

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



Cyngor **Abertawe**
Swansea Council

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Key Expectations, Standards & Performance

Summary of Expectations, Standards & Performance

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

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

Common Access Point (CAP)

We continue to deal with a large volume of requests for support via the Common Access Point. We believe that the MDT approach is helping to prevent unnecessary assessment. We will continue to improve our recording arrangements for Third Sector Broker activities to develop stronger intelligence on our use of the third sector to support the population (p.5).

Local Area Co-ordination (LAC)

Our performance team will continue to work with the LAC Team to maximise the utility of the data they are gathering (p.8). Performance consistently exceeded target during 2018/19 and has met target during 2019/20.

Delayed Transfers of Care

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

Assessment and Care Management

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

Integrated Health and Social Care Services: Activity continues to be sustained (pp. 11-17) and most assessments are completed in under 30 days (p. 18). *Mental Health :* The service continues to provide assessment for those requiring mental health support (pp. 18-19).

Community Reablement

There have been some improvements in the effectiveness of the community reablement service during the year (p. 20-23) but the evidence is incomplete. We have been working through a program of development of the relevant information systems. These systems improvements are expected to improve consistency of recording.

Residential Reablement

Reablement services have continued to discharge the majority of people to their own homes (p.24-26).

Permanent Residential / Nursing Care

We continue to see admissions running at a higher level (p.27-28). We have therefore introduced a Panel to test and challenge decisions made about new and temporary placements into residential and nursing care.

Temporary Placements to Residential / Nursing Care

Through the Panel arrangements, temporary placements can now only be made for a maximum of two weeks. This appears to have created a higher level of throughput (p.29).

Domiciliary Care

The numbers of people receiving a package of care has increased, as has the total number of hours provided (p.33-35).

Safeguarding Adults

This is an area of critical focus due to the need to ensure that people are safeguarded, to ensure that our work is as effective as possible, keeping people safe and reducing the risk of further abuse or neglect. Performance measures on examining enquiries and then making decisions about whether safeguarding procedures should be initiated are now showing target usually being met within 7 days. Performance on timeliness of response within 1 day has missed target since Spring 2018. Close examination of relevant data by the Principal Officer and Head of Service has been carried out and proposals for improving arrangements are in development (p.37).

Key Expectations, Standards & Performance

Deprivation of Liberty Safeguards (DoLS)

In the light of ongoing changes to structure and recruitment to assist in this area of work, drops in performance were noted during 2018. Welsh Government expects the core elements of the process to be completed in 21 days. During 2017/18 we achieved this in 59.7% of cases, just under our target of 60%. During 2018/19

performance dropped to 56.13% and performance for 2019/20 is currently **58.48%**. Close scrutiny however continues at both Head of Service and Principal Officer level to ensure that compliance to timescales improves further (p.41-42).

Prevention & Early Intervention

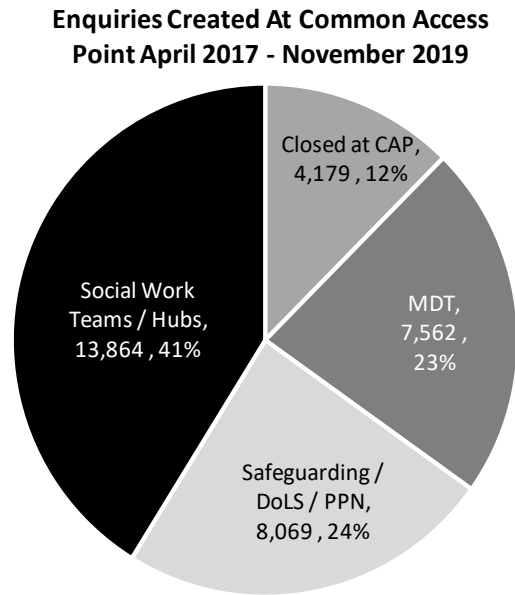
Common Access Point (CAP)

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

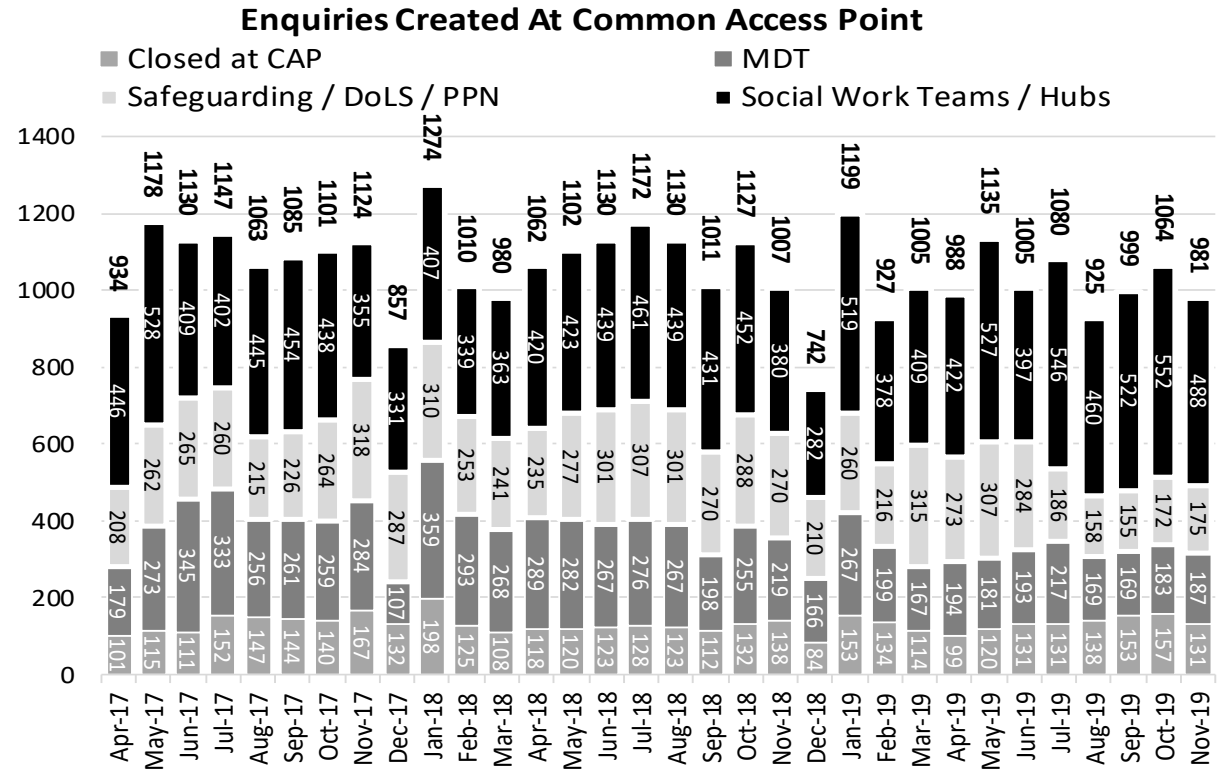
Summary of Expectations / Standards	Summary of Outcomes / Performance
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year. A target of 80% has been in place since 2017/18.	For 2017/18, 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 to 87.92% exceeding target.
To pilot and develop use of a Multi-Disciplinary Team (MDT) approach in order to triage enquiries received.	Improvements had been made during 2016/17 and more cases were being considered by the MDT function, it remained a key deliverable to improve the range and effectiveness of the MDT function. If we get the MDT function right, we should be able to manage demand more effectively into Adult Services. In more recent months a more robust set of arrangements is delivering considerably more cases being considered by the MDT function. From December 2017 a distinct MDT service was established to strengthen the Information, Advice and Assistance arrangements at the front door. Further enhancements continue to be made to the arrangements as data is evaluated.
We wish to increase the number and proportion of enquiries completed at the Common Access Point rather than referral onwards, diverting to signposting or third party organisations	The number of enquiries completed at Common Access Point has increased but the proportion of the total closed down at the CAP could be improved further. However, the gains from more comprehensive use of MDT may compensate for this.
We wish to make effective use of the Third Sector Broker arrangements.	We have improved the recording process and the Performance & Information Team continues to work with staff and managers to continue the improvements. We do now, however, have an agreed set of performance metrics in place with the deliverer of this service, so once the recording process is addressed we will have rich data to draw on to monitor the effectiveness of the arrangements.

Prevention & Early Intervention

Types of Enquiries Received at Common Access Point

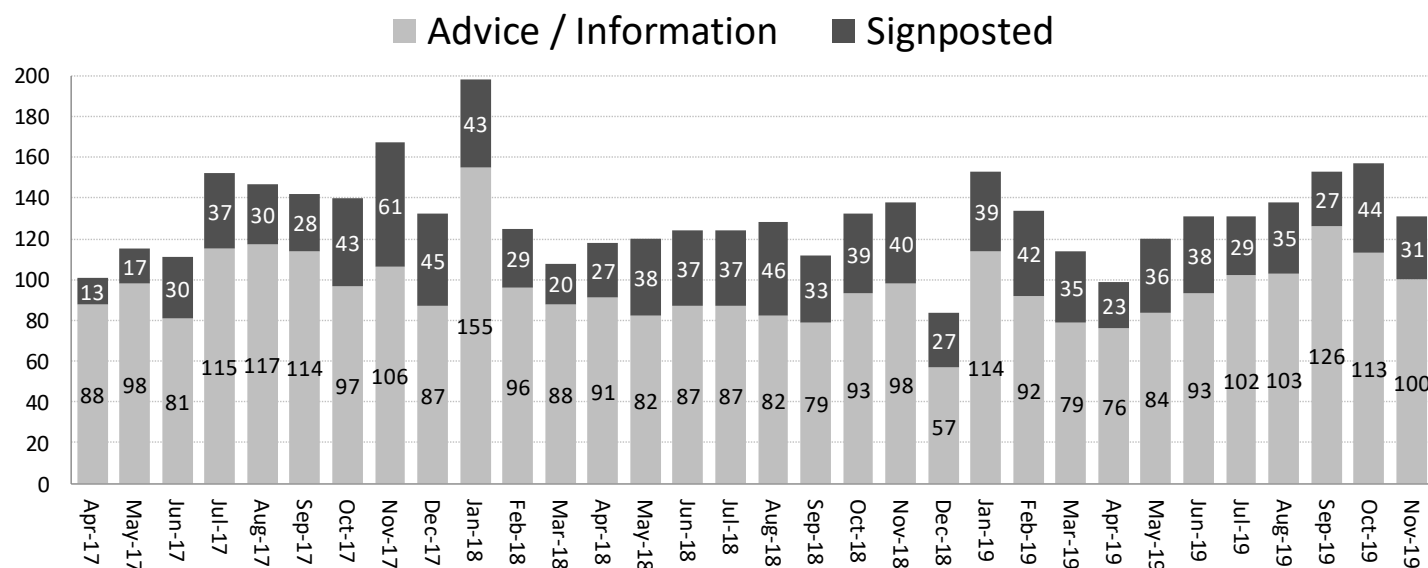


The summary data shown here reports on the initial determination of how the enquiry should be treated, whether completed at CAP; forwarded to other teams for assessment or processed as specialist safeguarding / protection enquiry.



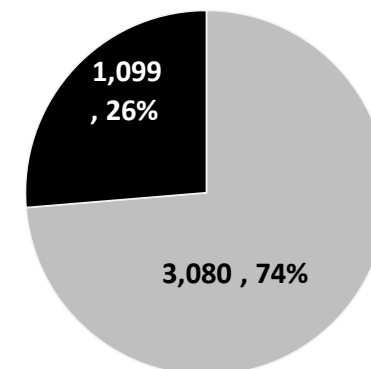
Prevention & Early Intervention

Enquiries Completed at the Common Access Point



Enquiries Completed at Common Access Point 2017-2019

■ Advice / Information ■ Signposted



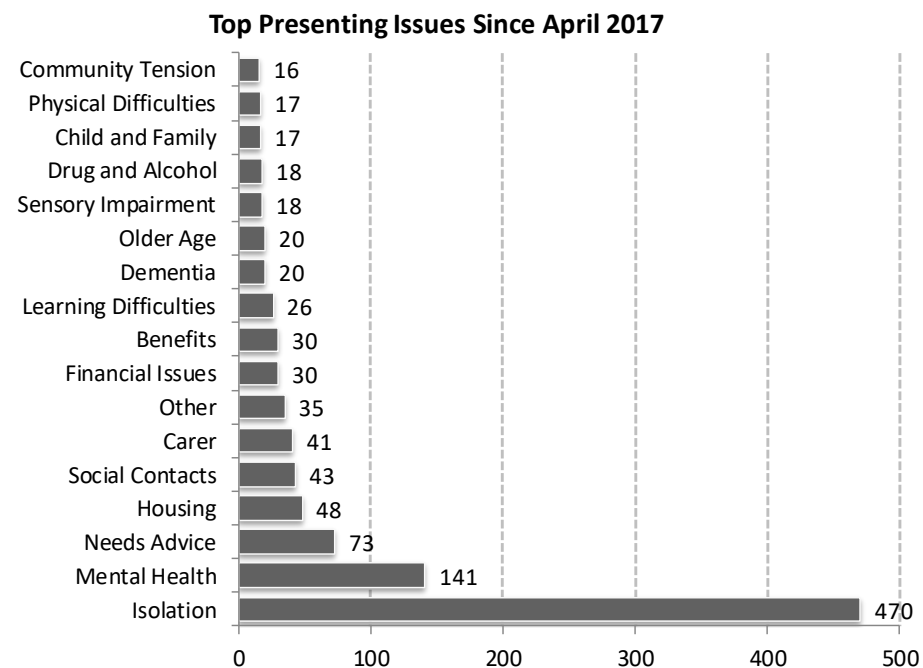
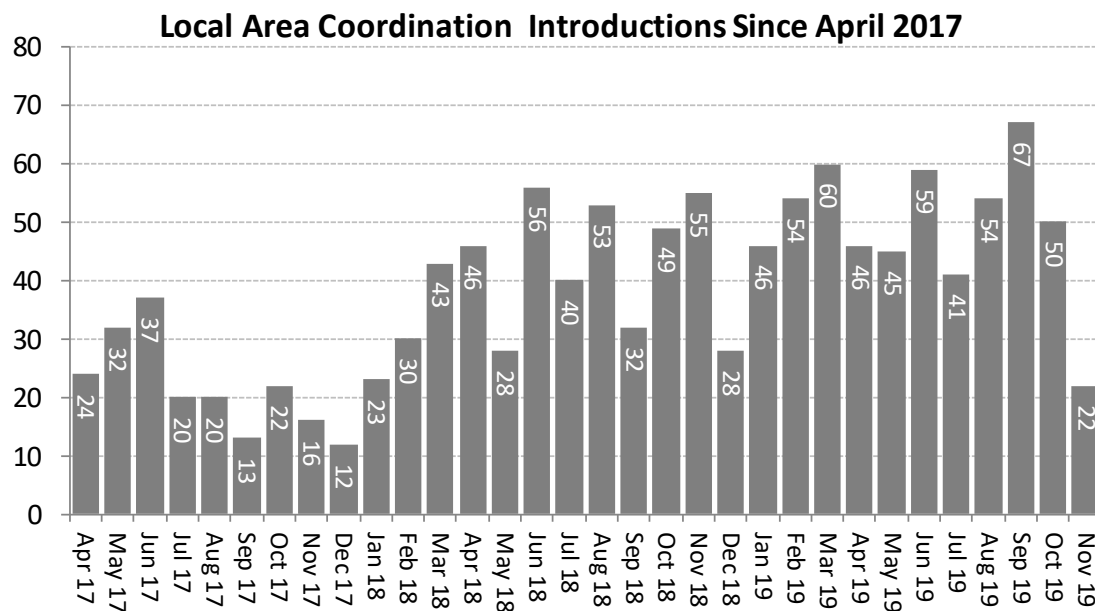
What is working well?	What are we worried about?	What are we going to do?
The number of enquiries remains constant, suggesting stability in the amount of work coming through.	Initially we had hoped to see higher numbers dealt with at CAP. However, the move to a more robust MDT has complicated the picture.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

Prevention & Early Intervention

Local Area Co-ordination (LAC)

Summary of Expectations / Standards	Summary of Outcomes / Performance
Local performance indicator SUSC5 set a target of 75 new introductions to the service each quarter during 2018/19. For 2019/20, this was set at 125 a quarter.	Target for 2018/19 was met comfortably. Performance has met target during Q1 Q2, and Q3 2019/20.

