



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Committee Room 3A, Guildhall, Swansea

**On:** Tuesday, 28 January 2020

**Time:** 4.00 pm

**Convenor:** Councillor Peter Black CBE

#### Membership:

Councillors: 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 and G J Tanner

Co-opted Members: T Beddow

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Agenda		Page No.
1	<b>Apologies for Absence.</b>	
2	<b>Disclosure of Personal and Prejudicial Interests.</b> <a href="http://www.swansea.gov.uk/disclosuresofinterests">www.swansea.gov.uk/disclosuresofinterests</a>	
3	<b>Prohibition of Whipped Votes and Declaration of Party Whips</b>	
4	<b>(4.05pm) Minutes of Previous Meeting(s)</b> To receive the minutes of the previous meeting(s) and agree as an accurate record.	1 - 3
5	<b>(4.10pm) Public Question Time</b> Questions must relate to matters on the agenda and be dealt with in a 10 minute period.	
6	<b>(4.20pm) Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>	4 - 21
7	<b>(4.40pm) Director's Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>	22 - 47
8	<b>(5.00pm) Performance Monitoring</b>	48 - 104

*Alex Williams, Head of Adult Services*

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|-----------|--|------------------|
| <b>9</b>  | <b>(5.25pm) Work Programme Timetable 2019-20</b>       | <b>105 - 107</b> |
| <b>10</b> | <b>(5.30pm) Letters</b>                                | <b>108 - 110</b> |
|           | a) Letter to Cabinet Member (17 December 2019 meeting) |                  |

**Next Meeting:** Monday, 17 February 2020 at 11.30 am



**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 21 January 2020**  

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**Contact: Liz Jordan 01792 637314**

# Agenda Item 4



City and County of Swansea

## Minutes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 3A, Guildhall, Swansea

Tuesday, 17 December 2019 at 4.30 pm

**Present:** Councillor P R Hood-Williams (Acting Chair) Presided

**Councillor(s)**  
J W Jones

**Councillor(s)**  
Y V Jardine

**Co-opted Member(s)**  
T Beddow

**Officer(s)**  
Peter Field

Principal Officer Prevention, Wellbeing and Commissioning

Jon Franklin

Local Area Co-ordination Implementation Manager

Liz Jordan

Scrutiny Officer

Alex Williams

Head of Adult Services

### **Apologies for Absence**

Councillor(s): P M Black (Chair), J A Hale, C A Holley, E T Kirchner and G J Tanner

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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 Previous Meeting(s)**

The Panel agreed the minutes of the meeting on 19 November 2019 as an accurate record of the meeting.

#### **4 Public Question Time**

No members of the public were present at the meeting.

#### **5 Briefing on Carers Assessments**

Peter Field, Principal Officer Prevention, Well-being and Commissioning briefed the Panel on carers' assessments including responding to concerns raised by carers at

various forums, and answered the Panel's questions along with Alex Williams, Head of Adult Services.

Discussion Points:

- Panel queried if there is a limit to number of days respite available for carers. Informed maximum is 42 days. Department is currently looking at how allocation is determined.
- Panel queried if there is enough provision for people to attend day services. Informed there is enough capacity to meet needs as people want less and less the traditional day service. Department is looking at what it provides as part of review. There is a limit of 3 days per week for day services for older people but it is on a case by case basis.
- Of the 12,400 care assessments undertaken Department is unable to determine how many individuals this would be, as data is limited and not sure if it is accurate on the PARIS system. Moving over to new WCCIS system so recording should improve.
- Department does not have a separate line in the budget for respite. It is based on need and is not limited by budget. Department would prefer to get to a position where there is a separate budget allocation for respite.
- Authority has a legal duty to undertake carer's assessments. It should not be based on judgement. Department wants to get to the standard position of asking if a carer is involved, so that it is not based on judgement.
- Panel queried how effective Western Bay Valuing Carers Plan is and what outcomes are coming out of it. Informed group is satisfied progress is being achieved in all areas.

Actions.

- Written update on Western Bay Valuing Carers Plan to be provided to Panel for information.

## **6 Update on Local Area Coordination**

Jon Franklin, Local Area Coordination Implementation Manager attended to update the Panel on the current position with the LAC team and showed the Panel two videos 'Pete's Story' and 'Hub on the Hill' to show the impact that is being made.

Discussion Points:

- An evaluation was undertaken in 2016 by Swansea University. A further evaluation has been proposed and Southampton University are planning a multi-site evaluation to study the effect of LAC in three different locations including Swansea. Further news is awaited about funding for the research and the scope but it will focus in part on measuring the impact of preventative interventions. Panel to be kept informed.
- Departments view on how to capture the impact as a result of LAC is by collecting statistics, using distance travelled tools and stories/narrative – which they feel is the important part. Department has some idea of cost avoidance and could try to add this to some of the stories but cannot measure

easily or precisely the impact because it is a human one on lots of levels. More interested in how to measure the impact in different ways rather than the costs.

- Not all areas have Local Area Coordinators. It is going to take a long time to have them in all areas but an incremental approach is useful for learning.
- Expanding LACs to adjacent areas seems to have benefits but it currently depends on funding, which is quite restrictive.
- Still do not know how Local Area Coordination would work in rural areas etc.
- Do not know if we are seeing benefits from savings in the budget, as it is difficult to make a direct link.

Actions:

- Panel to be kept updated on progress regarding the proposed evaluation.

## **7 Work Programme Timetable 2019/20**

Work Programme received and considered by the Panel.

The Budget proposals for Adult Services will be considered as an item at the February panel meeting.

## **8 Letters**

Letters received and considered by the Panel.

The meeting ended at 5.30 pm



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

### Adult Services Scrutiny Performance Panel - 28<sup>th</sup> January 2020

#### POLICY COMMITMENTS

<b>Purpose</b>	To update the Panel on the delivery of the Council's Policy Commitments and how they translate to Adult Services.
<b>Content</b>	This report includes the full set of Policy Commitments as agreed by full Council on 26 <sup>th</sup> July 2017, which apply to Adult Services. The report provides the most recent information that has been provided, which identifies measures of success, progress to date, RAG status and Lead Cabinet Member/Officers.
<b>Councillors are being asked to</b>	Give their views on the delivery of the Policy Commitments as they apply to Adult Services.
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well.
<b>Lead Officer(s)</b>	Dave Howes, Director of Social Services. Alex Williams, Head of Adult Services.
<b>Report Author</b>	Alex Williams <a href="mailto:alex.williams2@swansea.gov.uk">alex.williams2@swansea.gov.uk</a>

## **1. Background**

- 1.1 Full Council adopted the Policy Commitments for the current term at its meeting on 26<sup>th</sup> April 2017.
- 1.2 118 Policy Commitments were adopted. Of these some will be delivered either wholly by Adult Services or in partnership between Adult Services, other parts of Social Services and Housing and Public Protection.
- 1.3 This paper identifies those commitments as they relate to Adult Services, and what progress has been made to date.
- 1.4 The Adult Services Scrutiny Performance Panel received a paper on the delivery of the Policy Commitments in February 2019. This paper provides an update on the progress made with the delivery of these Policy Commitments.

## **2. Adult Services Policy Commitments**

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

<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Promoting Community Safety					
<i>57. Support people to live independently by ensuring a network of local area co-ordinators is established to cover the whole of Swansea.</i>	Expansion to all 22 areas identified within the City and County of Swansea  Demonstrable social return of investment	11 Local Area coordinators are now in post and funding has been received from partner organisations towards some of these. Transformation bids have been agreed for an additional 5 LAC posts and a Deputy Manager posts to progress expansion.	Transformation bids have been agreed for 5 additional LAC posts and 2 Deputy Manager posts (the 2 DM posts have been appointed).	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Building Better, Affordable and Energy Efficient Homes					
<i>83. Support independent living; provide improved</i>	A Commissioning Strategy for Older People in place,	Regional Commissioning Strategy for Care Homes developed and to be	A Regional Commissioning Strategy for Care Homes has been developed and	Green	Cabinet Member for Care, Health



<i>options for older people; increase funding for housing co-operatives and mutual housing, and prioritise those in housing need, especially the homeless.</i>	which identifies population needs in relation to accommodation. Market development to support the need.	reviewed during 19/20. Implementation of Swansea Council Commissioning Review for Care Homes preferred option now underway. Re-organisation of commissioning responsibilities within adult service commissioning team will allocate responsibility for developing wider OP accommodation and support needs strategy to designated commissioning officer by Autumn 2019	will be reviewed during 19/20. The implementation of the Council's Review of Care Homes - the preferred option now underway. The re-organisation of Commissioning responsibilities within the Adult Services Commissioning team will allocate responsibility for developing a wider OP accommodation and a support needs strategy to a designated Commissioning Officer by spring 2020, following further work by the People Directorate Commissioning teams.		and Aging Well and the Cabinet Members for Homes and Energy, and the Head of Adult Services and the Head of Housing.
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Independence Dignity and respect					
<i>94. Promote independent living,</i>	Appropriate services are in	Model in place to support people at home. Re-	In line with previous update, model in place to	<b>Green</b>	Cabinet Member for

<i>providing people with the support to live in their own homes with dignity and respect as long as they want.</i>	place to support people at home for longer.  Numbers of funded residential and nursing places decrease.	procurement of Domiciliary Care services has commenced. Contract awards for new services to complete by October 19.	support people at home.		Care, Health and Aging Well and the Head of Adult Services.
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Prevention and Health Promotion					
<i>95. Deliver integrated services to ensure a continued focus on prevention and early intervention - investing in the conditions which maintain independence and support families, rather than dealing with the consequences of family breakdown and ill health.</i>	Adoption and the implementation of the Western Bay Model for Intermediate Tier Services.  Adoption and implementation of the new Adult Services Practice Framework.  Development and Delivery of the	The City and County of Swansea has adopted the Western Bay Model and committed to deliver all elements of the model. All elements of the model are now fully implemented. More people are consequently supported at home, particularly through residential and home-based Reablement services allowing them to be supported at home for longer.	Collaborative Communication is continuing to be rolled out throughout Adult Services to ensure that a strength based outcome focussed approach for individuals is implemented, providing them with greater choice and control. Local Area Coordination is continuing to be expanded to ensure a preventative approach continues.	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

	<p>Adult Services offer in relation to the Council's Prevention Strategy.</p>	<p>The Adult Services Practice Framework sets out a new approach which will have a much greater focus on prevention and early intervention and strengths based/outcome focussed conversations and attempt to support people earlier in the continuum rather than when they reach crisis. The training Programme which underpins the Adult Services Practice Framework is underway. To date 16 cohorts across Adult Services have received training.</p> <p>The Prevention Strategy has now been agreed. The offer in relation to Adult Services is now in development and includes key existing initiatives such as the development of Information, Advice and Assistance, Local Area</p>			
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		<p>Coordination, and the Supporting People Programme.</p> <p>Commissioning reviews for younger adults' services are progressing. These will assess further opportunities for developing more preventative approaches.</p>			
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
<p>96. <i>Review the effectiveness of social service provision and reinvesting and redesigning services to make them sustainable for the long term.</i></p>	<p>Completion and agreement of the preferred options of the 4 Adult Services Commissioning Reviews, in relation to:</p> <p>Domiciliary Care</p> <p>Residential Care for Older People</p>	<p>Domiciliary Care re-procurement has commenced. Contract Awards to be completed by October 19. Preferred options for Residential and Day Services are in the process of being implemented.</p> <p>Commissioning Review underway for LD, MH YAPD services. Re-commissioning of LD supported living services</p>	<p>Domiciliary re-procurement concluded and contracts awarded. A Project Board is being established to implement preferred options for residential care (stage 6 of the corporate process). Re-commissioning of LD Supported Living services is Underway (tranches 1 and 2 completed and tranches 3 and 4 to conclude by Summer</p>	<b>Green</b>	<p>Cabinet Member for Care, Health and Ageing Well and the Head of Adult Services.</p>

	Day Services for Older People  Accommodation and Day Related Support for People with Learning Disabilities, Physical Disabilities and Mental Ill-Health.	currently underway. Gateway 2 Options for MH supported Living services to be concluded during May 2019. Creation of Gateway 2 options for Res Care, Day Services and Dom care services to follow at quarterly intervals and conclude by end of 2019.	2020. Gateway 2 options for MH Supported Living concluded in July. Creation of Gateway 2 options for Res Care, Day Services and Floating Support to be concluded by Summer 2020.		
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
<i>97. Work with other partners to identify investment opportunities for new facilities to create sheltered accommodation, and extra care facilities to deliver next generation elderly care services.</i>	See Policy Commitment 83	See Policy Commitment 83	See Policy Commitment 83	Green	
<i>98. Help people stay healthy and age well</i>	Delivery of the Ageing Well Plan	Live Well, Age Well is an objective of the PSB and	- The PSB objective Live Well, Age Well and has	Green	Joint Adult Services and

		an action plan has been developed. However, it has been recognised that this is very wide and we are refocusing to ensure that each objective has clear steps and actions that the PSB can make a difference in delivery.	been revisited to reflect a life stages approach to being healthy and ageing well in Swansea, ensuring that the membership of discussions regarding this is reflective of the PSB and that the right people to achieve this objective are participants to moving forward the discussion. - Work to identify barriers and areas for development has been undertaken to take forward the work in the Ageing Well Plan and identify priorities moving forward.		Poverty and Prevention: Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM and Officer</b>
<i>99. Adopt the new Welsh Community Care Information System and work with regional and</i>	Signing of the Deployment Order  Implementation	Implementation is progressing as planned. - Workshops are ongoing to map the 'to be' processes	The "Go live" date has been delayed until June 2020 by the supplier, due to a delay in the availability of substance misuse	Green	Joint Social Services and ICT: Cabinet Member for

<p><i>health service partners and re-design services to ensure greater integration and collaboration between health and social care systems to improve patient services.</i></p>	<p>of WCCIS</p>	<ul style="list-style-type: none"> <li>- Data Migration Pass 1 commenced on schedule</li> <li>- Configuration of Swansea documents has begun in the system</li> <li>- Swansea Project Team working closely with Regional WCCIS Team as well as Health Teams</li> </ul>	<p>functionality.</p> <p>Implementation is progressing. Data migration phases 1 and 2 have been completed and configuration of forms is 80% complete. Configuration of dashboards, workflows and reports has commenced.</p> <p>The Regional structure has been revised with new data, technical and business change groups set up to ensure that Swansea works closely with partners to ensure a consistent implementation approach across the region.</p>		<p>Care, Health and Aging Well and the Cabinet Member for Business Transformation and Performance Chief Social Services Officer and the Director of Resources.</p>
<p><b>Policy Commitment</b></p>	<p><b>Success criteria</b></p>			<p><b>Overall RAG status</b></p>	<p><b>Lead CM &amp; Officer</b></p>
<p>Helping people recover</p>					

<p><i>100. Invest in services to help people re-able and recover so that they are able to return to living an active and productive life.</i></p>	<p>Number of people supported at home increases.</p>	<p>Services are in place to support people at home in line with the previous update, and there is ongoing investment in home-based and residential-based reablement services.</p>	<p>Services are in place to support people at home in line with the previous update, and there is ongoing investment in home-based and residential-based reablement services. Opportunities to develop community based models which promote independence are being explored (community catalyst type provision to develop micro enterprises, social enterprises, shared care arrangements etc which can reduce escalation of need).</p>	<p>Green</p>	<p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.</p>
<p>Focusing on those most in need</p>					
<p><i>101. Focus resources for residential care on those with the most complex needs so that they are properly supported</i></p>	<p>See Policy Commitment 95</p>	<p>Commissioning Review of Residential Care for Older People is now complete, following Cabinet decision on 20th September 2018. Agreement to refocus internal service on complex needs, as well as</p>	<p>The Commissioning Review of Residential Care for Older People is now complete, following Cabinet decision on 20th September 2018. Agreement to refocus internal service on</p>	<p>Green</p>	<p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.</p>



		residential reablement and respite. Outcome now being implemented. Implications around requirement for Health Board to contribute CHC funding towards cost of these service is being considered further.	complex needs, as well as Residential reablement and respite. The preferred option is now being implemented. Implications related to the requirement for the Health Board to contribute to CHC funding is being considered further.		
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Older people					
<i>102. Work with older people and the Older People's Commissioner for Wales to establish a Charter for Older People to ensure that our commitment is delivered.</i>	Establishment of a Charter for Older People.	Embedding a Rights Approach for Older People report written with a range of recommendations included. Draft poster developed and a rights based approach embedded within the Ageing Well Engagement Plan. Discussions have begun with Adult Social Services and a working group established to explore incorporating a rights based approach into	<ul style="list-style-type: none"> <li>- Work continues with Adult Social Services to explore incorporating a rights based approach into staff inductions, on-going training, strategies and assessment tools etc.</li> <li>- We are working closely with the Older Person's Commissioners Office and CADR at Swansea University to ensure meaningful mechanisms for engagement of citizens 50+ within the "Live Well,</li> </ul>	Green	<p>Joint priority between Poverty and Prevention and Social Services.</p> <p>Cabinet Member for Care, Health and Aging Well and the Head of Adult Services and the Head of Poverty and Prevention.</p>

		staff inductions, on-going training, strategies, actions plans and assessment tools etc.	Age Well Forum". - Three Forums have already been held in relation to Digital Inclusion, Transport and Staying Safe with a fourth form planned for February. - We continue to work with the Commissioners Office to support on-going work and campaigns such as #Everyday Ageism etc.		
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Swansea – a Dementia Friendly City					
<i>103. Working with partner organisations, local employers and the third sector. Develop Swansea's status as the first Dementia Friendly City in Wales.</i>	Achieving Dementia Friendly Status.	Dementia awareness training continues to be rolled out across the authority to train staff as Dementia Friends. Grant funding awarded to continue the delivery and further development of coproduced Dementia Friendly Generations	Dementia Friendly Schools  - The Integrated Care Funded (ICF) project is now in year 2. A collaborative digital storytelling project to bring together the young and older people of Swansea to create an understanding	Green	Cabinet Member for Care, Health Aging Well and the Head of Poverty and Prevention.

		<p>(schools awareness programme) and Dementia Friendly Homes (working with family members to increase knowledge, awareness and practical skills to support a dementia friendly home). Working with Adult Social Services to increase awareness of dementia across all service areas Working with partners to develop dementia friendly social initiatives such a Sporting Memories (Ospreys Community) A Dementia Friendly Swansea Action Plan and Engagement Plan has been developed by the Life Stages Team. Work continues to explore options around a school specific dementia resource pack. Two schools and Care Homes have been completing the pilot phase of Dementia Friendly Schools with a</p>	<p>of Dementia and to explore issues around being young and old, to learn from each other and to celebrate those moments through finding and telling our stories.</p> <ul style="list-style-type: none"><li>- The pilot project ended with Pontarddulais Comprehensive School awarded Dementia Friendly School status officially recognised by the Alzheimer's Society and the first School in Swansea to receive this award. Bishopston Primary school are to submit their application this term and will also be awarded Dementia Friendly School status.</li><li>- As a result of the successful pilot, 7 more Primary Schools and 2 Comprehensive Schools are now working towards Dementia Friendly School status with support from the Life Stages Team,</li></ul>		
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		<p>celebration/evaluation session planned for April/May 2019 with a view to extending the initiative.</p>	<p>Adult services and our partners the Alzheimer's Society and People Speak Up (PSU). Dementia Friends training is planned for November and will include 4 pupils from Pontarddulais Comp along with the Dementia Friendly School lead teachers/support staff of the 11 schools we are currently working with. A Digital Storytelling workshop delivered by PSU is also planned for November 2019.</p> <p>Dementia Friendly Homes - A dementia inclusive life story project empowering 4 older people living in Swansea, their families and their carers to enhance community communication, resilience and connectivity and enable older people living with dementia to be part of their own solution. To</p>		
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			create an alternative approach to dementia inclusivity and strategic dissemination. PSU are currently working with 2 families in the Swansea area to deliver this project with another 2 referrals identified. We have worked with Local Area Co-ordination and Swansea University Health Board to identify families who would benefit from this project.		
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Public Interest above Private Profit					
<i>104. Intervene in the social care provider market and explore how it can expand the provision of council run services. Specifically we will work in social and</i>	Adoption of Commissioning Strategies in relation to client groups which identify population need and service	Commissioning Strategies agreed by Cabinet in April 2018 in relation to Physical Disabilities, Learning Disabilities and Mental Ill-Health. Re-commissioning of LD services to deliver strategy objectives is now	Commissioning Strategies agreed by Cabinet in April 2018 in relation to Physical Disabilities, Learning Disabilities and Mental Ill-Health. Re-commissioning of LD services to deliver strategy objectives is now	Green	Cabinet Member for Care, Health and Aging Well and the Head of Adult Services.

<i>residential care to ensure, where provision is of last resort, that there is a diverse range of suppliers, including not-for-profit, cooperative and social enterprise providers.</i>	provision required.  Service reviews and market development linked to those Commissioning Strategies	underway and is scheduled to conclude in March 2020. Commissioning Reviews being progressed for Res Care, Day Service and Dom Care Services and MH supported Living Services (Gateway 2 options for each to be generated by Dec 2019).	underway and is scheduled to conclude in May 2020. Commissioning Reviews being progressed for Res Care, Day Service and Dom Care Services and MH supported Living Services (Gateway 2 options for each to be generated by Summer 2020).		
<b>Policy Commitment</b>	<b>Success criteria</b>	<b>Progress from October 18 to March 2019</b>	<b>Progress from April 2019 to September 2019</b>	<b>Overall RAG status</b>	<b>Lead CM &amp; Officer</b>
Investing in Our People					
<i>105. Continue to invest in our staff at all levels in social services and build stronger links with Swansea's universities and others, so that providers of these vital services keep abreast of best</i>	Development and Implementation of overall Workforce Development Plan for Adult Services and Child and Family Services.  Ongoing work with the	Training Needs Analysis are complete and workforce development plans are progressing.	Training Needs Analysis are complete and workforce development plans are progressing. We continue to work with and strengthen our links with the University.	Green	Cabinet Member for Care, Health and Aging Well and the Chief Director of Social Services.

<i>practice and new innovations in research, treatment and delivery.</i>	University to develop social work practice and learning from best practice.				
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### 3 Conclusions

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

# Agenda Item 7



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

Adult Services Scrutiny Performance Panel – 28 January 2020

### DIRETOR'S ANNUAL REVIEW OF SOCIAL SERVICES CHARGES

<b>Purpose</b>	<ul style="list-style-type: none"><li>• The purpose of this report is to share the Directors Annual Review of Social Services Charges</li></ul>
<b>Content</b>	<ul style="list-style-type: none"><li>• Director of Social Services Annual Review of Social Services Charges</li></ul>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>• Consider the Report</li></ul>
<b>Lead Councillor(s)</b>	Councillor Mark Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	David Howes, Director of Social Services
<b>Report Author</b>	David Howes, Director of Social Services <a href="mailto:David.Howes@swansea.gov.uk">David.Howes@swansea.gov.uk</a> 01792 636243





## Annual Review of Swansea Council's Charging Policy (Social Services) 2019-20

### A report on work carried out by the Social Services Finance and Charging Policy Working Group

September 2019 v2.2

#### 1. Introduction

- 1.1 This report sets out Swansea Council's annual review of social services charges, with recommendations to inform a new list of charges, **due to come into effect from April 2020**.
- 1.2 This third annual review report builds on the work undertaken in previous years to keep Swansea's charging fair and equal, and in line with the rest of Wales. It evaluates how charges are working in Swansea, by considering changes in the statutory context, issues in applying council policy, what people are telling us, how current arrangements are working and whether there are equalities impacts linked to any proposed changes.
- 1.3 This report is based on work undertaken during the year by the Social Services Finance and Charging group and it provides recommendations for changes to the current policy, and a revised List of Charges 2020/21 (Appendix 1.)

#### 2. Annual Review of Charges

- 2.1 By Implementing an annual review of charges –Swansea Council is following Wales Audit Office guidance on reviewing public services charges:  
<https://www.wao.gov.uk/system/files/publications/income-generation-2016-eng.pdf>

2.2 Under the Wellbeing of Future Generations (Wales) Act 2016, public policy has to incorporate “Five Ways of working”:

- Long term
- Collaborative
- Preventative
- Integrated
- Involvement

This review applies this approach, by setting out a model for the annual review of charges as agreed by the Social Services Finance and Charging group, chaired by Dave Howes, Corporate Director of Social Services.

2.3 Our Annual Review model is based on Wales Audit Office best practice for reviewing charging ,to ensure that Swansea’s charging policy continues to be based on strong principles of fairness and equality, to support Council’s approach to achieve full cost recovery and transparency in how it is being implemented.

*Figure 1.Swansea Model for Annual review of charging (social services)*



2.4 This Annual report of the Social Services Finance and Charging Group is proposing a new List of Charges to come into effect in 2019/20 (see **Appendix 1**), and which are to appended to the latest version of the Charging Policy (Social Services).

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

- Up to the cost of providing the service
- What the person can afford to pay for an assessed for service

2.6 This report is the third annual review of charges 2019/20. This report also puts forward a summary of findings, recommendations and proposes a list of charges (social services) to apply in 2020/21.

