

Adult Services
Management Information
Headline Report
Data for April 2023



Cyngor **Abertawe**
Swansea Council

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 strengths, prevention, early intervention and enablement. 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 2022/23

1. Promoting people's voice
2. Ensuring a valued & skilled workforce
3. Better Prevention & Early Help
4. Keeping People Safe
5. Enabling & Promoting Independence
6. Financial Efficacy
7. Resources which meet the needs of our community
8. Focus on quality & continuous improvement

Amy Hawkins, Head of Adult & Tackling Poverty Summary

April's performance has shown that whilst we have still had a number of vacancies and an increase in demand for Assessment and Care planning, along with service provision, both delivered internally and externally commissioned, the output continues to increase.

The Social Work assessments and Mental Health Act assessments, care and support plans and reviews have increased during April, this is in addition to an overall increase of 30% during 2022/23, compared to 2021/22.

During April we saw a decrease in the amount of Carers identified, although a higher percentage of assessments completed. This is a trend we see at this time of year and could be linked to the Easter Holidays. During 2022/23 we saw a 53% increase in identified Carers, with an increase of 557 offered an assessment (1620 in total offered). There is still not a high take up of assessments, with less than 40% of identified carers having an assessment, although the number of assessments increased by 76% compared to 2021/22. We are planning for another increase in 2023/24 and we will be reviewing our commissioned services for Carers and coproducing new offers for Carers.

The external domiciliary care market has increased stability, with more new requests for care being able to be accommodated and waiting lists decreasing, although work continues to support the sector and develop ways to increase the social care workforce.

During April there was an increase in the number of people in internal residential services and we continue to focus on increased step-up from the community and step-down from hospital bed capacity, respite capacity and long-term beds. Planned respite use continues to increase with bookings being taken up to six months in advance.

The total attendance at Day Services has increased again during April 2023, with 498 people attending Older People, Special Needs, LD, MH and Flexible Support services.

The number of Direct Payments for Adults increased in April, resulting in decreased pressures on commissioned services and more choice and control for people. There continues to be successful recruitment of Personal Assistants to provide care and support.

During 2022/23 more Safeguarding consultations were held resulting in less Adult at Risk reports, more respite, reablement and short-term and long-term residential placements were provided and more places were provided in day opportunities.

There has been a return to the figures we are used to seeing for Safeguarding Adult at Risk Reports (AAR) following the high volume of AAR Reports during March. The Team have managed 91% of cases to be determined within 7 days. Compared to 82.8% and 82.9% in March and February. Overall there continues to be an increase in consultations and a decrease in the AAR and inappropriate referrals.

New DoLS applications and the backlog had increased towards the end of the 22/23 financial year, but a reduction was seen in April.

Helen StJohn, Head of Integrated Services Summary

The performance for the month of April does reflect the annual trend of a reduced level of activity across all areas linked to the Easter holiday fortnight and reduced staffing presence across this period.

Whilst the number of front door enquiries recorded for April follows the seasonal pattern for Easter (521 vs 725) this gap is stretched due to the spike in contacts during March. Within this overall reduction however the proportion of complex presentations referenced in the March narrative remains on an increasing trajectory with 32.8% of enquiries requiring onward referral to the MDT.

The reducing volume of tasks created within WCCIS evidences the improvement in respect of utilising the Common Access Point appropriately and directing existing clients to the involved team / staff members. This facilitates the delivery of improved experience for the user who is more frequently being linked directly to the right person to assist first time. The volume of email enquiries has been brought under control through focussed work and the response time for these non urgent enquiries has been brought in line with the Corporate response target.

Different working practices referenced in March PFM narrative are now up and running with a temp Senior Practitioner recruited to support the A&I staff with the management of the presenting contacts.

Adult Social Work assessment and review activity is reduced which is linked to both the seasonal staffing deficit and likely to reflect the reduced volume of front door contacts as mentioned above. The recruitment process to fill vacant posts is proceeding at pace with positive response to the campaign.

The excellent reablement outcomes for residents leaving Bonymaen House continue month on month. We plan to explore the reasons for the cases where individuals stay in the establishment over the target 42-day reablement period to minimise any process issues that might be influencing this to further improve the performance of the offer. It should be noted however that this figure is on a decreasing trajectory.

The long standing high number of individuals being bridged with care support within the Reablement service is being actively managed to ensure that the improved external care capacity it being accessed in the most timely manner – this improved flow will support the reduction in waiting time for those on the duty desk.

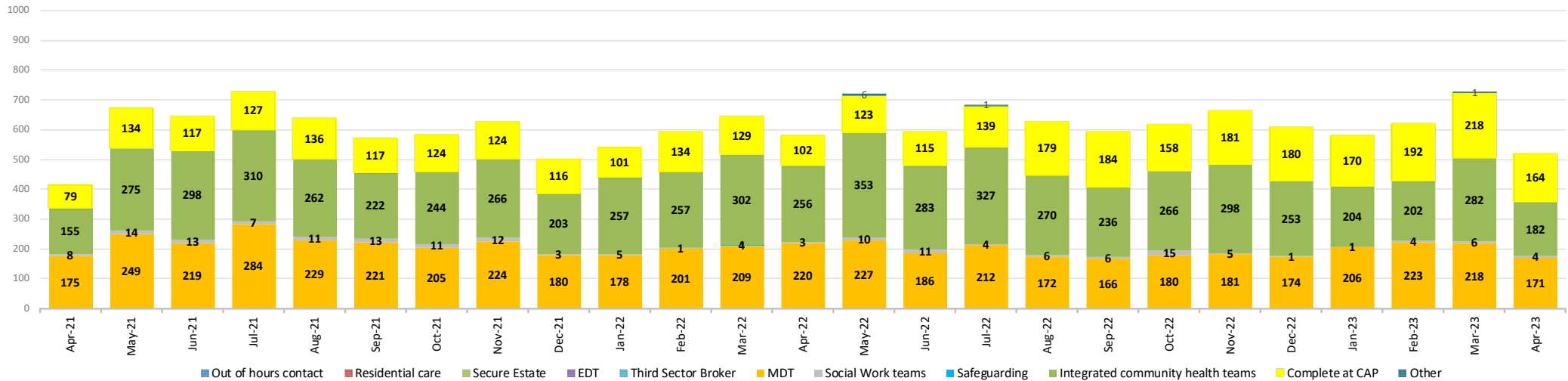
The Long term complex Homecare team continue to actively review current care and support provision to try to safely identify capacity in addition to undertaking the same approach to slicker brokerage processes. This team has had a number of resignations and will be seeking to recruit to vacant posts within the agreed establishment. We are noticing an increased complexity in respect of mental health and associated behaviour in individuals receiving support and are actively pursuing supportive training for the care staff in supporting this.

The ongoing work to review the balance between the reablement and long term complex components in the context of the issues continues with active service involvement.



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.



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. **85 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in April** (164 in March 2023).

521 Referrals in Apr 23 725 Referrals in Mar 23

164 Closed - Provided Advice & Information (31.48%)

171 MDT(32.82%)

4 directly to SW Teams (<1%)

182 to integrated therapies (34.93%)

218 Closed - Provided Advice & Information (30.1%)

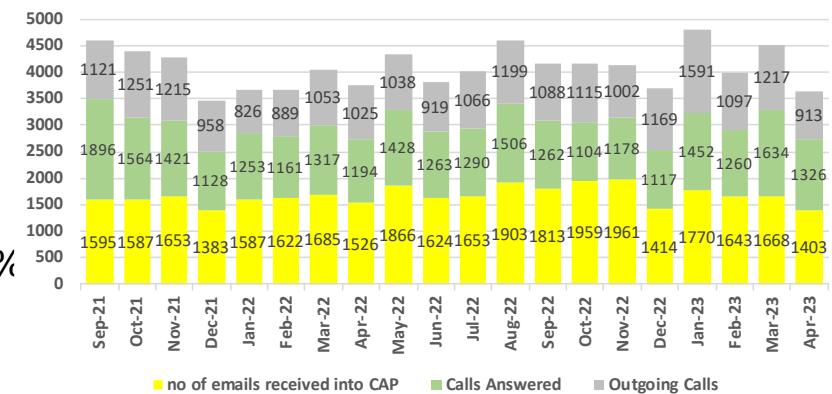
218 MDT (30.1%)

6 directly to SW Teams (<1%)

282 to integrated therapies (38.9%)

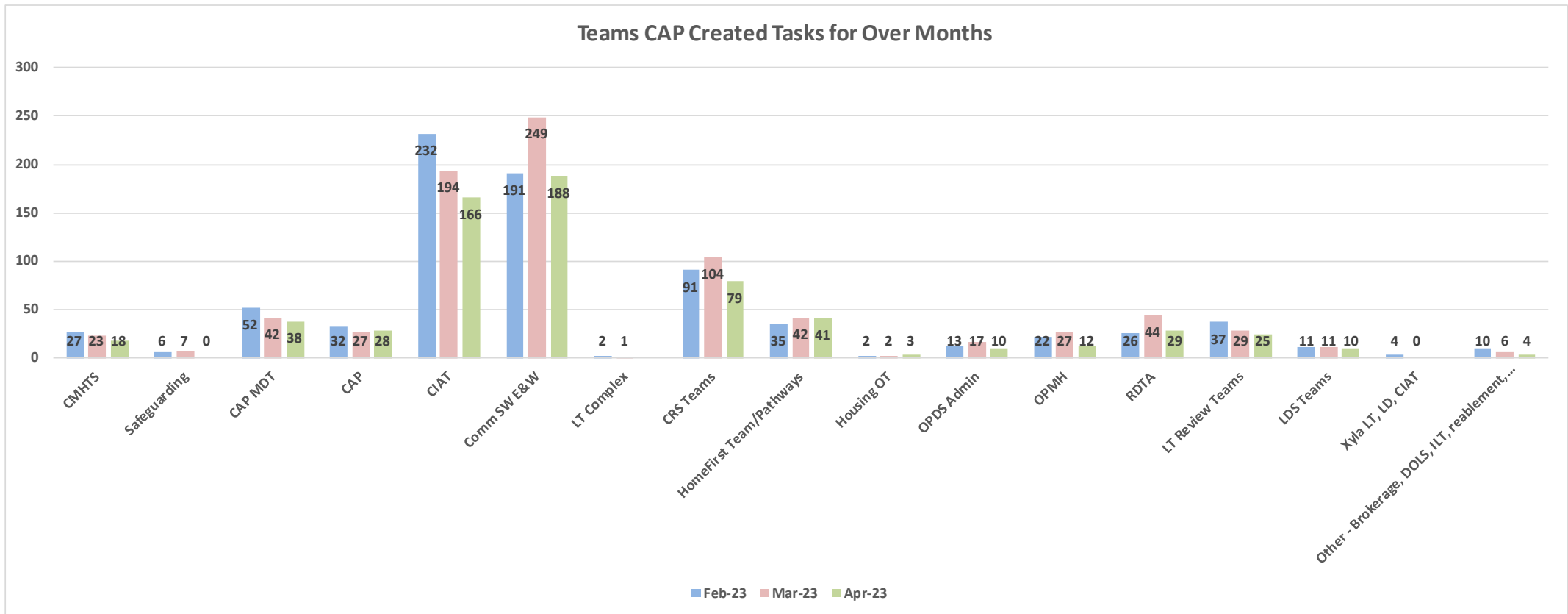
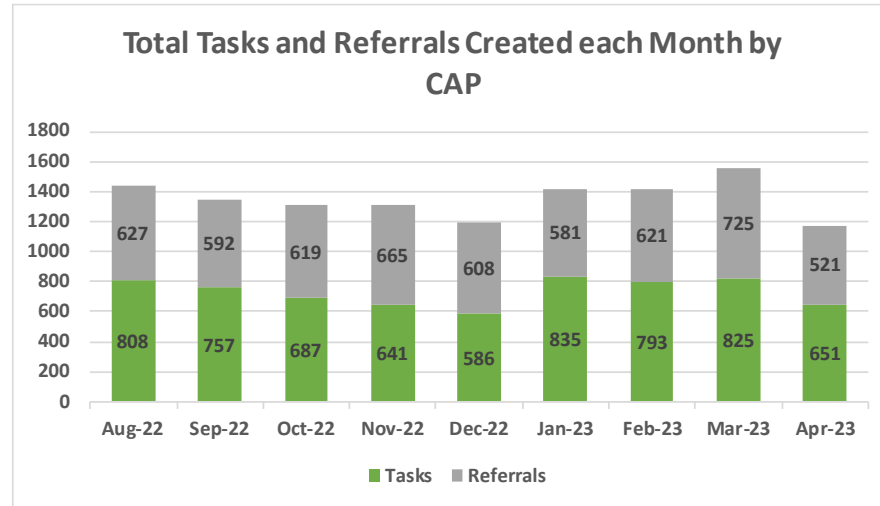
581 Referrals were created by CAP in Mar 2022

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



Referrals are recorded on to WCCIS by CAP for all new requests for information or Advice/Support.