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



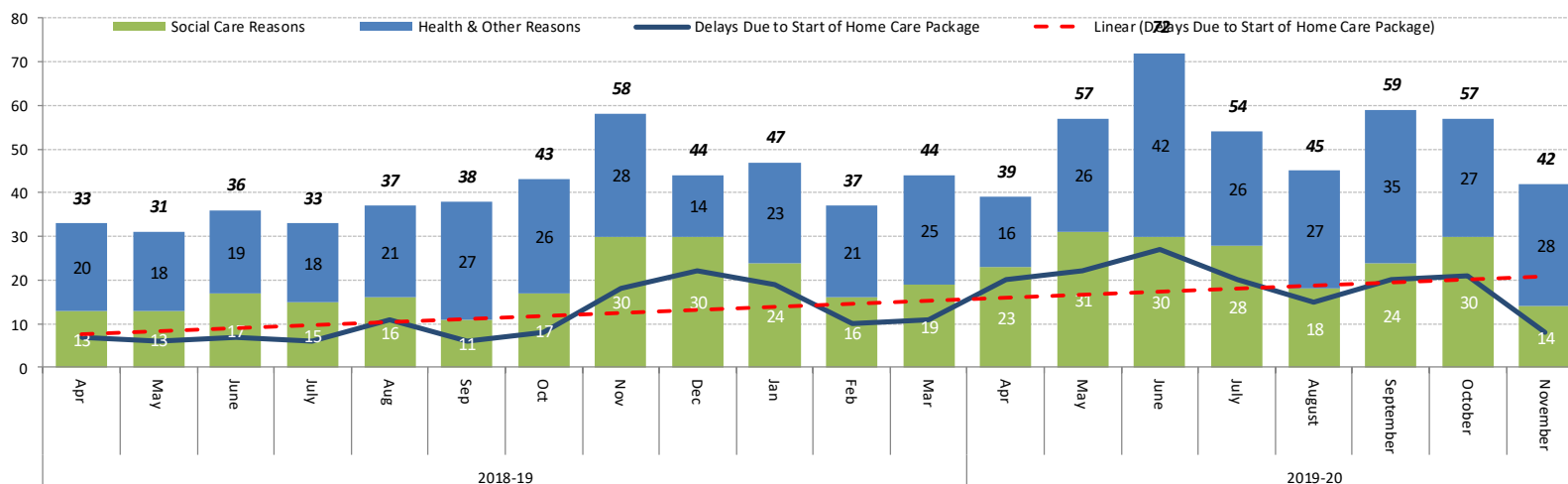
What is working well?	What are we worried about?	What are we going to do?
New introductions have been growing this year, recording info about the people who come forward or are referred to the team.	Technical recording problems and suspension of introductions in one area have also reduced recorded numbers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

Delayed Transfers of Care

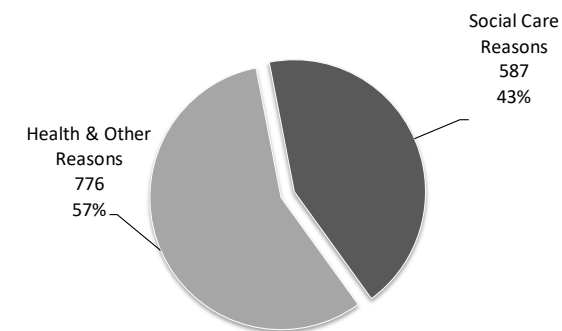
Delayed Transfers of Care

Summary of Expectations / Standards	Summary of Outcomes / Performance
National performance indicator SCA001 has been replaced with Measure 19 under the Social Services and Well-Being Act performance arrangements. It differs from SCA001 to include only those delays where person is aged 75+. The target for the year 2018/19 was set to less than 6 per 1,000 adults aged 75+. This was not met but the target is retained for 2019/20.	Performance in 2018/19 was 7.5 for the whole year, missing the target. Performance to date during 2019/20 is 8.7 .

Spread of Delayed Transfers of Care



**Reason for Delayed Transfers of Care
Apr 2017 - November 2019**



other reasons. Typically delays for social care reasons represent around 40% of all delays. The most common reason for delay is usually delay in start of package of home care.

The data records the monthly Census of delays in transfers of care. This refers to people who are delayed in hospital for social care, health or

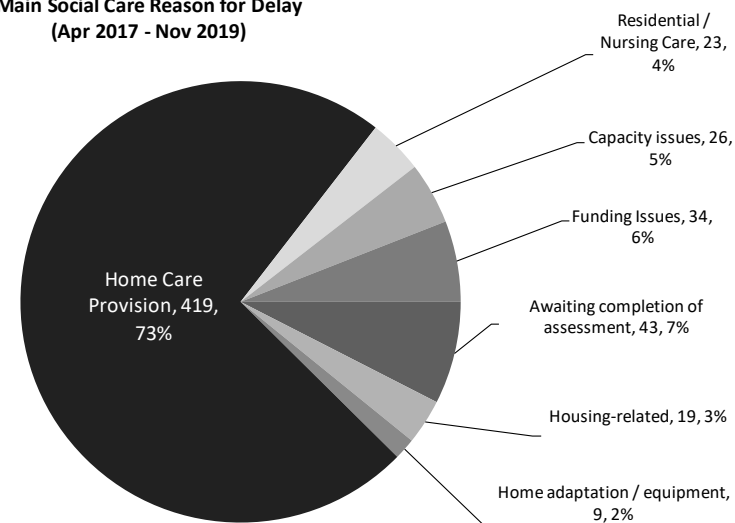
What is working well?	What are we worried about?	What are we going to do?
The arrangements for recording and reporting delayed transfers are well-established.	Significant worsening in numbers of individuals delayed due to waiting for package of home care.	We will continue to maintain focus on facilitating early discharge. We want to develop and use better evidence about delays to address the issues that are identified.
	The established method focuses on a single census day each month, which does not take account of the broader flow of patients throughout the month.	

Delayed Transfers of Care

Reasons for Social Care Delays

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

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



What is working well?	What are we worried about?	What are we going to do?
	Increasing numbers delayed since. Issues with capacity in the home care market are expected to continue to cause difficulties.	We continue to seek ways to improve the availability of hours of care to people who need care to return home. We are actively working with providers to ensure capacity is available. Effective procedures are in place to escalate cases where there is a social care delay for whatever reason, and targeted activity is undertaken by both the hospital and community teams to expedite discharges. We recognise that we do have issues over availability of packages of care in the external sector, but wherever possible we put interim arrangements in place to deliver this care using the internal service.

Assessment & Care Management

Assessment and Care Management: Integrated Health and Social Care Service

Summary of Expectations / Standards	Summary of Outcomes / Performance
<p>There is a local indicator AS10 which reflects the percentage of people who were due an assessment of social care need that received an assessment.</p> <p>For 2017/18, a target of 65% was set and increased to 70% for 2018/19 and retained for 2019/20.</p>	<p>Performance at 31 March 2017 was 65% and the service has now embarked on a process of development to create a practice framework for social work and to cleanse a large quantity of records.</p> <p>For 2017/18, performance was met the target at 68.4%. For 2018/19, performance at end of March 2019 was 71.1%, over the target. Performance in Q3 2019/20 is just under target at 69.28%.</p>
<p>There are no formal standards for the completion of enquiries and assessments, although 30 days would seem to be a reasonable expectation for many assessment types.</p>	<p>Performance data has been refined (see below). Nearly all teams are achieving an average 30 days or less for completing social work assessments.</p> <p>We continue to implement the Social Services and Well-Being Act and to introduce proportionate assessments.</p>
<p>Within Mental Health Services (only), there is a requirement under the Mental Health Measure to ensure that anyone who had an active Care and Treatment Plan in place should have that plan reviewed at least annually.</p>	<p>Performance in this area is known to be better than in other areas of the service due to the impact of the MH Measure. We are working to bring this data to a subsequent edition of this report.</p>

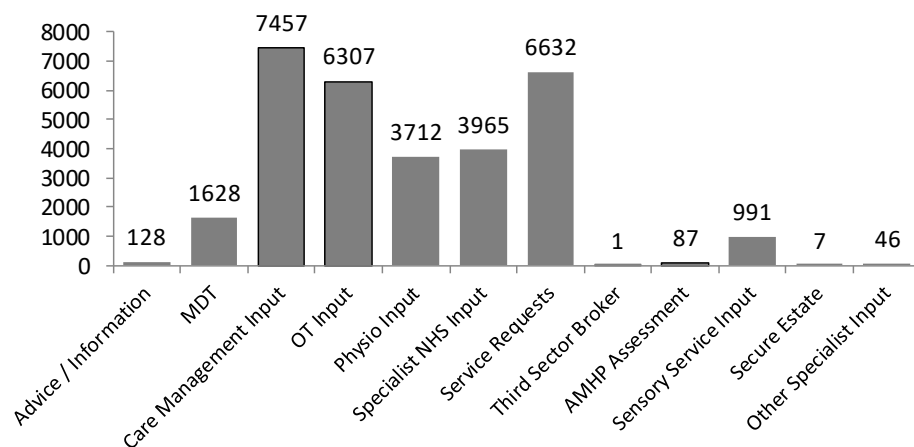
Detail about the integrated health and social care information service, its teams, types of enquiry and assessments is provided at Appendix C.

Assessment & Care Management: Integrated Services

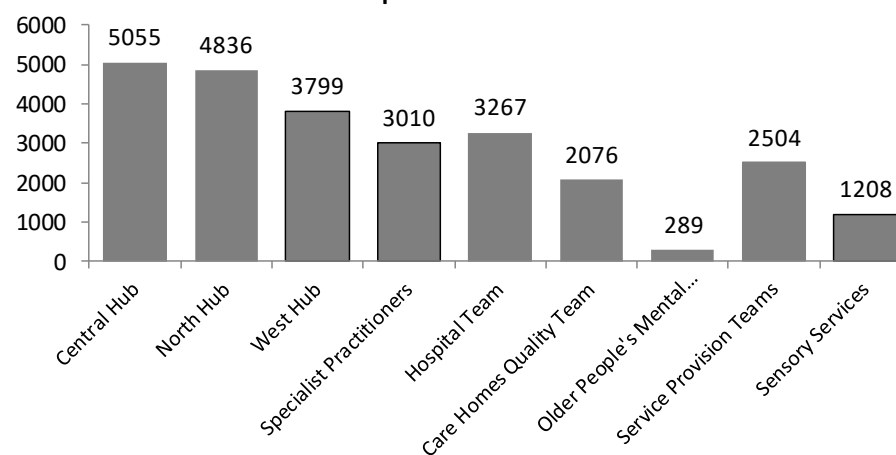
Individuals who were subject of an enquiry April 2017 – November 2019

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

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



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

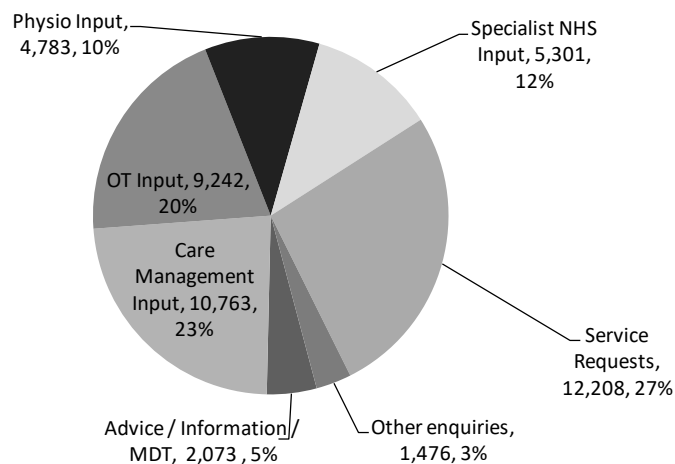


Assessment & Care Management: Integrated Services

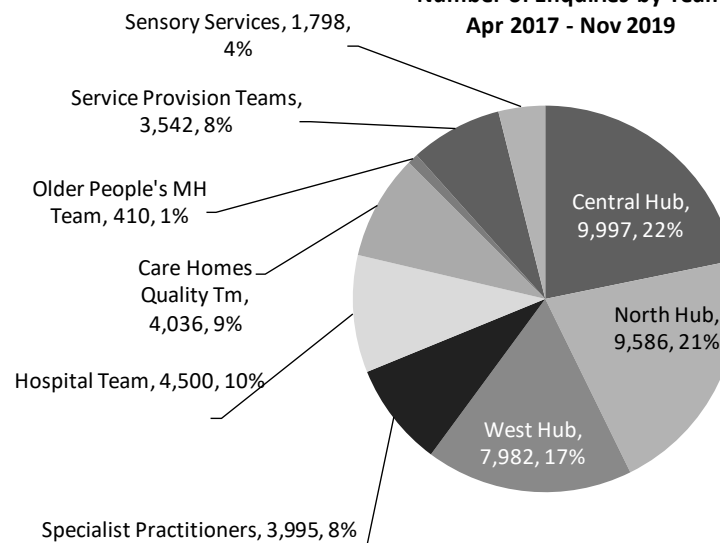
Number of Enquiries by Team and Type of Enquiry April 2017 – November 2019

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

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



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



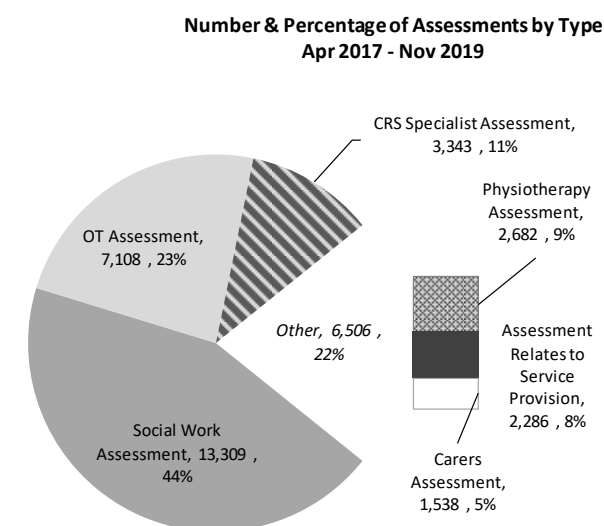
Many service users receive more than one enquiry type in a period of time. The most common enquiry type relate to enquiries relate to service provision such as home care or community re-ablement.

