Dinas a Sir Abertawe

Hysbysiad o Gyfarfod

Fe'ch gwahoddir i gyfarfod

Panel Perfformiad Craffu - Gwasanaethau I Oedolion

Lleoliad: **Ystafell Bwyllgor 3A, Neuadd y Ddinas, Abertawe**

Dyddiad: **Dydd Mawrth, 29 Hydref 2019**

Amser: **4.00 pm**

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 Katrina Guntrip

Agenda

Rhif y Dudalen.

1 **Ymddiheuriadau am absenoldeb.**

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

3 **Gwahardd pleidleisiau Chwip a Datgan Chwipiau'r Pleidiau**

4 **(4.05pm) Cofnodion y Cyfarfod(ydd) Blaenorol**   1 - 3
Derbyn nodiadau'r cyfarfod(ydd) blaenorol a chytuno eu bod yn gofnod
cywir.

5 **(4.10pm) Cwestiynau gan y cyhoedd**
Rhaid i gwestiynau fod yn berthnasol i faterion ar yr agenda ac
ymdrinnirâ nhw o fewn cyfnod o 10 munud.

6 **(4.20pm) Comisiynu Gofal Preswyl**   4 - 12
Peter Field, Prif Swyddog Ataliaeth, Lles a Chomisiynu

7 **(4.40pm Monitro Perfformiad**   13 - 70
Deborah Reed, Pennaeth Dros Dro y Gwasanaethau i Oedolion

8 **(5.10pm) Y diweddaraf am Raglen Trawsnewid y Gwasanaethau i**   71 - 76
Oedolion
Deborah Reed, Pennaeth Dros Dro y Gwasanaethau i Oedolion

Cyfarfod nesaf: Dydd Mawrth, 19 Tachwedd 2019 ar 4.00 pm

Huw Evans
Pennaeth Gwasanaethau Democrataidd
Dydd Mawrth, 22 Hydref 2019
Cyswllt: Liz Jordan 01792 637314

City and County of Swansea

Minutes of the Scrutiny Performance Panel – Adult Services

Committee Room 3A, Guildhall, Swansea

Tuesday, 24 September 2019 at 4.00 pm

Present: Councillor P M Black (Chair) Presided

Councillor(s)	**Councillor(s)**	**Councillor(s)**
E T Kirchner	P R Hood-Williams	P K Jones
S M Jones	J W Jones	

Co-opted Member(s)
Tony Beddow

Other Attendees
Mark Child   Cabinet Member - Care, Health & Ageing Well

Officer(s)
Peter Field   Principal Officer Prevention, Wellbeing and Commissioning
Liz Jordan   Scrutiny Officer
Deborah Reed   Interim Head of Adult Services

Apologies for Absence
Councillor(s): J A Hale, C A Holley, H M Morris and G J Tanner
Co-opted Member(s): Katrina Guntrip

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1   Disclosure of Personal and Prejudicial Interests.

No disclosures of interest were made.

2   Prohibition of Whipped Votes and Declaration of Party Whips

No declarations were made.

3   Minutes of meeting on 30 July 2019 and 20 August 2019

The Panel agreed the notes of the meetings on 30 July 2019 and 20 August 2019 as an accurate record of the meeting.

4   Public Question Time

No members of the public were present at the meeting.

5   Supported Living Developments for Mental Health and Learning Disability Services

Deborah Reed, Interim Head of Adult Services attended to brief the Panel on this issue and answer the Panel's questions.

Discussion points:
- Panel Members held two informal events with parents of adults with mental health issues and parents of adults with learning disabilities prior to the meeting to get their feedback on supported living arrangements.
- Biggest concern for parents in terms of re-tendering of the service was how transition was going to be handled. Need to ensure stability for service users. Department confirmed there will be continuity for the majority of service users.
- Tenancy arrangements were discussed. Panel queried whether descriptors of 'independence' were expanded upon in tenancy agreements. Informed they are not included in tenancy agreements, as they are to do with support they would be included in care support agreements.
- Co-production and role of parents in commissioning review discussed. Parents gave impression they did not have as much say over their child's life when they went into supported living. Informed parents were actively encouraged to get involved.
- At informal events, panel members got impression there did not appear to be independent advocacy services available for service users. Informed these services are available to service users with learning disabilities and mental health issues.
- Issue of waiting lists was raised by parents at informal meetings. Informed there is no formal waiting list for Learning Disability Services. There is a formal waiting list for mental health services but there are less than 20 individuals on it at a particular time. There may be supported living vacancies but they may not be appropriate for the individuals on the waiting list.
- Cabinet Member confirmed there is a lack of single bed accommodation for individuals with mental health issues to move on to and this is an issue the Authority may have to look at further.
- The Authority has contract with the provider of the service and has regular feedback from them. Authority is currently producing its own performance assurance framework.
- Authority does not prescribe that individual providers meet with parents regularly but would expect them to in order to meet their outcomes.
- Some parents at the informal meetings did not feel there was an obvious point of contact to go to in the Authority if they are having issues with the provider. Informed two changes have been introduced to improve this contact.
- Panel queried the Department's understanding of efficiencies and was informed it is a reduction in commissioning hours (cost savings).
- Department relies on care managers (social workers) to ensure care and support plans are being delivered as determined.
- In terms of staff in supported living accommodation, parents had concerns about training, experience, age of staff and use of agency workers. Panel not sure Authority can do anything about this. Informed staff turnover of providers

is looked at annually and they should provide data on this. Also, staff employed by providers can access some of social services training and access some independent training courses.

Actions:
- Cabinet Member and offices to provide comments on briefing note produced following two informal events with parents.
- Panel to see a blank copy of two documents - a tenancy agreement and a care support agreement, and the descriptors of 'independence' used.
- Presentation given at event with parents to be circulated to Panel for information.
- Panel to receive further information on the situation with waiting lists for supported living accommodation.

6 Procurement Practice and Assurance in Social Care

Peter Field, Principal Officer Prevention, Well-being and Commissioning attended to brief the Panel and answer their questions.

Discussion points:
- Panel queried how well service user feedback is fed into the assurance process and was informed it is not as good as it could be but arrangements will improve as time goes on.
- There have been regular opportunities for service users to feed back on existing services in Learning Disability Services, by completing a survey and face to face. Informed for Mental Health Services this has been undertaken by Supported People Services but officers unsure how frequently this has been done.
- There is an assumption by the Department that providers provide information/welcome packs to service users when they go into supported living accommodation.
- The procurement process does not go through internal audit process.
- Consultation with carers is an area the Department needs to improve on and will be looking at this (carers plan) over next 12 to 18 months.

7 Work Programme Timetable 2019-20

Work Programme received and considered by the Panel.

8 Letters

Letters received and considered by the Panel.

The meeting ended at 5.30 pm.

Cyngor **Abertawe**
Swansea Council

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

Adult Services Scrutiny Panel – 29th October 2019

COMMISSIONING OF RESIDENTIAL CARE – QUALITY OF SERVICE / CONTRACTS, FINANCIAL STABILITY

Purpose	To provide a briefing requested by the Panel about commissioning of residential care – quality of service / contracts, financial stability.
Content	This report includes a summary of how services are procured, quality monitored and assessed for financial viability. The report concludes that these arrangements are fit for purpose but work is progressing to improve regional quality assurance tools and modernise care homes contracts.
Councillors are being asked to	Endorse the conclusion of the report
Lead Councillor(s)	Mark Child Cabinet Member for Care, Health and Ageing Well.
Lead Officer(s)	Deb Reed Interim Head of Adult Services
Report Author	Peter Field PO Prevention, Wellbeing and Commissioning.

1. INTRODUCTION

1.1 For older people (aged 65+) there are 6 care homes owned and operated by the local authority which are registered to provide personal care, and 38 private sector homes, 14 of which are registered to provide personal care and 20 of which are dual registered to provide both personal and nursing care. 4 of these dual registered homes are registered to provide dementia nursing care. This report will focus on arrangements for ensuring services are satisfactory at the 38 care homes for older people in the external sector.

2. RIGHT TO CHOICE OF ACCOMMODATION

2.1 The authority's legal duty is to make arrangements for placing a person assessed as "in need," in care home accommodation of their preferred choice. This duty originates from s21 of the National Assistance Act 1948 (and subsequent amendments arising from the Social Services and Wellbeing Act which came into force in April 2016).

2.2 The statutory right for citizens to choose their preferred care home has an impact on the way care home services are procured. Competitive tender arrangements are generally not the most effective way of securing these services. These type of processes potentially undermine choice and theoretically could lead to de-commissioning of services at the end of contract periods, or at the point of re-tender. This would be detrimental to residents.

2.3 To maximise choice for citizens and avoid problems with needing to terminate contracts, de-commission services and re-locate vulnerable adults, contracts are awarded directly to care homes selected by citizens. A contract application process is followed to ensure each home is operating lawfully and providing satisfactory services prior to contract award. Each Provider must agree to accept the rate paid by the council and contracts are time limited for 5 years. Contracts are extended at the end of this period if services are still required, and in the absence of performance problems that would prevent contract renewal. The Council's Contract Procedure Rules have been amended to exempt these services from competitive tender processes.

3. SERVICE PERFORMANCE

3.1 Social Services employs 1 full time Contracting Officer and 1 full time Contract Monitoring Officer to monitor and manage performance against contractual expectations for all older persons care homes in the independent sector.

3.2   This begins with creating a contract with each private sector provider (as described above). Monitoring against contractual standards is based on the following principles:

- Monitoring is proportionate and relevant.
- Providers of services accept responsibility for assuring quality.
- Duplication with other services and agencies is avoided where possible by using and sharing information with partners such as CIW and Swansea Bay HB.
- Monitoring and contract management is informed by information gathered from a wide range of sources including:
  - Safeguarding Information
  - Care Management Reviews
  - Swansea Bay Nurse Assessor Reviews
  - CIW inspections
  - Corporate Complaints
  - Feedback from Residents and their families
  - Feedback from other Local Authorities and commissioning bodies

3.3   In practical terms, this will involve gathering and reviewing monitoring information on each provider throughout the year. Where performance issues arise the provider will be required to address any quality or contract compliance issues within a specific timescale. In most cases performance issues are resolved by agreeing clear actions and timeframes without need to resort to more formal contract compliance measures.

3.4   Contract monitoring ensures issues which present risk to residents or to continuity of services can be assessed and prioritised, and allows development of strategic solutions in response to thematic concerns.

4. ESCALATING CONCERNS

4.1   Where contract management steps have not resolved performance problems at care homes, escalating concerns processes may be followed.

4.2   Escalating Concerns is guidance issued under Section 7 of the Local Authorities and Social Services Act 1970 and sections 12 and 19 of the National Health Services (Wales) Act 2006. Its purpose is to suggest ways in which Local Authorities and Local Health Boards can discharge their duties when managing concerns and closures of care homes that are registered to provide services to adults

4.3   Guidance provides that these procedures should only be used to address significant concerns at care homes which arise;

        (i)   Due to a continued failure to meet required standards

(ii) Due to serious concerns which may arise, for example, via an individual adult protection referral, or from a series of individual adult protection referrals in a home or group of homes managed by a particular provider. Serious concerns may include concerns about financial solvency as well as quality of care

(iii) Or due to an actual or possible home or unit closure.

4.4 Use of Escalating Concerns involves establishing multi agency arrangements for sharing in responsibility for developing, improving and monitoring services until improvements are achieved. This requires a joint evaluation of risk and a co-designed action plan which partners will use to jointly assess the Provider's progress. Care Inspectorate Wales (CIW) are participants in this process and will apply any regulatory measures required in parallel to these processes to ensure their own legal duties are met.

4.5 During this current financial year 2019/20, 1 Older Persons care home has been managed under Escalating Concerns arrangements (2 Younger Adults Homes have been managed under Escalating Concerns).

5. OTHER QUALITY ASSURANCE PROCESSES WHICH INFORM CONTRACT MONITORING AND CONTRACT MANAGEMENT

Care Management Reviews

5.1 Social Work staff from the care homes quality team undertake an annual review of care provided to funded residents to ensure their social care needs are met. Any concerns about care received or provider performance will be addressed directly with the Provider and referred to the contracting team for contract monitoring and contract management purposes.

5.2 Swansea Bay Health Board nurse assessors undertake an annual review at each dual registered home to ensure that nursing needs of all Funded Nursing Care residents are met. Concerns about nursing care will be shared with contract leads and addressed in the same way.

Safeguarding Referrals

5.3 All safeguarding referrals for private sector homes are shared with the Contracting Team to enable follow up contract monitoring and contract management action where necessary. Referral data is monitored for patterns and trends. Serious risks may instigate use of Escalating Concerns procedures. Thematic data is shared with the care homes sector for learning and improvement purposes.

Corporate Complaints

5.4   In the first instance, residents are invited to raise complaints directly with their care home provider. If however, the resident is not satisfied with the Providers response or wishes to complain directly to the council, they may invoke the corporate complaints procedure (and also the CIW complaints procedure).

5.5   The number of complaints referred to corporate complaints is low. In 2018-19, one complaint was received which was resolved via care management and contracting intervention.

5.6   The number of complaints received represent a small proportion of the total people funded. This may be because people are generally satisfied with services received or efforts by the provider to resolve levels of dissatisfaction, or because people are unwilling, unable or don't know how to raise a complaint. Training has been provided to care home operators to raise awareness of complaints processes and remind Providers of their contractual and regulatory duties to enable complaints about services to be made. Individual Providers' complaints handling arrangements are considered during LA and CIW quality assurance checks and inspections.

CIW Inspections

5.7   All care home settings are subject to inspection and regulation by the Care Inspectorate for Wales (CIW). An evaluation of published inspection reports for inspections at private sector homes occurring during 2018-19 highlights the following:

- 29 out of 38 older persons care homes had an inspection.
- 4 care homes received a notice for being in breach of care homes regulations.
- 3 care homes didn't receive either a non-compliance notices or a good practice recommendation.
- Compliance and good practice issues were raised at 4 homes.
- Good practice issues alone were raised at 23 homes

5.8   All good practice recommendations and all areas of non-compliance have been addressed with each provider to ensure that appropriate actions have been taken.

5.9   The 4 homes where compliance issues were raised were not or not fully compliant in the following areas:

- No registered manager
- Unacceptable temperature in medication room
- Non completion of regulation 60 notifications forms (requirement to notify regulator of a serious incident including death or serious illness of a resident)
- Staff files did not contain required documents

5.10 All areas of non-compliance and any good practice recommendations made by CIW have been addressed with each provider to ensure that appropriate actions have been taken.

Creation of a Regional Quality Framework for OP Care Homes

5.11 A regional quality framework has been developed by the West Glamorgan collaborative. The framework creates a clear set of expectations which focus on quality of life for residents and encourages continuous improvement of services.

5.12 The overall objectives of the RQF are:

- To monitor and support providers so that they may achieve the best quality of life in care homes in a way that improves outcomes for individuals and follows the principles of person/ relationship centred care.
- Enable providers to utilise their own quality assurance tools e.g. annual reports, satisfaction surveys etc.
- Incentivise continuous improvement and the adoption of recognised best practice by care homes.
- Monitor quality of service in care homes in a robust and consistent manner.
- Make judgements about the quality of care and outcomes for people living in care homes
- Provide a basis for partnership between care home providers and local authority/ health board commissioners to work together to improve quality.
- Help individuals make informed choices between providers and provide information to professionals and agencies about the quality of care and support being provided.

5.13 The RQF requires Providers to undertake a detailed self assessment across 5 areas which examines performance against 200 quality indicators. This self-assessment is used by commissioners to undertake a detailed quality assurance audit to validate the Providers self assessment, and where necessary make recommendations to fully achieve RQF standards.

5.14 To enable the broad range of self assessed areas covered by the RQF to be adequately tested by commissioners, responsibility for auditing against specific aspects is shared amongst different internal and external teams (see below).

OUTCOME	MONITORING LEAD
Outcome A. The resident is known by the people involved in their care and lives a full life in an enriched	CHQT – Social Work staff and Care Management Officers

environment	
Outcome B. The physical and mental health and wellbeing of residents is maintained and promoted	Swansea Bay Long Term Care team (for nursing homes) Community District Nursing Leads (for residential homes)
Outcome C. There is a dynamic leadership style that inspires and motivates a competent staff team	Contracting Lead and SCWDP (training) coordinator
Outcome D. End of life care is dignified and supportive	Swansea Bay Health Board End of Life Pathways Coordinator
Outcome E. The benefits of effective partnership working are recognised and promoted	Contracting Lead

5.15 The RQF implementation process was designed to audit 1 care home per month. A number of pressures have prevented this target from being achieved. 7 audits have been completed in the last 12 months. Use of the RQF indicates that services are delivering a satisfactory level of quality. The RQF process is currently being reviewed to consider opportunities for improvement and to make implementation less onerous and more manageable.

6. FINANCIAL SUSTAINABILITY

6.1 The financial collapse of Southern Cross in 2012/13 highlighted the potential for larger corporate providers to operate higher risk business models that risk service failure and potentially undermine the stability of the market. However the position locally is that the largest proportion of care homes are owned by small businesses that operate exclusively in Swansea. This type of ownership is not characterised by the same private equity backed investment model and presents a lower risk. There are however financial risks associated with care home services.

6.2 In 2012, following the failure of Southern Cross and prompted by the introduction of new commissioning guidance, and the judgements in a number of legal challenges across the UK, the authority gave providers a commitment to establish fee rates which were based on a more informed understanding of provider costs.

6.3 A programme of work was undertaken in concert with care home operators to develop a costs analysis tool. This invites Providers to share detailed information about their operating costs and is used to set fee rates at a level which are sufficient to sustain the sector. This work has resulted in a basic fee rate and created additional enhanced rates for people with nursing needs and for people with dementia nursing needs. These enhanced rates reflected the additional social care costs for people with more complex needs.

6.4   Occupancy levels are significant factor in maintaining care home solvency. The care home market in Swansea consistently maintains high levels of occupancy. Yearly occupancy averages are in the region of 92-94%.

6.5   Providers accept that undertaking a detailed analysis of costs each year would not be practicable. The authority has given a commitment to repeating the detailed analyses of costs at three yearly intervals. During the interim periods between the detailed costs analysis work, an annual costs review is undertaken to consider the need for uplift. This will examine the impact of general cost pressures such as the impact of national minimum wage, inflation and other relevant factors.

6.6   Whilst it is impossible to set fee rates and influence business practices that guarantee the financially stability of the whole market place, the authorities approach to costs analysis and fee setting has been relatively successful. Since 2012 the number of closures caused by financial failure has been few.

7. Younger Adults Care Home Services

7.1   Demand for care home placements for younger adults is low and consequently there are only small number of commissioned care homes in Swansea that specialise in services for younger adults (less than 10). The vast majority of placements made at standard care home fee rates occur at care   homes   for   older   adults   and arrangements for managing quality and financial stability are as described above. For people requiring more complex, higher cost care, the Council is able to source placements and broker prices via the HNS Wales National Collaborative Framework for Adults. This offers access to a national network of pre-quality checked providers who are authorised to provide care home services. Higher costs services tend to be more bespoke and the framework enables access to a wider range of accredited Providers who will compete on price to offer services to local authorities. Currently there are approximately 10 younger adults placed via the NHS framework.

7.2   Procuring services via the framework does not alleviate   the   local authority of its responsibilities for ensuring services are fit for purpose and meeting the assessed needs of individuals. Contracting, Social Work and Safeguarding Teams will continue to have an essential role to play in ensuring that services and residents are safe. However the NHS collaborative framework is administered by the NHS who have a dedicated quality assurance team. Their role is to undertake pre-qualification checks and additional ongoing monitoring to ensure that services are safe, delivering against contractual expectations and offering value for money. In this sense the framework provides the Council with an additional layer of cost and quality auditing.

8. CONCLUSIONS

8.1 The report describes how responsibility for ensuring care home services are satisfactory is shared, and concludes that these arrangements are fit for purpose. In reaching these conclusions the report describes the following key features.

8.2 Procurement and contractual arrangements derive from the citizens' right to choose their preferred care home accommodation. This principal is enshrined in legislation but subject to services operating with a lawful registration, meeting minimum quality assurance requirements and willing to accept the local authority's fee rate.

8.3 Responsibility for ensuring satisfactory quality is shared amongst a number of external agencies and internal teams. CIW have the ultimate responsibility for ensuring that services are operating within the statutory regulatory requirements. The Council and the health Board share contractual responsibilities. Social Work and Safeguarding teams have key roles around ensuring services are safe and meeting needs. The complaints department will participate in process which are designed to address customer dissatisfaction and improve services. Other external agencies such as the fire service and the Health and Safety executive will also play an important part in ensuring that services are fit for purpose.

8.4 Instances of underperformance requiring formal contract compliance is low. The number of homes entering Escalating Concerns arrangements is lower still.

8.5 In 2012 a process for understanding Providers costs and setting fee rates has been introduced. This provides greater insight into financial stability risks and has enabled fee rates which promote a more stable and resilient market.

8.6 Since the introduction of this process the number of closures or service disruptions linked to financial instability has been few.

8.7 The regional care homes quality framework which has recently been created is under review. The framework will continue to be refined and improved so that implementation is more effective and less onerous for Commissioners and providers.

8.8 A new regional contract is being drafted to align contractual standards for all partners across the West Glamorgan Region. The contract will reflect recent legislative changes arising under the Social Services and Wellbeing Act (Wales) 2014 and ensure compatibility with revised performance standards required of registered care services under the Regulation and Inspection of Social Care Act (Wales) 2014.

Cyngor **Abertawe**
Swansea Council

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

Adult Services Scrutiny Performance Panel – 29 October 2019

ADULT SERVICES PERFORMANCE FRAMEWORK

Purpose	• The purpose of this report is to present the Adult Services Performance Framework.
Content	• The Performance Framework is designed to monitor performance across Adult Services.
	• Members will note that there are two reports attached. The first is a summary report with headline indicators which demonstrate the general health of the Adult Services overall system. The second is the more detailed report with a summary at the beginning.
	• The report demonstrates the areas of business that are performing well and less well, and is designed to be an operational tool to help continually improve service quality and delivery.
	• Similarly to the Performance Framework that Child and Family has developed over the years, it is anticipated that the Framework will be an evolving document.
Councillors are being asked to	• Consider the report
Lead Councillor(s)	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 AUGUST/SEPTEMBER 2019

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Cyngor **Abertawe**
Swansea Council

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Common Access Point

The service has been piloting various ways of delivering an effective Multi-Disciplinary Team (MDT) approach, in line with the West Glamorgan 'optimal model'.

Further information appears in the main report on page 5.