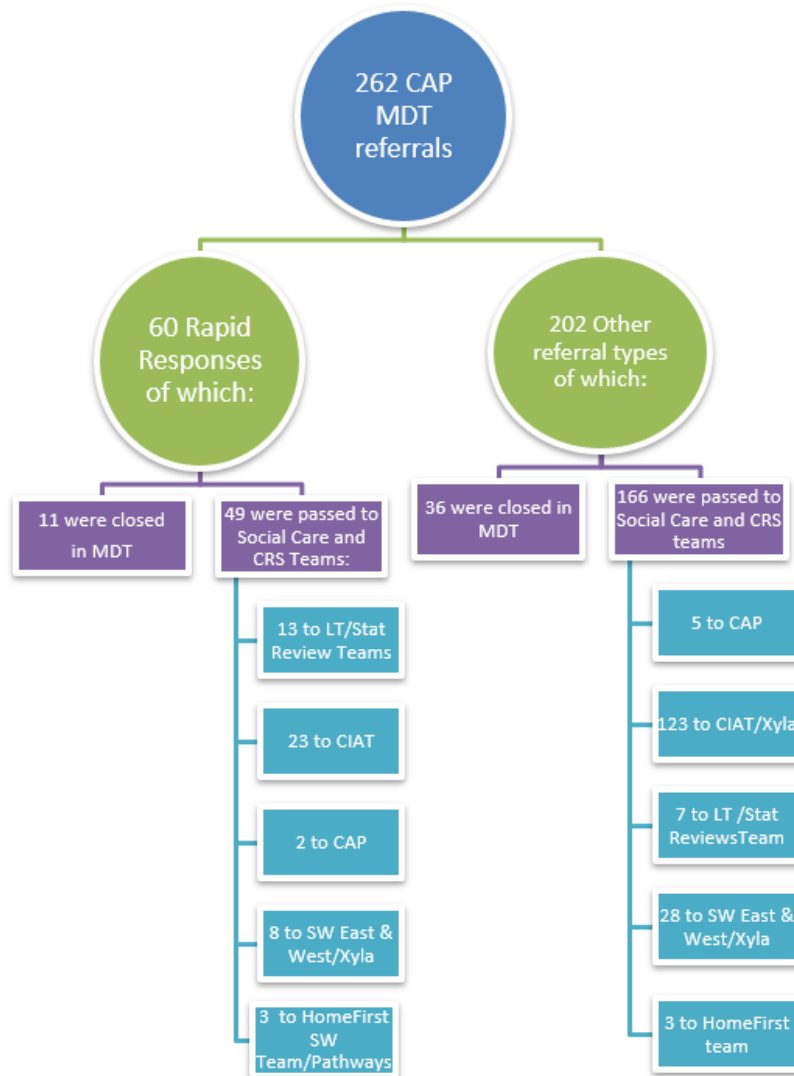
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support. The number of Tasks is reducing each month which indicates service users are contacting the involved teams/staff members directly rather than via CAP





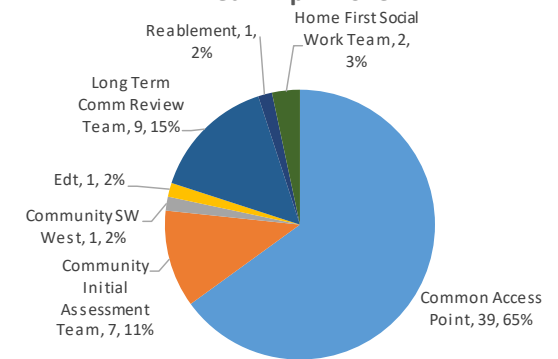
CAP MDT

CAP MDT Data for April 2023 – further development & validation work is being undertaken

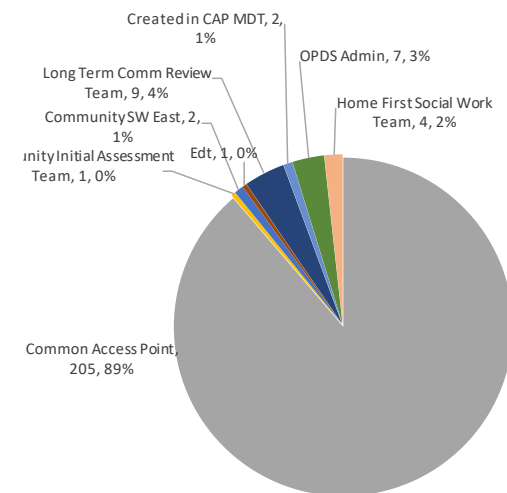


Sending team of Rapid Response Referrals Passed to CAP MDT

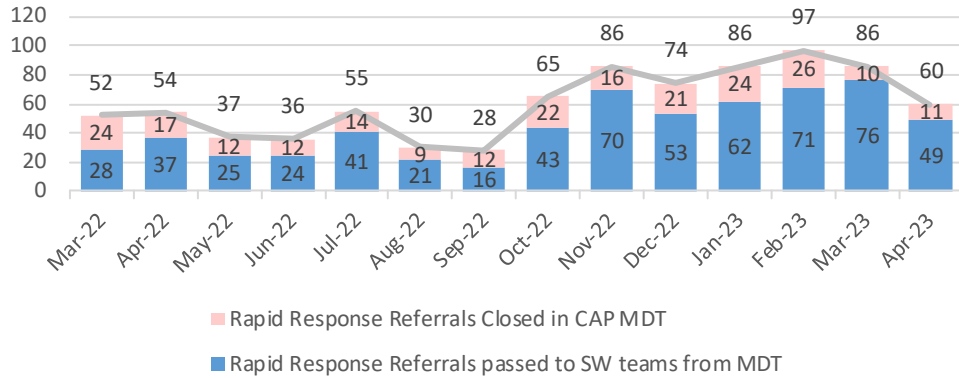
CAP MDT Rapid Response Referral Source Team April 2023



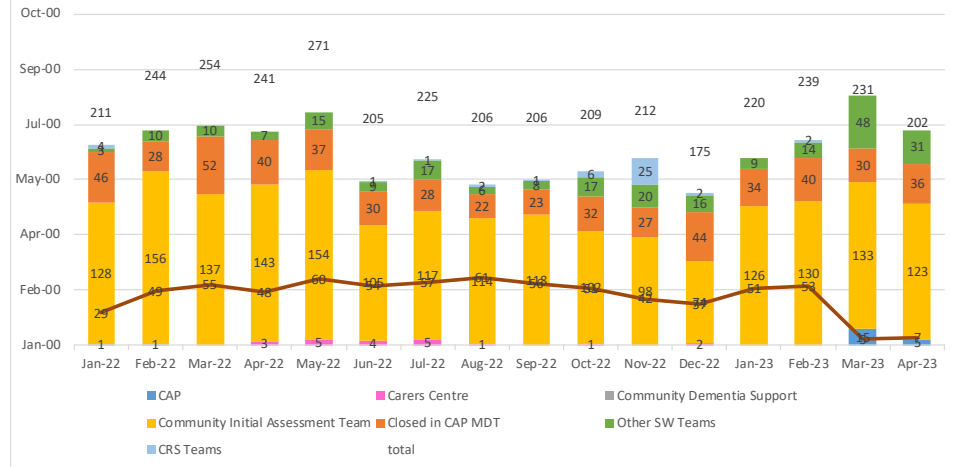
Sending team of Non RR Referrals Passed to CAP MDT



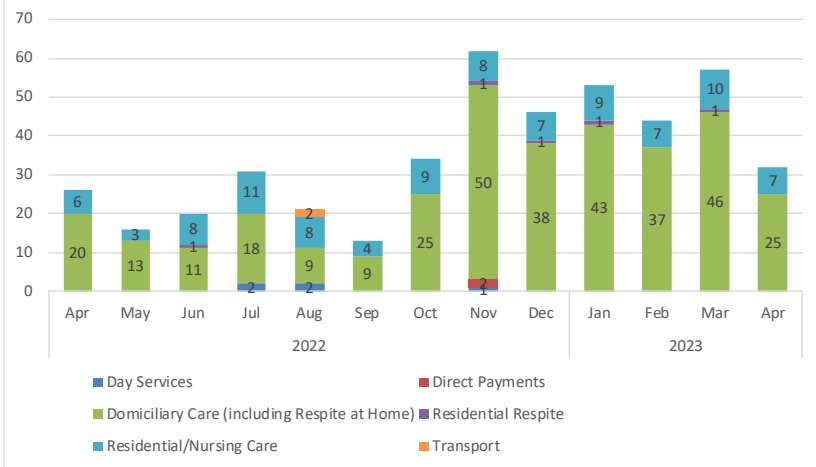
Rapid Response Referrals into CAP MDT and Outcome



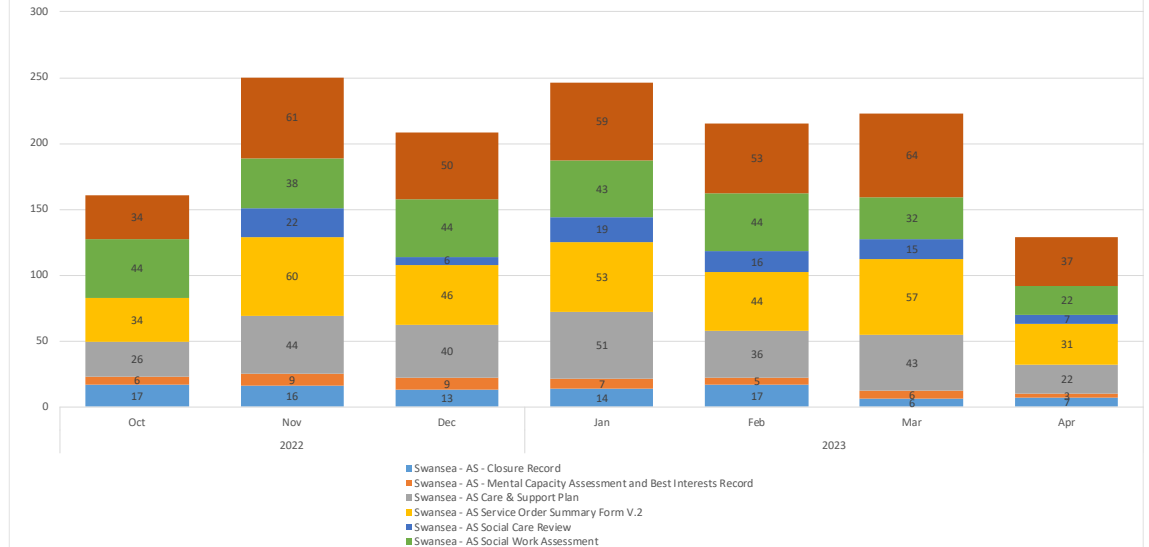
Non Rapid Response Referrals in MDT and their Destination



Type and Amount of Services Requested by CAP MDT each month (via a Service Order Summary Form)



Assessments Undertaken/Forms Completed by CAP MDT



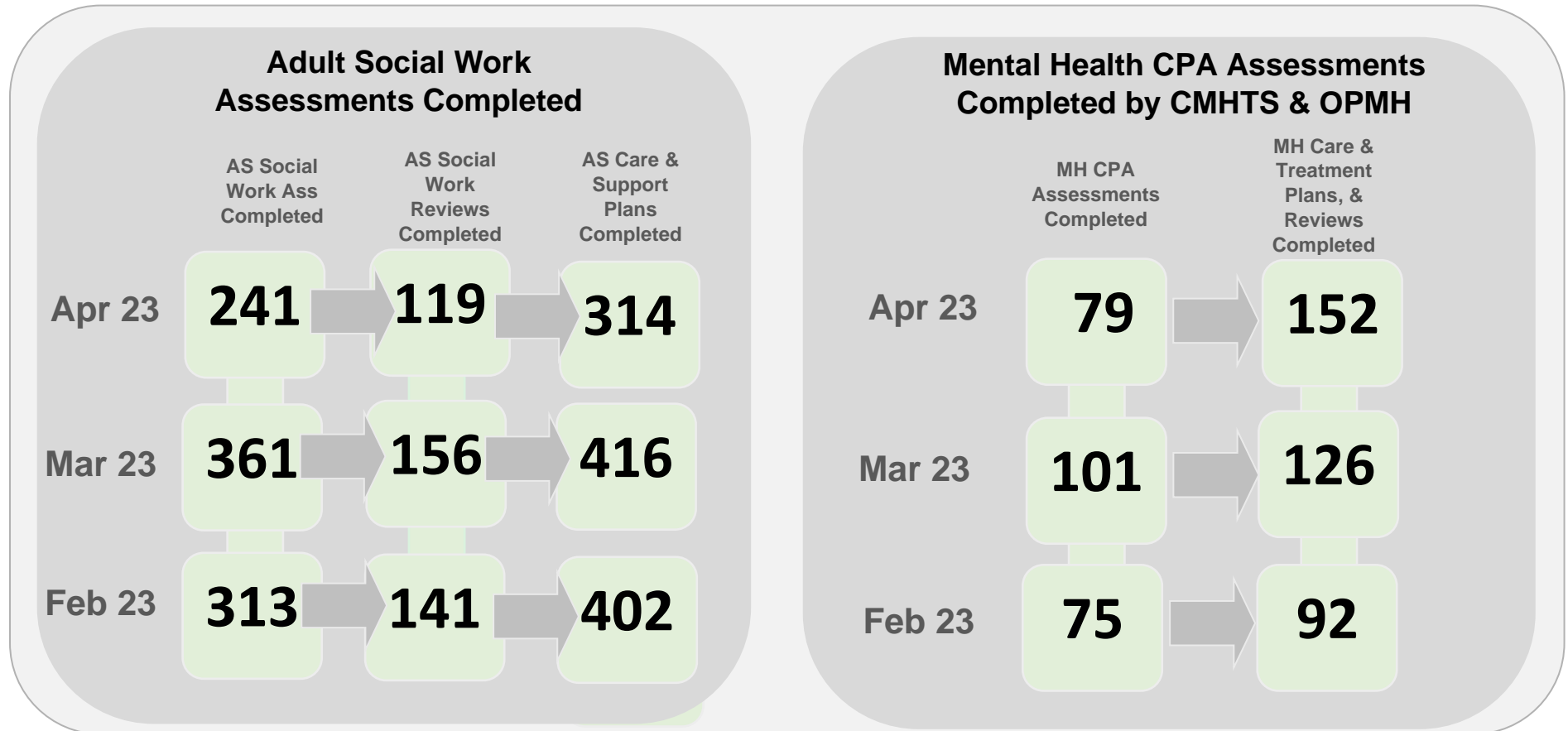
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Assistive technology team having direct links with CAP and being based in the CAP office is working well. Referrals are screened at the front door. • Confirmation to fill a temp Social Work post to cover Maternity Leave, which will be crucial going in to the Summer months. • Completion of a series of Wellbeing Workshops with staff which the CAP manager is positive about the feedback the suggestions made will assist with the opportunity to develop the service. • CAP staff have worked incredibly hard to reduce the number of emails and referrals in the inbox. This has made a significant difference to the service provided. In addition, the team have been able to update the response time on the online referral to within 3 working days (instead of 24hrs), which is a more realistic response time for the Citizens of Swansea. • The role of the CMO in CAP continues to work well with really good relationships being developed with Dom Care agencies and Brokerage. There has been a noticeable decrease in the referrals assigned to other teams. 	<ul style="list-style-type: none"> • Concerns about a more robust Management support with a skill mix at the front door to offer support for the A&I's • Due to the nature of the team concerns about having the opportunity to have time out as a team to discuss some of the team suggestions and to have team building time together. 	<ul style="list-style-type: none"> • The team have been able to recruit a Temp Senior Practitioner from with CAP MDT (with backfill from CIAT). This will enable the team to have a more robust and supportive Management structure at the front door with the Senior Practitioner working with the A&I's with cases along with the earl help offer. • Management to explore options of cover for the team, or using the answer machine function for a few hours in order for the team to have training/team building