Assessment & Care Management: Integrated Services

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

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

Number of Assessments and People Assessed by Team and Assessment Type: April 2017 - November 2019	Assessment Team								Ass'ts Completed	People Assessed
	Central Hub	North Hub	West Hub	Specialist Practitioners	Hospital Team	Care Homes Quality Team	Older People's Mental Health Team	Sensory Services		
Social Work Assessment	2,065	3,282	2,309		2,167	1,393	1,337	756	13,309	6,300
OT Assessment	2,855	2,597	1,656						7,108	6,295
Physiotherapy Assessment	1,037	849	795	1					2,682	2,320
CRS Specialist Assessment	294	853	394	1,802					3,343	2,006
Assessment Relates to Service Provision	818	764	704						2,286	1,966
Carers Assessment	369	559	477		37		95	1	1,538	1,293
Number of Assessments Completed	7,438	8,904	6,335	1,803	2,204	1,393	1,432	757	30,266	
Number of People Assessed	4,119	4,384	3,046	944	1,719	924	487	675		



'Social Work Assessment' principally comprises social work assessments in the form of Overview Assessments and Review Assessments. The 'CRS Specialist Assessment' category relates to assessments carried out by specialist NHS practitioners who are not with the Hubs and cover Swansea as a whole instead.

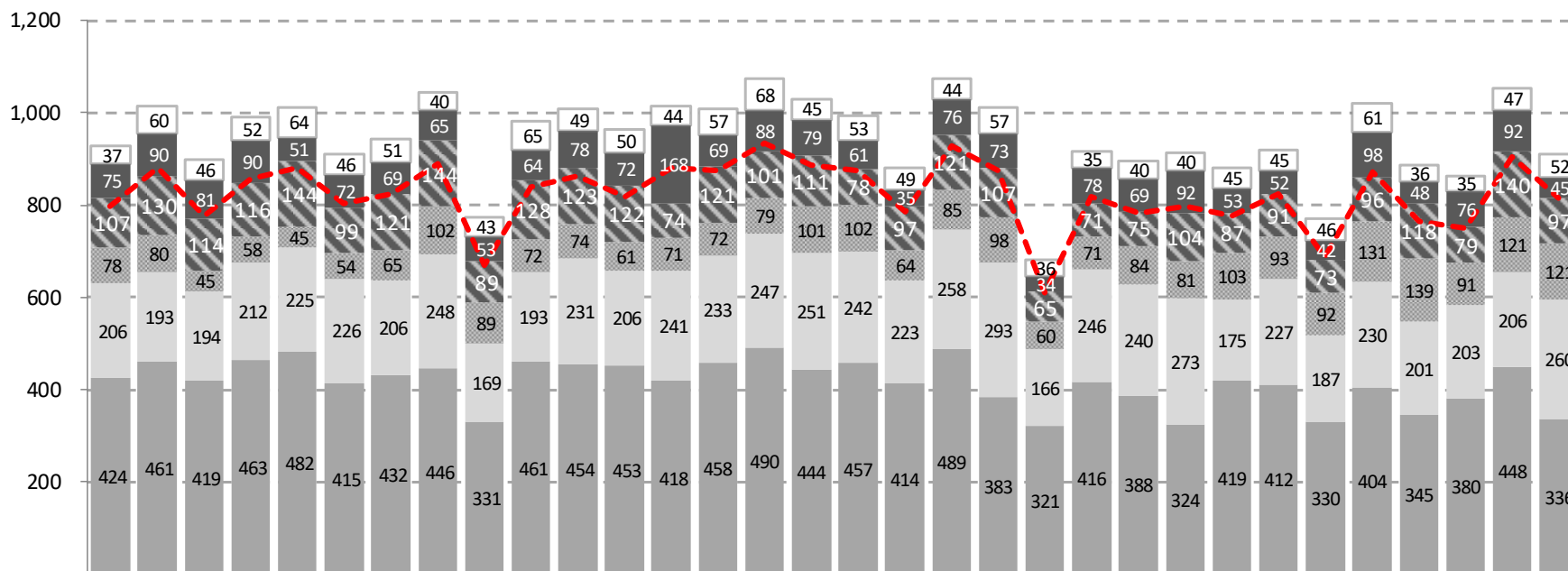
'Assessment Relates to Service Provision' principally relate to assessment or review requests for changes to service user packages of domiciliary care.

Assessment & Care Management: Integrated Services

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

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

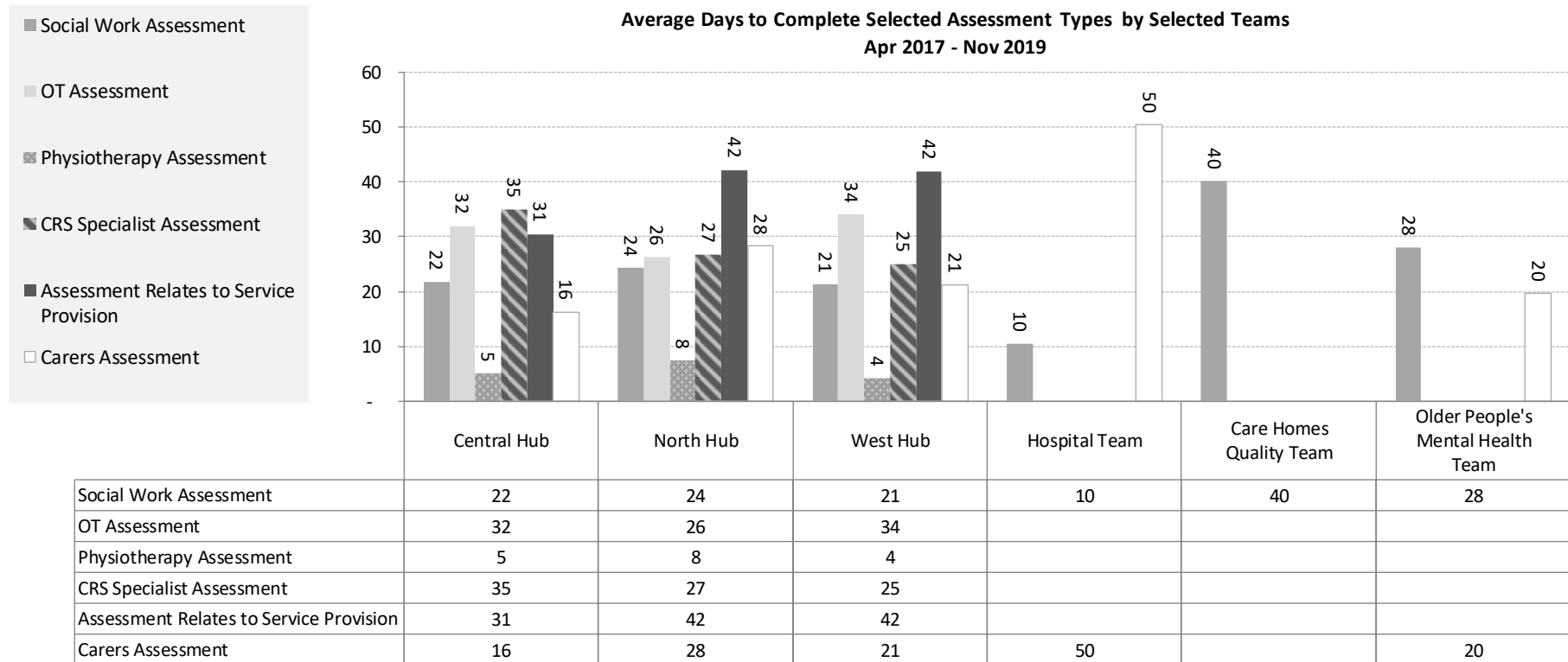
The dotted line in the graph shows the **total number of individuals** who were assessed. Some people receive multiple assessment types.



	Apr -17	Ma y-17	Jun -17	Jul-17	Aug -17	Sep -17	Oct -17	No v-17	Dec -17	Jan -18	Feb -18	Ma r-18	Apr -18	Ma y-18	Jun -18	Jul-18	Aug -18	Sep -18	Oct -18	No v-18	Dec -18	Jan -19	Feb -19	Ma r-19	Apr -19	Ma y-19	Jun -19	Jul-19	Aug -19	Sep -19	Oct -19	No v-19
Carers Assessment	37	60	46	52	64	46	51	40	43	65	49	50	44	57	68	45	53	49	44	57	36	35	40	40	45	45	46	61	36	35	47	52
Ass't Relates to Service Provision	75	90	81	90	51	72	69	65	53	64	78	72	168	69	88	79	61	35	76	73	34	78	69	92	53	52	42	98	48	76	92	45
CRS Specialist Assessment	107	130	114	116	144	99	121	144	89	128	123	122	74	121	101	111	78	97	121	107	65	71	75	104	87	91	73	96	118	79	140	97
Physiotherapy Assessment	78	80	45	58	45	54	65	102	89	72	74	61	71	72	79	101	102	64	85	98	60	71	84	81	103	93	92	131	139	91	121	121
OT Assessment	206	193	194	212	225	226	206	248	169	193	231	206	241	233	247	251	242	223	258	293	166	246	240	273	175	227	187	230	201	203	206	260
Social Work Assessment	424	461	419	463	482	415	432	446	331	461	454	453	418	458	490	444	457	414	489	383	321	416	388	324	419	412	330	404	345	380	448	336
Number of People Assessed	798	881	777	857	880	803	825	890	670	838	864	817	882	875	933	887	875	786	928	875	609	817	782	798	777	824	686	871	766	751	906	814

Assessment & Care Management: Integrated Services

Average Time Taken to Complete Assessments by Type



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

Assessment & Care Management: Integrated Services

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

Caseloads & Reviews

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

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

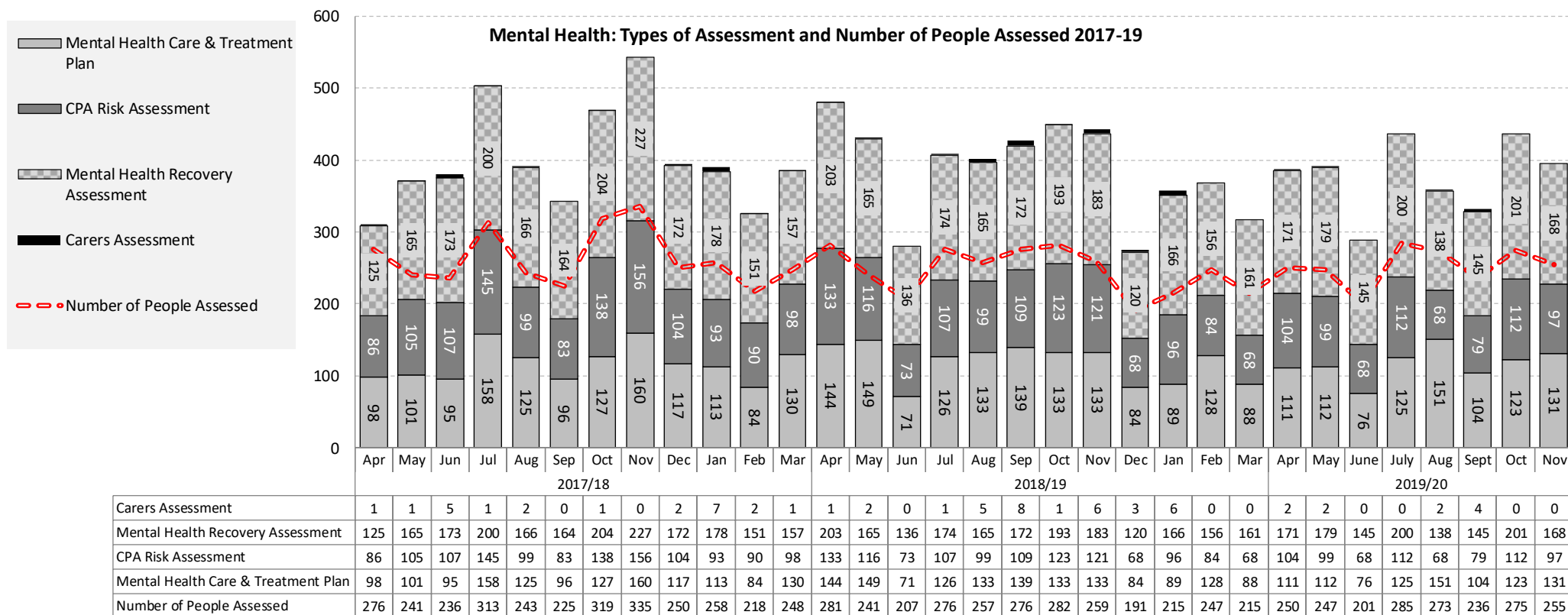
Assessment & Care Management: Mental Health

Assessment and Care Management: Mental Health

Numbers and Types of Assessment

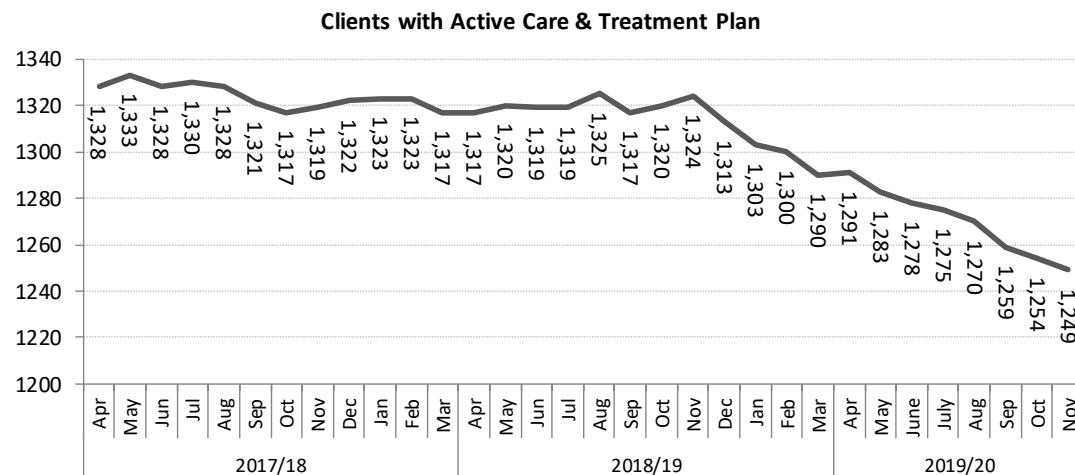
Recovery Plans are carried out for people who may have a mental health problem that needs to be managed under the terms of the Mental Health Measure passed by the Welsh Assembly. If a person is deemed to require care co-ordination under the terms of the Measure, a Care and Treatment Plan is carried out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

