Adult Services Summary Management Information Report
Data for December 2018 / January 2019

Cyngor Abertawe
Swansea Council

Adult Services Performance

Contents:

Adult Services Performance

Summary of Expectations, Standards & Performance

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

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

Common Access Point (CAP)

We continue to deal with a large volume of requests for support via the Common Access Point. We believe that the MDT approach is helping to prevent unnecessary assessment. We will continue to improve our recording arrangements for Third Sector Broker activities to develop stronger intelligence on our use of the third sector to support the population (p.6).

Local Area Co-ordination (LAC)

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

Delayed Transfers of Care

We have been supporting our NHS Hospital colleagues by continuing to focus on ensuring the pathway home from hospital is as speedy as possible and social care related delays are minimised (p.9).

Assessment and Care Management

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

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

Community Reablement

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

Residential Reablement

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

Permanent Residential / Nursing Care

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

Temporary Placements to Residential / Nursing Care

Through the Panel arrangements, temporary placements can now only be made for a maximum of two weeks. This appears to have created a higher level of throughput (p.26).

Domiciliary Care

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

Safeguarding Adults

This is an area of critical focus due to the need to ensure that people are safeguarded, to ensure that our work is as effective as possible, keeping people safe and reducing the risk of further abuse or neglect.Performance measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. However further drop in performance on timeliness of response during August and September 2018 meant the 1 day target was missed. Close scrutiny of this by the Principal Officer and Head of Service is being carried out and will be considered once further data has been prepared. (p.30).

Deprivation of Liberty Safeguards (DoLS)

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance have been noted during 2018. Welsh Government expects the core elements of the process to be completed in 21 days. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60%. During 2018/19 this has dropped to 53.7% but the new arrangements are starting to make a difference. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves and preliminary results for August suggest strong improvement. (p.34).

Common Access Point

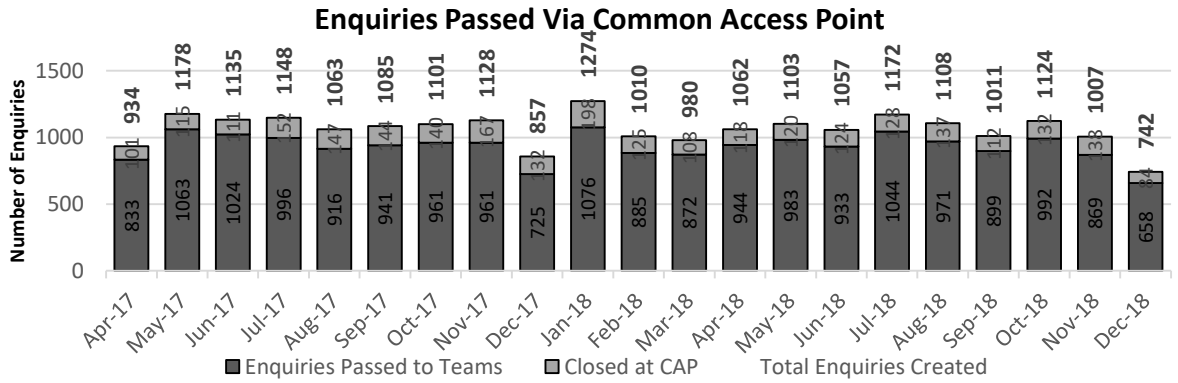
Common Access Point (CAP)

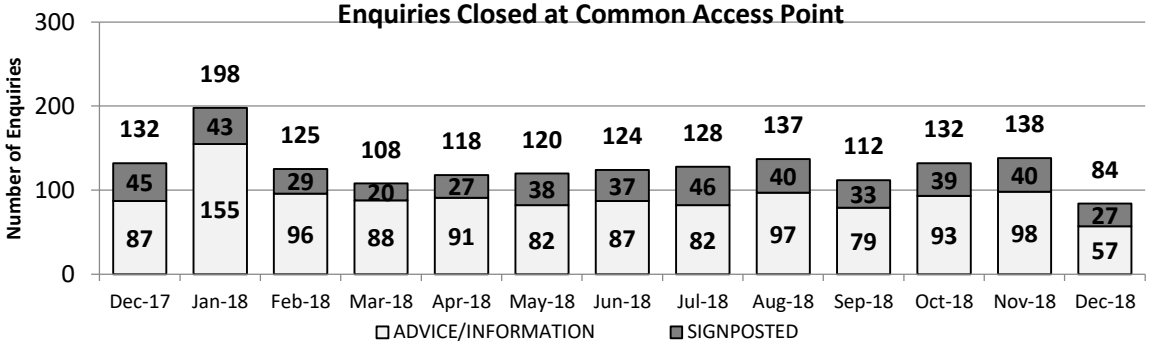
The Common Access Point continues to be reviewed for function and purpose. The key expectations for the service and outcomes against those are set out below.

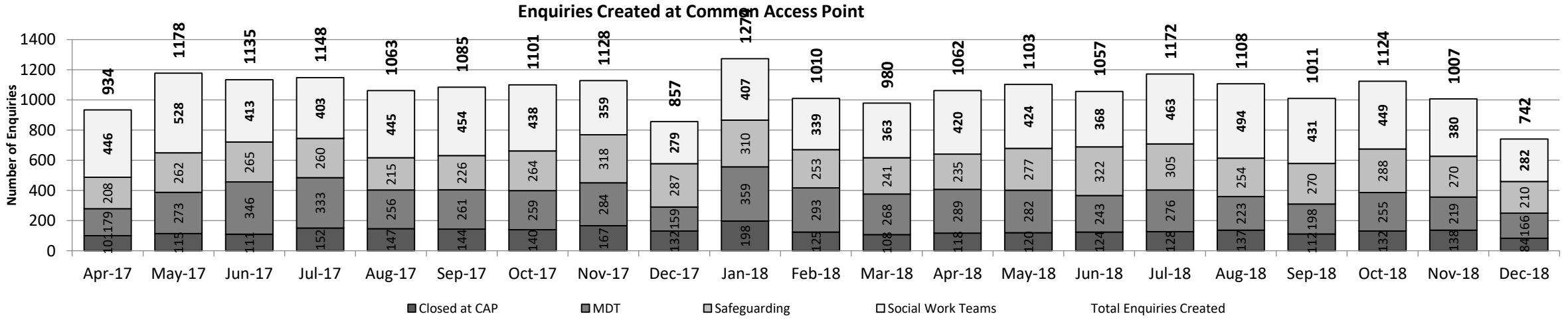
Summary of Expectations / Standards	Summary of Outcomes / Performance
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. An initial target of **80%** was set for 2017/18 and continued into 2018/19.	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 date during 2018/19, performance of **86%** has been achieved, exceeding target.
To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.	Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective us of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

Common Access Point

Enquiries Created at Common Access Point







What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	Continue to work with Team Manager to improve recording of activity within CAP. We will continue to monitor for sustained changes to patterns of enquiry.

Common Access Point		
What is working well?	**What are we worried about?**	**What are we going to do?**
The number of enquiries remains constant, suggesting stability in the amount of work coming through	During December 2017 a new MDT service structure was implemented within the CAP. We are continuing to look at refining to reach the optimum configuration.	We have been monitoring the new arrangements to strengthen the MDT approach. We continue to monitor as we optimise.
We have been able to respond to the periodic (May and November) fluctuations in safeguarding referrals caused by the anniversary of the relevant court judgment that drove up DOLS referrals.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture. The development of the overall information, advice and assistance offer across the Council will also have an impact.	We are examining the data to establish whether there are other factors driving safeguarding referrals, such as need for service providers to receive advice on making relevant safeguarding referrals.
We are able to record 3rd sector broker referrals.		Transformation Team staff are working with the service to improve recording processes for Third Sector Broker activity.

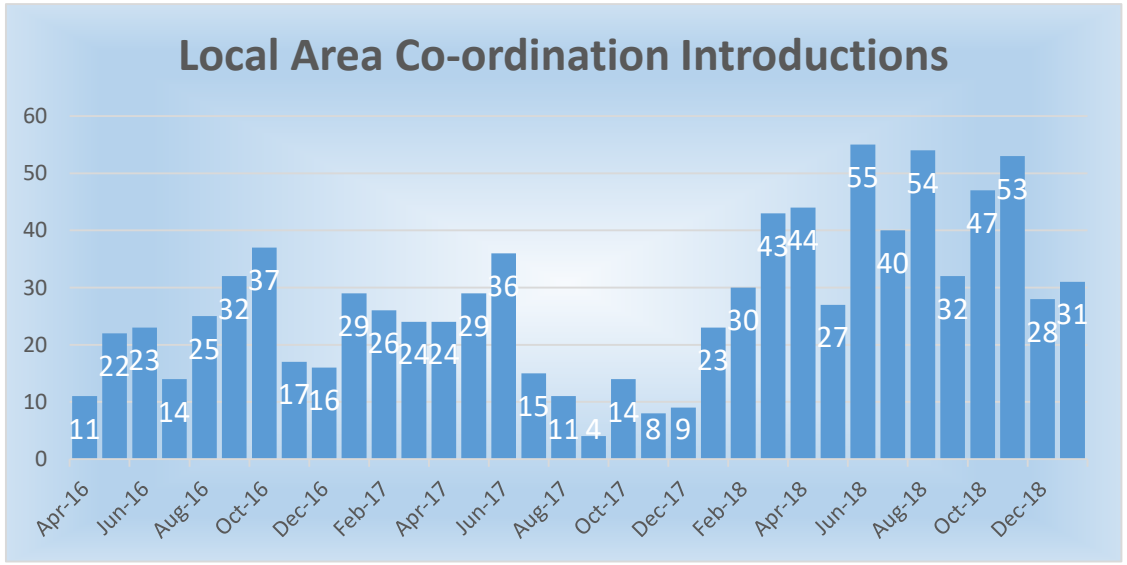
Local Area Co-ordination (LAC)

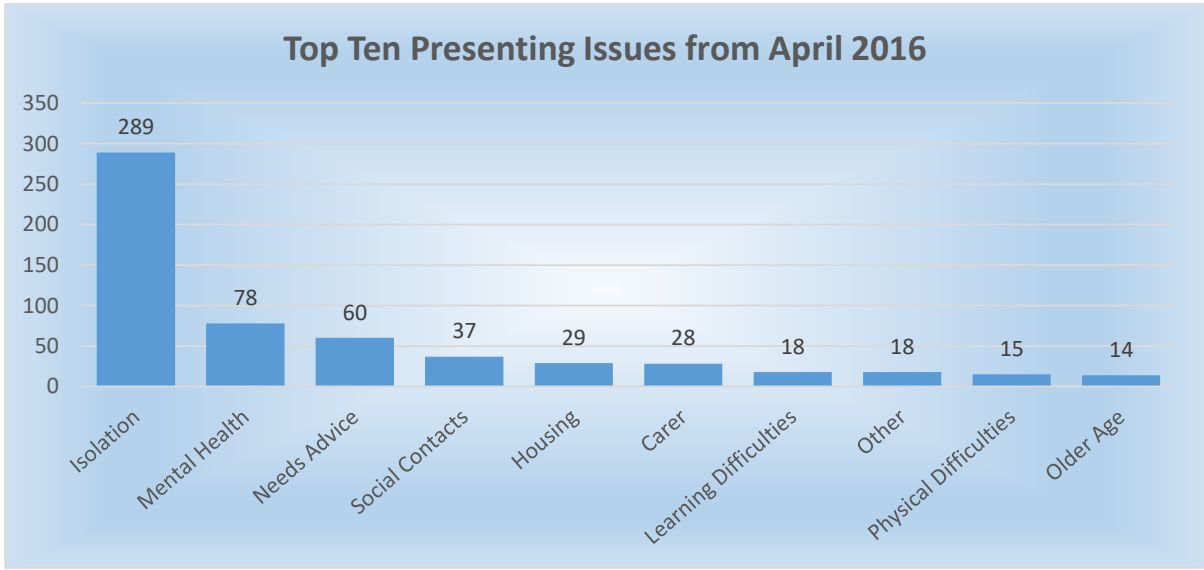
Summary of Expectations / Standards
Local performance indicator SUSC5 set a target of 35 new introductions to the service each quarter during 2016/17. For 2017/18, this was set at 60 a quarter and for 2018/19 the target is 75 a quarter or 25 a month.

Summary of Outcomes / Performance
The target was met each quarter in 2016/17, and the result for 2017/18 exceeded target with some temporary dips in performance. Target for 2018/19 is being met comfortably.