Enquiries Created At Common Access Point

■ Closed at CAP   ■ MDT
■ Safeguarding / DoLS / PPN   ■ Social Work Teams / Hubs
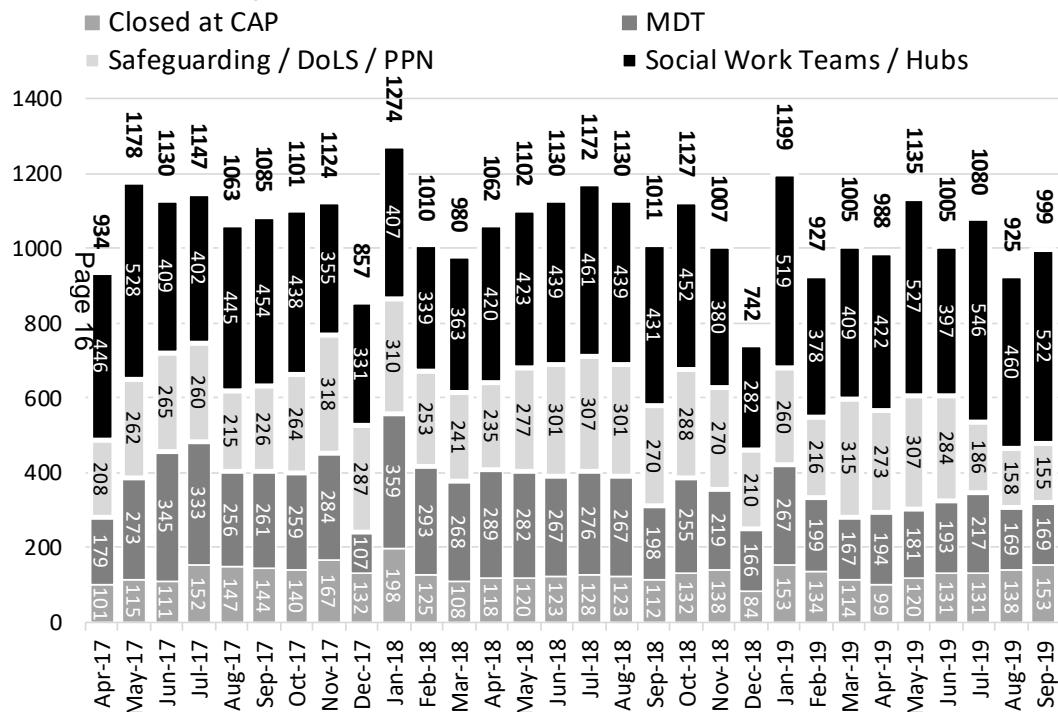
Carers Identified and Whether Wanted Carer Assessment

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 usually represented at least half of those offered an assessment. This reverses the historic position where a majority did not wish to receive a separate carer assessment.

Month	Jul-19	Aug-19	Sep-19	Desired Direction of Travel
Identified Carers	**190**	**144**	**145**	High
Offered Assessment	**176**	**125**	**143**	High
% offered assessment	*92.6%*	*86.8%*	*98.6%*	*High*
Declined Assessment	70	42	60	Low
% declined assessment	*39.8%*	*33.6%*	*42.0%*	*Low*
Wanted Assessment	94	79	69	High
% wanted assessment	*53.4%*	*63.2%*	*48.3%*	*High*
Response Not Recorded	12	4	14	Low
% response not recorded	*6.8%*	*3.2%*	*9.8%*	*Low*
Received Carers Assessment / Review	60	44	47	High

Whether Carer Wanted Assessment (number)

☐ Response Not Recorded
■ Declined Assessment
■ Wanted Assessment
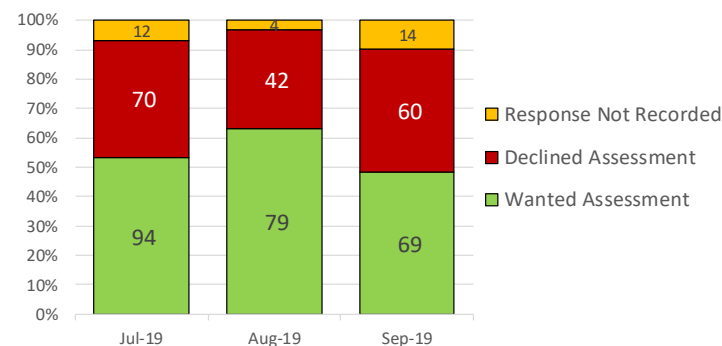
Reviews of Allocated Clients

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 most months. Learning Disability Services continue to make significant improvements in reviewing clients since May 2018, and CHQT have also made significant improvements.

We will continue to focus on progress in reviewing clients, setting targets for improvement.

Allocated Clients Most Recent Assessment: 03/10/2019
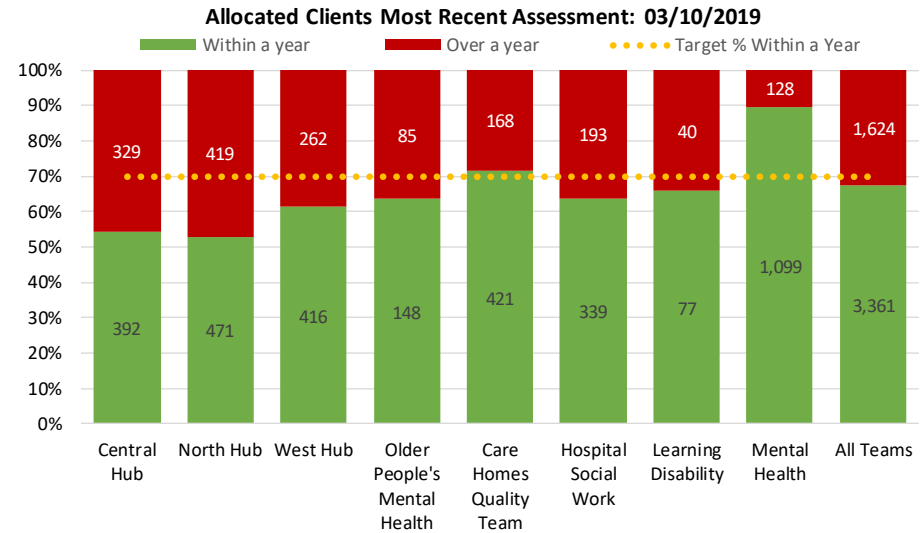
When most recent assessment took place:	Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19	
	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year	Within a Year	Over a Year
Central Hub	414	301	421	303	407	316	400	315	405	291	392	329
North Hub	545	349	523	366	513	377	492	389	496	379	471	419
West Hub	402	251	415	251	404	253	414	257	420	250	416	262
Older People's MH Team	168	74	177	76	170	76	167	77	166	71	148	85
Care Homes Quality Team	426	134	409	147	400	162	402	152	411	144	421	168
Hospital Social Work	317	184	315	187	323	181	341	183	365	178	339	193
Learning Disability	396	302	348	303	312	298	272	302	357	88	77	40
Mental Health	1,131	130	1,106	142	1,092	149	1,087	151	1,127	113	1,099	128
Total	**3,799**	**1,725**	**3,713**	**1,775**	**3,621**	**1,812**	**3,574**	**1,826**	**3,746**	**1,514**	**3,361**	**1,624**

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Effectiveness of Reablement

Residential Reablement

During July and August 2019 combined reablement services had an overall percentage of 71.5% of people returning to their own homes, independently and with care packages. Bonymaen House discharges over this period were 67% returned home. From Ty Waunarlwydd 33% discharges went home. People appear to be staying in Ty Waunarlwydd longer, as there is often a wait for a placement to become available.

Further information appears in the main report on pages 24-26.

Leaving Residential Reablement	Jul-19		Aug-19		Desired Direction of Travel
	BH	TW	BH	TW	
Left Residential Reablement	10	3	15	0	High
Of Which					
Own Home - no care	6		6		High
Own Home - with care	3	1	4		High
Residential/ Nursing Care / Family		-1			Low
Hospital	-1	-1	-5		Low
Deceased					--
% Went home	**90%**	**33%**	**67%**	**-**	**High**
Average Length of Stay	**21.7**	**88**	**29.1**	**-**	**Low**

Status Leaving Residential Reablement
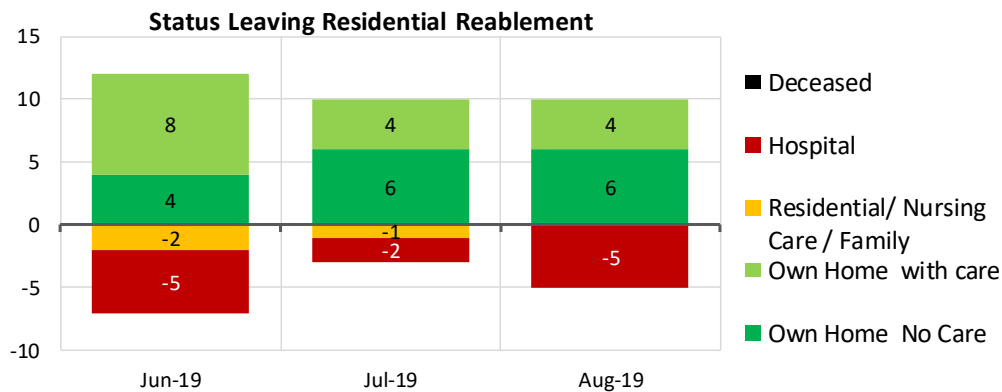
Community Reablement

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

System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019. We believe that the data is now stable and reporting is consistent as it is possible to be.

Further information appears in the main report on pages 20-23.

Leaving Community Reablement	Jun-19	Jul-19	Aug-19	Desired Direction of Travel
Left Community Reablement	**41**	**51**	**55**	High
Of which				
No care	27	27	39	High
Reduced Care				High
Same or more care	- 12	- 6	- 6	Low
Residential / Hospital	- 1	- 12	- 7	Low
Other	- 1	- 4	- 3	Low
% reduced / no care	*65.9%*	*52.9%*	*70.9%*	*High*
Average Days in Service	24.7	23.7	22.9	Low

Status Leaving Community Reablement
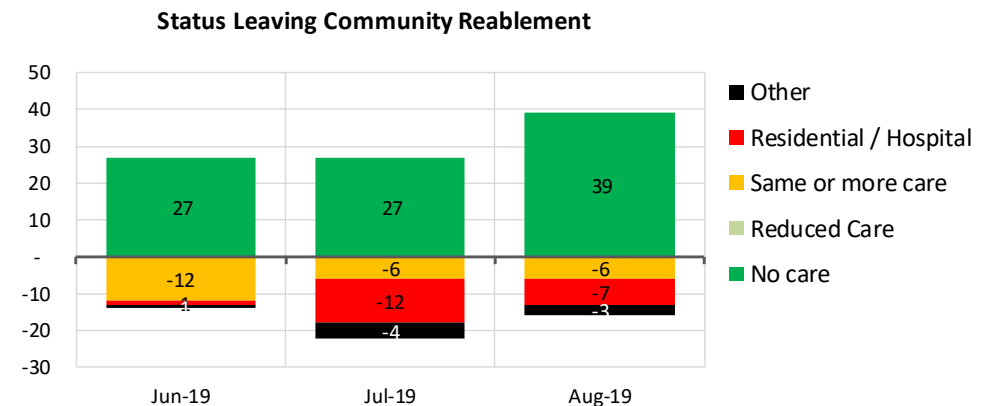
Long-Term Domiciliary Care

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.

System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019. We believe that the data is now stable and reporting is as consistent as it is possible to be.

Further information appears in the main report on pages 32-35.

Month	Jun-19	Jul-19	Aug-19	Desired Direction of Travel
New starters	**51**	**56**	**52**	Low
Of which				
In-house	6	4	4	Low
External	33	46	42	Low
Bridging	12	6	6	Low
% internal	*35.3%*	*17.9%*	*19.2%*	*Low*
Receiving Care During Month	**1,196**	**1,208**	**1,215**	Low
Of which:				
In-house	96	95	94	Low
External	1,027	1,045	1,058	Low
Bridging	73	68	63	Low
% internal	*14.1%*	*13.5%*	*12.9%*	*Low*
Hours Delivered in Month	**65,213**	**68,051**	**68,255**	Low
Of which:				
In-house	8,630	7,754	7,527	Low
External	54,569	58,157	59,044	Low
Bridging	2,014	2,140	1,954	Low
% internal	*16.3%*	*14.5%*	*13.9%*	*Low*
Average Weekly Hours	**12.72**	**12.72**	**12.69**	Low
Of which:				Low
In-house	21.0	18.4	18.1	Low
External	12.4	12.6	12.6	Low
Bridging	6.4	7.1	7.0	Low

People Starrting to Receive Domiciliary Care

Legend: ▣ Independent Provider ▢ In-house Long-term ▮ In-house Bridging **Total Starting Domiciliary Care in Month**

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Month	Independent Provider	In-house Long-term	In-house Bridging	Total
Apr-17	41	17	2	60
May-17	63	16	17	96
Jun-17	36	28	17	81
Jul-17	53	19	14	86
Aug-17	49	8	3	60
Sep-17	45	12	4	61
Oct-17	45	9	18	72
Nov-17	44	18	8	70
Dec-17	28	5	24	57
Jan-18	53	12	44	109
Feb-18	53	6	27	86
Mar-18	58	14	25	97
Apr-18	74	6	6	86
May-18	57	8	23	88
Jun-18	67	3	19	89
Jul-18	38	9	14	61
Aug-18	37	4	19	60
Sep-18	40	5	23	68
Oct-18	43	2	22	67
Nov-18	44	5	23	72
Dec-18	34	3	11	48
Jan-19	64	3	13	80
Feb-19	42	6	12	60
Mar-19	34	21	5	60
Apr-19	51	5	8	64
May-19	34	5	14	53
Jun-19	33	6	12	51
Jul-19	46	4	6	56
Aug-19	42	4	6	52

Number Receiving Domiciliary Care During Month

Legend: ■ Independent Provider ■ In-house Bridging □ In-house Long-term Total Recd Domiciliary Care in Month

Month	Total	In-house Long-term	In-house Bridging	Independent Provider
Apr-17	1290	179	9	1102
May-17	1304	178	25	1101
Jun-17	1322	191	36	1095
Jul-17	1348	194	46	1108
Aug-17	1336	169	42	1125
Sep-17	1300	143	40	1117
Oct-17	1300	140	56	1104
Nov-17	1280	130	48	1102
Dec-17	1254	124	56	1074
Jan-18	1291	120	92	1079
Feb-18	1291	117	86	1088
Mar-18	1290	115	82	1093
Apr-18	1295	112	61	1122
May-18	1316	107	77	1132
Jun-18	1337	103	82	1152
Jul-18	1309	106	61	1142
Aug-18	1299	105	69	1125
Sep-18	1320	106	79	1135
Oct-18	1316	102	89	1125
Nov-18	1305	102	101	1102
Dec-18	1228	101	88	1039
Jan-19	1264	98	97	1069
Feb-19	1251	103	94	1054
Mar-19	1244	114	85	1045
Apr-19	1202	91	68	1043
May-19	1187	93	69	1025
Jun-19	1196	96	73	1027
Jul-19	1208	95	68	1045
Aug-19	1215	94	63	1058

Domiciliary Hours Provided During Month

Legend: □ Independent Provider ■ In-house Bridging ■ In-house Long-term ··· Average Hours Domiciliary Care per Month Total Hours Domiciliary Care Provided

Average Hours Domiciliary Care per Month, 69,027

Month	Total	In-house Long-term	In-house Bridging	Independent Provider
Apr-17	78,871	9,361	243	69,267
May-17	68,660	8,112	259	60,289
Jun-17	66,279	8,138	718	57,423
Jul-17	69,587	8,733	758	60,095
Aug-17	77,996	9,639	817	67,540
Sep-17	73,200	7,514	628	65,057
Oct-17	66,627	6,412	1,079	59,136
Nov-17	65,386	5,782	749	58,855
Dec-17	64,646	6,095	701	57,850
Jan-18	64,265	5,953	1,401	56,911
Feb-18	59,108	5,831	1,256	52,021
Mar-18	65,144	6,015	1,432	57,697
Apr-18	64,369	5,814	1,367	57,189
May-18	67,355	6,239	1,364	59,752
Jun-18	66,265	6,395	1,596	58,273
Jul-18	69,390	7,430	1,391	60,569
Aug-18	68,740	7,092	1,430	60,218
Sep-18	76,435	8,372	1,759	66,304
Oct-18	75,245	7,606	1,845	65,794
Nov-18	69,450	6,488	2,284	60,678
Dec-18	75,807	7,866	2,815	65,127
Jan-19	72,520	7,294	2,410	62,815
Feb-19	64,009	6,059	2,419	55,531
Mar-19	67,791	7,408	2,690	57,692
Apr-19	66,355	7,262	1,966	57,126
May-19	74,164	7,694	2,589	63,881
Jun-19	65,213	8,630	2,014	54,569
Jul-19	68,051	7,754	2,140	58,157
Aug-19	68,255	7,257	1,954	59,044

## 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.

Further information appears in the main report on page 9.

Delayed Transfers	Jul-19	Aug-19	Sep-19	Desired Direction
Total Delays	**54**	**45**	**59**	Low
Of which				
Health / Other Reasons	26	27	35	Low
Social Services Reasons	28	18	24	Low
% social services	*51.9%*	*40.0%*	*40.7%*	*Low*
Awaiting Package of Care	20	15	20	Low
% of Social Services Reasons	*71.4%*	*83.3%*	*83.3%*	*Low*

### Delayed Transfers - Reason Type and Waiting for Care
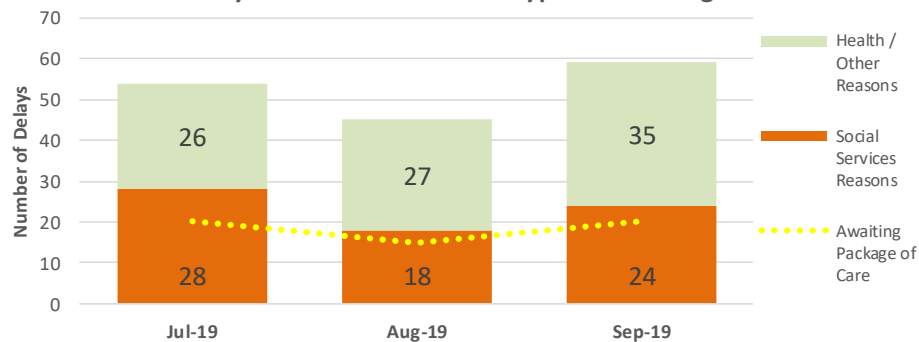
Residential Care for Older People

For sustainable operation, admissions need to be under 30 each month. There have been some improvements in recent months with reductions in admissions during Q4 2018/19 continuing into 2019/20.

Further information appears in the main report on pages 27-28.

Permanent Residential Care for People Aged 65+	Jun-19	Jul-19	Aug-19	Desired Direction of Travel
Admissions	22	28	19	Low
Discharges	24	39	26	Low
People in the Process of Transition	1	8	11	Low
In a care home at month end	924	905	887	Low
Of which:				Low
LA Residential	109	105	106	Low
Private Residential	542	533	527	Low

People in Place in Residential / Nursing Care
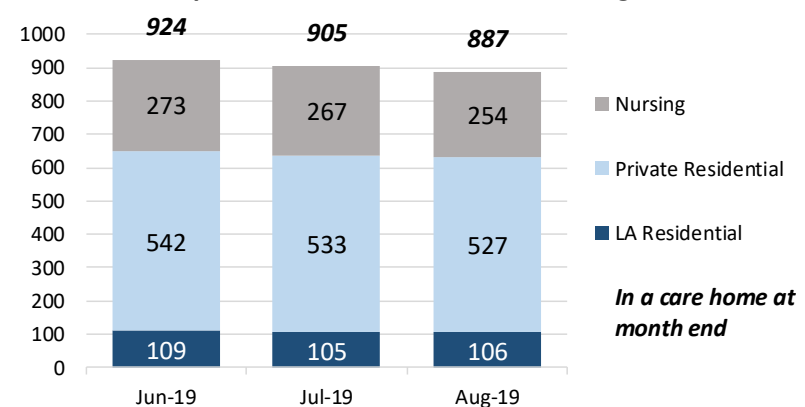
Timeliness of Response to Safeguarding Issues

Month	Jul-19	Aug-19	Sep-19	Desired Direction of Travel
Enquiries Received	**134**	**136**	**119**	High
Cases worked on during the month	**134**	**132**	**119**	High
Did not proceed to threshold	9	10	10	Low
% Did not proceed to threshold	*6.7%*	*7.6%*	*8.4%*	*Low*
Awaiting response	10	5	6	Low
% awaiting response	*7.5%*	*3.8%*	*5.0%*	*Low*
Thresholds Completed	**115**	**117**	**103**	**High**
Threshold completed % of Enquiries	*85.8%*	*86.0%*	*86.6%*	*High*
Timeliness of Thresholds Completed				
Responded within 24 hrs	55	77	58	High
% thresholds responded within 24 hrs	*47.8%*	*65.8%*	*56.3%*	*High*
Responded within 2-7 days	46	30	33	High
% thresholds responded within 2-7 days	*40.0%*	*25.6%*	*32.0%*	*High*
Responded over 7 days	14	10	12	Low
% thresholds responded over 7 days	*12.2%*	*8.5%*	*11.7%*	*Low*
Outcomes for Thresholds Completed	**115**	**117**	**103**	High
Threshold Met	26	32	35	High
% Threshold met	*22.6%*	*27.4%*	*34.0%*	*High*
Threshold Not Met	72	69	54	Low
% Threshold not met	*62.6%*	*59.0%*	*52.4%*	*Low*
Inappropriate to safeguarding	17	20	14	Low
% Inappropriate	*14.8%*	*17.1%*	*13.6%*	*Low*

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Timeliness of response to Safeguarding Enquiry
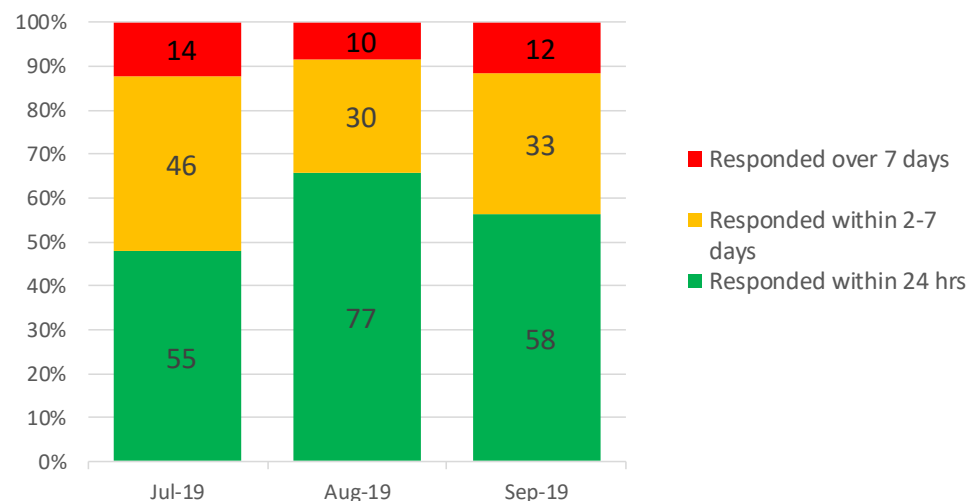
Performance on the proportion of referrals which received a threshold decision within 7 days decreased in September 2019 to 88.3%, compared to August's result of 91%. We will maintain focus on swift responses to safeguarding enquiries and seek to achieve and maintain performance of >90%.

34% of enquiries met threshold in September 2019, 54.4% did not meet threshold and 13.6% 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.

Further information appears in the main report on pages 39-39.