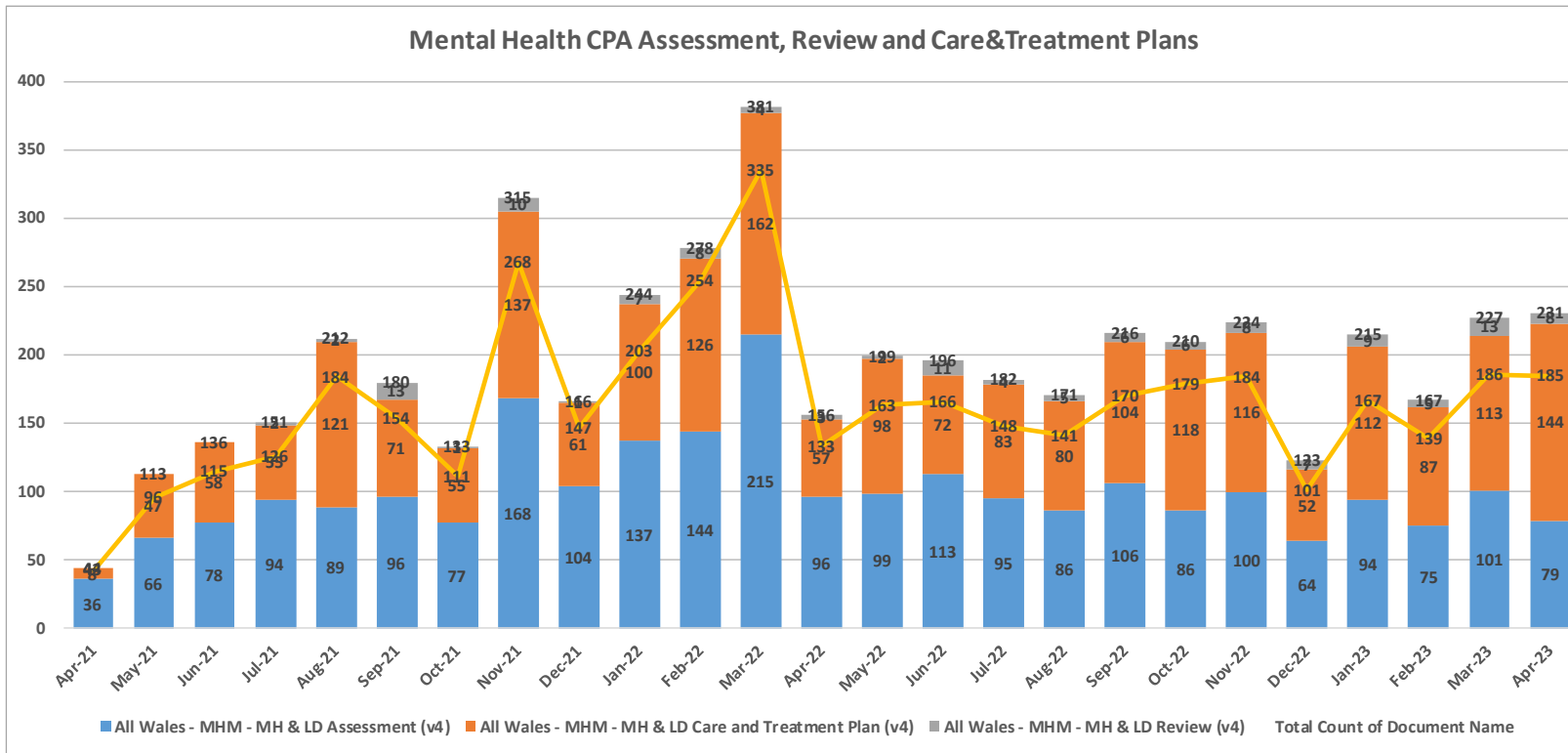
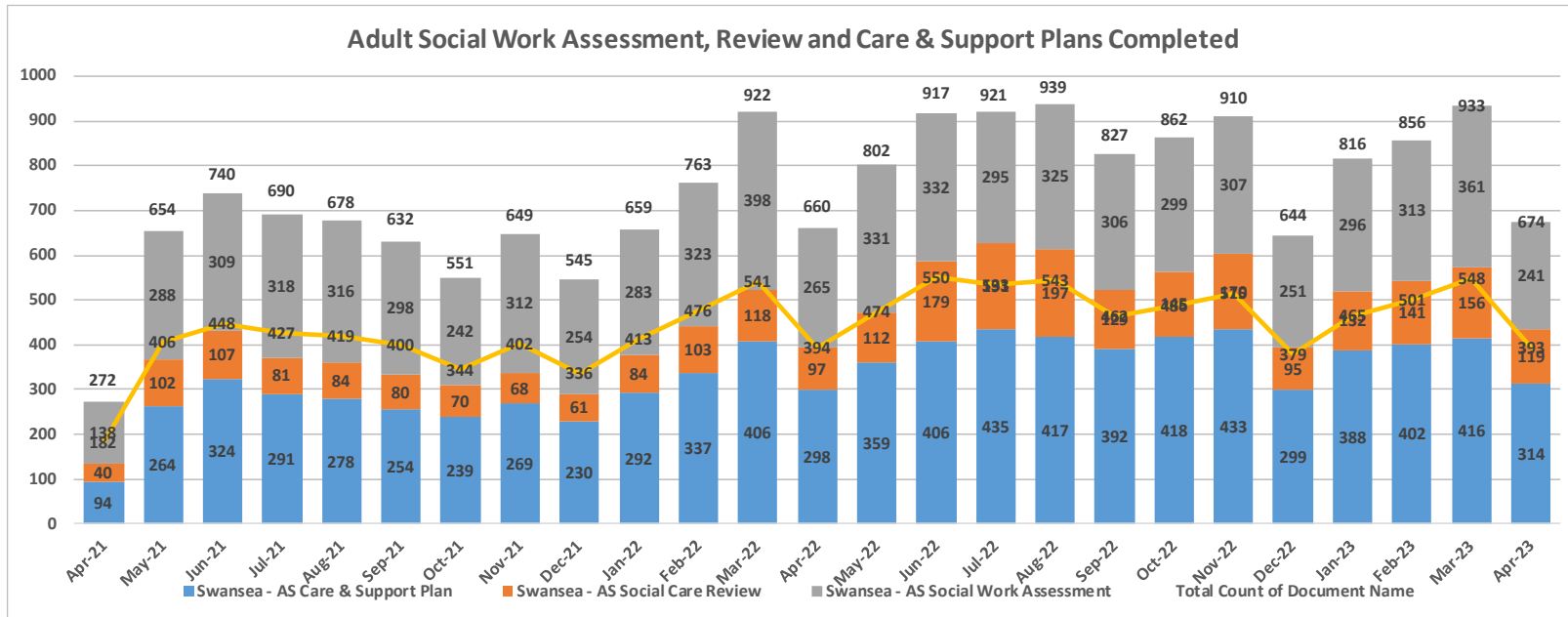


Assessments & Reviews

Reviews

Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.





Community Teams:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> The number of assessments and reviews being completed is increasing however during April there was a bank holiday so numbers have reduced this also coincides with the lower number of referrals coming in through the front door during April.(Common Access Point). Number of reviews being completed. 	<ul style="list-style-type: none"> Staffing within the community teams (Registered staff) Social workers in the teams reducing in numbers. 	<ul style="list-style-type: none"> Recruiting further social workers. Interview process arranged to appoint more social work staff for the community teams.

Mental Health and Learning Disability Services:

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Recruitment to the OPMH team vacancies are concluded with a full compliment of staff in post. LD staff continue to priorities and provide applications to the Court of Protection (COP) in significant numbers. Development of the first regional accommodation scheme via the Housing with Care fund is due to come online on the 26th May. 	<ul style="list-style-type: none"> Recruitment and retention in LD services remains an issue with 4 vacant posts presently, although we are going through the recruitment process to fill these. The volume and complexity of referrals to the COP provides an on-going challenge for both care management and legal services. Level of need for specialist housing remains high and it is hoped that the Housing with Care fund will continue to support development. 	<ul style="list-style-type: none"> Continue to advertise internally and externally for new staff. Outsourcing work to private legal services. Regional Housing Group remain focussed on developing accommodation to meet the needs of people with complex health conditions and those in transition from Childrens services.



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. Work to be undertaken to ensure data is appropriately entered and completed on WCCIS.

96

carers identified in Apr 23

84 offered assessment (87.5%)

33 assessments/reviews undertaken

154

carers identified in Mar 23

142 offered assessment (92.2%)

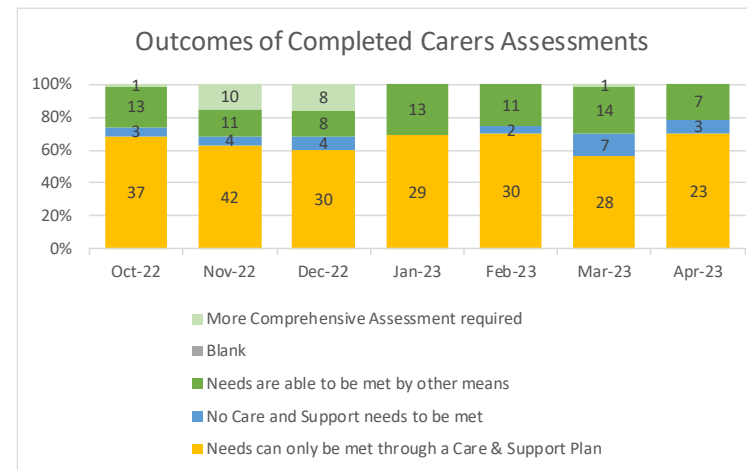
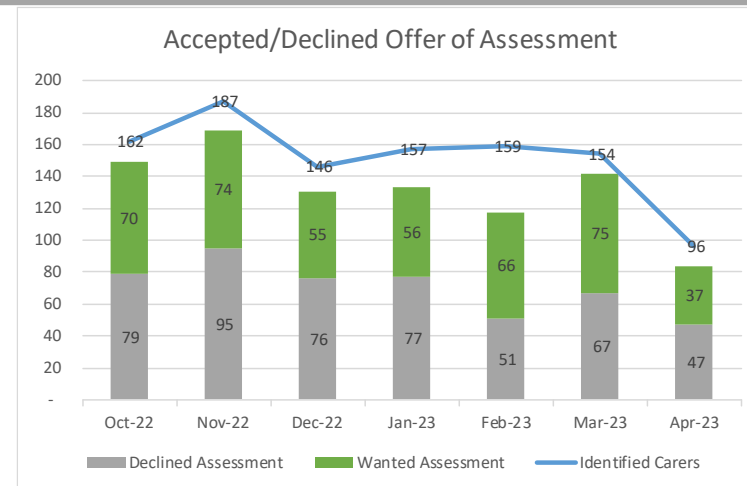
50 assessments/reviews undertaken

