

Adult Services  
Management Information  
Headline Report  
Data for January 2024



Cyngor **Abertawe**  
**Swansea** Council

## **Adult Services Vision**

***People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.***

## ***Doing What Matters***

***Adult Services will focus on strengths, prevention, early intervention and enablement. We will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.***

Agreed Service Priorities for 2023/24

1. Promoting people's voice
2. Ensuring a valued & skilled workforce
3. Better Prevention & Early Help
4. Keeping People Safe
5. Enabling & Promoting Independence
6. Financial Efficacy
7. Resources which meet the needs of our community
8. Focus on quality & continuous improvement

## **Amy Hawkins, Head of Adult Services & Tackling Poverty Summary**

The Social Work Mental Capacity Act Assessments and reviews completed increased in January. All SW teams have been engaged with and contributed to the Assessment and Care Planning restructure options development and additional opportunities for improvements have been identified which will be progressed by the Social Work teams.

The number of Carers identified and Carers Assessments completed has returned to pre-Christmas levels.

In the last three months we've seen 70% of people returning home from Residential Reablement independently and with packages of care. The number of beds in Bonymaen has increased to 28 over the Winter period to support increased demand from Hospital. The people in the 8 Dementia re-settlement beds in Ty Westfield unit in Ty Waunarlwydd are achieving good outcomes supporting people returning home or to longer-term placements post-hospital.

We are seeing continued stability in our external Domiciliary Care market and we are seeing continued growth in the number of people receiving care at home and there remains good allocation of new packages of care. 121 Packages of Care were allocated in January. The average hours of care per individual has remained fairly steady and currently at 8.5 hours per week in the external market. Providers continue to report cost pressures in Domiciliary Care along with Residential Care and Supported Living.

In internal residential services we continue to focus on increased step-up from the community, long-term complex and have increased respite capacity. Average time in short-term placements continues to decrease in the average time people are in service, indicating that people's move on plans are being implemented quicker. Processes for emergency admissions is working well.

The total attendance over the month at Day Services has increased, although there has been a slight reduction in unique individuals. Specific focus has been on Older Person's Day Services and ensuring the availability of provision due to an external provider leaving the market.

The Safeguarding Team determined 89% of Adult at Risk (AAR) cases within 7 days, this is an improvement in recent months. The team continue with high numbers of consultations from different providers and directly from the community. New DoLS applications and the backlog has increased this month again, recent national report indicates Swansea has the highest number of applications nationally.

## **Helen StJohn, Head of Integrated Services Summary**

The volume of contacts received in the Common Access Point during January 2024 demonstrates a real return to the highest level of demand. Of the overall figure of 772 enquiries there was a reduction of 4% in those able to be closed following the provision of Advice and Information with a corresponding increase of over 7% in the cases which required multidisciplinary team intervention due to the complexity of the presenting issues.

The significant increase in the number of task notes created in January tells us that a higher number of contacts to CAP were from individuals already known to us and either waiting for support or reporting a change in their circumstances to us – the data shows a fairly even split in reason. The team also managed 97 rapid responses – the highest number since Feb 2023 and a 61% increase on the activity for last month. The percentage of rapid responses able to be closed at CAP was lower than recent months.

In summary, our front door is receiving high levels of demand with much of the need presenting as urgent and complex. The high number of individuals already known to us may be an indication that we continue to provide proportionate support to an increasingly frail population which maintains their safety and independence at home and is required to manage the variability of condition linked to the degree of frailty and carer considerations.

The care management activity reflects the above in the increase in care and support plans generated as does the related number of carers identified and offered an assessment.

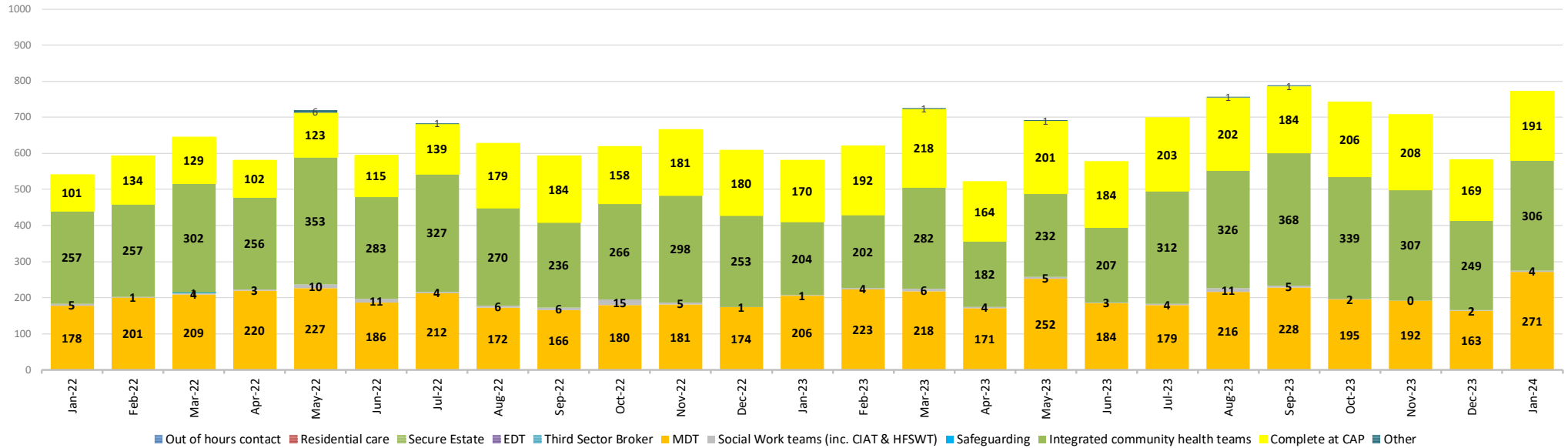
Domiciliary reablement activity levels are high and it is particularly positive to note the increasing number of people receiving reablement following community referral. This reflects the service drive to rebalance internal domestic care reablement delivery in a stronger preventative direction. Whilst the clear value of reablement following hospital stay has been well documented we are keen to further support maintaining individuals safely in their own homes and reducing chances of hospital admission where possible. Prevention and reablement form key strands of our transformation plan so positive developments in this area is welcome.

The service is undertaking work to understand the planned vs actual hours delivered and to ensure effective use of this resource.



# Common Access Point

Referrals created at the Common Access Point - Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams.



It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in enquiries created from Aug 2020. **98** referrals (AAR, PPNs & Suicides) were recorded directly in the Safeguarding team in January (69 in December 2023).

## 772 Referrals in Jan 24

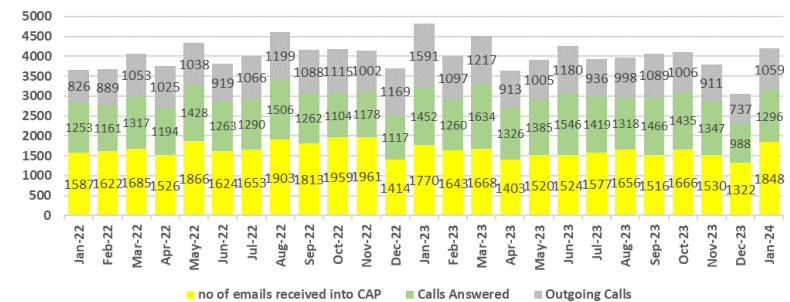
**191** Closed - Provided Advice & Information (24.7%)  
**271** MDT (35.1%)  
**4** directly to SW Teams (<1%)  
**306** to integrated therapies (39.6%)

## 583 Referrals in Dec 23

**169** Closed - Provided Advice & Information (29%)  
**163** MDT (28%)  
**2** directly to SW Teams (<1%)  
**249** to integrated therapies (42.7%)

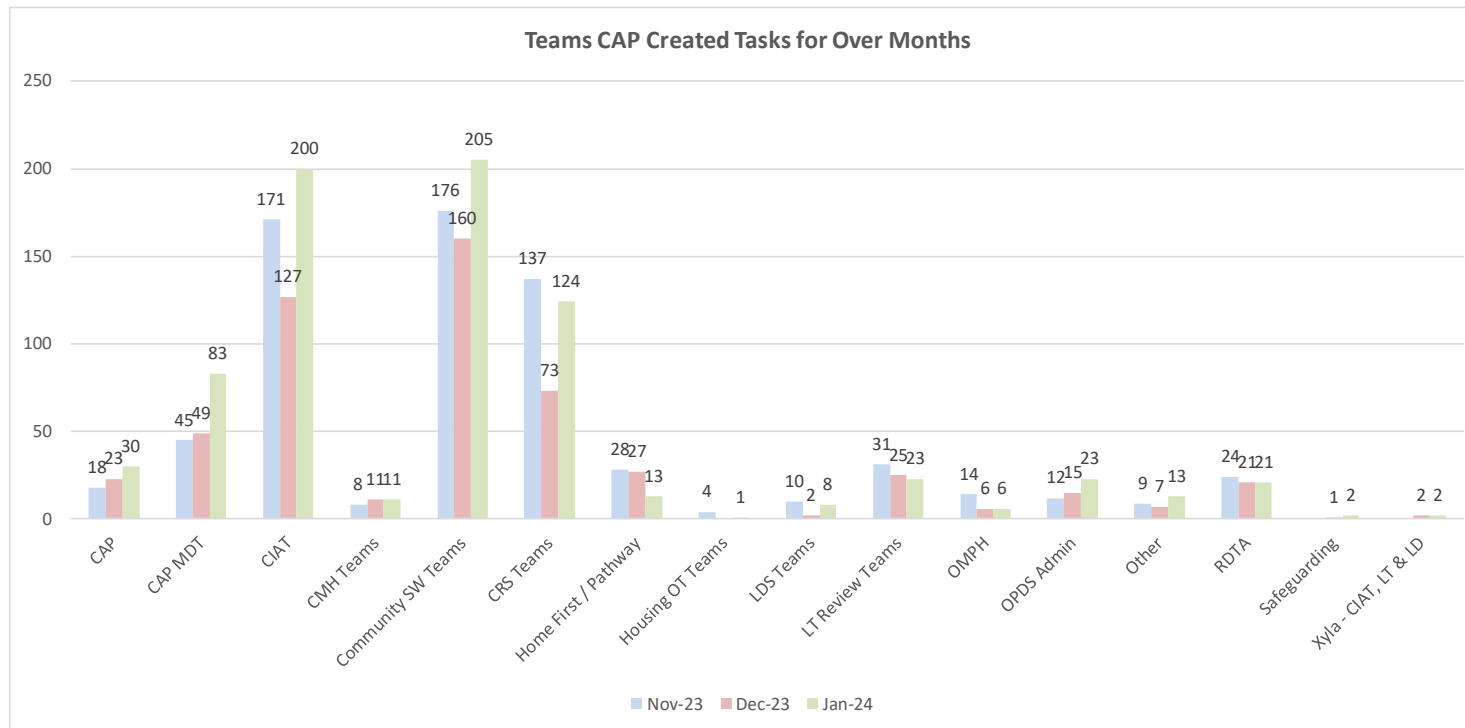
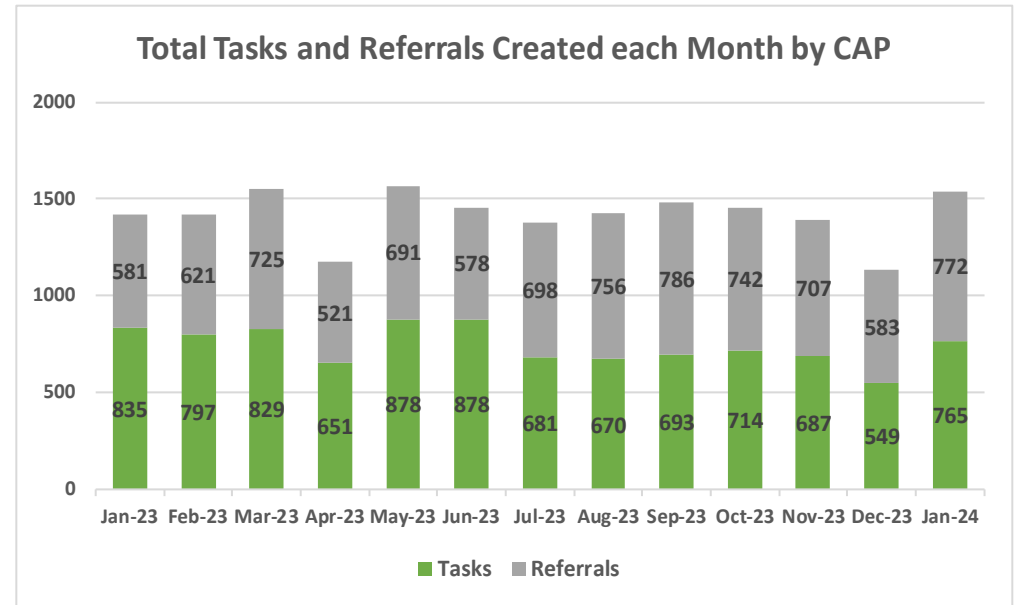
581 Referrals were created by CAP in January 2023

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



Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

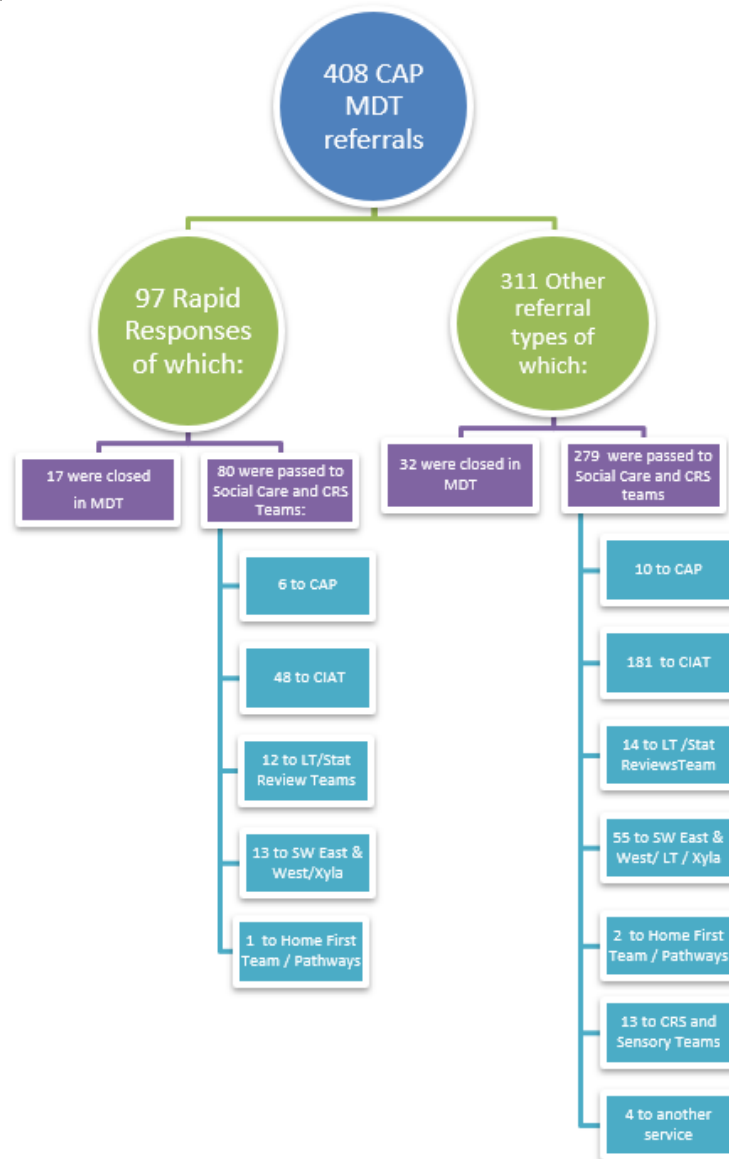
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support.