### 3. Statutory Considerations

3.1 The Council's Charging Policy (Social Services) meets a statutory requirement under section 59 of the Social Services & Well-being (Wales) Act 2014 ('the Act'), the recently (amended) Care and Support (Charging) (Wales) Regulations 2015 [2], and the updated (April 2019) Part 4 and 5 Code of Practice (Charging and Financial Assessment). See links below:

- [Law Wales - Charging and financial assessment](#)
- [Code of Practice- Parts 4 & 5 Charging & Financial Assessment](#)
- <http://www.legislation.gov.uk/anaw/2014/4/section/59>

3.2 Applying from April 2019, the current amendments under the Act are:

- (a) in regulation 7 (maximum weekly charge for non-residential care and support), in paragraph (1), for "£80" substitute "£90";
- (b) in regulation 11 (relevant capital limit), in paragraph 2(a), for "£40,000" substitute "£50,000";
- (c) in regulation 13 (minimum income amount where a person is provided with accommodation in a care home) for "£28.50" substitute "£29.50";
- (d) in regulation 22 (maximum weekly contribution or reimbursement for non-residential care and support), in paragraph (1), for "£80" substitute "£90"; and
- (e) in regulation 28 (minimum income amount where a person is provided with accommodation in a care home) for "£28.50" substitute "£29.50".

Amendments to apply in 2020/21 are not yet confirmed by Welsh Government.

3.3 The national policy framework requires Councils to show to citizens how they intend to apply discretionary powers on charges for social services as conferred by Welsh Council retain considerable discretion on which services are charged for and the level of charge. Where a council decides to charge for the care a person receives, it must do so in accordance with the regulations and codes of practice, as above.

3.4 The Act states that any charges cannot be set at a level higher than the cost of providing the service. The charges can only relate to the 'cost that the local authority incurs in meeting the assessed, eligible needs for managed care and support, to which the charges may apply (section 59-2). By exercising their discretionary powers in charging for services to meet needs, generally Councils have to be seen to be acting under a general requirement of 'reasonableness'.

3.5 Citizens are protected by nationally determined capital limits, weekly charging caps and personal income allowances, which are set by Welsh Government every year by ministerial statement.

- 3.6 The Council aims to be clear and transparent in what we charge for by publishing an annual schedule/ list of charges, as set out in a Swansea Council Charging Policy. In most circumstances, the council must also offer a financial assessment to citizens to ensure any charge made for care and support is reasonable compared to the person's financial means. Although charges are applied under a single policy framework, there are still some differences between calculating a charge for non-residential care (a maximum weekly charge may apply and a capital threshold limit may apply), and calculating a charge for residential care (capital threshold may apply).
- 3.8 There are issues with this national charging policy, which in effect imposes a charging ceiling, which means everyone may be charged the same regardless of wealth or amount of service received, over a certain amount. The financial assessment is undertaken to means test this approach, though clearly this will have greatest impact on those people with less income.
- 3.9 The current financial situation for Social Services is extremely challenging. Significant future financial pressures, current overspends and continued austerity mean that we have to look towards charging for local authority social services as a means of ensuring the sustainability of our services. Swansea's corporate financial policy on setting charges for all services sets out an expectation to aim for Full Cost recovery where possible, and to operate within the key principles set out in the Sustainable Swansea programme, and through objectives in the Corporate Plan 2018-22.

#### **4. Swansea Council's Social Services Charging policy (Version 3)**

- 4.1 Relatively few changes were made to Swansea Council's Charging policy (social services) for 2019/20, following last year's annual review of charges.
- 4.2 The list of charges published prior to the start of the financial year reflected the inflationary pressures, which are impacting the social care sector to increase all charges by 5%. Any issues with implementing the Charging Policy are considered by the Social Services Finance and Charging group, which meets bi-monthly. Each meeting receives reports from the various work streams, and keeps an action log which is updated and reviewed.
- 4.3 The current Finance & Charging work programme has the following workstreams:
- WCCIS – financial
  - Opportunities for New Charging
  - Process Improvement
  - Debt recovery/ Invoicing
  - Annual Review of Charging/ Policy
  - Annual Uplift of fees

4.3 The Annual Review of charging has to ensure that the work undertaken by the workstreams over the course of the year is fully reflected in this report. Work on the annual uplift of fees payable to provider organisations is covered by a separate report.

#### 4.4 Financial Assessments

Swansea Council's Social Care Income and Finance Team (SCIFT) carries out a wide range of function in support of social services charging.

<http://www.swansea.gov.uk/staffnet/SCIFT>

The team is responsible for the following:

- Offering and carrying out financial assessments on behalf of the Social Services, in order to calculate how much a client must contribute towards the cost of their care.
- Calculating the charges that apply for an individual receiving care and support based on financial assessment
- Sending out notification letter to notify citizens of the expected contributions,
- Invoicing for charges incurred
- Recovery of charges that are outstanding in respect of outstanding care and support charges

In 2018/19, the SCIF team carried out **8691** financial assessments of social care clients on behalf of the Council.

Based on more recent data (between 08/04/19 and 16/09/19), SCIF team have already undertaken **5000** assessments, they could expect to have carried out close to 10000 financial assessments of citizens in 2019/20.

#### 4.5 Income Generation

Service Category	17/18	18/19	Difference	As a %
Community Alarms	476,322	487,686	11,364	10%
Day Services	283,698	433,814	150,116	53%
Direct Payments	680,232	886,157	205,925	30%
Domiciliary Care	2,047,926	2,790,267	742,341	36%
Other/Administration	332,493	392,490	59,997	18%
Residential Care	11,235,249	11,579,594	344,345	3%
<b>Grand Total</b>	<b>15,055,919</b>	<b>16,570,007</b>	<b>1,514,088</b>	<b>10%</b>

Table 1. Adult Services Yearly Analysis of income/ income related to charging by type

The above table shows an overall 10% increase in the amount of income related to Adult social care, generated to Swansea Council this year, as compared to last year (2017/18). This table excludes grant income and recharging. Figures are based on information within the Council's financial ledger.

#### 4.6 Service Usage –

STATS Wales publish comparative information on the number of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year: [StatsWales - Adults charged for social care](#)

- a) **Day Service Charges** - during this year, we have successfully implemented new charges for Day Services to adults. We are closely monitoring demand for and capacity within our day services, through a commissioning review.. Also we considered whether there were any unintended consequence from the Council's Charging policy, for example:
- in terms of people refusing a financial assessment,
  - people leaving day services
  - people declining the service, as agreed with their care and support or care and treatment plan.

According to service managers, there may have been one or two examples of people who have been taken out of day services, by their families who are not willing to complete a financial assessment or pay charges. However there has been no pattern or significant impact noted. Where this has arisen, alternatives would be offered for example direct payments or local area coordination.

By implementing Day Service Charges, this involved the SCIF team carrying out **447** additional financial assessments – this is figure is based on only those clients with a start date of 01/10/18.

A contribution to day service charge will apply/ be paid by **221** service users for the period 01/10/18 – 07/04/19 (this figure only includes those with a start date of 01/10/18 when the new charge was first applied).

- b) **Respite** – we continue to improve consistency in how respite care is charged; by specifying that the charging week now that the service commences on, particularly in how this applied to requests for emergency respite care across all service types.

#### 4.7 Process Improvement

- a) **Debt recovery** - At time of reporting (July 2019) there were **212** clients with an outstanding non-residential balance, of which only **24** people are receiving Day Services, and of that number, only **8** are people solely receiving Day Care. Of all **24** clients with a day service- related debt, they are all at varying stages in the recovery process, or their

cases are on hold. People with higher charging- related debt are mainly clients receiving a mix of community based services (domiciliary care and day care). The SCIF team supports those people with a charging debt, working alongside a social worker, to agree a payment arrangement.

- b) **Invoicing** - It is important to partners that our invoices for services we provide on their behalf are timely and based on reliable and realistic actual costs of commissioned services, which in turn are based on accurate figures for service usage, and estimates of all the costs are applied. Joint work between SCIFT, Corporate Procurement and the Financial team has been carried out to ensure that our processes are working effectively.

#### 4.8 Updated Policy

Through the above workstreams, there has been some requests to simplify the current policy by reducing the amount of content, particularly where it is set out in the national Code of Practice.

### 5. Comparisons with other Welsh Local Authorities

#### 5.1 Council Policy

Swansea Council's operates the principle of full cost recovery, and we are continually working to improve our understanding of the costs of delivering services to the public, and the factors which cause variations in costs over a period of time, such as occupancy rates, staffing costs and inflationary pressures. Through the work of the Finance and Charging group, the most recently available 'unit costs', across the accepted categories of social services, are used as the basis for current charges, and to reflect full cost recovery,

#### 5.2 Inflation

Within the Finance and Charging group, a figure for future inflationary pressures with social care provision is proposed to be applied to the List of Charges in the year ahead (**see Appendix 1**).

There is a great deal of uncertainty with regard to the inflation over the coming year. The revised minimum wage rate will not be set until September, the pay award for internal staff is unknown and the potential for volatility in other costs is increasing.

The minimum wage rate is currently £8.21 for those over 25. When the rate was rebranded in 2016, the stated intention was to reach 60% of median earnings by April 2020. At that time, this was equivalent to £9.00 per hour. Due to wage increases in the wider economy being less than forecast, it is unlikely this will occur. A consultation by the Low Pay Commission proposed a

rate of £8.67 per hour (5.6% increase). Ultimately, the level of the minimum wage is a Political decision and will be unknown until November. Any General Election/wider political turbulence has the potential to delay this further.

The current year represents the final year of a two-year pay agreement. The future rate is unknown and subject to negotiation. The current year has seen a bottom weighed arrangement to take account of movements in the minimum wage. This has seen increases of between 2% and 7.3%. Average increases for those on Grade Six and below in 18/19 were in excess of 4%.

Latest OECD projections for CPI inflation in 2020 are 1.92%. However, there are significant risks around any inflation projections when the means and methods of the UK's departure from the European Union remain unconfirmed. There are particular risks around imported items due to possible exchange rate fluctuations and supply issues. The risks around Brexit remain high and are a growing risk in the context of current events. It has been a generation or more since we have experienced the current level of uncertainty in the wider economic environment.

### 5.3 **Benchmarking**

It is useful to keep an eye of what other, particularly those similar Welsh Local Authorities are doing in relation to their charging for social services. Following detailed work last year, a partial review of some neighbouring Council's published charges for social care was undertaken. A Table (**Appendix 2**) shows how Swansea compares this selection of other Welsh Local Authorities.

### 5.4 **Opportunities for new charges**

As Swansea Council's Charging Policy (social services) makes clear, the Welsh Government's current charging framework allows for a number of areas of discretion in those Care and Support services which are to be charged for.

In exercising this discretion, the Council has to routinely consider whether there are additional care and support related services which have yet to be considered within the current arrangements. Council's commercial team supports the Social Services Finance and Charging group in looking at potential opportunities.



This table summarises area which have been considered during the year, and the current position.

<b>Council service subject to discretion</b>	<b>Action proposed:</b>
Supporting People services - floating support	To be considered as part of a Commissioning review (4 <sup>th</sup> ) to be undertaken next year.
Administrative charges for commissioned services to partners	Currently being explored as option by Commercial team
Carers support service	This is a sensitive area, in which carers are seen as vital to sustainable social care- not being considered at this time.
Deferred Payments- administration	Demand for service is seen as limited, and there is limited capacity available/ set up costs too high
Self-funders - administration	As above
Local Area Coordination	This is new strategic approach to well-being and prevention, part of Sustainable Swansea- not being considered at this time.
Occupational Therapy –provision of equipment & assistance	Currently delivered in partnership, extensive consultation would be needed for charging to apply
Other- Employability related services	To be considered as part of Commissioning review
Other- Preventative	As with LAC, preventative services are not subject to maximum weekly charge and a flat rate charge would have to be considered

This annual review of charges has also looked at the 2019/20 charging schedules of many Welsh Local Authorities and there are further examples of discretionary charging summarised at the end of the table in Appendix 2.

## **6. What people are telling us**

### **6.1 Public consultation**

There has been no formal public consultation undertaken this year.

### **6.2 Complaints**

The following tables show the complaints received last year relating to social services charging, and those received in this year to date (September 2019). There has been no increase in the number of complaints received, the proportion of justified complaints or any significant change in the reasons given for the complaint.

<b>Total number of complaints received by Corporate Complaints Team - related to social services charging</b>		
<b>Outcome/ Year</b>	<b>2018/19</b>	<b>2019/20 to date</b>
Justified	2	-
Partially Justified	2	-
Not Justified	2	1
Not Pursued	1	-
No further contact/ withdrawn	1	2
On-going	-	1
<b>Totals</b>	<b>8</b> (Stage 1 =6; Informal =1; Request for service =1)	<b>4</b> (Stage 1= 4)

Table 2. No. of complaints

Table 3. Reasons/comment for all charging related complaints 2018-2020 (to date)

<b>Year</b>	<b>Social Services Complaint- reasons/ comments</b>	<b>Outcome</b>
<b>2019/20</b>	backdated fee for 12 week rule re financial support and payments	Not justified
2019/20	received invoice of £2,000 for mums care. thought was free care	Withdrawn
2019/20	respite fees	Not pursued
2019/20	Financial error	On-going
<b>2018/19</b>	Financial -debt recovery 3 years later and unhappy with care at the time is documented	Justified
2018/19	Financial complainant unhappy with pay increase for care (meds) and s.w. not providing forms	Partially justified
2018/19	Unhappy with charges levied	Not justified
2018/19	Disagrees with overpayment request in respect of direct payments for mothers care	Partially justified
2018/19	Delay in financial assessment, followed up with letter & financial assessment completed	Justified
2018/19	Unhappy with charges levied	Not pursued
2018/19	Unhappy with charges levied	Not justified
2018/19	Lack of support/ help provided	No further contact

### **6.3 Feedback from day service managers**

The reviewer attended the Day Services Managers meeting in July 2019 to review the impact of charging on their service areas. As not all managers were in attendance, the group were invited to submit comments and specific examples.

Some comments:

- Service users may lack capacity and/ or understanding of their rights and entitlements in respect of charging policy and financial assessment
- Managers would like more information about how charges are calculated for individuals, based on income, living expenses and personal allowance
- More support needed from social workers in dealing with services users and families on financial matters/ best interest decisions
- Families are being presented with charging information/ financial assessment forms and they need support
- Charges are applied to day services per day or half day attended, whereas some service users attended by session
- Examples of large bills for social services charges being sent to families, with few resources to pay
- Requests for service provision related to a person's care and support plan following social care assessment, though personal outcomes not always defined-what service is expected to achieve/ why it is needed by person.
- There was a hold on Older People day service referrals between Sept. to Dec. 2019 linked to commissioning review which would have impacted on numbers attending, at same time as charges were introduced.
- List of people who can help with financial assessment forms should be available in services
- How we define day services (charged) and employability services (not charged) in terms of charging policy

### **6.4 Public Ombudsman**

Whilst there has been no local complaints passed to the public ombudsman, there is the opportunity to draw learning from recent national cases.

Whilst the Public Ombudsman cannot assess an individual's ability to pay for the cost of their care and support services, they sometimes receives complaints about related matters, which are summarised in a quarterly casebook.

<https://www.ombudsman.wales/case-books/>

Recent case related to charging:

- Pembrokeshire County Council – Other Case Number: 201900872 – Report issued in June 2019 Ms X complained that Pembrokeshire County Council (“the Council”) provided her with misleading information about her mother’s entitlement to respite care and care funding.

Another recent case relates to how Councils provide support to adults who are assessed as lacking capacity in carrying out financial assessment.

## 7. Equalities Impact Assessment

7.1 The Welsh Government’s national charging framework has taken steps to ensure that the person’s income levels are protected, and these national arrangements were subject to a Equalities Impact Assessment, and the thresholds set within the framework are reviewed regularly. The impacts of new charges implemented locally are also assessed each of the different ‘protected characteristics’ as well as being fully considered in each individual circumstance, through the financial assessment and at population level by the Equality Impact Assessment

### 7.2 Actions from last year’s EIA

Action from last year	Progress made
The offer of a direct payment can help address care and support needs, and the Council also needs to review cases where there is take up of day services using direct payments	– Direct Payments strategy in development (version 1)
Support to carers, and steps to improve offer of carers assessment.	– Regional carers partnership, and work programme to inform local strategy
To update and improve public information available on charging and financial assessment	– SCIF team provide information, advice and assistance on all matters relating to charging/ social services debt – Public Information fact sheets on social services charging updated and made available via social workers – Adult Services Practice Manual in development as single source of up to date information for professionals, to include pages on Finance and Charging
Translation of public information materials (fact sheets/ Information leaflets/ web pages) into Welsh, and other languages on request	– Charging policy and list of charges have been translated into Welsh, and other languages available on request

The above actions are monitored through the Social Services Finance and Charging group.

## **7.2 Equalities Impact Assessment this year**

This report is set to apply previously agreed increase in charges for domiciliary care, and an inflationary increase to other services in the list of charges to apply from April 2020. An updated Equalities Impact Assessment screening form has been undertaken at this stage (attached in Appendix 3), with the agreed outcome a full EIA assessment was not required at this stage.

## **7.3 Risks identified**

There are no specific risks within the Corporate Risk Register relating directly to the Council's charging policy (social services). PE90 Financial stability of the social care market relates to fees payable to providers and the annual costs review undertaken.

7.4 Actions needed- A review of the current policy is due this year and the aim will be to reduce the overall size of the policy and to ensure it still remains aligned to any recent amendments within regulation/ code of practice (see section 3).

## **8. List of Charges to apply in 2020/21 (see Appendix 1)**

8.1 Overall, in updating the list of charges to apply in Swansea in 2020/21, there is an expectation that these charges will accurately reflect the inflationary pressures expected to impact on social services in particular.

Within our domiciliary care service within Adult Services, there remains some disparity between the amount charged by the Council and the cost of providing the service. This year 2018/19, Swansea has increased the hourly charge of care at home to £15 per hour a significant increase from £10.20 per hour in 2017/18.

There is a need to move towards full cost recovery for all external services whilst ensuring that a greater proportion of users pay the maximum they are assessed as being capable of paying.

The current differential is such that a further increase is unavoidable. Therefore this annual review proposes that for domiciliary care the estimated cost/ charge of £19/hour in 2020/21 is brought forward to apply in 2019/20, and that there is a need to move the hourly charge to this figure within the time scale.

Therefore the proposals set out in last year's report, and agreed was to increase to charge in 2020/21, as indicated in the table below. This proposal is now to come into effect in the List of Charges for 2020/21.

Charges relating to Home Care/ Domiciliary care	2017/18	2018/19	2019/20	2020/21
Charge/hour	£10.20	£15.00	£17.00	<b>£19.00</b>

Table 4. Charges for home care increased as agreed in previous annual review

## 9. Summary and Recommendations

### 9.1 Summary of findings - this annual review has taken into account:

- National directives on charging for social services in Wales
- Costs of providing social care services are subject to inflationary pressures
- Significant changes made last year, and still to be fully implemented (day services)
- Comparatively, Swansea's charging framework is moving closer to other Wales LAs
- Areas for new charging are considered within Social Services Finance and Charging group
- Any changes to charging policy has to consider whether people with care and support needs may decide they cannot afford to pay charges and then decide not to attend services.
- The new List of charges 2020/21 (Appendix 1), once agreed by Cabinet, is to be appended as a revision to the Council's Charging (social services) policy.

### 7.2 Recommendations:

- Cabinet decide to accept the findings of the annual review of charges, and that there are no new service charges (social services) to apply in 2020/21.
- To agree that an inflationary increase of 5% is applied to all social services charges,
- To agree to apply the increase in home care charge, as previously agreed by Council.
- Cabinet to approve the list of social services charges to apply from 1st April 2019, for the year 2020/21.



**Appendix 1.** Swansea Council List of Charges (to apply in 2020/21). These are the amount clients will be charged for social care services, subject to any limits on the maximum charge specified by Welsh Government.

**a) Residential care and support services**

Charges for residential care are means tested. Residents may only be required to pay a contribution towards the total weekly cost. In certain circumstances, residents may be required to pay the full cost of residential care. The costs shown below for privately owned care homes are indicative of the weekly costs at care homes, which accept the Council's usual rates. Some homes may charge more.

<b>Long Term Residential Care</b>			
<b>Charges for Services per category</b>	<b>Weekly charges in 2019/2020</b>	<b>Weekly charges in 2020/21</b>	<b>% Increase/ Comment</b>
<b>Council owned residential care homes</b>			
Elderly care	£584.90	£614.15	5%
Dementia Care	£584.90	£614.15	5%
Learning Disabilities	£1,532.67	£1,609.30	5%
Mental Health	£1,532.67	£1,609.30	5%
Younger Adults	£1,532.67	£1,609.30	5%
<b>Privately owned care homes</b>			
Residential Care			
Older persons	£551	£578.55	TBC, to reflect agreed % fee increase
Mental Health	£551	£578.55	As above
Learning Disabilities	£551	£578.55	As above
Younger Adults	£572	£600.60	As above
Nursing care			
Older persons	£631	£662.55	TBC, to reflect agreed % fee increase
Mental Health	£631	£662.55	As above
Learning Disabilities	£631	£662.55	As above
Dementia Nursing Care	£649	£681.45	As above
Younger Adults	£631	£662.55	As above



<b>Short Term Residential Care (Local Authority and Private Sector)</b>			
<b>Charges for Services</b>	<b>Weekly charges in 2019/20</b>	<b>Weekly charges in 2020/21</b>	<b>Comment</b>
<b>All adults Short term residential care</b> up to 8 weeks (known as Respite care, re-ablement (from week 6 and up to week 8) or temporary short-term emergency or planned placement)	£90	TBC	To reflect Max. weekly charge set by Welsh Government
<b>Temporary residential care (up to 52 weeks).</b> Where the placement is known to last more than 8 weeks from the outset or from week 9 when a short term residential care placement has been extended, the charging rates will be the same as the <b>long term residential rates</b> shown in the previous table			

**b) Non-residential, community-based care and support Services**

- Domiciliary Care – is care in the client’s home provided by a private sector provider
- Home Care – is care in the client’s home provided by the Local Authority

<b>Charges for Services</b>	<b>Charges in 2019/20</b>	<b>Charges in 2020/21</b>	<b>% Increase/ Comment</b>
<b>Means tested up to the maximum standard charge as outlined in the categories below</b>			
<b>Home Care</b>			
Domiciliary Care or Home Care, including respite at home, supported living	£17.00 per hour	£19.00 per hour	Change agreed to previously
<b>Day Services Older People</b>			
Older Persons Day Services	£42 per day, up to a maximum charge of £90 per week	£44.10 per day	5%, maximum weekly charge applied
<b>Day Services Younger Adults</b>			
Younger Adults/ Special Needs Day Services	£52.50 /day	£55.13/day	5%, as above

**c) Flat rate charges for other services provided by Swansea Council**

These charges are not subject to a means test or a maximum charge.

<b>Charges for Services</b>	<b>Charges in 2019/20</b>	<b>Charges in 2020/21</b>	<b>% Increase/ Comment</b>
Telecare / Lifeline	£2.76/week	£2.90/week (tbc)	5%
Meals (within community-based, day services)	£3.68 /day	£3.86 /day	5%
Court of Protection Deputyship	£745 application fee; £775 for first year management and £650 per year thereafter if over £16,000 in net assets, or 3.5% if these are under £16,000; Other additional charges may apply: - £300 property management fee - £216 preparation and lodgement of an annual report.	TBC	These are fixed rate charges for Local Authorities set by the Court of Protection (Part 19 of the Court of Protection Rules 2007) and revised rates apply from 1 April 2017
Pre Deputy support charge	£5 per week	TBC	Approved by Cabinet and commenced on 1 April 2017. Fees taken retrospectively from date of case management to date of Court order when replaced by Court fees above.

## APPENDIX 2: Annual Review of Charges – Tables

How Swansea compares to selected other Welsh Local Authorities, within main categories for Adult Social Care charges (following web search/ email request)

(NB some service heading may be defined differently by a particular Welsh LA- e.g. whether includes short term or respite provision)

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2019/20, unless stated.							
Local Authority	Home Care (subject to weekly charge)	Day Care (subject to weekly charge)	Direct Payments	Residential Care Long Term /Temp Elderly/ week	Residential Care Short Term/ Respite (weekly charge applies)	Telecare/ Lifeline (per week)	Other (per day)
<b>Swansea (19/20)</b>	£17 per hour	£42 per day (OP)  £52.5 per day (YA/SN)	Variable	£585 (standard L/t elderly care)  £649 - Dementia nursing care	£90  (Max weekly charge applies)	£2.76 (T/c)	Meal- £3.68
<b>NPT</b>	£16 per hour	£30 per attendance  £76.50 (LD – other LA)	Value of direct payment	£572.37 (standard res. Care)  £767 (Pobl charges to new residents)	£90  (Max weekly charge applies)	£2.70 (T/c)  £3.95 (LL)  £5.70 (LL- Extra)	Meal- £4.60
<b>Bridgend(19/20)</b>	£19.16 per hour	£34.21  £64.46	Variable	£583 (Older people- higher dependent res); £622 - very dependent residential; £715 specialist dementia in nursing setting	Variable	£2.25 to £6.00 per week (pricing range- no in household)	Meal - £5.51  Tea time snack - £1.64

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2019/20, unless stated.