(N.B. Thresholds may take place in a different month to when enquiry received.)
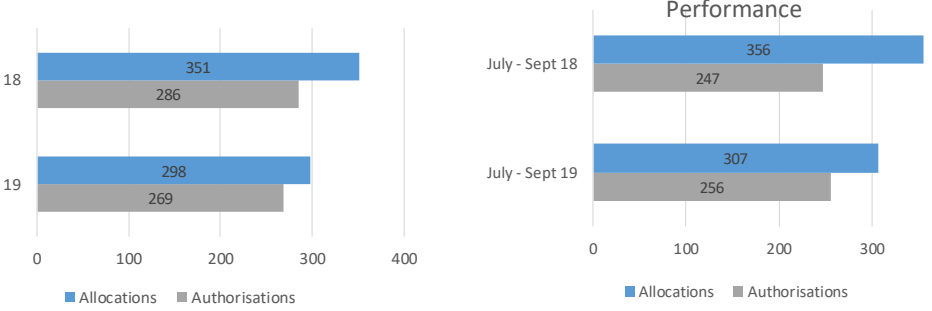
Timeliness of Deprivation of Liberty Assessments

During 2018/19, a new DoLS Team was implemented. There was a specific issue with timeliness for the majority of BIA and SB assessments. The new working arrangements had shown an increase in performance in all areas in recent months. Unfortunately recent staffing issues have impacted on this since Spring 2019..

Related information appears in the main report on pages 40-41.

DoLS Backlog and New Referrals

Duty Desk Backlog — New Applications Received
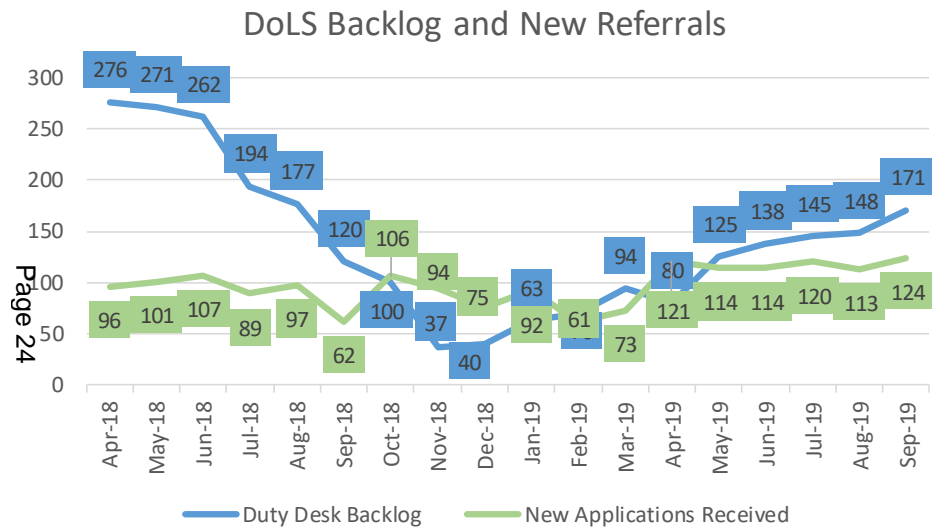
Quarterly Best Interest Assessor Performance

Allocations Authorisations

Quarterly Signatory Body Performance

Allocations Authorisations
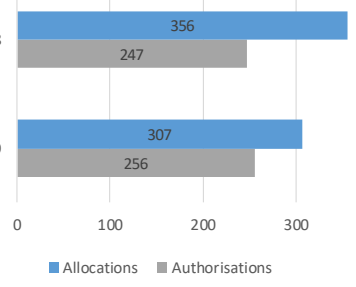
ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
DATA FOR AUGUST/SEPTEMBER 2019

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Cyngor **Abertawe**
Swansea Council

Contents

Contents

Summary of Expectations, Standards & Performance

Throughout this report, each series of information is prefaced by a brief summary of any national or local performance indicators and performance against those.

For subjects where there are no indicators or indicators that do not assist the reader to evaluate performance, we have provided some commentary to assist the reader.

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.5).

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 consistently exceeded target during 2018/19 and has met target during 2019/20.

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.

Integrated Health and Social Care Services: Activity continues to be sustained (pp. 11-17) and most assessments are completed in under 30 days (p. 18). *Mental Health :* The service continues to provide assessment for those requiring mental health support (pp. 18-19).

Community Reablement

There have been some improvements in the effectiveness of the community reablement service during the year (p. 20-23) 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 continued to discharge the majority of people to their own homes (p.24-26).

Permanent Residential / Nursing Care

We continue to see admissions running at a higher level (p.27-28). 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.29).

Domiciliary Care

The numbers of people receiving a package of care has increased, as has the total number of hours provided (p.33-35).

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. Performance on timeliness of response within 1 day has missed target since Spring 2018. Close examination of relevant data by the Principal Officer and Head of Service has been carried out and proposals for improving arrangements are in development (p.36).

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 were 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

performance dropped to 56.13% and performance for 2019/20 is currently **58.48%**. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves further (p.40-41).

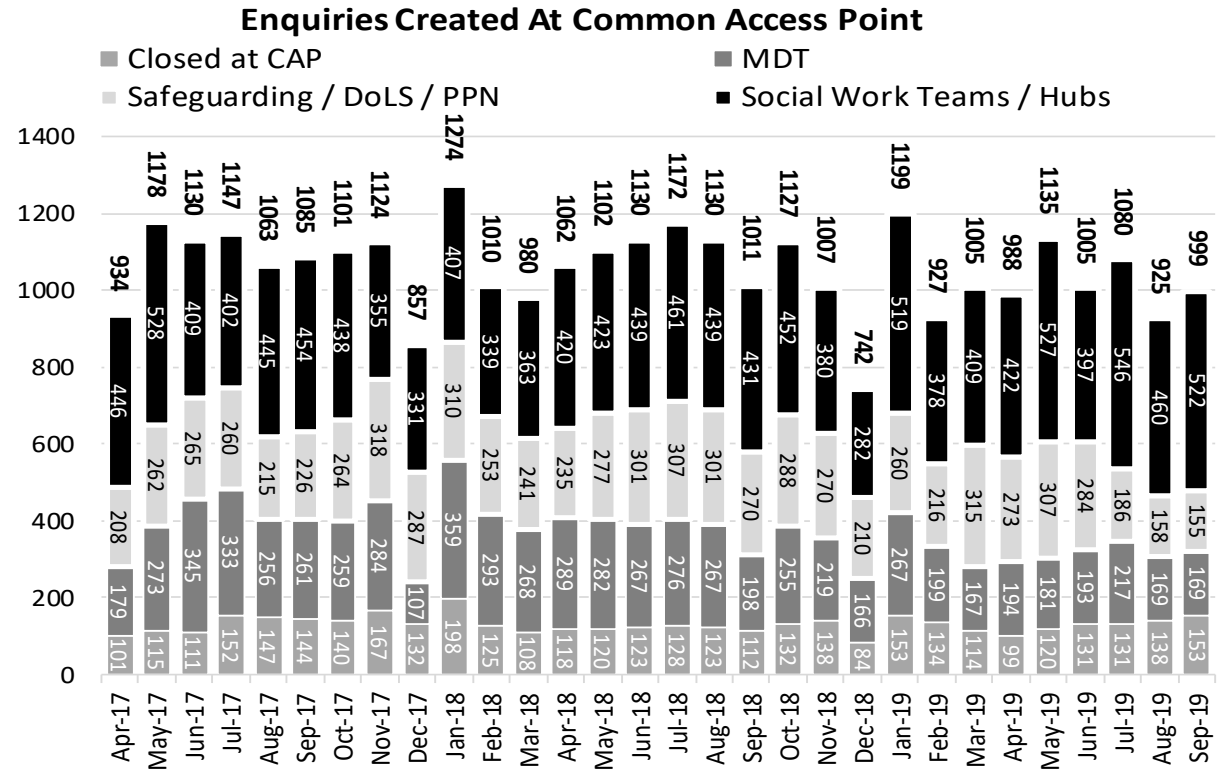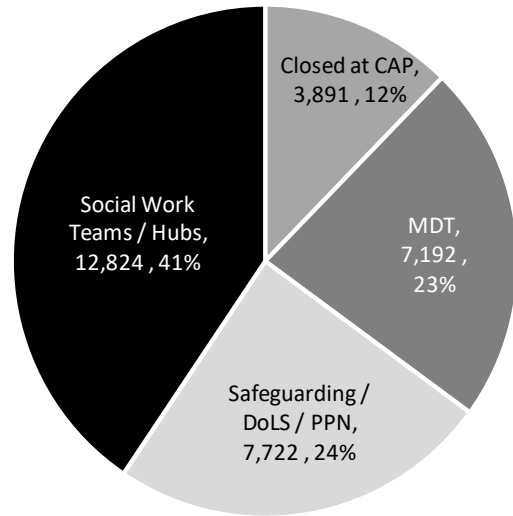Page 28

Common Access Point (CAP)

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

Summary of Expectations / Standards	Summary of Outcomes / Performance
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. A target of **80%** has been in place since 2017/18.	For 2017/18, performance on this indicator was well above target at **93.8%.** During 2018/19, performance of **86.5%** was achieved. During 2019/20, performance has improved to **87.24%** exceeding target.
To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.	Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective us of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

Types of Enquiries Received at Common Access Point

Enquiries Created At Common Access Point April 2017 - September 2019

Closed at CAP, 3,891 , 12%

MDT, 7,192 , 23%

Social Work Teams / Hubs, 12,824 , 41%

Safeguarding / DoLS / PPN, 7,722 , 24%

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The summary data shown here reports on the initial determination of how the enquiry should be treated, whether completed at CAP; forwarded to other teams for assessment or processed as specialist safeguarding / protection enquiry.

Enquiries Created At Common Access Point

- Closed at CAP
- MDT
- Safeguarding / DoLS / PPN
- Social Work Teams / Hubs

Month	Social Work Teams / Hubs	Safeguarding / DoLS / PPN	MDT	Closed at CAP	Total
Apr-17	446	208	179	101	934
May-17	528	262	273	115	1178
Jun-17	409	265	345	111	1130
Jul-17	402	260	333	152	1147
Aug-17	445	215	256	147	1063
Sep-17	454	226	261	144	1085
Oct-17	438	264	259	140	1101
Nov-17	355	318	284	167	1124
Dec-17	331	287	107	132	857
Jan-18	407	310	359	198	1274
Feb-18	339	253	293	125	1010
Mar-18	363	241	268	108	980
Apr-18	420	235	289	118	1062
May-18	423	277	282	120	1102
Jun-18	439	301	267	123	1130
Jul-18	461	307	276	128	1172
Aug-18	439	301	267	123	1130
Sep-18	431	270	198	112	1011
Oct-18	452	288	255	132	1127
Nov-18	380	270	219	138	1007
Dec-18	282	210	166	84	742
Jan-19	519	260	267	153	1199
Feb-19	378	216	199	134	927
Mar-19	409	315	167	114	1005
Apr-19	422	273	194	99	988
May-19	527	307	181	120	1135
Jun-19	397	284	193	131	1005
Jul-19	546	186	217	131	1080
Aug-19	460	158	169	138	925
Sep-19	522	155	169	153	999

Enquiries Completed at the Common Access Point

Enquires Completed at Common Access Point 2017-2019

Advice / Information ■ **Signposting**

Advice / Information ■ Signposted

1,024, 26%

2,867, 74%

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. 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 / November) fluctuations in safeguarding referrals caused by the anniversary of the relevant court judgment that drove up DOLS referrals.	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 are examining the data to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals.		Transformation Team staff continue to work with the service to improve Third Sector Broker recording processes.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 75 new introductions to the service each quarter during 2018/19. For 2019/20, this was set at 125 a quarter.	Target for 2018/19 was met comfortably. Performance met target during Q1 and Q2 2019/20.

'Other' includes categories of 15 or less introduction reasons in the period, including Child and Family, Community Tension, Domestic Violence and Employment.

Local Area Coordination Introductions Since April 2017

Apr 17: 24, May 17: 32, Jun 17: 37, Jul 17: 20, Aug 17: 20, Sep 17: 13, Oct 17: 22, Nov 17: 16, Dec 17: 12, Jan 18: 23, Feb 18: 30, Mar 18: 43, Apr 18: 45, May 18: 28, Jun 18: 56, Jul 18: 40, Aug 18: 53, Sep 18: 32, Oct 18: 48, Nov 18: 55, Dec 18: 28, Jan 19: 46, Feb 19: 54, Mar 19: 60, Apr 19: 46, May 19: 45, Jun 19: 59, Jul 19: 40, Aug 19: 53, Sep 19: 64

Top Presenting Issues Since April 2017

Issue	Value
Other	88
Sensory Impairment	16
Physical Difficulties	16
Drug and Alcohol	16
Community Tension	16
Child and Family	16
Dementia	18
Older Age	19
Learning Difficulties	24
Financial Issues	27
Benefits	28
Carer	36
Social Contacts	42
Housing	43
Needs Advice	71
Mental Health	127
Isolation	429

| 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 Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2018/19 was set to less than **6** per 1,000 adults aged 75+. This was not met but the target is retained for 2019/20.	Performance in 2018/19 was **7.5** for the whole year, missing the target. Performance to date during 2019/20 is **6.23**.

Spread of Delayed Transfers of Care
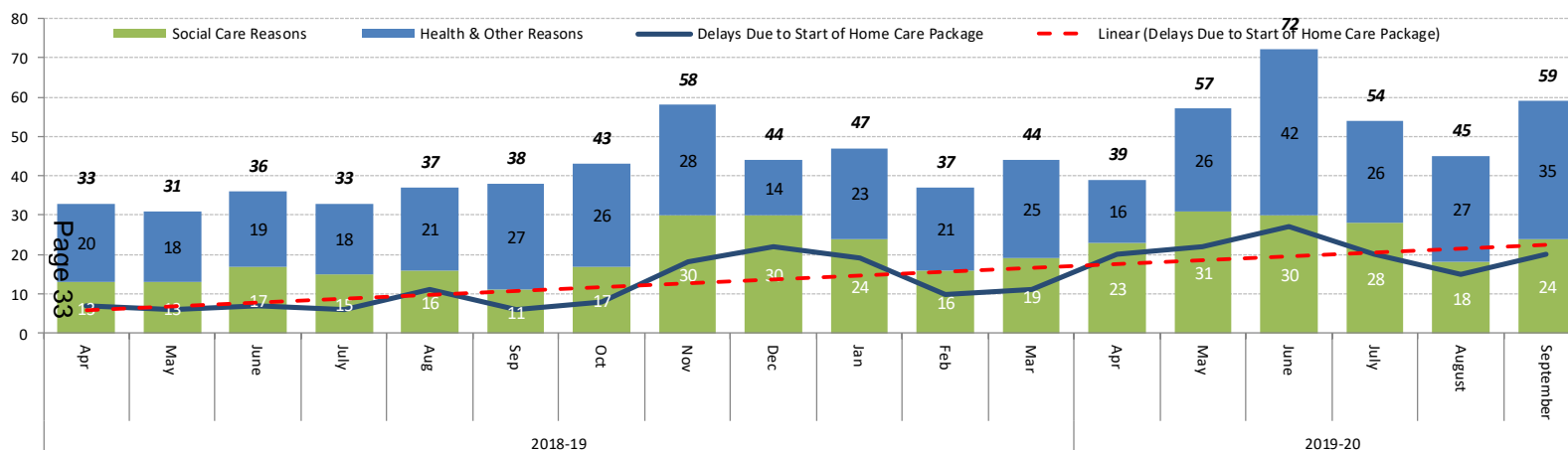
Reason for Delayed Transfers of Care
Apr 2017 - September 2019
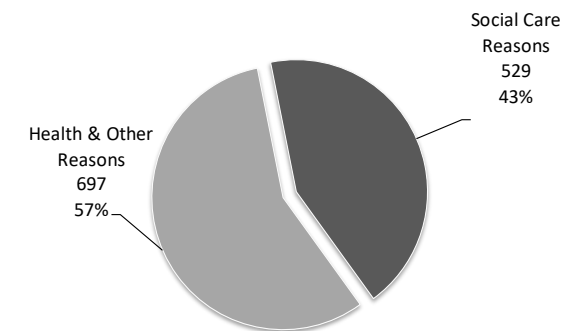
The data records the monthly Census of delays in transfers of care.

This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent around 40% 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.
	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.	

Reasons for Social Care Delays

Social Care Reason for Delay - September 2019	People Delayed	% of Social Care Delays
1.01- Awaiting completion of assessment	3	12.5%
2.03.01 Home Care related: Awaiting start of new home care package	20	83.3%
2.05.01 Capacity restrictions: No appropriate vacancy exists	1	4.2%
Total	**24**	

Main Social Care Reason for Delay (Apr 2017 - Sep 2019)

Residential / Nursing Care,…

Capacity issues, 26, 5%

Funding Issues, 25, 5%

Home Care Provision, 387, 73%

Awaiting completion of assessment, 43, 8%

Housing-related, 17, 3%

Home adaptation / equipment, 9, 2%

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

Assessment and Care Management: Integrated Health and Social Care Service

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 and retained for 2019/20.	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 March 2019 was **71.1%**, over the target. Performance in Q2 2019/20 is under target at **67.4%**.
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.

Detail about the integrated health and social care information service, its teams, types of enquiry and assessments is provided at Appendix C.

Individuals who were subject of an enquiry April 2017 – September 2019

Enquries - Number of People	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Tm	Service Provision Tms	Sensory Services	All Teams	% of all Types
MDT / Advice / Info	552	623	503	-	7	40	14	1	24	**1,764**	**5.3%**
Care Management Input	1,488	1,668	1,359		3,045	404	209	2	10	**8,185**	**24.8%**
OT Input	2,370	2,091	1,712	4	2		1			**6,180**	**18.7%**
Physio Input	1,430	1,145	1,051	1						**3,627**	**11.0%**
Specialist NHS Input	255	255	620	2,901			1	1	1	**4,034**	**12.2%**
Service Requests	1,430	1,400	635		216	1,697	37	2,387	343	**8,145**	**24.7%**
Other enquiries	5	25	3	3	22	1	75	-	947	**1,081**	**3.3%**
All Enquiry Types	**7,530**	**7,207**	**5,883**	**2,909**	**3,292**	**2,142**	**337**	**2,391**	**1,325**	**33,016**	
%ge of All Teams	**22.8%**	**21.8%**	**17.8%**	**8.8%**	**10.0%**	**6.5%**	**1.0%**	**7.2%**	**4.0%**		

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Number of People by Enquiry Type Apr 2017 - Sept 2019
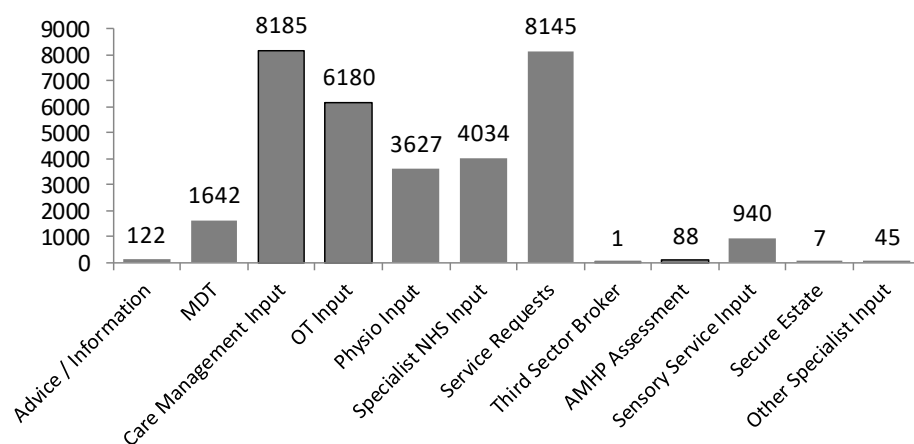
Number of People by Enquiry Team Apr 2017 - Sept 2019

Assessment & Care Management: Integrated Services

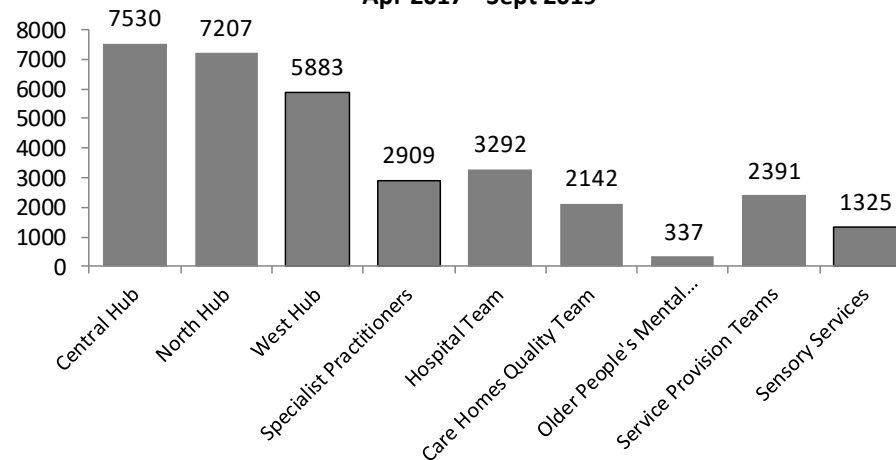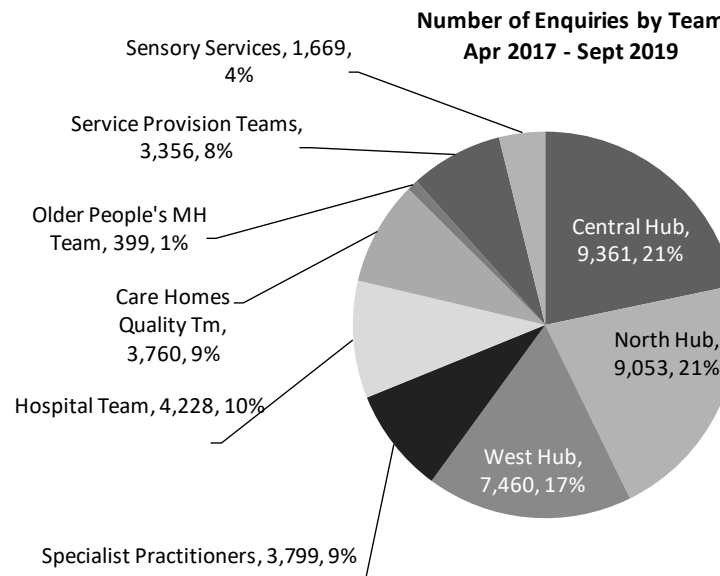## Number of Enquiries by Team and Type of Inquiry April 2017 – September 2019

Type of Enquiry	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Team	Service Provision Teams	Sensory Services	All Teams	% of Enquiry Types
Advice / Information / MDT	644	735	601	-	7	40	14	1	24	2,066	4.9%
Care Management Input	1,812	1,928	1,629		3,958	470	235	2	10	10,044	24.1%
OT Input	3,245	2,870	2,463	4	2		1			8,585	20.6%
Physio Input	1,750	1,431	1,275	1						4,457	10.7%
Specialist NHS Input	269	275	685	3,791			2	1	1	5,024	12.0%
Service Requests	1,635	1,788	804		236	3,249	51	3,352	406	11,521	27.6%
Other enquiries	6	26	3	3	25	1	96	0	1,228	1,388	3.3%
All Adult Services	**9,361**	**9,053**	**7,460**	**3,799**	**4,228**	**3,760**	**399**	**3,356**	**1,669**	**41,740**	
% of all Teams	**22.4%**	**21.7%**	**17.9%**	**9.1%**	**10.1%**	**9.0%**	**1.0%**	**8.0%**	**4.0%**		

Number of Enquiries by Type Apr 2017 - Sept 2019

Physio Input, 4,457, 10%
Specialist NHS Input, 5,024, 12%
OT Input, 8,585, 20%
Care Management Input, 10,044, 23%
Service Requests, 11,521, 27%
Advice / Information / MDT, 2,066 , 5%
Other enquiries, 1,388, 3%

Number of Enquiries by Team Apr 2017 - Sept 2019

Sensory Services, 1,669, 4%
Service Provision Teams, 3,356, 8%
Older People's MH Team, 399, 1%
Care Homes Quality Tm, 3,760, 9%
Hospital Team, 4,228, 10%
Specialist Practitioners, 3,799, 9%
West Hub, 7,460, 17%
Central Hub, 9,361, 21%
North Hub, 9,053, 21%

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

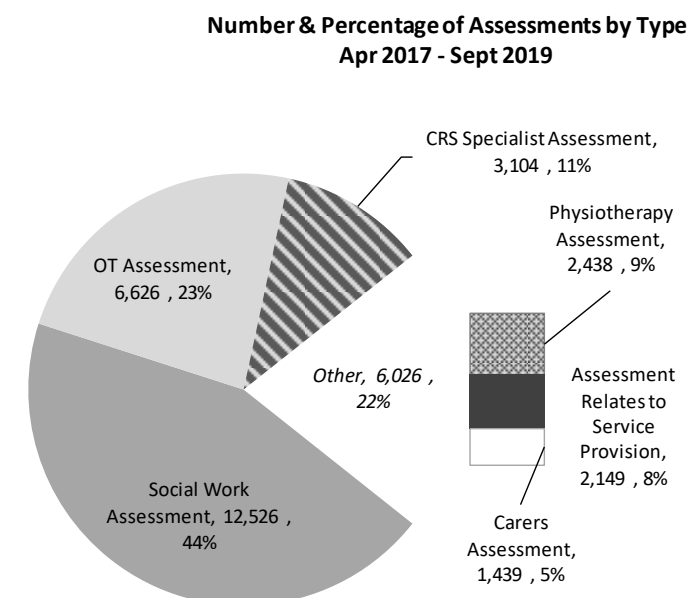| What is working well?	What are we worried about?	What are we going to do?
There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly.	Continuing demographic pressure could escalate the number of enquiries.	Some preliminary analysis has 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.		

