

ADULT SERVICES SUMMARY MANAGEMENT INFORMATION REPORT DATA FOR MARCH / APRIL 2018



Contents

Contents

| | |
|---|----|
| Summary of Expectations, Standards & Performance | 3 |
| Common Access Point (CAP)..... | 5 |
| Local Area Co-ordination (LAC)..... | 10 |
| Delayed Transfers of Care..... | 11 |
| Assessment and Care Management | 14 |
| Integrated Social Care and Health Services..... | 15 |
| People Subject of Enquiry by Team and by Type of Enquiry | 16 |
| Caseloads & Reviews | 21 |
| Assessment and Care Management: Mental Health | 22 |
| Community Re-ablement..... | 24 |
| Residential Reablement..... | 28 |
| Residential / Nursing Care for Older People | 31 |
| Temporary Admissions to Residential / Nursing Care | 33 |
| Long-Term / Complex Domiciliary Care | 37 |
| Safeguarding Vulnerable Adults | 41 |
| Deprivation of Liberty Safeguards (DoLS) | 45 |
| Planned Future Developments to this Report..... | 47 |
| Appendix A: Performance Indicators | 48 |
| Appendix B: Performance Indicators: Numerators and Denominators | 50 |

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.

Additional commentary is provided throughout the text.

Common Access Point (CAP)

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

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

In December 2017, we introduced further measures to strengthen the MDT focus. The data reported here reflects this alteration and we are working to gather and report data on the entire CAP-MDT flow in future updates.

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

Local Area Co-ordination (LAC)

A new IT system has been introduced and we are now updating our reports. Data recording has resumed. Our performance team will continue to work with the LAC Team to maximise the utility of the data they are gathering (p.10).

Delayed Transfers of Care

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

Performance in the new Measure 18 for 2017/18 was hampered by difficulties in setting up packages of care (p.11), enabling people to be discharged from hospital. Improved validation processes in some service areas has improved performance.

Assessment and Care Management

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

Integrated Health and Social Care Services

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

Mental Health

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

Community Reablement:

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

There have been some improvements in the effectiveness of the community reablement service 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)

Key Expectations, Standards & Performance

Permanent Residential / Nursing Care

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

Temporary Placements to Residential / Nursing Care

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

Domiciliary Care

The numbers of people receiving a package of care has slightly reduced (p.37) since the start of 2017/18, as has the total number of hours provided each month (p.39). Average hours per client has remained stable (p.40). The number of people starting to receive long-term domiciliary care during 2016/17 exceeded the number of starters for the same period in 2015/16 (p.38). However this did not continue throughout 2017/18.

We are cautiously optimistic about these metrics as they suggest some stabilisation in the overall level of demand and could indicate our reablement strategy gathering force. We will continue to monitor this.

We have mapped the routes into long-term domiciliary care to ensure that effective decisions are made and that people are not over or under supported. We are now working to a plan based on this analysis and have started to take some remedial actions.

Safeguarding Adults

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

Performance on timeliness of response to safeguarding enquiries improved during 2016/17 and improved further in the early part of 2017/18. Close scrutiny of this by the Principal Officer and Head of Service is being carried out.

Performance measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. On the target for 24 hours (p.41), improvements in performance towards the end of the year were welcome and while progress was made, target was not met for the year.

Deprivation of Liberty Safeguards (DoLS)

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

In Swansea the DoLS situation improved during 2017/18, with the prior backlog almost cleared. We continue to monitor this area of work.

Welsh Government expects the core elements of the process to be completed in 21 days. Since April 2017 we have achieved this in 59.7% of cases, just under our 2017/18 target of 60% (p.45). Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves.

Common Access Point (CAP)

Common Access Point (CAP)

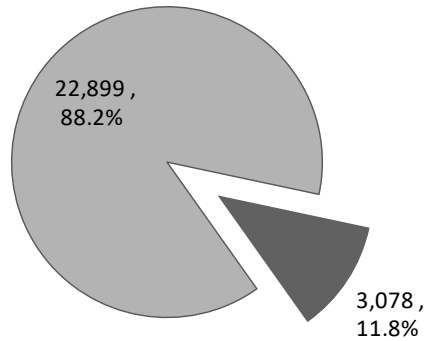
The Common Access Point continues to be reviewed for function and purpose. During 2016/17, the key expectations for the service and outcomes against those are set out below. (This service may also be referred to as 'Intake' or 'the front door'.)

| 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, and we have developed this in 2017/18. For 2017/18, performance on this indicator was well above target at 93.8% . |
| To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received. | Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated. |
| We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations | The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this. |
| We wish to make effective 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. |

Common Access Point (CAP)

Enquiries Received at Common Access Point

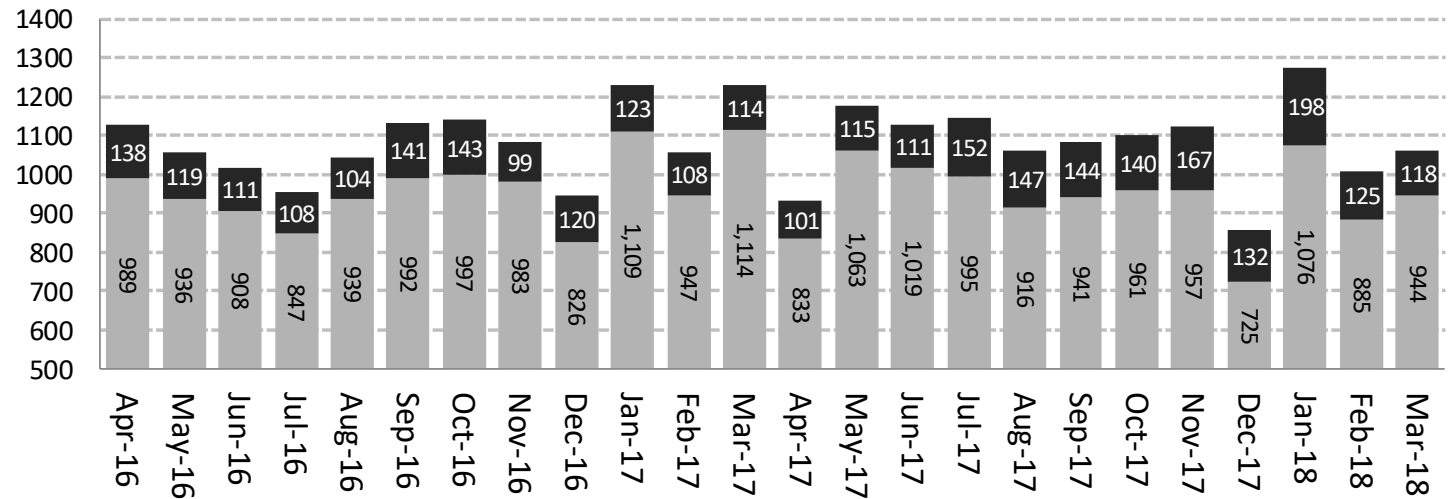
- Complete at CAP
- Enquiries transferred from Common Access Point



During the period April 2016 – March 2018, 88% of enquiries were processed via the CAP are passed through to other teams. 12% of enquiries are completed at CAP.

Enquiries Processed Via Common Access Point

- Enquiries transferred from Common Access Point
- Complete at CAP



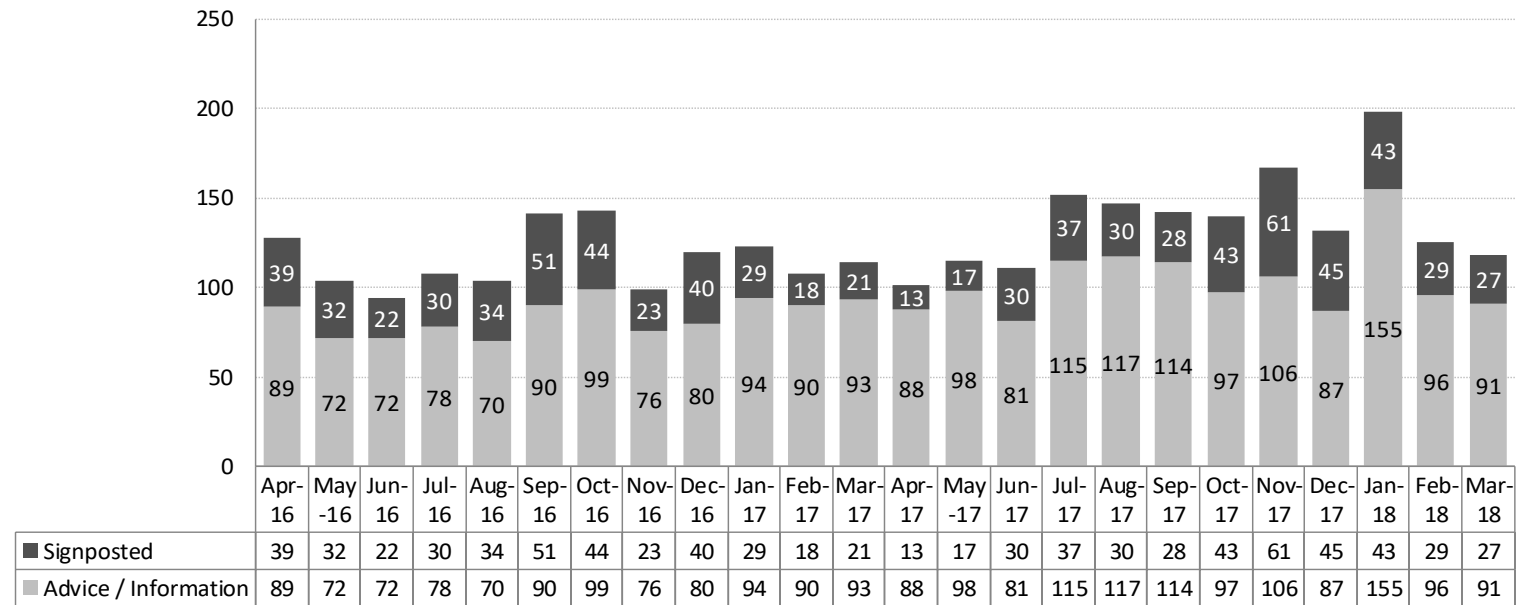
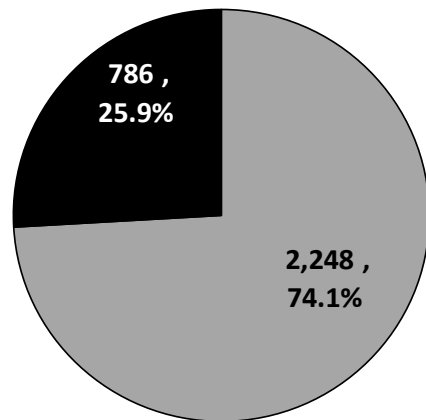
| What is working well? | What are we worried about? | What are we going to do? |
|---|--|---|
| The number of enquiries appears to be relatively constant, suggesting stability in the amount of work coming through. | Initially we had hoped to see higher numbers dealt with at CAP. However, the move to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

Common Access Point (CAP)

Enquiries Completed at the Common Access Point

Enquires Completed at Common Access Point

Advice / Information
 Signposted



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

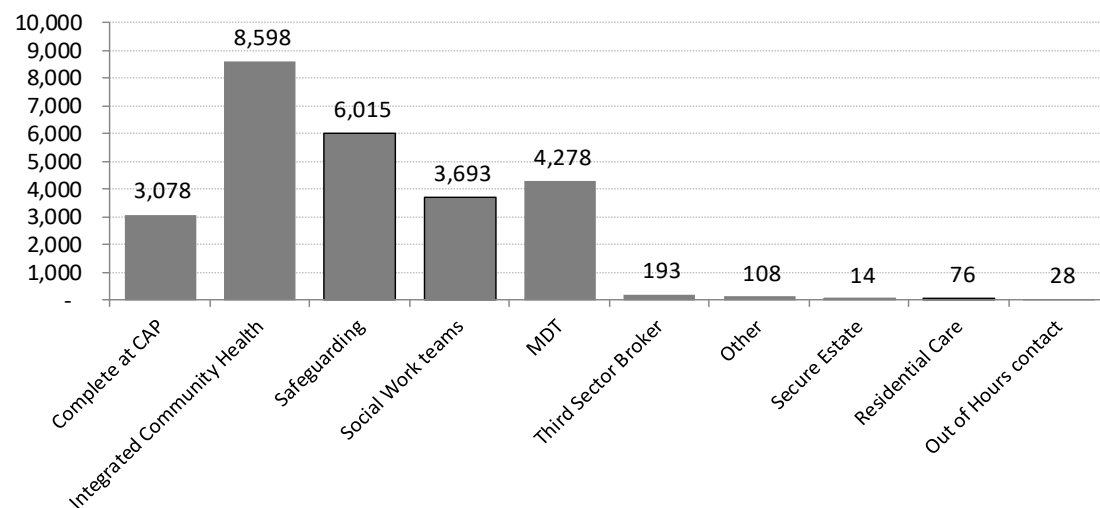
| What is working well? | What are we worried about? | What are we going to do? |
|--|--|---|
| The number of enquiries completed at intake appears to be relatively constant, suggesting relative stability in the amount of work coming through. | We are aware of issues in recording the complexity of working 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. |

Common Access Point (CAP)

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 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | 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 | 132 | 198 | 125 | 118 | 3,078 | 11.8% |
| Integrated community health teams | 343 | 415 | 424 | 388 | 419 | 476 | 395 | 417 | 371 | 501 | 448 | 457 | 350 | 383 | 309 | 283 | 321 | 324 | 296 | 242 | 265 | 234 | 234 | 303 | 8,598 | 33.1% |
| Safeguarding | 284 | 225 | 199 | 184 | 268 | 247 | 273 | 256 | 213 | 233 | 227 | 303 | 208 | 262 | 265 | 260 | 215 | 226 | 264 | 318 | 287 | 310 | 253 | 235 | 6,015 | 23.2% |
| Social Work teams | 240 | 237 | 227 | 214 | 201 | 203 | 202 | 195 | 145 | 278 | 192 | 146 | 81 | 115 | 89 | 100 | 108 | 116 | 122 | 96 | 52 | 157 | 79 | 98 | 3,693 | 14.2% |
| MDT | 110 | 46 | 52 | 54 | 50 | 58 | 125 | 111 | 89 | 89 | 63 | 193 | 179 | 273 | 345 | 333 | 256 | 261 | 259 | 284 | 107 | 359 | 293 | 289 | 4,278 | 16.5% |
| Third Sector Broker | 12 | 13 | 6 | 4 | - | 5 | 2 | 4 | 6 | 7 | 6 | 12 | 12 | 18 | 8 | 11 | 8 | 10 | 13 | 6 | 7 | 10 | 5 | 8 | 193 | 0.7% |
| EDT | - | - | - | 2 | - | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 4 | 0.0% |
| Secure Estate | - | - | - | 1 | 1 | 2 | - | - | 1 | 1 | - | - | 1 | 1 | 1 | 1 | 3 | - | 1 | - | - | - | - | 3 | 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 | 857 | 1,274 | 1,010 | 1,062 | 25,977 | 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 | 725 | 1,076 | 885 | 944 | 22,899 | 88.2% |

**Destination of Enquiry at Common Access Point
Apr 2016 - Mar 2018**



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 33.1% of enquiries received at CAP.

‘Social work teams’ refers to social work services provided within the Hubs. They received 14.2% of enquiries received at the CAP. A small number of learning disability referrals (dozens) may also be included here. 23.2% of referrals related to safeguarding and were distributed appropriately across all teams.