Local Authority	Home Care (subject to weekly charge)	Day Care (subject to weekly charge)	Direct Payments	Residential Care Long Term /Temp Elderly/ week	Residential Care Short Term/ Respite (weekly charge applies)	Telecare/ Lifeline (per week)	Other (per day)
<b>Carmarthenshire</b>	£14 per hour	£13.70 per session	£11.90 per hour  £88.20 per night	N/a	£90  (Max weekly charge applies)	£15.80 per quarter (CL monitoring)  £40.84 per quarter (monitor & pendant)	Meal -£4.80
<b>Ceredigion</b>	£18.10	N/a	£11 per hour in lieu of Dom. Care	£558 Elderly- very dependent)  £606 (Nursing dementia)	£90  (Max weekly charge applies)	£3.10 (LL)  £5.70 - Assistive Technology	Lunch per meal in day centre- £7.20
<b>Pembs</b>	£16.71	£39.60 (Day Opps. per day)	£11.64	£577.58 (Res)  £609.13 (EMI)  £618.60 (Nursing/ EMI)	£90  (Max weekly charge applies)	£2.69 (Community alarm)	Meal £4.86

All figures shown in the following table are social services charges as agreed and applied by these Councils in 2019/20, unless stated.

Local Authority	Home Care (subject to weekly charge)	Day Care (subject to weekly charge)	Direct Payments	Residential Care Long Term /Temp Elderly/ week	Residential Care Short Term/ Respite (weekly charge applies)	Telecare/ Lifeline (per week)	Other (per day)
<b>Powys</b>	£20.50 per hour	£15 per day (OP)  £15 per hour (LD)	£20.50		£90  (Max weekly charge applies)	£2.00 (CA)	Meal - £7.50
<b>RCT</b>	£34 per hour	£34 per hour	<b>N/a</b>	£588 (Elderly /frail- res) £594 (Elderly /frail- nurs) £628 (Nursing –EMI)	£90  (Max weekly charge applies)	£138.12 (LL pa)  £312.64 (T/C pa)	Meal - £3.85
<b>Torfaen</b>	£15.72	£95.15	£8.20  £8.91 -after 8pm  £65.85- Sleep in	£637.22 (OP-residential)  £698.55 (Dementia - res)  £697.34 (Dementia – nursing)	£90  (Max weekly charge applies)	£68.40 Annual lifeline & telecare services)	Meal- £4.70

**Other discretionary charges currently applied by Welsh Councils:**

**Bridgend CBC**

- Day care with shared lives carer = £51.78 per day
- Extra Care housing schemes = £156.38 per week

**Ceredigion County Council**

- administration charge (self funders/ Deferred payments) £600 per year
- Laundry service –cost per wash - £4.50

**Neath Port Talbot CBC**

- Hillside secure unit - £930 per day)

**Pembrokeshire CBC**

- Administration set up cost– deferred payments (one off charge) = £500
- Interests charged 1.65%

**Torfaen CBC**

- Keysafe installation = £25.80 incl. VAT
- Lifeline & Telecare installation = £68.40 incl. VAT
- Social Work time – to other LAs - £20.35 (unqualified) / £24.49 (qualified)

**Powys CBC**

- 24 hour support (supported tenancy) £80.00 per week
- Shared lives scheme £28.85 per night (to a maximum of £70 per week)

**RCT**

- Tiered charging for Lifeline, Home Safety and Telecare services (whether assessed need / part of care plan)

## Appendix 3: EQUALITIES IMPACT SCREENING TOOL

Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact the Access to Services team (see guidance for details).

<b>Section 1</b>	
Which service area and directorate are you from?	
Service Area: SOCIAL SERVICES	
Directorate:	SOCIAL SERVICES

### Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### (b) Please name and describe here:

#### Annual Review of Charges (Social Services) 2019/20

This EIA covers the Annual Review of Charges (Social Services), which sets out any changes within Swansea Council's Charging Policy (Social Services) and the proposed List Of Charges for 2020/21. The main change to take effect from 1st April 2020 is that all social services charges are to be increased in line with an inflationary uplift of 5%. There are no new charges proposed by this annual review.

Clearly there are some impacts arising from applying an inflationary uplift within the Council's charges (on social care) However all social service non-residential charges are set within a national legislative framework, and in compliance to regulations and code of practice as set by Welsh Governments, namely within Parts 4 and 5 of the Social Services and Well-being (Wales) Act 2014, henceforth 'the Act'.

Under the Act, citizens to whom the charges apply are protected by some important policy entitlements:

- right to be offered a financial assessment to consider whether they have the means to pay a contribution to the costs of their social care and support
- there are clear principles that a person's ability to pay should not precluding access to care and support or that the charges for care and support should not exceed the costs of provision - there are personal thresholds set by the Welsh Government: namely a maximum weekly charge to be set at £90 per week (2019/20)
- Capital and Personal income allowances are also set for people who are subject to charges in relation to residential care

### Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input checked="" type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

### (b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS...?

Because they need to	Because they want to	Because it is automatically provided to everyone in Swansea	On an internal basis i.e. Staff
<input checked="" type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

### Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
--	--------------------	----------------------	-------------------	-------------------

Children/young people (0-18)	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older people (50+)	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other age group	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race (including refugees)	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asylum seekers	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gypsies & travellers	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or (non-)belief	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh Language	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poverty/social exclusion	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carers (inc. young carers)	→	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community cohesion	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Evidence shows that disabled people, older people and people from minority ethnic backgrounds have proportionately lower levels of income and could therefore experience a greater level of financial impact from any increases to social care charges.

**Q4 WHAT ENGAGEMENT / CONSULTATION / CO-PRODUCTIVE APPROACHES WILL YOU UNDERTAKE?**

**Please provide details below – either of your planned activities or your reasons for not undertaking engagement**

The council is complying with its duties under the Social Services & Wellbeing (Wales) Act 2014 which allows local authorities to exercise discretion and to work within the principles of fairness, transparency and equality. A full Equality Impact Assessment, and consultation exercise was carried out (Feb 2018), when major changes were made to the Council's Charging Policy, and these were introduced in 2018/19, such as charging for day services and the schedule of hourly rate increases for domiciliary care.

All charging thresholds/ limits to the Councils charges are set by the Welsh Government, and these are in place to protect citizens against poverty and social exclusion. The Welsh Government has undertaken a full EIA of the Charging framework (December 2016):

[EIA-Changes to Charging \(Welsh Government\)](#)

**Q5(a) HOW VISIBLE IS THIS INITIATIVE TO THE GENERAL PUBLIC?**

High visibility <input type="checkbox"/> (H)	Medium visibility <input type="checkbox"/> (M)	Low visibility <input checked="" type="checkbox"/> (L)
---	---	---

**(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION? (Consider the following impacts – legal, financial, political, media, public perception etc...)**

High risk <input type="checkbox"/> (H)	Medium risk <input type="checkbox"/> (M)	Low risk <input checked="" type="checkbox"/> (L)
---	---	---

**Q6 Will this initiative have an impact (however minor) on any other Council service?**

Yes       No      If yes, please provide details below



**Q7 HOW DID YOU SCORE?**  
*Please tick the relevant box*

MOSTLY H and/or M → HIGH PRIORITY →  EIA to be completed  
 Please go to Section 2

MOSTLY L → LOW PRIORITY / NOT RELEVANT →  Do not complete EIA  
 Please go to Q8 followed by Section 2

**Q8 If you determine that this initiative is not relevant for an EIA report, you must provide a full explanation here. Please ensure that you cover all of the relevant protected groups.**

The Council's Charging policy (social services) was agreed by Council in March 2016, following a full Equalities Impact Assessment, which was carried out to consider and consult on how the policy is applies to all client groups that are able to access residential and non-residential community care services. Any impact on individual or population groups with protected characteristics is mitigated by minimum income allowances, capital thresholds and weekly charging caps which are set annually by Welsh Government. New charges to day services, and respite at home were introduced and applied this year (2018/19), and a full EIA was completed to support this change. This year the annual review of charges is proposing an inflationary increase to charges to reflect increasing costs of social care to come into effect on 1st April 2020, in line with other Council charges. It is not necessary to update the current full Equalities Impact Assessment

**Section 2**

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

<b>Screening completed by:</b>	
Name:	Simon Jones
Job title:	Social Services Strategic Performance & Improvement Officer
Date:	12 <sup>th</sup> September 2019
<b>Approval by Head of Service:</b>	
Name:	David Howes
Position:	Director of Social Services
Date:	September 2019

Please return the completed form to [accesstoservices@swansea.gov.uk](mailto:accesstoservices@swansea.gov.uk)

# Agenda Item 8



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

Adult Services Scrutiny Performance Panel – 28<sup>th</sup> January 2019

### ADULT SERVICES PERFORMANCE FRAMEWORK

<b>Purpose</b>	<ul style="list-style-type: none"><li>• The purpose of this report is to present the Adult Services Performance Framework.</li></ul>
<b>Content</b>	<ul style="list-style-type: none"><li>• The Performance Framework is designed to monitor performance across Adult Services.</li><li>• 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.</li><li>• Monitoring performance in this way is still very much work in progress and there are several areas for future development towards the end of the report.</li><li>• 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.</li><li>• 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.</li></ul>
<b>Councillors are being asked to</b>	<ul style="list-style-type: none"><li>• Consider the Report</li></ul>
<b>Lead Councillor(s)</b>	Cllr Mark Child, Cabinet Member for Care, Health and Ageing Well
<b>Lead Officer(s)</b>	Alex Williams, Head of Adult Services
<b>Report Author</b>	Alex Williams <a href="mailto:alex.williams2@swansea.gov.uk">alex.williams2@swansea.gov.uk</a> 01792 636245

# ADULT SERVICES SUMMARY MANAGEMENT INFORMATION HEADLINE REPORT

## DATA FOR OCTOBER / NOVEMBER 2019

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Cyngor **Abertawe**  
**Swansea** Council

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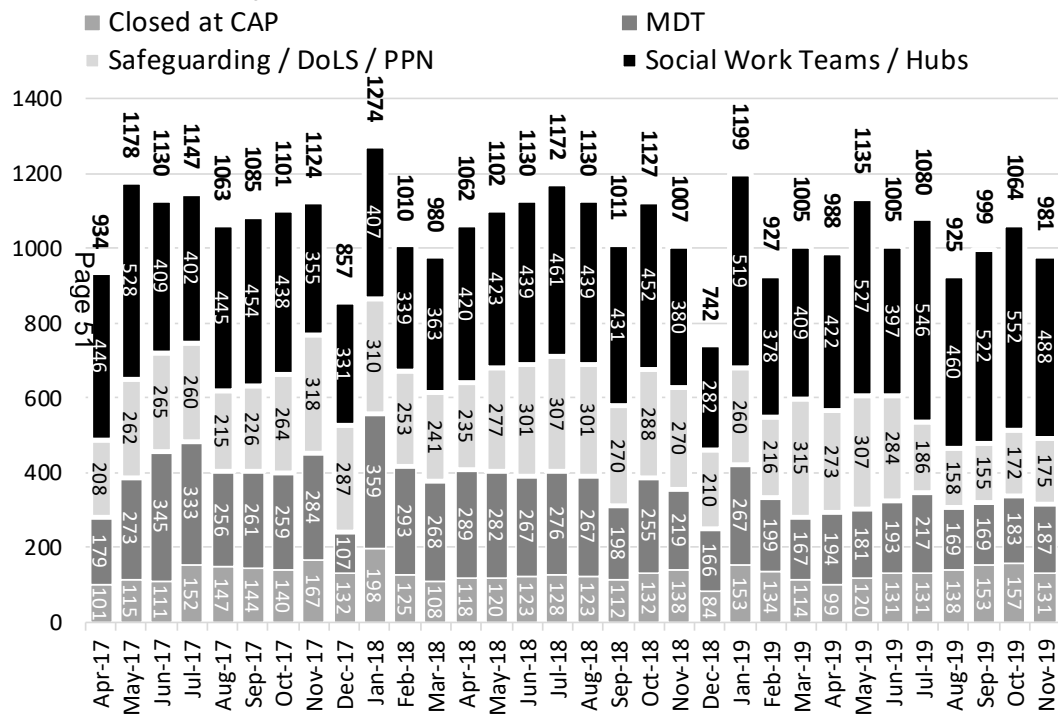
# Adult Services Performance Headlines

## Common Access Point

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

Further information appears in the main report on page 5.

### Enquiries Created At Common Access Point



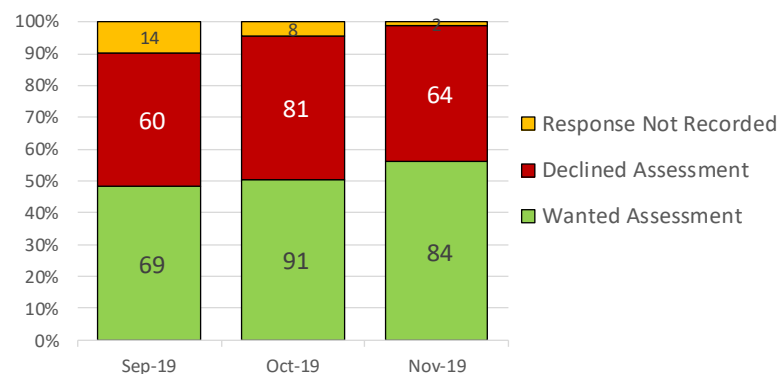
## Carers Identified and Whether Wanted Carer Assessment

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

Since July 2018, those wanting carers assessment have 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	Sep-19	Oct-19	Nov-19
<b>Identified Carers</b>	<b>145</b>	<b>199</b>	<b>163</b>
<b>Offered Assessment</b>	<b>143</b>	<b>180</b>	<b>150</b>
<i>% offered assessment</i>	98.6%	90.5%	92.0%
Declined Assessment	60	81	64
<i>% declined assessment</i>	42.0%	45.0%	42.7%
Wanted Assessment	69	91	84
<i>% wanted assessment</i>	48.3%	50.6%	56.0%
Response Not Recorded	14	8	2
<i>% response not recorded</i>	9.8%	4.4%	1.3%
<b>Received Carers Assessment / Review</b>	<b>47</b>	<b>57</b>	<b>51</b>

### Whether Carer Wanted Assessment (number)



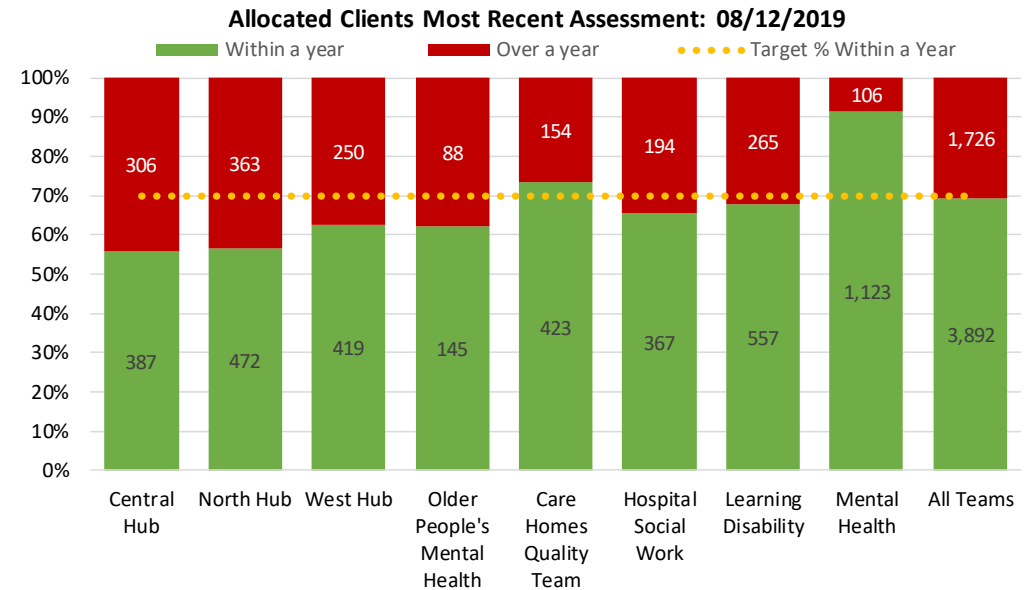
## Adult Services Performance Headlines

### 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.



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When most recent assessment took place:	Jul-19		Aug-19		Sep-19		Oct-19		Nov-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
Central Hub	400	315	405	291	392	329	388	308	387	306
North Hub	492	389	496	379	471	419	478	367	472	363
West Hub	414	257	420	250	416	262	429	246	419	250
Older People's MH Team	167	77	166	71	148	85	148	82	145	88
Care Homes Quality Team	402	152	411	144	421	168	431	152	423	154
Hospital Social Work	341	183	365	178	339	193	366	184	367	194
Learning Disability	272	302	357	88	77	40	546	264	557	265
Mental Health	1,087	151	1,127	113	1,099	128	1,100	128	1,123	106
<b>Total</b>	<b>3,574</b>	<b>1,826</b>	<b>3,746</b>	<b>1,514</b>	<b>3,361</b>	<b>1,624</b>	<b>3,885</b>	<b>1,731</b>	<b>3,892</b>	<b>1,726</b>

# Adult Services Performance Headlines

## Effectiveness of Reablement

### Residential Reablement

During October and November 2019 combined reablement services had an overall percentage of 80% of people returning to their own homes, independently and with care packages. Bonymaen House discharges over this period were 78% returned home. From Ty Waunarlwydd 100% discharges went home although numbers were very low.

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

Leaving Residential Reablement	Oct-19		Nov-19		Desired Direction of Travel
	BH	TW	BH	TW	
Left Residential Reablement	17	2	15	0	High
<i>Of Which</i>					
Own Home - no care	8	2	7		High
Own Home - with care	6		5		High
Residential/ Nursing Care / Family	-1		-2		Low
Hospital	-1		-1		Low
Deceased					--
Unknown Destination	-1				
% Went home	82%	100%	80%		High
Average Length of Stay	38	25	25		Low

### Community Reablement

The data on community reablement is now stable and reporting is consistent as it is possible to be following planned system changes intended to deliver better quality and consistent information.

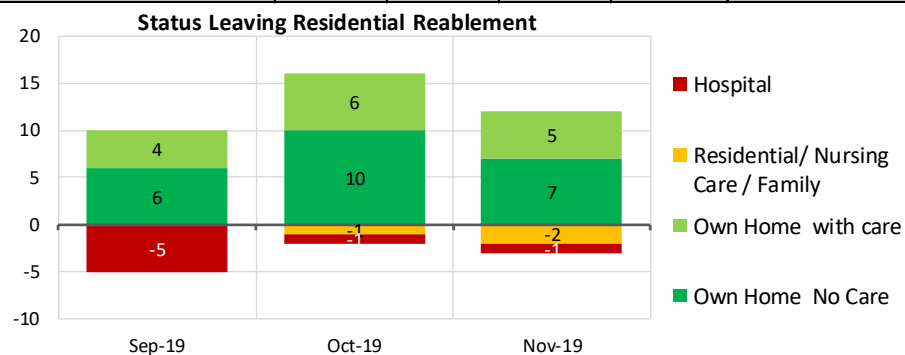
The following averages relate to the period since April 2017:

Average Admissions Per Month	Average Discharges per Month
46.9	56.8

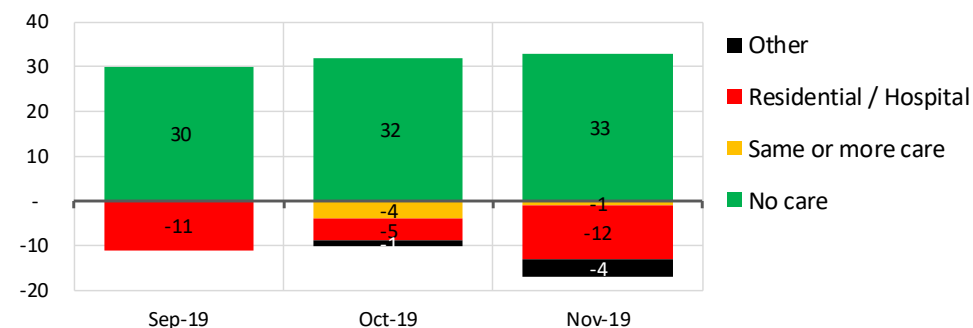
Further information appears in the main report on pages 20-23.

Leaving Community Reablement	Sep-19	Oct-19	Nov-19	Desired Direction of Travel
Started Community Reablement	34	43	41	High
Received Community During Month	99	105	128	High
Left Community Reablement	41	42	50	High
<i>Of those who left, outcome was:</i>				
No care	30	32	33	High
Reduced Care				High
Same or more care		- 4	- 1	Low
Residential / Hospital	- 11	- 5	- 12	Low
Other		- 1	- 4	Low
% reduced / no care	73.2%	76.2%	66.0%	High

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**Status Leaving Community Reablement**



## Adult Services Performance Headlines

### Long-Term Domiciliary Care

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

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.

The following averages relate to the period since April 2017:

Average Admissions Per Month	Average Discharges per Month
56.3	63.9

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

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Month	Aug-19	Sep-19	Oct-19	Desired Direction of Travel
<b>Leavers</b>	<b>52</b>	<b>73</b>	<b>59</b>	Low
Of which:				
In-house	5	9	8	Low
External	39	49	42	Low
Bridging	8	15	9	Low
<i>% internal</i>	<i>25.0%</i>	<i>32.9%</i>	<i>28.8%</i>	<i>Low</i>

Month	Aug-19	Sep-19	Oct-19
<b>New starters</b>	<b>54</b>	<b>64</b>	<b>59</b>
Of which:			
In-house	3	3	1
External	46	52	52
Bridging	5	9	6
<i>% internal</i>	<i>14.8%</i>	<i>18.8%</i>	<i>11.9%</i>
<b>Receiving Care During Month</b>	<b>1,226</b>	<b>1,232</b>	<b>1,262</b>
Of which:			
In-house	98	98	97
External	1,062	1,064	1,102
Bridging	66	70	63
<i>% internal</i>	<i>13.4%</i>	<i>13.6%</i>	<i>12.7%</i>
<b>Hours Delivered in Month</b>	<b>74,597</b>	<b>75,825</b>	<b>78,839</b>
Of which:			
In-house	7,948	7,248	6,911
External	64,687	66,933	70,211
Bridging	1,962	1,643	1,717
<i>% internal</i>	<i>13.3%</i>	<i>11.7%</i>	<i>10.9%</i>
<b>Average Weekly Hours</b>	<b>13.74</b>	<b>14.36</b>	<b>14.11</b>
Of which:			
In-house	18.3	17.3	16.1
External	13.8	14.7	14.4
Bridging	6.7	5.5	6.2



## Adult Services Performance Headlines

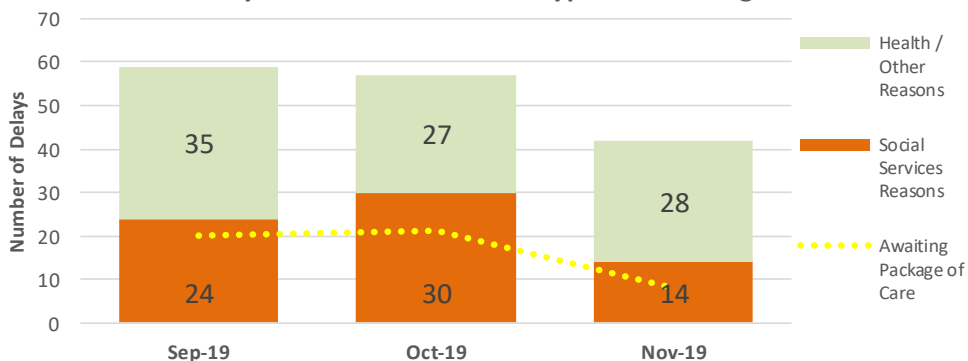
### Delayed Transfers of Care (DToCs)

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

Further information appears in the main report on page 9.

Delayed Transfers	Sep-19	Oct-19	Nov-19	Desired Direction
<b>Total Delays</b>	<b>59</b>	<b>57</b>	<b>42</b>	Low
Of which				
Health / Other Reasons	35	27	28	Low
Social Services Reasons	24	30	14	Low
<i>% social services</i>	<i>40.7%</i>	<i>52.6%</i>	<i>33.3%</i>	Low
<b>Awaiting Package of Care</b>	<b>20</b>	<b>21</b>	<b>8</b>	Low
<i>% of Social Services Reasons</i>	<i>83.3%</i>	<i>70.0%</i>	<i>57.1%</i>	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.

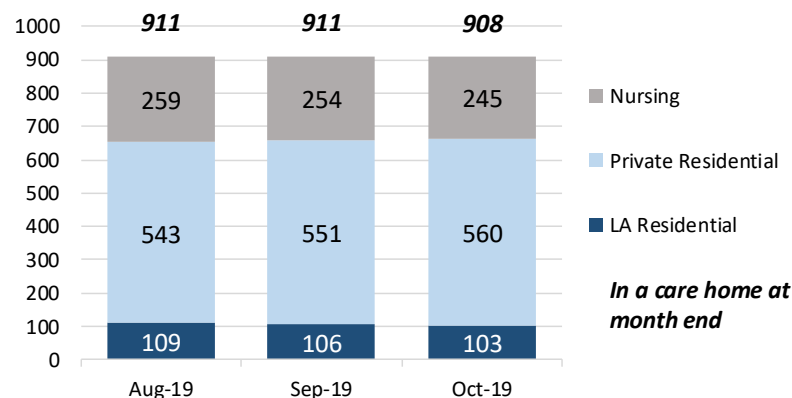
The following averages relate to the period since April 2017:

Average Admissions Per Month	Average Discharges per Month
33.2	34.9

Further information appears in the main report on pages 28.