159

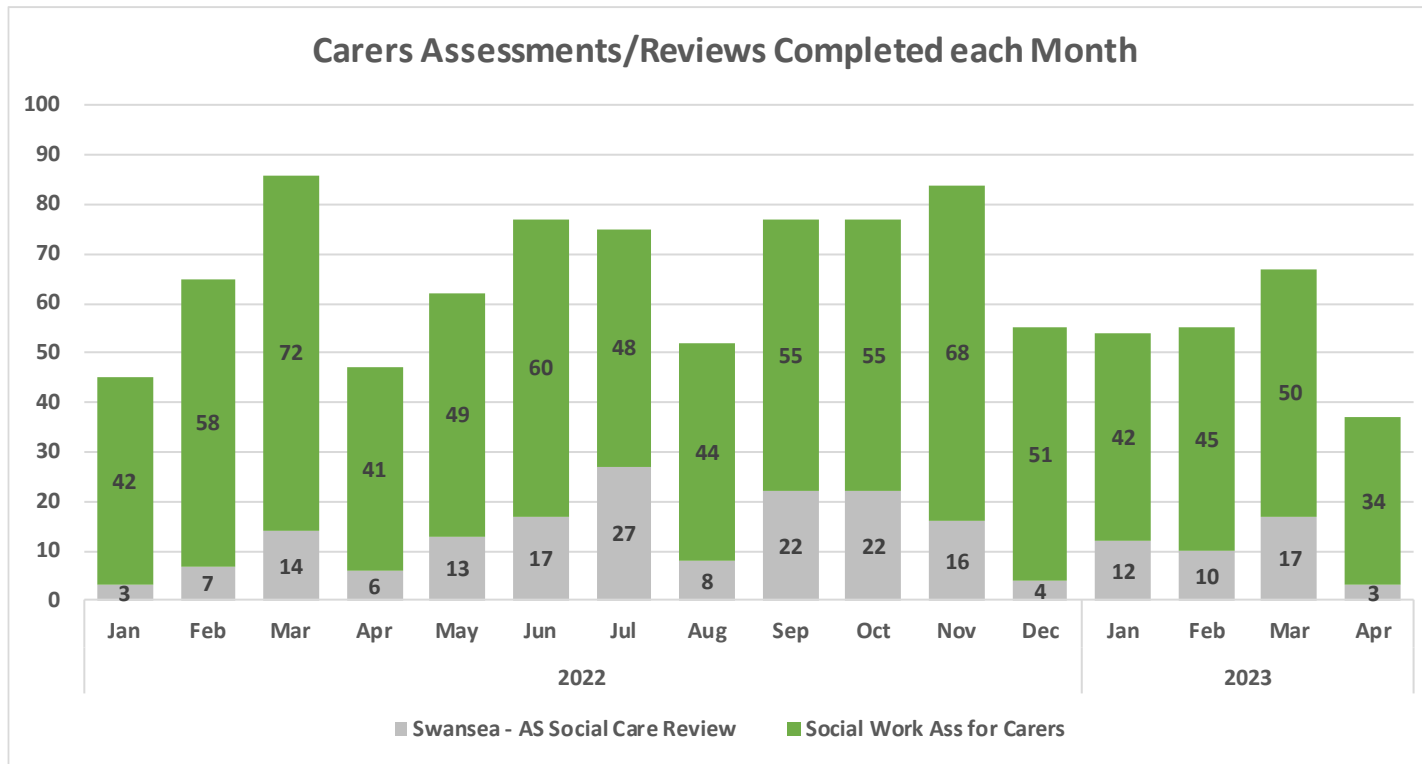
carers identified in Feb 23

142 offered assessment (76.1%)

55 assessments/reviews undertaken



Carers Assessments and Reviews completed



What is working well?	What are we worried about?	What we are going to do
<ul style="list-style-type: none"> Regional Carers Programme which demonstrates considerable and effective support for carers via 33 community based services and provided carers support to approx. 6000 carers during 22-23 Review of existing externally commissioned services for carers and development of co-produced re-commissioning options 	<ul style="list-style-type: none"> Reduction in carer's assessments – possibly seasonal. Meeting the needs of carers ongoing. Use of direct payments to support Carers is not optimal. 	<ul style="list-style-type: none"> Redesign contract specifications for externally commissioned services to improve offer to carers. Systems thinking review of direct payment processes to improve / enable use of DP for carers.

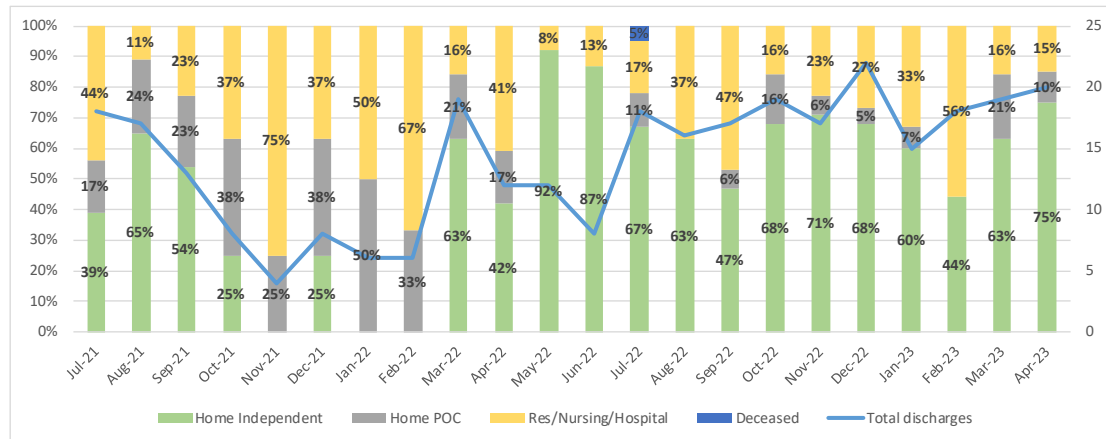


Residential Reablement

During February, March and April Residential Reablement services in Bonymaen had an overall percentage of 68% of people returning to their own homes, independently and with care packages.

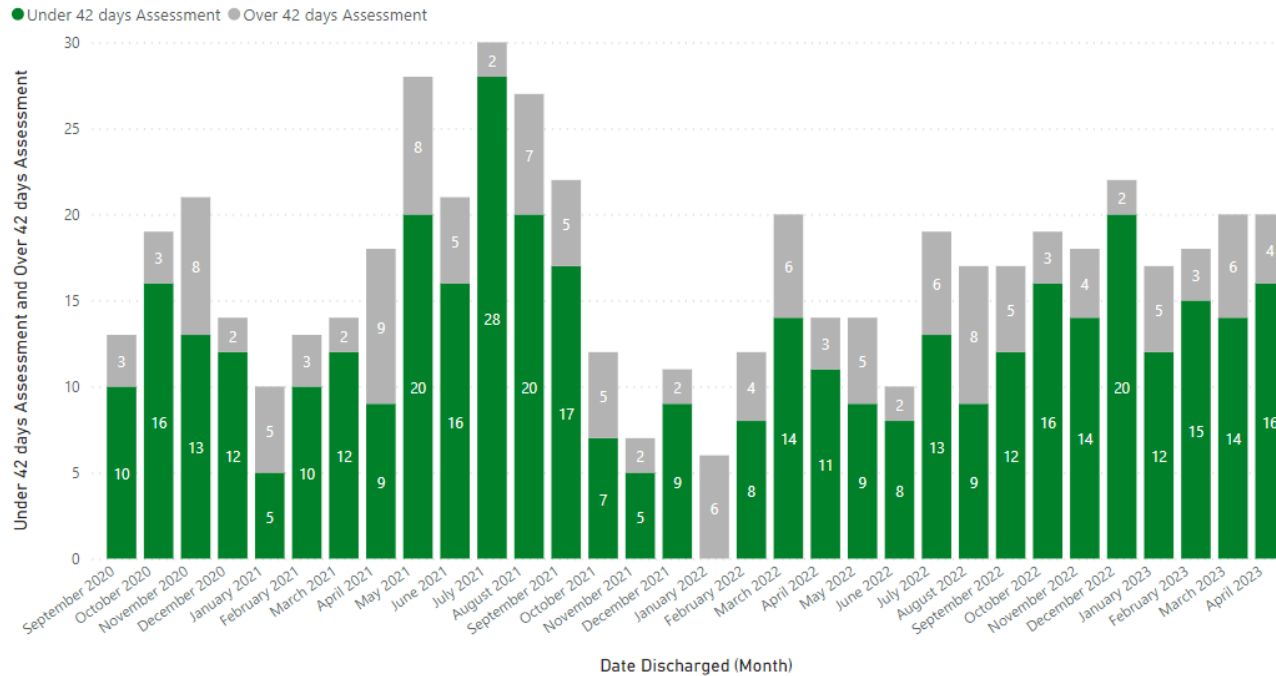
<p>19 Admissions (Apr 23) 17 from Hospital 2 from Community</p>	<p>20 People left residential reablement (Apr 23) 13 people left residential reablement in Apr 22</p>	<p>17 People went home (2 with care, 15 with no care) 2 Hospital, 1 Residential</p>
<p>16 Admissions (Mar 23) 15 from Hospital 1 from Community</p>	<p>19 People left residential reablement (Mar 23) 20 people left residential reablement in Mar 22</p>	<p>14 People went home (0 with care, 14 with no care) 1 Hospital, 4 Residential</p>
<p>19 Admissions (Feb 23) 14 from Hospital 5 from Community</p>	<p>18 People left residential reablement (Feb 23) 5 people left residential reablement in Feb 22</p>	<p>8 People went home (0 with care, 8 with no care) 1 Hospital, 4 residential</p>

Percentages Leaving Residential Reablement & Outcomes

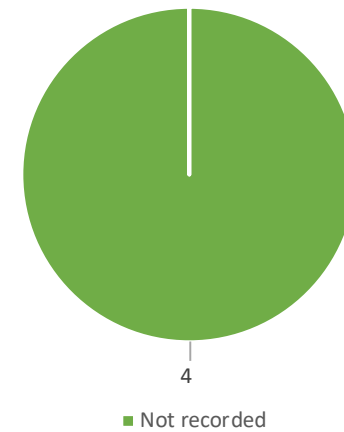


Bonymaen House - Total Discharges each month Within and over Targeted 42 Day Assesments period

Under 42 days Assessment and Over 42 days Assessment by Date Discharged (Month)



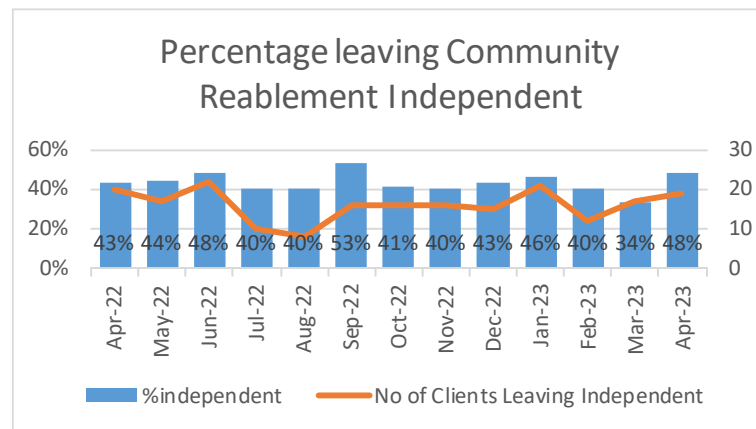
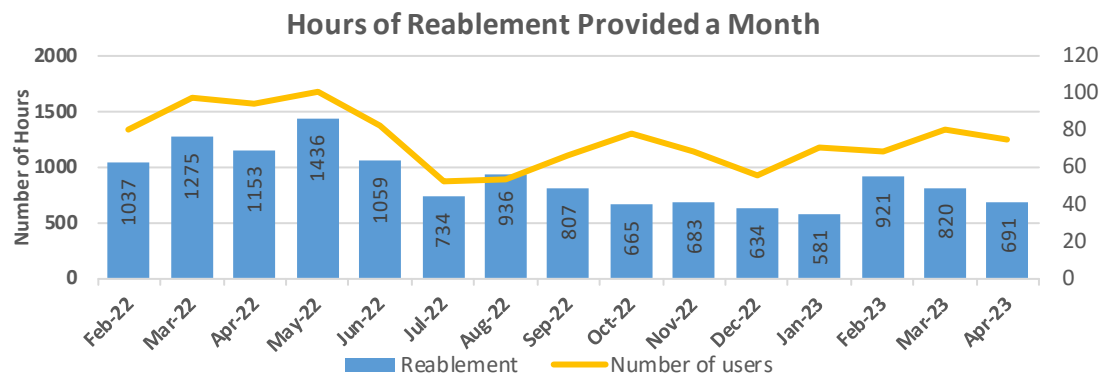
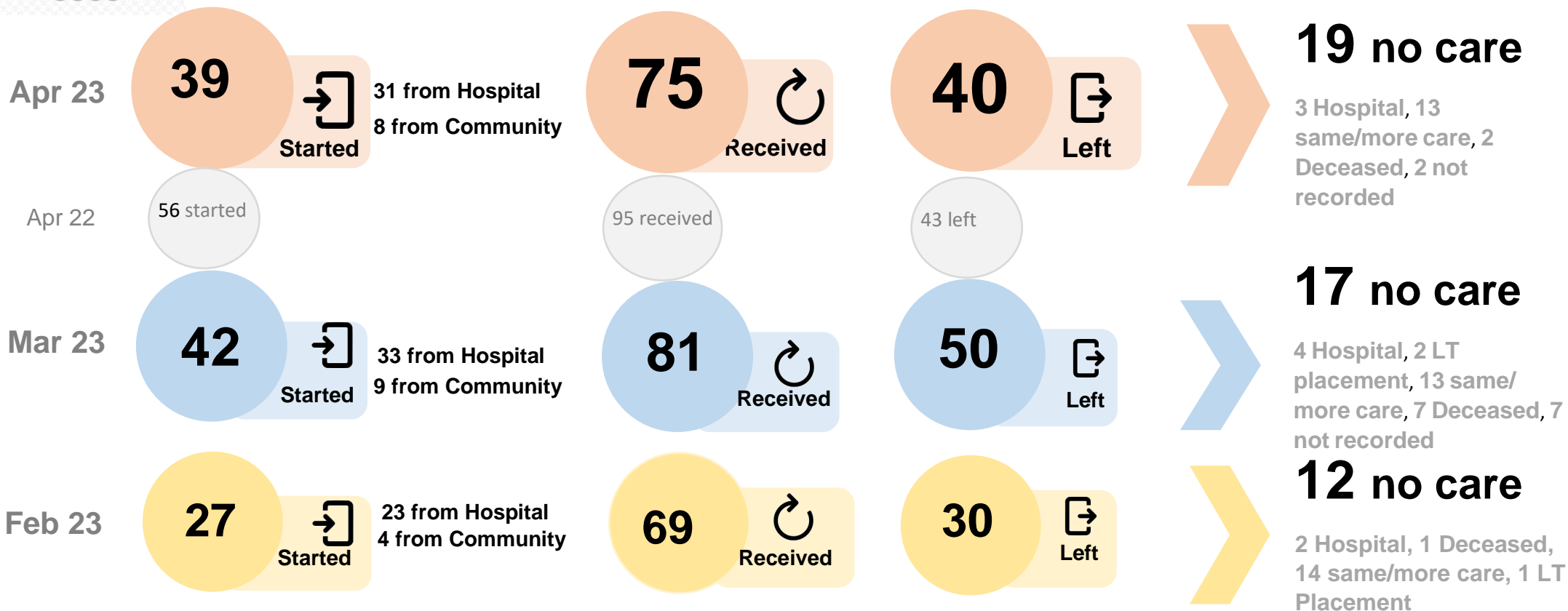
Reasons for discharge over 42 days - April 2023



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Continue to have a high percentage of people returning home, particularly without a package of care. Increased admissions and discharges. 	<ul style="list-style-type: none"> There are still a small number of people requiring readmission to hospital Discharges over 42 nights due to SW delays 	<ul style="list-style-type: none"> Continue to monitor Reviewing reasons for discharges over 42 nights.



