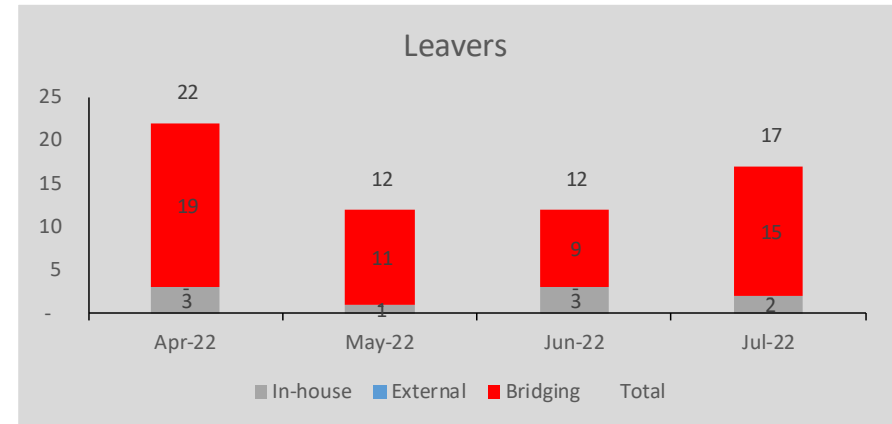
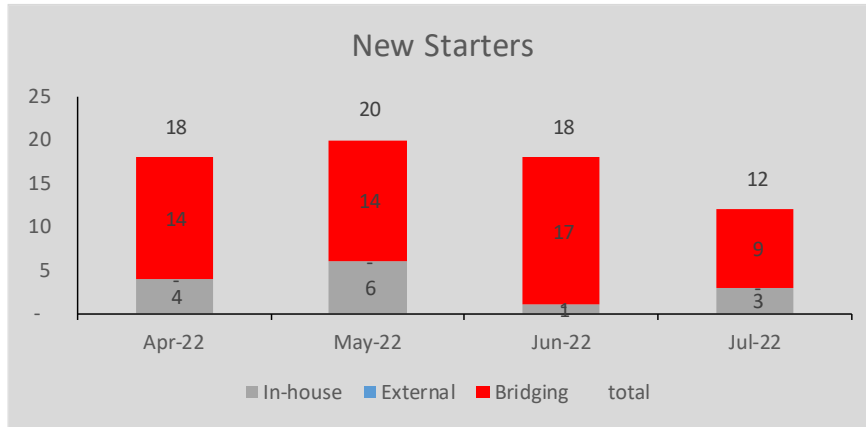


What is working well?	What are we worried about?	What we are going to do?
<p>Homecare Managers and Senior Community Care Assistants in-Reablement team have moved accommodation at Gorseinon Hospital to the MDT corridor. Positive feedback from the MDT screening and Homecare that communication has improved.</p> <p>Continued ability to 'flex' our service offer, in light of changing carer capacity, to sustain support to vulnerable adults in service thus reducing the need for admission to hospital or placement.</p> <p>Staff from our Reablement teams have been supporting across our long-term service to cover staff absences in those teams (as part of our contingency planning arrangements).</p> <p>Daily planning meetings are improving communication across the service and help identify capacity in LTC to bridge calls and start new POC.</p> <p>We have seen a decrease in the numbers of staff off with Covid related absence.</p> <p>Numbers of individual waiting on the duty desk is reducing.</p> <p>Return to face-to-face team meetings and supervisions.</p>	<p>Working our Reablement staff in long-term complex meant that we had reduced carer capacity in Reablement with which to offer reablement care and support.</p> <p>Ongoing delays in securing long-term maintenance packages of care and support from externally commissioned providers is also restricting capacity to accept new referrals into service, leading to longer waits for Reablement care and support.</p> <p>The slight upward trend of Community Care Assistants resigning from the service continues.</p> <p>Due to the increase of complex cases in Homecare CCA's are reporting an impact on their well-being. The complexity is also proving both quite challenging and time consuming on the Senior Community Care Assistants.</p> <p>Decrease in hours of Reablement care delivered during July. Due to more staff taking annual leave during the summer months.</p>	<p>We are monitoring levels of staff absence closely.</p> <p>Daily planning meetings are happening to ensure that all care and support calls are covered and to enable early identification of sustainable capacity within the Reablement Service with which to accommodate new admissions into service.</p> <p>Recruitment activity is underway to fill community care assistant vacancies within the service and increase carer capacity.</p> <p>Actively working with Staff Development to purchase external Positive Behaviour Management training.</p> <p>Grade 9 training post is currently out to advert for Homecare.</p> <p>CCA staff consultation has been extended a further two weeks to 26/08/2022. We hope to be in the position at the end of consultation to move all CCA's onto a Grade 6.</p> <p>Monitor annual to ensure the correct percentage of staff are taking leave and not allowing a higher percentage off.</p>