Common Access Point (CAP)

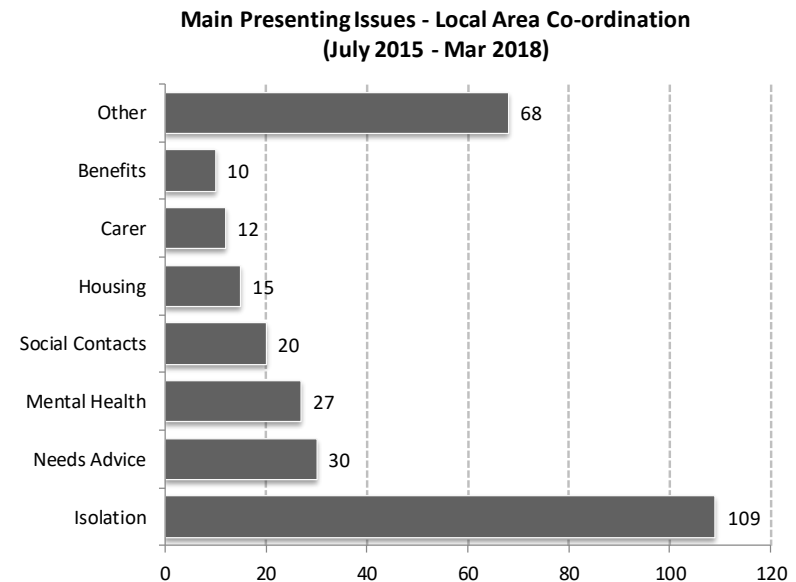
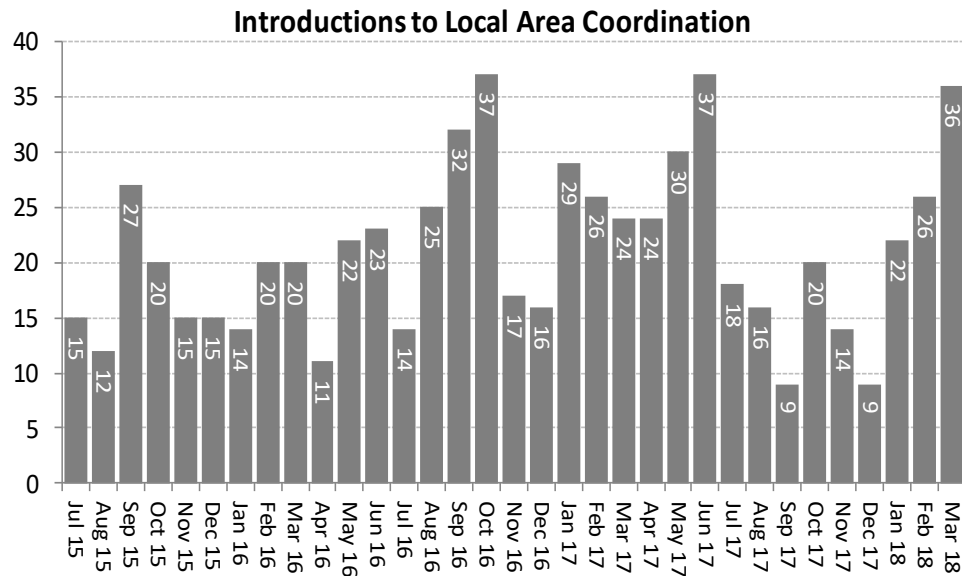
| What is working well? | What are we worried about? | What are we going to do? |
|--|---|---|
| <p>Increased referrals to the Multi-Disciplinary Team (MDT) have occurred periodically. More robust arrangement in place from March 2017 onwards. The MDT carries out proportionate triage in order to divert or establish need for further assessment</p> | <p>The MDT arrangements have taken some time to develop and had not been staffed consistently.</p> <p>During December 2017 a new MDT service structure was implemented within the CAP.</p> | <p>New arrangements to strengthen the MDT approach have been established, but we will monitor to ensure numbers are maintained.</p> <p>Assistant Team Manager carrying out quality assurance checks on a sample of referrals to establish whether they were handled / recorded correctly.</p> <p>Additional data on the MDT function will be included in this report once we are able to verify its accuracy and reliability.</p> |
| <p>The anticipated high number of safeguarding referrals was processed due to the anniversary of the relevant court judgment that drove up DOLS referrals.</p> | <p>There have been fluctuations in the number of safeguarding referrals periodically since April 2016.</p> <p>During the Autumn of 2016, this was due to specific issues relating to a particular residential home; a proactive plan with CSSIW and the Health Board was enacted to address these issues.</p> | <p>We are examining the data for 2017/18 to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.</p> |
| <p>We are able to record 3rd sector broker referrals if the relevant Paris process is followed.</p> | <p>The reliability of some of the data gathered is unknown.</p> | <p>Performance management staff are working with the service to develop appropriate recording processes to support Third Sector Broker activity.</p> |

Prevention & Early Intervention

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 but Q2 & Q3 were below target during the process of switching over to a new information system. Results for Q4 were very positive: result for 2017/18 exceeded target. |

Requests for Local Area Co-ordination and Main Presenting Issues



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

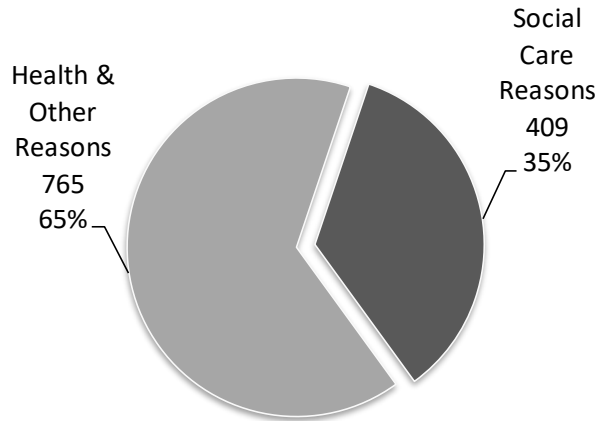
| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| There is an updated database in operation to capture information about the people who come forward or are referred to the team. | Technical recording problems and suspension of introductions in one area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

Delayed Transfers of Care

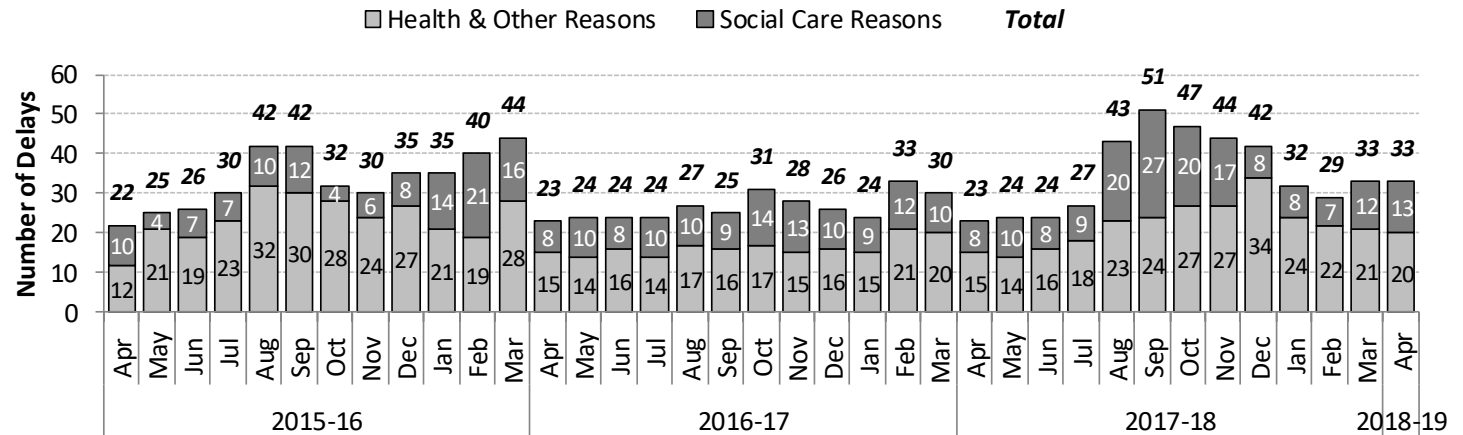
Delayed Transfers of Care

| 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 was 5.9 and therefore missed target. This was influenced substantially by the very large numbers of delays reported August – October 2017. Performance in 2018/19 is 0.55 for April 2018, which is higher than maximum target. |

Reason for Delayed Transfers of Care
April 2015 - April 2018

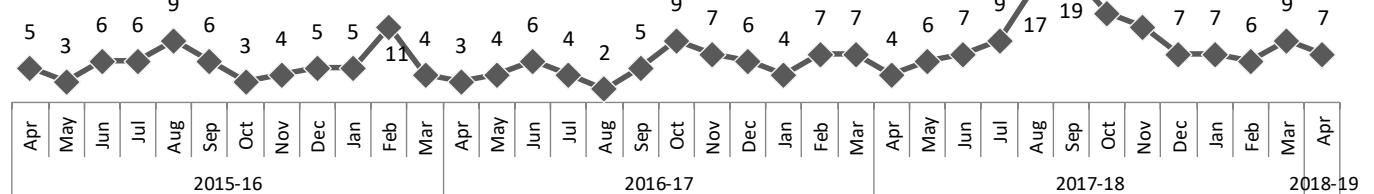


Spread of Delayed Transfers of Care



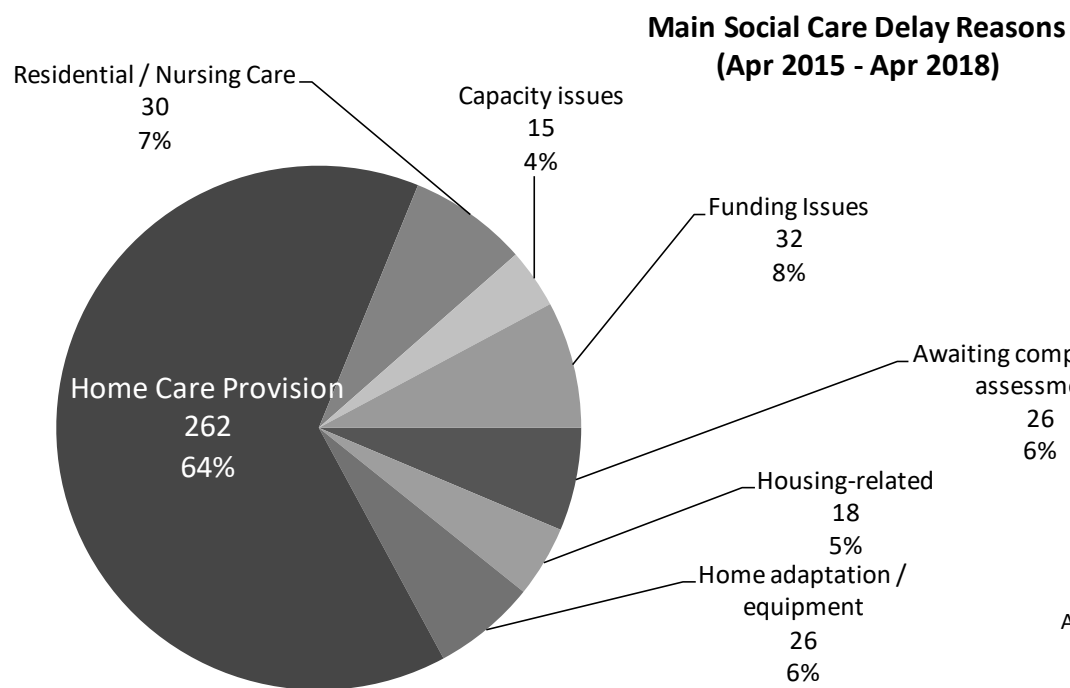
The above data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or other reasons. Typically delays for social care reasons represent slightly over a third of all delays. The most common reason for delay is usually delay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

Delays Due to Start of Home Care

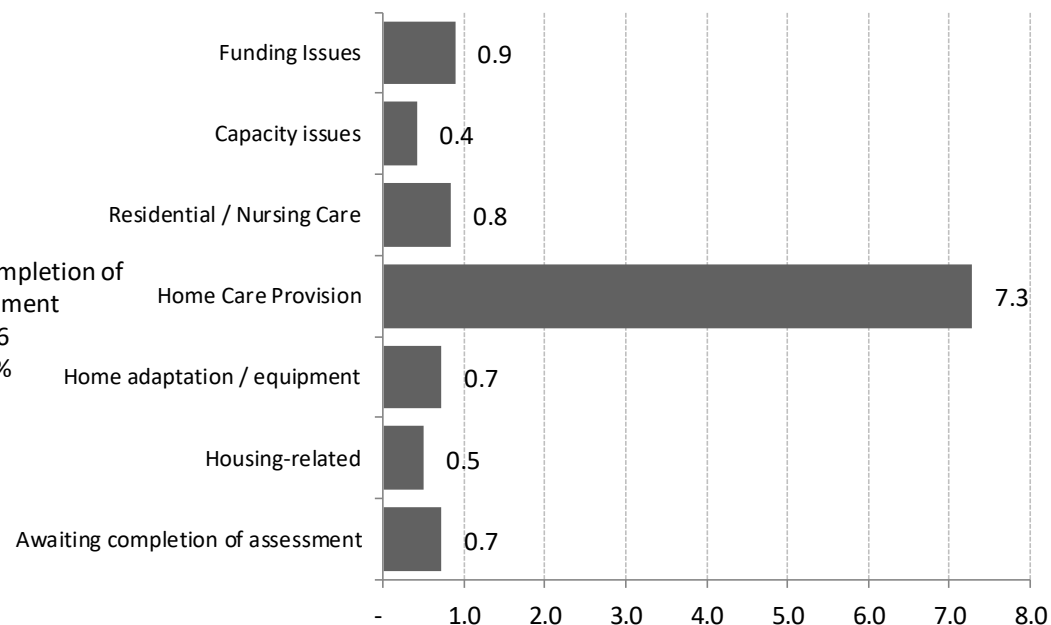


Delayed Transfers of Care

Reasons for Delay and Associated Monthly Averages



Average Social Care Delays per Month by Delay Reason (Apr 2015 - Apr 2018)



The above data shows that of the **409** 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 262 (or 64%). There is an average of 7.3 delays a month for this reason. Around 7% of delays relate to delays in arranging for residential / nursing placements to be made, with an average of 0.8 for this reason each month.

Delays due to incomplete assessment had been infrequent, with only 5 recorded in 28 months to July 2017. Following increases since August and continuing to November, the average has risen from 0.2 per month to 0.6. In April 2018, this had risen to 0.7 per month.

