City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Performance Panel – Adult Services

At: **Committee Room 5 - Guildhall, Swansea**

On: **Wednesday, 16 May 2018**

Time: **3.30 pm**
NOTE: first 10 minutes is a closed meeting for panel members only

Convenor: **Councillor Peter Black**

Membership:
Councillors: V M Evans, C A Holley, P R Hood-Williams, S M Jones, J W Jones, A Pugh and G J Tanner

Co-opted Members: T Beddow and K Guntrip

Agenda

Page No.

1 **Apologies for Absence.**

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

3 **(3.45pm) Notes of meeting on 17 April 2018** **1 - 3**
To receive the notes of the previous meeting and agree as an accurate record.

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

5 **(4.00pm) Performance Monitoring Report** **4 - 62**
Alex Williams, Head of Adult Services

6 **(4.40pm) Explanation of budget outputs**
Presentation by Dave Howes, Chief Social Services Officer

7 **(5.05pm) Review of the year and plan for next 12 months in Adult Services Scrutiny** **63 - 66**

8 **(5.25pm) Letters** **67 - 72**

a) Convener's letter to Cabinet Member (17 April 2018 meeting)
b) Response to Convener's letter (17 April 2018 meeting)

Next Meeting: Tuesday, 19 June 2018 at 3.30 pm

Huw Evans
Head of Democratic Services
Wednesday, 9 May 2018

Contact: Liz Jordan 01792 637314

Cyngor Abertawe
Swansea Council

City and County of Swansea

Notes of the Scrutiny Performance Panel – Adult Services

Committee Room 5 - Guildhall, Swansea

Tuesday, 17 April 2018 at 3.30 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
V M Evans	C A Holley	P R Hood-Williams
J W Jones	A Pugh	G J Tanner

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

Other Attendees

Mark Child	Cabinet Member - Health & Wellbeing

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

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1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley and Alyson Pugh.

2 Notes of meeting on 20 March 2018

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

3 Public Question Time

Questions asked by members of the public:

- Asked why homes are shutting now when people have been assured there would be no changes to services managed until next year.
- In the past Council has tried to get people to attend day services but now with closing facilities are keeping them in their homes.
- Need carers people can depend on. They are always different people and they do not stay long enough to talk to people. You are picking on the most vulnerable.

Cabinet Member response:

They are not closing homes now, the proposal going to Cabinet is that the Authority goes out to consultation. If it is decided that a home is to close they do not anticipate this happening until well into next year.

Currently have 5 day centres with vacancies at present. We need to improve respite care so need to change the way we provide Adult Services. Would like to increase domiciliary care but do not have the resource for this right now. There is a difference between care and having a good life. There are other places people can go.

Think these proposals will improve services we currently provide.

4 Outcome of Residential Care and Day Services for Older People Commissioning Reviews

The Panel thanked the Cabinet Member and officers for providing the report and attending the meeting to discuss the Outcomes of Residential Care and Day Care Services for Older People Commissioning Reviews.

The Panel highlighted the following issues**:**

1. Concerned the commissioning review took too long to complete and felt residential care and day care should have been separated as it was very confusing for people.
2. Panel felt the original consultation in 2016 was overly complicated and did not reach the people it was going to affect.
3. There was no information in the proposals or any long term vision regarding shifts over time for people moving to different care settings and changes in long-term needs and what this means for the proposals.
4. Concerned that the reviews for defining individuals as having complex needs would be undertaken almost entirely in house in the proposed new model. Panel feels strongly that Health needs to be involved as there is a grey area between social care and nursing care, and Council staff are not really qualified to undertake the reviews on their own. There was also strong concern amongst all Panel members regarding the definition of complex care, which it was felt strayed into the realm of nursing care and would involve medically trained and qualified staff to deliver.
5. Despite the confidence that staff can be upskilled to take on complex needs, the Panel is sceptical and would like reassurance on the level of training, validation and supervision of staff being asked to provide care at this level.
6. The Panel notes that the Council's long term vision is to rely on the private sector to deliver standard residential care and is concerned that the council will not be offering a public sector option. We feel that this needs to be acknowledged and made clear to clients.
7. Panel would like to see some of the capacity for complex needs provision shared with other providers.

8. In relation to the proposed closure of the Parkway site, the Panel felt there was no clarity about what will happen to the site if it does close. It is noted that the value of this site was taken into account in assessing the decision to close it but witnesses were unable to provide any detail as to what that valuation was based on, and whether it was consistent with proposals in the report to retain it for private residential care nor who and how that ambition would be delivered.
9. The Panel felt there was a possibility of strong opposition to the proposals from residents of Parkway and would like to know how the Authority will then proceed if a resident refused to leave.
10. Panel felt that third party top up fees for private residential care is an issue which needs to be addressed. We felt that it could be a factor for some residents in choosing where they are to be rehoused but that this was not taken seriously enough in the responses to questions on the matter.
11. Panel would like confirmation that there will be an annual review of all residents of residential care by competent people to assess their ongoing needs.
12. The Panel would like more detail on alternative day care provision for non-complex clients who will no longer be able to access the remaining three day centres for elderly people.

5 Discussion and Questions

The Convener of the Panel will attend Cabinet on the 19 April 2018 and a letter will follow to the Cabinet Member outlining the Panels views.

6 Work Programme Timetable

Work programme received and considered by the Panel.

7 Letters

Letters received and considered by the Panel.

The meeting ended at 5.35 pm

Report of the Cabinet Member for Health and Wellbeing

Adult Services Scrutiny Performance Panel – 16th May 2018

ADULT SERVICES PERFORMANCE FRAMEWORK

Purpose	• The purpose of this report is to present the Adult Services Performance Framework.
Content	• The Performance Framework is designed to monitor performance across Adult Services. • Members will note that there are two reports attached. The first is a summary report with headline indicators which demonstrate the general health of the Adult Services overall system. The second is the more detailed report with a summary at the beginning. • Monitoring performance in this way is still very much work in progress and there are several areas for future development towards the end of the report. • The report demonstrates the areas of business that are performing well and less well, and is designed to be an operational tool to help continually improve service quality and delivery. • Similarly to the Performance Framework that Child and Family has developed over the years, it is anticipated that the Framework will be an evolving document.
Councillors are being asked to	• Consider the Report
Lead Councillor(s)	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 MARCH / APRIL 2018

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 introduced further measures to strengthen the MDT focus. The data reported here reflects this alteration and we are working to gather and report data on the entire CAP-MDT flow in future updates.

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

Local Area Co-ordination (LAC)

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

Delayed Transfers of Care

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

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

Assessment and Care Management

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

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

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

Community Reablement:

The service met both locally –set targets for 2017/18 set against the new national performance indicators (p.24).

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

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

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

Safeguarding Adults

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

Performance on timeliness of response to safeguarding enquiries improved during 2016/17 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 measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. On the target for 24 hours (p.41), improvements in performance towards the end of the year were welcome and while progress was made, target was not met for the year.

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).

In Swansea the DoLS situation improved during 2017/18, with the prior 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 59.7% of cases, just under our 2017/18 target of 60% (p.45). Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves.

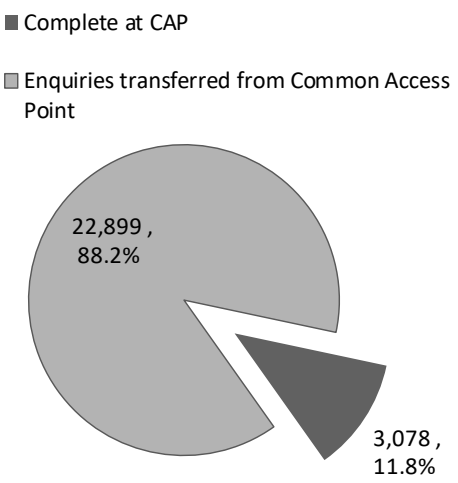
Common Access Point (CAP)

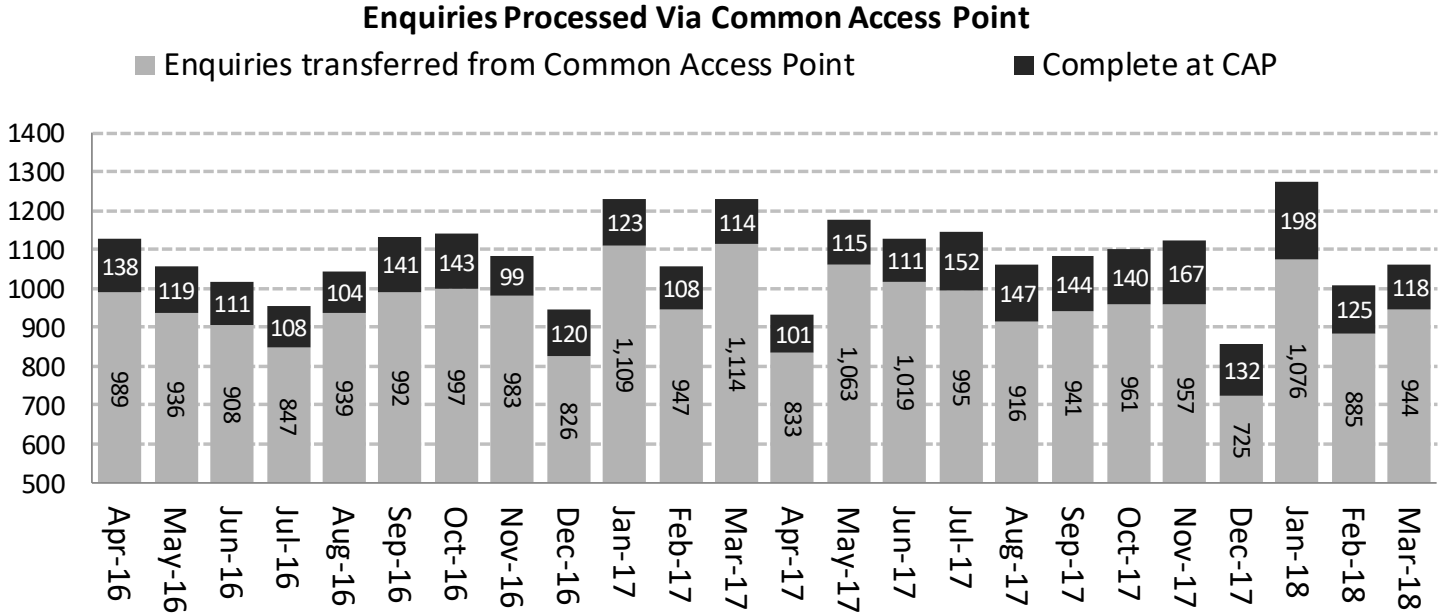
The Common Access Point continues to be reviewed for function and purpose. During 2016/17, the key expectations for the service and outcomes against those are set out below. (This service may also be referred to as 'Intake' or 'the front door'.)

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, and we have developed this in 2017/18. For 2017/18, performance on this indicator was well above target at **93.8%.**
To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.	Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective us of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

Common Access Point (CAP)

Enquiries Received at Common Access Point

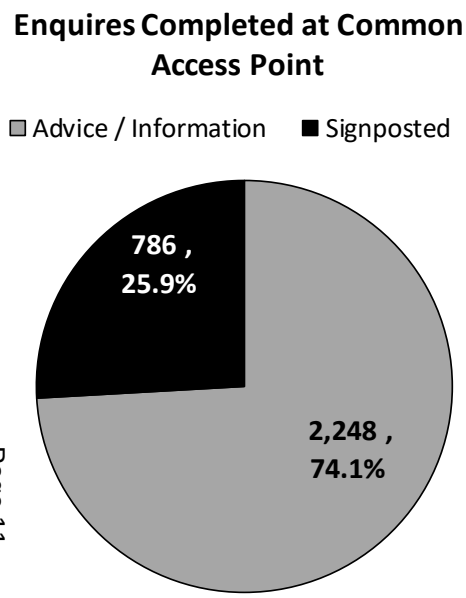


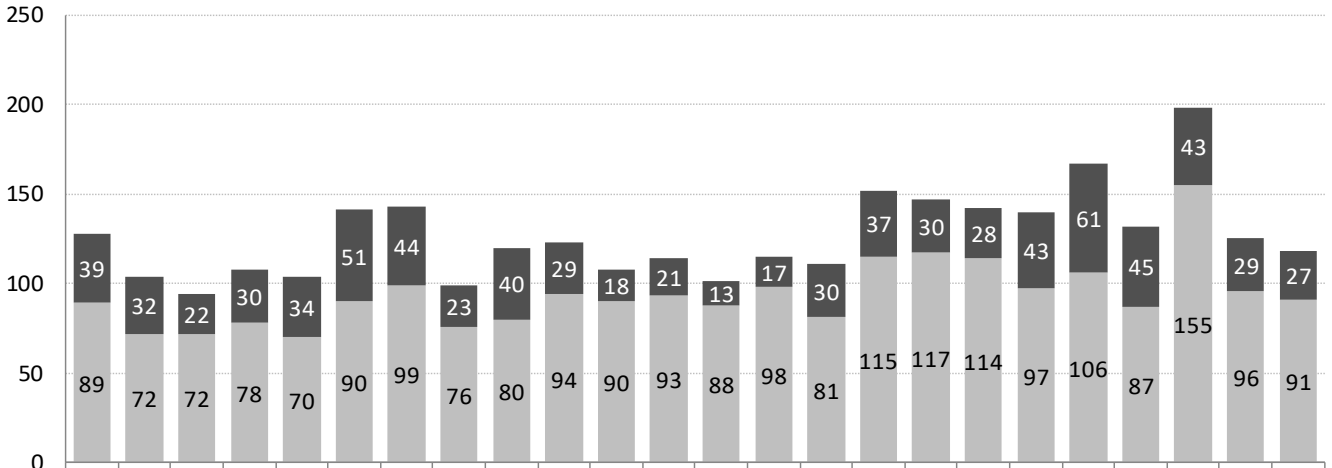


During the period April 2016 – March 2018, 88% of enquiries were processed via the CAP are passed through to other teams. 12% of enquiries are completed at CAP.

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

Enquiries Completed at the Common Access Point





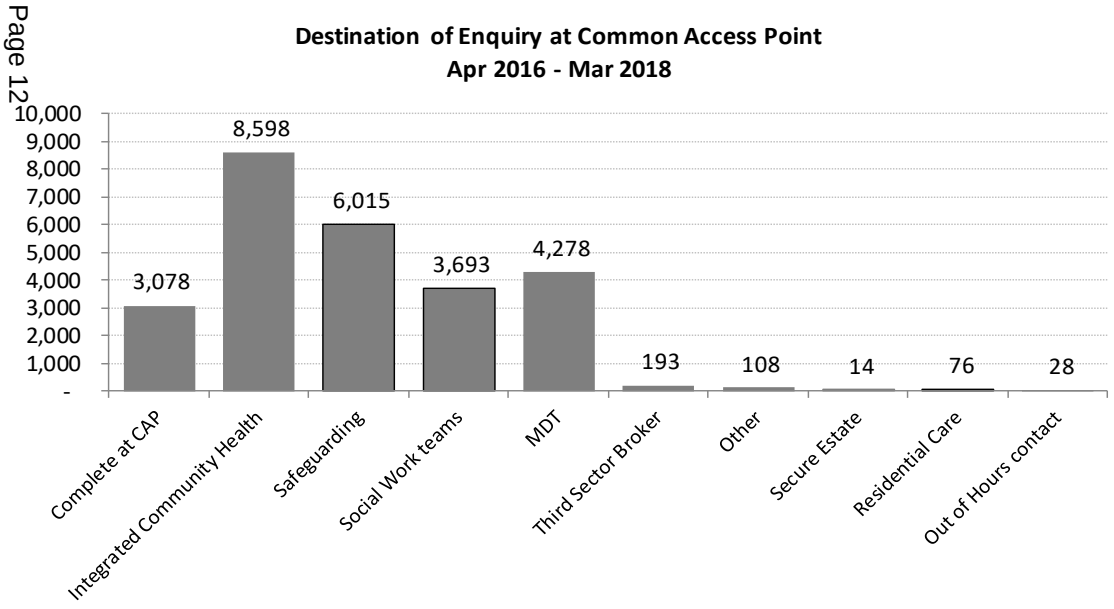
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Signposted	39	32	22	30	34	51	44	23	40	29	18	21	13	17	30	37	30	28	43	61	45	43	29	27
Advice / Information	89	72	72	78	70	90	99	76	80	94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

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	Dec-17	Jan-18	Feb-18	Mar-18	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	132	198	125	118	3,078	11.8%
Integrated community health teams	343	415	424	388	419	476	395	417	371	501	448	457	350	383	309	283	321	324	296	242	265	234	234	303	8,598	33.1%
Safeguarding	284	225	199	184	268	247	273	256	213	233	227	303	208	262	265	260	215	226	264	318	287	310	253	235	6,015	23.2%
Social Work teams	240	237	227	214	201	203	202	195	145	278	192	146	81	115	89	100	108	116	122	96	52	157	79	98	3,693	14.2%
MDT	110	46	52	54	50	58	125	111	89	89	63	193	179	273	345	333	256	261	259	284	107	359	293	289	4,278	16.5%
Third Sector Broker	12	13	6	4	-	5	2	4	6	7	6	12	12	18	8	11	8	10	13	6	7	10	5	8	193	0.7%
EDT	-	-	-	2	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0.0%
Secure Estate	-	-	-	1	1	2	-	-	1	1	-	-	1	1	1	1	3	-	1	-	-	-	-	3	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**	**857**	**1,274**	**1,010**	**1,062**	**25,977**	**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**	**725**	**1,076**	**885**	**944**	**22,899**	**88.2%**



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 33.1% of enquiries received at CAP.

'Social work teams' refers to social work services provided within the Hubs. They received 14.2% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 23.2% of referrals related to safeguarding and were distributed appropriately across all teams.

