# Adult Services Summary Management Information Report
# Data for May / June 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 consistently exceeded target during 2018/19 and has met target in Q1 2019/20.

**Delayed Transfers of Care**

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

**Assessment and Care Management**

We are aware that enquiry-handling, assessment and care management practice across the department is in need of some refreshment and renewal. In particular, we need to review our approach to assessment to ensure it fits with the Social Services and Well-Being Act, and that we can ensure that we have effective reviewing arrangements to help people to remain independent.

*Integrated Health and Social Care Services:* Activity continues to be sustained (pp. 11-15) 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. Performance on timeliness of response within 1 day has missed target since Spring 2018. Close examination of relevant data by the Principal Officer and Head of Service has been carried out and proposals for improving arrangements are in development (p.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 were noted during 2018. Welsh Government expects the core elements of the process to be completed in 21 days. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60%. During 2018/19 performance dropped to 53.7% but the new arrangements are making a difference and performance has improved in 2019/20 to 67.9%. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves further. (p.34).

## Common Access Point

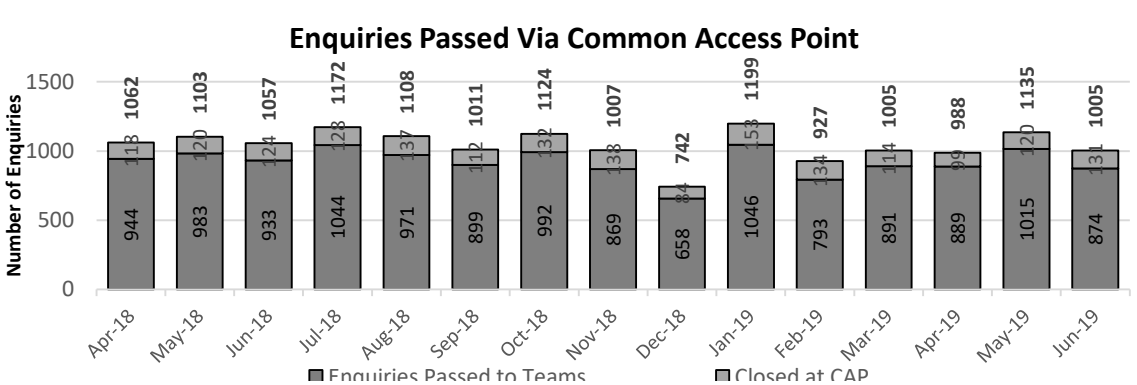
**Common Access Point (CAP)**

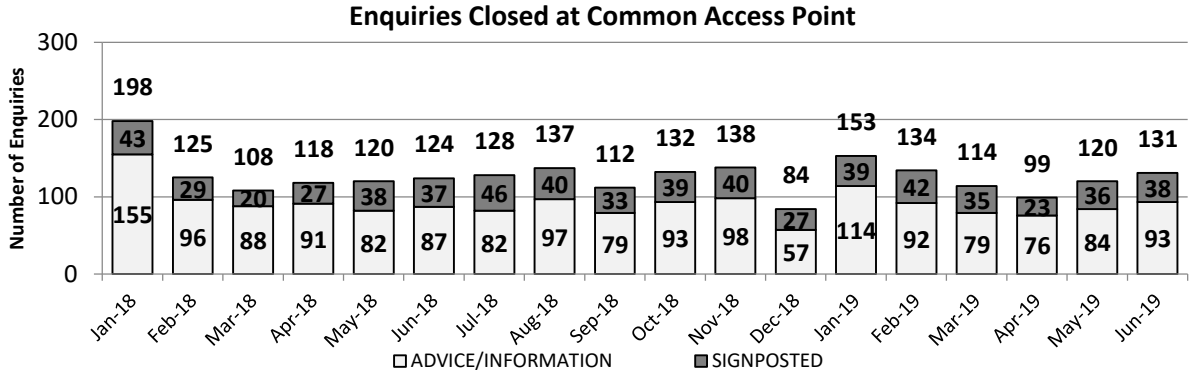
The Common Access Point continues to be reviewed for function and purpose. The key expectations for the service and outcomes against those are set out below.

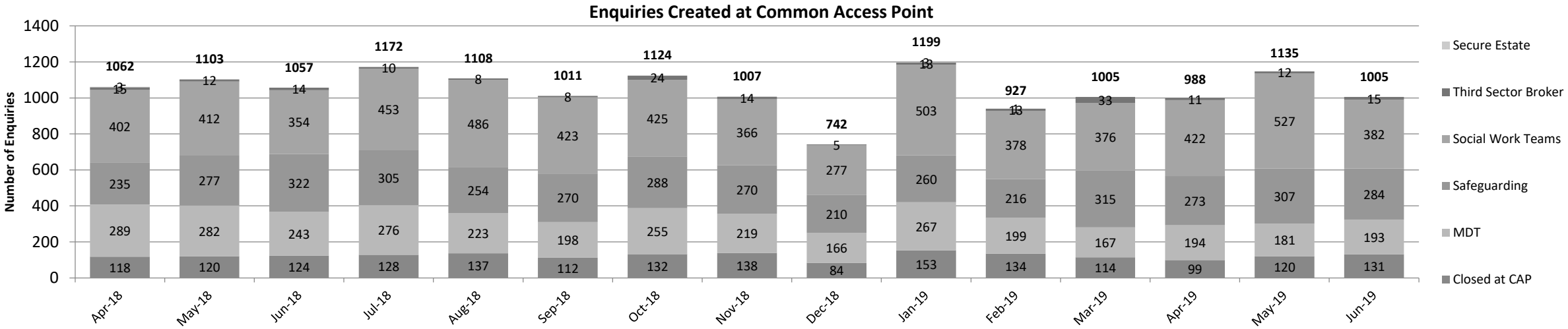
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. A target of **80%** has been in place since 2017/18. | For 2017/18, performance on this indicator was well above target at **93.8%.** During 2018/19, performance of **86.5%** was achieved. During 2019/20, performance has improved slightly to **86.9%** 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.<br>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.<br>We will continue to monitor for sustained changes to patterns of enquiry. |

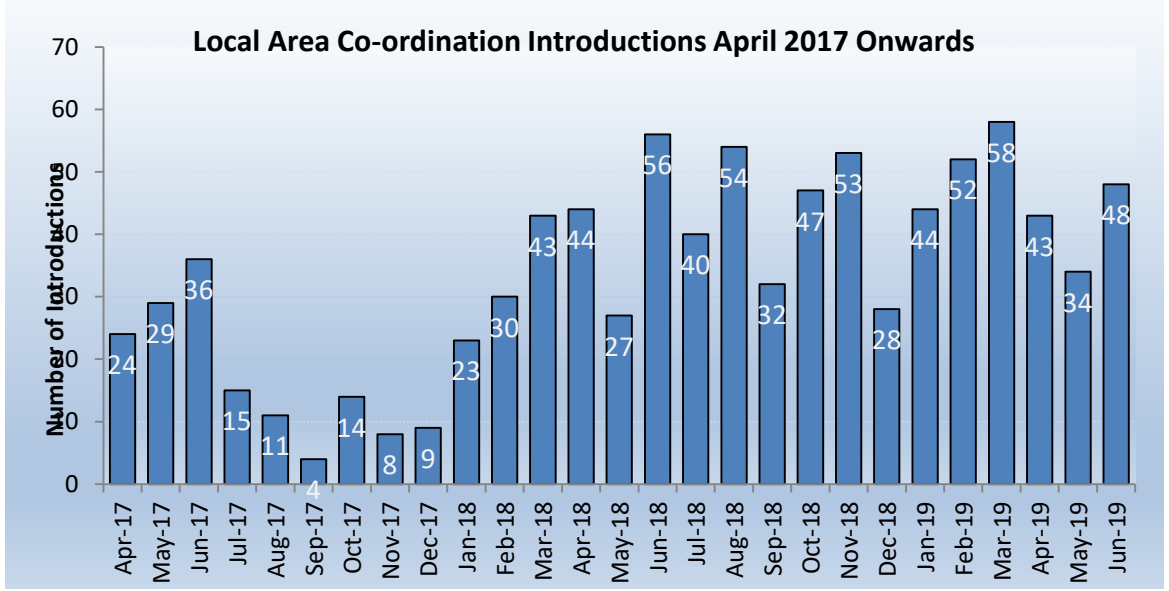
| Common Access Point | | |
|---|---|---|
| **What is working well?** | **What are we worried about?** | **What are we going to do?** |
| The number of enquiries remains constant, suggesting stability in the amount of work coming through | During December 2017 a new MDT service structure was implemented 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 continue to work with the service to improve recording processes for Third Sector Broker activity. |

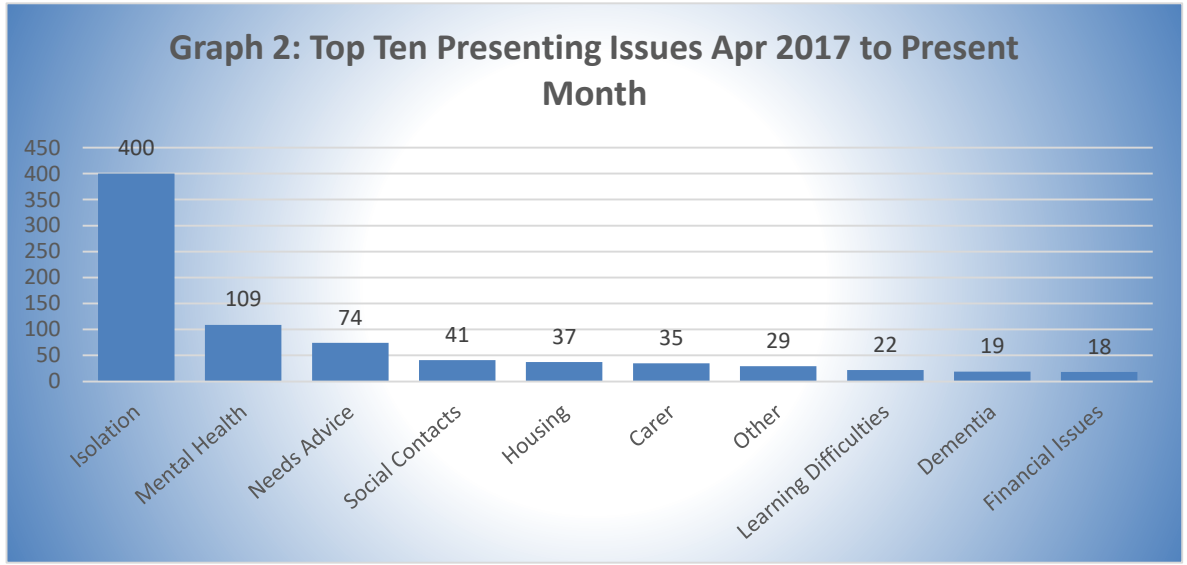
## Local Area Co-ordination (LAC)

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

### 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.

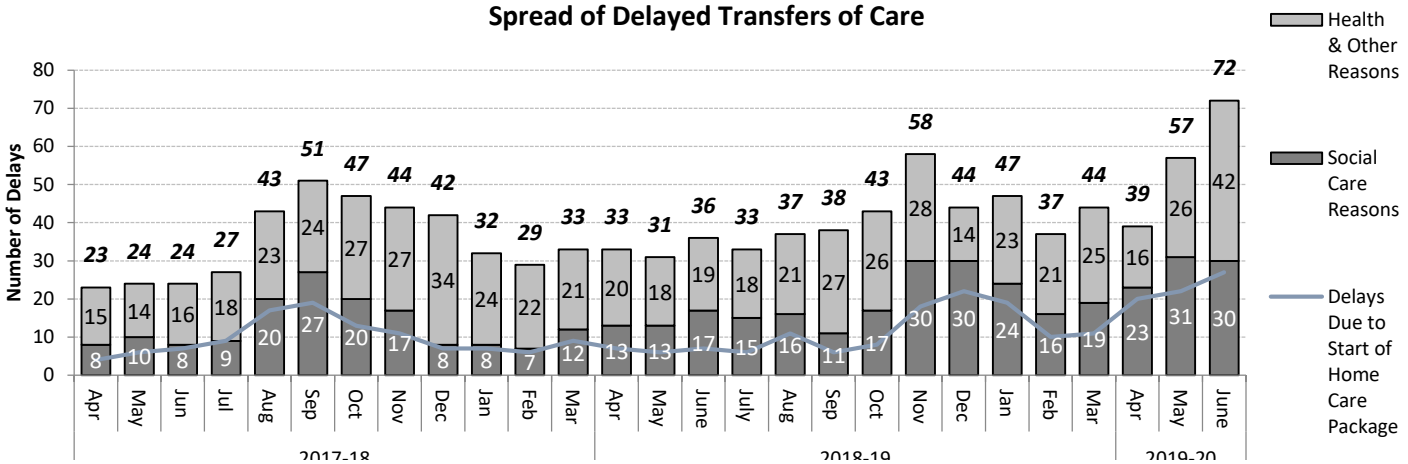



| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| New introductions have been growing this year, recording info about the people who come forward or are referred to the team. | Technical recording problems and suspension of introductions in one area have 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 2018/19 was set to less than **6** per 1,000 adults aged 75+. This was not met but the target is retained for 2019/20. | Performance in 2018/19 was **7.5** for the whole year, missing the target. Performance to date during 2019/20 is **2.8**. |




| SSD Delays | |
|---|---|
| | |
| 2.03.01: Awaiting start of new home care package | 27 |
| 2.03.02: Awaiting restart of previous home care package | |
| 2.03.03 Home Care related: Other | |
| 2.4: Care Home placement Arrangements | 2 |
| 2.04.01: Awaiting completion of arrangements prior to placement | 1 |
| | **30** |

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.<br><br>For 2017/18, a target of 65% was set and increased to **70%** for 2018/19 and retained for 2019/20. | Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records.<br><br>For 2017/18, performance was met the target at **68.4%.** For 2018/19, performance at end of March 2019 was **71.1%**, over the target. Performance in Q1 2019/20 is under target at **66.7**% |
| 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.<br><br>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**

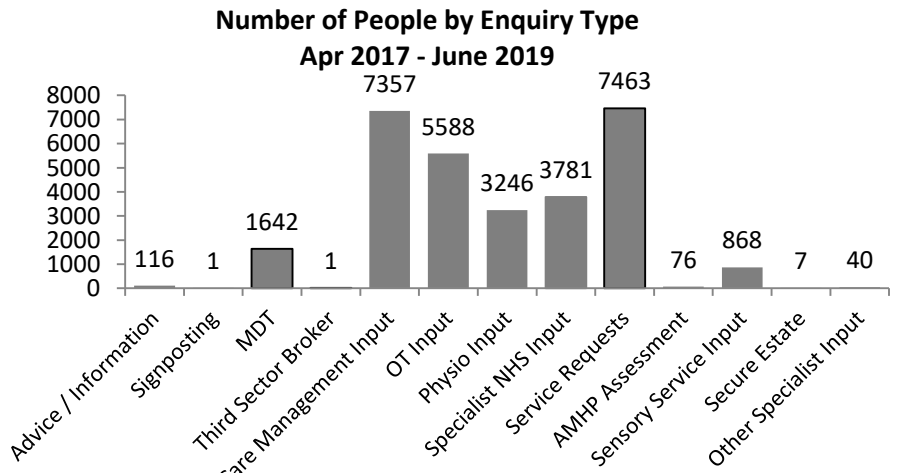
The tables and charts below reflect counts and proportions of enquiries and people. This is an important distinction since over time individual **people** commonly accrue enquiry **events** of different types.

