

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: Ystafell Bwyllgor 5 - Neuadd y Ddinas, Abertawe

Dyddiad: Dydd Mawrth, 19 Chwefror 2019

Amser: 3.30 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: T Beddow a/ac K Guntrip

Agenda

Rhif y Dudalen.

- 1 Ymddiheuriadau am absenoldeb.**
- 2 Datgeliadau o fuddiannau personol a rhagfarnol.**
www.abertawe.gov.uk/DatgeliadauBuddiannau
- 3 (3.45pm) Nodiadau cyfarfodydd blaenorol** **1 - 6**
Derbyn nodiadau'r cyfarfodydd blaenorol a chytuno eu bod yn gofnod cywir.
- 4 (3.50pm) Cwestiynau'r Cyhoedd**
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac ymdrinnir â nhw o fewn cyfnod o 10 munud.
- 5 (4.00pm) Adroddiad Blynyddol am Gwynion y Gwasanaethau i Oedolion 2017-18** **7 - 17**
Julie Nicholas-Humphreys, Rheolwr Cwynion Corfforaethol
- 6 (4.15pm) Y diweddaraf am sut mae ymrwymadau polisi'r cyngor yn cael eu rhoi ar waith yn y Gwasanaethau i Oedolion** **18 - 40**
Mark Child, Aelod y Cabinet - Gofal, Iechyd a Heneiddio'n Dda

- 7 **(4.40pm) Adroddiad Monitro Perfformiad** **41 - 84**
Deborah Reed, Pennaeth Dros Dro'r Gwasanaethau i Oedolion
- 8 **(4.55pm) Amserlen Rhaglen Waith 2018-19** **85 - 87**
- 9 **(5.00pm) Lythyrau** **88 - 90**
a) Llythyr y cynullydd at Aelod y Cabinet (cyfarfod 11 Rhagfyr 2018)
b) Ymateb gan Aelod y Cabinet (cyfarfod 20 Tachwedd 2018)

Cyfarfod nesaf: Dydd Mawrth, 19 Mawrth 2019 ar 3.30 pm

Huw Evans

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 12 Chwefror 2019
Cyswllt: Liz Jordan 01792 637314

Agenda Item 3



City and County of Swansea

Notes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 6 - Guildhall, Swansea

Tuesday, 11 December 2018 at 4.00 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)

Y V Jardine
E T Kirchner

Councillor(s)

P R Hood-Williams
G J Tanner

Co-opted Member(s)

T Beddow

Co-opted Member(s)

K Guntrip

Other Attendees

Mark Child

Cabinet Member - Care, Health & Ageing Well

Officer(s)

David Howes
Liz Jordan
Ffion Larsen
Jessica Matthews

Director of Social Services
Scrutiny Officer
Principal Officer, Safeguarding and Prevention
Social Care Wales

Apologies for Absence

Councillor(s): J A Hale, C A Holley, P K Jones, S M Jones and J W Jones

1 Disclosure of Personal and Prejudicial Interests.

No disclosures of interest were made.

2 Notes of meeting on 20 November 2018

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

3 Public Question Time

No members of the public were present at the meeting.

4 Update on Social Work Practice Framework (Presentation)

Ffion Larsen from Adult Services and Jessica Matthews of Social Care Wales attended to present this item and answer the Panel's questions. The Social Services and Wellbeing (Wales) Act requires a change in approach to make social work more outcome focussed. It requires transformational change to deliver this. The

Collaborative Communications Skills training programme aims to develop social workers to work in a more outcome focussed way.

Discussion points:

- In the Authority we do not currently work in an outcome focussed way. A culture change is needed and training will be required for this. An implementation plan for training should be in place early next year and will be implemented over three years.
- The Act is the driver for this. The 22 Authorities are all in different stages of implementation. In Swansea, Children's Services are a long way down the journey to having a whole system approach. Adult Services is at the very beginning, doing preparatory work. However some things are in place which will align with this approach.
- Training will be delivered by team over 2 days with a half day follow up 4 to 6 weeks later.
- The Panel feels social services are going in the right direction with this approach.
- Newly qualified social workers are coming out with the right skills set already.

5 Work Programme Timetable 2018/19

The Panel considered the work programme.

Actions:

- Panel Members to provide areas of interest which will be used to shape possible Panel visits in the new municipal year
- Wales Audit Office report on Housing Adaptations to be added to future work programme
- An item on 'Procurement practice and assurance in social care' to be added to future work programme.
- Dave Howes to attend pre-meeting for January Panel meeting.

6 Letters

Letters received and considered by the Panel.

The Panel received an update on the withdrawal of Allied from the home care market. All business and staff have moved over to one provider. There has been no additional detrimental impact on the market.

The meeting ended at 5.30 pm



To:
Councillor Mark Child
Cabinet Member for Care, Health & Ageing
Well

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrchol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 08 January 2019
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 11 December 2018. It covers update on Social Care Practice Framework and Work Programme Timetable.

Dear Cllr Child

The Panel met on 11 December and received a presentation on the Social Care Practice Framework and discussed the Panel's Work Programme Timetable for 2018/19. We would like to thank you, Dave Howes, Ffion Larsen and Jessica Matthews of Social Care Wales for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

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

Social Care Practice Framework

We heard that the Social Services and Wellbeing (Wales) Act requires a change in approach to make social work more outcome focussed, and that it requires transformational change to deliver this. We were informed that the Collaborative Communications Skills training programme aims to develop social workers to work in a more outcome focussed way.

We heard that in the Authority we do not currently work in an outcome focussed way. A culture change is needed and training will be required for this. We were informed that

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an implementation plan for training should be in place early next year and will be implemented over three years. We heard that training will be delivered by team over 2 days with a half day follow up 4 to 6 weeks later.

We were informed that the Act is the driver for this and that the 22 Authorities are all in different stages of implementation. We heard that in Swansea, Children's Services are a long way down the journey to having a whole system approach. However Adult Services is at the very beginning, doing preparatory work, but some things are in place which will align with this approach. The Panel feels that social services are going in the right direction with this approach. And we were pleased to hear that newly qualified social workers are qualifying with the right skills set already.

Work Programme Timetable 2018/19

We discussed the Panel's work programme and in particular the Panel's interest in undertaking visits during the new municipal year. The department agreed to shape the visits based on the Panel's areas of interest.

We received an update on the withdrawal of Allied from the home care market and heard that all business and staff have moved over to one provider with no additional detrimental impact on the market. We were pleased to hear this but have concerns about the home care market going forward. We will want to monitor this closely. We also agreed to add an item to the future work programme on 'Procurement practice and assurance in social care'.

Your Response

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

Yours sincerely



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



City and County of Swansea

Notes of the **Scrutiny Performance Panel – Adult Services**

Council Chamber - Guildhall, Swansea

Monday, 11 February 2019 at 11.00 am

Present: Councillor P M Black (Chair) Presided

Councillor(s)

G J Tanner
Y V Jardine
J W Jones

Councillor(s)

C A Holley
P K Jones
E T Kirchner

Councillor(s)

P R Hood-Williams
S M Jones

Other Attendees

Mark Child

Cabinet Member - Care, Health & Ageing Well

Officer(s)

David Howes
Liz Jordan
Deborah Reed

Director of Social Services
Scrutiny Officer
Interim Head of Adult Services

Apologies for Absence

Co-opted Member(s): T Beddow

1 Disclosure of Personal and Prejudicial Interests.

Disclosures of interest – Chris Holley and Mark Child

2 Adult Services Draft Budget Proposals

Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well, Dave Howes, Director of Social Services and Deb Reed, Interim Head of Adult Services went through the proposed budget proposals in relation to Adult Services highlighting the main issues and answering questions.

3 Summarising Views and Making Recommendations

The panel agreed the following views and recommendations on the budget proposals in relation to Adult Services it would like to make to Cabinet:

- 80% of proposed savings have been achieved in this financial year. The savings target for next financial year therefore seems to be ambitious especially as much of the expenditure is demand-led.

- With us overspending by £1 million this year due to 'resistance from the LHB to discuss equitable and appropriate contributions towards identified packages of care' there was concern in the panel that this will be an ongoing issue in the next financial year. The panel felt that this needs to be resolved as soon as possible if we are to keep to budget for 2019-20
- It is not fully clear when savings kick in from each of the service commissioning reviews or which savings relate to which review. This process appears to be fairly opaque as far as the panel is concerned and we would welcome a more detailed breakdown.
- We will be revisiting the budget again in October so we can more closely monitor the outcomes of the planned efficiency savings.

Following on from this meeting:

The convener will feed in the views of this Panel, along with the conveners of the other panels to the Service Improvement and Finance Panel which meets on 12 February. The convener of the Service Improvement and Finance panel will then attend Cabinet on 14 February to feed in the collective views of the scrutiny performance panels and write a letter to the Cabinet member.

The meeting ended at 12.15pm.

Agenda Item 5



Report of the Cabinet Member for Business Transformation & Performance

Adult Services Scrutiny Performance Panel – 19 February 2019

Adult Services Complaints

Purpose	To provide an overview of the social services complaints procedure and the work of the complaints team in this regard
Content	This report includes a summary of the complaints received in respect of Adult Services during the financial year 2017/18
Councillors are being asked to	Consider the report as part of their review of Adult Services
Lead Councillor(s)	Cllr Clive Lloyd, Cabinet Member for Business Transformation and Performance
Lead Officer(s)	Tracey Meredith, Head of Legal Democratic Services and Business Intelligence
Report Author	Julie Nicholas-Humphreys, Customer Service & Complaints Manager Tel: 01792 635835 Email: julie.nicholas-humphreys@swansea.gov.uk

1.0 Introduction

- 1.1 Swansea Council's Social Services Complaints Procedure seeks to empower service users or those eligible to speak on their behalf to voice their concerns in relation to the exercise of Social Services functions.
- 1.2 With effect from 1 August 2014 revised legislation came into effect, bringing the Social Services complaints procedure into line with other complaints procedures across public services, in particular the process for NHS '*Putting Things Right*'. The Social Services Complaints Policy reflects the requirements of the new legislation and full details of the new policy can be viewed online at: www.swansea.gov.uk/complaints . The legislation requires

the reporting of additional information which has been incorporated into this report.

- 1.3 SC Adult Services are committed to ensuring that concerns raised are listened to and resolved quickly and efficiently. Lessons learned from this process are fed back to relevant teams and used wherever possible to improve future service delivery.
- 1.4 Our aim is to resolve complaints at the earliest opportunity and teams are encouraged to be proactive in achieving this goal.
- 1.5 Where someone has been deemed 'not eligible' to utilise the social services complaint procedure in accordance with guidance/legislation, their complaints may be dealt with under the corporate complaint procedure. This ensures that everyone is able to voice their concerns and that a complaints mechanism is accessible to everyone.
- 1.6 Appendix 1 contains all tables referred to in this report.

2. Total Complaints received during the reporting period

- 2.1 **Table 1** shows this year's total complaints received by the Complaint Team in respect of Adult Social Services with the previous two years' figures for comparison.
- 2.2 The total number of Stage 1 complaints received this year has increased by 28% in comparison with figures for the previous year.
- 2.3 Under the Social Services complaints policy, both the old and new legislative framework allow complainants to immediately request a stage 2 investigation. Through efforts to resolve complaints internally wherever possible, the number of stage 2 complaints this year remains relatively low.

3. Analysis of Stage 1 Complaints

- 3.1. A detailed breakdown of the Stage 1 Complaints received by Service Area is shown in **Table 2**. Complaints need to be acknowledged within 2 working days, and in 91% of cases where complaints proceeded to conclusion, discussions took place within 10 working days, this was slightly down on the previous year at 94%.
- 3.2 Complaints have been broken down by individual service team this year, in order to provide greater clarity on specific areas where complaints are being received. This will help with the identification of systemic issues and trends which can then be scrutinised more closely within those teams affected.
- 3.3 Due to continuing changes in the structure of Adult Social Services it is possible that the teams shown below have since been reorganised and may

no longer exist as the teams set out below. Adjustments will be made to the team names year on year as required to reflect any such changes.

4. Stage 2 Complaints

4.1 Complaints are considered at Stage 2 of the complaints procedure either where we have not been able to resolve the issues to the complainant's satisfaction at stage 1, or the complainant has requested that the matter be immediately considered at Stage 2.

4.2 Both the old and new social services complaint regulations give an eligible complainant a statutory right to request Stage 2 of the process. Complainants are able to request that their complaint is dealt with directly at Stage 2 should they wish, and is not dependent on having been investigated at stage 1 or the outcome at stage 1.

4.3 An independent person is commissioned for a Stage 2 investigation. A formal report is produced which presents the facts and considers the feelings around the difficulties to suggest ways to move forward. Resolution and applying lessons learned is the prime objective of the complaints procedure.

4.4 **Table 3** provides a summary of the complaints handled at Stage 2 of the complaints process.

4.5 The Social Services Complaints Procedure has set criteria as to who can raise a complaint under that policy. Where an individual is not eligible to make a complaint under the Social Services complaints policy, their concerns will be handled through the Authority's Corporate Complaints Procedure.

4.6 The timeframe for dealing with Stage 2 complaints is 25 working days under the Social Services complaints policy, or within a reasonable time agreed with the complainant due to the complexity of a case or where enquiries could be extensive to provide a comprehensive review. For complaints made after the implementation of the new regulations, where an extension of time is sought this will normally only be granted with the permission of the Chief Social Services Officer or other delegated officer on their behalf. All investigations this year were subject to extended periods of time.

4.7 Whether the complaint is upheld or not, staff need to reinstate confidence in a good working relationship with the service user or their representatives, to move forward following the formal Stage 2 Process. There have been 7 complaints taken to Stage 2 in this reporting period.

4.8 Summary of Stage 2 complaints

4.9 Case 1: Adult- Community & Intermediate Care Services

Unhappy with activities in supported lodging activities – Not upheld

4.10 Case 2: Community Services Hub

Dissatisfaction with the assessment process. 5 of 6 complaints not upheld
1 partially upheld Client was not told that he could have a service or what any service secured would look like. However there was an implication that any service provided depended upon him not complaining any further.

4.11 Case 3: Financial Assessments

Dissatisfaction with financial assessment which deemed that mother still had notional assets – Not upheld

4.12 Case 4: Community Services Hub

Dissatisfaction regarding accuracy re Direct Payment information. 7 of 9 complaints upheld, 1 of 9 partially upheld 1 of 9 not upheld

4.13 Case 5: Community Support Team

Adult services failed to provide a service which reflected the service user's assessment and carer's assessment
5 of 8 complaints upheld, 1 of 8 partially upheld 1 of 8 not upheld and 1 of 8 unable to make a finding

4.14 Case 6: Community Support Team

Issues over assessment and direct payments 4 of 6 complaint upheld,

2 not upheld, financial compensation was paid as did not receive direct payments in lieu of service

5.0 Complaints made to the Public Services Ombudsman for Wales (PSOW)

5.1 The remit of the Public Services Ombudsman for Wales is to identify whether a member of the public has suffered hardship or injustice through maladministration, or identify where services have fallen below a reasonable standard. There is an obligation for a report to be produced on any investigation the office accepts. The reports produced are defined under two separate headings. Section 16 (Public Interest) Reports, for which there is a requirement for the Authority to publish details and Section 21 Investigation Reports which do not need to be published. Further details of the role of the PSOW can be found at <http://www.ombudsman-wales.org.uk>

- 5.2 The PSOW has produced his Annual Report for 2017/18, containing details of cases where the Ombudsman has identified failures in service delivery by public bodies across Wales. Of the 7 cases reported to the Ombudsman there was only 1 case upheld with a finding of maladministration by the Ombudsman in relation to Swansea Adult Services this year. The Ombudsman's report can be seen online at <http://www.ombudsman-wales.org.uk/en/publications/Annual-reports.aspx>

6. Reasons for complaints and their outcome

- 6.1 Further analysis of the reasons for complaints is shown in **Table 4**. Whilst service users have unique and complex individual circumstances, complaints have been grouped under 'best fit' generic headings for reporting purposes.
- 6.2 Wherever possible, lessons are learned and improvements are made to service delivery when a complaint is upheld. 34.5% of complaints were justified/partly justified this year, slightly up on last year (32%)

7. Advocacy

- 7.1 Advocacy services exist to represent service recipient's views and feelings when dealing with organisations. Social Services engage in statutory arrangements to ensure the welfare of clients with mental health and learning disability needs where capacity is compromised and provide signposting to other organisations providing such services for all clients.
- 7.2 The Complaints Officer will work with groups and organisations providing advocacy services, to address issues and promote the provision of assistance to service-users through the complaints process. Effective engagement with advocacy services empowers more individuals and groups to make use of the complaints process at the earliest opportunity.

8.0 Compliments

- 8.1 Adult Services have received in excess of 60 compliments over the course of the year. Set out in **Table 5** are examples of some of the compliments which have been passed to the complaints team in relation to Adult Services. The individual staff members have been made aware of the compliments concerning them as has the Head of Service.
- 8.2 As well as substantial acknowledgements of thanks from service users that are given to staff at the point of service delivery, service users, relatives or friends can convey their appreciation more formally through the Comment or Compliment process.

- 8.3 Many complaints are often accompanied by compliments for other elements of service provision.
- 8.4 Compliments received are an equal reflection of individual and team efforts and Adult Services teams should be encouraged by their successes having regard to compliments received.

9. Equality and Engagement Implications

- 9.1 There are no direct equality and engagement implications arising from this report.

10. Financial Implications

- 10.1 All costs incurred in dealing with complaints have to be covered within existing Budgets in Corporate Services.
- 10.2 External Independent Investigators and Independent Persons may be appointed to deal with some complaints in accordance with legislation. The cost to the Authority of providing this service in 2017/18 for Adult & Directorate Services was **£14,860.00** (down £3,680 on the previous year)

11. Legal Implications

- 11.1 Complaints should be administered in accordance with the regulations outlined in paragraph 1.2 above.

Background papers: None

Appendices: Appendix 1 – Statistical Data Tables

Appendix 1 – Statistical data in Tables

Table 1 - Total number of complaints received by Complaint Team				
	Year	2015/16	2016/17	2017/18
Service Requests		6	29	27
Corporate		18	19	18
Stage 1		89	100	138
Stage 2		4	4	7
Stage 3		-	-	-
Ombudsman		4	5	7
Totals		121	157	197

Table 2 – Stage 1 Social Services complaints by Service Area	Total
Adult- Commissioning & Partnership	1
Adult- Community & Intermediate Care Services	2
Adult- Health & Home Care	1
Adult Safeguarding	1
Alexandra Road Respite Service	1
Care Home and Quality Team	8
Central Hub	9
Client Property and Finance	1
CMHT 1	2
CMHT 3	3
CMHT 4	1
Community Alarms	2
Community Services Hub	13
Community Support Team	6
Contracting	7
Cwmbwrla Day Service	2
Dcas Central Hub	10
Dcas North Hub	2
Dcas West Hub	2
Direct Payments	4
Financial Assessments	7
Financial Issues	5
Hospital social work team	2
Intake Team-CAP	2
Long Term Home Care Team	2
Long term care and complex team	2
Morrison Hospital	1
North Hub	22
Older People Community mental health	4
Older people, residential & day services	1
Parkway SNDS	1
Safeguarding	2
Singleton Hospital	2
Supported Care planning and learning disabilities	1
Ty Waunarwydd Residential Home	1

West Hub	7
Total number of Stage 1 SS complaints	138

Table 3 – Stage 2 Social Services complaints by Service Area		Total
Service	Outcome	ID
Community & Intermediate Care Services	Not Upheld	Case 1
Community Services Hub	5 out of 6 complaints not upheld, 1 partially upheld	Case 2
Financial Assessments	0 out of 2 complaints upheld	Case 3
Community Services Hub	7 out of 9 complaints upheld, 1 partially upheld, 1 not upheld	Case 4
Community Support Team	5 out of 8 complaints upheld, 1 partially upheld, 1 not upheld, 1 unable to make finding	Case 5
Community Support Team	4 out of 6 complaints upheld, 2 not upheld	Case 6

Table 5 – Examples of Compliments Received

Teams	Compliments Received
CAP	<ul style="list-style-type: none"> • You were very kind to us all, answering a barrage of difficult questions with utmost professionalism but more importantly compassion. You guided us through the system and process and took an enormous weight off our shoulders at a difficult and worrying time. We are all enormously grateful. • Thank you so much for the information, you and your department have been very helpful and it's greatly appreciated. • Thank you again for help. I really appreciate everything you have done so far for us. You have a really lovely manner about you and are definitely an asset to your team and the community you help to support.
Area 4	Thank you for all you did for my grandparents earlier in the year. I will never forget it and will always be grateful.
Community Alarms	Would like to thank the marvellous team at community alarms - lifeline. Ian in the office who was so helpful and pleasant when we phoned about a problem with my alarm and Steve Davies who has been so efficient, reassuring and kind in dealing with the fault and getting the alarm working properly . What an excellent service altogether
Community Equipment	X phoned wishing to compliment one of our drivers for the service he provided when delivering equipment to her mother. She mentioned that the same driver has been there on two occasions this week and, on both occasions, went “above & beyond the call of duty”. She was absolutely delighted with the promptness of our deliveries but, more important, with the courtesy and demeanour of the driver and assistant and the way they acted towards her mother-in-law.
CREST	I cannot thank you enough for all your help and support with my dad this year. It is such a difficult decision to make and you were so empathetic and professional throughout and also so kind to dad and myself.
Cwmbwrla OPMHT	We are both very grateful to you....it is so refreshing to meet a professional who understands the importance of not just person centred care but also relationship centred care. You captured the essence of mum as a person from a few occasions of meeting her when clinical staff had 7 weeks and still could

	not see what we were saying. A huge thank you from the bottom of our hearts.
West Cross Day Centre	The staff and clients just threw themselves into it – the staff were constantly encouraging their guys throughout. I saw other staff from other organisations just sitting around chatting and not doing very much with their service users but your team were great.
Home Care & OT's	I wouldn't have the confidence to do what I intend to do so thank you my wonderful rehab team I'm going to miss the morning giggles and all your words of encouragement but I think you gave me enough to last me a life time it's your care and encouragement that brought that shell that you said I was like, back to life
Hospital Social Work Team	<ul style="list-style-type: none"> • As X's previous residential home is no longer best placed to provide for her on-going needs, Sue has been heavily involved. Her personal and most approachable manner, her obvious treating of X's case as if it was the only one she currently has to think about (!) and her "will do" attitude have all been so refreshing and reassuring to each of us at what continues to be a very difficult and emotional time for X and her family. • Anna has been brilliant during this time. She has been so professional, patient and kind. She has been available on a daily basis constantly updating me either via email or phone. My cousin is not what you would describe an easy man to deal with and Anna has been calm and stoic with handling his behaviour. She has managed the situation with a great sense of humour and firmness. Anna has now secured a wonderful placement so that he can continue to convalesce and I am hoping he will continue to progress after his discharge today • I would like to thank you for your care and professionalism in looking out for Dad and for giving me terrific guidance in what has been a fast learning curve. The repercussions of your expert care have a positive impact further than you realise- much appreciated.
Bonymaen House	<ul style="list-style-type: none"> • You and your staff have given us our life back, and for that we are grateful to a degree that we can't put into words. Your service is outstanding, and the standards to which you work are superior to any we had encountered in previous months. We sincerely hope that you all will continue with the work that you do with passion, and with all your heart - and that is, probably, what makes the greatest difference of all! • In the letter he also said how wonderful the staff were to her, and that they thought it was like a 5* hotel. He said he can't believe we offer a service like that in Swansea and refers to it as "a credit to Council homes".



