Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: **Ystafell Bwyllgor 5 - Neuadd y Ddinas, Abertawe**

Dyddiad: **Dydd Mawrth, 16 Ionawr 2018**

Amser: **3.30 pm**
SYLWER: Mae'r 10 munud cyntaf yn gyfarfod caeëdig i aelodau'r panel yn unig

Cynullydd: **Y Cynghorydd Peter Black**

Aelodaeth:
Cynghorwyr: V M Evans, C A Holley, P R Hood-Williams, S M Jones, J W Jones, A Pugh a G J Tanner

Aelodau Cyfetholedig: Tony Beddow a Katrina Guntrip

Agenda

Rhif y Dudalen.

1 **Ymddiheuriadau am absenoldeb.**

2 **Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau

3 **(3.45pm) Nodiadau cyfarfod 19 Rhagfyr 2017** **1 - 2**
Derbyn nodiadau'r cyfarfod blaenorol a'u cymeradwyo fel cofnod cywir.

4 **(3.50pm) Cwestiynau'r Cyhoedd**
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnir â nhw o fewn cyfnod o 10 munud.

5 **(4.00pm) Adroddiad Monitro Perfformiad** **3 - 61**
Alex Williams, Pennaeth y Gwasanaethau i Oedolion

6 **(4.45pm) Trefniadau ar gyfer codi tâl am Ofal Cymdeithasol i Oedolion yn Abertawe** **62 - 97**
Dave Howes, Prif Swyddog y Gwasanaethau Cymdeithasol

7 **(5.15pm) Cyflwyniad ar System Rheoli Gwybodaeth DEWIS** **98 - 105**
Alex Williams, Pennaeth y Gwasanaethau i Oedolion
Simon Jones, Swyddog Perfformiad a Gwella, y Gwasanaethau

Cymdeithasol

8	**(5.35pm) Amserlen Rhaglen Waith 2017-2018**	**106 - 107**
9	**(5.40pm) Llythyrau** Llythyr y Cynullydd at Aelod y Cabinet (cyfarfod 10 Hydref 2017)	**108 - 110**

Cyfarfod nesaf: Dydd Llun, 5 Chwefror 2018 ar 10.00 am

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 9 Ionawr 2018

Cyswllt: Liz Jordan 01792 637314

DRAFT

City and County of Swansea

Notes of the Scrutiny Performance Panel – Adult Services

Committee Room 5 - Guildhall, Swansea

Tuesday, 19 December 2017 at 3.30 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
C A Holley	P R Hood-Williams	J W Jones

Co-opted Member(s)
Katrina Guntrip

Officer(s)

David Howes	Chief Social Services Officer
Liz Jordan	Scrutiny Officer
Alex Williams	Head of Adult Services

Apologies for Absence
Councillor(s): S M Jones, A Pugh and G J Tanner
Co-opted Member(s): Tony Beddow

---

1 Disclosure of Personal and Prejudicial Interests.

Disclosure of interests – Chris Holley.

2 Notes of meeting on 21 November 2017

The Panel agreed the notes as an accurate record of the meeting.

3 Workforce Development and Systems Support

Alex Williams, Head of Adult Services went through the report highlighting a number of points and answering questions. Dave Howes also attended the meeting and answered questions.

Discussion points:

- The whole of Social Services and integrated workforce have received high level training on the Act. Workforce development is a focus of CSSIW regular inspection activity.
- CSSIW recently inspected a Community Mental Health Team. Informal feedback is good. The formal report is expected in January 2018.

- Adult Services is developing an overarching Practice Framework 'Doing What Matters'. This is focussed intervention looking at outcomes the individual wants to achieve. To be shared with the Panel when finalised.
- Recruitment to certain areas such as occupational therapists and social workers is no longer a big problem for the Authority. The department supports apprenticeships. It also sponsors some individuals to undertake a social services degree. This has currently been scaled right back but can be increased if needed.
- Department thinks there is room for improvement in how we organise safeguarding and are proposing a more centralised approach. The department is developing standards around completion of safeguarding investigations and this will be included in the performance monitoring reports provided to the Panel. The Panel supports this idea.
- WCCIS development and implementation – this will involve practitioner time which the department thinks is manageable with the additional posts being taken on.
- Department is looking to support direct payments and a pre-paid card system will be up and running early in 2018. This may present opportunities for other areas of the Authority. Panel raised risks associated with direct payments and individuals not using them for the right reasons.
- Cabinet has announced an additional 1.5 to 2 million to be made available next year to cope with inevitable pressures. This is welcomed but the department will still struggle to meet its obligations.

Actions:

- CSSIW inspection report to be circulated to Panel when available
- Social Work Practice Framework to be shared with the Panel when available plus case studies. Presentation to be given at a future Panel meeting.

4 Work Programme Timetable 2017-2018

Work programme received and considered by the Panel.

Actions:

- Send letter to the Cabinet Member following the meeting for information.

5 Letters

Letter received and considered by the Panel.

The meeting ended at 4.45 pm

Report of the Cabinet Member for Health and Wellbeing

Adult Services Scrutiny Performance Panel – 16th January 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. • This is the fourth time that such a report has been presented to the Adult Services Scrutiny Performance Panel. The report has been developed on the basis of the feedback provided by the Panel. • 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 that has been previously reported 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)	Cllr Mark Child, Cabinet Member for Health and Wellbeing
Lead Officer(s)	Alex Williams, Head of Adult Services
Report Author	Alex Williams alex.williams2@swansea.gov.uk 01792 636249

ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT DATA FOR NOVEMBER / DECEMBER 2017

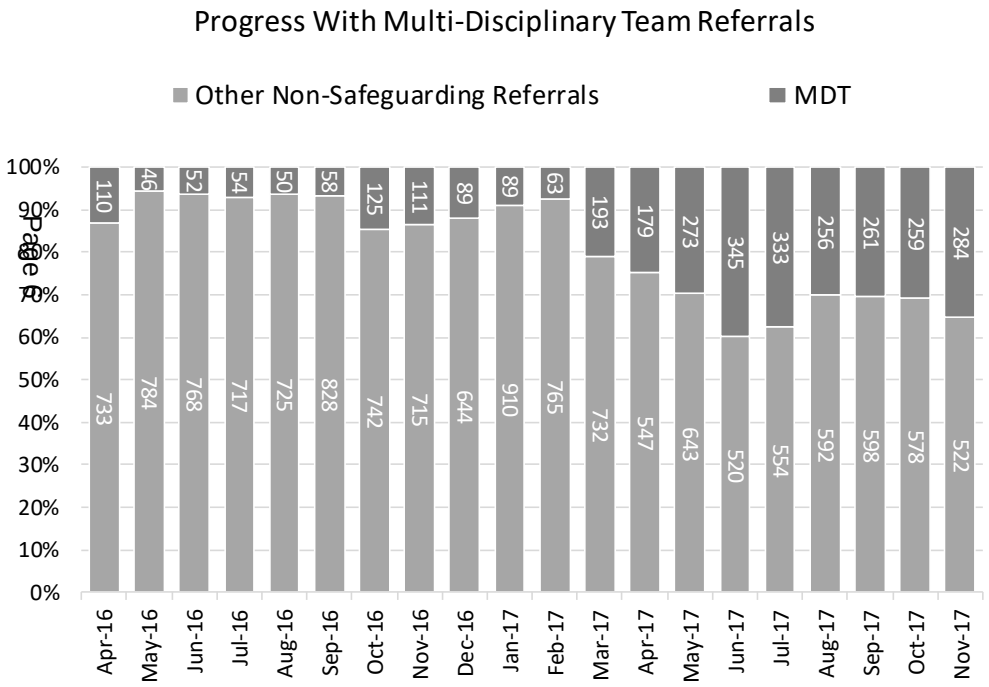
HEADLINE REPORT

Cyngor Abertawe
Swansea Council

Contents

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. By June 2017, this proportion had increased to 40%. We want to continue to maintain and improve these higher numbers. A new pathway through the Common Access Point / MDT was introduced in December 2017 and should further increase the numbers screened by MDT.

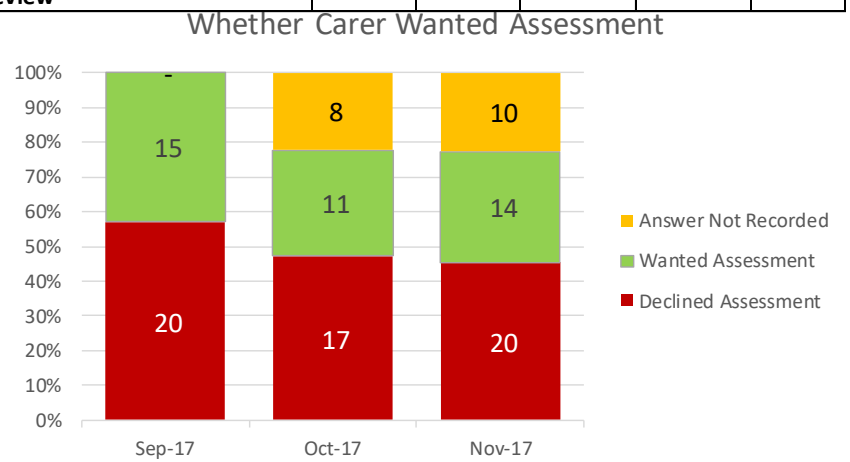


Carers Identified and Whether Wanted Carer Assessment

The number of carers identified has been broadly lower since April 2016. Nonetheless, the proportion who do not wish to receive a separate carer assessment has remained steady and represents a small majority of carers.

The improvement (reduction) in the percentage of carers who declined assessment would appear to be due to the unusually high number of occasions on which the relevant data was not entered into the system.

Month	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Identified Carers	**41**	**36**	**44**	↑	High
Offered Assessment	35	28	41	↑	High
% offered assessment	*85.4%*	*77.8%*	*93.2%*	↑	*High*
Declined Assessment	20	17	20	↓	Low
% declined assessment	*57.1%*	*60.7%*	*48.8%*	↑	Low
Wanted Assessment	15	11	14	↑	High
% wanted assessment	*42.9%*	*39.3%*	*34.1%*	↓	High
Response Not Recorded	-	8	10	↓	Low
% response not recorded	*0.0%*	*28.6%*	*24.4%*	↑	Low
Received Carers Assessment / Review	54	60	54	↓	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.

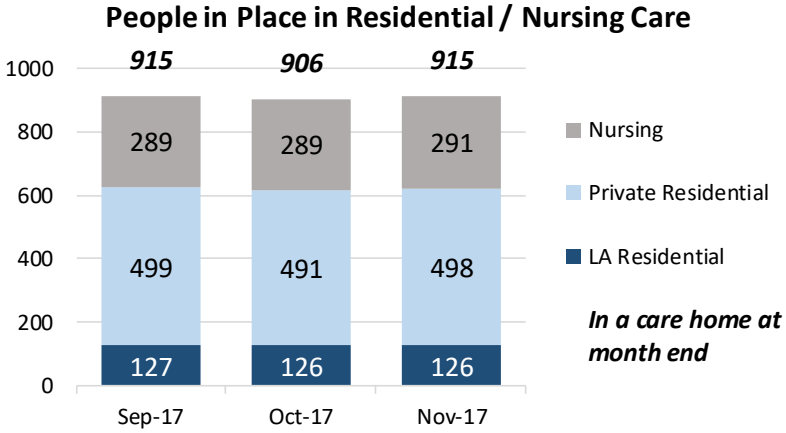
Month	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
New starters	**47**	**56**	**51**	↑	Low
Of which					
In-house	6	11	19	↓	Low
External	41	40	32	↑	Low
% internal	*12.8%*	*19.6%*	*37.3%*	↓	*Low*
Receiving Care at Month End	**1,236**	**1,229**	**1,265**	↓	Low
Of which:					
In-house	125	115	124	↓	Low
External	1,111	1,114	1,141	↓	Low
% internal	*10.1%*	*9.4%*	*9.8%*	↓	*Low*
Hours Delivered in Month	**68,415**	**66,174**	**68,956**	↓	Low
Of which:					
In-house	6,868	6,118	5,326	↑	Low
External	61,547	60,055	63,630	↓	Low
% internal	*10.0%*	*9.2%*	*7.7%*	↑	*Low*
Average Weekly Hours	**12.9**	**12.2**	**12.7**	↓	Low
Of which:					
In-house	12.8	12.0	10.0	↑	Low
External	12.9	12.2	13.0	↓	Low

The average number of hours provided by the independent sector each month during 2014/15 was 58,000. We now see 64-68,000 as the norm. In the same year, in-house home care averaged 5,400 hrs/month. During 2016/17 the average increased to 7,000 - 8,000 hrs/month.

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. Some improvements in recent months.

Permanent Residential Care for People Aged 65+	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Admissions	32	23	23	→	Low
Discharges	35	29	19	↓	High
In a care home at month end	915	906	915	↓	Low
Of which:					
LA Residential	127	126	126	→	Low
Private Residential	499	491	498	↓	Low
Nursing	289	289	291	↓	Low

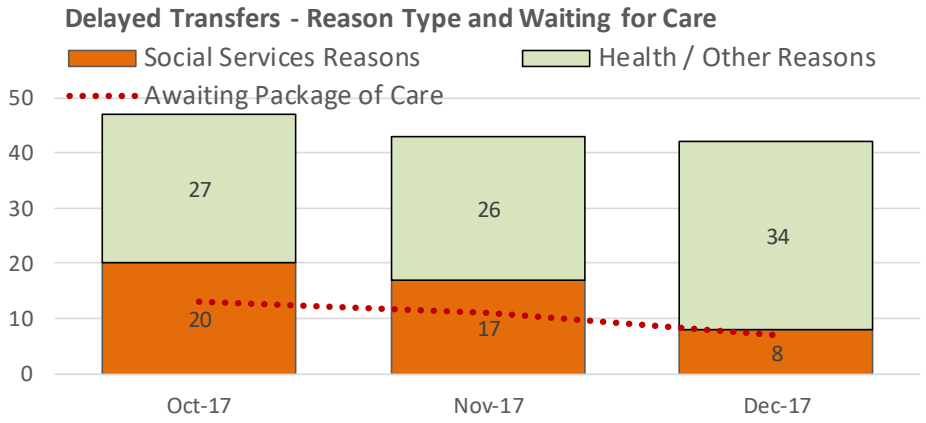


Delayed Transfers of Care (DToCs)

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 October, November & December 2017 but is still above historic levels.

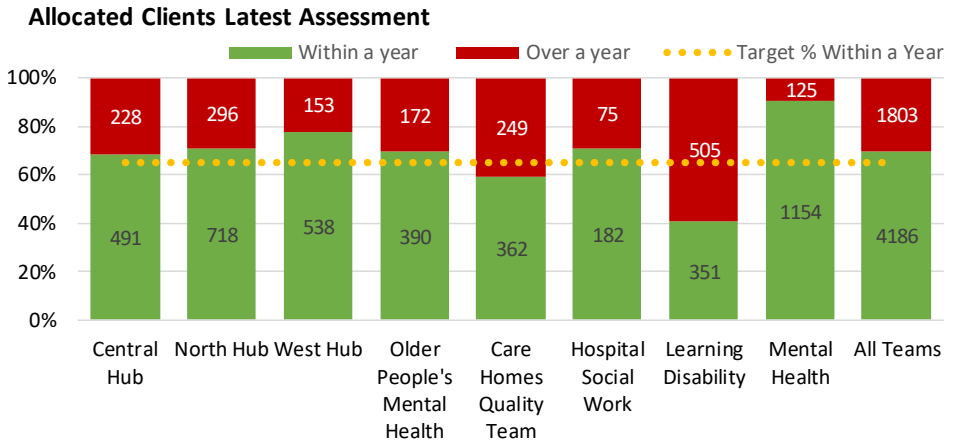
Delayed Transfers	Oct-17	Nov-17	Dec-17	Month Trend
Total Delays	**47**	**43**	**42**	↑
Of which				
Health / Other Reasons	27	26	34	↓
Social Services Reasons	20	17	8	↑
% social services	*42.6%*	*39.5%*	*19.0%*	↑
Awaiting Package of Care	13	11	7	↑
% of Social Services Reasons	*65.0%*	*64.7%*	*87.5%*	↓



Reviews of Allocated Clients

Routine reviewing and re-assessing of clients receiving a package of care is a significant requirement placed on social services department. We are working with the Learning Disability service to make progress in reviewing its clients, and we will be setting targets for improvement. We will also consider how to improve performance within CHQT particularly.

Number of Allocated Social Work / Review Cases & Time Since Latest Assessment of Need	Last Assessment Within a Year		Last Assessment Over a Year	
Team	Number of Clients	% of Clients	Number of Clients	% of Clients
Central Hub	491	68.3%	228	31.7%
North Hub	718	70.8%	296	29.2%
West Hub	538	77.9%	153	22.1%
Older People's MH Team	390	69.4%	172	30.6%
Care Homes Quality Team	362	59.2%	249	40.8%
Hospital Social Work	182	70.8%	75	29.2%
Learning Disability	351	41.0%	505	59.0%
Mental Health	1,154	90.2%	125	9.8%
All Teams	4,186	69.9%	1,803	30.1%



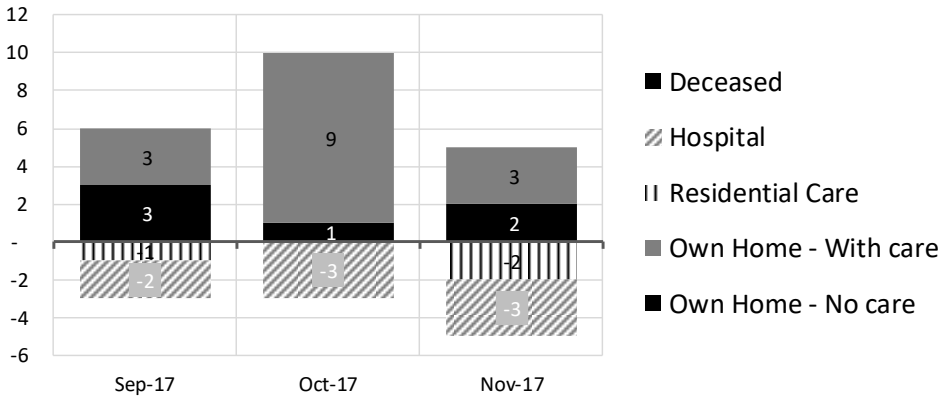
Effectiveness of Reablement

Residential Reablement

The residential reablement service continues to provide effective reablement and the majority of people go home rather than into institutional care. The increase in the length of stay should be noted as it may also reflect issues within the domiciliary care market, which a good proportion of clients require to move on. Reduction in length of stay in October 2017 was not sustained.

Leaving Residential Reablement	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Left Residential Reablement	**9**	**13**	**10**	↓	High
Of which					
Own Home - No care	3	1	2	↑	High
Own Home - With care	3	9	3	↓	High
Residential Care	-1		-2	↑	Low
Hospital	-2	-3	-3	→	Low
Deceased	-			→	Low
% went home	*66.7%*	*76.9%*	*50.0%*	↓	*High*
Average Length of Stay (Days)	**34.5**	**26.5**	**34.6**	↓	Low

Status Leaving Residential Reablement



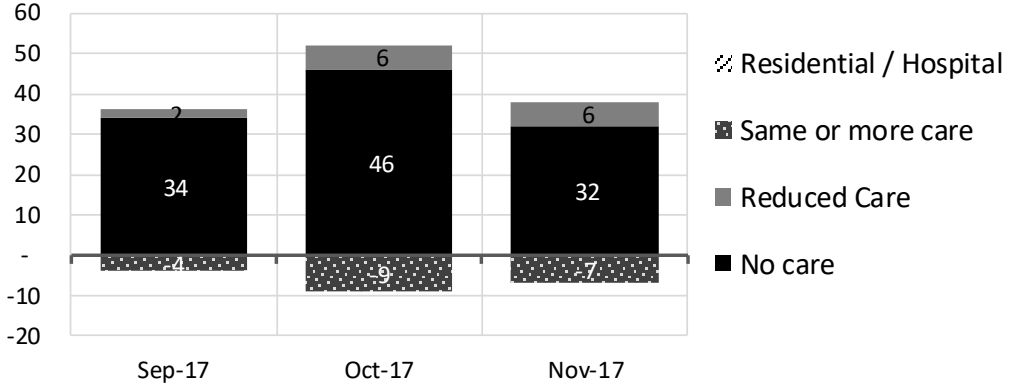
Community Reablement

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.

Leaving Community Reablement	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Left Community Reablement	**41**	**61**	**45**	↓	High
Of which					
No care	34	46	32	↓	High
Reduced Care	2	6	6	→	High
Same or more care	-4	-9	-7	↓	Low
Residential / Hospital				→	Low
Other	-1			→	Low
% reduced / no care	*87.8%*	*85.2%*	*84.4%*	↓	*High*
Average Days in Service	46.61	42.65	37.53	↑	Low

As with residential reablement, the increase in average length of service is also likely to be indicative of issues within the wider domiciliary care market. Improvements during November 2017 are welcome.

Status Leaving Community Reablement

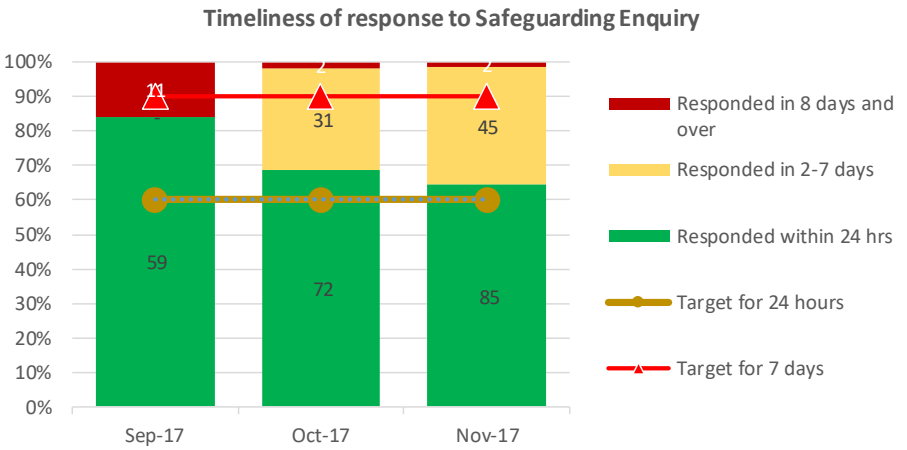


Adult Services Performance Headlines

Timeliness of Response to Safeguarding Issues

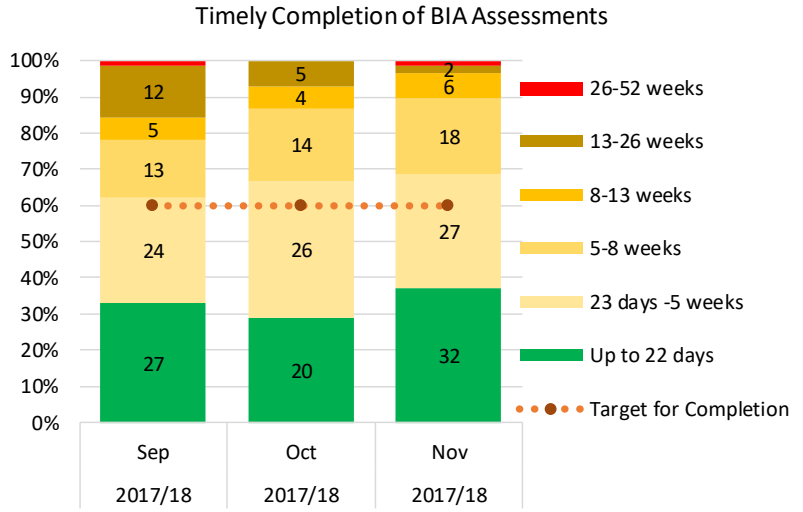
We are broadly meeting targets for timely response to safeguarding enquiries. Maintaining performance during October 2017 is an achievement as the number of enquiries was high. We continue to seek ways to improve the quality of enquiries so that a larger proportion are thresholded.

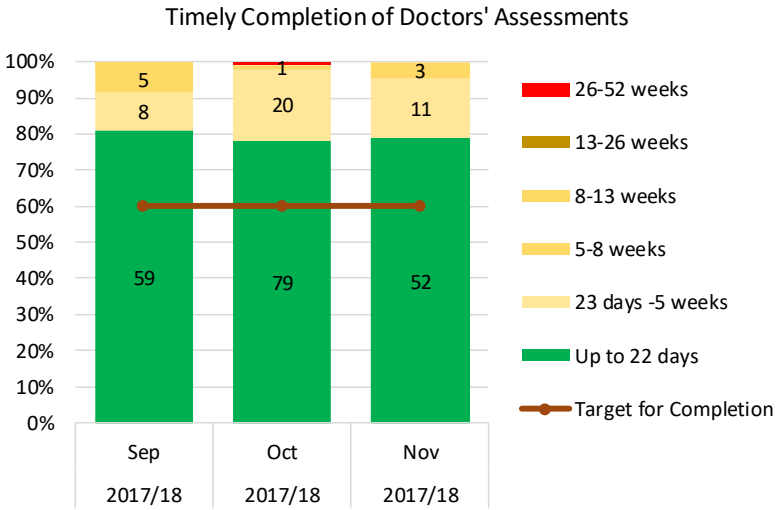
Month	Sep-17	Oct-17	Nov-17	Month Trend	Direction of Travel
Enquiries Received	**92**	**123**	**119**	↓	High
Timeliness of Response					
Responded within 24 hrs	59	72	85	↑	High
% responded within 24 hrs	*64.1%*	*58.5%*	*71.4%*	↑	*High*
Responded within 7 days	90	117	117	→	High
% responded within 7 days	*97.8%*	*95.1%*	*98.3%*	↑	High
Responded over 7 days	2	2	1	↑	Low
Awaiting response	-	4	1	↑	Low
% awaiting response	*0.0%*	*3.3%*	*0.8%*	↑	Low
Outcome					
Thresholds	**98**	**137**	**134**	↓	High
Threshold Met	40	61	42	↓	High
% Threshold met	*40.8%*	*44.5%*	*31.3%*	↓	*High*
Threshold Not Met	50	53	72	↓	Low
% Threshold met	*51.0%*	*38.7%*	*53.7%*	↓	*Low*



Timeliness of Deprivation of Liberty Assessments

While the overall completion rate for DoLS assessments is just below target, this masks that there is a specific issue with timeliness for the majority of BIA assessments.





ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
DATA FOR NOVEMBER / DECEMBER 2017

Contents

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. In December 2017 we will introduce further measures to strengthen the MDT focus.

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)

Work has commenced on a new system but there have been some interruptions to data recording. Our performance team will continue to work with the LAC Team to ensure that they are recording their activities accurately (p.10).

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 has been hampered by difficulties in setting up packages of care (p.11).

Improved validation processes in some service areas has improved performance.

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 developing a practice framework for social work during 2017/18 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) but North Hub and CHQT teams are, on average, achieving higher completion times than 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 2016/17 set against the new national performance indicators (p.24).

There have been some improvements in the effectiveness of the community reablement service during the year (p. 26-27) but the evidence is incomplete. Some improvements in recording have been secured and continued work is needed to ensure that all outcomes are recorded correctly by the relevant teams.

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 increased (p.37) and as a result of marginal increases in the average package size (p.40), the total number of hours provided each month has grown disproportionately (p.39). 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 has not continued into 2017/18 (to date).

We are concerned about these metrics as they could indicate that there are issues with our reablement strategy that need to be explored. 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 on timeliness of response to safeguarding enquiries improved during 2016/and improved further in the early part of 2017/18. Close scrutiny of this by the Principal Officer and Head of Service is being carried out.

Performance on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now consistently being completed within the targets for both 24 hours and 7 days.

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 a hundred requests arriving monthly, the challenge continues (p.45).

It has been a testing year for DoLS work in Swansea but currently the situation has become much better, with the current backlog almost cleared. We continue to monitor this area of work.

Welsh Government expects the core elements of the process to be completed in 21 days. Since April 2017 we have achieved this in 60.4% of cases, just over our 2017/18 target of 60%. Close scrutiny however continues at both Head of Service and Principal Officer to ensure that compliance to timescales improves.

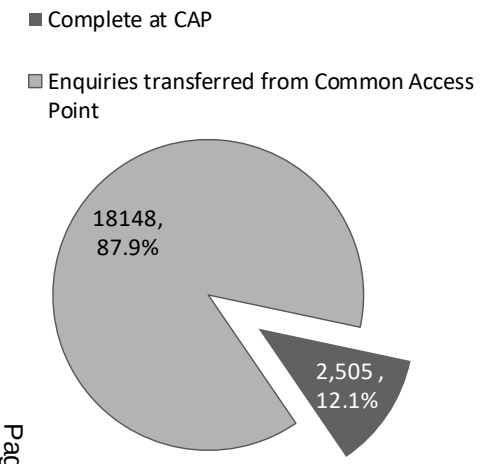
Common Access Point (CAP)

The Common Access Point continues to be reviewed for function and purpose. During 2016/17, 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'.)