Permanent Residential Care for People Aged 65+	Aug-19	Sep-19	Oct-19
<b>Admissions</b>	23	27	25
<b>Discharges</b>	25	24	29
<b>People in the Process of Transition</b>	7	2	1
<b>In a care home at month end</b>	911	911	908
Of which:			
LA Residential	109	106	103
Private Residential	543	551	560
Nursing	259	254	245

**People in Place in Residential / Nursing Care**

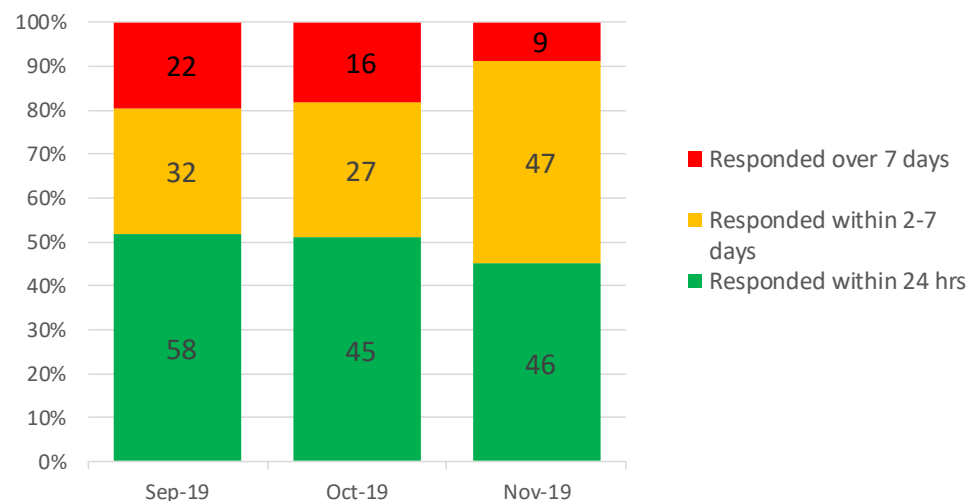


## Adult Services Performance Headlines

### Timeliness of Response to Safeguarding Issues

Month	Sep-19	Oct-19	Nov-19	Desired Direction of Travel
<b>Enquiries Received</b>	<b>119</b>	<b>96</b>	<b>114</b>	High
<b>Cases worked on during the month</b>	<b>119</b>	<b>96</b>	<b>114</b>	High
<b>Did not proceed to threshold</b>	6	8	10	Low
<i>% Did not proceed to threshold</i>	5.0%	8.3%	8.8%	Low
<b>Awaiting response</b>	1	-	2	Low
<i>% awaiting response</i>	0.8%	0.0%	1.8%	Low
<b>Thresholds Completed</b>	<b>112</b>	<b>88</b>	<b>102</b>	High
<i>Threshold completed % of Enquiries</i>	94.1%	91.7%	89.5%	High
<b>Timeliness of Thresholds Completed</b>				
Responded within 24 hrs	58	45	46	High
<i>% thresholds responded within 24 hrs</i>	51.8%	51.1%	45.1%	High
Responded within 2-7 days	32	27	47	High
<i>% thresholds responded within 2-7 days</i>	28.6%	30.7%	46.1%	High
Responded over 7 days	22	16	9	Low
<i>% thresholds responded over 7 days</i>	19.6%	18.2%	8.8%	Low
<b>Outcomes for Thresholds Completed</b>	<b>112</b>	<b>88</b>	<b>102</b>	High
Threshold Met	36	29	27	High
<i>% Threshold met</i>	32.1%	33.0%	26.5%	High
Threshold Not Met	60	48	62	Low
<i>% Threshold not met</i>	53.6%	54.5%	60.8%	Low
Inappropriate to safeguarding	16	11	13	Low
<i>% Inappropriate</i>	14.3%	12.5%	12.7%	Low

Timeliness of response to Safeguarding Enquiry



Performance on the proportion of referrals which received a threshold decision within 7 days in November 2019 was 91.2%. We will maintain focus on swift responses to safeguarding enquiries and seek to achieve and maintain performance of >90%.

26.5% of enquiries met threshold in November 2019, 60.8% did not meet threshold and 10.6% 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 37-40.

(N.B. Thresholds may take place in a different month to when enquiry received.)

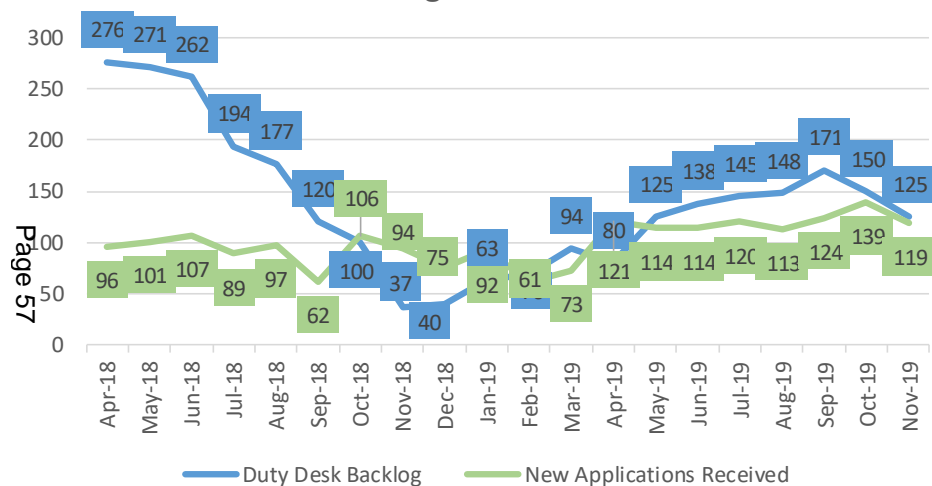
# Adult Services Performance Headlines

## Timeliness of Deprivation of Liberty Assessments

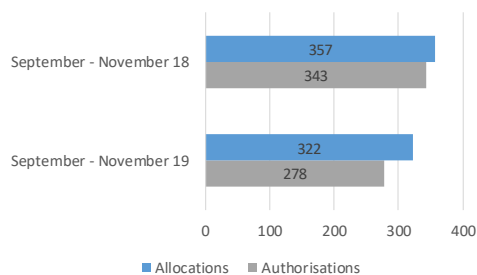
During 2018/19, a new DoLS Team was implemented. There was a specific issue with timeliness for the majority of BIA and SB assessments. The new working arrangements had shown an increase in performance in all areas in recent months. Unfortunately recent staffing issues have impacted on this since Spring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

Related information appears in the main report on pages 41-42.

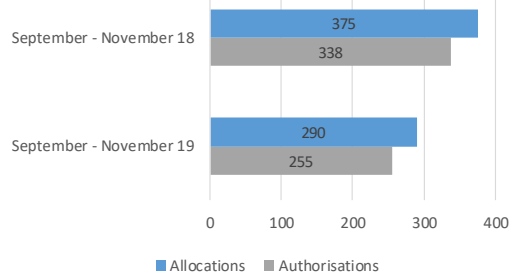
### DoLS Backlog and New Referrals



### Quarterly Best Interest Assessor Performance



### Quarterly Signatory Body Performance



# ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT DATA FOR OCTOBER/NOVEMBER 2019

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Cyngor **Abertawe**  
**Swansea** Council

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# Key Expectations, Standards & Performance

## 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.37).

## ***Key Expectations, Standards & Performance***

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### **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.41-42).

## **Prevention & Early Intervention**

### **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'.)

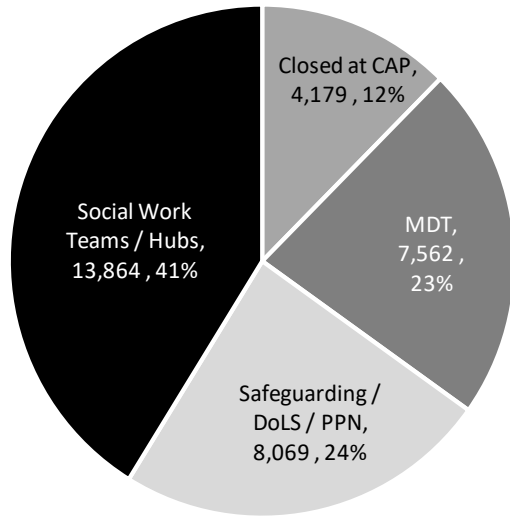
Summary of Expectations / Standards	Summary of Outcomes / Performance
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. A target of <b>80%</b> has been in place since 2017/18.	For 2017/18, performance on this indicator was well above target at <b>93.8%</b> . During 2018/19, performance of <b>86.5%</b> was achieved. During 2019/20, performance has improved to <b>87.92%</b> 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 use 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.



# Prevention & Early Intervention

## Types of Enquiries Received at Common Access Point

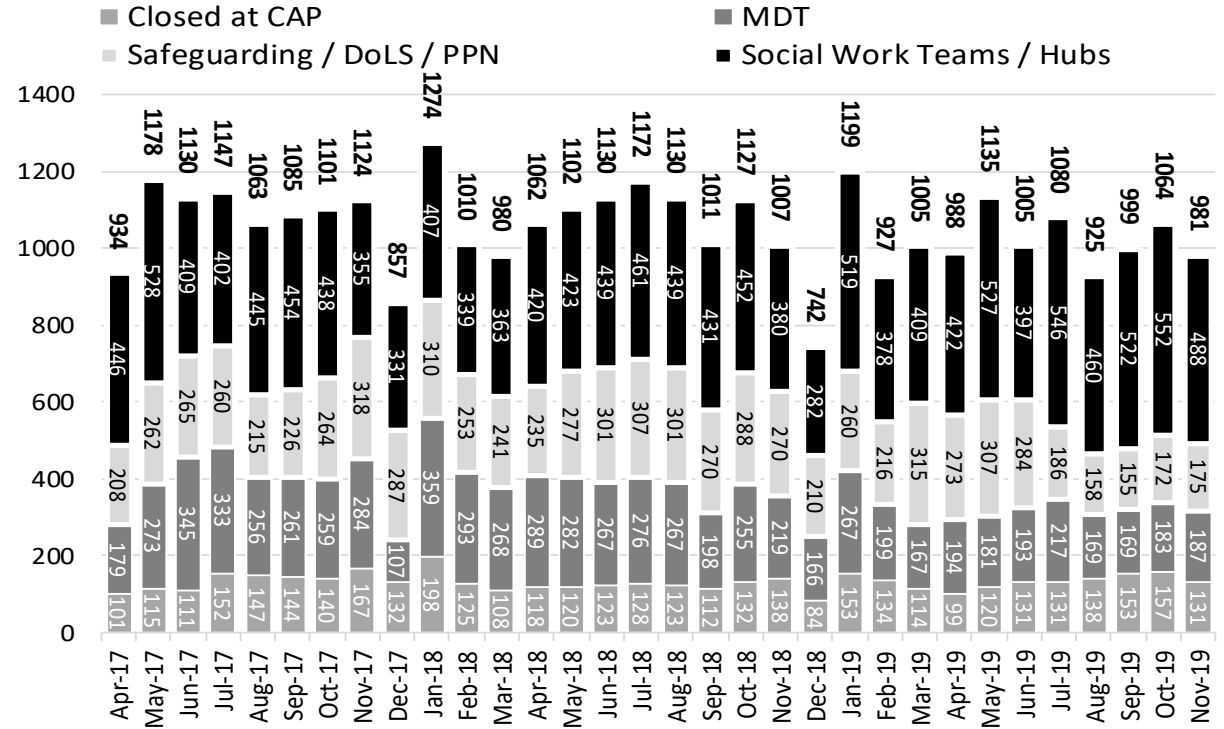
Enquiries Created At Common Access Point April 2017 - November 2019



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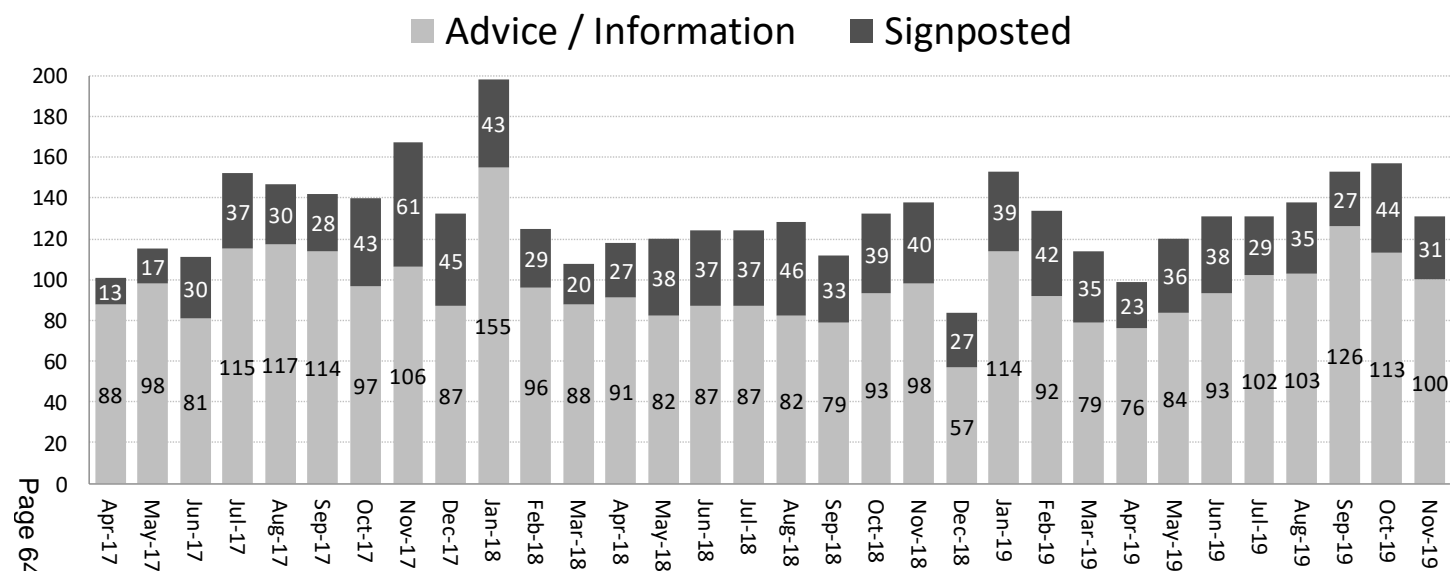
The summary data shown here reports on the initial determination of how the enquiry should be treated, whether completed at CAP; forwarded to other teams for assessment or processed as specialist safeguarding / protection enquiry.

## Enquiries Created At Common Access Point



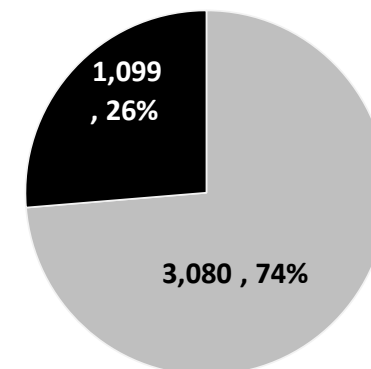
## Prevention & Early Intervention

### Enquiries Completed at the Common Access Point



### Enquiries Completed at Common Access Point 2017-2019

■ Advice / Information ■ Signposted



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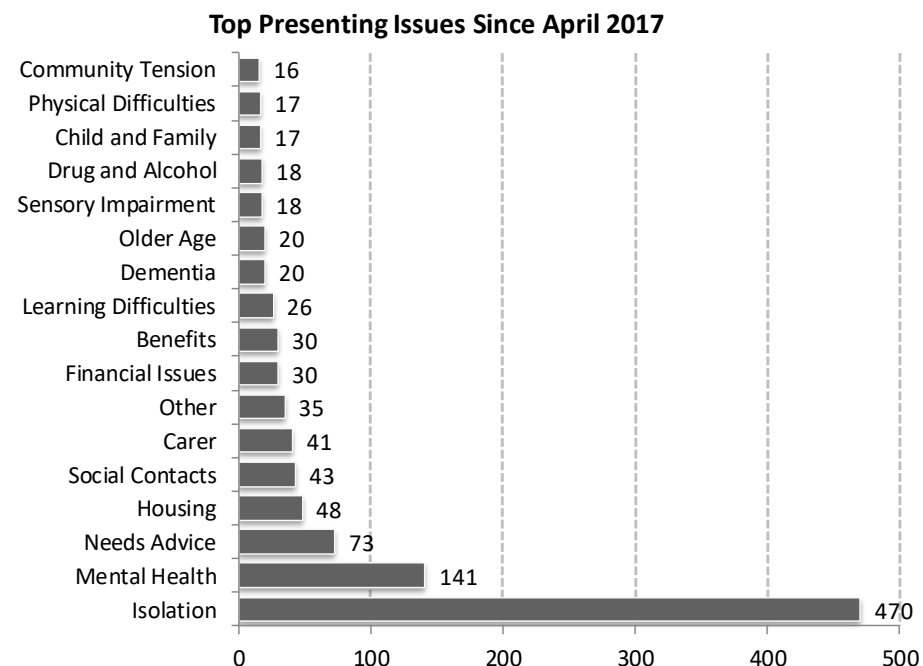
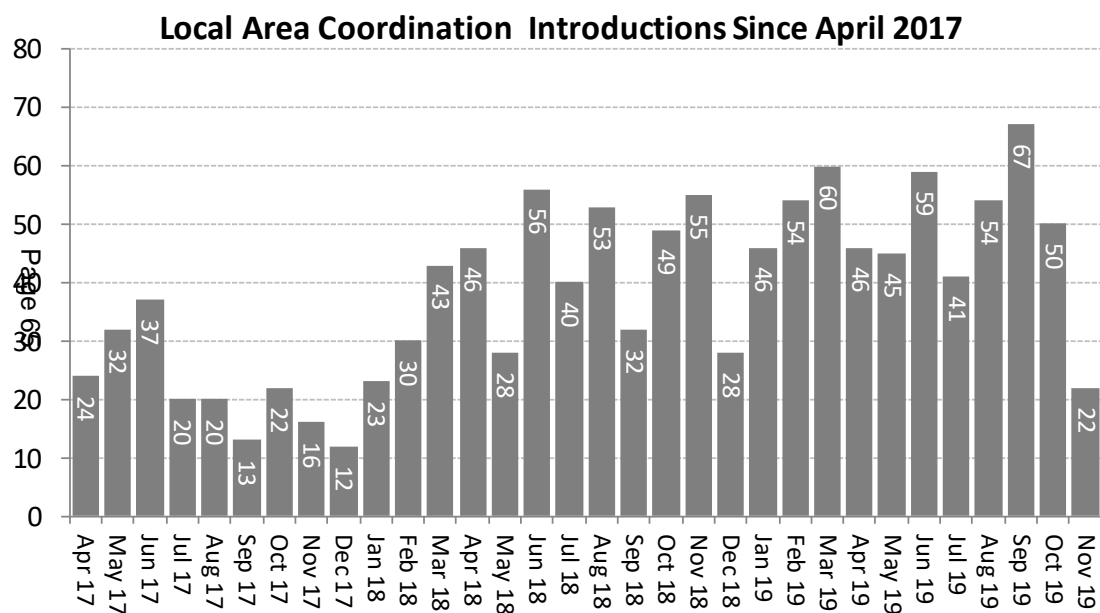
What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. 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 3 <sup>rd</sup> sector broker referrals.		Transformation Team staff continue to work with the service to improve Third Sector Broker recording processes.

## Prevention & Early Intervention

### 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 has met target during Q1 Q2, and Q3 2019/20.

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



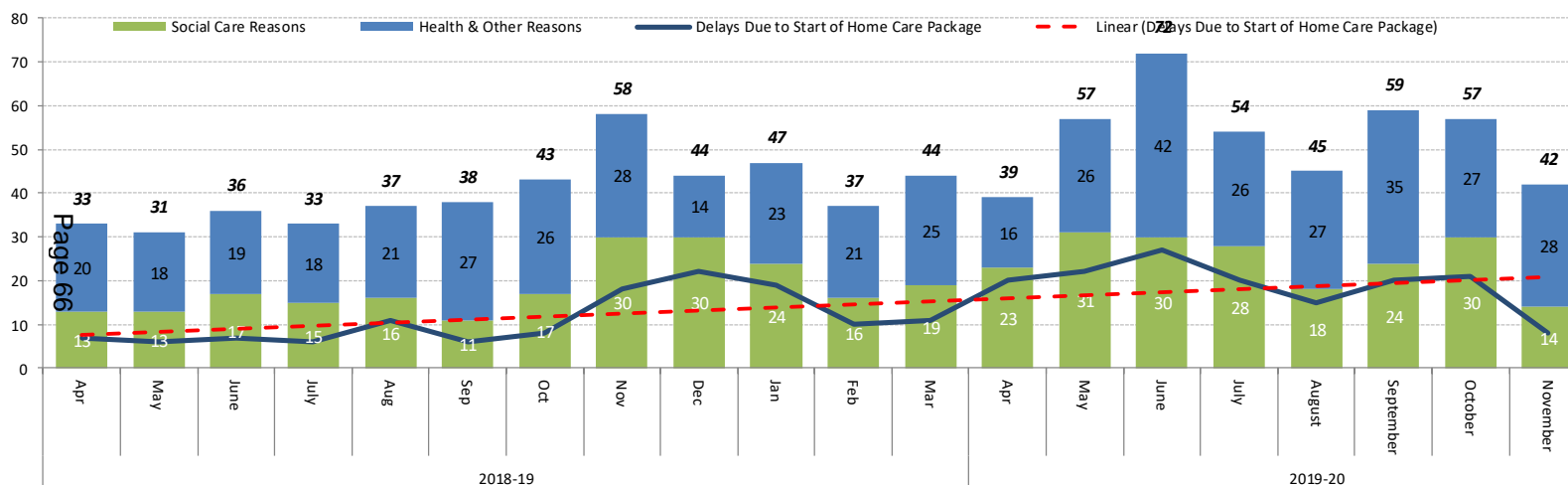
What is working well?	What are we worried about?	What are we going to do?
New introductions have been growing this year, recording info about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers for some periods.	Continue working to extract and report meaningful data from the new system.

# Delayed Transfers of Care

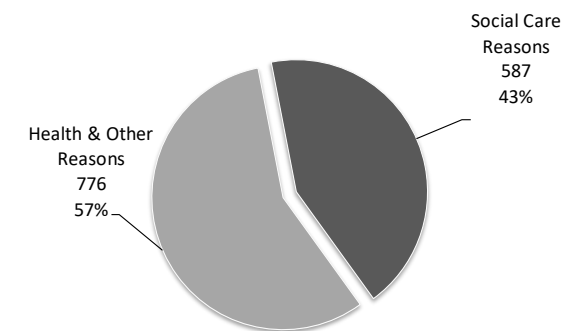
## Delayed Transfers of Care

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 8.7.

Spread of Delayed Transfers of Care



Reason for Delayed Transfers of Care  
Apr 2017 - November 2019



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.

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

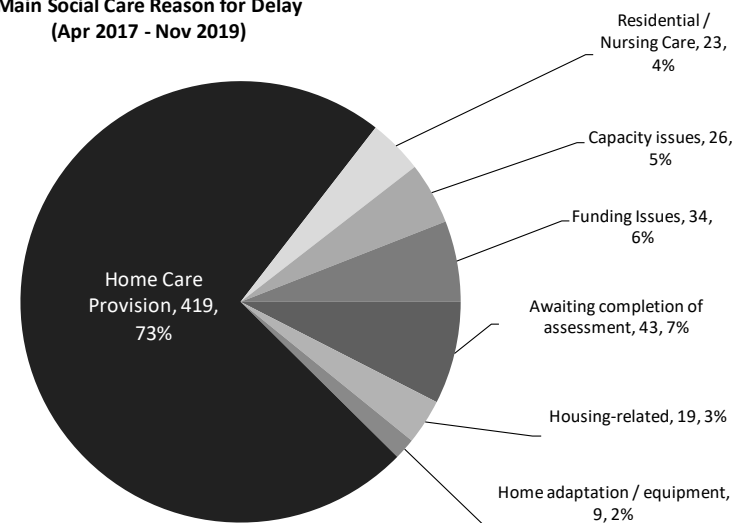
What is working well?	What are we worried about?	What are we going to do?
The arrangements for recording and reporting delayed transfers are well-established.	Significant worsening in numbers of individuals delayed due to waiting for package of home care.	We will continue to maintain focus on facilitating 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.	