Report of the Cabinet Member for Care, Health and Ageing Well

Adult Services Scrutiny Performance Panel - 19th February 2019

POLICY COMMITMENTS

Purpose	To update the Panel on the delivery of the Council's Policy Commitments and how they translate to Adult Services.
Content	This report includes the full set of Policy Commitments as agreed by full Council on 26 th July 2017, which apply to Adult Services. The report provides the most recent information that has been provided, which identifies measures of success, progress to date, RAG status and Lead Cabinet Member/Officers.
Councillors are being asked to	Give their views on the delivery of the Policy Commitments as they apply to Adult Services.
Lead Councillor(s)	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well.
Lead Officer(s)	Dave Howes, Director of Social Services. Deb Reed, Interim Head of Adult Services.
Report Author	Joanne Portwood. Joanne.Portwood@swansea.gov.uk

1. Background

- 1.1 Full Council adopted the Policy Commitments for the current term at its meeting on 26th April 2017.
- 1.2 118 Policy Commitments were adopted. Of these some will be delivered either wholly by Adult Services or in partnership between Adult Services, Poverty and Prevention and Housing and Public Protection.
- 1.3 This paper identifies those commitments as they relate to Adult Services, and what progress has been made to date.
- 1.4 The Adult Services Scrutiny Performance Panel received a paper on the delivery of the Policy Commitments in October 2017. This paper provides an update on the progress made with the delivery of these Policy Commitments.

2. Adult Services Policy Commitments

- 2.1 The Policy Commitments and progress to date is set out in the table below.
- 2.2 It should be noted that for some of the Policy Commitments, Adult Services is not solely responsible but the Policy Commitments will be delivered in partnership with other parts of the Council, most notably Housing and Public Protection, and Poverty and Prevention.
- 2.3 The RAG status adopted denotes whether achievement of the Policy Commitment is on track; green – on track, amber – a slight delay, red – a significant delay.

Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Promoting Community Safety					
57. <i>Support people to live independently by ensuring a network of local area co-ordinators is established to cover the whole of Swansea.</i>	<p>Expansion to all 22 areas identified within the City and County of Swansea</p> <p>Demonstrable social return of investment</p>	<p>Additional funding secured from Pobl, Swansea University and the Fire and Rescue Service.</p> <p>Expansion into 4 new areas, taking the total coverage to 10 of the 22 areas; recruitment process for the additional 4 underway.</p> <p>Discussions with Swansea University surrounding how to track on a live basis social return on investment.</p>	<p>Funding has been secured to appoint an 11th co-ordinator to cover the Blaenymaes area. Recruitment is underway. The Blaenymaes area will be used as a pilot to develop the performance framework linked to social return on investment. A bid for funding has also been made for two additional posts under the Welsh Government's Health and Social Care Welsh Government Transformation programme. Funding for the first additional post has been secured and will be based in the Clydach area covering the Cwmtawe GP Network Cluster. The second bid for an additional co-ordinator relates to the North Integrated Hub, and if it approved, will provide</p>	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services

			<p>coverage for the remaining area not covered in the North Hub.</p> <p>The Fire Service (MAWWFRS) have withdrawn a secondment from Gowerton a year early due to staffing shortages. However, it remains our ambition to expand Local Area Coordination provision to all areas within Swansea.</p>		
Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Standing Up for Council Employees					
<p>76. <i>Work towards eliminating the use of exclusivity in zero hour contracts within the Authority, to give certainty to employees about their hours of work. Sign up to Unison's</i></p>	<p>Adoption of Unison Ethical Care Charter</p> <p>Implementation of the Charter</p>	<p>No member of staff is employed on a zero hours contract.</p> <p>The Council has formally adopted Ethical Care Charter.</p> <p>The People (formerly</p>	<p>The Council have signed up of the Welsh Government's Code of Practice on Ethical Employment and continues to work closely with Trade Unions and other key stakeholders to implement the commitments of the Code. The Council continues to have good</p>	Green	<p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services (for the Adult Services elements of</p>

<p><i>care standard in order to protect and support workers.</i></p>		<p>Safeguarding) PDC have assessed implementation plans.</p> <p>The remaining elements will be delivered via the Domiciliary Care procurement exercise.</p>	<p>working relationships with all recognised Trade Unions at local level and through the work of the monthly Trade Union Meetings and the JCC, for example, the Ethical Procurement Charter, “Dying for Work.</p> <p>The Council’s Contract Procurement rules (draft) have been reviewed and aim to support more local businesses secure Council contracts. The rules relating to Supplier Suitability also now include a consideration of the supplier’s policies relating to Ethical Employment and Practices.</p> <p>The recommissioning process for Domiciliary Care is currently underway and will incorporate the requirements of the Ethical Care Charter, where appropriate.</p>		<p>this)</p>
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Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Building Better, Affordable and Energy Efficient Homes					
<p><i>83. Support independent living; provide improved options for older people; increase funding for housing co-operatives and mutual housing, and prioritise those in housing need, especially the homeless.</i></p>	<p>A Commissioning Strategy for Older People in place, which identifies population needs in relation to accommodation.</p> <p>Market development to support the need.</p>	<p>A Commissioning Group has been established to begin to draft the Commissioning Strategy.</p>	<p>The Council are continuing to support independent living and improved options for older people through the Community Services (Services for Older People) workstream of the Western Bay Health and Social Care programme. The Intermediate Care Services model aims to support people remain confident, safe and independent in their own homes. The model provides integrated Health and Social Care support and includes a multi-disciplinary common access point (including mental health assessment), an acute clinical and a therapy led re-ablement service.</p>	Green	<p>Cabinet Member for Care, Health and Aging Well and the Cabinet Members for Homes and Energy, and the Head of Adult Services and the Head of Housing.</p>

			An independent evaluation of the Intermediate Services project in 2017 (Cordis Bright) suggests that there has been a reduction of around 560 fewer admissions to hospital of people aged 65yrs or older, across the ABMU area during 2016-17 (comparing predicted admissions with actual admissions).		
Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Independence Dignity and respect					
<i>94. Promote independent living, providing people with the support to live in their own homes with dignity and respect as long as they want.</i>	Appropriate services are in place to support people at home for longer. Numbers of funded residential and nursing	In line with the Western Bay Optimum Model, the Reablement Home Care service has been developed to allow Adult Services to offer more people short-term support to allow them to regain their skills and confidence	We are continuing to promote independent living and provide support for people to live in their own homes through the Western Bay Intermediate Care project, the re-focusing of Day Care Services and the re-commissioning of Domiciliary Care.	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

	<p>places decrease.</p>	<p>to remain at home for longer.</p> <p>There are 28 designated residential Reablement beds in Bonymaen House and Ty Waunarwydd which offer more targeted support to allow people to regain skills and confidence to wherever possible return home.</p> <p>The number of people supported at home by long-term domiciliary care has increased, whilst the number of people in funded residential and nursing placements has plateaued. This demonstrates that more people are being supported in their own homes.</p> <p>Social work practice is developing, to encourage practitioners to have strengths-based</p>	<p>Currently, we are facing significant challenges in relation to the provision of Domiciliary Care, primarily because of the gap between the demand for care and the local capacity to provide it. The difficulties associated with the recruitment of staff, the reluctance of providers to pick up some care packages, delayed transfers of care, winter pressures and the sheer scale of demand, are all key factors which have created this challenging situation.</p> <p>We are undertaking a number of robust actions to address these challenges. Firstly, in order to manage the current situation, <i>all</i> cases on waiting list are constantly being reviewed to assess whether the level of need or risk has changed. Secondly, we have two members of staff dedicated to constantly reviewing existing packages to</p>		
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		<p>conversations with people from the onset to ensure that support is provided in line with their wishes.</p>	<p>ensure that they are the right size. Thirdly, we are using contractors outside the current procurement framework (if they have capacity) to provide care. We are also investigating the feasibility of commissioned providers acting as 'trusted assessors' to assess the right size of care packages.</p> <p>We are currently in the process of re-commissioning Domiciliary Care, focusing on a local area based approach. It is anticipated that the new arrangements will be in place by April 2019 and will reduce the amount of time care workers spend travelling and increase the amount of time carers can spend caring.</p>		
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Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Prevention and Health Promotion					
<i>95. Deliver integrated services to ensure a continued focus on prevention and early intervention - investing in the conditions which maintain independence and support families, rather than dealing with the consequences of family breakdown and ill health.</i>	<p>Adoption and the implementation of the Western Bay Model for Intermediate Tier Services.</p> <p>Adoption and implementation of the new Adult Services Practice Framework.</p> <p>Development and Delivery of the Adult Services offer in relation to the Council's Prevention Strategy.</p>	<p>The City and County of Swansea has adopted the Western Bay Model and committed to deliver all elements of the model. All, but three elements of the Model are now fully Implemented. More people are consequently supported at home, particularly through residential and home based re-ablement services allowing them to be supported at home for longer.</p> <p>The Adult Services Practice Framework is in development to transform the approach to Social Work practice. The new</p>	<p>In addition to the continued implementation of the Western Bay Programme and projects, a new model for Adult Social Services in Swansea was developed in 2018. The model is based on the following principles; better prevention, better early help, improved cost effectiveness, working in partnership and keeping people safe. Targeted early help has been identified as an immediate priority for the Service which includes prevention, integrated pathways, a strong rapid response at the time of crisis, improved intermediate care and improved hospital transfer and co-ordination</p>	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

		<p>approach will have a much greater focus on prevention and early intervention and strengths based/outcome focussed conversations and attempt to support people earlier in the continuum rather than when they reach crisis.</p> <p>The Prevention Strategy is currently out to consultation. Once the consultation has been concluded and the Council agrees the final strategy, a Commissioning Strategy in relation to prevention and early intervention for Adults will be developed. Integral to delivery of this Strategy will be key existing initiatives such as the development of Information, Advice and Assistance, Local Area Coordination, Adult Family Group Conferencing and the Supporting People Programme.</p>	<p>The Adult Services Practice Framework is in development to transform the approach to Social Work practice. The new approach will have a much greater focus on prevention and early intervention and strengths based/outcome focussed conversations and attempt to support people earlier in the continuum rather than when they reach crisis. Training for staff in relation to the Framework has now commenced.</p> <p>The Council's Prevention Strategy has now been agreed. A Commissioning Strategy in relation to prevention and early intervention for Adults is currently being developed. Integral to delivery of this Strategy will be key existing initiatives such as the development of Information, Advice, Local Area Coordination, and Supporting People Programme.</p>		
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Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
<p><i>96. Review the effectiveness of social service provision and reinvesting and redesigning services to make them sustainable for the long term.</i></p>	<p>Completion and agreement of the preferred options of the 4 Adult Services Commissioning Reviews, in relation to:</p> <p>Domiciliary Care</p> <p>Residential Care for Older People</p> <p>Day Services for Older People</p> <p>Accommodation and Day Related Support for People with Learning Disabilities, Physical Disabilities and</p>	<p>Overarching Service Model agreed by Cabinet in June 2017.</p> <p>Outcome of Domiciliary Care Review agreed and preferred options in the process of being implemented, with a view to re-procuring the external service in 2018.</p> <p>Further consideration of the preferred options for the Residential Care and Day Services Reviews, with a view to a decision being made as to how to proceed.</p> <p>Commissioning Strategies for Learning Disabilities, Physical Disabilities and Mental Ill-Health drafted and due to be considered</p>	<p>A public consultation process on the outcomes of a Commissioning Review of Residential Care and a Commissioning Review of Day Services has been completed. The outcomes and recommendations from both Reviews were considered and approved by Cabinet on the 20th September 2018.</p> <p>It has been agreed to re-focus Residential Care Services to focus on complex needs, residential re-ablement and respite only, and that going forward all standard residential care for non-complex needs and nursing care would be commissioned from the independent sector. The re-focusing of Residential Care has meant that the Council's Parkway Residential Home will</p>	<p>Green</p>	<p>Cabinet Member for Care, Health and Ageing Well and the Head of Adult Services.</p>

	Mental Ill-Health.	by the People (formerly Safeguarding) PDDC in October 2018.	<p>close in early 2019. The focus is currently on supporting those individuals affected and maintaining their well-being. The decision to re-focus Residential Care has been made to meet the need for respite, maximise our ability to provide re-ablement and provide sustainable services in the future.</p> <p>It has also been agreed to remodel Day Services so that going forward, the service will only focus on complex cases. The re-focusing of the service has meant that Rose Cross and the Hollies Day Services will close in early 2019. Day Care services will still be maintained at St Johns, Ty Waunarlwydd and Norton Lodge. In addition, services will continue to be externally commissioned at 3 additional sites. All service users affected at The Hollies and Rose Cross Day Centres are currently having an assessment to</p>		
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			<p>determine move-on arrangements. These assessments will match those with complex needs to a suitable place based on their individual needs and geographical preferences, and alternative services are being agreed with each individual concerned. A small number of service users have been assessed as having non-complex needs and are consequently being supported in other ways to have any remaining eligible needs met rather than attend a day service. In addition, a small number of service users have decided that they wish to leave the service and this will also be supported in line with their wishes.</p> <p>Commissioning Strategies for Learning Disabilities, Physical Disabilities and Mental Ill-Health are due to be considered by Cabinet in April, following public consultation.</p>		
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Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
97. <i>Work with other partners to identify investment opportunities for new facilities to create sheltered accommodation, and extra care facilities to deliver next generation elderly care services.</i>	See Policy Commitment 83	See Policy Commitment 83	See Policy Commitment 83	Green	
98. <i>Help people stay healthy and age well</i>	Delivery of the Ageing Well Plan	Plan is in place and being delivered	Swansea is working with partners through the Ageing Well Strategy to help people to stay healthy and age well, and supporting this work is a well-established 50+ network, which links citizens into a wide range of information, support groups and events. Activities have included Swansea's first intergenerational Big Conversation in December	Green	Joint Adult Services and Poverty and Prevention: Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

			<p>2018, the development of a 50+ employability project (working in partnership with Swansea Working, Lifelong learning Swansea University and Ageing Well in Wales), a bid for funding to improve physical activity opportunities for people aged 50+ and those living with dementia and the roll out of Dementia Friendly Generations work across schools in Swansea.</p> <p>A pilot project - Making Every Contact Count was launched in August 2018 to ensure that public services community staff are supporting people to age well.</p>		
Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM and Officer
<i>99. Adopt the new Welsh Community</i>	Signing of the Deployment	A Regional Team have been appointed.	A business case was revised and approved by Cabinet in	Green	Joint Social Services and

<p><i>Care Information System and work with regional and health service partners and re-design services to ensure greater integration and collaboration between health and social care systems to improve patient services.</i></p>	<p>Order Implementation of WCCIS</p>	<p>A Swansea specific team is in the process of being appointed.</p> <p>Implementation plan has been drafted.</p> <p>Work ongoing to scope requirements to ensure all processes are mapped and key milestones are identified.</p>	<p>March 2018. A Swansea project team has been appointed and the mapping of all processes is underway, along with a review of forms, documents and reports already used within WCCIS to identify which are suitable for use within Swansea. A Deployment Order has been signed. A Champions Group for both Adult Services and Child and Family Services have been established to support the process.</p>		<p>ICT: Cabinet Member for Care, Health and Aging Well and the Cabinet Member for Business Transformation and Performance Chief Social Services Officer and the Director of Resources.</p>
<p>Policy Commitment</p>	<p>Success criteria</p>	<p>Progress from May 2017 to Sept 2017</p>	<p>Progress from Oct 2017 to Sept 2018</p>	<p>Overall RAG status</p>	<p>Lead CM & Officer</p>
<p>Helping people recover</p>					

<p><i>100. Invest in services to help people re-able and recover so that they are able to return to living an active and productive life.</i></p>	<p>Number of people supported at home increases.</p>		<p>Support for re-ablement and helping people recover are provided through the Western Bay Intermediate Care project, the re-focusing of Day Care Services and the re-commissioning of Domiciliary Care.</p> <p>(see Policy Commitment 96 for more details)</p>	<p>Green</p>	<p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.</p>
<p>Focusing on those most in need</p>					
<p><i>101. Focus resources for residential care on those with the most complex needs so that they are properly supported</i></p>	<p>See Policy Commitment 95</p>	<p>See Policy Commitment 95</p>	<p>A Commissioning Review of Residential Care for Older People has been completed. The outcomes of the Review are currently in the process of being implemented and the service is being re-focused to focus of complex cases, residential reablement and respite</p> <p>(see policy commitment 96 for more details).</p>	<p>Green</p>	<p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.</p>

Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Older people					
<i>102. Work with older people and the Older People's Commissioner for Wales to establish a Charter for Older People to ensure that our commitment is delivered.</i>	Establishment of a Charter for Older People.	Work yet to be scoped.	<p>An engagement and involvement plan is being developed for Older People, based on the model we have developed for Children & Young People. We are currently working with the Older People's commissioner to obtain WHO Age Friendly City status.</p> <p>Our developing work on Human Rights will compliment our approach to establishing a Charter for Older People.</p>	Green	<p>Joint priority between Poverty and Prevention and Social Services.</p> <p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services and the Head of Poverty and Prevention.</p>

Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Swansea – a Dementia Friendly City					
103. <i>Working with partner organisations, local employers and the third sector. Develop Swansea's status as the first Dementia Friendly City in Wales.</i>	Achieving Dementia Friendly Status.	Delivery plan has been developed as part of the Ageing Well Plan.	The Council has been recognised as working towards being Dementia Friendly by the Alzheimer's Society. 1600 Council staff are now Dementia Friends and dementia friendly activities take place in sports and cultural venues across Swansea. Grant funding has been awarded for the delivery of a co-produced Dementia Friendly Generations (schools awareness programme) and Dementia Friendly Homes (working with family members to increase knowledge, awareness and practical skills to support a dementia friendly home). Adult Social Services	Green	Cabinet Member for Care, Health Aging Well and the Head of Poverty and Prevention.

			are working to increase awareness of dementia across all service areas and with partners to develop dementia friendly social initiatives such as Sporting Memories (Ospreys Community).		
Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Public Interest above Private Profit					
<i>104. Intervene in the social care provider market and explore how it can expand the provision of council run services. Specifically we will work in social and residential care to ensure, where provision is of last resort, that there is a diverse range of suppliers, including</i>	Adoption of Commissioning Strategies in relation to client groups which identify population need and service provision required. Service reviews and market development	Commissioning Strategies currently being drafted. in relation to Physical Disabilities, Learning Disabilities and Mental Ill Health due to be considered by People (formerly Safeguarding) PDC in October.	Commissioning Strategies agreed by Cabinet in April 2018 in relation to Physical Disabilities, Learning Disabilities and Mental Ill-Health. Commissioning Reviews are now being progressed.	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

<i>not-for-profit, cooperative and social enterprise providers.</i>	linked to those Commissioning Strategies				
Policy Commitment	Success criteria	Progress from May 2017 to Sept 2017	Progress from Oct 2017 to Sept 2018	Overall RAG status	Lead CM & Officer
Investing in Our People					
<i>105. Continue to invest in our staff at all levels in social services and build stronger links with Swansea's universities and others, so that providers of these vital services keep abreast of best practice and new innovations in research, treatment and delivery.</i>	<p>Development and Implementation of overall Workforce Development Plan for Adult Services and Child and Family Services.</p> <p>Ongoing work with the University to develop social work practice and learning from best practice.</p>	<p>Workforce Development Plans in the process of being drafted.</p> <p>Strong links in place with Swansea University through the Institute of Life Sciences, Social Work department and Health and Wellbeing Academy.</p>	<p>A workforce development plan is being created in collaboration with Social Services managers. This will inform future grant applications and the allocation of resources for the delivery of future Training and Development. This plan will come to fruition in May with further updates planned to coincide with the Financial planning cycle commencement in October each year. Swansea Council Social Services plan to continue to host 60-70 students on the 3 levels of social work degree</p>	Green	Cabinet Member for Care, Health and Aging Well and the Chief Social Services Officer.

			programmes run by partner HEI's such as Swansea University.		
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3 Conclusions

3.1 The Scrutiny Performance Panel is asked to consider the delivery of the Policy Commitments as they relate to Adult Services.

