City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: Committee Room 5 - Guildhall, Swansea

On: **Tuesday, 20 November 2018**

Time: **3.30 pm**
              NOTE: First 10 minutes is a closed meeting for Panel Members only

Convenor: **Councillor Peter Black CBE**

Membership:
Councillors: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine,
P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow and Katrina Guntrip

Agenda

Page No.

1   Apologies for Absence.

2   Disclosure of Personal and Prejudicial Interests.
       www.swansea.gov.uk/disclosuresofinterests

3   (3.45pm) Notes of meeting on 23 October 2018   **1 - 2**
       To receive the notes of the previous meeting and agree as an accurate
       record.

4   (3.50pm) Public Question Time
       Questions must relate to matters on the Agenda and will be dealt with
       in a 10 minute period.

5   (4.00pm) Performance Monitoring Report   **3 - 62**
       Deborah Reed, Interim Head of Adult Services

6   (4.40pm) Wales Audit Office Report on Strategic Commissioning   **63 - 126**
       of Accommodation Services for People with Learning Disabilities
       Deborah Reed, Interim Head of Adult Services

7   (5.00pm) Director's Annual Review of Charges (Social Services) **127 - 148**
       2018-19
       Dave Howes, Director of Social Services

 Next Meeting: Tuesday, 11 December 2018 at 4.00 pm

Huw Evans
Head of Democratic Services
Tuesday, 13 November 2018
Contact: Liz Jordan 01792 637314

City and County of Swansea

Notes of the Scrutiny Performance Panel – Adult Services

Committee Room 3A - Guildhall, Swansea

Tuesday, 23 October 2018 at 3.30 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
M C Child	V M Evans	J A Hale
C A Holley	Y V Jardine	S M Jones
J W Jones	E T Kirchner	G J Tanner

Co-opted Member(s)	**Co-opted Member(s)**
T Beddow	Katrina Guntrip

Other Attendees
Mark Child   Cabinet Member - Care, Health & Ageing Well

Officer(s)
Liz Jordan   Scrutiny Officer
Deborah Reed   Interim Head of Adult Services
Alex Williams   Head of Adult Services

Apologies for Absence
Councillor(s): P R Hood-Williams and P K Jones

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1   Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley and Mark Child.

2   Notes of previous meeting

The Panel agreed the notes as an accurate record of the meeting held on 25 September 2018.

3   Public Question Time

No members of the public were present at the meeting.

4   Presentation on Deprivation of Liberty Safeguards

Alex Williams, Head of Adult Services presented an update on Deprivation of Liberty Safeguards (DoLS) and answered questions.

Discussion points:

- New arrangements for DoLS came into force in July 2018.
- There is now a dedicated team costing £250,000 per year. The Council only received in the region of £20,000 from Welsh Government towards the cost this year.
- Mental Capacity Assessments can in theory be undertaken by trained social workers/doctors/nurses. In Swansea, in the main only social workers and doctors undertake the assessments.
- Legislation on DoLS relates to residential care, and it is these cases that the dedicated team within the Council deals with. Another part of the legislation applies to people living in a community setting. These cases are currently prioritised by risk and are dealt with by the individual teams.
- The department feels that any new legislation should be targeted to focus on those more complex cases where there is a question mark surrounding capacity, rather than all those lacking capacity in a residential care setting.

Actions:
- Circulate presentation to Panel Members for information.

5   Update on how Council's Policy Commitments translate to Adult Services

Mark Child, Cabinet Member for Care, Health and Ageing Well attended to brief the Panel on progress made with the Council's policy commitments in relation to Adult Services.

The Panel was informed that the official update will not be available until signed off by Corporate Management Team and Cabinet. The Panel therefore agreed that this item be deferred until the official update is available.

Actions:
- Item 'Update on how Council's Policy Commitments translate to Adult Services' to be added to Work Programme for 11 December 2018 meeting.

6   Work Programme Timetable 2018/19

The Panel considered the Work Programme.

The Panel was informed that Alex Williams will shortly commence maternity leave. The newly appointed Interim Head of Adult Services, Deborah Reed attended the meeting. The Panel welcomed her and wished her well in her new role.

7   Letters

Letters received and considered by the Panel.

The meeting ended at 5.00 pm.

Cyngor **Abertawe**
Swansea Council

Report of the Cabinet Member for Care, Health and Ageing Wellbeing

Adult Services Scrutiny Performance Panel – 20th November 2018

ADULT SERVICES PERFORMANCE FRAMEWORK

Purpose	• The purpose of this report is to present the Adult Services Performance Framework.
Content	• The Performance Framework is designed to monitor performance across Adult Services. • Members will note that there are two reports attached. The first is a summary report with headline indicators which demonstrate the general health of the Adult Services overall system. The second is the more detailed report with a summary at the beginning. • Monitoring performance in this way is still very much work in progress and there are several areas for future development towards the end of the report. • The report demonstrates the areas of business that are performing well and less well, and is designed to be an operational tool to help continually improve service quality and delivery. • Similarly to the Performance Framework that Child and Family has developed over the years, it is anticipated that the Framework will be an evolving document.
Councillors are being asked to	• Consider the Report
Lead Councillor(s)	Mark Child, Cabinet Member – Care, Health and Ageing Well
Lead Officer(s)	Deb Reed, Interim Head of Adult Services
Report Author	Alex Williams deborah.reed@swansea.gov.uk 01792 636249

ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
# DATA FOR AUGUST / SEPTEMBER 2018

HEADLINE REPORT

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Common Access Point

The service has been piloting various ways of delivering an effective Multi-Disciplinary Team (MDT) approach, in line with the Western Bay 'optimal model'. In April 2016, 13% of enquiries came in via the Common Access Point growing to 40% by June 2017.

The new pathway through the Common Access Point / MDT introduced in December 2017 increased the numbers screened by MDT but we will need to explore reasons for a lower than anticipated proportion progressing via MDT.

### Progress With Multi-Disciplinary Team Referrals
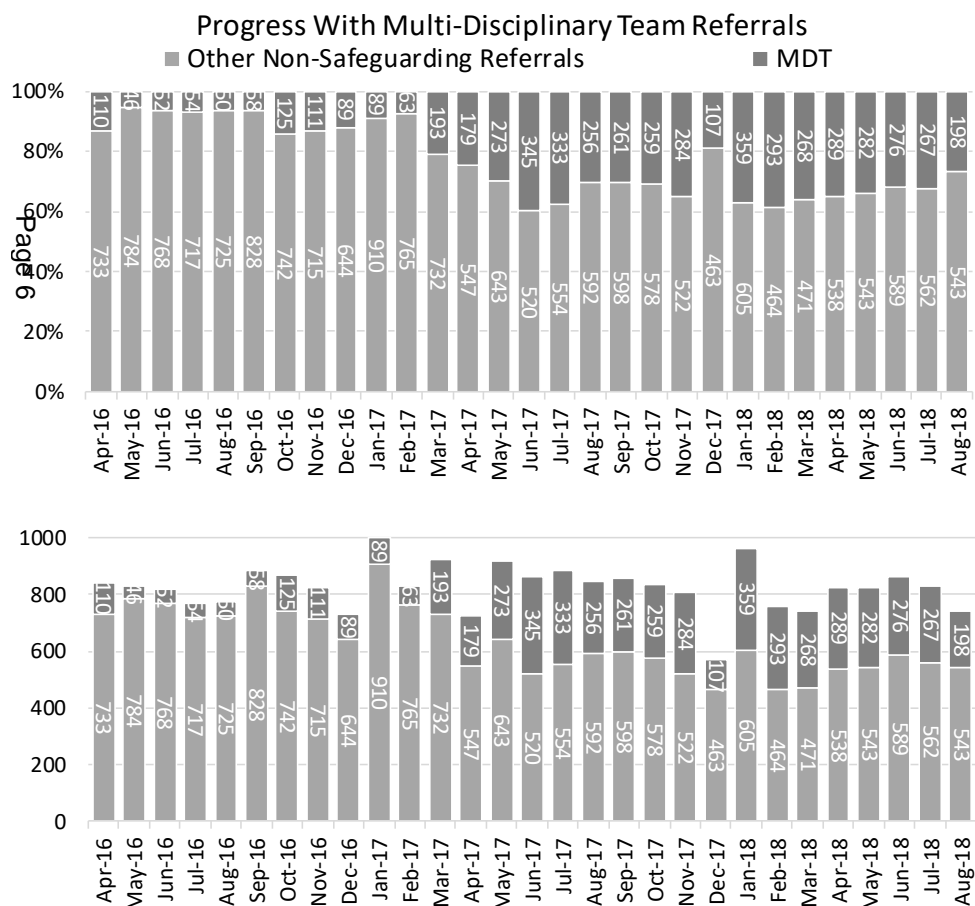
Carers Identified and Whether Wanted Carer Assessment

The number of carers identified had been broadly lower since April 2016. Changes to Paris have improved these numbers in 2018/19. Additional changes in the Paris system will further improve the recording of offer of carer assessment.

Since July 2018, those wanting carers assessment have represented at least half of those offered an assessment. This reverses the historic position where majority did not wish to receive a separate carer assessment.

Month	Jul-18	Aug-18	Sep-18	Month Trend	Direction of Travel
Identified Carers	**224**	**207**	**183**	⬇	High
Offered Assessment	199	184	169	⬇	High
% offered assessment	*88.8%*	*88.9%*	*92.3%*	⬆	*High*
Declined Assessment	85	85	76	⬆	Low
% declined assessment	*42.7%*	*46.2%*	*45.0%*	⬆	Low
Wanted Assessment	107	92	86	⬇	High
% wanted assessment	*53.8%*	*50.0%*	*50.9%*	⬆	High
Response Not Recorded	7	7	7	⮕	Low
% response not recorded	*3.5%*	*3.8%*	*4.1%*	⬇	Low
Received Carers Assessment / Review	43	46	52	⬆	High
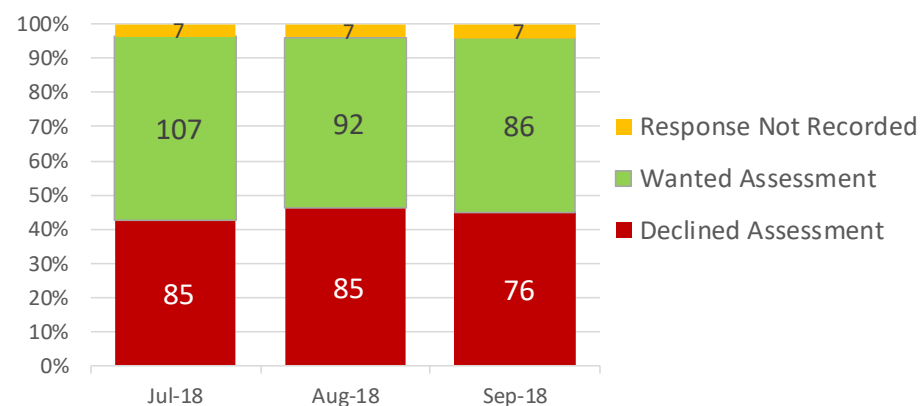
Long-Term Domiciliary Care

The most significant area of concern continues to be the difficulties within the care market which continue to have an impact on the timeliness with which we can start new packages of care.

Month	Jun-18	Jul-18	Aug-18	Month Trend	Direction of Travel
New starters	**63**	**42**	**28**	⬆	Low
Of which					
In-house	5	11	7	⬆	Low
External	58	31	21	⬆	Low
% internal	*7.9%*	*26.2%*	*25.0%*	⬆	*Low*
Receiving Care at Month End	**1,232**	**1,243**	**1,260**	⬇	Low
Of which:					
In-house	99	105	102	⬆	Low
External	1,133	1,138	1,158	⬇	Low
% internal	*8.0%*	*8.4%*	*8.1%*	⬆	*Low*
Hours Delivered in Month	**61,546**	**63,842**	**62,861**	⬆	Low
Of which:					
In-house	5,736	6,007	5,929	⬆	Low
External	55,810	57,834	56,933	⬆	Low
% internal	*9.3%*	*9.4%*	*9.4%*	⬇	*Low*
Average Weekly Hours	**11.5**	**11.6**	**11.4**	⬆	Low
Of which:					
In-house	13.5	12.9	13.1	⬇	Low
External	11.4	11.5	11.2	⬆	Low

Residential Care for Older People

The numbers being admitted to residential care are relatively higher than was anticipated by the Western Bay intermediate care modelling work. For sustainable operation, admissions need to be under [30] each month. There have been some improvements in recent months with reductions in admissions July– August.

Permanent Residential Care for People Aged 65+	Jun-18	Jul-18	Aug-18	Month Trend	Direction of Travel
Admissions	33	20	23	⬇	Low
Discharges	25	23	27	⬆	High
In a care home at month end	922	921	920	⬆	Low
Of which:					
LA Residential	117	113	111	⬆	Low
Private Residential	502	504	506	⬇	Low
Nursing	303	304	303	⬆	Low

People in Place in Residential / Nursing Care
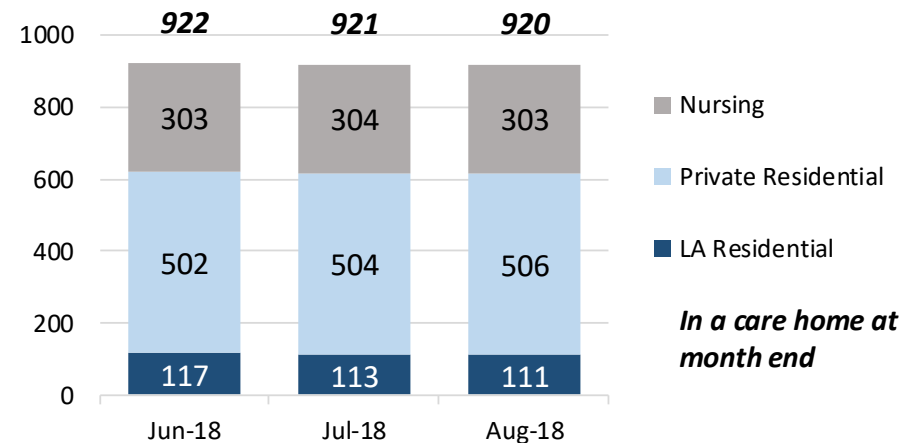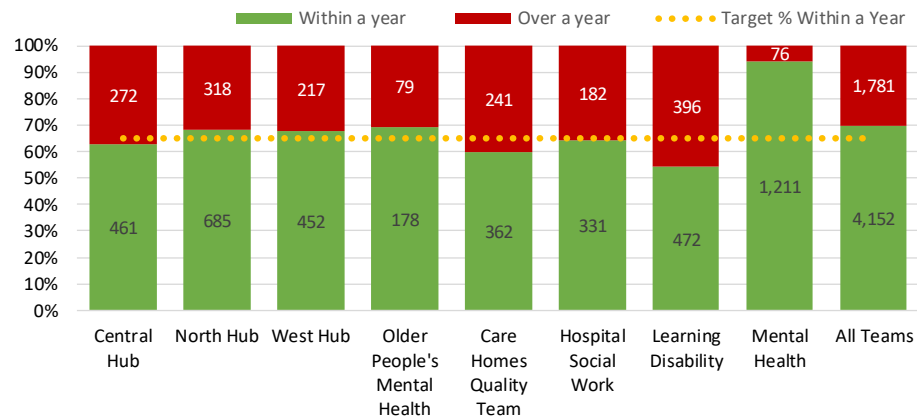
Reviews of Allocated Clients

Routine reviewing and re-assessing of clients receiving a package of care is a significant social services requirement.

End of September 2018

Mental Health Services are now achieving over 90% compliance and improving. Learning Disability Services continue to make significant improvements in reviewing clients since May 2018, as have CHQT.

We will continue to focus on progress in reviewing clients, setting targets for improvement. For September 2018, this is the first time we have attained 70% in some years

End of August 2018

Number of Allocated Social Work / Review Cases & Time Since Most Recent Assessment of Need	Most Recent Assessment Within a Year		Most Recent Assessment Over a Year	
Team	Number of Clients	% of Clients	Number of Clients	% of Clients
Central Hub	461	62.9%	272	37.1%
North Hub	685	68.3%	318	31.7%
West Hub	452	67.6%	217	32.4%
Older People's MH Team	178	69.3%	79	30.7%
Care Homes Quality Team	362	60.0%	241	40.0%
Hospital Social Work	331	64.5%	182	35.5%
Learning Disability	472	54.4%	396	45.6%
Mental Health	1,211	94.1%	76	5.9%
All Teams Sep 2018	4,152	70.0%	1,781	30.0%

Number of Allocated Social Work / Review Cases & Time Since Most Recent Assessment of Need	Most Recent Assessment Within a Year		Most Recent Assessment Over a Year	
Team	Number of Clients	% of Clients	Number of Clients	% of Clients
Central Hub	458	64.0%	258	36.0%
North Hub	672	68.4%	311	31.6%
West Hub	459	69.0%	206	31.0%
Older People's MH Team	173	68.9%	78	31.1%
Care Homes Quality Team	357	59.2%	246	40.8%
Hospital Social Work	343	64.6%	188	35.4%
Learning Disability	423	48.7%	446	51.3%
Mental Health	1,204	93.6%	83	6.4%
All Teams Aug 2018	4,089	69.2%	1,816	30.8%

Allocated Clients Most Recent Assessment: Sep 2018

Allocated Clients Most Recent Assessment: August 2018
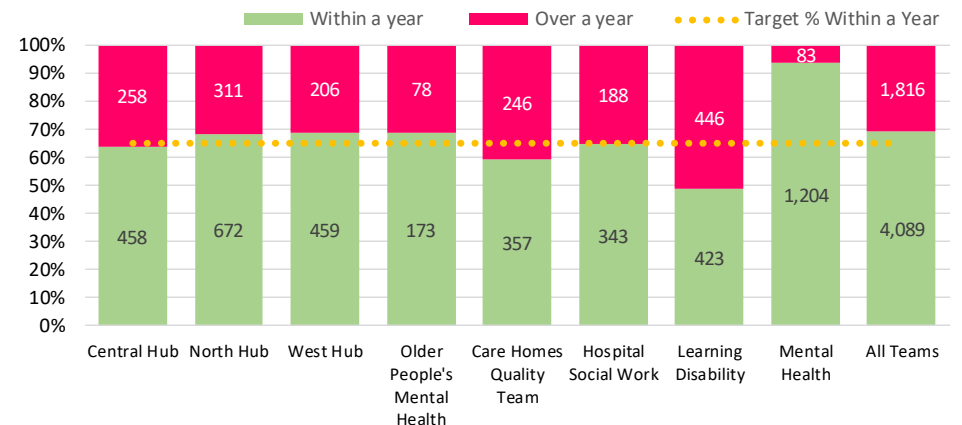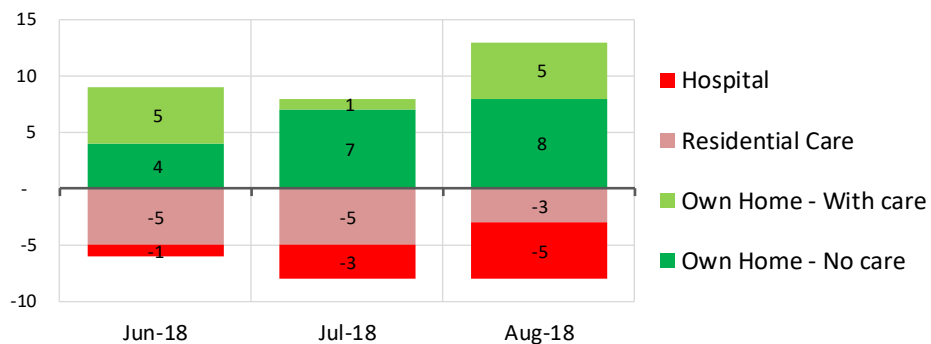
Effectiveness of Reablement

Residential Reablement

The residential reablement service continues to provide effective reablement: the majority of people go home rather than to institutional care. The length of stay improved to 37 days, possibly because many did not require ongoing care.

During each of July and August 2018, 8 people exited to hospital or residential care, which are higher numbers than usual.

| Leaving Residential Reablement	Jun-18	Jul-18	Aug-18	Month Trend	Direction of Travel
Left Residential Reablement	**15**	**16**	**21**	⬆	High
Of which					
Own Home - No care	4	7	8	⬆	High
Own Home - With care	5	1	5	⬆	High
Residential Care	- 5	- 5	- 3	⬆	High
Hospital	- 1	- 3	- 5	⬇	High
Deceased	-	-	-	⇨	Low
% went home	*60.0%*	*50.0%*	*61.9%*	⬆	*High*
Average Length of Stay (Days)	**43.2**	**39.3**	**36.7**	⬆	Low

Community Reablement

The data on community reablement is unfortunately not as robust as data relating to residential reablement and we will be taking action to improve the data quality, coverage and completeness.

The average length of service reduced during August 2018 and there were further improvements to the proportion ending community reablement with less or no ongoing care.

Leaving Community Reablement	Jun-18	Jul-18	Aug-18	Month Trend	Direction of Travel
Left Community Reablement	**43**	**36**	**35**	⬇	High
Of which					
No care	29	27	32	⬆	High
Reduced Care	8	5	2	⬇	High
Same or more care	- 6	- 4	- 1	⬇	Low
Residential / Hospital	-	-	-	⇨	Low
Other	-	-	-	⇨	Low
% reduced / no care	*86.0%*	*88.9%*	*97.1%*	⬆	*High*
Average Days in Service	**61.2**	**46.5**	**37.4**	⬆	Low

Status Leaving Residential Reablement

### Status Leaving Community Reablement
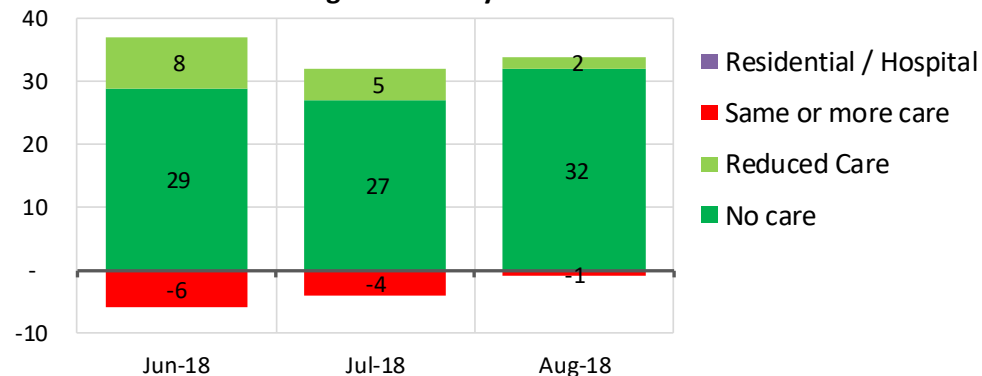
Timeliness of Response to Safeguarding Issues

We have been broadly meeting targets for timely response to safeguarding enquiries. However, in August 2018, targets were not met on either the 24 hours or 7 days decision time. We will monitor this.

We will maintain focus on swift responses to safeguarding enquiries. We continue to seek ways to improve the quality of enquiries so that a larger proportion meet the threshold for investigation.

Month	Jun-18	Jul-18	Aug-18	Month Trend	Direction of Travel
Enquiries Received	**118**	**128**	**97**	⬇	High
Timeliness of Response					
Responded within 24 hrs	62	51	46	⬇	High
% responded within 24 hrs	*61.4%*	*40.5%*	*49.5%*	⬆	*High*
Responded within 7 days	97	109	83	⬇	High
% responded within 7 days	*96.0%*	*86.5%*	*89.2%*	⬆	High
Responded over 7 days	4	17	10	⬆	Low
Awaiting response	17	2	4	⬇	Low
% awaiting response	*14.4%*	*1.6%*	*4.1%*	⬇	Low
Outcome					
Thresholds	**118**	**127**	**100**	⬇	High
Threshold Met	39	41	33	⬇	High
% Threshold met	*33.1%*	*32.3%*	*33.0%*	⬆	*High*
Threshold Not Met	45	75	47	⬆	Low
% Threshold not met	*38.1%*	*59.1%*	*47.0%*	⬆	*Low*

Timeliness of response to Safeguarding Enquiry
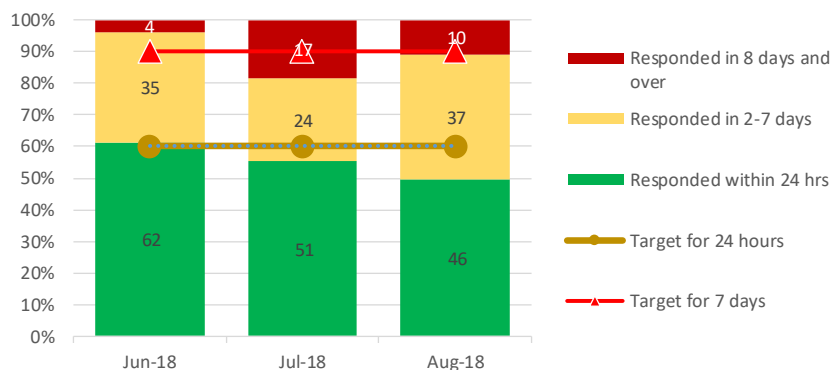
Timeliness of Deprivation of Liberty Assessments

For 2018/19 a more challenging target of 70% of assessments completed within 22 days has been set. There is a specific issue with timeliness for the majority of BIA assessments. The establishment of new working arrangements is expected to improve this performance and early results do show improvements in August.

Timely Completion of Doctor Assessments
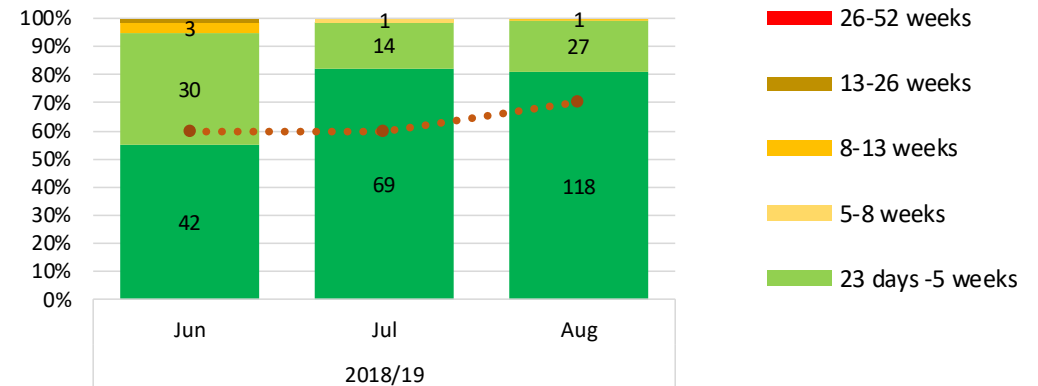
Timely Completion of BIA Assessments
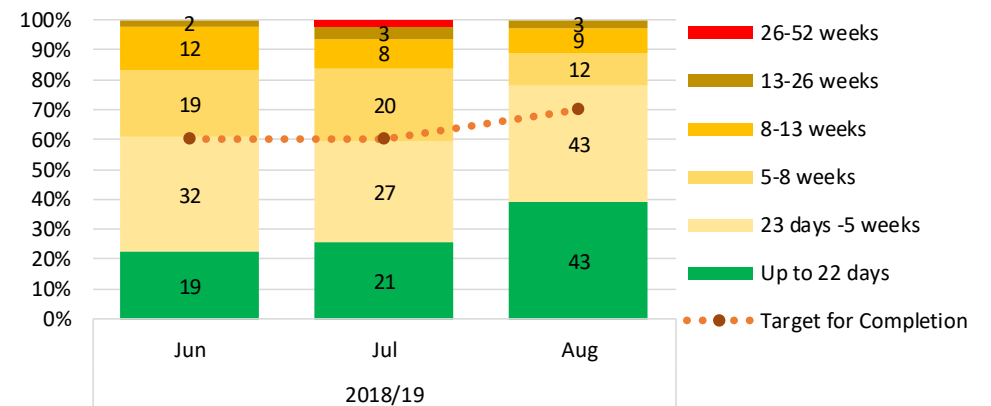
Delayed Transfers of Care (DToCs)

The impact of the domiciliary care market issues is that it is harder to set care up for people. This has an impact on people waiting in hospital and is evidenced by recent DToCs data.

There was a significant increase of delayed transfers from hospital due to delays in setting up home care packages in August and September 2017. This eased in the months from October 2017 onwards, but remains above historic levels. For September 2018, we do see a smaller number of delays to starting packages of care.

Delayed Transfers	Jul-18	Aug-18	Sep-18	Month Trend	Direction of Travel
Total Delays	**33**	**37**	**38**	⬇	Low
Of which					
Health / Other Reasons	18	21	26	⬇	Low
Social Services Reasons	15	16	11	⬆	Low
% social services	*45.5%*	*43.2%*	*28.9%*	⬆	*Low*
Awaiting Package of Care	6	11	7	⬆	Low
% of Social Services Reasons	*40.0%*	*68.8%*	*63.6%*	⬆	*Low*

Delayed Transfers - Reason Type and Waiting for Care
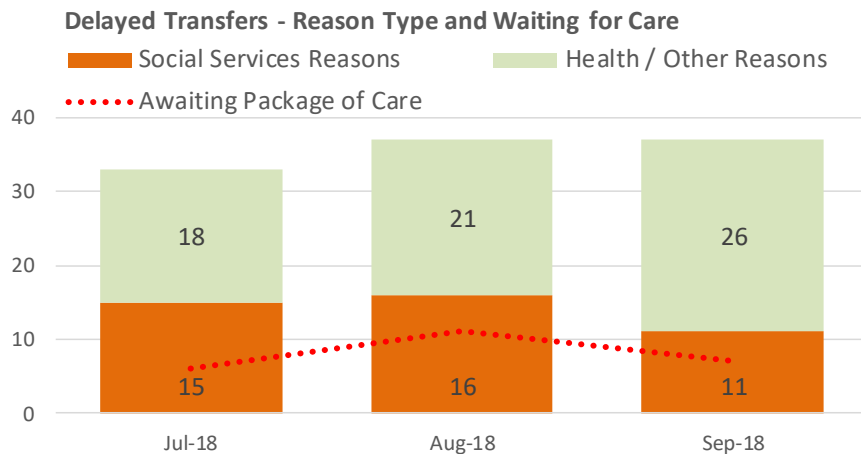
ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
DATA FOR AUGUST / SEPTEMBER 2018

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Summary of Expectations, Standards & Performance

Throughout this report, each series of information is prefaced by a brief summary of any national or local performance indicators and performance against those.

For subjects where there are no indicators or indicators that do not assist the reader to evaluate performance, we have provided some commentary to assist the reader.

Additional commentary is provided throughout the text.

Common Access Point (CAP)

We continue to deal with a large volume of requests for support via the Common Access Point (p.6). We have been successful in improving the number of people being dealt with at the CAP by means of information, advice and assistance (p.7).

We have strengthened the Multi-Disciplinary Team (MDT) approach to triaging incoming requests for support (p.8). We believe that the MDT approach is helping to prevent unnecessary assessments and we have taken steps to improve the flow of work through to the rest of the service.

We have been tracking the changes we made in December 2017 to strengthen the MDT focus. We have been making changes to optimise and refine the working processes based on the data reported here. Our further analysis with additional data indicates that we need to look again at how the 'front door' operates.

We will continue to improve our recording arrangements for Third Sector Broker activities to develop stronger intelligence on our use of the third sector to support the population (p.8).

Local Area Co-ordination (LAC)

A new IT system has been introduced and we are now updating our reports. Data recording has resumed. Our performance team will continue to work with the LAC Team to maximise the utility of the data they are gathering (p.10). Performance is consistently exceeding target for 2018/19.

Delayed Transfers of Care

We have been supporting our NHS Hospital colleagues by continuing to focus on ensuring the pathway home from hospital is as speedy as possible and social care related delays are minimised (p.11).

Performance in the new Measure 18 for 2017/18 was hampered by difficulties in setting up packages of care (p.11), enabling people to be discharged from hospital. Improved validation processes in some service areas has improved performance

At the mid-year point, we are meeting our target. This good performance will need to be maintained throughout the winter months to meet the revised target.

Assessment and Care Management

We are aware that enquiry-handling, assessment and care management practice across the department is in need of some refreshment and renewal. In particular, we need to review our approach to assessment to ensure it fits with the Social Services and Well-Being Act, and that we can ensure that we have effective reviewing arrangements to help people to remain independent. We will be implementing a new practice framework for social work during 2018/19 and we will be carrying out a range of data cleansing and analysis activities at the same time.

Integrated Health and Social Care Services
Activity continues to be sustained (pp. 16-20) and most assessments are completed in under 30 days (p. 20)

Mental Health
The service continues to provide assessment for those requiring mental health support (pp. 22-23)

Community Reablement:

The service met both locally –set targets for 2017/18 set against the new national performance indicators (p.24). Performance has further improved during 2018/19.

There have been some improvements in the effectiveness of the community reablement service during the year (p. 26-27) but the evidence is incomplete. We have been working through a program of development of the relevant information systems and improvements in recording is expected to improve consistency of recording.

Residential Reablement

There has been sustained improvement in the effectiveness of the residential reablement service since it strengthened its acceptance criteria in autumn 2015 (p.28, p.30)

Permanent Residential / Nursing Care

While we have been able to reduce further the number of people who are supported in residential care at a point in time (p.31), we continue to see admissions running at a higher level than we would like (p.32). We have therefore introduced a Panel to test and challenge decisions made about new and temporary placements into residential and nursing care, and will need to monitor whether these arrangements help to reduce admissions overall.

Temporary Placements to Residential / Nursing Care

We provide analysis on the use of temporary placements on pp. 33-36. Through the Panel arrangements, temporary placements can now only be made for a maximum of two weeks. This appears to have created a higher level of throughput (p.34) and although this appears to have calmed we will need to continue monitoring.

Domiciliary Care

The numbers of people receiving a package of care has slightly increased (p.37) since the start of 2017/18, as has the total number of hours provided each month (p.39). Average hours per client has remained stable (p.40) in recent times. The number of people starting to receive long-term domiciliary care during 2016/17 exceeded the number of starters for the same period in 2015/16 (p.38). However this did not continue throughout 2017/18.

We are cautiously optimistic about these metrics as they suggest some stabilisation in the overall level of demand and could indicate our reablement strategy gathering force. We will continue to monitor this.

We have mapped the routes into long-term domiciliary care to ensure that effective decisions are made and that people are not over or under supported. We are now working to a plan based on this analysis and have started to take some remedial actions.

Safeguarding Adults

This is an area of critical focus due to the need to ensure that people are safeguarded. We continue to take great pains to ensure that our work is as effective as possible, keeping people safe and reducing the risk of further abuse or neglect.

Performance measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. However a further drop in performance on timeliness of response during August 2018 meant the 1 day target was missed.

Close scrutiny of this by the Principal Officer and Head of Service is being carried out and will be considered once further data has been prepared.

Deprivation of Liberty Safeguards (DoLS)

DoLS has become a national adult social services issue due to the unprecedented increase in statutory work created by a significant legal ruling. With typically over a hundred requests arriving monthly, the challenge continues (p.45).

In Swansea the DoLS situation improved during 2017/18, with the prior backlog almost cleared. We continue to monitor this area of work.

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance have been noted during 2018 (p.45).

Welsh Government expects the core elements of the process to be completed in 21 days. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60% (p.45). During 2018/19 this has dropped to 54.5% but is improving and the new arrangements are starting to make a difference.

Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves and preliminary results for August suggest strong improvement.

Common Access Point (CAP)

The Common Access Point continues to be reviewed for function and purpose. The key expectations for the service and outcomes against those are set out below. (This service may also be referred to as 'Intake' or 'the front door'.)

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new national performance measure. Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. An initial target of **80%** was set for 2017/18 and continued into 2018/19.	We have now prepared a method to produce the information. Performance for 2016/17 was **86.4%.** We lack contextual information to allow us to determine what would be appropriate performance levels, and we have developed this in 2017/18. For 2017/18, performance on this indicator was well above target at **93.8%.** To date during 2018/19, performance of **85%** has been achieved, exceeding target.
To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.	Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective us of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

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Common Access Point (CAP)

Enquiries Received at Common Access Point

■ Complete at CAP

■ Enquiries transferred from Common Access Point

27706, 88.3%

3,669, 11.7%
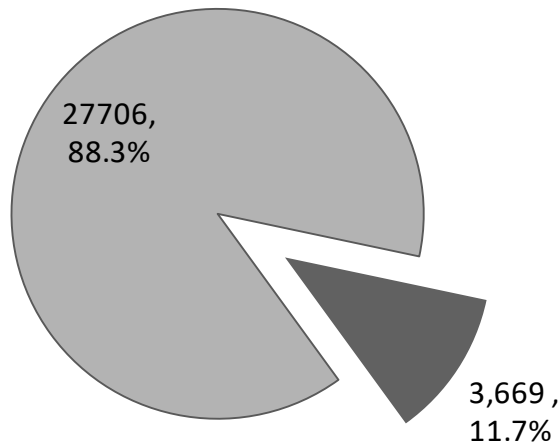
Enquiries Processed Via Common Access Point

■ Enquiries transferred from Common Access Point   ■ Complete at CAP
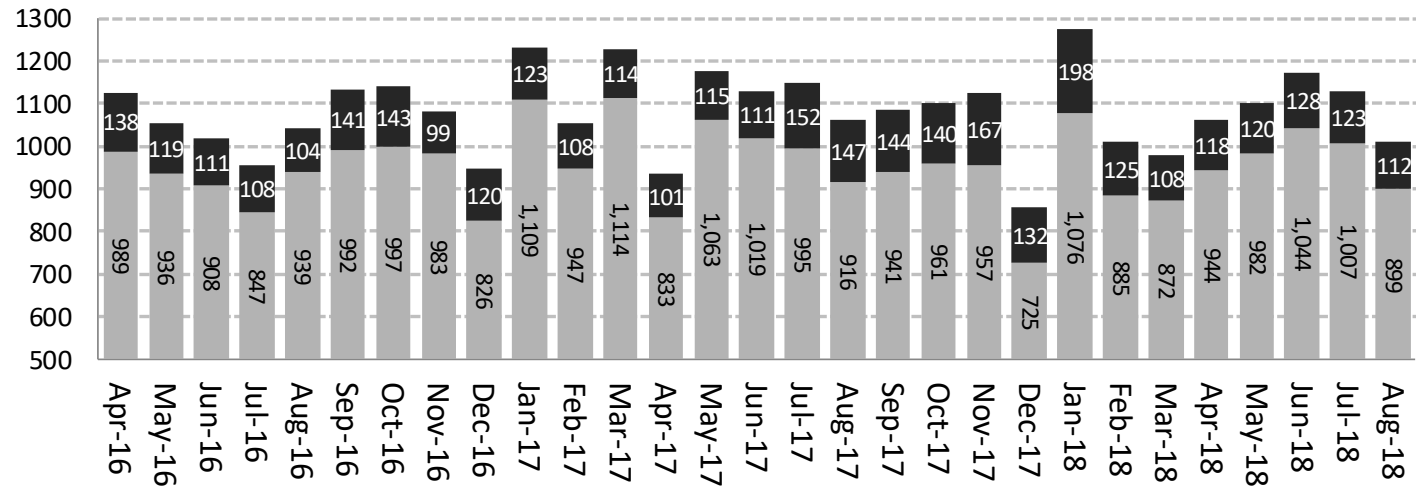
During the period April 2016 – April 2018, 88% of enquiries were processed via the CAP are passed through to other teams. 12% of enquiries are completed at CAP.

What is working well?	What are we worried about?	What are we going to do?
The number of enquiries appears to be relatively constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	Continue to work with Team Manager to improve recording of activity within CAP.
January 2018, as in January 2017, saw considerably higher numbers of enquiries processed. This appears to be a seasonal effect since the last two Decembers have also seen notably fewer enquiries. More typical numbers dealt with in March & April 2018	Considerably higher than average numbers of enquiries came through CAP in January 2018. Fewer came through in February, matching the 2017 pattern, with ongoing increases seen since March 2018 until July.	We will continue to monitor for sustained changes to patterns of enquiry.