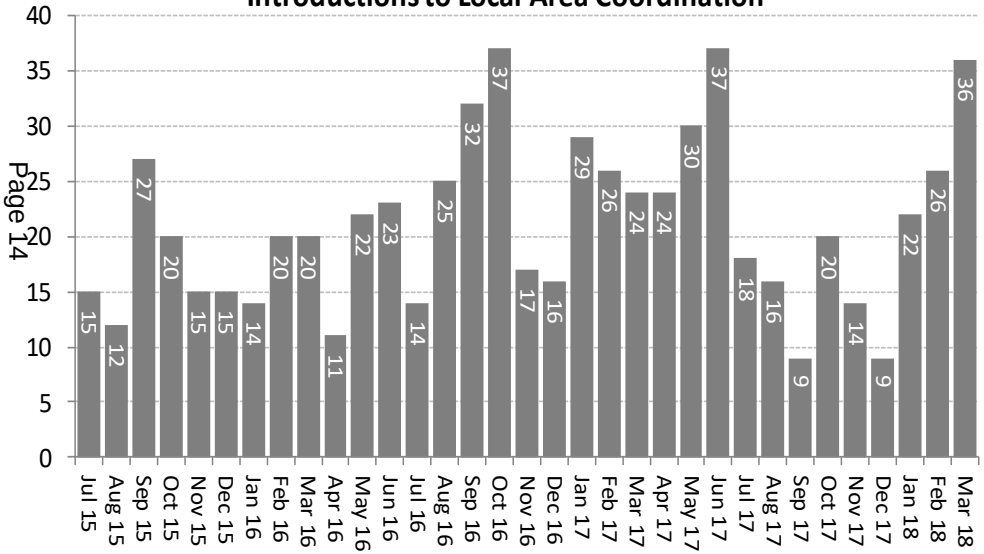
Common Access Point (CAP)

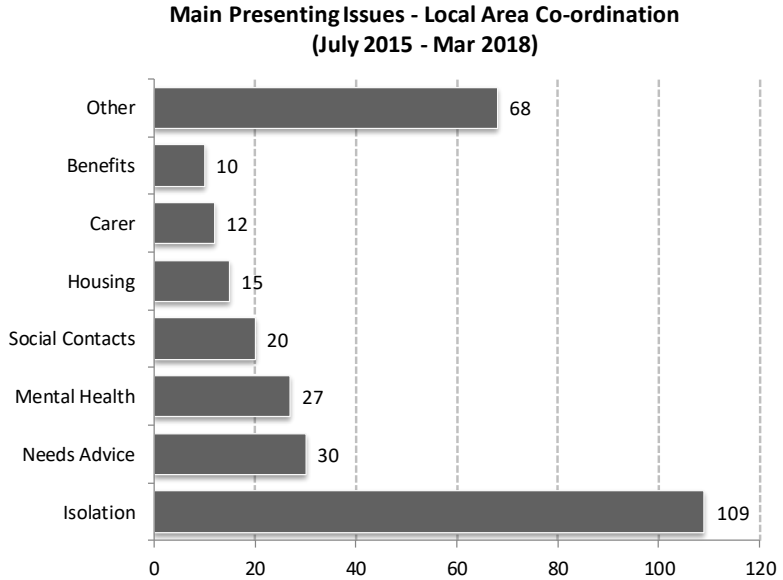
What is working well?	What are we worried about?	What are we going to do?
Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards. The MDT carries out proportionate triage in order to divert or establish need for further assessment	The MDT arrangements have taken some time to develop and had not been staffed consistently. During December 2017 a new MDT service structure was implemented within the CAP.	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. Additional data on the MDT function will be included in this report once we are able to verify its accuracy and reliability.
The anticipated high number of safeguarding referrals was processed due to the anniversary of the relevant court judgment that drove up DOLS referrals.	There have been fluctuations in the number of safeguarding referrals periodically since April 2016. During the Autumn of 2016, this was due to specific issues relating to a particular residential home; a pro-active plan with CSSIW and the Health Board was enacted to address these issues.	We are examining the data for 2017/18 to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals if the relevant Paris process is followed.	The reliability of some of the data gathered is unknown.	Performance management staff are working with the service to develop appropriate recording processes to support Third Sector Broker activity.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 35 new introductions to the service each quarter during 2016/17. For 2017/18, this 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 but Q2 & Q3 were below target during the process of switching over to a new information system. Results for Q4 were very positive: result for 2017/18 exceeded target.

Requests for Local Area Co-ordination and Main Presenting Issues





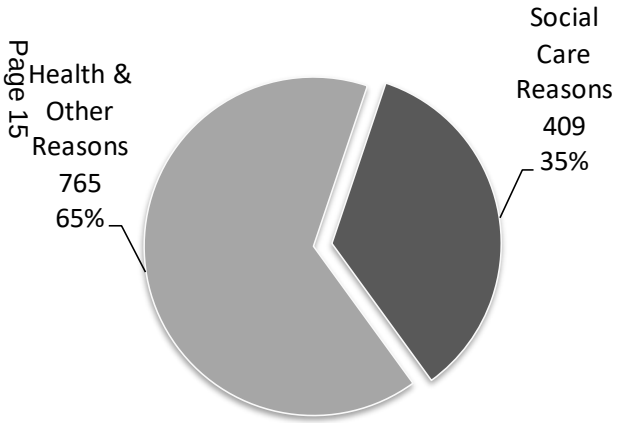
'Other' includes categories of less than 10 introduction reasons in the period, including Child and Family, Community Tension, Drug and Alcohol, Learning Difficulties, Benefits, Dementia, Domestic Violence and Employment.

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

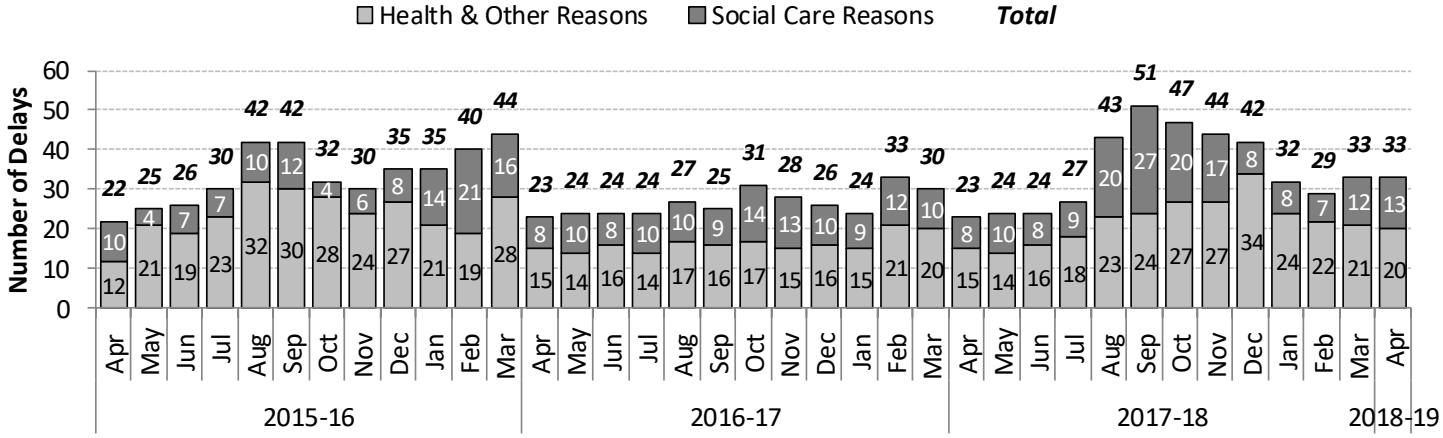
Delayed Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2017/18 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 was **5.9** and therefore missed target. This was influenced substantially by the very large numbers of delays reported August – October 2017. Performance in 2018/19 is 0.55 for April 2018, which is higher than maximum target.

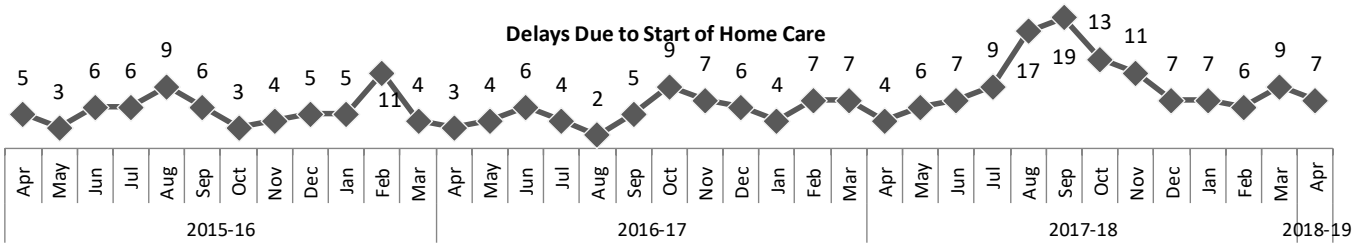
Reason for Delayed Transfers of Care
April 2015 - April 2018



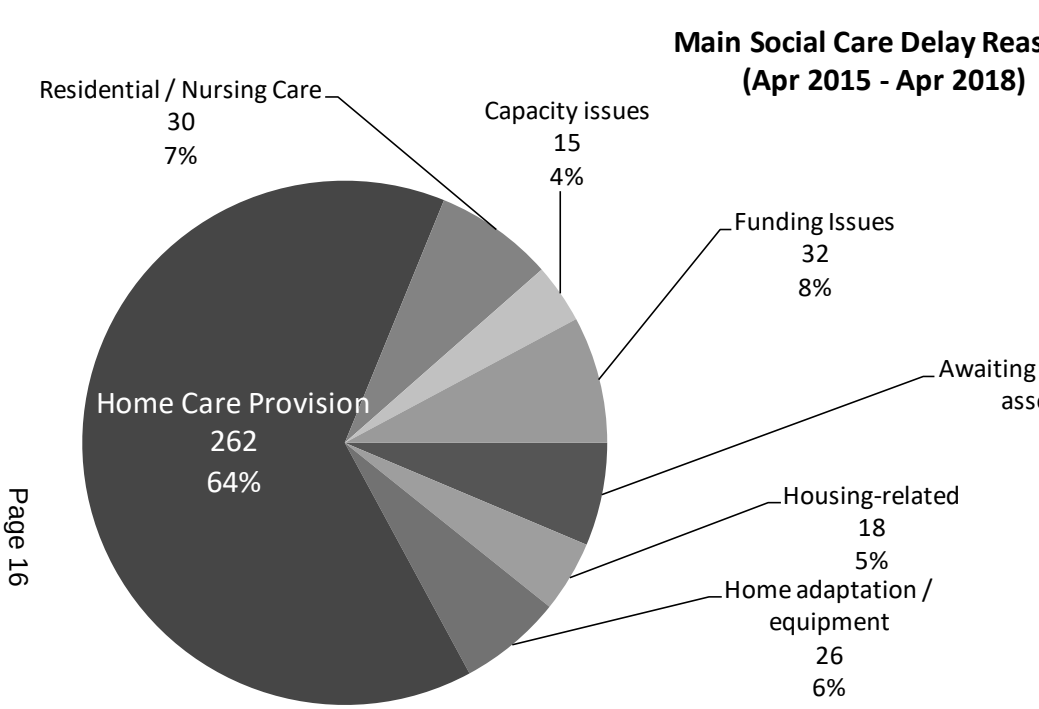
Spread of Delayed Transfers of Care

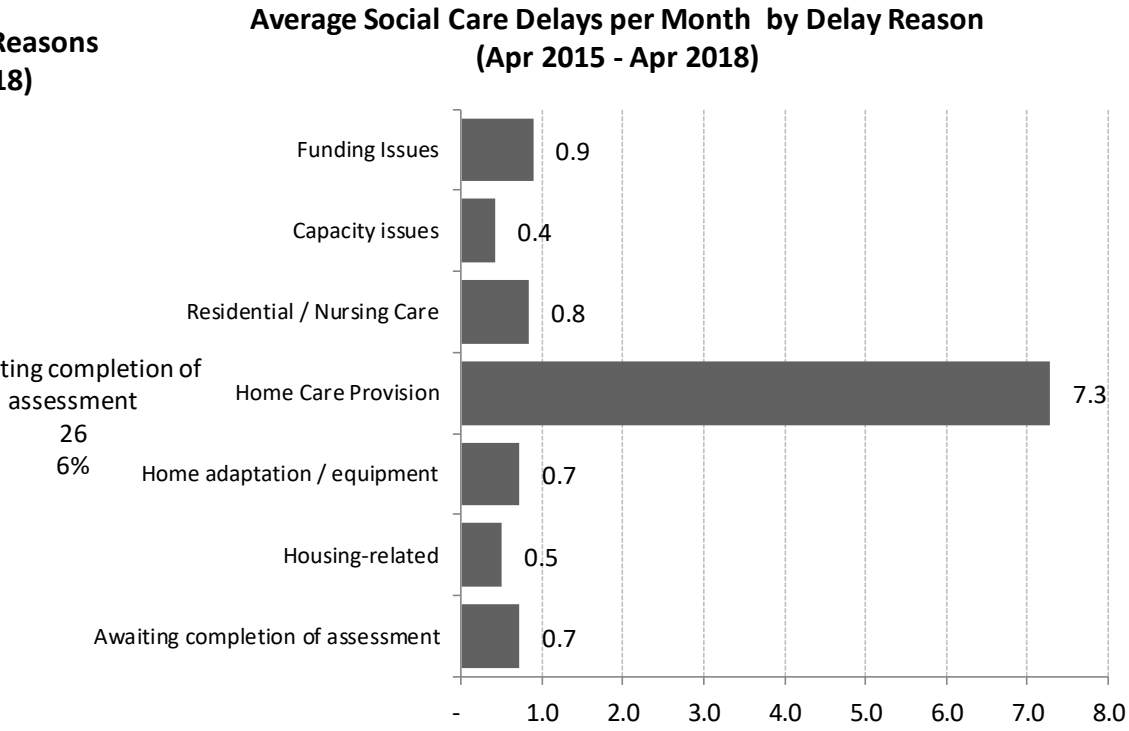


The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay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



Reasons for Delay and Associated Monthly Averages





The above data shows that of the **409** 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 262 (or 64%). There is an average of 7.3 delays a month for this reason. Around 7% of delays relate to delays in arranging for residential / nursing placements to be made, with an average of 0.8 for this reason each month.

Delays due to incomplete assessment had been infrequent, with only 5 recorded in 28 months to July 2017. Following increases since August and continuing to November, the average has risen from 0.2 per month to 0.6. In April 2018, this had risen to 0.7 per month.

Typically an average of 0.9 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. From November 2017, there was a good level of reduction in delays for social care reasons and this has continued through the winter.	Significant worsening in numbers of individuals delayed due to waiting for package of home care, with notable deterioration in August and September 2017, continuing at a reduced rate into October and November 2017.	We will continue to maintain focus on facilitating early discharge. We want to develop and use better evidence about delays to address the issues that are identified
Delays for package of home care starting had been kept to a reasonable number.	Increasing numbers delayed since June 2017. Issues with capacity in the home care market are expected to continue to cause difficulties.	We continue to seek ways to improve the availability of hours of care to people who need care to return home. We are actively working with providers to ensure capacity is available. Effective procedures are in place to escalate cases where there is a social care delay for whatever reason, and targeted activity is undertaken by both the hospital and community teams to expedite discharges. We recognise that we do have issues over availability of packages of care in the external sector, but wherever possible we put interim arrangements in place to deliver this care using the internal service.
The arrangements for recording and reporting delayed transfers are well-established	The established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	Software and processes to support more real-time reporting of delays during the month are in development.
We have re-established appropriate validation processes in place in relation to Learning Disability and Mental Health sites, working with colleagues in the Health Board. This has resulted in fewer recorded as delayed and some retrospective errors were detected through this process.		Validation on LD and MH cases will continue.

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. For 2017/18, performance was met the target at **68.4%.** For 2018/19, performance at end of April was **66.2%**
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.

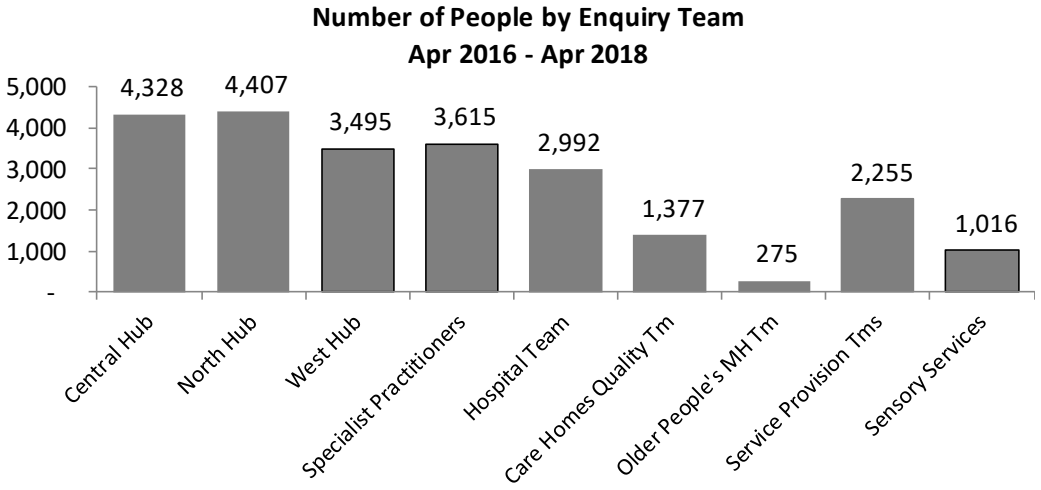
All references below distinguish between **people** and **enquiries** and **assessments**

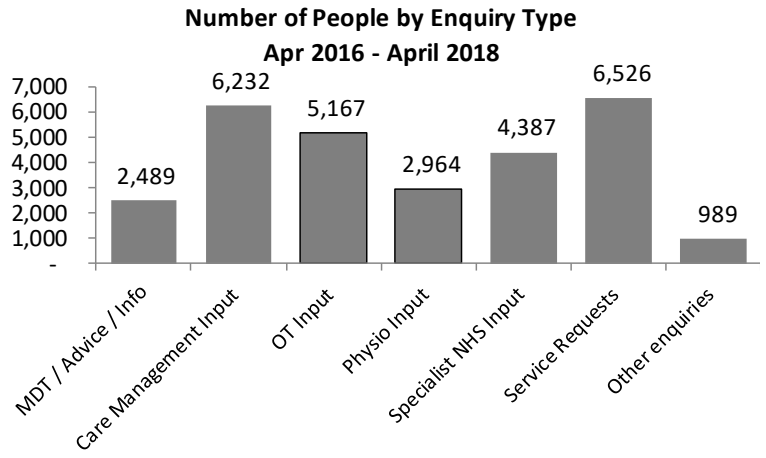
People Subject of Enquiry by Team and by Type of Enquiry

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

Enquries - Number of People	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Tm	Service Provision Tms	Sensory Services	All Teams	% of all Types
MDT / Advice / Info	772	887	723	-	13	61	17	1	15	**2,489**	**17.2%**
Care Management Input	1,217	1,465	1,111	5	2,859	261	213	6	9	**6,232**	**43.1%**
OT Input	1,974	1,862	1,479	7	3	1	1	-	-	**5,167**	**35.8%**
Physio Input	1,214	1,013	829	-	2	-	-	-	-	**2,964**	**20.5%**
Specialist NHS Input	331	253	501	3,602	1	1	1	-	2	**4,387**	**30.4%**
Service Requests	1,607	1,736	1,214	-	398	1,161	35	2,250	270	**6,526**	**45.2%**
Other enquiries	8	42	4	7	32	1	50	-	857	**989**	**6.8%**
All Enquiry Types	**4,328**	**4,407**	**3,495**	**3,615**	**2,992**	**1,377**	**275**	**2,255**	**1,016**	**14,446**	
%ge of All Teams	**30.0%**	**30.5%**	**24.2%**	**25.0%**	**20.7%**	**9.5%**	**1.9%**	**15.6%**	**7.0%**		

With 4,407 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services.





Number of Enquiries by Team and Type of Inquiry April 2016 – April 2018

Many service users receive more than one enquiry type in a period of time. Compared to the 14,446 individuals who were the subject of an enquiry since April 2016, 41,012 enquiries were logged, an average of 2.8 enquiries per person.

Enquiry Team	Number of Enquiries	%ge of all Enquiries
Central Hub	8,699	31.5%
North Hub	9,043	32.7%
West Hub	7,381	26.7%
Specialist Practitioners	4,544	16.4%
Hospital Team	4,213	15.2%
Care Homes Quality Team	2,238	8.1%
Older People's Mental Health Team	374	1.4%
Service Provision Teams	3,102	11.2%
Sensory Services	1,418	5.1%
All Services	**41,012**	**100%**

Type of Enquiry	Number of Enquiries	%ge of all Enquiries
Advice / Information / MDT	2,987	7.3%
Care Management Input	8,546	20.8%
OT Input	7,026	17.1%
Physio Input	3,592	8.8%
Specialist NHS Input	5,710	13.9%
Service Requests	11,910	29.0%
Other enquiries	1,241	3.0%
All Enquiry Types	**41,012**	**100%**

The most common enquiry type (29%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 25.9% of enquiries, with enquiries about care management input represent 20.8% of enquiries.

