

Councillor Mary Jones
Chair
Scrutiny Programme Committee

BY EMAIL

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cldr.mark.child@swansea.gov.uk
Our Ref: MC/CM
Your Ref:
Date: 23rd January 2018

Dear Councillor Jones

CABINET MEMBER QUESTIONS

In reply to your letter dated 1st December 2017 please see my responses below and attached.

The agreed set of standards with ABMU Health Board around discharge from hospital / care plans and case escalation process are attached.

The list of Local Area Co-ordinators and the areas they cover is

- Fiona Hughes (Uplands / Brynmill / St Helens / Ffynone)
- Emma Shears (Manselton / Brynhyfryd / Cwmbwrla / Cwmdu / Gendros)
- Anne Robinson (Gowerton / Loughor / Penllergaer)
- Dan Garnell (City Centre South).
- Ronan Ruddy – Gorseinon
- Richard Davies – Pontarddulais, Pontlliw, Tircoed, Penllergaer, Garnswllt, Felindre, Waun Gron, Grovesend and Penyrheol
- Dan Morris - St Thomas, Bonymaen, SA1 Waterfront.
- Claire Jones - City Centre, Sandfields, Brunswick, Dyfatty, Mount Pleasant, Marina

Townhill and Sketty are also due to be covered soon.

You requested a method of regular feedback from Local Area Co-ordination to Councillors. I am not sure I would agree with a regular report from individual LACs to Councillors in the areas they were working, we do not do this for any other staff and there may well be issues of confidentiality which I would have to take advice on.

Similarly for the manager of LACs to produce a regular report to all Councillors on their work would also be highly unusual as no other part of the Council does this. May I suggest that the report given to the LAC Leadership Group by individual LACs each time it meets is suitable for wider circulation. I have attached the last two for your information. Is it your request that this goes to all Councillors, those on the Scrutiny Programme Committee or those on the Adult's Services Performance Panel? I am happy that at the Adult Services Performance Panel a report on LAC is tables as frequently as desired.

You ask how Flying Start has been affected by financial cuts?

To date the Flying Start Programme has continued to operate within the allocated budget. The WG budget provided has been at a standstill for over 3 years despite rising costs and emerging pressures. As the Programme is evidence based and prescribed there are constraints on the options available for budget reductions.

In order to remain within budget a number of measures have been applied across the Programme including:

- efficiencies across all entitlements
- maximising the childcare staffing within and between settings to delay the need for recruitment
- as staff leave reducing capacity of childcare settings where numbers are predicted to remain low – however adjustments to numbers, both increases and decreases, is fluid
- development of the early language pathway informed by an opportunities costing exercise to evidence efficiencies and
- reducing the capacity of staffing at management and co-ordination level.

Looking to the future the Programme will continue to apply effective management and monitoring to identify opportunities as they arise and to apply these good practice measures so that service provision can be maintained as close to possible at current levels.

However it is a very tight situation and as costs continue to rise and increased needs are identified, such as relating to young children with emerging or diagnosed additional learning needs, then it will become very difficult for the Programme to continue to benefit all current areas and expected numbers of children as set by WG.

Yours Sincerely



Councillor Mark Child
Cabinet Member for Health & Wellbeing

Local Area Coordination

Swansea West area

Leadership Group Report update, Sept 2017

Introductions:

- 121 Introductions (60 last report in July 2016)

Social Worker/CMO	22
Family	15
Surgery GP/Nurse	12
Other Health	11
Mental health (CMHT/OPMH)	10
Intake	7
OT (West Hub)	7
DHO/TSU	5
3 rd Sector Broker	5
Direct /Self	4
Local Councillor	4
Other LAC	3
Police	3
Homecare	3
Post Office	2
Housing Associations	2
Friend	2
Voluntary Sector	2
School	1
Church	1
TOTAL	121

- Active Regular: 32
Active Irregular: 42
Inactive Sleeping: 23
Inactive NFA: 24

About 50% over 70years.