## Delayed Transfers of Care

### Reasons for Social Care Delays

Social Care Reason for Delay - November 2019	People Delayed	% of Social Care Delays
2.01.02 Housing related: Sheltered	1	7.1%
2.03.01 Home Care related: Awaiting start of new home care package	8	57.1%
2.03.03 Home Care related: Other	2	14.3%
2.04.04 Care Home placement: Other	1	7.1%
2.06.01 Funding related: Assessment completed, awaiting funding aut	2	14.3%

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



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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 & Care Management

### Assessment and Care Management: Integrated Health and Social Care Service

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>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.</p> <p>For 2017/18, a target of 65% was set and increased to <b>70%</b> for 2018/19 and retained for 2019/20.</p>	<p>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.</p> <p>For 2017/18, performance was met the target at <b>68.4%</b>. For 2018/19, performance at end of March 2019 was <b>71.1%</b>, over the target. Performance in Q3 2019/20 is just under target at <b>69.28%</b>.</p>
<p>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.</p>	<p>Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments.</p> <p>We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.</p>
<p>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.</p>	<p>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.</p>

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

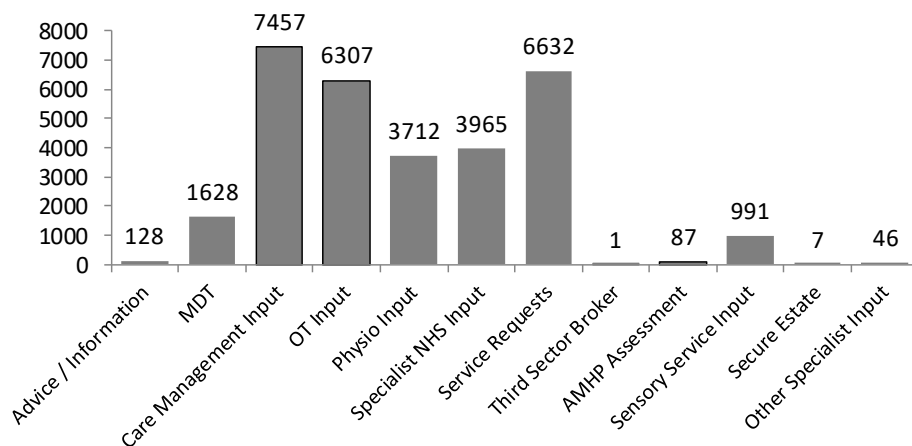
## Assessment & Care Management: Integrated Services

### Individuals who were subject of an enquiry April 2017 – November 2019

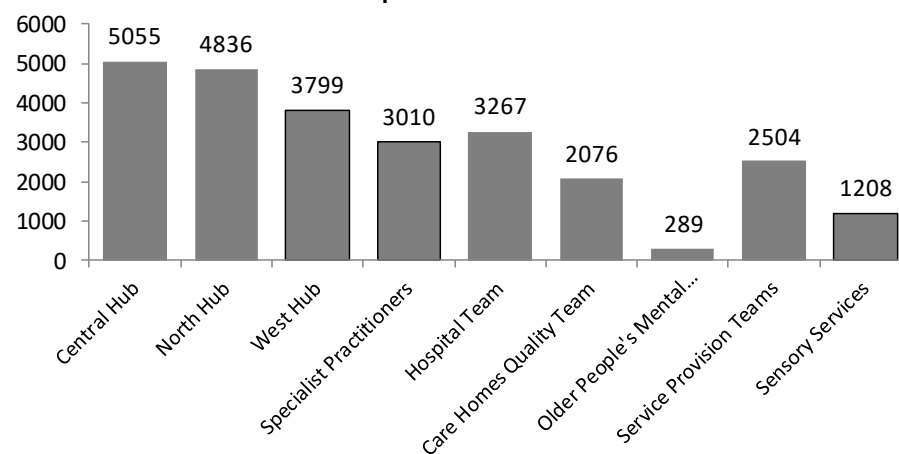
Enquiries - Number of People	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Tm	Service Provision Tms	Sensory Services	All Teams	% of all Types
MDT / Advice / Info	552	623	502	-	7	40	14	1	29	1,756	11.1%
Care Management Input	1,595	1,770	1,467		3,219	434	211	2	10	7,457	46.9%
OT Input	2,524	2,221	1,802	4	2		1			6,307	39.7%
Physio Input	1,509	1,206	1,126	1						3,712	23.4%
Specialist NHS Input	266	265	669	3,007			1	1	1	3,965	25.0%
Service Requests	1,500	1,454	666		231	1,792	39	2,503	376	6,632	41.7%
Other enquiries	5	26	4	3	22	1	79	-	998	1,132	7.1%
<b>No. of Individuals</b>	<b>5,055</b>	<b>4,836</b>	<b>3,799</b>	<b>3,010</b>	<b>3,267</b>	<b>2,076</b>	<b>289</b>	<b>2,504</b>	<b>1,208</b>	<b>15,887</b>	
<b>%ge of All Teams</b>	<b>31.8%</b>	<b>30.4%</b>	<b>23.9%</b>	<b>18.9%</b>	<b>20.6%</b>	<b>13.1%</b>	<b>1.8%</b>	<b>15.8%</b>	<b>7.6%</b>		

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**Number of People by Enquiry Type  
Apr 2017 - Nov 2019**



**Number of People by Enquiry Team  
Apr 2017 - Nov 2019**



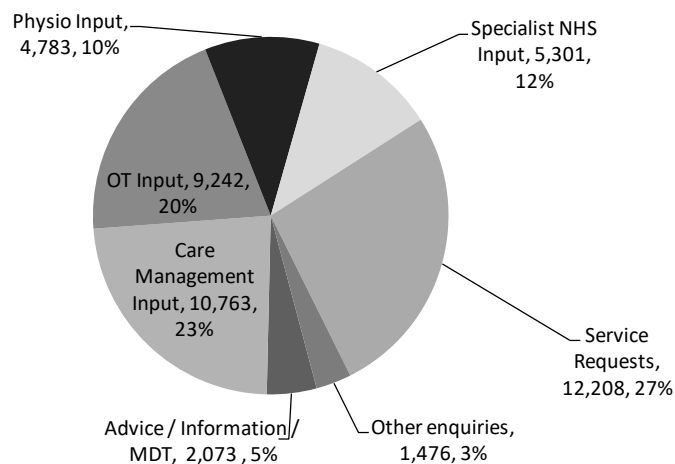
## Assessment & Care Management: Integrated Services

### Number of Enquiries by Team and Type of Enquiry April 2017 – November 2019

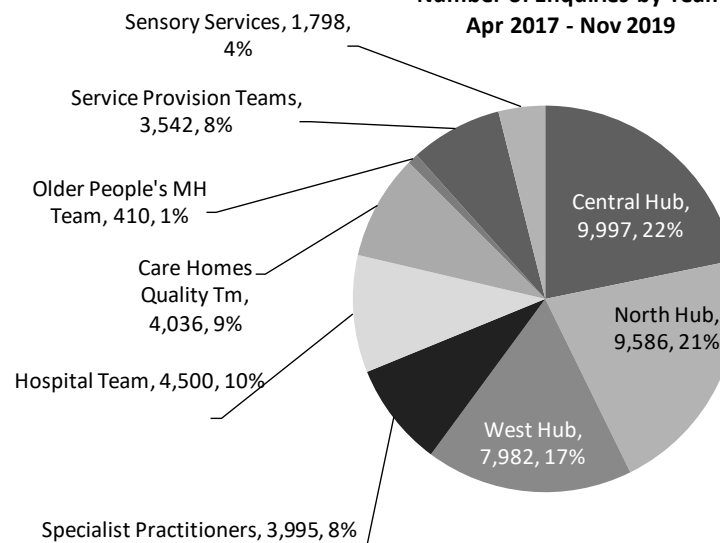
Type of Enquiry	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Team	Service Provision Teams	Sensory Services	All Teams	% of Enquiry Types
Advice / Information / MDT	644	735	601	-	8	41	14	1	29	2,073	4.5%
Care Management Input	1,961	2,058	1,772		4,214	508	238	2	10	10,763	23.5%
OT Input	3,501	3,094	2,640	4	2		1			9,242	20.2%
Physio Input	1,890	1,516	1,376	1						4,783	10.4%
Specialist NHS Input	280	285	745	3,987			2	1	1	5,301	11.6%
Service Requests	1,715	1,871	844		251	3,486	53	3,538	450	12,208	26.6%
Other enquiries	6	27	4	3	25	1	102	0	1,308	1,476	3.2%
<b>All Adult Services</b>	<b>9,997</b>	<b>9,586</b>	<b>7,982</b>	<b>3,995</b>	<b>4,500</b>	<b>4,036</b>	<b>410</b>	<b>3,542</b>	<b>1,798</b>	<b>45,846</b>	
<b>% of all Teams</b>	<b>21.8%</b>	<b>20.9%</b>	<b>17.4%</b>	<b>8.7%</b>	<b>9.8%</b>	<b>8.8%</b>	<b>0.9%</b>	<b>7.7%</b>	<b>3.9%</b>		

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**Number of Enquiries by Type  
Apr 2017 - Nov 2019**



**Number of Enquiries by Team  
Apr 2017 - Nov 2019**



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.

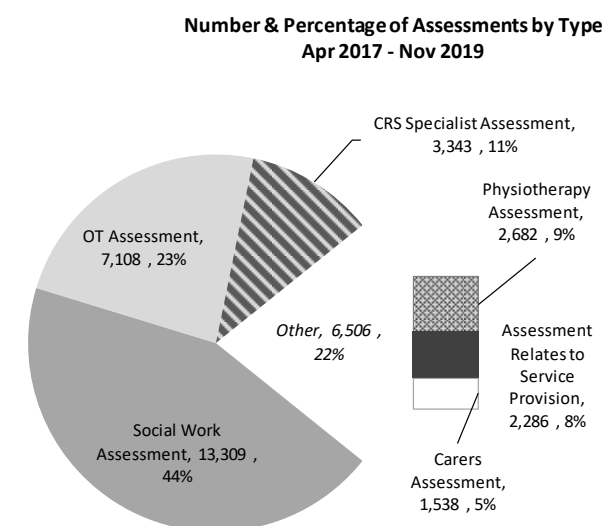


## Assessment & Care Management: Integrated Services

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 - November 2019									Ass'ts Completed	People Assessed
	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services		
Social Work Assessment	2,065	3,282	2,309		2,167	1,393	1,337	756	13,309	6,300
OT Assessment	2,855	2,597	1,656						7,108	6,295
Physiotherapy Assessment	1,037	849	795	1					2,682	2,320
CRS Specialist Assessment	294	853	394	1,802					3,343	2,006
Assessment Relates to Service Provision	818	764	704						2,286	1,966
Carers Assessment	369	559	477		37		95	1	1,538	1,293
<b>Number of Assessments Completed</b>	<b>7,438</b>	<b>8,904</b>	<b>6,335</b>	<b>1,803</b>	<b>2,204</b>	<b>1,393</b>	<b>1,432</b>	<b>757</b>	<b>30,266</b>	
<b>Number of People Assessed</b>	<b>4,119</b>	<b>4,384</b>	<b>3,046</b>	<b>944</b>	<b>1,719</b>	<b>924</b>	<b>487</b>	<b>675</b>		



'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.

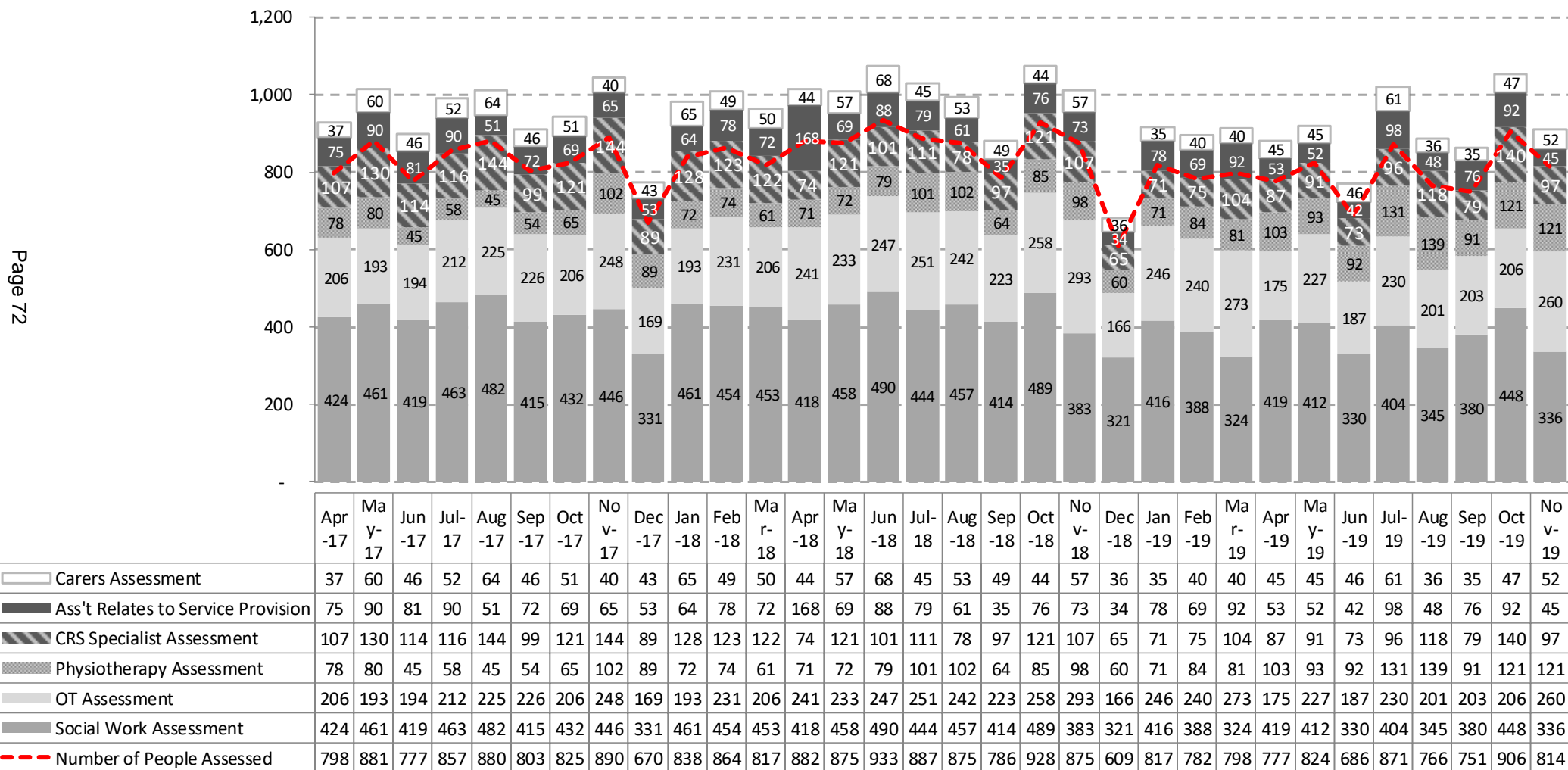
'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.

# Assessment & Care Management: Integrated Services

## Distribution of Assessments by Type and Over Time (Apr 2017 – Nov 2019)

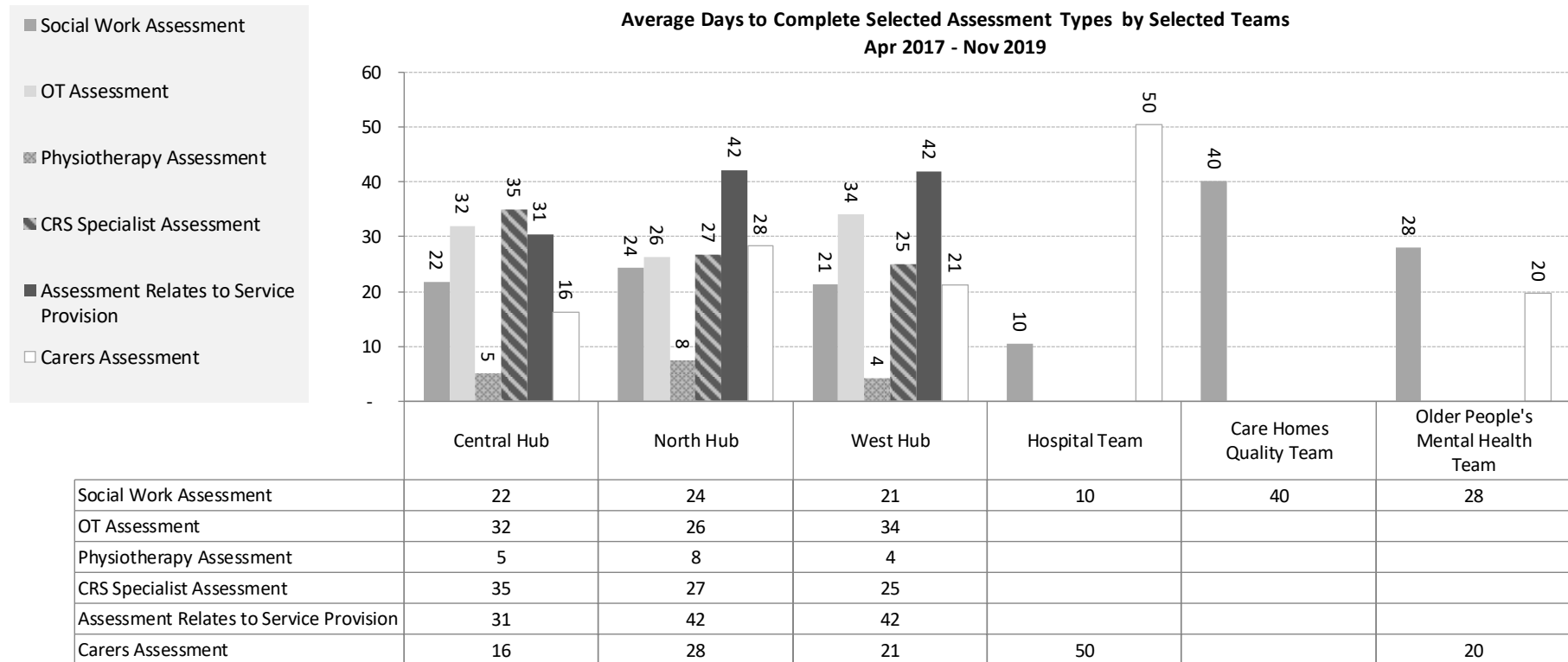
44% of completed assessments are social work assessments. Assessments for Occupational Therapy and Physiotherapy together account for 32% of all completed assessments. Thus social work assessments and OT / Physio assessments represent 3 out of 4 completed assessments.

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



# Assessment & Care Management: Integrated Services

## Average Time Taken to Complete Assessments by Type



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

## ***Assessment & Care Management: Integrated Services***

<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What are we going to do?</b>
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.

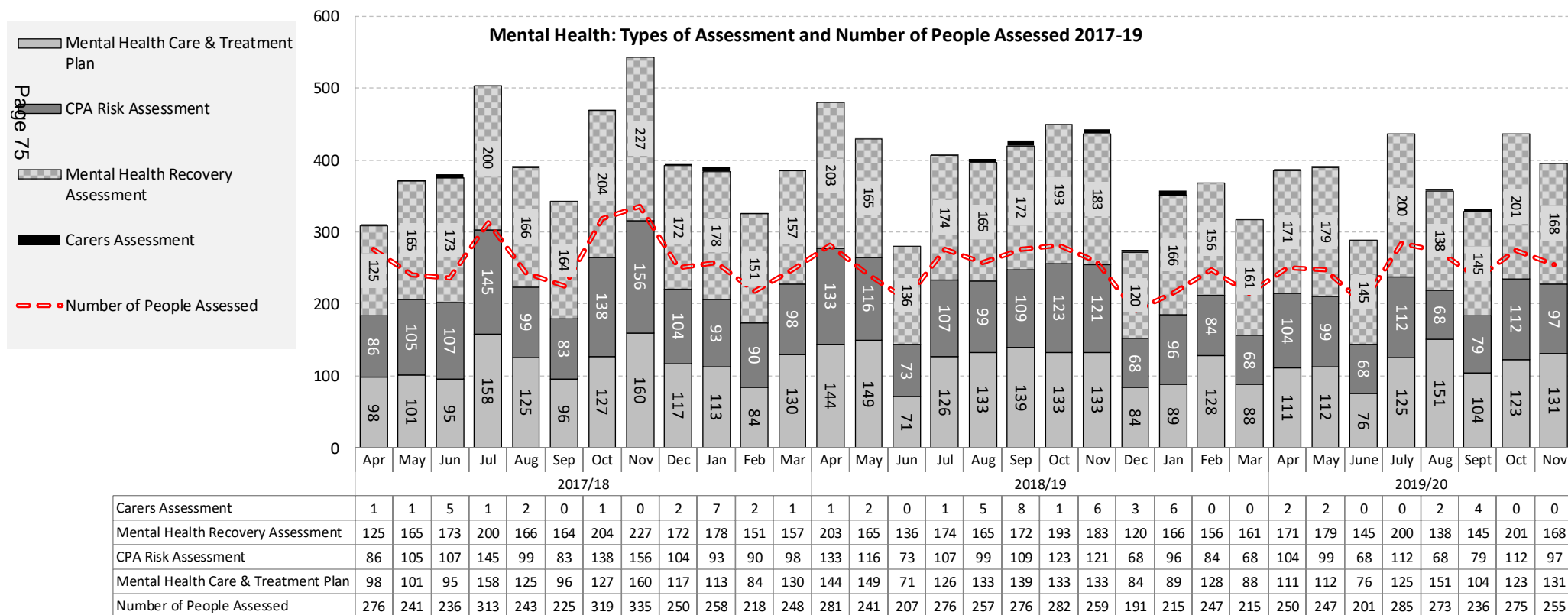
# Assessment & Care Management: Mental Health

## Assessment and Care Management: Mental Health

### Numbers and Types of Assessment

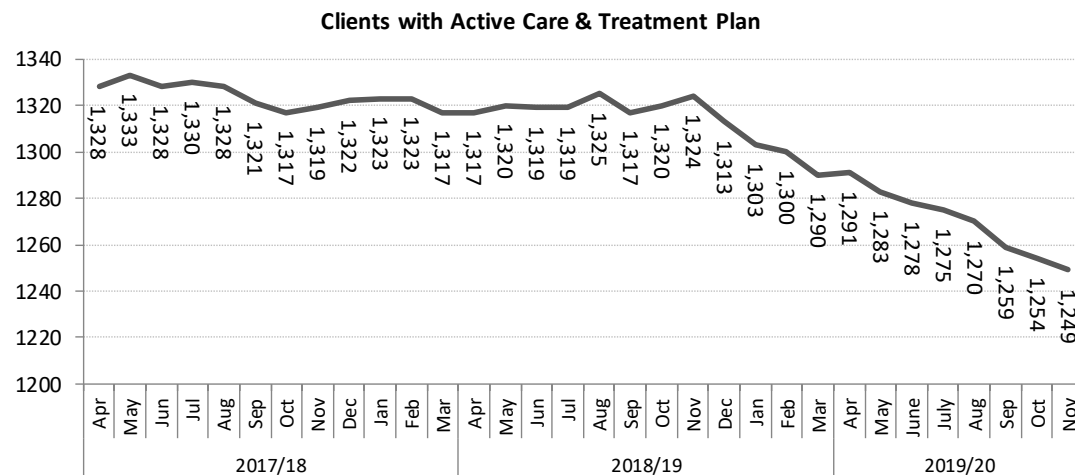
Recovery Plans are carried out for people who may have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a Care and Treatment Plan is carried out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



## Assessment & Care Management: Mental Health

### People with Active Care & Treatment Plan



The 'caseload' for the mental health service is relatively-well defined since the Mental Health Measure stipulates a mental health client should have an active Care and Treatment Plan.

The overall caseload for the mental health service has remained relatively stable 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.