Requests for Local Area Co-ordination and Main Presenting Issues

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

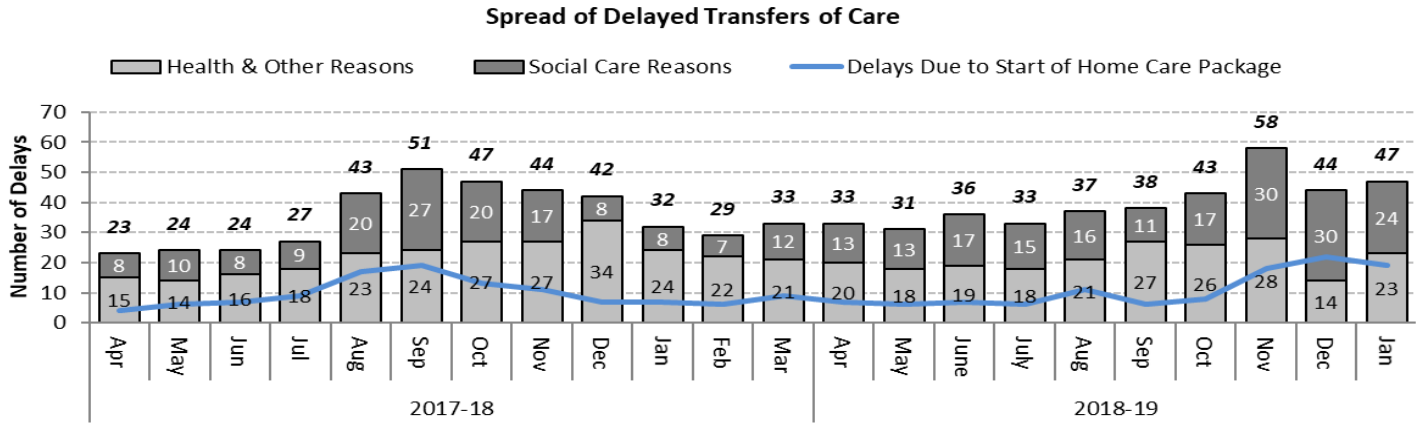




What is working well?	What are we worried about?	What are we going to do?
New introductions have been growing this year, recording info about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers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

Delayed Transfer of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2017/18 was set to less than 4 per 1,000 adults aged 75+, which proved unachievable. The target for the year 2018/19 has been set to less than **6** per 1,000 adults aged 75+.	Performance for 2016/17 met the target, coming in at **5.8** in line with projections. For the whole of 2017/18, performance was **5.9** and therefore missed target. This was influenced substantially by the very large numbers of delays reported August – October 2017. Performance in 2018/19 is **3.4** up to September 2018, which is within target for this stage of the year (3.5).



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

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

What is working well?	What are we worried about?	What are we going to do?
The arrangements for recording and reporting delayed transfers are well-established.	Significant worsening in numbers of individuals delayed due to waiting for package of home care.	We will continue to maintain focus on facilitating early discharge. We want to develop and use better evidence about delays to address the issues that are identified.
	Increasing numbers delayed since. Issues with capacity in the home care market are expected to continue to cause difficulties.	We continue to seek ways to improve the availability of hours of care to people who need care to return home. We are actively working with providers to ensure capacity is available. Effective procedures are in place to escalate cases where there is a social care delay for whatever reason, and targeted activity is undertaken by both the hospital and community teams to expedite discharges. We recognise that we do have issues over availability of packages of care in the external sector, but wherever possible we put interim arrangements in place to deliver this care using the internal service.
	The established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	

Adult Services Performance	
Summary of Expectations / Standards	**Summary of Outcomes / Performance**
There is a local indicator AS10 which reflects the percentage of people who were due an assessment of social care need that received an assessment. For 2017/18, a target of 65% was set and increased to **70%** for 2018/19.	Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records. For 2017/18, performance was met the target at **68.4%.** For 2018/19, performance at end of October is **70.3%**, just on target
There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.	Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments. We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.
Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.	Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report

Integrated Social Care and Health Services Teams

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

Teams included in this section are:

- *Central / North / West Hubs* includes the three social work Hub teams with a range of OT and physiotherapy staff, including both local authority and NHS workers.
- *Specialist Practitioners* refers to community health specialist services e.g. continence. They also work across the Central / North / West hubs.
- *Sensory Services* relates to specialist sensory and younger adults workers
- *Hospital Team* refers to the social work teams at 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

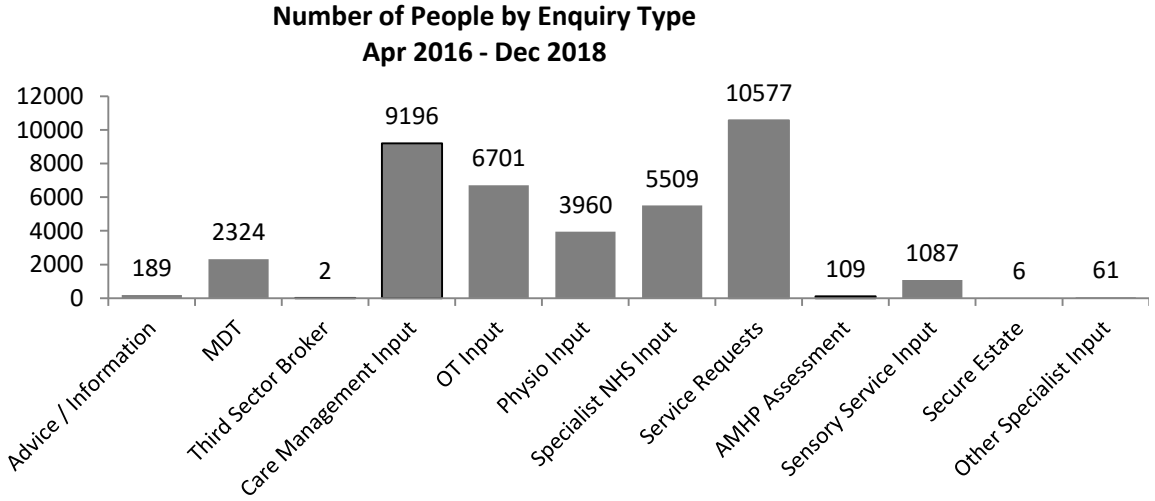
The tables and charts below reflect counts and proportions of enquiries and people. This is an important distinction since over time individual **people** commonly accrue enquiry **events** of different types.

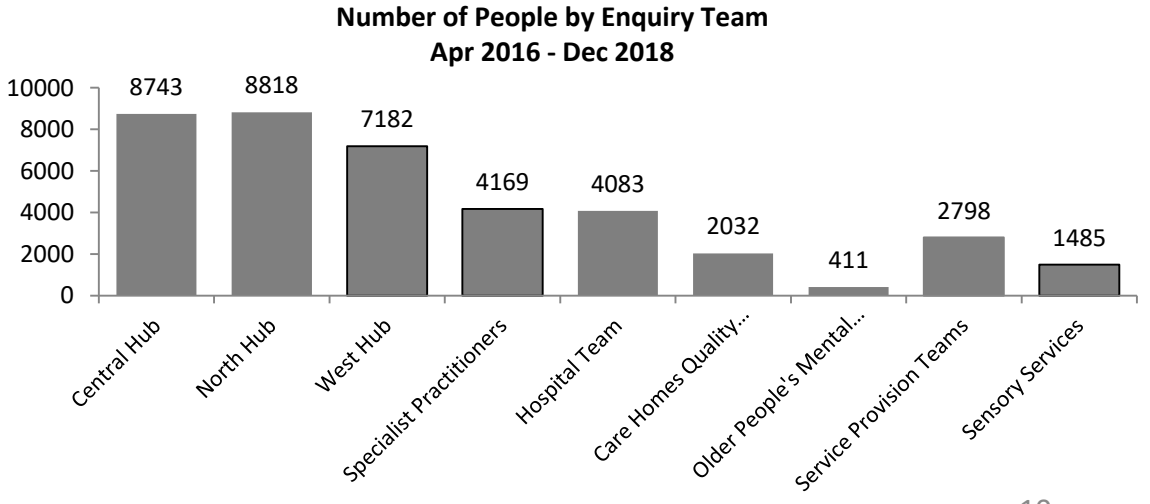
All references below distinguish between **people** and **enquiries** and **assessments**

Enquiries Created by Team

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

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





Referrals Created by Team

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

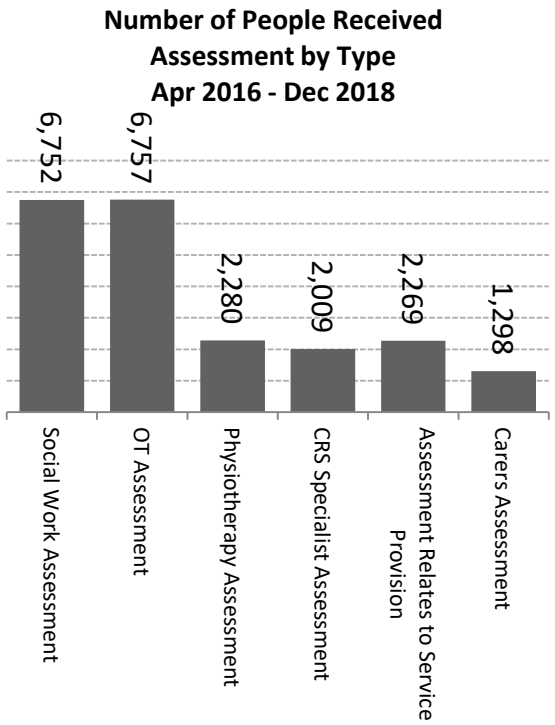
Many service users receive more than one enquiry type in a period of time. The most common enquiry type relate to service provision such as home care or community reablement.

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

What is working well?	What are we worried about?	What are we going to do?
There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly.	Continuing demographic pressure could escalate the number of enquiries.	Some preliminary analysis has been discussed within the service. This will build on work carried out on the Population Assessment and will be used to model future population need.
The distribution of enquiries across the hubs is now relatively even.		
We believe there is a consistent level of recording enquiries across the service.		

Assessments Completed by Team

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



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

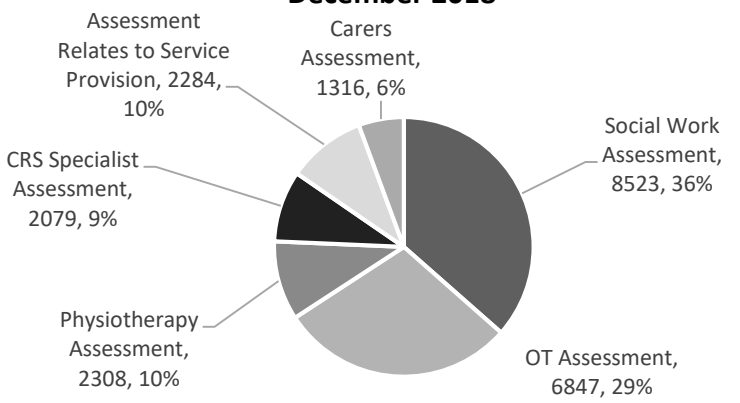
'Social Work Assessment' principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead. *Assessment Relates to Service Provision'* principally relate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

Assessments Completed by Team

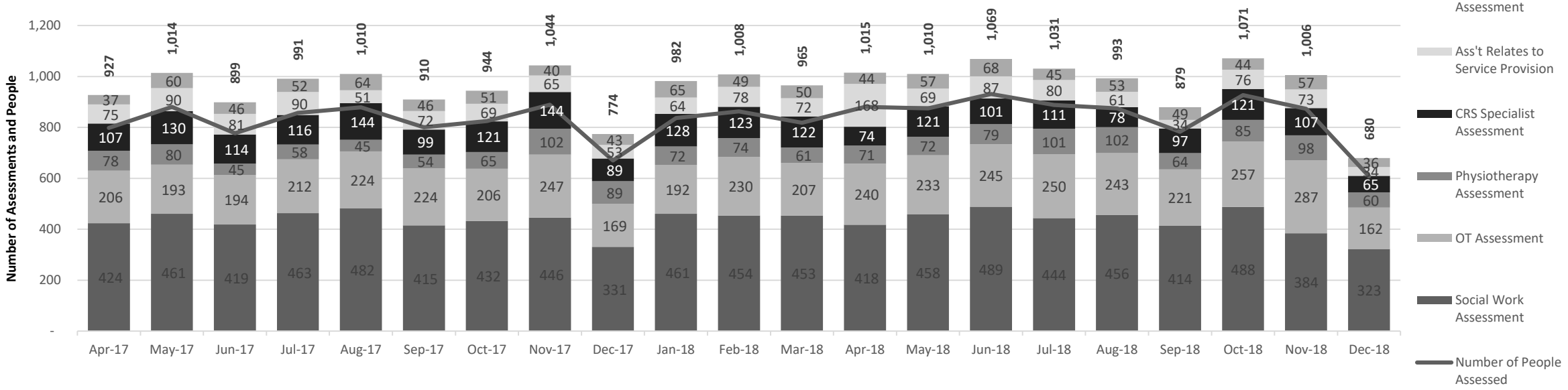
Distribution of Assessments by Type and Over Time (Apr 2017 – Dec 2018)