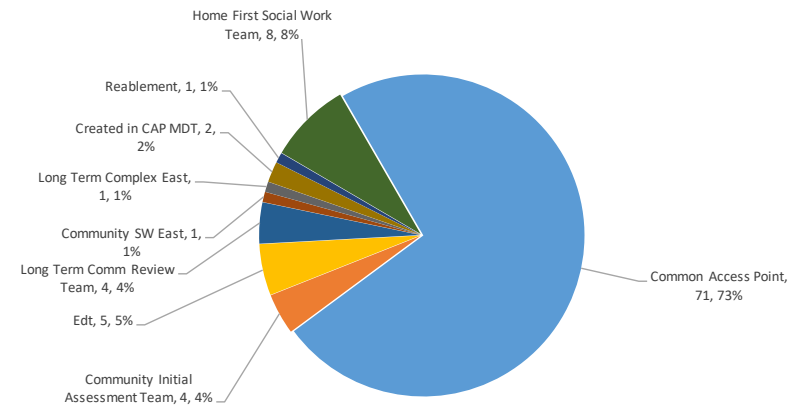


# CAP MDT

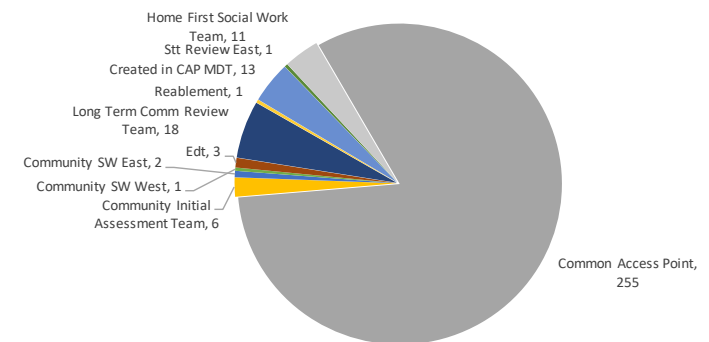
CAP MDT Data for January 2024 – further development & validation work is being undertaken.

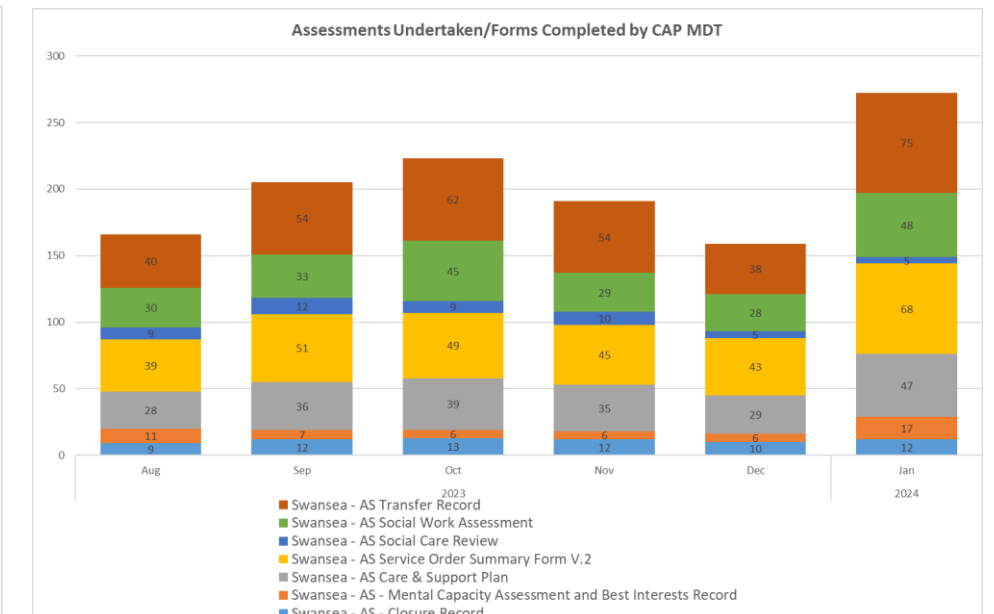
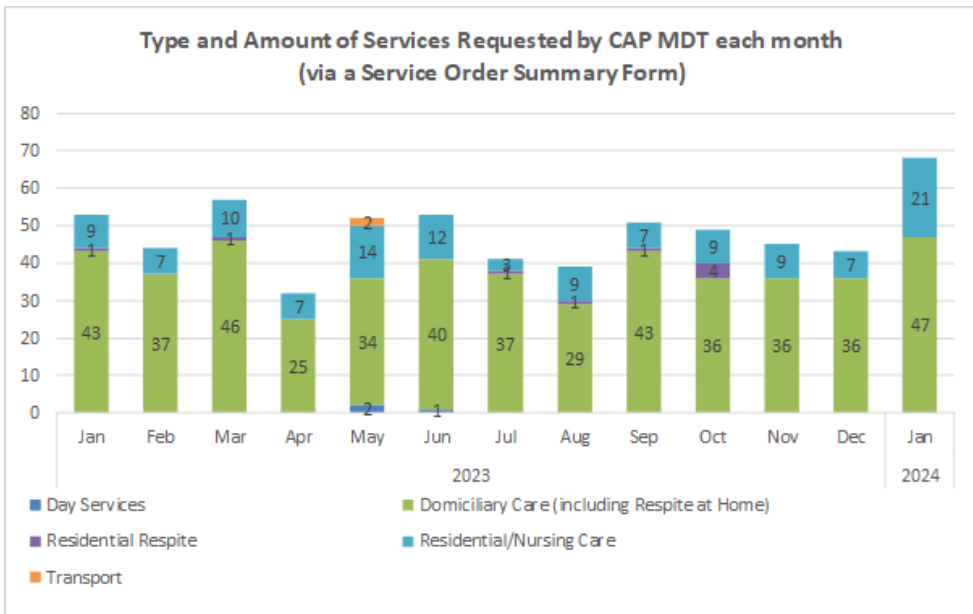
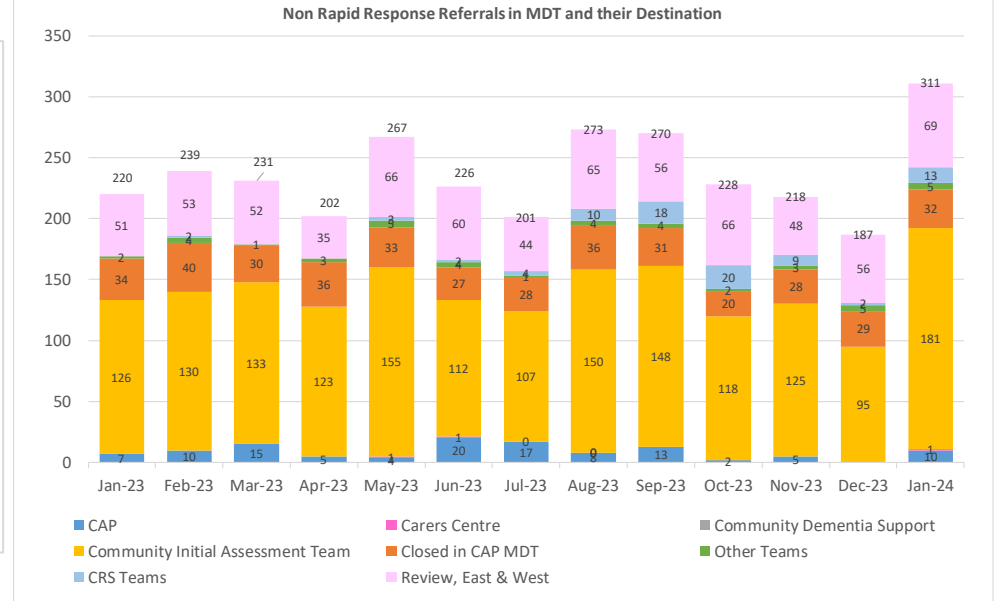
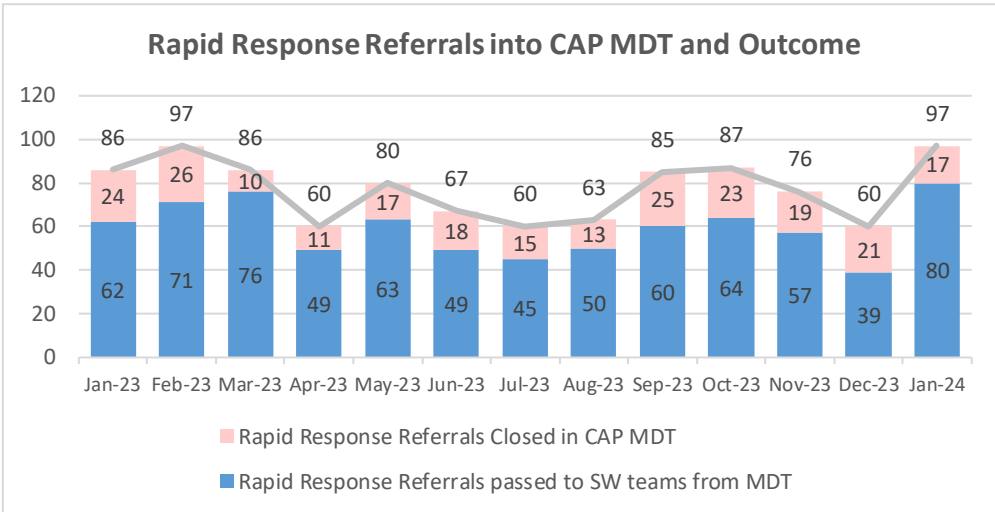


CAP MDT Rapid Response Referral Source Team January 2024



CAP MDT Non Rapid Response Referral Source Team January 2024





What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Managing the Rapid Response cases at the front door. Dealt with 80 rapid response cases in the month of January compared to 39 in December, 17 Rapid Response cases closed at the MDT function of the front door.</li> <li>Significant Increase in referral at the front door for care home placements both residential and nursing as well as a significant increase in packages of care at home.</li> </ul>	<ul style="list-style-type: none"> <li>There are only three social workers in the MDT function as there are two social work vacancies and one vacancy due to maternity leave.</li> <li>Concerned that this theme of increase for services at the front door will continue into February. Worried about the complexity of cases be presented at the front door.</li> </ul>	<ul style="list-style-type: none"> <li>Two social workers have been recruited into the team. The staff will be starting in post at the end of February.</li> <li>Closely monitor the referral at the front door to establish if there is an upward trend in requests for these specific services in February.</li> </ul>