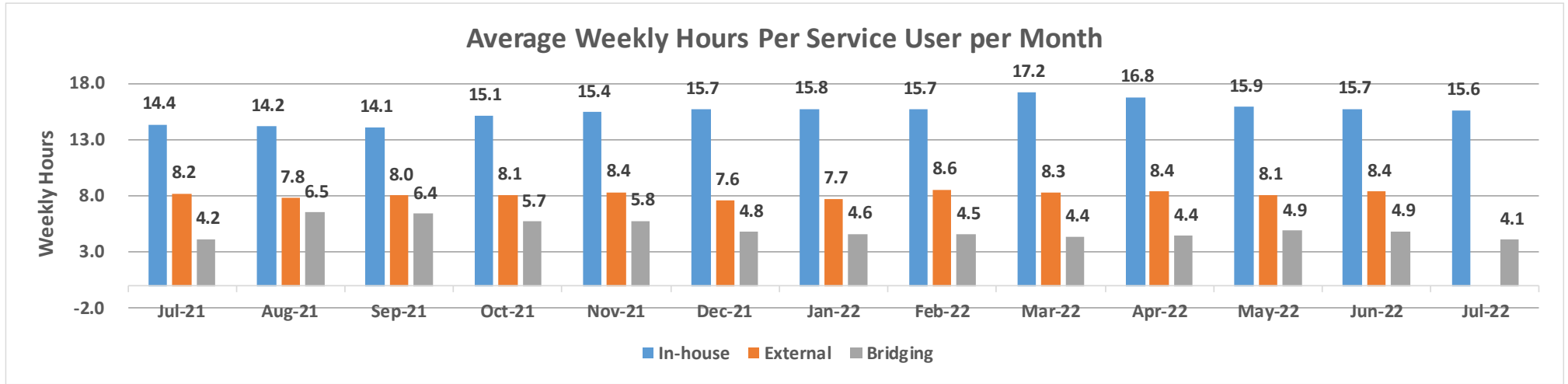


Long Term Domiciliary Care

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. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing

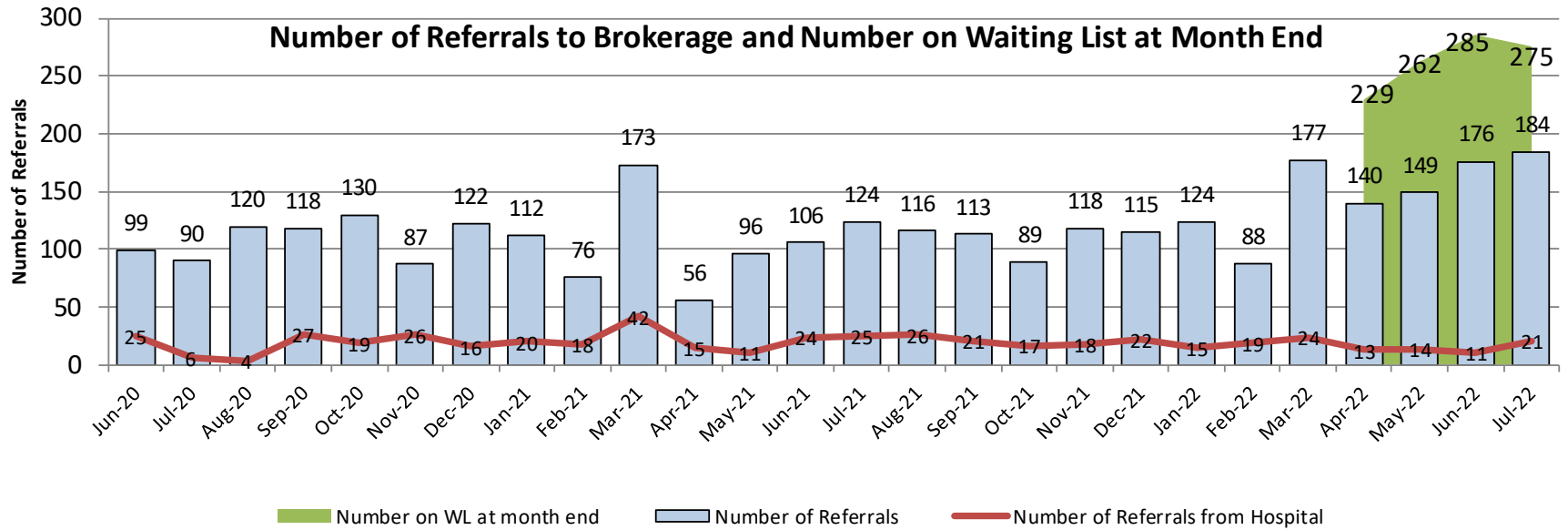


Average Weekly Hours Per Service User per Month



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

Number of Referrals to Brokerage and Number on Waiting List at Month End



External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Implementation of block contract arrangement for rural and hard to reach areas to significantly increase care capacity. • Implementation of subsidies to cover rising fuel costs. • Partnership working with Providers to evaluate rising costs and rates of pay necessary to recruit and retain workforce. 	<ul style="list-style-type: none"> • Growing waiting list for care and shrinking provider capacity. • Rapidly increasing costs • Ongoing workforce recruitment and retention pressures. • Hand-backs from 2 providers which can be accommodated using additional capacity created by block contract. 	<ul style="list-style-type: none"> • Review service and commissioning models to achieve more sustainable and stable services • Explore additional uplifts / subsidies to address other unforeseen cost pressures • Explore regional approaches to address dom care pressures • Develop ways to increase social care workforce