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

Number of Assessments and People Assessed by Team and Assessment Type: April 2017 - Sept 2019	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services	Ass'ts Completed	People Assessed
Social Work Assessment	1,935	3,127	2,165		2,035	1,279	1,274	711	**12,526**	**7,536**
OT Assessment	2,651	2,431	1,544						**6,626**	**5,989**
Physiotherapy Assessment	914	796	727	1					**2,438**	**2,167**
CRS Specialist Assessment	280	837	369	1,618					**3,104**	**1,941**
Assessment Relates to Service Provision	773	719	657						**2,149**	**1,877**
Carers Assessment	345	525	440		36		92	1	**1,439**	**1,239**
Number of Assessments Completed	**6,898**	**8,435**	**5,902**	**1,619**	**2,071**	**1,279**	**1,366**	**712**	**28,282**	
Number of People Assessed	**5,583**	**6,184**	**4,506**	**862**	**1,628**	**867**	**477**	**642**		**20,749**

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Number & Percentage of Assessments by Type Apr 2017 - Sept 2019

CRS Specialist Assessment, 3,104 , 11%
Physiotherapy Assessment, 2,438 , 9%
OT Assessment, 6,626 , 23%
Other, 6,026 , 22%
Assessment Relates to Service Provision, 2,149 , 8%
Carers Assessment, 1,439 , 5%
Social Work Assessment, 12,526 , 44%

'Social Work Assessment' principally comprises social work assessments in the form of Overview Assessments and Review Assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are not 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.
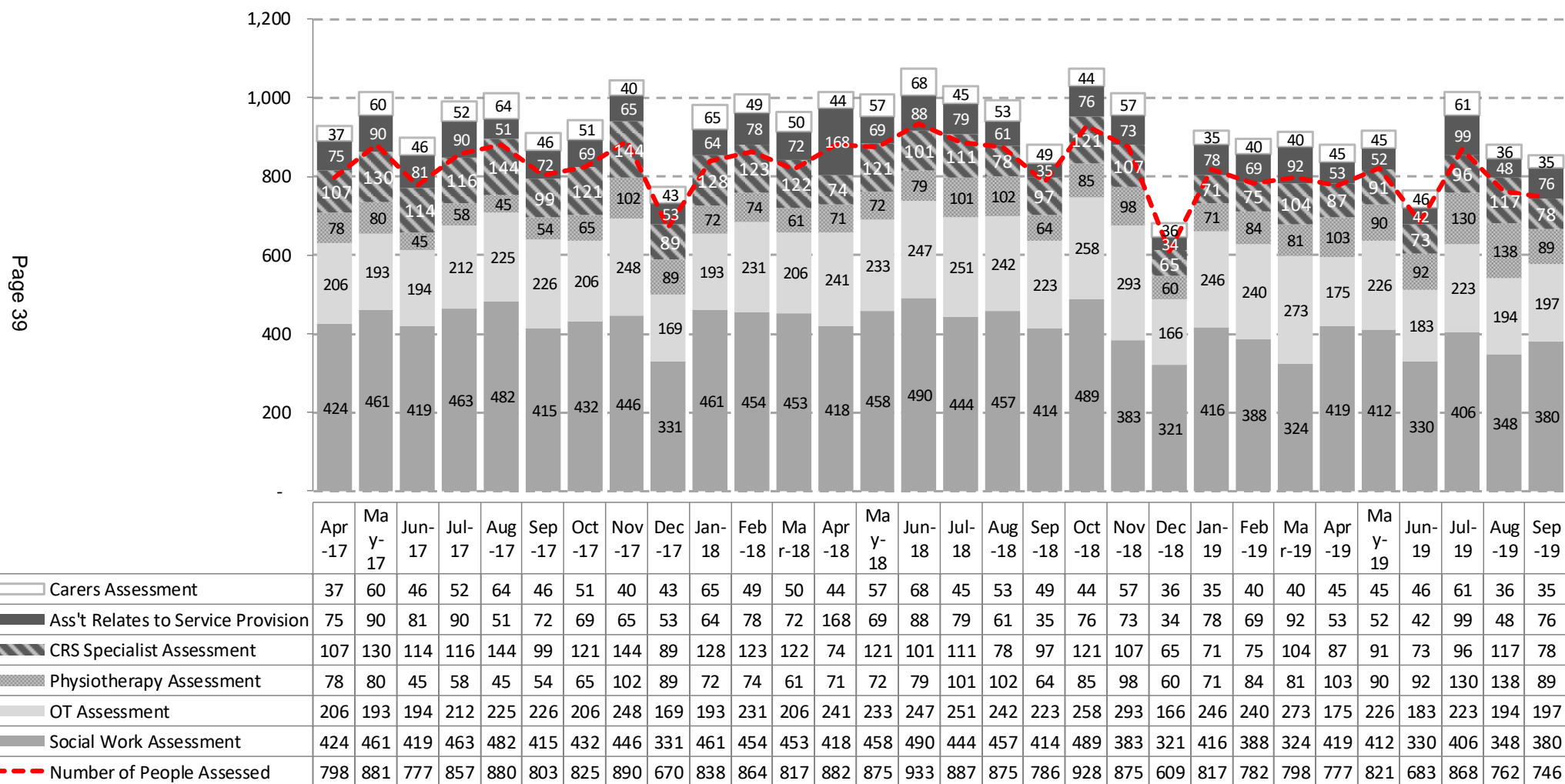
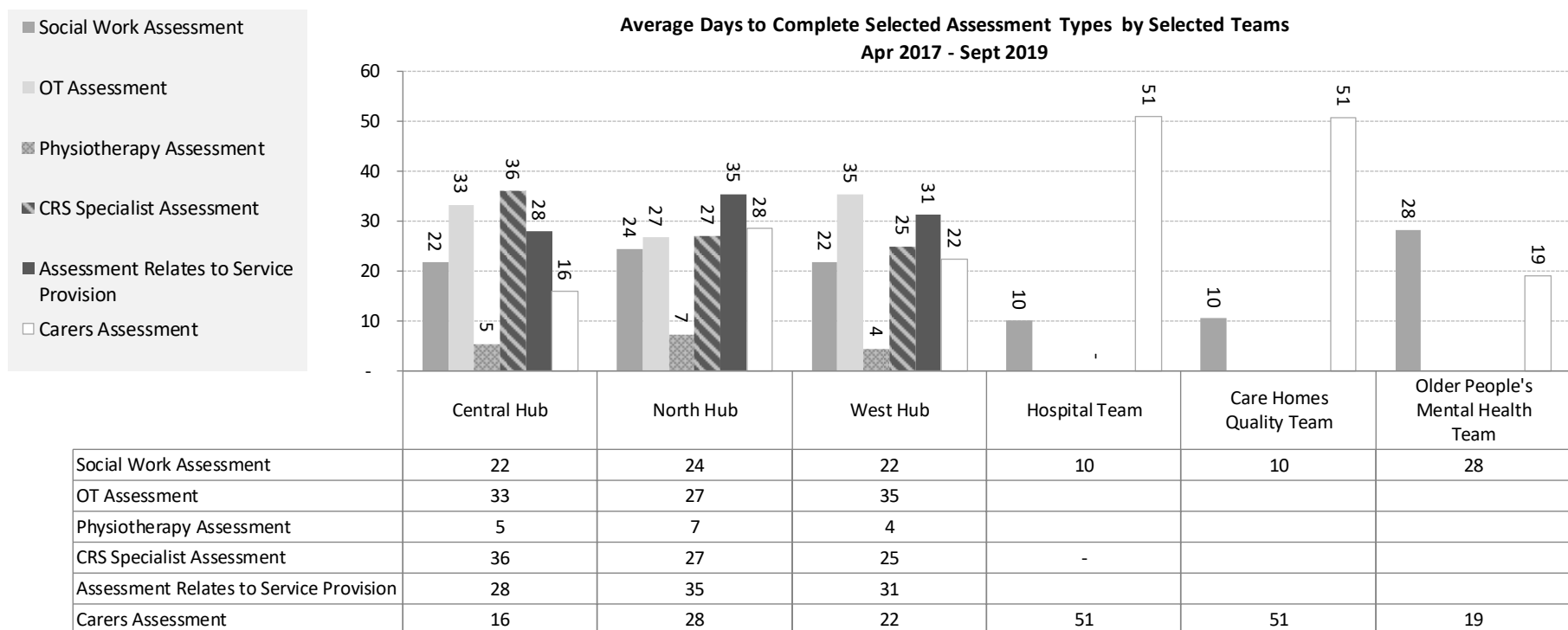## Distribution of Assessments by Type and Over Time (Apr 2017 – Sept 2019)

44% of completed assessments are social work assessments. Assessments for Occupational Therapy and Physiotherapy together account for 32% of all completed assessments. Thus social work assessments and OT / Physio assessments represent 3 out of 4 completed assessments.

The dotted line in the graph shows the **total number of individuals** who were assessed. Some people receive multiple assessment types.

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	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	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Carers Assessment	37	60	46	52	64	46	51	40	43	65	49	50	44	57	68	45	53	49	44	57	36	35	40	40	45	45	46	61	36	35
Ass't Relates to Service Provision	75	90	81	90	51	72	69	65	53	64	78	72	168	69	88	79	61	35	76	73	34	78	69	92	53	52	42	99	48	76
CRS Specialist Assessment	107	130	114	116	144	99	121	144	89	128	123	122	74	121	101	111	78	97	121	107	65	71	75	104	87	91	73	96	117	78
Physiotherapy Assessment	78	80	45	58	45	54	65	102	89	72	74	61	71	72	79	101	102	64	85	98	60	71	84	81	103	90	92	130	138	89
OT Assessment	206	193	194	212	225	226	206	248	169	193	231	206	241	233	247	251	242	223	258	293	166	246	240	273	175	226	183	223	194	197
Social Work Assessment	424	461	419	463	482	415	432	446	331	461	454	453	418	458	490	444	457	414	489	383	321	416	388	324	419	412	330	406	348	380
Number of People Assessed	798	881	777	857	880	803	825	890	670	838	864	817	882	875	933	887	875	786	928	875	609	817	782	798	777	821	683	868	762	746

Average Time Taken to Complete Assessments by Type

Average Days to Complete Selected Assessment Types by Selected Teams
Apr 2017 - Sept 2019

Legend:
- Social Work Assessment
- OT Assessment
- Physiotherapy Assessment
- CRS Specialist Assessment
- Assessment Relates to Service Provision
- Carers Assessment

	Central Hub	North Hub	West Hub	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team
Social Work Assessment	22	24	22	10	10	28
OT Assessment	33	27	35			
Physiotherapy Assessment	5	7	4			
CRS Specialist Assessment	36	27	25	-		
Assessment Relates to Service Provision	28	35	31			
Carers Assessment	16	28	22	51	51	19

Note: Empty cells indicate no assessments of this type completed by this team.

What is working well?	What are we worried about?	What are we going to do?
A reasonably consistent amount of assessment activity continues to take place.	We are aware of current difficulties with accurately reporting numbers of new assessments/ re-assessments and reviews.	Performance staff and managers are working together to look in more detail at this topic.
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.
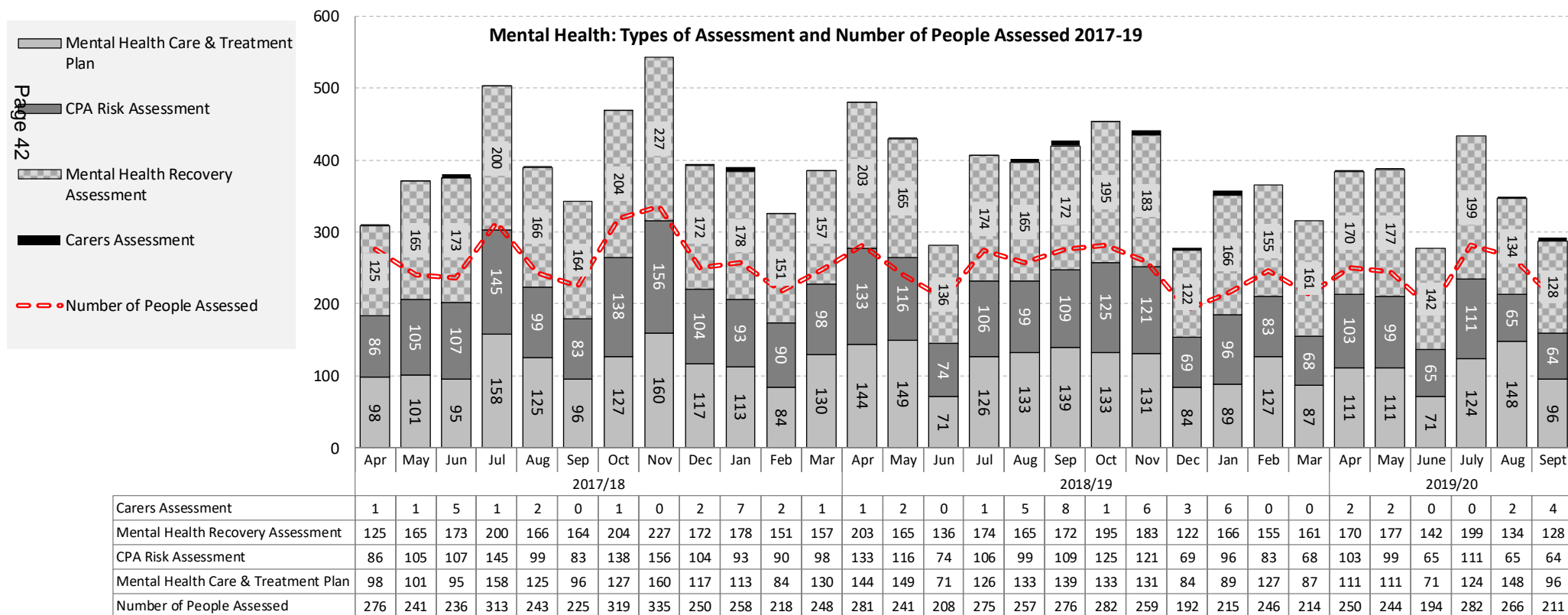
Assessment and Care Management: Mental Health

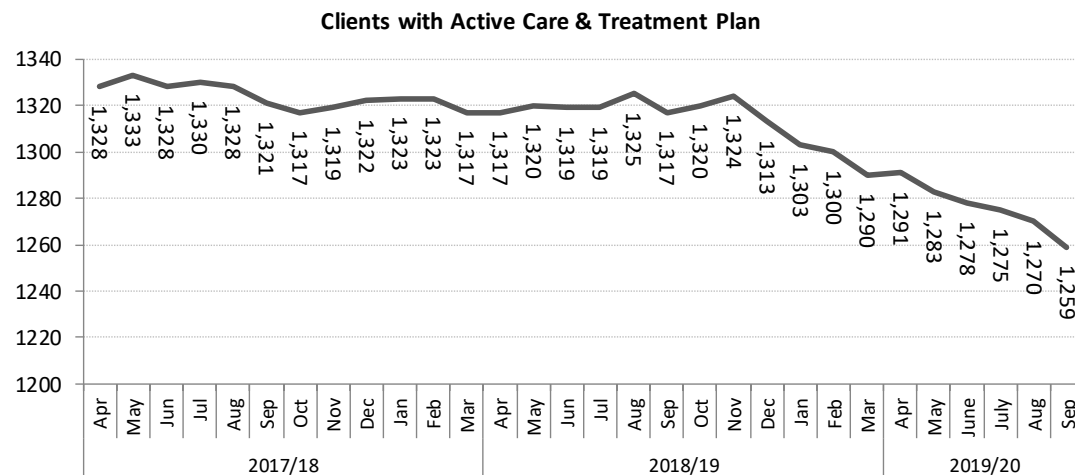## Numbers and Types of Assessment

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.

Mental Health: Types of Assessment and Number of People Assessed 2017-19

Legend:
- Mental Health Care & Treatment Plan
- CPA Risk Assessment
- Mental Health Recovery Assessment
- Carers Assessment
- Number of People Assessed

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
					2017/18													2018/19									2019/20			
Carers Assessment	1	1	5	1	2	0	1	0	2	7	2	1	1	2	0	1	5	8	1	6	3	6	0	0	2	2	0	0	2	4
Mental Health Recovery Assessment	125	165	173	200	166	164	204	227	172	178	151	157	203	165	136	174	165	172	195	183	122	166	155	161	170	177	142	199	134	128
CPA Risk Assessment	86	105	107	145	99	83	138	156	104	93	90	98	133	116	74	106	99	109	125	121	69	96	83	68	103	99	65	111	65	64
Mental Health Care & Treatment Plan	98	101	95	158	125	96	127	160	117	113	84	130	144	149	71	126	133	139	133	131	84	89	127	87	111	111	71	124	148	96
Number of People Assessed	276	241	236	313	243	225	319	335	250	258	218	248	281	241	208	275	257	276	282	259	192	215	246	214	250	244	194	282	266	211

People with Active Care & Treatment Plan

Clients with Active Care & Treatment Plan

Chart showing monthly values:
2017/18: Apr 1,328; May 1,333; Jun 1,328; Jul 1,330; Aug 1,328; Sep 1,321; Oct 1,317; Nov 1,319; Dec 1,322; Jan 1,323; Feb 1,323; Mar 1,317
2018/19: Apr 1,317; May 1,320; Jun 1,319; Jul 1,319; Aug 1,325; Sep 1,317; Oct 1,320; Nov 1,324; Dec 1,313; Jan 1,303; Feb 1,300; Mar 1,290
2019/20: Apr 1,291; May 1,283; June 1,278; July 1,275; Aug 1,270; Sep 1,259

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 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

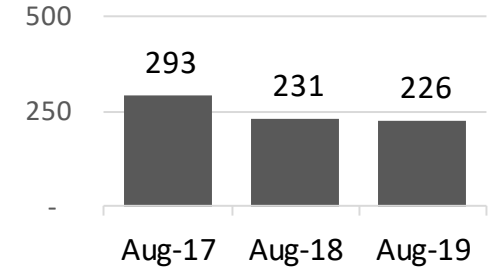| Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective 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.	Staff are engaged in discussion with peers across Wales and contributing positively to further 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. A local internal target of **50%** applies.	Performance for whole of 2018/19 was **81.8%** and is running at **100%** for 2019/20. (Note that changes can be significant due to low number.)
Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. A local internal target of **25%** has been in place for some years.	For 2017/18 performance was **79.3%**, considerably exceeding target. 2018/19 performance was **90.4**% exceeding target and 2019/20 performance is running at **94.8%.**

People Receiving Community Reablement

Community Reablement : People Received Service During Month

Users in Month ••••• Average Users in Month

Average Users in Month, 136

Apr-17: 228, May-17: 236, Jun-17: 202, Jul-17: 190, Aug-17: 174, Sep-17: 173, Oct-17: 185, Nov-17: 159, Dec-17: 154, Jan-18: 150, Feb-18: 144, Mar-18: 147, Apr-18: 143, May-18: 121, Jun-18: 119, Jul-18: 119, Aug-18: 125, Sep-18: 115, Oct-18: 102, Nov-18: 114, Dec-18: 94, Jan-19: 109, Feb-19: 100, Mar-19: 94, Apr-19: 74, May-19: 89, Jun-19: 88, Jul-19: 105, Aug-19: 101

Receiving During the Month

Aug-17: 174, Aug-18: 125, Aug-19: 101

New and Completed Community Reablement Episodes (formerly DCAS)