# Assessments & Reviews

## Reviews

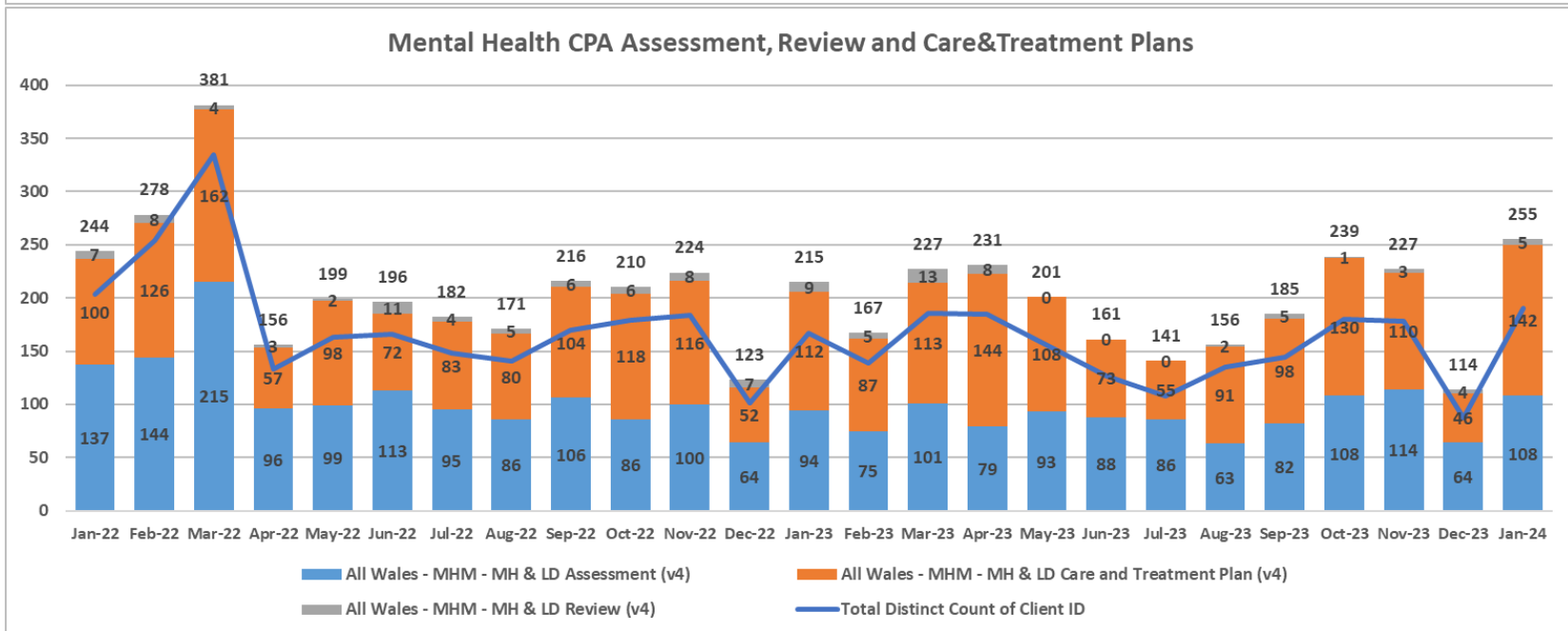
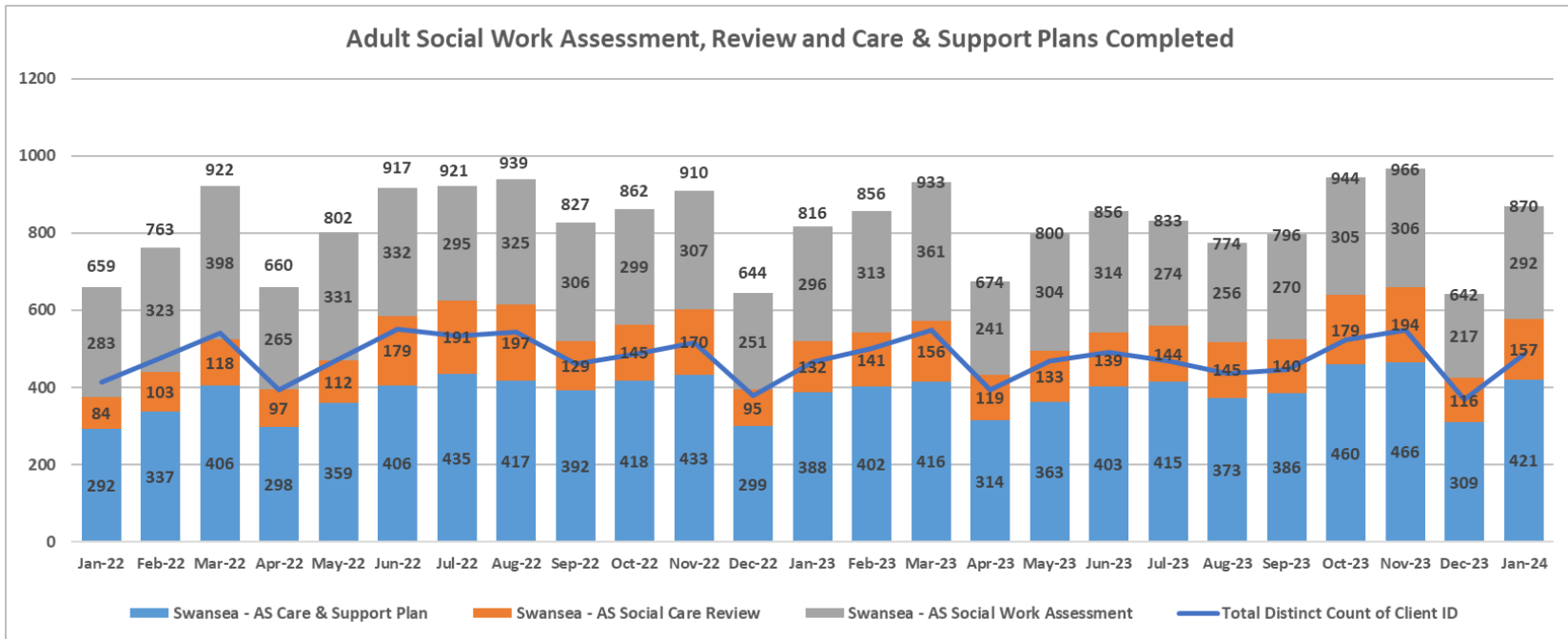
Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

### Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Jan 24	292	157	421
Dec 23	217	116	309
Nov 23	306	194	466

### Mental Health CPA Assessments Completed by CMHTS & OPMH

	MH CPA Assessments Completed	MH Care & Treatment Plans & Reviews Completed
Jan 24	108	147
Dec 23	64	50
Nov 23	114	113



## Community Teams

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Positive growth in the needs assessment and review of care and support plans completed this month.</li> </ul>	<ul style="list-style-type: none"> <li>Demand for social work assessment continues to be higher than the capacity to complete this work.</li> <li>Growth in the complexities of case work and the delays of outside factors which impact on case management (Court, NHS processes).</li> </ul>	<ul style="list-style-type: none"> <li>Reconsider recruitment opportunities to maximise workforce ability to manage demand.</li> <li>Continue to consider innovation to enhance smarter timescales.</li> </ul>

## Mental Health and Learning Disability Services

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Joint working with C&amp;F services continues to provide greater clarity on future need and service demands in adult services.</li> <li>Right Care Right Person discussions locally are slowly providing greater clarity regarding change in police responses to public welfare issues.</li> </ul>	<ul style="list-style-type: none"> <li>The demand on adult services for those transitioning from Childrens services in the next 2 years appears high.</li> <li>There remains a lack of clarity regarding the long-term implications for practice and approach following Right Care Right Person.</li> </ul>	<ul style="list-style-type: none"> <li>Regular focus and finance meetings locally and regionally are helping to plan for future demand.</li> <li>Work with local Police liaison meetings to focus on the implications of this new approach.</li> </ul>

# Carers and Carers Assessments



## Updated Carers Information:

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

**115**

**Carers identified in Jan 24**

**99 offered assessment (86%)**

**40 assessments/reviews undertaken**

**91**

**Carers identified in Dec 23**

**80 offered assessment (87.9%)**

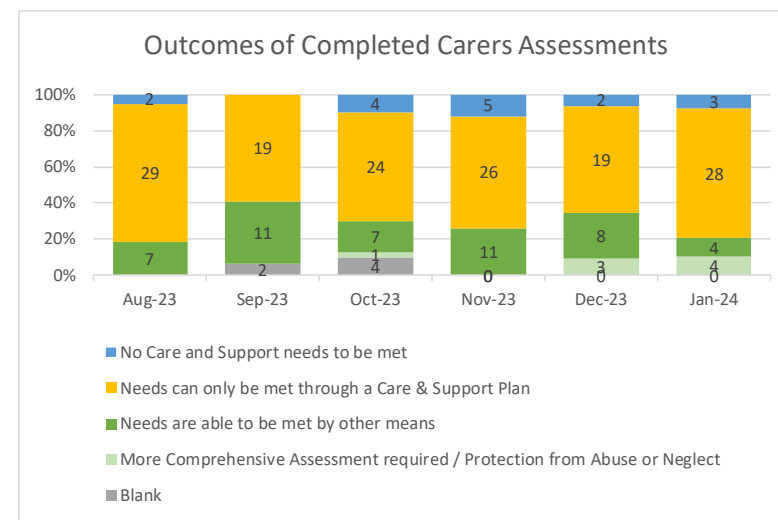
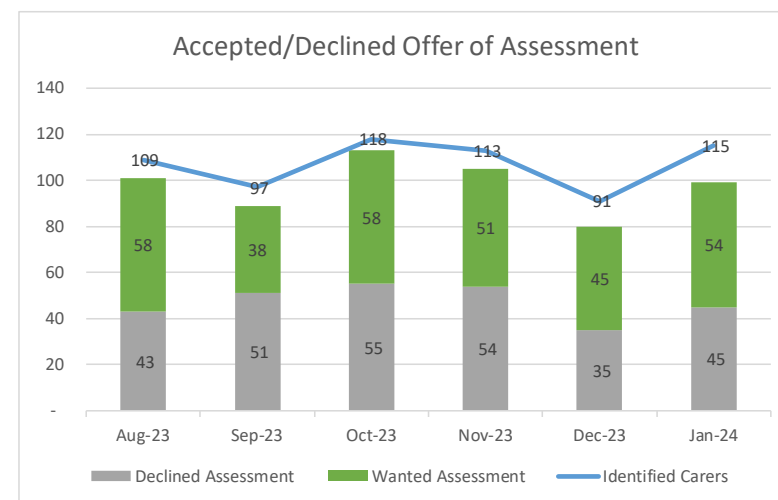
**33 assessments/reviews undertaken**

**113**

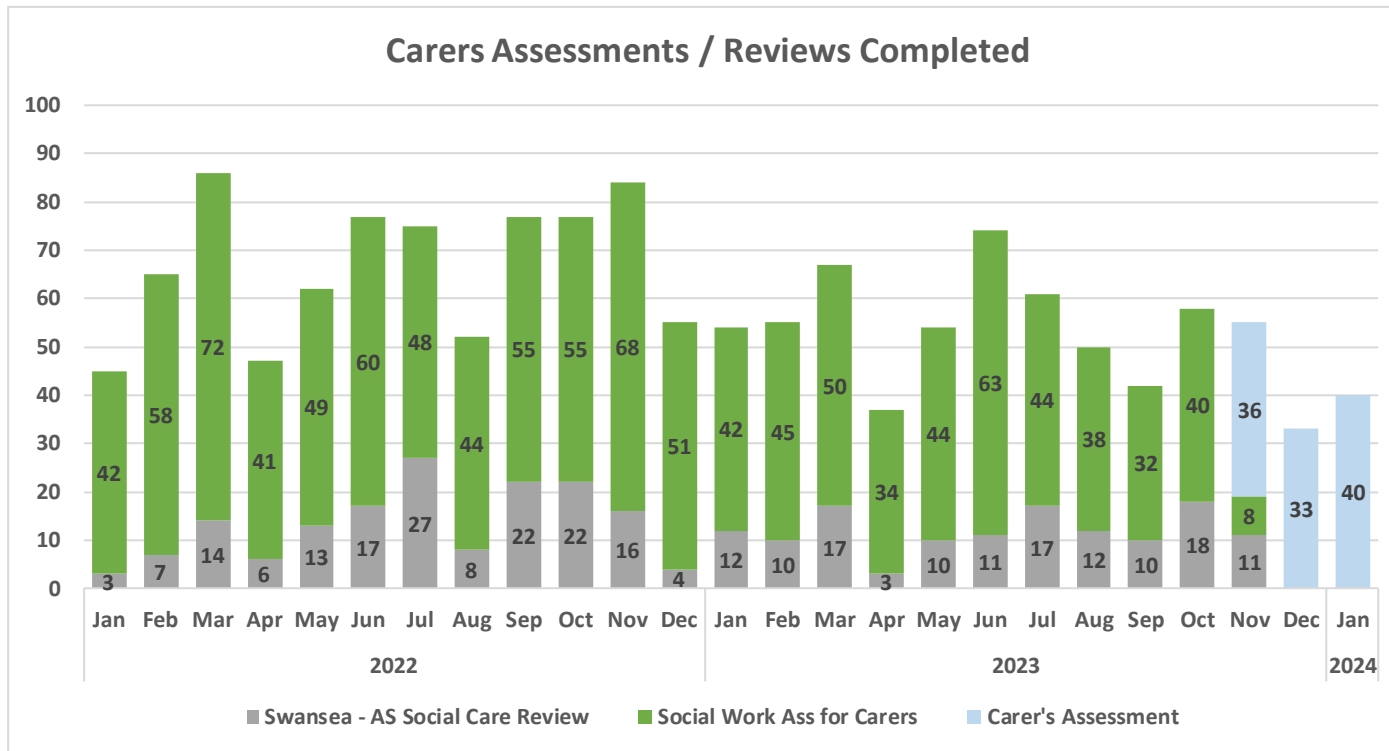
**Carers identified in Nov 23**

**105 offered assessment (92.9%)**

**55 assessments/reviews undertaken**



## Carers Assessments and Reviews Completed



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• New Carers Assessment embedded in performance data.</li> <li>• Steady increase of Carer Assessments completed.</li> </ul>	<ul style="list-style-type: none"> <li>• The Carers Assessment offer has marginally declined.</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Awareness training planned to increase workforce knowledge.</li> </ul>

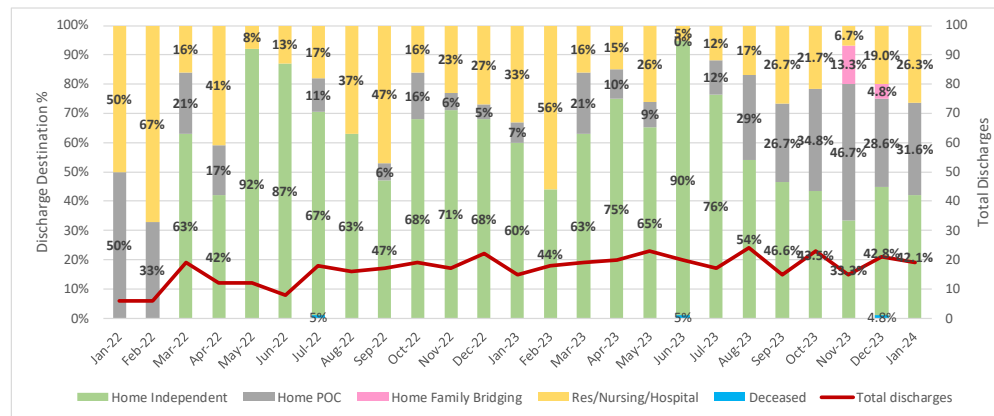


# Residential Reablement

During November, December and January Residential Reablement services in Bonymaen had an overall percentage of 70% of people returning to their own homes, independently and with care packages.