Enquiries Completed at the Common Access Point

Enquires Completed at Common Access Point

☐ Advice / Information ■ Signposted

960 , 26.5%

2,666 , 73.5%

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	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
■ Signposted	39	32	22	30	34	51	44	23	40	29	18	21	13	17	30	37	30	28	43	61	45	43	29	20	27	38	37	46	33
☐ Advice / Information	89	72	72	78	70	90	99	76	80	94	90	93	88	98	81	115	117	114	97	106	87	155	96	88	91	82	87	82	79

During the period since April 2016, almost three quarters of enquiries completed at CAP were for information / advice only. 26% were signposted.

What is working well?	What are we worried about?	What are we going to do?
The number of enquiries completed at intake appears to be relatively constant, suggesting relative stability in the amount of work coming through.	We are aware of issues in recording the complexity of working with preventative services (Local Area Co-ordination, Independent Living). There is a need to clarify what is 'signposting'.	The Performance Team will be monitoring the information being recorded and we will be making recommendations to CAP Team Manager.

Common Access Point (CAP)

Destination of Enquiries Initiated at the Common Access Point

Enquiries Processed Via Common Access Point	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Whole Period	% of total
Complete at CAP	104	141	143	99	120	123	108	114	101	115	111	152	147	144	140	167	132	198	125	108	118	120	128	123	112	3,669	11.7%
Integrated community health teams	419	476	395	417	371	501	448	457	350	383	309	283	321	324	296	242	265	234	234	257	303	288	323	307	255	10,028	32.0%
Safeguarding	268	247	273	256	213	233	227	303	208	262	265	260	215	226	264	318	287	310	253	241	235	277	307	301	270	7,411	23.6%
Social Work teams	201	203	202	195	145	278	192	146	81	115	89	100	108	116	122	96	52	157	79	92	98	121	121	116	170	4,313	13.7%
MDT	50	58	125	111	89	89	63	193	179	273	345	333	256	261	259	284	107	359	293	268	289	282	276	267	198	5,569	17.7%
Third Sector Broker	-	5	2	4	6	7	6	12	12	18	8	11	8	10	13	6	7	10	5	8	8	8	9	9	6	233	0.7%
EDT	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0.0%
Secure Estate	1	2	-	-	1	1	-	-	1	1	1	1	3	-	1	-	-	-	-	-	3	-	-	-	-	17	0.1%
Total Referrals Completed	1,043	1,133	1,140	1,082	946	1,232	1,055	1,228	934	1,178	1,130	1,147	1,063	1,085	1,101	1,124	857	1,274	1,010	980	1,062	1,102	1,172	1,130	1,011	31,375	100%
Enquiries transferred from Common Access Point	939	992	997	983	826	1,109	947	1,114	833	1,063	1,019	995	916	941	961	957	725	1,076	885	872	944	982	1,044	1,007	899	27,706	88.3%

Destination of Enquiry at Common Access Point Apr 2016 - Aug 2018

- Complete at CAP: 3,669
- Integrated Community Health: 10,028
- Safeguarding: 7,411
- Social Work teams: 4,313
- MDT: 5,569
- Third Sector Broker: 233
- Other: 135
- Secure Estate: 17
- Residential Care: 103
- Out of Hours contact: 28
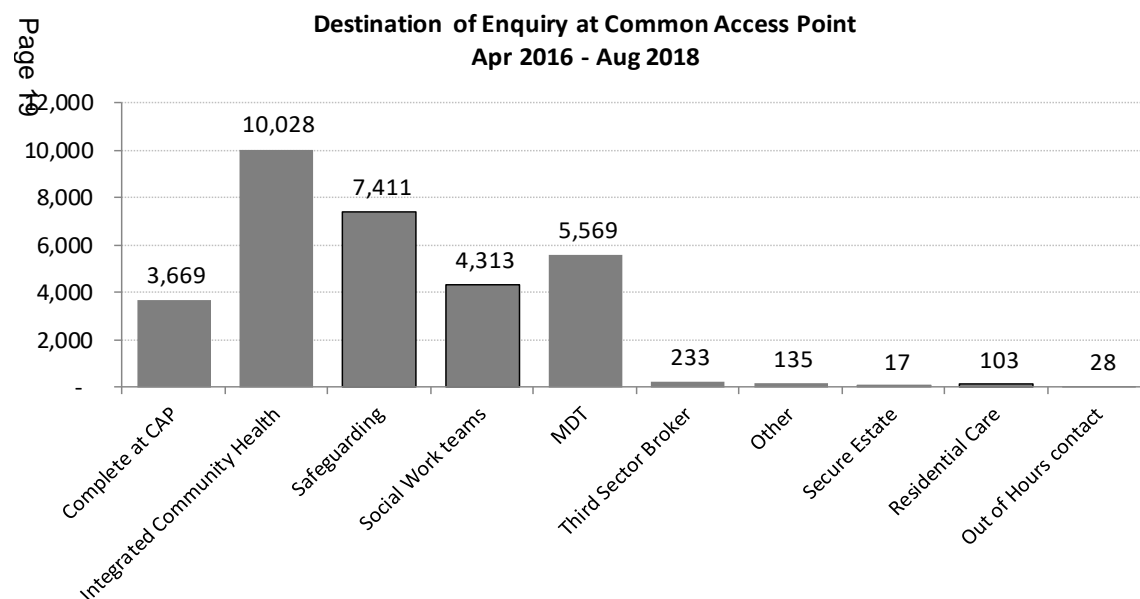
Note: we continue to work on ways of summarising this data and as such there is a lack of complete alignment with the later data provided on referrals. Note also that this data refers to enquiries and not the number of individuals to whom an enquiry relates. In practice, the way we work can result in multiple enquiries for an individual.

'Integrated community health teams' refers to OTs, physios and specialist NHS community health disciplines provided within the Hubs. Since April 2016, they received 32% of enquiries received at CAP.

'Social work teams' refers to social work services provided within the Hubs. They received 13.7% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 23.6% of referrals related to safeguarding and were distributed appropriately across all teams.

Common Access Point (CAP)

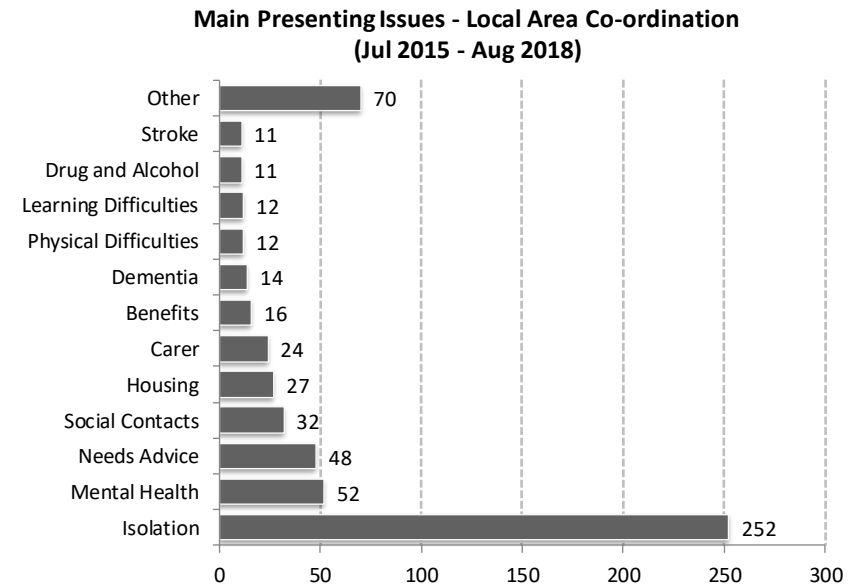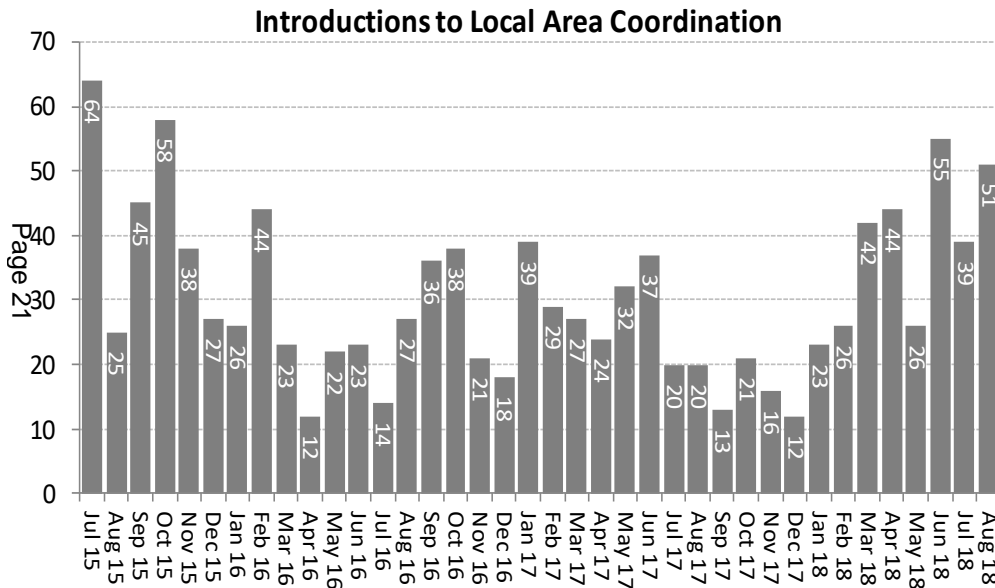| What is working well?	What are we worried about?	What are we going to do?
Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards and further extended during the period since December 2018. The MDT carries out proportionate triage in order to divert or establish need for further assessment	During December 2017 a new MDT service structure was implemented within the CAP. We are continuing to look at refining to reach the optimum configuration. The proportion of total enquiries that are dealt with by the MDT has not been growing at the pace that we had anticipated.	We have been monitoring the new arrangements to strengthen the MDT approach. We continue to monitor as we optimise. Assistant Team Manager carrying out quality assurance checks on a sample of referrals to establish whether they were handled / recorded correctly. We will re-visit the Common Access Point / MDT service and its processes in the coming months.
The anticipated high number of safeguarding referrals was processed due to the anniversary of the relevant court judgment that drove up DOLS referrals.	There have been fluctuations in the number of safeguarding referrals periodically since April 2016. During the Autumn of 2016, this was due to specific issues relating to a particular residential home; a pro-active plan with CSSIW and the Health Board was enacted to address these issues.	We are examining the data to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals if the relevant Paris process is followed.	The reliability of some of the data gathered is unknown.	Performance management staff are working with the service to develop appropriate recording processes to support Third Sector Broker activity.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 35 new introductions to the service each quarter during 2016/17. For 2017/18, this was set at 60 a quarter and for 2018/19 the target is 75 a quarter or 25 a month.	The target was met each quarter in 2016/17, and the result for 2017/18 exceeded target with some temporary dips in performance. Target for 2018/19 is being met comfortably.

Requests for Local Area Co-ordination and Main Presenting Issues

Introductions to Local Area Coordination

Main Presenting Issues - Local Area Co-ordination (Jul 2015 - Aug 2018)

Issue	Value
Other	70
Stroke	11
Drug and Alcohol	11
Learning Difficulties	12
Physical Difficulties	12
Dementia	14
Benefits	16
Carer	24
Housing	27
Social Contacts	32
Needs Advice	48
Mental Health	52
Isolation	252

'Other' includes categories of less than 10 introduction reasons in the period, including Child and Family, Community Tension, Domestic Violence and Employment.

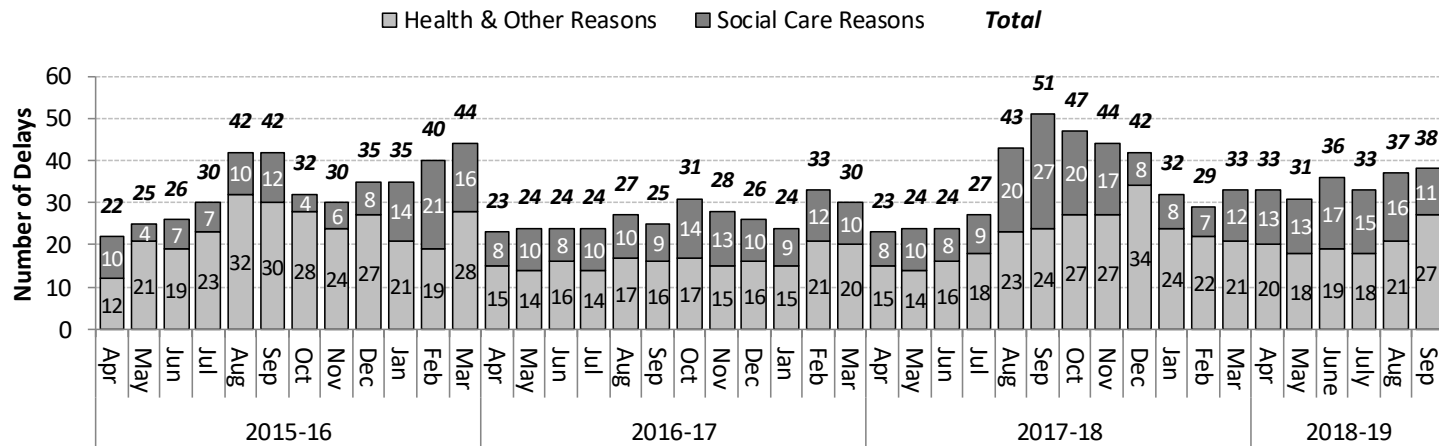| What is working well?	What are we worried about?	What are we going to do?
There is an updated database in operation to capture information about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers for some periods.	Continue working to extract and report meaningful data from the new system.

Delayed Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2017/18 was set to less than 4 per 1,000 adults aged 75+, which proved unachievable. The target for the year 2018/19 has been set to less than **6** per 1,000 adults aged 75+.	Performance for 2016/17 met the target, coming in at **5.8** in line with projections. For the whole of 2017/18, performance was **5.9** and therefore missed target. This was influenced substantially by the very large numbers of delays reported August – October 2017. Performance in 2018/19 is **2.8** up to September 2018, which is within target for this stage of the year.

Reason for Delayed Transfers of Care
Apr 2015 - Sep 2018

Health & Other Reasons 868 64%

Social Care Reasons 481 36%
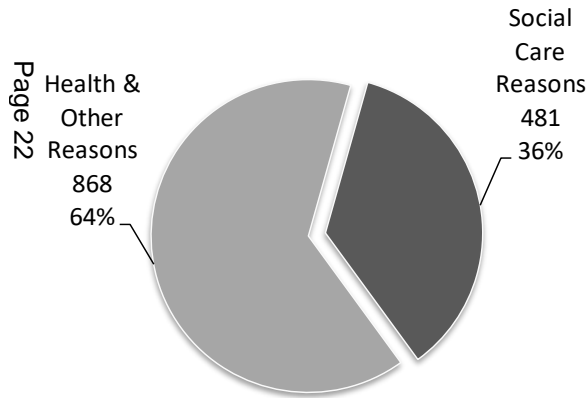
Spread of Delayed Transfers of Care

☐ Health & Other Reasons ■ Social Care Reasons *Total*

The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay in start of package of home care.
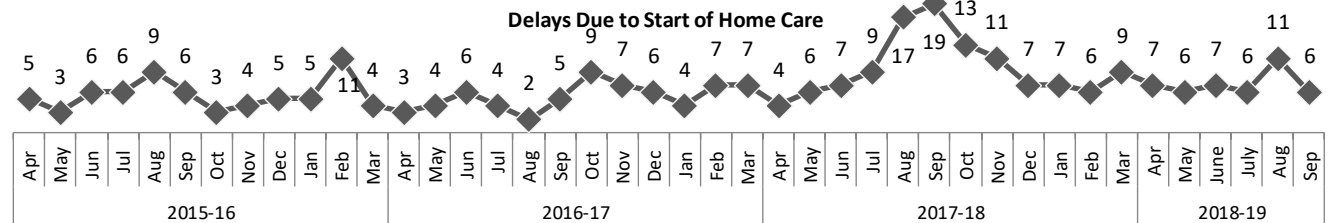
Delays Due to Start of Home Care

Reasons for Delay and Associated Monthly Averages

Main Social Care Delay Reasons (Apr 2015 - Sep 2018)

- Residential / Nursing Care 30 6%
- Capacity issues 23 5%
- Funding Issues 39 8%
- Awaiting completion of assessment 37 8%
- Housing-related 22 4%
- Home adaptation / equipment 27 6%
- Home Care Provision 300 63%

Average Social Care Delays per Month by Delay Reason (Apr 2015 - Sep 2018)

Delay Reason	Average
Funding Issues	1.0
Capacity issues	0.6
Residential / Nursing Care	0.8
Home Care Provision	7.5
Home adaptation / equipment	0.7
Housing-related	0.6
Awaiting completion of assessment	0.9

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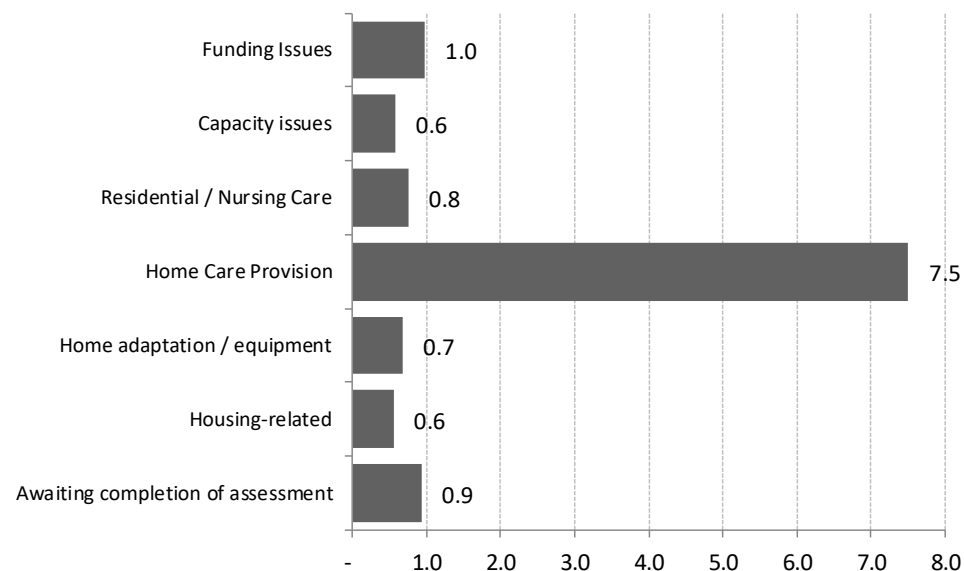
The above data shows that of the **478** delays for social care reasons recorded at Census day since April 2015, the most common reason delays in arranging an appropriate package of care to support a person in their o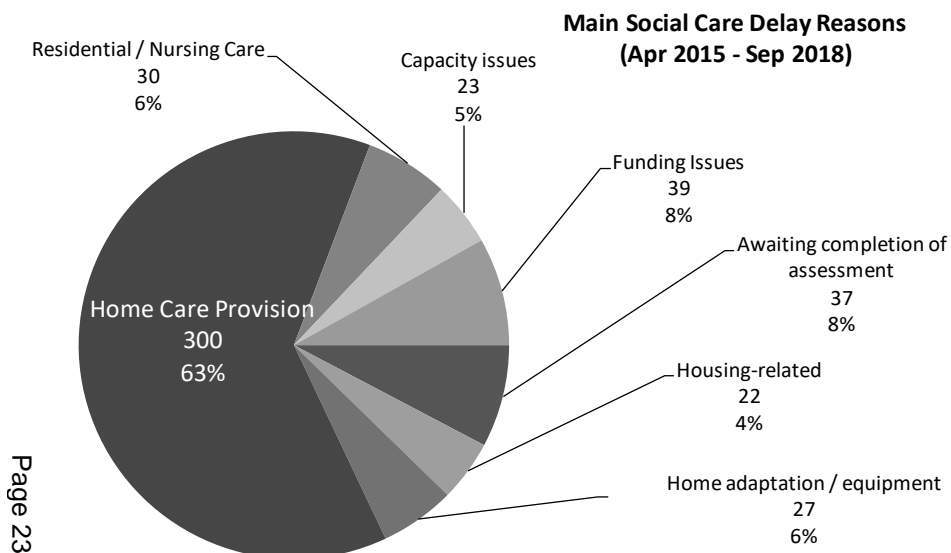wn home with 300 (or 63%). There is an average of 7.5 delays a month for this reason. Around 6% of delays relate to delays in arranging for residential / nursing placements to be made, with an average of 0.8 for this reason each month.

Delays due to incomplete assessment had been infrequent, with only 5 recorded in 28 months to July 2017. Following increases since August 2017, the average has risen from 0.2 per month to 1.1 by July 2018. This appears to relate to the recording practices in one particular team and has reduced in recent months.

Typically an average of 1.0 persons delayed for social care funding reasons (not necessarily for residential care).

What is working well?	What are we worried about?	What are we going to do?
Social care delays had been relatively stable though declining since March 2017. From November 2017, there was a good level of reduction in delays for social care reasons and this continued through the winter.	Significant worsening in numbers of individuals delayed due to waiting for package of home care, with notable deterioration in August and September 2017, continuing at a reduced rate into October and November 2017.	We will continue to maintain focus on facilitating early discharge. We want to develop and use better evidence about delays to address the issues that are identified
Delays for package of home care starting had been kept to a reasonable number.	Increasing numbers delayed since June 2017. Issues with capacity in the home care market are expected to continue to cause difficulties.	We continue to seek ways to improve the availability of hours of care to people who need care to return home. We are actively working with providers to ensure capacity is available. Effective procedures are in place to escalate cases where there is a social care delay for whatever reason, and targeted activity is undertaken by both the hospital and community teams to expedite discharges. We recognise that we do have issues over availability of packages of care in the external sector, but wherever possible we put interim arrangements in place to deliver this care using the internal service.
The arrangements for recording and reporting delayed transfers are well-established	The established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	Software and processes to support more real-time reporting of delays during the month are in development.
We have re-established appropriate validation processes in place in relation to Learning Disability and Mental Health sites, working with colleagues in the Health Board. This has resulted in fewer recorded as delayed and some retrospective errors were detected through this process.		Validation on LD and MH cases will continue.

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Assessment and Care Management

All the data provided here comes from Paris and various elements of terminology have been translated in order to assist in explaining how the data is being represented.

Safeguarding referrals and assessments are dealt with in a later section of this document.

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a local indicator AS10 which reflects the percentage of people who were due an assessment of social care need that received an assessment. For 2017/18, a target of 65% was set and increased to **70%** for 2018/19.	Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records. For 2017/18, performance was met the target at **68.4%.** For 2018/19, performance at end of August is **70%**, just on target
There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.	Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments. We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.
Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.	Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report

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Integrated Social Care and Health Services

Teams

In order to make reporting of the data meaningful, we have grouped the 30 Paris general and specialist teams together into specific groups for the purpose of reporting. Principal Officers are provided with team-level data on a monthly basis.

Teams included in this section are:

- *Central / North / West Hubs* includes the three social work Hub teams with a range of OT and physiotherapy staff, including both local authority and NHS workers.
- *Specialist Practitioners* refers to community health specialist services e.g. continence. They also work across the Central / North / West hubs.
- *Sensory Services* relates to specialist sensory and younger adults workers
- *Hospital Team* refers to the social work teams at Morriston and Singleton Hospitals
- The *Care Homes Quality Team* is a social work team that works with those living in residential and nursing care
- The *Older People's Mental Health Team* is the social work team working directly with those older people experiencing dementia and requiring specialist social work support.
- *Service Provision Teams* groups referrals or requests for specific service(s) to all areas of service provision, but notably brokerage for domiciliary care and the community reablement service (aka DCAS).
- *Sensory Services* relates to specialist social work support for people with visual or hearing impairment.

Types of Enquiries

With over 50 enquiry types reflecting the range of support provided to the community, we have classified the enquiry types to help make sense of the data and to allow for meaningful comparison.

- *MDT / Advice / Info* are enquiries that are dealt with as part of the multi-disciplinary screening process that has been piloted during the year. Note that many of these are dealt with at the Common Access Point.
- *Care Management Input* enquiries relate to requests for initial, review or specialist assessment by a social worker, including 'proportional assessment' under the new Act formerly known locally as 'integrated assessment'. Also included are enquiries requesting joint assessment or to support discharge from hospital.
- *OT Input and Physio Input* refer respectively to requests for OT or physiotherapy assessment, review or other input. The OT service includes staff employed by both social services and the NHS. Physiotherapy is exclusively provided by the NHS via the Hubs.
- *Specialist NHS Input* refers to enquiries to the community health specialisms such as incontinence which are delivered area-wide.
- *Service Requests* refers most commonly to enquiries relating to domiciliary care and community reablement but other services are also included e.g. respite. These enquiries only rarely relate to brand new requests for support and most enquiries relate to package adjustments etc.
- *Other Enquiry Types* includes specialist technical sensory impairment enquiries, requests for AMHP assessments and a small number of enquiries relating to more specialist services e.g. substance misuse.

Enquiries / Assessments and People

The tables and charts below reflect counts and proportions of enquiries and people. This is an important distinction since over time individual **people** commonly accrue enquiry **events** of different types.

All references below distinguish between **people** and **enquiries** and **assessments**

People Subject of Enquiry by Team and by Type of Enquiry

Individuals who were subject of an enquiry April 2016 – September 2018

Enquries - Number of People	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Tm	Service Provision Tms	Sensory Services	All Teams	% of all Types
MDT / Advice / Info	774	890	724	-	15	62	18	1	19	2,503	15.5%
Care Management Input	1,460	1,756	1,356	4	3,286	348	254	6	10	7,286	45.1%
OT Input	2,321	2,155	1,714	4	3	1	1	-	-	5,996	37.1%
Physio Input	1,418	1,214	1,000	-	2	-	-	-	-	3,525	21.8%
Specialist NHS Input	352	313	595	3,988	1	1	1	-	3	4,900	30.3%
Service Requests	1,821	1,941	1,309	-	426	1,446	45	2,613	317	7,354	45.5%
Other enquiries	7	44	4	4	32	1	59	-	999	1,138	7.0%
All Enquiry Types	**4,924**	**4,985**	**3,949**	**3,994**	**3,420**	**1,705**	**326**	**2,618**	**1,178**	**16,170**	
%ge of All Teams	**30.5%**	**30.8%**	**24.4%**	**24.7%**	**21.2%**	**10.5%**	**2.0%**	**16.2%**	**7.3%**		

With 4,985 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services, closely followed by Central with 4,924.

Number of People by Enquiry Team
Apr 2016 - Sep 2018

Number of People by Enquiry Type
Apr 2016 - Sep 2018
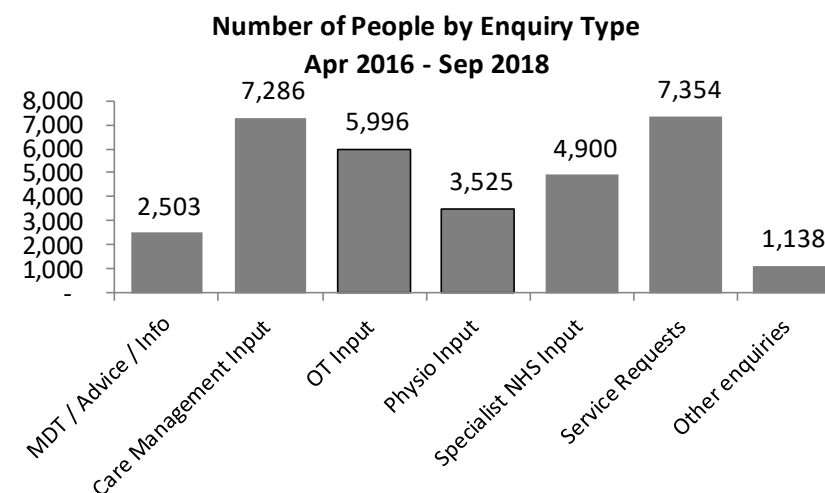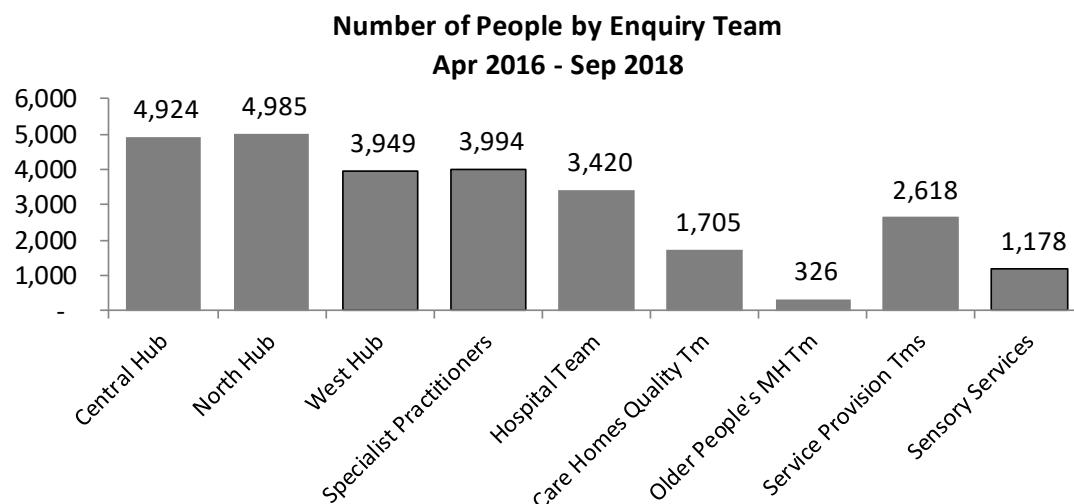
Number of Enquiries by Team and Type of Inquiry April 2016 – August 2018

Many service users receive more than one enquiry type in a period of time. Compared to the 16,170 individuals who were the subject of an enquiry since April 2016, 47,987 enquiries were logged, an average of 2.96 enquiries per person.

Enquiry Team	Number of Enquiries	%ge of all Enquiries
Central Hub	10,133	36.6%
North Hub	10,525	38.1%
West Hub	8,576	31.0%
Specialist Practitioners	5,130	18.6%
Hospital Team	4,853	17.5%
Care Homes Quality Team	2,938	10.6%
Older People's Mental Health Team	441	1.6%
Service Provision Teams	3,712	13.4%
Sensory Services	1,679	6.1%
All Referral Types	**47,987**	**100%**

Type of Enquiry	Number of Enquiries	%ge of all Enquiries
Advice / Information / MDT	3,002	6.3%
Care Management Input	10,304	21.5%
OT Input	8,452	17.6%
Physio Input	4,372	9.1%
Specialist NHS Input	6,499	13.5%
Service Requests	13,921	29.0%
Other enquiries	1,437	3.0%
All Enquiry Types	**47,987**	**100%**

The most common enquiry type (29%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 26.7% of enquiries, with enquiries about care management input represent 21.5% of enquiries.

What is working well?	What are we worried about?	What are we going to do?
There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly.	Continuing demographic pressure could escalate the number of enquiries.	Some preliminary analysis has been discussed within the service. This will build on work carried out on the Population Assessment and will be used to model future population need.
The distribution of enquiries across the hubs is now relatively even.	At present we are working towards a clearer picture of what typical activity looks like.	Performance staff and managers are working together to look in more detail at this topic. We need to revisit the configuration of the Hub teams following integration to make sure we have allocated resources effectively. The performance information will be vital to be able to help us do this.
The hospital team is now handling between typically 150 and 170 referrals each month.	Periodically reduced numbers coming through the hospital team with no consistent pattern.	Continue to monitor and take action where necessary.
We believe there is a consistent level of recording enquiries across the service.		Performance staff will work more closely with Paris staff in order to interpret spikes or troughs in data.

Numbers of People Assessed and Assessments Completed by Assessment Type and by Assessment Team

Number of People Received Assessment by Type Apr 2016 - Sep 2018
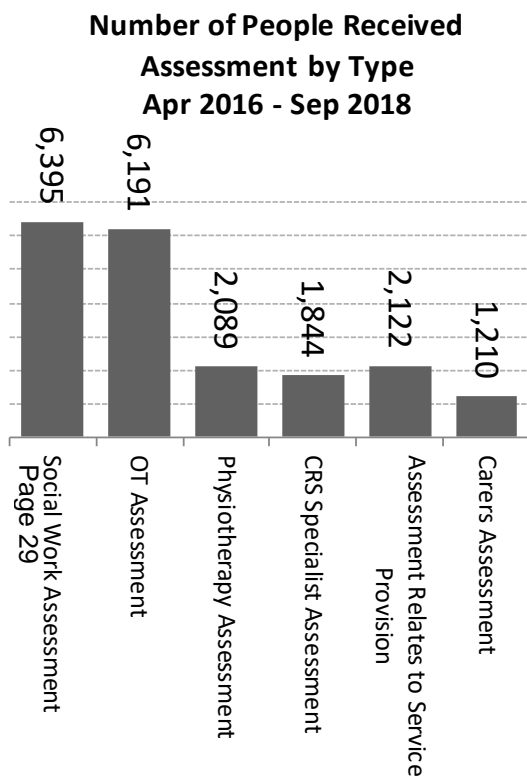
Number of Assessments and People Assessed by Team and Assessment Type: April 2016 - Sep 2018	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services	Ass'ts Completed	People Assessed
Social Work Assessment	1,897	3,343	2,289		2,186	1,234	1,170	756	**12,875**	**6,395**
OT Assessment	2,586	2,500	1,777						**6,863**	**6,191**
Physiotherapy Assessment	759	900	631	2					**2,292**	**2,089**
CRS Specialist Assessment	364	771	396	1,581					**3,112**	**1,844**
Assessment Relates to Service Provision	869	867	711	1					**2,448**	**2,122**
Carers Assessment	295	515	436		37		95	1	**1,379**	**1,210**
Number of Assessments Completed	**6,770**	**8,896**	**6,240**	**1,584**	**2,223**	**1,234**	**1,265**	**757**	**28,969**	
Number of People Assessed	**3,858**	**4,390**	**3,100**	**804**	**1,748**	**867**	**477**	**667**		**12,728**

The above table shows the number of assessments by different types since April 2016.

Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead.

'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.
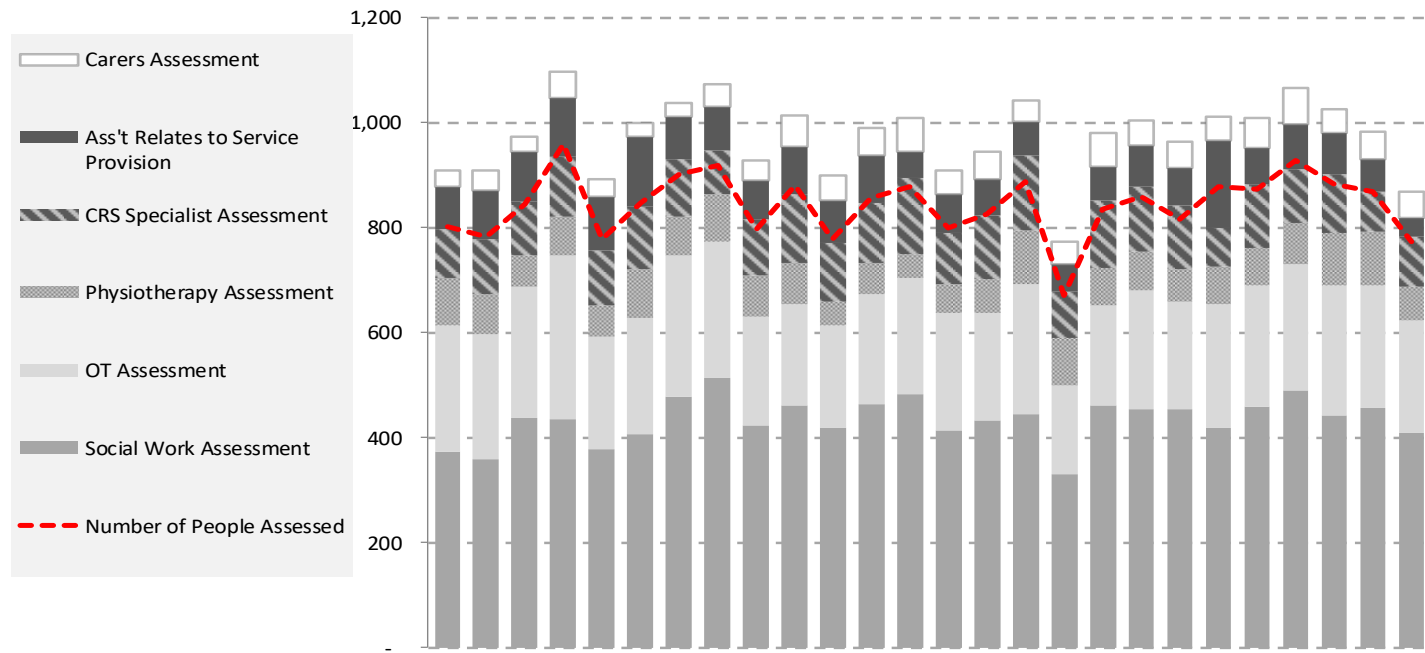
The largest numbers of assessments are in the category 'Social Work Assessment' and 'OT Assessment'.

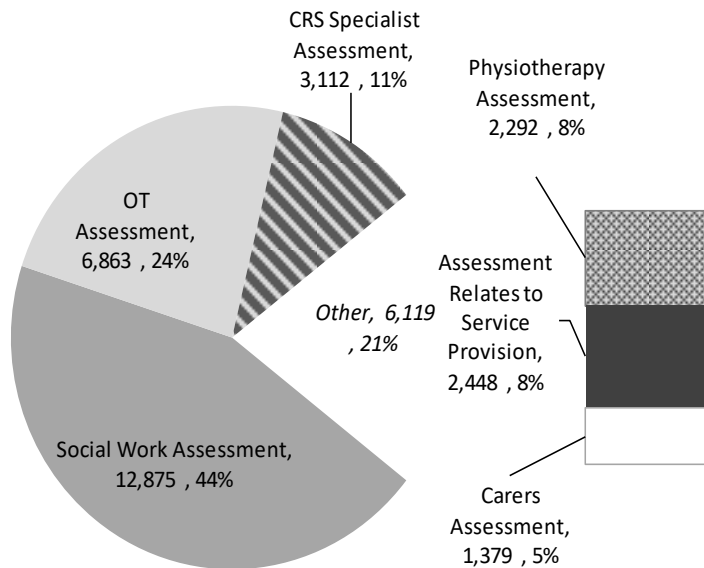## Distribution of Assessments by Type and Over Time (Apr 2016 – Sep 2018)

44% of completed assessments are social work assessments, which mostly comprise Overview Assessments and Review Assessments. Assessments for Occupational Therapy and Physiotherapy together account for 32% of all completed assessments. Assessments of need and OT / Physio assessments therefore represent 3 out of 4 completed assessments.

The dotted line in the graph above shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time.