Community Reablement

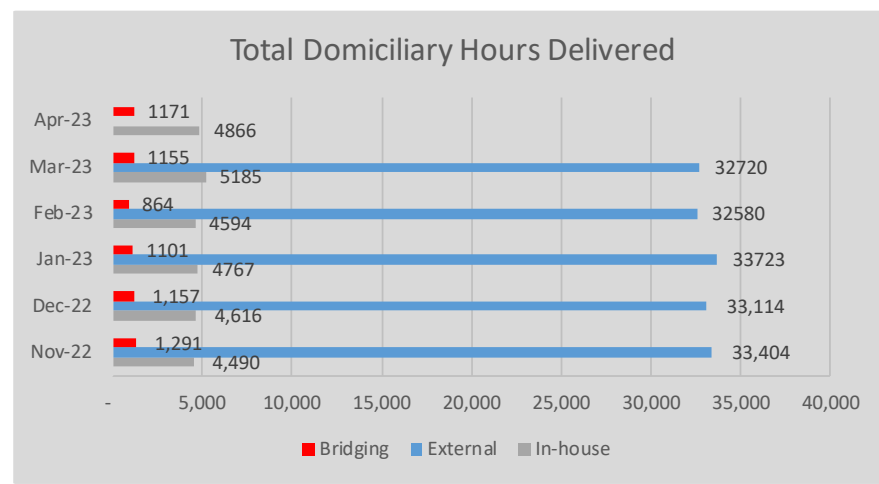
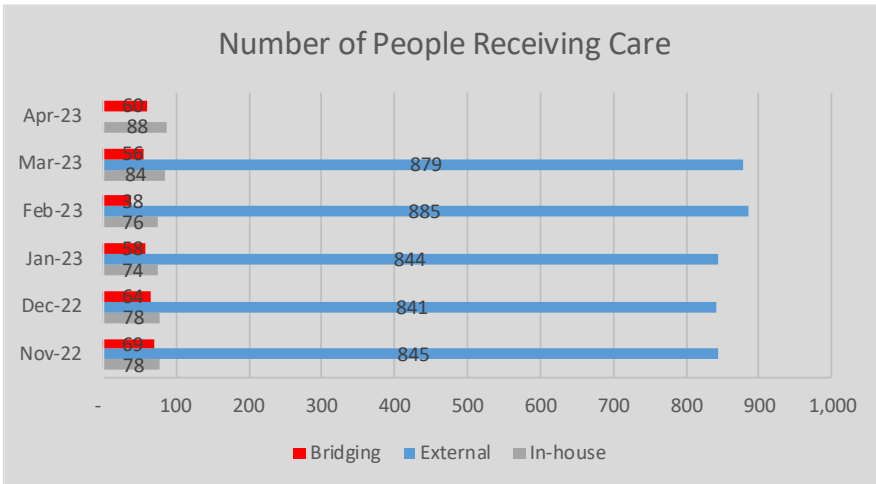
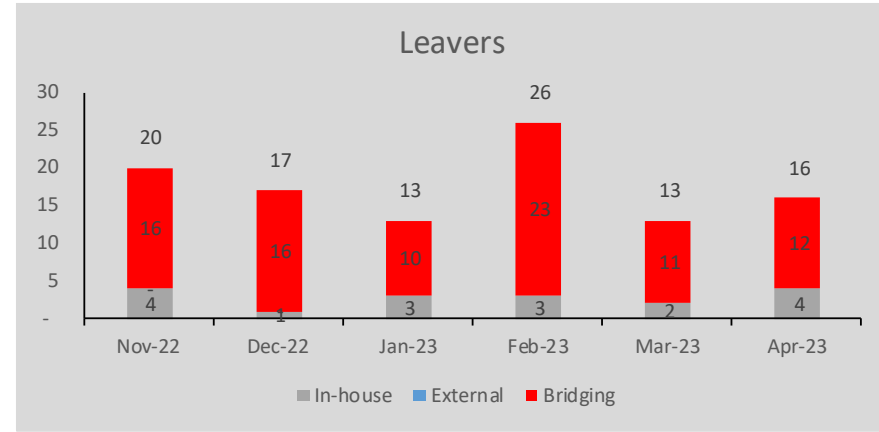
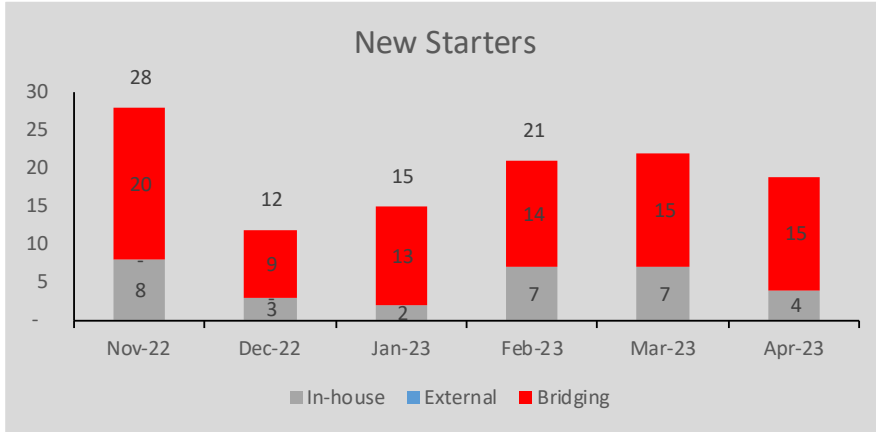


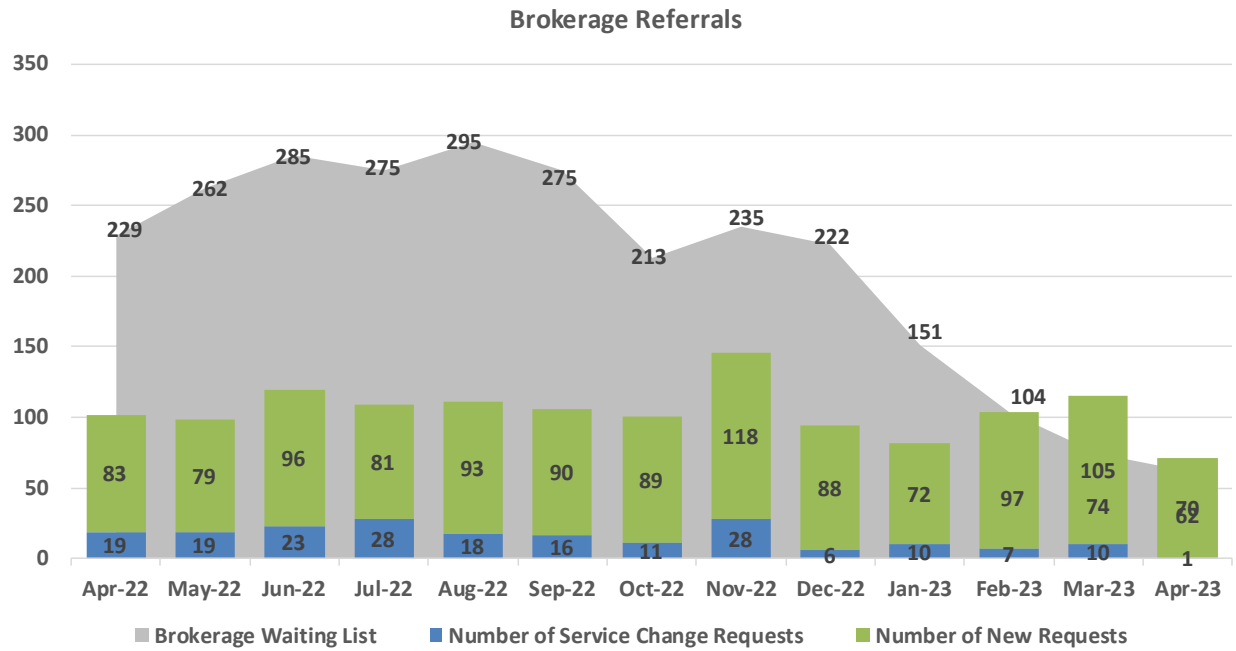
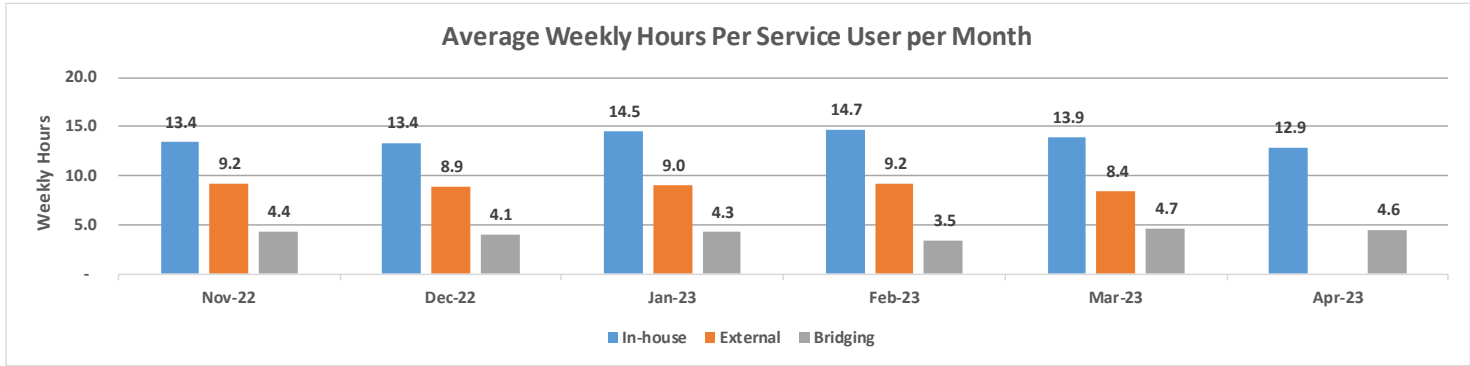
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> The third way of working as part of the pilot management restructure. Both long term and reablement have been brought together under geographical Managers - Central, North and West - which is aimed at maximising use of the capacity available to provide care and support across both service types. The percentage of individuals that are now leaving the service as independent has increased. 	<ul style="list-style-type: none"> Numbers of packages of care that are being bridged/awaiting onward package of care and support via brokerage blocking flow. The increase in the number of individuals now waiting for care on our WCCIS duty desks. Staffing deficits including annual leave and vacancies are still above where we would like them to be at 38% for Reablement and changes in Welsh Government Guidance around attendance at work for respiratory illnesses including covid may further add to our deficits in the coming months. Failure to recruit to all of our community care assistant vacancies across the service – 4 x 28 hour posts across reablement service combined with staffing deficits is restricting capacity. 	<ul style="list-style-type: none"> CMO resource identified from the Home First Social Work team to support with getting packages of care onto the brokerage list via a formal social work assessment. This is part of the wider discussions around the Trusted Assessor model. Recruit to vacant posts, subject to authorisation at panel. It is anticipated that the above will help increase admissions into service and flow.



Long Term Domiciliary Care

Due to when the service receive Call Monitoring logs and invoices from external providers, we are always 2 months behind in reporting for externally commissioned care. In addition, our dom care hours and number of people receiving care are based on actuals from invoices. This can lead to delays in achieving accurate results as some providers are 8 weeks behind in their invoicing





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?
<ul style="list-style-type: none"> Continued stability of services Effective and timely allocation of care leading to reduced brokerage numbers meaning fewer people waiting for care. Ongoing gradual increase in market capacity. 	<ul style="list-style-type: none"> Ongoing operational cost pressures Ongoing workforce recruitment and retention pressures. 	<ul style="list-style-type: none"> Continue to Review service and commissioning models to achieve more sustainable and stable services. Review pricing strategy as part of dom care framework refresh. Maintain fuel subsidies for 23/24 to help with increased fuel costs. Explore free parking permits to enable dom carers to park free of charge at council locations. Continue to attempt to develop ways to increase social care workforce. Widen FACS processes to enable hybrid solutions which include use of Micro enterprises and Direct Payments.