Agenda Item 7



Report of the Cabinet Member for Care, Health and Ageing Wellbeing

Adult Services Scrutiny Performance Panel – 19th February 2019

ADULT SERVICES PERFORMANCE FRAMEWORK

Purpose	<ul style="list-style-type: none">• The purpose of this report is to present the Adult Services Performance Framework.
Content	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Consider the Report
Lead Councillor(s)	Mark Child, Cabinet Member – Care, Health and Ageing Well
Lead Officer(s)	Deb Reed, Interim Head of Adult Services
Report Author	deborah.reed@swansea.gov.uk 01792 636249

ADULT SERVICES SUMMARY MANAGEMENT INFORMATION HEADLINE REPORT

DATA FOR DEC 2018/JANUARY 2019



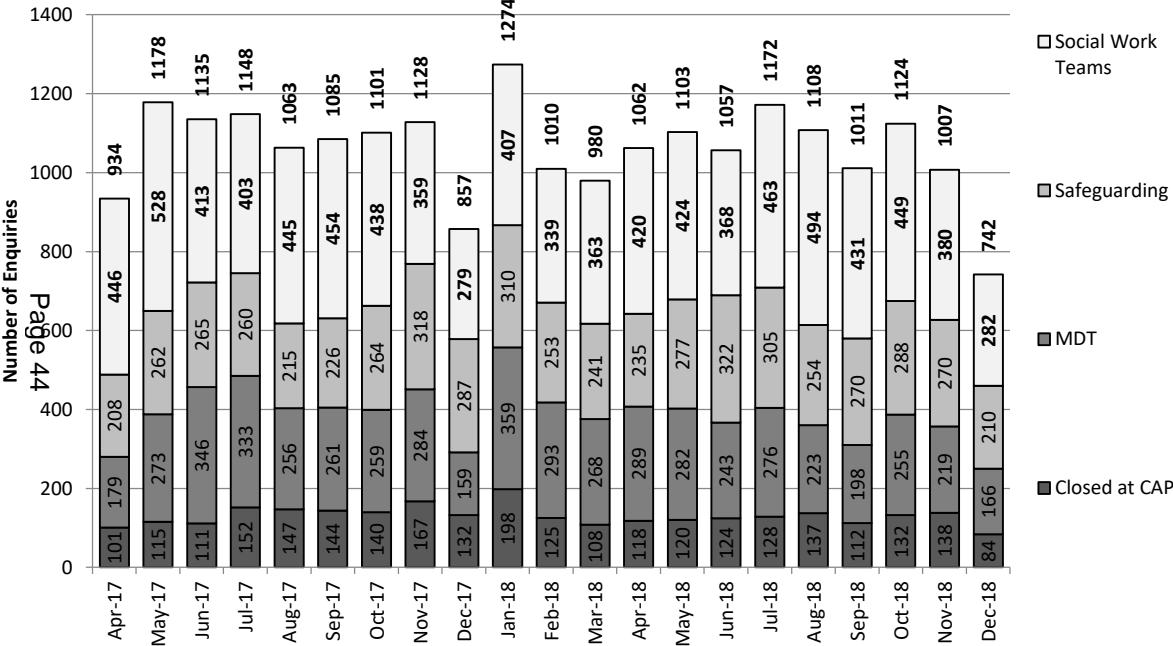
Contents:

Page 3:	Common Access Point Carers identified and whether wanted Carers Assessment
Page 4:	Long Term Domiciliary Care Residential Care for Older People
Page 5:	Reviews of allocated clients
Page 6:	Residential Reablement Community Reablement
Page 7:	Timeless of response to Safeguarding issues Timeliness of Deprivation of Liberty Assessments
Page 8:	Delayed Transfers of Care

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'.

Enquiries Created at Common Access Point

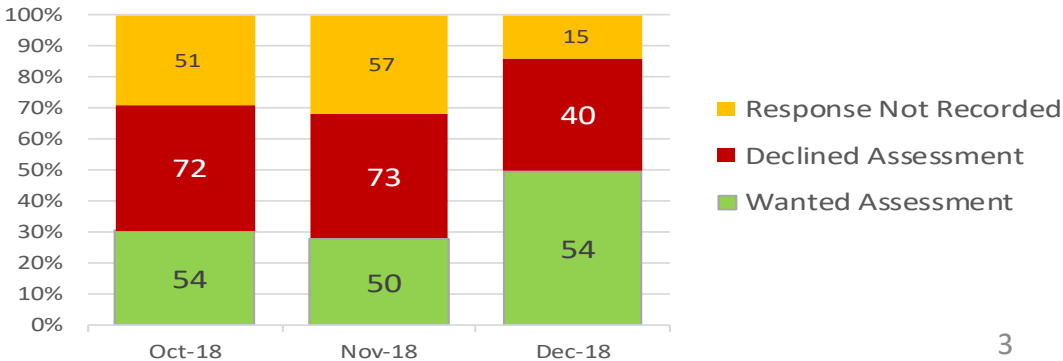


Carers Identified and Whether Wanted Carer Assessment

The number of carers identified had been broadly lower since April 2016. Changes to Paris have improved these numbers in 2018/19. Additional changes in the Paris system will further improve the recording of offer of carer assessment.

Since July 2018, those wanting carers assessment have represented at least half of those offered an assessment. This reverses the historic position where majority did not wish to receive a separate carer assessment.

Month	Oct-18	Nov-18	Dec-18	Month Trend	Direction of Travel
Identified Carers	177	180	109	↓	High
Offered Assessment	157	159	94	↓	High
% offered assessment	88.7%	88.3%	86.2%	↓	High
Declined Assessment	72	73	40	↑	Low
% declined assessment	45.9%	45.9%	42.6%	↑	Low
Wanted Assessment	54	50	54	↑	High
% wanted assessment	34.4%	31.4%	57.4%	↑	High
Response Not Recorded	51	57	15	↑	Low
% response not recorded	32.5%	35.8%	16.0%	↑	Low
Received Carers Assessment / Review	68	70	43	↓	High



Adult Services Performance

Long-Term Domiciliary Care

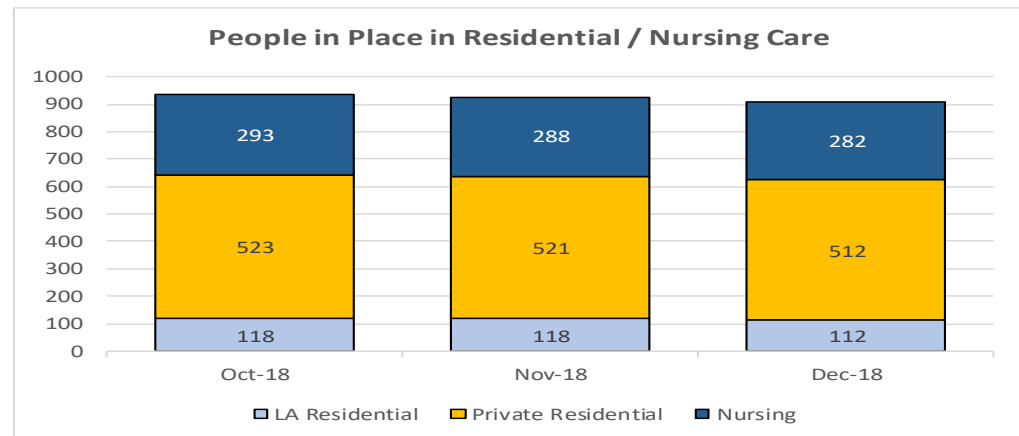
The most significant area of concern continues to be the difficulties within the care market which continue to have an impact on the timeliness with which we can start new packages of care.

Month	Oct-18	Nov-18	Dec-18	Month Trend	Direction of Travel
New starters	30	44	25	↑	Low
Of which					
In-house	5	9	6	↑	Low
External	25	35	19	↑	Low
% internal	16.7%	20.5%	24.0%	↓	Low
Receiving Care at Month End	1,243	1,210	1,207	↑	Low
Of which:					
In-house	104	102	89	↑	Low
External	1,139	1,108	1,118	↓	Low
% internal	8.4%	8.4%	7.4%	↑	Low
Hours Delivered in Month	64,452	58,826	63,704	↓	Low
Of which:					
In-house	5,706	5,384	5,033	↑	Low
External	58,746	53,442	58,671	↓	Low
% internal	8.9%	9.2%	7.9%	↑	Low
Average Weekly Hours				→	Low
Of which:					
In-house	12.4	11.9	12.8	↓	Low
External	11.9	11.2	11.9	↓	Low

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 each month. There have been some improvements in recent months with reductions in admissions July– September..

Permanent Residential Care for People Aged 65+	Oct-18	Nov-18	Dec-18	Month Trend	Direction of Travel
Admissions	26	27	23	↑	Low
Discharges	37	36	48	↓	Low
In a care home at month end	934	927	906	↑	Low
Of which:				→	Low
LA Residential	118	118	112	↑	Low
Private Residential	523	521	512	↑	Low
Nursing	293	288	282	↑	Low



Adult Services Performance

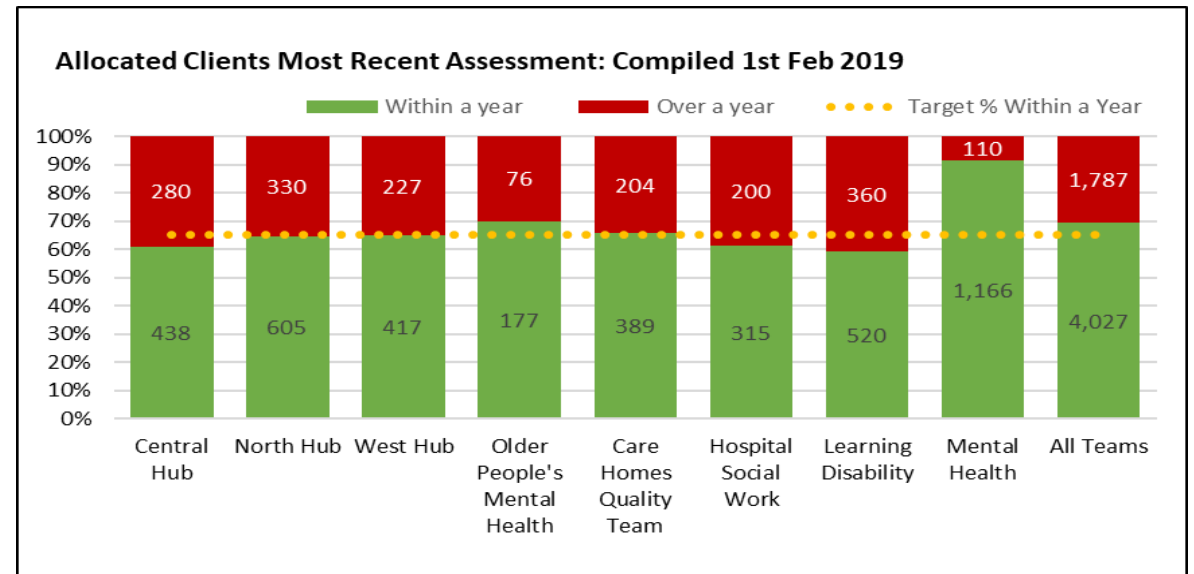
Reviews of Allocated Clients

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 continue to make significant improvements in reviewing clients since May 2018, as have CHQT.

We will continue to focus on 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	
	Number of Clients	% of Clients	Number of Clients	% of Clients
Team	Number of Clients	% of Clients	Number of Clients	% of Clients
Central Hub	438	61.0%	280	39.0%
North Hub	605	64.7%	330	35.3%
West Hub	417	64.8%	227	35.2%
Older People's MH Team	177	70.0%	76	30.0%
Care Homes Quality Team	389	65.6%	204	34.4%
Hospital Social Work	315	61.2%	200	38.8%
Learning Disability	520	59.1%	360	40.9%
Mental Health	1,166	91.4%	110	8.6%
Compiled 1st February 2019	4,027	69.3%	1,787	30.7%



Adult Services Performance

Residential Reablement

During November and December, combined reablement services, had an overall percentage of 71% of people returning to their own homes, independently and with care packages.

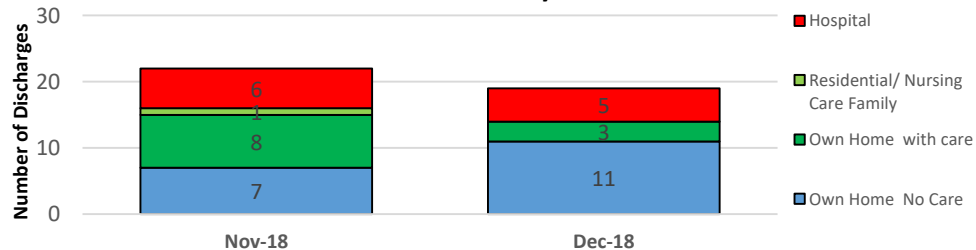
Bonymaen House discharges over this period were 68% and Ty Waunarlwydd was 86%.

However there were no discharges from Ty Waunarlwydd during December.

Combined discharges, the majority of people returned home with no care package, the second highest category was discharges to hospital.

Leaving Residential Care	Nov-18		Dec-18	
	BH	TW	BH	TW
Total Residential Reablement	15	7	19	0
Of Which				
Own Home No Care	6	1	11	0
Own Home with care	3	5	3	0
Residential/ Nursing Care Family	1	0	0	0
Hospital	5	1	5	0
Deceased	0	0	0	0
% Went home	60%	86%	74%	0
Average Length of Stay	25	59	44	0

Residential Reablement Discharges Bonymaen House & Ty Waunarlwydd

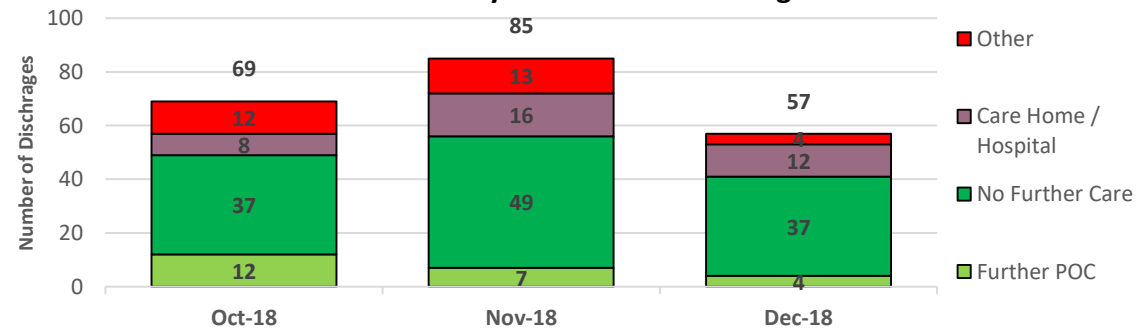


Community Reablement

The data on community reablement is unfortunately not as robust as data relating to residential reablement and we will be taking action to improve the data quality, coverage and completeness.

Leaving Community Reablement	Oct-18	Nov-18	Dec-18
Total Left	69	85	57
Further POC	12	7	4
No Further Care	37	49	37
Care Home / Hospital	8	16	12
Other	12	13	4
% No further care	54%	58%	65%

Community Reablement Discharges



Adult Services Performance

Timeliness of Response to Safeguarding Issues

Performance in December 2018 was 71% on the 7 days measure. We will maintain focus on swift responses to safeguarding enquiries.

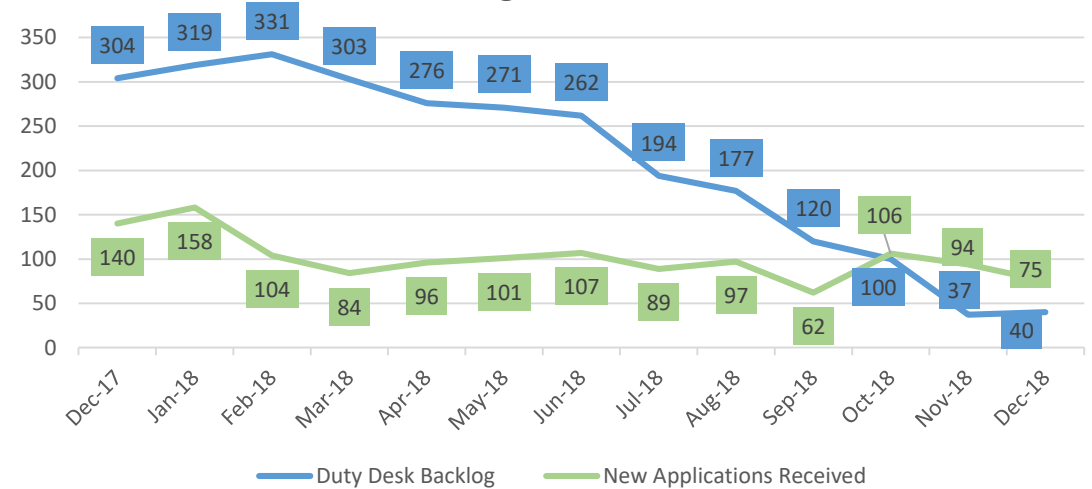
Only 17% of enquiries met threshold in December 2018, 68% did not meet threshold and 13% were awaiting a decision or closed at Intake / referred to health. We continue to seek ways to improve the quality of enquiries so that a larger proportion meet the threshold for investigations.

Month	Oct-18	Nov-18	Dec-18	Month Trend	Direction of Travel
Enquiries Received	113	107	68	↓	High
Timeliness of Response					
Responded within 24 hrs	57	35	26	↓	High
% responded within 24 hrs	50.4%	32.7%	38.2%	↑	High
Responded within 2-7 days	47	43	22	↓	High
% responded within 7 days	92%	72.90%	70.6%	↓	High
Responded over 7 days	8	22	13	↑	Low
Awaiting response	1	7	7	→	Low
% awaiting response	0.9%	6.5%	10.3%	↓	Low
Outcome					
Thresholds	113	90	67	↓	High
Threshold Met	42	22	12	↓	High
% Threshold met	37.2%	24.4%	17.9%	↓	High
Threshold Not Met	62	54	46	↑	Low
% Threshold not met	54.9%	60.0%	68.7%	↓	Low

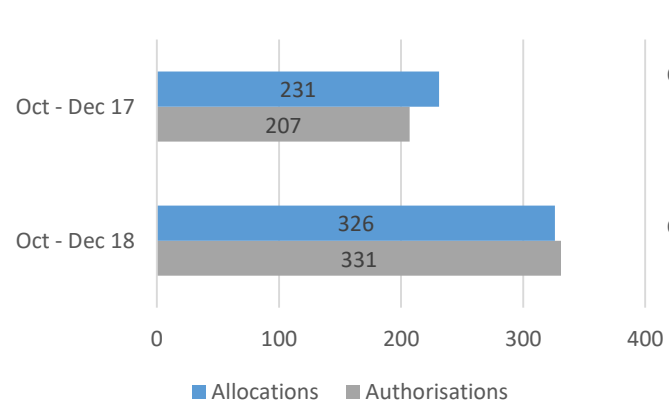
Timeliness of Deprivation of Liberty Assessments

For 2018/19, a new DoLS Team has been implemented. There was a specific issue with timeliness for the majority of BIA and SB assessments. The new working arrangements have shown an increase in performance in all areas.

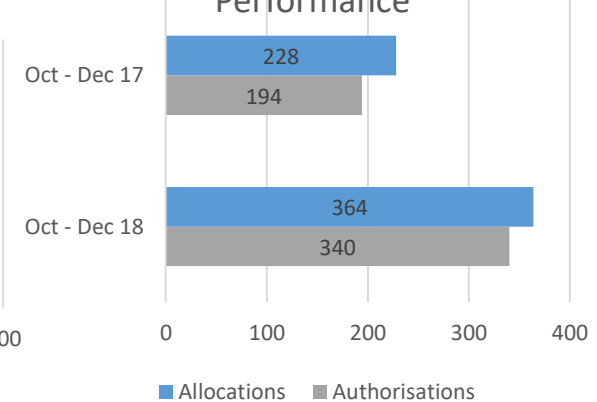
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



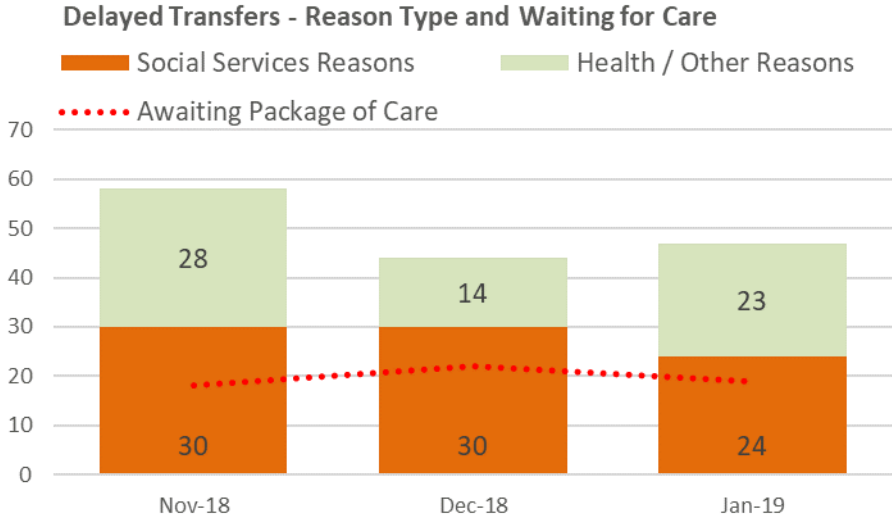
Quarterly Signatory Body Performance



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.