- Tally for September: 48

Progress & Successes:

Community Meal: Last report this was just starting. Successful collaboration between different partners with differing agendas: University (waste food), Bishop Gore (student Welsh Baccalaureate), Local Area Coordinator, community members connecting, Discovery (Uni volunteers). Handed over to Discovery to run – lessons learned last term have been applied this term....

Games Room: Sunday Games afternoon at local Community centre. Organised by group I'm personally involved with, but have invited several people I've been introduced to. 3-5pm Sunday afternoon. Have had around 20 different people attending. Last meet before summer, Cluedo played with Dave, Brian and a 12 yr old!

Exercise Referral Team; Recent meeting with them about people they support in local older peoples' housing who need help to access the gym. They are referred by GP but have 16 wk course, then can't apply again for 2 years.

Two possibilities: Discovery volunteers from Uni – also looking for other local people who would be willing to be involved.

Housing Assoc Tenants; Introduced to a tenant in new Housing Assoc complex. She has started attending Games Room but didn't know many people in the block. Was keen to meet them. I pulled together a meeting in the local café for tenants to meet, in partnership with the HA and encouraged her to invite people and get involved. Further plans for a joint social event are in progress with her taking the lead and me supporting.

Challenges:

Sheltered Housing: Tried to encourage the residents of one sheltered housing complex to agree to their neighbours in another complex visiting their lounge but they weren't keen – did invite them to Bingo tho!

Idea: Is there any possibility of starting a conversation about having students living with and providing low level support to older people, as in the Netherlands?

Local person of influence: explained LAC and focussed on isolation and loneliness and their response was "I don't need any friends!"

Stories:

1.AB's Story

Introduction: AB contacted me directly after the Practice Nurse at the surgery suggested the connection, as AB had told her that she was on her own, found it very difficult to leave her flat, and was feeling down. I visited and spent some time getting to know her.

Situation: AB is a single woman in her early 60's who lives in a private rented upstairs flat. Her severe back pain means she can't walk far or access the stairs easily, and she also has little movement in her hands. A recent fall exacerbated her injuries and has given her further arm and shoulder pain. She is not eating properly,

and if she sleeps in the wrong way then is in pain for the whole day. She struggles using the bathroom and can't get use the kitchen easily. A recent PIP assessment resulted in her mobility payments being reduced to zero.

I discovered through conversation that AB used to have her own bookkeeping business, but due to pain, she has now passed this on. Her dream would be to manage/reduce her pain enough to get back into work. She has studied bookkeeping for many years and was trusted and well respected locally; she would like to use these skills again. AB does have family in Swansea but has become estranged from them, and has lost contact with her long-term partner.

AB's landlord has made some improvements to the flat, but these had not been fully completed and there was a lot of unfinished work and mess in some of the rooms. AB has consequently been confined to one small room only and there is quite a lot of mess accumulating. AB was becoming very down about this and wanted desperately for everything to be finished so that she could get back to normal, but she wasn't sure where to start or how to do it.

What happened?

AB and I discussed and agreed what her most pressing concerns were and how she could go about moving forward with these.

The individual or family leads but the Local Area Coordinator supports people to use local services if that is what is needed.

Firstly, I suggested an OT assessment, which AB agreed to and was made. The OT has made several visits and has helped with providing aids and advice to help AB move around the flat.

The individual or family leads but the Local Area Coordinator supports people to take practical action for change.

Local Area Coordination focusses on relationships – the importance of personal networks and families.

The unfinished work in the rooms was a priority and I was able to provide the details of a couple of local tradespeople I had got to know from other local connections.

I also suggested getting a few people together to help clear up some of the mess so that things could start to get back to normal; I suggested AB might like to consider contacting her family too, so that they could get involved if they wished and were willing. A date was agreed, but when I contacted AB prior to the date, I discovered that she had already been in touch with her family and that they had been very willing to help—in fact, they had already been around and bridges had been built! In addition, family members had been able to suggest tradespeople they had used and trusted, AB had contacted them directly, and the work was underway.

