Adult Services

Summary Management Information Headline Report

Data for December 2021

Adult Services Vision

People in Swansea will have access to modern health and social care services which enable them to lead fulfilled lives with a sense of wellbeing within supportive families and resilient communities. We will help people to keep safe and protected from harm and give opportunities for them to feel empowered to exercise voice, choice and control in all aspects of their lives.

Doing What Matters

Adult Services will focus on prevention, early intervention and enablement and we will deliver better support for people making best use of the resources available supported by our highly skilled and valued workforce.

Agreed Service Objectives for 2021/22

1. Better Prevention and Better Early Help
2. Keeping People Safe
3. Enabling and Promoting Independence
4. Integrated Services
5. Financial Efficacy

Amy Hawkins, Interim Head of Adult Services Summary

The national performance issues in relation to WCCIS continues to impact significantly on practitioner's abilities to record their work and for the service to monitor and report on performance. As anticipated the Omicron wave has rapidly impacted on staffing capacity with very high levels of absence in all service areas and worse anticipated as we move into January. All services have created detailed contingency plans to ensure service delivery is maintained for those individuals with the highest of level of need and to ensure safeguarding needs are met. Our internal residential care services are prioritising admissions, both short-term step up placements from community and reablement (Bonymaen). Bonymaen is increasing the number of available beds by 5. Residential and Day Services staff continue to be flexible and provide extra capacity to residential services e.g. working additional hours to cover evening shifts. Day Services are being maintained and improvement and investment plans are being developed for future requirements. We have created and increased offer for Carers, through additional funding used for the delivery of innovative respite and support. We are working with Swansea Carers Centre to identify Carers and offer Carers Assessments at the right time for those individuals We have a continued focus on Direct Payments. There has been an overall reduction in use since September. This may be due to the increased provision of Day Services, but further work is required to promote the availability and opportunities for DP use for those with Care and Support requirements and DP for Carers. With regards safeguarding, the number of reports responded to in seven days or less has decreased over the past three months. This will be an area of focus, but we have seen an increase in the number of consultations preventing the need for Adult at Risk reports and good links continue to be made with partners in relation to safeguarding, including Housing providers and DWP. Positively despite the pressures there has been a reduction in the DoLS backlog.

Helen StJohn, Interim Head of Integrated Services Summary

During December the health and social care system in the region has felt the impact of the ongoing shrinking of the domiciliary care sector. This has impacted all flows where there is a recourse to dom care for individuals and had in effect resulted in restricted movement from hospital to home directly or whether via a reablement / transitional care pathway. The operational challenges of the multiple issues has made December one of the most challenging months for all health and social care teams during the pandemic to date.

Community flow has also been significantly challenged with handbacks of packages of care and very limited flow through brokerage. The festive season has also further compounded the issue with the annual scaling back of care availability linked to staff holidays.

When the impact of the Omicron variant on staffing numbers is layered on top of these challenges we have had to take a sharp focus on contingency planning based on the predicted decimation of the workforce indicated by the modelling. This whilst balancing the need to continue to deliver services to those in need of care and support and attempting to mitigate the change for them.

The inhouse Homecare service has gone live with the Webroster system during December and despite the concurrent workforce deficits the system has been launched successfully. Staff are very positive about the opportunities that Webroster offers and indeed it has been key in the contingency planning work that has been required immediately post implementation.

The move into emergency / contingency planning has meant that the second phase of Webroster roll out linked to performance reporting has had to be deferred briefly and this has had a direct impact on the reporting for December and likely to also influence the Jan 2022 data. Additionally there was a need to temporarily pause admissions into the service whilst the data migration between the legacy system and Webroster was undertaken to ensure that no individuals were "lost" during this point – however the impact of this on admissions into the service was mitigated by the lack of capacity within service resulting from staffing deficits .

Despite being impacted by covid closure requirements Bonymaen House has taken a proactive and solutions focussed approach to maximising flow through close liaison with Public Health colleagues to explore the options in respect of risk assessment based admissions. The team have utilised the accommodation available to support the safe admission of individuals where necessary.

Common Access Point

Referrals created at the Common Access Point - Data is being further validated but it has been confirmed that the process is for all referrals for social care (not closed in CAP) go via MDT rather than directly to the Social Care teams.
Further development work is being undertaken to provide information on Casenotes and Forms recorded in CAP

Legend: Out of hours contact | Residential care | Secure Estate | EDT | Third Sector Broker | MDT | Social Work teams | Safeguarding | Integrated community health teams | Complete at CAP

> It is important to note that referrals for Safeguarding, DOLS and PPNs are now going directly to the Safeguarding team rather than via CAP. This partly accounts for the reduction in Enquiries created from Aug 2020. **133 referrals were recorded in the Safeguarding team in December** (137 in Nov).

502 Referrals in Dec 21

116 Closed - Provided Advice & Information (23%)
180 MDT(36%)
3 directly to SW Teams (1%)
203 to integrated therapies (40%)

604 Referrals were created by CAP in Dec 2020

626 Referrals in Nov21

124 Closed - Provided Advice & Information (20%)
224 MDT (36%)
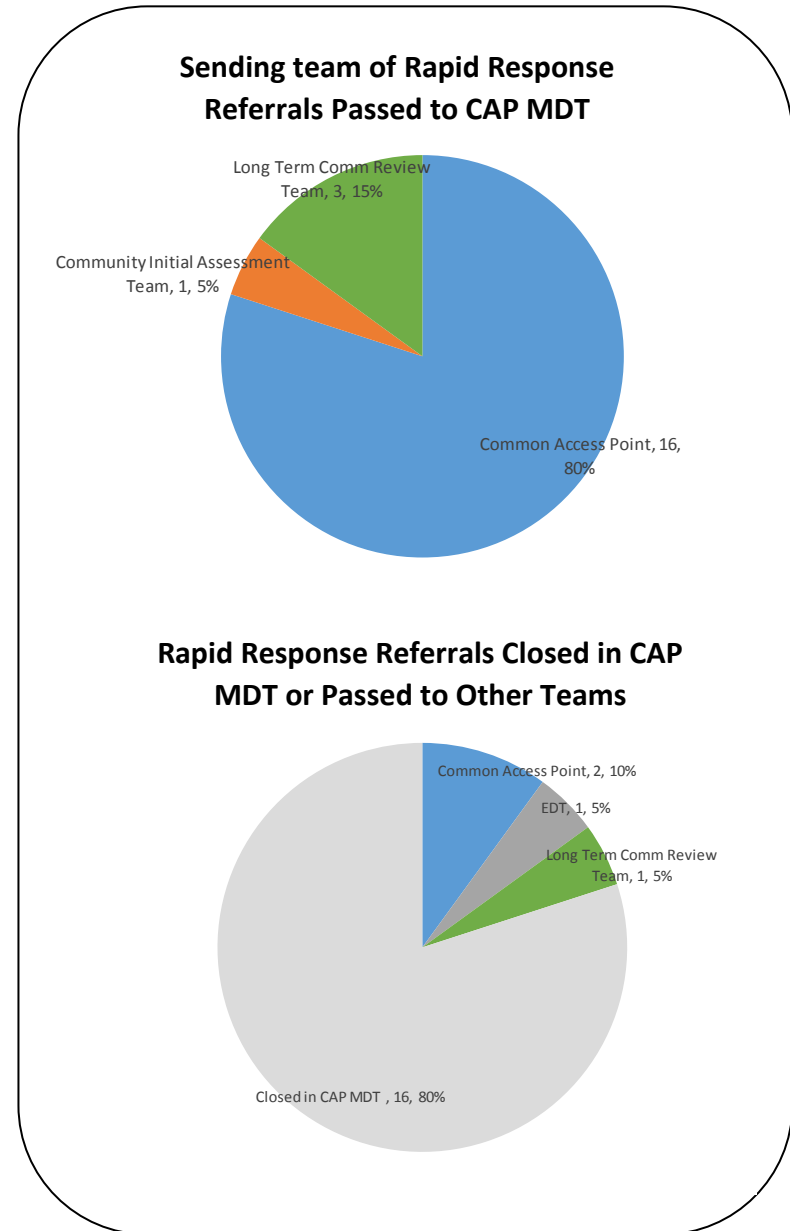**12** to SW Teams (2%)
266 to integrated therapies (42%)

Common Access Point Number of Calls Answered, Outgoing Calls and Number of Emails Received

Legend: no of emails received into CAP | Calls Answered | Outgoing Calls
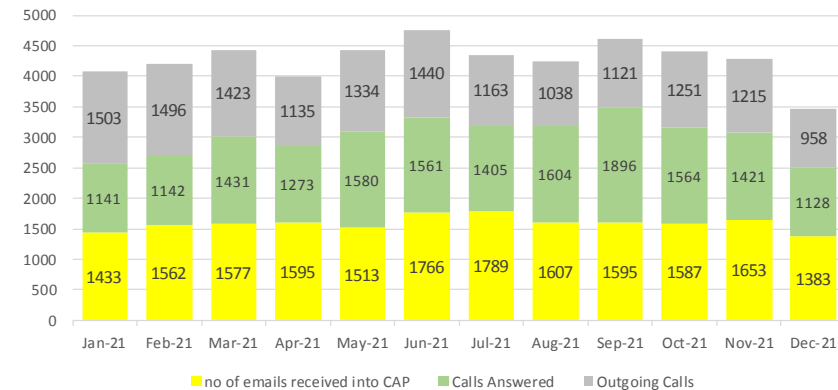
CAP MDT

CAP MDT Data for Dec 2021 – further development & validation work is being undertaken

CAP MDT received 255 referrals

- **20 Rapid Responses of which:**
  - 16 were closed in MDT
  - 3 were passed to Social Care and CRS Teams:
    - 2 to CAP
    - 1 to EDT
    - 1 to LT Review
- **235 Other referral types of which:**
  - 23 were closed in MDT
  - 212 were passed to Social Care and CRS teams
    - 6 to CAP
    - 146 to CIAT
    - 10 to CRS
    - 47 to LT Teams
    - 1 to HSWT
    - 2 to CLDT

Sending team of Rapid Response Referrals Passed to CAP MDT

- Long Term Comm Review Team, 3, 15%
- Community Initial Assessment Team, 1, 5%
- Common Access Point, 16, 80%

Rapid Response Referrals Closed in CAP MDT or Passed to Other Teams

- Common Access Point, 2, 10%
- EDT, 1, 5%
- Long Term Comm Review Team, 1, 5%
- Closed in CAP MDT , 16, 80%

Sending team of other type Referrals Passed to CAP MDT

- Reblement North, 1, 0%
- Long Term Community Team West, 4, 2%
- Long Term Community Team East, 2, 1%
- Created in CAP MDT, 12, 5%
- Long Term Comm Review Team, 29, 12%
- Edt, 2, 1%
- Dom Care Reviews Team, 1, 0%
- Community Initial Assessment Team, 4, 2%
- Common Access Point, 180, 77%

Other Type Referrals Closed in CAP MDT or Passed to Other Teams

- Cldt Team 1 (Ld), 2, 1%
- Common Access Point, 6, 2%
- Closed in CAP MDT , 23, 10%
- Long Term Community Team West, 17, 7%
- Long Term Community Team East, 18, 8%
- Long Term Comm Review Team, 12, 5%
- Hospital Social Work Team, 1, 0%
- CRS Specilaist Pracs, 2, 1%
- Physio , 2, 1%
- OT, 6, 3%
- Community Initial Assessment Team, 146, 62%