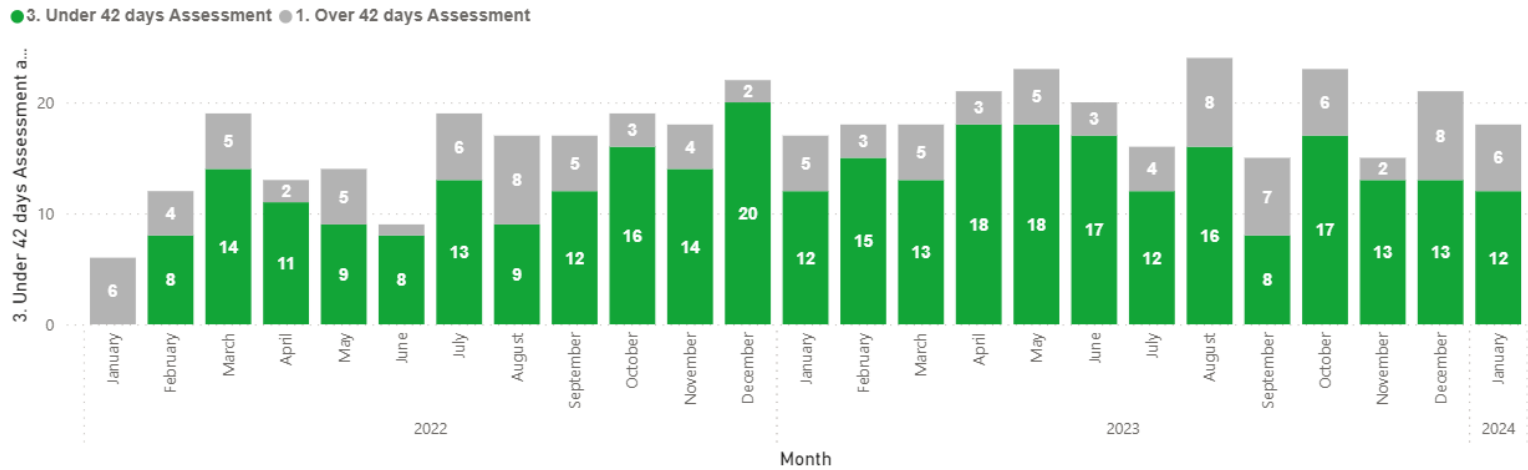
<p><b>20</b> Admissions (Jan 24) 19 from Hospital 1 from Community</p>	<p><b>19</b> People left residential reablement (Jan 24) 15 people left residential reablement in Jan 23</p>	<p><b>14</b> People went home 6 with care, 8 with no care, 3 hospital, 2 residential</p>
<p><b>24</b> Admissions (Dec 23) 22 from Hospital 2 from Community</p>	<p><b>21</b> People left residential reablement (Dec 23) 21 people left residential reablement in Dec 22</p>	<p><b>16</b> People went home 6 with care, 9 with no care, 1 with family bridging 2 hospital, 1 residential, 1 deceased and 1 other</p>
<p><b>15</b> Admissions (Nov 23) 13 from Hospital 2 from Community</p>	<p><b>15</b> People left residential reablement (Nov 23) 18 people left residential reablement in Nov 22</p>	<p><b>14</b> People went home 7 with care, 5 with no care, 2 with family bridging 1 hospital</p>

Percentages leaving Residential Reablement & Outcomes

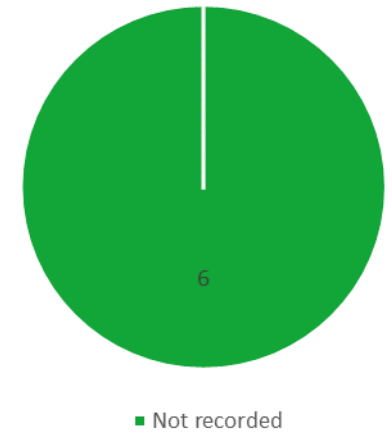


# Bonymaen House

Total Discharges each month within and over targeted 42 day assessment period



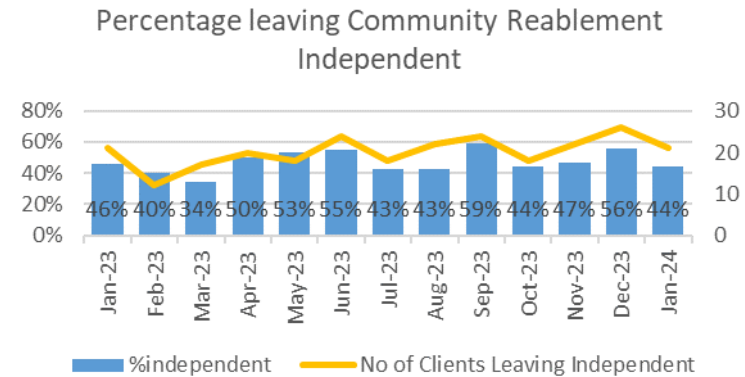
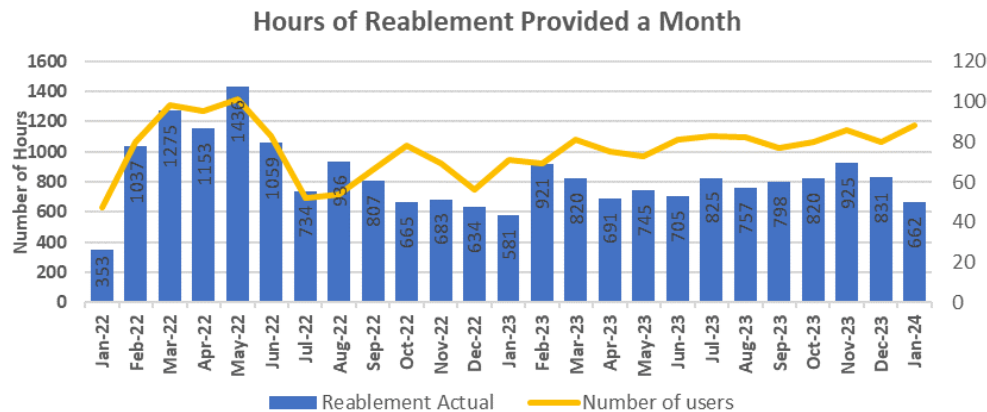
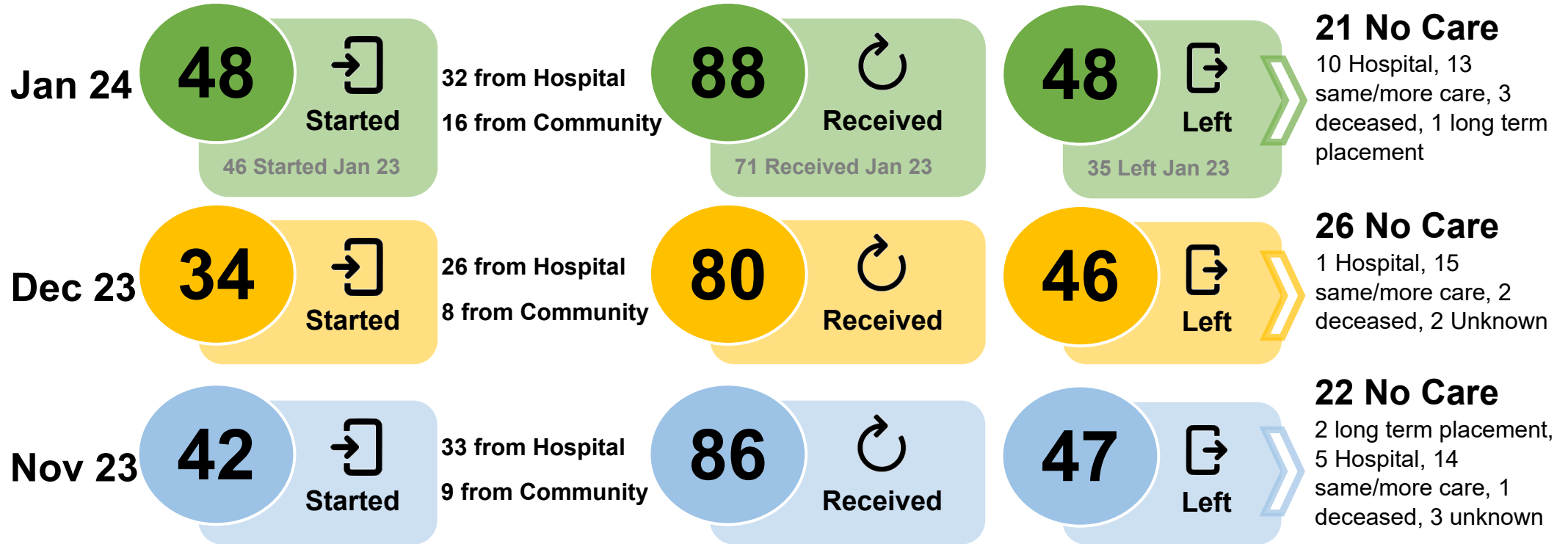
Reasons for discharge over 42 days  
January 2024



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Continued high percentage of people returning home with no POC, reduced POC.</li> <li>Consistent assessments under 42 days.</li> <li>Good working relationships with Home First teams.</li> <li>Service continues to run at capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Where assessments over 42 nights, can be due to awaiting POC or long term care.</li> </ul>	<ul style="list-style-type: none"> <li>Data collection under revision to capture actual end of assessment.</li> </ul>

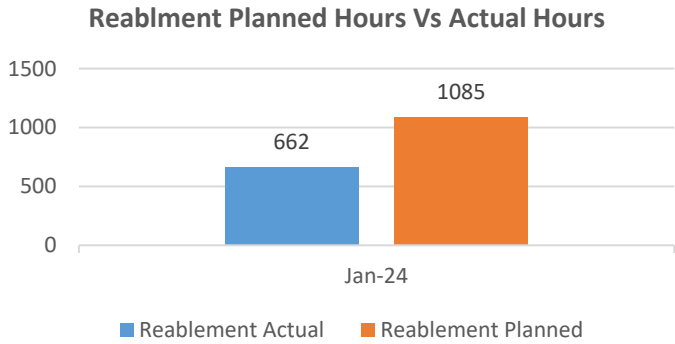
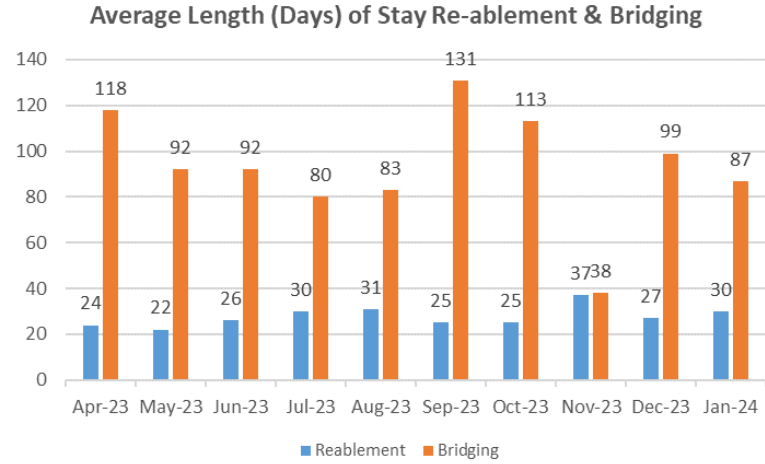


# Community Reablement

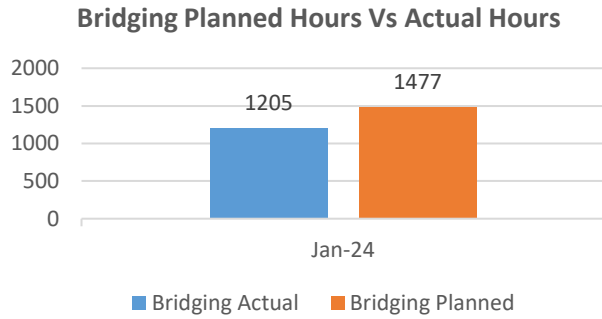




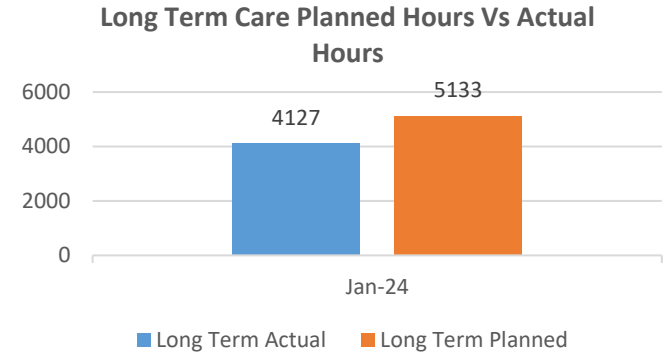
This data continues to be validated.



61% planned care delivered



82% planned care delivered



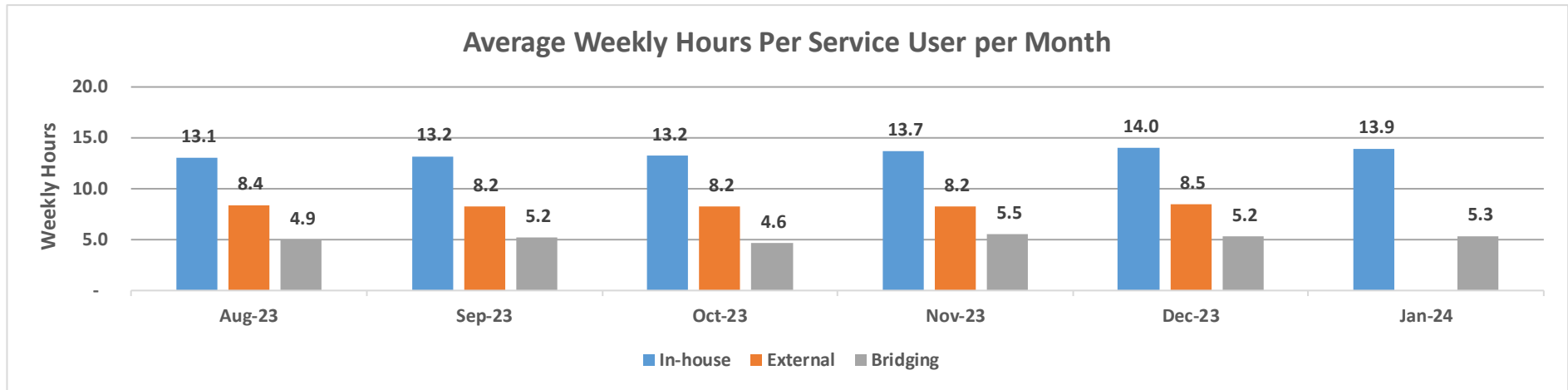
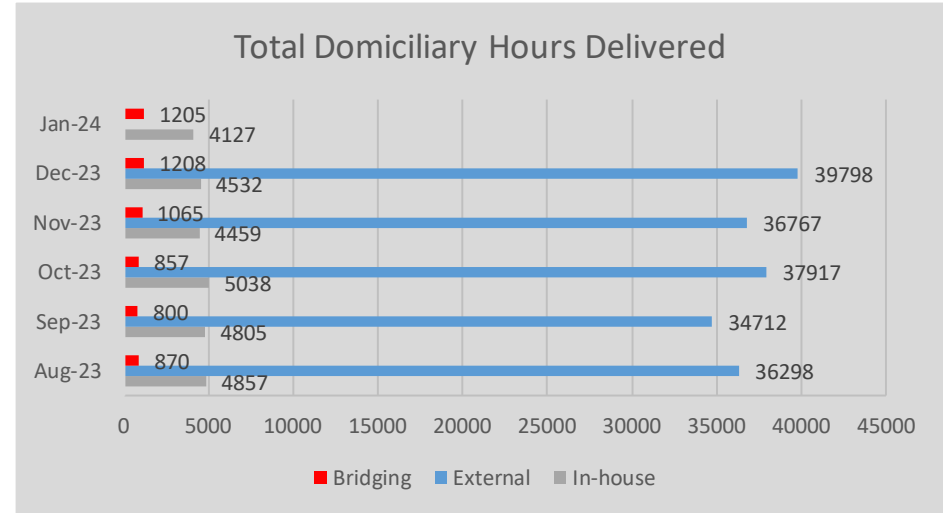
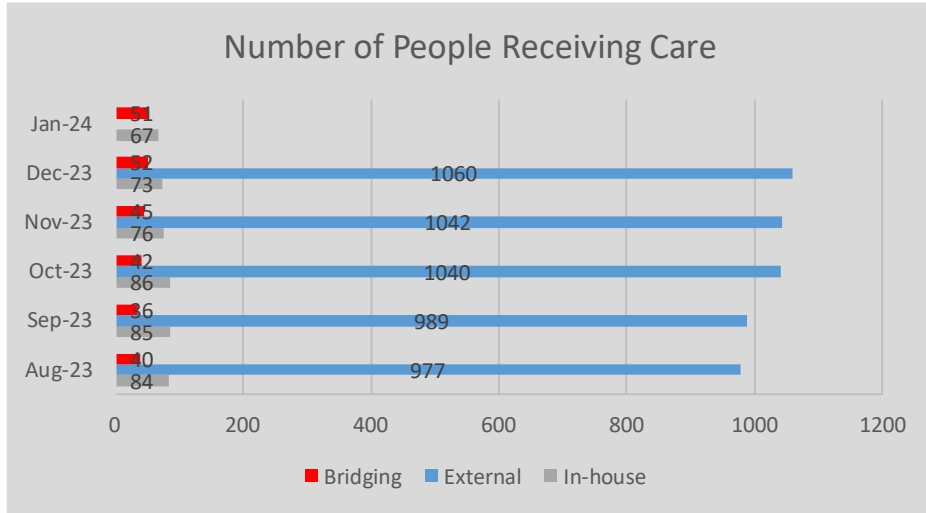
80% planned care delivered