AB was very grateful for Local Area Coordination help as it had enabled her to think things through and this had galvanised her into doing things for herself. AB said 'you were able to listen and I am very thankful for that. It got me going again!' Here, Local Area Coordination was the catalyst for AB to realise she could take action herself.

What's next?

I am staying in contact with AB, who is now meeting lots of family members she hasn't seen in years; she is planning to go to a family wedding in the Spring. AB will continue to work with the surgery to see what can be done to improve her physical health and I will continue to encourage her to take action where she can. AB's long term goal is still to get back into work, and Local Area Coordination will walk alongside her to help her achieve this goal.

2.BC's Story:

B was introduced by the GP of the local surgery. He is physically disabled, and is unable to walk. B has become very nervous about going out and sometimes spends days alone in one room of his flat. He has a daughter who also has some difficulties but who currently refuses medication.

B has no close friends and doesn't know his neighbours. He has a sister who lives in a nursing home in another town as she is unable to live independently and a brother living locally. The GP had spent a great deal of time talking on phone with B, and then made the introduction to the Local Area Coordinator.

Situation:

I made phone contact initially and although B said he would like to meet, he was 'too busy at present'. I kept in touch with him over the next six months as he coped with various things going on, including his brother's death.

Eventually a visit was arranged and happened; I was able to spend time with B and find out more about him.

B expressed a desire to change his life, which had become too introspective and he had several issues that were causing him concern. The main issue was his recent bereavement. He had been very close to his brother earlier in his life and couldn't seem to get over his loss. He also was concerned about his daughter who was struggling with her life. B had kept old friends at a distance because of his anxiety and so these contacts had gradually fallen away. His medication didn't work very well for him but he had been unable to get out to visit the GP for a long time. After a couple of falls when he had ended up laying on the floor for a long time until someone came to help, he was fearful for the future.

What happened?

I was able to listen, and help B work out some actions. Starting with small steps that seemed possible, B decided his priority was to contact an old friend and see if he'd like to meet up for a cup of tea. To help with making other connections, he felt that starting to learn how to use a tablet computer would make a difference.

I also suggested obtaining a lifeline-(this had been ordered through Housing Office previously but paperwork had gone missing), and arranging a new GP appt to have a medication review. Other goals were to look into bereavement counselling and to try to connect more positively with his daughter.

Social Services were able to provide details of a local support group for parents who have children living with disability, as B's daughters is. I passed him all the details and although he hasn't had to contact them as yet, he feels stronger knowing that he can access advice and support should he need it.

A Lifeline was ordered, and an OT visit requested to assess B's mobility around the house, and bereavement support details given.

At the next visit, B said he had managed to get to the doctor's, and had got new medication. He had also been out for a cup of tea with his old friend, and been in contact with CRUSE about bereavement support.

What's next?

The OT assessment has just been completed and there are a couple of actions coming from that to help around the house. B is feeling a little better about life- he has joined a local bereavement group that meets informally. His daughter is currently in a positive frame of mind and he is very happy about this. I helped B to complete the Lifeline paperwork. B still faces significant problems but is finding the support from Local Area Coordination helpful in taking one step at a time.

The story highlights several aspects of Local Area Coordination that make it unique:

- It took six months for B to feel able to cope with a visit. Many services would have given up well before then, or even on the first contact, if help was refused. Local Area Coordinators are able to take a more gentle approach and be available when the person is ready to talk.
- I was able to help B with practical tasks, like ordering a lifeline, accessing bereavement groups.
- The Local Area Coordinator's connection with Social Services meant that B found out about a peer support group which will enable him to support his daughter in a positive way, thus reducing the chances of formal services being required, and the Coordinator was also able to request an OT assessment.

3. CD's story

Diagnosed with Parkinson's – needs help with writing reports and typing etc. After first visit and Local Area Coordination explained, talked about her skills and experiences and how she could use them, her comment was "I feel so much better not being a burden".

Reciprocity is an important idea in Local Area Coordination –everyone has something to share and contribute

4. Peter's story

Introduction: Peter was introduced by a SW from the West Hub, who had been working with him.

