



To:
Councillor Clive Lloyd
Cabinet Member for Adult Social Care and
Community Health Services

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Date 04 November 2020
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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 20 October 2020. It covers Performance Monitoring and Sickness Levels in Adult Services.

Dear Cllr Lloyd

The Panel met on 20 October to receive a briefing on the Performance Monitoring Report for August 2020 and to discuss staff sickness in Adult Services. We would like to thank you, Dave Howes and Amy Hawkins 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 learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response.

Firstly, I would like to emphasize on behalf of the Panel, how well we feel staff in Adult Services have performed in very difficult times.

The main issues discussed are summarised below:

Performance Monitoring

We were informed that day service support and respite has been re-established on an emergency basis only, as you were seeing increased demand. We queried why the Health Board was no longer reporting on Delayed Transfers of Care. This is disappointing as we feel it is important to monitor, to ensure hospital beds are being freed up. We heard that Welsh Government has relaxed recording of a

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number of measures due to the Covid -19 pandemic. We were reassured that there is a big focus on the Service's monitoring and reporting of demand and flow through the health and social care system via a variety of routes. We also heard that Delayed Transfers of Care is not a good measure, and that the region is working on more progressive measures, and that it is expected that this will be replicated in our performance monitoring reports.

Residential Care for Older People – we informed you that we have not seen the data on this from March 2020 to the present day. We agreed it would be useful for these figures to be included in a separate report to come to the Panel as soon as possible, on the 'Effects of Covid-19 in residential homes and actions taken.'

We were concerned to hear that all Health and Social Care is under extreme pressure and that it is more problematic with the second surge of the pandemic, as capacity and ability to flex resources, as you did first time, does not exist second time around. We heard that the senior management team is exhausted but performing brilliantly.

We queried how contracts entered into with the private sector were performing, and were informed that a lot of work has been undertaken with commissioned services, on access to PPE and support for testing. Support has also been provided in terms of administering the WG hardship fund and daily with statistics. We were assured the Department is keeping on top of it.

We felt that a positive from the pandemic is that it has raised the profile of the work carried out by health and social care workers, which will, hopefully, lead to recognition and the right career paths and terms and conditions. You gave assurance that it is at the forefront of discussions with Welsh Government.

Common Access Point – we heard that you are seeing increasing complexities of inquiries through the 'front door', as people who had just about been coping, are now reaching crisis point.

We queried how the Department will increase capacity to deal with the second surge of the pandemic. We were informed that the Service has been restructured and resources put in, that you are recruiting to all vacancies to try and increase capacity in terms of support, focussing on statutory requirements in terms of what you have to do and being flexible. You confirmed that the senior management team is working behind the scenes, with the Health Board, to put in place a contingency plan if there is a super surge, and that there will be a response across the Service including a 7-day working rota to move people through the system quicker. This has been negotiated with the trade unions.

Domiciliary Care – We discussed how before the pandemic, this was running at capacity in terms of internal and external providers. We expressed concern about your ability to cope if domiciliary care is needed over and above this. We were informed that just before the pandemic two new providers had been contracted, so you are reasonably comfortable, at the moment, but this is being tracked. We requested confirmation on whether the new providers are ones that had previously tendered and been turned down.

We asked about the capacity of testing when leaving hospital. We heard that for people admitted to a closed setting/care home, whether from the community or hospital they have to have had a negative test. Also if admitted to community domiciliary care, people have to have had a negative test. You confirmed that this adds time onto the process of transfers of care. For the general public, it is not a requirement to have a negative test before being released from hospital. We heard that if this were to be imposed, the whole hospital system would come to a halt.

We expressed concern about mental health and asked if any additional services had been put in place since the pandemic started. We were informed that in terms of immediate response, the community mental health team is still working with people engaged with the Council's services. For people not engaged with the Council's services, the Department is working with Swansea Council for Voluntary Service to ensure all information on provision available, in terms of open access, is up to date. We heard that as part of the regional response work, there is a group looking at the strategy for mental health going forward and that information the Department has received, has confirmed there will be increased demand or escalation going forward. We heard that the public are advised to link with the Council's partners especially the Third Sector.

Staff Sickness in Adult Services

We were informed that there has been a 25% increase in sickness in Adult Services in the last six months pro rata and that this is not unexpected. Also that 41% of this increase is related to stress and 85% is long term sick.

We were pleased to hear that the Department has a three-pronged approach to finding a solution and bringing down sickness levels:

1. HR Approach – monitoring compliance and checking up on management of absence
2. Occupational Health – working with stress management and counselling.
Already providing psychological support for staff via Teams, which has been taken up by hundreds of staff. Also, where resources allow, piloting approach with Adult Services front line staff around direct support with individuals.
3. Working with the teams themselves to co-produce a wellbeing plan. Hope to find some innovative solutions.

We noted that in Table 3, 12% of sickness had no reason recorded. We queried if this was due to failure of the system and were informed that it could be due to people recording sickness but not the reasons. We heard that the Department is doing work around this to find out more.

We stated that we felt prevention was better than cure with regard to sickness, and queried if there is anyone outside the social services system who could look at the mechanisms in place and try to reduce the stress people are under. We heard that removing the stressful nature of the work is difficult and much more so in the current climate, for example, flexible working opportunities do not exist for frontline domiciliary care service workers.

Adult Services Work Programme 2020-21

We discussed the Panel's work programme for 2020-21 and agreed to add the following:

- Effects of Covid-19 pandemic in residential homes and actions taken. (*To be scheduled as soon as possible*)
- Isolation of elderly people
- Domestic Violence and the increase over the pandemic.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised, but please provide a formal written response by 25 November 2020 to the following:

- Confirmation of the number of vacancies being recruited to and whether full or part time.
- Confirmation of whether the new providers of domiciliary care, are ones that had previously tendered and been turned down.

Yours sincerely

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