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

Delayed Transfers of Care

| What is working well? | What are we worried about? | What are we going to do? |
|---|---|--|
| <p>Social care delays had been relatively stable though declining since March 2017.</p> <p>From November 2017, there was a good level of reduction in delays for social care reasons and this has continued through the winter.</p> | <p>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.</p> | <p>We will continue to maintain focus on facilitating early discharge.</p> <p>We want to develop and use better evidence about delays to address the issues that are identified</p> |
| <p>Delays for package of home care starting had been kept to a reasonable number.</p> | <p>Increasing numbers delayed since June 2017.</p> <p>Issues with capacity in the home care market are expected to continue to cause difficulties.</p> | <p>We continue to seek ways to improve the availability of hours of care to people who need care to return home.</p> <p>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.</p> |
| <p>The arrangements for recording and reporting delayed transfers are well-established</p> | <p>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.</p> | <p>Software and processes to support more real-time reporting of delays during the month are in development.</p> |
| <p>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.</p> | | <p>Validation on LD and MH cases will continue.</p> |

Assessment & Care Management

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 |
|--|--|
| <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.</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 68.4%.</p> <p>For 2018/19, performance at end of April was 66.2%</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). Most teams are achieving an average 30 days or less for 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> |

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**

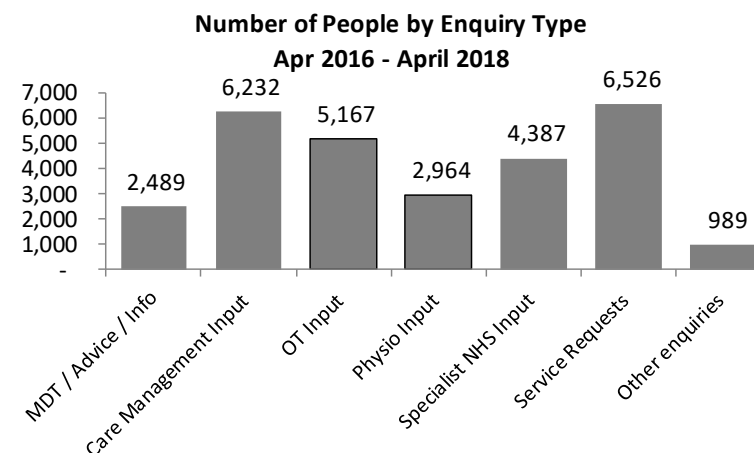
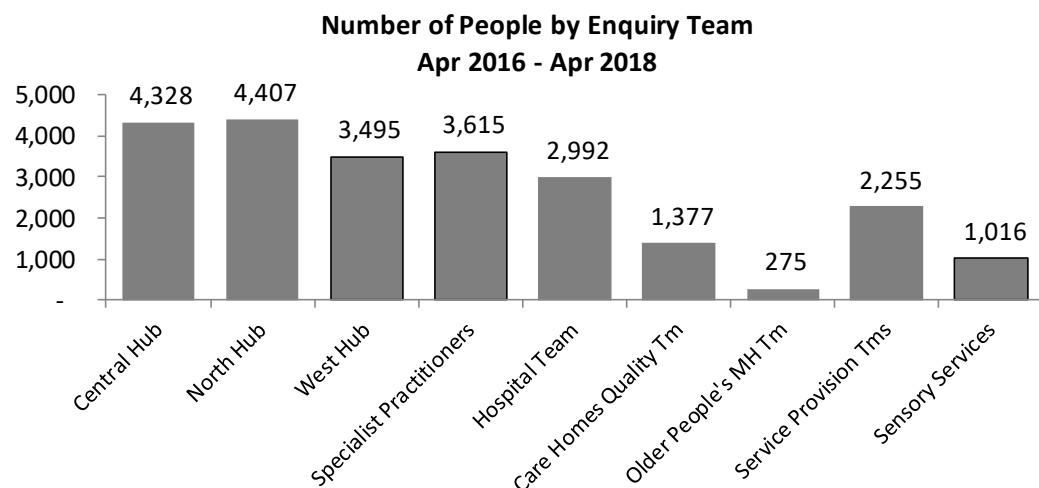
Assessment & Care Management: Integrated Services

People Subject of Enquiry by Team and by Type of Enquiry

Individuals who were subject of an enquiry April 2016 – April 2018

| 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 | 772 | 887 | 723 | - | 13 | 61 | 17 | 1 | 15 | 2,489 | 17.2% |
| Care Management Input | 1,217 | 1,465 | 1,111 | 5 | 2,859 | 261 | 213 | 6 | 9 | 6,232 | 43.1% |
| OT Input | 1,974 | 1,862 | 1,479 | 7 | 3 | 1 | 1 | - | - | 5,167 | 35.8% |
| Physio Input | 1,214 | 1,013 | 829 | - | 2 | - | - | - | - | 2,964 | 20.5% |
| Specialist NHS Input | 331 | 253 | 501 | 3,602 | 1 | 1 | 1 | - | 2 | 4,387 | 30.4% |
| Service Requests | 1,607 | 1,736 | 1,214 | - | 398 | 1,161 | 35 | 2,250 | 270 | 6,526 | 45.2% |
| Other enquiries | 8 | 42 | 4 | 7 | 32 | 1 | 50 | - | 857 | 989 | 6.8% |
| All Enquiry Types | 4,328 | 4,407 | 3,495 | 3,615 | 2,992 | 1,377 | 275 | 2,255 | 1,016 | 14,446 | |
| %ge of All Teams | 30.0% | 30.5% | 24.2% | 25.0% | 20.7% | 9.5% | 1.9% | 15.6% | 7.0% | | |

With 4,407 individuals subject of enquiry, the North Hub processes the highest number of individuals that come through to the Integrated Services.



Assessment & Care Management: Integrated Services

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

Many service users receive more than one enquiry type in a period of time. Compared to the 14,446 individuals who were the subject of an enquiry since April 2016, 41,012 enquiries were logged, an average of 2.8 enquiries per person.

| Enquiry Team | Number of Enquiries | %ge of all Enquiries |
|-----------------------------------|----------------------------|-----------------------------|
| Central Hub | 8,699 | 31.5% |
| North Hub | 9,043 | 32.7% |
| West Hub | 7,381 | 26.7% |
| Specialist Practitioners | 4,544 | 16.4% |
| Hospital Team | 4,213 | 15.2% |
| Care Homes Quality Team | 2,238 | 8.1% |
| Older People's Mental Health Team | 374 | 1.4% |
| Service Provision Teams | 3,102 | 11.2% |
| Sensory Services | 1,418 | 5.1% |
| All Services | 41,012 | 100% |

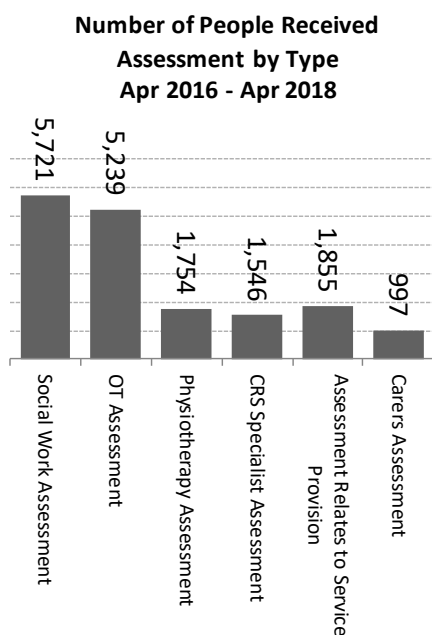
| Type of Enquiry | Number of Enquiries | %ge of all Enquiries |
|----------------------------|----------------------------|-----------------------------|
| Advice / Information / MDT | 2,987 | 7.3% |
| Care Management Input | 8,546 | 20.8% |
| OT Input | 7,026 | 17.1% |
| Physio Input | 3,592 | 8.8% |
| Specialist NHS Input | 5,710 | 13.9% |
| Service Requests | 11,910 | 29.0% |
| Other enquiries | 1,241 | 3.0% |
| All Enquiry Types | 41,012 | 100% |

The most common enquiry type (29%) relate to enquiries relate to service provision such as home care or community re-ablement. OT / Physio together account for 25.9% of enquiries, with enquiries about care management input represent 20.8% 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. |

Assessment & Care Management: Integrated Services

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 - Apr 2018 | Central Hub | North Hub | West Hub | Specialist Practitioners | Hospital Team | Care Homes Quality Team | Older People's Mental Health Team | Sensory Services | Ass'ts Completed | People Assessed |
|--|-------------------------------|--------------|--------------|--------------------------|---------------|-------------------------|-----------------------------------|------------------|------------------|-----------------|
| | Social Work Assessment | 1,532 | 2,710 | 1,908 | | 1,871 | 1,045 | 947 | 608 | 10,621 |
| OT Assessment | 2,089 | 2,088 | 1,486 | | | | | | 5,663 | 5,239 |
| Physiotherapy Assessment | 615 | 763 | 495 | 2 | | | | | 1,875 | 1,754 |
| CRS Specialist Assessment | 332 | 601 | 317 | 1,356 | | | | | 2,606 | 1,546 |
| Assessment Relates to Service Provision | 742 | 752 | 622 | 1 | | | | | 2,117 | 1,855 |
| Carers Assessment | 236 | 405 | 360 | | 28 | | 78 | 1 | 1,108 | 997 |
| Number of Assessments Completed | 5,546 | 7,319 | 5,188 | 1,359 | 1,899 | 1,045 | 1,025 | 609 | 23,990 | |
| Number of People Assessed | 3,287 | 3,851 | 2,732 | 679 | 1,516 | 770 | 411 | 538 | | 11,210 |

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'.

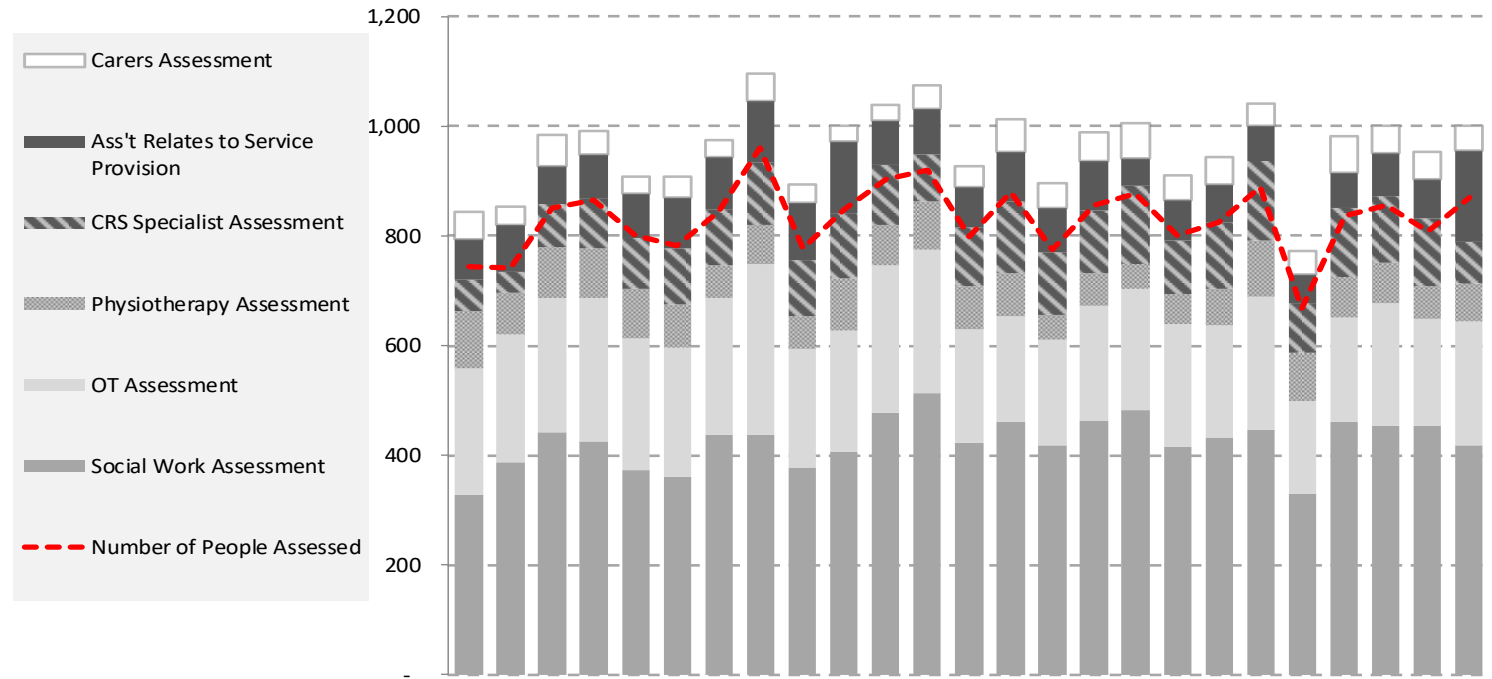
Assessment & Care Management: Integrated Services

Distribution of Assessments by Type and Over Time (Apr 2016 – April 2018)

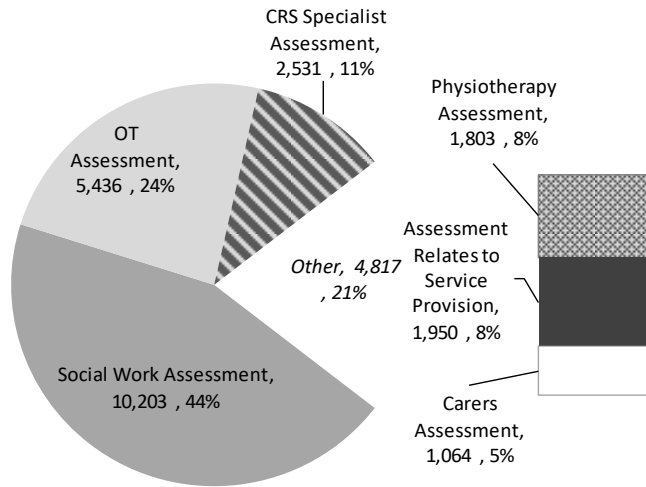
44% of completed assessments are social work assessments, which mostly comprise Overview Assessments and Review Assessments.

Assessments for Occupational Therapy and Physiotherapy together account for 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.

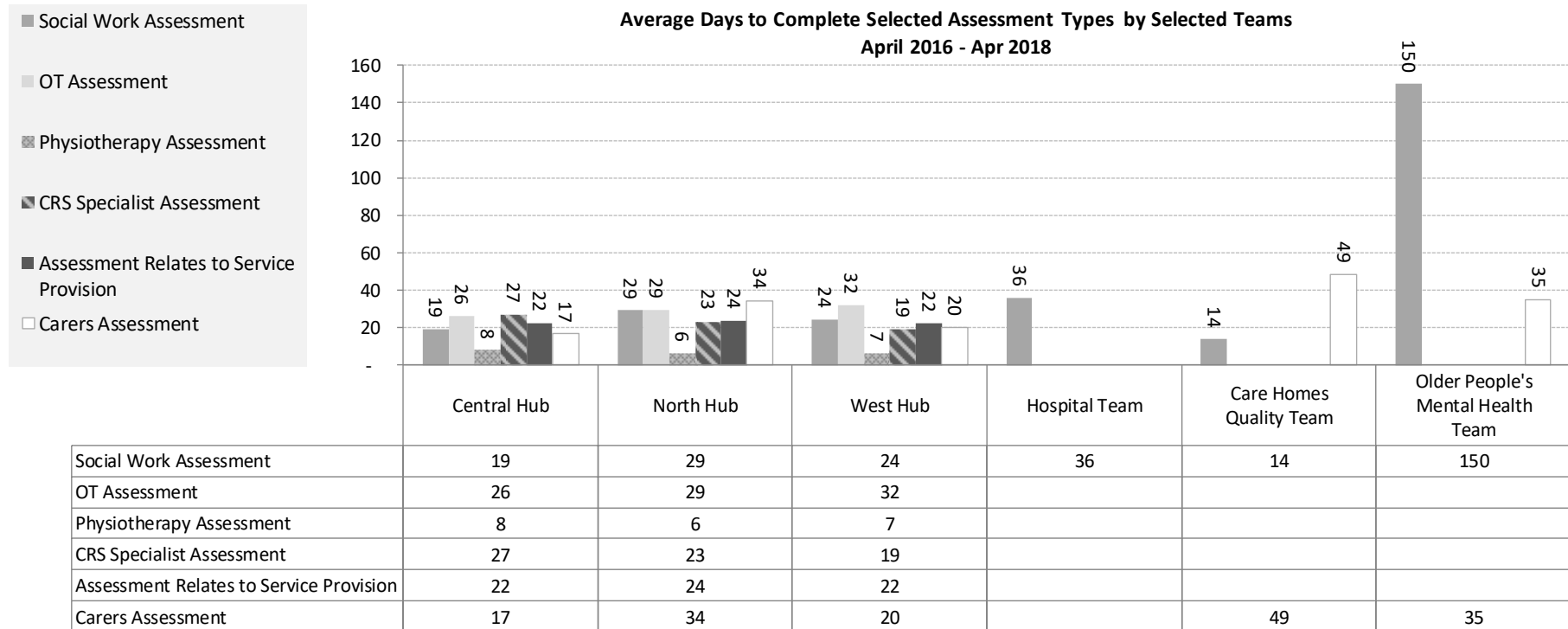


| | Apr -16 | Ma Y-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | Ma Y-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 | Apr-18 |
|------------------------------------|---------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Carers Assessment | 48 | 33 | 59 | 42 | 30 | 38 | 30 | 49 | 33 | 27 | 27 | 43 | 37 | 60 | 46 | 52 | 64 | 47 | 51 | 41 | 43 | 65 | 49 | 50 | 44 |
| Ass't Relates to Service Provision | 74 | 86 | 68 | 81 | 81 | 94 | 95 | 112 | 104 | 132 | 81 | 83 | 75 | 90 | 81 | 90 | 50 | 72 | 69 | 65 | 53 | 64 | 78 | 72 | 168 |
| CRS Specialist Assessment | 58 | 38 | 79 | 90 | 92 | 103 | 103 | 115 | 103 | 119 | 110 | 85 | 107 | 130 | 114 | 116 | 144 | 99 | 121 | 144 | 89 | 128 | 123 | 122 | 74 |
| Physiotherapy Assessment | 104 | 76 | 93 | 91 | 92 | 78 | 59 | 72 | 60 | 94 | 74 | 89 | 78 | 80 | 45 | 58 | 45 | 54 | 65 | 102 | 89 | 72 | 73 | 61 | 71 |
| OT Assessment | 230 | 233 | 243 | 260 | 239 | 236 | 249 | 312 | 215 | 222 | 269 | 260 | 206 | 193 | 192 | 210 | 221 | 224 | 206 | 244 | 168 | 191 | 222 | 194 | 224 |
| Social Work Assessment | 329 | 387 | 443 | 426 | 373 | 360 | 438 | 436 | 378 | 406 | 477 | 514 | 424 | 460 | 419 | 463 | 482 | 415 | 432 | 446 | 331 | 461 | 455 | 454 | 419 |
| Number of People Assessed | 744 | 742 | 852 | 864 | 800 | 783 | 844 | 960 | 777 | 848 | 903 | 919 | 798 | 880 | 775 | 855 | 876 | 800 | 825 | 888 | 669 | 836 | 855 | 808 | 869 |