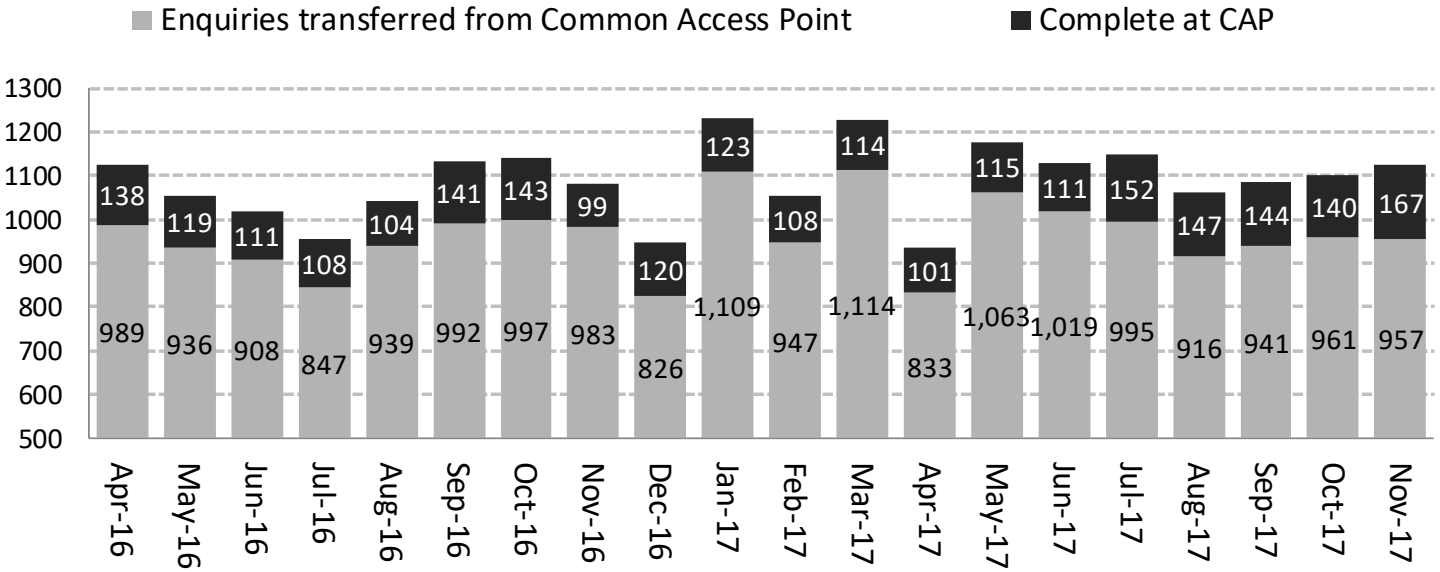
Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new national performance measure. Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. An initial target of **80%** has been set for 2017/18.	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, but will need to develop this in 2017/18. As at December 2017, performance on this indicator was on target and improving at **82%.**
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
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.

Common Access Point (CAP)

Enquiries Received at Common Access Point



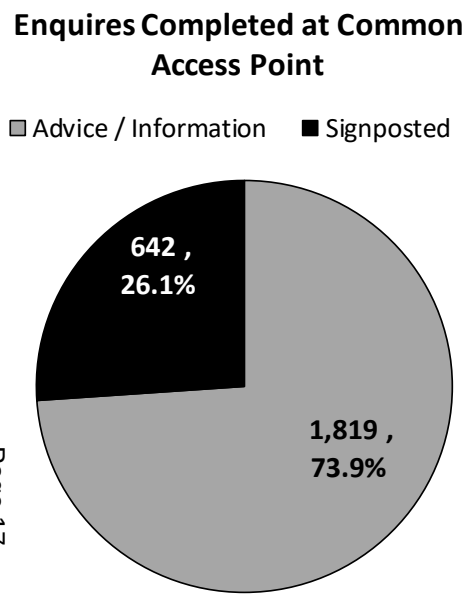
Enquiries Processed Via Common Access Point

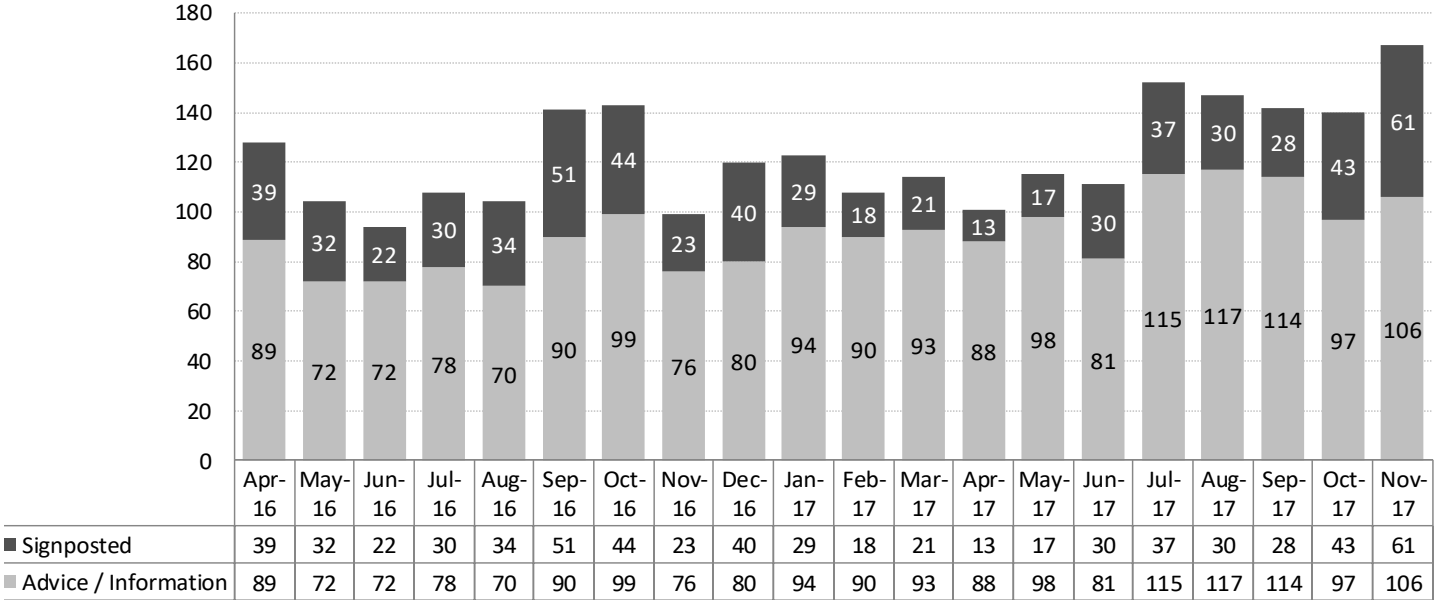


During the period April 2016 – November 2017, 88% of enquiries were processed via the CAP are passed through to other teams. 12% of enquiries are completed at CAP.

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 2017 saw considerably higher numbers of enquiries processed.	Larger than average numbers of enquiries have come through CAP since January. More typical numbers processed during February / April.	We will continue to monitor for sustained changes to patterns of referral.

Enquiries Completed at the Common Access Point





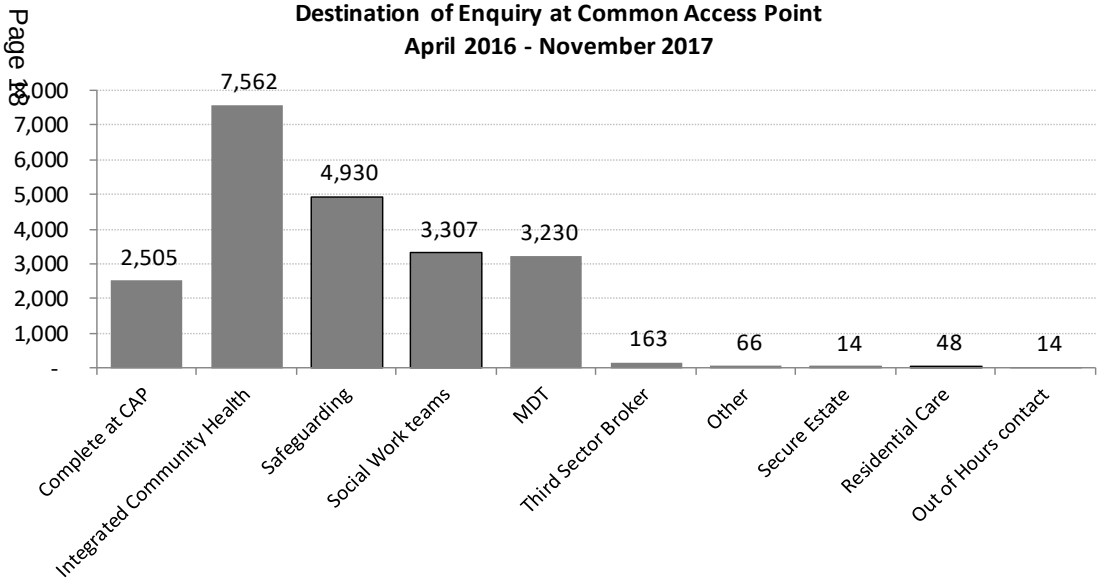
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Signposted	39	32	22	30	34	51	44	23	40	29	18	21	13	17	30	37	30	28	43	61
Advice / Information	89	72	72	78	70	90	99	76	80	94	90	93	88	98	81	115	117	114	97	106

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.
DFG requests are no longer completed in CAP and are passed directly into the Integrated Community Hubs for appropriate assessment.	Not applicable.	No further action required.

Destination of Enquiries Initiated at the Common Access Point

Enquiries Processed Via Common Access Point	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	Whole Period	% of total
Complete at CAP	138	119	111	108	104	141	143	99	120	123	108	114	101	115	111	152	147	144	140	167	**2,505**	**12.1%**
Integrated community health teams	343	415	424	388	419	476	395	417	371	501	448	457	350	383	309	283	321	324	296	242	**7,562**	**36.6%**
Safeguarding	284	225	199	184	268	247	273	256	213	233	227	303	208	262	265	260	215	226	264	318	**4,930**	**23.9%**
Social Work teams	240	237	227	214	201	203	202	195	145	278	192	146	81	115	89	100	108	116	122	96	**3,307**	**16.0%**
MDT	110	46	52	54	50	58	125	111	89	89	63	193	179	273	345	333	256	261	259	284	**3,230**	**15.6%**
Third Sector Broker	12	13	6	4	-	5	2	4	6	7	6	12	12	18	8	11	8	10	13	6	**163**	**0.8%**
EDT	-	-	-	2	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	**4**	**0.0%**
Secure Estate	-	-	-	1	1	2	-	-	1	1	-	-	1	1	1	1	3	-	1	-	**14**	**0.1%**
Total Referrals Completed	**1,127**	**1,055**	**1,019**	**955**	**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**	**20,653**	**100%**
Enquiries transferred from Common Access Point	**989**	**936**	**908**	**847**	**939**	**992**	**997**	**983**	**826**	**1,109**	**947**	**1,114**	**833**	**1,063**	**1,019**	**995**	**916**	**941**	**961**	**957**	**18,148**	**87.9%**



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 35.4% of enquiries received at CAP.

'Social work teams' refers to social work services provided within the Hubs. They received 15.5% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 22.3% of referrals related to safeguarding and were distributed appropriately across all teams.

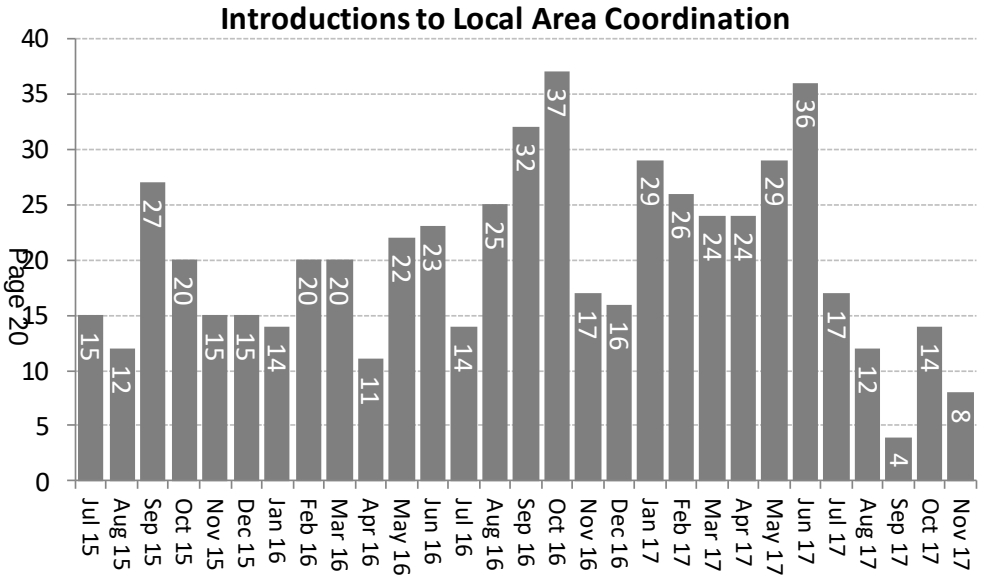
Common Access Point (CAP)

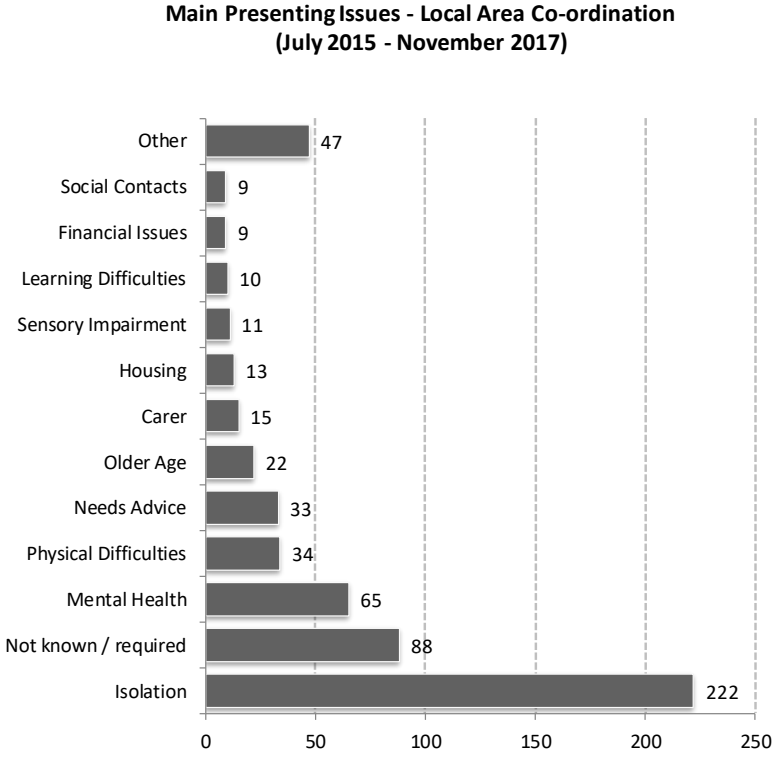
What is working well?	What are we worried about?	What are we going to do?
Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards. The MDT carries out proportionate triage in order to divert or establish need for further assessment	The MDT arrangements have taken some time to develop and has not been staffed consistently. There were fewer MDT referrals in August and September compared to June and July	New arrangements to strengthen the MDT approach have been established, but we will monitor to ensure numbers are maintained. Assistant Team Manager carrying out quality assurance checks on a sample of referrals to establish whether they were handled / recorded correctly.
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 going to examine the data for 2017 to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on training on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals if the relevant Paris process is followed. Third sector broker referrals have resumed in September 2016		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 has now been set at 60 a quarter.	The target was met each quarter in 2016/17, following correction of recording issues. Quarter 1 performance achieved the 2017/18 target. Some improvement will be needed for Q2 based on data to date.

Requests for Local Area Co-ordination and Main Presenting Issues





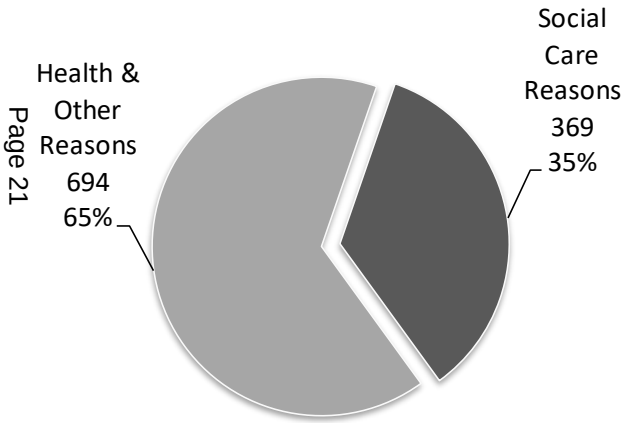
'Other' includes categories of less than 9 introduction reasons in the period, including Child and Family, Community Tension, Drug and Alcohol, Learning Difficulties, Benefits, Dementia, Social Contacts, Domestic Violence and Employment.

What is working well?	What are we worried about?	What are we going to do?
There is a basic 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.	Work has commenced on a modernised information system to replace the existing system.

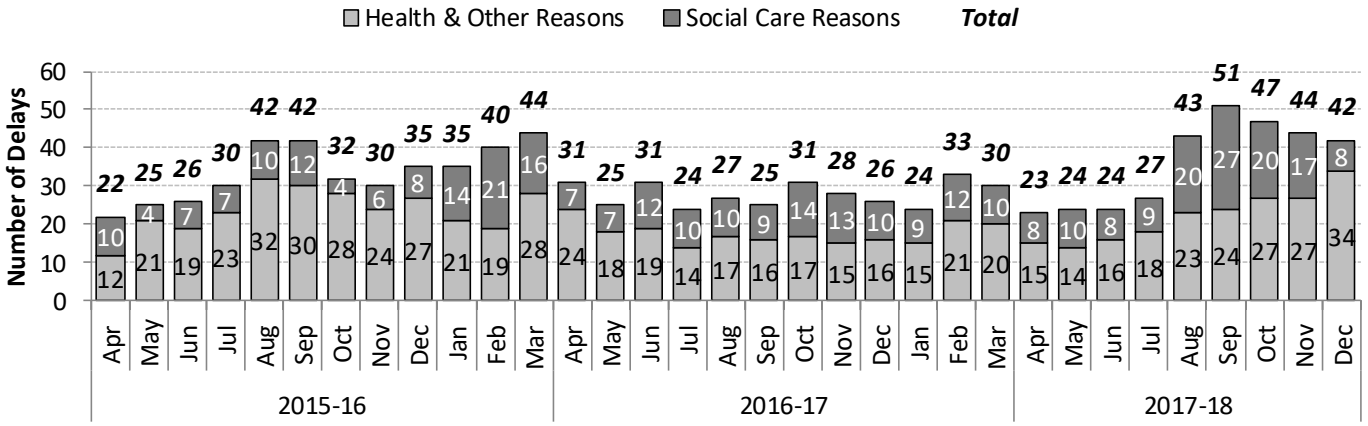
Delayed Transfers of Care

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 has been set as less than 4 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 is projected to be **6.8** based on data to November, influenced substantially by the very large numbers of delays reported August – October 2017.

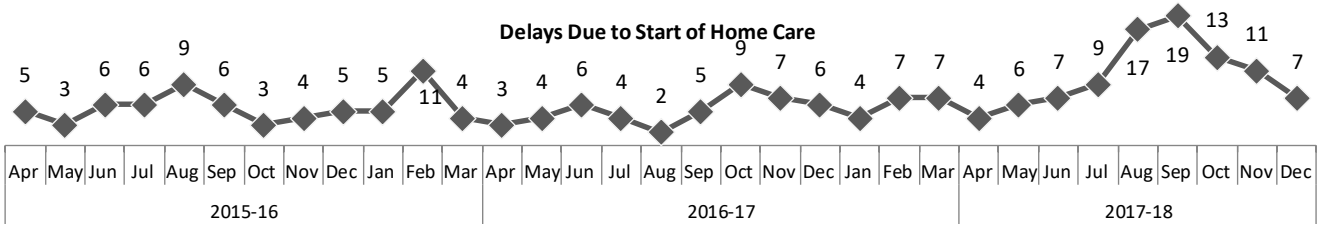
Reason for Delayed Transfers of Care
April 2015 - December 2017



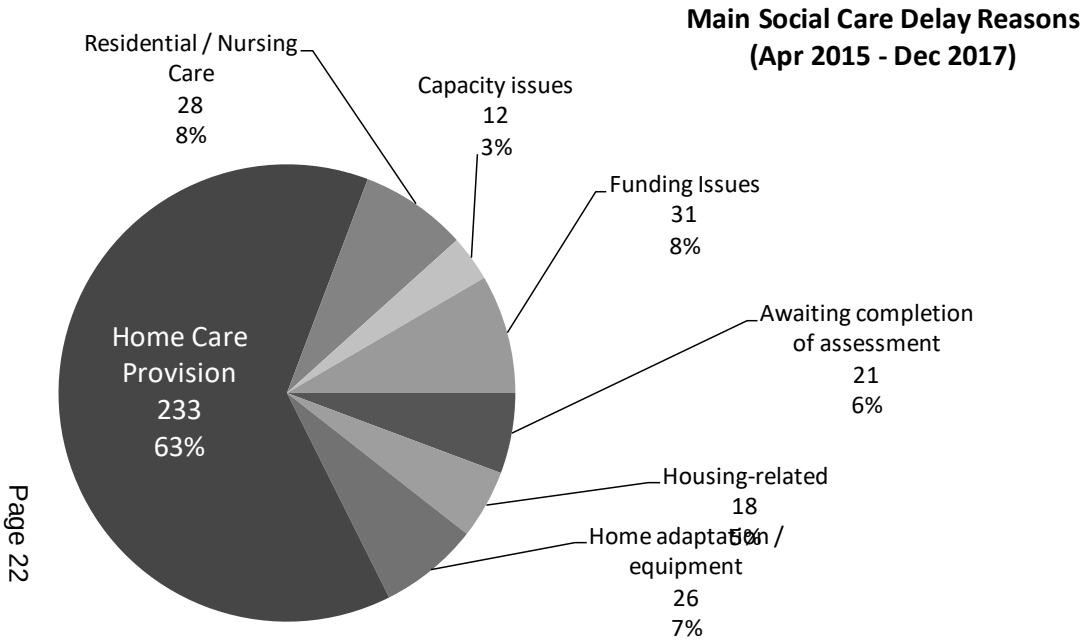
Spread of Delayed Transfers of Care

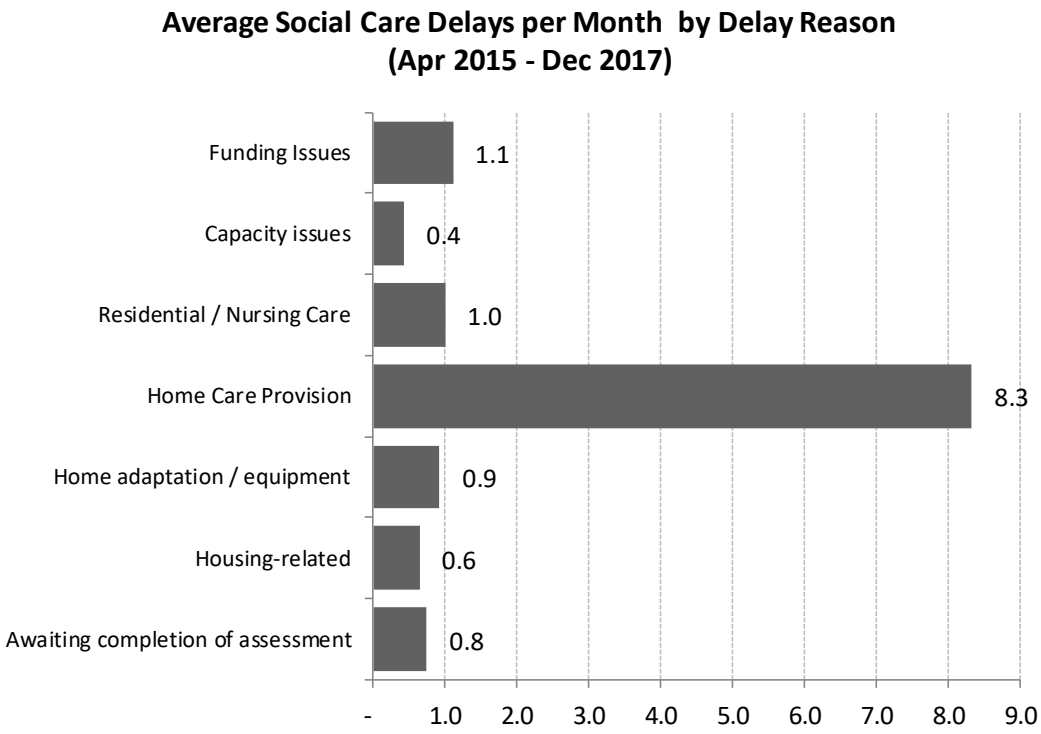


The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay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



Reasons for Delay and Associated Monthly Averages





The above data shows that of the **369** 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 own home with 233 (or 63%). There is an average of 8.3 delays a month for this reason. Around 8% of delays relate to delays in arranging for residential / nursing placements to be made, with an average of 1.0 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 and continuing to November, the average has risen from 0.2 per month to 0.8. Typically an average of 1.1 persons delayed for social care funding reasons (not necessarily for residential care).

Delayed Transfers of 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.	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.

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.	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. By the end of December 2017, performance was meeting the target and had improved to **69.9%.**
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). Most teams are achieving an average 30 days or less for 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

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.

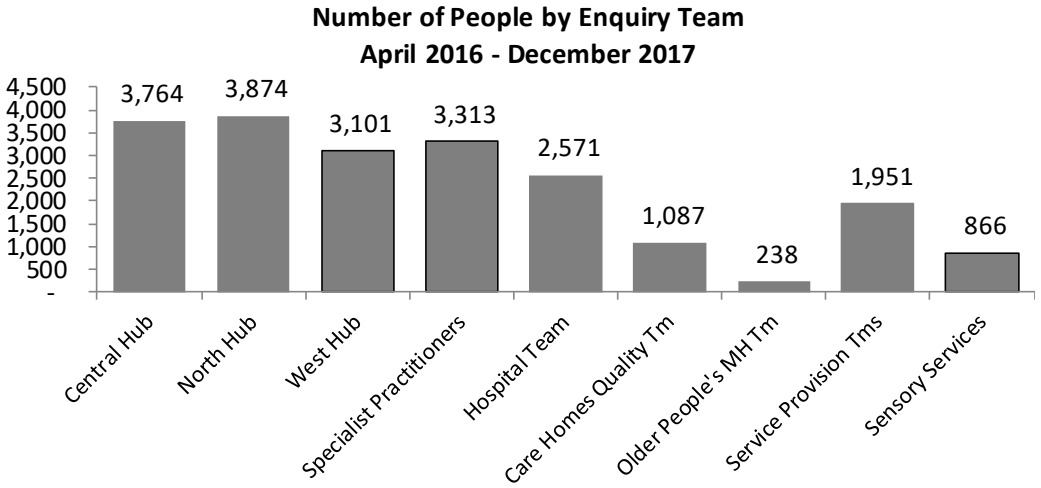
All references below distinguish between **people** and **enquiries** and **assessments**

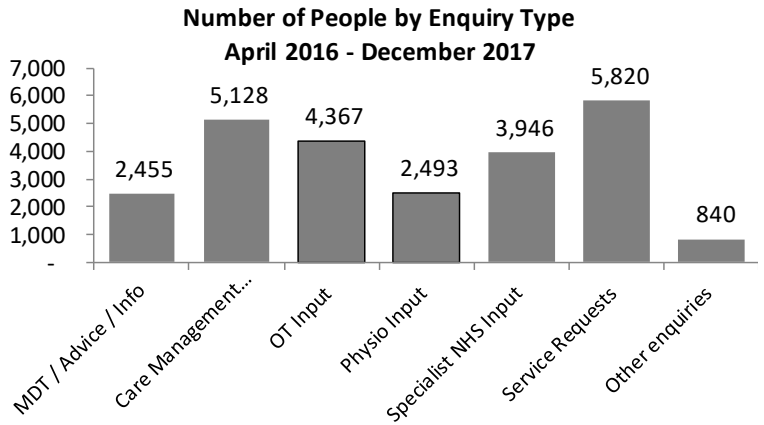
People Subject of Enquiry by Team and by Type of Enquiry

Individuals who were subject of an enquiry April 2016 – December 2017

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	770	885	718	-	12	61	17	1	14	2,455	19.1%
Care Management Input	949	1,168	890	4	2,437	202	180	6	8	5,128	39.9%
OT Input	1,670	1,554	1,262	2	3	1	1	-	-	4,367	34.0%
Physio Input	1,010	876	682	-	2	-	-	-	-	2,493	19.4%
Specialist NHS Input	293	179	411	3,306	1	1	1	-	2	3,946	30.7%
Service Requests	1,421	1,591	1,147	-	384	899	28	1,947	229	5,820	45.3%
Other enquiries	5	36	3	4	30	1	44	-	726	840	6.5%
All Adult Services	**3,764**	**3,874**	**3,101**	**3,313**	**2,571**	**1,087**	**238**	**1,951**	**866**	12,851	
%ge of All Teams	29.3%	30.1%	24.1%	25.8%	20.0%	8.5%	1.9%	15.2%	6.7%		

With 3,874 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services.





