

Adult Services  
Management Information  
Headline Report  
Data for October 2023



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**

Referrals to the Mental Health team have increased and associated Assessments and Care and Treatment Plans. There continues to be an increase in the Court of Protection work and Deprivation of Liberty Orders across the Learning Disabilities (LD) and Mental Health (MH) social work caseloads.

The associated costs for LD and MH placements have significantly increased, due to more complex needs and an increase in the hours of support provided to safeguard and support people. Our teams continue to ensure the care and support and placements are reviewed and work is continuing to look at accommodation solutions. An Emotional and Mental Well-being Strategy for the regional has been launched and focuses on early help, community support and prevention, and our teams and partners are involved in the development associated actions.

The number of people supported via external Domiciliary Care providers has increased to 989 with a reduced average of 8.2 hours per week of care. There is a slight increase with the number of people waiting for Domiciliary Care, but it is still significantly improved from this time last year and seasonally expected.

The number of people residential care beds which we part or fully fund remains reasonable stable and is currently 968 of approx. 1550 total residential and nursing beds across Swansea. There are low occupancy levels in some external homes – 70 – 75%.

Internal beds continue to offer a mix of respite, reablement, long-term complex beds and temporary step-up from the community beds. Within the step-up beds, people are staying for a shorter time and either returning home with no-care, a package of care or moves are arranged into longer term residential or nursing care.

There is another increase in the number of unique people attending day opportunities, particularly in older people and LD services.

There has been an increase in the number of Safeguarding consultations again this month with referrals from care providers, care homes, health, housing and the community. The number of professional concerns received and from which sector and Police Protection Notices are now included in the report.

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

Demand remains high in the Common Access Point, although slight respite from September. Continue to see effective activity from Advice & Information Officers – 27.8% of enquiries were closed with A&I support which represents an increase of 4.4% on September. This is very encouraging progress in the development of our prevention and Early Help approach. Also, a drop in referrals on to CIAT. We will be looking more closely at the significant increase in numbers of task notes created for the community Therapy teams (risen from 96 to Aug to 140 in October). Task notes are created for existing clients and this increasing figure would indicate that more activity is taking place for individuals already on caseload.

Higher levels of activity across all Social Work areas of assessment, review and completion of care and support plans. This activity may be a reflection of improved staffing levels following recruitment activity.

Numbers of Carers identified has increased during October with 95.8% being offered assessment. An increased number accepted assessment however this is likely to be the result of increased carer stress. We are establishing partnership arrangements to revisit workforce training in the prevention role that carer support can provide.

The number of individuals accessing residential reablement support in Bonymaen House during October is double the number of admissions in September (28 on 14). Of the 23 people leaving, 18 returned home, 55% with no care needs.

Flow out of Bonymaen House has also been high which is directly linked to the high number of people completing their period of reablement with the target max 6 weeks.

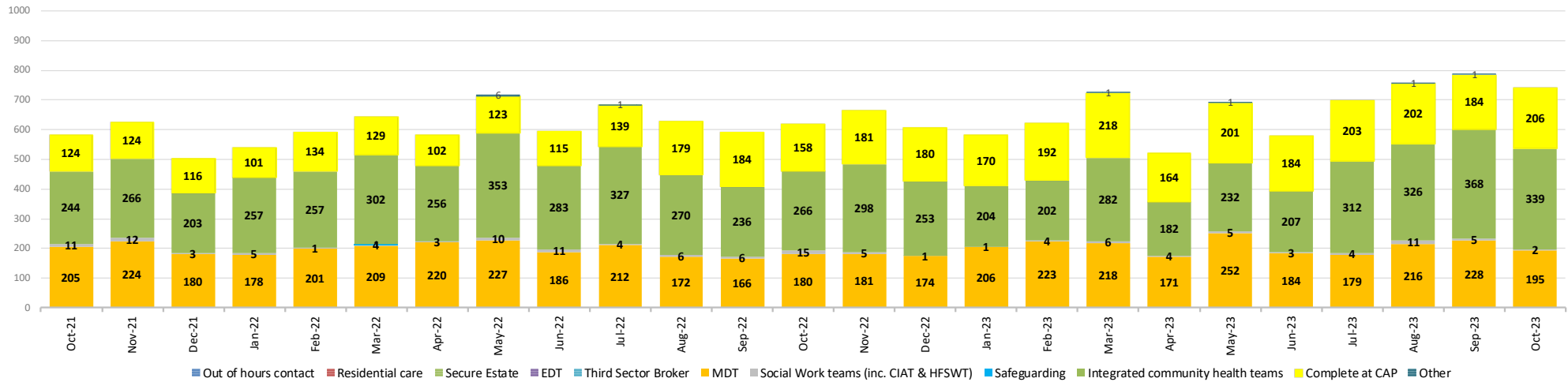
During October, of the 28 admissions, 25 were from hospital – if evidence were needed to support the key role of step-down reablement in facilitating hospital discharge.

There are some areas of Dom Care reablement activity which require some attention to address. Outcomes for those exiting the service are less positive for October – 44% independent (59% in Sept). We are hoping that recently agreed recruitment to Occupational Therapy vacancies will have a positive impact on workforce capacity to ensure intervention is therapy led. Additionally, we are focussing on slicker process to refer those who have completed reablement into brokerage and improve the position. There is an increasing backlog on brokerage. The long-term Dom Care Service has seen 8 new starters and 10 leavers – this is linked to the activity which resulted from the Board round MDT review of the caseload.



# 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. **76 referrals (AAR, PPNs & Suicides) were recorded directly in the Safeguarding team in October (105 in September 2023).**

## 786 Referrals in Sep 23

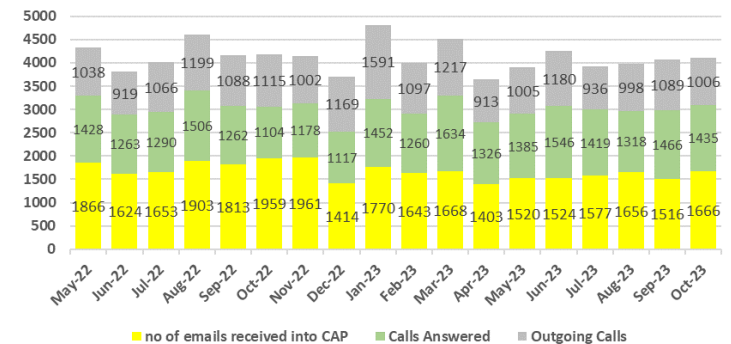
- 184 Closed - Provided Advice & Information (23.4%)
- 228 MDT (29%)
- 5 directly to SW Teams (<1%)
- 368 to integrated therapies (46.8%)
- 1 to an Other Team (<1%)

## 742 Referrals in Oct 23

- 206 Closed - Provided Advice & Information (27.8%)
- 195 MDT (26.3%)
- 2 directly to SW Teams (<1%)
- 339 to integrated therapies (45.7%)

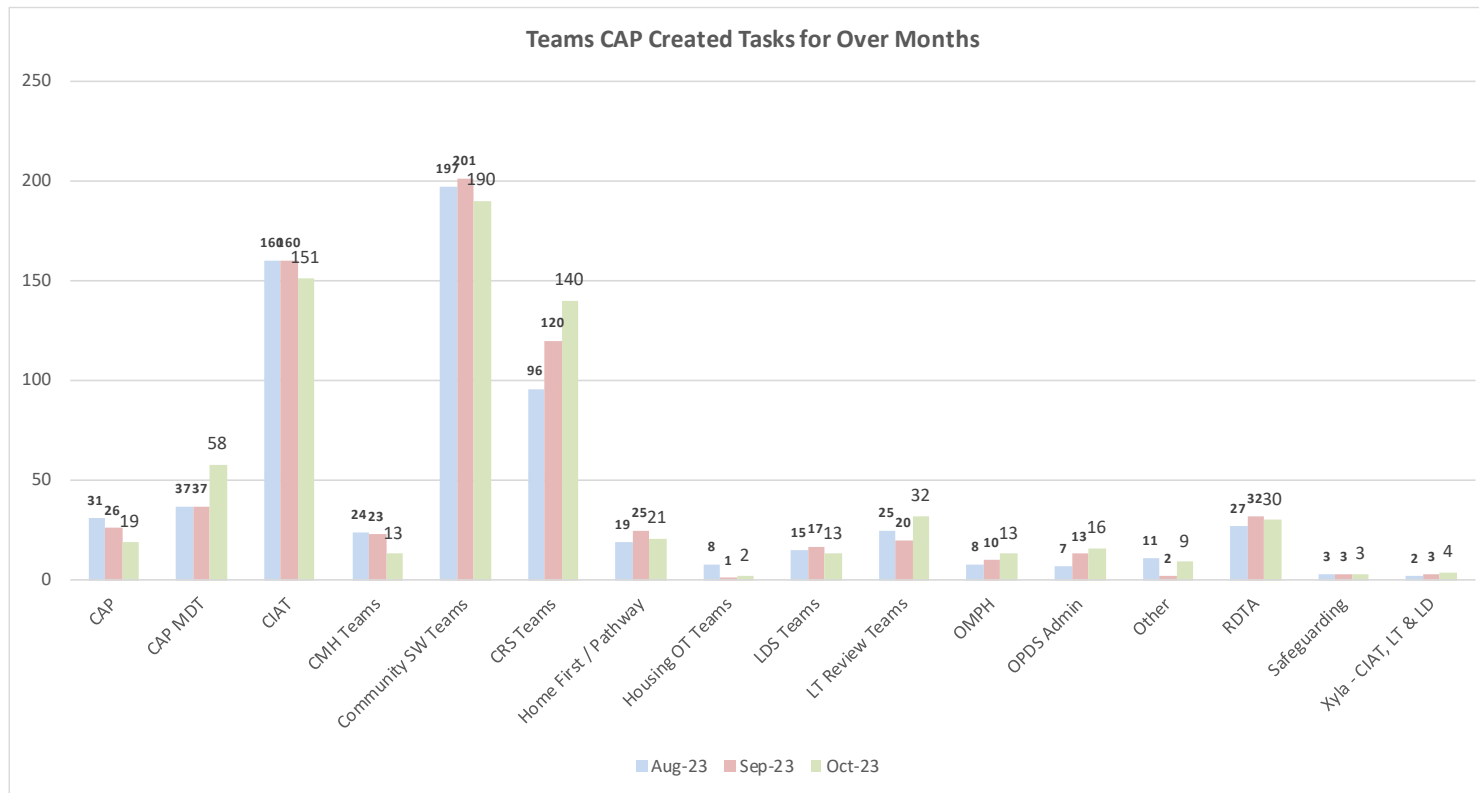
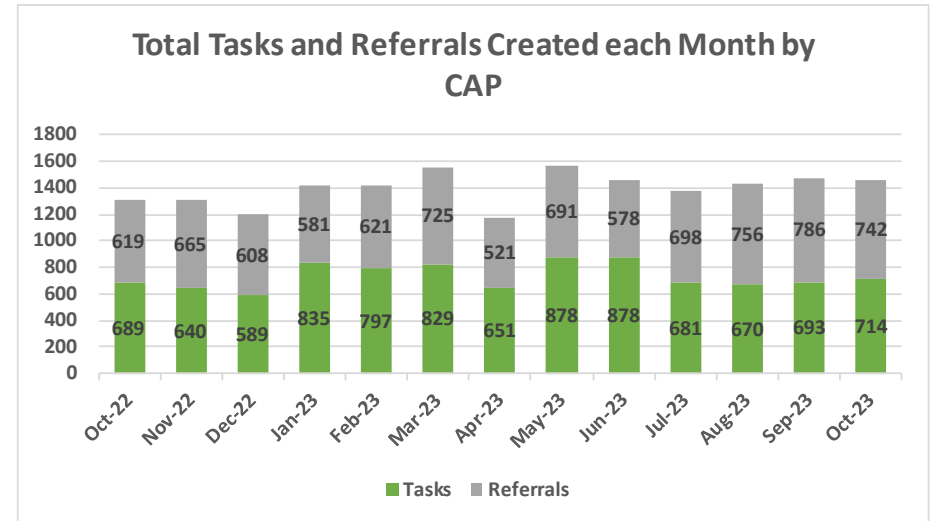
592 Referrals were created by CAP in October 2022

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.