Delayed Transfers	Nov-18	Dec-18	Jan-19	Month Trend	Direction of Travel
Total Delays	58	44	47	↓	Low
Of which					
Health / Other Reasons	28	14	23	↓	Low
Social Services Reasons	30	30	24	↑	Low
% social services	51.7%	68.2%	51.1%	↑	Low
Awaiting Package of Care	18	22	19	↑	Low
% of Social Services Reasons	60.0%	73.3%	79.2%	↓	Low



**ADULT SERVICES SUMMARY MANAGEMENT
INFORMATION REPORT
DATA FOR DECEMBER 2018 / JANUARY 2019**



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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.

Common Access Point (CAP)

We continue to deal with a large volume of requests for support via the Common Access Point. We believe that the MDT approach is helping to prevent unnecessary assessment. 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.6).

Local Area Co-ordination (LAC)

Our performance team will continue to work with the LAC Team to maximise the utility of the data they are gathering (p.8). Performance is consistently exceeding target for 2018/19.

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.9).

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. 11-15) and most assessments are completed in under 30 days (p. 15). *Mental Health* : The service continues to provide assessment for those requiring mental health support (pp. 16-17).

Community Reablement

There have been some improvements in the effectiveness of the community reablement service during the year (p. 18-19) but the evidence is incomplete. We have been working through a program of development of the relevant information systems. These systems improvements are expected to improve consistency of recording.

Residential Reablement

Reablement services have contained to discharge the majority of people to their own homes (p.19-21).

Permanent Residential / Nursing Care

We continue to see admissions running at a higher level (p.23). We have therefore introduced a Panel to test and challenge decisions made about new and temporary placements into residential and nursing care.

Temporary Placements to Residential / Nursing Care

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.26).

Domiciliary Care

The numbers of people receiving a package of care has increased as has the total number of hours provided (p.28).

Safeguarding Adults

This is an area of critical focus due to the need to ensure that people are safeguarded, to ensure that our work is as effective as possible, keeping people safe and reducing the risk of further abuse or neglect. 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. However further drop in performance on timeliness of response during August and September 2018 meant the 1 day target was missed. Close scrutiny of this by the Principal Officer and Head of Service is being carried out and will be considered once further data has been prepared. (p.30).

Deprivation of Liberty Safeguards (DoLS)

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance have been noted during 2018. 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%. During 2018/19 this has dropped to 53.7% but the new arrangements are starting to make a difference. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves and preliminary results for August suggest strong improvement. (p.34).

Common Access Point

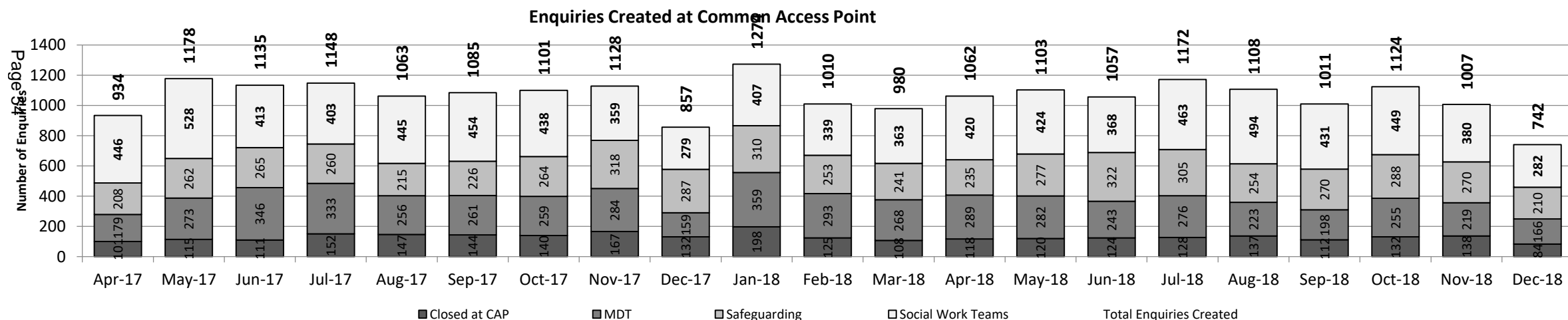
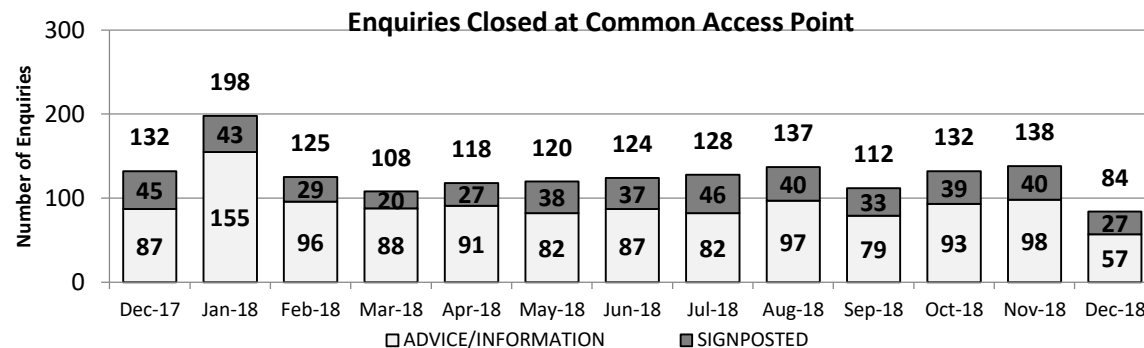
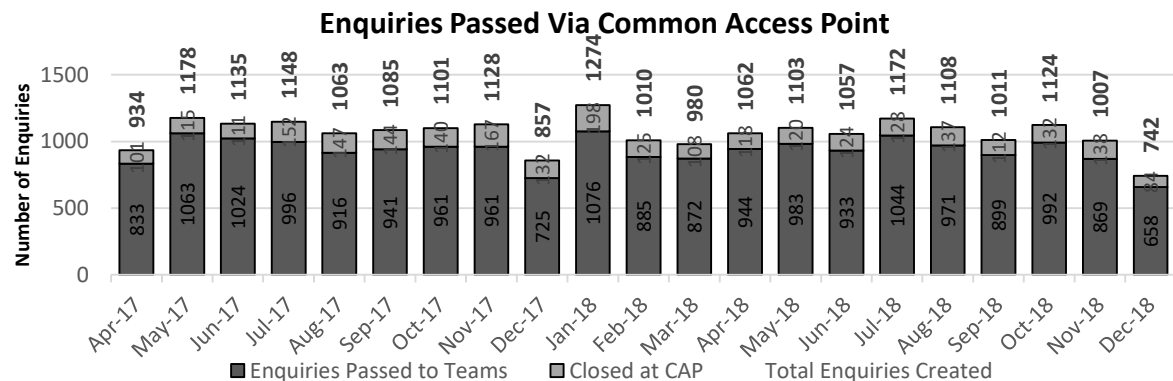
Common Access Point (CAP)

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.

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>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% was set for 2017/18 and continued into 2018/19.</p>	<p>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.</p> <p>For 2017/18, performance on this indicator was well above target at 93.8%.</p> <p>To date during 2018/19, performance of 86% has been achieved, exceeding target.</p>
<p>To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.</p>	<p>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.</p> <p>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.</p>
<p>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</p>	<p>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.</p>
<p>We wish to make effective use of the Third Sector Broker arrangements.</p>	<p>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.</p>

Common Access Point

Enquiries Created at Common Access Point



What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains 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. We will continue to monitor for sustained changes to patterns of enquiry.

Common Access Point

What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through	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.
We have been able to respond to the periodic (May and November) fluctuations in safeguarding referrals caused by the anniversary of the relevant court judgment that drove up DOLS referrals.	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.	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 3 rd sector broker referrals.		Transformation Team staff are working with the service to improve recording processes for Third Sector Broker activity.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards

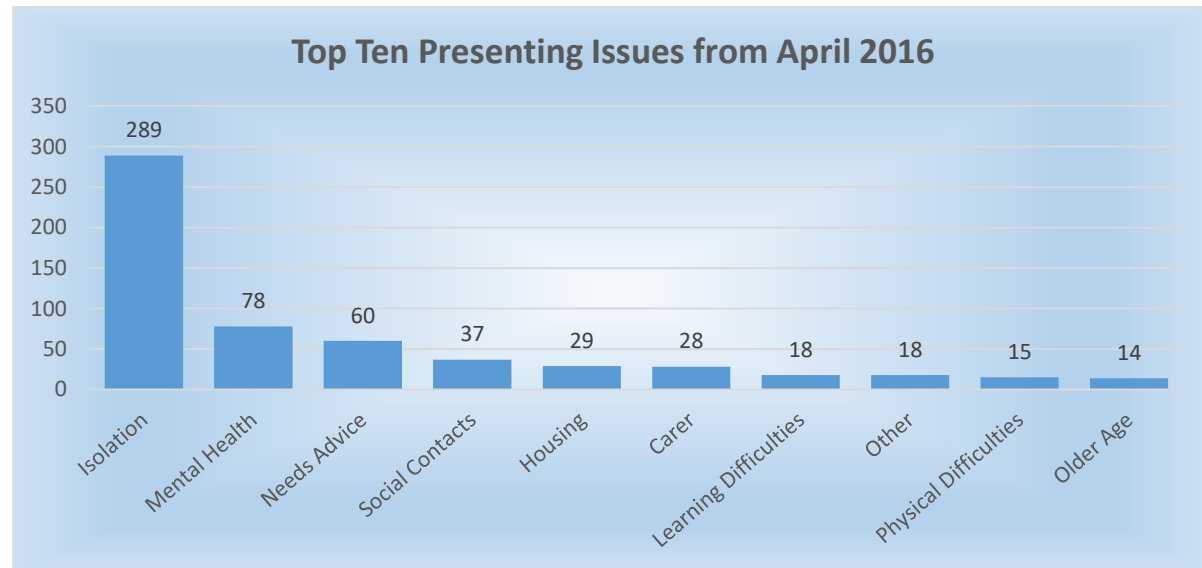
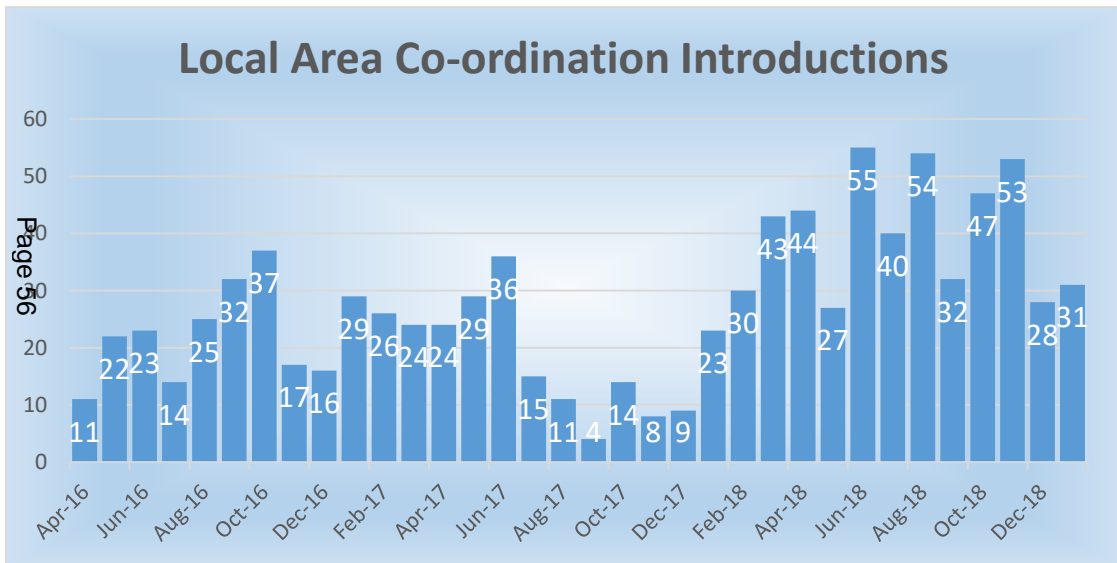
Local performance indicator SUSC5 set a target of 35 new introductions to the service each quarter during 2016/17. For 2017/18, this was set at 60 a quarter and for 2018/19 the target is 75 a quarter or 25 a month.

Summary of Outcomes / Performance

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 comfortably.

Requests for Local Area Co-ordination and Main Presenting Issues

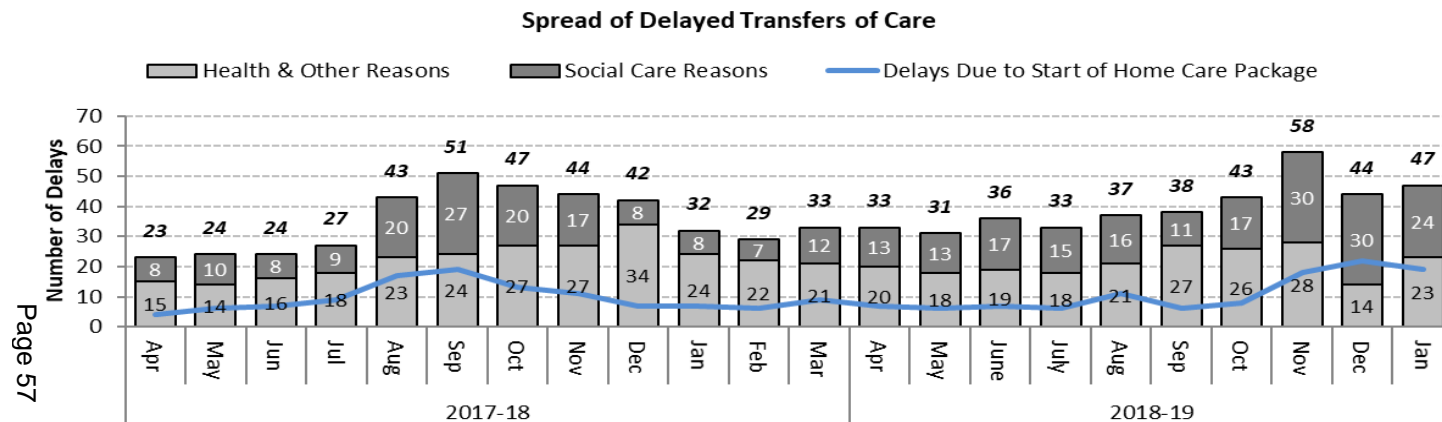
'Other' includes categories of 10 or less introduction reasons in the period, including Child and Family, Community Tension, Domestic Violence and Employment.



What is working well?	What are we worried about?	What are we going to do?
New introductions have been growing this year, recording info 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 Transfer 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 3.4 up to September 2018, which is within target for this stage of the year (3.5).



Delay Reasons	
1.01 Awaiting completion of	0
2.01.01 Mainstream	1
2.01.03: Specialist	1
2.02.04: Awaiting provision of community equipment (excluding NHS continuing healthcare)	0
2.03.01: Awaiting start of new home care package	19
2.03.02: Awaiting restart of previous home care package	0
2.04.03: Awaiting care home manager to visit and assess under Standard 3 (nursing)	1
2.05.01: No appropriate vacancy exists	1
2.06.01 Assessment completed, awaiting funding authorisation	1
2.06.04 Other	0

The 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

What is working well?	What are we worried about?	What are we going to do?
The arrangements for recording and reporting delayed transfers are well-established.	Significant worsening in numbers of individuals delayed due to waiting for package of home care.	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.
	Increasing numbers delayed since. 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 established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	

Adult Services Performance

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 and increased to 70% for 2018/19.	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 October is 70.3% , just on target
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 Morryston 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**

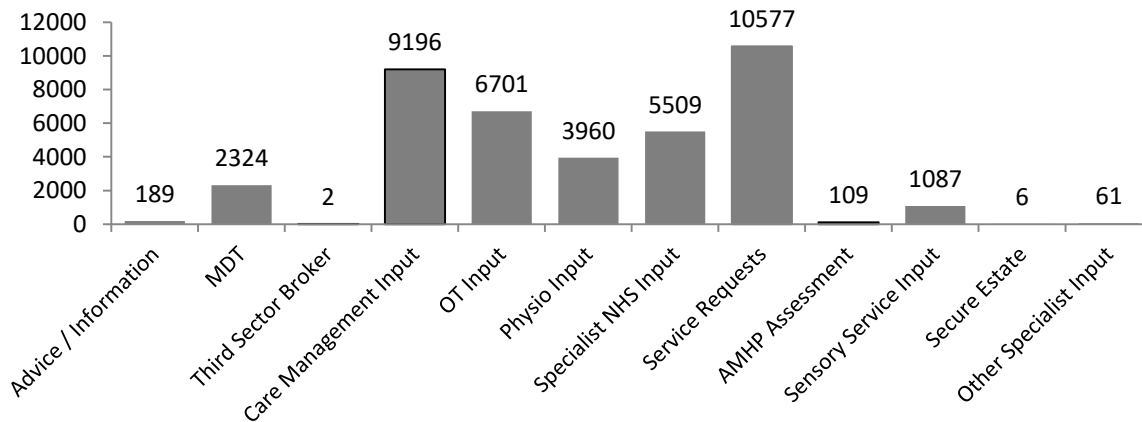
Enquiries Created by Team

People Subject of Enquiry by Team and by Type of Enquiry April 2016 - December 2018

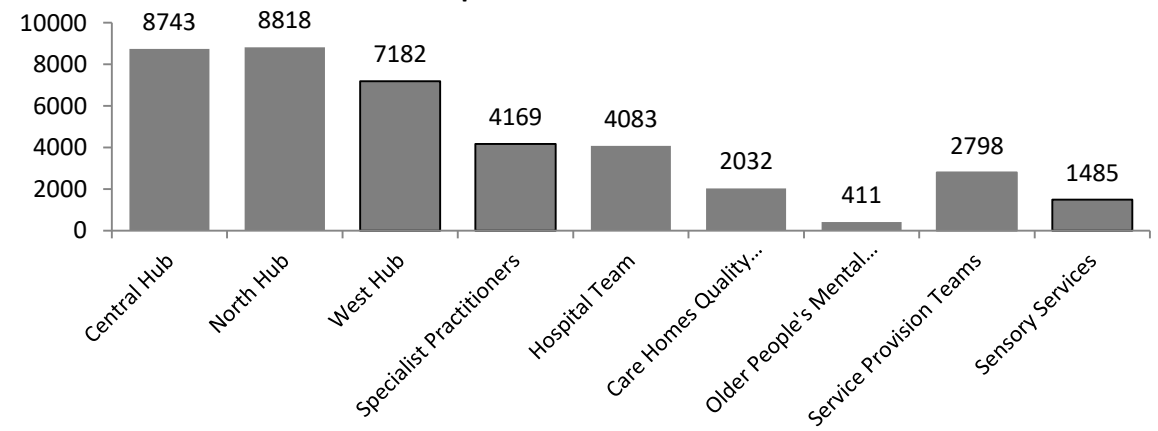
	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Service Provision Teams	Sensory Services	All Referral Types	% of all Types
Enquiries Number of People											
Advice / Information	38	56	55		11	5	2		22	189	0%
MDT	738	834	672		5	57	17	1		2324	6%
Third Sector Broker	1				1					2	0%
Care Management Input	1574	1892	1488	4	3575	378	268	6	11	9196	23%
OT Input	2530	2301	1856	9	3	1	1			6701	17%
Physio Input	1554	1305	1099		2					3960	10%
Specialist NHS Input	367	326	658	4151	1	1	1	1	3	5509	14%
Service Requests	1934	2059	1349		453	1589	48	2790	355	10577	27%
AMHP Assessment		35			1		73			109	0%
Sensory Service Input									1087	1087	3%
Secure Estate	3	2	1							6	0%
Other Specialist Input	4	8	4	5	31	1	1		7	61	0%
All Adult Services	8743	8818	7182	4169	4083	2032	411	2798	1485	39721	
Percentage of Teams	22%	22%	18%	10%	10%	5%	1%	7%	4%		

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**Number of People by Enquiry Type
Apr 2016 - Dec 2018**



**Number of People by Enquiry Team
Apr 2016 - Dec 2018**



Referrals Created by Team

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

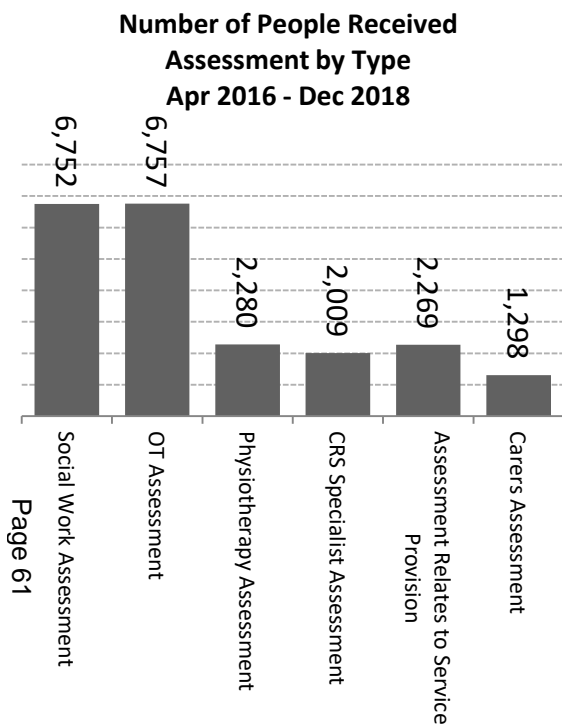
Many service users receive more than one enquiry type in a period of time. The most common enquiry type relate to service provision such as home care or community reablement.