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

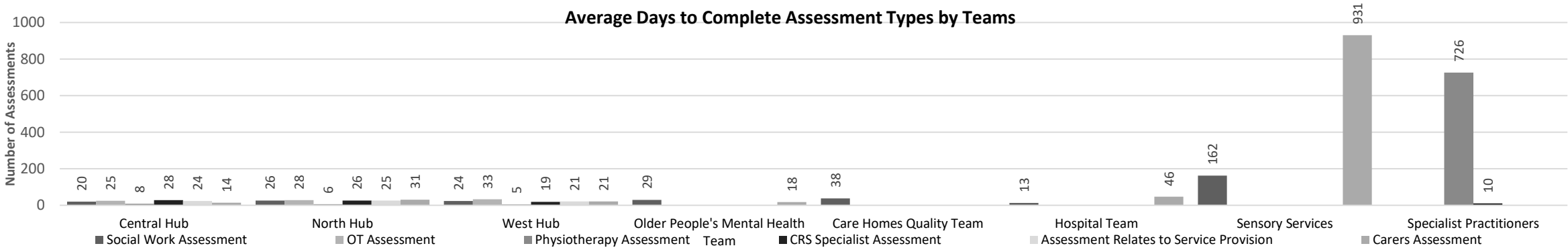
Number of Assessments Completed by Type April 16 - December 2018



Number of Assessments and People



Assessments Completed by Team



What is working well?	What are we worried about?	What are we going to do?
A reasonably consistent amount of assessment activity continues to take place.	We are aware of current difficulties with accurately reporting numbers of new assessments/ re-assessments and reviews.	Performance staff and managers are working together to look in more detail at this topic.
Typically assessments of need are completed within 30 days by most teams.	It is not clear whether physios are following the correct agreed procedure in Paris and may be recording assessments in casenotes, where they will not be counted as assessments.	Social work practice will be examined as part of the development of a practice framework.
Physio assessments are carried out swiftly by the Hubs. OT assessments take slightly longer than assessments of need to complete.		We will look into the issue of physios recording assessments

Caseloads & Reviews

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

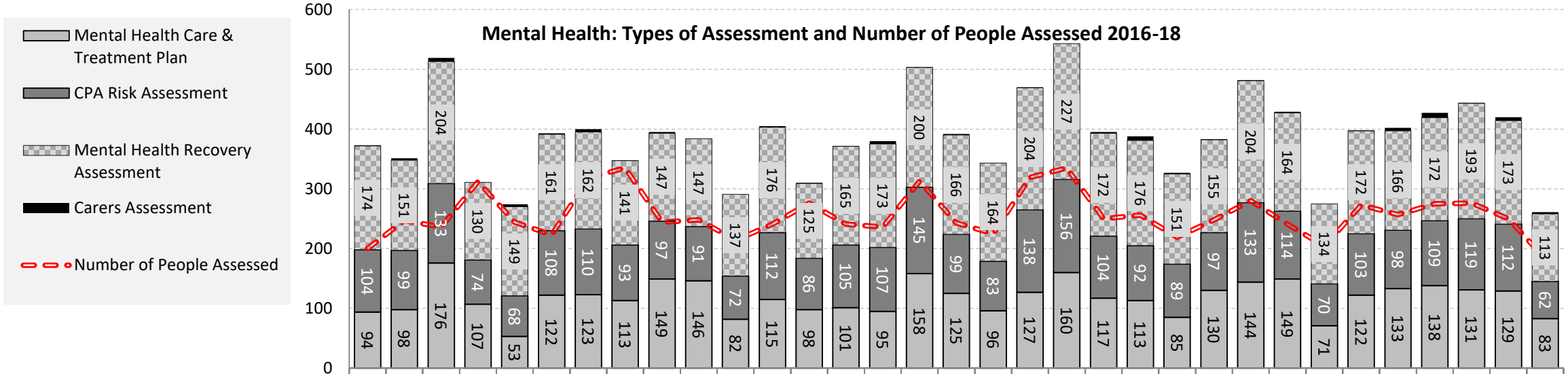
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

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

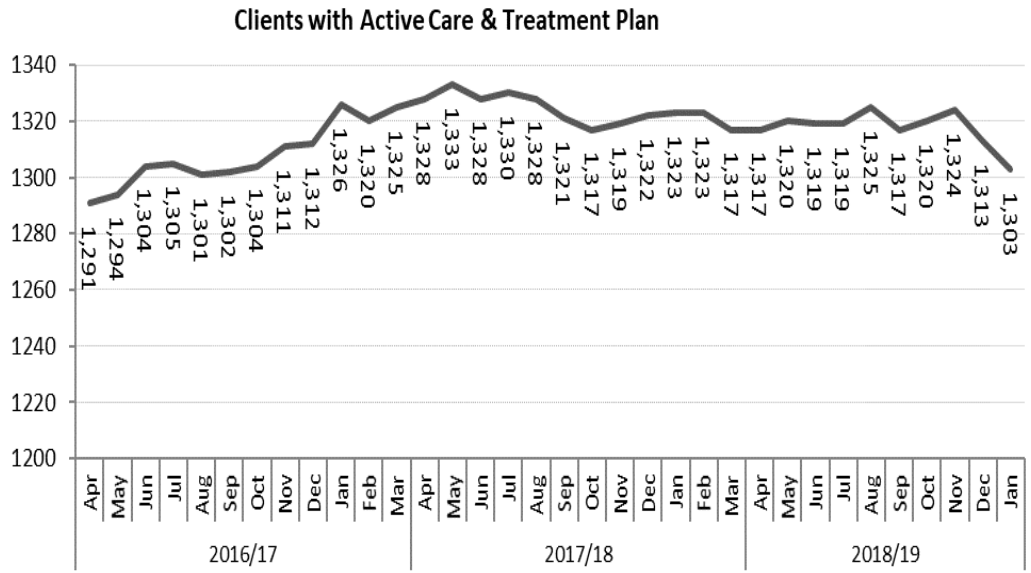
The dotted line shows the **total number of individuals** who were assessed. The total number never exceeds the cumulative number of assessment types due to the fact that some people may receive multiple assessment types during any given period of time. This will be particularly the case for those who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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2016/17												2017/18												2018/19								
Carers Assessment	1	3	6	0	4	2	5	1	2	0	0	2	1	1	5	1	2	0	1	0	2	7	2	1	1	2	0	1	5	8	1	6	3
Mental Health Recovery Assessment	174	151	204	130	149	161	162	141	147	147	137	176	125	165	173	200	166	164	204	227	172	176	151	155	204	164	134	172	166	172	193	173	113
CPA Risk Assessment	104	99	133	74	68	108	110	93	97	91	72	112	86	105	107	145	99	83	138	156	104	92	89	97	133	114	70	103	98	109	119	112	62
Mental Health Care & Treatment Plan	94	98	176	107	53	122	123	113	149	146	82	115	98	101	95	158	125	96	127	160	117	113	85	130	144	149	71	122	133	138	131	129	83
Number of People Assessed	200	247	236	312	244	223	318	335	244	248	214	241	276	241	236	313	243	225	319	335	250	256	219	248	280	241	204	273	257	275	276	250	183

Mental Health

People with Active Care & Treatment Plan



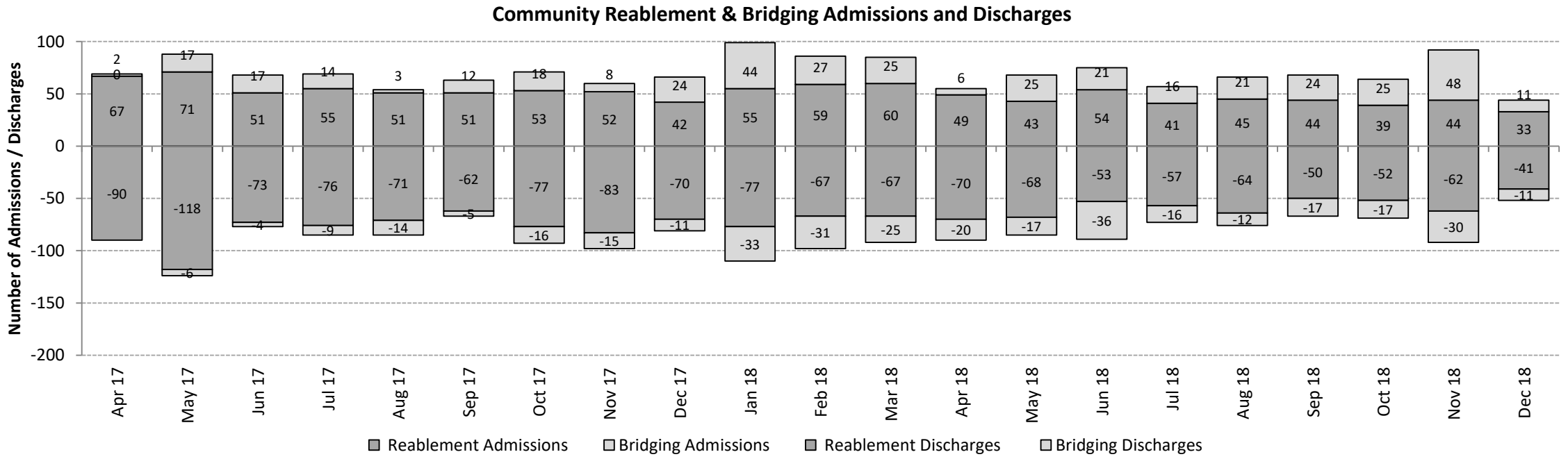
The 'caseload' for the mental health service is relatively-well defined since the Mental Health Measure stipulates a mental health client should have an active Care and Treatment Plan.

The overall caseload for the mental health service has remained relatively stable over the last 29 months (up 1% since April 2016). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically dividing the number of clients by the number of workers gives only a rough estimate of average caseload. Although this method provided a steady statistical average of roughly 21 -22, it should be noted that due to the variety of staff working hours, this value is more indicative than real.

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

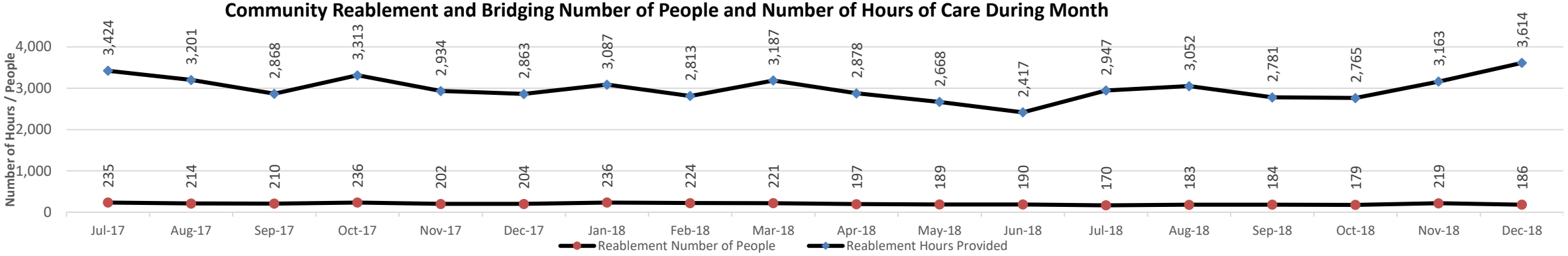
Community Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective the service has been in reducing the total burden on the managed care system.
There are two national performance indicators measuring the effectiveness of community reablement. These are brand new indicators and there continue to be national debates as to the final national definition of the indicator calculation method.	Staff are engaged in discussion with peers across Wales and contributing positively to a meaningful definition.
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. **Locally a target of 50%** was set for 2016/17 and 2017/18 and will continue for 2018/19.	Cumulative performance for 2016/17 was **66.7%,** meeting target**.** Final 2017/18 performance was **50%**, hitting target exactly. Performance up to Q2 of 2018/19 is further improved at **86.3%**
Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. **Locally a target of 25%** was set for 2016/17 and 2017/18 and has been continued into 2018/19.	Cumulative performance for 2016/17 was **27.7%,** meeting target**.** For 2017/18 performance was **79.3%**, considerably exceeding target. There have been 3 cases of this type during Q2 of 2018/19 and the performance result of **66.7**% exceeds the target.