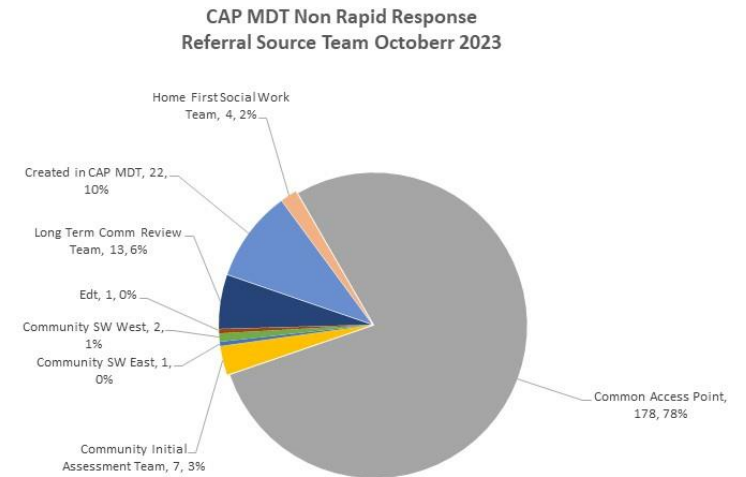
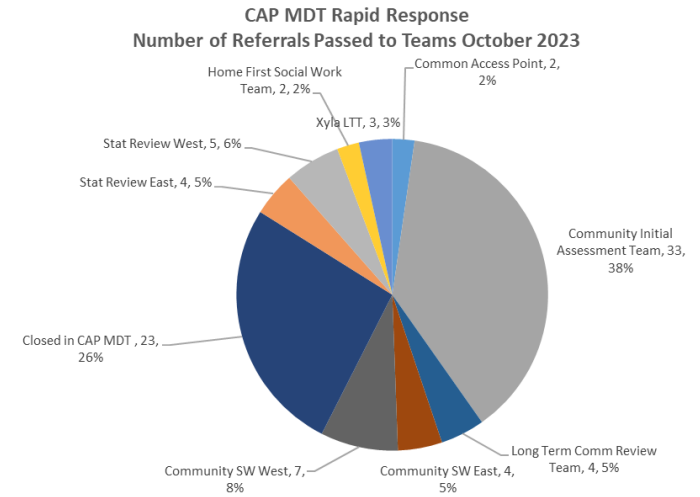
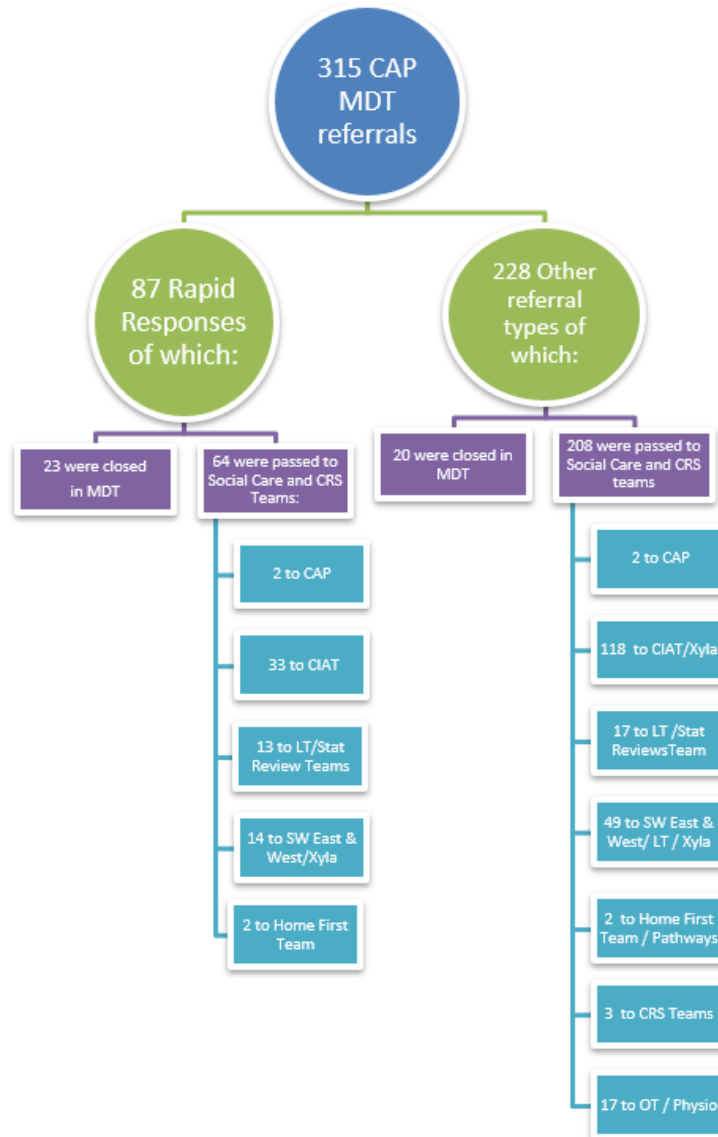
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support.



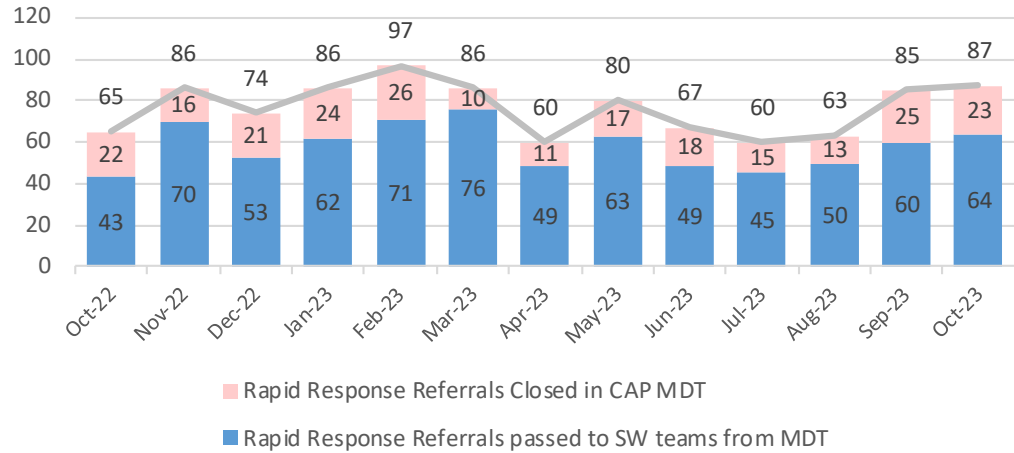


# CAP MDT

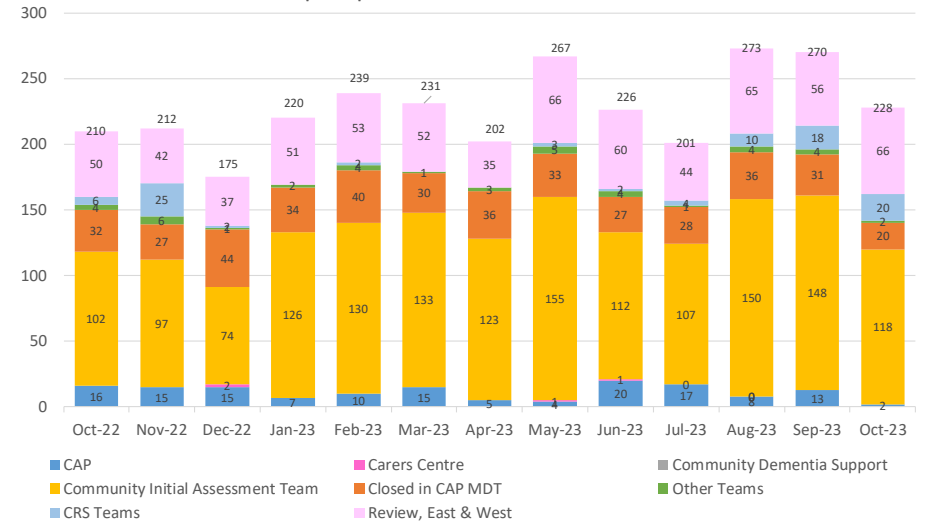
CAP MDT Data for October 2023 – further development & validation work is being undertaken.



### Rapid Response Referrals into CAP MDT and Outcome



### Non Rapid Response Referrals in MDT and their Destination



### Type and Amount of Services Requested by CAP MDT each month (via a Service Order Summary Form)



### Assessments Undertaken/Forms Completed by CAP MDT



What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• Reduction in the number of referrals coming into CAP in the month of October (44 less referrals)</li> <li>• Increase in the numbers of information and advice cases in October. Increase in the number of e mails coming into CAP</li> <li>• Increase in the number of cases closed at the MDT stage. (23 referrals)</li> </ul>	<ul style="list-style-type: none"> <li>• Possible increase in referrals due to the winter pressures.</li> <li>• Sufficient staffing to take the calls as well as dealing with the e mails and referrals in the In Box.</li> <li>• Possible increase in cases being passed to the area community teams.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with the information and advice at the front door. Staff being supported by a Senior Practitioner.</li> <li>• Consider the number of staff needed to take calls v number of staff working on the in box.</li> <li>• Try to hold onto the cases longer in CAP until there is a degree of stability with the case.</li> </ul>





# Assessments & Reviews

## Reviews

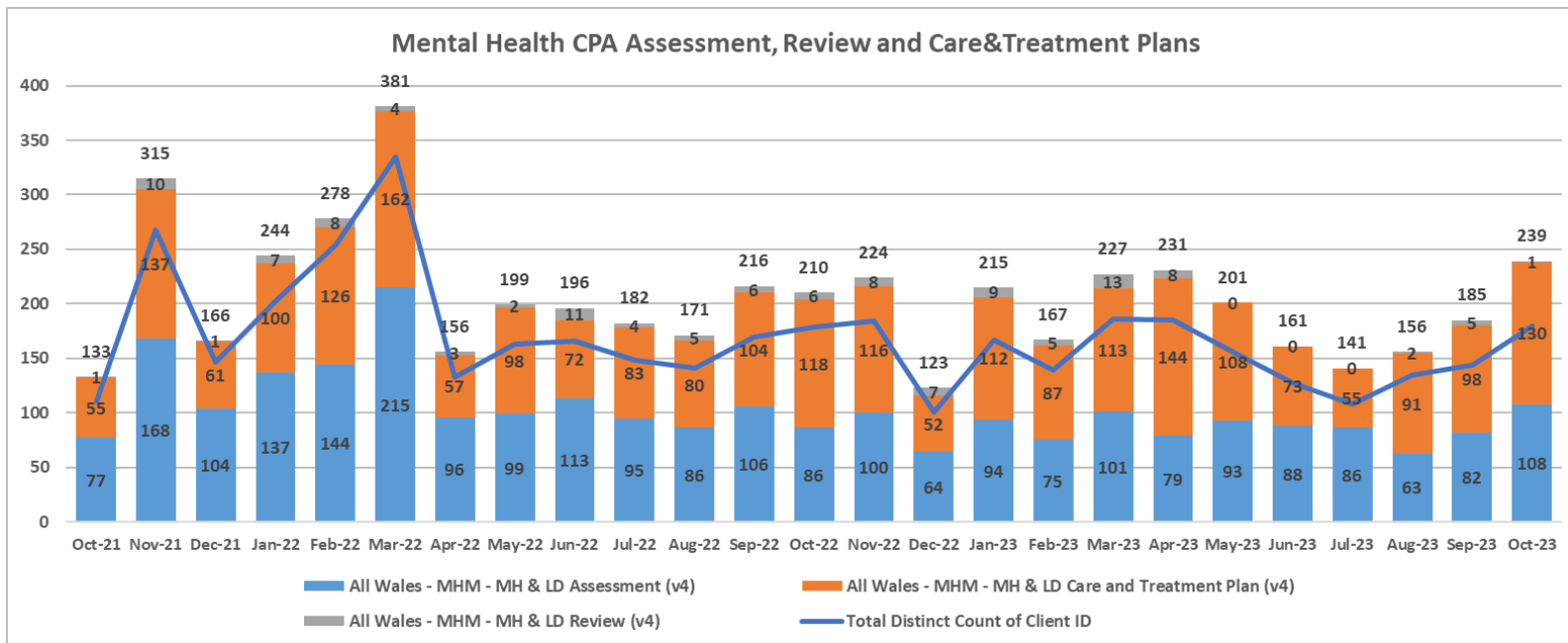
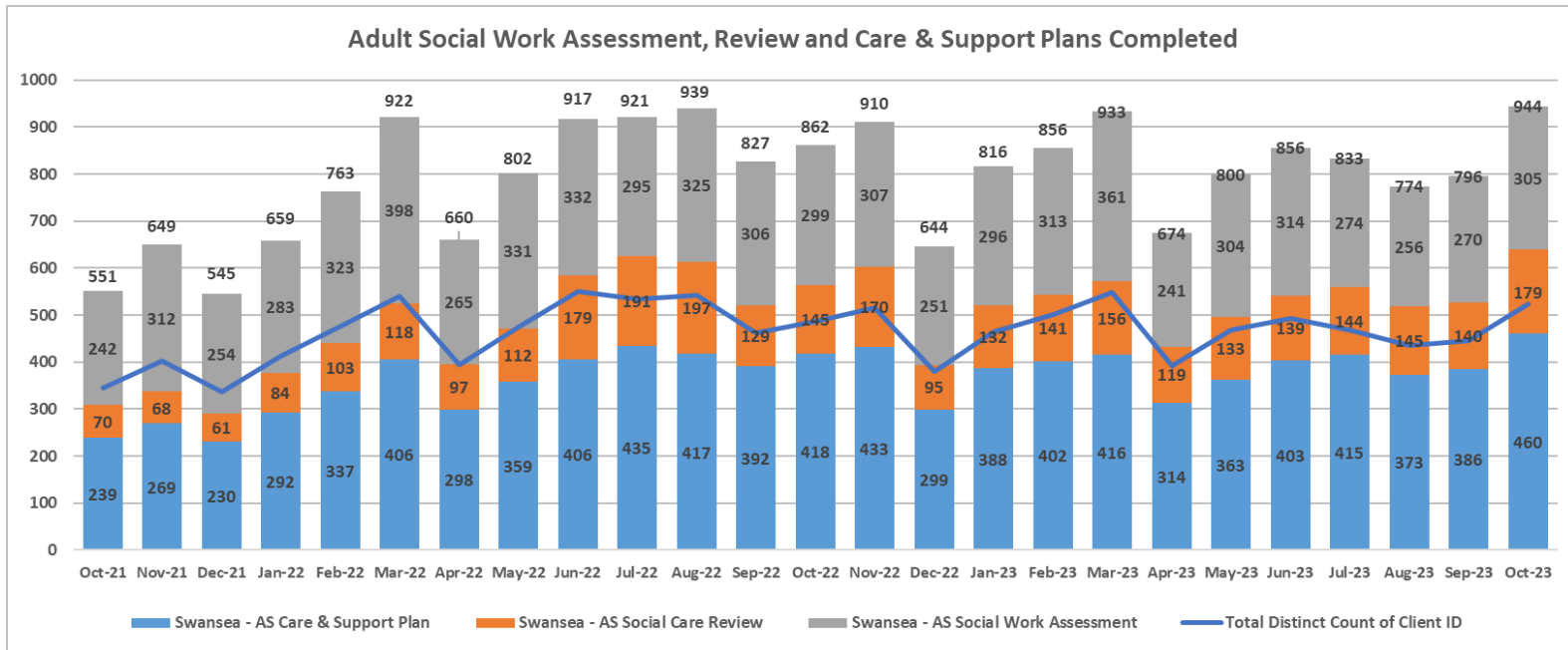
Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

### Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Oct 23	305	179	460
Sep 23	270	140	386
Aug 23	256	145	373

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

	MH CPA Assessments Completed	MH Care & Treatment Plans & Reviews Completed
Oct-23	108	131
Sep-23	82	103
Aug-23	63	93



## Community Teams

What is working well?	What are we worried about?	What are we going to do?
<p>Positive growth in the volume of assessments completed / reviewed in all areas.</p>	<p>Managing demand going into the winter period due to unfilled social work vacancies which will impact on social work capacity to meet statutory requirements.</p>	<p>Continue to monitor staffing budget to ensure all resource is used to capacity.</p> <p>Social work process change considering the elimination of initial non statutory six-week review task, reducing documentation and releasing social work time to address demand</p>

## Mental Health and Learning Disability Services

What is working well?	What are we worried about?	What are we going to do?
<p>3 recently appointed AMHPs to the rota has eased pressures.</p> <p>CoP/ Dol applications remain at their highest levels to date.</p> <p>Recruitment and retention in MH and LD good presently with limited vacancies.</p> <p>Management of the costs for private legal services have clarified funding and payment arrangements.</p>	<p>Volume of AMHP work continues to be high.</p> <p>MH and LD work volume and complexity of work is high throughout the service.</p> <p>Social work and Legal service will remain challenged to meet demand for CoP/Dol applications.</p> <p>Outsourcing to private legal services costs are increasing markedly.</p>	<p>Regular meetings with MH and LD staff and managers to look at their specific concerns and have identified remedial and supportive action.</p> <p>RAG rated service priorities remain the focus of MH and LD services for Dolo applications.</p>

# 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.

**118**

**Carers identified in Oct 23**

**113 offered assessment (95.8%)**

**58 assessments/reviews undertaken**

**97**

**Carers identified in Sep 23**

**89 offered assessment (91.8%)**

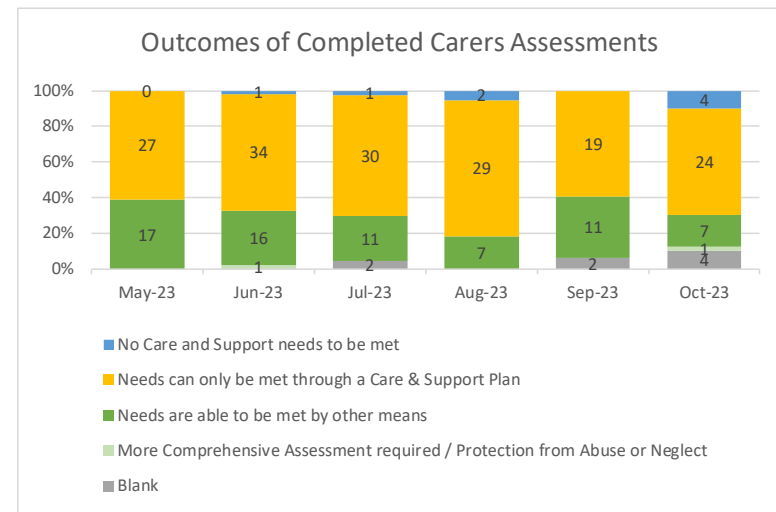
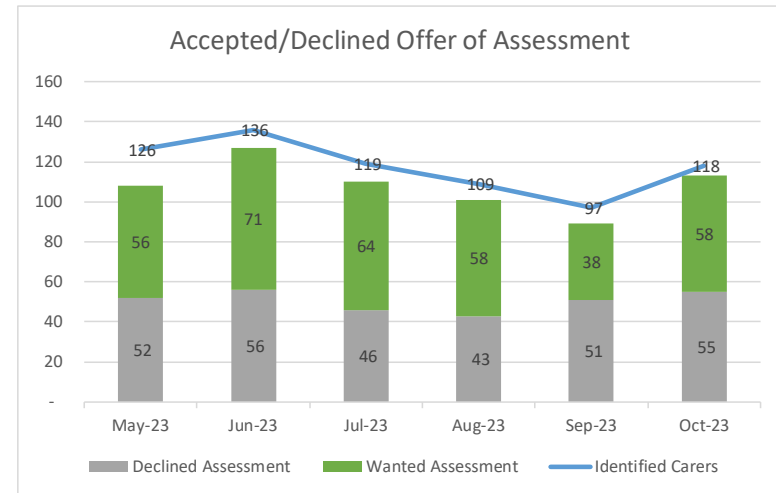
**42 assessments/reviews undertaken**

**109**

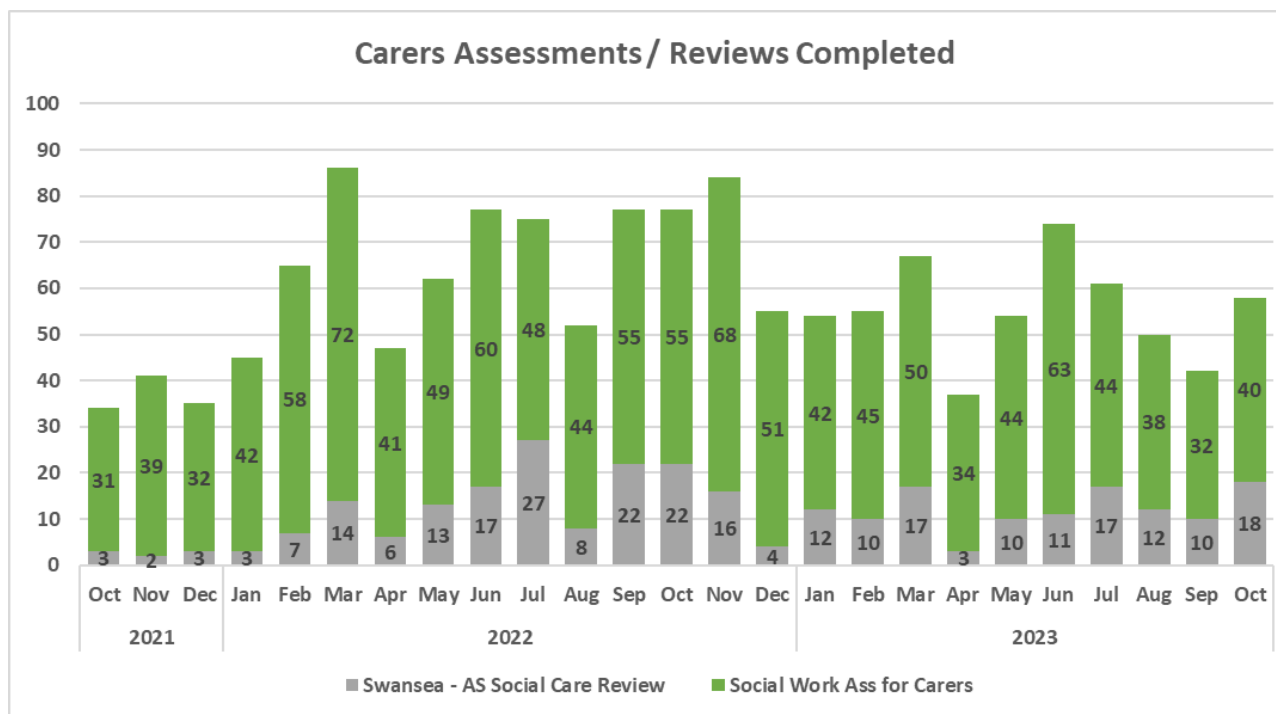
**Carers identified in Aug 23**

**101 offered assessment (92.6%)**

**50 assessments/reviews undertaken**



## Carers Assessments and Reviews Completed



What is working well?	What are we worried about?	What are we going to do?
<p>Positive growth in carer assessments completed with 95% of all identified carers offered an assessment.</p> <p>Working toward Carers Rights Day with internal celebration of working (unpaid) carers in focus.</p> <p>Increase in collaboration and co-production of projects (commissioning/contracting/DP system review) involving carers.</p> <p>Regional funding arrangements in discussion to establish short break resource access.</p>	<p>% of Carers continue to decline assessment at point of contact</p> <p>Regional short-term funding barrier to sustainability</p>	<p>Reflection of process and carers journey to provide opportunity to revisit carers assessment offer.</p> <p>Partnership arrangements established with Carer.org to revisit workforce training on carers awareness to reinforce the importance of carers assessment as a prevention agenda.</p>

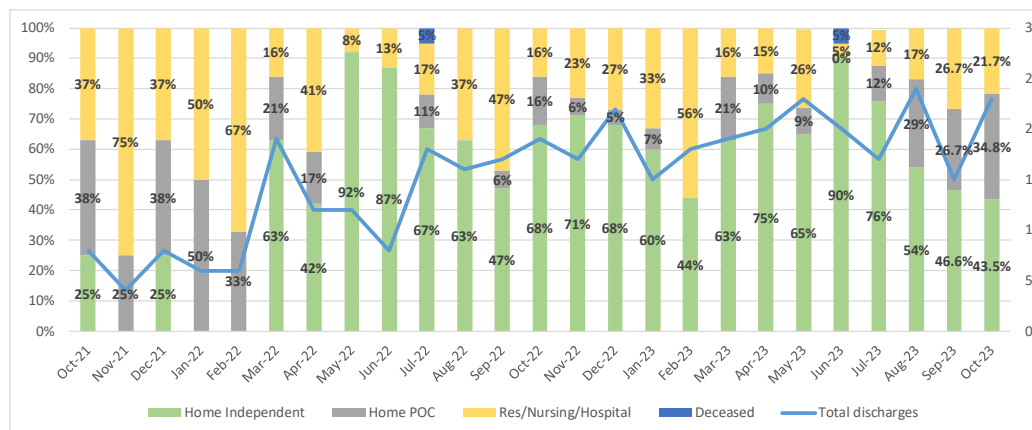
# Residential Reablement



During June, July and August Residential Reablement services in Bonymaen had an overall percentage of 87% of people returning to their own homes, independently and with care packages.

<p><b>28</b> Admissions (Oct 23) 25 from Hospital 3 from Community</p>	<p><b>23</b> People left residential reablement (Oct 23) 19 people left residential reablement in Oct 22</p>	<p><b>18</b> People went home 8 with care, 10 with no care 5 hospital</p>
<p><b>14</b> Admissions (Sep 23) 11 from Hospital 3 from Community</p>	<p><b>15</b> People left residential reablement (Sep 23) 17 people left residential reablement in Sep 22</p>	<p><b>11</b> People went home 4 with care, 7 with no care 3 hospital, 1 residential</p>
<p><b>19</b> Admissions (Aug 23) 14 from Hospital 5 from Community</p>	<p><b>24</b> People left residential reablement (Aug 23) 17 people left residential reablement in Aug 22</p>	<p><b>19</b> People went home 7 with care, 12 with no care 2 hospital, 3 residential</p>

Percentages leaving Residential Reablement & Outcomes

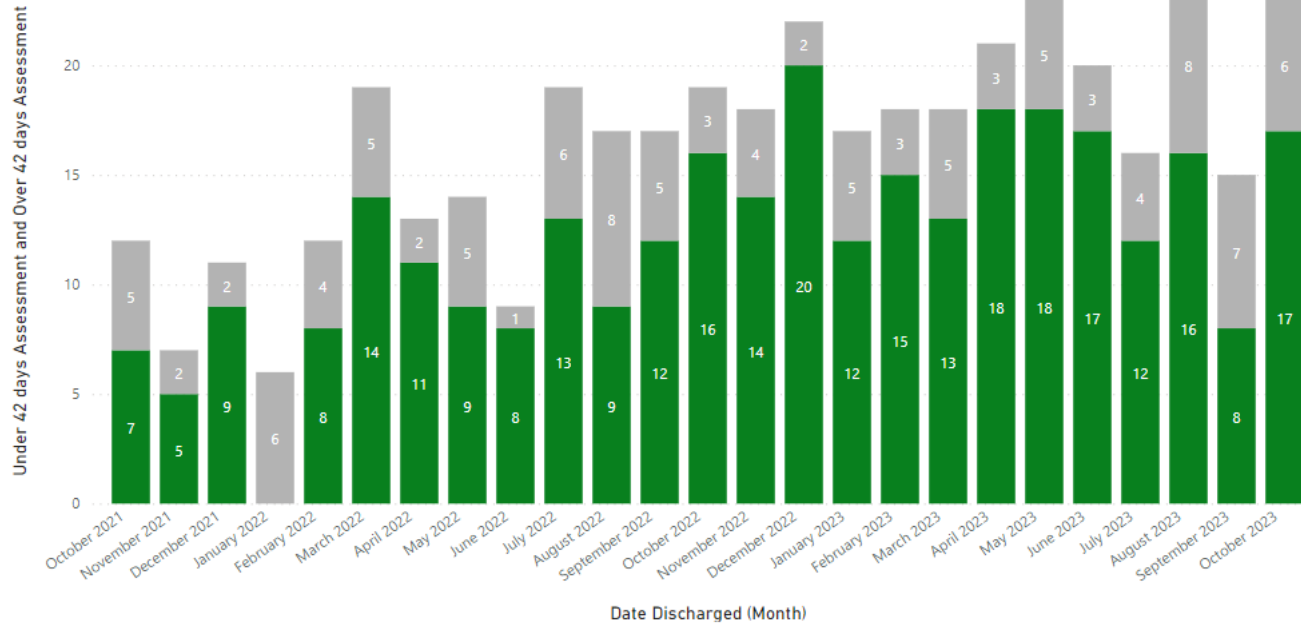


# Bonymaen House

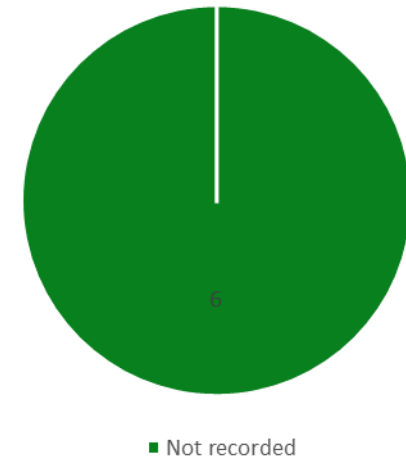
## Total Discharges each month within and over targeted 42 day assessment period