Internal Long Term Care:

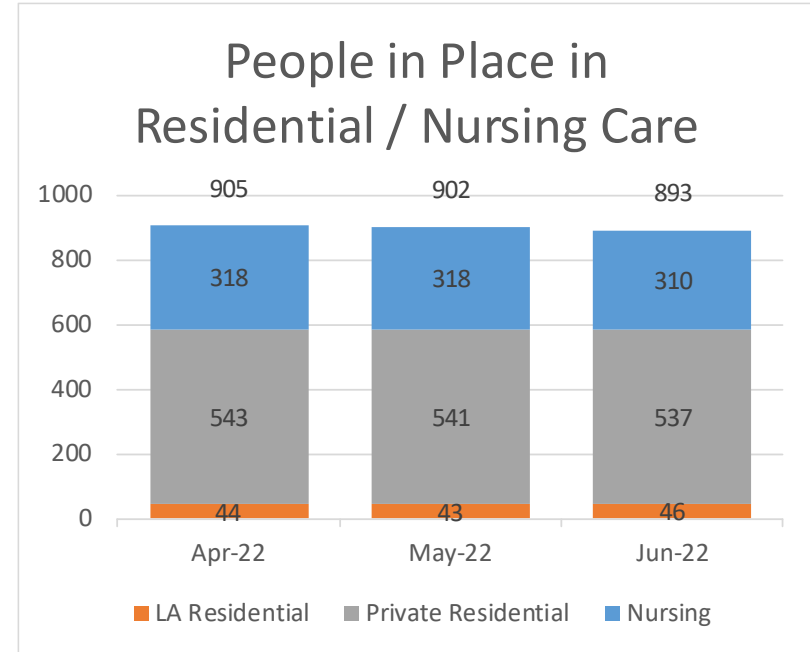
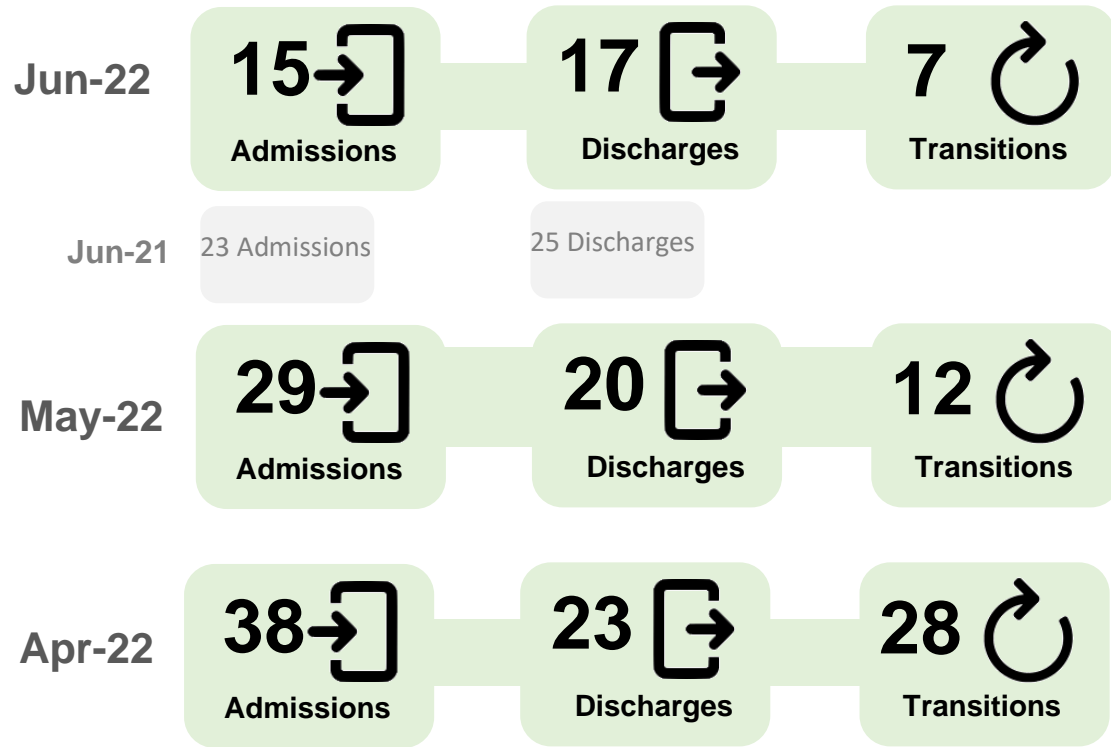
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Ability to sustain long term packages of care and support in spite of increased staff absence - See Reablement Service p15. 	<ul style="list-style-type: none"> • See Reablement service p15. 	<ul style="list-style-type: none"> • See Reablement service p15.



Residential/Nursing Care

We have worked with the finance teams and fully revised our methods to ensure accurate information. Alternative methods of gathering this data are being investigated to see if we can get faster accurate data. WCCIS is being developed to fully meet requirements for internal & external residential care and reports have been developed. We are in the process of ratifying data.