Situation: Peter has a physical disability which means he walks with difficulty and tires easily. He had just moved in to a new Housing Association flat—his first independent home after returning from University, where he had had to abandon his studies due to illness. He was new to the area and was keen to meet new people and get his life back on track.

Had a couple of visits with him and found out he enjoys playing chess and has done some volunteering.

What happened?

In order to meet people, I invited him to Games Room which he really enjoyed and attended every one. He is now helping with the organisation of it.

Made a connection to a local group of young people who get together for meals out and he is looking forward to starting with this.

Peter wanted to get to know his neighbours so we arranged, in partnership with the HA area manager, a social evening at the pub around the corner from the complex. Several people attended and met each other- made connections. Plans made for a 'quiz and meal night'. A number of the neighbours are keen on this idea and the possibility of other social events, and Peter is meeting with them to see what they can organise.

What's next?

Continue to encourage Peter to be involved with his neighbours and he is devising some group games for people to join in with at Games Room.

The individual or family leads but the Local Area Coordinator supports people to create new opportunities within the community

Acting as a bridge to community – The Local Area Coordinator builds real relationships with people, the local community and its multiple resources, spotting and creating new opportunities

Local Area Coordination

Swansea North area.

Leadership Group Report update December 2017

INTRODUCTIONS

Reflection on position from Update Report October 2016

26 introductions.
7 at level 2.
6 at level 1 / level 1+ (people who aren't at level 2 but have been more than advice giving and I have spent a significant amount of time with them).
13 I have yet to meet.

Current Introduction Situation December 2017

104 introductions
37 at long term
65 at short term
2 I have yet to meet

Source of Introduction	Number
Self-Introduced	17
Care Management Officers	14
GP Surgeries	8
Church	7
Councillors	5
Family	5
Occupational Therapists	4
Other (Stroke Association, Town Council, LAC, Swansea Vale, Carer Centre, School, Age Cymru, Union, Family Housing Association, Trading Standards, Swansea University Discovery)	44
Total	104

Summary to date:

I have now been in post since August 2016 – a total of 16 months.

In this time I feel I have made significant inroads into the communities I serve and have very much established myself as the 'go to' person for both members of the public and the professionals I support in my area.

Since the recruitment of another Local Area Coordinator, on secondment from the Fire Service, my areas have changed somewhat—the overall effect is that we now have three Local Area Coordinators in the North, instead of two, who are serving more communities each of more manageable size population-wise. This addition

recognises the considerable challenges posed in large geographical areas where there are many small and scattered communities.

In addition to the secondment post, protracted and substantial efforts by the Team have led to the recruitment of three new (four in total) Local Area Coordinators and I look forward to supporting them and assisting their integration into the existing team.

With Jane's retirement, Jon's appointment to the Implementation Manager's post will ensure continuity and stability, which is vitally important at these formative stages of development. As we expand throughout the County and recruit new staff, Jon's expansive knowledge of Local Area Coordination will be of considerable benefit.

It is fair to say that the general feeling within the team is exceptionally good and we all feel well-motivated and excited as to what we can achieve as we move ahead.

The continuing support from the Leadership Group, Swansea Council Senior Management and our key partners makes a considerable positive difference when one is lone working within the community championing such a worthwhile cause.

News from my Area

11 o'clock Club:

Working in the area and speaking to individuals, it became apparent that there was a distinct lack of a place / activity where men aged roughly fifty plus could meet and chat. For example, I regularly meet with Len, a retiree who has some health conditions. We discussed along with some others what might be useful and they suggested a coffee morning. One of them had made acquaintance with the local supermarket Community Officer who I already work with and I had recently met with Mike, a committed volunteer who has a wealth of experience from working at the Citizens Advice Bureau. I met with representatives of the local community centre and was offered free use of the café on-site and on-going support, and Mike and the supermarket Community Officer volunteered to attend and assist. This group now runs weekly on a Friday, with no set agenda. Whoever wants to calls in, and can have a hot cuppa and a chat. Currently around a dozen people visit, and some see it as a highlight of their week. As a result of attending and making new friendships it seems to be growing independently and self-sufficiently. I call in on occasion, but everything ticks along without any input from me.