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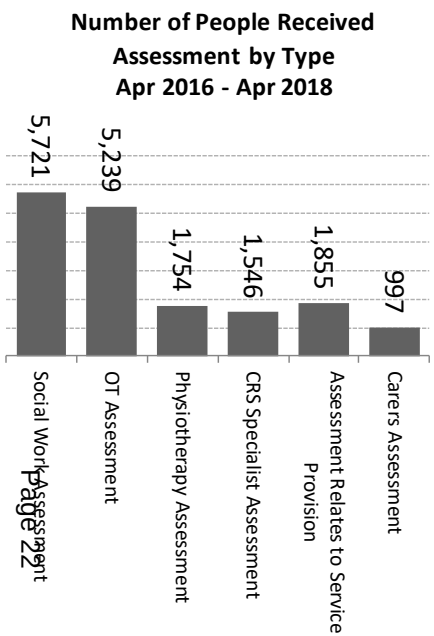
What is working well?	What are we worried about?	What are we going to do?
There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly.	Continuing demographic pressure could escalate the number of enquiries.	Some preliminary analysis has been 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 - Apr 2018	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services	Ass'ts Completed	People Assessed
Social Work Assessment	1,532	2,710	1,908		1,871	1,045	947	608	**10,621**	**5,721**
OT Assessment	2,089	2,088	1,486						**5,663**	**5,239**
Physiotherapy Assessment	615	763	495	2					**1,875**	**1,754**
CRS Specialist Assessment	332	601	317	1,356					**2,606**	**1,546**
Assessment Relates to Service Provision	742	752	622	1					**2,117**	**1,855**
Carers Assessment	236	405	360		28		78	1	**1,108**	**997**
Number of Assessments Completed	**5,546**	**7,319**	**5,188**	**1,359**	**1,899**	**1,045**	**1,025**	**609**	**23,990**	
Number of People Assessed	**3,287**	**3,851**	**2,732**	**679**	**1,516**	**770**	**411**	**538**		**11,210**

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

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

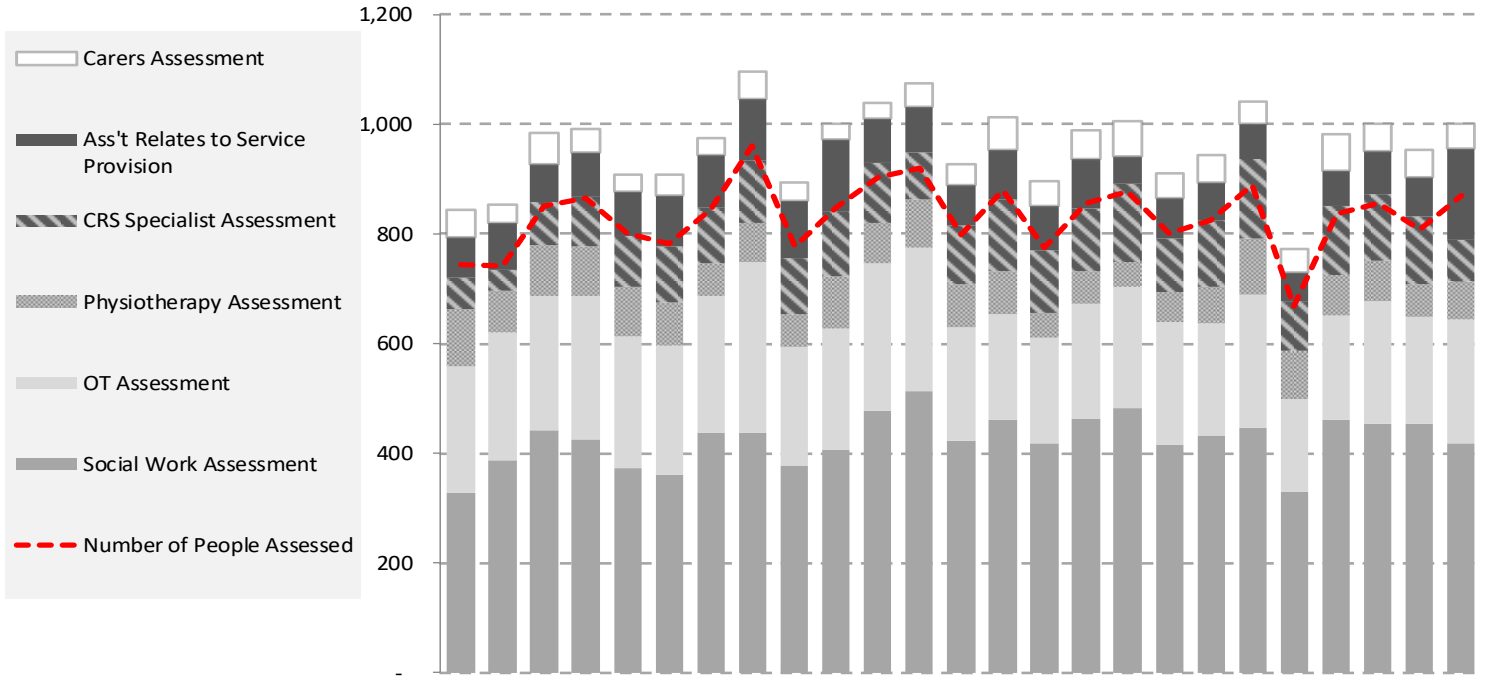
'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.

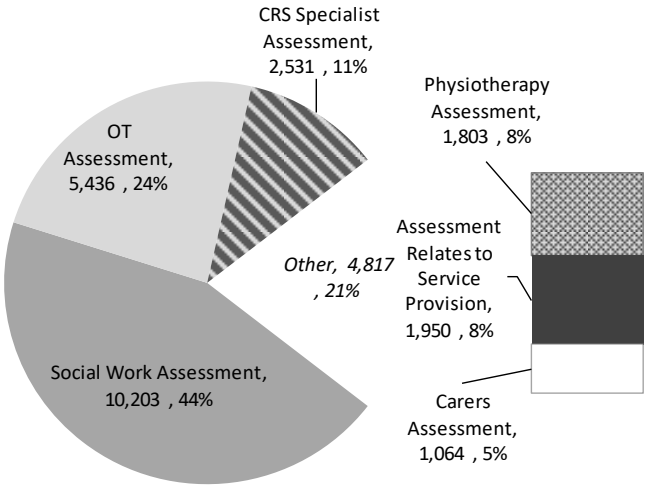
The largest numbers of assessments are in the category 'Social Work Assessment' and 'OT Assessment'.

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

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

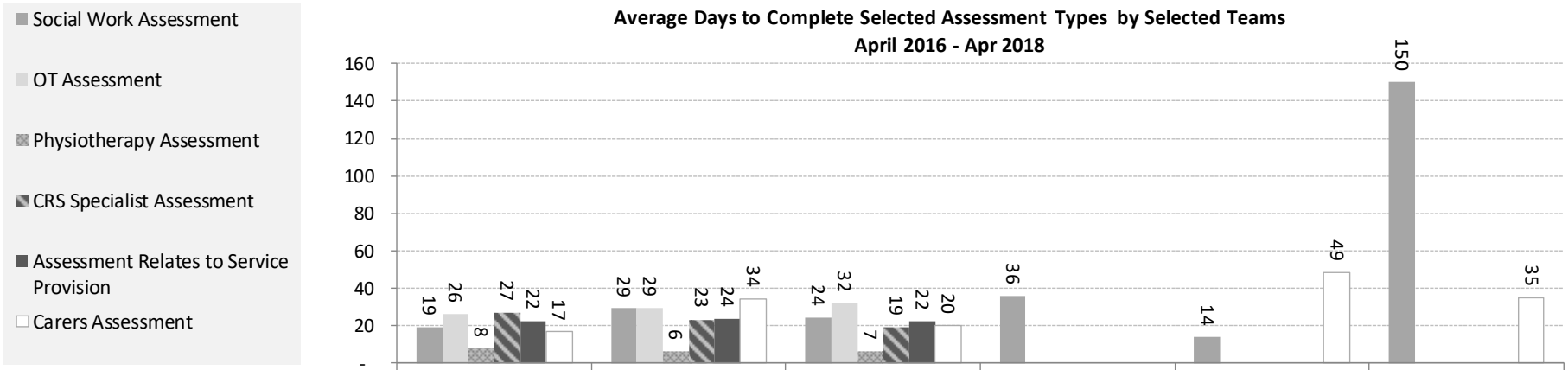
The dotted line in the graph above shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time.





	Apr -16	May-16	Jun-16	Jul-16	Aug -16	Sep -16	Oct-16	Nov -16	Dec -16	Jan-17	Feb -17	Mar -17	Apr -17	May-17	Jun-17	Jul-17	Aug -17	Sep -17	Oct-17	Nov -17	Dec -17	Jan-18	Feb -18	Mar -18	Apr -18
Carers Assessment	48	33	59	42	30	38	30	49	33	27	27	43	37	60	46	52	64	47	51	41	43	65	49	50	44
Ass't Relates to Service Provision	74	86	68	81	81	94	95	112	104	132	81	83	75	90	81	90	50	72	69	65	53	64	78	72	168
CRS Specialist Assessment	58	38	79	90	92	103	103	115	103	119	110	85	107	130	114	116	144	99	121	144	89	128	123	122	74
Physiotherapy Assessment	104	76	93	91	92	78	59	72	60	94	74	89	78	80	45	58	45	54	65	102	89	72	73	61	71
OT Assessment	230	233	243	260	239	236	249	312	215	222	269	260	206	193	192	210	221	224	206	244	168	191	222	194	224
Social Work Assessment	329	387	443	426	373	360	438	436	378	406	477	514	424	460	419	463	482	415	432	446	331	461	455	454	419
Number of People Assessed	744	742	852	864	800	783	844	960	777	848	903	919	798	880	775	855	876	800	825	888	669	836	855	808	869

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	19	29	24	36	14	150
OT Assessment	26	29	32			
Physiotherapy Assessment	8	6	7			
CRS Specialist Assessment	27	23	19			
Assessment Relates to Service Provision	22	24	22			
Carers Assessment	17	34	20		49	35

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 Older People's Mental Health Team.	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.

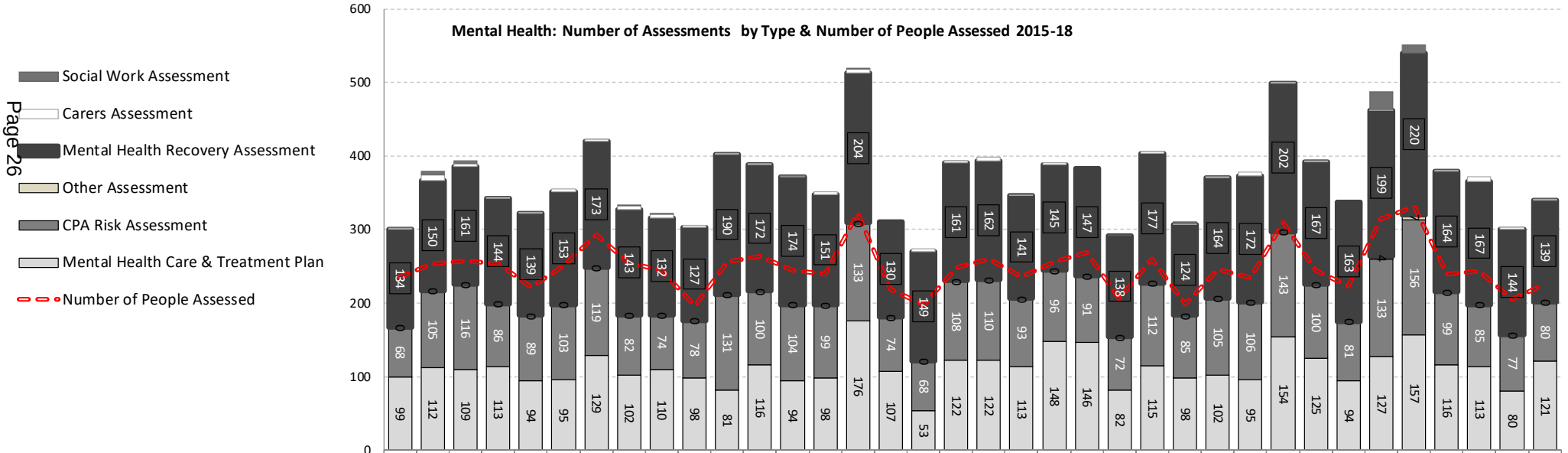
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

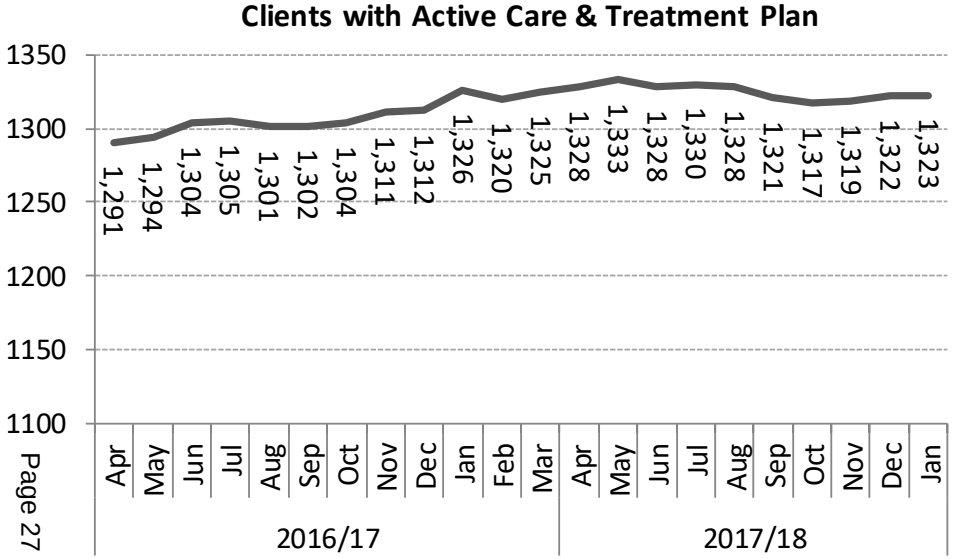
Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried 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	Jan	Feb	Mar
	2015/16												2016/17												2017/18											
Social Work Assessment	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	0	0	0
Carers Assessment	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	2	7	2	1
Mental Health Recovery Assessment	134	150	161	144	139	153	173	143	132	127	190	172	174	151	204	130	149	161	162	141	145	147	138	177	124	164	172	202	167	163	199	220	164	167	144	139
Other Assessment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	7	0	0	0	0
CPA Risk Assessment	68	105	116	86	89	103	119	82	74	78	131	100	104	99	133	74	68	108	110	93	96	91	72	112	85	105	106	143	100	81	133	156	99	85	77	80
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	115	98	102	95	154	125	94	127	157	116	113	80	121
Number of People Assessed	236	253	257	253	222	251	293	255	244	196	256	264	244	240	322	219	198	248	260	236	256	269	206	260	199	246	234	310	244	223	315	331	240	243	205	226

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.

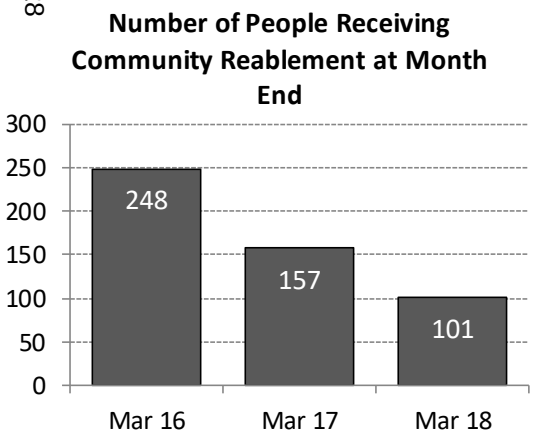
The overall caseload for the mental health service has remained relatively stable over the last 19 months (up 2%). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing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

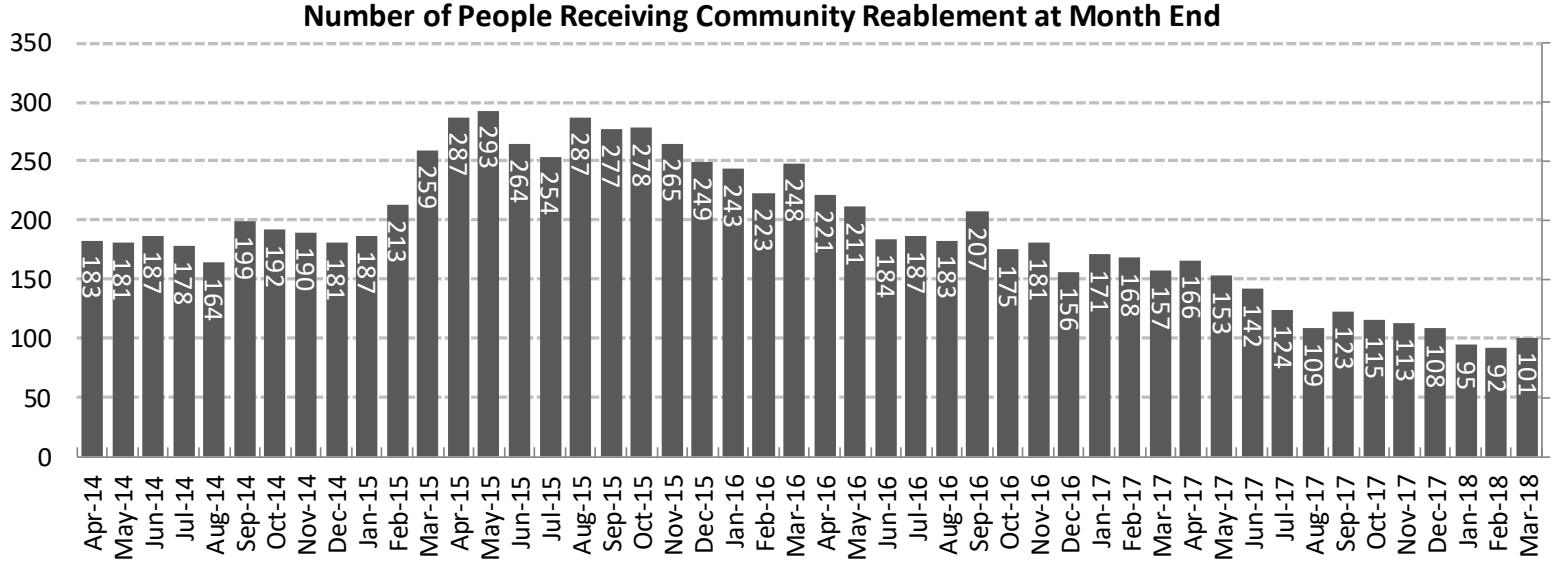
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training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

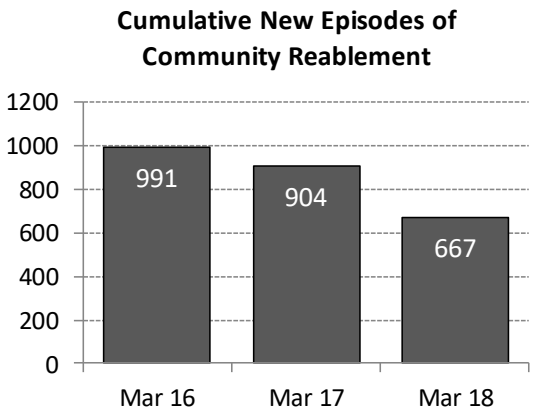
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective 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**.** Final 2017/18 performance was **50%**, hitting target exactly.
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 2017/18 performance was **79.3%**, considerably exceeding target.