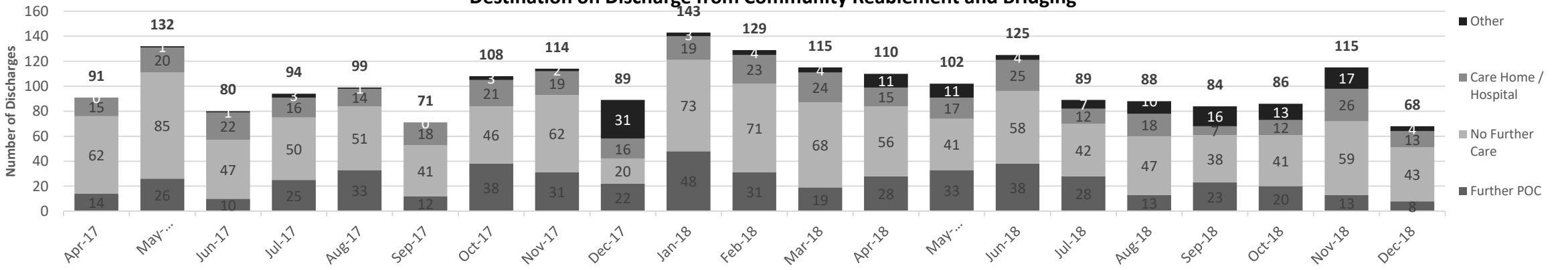


Community Reablement

Community Reablement and Bridging Number of People and Number of Hours of Care During Month



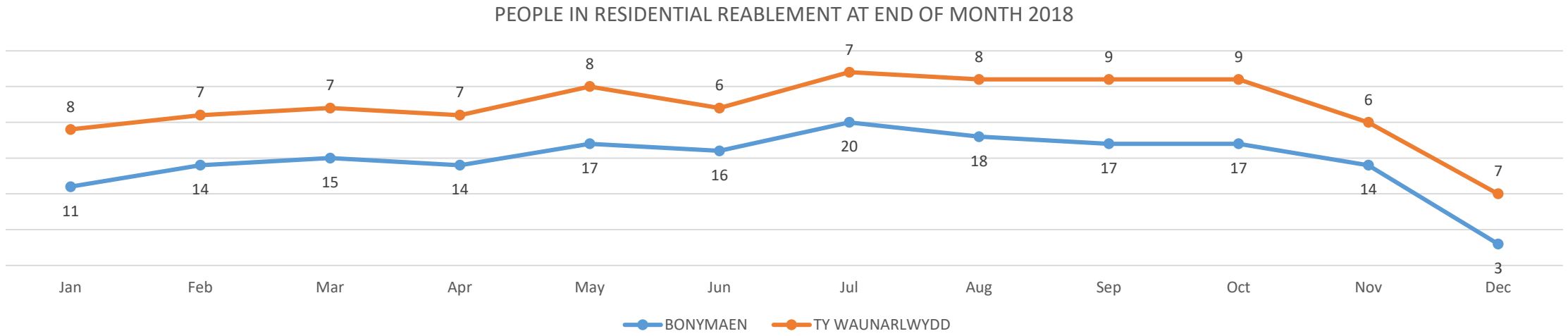
Destination on Discharge from Community Reablement and Bridging



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

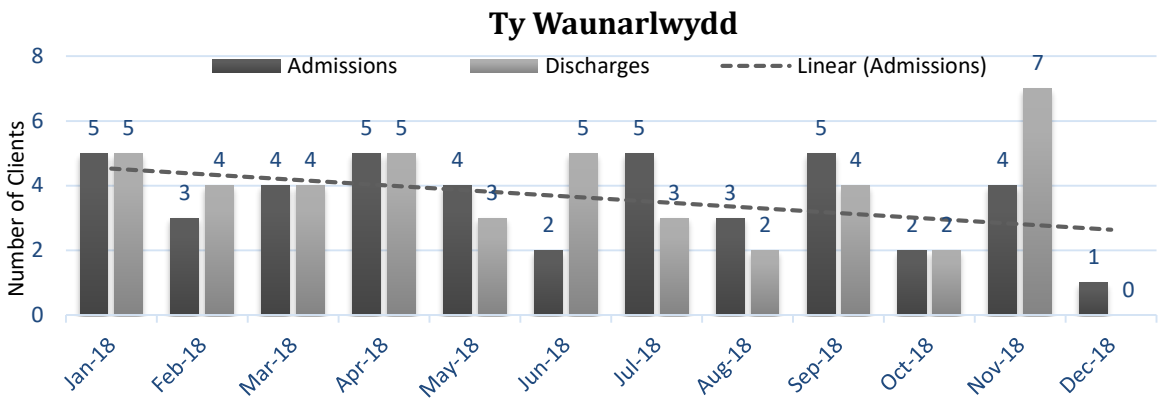
Residential Reablement

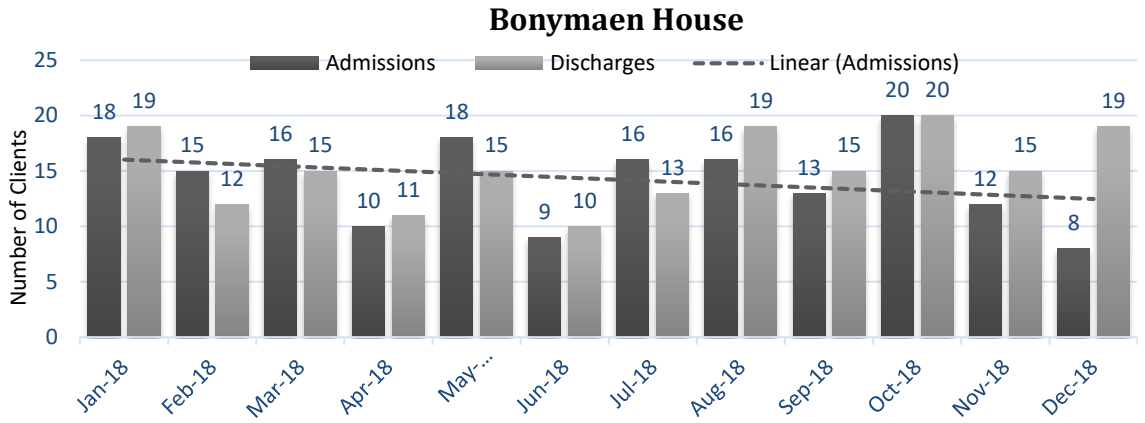
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.	There is good evidence the service has become effective in preventing admissions over the last 2 years.
There was a local PI relating the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the **target was set at 58%** returning home. The measure is no longer reported but we continue to examine our effectiveness.	During 2018 the overall figure of the people that retuned home independently or with a care package with Bonymaen House 67% and within Ty Waunarlwydd 58%
The graph below shows the amount of people resident within both services at the end of each month, January to December 2018 . Both services have a shape decrees during November and December. Possible related to the Christmas holidays.	



Admissions to /Discharges from Residential Reablement

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

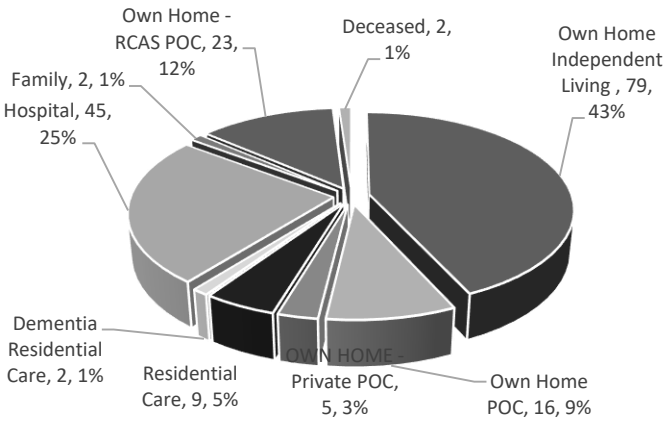




Effectiveness of Residential Reablement

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

Bonymaen House Reablement Destination on Discharge Jan 17 - Dec 2018



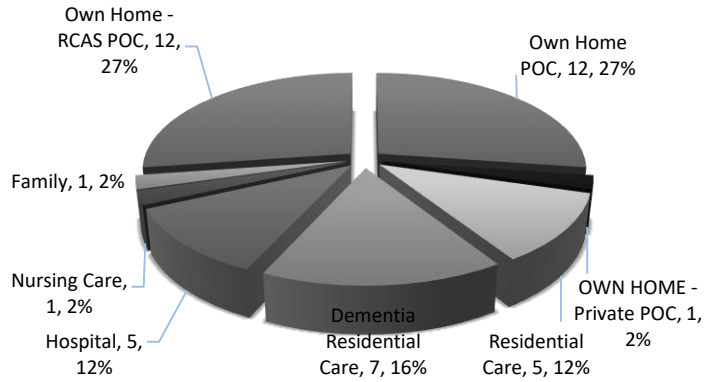
Bonymaen House

27 Assessment Beds.

The cumulative sum of discharges were 183. Of these the majority returned to their own home, 43% independently.

Others returned home with a care packages, which accounted for 24%. The largest non-home based category was hospital, accounting for 25%.

Ty Waunarlwydd Reablement Destination on Discharge Jan 17 - Dec 2018



Ty Waunarlwydd

8 Assessment Beds.

The total cumulative discharges were 45

Of these 58% returned home, with care packages.

Dementia residential care accounted for 16% of the overall discharges, this category has increased during the year.

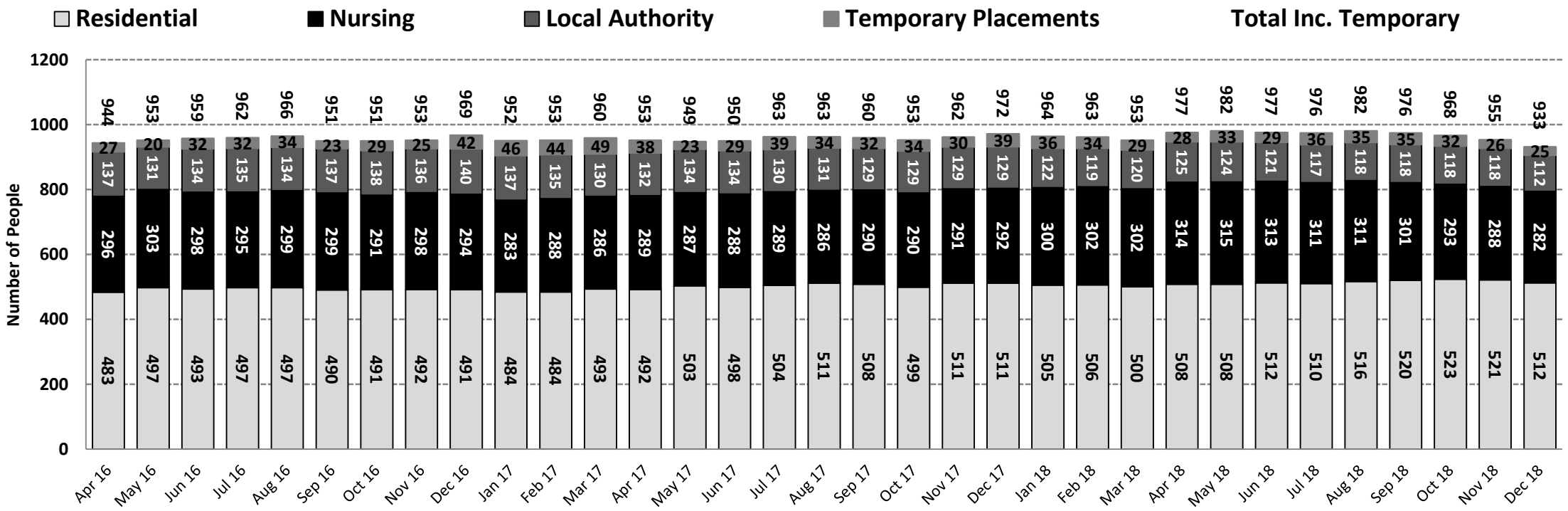
The remaining discharges were to residential care based services..

Residential Reablement		
What is working well?	**What are we worried about?**	**What are Possible actions?**
Both services have enable the majority of people to return to their own home, independently or with a care package. Services usage information is provide monthly, enable reports to be completed, within the current time period. Prior to reporting, a draft is shared with reablement services. Enabling any discrepancy's to be identified and amended before presentation.	Ty Waunarlwydd, predominantly support people living with dementia, of which 58% of all discharges returned home. However, some of these referrals may be deemed inappropriate, for example, where the person's condition has progressed to the stage that they are more likely to be discharged to residential accommodation. The average stay within Ty Waunarlwydd exceeds 42 days, which is the assessment period. From January to December 2018 this has been the case for 66% of admissions whereas Bonymaen House exceeded the assessment period by 25% for the same period. Reasons for this include waiting for a long tern residential placement to become available, the unavailability of equipment or a suitable discharge destination . Once the assessment has been completed, or the 42 day assessment period has lapsed the person can be charged for their exceeded stay. However this was not always been possible where the service may be deemed responsible for the prolonged stay – see above. This has resulted in potential loss of revenue and a reduction in bed capacity.	• Review the assessment eligibility criteria, to reduce the likelihood of people being admitted, that have a high probability of being discharged to hospital or nursing care. Review how the 42 day assessment period is managed, with an aim to have the person assessed and discharged within this time frame. Review the pathway and resources available in the community to ensure a speedy discharge. The above actions will form part of the reshaping of internal care home services as part of the Adult Services model, under the Older People's Commissioning Review, phase 2.

