ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT
DATA FOR NOVEMBER / DECEMBER 2017

Cyngor Abertawe
Swansea Council

Contents

Summary of Expectations, Standards & Performance

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

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

Additional commentary is provided throughout the text.

Common Access Point (CAP)

We continue to deal with a large volume of requests for support via the Common Access Point (p.6). We have been successful in improving the number of people being dealt with at the CAP by means of information, advice and assistance (p.7).

We have strengthened the Multi-Disciplinary Team (MDT) approach to triaging incoming requests for support (p.8). We believe that the MDT approach is helping to prevent unnecessary assessments and we have taken steps to improve the flow of work through to the rest of the service. In December 2017 we will introduce further measures to strengthen the MDT focus.

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

Local Area Co-ordination (LAC)

Work has commenced on a new system but there have been some interruptions to data recording. Our performance team will continue to work with the LAC Team to ensure that they are recording their activities accurately (p.10).

Delayed Transfers of Care

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

Performance in the new Measure 18 for 2017/18 has been hampered by difficulties in setting up packages of care (p.11).

Improved validation processes in some service areas has improved performance.

Assessment and Care Management

We are aware that enquiry-handling, assessment and care management practice across the department is in need of some refreshment and renewal. In particular, we need to review our approach to assessment to ensure it fits with the Social Services and Well-Being Act, and that we can ensure that we have effective reviewing arrangements to help people to remain independent. We will be developing a practice framework for social work during 2017/18 and we will be carrying out a range of data cleansing and analysis activities at the same time.

Integrated Health and Social Care Services
Activity continues to be sustained (pp. 16-20) but North Hub and CHQT teams are, on average, achieving higher completion times than 30 days (p. 20)

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

Community Reablement:

The service met both locally –set targets for 2016/17 set against the new national performance indicators (p.24).

There have been some improvements in the effectiveness of the community reablement service during the year (p. 26-27) but the evidence is incomplete. Some improvements in recording have been secured and continued work is needed to ensure that all outcomes are recorded correctly by the relevant teams.

Residential Reablement

There has been sustained improvement in the effectiveness of the residential reablement service since it strengthened its acceptance criteria in Autumn 2015 (p.28, p.30)

Permanent Residential / Nursing Care

While we have been able to reduce further the number of people who are supported in residential care at a point in time (p.31), we continue to see admissions running at a higher level than we would like (p.32). We have therefore introduced a Panel to test and challenge decisions made about new and temporary placements into residential and nursing care, and will need to monitor whether these arrangements help to reduce admissions overall.

Temporary Placements to Residential / Nursing Care

We provide analysis on the use of temporary placements on pp. 33-36. Through the Panel arrangements, temporary placements can now only be made for a maximum of two weeks. This appears to have created a higher level of throughput (p.34) and although this appears to have calmed we will need to continue monitoring.

Domiciliary Care

The numbers of people receiving a package of care has increased (p.37) and as a result of marginal increases in the average package size (p.40), the total number of hours provided each month has grown disproportionately (p.39). The number of people starting to receive long-term domiciliary care during 2016/17 exceeded the number of starters for the same period in 2015/16 (p.38). However this has not continued into 2017/18 (to date).

We are concerned about these metrics as they could indicate that there are issues with our reablement strategy that need to be explored. We have mapped the routes into long-term domiciliary care to ensure that effective decisions are made and that people are not over or under supported. We are now working to a plan based on this analysis and have started to take some remedial actions.

Safeguarding Adults

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

Performance on timeliness of response to safeguarding enquiries improved during 2016/and improved further in the early part of 2017/18. Close scrutiny of this by the Principal Officer and Head of Service is being carried out.

Performance on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now consistently being completed within the targets for both 24 hours and 7 days.

Deprivation of Liberty Safeguards (DoLS)

DoLS has become a national adult social services issue due to the unprecedented increase in statutory work created by a significant legal ruling. With typically a hundred requests arriving monthly, the challenge continues (p.45).

It has been a testing year for DoLS work in Swansea but currently the situation has become much better, with the current backlog almost cleared. We continue to monitor this area of work.

Welsh Government expects the core elements of the process to be completed in 21 days. Since April 2017 we have achieved this in 60.4% of cases, just over our 2017/18 target of 60%. Close scrutiny however continues at both Head of Service and Principal Officer to ensure that compliance to timescales improves.

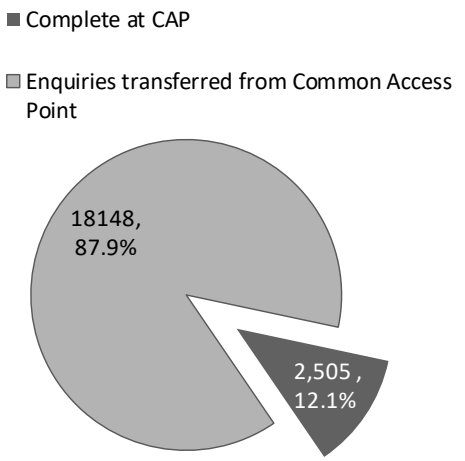
Common Access Point (CAP)

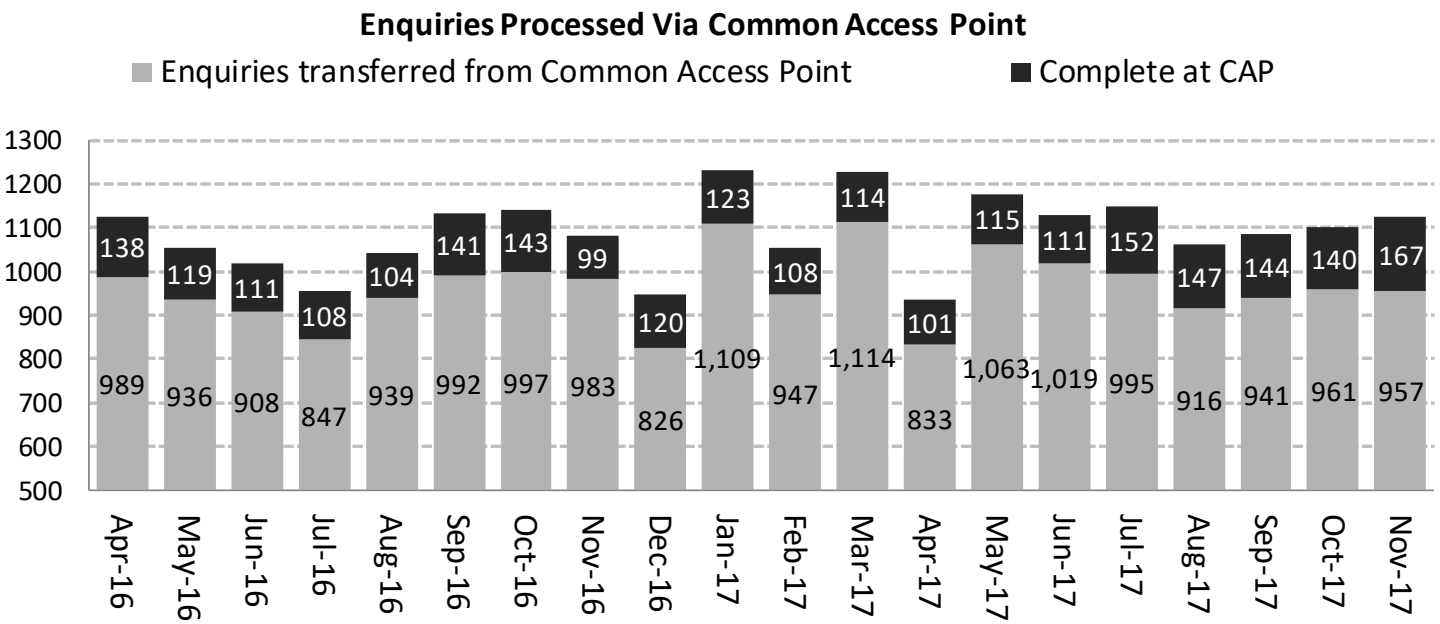
The Common Access Point continues to be reviewed for function and purpose. During 2016/17, the key expectations for the service and outcomes against those are set out below. (This service may also be referred to as 'Intake' or 'the front door'.)

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new national performance measure. Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. An initial target of **80%** has been set for 2017/18.	We have now prepared a method to produce the information. Performance for 2016/17 was **86.4%.** We lack contextual information to allow us to determine what would be appropriate performance levels, but will need to develop this in 2017/18. As at December 2017, performance on this indicator was on target and improving at **82%.**
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
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective us of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

Common Access Point (CAP)

Enquiries Received at Common Access Point

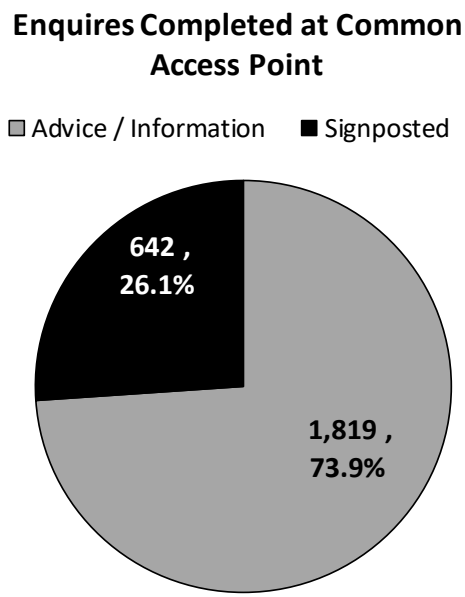


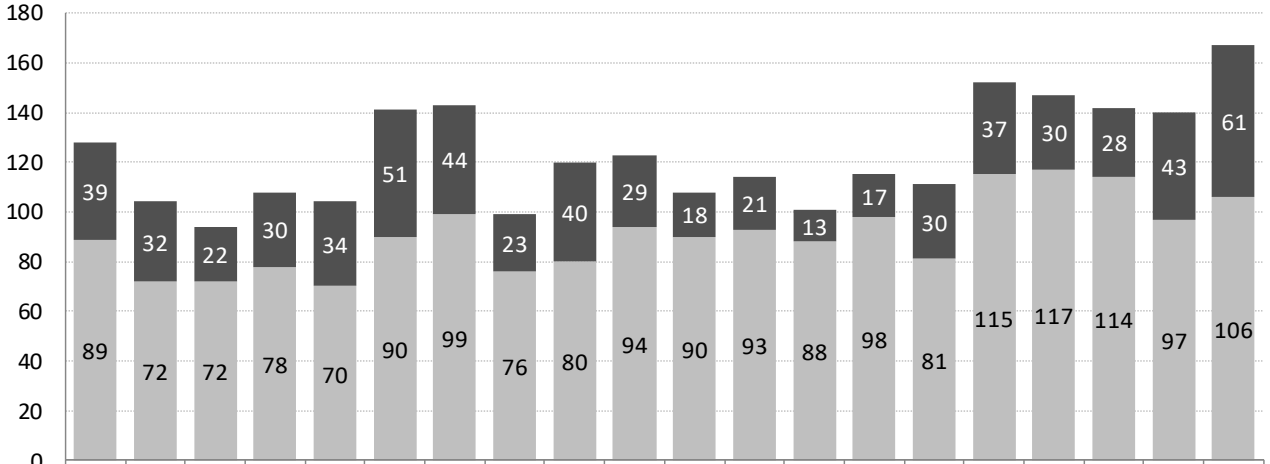


During the period April 2016 – November 2017, 88% of enquiries were processed via the CAP are passed through to other teams. 12% of enquiries are completed at CAP.

What is working well?	What are we worried about?	What are we going to do?
The number of enquiries appears to be relatively constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	Continue to work with Team Manager to improve recording of activity within CAP.
January 2017 saw considerably higher numbers of enquiries processed.	Larger than average numbers of enquiries have come through CAP since January. More typical numbers processed during February / April.	We will continue to monitor for sustained changes to patterns of referral.

Enquiries Completed at the Common Access Point





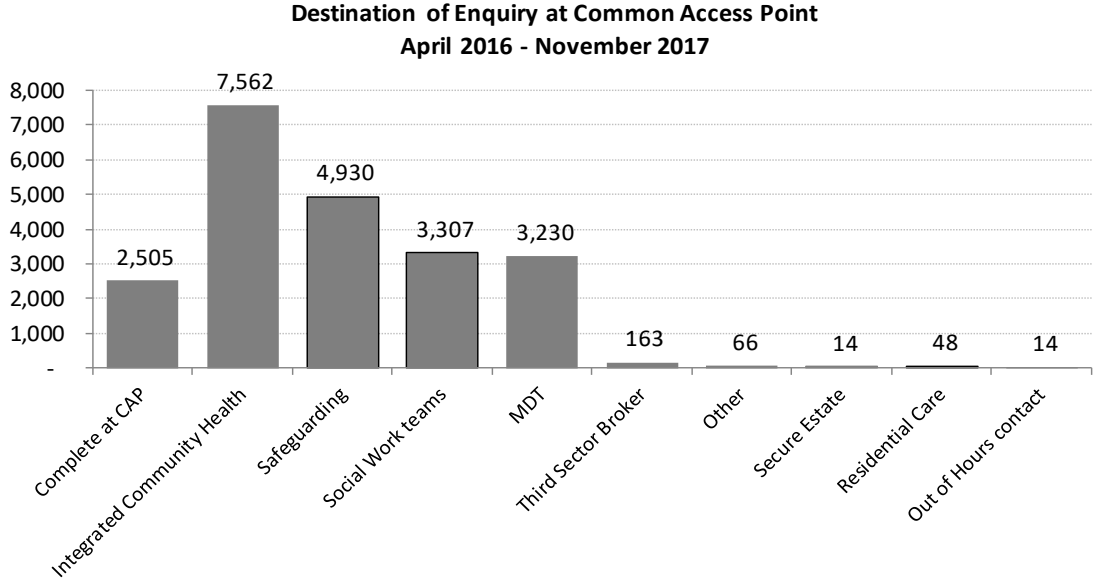
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Signposted	39	32	22	30	34	51	44	23	40	29	18	21	13	17	30	37	30	28	43	61
Advice / Information	89	72	72	78	70	90	99	76	80	94	90	93	88	98	81	115	117	114	97	106

During the period since April 2016, almost three quarters of enquiries completed at CAP were for information / advice only. 26% were signposted.

What is working well?	What are we worried about?	What are we going to do?
The number of enquiries completed at intake appears to be relatively constant, suggesting relative stability in the amount of work coming through.	We are aware of issues in recording the complexity of working with preventative services (Local Area Co-ordination, Independent Living). There is a need to clarify what is 'signposting'.	The Performance Team will be monitoring the information being recorded and we will be making recommendations to CAP Team Manager.
DFG requests are no longer completed in CAP and are passed directly into the Integrated Community Hubs for appropriate assessment.	Not applicable.	No further action required.

Destination of Enquiries Initiated at the Common Access Point

Enquiries Processed Via Common Access Point	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Whole Period	% of total
Complete at CAP	138	119	111	108	104	141	143	99	120	123	108	114	101	115	111	152	147	144	140	167	2,505	12.1%
Integrated community health teams	343	415	424	388	419	476	395	417	371	501	448	457	350	383	309	283	321	324	296	242	7,562	36.6%
Safeguarding	284	225	199	184	268	247	273	256	213	233	227	303	208	262	265	260	215	226	264	318	4,930	23.9%
Social Work teams	240	237	227	214	201	203	202	195	145	278	192	146	81	115	89	100	108	116	122	96	3,307	16.0%
MDT	110	46	52	54	50	58	125	111	89	89	63	193	179	273	345	333	256	261	259	284	3,230	15.6%
Third Sector Broker	12	13	6	4	-	5	2	4	6	7	6	12	12	18	8	11	8	10	13	6	163	0.8%
EDT	-	-	-	2	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	4	0.0%
Secure Estate	-	-	-	1	1	2	-	-	1	1	-	-	1	1	1	1	3	-	1	-	14	0.1%
Total Referrals Completed	**1,127**	**1,055**	**1,019**	**955**	**1,043**	**1,133**	**1,140**	**1,082**	**946**	**1,232**	**1,055**	**1,228**	**934**	**1,178**	**1,130**	**1,147**	**1,063**	**1,085**	**1,101**	**1,124**	**20,653**	**100%**
Enquiries transferred from Common Access Point	**989**	**936**	**908**	**847**	**939**	**992**	**997**	**983**	**826**	**1,109**	**947**	**1,114**	**833**	**1,063**	**1,019**	**995**	**916**	**941**	**961**	**957**	**18,148**	**87.9%**



Note: *we continue to work on ways of summarising this data and as such there is a lack of complete alignment with the later data provided on referrals. Note also that this data refers to enquiries and not the number of individuals to whom an enquiry relates. In practice, the way we work can result in multiple enquiries for an individual.*

'Integrated community health teams' refers to OTs, physios and specialist NHS community health disciplines provided within the Hubs. Since April 2016, they received 35.4% of enquiries received at CAP.

'Social work teams' refers to social work services provided within the Hubs. They received 15.5% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 22.3% of referrals related to safeguarding and were distributed appropriately across all teams.