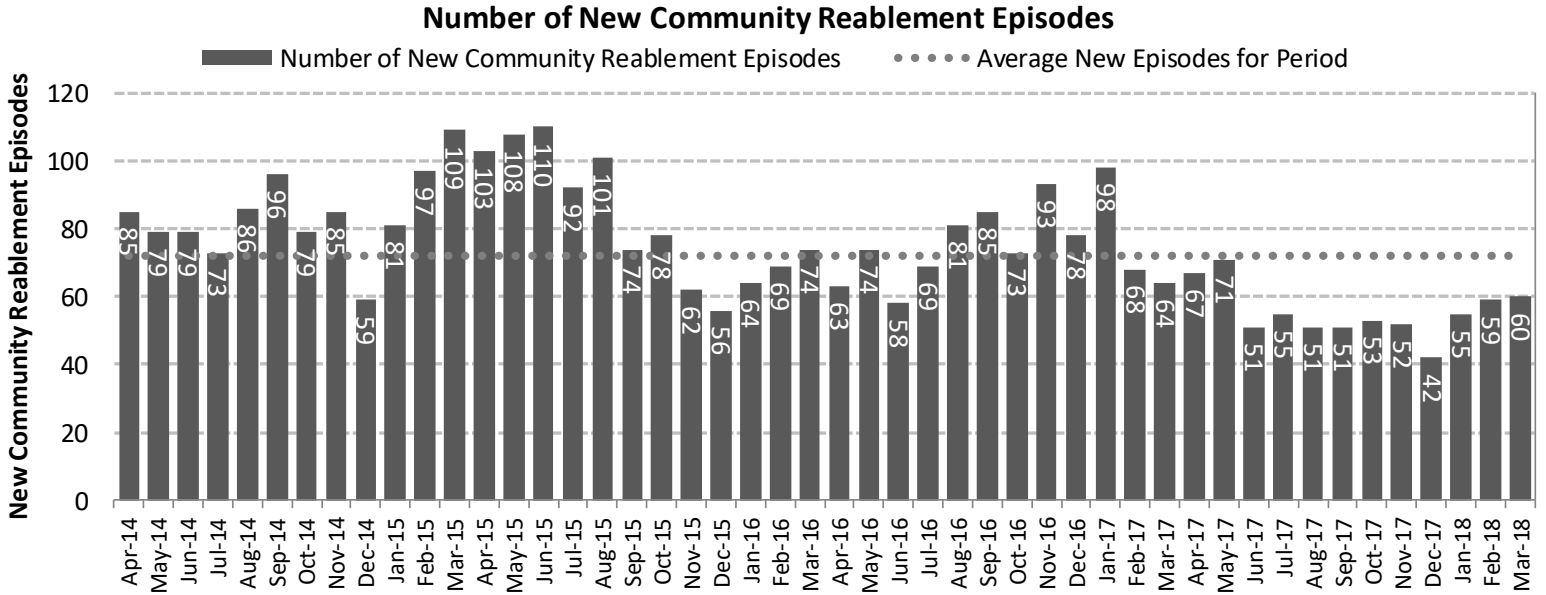
People Receiving Community Reablement





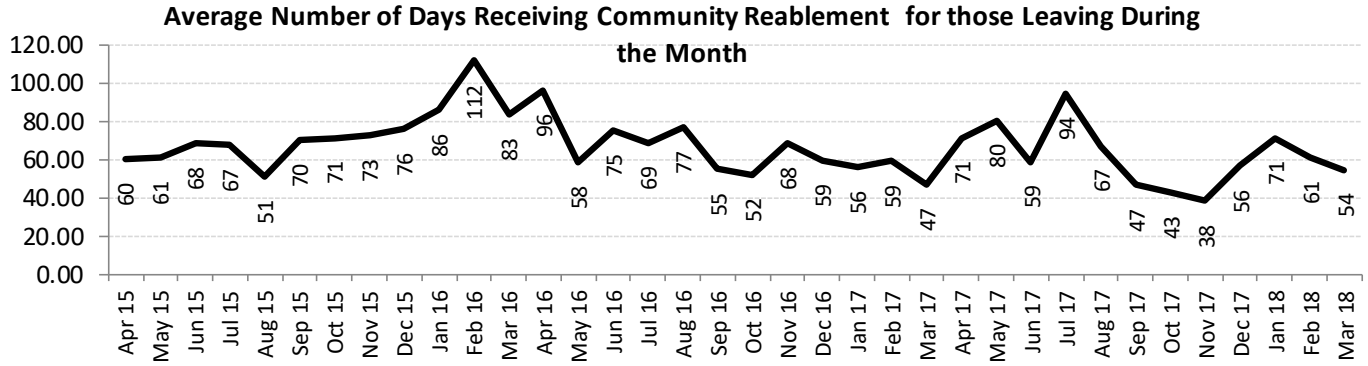
New Community Reablement Episodes (formerly DCAS)

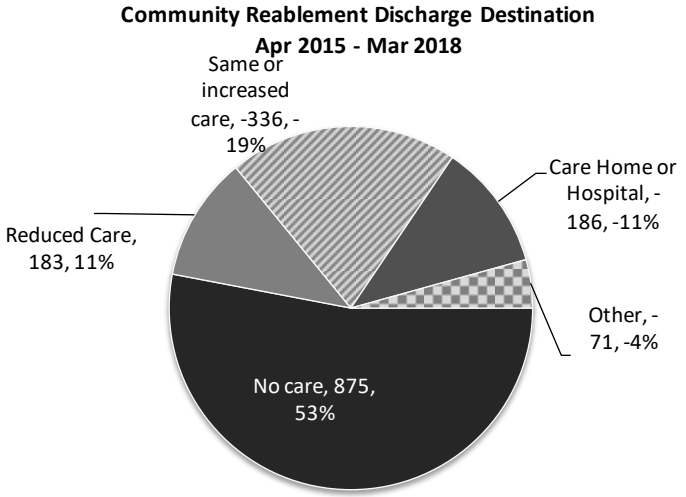




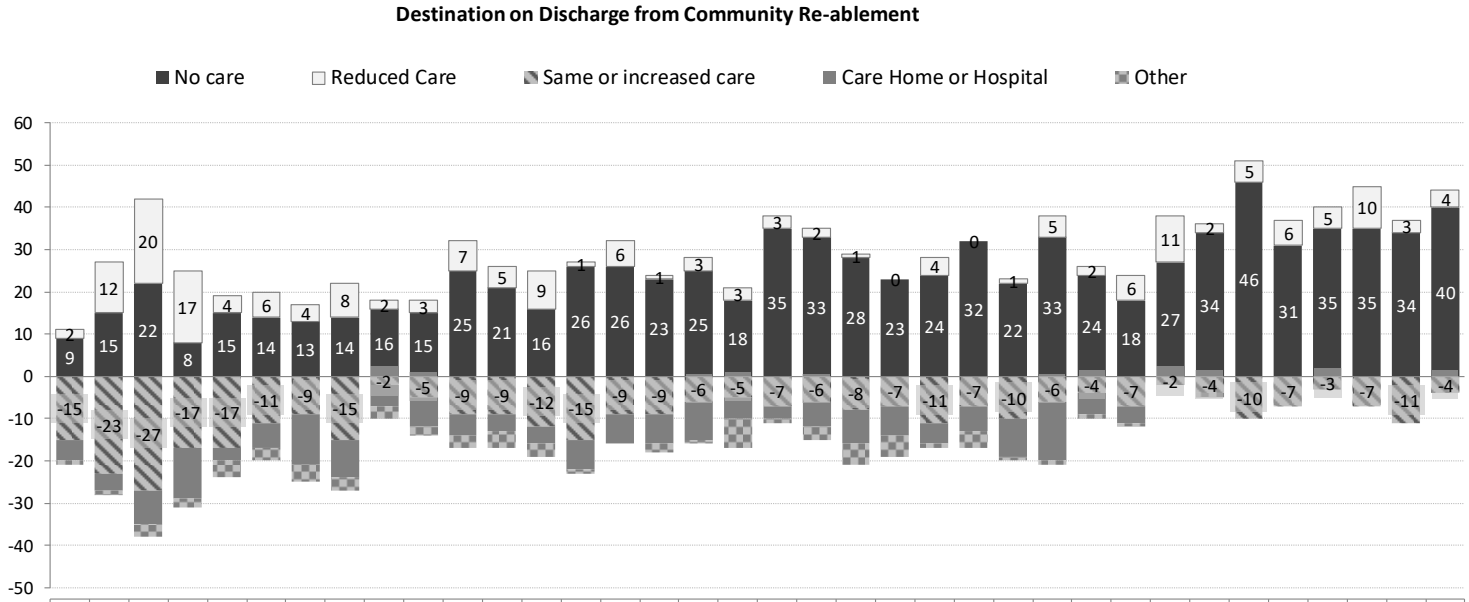
What is working well?	What are we worried about?	What are we going to do?
People continue to access the service and around 150 – 160 are usually being supported at any given time and on average 50 typically admitted each month.	June through October 2017 saw notable decreases in both starters and number 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 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	Dec 17	Jan 18	Feb 18	Mar 18
Other	-1	-1	-3	-2	-4	-3	-4	-3	-3	-2	-3	-4	-3	-1	0	-2	-1	-7	-1	-3	-5	-5	-1	-4	-1	-1	-1	-1	0	-1	0	0	0	0	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	-5	-4	0	0	0	0	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	-3	-7	-11	-4
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	5	10	3	4
No care	9	15	22	8	15	14	13	14	16	15	25	21	16	26	26	23	25	18	35	33	28	23	24	32	22	33	24	18	27	34	46	31	35	35	34	40

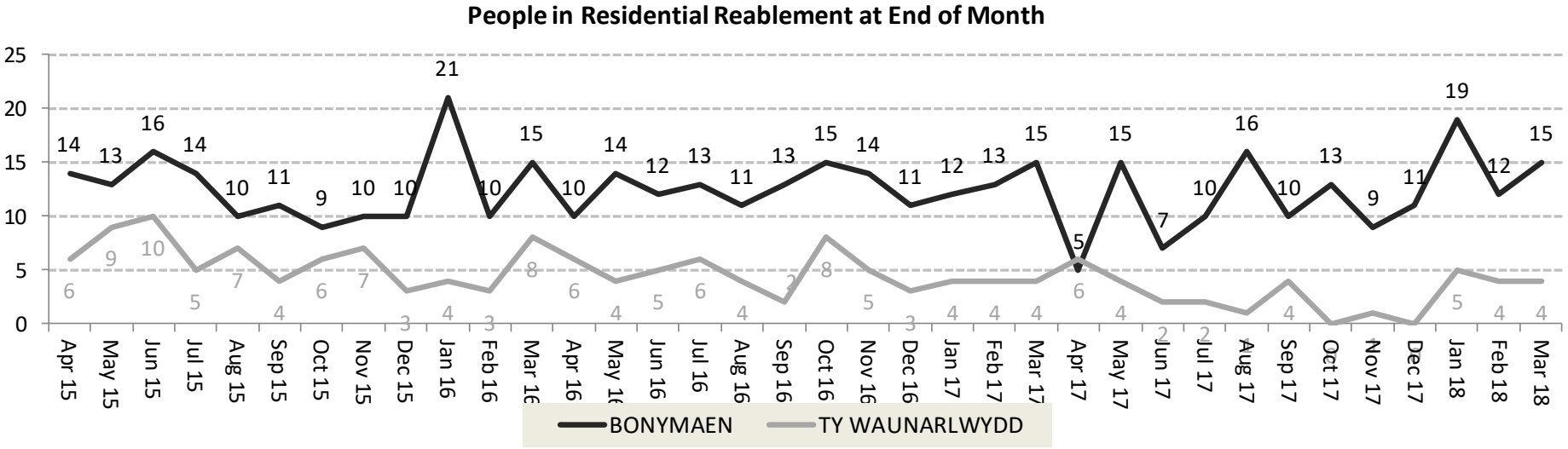
What is working well?	What are we worried about?	What are we going to do?
There has been an increase in the proportion of people who are leaving service to reduced care package or no care.	Data is not complete due to a variety of factors. We have also detected a range of errors in recording.	We are working 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

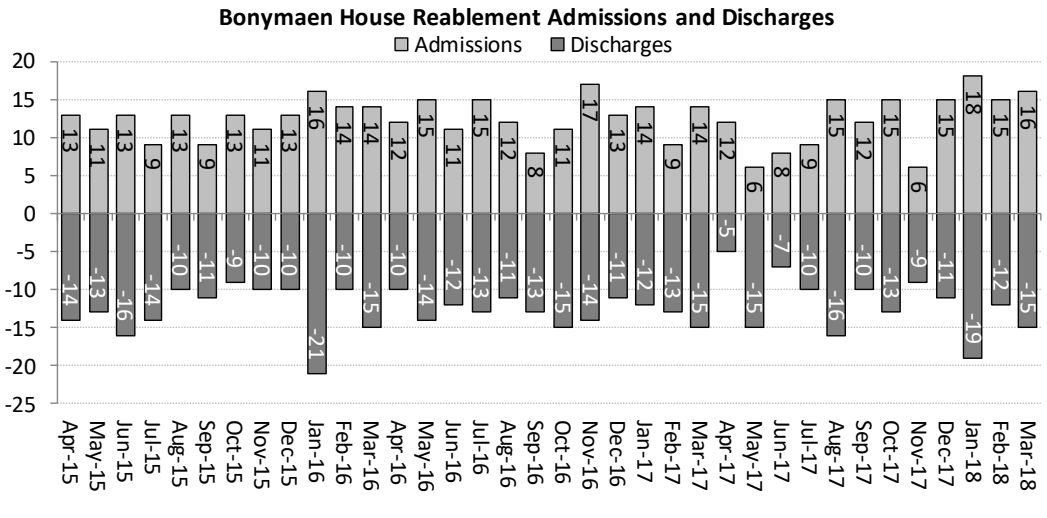
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with 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 in 2016/17. For 2017/18, final result was **71.3%** .

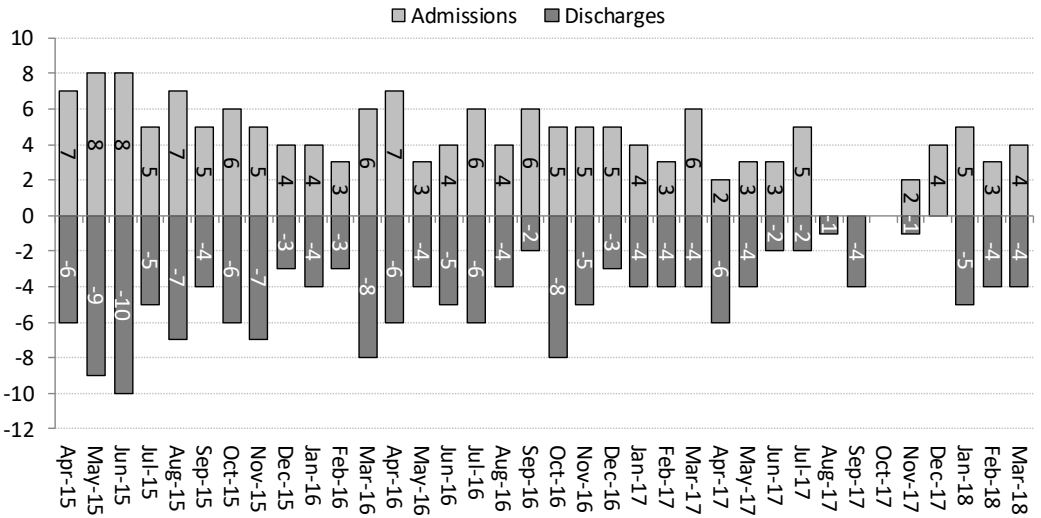
Residential Reablement

Numbers in Residential Reablement



Admissions to /Discharges from Residential Reablement

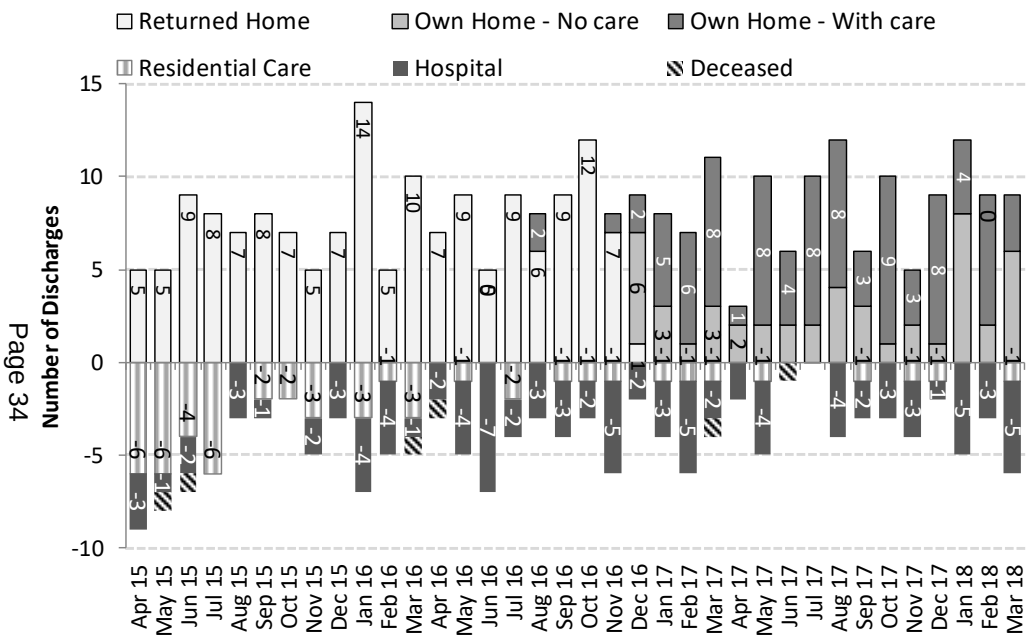




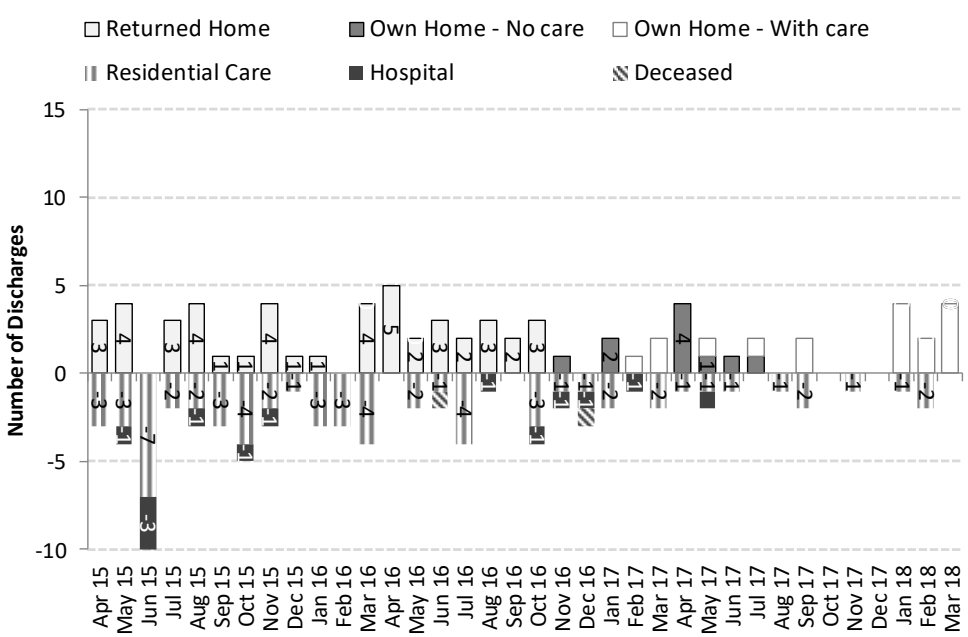
Effectiveness of Residential Reablement

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

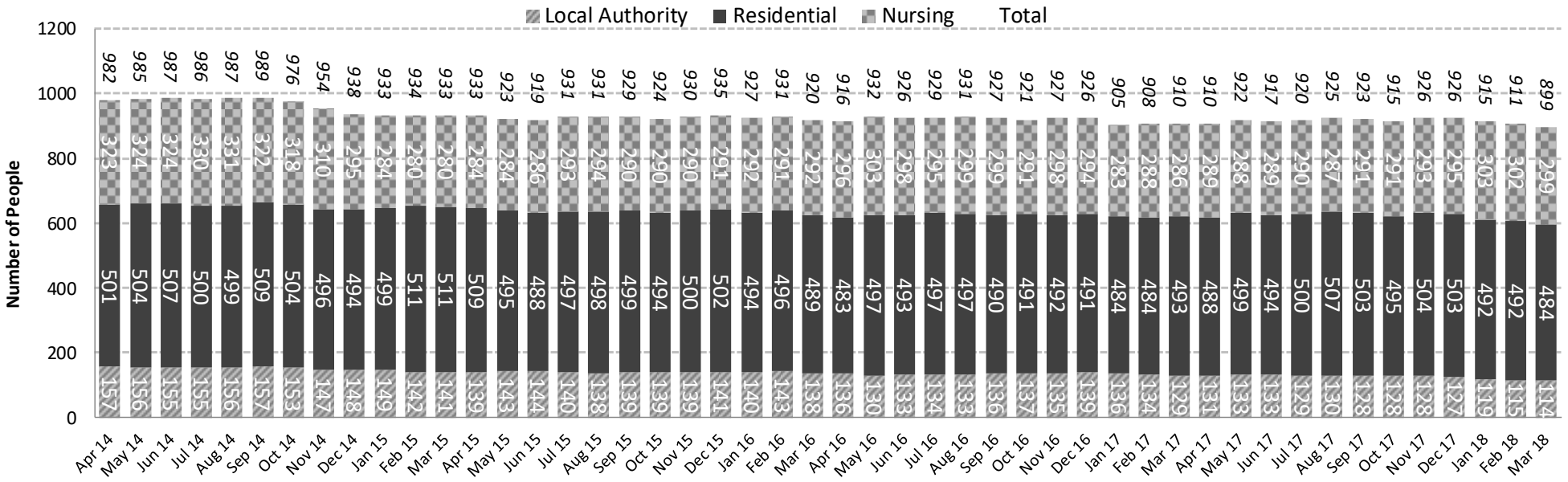


What is working well?	What are we worried about?	What are we going to do?
Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlwydd deals with people whose care needs are often greater	We want to do some work looking at the extent to which 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, and Ty Waunarlwydd are now compliant.	We have assisted Ty Waunarlwydd to improve resilience of recording.	The quality and comprehensiveness of recording will continue to be scrutinised.