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



Assessment & Care Management: Mental Health

People with Active Care & Treatment Plan



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

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

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

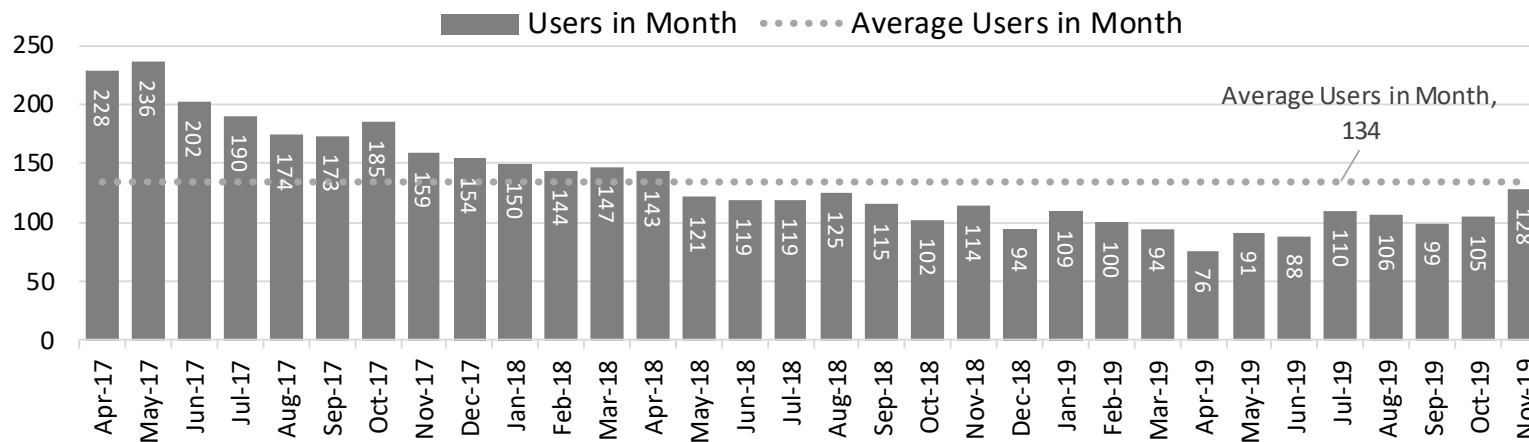
Community Reablement

Community Reablement

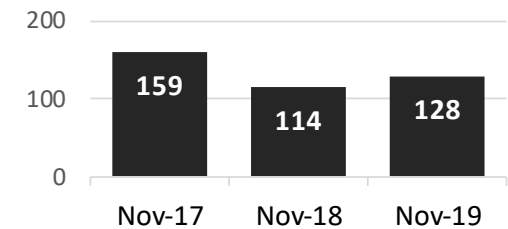
Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the community reablement service is to improve the ability of people to remain independent with less or no ongoing managed care, reducing the overall total burden on services.	There is mixed evidence on how effective the service has been in reducing the total burden on the managed care system.
There are two national performance indicators measuring the effectiveness of community reablement.	Staff are engaged in discussion with peers across Wales and contributing positively to further definition.
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later. A local internal target of 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 94.8% .

People Receiving Community Reablement

Community Reablement : People Received Service During Month



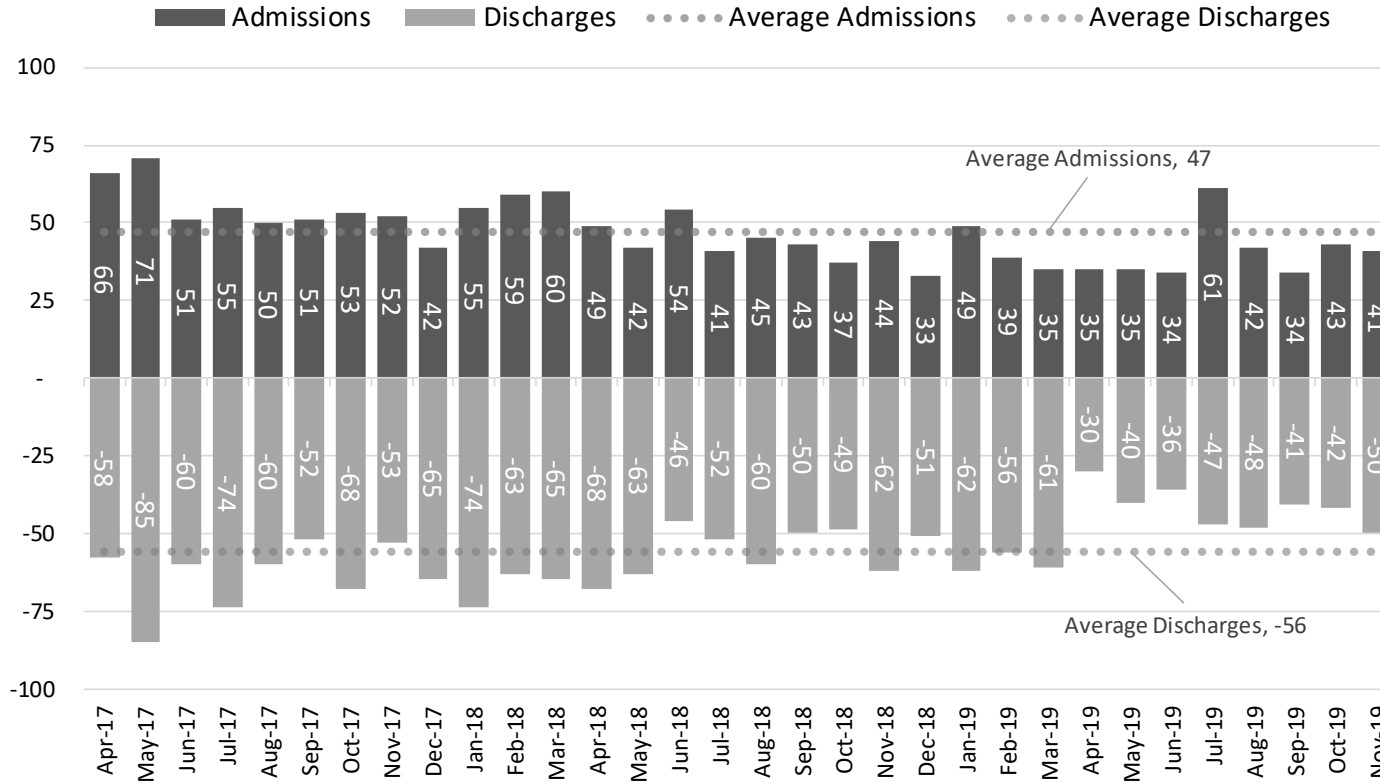
Receiving During the Month



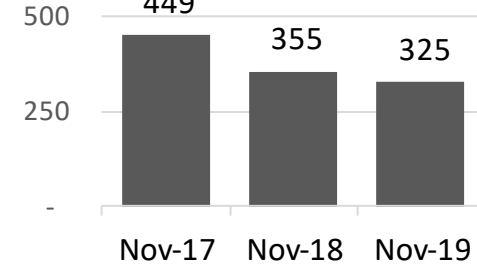
Community Reablement

New and Completed Community Reablement Episodes (formerly DCAS)

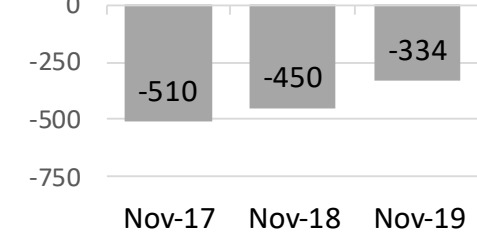
Community Reablement : Admissions and Discharges



Cumulative Admissions to Month



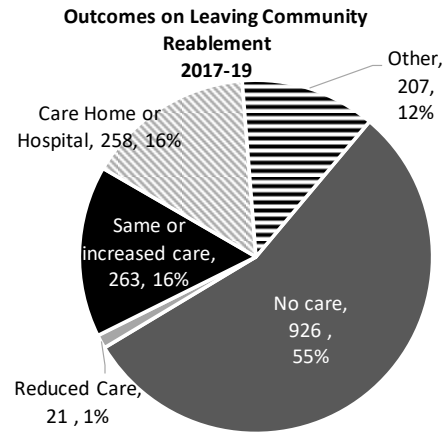
Cumulative Discharges to Month



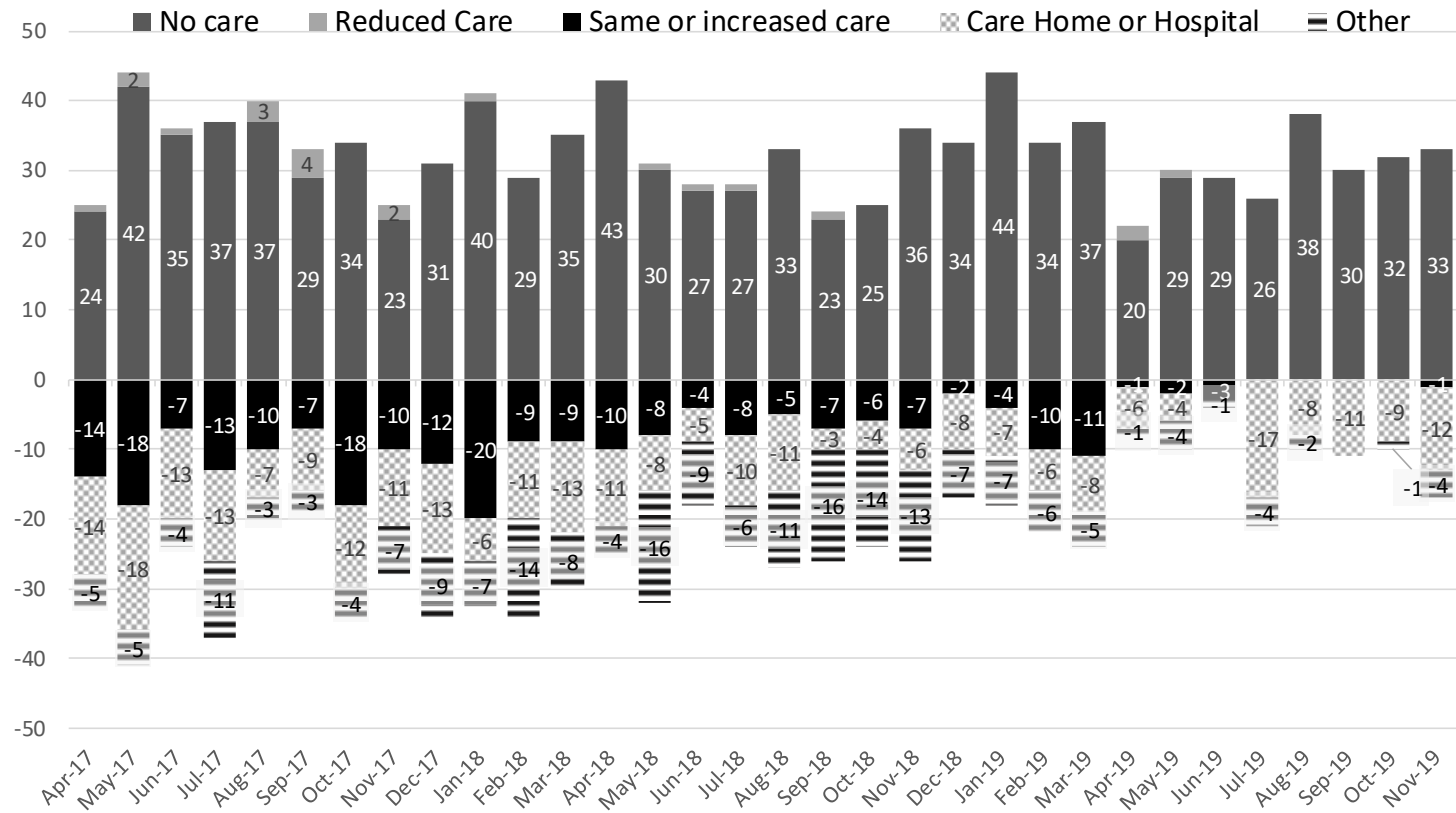
Community Reablement

Effectiveness of Community Reablement

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



Community Reablement: Outcomes on Leaving



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

What is working well?	What are we worried about?	What are we going to do?
	System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019.	We believe that the data is now stable and reporting is consistent as it is possible to be.

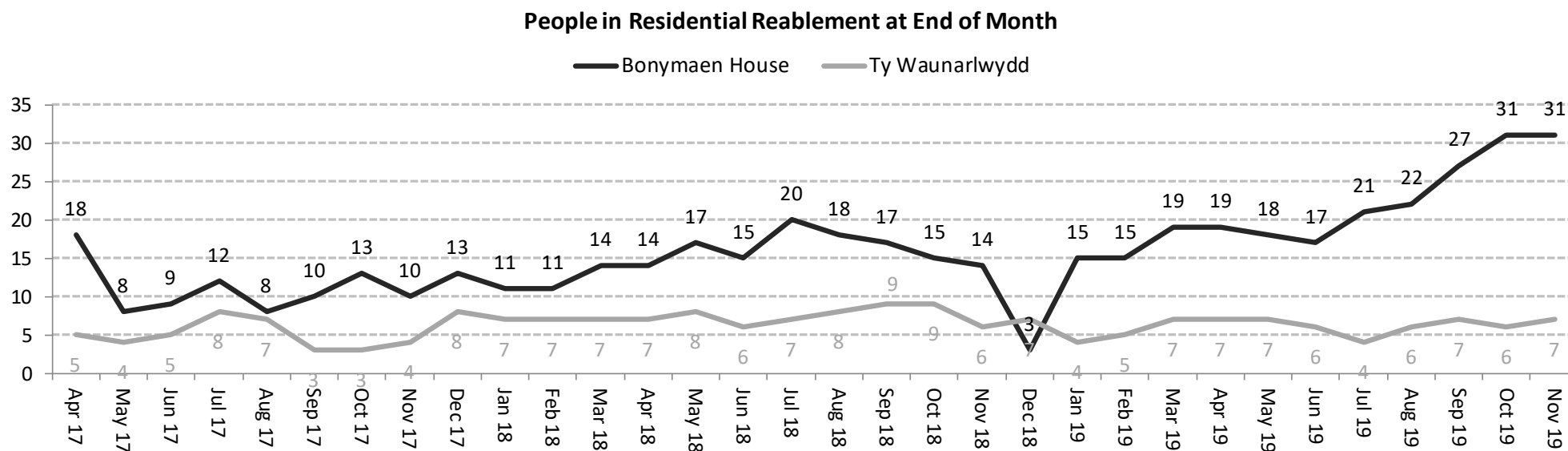
Residential Reablement

Residential Reablement

Summary of Expectations / Standards	Summary of Outcomes / Performance
The purpose of the residential reablement service is to avoid further escalation in a person's care needs and to avoid their admission to hospital or to a care home. Where successful, the ability of people to remain independent with less or no ongoing managed care reduces the overall total burden on managed care services.	There is good evidence the service has become effective in preventing admissions over the last 2 years.
There was a local PI relating the service: AS4 - Percentage of clients returning home following residential reablement. For 2016/17, the target was set at 58% returning home. The measure is no longer reported but we continue to examine our effectiveness.	From April 2018 to Nov 2019, of those leaving Bonymaen House 39% returned home independently and 35% with a care package. For the same period, discharges from Ty Waunarlydd home were 16% and 41% respectively.

Numbers in Residential Reablement

The graph below shows the amount of people resident within both services at the end of each month, April 2017 to November 2019.