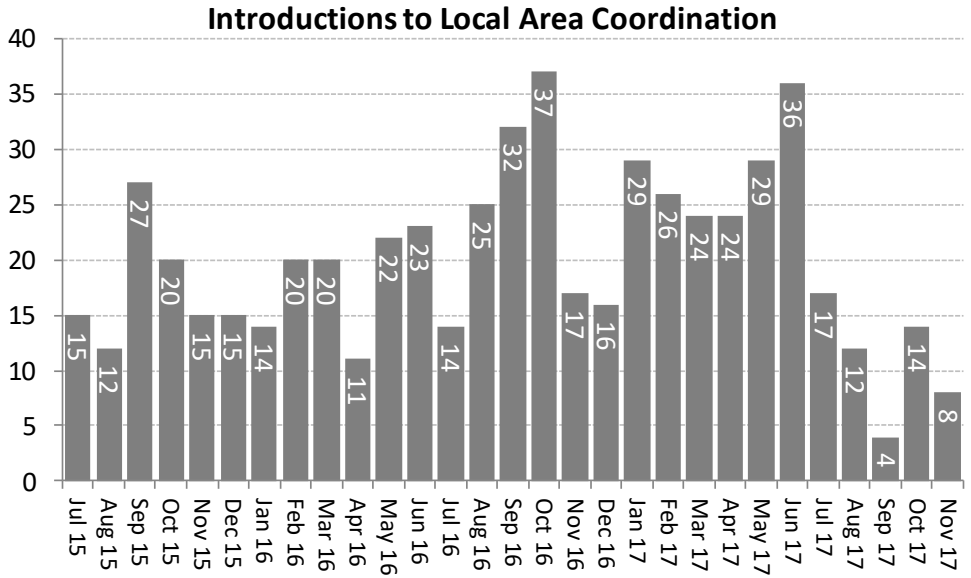
Common Access Point (CAP)

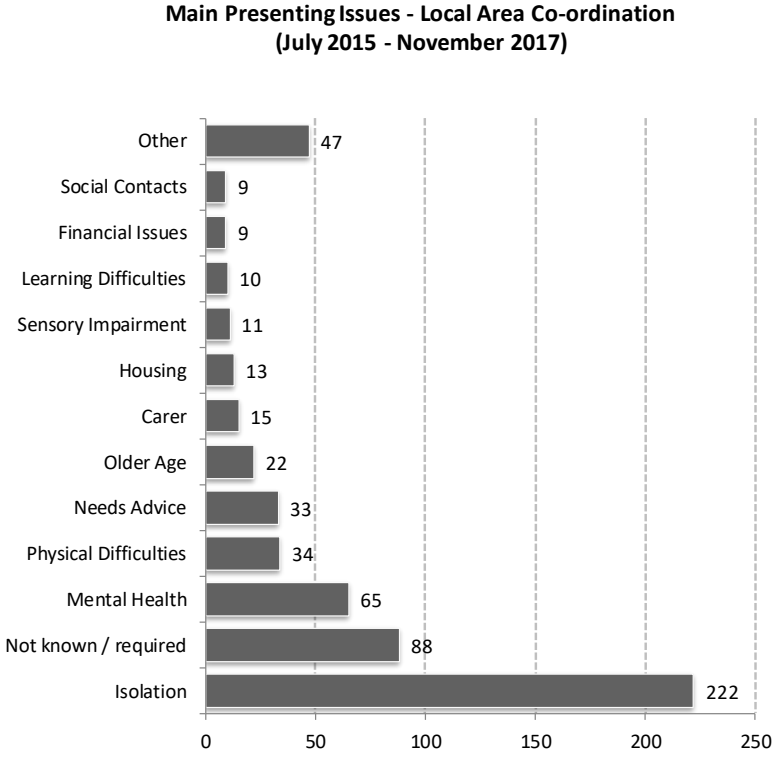
What is working well?	What are we worried about?	What are we going to do?
Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards. The MDT carries out proportionate triage in order to divert or establish need for further assessment	The MDT arrangements have taken some time to develop and has not been staffed consistently. There were fewer MDT referrals in August and September compared to June and July	New arrangements to strengthen the MDT approach have been established, but we will monitor to ensure numbers are maintained. Assistant Team Manager carrying out quality assurance checks on a sample of referrals to establish whether they were handled / recorded correctly.
The anticipated high number of safeguarding referrals was processed due to the anniversary of the relevant court judgment that drove up DOLS referrals.	There have been fluctuations in the number of safeguarding referrals periodically since April 2016. During the Autumn of 2016, this was due to specific issues relating to a particular residential home; a pro-active plan with CSSIW and the Health Board was enacted to address these issues.	We are going to examine the data for 2017 to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on training on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals if the relevant Paris process is followed. Third sector broker referrals have resumed in September 2016		Performance management staff are working with the service to develop appropriate recording processes to support Third Sector Broker activity.

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 35 new introductions to the service each quarter during 2016/17. For 2017/18, this has now been set at 60 a quarter.	The target was met each quarter in 2016/17, following correction of recording issues. Quarter 1 performance achieved the 2017/18 target. Some improvement will be needed for Q2 based on data to date.

Requests for Local Area Co-ordination and Main Presenting Issues





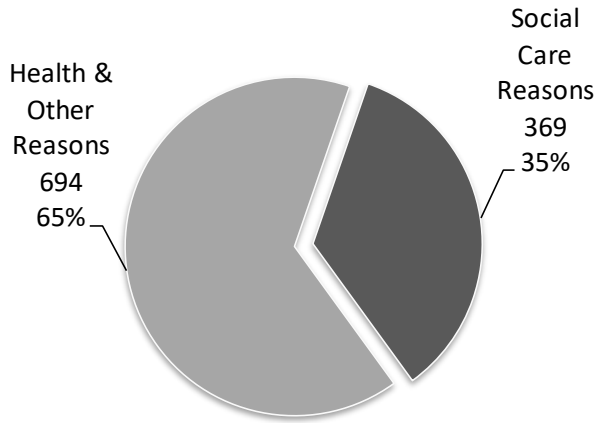
'Other' includes categories of less than 9 introduction reasons in the period, including Child and Family, Community Tension, Drug and Alcohol, Learning Difficulties, Benefits, Dementia, Social Contacts, Domestic Violence and Employment.

What is working well?	What are we worried about?	What are we going to do?
There is a basic database in operation to capture information about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers for some periods.	Work has commenced on a modernised information system to replace the existing system.

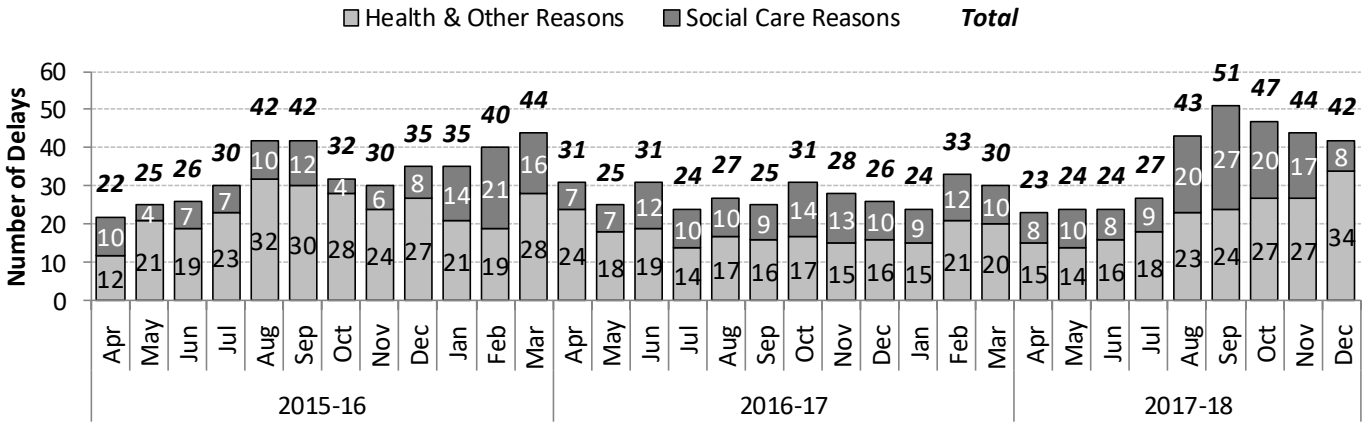
Delayed Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2017/18 has been set as less than 4 per 1,000 adults aged 75+.	Performance for 2016/17 met the target, coming in at **5.8** in line with projections. For the whole of 2017/18, performance is projected to be **6.8** based on data to November, influenced substantially by the very large numbers of delays reported August – October 2017.

Reason for Delayed Transfers of Care
April 2015 - December 2017

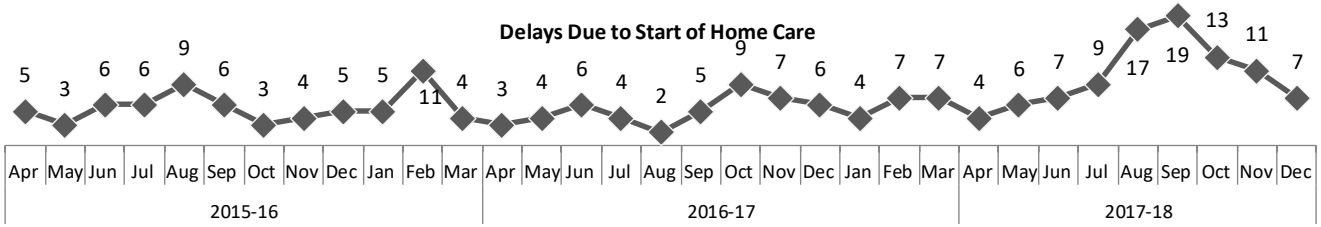


Spread of Delayed Transfers of Care

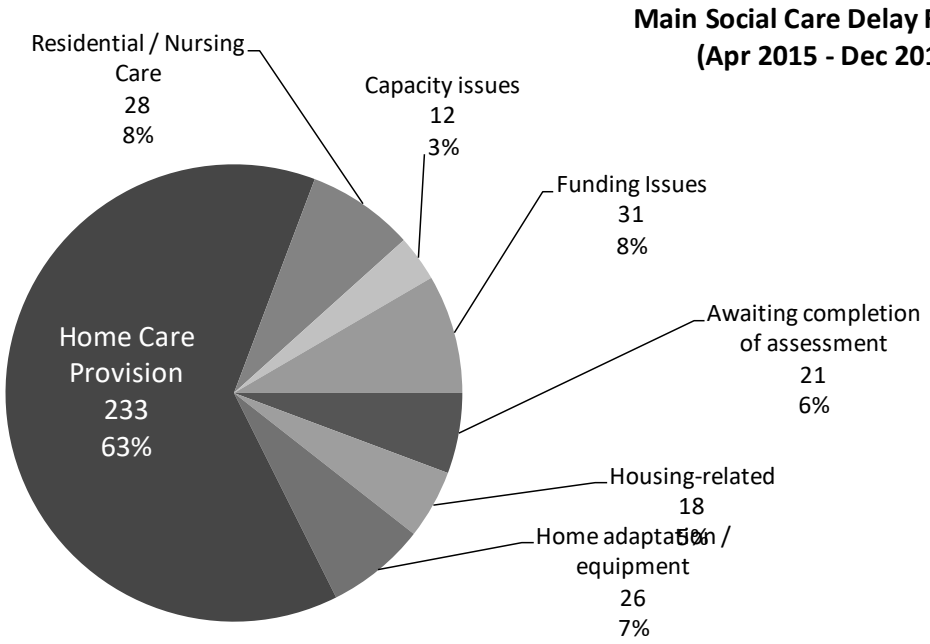


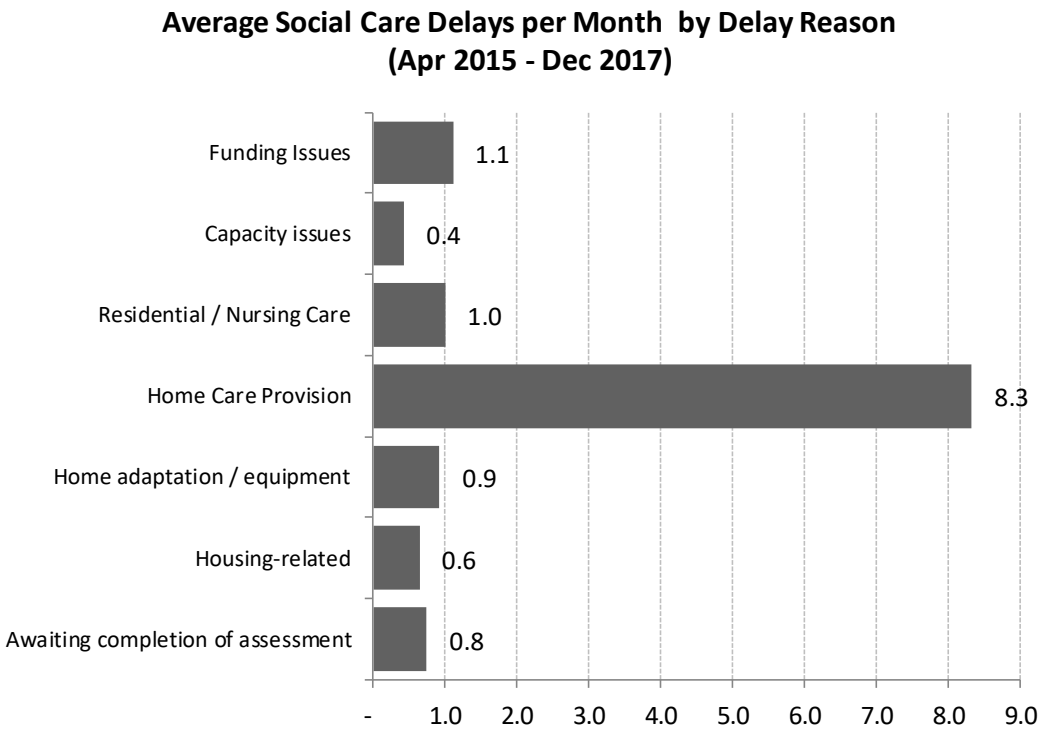
The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay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

Delays Due to Start of Home Care



Reasons for Delay and Associated Monthly Averages





The above data shows that of the **369** delays for social care reasons recorded at Census day since April 2015, the most common reason delays in arranging an appropriate package of care to support a person in their own home with 233 (or 63%). There is an average of 8.3 delays a month for this reason. Around 8% of delays relate to delays in arranging for residential / nursing placements to be made, with an average of 1.0 for this reason each month.

Delays due to incomplete assessment had been infrequent, with only 5 recorded in 28 months to July 2017. Following increases since August and continuing to November, the average has risen from 0.2 per month to 0.8. Typically an average of 1.1 persons delayed for social care funding reasons (not necessarily for residential care).

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

Assessment and Care Management

All the data provided here comes from Paris and various elements of terminology have been translated in order to assist in explaining how the data is being represented.

Safeguarding referrals and assessments are dealt with in a later section of this document.

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a local indicator AS10 which reflects the percentage of people who were due an assessment of social care need that received an assessment. For 2017/18, a target of 65% was set.	Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records. By the end of December 2017, performance was meeting the target and had improved to **69.9%.**
There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.	Performance data has been refined (see below). Most teams are achieving an average 30 days or less for social work assessments. We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.
Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.	Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report

Integrated Social Care and Health Services

Teams

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

Teams included in this section are:

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

Types of Enquiries

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

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

Enquiries / Assessments and People

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

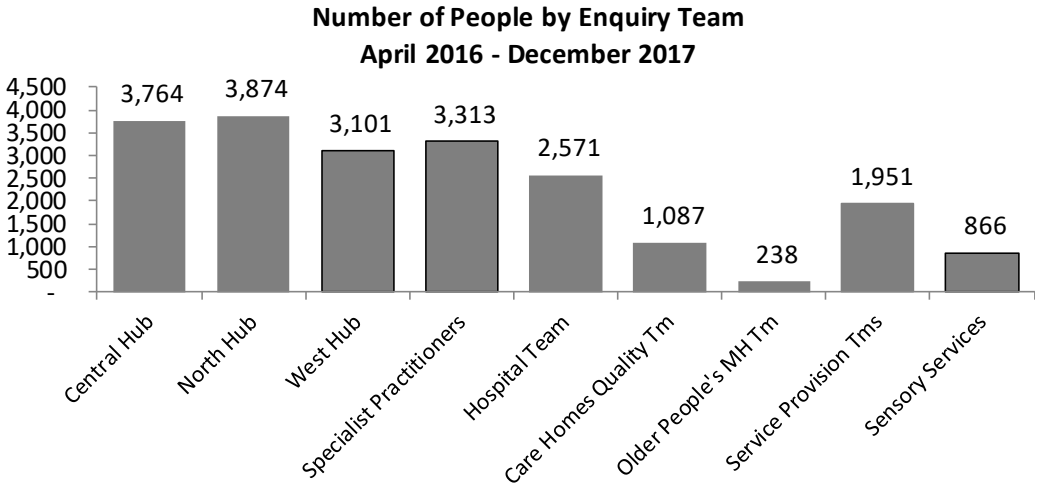
All references below distinguish between **people** and **enquiries** and **assessments**

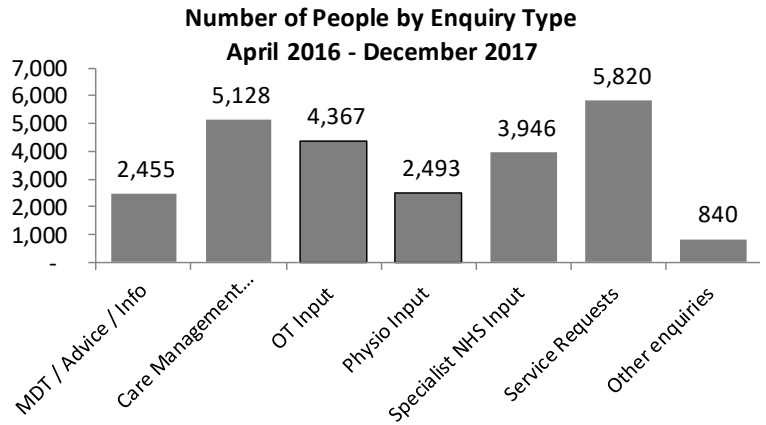
People Subject of Enquiry by Team and by Type of Enquiry

Individuals who were subject of an enquiry April 2016 – December 2017

Enquries - Number of People	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Tm	Older People's MH Tm	Service Provision Tms	Sensory Services	All Teams	% of all Types
MDT / Advice / Info	770	885	718	-	12	61	17	1	14	2,455	19.1%
Care Management Input	949	1,168	890	4	2,437	202	180	6	8	5,128	39.9%
OT Input	1,670	1,554	1,262	2	3	1	1	-	-	4,367	34.0%
Physio Input	1,010	876	682	-	2	-	-	-	-	2,493	19.4%
Specialist NHS Input	293	179	411	3,306	1	1	1	-	2	3,946	30.7%
Service Requests	1,421	1,591	1,147	-	384	899	28	1,947	229	5,820	45.3%
Other enquiries	5	36	3	4	30	1	44	-	726	840	6.5%
All Adult Services	**3,764**	**3,874**	**3,101**	**3,313**	**2,571**	**1,087**	**238**	**1,951**	**866**	12,851	
%ge of All Teams	29.3%	30.1%	24.1%	25.8%	20.0%	8.5%	1.9%	15.2%	6.7%		

With 3,874 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services.