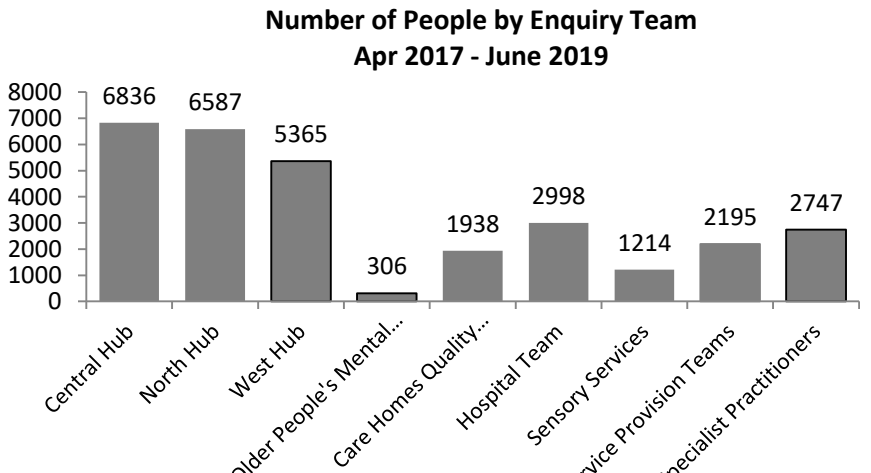
All references below distinguish between **people** and **enquiries** and **assessments**

## Enquiries Created by Team

### People Subject of Enquiry by Team and by Type of Enquiry April 2017 - June 2019

| Enquiries Number of People | 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 | % of all Types |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Advice / Information | 26 | 30 | 31 | 2 | 3 | 5 | 19 | | | 116 | 0% |
| Signposting | | | 1 | | | | | | | 1 | 0% |
| MDT | 526 | 593 | 471 | 12 | 37 | 2 | | 1 | | 1642 | 5% |
| Third Sector Broker | 1 | | | | | | | | | 1 | 0% |
| Care Management Input | 1335 | 1484 | 1216 | 192 | 351 | 2768 | 9 | 2 | | 7357 | 24% |
| OT Input | 2149 | 1893 | 1540 | 1 | | 2 | | | 3 | 5588 | 19% |
| Physio Input | 1271 | 1042 | 933 | | | | | | | 3246 | 11% |
| Specialist NHS Input | 242 | 228 | 567 | 1 | | | 1 | 1 | 2741 | 3781 | 13% |
| Service Requests | 1282 | 1296 | 603 | 36 | 1546 | 199 | 310 | 2191 | | 7463 | 25% |
| AMHP Assessment | | 14 | | 61 | | 1 | | | | 76 | 0% |
| Sensory Service Input | | | | | | | 868 | | | 868 | 3% |
| Secure Estate | 3 | 3 | 1 | | | | | | | 7 | 0% |
| Other Specialist Input | 1 | 4 | 2 | 1 | 1 | 21 | 7 | | 3 | 40 | 0% |
| All Adult Services | 6836 | 6587 | 5365 | 306 | 1938 | 2998 | 1214 | 2195 | 2747 | 30146 | |
| Percentage of Teams | 23% | 22% | 18% | 1% | 6% | 10% | 4% | 7% | 9% | | |



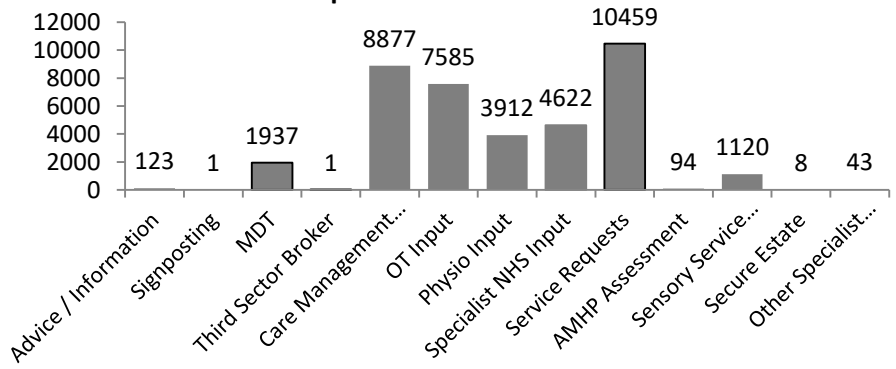
## Enquiries Created by Team

**Number of Enquiries by Team and Type of Enquiry April 2017 – June 2019**

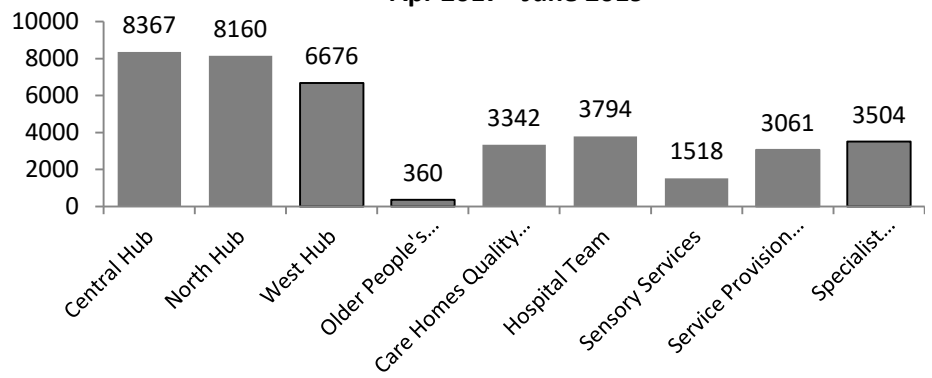
Many service users receive more than one enquiry type in a period of time. The most common enquiry type relate to service provision such as home care or community reablement.

| Number of Enquiries | 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 | % of all Types |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Advice / Information | 26 | 32 | 36 | 2 | 3 | 5 | 19 | | | **123** | **0%** |
| Signposting | | | 1 | | | | | | | **1** | **0%** |
| MDT | 618 | 703 | 564 | 12 | 37 | 2 | | 1 | | **1937** | **5%** |
| Third Sector Broker | 1 | | | | | | | | | **1** | **0%** |
| Care Management Input | 1,591 | 1,686 | 1,426 | 216 | 405 | 3,542 | 9 | 2 | | **8877** | **23%** |
| OT Input | 2,886 | 2,534 | 2,159 | 1 | | 2 | | | 3 | **7585** | **20%** |
| Physio Input | 1,522 | 1,283 | 1,107 | | | | | | | **3912** | **10%** |
| Specialist NHS Input | 256 | 245 | 619 | 2 | | | 1 | 1 | 3,498 | **4622** | **12%** |
| Service Requests | 1,462 | 1,655 | 761 | 48 | 2,896 | 218 | 362 | 3,057 | | **10459** | **27%** |
| AMHP Assessment | | 15 | | 78 | | 1 | | | | **94** | **0%** |
| Sensory Service Input | | | | | | | 1,120 | | | **1120** | **3%** |
| Secure Estate | 4 | 3 | 1 | | | | | | | **8** | **0%** |
| Other Specialist Input | 1 | 4 | 2 | 1 | 1 | 24 | 7 | | 3 | **43** | **0%** |
| **All Adult Services** | **8367** | **8160** | **6676** | **360** | **3342** | **3794** | **1518** | **3061** | **3504** | **38782** | |
| **Percentage of Teams** | **22%** | **21%** | **17%** | **1%** | **9%** | **10%** | **4%** | **8%** | **9%** | | |

**Number of Referrals by Enquiry Type**
**Apr 2017 - June 2019**




**Number of Referrals by Enquiry Team**
**Apr 2017 - June 2019**

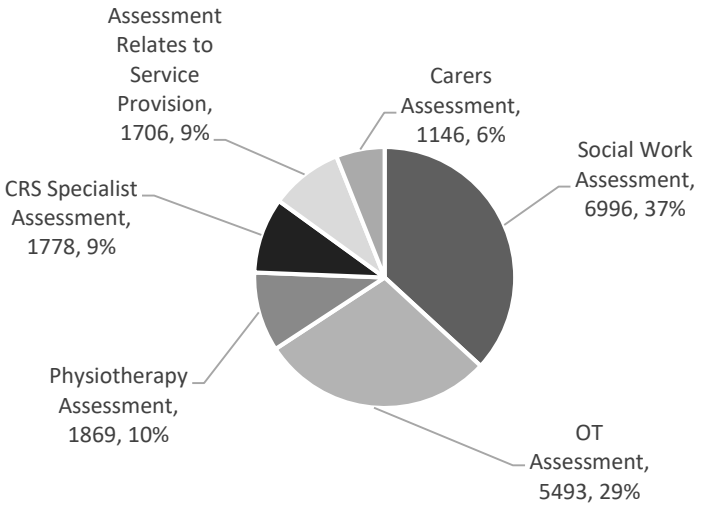


| Assessments Completed by Team | | |
|---|---|---|
| **What is working well?** | **What are we worried about?** | **What are we going to do?** |
| There continues to be a consistent number of enquiries so population demand does not seem to have increased significantly. | Continuing demographic pressure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

**Numbers of People Assessed and Assessments Completed by Assessment Type and by Assessment Team April 2017 – June 2019**

| Number of People Assessed | Central Hub | North Hub | West Hub | Older People's Mental Health Team | Care Homes Quality Team | Hospital Team | Sensory Services | Specialist Practitioners | All Assessment Types | Number of People Assessed |
|---|---|---|---|---|---|---|---|---|---|---|
| **Social Work Assessment** | 1087 | 1547 | 1158 | 386 | 783 | 1436 | 599 | | **6996** | **5614** |
| **OT Assessment** | 2186 | 2054 | 1253 | | | | | | **5493** | **5292** |
| **Physiotherapy Assessment** | 685 | 619 | 564 | | | | | 1 | **1869** | **1763** |
| **CRS Specialist Assessment** | 216 | 527 | 266 | | | | | 769 | **1778** | **1681** |
| **Assessment Relates to Service Provision** | 623 | 573 | 510 | | | | | | **1706** | **1656** |
| **Carers Assessment** | 277 | 418 | 346 | 72 | | 32 | 1 | | **1146** | **1108** |
| **Number of Assessments Completed** | **5074** | **5738** | **4097** | **458** | **783** | **1468** | **600** | **770** | **18988** | |

**Number of Assessments Completed by Type April 17 - June 2019**

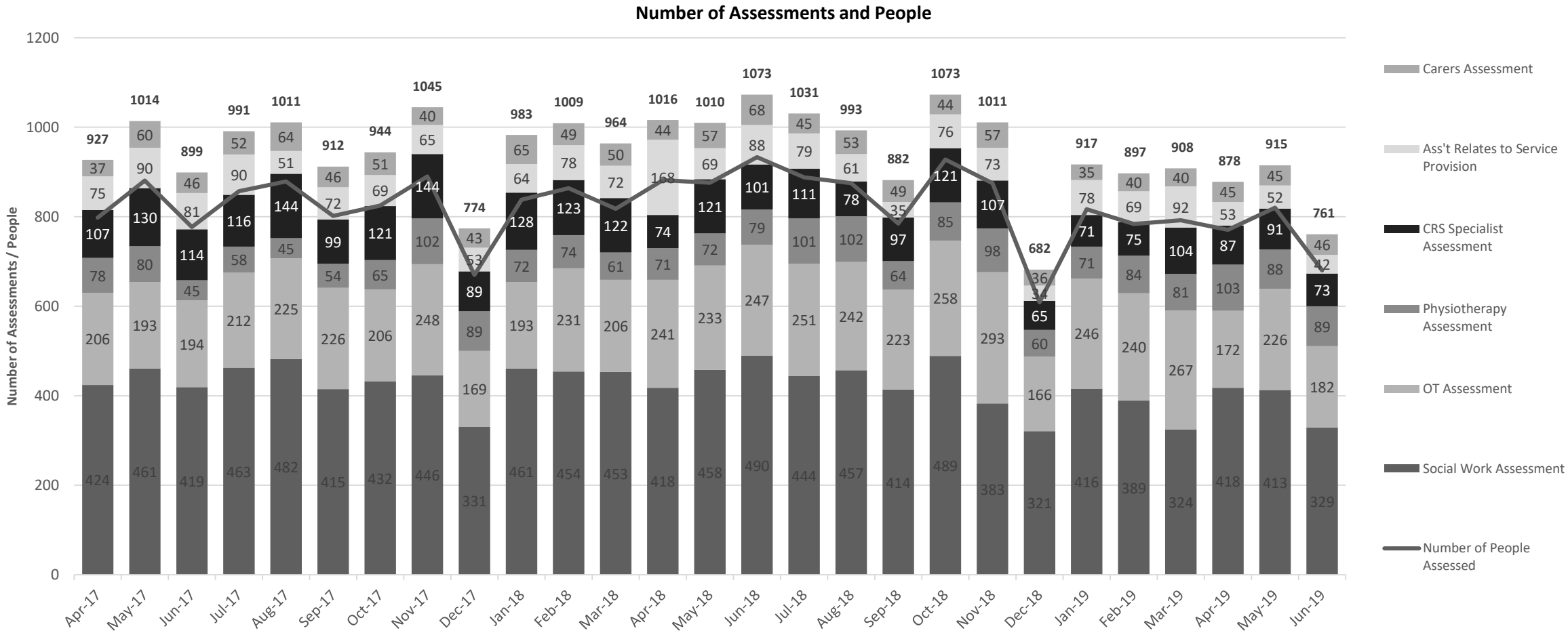



*'Social Work Assessment'* principally comprises social work assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are out-with the Hubs and cover Swansea as a whole instead. *Assessment Relates to Service Provision'* principally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