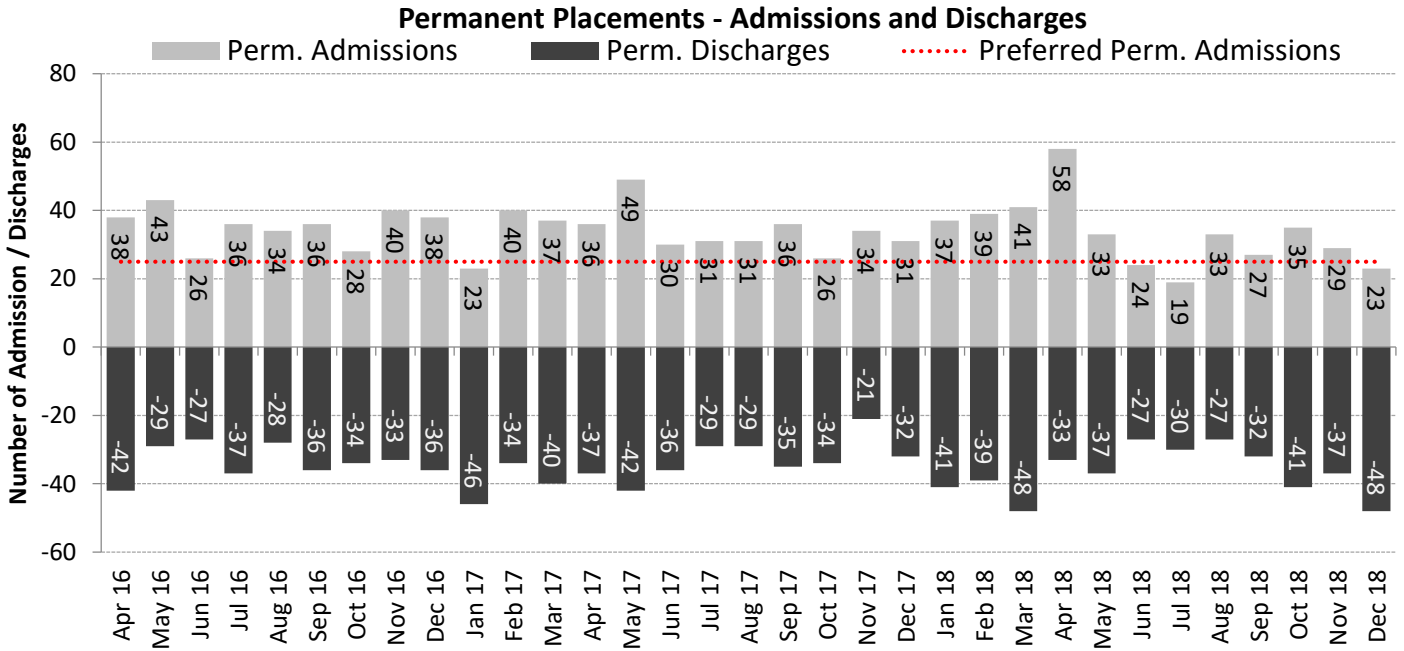
Permanent Residential / Nursing Care

Residential / Nursing Care for Older People

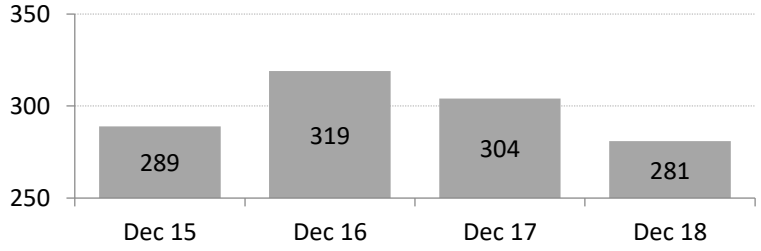
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people supported over the last four years but the decreases have slowed down over that period.
There was a performance indicator (SCA002b) that related to the rate per 1,000 older people supported in residential care. Target for 2016/17 was set at **19.5.**This indicator is no longer required for the corporate plan.	Target met for 2016/17 at **18.8.** For 2017/18, final result was **19.0** For 2018/19, currently **19.5**
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. While targets are relatively unhelpful for these indicators, although it is preferable for length of stay to be lower while age should be higher.	For 2017/18, Measure 21 was **921.8** and Measure 22 was **83.7**. For 2018/19, they are **920.9** (better) and **83.0** (poorer) respectively



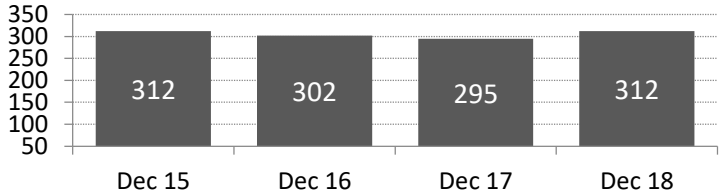
Admissions to and Discharges from Residential / Nursing Care



Cumulative Admissions to Residential / Nursing Care



Cumulative Discharges from Residential / Nursing Care



What is working well?	What are we worried about?	What are we going to do?
	We have not reduced numbers to the level anticipated in the Western Bay business case for intermediate care. We are still making above-average use of residential care compared to other Welsh councils.	We have re-established processes to strengthen the rigour of acceptance of potential residents to care homes. A Panel is now in place which challenges decisions on new and temporary placements. We will need to monitor whether these arrangements help reduce the propensity to use of long-term placements.

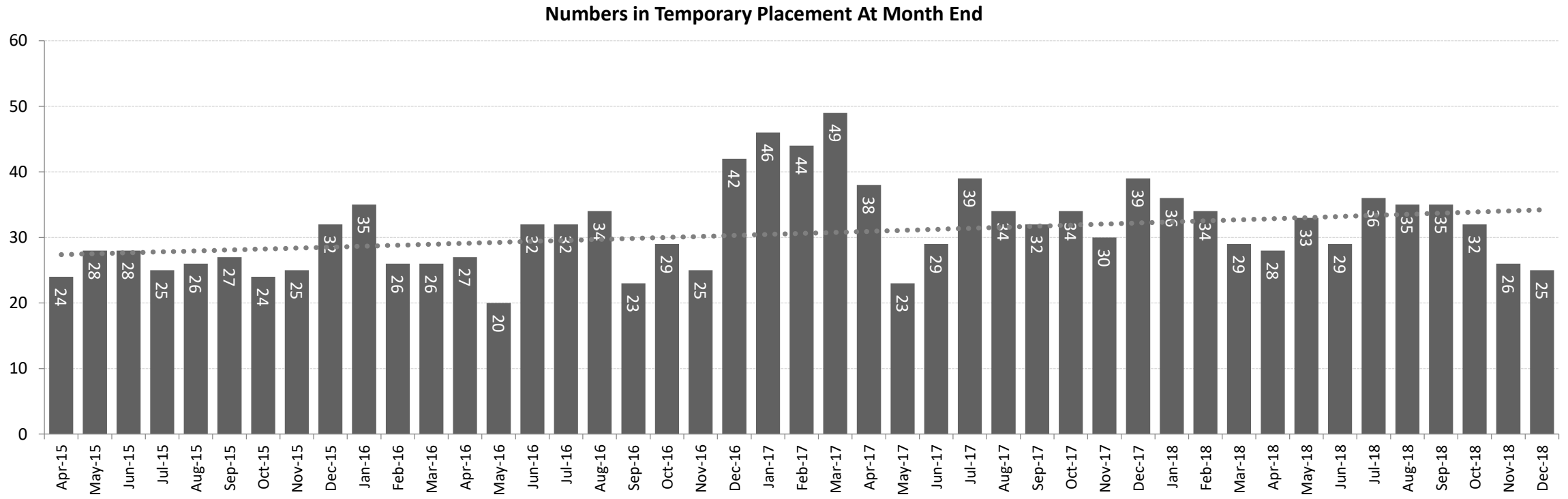
Temporary Placements

Temporary Admissions to Residential / Nursing Care

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

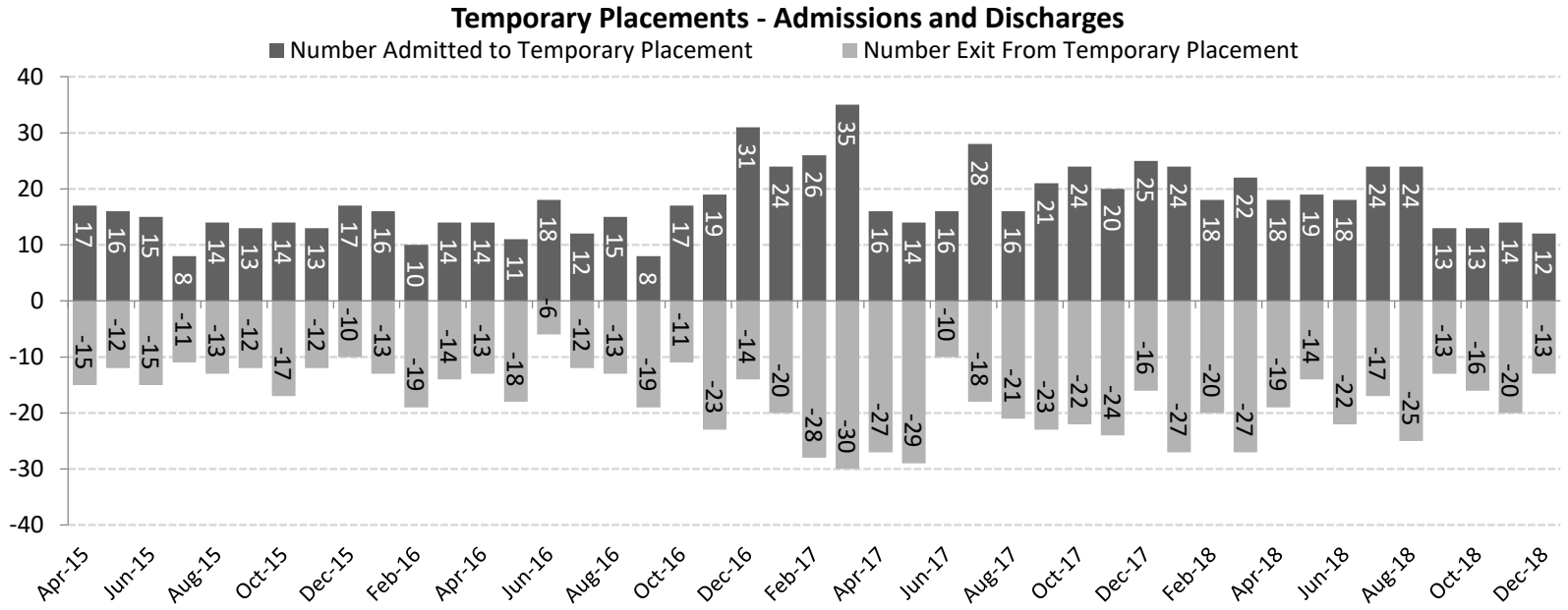
We have recently started to examine this information in the context of understanding overall levels of demand for residential / nursing care.

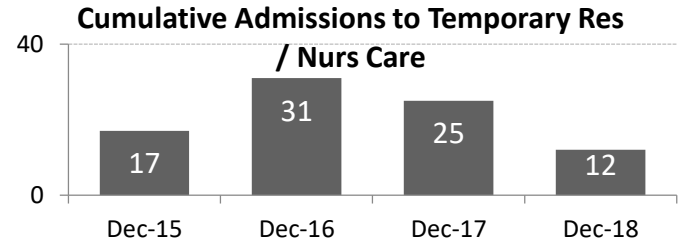
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a higher rate than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

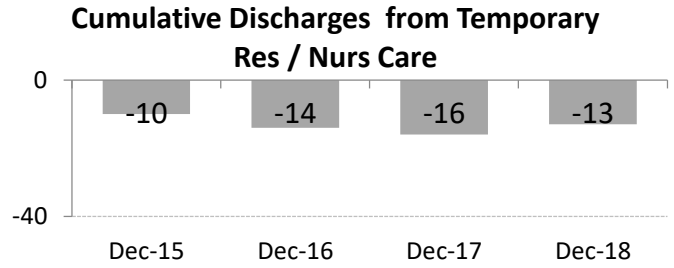


Temporary Placements

Admissions to and Discharges from Temporary Residential / Nursing Care







What is working well?	What are we worried about?	What are we going to do?
Admissions and discharges are keeping pace with each other and numbers are remaining relatively stable	We do not yet understand the dynamics of this aspect of service delivery.	We are going to monitor this area of work and seek to understand it better. Under the new Panel arrangements, temporary placements are now only agreed for a two week period. Following the two weeks, care managements have to come back to Panel explaining the long-term care arrangements or why the temporary placement should be extended.