Number of Enquiries by Team and Type of Inquiry April 2016 – December 2017

Many service users receive more than one enquiry type in a period of time. Compared to the 12,851 individuals who were the subject of an enquiry since April 2016, 34,960 enquiries were logged, an average of 2.7 enquiries per person.

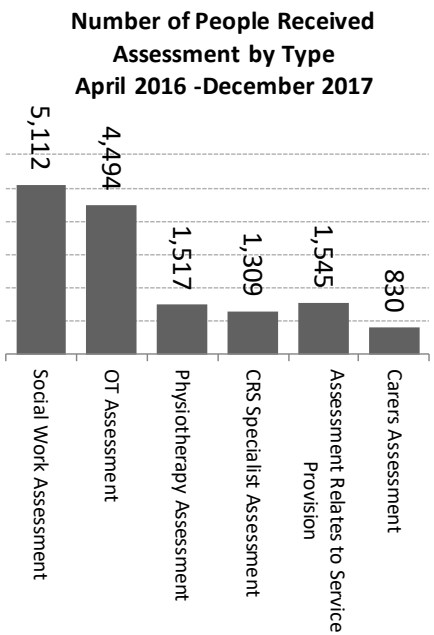
Enquiry Team	Number of Enquiries	%ge of all Enquiries
Central Hub	7,361	26.6%
North Hub	7,779	28.1%
West Hub	6,337	22.9%
Specialist Practitioners	4,070	14.7%
Hospital Team	3,607	13.0%
Care Homes Quality Team	1,676	6.1%
Older People's Mental Health Team	316	1.1%
Service Provision Teams	2,618	9.5%
Sensory Services	1,196	4.3%
All Services	**34,960**	**100%**

Type of Enquiry	Number of Enquiries	%ge of all Enquiries
Advice / Information / MDT	2,971	7.0%
Care Management Input	6,917	20.3%
OT Input	5,724	16.7%
Physio Input	2,957	8.2%
Specialist NHS Input	5,018	14.4%
Service Requests	10,333	30.4%
Other enquiries	1,040	2.9%
All Enquiry Types	**34,960**	**100%**

The most common enquiry type (30.4%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 24.9% of enquiries, with enquiries about care management input represent 20.3% of enquiries.

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

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



Number of Assessments and People Assessed by Team and Assessment Type: April 2016 - December 2017	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services	Ass'ts Completed	People Assessed
Social Work Assessment	1,247	2,262	1,593		1,542	903	771	509	**8,827**	**5,112**
OT Assessment	1,727	1,779	1,284						**4,790**	**4,494**
Physiotherapy Assessment	538	674	385	1					**1,598**	**1,517**
CRS Specialist Assessment	293	469	282	1,114					**2,158**	**1,309**
Assessment Relates to Service Provision	585	618	523	1					**1,727**	**1,545**
Carers Assessment	180	334	294		23		68	1	**900**	**830**
Number of Assessments Completed	**4,570**	**6,136**	**4,361**	**1,116**	**1,565**	**903**	**839**	**510**	**20,000**	
Number of People Assessed	**2,832**	**3,379**	**2,418**	**567**	**1,280**	**694**	**364**	**455**		**9,888**

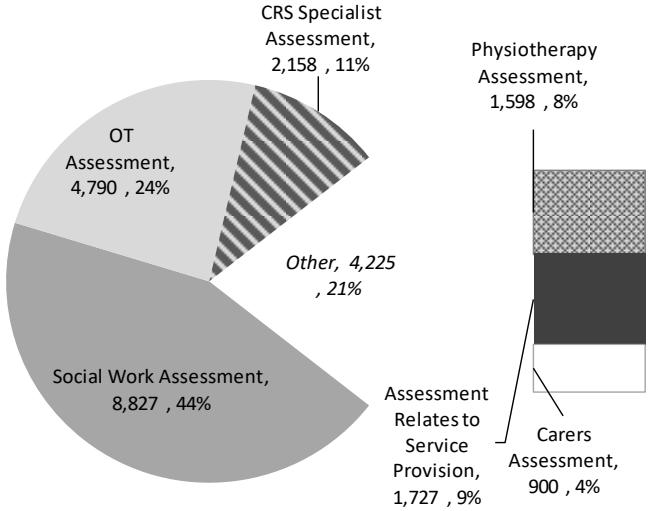
The above table shows the number of assessments by different types since April 2016.

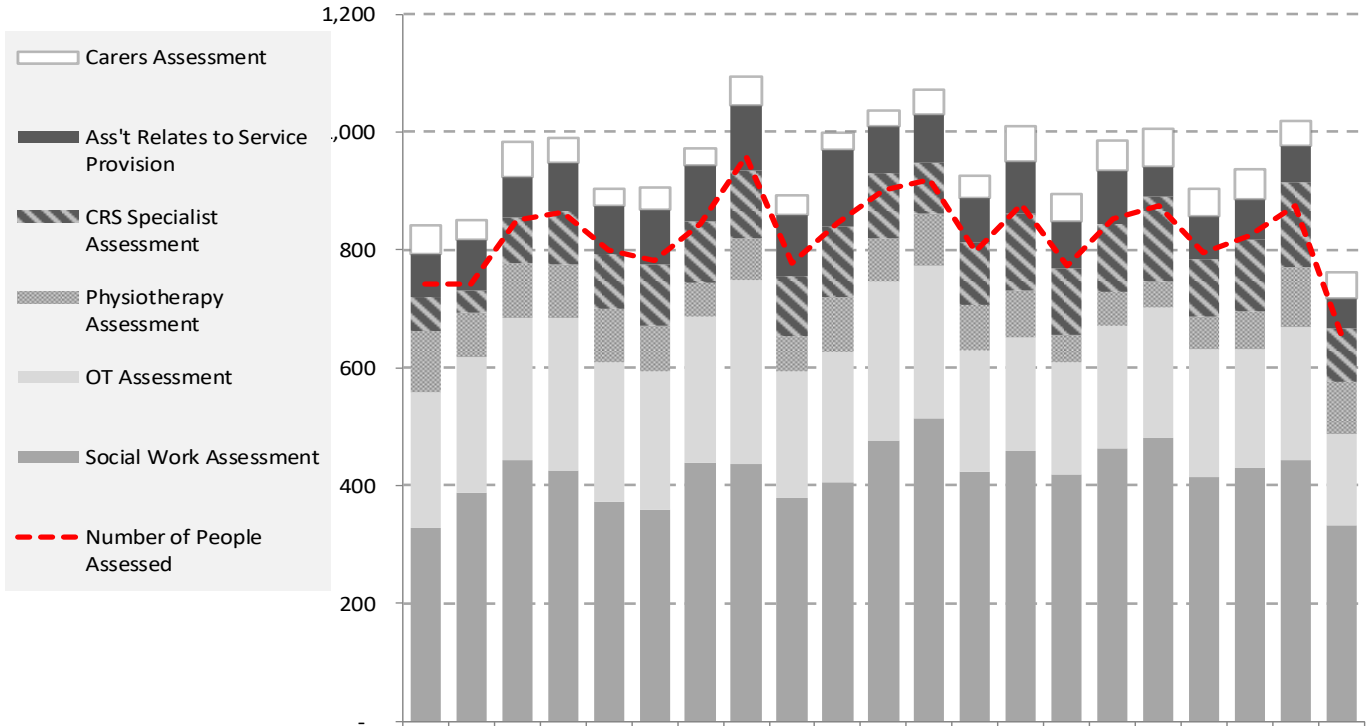
'Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead.

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

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

Distribution of Assessments by Type and Over Time (April 2016 – Dec 2017)



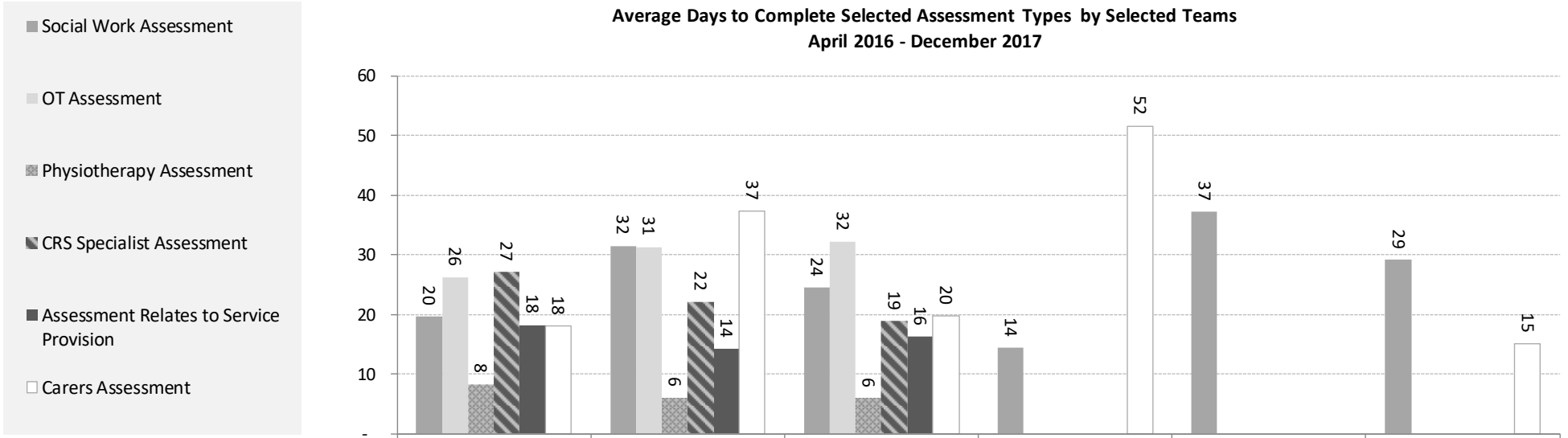


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Carers Assessment	48	33	59	42	30	38	30	49	33	27	27	43	37	60	46	52	64	47	51	41	43
Ass't Relates to Service Provision	74	86	68	81	81	94	95	111	104	131	80	83	75	89	80	89	50	72	69	63	52
CRS Specialist Assessment	58	38	79	90	92	103	103	115	103	119	110	85	107	130	114	116	144	99	121	143	89
Physiotherapy Assessment	104	76	93	91	92	78	59	72	60	94	74	89	78	80	45	58	45	54	65	101	89
OT Assessment	229	231	241	259	236	234	248	312	215	221	269	260	205	193	191	209	221	218	201	226	155
Social Work Assessment	329	387	443	426	373	360	438	436	378	406	477	513	424	459	419	462	481	414	430	444	333
Number of People Assessed	743	741	850	863	799	781	843	959	777	847	902	919	797	878	774	852	876	795	823	875	659

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

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

Average Time Taken to Complete Assessments by Type



	Central Hub	North Hub	West Hub	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team
Social Work Assessment	20	32	24	14	37	29
OT Assessment	26	31	32			
Physiotherapy Assessment	8	6	6			
CRS Specialist Assessment	27	22	19			
Assessment Relates to Service Provision	18	14	16			
Carers Assessment	18	37	20	52		15

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

What is working well?	What are we worried about?	What are we going to do?
A reasonably consistent amount of assessment activity continues to take place.	We are aware of current difficulties with accurately reporting numbers of new assessments/ re-assessments and reviews.	Performance staff and managers are working together to look in more detail at this topic.
The range of health and social care disciplines is now fully integrated within the Hubs, as can be seen by the range of assessments carried out.		The service will continue to work closely with the Common Access point in order to improve the MDT function (see earlier section).
Typically assessments of need are completed within 30 days by most teams.	Average time to complete social work assessments are higher than 30 days in CHQT & North Hub teams.	Social work practice will be examined as part of the development of a practice framework.
Physio assessments are carried out swiftly by the Hubs. OT assessments take slightly longer than assessments of need to complete.	It is not clear whether physios are following the correct agreed procedure in Paris and may be recording assessments in casenotes, where they will not be counted as assessments.	The shortage of OTs and Physiotherapists is not limited to Swansea, and we will continue to seek to recruit appropriately-qualified people. We will look into the issue of physios recording assessments.

Caseloads & Reviews

At this stage, information on these subjects is not completely reliable across most work areas and as such we are working towards being able to present more reliable information as it becomes available.

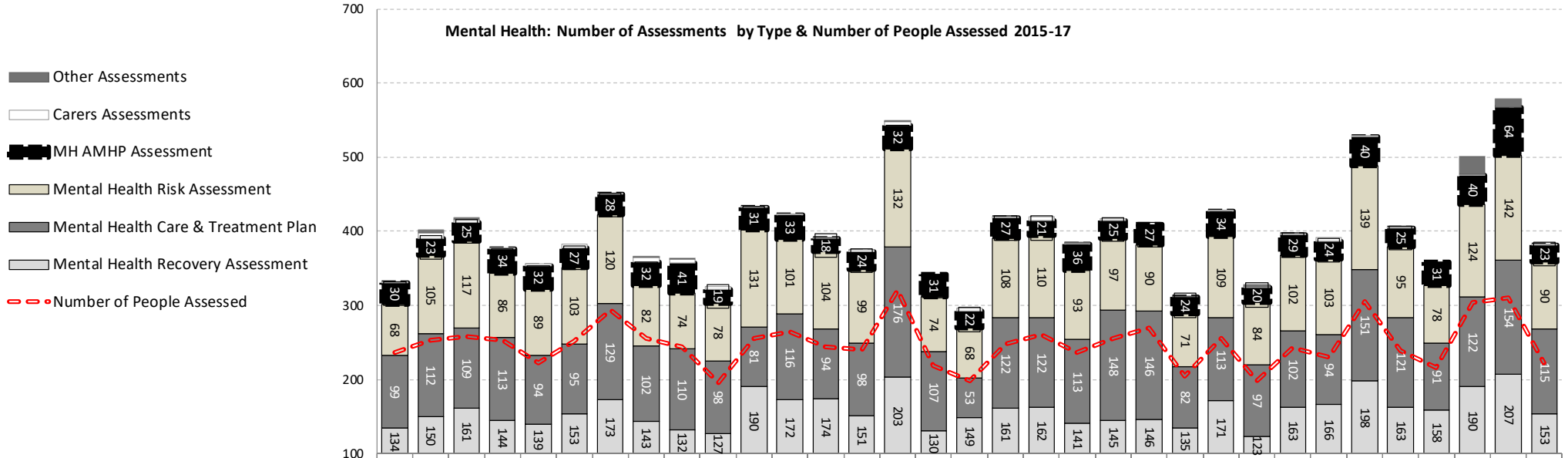
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

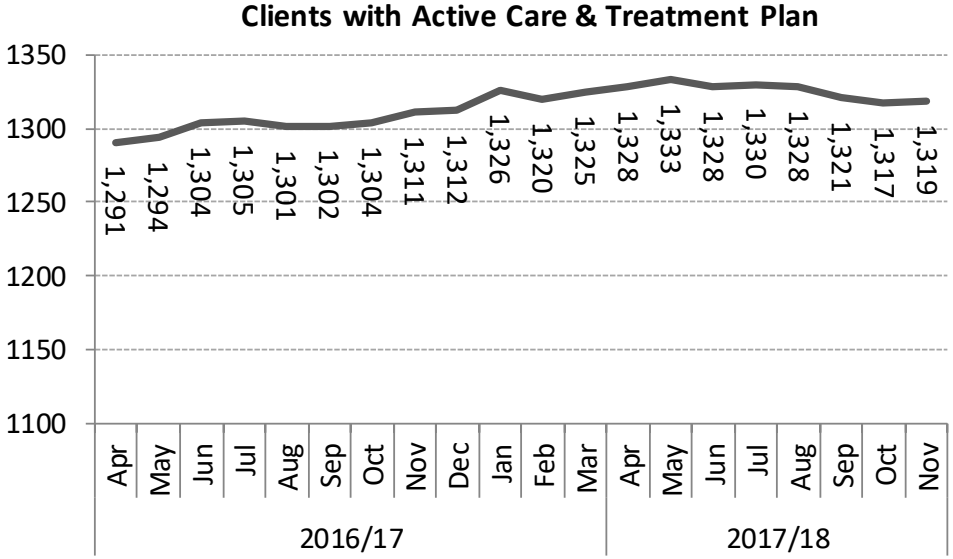
Recovery Plans are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried out and reviewed at periodic intervals. An *Associate Mental Health Professional (AMHP)* assessment is carried out where a person with a mental health problem may need to be admitted to hospital for care and treatment.