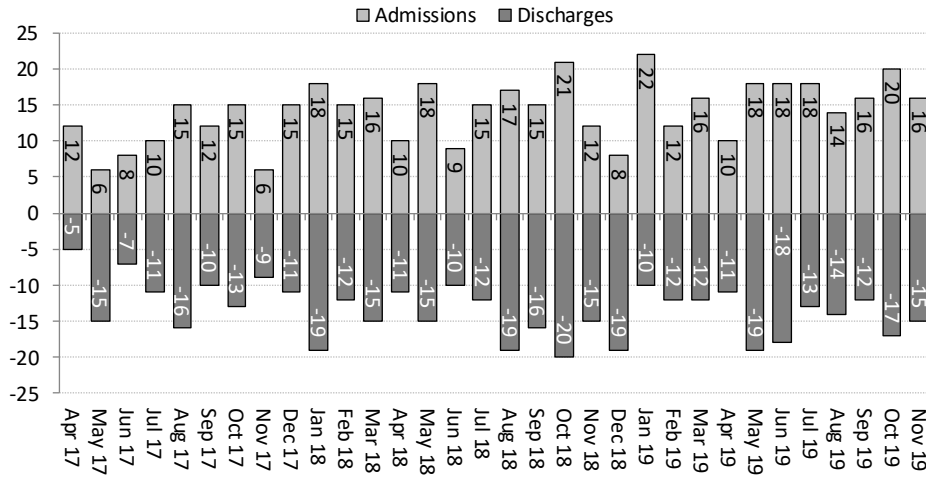


Residential Reablement

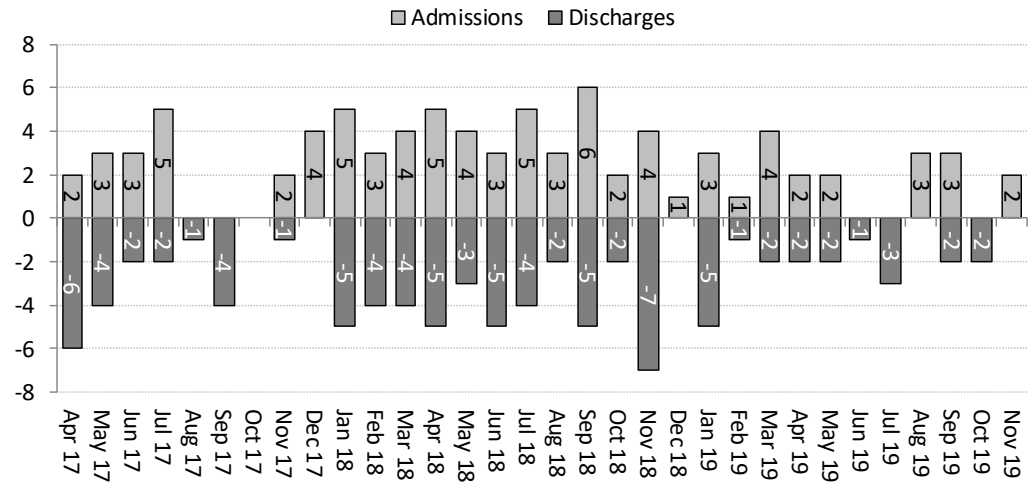
Admissions to /Discharges from Residential Reablement

Admission trends for Ty Waunarlyydd indicates a decrease in overall admissions, whereas Bonymaen House is more static. **Note:** there are different scales in each graph.

Bonymaen House Reablement Admissions and Discharges



Ty Waunarlyydd Reablement Admissions and Discharges



Effectiveness of Residential Reablement

The desired outcome of residential reablement is to avoid admission to a care home or hospital, enabling a person to live at home as long as possible.

Bonymaen House

23 Assessment Beds.

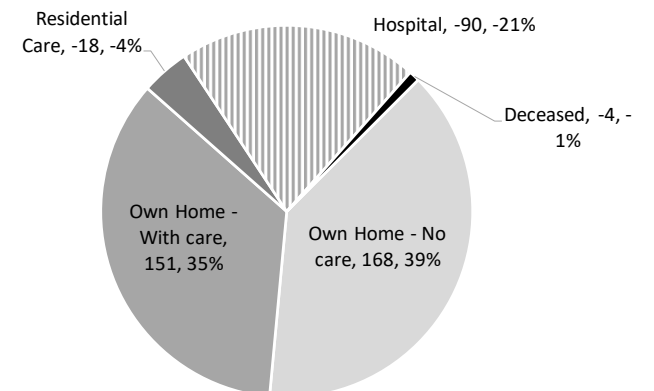
The capacity was reduced by 4 beds in January 2019 due to additional support needs of current residents.

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

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

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

Bonymaen House Discharges April 2017 - November 2019



Residential Reablement

Ty Waunarlwydd

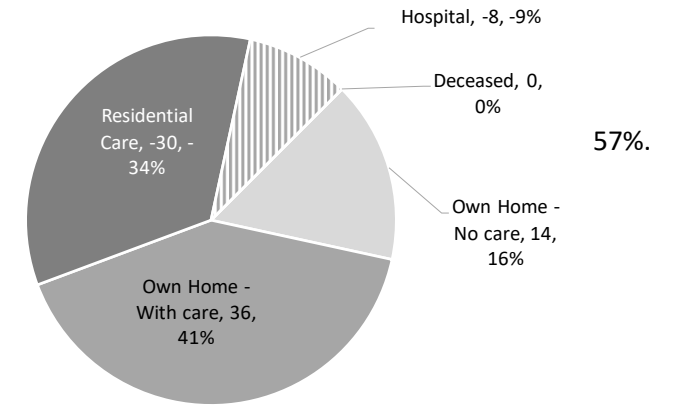
8 Assessment Beds.

Since April 2017, the cumulative discharges were 86.

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

There were no discharges for Nov 2019.

Ty Waunarlwydd Discharges April 2017 - November 2019



Residential Reablement

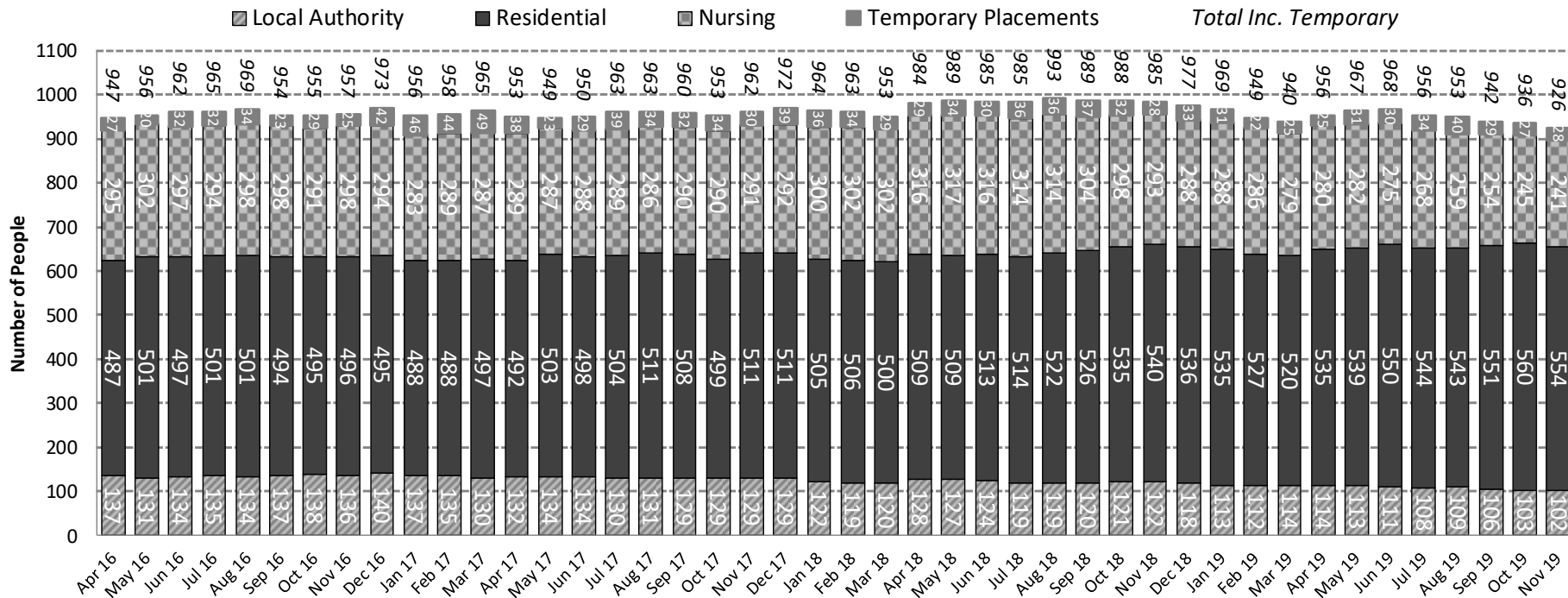
What is working well?	What are we worried about?	What are we going to do?
<p>Both services work to support people to be as independent as possible by enabling them to return to their own home, independently or with a care package.</p> <p>Services usage information is provided monthly, enabling reports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

Residential / Nursing Care

Residential / Nursing Care for Older People

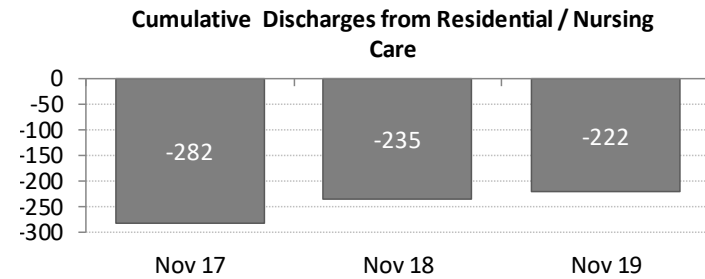
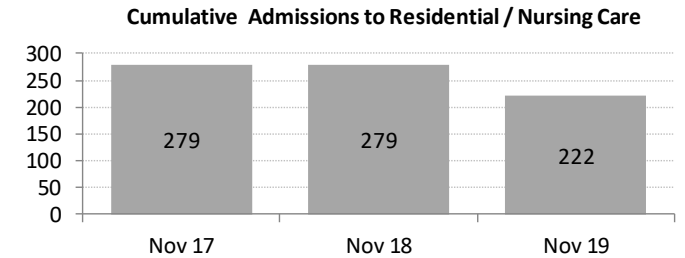
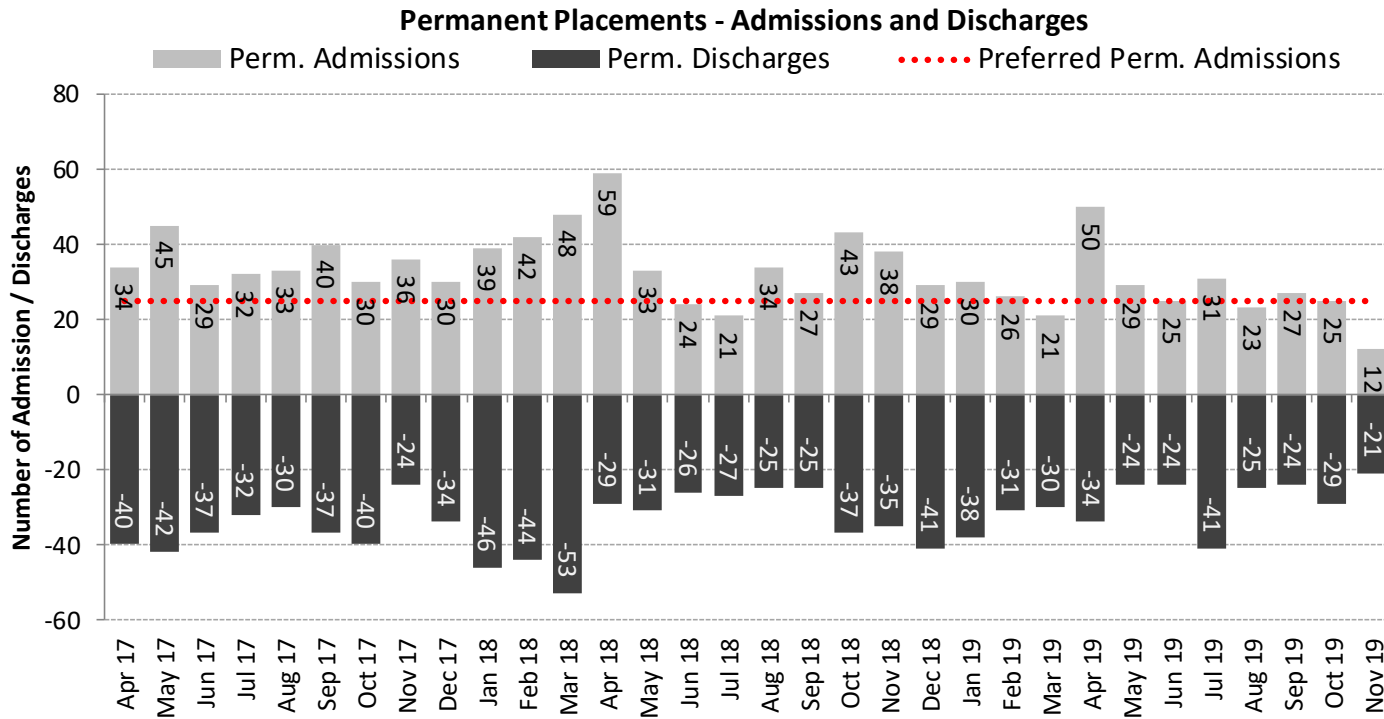
Summary of Expectations / Standards	Summary of Outcomes / Performance
Wherever possible we seek to ensure people remain at home, living independently, with support where necessary, before residential / nursing care is contemplated. This service is intended only for those whose needs cannot be met at home. As such our intention is to keep numbers low.	There have been reduction in the numbers of people supported over the last four years but the decreases have slowed down over that period.
New national Measure 21: the length of stay (days) in residential care and new national Measure 22 the average age (years) on admission to residential care (Measure 22). Both indicators exclude people in nursing care. These indicators are not ostensibly measures of performance but contextual in nature. 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, the annual result was 943.9 (poorer) and 81.9 (poorer) respectively. Up to the end of Oct 2019, performance was 946.9 and 83.1 respectively.