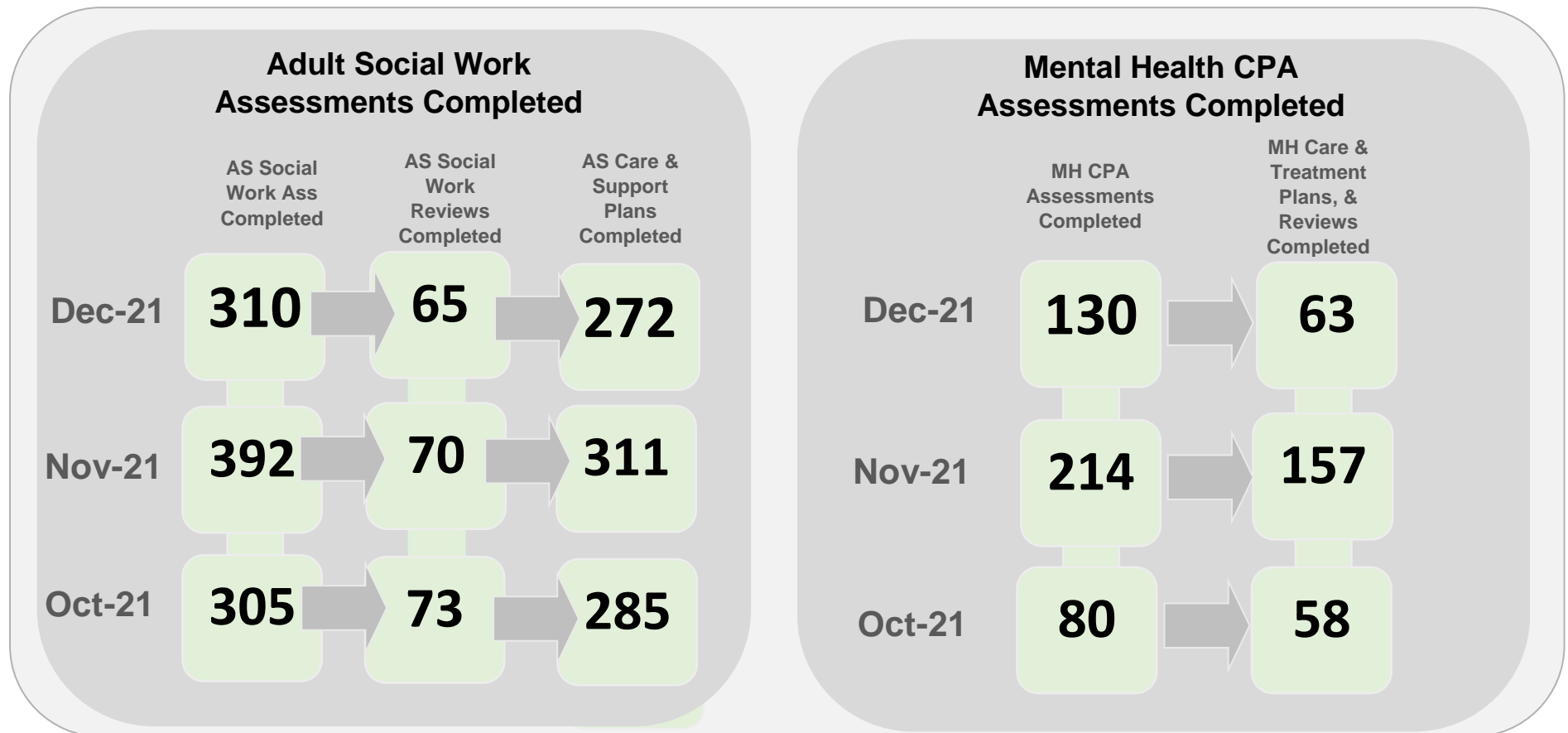| What is working well?	What are we worried about?	What we are going to do?
Enhanced pathways to maximise prevention, signposting, diversion and alternative community support to mitigate the current paucity of formal care are working well and ensuring speedier access to formal care for individuals with the greatest need or at risk of care breaking down in the community. These enhanced pathways include that CAP now has stronger formal links with the daily rapid hospital discharge meetings and the virtual ward round established for the Cwmtawe Cluster.	The national performance issues with the WCCIS system continue to impact both in terms of slowing down user recording and the extraction of performance information. Workforce capacity at the front door has been impacted both by staff vacancies and sickness absence.	Escalation of WCCIS issues both locally and nationally continues. In the meantime local mitigations remain in place. Development work is taking place in relation to performance monitoring and reporting of the MDT function which should lead to service improvement opportunities Enhanced recruitment and staff well being arrangements are in place

Assessments & Reviews

Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports are on the WCCIS Team development list and we will work towards having this data for a report in the near future.

Assessments

Further Assessment reporting is progressing and will be developed further over coming months.

Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Dec-21	310	65	272
Nov-21	392	70	311
Oct-21	305	73	285

Mental Health CPA Assessments Completed

	MH CPA Assessments Completed	MH Care & Treatment Plans, & Reviews Completed
Dec-21	130	63
Nov-21	214	157
Oct-21	80	58

Community Teams:

What is working well?	What are we worried about?	What we are going to do?
Given the context of high staff absence rates was higher than average assessment and review performance was strong	As we have prioritised assessments during this period, we wont meet our statutory responsibility to complete an annual review for all individuals by year end	Increased staff attendance and the outsourcing of some assessment and review work will lead to some of backlog being recovered by year end

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
The prioritisation of support to individuals with the highest level of need, at risk of a breakdown in care arrangements or to address safeguarding concerns are working well.	Staff absence levels are high and combined with the poor performance of WCCIS are impacting detrimentally on staff morale and consequent performance of the service	Enhanced staff recruitment and well being arrangements continue WCCIS issues continue to be escalated locally and nationally

Carers and Carers Assessments

Updated Carers Information:

Carers Information is now successfully being extracted from WCCIS however it continues to be validated with a view to improve on accuracy and completeness of information.   Further work to be undertaken with WCCIS Business Support to ensure data is appropriately entered and completed on WCCIS.

97 carers identified in Dec 21

85 offered assessment (88%)

37 assessments undertaken

Dec20: 122 carers identified, 115 offered assessment

159 carers identified in Nov 21

130 offered assessment (82%)

47 assessments undertaken

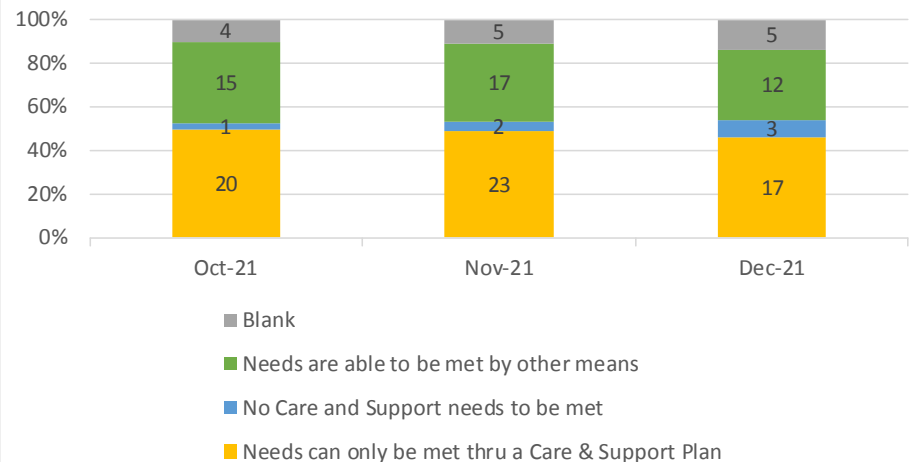**99** carers identified in Oct 21

87 offered assessment (88%)

40 assessments undertaken

Accepted/Declined Offer of Assessment

	Oct-21	Nov-21	Dec-21
Wanted Assessment	39	51	32
Declined Assessment	48	78	53
Identified Carers	99	159	97

Declined Assessment   Wanted Assessment   Identified Carers
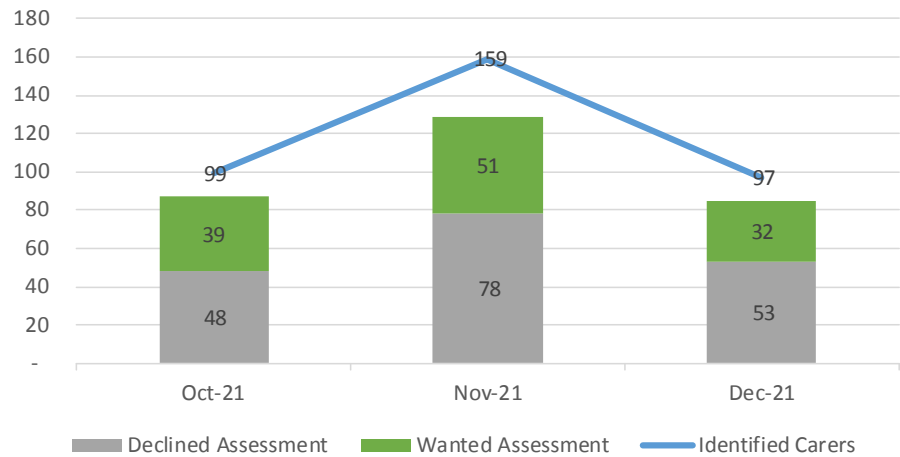
Outcomes of Completed Carers Assessments

	Oct-21	Nov-21	Dec-21
Blank	4	5	5
Needs are able to be met by other means	15	17	12
No Care and Support needs to be met	1	2	3
Needs can only be met thru a Care & Support Plan	20	23	17

■ Blank

■ Needs are able to be met by other means

■ No Care and Support needs to be met

■ Needs can only be met thru a Care & Support Plan

What is working well?	What are we worried about?	What we are going to do?
The % of carers offered an assessment was higher than the previous month particularly with evidence of needs that can be met outside of traditional statutory services. This may indicate that enhanced levels of 3rd Sector grants and services supporting alternative carer arrangements are working well.	Still not achieving a 100% of carers being offered an assessment . The number of individuals decliningg an assessment remains high.	Development of more contemporaneous performance dashboards to assist practitioners and teams to identify when the opportunity to offer a carers assessment has been missed or not properly recorded Improve the timing of the offer of an assessment to avoid it being at point of crisis when the carer is most likely to decline including through better utilisation of the carers centre

Residential Reablement

During October, November & December Residential Reablement services had an overall percentage of 62% of people returning to their own homes, independently and with care packages.