The dotted line shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time. This will be particularly the case for those who receive a Recovery Plan which identifies the need for care co-ordination and a subsequent Care & Treatment Plan.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2015/16												2016/17												2017/18								
Other Assessments	0	4	3	0	0	0	0	1	1	0	0	0	1	0	1	0	0	0	0	1	0	0	1	0	3	0	0	0	0	0	24	12	0
Carers Assessments	1	8	4	1	2	5	2	6	5	3	1	1	1	3	6	0	4	2	5	1	2	0	0	2	1	1	5	1	2	0	1	0	1
MH AMHP Assessment	30	23	25	34	32	27	28	32	41	19	31	33	18	24	32	31	22	27	21	36	25	27	24	34	20	29	24	40	25	31	40	64	23
Mental Health Risk Assessment	68	105	117	86	89	103	120	82	74	78	131	101	104	99	132	74	68	108	110	93	97	90	71	109	84	102	103	139	95	78	124	142	90
Mental Health Care & Treatment Plan	99	112	109	113	94	95	129	102	110	98	81	116	94	98	176	107	53	122	122	113	148	146	82	113	97	102	94	151	121	91	122	154	115
Mental Health Recovery Assessment	134	150	161	144	139	153	173	143	132	127	190	172	174	151	203	130	149	161	162	141	145	146	135	171	123	163	166	198	163	158	190	207	153
Number of People Assessed	236	253	258	253	222	251	294	255	244	196	256	264	244	240	321	219	198	248	260	236	256	269	205	256	198	243	230	305	239	216	304	310	222

People with Active Care & Treatment Plan



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

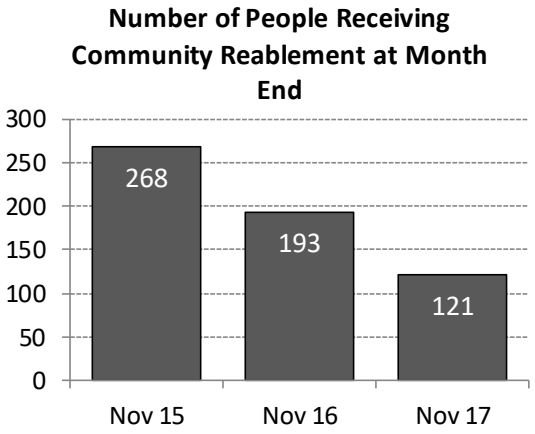
The overall caseload for the mental health service has remained relatively stable over the last 19 months (up 2%). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing the number of clients by the number of workers gives only a rough estimate of average caseload. Although this method provided a steady statistical average of roughly 21 -22, it should be noted that due to the variety of staff working hours, this value is more indicative than real.

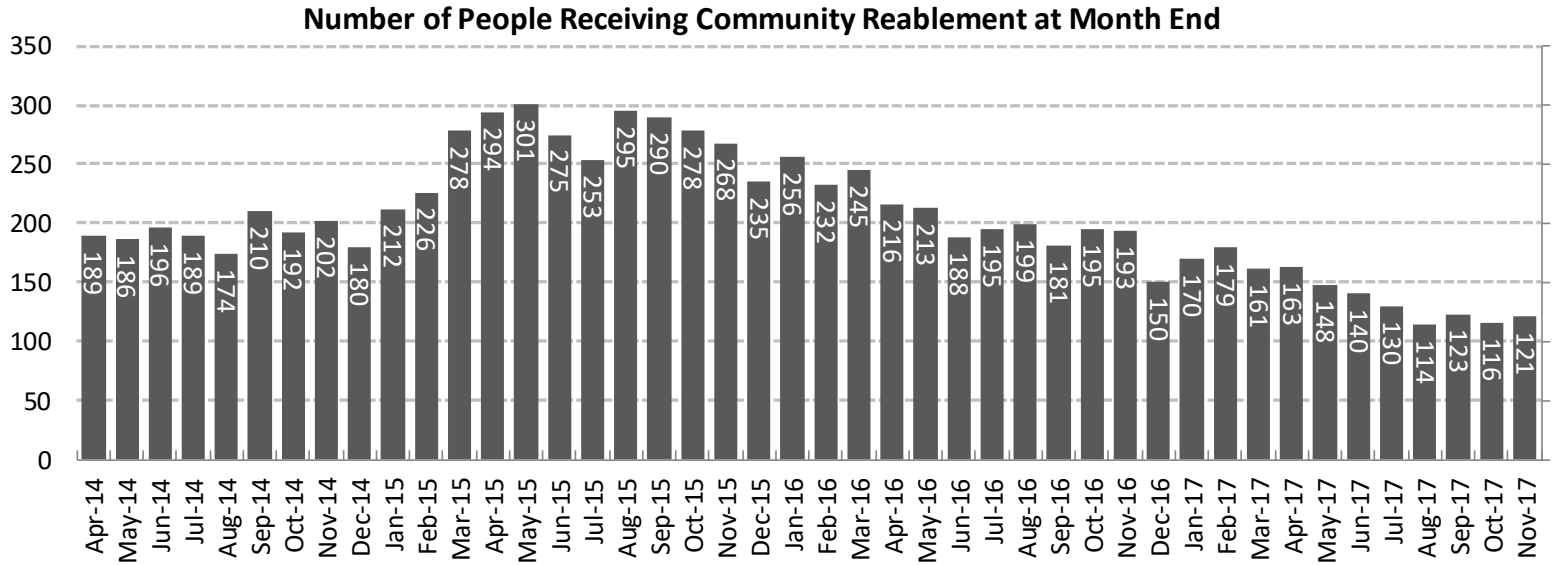
What is working well?	What are we worried about?	What are we going to do?
The Mental Health Measure has supported the routine management of information to enable reporting of caseloads	Sometimes resource issues arise when staff are required to undertake training in order to carry out AMHPS. The training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

Community Reablement

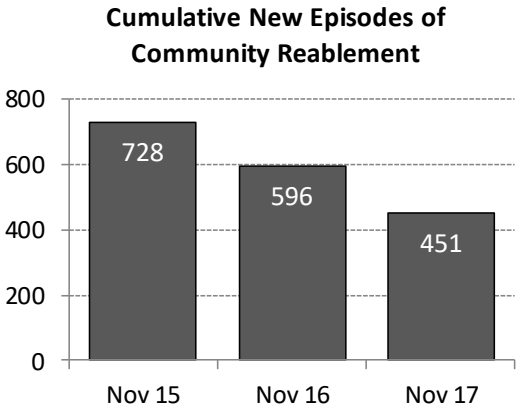
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective the service has been in reducing the total burden on the managed care system.
There are two national performance indicators measuring the effectiveness of community reablement. These are brand new indicators and there continue to be national debates as to the final national definition of the indicator calculation method.	Staff are engaged in discussion with peers across Wales and contributing positively to a meaningful definition.
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. **Locally a target of 50%** was set for 2016/17 and will continue for 2017/18.	Cumulative performance for 2016/17 was **66.7%,** meeting target**.** By November 2017 performance remained at **75%**, also meeting target
Measure 20b) The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. **Locally a target of 25%** was set for 2016/17 and has been continued into 2017/18.	Cumulative performance for 2016/17 was **27.7%,** meeting target**.** For Quarter 2 of 2017/18 performance was **72.3%**, considerably exceeding target.

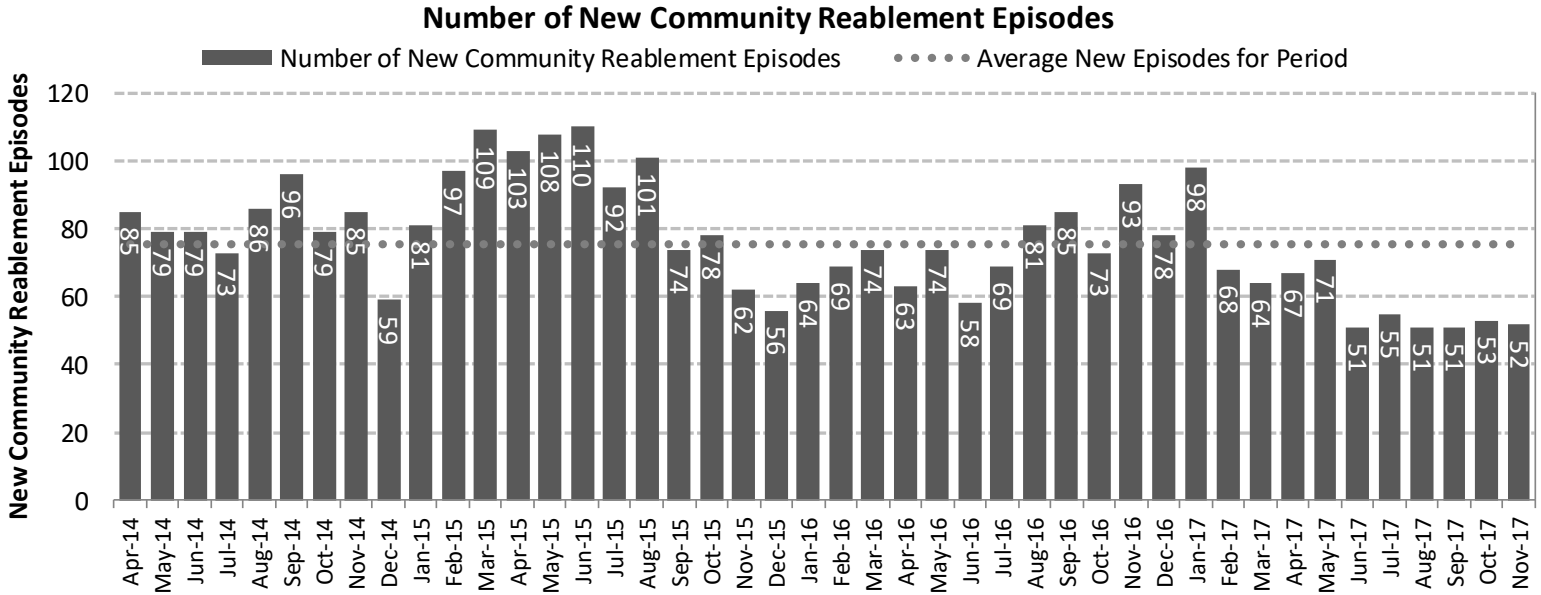
People Receiving Community Reablement





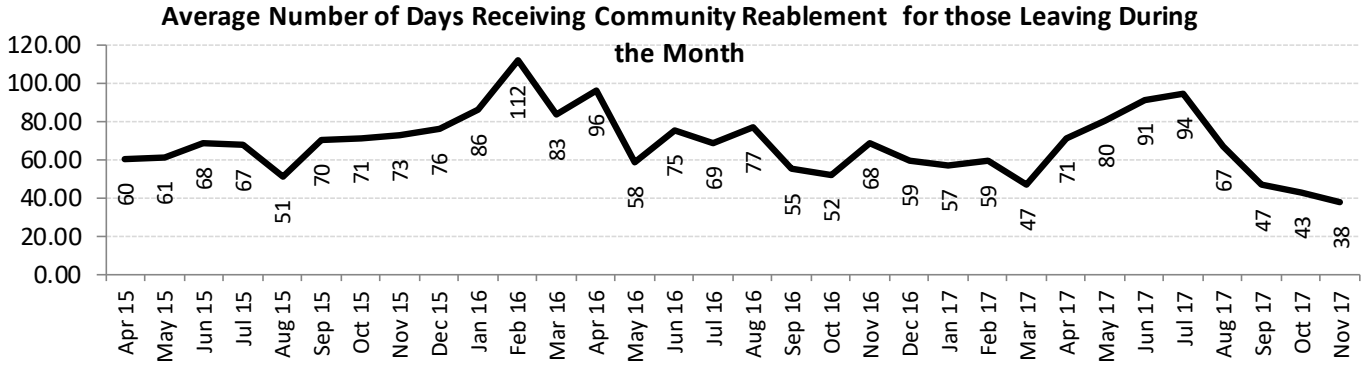
New Community Reablement Episodes (formerly DCAS)

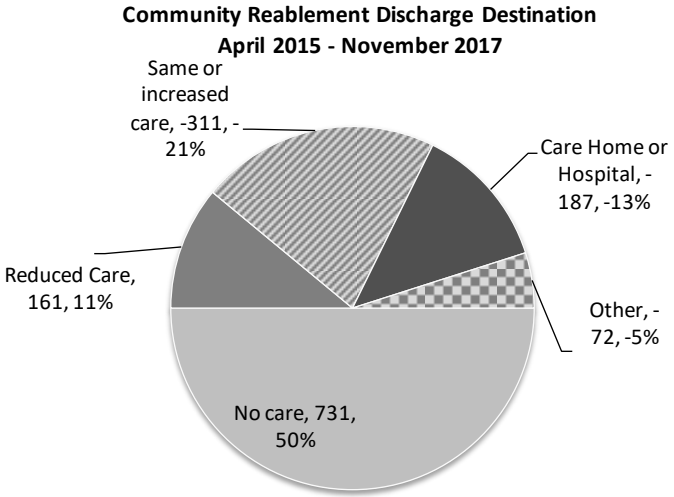




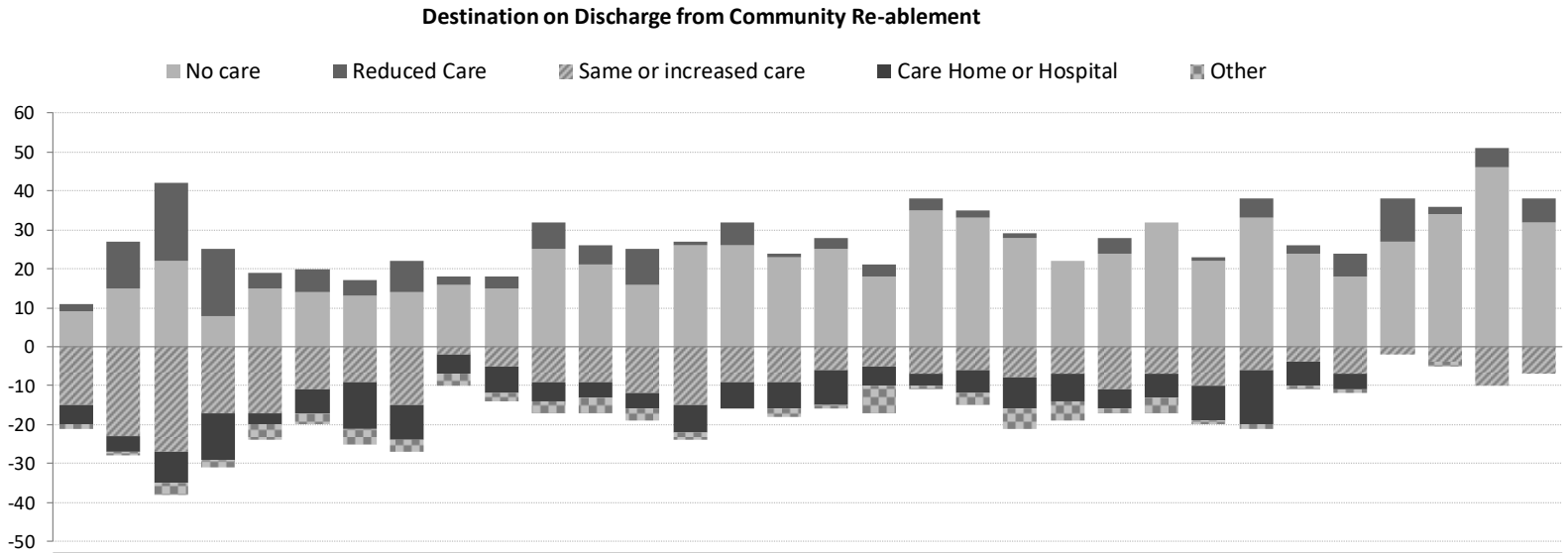
What is working well?	What are we worried about?	What are we going to do?
People continue to access the service and around 110 – 120 are usually being supported at any given time and on average 50 typically admitted each month.	June through October 2017 saw notable decreases in both starters and number in service. As can be seen from the following slide, we still need to develop the recording of outcomes following reablement from the service so do not have sufficient data to understand whether our criteria are correct.	We will continue to keep criteria for acceptance to the service under review.
There has been a decline in the overall number supported in DCAS at the end of each month. This was achieved from Autumn 2015 by revising criteria for acceptance by community reablement to avoid inappropriate reablement packages.	As above.	We will continue to keep criteria for acceptance to the service under review.
New episodes of community reablement continue to be stable following realignment of service to focus on those most capable of successful reablement.	New episodes this year are lower than for the previous 2 financial years.	We will continue to keep criteria for acceptance to the service under review.