Previous months information is updated as systems are updated.

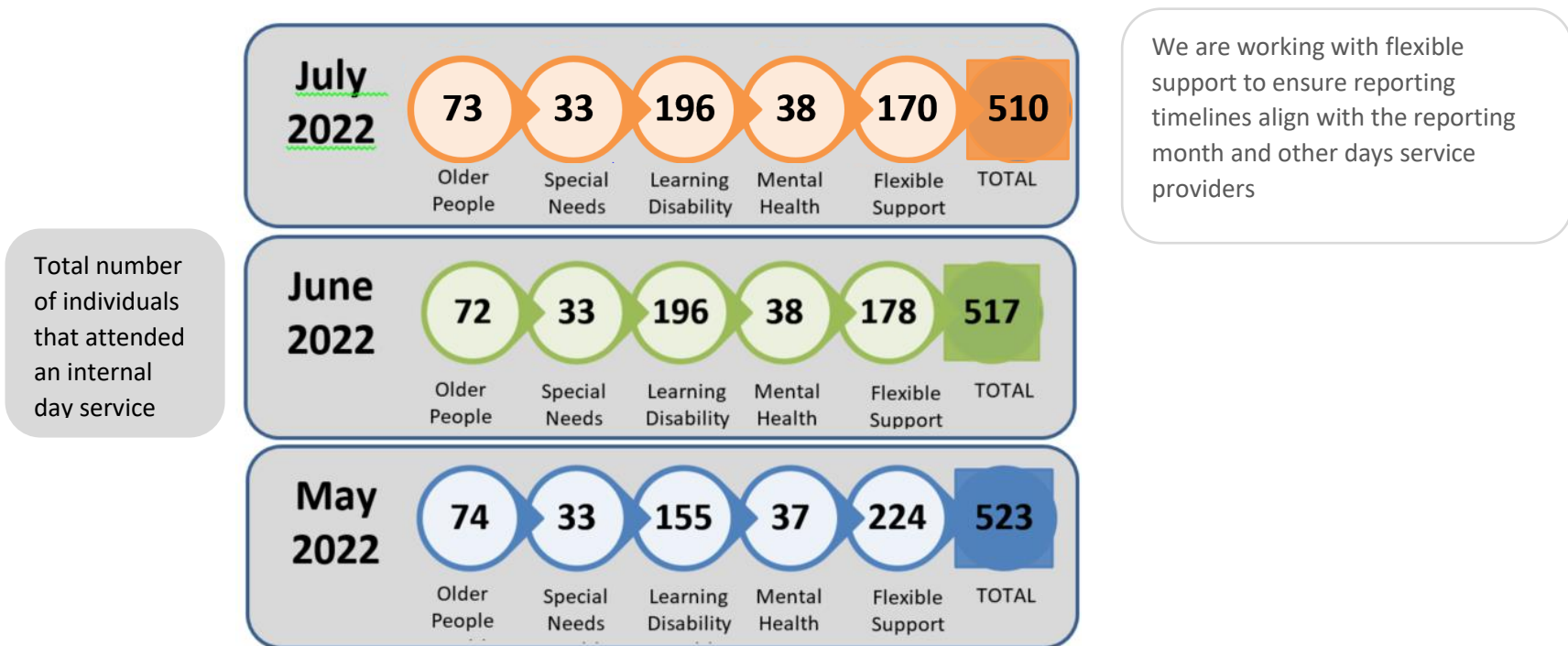


What is working well?	What are we worried about?	What we are going to do?
<p>Internal Provision</p> <ul style="list-style-type: none"> Continued with timely response to high demand for emergency placements. Increase in planned respite alongside emergency admissions. Care homes working together to support emergency admissions. Good progress in staff registering with SCW 	<p>Internal Provision</p> <ul style="list-style-type: none"> Continued Staffing shortages due to Covid, other illnesses, across the homes and in other supporting services and disciplines. Continued delays in returning home from short term emergency placements or respite due to limited POCs. This has resulted in long-term placements and reduced available bed capacity. 	<p>Internal Provision</p> <ul style="list-style-type: none"> Continued recruitment to posts. Tight monitoring and support to ensure that all staff are registered as per Social Care Wales regulation for Care Homes, by 1st October 22. Weekly monitoring of admissions and discharges.

What is working well?	What are we worried about?	What we are going to do?
<p>External Provision</p> <ul style="list-style-type: none"> Continued gradual increase in occupancy levels leading to reduced market stability risks Reduced COVID problems in external OP care homes Collaborative work with Providers to review costs and revise fee structures Implementation of interim subsidy to reflect unforeseen inflationary cost pressures 	<p>External Provision</p> <ul style="list-style-type: none"> Ongoing workforce recruitment and retention pressures Ongoing inflationary pressures Reduced contract monitoring and understanding of service quality. Absence of residential dementia fee rate Timescales for compulsory workforce registration with SCW. 	<p>External Provision</p> <ul style="list-style-type: none"> Implement additional uplifts / subsidies to address unforeseen cost pressures Resume light touch contract monitoring arrangements Provide contingency cover for homes if essential and where possible. Devise options for dementia rate implementation Monitor and support workforce registration