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Number & Percentage of Assessments by Type
Apr 2016 - Sep 2018

CRS Specialist Assessment, 3,112 , 11%

Physiotherapy Assessment, 2,292 , 8%

OT Assessment, 6,863 , 24%

Other, 6,119 , 21%

Assessment Relates to Service Provision, 2,448 , 8%

Social Work Assessment, 12,875 , 44%

Carers Assessment, 1,379 , 5%

Legend:
- Carers Assessment
- Ass't Relates to Service Provision
- CRS Specialist Assessment
- Physiotherapy Assessment
- OT Assessment
- Social Work Assessment
- Number of People Assessed

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Carers Assessment	30	38	30	49	33	27	27	43	37	60	46	52	64	46	51	40	43	65	49	50	44	57	68	45	53	50
Ass't Relates to Service Provision	81	94	95	112	104	132	81	83	75	90	81	90	50	72	69	65	53	64	78	72	168	69	87	80	61	34
CRS Specialist Assessment	92	103	103	115	103	119	110	85	107	130	114	116	144	99	121	144	89	128	123	122	74	121	101	111	76	97
Physiotherapy Assessment	92	78	59	72	60	94	74	89	78	80	45	58	45	54	65	102	89	72	74	61	71	71	79	101	102	63
OT Assessment	240	236	249	312	215	222	269	260	206	193	194	211	223	223	206	246	169	191	227	205	236	233	242	246	235	215
Social Work Assessment	373	360	438	436	378	406	477	514	424	461	419	463	482	415	432	446	331	461	454	454	418	458	489	443	456	409
Number of People Assessed	801	783	844	960	777	848	903	919	798	881	777	856	878	800	825	888	670	836	860	817	877	874	928	883	869	773

Average Time Taken to Complete Assessments by Type

■ Social Work Assessment

□ OT Assessment

▨ Physiotherapy Assessment

◪ CRS Specialist Assessment

■ Assessment Relates to Service Provision

□ Carers Assessment

Average Days to Complete Selected Assessment Types by Selected Teams
Apr 2016 - Sep 2018
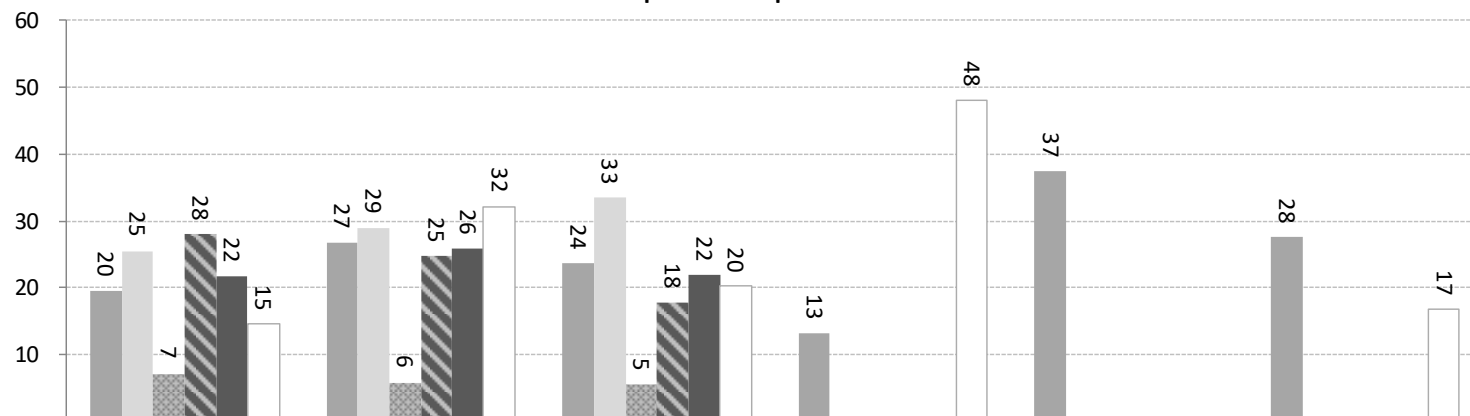
	Central Hub	North Hub	West Hub	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team
Social Work Assessment	20	27	24	13	37	28
OT Assessment	25	29	33			
Physiotherapy Assessment	7	6	5			
CRS Specialist Assessment	28	25	18			
Assessment Relates to Service Provision	22	26	22			
Carers Assessment	15	32	20	48		17

Note: Empty cells indicate no assessments of this type completed by this team.

What is working well?	What are we worried about?	What are we going to do?
A reasonably consistent amount of assessment activity continues to take place.	We are aware of current difficulties with accurately reporting numbers of new assessments/ re-assessments and reviews.	Performance staff and managers are working together to look in more detail at this topic.
The range of health and social care disciplines is now fully integrated within the Hubs, as can be seen by the range of assessments carried out.		The service will continue to work closely with the Common Access point in order to improve the MDT function (see earlier section).
Typically assessments of need are completed within 30 days by most teams.		Social work practice will be examined as part of the development of a practice framework.
Physio assessments are carried out swiftly by the Hubs. OT assessments take slightly longer than assessments of need to complete.	It is not clear whether physios are following the correct agreed procedure in Paris and may be recording assessments in casenotes, where they will not be counted as assessments.	The shortage of OTs and Physiotherapists is not limited to Swansea, and we will continue to seek to recruit appropriately-qualified people. We will look into the issue of physios recording assessments.

Caseloads & Reviews

At this stage, information on these subjects is not completely reliable across most work areas and as such we are working towards being able to present more reliable information as it becomes available.

In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have the intelligence to understand caseloads and therefore effectively deploy resources.
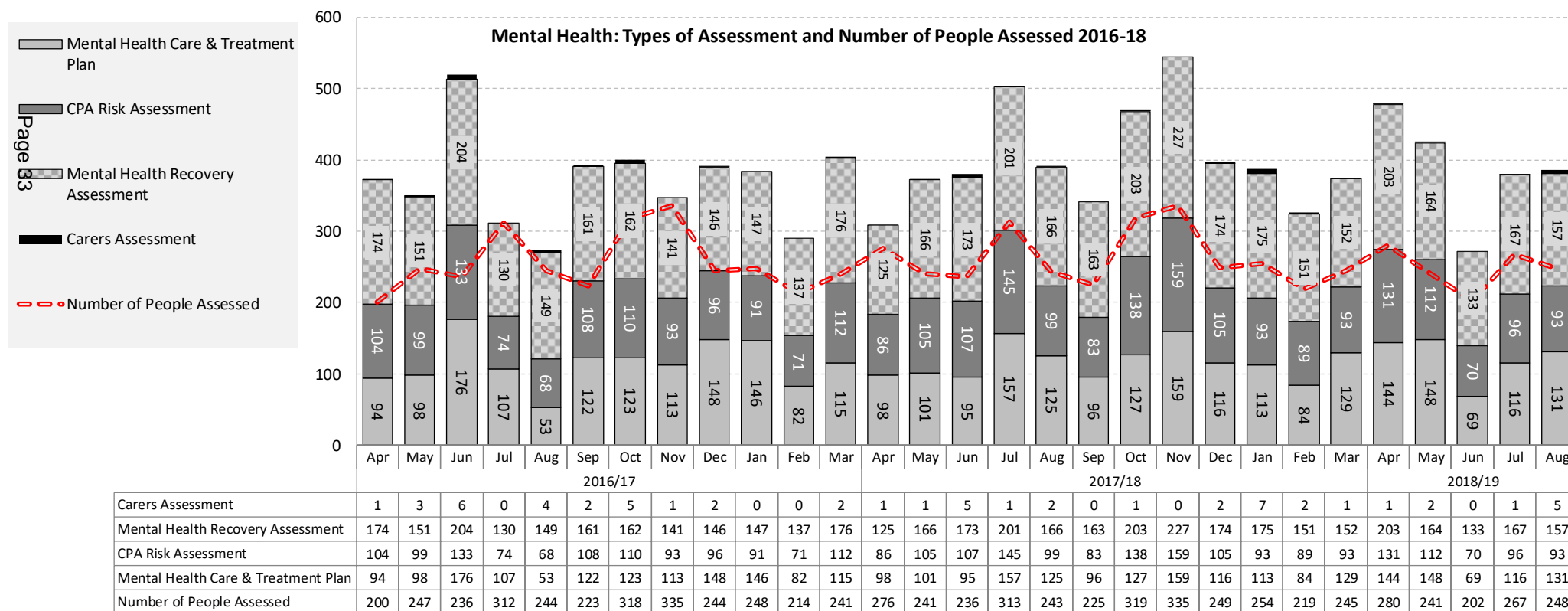
Assessment and Care Management: Mental Health

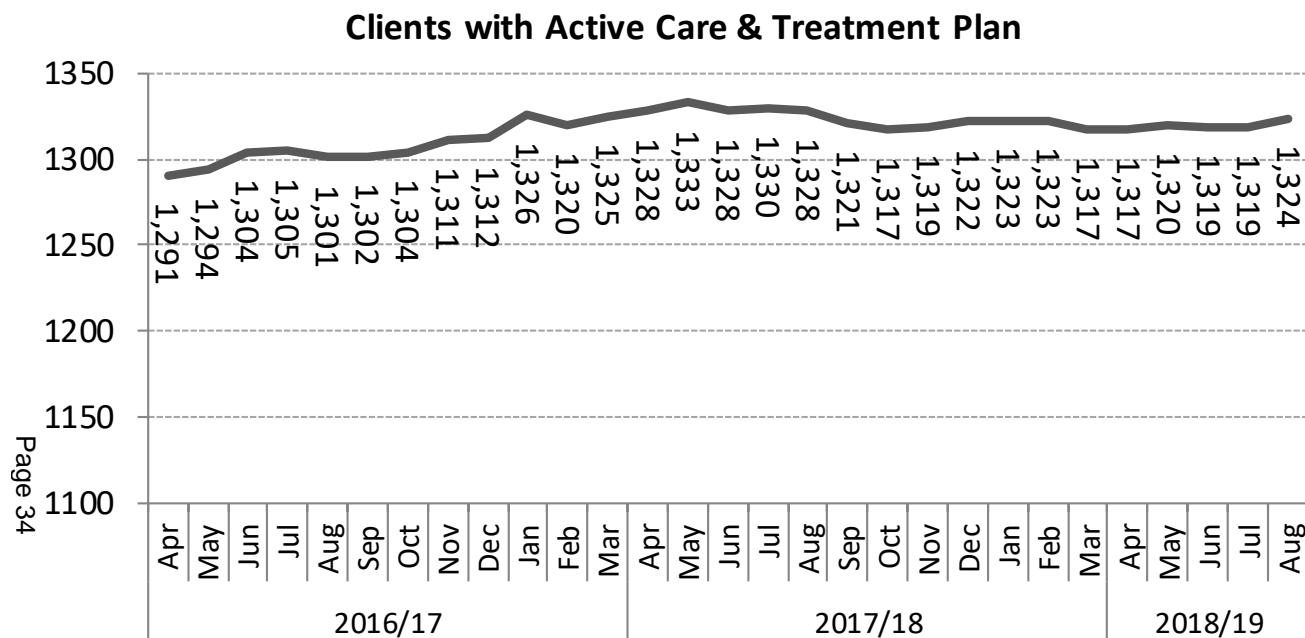### Numbers and Types of Assessment

Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried out and reviewed at periodic intervals. An *Associate Mental Health Professional (AMHP)* assessment is carried out where a person with a mental health problem may need to be admitted to hospital for care and treatment.

The dotted line shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time. This will be particularly the case for those who receive a Recovery Plan which identifies the need for care co-ordination and a subsequent Care & Treatment Plan.

Mental Health: Types of Assessment and Number of People Assessed 2016-18

Legend:
- Mental Health Care & Treatment Plan
- CPA Risk Assessment
- Mental Health Recovery Assessment
- Carers Assessment
- Number of People Assessed

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
							2016/17											2017/18									2018/19		
Carers Assessment	1	3	6	0	4	2	5	1	2	0	0	2	1	1	5	1	2	0	1	0	2	7	2	1	1	2	0	1	5
Mental Health Recovery Assessment	174	151	204	130	149	161	162	141	146	147	137	176	125	166	173	201	166	163	203	227	174	175	151	152	203	164	133	167	157
CPA Risk Assessment	104	99	133	74	68	108	110	93	96	91	71	112	86	105	107	145	99	83	138	159	105	93	89	93	131	112	70	96	93
Mental Health Care & Treatment Plan	94	98	176	107	53	122	123	113	148	146	82	115	98	101	95	157	125	96	127	159	116	113	84	129	144	148	69	116	131
Number of People Assessed	200	247	236	312	244	223	318	335	244	248	214	241	276	241	236	313	243	225	319	335	249	254	219	245	280	241	202	267	248

People with Active Care & Treatment Plan

Clients with Active Care & Treatment Plan

The 'caseload' for the mental health service is relatively-well defined since the Mental Health Measure stipulates a mental health client should have an active Care and Treatment Plan.

The overall caseload for the mental health service has remained relatively stable over the last 29 months (up 1% since April 2016). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing the number of clients by the number of workers gives only a rough estimate of average caseload. Although this method provided a steady statistical average of roughly 21 -22, it should be noted that due to the variety of staff working hours, this value is more indicative than real.
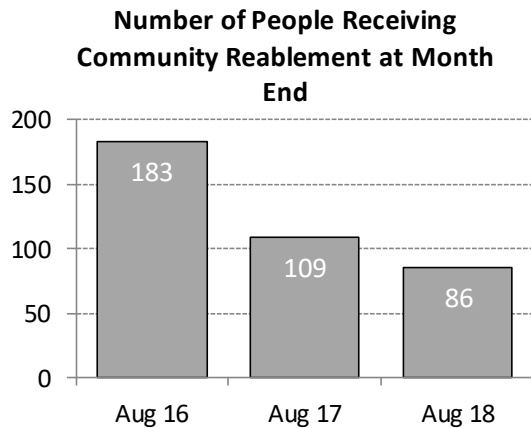
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training is substantial and lasts for most of a year.	We are going to look in more detail at issues that affect available resource.

Community Reablement

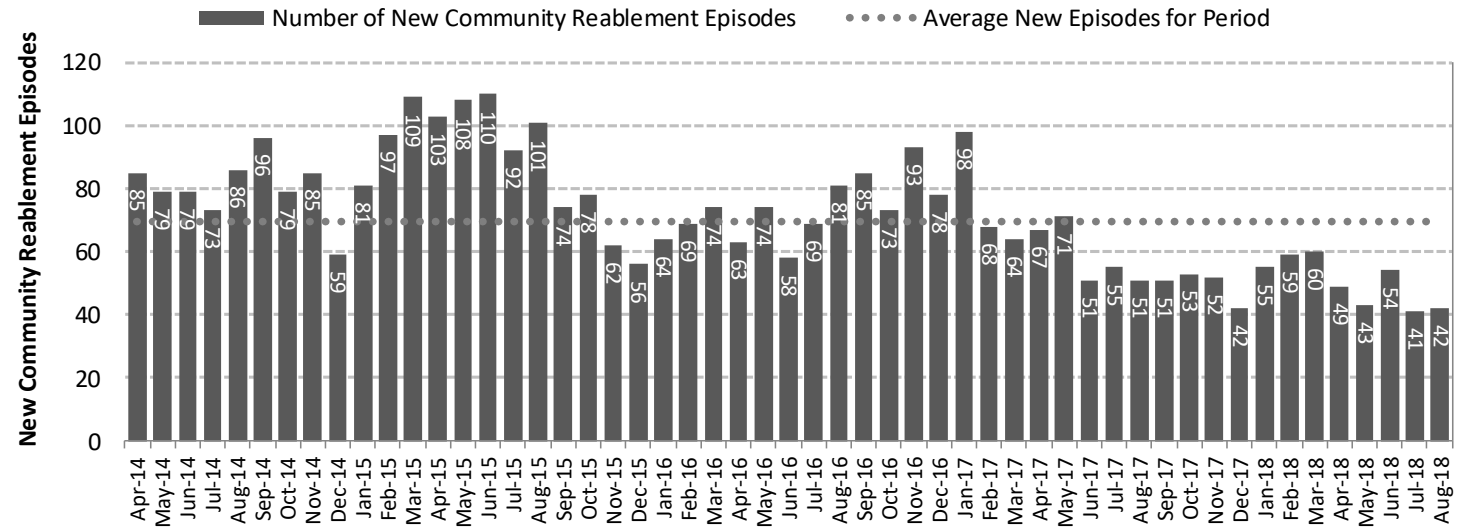| Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective the service has been in reducing the total burden on the managed care system.
There are two national performance indicators measuring the effectiveness of community reablement. These are brand new indicators and there continue to be national debates as to the final national definition of the indicator calculation method.	Staff are engaged in discussion with peers across Wales and contributing positively to a meaningful definition.
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. **Locally a target of 50%** was set for 2016/17 and 2017/18 and will continue for 2018/19.	Cumulative performance for 2016/17 was **66.7%,** meeting target**.** Final 2017/18 performance was **50%**, hitting target exactly. Performance up to Q2 of 2018/19 is further improved at **86.3%**
Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. **Locally a target of 25%** was set for 2016/17 and 2017/18 and has been continued into 2018/19.	Cumulative performance for 2016/17 was **27.7%,** meeting target**.** For 2017/18 performance was **79.3%**, considerably exceeding target. There have been 3 cases of this type during Q2 of 2018/19 and the performance result of **66.7**% exceeds the target.

People Receiving Community Reablement

Number of People Receiving Community Reablement at Month End

Number of People Receiving Community Reablement at Month End
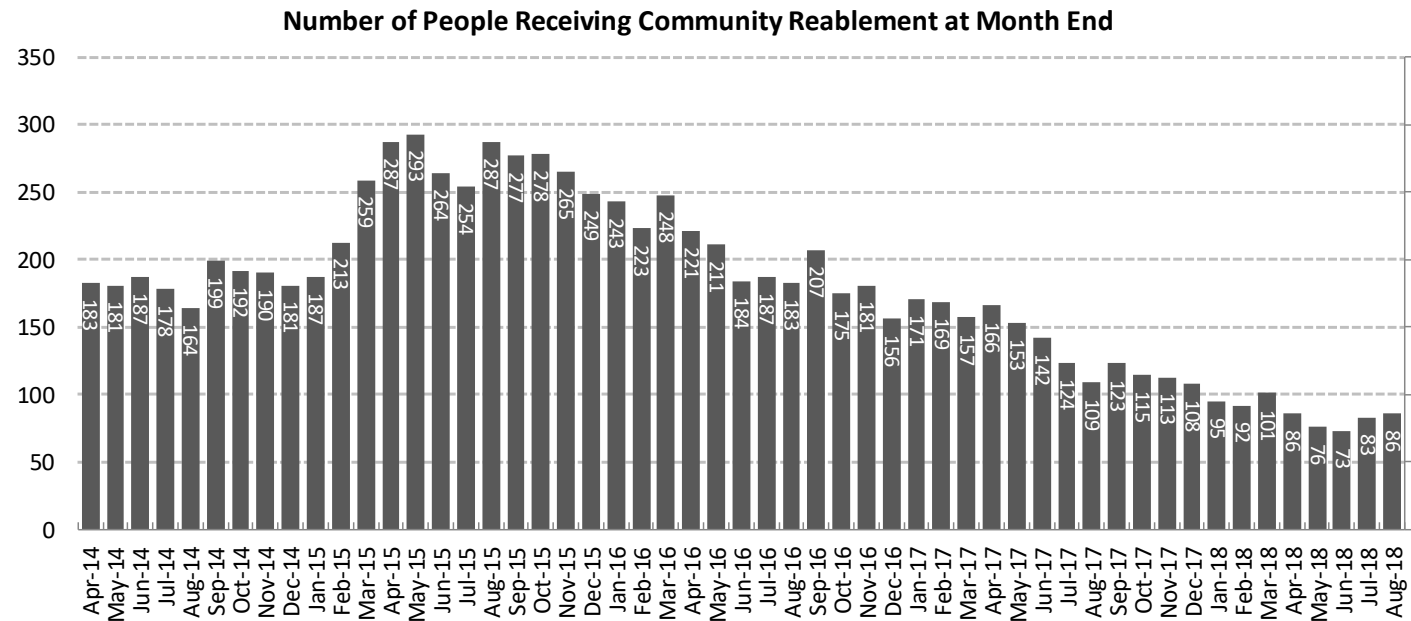
New Community Reablement Episodes (formerly DCAS)

Cumulative New Episodes of Community Reablement
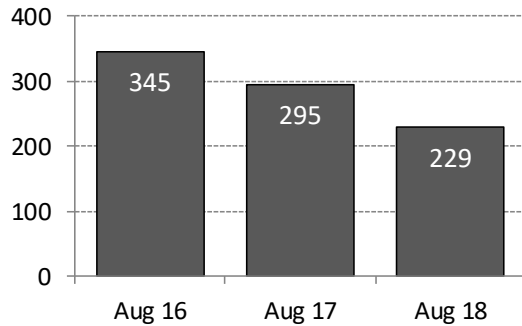
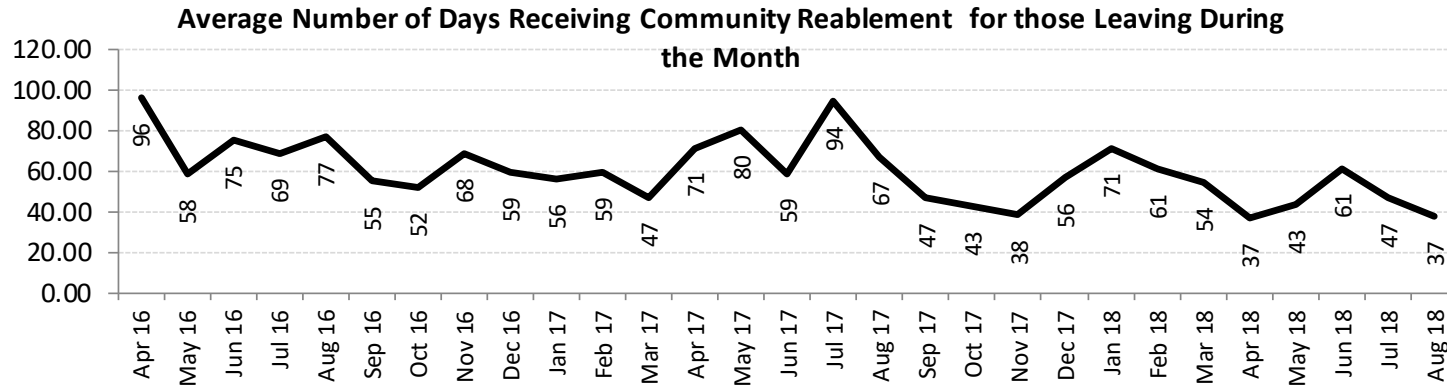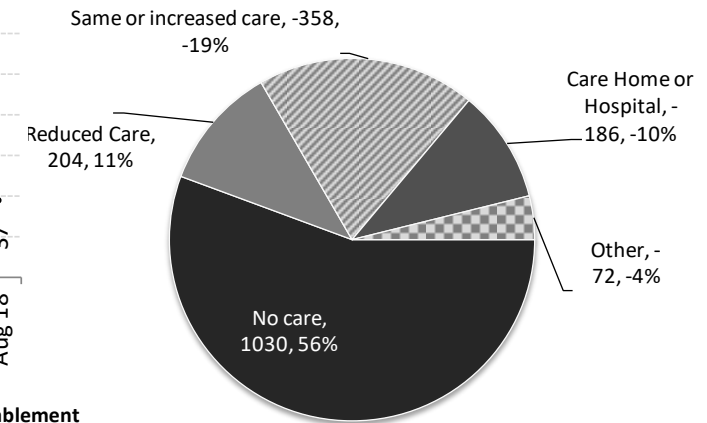**Number of New Community Reablement Episodes**

	What is working well?	What are we worried about?	What are we going to do?
	People continue to access the service and 80-100 people are currently being supported at any given time and on average 50 typically admitted each month.	June through October 2017 saw notable decreases in both starters and number in service. As can be seen from the following slide, we still need to develop the recording of outcomes following reablement from the service so do not have sufficient data to understand whether our criteria are correct.	We will continue to keep criteria for acceptance to the service under review.
	There has been a decline in the overall number supported in DCAS at the end of each month. This was achieved from Autumn 2015 by revising criteria for acceptance by community reablement to avoid inappropriate reablement packages.	As above.	We will continue to keep criteria for acceptance to the service under review.
	New episodes of community reablement continue to be stable following realignment of service to focus on those most capable of successful reablement.	New episodes this year are lower than for the previous 2 financial years.	We will continue to keep criteria for acceptance to the service under review.

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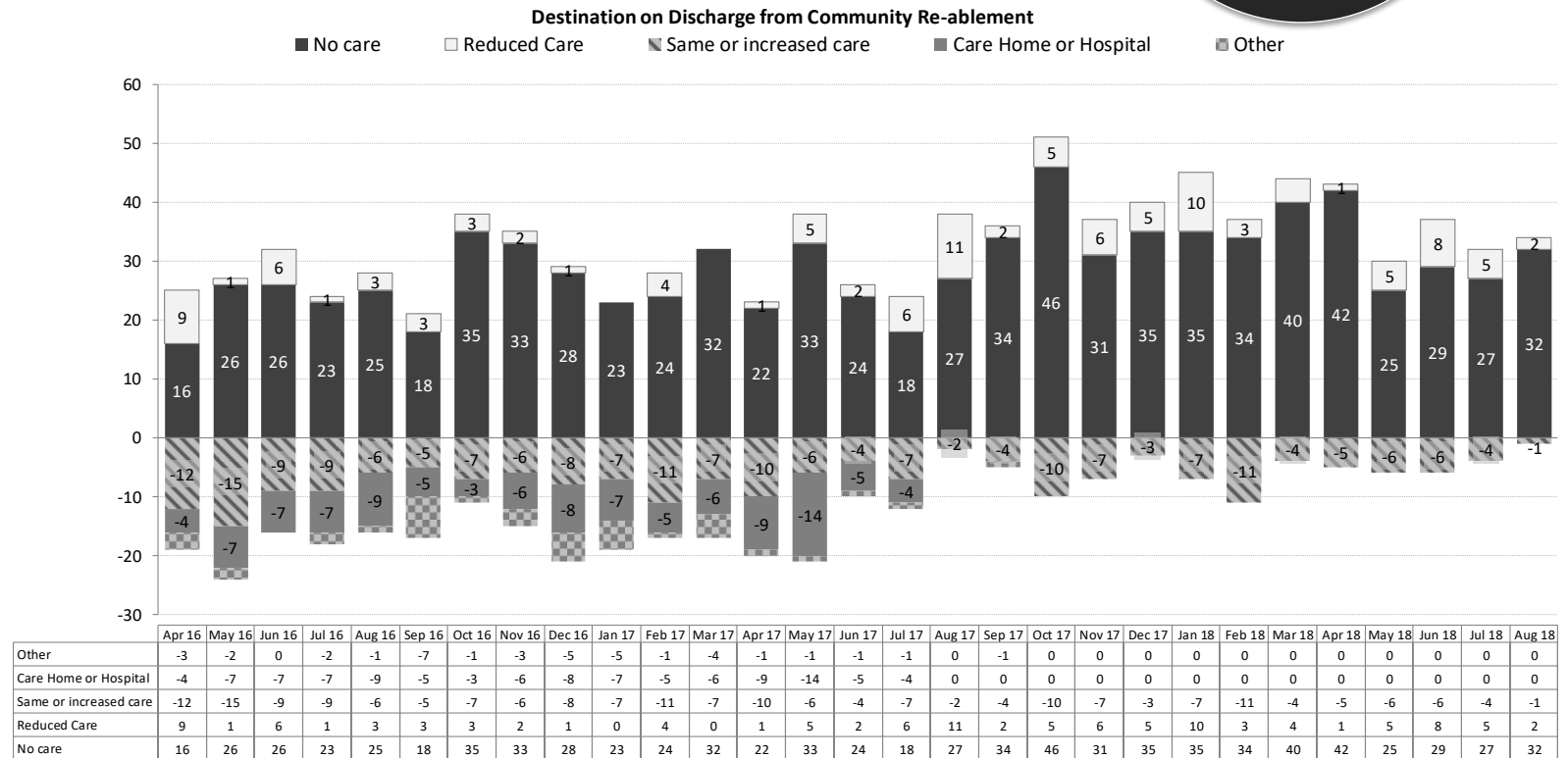## Effectiveness of Community Reablement

Community Reablement Discharge Destination Apr 2015 - Aug 2018

Average Number of Days Receiving Community Reablement for those Leaving During the Month

Line chart values: Apr 16: 96, May 16: 58, Jun 16: 75, Jul 16: 69, Aug 16: 77, Sep 16: 55, Oct 16: 52, Nov 16: 68, Dec 16: 59, Jan 17: 56, Feb 17: 59, Mar 17: 47, Apr 17: 71, May 17: 80, Jun 17: 59, Jul 17: 94, Aug 17: 67, Sep 17: 47, Oct 17: 43, Nov 17: 38, Dec 17: 56, Jan 18: 71, Feb 18: 61, Mar 18: 54, Apr 18: 37, May 18: 43, Jun 18: 61, Jul 18: 47, Aug 18: 37

Pie chart: Same or increased care, -358, -19%; Care Home or Hospital, -186, -10%; Other, -72, -4%; No care, 1030, 56%; Reduced Care, 204, 11%

Positive numbers in graph / tables show the desired outcome of community reablement, which is to reduce or eliminate the amount of managed care that people will require on an ongoing basis. The minus numbers reflect other outcomes, but these will of course be appropriate to the needs of the individual.

Destination on Discharge from Community Re-ablement

Legend: ■ No care □ Reduced Care ◩ Same or increased care ▨ Care Home or Hospital ▨ Other

	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18
Other	-3	-2	0	-2	-1	-7	-1	-3	-5	-5	-1	-4	-1	-1	-1	-1	0	-1	0	0	0	0	0	0	0	0	0	0	0
Care Home or Hospital	-4	-7	-7	-7	-9	-5	-3	-6	-8	-7	-5	-6	-9	-14	-5	-4	0	0	0	0	0	0	0	0	0	0	0	0	0
Same or increased care	-12	-15	-9	-9	-6	-5	-7	-6	-8	-7	-11	-7	-10	-6	-4	-7	-2	-4	-10	-7	-3	-7	-11	-4	-5	-6	-6	-4	-1
Reduced Care	9	1	6	1	3	3	3	2	1	0	4	0	1	5	2	6	11	2	5	6	5	10	3	4	1	5	8	5	2
No care	16	26	26	23	25	18	35	33	28	23	24	32	22	33	24	18	27	34	46	31	35	35	34	40	42	25	29	27	32

What is working well?	What are we worried about?	What are we going to do?
There has been an increase in the proportion of people who are leaving service to reduced care package or no care.	Data is not complete due to a variety of factors. We have also detected a range of errors in recording.	We are working to an improvement plan to foster improvement in recording accurately. This is essential to monitor the effectiveness of the service.
There has been some improvement since June 2017 in the numbers of people leaving community reablement and going into hospital or residential / nursing care.	Prior to June 2017 there were some large increases in the numbers of people leaving community reablement and receiving more care or admitted to care homes / hospital.	We will continue to divert people away from care in care homes or hospital where appropriate in line with people's desired outcomes.
There has been a reduction in the average length of stay, reflecting improvements in the through-flow of service users into other services.	We know that stay lengths can increase due to pressures within the service, in terms of securing long-term care.	Maintain focus on effective commissioning arrangements and workflow processes for domiciliary care.

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Residential Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.	There is good evidence the service has become effective in preventing admissions over the last 2 years.
There was a local PI relating the the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the **target was set at 58%** returning home. The measure is no longer reported but we continue to examine our effectiveness.	This target was met in 2016/17. For 2017/18, final result was **71.3%** . For 2018/19, **69.2%** has been achieved to date.

Residential Reablement

Numbers in Residential Reablement

People in Residential Reablement at End of Month

Legend: Bonymaen House — Ty Waunarlwydd
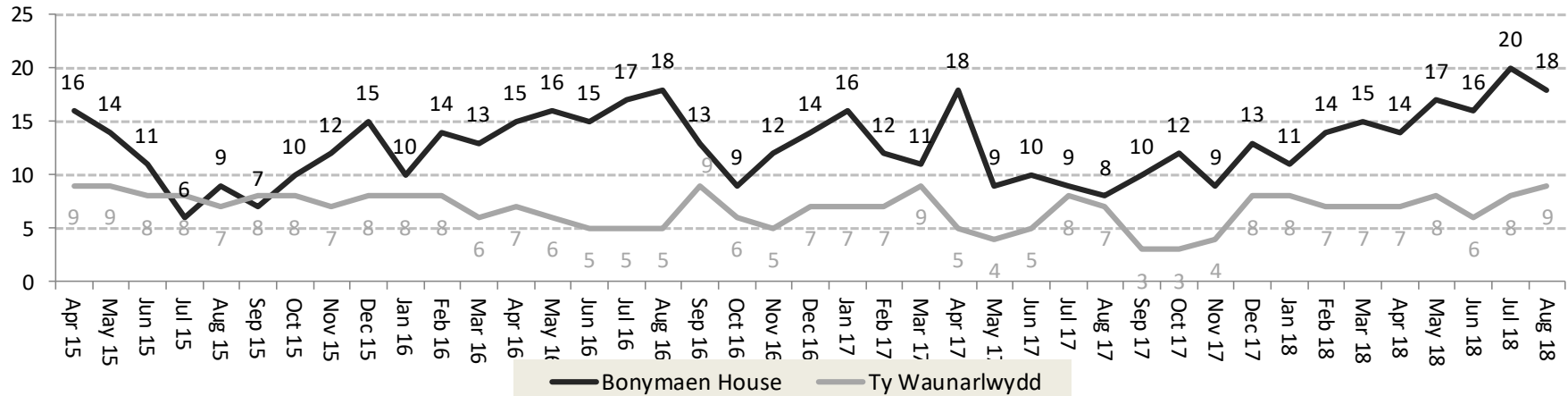
Admissions to /Discharges from Residential Reablement

Bonymaen House Reablement Admissions and Discharges
Admissions   Discharges
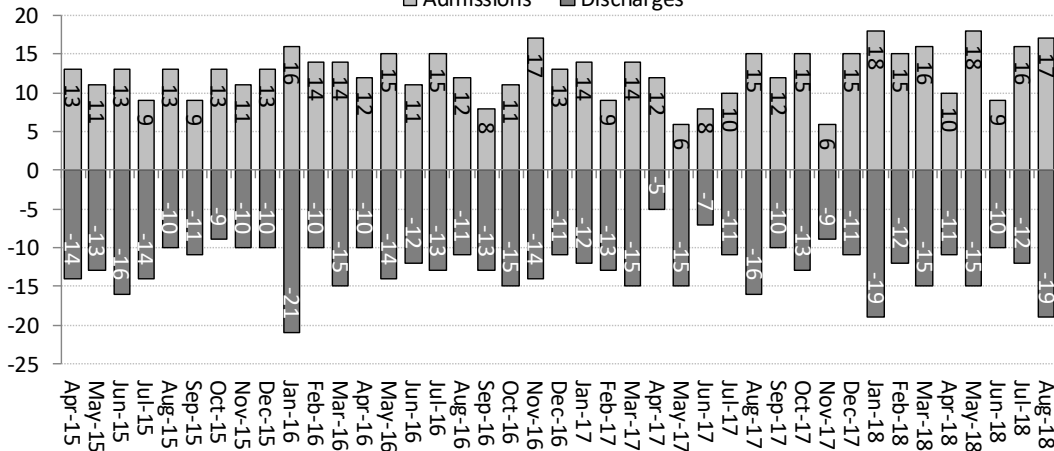
Ty Waunarlwydd Reablement Admissions and Discharges
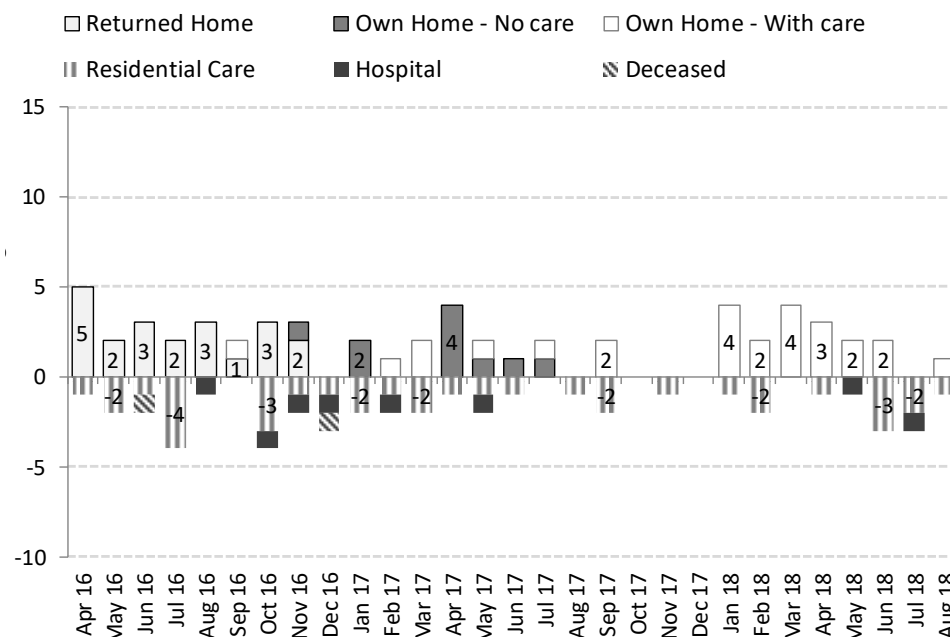Admissions   Discharges
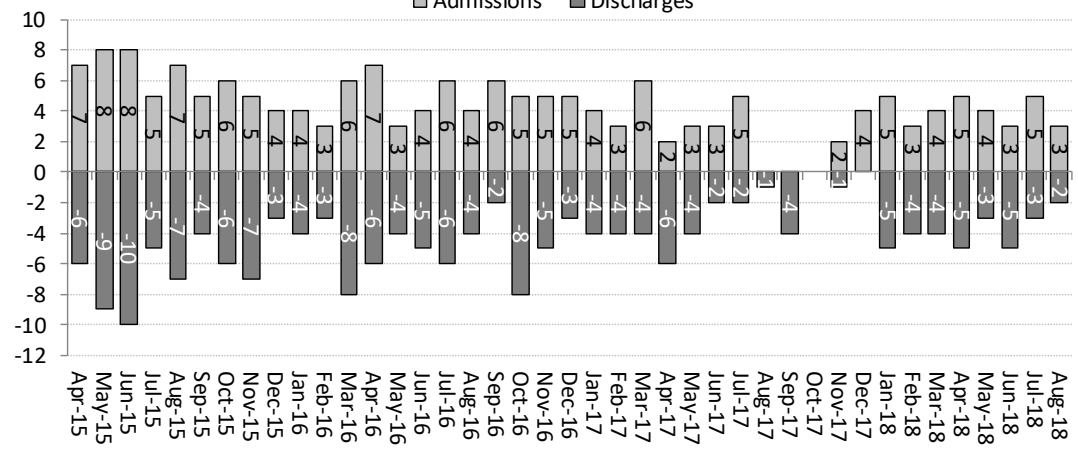
Residential Reablement

Effectiveness of Residential Reablement

Positive numbers reflect desired outcome of residential reablement, which is to avoid admission to a care home or hospital. The minus numbers reflect other outcomes, but these will of course be appropriate to the needs of the individual.

Bonymaen House Reablement Destination on Discharge

□ Returned Home   ▨ Own Home - No care   ▦ Own Home - With care
▥ Residential Care   ▪ Hospital   ▨ Deceased

Ty Waunarlwydd Reablement Destination on Discharge

□ Returned Home   ▦ Own Home - No care   □ Own Home - With care
▥ Residential Care   ▪ Hospital   ▨ Deceased

What is working well?	What are we worried about?	What are we going to do?
Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlwydd deals with people whose care needs are often greater	We want to do some work looking at the extent to which those 'returning home' require ongoing care plan and care packages.	We will prepare a plan to examine this issue. Initial analysis suggests people are currently more likely to go home with care than be fully independent.
Bonymaen has been consistently recording this data, and Ty Waunarlwydd are now compliant.	We have assisted Ty Waunarlwydd to improve resilience of recording.	The quality and comprehensiveness of recording will continue to be scrutinised.