Effectiveness of Community Reablement





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



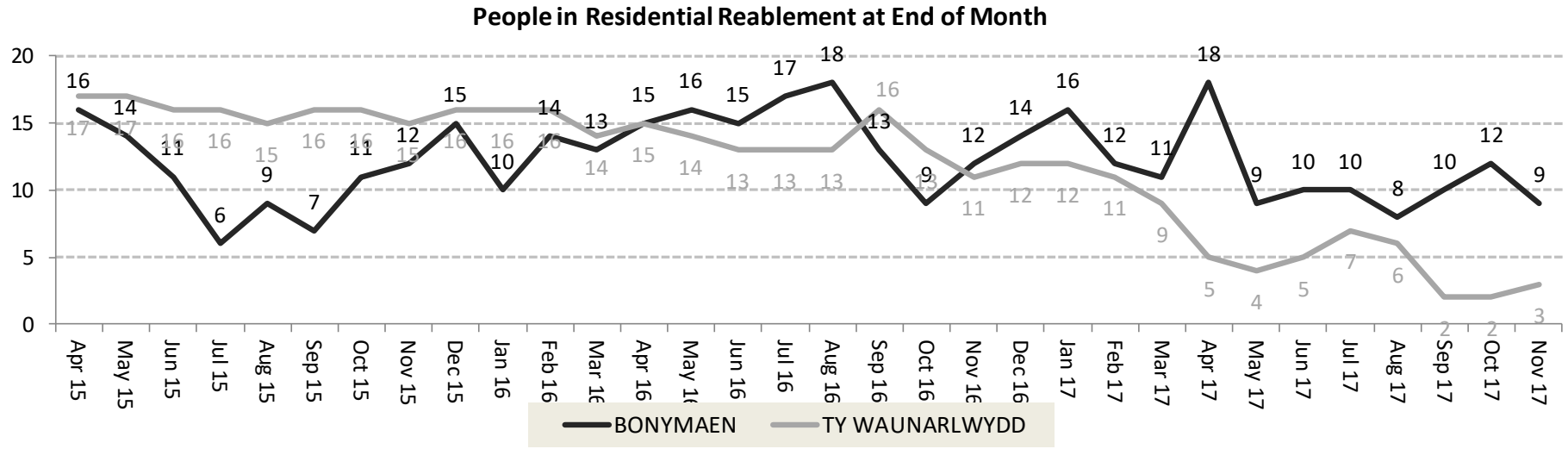
	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Other	-1	-1	-3	-2	-4	-3	-4	-3	-3	-2	-3	-4	-3	-2	0	-2	-1	-7	-1	-3	-5	-5	-1	-4	-1	-1	-1	-1	0	-1	0	0
Care Home or Hospital	-5	-4	-8	-12	-3	-6	-12	-9	-5	-7	-5	-4	-4	-7	-7	-7	-9	-5	-3	-6	-8	-7	-5	-6	-9	-14	-6	-4	0	0	0	0
Same or increased care	-15	-23	-27	-17	-17	-11	-9	-15	-2	-5	-9	-9	-12	-15	-9	-9	-6	-5	-7	-6	-8	-7	-11	-7	-10	-6	-4	-7	-2	-4	-10	-7
Reduced Care	2	12	20	17	4	6	4	8	2	3	7	5	9	1	6	1	3	3	3	2	1	0	4	0	1	5	2	6	11	2	5	6
No care	9	15	22	8	15	14	13	14	16	15	25	21	16	26	26	23	25	18	35	33	28	22	24	32	22	33	24	18	27	34	46	32

What is working well?	What are we worried about?	What are we going to do?
There has been an increase in the proportion of people who are leaving service to reduced care package or no care.	Data is not complete due to a variety of factors. We have also detected a range of errors in recording.	We are working to an improvement plan to foster improvement in recording accurately. This is essential to monitor the effectiveness of the service.
There has been some improvement since June 2017 in the numbers of people leaving community reablement and going into hospital or residential / nursing care.	Prior to June 2017 there were some large increases in the numbers of people leaving community reablement and receiving more care or admitted to care homes / hospital.	We will continue to divert people away from care in care homes or hospital where appropriate in line with people's desired outcomes.
There has been a reduction in the average length of stay, reflecting improvements in the through-flow of service users into other services.	We know that stay lengths can increase due to pressures within the service, in terms of securing long-term care.	Maintain focus on effective commissioning arrangements and workflow processes for domiciliary care.

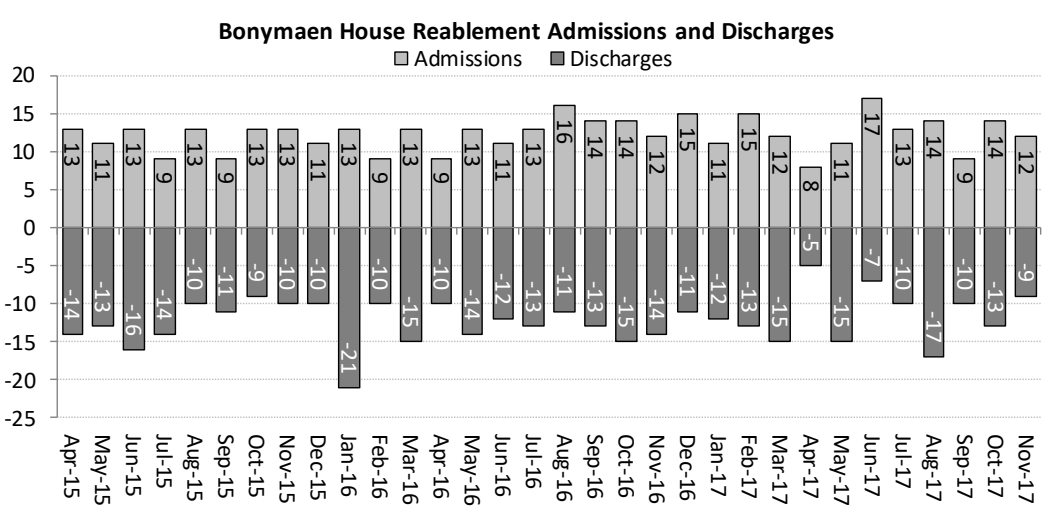
Residential Reablement

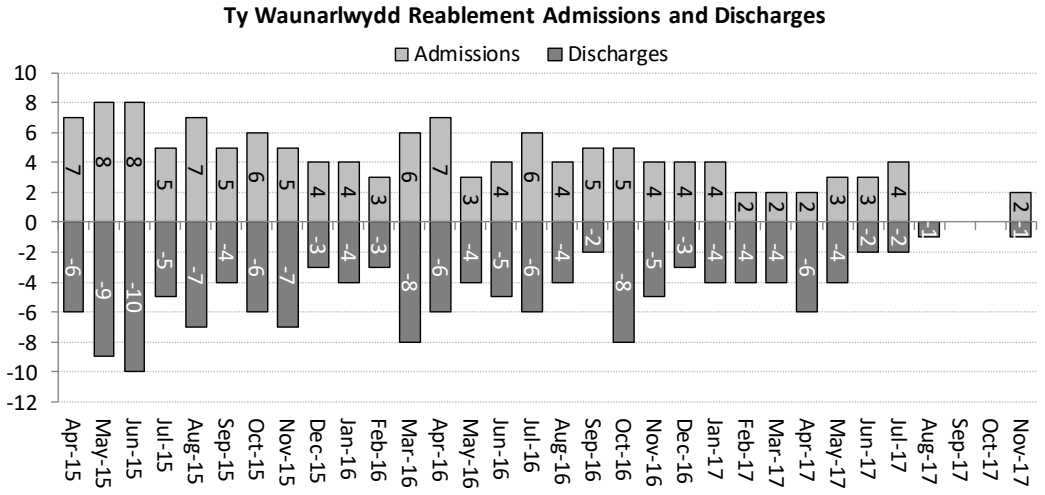
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.	There is good evidence the service has become effective in preventing admissions over the last 2 years.
There was a local PI relating the the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the **target was set at 58%** returning home. The measure is no longer reported but we continue to examine our effectiveness.	This target was met. For 2017/18, result is **70.2%** to November 2017.

Numbers in Residential Reablement



Admissions to /Discharges from Residential Reablement

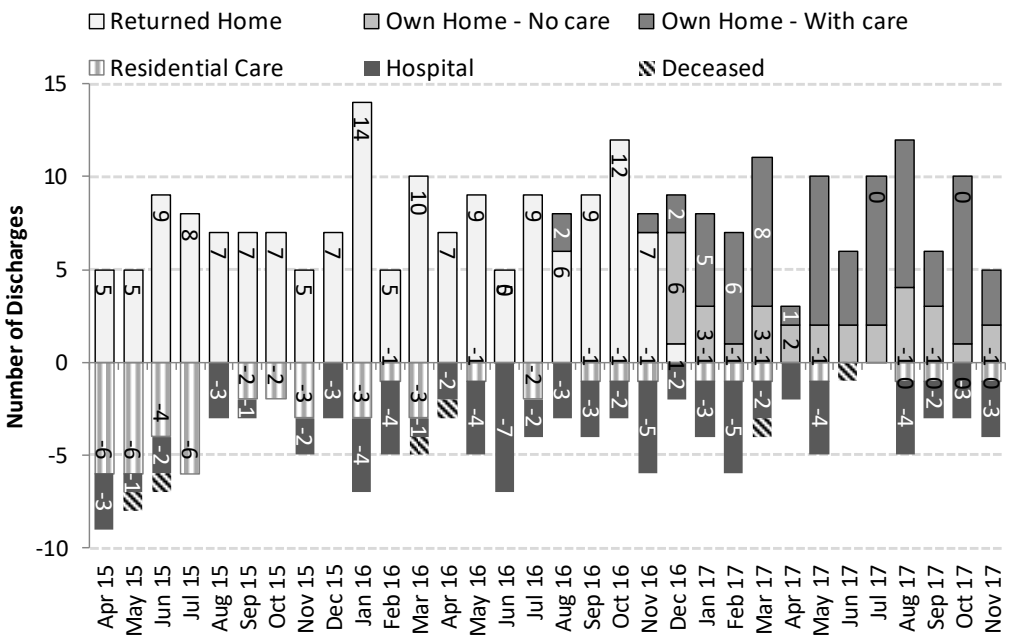




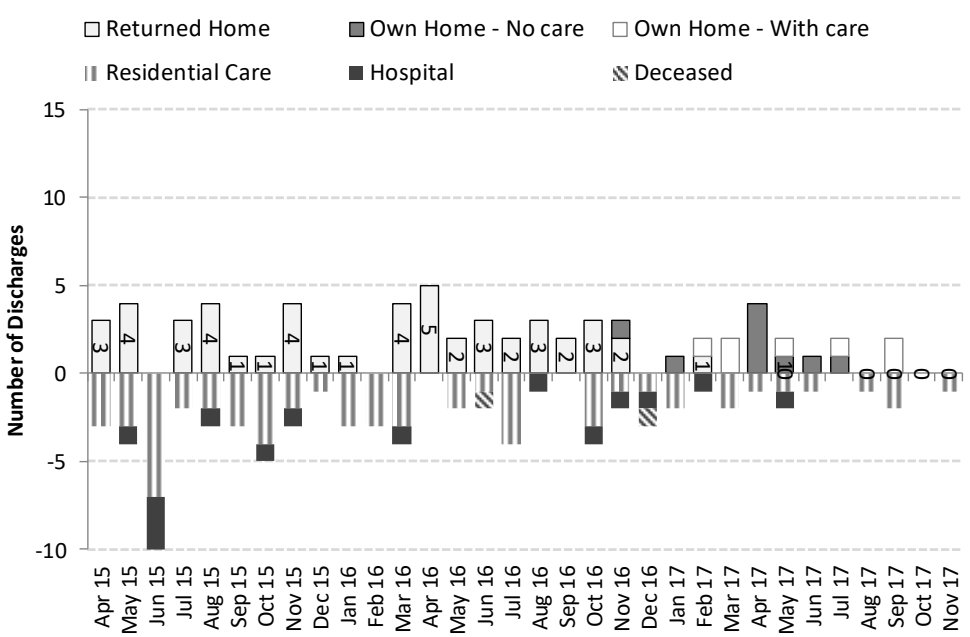
Effectiveness of Residential Reablement

Positive numbers reflect desired outcome of residential reablement, which is to avoid admission to a care home or hospital. The minus numbers reflect other outcomes, but these will of course be appropriate to the needs of the individual.

Bonymaen House Reablement Destination on Discharge



Ty Waunarlwydd Reablement Destination on Discharge

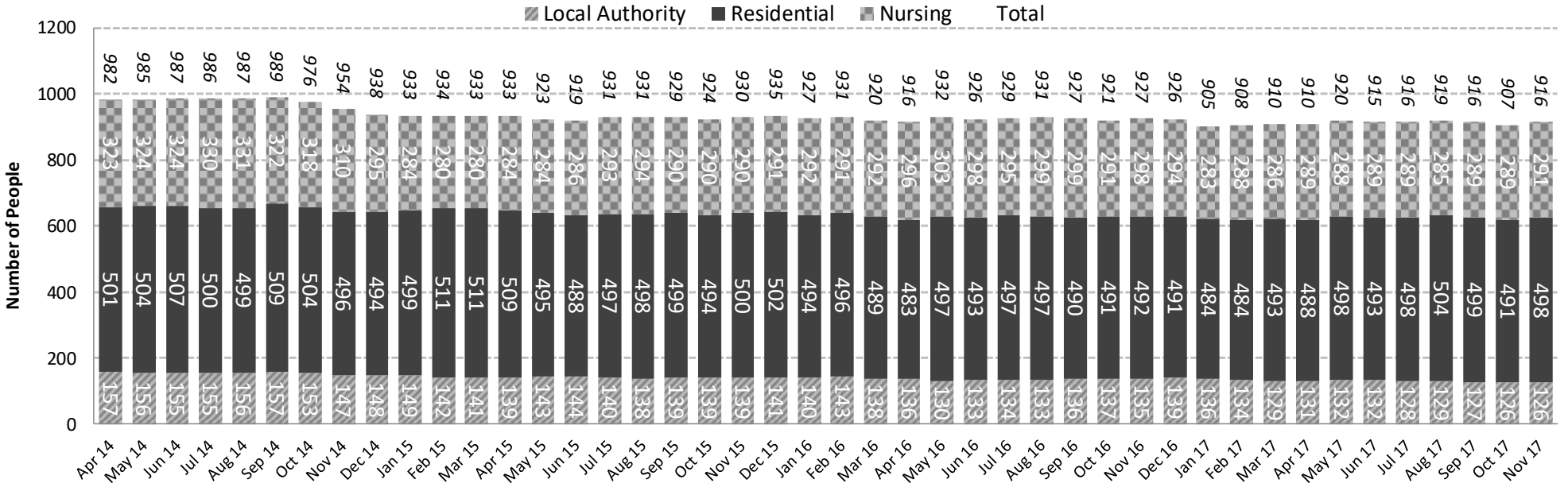


What is working well?	What are we worried about?	What are we going to do?
Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlwydd deals with people whose care needs are often greater	We want to do some work looking at the extent to which those 'returning home' require ongoing care plan and care packages.	We will prepare a plan to examine this issue. Initial analysis suggests people are currently more likely to go home with care than be fully independent.
Bonymaen has been consistently recording this data,	We have assisted Ty Waunarlwydd to improve resilience of recording.	The quality and comprehensiveness of recording will continue to be scrutinised.

Residential / Nursing Care for Older People

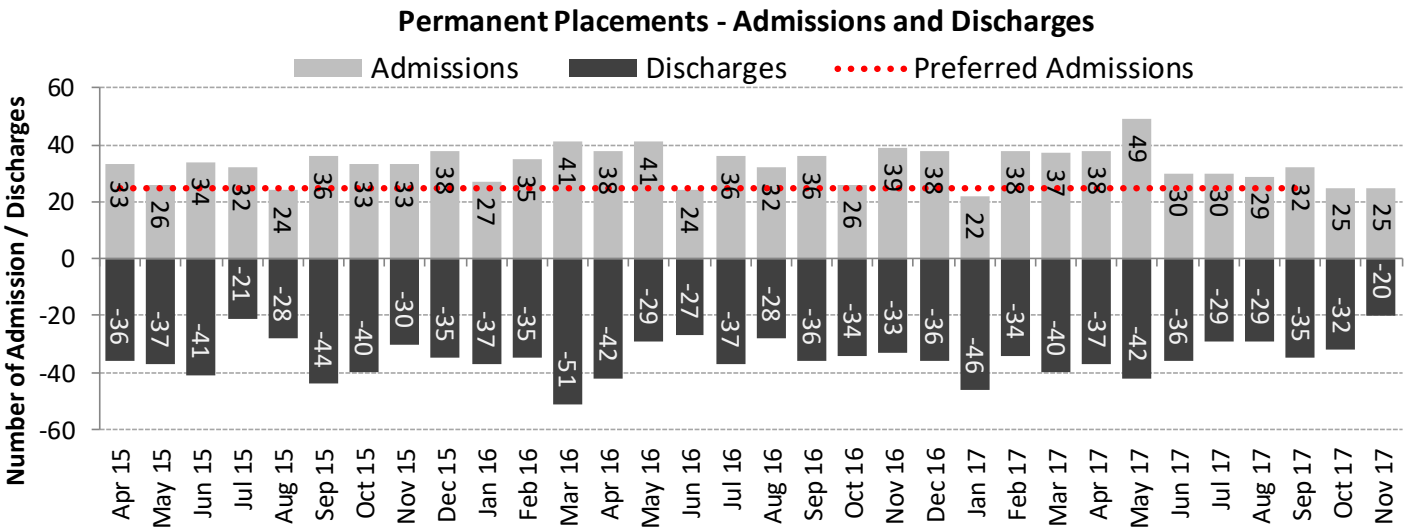
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people support over the last three years but the decreases have slowed down over that period.
There was a performance indicator (SCA002b) that related to the rate per 1,000 older people supported in residential care. Target for 2016/17 was set at **19.5.**This indicator is no longer required for the corporate plan.	Target met for 2016/17 at **18.8** During 2017/18, current measure is **19.4**
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	Cumulative performance for 2016/17 was 951 days for Measure 21 and Measure 22 was 82.62 years of age. For November 2017, Measure 21 is at **918.4** (slight deterioration) and Measure 22 is at **83.4** (improved).