Day Services for Older People, Special Needs and Learning Disabilities

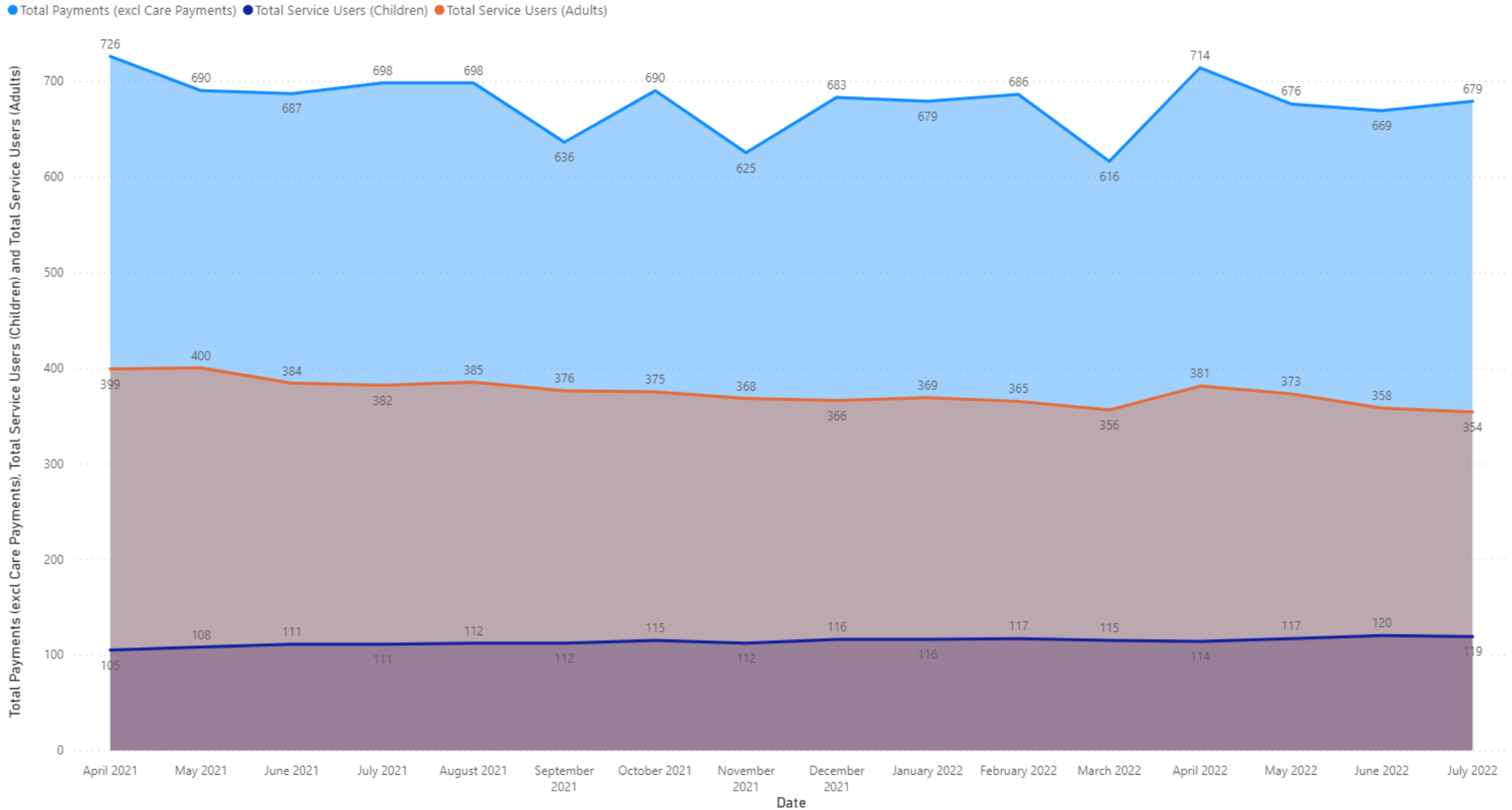
During the pandemic, there was a limited provision of Day Services and the capacity of each service was greatly reduced. The data below is extracted from Abacus plus a manual record of Health users and a number of other recording systems. This the number of people who have attended a day service, not 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. Work has commenced to record Day Services data onto WCCIS. This will hopefully provide a much streamlined approach with the information all being in once place. Work has also commenced on External Day Services Provision.