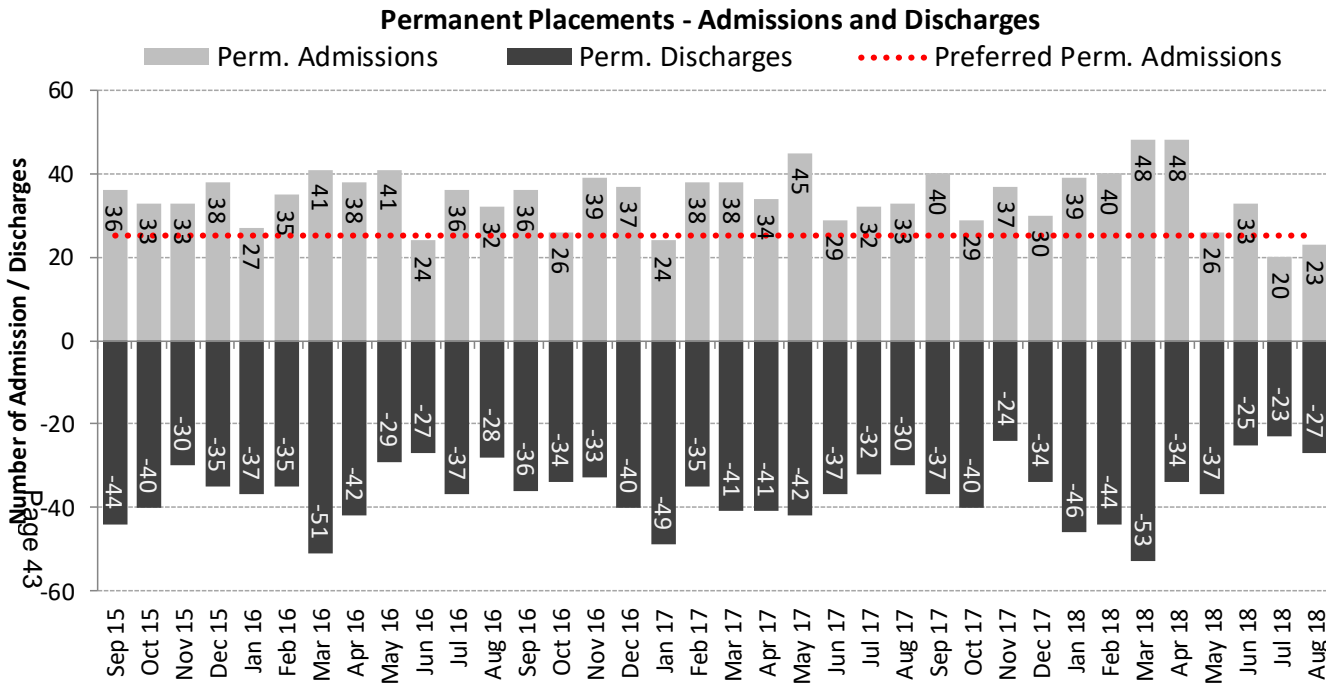## Residential / Nursing Care for Older People

Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people supported over the last four years but the decreases have slowed down over that period.
There was a performance indicator (SCA002b) that related to the rate per 1,000 older people supported in residential care. Target for 2016/17 was set at **19.5.**This indicator is no longer required for the corporate plan.	Target met for 2016/17 at **18.8.** For 2017/18, final result was **19.0** For 2018/19, currently **19.5**
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	For 2017/18, Measure 21 was **921.8** and Measure 22 was **83.7**. For 2018/19, they are **920.9** (better) and **83.0** (poorer) respectively

Older People Aged 65+ Supported in Residential / Nursing Care by the Local Authority at the end of the Period
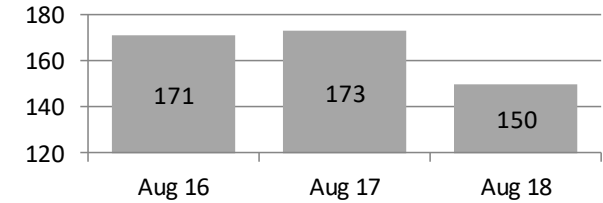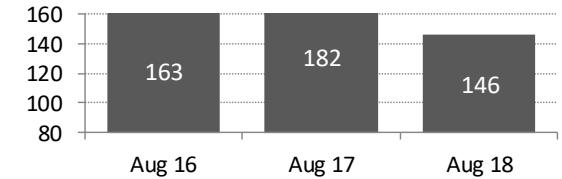
Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care

Permanent Placements - Admissions and Discharges

Legend: Perm. Admissions | Perm. Discharges | Preferred Perm. Admissions

Number of Admission / Discharges

Perm. Admissions by month (Sep 15 – Aug 18):
36, 33, 33, 38, 27, 35, 41, 38, 41, 24, 36, 32, 36, 26, 39, 37, 24, 38, 38, 34, 45, 29, 32, 33, 40, 29, 37, 30, 39, 40, 48, 48, 26, 33, 20, 23

Perm. Discharges by month:
-44, -40, -30, -35, -37, -35, -51, -42, -29, -27, -37, -28, -36, -34, -33, -40, -49, -35, -41, -41, -42, -37, -32, -30, -37, -40, -24, -34, -46, -44, -53, -34, -37, -25, -23, -27

X-axis months: Sep 15, Oct 15, Nov 15, Dec 15, Jan 16, Feb 16, Mar 16, Apr 16, May 16, Jun 16, Jul 16, Aug 16, Sep 16, Oct 16, Nov 16, Dec 16, Jan 17, Feb 17, Mar 17, Apr 17, May 17, Jun 17, Jul 17, Aug 17, Sep 17, Oct 17, Nov 17, Dec 17, Jan 18, Feb 18, Mar 18, Apr 18, May 18, Jun 18, Jul 18, Aug 18

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Cumulative New Admissions to Residential / Nursing Care

Aug 16: 171 | Aug 17: 173 | Aug 18: 150

Cumulative Discharges from Residential / Nursing Care

Aug 16: 163 | Aug 17: 182 | Aug 18: 146

The number of older people aged 65+ supported in residential / nursing care by social services has declined in the last two years (previous page). Maintaining the reduced figures is dependent on effective control over admissions and a consistent flow of discharges.

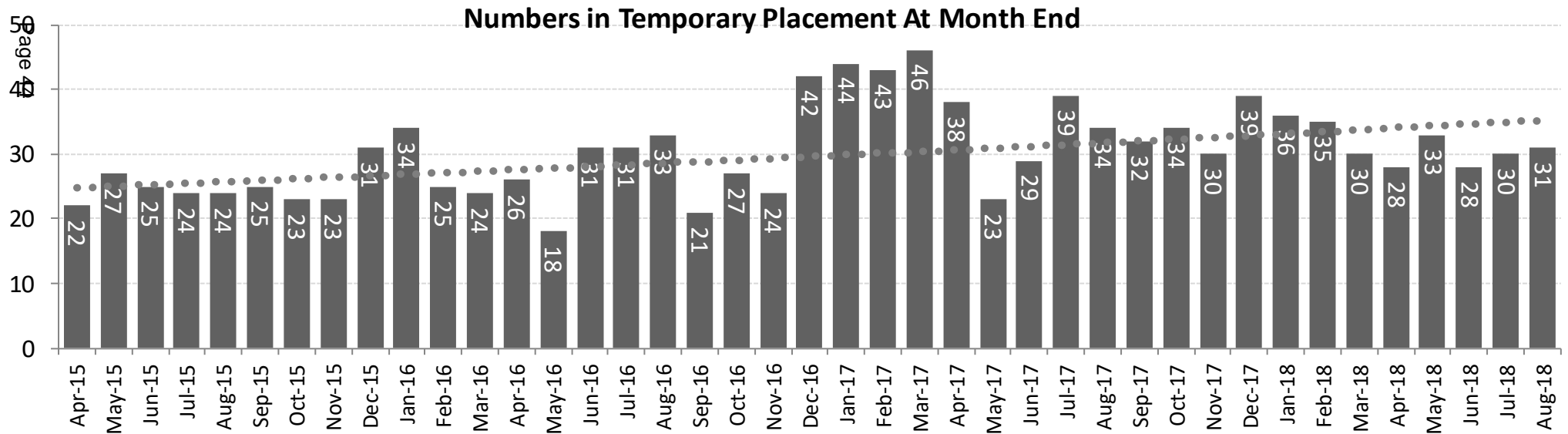| What is working well?	What are we worried about?	What are we going to do?
The number supported has decreased from higher levels prior to October 2014.	We have not reduced numbers to the level anticipated in the Western Bay business case for intermediate care. We are still making above-average use of residential care compared to other Welsh councils.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes. A Panel is now in place which challenges decisions on new and temporary placements. We will need to monitor whether these arrangements help reduce the propensity to use of long-term placements.
Discharges have been high this calendar year helping to maintain downwards pressure on the overall number of people supported in residential / nursing care.	51 admissions for May 2017 was much higher than the previous highest number (41 in May 2016). Admissions continued to remain high during 2017/18, with 42 in March 2018 notably high. Lower admissions from May onwards will be monitored as some data needs to be tested.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes, as outlined above.

Temporary Admissions to Residential / Nursing Care

A temporary admission can be for a variety of reasons, the most common being trial periods to allow a person to establish whether they would like to consider a permanent placement and where the authority will need to carry out a financial assessment to determine whether the law requires that the person should pay for their care. Such stays tend to be relatively brief, typically between 40 and 60 days.

We have recently started to examine this information in the context of understanding overall levels of demand for residential / nursing care.

Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than in either of these years.
We will keep this area under review in order to define reasonable expectations.	No additional outcomes defined as yet.

Number of People in Temporary Residential / Nursing Placements at the end of the Month

Numbers in Temporary Placement At Month End

Residential / Nursing Care

Admissions to and Discharges from Temporary Residential / Nursing Care

Temporary Placements - Admissions and Discharges

■ Number Admitted to Temporary Placement　■ Number Exit From Temporary Placement

Cumulative Admissions to Temporary Res / Nurs Care

Aug-15	Aug-16	Aug-17	Aug-18
69	70	90	85

Cumulative Discharges from Temporary Res / Nurs Care

Aug-15	Aug-16	Aug-17	Aug-18
-65	-62	-105	-84

What is working well?	What are we worried about?	What are we going to do?
Admissions and discharges are keeping pace with each other and numbers are remaining relatively stable	We do not yet understand the dynamics of this aspect of service delivery.	We are going to monitor this area of work and seek to understand it better. Under the new Panel arrangements, temporary placements are now only agreed for a two week period. Following the two weeks, care managements have to come back to Panel explaining the long-term care arrangements or why the temporary placement should be extended.
Numbers admitted continue to reduce since March 2017.	Cumulative admissions in 2018/19 to July were lower than for 2017/18 but remains higher than previous years	We will continue to monitor this area of service.

Destination on Discharge from Temporary Residential / Nursing Placements

The chart opposite shows the destination of people who have ceased to be in a temporary placement.

The largest group representing 44.5% of discharges since April 2016 are those discharged to a permanent placement. A further 1.6% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 6.8% of discharges (one in 15) are to self-funded care.

This means a large proportion of those who are admitted to temporary placements are likely to become an ongoing cost to the local authority.

Of the discharges to the community, accounting for 27.5% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

8.6% of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

Since April 2016, just 22 people have been discharged to hospital or to a CHC placement.

Temporary Placements: Discharge Destination Apr 2016 - Aug 2018

Placed, 223, 44.5%

Discharges (community), 138, 27.5%

Other, 140, 27.9%

Discharge to Health / CHC, 22, 4.4%

Deceased, 43, 8.6%

Pending FACS Approval, 8, 1.6%

Self-funding, 34, 6.8%

Misc, 33, 6.6%

What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This is particularly following the change in charging arrangements as a result of the Social Services and Wellbeing Act whereby temporary placements can now only be charged at a maximum of £60 per week for the first 8 weeks.	We need to ensure that admissions to temporary placements are only made when necessary due to the escalating risk to local authority budgets that they represent.
We have good quality information about the start and end of a period of temporary placement		We have developed length of stay profiles for those in temporary placements and will include in future editions.
	The very low level of discharges to Continuing Health Care (CHC) funded placements is illustrative of wider issues of whether the Health Board is appropriately funding Swansea citizens. This pattern is echoed across Western Bay.	We will continue to engage with the LHB on achieving equitable distribution of CHC funding across Western Bay. We are also relooking at our strategy in relation to how we negotiate the funding of new placements to make sure that the Health Board funds legitimate health needs.

Providing Long-Term Domiciliary Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care should be limited to those who need it to remain independent. As such our intention is to keep numbers low.	There has been no significant reduction in the numbers of people supported over the last four years. There have been notable increases in numbers during 2016/17 and into 2017/18.

People receiving a domiciliary care package

Number of People Receiving Domiciliary Care at Month End

Legend: ☐ Purchased Service ■ Receiving Service - In-house Total

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Month	Purchased Service	In-house	Total
Jul-15	1,172	129	1,301
Aug-15	1,164	131	1,295
Sep-15	1,172	114	1,286
Oct-15	1,159	122	1,281
Nov-15	1,136	120	1,256
Dec-15	1,104	117	1,221
Jan-16	1,072	112	1,184
Feb-16	1,098	117	1,215
Mar-16	1,100	139	1,239
Apr-16	1132	136	1,268
May-16	1115	144	1,259
Jun-16	1112	139	1,251
Jul-16	1104	144	1,248
Aug-16	1131	147	1,278
Sep-16	1105	161	1,266
Oct-16	1108	176	1,284
Nov-16	1107	162	1,269
Dec-16	1087	173	1,260
Jan-17	1066	157	1,223
Feb-17	1083	171	1,254
Mar-17	1100	162	1,262
Apr-17	1096	160	1,256
May-17	1118	160	1,278
Jun-17	1113	173	1,286
Jul-17	1103	170	1,273
Aug-17	1133	144	1,277
Sep-17	1117	125	1,242
Oct-17	1105	115	1,220
Nov-17	1111	124	1,235
Dec-17	1071	110	1,181
Jan-18	1078	113	1,191
Feb-18	1080	104	1,184
Mar-18	1089	110	1,199
Apr-18	1091	101	1,192
May-18	1121	102	1,223
Jun-18	1133	99	1,232
Jul-18	1138	105	1,243
Aug-18	1158	102	1,260

People starting to receive a domiciliary care package

Legend: Starters Purchased Service | Starters in-house | Total

Cumulative Starts - In House and Purchased Domiciliary Care: Aug 2016 = 302, Aug 2017 = 286, Aug 2018 = 249

What is working well?	What are we worried about?	What are we going to do?
Some reductions in overall number of service users have been achieved from time to time but have not been sustained. Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this.	The number of people receiving a long-term home care package from either an independent provider or the council's own service has continued to remain at high levels and the overall number of hours delivered is continued to increase month on month until August 2017. At the end of February 2018, we were supporting as many people as we supported in April 2014 but delivering over 6,500 more hours in the month. Conversely, numbers were projected to reduce more significantly within the Western Bay business model for intermediate care.	We need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work has commenced to map this and then ensure appropriate test and challenge arrangements are in place.

What is working well?	What are we worried about?	What are we going to do?
Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this.	The overall number of new starters during 2016/17 exceeded new starts in the previous 2 financial years. Historically, there were panel arrangements in place to agree all new and reviewed packages of care. These arrangements were removed on moving to the Integrated Hubs to improve flow through the system as they were perceived as bureaucratic. However, it would appear that removing this layer of decision making has led to more people being supported than ever before.	As above.
Anecdotally, there have been some improvements in the flow of service users into the service. Data should be sought to confirm this.	The overall number of new starters went up during the course of 2016 and new starts exceeded new starts in the previous 2 financial years. This number of new starters slowed in 2017/18 and continued to slow into 2018/19.	Implementation of the Commissioning Review is underway within this area of service.

Monthly Total Hours of Care Provided
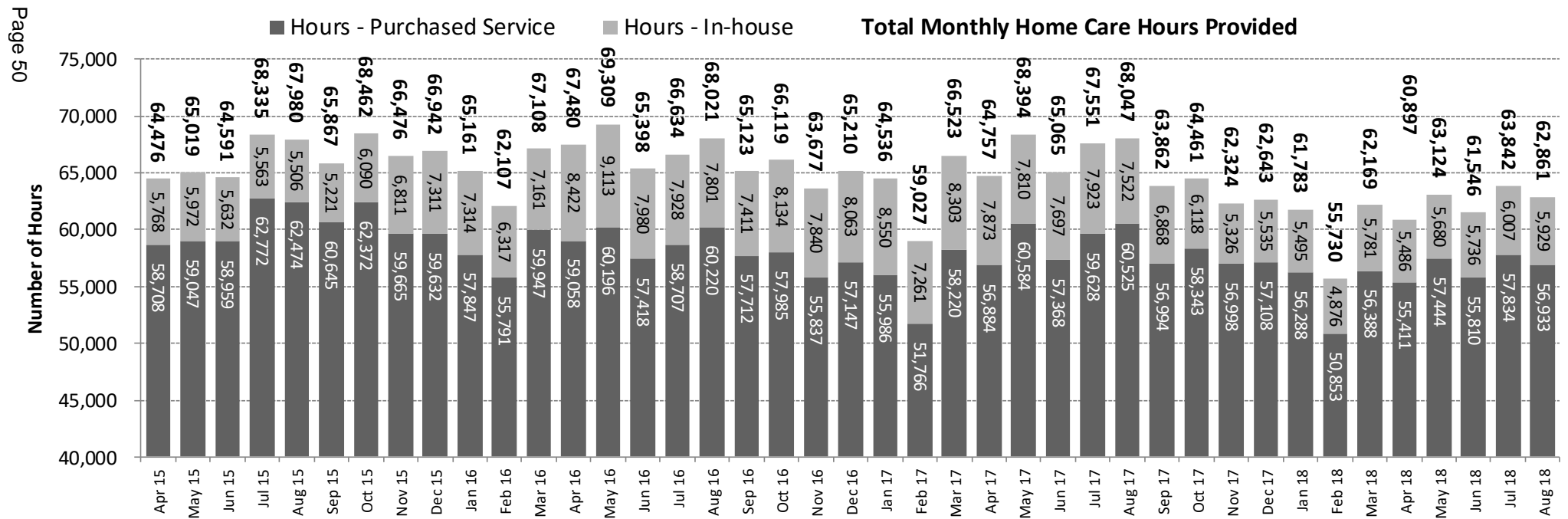
Total Monthly Home Care Hours Provided

Average Home Care Hours Provided

Average Monthly Hours of Home Care Provided by Provider Type

Average Monthly Hours -Purchased — Average Monthly Hours - In-house

What is working well?	What are we worried about?	What are we going to do?
A large number of hours of home care are being provided independently or from the local authority, which means that delayed transfers of care are at a minimum and people are actively being supported to remain independent at home.	Number of hours delivered has resumed the high levels seen last autumn and subsequently the number of hours delivered has continued to increase. It has been difficult periodically to find capacity for new packages of care	Work is underway to review all long-term packages of care to ensure they continue to meet need. We also need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work is commencing to map this and then ensure appropriate test and challenge arrangements are in place. We are also working with providers and the in-house serviced to free up capacity.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	A Commissioning Review has recommended to recommission the external service on a patch based approach which will help to strengthen the sustainability of the external sector. Work is also underway to support the external sector with recruitment and retention of staff to help strengthen the sector.
Purchased service has maintained a steady average care package size.	There appears to be some growth in the size of the average in-house package.	We will look more closely at the data for hours of care provided by the in-house service. This may be due to the impact of 'bridging' clients.

Safeguarding Vulnerable Adults

There are a number of national and local performance indicators relating to safeguarding. All of these are **new** and therefore baselines are still being set for targets and, in some cases, definitions. The performance measures focus on issues of the timeliness of response to safeguarding referrals and the most vulnerable people in residential / nursing care.

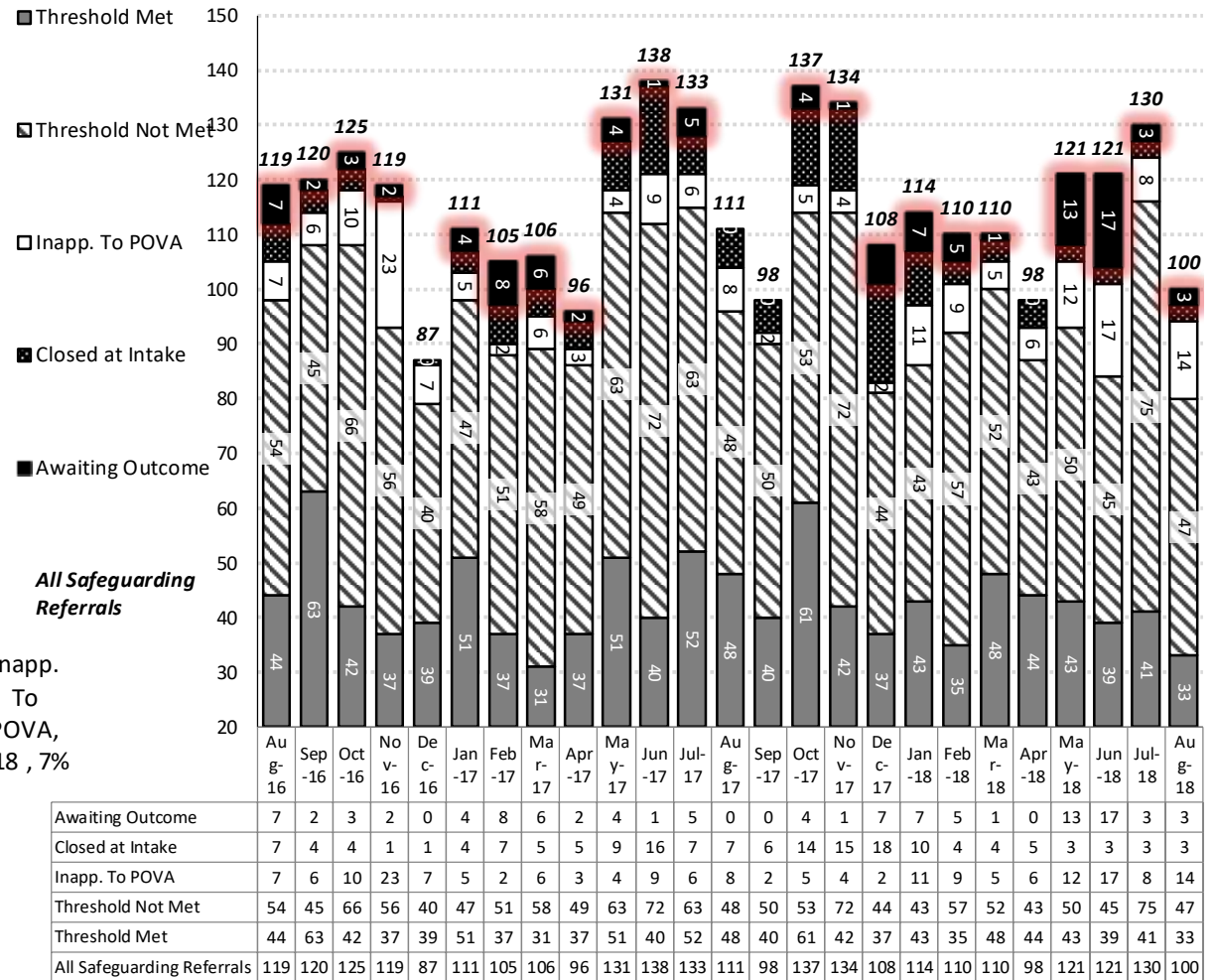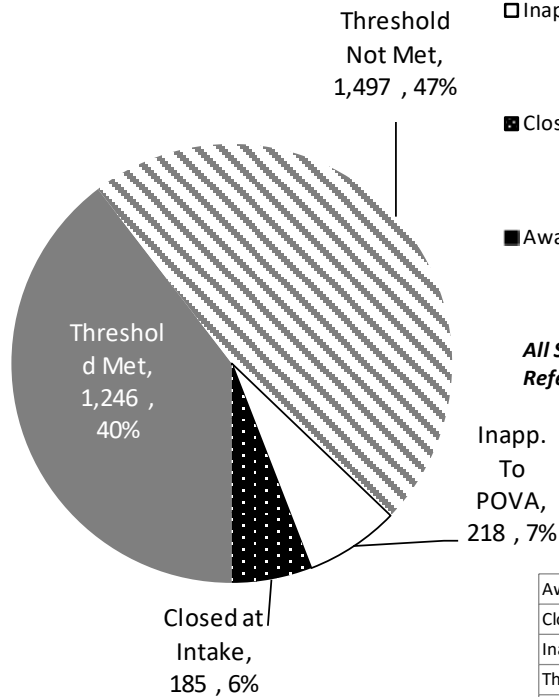| Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17 has been set to achieve **higher than 80%** reflecting a desire to ensure that matters are dealt with promptly but recognising that there will once always be occasions where decisions cannot be taken within a day. Results of 2016/17 monitoring indicated 80% was not a feasible target and the agreed target for 2017/18 was set at **higher than 65%.** The 65% target is being retained for 2018/19	Performance on this indicator for 2016/17was below target at 65.3%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance improved considerably for Q2 and Q3 but declined in Q4. Cumulative for the whole of 2017/18 performance was just below the revised target at **63.7%.** Current 2018/19 performance is below target at **59.5%**
National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2016/17 has been set to achieve **higher than 95%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will once always be occasions where decisions cannot be taken even within a week. Results of 2016/17 monitoring indicated 95% was not a feasible target and the agreed target for 2017/18 has now been set at **higher than 90%.**	Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for the whole of 2017/18 met the target at **91.9%** . Current 2018/19 performance is above target at **93.7%** but performance will need to be monitored closely.

Safeguarding Enquiries and Outcomes

The graphs show that of the 3,272 safeguarding enquires completed since April 2016, 40% met the threshold for investigation and 47% did not meet the threshold.

Highlighted are those enquiries that were 'Awaiting Outcome' at the end of each month. These do not accumulate. At the end of August 2018, **3** were outstanding

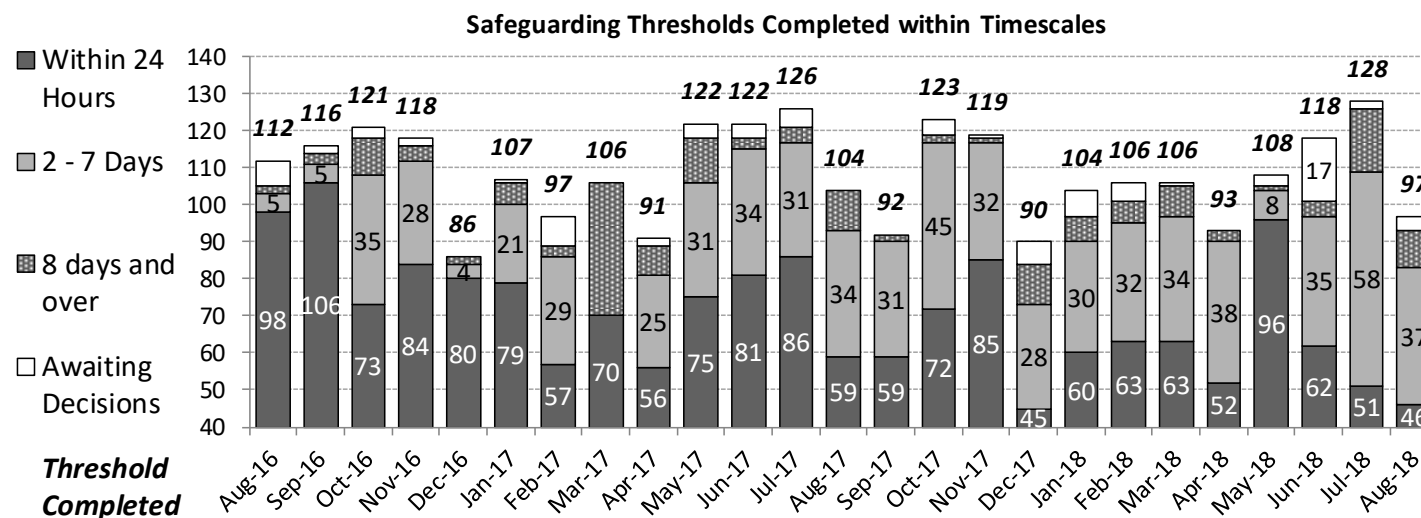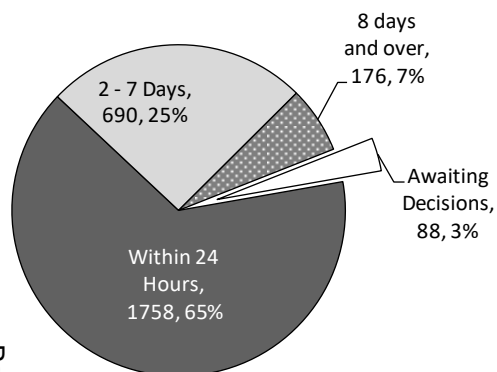### Outcomes of Safeguarding Enquiries: Apr 2016 - Aug 2018

Pie chart:
- Threshold Met, 1,246, 40%
- Threshold Not Met, 1,497, 47%
- Inapp. To POVA, 218, 7%
- Closed at Intake, 185, 6%

All Safeguarding Referrals

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Awaiting Outcome	7	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1	7	7	5	1	0	13	17	3	3
Closed at Intake	7	4	4	1	1	4	7	5	5	9	16	7	7	6	14	15	18	10	4	4	5	3	3	3	3
Inapp. To POVA	7	6	10	23	7	5	2	6	3	4	9	6	8	2	5	4	2	11	9	5	6	12	17	8	14
Threshold Not Met	54	45	66	56	40	47	51	58	49	63	72	63	48	50	53	72	44	43	57	52	43	50	45	75	47
Threshold Met	44	63	42	37	39	51	37	31	37	51	40	52	48	40	61	42	37	43	35	48	44	43	39	41	33
All Safeguarding Referrals	119	120	125	119	87	111	105	106	96	131	138	133	111	98	137	134	108	114	110	110	98	121	121	130	100

What is working well?	What are we worried about?	What are we going to do?
Numbers are remaining relatively constant, with typically 110 (plus or minus 10) safeguarding enquiries received each month.	Some recording and compliance issues remain amongst some staff. Numbers appear to be increasing in recent months.	Information has been passed by the Performance Team to the relevant Business Support Managers to highlight these issues.

Timeliness of Completion of Safeguarding Enquires

Safeguarding Thresholds Completed In Timescale: Aug 2016 - Aug 2018

Pie chart:
- 2 - 7 Days, 690, 25%
- 8 days and over, 176, 7%
- Awaiting Decisions, 88, 3%
- Within 24 Hours, 1758, 65%

Safeguarding Thresholds Completed within Timescales

Legend:
- Within 24 Hours
- 2 - 7 Days
- 8 days and over
- Awaiting Decisions

Threshold Completed

	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Awaiting Decisions	7	2	3	2	0	1	8		2	4	4	5	0	0	4	1	6	7	5	1	0	3	17	2	4
8 days and over	2	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1	11	7	6	8	3	1	4	17	10
2 - 7 Days	5	5	35	28	4	21	29		25	31	34	31	34	31	45	32	28	30	32	34	38	8	35	58	37
Within 24 Hours	98	106	73	84	80	79	57	70	56	75	81	86	59	59	72	85	45	60	63	63	52	96	62	51	46
Threshold Completed	112	116	121	118	86	107	97	106	91	122	122	126	104	92	123	119	90	104	106	106	93	108	118	128	97

We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since August 2016.

In terms of reporting this data, a referral is completed when the threshold decision is taken. The preferred timescale is set by Welsh Government within its practice guidance, which is 24 hours.

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 was sustained but fluctuates in 2018/19.	This situation is being closely monitored and staff will be reminded of the statutory practice requirements. It is pleasing to note that the majority of cases are being thresholded within 7 days.

Categories of Vulnerability and of Alleged Abuse

**Main Category of Vulnerability
Apr 2016 - Aug 2018**
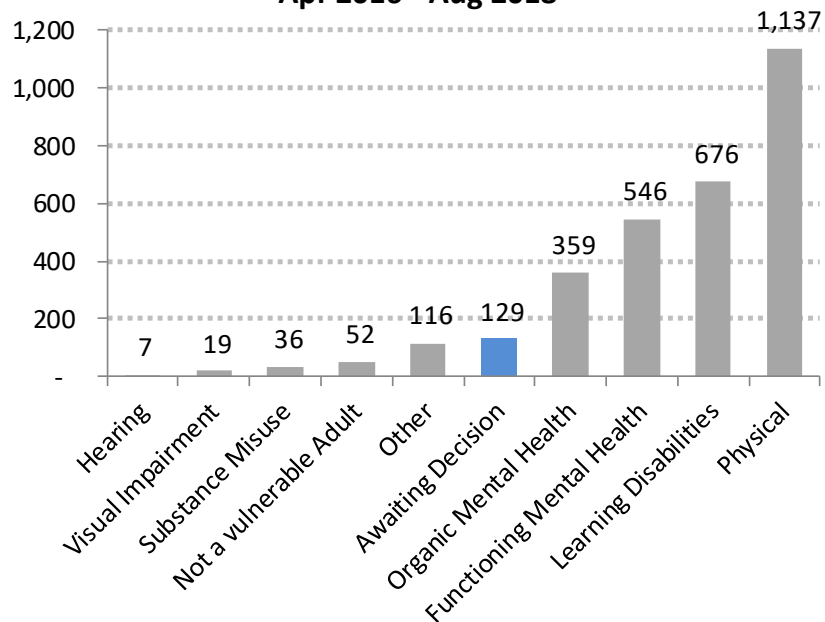
Types of Abuse Reported in VA1 Apr 2016 - Aug 2018

NEGLECT, 1218, 33%

OTHER, 137, 4%

PHYSICAL, 989, 26%

SEXUAL, 163, 4%

EMOT. & PSY., 775, 21%

FINANCIAL, 461, 12%
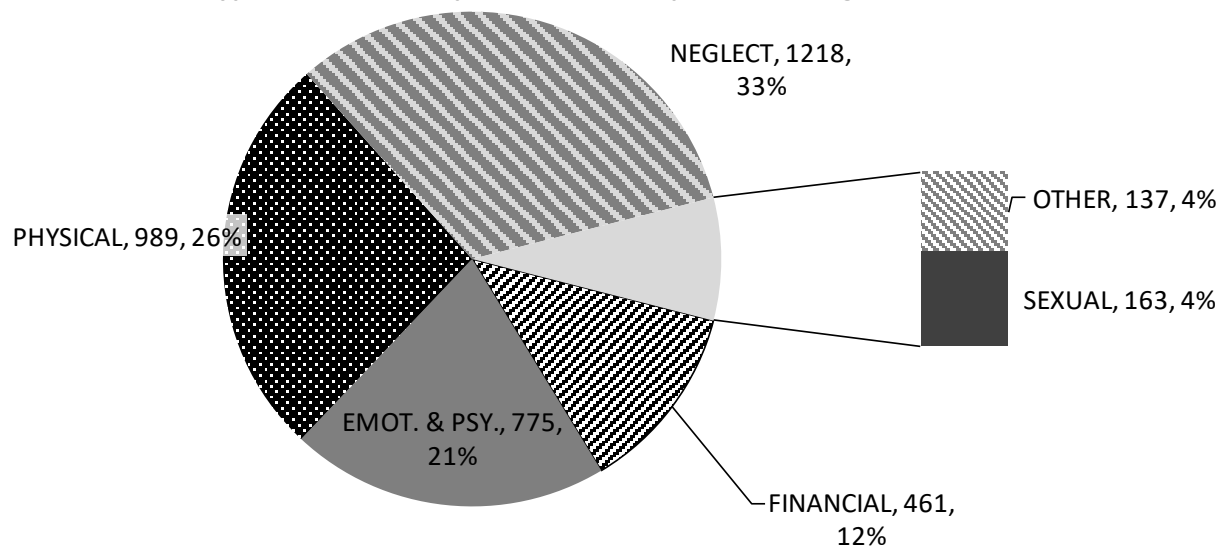
This information is largely contextual and would not normally be considered to represent performance. However we monitor these monthly to provide early warning of any emerging issues.

Patterns of vulnerability and of abuse categories have remained relatively constant throughout 2016-17.

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 59% of the types of abuse reported. Emotional and psychological abuse (21%) is nearly twice as often reported as financial abuse.

Sexual abuse is relatively unusual representing around 4% of abuse types reported.

In terms of the 'vulnerability' of the person who is reported to be experiencing abuse or neglect, the two categories 'physical' and 'organic mental health' largely refer to older people over the age of 65 and typically represent 45-60% of vulnerability reported each month. With learning disability, these 3 categories account for over 60% of vulnerability categories recorded each month.

Deprivation of Liberty Safeguards (DoLS)

Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not deprived of their liberty without due process, handling the volume of demand in a timely fashion is critical. Completion requires a range of documentation to be completed in order for the decision on whether to authorise the deprivation of liberty can proceed.

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of **60% or higher** for 2017/18. Target increased to **70%** for 2018/19.	Performance for 2017/18 improved to **59.7%** and was slightly below the target For 2018/19, performance improved to **54.5%** in August 2018 but remained below target performance. Further improved expected as the new working arrangements bed in.
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half–year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

Applications for and Disposals of Requests for DOLS Authorisations

The average monthly number of applications has increased from 93 in 2015/16 to 103 in 2016/17. On average since April 2016, 84% of applications are granted.
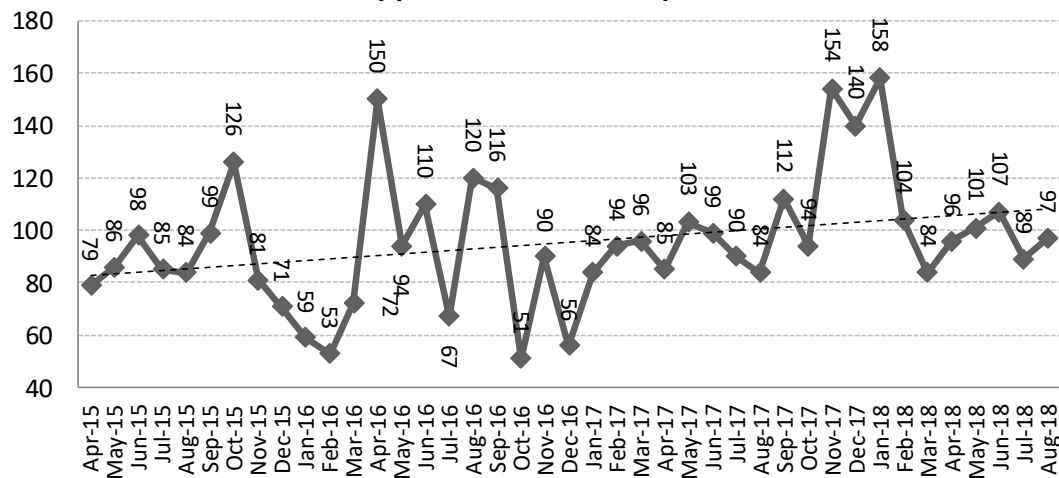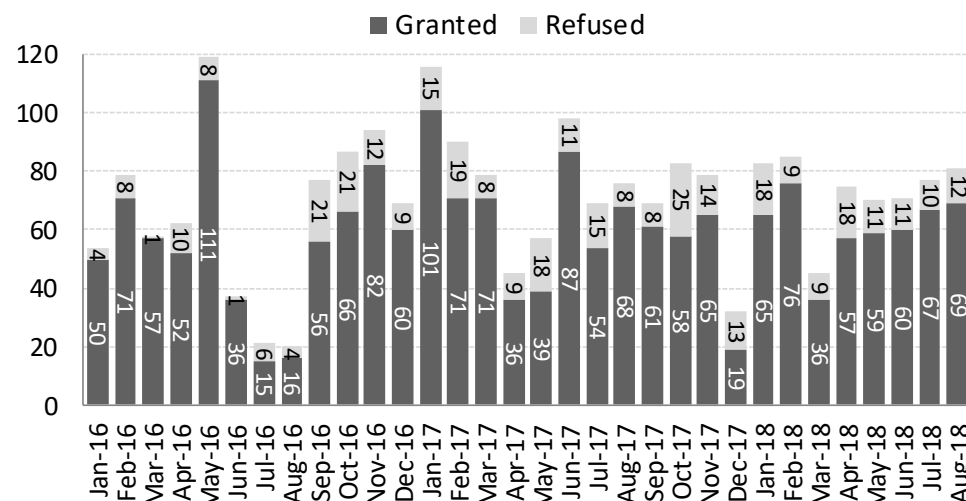
Safeguarding

Processing DoLS Applications

Outstanding BIA Assessments At Month End

Values (Apr-16 to Aug-18): 76, 106, 87, 75, 101, 91, 83, 102, 130, 184, 195, 234, 78, 53, 57, 66, 42, 47, 42, 37, 62, 40, 56, 42, 37, 73, 52, 44, 62
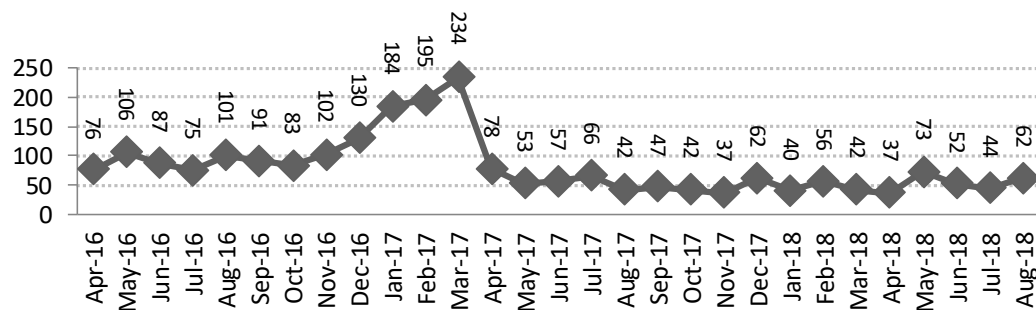
Outstanding Doctors' Assessments At Month End

Values (Mar-16 to Aug-18): 4, 11, 12, 13, 16, 3, 8, 7, 3, 7, 1, 10, 3, 5, 11, 6, 10, 10, 3, 8, 1, 10, 3, 10, 2, 14, 6, 9, 3, 44

What is working well?	What are we worried about?	What are we going to do?
Applications have been fairly constant since August 2016.	The number of authorisations has not always kept pace with the number of applications. Higher volume of applications have been seen since November 2017 until February 2018.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following senior management intervention, outstanding Best Interests and Doctor's Assessments have been brought under control.	We will want to seek to avoid further bottlenecks in the process leading to a backlog accruing.	There are some additional issues relating to case allocation which are being dealt with. A longer term plan is also being developed to look at how we can effectively manage normal flow.
Introduction of dedicated resource to deal with the number of authorisations has improved timeliness.	There is continued pressure from existing authorisations requiring review.	Continue to monitor the situation very closely.