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

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

Caseloads & Reviews

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

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

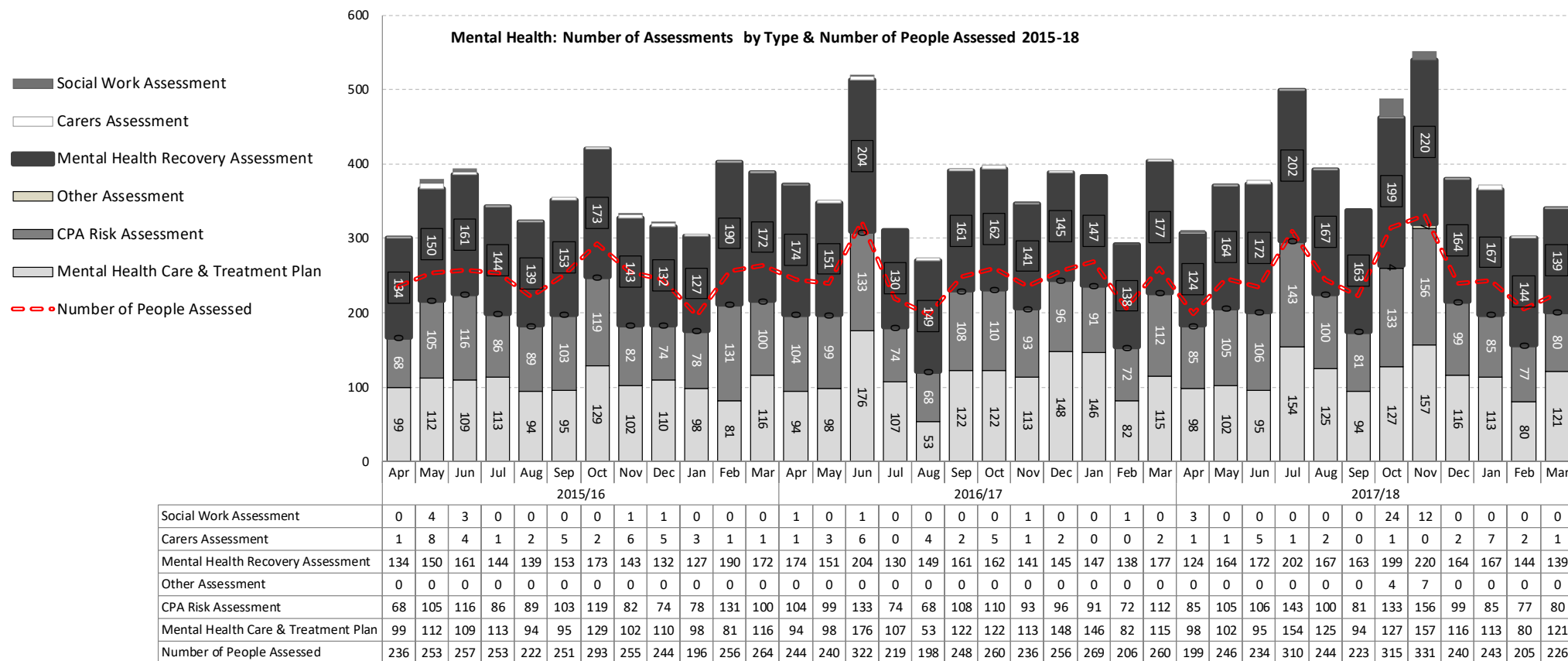
Assessment & Care Management: Mental Health

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

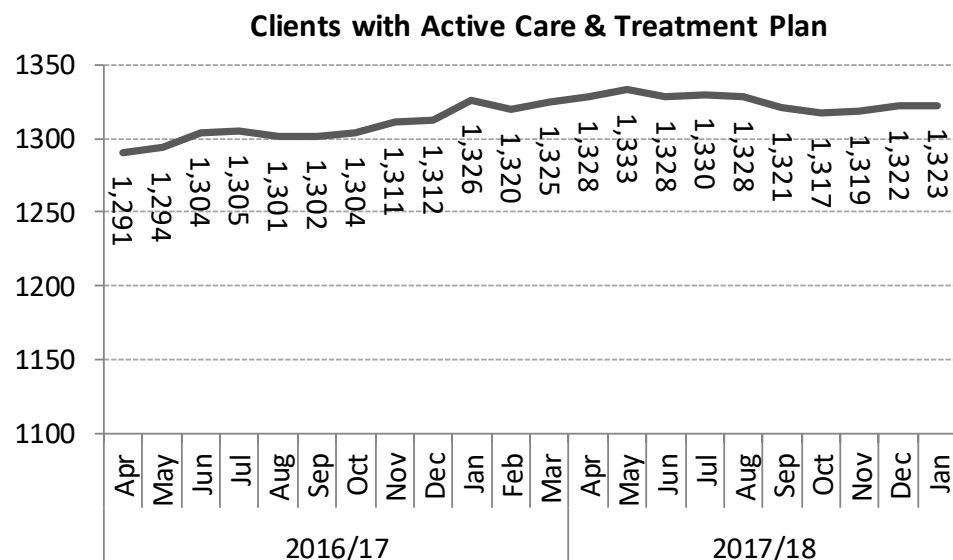
Recovery Plans are carried out for people who may have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a Care and Treatment Plan is carried out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

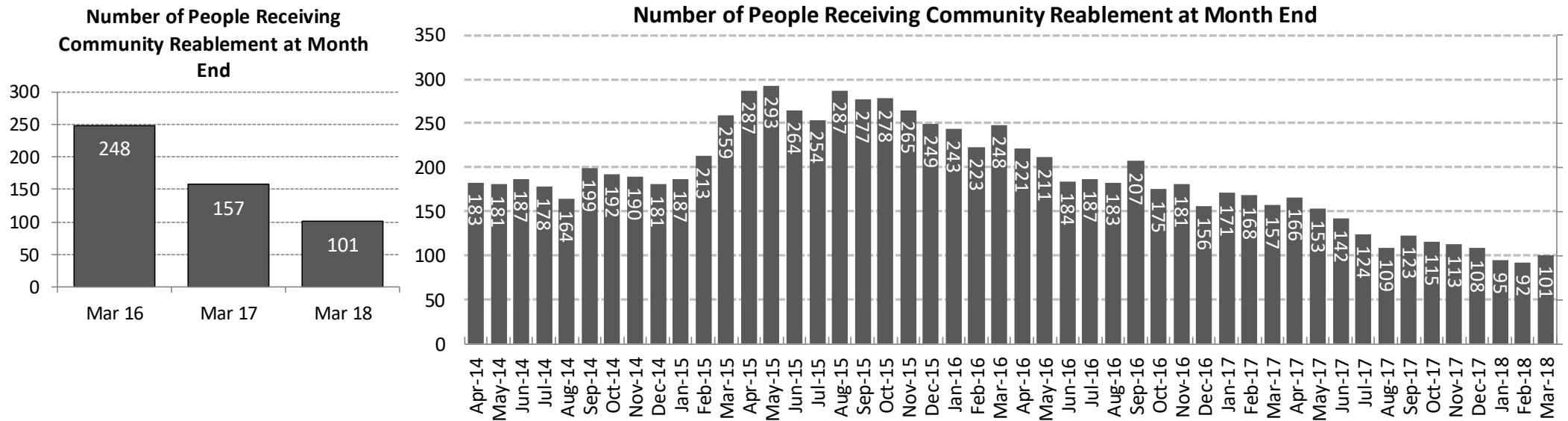
| What is working well? | What are we worried about? | What are we going to do? |
|--|--|---|
| The Mental Health Measure has supported the routine management of information to enable reporting of caseloads | Sometimes resource issues arise when staff are required to undertake training in order to carry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

Community Reablement

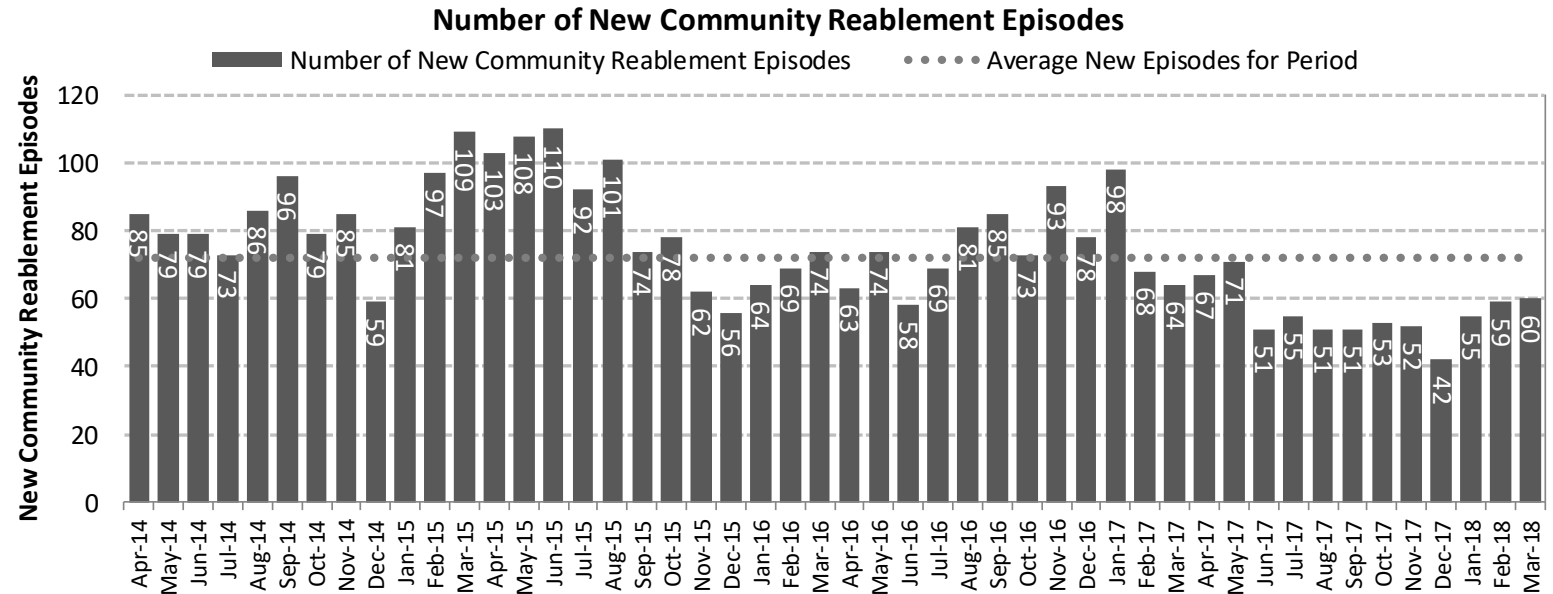
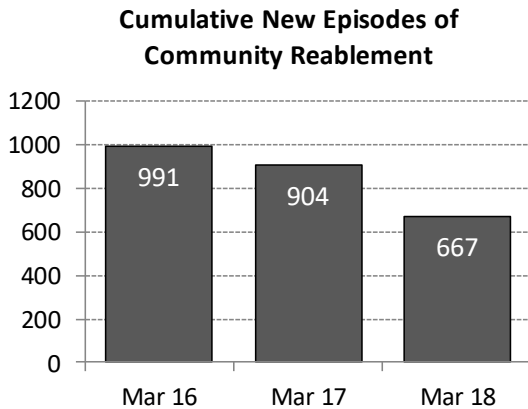
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|--|---|
| The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services. | There is mixed evidence 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. Final 2017/18 performance was 50% , hitting target exactly. |
| Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. Locally a target of 25% was set for 2016/17 and has been continued into 2017/18. | Cumulative performance for 2016/17 was 27.7% , meeting target. For 2017/18 performance was 79.3% , considerably exceeding target. |

People Receiving Community Reablement



Community Reablement

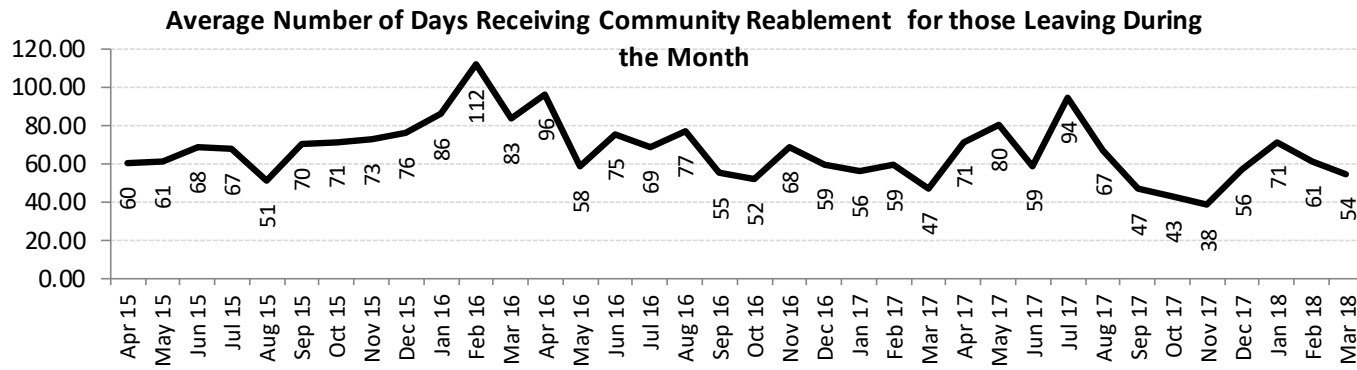
New Community Reablement Episodes (formerly DCAS)



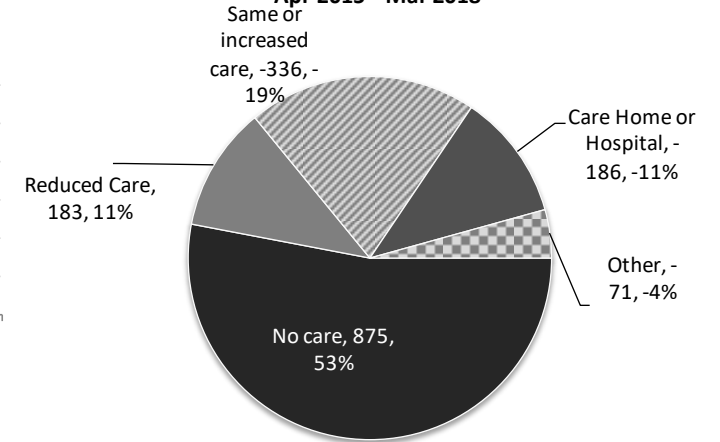
| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| People continue to access the service and around 150 – 160 are usually being supported at any given time and on average 50 typically admitted each month. | June through October 2017 saw notable decreases 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. |