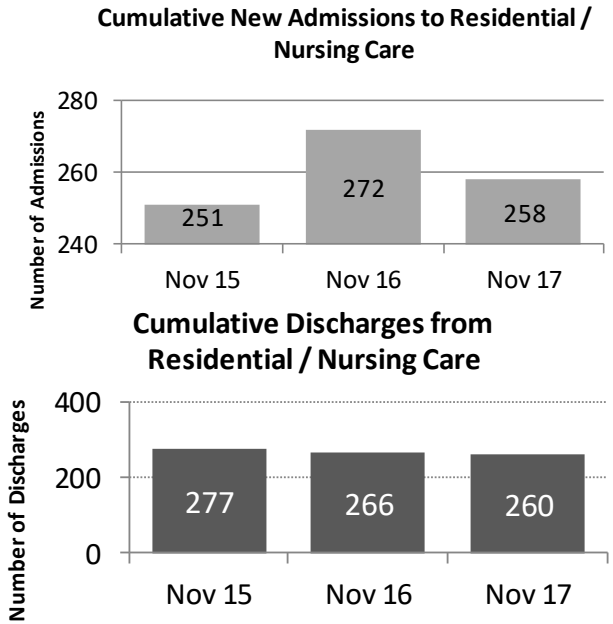
Older People Aged 65+ Supported in Residential / Nursing Care by the Local Authority at the end of the Period



Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care





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

What is working well?	What are we worried about?	What are we going to do?
The number supported has decreased from higher levels prior to October 2014.	We have not reduced numbers to the level anticipated in the Western Bay business case for intermediate care. We are still making above-average use of residential care compared to other Welsh councils.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes. A Panel is now in place which challenges decisions on new and temporary placements. We will need to monitor whether these arrangements help reduce the propensity to use of long-term placements.
Discharges have been high this calendar year helping to maintain downwards pressure on the overall number of people supported in residential / nursing care.	50 admissions for May 2017 is much higher than the previous highest number (41 in May 2016) For 12 of the 19 months since April 2016 admissions have been higher than the average of 30 for the entire period. Ultimately this will push the average admission number upwards.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes, as outlined above.

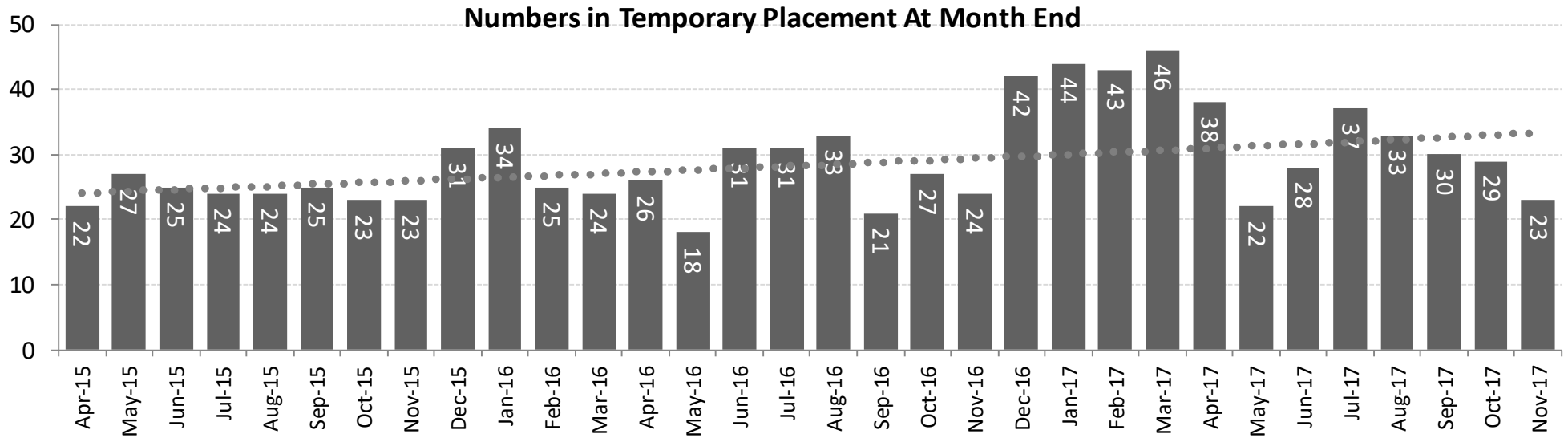
Temporary Admissions to Residential / Nursing Care

A temporary admission can be for a variety of reasons, the most common being trial periods to allow a person to establish whether they would like to consider a permanent placement and where the authority will need to carry out a financial assessment to determine whether the law requires that the person should pay for their care. Such stays tend to be relatively brief, typically between 40 and 60 days.

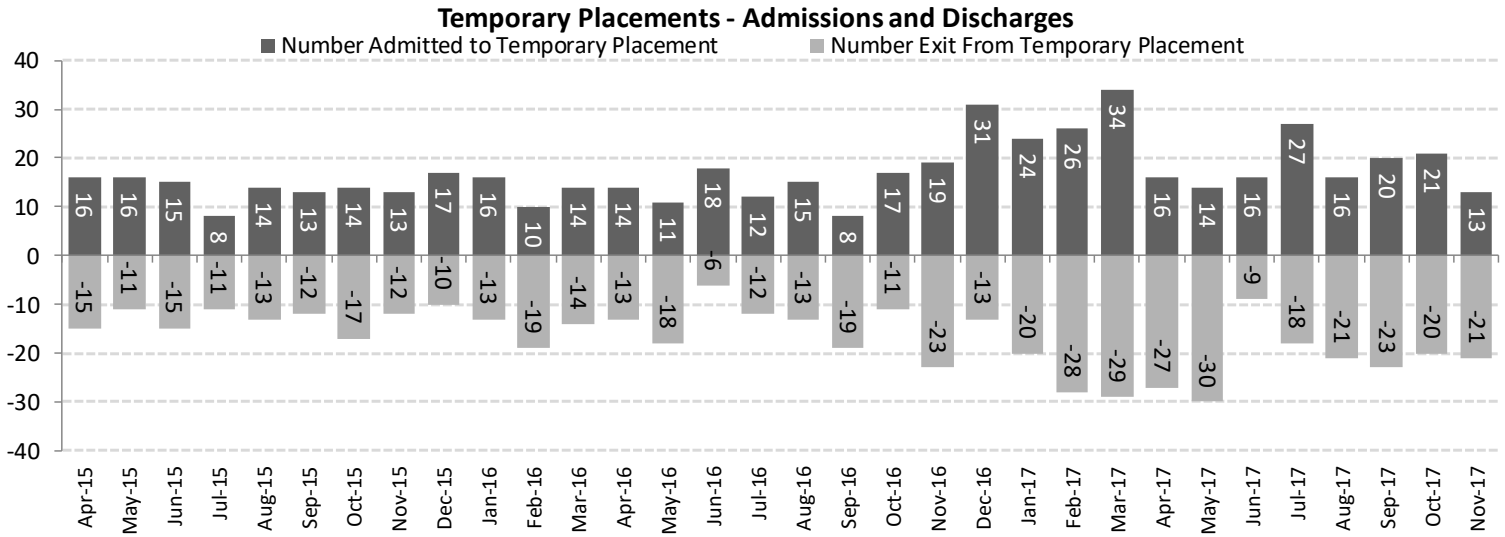
We have recently started to examine this information in the context of understanding overall levels of demand for residential / nursing care.

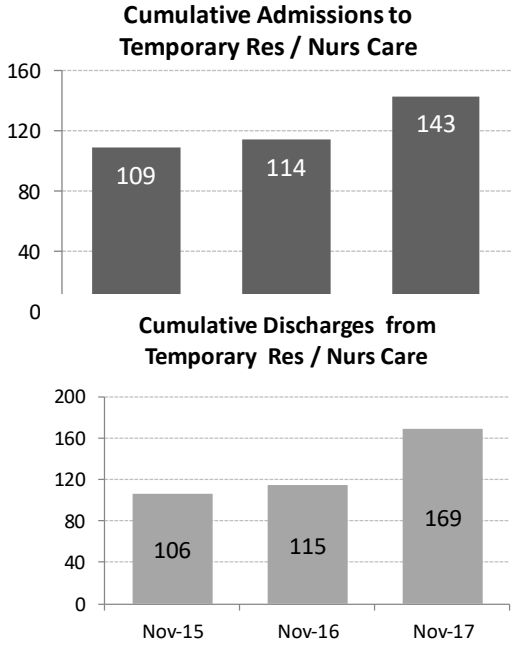
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

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



Admissions to and Discharges from Temporary Residential / Nursing Care





What is working well?	What are we worried about?	What are we going to do?
Admissions and discharges are keeping pace with each other and numbers are remaining relatively stable	We do not yet understand the dynamics of this aspect of service delivery. The number of admissions outstripped discharges during June and July	We are going to monitor this area of work and seek to understand it better. Under the new Panel arrangements, temporary placements are now only agreed for a two week period. Following the two weeks, care managements have to come back to Panel explaining the long-term care arrangements or why the temporary placement should be extended.
Numbers admitted had reduced since April 2017.	There had been a surge in temporary admissions November – March. There are signs that a new surge may be underway, and cumulative admissions now exceed previous years.	We will continue to monitor this area of service.

Destination on Discharge from Temporary Residential / Nursing Placements

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

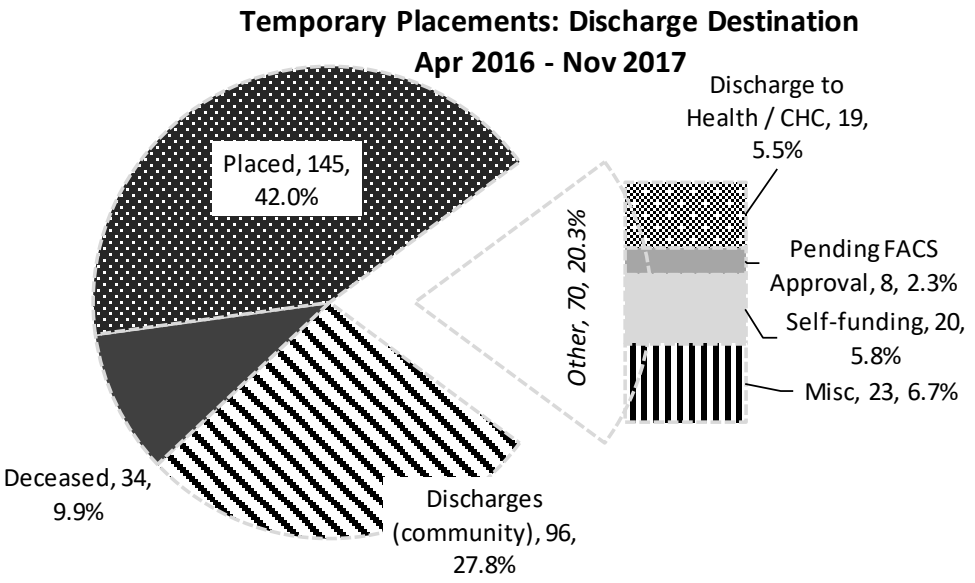
The largest group representing 42% of discharges since April 2016 are those discharged to a permanent placement. A further 2.3% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 5.8% of discharges are to self-funded care.

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

Of the discharges to the community, accounting for 27.8% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

9.9% of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

Since April 2016, just 19 people have been discharged to hospital or to a CHC placement.

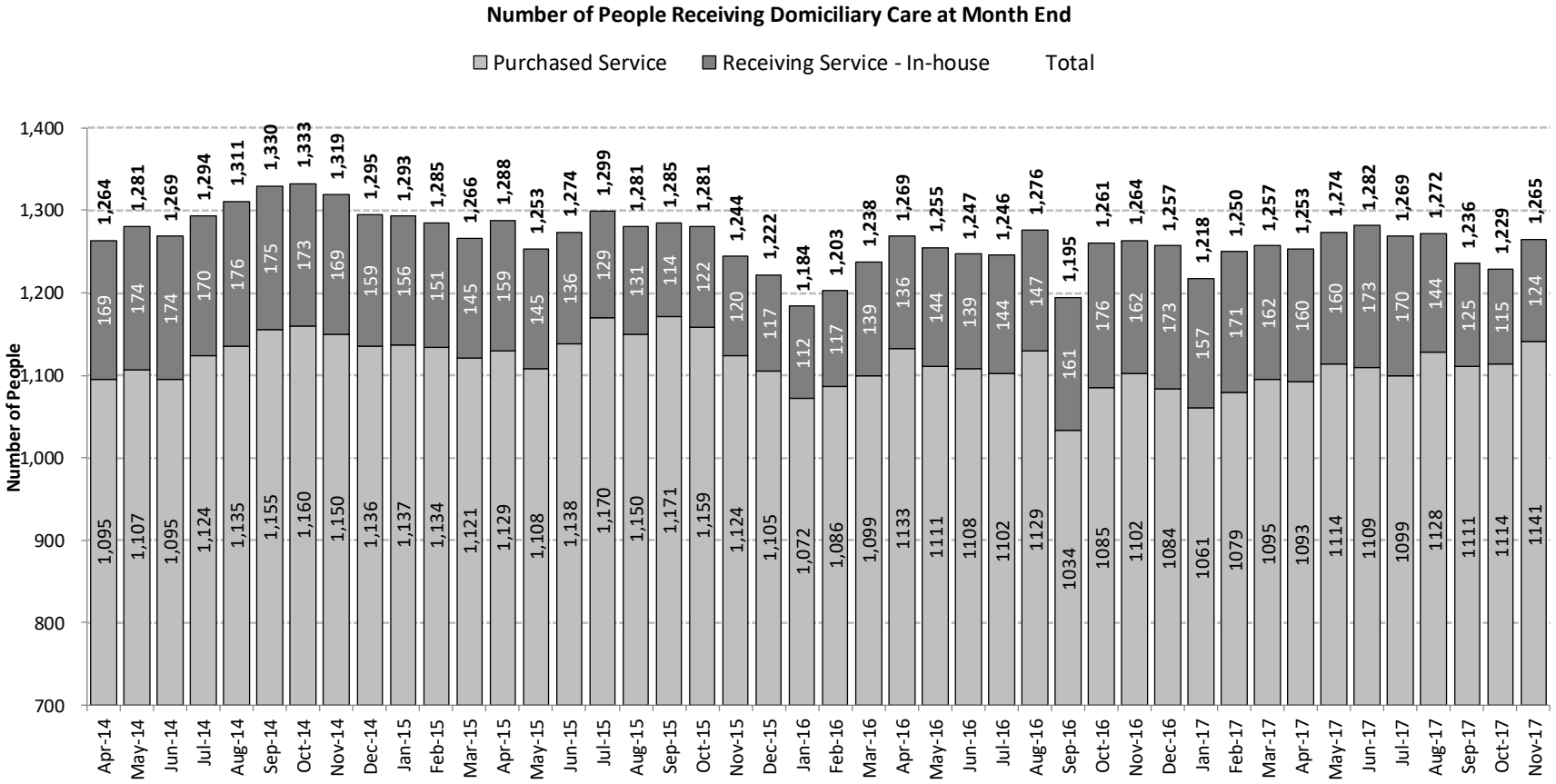


What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This is particularly following the change in charging arrangements as a result of the Social Services and Wellbeing Act whereby temporary placements can now only be charged at a maximum of £60 per week for the first 8 weeks.	We need to ensure that admissions to temporary placements are only made when necessary due to the escalating risk to local authority budgets that they represent.
We have good quality information about the start and end of a period of temporary placement		We have developed length of stay profiles for those in temporary placements and will include in future editions.
	The very low level of discharges to Continuing Health Care (CHC) funded placements is illustrative of wider issues of whether the Health Board is appropriately funding Swansea citizens. This pattern is echoed across Western Bay.	We will continue to engage with the LHB on achieving equitable distribution of CHC funding across Western Bay. We are also relooking at our strategy in relation to how we negotiate the funding of new placements to make sure that the Health Board funds legitimate health needs.

