

Councillor Susan Jones
Convenor
Adult Services Scrutiny Panel

VIA EMAIL

Please ask for: Councillor Mark Child
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Our Ref: MC/CM
Your Ref:
Date: 10th June 2021

Dear Councillor Jones

Thank you for your letter dated 18th May which was addressed to Councillor Clive Lloyd. As you may be aware I have recently taken up the post of Cabinet Member for Adult Social Care and Community Health.

I would respond as follows to the questions you raise.

1. Information on care support plans in place for residents of Council's housing stock to be provided to Panel

Tenants of the Council's Sheltered Housing Service are supported by Senior Warden Practitioners and Wardens.

Wardens work with the residents on individual support plans to enable each tenant to lead an independent life and provide signposting to other services and support the resident may need.

The sheltered accommodation tenants can be visited on a regular basis by their designated warden depending on their support needs. The warden will complete a Support Plan normally on an annual basis, or at any time if support needs change, to identify the support required. The visit by the warden enables them to check on the tenants' general health and well-being and provides a means to seek advice and assistance from other agencies.

The Sheltered Accommodation Support plan is not a Care and Support plan, although the Housing and Social Services teams work closely where needs are identified or services are provided by Social Services. For example, a referral may be made to Social Services following the identification of a care need, or the same Domiciliary Care provider will be providing packages of care to within a Sheltered complex.

Further joint work is being developed between Social Services Commissioning Teams and Housing around understanding the current needs of Older People's Housing requirements and this includes Extra Care and Assistive Technology.

2. More information on Health Board staff being withdrawn from managing Learning Disabilities to be provided to Panel.

Further to checking with Health colleagues, the background seems to be that linked to the development of community care for Learning Disabilities (LD), NHS resources were diverted from inpatient care to community with Nurses placed in Local Authority LD teams.

These roles were reported to have been directed by the teams within a social care model and undertook social care as well as health care tasks, these were referred to as mixed mode roles but were funded by the NHS.

By 2013 the circumstances of changes in public services in Wales meant organisations were increasingly focussed on meeting statutory duties and for the NHS that meant addressing health outcomes given the significant health inequalities that people with LD experience.

The Health Board LD Directorate that existed at the time, along with the team leads in Swansea Council, made the agreement that the mixed mode role was no longer fit for purpose and ambiguous in its governance.

A consultation exercise took place during 2013/14 with Health Board staff that changed the nine mixed mode roles to six clinical nursing roles with three Nurse Care Management roles.

By 2016 the three Nurse Care manager roles were replaced with Clinical Nursing roles as the rationale and demand for the use of NHS resources focussed on addressing health inequalities and meeting complex health needs for people with LD.

The Nurses have continued to undertake the statutory care coordination duties for the Health Board under the Mental health (Wales) Measure 2010.

Within the West Glamorgan Regional Partnership Transformation Board, there is a new Regional Strategic Planning Learning Disabilities Board who will work together and hold a shared strategic plan and priorities with shared outcomes for delivery and improvement, for those with learning disabilities, their families and carers.

The roles of the health and social care practitioners to ensure a good joined up service for people with LD will be looked at by this group.

Yours sincerely



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