Residential / Nursing Care for Older People

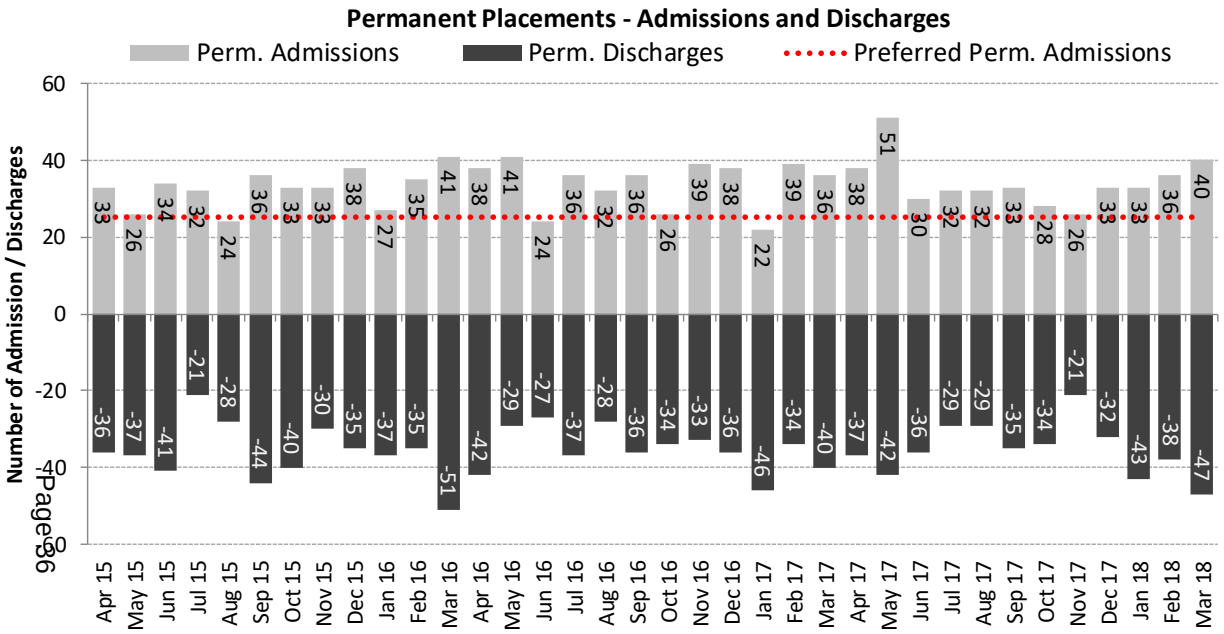
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people 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** For 2017/18, current measure is **19.0**
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 2017/18, Measure 21 was **921.8** (better) and Measure 22 was **83.7** (better).

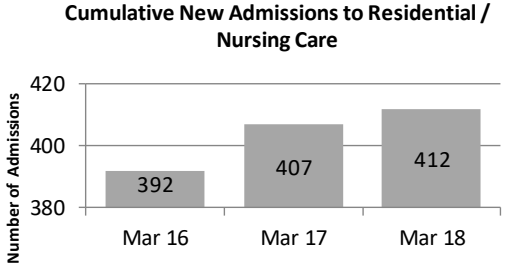
Older People Aged 65+ Supported in Residential / Nursing Care by the Local Authority at the end of the Period

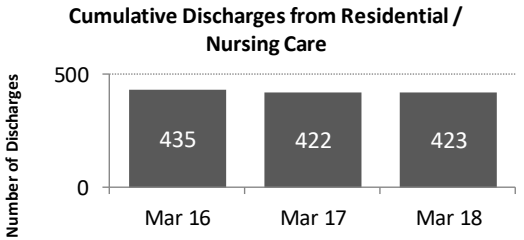


Residential / Nursing Care

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.	46 admissions for May 2017 was much higher than the previous highest number (41 in May 2016). Admissions have continued to remain high during 2017/18. 40 admissions for March 2018 is also notably high.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes, as outlined above.

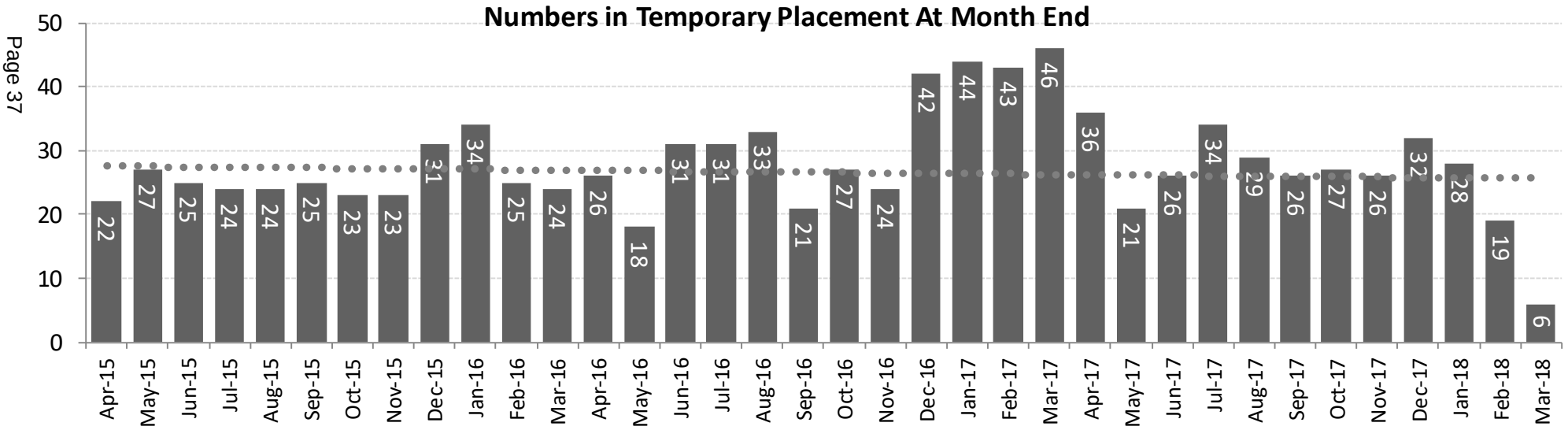
Temporary Admissions to Residential / Nursing Care

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.

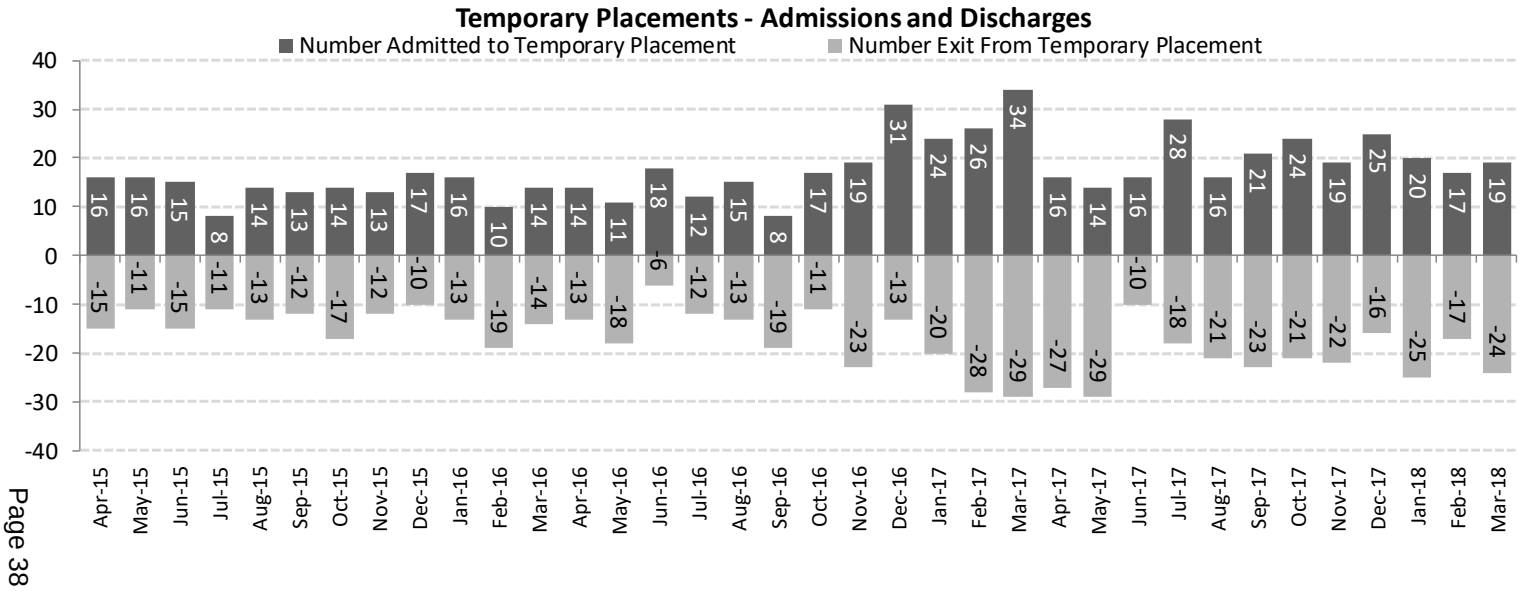
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

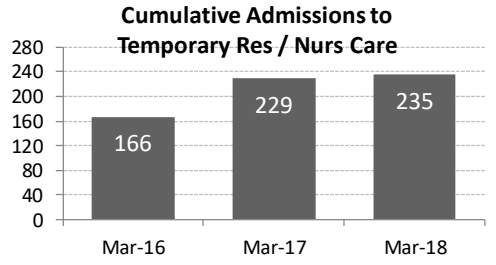
Number of People in Temporary Residential / Nursing Placements at the end of the Month

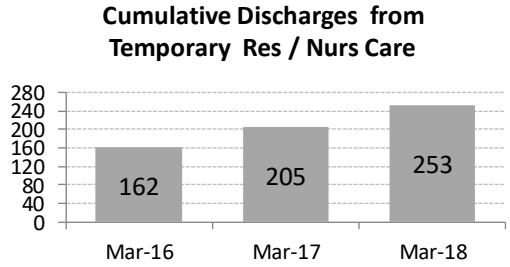


Residential / Nursing Care

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 March 2017.	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.

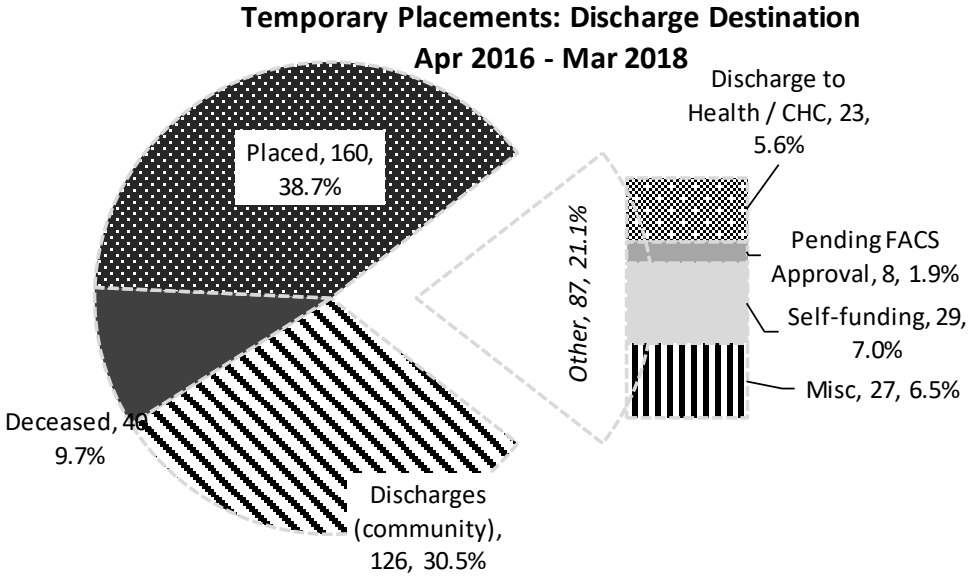
The largest group representing 38.7% of discharges since April 2016 are those discharged to a permanent placement. A further 1.9% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 7.0% of discharges are to self-funded care.

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 30.5% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

9.7% 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 23 people have been discharged to hospital or to a CHC placement.

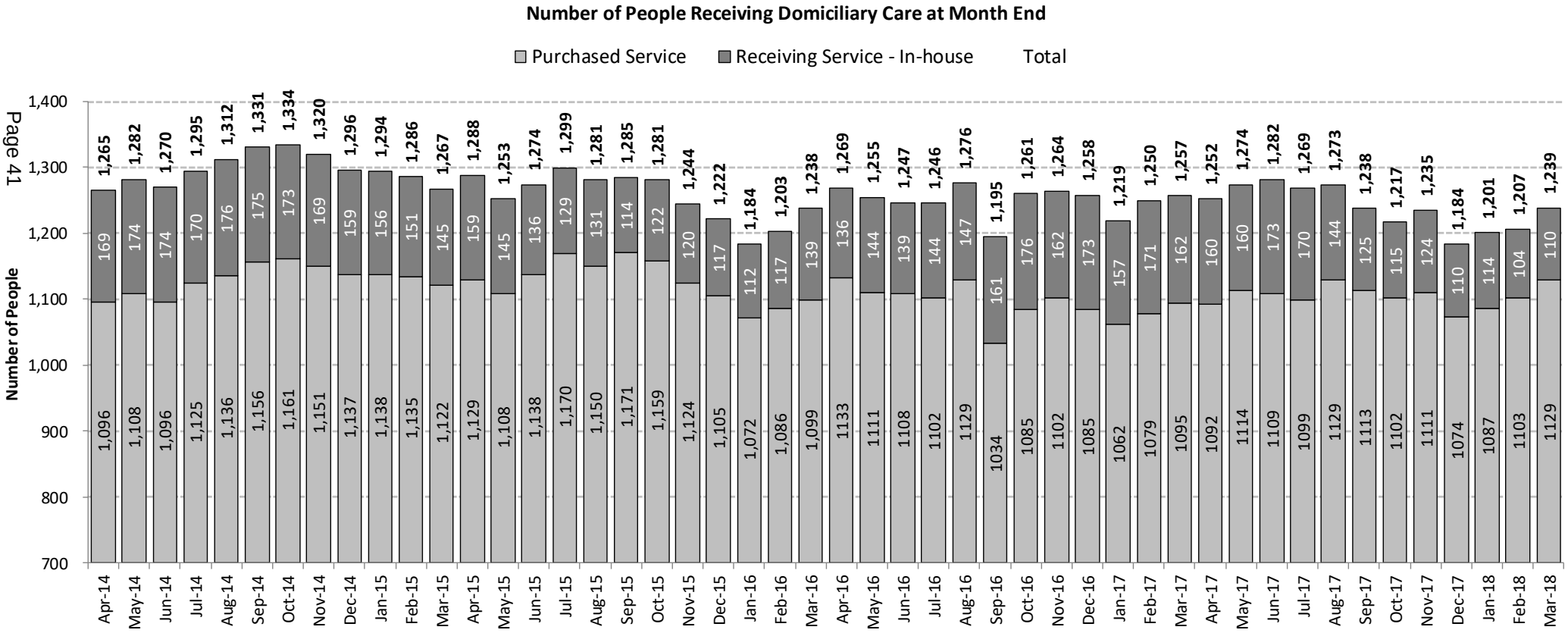


What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This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

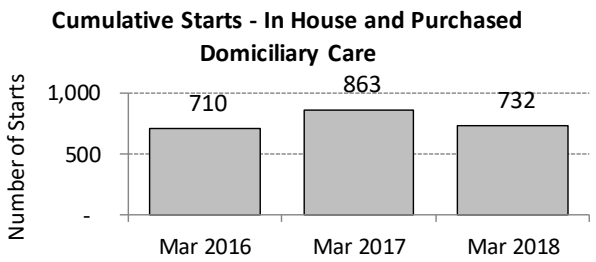
Providing Long-Term Domiciliary Care

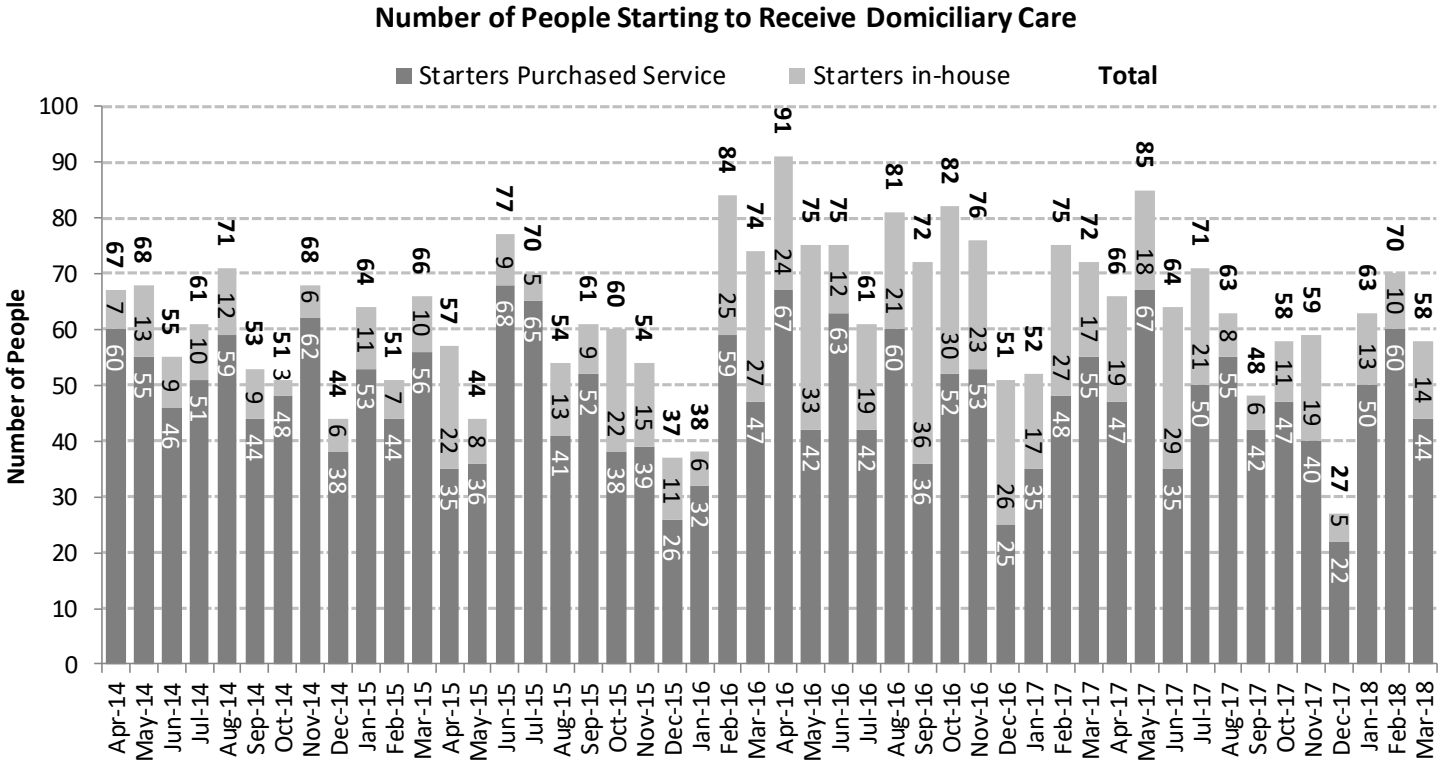
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care 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