Under 42 days Assessment and Over 42 days Assessment by Date Discharged (Month)

● Under 42 days Assessment ● Over 42 days Assessment



Reasons for discharge over 42 days - October 2023

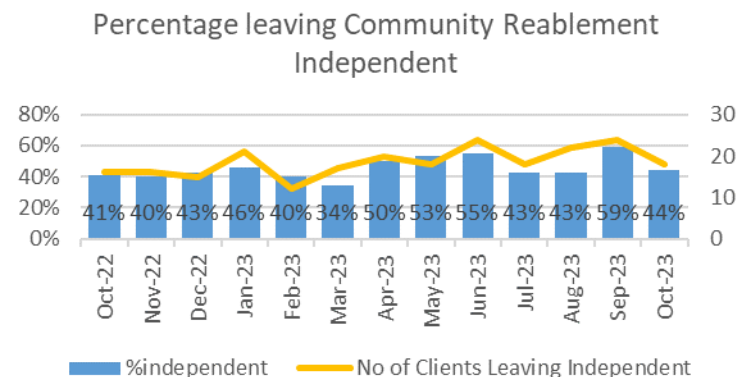
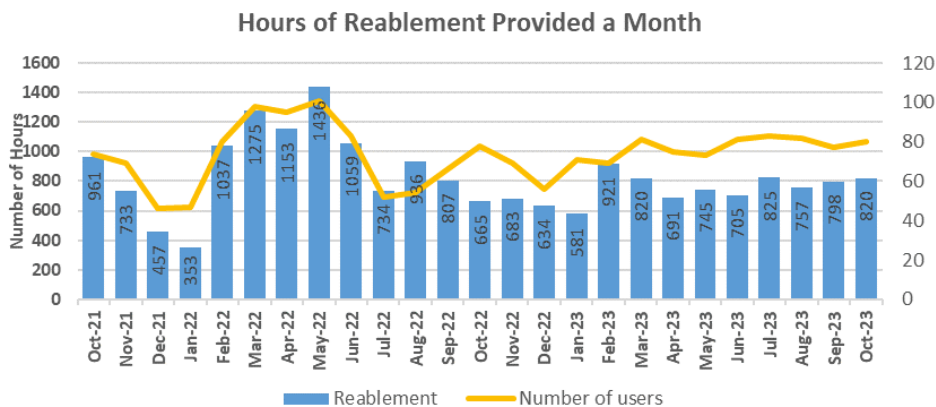


What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• Significant increase in admissions and discharges.</li> <li>• Continued high percentage of people returning home with no POC.</li> <li>• Consistent number of discharges under 42 nights.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in readmission to hospital due to individuals being medically unfit.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor.</li> <li>• Discussions continue with Health on increased needs and support approaches and requirements in the service.</li> </ul>



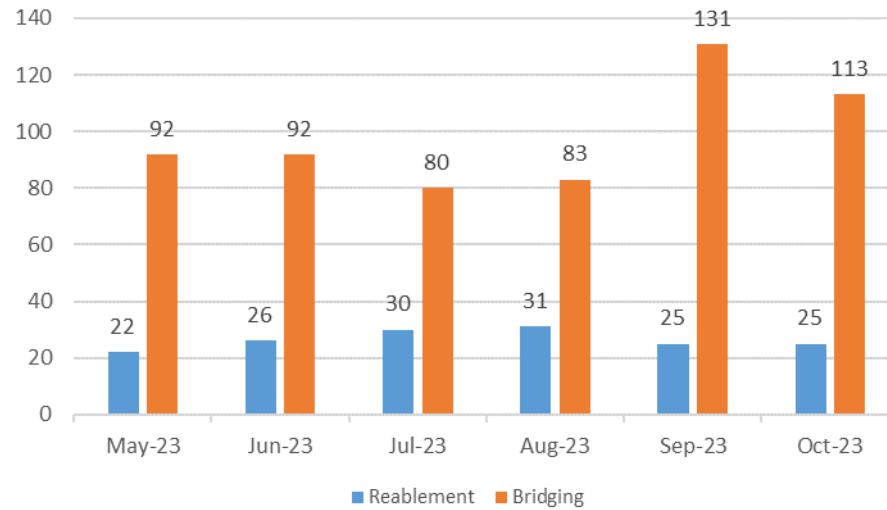
# Community Reablement

Month	Started	Received	Left	Outcomes
Oct 23	43 42 Started Oct 22 36 from Hospital 7 from Community	80 78 Received Oct 22	41 39 Left Oct 22	18 No Care 1 long term placement, 6 Hospital, 11 same/more care, 1 CHC, 4 unknown
Sep 23	41 32 from Hospital 9 from Community	77	41	22 No Care 1 long term placement, 3 Hospital, 8 same/more care, 1 deceased, 4 Unknown
Aug 23	45 42 from Hospital 3 from Community	82	51	22 No Care 2 long term placement, 11 Hospital, 12 same/more care, 3 deceased, 1 unknown





**Average Length (Days) of Stay Re-ablement & Bridging**



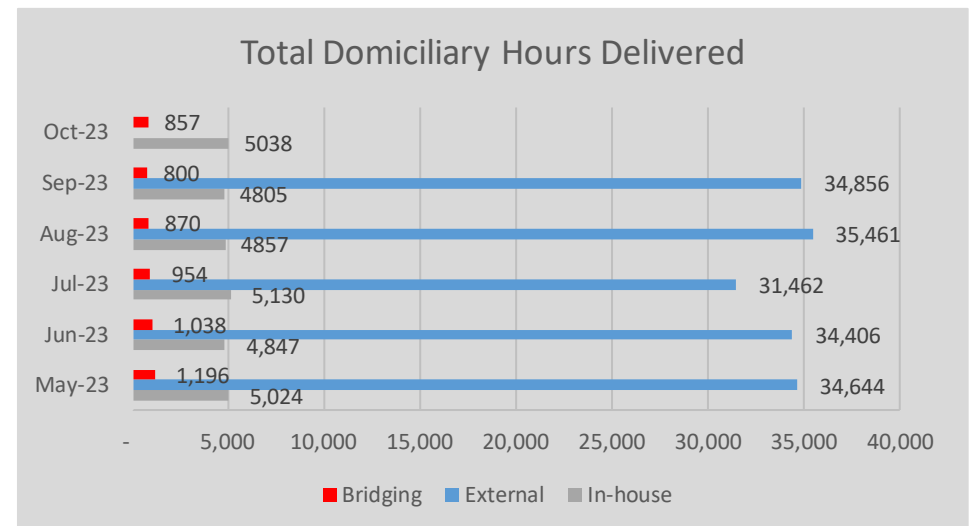
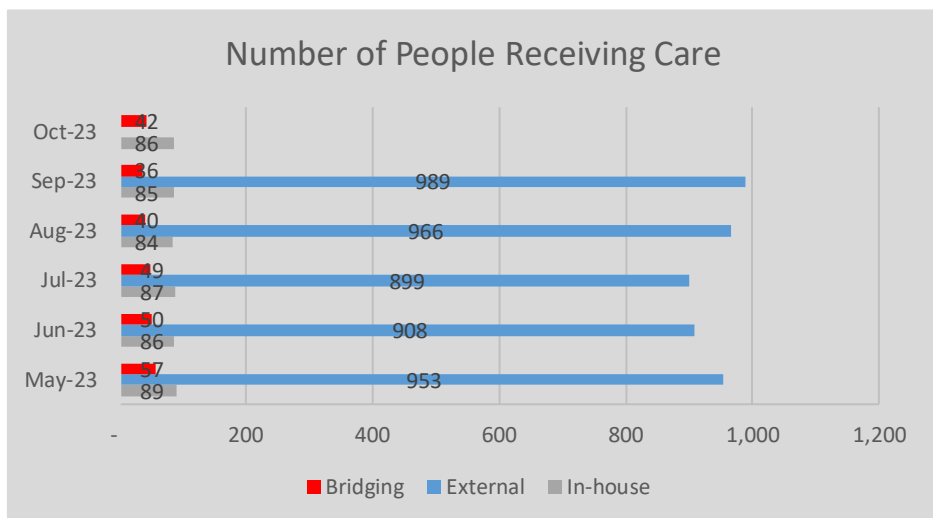
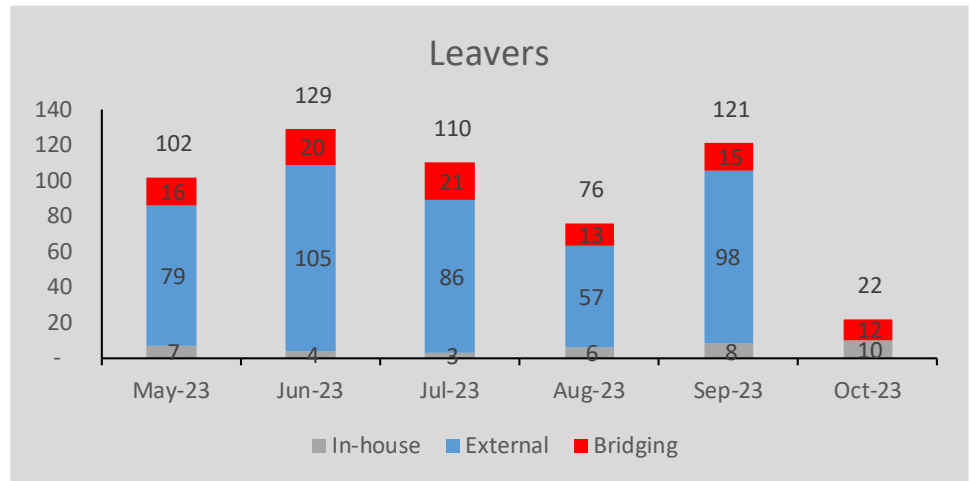
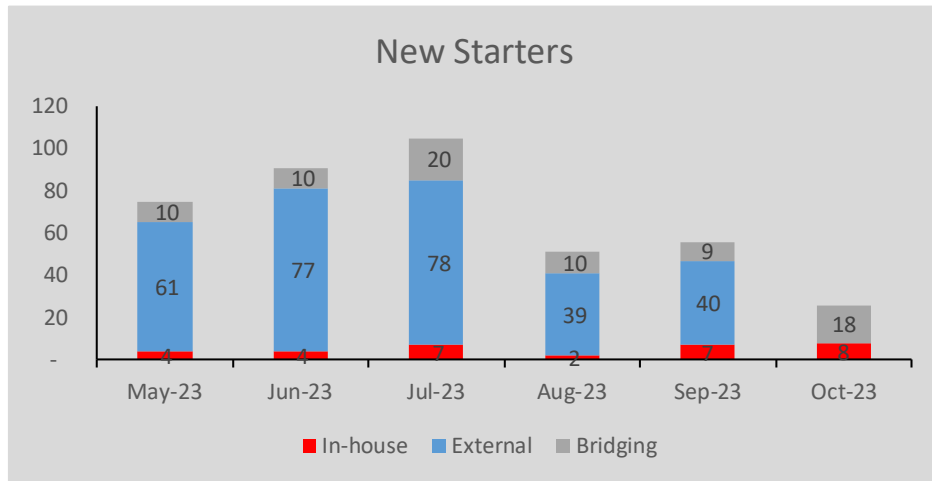
This data continues to be validated.

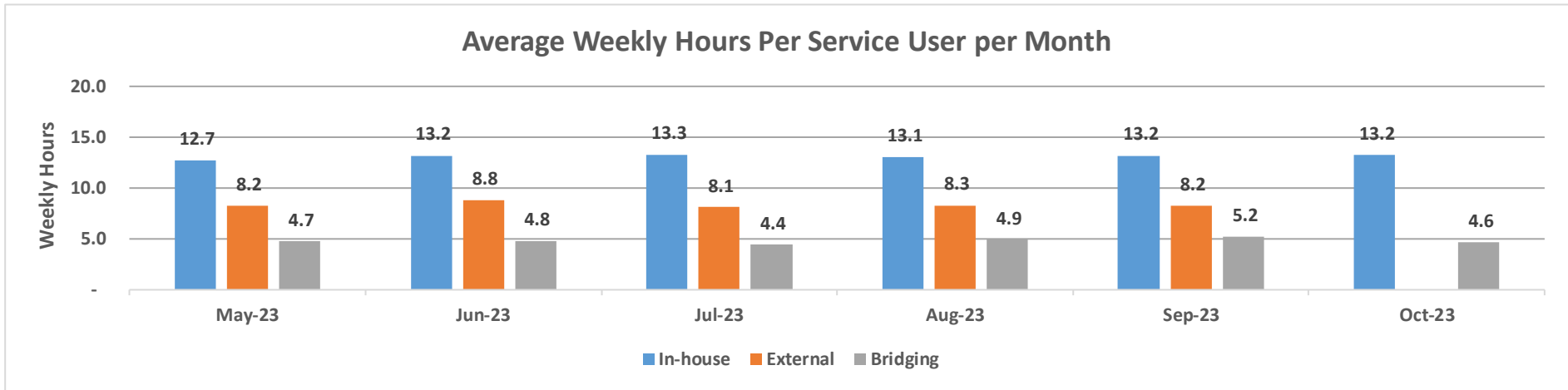
What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• A small increase in Individuals being admitted into the service.</li> <li>• Ongoing recruitment activity for Community Care Assistants.</li> <li>• Bridging package of care are reducing hence freeing up capacity to admit new packages of care into service.</li> </ul>	<ul style="list-style-type: none"> <li>• 44% of Individuals left the service with no care. As a reablement service the independence rates should be higher.</li> </ul>	<ul style="list-style-type: none"> <li>• Establish the criteria for HomeFirst/RD2A to reflect the change in 'ask' from the service.</li> <li>• Continue to carry out robust MDT assessments to ensure the right sizing activity with packages of care are correct.</li> </ul>