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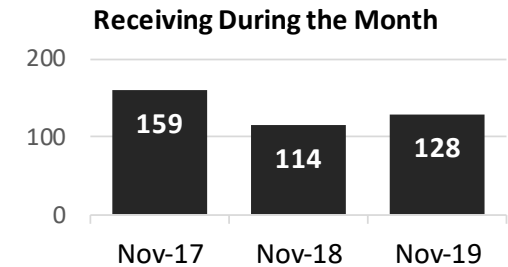
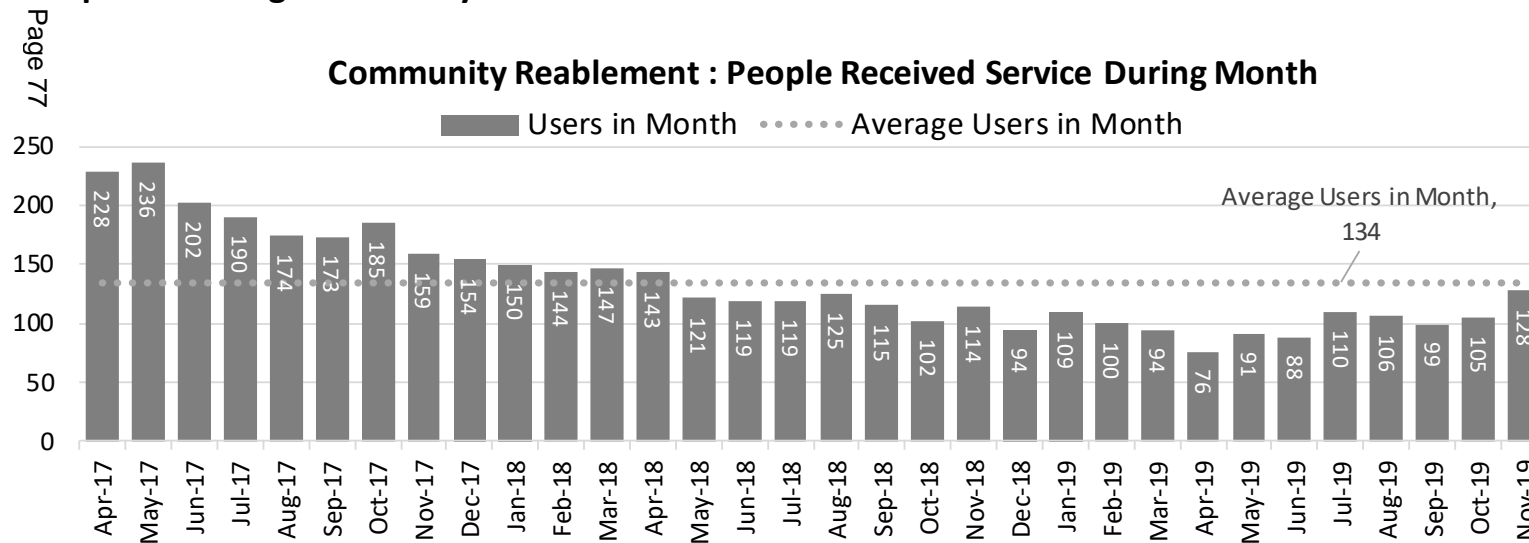
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training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

## Community Reablement

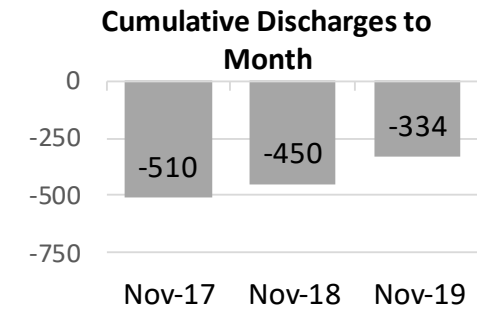
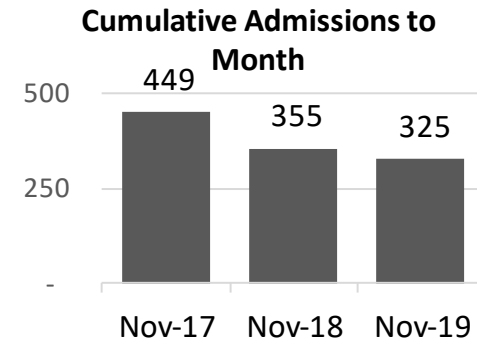
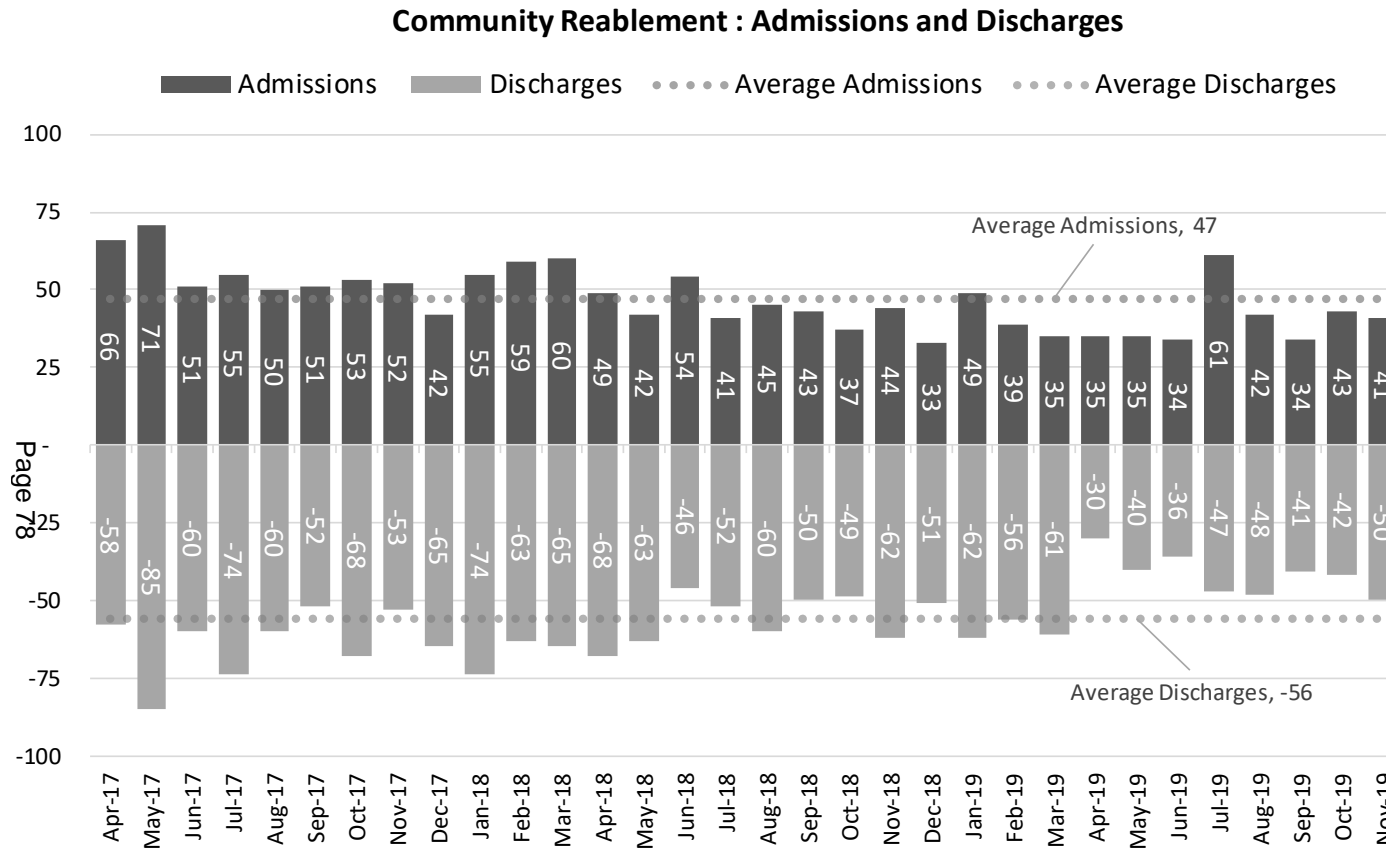
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective 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 <b>50%</b> applies.	Performance for whole of 2018/19 was <b>81.8%</b> and is running at <b>100%</b> 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 <b>25%</b> has been in place for some years.	For 2017/18 performance was <b>79.3%</b> , considerably exceeding target. 2018/19 performance was <b>90.4%</b> exceeding target and 2019/20 performance is running at <b>94.8%</b> .

### People Receiving Community Reablement



# Community Reablement

## New and Completed Community Reablement Episodes (formerly DCAS)

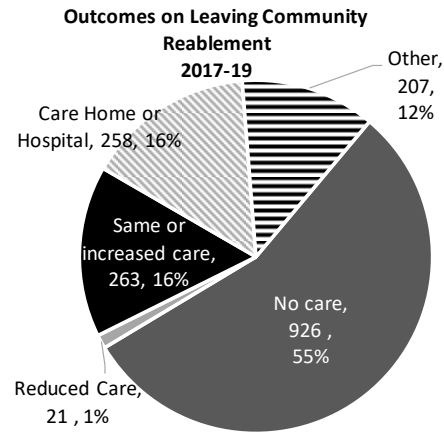




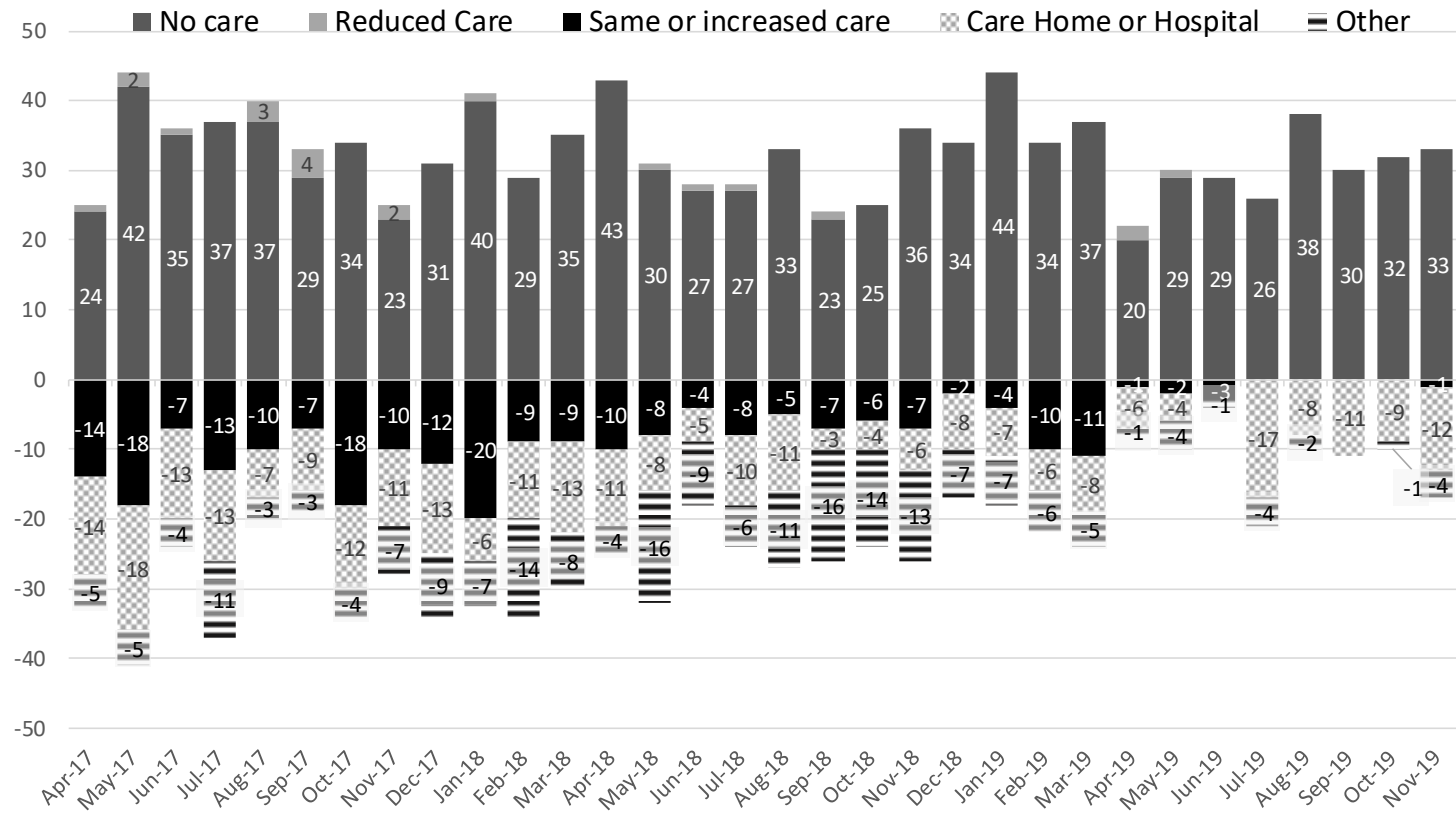
# Community Reablement

## 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.



Community Reablement: Outcomes on Leaving



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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.

## Community Reablement

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<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What are we going to do?</b>
	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

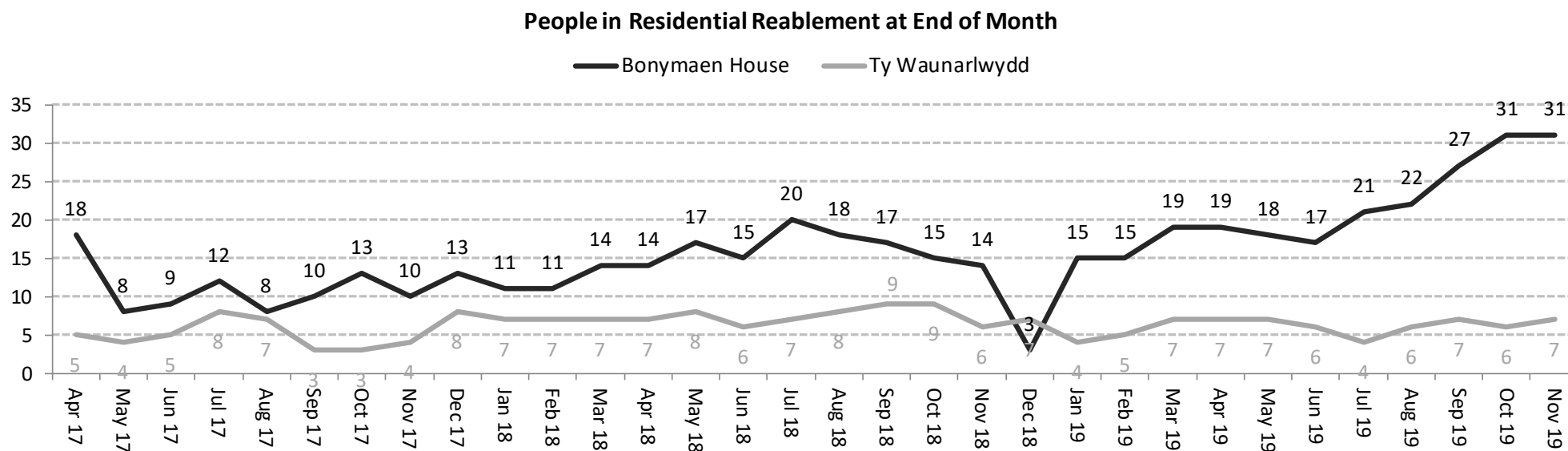
### Residential Reablement

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 <b>target was set at 58%</b> returning home.  The measure is no longer reported but we continue to examine our effectiveness.	From April 2018 to Nov 2019, of those leaving Bonymaen House <b>39%</b> returned home independently and <b>35%</b> with a care package.  For the same period, discharges from Ty Waunarlyydd home were <b>16%</b> and <b>41%</b> 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 November 2019.

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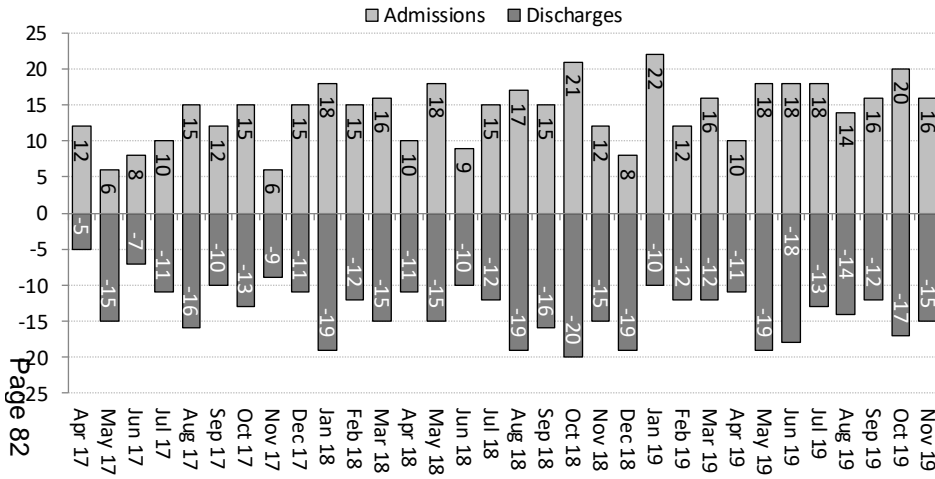


# Residential Reablement

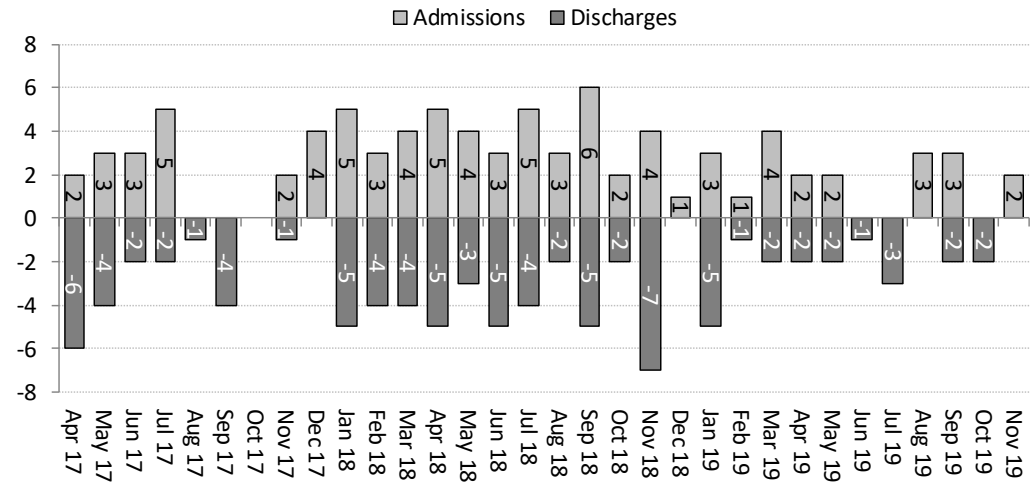
## Admissions to /Discharges from Residential Reablement

Admission trends for Ty Waunarlyydd 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 Waunarlyydd Reablement Admissions and Discharges



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## 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.

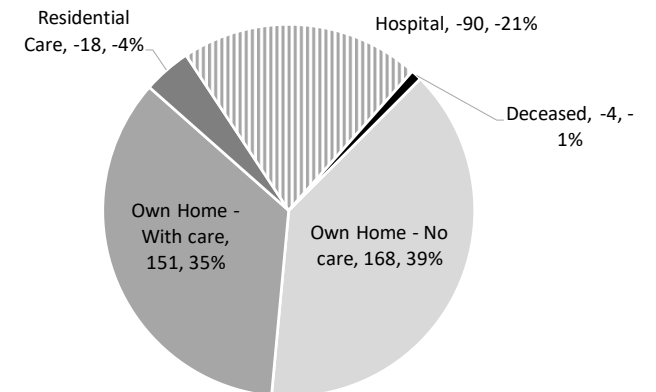
The capacity was reduced by 4 beds in January 2019 due to additional support needs of current residents.

Since April 2017, the cumulative sum of discharges was 432. Of these, 39% returned to their own homes independently, with an additional 35% receiving a package of care at home.

The total percentage of people returning home independently and or with a care package was 74%.

The most numerous category for people that did not return home was Hospital (21%).

Bonymaen House Discharges April 2017 - November 2019



# Residential Reablement

## Ty Waunarlyydd

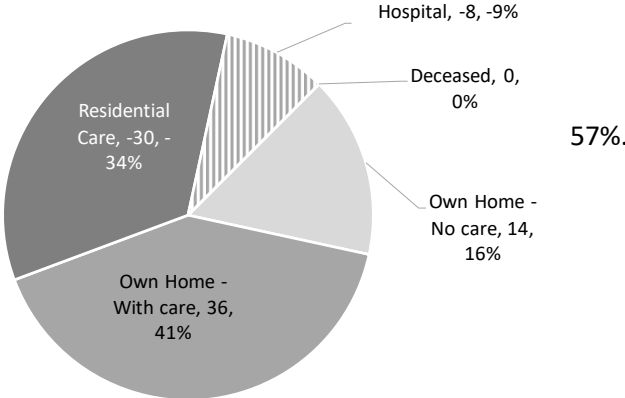
### 8 Assessment Beds.

Since April 2017, the cumulative discharges were 86.

Of these 16% returned to their own homes independently, while 41% returned home with care packages. The total percentage of people returning home independently and or with a care package was

There were no discharges for Nov 2019.

Ty Waunarlyydd Discharges April 2017 - November 2019



## **Residential Reablement**

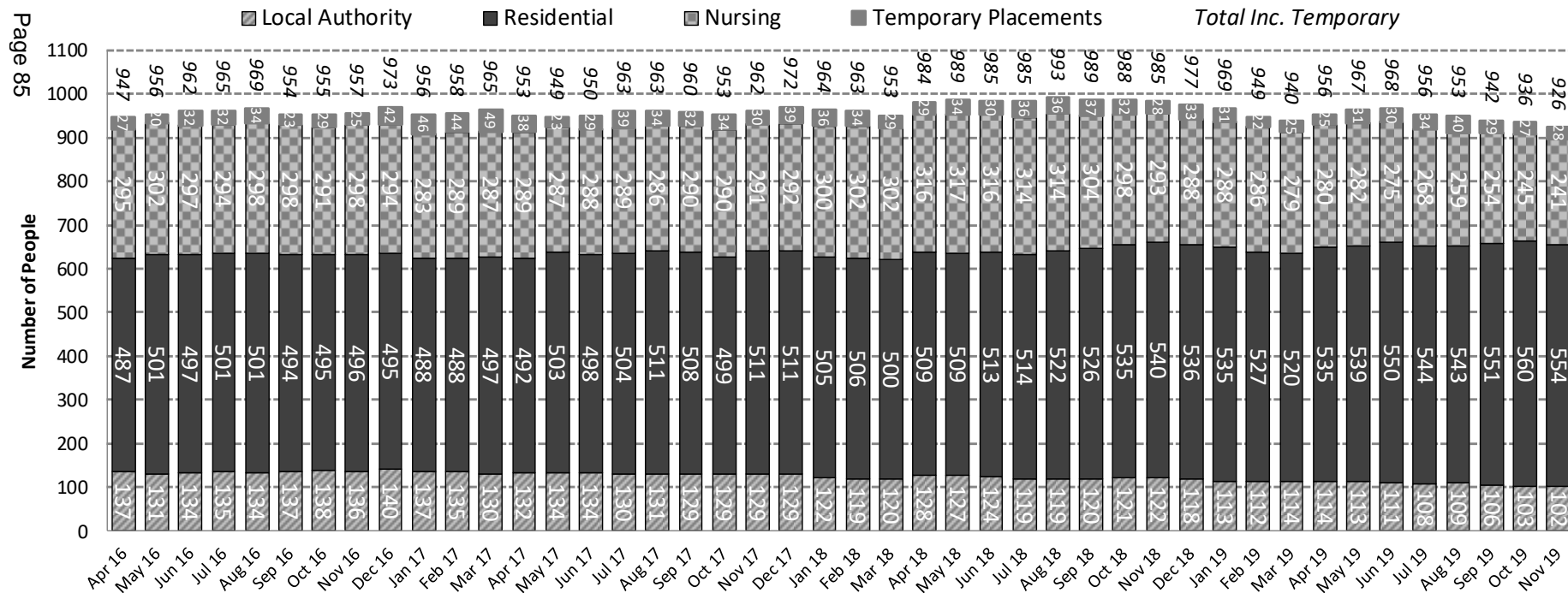
<b>What is working well?</b>	<b>What are we worried about?</b>	<b>What are we going to do?</b>
<p>Both services work to support people to be as independent as possible by enabling them to return to their own home, independently or with a care package.</p> <p>Services usage information is provided monthly, enabling reports to be completed.</p> <p>Prior to reporting, a draft is shared with reablement services. Enabling any discrepancy's to be identified and amended before presentation.</p>	<p>Ty Waunarlwydd predominantly supports people living with dementia.</p> <p>Between April 2017 and November 2019, 57% of all discharges returned home, predominately being supported with a care package.</p> <p>However, some of these referrals may be deemed inappropriate, for example, where the person's condition has progressed to the stage that they are more likely to be discharged to residential accommodation.</p> <p>The average stay within Ty Waunarlwydd exceeds 42 days, which is the assessment period.</p> <p>Reasons for longer stays include waiting for a long term residential placement to become available, the unavailability of equipment or a suitable discharge destination .</p> <p>Once the assessment has been completed, or the 42 day assessment period has lapsed the person can be charged for their exceeded stay. However this was not always been possible where the service may be deemed responsible for the prolonged stay – see above. This has resulted in potential loss of revenue and a reduction in bed capacity.</p>	<p>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.</p> <p>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.</p> <p>We will review the pathway and resources available in the community to ensure a speedy discharge.</p> <p>The above actions will form part of the reshaping of internal care home services as part of the Adult Services model, under the Older People's Commissioning Review, phase 2.</p>

# Residential / Nursing Care

## Residential / Nursing Care for Older People

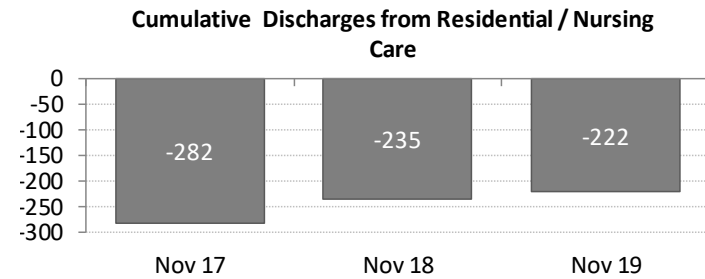
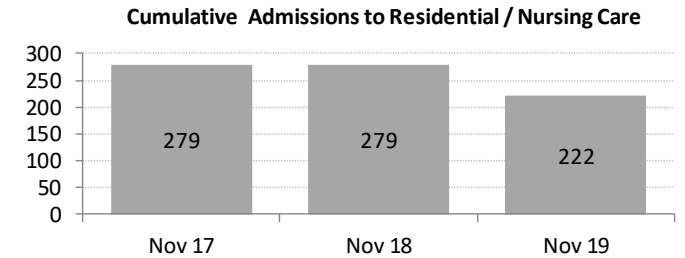
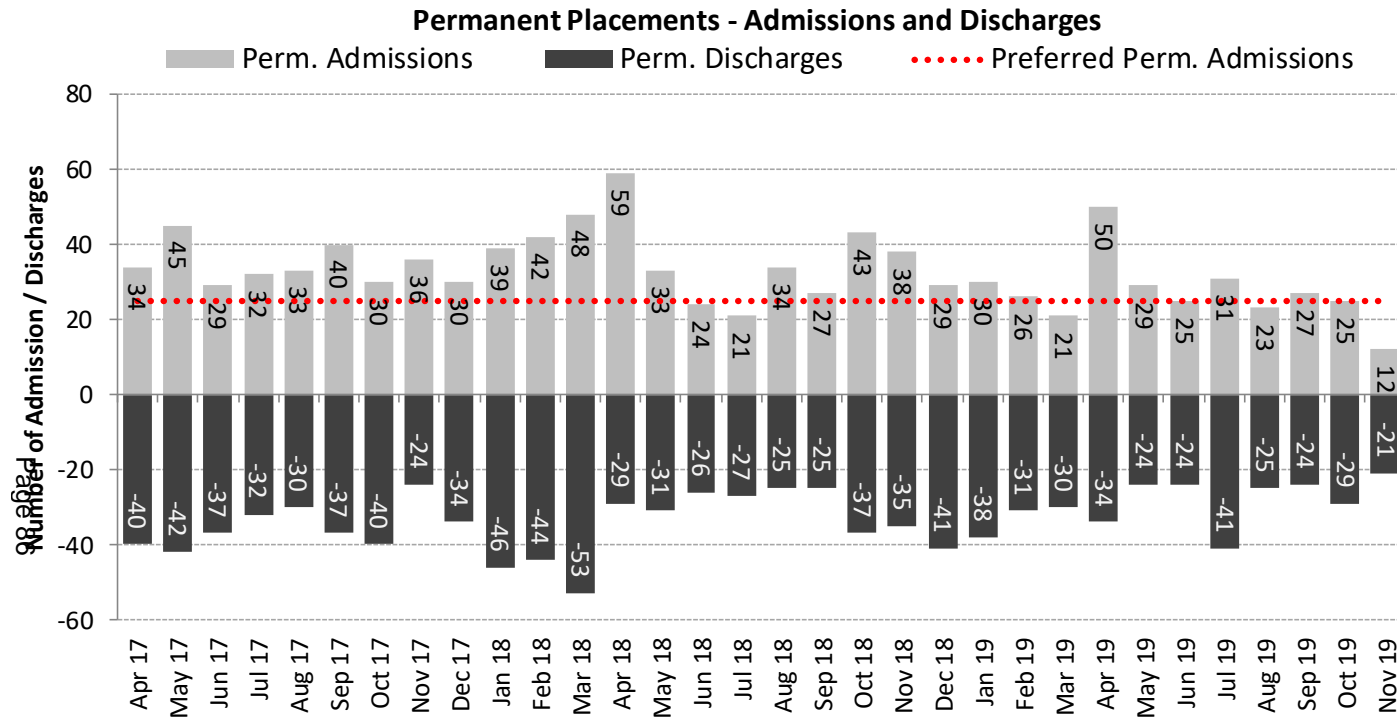
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at 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.	For 2017/18, Measure 21 was <b>921.8</b> and Measure 22 was <b>83.7</b> .
While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	For 2018/19, the annual result was <b>943.9</b> (poorer) and <b>81.9</b> (poorer) respectively.
	Up to the end of Oct 2019, performance was <b>946.9</b> and <b>83.1</b> 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