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



Residential / Nursing Care

Admissions to and Discharges from Residential / Nursing Care



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

Residential / Nursing Care

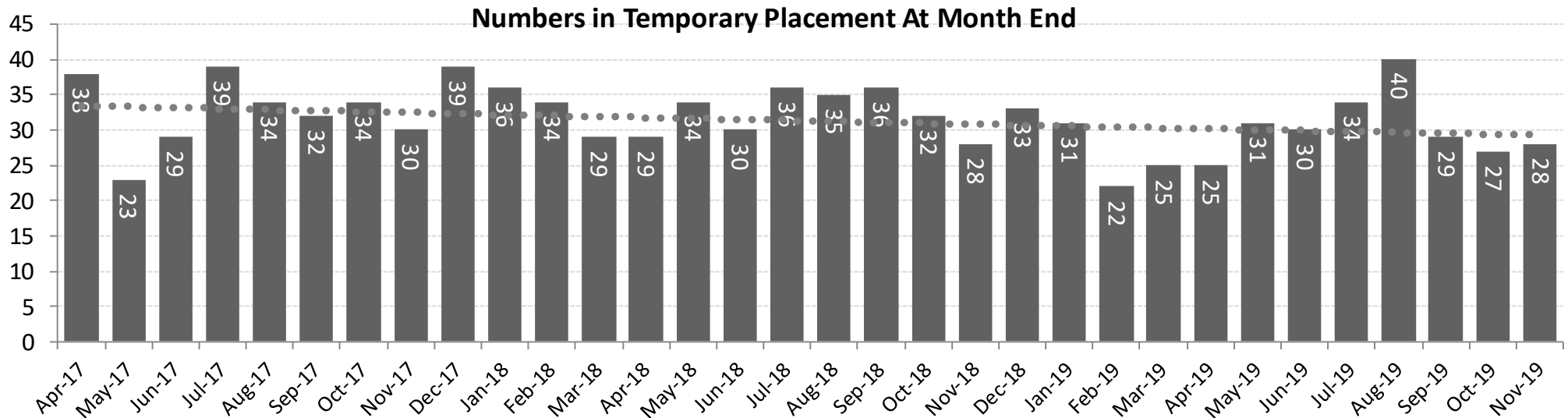
Temporary Admissions to Residential / Nursing Care

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

We use this information in the context of understanding overall levels of demand for residential / nursing care.

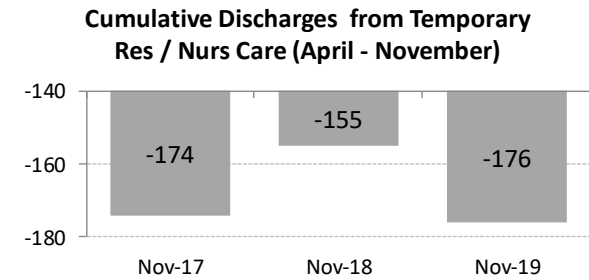
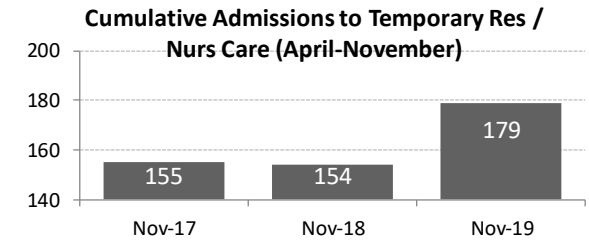
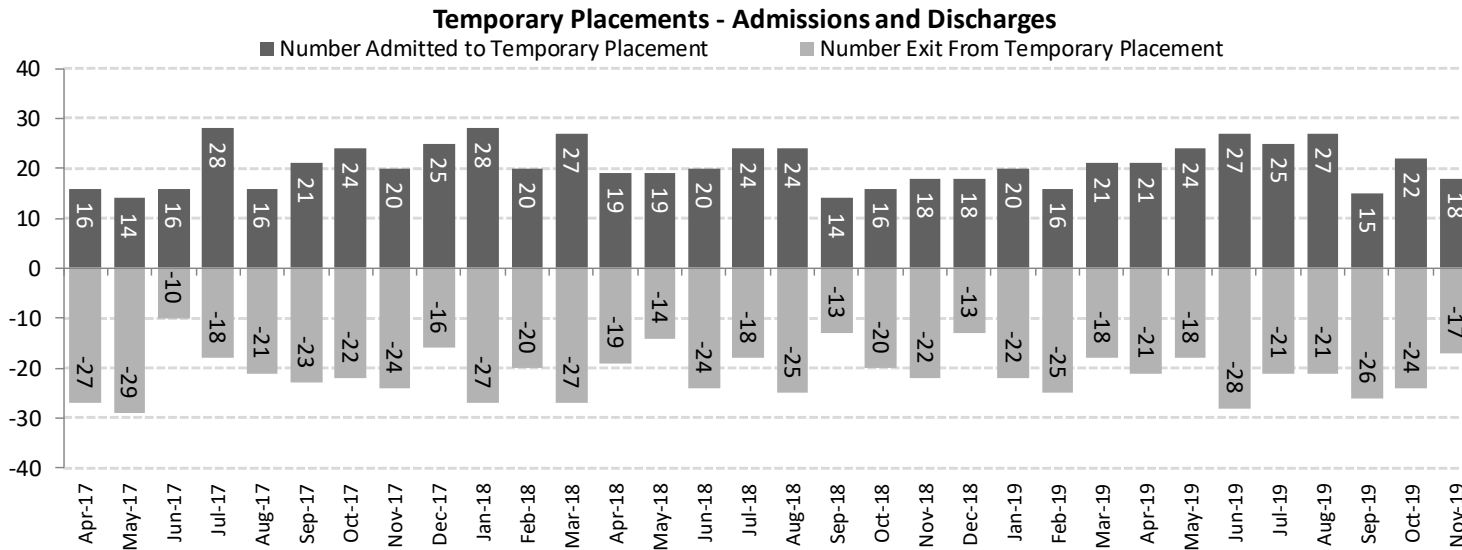
Summary of Expectations / Standards	Summary of Outcomes / Performance
Given the risk of a temporary placements becoming permanent placements, we think that the number of such placements should be kept as low as possible.	The current financial year is making temporary placements at a similar rate to 2018/19.
We will keep this area under review in order to define reasonable expectations.	No additional outcomes defined as yet.

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



Residential / Nursing Care

Admissions to and Discharges from Temporary Residential / Nursing Care



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

Residential / Nursing Care

Destination on Discharge from Temporary Residential / Nursing Placements

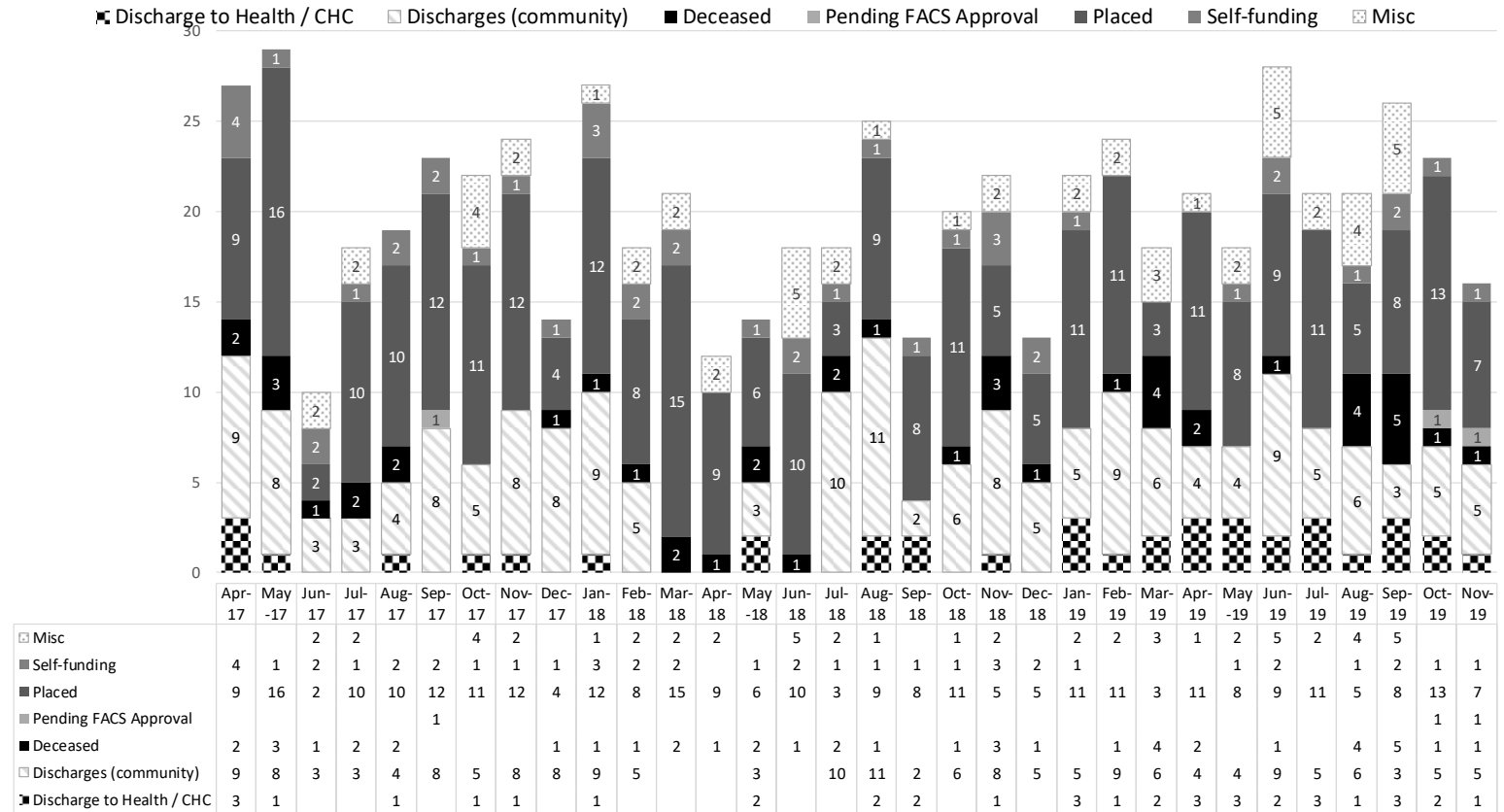
The chart opposite shows the destination of people who have ceased to be in a temporary placement.

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

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

A small proportion (6.7%) of people sadly die whilst in the temporary placement. Work is needed to establish whether temporary placements were appropriate, particularly where the length of stay is very short, as many are.

Destination on Discharge from Temporary Placement



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

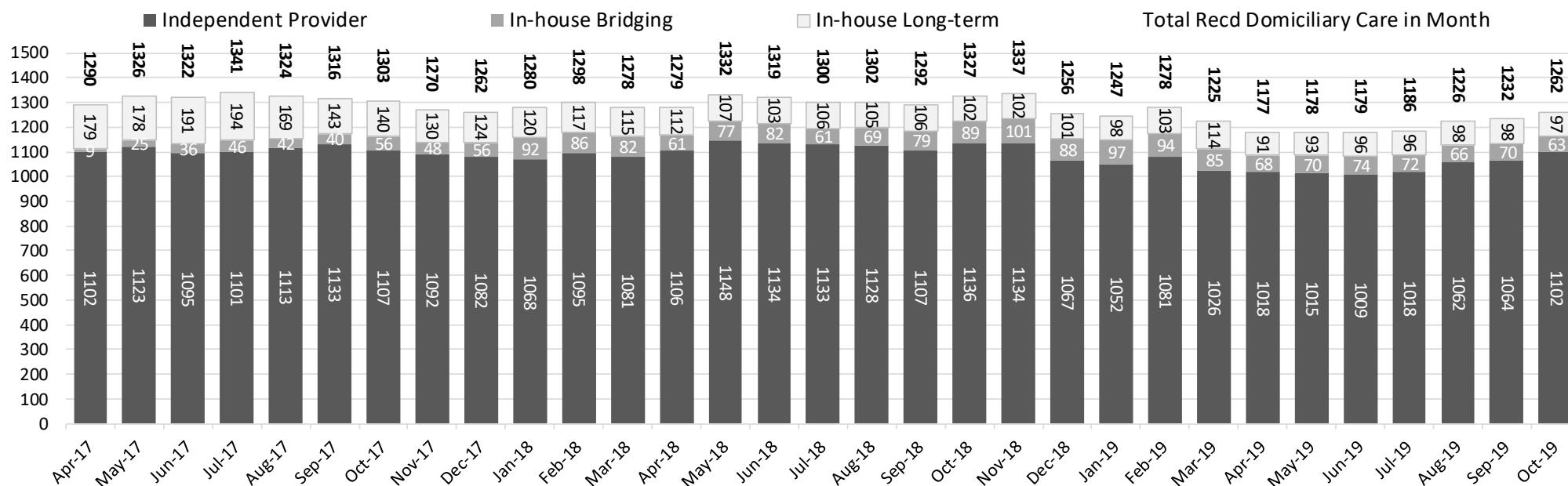
Long-Term / Complex Domiciliary Care

Providing Long-Term Domiciliary Care

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

People receiving a domiciliary care package

Number Receiving Domiciliary Care During Month

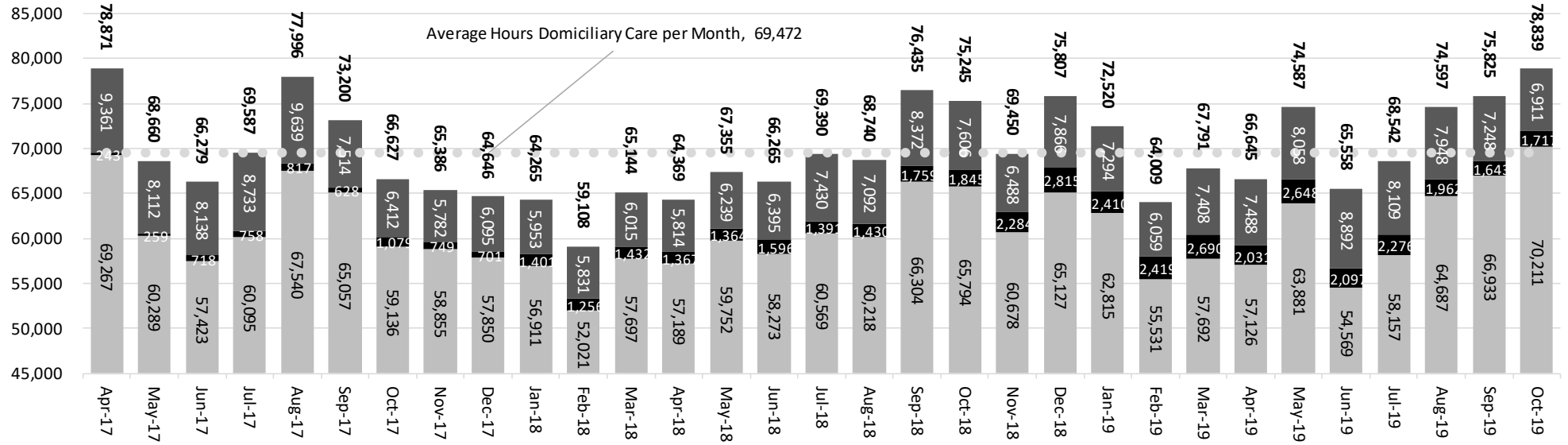


Long-Term / Complex Domiciliary Care

Monthly Total Hours of Care Provided

Domiciliary Hours Provided During Month

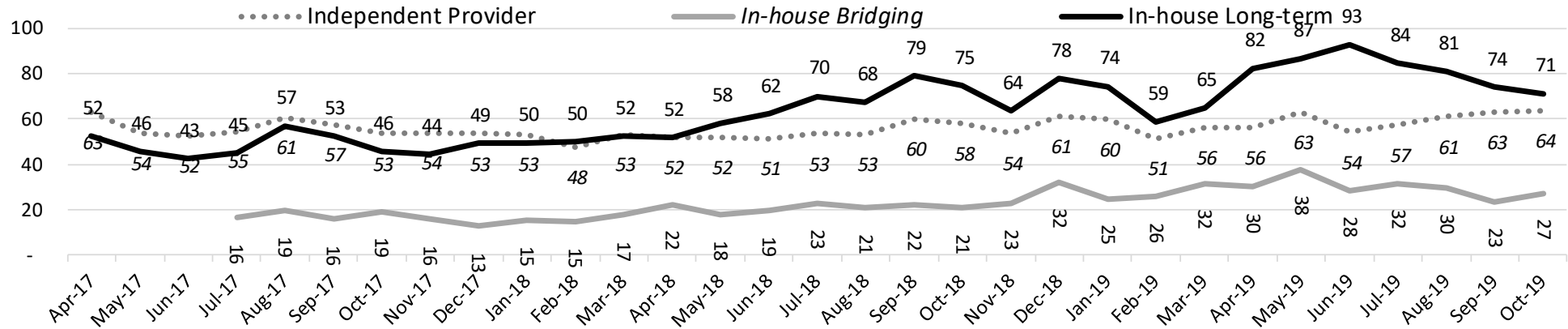
- Independent Provider
- In-house Bridging
- In-house Long-term
- Average Hours Domiciliary Care per Month