Assessment & Care Management: Integrated Services

Number of Enquiries by Team and Type of Inquiry April 2016 – December 2017

Many service users receive more than one enquiry type in a period of time. Compared to the 12,851 individuals who were the subject of an enquiry since April 2016, 34,960 enquiries were logged, an average of 2.7 enquiries per person.

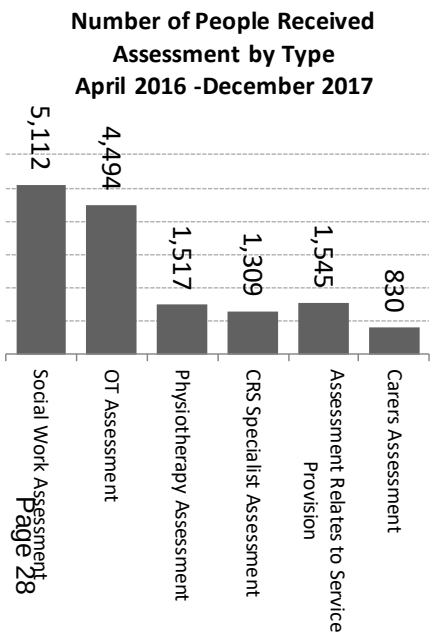
Enquiry Team	Number of Enquiries	%ge of all Enquiries
Central Hub	7,361	26.6%
North Hub	7,779	28.1%
West Hub	6,337	22.9%
Specialist Practitioners	4,070	14.7%
Hospital Team	3,607	13.0%
Care Homes Quality Team	1,676	6.1%
Older People's Mental Health Team	316	1.1%
Service Provision Teams	2,618	9.5%
Sensory Services	1,196	4.3%
All Services	**34,960**	**100%**

Type of Enquiry	Number of Enquiries	%ge of all Enquiries
Advice / Information / MDT	2,971	7.0%
Care Management Input	6,917	20.3%
OT Input	5,724	16.7%
Physio Input	2,957	8.2%
Specialist NHS Input	5,018	14.4%
Service Requests	10,333	30.4%
Other enquiries	1,040	2.9%
All Enquiry Types	**34,960**	**100%**

The most common enquiry type (30.4%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 24.9% of enquiries, with enquiries about care management input represent 20.3% 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 Assessments and People Assessed by Team and Assessment Type: April 2016 - December 2017	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	1,247	2,262	1,593		1,542	903	771	509	**8,827**	**5,112**
OT Assessment	1,727	1,779	1,284						**4,790**	**4,494**
Physiotherapy Assessment	538	674	385	1					**1,598**	**1,517**
CRS Specialist Assessment	293	469	282	1,114					**2,158**	**1,309**
Assessment Relates to Service Provision	585	618	523	1					**1,727**	**1,545**
Carers Assessment	180	334	294		23		68	1	**900**	**830**
Number of Assessments Completed	**4,570**	**6,136**	**4,361**	**1,116**	**1,565**	**903**	**839**	**510**	**20,000**	
Number of People Assessed	**2,832**	**3,379**	**2,418**	**567**	**1,280**	**694**	**364**	**455**		**9,888**

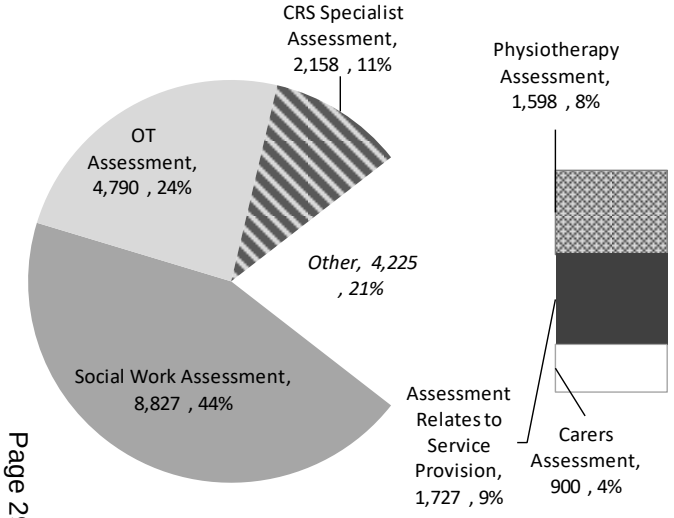
The above table shows the number of assessments by different types since April 2016.

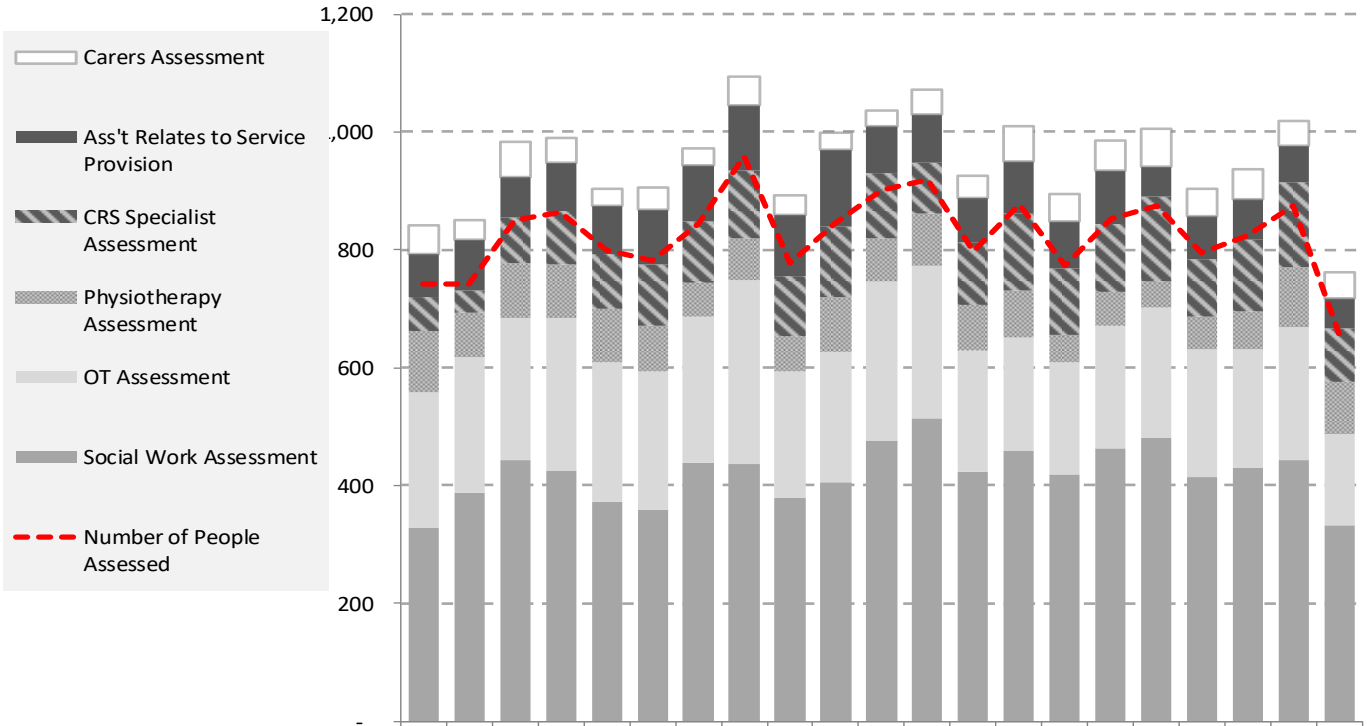
'Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead.

'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 (April 2016 – Dec 2017)



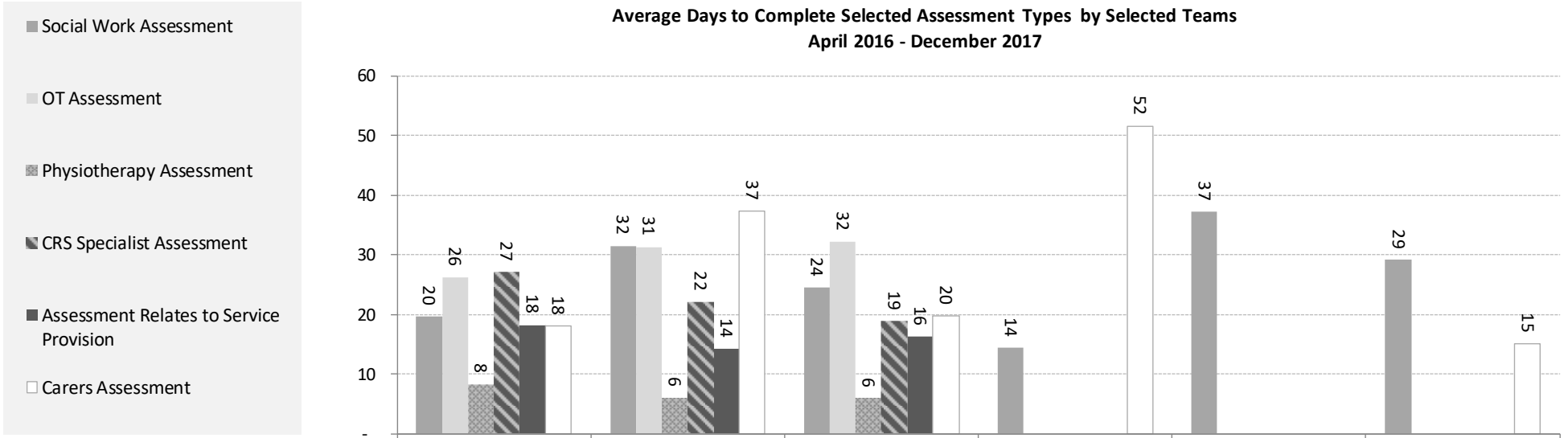


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Carers Assessment	48	33	59	42	30	38	30	49	33	27	27	43	37	60	46	52	64	47	51	41	43
Ass't Relates to Service Provision	74	86	68	81	81	94	95	111	104	131	80	83	75	89	80	89	50	72	69	63	52
CRS Specialist Assessment	58	38	79	90	92	103	103	115	103	119	110	85	107	130	114	116	144	99	121	143	89
Physiotherapy Assessment	104	76	93	91	92	78	59	72	60	94	74	89	78	80	45	58	45	54	65	101	89
OT Assessment	229	231	241	259	236	234	248	312	215	221	269	260	205	193	191	209	221	218	201	226	155
Social Work Assessment	329	387	443	426	373	360	438	436	378	406	477	513	424	459	419	462	481	414	430	444	333
Number of People Assessed	743	741	850	863	799	781	843	959	777	847	902	919	797	878	774	852	876	795	823	875	659

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 more than 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.

Average Time Taken to Complete Assessments by Type



	Central Hub	North Hub	West Hub	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team
Social Work Assessment	20	32	24	14	37	29
OT Assessment	26	31	32			
Physiotherapy Assessment	8	6	6			
CRS Specialist Assessment	27	22	19			
Assessment Relates to Service Provision	18	14	16			
Carers Assessment	18	37	20	52		15

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.	Average time to complete social work assessments are higher than 30 days in CHQT & North Hub 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.

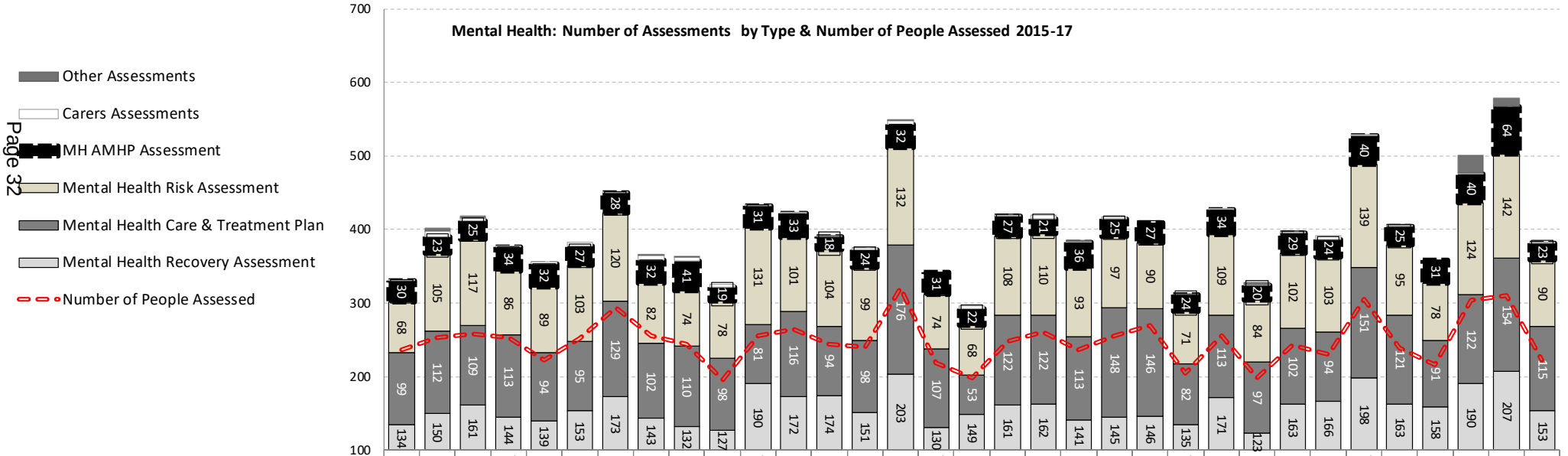
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

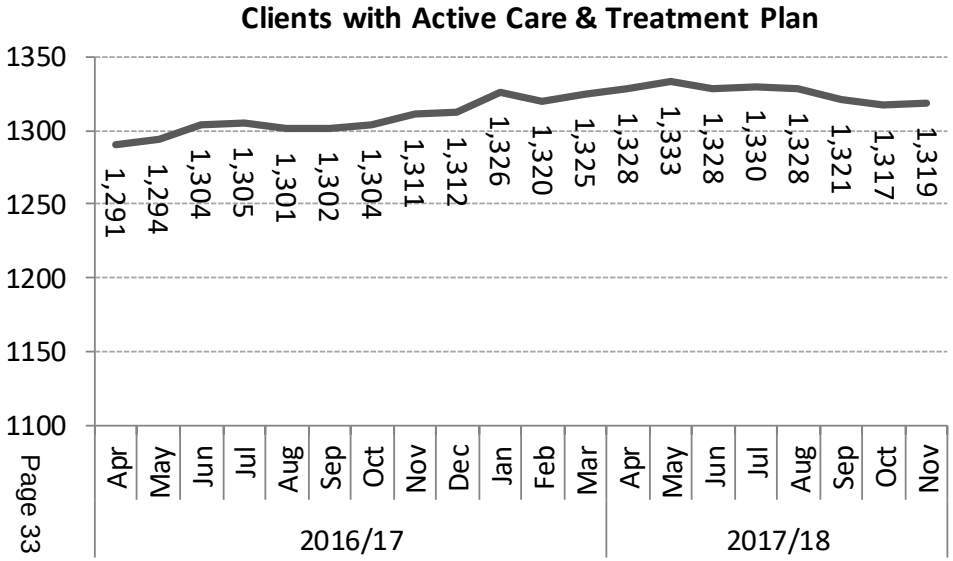
Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried 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.



	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	Sep	Oct	Nov	Dec
	2015/16												2016/17												2017/18								
Other Assessments	0	4	3	0	0	0	0	1	1	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	3	0	0	0	0	0	24	12	0
Carers Assessments	1	8	4	1	2	5	2	6	5	3	1	1	1	3	6	0	4	2	5	1	2	0	0	2	1	1	5	1	2	0	1	0	1
MH AMHP Assessment	30	23	25	34	32	27	28	32	41	19	31	33	18	24	32	31	22	27	21	36	25	27	24	34	20	29	24	40	25	31	40	64	23
Mental Health Risk Assessment	68	105	117	86	89	103	120	82	74	78	131	101	104	99	132	74	68	108	110	93	97	90	71	109	84	102	103	139	95	78	124	142	90
Mental Health Care & Treatment Plan	99	112	109	113	94	95	129	102	110	98	81	116	94	98	176	107	53	122	122	113	148	146	82	113	97	102	94	151	121	91	122	154	115
Mental Health Recovery Assessment	134	150	161	144	139	153	173	143	132	127	190	172	174	151	203	130	149	161	162	141	145	146	135	171	123	163	166	198	163	158	190	207	153
Number of People Assessed	236	253	258	253	222	251	294	255	244	196	256	264	244	240	321	219	198	248	260	236	256	269	205	256	198	243	230	305	239	216	304	310	222

People 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.

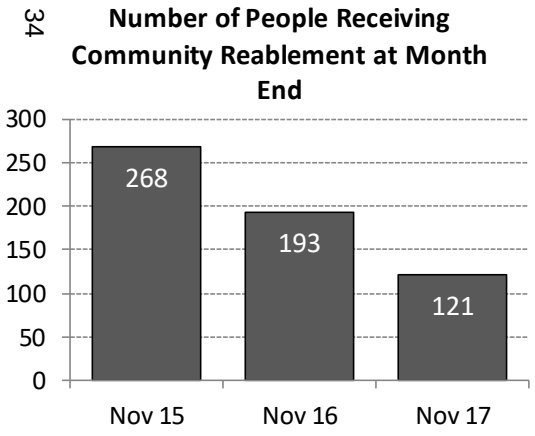
The overall caseload for the mental health service has remained relatively stable over the last 19 months (up 2%). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing 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.

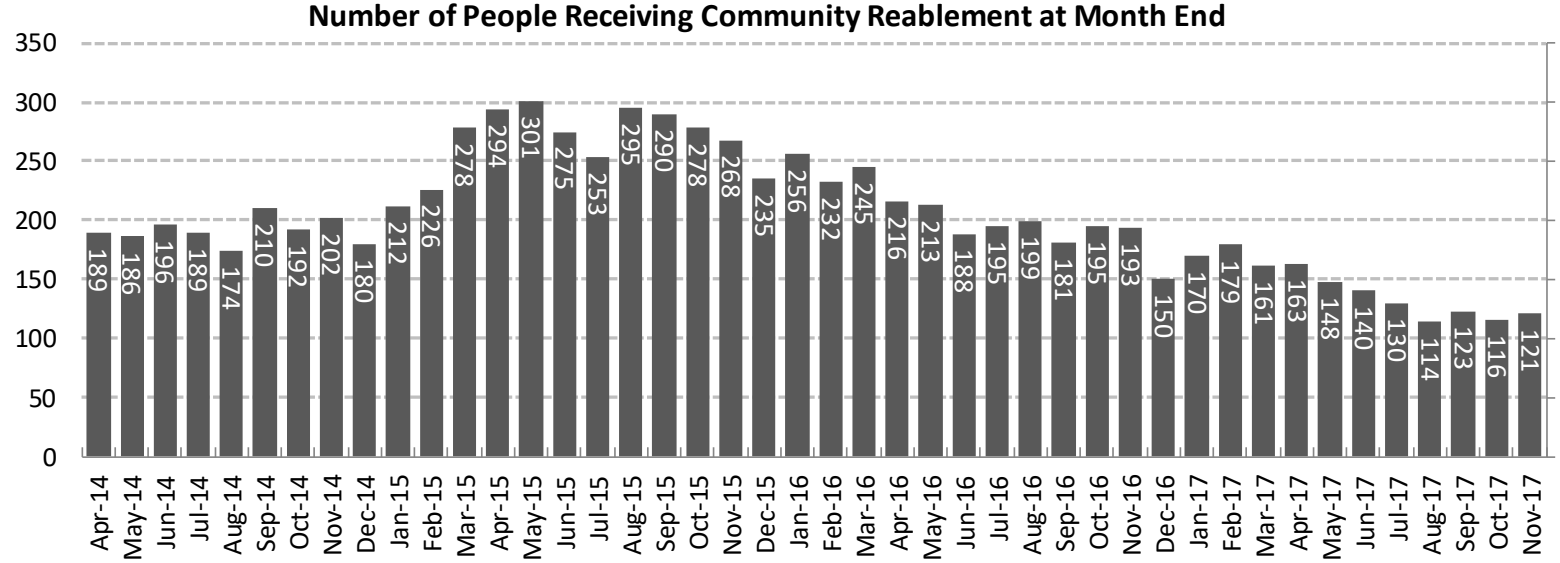
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training 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

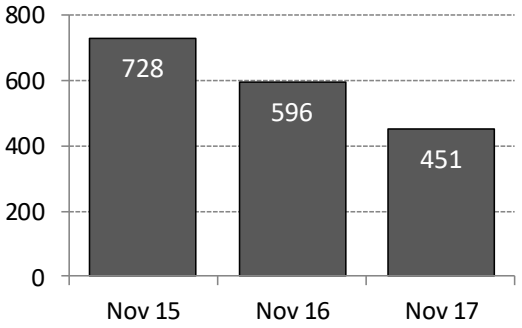
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective 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 will continue for 2017/18.	Cumulative performance for 2016/17 was **66.7%,** meeting target**.** By November 2017 performance remained at **75%**, also meeting target
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 has been continued into 2017/18.	Cumulative performance for 2016/17 was **27.7%,** meeting target**.** For Quarter 2 of 2017/18 performance was **72.3%**, considerably exceeding target.

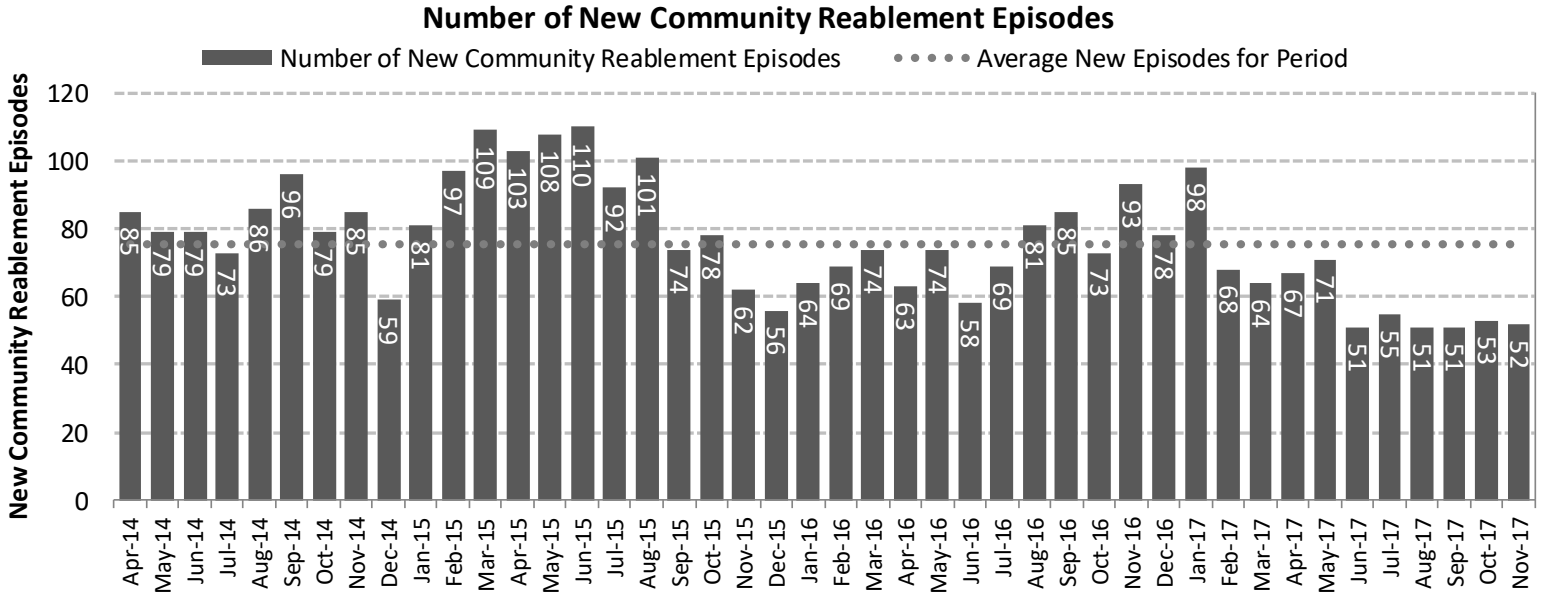
People Receiving Community Reablement





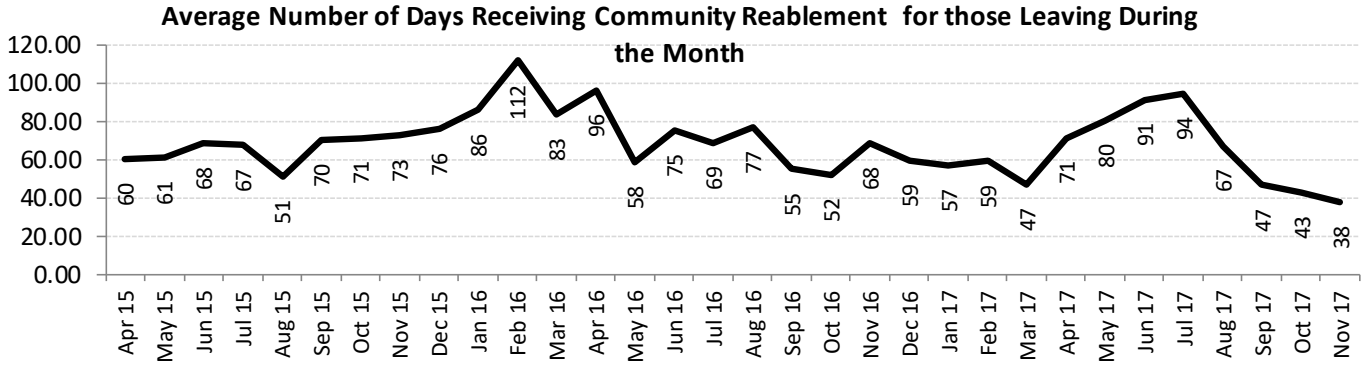
New Community Reablement Episodes (formerly DCAS)

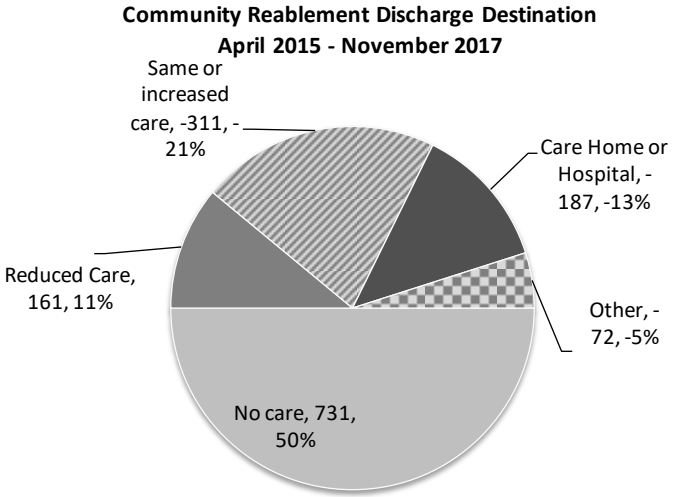




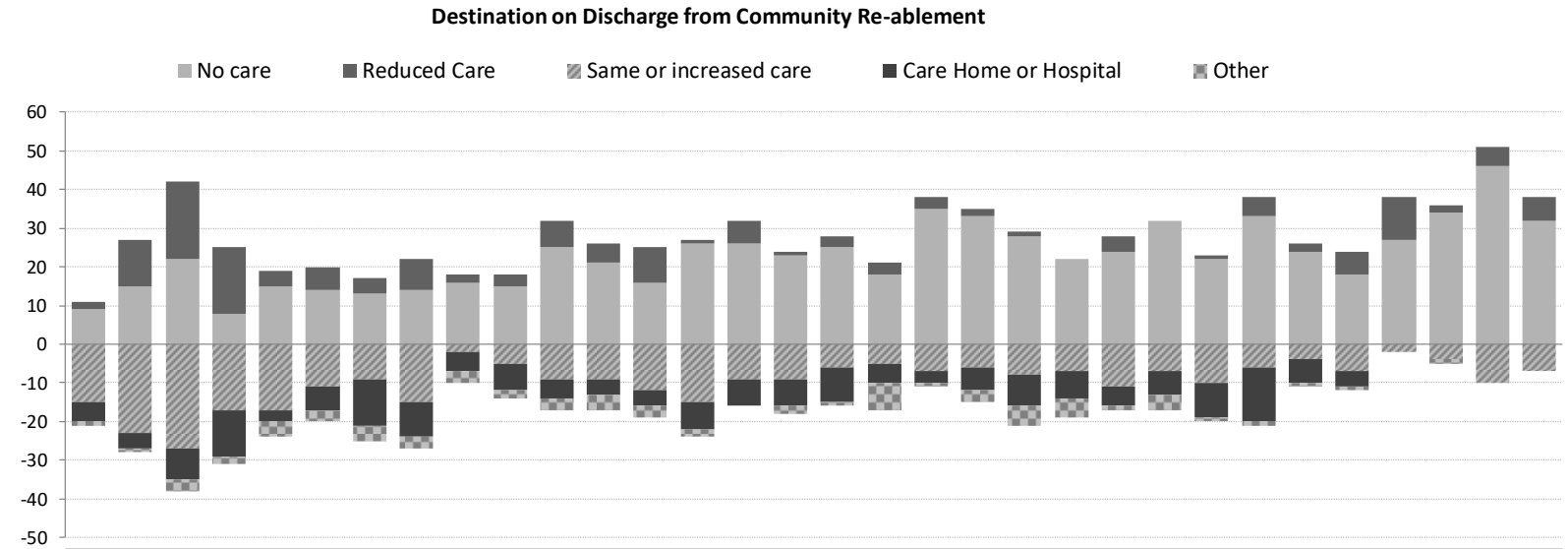
What is working well?	What are we worried about?	What are we going to do?
People continue to access the service and around 110 – 120 are usually being supported at any given time and on average 50 typically admitted each month.	June through October 2017 saw notable decreases in both starters and number 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.