Community Reablement : Admissions and Discharges

■ Admissions ■ Discharges ••••• Average Admissions ••••• Average Discharges

Average Admissions, 48

Average Discharges, -58
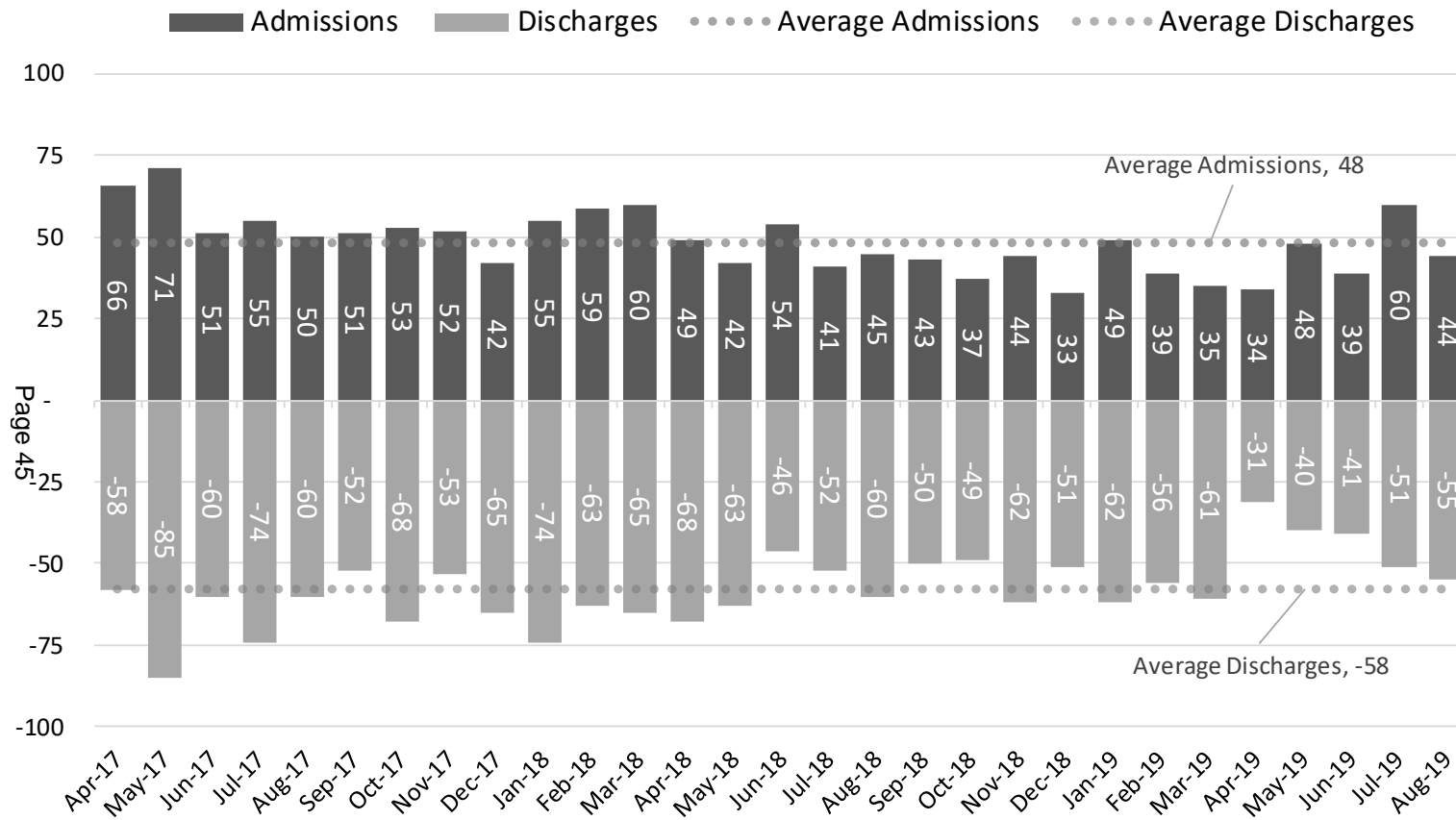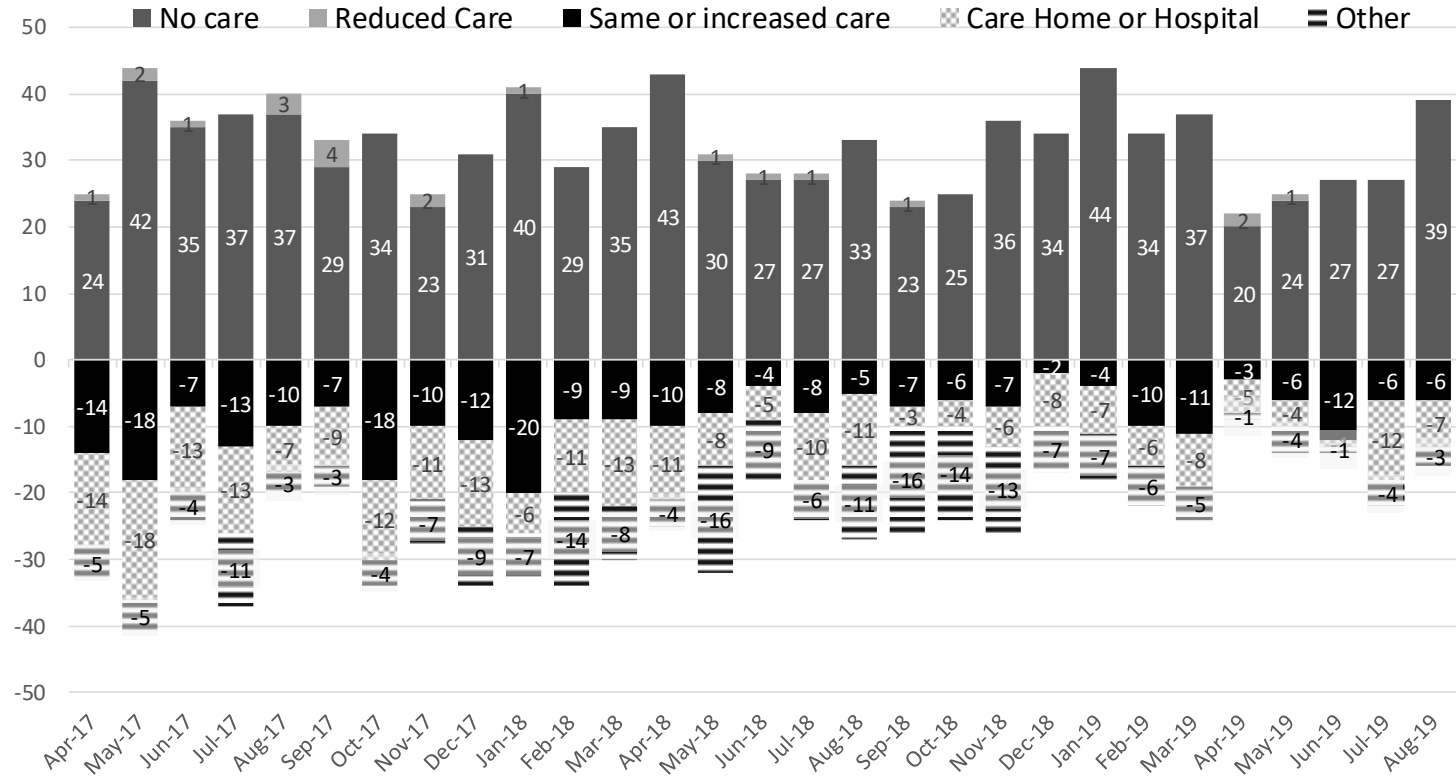
Cumulative Admissions to Month

Cumulative Discharges to Month
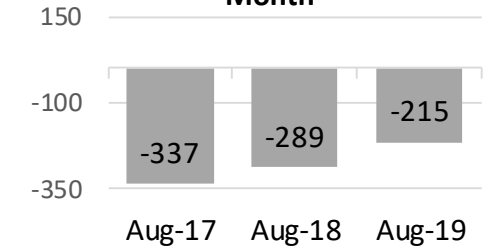
Effectiveness of Community Reablement

Positive numbers in graph / tables show the desired outcome of community reablement, which is to reduce or eliminate the amount of managed care that people will require on an ongoing basis. The minus numbers reflect other outcomes, but these will of course be appropriate to the needs of the individual.

Outcomes on Leaving Community Reablement 2017-19
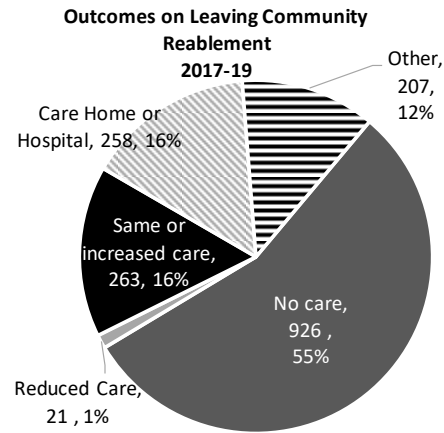
Community Reablement: Outcomes on Leaving

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.

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| What is working well?	What are we worried about?	What are we going to do?
	System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019.	We believe that the data is now stable and reporting is consistent as it is possible to be.

Residential Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.	There is good evidence the service has become effective in preventing admissions over the last 2 years.
There was a local PI relating the 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.	From April 2018 to Aug 2019, of those leaving Bonymaen House **37%** returned home independently and **36%** with a care package. For the same period, discharges from Ty Waunarlwydd home were **14%** and **43%** respectively.

Numbers in Residential Reablement

The graph below shows the amount of people resident within both services at the end of each month, April 2017 to August 2019.

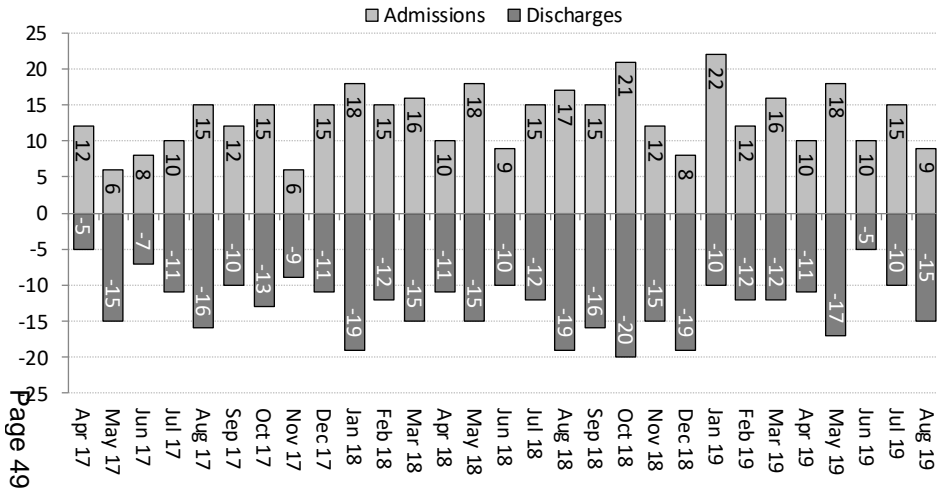### People in Residential Reablement at End of Month

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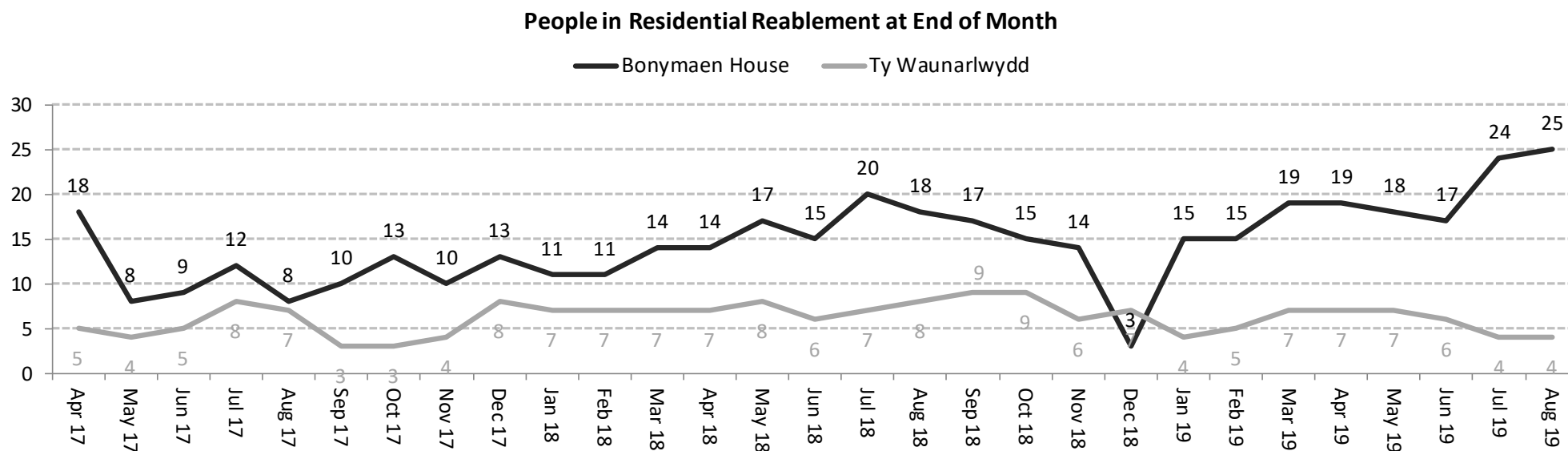
Residential Reablement

Admissions to /Discharges from Residential Reablement

Admission trends for Ty Waunarlwydd indicates a decrease in overall admissions, whereas Bonymaen House is more static. **Note:** there are different scales in each graph.

Bonymaen House Reablement Admissions and Discharges

Ty Waunarlwydd Reablement Admissions and Discharges
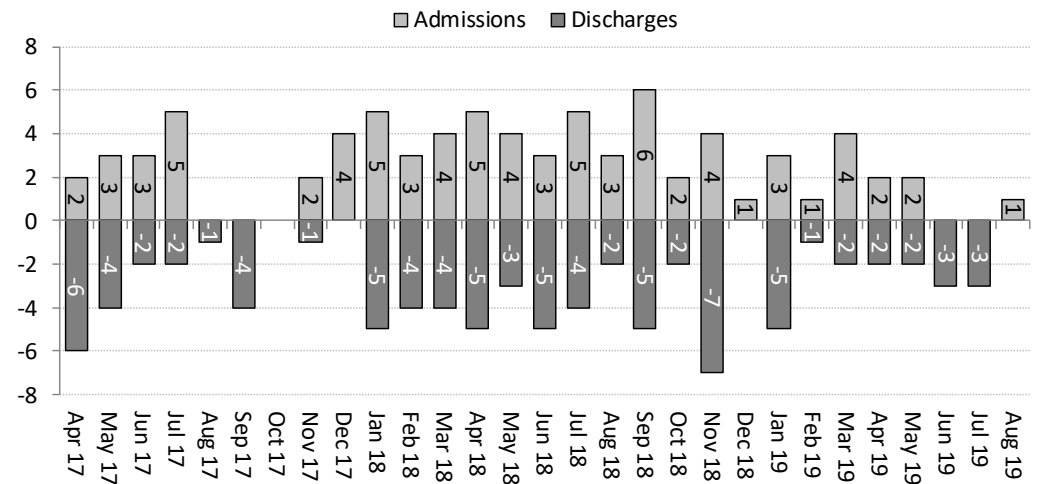
Effectiveness of Residential Reablement

The desired outcome of residential reablement is to avoid admission to a care home or hospital, enabling a person to live at home as long as possible.
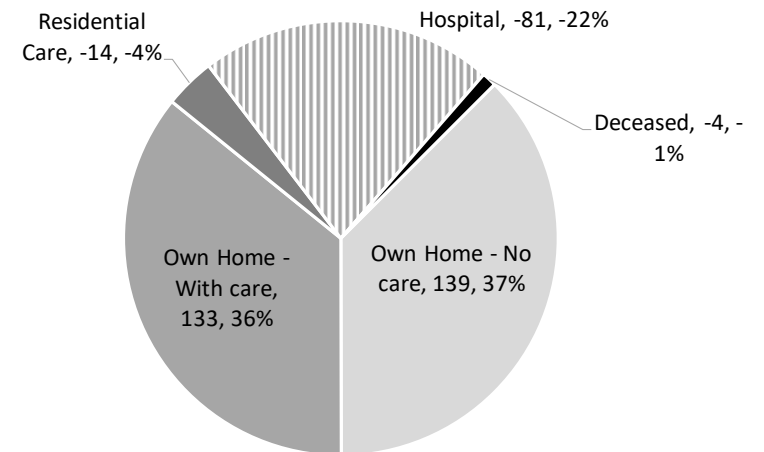
Bonymaen House

23 Assessment Beds.

The capacity was reduced by 4 beds in January 2019 due to additional support needs of current residents.

Since April 2017, the cumulative sum of discharges was 371. Of these, 37% returned to their own homes independently, with an additional 36% receiving a package of care at home.

The total percentage of people returning home independently and or with a care package was 73%.

The most numerous category for people that did not return home was Hospital (22%.)

Bonymaen House Discharges Apr 2017 - Aug 2019

Hospital, -81, -22%

Residential Care, -14, -4%

Deceased, -4, -1%

Own Home - With care, 133, 36%

Own Home - No care, 139, 37%
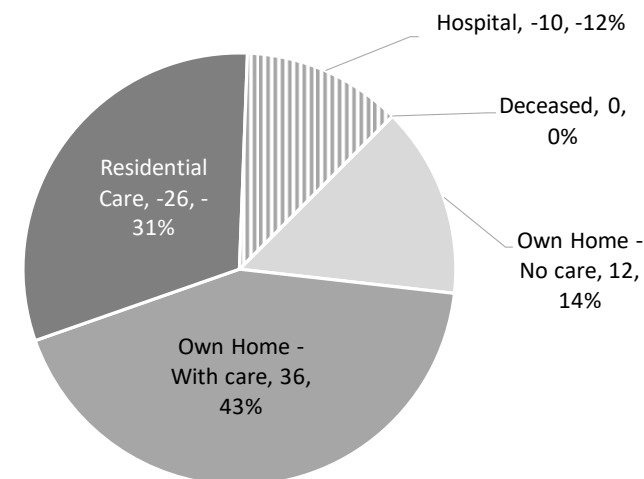
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Residential Reablement

Ty Waunarlwydd

8 Assessment Beds.

Since April 2017, the cumulative discharges were 82.

Of these 14% returned to their own homes independently, while 43% returned home with care packages. The total percentage of people returning home independently and or with a care package was 57%.

There were no discharges for August 2019.

Hospital, -10, -12%

Deceased, 0, 0%

Residential Care, -26, -31%

Own Home - No care, 12, 14%
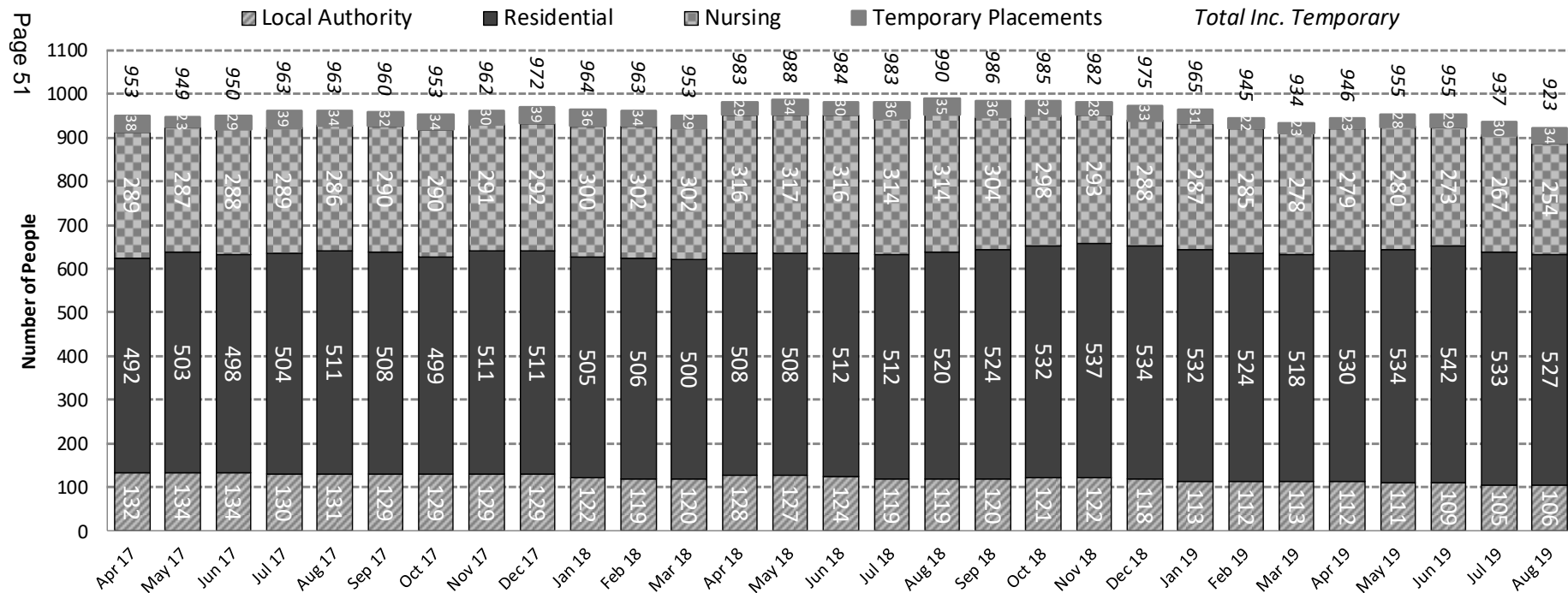
Own Home - With care, 36, 43%

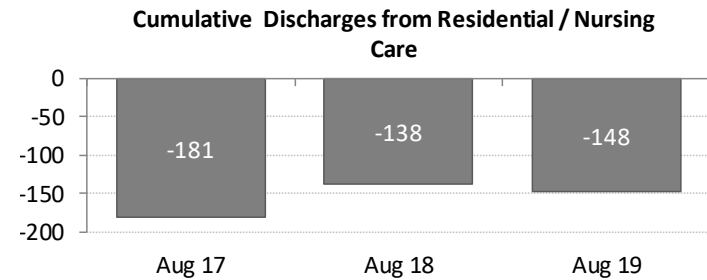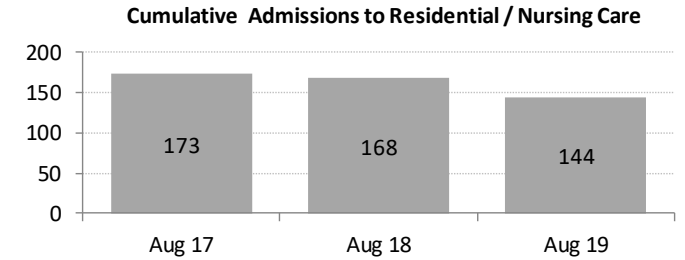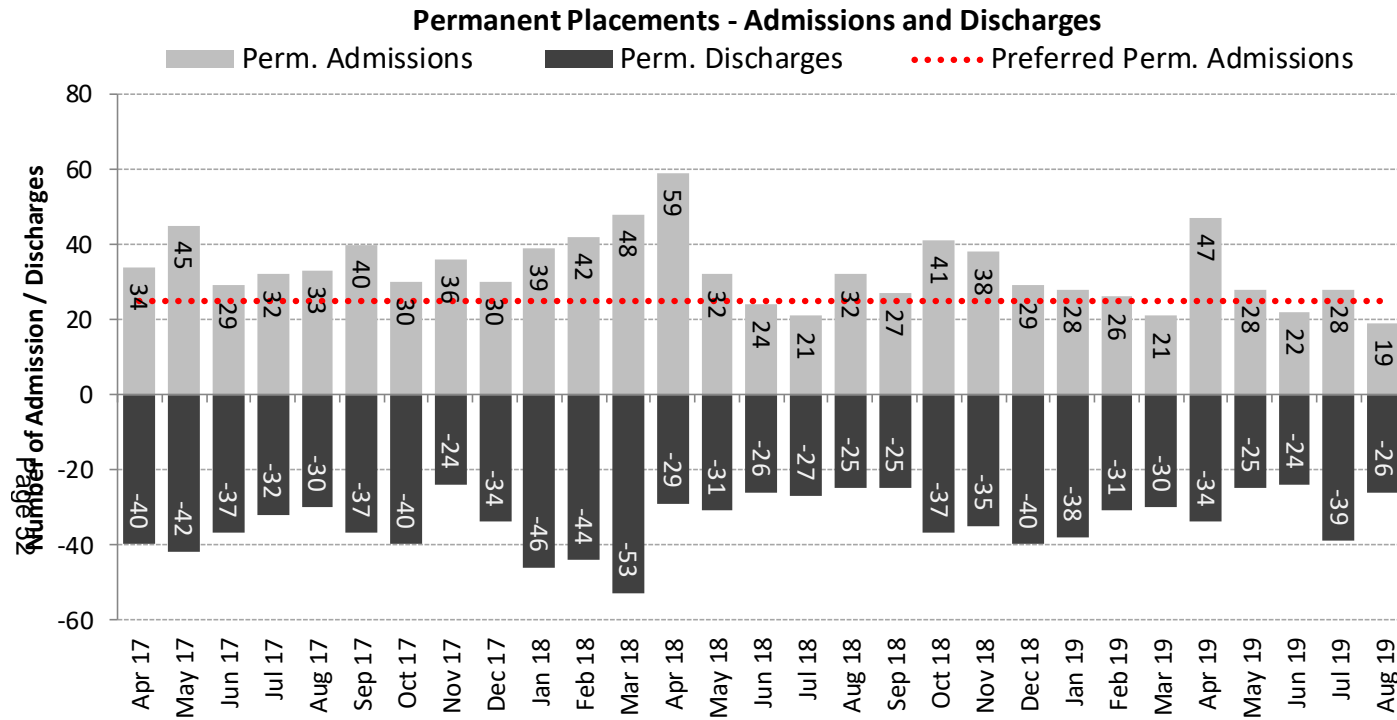| What is working well?	What are we worried about?	What are we going to do?
Both services work to support people to be as independent as possible by enabling them to return to their own home, independently or with a care package. Services usage information is provided monthly, enabling reports to be completed. Prior to reporting, a draft is shared with reablement services. Enabling any discrepancy's to be identified and amended before presentation.	Ty Waunarlwydd predominantly supports people living with dementia. Between April 2017 and August 2019, 57% of all discharges returned home, predominately being supported with a care package. 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. The average stay within Ty Waunarlwydd exceeds 42 days, which is the assessment period. Reasons for longer stays include waiting for a long term residential placement to become available, the unavailability of equipment or a suitable discharge destination . 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.	We will 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. We will review how the 42 day assessment period is managed, with an aim to have the person assessed and discharged within this time frame. We will review the pathway and resources available in the community to ensure a speedy discharge. 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.

