Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

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

Dyddiad: **Dydd Mawrth, 21 Awst 2018**

Amser: **1.00 pm**
SYLWER: Mae'r 10 munud gyntaf yn gyfarfod caeëdig ar gyfer aelodau'r panel yn unig

Cynullydd: **Y Cynghorydd Peter Black CBE**

Aelodaeth:
Cynghorwyr: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris a/ac G J Tanner

Aelodau Cyfetholedig: Tony Beddow a/ac Katrina Guntrip

Agenda

Rhif y Dudalen.

1 **Ymddiheuriadau am absenoldeb.**

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

3 **(1.15pm) Nodiadau cyfarfod 17 Gorffennaf 2018** **1 - 3**
Derbyn nodiadau'r cyfarfod blaenorol a chytuno eu bod yn gofnod cywir.

4 **(1.20pm) Cwestiynau'r Cyhoedd**
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnir â nhw o fewn cyfnod o 10 munud.

5 **(1.30pm) Adroddiad Monitro Perfformiad** **4 - 62**
Alex Williams, Pennaeth y Gwasanaethau i Oedolion

6 **(2.20pm) Amserlen Rhaglen Waith 2018/19** **63 - 64**

Cyfarfod nesaf: Dydd Llun, 17 Medi 2018 ar 3.00 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 7 Awst 2018

Cyswllt: Liz Jordan 01792 637314

City and County of Swansea

Notes of the Scrutiny Performance Panel – Adult Services

Committee Room 3A - Guildhall, Swansea

Tuesday, 17 July 2018 at 4.00 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
C A Holley	P R Hood-Williams	P K Jones
S M Jones	J W Jones	E T Kirchner
G J Tanner		

Co-opted Member(s)
T Beddow

Officer(s)

Jon Franklin	Local Area Co-ordination Implementation Manager
Amy Hawkins	Adult Prosperity and Well-being Manager
David Howes	Chief Social Services Officer
Liz Jordan	Scrutiny Officer
Alex Williams	Head of Adult Services

Apologies for Absence
Councillor(s): J A Hale and Y V Jardine
Co-opted Member(s): Katrina Guntrip

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1 Disclosures of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley

2 To confirm Co-opted Members of the Panel

Katrina Guntrip and Tony Beddow were confirmed as co-optees on the Panel

3 Notes of meeting 19 June 2018

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

4 Public Question Time

No members of the public were present at the meeting.

5 Update on Local Area Coordination - Presentation

Jon Franklin, Local Area Coordination Implementation Manager attended to present an update to the Panel and answer questions along with Dave Howes and Alex Williams.

Discussion points:

- Panel queried the availability of baseline data for preventable need. Informed need is not recorded and the focus is on strengths and positives and encouraging people to make a contribution to the community.
- Main reason for people to be referred to a LAC is loneliness. Social connection is important and makes a big difference to health and happiness.
- Reminded the University undertook an evaluation of LAC after 6 months. Struggling how to identify if LAC intervention has made a difference as very difficult to measure this need.
- Concern that ABMU has not invested financially in LAC and the need to look into this.
- Need to show what LACs do that add value to individuals. More time is needed before can see if there is value in this approach or if money would be better invested elsewhere.
- Benefit of LAC is that there are no criteria, LACs can help anyone whatever their needs.
- Very difficult to measure cost avoidance and prevention. Data is being recorded and the Department is looking at the best way to present this and how it fits with the National Wellbeing Principles.
- Panel wanted to know what is being seen in terms of outcomes and performance for LAC so can see how the money is being spent. Informed need external support to develop way to measure the benefits.
- In terms of how LAC works, each LAC has a cohort of clients which are discussed in supervision with the manager. One coordinator works with between 50 and 60 people at any one time.
- Panel queried whether we are in a position to have 2 control groups - one made up of the 10 areas with a LAC and one made up of the 10 areas without.
- Panel feels councillors can learn a lot from LACs and the other way round.
- For the future, there is a need for another 10 coordinators to cover all areas as and when investment can be found.

Work Programme Timetable 2018/19

The Panel considered the work programme.

Actions:

- Chair and Chief Executive of ABMU to be invited to attend a meeting to inform the Panel of their vision for Swansea once the number of authorities in ABMU is reduced to two.
- Panel to decide following August meeting on Performance Monitoring whether to invite an ABMU representative to a future meeting to discuss issues around Continuing Health Care.

- 23 October meeting - Panel members to provide questions in advance of the meeting for item 'Update on how Council's policy commitments translate to Adult Services'.

7 Letters

Letter received and considered by the Panel.

The meeting ended at 5.25 pm

Report of the Cabinet Member for Health and Wellbeing

Adult Services Scrutiny Performance Panel – 21st August 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, Health and Ageing Well
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 MAY / JUNE 2018

HEADLINE REPORT

Cyngor Abertawe
Swansea Council

Contents

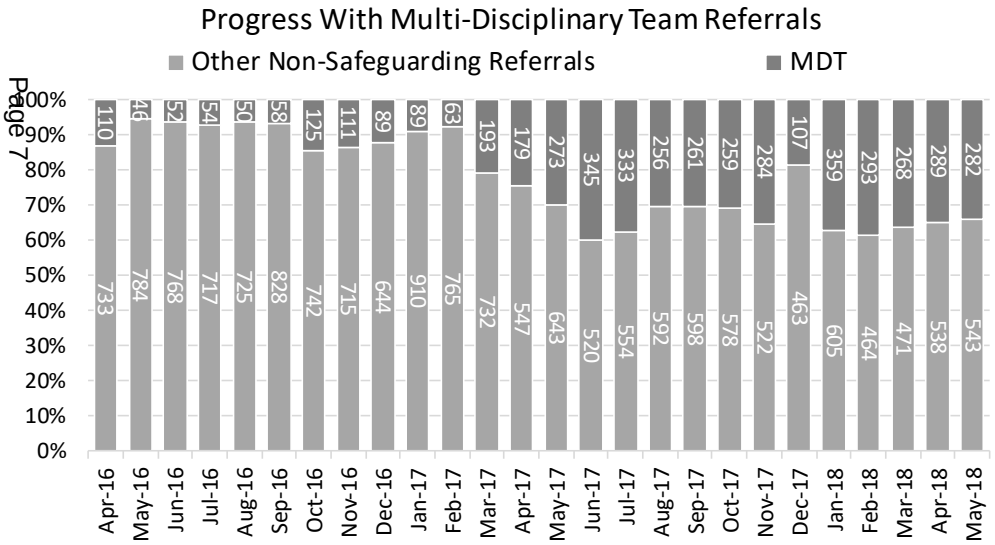
Adult Services Performance Headlines

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.

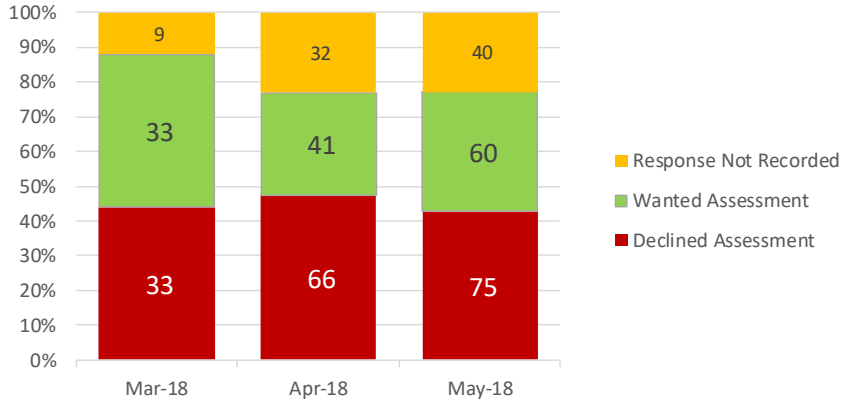


Carers Identified and Whether Wanted Carer Assessment

The number of carers identified had been broadly lower since April 2016. Changes to Paris will improve these numbers in 2018/19. The proportion who do not wish to receive a separate carer assessment has remained steady and represents a small majority of carers, although this may be improving.

Additional changes in the Paris system will further improve the recording of offer of carer assessment.

Month	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
Identified Carers	**75**	**139**	**175**	↑	High
Offered Assessment	66	108	140	↑	High
% offered assessment	*88.0%*	*77.7%*	*80.0%*	↑	*High*
Declined Assessment	33	66	75	↓	Low
% declined assessment	*50.0%*	*61.1%*	*53.6%*	↑	Low
Wanted Assessment	33	41	60	↑	High
% wanted assessment	*50.0%*	*38.0%*	*42.9%*	↑	High
Response Not Recorded	9	32	40	↓	Low
% response not recorded	*13.6%*	*29.6%*	*28.6%*	↑	Low
Received Carers Assessment / Review	74	67	63	↓	High



Long-Term Domiciliary Care

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

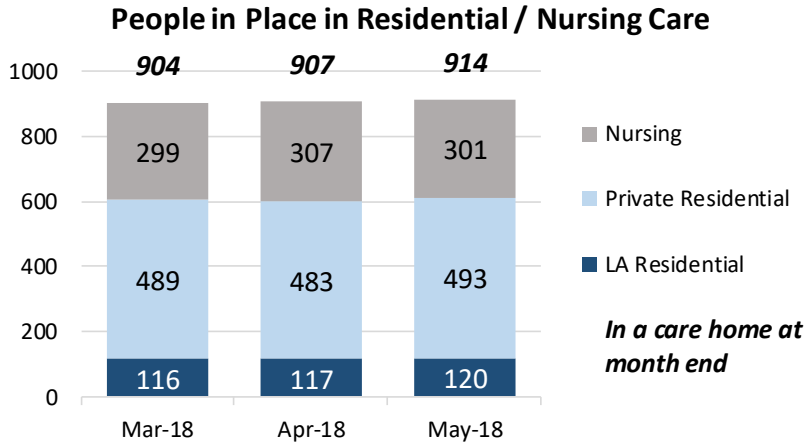
Month	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
New starters	**62**	**49**	**55**	↓	Low
Of which					
In-house	14	9	12	↓	Low
External	48	49	43	↑	Low
% internal	*22.6%*	*18.4%*	*21.8%*	↓	*Low*
Receiving Care at Month End	**1,196**	**1,194**	**1,236**	↓	Low
Of which:					
In-house	110	101	103	↓	Low
External	1,086	1,093	1,133	↓	Low
% internal	*9.2%*	*8.5%*	*8.3%*	↑	*Low*
Hours Delivered in Month	**62,851**	**62,607**	**63,191**	↓	Low
Of which:					
In-house	5,781	5,486	5,234	↑	Low
External	56,395	55,485	57,957	↓	Low
% internal	*9.2%*	*8.8%*	*8.3%*	↑	*Low*
Average Weekly Hours	**11.6**	**11.6**	**11.9**	↓	Low
Of which:					
In-house	11.9	12.7	11.4	↑	Low
External	11.6	11.5	11.9	↓	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 with reductions in admissions in April and May.

Permanent Residential Care for People Aged 65+	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
Admissions	34	33	28	↑	Low
Discharges	44	27	17	↓	High
In a care home at month end	904	907	914	↓	Low
Of which:					
LA Residential	116	117	120	↓	Low
Private Residential	489	483	493	↓	Low
Nursing	299	307	301	↑	Low

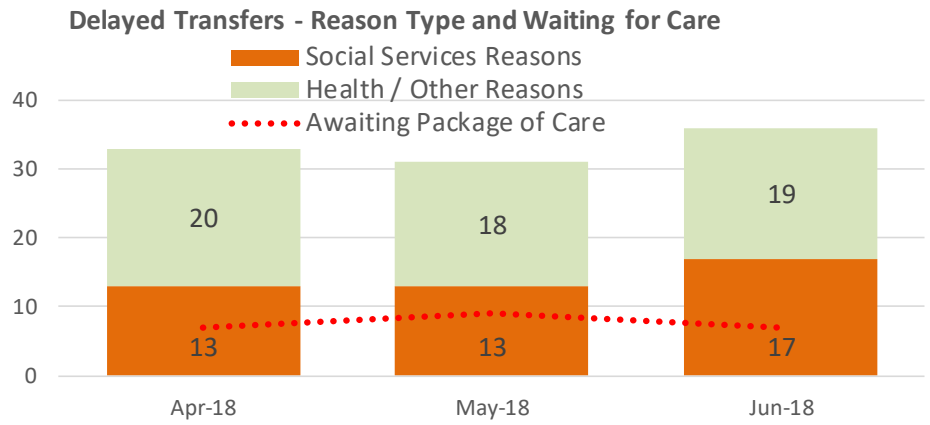


Delayed Transfers of Care (DToCs)

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

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

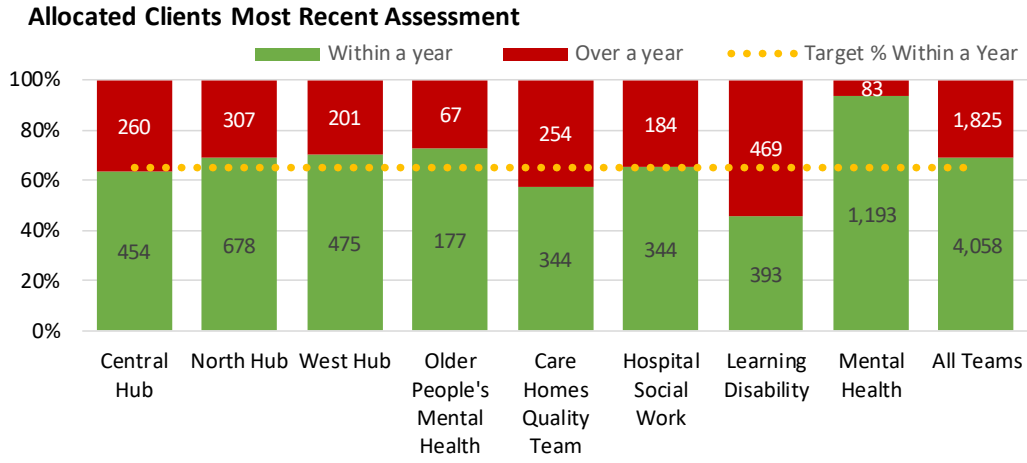
Delayed Transfers	Apr-18	May-18	Jun-18	Month Trend
Total Delays	**33**	**31**	**36**	↓
Of which				
Health / Other Reasons	20	18	19	↓
Social Services Reasons	13	13	17	↓
% social services	*39.4%*	*41.9%*	*47.2%*	↓
Awaiting Package of Care	7	9	7	↑
% of Social Services Reasons	*53.8%*	*69.2%*	*41.2%*	↑



Reviews of Allocated Clients

Routine reviewing and re-assessing of clients receiving a package of care is a significant social services requirement. Mental Health Services are now achieving over 90% compliance. Learning Disability Services are working to improve their performance and have made significant improvements in reviewing clients since May 2018. We will continue to focus on LD services and CHQT, supporting them to make progress in reviewing clients, setting targets for improvement.

Number of Allocated Social Work / Review Cases & Time Since Most Recent Assessment of Need	Most Recent Assessment Within a Year			Most Recent Assessment Over a Year		
Team	Number of Clients	% of Clients	% Previous Month	Number of Clients	% of Clients	% Previous Month
Central Hub	454	63.6%	*57.0%*	260	36.4%	*36.4%*
North Hub	678	68.8%	*63.1%*	307	31.2%	*33.9%*
West Hub	475	70.3%	*66.3%*	201	29.7%	*29.7%*
Older People's MH Team	177	72.5%	*68.2%*	67	27.5%	*31.4%*
Care Homes Quality Team	344	57.5%	*52.8%*	254	42.5%	*44.3%*
Hospital Social Work	344	65.2%	*61.2%*	184	34.8%	*35.2%*
Learning Disability	393	45.6%	*37.0%*	469	54.4%	*59.9%*
Mental Health	1,193	93.5%	*81.9%*	83	6.5%	*12.3%*
All Teams	4,058	69.0%	*62.1%*	1,825	31.0%	*33.8%*



Effectiveness of Reablement

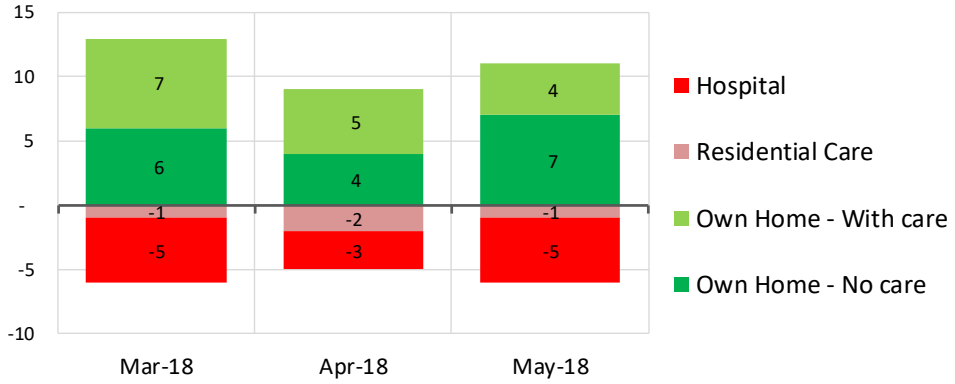
Residential Reablement

The residential reablement service continues to provide effective reablement: the majority of people go home rather than to institutional care. The length of stay remains at 33 days and may reflect issues within the domiciliary care market, which a good proportion of clients require to move on.

During March 2018, 6 people exited to hospital or residential care, reducing to 5 in April and returning to 6 in May.