Number of Referrals	Central Hub	North Hub	West Hub	Older People's Mental Health Team	Care Homes Quality Team	Hospital Team	Sensory Services	Service Provision Teams	Specialist Practitioners	All Referral Types	Percentage of Referral Type
Advice / Information	39	60	65	2	5	11	22			204	0%
Signposting			1							1	0%
MDT	881	1,003	840	17	61	5		1		2,808	5%
Third Sector Broker	1					1				2	0%
Care Management Input	1,919	2,151	1,734	310	430	4,699	11	6	4	11,264	22%
OT Input	3,425	3,150	2,714	1	1	3			9	9,303	18%
Physio Input	1,872	1,599	1,336			2				4,809	9%
Specialist NHS Input	394	345	736	2	1	1	4	1	5,395	6,879	13%
Service Requests	2,441	2,931	1,825	63	2,800	519	423	3,997		14,999	29%
AMHP Assessment		37		85		1				123	0%
Sensory Service Input							1,399			1,399	3%
Secure Estate	4	2	1							7	0%
Other Specialist Input	4	9	4	1	1	34	7		5	65	0%
All Adult Services	10,980	11,287	9,256	481	3,299	5,276	1,866	4,005	5,413	51,863	
Percentage of Team	21%	22%	18%	1%	6%	10%	4%	8%	10%		

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.		
We believe there is a consistent level of recording enquiries across the service.		

Assessments Completed by Team

Numbers of People Assessed and Assessments Completed by Assessment Type and by Assessment Team April 2016 – December 2018



Number of Assessments	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services	All Assessment Types	Number of People Assessed
Social Work Assessment	1286	1922	1386		1857	917	430	725	8523	6752
OT Assessment	2624	2474	1749						6847	6757
Physiotherapy Assessment	804	862	640	2					2308	2280
CRS Specialist Assessment	320	565	325	869					2079	2009
Assessment Relates to Service Provision	807	803	673	1					2284	2269
Carers Assessment	301	487	406		37		83	2	1316	1298
Number of Assessments Completed	6142	7113	5179	872	1894	917	513	727	23357	

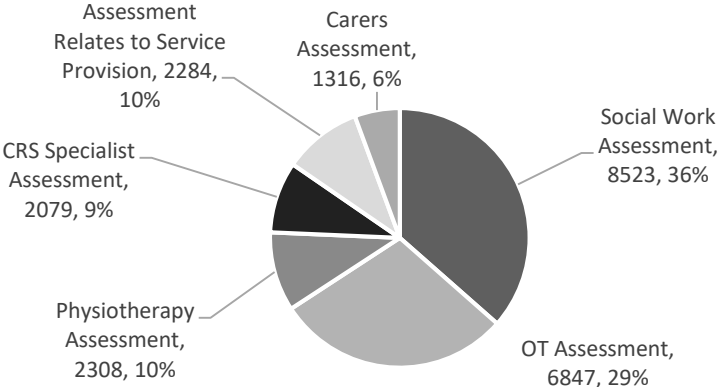
'Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead. *Assessment Relates to Service Provision* principally relate to assessment or review requests for changes to service user packages of domiciliary care.

Assessments Completed by Team

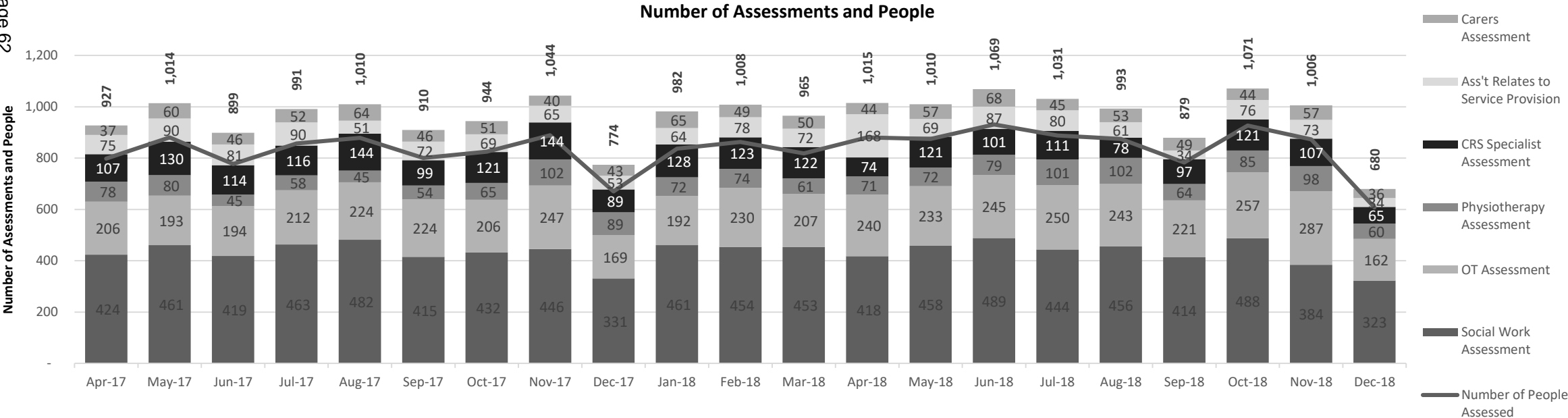
Distribution of Assessments by Type and Over Time (Apr 2017 – Dec 2018)

36% of completed assessments are social work assessments, which mostly comprise Overview Assessments and Review Assessments. Assessments for Occupational Therapy and Physiotherapy together account for 39% of all completed assessments. Assessments of need and OT / Physio assessments therefore represent 3 out of 4 completed assessments. The line in the graph shows the **total number of individuals** who were assessed.

Number of Assessments Completed by Type April 16 - December 2018

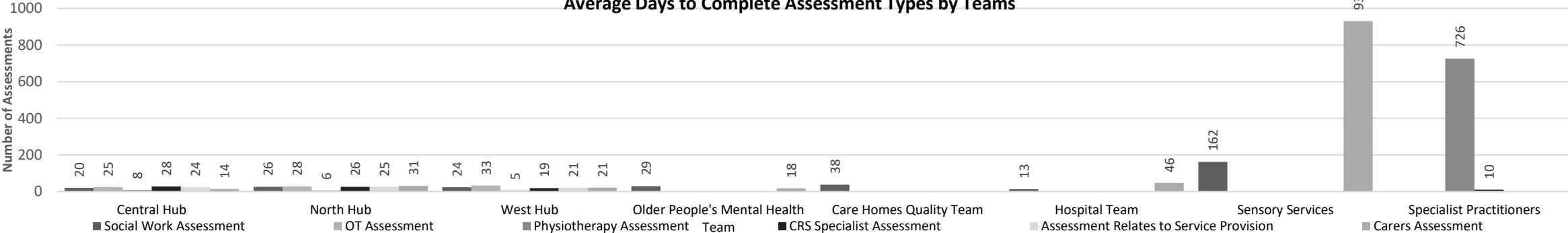


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Assessments Completed by Team

Average Days to Complete Assessment Types by Teams



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.
Typically assessments of need are completed within 30 days by most teams.	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.	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.		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.

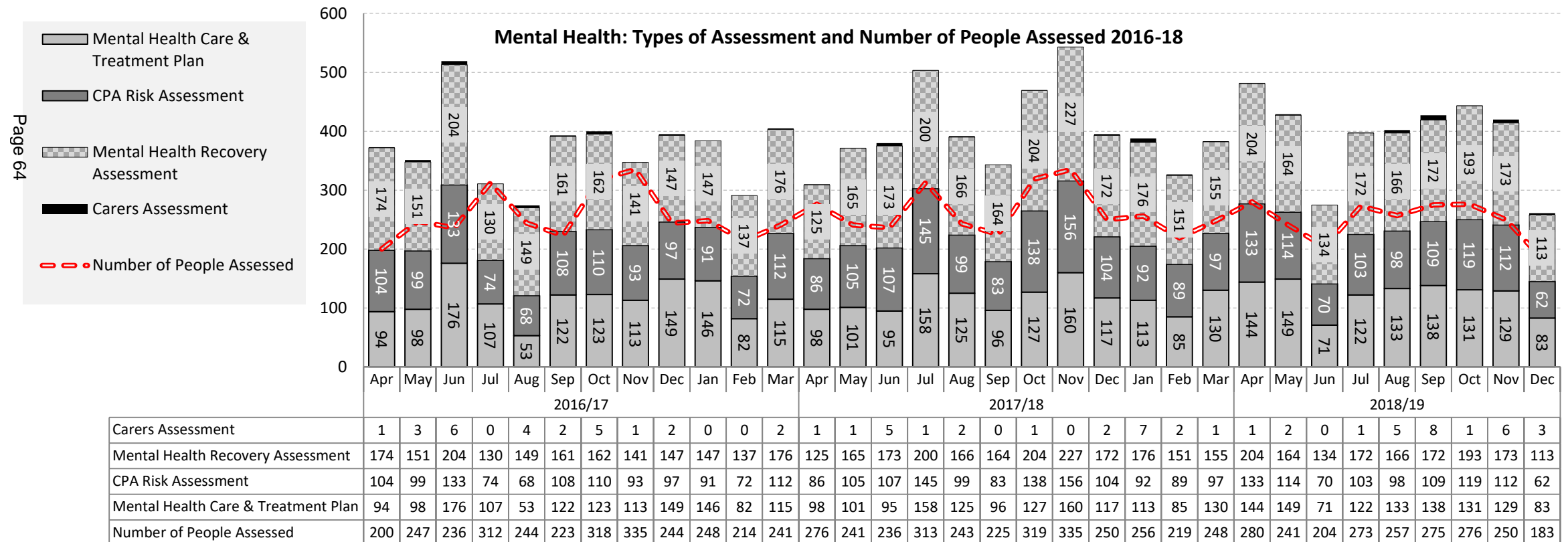
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

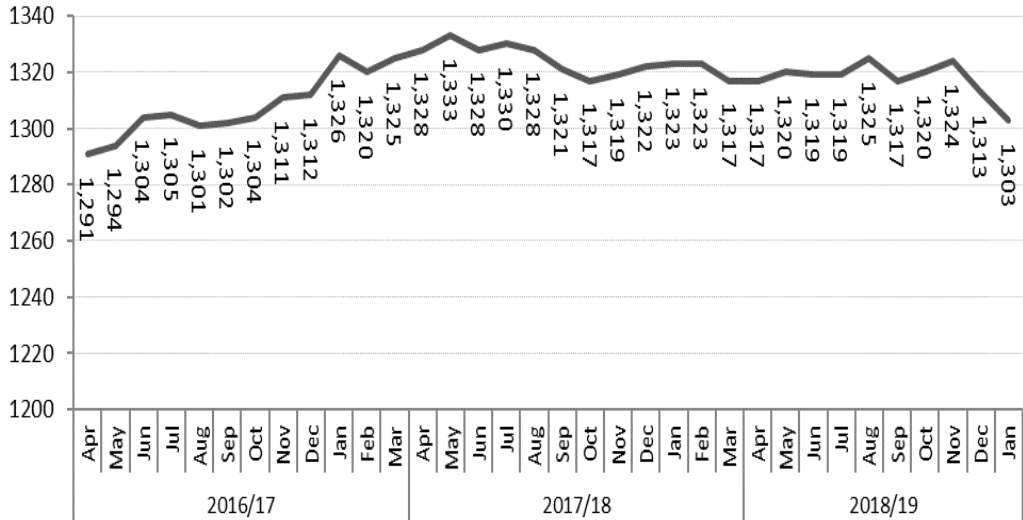
Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried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



People with Active Care & Treatment Plan

Clients with Active Care & Treatment Plan



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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.

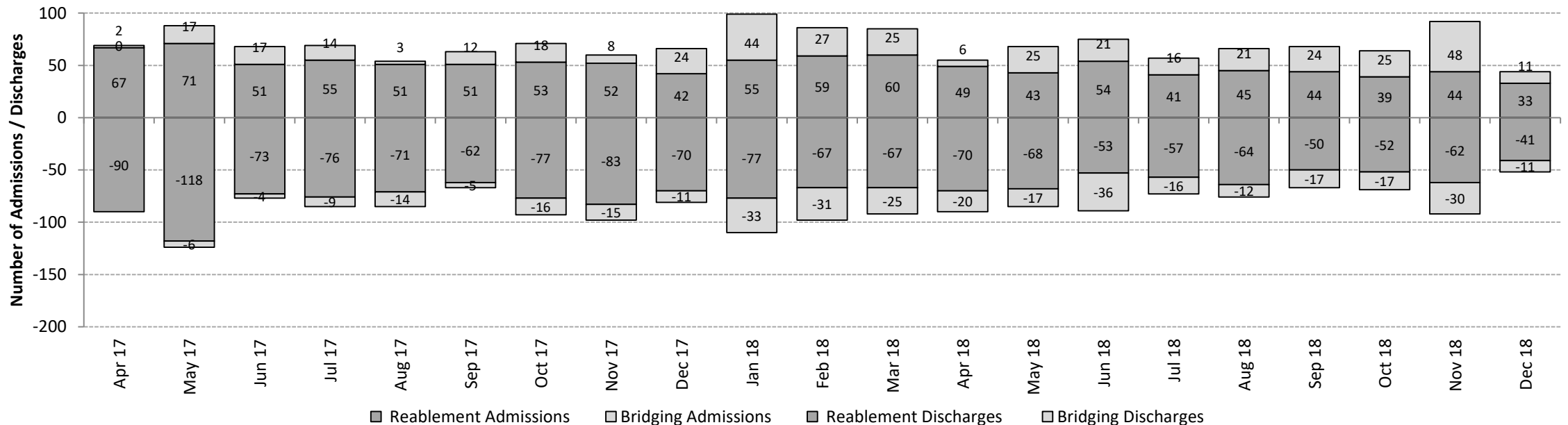
The overall caseload for the mental health service has remained relatively stable over the last 29 months (up 1% since April 2016). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically 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.

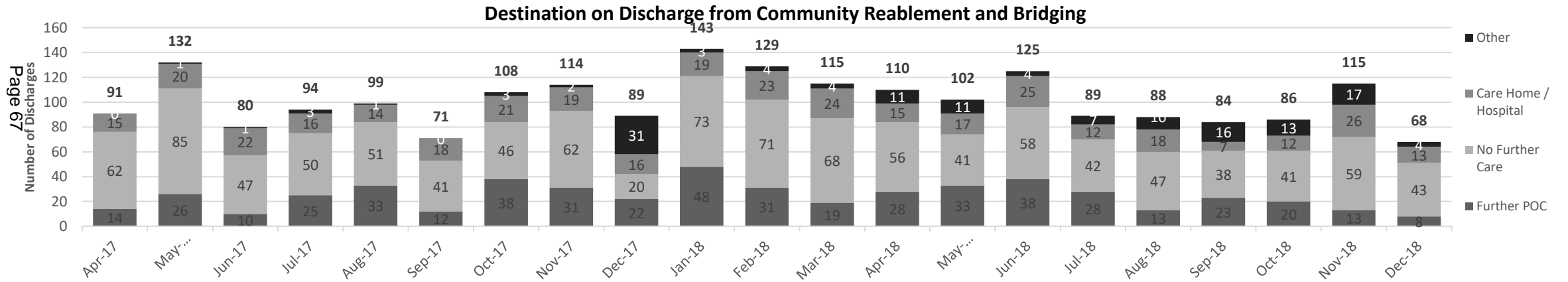
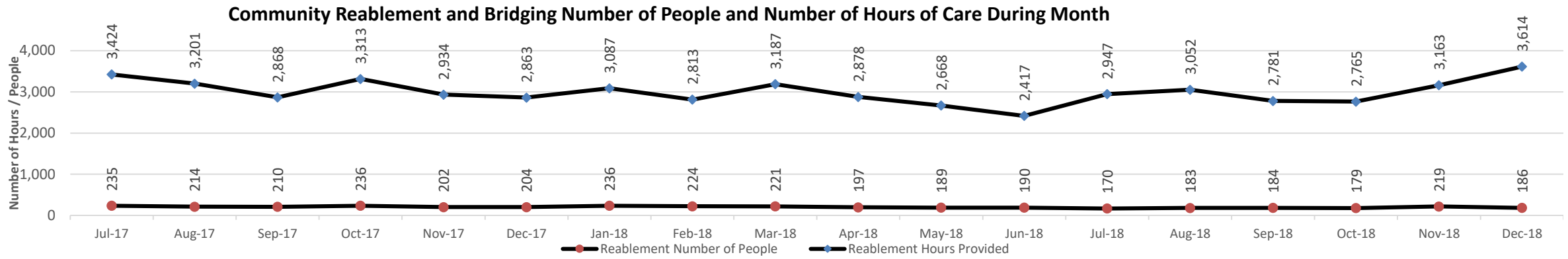
Community Reablement

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. Performance up to Q2 of 2018/19 is further improved at 86.3%
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. There have been 3 cases of this type during Q2 of 2018/19 and the performance result of 66.7% exceeds the target.

Community Reablement & Bridging Admissions and Discharges



Community Reablement



What is working well?	What are we worried about?	What are we going to do?
People continue to access the service and 70-90 people are currently being supported at any given time.	We know that stay lengths can increase due to pressures within the service, in terms of securing long-term care.	We will continue to divert people away from care in care homes or hospital where appropriate in line with people's desired outcomes.
		Maintain focus on effective commissioning arrangements and workflow processes for domiciliary care.

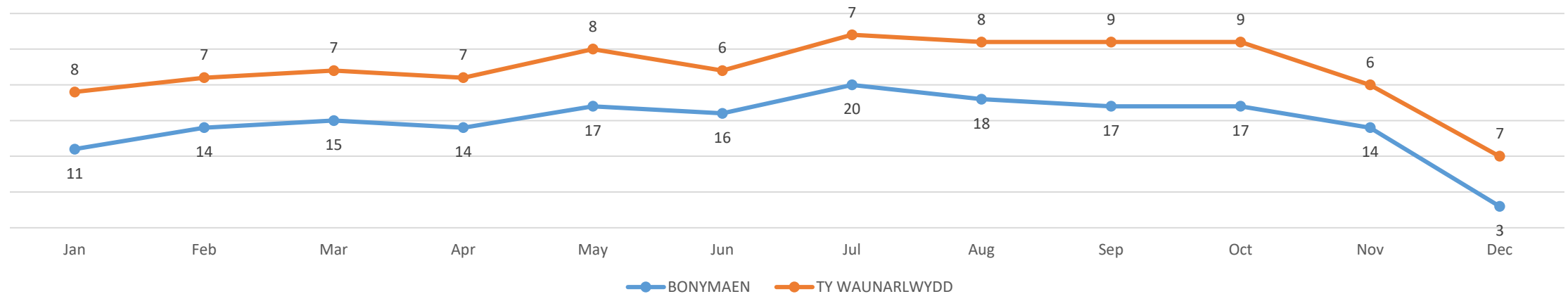
Residential Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>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.</p>	<p>There is good evidence the service has become effective in preventing admissions over the last 2 years.</p>
<p>There was a local PI relating 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.</p>	<p>During 2018 the overall figure of the people that returned home independently or with a care package with Bonymaen House 67% and within Ty Waunarlwydd 58%</p>

The graph below shows the amount of people resident within both services at the end of each month, January to December 2018 . Both services have a shape decreases during November and December. Possible related to the Christmas holidays.