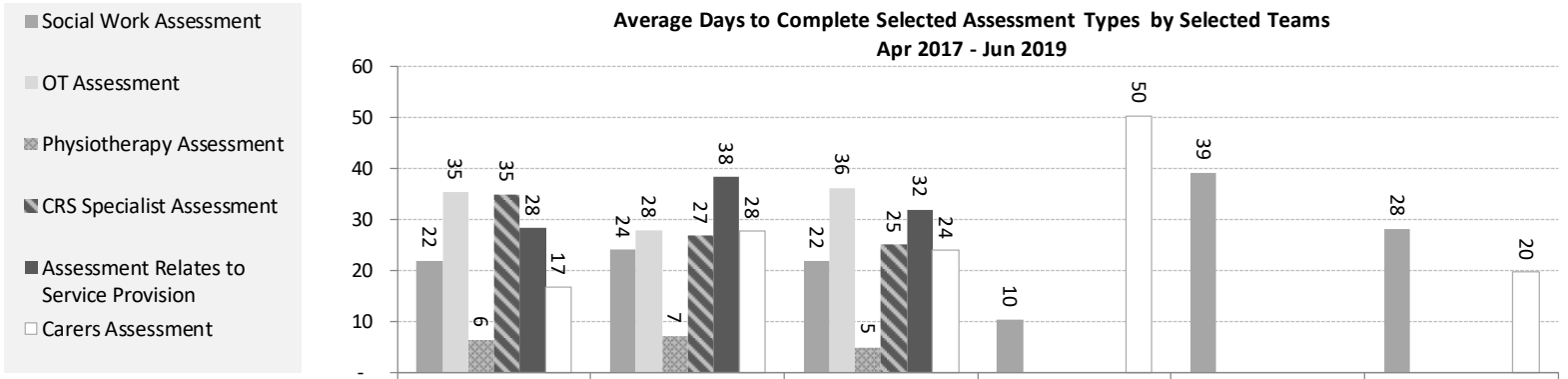
## Assessments Completed by Team

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

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.



## Assessments Completed by Team




| | Central Hub | North Hub | West Hub | Hospital Team | Care Homes Quality Team | Older People's Mental Health Team |
|---|---|---|---|---|---|---|
| Social Work Assessment | 22 | 24 | 22 | 10 | 39 | 28 |
| OT Assessment | 35 | 28 | 36 | | | |
| Physiotherapy Assessment | 6 | 7 | 5 | | | |
| CRS Specialist Assessment | 35 | 27 | 25 | | | |
| Assessment Relates to Service Provision | 28 | 38 | 32 | | | |
| Carers Assessment | 17 | 28 | 24 | 50 | | 20 |

| 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.

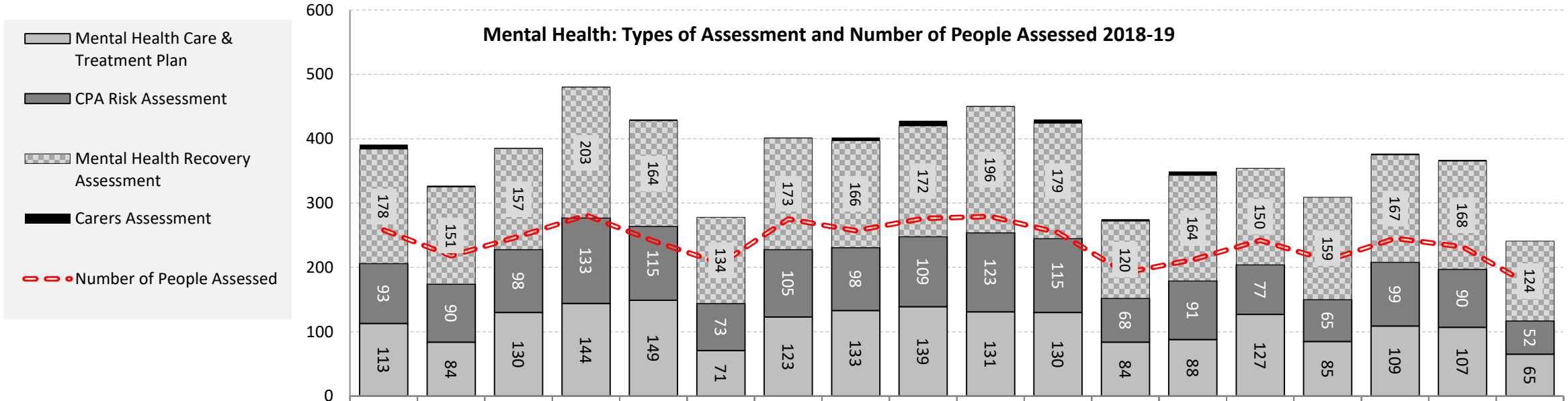
In the context of the introduction of the Social Services and Well-Being Act, there is a need for a substantial piece of work to establish the exact size of the client base and the nature of the reviewing task. The Principal Officer leads are in the process of working on this area to ensure that we have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

## Assessment and Care Management: Mental Health

### Numbers and Types of Assessment

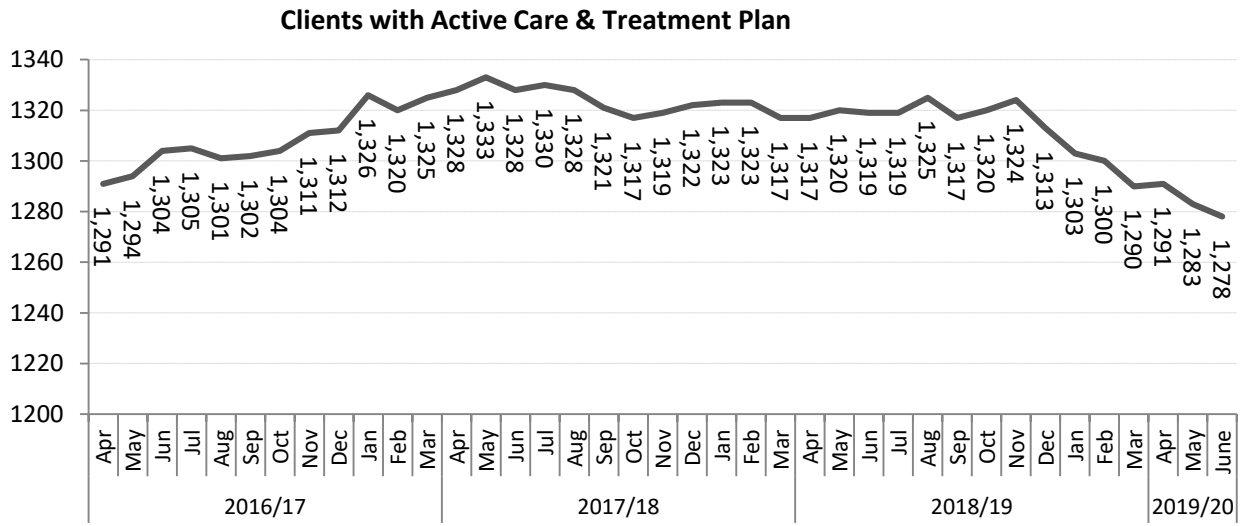
*Recovery Plans* are carried out for people who **may** have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a *Care and Treatment Plan* is carried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




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2018/19 | | | | | | | | | | | | | | | 2019/20 | | |
| Carers Assessment | 7 | 2 | 1 | 1 | 2 | 0 | 1 | 5 | 8 | 1 | 6 | 3 | 6 | 0 | 0 | 2 | 2 | 0 |
| Mental Health Recovery Assessment | 178 | 151 | 157 | 203 | 164 | 134 | 173 | 166 | 172 | 196 | 179 | 120 | 164 | 150 | 159 | 167 | 168 | 124 |
| CPA Risk Assessment | 93 | 90 | 98 | 133 | 115 | 73 | 105 | 98 | 109 | 123 | 115 | 68 | 91 | 77 | 65 | 99 | 90 | 52 |
| Mental Health Care & Treatment Plan | 113 | 84 | 130 | 144 | 149 | 71 | 123 | 133 | 139 | 131 | 130 | 84 | 88 | 127 | 85 | 109 | 107 | 65 |
| Number of People Assessed | 258 | 218 | 248 | 281 | 241 | 206 | 275 | 257 | 276 | 279 | 254 | 192 | 212 | 242 | 211 | 245 | 232 | 173 |

## People with Active Care & Treatment Plan



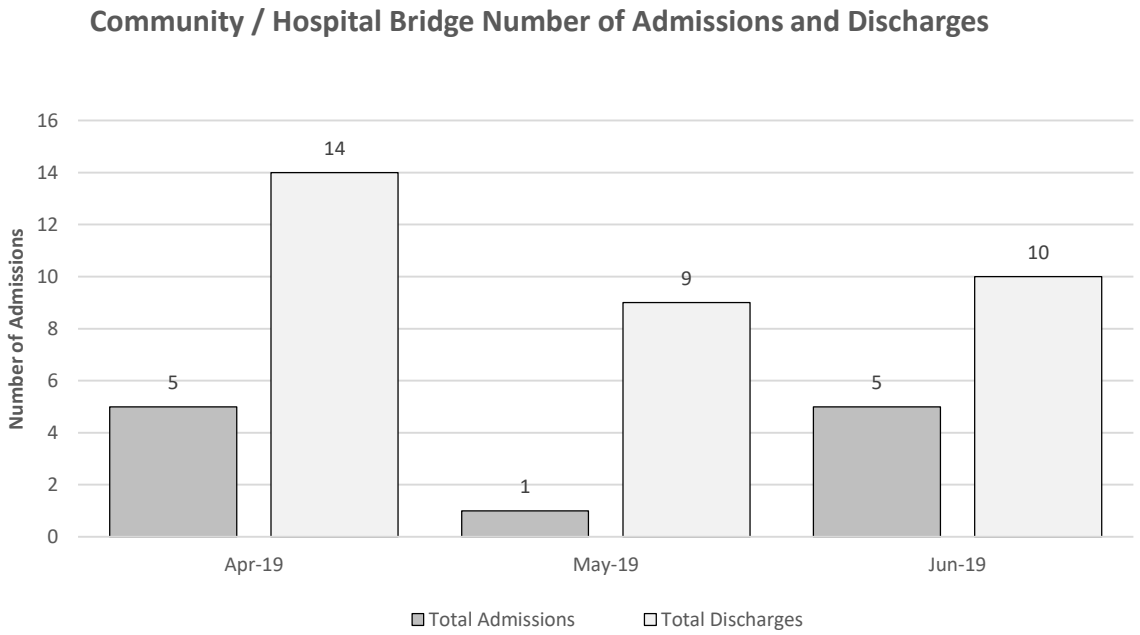

The 'caseload' for the mental health service is relatively-well defined since the Mental Health Measure stipulates a mental health client should have an active Care and Treatment Plan.