Planned Future Developments to this Report

We have now developed the following timetable for items previously identified on this page. We include planned dates for incorporation into this report and / or the companion headliner report.

Items planned up to and including February 2019 are already being been reported within Adult Services and require only adaptation to this format. Items planned for February – March 2019 are being reported within Adult Services as 'works in progress' and have not yet been agreed as accurate, reliable and complete. Beyond March 2019, complete data is still being sought and / or developed.

N.B. the Performance Team has not yet had access to activity data for Item 15. The timescale set reflects a typical development cycle for new information. The Team is prioritising this area as requested by Scrutiny Performance and we will report agreed reliable information as it is developed.

Item	Data	Planned
1	Mental Health referrals by type	Dec 2018
2	Learning Disability referrals and assessments by type	Dec 2018
3	Carers who wanted assessment by service area	Dec 2018
4	Carers assessments completed by service area	Dec 2018
5	Capacity and occupancy in local authority-run care homes for older people	Jan 2019
6	Day Services Capacity / allocation / attendance (older people & learning disability)	Jan 2019
7	Direct Payments starters, leavers, on the books	Jan 2019
8	Summary narrative on identified issues with providers of care	Jan 2019

Item	Data	Planned
9	Numbers supported in residential / nursing care (learning disability & mental health)	Feb 2019
10	Assessment and care management: additional detail on caseloads & metrics on reviews	Feb 2019
11	Mental Health performance on reviewing active Care & Treatment Plans (Mental Health Measure)	Feb 2019
12	Completed and outstanding work within safeguarding, including timeliness	Feb 2019
13	Equipment: details TBC	Mar 2019
14	Time from DOLS enquiry to authorisation complete	Mar 2019
15	Supported Living (learning disability & mental health)	Apr 2019
16	Additional metrics for Prevention, Well-Being and Commissioning Service	Apr 2019
17	Respite Services	Apr 2019
18	Capacity & attendance in mental health day services	June 2019
19	Local Area Co-ordination (LAC) service: further metrics	Jul 2019
20	Sickness (dependent upon HR / Oracle support)	Jul 2019
21	Agency Staff (dependent upon HR / Oracle support)	Jul 2019

Appendixes

Appendix A: Performance Indicators

The following pages list the most recent recorded performance on each of the performance indicators that are currently used within social services.

Current National Social Services and Well-Being Act Statutory Quantitative Measures

Performance Results for 2017-18 Data as at 6 September 2018	Period	Numerator*	Denominator *	Swansea 2018/19 Current	Swansea 2017/18 Final	Wales Average 2016/17	Swansea Target 2018/19	Desired direction of travel	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	Sep-18	550	587	93.70	91.91	80.70	90	↑	G	4.1%
Measure 19: Delayed transfers per 1,000 people aged 75+	Sep-18	61	21,738	2.81	0.55	3.00	3	↓	G	-6.5%
Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	Sep-18	2	3	66.67	50.00	28.00	50	↑	G	33.3%
Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	Sep-18	245	284	86.27	79.28	72.30	25	↑	G	245.1%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Sep-18	387,714	421	920.94	921.84	801.00	1000	↓	G	-7.9%
Measure 22: Average age of adults entering residential care homes	Sep-18	8,046	97	82.95	83.67	82.80	84	↑	A	-1.3%
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	Sep-18	837	984	85.06	93.76	67.70	80	↑	G	6.3%

Target for Measure 19 for the whole year is 6.

Current Local Non-Statutory Corporate Plan Indicators - 2017/18 Suite

Performance Results for 2017-18 Data as at 6 September 2018	Period	Numerator*	Denominator*	Swansea 2018/19	Swansea 2017/18	Wales Average 2015/16	Swansea Target 2018/19	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	Sep-18	349	587	59.45	63.70		65.00	↑	R	-8.5%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Sep-18	582	1,068	54.49	59.65		70.00	↑	R	-22.2%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Sep-18	4,152	5,933	69.98	68.43		70.00	↑	A	0.0%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Jun-18	3,080	47,220	65.23	116.20		81.00	↑	R	-19.5%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Jun-18	1,248	149,958	8.32	13.91		9.00	↑	R	-7.5%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Sep-18	390	1	390	684		300	↑	G	30.0%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Sep-18	249	284	87.68	82.57		80.00	↑	G	9.6%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Sep-18	5	7	71.43	77.78		70.00	↑	G	2.0%

Appendix B: Performance Indicators: Numerators and Denominators: 2018/19

The following table sets out the numerators and denominators for each of the performance indicators referenced within this document.

Type of Measure	Performance Indicator Definitions	Numerator*	Denominator*
SSWBA	Measure 18: The percentage of adult protection enquiries completed within 7 days	Adult protection enquiries completed within 7 days	Adult protection enquiries completed
SSWBA	Measure 19: Delayed transfers (SCA001)	Number of people delayed in hospital for social services reasons on Census day each month throughout the year	Population aged 75+
SSWBA	Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	People who have less care than when they completed reablement 6 months previously	People who completed a period of reablement 6 months previously
SSWBA	Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	People who have no care 6 months after completing reablement	People who completed a period of reablement 6 months previously
SSWBA	Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Total number of days spent in residential care by all those presently in residential care aged 65+	Total number aged 65+ currently in residential care
SSWBA	Measure 22: Average age of adults entering residential care homes	Total age at entry for all those aged 65+ admitted to residential care	Total number aged 65+ admitted to residential care
SSWBA	Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	The number of adults who received support from the IAA service during the year who contacted the service only once during the year	The number of adults who received support from the IAA service during the year
Local	AS8: % of adult protection referrals to Adult Services where decision is taken within 24 hours	Adult protection enquiries completed within 24 hours	Adult protection enquiries completed
Local	AS9: % of DOLS assessments completed within timescale	DOLS Assessments completed within timescale (21 days) during the period	Total DOLS Assessments completed during the period
Local	AS10: % annual reviews of care and support plans completed in adult services	Number of reviews of care and support plans carried out within the last year	Number of people whose care & support plans should have been reviewed
Local	AS11: Rate of older adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Number of adults 65+ receiving care and support to meet their well-being needs	Population aged 65+
Local	AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 adults	Number of adults aged 18-64 receiving care and support to meet their well-being needs	Population aged 18-64

Type of Measure	Performance Indicator Definitions	Numerator*	Denominator*
Local	AS13: Number of carers aged 18+ who received a carer's assessment in their own right during the year	Number of carers 18+ receiving an assessment of their caring needs in their own right	No denominator (1)
Local	AS14: % of people who have received reablement who receive fewer hours of care or receive no care 6 months after completing reablement	Number of people who have completed reablement who receive fewer hours of care or receive no care 6 months after completing reablement	Number of people who have completed reablement
Local	AS15: The percentage of statutory performance indicators where performance is improving	The number of statutory performance indicators where performance is improving	The number of statutory performance indicators
Local	SUSC11: The rate of new connections between people and resources recorded by Local Area Coordinators per 1,000 adults aged 18+	The number of new connections recorded between people referred to the LAC team	Population aged 18+

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Cyngor **Abertawe**
Swansea Council

Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel – 20th November 2018

WALES AUDIT OFFICE REPORT INTO STRATEGIC COMMISSIONING OF ACCOMMODATION SERVICES FOR ADULTS WITH LEARNING DISABILITIES

Purpose	• The purpose of this report is to bring the Wales Audit Office Report into Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities to the attention of the Panel, which was published in May 2018.
Content	• The Wales Audit Office undertook a strategic review of Commissioning of Accommodation Services for Adults with Learning Disabilities across Wales. They published their findings in May 2018. • Within the report, there a number of recommendations which are summarised on pages 10, 11 and 12 of the report. • Within these recommendations, there is a recommendation relating to better scrutiny of commissioning arrangements within Local Authorities. • A proposed checklist for Scrutiny Committees is included as Appendix 10 of the report.
Councillors are being asked to	• Consider the Report and the proposed checklist and agree how the Panel might want to take forward scrutiny of this area. • In order to assist, a proposed way forward might be to ask the Cabinet Member/Officers to provide an update/initial assessment against each point on the checklist at a future meeting, so the Panel can decide whether any further scrutiny arrangements are required.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	Alex Williams, Head of Adult Services

Report Author	Alex Williams alex.williams2@swansea.gov.uk 01792 636249

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

I have prepared and published this report in accordance with the
Public Audit Act (Wales) 2004.

The Wales Audit Office study team was managed by Nick Selwyn and comprised Steve Frank,
Gareth Jones, Euros Lake, Duncan Mackenzie, Sara Leahy and Sara Woollatt under the
direction of Jane Holownia

Huw Vaughan Thomas
Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

Contents

Appendices

Summary Report

Local authorities are generally meeting the accommodation needs of adults with learning disabilities, but existing commissioning arrangements are unlikely to be fit for purpose in the future

1   Social care services can be crucial in helping people with a learning disability to live their life in the way they choose, and the level of support offered will depend on an assessment of an individual and their condition. Some people require very little help or support, and have little or no need to access services, whereas others require full-time care and support in every aspect of their lives. Support can be many things, including helping somebody to get up and get dressed, to develop friendships and relationships, or to do meaningful activities and be part of the local community.

What we mean by people with learning disabilities[1]:

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The level of support someone needs depends on the individual. For example, someone with a mild learning disability may only need support with things like getting a job. However, someone with a severe or profound learning disability may need full-¬time care and support with every aspect of their life – they may also have physical disabilities.

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2   Most people with learning disabilities can lead independent lives with the right support, but as resources reduce, effective planning and provision of care and support services is becoming increasingly important and challenging. The pressure to find greater efficiencies whilst improving wellbeing is driving local authorities to look for different ways to deliver better outcomes for people. Person-centred planning, regular reviews by skilled care managers, and external input by partners, staff, advocates and families can all be used to create services that provide better outcomes in a more cost-effective way.

1   www.mencap.org.uk/about-us
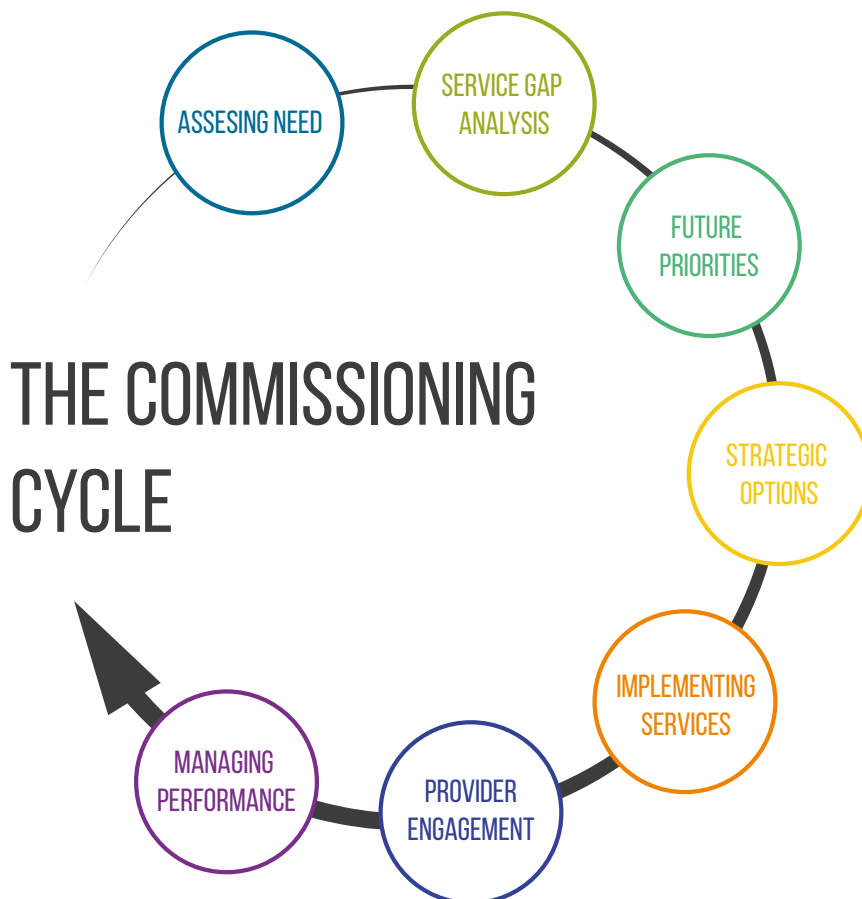
3   Most people with learning disabilities can lead independent lives with
       the right support and, therefore, as resources reduce, effective planning
       and provision of care and support services is becoming an increasingly
       important aspect of public policy in Wales. Commissioning is the process
       by which social care services are planned, purchased and monitored.
       Effective commissioning of learning disabilities involves putting the
       individual at the centre of the process of identifying needs, and helping
       them make choices about how they are supported to live their lives.

4   Whilst commissioning models vary, most definitions of commissioning
       identify some core inter-connected stages, as set out in Exhibit 1 below.
       These include assessing people's needs; setting priorities and developing
       commissioning strategies to meet those needs; buying goods and securing
       services from providers to address need; consulting and involving a
       range of stakeholders, including people with learning disabilities and
       communities at key stages in the process; monitoring and evaluating
       outcomes; and revising plans, needs assessments and services in
       light of evaluation.

Exhibit 1 – Key stages of the commissioning cycle

THE COMMISSIONING CYCLE

- ASSESING NEED
- SERVICE GAP ANALYSIS
- FUTURE PRIORITIES
- STRATEGIC OPTIONS
- IMPLEMENTING SERVICES
- PROVIDER ENGAGEMENT
- MANAGING PERFORMANCE

Source: Wales Audit Office.

5   The overall spend on learning disabilities in Wales has risen in real terms (considering inflation) by 6.8% since 2008-09. In 2015-16, the 22 local authorities' gross expenditure for people with learning disabilities (adults under 65) was £398.5 million. Recognising the importance of investing resources properly, authorities are increasingly focussing on how to maximise the benefit of the services they commission.

6   This review has focussed on assessing if local authorities have effective approaches to commissioning accommodation for adults with learning disabilities (those aged over 16)[2]. Our review methods are set out in Appendix 1. These include audit fieldwork at five local authorities; a detailed analysis of current performance and expenditure; modelling future growth and costs; website and document reviews; and interviews with a range of national organisations. Based on the findings of this audit, the Auditor General has concluded that local authorities are generally meeting the accommodation needs of adults with learning disabilities, but existing commissioning arrangements are unlikely to be fit for purpose in the future.

Summary of our findings

7   Local authorities are underestimating the complexity and level of challenge in meeting the long-term accommodation needs of people with learning disabilities and their carers. Despite progress in many areas, local authorities and their partners must do more to integrate services and resolve a number of complex challenges if they are to achieve the ambition of sustainable accommodation-based services.

8   Current investment by local authorites is keeping step with demand and authorites are continuing to meet the needs of people with learning disabilities. However, we estimate that authorities will need to increase investment by £365 million in accommodation in the next twenty years to address both a growth in the number of people with learning disabilities who will need housing, and the increase in the number with moderate or severe needs. Given that a third of authorities have reduced expenditure and services in recent years, this challenge will be particularly onerous.

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2   This report considers adult social care and support for people aged 16 and over. Where the data included in this report refers to people aged 18 we highlight this. People can define things in different ways so where there is a difference in meaning we have taken expert advice on the most appropriate definition. Our report does not prescribe particular solutions, staffing levels or cost models.

CURRENT NUMBERS ASSISTED BY LOCAL AUTHORITIES:

3.15 MILLIONS
Estimated population of Wales in 2015

Estimated number adults of **Wales** in 2015 with a learning disability

58,308

12,014 adults with a learning disability in Wales provided with services by local authorities in 2015-16

In 2015-16 there were **239.5** staff employed by local authorities to plan and commission social care services

Three in every 100 people in Wales have a learning disability

This ranged from **0** staff in one authority to **33** in another.

9   Local authorities need better quality financial and population data to ensure they make the most informed decisions. Too many local authorities do not have a shared understanding of the scale of the task in maintaining people's wellbeing, and are not involving people with learning disabilities, partners and service providers in finding a sustainable and cost effective way forward.

10   **Part 1** of this report examines whether local authorities take a well-considered and planned approach to commissioning accommodation services for people with learning disabilities. We consider how good local authorities are at planning based on patterns of demand, and considering how much is currently spent on different types of service. We also estimate the levels of investment needed to keep pace with demographic change.

11   **Part 2** examines whether local authorities have the right systems in place to commission and deliver accommodation-based services. This part considers workforce planning , joint commissioning and how effectively local authorities engage with people with learning disabilities and service providers in considering options and agreeing future priorities.

12   Finally, **Part 3** considers how well local authorities monitor and review the impact of the commissioning of accommodation services for learning disabilities. This includes how effectively local authorities monitor and scrutinise what they do, and therefore how well they understand what works well and why.

Recommendations

13   Our work has identified a series of recommendations for improvement and these are set out below. In Appendix 11, we have also proposed a checklist to help local authority scrutiny members undertake a self-assessment and identify options to improve commissioning of learning disability services.

Recommendations
R1   People with a learning disability have a right to live independently. The last 50 years have seen significant changes in the provision of accommodation and support. Service provision has moved to a model that enables people to live in the community in ordinary houses throughout Wales (paragraphs 1.3 to 1.10). **We recommend that local authorities continue to focus on preventing people becoming dependent on more expensive placements in care homes by providing effective support at home and a range of step up accommodation by:** • **improving the evaluation of prevention activity so local authorities understand what works well and why;** • **utilising the mapping of prevention services under the Social Services and Well-being (Wales) Act 2014 that covers other agencies and service providers;** • **improving the signposting of additional help so carers and support networks can be more resilient and self-reliant. This should include encouraging carers to make long-term plans for care to maintain and protect their dependant's wellbeing; and** • **sharing risk analysis and long term planning data with other local authorities, service providers, and partners to agree a shared understanding of the range of options.**
R2   Population projections show that the number of people with a learning disability will increase in the future, and those aged over 65 and those with a moderate or severe learning disability will rise significantly (paragraphs 1.3 to 1.10). **We recommend that local authorities improve their approach to planning services for people with learning disabilities by building on the Regional Partnership Boards population assessments for people with learning disabilities and agreeing future priorities.**

Recommendations	
R3	Welsh Government produced guidance to local authorities, entitled 'developing a commissioning strategy for people with a learning disability' to support authorities in producing strategic plans for the commissioning of learning disability services. In conjunction with codes of practice developed following the Social Services and Well-being (Wales) Act 2014, Welsh Government requires local authorities to develop integrated commissioning options with Local Health Board services. The aim is to provide a joined-up and cost-effective approach to the commissioning of services but our review-highlighted weaknesses in current arrangements (paragraph 2.4 to 2.12). **We recommend that local authorities do more to integrate commissioning arrangements with partners and providers and take account of the work of the National Commissioning Board by:**

- **understanding the barriers that exist in stopping or hindering further integration;**

- **improving the quality of joint strategic plans for learning disability services (see also paragraphs 3.11-3.14);**

- **establishing investment models and sustainable financial structures, joint workforce planning and multi-year budgeting; and**

- **developing appropriate governance and data sharing frameworks with key local partners that include a clear process for managing risk and failure.**

Recommendations

R4	Local authorities' engagement with people with learning disabilities and their carers is variable. Whilst many authority services have positive relationships with advocacy groups, some are less successful in involving these groups and carers in evaluating the quality of services (paragraph 2.18 to 2.20). **We recommend that local authorities do more to involve people with learning disabilities and their carers in care planning and agreeing pathways to further independence by:**

- **consistently including people with learning disabilities and their carers in the writing, monitoring and development of care plans;**

- **systematically involving carers and advocacy groups in evaluating the quality of services;**

- **involving people with learning disabilities in procurement processes; and**

- **ensuring communications are written in accessible and appropriate language to improve the understanding and impact of guidance and information.**

R5	Local Authorities could do more to involve service providers in commissioning and make the tendering process more effective by making it easier to navigate and more outcome focused. However, providers are not as effectively engaged as they should be (paragraph 2.28 to 2.38). **We recommend that local authorities collaborate with providers, the third sector and suppliers in understanding challenges, sharing data, and pooling expertise by:**

- **improving the quality range, and accessibility of tendering information; and**

- **working with providers to shape local markets by coming to a common understanding of the opportunities, risks, and future priorities in providing learning disabilities services.**

Recommendations	
R6	Most local authorities do not have effective arrangements to monitor and evaluate their commissioning of learning disability services (paragraphs 3.3 to 3.15). **We recommend that local authorities develop a more appropriate set of performance indicators and measures of success that make it easier to monitor and demonstrate the impact of service activity by:**

- **co-designing measures, service and contract performance indicators with service providers, people with learning disabilities and their carers;**

- **ensure commissioners have sufficient cost and qualitative information on the full range of placement and care options available;**

- **equipping commissioners with data to demonstrate the long term financial benefits of commissioning choices, this includes having the right systems and technology;**

- **integrating the outcomes and learning from reviews of care plans into performance measures;**

- **evaluating and then learning from different types of interventions and placements; and**

- **including learning disability services in local authority scrutiny reviews to challenge performance and identify improvements.** |

Part 1

The approach to commissioning accommodation for people with learning disabilities is potentially unsustainable

1.1   With increased financial pressures at a time of austerity, it is even more important that authorities balance providing people with learning disabilities with safe and good quality accommodation with making the best use of resources and delivering value for money. To do this well, commissioning staff and planners need to use population and demographic projections to gauge future demand for accommodation services which best meet the aspirations of people with learning disabilities. In this part of the report, we consider current demand for accommodation services for people with learning disabilities. We also consider current expenditure and analyse costs to both determine the economy of current provision, and to understand regional and socio-economic variations. Finally, we model future accommodation demand, highlighting some challenges for some authorities, and project the potential additional costs authorities will need to address going forward.

The number of people with learning disabilities provided with accommodation by local authorities is growing and current authority provision is keeping step with demand. The changing profile of demand raises some challenges for authorities in the future

1.2   The Welsh Government does not collect comprehensive information on the number of people with learning disabilities in the population and neither are learning disabilities recorded in the census. It is, however, possible to estimate the number of people with learning disabilities in Wales drawing on information from Daffodil[3]. In 2015 It was estimated that there were 58,300 adults with learning disabilities in Wales. Currently around 20% of the estimated total adult population of people with learning disabilities are provided with local authority social care services. The number of adults with learning disabilities in receipt of social care services has increased by just over 900 people since 2008-09[4]. Proportionally, provision for younger people is falling and the number of people with learning disabilities aged 65 and over in receipt of social care services is increasing. Appendix 2 provides a detailed analysis of the data.

3   The web-based system developed by the Institute of Public Care for the Welsh Government. Daffodil supports public sector organisations to plan services providing population projections to identify potential need for care.
4   We have used 2008-09 as the starting point for our analysis as it is the last year before the UK coalition government 2010-2015 introduced austerity measures.

1.3   People with a learning disability have a right to live independently. Backed up by commitments in Welsh Government[5] and local authority policies, the last 50 years have seen significant changes in the way accommodation and support is provided. Service provision has moved away from an institutional model to one which promotes people living in the community in ordinary houses. In 2015-16, local authorities funded over 12,000 placements to accommodation based services for adults with learning disabilities. Exhibit 2 below shows that the bulk of these placements – 10,006 – were for community based accommodation services. The remaining placements were to residential care homes and other forms of accommodation.

Exhibit 2 – Learning disability placements for all local authorities in 2015-16 and percentage change in provision since 2008-09

Local authorities are providing more people with learning disabilities with social care services, particularly placements in community based services.

Type of accommodation	Aged 16-64	Change	Aged 65+	Change	Total (all aged 16+)	Change since 2008-09
Own home	1,399	-12%	276	42%	1,675	-5.9%
Living with parents or family	5,456	2%	156	73%	5,612	3.2%
Foster home	84	-33%	8	-20%	92	-32.3%
Lodgings / supported living	2,217	27%	410	63%	2,627	31.8%
Accommodation in the community	**9,156**	**4.1%**	**850**	**31.4%**	**10,006**	**10.4%**
Health service accommodation	115	7%	17	42%	132	10%
Local authority care homes	40	-57%	20	-47%	60	-54%
Private or voluntary care homes	1,109	4%	244	-2%	1,353	2.5%
Residential accommodation	**1,264**	**-0.7%**	**281**	**-5.7%**	**1,591**	**1.3%**
Other accommodation	426	270%	37	118%	463	250.1%
All accommodation	**10,846**	**7%**	**1,168**	**35%**	**12,014**	**8.7%**

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

5 Learning Disability Strategy - Section 7 Guidance on Service Principles and Service Responses, Welsh Government, August 2004.

1.4 Welsh Government projections from Daffodil predicts that the number of people in Wales aged 18 and over who will have a learning disability will increase from 58,300 in 2015, to 63,114 in 2035, an increase of 8.2%. In terms of the distribution of the population with learning disabilities, Appendix 3 and 4 summarises Daffodil projections by local authority area. In summary, Daffodil projections suggest that more people will require help and support from local authorities to live independently by 2035 because:

a twenty authorities will see a rise in the number of people with learning disabilities and five local authority areas will have significant increases;

b the number of people aged over 65 with learning disabilities will rise from 12,986 to 17,996, a 38.5% increase[6] and are likely to place greater demands on local authorities for assistance; and

c the number of people in Wales aged 18 and over diagnosed with a 'moderate or severe' learning disability will increase in 12 of the 22 local authorities. In particular, a greater proportion of people with severe or moderate learning disabilities will require assistance, especially where parents and families become less able to provide care.

Expenditure on learning disabilities accommodation services have grown in recent years and authority investment has kept pace with demand. However, it is difficult to determine why there is a wide variation in authority spending

1.5 Local authorities spend large amounts of public money on learning disability services. At a Wales level, gross expenditure for people with learning disabilities (adults under 65) has risen by 16.5% from £336.3 million in 2008-09 to £398.5 million in 2015-16. In real terms, considering inflation, this equates to an all Wales increase of 6.8% over the period. Appendix 3 provides a detailed analysis of the change in local authority expenditure.

1.6 The Welsh Government collects a range of data on accommodation services for people with learning disabilities. This includes overall expenditure on social care, and the number of placements made on annual basis to the different types of accommodation. However, Welsh Government does not collate and report on the cost by authority of the different types of social care accommodation and it is therefore not possible to compare expenditure for the different forms of accommodation to help determine economy in service provision.

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6 The increase in the number of people aged over 65 with moderate or severe learning disabilities is primarily a result of increased life expectancy, especially among people with Down's syndrome, and the growing numbers of people with complex and multiple disabilities who now survive into older adulthood.

1.7 To understand how authorities are managing their funding of learning disabilities provision, we have analysed expenditure as follows:

a Firstly, we plotted the change in expenditure and placements from 2008-09 to 2015-16 to determine if there is a link between high cost and high numbers and/or frequency of placements. Exhibit 3 below maps the real terms change in expenditure against the number of placements by local authority between 2008-09 and 2015-16. Our analysis shows that there is no clear pattern between expenditure and placements. Spending more does not always result in more placements. Similarly, spending less does not always result in fewer placements.

Exhibit 3 – Change in number of learning disabilities accommodation placements for adults under 65 (x axis) against change in gross expenditure (real terms) between 2008-09 and 2015-16 (y axis)

The chart shows the change in spend and number of placements for each of the 22 local authorities in Wales between 2008-09 and 2015-16. Each quadrant of the chart represents a different pattern of change over time (as labelled). The Exhibit shows that there is no obvious correlation between expenditure and number of placements.
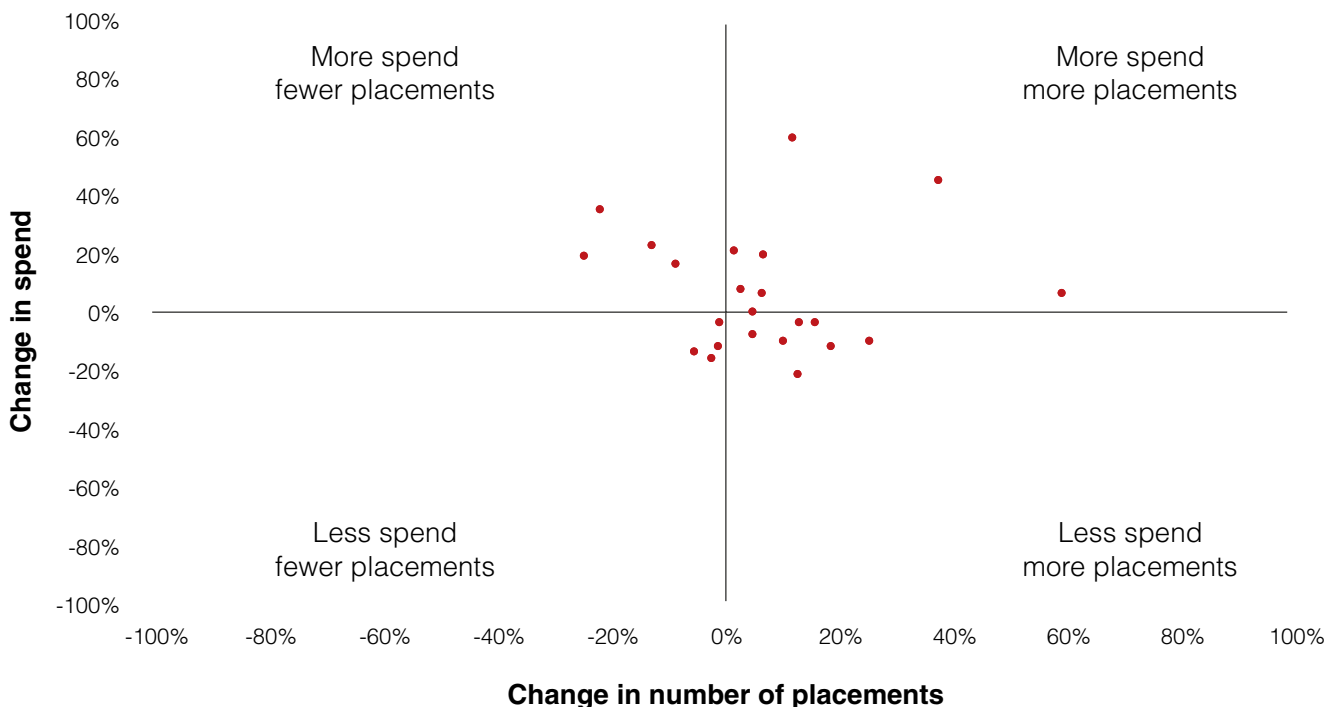
Source: Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

b   Secondly, we have mapped overall average[7] authority expenditure on health board footprints to determine if there are regional commissioning markets in operation. Appendix 6 shows that the average cost per placement ranges from roughly £22,000 to just under £71,000. Overall, we conclude that based on averages, there are no clear and discernible 'regional markets'.

c   Thirdly, we have grouped authorities by geographical and socio economic type, classifying authorities as either: valleys; mixed urban and rural; city; or mostly rural. Appendix 7 summarises this analysis and highlights that overall, the range of cost is too wide to suggest geographical or socio-economic factors significantly influence cost.

d   Finally, we analysed variations in expenditure and changes in provision to determine which, if any, service model – community or residential based services – are cheaper or more expensive. Appendix 8 compares average cost per placement and the prevalence of different types of provision for the authorities with lowest and highest average cost per placement. From our analysis, we conclude that there is no clear relationship between average placement cost and type of social care accommodation.

1.8   Drawing on the above evidence we estimate that there is no discernible pattern or rationale such as market conditions, regional issues or service model type that helps explain or justify variations in expenditure. Consequently, we consider that the cost of learning disability placements are more likely driven by other factors, which are explored in detail in Parts 2 and 3 of this report. In particular:

a   the effectiveness and approach of each authority's commissioning team, their skills and abilities to negotiate, challenge and set appropriate costs;

b   the number and range of staff employed and their engagement with and management of external care providers;

c   the availability of providers within the market and how effective local authority commissioning teams are at increasing provider capacity;

d   the systems and approaches used to commission services, especially the link between corporate approaches to procurement and social care commissioning;

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7   Because data is not collected that identifies how much is spent on the different types of learning disability accommodation we are only able to compare performance between authorities using the overall average spend per placement for all learning disabilities social care accommodation. We recognise that averages can have some weaknesses, especially where data is skewed by wide variations in expenditure within an authority. Nonetheless, using average spend per placement allows us to explore whether there are underlying issues that may influence cost of services.

e the robustness of needs assessments and strategic planning which underpin the choices made by authorities; and

f the strength of scrutiny and oversight of the commissioning system to determine what is working and what needs to improve.

1.9 Others also echo our conclusions. For example, the Wales Mental Health and Learning Disabilities Collaborative Commissioning Group National Collaborative Commissioning Unit (the 'Unit') in the NHS in Wales has reviewed the costs of residential placements for mental health and learning disabilities and found a range of costs for similar care placements. This analysis is set out in Exhibit 4 below and highlights that providers charge local authorities different amounts for broadly the same type of service. The Unit concluded that the 'prices charged for existing residential placements on a care setting by care setting basis lack transparency, are inconsistent and have limited relationships to any service specifications.' This suggests that current weaknesses in commissioning arrangements allow providers to maximise charges for services rather than operate to a defined cost model.

Exhibit 4 – The cost of weekly care packages for people with learning disabilities

The Exhibit summarises the range of weekly costs for three different models of provision in care homes and highlights that the charges made by providers for broadly the same type of service range widely.

Placement type	Range of costs per weekly placement	
	Minimum cost	Maximum cost
Care home, learning disabilities, without continuous staffing	£1,216	£1,628
Care home, learning disabilities, with continuous staffing	£681	£3,250
Care home, learning disabilities, with continuous nursing staffing	£1,330	£2,766

Source: Director of National Collaborative Commissioning Unit, presentation to CIPFA Annual Conference 2017.

Our modelling suggests that at an all Wales level provision is keeping step with projected growth but a third of authorities face major choices in how they address future accommodation demand
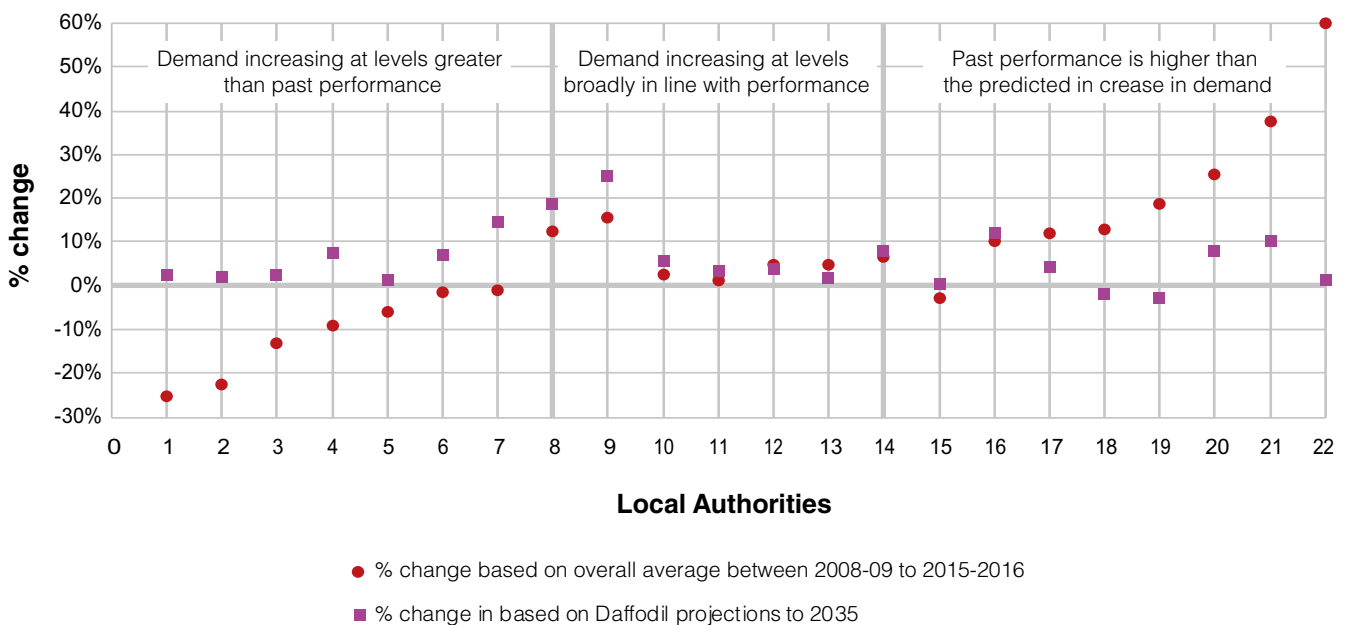
1.10 Framing future service delivery on current standards and approaches can sometimes result in demand being over or under estimated. Predicting future demand can be influenced by the assumptions that underpin any analysis, and projected demand does not always turn into actual demand. However, by assuming that services operate with little or no change to eligibility criteria, and broadly continue as currently provided, allows us to consider how well placed local authorities are to respond to potential future demand.

1.11 Assuming no change to eligibility criteria we have modelled in Exhibit 5 the likely change in demand for social care accommodation provision for people with learning disabilities at an all Wales and local authority level[8]. We use a scatter graph to represent and compare current performance in provision of social care accommodation services, with the predicted change in numbers requiring those services by 2035. Where the two markers coincide, past performance is well aligned with projected demand and authorities are in a good position to manage projected population increases for social care accommodation. Conversely, where the two markers diverge, then authorities either need to increase capacity to address the projected growth in accommodation demand or need to taper future growth.