Community Reablement

Effectiveness of Community Reablement

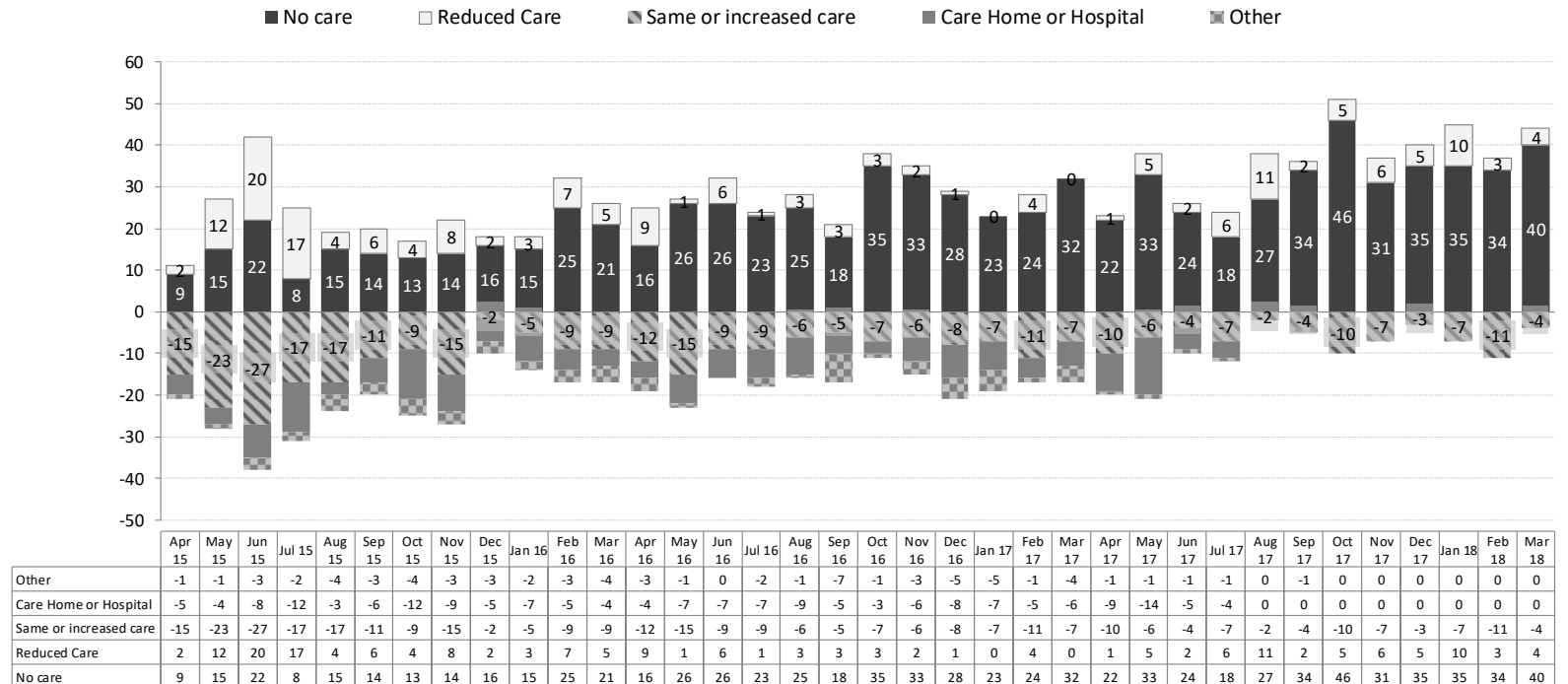


Community Reablement Discharge Destination
Apr 2015 - Mar 2018



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.

Destination on Discharge from Community Re-ablement



Community Reablement

| 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

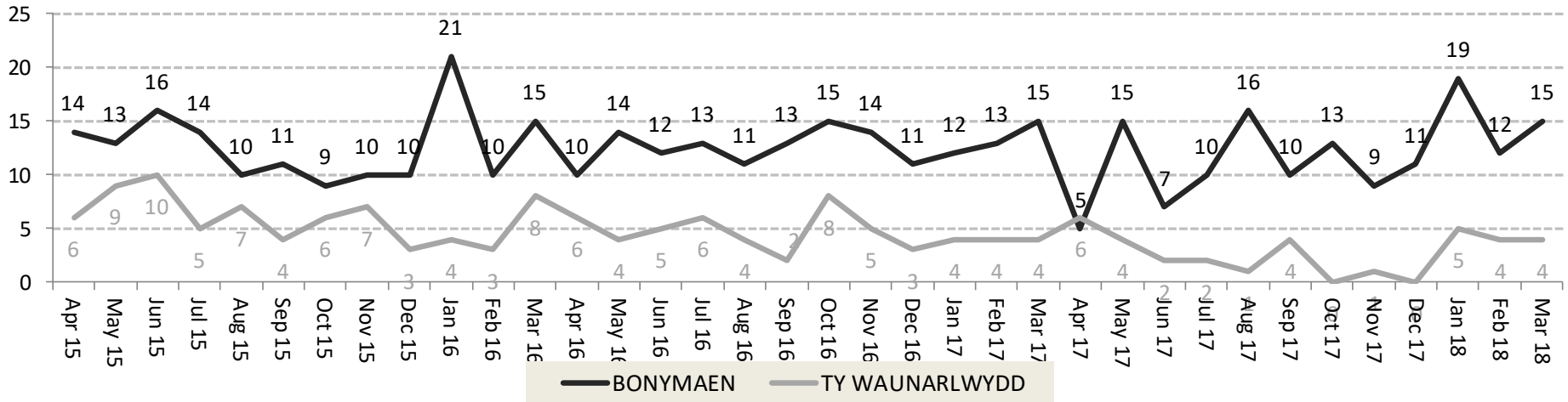
Residential Reablement

| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services. | There is good evidence the service has become effective in preventing admissions over the last 2 years. |
| There was a local PI relating the the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the target was set at 58% returning home. The measure is no longer reported but we continue to examine our effectiveness. | This target was met in 2016/17. For 2017/18, final result was 71.3% . |

Residential Reablement

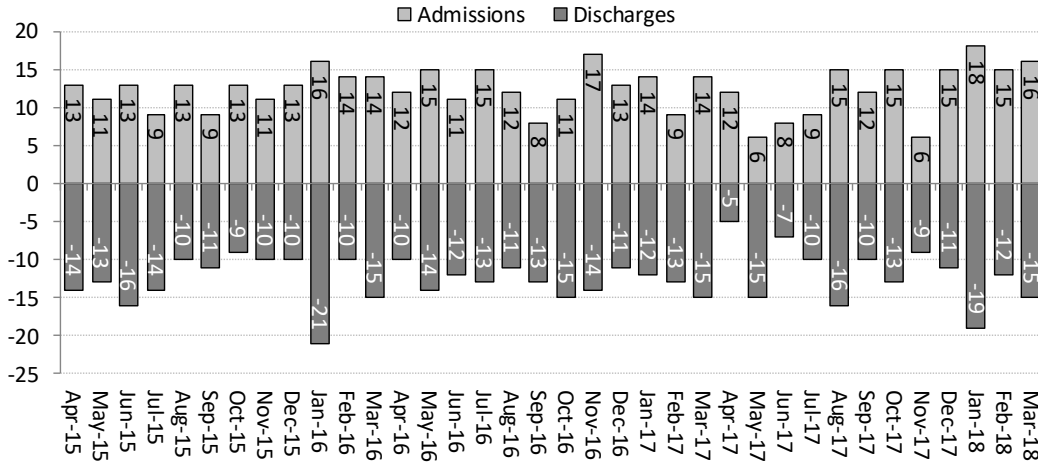
Numbers in Residential Reablement

People in Residential Reablement at End of Month

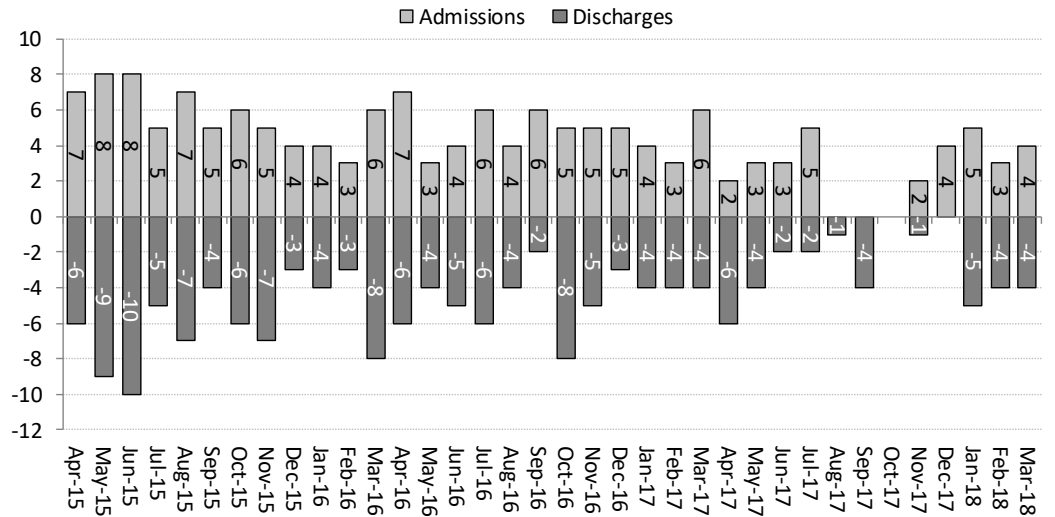


Admissions to /Discharges from Residential Reablement

Bonymaen House Reablement Admissions and Discharges



Ty Waunarlwydd Reablement Admissions and Discharges

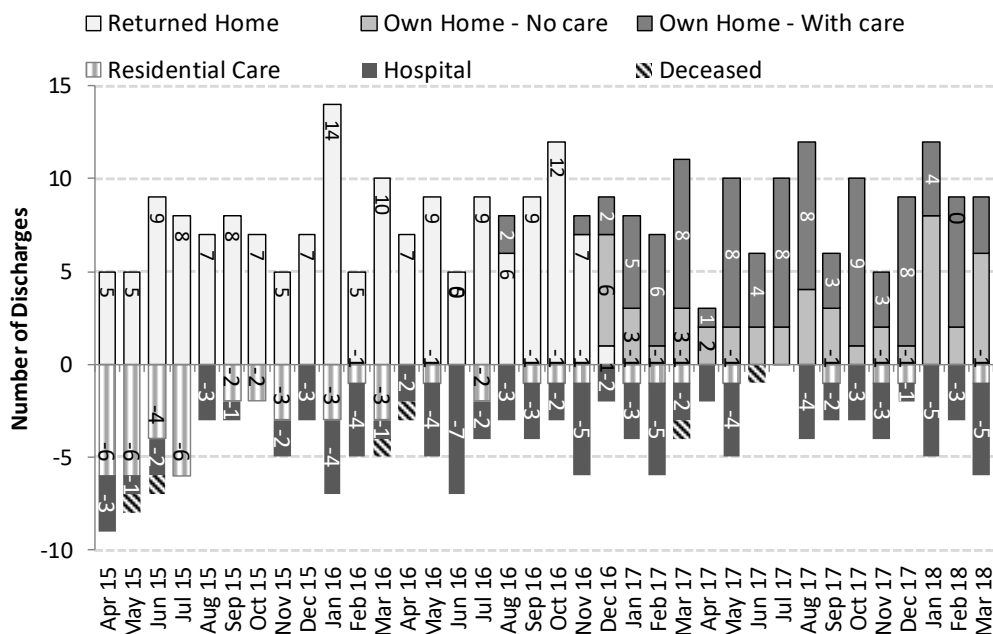


Residential Reablement

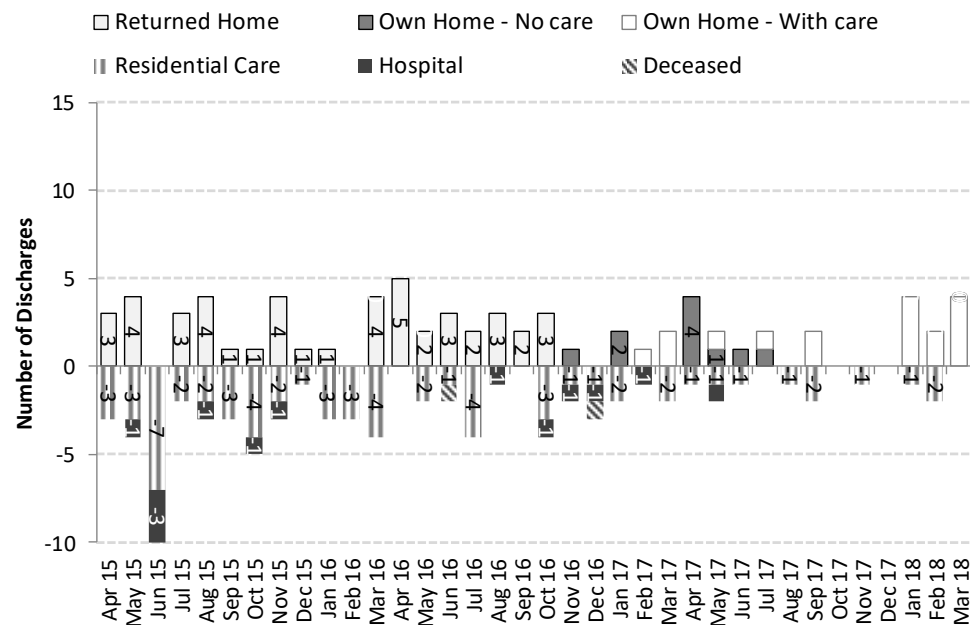
Effectiveness of Residential Reablement

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 Waunarlyydd Reablement Destination on Discharge



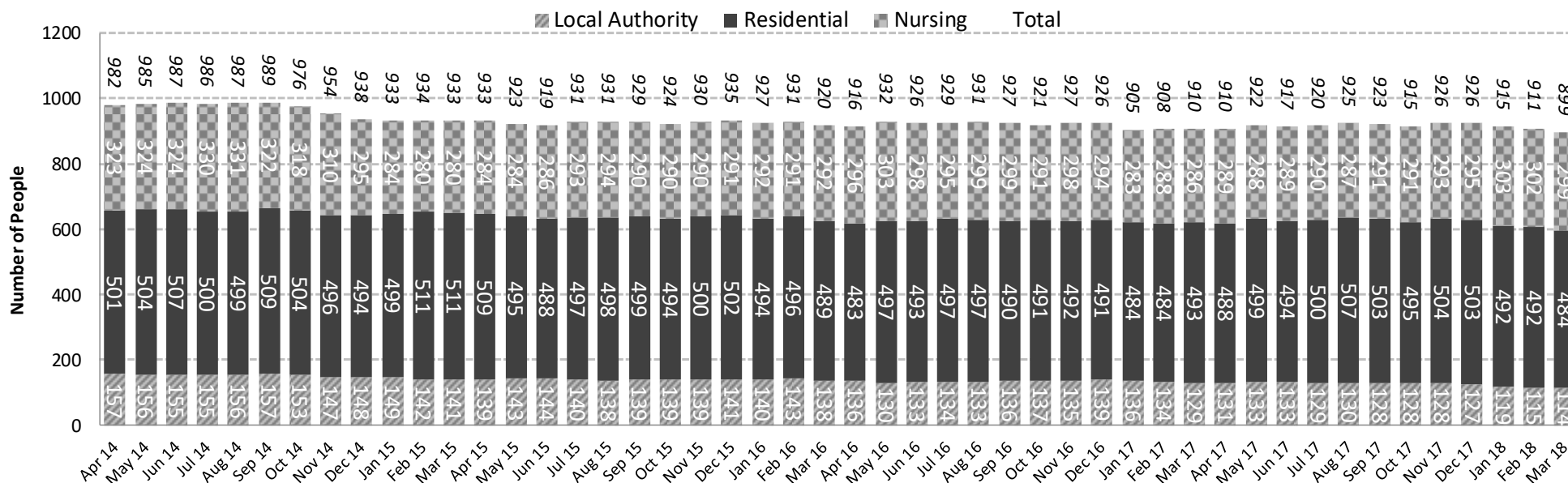
| What is working well? | What are we worried about? | What are we going to do? |
|--|--|--|
| Most people return home following residential reablement. Bonymaen House achieves a higher success rate as Ty Waunarlyydd deals with people whose care needs are often greater | We want to do some work looking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