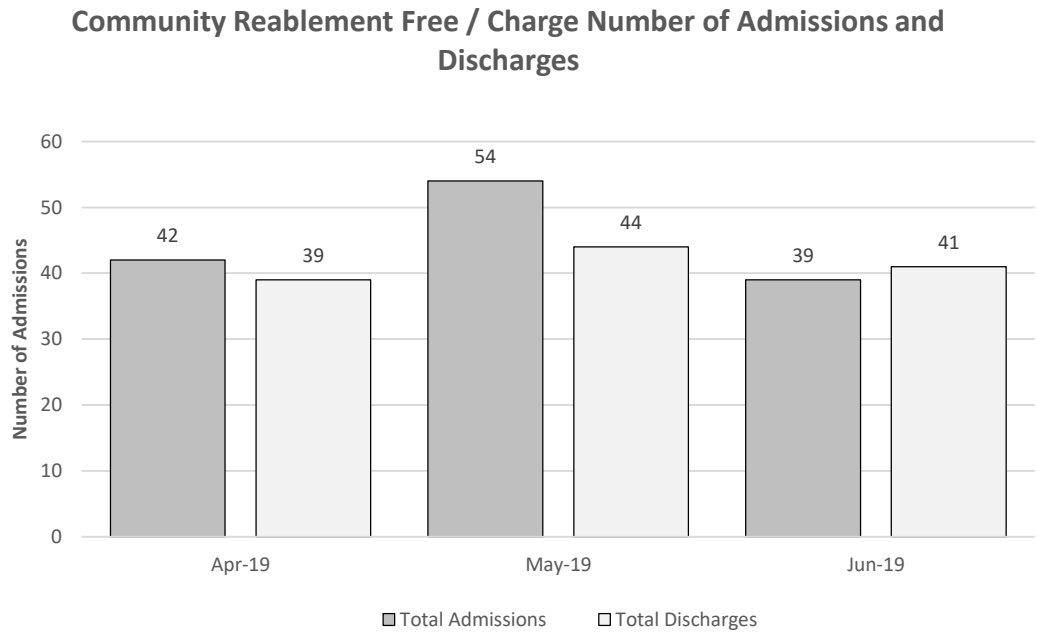
The overall caseload for the mental health service has remained relatively stable over the last 29 months (up 1% since April 2016). The number of individual workers who are carrying a caseload has remained relatively static in the range 59-63. As there are some workers who do not work full-time, mathematically 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. |

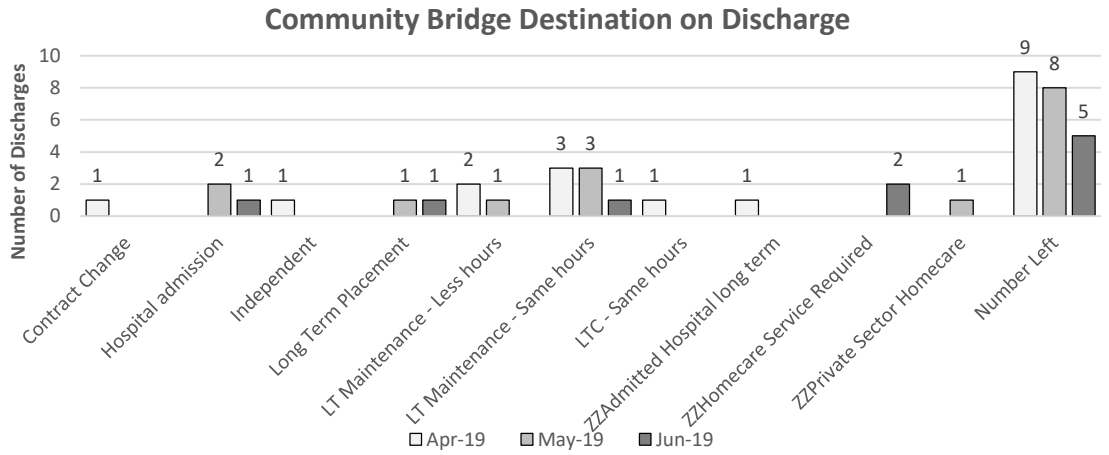
## Community Reablement

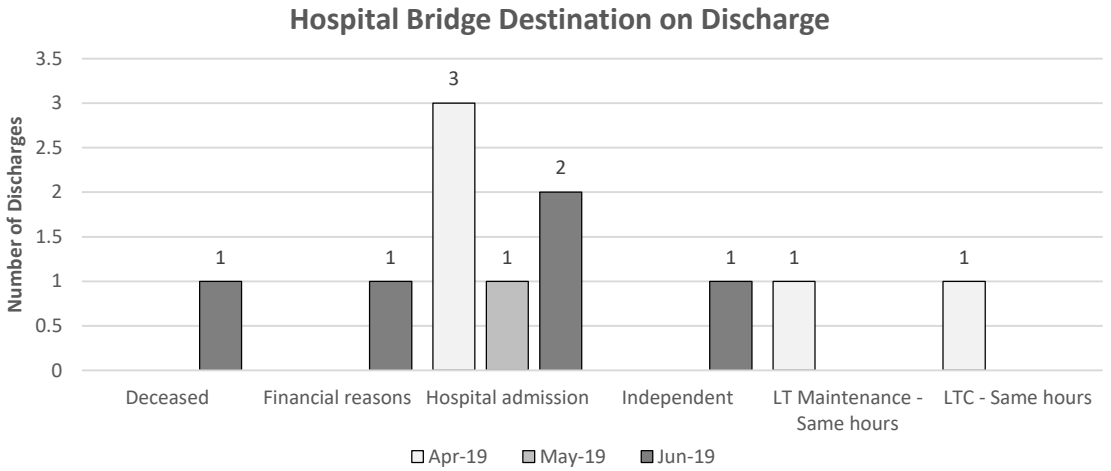
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services. | There is mixed evidence 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. A local internal target of **50%** applies. | Performance for whole of 2018/19 was **81.8%** and is running at **100%** for 2019/20. (Note that changes can be significant due to low number.) |
| Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later. A local internal target of **25%** has been in place for some years. | For 2017/18 performance was **79.3%**, considerably exceeding target. 2018/19 performance was **90.4**% exceeding target and 2019/20 performance is running at **95%.** |

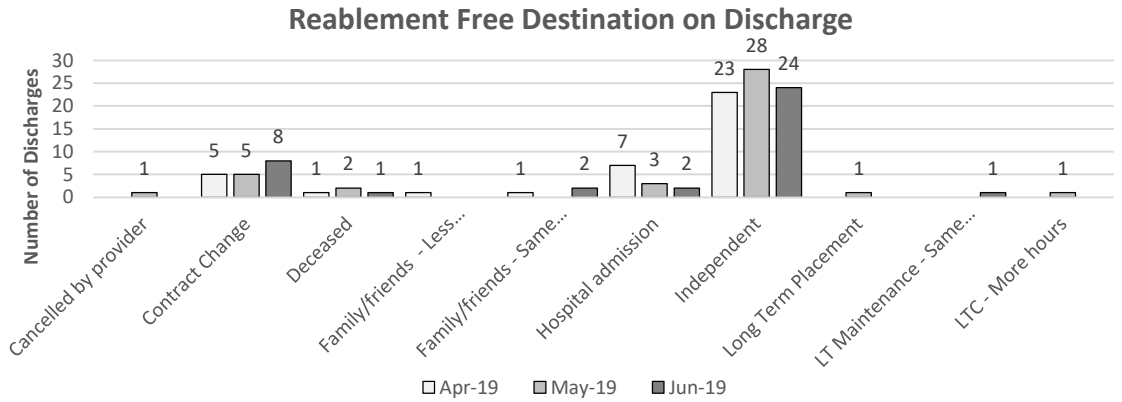


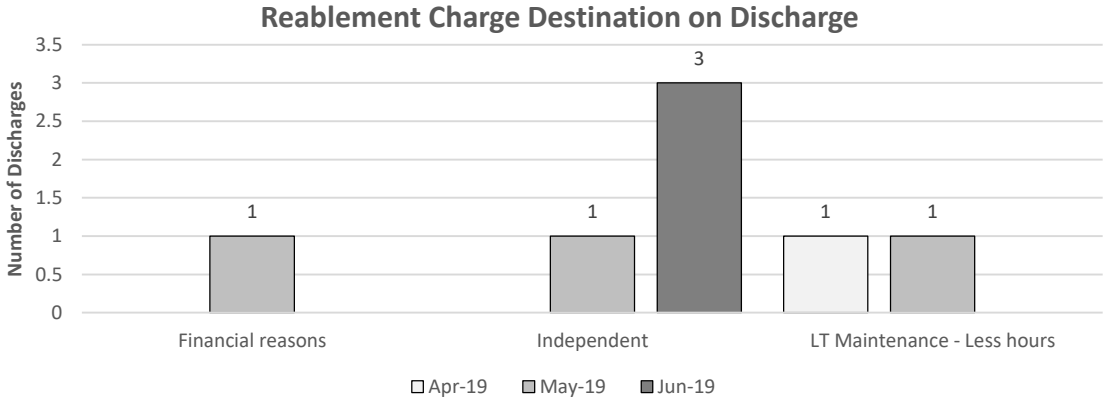



## Community Reablement



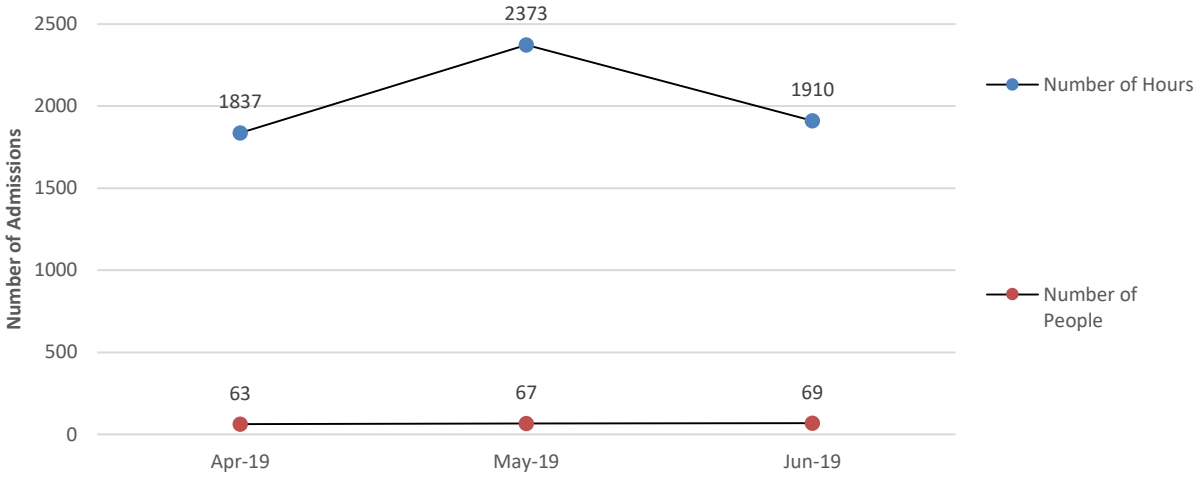



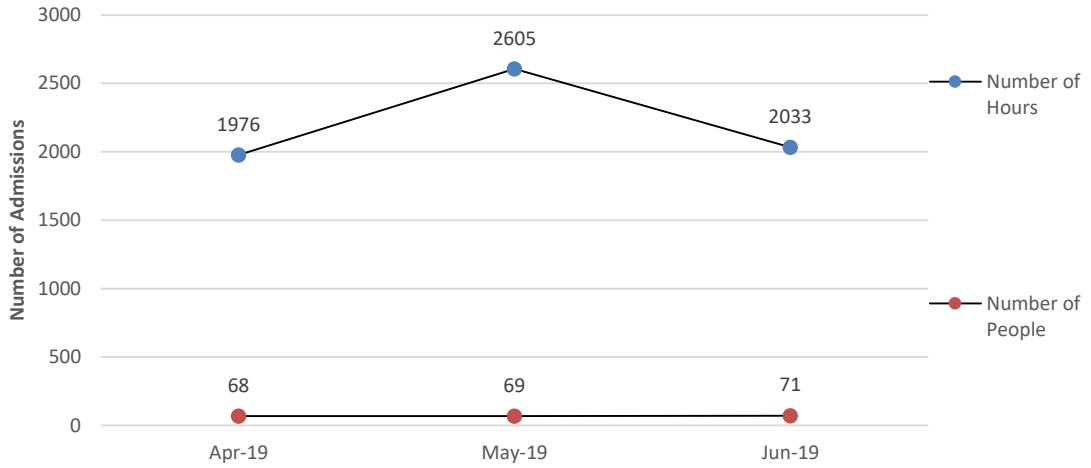

| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| People continue to access the service and 70-90 people are currently being supported at any given time. | We know that stay lengths can increase due to pressures within the service, in terms of securing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

## Community Reablement

### Community Reablement Number of People and Hours

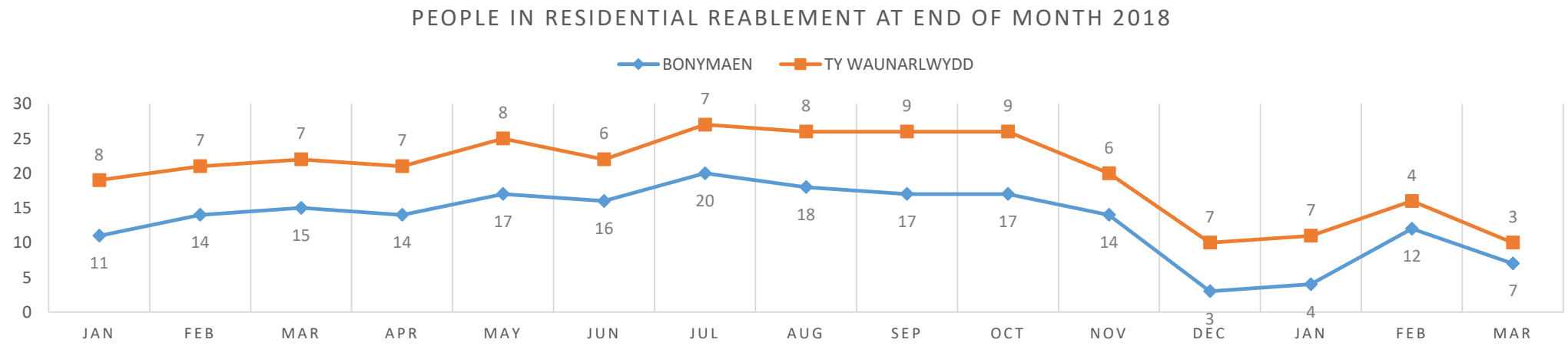



### Bridging Number of People and Hours



## Residential Reablement

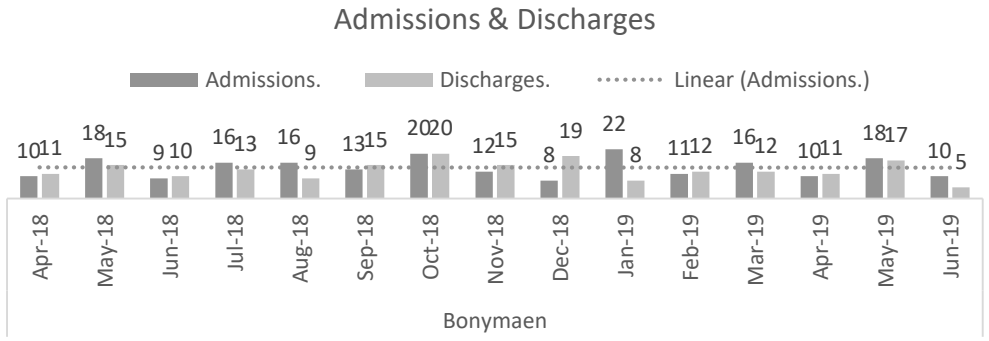
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain 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.<br>The measure is no longer reported but we continue to examine our effectiveness. | From April 2018 to June 2019, of those leaving Bonymaen House 44% returned home independently and 28% with a care Package.<br><br>Discharges from Ty Waunarlwydd were 47%. This figure shows a decrease over past months. |
| The graph below shows the amount of people resident within both services at the end of each month, April 2018 to March 2019. | |

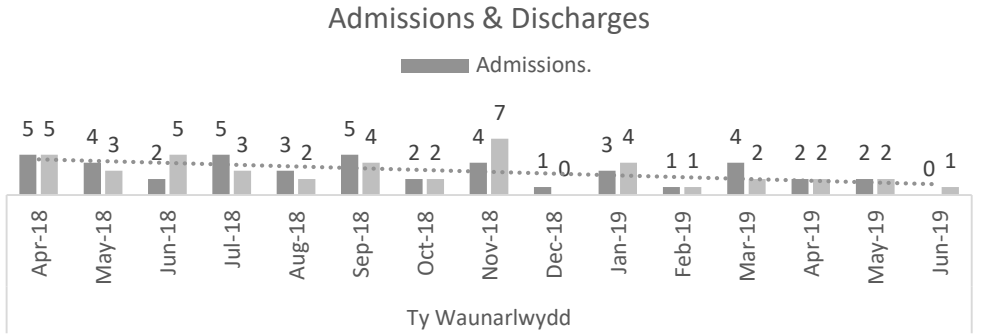


**Admissions to /Discharges from Residential Reablement April 2018 to May 2019**

Both services have a trend line that is attached to admissions.