Long-Term / Complex Domiciliary Care

Average Home Care Hours Provided

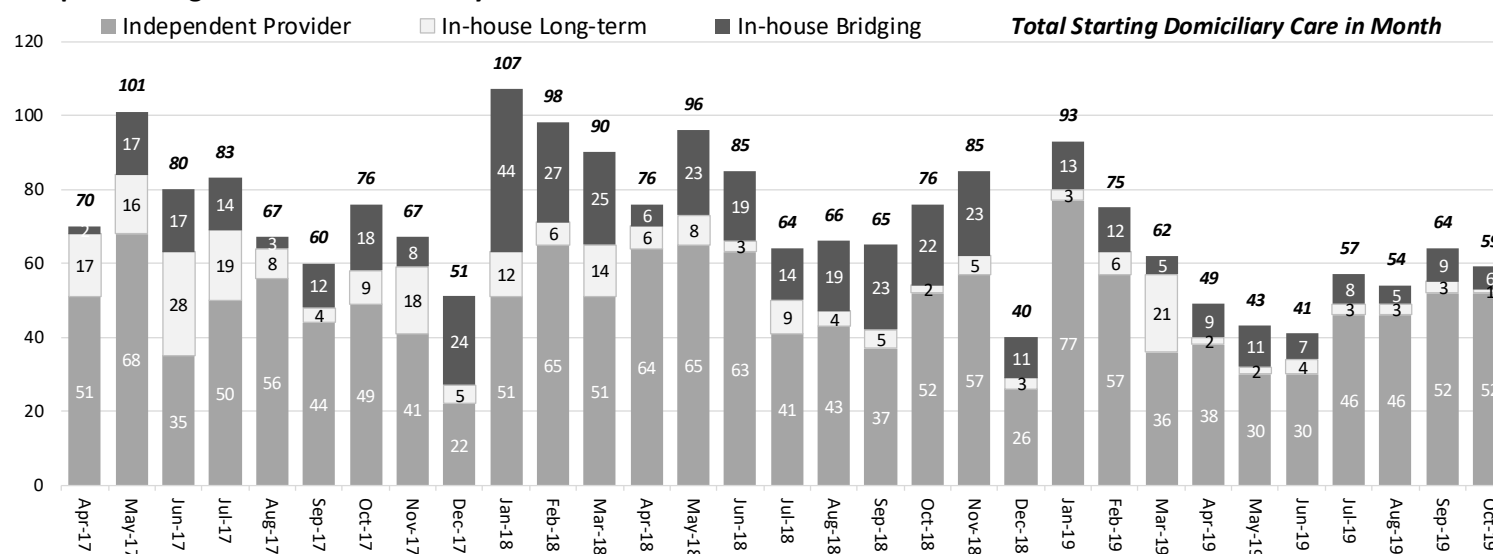
Average Monthly Hours of Domiciliary Care Provided by ProviderType



Long-Term / Complex Domiciliary Care

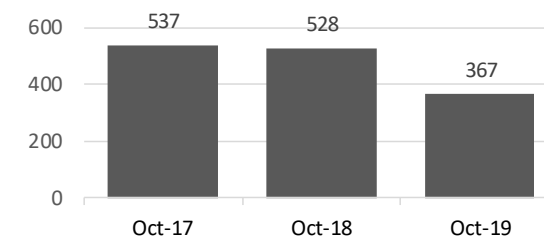
People starting to receive a domiciliary care package

People Starting to Receive Domiciliary Care



Total Starting Domiciliary Care in Month

Cumulative Admissions to Domiciliary Care



What is working well?	What are we worried about?	What are we going to do?
	Numbers were projected to reduce more significantly within the Western Bay business model for intermediate care.	We need to scrutinise the routes into long-term domiciliary care to ensure that appropriate decisions are put in place before agreeing new or increased packages of care. Work has commenced to map this and then ensure appropriate test and challenge arrangements are in place.
	Sustainability of independent providers can result in the local authority needing to absorb additional care hours.	
	System changes have led to discontinuity in reporting methods for the in-house service affecting data during the first half of 2019.	We believe that the data is now stable and reporting is consistent as it is possible to be.

Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Vulnerable Adults

Performance measures focus on issues of the timeliness of response to safeguarding referrals and the most vulnerable people in residential / nursing care.

Data reported this month has been extracted using a new and more accurate method of calculation in a number of areas. Data may appear slightly different to previous reports.

Summary of Expectations / Standards	Summary of Outcomes / Performance
Effective safeguarding procedures are dependent on effective enquiries being made.	
Local Indicator AS8: Percentage of adult protection referrals to Adult Services where decision is taken within <i>24 hours</i> . A local target for 2017/18 was set to achieve 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. 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% . Whole-year 2018/19 performance was below target at 55.3% . Performance in 2019/20 is below target at 50.5%
National Indicator: Measure 18: The percentage of adult protection enquiries completed within <i>7 days</i> . A local target for 2017/18 was set to achieve 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. 90% target has been retained for 2018/19 and 2019/20.	Cumulative performance for 2016/17 was below target at 89.7%. Staff are being reminded to ensure they respond as promptly as is prompt and safe for the circumstances. Performance was poor in Q1 but improved thereafter, until Q4 when performance declined again. Performance for 2017/18 met the target at 91.9% . Final 2018/19 performance was above target at 90.4% and performance has dropped slightly to 85.1% in 2019/20.

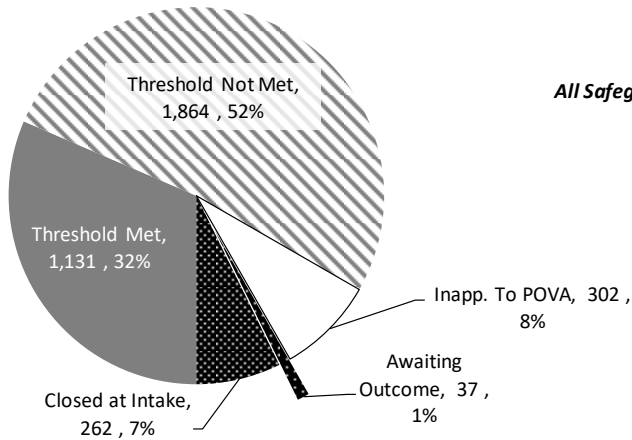
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Safeguarding Enquiries and Outcomes

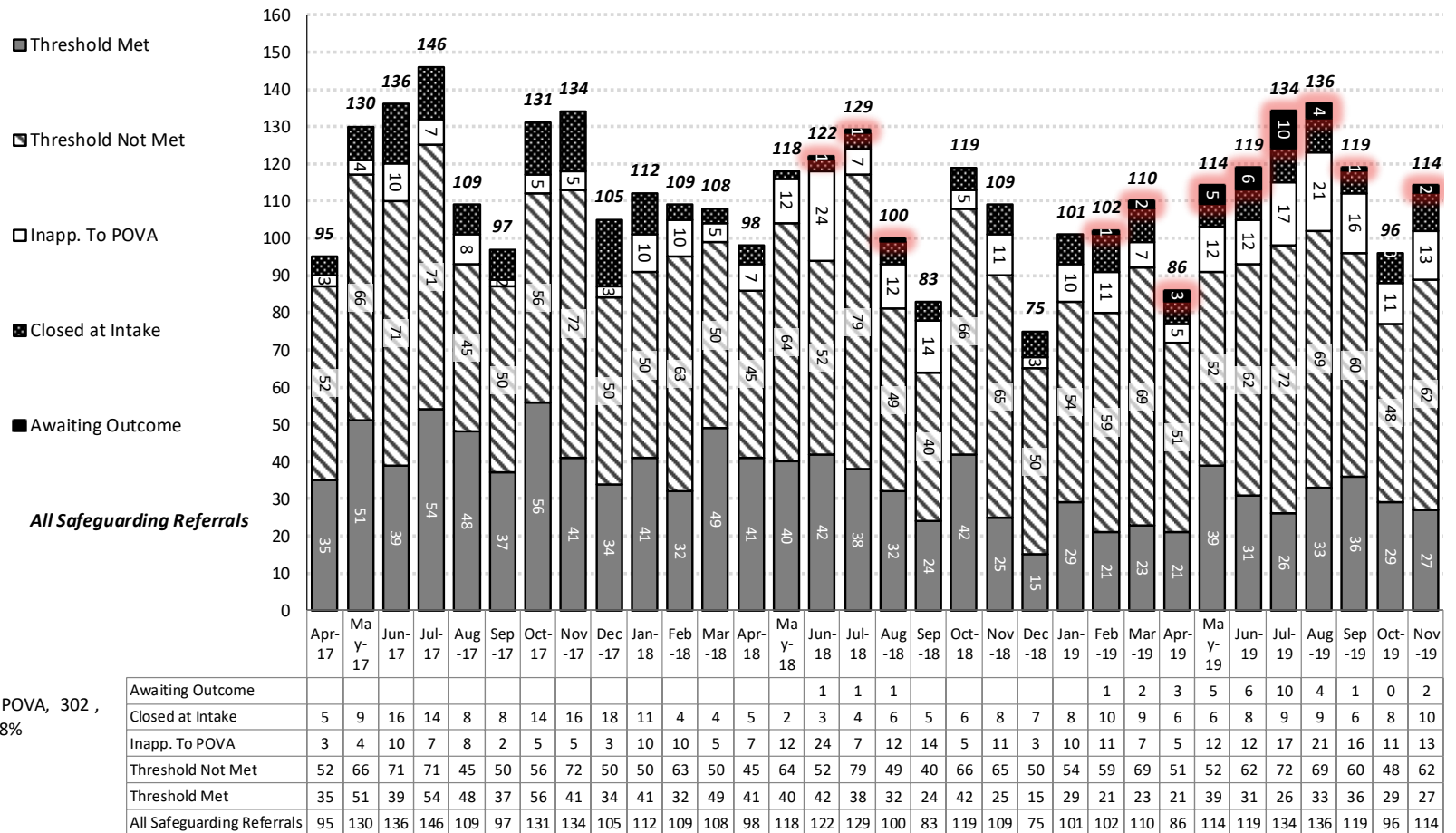
The graphs show that of the 3,396 safeguarding enquires completed since April 2017, 32% met the threshold for investigation and 52% did not meet the threshold.

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

Outcomes of Safeguarding Enquiries:
Apr 2017 - Nov 2019



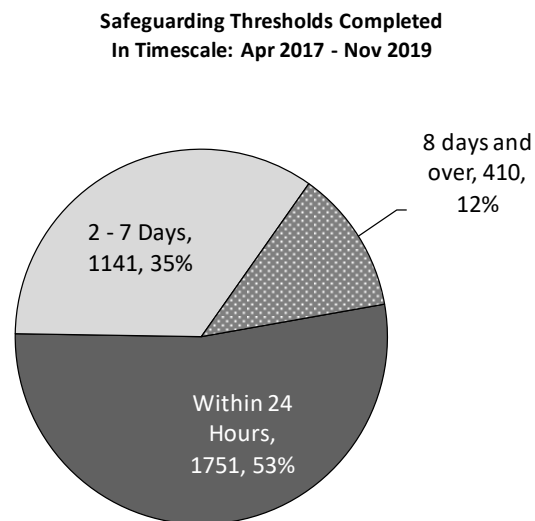
Outcomes of Safeguarding Enquiries



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

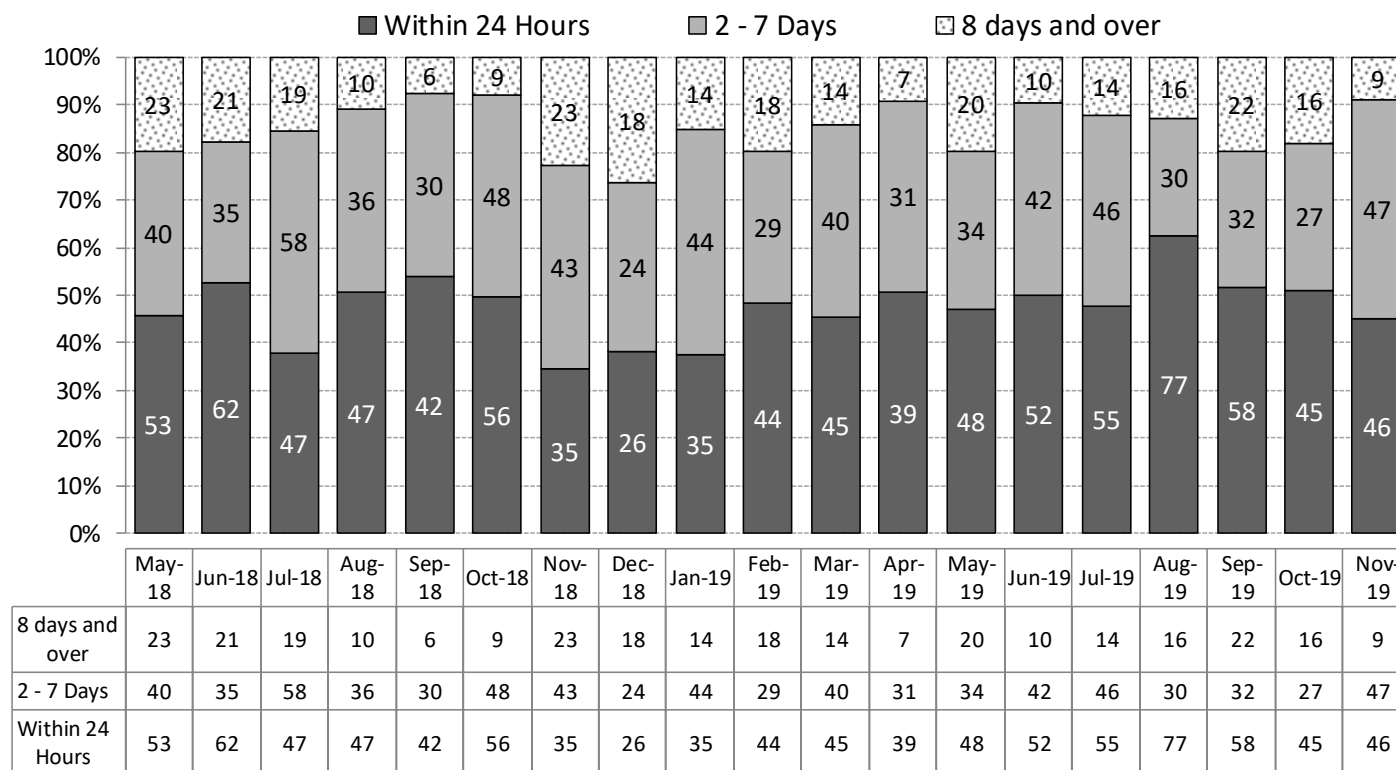
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Timeliness of Completion of Safeguarding Enquires