Effectiveness of Community Reablement





Positive numbers in graph / tables below 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.



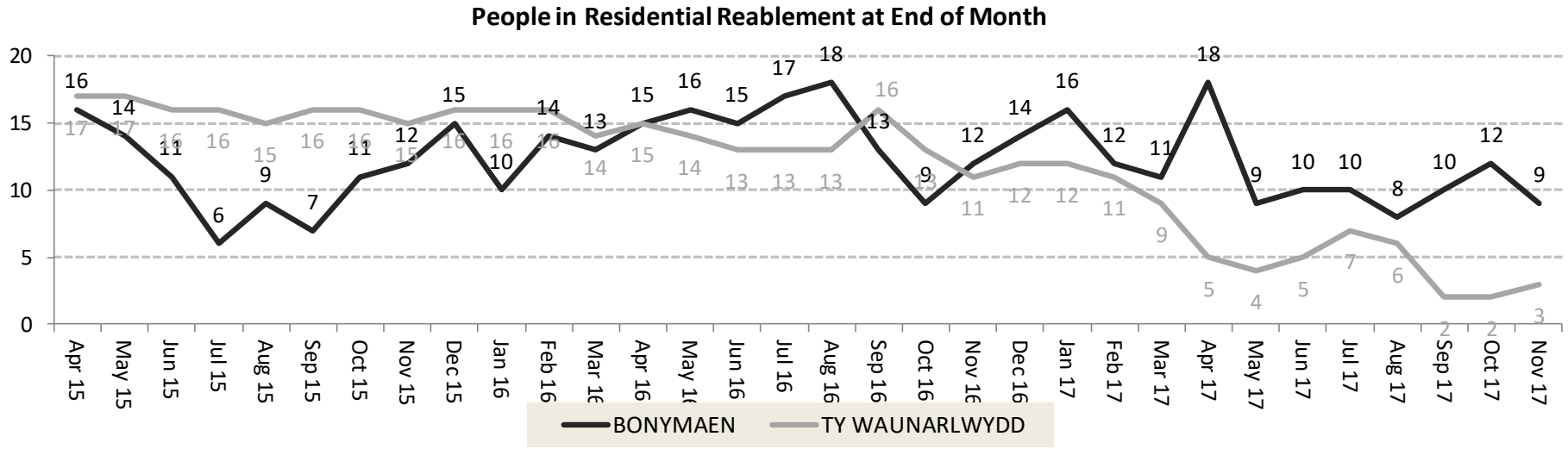
	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Other	-1	-1	-3	-2	-4	-3	-4	-3	-3	-2	-3	-4	-3	-2	0	-2	-1	-7	-1	-3	-5	-5	-1	-4	-1	-1	-1	-1	0	-1	0	0
Care Home or Hospital	-5	-4	-8	-12	-3	-6	-12	-9	-5	-7	-5	-4	-4	-7	-7	-7	-9	-5	-3	-6	-8	-7	-5	-6	-9	-14	-6	-4	0	0	0	0
Same or increased care	-15	-23	-27	-17	-17	-11	-9	-15	-2	-5	-9	-9	-12	-15	-9	-9	-6	-5	-7	-6	-8	-7	-11	-7	-10	-6	-4	-7	-2	-4	-10	-7
Reduced Care	2	12	20	17	4	6	4	8	2	3	7	5	9	1	6	1	3	3	3	2	1	0	4	0	1	5	2	6	11	2	5	6
No care	9	15	22	8	15	14	13	14	16	15	25	21	16	26	26	23	25	18	35	33	28	22	24	32	22	33	24	18	27	34	46	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.

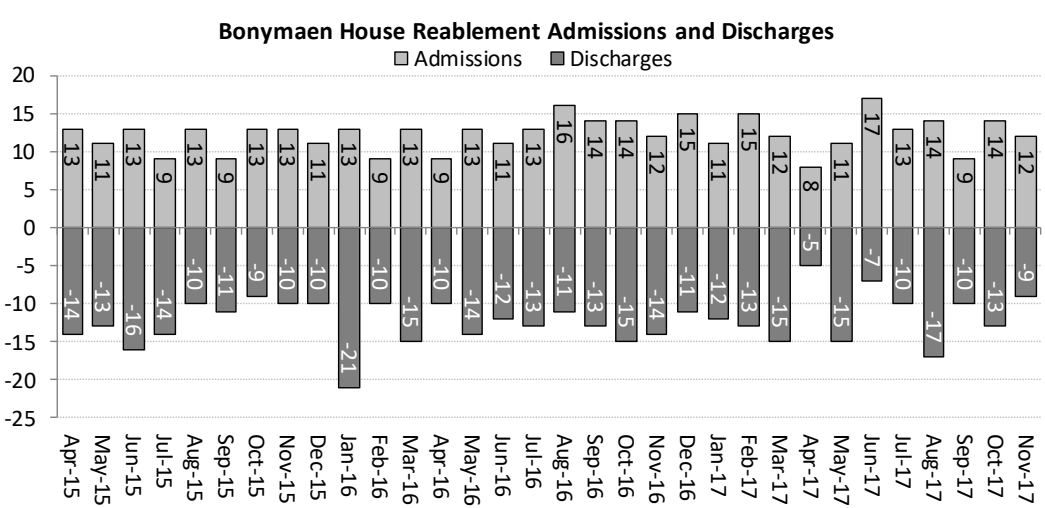
Residential Reablement

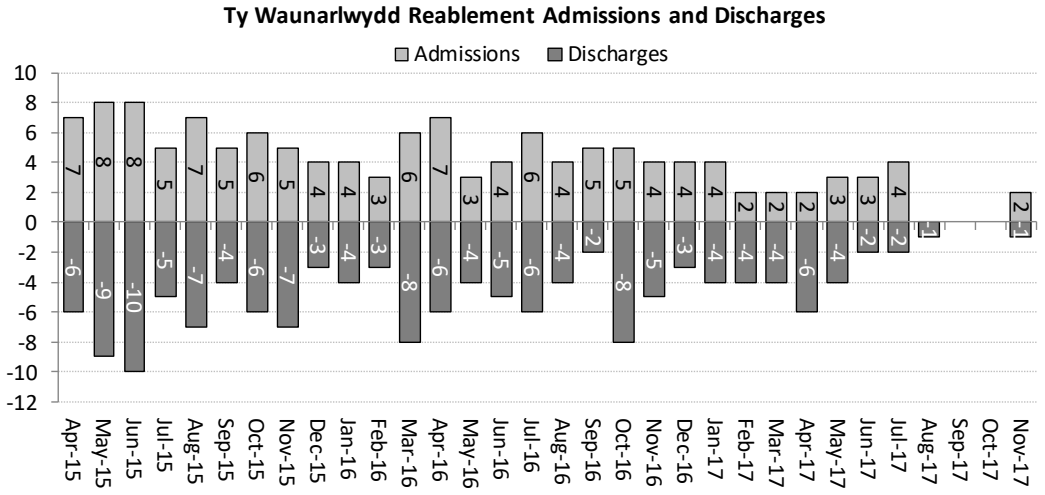
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with 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. For 2017/18, result is **70.2%** to November 2017.

Numbers in Residential Reablement



Admissions to /Discharges from Residential Reablement

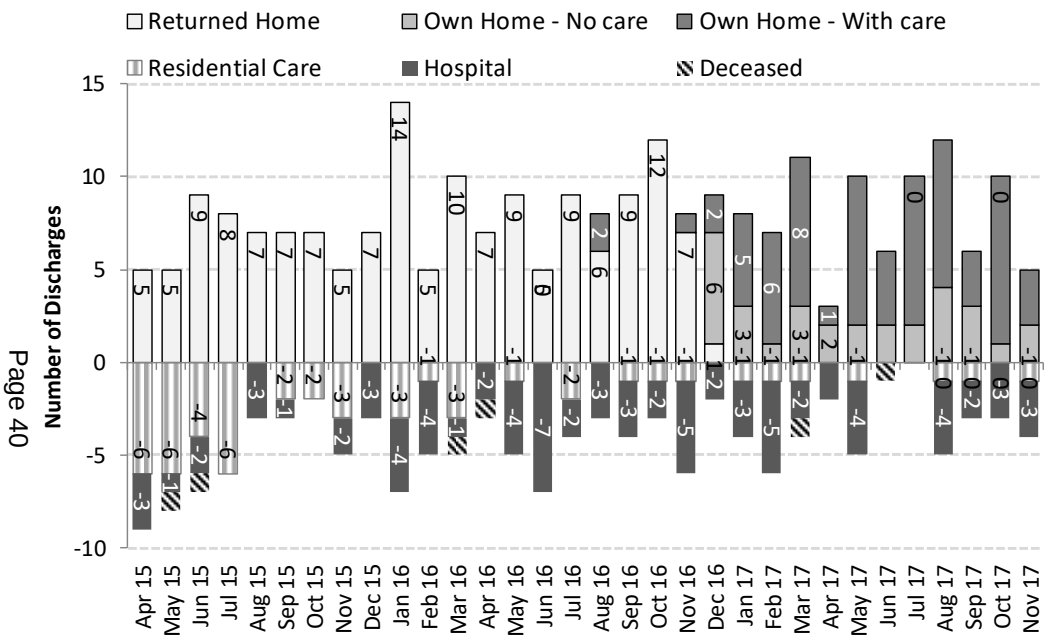




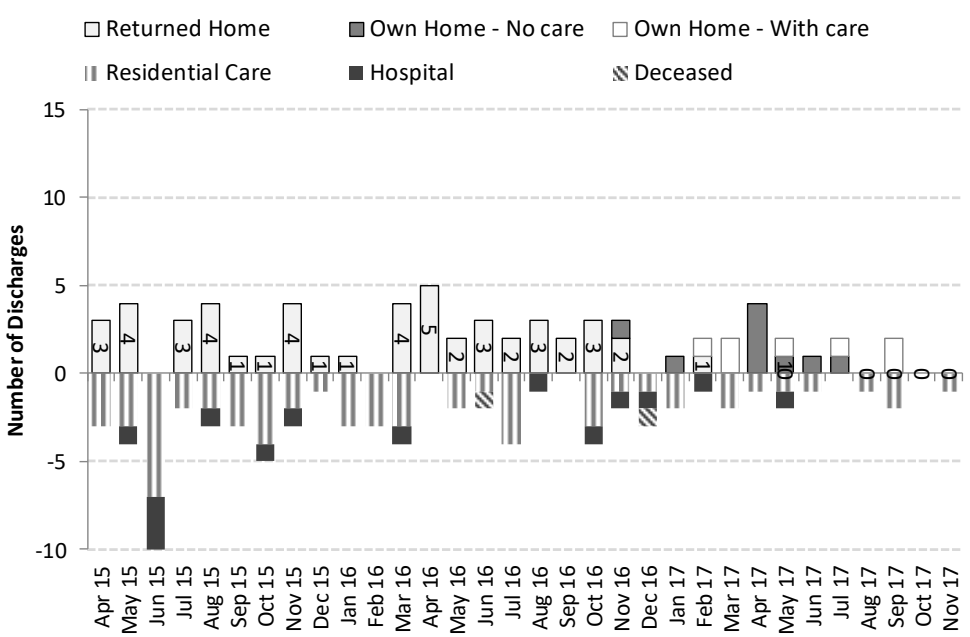
Effectiveness of Residential Reablement

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



Ty Waunarlwydd Reablement Destination on Discharge

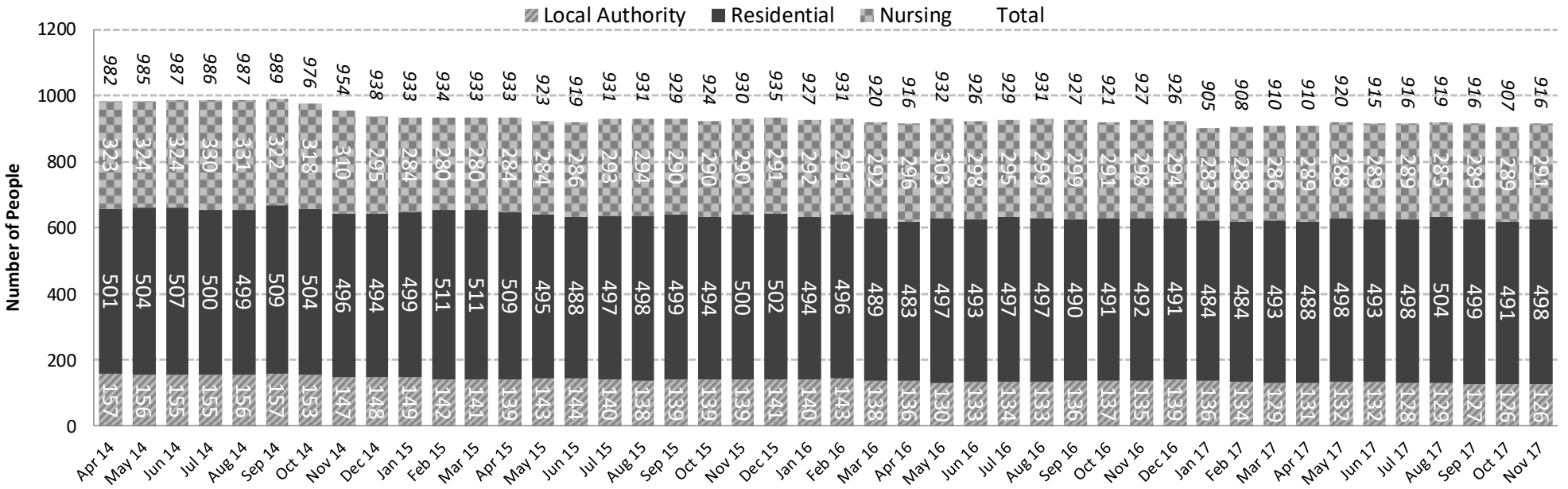


What is working well?	What are we worried about?	What are we going to do?
Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlwydd deals with people whose care needs are often greater	We want to do some work looking at the extent to which 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,	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

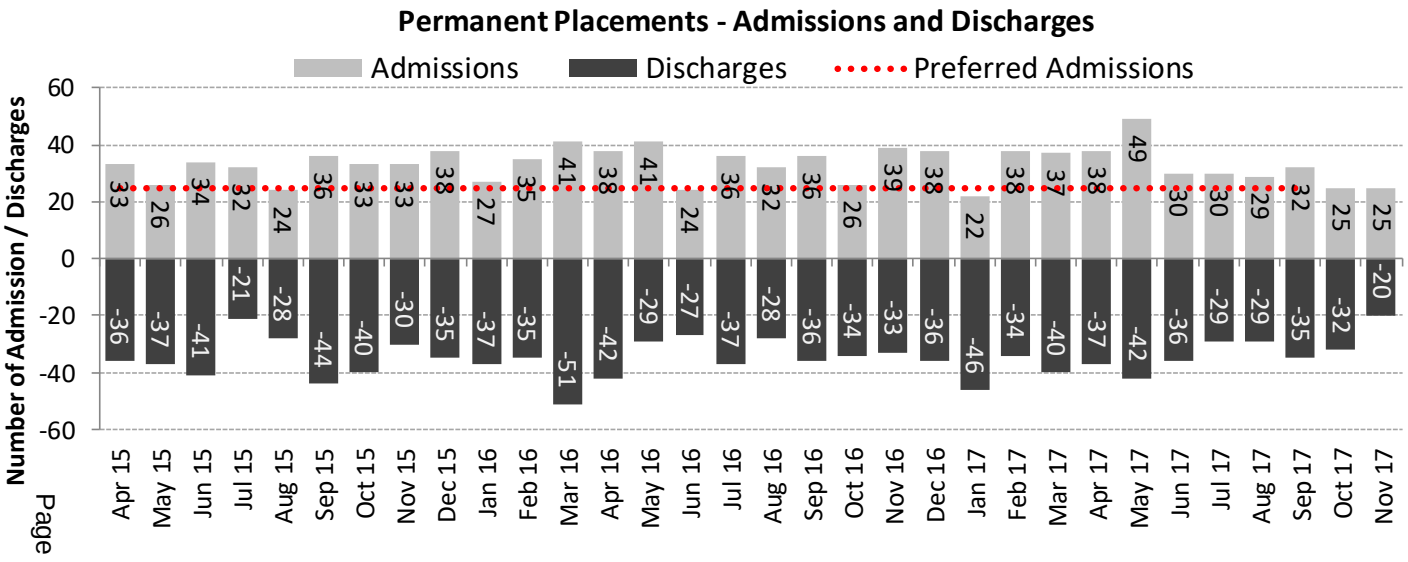
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people support over the last three 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** During 2017/18, current measure is **19.4**
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.	Cumulative performance for 2016/17 was 951 days for Measure 21 and Measure 22 was 82.62 years of age. For November 2017, Measure 21 is at **918.4** (slight deterioration) and Measure 22 is at **83.4** (improved).

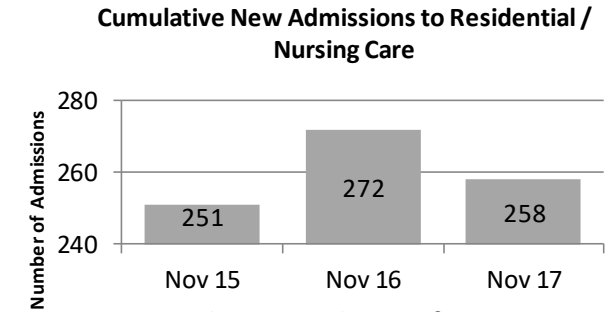
Older People Aged 65+ Supported in Residential / Nursing Care by the Local Authority at the end of the Period

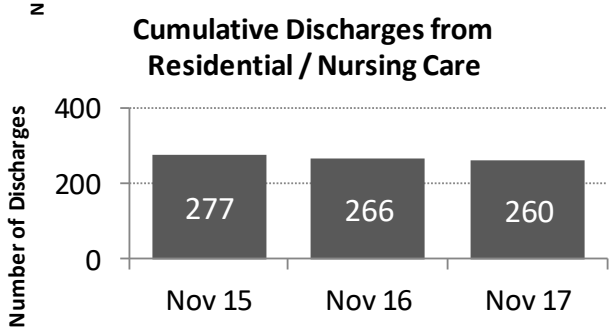


Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care







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.	50 admissions for May 2017 is much higher than the previous highest number (41 in May 2016) For 12 of the 19 months since April 2016 admissions have been higher than the average of 30 for the entire period. Ultimately this will push the average admission number upwards.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes, as outlined above.

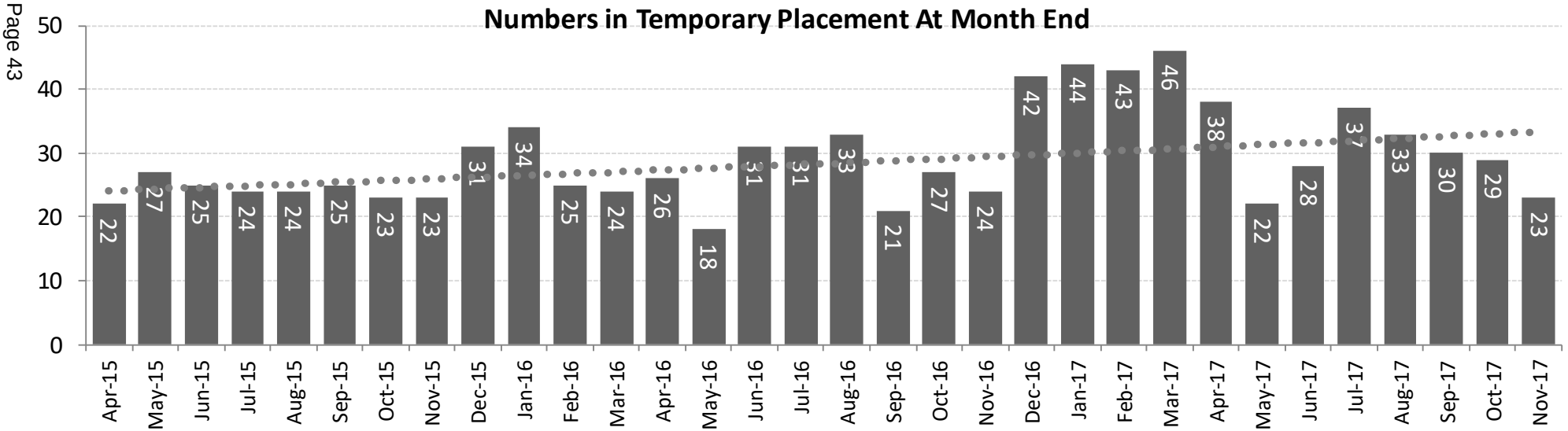
Temporary Admissions to Residential / Nursing Care

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.

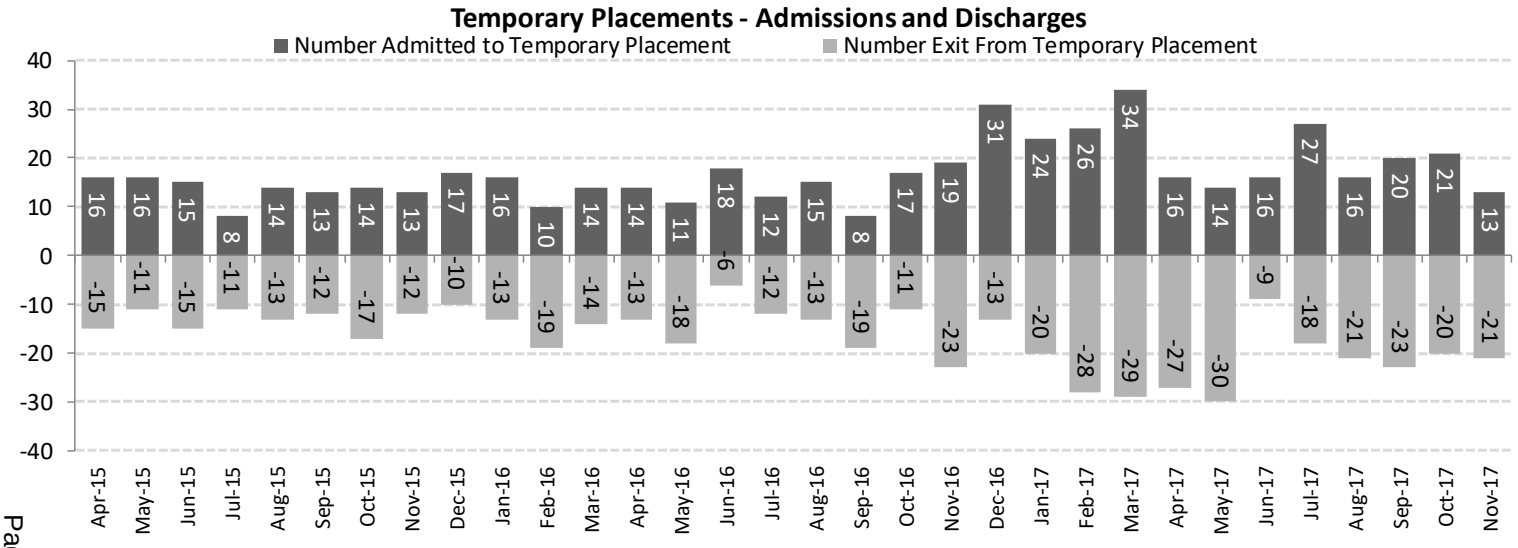
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

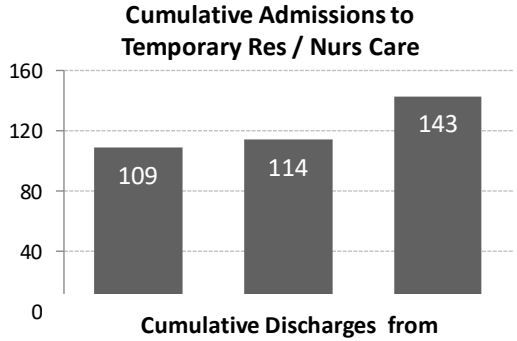
Number of People in Temporary Residential / Nursing Placements at the end of the Month

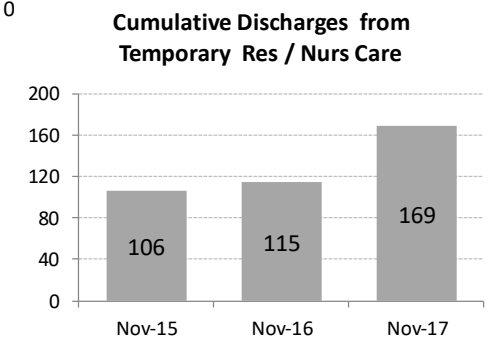


Residential / Nursing Care

Admissions to and Discharges from Temporary Residential / Nursing Care







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. The number of admissions outstripped discharges during June and July	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 had reduced since April 2017.	There had been a surge in temporary admissions November – March. There are signs that a new surge may be underway, and cumulative admissions now exceed 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.

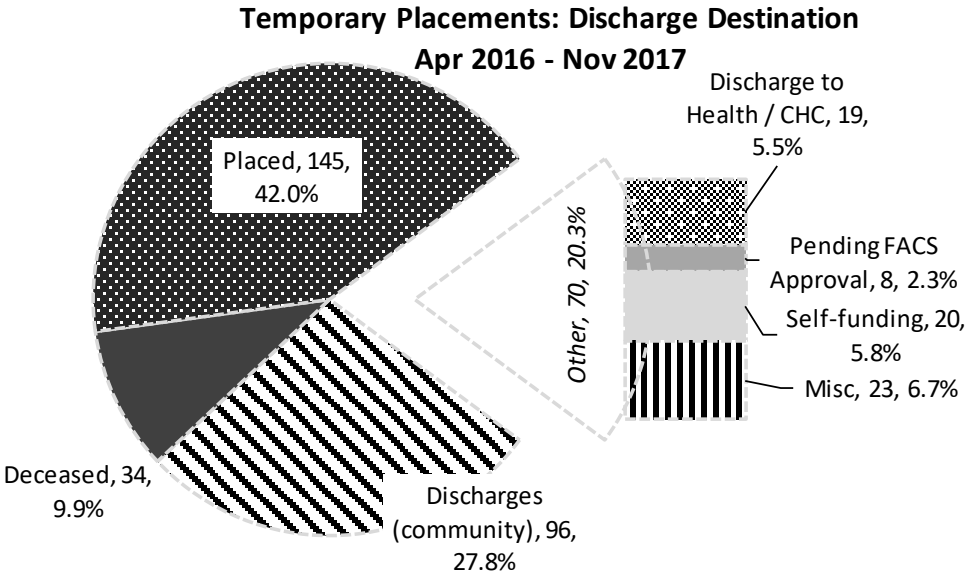
The largest group representing 42% of discharges since April 2016 are those discharged to a permanent placement. A further 2.3% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 5.8% of discharges are to self-funded care.