Temporary Placements

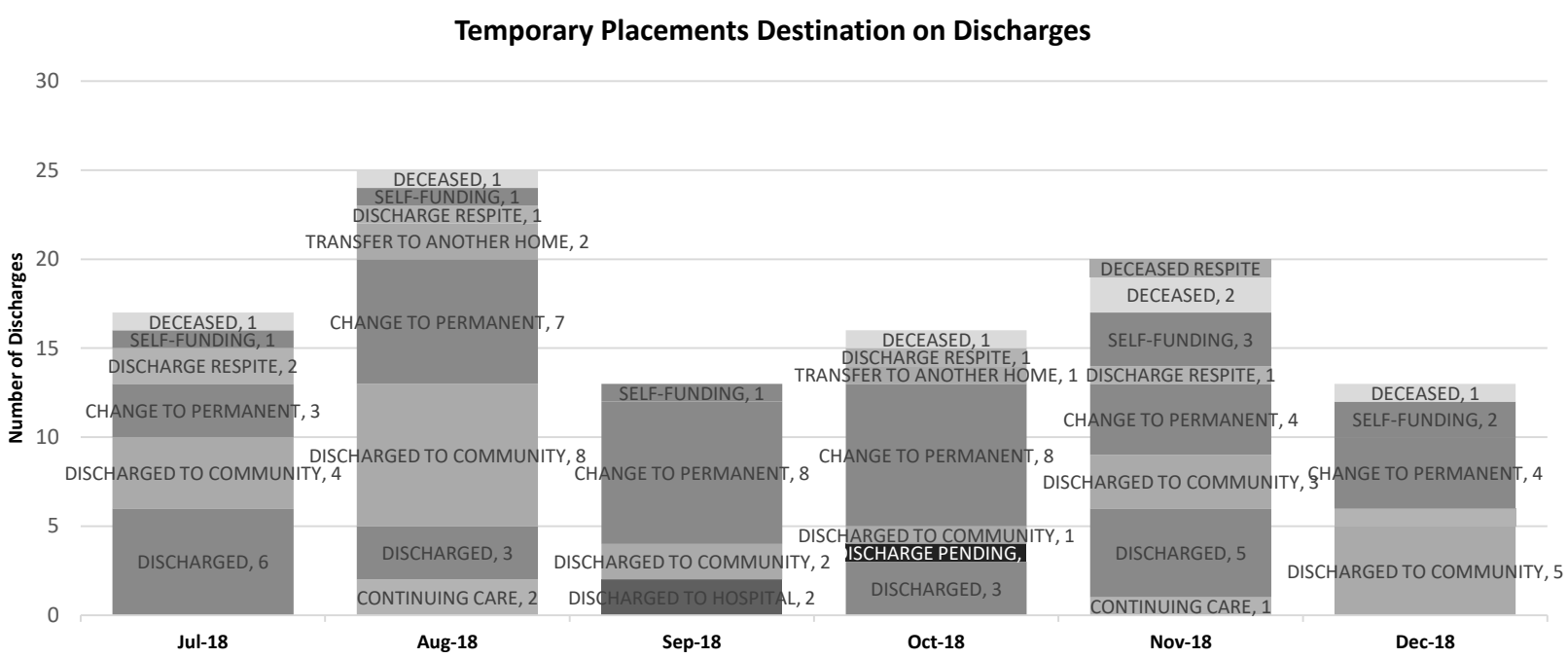
Destination on Discharge from Temporary Residential / Nursing Placements

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

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

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

8.8% of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

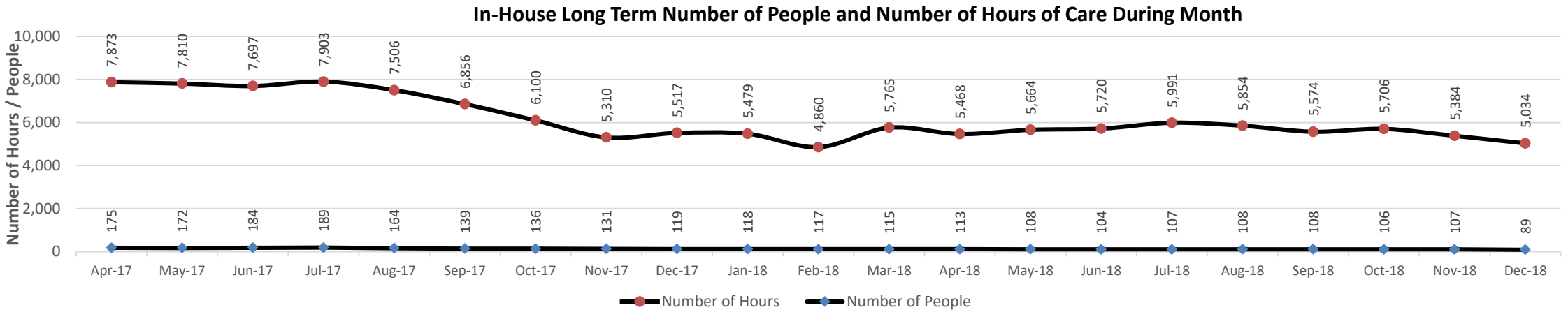


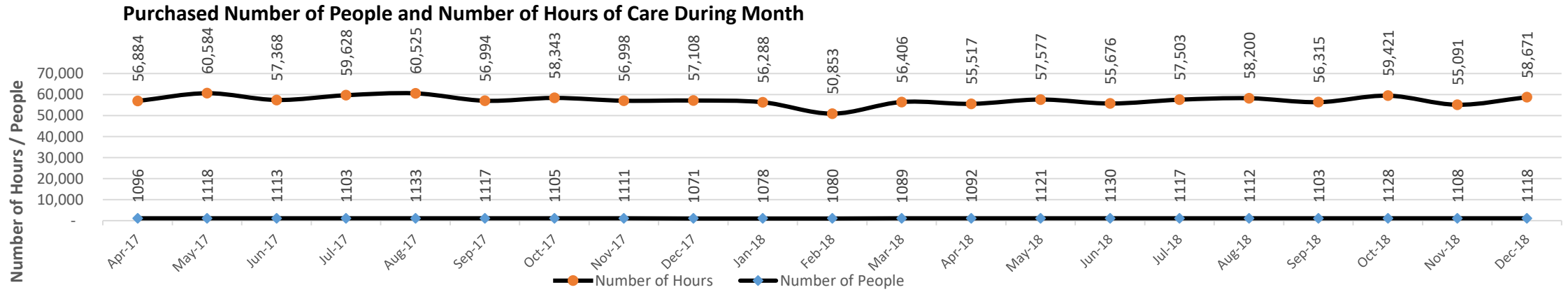
What is working well?	What are we worried about?	What are we going to do?
We have good quality information about the destination of people who leave a temporary placement.	Inappropriate use of temporary placements can result in increased local authority expenditure should not be undertaken lightly. This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

Long Term Domiciliary Care

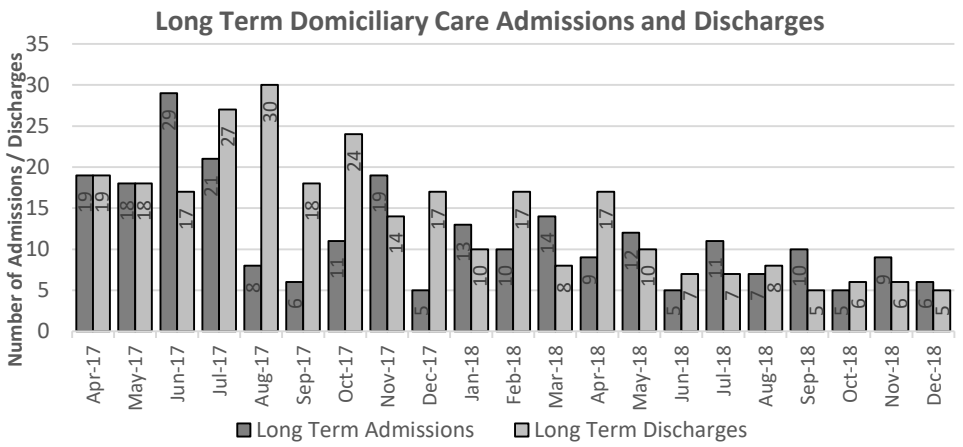
Providing Long-Term Domiciliary Care

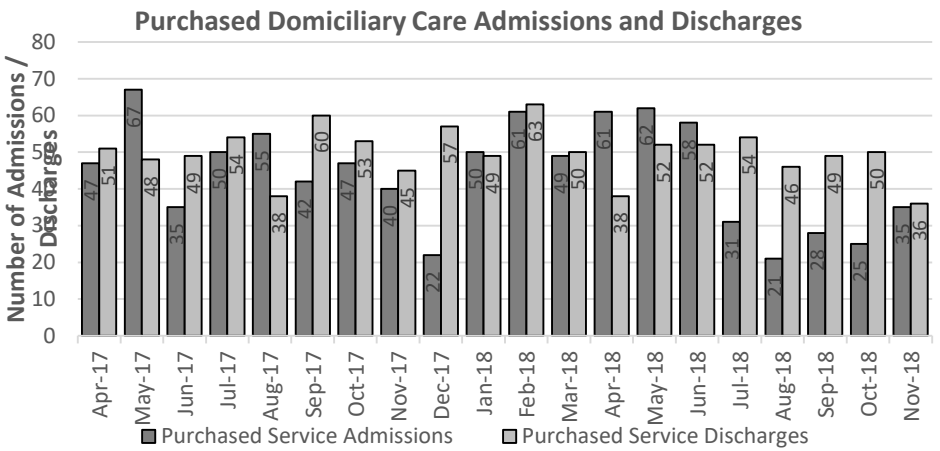
Summary of Expectations / Standards	Summary of Outcomes / Performance
There are no national or local performance indicators relating to this service.	N/A
Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term provision of home care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

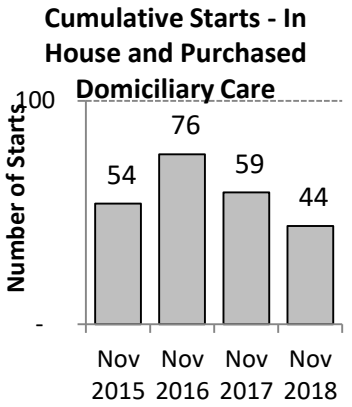


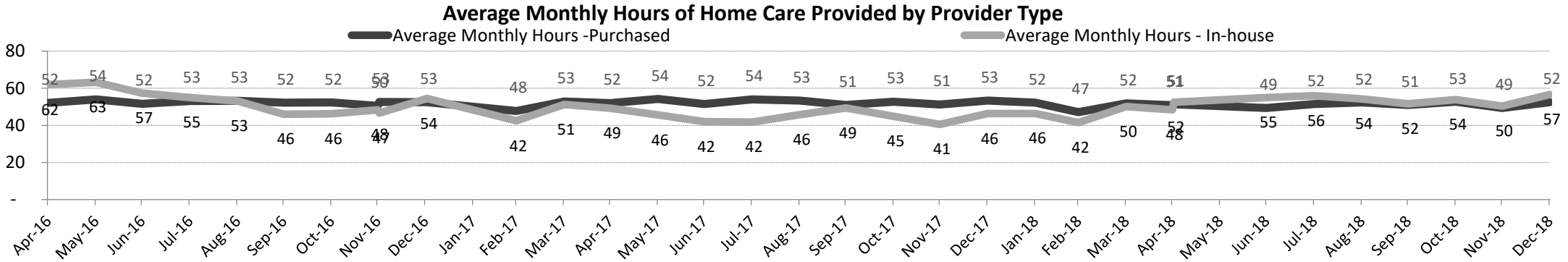


Long Term Domiciliary Care









What is working well?	What are we worried about?	What are we going to do?
	Conversely, numbers were projected to reduce more significantly within the Western Bay business model for intermediate care.	We need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work has commenced to map this and then ensure appropriate test and challenge arrangements are in place.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours	

Safeguarding Vulnerable Adults

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

Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2016/17 has been set to achieve **higher than 80%** reflecting a desire to ensure that matters are dealt with promptly but recognising that there will once always be occasions where decisions cannot be taken within a day. Results of 2016/17 monitoring indicated 80% was not a feasible target and the agreed target for 2017/18 was set at **higher than 65%.** The 65% target is being retained for 2018/19	Performance on this indicator for 2016/17was below target at 65.3%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance improved considerably for Q2 and Q3 but declined in Q4. Cumulative for the whole of 2017/18 performance was just below the revised target at **63.7%.** Current 2018/19 performance is below target at **58.2%**
National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2016/17 has been set to achieve **higher than 95%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will once always be occasions where decisions cannot be taken even within a week. Results of 2016/17 monitoring indicated 95% was not a feasible target and the agreed target for 2017/18 has now been set at **higher than 90%.**	Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for the whole of 2017/18 met the target at **91.9%** . Current 2018/19 performance is above target at **93.7%** but performance will need to be monitored closely.