Leaving Residential Reablement	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
Left Residential Reablement	**19**	**15**	**18**	↑	High
Of which					
Own Home - No care	6	4	7	↑	High
Own Home - With care	7	5	4	↓	High
Residential Care	- 1	- 2	- 1	↑	High
Hospital	- 5	- 3	- 5	↓	High
Deceased		- 1	- 1	→	Low
% went home	*68.4%*	*60.0%*	*61.1%*	↑	*High*
Average Length of Stay (Days)	**24.5**	**33.3**	**33.5**	↓	Low

Status Leaving Residential Reablement



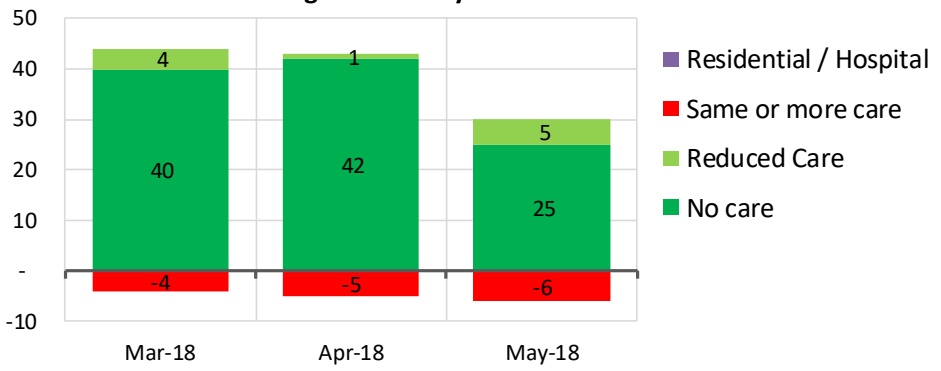
Community Reablement

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.

The increase in average length of service is also likely to be indicative of issues within the wider domiciliary care market, as is the reduced number leaving the service. Improvements during the last quarter of 2017/18 were welcome and we will continue to monitor.

Leaving Community Reablement	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
Left Community Reablement	**48**	**48**	**36**	↓	High
Of which					
No care	40	42	25	↓	High
Reduced Care	4	1	5	↑	High
Same or more care	- 4	- 5	- 6	↑	Low
Residential / Hospital	-	-	-	→	Low
Other	-	-	-	→	Low
% reduced / no care	*91.7%*	*89.6%*	*83.3%*	↓	*High*
Average Days in Service	54.5	36.7	43.4	↓	Low

Status Leaving Community Reablement

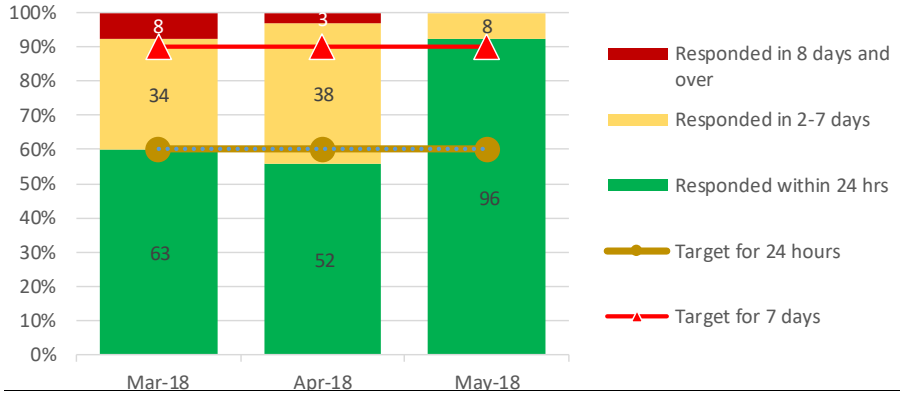


Adult Services Performance Headlines

Timeliness of Response to Safeguarding Issues

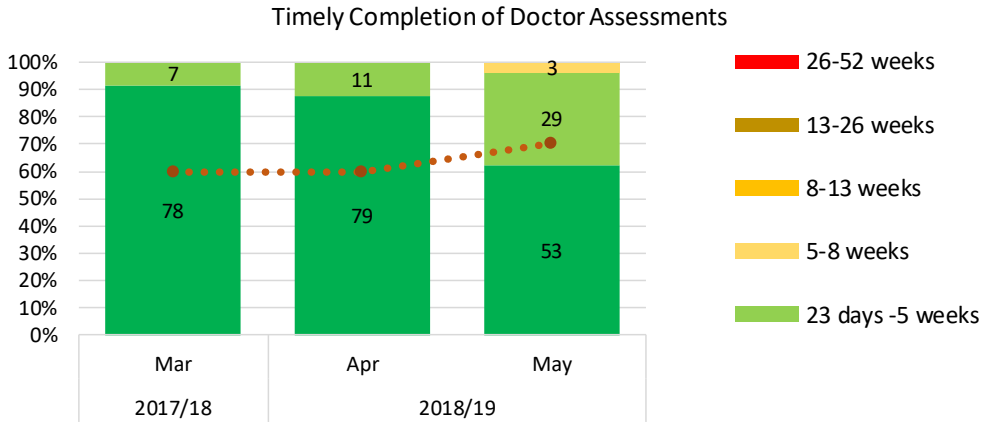
We have been broadly meeting targets for timely response to safeguarding enquiries. Performance in May 2018 was 99% on the 7 days measure (met target), and much higher than target on the 24 hour measure (missed target). Staff are to be commended for this exceptional performance, and we will maintain focus on swift responses to safeguarding enquiries. We continue to seek ways to improve the quality of enquiries so that a larger proportion meet the threshold for investigation.

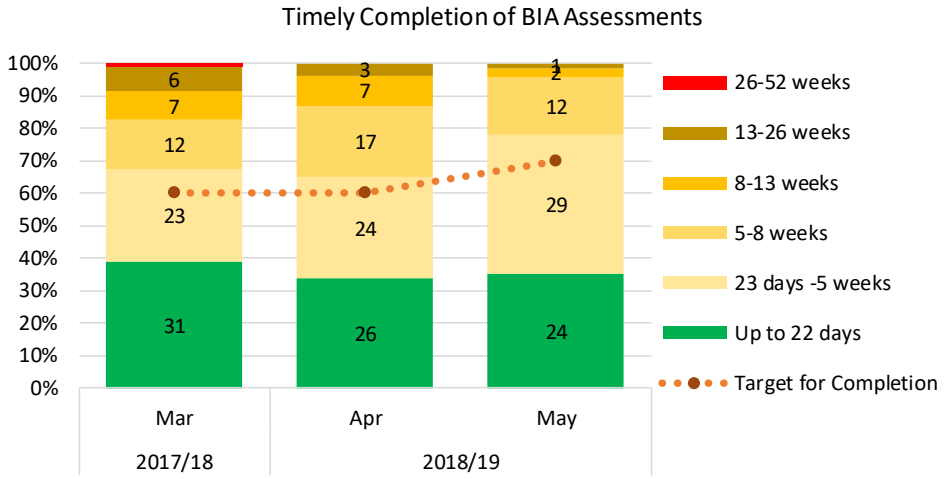
Month	Mar-18	Apr-18	May-18	Month Trend	Direction of Travel
Enquiries Received	**106**	**93**	**118**	↑	High
Timeliness of Response					
Responded within 24 hrs	63	52	96	↑	High
% responded within 24 hrs	*60.0%*	*55.9%*	*91.4%*	↑	*High*
Responded within 7 days	97	90	104	↑	High
% responded within 7 days	*92.4%*	*96.8%*	*99.0%*	↑	High
Responded over 7 days	8	3	1	↑	Low
Awaiting response	1	-	13	↓	Low
% awaiting response	*0.9%*	*0.0%*	*11.0%*	↓	Low
Outcome					
Thresholds	**110**	**98**	**121**	↑	High
Threshold Met	48	44	43	↓	High
% Threshold met	*43.6%*	*44.9%*	*35.5%*	↓	*High*
Threshold Not Met	52	43	50	↓	Low
% Threshold met	*47.3%*	*43.9%*	*41.3%*	↑	*Low*



Timeliness of Deprivation of Liberty Assessments

For 2018/19 a more challenging target of 70% of assessments completed within 22 days has been set. There is a specific issue with timeliness for the majority of BIA assessments. The establishment of new working arrangements is expected to improve this performance. While arrangements are made, there has been a slight drop in performance.





ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
DATA FOR MAY / JUNE 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, as well as optimising the service based on the data.

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. However, performance will need to improve during 2018/19 to meet the revised target.

Assessment and Care Management

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

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

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

Community Reablement:

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

There have been some improvements in the effectiveness of the community reablement service over the last 18 months (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 and so far 2018/19 also has lower number of new starters.

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 and performance in May 2018 has been exceptionally good.

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 2017/18 year were welcome and 2018/19 s promising.

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. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60% (p.45).

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance were noted in April & May 2018 (p.45). Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves.

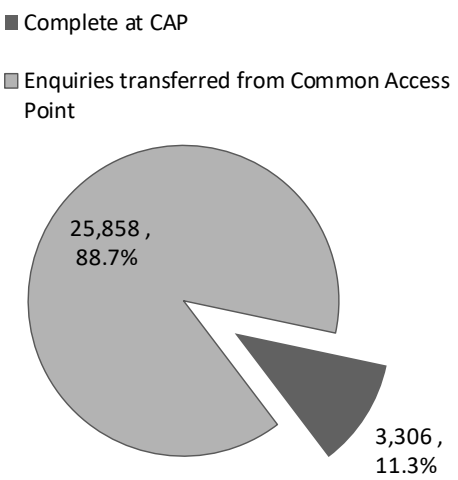
Common Access Point (CAP)

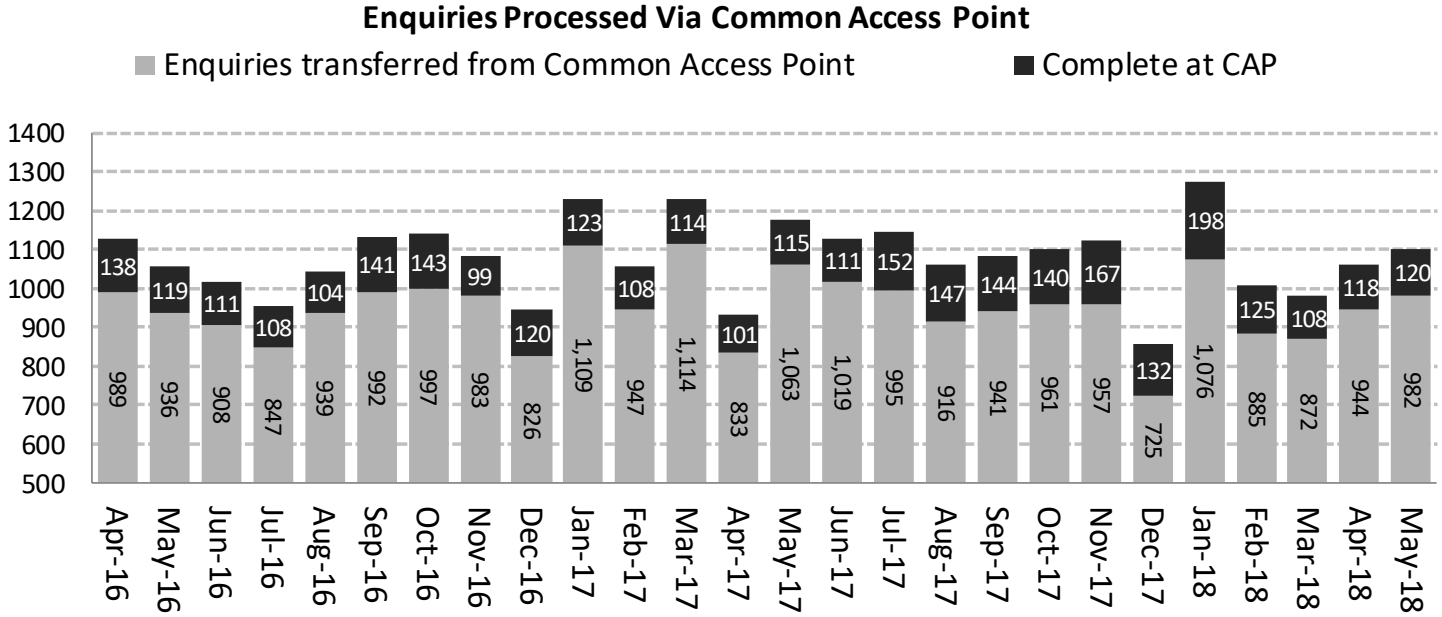
The Common Access Point continues to be reviewed for function and purpose. The key expectations for the service and outcomes against those are set out below. (This service may also be referred to as 'Intake' or 'the front door'.)

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



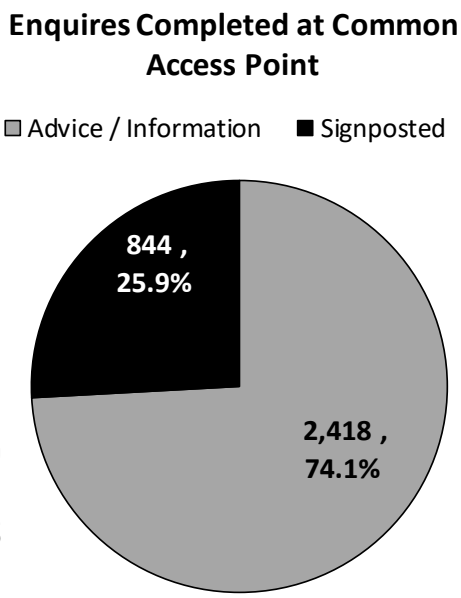


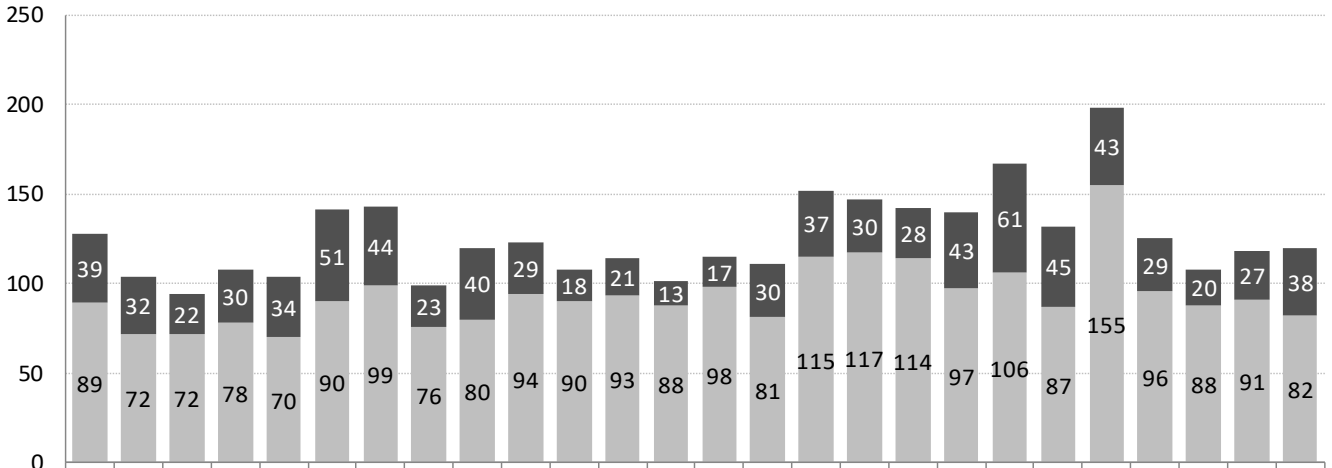
During the period April 2016 – May 2018, 88.7% of enquiries were processed via the CAP are passed through to other teams. 11.3% of enquiries are completed at CAP.

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

Common Access Point (CAP)

Enquiries Completed at the Common Access Point





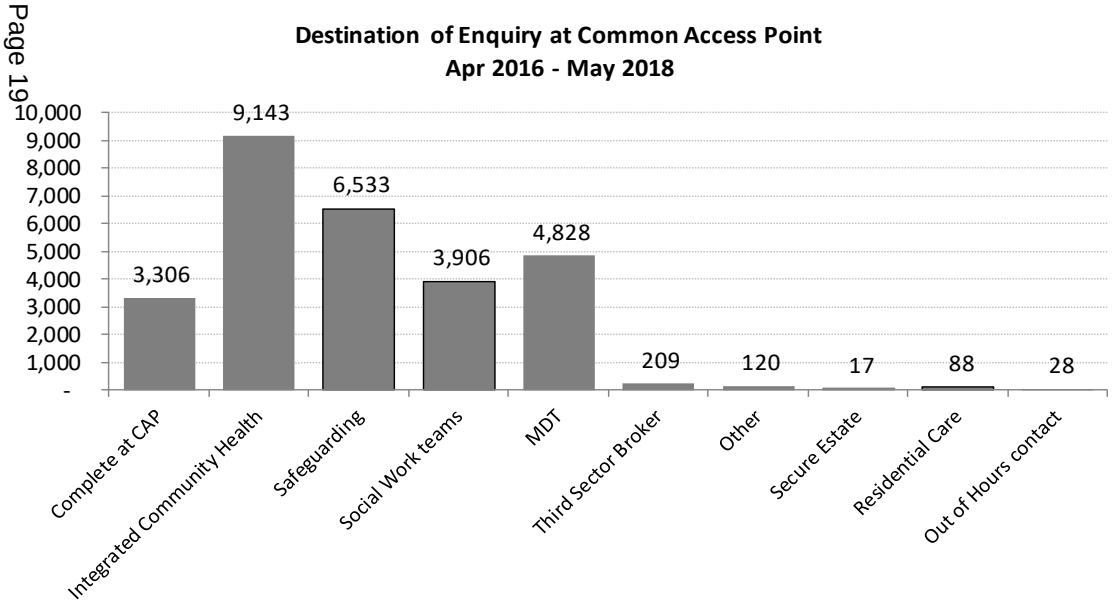
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Signposted	39	32	22	30	34	51	44	23	40	29	18	21	13	17	30	37	30	28	43	61	45	43	29	20	27	38
Advice / Information	89	72	72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

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	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Whole Period	% of total
Complete at CAP	108	104	141	143	99	120	123	108	114	101	115	111	152	147	144	140	167	132	198	125	108	118	120	3,306	11.3%
Integrated community health teams	388	419	476	395	417	371	501	448	457	350	383	309	283	321	324	296	242	265	234	234	257	303	288	9,143	31.4%
Safeguarding	184	268	247	273	256	213	233	227	303	208	262	265	260	215	226	264	318	287	310	253	241	235	277	6,533	22.4%
Social Work teams	214	201	203	202	195	145	278	192	146	81	115	89	100	108	116	122	96	52	157	79	92	98	121	3,906	13.4%
MDT	54	50	58	125	111	89	89	63	193	179	273	345	333	256	261	259	284	107	359	293	268	289	282	4,828	16.6%
Third Sector Broker	4	-	5	2	4	6	7	6	12	12	18	8	11	8	10	13	6	7	10	5	8	8	8	209	0.7%
EDT	2	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	0.0%
Secure Estate	1	1	2	-	-	1	1	-	-	1	1	1	1	3	-	1	-	-	-	-	-	3	-	17	0.1%
Total Referrals Completed	**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**	**980**	**1,062**	**1,102**	**29,164**	**100%**
Enquiries transferred from Common Access Point	**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**	**872**	**944**	**982**	**25,858**	**88.7%**



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 31.4% of enquiries received at CAP.