5 Admissions (Dec 21)
4 from Hospital
1 from Community

8 People left residential reablement (Dec 21)
7 people left residential reablement in Dec 2020

5 People went home
(3 with care, 2 with no care)
1 Nursing Care
2 Hospital

13 Admissions (Nov 21)
12 from Hospital
1 from Community

4 People left residential reablement (Nov 21)
14 people left residential reablement in Nov 2020

2 People went home
(1 with care, 1 with no care)
1 Not recorded
1 Deceased

5 Admissions (Oct 21)
5 from Hospital
0 from Community

9 People left residential reablement (Oct 21)
15 people left residential reablement in Oct 2020

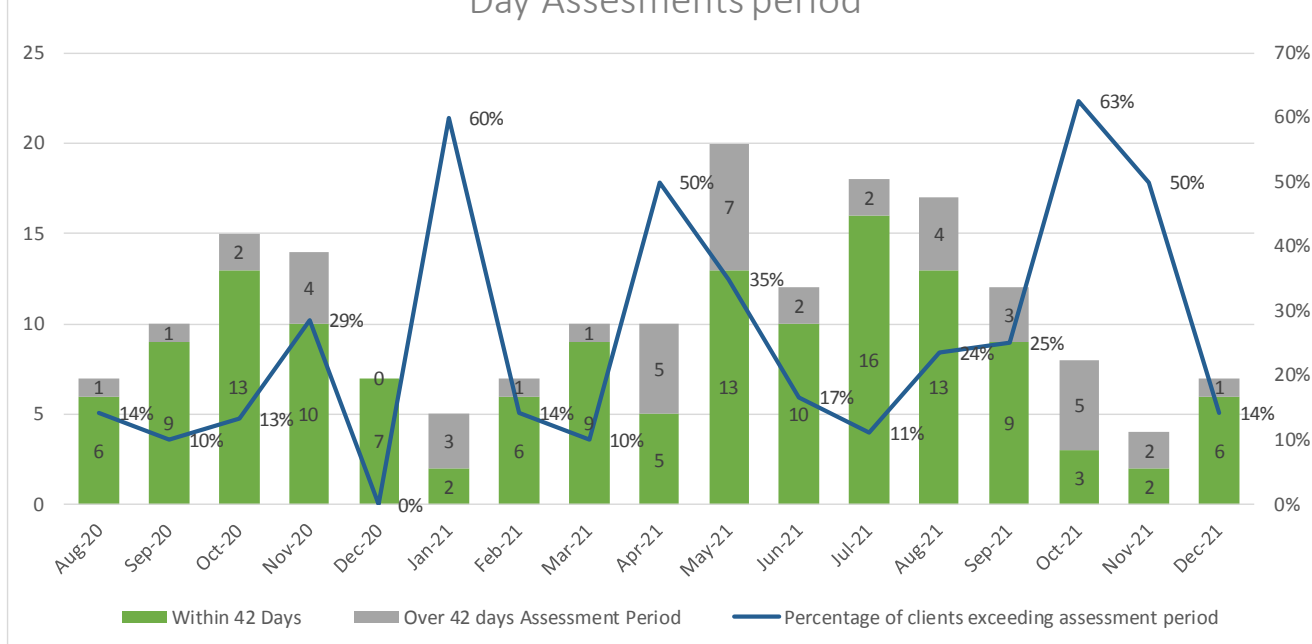**6** People went home
(4 with care, 2 with no care)
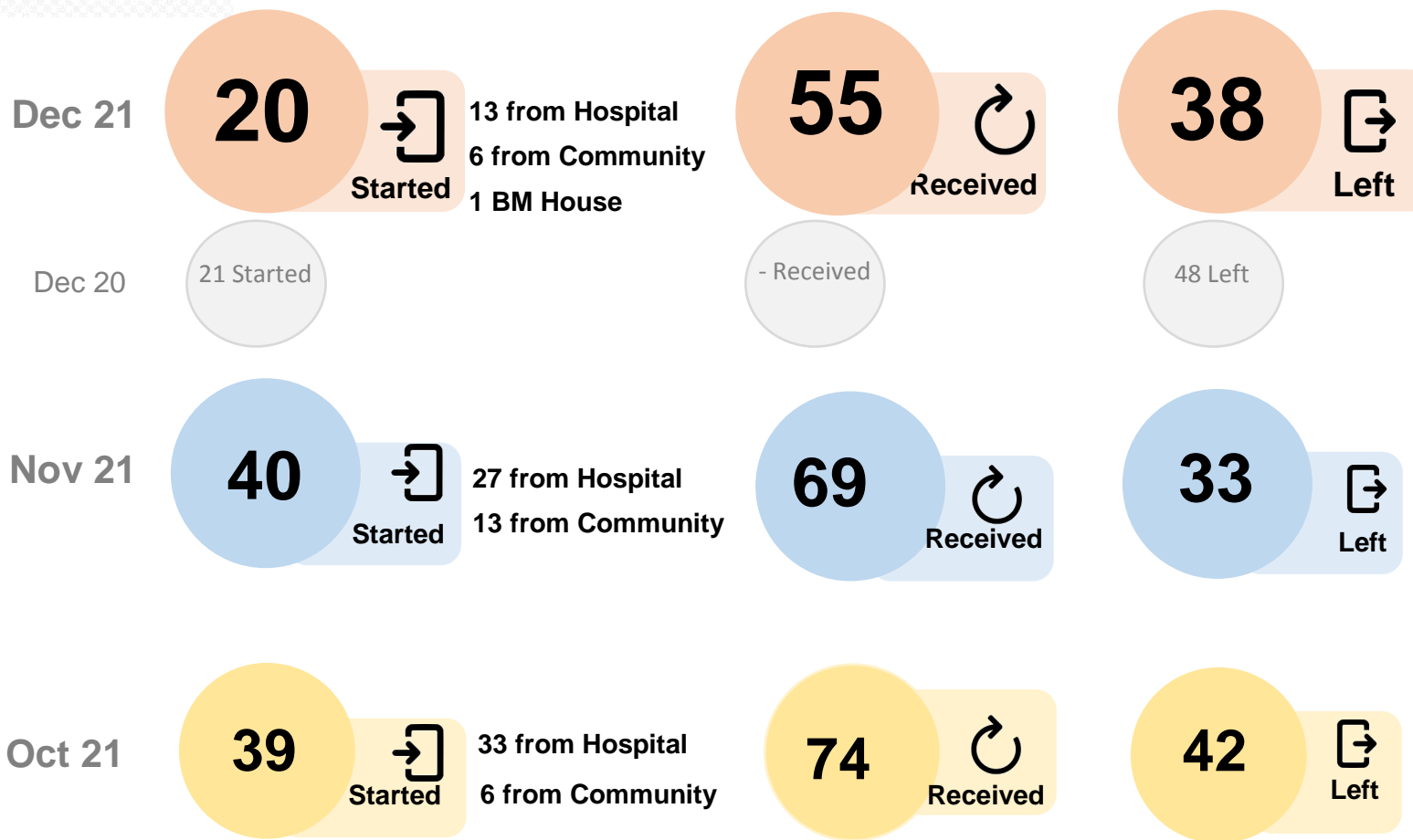2 to residential / nursing care / family
1 Hospital

Bonymaen House - Total Discharges each month Within and over Targeted 42 Day Assesments period

What is working well?	What are we worried about?	What we are going to do?
• Vacancies have been filled and staff have worked flexibly to maximise capacity • Effective partnership working with health and domiciliary care colleagues is supporting good flow and ensuring individuals return home at the earliest opportunity • The service has implemented covid secure bubbles in consultation with PHW which has reduced the times that the entire home is closed if there is a covid outbreak	• Maintenance dom care capacity is limited and consequently impacts on discharge rates if residents require ongoing support post discharge • Therapy capacity is stretched across community services and this reduces the effectiveness of the reablment offer • Social work capacity is stretched across community services which is leading to delays in assessment and again impacts on rates of discharge	• Ensure BH is only utilised for reablement and that other care homes are used where short term bridging placement is required • Utilise reablement support from Sensory Team and Community Reablement Team (formerly Physical Disability Team. • Identify additional and/ or dedicated social Work support to support move on. • Contingency plans being developed for winter pressures, increased covid etc. • Tight monitoring of referrals, progress and next steps. • Increase beds, subject to staffing

Community Reablement

Dec 21

20 Started
- 13 from Hospital
- 6 from Community
- 1 BM House

55 Received

38 Left

11 no care
17 same or more care, 8 Hospital, 1 Deceased, 1 Long Term placement

Dec 20

21 Started

- Received

48 Left

Nov 21

40 Started
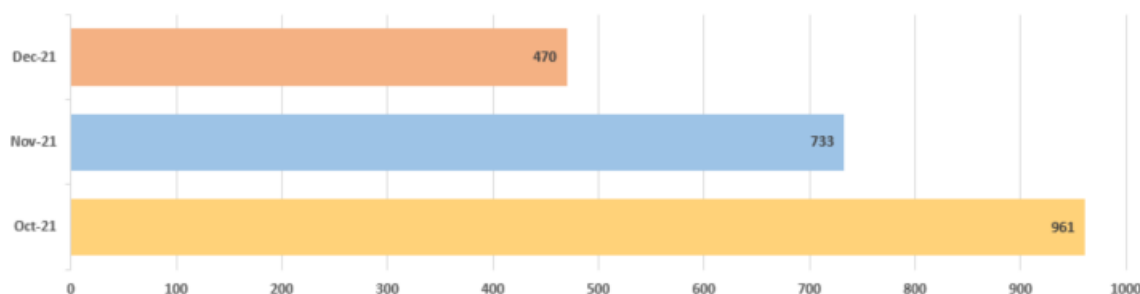- 27 from Hospital
- 13 from Community

69 Received

33 Left

13 no care
10 same or more care, 1 family support, 4 Hospital, 2 Financial Reasons, 1 Deceased, 1 Long Term placement, 1 SPICE

Oct 21

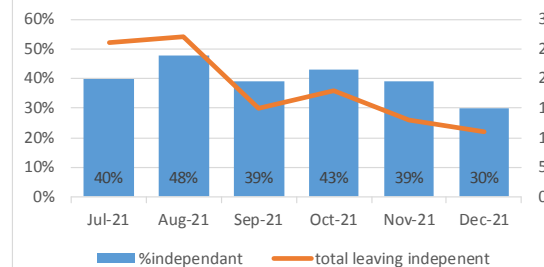**39** Started
- 33 from Hospital
- 6 from Community

74 Received

42 Left

18 no care
11 same or more care, 8 hospital, 2 family support, 1 SPICE, 2 deceased

Hours of Reablement Provided a Month

Month	Hours
Dec-21	470
Nov-21	733
Oct-21	961

Percentage leaving community reablement Independent

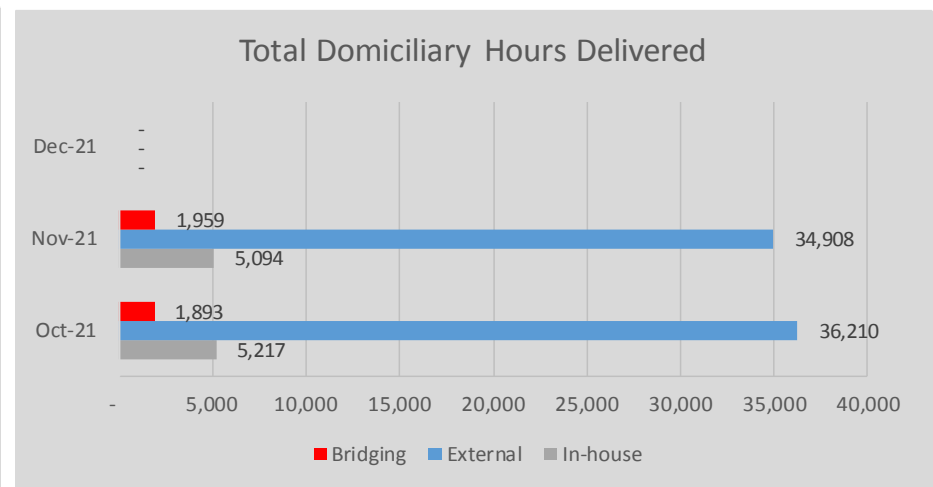|	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
%independant	40%	48%	39%	43%	39%	30%