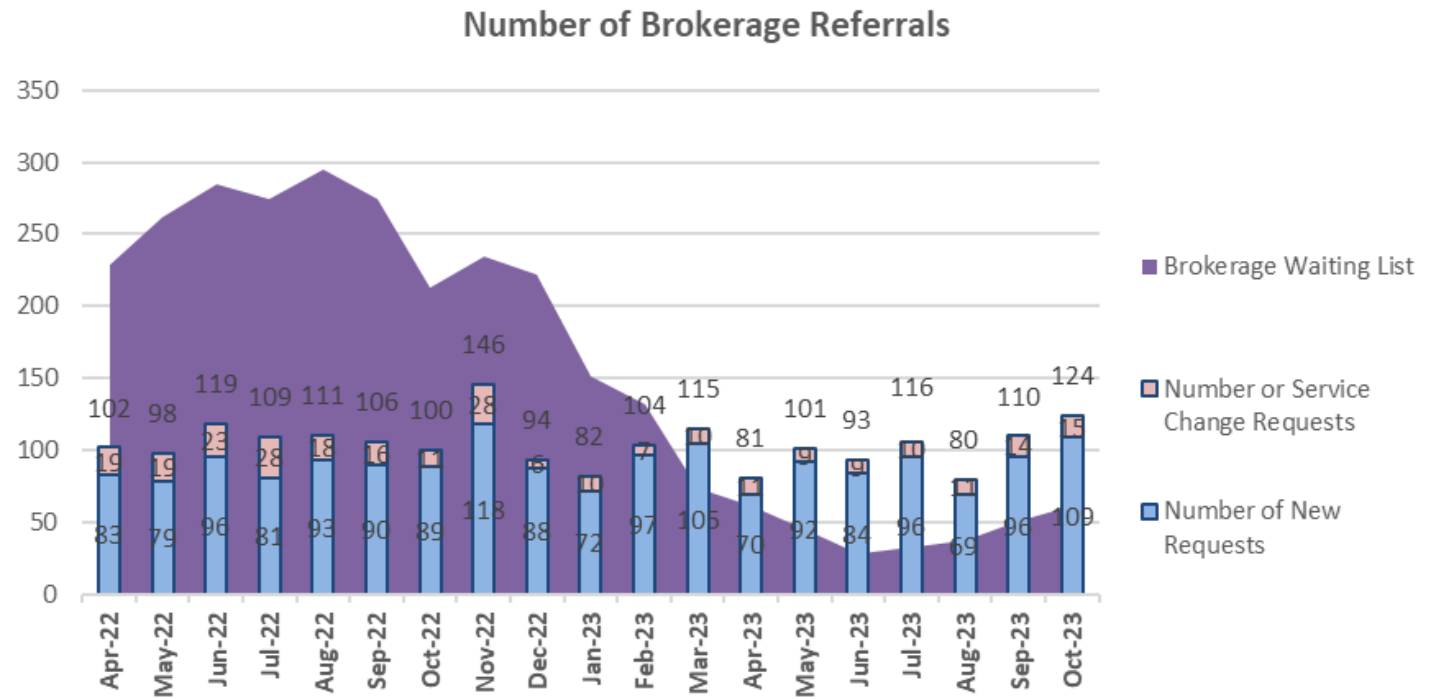
# Long Term Domiciliary Care

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 domiciliary 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 are we 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 I Stumble falls response pilot.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing operational cost pressures</li> <li>Slow increase in numbers waiting for domiciliary care.</li> <li>Potential for winter pressures to increase demand / reduce capacity.</li> <li>Capacity to address rising costs given departmental budget pressures.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor services and respond to pressures in a timely way.</li> <li>Review pricing strategy and address cost pressures in so far as budget limitations will allow.</li> <li>Maintain fuel subsidies for 23/24 to help with increased fuel costs.</li> <li>Continue to encourage and monitor sector wide winter pressures contingency planning.</li> </ul>

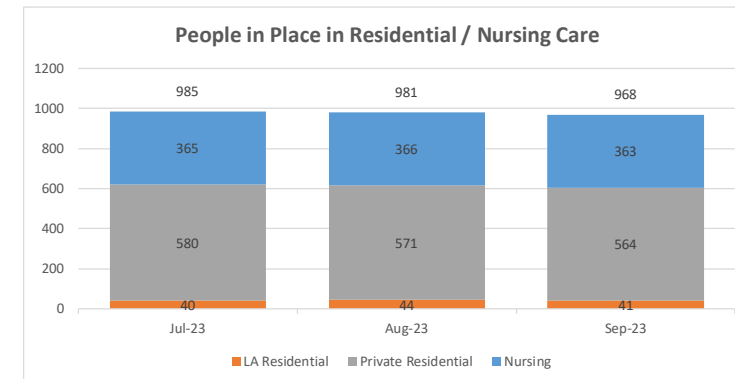
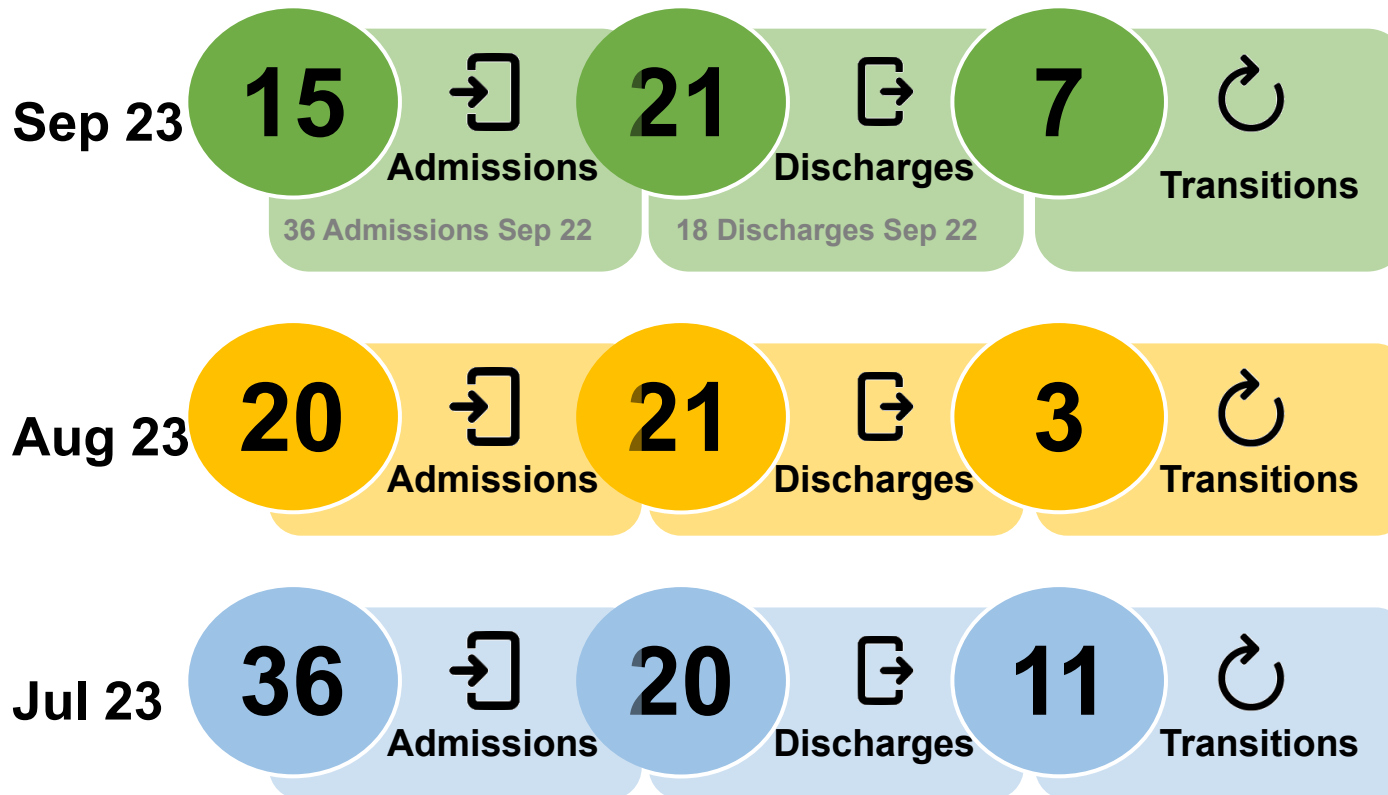
## Internal Long Term Care

What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>Increase in hours delivered by the In-House Service</li> <li>Stability of the service 10 people left In House Homecare, 8 people started. Filling capacity in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Winter pressures</li> <li>Increase in numbers on BCL</li> </ul>	<ul style="list-style-type: none"> <li>Continue to review and monitor packages of care.</li> <li>To ensure capacity is used in the smartest and most cost-effective manner</li> </ul>

## Residential/Nursing Care – Permanent (being 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 are we 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>• Ongoing joint working with colleagues from CIW and health board to address performance concerns at one home continues to be effective leading to improvements and reduced performance monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing inflationary pressures.</li> <li>• Continued low occupancy levels at some homes creating potential financial instability for some providers.</li> <li>• Increasing number of third-party charges paid for by LA.</li> <li>• Pending closure of 70 bed care home in NPT and possible impacts for care homes in Swansea</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>• Review pricing strategy and address cost pressures in so far as budget limitations will allow.</li> <li>• Ongoing monitoring of occupancy levels and assess risk to individual services.</li> <li>• Continued implementation of joint action plan with health colleagues to oversee performance of care home in Escalating Concerns.</li> <li>• Participation in NPT home closure processes to mitigate any impacts.</li> </ul>

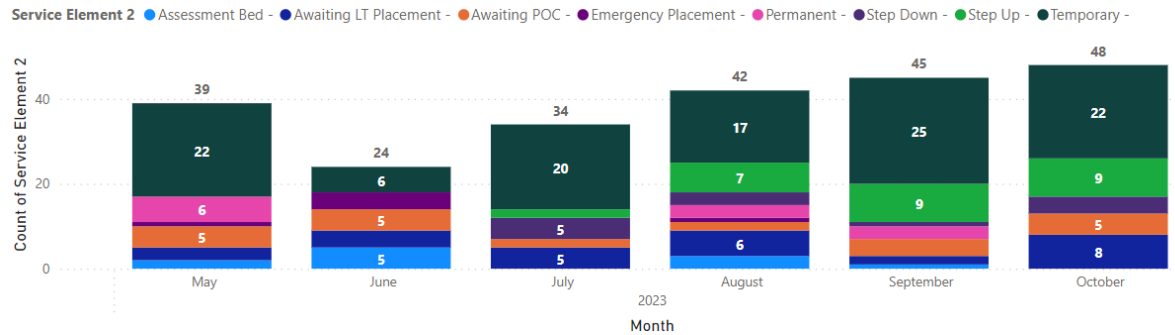


# Older People Internal Residential Care

## Permanent & Step Up / Step Down

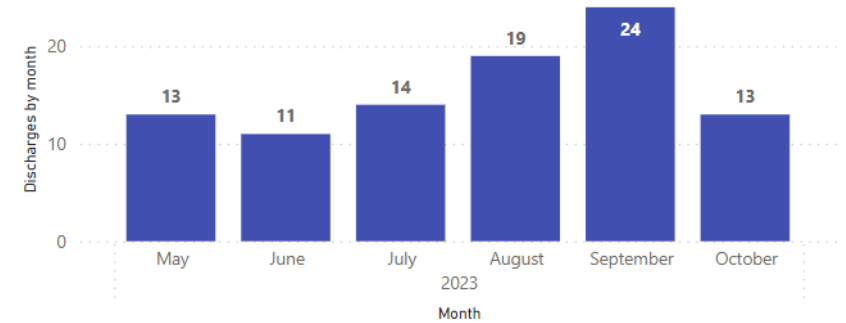
WCCIS is now being used to record and collect data on Internal Residential Care. All data continues to be validated.