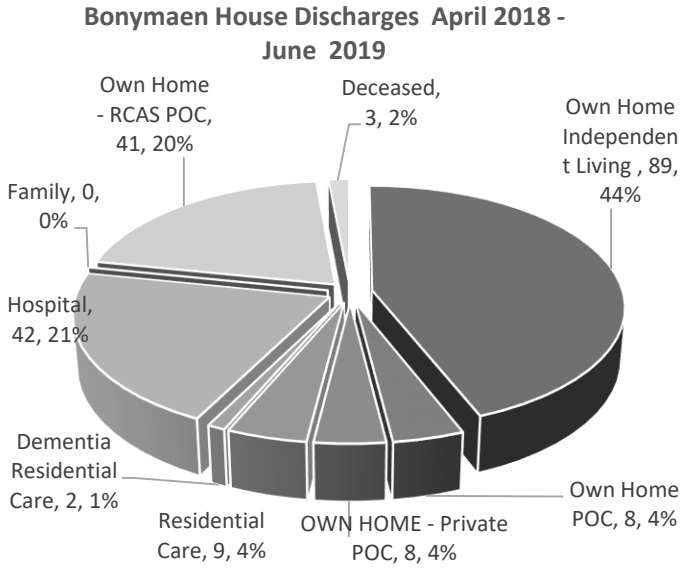
Ty Waunarlwydd trend line indicates a decrease in overall admissions, where as Bonymaen House is more static.




**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**

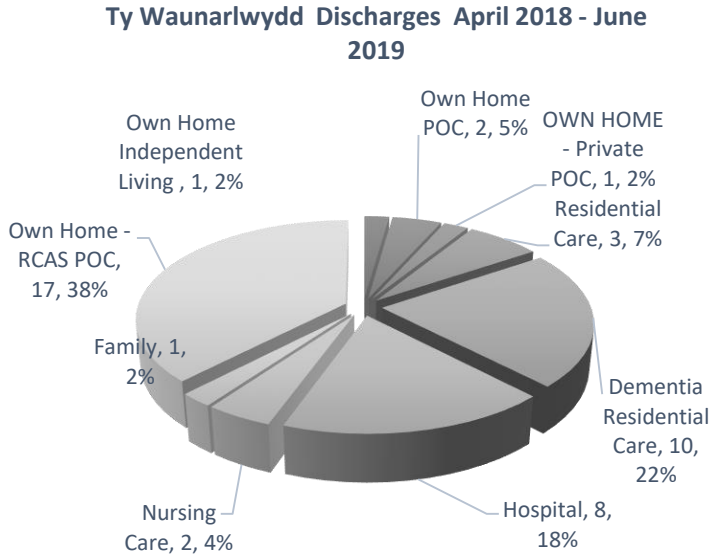
*23 Assessment Beds*.

The capacity was reduced in January by 4 beds. Due to additional support needs of current admissions.

The cumulative sum of discharges was 202. Of these the returning to their own home were, 44% independently, with an additional 28% receiving a package of care at home.

The total percentage of people returning home independently and or with a care package was 72%.

the highest category for people that did not return home was Hospital 21%.




**Ty Waunarlwydd**

*8 Assessment Beds*.

The total cumulative discharges were 45.

Of these 47% returned home, with care packages.

Dementia residential care accounted for 22% of the overall discharges, this category continues to increase.

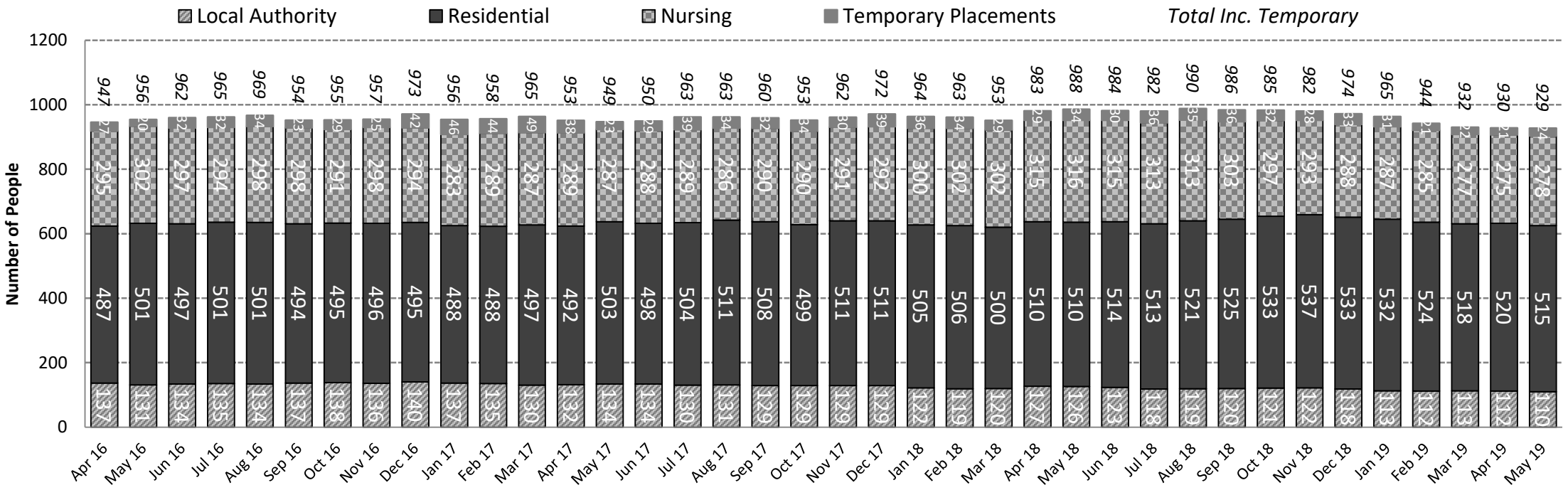
The remaining discharges were to residential care based services..

| Residential Reablement | | |
|---|---|---|
| **What is working well?** | **What are we worried about?** | **What are Possible actions?** |
| Both services work to support people to be as independent as possible. Enabling a number of people to return to their own home, independently or with a care package.<br><br>Services usage information is provide monthly, enable reports to be completed, within the current time period.<br><br>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.<br>Between April 2018 and June 2019 47% of all discharges returned home, predominately being supported with a care package.<br>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.<br><br>The average stay within Ty Waunarlwydd exceeds 42 days, which is the assessment period. From April 2018 to June 2019 this has been the case for 65% of admissions whereas Bonymaen House exceeded the assessment period by 25% for the same period.<br><br>Reasons for this include waiting for a long term residential placement to become available, the unavailability of equipment or a suitable discharge destination .<br><br>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.<br><br>Review how the 42 day assessment period is managed, with an aim to have the person assessed and discharged within this time frame.<br>Review the pathway and resources available in the community to ensure a speedy discharge.<br><br>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

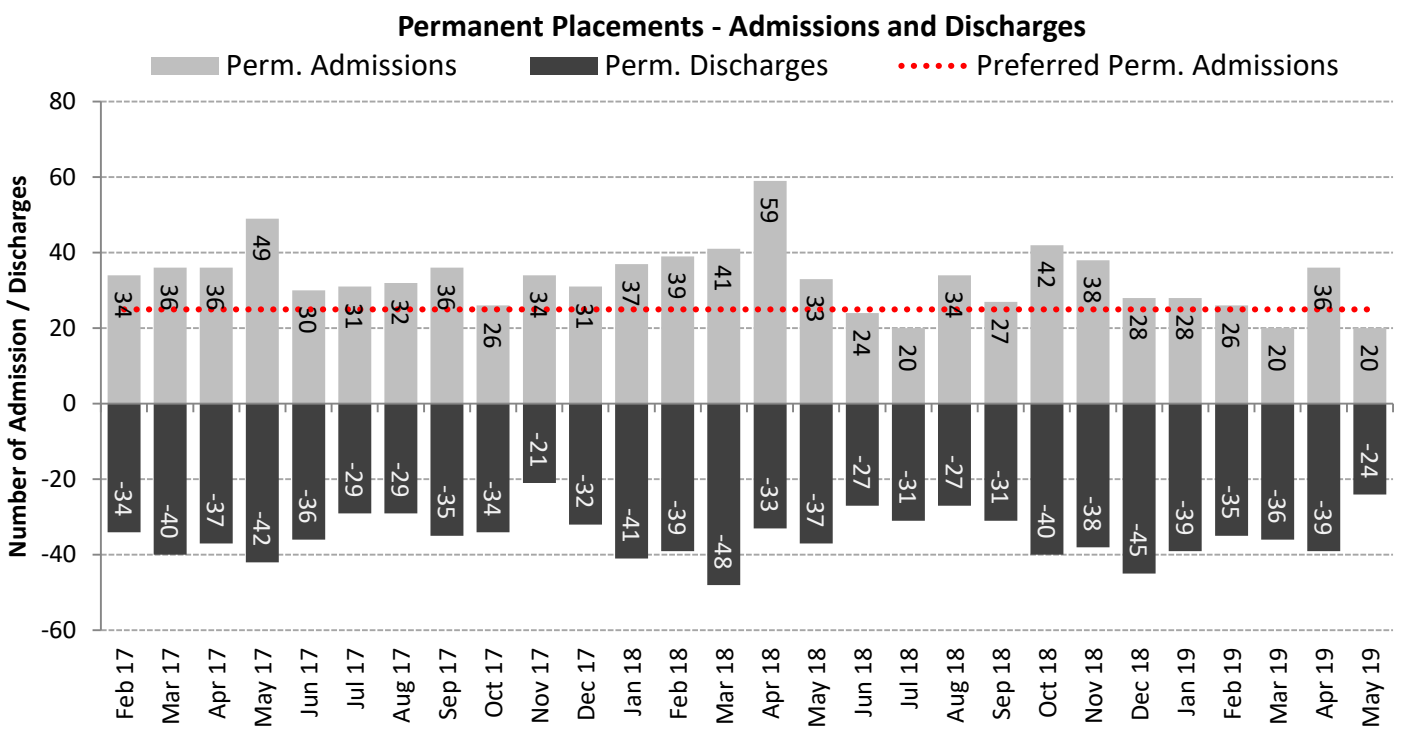
### Residential / Nursing Care for Older People

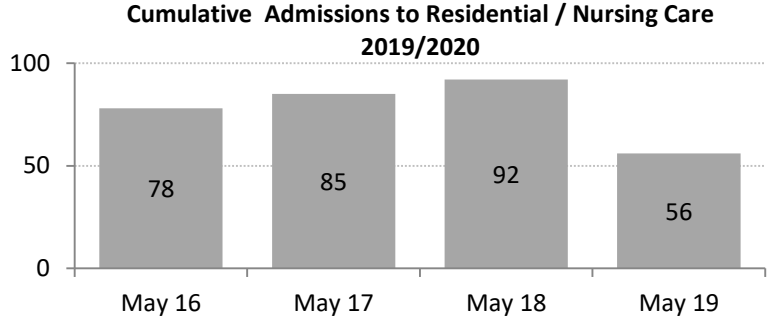
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs 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. |
| 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.<br>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**.<br>For 2018/19, the annual result was **943.9** (poorer) and **81.9** (poorer) respectively.<br>Up to the end of Q1 2019/20, performance was **947** and **81.5** respectively. |