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.
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	For 2017/18, Measure 21 was **921.8** and Measure 22 was **83.7**. For 2018/19, the annual result was **943.9** (poorer) and **81.9** (poorer) respectively. Up to the end of Sept 2019, performance was **943.7** and **83.6** respectively.

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

Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care

Permanent Placements - Admissions and Discharges

Legend: Perm. Admissions | Perm. Discharges | Preferred Perm. Admissions

Admissions values: 34, 45, 29, 32, 33, 40, 30, 36, 30, 39, 42, 48, 59, 32, 24, 21, 32, 27, 41, 38, 29, 28, 26, 21, 47, 28, 22, 28, 19

Discharges values: -40, -42, -37, -32, -30, -37, -40, -24, -34, -46, -44, -53, -29, -31, -26, -27, -25, -25, -37, -35, -40, -38, -31, -30, -34, -25, -24, -39, -26

Months: 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, Jan 19, Feb 19, Mar 19, Apr 19, May 19, Jun 19, Jul 19, Aug 19

Cumulative Admissions to Residential / Nursing Care

Aug 17	Aug 18	Aug 19
173	168	144

Cumulative Discharges from Residential / Nursing Care

Aug 17	Aug 18	Aug 19
-181	-138	-148

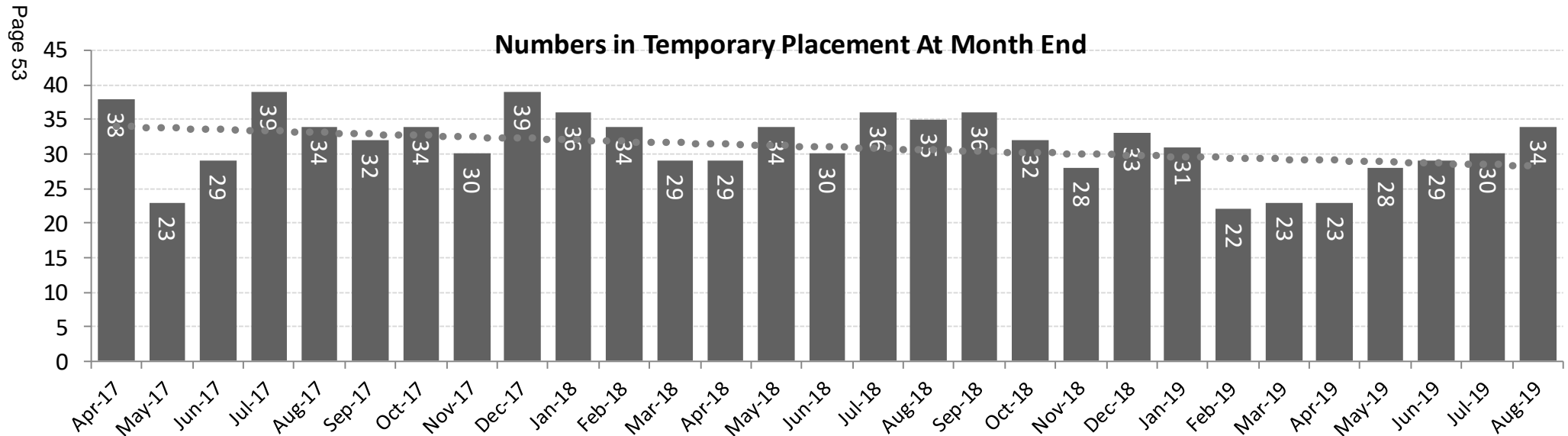| What is working well?	What are we worried about?	What are we going to do?
	We have not reduced numbers to the level anticipated in the Western Bay business case for intermediate care. We are still making above-average use of residential care compared to other Welsh councils.	We have re-established 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.

Residential / Nursing Care

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 use this information in the context of understanding overall levels of demand for residential / nursing care.
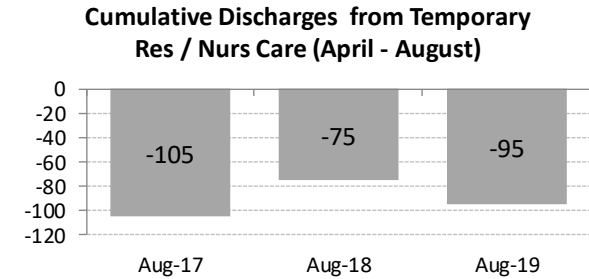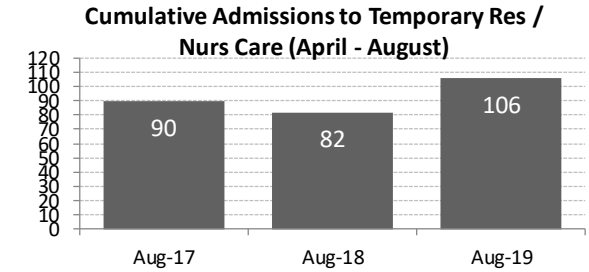
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a similar rate to 2018/19.
We will keep this area under review in order to define reasonable expectations.	No additional outcomes defined as yet.

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

Numbers in Temporary Placement At Month End

Residential / Nursing Care

Admissions to and Discharges from Temporary Residential / Nursing Care

Temporary Placements - Admissions and Discharges
■ Number Admitted to Temporary Placement ■ Number Exit From Temporary Placement

Cumulative Admissions to Temporary Res / Nurs Care (April - August)

Aug-17	Aug-18	Aug-19
90	82	106

Cumulative Discharges from Temporary Res / Nurs Care (April - August)

Aug-17	Aug-18	Aug-19
-105	-75	-95

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.

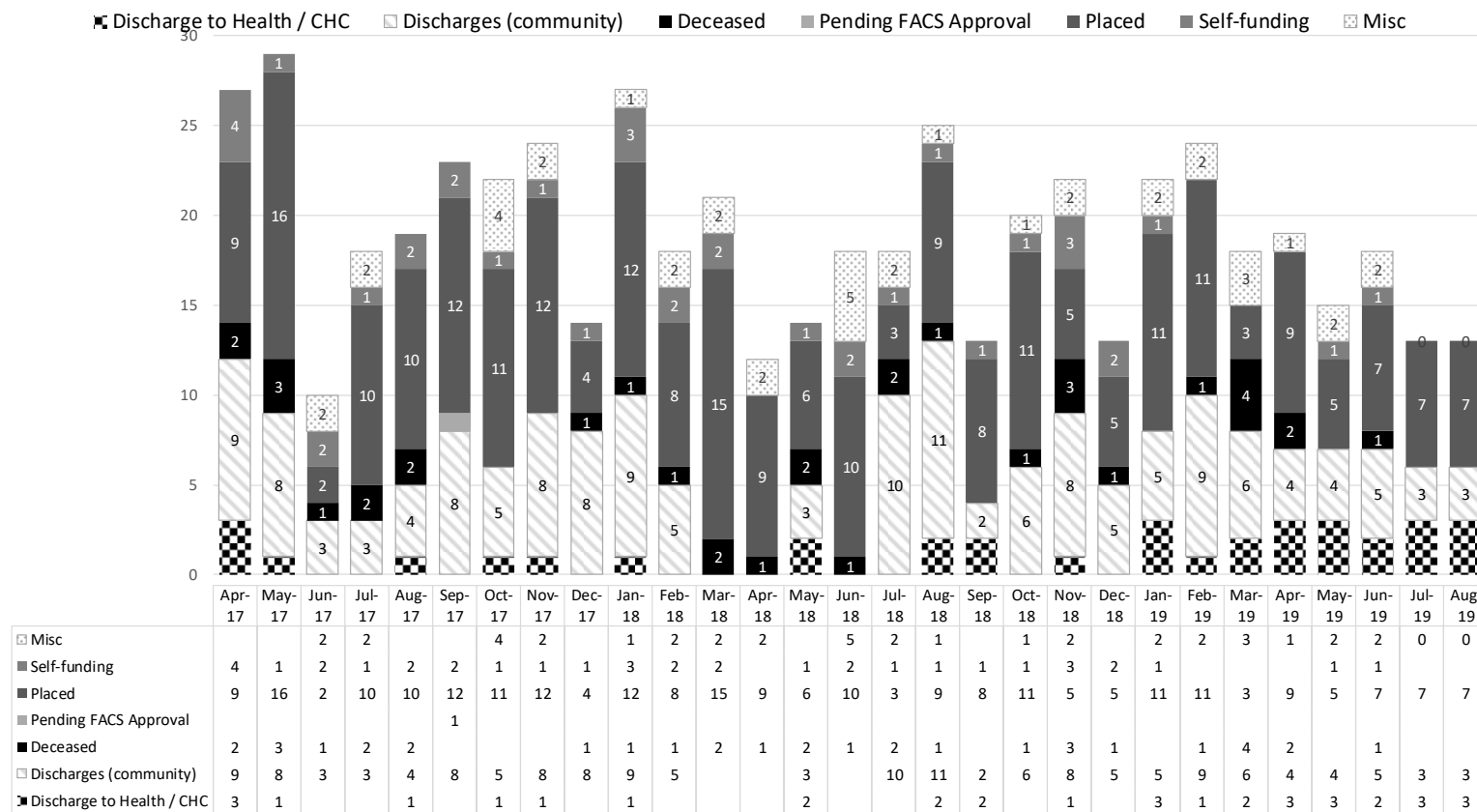## Destination on Discharge from Temporary Residential / Nursing Placements

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.

A small proportion (6.7%) of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

Destination on Discharge from Temporary Placement

Legend: ◼ Discharge to Health / CHC ◻ Discharges (community) ◼ Deceased ▨ Pending FACS Approval ◼ Placed ◼ Self-funding ▨ Misc

	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	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
▨ Misc			2	2			4	2		1	2	2	2		5	2	1		1	2		2	2	3	1	2	2	0	0
◼ Self-funding	4	1	2	1	2	2	1	1	1	3	2	2		1	2	1	1	1	1	3	2	1				1	1		
◼ Placed	9	16	2	10	10	12	11	12	4	12	8	15	9	6	10	3	9	8	11	5	5	11	11	3	9	5	7	7	7
▨ Pending FACS Approval						1																							
◼ Deceased	2	3	1	2	2			1	1	1	2	1		2	1	2	1		1	3	1		1	4	2		1		
◻ Discharges (community)	9	8	3	3	4	8	5	8	8	9	5		3			10	11	2	6	8	5	5	9	6	4	4	5	3	3
◼ Discharge to Health / CHC	3	1			1		1	1		1		2			2		2	2		2	1	3	1	2	3	3	2	3	3

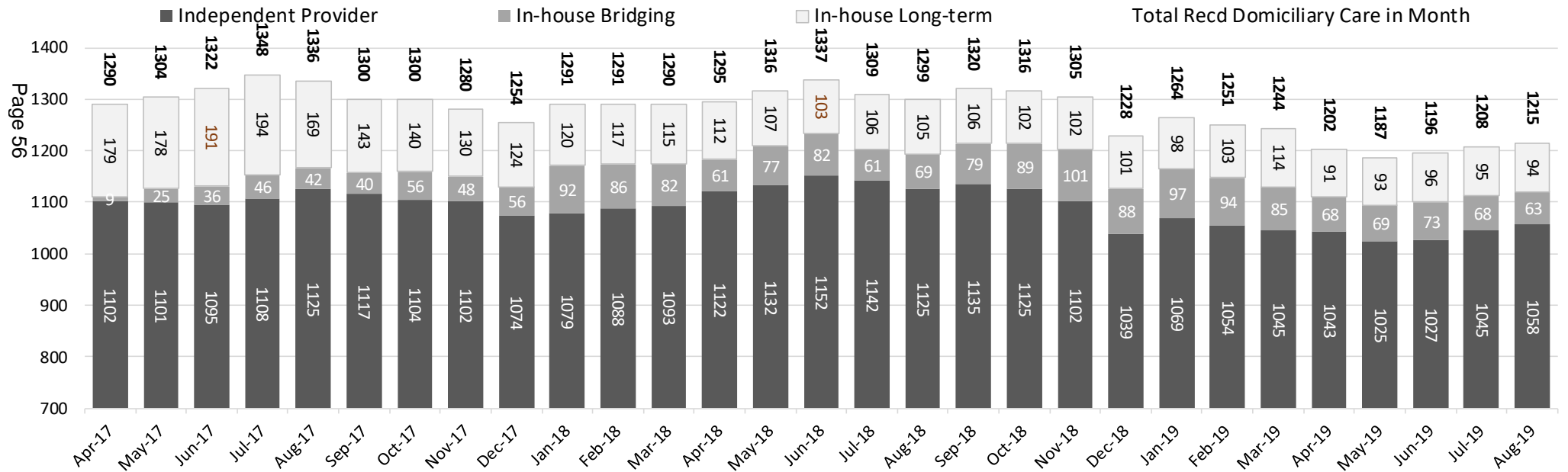| What is working well?	What are we worried about?	What are we going to do?
Admissions and discharges are keeping pace with each other and numbers are remaining relatively stable	We do not yet understand the dynamics of this aspect of service delivery.	We are going to monitor this area of work and seek 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.

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.

People receiving a domiciliary care package
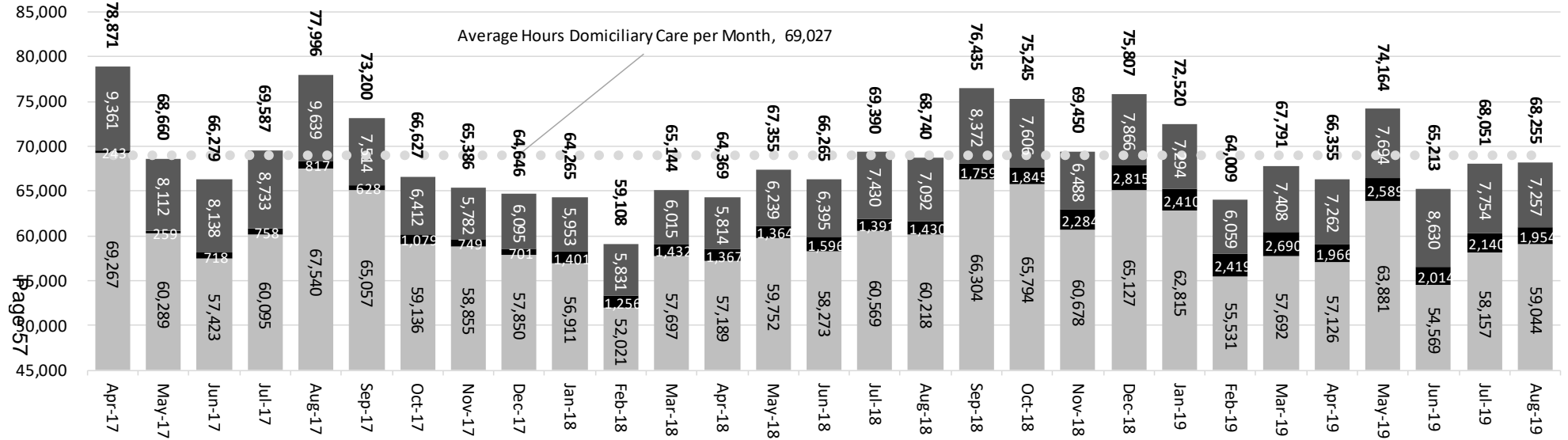
Number Receiving Domiciliary Care During Month

Legend: ■ Independent Provider ■ In-house Bridging ☐ In-house Long-term — Total Recd Domiciliary Care in Month

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Month	Independent Provider	In-house Bridging	In-house Long-term	Total
Apr-17	1102	9	179	1290
May-17	1101	25	178	1304
Jun-17	1095	36	191	1322
Jul-17	1108	46	194	1348
Aug-17	1125	42	169	1336
Sep-17	1117	40	143	1300
Oct-17	1104	56	140	1300
Nov-17	1102	48	130	1280
Dec-17	1074	56	124	1254
Jan-18	1079	92	120	1291
Feb-18	1088	86	117	1291
Mar-18	1093	82	115	1290
Apr-18	1122	61	112	1295
May-18	1132	77	107	1316
Jun-18	1152	82	103	1337
Jul-18	1142	61	106	1309
Aug-18	1125	69	105	1299
Sep-18	1135	79	106	1320
Oct-18	1125	89	102	1316
Nov-18	1102	101	102	1305
Dec-18	1039	88	101	1228
Jan-19	1069	97	98	1264
Feb-19	1054	94	103	1251
Mar-19	1045	85	114	1244
Apr-19	1043	68	91	1202
May-19	1025	69	93	1187
Jun-19	1027	73	96	1196
Jul-19	1045	68	95	1208
Aug-19	1058	63	94	1215

Monthly Total Hours of Care Provided
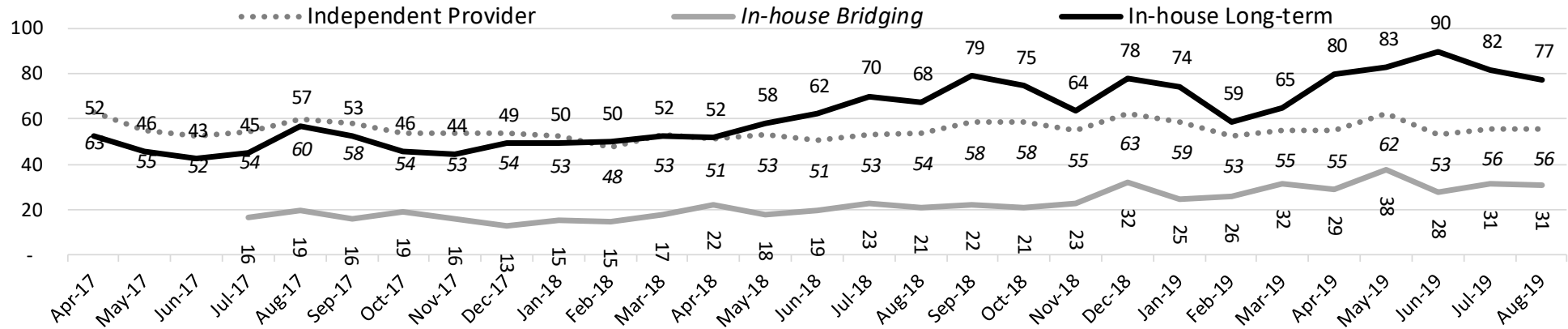
Domiciliary Hours Provided During Month

Legend:
- Independent Provider
- In-house Long-term
- In-house Bridging
- Average Hours Domiciliary Care per Month

Total Hours Domiciliary Care Provided

Average Hours Domiciliary Care per Month, 69,027

Month	Total	In-house Long-term	In-house Bridging	Independent Provider
Apr-17	78,871	9,361	243	69,267
May-17	68,660	8,112	259	60,289
Jun-17	66,279	8,138	718	57,423
Jul-17	69,587	8,733	758	60,095
Aug-17	77,996	9,639	817	67,540
Sep-17	73,200	7,514	628	65,057
Oct-17	66,627	6,412	1,079	59,136
Nov-17	65,386	5,782	749	58,855
Dec-17	64,646	6,095	701	57,850
Jan-18	64,265	5,953	1,401	56,911
Feb-18	59,108	5,831	1,256	52,021
Mar-18	65,144	6,015	1,432	57,697
Apr-18	64,369	5,814	1,367	57,189
May-18	67,355	6,239	1,364	59,752
Jun-18	66,265	6,395	1,596	58,273
Jul-18	69,390	7,430	1,391	60,569
Aug-18	68,740	7,092	1,430	60,218
Sep-18	76,435	8,372	1,759	66,304
Oct-18	75,245	7,606	1,845	65,794
Nov-18	69,450	6,488	2,284	60,678
Dec-18	75,807	7,866	2,815	65,127
Jan-19	72,520	7,294	2,410	62,815
Feb-19	64,009	6,059	2,419	55,531
Mar-19	67,791	7,408	2,690	57,692
Apr-19	66,355	7,262	1,966	57,126
May-19	74,164	7,694	2,589	63,881
Jun-19	65,213	8,630	2,014	54,569
Jul-19	68,051	7,754	2,140	58,157
Aug-19	68,255	7,257	1,954	59,044

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Long-Term / Complex Domiciliary Care

Average Home Care Hours Provided

Average Monthly Hours of Domiciliary Care Provided by ProviderType

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Version Status: **Presented to P&FM**   34   Version Date: **18 October 2019**

Long-Term / Complex Domiciliary Care

People starting to receive a domiciliary care package

People Starrting to Receive Domiciliary Care

Legend: Independent Provider | In-house Long-term | In-house Bridging | **Total Starting Domiciliary Care in Month**

Cumulative Admissions to Domiciliary Care

	What is working well?	What are we worried about?	What are we going to do?
		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.	
		System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019.	We believe that the data is now stable and reporting is consistent as it is possible to be.

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Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Vulnerable Adults

Performance measures focus on issues of the timeliness of response to safeguarding referrals and the most vulnerable people in residential / nursing care.

Data reported this month has been extracted using a new and more accurate method of calculation in a number of areas. Data may appear slightly different to previous reports.

Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2017/18 was set to achieve **higher than 65%** reflecting a desire to ensure that matters are dealt with promptly but recognising that there will always be occasions where decisions cannot be taken within a day. 65% target has been retained for 2018/19 and 2019/20.	Cumulative for the whole of 2017/18 performance was just below the revised target at **63.7%.** Whole-year 2018/19 performance was below target at **55.3%.** Performance in 2019/20 is below target at **52.2%**
National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2017/18 was set to achieve **higher than 90%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will always be occasions where decisions cannot be taken even within a week. **90%** target has been retained for 2018/19 and 2019/20.	Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for 2017/18 met the target at 91.9% . Final 2018/19 performance was above target at 90.4% and performance has dropped slightly to **86.4%** in 2019/20.

Safeguarding Enquiries and Outcomes

The graphs show that of the 3,131 safeguarding enquires completed since April 2017, 32% met the threshold for investigation and 52% did not meet the threshold.

Highlighted are those enquiries that are 'Awaiting Outcome' shown by month of referral.

**Outcomes of Safeguarding Enquiries: Apr 2017 - Sept 2019**

Pie chart: Threshold Not Met, 1,748, 52%; Threshold Met, 1,073, 32%; Inapp. To POVA, 275, 8%; Closed at Intake, 249, 7%; Awaiting Outcome, 41, 1%

Outcomes of Safeguarding Enquiries

Legend:
- Threshold Met
- Threshold Not Met
- Inapp. To POVA
- Closed at Intake
- Awaiting Outcome

All Safeguarding Referrals

	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	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Awaiting Outcome															1	1	1						1	2	3	5	6	10	5	6
Closed at Intake	5	9	16	14	8	8	14	16	18	11	4	4	5	2	3	4	6	5	6	8	7	8	10	9	6	6	8	9	10	10
Inapp. To POVA	3	4	10	7	8	2	5	5	3	10	10	5	7	12	24	7	12	14	5	11	3	10	11	7	5	12	12	17	20	14
Threshold Not Met	52	66	71	71	45	50	56	72	50	50	63	50	45	64	52	79	49	40	66	65	50	54	59	69	51	52	62	72	69	54
Threshold Met	35	51	39	54	48	37	56	41	34	41	32	49	41	40	42	38	32	24	42	25	15	29	21	23	21	39	31	26	32	35
All Safeguarding Referrals	95	130	136	146	109	97	131	134	105	112	109	108	98	118	122	129	100	83	119	109	75	101	102	110	86	114	119	134	136	119

What is working well?	What are we worried about?	What are we going to do?
Numbers are remaining relatively constant.	Some recording and compliance issues remain amongst some staff.	Information has been passed by the Performance Team to the relevant Principal Officers to highlight these issues.

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Timeliness of Completion of Safeguarding Enquires

Safeguarding Thresholds Completed In Timescale: Apr 2017 - Sept 2019
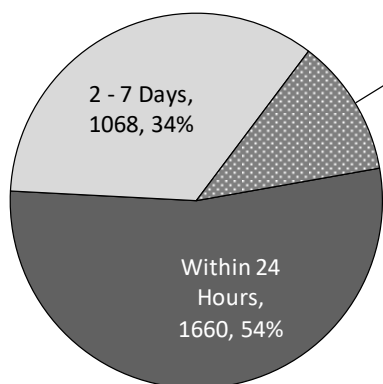
In terms of reporting this data, a referral is completed when the threshold decision is taken. The preferred timescale is set by Welsh Government within its practice guidance, which is within 7 days.

Safeguarding Thresholds Completed within Timescales
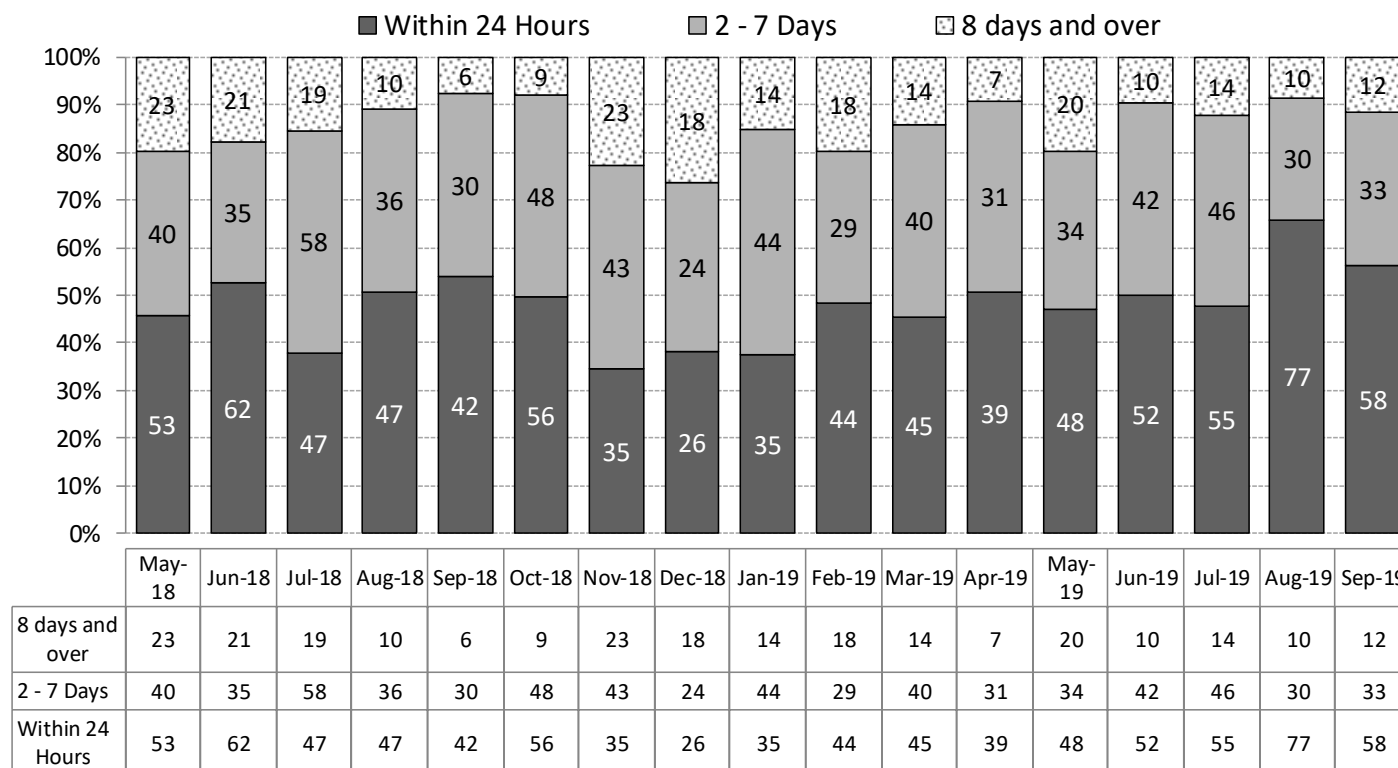
■ Within 24 Hours   ■ 2 - 7 Days   ☐ 8 days and over

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
8 days and over	23	21	19	10	6	9	23	18	14	18	14	7	20	10	14	10	12
2 - 7 Days	40	35	58	36	30	48	43	24	44	29	40	31	34	42	46	30	33
Within 24 Hours	53	62	47	47	42	56	35	26	35	44	45	39	48	52	55	77	58

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.	Performance during 2017/18 was sustained but fluctuated 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.

Categories of Vulnerability and of Alleged Abuse

Main Category of Vulnerability Apr 2017 - Sept 2019

Bar chart values: Hearing 6, Visual Impairment 20, Substance Misuse 40, Not a vulnerable Adult 59, Other 116, Awaiting Decision 200, Organic Mental Health 473, Functioning Mental Health 598, Learning Disabilities 665, Physical 1,023
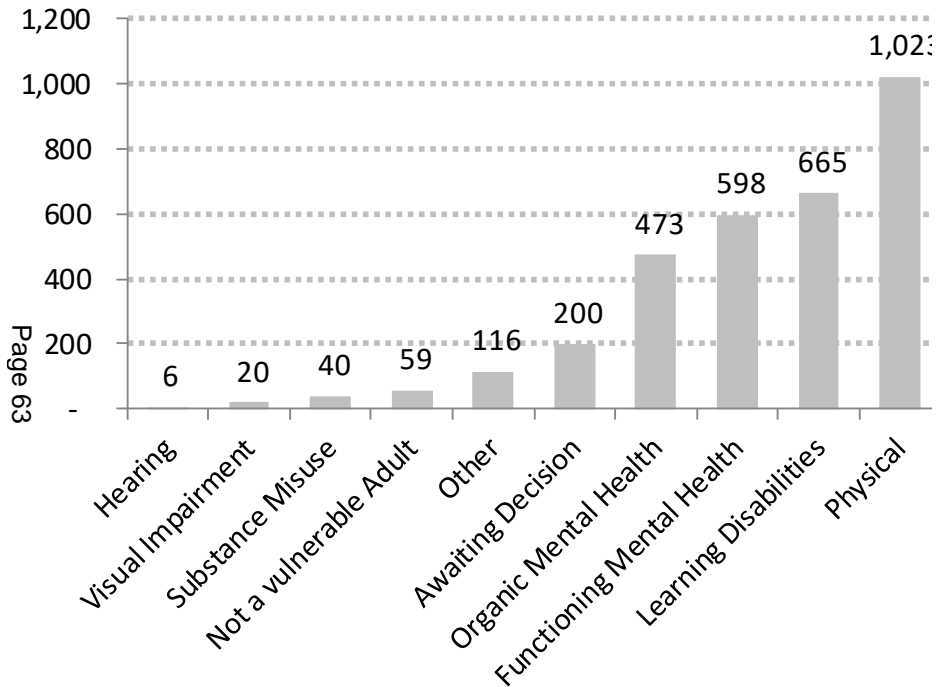
Types of Abuse Reported in VA1 Apr 2017 - Sept 2019

Pie chart: NEGLECT, 699, 32%; PHYSICAL, 554, 26%; EMOT. & PSY., 386, 18%; FINANCIAL, 299, 14%; OTHER, 127, 6%; SEXUAL, 85, 4%

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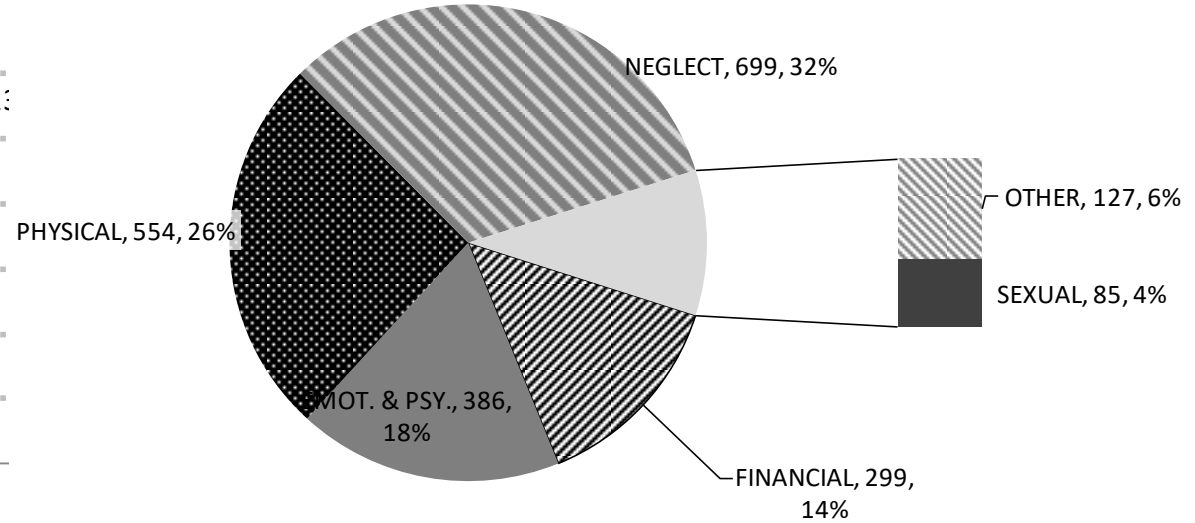
This information is largely contextual and would not normally be considered to represent performance. However we monitor these monthly to provide early warning of any emerging issues.

Patterns of vulnerability and of abuse categories have remained relatively constant throughout 2016-17.

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 58% of the types of abuse reported.

Sexual abuse is relatively unusual representing around 4% of abuse types reported.

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

Deprivation of Liberty Safeguards (DoLS)

Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not deprived of their liberty without due process, handling the volume of demand in a timely fashion is critical. Completion requires a range of documentation to be completed in order for the decision on whether to authorise the deprivation of liberty can proceed.

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of **60% or higher** for 2017/18. Target increased to **70%** for 2018/19 and 2019/20.	Performance for 2017/18 improved to **59.7%** and was slightly below the target. For 2018/19, performance dropped to **56.1%** and thus below target performance. Further improvements continued as the new working arrangements bedded in and current performance is now **54.8%.**
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 in 2019/20 is 117 but the start of the financial year usually sees the highest number of applications. On average 84% of applications have been granted in 2019/20 to date..

DoLS Applications Received per Month
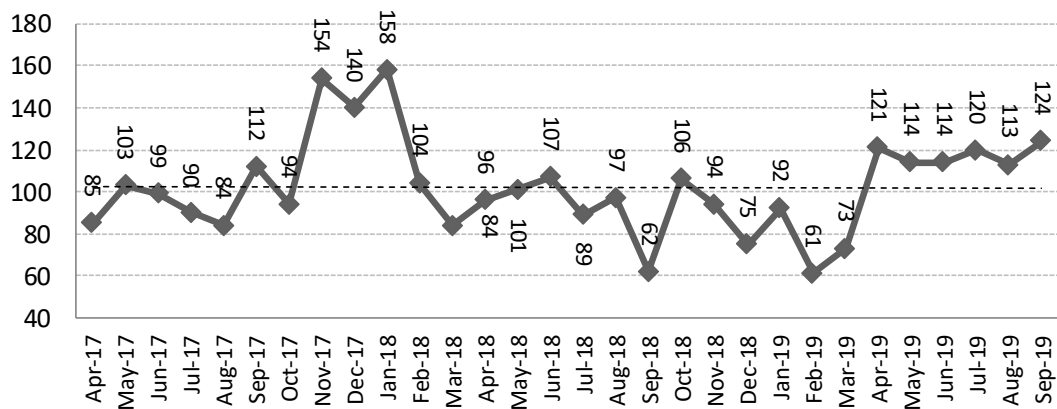
DoLS Authorisations Granted / Refused

Processing DoLS Applications

Outstanding BIA Assessments At Month End

Outstanding Doctors' Assessments At Month End

What is working well?	What are we worried about?	What are we going to do?
Applications have been fairly constant since August 2016.	The number of authorisations has not always kept pace with the number of applications.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following 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.

Appendixes

Appendix A: Performance Indicators

The following pages list the most recent recorded performance on each of the performance indicators that are currently used within social services.

Current National Social Services and Well-Being Act Statutory Quantitative Measures

Performance Results for 2019-20 Data as at 15 October 2019	Period	Numerator*	Denominator *	Swansea 2019/20 Current	Swansea 2018/19 Final	Swansea Target 2019/20	*Desired direction of travel*	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	Sep-19	544	630	86.35	90.40	90	↑	A	-4.1%
Measure 19: Delayed transfers per 1,000 people aged 75+	Sep-19	139	22,304	6.23	7.47	3.0	↓	R	107.7%
Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	Sep-19	2	2	100.00	81.82	50	↑	G	100.0%
Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	Sep-19	349	368	94.84	90.43	25	↑	G	279.3%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Sep-19	377,492	400	943.73	943.04	1000	↓	G	-5.6%
Measure 22: Average age of adults entering residential care homes	Sep-19	8,272	99	83.56	81.94	84	↑	A	-0.5%
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	Sep-19	752	862	87.24	86.54	80	↑	G	9.0%

Target for Measure 19 for the whole year is 6.

Current Local Non-Statutory Corporate Plan Indicators – 2019/20 Suite

Performance Results for 2019-20 Data as at 15 October 2019	Period	Numerator*	Denominator*	Swansea 2019/20 Current	Swansea 2018/19 Final	Swansea Target 2019/20	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	Sep-19	329	630	52.22	55.27	65.00	↑	R	-19.7%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Sep-19	555	949	58.48	56.13	70.00	↑	R	-16.5%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Sep-19	3,361	4,985	67.42	71.05	70.00	↑	A	-3.7%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Sep-19	4,713	48,049	98.09	91.23	88.00	↑	G	11.5%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Sep-19	1,211	151,228	8.01	10.14	9.00	↓	R	-11.0%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Sep-19	319	1	319	689	350	↑	R	-8.9%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Sep-19	352	368	95.65	93.14	80.00	↑	G	19.6%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Sep-19	6	7	85.71	31.82	70.00	↑	G	22.4%

Appendix B: Performance Indicators: Numerators and Denominators: 2019/20

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

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

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

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Appendix C: Integrated Social Care and Health Services

Teams

In order to make reporting of the data meaningful, we have grouped the 30 Paris general and specialist teams together into specific groups for the purpose of reporting. Principal Officers are provided with team-level data on a monthly basis.

Teams included in this section are:

- *Central / North / West Hubs* includes the three social work Hub teams with a range of OT and physiotherapy staff, including both local authority and NHS workers.
- *Specialist Practitioners* refers to community health specialist services e.g. continence. They also work across the Central / North / West hubs.
- *Sensory Services* relates to specialist sensory and younger adults workers
- *Hospital Team* refers to the social work teams at Morriston and Singleton Hospitals
- The *Care Homes Quality Team* is a social work team that works with those living in residential and nursing care
- The *Older People's Mental Health Team* is the social work team working directly with those older people experiencing dementia and requiring specialist social work support.
- *Service Provision Teams* groups referrals or requests for specific service(s) to all areas of service provision, but notably brokerage for domiciliary care and the community reablement service (aka DCAS).
- *Sensory Services* relates to specialist social work support for people with visual or hearing impairment.

Types of Enquiries

With over 50 enquiry types reflecting the range of support provided to the community, we have classified the enquiry types to help make sense of the data and to allow for meaningful comparison.

- *MDT / Advice / Info* are enquiries that are dealt with as part of the multi-disciplinary screening process that has been piloted during the year. Note that many of these are dealt with at the Common Access Point.
- *Care Management Input* enquiries relate to requests for initial, review or specialist assessment by a social worker, including 'proportional assessment' under the new Act formerly known locally as 'integrated assessment'. Also included are enquiries requesting joint assessment or to support discharge from hospital.
- *OT Input and Physio Input* refer respectively to requests for OT or physiotherapy assessment, review or other input. The OT service includes staff employed by both social services and the NHS. Physiotherapy is exclusively provided by the NHS via the Hubs.
- *Specialist NHS Input* refers to enquiries to the community health specialisms such as incontinence which are delivered area-wide.
- *Service Requests* refers most commonly to enquiries relating to domiciliary care and community reablement but other services are also included e.g. respite. These enquiries only rarely relate to brand new requests for support and most enquiries relate to package adjustments etc.
- *Other Enquiry Types* includes specialist technical sensory impairment enquiries, requests for AMHP assessments and a small number of enquiries relating to more specialist services e.g. substance misuse.

Enquiries / Assessments and People

The tables and charts below reflect counts and proportions of enquiries and people. This is an important distinction since over time individual **people** commonly accrue enquiry **events** of different types.

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

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Swansea Council

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

Adult Services Scrutiny Performance Panel – 29 October 2019

Adult Services Improvement Programme Update

Purpose	**To provide a briefing requested by the Board regarding progress of the Adult Services Improvement Programme (2019/20)**
Content	**This report includes a summary of the Adult Services improvement priorities for 2019/20 and updates on specific programmes and projects for the purpose of review and response by the panel**
Councillors are being asked to	• Consider content and give their views on the information shared
Lead Councillor(s)	Mark Child, Cabinet Member – Care, Health and Ageing Well
Lead Officer(s)	Deb Reed (Interim Head of Adult Services)
Report Author	Lucy Friday (PO Transformation Adult Services) 07814 106338 Lucy.Friday@swansea.gov.uk

Adult Services Improvement Programme 2019/20
'Doing What Matters'

April 2019- September 2019 Update:

1. Overview:

The key objectives of the Adult Service Improvement programme are:

- Better Prevention
- Better Early Help
- New Approach to Assessment
- Keeping People Safe
- Working Together Better
- Improved Cost Effectiveness

Each of the individual projects/work streams contained within the improvement programme relate to the delivery of one or more of these key objectives.

At the core of all improvement objectives is the primary vision to deliver on *'Doing What Matters'* for the citizens of Swansea and our workforce

Within each objective is the aim to achieve the following outcomes for citizens, our community and Adult Services:

- *To embed a culture of continuous improvement*
- *To deliver efficient and effective services*
- *To support the outcomes that citizens want to achieve*
- *To develop a strong, skilled and resilient workforce*

The Improvement programme consists of 33 individual projects, 16 of which are linked directly to a savings target.

Savings aligned to the improvement programme for 2019/20 total £4,078,000

As of August 2019 savings progress has reached £1,893,800

Forecast for full year savings is £3,440,000 based on current achieved savings only

2. Project Management Approach & Governance

To offer the necessary structure and monitoring required to deliver against such a large improvement agenda the Adult Services Transformation team

have co-ordinated and developed the improvement programme with Adult Services Senior management team. They work with colleagues across the department in the co-ordination and monitoring of financial and service indicators for all projects and are currently directly project managing 19 individual projects/strategies across the programme.

The Project management approach adopted has been grounded in a whole system view. The benefit of this approach in a highly complex area such as Adult social care is an understanding of both dependencies and, most importantly the opportunities which can aid the maximisation of savings. In summary, no project or savings target is viewed in isolation. Instead, the entirety of the system is explored and developed.

The full improvement tracker used at service level is available via the link below:

Aug 19 Imp Plan
Tracker.xlsx

3. Progress Updates April 2019- September 2019:

For 19/20 work has continued across all **commissioning reviews** including the implementation of the new Domiciliary Care contracting arrangements and roll out of all elements of Mental Health, Learning Disability and Physical Disability service provision review alongside the wider residential and day services model implementation.

Prevention and demand management has continued to be front and centre of the improvement programme. The offer of alternatives to more traditional care routes are supported by the Direct Payments strategy roll out and expansion of Local Area Co-ordination.

In addition regional programmes including Our Neighbourhood Approach utilising Welsh Government Transformation funding and Hospital to Home models of delivery have been progressed with partner organisations with a particular emphasis on the expansion of community assets and home based assessment and access to services.

Further information and other 'headline' updates include:

Adult Services Improvement Programme & supporting Communications Strategy
('Cross Cutting' Programme / Continuous Improvement)

- Work prioritisation aligned with savings strategy/tracker priorities.
- All Corporate measures and SSWBA reporting linked into tracker.

- Tracker presented at challenge for discussion alongside performance and budget reporting.
- Full integration of financial tracking against savings.
- Internal communications analysis completed through use of outputs from department wide communications audit, IPC action learning set outcomes and staff survey feedback.
- Key priorities for internal comms development established and programme of delivery developed.
- Communications working group to develop and progress delivery of priorities established. 12 months of delivery – 4 editions of 'Staff Matters' departmental e-bulletin produced from content provided by teams, team meeting template produced and embedded in practice, Staffnet information audit and update include priority established by working group to improve 'whos who' understanding across the department.