Groups for Older People:

A local organisation puts on a luncheon club each Wednesday at the Cricket Club. I met with the management at the beginning of my appointment as part of my work to engage with the community. They identified at the time that numbers were dwindling

to below twenty on occasion and I was asked to support the group and assist the introduction of new members. I have capitalised upon this opportunity and last week there were fifty five people attending. This is wonderful in that the increased attendance has strengthened the organisation's position – that said – I have been politely asked not to push too hard for more people as they are now reaching capacity!

Senior Citizens:

This group meets at a Social Club venue each Monday afternoon. This is a similar story to above, and they now boast buoyant numbers. I've been able to arrange some interesting guest speakers / attendees for them and I regularly call in just to say 'hi' and have a chat.

Both the above groups have been of significant help, especially as a means to connect older adults who may be experiencing social isolation.

New Opportunities:

There is a dance exercise programme starting in two of the communities I serve, set up by a local Councillor. I have been working closely with the Local Area Coordinator in the neighbouring area to support the securing of premises and we will now work to let people know about the programme to connect people and hopefully facilitate future sustainability.

I have recently met with the Lord Mayor, several Councillors, church leaders and volunteers to discuss the possibility of a festive Community meal and an on-going 'Master-Chef' type event utilising surplus food. This would involve young people in cooking, with judging undertaken by invited guests or 'drop-in' callers.

Both these projects could offer opportunities for people in the community to come together and so supporting their development is very much a part of my role.

Supporting community cohesion:

I recently facilitated a meeting for professionals and community workers interested in ensuring that our communities foster tolerance, respect and cohesion as a 'grass roots' way of averting extremist views, countering radicalisation and promoting accepted values. The meeting went well and it appears will be the beginning of a lasting partnership as they can support each other equally.

Acting as a bridge to community – The Local Area Coordinator builds real relationships with people, the local community and its multiple resources, spotting and creating new opportunities

Talks / Conventions:

Over the past sixteen months I have been fortunate to be allowed to 'spread the story' of Local Area Coordination to groups from within and outside of Swansea Council.

I am proud to say that my work with a specific health interest group has been recognised with an award at a celebratory event. Through this connection, I was able to facilitate a coming together of the Local Area Coordination Team and workers at Morriston Hospital. This has led to some partnership working and future research possibilities, as well as paving the way for more introductions of people living with specific conditions.

Jon and I were recently invited to present at the Swansea University 'Collaborate' Conference. We were well received and had some positive feedback. This can only serve to inform more professionals about the value and viability of Local Area Coordination.

I attended the recent Carers Conference in the Liberty Stadium and represented Local Area Coordination there. This was a worthwhile exercise due to the attending audience and I spoke to around fifty people explaining Local Area Coordination, handing out contact details for the areas we cover.

Amongst others I have met with the following teams / organisations and explained the role in depth with a view to creating viable partnerships;

Adult Training Centre, Fforestfach

Service Provision Managers

Assistant Service Provision Managers

Occupational Therapists Singleton Hospital

Community Mental Health Team

Staff of local MP and local AM

Staff at all the local GP Surgeries.

Senate of Older People, Cardiff

Town Councils

Senior Citizens Clubs & organisations

Headway

Community centre staff

Common Access Point staff.

Challenges:

Individuals' Personal Capacity:

I have received a few introductions to date of people who are deemed as having capacity but who are clearly not coping. One introduction from a GP Surgery of an older man with significant health issues, living alone in poor conditions and refusing support. One introduction from a local community member of an older man living

alone being the victim of 'scam' crime, but refusing support. One introduction of an older woman living alone in dire conditions, but also refusing help.

On occasion, this has been difficult and time-consuming work and there is often no simple answer. I have had some wonderful support from Social Workers and Care Management Officers but often there appears to be little in the way of positive results – and this can be very challenging.

That said, I won't give up, and who knows, with regular visits over a longer period—which is exactly what Local Area Coordination allows-- it may be possible in some way to connect and work with people to enable them to improve their circumstances, should they so choose.