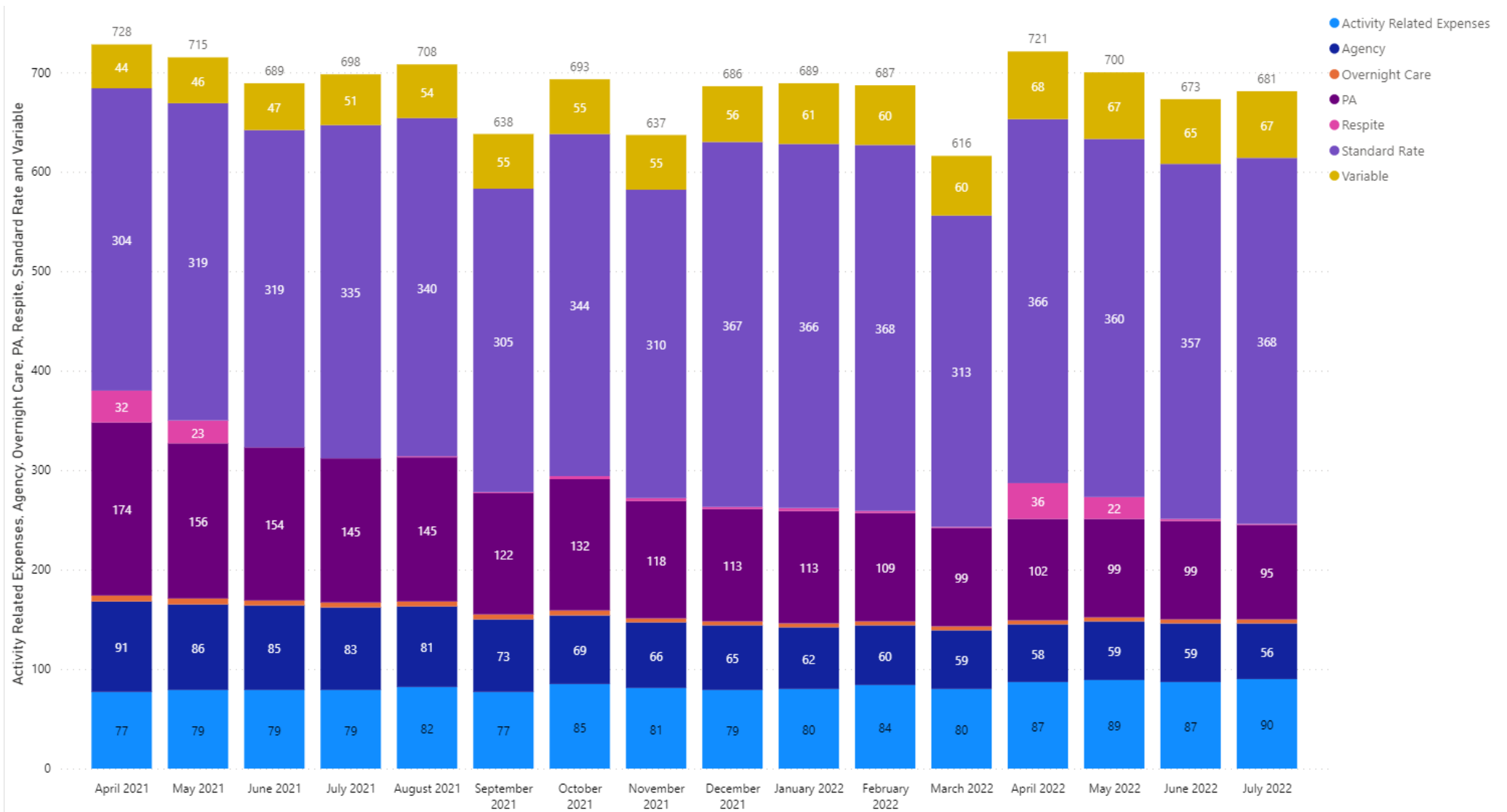
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Maintaining capacity of services despite Covid. Continue to support new referrals to services. Continue to keep in touch with families and service users and plan return to services/pre-covid allocation. 	<ul style="list-style-type: none"> Covid rates increasing and impact on recovery and delivery of services. 	<ul style="list-style-type: none"> Review current demands and increase capacity whilst maintaining a safe environment. Develop sessional as well as full day offer, with flexible hours. As part of the LD review, develop a range of day support options. Refocussing FSS to outreach work to maintain vulnerable people to continue living independently.