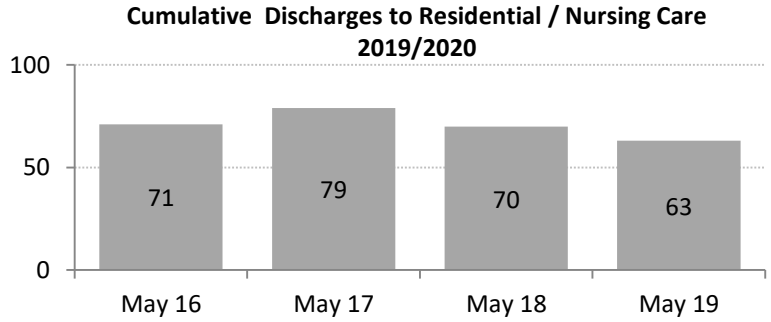


## Permanent Residential / Nursing Care

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




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

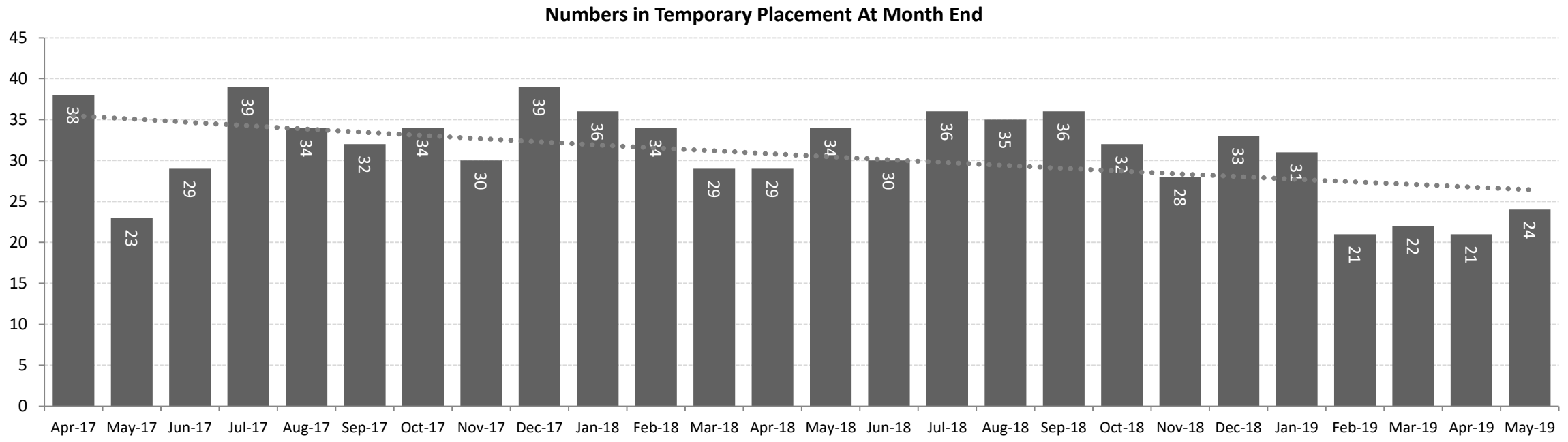
## Temporary Placements

### 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.

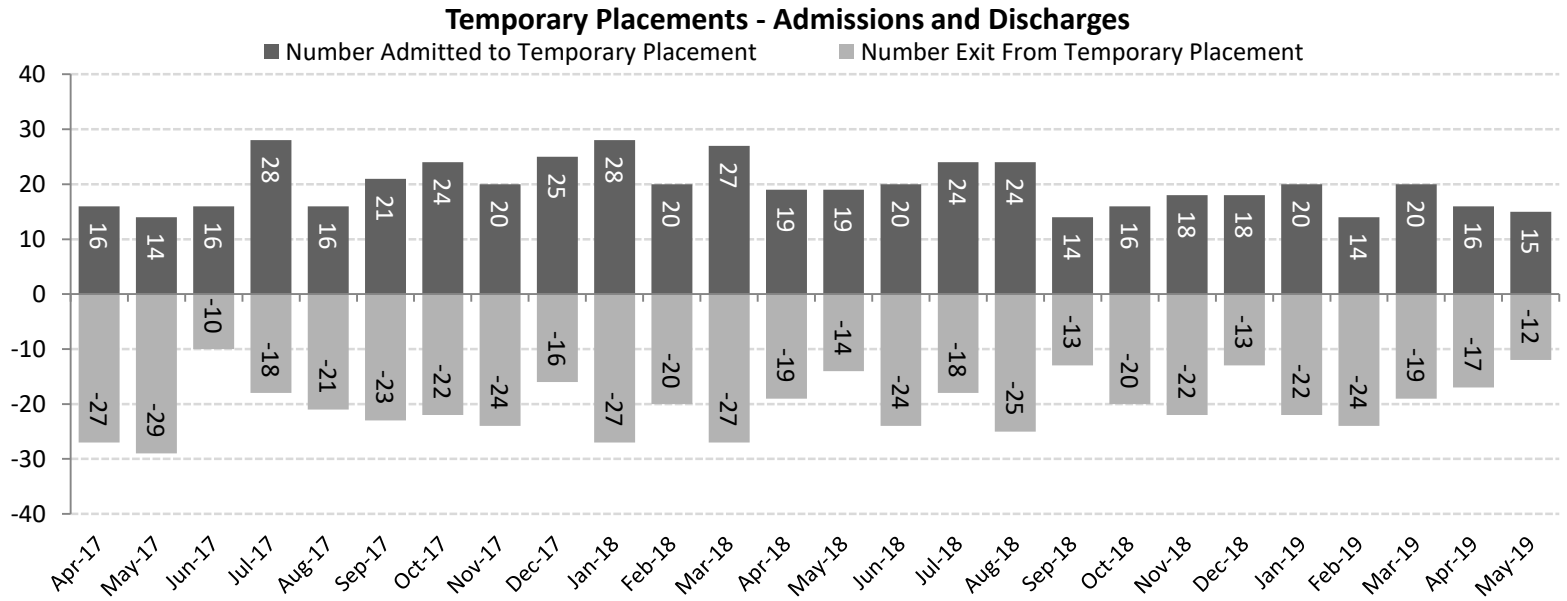
We have recently started to examine this information in the context of understanding overall levels of demand for residential / nursing care.

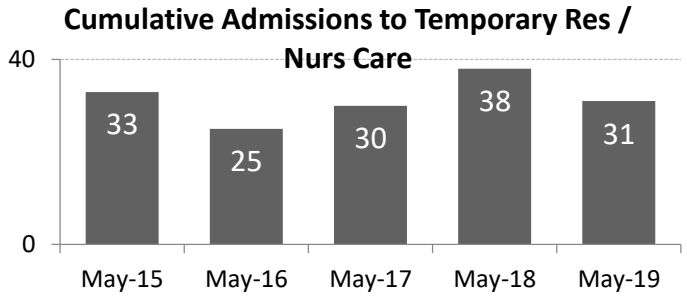
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible. | The current financial year is making temporary placements at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

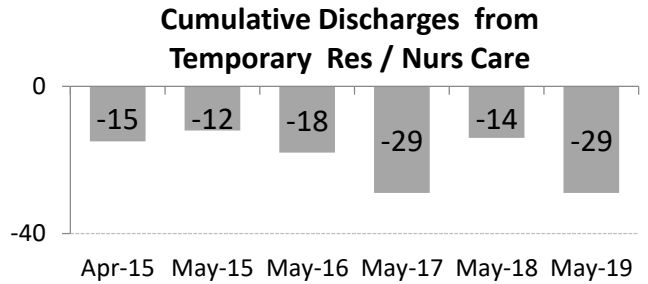


## Temporary Placements

**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

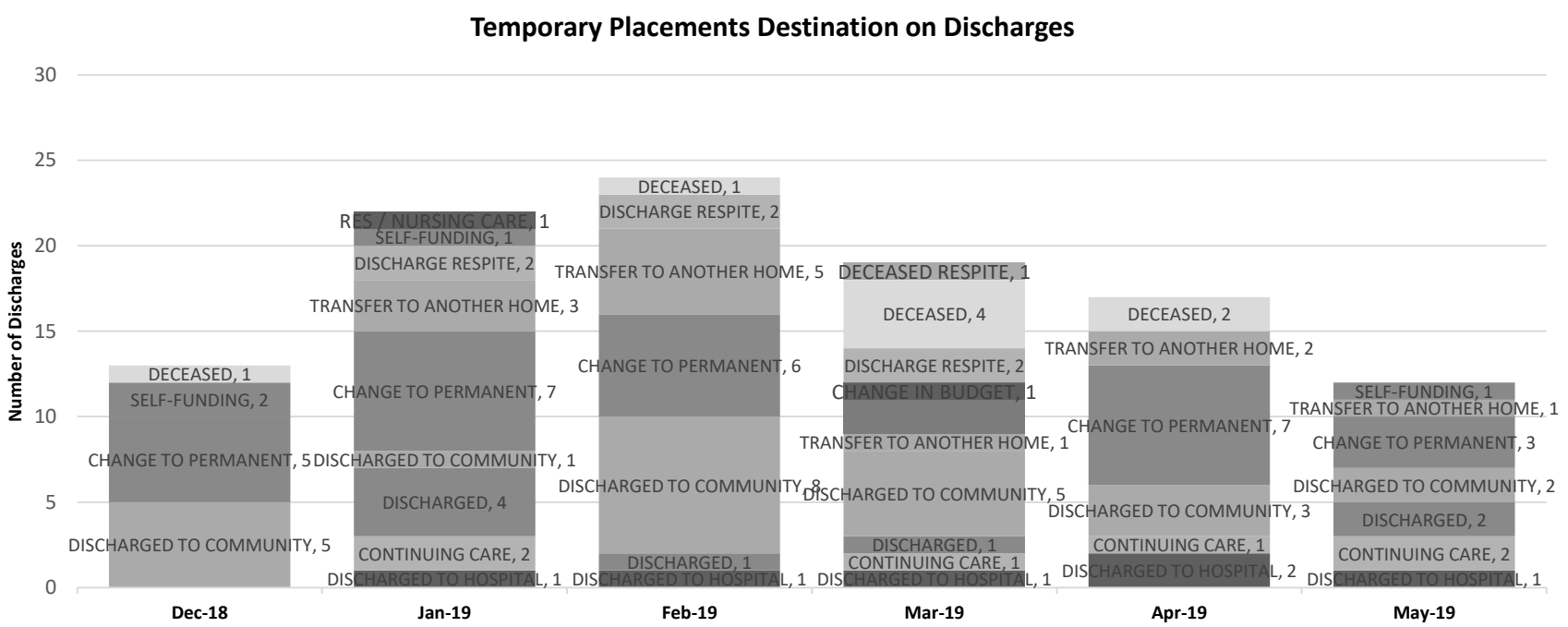
**Destination on Discharge from Temporary Residential / Nursing Placements**

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.

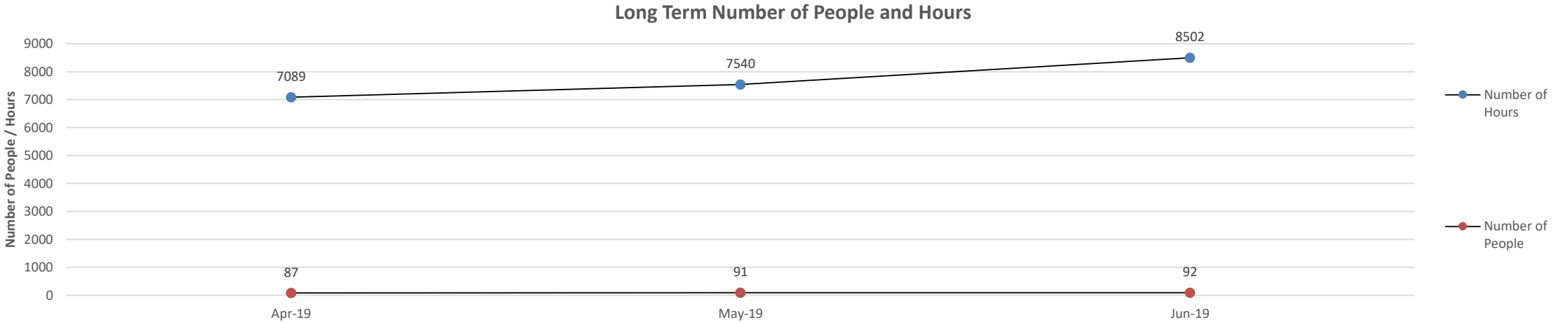


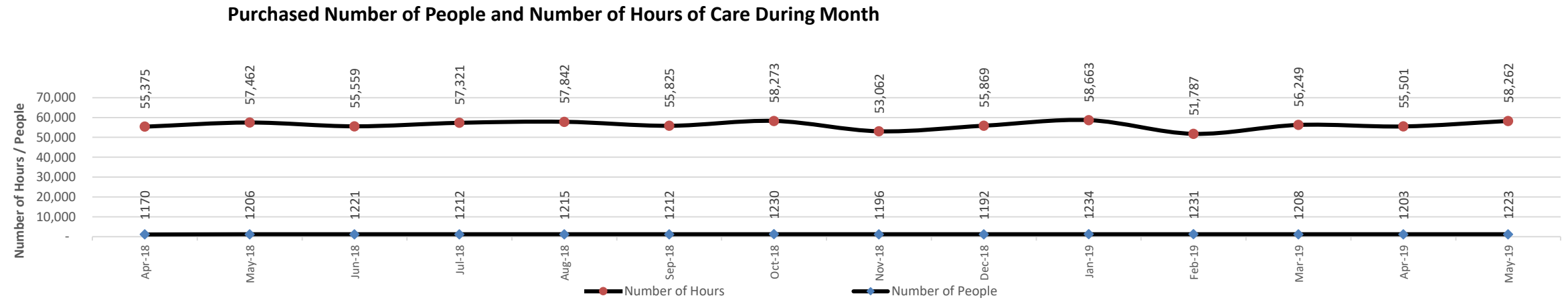

| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| We have good quality information about the destination of people who leave a temporary placement. | Inappropriate use of temporary placements can result in increased local authority expenditure should not 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