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 27.8% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

9.9% 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 19 people have been discharged to hospital or to a CHC placement.

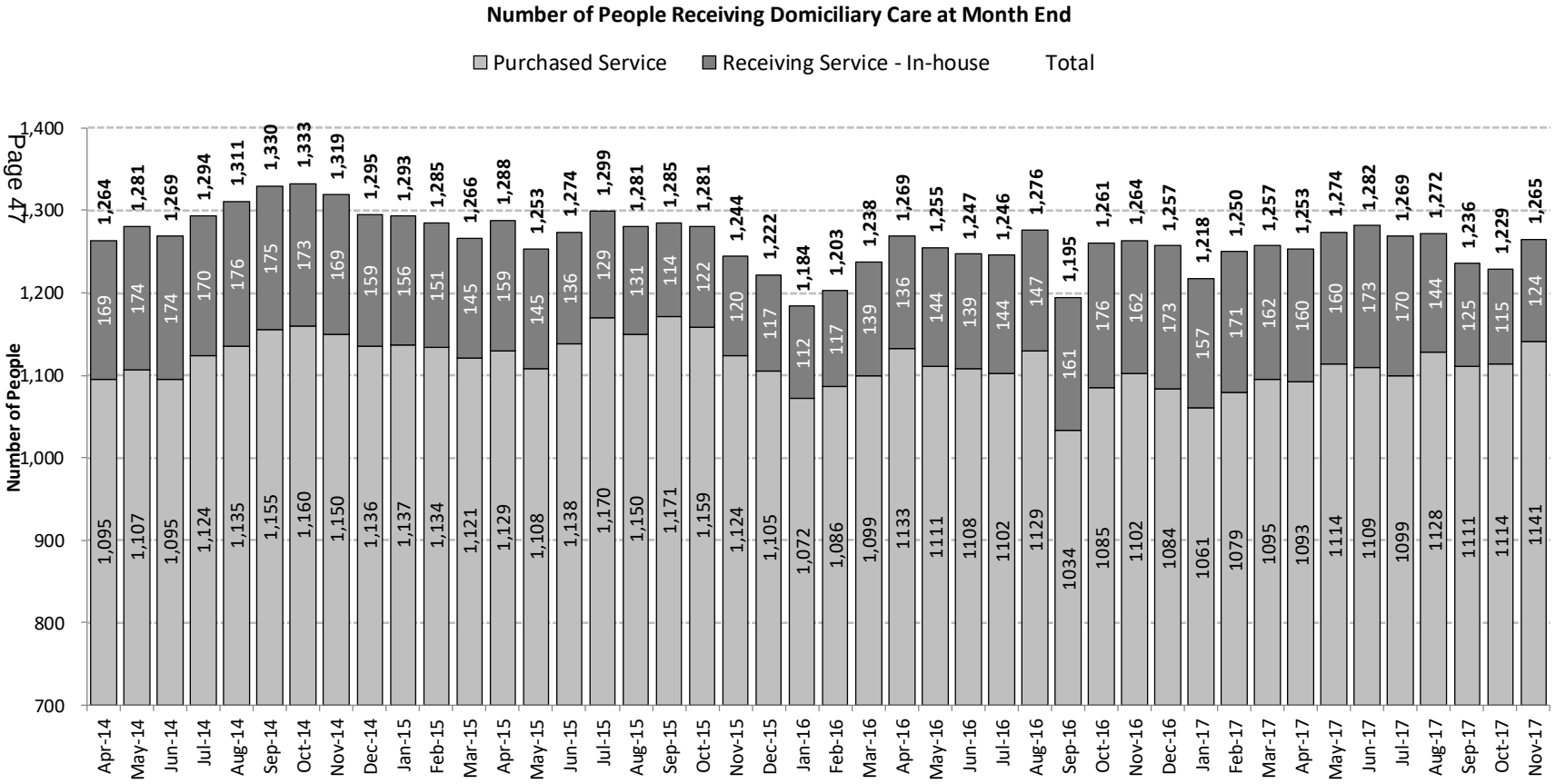


What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This 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.

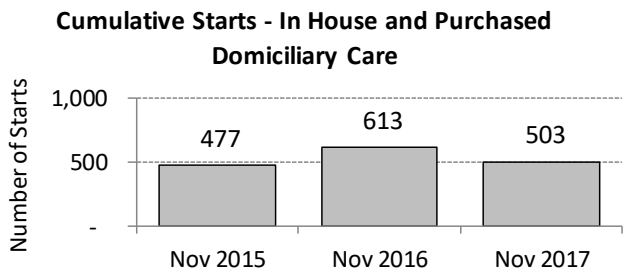
Providing Long-Term Domiciliary Care

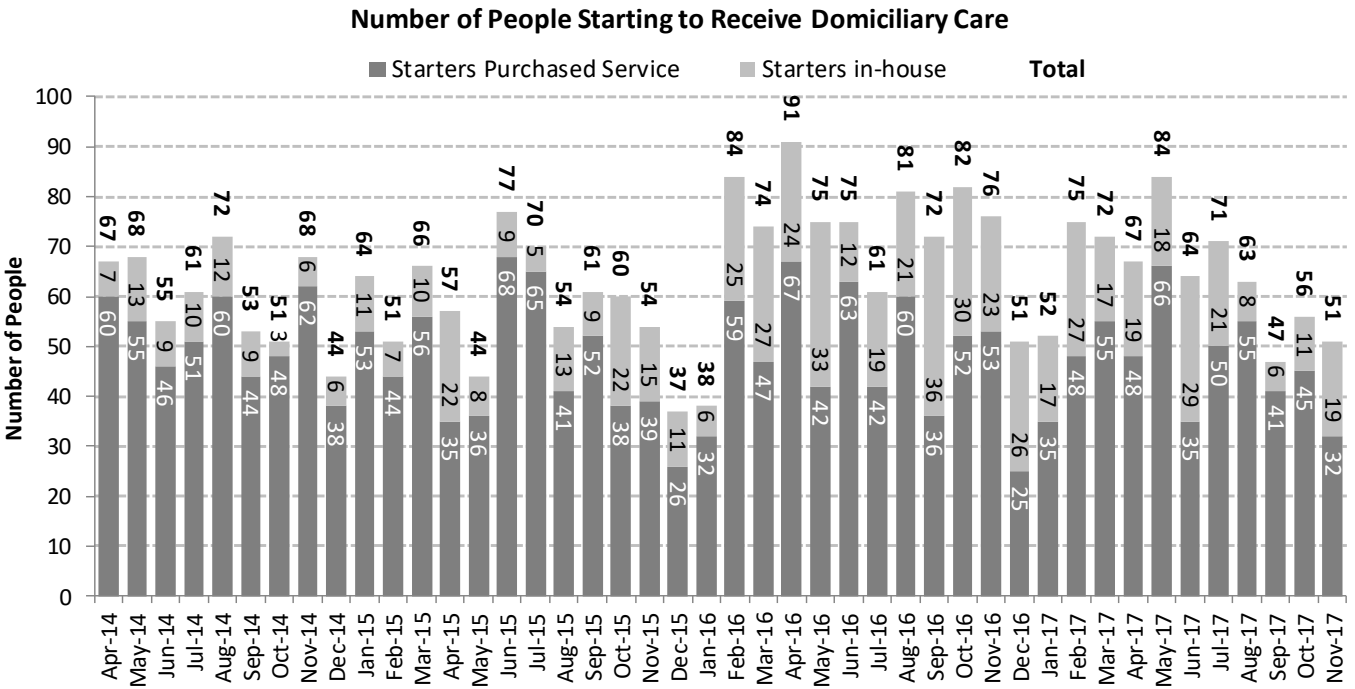
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care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

People receiving a domiciliary care package



People starting to receive a domiciliary care package

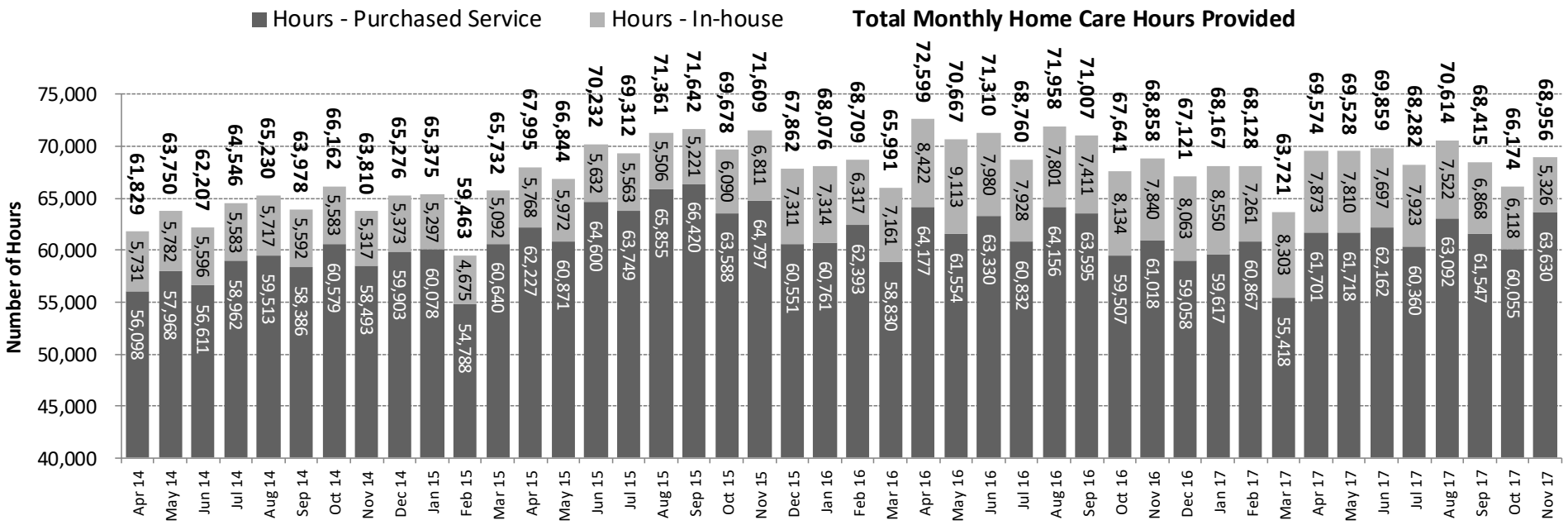




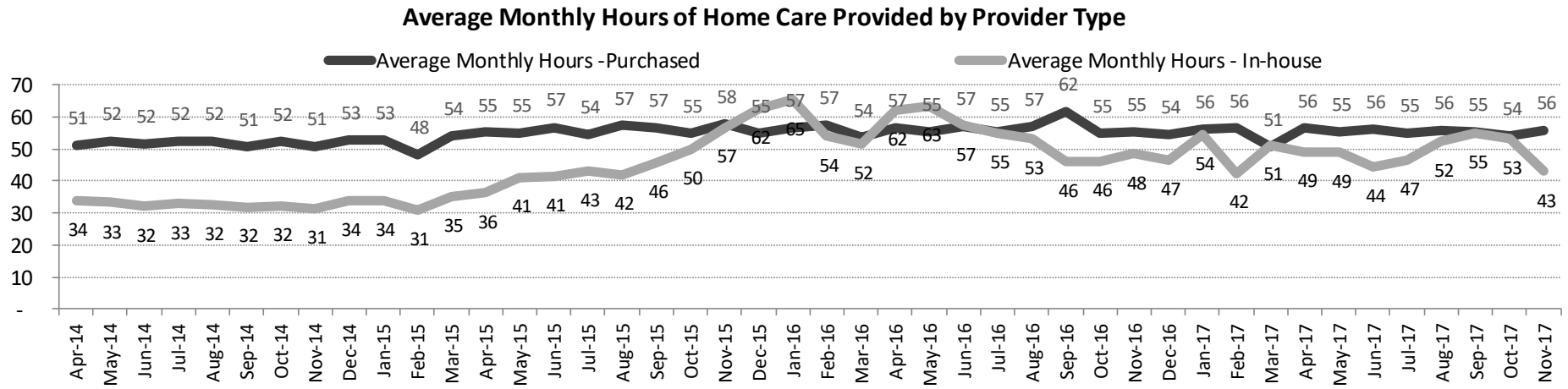
What is working well?	What are we worried about?	What are we going to do?
Some reductions in overall number of service users have been achieved from time to time but have not been sustained. Anecdotally, there have been some improvements in the flow of service users into the service, although data needs 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 continuing to increase month on month. We are supporting higher levels of domiciliary care in the community than we have ever supported before. At the end of June 2017, we were supporting as many people as we supported in November 2014. Conversely, numbers were projected to reduce 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 inrush of new starters seems to have reduced in 2017/18.	A Commissioning Review is underway within this area of service.
	The number of new starters for the in-house service since February 2016 has increased	We will look into this issue more closely.

Monthly Total Hours of Care Provided



Average Home Care Hours Provided



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 is getting increasingly difficult 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

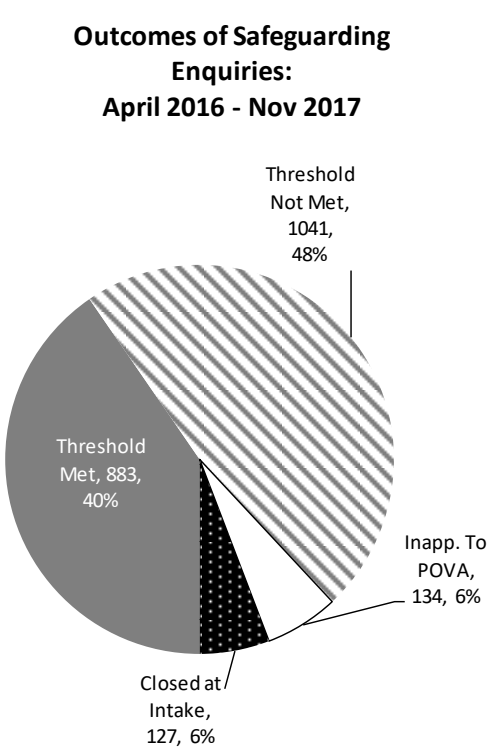
There are a number of national and local performance indicators relating to safeguarding. All of these are **new** and therefore baselines are still being set for targets and, in some cases, definitions. The performance measures focus on issues of the timeliness of response to safeguarding referrals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

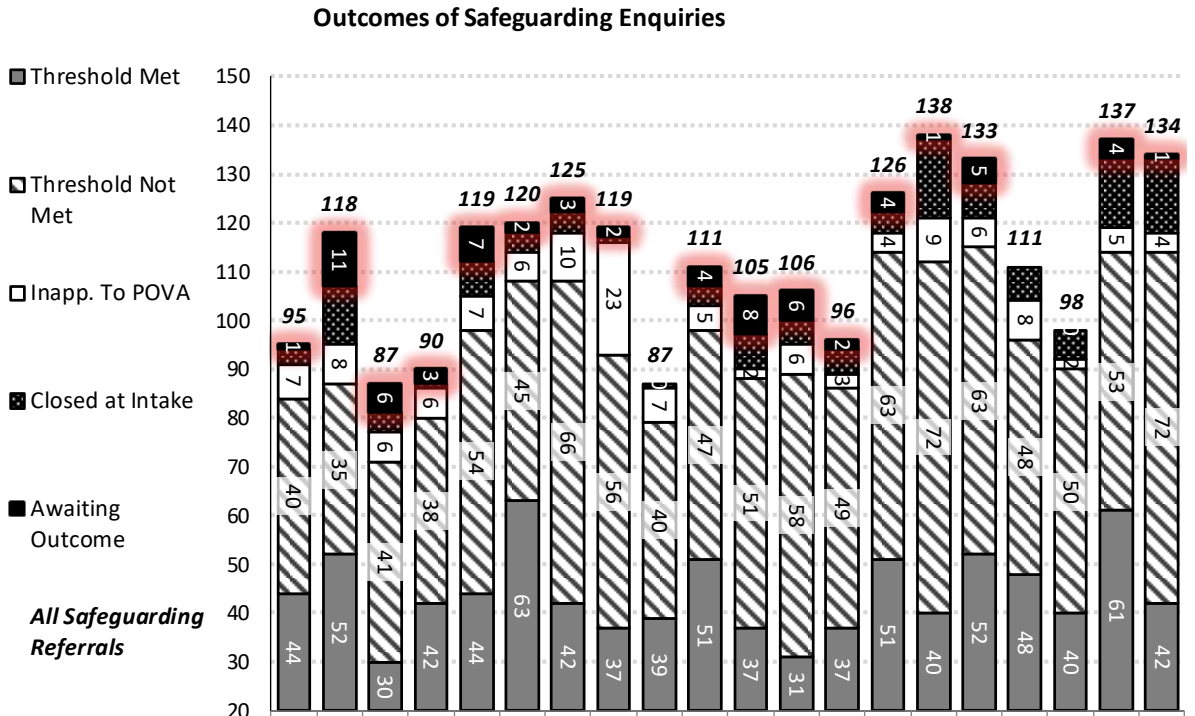
Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17 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 has now been set at **higher than 65%.**	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 2017/18 performance is now just above the revised target at **65.2%** at the end of November 2017
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 in 2017/18 has improved and stands at **95.1%** at the end of November 2017.

Safeguarding Enquiries and Outcomes

The graphs show that of the 2,185 safeguarding enquires completed since April 2016, 40% met the threshold for investigation and 48% 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 November 2017, **1** was outstanding

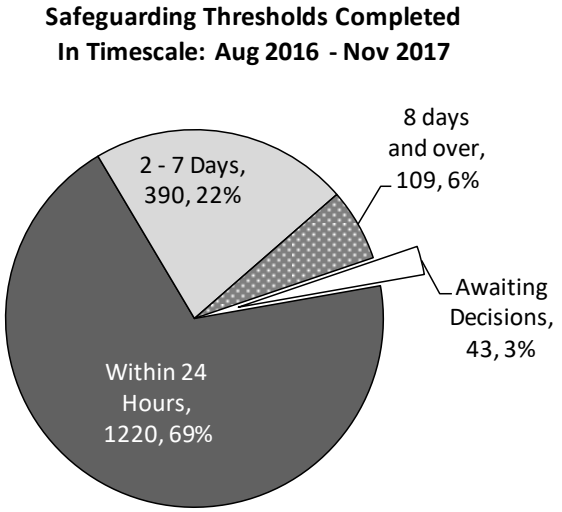


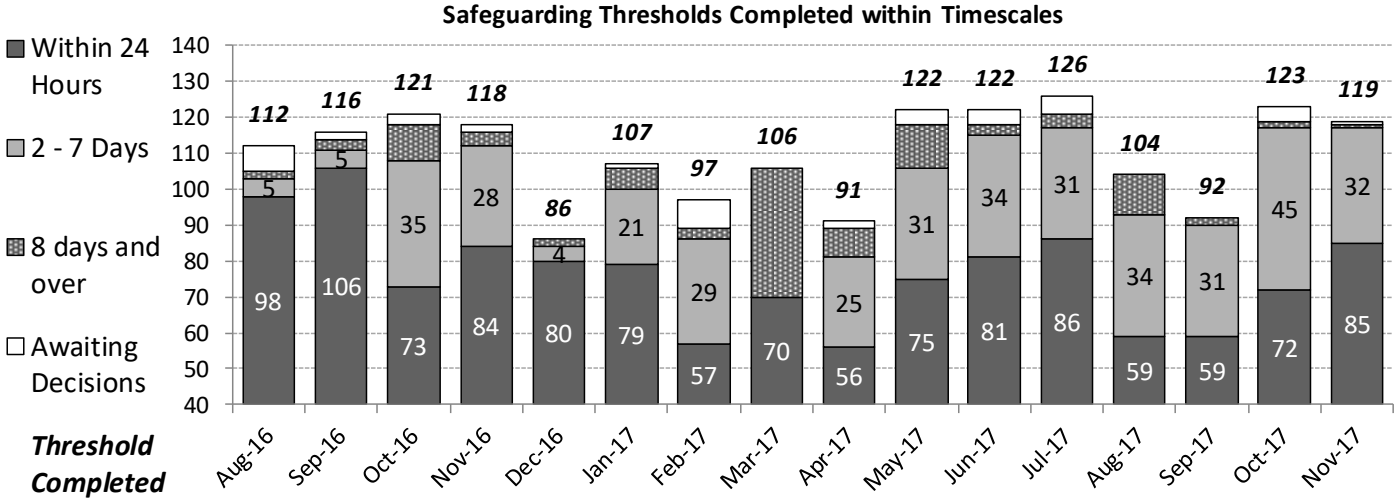


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Awaiting Outcome	1	11	6	3	7	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1
Closed at Intake	3	12	4	1	7	4	4	1	1	4	7	5	5	4	16	7	7	6	14	15
Inapp. To POVA	7	8	6	6	7	6	10	23	7	5	2	6	3	4	9	6	8	2	5	4
Threshold Not Met	40	35	41	38	54	45	66	56	40	47	51	58	49	63	72	63	48	50	53	72
Threshold Met	44	52	30	42	44	63	42	37	39	51	37	31	37	51	40	52	48	40	61	42
All Safeguarding Referrals	95	118	87	90	119	120	125	119	87	111	105	106	96	126	138	133	111	98	137	134

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





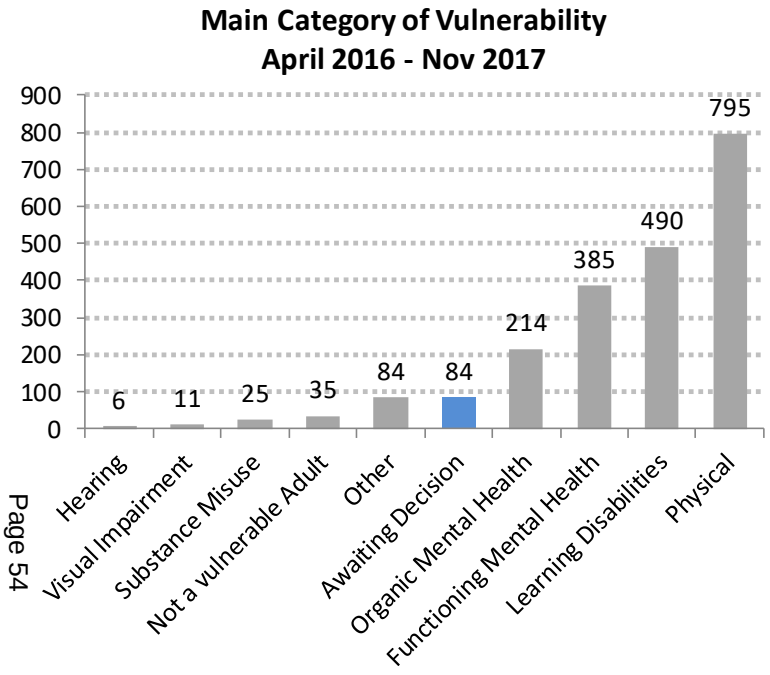
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Awaiting Decisions	7	2	3	2	0	1	8	0	2	4	4	5	0	0	4	1
8 days and over	2	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1
2 - 7 Days	5	5	35	28	4	21	29	0	25	31	34	31	34	31	45	32
Within 24 Hours	98	106	73	84	80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

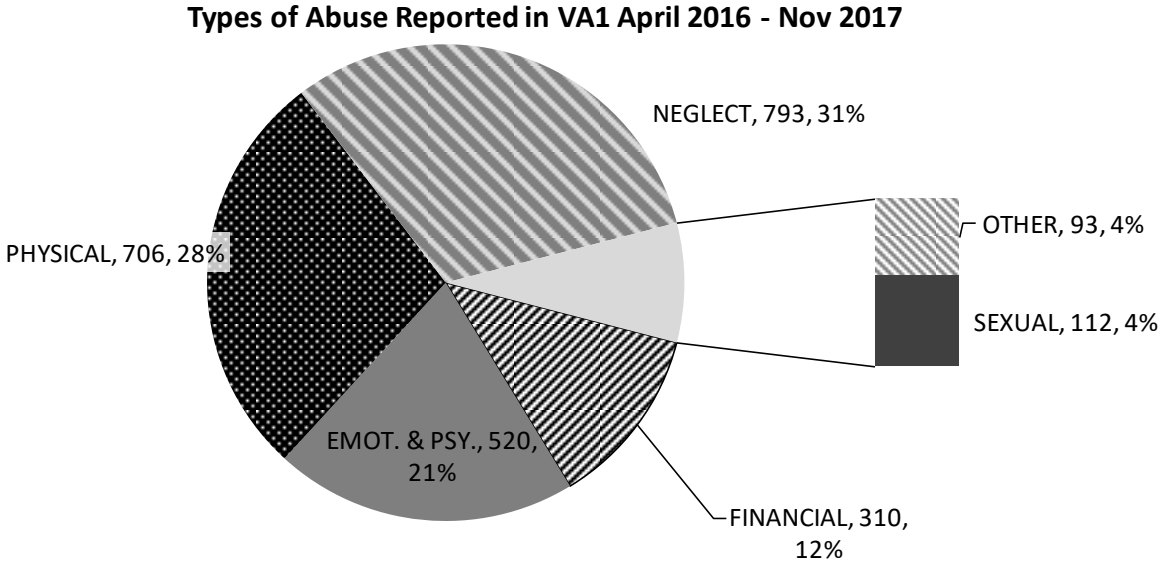
We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since August 2016.

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 is welcome but will need to be sustained.	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





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.

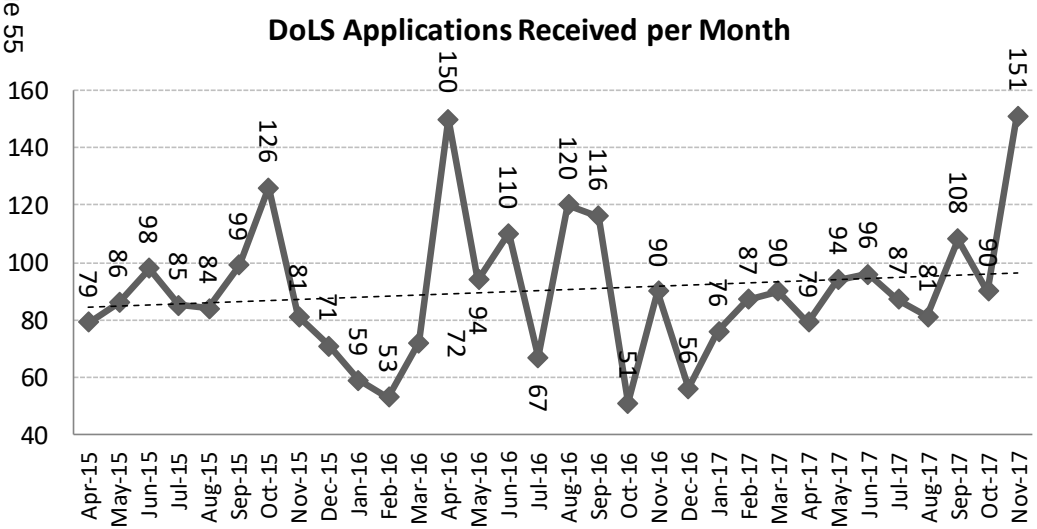
In terms of the 'vulnerability' of the person who is reported to be experiencing abuse or neglect, the two categories 'physical' and 'organic mental health' largely refer to older people over the age of 65 and typically represent 45-60% of vulnerability reported each month. With learning disability,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

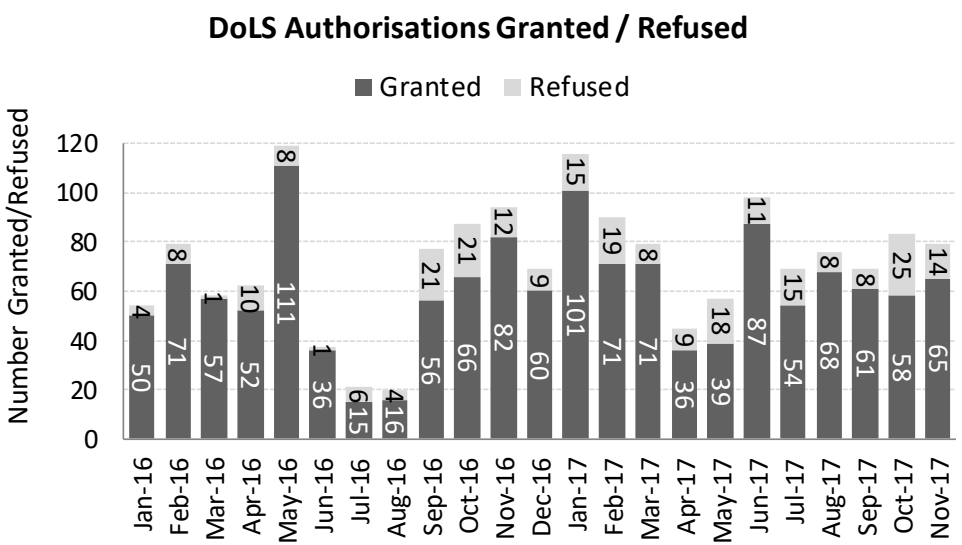
Deprivation of Liberty Safeguards (DoLS)

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.	Performance to November for 2017/18 was continued to be above the target at **60.4%.**
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.