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Increase in the admissions into service.</li> <li>• Increase in individuals receiving care and support.</li> <li>• Bridging average length of stay reduced by 12 days compared to December.</li> <li>• Increase in staff moral following grant funding for development/ well-being activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Only one Senior Carer cover to assess and facilitate discharge, during the weekend. Which could impact in hospital discharges being delayed.</li> <li>• 12% reduction in people leaving reablement independent.</li> </ul>	<ul style="list-style-type: none"> <li>• Authorisation granted to backfill vacant Community Care Assistant posts.</li> </ul>

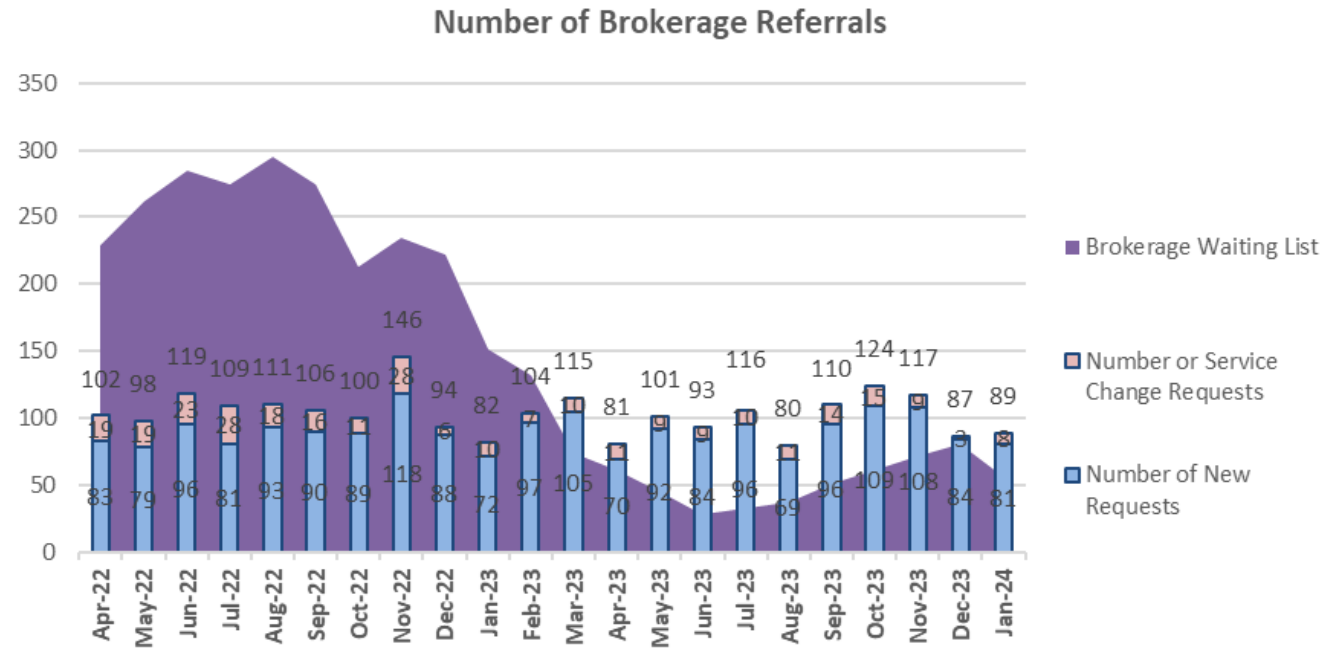


# Long Term Domiciliary Care

Due to when the service receives Call Monitoring Logs and Invoices from external providers, we are always 2 months behind in reporting for externally commissioned care. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing.



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



## External Domiciliary Care

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>Continued stability of services</li> <li>Maintenance of sector capacity</li> <li>Operation of block contracts</li> <li>Implementation of IStumble falls response pilot</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing operational cost pressures.</li> <li>Capacity to address rising costs given departmental budget pressures.</li> <li>Changes to sponsorship scheme for overseas workforce and potential to disrupt services.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor services and respond to pressures in a timely way.</li> <li>Increase fees paid for services and address cost pressures in so far as budget limitations will allow.</li> <li>Maintain fuel subsidies for 24/25 to help with increased fuel costs.</li> <li>Work with CIW and partner organisations to share information about / understand implications of changes to sponsorship scheme.</li> </ul>

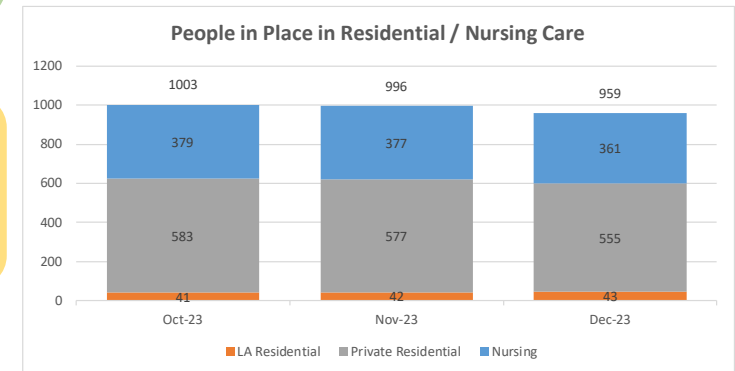
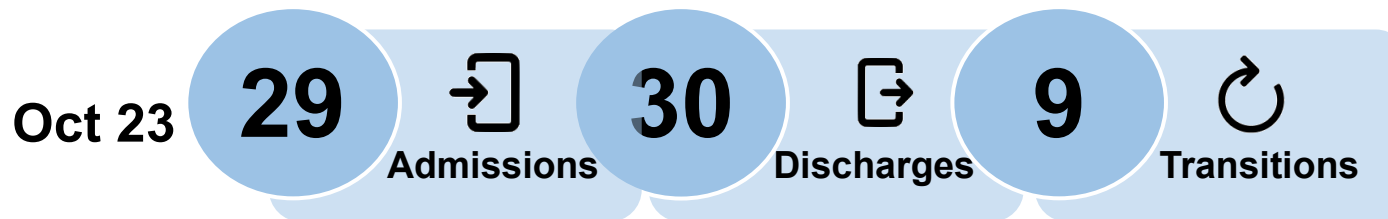
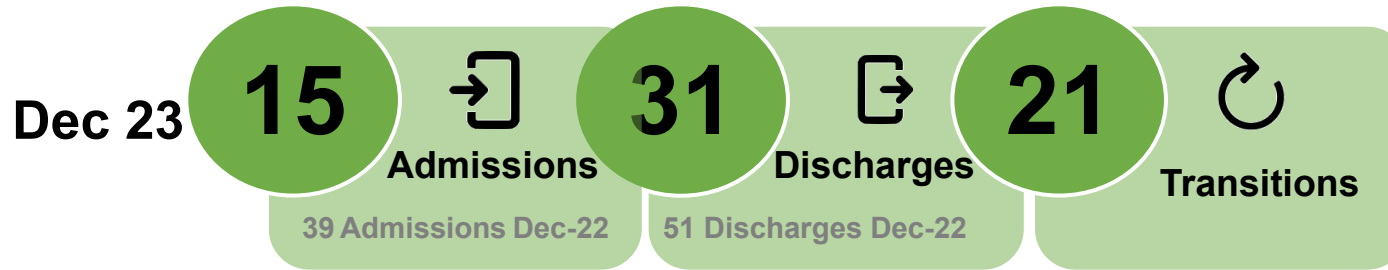
## Internal Long Term Care

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>The ongoing work reconfiguring the care runs in the long-term care team to ensure there is sufficient carer resource to cover the work. This in turn will enable the service to ensure that Reablement carer resource is ring fenced for reablement (preventative) activity and whilst at the same time improving continuity of care staff to individual clients.</li> <li>Increase in staff moral following grant funding for development/ well-being activities.</li> </ul>	<ul style="list-style-type: none"> <li>See reablement narrative above.</li> </ul>	<ul style="list-style-type: none"> <li>See reablement narrative above.</li> </ul>



## Residential/Nursing Care – Permanent (Funded / Part Funded)

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



## External Provision

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Generally, the sector is stable.</li> <li>• Implementation of joint monitoring processes with Swansea Bay Health Board.</li> <li>• Increasing sector occupancy leading to more stable services and reduced unit cost for care home operators.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing inflationary pressures.</li> <li>• Continued low occupancy levels at a small number of homes creating potential financial instability for some providers.</li> <li>• Increasing number of third-party charges paid for by LA.</li> <li>• Capacity to address rising costs given departmental budget pressures.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain programme of joint contract monitoring arrangements with SBUHB</li> <li>• Monitor services and respond to pressures in a timely way.</li> <li>• Increase fees paid for commissioned services and address cost pressures in so far as budget limitations will allow.</li> <li>• Ongoing monitoring of occupancy levels and assessment of risk to individual services.</li> </ul>

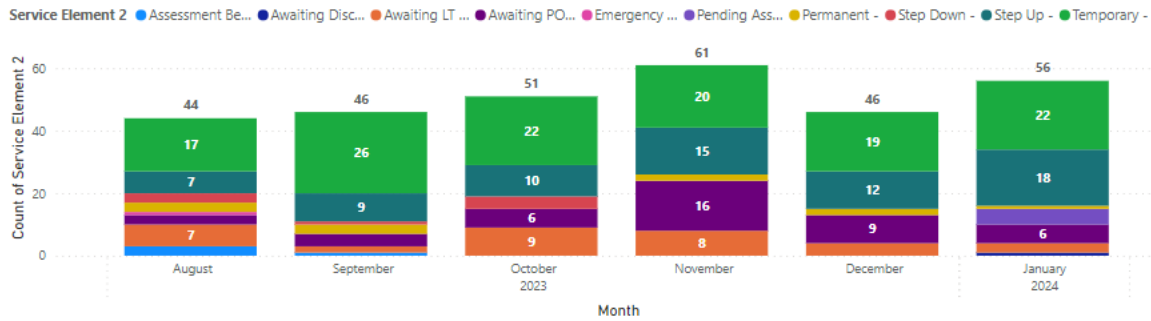


# Older People Internal Residential Care

## Permanent & Step Up / Step Down

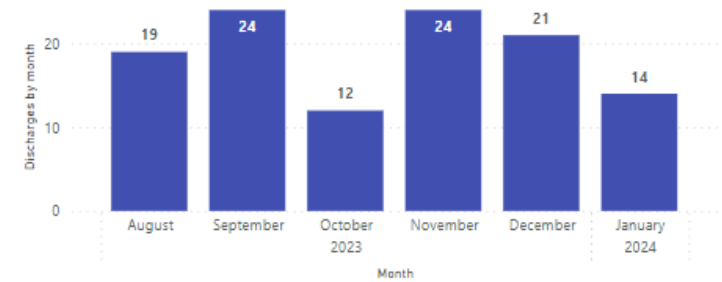
WCCIS is now being used to record and collect data on Internal Residential Care. All data continues to be validated.

### Admissions

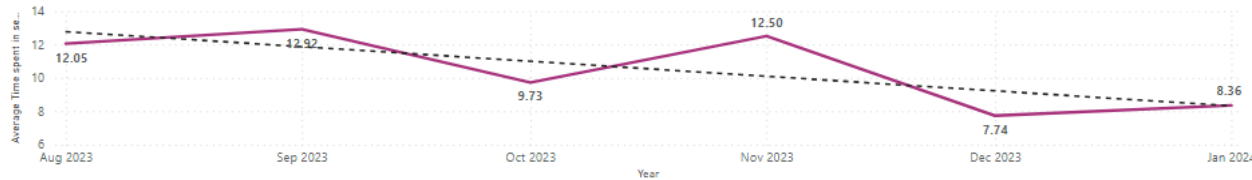


### Discharges

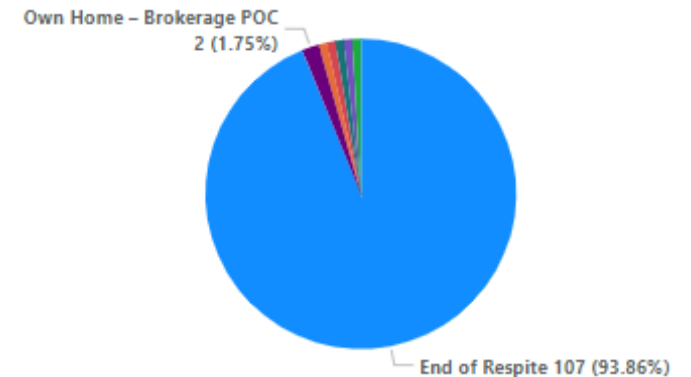
Discharges by month by Year and Month



Average time in Service for discharges between August 2023 and January 2024.