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8   Our analysis draws on two separate sets of data. Firstly, we looked at the average percentage increase in provision of services to people with learning disabilities between 2008-09 and 2015-16. Using this data, we estimate that demand for accommodation will rise by 8.7% over the 20-year period. Secondly, the projected increase in demand based on the anticipated growth in the number of people with learning disabilities, as determined by the Daffodil data, projects that accommodation demand will increase by 8.2%.

1.12 In summary, our analysis highlights that nine local authorities (numbers 1 to 9) may need to increase the provision of social care accommodation services to address a predicted growth in demand by 2035. These are authorities where either accommodation services have reduced between 2008-09 and 2015-16 or the change in accommodation provision in this period is below the projected level of demand they need to address in the future. Seven authorities (numbers 10 to 16) past performance broadly matches predicted growth in accommodation. This suggests that current approaches to managing demand are well suited, or should require minimal change in accommodation provision to meet the projected change in the number of people with learning disabilities. Finally, six authorities (numbers 17 to 22) have increased learning disability accommodation placements in the recent past but their projected population of people with learning disabilities in the next 20 years may require them to rethink and taper services.

Exhibit 5 – Modelling of current performance (2015-16 base data) in provision of social care accommodation services for adults with learning disabilities against the predicted change in numbers potentially requiring accommodation services by 2035 (derived from Daffodil)

A third of authorities need to increase their investment in learning disability services to meet the projected population growth by 2035.

● % change based on overall average between 2008-09 to 2015-2016

■ % change in based on Daffodil projections to 2035

Source: Wales Audit Office analysis of Welsh Government published data available on StatsWales and Daffodil.

Current levels of expenditure on learning disabilites accommodation services is insufficient to keep pace with inflation and growing demand

1.13 Comparing current patterns of expenditure against predicted increases in demand enables us to determine how well placed local authorities are to meet the financial demand of future accommodation needs. Exhibit 6 overleaf compares current levels of expenditure on accommodation services against potential future costs on two measures: the predicted level of expenditure based on the average yearly budget increase between 2008-09 and 2015-16; and the projected increase in expenditure needed to keep pace with inflation and the growth in demand.

1.14 Our modelling in Exhibit 6 highlights that local authorities will need to increase expenditure on learning disability accommodation services in the region of £365 million by 2035 (Appendix 9 summarises our calculations showing how we have derived this figure). To keep pace with growing demand, and to make best use of current resources, authorities will need to both improve their commissioning systems and processes to offset our estimated increase in cost, but also invest greater sums of money to meet rising demand. This will prove challenging in the current financial climate for public services. Below, in Parts 2 and 3 of our report, we provide an overview of current commissioning arrangements, commenting on the effectiveness of current practices and how well placed authorities are to commission sustainably in the future.

Exhibit 6 – Modelling of projected increase in expenditure of social care accommodation services for adults with learning disabilities by 2035

Our modelling concludes that comparing recent local authority expenditure patterns against projected inflation and increasing demand shows that current local authority investment on accommodation services will need to be significantly increased to keep pace with inflation and meet projected demand in 2035.

Expenditure on learning disabilites in last eight years

Projected spend based on average yearly increase in last 8 years

Projected spend based on inflation and predicted growth in demand
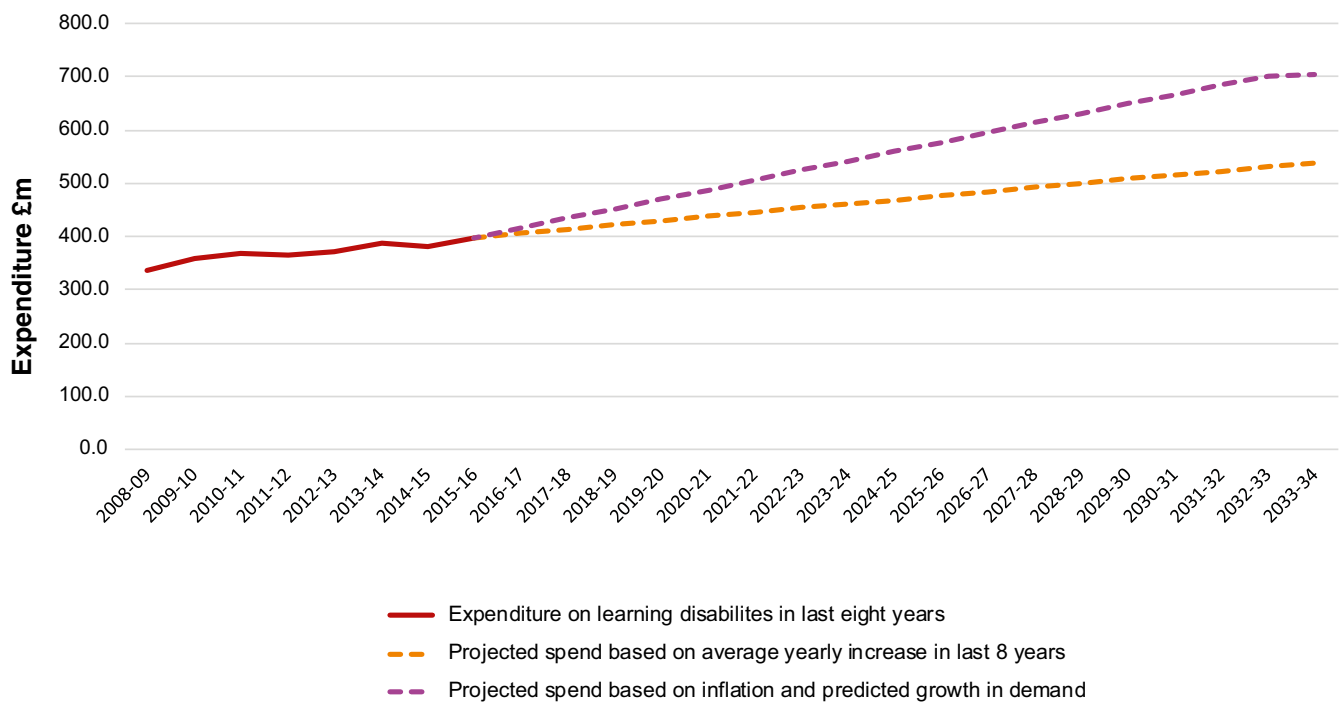
Source: Wales Audit Office.

Part 2

Local authorities generally do not have effective arrangements to commission accommodation services for people with learning disabilities
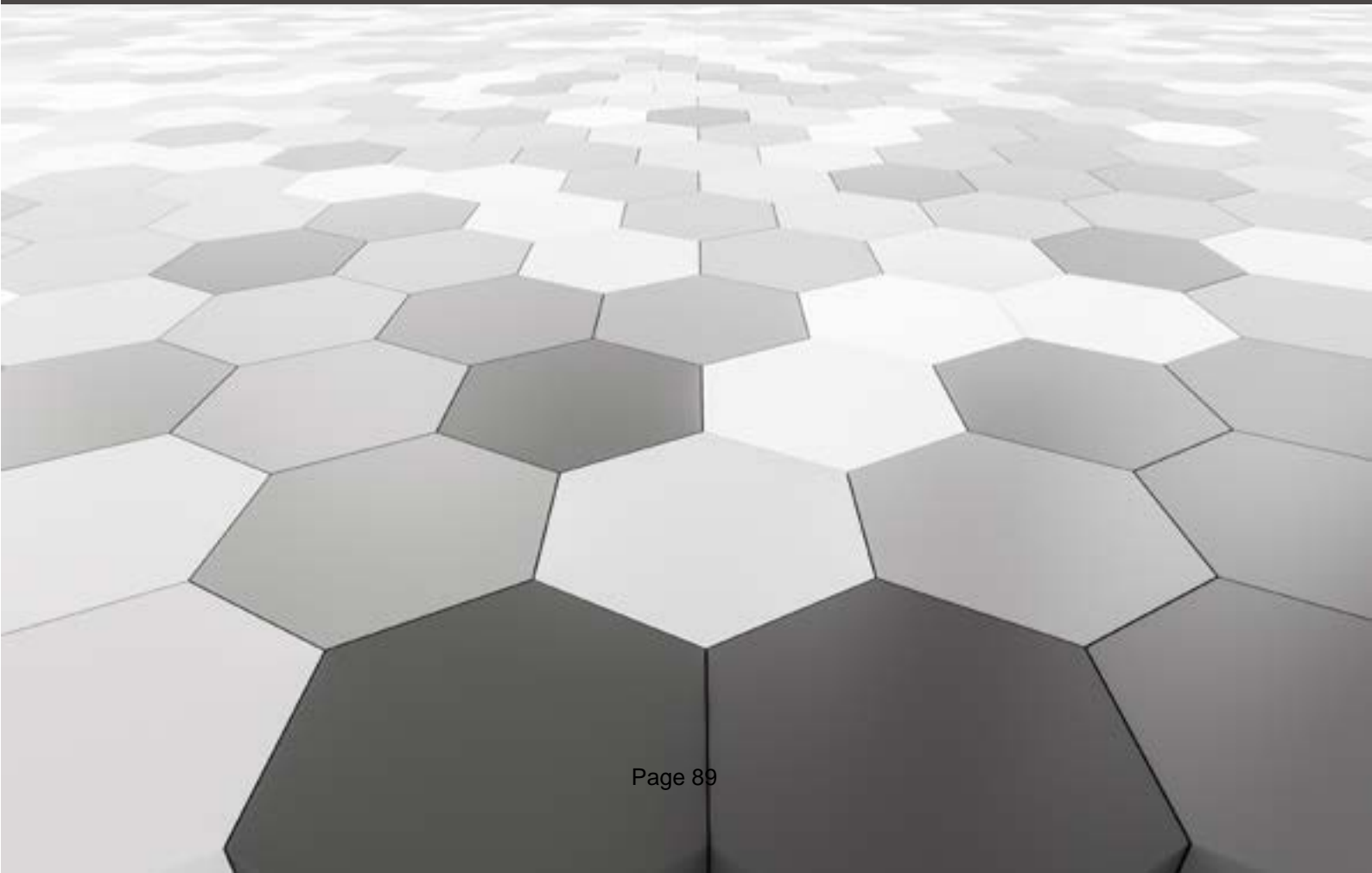
2.1 The best commissioners have the confidence to challenge the status quo, take on radical change, collaborate effectively with external stakeholders, gain a deep understanding of needs, and target resources effectively to meet those needs.

2.2 In January 2011, Welsh Government produced guidance to local authorities[9], to support the production of strategic plans for the commissioning of learning disability services. This guidance is used by local authorities, in conjunction with codes of practice developed following the Social Services and Well-being (Wales) Act 2014, to develop commissioning options that are integrated with wider social care strategies. The aim of the guidance is to ensure partners provide a joined-up and cost-effective approach to the commissioning of accommodation services. Local authorities' commissioning strategies should communicate how they will achieve this and therefore we have considered how well they have developed their plans together with the views of the people tasked with delivering the strategies.

2.3 In this Part of the report we consider how effectively local authorities are organising themselves to meet current demand for accommodation of adults with learning disabilities.

Not all local authorities have developed strategic commissioning options in line with Welsh Government guidance and the introduction of the Social Services and Well-being (Wales) Act 2014

2.4 Authorities are striving to develop their approach to commissioning and there is clear evidence of improvements in strategic planning. Nineteen of the 22 local authorities have developed a specific commissioning strategy for learning disability services, and most authorities believe that their commissioning strategy has resulted in services improving. Exhibit 7 overleaf highlights the benefits authorities recognise they have achieved as a result of commissioning strategies.Despite positive conclusions, some local authorities noted some local and regional commissioning challenges, commenting specifically on:

   a difficulties recruiting staff, particularly across North Wales;

   b a shortage of accommodation to meet more complex needs;

   c existing providers being unable to meet increasing demand for more complex solutions;

9 http://gov.wales/docs/dhss/publications/110301LearningDisCommStraten.pdf

d   difficulties balancing the need for finding savings and more cost-effective service provision against the increasing demand for more complex packages of care; and

e   problems in implementing a cultural shift away from existing day-care provision that many older people with learning disabilities are accustomed to, and feel comfortable with, to community based services.

Exhibit 7 – The views of service managers with responsibility for learning disability services on the impact of their commissioning strategy

In most service areas, the majority of local authorities feel that their Commissioning Strategies have improved the quality of the social care services they provide to people with learning disabilities and better meet the needs of people with learning disabilities.
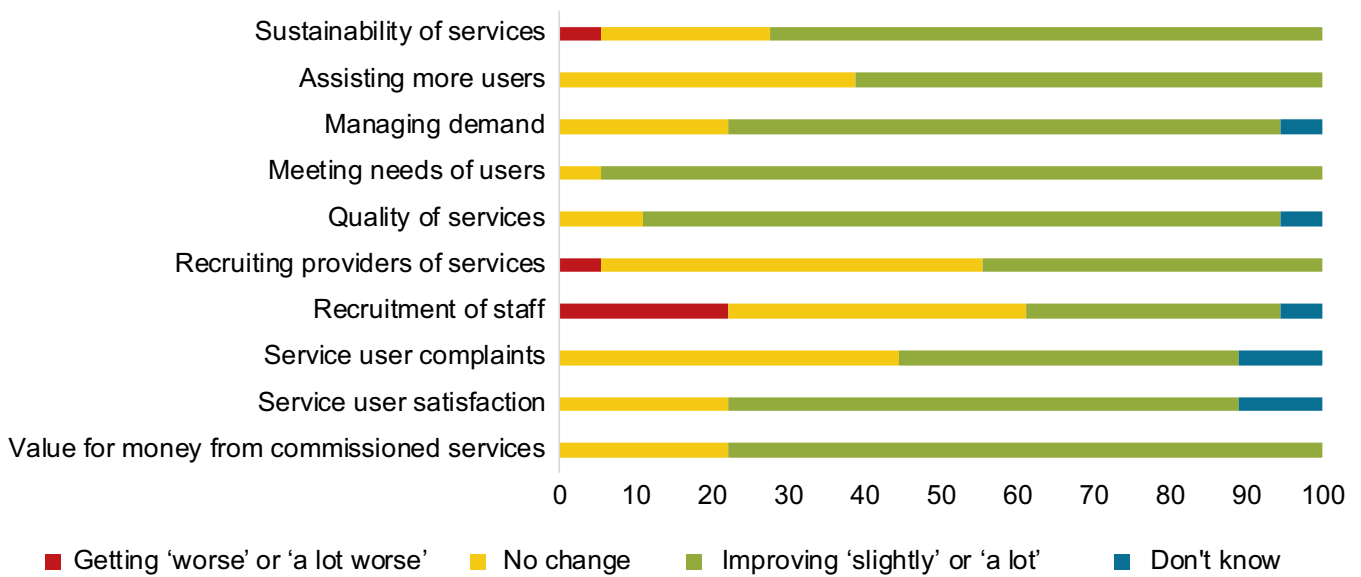
■ Getting 'worse' or 'a lot worse'   ■ No change   ■ Improving 'slightly' or 'a lot'   ■ Don't know

2.5 The combination of pressure on budgets and new legislation from Welsh Government is encouraging authorities to modernise commissioning approaches. The Social Services and Well-being (Wales) Act 2014 (the Act) provides a legal framework for people with a learning disability who require care and support, and for transforming social services in Wales. Of particular relevance to people with a learning disability, the Act provides those receiving services with greater freedom to decide which services they need.

2.6 The suitability and availability of appropriate accommodation is critical in meeting the needs and future demands of people with learning disabilities and their carers. The findings of our survey of local authority service managers show that overall there is continuing policy support for community-based services that support independent living compared to more residential based services. For example, 21 of the 22 local authorities are prioritising supported housing services in the future, and 16 authorities favour increasing the number of people with learning disabilities who live in their own homes or reside with parents and family members.

IN 2015-16:

1,615 lived in their own home

5,612 lived with their parents or other family members

2,627 lived in shared supported accommodation or lodgings with other people

92 were living in a foster home

1,591 lived in residential settings in care homes provided by either health boards, local authorities or the private/voluntary sector

463 lived in other forms of accommodation

2.7   However, whilst the Act promotes people's independence to give them a stronger voice and control, responses have mostly focussed on improving strategies and written documentation. In addition, whilst local authorities want to move away from services focussed on day care and residential services towards more bespoke and flexible community based accommodation services that best meet the needs of individual users, these aspirations are not always being delivered.

2.8   For example, a number of national organisations we spoke to who work with people with a learning disability and their families and carers, told us that authorities have long discussed changing service models, but they have seen little evidence of positive change on the ground or in the services commissioned by authorities. Interviewees also told us that authorities do not always take account of the contribution that other services, such as leisure and education, can play in delivering better outcomes for people with learning disabilities. One senior manager in a learning disabilities support organisation we spoke to told us the intention to improve service delivery models has been around 'for all of my 30 years in the sector'. Others stated that opportunities such as supported employment are far more satisfying that 'filling time' activities such as day care, which often do not produce effective outcomes for people with learning disabilities. The need to give staff wider and more specialised skills in locating and developing job opportunities for people with learning disabilities is recognised in a growing number of local authority plans and strategies.

2.9   Despite these shortcomings, authorities are improving their strategic focus on commissioning. For instance, Rhondda Cynon Taf County Borough Council has a Commissioning Strategy and Statement of Intent for Learning Disabilities, which is supported by a Commissioning, Procurement and Management Strategy. The aim of these two strategies is to provide a unified strategic framework for commissioning, procurement and contract management within the local authority. The Commissioning Strategy has been developed jointly with Cwm Taf Local Health Board. Staff we spoke to acknowledged that the Social Services and Well-being (Wales) Act 2014 has driven the change in thinking about service provision.

2.10 Likewise, the City and County of Cardiff have a number of operational plans that support the delivery of their Learning Disability Commissioning Strategy[10]. These include an overarching Statement of Strategic Commissioning that sets out the values, principles and purposes of all commissioning undertaken by the Council, and more specific documents covering Older People's services, an Autistic Spectrum Disorder strategy and a joint Day Opportunities strategy. As a result, the up to date information and intelligence places the local authority in a better position to commission services.

Commissioning strategies are not always resulting in cost effective service options that meet the needs of people with learning disabilities

2.11 The World Health Organization states that the health inequalities experienced by people with a learning disability are partly caused by poor quality social care and on average people with learning disabilities have poorer health and die younger than other people[11]. Therefore local authorities should do all they can to secure the most effective and appropriate accommodation service to meet the wellbeing of individuals and a local authorities' formal arrangements with carers and providers of learning disability services form an important part of an effective strategic approach that assures good value for money.

2.12 From the documentation we examined, together with our interviews with commissioning staff and national organisations, we found inconsistencies with how authorities balance cost and quality of accommodation services. We also found a lack of common understanding between commissioners, corporate procurement teams and providers in what they are trying to achieve.

10 www.cardiff.moderngov.co.uk/learningDisabilityCommissioningStrategy
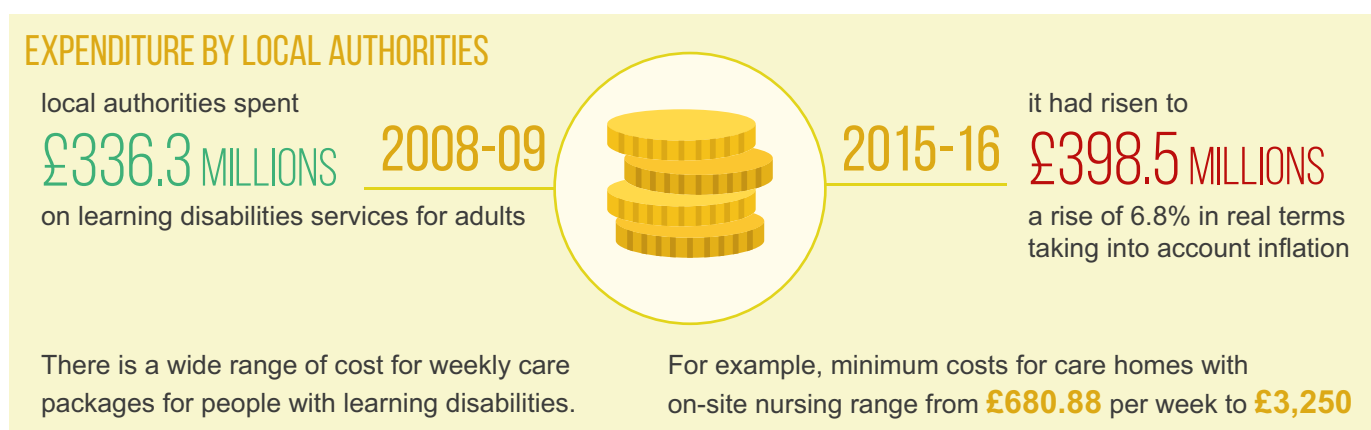11 See www.who.int/mediacentre/factsheets/fs352/en/

2.13 Our examination of national research and documentation shows authorities' commissioning arrangements do not give sufficient reassurances that they have the right systems in place to deliver their strategic commissioning intentions. Too many commissioning strategies give a poor indication of current and longer term user and carer needs, insufficient market analysis, limited provider input, and a weak analysis of current levels of spending and policy choices. As a result, baseline positions remain incomplete. Therefore, action plans may not be pointed at the right things and often focus on a list of intentions rather than strategic actions that drive and improve commissioning activity.

2.14 The Wellbeing of Future Generations principles[12] (the 'five ways of working') are increasingly being integrated in commissioning and procurement strategies, but progress in involving providers is still developing. Cardiff City and County Council has produced a procurement strategy, which explicitly aims to maximise economic, social, environmental and cultural wellbeing. Ensuring that small and medium sized enterprises are able to access tendering opportunities is currently under review by commissioning staff. The Western Bay Learning Disability Commissioning Strategy provides a more integrated strategic approach to reduce inconsistencies and health. This strategy defines the problems it is trying to solve, how it will improve current service delivery, and advocates the use of pooled budgets.

2.15 Local authorities increasingly recognise that they need to improve the efficiency and cost stability of commissioning. Nonetheless, some positive examples exist. Rhondda Cynon Taf County Borough Council's 2016 Learning Disability Joint Statement of Strategic Intent includes a strong focus on market shaping. This includes differentiating between universal, early intervention, and intensive intervention services so commissioners are clear about what services are available to allow for comparisons between packages of care. As a result, providers can more quickly fill any gaps in provision.

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12 See http://gov.wales/docs/dsjlg/publications/150623-guide-to-the-fg-act-en.pdf

2.16 Local authorities are also developing their commissioning strategies to look for ways to collaborate and get greater value for money. The Social Services Improvement Agency's 2014 report entitled Transforming Learning Disability Services in Wales[13] finds 'there is potential to develop the functions of commissioning to deliver better outcomes for people with a learning disability and reduce avoidable costs.'Report recommendations include more outcome-based reviews and an integrated approach across the NHS and Local Government to the planning, commissioning and delivery of learning disability services in Wales. However, we found that the need to lower costs is still perceived to be the greatest influence. This creates barriers to innovation and effective commissioning.

Regional joint working between local authorities is steadily developing, but engagement with Health Boards is variable

2.17 Welsh Government guidance on developing commissioning strategies for learning disability services and the Social Services and Well-being (Wales) Act 2014 state that local authorities should work with their local health boards when producing their commissioning strategies and developing and delivering learning disability services, including accommodation. From our survey of local authority service managers we found that roughly two thirds of respondents jointly commission services with their Local Health Board and stated that these arrangements are 'effective' or 'very effective'.

EXPENDITURE BY LOCAL AUTHORITIES

local authorities spent

£336.3 MILLIONS   **2008-09**

on learning disabilities services for adults

2015-16   it had risen to

£398.5 MILLIONS

a rise of 6.8% in real terms taking into account inflation

There is a wide range of cost for weekly care packages for people with learning disabilities.

For example, minimum costs for care homes with on-site nursing range from **£680.88** per week to **£3,250**

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13 See Transforming Learning Disability Services in Wales.

Exhibit 8 – Whole time equivalent social care planning and commissioning staff for all Welsh local authorities and social care services in 2015-16

The exhibit summarises the range of staff employed by local authorities to undertake all social care planning and commissioning. The average across Wales is 10.9 Full Time Equivalents (FTEs) to undertake social care planning and commissioning activity and ranges from no specialist staff to 33.2 (FTEs).

Range	Commissioning Manager	Operational staff	Support officer	Other Staff
Minimum	0 in six LAs	0 in five LAs	0 in five LAs	0 in ten LAs
Maximum	Four in one LA	13 in one LA	15 in one LA	16 in One LA
Wales total	**33**	**89**	**74**	**44**

Source: http://gov.wales/statistics-and-research/local-authority-social-services-staff-numbers

2.18 However, even those who commented positively on joint working with health colleagues flagged some challenges. For example, joint working focussing too much on operational matters relating to individual packages of care rather than considering how best to deliver longer-term sustainable accommodation services; and poor engagement between partners resulting in poor ownership and support of decisions for people with learning disabilities.

2.19 In addition, many commissioning managers we spoke to see regionalisation of the commissioning of learning disability services as one way of delivering financial and improvements in the quality of services. Progress in this area has however been slow to date and some senior authority managers remain unconvinced about regionalisation due to the additional demands on their time, concern over responsibilities and risk, lingering doubts about the support to smaller suppliers and reluctance to pool budgets.

2.20 Hywel Dda Health Board has strong links with the three local authorities in its area (Pembrokeshire, Carmarthenshire and Ceredigion) and has developed a strategic intent document and a market position statement for learning disability services. As an example of this improving relationship, Ceredigion County Council has continued to develop its strategy, working regionally with the Mid and West Wales Health and Social Care Regional Collaborative, supported by an independent review of service planning and mapping[14]. The review started in 2014 and has evolved significantly since the Social Services and Well-being (Wales) Act 2014 came into force, focussing on an assessment of partners' capabilities and includes a number of service options for the future.

2.21 Likewise, in North Wales, Betsi Cadwaladr is looking to develop a learning disabilities strategy with all six local authorities in its footprint, which will sit alongside a regional mental health strategy. Similarly, the three local authorities in the Western Bay consortium – Bridgend, Neath Port Talbot and Swansea – all work closely with Abertawe Bro Morgannwg University Health Board (ABMU) and local authority and regional strategies have benefitted from health board input.

Resources to support planning and commissioning of services vary widely

2.22 The number of staff employed by local authorities to undertake all social care planning and commissioning vary widely. Whilst the number of staff engaged in activities has increased from 230.35 in 2014-15 to 239.56 in 2015-16, the number of managers has fallen. Exhibit 8 summarises the range of staff in local authorities with responsibility for planning and commissioning social care services (there is no published information specifically on learning disabilities).

14 Mid and West Wales Health & Social Care Regional Collaborative Learning Disabilities Partnership/2014

2.23 The number of specialist commissioning staff employed by local authorities bears little relation to an authority's level of expenditure, the number of people with learning disabilities assisted or the range of services provided. For example, the average number of people with learning disabilities per member of social care planning and commissioning staff ranges from 14 in Pembrokeshire to 600 in Conwy. The average across Wales is 56.6 people with learning disabilities per FTE member of social care planning and commissioning staff. Likewise, the spend per learning disabilities client per member of social care planning and commissioning staff ranges from £0.585 million to £17.5 million. The average for Wales is £1.663 million.

2.24 There is some correlation between the number of commissioning managers employed by a local authority and their views on their capacity to commission. Comparing the results of our survey of local authority learning disability managers with the above data published by StatsWales on staff numbers, shows that those authorities with more than two commissioning managers think they have better capacity, and those with no planning or commissioning manager consider themselves less well placed to commission in the future. The recent report of the Care and Social Services Inspectorate Wales 2016 on care and support for people with learning disabilities[15] noted, 'the quality of care and support for many people with learning disabilities in Wales is largely dependent on the effectiveness of the front line social services and health staff who support them'.

15 http://cssiw.org.uk/our-reports/national-thematic-report/2016/national-inspection-care-and-support-for-people-with-learning-disabilities/?lang=en

Local authority engagement is not always responding to the needs of people with learning disabilities and their carers

2.25 Engagement and consultation with people with learning disabilities and their families or carers, and with service providers can go a long way towards developing and maintaining high quality, appropriate accommodation services. If done well, it can inform local authority decision-making with detailed information from people with learning disabilities on their requirements and aspirations, and from service providers on their capacity, expertise and input for designing and delivering new accommodation services. Our interviews with commissioners, providers and national representatives suggest that where better value for money is being delivered, it is in part due to increasing user input into commissioning processes.

2.26 Our survey found that local authorities are using a number of techniques to engage and consult with people with learning disabilities and service providers, mostly through workshops, focus groups and other meetings. Our fieldwork also identified some good examples of how local authorities are involving people with learning disabilities who receive authority services in their procurement process, including as members of interview panels when selecting providers.

2.27 However, only twelve local authorities formally engage with service user representative groups to help shape and improve planning and to inform their decision-making. Opportunities exist to widen out engagement activity to include other less formal and more immediate ways of engagement, such as social media.

2.28 Importantly, local authorities recognise that engaging directly with people with learning disabilities who use social care services and responding to their needs is important. Most authorities highlighted that engagement has allowed them to identify options to improve how they commission learning disability services. For example, through their engagement work, both Torfaen and Rhondda Cynon Taf County Borough Councils have been able to quantify the needs and expectations of different age groups and are using this information to re-design services.

2.29 Providers we spoke to think that local authorities still have an emphasis on procurement rather than wider commissioning. Some local authorities have a clear focus on developing the provider market, looking to add social value[16] from their investment, and improving wellbeing through commissioning. Whilst budgetary pressures have also influenced decisions, part of this change has also been driven by a change in expectation from some people with learning disabilities and their families and carers. There is, therefore, an increasing recognition by local authorities of the need to widen and improve the choice of suppliers and quality of services commissioned from providers. However, only half of authorities provide training and mentoring to providers to support and enable them to understand the expectations and requirements of the authority when they apply for contracts. Despite tender documentation giving a higher weighting towards the quality of services, there is often a lack of common understanding about what 'quality' means for people with learning disabilities.

2.30 A positive dialogue with service providers and the third sector is a key component of the Practice Guide for Leading Integrated and Collaborative Commissioning produced by the National Commissioning Board Wales[17] in August 2017. From our review we found that considerable work remains to make this vision a reality. For example, Commissioning activity could be improved by developing a common and collective understanding of capacity and long term needs working jointly with providers.

2.31 However, the findings of our survey shows there are opportunities to improve current working practices. For instance, whilst 17 authorities keep tendering processes as short as possible and a 17 clearly set out how tenders will be reviewed, only 11 use standard nationally available good practice forms and information to mainstream their activity. Some providers see the amount of documentation required by local authorities as overly bureaucratic. As a result, the range of providers that respond to tenders can often be limited. We found potential for local authorities to make the tendering process fairer and easier for potential new suppliers.

16 Social value is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community is when a public body chooses to award a contract. Social value asks the question: 'If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community?'

17 The National Commissioning Board has been established with the broad purpose of improving the quality of commissioning in Wales and developing effective practice in relation to integrated commissioning between local authorities and local health boards. The Board's membership is made up of representatives from: Local Authority, NHS, the National Provider Forum, Third Sector (WCVA), Wales Procurement Officers, Social Care Wales, CSSIW, WLGA, Improvement Agencies and Welsh Government.

2.32 Local authorities could therefore do more to redefine their relationships with providers to commission, rather than procure services. Local authorities' procurement processes may lead to unintended consequences with unplanned preference given to those organisations who are able to write high quality bids. Whilst commissioning managers may prefer to favour local companies, they told us that current national procurement conditions, as well as the Social Services and Well-being (Wales) Act 2014, require local authorities to consider national companies regardless of the potential support to economic wellbeing of the local area and job creation.

2.33 Despite some local authorities considering they have a sufficient number of appropriate suppliers, others think more needs to be done to encourage local companies. For example, one authority service manager noted that the 'Impression is that lots of new providers are looking to work... It's an issue around capacity for smaller, local companies to apply.' Likewise, another commented that the 'number of providers has been relatively static... We need to be innovative in how we commission with more of a dialogue in terms of third sector provision now.' However, one acknowledged that commissioning can often be undermined by a 'Clash between social care commissioners, corporate procurement and legal officers'.

2.34 Local authorities' management of the provider market is slowly evolving away from the traditional 'client contractor' model towards a more collaborative approach. The National Commissioning Board (NCB) for Wales[18] thinks that greater efficiency and innovation could be encouraged by authorities collaborating more effectively with providers. Partnering[19] is rarely used, and incentives for improving performance are not apparent in the contract documentation we examined. Few local authorities use preferred provider frameworks. Some tender documentation ask providers for examples of how they will innovate and do things differently, but many do not. Contract lengths vary and tendering for shorter contracts can be prohibitively expensive for smaller providers. Rollover contracts and annual arrangements are common. In some areas, the choice of providers is constrained resulting in limited choice and competition. As a result, some local authorities are missing opportunities to strengthen and enhance provision to improve service quality and maximise value for money.

18 See Commissioning_for_People_with_Learning_Disability.pdf2017
19 The Institute of Chartered Accountants of England and Wales define partnering as establishing a long term relationship based on mutual trust and collaboration, and on sharing of both risks and rewards. Partnering arrangement between suppliers and customers will focus on what each party does best, by integrating financial and other resources, and establishing specific roles for each participant. Please see their 2014 report Finance Business Partnering: A Guide.

2.35 Local authorities' understanding of the capabilities and capacity of the provider market varies. A good understanding of quality and capacity is important in supporting local authorities to shape and improve the quality and cost of social care provision. Traditionally, local authorities have focused on ensuring that there is a sufficient supply of different types of learning disability services. However, with people wanting more control over their own care budgets, greater choice and better access to services, authorities now need to shift their focus towards market shaping and market facilitation. Service providers we spoke to told us about the potentially high costs of developing new services and the need to fill gaps in provision. Market shaping of learning disability services is slowly emerging but there are gaps in understanding local market capacity. The Public Policy Institute for Wales' 2015 report The Care Home Market in Wales: Mapping the Sector[20], identifies gaps in information about services, ownership, financial stability, staffing and quality of care. Poor information management can hinder the design, planning, and ongoing monitoring of social care provision.

2.36 There are nevertheless examples of improvement. The Joint Commissioning strategy for adults with learning disabilities in Powys 2015-2020 sets a number of intentions including greater support for social enterprise to develop the provider market, an analysis of longer-term needs, and outcomes aimed for from collaboration. The strategy also includes actions to create wider opportunities for people with learning disabilities and their carers to access complimentary support and information.

2.37 Likewise, the City and County of Cardiff have completed a supplier and gap analysis and identified the need to develop more supported living services. Several authorities also work with people with learning disabilities to identify any gaps in services. Wrexham County Borough Council's Social Care Market Statement sets out how it can use commissioning to improve the local care market. Some local authorities have a clear focus on developing the provider market, adding social value and improving wellbeing through commissioning. These include Devon's joint NHS Devon/Devon County Council Strategy for Commissioning Social Value[21].

20 https://sites.cardiff.ac.uk/ppiw/files/2015/11/The-Care-Home-Market-in-Wales-mapping-the-sector.pdf.
21 Democracy.Devon.CIG Details and Devonhealthandwellbeing.

2.38 Market shaping is a challenge for local authorities across the UK. The Local Government Association's 2016 report Market shaping and commissioning[22] sets out a baseline position in England for learning disability commissioners and notes that 'many councils identified understanding and development of the market as a key priority'. This mirrors the findings from our interviews with providers and local authority staff who highlighted the need to reach a common understanding and for local authorities to develop commissioning frameworks in collaboration.

2.39 Providers also note that more effective commissioning often happens when staff are given the opportunity to take well-managed risks and have more autonomy to make changes. We found that local authorities consider they have better skills than capacity with ten local authorities reporting that they do not have the capacity to commission. This suggests the skills and expertise that local authorities can draw on is more of a factor than the numbers of commissioning staff they employ.

22 www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/care-and-support-reform/implementation/general-duties/market-shaping

Part 3

Ineffective evaluation of outcomes for learning disability services means local authorities are not always able to demonstrate the positive impact of their accommodation commissioning choices

3.1 Local authorities attach importance to the data about the care needs of people with learning disabilities and the extent to which good outcomes are being achieved through the accommodation they provide. However, too often local authorities measure what is easy rather than what is appropriate. What really matters is to focus on the outcomes that services achieve for people, and having the right outcomes is key to successful commissioning. Clear conclusions about the impact of particular accommodation choices, interventions or support on wellbeing is proving elusive for local authorities because of their lack of systematic monitoring and evaluation of commissioning arrangements and review of individuals' care plans. In this Part of the report, we consider the effectiveness of monitoring and evaluation arrangements to oversee the performance of authorities in commissioning learning disability accommodation services.

Many local authorities have not set clear outcome measures to judge the impact of their commissioning activity

3.2 We found limited evidence of outcome based commissioning, despite local authorities often noting that they are commissioning to improve outcomes. Local authorities current approaches continue to focus too much on input and output and transactional indicators such as counting the number of accommodation based care packages, the cost of these services or the satisfaction of people with learning disabilities. Whilst these are relatively easy to track and report against, and provide a useful starting point to judge services, they do not measure what really matters for people with learning disabilities and provide little insight into the quality of services or the beneficial impact of commissioning choices an on individual or their carer's wellbeing.

3.3 This is partly a reflection of the difficulties local authorities experience in both understanding and defining what outcomes look like for people with learning disabilities. For example, only half of the local authorities who responded to our survey stated that they had set outcomes for learning disabilities in both corporate and service specific plans and strategies. Our review of strategic documents for learning disabilities echoed our survey findings, with many local authorities yet to set an appropriate and balanced range of outcome measures, which means that they are unable to evaluate the impact of their work.

3.4 Working with people with learning disabilities and their carers to find out what is working and why it is an important aspect of the commissioning. Local authorities have a duty to ensure that people with learning disabilities' care and support arrangements will meet their needs effectively and that accommodation is appropriate to meet their needs. Responsibilities and requirements for reviewing an individual's care plan are clear. Part 4 of the Social Services and Wellbeing (Wales) Act 2014 Code of Practice relating to the review of care plans[23] states that 'a local authority must prepare and maintain a care and support plan or a support plan...the plans must be kept under review'. The lack of regular reviews means a client's needs may or may not be met by current interventions, and the impact on their wellbeing may be unsubstantiated. The lack of review may also lead to people with learning disabilities not being provided with the most appropriate placements to meet their needs.

3.5 The Care and Social Service Inspectorate of Wales (CSSIW) in their National Inspection of Care and Support for People with Learning Disabilities report from June 2016 noted 'delays with reviews of care plans… missing detail about the substance of care plans' and 'reviews of care plans were less rigorous and ambitious where people were in relatively stable placements'. These conclusions were echoed in our fieldwork where local authority staff and provider representatives told us that the review of care plans is often not systematic or consistent. Local authorities' evaluation of care plans do not make the link between provider activity and improvements in wellbeing. Overall, we concluded that local authorities do not always systematically review care plans to evidence improvements in people's wellbeing, nor do authorities evaluate common themes and regular findings across all their care plans.

3.6 Strengthening engagement with people with learning disabilities and their carers about the accommodation services that they receive is acknowledged as an area for improvement by all local authorities we undertook fieldwork with. We found that only two-thirds of local authorities use service user satisfaction to review the performance of providers. One local authority service manager noted, 'the system is output-driven, and cannot quantify the importance of service user's views. How can you balance value for money with the impact of a change in provider? Also, they have lots of evaluative data from users, contract monitoring, etc. but are not very good at aggregating this to measure overall quality and impact, or drive improvements in services'.

23 socialcare.wales/hub/reviewingCarePlans
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Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities   43

3.7 Providers we spoke to identify a wide range of inconsistent approaches from local authorities in monitoring contracts. They noted the lack of systematic involvement and engagement of those using services in the scrutiny of service delivery. Local authorities that do involve users in contract negotiations, including the final provider selection process, such as the City and County of Cardiff, can point to improvements in client satisfaction and the availability of a wider range of services. However, local authorities are not always making full use of satisfaction and complaints information from people with learning disabilities. Advocacy groups we spoke to noted that from their experience local authorities could generally do more to gather feedback in a strategic way rather than conduct consultation as a 'set piece, one off conversation'.