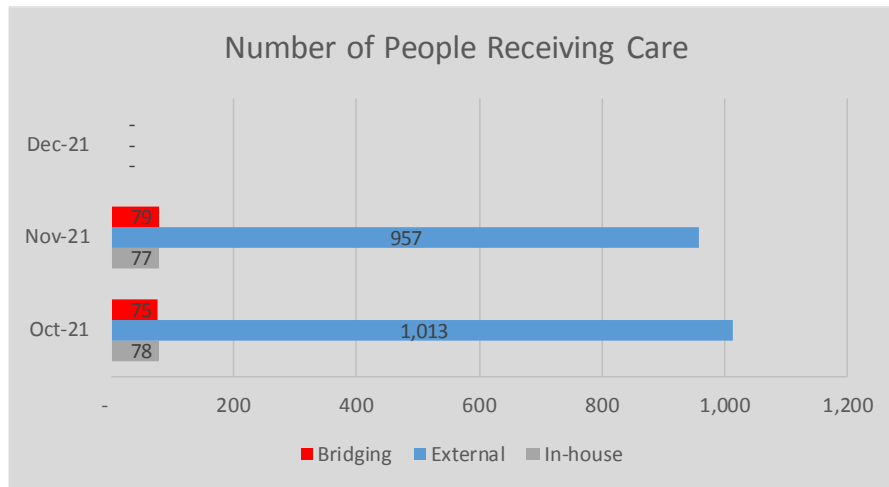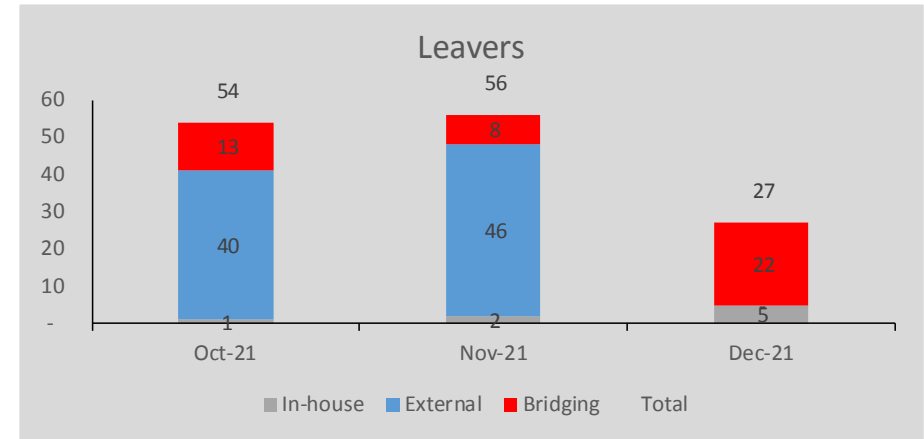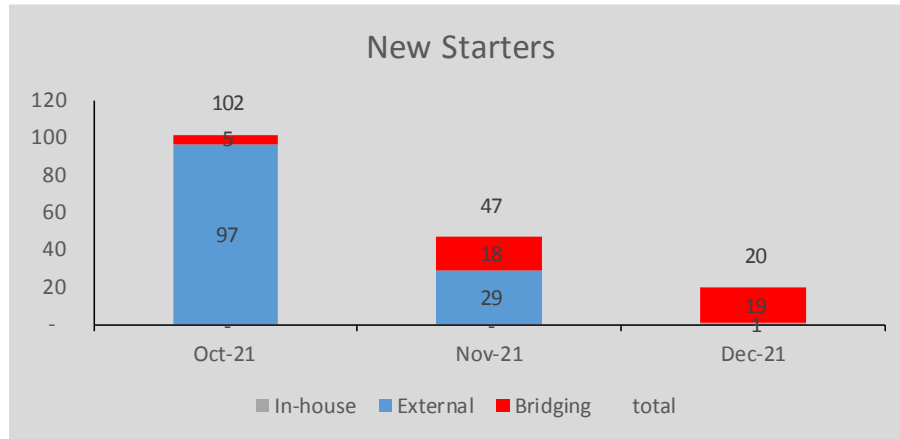Legend: %independant · total leaving indepenent

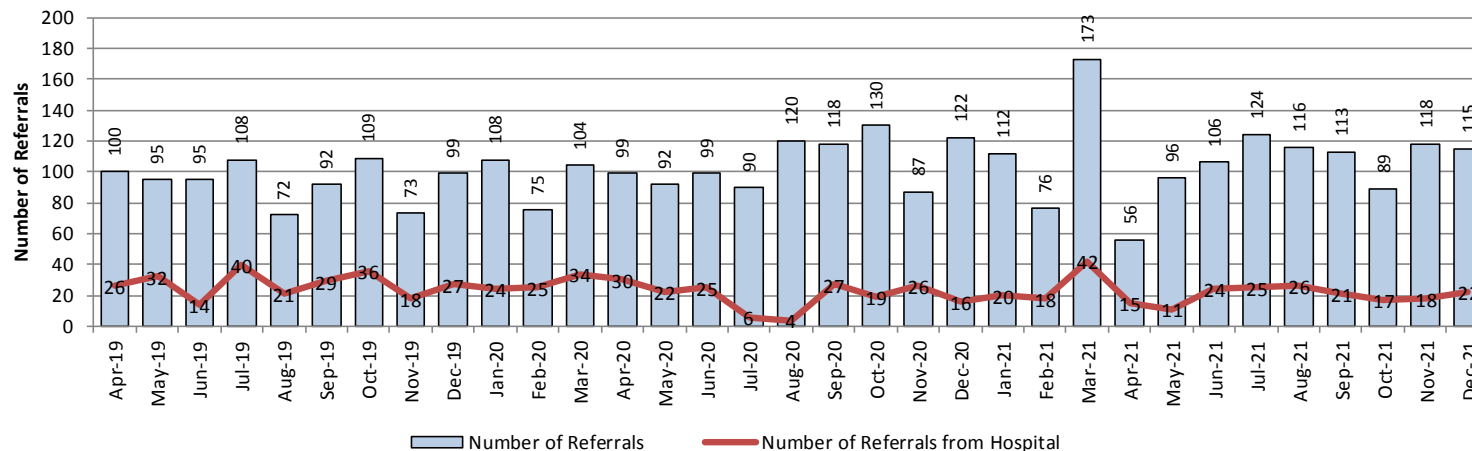| What is working well?	What are we worried about?	What we are going to do?
A new staffing roster (Webroster) system has been launched and this should enable more effective use of resources. Staff have been extremely flexible in deferring leave etc to maximise capacity in light of the omicron wave	Too many individuals are having to be bridged whilst awaiting long term care reducing reablement capacity and severely impacting on flow Delays in the WebRoster report development is impacting on performance reporting and delaying the intended service improvement Staffing capacity continues to be impacted by sickness absence and vacancies	Considerable work to increase the resilience and capacity of the external dom care market. Realignment of in house staffing capacity to increase the number of individuals being supported by the long term dom care team Streamline the home first pathways to ensure more timely admission to reablment services Prioritisation of the development of Webroster reporting by the software supplier and enhanced performance reporting capacity created within the service

Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always a month behind in reporting for externally commissioned care. For our in-house services. with the introduction of the new WebRoster System in Dec, we have not yet completed all report development. Therefore, we are unable to provide number of users & hours provided at this time

New Starters

	Oct-21	Nov-21	Dec-21
total	102	47	20
Bridging	5	18	19
External	97	29	1

In-house External Bridging total

Leavers

	Oct-21	Nov-21	Dec-21
Total	54	56	27
Bridging	13	8	22
External	40	46	
In-house	1	2	5

In-house External Bridging Total

Number of People Receiving Care

	Bridging	External	In-house
Dec-21	-	-	-
Nov-21	79	957	77
Oct-21	75	1,013	78

Bridging External In-house

Total Domiciliary Hours Delivered

	Bridging	External	In-house
Dec-21	-	-	-
Nov-21	1,959	34,908	5,094
Oct-21	1,893	36,210	5,217

Bridging External In-house

Number of Referrals to Brokerage at Month End

Chart: Number of Referrals (bars) and Number of Referrals from Hospital (line), Apr-19 to Dec-21.

Bar values (Number of Referrals): Apr-19 100, May-19 95, Jun-19 95, Jul-19 108, Aug-19 72, Sep-19 92, Oct-19 109, Nov-19 73, Dec-19 99, Jan-20 108, Feb-20 75, Mar-20 104, Apr-20 99, May-20 92, Jun-20 99, Jul-20 90, Aug-20 120, Sep-20 118, Oct-20 130, Nov-20 87, Dec-20 122, Jan-21 112, Feb-21 76, Mar-21 173, Apr-21 56, May-21 96, Jun-21 106, Jul-21 124, Aug-21 116, Sep-21 113, Oct-21 89, Nov-21 118, Dec-21 115.

Line values (Number of Referrals from Hospital): 26, 32, 14, 40, 21, 29, 36, 18, 27, 24, 25, 34, 30, 22, 25, 6, 4, 27, 19, 26, 16, 20, 18, 42, 15, 11, 24, 25, 26, 21, 17, 18, 22.

Legend: Number of Referrals | Number of Referrals from Hospital

Brokerage Reports are on the development list for the WCCIS team.

External Domiciliary Care:

What is working well?	What are we worried about?	What we are going to do?
• Proactive actions to build resilience and capacity in the external dom care market inc: • Supporting Providers' Covid response by enabling regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure. • Implementation of vaccination programme for dom care workers across the private sector. • Cost savings programme to reduce expenditure on under-delivered packages of care (Circa 1m to date) allowing reinvestment in capacity building • Regional agreement on in-year fees uplift to strengthen recruitment and retention of dom care workers.	• Inability of dom care providers to sustain service levels • Growing waiting list for care and shrinking provider capacity. • Workforce migration to hospitality and retail sectors as they re-open. • WCCIS performance is delaying planned improvements to referral and allocation arrangements and impacting detrimentally on timely pick up of new dom care packages.	• Continue with review of care levels to ensure citizens are receiving the correct level of care and optimise capacity. • Revise processes to ensure effective management of waiting lists and identify changes in circumstances / alternative solutions for people impacted by delays. • Keep RAG risk status under review. • Continue to support and enable use of alternatives to Dom care. Consider reverting to block contract arrangements and review allocation arrangements to address market share and service sustainability risks. • Introduce contractual changes which make shorter calls more viable (and increase capacity / people cared for). • Introduce contractual changes to improve working conditions and incentivise increases in Provider capacity (rural boundary changes) • Work with regional partners to consider regional changes to dom care commissioning models, and alternative options for people in hospital who need

		dom care.
		• Use of manual referral and allocation systems pending resolution of WCCIS implementation issues.
		• Contingency planning to transfer paid carers and service users to other external dom care providers
		• Transfer of service users to internal services if required
		• Establishing contracts with non-framework providers to maximise ability to meet needs.
		• Use spare care home capacity to meet needs as a last resort.
		• Explore pilot for dom care services at sheltered housing complexes to achieve more efficient use of resources and promote strategic objectives (hospital discharge and reduced reliance on care homes)