Internal Long Term Care:

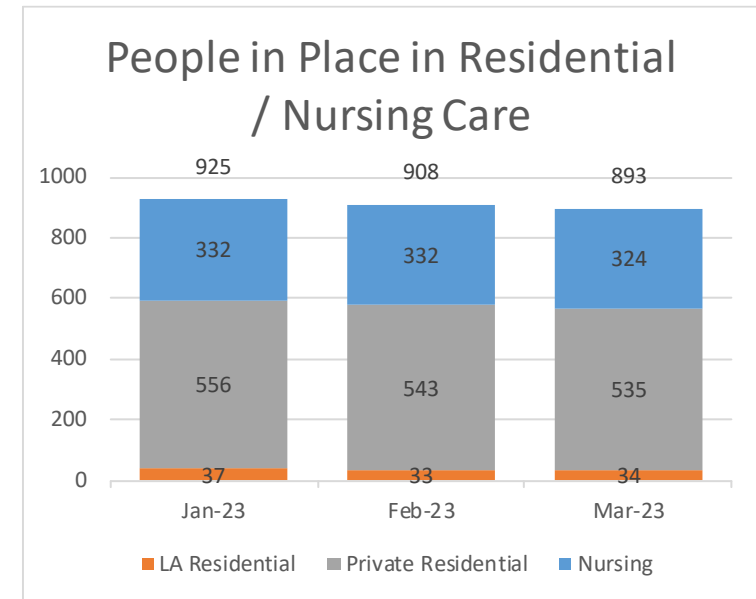
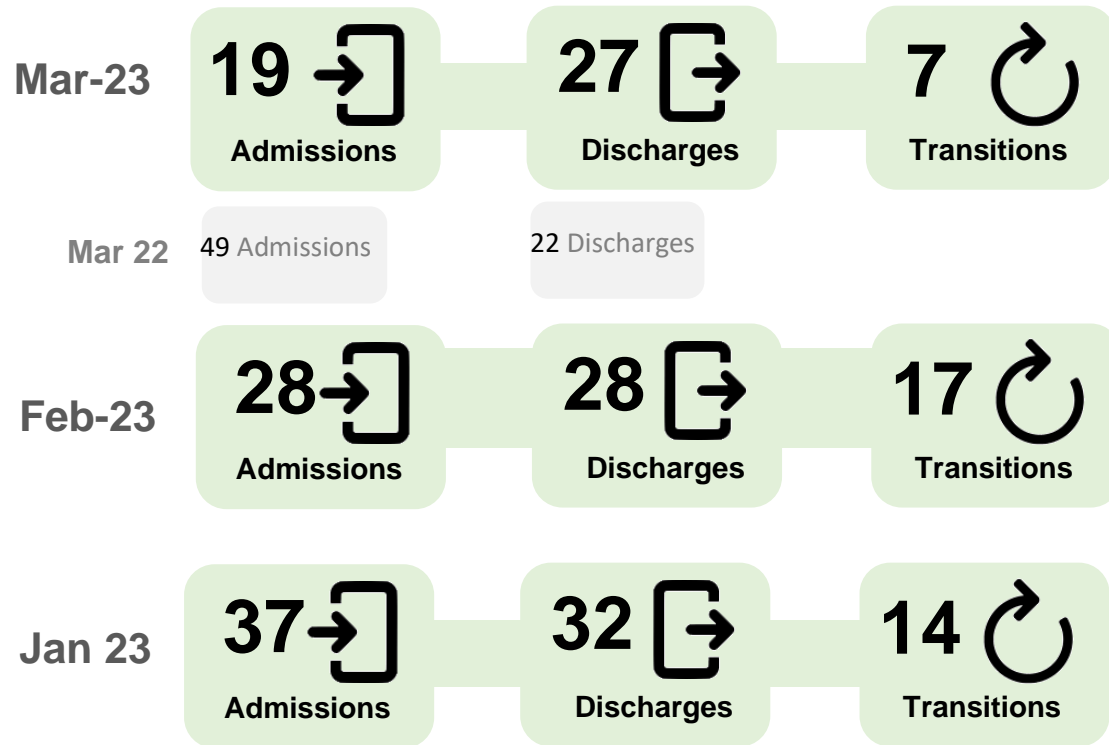
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Right sizing work within the long-term complex service is resulting in smaller packages of care and therefore we using available capacity to support more people. Third way of working asp for the reablement service return. 	<ul style="list-style-type: none"> Volume of individuals being bridged in long term complex is also utilising capacity that could otherwise be used for the growing number of individuals awaiting care on our WCCIS duty desks. Mental health and behaviour complexities of individuals being supported in the long-term complex team. Staffing deficits as for Reablement (as above in reablement) Vacancies – we’re currently holding 14 x 28 hour vacancies in Long-term complex plus 1 resignation pending. 	<ul style="list-style-type: none"> Re-visit the criteria for Long Term Complex care as part of the wider work on Rebalancing Domiciliary Care. Pursuing Positive Behaviour Management (PBM) training for staff coupled with enhanced training in substance abuse and mental ill health via Staff Development & Training. Recruitment activity as for Reablement.



Residential/Nursing Care - Permanent

We have worked with the finance teams and fully revised our methods to ensure accurate information. Alternative methods of gathering this data are being investigated to see if we can get faster accurate data. WCCIS is being developed to fully meet requirements for internal & external residential care and reports have been developed. We are in the process of ratifying data.

Previous months information is updated as systems are updated.



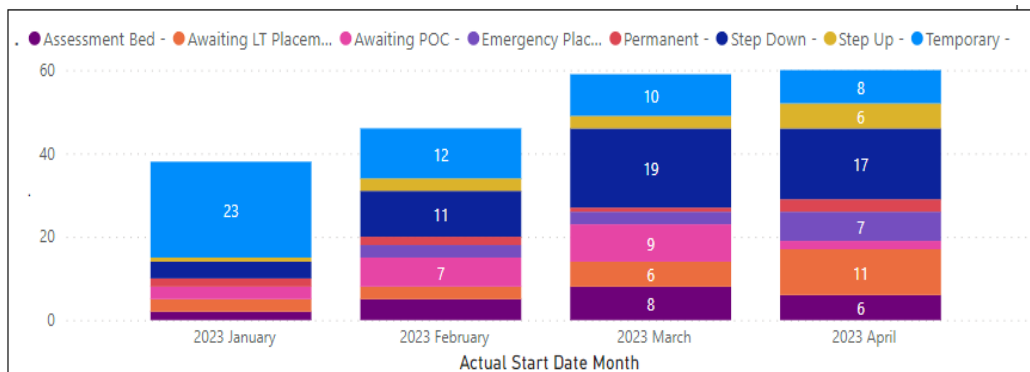
What is working well?	What are we worried about?	What we are going to do?
<p>External Provision</p> <ul style="list-style-type: none"> • Collaborative work with Providers and Health Board to monitor costs pressures • Development of joint monitoring processes with Swansea Bay Health Board. • Creation of two block booked Residential Respite Beds to support carers 	<p>External Provision</p> <ul style="list-style-type: none"> • Ongoing workforce recruitment and retention pressures • Ongoing inflationary pressures • Continued low occupancy levels at some homes creating potential financial instability for some providers. 	<p>External Provision</p> <ul style="list-style-type: none"> • Implement joint contract monitoring arrangements with SBUHB • Implement increased rates to address RLW and rising costs • Ongoing monitoring of occupancy levels and discussion with fees subgroup to assess cost impacts.
<p>Internal Provision</p> <ul style="list-style-type: none"> • Planned respite continues to increase and bookings being taken up to 6 months in advance. • Increase in awaiting long term residential. • Increase in individuals returning home independently. 	<p>Internal Provision</p> <ul style="list-style-type: none"> • Still some delays in return home due to POC supply. • Increase in individual's length of stay which may be linked to increase in long term residential being identified. • Slight Increase in individuals returning to hospital. 	<p>Internal Provision</p> <ul style="list-style-type: none"> • Continue to track and monitor referrals and level of need.



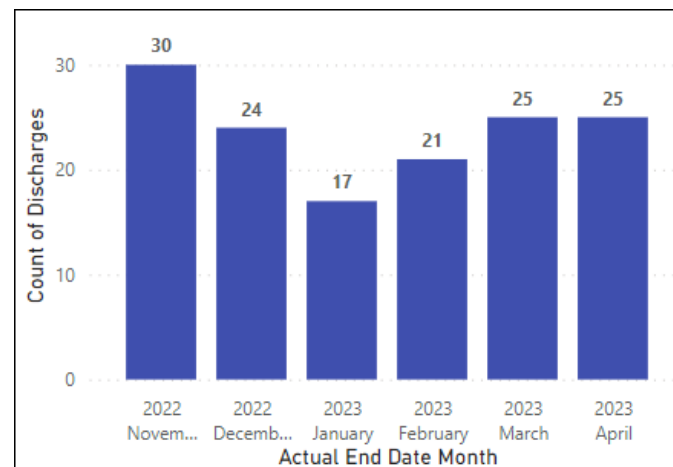
Older People Internal Residential Care – Permanent & Step Up / Step Down

WCCIS is now being used to record and collect data on Internal Residential Care. All data continues to be validated.

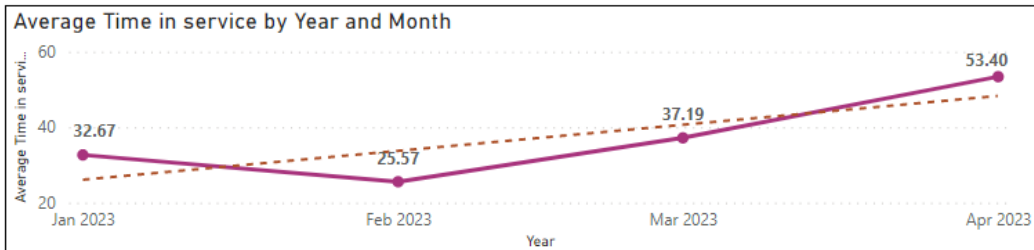
Admissions



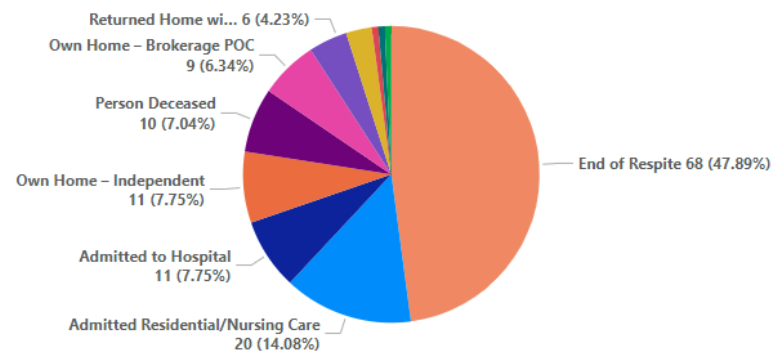
Discharges:



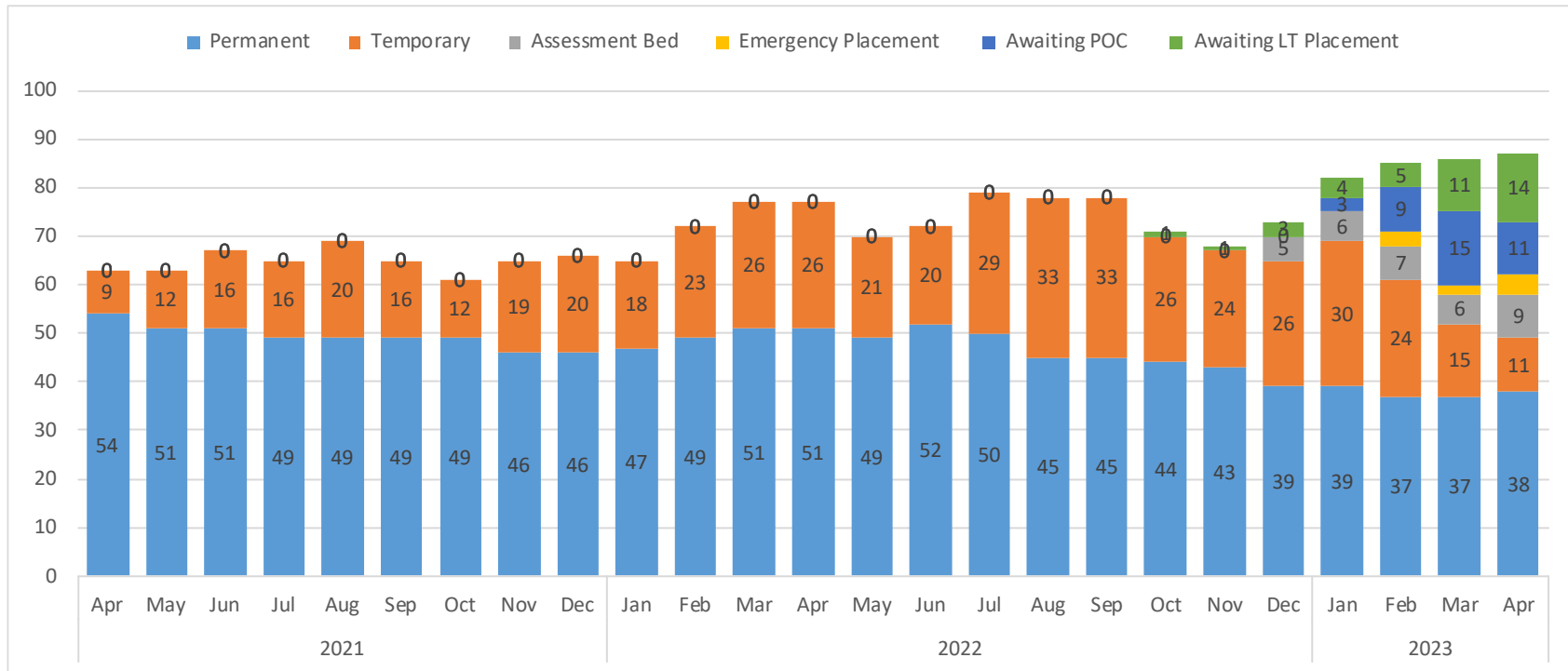
Average time in Service for Temp Placements only over Period
Nov 22 to Apr 23