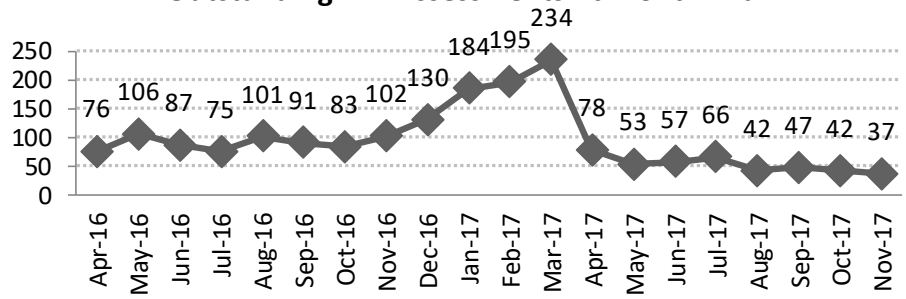
Applications for and Disposals of Requests for DOLS Authorisations

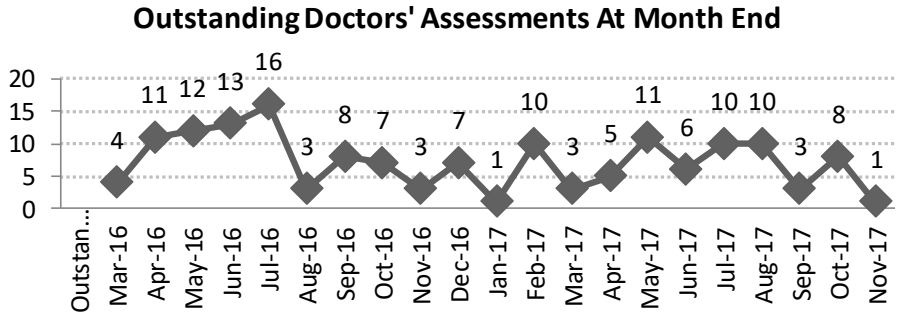


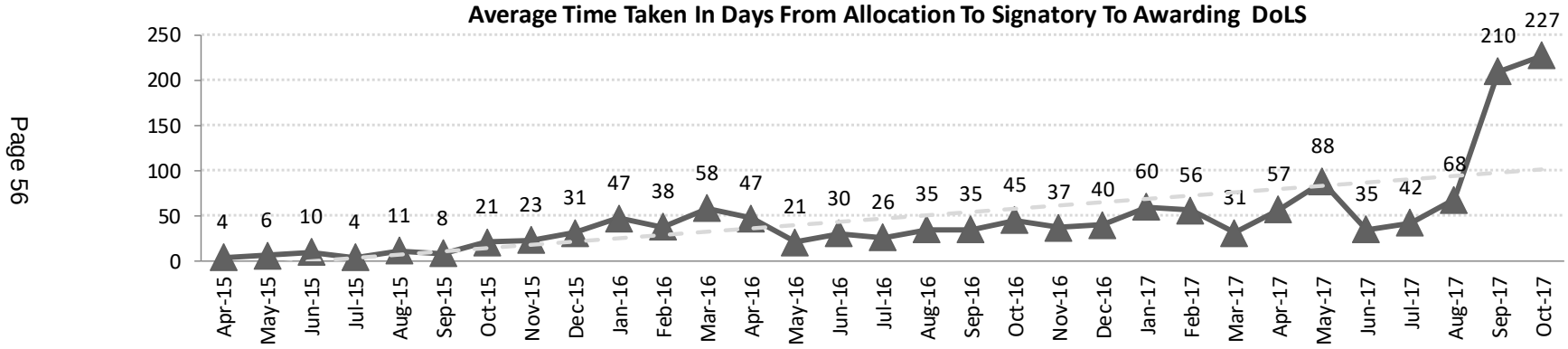


The average monthly number of applications has increased from 93 in 2015/16 to 103 in 2016/17. On average since April 2016, 85% of applications are granted.

Processing DoLS Applications







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.	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

The following have been identified as subject matter that we wish to develop capability of providing accurate, reliable and meaningful information.

Assessment & Care Management

Caseloads & reviews is a topic that we will be working on throughout 2017, across mental health, learning disability and integrated services.

Mental Health referrals will be added to future reports, as well as performance on reviewing those with an active Care and Treatment Plan.

Learning Disability referrals and assessments will be delivered before the Summer 2017.

Well-Being and Prevention Services

The Local Area Co-ordination (LAC) service will be developing additional metrics during 2017.

We will be developing appropriate metrics for other related services.

Service provision

Older People:

- Utilisation of local authority residential care – capacity and occupancy

Learning Disability:

- Numbers in residential / nursing plus supported living
- Utilisation of day services: allocation / attendance
- Respite Services

Mental Health

- Numbers in residential / nursing plus supported living
- Numbers in day services

Direct Payments

- Specific data items to be confirmed

Carers

- Specific data items to be confirmed

Safeguarding

POVA:

- Outstanding work
- Provider issues summary

DoLS:

- We will continue to consider further metrics

Human Resources

This section of the report will be developed over time to incorporate material on human resources issues. Topics currently being considered include:-

- Sickness
- Agency Staff

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 3 January 2018	Period	Numerator*	Denominator *	Swansea 2017/18	Wales Average 2016/17	Swansea Target 2017/18**	*Desired* direction of travel	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	Nov-17	836	879	95.11	80.70	90	↑	G	5.7%
Measure 19: Delayed transfers per 1,000 people aged 75+	Dec-17	105	21,672	4.84	2.80	3	↓	R	61.5%
Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	Nov-17	6	8	75.00	28.00	50	↑	G	50.0%
Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	Nov-17	476	597	79.73	72.30	25	↑	G	218.9%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Nov-17	420,632	458	918.41	801.00	1000	↓	G	-8.2%
Measure 22: Average age of adults entering residential care homes	Nov-17	14,675	176	83.38	82.80	84	↑	A	-0.7%
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	Dec-17	713	870	81.95	67.70	80	↑	G	2.4%

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

Performance Results for 2017-18 Data as at 3 January 2018	Period	Numerator*	Denominator*	Swansea 2017/18	Wales Average 2015/16	Swansea Target 2017/18**	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	Nov-17	573	879	65.19		65.00	↑	G	0.3%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Nov-17	719	1,190	60.42		60.00	↑	G	0.7%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Dec-17	4,186	5,989	69.89		65.00	↑	G	7.5%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Nov-17	4,343	47,220	91.97		67.00	↑	G	37.3%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Nov-17	1,426	149,958	9.51		9.00	↑	G	5.7%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Dec-17	479	1	479		450	↑	G	6.4%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Nov-17	491	597	82.24		75.00	↑	G	9.7%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Nov-17	4	7	57.14		85.00	↑	R	-32.8%

Page 554

Appendix B: Performance Indicators: Numerators and Denominators: 2017/18

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+

Report of the Cabinet Member for Health and Wellbeing

Adult Services Scrutiny Performance Panel – 16th January 2018

BRIEFING ON ARRANGEMENTS FOR CHARGING FOR ADULT SOCIAL CARE IN SWANSEA

Purpose	To provide scrutiny with information on City and County of Swansea's charging policy for adult social care and to update on progress with this year's annual review of charges.
Content	This report includes a copy of the current policy, the list of current charges and a copy of the Cabinet report seeking permission to consult on potential changes to charges as part of the required annual review and the wider budget consultation process.
Councillors are being asked to	Provide feedback to the Cabinet Member for consideration as part of this year's annual review of charges.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Health and Wellbeing
Lead Officer(s)	Dave Howes, Chief Social Services Officer
Report Author	Dave Howes, Chief Social Services Officer

The Council of the City and County of Swansea

People Directorate

Social Services

Charging Policy (Social Services)

- Paying for Social Services under the Social Services and Wellbeing (Wales) Act 2014

Issued on behalf of the Chief Social Services Officer David Howes

(to come into effect 6th April 2016)

Version 1.6

Charging Policy (Social Services)

Contents

i) Charging Policy Control Sheet

Heading	Version response
Title of Policy: It should be noted that Social Care charging is subject to new statutory guidance under Parts 4 & 5, of the Social Services and Wellbeing (Wales) Act.	**Charging Policy (Social Services)** - Paying for Social Services under the Social Services and Wellbeing (Wales) Act 2014. This new policy stands alone under this new statutory, legal framework, and, though linked by shared principles, does not form part of the Corporate Charging and Fees policy.
Purpose of Policy:	To describe how City and County of Swansea will apply charges for Social Services under the Social Services and Wellbeing (Wales) Act 2014 (henceforth "the Act") that comes into force from 6th April 2016.
Type of Policy:	This policy takes account of the new changes introduced by the Act. The Welsh Government has stated that 2016/17 is a transitionary year. The policy will be updated by the Authority, as necessary, once the Act is fully in force.
This policy replaces:	– Fair Charging arrangements – Social Services policy on charging for non-residential services – CRAG regulations
This policy does not cover:	– Care and Support Planning (Part 4) – Meeting Needs (Part 4) – Debt recovery (Part 5)
Target Audience:	– Child and Family Services, Adult Services, – Corporate Finance, Legal, Revenue, Benefits and Procurement – Partner organisations/ providers, citizens, service users, parent, carers and families. – Elected Members
Author(s):	Task and Finish Group, Part 5 Act Implementation Social Services, Finance and Revenue & Benefits representatives.
Lead Officer:	David Howes, Chief Social Services Officer
Date policy sign off:	Considered at DMT on 29/02/16; Corporate Briefing on 7th April, 2016; Cabinet on 21st April 2016.
Review Date:	31st March 2017
Consultation	National Consultation has taken place on the Act, Regulations and Code of Practice within Parts 4 & 5 of the Act. Consultation is not required at this stage, as the Policy consolidates existing arrangements. However, during the course of this financial year new charges may be proposed. If this is the case, public consultation may be required in due course.

Equalities Impact Assessment needed?	No. An EIA screening exercise has been undertaken and a full EIA is not required at this stage as there are no proposal to introduce charges for services that are not currently charged for. If there are introductions of new charges in the future, a full EIA may be required.
Date/ Version	10th April 2016 / Draft v1 6 (correction in Appendix 1 table /external young adults following Corporate Briefing)

1. Introduction

1.1 The Social Services and Wellbeing (Wales) Act comes into force on 6th April 2016. This will radically transform the way social services are delivered in Wales to meet the needs of the individual and make services sustainable for the future.

The Act gives people a stronger voice and real control over the support they need to remove barriers to their wellbeing. It focusses on earlier intervention to prevent needs becoming critical, and promotes investment of resources in the short term, to give best value to the public purse overall.

The Act also promotes integration between the health and social care sectors to the greatest extent possible in order to achieve improved wellbeing outcomes.

Under the Social Services and Well-being (Wales) Act 2014 (SSWB Act), a local authority can only charge:

- up to the cost of providing the service
- what the person can afford.

1.2 This policy has been produced in accordance with the legal requirements set out in The Social Services and Well-being (Wales) Act 2014 **("the Act")** and sets out City and County of Swansea's position on charging for social services. **It is effective from 6th April 2016** for all social services clients.

1.3 The new legal framework is intended to cover both Adults and Child social services and requires that the Local Authority replaces the Fair Charging and CRAG regulations under one, single Charging Policy.

City and County of Swansea's Charging Policy (Social Services) provides detail on:

i. The changes under the Welsh Government's national charging framework
ii. Our approach and the key principles behind the charges
iii. How different types of services and support are charged/ not charged for
iv. How changes will impact on community based service, residential care, direct payments, child and family services, respite care and other services
v. How any discretion given to Local Authorities is applied in practice, including deferred payment agreements
vi. Financial assessment processes, including reviews and appeals
vii. List of charges that apply from 6th April 2016 (Appendix 1)

Swansea's intention is to apply this charging policy to all social services clients, from 6th April 2016.

2. New Legal Framework

2.1 The Social Services and Well-being (Wales) Act 2014, the regulations made under the Act and a code of practice issued by the Welsh Government together set out the requirements that local authorities must follow when determining whether to charge for care and support services and also when assessing the client's contribution towards those costs. For example:

i. People with care and support needs may have a financial assessment to work out how much they must pay, whatever kind of help they receive
ii. There is a maximum charge per week for non-residential care and support (including respite stays) and no-one will pay more than this for non-residential care and support
iii. A person with assets exceeding the set capital threshold, will be liable to pay the full cost if they decide to live in a residential care home
iv. People can still get 6 weeks of home care for free immediately following a stay in hospital
v. Exemptions from charging where the services and support are provided under section 117 of the Mental Health Act 1983, and for people with Creutzfeldt-Jacob Disease who receive care and support.
vi. No-one should be charged for information or advice
vii. There may be a charge for helping people or carers to find and use certain services
viii. Local councils must make sure everyone knows what they are being charged, and why (statement of charge)

2.2 Important Links to Act:

i. **The Care and Support (Direct Payments) (Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1815/pdfs/wsi_20151815_mi.pdf

ii. **The Care and Support (Charging) (Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1842/pdfs/wsi_20151842_mi.pdf

iii. **The Care and Support (Financial Assessment) (Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1844/pdfs/wsi_20151844_mi.pdf

iv. **The Care and Support (Deferred Payment) (Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1841/pdfs/wsi_20151841_mi.pdf

v. **The Care and Support (Review of Charging Decisions and Determinations) (Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1842/pdfs/wsi_20151842_mi.pdf

vi. **The Care and Support (Choice of Accommodation)(Wales) Regulations 2015**
http://www.legislation.gov.uk/wsi/2015/1840/made

These regulations have been made and will come in to force on 6 April 2016.

i. Parts 4 and 5 Code of Practice (Charging and Financial Assessment)
http://gov.wales/docs/phhs/publications/160106pt45en.pdf

This code of practice was issued under parts 4 and 5 of the Act on 18 December 2015. It is also due to come into effect on 6 April 2016.

2.3 Summary of what is different within the new charging and financial assessment legislative framework from 6th April 2016.

i. A single financial assessment framework covering both residential and non-residential care and support

ii. Set information to be provided to a person before they are assessed, with 15 working days for person to provide information and documentation an authority requires.

iii. Where a person is a short-term resident (i.e. a stay not exceeding eight weeks commonly known as respite care) in a care home and a local authority uses its discretion to charge for this, it must undertake a financial assessment of a person's means to do this as if the person were receiving non-residential care and support, or receiving direct payments for non-residential care and support.

iv. An increase in the amount of income from a War Disablement Pension that is disregarded.

v. A requirement to provide a client with a significant amount of information **before** a financial assessment can be made.

vi. Statement of charge, contribution or reimbursement must be provided before the charge can be collected. A charge will apply from when the person first receives their care and support.

vii. The ability to suspend a deferred payment agreement if the person's income exceeds their appropriate minimum guarantee.

viii. The ability to charge interest and administration fees on the amount deferred to make agreements affordable for local authorities.

ix. The process for reviewing charges and charging decisions for non-residential care is to be extended to residential care.

3. Charging and Financial Assessment Explained

3.1 The intent behind the Social Services and Well-being (Wales) Act, Parts 4 and 5, is to introduce **one set** of financial assessment and charging arrangements, and to ensure greater transparency within these arrangements.

This policy follows Welsh Government guidance by ensuring that the City and County of Swansea implements a single 'charging policy' which complies with the requirements of the Social Services and Wellbeing (Wales) Act 2014.

3.2 The Discretion to Charge:

A local authority has the discretion to impose a charge, or set a contribution towards the costs of social care, or a reimbursement for direct payments.

When doing so, the Authority must follow the requirements set out in the Act, Regulations and Code of Practice.

In imposing these charges a local authority cannot charge certain persons (exemptions) or for certain forms of care and support, and must apply certain financial 'limiters' to ensure the person is reasonably able to meet a charge, whilst retaining a certain amount of their income to meet daily living costs.

These 'limiters' or rules vary depending on whether the person is receiving residential or non-residential care and support, for example:

i. A person is required to pay no more than a set weekly maximum amount for non-residential care and support.
ii. A person is able to retain a certain amount of their capital assets which cannot be used towards care and support costs.
iii. A local authority is now required to provide a statement of a charge, reimbursement or contribution agreed and for this to be revised as necessary.
iv. A local authority can, in some circumstances, apply a flat rate charge for preventative services and 'assistance'.

3.3. For which care and support services can a local authority impose a charge?

a) Care and Support may include one or more of a range of services, including:

i. Assistance (Part 2, of The Act: Information, Advice and Assistance)
ii. Re-ablement - improving daily living skills following a stay in hospital or period of illness
iii. Non-residential Care (Home Care/ Domiciliary Care)
iv. Residential Respite Care or Short Breaks
v. Residential Care
vi. Day Care, whether the person attends a day centre or other day-time activities
vii. Flexible Support/ Family Support
viii. Community equipment and minor adaptations
ix. Life Lines and other Telecare equipment and services
x. Supported living arrangements
xi. Transport
xii. Community based Respite
xiii. Jointly funded services

b) Also care and support may be meeting needs within:

i. Child and Family Services (Section 14 of this policy)
ii. Direct Payments (Section 15 of this policy)
iii. Support to carers (Section 16 of this policy)
iv. Preventative Services (Section 16 of this policy)
v. Secure Estates (Section 16 of this policy)
vi. Appointeeship (Section 16 of this policy)

General public information on charging will be made available to citizens, their carers or advocates during the assessment process to ensure they are aware that we charge for social care services and what that means for them.

4. What is a Financial Assessment?

4.1 The Regulations (See point 2.2) set out a series of requirements that a local authority must take into account when undertaking a financial assessment of a person's ability to pay a charge, or when setting a contribution towards their social care costs or reimbursement for a person receiving direct payments.

4.2 The Regulations specify the information that the Authority must provide to a person before undertaking a financial assessment, the timescale for a local authority to request and obtain information from a person, and the processes to follow.

4.3 The Regulations also set out the circumstances where there is no duty to carry out a financial assessment (Exemptions). Regulations contain separate parts on the treatment and calculation of income and capital. Separate schedules identify specific forms of capital assets and forms of income and stipulate how each should be treated in a person's financial assessment.

Once a financial assessment has been carried out, a statement of the assessed charge will be sent to the client (or their financial representative).

4.4 Discretion to apply locally-determined criteria for financial assessments:

Local Authorities must decide what allowances, disregards or other aspects they wish to incorporate within the financial assessments they undertake beyond those required by legislation. Any discretionary allowances say for reasons of hardship can only take place *with the written agreement of the Head of Adult Services or Chief Social Services Officer*, and this agreement is then clearly stated within the financial assessment and care and support plan. If a decision to award allowance is granted by the Head of Adult Services, then this award decision should continue until the care and support plan is reviewed or a new financial assessment takes place.

In the future, under this Charging Policy, the discretionary powers exercised by the Local Authority in respect of what services are charged for, exemptions, contributions or reimbursements should be reviewed annually, alongside the list of charges (**Appendix 1).**

5. The City and County of Swansea's approach to charging

5.1 The City and County of Swansea's approach to charging is that it should support corporate strategic priorities, to be sustainable in the long-term, and that charging arrangements are applied equally e.g. all clients, with broadly the same assessed need for care and support, are treated equally, and therefore the same charges should apply subject to a financial assessment.

The Act allows for local authorities to raise income from charging. This is an important part of the range of options that help us manage our resources effectively. Charging can assist the Council in meeting rising local population needs with reducing resources.

As new models of service delivery are commissioned or provided that empower adults to have more control, supporting people to have greater independence, there may need to be a greater consideration of the full range of charges as set out in this policy.

5.2 Summary of the Charging Regulations under the Act

i. **Section 59** provides a local authority with the discretion to impose a charge for the care and support, or the support to a carer, it provides or arranges under **sections 35 to 45** of the Act to meet a person's needs.

ii. **Sections 60 to 62, 66 and 67** set out, or allow to be set out in regulations, how this discretion can be applied including that a determination to impose a charge should be on the basis of a financial assessment undertaken of a person's ability to pay a charge.

iii. **Sections 63 to 65** allow regulations to be made governing financial assessments.

iv. **Sections 50, 52 and 53(3)** permit regulations to be made which mirror these charging provisions in relation to contributions or reimbursements for direct payments.

v. **Section 69** allows regulations to be made about charges for prevention services and assistance provided under **sections 15 and 17** of the Act respectively.

5.3 Swansea's policy ensures that the Authority's **discretionary powers** (highlighted in Tables 3 & 4 on pages 11 to 13) under the Act are applied fairly, and that all charges practices, such as undertaking a *financial assessment* or agreeing a *statement of charges,* are always aimed at reducing any discrepancies or anomalies for each individual's care and support.

5.4 The City and County of Swansea has determined to use its discretion whether to charge for care and support services it provides. The care and support services for which a charge will be made, and the level of those charges, are contained in Appendix 1 of this policy.

Table 1 - Swansea's key Principles

Key Principle	What each citizen expects	What Swansea Council expects
Continuity	I need time to plan for my future, and to find the resources that can meet my own care and support needs	We have a corporate charging policy which seeks to recover the full cost of services where this is legally permitted and appropriate. We will charge for social care services in accordance with the national charging framework (see Appendix 1) and maintain current charges where possible. Interest charges and administrative charges on Deferred Payment agreements in line with the regulations *are under consideration (see table 3)*
Fairness	I am paying a fair contribution to the cost of my care	We give individuals the right information about charging at the right time. We provide clear explanations of how we charge and what we charge for. We ensure individuals are given clear information about how their contributions have been calculated. We do not charge individuals more than they can afford to pay. We apply the charging rules fairly and transparently.
Equal	I understand that Swansea has a policy of fair charging	We will treat all people with dignity and respect recognising the value of each individual. Swansea is committed to eliminating all forms of

	that complies with national regulations and code of practice	discrimination on grounds of age, gender, disability, marriage or civil partnership, race, religion, beliefs, or sexual orientation. We are working towards Welsh Language standards, and the active offer to carry out services in Welsh. Public information can be requested in other formats which can be arranged on request.
Transparency	I understand my statement of charges and how they have been calculated	We give clear and simple information about charging. We give clear information about financial assessment before and during the process. We give clear explanations about how an individual contribution has been calculated. We give clear information before and during a review.
Sustainable	I expect the Council to look towards the future, as I am considering my own care and support needs and financial situation	We ensure we make full use of the range of universal services, as well as preventative and early intervention services to meet a person's own well-being outcomes. We agree to a care and support plan that is appropriate and proportionate to meet the eligible assessed need for care and support within the resources we have available. We ensure that care and support plans are reviewed regularly, and within each year, to ensure appropriateness and effectiveness is achieved as well value for money.
Voice and Control	I expect to have voice and control over decisions on my care and support plan	Where someone lacks capacity to make a decision, we will work with an agreed representative, or offer an advocate where appropriate and will act in his or her best interests in line with Part 10 of the Act

6. Charges for care and support services

The Act and Regulations specify circumstances when the authority can and cannot charge for care and support services.

The City and County of Swansea will not charge for services where it is either:

i. Not permitted to do so by the new regulations or advised not to do so by the Welsh Government code of practice.

OR

ii. Where it has chosen to exercise its discretionary powers not to do so after taking into account corporate strategic priorities and population wellbeing outcomes.

All directly provided or commissioned social services, whether community based or residential, will be subject to charging, unless specifically excluded by the Act and Regulations or by the authority using its discretionary powers not to charge.

6.1 The following table details charges that cannot be made from April 2016.

Table 2 - Charges that cannot be made from April 2016.

Name of Service	Charged prior to April 2016	Chargeable under the Act/ Regulations	Charge to apply in 2016/17
Intermediate Care / Reablement – First 6 weeks after leaving hospital	No	No	No
Social Work practice	No	No	No
Assessment of care and support needs, care and support planning or conducting a review of this plan, provision of care and support plans, provision of statements of a charge, undertaking a review of a determination of a charge or a charge itself	No	No	No
Carry out a financial assessment	No	No	No
Nursing forms of care	No	No	No
Independent Advocacy (provided under Part 10 of the Act)	No	No	No
Care and support provided to those with Creutzfeldt-Jacob Disease	No	No	No
After-care services/support provided under section 117 of the Mental Health Act 1983	No	No	No
Transport to a day centre where the transport is provided by the local authority as part of meeting a person's care and support needs	No	No	No
Care and support provided to a child.	No	No	No
Care and support provided to a child who is a carer	No	No	No

6.2 The following table (table 3) details when the authority has made a discretionary decision not to impose a charge.

Table 3 – The City and County of Swansea has decided not to impose a charge from April 2016

Name of Service	Charged prior to April 2016	Chargeable under Act / Regulations Yes/ No / Discretionary	Flat Rate/ Means Tested if applied	Charge to apply in 2016/17 Yes/ No
Provision of Information and Advice	No	No	N/A	No
Assistance	No	Discretionary	Flat rate	No

Preventative Services	No	Discretionary	Flat rate	No
Day Services	No	Discretionary	Flat rate	No
Flexible Support Work	No	Discretionary	Flat rate	No
Night Time Care	No	Discretionary	Means tested	No
Carers	No	Discretionary	Means tested	No
Appointeeship	No	Discretionary	Flat rate with exemptions	Under Consideration
Transport *E.g. Transport costs for transport needs not included in a client's care plan*	No	Discretionary	Flat rate with exemptions	Under Consideration
Administrative Costs relating to Deferred Payments	No	Discretionary	Flat rate	Under Consideration
Direct Payments	No	Discretionary	Flat rate	No

6.3 The following table (Table 4) details when the authority has made a decision to impose a charge.

Table 4 - The City and County of Swansea has made a decision to impose a charge from April 2016.

Name of Service	Charged prior to April 2016	Chargeable under SSWB Act Yes/ No / Discretionary	Flat Rate/ Means Tested if applied	Charge to apply in 2016/17 Yes/ No
Residential care	Yes	Discretionary	Means tested	Yes
Home Care/ Domiciliary	Yes	Discretionary	Means tested Up to maximum charge	Yes
Respite (short term resident)	Yes	Discretionary Up to 8 weeks / episode	Means tested Up to maximum charge	Yes
Temporary resident	Yes	Discretionary Up to 52 weeks	Means tested	Yes
Reablement – 7th week onwards	Yes	Discretionary	Means tested (temporary residential care financial assessment)	Yes

Telecare	Yes	Discretionary	Flat rate	New charges to apply subject to business case
Lifelines	Yes	Discretionary	Flat rate	New charges to apply subject to business case

Decisions to charge or not to charge under the authority's discretionary powers will be reviewed annually when setting the budget for the next financial year, or more regularly if required, and within corporate governance arrangements. These revised charges will, in normal circumstances, be applied at the start of the next financial year.

There may be circumstances, such as during 2016/17 as a transitionary year under the Act, in which a new charge or change to the existing charge are required to take place during a financial year.

Any changes to charges will be subject to the normal processes of business case review, public consultation, and equalities impact assessment as required.

7. Working out how much a person will pay towards their care

7.1 The overarching principle is that people who are asked to pay a charge must only be required to pay what they can afford. The Authority must take into account, when deciding whether to charge and in setting the level of any charge, contribution or reimbursement they require to be paid or made, the principles upon which this policy is based.

People who require care and support will be entitled to financial support from the Council in certain circumstances based on their financial means and some will be entitled to care and support at no charge.

A list of City and County Swansea social care fees and charges is reviewed and published annually.

http://www.swansea.gov.uk/socialcare

There are three charging categories for social services:

i. Means tested charging following financial assessment
ii. Flat-rate charges payable without a financial assessment;
iii. Care and support provided free of charge (exempt from charging or where discretionary powers are exercised).

A financial assessment will be carried out for all care and support that is subject to means-tested charging, provided or arranged by the Authority.

To make a financial assessment, the authority will inevitably have to ask the person subject to the financial assessment to provide detailed information about their personal and financial circumstances and will allow 15 working days for them to do so.

The Council will consider and decide cases where a service user makes a reasonable request for an extension of time i.e. longer than 15 days, giving reasons why the extension of time is required and, if refused, will give the reasons for the refusal.

7.2 No requirement for a financial assessment

There are some circumstances where a Local Authority is not required to undertake a financial assessment. They include situations where:

i) We charge a flat rate charge for particular care and support (including for preventative services and assistance (not currently charged for)) and as such, carrying out a financial assessment would be disproportionate to the charge levied.

ii) The person fails or declines to provide information and/or documentation reasonably required to undertake the assessment. In such circumstances we can charge the service user up to the weekly maximum charge where it applies.