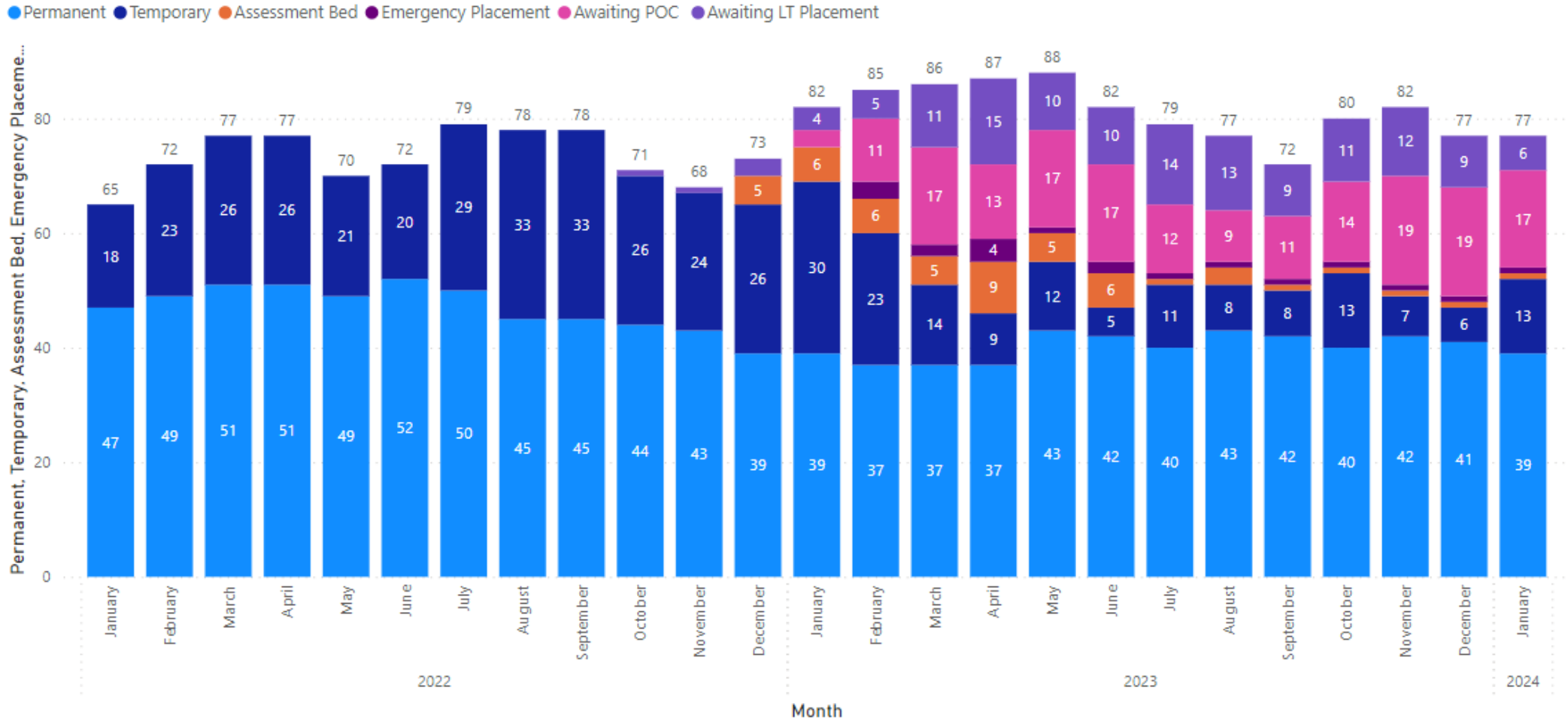


Discharge Destinations between August 2023 and January 2024.



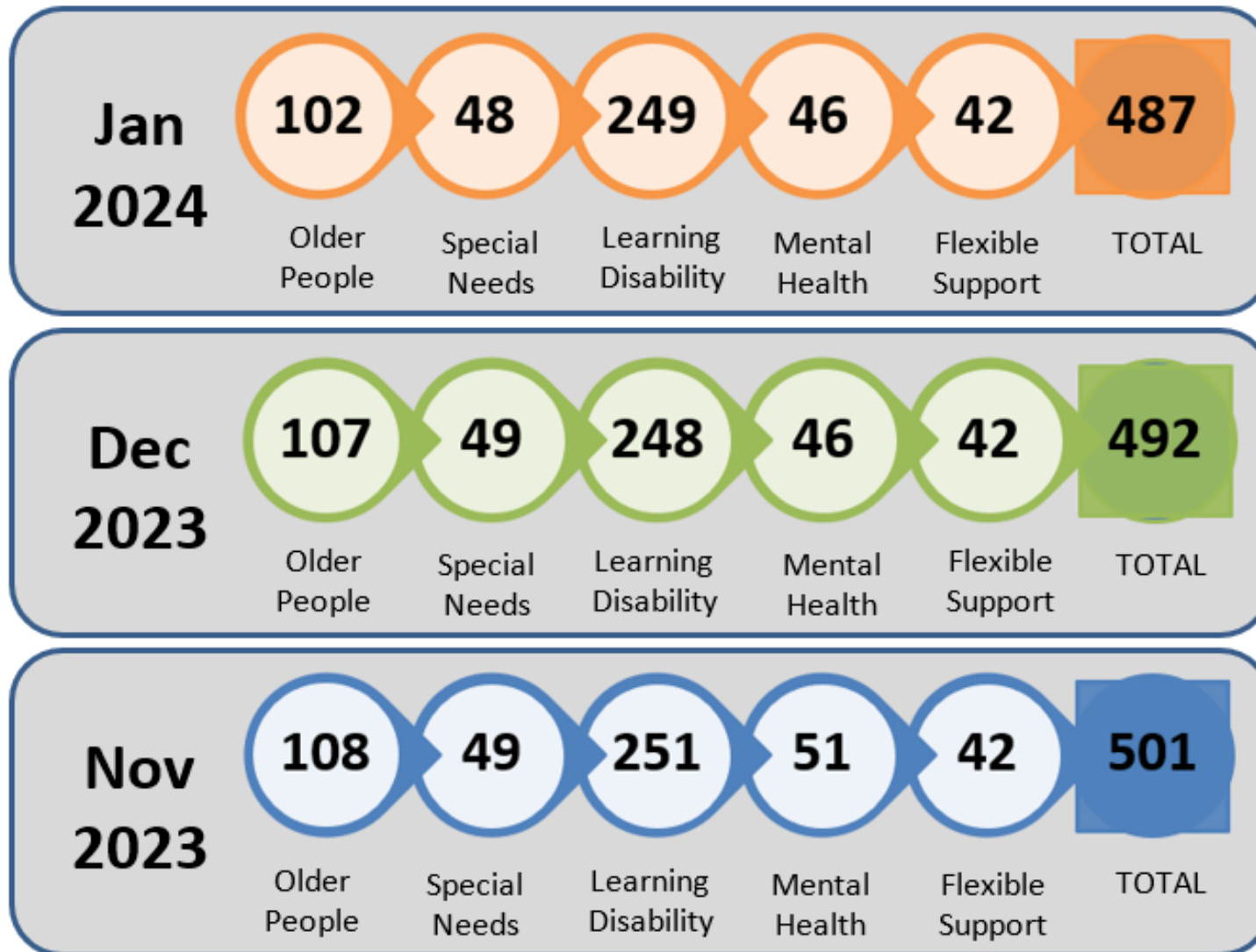


## Clients in Place During Each Month

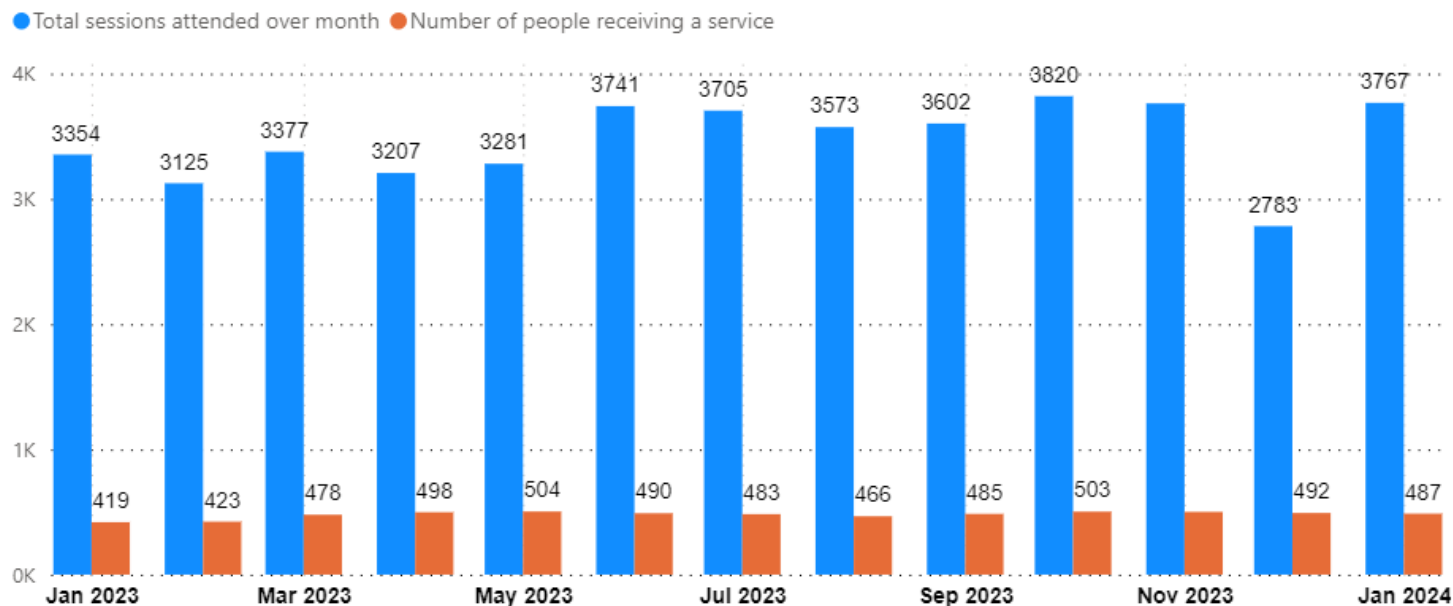


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Average time in service for short term placements continues to decrease.</li> <li>• Westfield- consistent flow through from hospital to home or preferred home of choice.</li> <li>• Increased long term residential beds.</li> <li>• Emergency admissions process working well.</li> <li>• Revised allocation of long term, short term and respite in response to demand and need.</li> </ul>	<ul style="list-style-type: none"> <li>• Bed usage dropped slightly.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor use and demand for long term, short term and respite beds.</li> <li>• Conclude recruitment of staff in reconfigured staffing structures.</li> <li>• Conclude allocation system for respite.</li> </ul>

# Internal Day Services for Older People, Special Needs and Learning Disabilities



The data below is extracted from Abacus plus a manual record of Health users and a number of other recording systems. This is the number of unique people who have attended a day service, together with the number of places used each month. Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data. Internal Day Services Service Provisions are soon to officially 'go live' on onto WCCIS. This will provide a streamlined approach to gathering data on unique service users and admissions and discharges. Work has also commenced on External Day Services Provision.

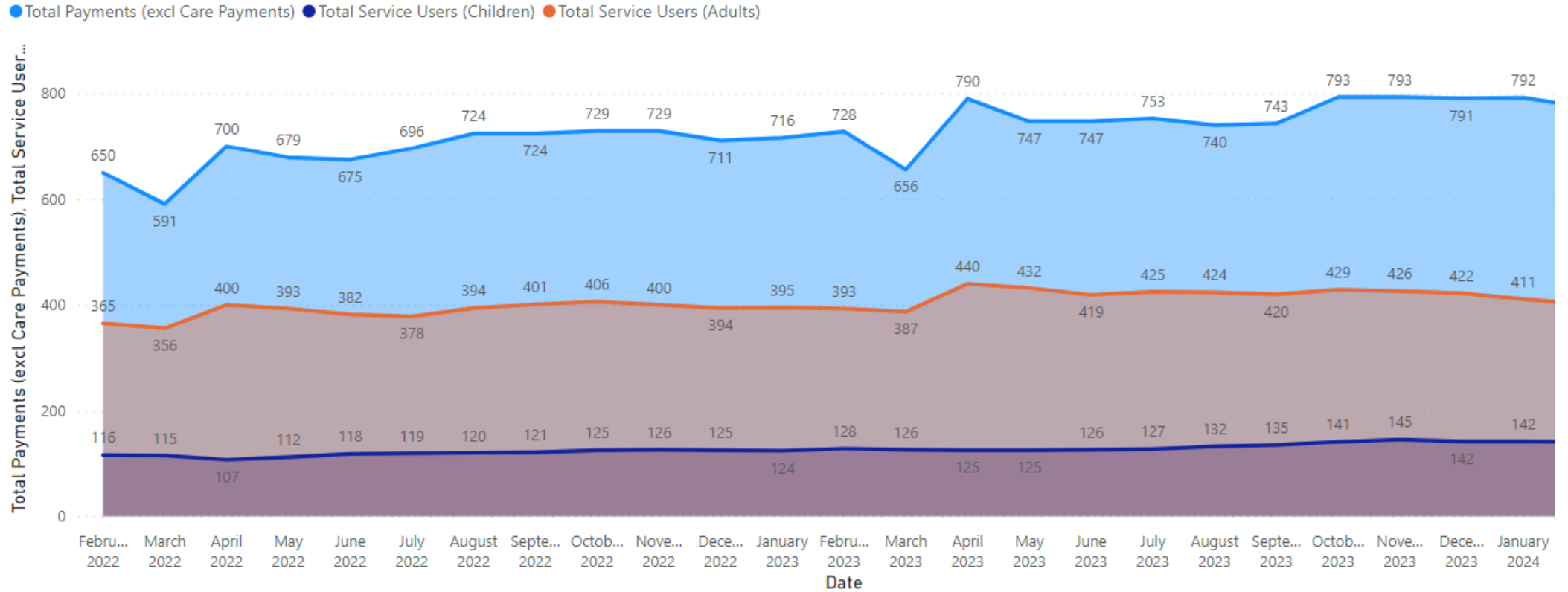


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Increase in attendance.</li> <li>• Flexible workforce to support demand across day services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing complexity of need against staffing levels and environments.</li> </ul>	<ul style="list-style-type: none"> <li>• Reviewing use of day services as part of Transformation including staffing and assets requirements.</li> </ul>