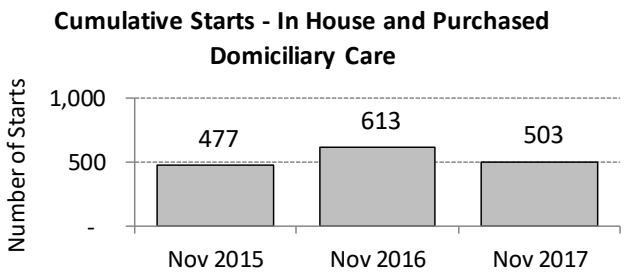
Providing Long-Term Domiciliary Care

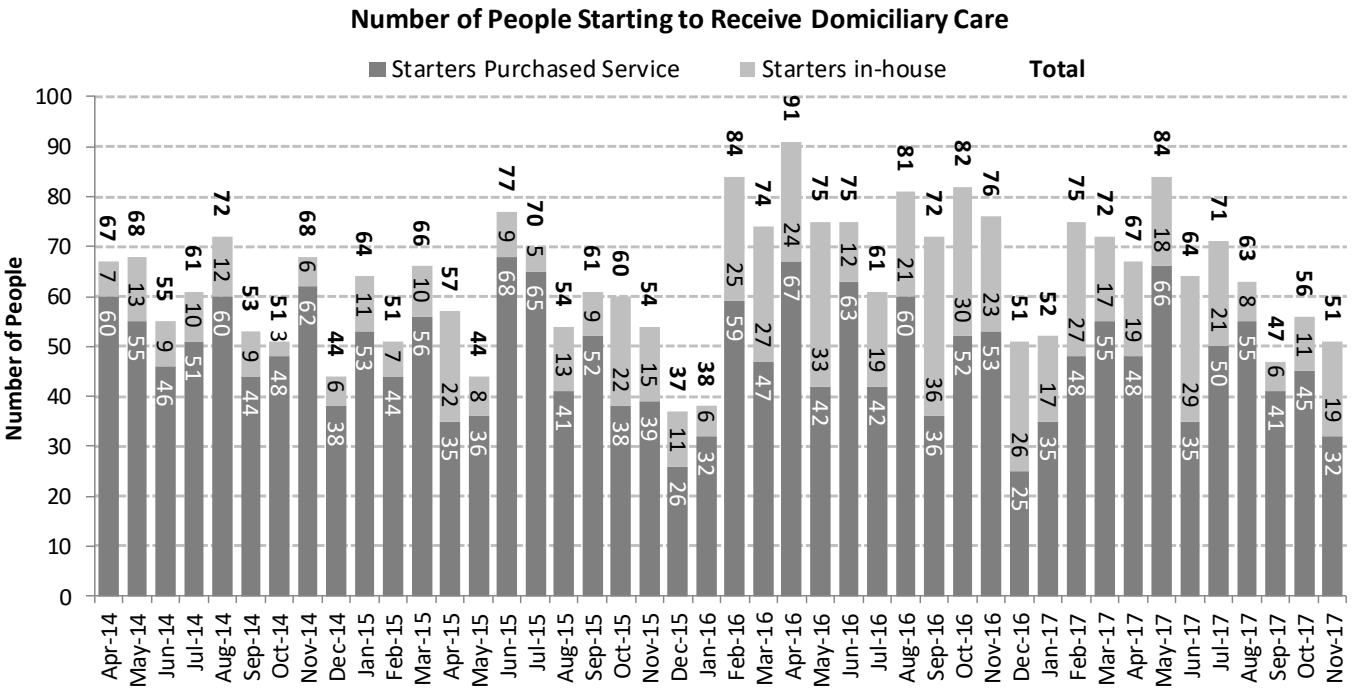
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care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

People receiving a domiciliary care package



People starting to receive a domiciliary care package

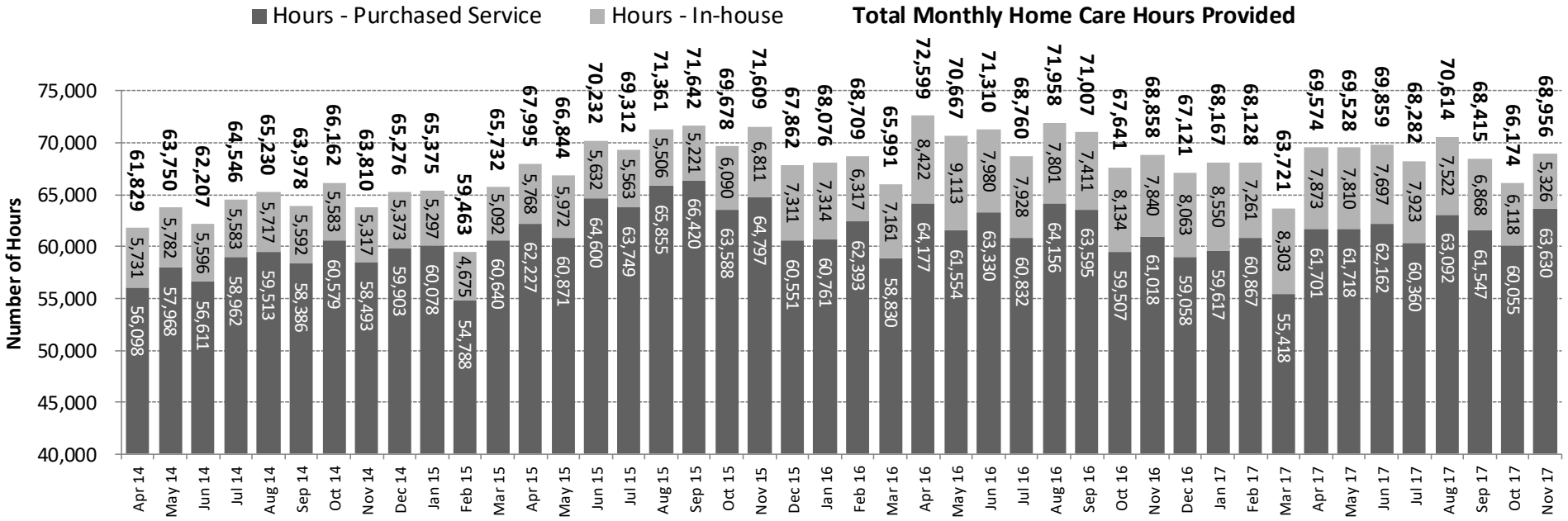




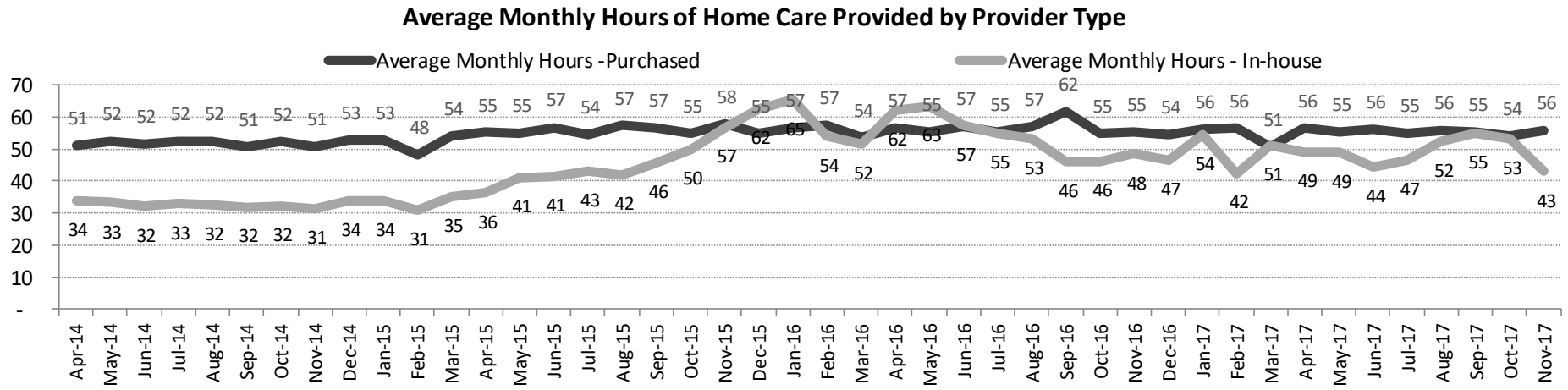
What is working well?	What are we worried about?	What are we going to do?
Some reductions in overall number of service users have been achieved from time to time but have not been sustained. Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this.	The number of people receiving a long-term home care package from either an independent provider or the council's own service has continued to remain at high levels and the overall number of hours delivered is continuing to increase month on month. We are supporting higher levels of domiciliary care in the community than we have ever supported before. At the end of June 2017, we were supporting as many people as we supported in November 2014. Conversely, numbers were projected to reduce 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.

What is working well?	What are we worried about?	What are we going to do?
Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this.	The overall number of new starters during 2016/17 exceeded new starts in the previous 2 financial years. Historically, there were panel arrangements in place to agree all new and reviewed packages of care. These arrangements were removed on moving to the Integrated Hubs to improve flow through the system as they were perceived as bureaucratic. However, it would appear that removing this layer of decision making has led to more people being supported than ever before.	As above.
Anecdotally, there have been some improvements in the flow of service users into the service. Data should be sought to confirm this.	The overall number of new starters went up during the course of 2016 and new starts exceeded new starts in the previous 2 financial years. This inrush of new starters seems to have reduced in 2017/18.	A Commissioning Review is underway within this area of service.
	The number of new starters for the in-house service since February 2016 has increased	We will look into this issue more closely.

Monthly Total Hours of Care Provided



Average Home Care Hours Provided



What is working well?	What are we worried about?	What are we going to do?
A large number of hours of home care are being provided independently or from the local authority, which means that delayed transfers of care are at a minimum and people are actively being supported to remain independent at home.	Number of hours delivered has resumed the high levels seen last autumn and subsequently the number of hours delivered has continued to increase. It is getting increasingly difficult to find capacity for new packages of care	Work is underway to review all long-term packages of care to ensure they continue to meet need. We also need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work is commencing to map this and then ensure appropriate test and challenge arrangements are in place. We are also working with providers and the in-house serviced to free up capacity.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	A Commissioning Review has recommended to recommission the external service on a patch based approach which will help to strengthen the sustainability of the external sector. Work is also underway to support the external sector with recruitment and retention of staff to help strengthen the sector.
Purchased service has maintained a steady average care package size.	There appears to be some growth in the size of the average in-house package.	We will look more closely at the data for hours of care provided by the in-house service. This may be due to the impact of 'bridging' clients.

Safeguarding Vulnerable Adults

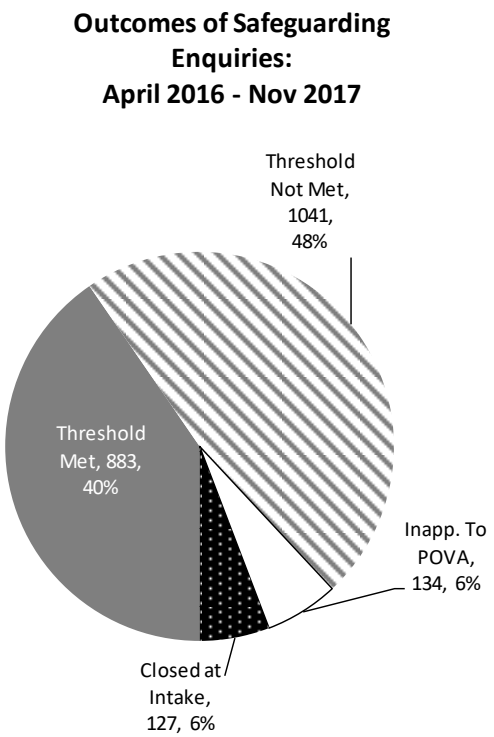
There are a number of national and local performance indicators relating to safeguarding. All of these are **new** and therefore baselines are still being set for targets and, in some cases, definitions. The performance measures focus on issues of the timeliness of response to safeguarding referrals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

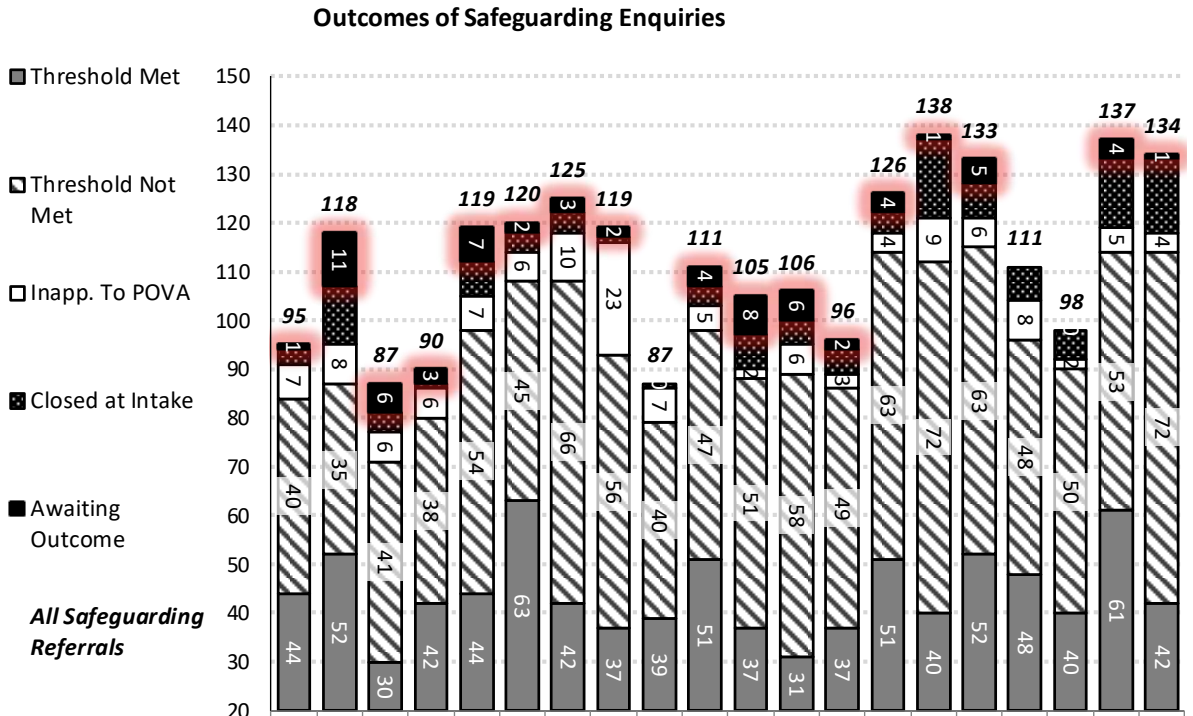
Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17 has been set to achieve **higher than 80%** reflecting a desire to ensure that matters are dealt with promptly but recognising that there will once always be occasions where decisions cannot be taken within a day. Results of 2016/17 monitoring indicated 80% was not a feasible target and the agreed target for 2017/18 has now been set at **higher than 65%.**	Performance on this indicator for 2016/17was **below target at 65.3%.** Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance improved considerably for Q2 and Q3 but declined in Q4. Cumulative 2017/18 performance is now just above the revised target at **65.2%** at the end of November 2017
National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2016/17 has been set to achieve **higher than 95%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will once always be occasions where decisions cannot be taken even within a week. Results of 2016/17 monitoring indicated 95% was not a feasible target and the agreed target for 2017/18 has now been set at **higher than 90%.**	Cumulative performance for 2016/17 was **below target at 89.7%**. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance in 2017/18 has improved and stands at **95.1%** at the end of November 2017.

Safeguarding Enquiries and Outcomes

The graphs show that of the 2,185 safeguarding enquires completed since April 2016, 40% met the threshold for investigation and 48% did not meet the threshold.

Highlighted are those enquiries that were 'Awaiting Outcome' at **the end** of each month. These do not accumulate. At the end of November 2017, **1** was outstanding

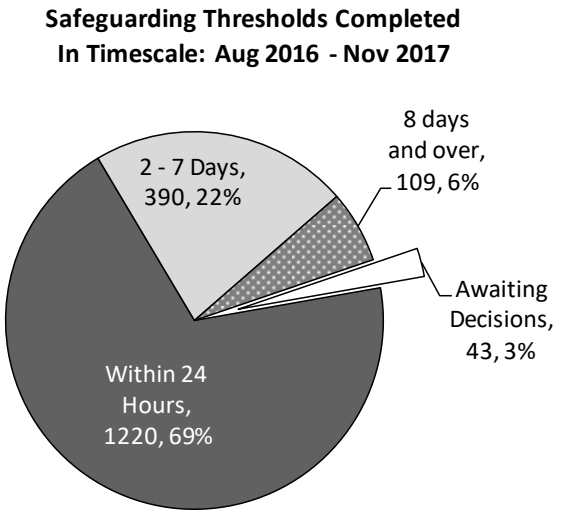


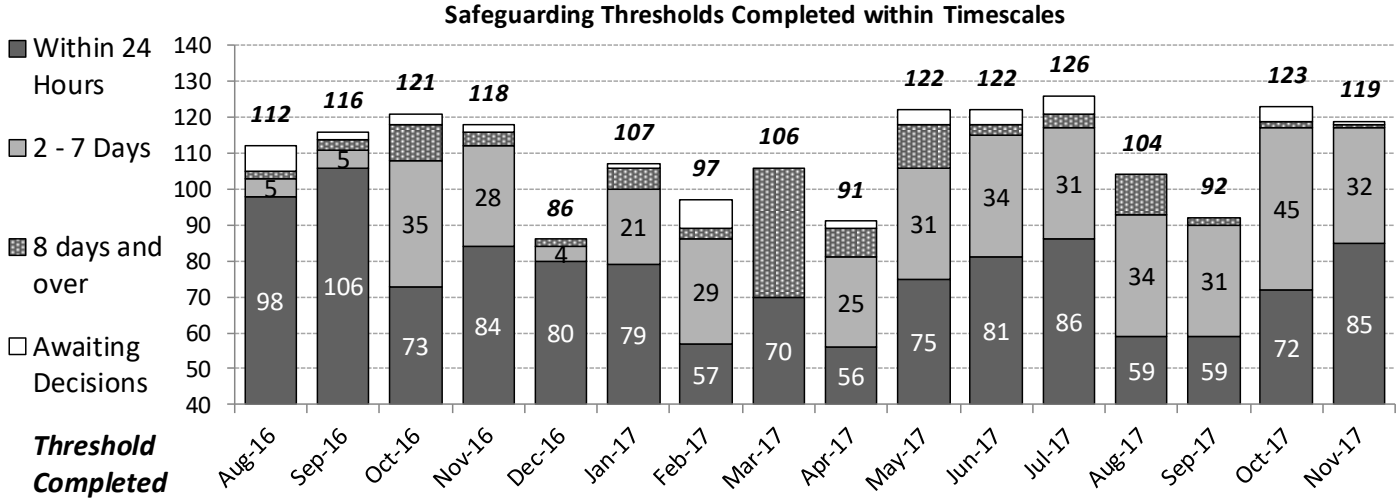


	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Awaiting Outcome	1	11	6	3	7	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1
Closed at Intake	3	12	4	1	7	4	4	1	1	4	7	5	5	4	16	7	7	6	14	15
Inapp. To POVA	7	8	6	6	7	6	10	23	7	5	2	6	3	4	9	6	8	2	5	4
Threshold Not Met	40	35	41	38	54	45	66	56	40	47	51	58	49	63	72	63	48	50	53	72
Threshold Met	44	52	30	42	44	63	42	37	39	51	37	31	37	51	40	52	48	40	61	42
All Safeguarding Referrals	95	118	87	90	119	120	125	119	87	111	105	106	96	126	138	133	111	98	137	134

What is working well?	What are we worried about?	What are we going to do?
Numbers are remaining relatively constant, with typically 110 (plus or minus 10) safeguarding enquiries received each month.	Some recording and compliance issues remain amongst some staff. Numbers appear to be increasing in recent months.	Information has been passed by the Performance Team to the relevant Business Support Managers to highlight these issues.