NB: where only partial information is received, we can charge on the basis of available information / documentation if we consider that we have sufficient information to do so.

iii) The person is receiving care and support for which no charge can be made

8. How a financial assessment is carried out

A financial assessment will calculate how much, if anything, a person can afford to pay towards the cost of their care (or contribute towards their personal budget) on a weekly basis.

The financial assessment should only take into account the income and capital of the person being assessed. If any type of capital is jointly held (other than land), the capital will be treated as if an equal share is held i.e. 50%, unless the authority is satisfied a greater or lesser percentage of capital is held by the person being assessed.

i) Treatment of Capital

A person's capital is taken into account in the financial assessment unless it is subject to one of the disregards. Detailed information on the treatment and calculation of capital when making financial assessments is provided in:

- **Part 4 - Care and Support (Financial Assessment) (Wales) Regulations 2015**
- **Annex A - Parts 4 and 5 Code of Practice (Charging and Financial Assessment)**

ii) Treatment of Income

In assessing how much a person can afford to pay, the authority will take into account their income. In the main, income is treated the same, whether a person is in a care home or in receipt of care and support in the community. However there are some differences between the two as to how income is treated.
Detailed information on the treatment and calculation of income when making financial assessments is provided in:

- **Part 3 - Care and Support (Financial Assessment) (Wales) Regulations 2015**

- **Annex B - Parts 4 and 5 Code of Practice (Charging and Financial Assessment)**

Some items to note:

i. Income must be considered as net of any tax or national insurance.
ii. The earnings of service users and their partners will be disregarded in the assessment of financial means.
iii. Similarly the earnings of other household members whose income forms part of the assessment of financial means will also be disregarded.
iv. Tax credits will be treated as income and will be disregarded in the assessment of financial means.
v. Income from pensions will be taken into account in assessing service user's financial means.
vi. Any benefits not specifically disregarded will be taken into account in determining a service user's financial means.
vii. Partial disregards now apply to War Widows / War Widowers pensions and War Disablement pensions.

Where a service user or their representative advises the Authority of any expenses that can be disregarded as income, they will be required to provide reasonable documentary evidence of those expenses before they can be disregarded as income.
If no such evidence is provided, or the evidence provided is held to be not of a satisfactory standard by this Authority, the financial assessment will be made without disregarding the expense in question.

iii) Protected Minimum Income Threshold

Service users' contributions will be subject to a protected minimum income threshold, which is set at a level intended to safeguard their independence and social inclusion.

The calculation of the protected minimum income threshold is set out in the Regulations.

The value of the threshold is set out in List of Charges (Appendix 1of this Policy).

8.2 Changes in Financial Circumstances

Where there is a change in a service user's financial circumstances, the service user or their representative is required to notify the Authority, so that their entitlement to financial assistance can be reassessed. Where a re-assessment changes the service user's contribution, the service user will be advised of the amended contribution to be payable from the new effective date in a revised Statement of Charges.

The effective date of the new charge will normally be the date on which the change in their circumstances occurred.

8.3 Changes in the Level of Service Provided

Where there is a change in the level of service provided, the charge for the services received may need to be reassessed.

Where a re-assessment changes the service user's contribution, the service user will be advised of the amended contribution to be payable from the new effective date in a revised Statement of Charges.

The effective date of the new charge will normally be the date on which the change in the service provision occurred.

9. Rights of citizens

This policy seeks to promote the independence and social inclusion of care and support recipients, citizens and carers.

As such due regard has been given to:

- United Nations Principles for Older Persons
- United Nations Convention on the Rights of the Child
- UN Convention on the Rights of Persons with Disabilities

as included within the Social Services and Well-being (Wales) Act 2014.

Accountability

In implementing this policy, the City and County of Swansea has put forward the legal context for this approach, our key principles for managing the changes and what is expected in terms of practice.
These charging arrangements are backed by clear lines of accountability and responsibility through the Council's corporate governance arrangements and within the social services and financial functions.

Empowerment

Each person can expect fairness, equal treatment and transparency in their journey through these charging arrangements, and where this is a human rights or mental capacity issue, they can expect to be offered advocacy to help negotiate their way through to a satisfactory conclusion.

Welfare Benefits Advice

Swansea will provide appropriate welfare benefits advice to those who receive care and support to aid them in their understanding as to the benefits to which they may be entitled. This should normally be provided by means of a personal discussion with the person in their own home by appropriately skilled staff with, if the person requests one, their representative. This advice will be extended to carers of those who receive care when requested.

Information gathered as part of the Financial Assessment can be shared with the Benefits Advice Team in order to provide welfare advice that would be beneficial to the service user.

10. Statement of Charges

The way people pay for care if they have the financial means to do so will now be uniform across Wales - there will be one set of assessment and charging arrangements for all adults who are required to pay for their care. This national charging framework will apply

to both residential and non-residential care. There are a few discretionary areas available to local authorities and these are outlined in this local policy.

The Care and Support (Charging) (Wales) Regulations 2015 require a local authority that makes a determination about the amount which it is reasonably practicable for a person to pay for care and support and to provide a statement setting out the calculation of the payment that must be made.

The regulations do not specify the exact content / format of the statement to be issued.

11. Uplifts to Charges

The Council has the flexibility to consider potential uplifts to charges on a regular basis, to take account of inflationary costs to expenditure services and where possible to operate on a full cost recovery basis.

The calculation of uplifts will as a consequence take account of amongst other things:

- Staffing costs
- Administrative costs
- Increases to rates
- Costs imposed on the Authority by external service providers.

Where appropriate a clear methodology will be used to determine uplifts, and where necessary an Equality Impact Assessment will be undertaken and public consultation as required.

12. Non-residential care

The term **"Non Residential Care"** applies to the following services:

a) Community Based Services ie. Domiciliary / Home Care Services and Domiciliary Respite Care Services
b) Day Care
c) Telecare and Lifelines

Service Users who are in receipt of the services listed in points b) and/or c) in addition to the services mentioned in point a) will require a single financial assessment based on the total cost of all the services provided to determine if the person is entitled to assistance with the cost of the service.

If the services user is only receiving any of the services mentioned in b) and / or c), no financial assessment is required as flat rate charges apply.

Service Users who do not wish to take part in a financial assessment will be required to pay the full cost of the services provided, subject to a weekly maximum where applicable.

In 2011, Welsh Government announced a cap or **maximum weekly charge** on the amount councils can charge for non-residential care and support. Under section 59 of the Act, or under sections 50-53 of the Act in connection with direct payments, local authorities must not charge more than a weekly maximum charge to a person in receipt of non-residential care and support (the maximum amount is specified in Appendix 1).

The charge for care provided will be calculated as follows:

i) Community Based Services

The weekly assessed charge for Domiciliary Care is calculated by multiplying the actual hours of care by the agreed notional hourly rate. There will be no enhancement to the number of hours to reflect double manning, weekend work or out of hours visits. Likewise time spent travelling to and from a service user's home will be disregarded in arriving at the number of hours of care received. The notional hourly rate that will apply in any one year will be set by the Council.

The Hourly Rates are set out in Appendix 1 of this policy. Exceptionally, there may be a need to revise the rate during the year. The hourly rate will be no more than the full cost of the service, and will not necessarily reflect the actual cost to the Council of providing or commissioning domiciliary care services. This service is the subject of a commissioning review within the Sustainable Swansea –fit for the future programme. Any changes to charges would be considered as part of an annual review of charges.

ii) Day Services

Day services take place in a location other than a person's home. A timetable of attendence at a local authority day service for a part or whole day or number of days may be set out in the care and support plan agreed with the service user. There are no charges for day services provided for citizens within the City and County of Swansea. This service is the subject of a commissioning review within the Sustainable Swansea –fit for the future programme. Any changes to charges would be considered as part of an annual review of charges.

iii) Telecare and Lifelines

Telecare is a term used to describe a range of electronic, electrical and other devices which help to maintain an individual's independence, safety and health and wellbeing, usually, but not exclusively, within their own homes.

The most familiar example of this is the Lifeline Telephone used by many thousands of Swansea citizens to provide an immediate link to a continuously staffed call centre in an emergency.

This range of provision sometimes operates below the thresholds of current social care eligibility with a more preventative focus with a flat rate charge for lifelines to cover only part of the costs of equipment, installation and call response. Telecare for eligible people will continue to be subject to charging arrangements already in place.

13. Residential Care

For more detail refer to:

- **The Care and Support (Charging) (Wales) Regulations 2015**
- **Care and Support (Financial Assessment) (Wales) Regulations 2015**
- **Parts 4 and 5 Code of Practice (Charging and Financial Assessment)**
  - Chapter 9 Charging for care and support in a care home
  - Annex D: Deferred Payment Agreements.

a) Long Term Residential Care

When a decision is taken to charge for residential care, as with all charging, a financial assessment is then undertaken. The Authority aims to support the person to identify options of how best to pay any charge. Where a decision is taken that a person has **long term** care and support needs which are best met within residential care, then property is taken into account within the financial assessment.
The main examples of capital considered are the value of property and savings a person holds.

A person's financial circumstances may lead to the offer of a deferred payment agreement (DPA) against the value of a property taken into account within the financial assessment. Deferred Payments are described in more detail in Annexe D of the code of practice.

The Act states that a local authority **must** ensure that the person has a genuine choice and must ensure that more than one option is available within its usual commissioning rate (standard rate) for a care home of the type a person has been assessed as requiring. However, a person **must** also be able to choose alternative options, including a more expensive home.

Where a home costs a local authority more than it would usually pay, a person **must** be able to be placed there if certain conditions are met and where a third party (or in certain circumstances the resident) is willing and able to pay the additional cost.

However, an additional cost payment **must** always be optional and never as a result of a shortfall in the funding a local authority is providing to a care home to meet a person's assessed care needs. Local authorities must follow the Care and Support (Choice of Accommodation) (Wales) Regulations 2015.

This service is the subject of a commissioning review within the Sustainable Swansea –fit for the future programme. Any changes to charges would be considered as part of an annual review of charges. **Commissioning (standard) rate is also subject to annual review, as with all charges.**

b) Short Term Residential Placements (commonly known as respite care) and Temporary Residential Placements

In each case the charge will be no more than the full cost of the service, and will not necessarily reflect the actual cost to the Council of providing or commissioning domiciliary respite services.

i) Short-term residential placements (Respite Care) are those which are generally up to 8 weeks only, and in practice is likely to be 1, 2 or in exceptions 3 or 4 weeks. Persons are now to be subject to the maximum weekly charge, for short term placements, with a financial assessment. The guidance has taken into consideration that for a non-permanent resident, such an individual would still have outside daily living costs to meet (such as a mortgage) and a desire to support carers.

Where a person is a short-term resident in a care home (Respite Care) the local authority must undertake any financial assessment of a person's means as if the person were receiving non-residential care and support, or receiving direct payments for non-

residential care and support.

ii) Community Based Respite Services (Domiciliary Care and Domiciliary Respite Services)

The weekly assessed charge for Domiciliary Care and Domiciliary Respite Services will be calculated by multiplying the *actual hours* of care by the agreed notional hourly rate. Persons are subject to the maximum weekly charge, with a financial assessment. The notional hourly rate that will apply in any one year will be agreed by the Council. The hourly rates are set out in Appendix 1 of this Policy.

iii) Temporary residential placements are those where the stay is for up to 52 weeks (or in exceptional circumstances is unlikely to substantially exceed 52 weeks) and therefore fees should be charged at the residential rate with a financial assessment.
If it is known from the outset that a stay will exceed 8 weeks, this should be considered a temporary placement from the outset and not a short term (respite) period.

14. Child and Family Services

The Act prevents local authorities from charging a child for the care and support they receive, or for support provided to a child who is a carer.

While the Act contains a provision to allow a parent or guardian to be charged, the Regulations and code currently preclude this on the grounds that this provision was included in the Act to "future proof" it and not by a desire to introduce such charging at this time.

The Authority must not therefore charge for care and support to a child, or for support to a child who is a carer, provided under Part 4 of the Act (Meeting needs), nor must authorities seek payment of a contribution or a reimbursement towards such costs when direct payments are being made to secure such care and support.

15. Direct Payments

See Care and Support (Direct Payments) (Wales) Regulations 2015

15.1 Under the Act it is expected that more people will be able to receive Direct Payments if preferred. This means citizens will be given the money to organise the care and support needed to meet their own agreed, well-being outcomes.

15.2 The most significant new provision of the Act is that it enables direct payments to be used to purchase care and support from the authority which made the payment as well as other providers. Also the Regulations allow direct payments to be used to cover residential care costs, for example short periods of reablement, or longer term periods.

15.3 Where direct payments are not made to the service user direct, additional conditions must be satisfied. For example, whether the payment can be used to pay relatives, where vetting is required or conditions on how the payment can be used.

15.4 In respect of direct payments, the Authority must decide whether to make net payments or gross payments. Prior to April 2016 the authority made net payments for Direct Payments and will continue to do so.

15.5 The weekly assessed charge for care and support facilitated by a Direct Payment will be calculated by multiplying the assessed hours of care set out in the care package by the agreed notional hourly rate for personal assistance. The notional hourly rate that will apply in any one year will be agreed by the Council.

15.6 Any determination of contribution towards a direct payment will be set out within the person's statement of charge.

15.7 The City and County of Swansea will seek to protect public funds from fraud, misuse, or wilful mismanagement of money or assets, and will take action to recover any monies lost as a result of such activity.

16. Other Services

Local authorities have a duty to arrange care and support for those with eligible needs, and a power to meet non-eligible needs should it wish to do so. They also now have more discretionary powers, for example:
To impose charges in relation to care and support it provides or arranges (under section 59 of the Act) See section 6 of this policy.

i) Assistance or Preventative Services

Under the Act (section 69) a local authority has discretion to choose whether or not to charge for preventative services and assistance. At present Swansea does not charge for this range of services as they are an important driver in managing future demand and building up citizens, families and communities capacity to manage their own care and support.

See Section 6 of this policy

ii) Services to Carers

City and County of Swansea commissions a ranges to services to support carers and young carers. Carers are vital in maintaining care and support at home, promoting independence and well-being. At present Swansea does not charge for the provision of support to carers.

See Section 6 of this policy

iv) Secure Estates

The charging framework also applies to people who are detained in the secure estate. Whilst detainees have restricted access to paid employment and welfare benefits (and earnings are disregarded for the purposes of financial assessments), any capital assets, savings, income and pensions will need to be considered when undertaking a financial assessment as with any other person in receipt of care and support.

v) Appointeeship

A weekly administration charge could be made in future against the income and capital assets for some service users who receive support from Social Services to manage their financial affairs where they have been assessed as lacking the mental capacity to do so *(See Table 3).*

17. Mental Capacity

The charging policy takes into consideration the capacity of the person as well as any medical condition or impairment they might have.

Where a person is assessed as lacking capacity to manage their own financial affairs they may still be assessed as being able to contribute towards the cost of their care and support.

Under the Act, the Authority is putting into place additional support to improve access to representation and advocacy, to enhance how they communicate, and participate in decisions, how they are involved in activities such as financial assessments and how they agree to any charges.

Swansea will work with the individual who has the legal authority to make financial decisions on behalf of the person who lacks capacity.
For example:

a. Enduring or Lasting Power of Attorney (EPA or LPA);
b. Department of Works and Pensions appointee;
c. Court of Protection Deputy for property and affairs

If a person is found to lack the mental capacity to manage their financial affairs and there is no-one who has the legal authority to make financial decisions on their behalf, then an application as appointee or Court of Protection Deputy may be made by the Local Authority, if there is found to be no other suitable third party willing or able to act.

Where a person has mental capacity, they may still give their consent for another person to act as their financial representative. Where consent has been given, the Authority will work with the financial representative on matters concerning the person's (client's) financial affairs

18. Deferred Payment Agreements (DPA)

See Care and Support (Deferred Payment) (Wales) Regulations 2015
Also refer to Parts 4 & 5 Code of Practice Annex D.

The new regulations set out the conditions a person and their property must meet in order to be eligible for a deferred payment agreement, the level of a deferred payment a local authority can enter into and the arrangements regarding administration costs and interest which may be charged for setting up and operating a deferred payment agreement.

The Authority can under the regulations agree to enter into a deferred payment agreement where the person and their property meet certain conditions prescribed. Principally these are where a person has an eligible property but whose other forms of capital are under the level of the capital limit and they do not have sufficient income to meet their care costs in full.

A deferred payment agreement enables a local authority to meet the cost of a person's residential care in whole or part while placing a charge on their property as security against the deferment. As a property is not taken into account when undertaking a financial assessment for a charge for non-residential care and support, deferred payments

are only applicable in relation to residential care. A property would be included as an asset within the financial assessment based upon a professional valuation of the current sale value (this value may be subject to future revaluation).

The overall purpose of a deferred payment is to enable a person who enters a care home, and who has a property which has been taken into account in their financial assessment to set a charge for this, to exercise choice as to when or whether they sell their property to meet this charge. The aim of a deferred payment is to afford a person time to get their financial affairs in order, or time to arrange for the sale of their property where this is to occur, and to provide them flexibility as to when they sell the property.

Agreements can be for the duration of a person's stay in a care home, much shorter period as they wish, or until they decide to sell their property to pay for their residential care. The agreement may state the actual date of sale or disposal of the property, set a period such as **90 days** after the date of death of the person with whom the Authority has made the agreement, or such longer time as appropriate.

Before entering into a DPA, the Authority will provide a person with a statement of charges which will include an estimate of the administrative charges required for setting up the agreement and for the whole period when the agreement remains in force.

Termination of a Deferred Payment Arrangement- The person may terminate the agreement at any time prior to the specified time, by giving the Authority reasonable notice, in writing and paying any outstanding amounts.

19. Reviews

Parts 4 & 5 Code of Practice Annex E – Review of Charging Decisions and Determinations.

19.1 Section 73 of the Act requires the Authority to make provision for reviews of charging decisions and determinations made. The principles and requirements in place prior to April 2016 for reviews in relation to non-residential care determinations and charging decisions now apply to both residential and non-residential care determinations and charging decisions.

19.2 A person receiving care and support, either in the community or in a care home, has the right to request a review of a decision to impose a charge. Where a person feels an inappropriate decision has been made, either in the level of the charge, reimbursement or contribution or in relation to the basis upon which the decision to impose this was made, the person will be able to request the local authority to review the decision. This initial review should involve the authority itself reassessing the decision made and deciding whether its original decision was correct, particularly where further information was now available.

19.3 The review process is also extended for reviews of situations where a person has been deemed to be a liable transferee, having received an asset with the intention of avoiding or reducing charges for a person deemed to be liable for a charge. This process will provide a consistent review process for such decisions so that where a person wishes a determination in relation to charging, or the level of a charge, reviewed, they will be able to ask an authority to do this in a relatively straight forward

way and in doing so, potentially obviate the need for a person to make a formal complaint to the authority.

19.4 We will operate a review process as set out in the Regulations and code of practice to enable reviews to be sought of a determination of a charge, contribution or reimbursement, or the level of these, or where a person has been deemed to be a liable transferee.

19.5 It is hoped the vast majority of these requests would be satisfactorily resolved through the review process. However, if a service user or their representative remains unhappy with the decision after it has been reviewed then they have the opportunity to follow the complaints procedure as detailed in The Social Services Complaints Procedure (Wales) Regulations 2014.

19.6 Welsh Government Guidance on these regulations (A guide to handling complaints and representations by local authority social services) advises that a complaint or representation may be made up to 12 months after the date on which the matter which is the subject of a complaint or representation occurred. Alternatively, if later, the date on which the matter which is the subject of the complaint or representation came to the notice of the complainant or the person making the representation.
However, this time limit will not apply if the local authority is satisfied that there are good reasons for a complaint or representation not being made within the time limit and, despite the delay, it is still possible to investigate the complaint effectively and fairly.

Appendix 1 - List of Charges (2016-2017)
To be reviewed annually

Charges for Services	Current charges in 2015-16	Charges to apply in 2016-17	Impact on Customer
ADULT SERVICES LONG TERM RESIDENTIAL CARE (PER WEEK)			
Council owned care homes	Means tested – up to the maximum standard charge as outlined in the categories below	Means tested – up to the maximum standard charge as outlined in the categories below	No change
• Elderly care	– £520.13	– £520.13	
• Dementia care	£520.13	£520.13	
• Learning Disability Short Term	– £1,528.49	– £1,528.49	
• Learning Disability Long Term	– £1,431.07	– £1,431.07	
• Mental Health	– £784.49	– £784.49	
• Young Adults	– £1,277.02	– £1,277.02	
Privately owned care homes	Means tested – up to the maximum standard rate charge as outlined in the categories below	Means tested – up to the maximum standard rate charge as outlined in the categories below	Change to cover uplift in fee levels chargeable by private care home providers
• Residential Care/LD Residential Care	- £495	- £511	
• Nursing Care/LD Nursing Care/Mentally Ill Nursing Care	- £510	- £527	
• Dementia Nursing Care	- £525	- £542	
• Mentally Ill Residential Care	- £489	- £505	
• YPD Residential Care	- £554	- £572	
• YPD Nursing Care	- £549	- £567	
ADULT SERVICES SHORT TERM RESIDENTIAL CARE (PER WEEK)			
Short term residential care - up to 8 weeks (known as Respite care)	Means tested, banded fee rates	Means tested – maximum contribution of £60 per week, or part thereof, per episode of respite care	Decrease in charge
Temporary residential care - up to 52 weeks, including reablement beds from week 7	Means tested, at short term residential rates: – £520.13	Means tested - up to £520.13.	No change

CHARGES TO OTHER LOCAL AUTHORITIES PER WEEK			
All Residential Care	Full cost recovery applied to charges, as allowed under CRAG regulations	Full cost recovery applied to charges under Policy key principles	No change
• Elderly care	– £520.13	– £520.13	
• Respite	– £809.55	– £809.55	
• Learning Disabilities – short term	– £1,528.49	– £1,528.49	
• Learning Disabilities– long term	– £1,431.07	– £1,431.07	
• Mental Health	– £784.49	– £784.49	
• Young Adults	– £1,277.02	– £1,277.02	
• Children's Residential Care	– £2,708.40	– £2,708.40	
All Day Services	Contribution to full cost recovery	Contribution to full cost recovery applied t charges under Policy key principles	No change
• Elderly Services	– £38.31	– £38.31	
• Swansea Vale Resource Centre	– £101.40	– £101.40	
• Fforestfach Day Services	– £38.11	– £38.11	
• Alternative Day Services	– £31.42	– £31.42	
• Special Needs Day Services	– £92.71	– £92.71	
• Cwmbwrla Day Centre	– £35.13	– £35.13	
• Whitehorns Intensive Day Services	– £90.13	– £90.13	
CHARGES TO ABMUHB PER HOUR			
Local Authority Home Care Service	- £29.35	- £29.35	No change
ADULT SERVICES NON- RESIDENTIAL (COMMUNITY BASED) SERVICE			
Homecare / Domiciliary care	Means tested – max. charge £60 per week or part thereof, using maximum standard charges of £10 per hour	Means tested – max. charge £60 per week, or part thereof, using maximum standard charges of £10 per hour	No change
Community Care Respite Services	Means tested – max. charge £60 per week or part thereof, per episode of respite care	Means tested – maximum contribution of £60 per week or part thereof, per episode of respite care	No change

Telecare/Category 3	£5.50/week	£6.58/week - uplift due to changes in supply contract	Increase in charge to reflect increase in supply contract
Home Safety/Category 2	£3.75/week	Charges under review	No change
Lifeline/Category 1	£2.50/week	£3.58/ week –uplift due to changes in supply contract	Increase in charge to reflect increase in supply contract

Standards Rates (Direct Payments)
Personal Assistants (PA's) = £8.20 per hour

The following items have been set by Welsh Government for 2016/17 and will be used when the authority makes a financial assessment in accordance with the Act and regulations.

- **Threshold on Capital:**
  £24,000.
- **Maximum weekly charge for non-residential care charges**
  £60.00/week

- **Personal Allowance (Minimum Income Amount)** to people in care homes = £26.50/ week

- **Minimum Income Amount for a person being provided with non-residential care and support**

Under this Charging Policy, the discretionary powers exercised by the Local Authority in respect of what services are charged for, exemptions, contributions or reimbursements should be reviewed annually, alongside the list of charges, for example:

- Power to impose charges (under Regulation 59);
- Whether contributions or reimbursements to charges are applicable (e.g. under Regulations 17 & 18 relating to direct payments).

Appendix 1. List of Charges (to apply in 2017-2018)

Charges for Services	Current charges in 2016/17	Charges to apply in 2017/18	% Increase/ Comment
ADULT SERVICES LONG TERM RESIDENTIAL CARE (PER WEEK)			
Council owned care homes	Means tested – up to the maximum standard charge as outlined in the categories below	Means tested – up to the maximum standard charge as outlined in the categories below	Standards rate of elderly care, increases to reflect current fee rates.
• Elderly care	– £520.13	– £530.53	– Up by 2%
• Dementia care	£520.13	£530.53	– Up by 2%
•	–	–	–
• Learning Disability	– £1,431.07	– £1,459.69	Up by 2%
• Mental Health	– £784.49	– £800.18	– Up by 2%
• Young Adults	– £1,277.02	– £1,302.56	– Up by 2%
Privately owned care homes	Means tested – up to the maximum standard rate charge as outlined in the categories below	– the local authority fee payable to private providers is currently under review	–
• Residential Care/LD Residential Care	- £511	– £521.22	– Up by 2%
• Nursing Care/LD Nursing Care/Mentally Ill Nursing Care	- £527	– £537.54	– Up by 2%
• Dementia Nursing Care	- £542	– £552.84	– Up by 2%
• Mentally Ill Residential Care	- £505	– £515.10	– Up by 2%
• YPD Residential Care	- £572	– £583.44	– Up by 2%
• YPD Nursing Care	- £567	– £578.34	– Up by 2%
ADULT SERVICES SHORT TERM RESIDENTIAL CARE (PER WEEK)			
Short term residential care - up to 8 weeks (known as Respite care, reablement (from week 6 and up to week 8) or temporary short-term emergency or planned placement)	Means tested – maximum contribution of £60 per week, or part thereof, per episode of respite care	Means tested – maximum weekly charge applies	– Up by 2%

Temporary residential care - up to 52 weeks, where placement is known to last more than 8 weeks from the onset/or from week 9 of a short term residential care placement	– Means tested - up to £520.13.	– Means tested - up to £530.53	– Up by 2%
Charges for Services	**Current charges in 2016/17**	**Charges to apply in 2017/18**	**% Increase/ Comment**
CHARGES TO OTHER LOCAL AUTHORITIES PER WEEK			
All Residential Care	Full cost recovery applied to charges under Policy key principles	Full cost recovery applied to charges under Policy key principles	
• Elderly care	– £520.13	– £530.53	– Up by 2%
• Respite	– £809.55	– £825.74	
• Learning Disabilities – short term	– £1,528.49	– £1,559.06	
• Learning Disabilities– long term	– £1,431.07	– £1,459.69	
• Mental Health	– £784.49	– £800.18	
• Young Adults	– £1,277.02	– £1,302.56	
• Children's Residential	– £2,708.40	– £2,762.57	
All Day Services			– Up by 2%
• Elderly Services	– £38.31	– £39.08	
• Swansea Vale Resource Centre	– £101.40	– £103.43	
• Fforestfach Day Services	– £38.11	– £38.87	
• Alternative Day Services	– £31.42	– £32.05	
• Special Needs Day Services	– £92.71	– £94.56	
• Cwmbwrla Day Centre	– £35.13	– £35.83	
• Whitehorns Intensive Day Services	– £90.13	– £91.93	
CHARGES TO ABMUHB PER HOUR			
Local Authority Home Care Service	– £29.35	– £29.94	– Up by 2%
ADULT SERVICES NON- RESIDENTIAL (COMMUNITY BASED) SERVICE			
Homecare / Domiciliary care/ Flexible Support (New)	Means tested – max. charge £60 per week, or part thereof,	Means tested – maximum weekly charge applies, using	– Up by 2%

	using maximum standard rate charge of £10/ hour	standard rate charge of £10.20/ hour	
Community Care Respite Services	Means tested – maximum contribution of £60 per week or part thereof, per episode of respite care	Means tested – maximum weekly charge applies	
Charges for Services	**Current charges in 2016/17**	**Charges to apply in 2017/18**	**% Increase/ Comment**
Lifeline	£2.50	£2.55	– Up by 2%
Court of Protection Deputyship	£670 application fee; £700 for first year management and £585 per year thereafter, or 3% of the person's net assets- charge against assets if these are under £16,000; Also other additional charges may apply: £270 property management fee - £195 preparation and lodgement of an annual report	To remain the same	These charges are fixed costs in the Court of Protection determined in a practice direction as remuneration for Local Authorities when acting as Court Deputy.