'Social work teams' refers to social work services provided within the Hubs. They received 13.4% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 22.4% of referrals related to safeguarding and were distributed appropriately across all teams.

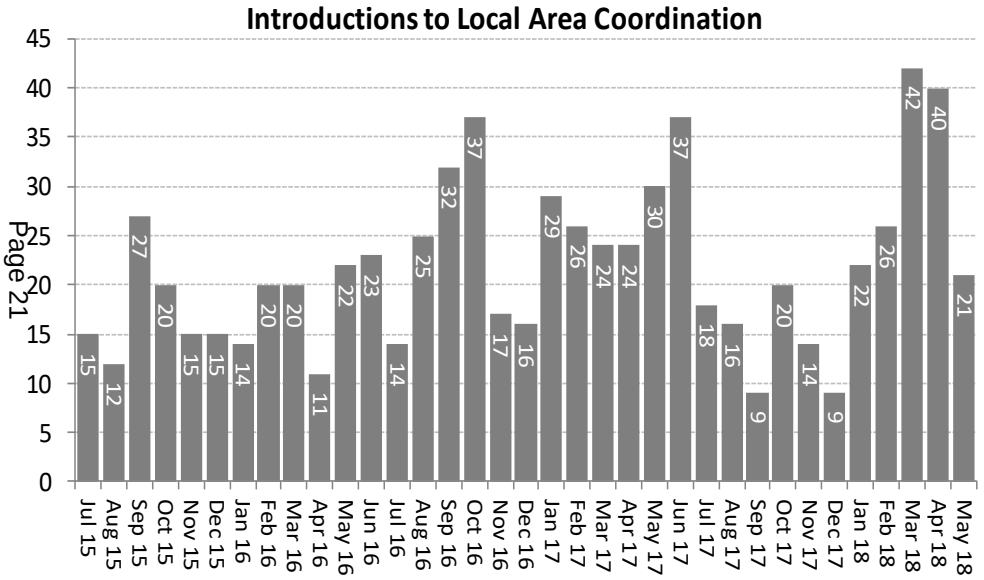
Common Access Point (CAP)

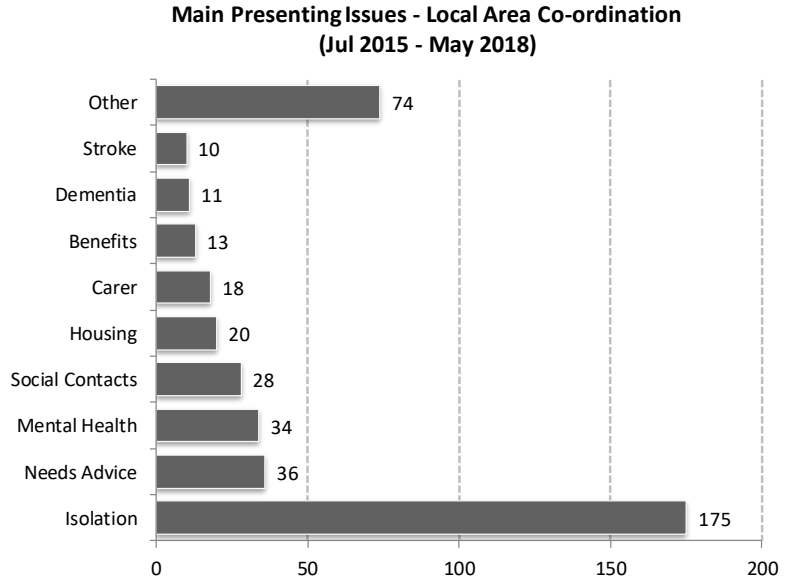
What is working well?	What are we worried about?	What are we going to do?
Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards and further extended during the period since December 2018. The MDT carries out proportionate triage in order to divert or establish need for further assessment	During December 2017 a new MDT service structure was implemented within the CAP. We are continuing to look at refining to reach the optimum configuration.	We have been monitoring the new arrangements to strengthen the MDT approach. We continue to monitor as we optimise. Assistant Team Manager carrying out quality assurance checks on a sample of referrals to establish whether they were handled / recorded correctly. 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 to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals if the relevant Paris process is followed.	The reliability of some of the data gathered is unknown.	Performance management staff are working with the service to develop appropriate recording processes to support Third Sector Broker activity.

Local Area Co-ordination (LAC)

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

Requests for Local Area Co-ordination and Main Presenting Issues





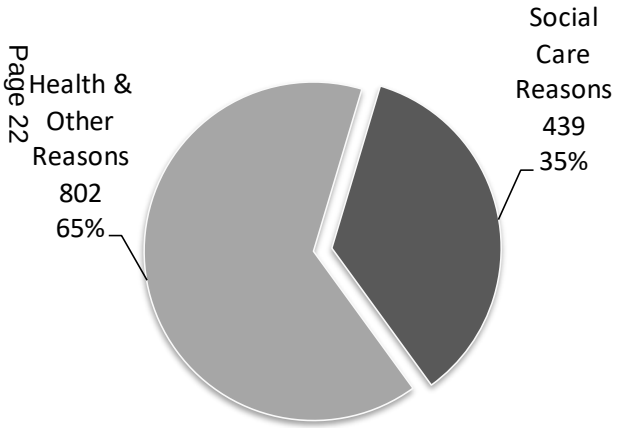
'Other' includes categories of less than 10 introduction reasons in the period, including Child and Family, Community Tension, Drug and Alcohol, Learning Difficulties, Benefits, Domestic Violence and Employment.

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

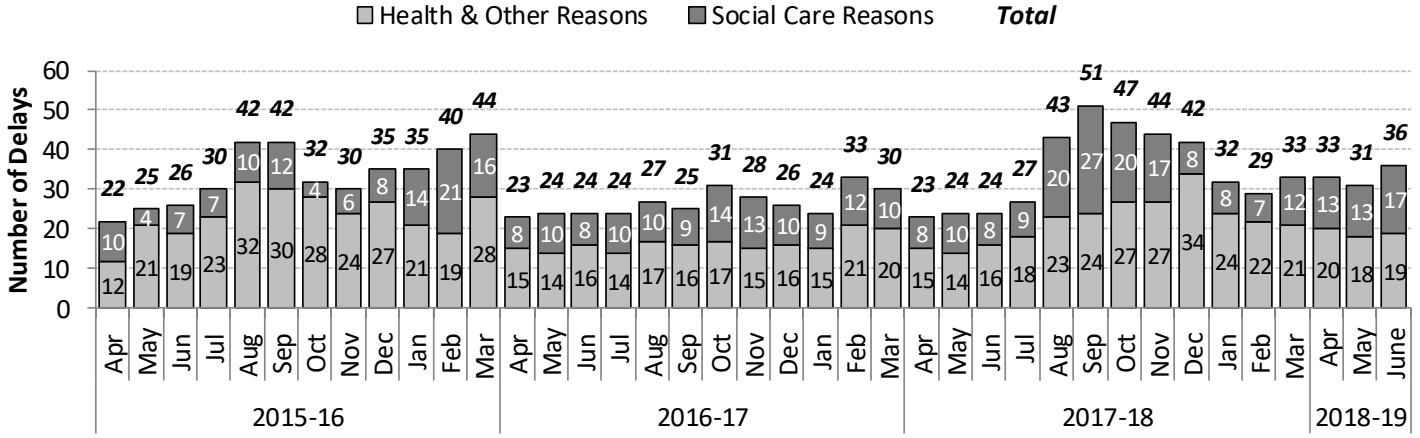
Delayed Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2017/18 was set to less than 4 per 1,000 adults aged 75+, which proved unachievable. The target for the year 2018/19 has been set to less than **6** per 1,000 adults aged 75+.	Performance for 2016/17 met the target, coming in at **5.8** in line with projections. For the whole of 2017/18, performance was **5.9** and therefore missed target. This was influenced substantially by the very large numbers of delays reported August – October 2017. Performance in 2018/19 is **1.98** for June 2018, which must improve if target is to be met.

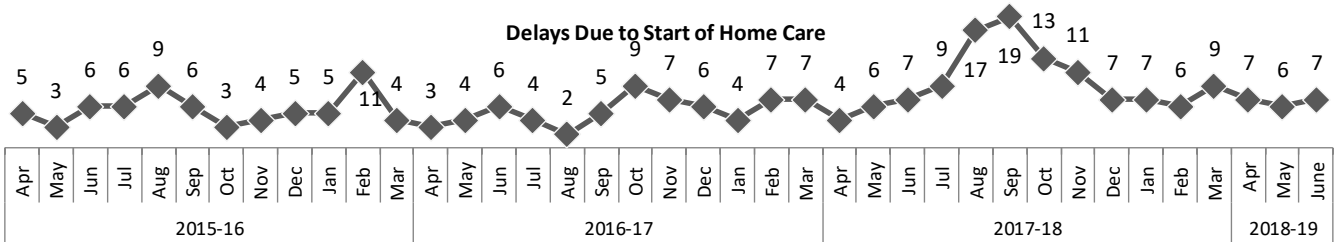
Reason for Delayed Transfers of Care
April 2015 - June 2018



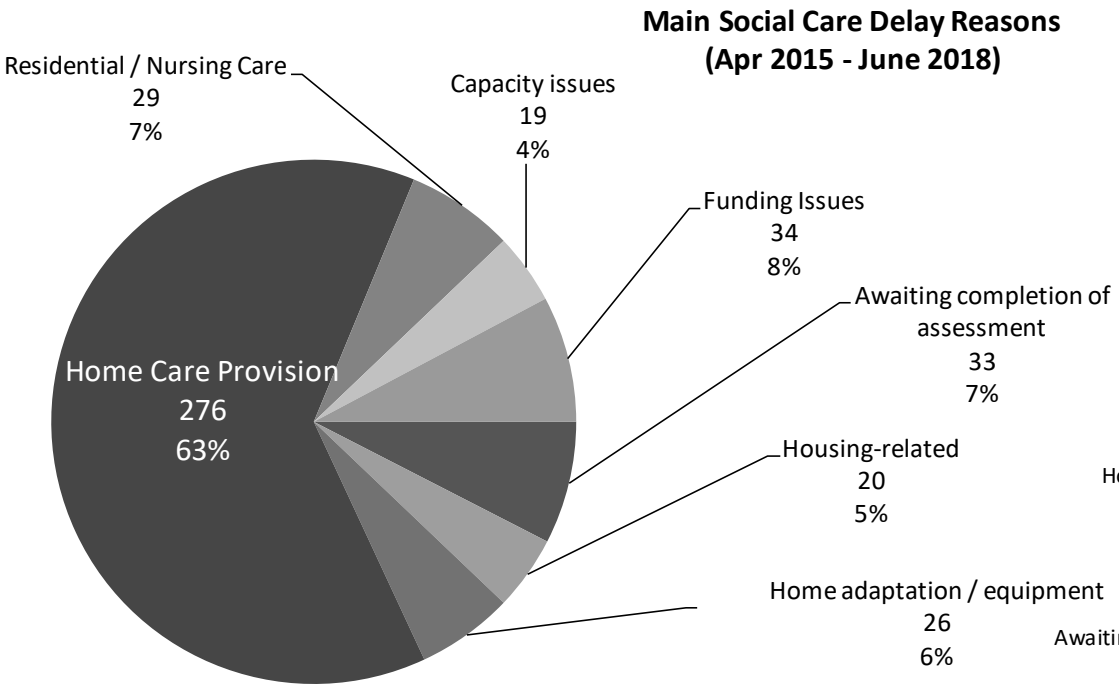
Spread of Delayed Transfers of Care

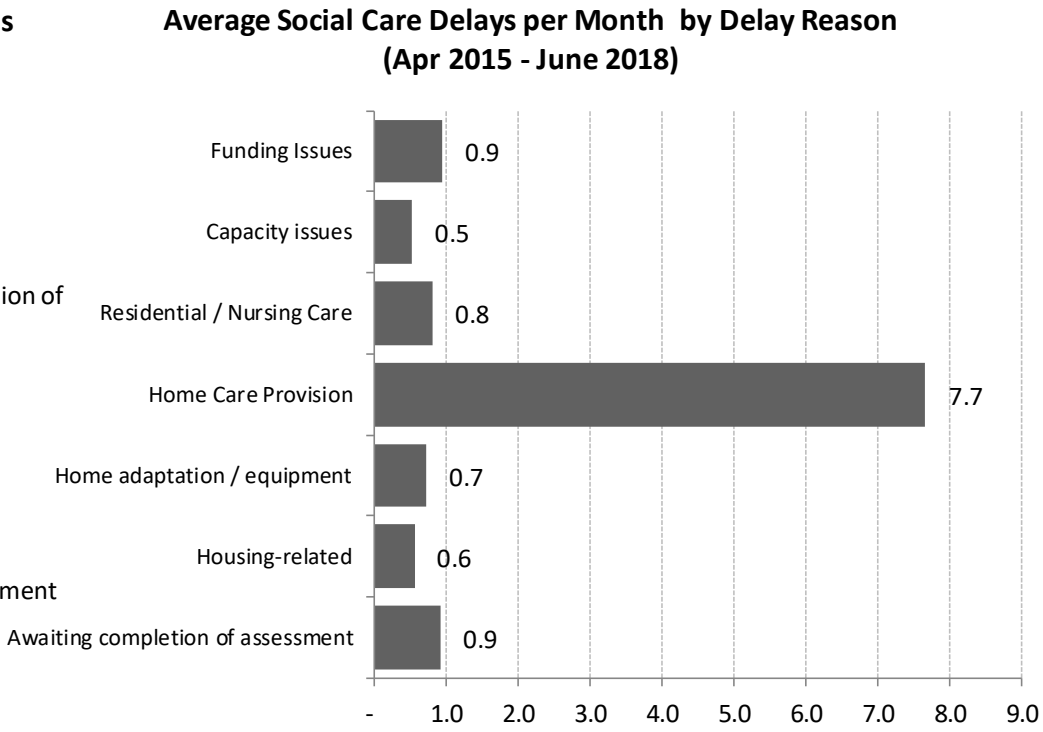


The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay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



Reasons for Delay and Associated Monthly Averages





The above data shows that of the **437** 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 276 (or 63%). There is an average of 7.7 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 2017, the average has risen from 0.2 per month to 0.9 by June 2018. This appears to relate to the recording practices in one particular team.

Typically an average of 0.9 persons delayed for social care funding reasons (not necessarily for residential care).

What is working well?	What are we worried about?	What are we going to do?
Social care delays had been relatively stable though declining since March 2017. From November 2017, there was a good level of reduction in delays for social care reasons and this 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 June improved to **69%**
There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.	Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments. We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.
Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.	Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report

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.

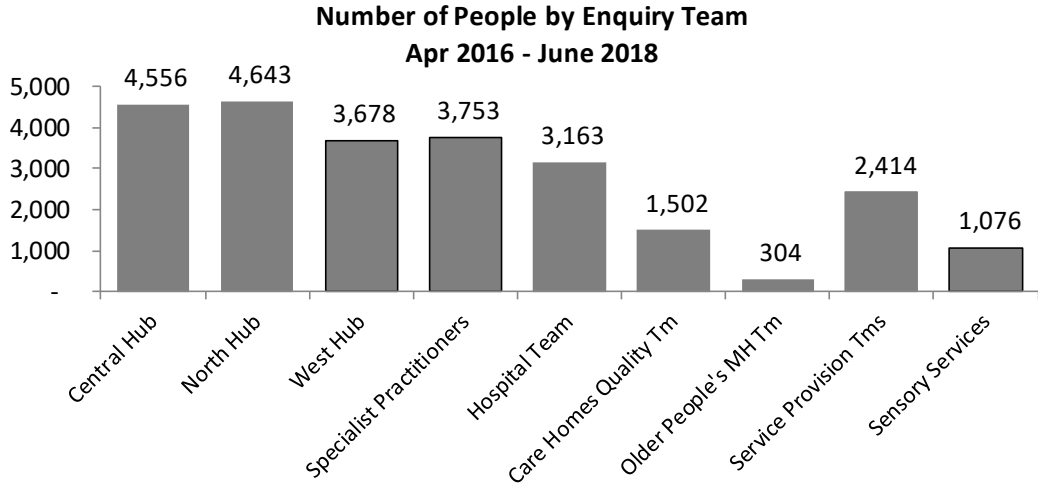
All references below distinguish between **people** and **enquiries** and **assessments**

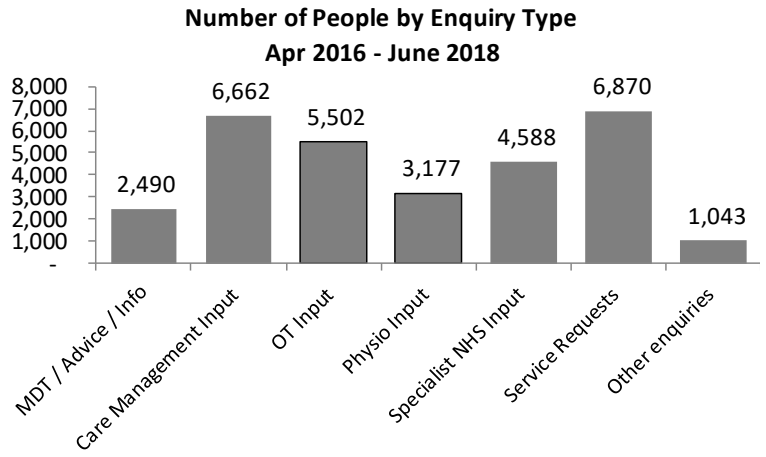
People Subject of Enquiry by Team and by Type of Enquiry

Individuals who were subject of an enquiry April 2016 – June 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	16	2,490	16.4%
Care Management Input	1,302	1,599	1,206	4	3,030	298	237	6	10	6,662	44.0%
OT Input	2,120	1,978	1,574	3	3	1	1	-	-	5,502	36.3%
Physio Input	1,283	1,094	899	-	2	-	-	-	-	3,177	21.0%
Specialist NHS Input	336	286	537	3,747	1	1	1	-	2	4,588	30.3%
Service Requests	1,686	1,811	1,250	-	410	1,268	40	2,409	292	6,870	45.4%
Other enquiries	8	44	4	4	33	1	55	-	906	1,043	6.9%
All Enquiry Types	**4,556**	**4,643**	**3,678**	**3,753**	**3,163**	**1,502**	**304**	**2,414**	**1,076**	15,142	
%ge of All Teams	**30.1%**	**30.7%**	**24.3%**	**24.8%**	**20.9%**	**9.9%**	**2.0%**	**15.9%**	**7.1%**		

With 4,643 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services, closely followed by Central with 4,556.