# Direct Payments

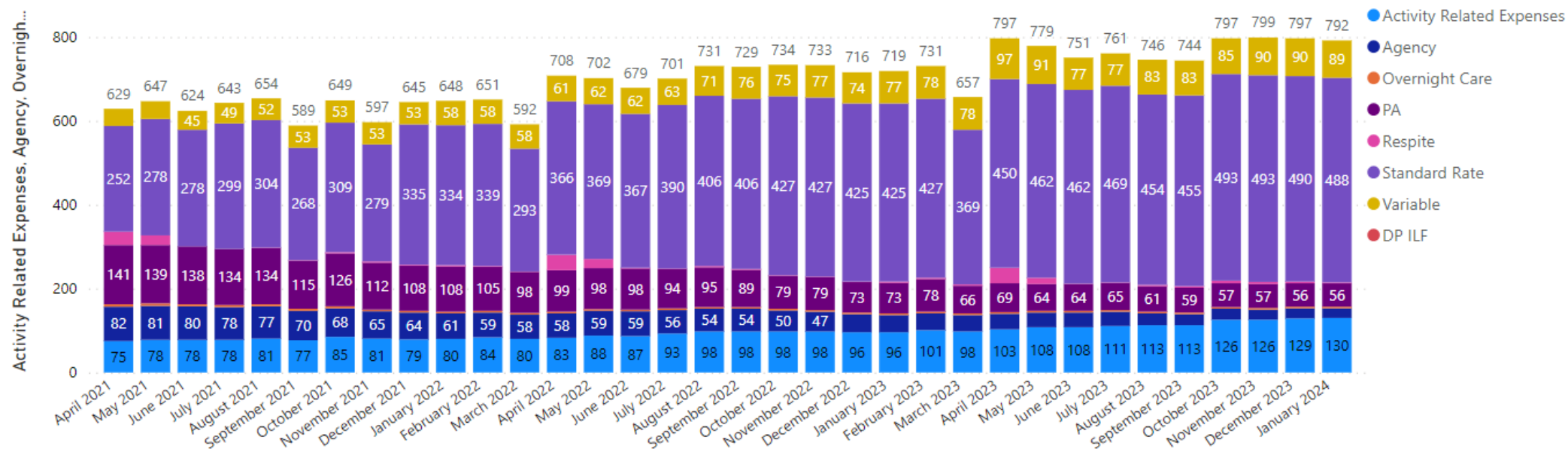
Number of Payments each Month Plus number of Unique Service Users

Total Payments (excl Care Payments) and Number of Service Users by Month



## Number of Payments each month based on Type of Payment

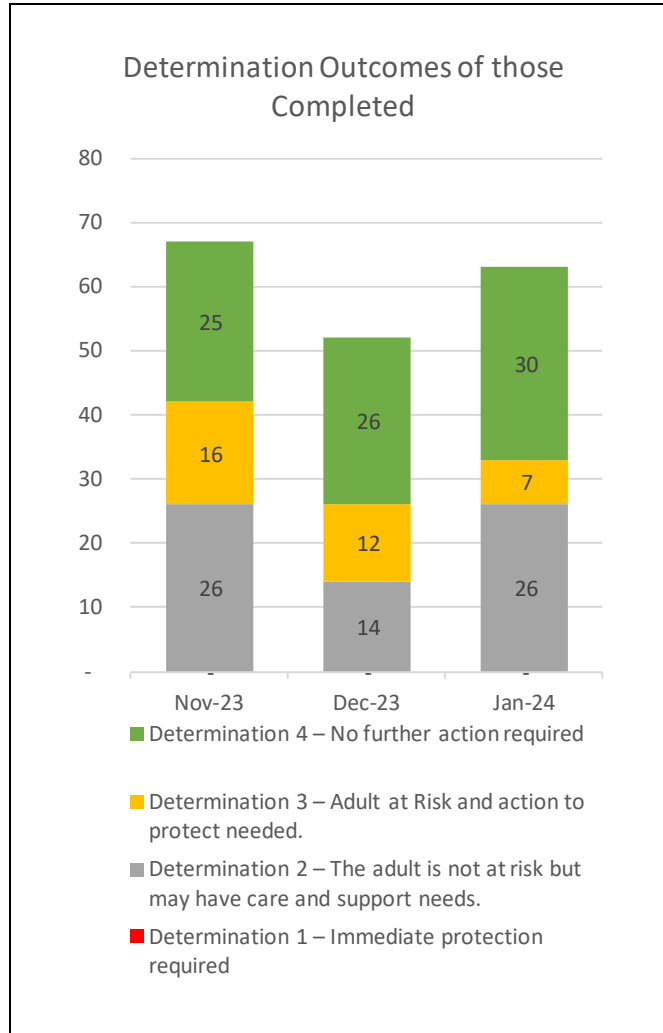
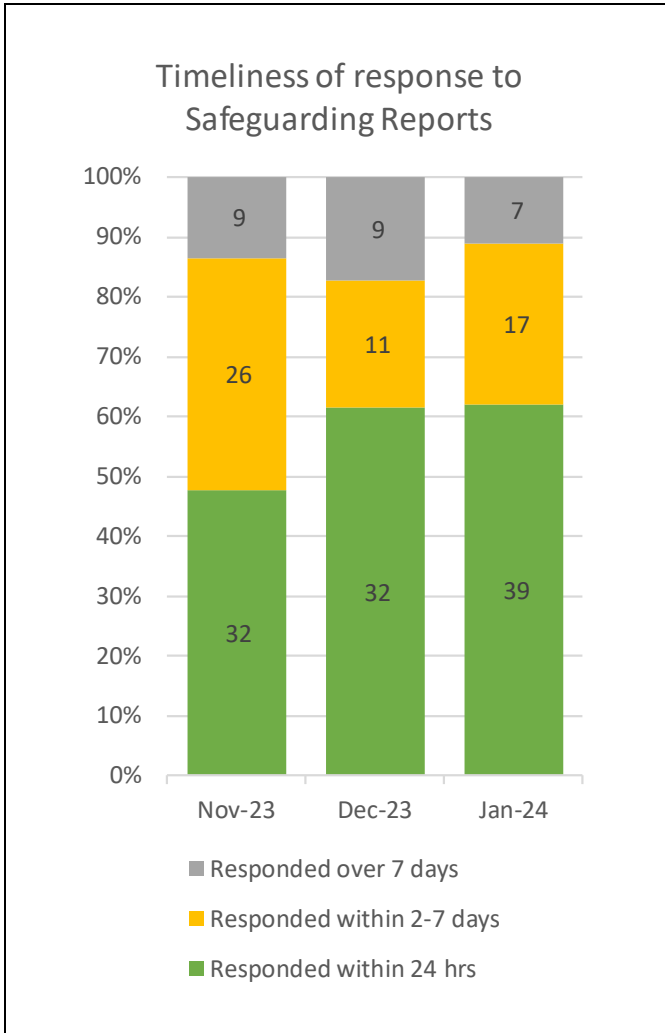
Number of payments based on payment type



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Effective managed account services.</li> <li>• Successful recruitment of Pas.</li> <li>• Systems thinking review to improve DP processes and improve experiences for recipients and SW teams.</li> <li>• Annual increase in number of people receiving DP as an alternative to commissioned care.</li> </ul>	<ul style="list-style-type: none"> <li>• DPs for carers are underused.</li> <li>• Resources and processes are impeding capacity to match PAs with people waiting to receive care.</li> <li>• Business support capacity to achieve performance reporting and answer telephones and perform other administrative functions is insufficient.</li> <li>• Social Work Team satisfaction with time taken to access DP is low across some teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiation to recover additional costs incurred because of managed account failures continues.</li> <li>• Continue to manage customer expectations via phone and email messages to enable reply within 48hrs.</li> <li>• Complete systems thinking review.</li> <li>• Trial process changes with C +F colleagues to reduce time and improve experience for DP recipients.</li> </ul>

# Safeguarding Response

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



## Reports / Actions

### 74 Reports received Jan 24

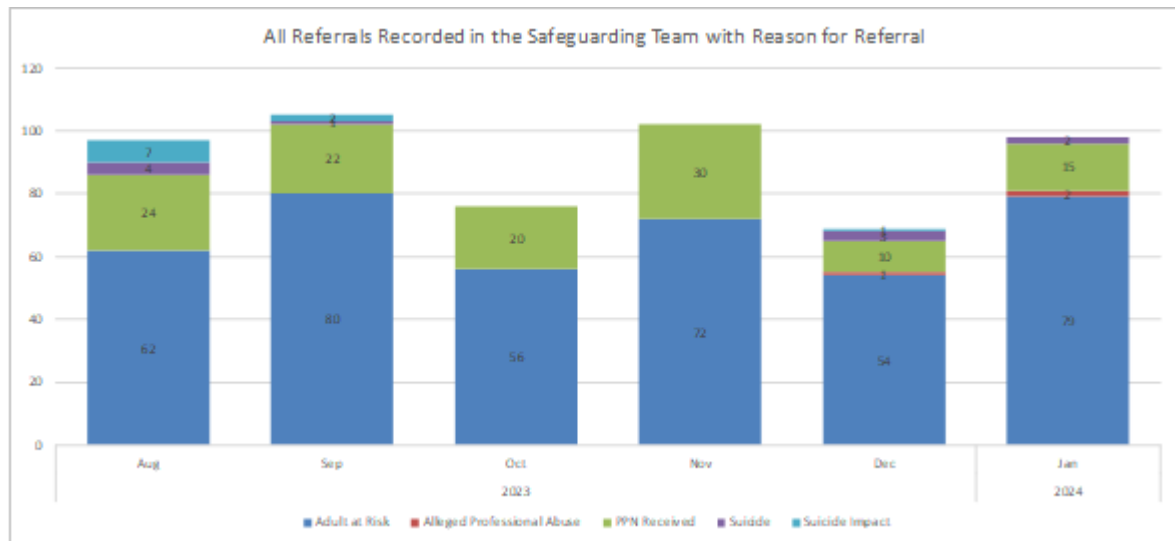
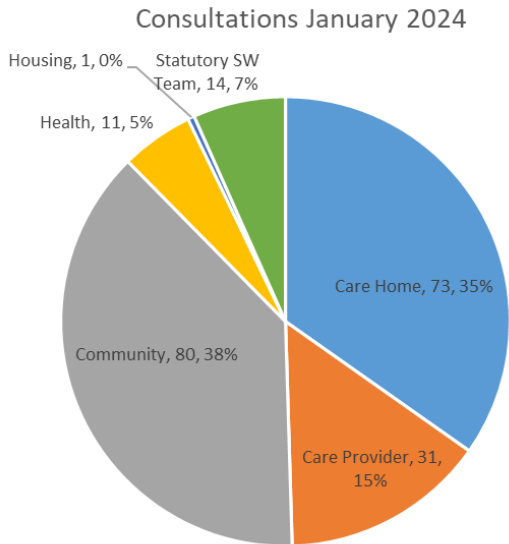
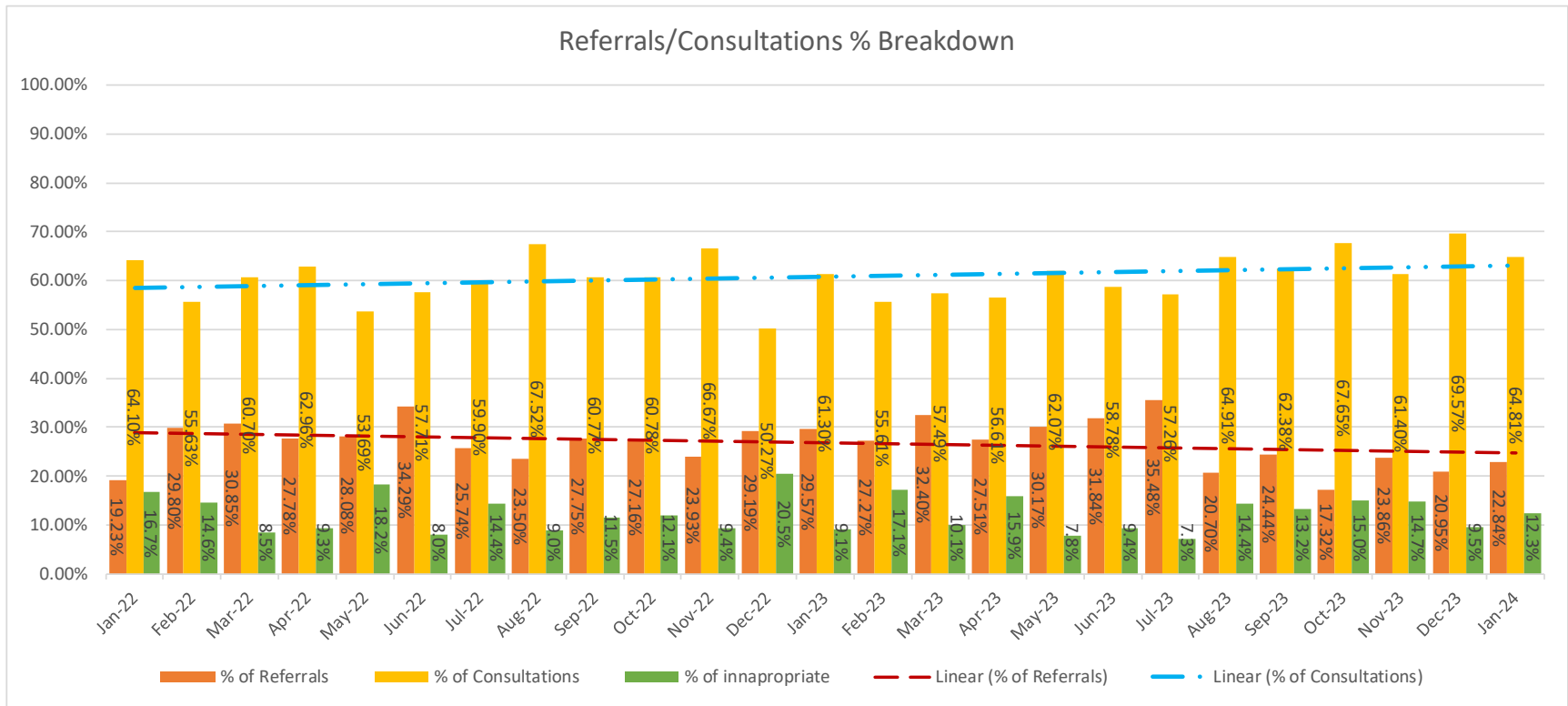
63 Determinations completed  
 89% responded to within 7 days  
 210 Consultations held  
 40 inappropriate  
 68 Reports received Jan 23  
 68 Determinations completed