### Admissions

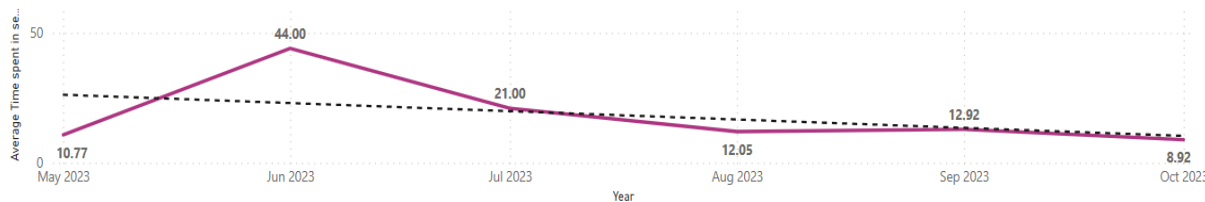


### Discharges

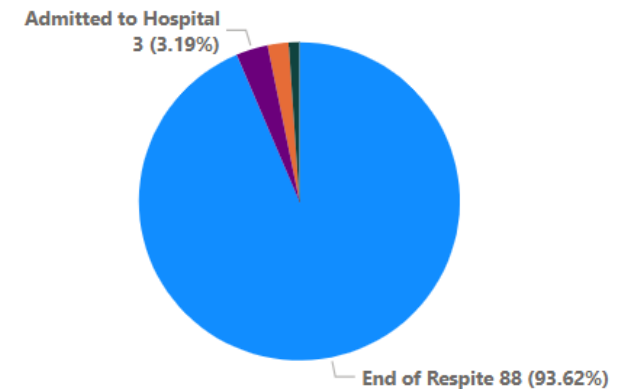
Discharges by month by Year and Month



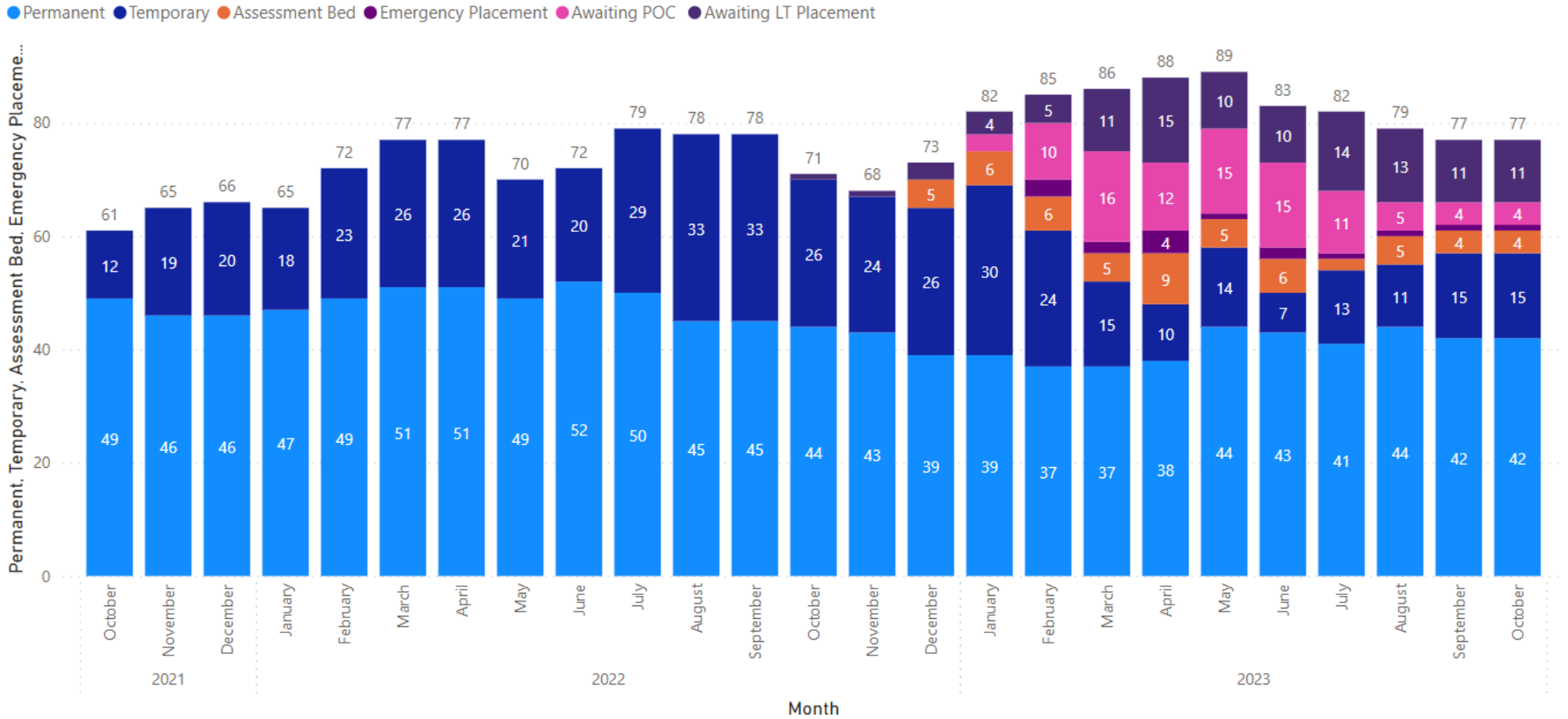
Average time in Service for discharges between May and October 2023



Discharge Destinations between May and October 2023



## Clients in Place During Each Month

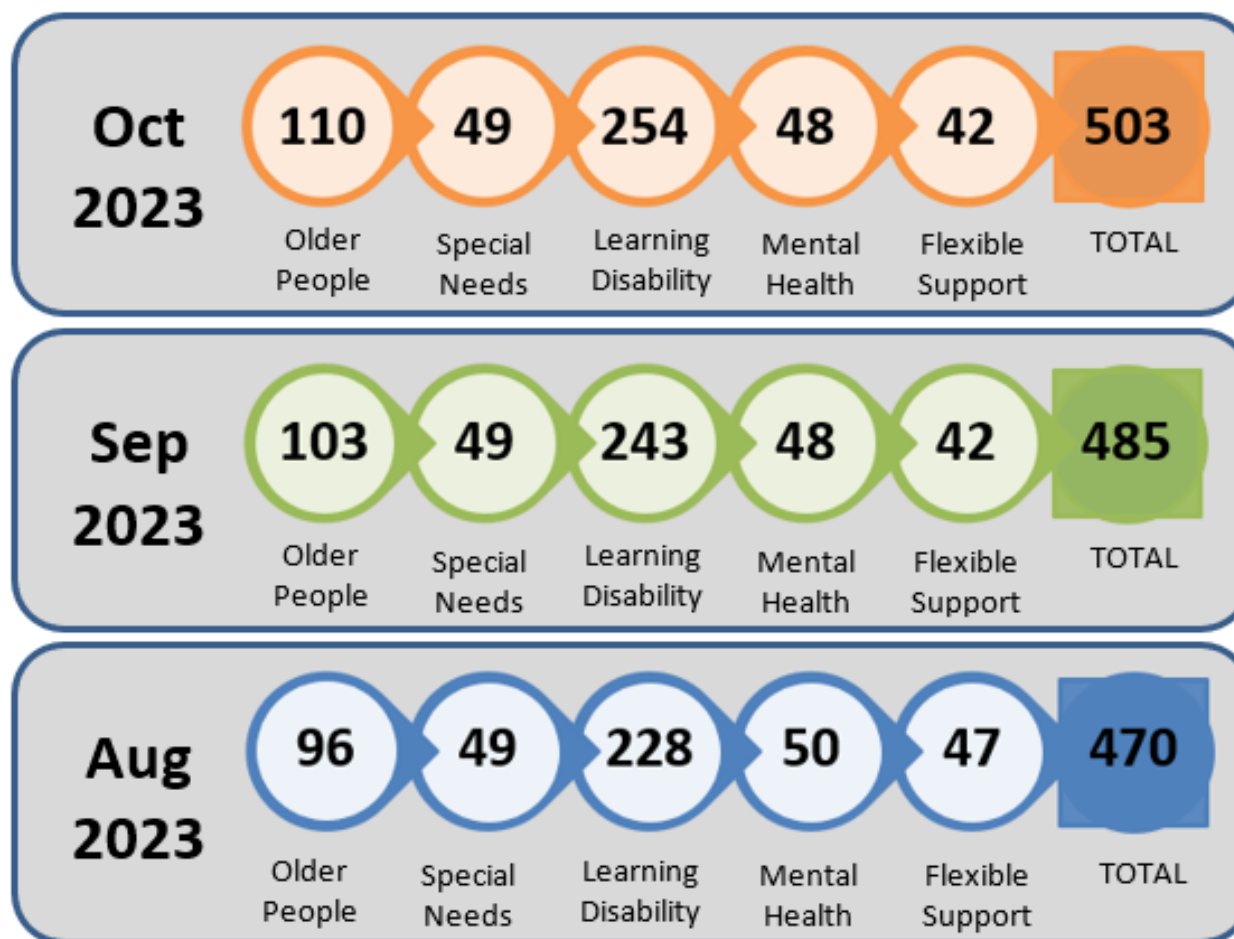


What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• Increase in admissions.</li> <li>• Average time in service trend decreasing.</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in discharges from previous month but mostly due to respite stays.</li> </ul>	<ul style="list-style-type: none"> <li>• Adjusting allocation to demand e.g. respite and long term.</li> </ul>

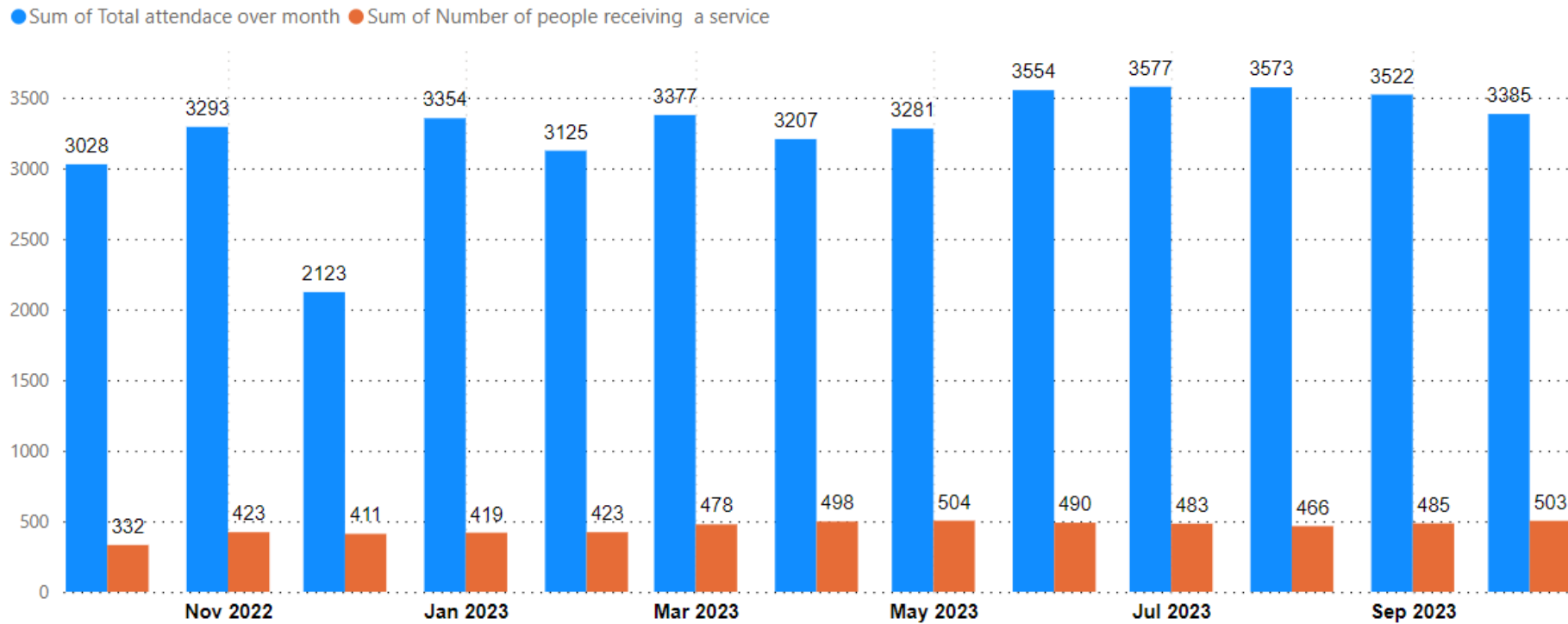


# Internal Day Services for Older People, Special Needs and Learning Disabilities

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.



## Day Services



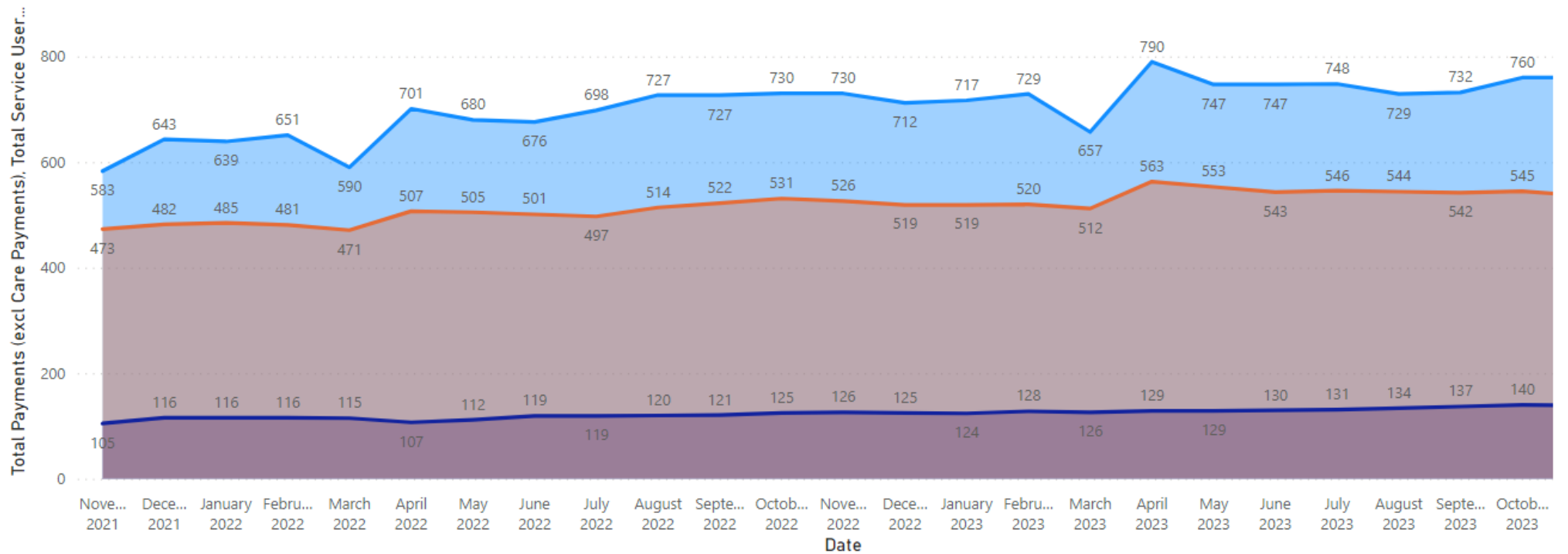
What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>Continued increase in individuals using day services</li> </ul>	<ul style="list-style-type: none"> <li>Capacity in some services is restricted due to staffing and environment/buildings</li> </ul>	<ul style="list-style-type: none"> <li>Reviewing staffing and use of buildings as part of the transformation of day services to maximise use/support</li> </ul>