Number of Enquiries by Team and Type of Inquiry April 2016 – June 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 2.9 enquiries per person.

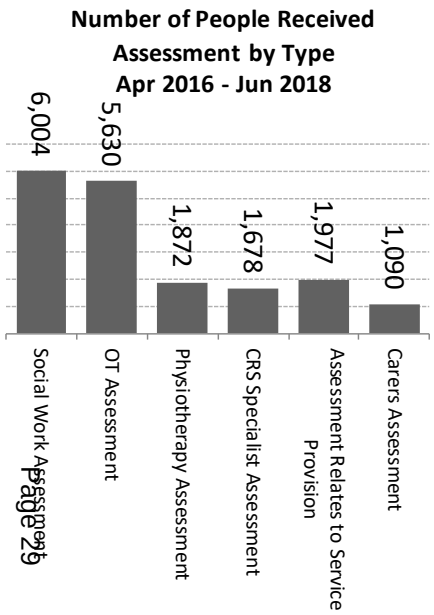
Enquiry Team	Number of Enquiries	%ge of all Enquiries
Central Hub	9,242	33.4%
North Hub	9,661	34.9%
West Hub	7,856	28.4%
Specialist Practitioners	4,758	17.2%
Hospital Team	4,469	16.2%
Care Homes Quality Team	2,511	9.1%
Older People's Mental Health Team	409	1.5%
Service Provision Teams	3,346	12.1%
Sensory Services	1,514	5.5%
All Referral Types	**43,766**	**100%**

Type of Enquiry	Number of Enquiries	%ge of all Enquiries
Advice / Information / MDT	2,991	6.8%
Care Management Input	9,271	21.2%
OT Input	7,594	17.4%
Physio Input	3,901	8.9%
Specialist NHS Input	6,014	13.7%
Service Requests	12,685	29.0%
Other enquiries	1,310	3.0%
All Enquiry Types	**43,766**	**100%**

The most common enquiry type (29%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 26% of enquiries, with enquiries about care management input represent 21% of enquiries.

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

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



Number of Assessments and People Assessed by Team and Assessment Type: April 2016 - Jun 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	1,685	2,975	2,077		1,997	1,144	1,023	665	**11,566**	**6,004**
OT Assessment	2,296	2,249	1,614						**6,159**	**5,630**
Physiotherapy Assessment	649	826	549	2					**2,026**	**1,872**
CRS Specialist Assessment	340	676	345	1,464					**2,825**	**1,678**
Assessment Relates to Service Provision	799	811	662	1					**2,273**	**1,977**
Carers Assessment	258	455	397		33		87	1	**1,231**	**1,090**
Number of Assessments Completed	**6,027**	**7,992**	**5,644**	**1,467**	**2,030**	**1,144**	**1,110**	**666**	**26,080**	
Number of People Assessed	**3,507**	**4,080**	**2,902**	**737**	**1,612**	**818**	**435**	**589**		**11,845**

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.

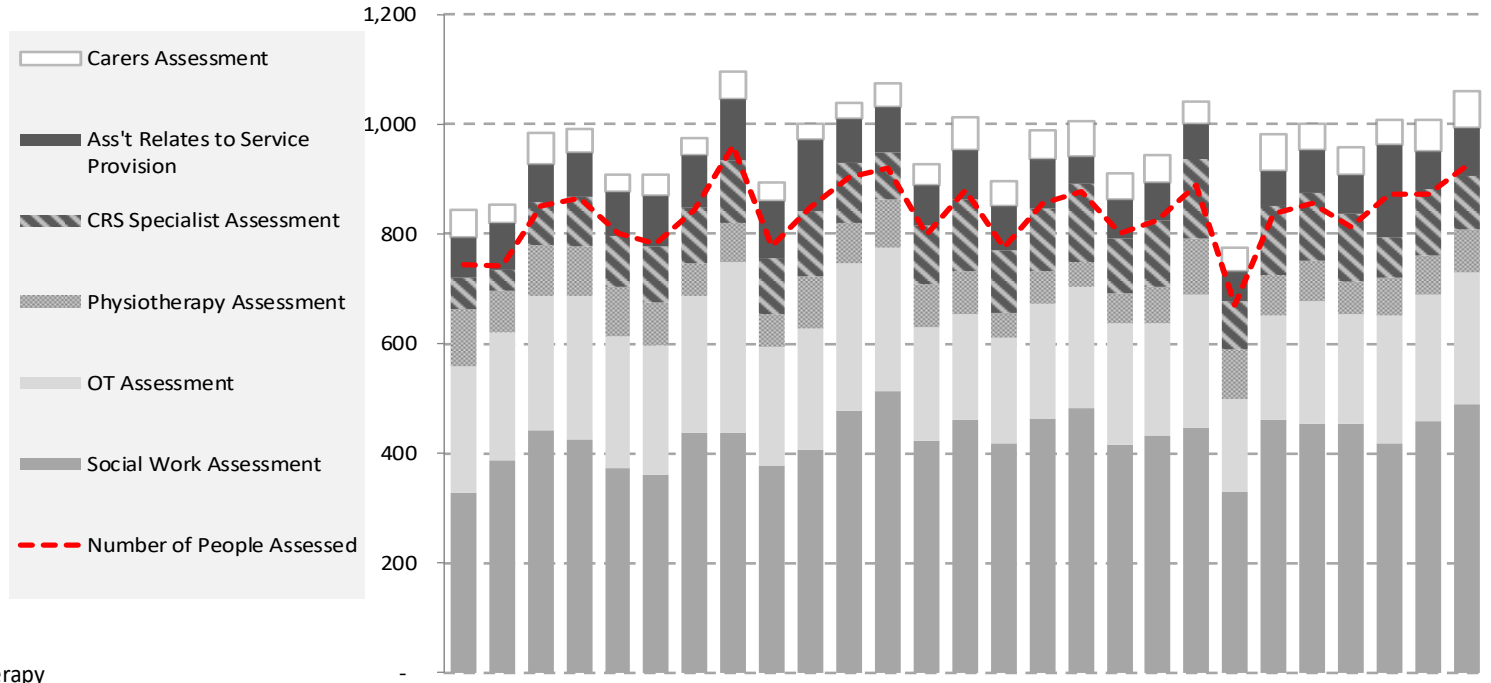
'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.

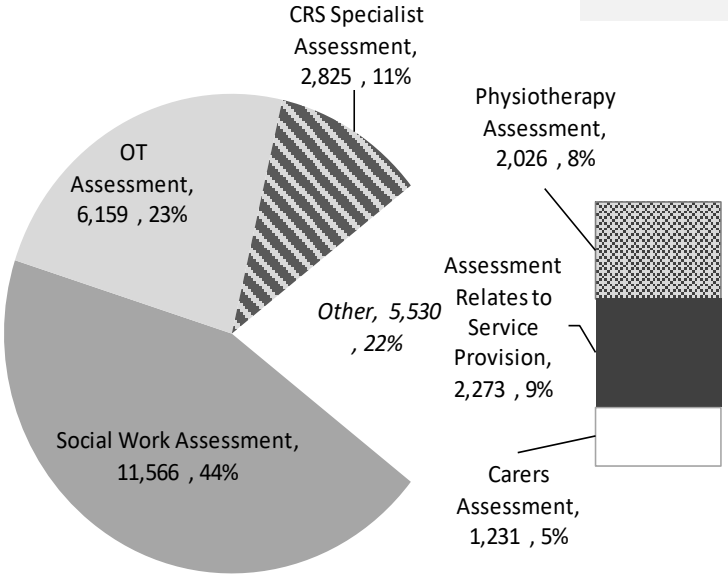
The largest numbers of assessments are in the category 'Social Work Assessment' and 'OT Assessment'.

Distribution of Assessments by Type and Over Time (Apr 2016 – June 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 31% of all completed assessments. Assessments of need and OT / Physio assessments therefore represent 3 out of 4 completed assessments.

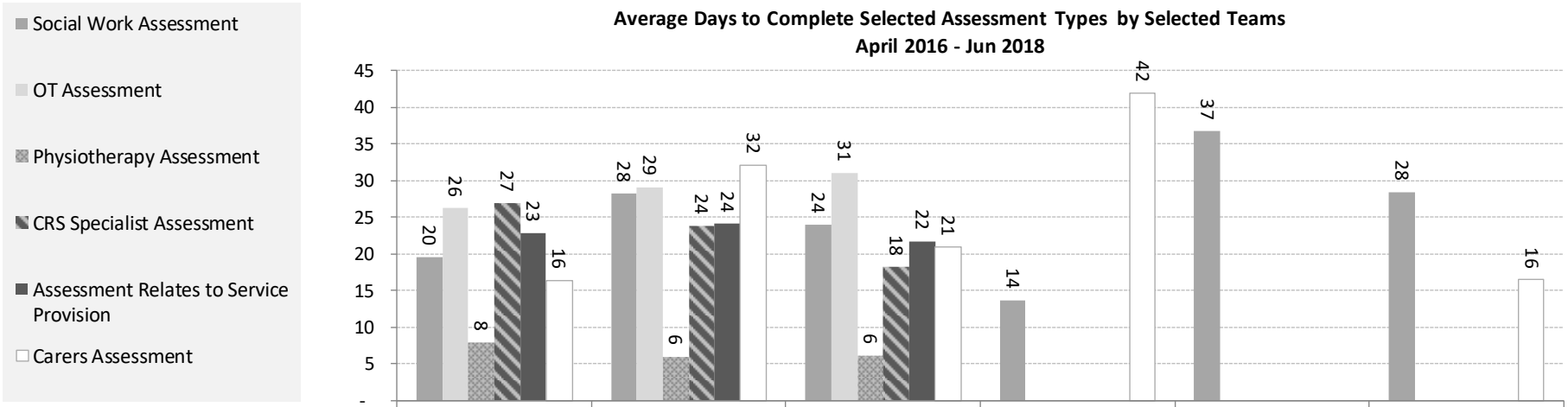
The dotted line in the graph above shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time.





	Apr -16	May-16	Jun -16	Jul-16	Aug -16	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar-17	Apr -17	May-17	Jun -17	Jul-17	Aug -17	Sep -17	Oct -17	Nov -17	Dec -17	Jan -18	Feb -18	Mar-18	Apr -18	May-18	Jun -18
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	57	68
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	69	87
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	121	98
Physiotherapy Assessment	104	76	93	91	92	78	59	72	60	94	74	89	78	80	45	58	45	54	65	102	89	72	74	61	71	71	79
OT Assessment	230	233	243	260	239	236	249	312	215	222	269	260	206	193	192	210	221	223	206	244	169	191	223	199	232	231	240
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	454	454	418	458	489
Number of People Assessed	744	742	852	864	800	783	844	960	777	848	903	919	798	880	775	855	876	800	825	888	670	836	856	812	873	873	925

Average Time Taken to Complete Assessments by Type



	Central Hub	North Hub	West Hub	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team
Social Work Assessment	20	28	24	14	37	28
OT Assessment	26	29	31			
Physiotherapy Assessment	8	6	6			
CRS Specialist Assessment	27	24	18			
Assessment Relates to Service Provision	23	24	22			
Carers Assessment	16	32	21	42		16

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.

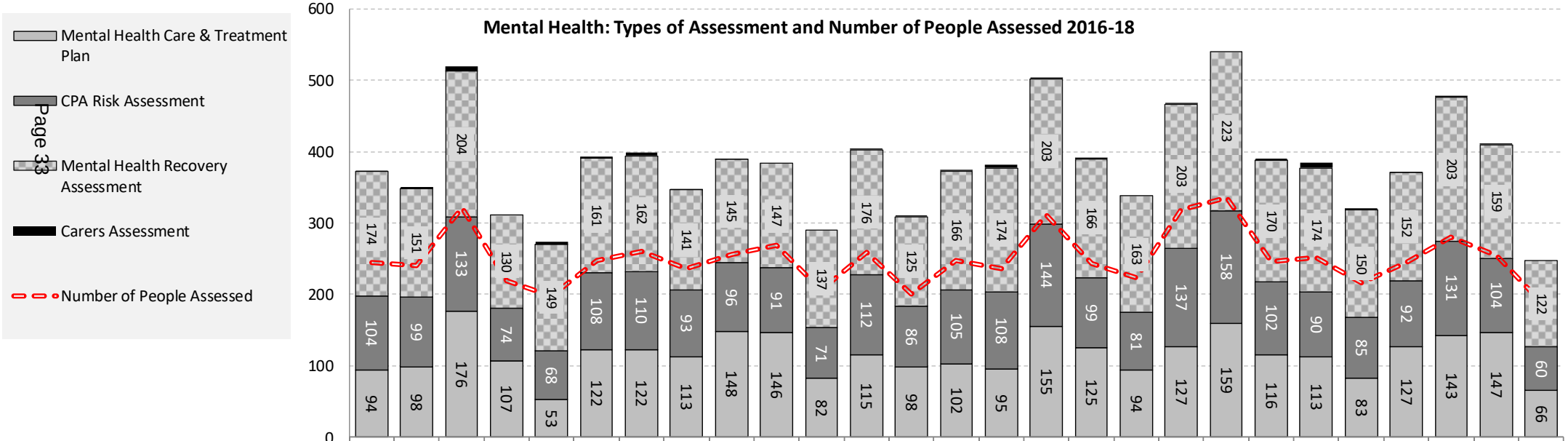
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

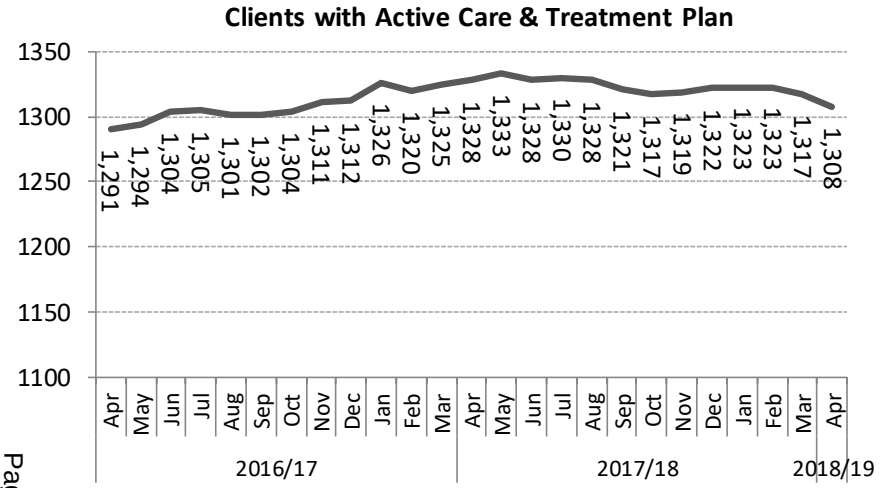
Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried 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	June
	2016/17												2017/18												2018/19		
Carers Assessment	1	3	6	0	4	2	5	1	2	0	0	2	1	1	5	1	2	0	1	0	2	7	2	1	1	2	0
Mental Health Recovery Assessment	174	151	204	130	149	161	162	141	145	147	137	176	125	166	174	203	166	163	203	223	170	174	150	152	203	159	122
CPA Risk Assessment	104	99	133	74	68	108	110	93	96	91	71	112	86	105	108	144	99	81	137	158	102	90	85	92	131	104	60
Mental Health Care & Treatment Plan	94	98	176	107	53	122	122	113	148	146	82	115	98	102	95	155	125	94	127	159	116	113	83	127	143	147	66
Number of People Assessed	244	240	322	219	198	248	260	236	256	269	206	259	200	247	236	312	243	223	318	335	246	252	216	244	280	255	189

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.

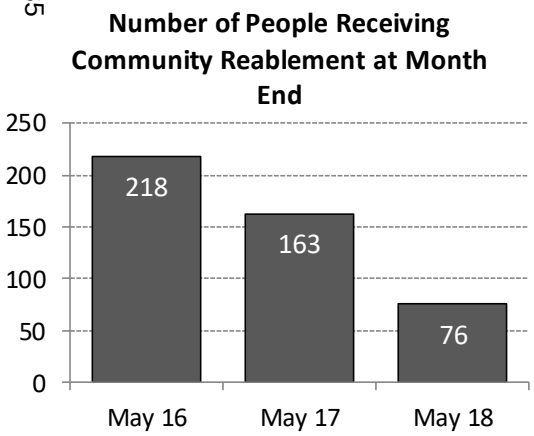
The overall caseload for the mental health service has remained relatively stable over the last 20 months (up 1.3%). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing the number of clients by the number of workers gives only a rough estimate of average caseload. Although this method provided a steady statistical average of roughly 21 -22, it should be noted that due to the variety of staff working hours, this value is more indicative than real.