Variable oversight and scrutiny of performance hinders evaluation

3.8 The benefits of effective scrutiny are well understood by local authorities and national bodies and most authorities regularly report performance of their learning disabilities services. Our survey of local authority service managers with responsibility for learning disabilities found that all authorities regularly reported performance to elected Members and that in 18 authorities' officers felt that elected members effectively scrutinised learning disability services. This is echoed by our fieldwork where we found that elected Members are taking an increasing interest in learning disabilities recognising that increasing the role and impact of scrutiny can improve the focus on outcomes for people.

3.9 However, we also found that scrutiny engagement continues to focus too much on current service provision rather than long term planning and evaluating the outcomes delivered for people with learning disabilities and their carers. For instance, our examination of a wide range of council Scrutiny and Committee reports about learning disabilities show very limited discussion and challenge from Members and too much focus on service inputs and outputs rather than an evaluation of impact and outcomes. One local authority service manager concluded that scrutiny of learning disabilities within their authority was 'hit and miss – in the last 18 months we have been to scrutiny twice around people with Learning Disabilities. There is more interest but if that is effective, I would not like to say… It comes down to people's own experiences and interest in some areas as to whether they can scrutinise effectively'.

Our research shows that there is no discernible pattern or rationale such as market conditions, regional issues or service model type that helps explain or justify variations in expenditure. Consequently, we consider that the cost of learning disability placements are more likely driven by other factors, in particular:

the effectiveness and approach of each authority's commissioning team, their skills and abilities to negotiate, challenge and set appropriate costs

the number and range of staff employed and their engagement with and management of external care providers

the systems and approaches used to commission services, especially the link between corporate approaches to procurement and social care commissioning

the robustness of needs assessments and strategic planning which underpin the choices made by authorities
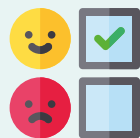
the strength of scrutiny and oversight of the commissioning system to determine what is working and what needs to improve

3.10 Better performing local authorities encourage active and regular scrutiny, and have effective systems and processes that enable oversight. Whilst some scrutiny reports such as Gwynedd Council's 2015 Scrutiny Committee report and discussion on the Changes in the Learning Disability Services show that Members are asking probing questions and seeking reassurances about the longer term sustainability of services, a number of scrutiny reports we reviewed do not cover this level of strategic consideration. For example, a number of scrutiny reviews of learning disabilities do not consider the impact of austerity, the introduction of the Wellbeing of Future Generations legislation, nor the recent changes to benefits and carers' allowance on people with learning disabilities and their carers. As a result, oversight of performance can be limited and commissioners of learning disability services are not always presented with effective challenge or up to date evidence based research.

3.11 Our survey found that the effectiveness of authorities in monitoring the work of providers was variable. Whilst 19 local authorities regularly review provider performance, only nine authorities widened their evidence base to draw on the findings of reviews conducted by other local authorities in Wales. Whilst monitoring financial performance and contract spending is acknowledged as important by all local authorities, only 12 benchmark the cost of commissioning learning disability services from providers with other Welsh local authorities.

3.12 Fourteen authorities state that they have set and regularly evaluate provider performance against agreed strategic priority targets and outcomes. We found from our review of scrutiny papers and strategy documents that evaluating wellbeing outcomes tends to be based on numbers and/or anecdotal feedback and too often reported performance does not adequately consider quality of life or changes in behaviour such as better personal resilience. The lack of clear measures of success means that authorities cannot clearly evidence financial benefits and improving quality of services resulting from their commissioning activity and choices. The Centre for Public Scrutiny's 2017 report on using scrutiny to drive outcomes and improve the quality of life for people with learning disabilities[24] concluded that 'people's experience of external scrutiny in relation to learning disability was very mixed… and 'Access to good data and insight is essential to be able to understand the health and social needs of people with learning disabilities'.

3.13 Although many local authority services have positive relationships with advocacy groups, some authorities are less successful in involving carers and support groups in scrutinising and commenting on the quality of services. Advocacy groups we spoke to want to see more regular involvement in performance monitoring and communication that is written in appropriate and accessible language and expressed concerns that current systems to oversee performance are not effective.

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24 www.scld.org.uk/wp-content/uploads/2017/03/Scrutiny-Report-1.3.17.pdf

Appendices

Appendix 1: Study Methodology

Review of literature

We have reviewed a wide range of documents, including:

- Welsh Government policy and guidance documents;

- local authority procurement and commissioning guidance, as well as plans and strategies for learning disability services; and

- other relevant research and guidance produced by the National Commissioning Board, the ADSS, Welsh Local Government Association (WLGA) and research bodies.

National Interviews

We interviewed representatives of the National Commissioning Board, the Care Council for Wales (now Social Care Wales), Learning Disability Wales, All Wales People First, Mencap Wales, the all Wales forum for carers and parents and other third sector providers.

Data and statistical analysis

We have collated and analysed a wide range of performance indicator returns and budget data available online at the Office for National Statistics and StatsWales and population projections produced by the Institute of Public Care for the Welsh Government.

Local authority and housing association fieldwork

We visited five local authorities in 2016-17. The local authorities selected represented a mix of city, urban, rural and valleys authorities, which are geographically spread across Wales.. The fieldwork sites were:

- City of Cardiff County Council;

- Ceredigion County Council;

- Wrexham County Borough Council;

- Rhondda Cynon Taf County Borough Council;` and

- Anglesey County Council

During the visits, we interviewed a range of staff and elected members.

Surveys

We undertook a survey with senior managers with responsibilities within local authorities for learning disability services.

Appendix 2: Number of people aged 16 and over with learning disabilities assisted by local authority social services 2008-09 and 2015-16

The Exhibit shows that whilst the number of people with learning disabilities who are provided with social care services has increased by 8.4% in the last eight years, assistance is beginning to reduce and fell by 1.2% between 2014-15 and 2015-16. Proportionally the number of people aged 65 and over require greater levels of support.

Exhibit 9 – number of people aged 16 and over with learning disabilities assisted by local authority social services 2008-09 and 2015-16

Year	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Number of people aged 16 and over assisted	11,046	11,578	11,355	11,803	12,260	12,272	12,168	12,014
% change over time against 2008-09 base year for those aged 16 and over	N/A	4.8%	2.8%	6.8%	11%	11.1%	10.1%	8.7%
% change comparing performance year by year for those aged 16 and over	N/A	4.8%	-1.9%	4%	3.9%	0.1%	0.8%	-1.2%
Number of people aged 65 and over assisted	862	931	934	1,001	1,046	1,107	1,129	1,168
% change over time against 2008-09 base year for those aged over 65	N/A	8%	8.4%	16.1%	21.4%	28.4%	31%	35.6%
% change comparing performance year by year for those aged over 65	N/A	8%	0.3%	7.2%	4.5%	5.8%	2%	3.5%

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

Appendix 3: Real terms change in expenditure on learning disability accommodation services by local authority for people aged 16 and above between 2009-10 and 2015-16

Exhibit 10 – Real terms change in expenditure on learning disability accommodation services by local authority for people aged 16 and above between 2009-10 and 2015-16

Local Authority	2008-09 £'000	2009-10 £'000	2010-11 £'000	2011-12 £'000	2012-13 £'000
Anglesey	8,892	11,421	10,967	10,733	10,124
Blaenau Gwent	9,687	8,429	9,206	8,880	9,893
Bridgend	13,746	14,646	14,232	14,511	15,305
Caerphilly	20,209	20,619	20,624	19,991	20,021
Cardiff	35,114	36,840	38,328	38,180	39,158
Carmarthenshire	20,106	22,587	23,790	24,691	27,280
Ceredigion	9,426	9,655	9,974	10,122	11,486
Conwy	14,663	16,263	17,536	17,306	16,463
Denbighshire	12,068	11,822	12,828	12,679	14,272
Flintshire	16,156	19,949	20,458	20,718	19,374
Gwynedd	12,900	13,934	14,191	14,135	14,033
Merthyr Tydfil	4,874	5,415	4,624	4,812	5,363
Monmouthshire	10,814	10,846	11,276	11,103	10,268
Neath Port Talbot	15,894	19,806	19,386	19,914	20,904
Newport	17,049	19,779	22,216	19,838	19,126
Pembrokeshire	10,895	12,355	13584	14,579	15,786
Powys	17,481	16,370	17,488	18,443	19,461
Rhondda Cynon Taf	26,273	27,553	27,694	27,214	25,420
Swansea	19,466	18,928	17,214	17,052	17,694
Torfaen	9,268	9,308	9,600	8,038	7,651
Vale of Glamorgan	11,772	12,867	12,830	13,064	12,880
Wrexham	19,588	20,663	20,280	19,522	18,907
Wales	**336,341**	**360,056**	**368,326**	**365,527**	**370,869**

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

2013-14 £'000	2014-15 £'000	2015-16 £'000	Change £'000	Change in real terms %
8,168	8,753	9,568	676	-3
9,652	9,183	9,510	-177	-11.5
16,049	16,062	17,853	4,107	17
20,191	19,866	20,714	505	-7.6
41,269	39,863	37,729	2,615	-3.2
27,646	28,967	32,544	12,438	45.9
12,178	12,603	12,720	3,294	21.6
17,066	17,013	17,429	2,766	7.1
14,723	14,368	12,111	43	-9.6
19,411	20,136	22,135	5,979	23.5
15,315	15,462	17,190	4,290	20.1
5,868	5,733	4,800	-73	-11.3
10,126	9,850	10,135	-679	-15.5
21,178	19,145	21,124	5,230	19.8
18,140	20,017	18,293	1,244	-3.3
17,347	17,842	19,433	8,538	60.7
20,824	21,046	26,346	8,865	35.8
27,756	27,735	29,327	3,054	0.6
19,795	17,759	19,457	-9	-9.9
9,305	9,228	8,927	-341	-13.2
13,522	13,356	14,118	2,346	8.1
20,716	18,091	17,090	-2,498	-21.4
386,247	**382,078**	**398,553**	**62,212**	**6.8**

Appendix 4: Population projections for the number of people with a learning disability in by local authority in Wales by 2035

Local Authority	Population aged 18yrs + with a learning disability		Predicted change 2015 to 2035	
	2015	2035	number	%
Blaenau Gwent	1,305	1,266	-39	-3.0
Isle of Anglesey	1,306	1,282	-24	-1.8
Monmouthshire	1,718	1,721	3	0.2
Conwy	2,169	2,196	27	1.2
Torfaen	1,696	1,720	24	1.4
Rhondda Cynon Taf	4,358	4,422	64	1.5
Powys	2,518	2,575	57	2.3
Neath Port Talbot	2,633	2,696	63	2.4
Flintshire	2,853	2,925	72	2.5
Ceredigion	1,489	1,538	49	3.3
Caerphilly	3,327	3,454	127	3.8
Pembrokeshire	2,297	2,393	96	4.2
The Vale of Glamorgan	2,377	2,517	140	5.9
Merthyr Tydfil	1,116	1,195	79	7.1
Bridgend	2,650	2,855	205	7.7
Denbighshire	1,766	1,903	137	7.8
Gwynedd	2,340	2,530	190	8.1
Carmarthenshire	3,493	3,850	357	10.2
Swansea	4,653	5,208	555	11.9
Newport	2,736	3,134	398	14.5
Wrexham	2,587	3,076	489	18.9
Cardiff	6,920	8,657	1,737	25.1
Wales	**58,308**	**63,114**	**4,806**	**8.2**

Appendix 5: Population projections for the number of people with a learning disability and those with moderate or severe learning disabilities in Wales between 2015 and 2035 by age group

Whilst there is a predicted decrease in the number of people aged under 65 with a learning disability or a 'moderate or severe' learning disability, there is a predicted increase in the numbers of people aged 65yrs + who have a learning disability.

Exhibit 12 – Population projections for the number of people with a learning disability and those with moderate or severe learning disabilities in Wales between 2015 and 2035 by age group

Age range	All learning disabilities				'Moderate or severe' learning disability			
	2015	2035	Change over time		2015	2035	Change over time	
			Number	%			Number	%
18-24 yrs	8,032	7,702	-330	-4%	1,852	1,837	-15	-1%
25-34 yrs	9,632	9,441	-191	-2%	2,069	2,028	-41	-2%
35-44 yrs	8,913	10,370	1,457	+16%	2,240	2,618	378	+17%
45-54 yrs	10,104	9,351	-753	-7%	2,265	2,141	-124	-5%
55-64 yrs	8,641	8,255	-386	-4%	1,873	1,769	-104	-6%
65-74 yrs	7,420	8,653	1,233	+17%	1,210	1,395	+185	+15%
75 yrs+	5,566	9,343	3,777	+68%	565	910	+345	+61%

Source: www.daffodilcymru.org.uk/index.php?pageNo=354

Appendix 6: Average spend per learning disabilities accommodation placement for adults aged 16-65 in 2015-16 by local authority grouped on Health Board footprint

The data highlights that expenditure in some health board areas is broadly similar but in others there are wide variations in average expenditure. Overall, we conclude that there is no clear link between cost and health board area.

Exhibit 13 – Average spend per learning disabilities accommodation placement for adults aged 16 – 65 in 2015-16 by local authority grouped on Health Board footprint
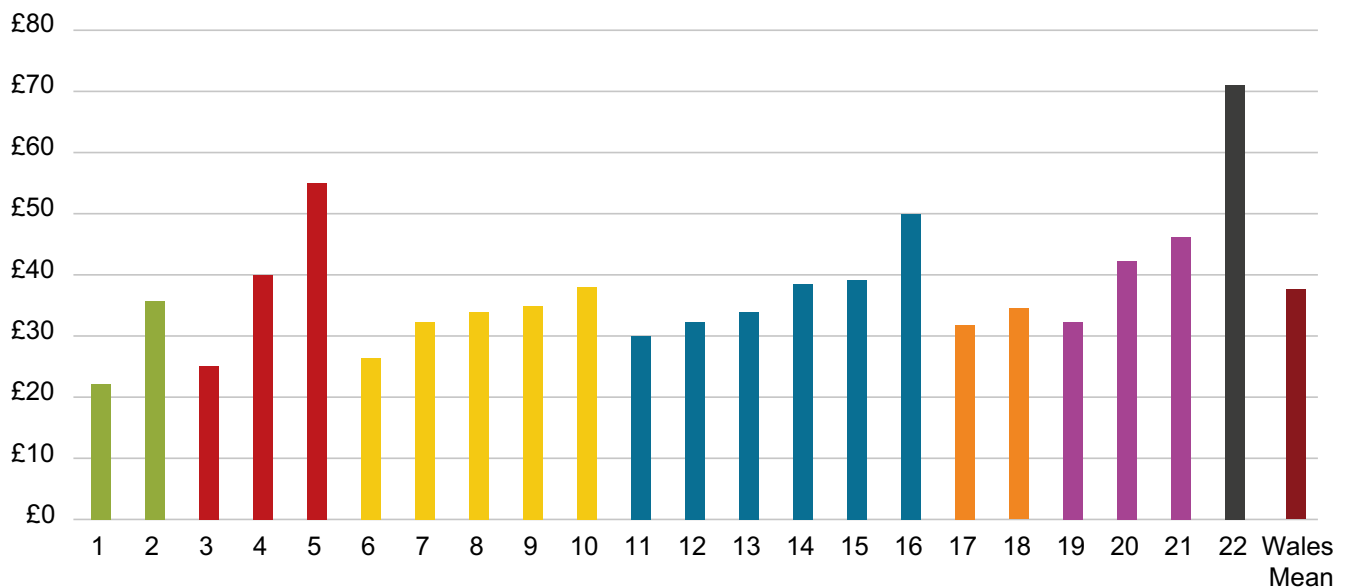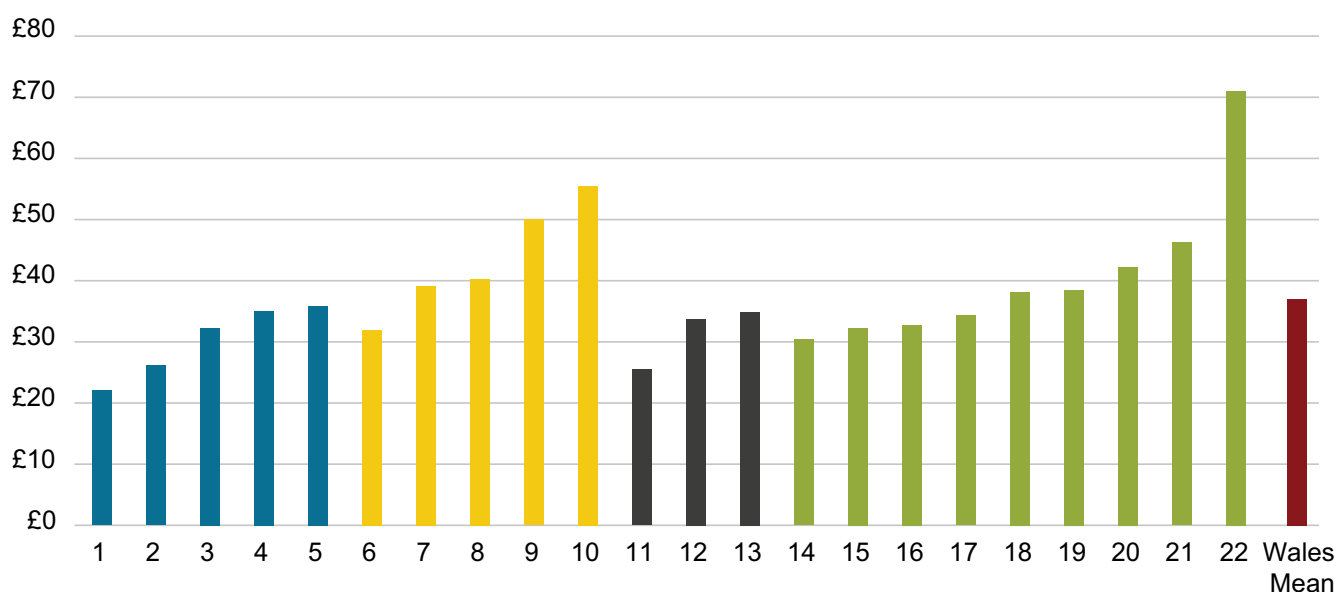

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

Appendix 7: Average spend per learning disabilities accommodation placement for adults aged 16 – 65 in 2015-16 grouped by local authority geographical and socio-economic characteristics

The three city authorities and five valley authorities' expenditure cover a relatively small cost range. However, for the other groupings there are wider variations in average expenditure. Overall, we conclude that cost is not necessarily influenced by local authorities' socio economic characteristics.

Exhibit 14 – Average spend per learning disabilities accommodation placement for adults aged 16 – 65 in 2015-16 grouped by local authority geographical and socio-economic characteristics

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

Appendix 8: Comparison of the three authorities with lowest and highest average cost per accommodation placement with their ranking for the use of different types of social care provision for people with learning disabilities in 2015-16

The Exhibit shows the potential link between the average cost of placements and the ranking of different types of social care placement. The ranking is based on '1' denoting the authority proportionally has the largest percentage of people with learning disabilities in this placement type and those ranked '22' the lowest percentage of usage. The Exhibit shows that there is no clear relationship between average placement cost and type of social care accommodation provided.

Exhibit 15 – Comparison of the three authorities with lowest and highest average cost per accommodation placement with their ranking for the use of different types of social care provision for people with learning disabilities in 2015-16

Type of placement	Ranking of the three authorities with the lowest average level of expenditure per client			Ranking of the three authorities with the highest average level of expenditure per client		
	Authority A – average spend of £22,120 per placement	Authority B – average spend of £25,367 per placement	Authority C – average spend of £26,343 per placement	Authority D – average spend of £49,966 per placement	Authority E – average spend of £55,298 per placement	Authority F –average spend of £70,822 per placement
Own home	1	11	4	22	21	7
Living with parents or family	17	8	5	3	11	21
Foster home	3	13	=21	=21	4	10
Lodgings/ supported living	21	5	18	7	16	1
Health service accommodation	20	8	5	21	19	18
Local authority care homes	2	3	=21	=21	7	20
Private or voluntary care homes	19	7	16	6	10	8
Other accommodation	=16	14	17	21	2	=16

Source: Wales Audit Office analysis of Welsh Government data taken from StatsWales.

Appendix 9: Projected expenditure on social care accommodation services for people with learning disabilities by 2035

Category	Our calculation	Number
Population changes	We have assumed that the projected 8.2% increase in people with learning disabilities produced by Daffodil by 2035 will result in a similar proportion who will require local authority social care services in 2035 (in addition to the existing 12,014 currently receiving services). This equates 985 new people with learning disabilities requiring assistance by 2035.	985
Forecasting the value of £1 in 2015-16 at 2035 prices (real terms value)	In 2015-16 the mean (the average of the averages) learning disabilities, placement cost across all 22 local authorities' was £37,592. Using the GDP deflators at market prices to determine the value of £1 in 2035, we have compared the value of £1 in 2015 and 1995 (20 years gap) which assumes that the value of £1 will equate to roughly £0.64 in 2035. The predicted 2035 real terms cash equivalent for an average placement cost is calculated as follows: £37,592/£0.64 = £58,737 per placement.	£58,737
Cost of projected population change	£58,737 x 985 new people with learning disabilities.	£57.856 million
Existing expenditure keeping track and taking into account inflation	£58,737 x 12,014 people with learning disabilities = £705.666 million. Minus 2015-16 spend of £398.500 million = £307.160 million.	£307.160 million
Total	**£57.856 million + £307.160 million = £65.016 million**	**£365.016 million**

Appendix 10: Checklist for Elected members to oversee the Strategic Commissioning of learning disability accommodation services

Key aspects of Strategic Commissioning	Characteristics of effective strategic commissioning	We are good at this	We need to improve this	We do not do this
Strategic Planning • **Assessing needs** • **Reviewing service provision** • **Deciding priorities**	We undertake an appropriate needs assessment.	⊗	⊗	⊗
	We review our own current provision as well as the provision in the wider marketplace.	⊗	⊗	⊗
	We understand the needs of people with learning disabilities and carers.	⊗	⊗	⊗
	We consult with people with learning disabilities and other stakeholders about current provision.	⊗	⊗	⊗
	We involve people with learning disabilities and other stakeholders to gather ideas for future provision and agree expected outcomes.	⊗	⊗	⊗
	We involve service providers and suppliers in gathering ideas for future provision and agreeing expected outcomes.	⊗	⊗	⊗
	We have a strategy and/or framework in place, which clearly sets out our vision for current and future service provision.	⊗	⊗	⊗
	We engage with other relevant sectors and providers when developing our commissioning strategies.	⊗	⊗	⊗
	We collect and analyse the right data to enable us to identify where we need to invest our resources.	⊗	⊗	⊗

Key aspects of Strategic Commissioning	Characteristics of effective strategic commissioning	We are good at this	We need to improve this	We do not do this
Commissioning services • **Designing services** • **Shaping structure of supply** • **Planning capacity and managing demand**	We ensure that our tender process is accessible for all potential collaborators.	⊗	⊗	⊗
	We can demonstrate we have the capacity and skills to undertake the strategic commissioning process.	⊗	⊗	⊗
	We actively look for ways to invite collaboration.	⊗	⊗	⊗
	We consider service level and specialist input in our commissioning process at key stages.	⊗	⊗	⊗
	We give staff the opportunity to take well-managed risks and explore innovative practices.	⊗	⊗	⊗
	We have appropriate governance arrangements and contracts in place with providers.	⊗	⊗	⊗
	Our planned solutions take a long-term view.	⊗	⊗	⊗
	We actively shape the supply and provider market.	⊗	⊗	⊗
	We use all of the information on potential demand to understand need and to drive change in service design.	⊗	⊗	⊗
	We hold accurate and comprehensive data on people with learning disabilities to allow us to design future services.	⊗	⊗	⊗
	We commission for services that are designed to improve outcomes, not just reduce cost.	⊗	⊗	⊗

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Key aspects of Strategic Commissioning	Characteristics of effective strategic commissioning	We are good at this	We need to improve this	We do not do this
Monitoring and evaluation • **Managing performance** • **Supporting choice** • **Seeking public and users views**	We can clearly evidence financial benefits of our commissioning process.	⊗	⊗	⊗
	We have the metrics in place to evidence the improvements gained through the commissioning process.	⊗	⊗	⊗
	We analyse data to evidence improvements in people's wellbeing and social outcomes.	⊗	⊗	⊗
	We prioritise outcome based commissioning over output based commissioning.	⊗	⊗	⊗
	We involve people with learning disabilities in agreeing what and where we need to improve.	⊗	⊗	⊗
	Our strategic commissioning strategy clearly articulates our outcome measures.	⊗	⊗	⊗
	Performance is effectively monitored and scrutinised internally and externally.	⊗	⊗	⊗

Wales Audit Office

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

We welcome telephone calls in Welsh and English.

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru

24 Heol y Gadeirlan

Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

Rydym yn croesawu galwadau ffôn yn Gymraeg a Saesneg.

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru

Cyngor **Abertawe**
Swansea Council

Report of the Director of Social Services

Adult Services Scrutiny Performance Panel – 20th November 2018

DIRECTOR'S ANNUAL REVIEW OF SOCIAL SERVICES CHARGES

Purpose	• The purpose of this report is to share the Directors Annual Review of Social Services Charges
Content	• Director of Social Services Annual Review of Social Services Charges
Councillors are being asked to	• Consider the Report
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
Lead Officer(s)	David Howes, Director of Social Services
Report Author	David Howes David.Howes@swansea.gov.uk 01792 636243

Annual Review of Swansea Council Charging Policy (Social Services) - 2018-2019

Report on behalf of Social Services Finance and Charging Group

October 2018 v3.2

1. Introduction

1.1   This report sets out Swansea Council's annual review of social services charges, with recommendations to inform a new list of charges, **due to come into effect from April 2019**.

1.2   The Council's Charging Policy (Social Services) meets a statutory requirement under section 59 of the Social Services & Well-being (Wales) Act 2014. This requires the Council to show how it intends to apply those discretionary powers on charges conferred by Welsh Government within the policy and regulatory: http://www.legislation.gov.uk/anaw/2014/4/section/59

1.3   This second annual review report provides a full analysis of how charges are working, by considering the statutory context, council policy, what people are telling us, how current arrangements are working and impact on equalities issues. This report provides a clear set of recommendations, and a revised List of Charges 2019/20 (Appendix 1.)

1.4   Recognising that our services users are among the most vulnerable citizens in Swansea, it is important that Swansea has a clear and transparent framework for charging for social services, and robust process for reviewing charges, that meets both corporate and statutory requirements.

2.   Policy Context

2.1   In April 2016, the Social Services and Well-being (Wales) Act 2014 was implemented. The Act introduced changes in the way in which a local authority can charge for its social care services. Within a national framework, Welsh Governments retains control over setting caps, thresholds and personal allowances which are set annually by amendment issued to Care and Support (Charging) (Wales) Regulations 2015, and by ministerial statement.

Among the main changes introduced by the Welsh Government are:

- ➢ A single financial assessment framework, not a different one for residential and non-residential forms of social care.
- ➢ Timescales for individuals to be provided with and to provide information on charges before and after a financial assessment, set at 15 working days

- Up to 6 week reablement, free of charge to enable a person to maintain or regain their ability to live independently at home
- Short term residents in a care home (e.g. respite) are charged within maximum weekly charge, as if they were still at home
- Allowances for disregards of war pensions, initially set at £25.
- Following an assessment and the agreement of a care and support plan, a statement of charge, with service user contributions, must be provided before charges can apply, and liability commences from when the person first receives care and support
- The annual review of social care charging to extend from non-residential, community based services to include residential care.

2.2   Under the Taking Wales Forward programme, the Welsh Government made two key commitments, which impact on Local Authority charging policy:

- To uplift the capital allowance as applied to residential care charges from £24,000 to £50,000 in a phased approach
- To apply a full disregard of the war disablement pensions in financial assessments

Also the Welsh Government undertook to annually review the maximum weekly charge as applied to non-residential care services, and the maximum weekly allowance for people in residential care.

2.3   Current National Directives:
http://www.legislation.gov.uk/wsi/2018/123/regulation/2/made
https://gov.wales/newsroom/health-and-social-services/2018/limit-increases/?lang=en
At present (April 2018) the current amendments are:
(a)   in regulation 7 (maximum weekly charge for non-residential care and support), in paragraph (1), is "£80";
(b)   in regulation 11 (relevant capital limit), in paragraph (2)(a), is"£40,000";
(c)   in regulation 13 (minimum income amount where a person is provided with accommodation in a care home) is "£28.50";
(d)   in regulation 22 (maximum weekly contribution or reimbursement for non-residential care and support), in paragraph (1), is "£80";
(e)   in regulation 28 (minimum income amount where a person is provided with accommodation in a care home) is "£28.50".

2.4   Under the Social Services and Well-being (Wales) Act 2014, a local authority can only charge individuals:
- •   Up to the cost of providing the service
- •   What the person can afford to pay for an assessed for service
Where a council decides to charge for the care a person receives it must do so in accordance with the regulations and codes of practice in Parts 4 & 5 of the Social Services and Well-being (Wales) Act 2014 (the Act'). The Act states that any charges cannot be set at a level higher than the cost of providing the service. The charges can only relate to the 'cost that the local authority incurs in meeting the needs to which the charge applies' (section 59-2).

2.5   In most circumstances, the council must also offer a financial assessment to citizens to ensure any charge made for care and support is reasonable compared to the person's financial means. Although charges are applied under a single policy framework, there are still some differences between calculating a charge for non-residential care (a maximum weekly charge may apply and a capital threshold limit may apply), and calculating a charge for residential care (capital threshold may apply).

2.6   Financial Assessment
SCIFT- the Council's Social Care Income and Finance Team (SCIFT) undertakes financial assessments, on behalf of Social Services, in order to calculate how much a client must contribute towards the cost of their care. The team is also responsible for client contributions that in respect of outstanding care and support charges: http://www.swansea.gov.uk/staffnet/SCIFT

3.   Annual Review of Charges

3.1   From the above, Local Authorities therefore only have a certain amount of discretion about how charges for social care are applied. This Annual report of the Social Services Finance and Charging Group sets out the case for any changes and provides a List of Charges to come into effect in 2019/20 (see Appendix 1), and which are to appended to the latest version of the Charging Policy (Social Services).

3.2   By Implementing an annual review of charges –Swansea Council is following Wales Audit Office guidance on reviewing public services charges:
https://www.wao.gov.uk/system/files/publications/income-generation-2016-eng.pdf

3.3   Under the Wellbeing of Future Generations (Wales) Act 2016, public policy has to incorporate "Five Ways of working":

  ➢ Long term
  ➢ Collaborative
  ➢ Preventative
  ➢ Integrated
  ➢ Involvement

This review has applied this approach, setting out a model for the annual review of charges as agreed by the Finance and Charging group, chaired by Dave Howes, Corporate Director of Social Services. Swansea's Annual Review model aims to ensure the charging policy continues to be based on strong principles, to support full cost recovery and to demonstrate transparency in approach.
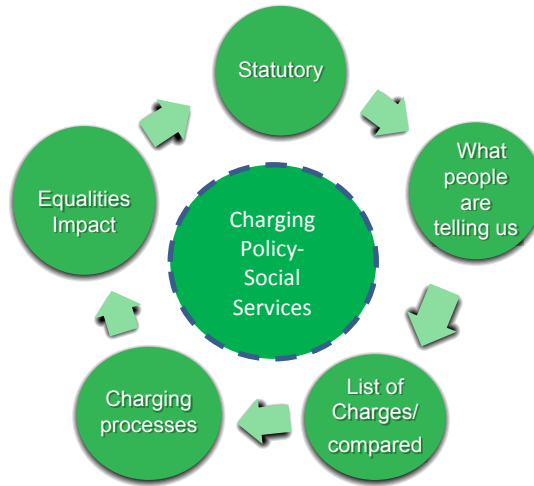
Figure 1.Swansea Model for Annual review of charging (social services)

4. Statutory considerations

4.1 Current position

The current financial situation for Social Services is extremely challenging. Significant future financial pressures, current overspends and continued austerity mean that we have to look towards charging for local authority social services as a means of ensuring the sustainability of our services.

At present charges are set within Adult Services. Swansea Council's Corporate Plan (2018-22) has as a strategic priority, which is to safeguard the most vulnerable people, whilst providing sustainable services by supporting more people to remain in their own homes, within their own communities and to support carers. Swansea Council's approach to charging, continues to be based on the principle of full cost recovery. The trajectory set by current policy is to strengthen the service offer within community-based services and to target residential provision where there is specialist need. The trajectories towards a tiered model is set out in detail in the Adult Services Optimal Service Model.

This report is the third annual review of charges 2019/20, which sets the list of charges to apply in 2019/20, and builds on the work undertaken last year to bring Swansea's charging closer in line with the rest of Wales.

4.2 Social Services Charging policy

Some important changes were made to Swansea Council's Charging (social services) policy- and the appended list of charges, following last year's annual review of charges. These changes were made to bring Swansea' approach to charging more in line with other Welsh Councils.

http://www.swansea.gov.uk/staffnet/socialservicescharging

Swansea's corporate financial policy on setting charges for all services sets out an expectation to aim for *Full Cost recovery* where possible, and to operate within the key principles set out in the Sustainable Swansea programme, and through objectives in the Corporate Plan 2018-22.

To work towards full cost recovery, the Council must fully understand the costs of delivering services to the public, and where there are factors which cause variations in costs over a period of time.

Within this annual review, the most recently available 'unit costs', across the accepted categories of social services, have been used as the basis for reviewing current charges. This review has to ensure that unit costs of services are based on accurate figures for service usage, and estimates of all the costs are applied.

4.3   **What people are telling us**

Generally, Swansea citizens support the need for a sustainable model of social care to be delivered locally in response to changing needs

The recent public consultation exercise, carried out in 2017/18, highlights some concerns potential impacts such as:

- ➢ Impact on people receiving benefits or with low income
- ➢ Impact on carers, and their relationship with cared for person
- ➢ As a disincentive to people accessing social care services
- ➢ Impact on the most vulnerable people/ target population groups such as older people, people with mental health needs, people with learning disabilities, people with physical disabilities, people with sensory impairments, people with complex health needs/ chronic conditions, young people reaching a transition to adult social services

Clearly one of the main areas of feedback to the charging proposals has been that the greatest impact will fall on those people who are the most economically challenged and their carers.

As set out above, the Welsh Government's national charging framework has taken steps to ensure that the person's income is protected through a minimum income allowance, and a cap on weekly social care charges. These national arrangements were subject to their own Equalities Impact Assessment published in December 2016.

https://gov.wales/docs/dhss/publications/170330eia5en.pdf

The national caps and thresholds set by Welsh Government within this framework are also reviewed annually by Ministers. The impacts of new charges implemented locally are also assessed each of the different 'protected characteristics' as well as being fully considered in each individual circumstance, through the financial assessment and at population level by the Equality Impact Assessment process.

Last Year, new charges were introduced by Swansea Council for day services and respite at home. Each individual who were received these services and who had not previously been assessed for charges, were invited to undertake a new financial assessment. This assessment will fully consider

the social care assessment, which contains an individual's personal profile details as well as their individual economic and financial circumstances in detail.

4.4 **Comparisons with other Welsh Local Authorities.**

A full review of other Council's published charges for social care was carried out this year.

A full Table (**Appendix 2**) shows how Swansea compares against the most recently available charges, other Welsh Local Authorities.

5. **List of Charges to apply in 2019/20**

5.1 Overall, the list of charges to apply in Swansea in 2019/20 will have to accurately reflect the inflationary pressures that are expected to impact on social care services in particular, such as increasing wage levels, staffing costs and new professional requirements.

5.2 Long Term Residential Care

During this year, there were changes made to those service categories used within the List of Charges, to better describe the full range of residential care services provided and to reflect population groups accessing this type of care and support (Appendix 1 Table).

The Finance and Charging group looks at how the charging policy is implemented, and for ways of improving practices. Currently, the Authority may become aware that a placement is subject to a third party top up, when a contract or placement agreement, which is issued by the Social Worker to the provider and service user. The current process to ensure finance team are notified of any placement agreement which includes an agreement to pay 3rd Party Top ups- with guidance to be issued to social workers.

This year, the same as last year, the proposal is to apply an inflationary uplift of 5% to all categories of in-house residential care, with charges for external residential /nursing care to reflect the % fee increase yet to be agreed with providers.

5.3 Domiciliary Care or Home Care

This category includes respite at home, and supported living. This annual review recognises there is a need to move towards full cost recovery for all external services whilst ensuring that a greater proportion of users pay the maximum they are assessed as being capable of paying.

Within our domiciliary care service in Adult Services, there is a disparity between the amount charged by Swansea Council and the cost of providing the service, and this is set to remain. This year

2018/19, Swansea Council has increased the hourly charge of care at home to £15 per hour to begin addressing that gap.

The hourly rate for externally commissioned care at home services 2018/19 is still being calculated. As part of the Sustainable Swansea programme, Swansea Council are currently engaged in a commissioning review of this service.

Following this review, there are plans to change the current delivery model, and how we commissioning services from the social care market, possibly through a re-tendering process. This review process will lead to a new fee structure for external home care provision going forward, and a more targeted in-house provision providing reablement and specialist care and support

The timetable, set out in last year's annual review of charges report by the Director of Social Services, and agreed by Cabinet, put forward the charges for home care/ domiciliary care in 2019/20, together with a further inflationary increases set to apply in 2020/21.

This annual review therefore proposes that for domiciliary care the agreed timetable is applied and the charge increases to £17/hour in 2019/20.

5.4   Day Services

During this year, we have successfully implemented new charges for Day Services to Adults. This involved **250** additional financial assessments and, at time of reporting, about half of these have been returned by service users/carers. Invoices are scheduled to be sent out in November, and it is following that assessments will then be returned. Charges will only apply to those service users with the means to pay.

The proposal from this review is that an inflationary increase in charges for day services is applied for 2019/2020 (see Appendix 1).

5.5   Short term residential Care

This category includes respite care, temporary short-term emergency or planned placements. Charging for these services is subject to maximum weekly charge and this is capped (currently set at £80 per week), in all cases.

5.6   Other charges

Charges for telecare/ lifeline, and for provision of meals within services, to be increased in line with inflation rate set at 5%.

5.7   Consideration of new charges

There are no new charges within the List of Charges (Social Services) 2019/20.

Proposals for new charges are discussed at the Social Services Finance and Charging group in the first instance, and these proposals are considered alongside a detailed business case and Equalities Impact Assessment form.

6. Equalities Impact Assessment

6.1 Screening

This report is set to apply previously agreed timetable of charges for domiciliary care, and an inflationary increase to other services in the list of charges to apply from April 2019. An updated Equalities Impact Assessment screening form has been undertaken at this stage (attached in Appendix 3), with the agreed outcome a full EIA assessment was not required at this stage

A full EIA form was undertaken last year when new services, such as day services and respite at home were being introduced as new charges, as well as above inflationary increases in hourly charges for domiciliary care.

6.2 Actions from last year's EIA

The following actions were set to mitigate the impact of charging policy on certain groups:

- The offer of a direct payment is extended to help meet and individual's assessed care and support needs, and as an alternative to domiciliary care. Swansea Council is also reviewing cases, where individuals are receiving direct payments in order to access day services, to achieve their personal well-being outcomes
- Commissioning a range of support to carers, and steps being taken to identify carers, and improving the offer of carers assessment.
- Updating and improving access to public information on the range of services available, the services for which charges apply and support available through financial assessment
- Translation of public information materials (fact sheets/ Information leaflets/ web pages) into Welsh, and other languages on request

These actions are implemented and monitored through the Social Services Finance and Charging group.

7. Summary & Recommendations

7.1 This annual review has taken into account:

- ➢ National directives on charging for social services in Wales
- ➢ Costs of providing social care services are subject to inflationary pressures
- ➢ Significant changes made last year, and still to be fully implemented (day services)
- ➢ Comparatively, Swansea's charging framework is closer to other Wales LAs
- ➢ Areas for new charging are considered within Social Services Finance and Charging group

➢ Any changes to charging policy has to consider whether people with care and support needs may decide they cannot afford to pay charges and then decide not to attend services.