Timeliness of Completion of Safeguarding Enquires





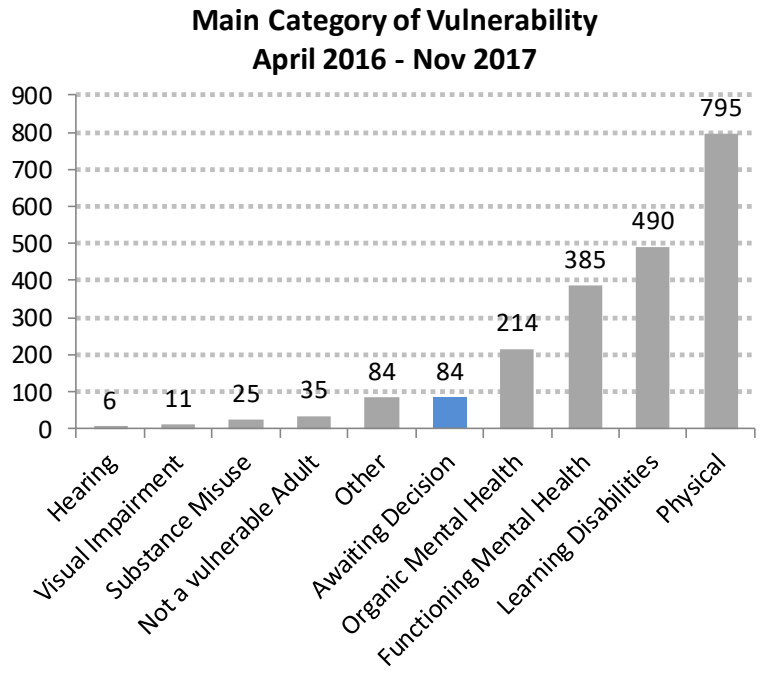
	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Awaiting Decisions	7	2	3	2	0	1	8	0	2	4	4	5	0	0	4	1
8 days and over	2	3	10	4	2	6	3	36	8	12	3	4	11	2	2	1
2 - 7 Days	5	5	35	28	4	21	29	0	25	31	34	31	34	31	45	32
Within 24 Hours	98	106	73	84	80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

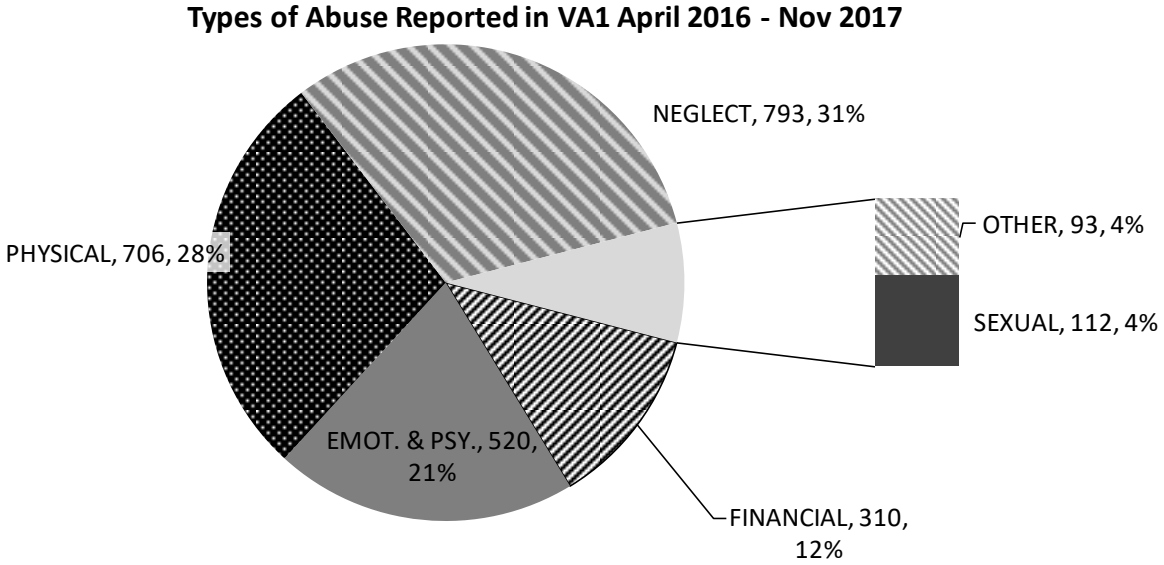
We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since August 2016.

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

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 is welcome but will need to be sustained.	This situation is being closely monitored and staff will be reminded of the statutory practice requirements. It is pleasing to note that the majority of cases are being thresholded within 7 days.

Categories of Vulnerability and of Alleged Abuse





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

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

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 59% of the types of abuse reported. Emotional and psychological abuse (21%) is nearly twice as often reported as financial abuse. Sexual abuse is relatively unusual representing around 4% of abuse types reported.

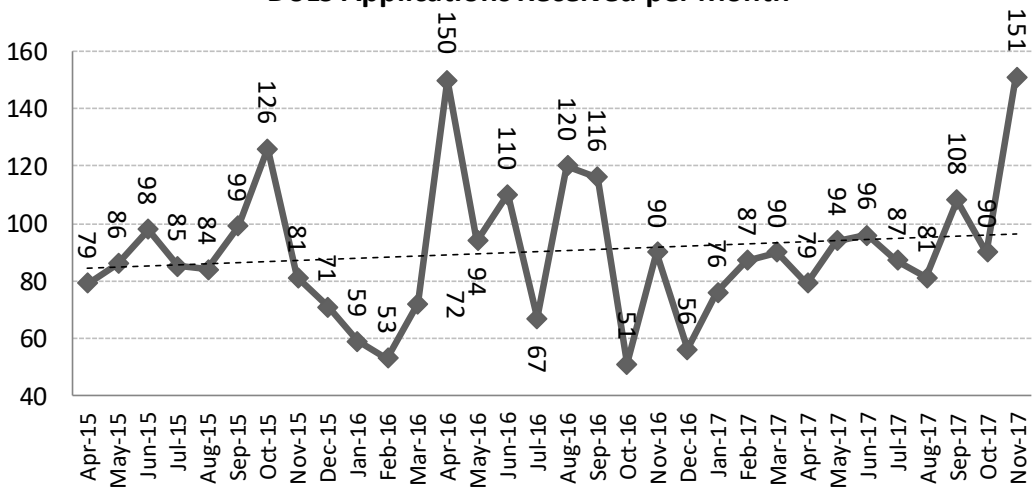
In terms of the 'vulnerability' of the person who is reported to be experiencing abuse or neglect, the two categories 'physical' and 'organic mental health' largely refer to older people over the age of 65 and typically represent 45-60% of vulnerability reported each month. With learning disability,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

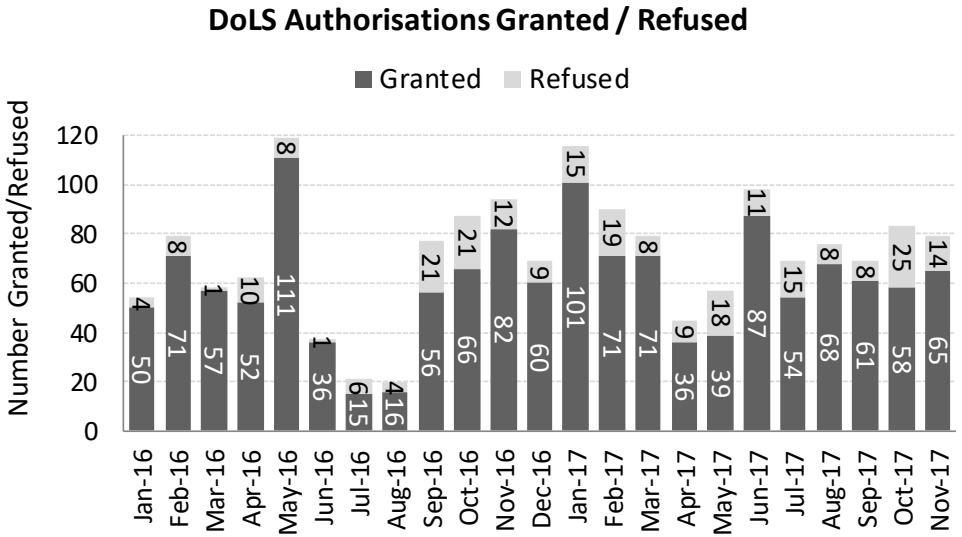
Deprivation of Liberty Safeguards (DoLS)

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

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of **60% or higher** for 2017/18.	Performance to November for 2017/18 was continued to be above the target at **60.4%.**
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half–year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

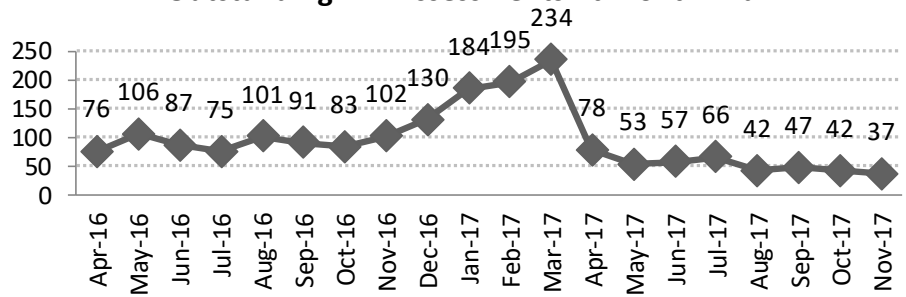
Applications for and Disposals of Requests for DOLS Authorisations

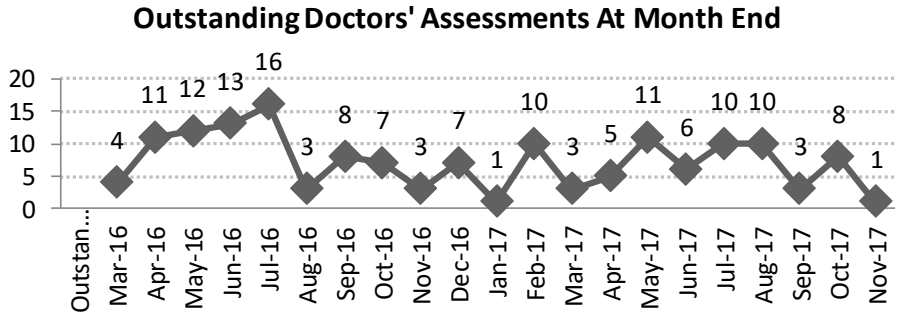


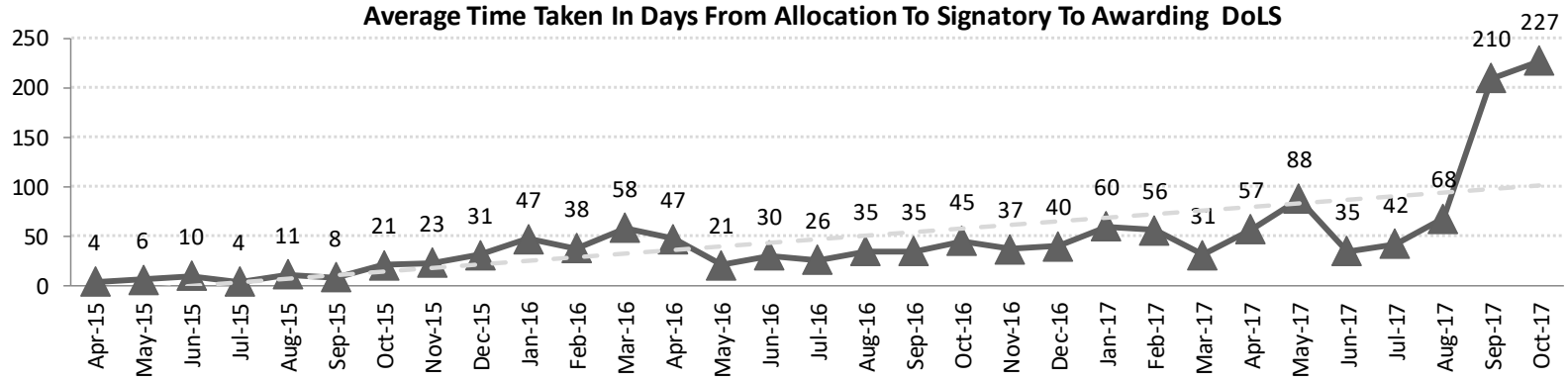


The average monthly number of applications has increased from 93 in 2015/16 to 103 in 2016/17. On average since April 2016, 85% of applications are granted.

Processing DoLS Applications







What is working well?	What are we worried about?	What are we going to do?
Applications have been fairly constant since August 2016	The number of authorisations has not always kept pace with the number of applications.	Dedicated resource has been introduced to deal with the number of authorisations that need to be completed.
Following senior management intervention, outstanding Best Interests and Doctor's Assessments have been brought under control.	We will want to seek to avoid further bottlenecks in the process leading to a backlog accruing.	There are some additional issues relating to case allocation which are being dealt with. A longer term plan is also being developed to look at how we can effectively manage normal flow.
Introduction of dedicated resource to deal with the number of authorisations has improved timeliness.	There is continued pressure from existing authorisations requiring review.	Continue to monitor the situation very closely.

Planned Future Developments to this Report

The following have been identified as subject matter that we wish to develop capability of providing accurate, reliable and meaningful information.

Assessment & Care Management

Caseloads & reviews is a topic that we will be working on throughout 2017, across mental health, learning disability and integrated services.

Mental Health referrals will be added to future reports, as well as performance on reviewing those with an active Care and Treatment Plan.

Learning Disability referrals and assessments will be delivered before the Summer 2017.

Well-Being and Prevention Services

The Local Area Co-ordination (LAC) service will be developing additional metrics during 2017.

We will be developing appropriate metrics for other related services.

Service provision

Older People:

- Utilisation of local authority residential care – capacity and occupancy

Learning Disability:

- Numbers in residential / nursing plus supported living
- Utilisation of day services: allocation / attendance
- Respite Services

Mental Health

- Numbers in residential / nursing plus supported living
- Numbers in day services

Direct Payments

- Specific data items to be confirmed

Carers

- Specific data items to be confirmed

Safeguarding

POVA:

- Outstanding work
- Provider issues summary

DoLS:

- We will continue to consider further metrics

Human Resources

This section of the report will be developed over time to incorporate material on human resources issues. Topics currently being considered include:-

- Sickness
- Agency Staff

Appendix A: Performance Indicators

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

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

Performance Results for 2017-18 Data as at 3 January 2018	Period	Numerator*	Denominator *	Swansea 2017/18	Wales Average 2016/17	Swansea Target 2017/18**	*Desired* direction of travel	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	Nov-17	836	879	95.11	80.70	90	↑	G	5.7%
Measure 19: Delayed transfers per 1,000 people aged 75+	Dec-17	105	21,672	4.84	2.80	3	↓	R	61.5%
Measure 20a: The percentage of adults who completed a period of reablement and have a **reduced package** of care and support 6 months later	Nov-17	6	8	75.00	28.00	50	↑	G	50.0%
Measure 20b: The percentage of adults who completed a period of reablement and have **no package of care** and support 6 months later	Nov-17	476	597	79.73	72.30	25	↑	G	218.9%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Nov-17	420,632	458	918.41	801.00	1000	↓	G	-8.2%
Measure 22: Average age of adults entering residential care homes	Nov-17	14,675	176	83.38	82.80	84	↑	A	-0.7%
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	Dec-17	713	870	81.95	67.70	80	↑	G	2.4%

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

Performance Results for 2017-18 Data as at 3 January 2018	Period	Numerator*	Denominator*	Swansea 2017/18	Wales Average 2015/16	Swansea Target 2017/18**	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	Nov-17	573	879	65.19		65.00	↑	G	0.3%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Nov-17	719	1,190	60.42		60.00	↑	G	0.7%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Dec-17	4,186	5,989	69.89		65.00	↑	G	7.5%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Nov-17	4,343	47,220	91.97		67.00	↑	G	37.3%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Nov-17	1,426	149,958	9.51		9.00	↑	G	5.7%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Dec-17	479	1	479		450	↑	G	6.4%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Nov-17	491	597	82.24		75.00	↑	G	9.7%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Nov-17	4	7	57.14		85.00	↑	R	-32.8%

Appendix B: Performance Indicators: Numerators and Denominators: 2017/18

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

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

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