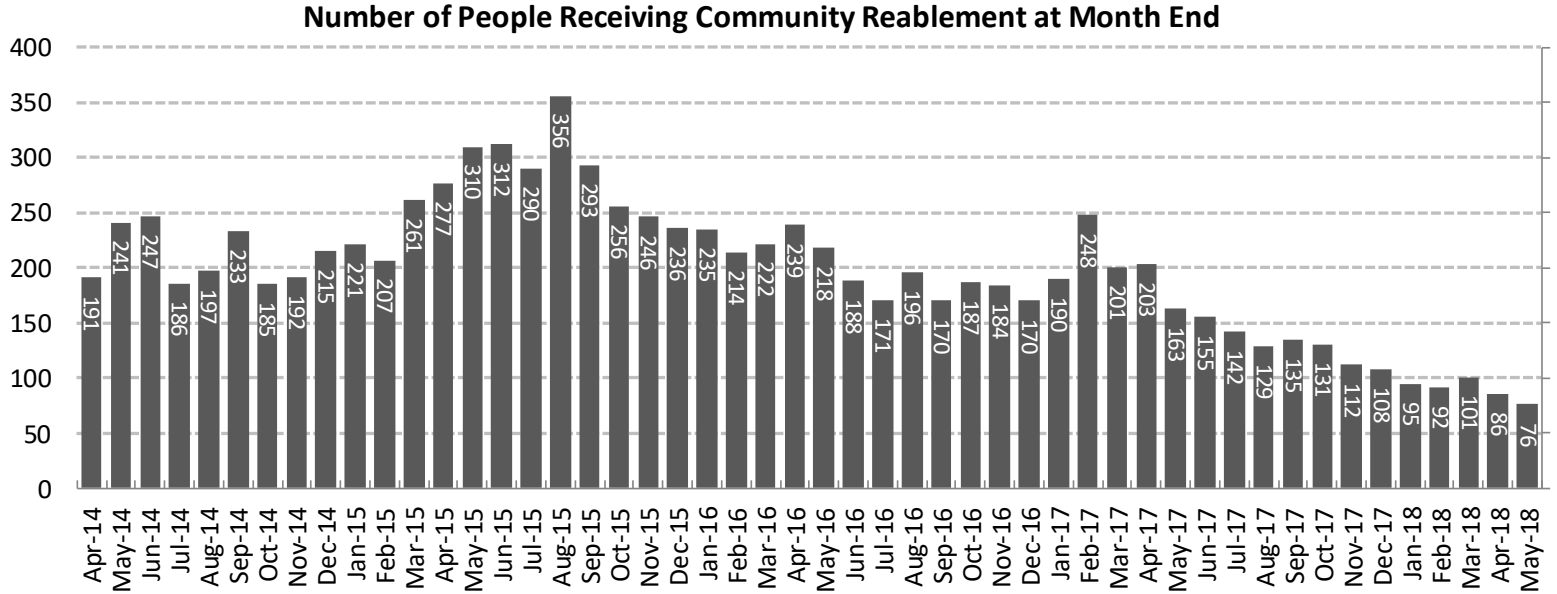
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training is substantial and lasts for most of a year.	We are going to look in more detail at issues that affect available resource.

Community Reablement

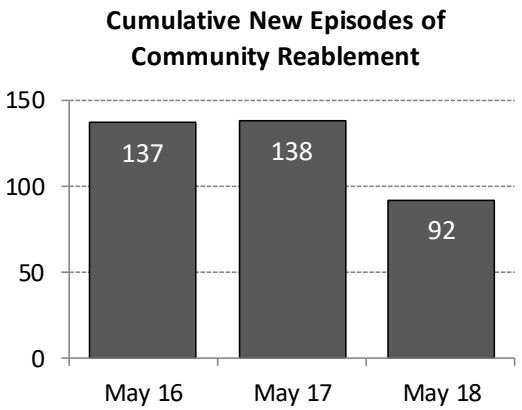
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective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

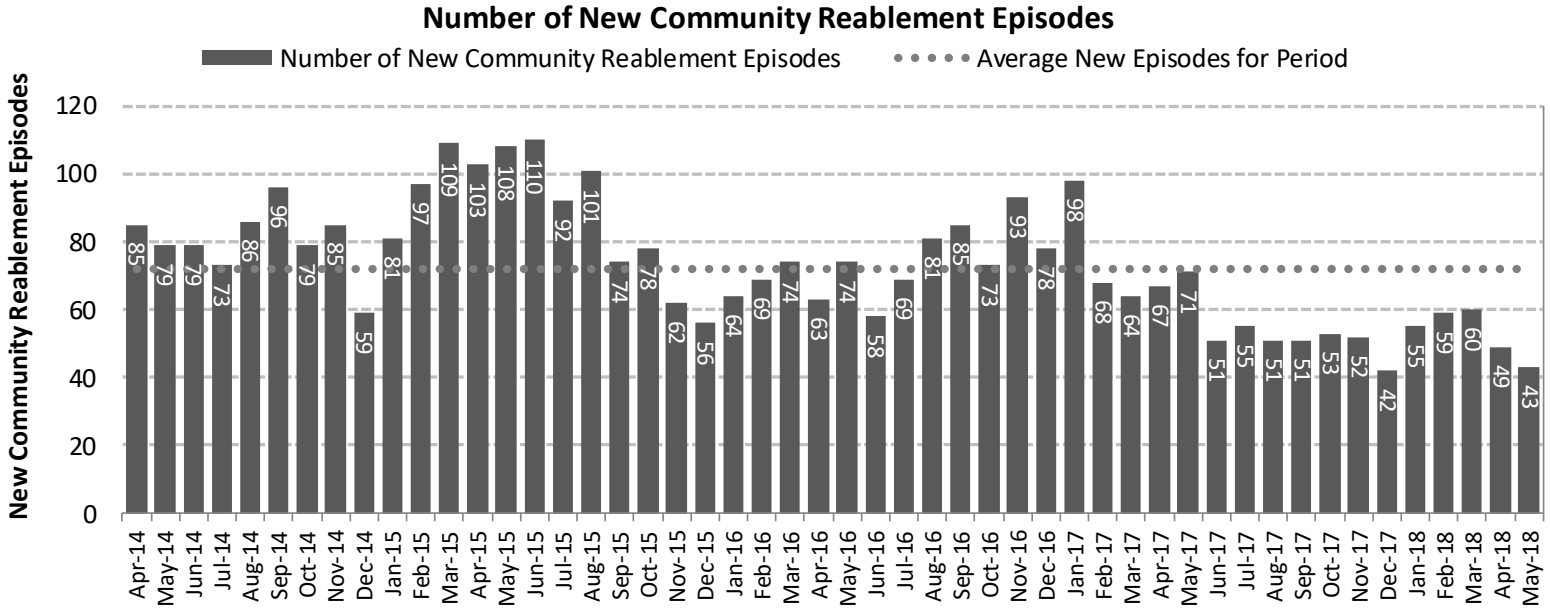
People Receiving Community Reablement





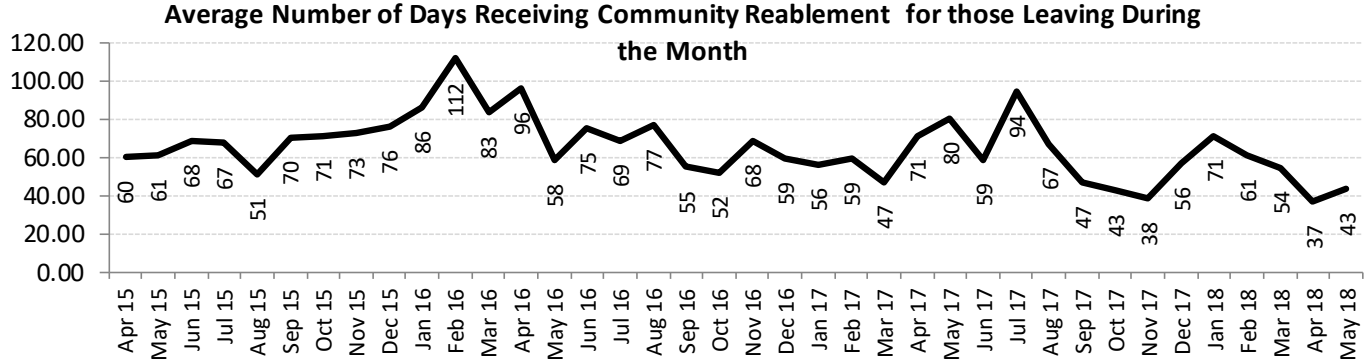
New Community Reablement Episodes (formerly DCAS)

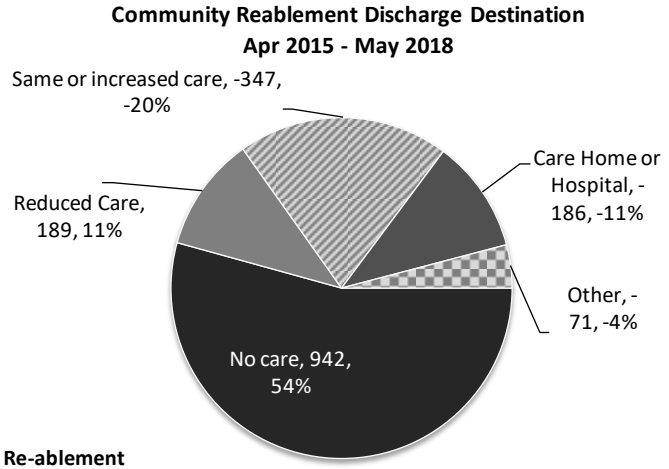




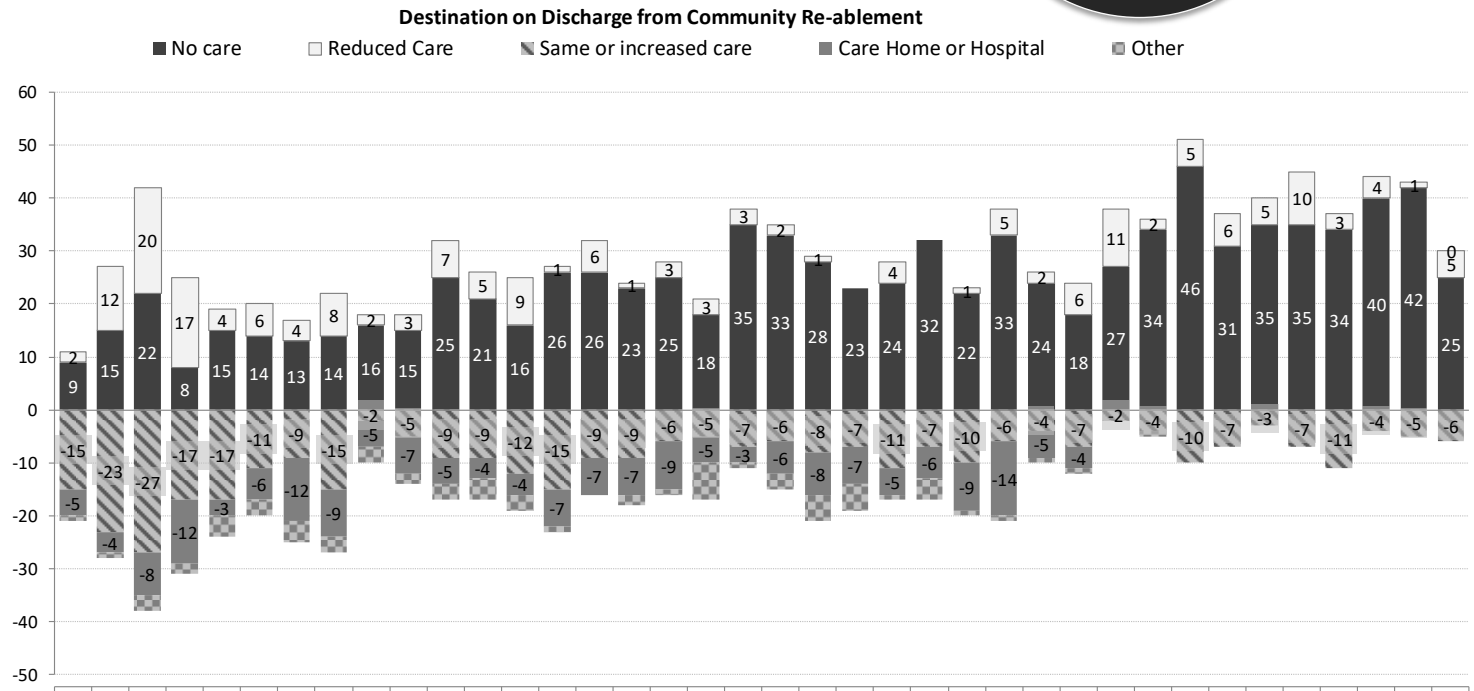
What is working well?	What are we worried about?	What are we going to do?
People continued to access the service and around 150 – 160 were usually being supported at any given time during 2016/17 and typically 70 admitted each month in that year.	Numbers receiving service declined throughout 2017/18, with around 50 new admissions each month. 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 considerably 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	Apr 18	May 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	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	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	-5	-6
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	1	5
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	42	25

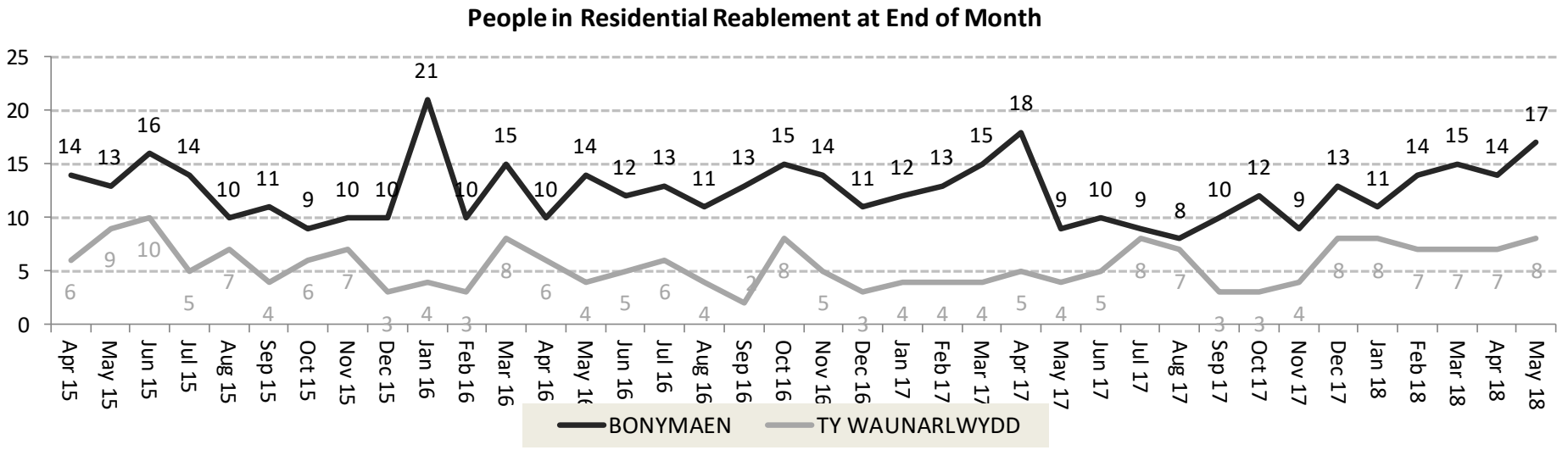
What is working well?	What are we worried about?	What are we going to do?
There has been an increase in the proportion of people who are leaving service to reduced care package or no care.	Data is not complete due to a variety of factors. We have also detected a range of errors in recording.	We are working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

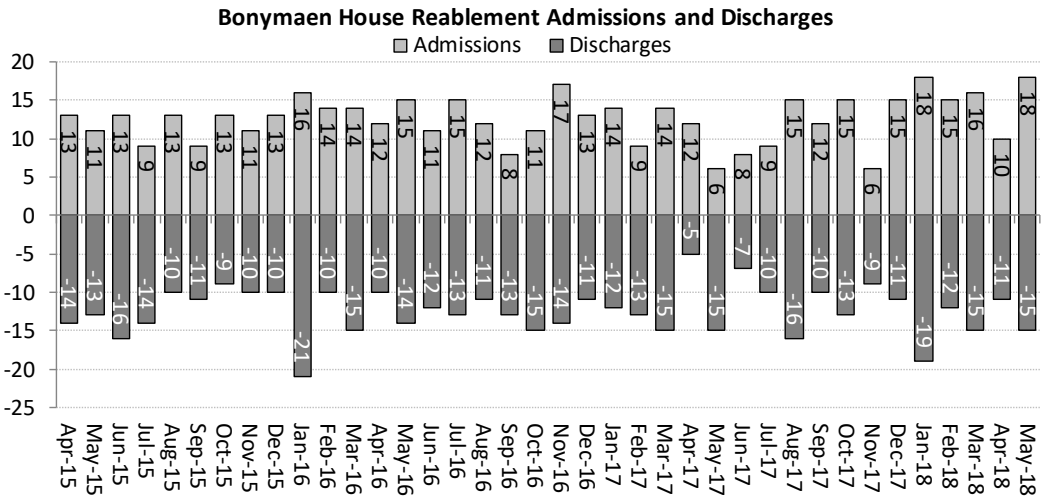
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with 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%** . For 2018/19, **60.6%** has been achieved to date.