Direct Payments

Number of Payments each Month Plus number of Unique Service Users

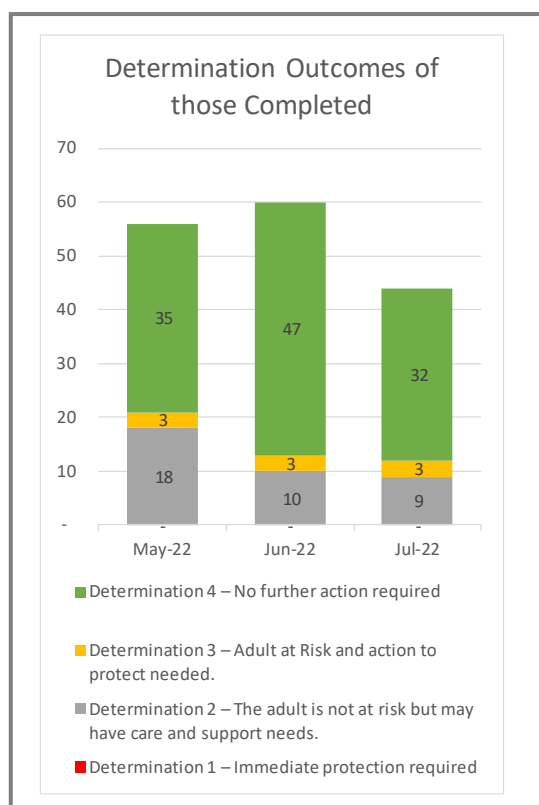
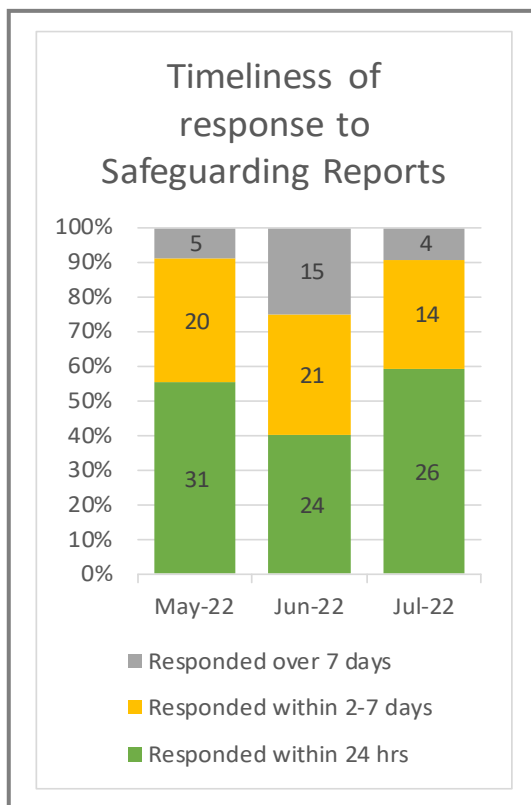


Number of Payments each Month based on Type of Payment



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Good Team approach. • Identification and addressing challenges together. • Good links being made with partners and representative groups to promote the opportunities of DP. 	<ul style="list-style-type: none"> • Since COVID use of DPs has reduced across all categories. • Transfer of contract (and data) for Payroll and Managed Account Services may risk service disruptions. • Opportunities to use DPs to create alternatives to traditional services are not optimised. • DPs for carers are underused. • Systems and processes for ensuring DP payments allocated to service users are recovered if not used. 	<ul style="list-style-type: none"> • Expand team capacity (RIF bid submitted for 4 additional staff) • Review and improve systems and processes • Improve Performance management (of internal staff, systems and processes) • Implement contingency plans to minimise disruptions caused by transfer of contract from failing Payroll and Managed Account Provider (Diverse). • Terminate contract with failing Payroll and managed account service Provider mid- September • Expand use of DPs to support the development of micro enterprises. • Review process for ensuring allocated DP funds are used or recovered.

Safeguarding Response



Reports /Actions

60 Reports received in July 22

42 Determinations completed
 8 awaiting response
 91% responded to within 7 days
 121 Consultations held, 29 Inappropriate

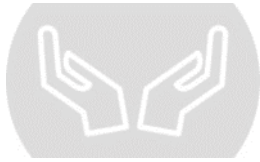
132 Reports were received in July 21, 132 Determinations completed

47 Determinations completed
 12 awaiting response
 79% responded to within 7 days
 98 Consultations held, 14 Inappropriate

54 Determinations completed
 3 awaiting response
 91% responded to within 7 days
 105 Consultations held, 35 Inappropriate

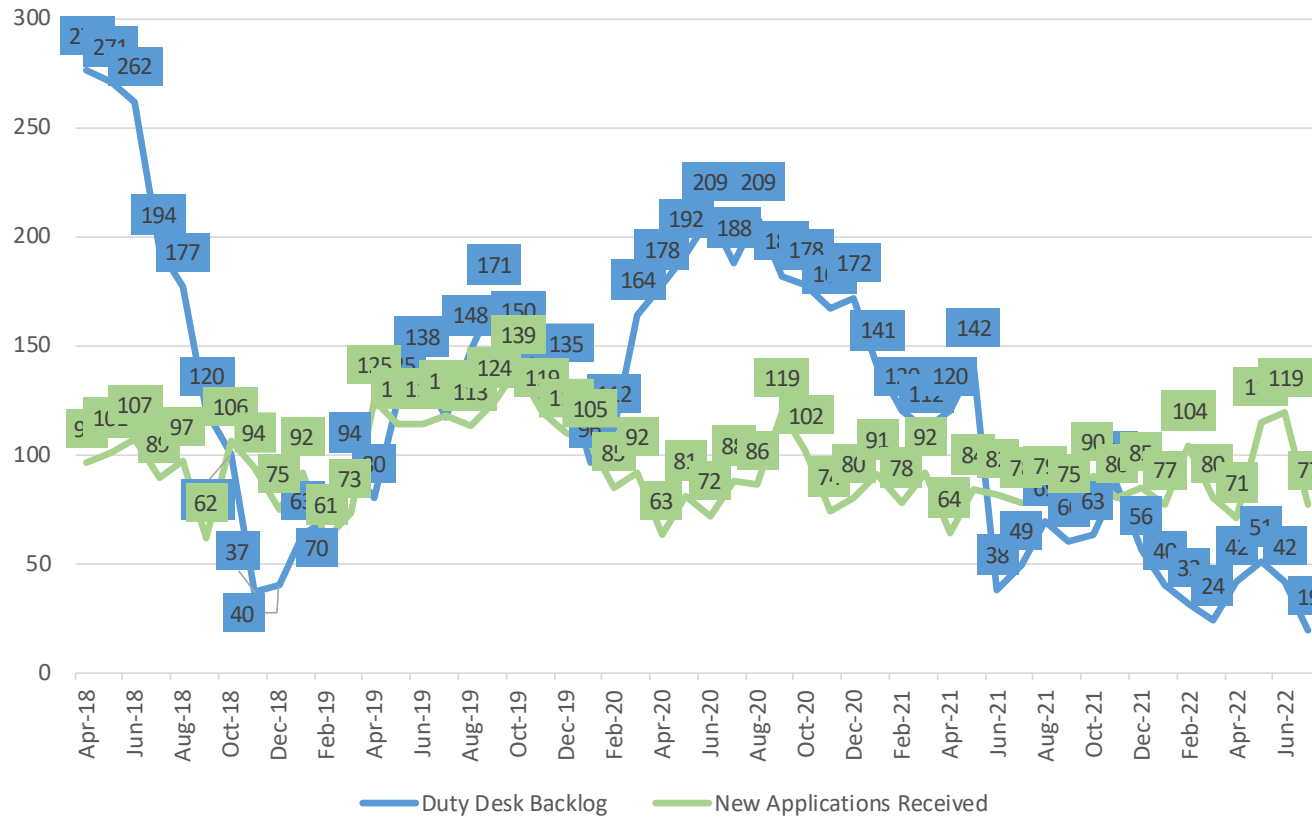
Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reporting and Consultations & Inappropriate Casenotes will be higher.