7.2 Recommendations

➢ To propose that Cabinet accept the annual review of changes, and an inflationary increase of 5% for all social services charges
➢ For domiciliary care, the timetables agreed by Council last year is implemented, with a charge of £17/hour to be applied in 2019/20.
➢ There are no new service charges set out within the List of Charges (Social Services) to apply in 2019/20.
➢ Cabinet to approve the list of social services charges to apply from 1st April 2019, for the year 2019/20.
➢ A new List of charges 2019/20 (Appendix 1), once agreed, to be appended as a revision to the Council's Charging (social services) policy.

Swansea Council List of Charges (to apply in 2019/20)
These are the amount clients will be charged for social care services, subject to any limits on the maximum charge specified by Welsh Government.

a)   Residential care and support services

Charges for residential care are means tested. Residents may only be required to pay a contribution towards the total weekly cost. In certain circumstances, residents may be required to pay the full cost of residential care.

The costs shown below for privately owned care homes are indicative of the weekly costs at care homes, which accept the Council's usual rates. Some homes may charge more.

Long Term Residential Care			
Charges for Services per category	**Weekly charges in 2018/19**	**Weekly charges in 2019/20**	**% Increase/ Comment**
Council owned residential care homes			
Elderly care	£557.05	£584.90	5%
Dementia Care	£557.05	£584.90	5%
Learning Disabilities	£1,459.69	£1,532.67	5%
Mental Health	£1,459.69	£1,532.67	5%
Younger Adults	£1,459.69	£1,532.67	5%
Privately owned care homes			
Residential Care			
Older persons	£530	£556.50	TBC, to reflect agreed % fee increase
Mental Health	£530	£556.50	As above
Learning Disabilities	£530	£556.50	As above
Younger Adults	£572	£600.60	As above
Nursing care			
Older persons	£599	£628.95	TBC, to reflect agreed % fee increase
Mental Health	£599	£628.95	As above
Learning Disabilities	£599	£628.95	As above
Dementia Nursing Care	£615	£645.75	As above
Younger Adults	£613	£643.65	5%

Short Term Residential Care (Local Authority and Private Sector)			
Charges for Services	**Weekly charges in 2018/19**	**Weekly charges in 2019/20**	**Comment**
All adults Short term residential care up to 8 weeks (known as Respite care, re-ablement (from week 6 and up to week 8) or temporary short-term emergency or planned placement)	£80	£Dependent on maximum weekly charge	
Temporary residential care (up to 52 weeks). Where the placement is known to last more than 8 weeks from the outset or from week 9 when a short term residential care placement has been extended, the charging rates will be the same as the **long term residential rates** shown in the previous table			

b)   Non-residential, community-based care and support Services

- Domiciliary Care – is care in the client's home provided by a private sector provider
- Home Care – is care in the client's home provided by the Local Authority

Charges for Services	Charges in 2018/19	Charges in 2019/20	% Increase/ Comment
Means tested up to the maximum standard charge as outlined in the categories below			
Home Care			
Domiciliary Care or Home Care, including respite at home, supported living	£15.00 per hour	£17.00 per hour	Agreed last year
Day Services Older People			
Older Persons Day Services	£40 per day, up to a maximum charge of £80 per week No charge	£42 per day, up to a maximum charge of £80 per week No charge	5%
Day Services Younger Adults			
Younger Adults/ Special Needs Day Services	£50 /day	£52.50/day	5%

c) Flat rate charges for other services provided by Swansea Council

These charges are not subject to a means test or a maximum charge.

Charges for Services	Charges in 2018/19	Charges in 2019/20	% Increase/ Comment
Telecare / Lifeline	£2.63	£2.76/week	5%
Meals (within community-based, day services)	£3.50 /day	£3.68	5%
Court of Protection Deputyship	£745 application fee; £775 for first year management and £650 per year thereafter if over £16,000 in net assets, or 3.5% if these are under £16,000; Other additional charges may apply: - £300 property management fee - £216 preparation and lodgement of an annual report.	No change	These are fixed rate charges for Local Authorities set by the Court of Protection (Part 19 of the Court of Protection Rules 2007) and revised rates apply from 1 April 2017
Pre Deputy support charge	£5 per week	No change	Approved by Cabinet and commenced on 1 April 2017. Fees taken retrospectively from date of case management to date of Court order when replaced by Court fees above.

APPENDIX 2: Annual Review of Charges – Tables
How Swansea compares to other Welsh Local Authorities, within main categories for Adult Social Care charges (following quick email survey)
(NB some service heading may be defined differently by a particular Welsh LA- e.g. whether includes short term or reablement provision)

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2017/18, unless stated otherwise.							
Local Authority	**Home Care (subject to weekly charge)**	**Day Care (subject to weekly charge)**	**Direct Payments**	**Residential Care** **Long Term /Temp Elderly/ week**	**Residential Care** **Short Term/ Respite (weekly charge applies)**	**Telecare/** **Lifeline**	**Other**
Swansea (2018/18)	£15 /hour	£50/day	PA Rate = N/a	Scale of rates from £557.05 (older people) to £1,459.69 for (younger adults)	£70 or means tested to res. care rate	£2.76/ week fixed rate	Meals =£3.50
Blaenau Gwent	£20.20 / hour	£55.10 per session	£13.90 per hour	General £474 EMI £603.70 LA EMI Res = £875.30	Banded £54.94 (A) to £79.27 (D) per night		Supported Living Services £22.20 per hour
Bridgend	£17.92 per hour	Rates from £32 per day up to £60.29 perday	Variable	Res. = £508-£622 High dep Res = £542 -£614 V.Dep Res. (MH) =£578 Nursing = £691.67-£813.67 (sp. Dementia rate)	Variable	One person in a household £5.08 per week Two people in a household £3.81 each per week	Meals in day centres =£4.37 per day

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All figures shown in the following table are social services charges as agreed and applied by these Councils in 2017/18, unless stated otherwise.							
Local Authority	**Home Care (subject to weekly charge)**	**Day Care (subject to weekly charge)**	**Direct Payments**	**Residential Care Long Term /Temp Elderly/ week**	**Residential Care Short Term/ Respite (weekly charge applies)**	**Telecare/ Lifeline**	**Other**
Carmarthenshire	£10.55 / hour	£10.30 per session	£10.55 per hour	N/a	Standard charge at Ind. Placement rate	£1.18 monitoring £2.94 monitor & pendant	Meals = £4.30 Supported Living - £10.50 per hour
Caerphilly	£10.49/ hour	£5.60 per day	£10.49	LA Care Homes Elderly Frail - £576; EMI/High Dep - £852 Ind Sector rates: Elderly Residential - £557 EMI/High Dep Res - £608 Nursing - £547 EMI/High Dep Nursing - £605			Meal at Day Centre = £3.10 Supported Living = "10.49
Cardiff	Maximum weekly charge applied for Non-Residential Care Services	Maximum weekly charge for Non-Residential Care Services	N/a	£437 per week	Maximum weekly charge applied for Non-Residential Care Services	Telecare £3.97/week Lifeline =£4.56/week	Meals = £4.60
Flintshire	£16.14 an hour	£21 a day	N/a	Residential / Very dependent =	Maximum weekly charge applied for		Meals = £3.15 Project/Support

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2017/18, unless stated otherwise.							
Local Authority	**Home Care (subject to weekly charge)**	**Day Care (subject to weekly charge)**	**Direct Payments**	**Residential Care** **Long Term /Temp Elderly/ week**	**Residential Care** **Short Term/ Respite (weekly charge applies)**	**Telecare/** **Lifeline**	**Other**
				£526.87 Elderly mentally ill (EMI) residential = £547.33	Non-Residential Care Services Maximum wee		work: £16.14 an hour
Newport	£14 per hour	LD = £75 MH/OP = £56	Based on actual costs	Residential = £550 EMI= £605	Based on actual cost	Based on actual costs	Meals = £3.00
NPT	£14 per hour	£28 per attendance Other LA Day Care £39– elderly (£51 with transport) £72 –people with LD	Value of Direct Payment	Gwalia: £547 existing £675.63 new other providers £538	£70 per night	£2.50/ week fixed rate	Meals = £4.50
Pembs	Just finished consultation on charges, review underway and expecting to go back to Cabinet for final decision.						
Powys	£20.50 per hour	£15 per day No charge transport	N/a	N/a	£70 per week per single episode of care	£2 per week	Meals at day centre = £7.50

				Residential Care	Residential Care		
All figures shown in the following table are social services charges as agreed and applied by these Councils in 2017/18, unless stated otherwise.							
Local Authority	**Home Care (subject to weekly charge)**	**Day Care (subject to weekly charge)**	**Direct Payments**	**Long Term /Temp Elderly/ week**	**Short Term/ Respite (weekly charge applies)**	**Telecare/ Lifeline**	**Other**
RCT	Maximum weekly charge, with additional 5% disregard	Maximum weekly charge, with additional 5% disregard		N/a	N/a	Disregard applied to AT if part of assessed need	Meals =
Torfaen	Up to £15.20 per hour	Ty Nant Du £92.20 per day Block commissioning- day opportunities contract- no charge	Up to £15.20 per hour	Res = £534 Nursing = £623 EMI Res = £585 EMI Nursing £642	Max weekly charge applies	Installation £62.40 flat rate Also £62.40 per year	Community Meals = £4.50 Supported Living up to £15.20/hour
Vale of Glamorgan	Maximum weekly charge applies Charges range from £13.00 per hour to £19.61 per hour	Maximum weekly charge applies: Costs Older People £60; Learning Disability £102; Physical Disability £57	N/a	Standard: £559.00 per week (2016/17) Dementia care = £618.00 (2016/17)	Maximum weekly charge applies	TeleV = £5.15 TeleV + = £8.59/ week	Meals = £4.75
Wrexham	Max. weekly charge applies £16.13 per hour (day or	Max. weekly charge Day Opps: £24.00 per day,	N/a	N/a	Maximum weekly charge applied for Non-Residential	£4.00 /week over 52 weeks private tenant	Shared Lives £24.00 per session

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2017/18, unless stated otherwise.							
Local Authority	Home Care (subject to weekly charge)	Day Care (subject to weekly charge)	Direct Payments	Residential Care Long Term /Temp Elderly/ week	Residential Care Short Term/ Respite (weekly charge applies)	Telecare/ Lifeline	Other
	night)	£12.00 per half day			Care Services	£3.69 over 48 weeks council tenants	Project worker = £14.48 per hour

Appendix 3: EQUALITIES IMPACT SECREENING TOOL– v 2017/18

Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact the Access to Services team (see guidance for details).
Section 1
Which service area and directorate are you from?
Service Area: SOCIAL SERVICES
Directorate: PEOPLE

Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
☐	☒	☐	☐	☐	☐

(b)   Please name and <u>describe</u> here:

Annual Review of Charges (Social Services) 2018/19

This EIA covers the Annual Review of Charges (Social Services) which sets out the list of charges (social services) to be applied in 2019/20, as shown within the Swansea Council's Charging Policy (Social Services):
http://www.swansea.gov.uk/staffnet/socialservicescharging

The main changes proposed this year are:
- An inflationary uplift of 5% for all social services charges
- For domiciliary care, the timetables agreed by Council last year is to be applied, with a charge of £17/hour to be applied in 2019/20, an increase of £2.00/hour.

The Welsh Government sets out what can be charged for, within national statutory guidance, regulations and codes of practice about charging for social services, under Parts 4 & 5 of the Social Services & Well-being (Wales) Act 2014, which came into effect on 3rd April 2016:
https://gov.wales/docs/dhss/publications/180409pt45en.pdf

This new statutory framework **was subject to the Welsh Governments own Equalities Impact Assessment, published in Dec. 2016:**
https://gov.wales/docs/dhss/publications/170330eia5en.pdf

Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
☒ **(H)**	☐ **(M)**	☐ **(L)**

(b)   DO YOUR CUSTOMERS/CLIENTS ACCESS THIS…?

Because they need to	Because they want to	Because it is automatically provided to	On an internal basis

	(H)	(M)	everyone in Swansea (M)	i.e. Staff (L)
	☒	☐	☐	☐

Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING…

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Children/young people (0-18) ➡	☐	☐	☒	☐
Older people (50+) ➡	☐	☒	☐	☐
Any other age group ➡	☐	☒	☐	☐
Disability ➡	☐	☒	☐	☐
Race (including refugees) ➡	☐	☐	☒	☐
Asylum seekers ➡	☐	☐	☒	☐
Gypsies & travellers ➡	☐	☐	☒	☐
Religion or (non-)belief ➡	☐	☐	☒	☐
Sex ➡	☐	☐	☒	☐
Sexual Orientation ➡	☐	☐	☒	☐
Gender reassignment ➡	☐	☐	☒	☐
Welsh Language ➡	☐	☐	☒	☐
Poverty/social exclusion ➡	☐	☒	☐	☐
Carers (inc. young carers) ➡	☐	☒	☐	☐
Community cohesion ➡	☐	☐	☒	☐
Marriage & civil partnership ➡	☐	☐	☒	☐
Pregnancy and maternity ➡	☐	☐	☒	☐

Q4 WHAT ENGAGEMENT / CONSULTATION / CO-PRODUCTIVE APPROACHES WILL YOU UNDERTAKE?

Please provide details below – either of your planned activities or your reasons for not undertaking engagement

The Social Services & Well-being (Wales) Act contains provisions to allow for Welsh Government Ministers to monitor and amend functions of the Act carried out by local authorities and other bodies. Ministers may require these bodies to report on their duties in implementing these regulations.

Consequently, it is the role of Welsh Government to commission a full post implementation evaluation of the national charging framework, and to consult on the impact of the changes implemented by local authorities' in charging for care and support. This evaluation includes people with protected characteristics.

Q5(a) HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?

High visibility	Medium visibility	Low visibility
☐(H)	☒ (M)	☐ (L)

(b) **WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?**
(Consider the following impacts – legal, financial, political, media, public perception etc...)

High risk	Medium risk	Low risk
☐ (H)	☒ (M)	☐ (L)

Q6 **Will this initiative have an impact (however minor) on any other Council service?**

☒ Yes   ☐ No   **If yes, please provide details below**

Some impact on a range of Council services, including budget, income & finance, legal, poverty & prevention, support to carers and community- based services

Q7 **HOW DID YOU SCORE?**
Please tick the relevant box

MOSTLY H and/or M ⟶ HIGH PRIORITY ⟶ ☐ **EIA to be completed**
Please go to Section 2

MOSTLY L ⟶ **LOW PRIORITY /** ⟶ ☒ **Do not complete EIA**
NOT RELEVANT **Please go to Q8 followed by Section 2**

Q8 **If you determine that this initiative is not relevant for an EIA report, you must provide a full explanation here. Please ensure that you cover all of the relevant protected groups.**

The Council's Charging policy (social services) was agreed by Council in March 2016, following a full Equalities Impact Assessment, which was carried out to consider and consult on how the policy is applies to all client groups that are able to access residential and non-residential community care services. The policy was fully reviewed, and revised in April 2018. Any impact on individual or population groups with protected characteristics is mitigated by minimum income allowances, capital thresholds and weekly charging caps which are set annually by Welsh Government. New charges to day services, and respite at home were introduced and were applied this year (2018/19), and a full EIA was completed to support these changes. This year the annual review of charges is proposing an inflationary increase to charges to reflect

increasing costs of social care to come into effect on 1st April 2019, in line with other Council charges. It is not considered necessary to update the current full Equalities Impact Assessment at this stage.

Section 2

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

Screening completed by:	
Name:	SIMON JONES
Job title:	STRATEGY & PERFORMANCE IMPROVEMENT OFFICER
Date:	18th OCTOBER 2018
Approval by Head of Service:	
Name:	DAVID HOWES
Position:	DIRECTOR OF SOCIAL SERVICES
Date:	OCTOBER 2018

ADULT SERVICES SCRUTINY PERFORMANCE PANEL
WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
Meeting 1 Tuesday 19 June 2018 **3.30pm**	**Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan** **Review of the year 2017/18**
Meeting 2 Tuesday 17 July 2018 4.00pm	**Presentation - Update on Local Area Coordination (LAC)** *Alex Williams, Head of Adult Services plus a Local Area Coordinator*
Meeting 3 Tuesday 21 August 2018 1.00pm	**Performance Monitoring**
Additional meeting Monday 17 September 2018 4.00pm	**Pre decision scrutiny on Outcomes of Residential Care and Day Services for Older People Consultation**
Meeting 4 Tuesday 25 September 2018 4.00pm	***Overview of Supporting People*** *Alex Williams, Head of Adult Services* ***Overview of Western Bay Programme** (to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse)* *Kelly Gillings, Programme Manager*
Meeting 5 Tuesday 23 October 2018 3.30pm	**Update on how Council's policy commitments translate to Adult Services** *Mark Child, Cabinet Member for Health & Wellbeing* **Deprivation of Liberty Safeguards (DoLS)**
Meeting 6 Tuesday 20 November 2018 3.30pm	**Wales Audit Office Report on Strategic Commissioning of Accommodation Services for People with Learning Disabilities** **Performance Monitoring** **Briefing on Annual Review of Charges (Social Services) 2018-19** *Dave Howes, Director of Social Services*

Meeting 7 Tuesday 11 December 2018 4.00pm	**Update on Social Work Practice Framework (presentation)** *Deb Reed, Interim Head of Adult Services* *(Social Care Wales also attending to discuss training they are delivering in relation to this)* **Update on how Council's policy commitments translate to Adult Services** *Mark Child, Cabinet Member for Care, Health and Ageing Well*
Meeting 8 Tuesday 15 January 2019 3.30pm	**Chief Executive and Chairman of ABMU attending to inform the Panel of their vision for Swansea once the number of authorities in ABMU is reduced to two**
Additional meeting 11 February 2019 11.00am	**Draft budget proposals for Adult Services**
Meeting 9 Tuesday 19 February 2019 3.30pm	**Performance Monitoring** **Adult Services Complaints Annual Report 2017-18** *Corporate Complaints Manager*
Meeting 10 Tuesday 19 March 2019 3.30pm	**Update on Commissioning Review - Domiciliary Care and Procurement** **Safeguarding Arrangements update** **Briefing on Safeguarding – Modern Slavery / Human Trafficking** (is there a problem in Swansea? What is happening to prevent it?) (Referred from SPC) *(Welsh Government Anti-Slavery Co-ordinator invited to attend)*
Meeting 11 Tuesday 16 April 2019 3.30pm	**Update on Adult Services Improvement Plan** *Alex Williams, Head of Adult Services* **End of year review**

Future Work Programme items:

- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Issues around Continuing Health Care - ABMU to be invited to attend (date to be arranged later in the year)
- Update on Western Bay arrangements following the review to be added to Panel work programme early in next municipal year (date to be agreed)

- Wales Audit Office reports (dates to be confirmed) –
  - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
  - Tackling Violence against Women, Domestic (includes fieldwork in Swansea amongst others)
  - Integrated Care Fund (Joint Adult Services and CFS)

![Cyngor Abertawe Swansea Council logo]

Councillor Peter Black
Convener – Adult Services Scrutiny Panel

BY MAIL

Please ask for:	Councillor Mark Child
Direct Line:	01792 63 7441
E-Mail:	cllr.mark.child@swansea.gov.uk
Our Ref:	MC/KH
Your Ref:	
Date:	26th October 2018

Dear Councillor Black

Thank you for your letter dated 9th October relating to the Adult Services Scrutiny Performance Panel held on 25th September 2018.

Due to the fact that the public questions as well as the first 5 bullet points requiring response relate to the Western Bay Programme as a whole, I have redirected them to the Western Bay Regional Partnership Board who will respond accordingly both to the member of the public and the Convenor's letter on these points.

In relation to the final bullet point asking for further information on the national review of probation services, I can respond as follows.

In 2015, the 35 Individual Probation Trusts across England and Wales were replaced by a single National Probation Service. In July 2018 the Ministry of Justice undertook the following public consultation *Strengthening probation, building confidence.* Information on the consultation is available at the following link https://consult.justice.gov.uk/hm-prisons-and-probation/strengthening-probation-building-confidence/ . One of the proposals within the consultation was The Ministry of Justice's intention to use flexibilities in the existing devolution settlement to bring the supervision of all offenders in Wales into a National Probation Service for Wales, which would be a single organisation responsible for managing all offenders taking a holistic and unified approach to probation. The response to the public consultation has not yet been published.

Yours sincerely

**Councillor Mark Child
CABINET MEMBER FOR CARE, HEALTH & AGEING WELL**

Western Bay Regional Partnership Board
c/o Western Bay Programme Office
Civic Centre
Swansea
SA1 3SN

www.westernbay.org
western.bay@swansea.gov.uk

Date: 12 November 2018

Cllr Peter Black
Convener Adult Services Scrutiny Panel
Swansea Council
Swansea
Sa1 3SN

Dear Peter,

Thank you for your letter dated 09th October 2018, outlining the questions posed during the public session of the scrutiny panel meeting and some additional information requests from member on the scrutiny panel.

Please find the information below in response, from which the answers to the public questions have been reviewed and agreed by the Chair of the Regional Partnership Board, Cllr Rob Jones, Leader of Neath Port Talbot County Borough Council.

1.   **Provide a written response to members of the public who asked questions in Public Question Time and copy in Panel Members**

      A - Why are the Western Bay Board Agendas/ meetings not published on the Swansea Council's Website?

      Minutes and agendas are currently published on Western Bay's own website. It was felt that this made best sense and would negate the need to upload documents four separate times on four separate systems.

      A link to the papers does now appear on the Western Bay page of Swansea Council's website.

      Some other regional collaboratives do not have their own website and information/Board papers feature on the site of the lead organisation.

      B. - The Western Bay Quarterly Newsletters are not printed and distributed, nor published on Swansea Council Website, Twitter/ Facebook etc. to inform the public why?

      It was agreed at the time of the production of the first newsletter that copies would only be available electronically to keep production costs down and to save on paper. Hard copies are available on request, and a small supply is made available for meetings/community events as and when required.

      Electronic copies of the newsletters (English and Welsh) and other relevant news bulletins are forwarded to communications colleagues in all constituent partner organisations. They are also circulated to citizens via the database held by Neath Port Talbot CVS.

      There is no prescribed agreement between the Western Bay Communications Officer and partner organisations regarding how newsletters should be publicised. In Swansea, copies are made available on the Council's intranet site, however the public-facing site has now also been updated and a link to the

current newsletter can be found at www.swansea.gov.uk/westernbay. This will be updated as and when new editions are published.

Re: social media - we would agree that social media platforms of constituent partners are a valuable resource and have been utilised to promote specific Western Bay communications and marketing campaigns (e.g. 'Join Our Caring Community' care worker recruitment campaign, and awareness raising of the Social Services and Wellbeing (Wales) Act 2014), but a more co-ordinated approach to promoting the general undertakings of the Programme can be explored as part of the revised Communications Plan (currently under development).

C. Similarly, the Western Bay Citizen Panel public meetings are not advertised by Swansea Council to provide a suitable venue for wider public participation.-- Why?

The Panel's key purpose is to enable the elected service user and carer representatives to gather the views of the wider Panel before attending Regional Partnership Board meetings.

The three Councils for Voluntary Service across the region have been awarded funding to manage the Panel membership (via their respective databases) and arrange/promote meetings.

Meeting size has been a concern for some time as the 'fluid membership' of the group can be difficult to manage. There have unfortunately been instances where individuals have turned up without registering in advance or advising of specific access requirements.

Furthermore, the Western Bay Health and Social Care Programme is delivering on specific priorities and is not responsible for all aspects of health and social care. This has been a difficult message to manage as Panel membership is inconsistent and meetings tend to go over the same ground or veer into territory outside of the Programme's remit.

Arrangements for the future of the Citizens' Panel form part of the overarching Western Bay review that is currently in progress. Citizen representatives who are members of the Regional Partnership Board will be contributing to the review.

D.- Contrary to the open, transparent accountability of Swansea Council, repeated Requests made to Western Bay Board to permit Public attendance at Board meetings have all been denied. With the previous Programme Manager and the Western Bay Chairman, Cllr Rob Stewart, recorded as seeking legal advice upon the issue of allowing public attendance. A recent Freedom of Information request made to Swansea Council to request the Content of the legal advice obtained by Cllr Rob Stewart regarding public Access to Western Bay Board meetings being refused a response!
Please could you advise why it was considered necessary to subsequently request the opinion of an external consultancy body as to the issue of allowing public attendance at Western Bay Board Meetings. And do the Swansea Councillors attending the Western Bay Board Meetings agree and support the external Consultant advice obtained that "public admittance at Western Bay Board Meetings is not considered necessary"?

Please could you suggest what content/elements of Western Bay Board meetings should suggest the total exclusion of the Public from attending?

Legal advice was sought from the point of view of compliance with regulations relating primarily to meeting accessibility. The practicalities had to be considered in detail, and there are numerous additional requirements that would place additional pressures on the Western Bay Programme Office and the Democratic Services departments of the constituent Councils. These include identifying fully accessible venues of an adequate size, provision of materials in both English and Welsh, as well as Easy Read and screen reader friendly versions of meeting papers. British Sign Language interpretation and Welsh Language simultaneous translation would also need to be made available at every meeting.

A copy of the report outlining the legal considerations can be found here:^{Western Bay RPB - Public Attending - Age} .

Re: the commissioning of external consultants, the Institute of Public Care are undertaking a review which incorporates all facets of the programme, including the Regional Partnership Board membership, governance and meeting arrangements. The question of how the Board and its functions can be made more visible to the public forms part of this overall analysis. Enquiries have also been made with other regions in Wales and, to our knowledge, none are currently holding Board meetings in public. It therefore made sense to seek the advice of the specialist agency who were already undertaking the wider review.

E.   Does the Swansea Adult Services Scrutiny Panel agree with, and consider as reasonable, the early recorded Western Bay Board minutes entry that "It is not considered appropriate for any elected Welsh Assembly Member to attend and engage with the Western Bay Citizen Panel meetings?

The relevant segment of the minutes of the first meeting of the Regional Partnership Board notes states:

'The Regional Partnership Board was asked to consider whether it was appropriate for Assembly Members to be invited to the Regional Citizen Panel (1.2 in report). It was agreed that, at this stage, it was not felt appropriate for Assembly Members to attend; Assembly Members could discuss any matters with Cabinet Members.'

In 2016, the Panel was very much in its infancy (hence the 'at this stage' reference within the notes).

Board members felt that any issues raised at the Panel could be raised with the relevant Cabinet Members in the first instance. Cabinet Members could liaise with Assembly Members should any issues need to be escalated.

2.   In relation to Western Bay Programme, please provide a complete breakdown of how much has been spent and how it was split between the Authorities and the Health Board

2017/2018

Revenue:		Capital:	
Per Organisation	**Total Cost**	**Per Organisation**	**Total Cost**
ABMU	£3,023,602.00	ABMU	£0.00
Bridgend	£819,950.00	Bridgend	£219,903.00
Neath	£944,364.10	Neath	£350,000.00
Swansea	£1,538,821.00	Swansea	£518,089.00
Third Sector	£419,916.56	Third Sector	£630,818.54
Whole Region	£1,498,007.58	Whole Region	£50,509.80
Grand Total	**£8,244,661.24**	**Grand Total**	**£1,769,320.34**

2018/2019 - Revenue

ICF Revenue Schemes 18/19:		Dementia Funding	
Per Organisation	**ICF Funding 18/19**	**Per Locality**	
Regional	£1,346,786.13	Regional	£206,828.00
BCBC	£882,561.17	BCBC	£290,067.00
Swansea	£1,591,812.90	Swansea	£538,322.42
NPT	£1,041,060.49	NPT	£609,412.00
ABMU	£2,899,640.76		
Third Sector	£567,773.00		
TOTAL Revenue	**£8,329,634.45**	**TOTAL**	**£1,644,629.42**

2018/2019 – Capital - *Please note: capital funding has not yet been approved, so these figures may change*

Discretionary ICF Capital		Strategic Main Capital Programme	
Per Org:	**Estimated Costs**	**Per Org:**	**Estimated Costs**
BCBC	£158,103.00	Bridgend	£929,243.00
CCOS	£132,667.00	Neath Port Talbot	£1,145,000.00
NPT	£27,000.00	Swansea	£1,074,947.00
Third Sector	£883,924.00	Western Bay	£853,027.00
ABMU	£46,672.00		
Grand Total	**£1,248,366.00**	**Grand Total**	**£4,002,217.00**

3.   **And also provide a complete breakdown of the cost to both Swansea Council and the Health Board of the changes to ABMU and the loss of Bridgend to Cwm Taf**

Western Bay does not yet know the amount of funding allocated to the "New Western Bay" for the next financial year with regard to Intermediate Care Funding (ICF) both revenue or capital, Carers Partnership Funding or Social Care Facilitation Grant. We therefore are currently unable to provide actual figures as to the cost to the Western Bay Programme. Staff within the Western Bay Office and the Directors of Social Services are liaising with Welsh Government to obtain the financial information so that plans can be made and impact of budgets assessed.

If a more detailed explanation of the wider financial implications to the region are required, then this request would need to go to the Health Board or Bridgend County Borough Council.

4.   **Clarify the earliest possible date an "Update on Western Bay Arrangements following the Review' can come to the Adult Services Panel**

This work is likely to be ongoing over the next 6 months so I recommend that the earliest date for an update on the arrangements be provided in the 1st Quarter of the next financial year.

5.   Please provide the work plans which are due to be completed in December to the Panel

We are unclear as to what work plan this question refers to, however it is important to note that everything will be incorporated into the Western Bay review.

If you have any queries with regard to the information supplied please contact Kelly Gillings, Interim Programme Lead for Western Bay Kelly.Gillings@swansea.gov.uk

Yours sincerely,

Kelly Gillings
Interim Programme Lead for Western Bay

Western Bay Regional Partnership Board
c/o Western Bay Programme Office
Civic Centre
Swansea
SA1 3SN

Date: 12 November 2018

Cllr Peter Black
Convener Adult Services Scrutiny Panel
Swansea Council
Swansea
Sa1 3SN

Dear Peter,

Thank you for your letter dated 10th October 2018, outlining the questions that were unable to be covered at the meeting. Please find the information below in response to the additional.

3.1. (and Appendix 1) Governance

A. Does the Partnership Board itself actually manage/deliver any services, or is it solely a "co-ordinating" mechanism?

The role of the Regional Partnership Board (RPB) is described in part 9 of the Social Services and Wellbeing Act, as follows:

'Regional Partnership Boards have a key role to play in relation to bringing together partners to determine where the integrated provision of services, care and support will be most beneficial to people within their region. Regional Partnership Boards will need to ensure that all partners work effectively together to improve outcomes for people.

They will need to ensure that services and resources are used in the most effective and efficient way to achieve this. Regional Partnership Boards will also play a vital role in the oversight and governance of partnership arrangements'

The TOR for the RPB states that *'The Board is not a formal decision-making body and has no executive powers. Courses of action will be agreed by consensus among the full members. Partners will need to take issues agreed by the Board through their own local policy and decision-making for ratification as required'.*

B. How are members of the Regional Citizens panel selected/elected? How many are there and what is the locality of each?

Panel membership is 'fluid' to allow as many people to participate as possible. This was agreed during an initial workshop session held with citizens in early 2016. Around 35 individuals attended and felt that, in the interest of inclusivity, meetings should be open to all.

This arrangement has been challenging as attendance is inconsistent and discussions tend to go over the same ground as new faces continue to appear. The Institute of Public Care will consider this issue as part of the wider review of Western Bay (currently in progress).

Meetings are publicised via the databases of the three Councils for Voluntary Service within the Western Bay region, who receive funding to promote and co-ordinate meetings. Meeting locations rotate between Bridgend, Neath Port Talbot and Swansea.

C. On Appendix 1, for each group along the bottom row of the page, and those in the line above (key change projects) how would the task of each be described? For example information sharing, joint planning of future services, merged management of service delivery, research and development/ideas creation, problem solving/trouble shooting, other.

Key Change Projects

Each Project/Programme depicted in the diagram has a defined Terms of Reference to which the Project Board operates. For example the Terms of Reference for the Commissioning for Complex Needs Board define the primary purpose as:

- To direct and drive the delivery of the project within the remit set by the Business Case.
- To provide overall guidance and direction to the project, ensuring it remains' viable within the specified constraints.
- To monitor progress of the project.
- To report on project progress to the Programme Team and Leadership Group.

The Outline Function of the Board is to:

- Provide overall guidance and direction to the project, ensuring it remains viable and within any specified constraints.
- Plan project team's work plan against the Business Case.
- Monitor progress against the Business Case and Work Plan.
- Approve project work.
- Ensure risks and issues are being tracked and managed as effectively as possible.
- Approve any Requests for Change to the Business Case.
- Review any Lessons Learned.
- Respond to requests for advice from the Implementation Manager.
- Communicate with stakeholders.
- Make decisions on escalating issues

Business as Usual/Local Organisational Transformation

These Services and Boards are Business as Usual and form part of normal operations for the partner organisations. Each Service or Board have a lead authority for example the Safeguarding Board's lead authority is Neath Port Talbot. These services are no longer part of a Project/Programme

4.1.5.

D. What is the source of the data in the graph, why is it rising after 15/16, and what is the graph for 17/18?

The graph is demonstrating the projected number of unscheduled admissions for over 65 year old based on predicted population increases. The blue line rises in line with the predicted increased population, taken from population studies. The Orange line on the graph shows the initial Business case prediction of impact; the Grey line shows the actual impact. The graph was supplied by Cordis Bright as part of an independent evaluation.

4.2.1.

E. Is this work and service delivery funded by an agreed pooled budget or allocation and if not, how do the financial arrangements work to fund them?

The funding for each package of care is decided on a case by case basis. Some are 100% LA, some 100% Health and some are joint funded. The focus of the work is on high cost residential, nursing or supported living placements and some funding decisions are historical and it is not known how they were initially agreed.

F. What happened to the savings of £4.527m? How was this sum divided between the partners?

The savings have since increased and is broken down as follows:

	Total Savings by Partner since project start 2014				
	ABMU	**CCOS**	**NPT**	**BCBC**	**TOTAL**
2014-16	£579,839.53	£75,994.15	£428,112.27	£226,649.54	£1,310,595.49
2016-17	£339,759.87	£316,325.55	£432,824.12	£221,336.90	£1,310,246.44
2017-18	£711,075.41	£245,818.77	£156,612.40	£419,536.89	£1,479,583.29
2018-19	£170,514.75	£252,905.07	£51,137.61	£376,403.87	£852,865.98
Total	**£1,747,729.37**	**£891,043.55**	**£1,068,686.40**	**£1,243,927.20**	**£4,953,291.20**

4.2.4.

G. May we see the tool as currently devised and the evaluation report?

Draft report and draft funding tool below:

Paper 02 - Joint
Funding Matrix Repor

Draft - Joint Funding
Matrix - Merged v5.xl

4.2.6.

H. How many providers serve Swansea re this service?

There are 83 providers on the framework across Wales and England with 267 homes that individuals from Swansea can access. Within the Swansea local authority there are 7 providers with 21 homes in the framework.

4.3.2.

I. Who is providing the training to support the deployment of 2,500 ipads - especially those deployed in Swansea?

In order to deploy 2,500 iPads for Community based staff in the Health Board, ABMU have constructed Governance arrangements that include a Programme Board and Project Team to plan and oversee the implementation plan. The project is phased and targeting specific areas of service and is therefore managed to ensure that Health Board only resources are managed to advance the work. The Health Board have dedicated but limited resources to progress the implementation plan, but nevertheless progress is being made and benefits from the work are being appreciated.

4.3.4.

J. Does this tool enable the better co-ordination of care delivery - for example by scheduling nursing input (such as changing dressings) after social care input (such as bathing) rather than the other way round?

The learning that has been gathered from extending the use of WCCIS in Trem Y Mor Community Resource Team has clearly supported the view that WCCIS can provide a range of benefits to integrated working. As a consequence, the result in Trem Y Mor is that additional services are being added to the system in order that the achievement of benefits continue to increase. This is based on the findings that have proven the creation of electronic records improves accessibility to information and appropriate information sharing between services enables and supports the better delivery of integrated care. In addition the work in Trem Y Mor has also proven that the ability to access WCCIS in different Council offices reduces the need to return to base, which cuts down on travelling time etc. This benefit will be enhanced further when the WCCIS Mobile App is made available to staff so that they can then access and update information in the community using 4G compatible devices that will enable online/offline working. With relation to the question and the scenario posed, such an example has not been created in the work in Trem Y Mor to date and it is important to add that WCCIS is not the solution in its own right but nevertheless it is conceivable that WCCIS could assist with such a scenario.

4.4.

K. Is there a definition of which children and young people's services are included in (or excluded from) this joint programme that needs "a common approach"?

There is not currently a definition of what children and young people's services are included or excluded from the programme. The programme has been designed around the following principles:

- To agree a common model for service delivery for children and young people across the region (in health and social care terms)

- To oversee the strategic planning and commissioning of service models for children and young people's services, researching best practice and evidence of effectiveness from elsewhere

- To oversee implementation of named ICF funded projects, to be agreed, in relation to children and young people

- To oversee implementation of regional, integrated health and social care CYP projects and services, to be agreed

L. What services if any will the Health Board or local authorities continue to provide or commission themselves?

All services will continue to be provided and commissioned by each Local Authority and Health Board as per the current arrangements

4.4.2.

M. Where does MAPPS sit organisationally? Who funds and oversees it? Does it provide any services?

The MAPSS team is hosted by NPT and located in the Guildhall in Swansea. The team are overseen by a Principal Officer within NPT and are accountable directly to the Western Bay Children and Young People Programme Board.

MAPPS is currently funded via the Intermediate Care Fund (ICF)

Referrals are taken from Social Worker's through their Principal Officers to the team. The team then work directly with Children and Young People who are on the verge of a placement breakdown through therapeutic interventions.

The team does not provide services to the general public.

4.6.1

O. How do the services here relate to those in 4.2.6?

The Services in 4.2.6 refer directly to individuals with Mental Health or Learning Difficulties who require a placement in a Residential Home or Nursing Home. The Framework noted in 4.2.6 is a Procurement Framework which the Health Board and Local Authorities across Wales can use to make individual placements.

The Mental Health and Learning Disability Commissioning Board reviews and oversees joint development of regional strategy's.

4.7.5.

P. Is this a regional service? How is demand and need assessed and on what data? How does this service relate to those in 4.2.6?

The Integrated Autism Service is a regional service for the Western Bay region. The Integrated Autism Service (IAS) is currently being rolled out across Wales on a regional basis, utilising a national service model which was developed following extensive consultation with individuals with autism, parents and carers. The consultation exercise informed the development of this national model. Further information on the consultation exercise can be found here: http://www.autismrpphub.org/sites/default/files/articles/asd-consultation-summary-report-2015.pdf

In reference to how this service relates to those in 4.2.6: The individuals placed in MH and LD care homes will have complex needs and potentially there will be some service users who have autism, however the regional service has been established to provide a service for those people with autism who are currently falling through the gaps (i.e. people with autism without a moderate to severe learning disability or mental health difficulty). A service user with autism who is currently receiving a service via LD or MH services will continue to receive those services and will therefore not be eligible to access the IAS. The IAS service also had a key role to provide advice/training and support for agencies linking with people with ASD; this could include staff in care homes, if needed.

4.9.6

Q. Who selects the advertisers in the directory?

Care Choices staff manage the advertising aspect of the directory. The editorial copy and listings are compiled by colleagues in Swansea, Neath Port Talbot and Bridgend Social Services departments in conjunction with the Western Bay Communications and Engagement Officer, but these individuals have no involvement in the advertising side of the directory.

If you have any queries with regard to the information supplied please do not hesitate to contact me at Kelly.Gillings@swansea.gov.uk

Yours sincerely,

Kelly Gillings
Interim Programme Lead for Western Bay