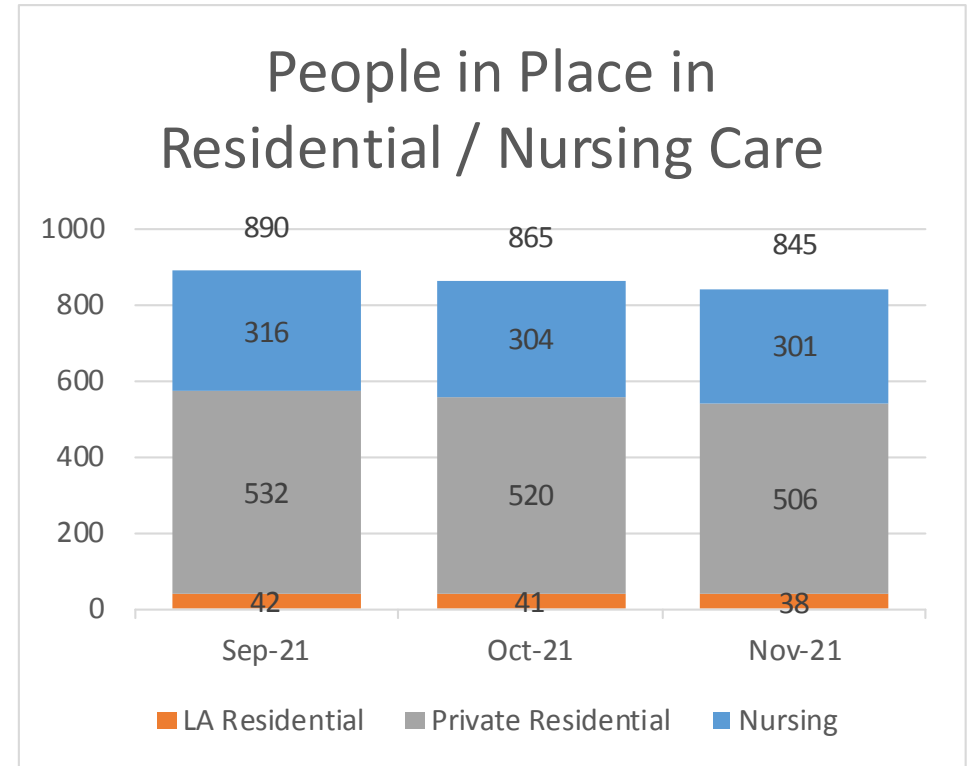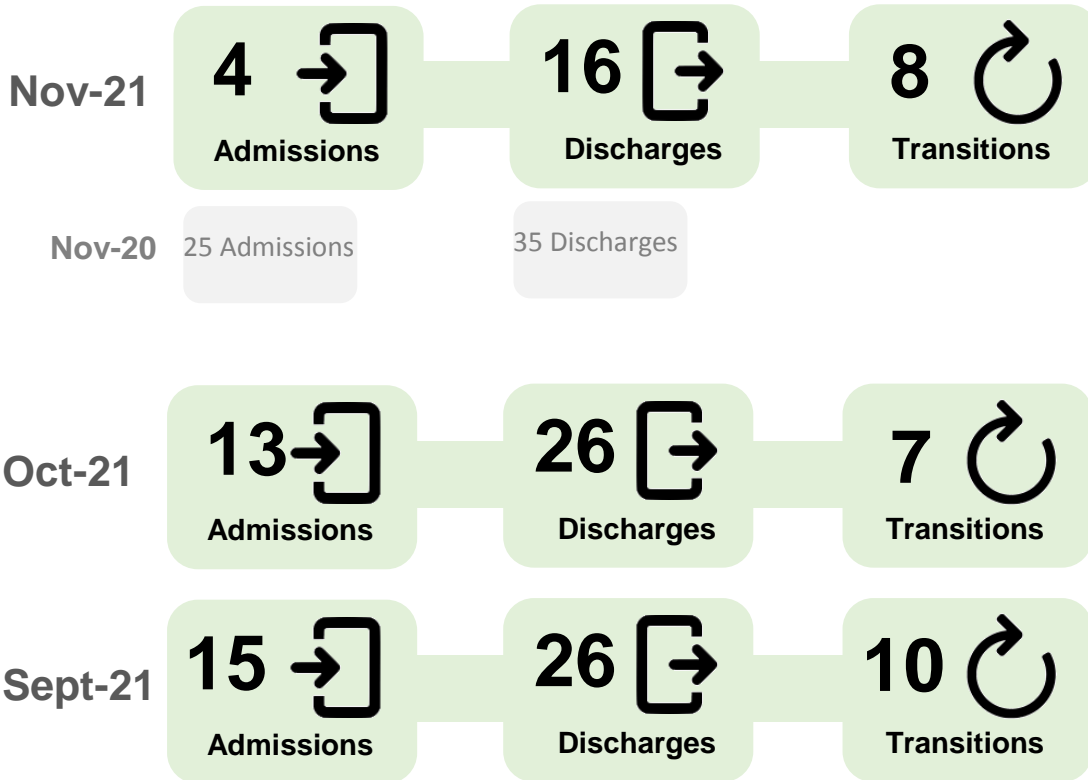## Internal Long Term Care:

What is working well?	What are we worried about?	What we are going to do?
• Creative and flexible use of resource to support handbacks from external providers • Increased staffing capacity following the induction of new recruits has enabled us to increase the number of individuals that we can safely support. • Increased pick up of bridging packages from the reablement service • The Community Care Assistant rolling rota continues to work well in the Long Term Complex Care Service maximising capacity.	• Staffing capacity due to sickness absence and staffing vacancies.	• Enhanced recruitment and staff well being approach inc: • Creative approach to marketing to encourage individuals to take up a career in care • Focussed approach to sickness management • All Wales approach to the introduction of social care as a career for which Swansea are providing lead trainers.

Residential/Nursing Care

For sustainable operation, admissions need to be under 30 each month. We have worked with the finance teams and fully revised our methods to ensure accurate information

Nov-21

4 → Admissions	16 ⇥ Discharges	8 ↻ Transitions

Nov-20

25 Admissions   35 Discharges

Oct-21

13 → Admissions	26 ⇥ Discharges	7 ↻ Transitions

Sept-21

15 → Admissions	26 ⇥ Discharges	10 ↻ Transitions

People in Place in Residential / Nursing Care

	Sep-21	Oct-21	Nov-21
Total	890	865	845
Nursing	316	304	301
Private Residential	532	520	506
LA Residential	42	41	38

Legend: ■ LA Residential ■ Private Residential ■ Nursing

What is working well?	What are we worried about?	What we are going to do?
Internal Provision • Additional recruitment of posts proving effective. • Strong and effective processes to support timely admissions and discharges home	**Internal Provision** • Impact of Dom Care provider failure in securing POC for short-term placements, resulting in longer stays and reduced capacity in the homes. • Winter pressures – having sufficient cover in place to meet referral demand. • Incident/lockdown restricting admissions	**Internal Provision** • Continue to review and adjust bed capacity • Continue to consider short-term referrals across all in house care homes, not just identified home. • Joint arrangements with other care homes to support where recovery/short term placements are required rather than reablement.(Pathway

and discharges.
- Unable to deliver planned respite stays
- Increased infection rates and reduced staffing.
- Increased requests for EMI placements

3).
- Tight monitoring of referrals, progress and next steps.
- Contingency plans being developed for winter pressures, increased covid etc.
- Rolling recruitment programme
- Review use of the homes to include temp placements for EMI

What is working well?	What are we worried about?	What we are going to do?
External Provision • A number of measures to build marker resilience and capacity inc: • Supporting Providers' Covid response by supplying regular and timely access to PPE, and provision of additional funding via WG subsidy to cover additional Covid related expenditure. • Maintenance of staffing levels is currently good (6% vacancies across sector) • Creation of transitional beds to support hospital discharge which creates flow and increases care home sector stability (funded via winter pressures grant). • Regional work to create arrangements for managing tapering subsidies and future fee rates	**External Provision** • Longer term viability of certain homes if occupancy remains low • Risk of workforce migration to other sectors • Requirement for updated contracts • Reduced contract monitoring and understanding of service quality. • Low fee rates and impact of RLW expectations and other inflationary pressures. • Potential for reduced capacity linked to increasing COVID transmission and incident / lockdown restrictions.	**External Provision** • Working with regional partners to agree principles for discretionary subsidy payments. • Progress contracts for transitional beds to support sector sustainability • Review fee rates to address future cost pressures and enable recruitment and retention of workforce. • Provide contingency cover for homes if essential and where possible.

Day Services for Older People, Special Needs and Learning Disabilities

During the pandemic, there was a limited provision of Day Services and the capacity of each service was greatly reduced. The data below is extracted from Abacus plus a manual record of Health users, and is the number of people who have attended a day service, not the number of places allocated (this will be available in the near future). Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data.

Total number of individuals that attended a day service

Dec 2021	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	51	31	147	53	45	327

Nov 2021	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	51	31	197	42	43	364

Oct 2021	Older People	Special Needs	Learning Disability	Mental Health	Flexible Support	TOTAL
	52	32	172	46	43	345

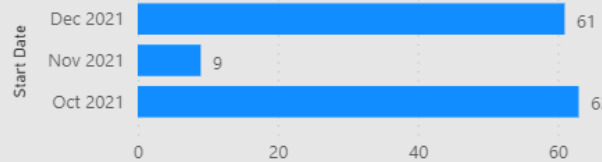| What is working well?	What are we worried about?	What we are going to do?
• Recruitment to posts process is now swift and efficient. • Review of capacity against risk assessments, resulting in increased use.	• The possibility of further service closures due to Covid case increases, illness or Winter pressures.	• Contingency plans developed for winter pressures, increased covid etc.