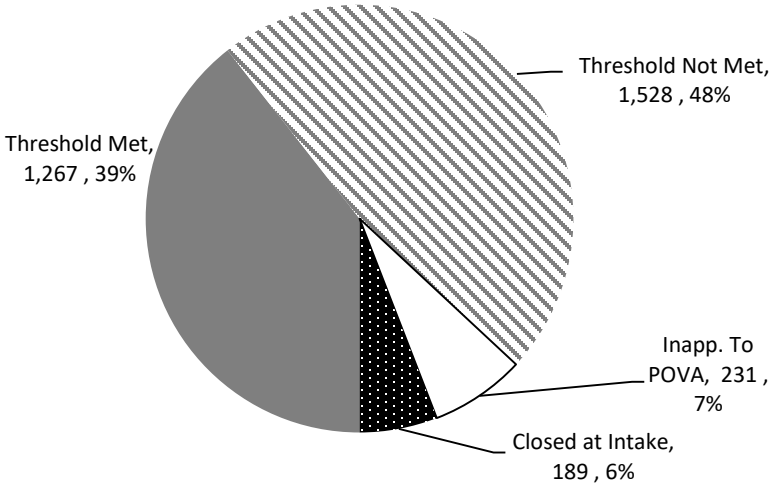
Safeguarding

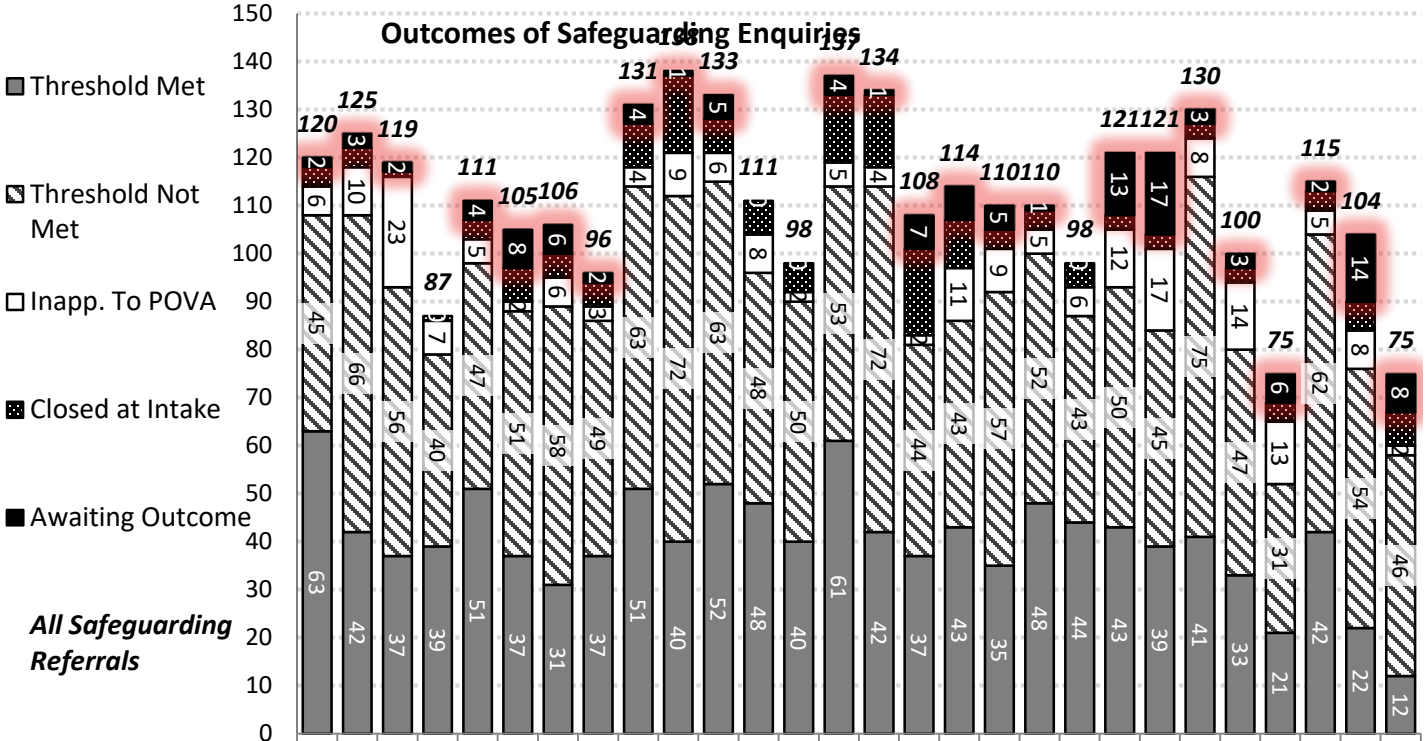
Safeguarding Enquiries and Outcomes

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

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

Outcomes of Safeguarding Enquiries: Sept 2016 - Dec 2018

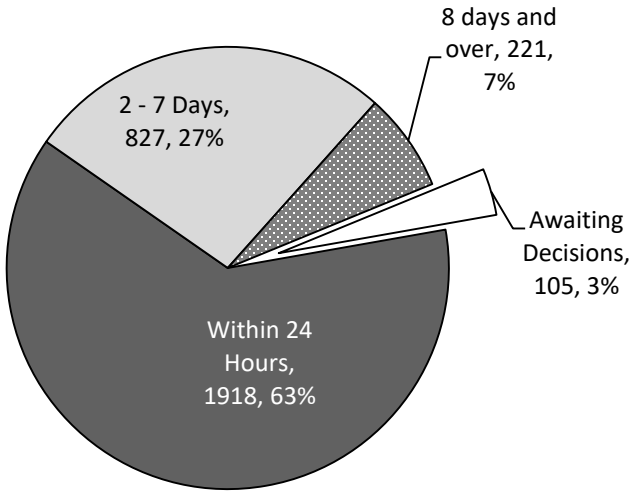




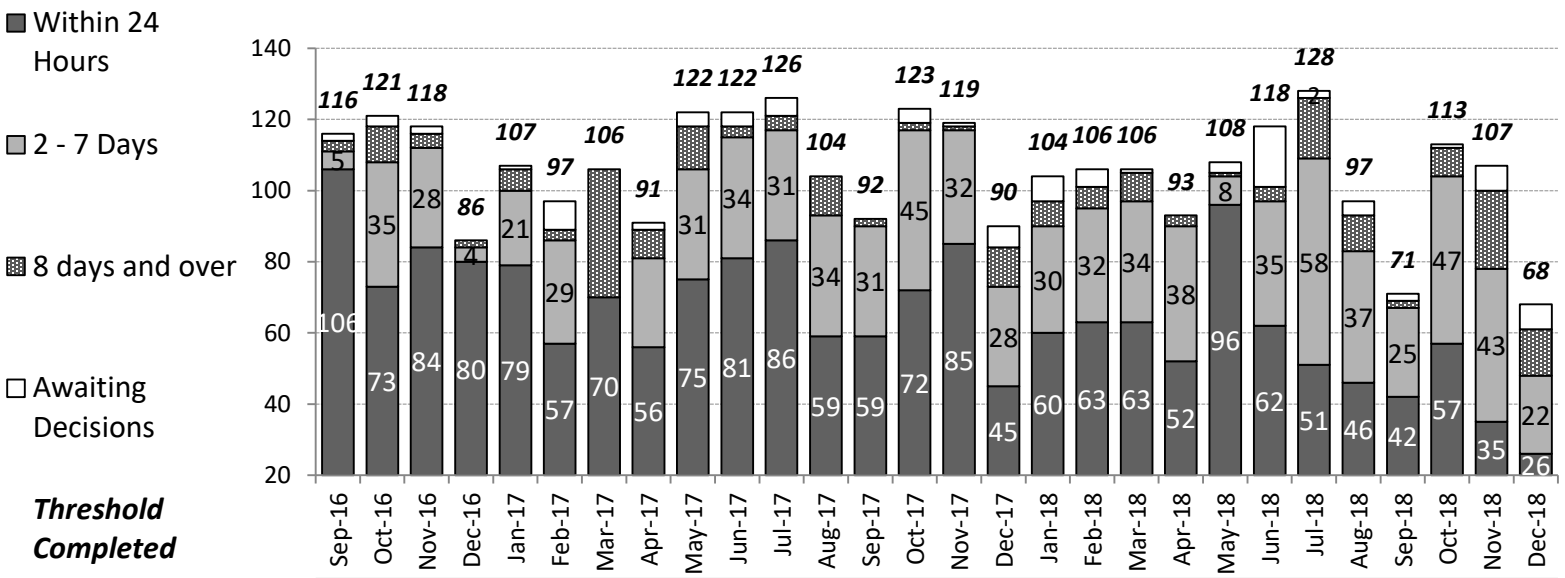
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Awaiting Outcome	2	3	2	0	4	8	6	2	4	1	5	0	0	4	1	7	7	5	1	0	13	17	3	3	6	2	14	8
Closed at Intake	4	4	1	1	4	7	5	5	9	16	7	7	6	14	15	18	10	4	4	5	3	3	3	3	4	4	6	7
Inapp. To POVA	6	10	23	7	5	2	6	3	4	9	6	8	2	5	4	2	11	9	5	6	12	17	8	14	13	5	8	2
Threshold Not Met	45	66	56	40	47	51	58	49	63	72	63	48	50	53	72	44	43	57	52	43	50	45	75	47	31	62	54	46
Threshold Met	63	42	37	39	51	37	31	37	51	40	52	48	40	61	42	37	43	35	48	44	43	39	41	33	21	42	22	12
All Safeguarding Referrals	120	125	119	87	111	105	106	96	131	138	133	111	98	137	134	108	114	110	110	98	121	121	130	100	75	115	104	75