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

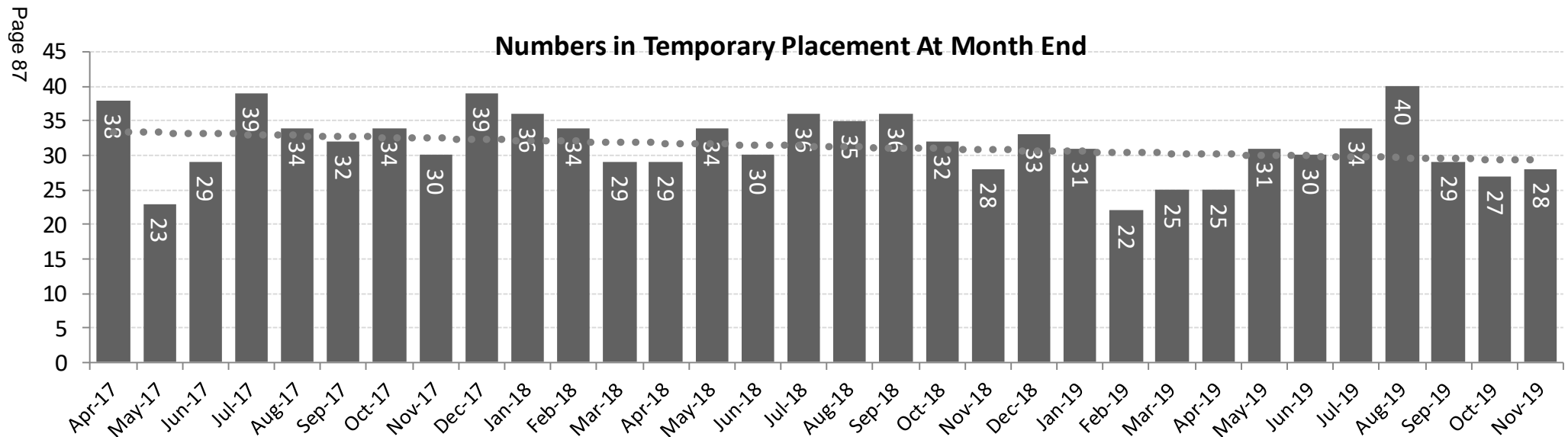
### Temporary Admissions to Residential / Nursing Care

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.

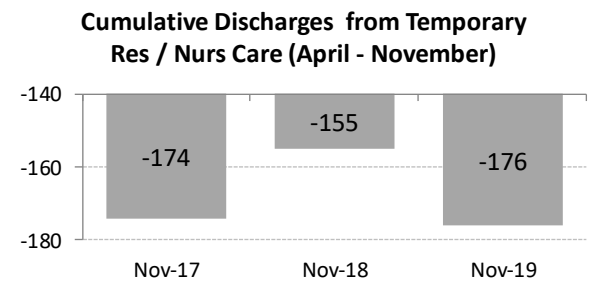
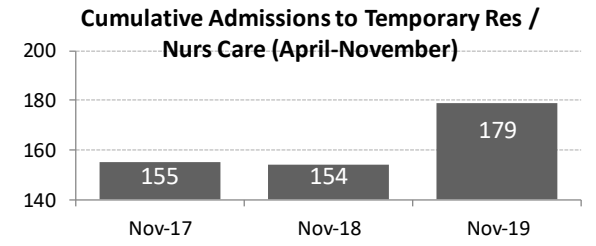
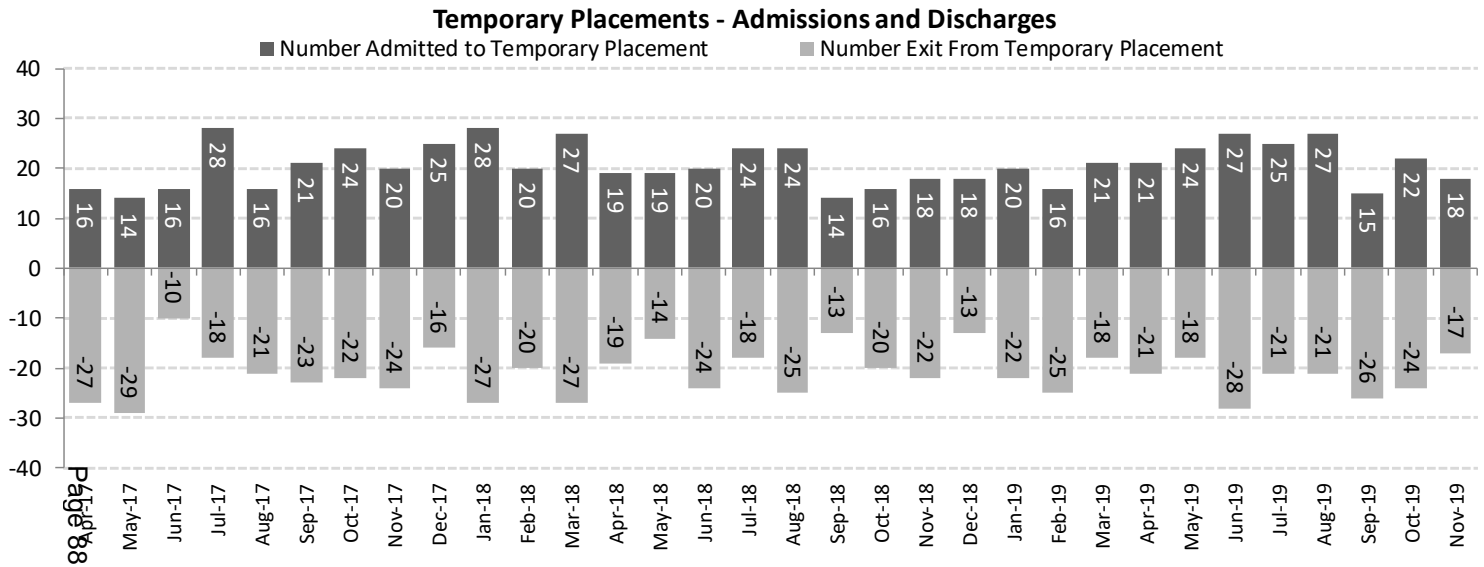
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a similar rate to 2018/19.
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



# Residential / Nursing Care

## Admissions to and Discharges from Temporary Residential / Nursing Care



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

# Residential / Nursing Care

## Destination on Discharge from Temporary Residential / Nursing Placements

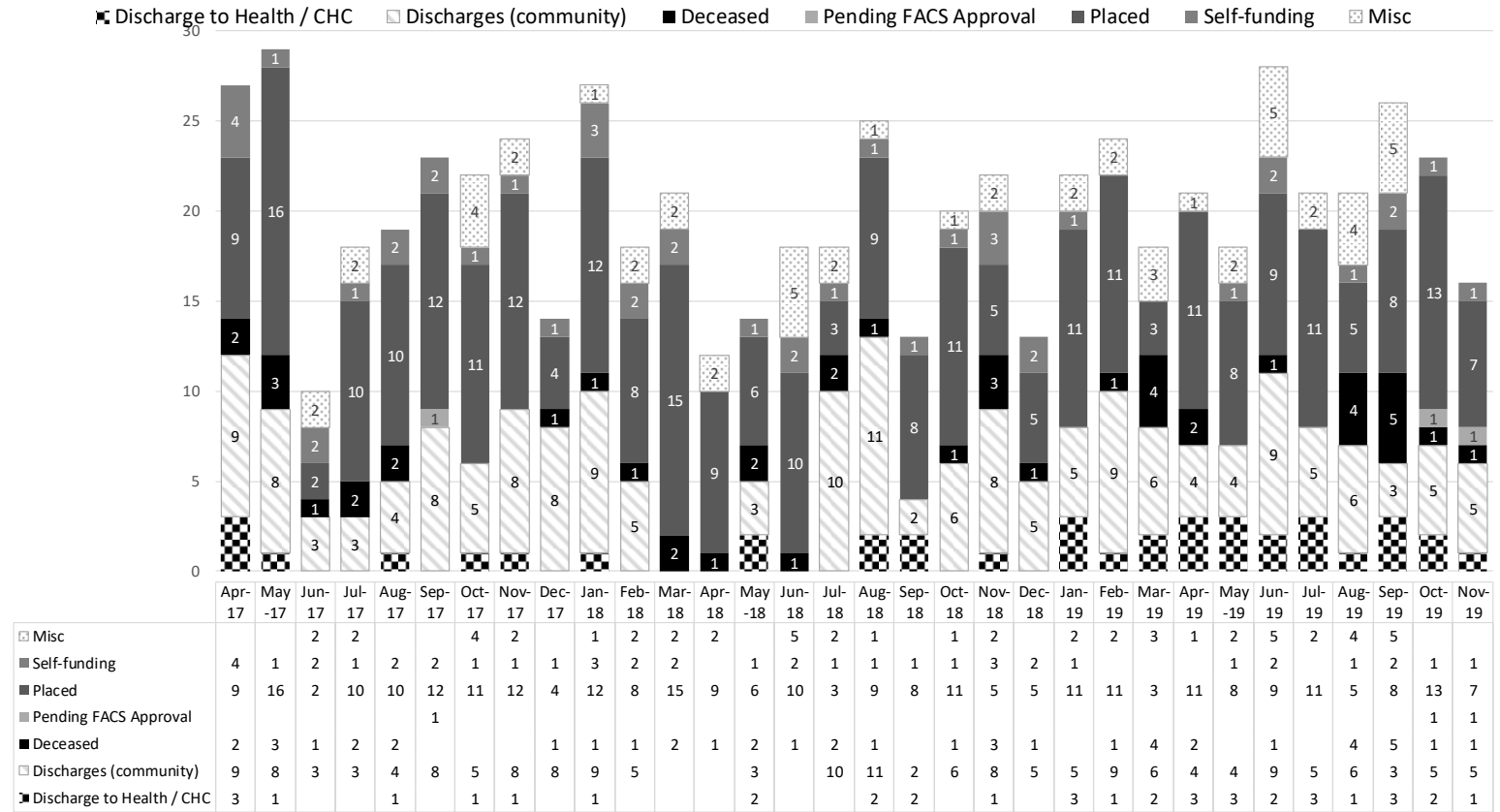
The chart opposite shows the destination of people who have ceased to be in a temporary placement.

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



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.

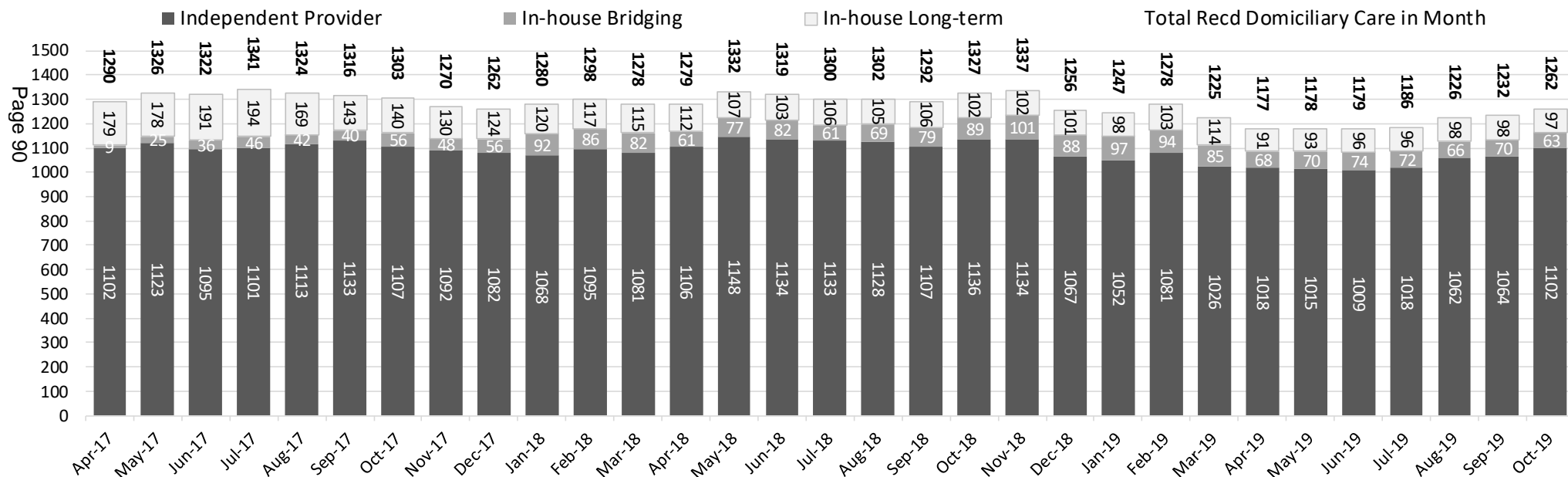
## Long-Term / Complex Domiciliary Care

### Providing Long-Term Domiciliary Care

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

### People receiving a domiciliary care package

#### Number Receiving Domiciliary Care During Month



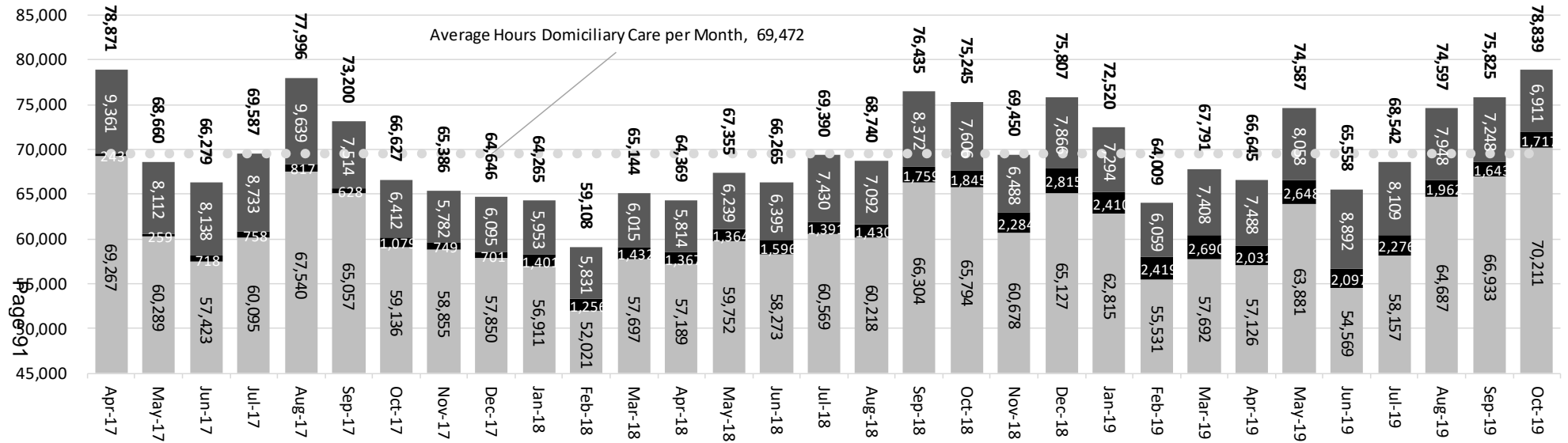
# Long-Term / Complex Domiciliary Care

## Monthly Total Hours of Care Provided

### Domiciliary Hours Provided During Month

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

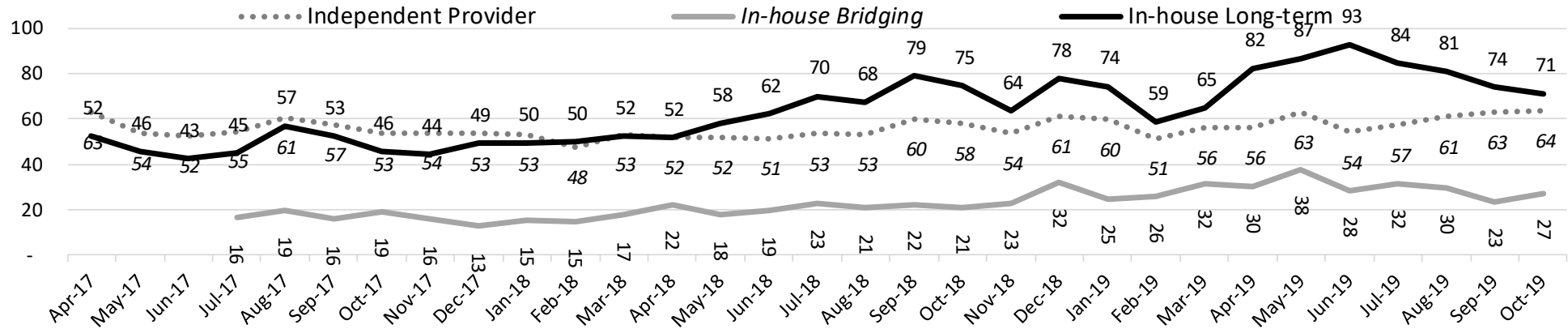
### Total Hours Domiciliary Care Provided



# Long-Term / Complex Domiciliary Care

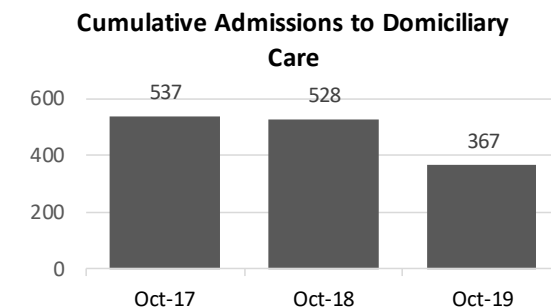
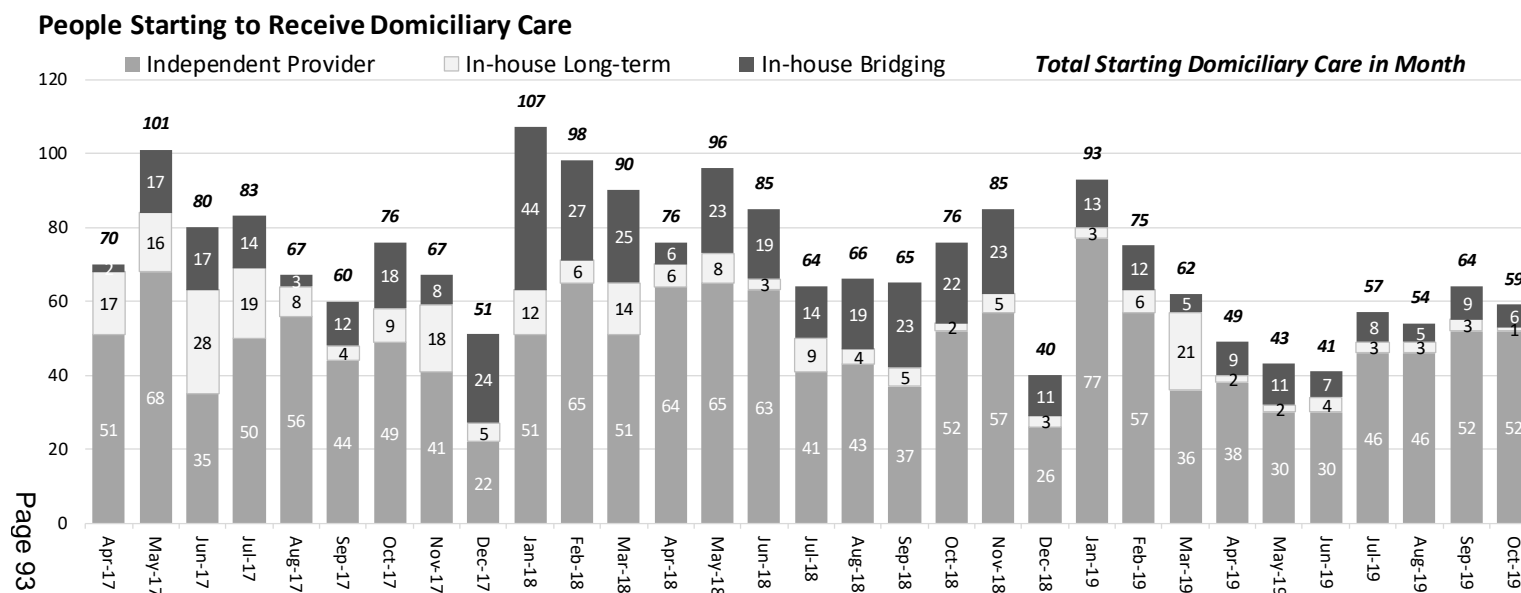
## Average Home Care Hours Provided

### Average Monthly Hours of Domiciliary Care Provided by ProviderType



# Long-Term / Complex Domiciliary Care

## People starting to receive a domiciliary care package



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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.

## 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 <i>24 hours</i> . A local target for 2017/18 was set to achieve <b>higher than 65%</b> 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 <b>63.7%</b> . Whole-year 2018/19 performance was below target at <b>55.3%</b> . Performance in 2019/20 is below target at <b>50.5%</b>
National Indicator: Measure 18: The percentage of adult protection enquiries completed within <i>7 days</i> . A local target for 2017/18 was set to achieve <b>higher than 90%</b> 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 <b>85.1%</b> in 2019/20.