Our Neighbourhood Approach Regional Transformation Programme ('Better Prevention/ Better Early Help)

- The purpose of the 'Our Neighbourhood Approach' proposal is to provide a platform upon which to practically apply the over-arching objective for the region to work collectively in the achievement of the Wellbeing goals through embedding the preventative, integrated, involved, collaborative and sustainable ways of working.
- Building upon the integrated regional work to date the funding will focus upon the ambition to improve health and care for the Swansea population within the North of Swansea. The pilot this funding affords will aim to establish specific approaches to achieving key aims of locality specific and community based services, the exploration and expansion of community assets alongside active collaboration with citizens empowering all involved to achieve the shared objective of delivering 'what matters to me'.
- Swansea's Our Neighbourhood Approach has received £3.6m funding across C&FS, Adult services and the Third Sector. Delivery of the objectives has been categorized into three main focus areas:

  - Early Help Hubs & Transition
  - Building Community Assets
  - Community Based Care & Review

- Recruitment to review functions, specialist support, brokerage and contract monitoring as well as Local Area Co-ordination and community development officers has commenced at pace since confirmation of funding.

Hospital to Home Regional integrated model ('Better Prevention/Better Early Help)

- Augmenting existing key features of the integrated care model 'hospital to home' focuses upon the prevention of escalating need and the value of community based assessment and review.
- Aligned clearly to the wellbeing act values this programme offers a regional, multi-agency approach to the issues of delayed transfers of care from hospital to the home and demand management.
- Investment via the intermediate care fund has afforded investment in the model by way of front line staff and implementation of consistent practice.
- 'soft launch' with key wards across Morriston and Singleton sites to commence November 19 with full pilot in operation mid December 19.

Commissioning Reviews –
(Working together Better / Improved Cost Effectiveness)
Residential Care & Day Services:

- Phase 1 completed – following consultation and subsequent agreement of preferred options.
- Hollies and Rose Cross Day service successfully closed with all service users engaged with alternative support in their community.
- Parkway Residential Care home vacated and for sale.
- Progression against reorganisation of residential care with senior management team to understand requirements and re-organisation of resource to meet demand.

External Domiciliary and Respite Care:

- Domiciliary care and respite service specifications co-produced.
- Significant redesign of current monitoring arrangements.
- Proposal of geographical zoning and delivery of sustainable service.
- Project went out to tender in March 2019 for an 8 week period. In July, Cabinet approved the appointment of Providers onto a Framework Agreement effective from 01/10/19 for the Provision of Domiciliary Care and Respite at Home Services for Older People and Younger Adults with Physical Disabilities and/or Sensory Impairment.
- Also authority was delegated to the Head of Adult Services to approve the terms of any future call-off contracts under the Framework Agreement in consultation with the Chief Legal Officer and to approve the appointment of new Providers following a refresh of the Framework Agreement.
- Transition of clients in progress.

Learning Disability, Physical Disability & Mental Health service provision:

- Supported Living: A contractual Framework for LD and YAPD Supported Living services has been created. The new arrangements involved creating 16 geographical zones, requiring providers to bid for individual zones, and limiting the number of zones

which Providers could tender for so that services are distributed more evenly.

- Operational efficiencies for each provider because of proximity of staff to settings across multiple providers. The new model provides a more resilient market place and alleviates risks associated with individual provider failure. The re-commissioning of these services via the framework commenced in January 2019. Procurement has been split into 4 tranches. Tranche 1 has been successfully completed. Tranche 2 has commenced and will conclude with contract awards in October and transition to the new contracts in January 2020. Tranche 3 and 4 are to follow with the whole re-procurement of LD / YAPD supported living services under the new framework is scheduled to be complete by June 2020.
- The Mental Health Supported Living service assessment, co-production activities and options were pulled together into an Options Appraisal report created in May 2019 which was presented to CMT on 6th June 2019.
- In June 2019 the Commissioning Review process for residential care services commenced. The service assessment and co-production stages are underway and a draft Gateway 2 options paper is due to be presented to the Commissioning Review Board at the end of October 2019.

Assistive Technology Commissioning Review

- This commissioning review will follow the Swansea Council corporate commissioning cycle resulting in the development of an Options Appraisal recommending a preferred option with the intention to implement the option, if the recommended direction of travel of the service is agreed.
- A key feature of the Options Appraisal, and linked to taking an agreed co-productive approach, will be including staff, wider stakeholders and service users when developing the options for Assistive Technology for the future. To this end, a Stakeholder Workshop with a wide range of staff within the Council as well as the Health Board and the Third Sector was arranged for 1st October 2019.
- Further, service satisfaction questionnaires have been developed for service users and carers to feedback their views regarding Assistive Technology and Community Alarms. These should be distributed in October/November 2019.
- Work on the Service Assessment for Assistive Technology will commence in August 2019 and will be complete by the end of January 2020.
- Comparisons for Assistive Technology with services from different areas will commence in August 2019 and will be complete by the end of January 2020.
- Options Appraisal / Gateway 2 Report for Community Alarms will be complete by the end of April 2020.

**ADULT SERVICES SCRUTINY PERFORMANCE PANEL
WORK PROGRAMME 2019/20**

Meeting Date	Items to be discussed
Meeting 1 Thursday 20 June 2019 **4.00pm**	**Wales Audit Office report on Housing Adaptions** *Andrea Lewis, Cabinet Member for Homes and Energy* **Panel Review of the year 2018/19 and draft Work Programme 2019/20**
Meeting 2 Tuesday 30 July 2019 4.00pm	**Performance Monitoring** *Deborah Reed, Interim Head of Adult Services* **Update on West Glamorgan Transformation Programme arrangements following review** *Nicola Trotman, Interim Director* **Review of Final Budget Outturn** *Deborah Reed, Interim Head of Adult Services* **CIW Local Authority Performance Review** *Dave Howes, Director of Social Services*
Meeting 3 Tuesday 20 August 2018 4.00pm	**Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home**
Meeting 4 Tuesday 24 September 2019 4.00pm	**Supported Living Developments for Mental Health and Learning Disability Services** **Procurement Practice and Assurance in Social Care** *Peter Field, Principal Officer Prevention, Well-being and Commissioning*
Meeting 5 Tuesday 29 October 2019 4.00pm	**Performance Monitoring** **Update on Transformation Programme** *Deborah Reed, Interim Head of Adult Services* **Commissioning of Residential Care (quality of service/contracts; financial stability) (Referred from SPC)**
Meeting 6 Tuesday 19 November 2019	**Telecare and Community Alarms mini commissioning review** **Workforce Development Plan**

4.00pm	**Briefing on Carers Assessments**
Meeting 7 Tuesday 17 December 2019 4.00pm	**Annual Review of Charges (Social Services) 2019-20** *Dave Howes, Director of Social Services* **Update on Local Area Coordination**
Meeting 8 Tuesday 28 January 2020 4.00pm	**Performance Monitoring** **Update on how Council's Policy Commitments translate to Adult Services** *Mark Child, Cabinet Member for Care, Health and Ageing Well* *Dave Howes, Director of Social Services*
Additional meeting ? February 2020	**Draft budget proposals for Adult Services**
Meeting 9 Tuesday 25 February 2020 4.00pm	**West Glamorgan Transformation Programme – 3 case studies**
Meeting 10 Tuesday 17 March 2020 4.00pm	**Adult Services Complaints Annual Report 2018-19** Julie Nicholas-Humphreys, Corporate Complaints Manager **Briefing on Sickness of Staff in Adult Services**
Meeting 11 Tuesday 28 April 2020 4.00pm	
Meeting 12 Tuesday 19 May 2020 4.00pm	**Performance Monitoring** **Update on Transformation Programme** *Deborah Reed, Interim Head of Adult Services*

Future Work Programme items:

- Update on RNIB (keep on forward agenda – CM to update)
- West Glamorgan Transformation Programme (update on Citizen's Panel and stakeholder engagement) date tbc
- 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)
- Integrated Care Fund (Joint Adult Services and CFS)
- Tackling Violence Against Women, Domestic (includes fieldwork in Swansea amongst others) (check if Adult Services or CFS?)

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Councillor Peter Black	*Please ask for:*	Councillor Mark Child
Convener, Adult Services Scrutiny Panel	*Direct Line:*	01792 63 7441
	E-Mail:	cllr.mark.child@swansea.gov.uk
	Our Ref:	MC/JW
BY EMAIL	*Your Ref:*	
	Date:	7 October 2019

Dear Councillor Black

Domiciliary Care and Respite at Home
Approach to Contract Monitoring

The new contract specifies the minimum standards and expectations of the provider and focuses on Strategic, Personal and Service Outcomes. It is framed by the Social Services and Wellbeing (Wales) Act and the requirement to be person centred and outcomes focused in the delivery of social care services. It places new responsibilities on providers to pick up care packages in rural areas, to hold onto packages for longer when an individual goes into hospital or respite, and to advise the Council when the care package requires a review or right sizing. We use a range of quantitative and qualitative measures to assess whether a service is meeting the aims and objectives set out in the contract.

The contract specifies that the ethos of care must be:
• Outcomes focused
• Strengths based
• Flexible
• Based on dignity, respect, cultural awareness and equality of opportunity
• Of good quality
• Developed in a spirit of co-production with users and their families

Because people told us that communication between them and the office / management (not the care workers) is often poor, the new contract specifies that communication at every level of the organisation and with all stakeholders will be closely monitored and must be;
• Open and transparent
• Respectful
• Responsive
• Meaningful
• Timely

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Because People told us what is important to them, our key performance areas are:
- Timeliness and reliability
- Continuity of careworker/s
- Safeguarding of individuals
- Service User empowerment (positive view of complaints)
- Meeting assessed need and personal outcomes
- Communication at all levels
- Cost effective and efficient use of resources

As an example our monthly monitored Service Performance Measures include:
- Late /early calls
- Consistency of call times
- Duration of care calls / flexibility
- Medication errors
- Consistency of care worker
- Electronic call monitoring compliance (minimum 95%)
- Double staffing safety requirements

We have deliberately avoided rushing to introduce new performance measures linked to Outcomes as moving towards an outcomes model of care provision is quite new in the sector. Under the new contract care will be commissioned on the basis of weekly hours to be used flexibly to meet the needs of the Person as they present each day. This flexibility moves us towards a more person centred way of working and our Providers and contract monitoring arrangements will need to develop and adapt during the lifetime of the contract as we progress.

We have recruited a further two Contract Monitoring Officers (CMO's) and an additional scrutiny post in Income and Finance. The monitoring team will consist of three full time and one part time CMO and a Contracting Officer. The role of the team will be to assess and monitor quality and standards and to hold provider to account. This will be achieved through a clear and robust work plan (Appendix A) taking into account a wide range of information, data, feedback, and intelligence in order to lead us to conclusions about quality and risk.

CMO intelligence is supplemented by information from Care Inspectorate Wales with which we have regular dialogue and quarterly meetings, and information on Registration of both agencies and individual care staff and staff training as is now a requirement under the Regulation and Inspection Social Care Wales Act (and is monitored by Social Care Wales).

From 1st October, monitoring will be undertaken in line with the Draft Western Bay (West Glamorgan) Quality Assurance Framework. Monitoring Officers will hold a caseload of agencies and will be responsible for;
- capturing and analysing intelligence and data
- responding to queries, alerts, complaints and concerns
- engaging with providers, users of the service and their carer/family
- providing advice and guidance
- sharing good practice

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- measuring service outcomes
- responding to safeguarding concerns and sharing information with investigators
- setting and monitoring action plans
- sharing information with team colleagues and manager
- escalating relevant information to the Contracting Officer in a timely manner
- attending professional concerns meetings and undertaking any relevant performance action
- undertaking mandatory on site annual reviews with each provider including service user / family / social work, and OT feedback
- undertaking on site monitoring visits a minimum of annually and escalated monitoring based on monthly analysis of risk in agreement with the contracting officer

We will do this by examining:
- Paris / WCCIS files
- Staff induction and registration
- Staff training including Medications Management
- Staff support, supervision and appraisal
- Staff terms and conditions
- Recruitment practices
- Agency responses to complaints and safeguarding
- Communications records
- Service User files and daily logs
- Speaking to service users and their families
- Speaking to care staff and management
- Liaising with social work and health colleagues
- CIW reports and Responsible Individual quarterly and annual reports

During monthly team meetings each CMO discusses their provider caseload and a risk analysis is undertaken which informs the frequency of contact with the provider, on site monitoring and action. Risk issues are communicated monthly to the Adult Services Safeguarding Team.

Whilst relational contracting is our approach, endeavouring to be open and transparent, to support providers and organisations to raise and maintain standards, under the new contract Performance and Monitoring Schedule there are clear and robust procedures in place where the organisation is failing to meet minimum requirements in any aspect of the service which could result in the CMO issuing a Service Improvement Plan.

From 1st October we will introduce a new regional Escalating Concerns Protocol for Domiciliary Care. This will be implemented following a single serious concern (e.g. significant safeguarding concern, actual or possible business closure) or continued failure to respond satisfactorily to a Service Improvement Plan.

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Placing a Provider into Escalating concerns can result in;
•   Suspension of new referrals
•   Default
•   Contract termination

Yours sincerely

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

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Swansea Council

Contract Monitoring Domiciliary Care and Respite at Home Work Plan
Contract Monitoring Officer (CMO)

Stage of process	Key Actions / Tasks	Person Responsible	Timescale / Frequency	Expected Outcome - What will be achieved	Change?	Training/ Access Needed?
Contract Monitoring	Capturing and responding to provider queries, alerts and issues regarding any POC. Logging the issue in an appropriate and consistent manner and measuring against the contract.	Contract Monitoring Officer	**Weekly Task**	Recording a log of the concern, allocated actions with timescales for reference purposes	There will need to be an efficient programme / database to capture information	Dependent on the system put in place to record the actions
Contract Monitoring	Capturing and responding to complaints, issues raised about providers, CIW correspondence and Social Work concerns about providers.	Contract Monitoring Officer	**Weekly Task**	Recording a log of the concern, allocated actions with timescales for reference purposes	There will need to be an efficient programme / database to capture information	Dependent on the system put in place to record the actions
Contract Monitoring	Safeguarding concerns and interlinking with DLM where appropriate, including attending safeguarding meetings. On conclusion of the safeguarding investigation identifying outcomes aligned to the provider whereby actions are required by the provider	Contract Monitoring Officer	**Weekly Task**	Recording a log of the concern, allocated actions with timescales for reference purposes	There will need to be an efficient programme / database to capture information	Dependent on the system put in place to record the actions
Contract Monitoring	Engage with clients, carers	Contract Monitoring	**Weekly Task**	Recording a log of the	There will need	Dependent on

		Officer		concern, allocated actions with timescales for reference purposes	to be an efficient programme / database to capture information	the system put in place to record the actions – possible WCCIS development
	and providers of support to ensure that their outcomes are being met via the care provided as based on the client care and support plan.	Officer		concern, allocated actions with timescales for reference purposes	to be an efficient programme / database to capture information	the system put in place to record the actions – possible WCCIS development
Contract Monitoring	Attending Professional Concerns Meetings under the safeguarding procedures. Passing on information then to the Contracting Manager for information.	Contract Monitoring Officer	**As and when**	Recording a log of the concern, allocated actions with timescales for reference purposes	There will need to be an efficient programme / database to capture information	Dependent on the system put in place to record the actions
Contract Monitoring	Approving any decreases in POC's that are requested by Providers and passing information on to the Review Team for right sizing and new contract award.	Contract Monitoring Officer	**Weekly Task**	This will enable the providers to release capacity within a more timely manner	Information to be passed to the Review Team for right sizing to take place	Criteria needs to be defined to ensure that checks are in place about the clients POC
Brokerage	To cover the Brokerage process as and when appropriate.	Contract Monitoring Officer	**As and when**	This will be minimal cover when required	New process for Brokerage in place and will need to be a consistent approach	PARIS / WCCIS Training
Contract Monitoring	Complaint investigations to be carried out and recorded efficiently to ensure evidence is collected for possible escalation of concerns via Escalating Concerns Process	Contract Monitoring Officer	**As and when**	Recording the concern within a template designed to capture the complaint process	Template follows the Corporate Complaints process stage 1 and will need to be signed off by Contracting Manager and PO for	Corporate Complaint Investigation Training

			Commissioning		
Contract Monitoring – Annual Monitoring Schedules	Yearly mandatory visits to providers. CMO's will be allocated agencies based on their working hours. Mandatory checks to include: • Training incl. Meds Management • Continuity of care • Respectful communication – measured by complaints • Personal Plan which looks at outcomes and is a RISCA • Staff Support and supervision (spot checks) • Complaints • Safeguarding Focused checks to include: • Management and Leadership • Financial Health Check • Business Plan • Contingency planning • Capacity check • Staff : Client ratios • Provider QA measures and procedures • Timeliness and reliability	Contract Monitoring Officer	**Monthly based on yearly monitoring schedules**	Preparation before attending the provider. Service Review and Contract Monitoring Report to be completed with key findings and proposed recommendations / action plan with timescales. This is then presented to Contract Manager for sign off.	Template designed to capture the outcomes with action plan attached with timescales.	SOPS
– Focussed Monitoring Schedules	Focussed announced or unannounced visits based on:	Contract Monitoring Officer	**Risk based frequency**	Preparation before attending the provider, so visit can be focused.		

				Monitoring Report to be completed with key findings / recommendations / action plan with timescales. This is then presented to Contract Manager for sign off.		
on a risk based frequency	– Action Plan o/s – Intelligence (stakeholders including service users, CIW, social work, other professionals) – Known risks – Safeguarding – Concerns or complaints – Financial sustainability concerns –					
Contracting Team	Attend team meetings every 6 weeks	Contracting Team	**Every 6 weeks for ½ day**	Preparation for the meeting including updates of allocated providers – Safeguarding – Capacity – Brokerage issues – Team issues – Comms		
Contracting Team	Attend the Provider Forum on a quarterly basis	Contract Monitoring Officer with assistance of Business Support	**Quarterly Basis**	Assist in planning the meeting and administration of the meeting		
Contracting Team	Attendance at social work hub team meetings	Contract Monitoring Officer – Information and advice for social work teams – Gather intelligence – Finding what is / is not working	**Quarterly**	Report back to Contract Manager for action / sign off		

			– Solution focussed			
Contract Monitoring – Monitoring Schedules	Contract Liaison meetings with providers	Contracting Monitoring Officer and Contracting Manager	**Yearly one meeting per provider**	Agree and prepare Agenda Minutes / Action Log / Decisions		
Contract Monitoring	Analysing electronic call monitoring data. This will add to the stability monitoring of the provider. This also interlinks with the SCIF monitoring and review team	Contract Monitoring Officer	**Monthly**	Information to be shared with the Review Team to ensure POC is right sized.	Information to be shared with the Review Team to release capacity for the provider.	Review and SCIF to attend the Team Meeting on a 2 monthly basis to share information

Cyngor **Abertawe**
Swansea Council

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

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 24 September 2019. It covers Supported Living Developments and Procurement Practice and Assurance.

Dear Cllr Child

The Panel met on 24 September to receive a briefing on Supported Living Developments for Mental Health and Learning Disability Services and to discuss Procurement Practice and Assurance in Social Care. We would like to thank you, Deborah Reed and Peter Field 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:

Supported Living Developments for Mental Health and Learning Disability Services

Deborah Reed, Interim Head of Adult Services briefed the Panel on this issue.

We informed you that the Panel had held two informal events with parents of adults with mental health issues and parents of adults with learning disabilities prior to the meeting to get their feedback on supported living arrangements. A note was produced of the issues raised at these events and you agreed to provide comments on it, which

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together with this letter and your response will be shared with the parents who provided their contact details.

We discussed how the biggest concern for parents in terms of the re-tendering of the service was how transition was going to be handled. We all agreed the need to ensure stability for service users. You confirmed that there will be continuity for the majority of service users, particularly as most of the providers will remain the same.

We raised the issue of tenancy arrangements for service users in supported living, and queried whether descriptors of 'independence' were expanded upon in tenancy agreements. We were informed that they are not included in tenancy agreements, but they will be included in care support agreements, as they are to do with support. You agreed to provide us with a blank copy of a tenancy agreement and a care support agreement, and to provide us with the descriptors of independence used.

We discussed co-production and the role of parents in the commissioning review. We were given the impression at the events that parents did not have as much say over their adult child's life when they went into supported living. You told us that parents were actively encouraged to get involved, that there are regular events held with parents and also that they were involved in the tender evaluation process. Officers agreed to circulate the presentation given to parents at the events to the Panel for information.

At the informal events, panel members got the impression that there did not appear to be independent advocacy services available for service users. We were informed that these services are available to service users with learning disabilities and mental health issues.

Another issue raised by parents at the events was that of waiting lists. You told us that there is no formal waiting list for Learning Disability Services, there is a formal waiting list for mental health services but there are less than 20 individuals on it at a particular time. We heard that there may be supported living vacancies but they may not be appropriate for the individuals on the waiting list. Officers agreed to provide further information on the situation with waiting lists to the Panel.

You confirmed there is a lack of single bed accommodation for individuals with mental health issues to move on too in Swansea, and that this is an issue the Authority may have to look at further.

We heard that the Authority has a contract with the provider of the service and has regular feedback from them, although this has not been proactively sought in recent months. We also heard that the Authority is currently producing its own performance assurance framework. We were pleased to hear this.

We heard that the Authority does not prescribe that individual providers meet with parents regularly but that it would expect them to in order to meet their outcomes.

We discussed how some parents at the informal events did not feel there was an obvious point of contact to go to in the Authority if they are having issues with the provider. We were informed that two changes have been introduced to improve this contact. This is good to hear.

We queried the Department's understanding of efficiencies, and were informed it is a reduction in commissioning hours (cost savings).

We heard that the Department relies on care managers (social workers) to ensure care and support plans are being delivered as determined.

We mentioned that in terms of staff in supported living accommodation, parents had concerns about training, experience, age of staff and use of agency workers. We queried whether the Authority is able to do anything about this. We were informed that staff turnover of providers is looked at annually and that providers should provide data on this. We heard that staff employed by providers can access some of the social services training and also access some independent training courses.

Procurement Practice and Assurance in Social Care

Peter Field, Principal Officer Prevention, Well-being and Commissioning attended to brief the Panel.

We queried how well service user feedback is fed into the assurance process and were informed it is not as good as it could be but arrangements will improve as time goes on.

We heard that there have been regular opportunities for service users to feed back on existing services in Learning Disability Services, by completing a survey and face to face. We also heard that for Mental Health Services this has been undertaken by Supported People Services but officers are unsure how frequently this has been done.

We were informed that there is an assumption by the Department that care providers provide information/welcome packs to service users when they go into supported living accommodation.

We were informed that the procurement process does not go through the internal audit process.

We heard that consultation with carers is an area the Department needs to improve on and you will be looking at this and the development of a carers plan over the next 12 to 18 months. We were very pleased to hear this, particularly as it was a recommendation from the recent Equalities Scrutiny Inquiry, and we will want the carers plan to come to the Panel in the future.

Your Response

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide a written response by Monday 4 November 2019 to the following:

1. Comments on the issues raised in the briefing note from the informal events held with parents of service users.

2. Information on the descriptors of independence used and provide a blank tenancy agreement and care support agreement.

3. Further information on the situation with waiting lists.

Yours sincerely

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