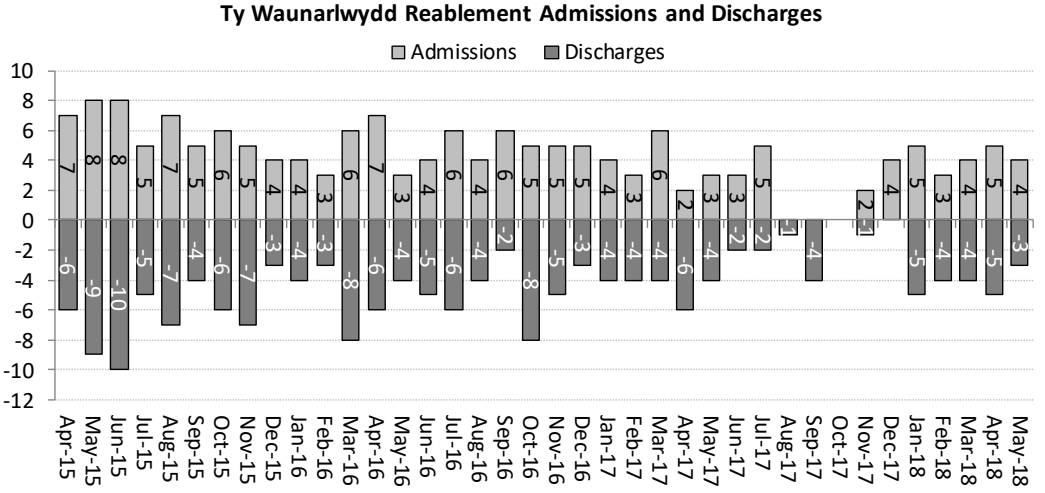
Residential Reablement

Numbers in Residential Reablement



Admissions to /Discharges from Residential Reablement

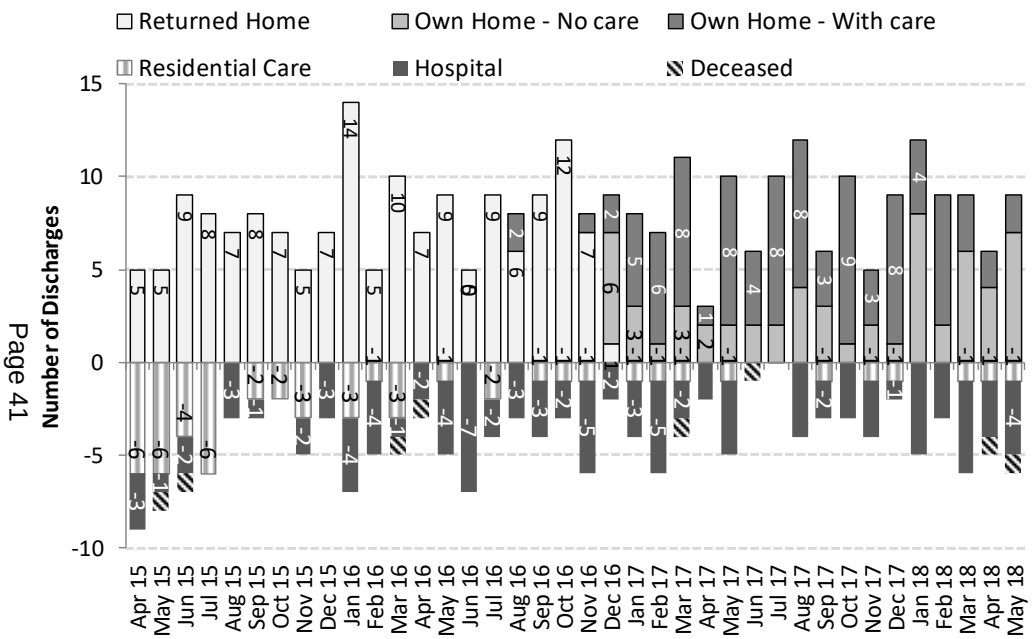




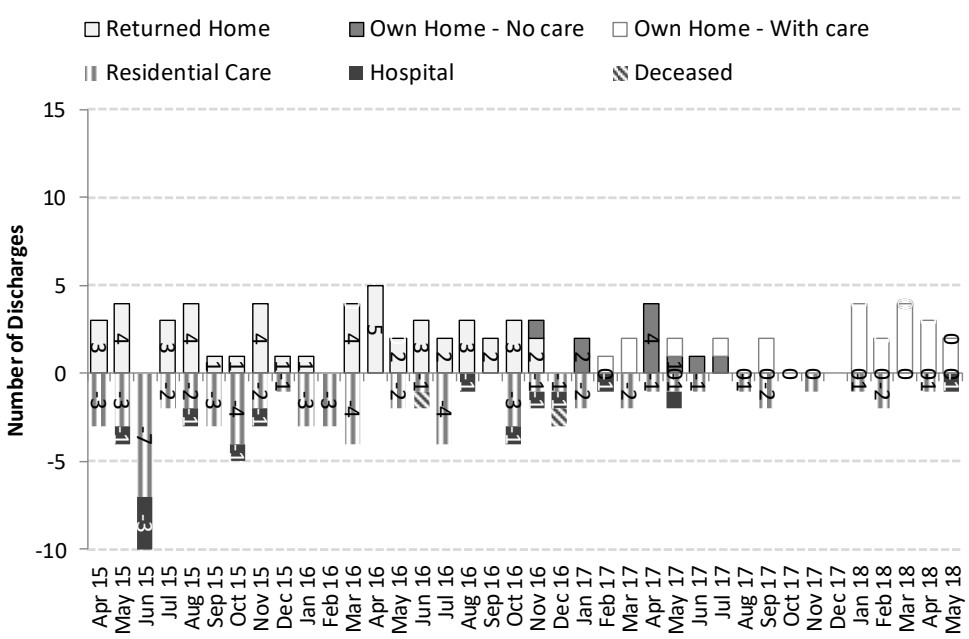
Effectiveness of Residential Reablement

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

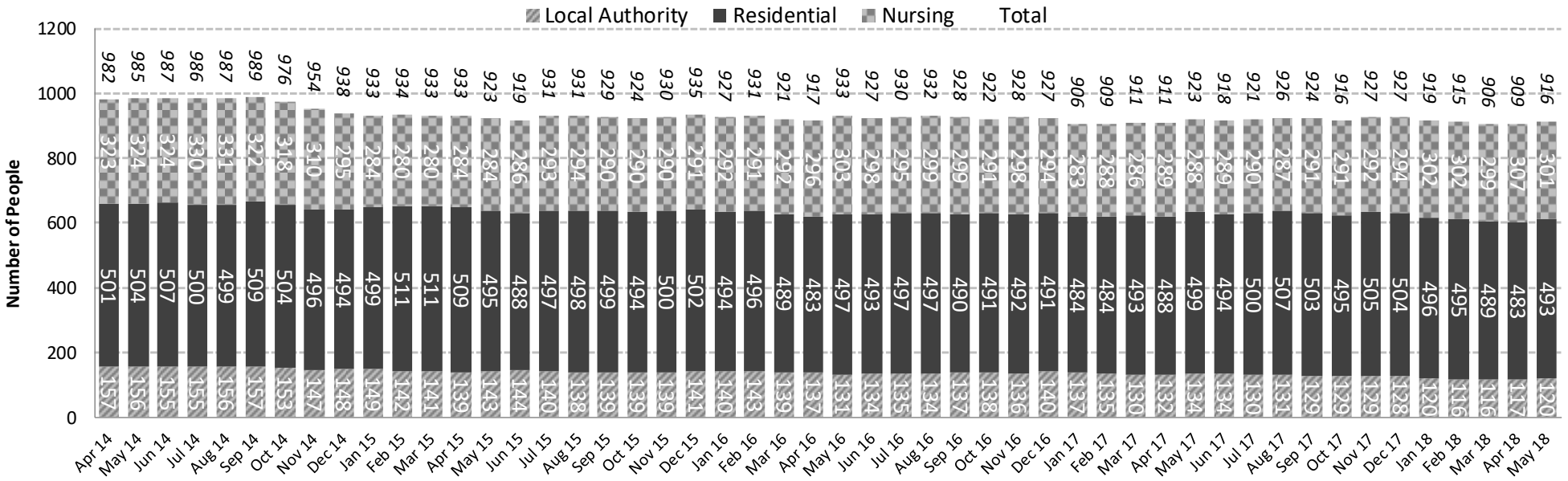


What is working well?	What are we worried about?	What are we going to do?
Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlwydd deals with people whose care needs are often greater	We want to do some work looking at the extent to which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

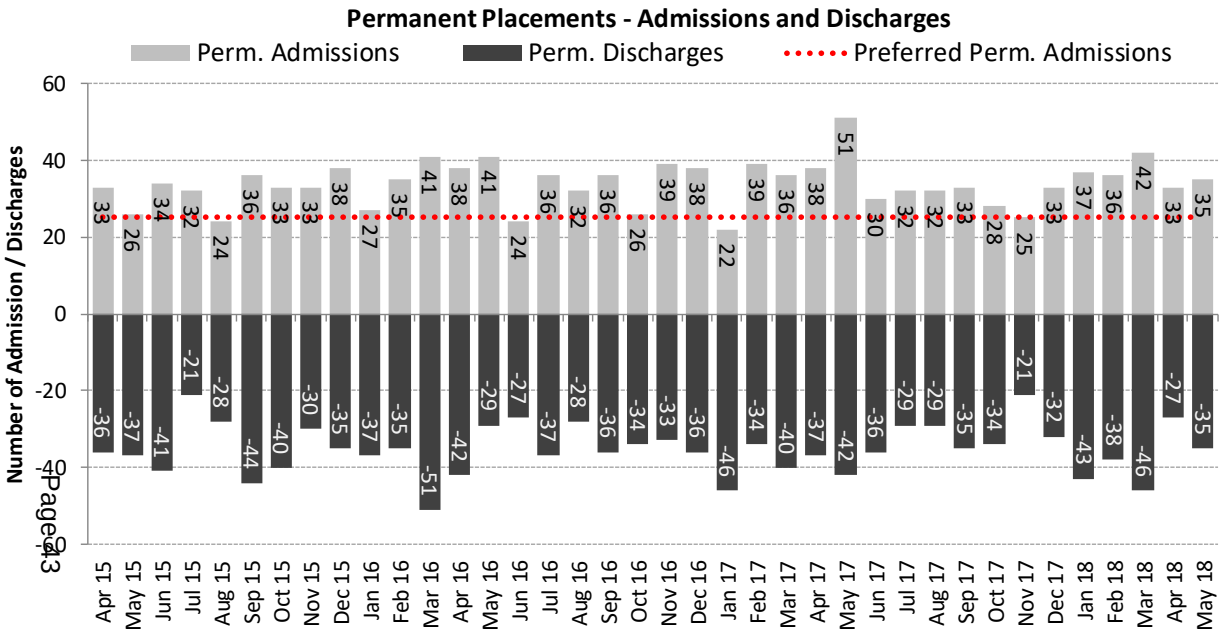
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people supported over the last four years but the decreases have slowed down over that period.
There was a performance indicator (SCA002b) that related to the rate per 1,000 older people supported in residential care. Target for 2016/17 was set at **19.5.**This indicator is no longer required for the corporate plan.	Target met for 2016/17 at **18.8.** For 2017/18, final result was **19.0** For 2018/19, currently **19.4**
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	For 2017/18, Measure 21 was **921.8** and Measure 22 was **83.7**. For 2018/19, they are **916** (better) and **84.9** (better) respectively

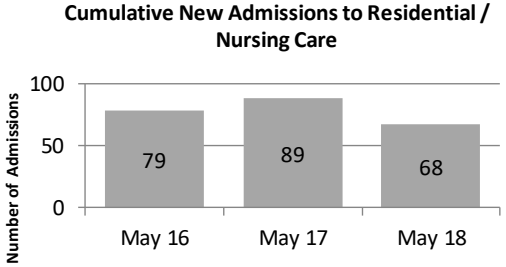
Older People Aged 65+ Supported in Residential / Nursing Care by the Local Authority at the end of the Period

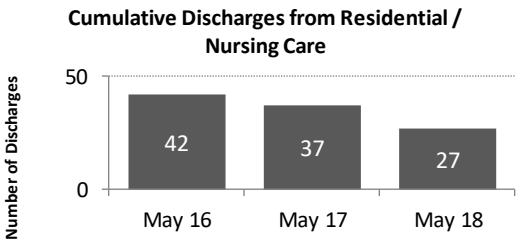


Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care







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

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

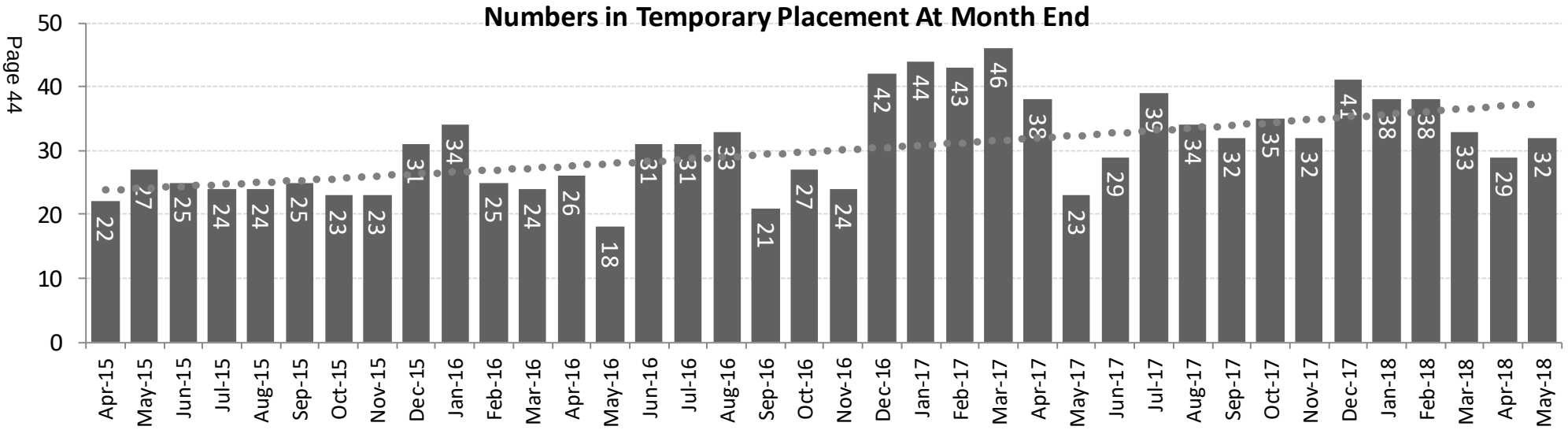
Temporary Admissions to Residential / Nursing Care

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.

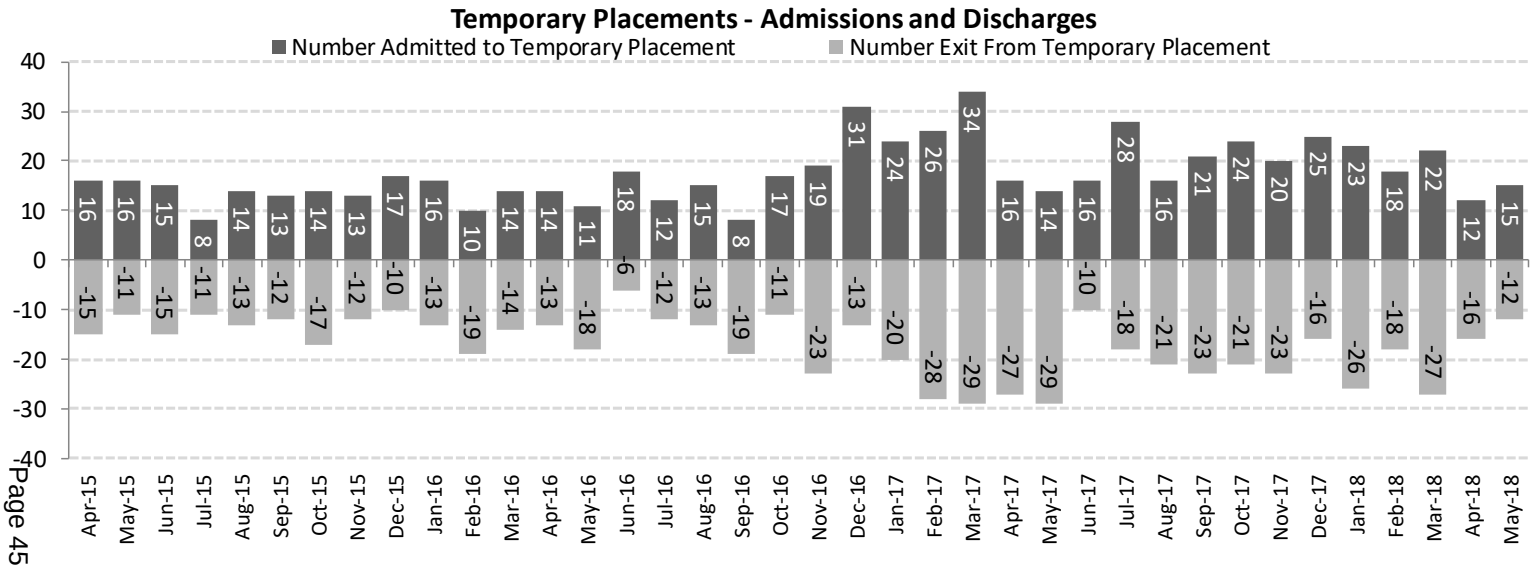
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

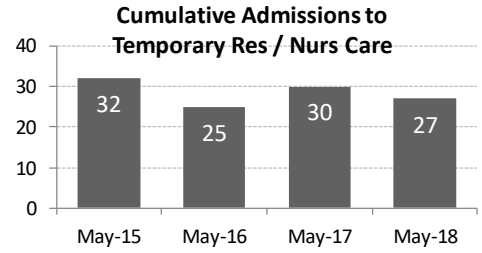
Number of People in Temporary Residential / Nursing Placements at the end of the Month

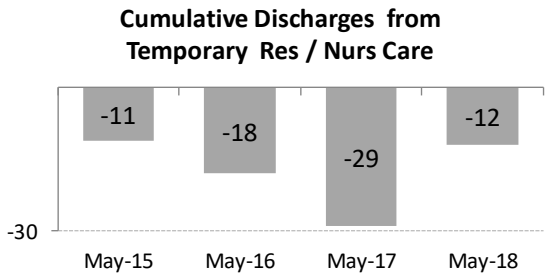


Residential / Nursing Care

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 continue to reduce 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.