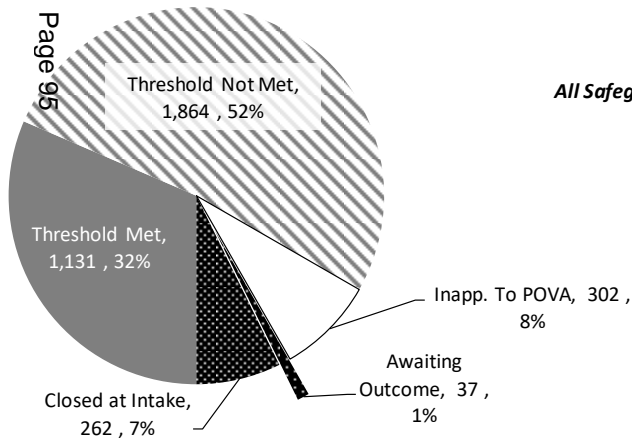
# Safeguarding & Deprivation of Liberty Safeguards (DoLS)

## Safeguarding Enquiries and Outcomes

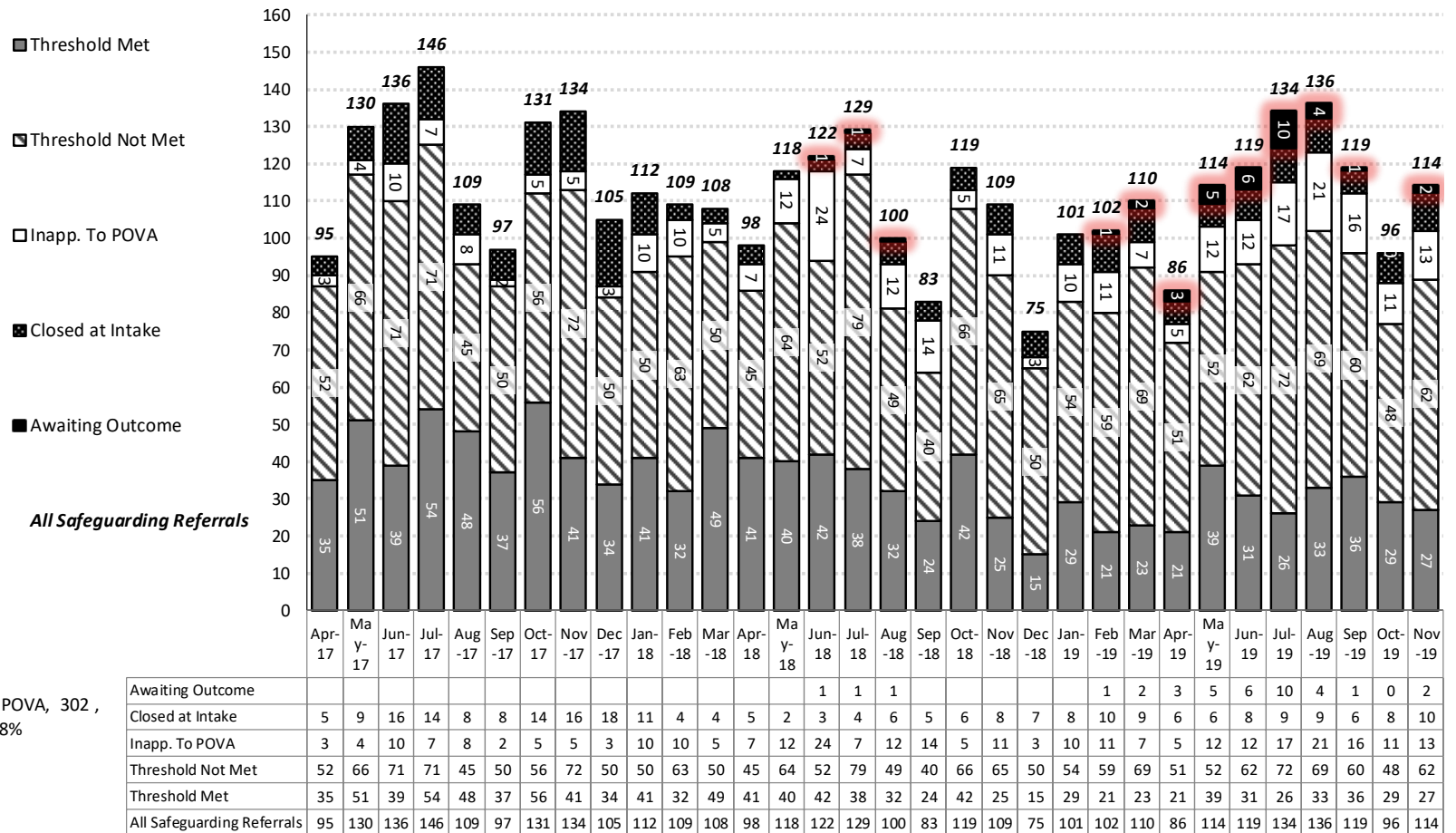
The graphs show that of the 3,396 safeguarding enquires completed since April 2017, 32% met the threshold for investigation and 52% did not meet the threshold.

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

Outcomes of Safeguarding Enquiries:  
Apr 2017 - Nov 2019



Outcomes of Safeguarding Enquiries

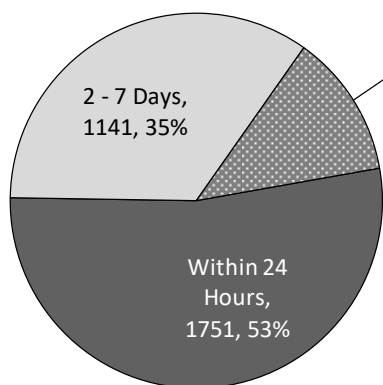


What is working well?	What are we worried about?	What are we going to do?
Numbers are remaining relatively constant.	Some recording and compliance issues remain amongst some staff.	Information has been passed by the Performance Team to the relevant Principal Officers to highlight these issues.

# Safeguarding & Deprivation of Liberty Safeguards (DoLS)

## Timeliness of Completion of Safeguarding Enquires

Safeguarding Thresholds Completed In Timescale: Apr 2017 - Nov 2019

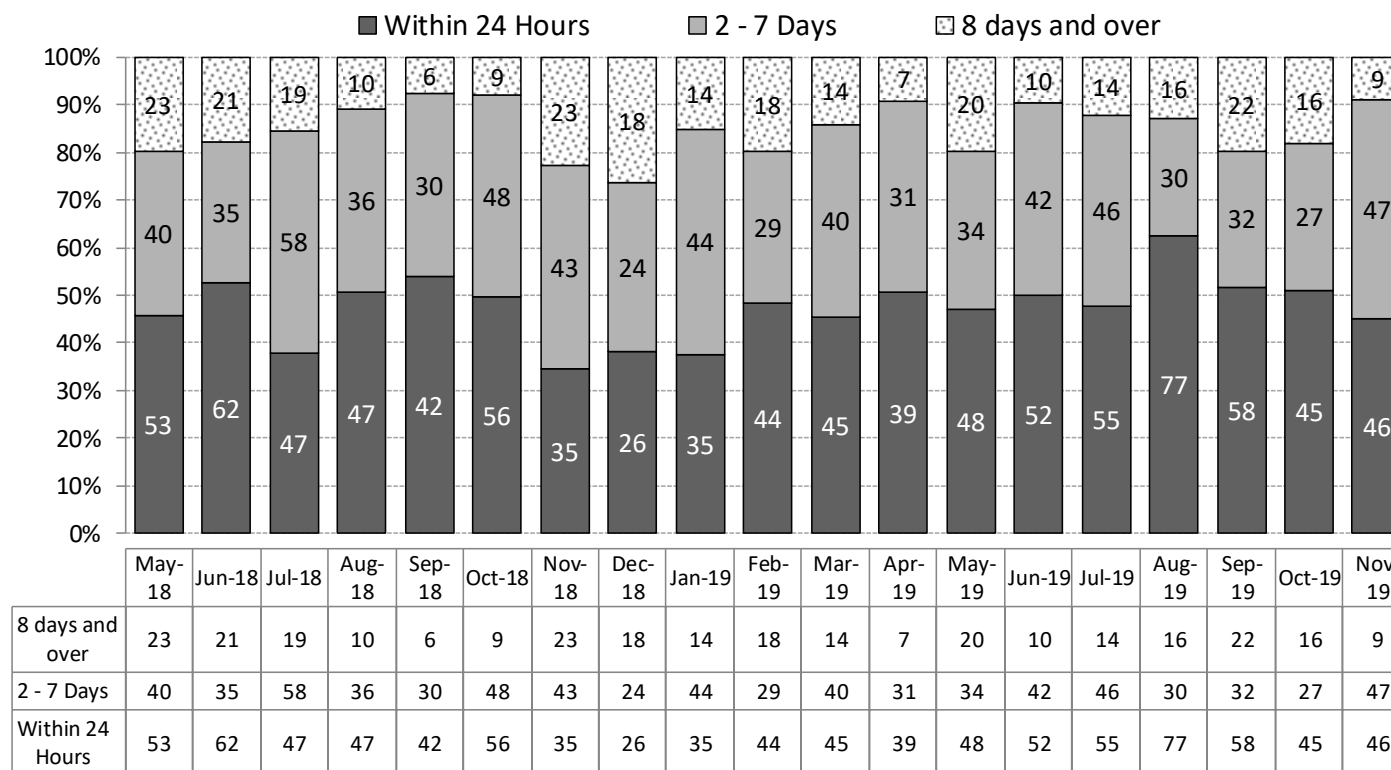


8 days and over, 410, 12%

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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



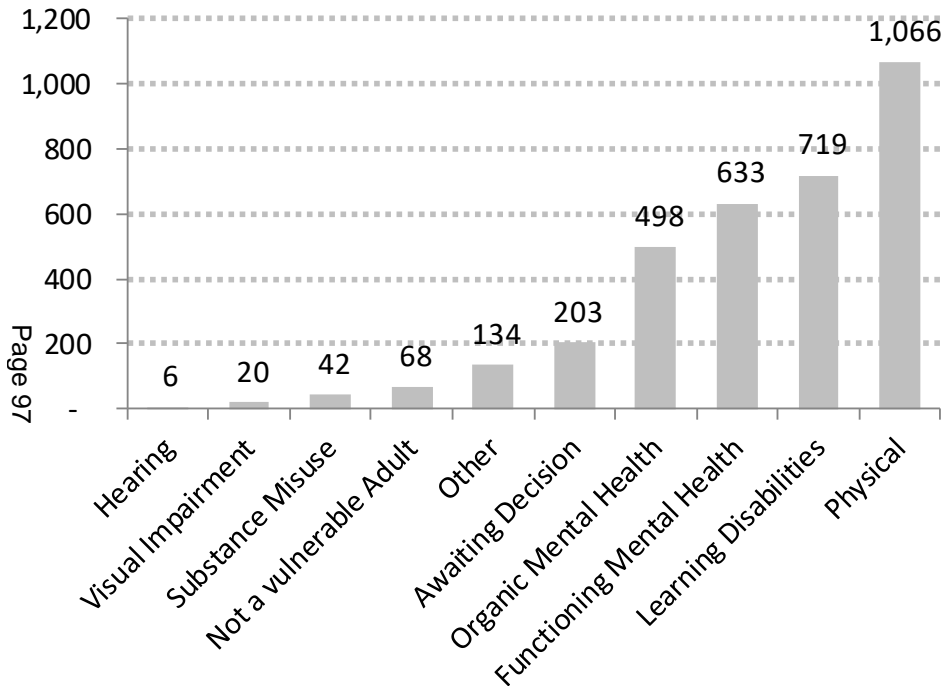
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
8 days and over	23	21	19	10	6	9	23	18	14	18	14	7	20	10	14	16	22	16	9
2 - 7 Days	40	35	58	36	30	48	43	24	44	29	40	31	34	42	46	30	32	27	47
Within 24 Hours	53	62	47	47	42	56	35	26	35	44	45	39	48	52	55	77	58	45	46

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.

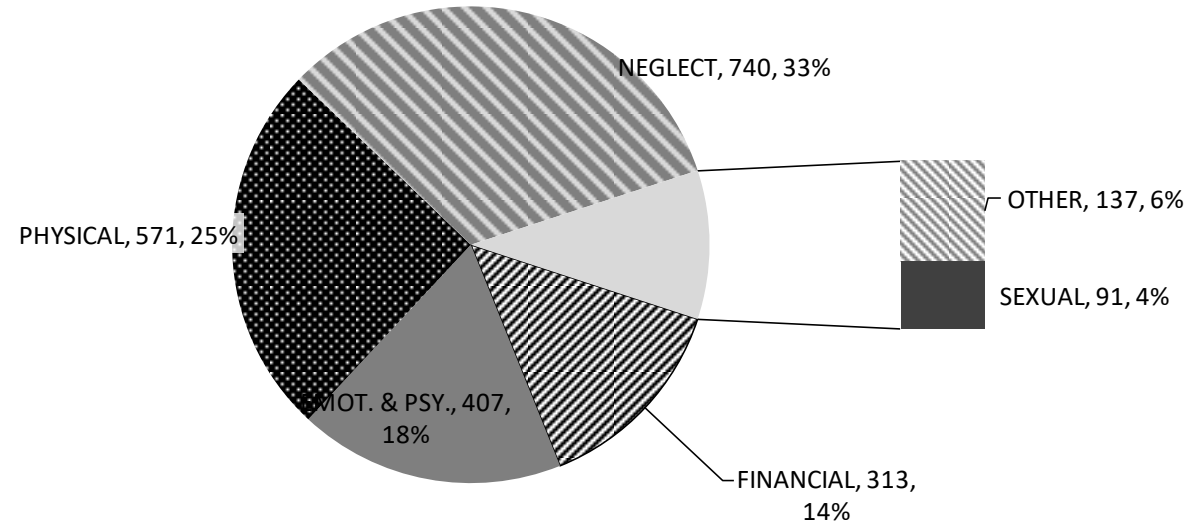
# Safeguarding & Deprivation of Liberty Safeguards (DoLS)

## Categories of Vulnerability and of Alleged Abuse

**Main Category of Vulnerability  
Apr 2017 - Nov 2019**



**Types of Abuse Reported in VA1 Apr 2017 - Nov 2019**



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.

# Safeguarding & Deprivation of Liberty Safeguards (DoLS)

## Deprivation of Liberty Safeguards (DoLS)

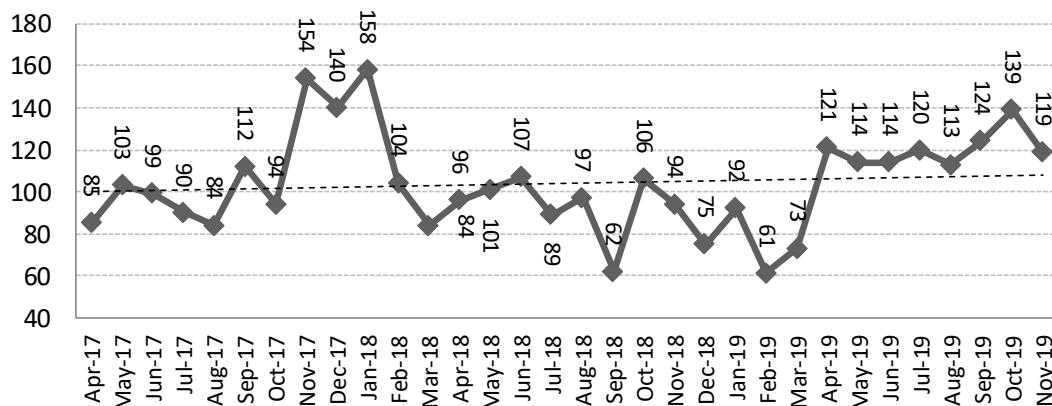
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not 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 <b>60% or higher</b> for 2017/18. Target increased to <b>70%</b> for 2018/19 and 2019/20.	Performance for 2017/18 improved to <b>59.7%</b> and was slightly below the target. For 2018/19, performance dropped to <b>56.1%</b> and thus below target performance. Further improvements continued as the new working arrangements bedded in and current performance is now <b>64.81%</b> .
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.

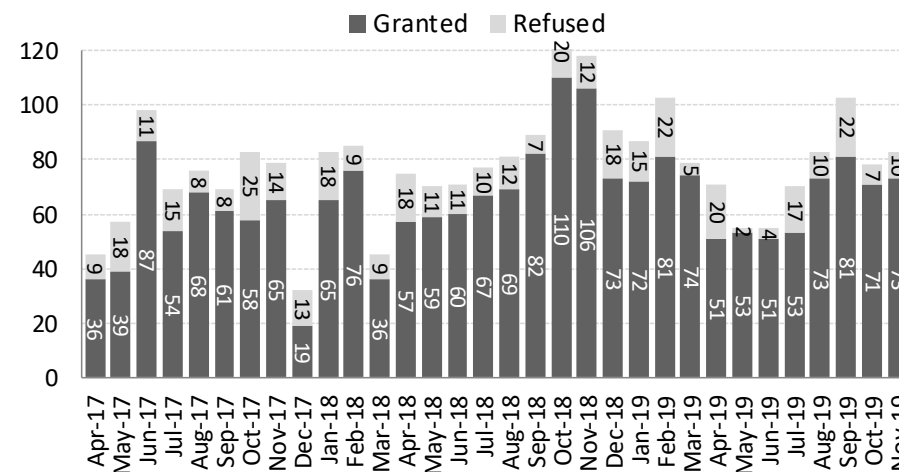
## Applications for and Disposals of Requests for DOLS Authorisations

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

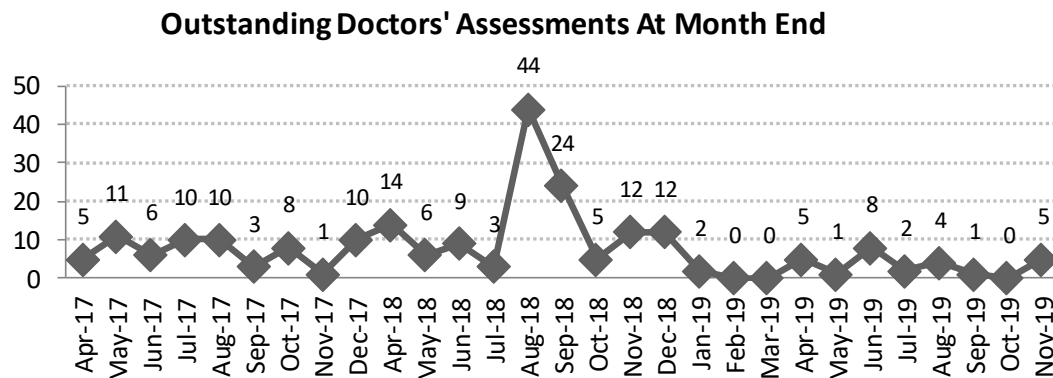
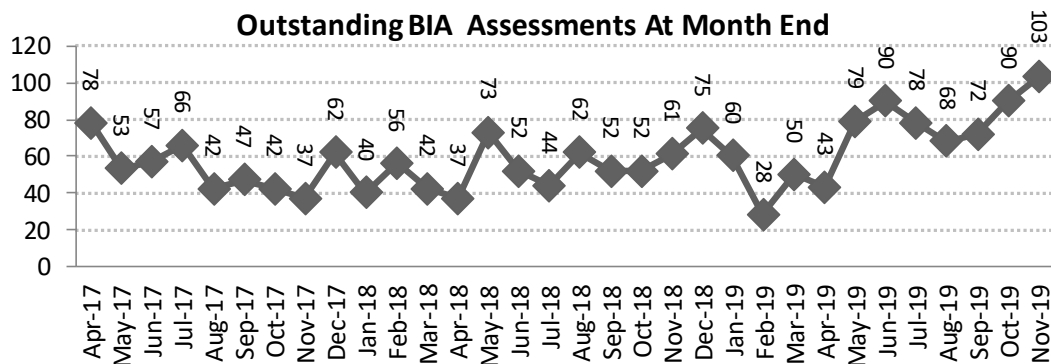


DoLS Authorisations Granted / Refused



# Safeguarding & Deprivation of Liberty Safeguards (DoLS)

## Processing DoLS Applications



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What is working well?	What are we worried about?	What are we going to do?
Applications have been fairly constant since August 2016.	The number of authorisations has not always kept pace with the number of applications.	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 18 November 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	Nov-19	710	834	85.13	90.40	90	↑	R	-5.4%
Measure 19: Delayed transfers per 1,000 people aged 75+	Nov-19	194	22,304	8.70	7.47	4	↓	R	117.4%
Measure 20a: The percentage of adults who completed a period of reablement and have a <b>reduced package</b> of care and support 6 months later	Oct-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 <b>no package of care</b> and support 6 months later	Oct-19	366	450	81.33	90.43	25	↑	G	225.3%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Nov-19	373,060	394	946.85	943.04	1000	↓	G	-5.3%
Measure 22: Average age of adults entering residential care homes	Nov-19	12,802	154	83.13	81.94	84	↑	A	-1.0%
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	Nov-19	983	1,118	87.92	86.54	80	↑	G	9.9%

Target for Measure 19 for the whole year is 6.

## Appendixes

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

Performance Results for 2019-20 Data as at 18 November 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	Nov-19	421	834	50.48	55.27	65.00	↑	R	-22.3%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Nov-19	851	1,313	64.81	56.13	70.00	↑	R	-7.4%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Nov-19	3,892	5,618	69.28	71.05	70.00	↑	A	-1.0%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Nov-19	4,996	48,049	103.98	91.23	74.00	↑	G	40.5%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Nov-19	1,279	151,228	8.46	10.14	9.00	↓	R	-6.0%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Nov-19	418	1	418	689.00	467	↑	R	-10.4%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Oct-19	381	450	84.67	93.14	80.00	↑	G	5.8%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Nov-19	4	7	57.14	31.82	70.00	↑	R	-18.4%

## Appendixes

### 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 <b>reduced package</b> 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 <b>no package of care</b> 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



## Appendixes

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+

## 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**

# Agenda Item 9

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

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

4.00pm	<b>Discussion Paper on Improving Performance Data</b> <i>Tony Beddow</i>
<b>Meeting 7</b> Tuesday 17 December 2019	<b>Briefing on Carers Assessments</b>  <b>Update on Local Area Coordination</b>
4.00pm	
<b>Meeting 8</b> Tuesday 28 January 2020	<b>Performance Monitoring</b>  <b>Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>
4.00pm	<b>Briefing on Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>
<b>Meeting 9</b> Monday 17 February 2020	<b>Draft budget proposals for Adult Services</b> (last year's report to be provided too, to see what has been achieved)
11.30am	<b>West Glamorgan Transformation Programme – 3 case studies</b>
<b>Meeting 10</b> Tuesday 17 March 2020	<b>WAO Report - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014</b>
4.00pm	<b>Adult Services Complaints Annual Report 2018-19</b> <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i>
	<b>Briefing on Sickness of Staff in Adult Services</b>
<b>Meeting 11</b> Tuesday 28 April 2020	
4.00pm	
<b>Meeting 12</b> Tuesday 19 May 2020	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Alex Williams, Head of Adult Services</i>
4.00pm	

Future Work Programme items:

- Update on RNIB (keep on forward agenda – CM to update)

- Options Appraisal for Assistive Technology and Community Alarms (August 2020)
- West Glamorgan Transformation Programme (update on Citizen's Panel and stakeholder engagement) date tbc
- Wales Audit Office Reports (dates to be confirmed):
  - Integrated Care Fund (Joint Adult Services and CFS)

# Agenda Item 10



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

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
*Line:*  
*Llinell*  
*Uniongyrochol:*  
*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 13 January 2020  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 17 December 2019. It covers Carers Assessments and Local Area Coordination.

Dear Cllr Child

The Panel met on 17 December to discuss Carers Assessments and receive a briefing on Local Area Coordination. We would like to thank Alex Williams, Peter Field and Jon Franklin for attending to present the items and answer the Panel's questions. We appreciate their 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:

## **Carers Assessments**

Peter Field briefed us on Carers Assessments including Social Services legal duties to carers, the services available and actions in place to improve services to carers. The briefing also responded to concerns raised by carers at various forums, including the focus group the Panel held with carers on 5 November 2019.

We queried if there is a limit to the number of days respite available for carers. We were informed that the maximum is 42 days. We heard that the Department is currently looking at how allocation is determined.

**OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

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I dderbyn yr wybodaeth hon mewn fformat arall neu yn Gymraeg, cysylltwch â'r person uchod  
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We queried if there is enough provision for people to attend day services. We were informed that there is enough capacity to meet needs, as people want less and less the traditional day service. We heard that the Department is looking at what it provides as part of review. We also heard that there is a limit of 3 days per week for day services for older people but that it is on a case-by-case basis.

We were informed that of the 12,400 care assessments undertaken last year, the Department is unable to determine how many individuals this would be, as data is limited and they are not sure if data is accurate on the PARIS system. We heard that Social Services is moving over to the new WCCIS system so recording should improve.

We heard that the Department does not have a separate line in the budget for respite. We were informed that it is based on need and is not limited by budget. However, the Department would prefer to get to a position where there is a separate budget allocation for respite.

We stated that the Authority has a legal duty to undertake carer's assessments and that it should not be based on judgement. We were informed that the Department wants to get to the standard position of asking if a carer is involved, so that it is not based on judgement.

We queried how effective the Western Bay Valuing Carers Plan is and what outcomes are coming out of it. We were informed that the Regional Carers Partnership Board, of which we are a member, is satisfied that progress is being achieved in all areas. We requested that a written update on this Plan be provided to the Panel for information.

### **Local Area Coordination**

Jon Franklin updated the Panel on the current position with the LAC team and showed the Panel two videos 'Pete's Story' and 'Hub on the Hill' to show the impact that is being made.

We heard that an evaluation was undertaken in 2016 by Swansea University. We were informed that a further evaluation has been proposed, and that Southampton University is planning that it will be a multi-site evaluation, to study the effect of LAC in three different locations including Swansea. We heard that further news is awaited about funding for the research, and the scope, but that it will focus in part on measuring the impact of preventative interventions. We agreed that the Panel be kept updated on progress regarding the proposed evaluation.

We heard that the Department's view on how to capture the impact, as a result of LAC, is by collecting statistics, using distance travelled tools and stories/narrative – which they feel is the important part. We also heard that the Department has some idea of cost avoidance, and could try to add this to some of the stories, but cannot measure easily or precisely the impact because it is a human one on lots of levels. We were informed that the Department is more interested in how to measure the impact in different ways rather than the costs.

We discussed the issue that not all areas have Local Area Coordinators. We heard that it is going to take a long time to have them in all areas but that an incremental approach is useful for learning.

We heard that expanding LACs to adjacent areas seems to have benefits but it currently depends on funding, which is quite restrictive. We also heard that it is still not known how Local Area Coordination would work in rural areas etc.

We were informed that the Authority does not know if it is seeing benefits from savings in the budget, as it is difficult to make a direct link.

### **Work Programme**

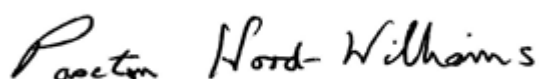
We agreed that the budget proposals for Adult Services will be discussed as an item at the February Panel Meeting. This Panel meeting has been re-scheduled from Tuesday 25 February to Monday 17 February as the budget proposals are due to go to Cabinet on 20 February 2020.

### **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 3<sup>rd</sup> February 2020 to the following:

- Update on progress on Western Bay Valuing Carers Plan.
- Update on progress regarding the proposed evaluation of Local Area Coordination.

Yours sincerely



**PAXTON HOOD-WILLIAMS**  
**ACTING CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**[CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK](mailto:CLLR.PAXTON.HOOD-WILLIAMS@SWANSEA.GOV.UK)**