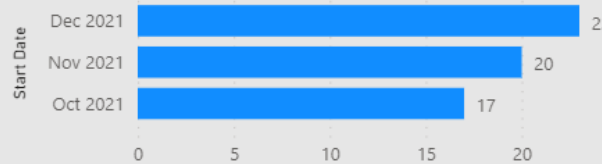# Direct Payments

Starters & Finishers

	Starters	Finishers
Dec 2021	84	30
Nov 2021	29	28
Oct 2021	80	89

Number of clients starting and ending receipt of a Direct Payment each month

Under 18's Direct Payments

Start Date	Value
Dec 2021	61
Nov 2021	9
Oct 2021	63

Over 18's Direct Payments

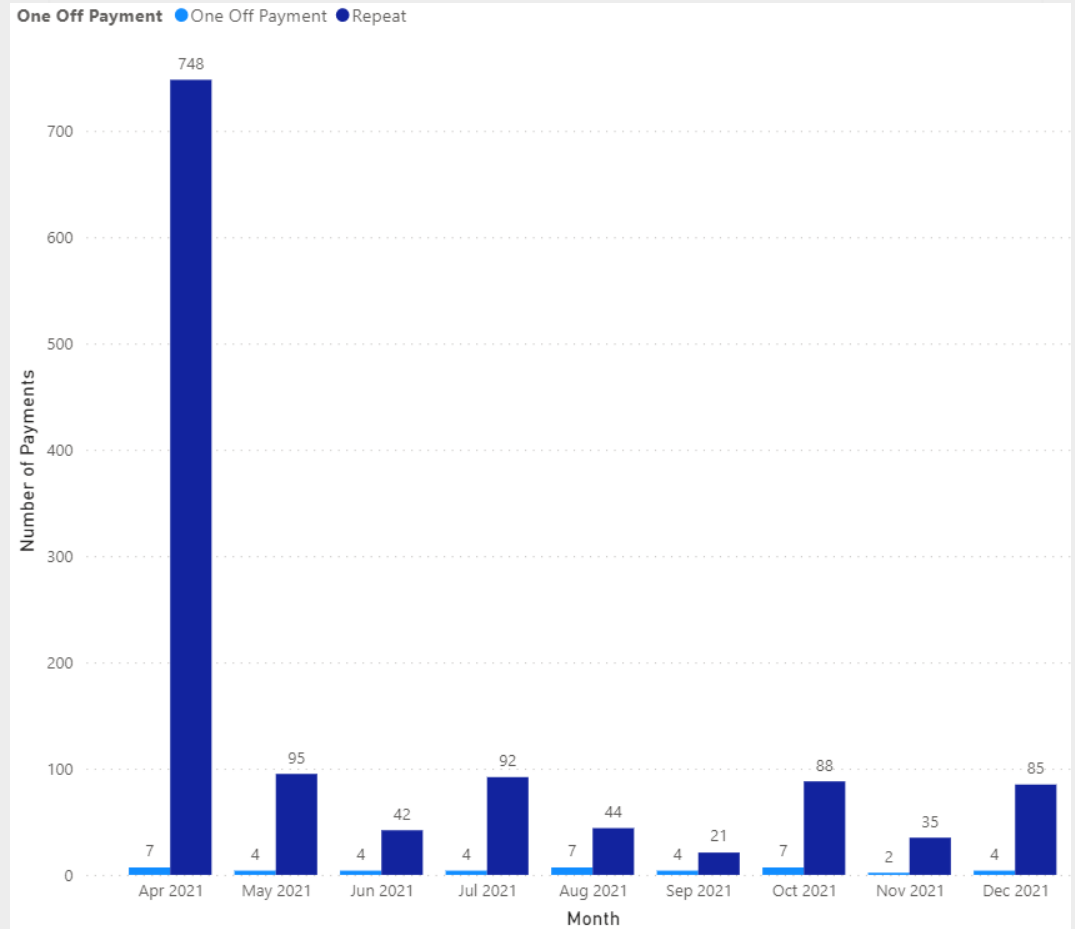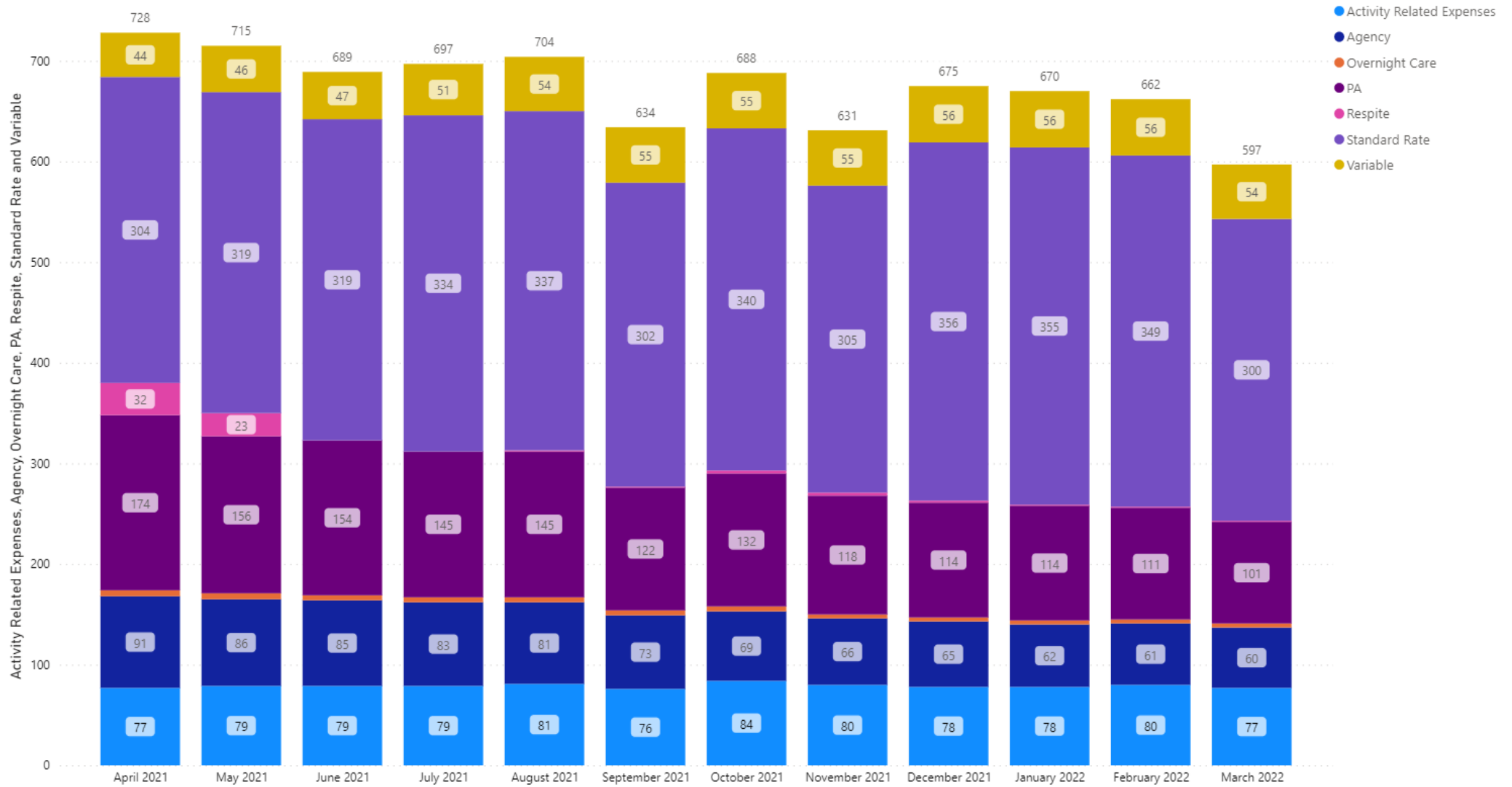| Start Date	Value
Dec 2021	23
Nov 2021	20
Oct 2021	17

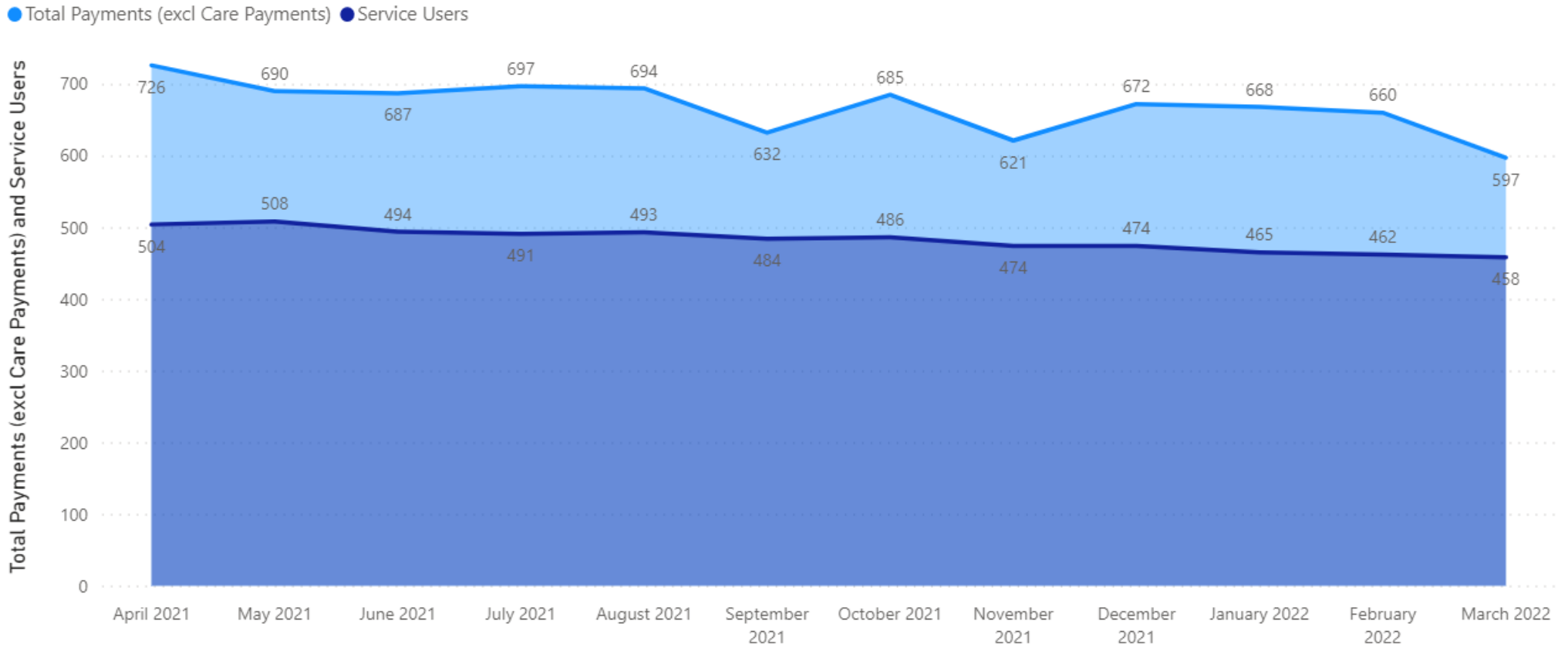## New Ongoing and One off Payments

Number of new Ongoing and One off Payments each month. The spike in April (for starters) reflects transfers from one financial year to the next on Abacus. Please note some starters have more than one direct payment

One Off Payment ● One Off Payment ● Repeat

Month	One Off Payment	Repeat
Apr 2021	7	748
May 2021	4	95
Jun 2021	4	42
Jul 2021	4	92
Aug 2021	7	44
Sep 2021	4	21
Oct 2021	7	88
Nov 2021	2	35
Dec 2021	4	85

Number of Payments each Month
based on Type of Payment

Number of Payments each Month Plus number of Unique Service Users

● Total Payments (excl Care Payments) ● Service Users

726	April 2021
690	May 2021
687	June 2021
697	July 2021
694	August 2021
632	September 2021
685	October 2021
621	November 2021
672	December 2021
668	January 2022
660	February 2022
597	March 2022

Service Users: 504, 508, 494, 491, 493, 484, 486, 474, 474, 465, 462, 458

What is working well?	What are we worried about?	What we are going to do?
• A number of measures are in place to maximise the capacity and use of personal assistants via a dirct payment inc: • • The rate of pay for Personal Assistants (PA) is one of the highest in Wales, up to £11 per hour can be paid to a PA • Enabling family members to be recruited as PA's helps to promote choice for individuals and reduce pressure on traditional services. • Processes in place to ensure that DPs are being spent appropriately. • Processes to enable people who lack mental capacity to have a direct payment via a managed account.	• Since COIVD use of DPs is reducing across all categories. • Time taken to complete process to access DP payments is too long in some instances. • Transfer of Payroll and Managed account Services to a new operator (Diverse Cymru) is causing some service performance problems. • Recruitment of personal assistants to provide care via DP can be difficult • Some evidence that professional and citizen misunderstanding of the DP process may limit take up • Staff capacity to meet demand • Opportunities to use DPs to create alternatives to traditional services may be being missed • DPs for carers could be better utilised	• 3 new posts are being created to expand the capacity of the team (2 x temporary ILT co-ordinators and a strategic manager post) • Processes are being reviewed to identify barriers and bottlenecks to accessing services • Comms are being updated to ensure all teams are fully informed of processes • Performance management data is being compiled to identify opportunities for improvement. • Expand use of DPs to support the development of micro enterprises, and other social value organisations. • Uplift DP rates for 22/23 to ensure payment is sufficient to incentivise new PAs • Revise processes and provide additional resources for carers assessments to enable more carers to access DPs • A performance management action plan has been created to address any service problems caused by transfer of services to Diverse (this is working well and fewer problems are arising).