Discharge Destinations over Period Nov 22 to Apr 23



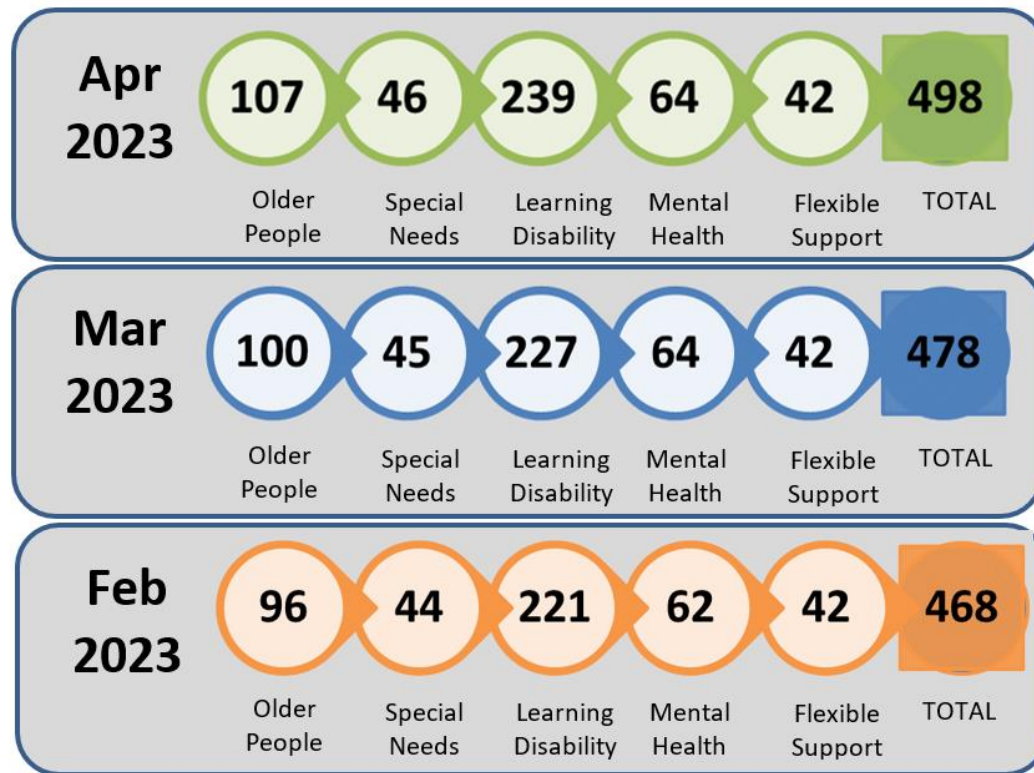
Clients in Place During Each Month:



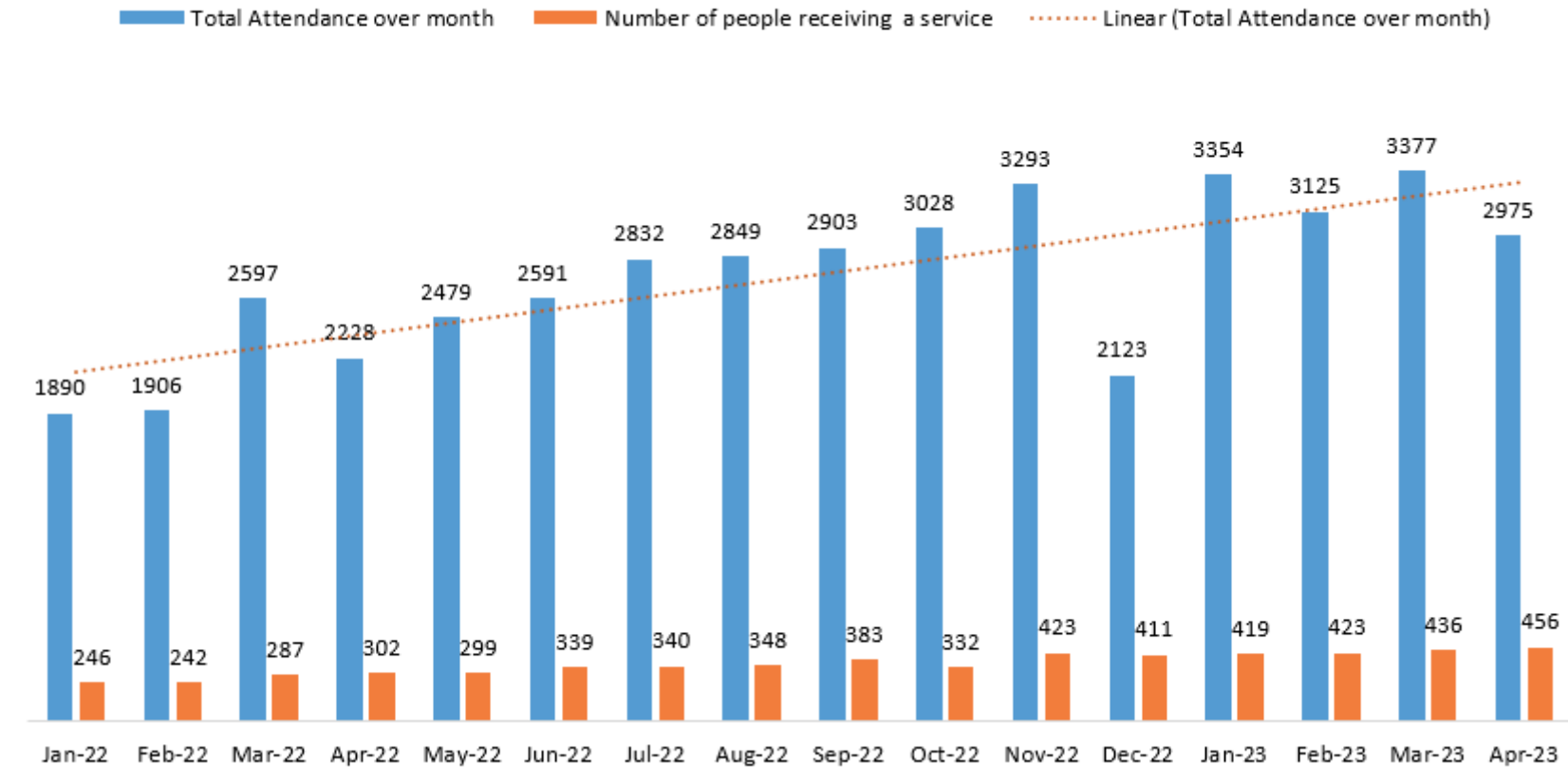
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Planned respite continues to increase and bookings being taken up to 6 months in advance. Increase in awaiting long term residential in the private sector. Increase in individuals returning home independently. 	<ul style="list-style-type: none"> There are still a small number of people requiring readmission to hospital. Discharges over 42 nights. 	<ul style="list-style-type: none"> Continue to monitor. Reviewing reasons for discharges over 42 nights.

Internal Day Services for Older People, Special Needs and Learning Disabilities

The data below is extracted from Abacus plus a manual record of Health users and a number of other recording systems. This is the number of unique people who have attended a day service, together with the number of places used each month. Updates on attendance are made by the service and therefore there can be some delays in achieving accurate fully up to date data. Internal Day Services Service Provisions are soon to officially 'go live' on onto WCCIS. This will provide a streamlined approach to gathering data on unique service users and admissions and discharges. Work has also commenced on External Day Services Provision.



Day Services

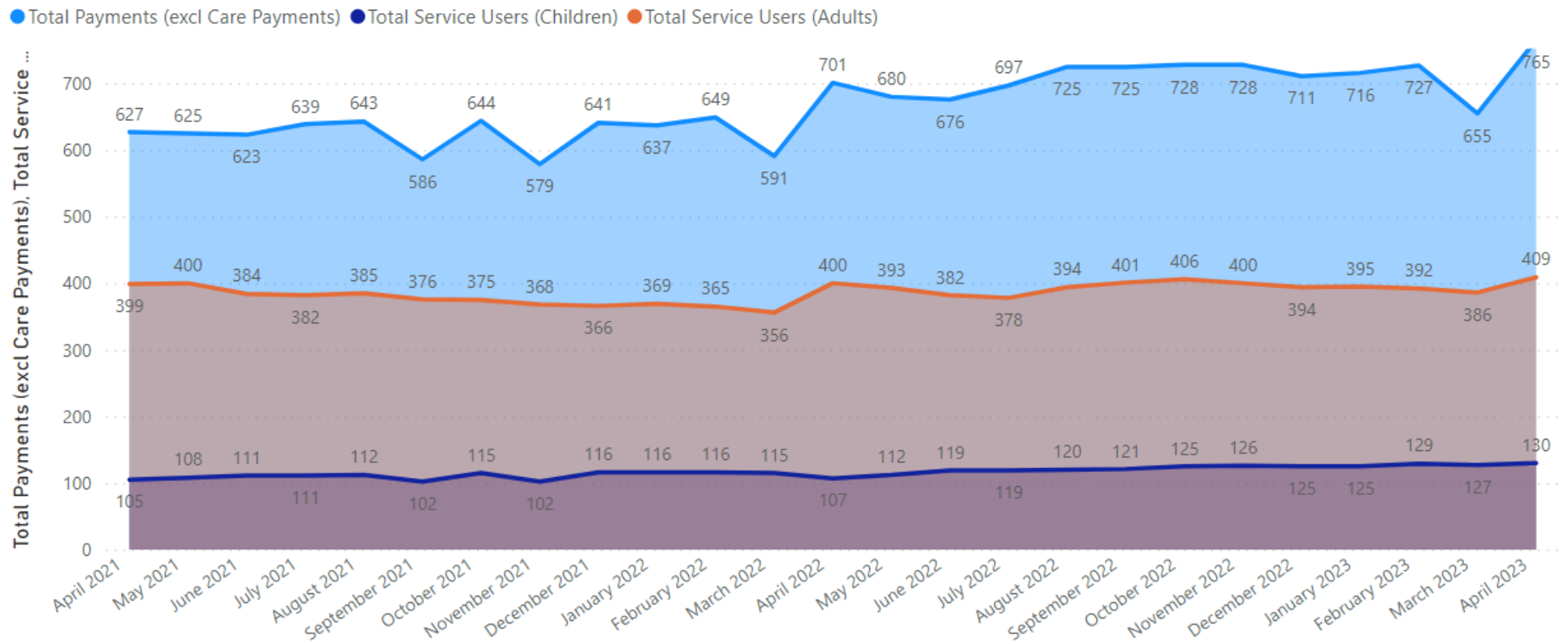


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Increase in referrals 	<ul style="list-style-type: none"> Slight decrease in attendance – Covid, other sickness. 	<ul style="list-style-type: none"> Monitoring use and attendance in LD day services.

Direct Payments

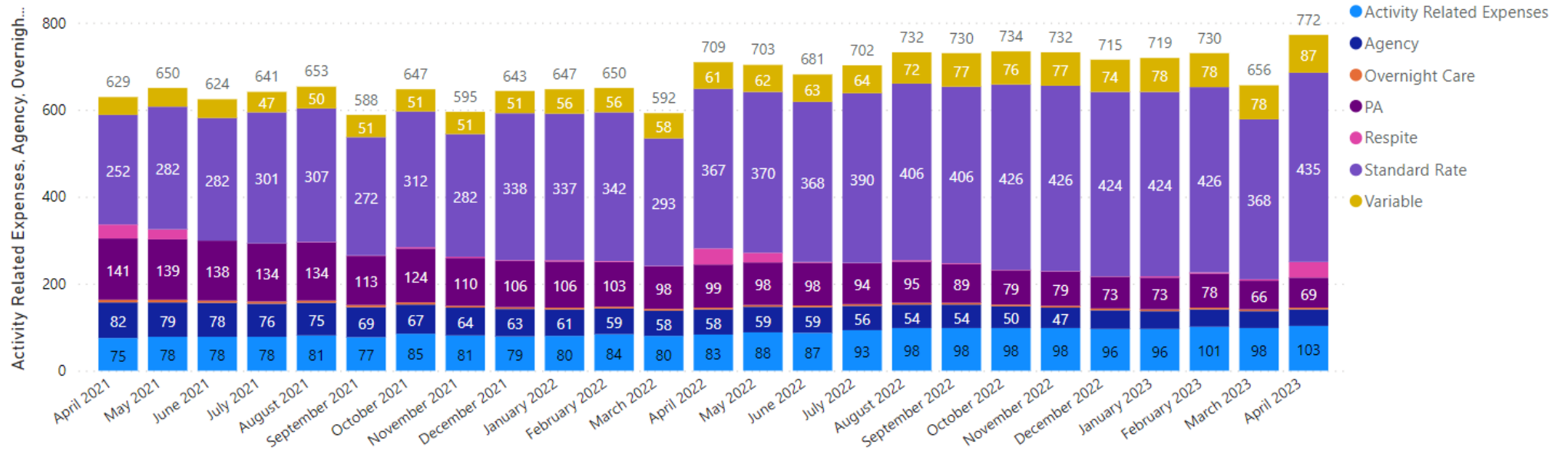
Number of Payments each Month Plus number of Unique Service Users