The following items have been set by Welsh Government for **2017/18** and will be used when the authority makes a financial assessment in accordance with the Act and regulations.

- **Threshold on Capital:**
  For residential care: £30,000 (Last Year = £24,000)
  For Community services eg. Domiciliary care: £24,000 (Last year = £24,000)

- **Maximum weekly charge for non-residential care charges**
  £60.00/ week (Last Year =£60.00/week) **to be confirmed. Welsh Government is currently consulting on a proposed charge of £70.00/week.**

- **Personal Allowance (Minimum Income Amount)** to people in care homes = £26.50/ week (Last Year = £26.50/ week) **to be confirmed**

  Minimum Income Amount is also set, during a financial assessment, for a person being provided with non-residential care and support

Please Note: Under this Charging Policy, any discretionary powers exercised by the Local Authority in respect of what services are charged for, exemptions, contributions or reimbursements are reviewed annually, alongside the list of charges.

Report of the Cabinet Member for Health & Well-being

Cabinet – 14 December 2017

Annual Review of Charges (Social Services) (to apply in 2018/19)

Purpose:	To seek permission to consult on proposed changes to charges for social services in 2018/19 as part of the established annual review process set out within the Social Services Charging Policy.
Policy Framework:	Social Services, in accordance with the detailed code of practice and regulations under Parts 4 & 5 of the Social Services and Well-being (Wales) Act 2014.
Consultation:	Access to Services, Finance, Legal.
Recommendations:	1) Approval is given to consult on possible changes to charges for adult social care as part of the Council's wider budget consultation - to include consideration of: ○ Introduction of a charge for day services for older people ○ Introduction of a charge for day services for younger adults ○ Introduction of a charge for respite care at home ○ An increased charge for domiciliary care ○ An inflationary uplift for all other social care charges
Report Author:	David Howes
Finance Officer:	Chris Davies
Legal Officer:	Tracey Meredith
Access to Services Officer:	Rhian Millar

1. Introduction

1.1 Swansea Council, under Parts 4 & 5 of the Social Services and Well-being (Wales) Act 2014, has to agree and publish a single social services charging policy framework, and list of charges to apply to Swansea citizens in the year ahead. Under the Act, a local authority can only charge:

- up to the cost of providing the service
- what the person can afford to pay for an assessed for service

1.2 Swansea's Charging (social services) Policy was approved by Council in April 2016, and the first annual review was carried out last year.
The current policy is available via the following link:

Social Services Charging Policy.

2. Main Report

2.1 Given the context of rising demand for social care, significant inflationary pressures that disproportionately impact on the cost of providing social care and a reduced overall level of funding available to the Council, it is necessary for the Council to review the charges currently levied for the provision of social care on an annual basis. The annual review must both consider whether the current levied charges properly reflect the cost of providing the service and whether charges should be introduced for any currently non charged for services. In conducting the annual review the Council will continue to strike a balance between maintaining charges at a level that remain fair and affordable for citizens whilst ensuring the Council continues to provide financially sustainable, high quality services and that individuals care and support needs remain well met.

2.2 Before making a decision to introduce any new charges or to apply an above inflationary increase to current charges, the Council must first consult with citizens as part of carrying out an equality impact assessment.

2.3 This year's annual review of charges process has identified that the Council should consider introducing new charges for:

Day services for older adults.
Day services for younger adults.
Respite care at home services.

2.4 The review has also identified that the current charge for domiciliary care falls well below that charged by other Council's and in no way reflects the actual cost of providing domiciliary care. Therefore the review has determined that the Council should consider introducing an above inflationary increase to the charge for domiciliary care staggered over a number of years.

2.5 With regards all other service charges the review has determined that only an inflationary uplift is required to maintain charges at an appropriate level.

2.6 In order to conclude the review process and make recommendations to Cabinet it is necessary to consult with citizens about the possible introduction of new charges and any above inflationary increases to existing charges.

3. Equality and Engagement Implications

3.1 The Charging Policy (Social Services) is applied equally, in that all assessed needs for care and support services, where they are broadly the same, are treated as the same.

3.2 An Equalities Impact Assessment Screening Form has been completed, with the agreed outcome that a full EIA is required before any new charges or above inflationary increases to charges can be introduced. Full EIA's will incorporate the feedback from the planned consultation.

3.3 Consultation will be undertaken as part of the Council's wider budget consultation process to include that all citizens who may be affected by any changes to current charges will be written to and additional engagement events will be held.

3.4 A final set of proposed changes to charges for 2018/19 will be the subject of a further report to Cabinet and will include the feedback from the consultation and the final equality impact assessment.

4. Financial Implications

4.1 Welsh Government has maintained a view that, within local authorities, implementing the Social Services and Well-being (Wales) Act 2014 should be seen as cost neutral. The Act grants further discretionary powers to local authorities, on what services can be charged for and the rates at which these are charged, provided that these do not exceed the cost of providing the service.

4.2 Swansea Council has a corporate charging policy based on the principles of full cost recovery.

4.3 The maximum charge arrangements (currently £70 per week) and the requirement to undertake a financial assessment of an individual's ability to pay, significantly limits the financial impact on individual citizens of any changes to charges for community services and the extent to which full cost recovery can be achieved.

4.4 If the Council were to introduce charges for days services and introduce a staggered above inflationary increase to domiciliary care charges this would bring the Council more in line with the majority of other Council's.

5. Legal Implications

5.1 The Social Services and Well-being (Wales) Act, and the associated Regulations and Codes of Practice came into force on 6th April 2016, and

these set out how financial assessments and charging for social care services should be managed by local authorities. Whilst the Welsh Government retain the power to set caps and thresholds for charges, it is necessary for each Local Authority to publish their charging policy, and to establish a process to review, set and consult upon the list of charges to be applied.

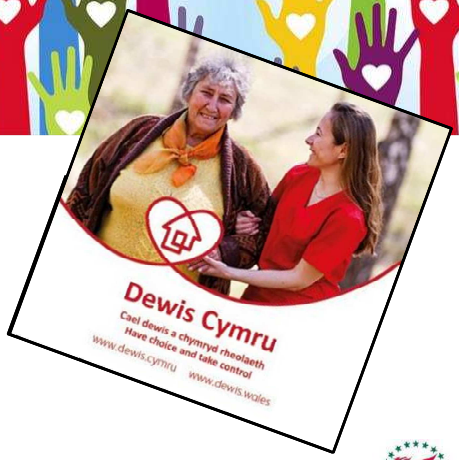
5.2 Before deciding on the introduction of any new or above inflationary increases to charges for care and support services The Council must consult with citizens as part of undertaking an equalities impact assessment

Background Papers: None.

Appendices: None.

Dewis Cymru is THE place for well-being information in Wales

Dewis Cymru



Scrutiny Performance Panel – Adult Services

16 January 2018

Presentation on DEWIS Cymru

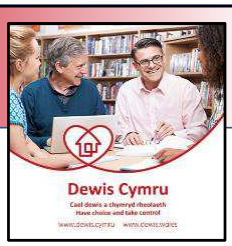
Simon Jones
Swansea Council

Cyngor Abertawe Swansea Council

UNED DDATA LLYWODRAETH LEOL ~ CYMRU
LOCAL GOVERNMENT DATA UNIT ~ WALES

WLGA · CLILC

Dewis Cymru - the national context

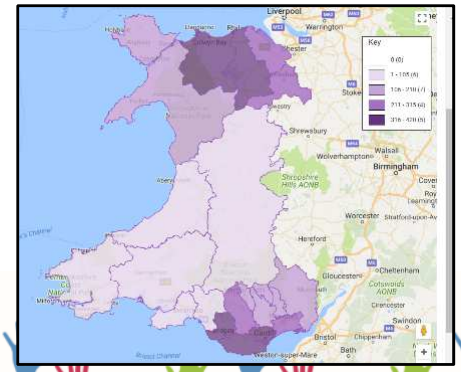


- Dewis Cymru forms part of the local government response to the **Social Services and Well-being (Wales) Act**

- Formally endorsed by the Association of Directors
- of Social Services in Wales

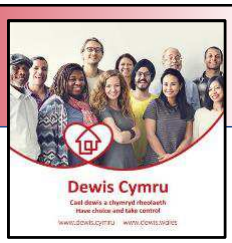
- Adopted by 21 of the 22 local authorities

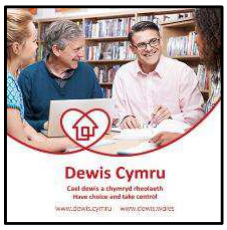
- Currently 'live' in 16 of the 21 local authorities,
- including Swansea

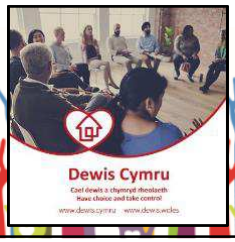


What is Dewis Cymru?

- Dewis Cymru is THE place to find information about well-being services in Wales
- Dewis Cymru gives citizens **choice** and **control** over the services they engage with
- Dewis Cymru is developed and hosted centrally – **reducing costs** and **avoiding duplication**
- Dewis Cymru is **free to use** - owned and funded by local authorities across Wales

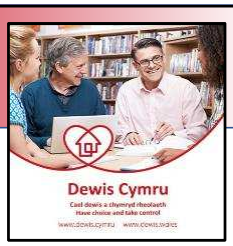


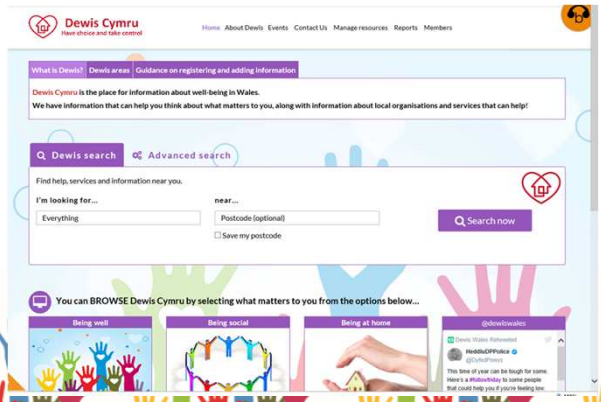




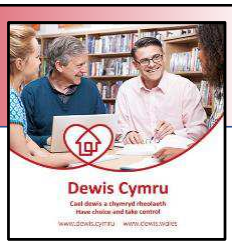
Helping people find practical help

- A **Resource Directory** containing national and local resources:
  - Services
  - Community Groups
  - Commercial companies
  - Events

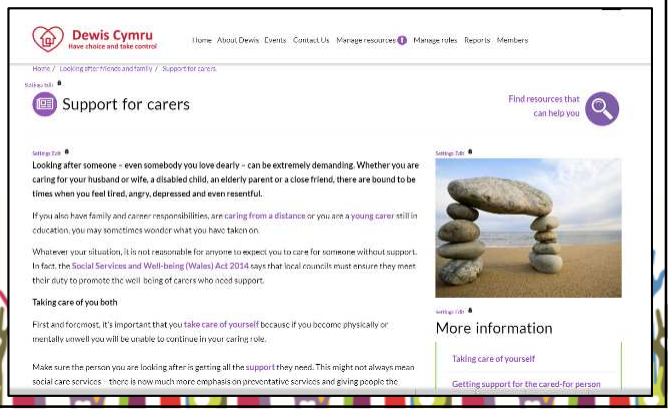




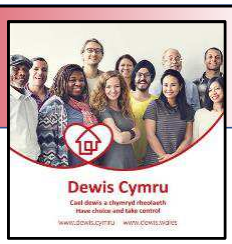
Helping people consider What Matters…

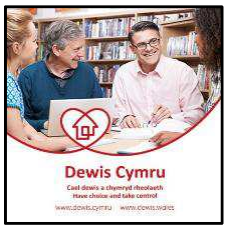


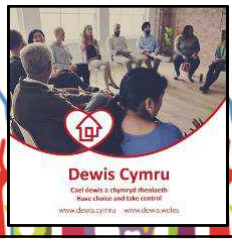
- Nationally developed and maintained **information pages** to help citizens think about What Matters to them



A reliable source of information?



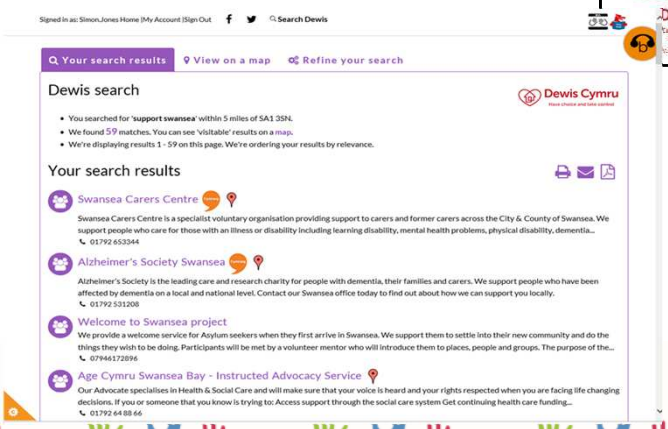




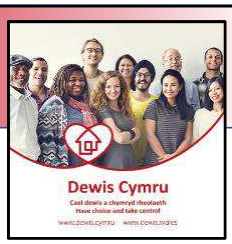
- **Up to date**
  - Information has a 'shelf life'
  - System notifications prompt for updates
  - Out of date information is hidden from the public
- **Assurance**
  - Entries have to be reviewed by an 'Editor' prior to publication and after each 'edit'
  - Users can provide feedback on listed resources
  - 'Editors' have the ability to hide information where concerns are raised
  - Central Dewis 'team' see all feedback and can act where necessary

Accessible?

- **Accessibility** – independent review by the Shaw Trust
- **Welsh Language standards** compliant
  - The Dewis Cymru website is fully bilingual
  - Search is 'language sensitive'
  - 'Iaith Gwaith' icon shown for services that can deliver in Welsh

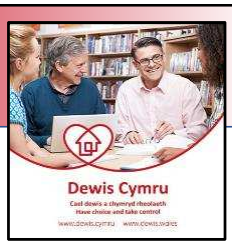


Dewis and the Welsh language…

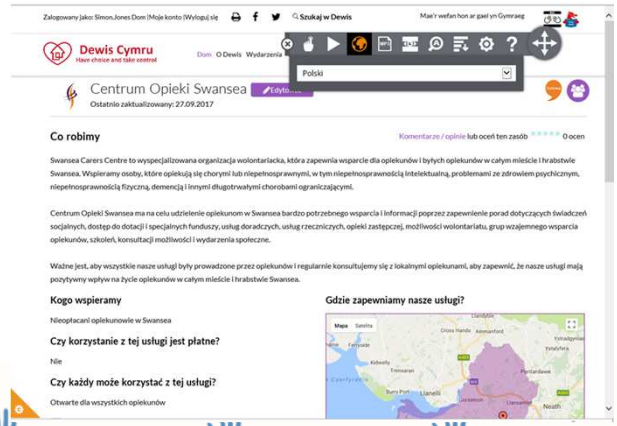


- The site **encourages** people to add all information bilingually
- Information about council delivered and commissioned services **MUST** be bilingual
- Other services **CAN** be added bilingually – some choose to only use one language
- Welsh Language Commissioner is clear that these are **NOT** the responsibility of authorities or Dewis.

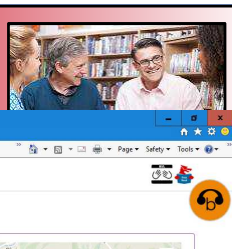
Some unique features…



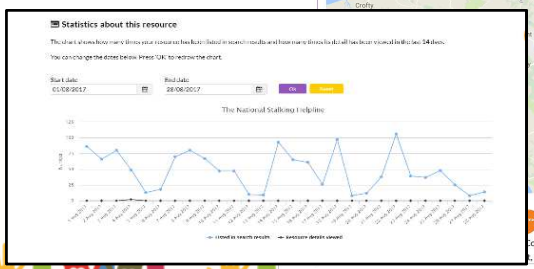
- '**Browsealoud**' functionality will translate content into over 40 languages and can read site content to the user – here's the 'Swansea Carers Centre' page in Polish!



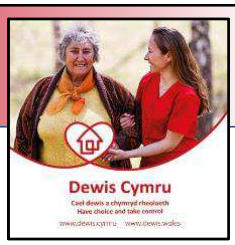
Supporting better understanding…



- **Analytics**
  - Help services understand how their entries are being viewed
  - Allow local authorities and their partners to understand service coverage
  - Regulators can assess how 'resources' are being promoted within local area or regionally

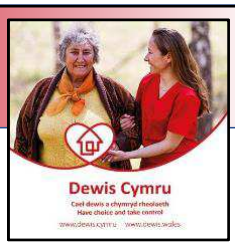


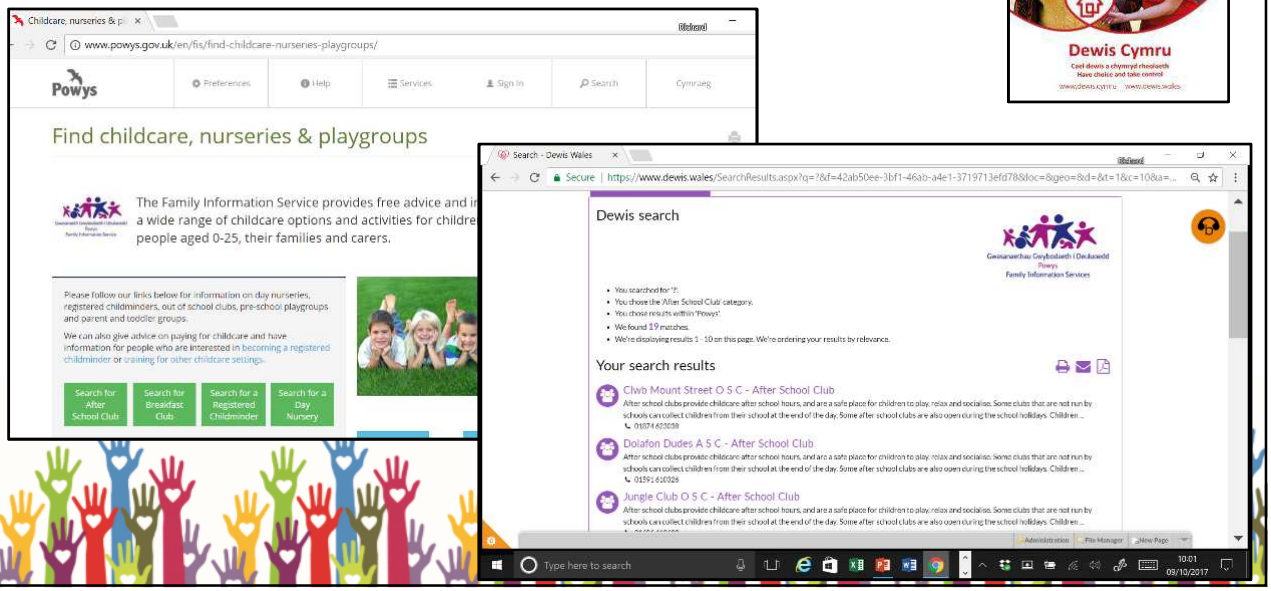
Information where people need it…



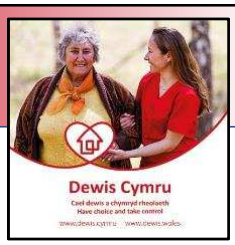
- Not everyone will go to www.dewis.wales
- Dewis Cymru acts as an information store for use by local authorities, their partners and others
- 'Embedded search' allows you to present branded Dewis search results from **ANY** website
- The embedded results benefit from Dewis functionality

Powys Family Information Service…





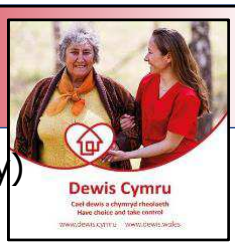
Dewis Cymru in Western Bay



As of 3rd Jan. 2018, within DEWIS Cymru, of the 4860 national resources, there are:

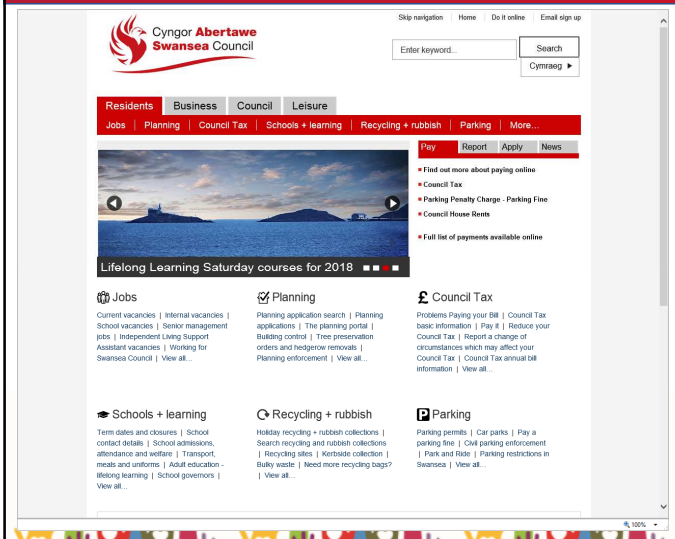
- 107 local resources currently 'live' in Swansea
- 102 in NPT
- 383 in Bridgend

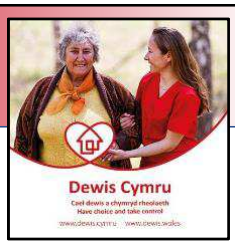
Ongoing work nationally…



- Work to share information with Infoengine (3rd sector directory) nearing completion
- Family Information System (FIS) incorporation by end of 2017-18
- National DEWIS Cymru 'launch' being planned for July 2018-19
- Dewis Cymru and NHS '111' will form a 'Virtual' knowledge base

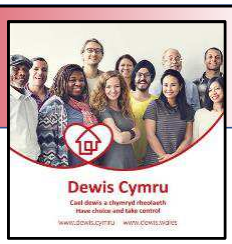
Swansea Council- approach to well-being

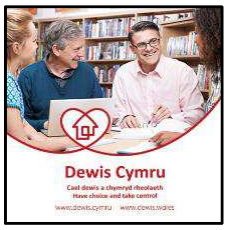


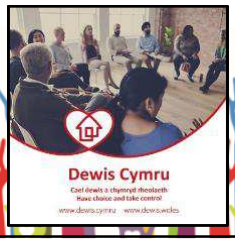


- Implementation of DEWIS Cymru, as part of Information, Advice and Assistance approach.
- Project within Sustainable Swansea Fit for the Future
- Service area leads nominated by Heads of Service – recruitment of resource 'editors'

Any Questions?







Work Programme

Meeting Date	Items to be discussed
Meeting 1 Tues 8 August 2017 3.30pm	**Overview of key priorities and challenges for Adult Services in Swansea** *Presentation by Alex Williams, Head of Adult Services* **Role of the Adult Services Scrutiny Performance Panel** including Terms of Reference and Work Programme **Letters to / from Convener**
Meeting 2 Wed 20 September 2017 **3.00pm**	**Prevention** including (i) Update on Local Area Coordination (LAC) and (ii) Supporting People *Alex Williams, Head of Adult Services and Steve Porter / Jane Harries, Housing* **Overview of Western Bay Programme (postponed)** *Sara Harvey, Programme Director*
Meeting 3 Tues 10 October 2017 3.30pm	**Performance Monitoring** **Report on how Council's policy commitments translate to Adult Services** *Alex Williams, Head of Adult Services*
Meeting 4 Tues 21 November 2017 3.30pm	**Demand Management** including Deprivation of Liberty Safeguards (DoLS) **Overview of Western Bay Programme** including Governance *Sara Harvey, Programme Director*
Meeting 5 Tues 19 December 2017 3.30pm	**Workforce Development** **Systems Support** *Alex Williams, Head of Adult Services*
Meeting 6 Tues 16 January 2018 3.30pm	**Performance Monitoring** **Presentation on DEWIS information system** *Alex Williams, Head of Adult Services* *Simon Jones, Performance and Improvement Officer* **Briefing on Social Services' Charging** *Dave Howes, Chief Social Services Officer*
Additional meeting Mon 5 February 2017	**Draft budget proposals for Adult Services**

10am	
Meeting 7 Tues 13 February 2018 3.30pm	**Intermediate Care** including DFGs *Alex Williams, Head of Adult Services* *Mark Wade, Housing* **DoLS Update** **Implications of FNC judgement on funding of nursing care (TBC)** **Presentation (20 minutes) on Welsh Community Care Information System (WCCIS)** *Sara Harvey, Programme Director, Western Bay* *Steve Davies, WCCIS Implementation Manager* *Tracey Bell, WCCIS Product Specialist*
Meeting 8 Tues 20 March 2018 3.30pm	**Commissioning Reviews - Domiciliary Care and Procurement Update** **Cabinet Member presentation and Q and A Session** *Mark Child, Cabinet Member for Health and Wellbeing*
Meeting 9 Tues 17 April 2018 3.30pm	**Performance Monitoring** **End of year review**

Cyngor Abertawe
Swansea Council

To:
Councillor Mark Child
Cabinet Member for Health & Wellbeing

Please ask for: Gofynnwch am:	Scrutiny
Scrutiny Office Line: Llinell Uniongyrochol:	01792 637314
e-Mail e-Bost:	scrutiny@swansea.gov.uk
Date Dyddiad:	09 January 2018

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Health and Wellbeing following the meeting of the Panel on 10 October 2017. It covers the Performance Monitoring Report and Policy Commitments.

Dear Cllr Child

The Panel met on 10 October and looked at the Performance Monitoring Report (full report and Headline report) for July and August 2017 and a report on how the Council's Policy Commitments translate to Adult Services. The Panel would like to thank you and Alex Williams for attending to go through the reports and answer questions. The Panel appreciates your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

Performance Monitoring

The Panel made a general point that there was a large amount of information contained in the report and they felt that this may not be easy to manage. They heard that challenge sessions are held with managers in the department on their areas and were assured that the information is therefore manageable.

Summary report page 4 – Long term domiciliary care. The Panel was concerned about the large increase in hours provided and the fact that we are rapidly nearing the operational ceiling in terms of availability of care hours. The Panel heard that the department is seeking to reduce the number of contracted hours and the budget for next year will reflect this. The Panel felt that there is a need to ensure that reductions

in contracted hours for individuals are driven by need rather than budgetary pressures and that nobody will be left struggling to cope as a result. The Panel also heard that Brexit could have an effect on this issue and on residential care. The Panel look forward to receiving updates on progress at its meetings.

Summary report page 5 – Delayed transfers of care. The Panel was concerned about the large increase in August in delayed transfers of care and that a further increase in transfers of care had occurred in September. The Panel was pleased to hear that the department is hopeful that measures they have put in place will see this start to fall away in October. This Panel will monitor this going forward.

Main report page 44 – Safeguarding vulnerable adults. The Panel raised concerns about the 24 hour target and 7 day target and felt that we should be aiming for much higher. The Panel was pleased to hear that currently responsibility is dispersed out to all teams but the department is centralising this and are seeking to filter out duplicate referrals so as to make the measure more accurate. The Panel will want to monitor this performance measure as they are concerned that failure to make a decision about a vulnerable adult within the defined timescale could put somebody at risk.

How the Council's Policy Commitments translate to Adult Services

The Panel heard that the policy commitments were agreed by Council in July 2017 so there has only been a short amount of time to work on them. They also heard that the goals are wider than just Council goals and that Cabinet Members have a role to ensure the objectives are met.

The Panel felt that if 'RAG' status was going to be used then more context was needed so as to be able to assess how appropriate each status is particularly with regards to timescales and to give us a sense of progress on each project.

The Panel also felt that the objectives of key officers should be set out in more precise, timed terms and that any RAG status comparisons should be linked to the objectives of key officers across all departments involved. The Panel would like a report to be brought back in a year's time and would like it to be developed in more detail and include more structure around how the objectives will be achieved including timelines.

Work Programme Timetable 2017 – 18

The Panel agreed that an additional meeting be held to look at the Council budget proposals prior to them going to Cabinet. This meeting has been arranged for 5 February 2018 and you are welcome to attend. The Panel would like to see the budget, that is, the agreed plan of action put alongside the cash sums and described in terms of real activities, outcomes, outputs or inputs that the sums of money are intended to deliver, for example, number of people supported in care homes at any one time, or over the financial year, number of home care hours provided etc. In an ideal world, both the objectives of the key departments and officers, and the budgetary processes would tally and re- in force each other dynamically as the financial year evolves and is actively managed.

Alex Williams agreed to provide additional information for the meeting alongside the budget proposals to assist the Panel.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please note that in this instance, a formal response is not required.

Yours sincerely

PETER BLACK
CONVENER, ADULT SERVICES SCRUTINY PANEL
CLLR.PETER.BLACK@SWANSEA.GOV.UK