Safeguarding Response

Timeliness of response to Safeguarding Reports

Month	Responded over 7 days	Responded within 2-7 days	Responded within 24 hrs
Oct-21	23	32	38
Nov-21	20	19	23
Dec-21	19	21	14

Legend:
- Responded over 7 days
- Responded within 2-7 days
- Responded within 24 hrs

Determination Outcomes of those Completed

Month	Determination 4 – No further action required	Determination 2 – The adult is not at risk but may have care and support needs
Oct-21	80	13
Nov-21	53	9
Dec-21	47	7

Legend:
- Determination 4 – No further action required
- Determination 3 – Adult at Risk and action to protect needed.
- Determination 2 – The adult is not at risk but may have care and support needs.
- Determination 1 – Immediate protection required

Reports /Actions

59 **Reports received in Dec 21**
- **54 Determinations completed**
- **5 awaiting response**
- **65% responded to within 7 days**
- **89 Consultations held**

76 Reports were received in Dec 2020, 73 thresholds completed – 10 met the threshold, 50 did not meet threshold, 13 inappropriate

65 **Reports received in Nov 21**
- **51 Determinations completed**
- **14 awaiting response**
- **74.5% responded to within 7 days**
- **112 Consultations held**

96 **Reports received in Oct 21**
- **86 Determinations completed**
- **10 awaiting response**
- **81% responded to within 7 days**
- **67 Consultations held**

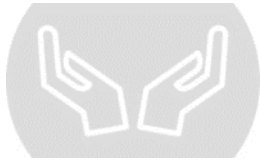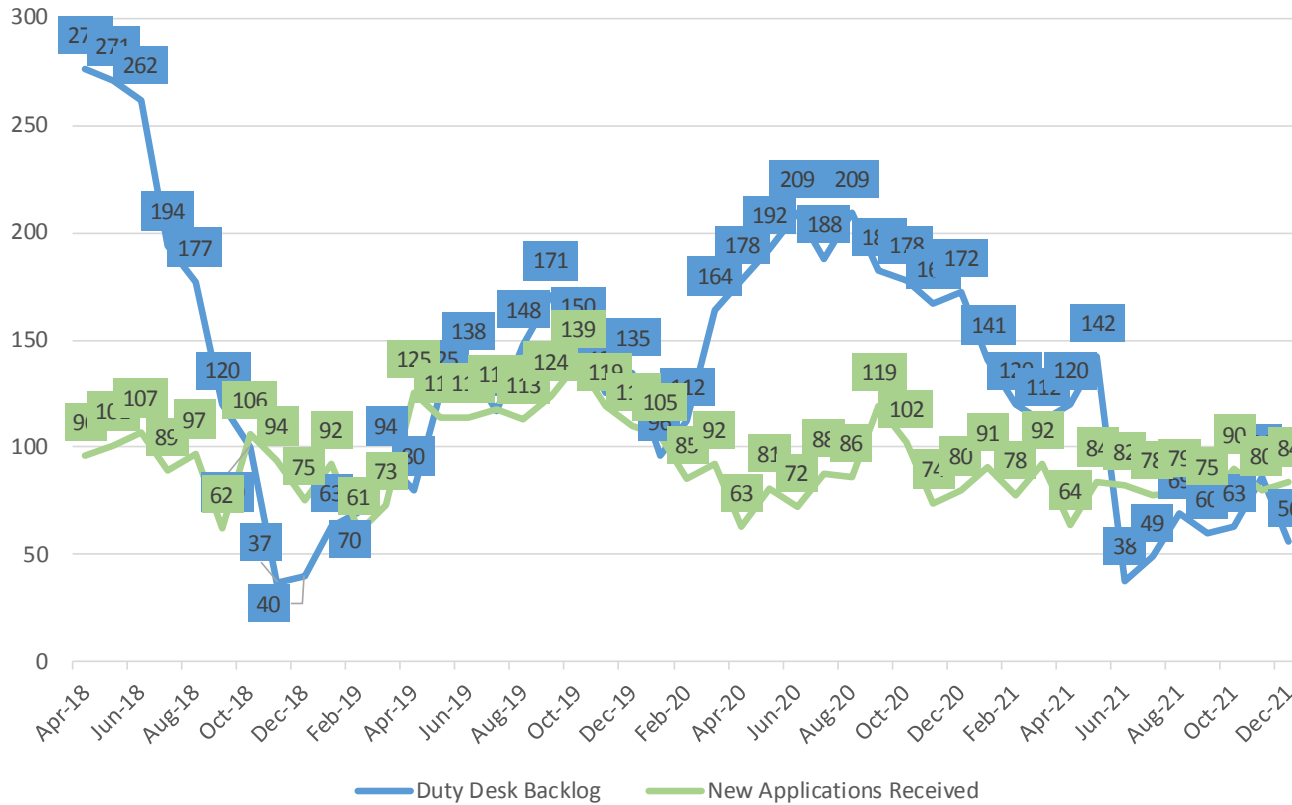| What is working well?	What are we worried about?	What we are going to do?
• Consultations are reducing inappropriate AAR Reports. • A questionnaire is being used to obtain qualitative feedback from citizens that have been in contact with the Safeguarding Team to add greater depth to performance reporting • The strengths based collaborative communications approach has been	• Service resilience due to an over reliance on short term contracts linked to additional grant income • Additional demands linked with dom care provider failures impacting on performance of core duties. • Statistically timescales are indicating a reduction in efficiency, with regard to 7 days decision making but this is because more	• Establish a robust way of obtaining individual's feedback following a safeguarding investigation and establishing if the "what matters" issues have been addressed. • Performance information to reflect the work that the Safeguarding Team are undertaking. E.g the additional pieces of work that stand outside of the daily functions • The Safeguarding Team are considering ways in

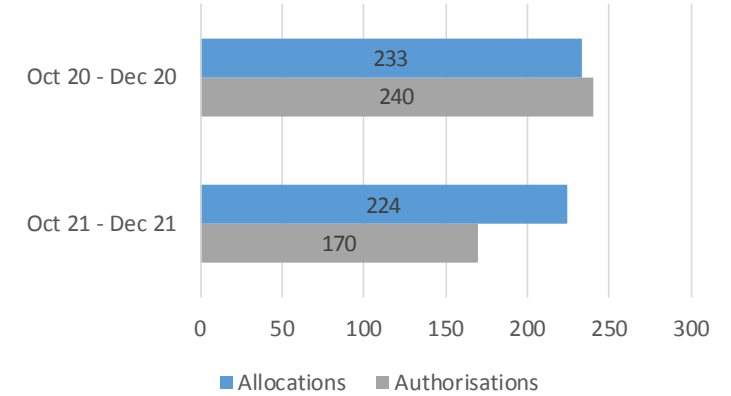| embedded into safeguarding meetings to promote strengths based practice and enhance effective safeguarding practice.	cases are being diverted as a result of earlier consultation meaning the pool of residual cases have a higher proportion of complex issues that require enhanced information gathering.	which timescales can be improved inc enhanced reporting functionality to be developed in WCCIS.
• Peer group mentor sessions are running regularly enabling practitioners to consider and critically reflect on practice		
• Staff well being is being promoted through the use of counselling support to prevent vicarious trauma.		
• The safeguarding team have expanded their prevention approach further by proactively sharing knowledge and expertise with a wider network inc the housing department and DWP.		

Timeliness of Deprivation of Liberty Assessments

DoLS Backlog and New Referrals

Legend:
- Duty Desk Backlog
- New Applications Received

Quarterly Best Interest Assessor Performance

Period	Allocations	Authorisations
Oct 20 - Dec 20	233	240
Oct 21 - Dec 21	224	170

Legend: Allocations, Authorisations

Quarterly Signatory Body Performance

Period	Allocations	Authorisations
Oct 20 - Dec 20	284	282
Oct 21 - Dec 21	260	237

Legend: Allocations, Authorisations

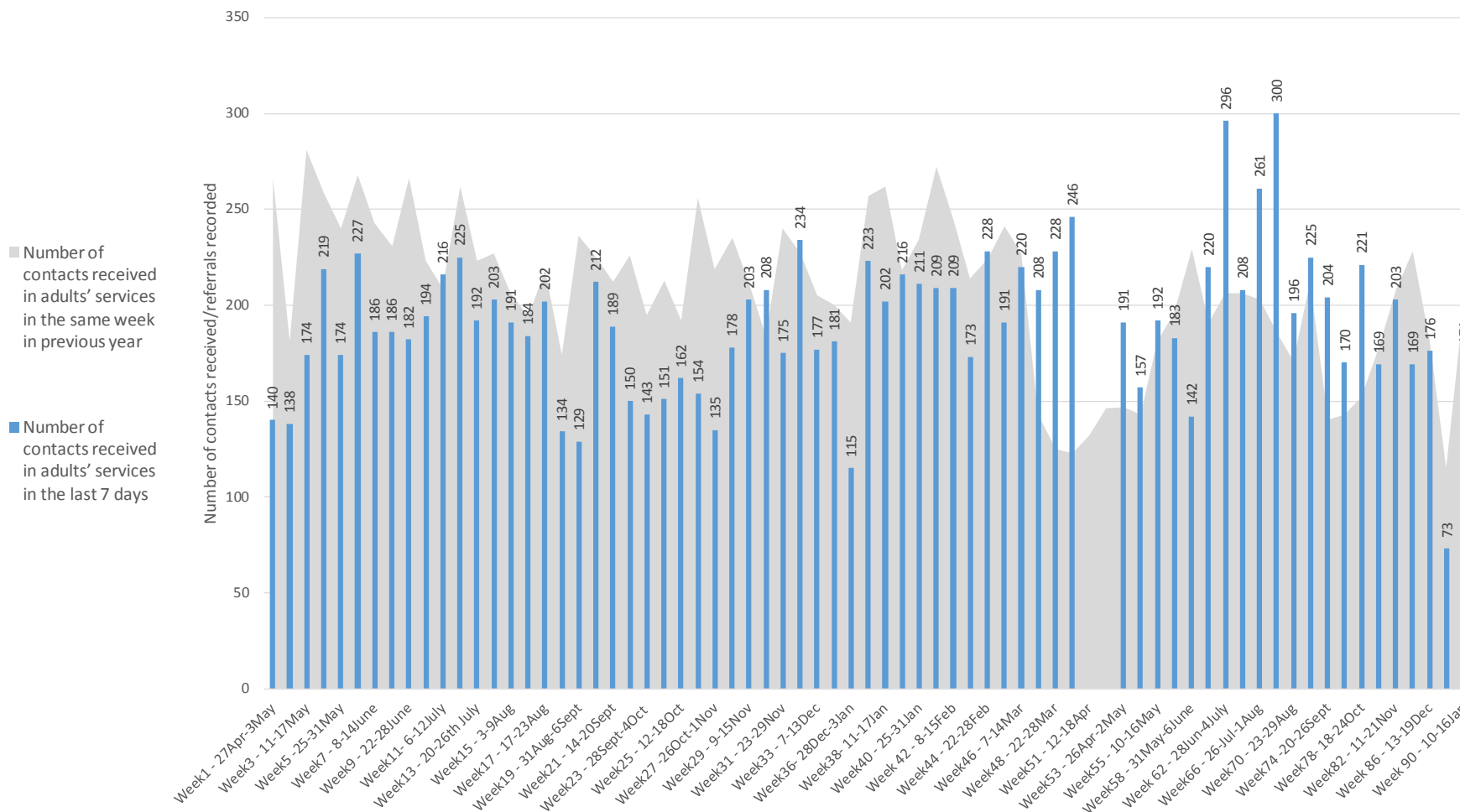| What is working well?	What are we worried about?	What we are going to do?
• Increased capacity through flexible use of grants • Virtual assessments where safe and appropriate to maintain throughput. • Enhanced business support to reduce bureaucracy for front line staff	• Staff capacity and an over reliance on temp staff accessed through recourse to grant funding • Catching up on the backlog	• Enhanced recruitment and staff well being approaches • Maintain current temp utilisation of additional resources and implement a sustainable longer staff structure for the team in the new financial year