Residential / Nursing Care

Residential / Nursing Care for Older People

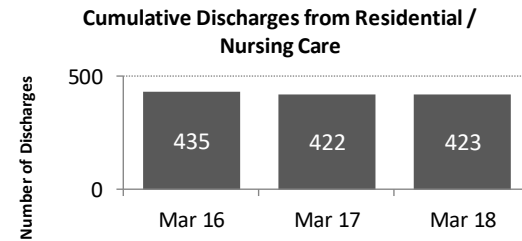
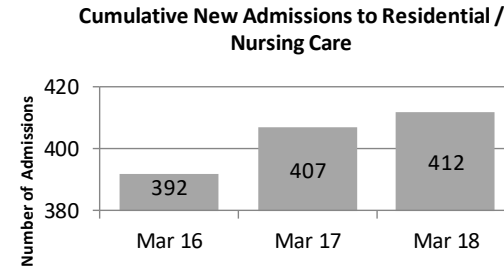
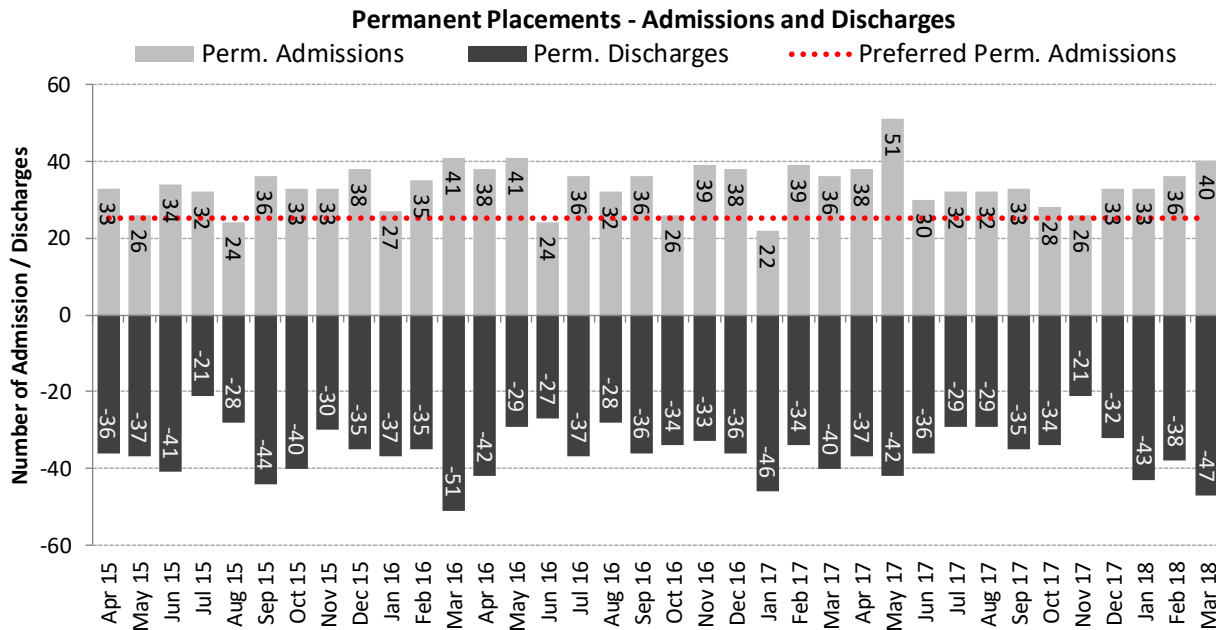
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|--|---|
| Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low. | There have been reduction in the numbers of people 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 For 2017/18, current measure is 19.0 |
| 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 2017/18, Measure 21 was 921.8 (better) and Measure 22 was 83.7 (better). |

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. | 46 admissions for May 2017 was much higher than the previous highest number (41 in May 2016). Admissions have continued to remain high during 2017/18. 40 admissions for March 2018 is also notably high. | We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes, as outlined above. |

Residential / Nursing Care

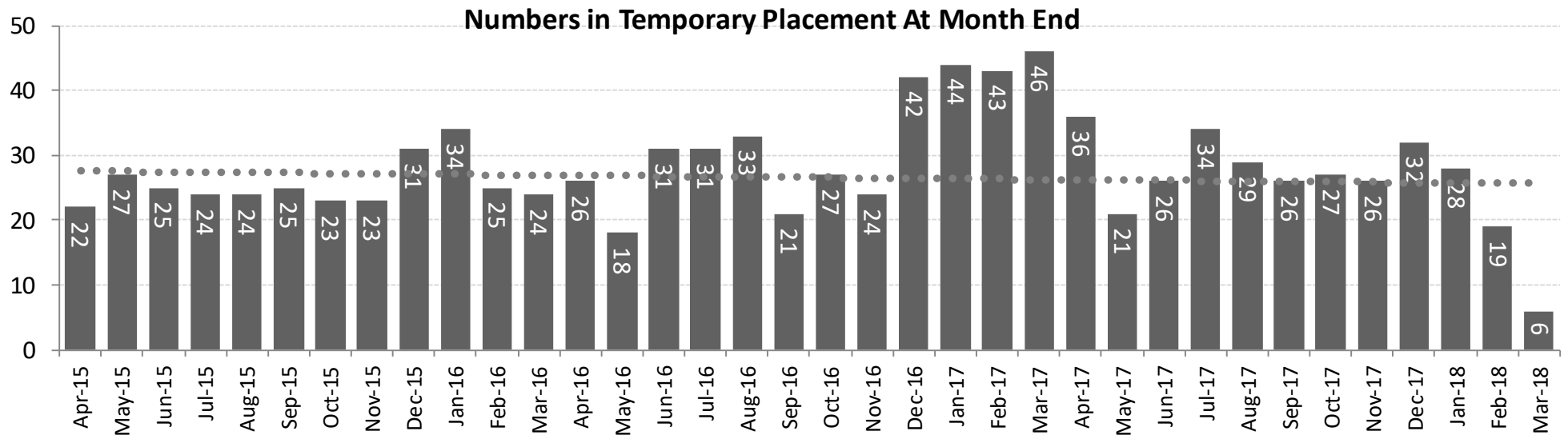
Temporary Admissions to Residential / Nursing Care

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

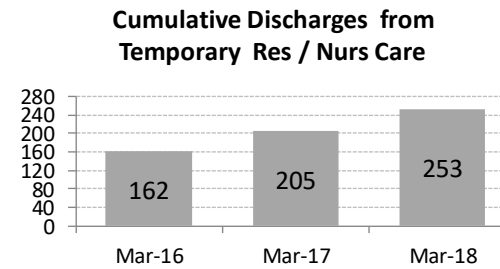
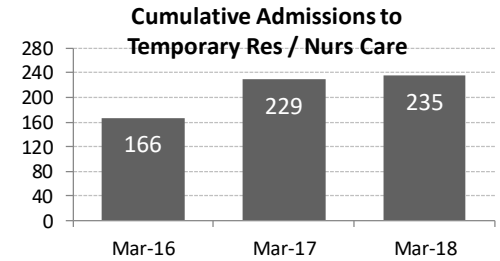
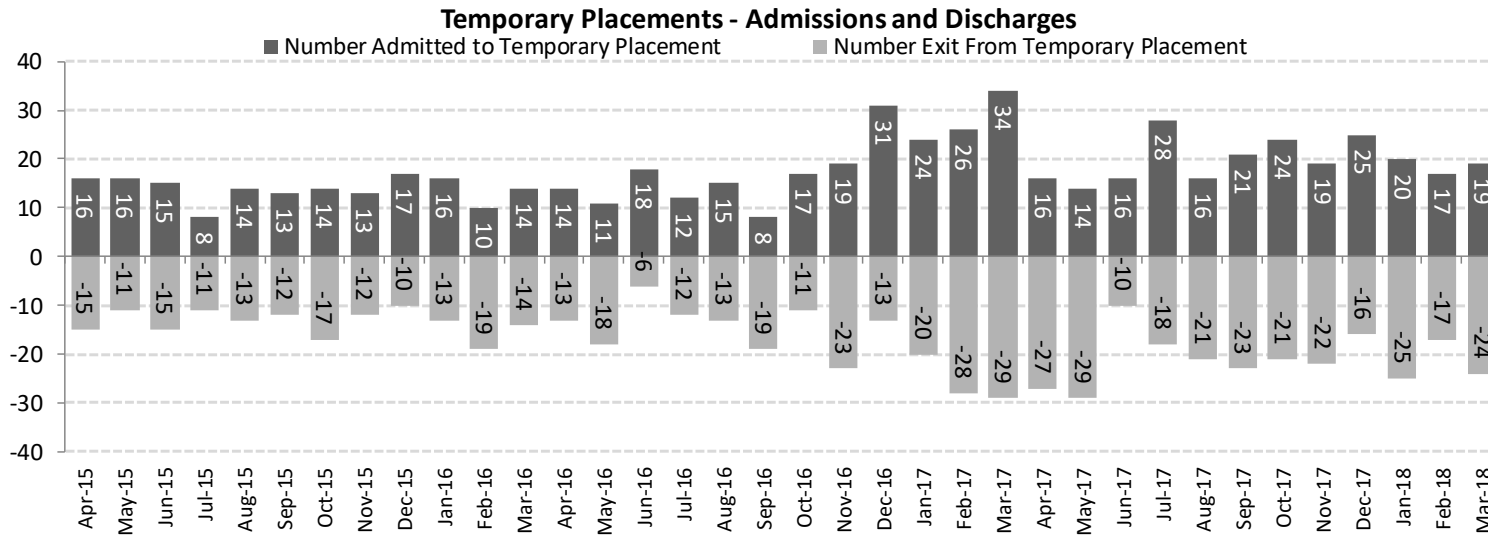
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|--|---|
| Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible. | The current financial year is making temporary placements at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

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



Residential / Nursing Care

Admissions to and Discharges from Temporary Residential / Nursing Care



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

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.

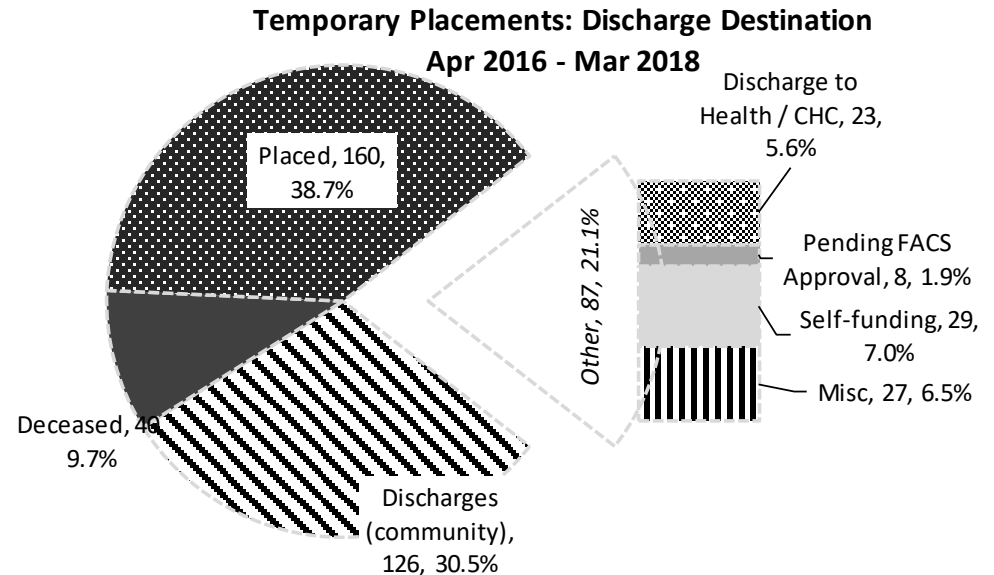
The largest group representing 38.7% of discharges since April 2016 are those discharged to a permanent placement. A further 1.9% were 'pending FACS approval' and are likely to turn into a permanent placement. Just 7.0% of discharges are to self-funded care.

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 30.5% of discharges, many are likely to require ongoing care and we will examine the relevant records to test this.

9.7% 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.

Since April 2016, just 23 people have been discharged to hospital or to a CHC placement.



Residential / Nursing Care

| 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. |

Long-Term / Complex Domiciliary Care

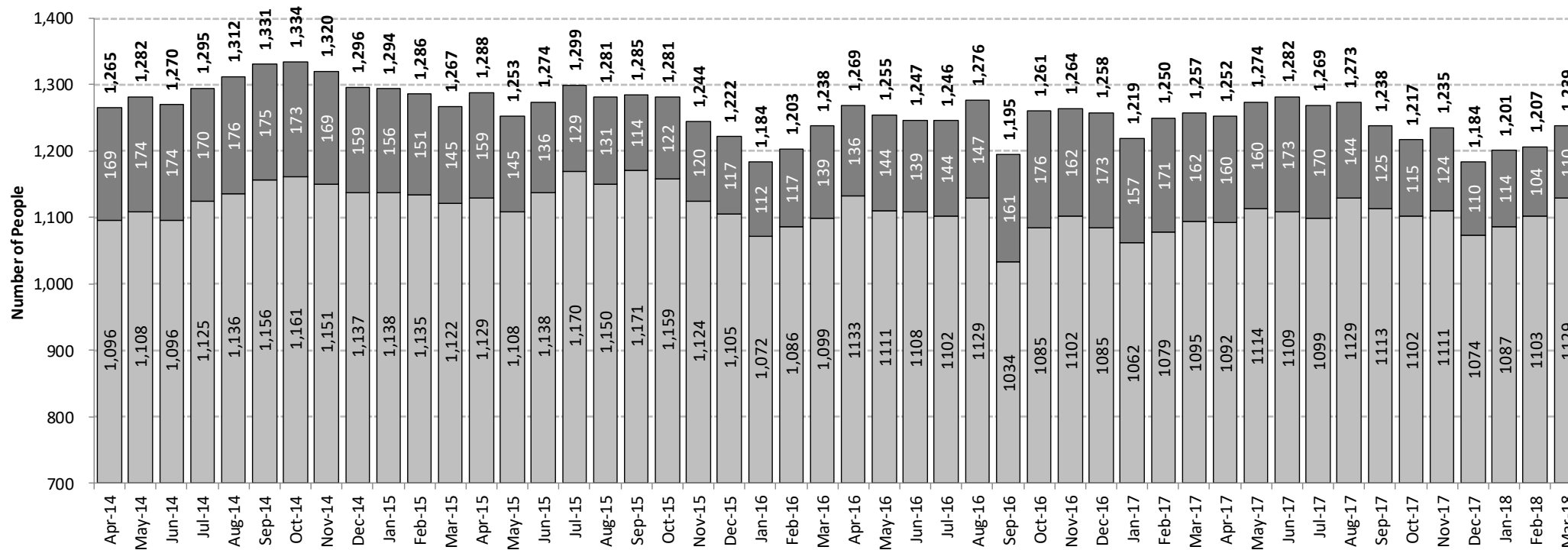
Providing Long-Term Domiciliary Care

| 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 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