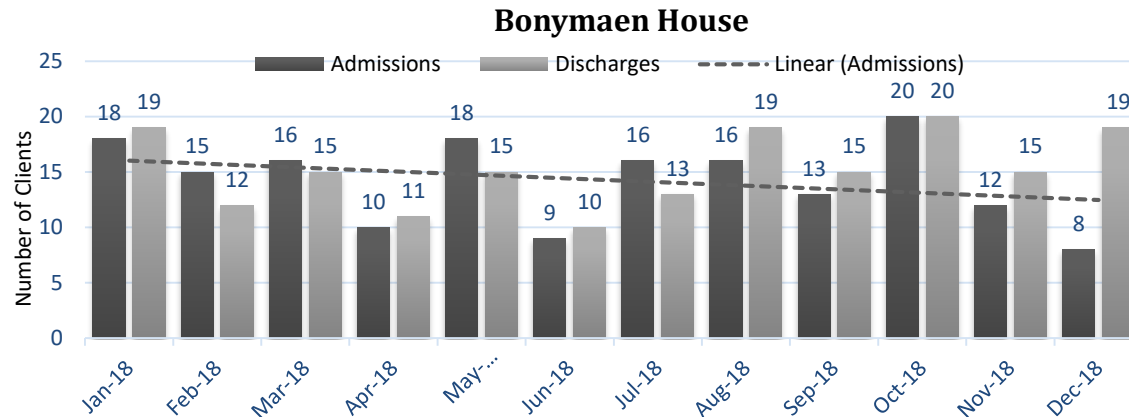
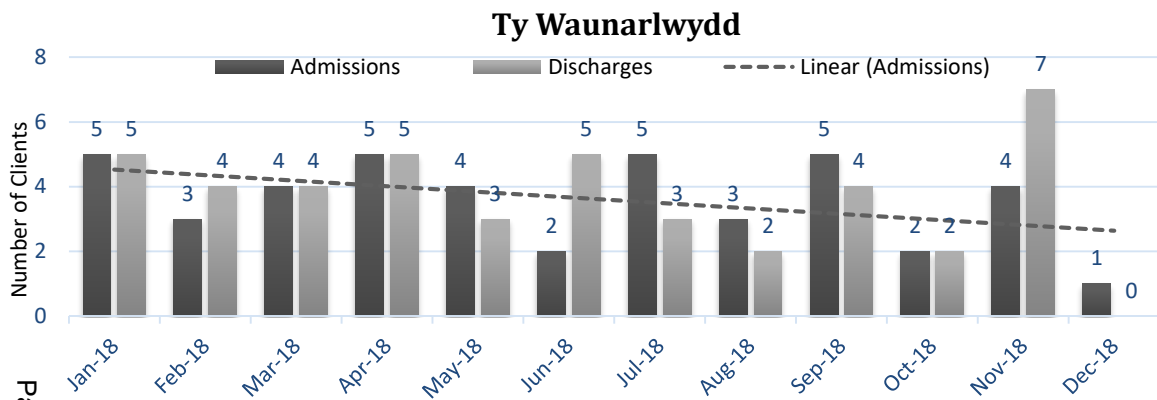
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PEOPLE IN RESIDENTIAL REABLEMENT AT END OF MONTH 2018



Admissions to /Discharges from Residential Reablement

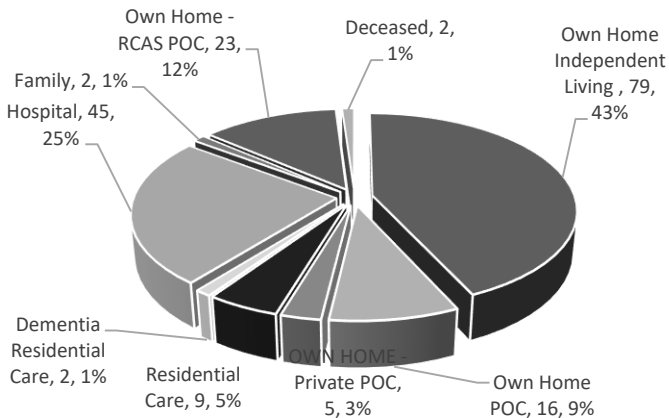
Both services have a trend line that is attached to the admissions bar. These are showing a decreasing amount of admissions for both services, Ty Waunarlwydd trend line angle is steeper than Bonymaen House, suggesting a greater decrease of admissions.



Effectiveness of Residential Reablement

The desired outcome of residential reablement, which is to avoid admission to a care home or hospital. Enabling a person to live within their own home as long as passable.

Bonymaen House Reablement Destination on Discharge Jan 17 - Dec 2018

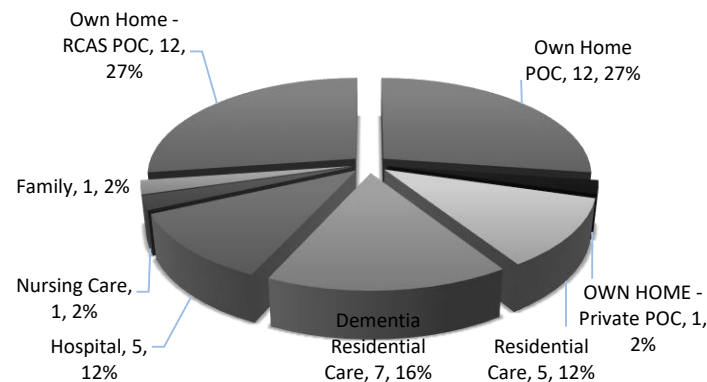


Bonymaen House

27 Assessment Beds.

The cumulative sum of discharges were 183. Of these the majority returned to their own home, 43% independently. Others returned home with a care packages, which accounted for 24%. The largest non-home based category was hospital, accounting for 25%.

Ty Waunarlwydd Reablement Destination on Discharge Jan 17 - Dec 2018



Ty Waunarlwydd

8 Assessment Beds.

The total cumulative discharges were 45. Of these 58% returned home, with care packages. Dementia residential care accounted for 16% of the overall discharges, this category has increased during the year. The remaining discharges were to residential care based services..

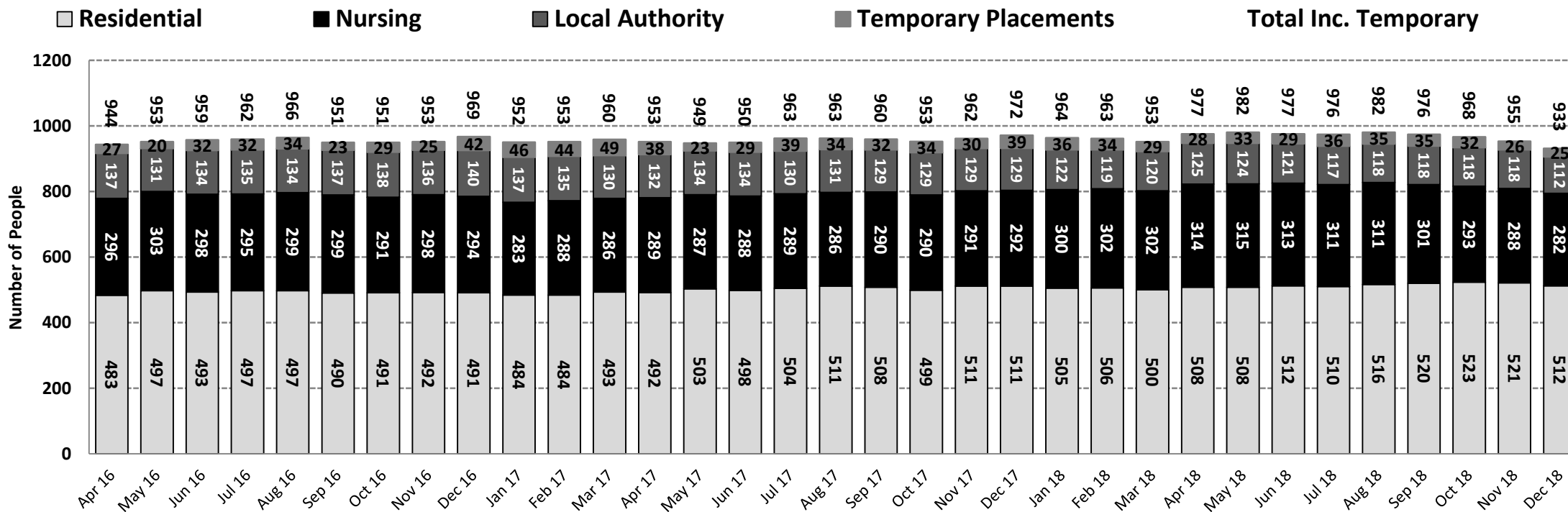
Residential Reablement

What is working well?	What are we worried about?	What are Possible actions?
<p>Both services have enable the majority of people to return to their own home, independently or with a care package.</p> <p>Services usage information is provide monthly, enable reports to be completed, within the current time period.</p> <p>Prior to reporting, a draft is shared with reablement services. Enabling any discrepancy's to be identified and amended before presentation.</p>	<p>Ty Waunarlyydd, predominantly support people living with dementia, of which 58% of all discharges returned home. However, some of these referrals may be deemed inappropriate, for example, where the person's condition has progressed to the stage that they are more likely to be discharged to residential accommodation.</p> <p>The average stay within Ty Waunarlyydd exceeds 42 days, which is the assessment period. From January to December 2018 this has been the case for 66% of admissions whereas Bonymaen House exceeded the assessment period by 25% for the same period.</p> <p>Reasons for this include waiting for a long tern residential placement to become available, the unavailability of equipment or a suitable discharge destination .</p> <p>Once the assessment has been completed, or the 42 day assessment period has lapsed the person can be charged for their exceeded stay. However this was not always been possible where the service may be deemed responsible for the prolonged stay – see above. This has resulted in potential loss of revenue and a reduction in bed capacity.</p>	<ul style="list-style-type: none"> Review the assessment eligibility criteria, to reduce the likelihood of people being admitted, that have a high probability of being discharged to hospital or nursing care. <p>Review how the 42 day assessment period is managed, with an aim to have the person assessed and discharged within this time frame.</p> <p>Review the pathway and resources available in the community to ensure a speedy discharge.</p> <p>The above actions will form part of the reshaping of internal care home services as part of the Adult Services model, under the Older People's Commissioning Review, phase 2.</p>

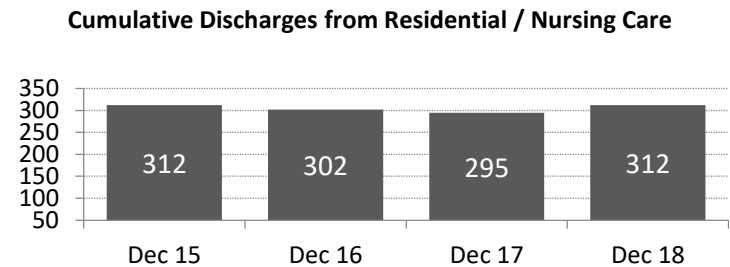
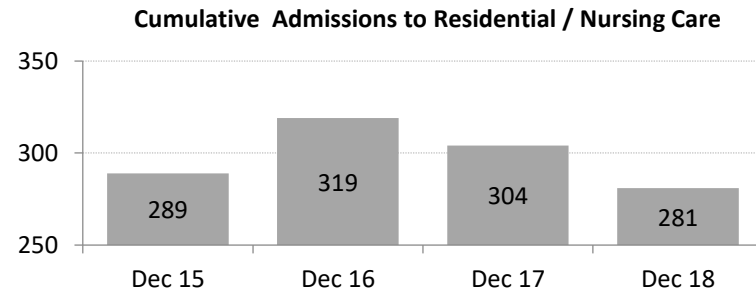
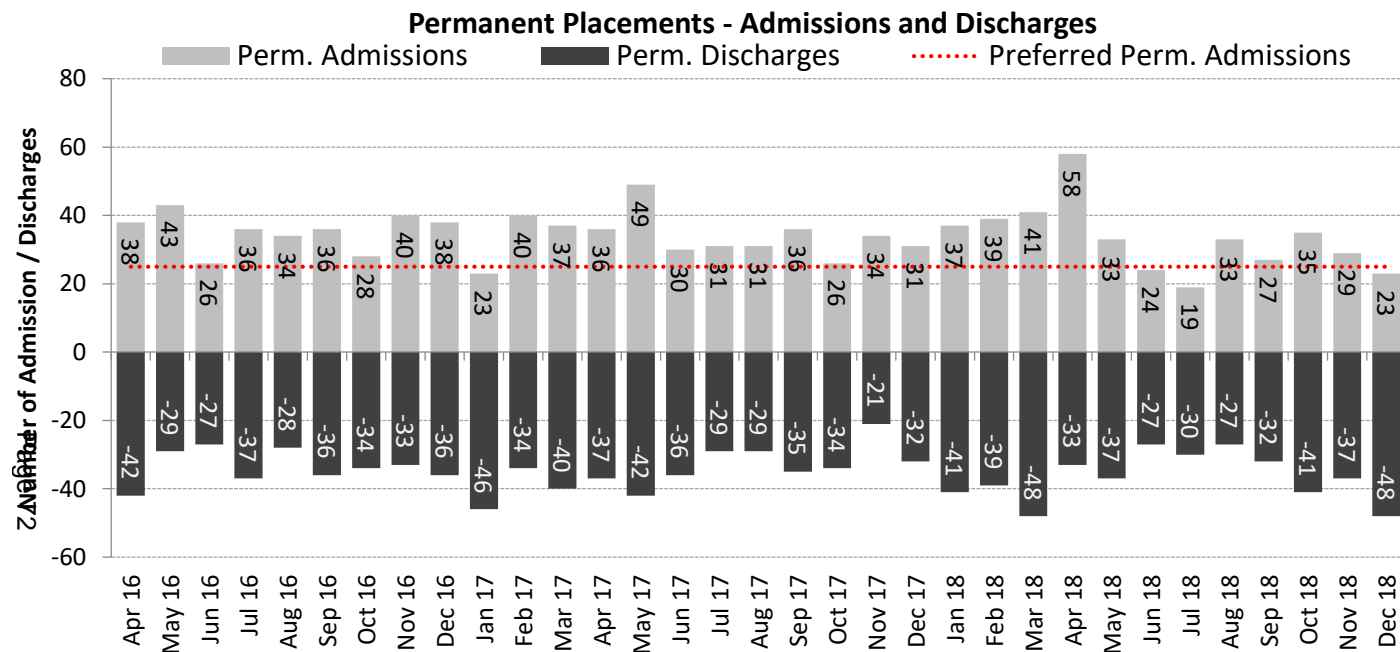
Residential / Nursing Care for Older People

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 19.5
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.	For 2017/18, Measure 21 was 921.8 and Measure 22 was 83.7 .
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 2018/19, they are 920.9 (better) and 83.0 (poorer) respectively

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Admissions to and Discharges from Residential / Nursing Care



What is working well?	What are we worried about?	What are we going to do?
	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.

Temporary Placements

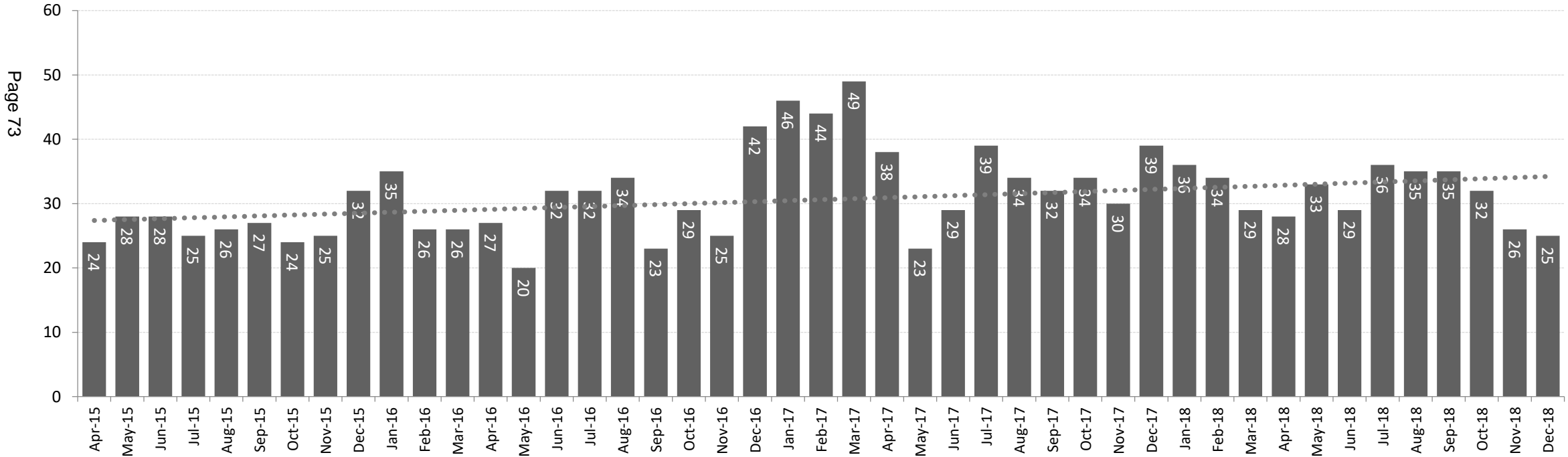
Temporary Admissions to Residential / Nursing Care

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.

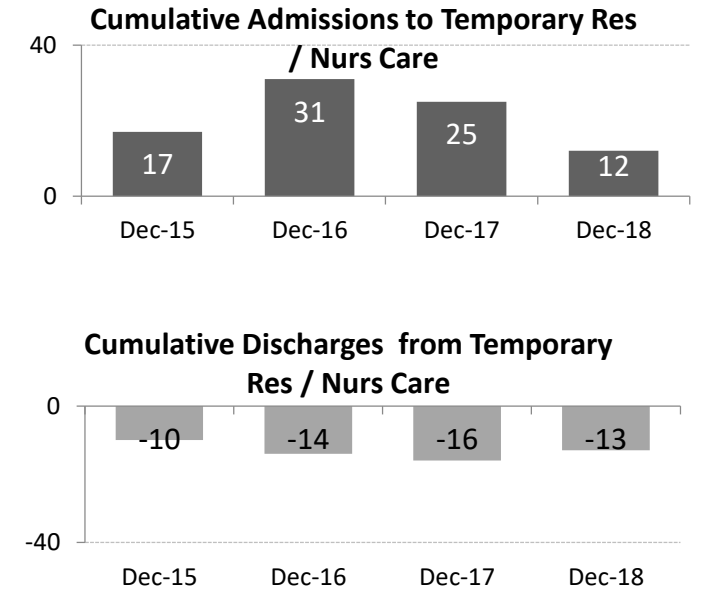
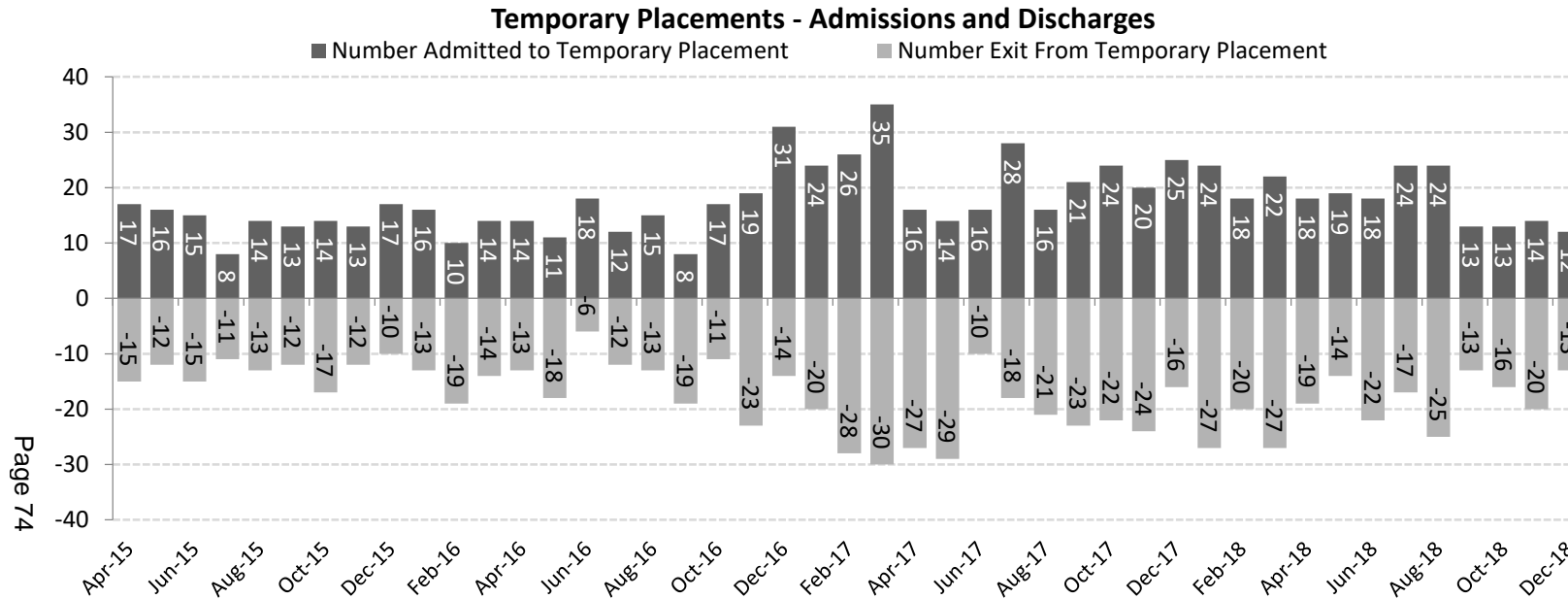
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

Numbers in Temporary Placement At Month End



Temporary Placements

Admissions to and Discharges from Temporary Residential / Nursing Care



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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.	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.