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Suicide Prevention Work - The 'Terms of Reference' document has been agreed by the steering group for the meetings to commence when a Significant attempted Suicide is reported to the Safeguarding Team. This is due to be piloted between the beginning August and end of October. • Consultations continue to rise, demonstrating that colleagues are more aware of the Safeguarding Teams role in providing advice and guidance re safeguarding matters. This month 121 consultations took place. • A focused piece of work is being planned for the autumn, to tackle the inappropriate Adult At Risk Reports that we receive. The team are completing a spreadsheet when we receive an inappropriate AAR, so that we can target those that submit them and educate them in safeguarding. 	<ul style="list-style-type: none"> • Team resilience continues to be an area of concern over the months when annual leave is taken. The statistics demonstrate excellent response times in July, 91% of AAR reports dealt with, within 7 days. However this is due to stepping back from other responsibilities such as the multi-agency meetings that the Safeguarding Team attend. 	<ul style="list-style-type: none"> • Continue to promote Team resilience and engage and encourage the team to recognise the importance of their emotional well-being, by booking vicarious trauma counselling regularly. Continue to meet regularly and talk through what is working well and what they are worried about. Continue to support one another in the difficult and frequently challenging roles that we have in the safeguarding team. • Strive to continue to be the best we can be, in terms of undertaking our essential roles. The development work and preventative work will need to be on hold somewhat until staffing levels are more stable.

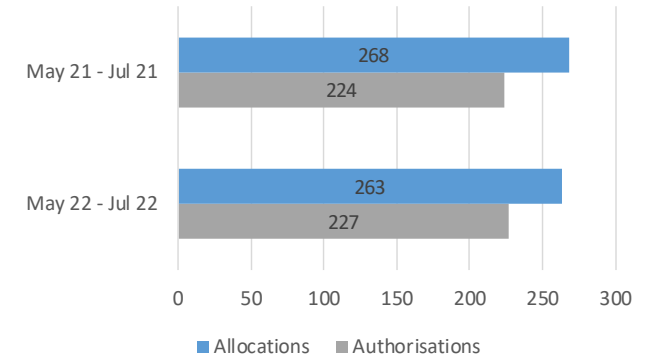


Timeliness of Deprivation of Liberty Assessments

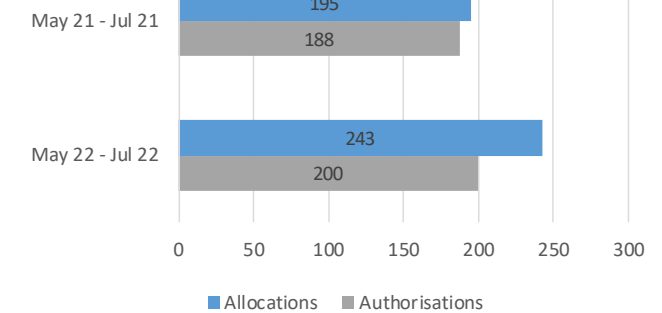
DoLS Backlog and New Referrals



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"> Sickness in the team is now low and most people are back in work. The team has full complement of business support staff and so work is flowing through the team at a better rate and stress levels have improved. The Team backlog is minimised as much as possible with the use of independent BIA's and the agency. 	<ul style="list-style-type: none"> Shortage of s12 doctors. We have struggled to find enough doctors for urgent applications. 	<ul style="list-style-type: none"> The Team have been trying to source more capacity with section 12 doctors who used to work and asking other Local Authorities. The agency can also provide s12 doctors if the Team are short.