# Weekly Welsh Government Adult Services Submission in Response to Covid19

Welsh Government have requested weekly updates from LAs in order to monitor the impact of Covid19, this has recently been changed to fortnightly (from week 64). The data has been gathered for 90 weeks to date. Data for Week 35 (Christmas Week) and Week 49 (Easter Week) were not submitted at the request of Welsh Government.   We are also missing some weeks data due to the migration to WCCIS
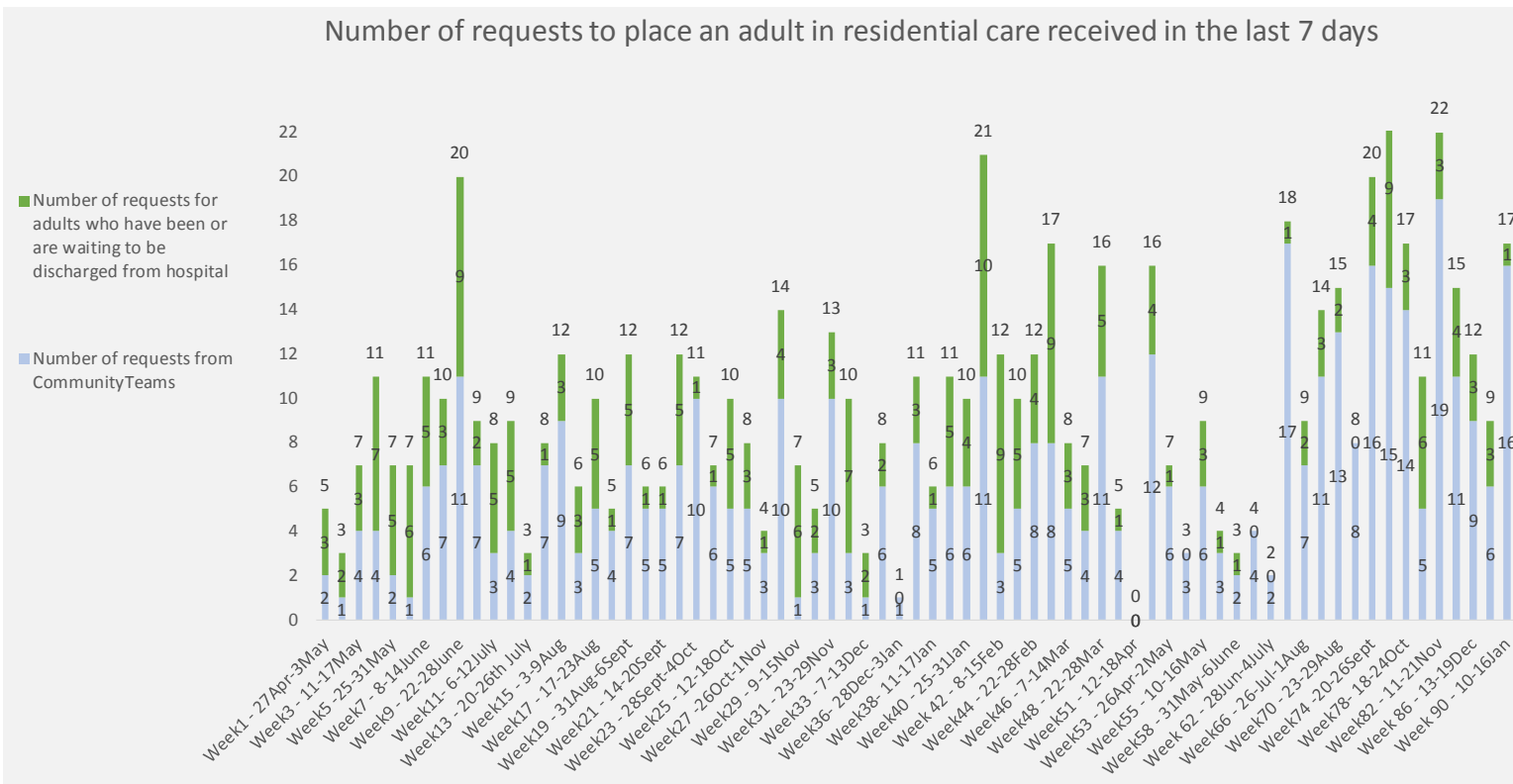
As agreed with Welsh Government, figures include Safeguarding, DOLS and PPN referrals that since August 20 go directly to the Safeguarding team rather than via CAP

Number of Contacts Received (referrals recorded) each Week in the Common Access Point

Legend:
- Number of contacts received in adults' services in the same week in previous year
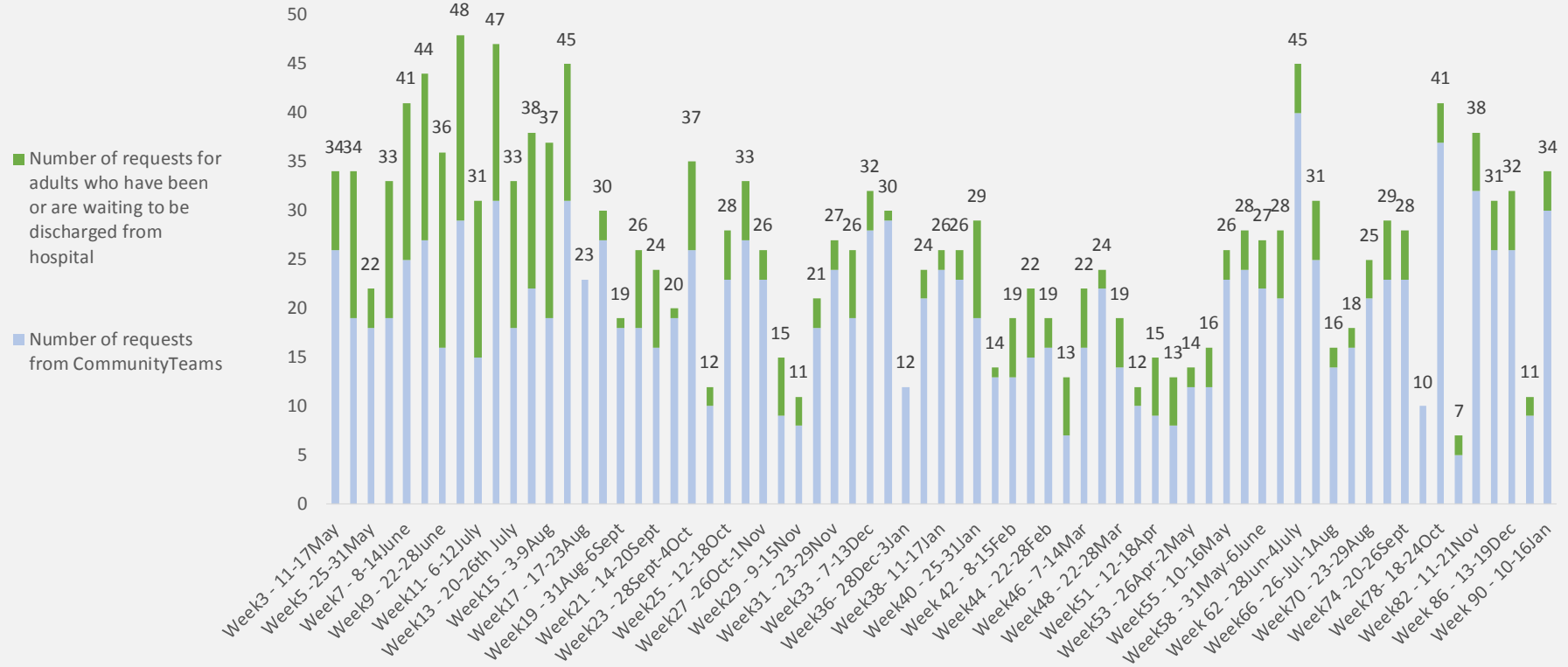- Number of contacts received in adults' services in the last 7 days

Number of Safeguarding Reports received in Adult Services in the Last 7 Days
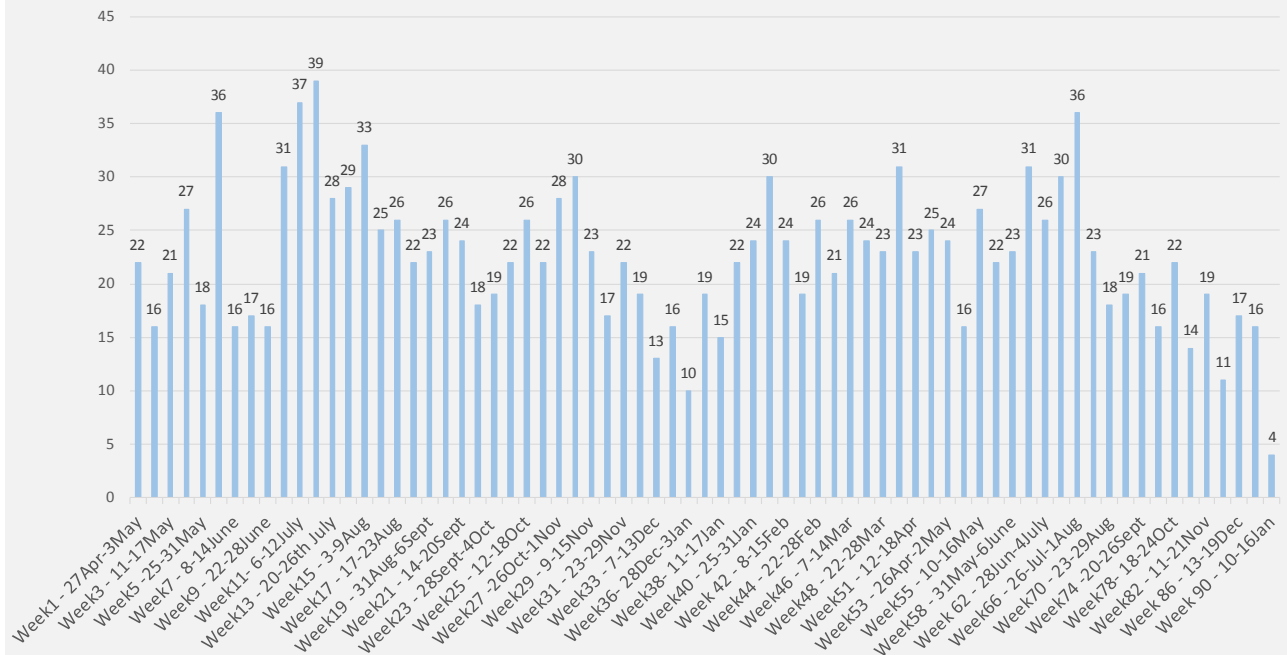
Number of requests to place an adult in residential care received in the last 7 days

Legend:
- Number of requests for adults who have been or are waiting to be discharged from hospital
- Number of requests from CommunityTeams

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Number of requests to provide care at home received in the last 7 days

Legend:
- Number of requests for adults who have been or are waiting to be discharged from hospital
- Number of requests from CommunityTeams

Between 27 Apr 20 – 17 Jan 22 the number of packages of care reduced or withdrawn due to covid has been …

77 by the service user

3 by the Local Authority

42 by the Provider

Number of requests for community and residential reablement received in the last 7 days

Legend:
- Number of requests from reablement that have been or are waiting to be discharged from hospital
- Number of requests from CommunityTeams for reablement