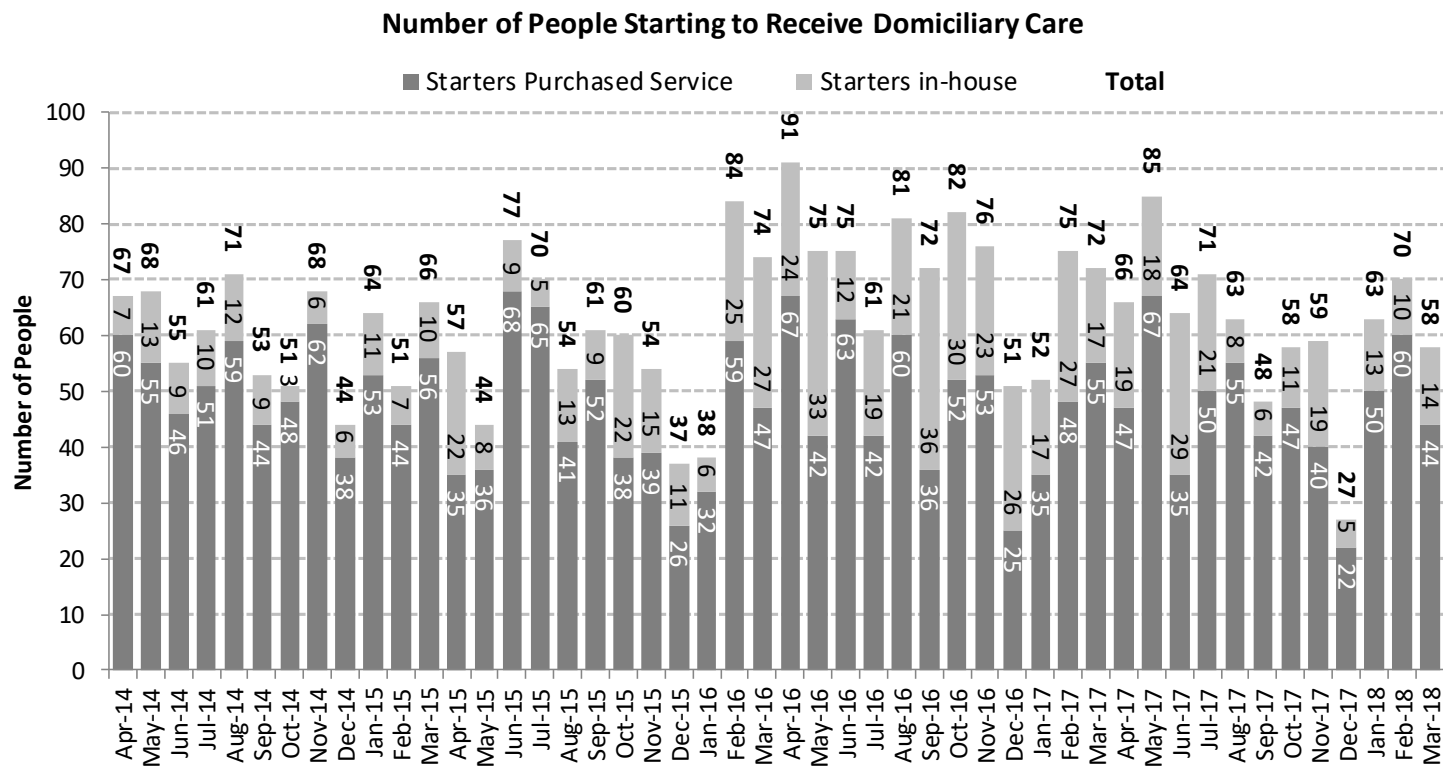
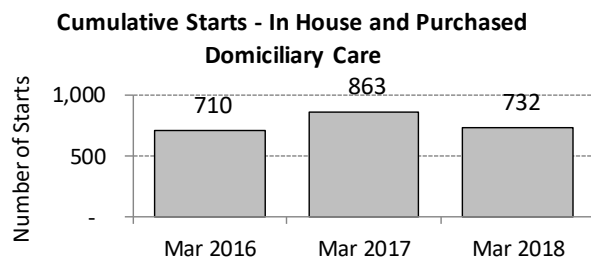
Number of People Receiving Domiciliary Care at Month End

Purchased Service
 Receiving Service - In-house
 Total



Long-Term / Complex Domiciliary Care

People starting to receive a domiciliary care package

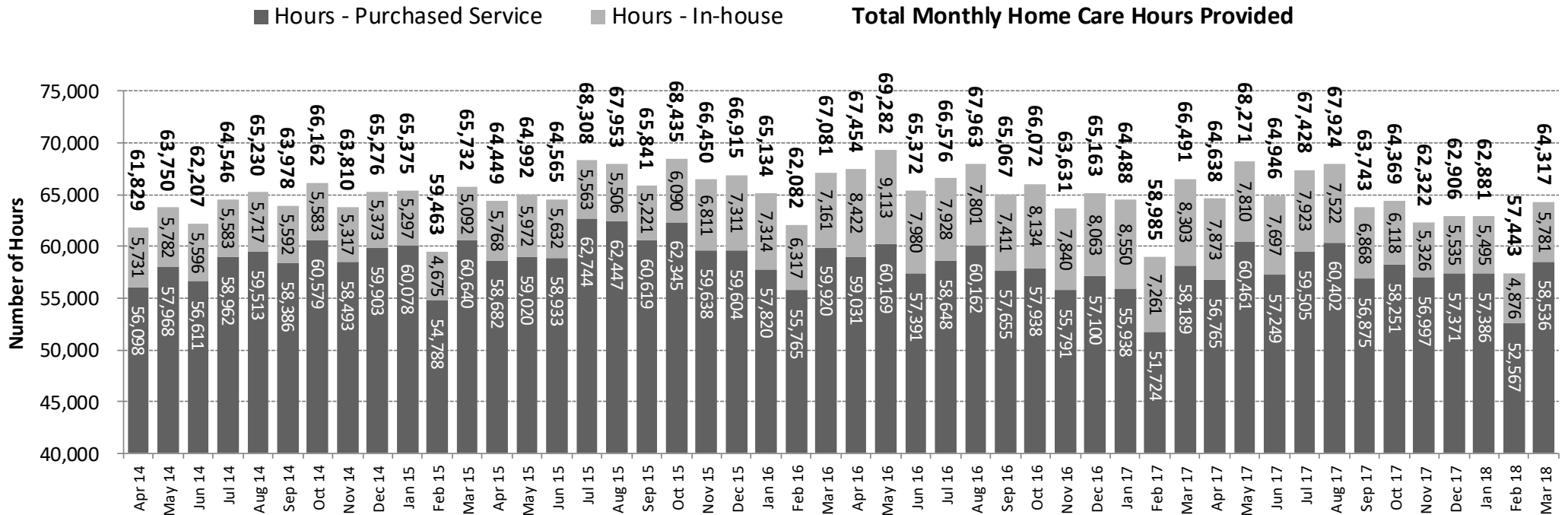


| What is working well? | What are we worried about? | What are we going to do? |
|--|---|---|
| <p>Some reductions in overall number of service users have been achieved from time to time but have not been sustained.</p> <p>Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this.</p> | <p>The number of people receiving a long-term home care package from either an independent provider or the council’s own service has continued to remain at high levels and the overall number of hours delivered is continued to increase month on month until August 2017.</p> <p>At the end of February 2018, we were supporting as many people as we supported in April 2014 but delivering over 6,500 more hours in the month.</p> <p>Conversely, numbers were projected to reduce more significantly within the Western Bay business model for intermediate care.</p> | <p>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.</p> |

Long-Term / Complex Domiciliary Care

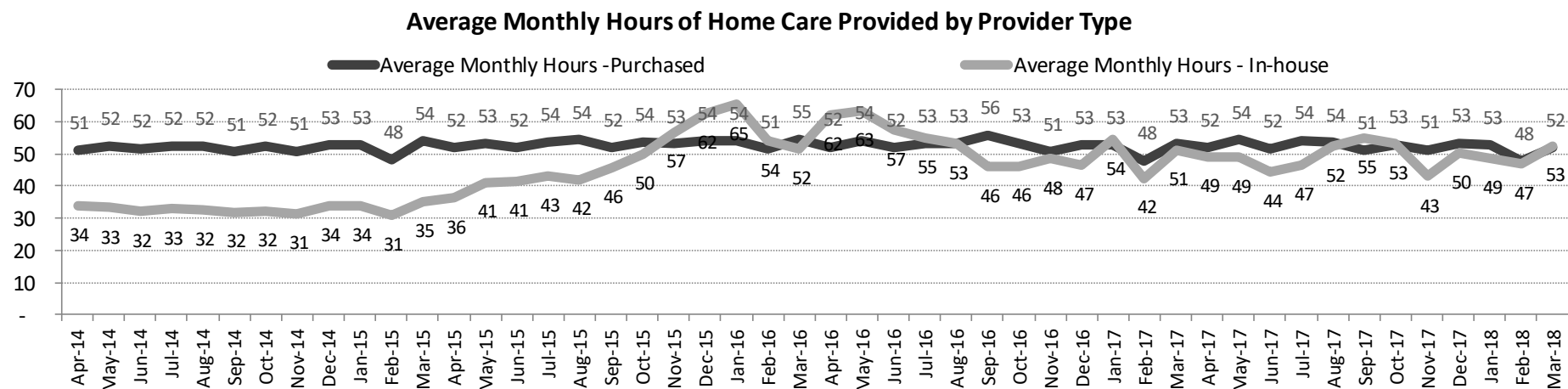
| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| Anecdotally, there have been some improvements in the flow of service users into the service, although data needs to be sought to confirm this. | The overall number of new starters during 2016/17 exceeded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

Monthly Total Hours of Care Provided



Long-Term / Complex Domiciliary Care

Average Home Care Hours Provided



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

Safeguarding & Deprivation of Liberty Safeguards (DoLS)

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 <i>24 hours</i> . A local target for 2016/17 has been set to achieve higher than 80% reflecting a desire to ensure that matters are dealt with promptly but recognising that there will once always be occasions where decisions cannot be taken within a day. 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 2016/17 was below target at 65.3%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance improved considerably for Q2 and Q3 but declined in Q4. Cumulative for the whole of 2017/18 performance was just below the revised target at 63.7% . |
| National Indicator: Measure 18: The percentage of adult protection enquiries completed within <i>7 days</i> . . A local target for 2016/17 has been set to achieve higher than 95% reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will once always be occasions where decisions cannot be taken even within a week. Results of 2016/17 monitoring indicated 95% was not a feasible target and the agreed target for 2017/18 has now been set at higher than 90% . | Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for the whole of 2017/18 met the target at 91.9% . |

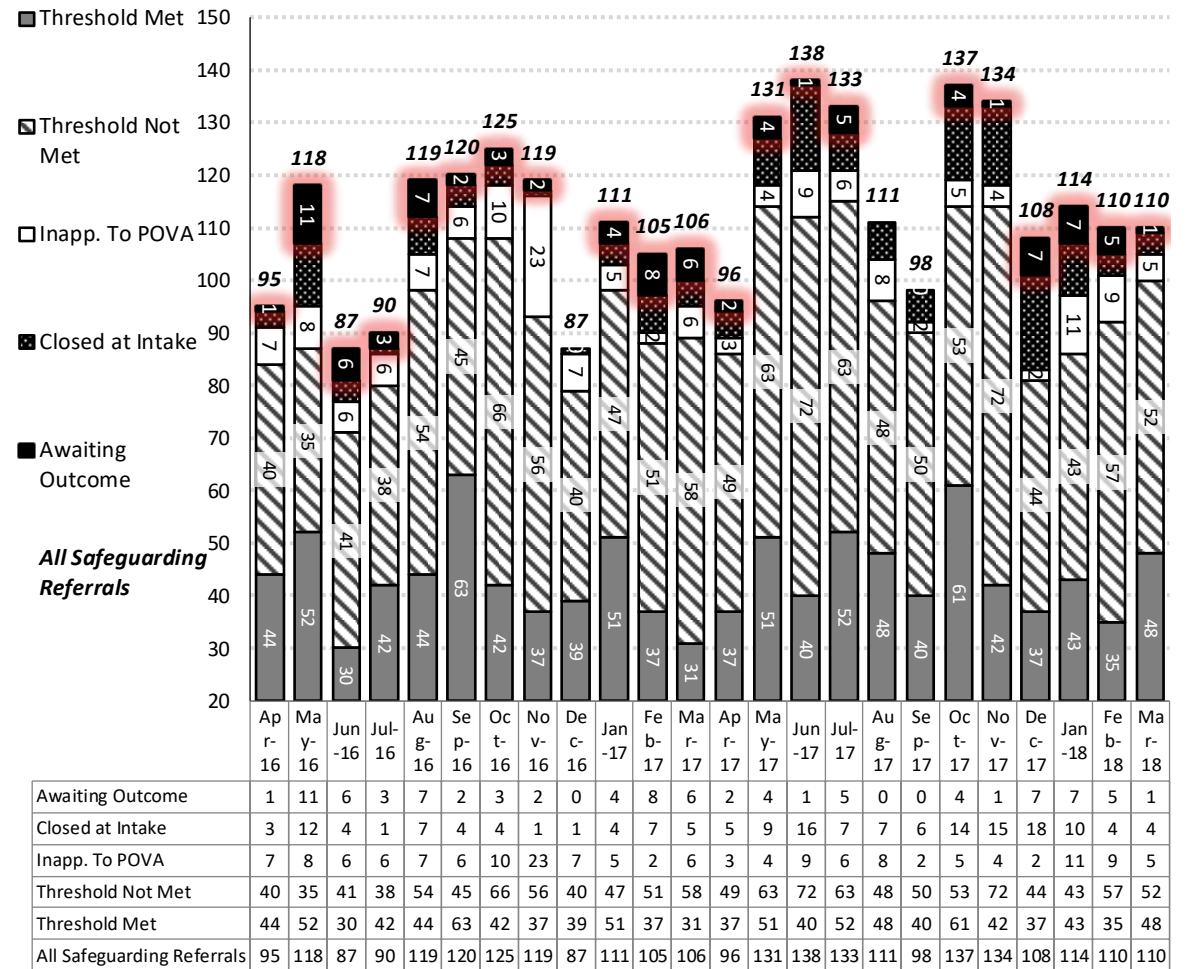
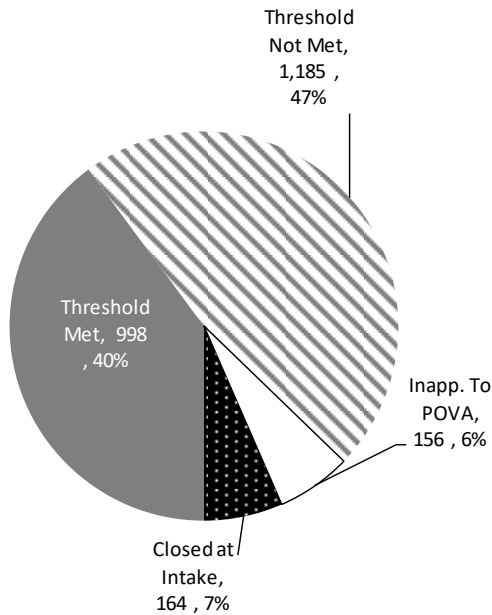
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Enquiries and Outcomes

The graphs show that of the 2,612 safeguarding enquires completed since April 2016, 40% met the threshold for investigation and 47% did not meet the threshold.

Highlighted are those enquiries that were 'Awaiting Outcome' at the end of each month. These do not accumulate. At the end of March 2018, 1 was outstanding

Outcomes of Safeguarding Enquiries:
April 2016 - Mar 2018



What is working well?

Numbers are remaining relatively constant, with typically 110 (plus or minus 10) safeguarding enquiries received each month.

What are we worried about?