Temporary Placements

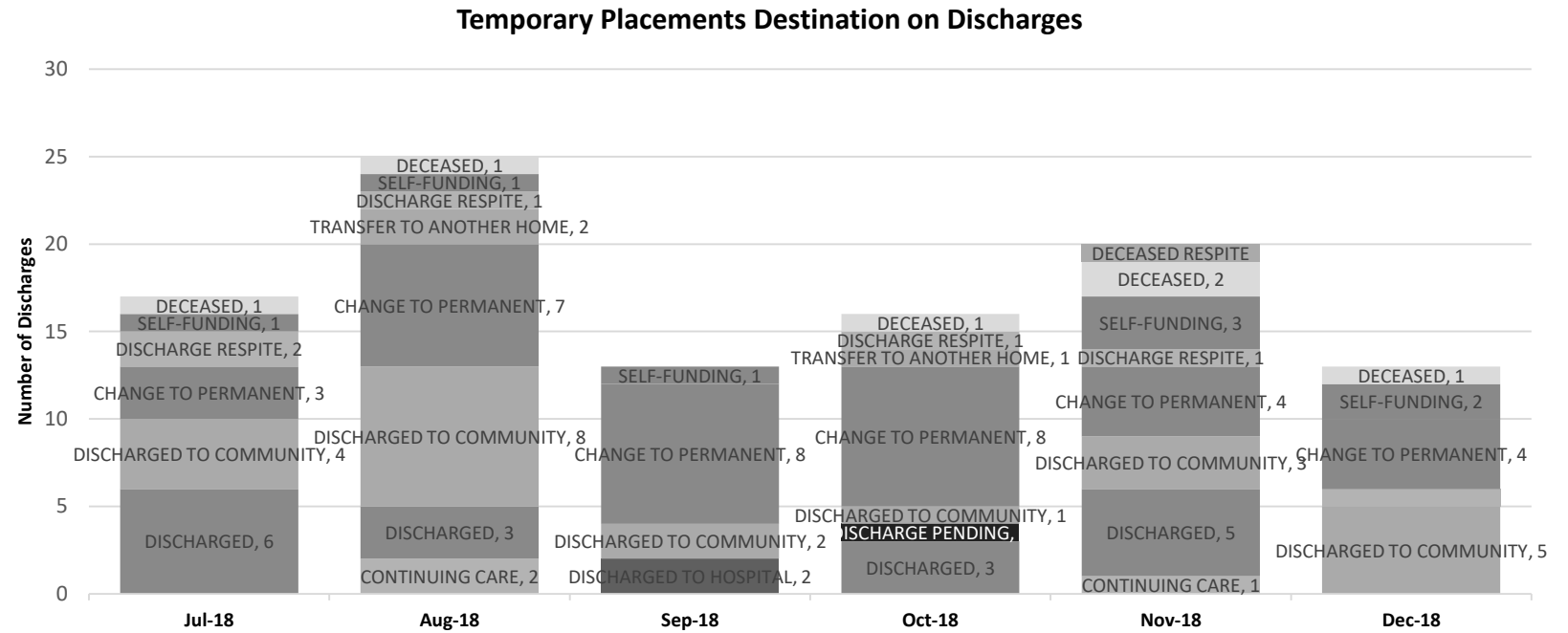
Destination on Discharge from Temporary Residential / Nursing Placements

The chart opposite shows the destination of people who have ceased to be in a temporary placement.

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

8.8% 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.



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 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.

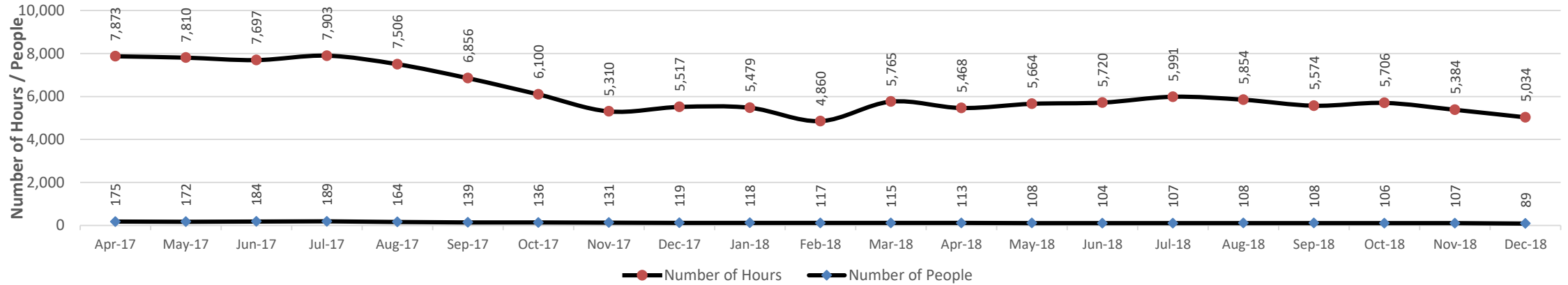
Long Term Domiciliary Care

Providing Long-Term Domiciliary Care

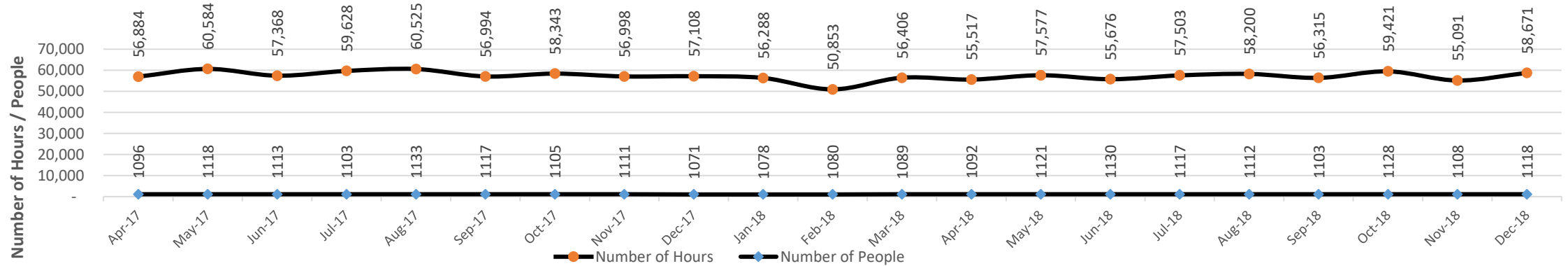
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care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

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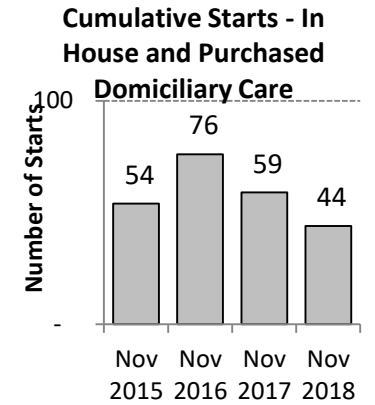
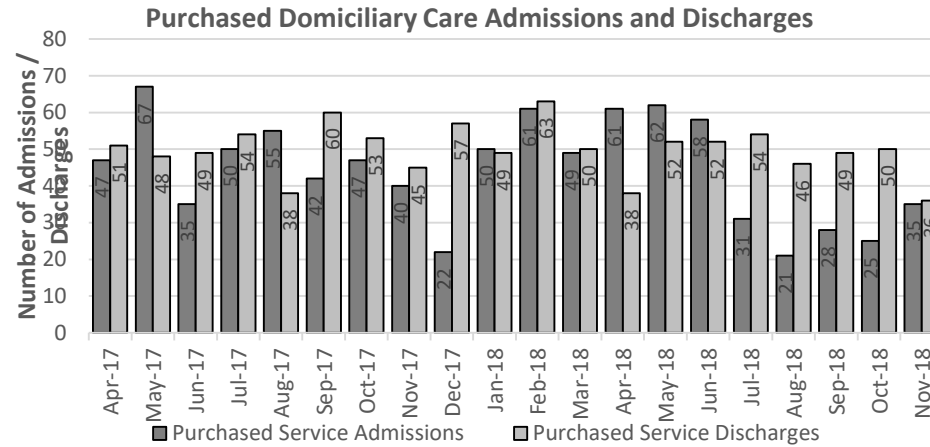
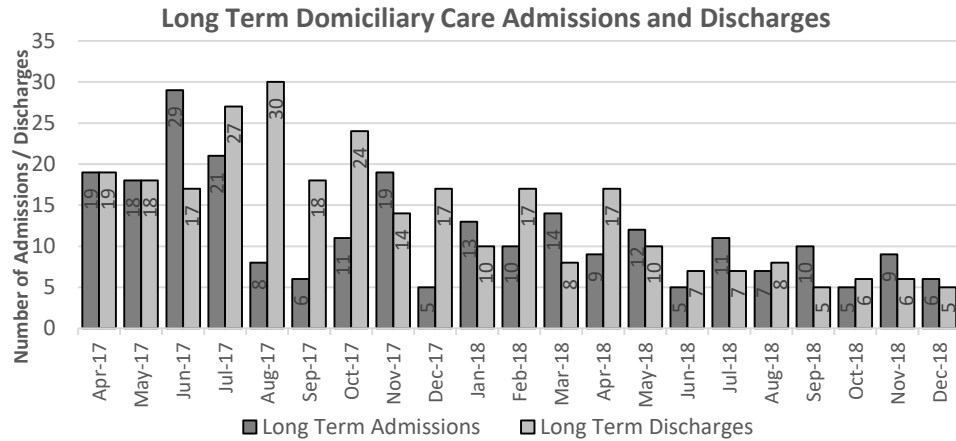
In-House Long Term Number of People and Number of Hours of Care During Month



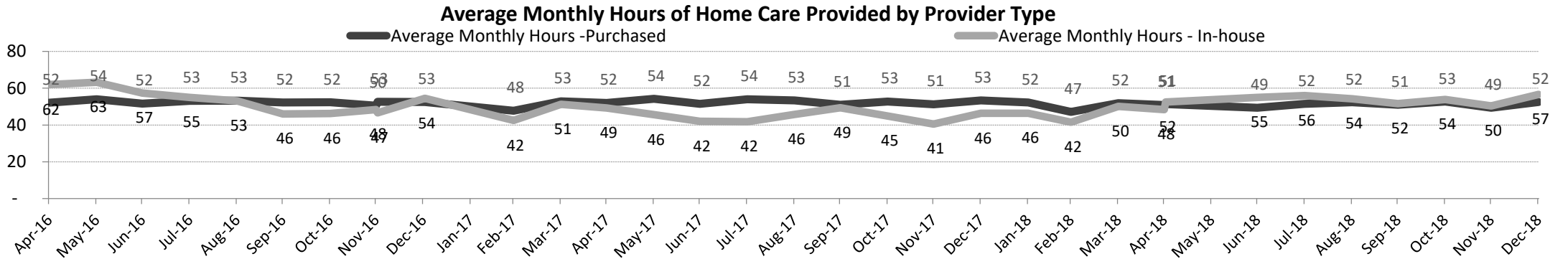
Purchased Number of People and Number of Hours of Care During Month



Long Term Domiciliary Care



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What is working well?	What are we worried about?	What are we going to do?
	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.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	

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
<p>Effective safeguarding procedures are dependent on effective enquiries being made.</p> <p>Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 <i>hours</i>. 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.</p> <p>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</p>	<p>Performance on this indicator for 2016/17 was 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.</p> <p>Cumulative for the whole of 2017/18 performance was just below the revised target at 63.7%.</p> <p>Current 2018/19 performance is below target at 58.2%</p>
<p>National Indicator: Measure 18: The percentage of adult protection enquiries completed within 7 <i>days</i>. . 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.</p> <p>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%.</p>	<p>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.</p> <p>Performance for the whole of 2017/18 met the target at 91.9% .</p> <p>Current 2018/19 performance is above target at 93.7% but performance will need to be monitored closely.</p>

Safeguarding

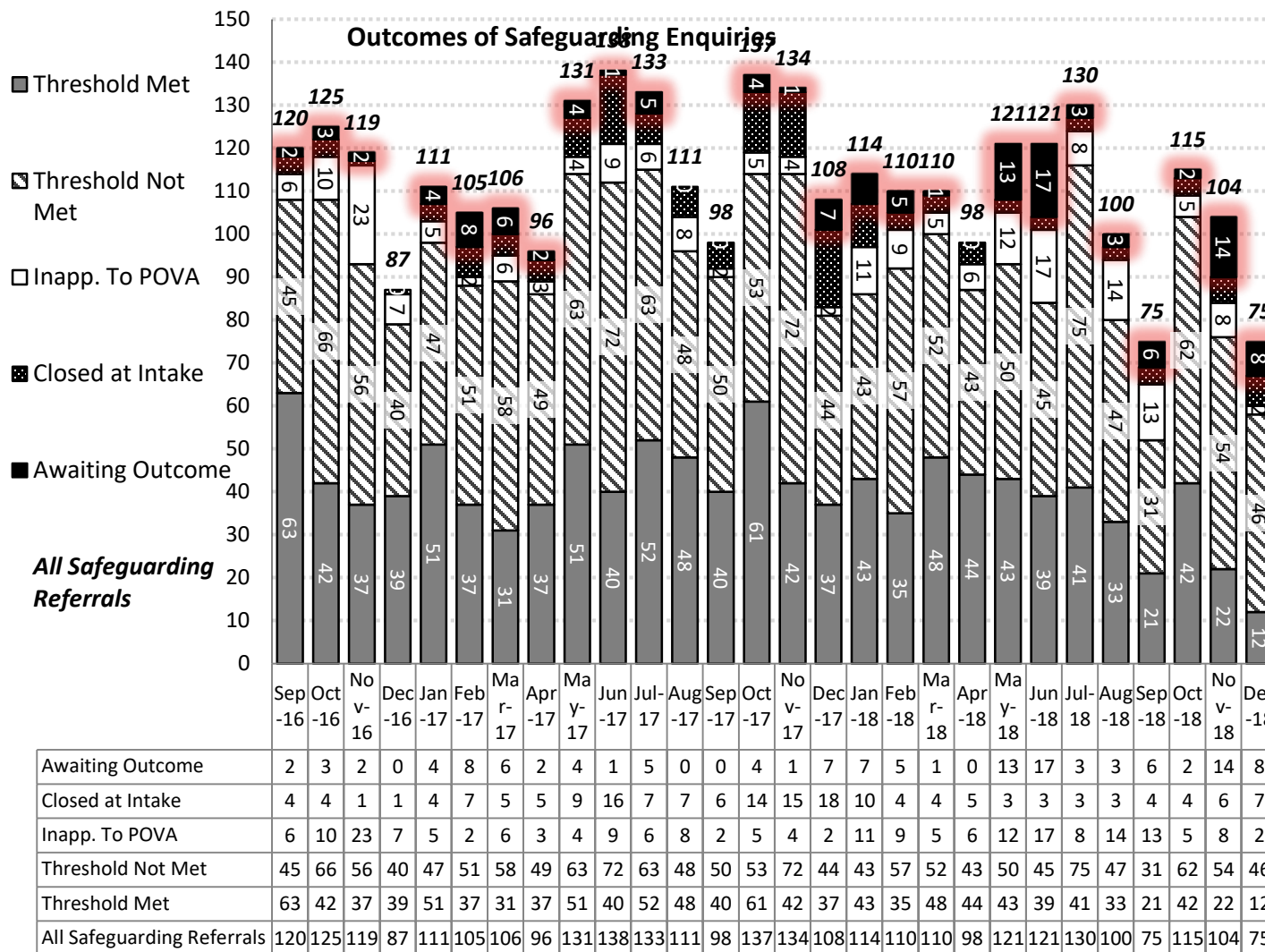
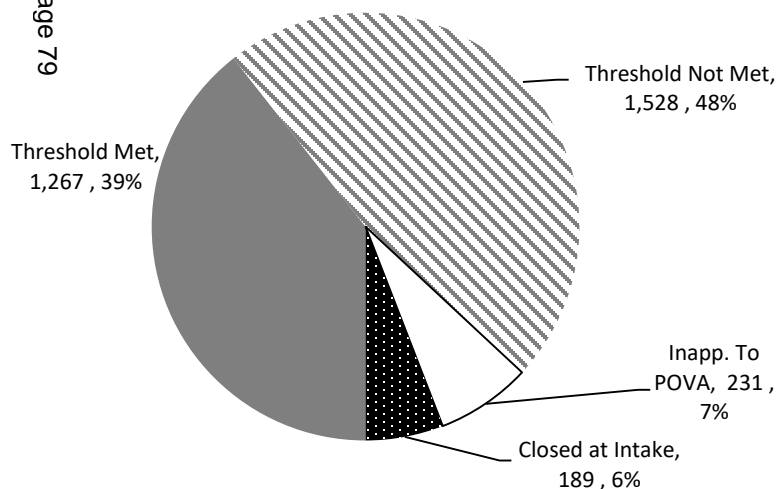
Safeguarding Enquiries and Outcomes

The graphs show that of the 3,347 safeguarding enquires completed since September 2016, 39% met the threshold for investigation and 48% did not meet the threshold.

Highlighted are those enquiries that were 'Awaiting Outcome' at the end of each month. These do not accumulate. At the end of December 2018, 8 were outstanding

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Outcomes of Safeguarding Enquiries:
Sept 2016 - Dec 2018



What is working well?

Numbers are remaining relatively constant.

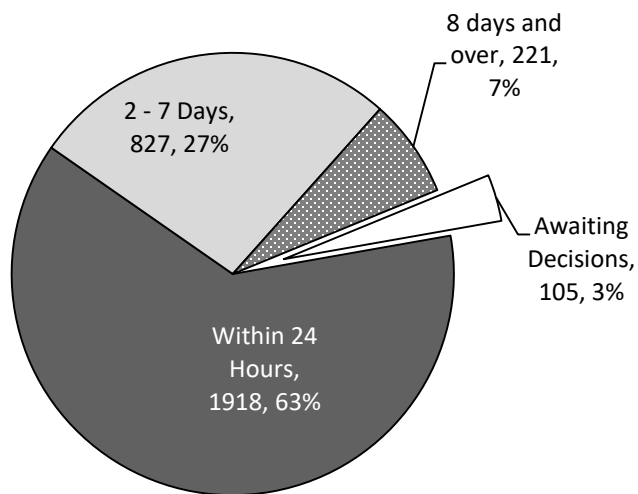
What are we worried about?

Some recording and compliance issues remain amongst some staff.

What are we going to do?

Information has been passed by the Performance Team to the relevant Principal Officers to highlight these issues.

Safeguarding Thresholds Completed
In Timescale: Sep 2016 - Dec 2018

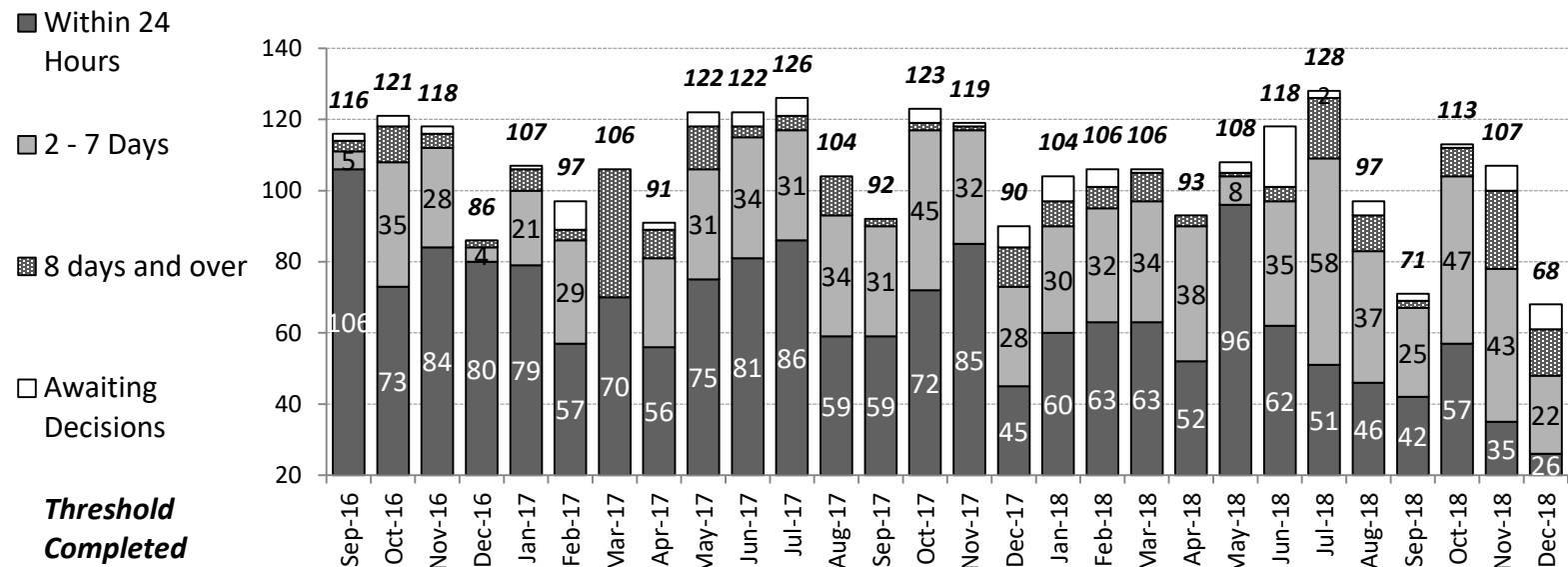


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We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since September 2016.

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 between 2-7 days.