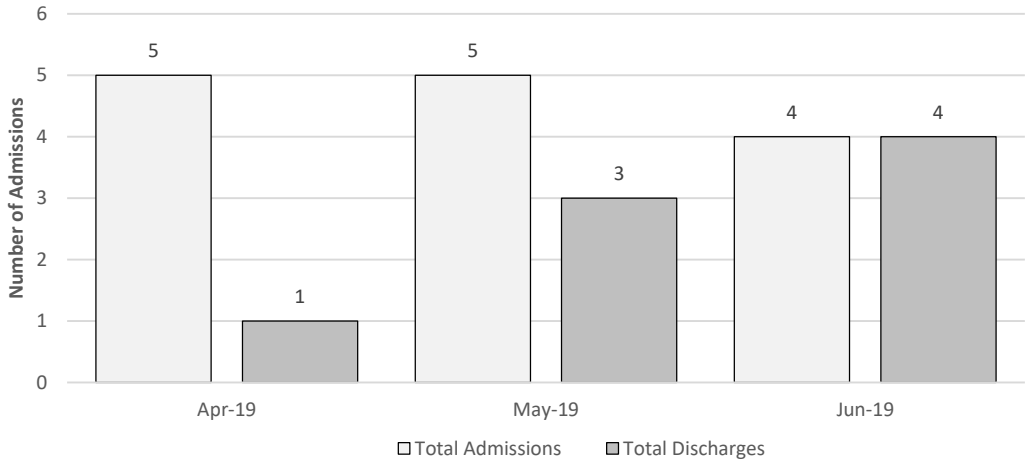
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| There are no national or local performance indicators relating to this service. | N/A |
| Wherever possible we seek to ensure people can remain at home, living independently, with support where necessary. Long-term 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. |



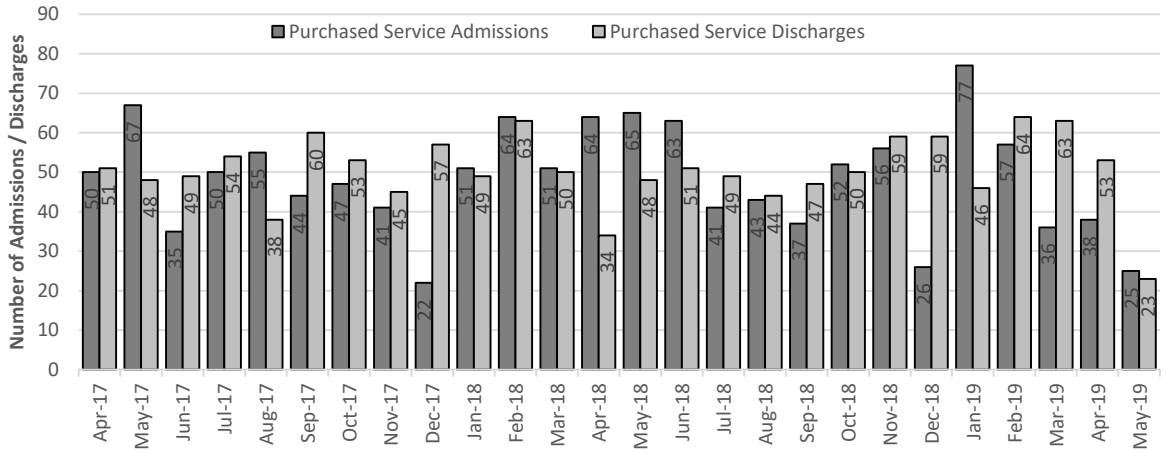



# Long Term Domiciliary Care

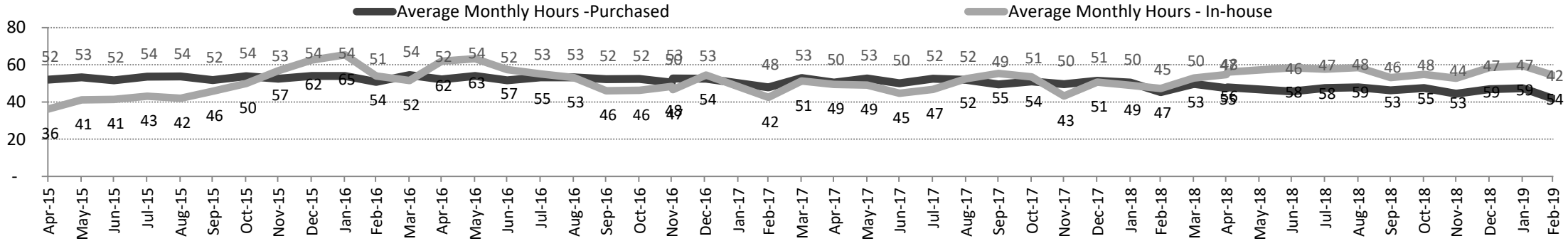
## Long Term Number of Admissions and Discharges




## Purchased Domiciliary Care Admissions and Discharges




## Average Monthly Hours of Home Care Provided by Provider Type




| 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

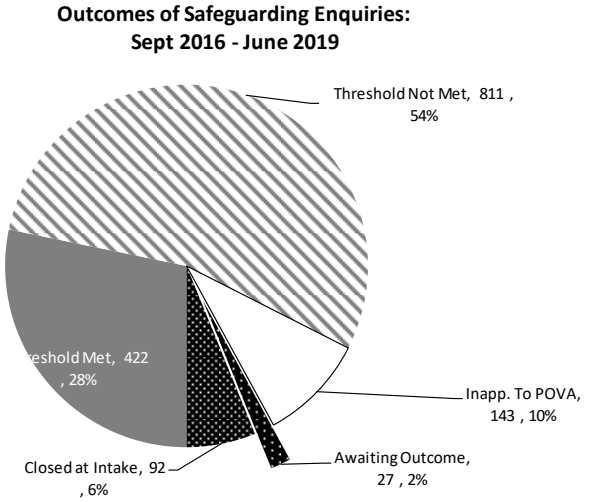
| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| Effective safeguarding procedures are dependent on effective enquiries being made. | |
| Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within *24 hours.* A local target for 2017/18 was set to achieve **higher than 65%** reflecting a desire to ensure that matters are dealt with promptly but recognising that there will always be occasions where decisions cannot be taken within a day.<br>65% target has been retained for 2018/19 and 2019/20. | Cumulative for the whole of 2017/18 performance was just below the revised target at **63.7%.**<br>Whole-year 2018/19 performance was below target at **55.3%.** Performance in 2019/20 is marginally lower at **55.01%** |
| National Indicator: Measure 18: The percentage of adult protection enquiries completed within *7 days*. . A local target for 2017/18 was set to achieve **higher than 90%** reflecting a desire to ensure that matters are dealt with as promptly as possible but recognising that there will always be occasions where decisions cannot be taken even within a week.<br>**90%** target has been retained for 2018/19 and 2019/20. | Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again.<br>Performance for 2017/18 met the target at **91.9%** .<br>Final 2018/19 performance was above target at **90.4%** and performance has improved to **94.5%** in 2019/20. |

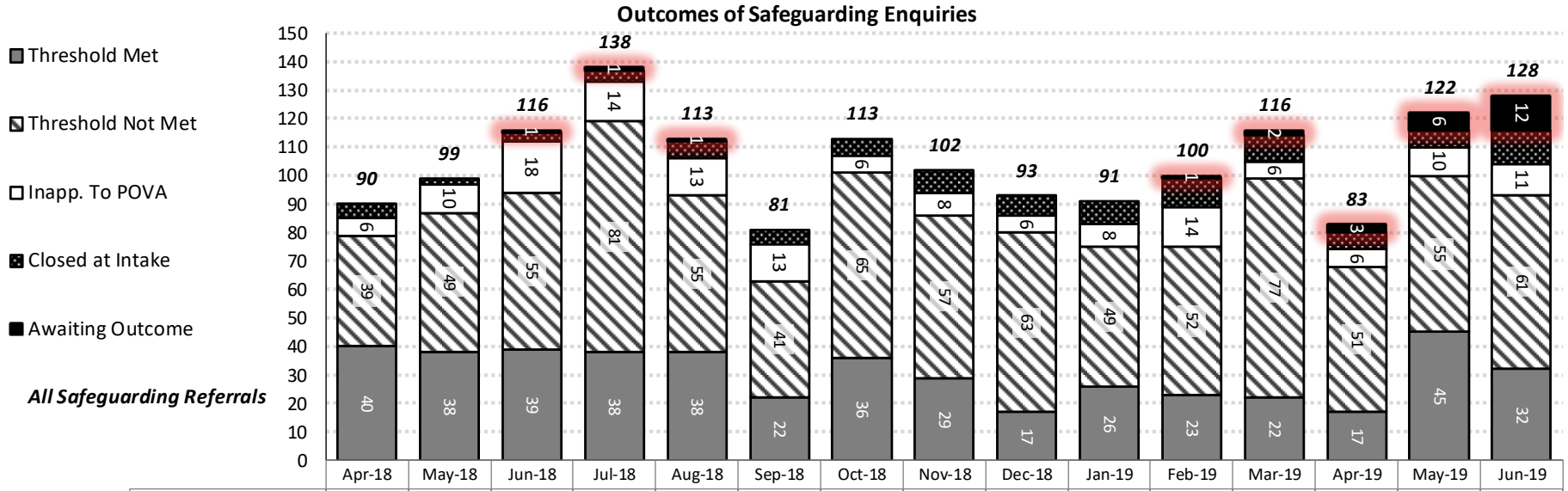
# Safeguarding

## Safeguarding Enquiries and Outcomes

The graphs show that of the 4,182 safeguarding enquires completed since April 2018, 28% met the threshold for investigation and 54% 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 June 2019, **12** were outstanding

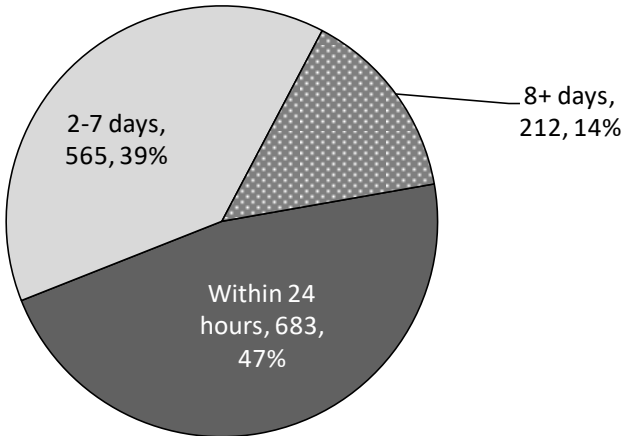



| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Awaiting Outcome | | | 1 | 1 | 1 | | | | | | 1 | 2 | 3 | 6 | 12 |
| Closed at Intake | 5 | 2 | 3 | 4 | 6 | 5 | 6 | 8 | 7 | 8 | 10 | 9 | 6 | 6 | 12 |
| Inapp. To POVA | 6 | 10 | 18 | 14 | 13 | 13 | 6 | 8 | 6 | 8 | 14 | 6 | 6 | 10 | 11 |
| Threshold Not Met | 39 | 49 | 55 | 81 | 55 | 41 | 65 | 57 | 63 | 49 | 52 | 77 | 51 | 55 | 61 |
| Threshold Met | 40 | 38 | 39 | 38 | 38 | 22 | 36 | 29 | 17 | 26 | 23 | 22 | 17 | 45 | 32 |
| All Safeguarding Referrals | 90 | 99 | 116 | 138 | 113 | 81 | 113 | 102 | 93 | 91 | 100 | 116 | 83 | 122 | 128 |

| 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. |

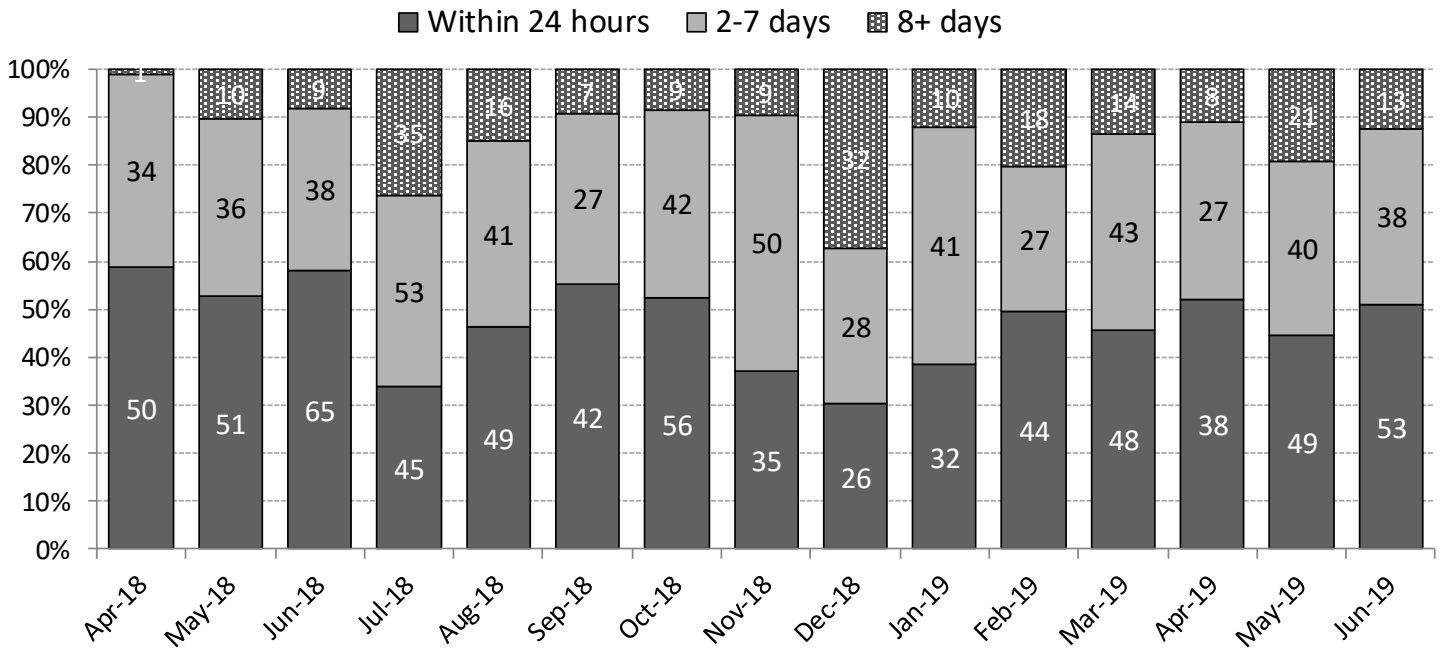
**Safeguarding Thresholds Completed In Timescale: Apr 2018 - June 2019**




We have been reporting internally in detail on time taken to complete thresholding of safeguarding enquires since April 2018.