# Direct Payments

Number of Payments each Month Plus number of Unique Service Users

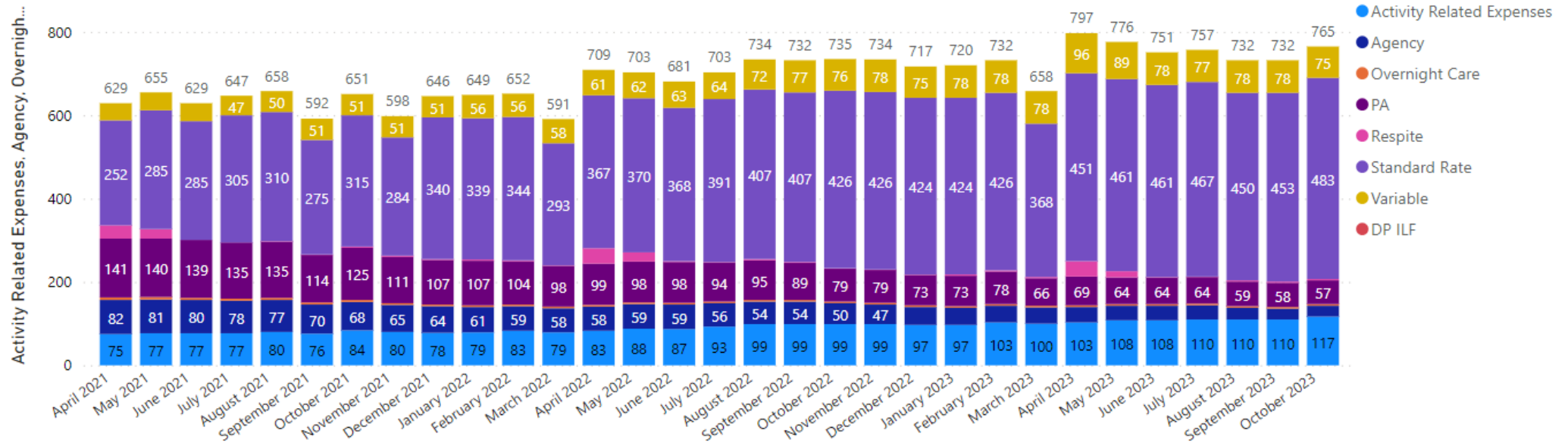
Total Payments (excl Care Payments) and Number of Service Users by Month

● Total Payments (excl Care Payments) ● Total Service Users (Children) ● Total Service Users (Adults)



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

Number of payments based on payment type

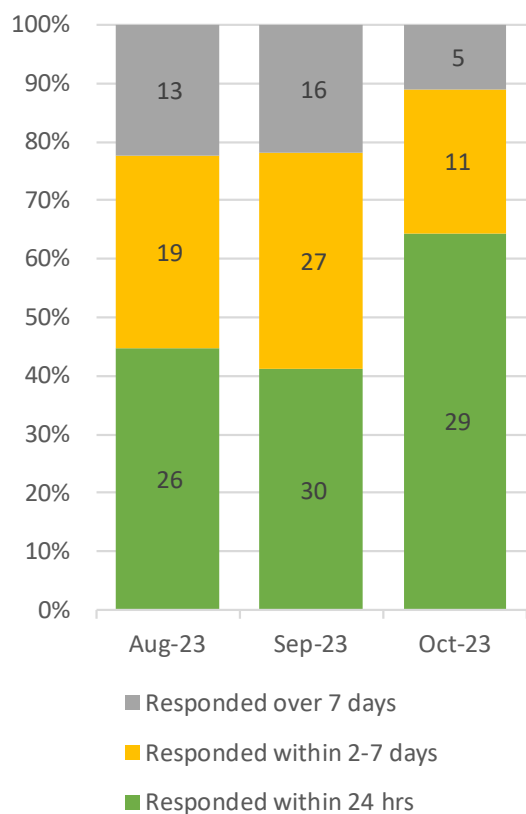


What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• Effective managed account services.</li> <li>• Successful recruitment of PAs</li> <li>• Commencement of systems thinking review to improve DP processes and improve experiences for recipients and SW teams.</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>• Review systems and processes and identify improvements where possible.</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>• Trail process changes with C +F colleagues to reduce time and improve experience for DP recipients.</li> </ul>

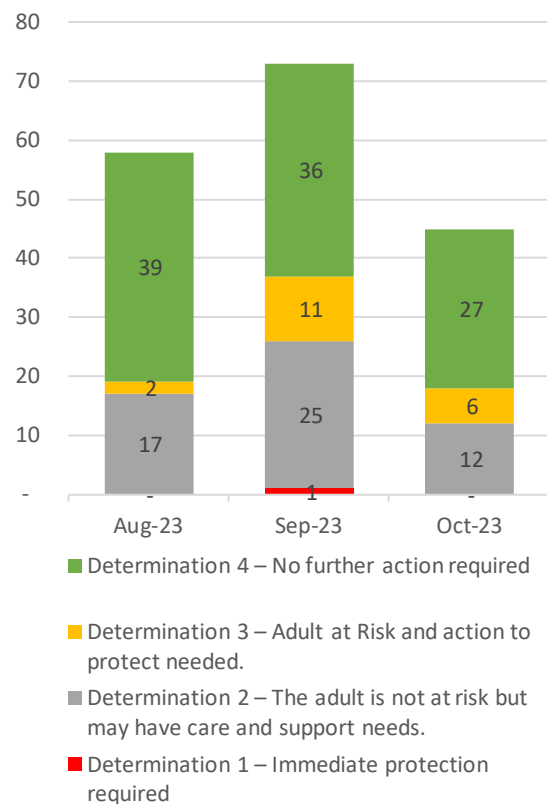
# Safeguarding Response

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.

### Timeliness of response to Safeguarding Reports



### Determination Outcomes of those Completed



## Reports / Actions

### 53 Reports received Oct 23

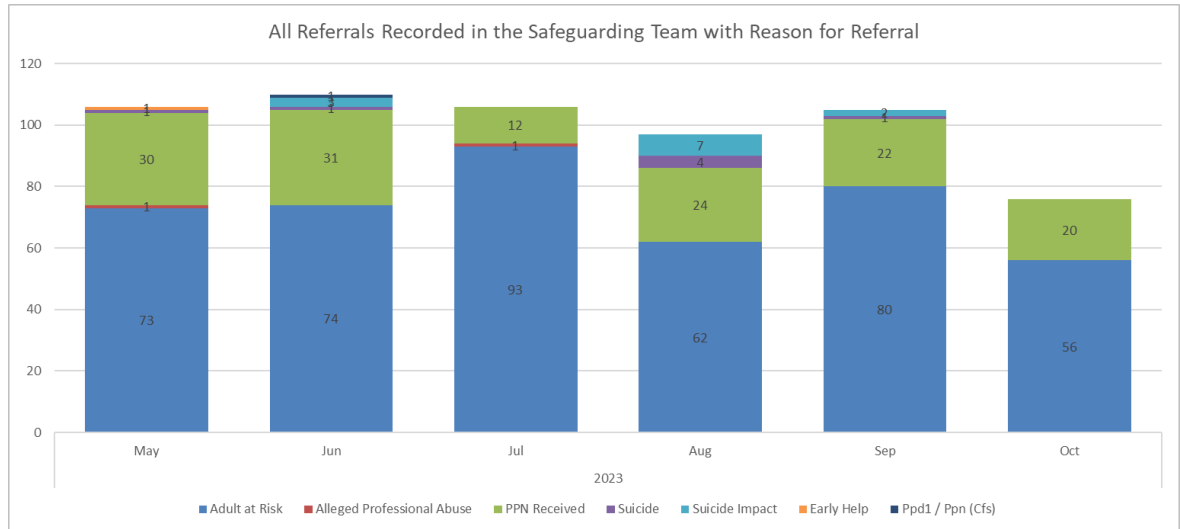
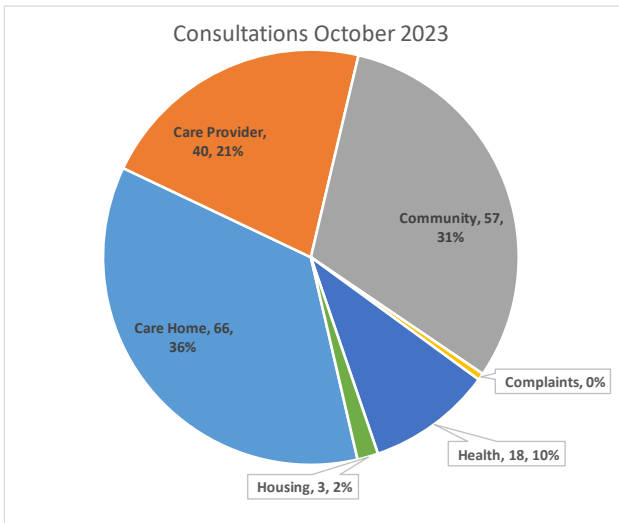
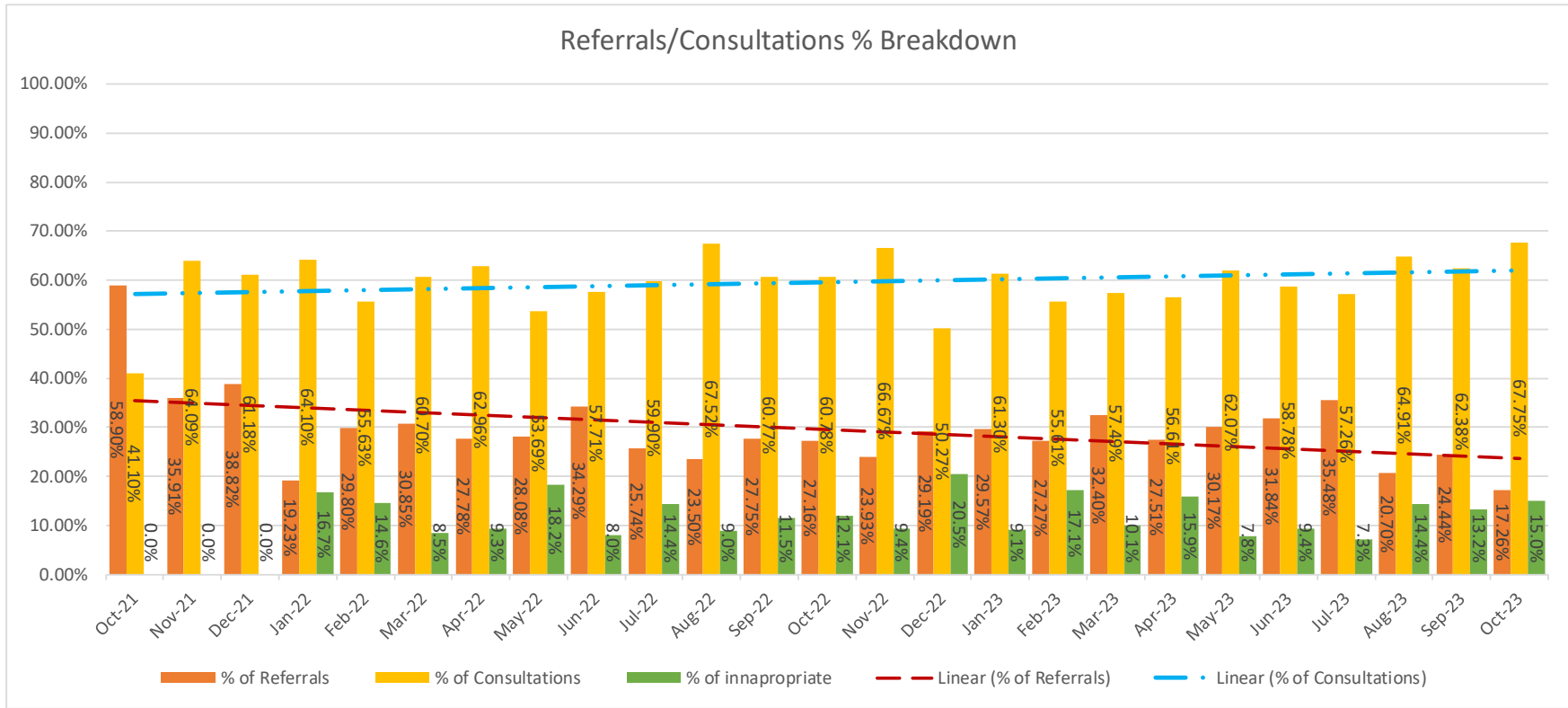
45 Determinations completed  
 88% responded to within 7 days  
 208 Consultations held  
 46 inappropriate  
 63 Reports received Oct 22  
 60 Determinations completed.