Database / Records:

I have found remote working can sometimes frustrate attempts to get on to and update the database. We are working as a Team alongside IT to develop our new database, so it is anticipated that once fully functional, this will improve our ability to produce timely and accurate reports.

I have put forward a suggestion of voice recording notes to type, which I am currently evaluating with a Coordinator colleague. Early indications are that this could be a significant factor in helping to reduce time spent on note writing; it may be that this approach could be of help more generally in other areas of the Council.

Stories:

BB's Story

Introduction: I was contacted by the local MP's Office Manager after BB had visited. BB was facing imminent homelessness, and was depressed and anxious—she needed some support.

I visited her at a friend's home where she was 'sofa surfing' and spent some time getting to know her and her situation.

Situation: BB is single and in her 50's. She previously lived in council accommodation in Swansea. She gave up her tenancy because of on-going anti-social behaviour from neighbours, which led to her feeling unsafe. As a result, she was 'voluntarily homeless' and now had no money, no place to stay and no prospect of accommodation.

What happened? I made some initial calls, gained some appointments with housing providers for BB to attend and provided her with information to follow up herself.

I kept in regular contact with BB and passed on information of an upcoming unit in another part of the City for BB to investigate.

The individual or family leads but the Local Area Coordinator supports people to take practical action for change.

What's next? BB secured accommodation in the unit, and is settling in well following the move. The MP's office was informed and are happy with Local Area Coordination input.

BB is keen to meet the Local Area Coordinator in her new location, so I set the meeting up and will facilitate the introduction so that BB can stay strong, safe and connected in her new community.

Local Area Coordination focusses on relationships – the importance of personal networks and families.

CC's Story:

Introduction: A Care Management Officer Cynthia rang me to explain that she had been working with CC who had suffered a stroke 6 years ago. He had just moved into the area and was feeling isolated, which was affecting his overall health and he was becoming depressed.

Richard visited CC at his home and spent time getting to know him and his situation.

Situation: CC has a daughter who lives away; he is unconnected to his local community and has no one on a daily basis to talk to. He has a brother who lives in another town, and they do see each other, but CC's mobility is decreasing.

What happened? The conversation revealed a number of things. It transpired that CC was very interested in antique furniture and had worked for many years in a large warehouse where they sold the same. He had been very handy in the past, and as the conversation flowed he was happy to share his life stories.

I suggested he explore a martial arts wellbeing / exercise class which was local and on a Thursday evening. This was initially met with some trepidation, but once discussed along with the benefits CC was willing to try.

I accompanied him to his first class and he was introduced to the instructor and the group. (I had already introduced others to the group and so had a good relationship with the instructor.)

CC thoroughly enjoyed the session and telephoned me the next day to tell me all about it, talking about all the new people he had met there who had welcomed him to the group.

As the weeks passed CC became stronger and his mobility improved, which in turn relieved some of the extreme tiredness he had been suffering.

CC was also introduced to a local community champion of sorts, who has a real interest in and wealth of knowledge about antiques. CC now attends a coffee morning where the two of them share their interest. This has helped CC to expand his social circle and his activities.

Sadly CC suffered a close family bereavement recently, but he reported that his 'new life' better placed him to be of support to his family at this sad time.

The individual or family leads but the Local Area Coordinator supports people to take practical action for change.

Local Area Coordination focusses on relationships – the importance of personal networks and families.

What's next?

I now regularly 'bump into' CC when out and about in the community; he is a valued member of a few groups and is enjoying his immersion in village life.

The story highlights several aspects of Local Area Coordination that make it unique:

- Anyone could have done this – but nobody did.
- Local Area Coordinators 'know' their area.
- Local Area Coordinators get to know people they are introduced to and have a different conversation that looks at what people can do, rather than focussing on all the things they cant.
- Local Area Coordinators continue to engage with people they have met, even after things appear to be 'sorted out', so helping them to *stay* strong and cope with any setbacks they might meet along the way.

AFR's story

Video presentation – 'Alan'.