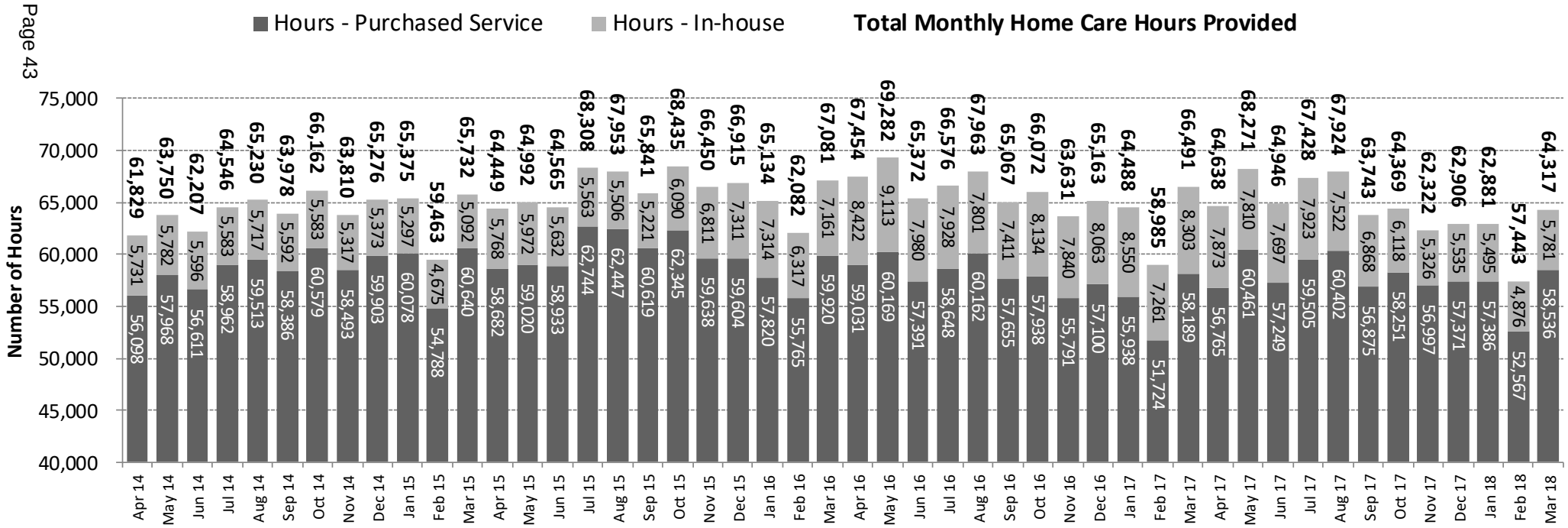


What is working well?	What are we worried about?	What are we going to do?
Some reductions in overall number of service users have been achieved from time to time but have not been sustained. Anecdotally, there have been some improvements in the flow of service users into the service, although data needs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

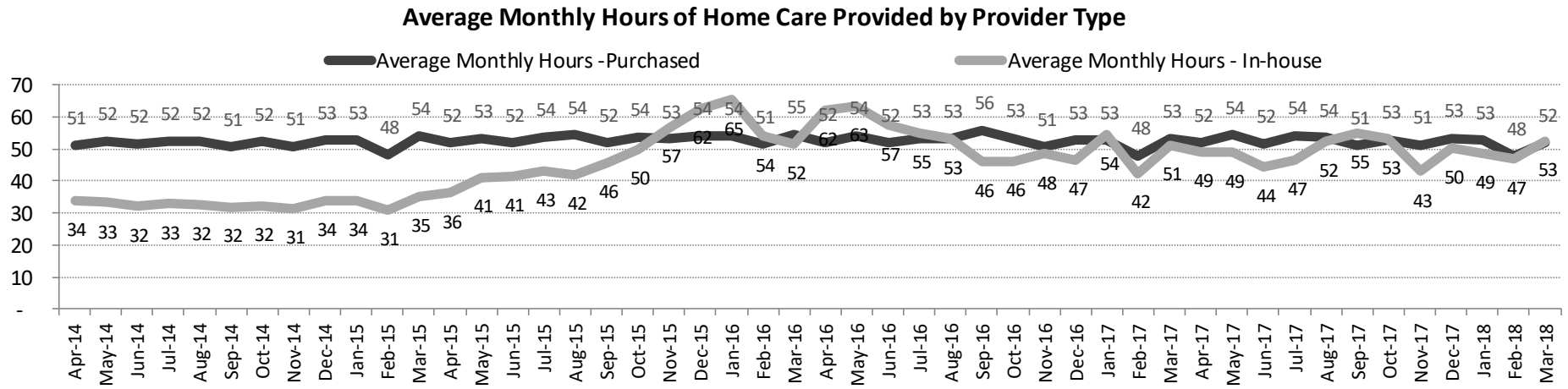
Long-Term / Complex Domiciliary Care

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 reduced in 2017/18.	Implementation of the Commissioning Review is underway within this area of service.

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 has been difficult periodically to find capacity for new packages of care	Work is underway to review all long-term packages of care to ensure they continue to meet need. We also need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work is commencing to map this and then ensure appropriate test and challenge arrangements are in place. We are also working with providers and the in-house serviced to free up capacity.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	A Commissioning Review has recommended to recommission the external service on a patch based approach which will help to strengthen the sustainability of the external sector. Work is also underway to support the external sector with recruitment and retention of staff to help strengthen the sector.
Purchased service has maintained a steady average care package size.	There appears to be some growth in the size of the average in-house package.	We will look more closely at the data for hours of care provided by the in-house service. This may be due to the impact of 'bridging' clients.

Safeguarding Vulnerable Adults

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

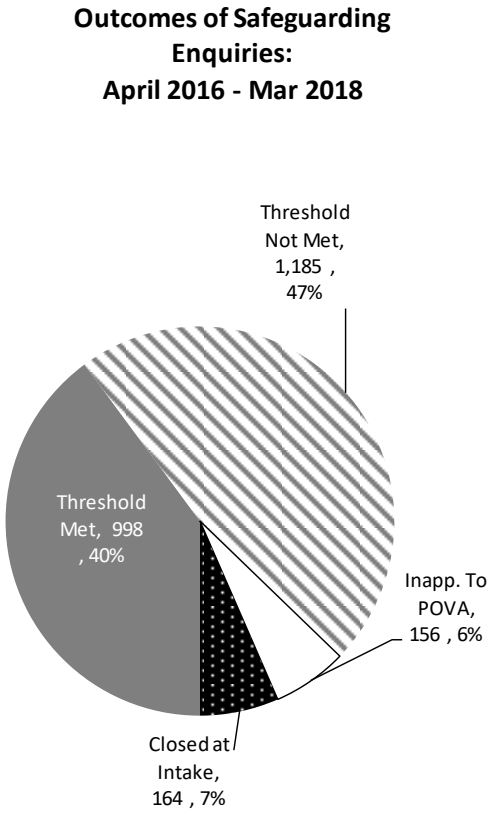
Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17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

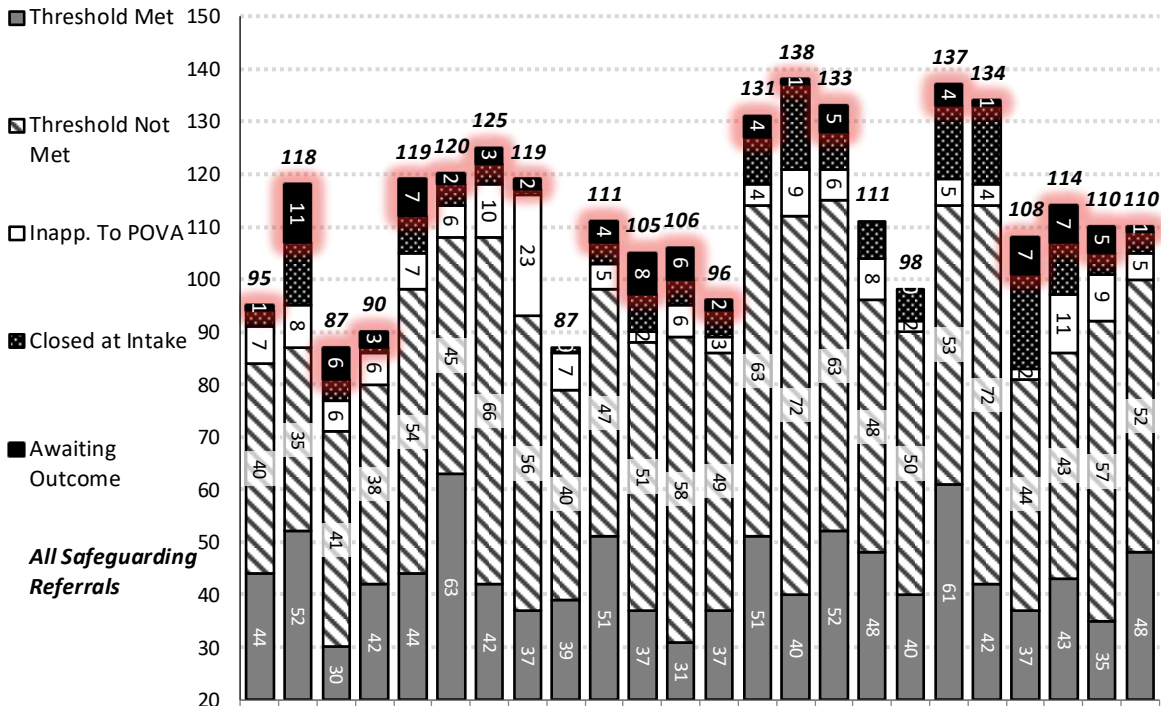
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Enquiries and Outcomes

The graphs show that of the 2,612 safeguarding enquires completed since April 2016, 40% met the threshold for investigation and 47% did not meet the threshold.

Highlighted are those enquiries that were 'Awaiting Outcome' at **the end** of each month. These do not accumulate. At the end of March 2018, **1** was outstanding

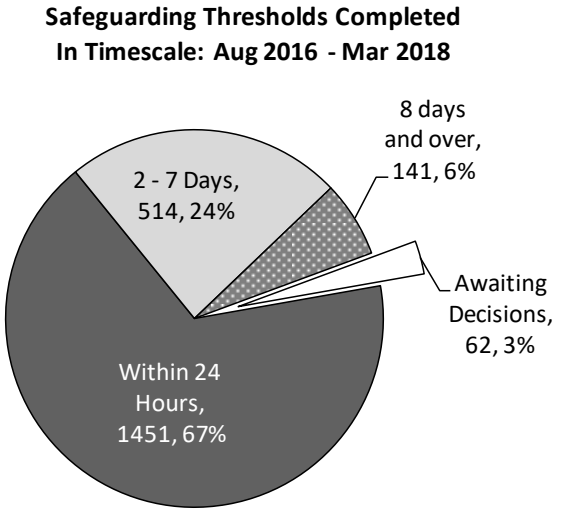


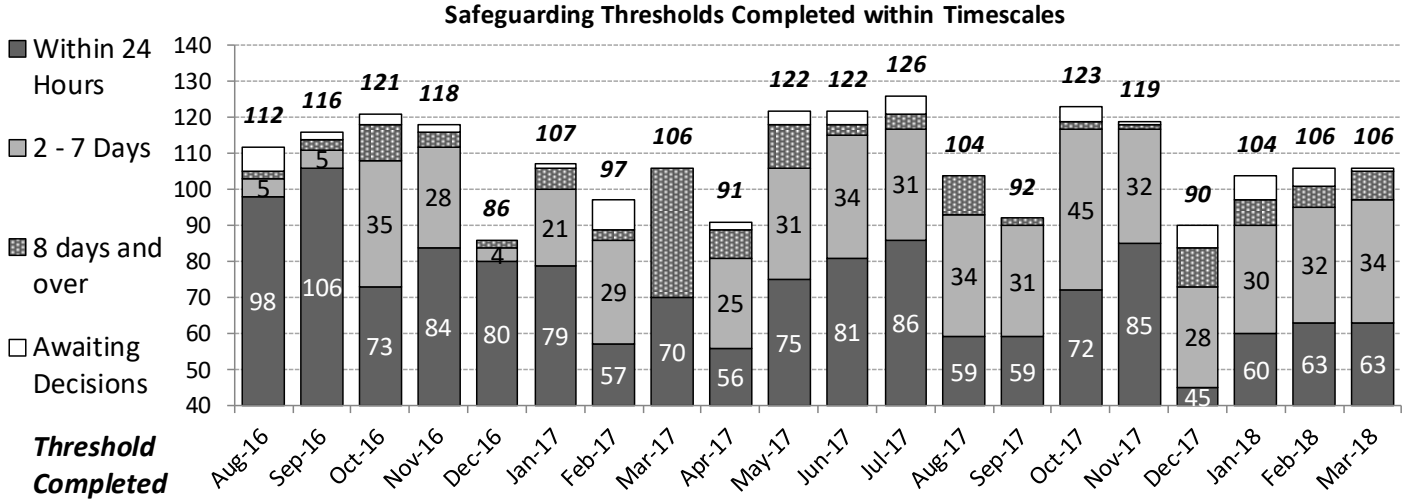


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Awaiting Outcome	1	11	6	3	7	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1	7	7	5	1
Closed at Intake	3	12	4	1	7	4	4	1	1	4	7	5	5	9	16	7	7	6	14	15	18	10	4	4
Inapp. To POVA	7	8	6	6	7	6	10	23	7	5	2	6	3	4	9	6	8	2	5	4	2	11	9	5
Threshold Not Met	40	35	41	38	54	45	66	56	40	47	51	58	49	63	72	63	48	50	53	72	44	43	57	52
Threshold Met	44	52	30	42	44	63	42	37	39	51	37	31	37	51	40	52	48	40	61	42	37	43	35	48
All Safeguarding Referrals	95	118	87	90	119	120	125	119	87	111	105	106	96	131	138	133	111	98	137	134	108	114	110	110

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





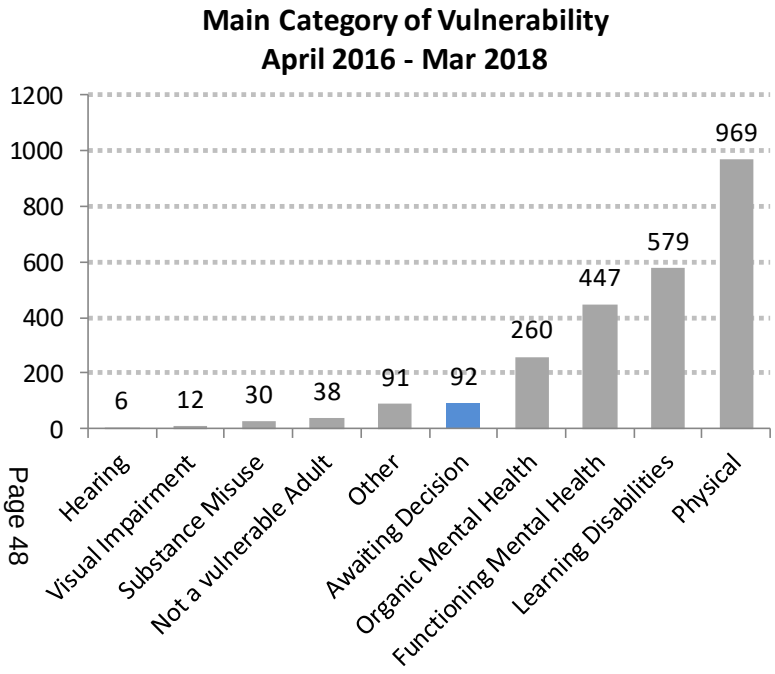
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Awaiting Decisions	7	2	3	2	0	1	8		2	4	4	5	0	0	4	1	6	7	5	1
8 days and over	2	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1	11	7	6	8
2 - 7 Days	5	5	35	28	4	21	29		25	31	34	31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

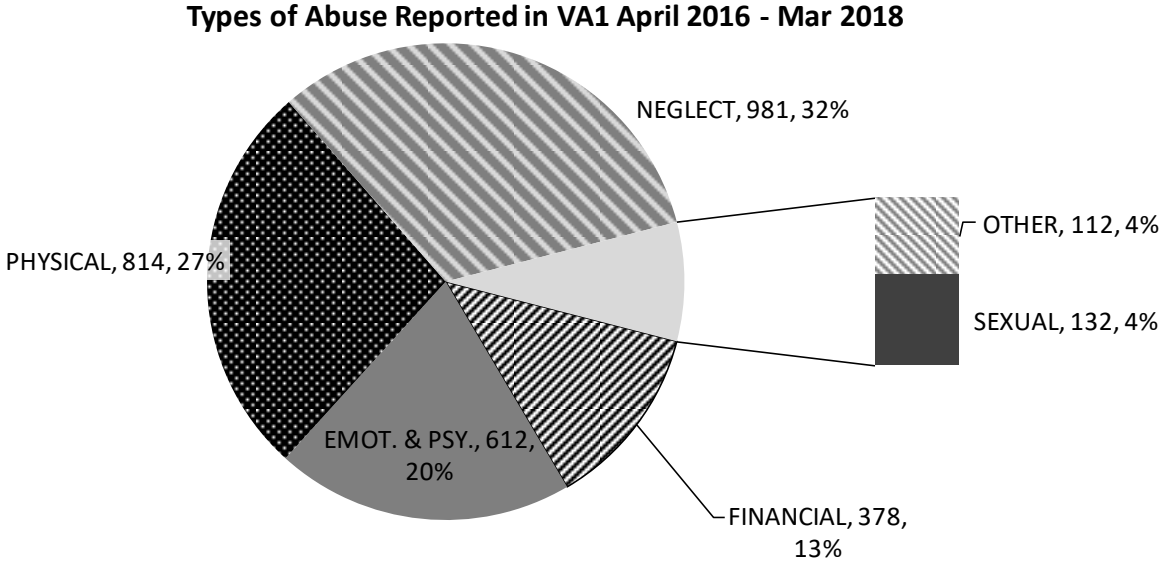
We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since August 2016.