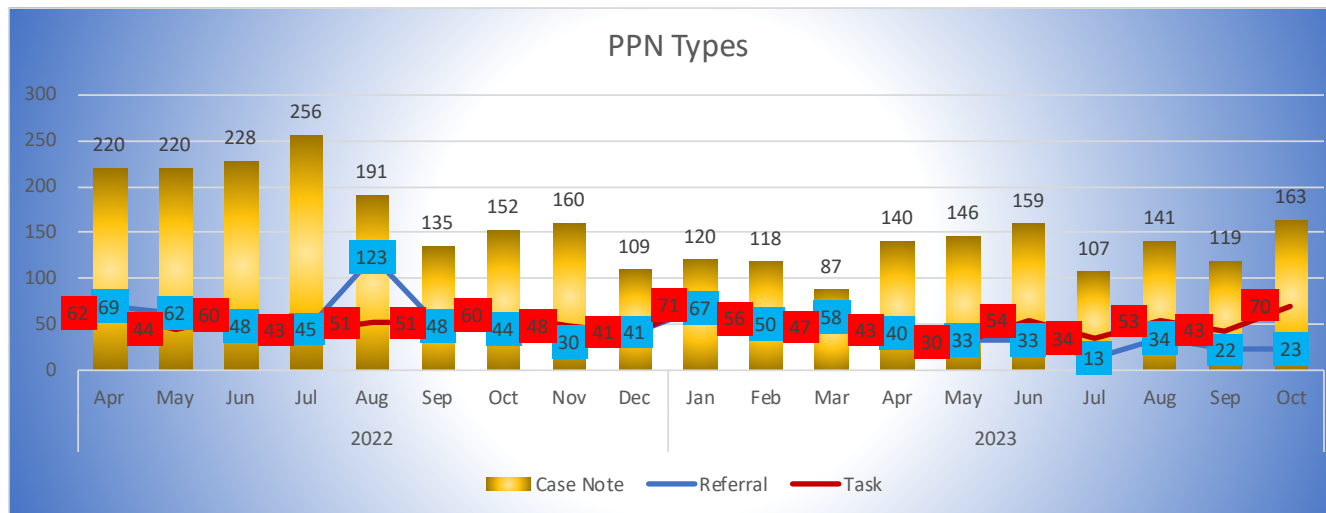
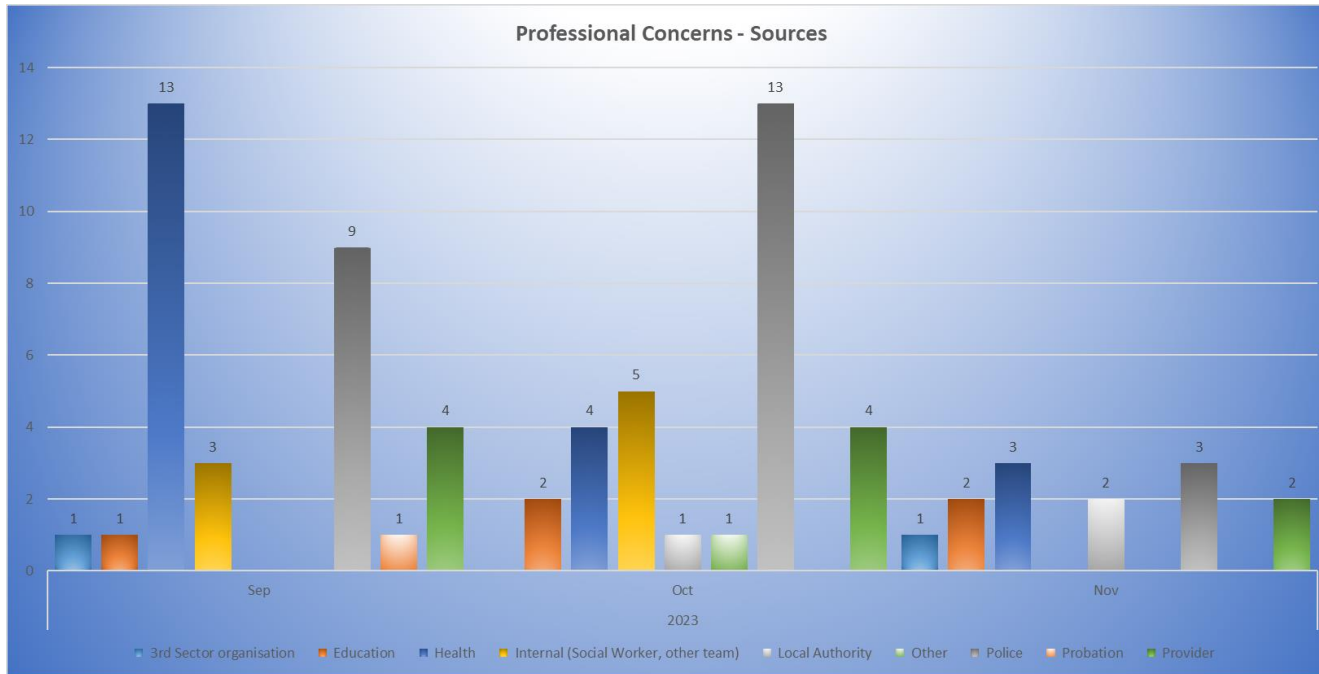
### 76 Reports received Sep 23

73 Determinations completed  
 78% responded to within 7 days  
 194 Consultations held  
 41 inappropriate

### 59 Reports received Aug 23

58 Determinations completed  
 78% responded to within 7 days  
 185 Consultations held  
 41 inappropriate



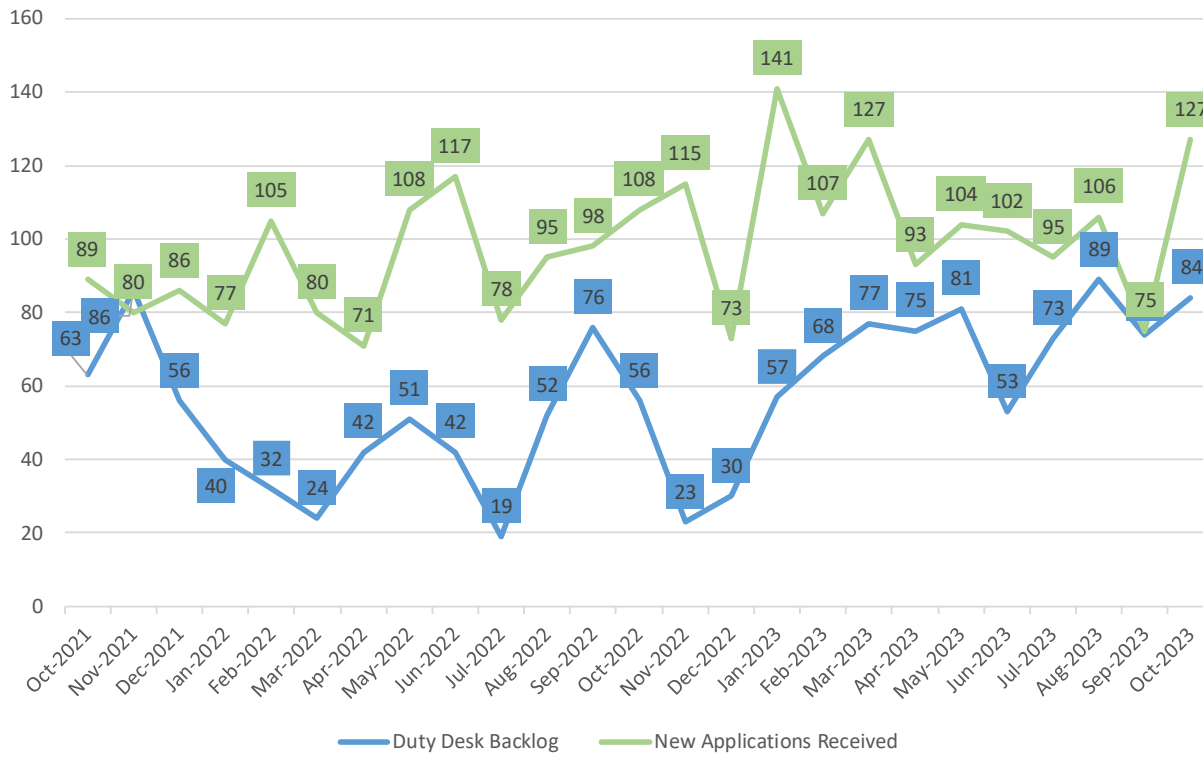


What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• Early intervention work remains high on the Teams priority list and the 2 CMO's are now attending the multi-agency meetings to provide a consistent approach. It had proved difficult to have a regular attendee from the pool of SW staff given the volume of work coming into the Team.</li> <li>• Despite a high volume of work this month the Team remain resilient with regular supervision in place and peer group case study sessions slowly being reintroduced again as routine.</li> <li>• Professional Concerns referrals remain high, with the absence of the Principal Officer (long term sick leave), one of the Senior Social Workers has been placed on an honorarium to support the Manager with this aspect of work.</li> <li>• We are now again attending all partnership meetings.</li> <li>• The PPN work is being captured in the weekly reports, evidencing the good work that our CMO' carry out in the team.</li> <li>• Being office based on a Tuesday and Wednesday is strengthening the bond the team as already has. Also sharing experiences and knowledge has helped the new starters.</li> <li>• The Team attended a bespoke training session set for us on WARRN assessments, to further develop our understanding of mental health risk assessing.</li> </ul>	<ul style="list-style-type: none"> <li>• High level of safeguarding work is being experienced across all agencies. Police are currently struggling to attend all the meetings that are called due to their workload. This is being monitored in terms of how many meetings are declined, so that next steps can be considered.</li> <li>• The Team are anxious to hear more about the restructure of Adult Services, so that they feel secure in their roles and understand potential changes ahead. Additionally the early intervention and prevention work may not be as robust if the current staffing structure doesn't remain, with 2 CMO's in the Team.</li> <li>• The Principal Officer is on sick leave, this has highlighted the pressure placed on the Manager without that additional support for Professional concerns cases. Whilst there is a person acting up, it reduces the capacity that she has to take on the adult at risk work, placing further pressure on the rest of the Team.</li> </ul>	<ul style="list-style-type: none"> <li>• The Team will maintain their own emotional well-being by ensuring that they take regular breaks, attend vicarious trauma counselling, and use supervision effectively. This will assist in their ability to be resilient staff members.</li> <li>• Outreach work is commencing where possible in terms of raising the profile of the Safeguarding team and the role we play in support our colleagues and partner agencies, to work collaboratively together to safeguard the citizens of Swansea. Opportunities will be identified through closer working with the Preventing Poverty Service.</li> <li>• Despite the pressure, the Team remain upbeat and are considering more ways in which preventative work can be undertaken.</li> </ul>

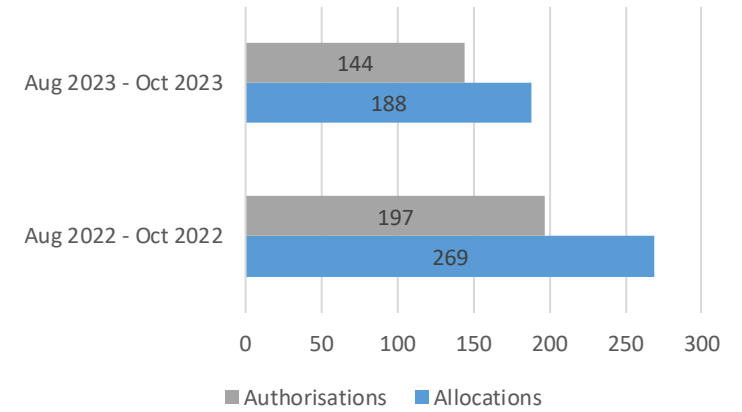


# Timeliness of Deprivation of Liberty Assessments

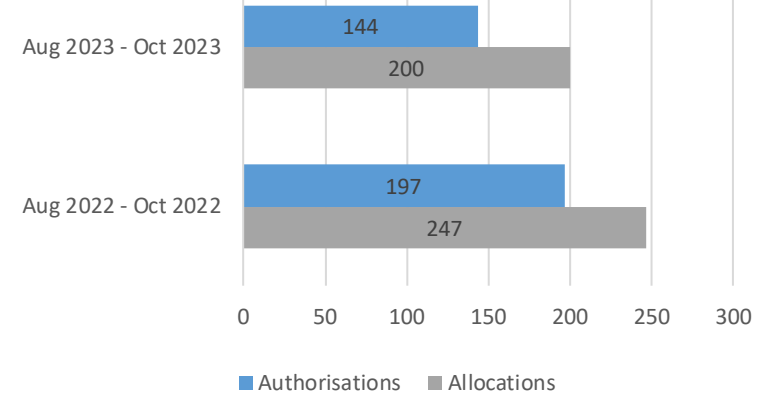
## DoLS Backlog and New Referrals



## Quarterly Best Interest Assessor Performance



## Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What are we going to do?
<ul style="list-style-type: none"> <li>• WCCIS systems in place Business support continue to support and upload all new enquiries for DOLS team</li> <li>• Team continue 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>• Unique specialist team, with staff who have various high levels of experiences and skills/ Staff manage the complexity of working within legislation and time constraints</li> <li>• Unique specialist team, with staff who have various high levels of experiences and skills/ Person centred work</li> <li>• <u>IMCAs/39A, 39C and 39D</u>: paid RPR/litigation friends. Excellent relationships with Mental Health Matters Wales monthly/quarterly meetings / COP section 21 a challenges</li> <li>• <u>Active COP cases</u> 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>• Applications received each month continue to exceed the number receiving a decision; Impact increases the supervisory bodies' backlog. Complex process in terms of flow of application through systems i.e., WCCIS/recording systems.</li> <li>• Applications not screened as urgent or critical take lesser priority and requests will not receive a decision within recommended timescales/increases backlog. Risk to person being deprived/COP challenges/Costs to LA.MA do not always request further authorisation-impact person not safeguarded/challenges in COP.</li> <li>• Relentless pace of 4 assessments each week for the BIA,s .One BIA 29 hour vacant post in dols team and 2 long term staff sickness in team also impacts on number of assessments completed per week.</li> <li>• Ensure that the service user continues to be at the heart of the work we do in the team</li> <li>• Current commissioned agency MHMW submitted further bid to Health board to continue to provide this service/if their bid is unsuccessful major impact on dols team in January 24 work assigned to MHMW would need to be reassigned to the successful agency.</li> <li>• Impact: team manager for DOLS has an overview role in managing COP cases/liaison with community social work teams/legal teams/demand is high on daily basis-reduces capacity to manage other areas of that role. Including acting in role of supervisory body signatory.</li> </ul>	<ul style="list-style-type: none"> <li>• To Continue to monitor performance in DOLS team using various performance measures.</li> <li>• Capacity in business support 1xstaff vacancy Business support manager to complete vacancy management to -support flow of applications in team and to support contact with care homes regarding requests for further dols authorisations. Option of utilising additional business support discussed.</li> <li>• Capacity in Supervisory body signatory group has increased x1 on induction-to support flow of applications in team.</li> <li>• Training issue for Managing Authorities /care homes. DOLS team leader to attend provider forum</li> <li>• Managing authorities /care homes still submit inappropriate urgent applications -. A lack of guidance on this issue as the primary cause of the inappropriate use of Urgent authorisations.MA have other priorities.</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 above - also reflective practice session to commence for staff in December in- TEAM development.</li> <li>• Forward planning to manage any potential risk /impact required.</li> <li>• Meetings ongoing with external and internal legal team to discuss/update current active cop cases/data base.</li> </ul>