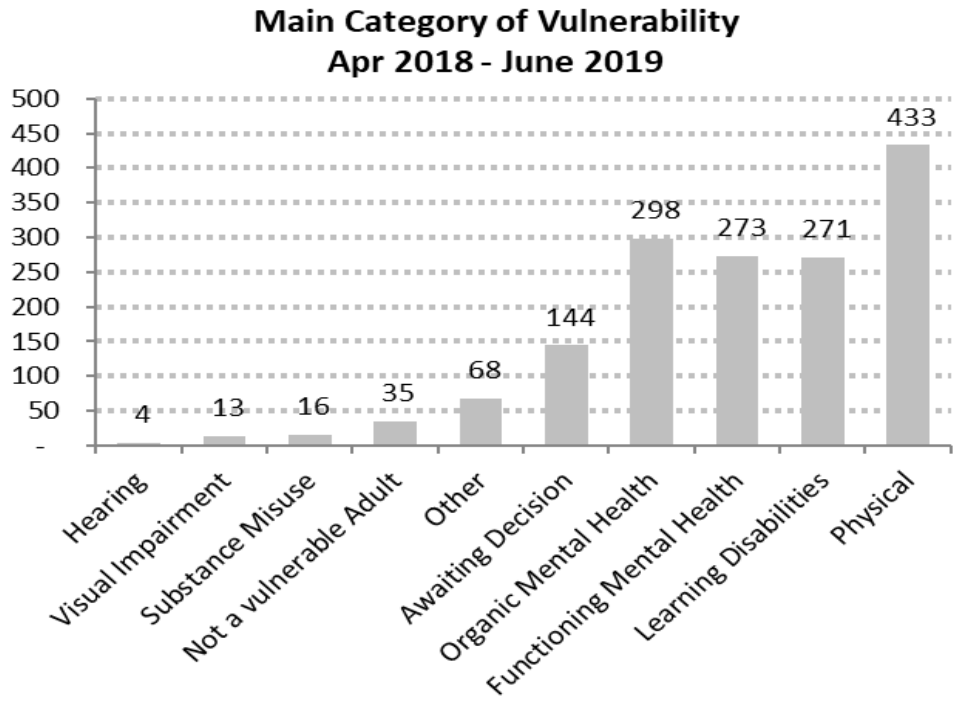
In terms of reporting this data, a referral is completed when the threshold decision is taken. The preferred timescale is set by Welsh Government within its practice guidance, which is between 2-7 days.

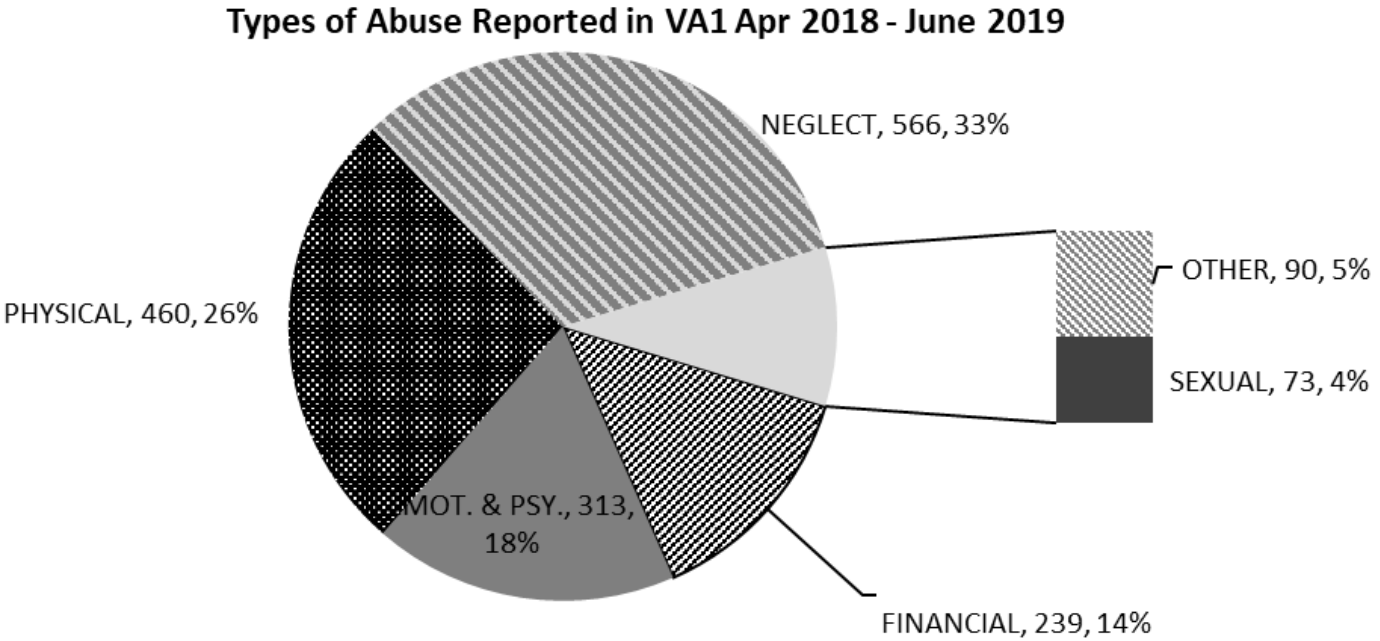
**Safeguarding Thresholds Completed within Timescales**




| | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8+ days | 1 | 10 | 9 | 35 | 16 | 7 | 9 | 9 | 32 | 10 | 18 | 14 | 8 | 21 | 13 |
| 2-7 days | 34 | 36 | 38 | 53 | 41 | 27 | 42 | 50 | 28 | 41 | 27 | 43 | 27 | 40 | 38 |
| Within 24 hours | 50 | 51 | 65 | 45 | 49 | 42 | 56 | 35 | 26 | 32 | 44 | 48 | 38 | 49 | 53 |

| 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 2018-19 and into 2019/20.

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

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

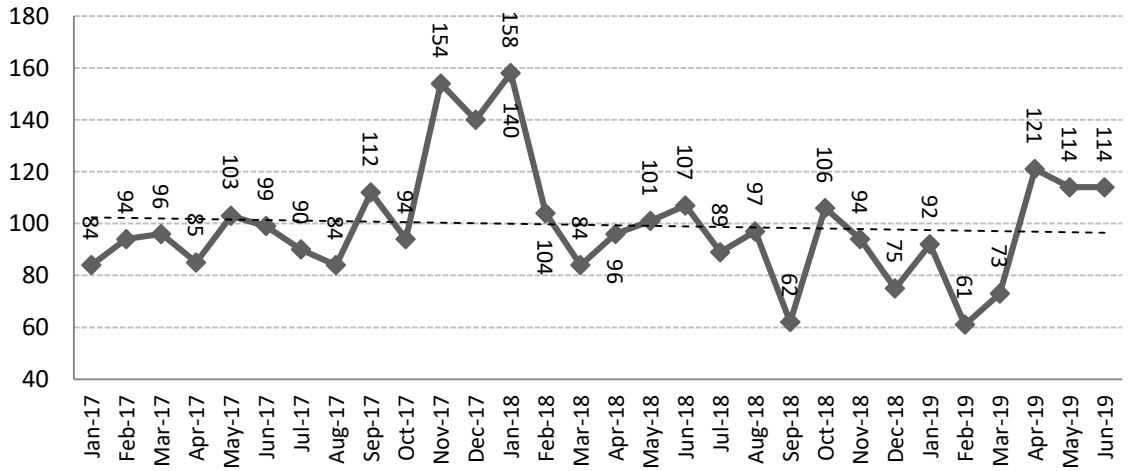
**Deprivation of Liberty Safeguards (DoLS)**

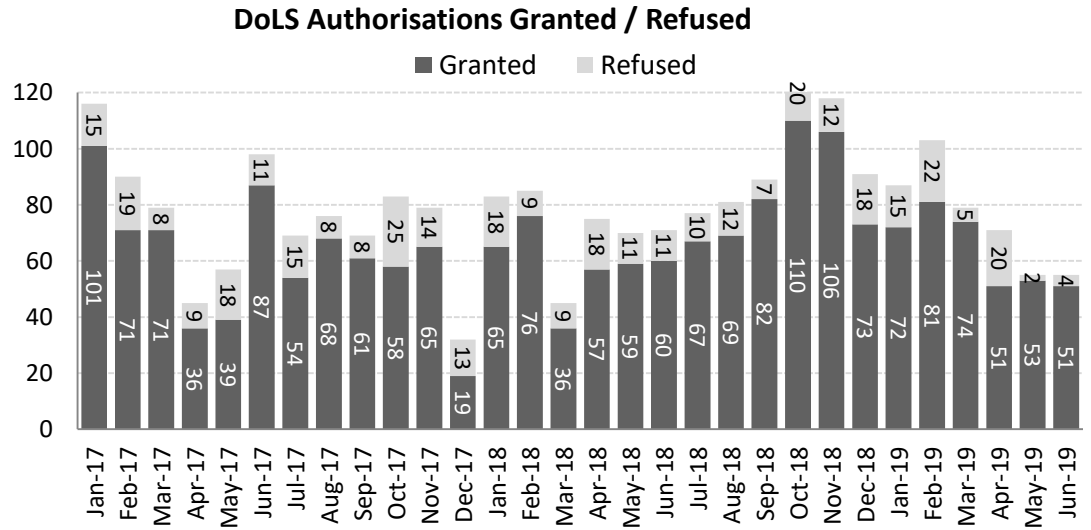
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not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

| Summary of Expectations / Standards | Summary of Outcomes / Performance |
|---|---|
| There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of **60% or higher** for 2017/18. Target increased to **70%** for 2018/19 and 2019/20. | Performance for 2017/18 improved to **59.7%** and was slightly below the target.<br>For 2018/19, performance dropped to **56.1%** and thus below target performance. Further improvements continued as the new working arrangements bedded in and current performance is now **67.8%**, much closer to 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. |

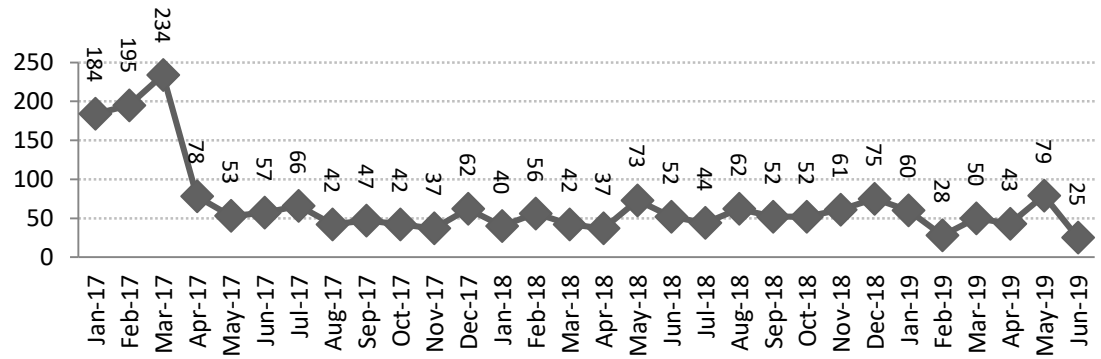
**Applications for and Disposals of Requests for DOLS Authorisations**

The average monthly number of applications in 2019/20 is 116 but the start of the financial year usually sees the highest number of applications. On average 86% of applications have been granted in 2019/20 to date.

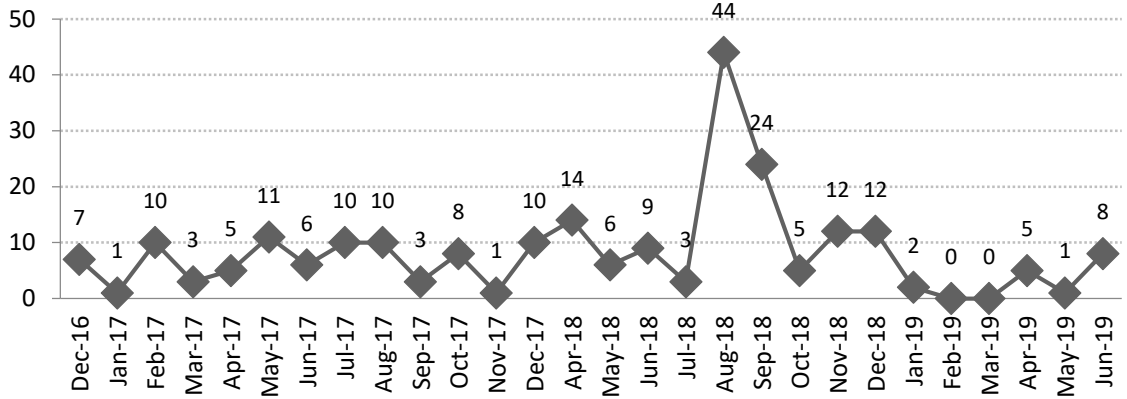


**Outstanding BIA Assessments At Month End**




**Outstanding Doctors' Assessments At Month End**




| What is working well? | What are we worried about? | What are we going to do? |
|---|---|---|
| Applications have been fairly constant since August 2016. | The number of authorisations has not always kept pace with the number of applications. | Dedicated resource has been introduced to deal with the number of authorisations that need to be completed. |
| Following the introduction of the dedicated DoLS Team in July 2018, all performance figures are improving including the end to end process, which will be reported on in future reports. | We will want to seek to avoid further bottlenecks in the process leading to a backlog reoccurring. | Continue to monitor the progress of the DoLS Team. |