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

Safeguarding Thresholds Completed In Timescale: Sep 2016 - Dec 2018



Safeguarding Thresholds Completed within Timescales

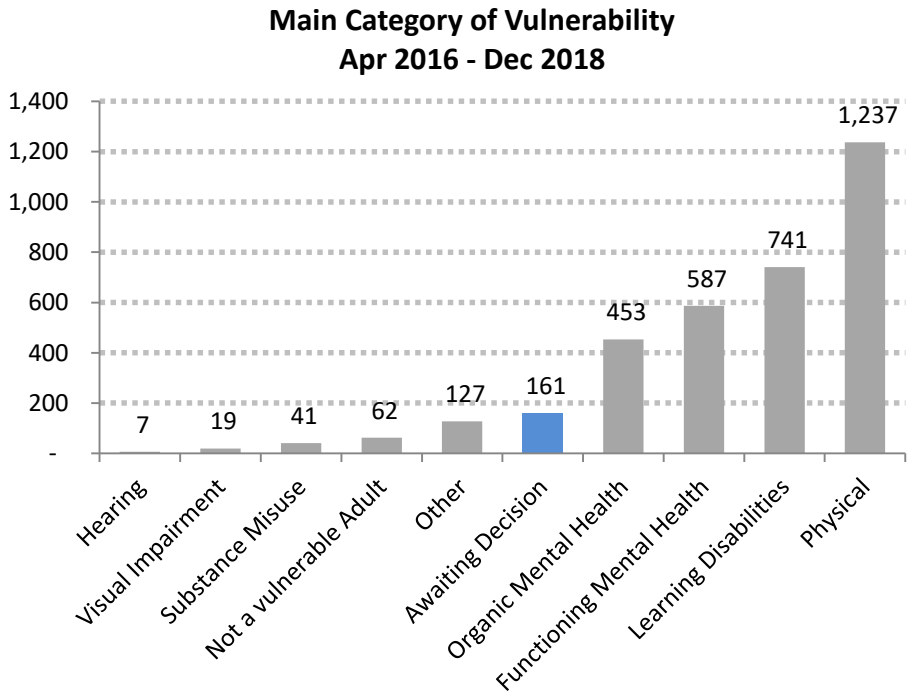


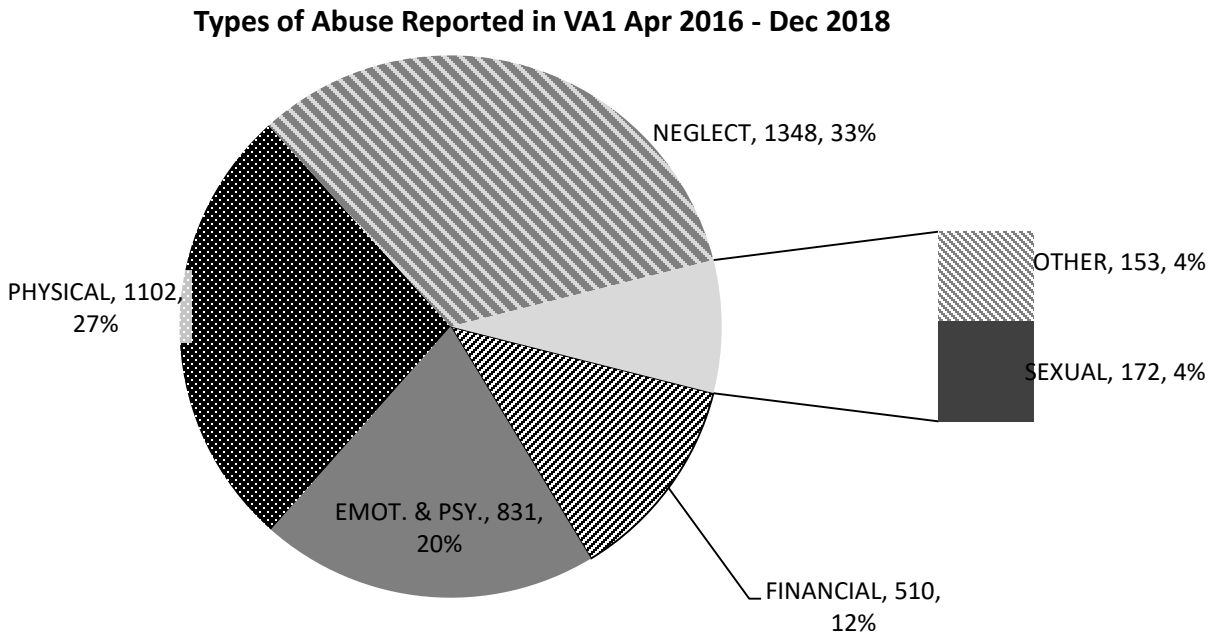
	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Awaiting Decisions	2	3	2	0	1	8		2	4	4	5	0	0	4	1	6	7	5	1	0	3	17	2	4	2	1	7	7
8 days and over	3	10	4	2	6	3	36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

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

In terms of reporting this data, a referral is completed when the threshold decision is taken. The preferred timescale is set by Welsh Government within its practice guidance, which is between 2-7 days.

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	The proportion of cases not being completed within a timely fashion increased in October 2016 and performance worsened considerably in Q4. Improved performance during 2017/18 was sustained but fluctuates in 2018/19 with more cases taking 8 days and over to complete.	This situation is being closely monitored and staff will be reminded of the statutory practice requirements. It is pleasing to note that the majority of cases are being thresholded within 7 days.





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

Patterns of vulnerability and of abuse categories have remained relatively constant throughout 2017-18.

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 60% of the types of abuse reported. Emotional and psychological abuse (20%) is nearly twice as often reported as financial abuse. Sexual abuse is relatively unusual representing around 4% of abuse types reported.

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

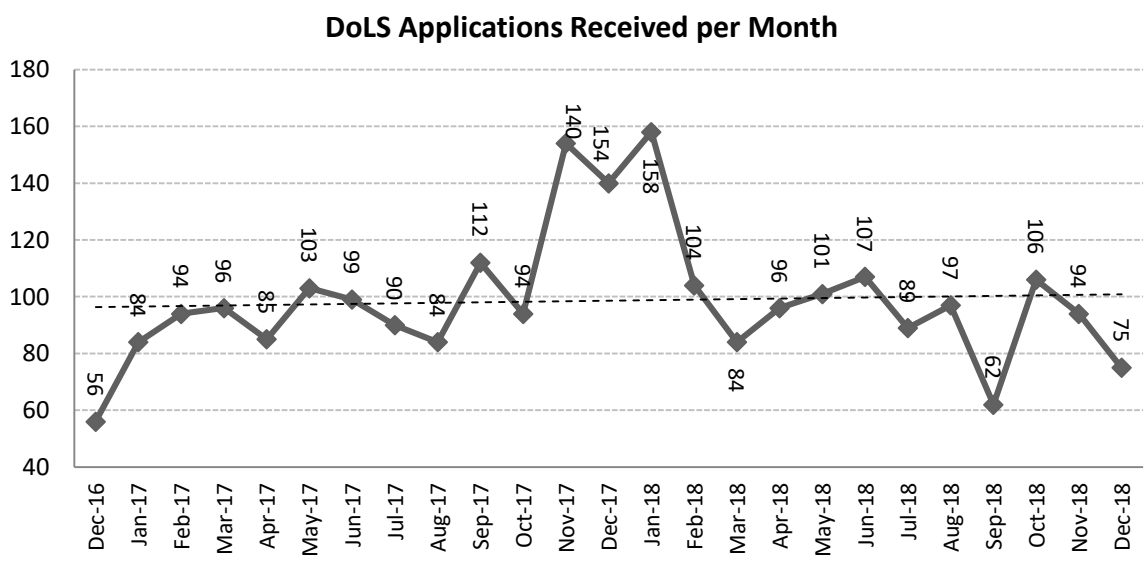
Deprivation of Liberty Safeguards (DoLS)

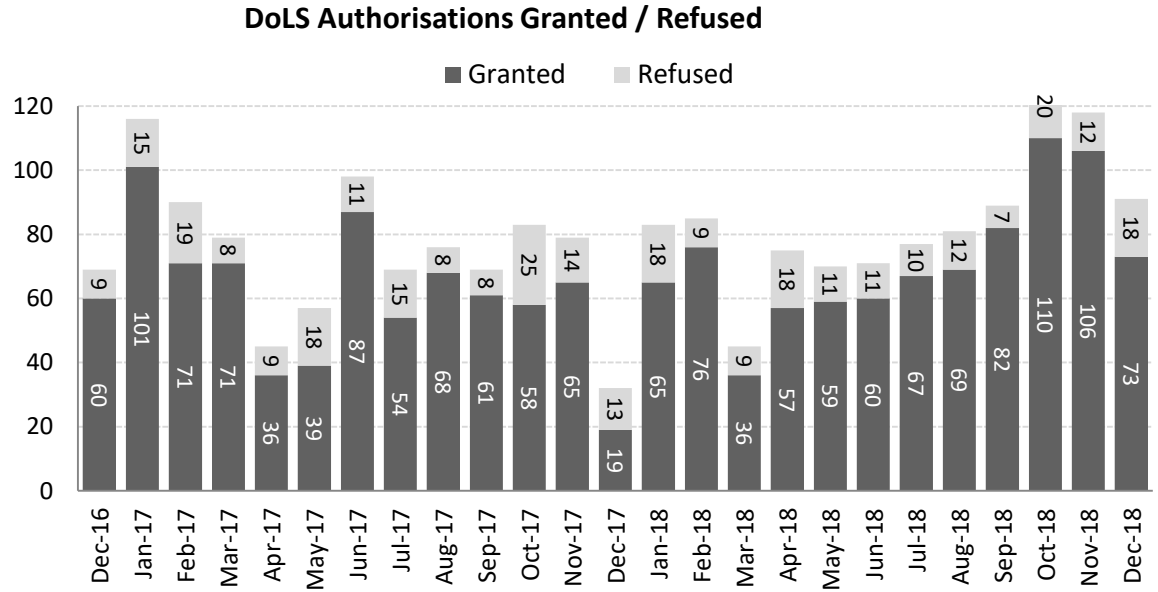
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not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

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of **60% or higher** for 2017/18. Target increased to **70%** for 2018/19.	Performance for 2017/18 improved to **59.7%** and was slightly below the target For 2018/19, performance dropped to **53.7%** in September 2018 and remained below target performance. Further improvements expected as the new working arrangements bed in..
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half–year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

Applications for and Disposals of Requests for DOLS Authorisations

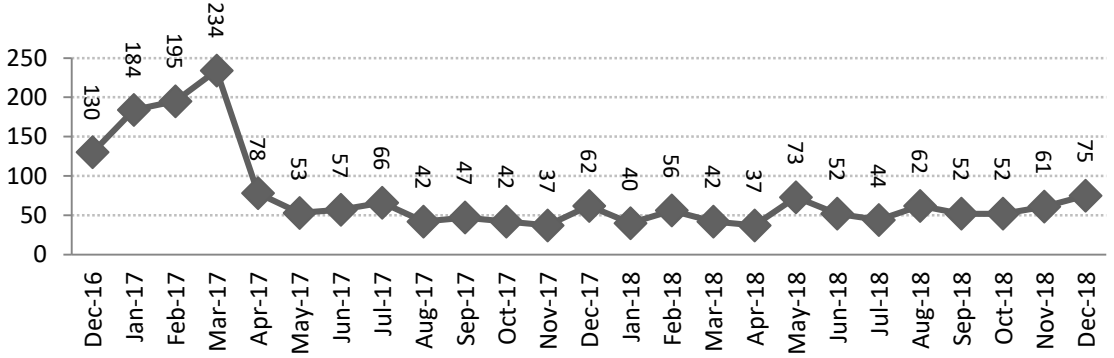
The average monthly number of applications has decreased from 103 in 2017 to 97 in 2018. On average 82% of applications were granted in 2017, 85% in 2018.



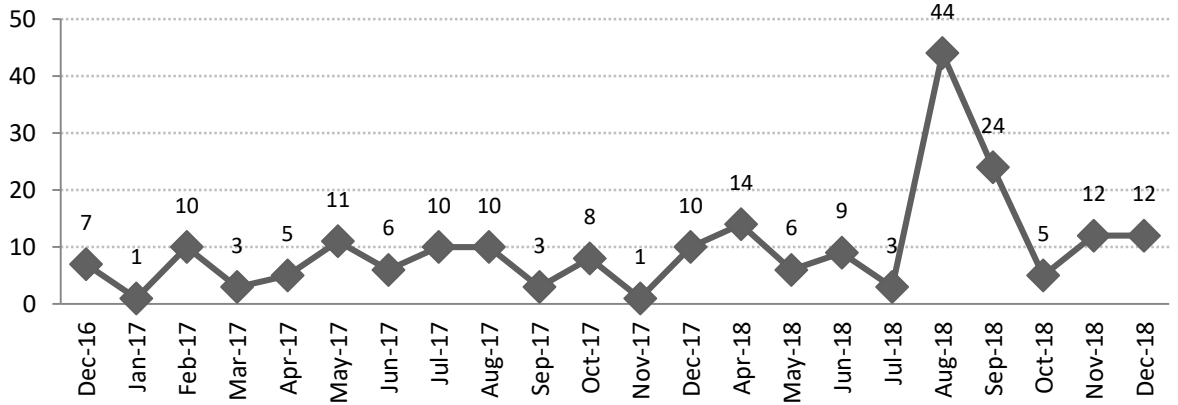


Deprivation of Liberty Safeguards

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

Planned Future Developments to this Report

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

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

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

Item	Data	Planned
1	Mental Health referrals by type	Dec 2018
2	Learning Disability referrals and assessments by type	Dec 2018
3	Carers who wanted assessment by service area	Dec 2018
4	Carers assessments completed by service area	Dec 2018
5	Capacity and occupancy in local authority-run care homes for older people	Jan 2019
6	Day Services Capacity / allocation / attendance (older people & learning disability)	Jan 2019
7	Direct Payments starters, leavers, on the books	Jan 2019
8	Summary narrative on identified issues with providers of care	Jan 2019
9	Numbers supported in residential / nursing care (learning disability & mental health)	Feb 2019
10	Assessment and care management: additional detail on caseloads & metrics on reviews	Feb 2019
11	Mental Health performance on reviewing active Care & Treatment Plans (Mental Health Measure)	Feb 2019
12	Completed and outstanding work within safeguarding, including timeliness	Feb 2019
13	Equipment: details TBC	Mar 2019
14	Time from DOLS enquiry to authorisation complete	Mar 2019
15	Supported Living (learning disability & mental health)	Apr 2019
16	Additional metrics for Prevention, Well-Being and Commissioning Service	Apr 2019
17	Respite Services	Apr 2019
18	Capacity & attendance in mental health day services	June 2019
19	Local Area Co-ordination (LAC) service: further metrics	Jul 2019
20	Sickness (dependent upon HR / Oracle support)	Jul 2019
21	Agency Staff (dependent upon HR / Oracle support)	Jul 2019