### 53 Reports received Dec 23

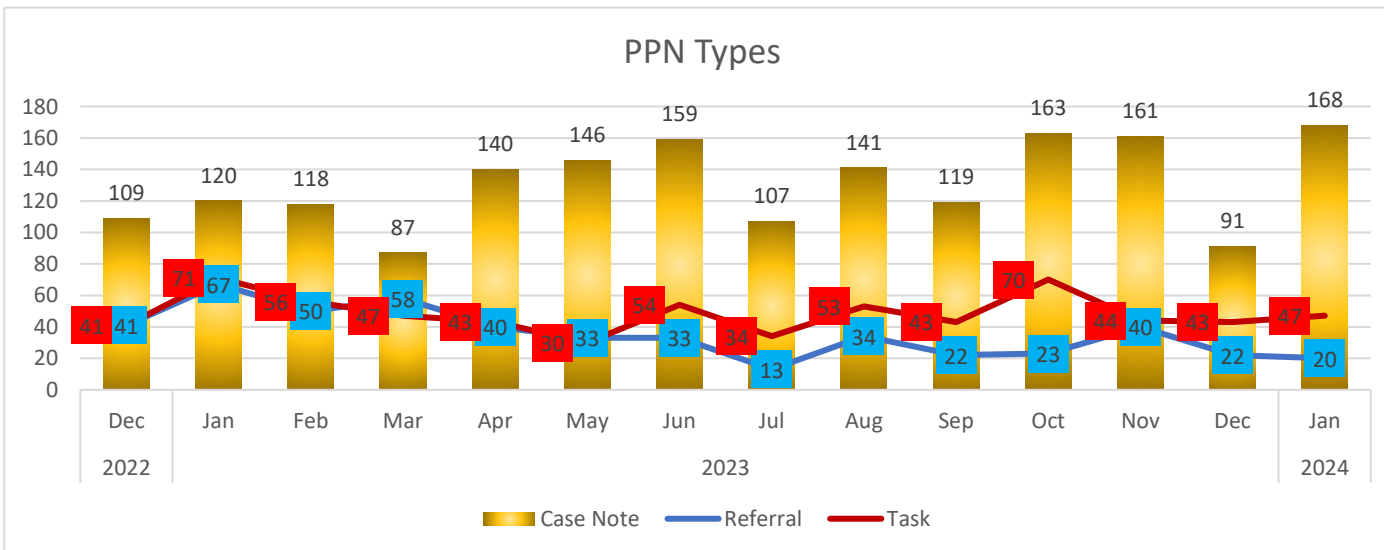
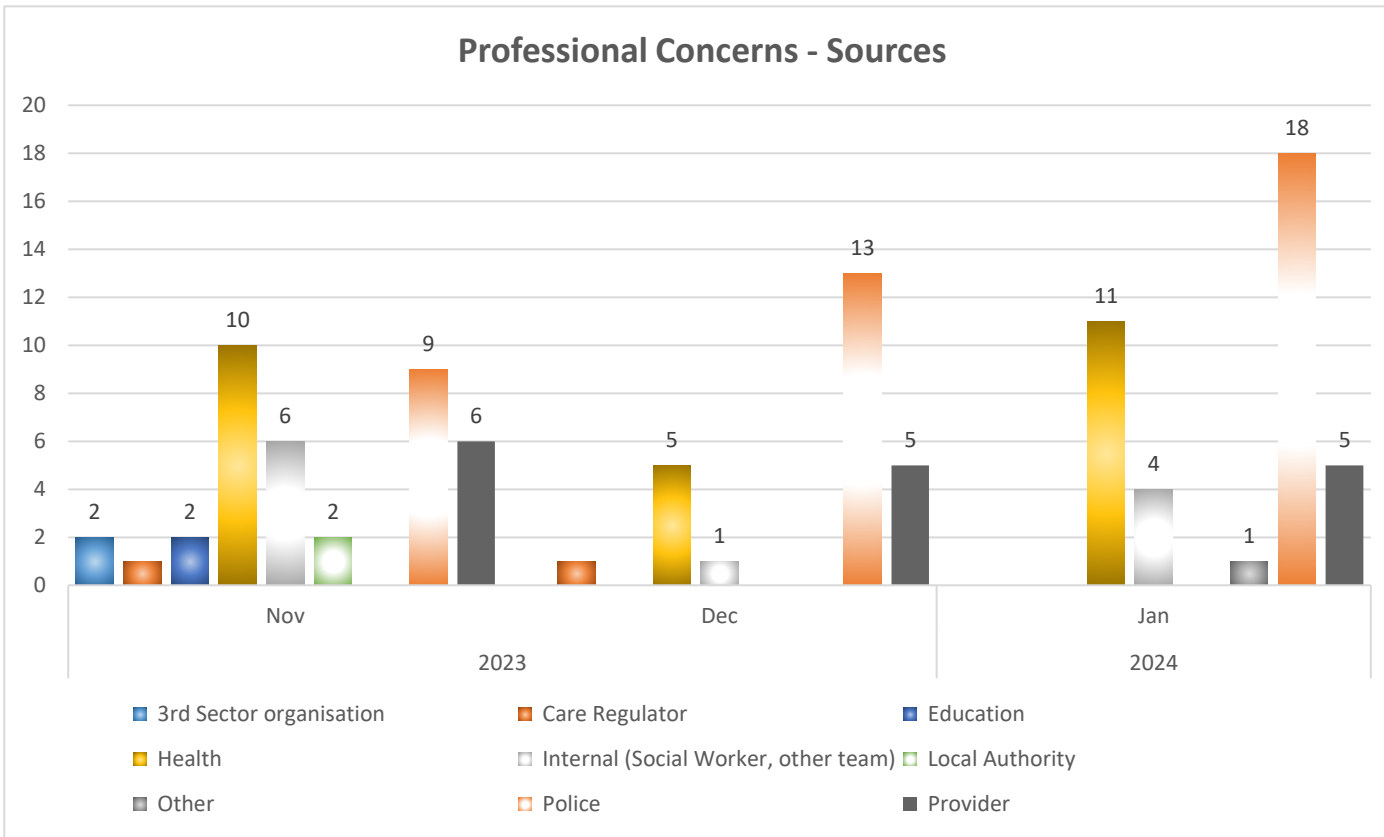
52 Determinations completed  
 83% responded to within 7 days  
 176 Consultations held  
 24 inappropriate

### 68 Reports received Nov 23

67 Determinations completed  
 87% responded to within 7 days  
 175 Consultations held  
 42 inappropriate



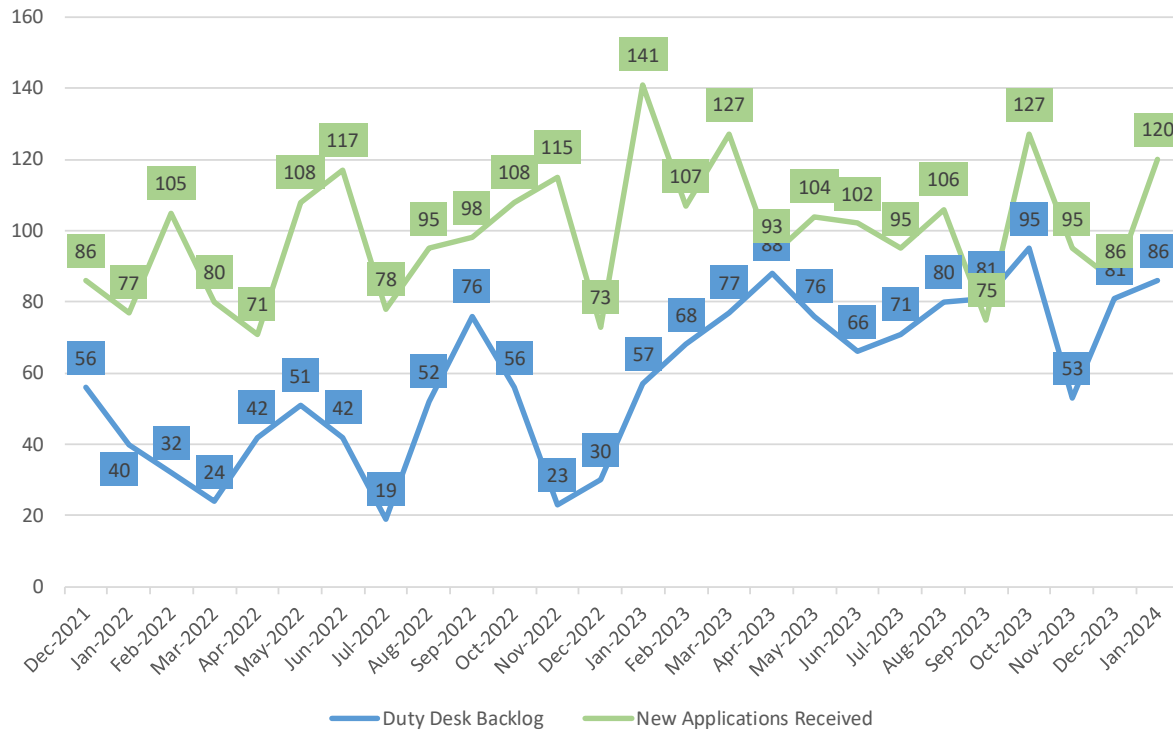




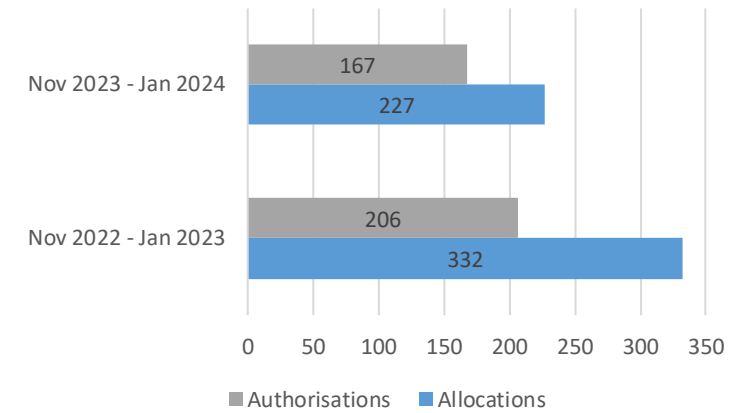
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Continue to develop meaningful links through partnership working with One Stop Shop.</li> <li>• Fully Staffed.</li> <li>• 210 Consultations held, demonstrating that we are being fully utilised for advice and guidance.</li> <li>• 89% AAR reports responded to within 7 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Demand on the team, team is very busy.</li> <li>• Incredibly high number of professional concerns, placing pressure on the Team Manager and taking away the ability to focus on development work. These are from all sectors, including NHS, Care Sector, University and Police.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to prioritise the teams emotional well-being in order to manage the volume of work coming into the team.</li> <li>• Continue to develop meaningful links and work collaboratively with partner agencies and third sector in order to creatively address the safeguarding worries that are reported to the team, protecting the limited resources that we have within SS.</li> </ul>

# Timeliness of Deprivation of Liberty Assessments

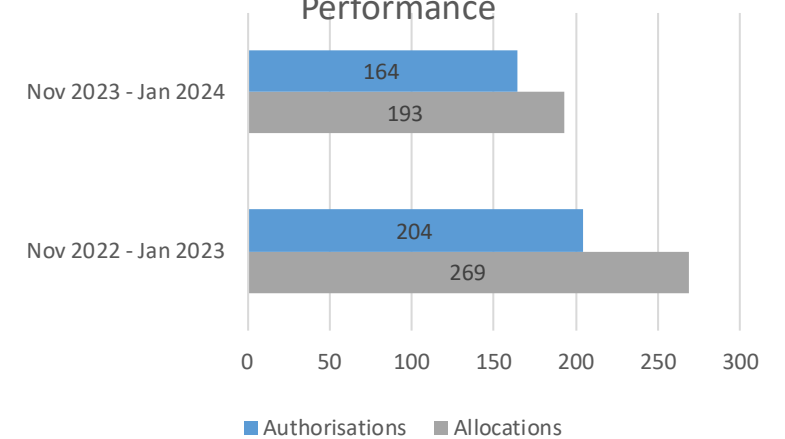
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> <li>• Team continues to make use of ADASS Prioritisation Tool to identify applications where there is a greater time pressure in the need to undertake assessments. For e.g., person objecting.</li> <li>• IMCAs/39A, 39C and 39D: paid RPR/litigation friends. Excellent relationships with Mental Health Matters Wales monthly/quarterly meetings / COP section 21 a challenges</li> <li>• Active COP cases - there are a number supported by external legal team and several others supported by internal legal team. Daily contact with both external and internal solicitors /barristers-good relationships have been developed /active case data base is extremely useful in maintaining overview of cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Relentless pace of 4 assessments each week for the Best Interest Assessor's (BIA). One BIA 29-hour vacant post in dols team and 1 staff sickness in team also impacts on number of assessments completed per week.</li> <li>• Applications received each month continue to exceed the number receiving a decision; Impact increases the supervisory bodies' backlog. Screening demand on time due to incorrect/incomplete information received from care homes. Risk to person being deprived/COP challenges/Costs to LA. The Managing Authority do not always request further authorisation-impact person not safeguarded/challenges in COP.</li> </ul>	<ul style="list-style-type: none"> <li>• To Continue to monitor performance in DOLS team using various performance measures. Including new reporting measures that we are currently considering.</li> <li>• Team manager and senior practitioners Continue to provide the support to the BIAs in a way that best suits them, on an individual basis/sickness absence monitoring in progress with HR and OH support.</li> <li>• As part of development plans for DoLS team -Team manager and Seniors to target care homes to visit in future to educate manager re applications/dols process/conditions.</li> <li>• Meetings ongoing with external and internal legal team to discuss/update current active COP cases/data base.</li> </ul>