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

Safeguarding Thresholds Completed within Timescales



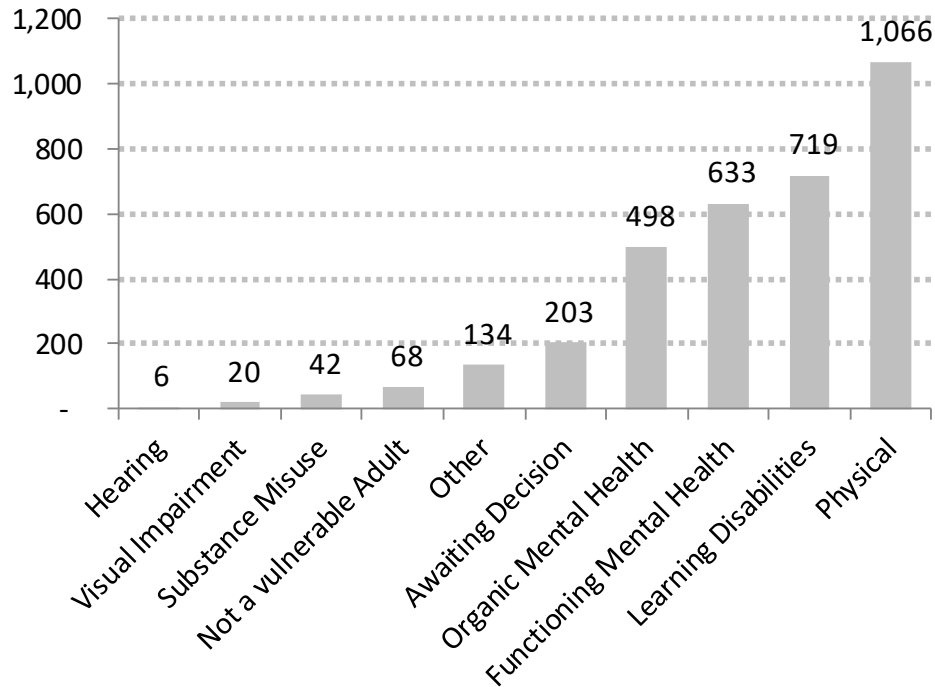
	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
8 days and over	23	21	19	10	6	9	23	18	14	18	14	7	20	10	14	16	22	16	9
2 - 7 Days	40	35	58	36	30	48	43	24	44	29	40	31	34	42	46	30	32	27	47
Within 24 Hours	53	62	47	47	42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

What is working well?	What are we worried about?	What are we going to do?
The majority of safeguarding referrals are being completed within the Welsh Government specified timescale. Performance has returned to a good level over the last few months.	Performance during 2017/18 was sustained but fluctuated in 2018/19 with more cases taking 8 days and over to complete.	This situation is being closely monitored and staff will be reminded of the statutory practice requirements.

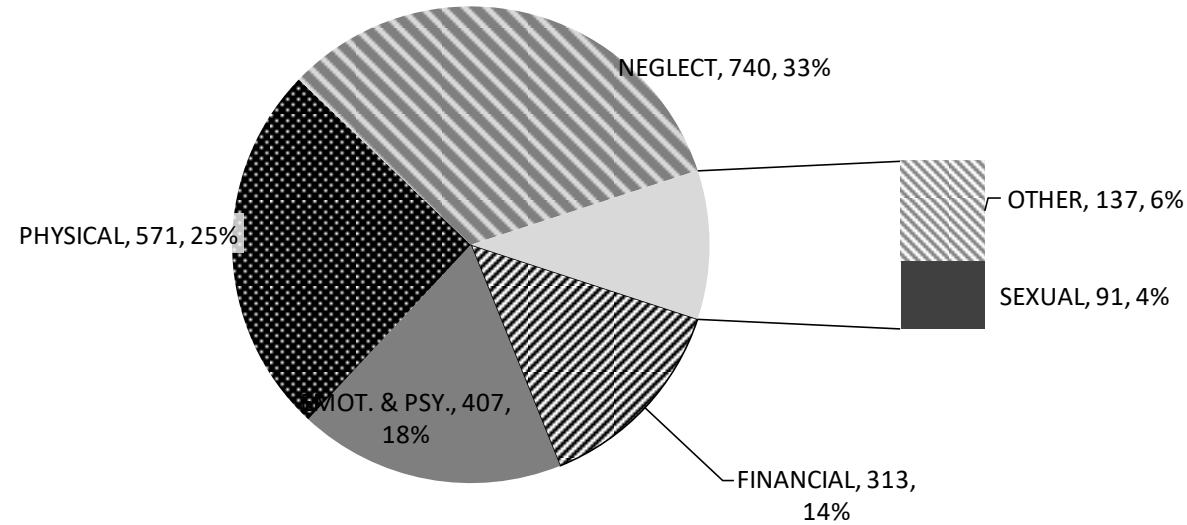
Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Categories of Vulnerability and of Alleged Abuse

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



Types of Abuse Reported in VA1 Apr 2017 - Nov 2019



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

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

The most commonly-reported types of abuse are Neglect and Physical Abuse, which together account for 58% of the types of abuse reported.

Sexual abuse is relatively unusual representing around 4% of abuse types reported.

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

Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS)

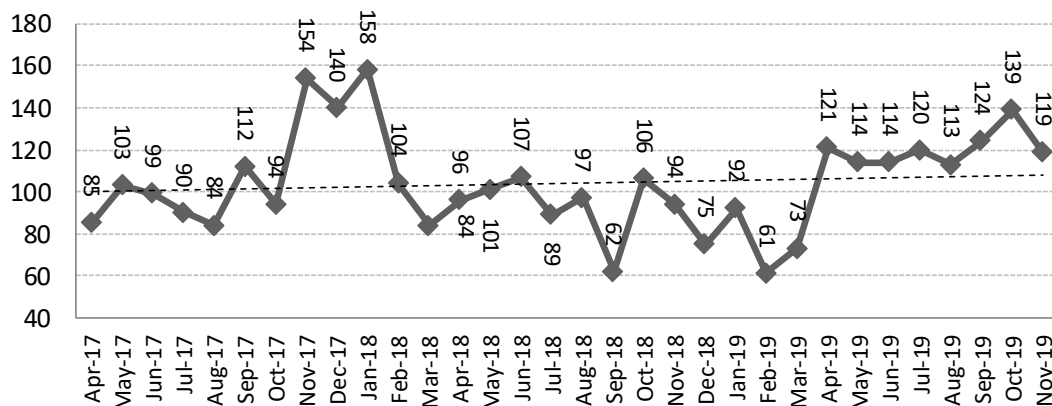
Since 2015/16, DoLS has become a large area of work as a result of Court judgements, impacting every local authority in England and Wales. In Swansea we experience a 17-fold increase in workload in this area. Since timely processing of applications is an important aspect of ensuring individuals are not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

Summary of Expectations / Standards	Summary of Outcomes / Performance
There is a new local performance indicators: AS9: % of DOLS assessments completed within accepted national standard for completion (22 days). We have set a target of 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. 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 64.81% .
Dealing with the volume of requests that come in is especially challenging, particularly as there are spikes in activity during the year reflecting the annual and half-year anniversary of the court judgment.	We have been working with staff to improve their ability to complete in a timely fashion. Senior management continue to closely monitoring the situation.

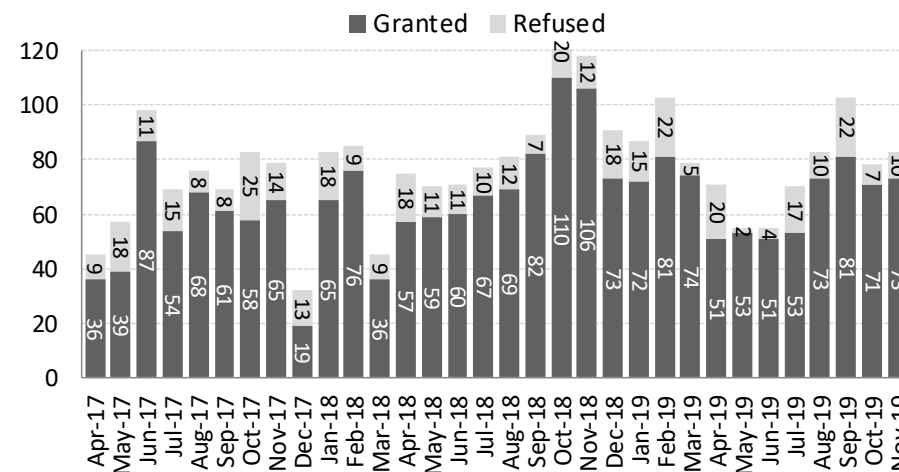
Applications for and Disposals of Requests for DOLS Authorisations

The average monthly number of applications in 2019/20 is 117 but the start of the financial year usually sees the highest number of applications. On average 84% of applications have been granted in 2019/20 to date..

DoLS Applications Received per Month

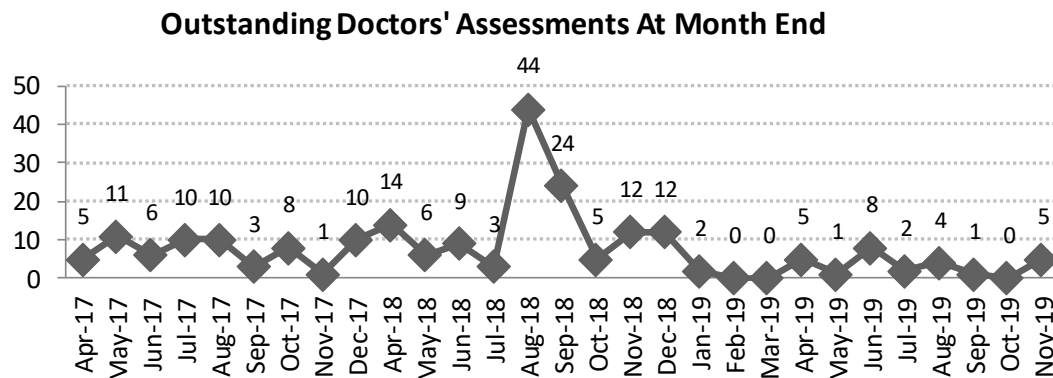
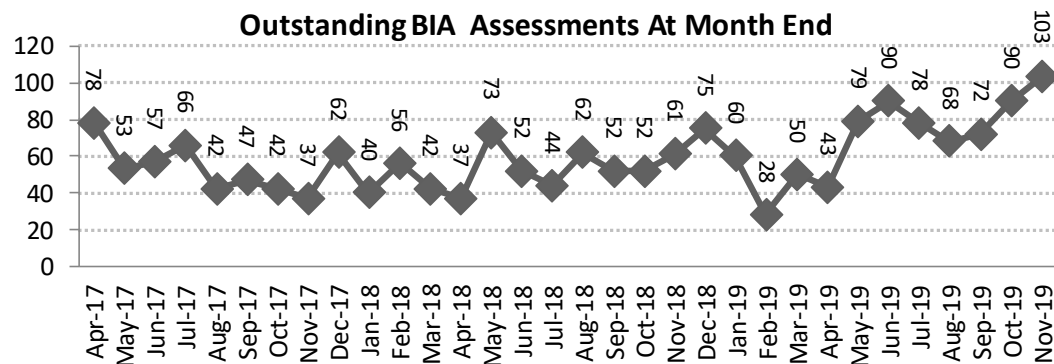


DoLS Authorisations Granted / Refused



Safeguarding & Deprivation of Liberty Safeguards (DoLS)

Processing DoLS Applications



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

Appendixes

Appendix A: Performance Indicators

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

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

Performance Results for 2019-20 Data as at 18 November 2019	Period	Numerator*	Denominator *	Swansea 2019/20 Current	Swansea 2018/19 Final	Swansea Target 2019/20	Desired direction of travel	Status	Distance from Target
Measure 18: The percentage of adult protection enquiries completed within 7 days	Nov-19	710	834	85.13	90.40	90	↑	R	-5.4%
Measure 19: Delayed transfers per 1,000 people aged 75+	Nov-19	194	22,304	8.70	7.47	4	↓	R	117.4%
Measure 20a: The percentage of adults who completed a period of reablement and have a reduced package of care and support 6 months later	Oct-19	2	2	100.00	81.82	50	↑	G	100.0%
Measure 20b: The percentage of adults who completed a period of reablement and have no package of care and support 6 months later	Oct-19	366	450	81.33	90.43	25	↑	G	225.3%
Measure 21: The average length of time older people (aged 65 or over) are supported in residential care homes	Nov-19	373,060	394	946.85	943.04	1000	↓	G	-5.3%
Measure 22: Average age of adults entering residential care homes	Nov-19	12,802	154	83.13	81.94	84	↑	A	-1.0%
Measure 23: The percentage of adults who have received support from the information, advice and assistance service and have not contacted the service again during the year	Nov-19	983	1,118	87.92	86.54	80	↑	G	9.9%

Target for Measure 19 for the whole year is 6.

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

Performance Results for 2019-20 Data as at 18 November 2019	Period	Numerator*	Denominator*	Swansea 2019/20 Current	Swansea 2018/19 Final	Swansea Target 2019/20	Desired direction of travel	Status	Distance from Target
AS8: Percentage of adult protection referrals to Adult Services where decision is taken within 24 hours	Nov-19	421	834	50.48	55.27	65.00	↑	R	-22.3%
AS9: The percentage of Deprivation of Liberty Safeguarding (DoLS) Assessments completed in 21 days or less.	Nov-19	851	1,313	64.81	56.13	70.00	↑	R	-7.4%
AS10: Percentage of annual reviews of care and support plans completed in adult services (SCA007)	Nov-19	3,892	5,618	69.28	71.05	70.00	↑	A	-1.0%
AS11: Rate of adults aged 65+ receiving care and support to meet their well-being needs per 1,000 population	Nov-19	4,996	48,049	103.98	91.23	74.00	↑	G	40.5%
AS12: Rate of adults aged 18-64 receiving care and support to meet their well-being needs per 1,000 population	Nov-19	1,279	151,228	8.46	10.14	9.00	↓	R	-6.0%
AS13: Number of carers (aged 18+) who received a carer's assessment in their own right during the year	Nov-19	418	1	418	689.00	467	↑	R	-10.4%
AS14: The percentage of people who have completed reablement who were receiving less care or no care 6 months after the end of reablement.	Oct-19	381	450	84.67	93.14	80.00	↑	G	5.8%
AS15: Percentage of all statutory indicators for Adult Services that have maintained or improved performance from the previous year.	Nov-19	4	7	57.14	31.82	70.00	↑	R	-18.4%

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Appendix B: Performance Indicators: Numerators and Denominators: 2019/20

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

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

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

Appendix C: Integrated Social Care and Health Services

Teams

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

Teams included in this section are:

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

Types of Enquiries

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

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

Enquiries / Assessments and People

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

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