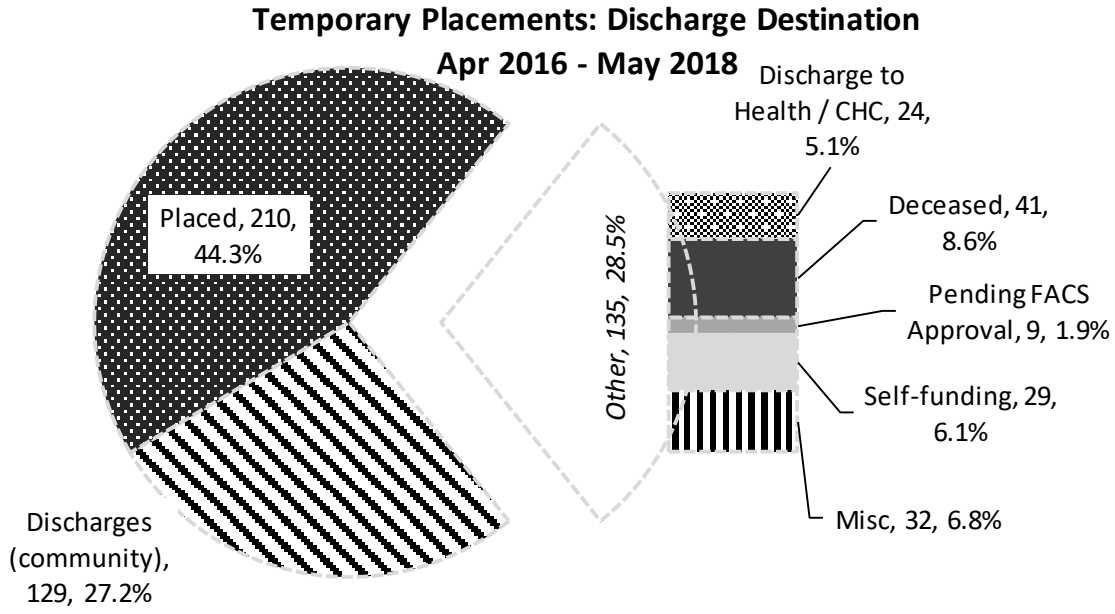
The largest group representing 44.3% of discharges since April 2016 are those discharged to a permanent placement. A further 1.9% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 6.1% of discharges are to self-funded care.

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

Of the discharges to the community, accounting for 27.2% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

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

Since April 2016, just 24 people have been discharged to hospital or to a CHC placement.

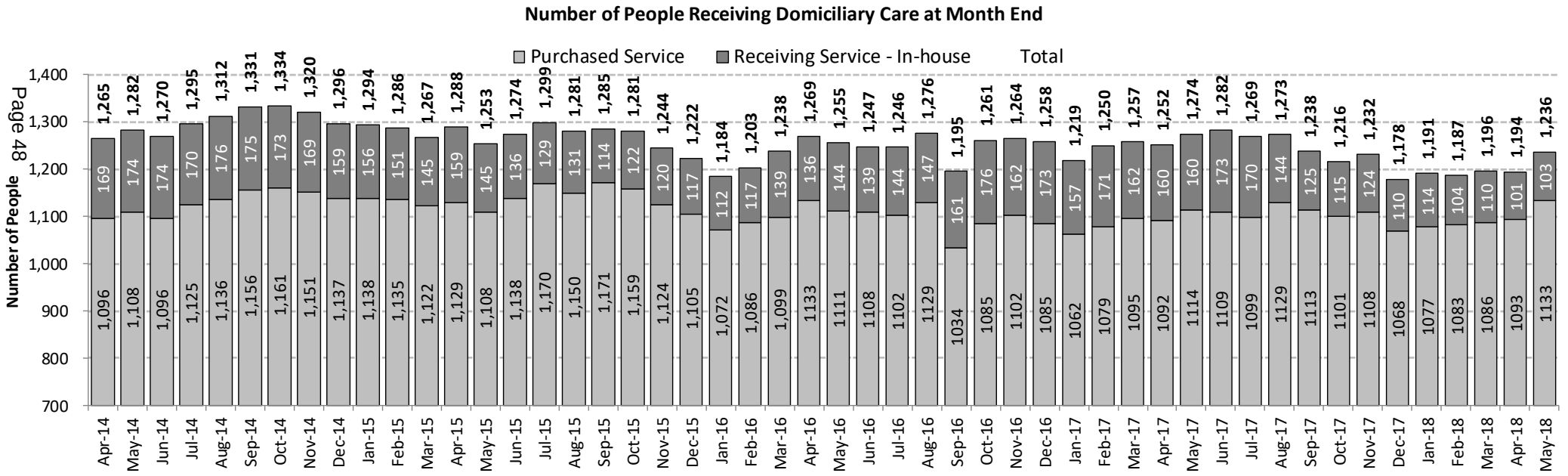


What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This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

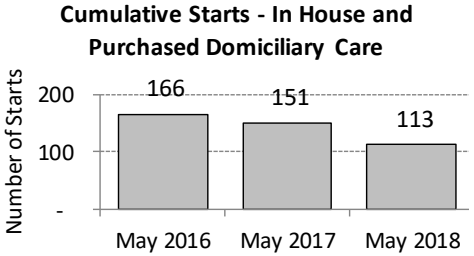
Providing Long-Term Domiciliary Care

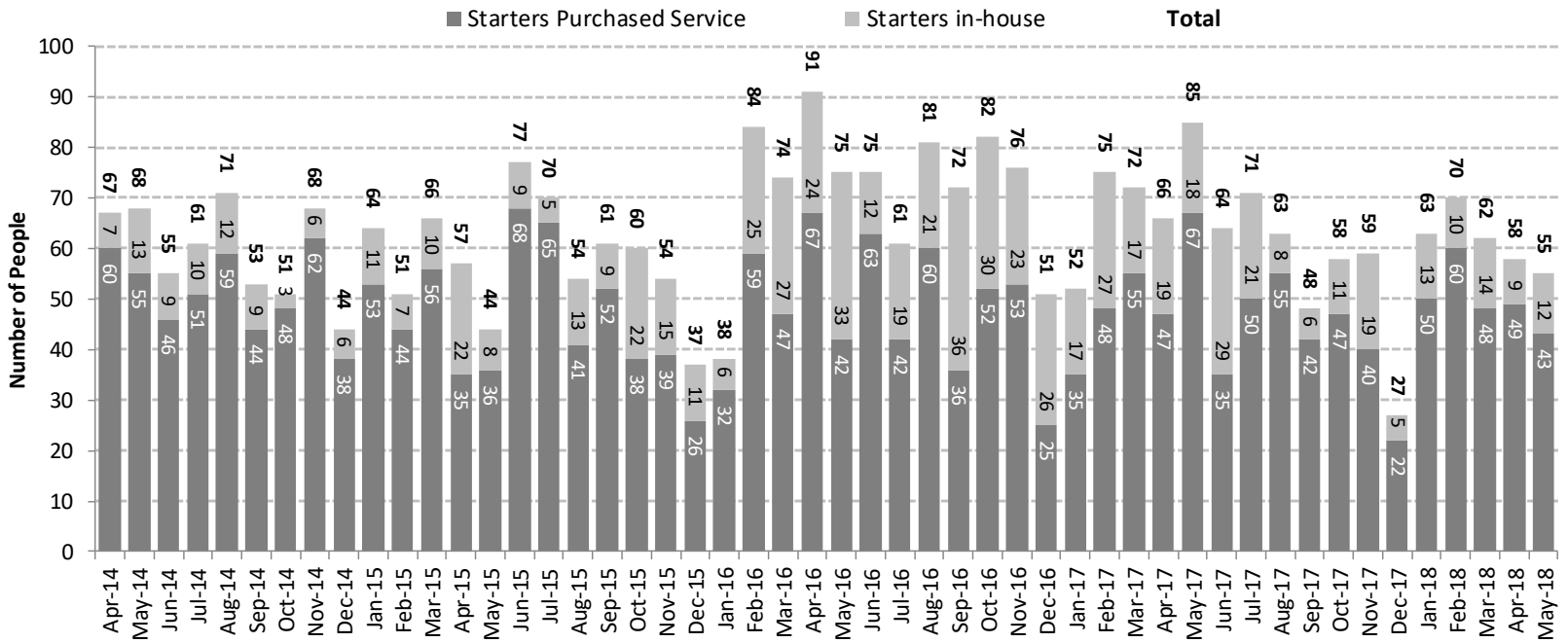
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care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

People receiving a domiciliary care package



People starting to receive a domiciliary care package



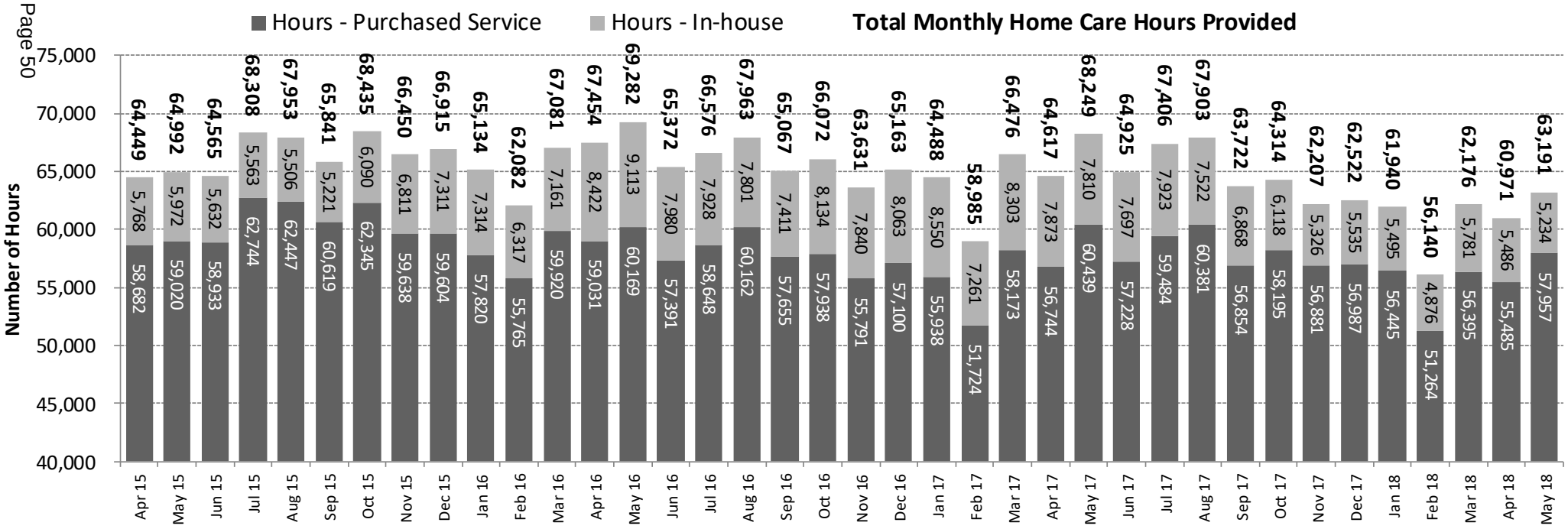


What is working well?	What are we worried about?	What are we going to do?
Some reductions in overall number of service users have been achieved from time to time but have not been sustained. Anecdotally, there have been some improvements in the flow of service users into the service, although data needs 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.

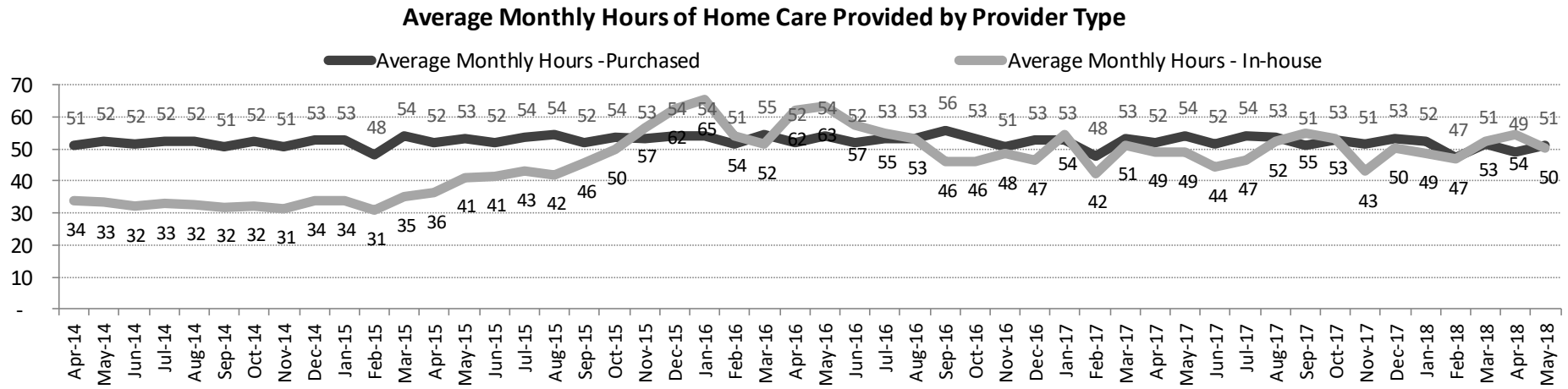
Long-Term / Complex Domiciliary Care

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.

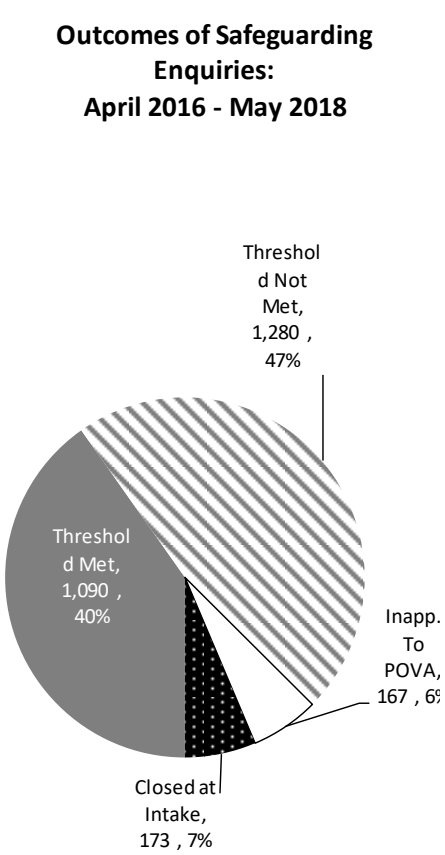
Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17 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 was set at **higher than 65%.** The 65% target is being retained for 2018/19	Performance on this indicator for 2016/17was below target at 65.3%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance improved considerably for Q2 and Q3 but declined in Q4. Cumulative for the whole of 2017/18 performance was just below the revised target at **63.7%.** Current 2018/19 performance is well above target at **74.8%**
National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2016/17 has been set to achieve **higher than 95%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will once always be occasions where decisions cannot be taken even within a week. Results of 2016/17 monitoring indicated 95% was not a feasible target and the agreed target for 2017/18 has now been set at **higher than 90%.**	Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for the whole of 2017/18 met the target at **91.9%** . Current 2018/19 performance is above target at **98%**

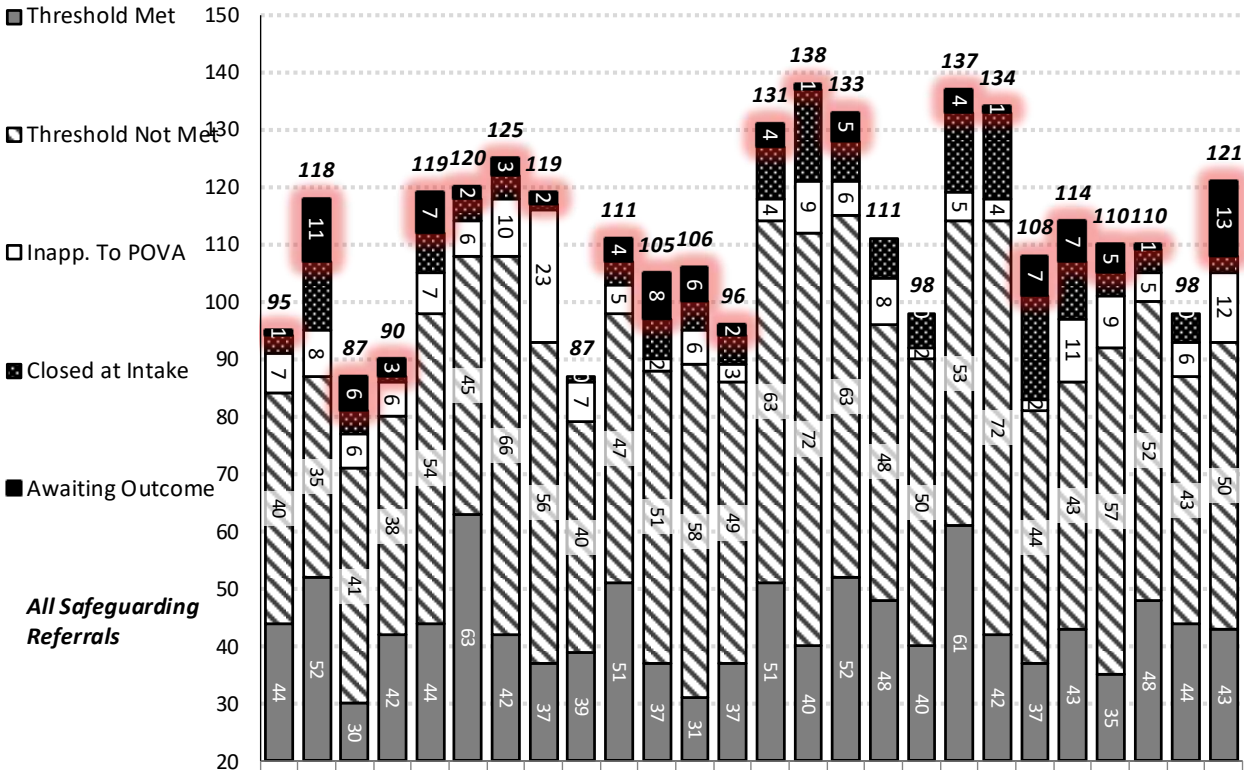
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Enquiries and Outcomes