Safeguarding Thresholds Completed within Timescales

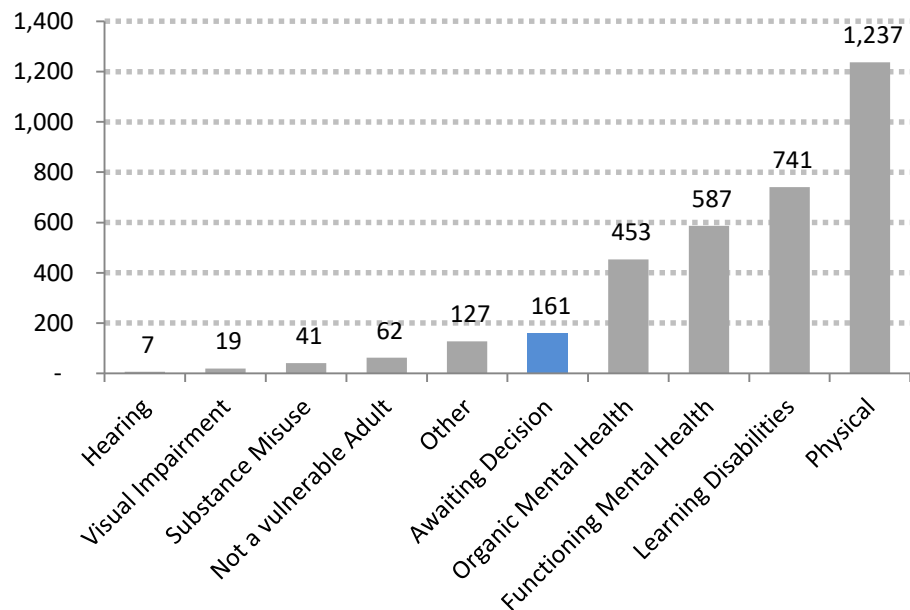


Threshold Completed

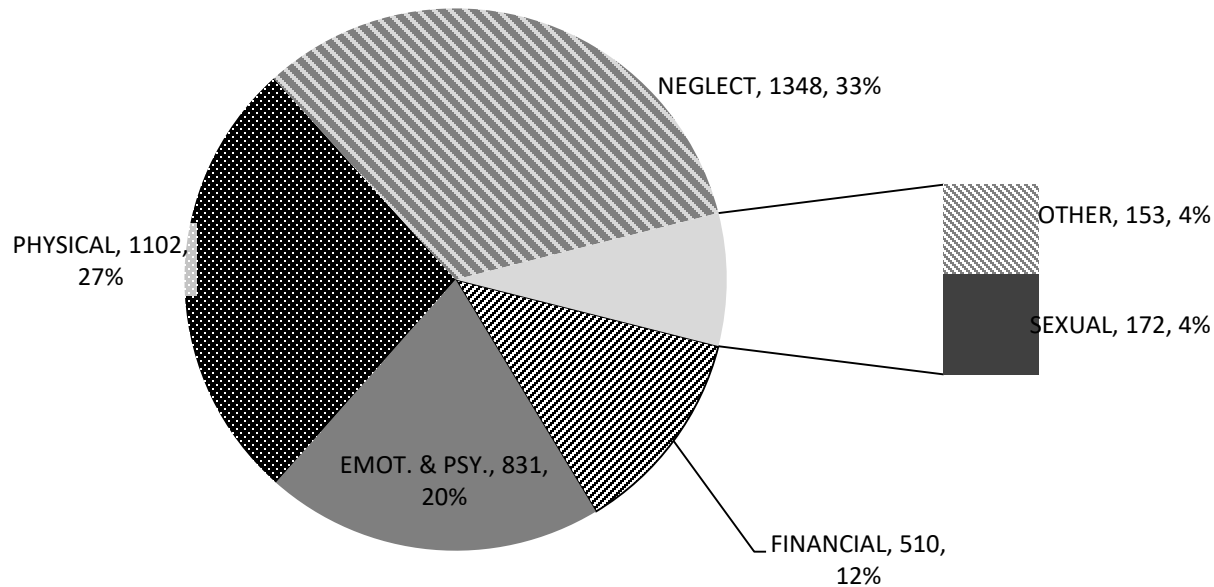
Threshold Completed	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Awaiting Decisions	2	3	2	0	1	8		2	4	4	5	0	0	4	1	6	7	5	1	0	3	17	2	4	2	1	7	7
8 days and over	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1	11	7	6	8	3	1	4	17	10	2	8	22	13
2 - 7 Days	5	35	28	4	21	29		25	31	34	31	34	31	45	32	28	30	32	34	38	8	35	58	37	25	47	43	22
Within 24 Hours	106	73	84	80	79	57	70	56	75	81	86	59	59	72	85	45	60	63	63	52	96	62	51	46	42	57	35	26
Threshold Completed	116	121	118	86	107	97	106	91	122	122	126	104	92	123	119	90	104	106	106	93	108	118	128	97	71	113	107	68

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 was sustained but fluctuates in 2018/19 with more cases taking 8 days and over to complete.	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.

**Main Category of Vulnerability
Apr 2016 - Dec 2018**



Types of Abuse Reported in VA1 Apr 2016 - Dec 2018



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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 2017-18.

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 60% 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

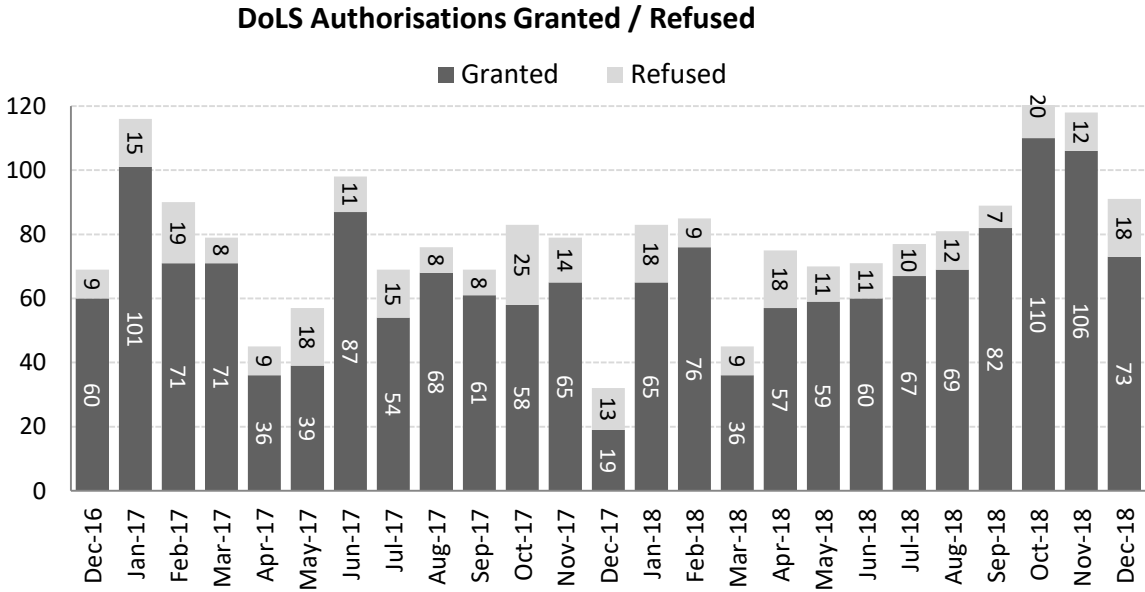
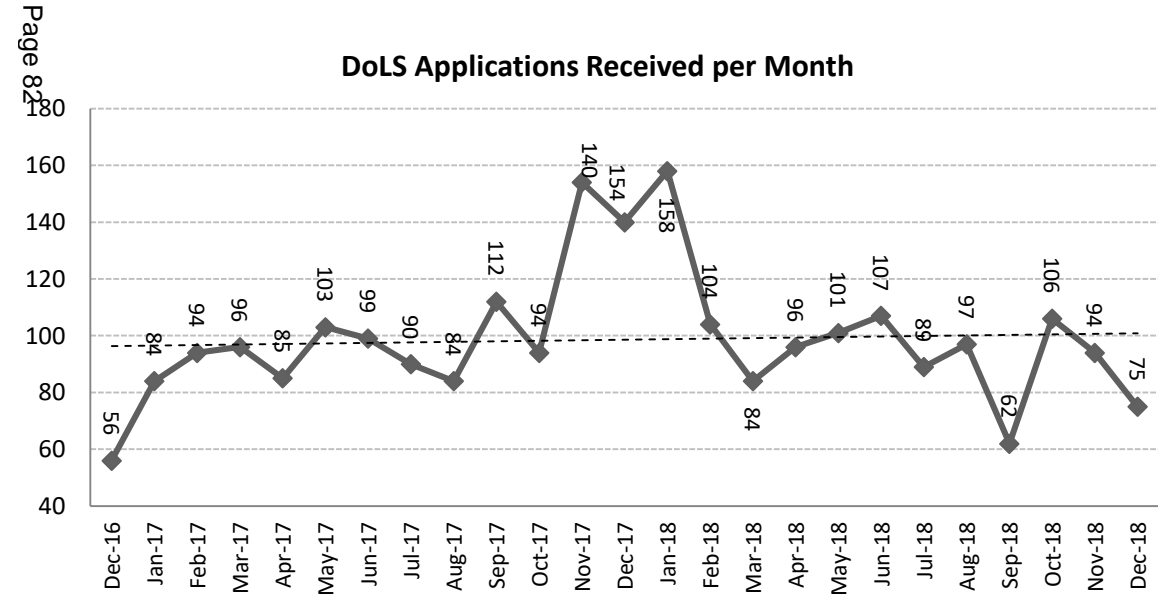
Deprivation of Liberty Safeguards (DoLS)

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.

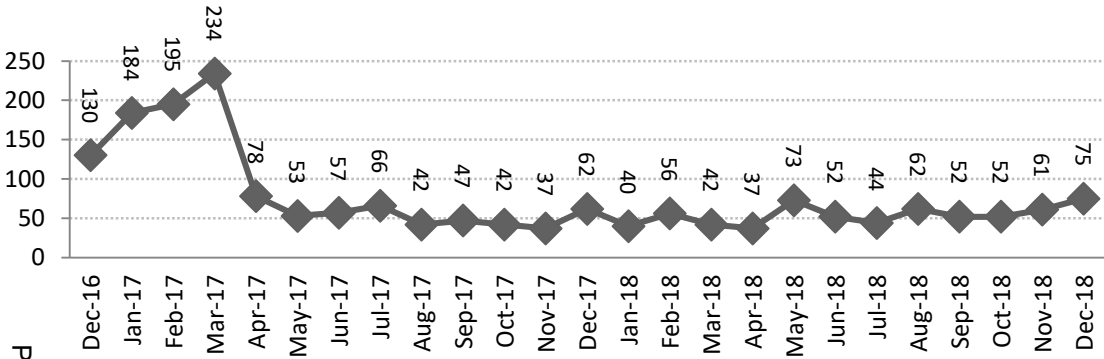
Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of 60% or higher for 2017/18. Target increased to 70% for 2018/19.	Performance for 2017/18 improved to 59.7% and was slightly below the target For 2018/19, performance dropped to 53.7% in September 2018 and remained below target performance. Further improvements expected as the 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

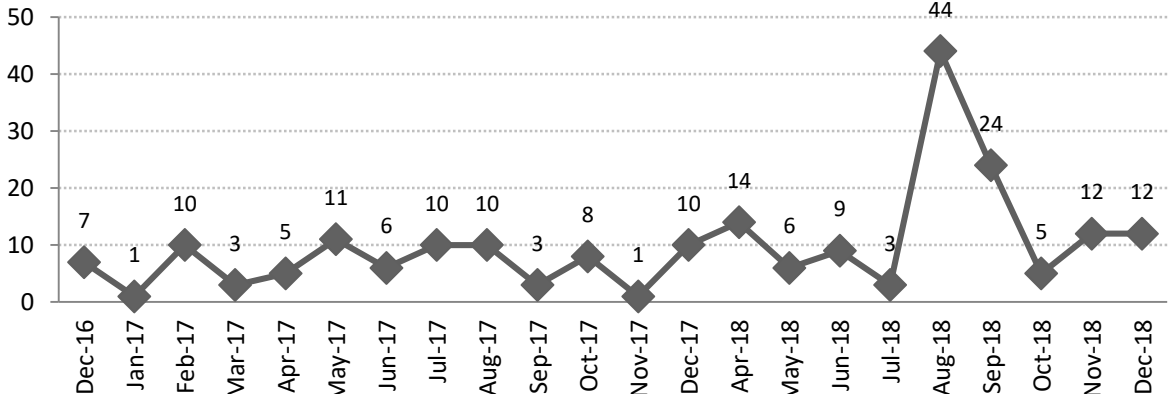
The average monthly number of applications has decreased from 103 in 2017 to 97 in 2018. On average 82% of applications were granted in 2017, 85% in 2018.



Outstanding BIA Assessments At Month End



Outstanding Doctors' Assessments At Month End



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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 were received between November 2017 and February 2018.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following the introduction of the dedicated DoLS Team in July 2018, all performance figures are improving including the end to end process, which will be reported on in future reports.	We will want to seek to avoid further bottlenecks in the process leading to a backlog reoccurring.	Continue to monitor the progress of the DoLS Team.

Planned Future Developments to this Report

We have now developed the following timetable for items previously identified on this page. We include planned dates for incorporation into this report and / or the companion headliner report.

Items planned up to and including February 2019 are already being reported within Adult Services and require only adaptation to this format. Items planned for February – March 2019 are being reported within Adult Services as ‘works in progress’ and have not yet been agreed as accurate, reliable and complete. Beyond March 2019, complete data is still being sought and / or developed.

N.B. the Performance Team has not yet had access to activity data for Item 15. The timescale set reflects a typical development cycle for new information. The Team is prioritising this area as requested by Scrutiny Performance and we will report agreed reliable information as it is developed.

Item	Data	Planned
1	Mental Health referrals by type	Dec 2018
2	Learning Disability referrals and assessments by type	Dec 2018
3	Carers who wanted assessment by service area	Dec 2018
4	Carers assessments completed by service area	Dec 2018
5	Capacity and occupancy in local authority-run care homes for older people	Jan 2019
6	Day Services Capacity / allocation / attendance (older people & learning disability)	Jan 2019
7	Direct Payments starters, leavers, on the books	Jan 2019
8	Summary narrative on identified issues with providers of care	Jan 2019

9	Numbers supported in residential / nursing care (learning disability & mental health)	Feb 2019
10	Assessment and care management: additional detail on caseloads & metrics on reviews	Feb 2019
11	Mental Health performance on reviewing active Care & Treatment Plans (Mental Health Measure)	Feb 2019
12	Completed and outstanding work within safeguarding, including timeliness	Feb 2019
13	Equipment: details TBC	Mar 2019
14	Time from DOLS enquiry to authorisation complete	Mar 2019
15	Supported Living (learning disability & mental health)	Apr 2019
16	Additional metrics for Prevention, Well-Being and Commissioning Service	Apr 2019
17	Respite Services	Apr 2019
18	Capacity & attendance in mental health day services	June 2019
19	Local Area Co-ordination (LAC) service: further metrics	Jul 2019
20	Sickness (dependent upon HR / Oracle support)	Jul 2019
21	Agency Staff (dependent upon HR / Oracle support)	Jul 2019

Agenda Item 8

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) <i>Alex Williams, Head of Adult Services plus a Local Area Coordinator</i>
Meeting 3 Tuesday 21 August 2018 1.00pm	Performance Monitoring
Additional meeting Monday 17 September 2018 4.00pm	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 <i>Alex Williams, Head of Adult Services</i> Overview of Western Bay Programme (to include information on: Safeguarding, Intermediate Care, Procurement, Substance Misuse) <i>Kelly Gillings, Programme Manager</i>
Meeting 5 Tuesday 23 October 2018 3.30pm	Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Health & Wellbeing</i> Deprivation of Liberty Safeguards (DoLS)
Meeting 6 Tuesday 20 November 2018 3.30pm	Wales Audit Office Report on Strategic Commissioning of Accommodation Services for People with Learning Disabilities Performance Monitoring Briefing on Annual Review of Charges (Social Services) 2018-19 <i>Dave Howes, Director of Social Services</i>

<p>Meeting 7 Tuesday 11 December 2018</p> <p>4.00pm</p>	<p>Update on Social Work Practice Framework (presentation) <i>Deb Reed, Interim Head of Adult Services</i> <i>(Social Care Wales also attending to discuss training they are delivering in relation to this)</i></p>
<p>Meeting 8 Tuesday 15 January 2019</p> <p>3.30pm</p>	<p>CANCELLED</p>
<p>Additional meeting 11 February 2019</p> <p>11.00am</p>	<p>Draft budget proposals for Adult Services</p>
<p>Meeting 9 Tuesday 19 February 2019</p> <p>3.30pm</p>	<p>Performance Monitoring <i>Deborah Reed, Interim Head of Adult Services</i></p> <p>Update on how Council's policy commitments translate to Adult Services <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i></p> <p>Adult Services Complaints Annual Report 2017-18 <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i></p>
<p>Meeting 10 Tuesday 19 March 2019</p> <p>3.30pm</p>	<p>Update on Commissioning Review - Domiciliary Care and Procurement</p> <p>Safeguarding Arrangements update</p> <p>Briefing on Safeguarding – Modern Slavery / Human Trafficking (is there a problem in Swansea? What is happening to prevent it?) (Referred from SPC) <i>(Welsh Government Anti-Slavery Co-ordinator invited to attend)</i></p>
<p>Additional Meeting Tuesday 26 March 2019</p> <p>10.30am</p>	<p>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</p>
<p>Meeting 11 Tuesday 16 April 2019</p> <p>3.30pm</p>	<p>Update on Adult Services Improvement Plan <i>Deborah Reed, Interim Head of Adult Services</i></p> <p>WAO report on Commissioning of Accommodation Services for People with Learning Disabilities - Follow up on recommendations <i>Deborah Reed, Interim Head of Adult Services</i></p>

	Wales Audit Office report on Housing Adaptations End of year review
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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)
- Update on Western Bay arrangements following the review to be added to Panel work programme early in next municipal year (date to be agreed)
- Wales Audit Office reports (dates to be confirmed) –
 - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
 - Tackling Violence against Women, Domestic (includes fieldwork in Swansea amongst others)
 - Integrated Care Fund (Joint Adult Services and CFS)
- Procurement Practice and Assurance in Social Care (Peter Fields) (date to be arranged)
- Review of budget savings (October 2019)

Agenda Item 9



To:
Councillor Mark Child
Cabinet Member for Care, Health & Ageing
Well

Please ask for: Scrutiny
Gofynnwch am:
Scrutiny Office 01792 637314
Line:
Llinell
Uniongyrchol:
e-Mail scrutiny@swansea.gov.uk
e-Bost:
Date 08 January 2019
Dyddiad:

Summary: This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 11 December 2018. It covers update on Social Care Practice Framework and Work Programme Timetable.

Dear Cllr Child

The Panel met on 11 December and received a presentation on the Social Care Practice Framework and discussed the Panel's Work Programme Timetable for 2018/19. We would like to thank you, Dave Howes, Ffion Larsen and Jessica Matthews of Social Care Wales for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

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

Social Care Practice Framework

We heard that the Social Services and Wellbeing (Wales) Act requires a change in approach to make social work more outcome focussed, and that it requires transformational change to deliver this. We were informed that the Collaborative Communications Skills training programme aims to develop social workers to work in a more outcome focussed way.

We heard that in the Authority we do not currently work in an outcome focussed way. A culture change is needed and training will be required for this. We were informed that

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an implementation plan for training should be in place early next year and will be implemented over three years. We heard that training will be delivered by team over 2 days with a half day follow up 4 to 6 weeks later.

We were informed that the Act is the driver for this and that the 22 Authorities are all in different stages of implementation. We heard that in Swansea, Children's Services are a long way down the journey to having a whole system approach. However Adult Services is at the very beginning, doing preparatory work, but some things are in place which will align with this approach. The Panel feels that social services are going in the right direction with this approach. And we were pleased to hear that newly qualified social workers are qualifying with the right skills set already.

Work Programme Timetable 2018/19

We discussed the Panel's work programme and in particular the Panel's interest in undertaking visits during the new municipal year. The department agreed to shape the visits based on the Panel's areas of interest.

We received an update on the withdrawal of Allied from the home care market and heard that all business and staff have moved over to one provider with no additional detrimental impact on the market. We were pleased to hear this but have concerns about the home care market going forward. We will want to monitor this closely. We also agreed to add an item to the future work programme on 'Procurement practice and assurance in social care'.

Your Response

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

Yours sincerely



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

Councillor Peter Black
Convener – Adult Services Scrutiny Panel

BY MAIL

Please ask for: Councillor Mark Child
Direct Line: 01792 63 7441
E-Mail: cllr.mark.child@swansea.gov.uk
Our Ref: MC/KH
Your Ref:
Date: 25 January 2019

Dear Councillor Black

I am writing in response to your letter of 4 December 2018.

I agree with you that timelines of response to safeguarding is vital. Although safeguarding is and will remain everyone's responsibility, moving this key action to be undertaken in a focused manner will hopefully address these issues of timelines.

I note your comments regarding the Fire Services' withdrawal of funding and share your dismay as I hope I expressed at your meeting.

The figures for delayed transfers from care have only started to drop since Christmas, when there has been a marked improvement, although there is still a way to go. Swansea Council have liaised closely with ABMU throughout this period.

You will get an update on the overall position in domiciliary care. However all Allied clients have been transferred to existing independent providers and have care packages. Recruitment in this area is a problem not just in Swansea but across the UK. I hope the new commissioning round due soon, based on geographic areas, will help reduce pressures by reducing travelling time and so increasing the time the existing workforce can spend delivering care.

I welcome the agreement from ABMU to attend Scrutiny and believe it signifies an important step by the Health board. I hope to attend the rearranged meeting.

Yours sincerely



Councillor Mark Child
CABINET MEMBER FOR CARE, HEALTH & AGEING WELL