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

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 was sustained.	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 (20%) 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)

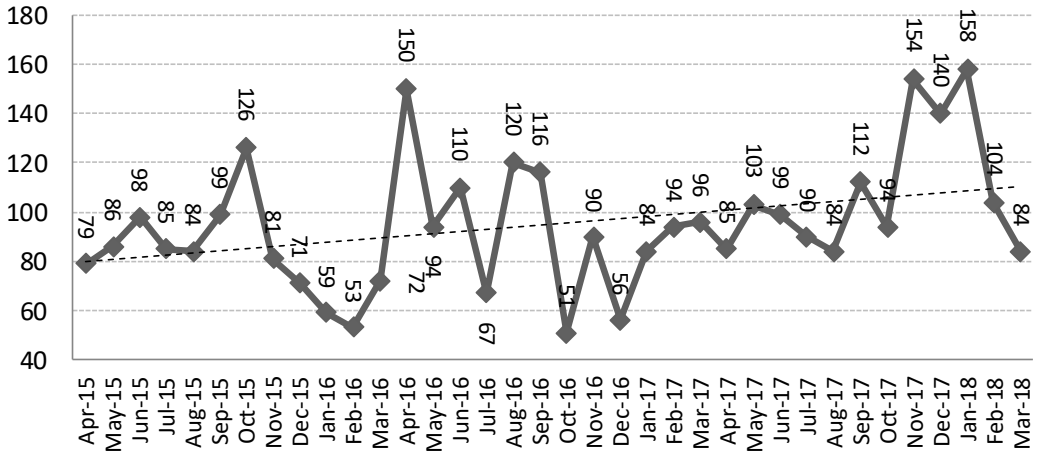
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not 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 for 2017/18 improved to **59.7%** and was slightly below the target
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half–year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

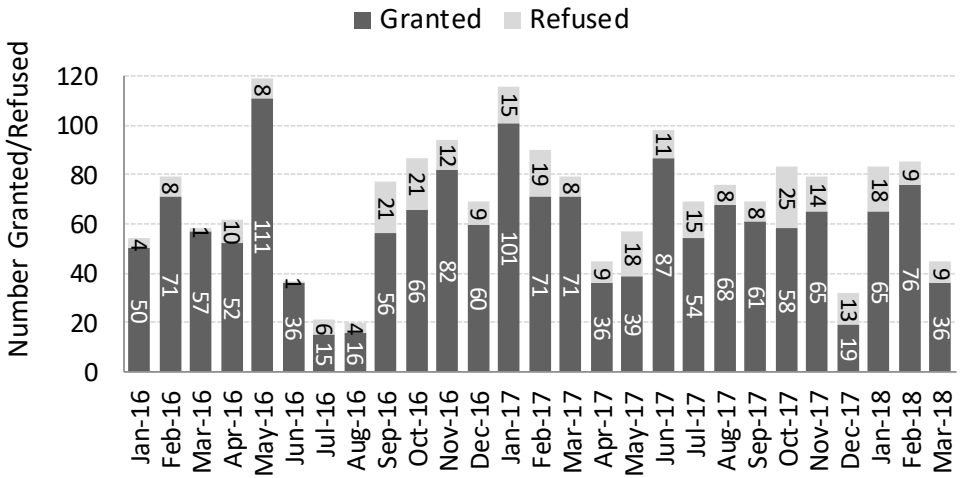
Applications for and Disposals of Requests for DOLS Authorisations

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

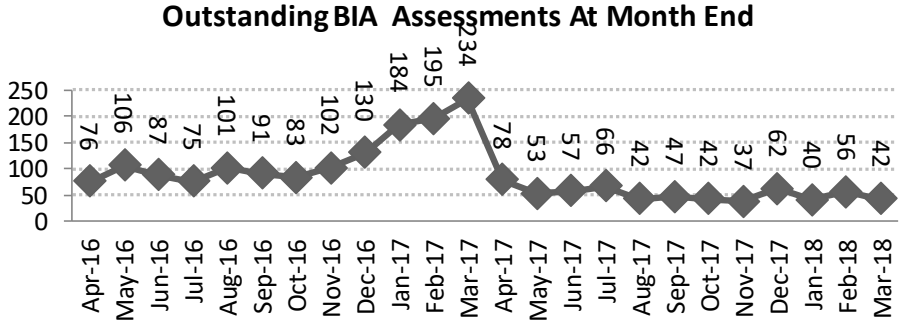
DoLS Applications Received per Month

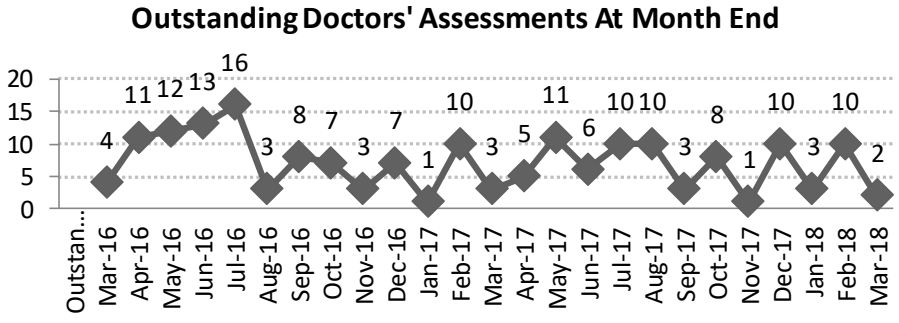


DoLS Authorisations Granted / Refused



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. Higher volume of applications have been seen since November 2017 until February 2018.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following senior management intervention, outstanding Best Interests and Doctor's Assessments have been brought under control.	We will want to seek to avoid further bottlenecks in the process leading to a backlog accruing.	There are some additional issues relating to case allocation which are being dealt with. A longer term plan is also being developed to look at how we can effectively manage normal flow.
Introduction of dedicated resource to deal with the number of authorisations has improved timeliness.	There is continued pressure from existing authorisations requiring review.	Continue to monitor the situation very closely.

Planned Future Developments to this Report

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 2017/18, 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 2018.

Well-Being and Prevention Services

The Local Area Co-ordination (LAC) service will be developing additional metrics during 2018.

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 (delayed)
- Utilisation of day services: allocation / attendance
- Respite Services

Mental Health

- Numbers in residential / nursing plus supported living (delayed)
- 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 10 April 18	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	2017/18	1,261	1,372	91.91	80.70	90	↑	G	2.1%
Measure 19: Delayed transfers per 1,000 people aged 75+	2018/19	12	21,672	0.55	2.80	4	↓	G	-86.2%
Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	2017/18	9	18	50.00	28.00	50	↑	G	0.0%
Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	2017/18	505	637	79.28	72.30	25	↑	G	217.1%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Mar-18	407,452	442	921.84	801.00	1000	↓	G	-7.8%
Measure 22: Average age of adults entering residential care homes	Mar-18	21,502	257	83.67	82.80	84	↑	A	-0.4%
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	2017/18	1,683	1,795	93.76	67.70	80	↑	G	17.2%

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

Performance Results for 2017-18 Data as at 13 April 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	2017/18	874	1,372	63.70		65.00	↑	A	-2.0%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	2017/18	1,051	1,762	59.65		60.00	↑	A	-0.6%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	2017/18	4,040	5,904	68.43		65.00	↑	G	5.3%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	2017/18	5,253	47,220	111.25		113.00	↑	A	-1.6%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	2017/18	1,948	149,958	12.99		11.00	↑	G	18.1%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	2017/18	655	1	655		600	↑	G	9.2%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	2017/18	526	637	82.57		75.00	↑	G	10.1%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	2017/18	7	9	77.78		85.00	↑	R	-8.5%

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+

ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT DATA FOR MARCH / APRIL 2018

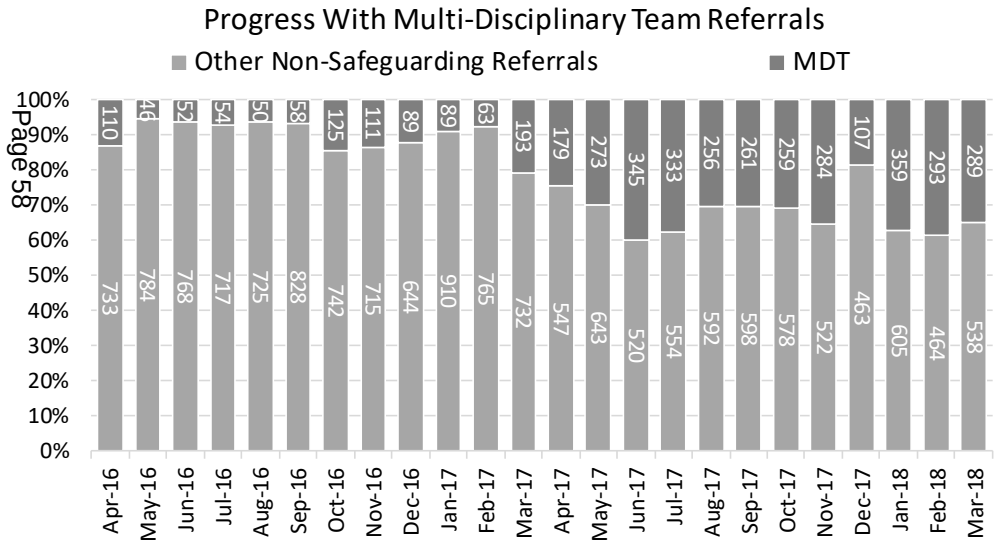
HEADLINE REPORT

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%.

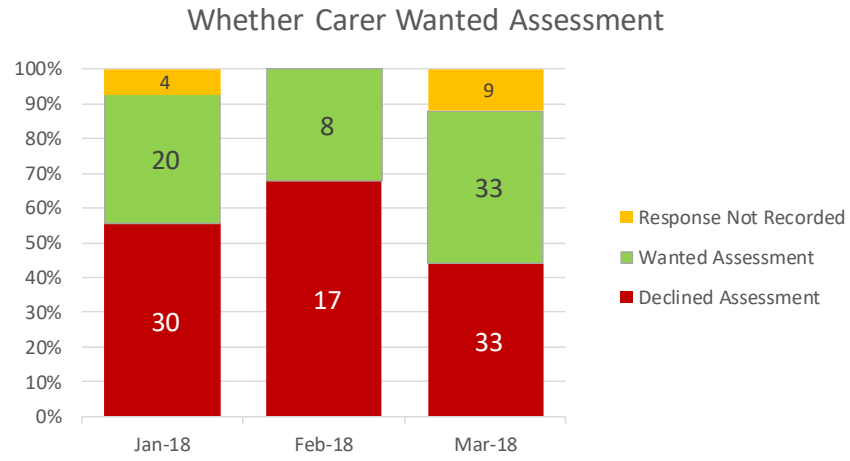
A new pathway through the Common Access Point / MDT was introduced in December 2017 and is continuing to increase the numbers screened by MDT. We are currently developing the means to report on this revised 'front door' approach. Once data is sufficiently tested we will add data to this report and the main report.



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 number of carers assessments being completed fell in February but recovered in March 2018.

Month	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
Identified Carers	**61**	**37**	**75**	↑	High
Offered Assessment	54	25	66	↑	High
% offered assessment	*88.5%*	*67.6%*	*88.0%*	↑	*High*
Declined Assessment	30	17	33	↓	Low
% declined assessment	*55.6%*	*68.0%*	*50.0%*	↑	Low
Wanted Assessment	20	8	33	↑	High
% wanted assessment	*37.0%*	*32.0%*	*50.0%*	↑	High
Response Not Recorded	4	-	9	↓	Low
% response not recorded	*7.4%*	*0.0%*	*13.6%*	↓	Low
Received Carers Assessment / Review	68	45	57	↑	High



Adult Services Performance Headlines

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.

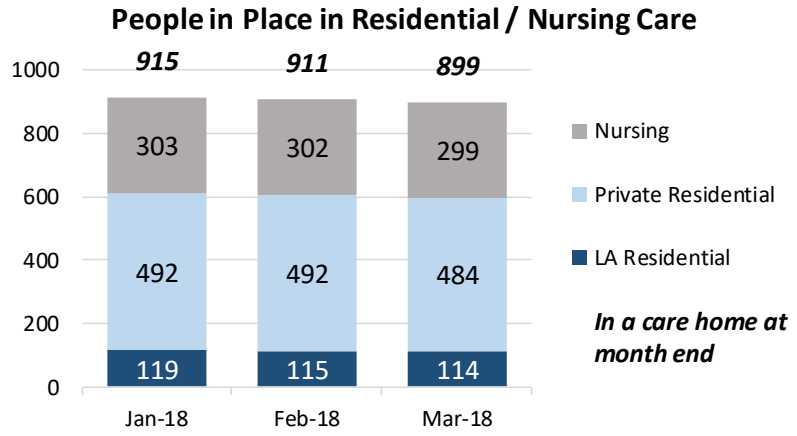
Month	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
New starters	**63**	**70**	**58**	↑	Low
Of which					
In-house	13	10	14	↓	Low
External	50	60	44	↑	Low
% internal	*20.6%*	*14.3%*	*24.1%*	↓	*Low*
Receiving Care at Month End	**1,201**	**1,207**	**1,239**	↓	Low
Of which:					
In-house	114	104	110	↓	Low
External	1,087	1,103	1,129	↓	Low
% internal	*9.5%*	*8.6%*	*8.9%*	↓	*Low*
Hours Delivered in Month	**62,881**	**57,443**	**64,317**	↓	Low
Of which:					
In-house	5,495	4,876	5,781	↓	Low
External	57,386	52,567	58,536	↓	Low
% internal	*8.7%*	*8.5%*	*9.0%*	↓	*Low*
Average Weekly Hours	**11.8**	**11.9**	**11.7**	↑	Low
Of which:					
In-house	11.0	11.7	11.9	↓	Low
External	11.9	11.9	11.7	↑	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. There have been some improvements in recent months, but February and March admissions increased.

Permanent Residential Care for People Aged 65+	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
Admissions	31	33	34	↓	Low
Discharges	38	37	44	↑	High
In a care home at month end	915	911	899	↑	Low
Of which:				→	
LA Residential	119	115	114	↑	Low
Private Residential	492	492	484	↑	Low
Nursing	303	302	299	↑	Low



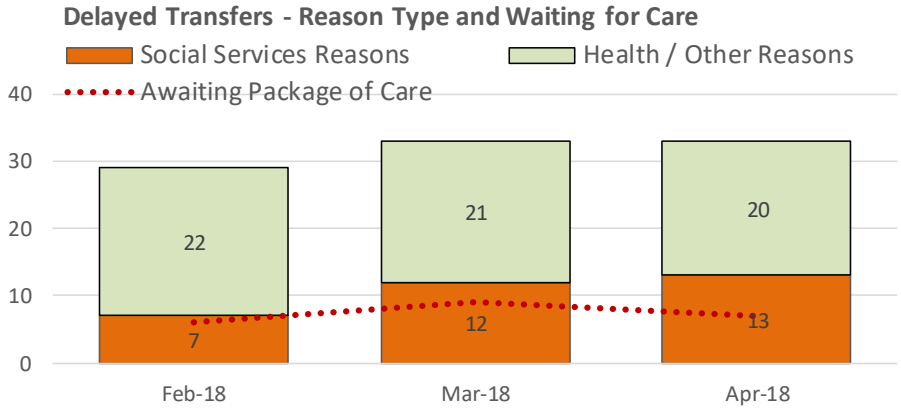
Adult Services Performance Headlines

Delayed Transfers of Care (DToCs)

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

There was a significant increase of delayed transfers from hospital due to delays in setting up home care packages in August and September 2017. This eased in the months from October 2017 onwards, but remains above historic levels and rose again in March 2018, improving in April

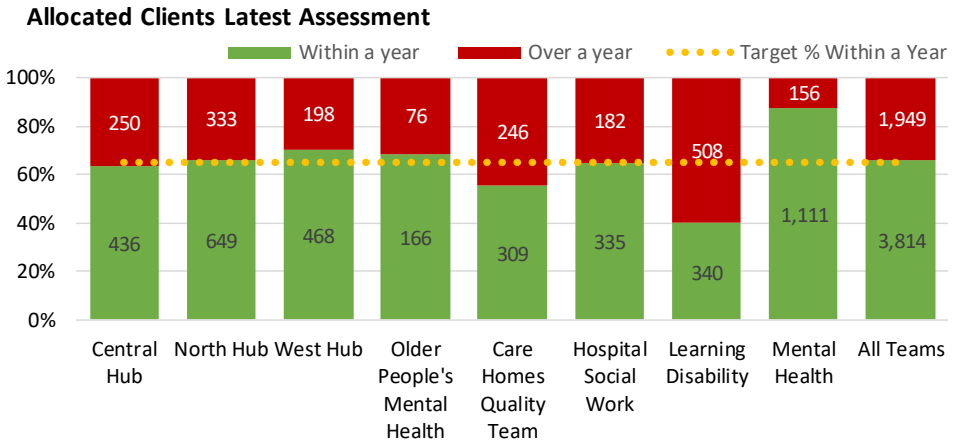
Delayed Transfers	Feb-18	Mar-18	Apr-18	Month Trend	Direction of Travel
Total Delays	**29**	**33**	**33**	→	Low
Of which					
Health / Other Reasons	22	21	20	↑	Low
Social Services Reasons	7	12	13	↓	Low
% social services	*24.1%*	*36.4%*	*39.4%*	↓	*Low*
Awaiting Package of Care	6	9	7	↑	Low
% of Social Services Reasons	*85.7%*	*75.0%*	*53.8%*	↑	*Low*



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	436	63.6%	250	36.4%
North Hub	649	66.1%	333	33.9%
West Hub	468	70.3%	198	29.7%
Older People's MH Team	166	68.6%	76	31.4%
Care Homes Quality Team	309	55.7%	246	44.3%
Hospital Social Work	335	64.8%	182	35.2%
Learning Disability	340	40.1%	508	59.9%
Mental Health	1,111	87.7%	156	12.3%
All Teams	3,814	66.2%	1,949	33.8%



Effectiveness of Reablement

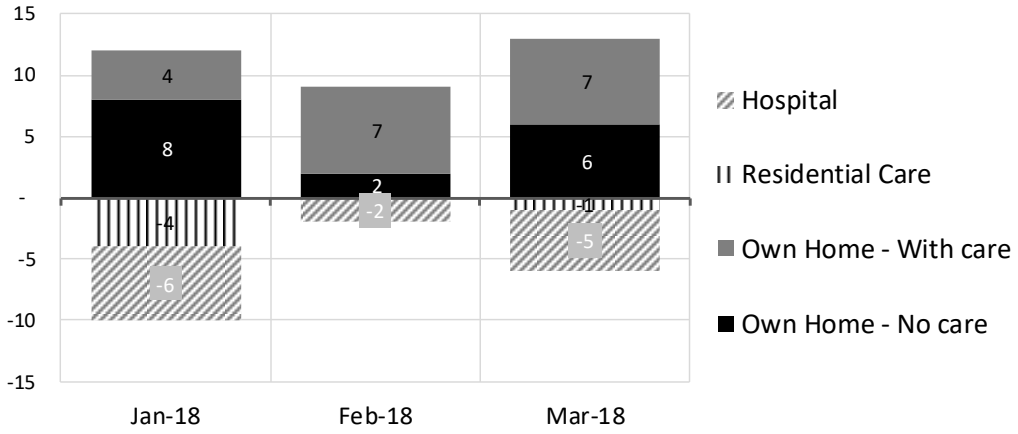
Residential Reablement

The residential reablement service continues to provide effective reablement: the majority of people go home rather than to institutional care. The 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.

During January 2018, 10 people exited to hospital or residential care, which is higher than usual. While February improved, March has again seen higher numbers.