The graphs show that of the 2,710 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 May 2018, **13** were outstanding

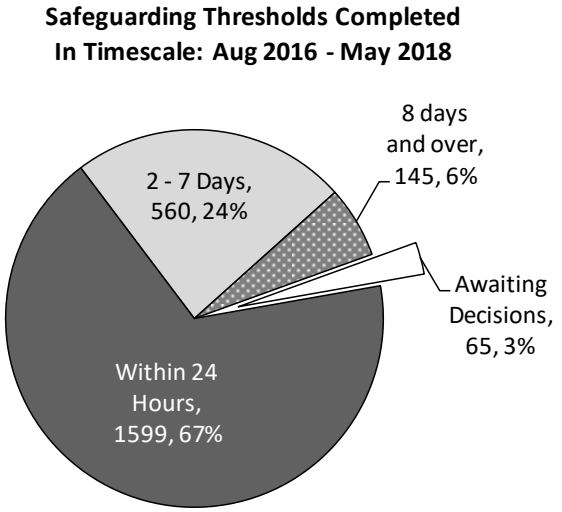


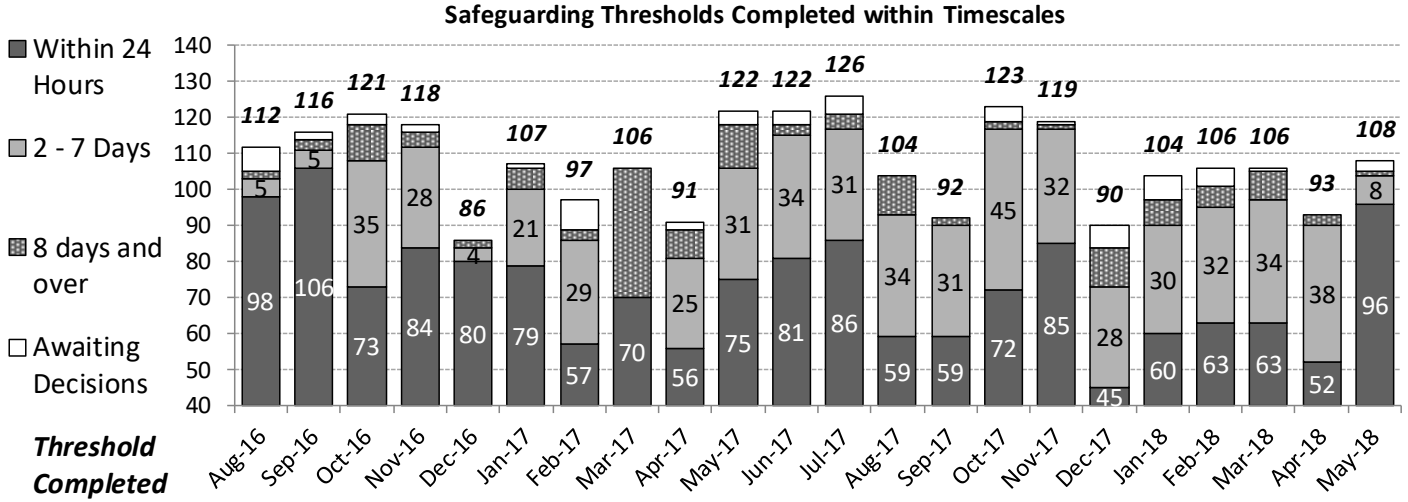


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Awaiting Outcome	1	11	6	3	7	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1	7	7	5	1	0	13
Closed at Intake	3	12	4	1	7	4	4	1	1	4	7	5	5	9	16	7	7	6	14	15	18	10	4	4	5	3
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	6	12
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	43	50
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	44	43
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	98	121

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





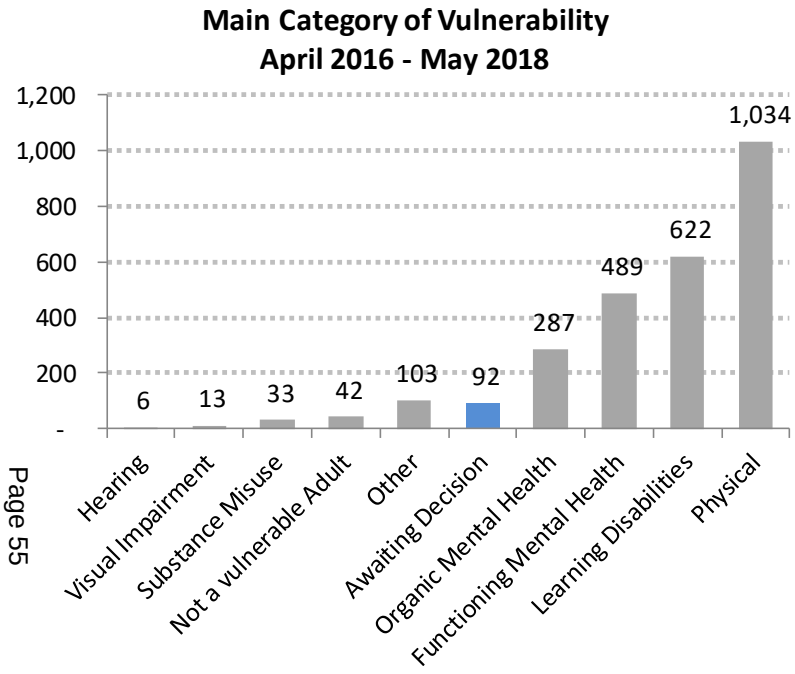
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Awaiting Decisions	7	2	3	2	0	1	8		2	4	4	5	0	0	4	1	6	7	5	1	0	3
8 days and over	2	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1	11	7	6	8	3	1
2 - 7 Days	5	5	35	28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

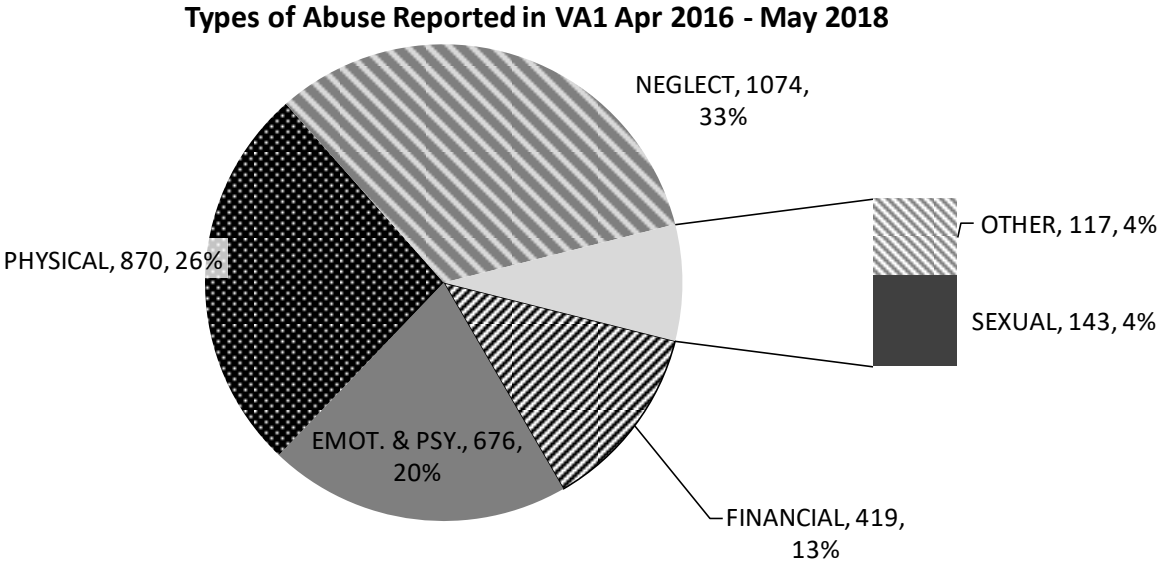
We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since August 2016.

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 and was excellent in May 2018.	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.

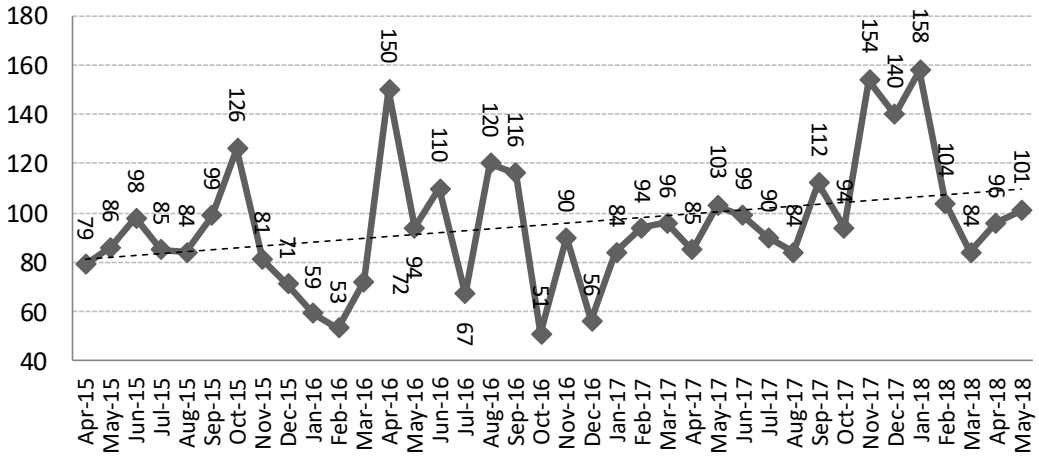
Deprivation of Liberty Safeguards (DoLS)

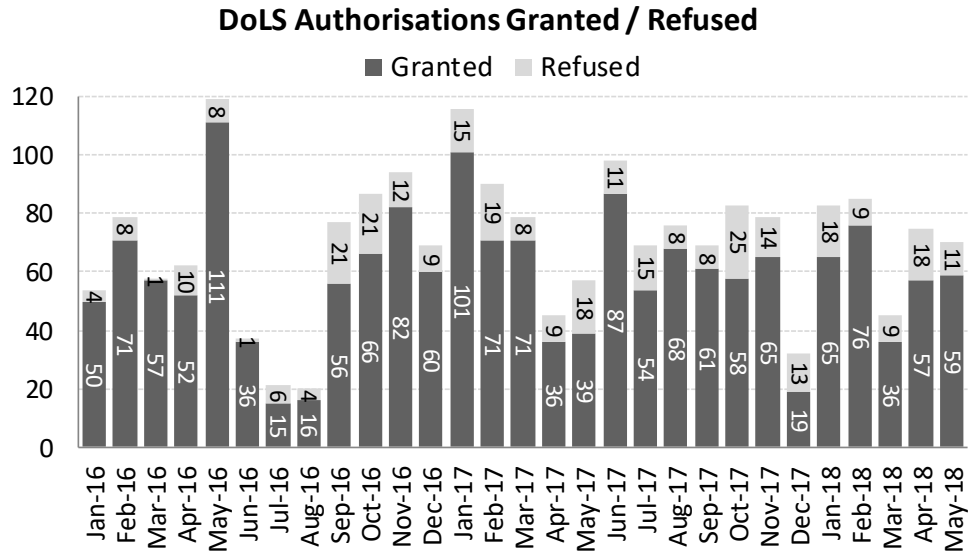
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not 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. Target increased to **70%** for 2018/19.	Performance for 2017/18 improved to **59.7%** and was slightly below the target For 2018/19, Performance is below target at **54.7%** Performance is expected to improve as new working arrangements bed in.
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half–year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

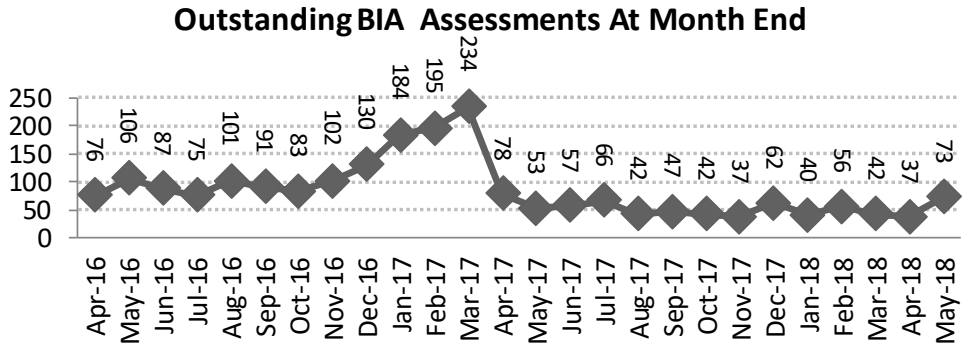
Applications for and Disposals of Requests for DOLS Authorisations

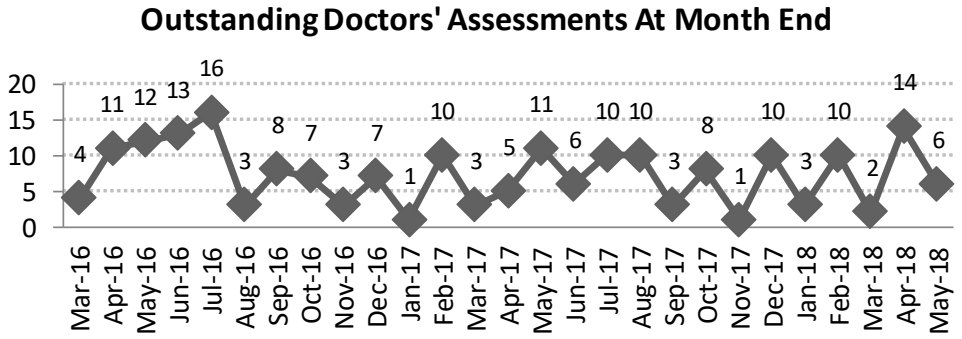
The average monthly number of applications has increased from 93 in 2015/16 to 103 in 2016/17. On average since April 2016, 84% of applications are granted.





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 13 June 2018	Period	Numerator*	Denominator *	Swansea 2018/19 Current	Swansea 2017/18 Final	Wales Average 2016/17	Swansea Target 2018/19	*Desired* direction of travel	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	May-18	194	198	97.98	91.91	80.70	90	↑	G	8.9%
Measure 19: Delayed transfers per 1,000 people aged 75+	Jun-18	43	21,672	1.98	0.55	2.80	1.5	↓	R	32.3%
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	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	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	May-18	393,952	430	916.17	921.84	801.00	1000	↓	G	-8.4%
Measure 22: Average age of adults entering residential care homes	Apr-18	1,861	22	84.59	83.67	82.80	84	↑	G	0.7%
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	May-18	279	319	87.46	93.76	67.70	80	↑	G	9.3%

Target for Measure 19 for the whole year is 6.

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

Performance Results for 2017-18 Data as at 13 June 2018	Period	Numerator*	Denominator*	Swansea 2017/18	Swansea 2017/18	Wales Average 2015/16	Swansea Target 2018/19	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	May-18	148	198	74.75	63.70		65.00	↑	G	15.0%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	May-18	182	333	54.65	59.65		70.00	↑	R	-21.9%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	May-18	4,058	5,883	68.98	68.43		70.00	↑	A	-1.5%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	2017/18 Final	5,487	47,220	116.20	116.20		113.00	↑	G	2.8%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	2017/18 Final	2,086	149,958	13.91	13.91		13.00	↑	G	7.0%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	May-18	130	1	130	684		116	↑	G	12.1%
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	82.57		80.00	↑	G	3.2%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	May-18	5	7	71.43	77.78		70.00	↑	G	2.0%

Whole-year target for AS13 is 700.

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

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

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

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

ADULT SERVICES SCRUTINY PERFORMANCE PANEL
WORK PROGRAMME 2018/19

Meeting Date	Items to be discussed
Meeting 1 Tuesday 19 June 2018 **3.30pm**	**Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan** **Review of the year 2017/18**
Meeting 2 Tuesday 17 July 2018 4.00pm	**Presentation - Update on Local Area Coordination (LAC)** *Alex Williams, Head of Adult Services plus a Local Area Coordinator*
Meeting 3 Tuesday 21 August 2018 1.00pm	**Performance Monitoring**
Additional meeting Monday 17 September 2018 3.00pm	**Pre decision scrutiny on Outcomes of Residential Care and Day Services for Older People Consultation**
Meeting 4 Tuesday 25 September 2018 4.00pm	***Overview of Supporting People*** *Alex Williams, Head of Adult Services* ***Overview of Western Bay Programme*** *(to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse)* *Kelly Gillings, Programme Manager*
Meeting 5 Tuesday 23 October 2018 3.30pm	**Update on how Council's policy commitments translate to Adult Services** *Mark Child, Cabinet Member for Health & Wellbeing* **Deprivation of Liberty Safeguards (DoLS)**
Meeting 6 Tuesday 20 November 2018 3.30pm	**Performance Monitoring**
Meeting 7 Tuesday 11 December 2018 4.00pm	**Update on Social Work Practice Framework (presentation)** *Alex Williams, Head of Adult Services*

Meeting 8 Tuesday 15 January 2019 3.30pm	**Chief Executive and Chairman of ABMU attending to inform the Panel of their vision for Swansea once the number of authorities in ABMU is reduced to two**
Additional meeting ? February 2019	**Draft budget proposals for Adult Services**
Meeting 9 Tuesday 19 February 2019 3.30pm	**Performance Monitoring** **Adult Services Complaints Annual Report 2017-18** *Corporate Complaints Manager*
Meeting 10 Tuesday 19 March 2019 3.30pm	**Update on Commissioning Review - Domiciliary Care and Procurement** **Safeguarding Arrangements update** **Briefing on Safeguarding – Modern Slavery / Human Trafficking** (is there a problem in Swansea? What is happening to prevent it?) (Referred from SPC) *(Welsh Government Anti-Slavery Co-ordinator invited to attend)*
Meeting 11 Tuesday 16 April 2019 3.30pm	**Update on Adult Services Improvement Plan** *Alex Williams, Head of Adult Services*
Meeting 12 **? May 2019**	**End of year review**

Future Work Programme items:

- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Issues around Continuing Health Care - ABMU to be invited to attend (date to be arranged later in the year)