Some recording and compliance issues remain amongst some staff. Numbers appear to be increasing in recent months.

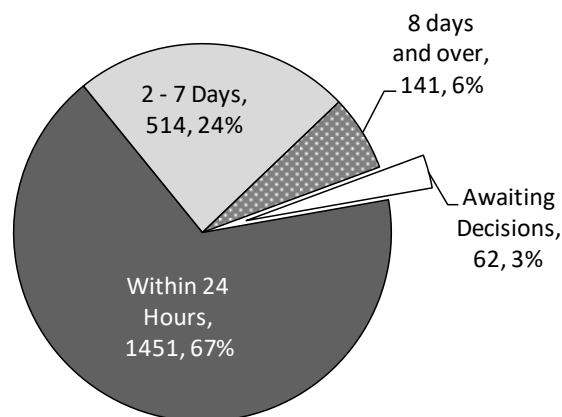
What are we going to do?

Information has been passed by the Performance Team to the relevant Business Support Managers to highlight these issues.

Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Timeliness of Completion of Safeguarding Enquires

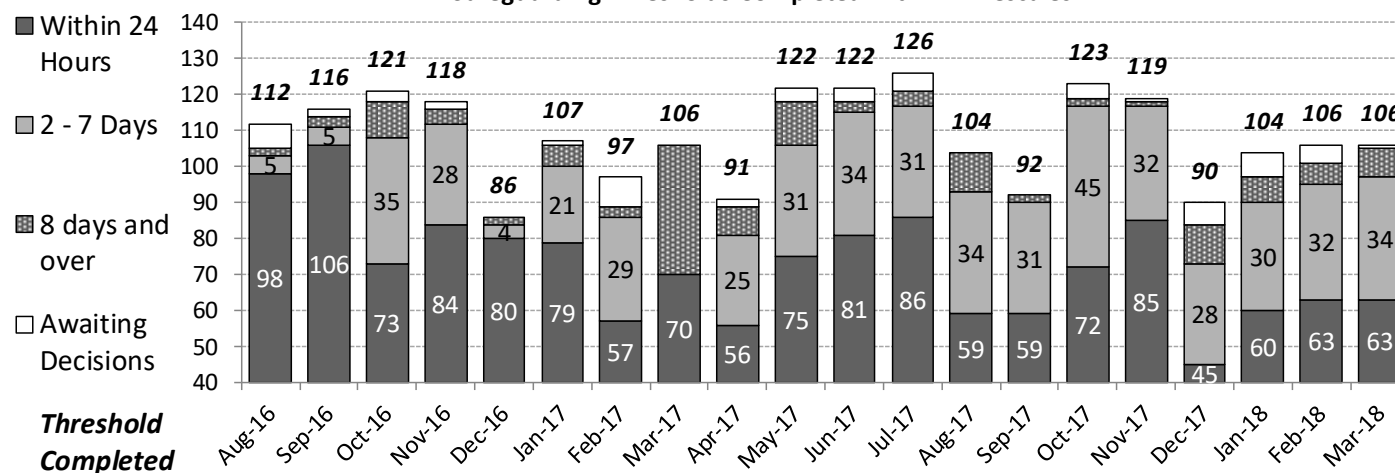
Safeguarding Thresholds Completed In Timescale: Aug 2016 - Mar 2018



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.

Safeguarding Thresholds Completed within Timescales

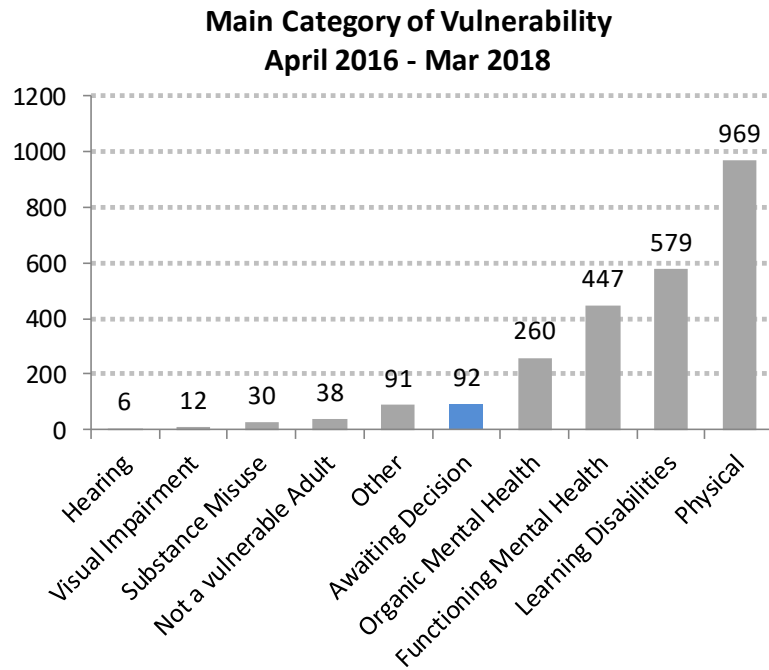


| Threshold Completed | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |
|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--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

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

Safeguarding

Categories of Vulnerability and of Alleged Abuse

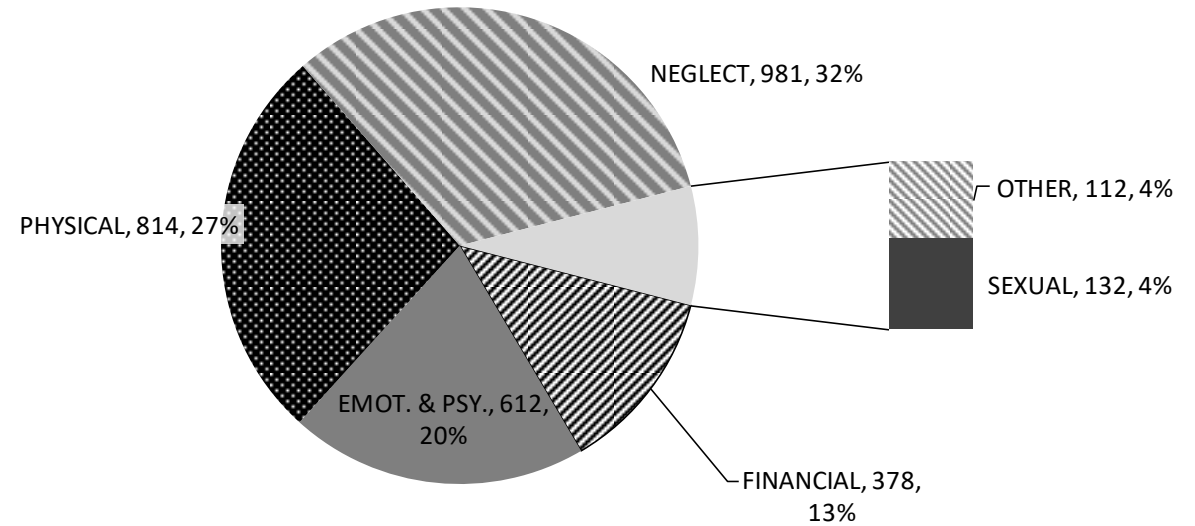


This information is largely contextual and would not normally be considered to represent performance. However we monitor these monthly to provide early warning of any emerging issues.

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

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 59% of the types of abuse reported. Emotional and psychological abuse (20%) is nearly twice as often reported as financial abuse.

Types of Abuse Reported in VA1 April 2016 - Mar 2018



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)

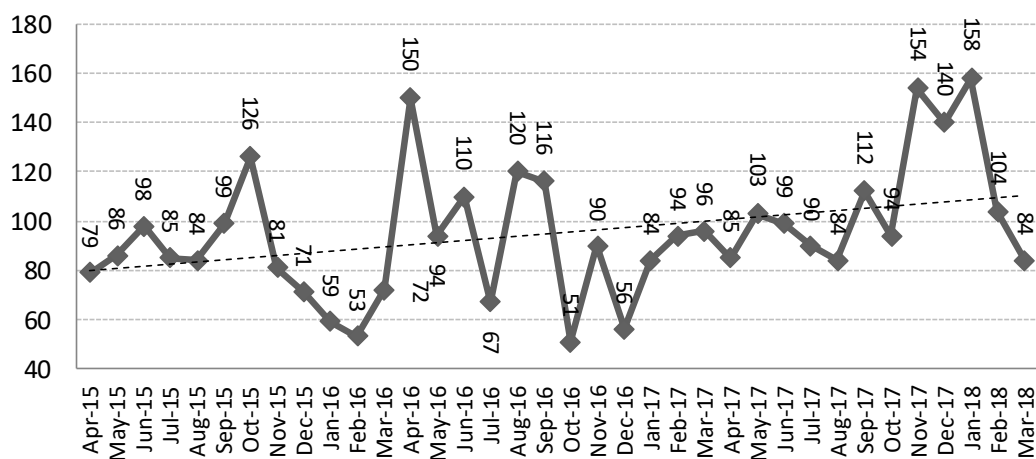
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not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

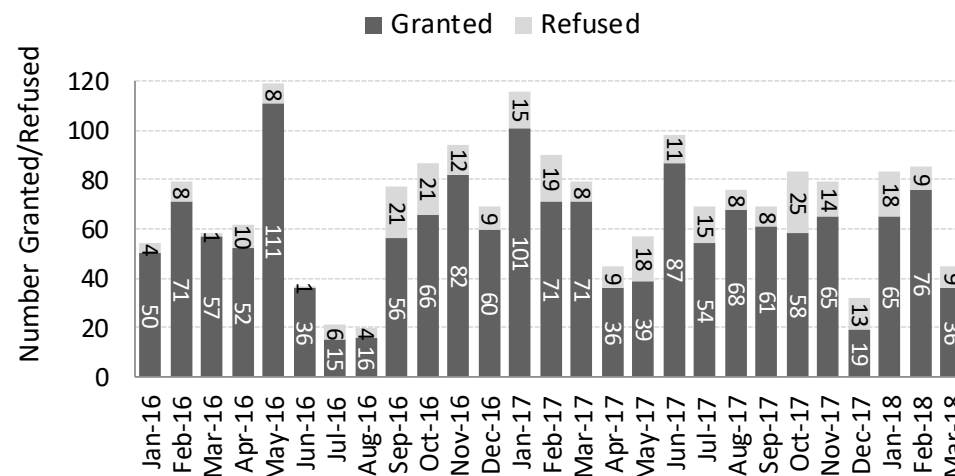
Applications for and Disposals of Requests for DOLS Authorisations

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

DoLS Applications Received per Month



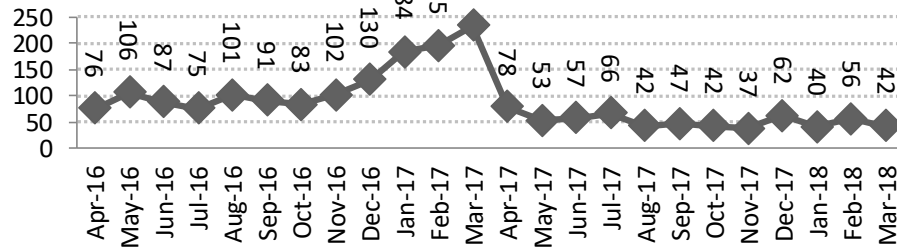
DoLS Authorisations Granted / Refused



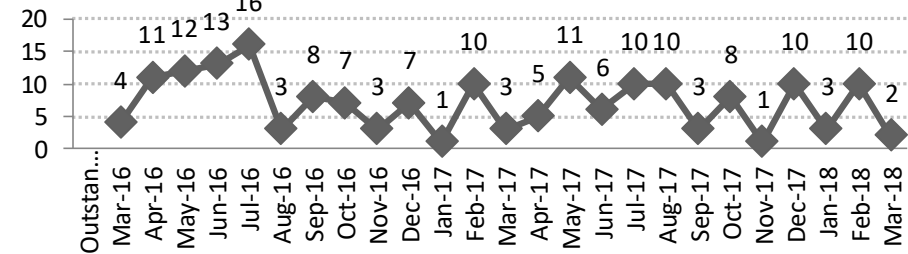
Safeguarding

Processing DoLS Applications

Outstanding BIA Assessments At Month End



Outstanding Doctors' Assessments At Month End



| What is working well? | What are we worried about? | What are we going to do? |
|--|---|---|
| Applications have been fairly constant since August 2016. | The number of authorisations has not always kept pace with the number of applications. Higher volume of applications have been seen since November 2017 until February 2018. | Dedicated resource has been introduced to deal with the number of authorisations that need to be completed. |
| Following senior management intervention, outstanding Best Interests and Doctor's Assessments have been brought under control. | We will want to seek to avoid further bottlenecks in the process leading to a backlog accruing. | There are some additional issues relating to case allocation which are being dealt with. A longer term plan is also being developed to look at how we can effectively manage normal flow. |
| Introduction of dedicated resource to deal with the number of authorisations has improved timeliness. | There is continued pressure from existing authorisations requiring review. | Continue to monitor the situation very closely. |

Planned Future Developments to this Report

Planned Future Developments to this Report

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

Assessment & Care Management

Caseloads & reviews is a topic that we will be working on throughout 2017/18, across mental health, learning disability and integrated services.

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

Learning Disability referrals and assessments will be delivered before the Summer 2018.

Well-Being and Prevention Services

The Local Area Co-ordination (LAC) service will be developing additional metrics during 2018.

We will be developing appropriate metrics for other related services.

Service provision

Older People:

- Utilisation of local authority residential care – capacity and occupancy

Learning Disability:

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

Mental Health

- Numbers in residential / nursing plus supported living (delayed)
- Numbers in day services

Direct Payments

- Specific data items to be confirmed

Carers

- Specific data items to be confirmed

Safeguarding

POVA:

- Outstanding work
- Provider issues summary

DoLS:

- We will continue to consider further metrics

Human Resources

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

- Sickness
- Agency Staff

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 2017-18 Data as at 10 April 18 | 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 | 2017/18 | 1,261 | 1,372 | 91.91 | 80.70 | 90 | ↑ | G | 2.1% |
| Measure 19: Delayed transfers per 1,000 people aged 75+ | 2018/19 | 12 | 21,672 | 0.55 | 2.80 | 4 | ↓ | G | -86.2% |
| Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later | 2017/18 | 9 | 18 | 50.00 | 28.00 | 50 | ↑ | G | 0.0% |
| Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later | 2017/18 | 505 | 637 | 79.28 | 72.30 | 25 | ↑ | G | 217.1% |
| Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes | Mar-18 | 407,452 | 442 | 921.84 | 801.00 | 1000 | ↓ | G | -7.8% |
| Measure 22: Average age of adults entering residential care homes | Mar-18 | 21,502 | 257 | 83.67 | 82.80 | 84 | ↑ | A | -0.4% |
| 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 | 2017/18 | 1,683 | 1,795 | 93.76 | 67.70 | 80 | ↑ | G | 17.2% |

Appendixes

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

| Performance Results for 2017-18 Data as at 13 April 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 | 2017/18 | 874 | 1,372 | 63.70 | | 65.00 | ↑ | A | -2.0% |
| AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less. | 2017/18 | 1,051 | 1,762 | 59.65 | | 60.00 | ↑ | A | -0.6% |
| AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007) | 2017/18 | 4,040 | 5,904 | 68.43 | | 65.00 | ↑ | G | 5.3% |
| AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population | 2017/18 | 5,253 | 47,220 | 111.25 | | 113.00 | ↑ | A | -1.6% |
| AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population | 2017/18 | 1,948 | 149,958 | 12.99 | | 11.00 | ↑ | G | 18.1% |
| AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year | 2017/18 | 655 | 1 | 655 | | 600 | ↑ | G | 9.2% |
| AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement. | 2017/18 | 526 | 637 | 82.57 | | 75.00 | ↑ | G | 10.1% |
| AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year. | 2017/18 | 7 | 9 | 77.78 | | 85.00 | ↑ | R | -8.5% |

Appendixes

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 |

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+ |