Leaving Residential Reablement	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
Left Residential Reablement	**22**	**11**	**19**	↑	High
Of which					
Own Home - No care	8	2	6	↑	High
Own Home - With care	4	7	7	→	High
Residential Care	-4		-1	↓	High
Hospital	-6	-2	-5	↓	High
Deceased				→	Low
% went home	*54.5%*	*81.8%*	*68.4%*	↓	*High*
Average Length of Stay (Days)	**29.0**	**31.4**	**33.8**	↓	Low

Status Leaving Residential Reablement



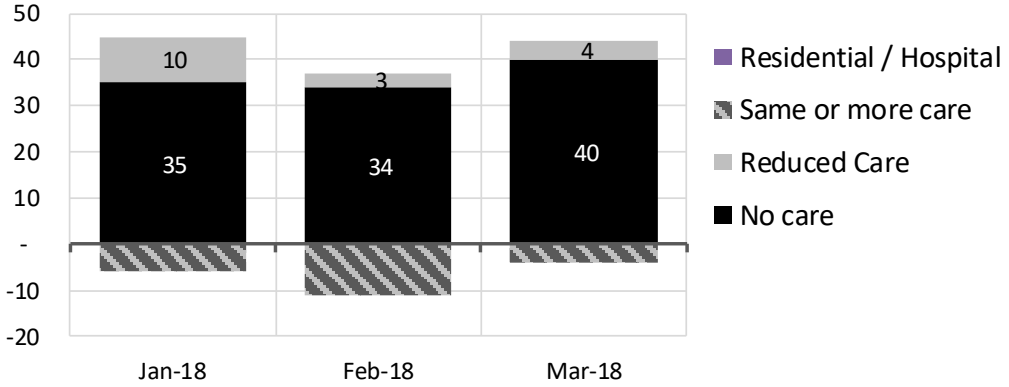
Community Reablement

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.

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 the last quarter of 2017/18 are welcome.

Leaving Community Reablement	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
Left Community Reablement	**51**	**48**	**48**	→	High
Of which					
No care	35	34	40	↑	High
Reduced Care	10	3	4	↑	High
Same or more care	-6	-11	-4	↓	Low
Residential / Hospital			-	→	Low
Other			-	→	Low
% reduced / no care	*88.2%*	*77.1%*	*91.7%*	↑	*High*
Average Days in Service	70.9	60.9	54.5	↑	Low

Status Leaving Community Reablement

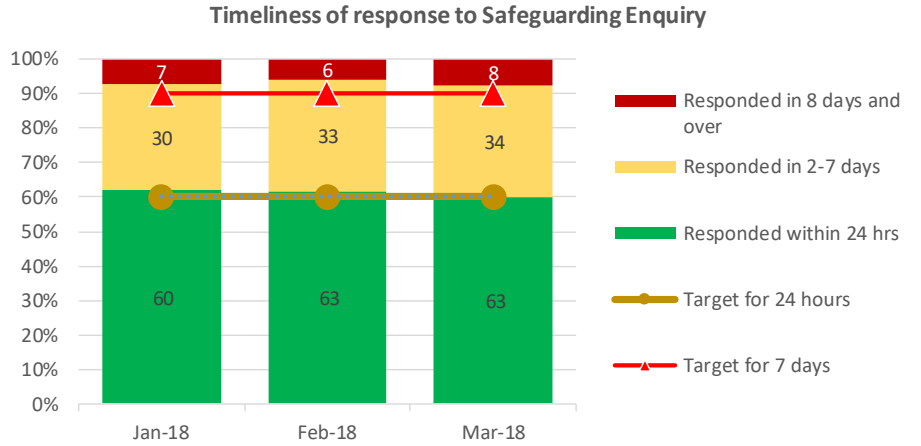


Timeliness of Response to Safeguarding Issues

We have been broadly meeting targets for timely response to safeguarding enquiries. Performance in March 2018 reduced on both 24 hour measure and the 7 days measure, although both measures met target during the month.

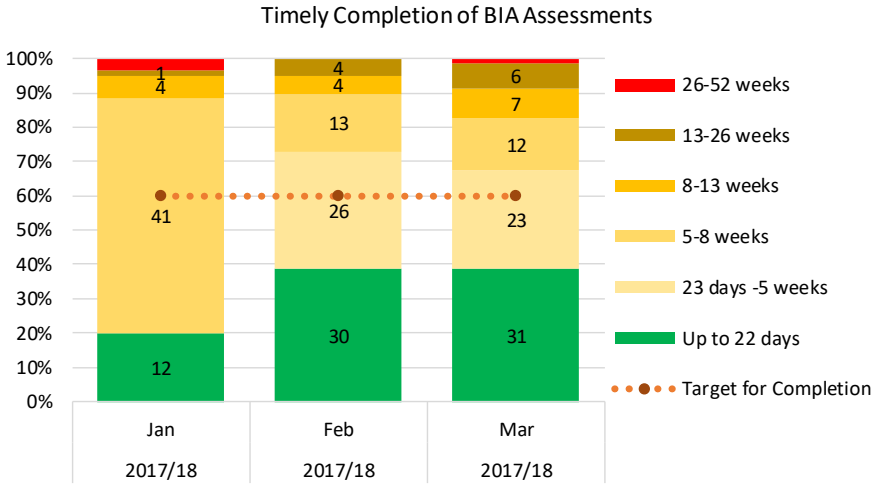
We continue to seek ways to improve the quality of enquiries so that a larger proportion are thresholded.

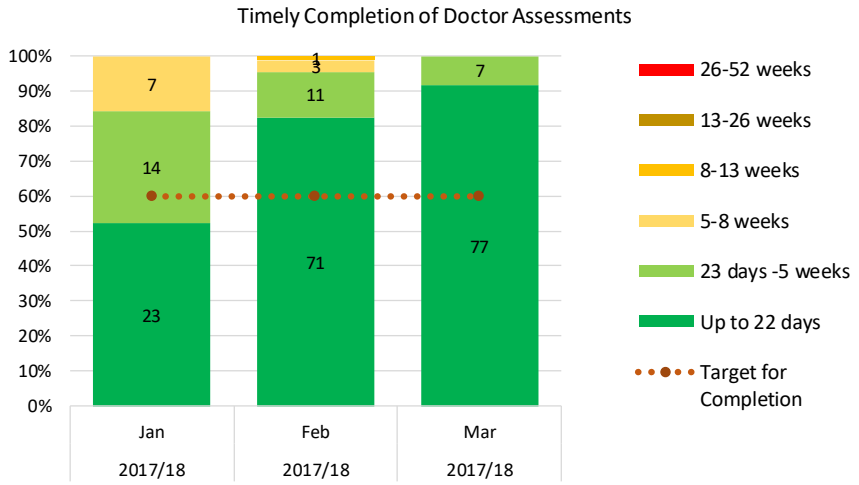
Month	Jan-18	Feb-18	Mar-18	Month Trend	Direction of Travel
Enquiries Received	**104**	**106**	**106**	→	High
Timeliness of Response					
Responded within 24 hrs	60	63	63	→	High
% responded within 24 hrs	*61.9%*	*62.4%*	*60.0%*	↓	*High*
Responded within 7 days	90	95	97	↑	High
% responded within 7 days	*92.8%*	*94.1%*	*92.4%*	↓	High
Responded over 7 days	7	6	8	↓	Low
Awaiting response	7	5	1	↑	Low
% awaiting response	*6.7%*	*4.7%*	*0.9%*	↑	Low
Outcome					
Thresholds	**114**	**106**	**110**	↑	High
Threshold Met	43	35	48	↑	High
% Threshold met	*37.7%*	*33.0%*	*43.6%*	↑	*High*
Threshold Not Met	43	57	52	↑	Low
% Threshold met	*37.7%*	*53.8%*	*47.3%*	↑	*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. Improvement on BIA assessments during February is welcome.





Adult Services Scrutiny Performance Panel
Summary of the Year 2017/18

Could Panel members have a think about the following questions in relation to their year on the Adult Services Scrutiny Performance Panel in readiness for the discussion at the Panel?

1. What has gone well?	
2. What has not gone so well?	
3. Has the Panels work programme been focused on the right things?	
4. What have we learned that will help us with future CFS scrutiny?	

Summary of the Year 2017 – 2018

See below a summary of the year of activity carried out by the Adult Services Scrutiny Performance Panel

1. Work of the Panel this year

Topics suggested for scrutiny by Councillors, the public and officers for the year 2017/18 and whether they were completed by the panel are detailed as follows:

- ✓ Overview of key priorities and challenges for Adult Services in Swansea
- ✓ Role of Adult Services Panel including Terms of Reference and Draft Work Programme
- ✓ Prevention including update on Local Area Coordination and Supporting People
- ✓ Overview of Western Bay Programme including Governance
- ✓ Performance Monitoring
- ✓ Demand Management including Deprivation of Liberty Safeguards
- ✓ Workforce Development
- ✓ Systems Support
- ✓ Draft Budget proposals for Adult services
- ✓ Intermediate Care including DFGs
- X DoLS update
- X Commissioning Reviews - Domiciliary Care and Procurement update

- ✓ Cabinet Member presentation and Q and A Session
- ✓ Complaints Annual Report for Adult Services 2016/17
- ✓ Report on how Council's policy commitments translate to Adult Services
- ✓ Presentation on DEWIS information system
- ✓ Briefing on Social Services' Charging
- ✓ Presentation on Welsh Community Care Information System
- ✓ Pre decision scrutiny of Outcome of Residential Care and Day Services for Older People Commissioning Reviews

2. Data monitoring in 2017/18

Item monitored over the year:

- ✓ Monthly performance report July/August 2017
- ✓ Monthly performance report November/December 2017
- ✓ Complaints Annual Report for Adult Services 2016/17

Planning for the year ahead 2018/19

See below some items that can be scheduled for the coming year:

1. Some issues the panel identified but did not get chance to look at or require ongoing monitoring at present. These can be can be referred onto the new municipal year

- Deprivation of Liberty Safeguards update
- Commissioning Reviews - Domiciliary Care and Procurement update (February 2019)
- Explanation of Budget outputs (May 2018)
- Update on how the Council's policy commitments translate to Adult Services (October 2018)
- Presentation on Social Work Practice Framework
- Local Area Coordination Update
- Review of Community Alarms pre decision scrutiny
- Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan
- Progress with Western Bay Programme

2. Annual items to be scheduled for the new municipal year

- Monthly performance reports for Adult Services
- Corporate Complaints Annual Report for Adult Services 2017/18 (Feb 19)
- Scrutiny of annual budget as it relates to Adult Services matters (Feb 19)

3. Other background information

- Number of times the Adult Services Scrutiny Performance Panel has met = 9
- Number of Adult Services related Conveners letters = 9
- Councillor attendance across the Panel on average = 69%

ADULT SERVICES SCRUTINY PERFORMANCE PANEL
WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
Meeting 1 Wednesday 16 May 2018 3.30pm	**Performance Monitoring** **Explanation of budget outputs** **End of year review**
Meeting 2 Tuesday 19 June 2018 **3.30pm**	**Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan**
Meeting 3 Tuesday 17 July 2018 4.00pm	**Update on Local Area Coordination (LAC)** *Alex Williams, Head of Adult Services or Rachel Moxey, Head of Poverty and Prevention*
Meeting 4 Tuesday 21 August 2018 3.30pm	**Performance Monitoring** **Overview of Western Bay Programme** (to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse) *Dave Howes, Chief Social Services Officer*
Meeting 5 Tuesday 25 September 2018 4.00pm	***Overview of Supporting People***
Meeting 6 Tuesday 23 October 2018 3.30pm	**Update on how Council's policy commitments translate to Adult Services** *Mark Child, Cabinet Member for Health & Wellbeing* **Deprivation of Liberty Safeguards (DoLS)**
Meeting 7 Tuesday 20 November 2018 3.30pm	**Performance Monitoring**
Meeting 8 Tuesday 11 December 2018 4.00pm	**Update on Social Work Practice Framework (presentation)** *Alex Williams, Head of Adult Services*
Meeting 9	

Tuesday 15 January 2019 3.30pm	
Additional meeting ? February 2019	**Draft budget proposals for Adult Services**
Meeting 10 Tuesday 19 February 2019 3.30pm	**Performance Monitoring** **Adult Services Complaints Annual Report 2017-18** *Corporate Complaints Manager*
Meeting 11 Tuesday 19 March 2019 3.30pm	**Update on Commissioning Review - Domiciliary Care and Procurement** **Safeguarding Arrangements update**
Meeting 12 Tuesday 16 April 2019 3.30pm	**End of year review**

Future Work Programme items:

- Review of Community Alarms pre decision scrutiny (date to be arranged)

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:	18 April 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 17 April 2018. It covers the Outcome of Residential Care and Day Services for Older People Commissioning Reviews.

Dear Cllr Child

The Panel would like to thank you, Dave Howes and Alex Williams for providing the report and attending our meeting to discuss the Outcome of Residential Care and Day Services for Older People Commissioning Reviews.

We are writing to you to share the views of the Panel, and where necessary, raise any issues or recommendations for your consideration and response. Find below the issues the Panel would like to highlight to you and Cabinet on 19 April arising from the discussion.

1. Concerned the commissioning review took too long to complete and felt residential care and day care should have been separated as it was very confusing for people.
2. Panel felt the original consultation in 2016 was overly complicated and did not reach the people it was going to affect.
3. There was no information in the proposals or any long term vision regarding shifts over time for people moving to different care settings and changes in long-term needs and what this means for the proposals.
4. Concerned that the reviews for defining individuals as having complex needs would be undertaken almost entirely in house in the proposed new model. Panel feels strongly that Health needs to be involved as there is a grey area between social care and nursing care, and Council staff are not really qualified to undertake the reviews on their own. The needs of some residents may need to draw on the

assessment and care skills of both health and social care staff. Furthermore, being at the high end of care, some residents may become more dependent on health care sooner rather than later which implies either that health skills will need to come to the home or the resident will need to move. It was not clear that the benefits of a flexible and jointly conceived and operated facility had been explored between ABMU and The City and County of Swansea, but if they have, and been rejected, the rationale should be explained. There was also strong concern amongst all Panel members regarding the definition of complex care, which it was felt strayed into the realm of nursing care and would involve medically trained and qualified staff to deliver.

5. Despite the confidence that staff can be upskilled to take on complex needs, the Panel is sceptical and would like reassurance on the level of training, validation and supervision of staff being asked to provide care at this level.
6. The Panel notes that the Council's long term vision is to rely on the private sector to deliver standard residential care and is concerned that the council will not be offering a public sector option. We feel that this needs to be acknowledged and made clear to clients.
7. Panel would like to see some of the capacity for complex needs provision shared with other providers.
8. In relation to the proposed closure of the Parkway site, the Panel felt there was no clarity about what will happen to the site if it does close. It is noted that the value of this site was taken into account in assessing the decision to close it but witnesses were unable to provide any detail as to what that valuation was based on, and whether it was consistent with proposals in the report to retain it for private residential care nor who and how that ambition would be delivered.
9. The Panel felt there was a possibility of strong opposition to the proposals from residents of Parkway and would like to know how the Authority will then proceed if a resident refused to leave.
10. Panel felt that third party top up fees for private residential care is an issue which needs to be addressed. We felt that it could be a factor for some residents in choosing where they are to be rehoused but that this was not taken seriously enough in the responses to questions on the matter.
11. Panel would like confirmation that there will be an annual review of all residents of residential care by competent people to assess their ongoing needs.
12. The Panel would like more detail on alternative day care provision for non-complex clients who will no longer be able to access the remaining three day centres for elderly people.
13. Of the two day centres which are due to close, one is in a very small and distant community from the city. The Panel would therefore like to know what provision is being made for Pontarddulais.

Your response

We recognise that our comments will be discussed at Cabinet on the 19 April but would also ask for you to provide us with a written response to the issues we have raised by 9 May 2018.

Yours sincerely

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

Cyngor **Abertawe**
Swansea Council

Cabinet Office
The Guildhall,
Swansea, SA1 4PE
www.swansea.gov.uk

Cllr Peter Black
Convener
Adult Services Scrutiny Panel

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cllr.mark.child@swansea.gov.uk
Our Ref: MC/HS
Your Ref: ref
Date: 8 May 2018

Dear Cllr Black

Further to your Convenor's letter of 18th April in relation to the Residential Care and Day Service for Older People Commissioning Reviews, I have responded below to each point in turn that the Panel raised.

1. **Panel would like to see some of the capacity for complex needs provision shared with other providers.**

Response: This is currently, and will remain the case. People will have a choice between Council run and Independent Sector provision; it is just that we want to increase our capacity to deliver complex care as the independent sector are less able to increase theirs, and there is a growing need.

2. **In relation to the proposed closure of the Parkway site, the Panel felt there was no clarity about what will happen to the site if it does close. It is noted that the value of this site was taken into account in assessing the decision to close it but witnesses were unable to provide any detail as to what that valuation was based on, and whether it was consistent with proposals in the report to retain it for private residential care nor who and how that ambition would be delivered.**

Response: We cannot pre-empt any final decision on the way forward. Therefore, there are no firm proposals at this stage for the future use of the site should it close in the future. However, the Cabinet paper sets out some options that could be considered. As with all sites, should they become surplus to need there is a process to go through to maximise the asset value and the Council has a capital programme that currently prioritises school building. As Cabinet Member, if the proposals are agreed following the consultation, I will attempt to influence decisions surrounding the disposal of the site to the benefit of Social Services. In terms of the evaluation exercise, the value of all sites was calculated using exactly the same criteria so there was a fair comparison.

3. **The Panel felt there was a possibility of strong opposition to the proposals from residents of Parkway and would like to know how the Authority will then proceed if a resident refused to leave.**

Response: Effective communication and collaboration with both staff and residents will be critical to any successful outcome should the proposals proceed. If the proposals go forward, we would work with each individual to identify appropriate move on plans and support them through the process giving them the time they needed to make decisions. We therefore envisage that it is very unlikely that we would reach a position where a resident refused to leave. If this eventuality did occur, we would need to take appropriate legal advice surrounding how we managed the situation. Our previous experience of managing this type of situation when Cartref closed was that we were able to work with residents and their families effectively to find suitable alternative homes.

4. **Panel felt that third party top up fees for private residential care is an issue which needs to be addressed. We felt that it could be a factor for some residents in choosing where they are to be rehoused but that this was not taken seriously enough in the responses to questions on the matter.**

Response: At this stage, it is difficult to quantify whether the issue of top-up fees will be an issue for those residents affected. It will be entirely dependent on where individuals move onto, if top-up fees apply and if individuals feel that this is a significant factor in reaching a decision on the way forward. Each case will need to looked at individually should this issue arise. In addition, the capital threshold that is taken into consideration when determining the financial contribution that individuals pay has increased to £40,000 this year, which will also reduce the amount that people need to pay over time.

5. **Panel would like confirmation that there will be an annual review of all residents of residential care by competent people to assess their ongoing needs.**

Response: Undertaking a review at least annually of all Local Authority funded residential care placements in Swansea is a statutory requirement. This review must be undertaken by a suitably qualified professional.

6. **The Panel would like more detail on alternative day care provision for non-complex clients who will no longer be able to access the remaining three day centres for elderly people.**

Response: As explained at the Panel, each individual will have a review. That review will determine if they have complex or non-complex needs. If they have non-complex needs, the social worker undertaking the review will work with the individual and their families/carers if appropriate to determine an individually tailored move on plan. This plan will not involve alternative day-care provision, but support to meet any identified needs. There are a huge number of events, locations, groups and meetings taking place all over all of our wards. The process, as happened in The Beeches, was to match up people with opportunities that suited them. This again would be worked on with Social Workers and Local Area Coordinators where we had them, and subject to follow ups to make sure everything was OK, and that frequently people said they were happier with the new arrangement than the Council service.

7. **Of the two day centres which are due to close, one is in a very small and distant community from the city. The Panel would therefore like to know what provision is being made for Pontarddulais.**

Response: Not all residents attending the Hollies Day Centre live in Pontarddulais itself. Some actually live nearer to other day services. Those who have complex needs will be offered an alternative place in another day service; in all likelihood for those in the Hollies, that will be Llys Y Werin in Gorseinon which is a short distance from Pontarddulais itself.

Yours faithfully

Councillor Mark Child
Cabinet Member for Health & Wellbeing