Total Payments (excl Care Payments) and Number of Service Users by Month



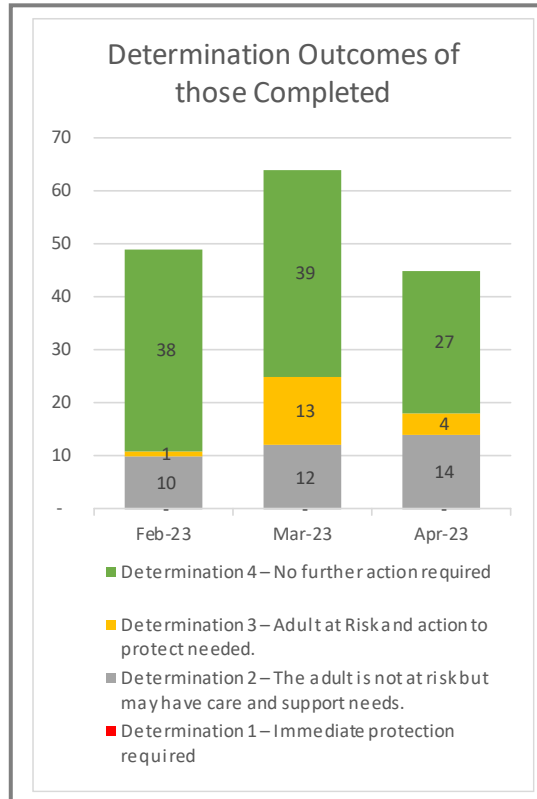
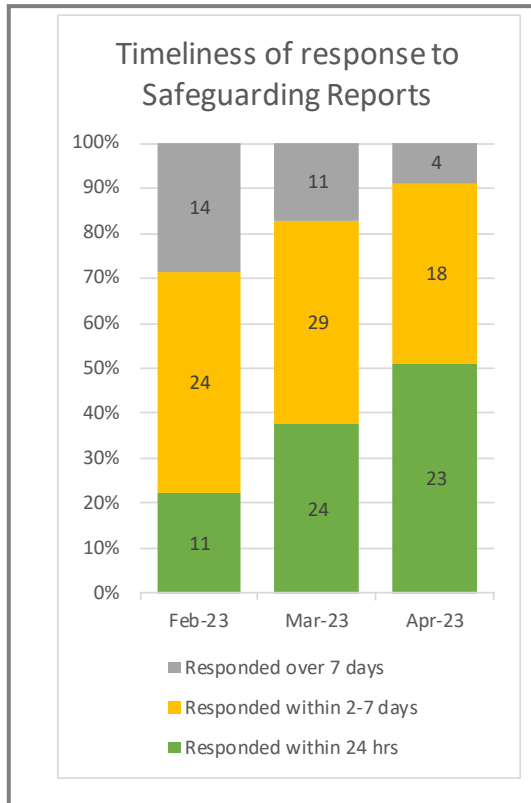
Number of Payments each Month based on Type of Payment

Number of payments based on payment type



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Stabilisation of services from new Managed Account service Provider (Compass) • Successful recruitment of PAs which has significantly increased additional no of PAs available to provide care and support. • Combined DP and Dom care FACS panels to create process efficiencies and improved access to services. • Gradual increase in use direct payments across all areas (meaning reduced pressure on commissioned services and more cost-effective options for meeting needs) • Commencement of systems thinking review to improve performance of DP services. 	<ul style="list-style-type: none"> • Opportunities to use DPs to create alternatives to traditional services are not optimised. • DPs for carers are underused. • Systems and processes to ensure payments are recovered if not used require review. • Resources and processes are impeding capacity to match PAs with people waiting to receive care. 	<ul style="list-style-type: none"> • Legal advice regarding recovery of additional costs. • Review systems and processes and identify improvements where possible. • Improve Performance management (of internal staff, systems and processes). • Expand use of DPs to support the development of micro enterprises. • Recruit to vacant post to expand capacity of team.

Safeguarding Response



Reports /Actions

52 Reports received in Apr 23

45 Determinations completed
91% responded to within 7 days
107 Consultations held,
30 inappropriate

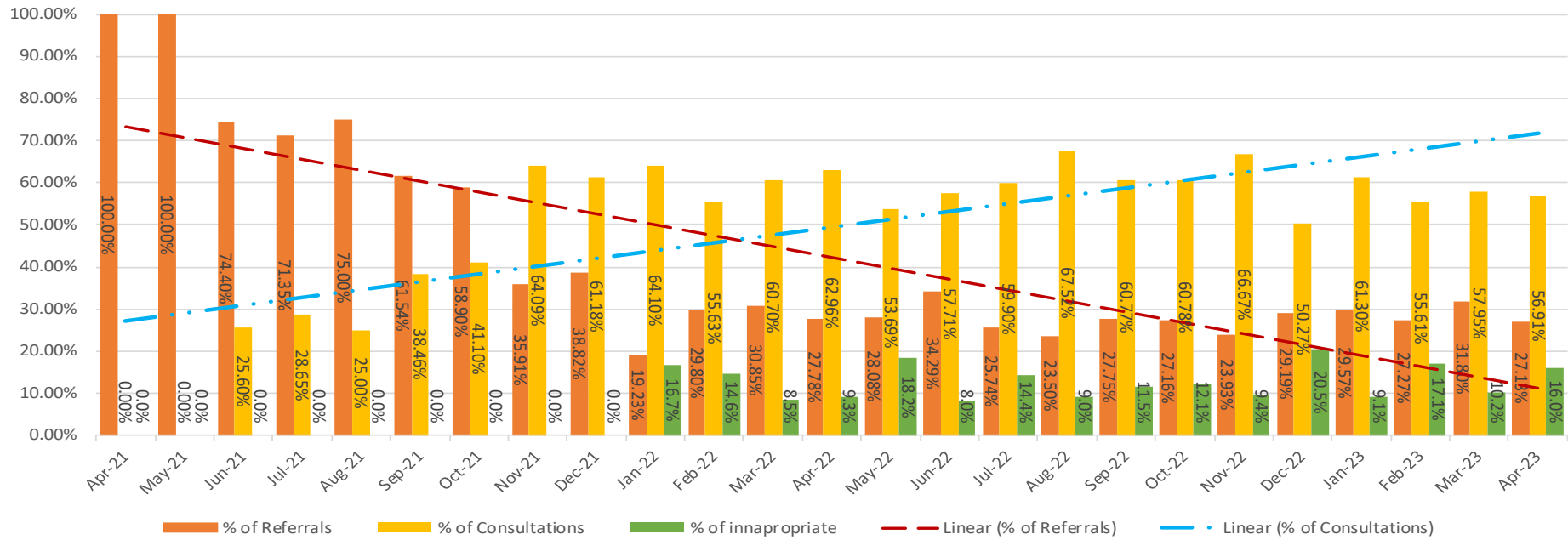
45 Reports were received in Apr 22,
 44 Determinations completed

64 Determinations completed
82.8% responded to within 7 days
162 Consultations held,
28 inappropriate

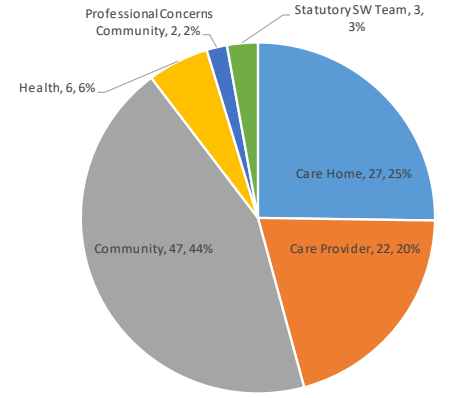
41 Determinations completed
82.9% responded to within 7 days
104 Consultations held,
32 inappropriate

Safeguarding are now recording Inappropriate Referrals as Casenotes on WCCIS, therefore they are no longer counted/included in the Referrals total. Consequently, Referral numbers will be less than previous reported and Consultations & Inappropriate Casenotes will be higher.

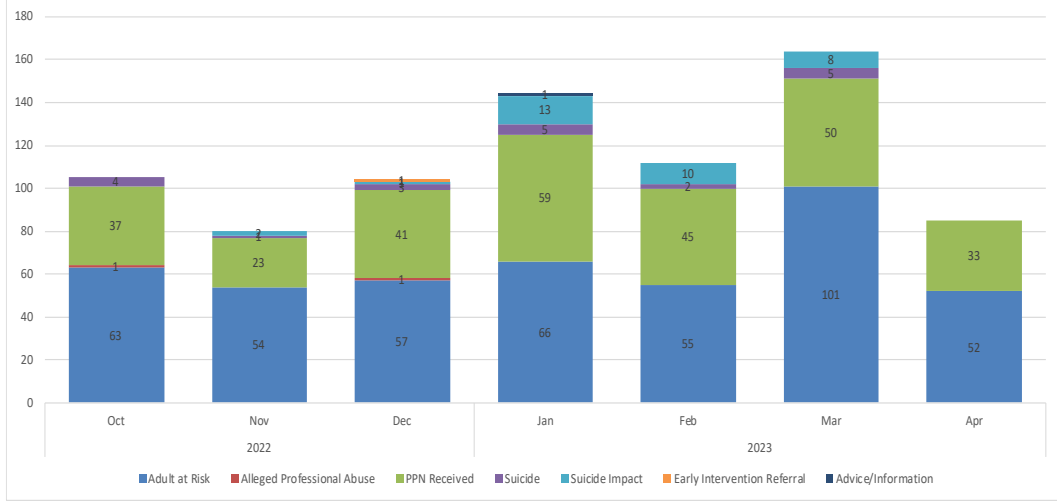
Referrals/Consultations % Breakdown



Consultations 2023 Apr



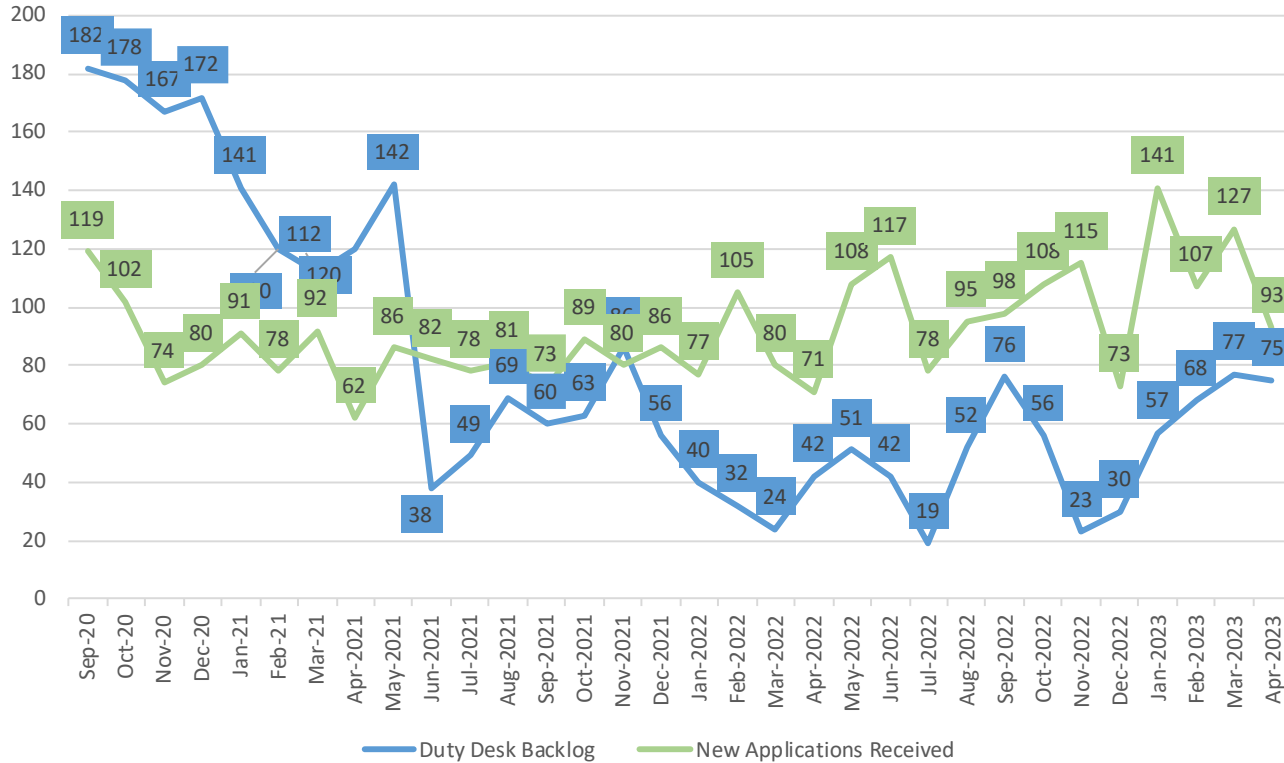
All Referrals Recorded in the Safeguarding Team with Reason for Referral



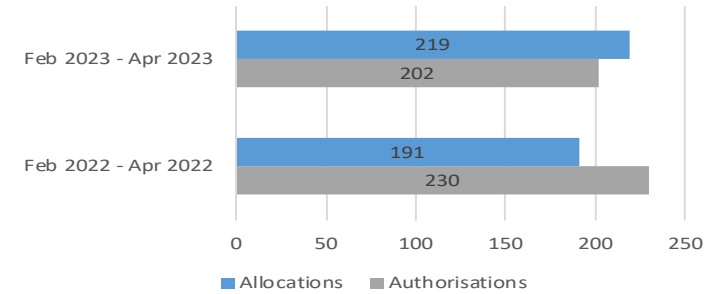
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The team has developed strong links with safeguarding specialist within DWP, who is able to support the Team with financial abuse cases where benefits are involved. This is effective in determining financial abuse. • The Team are routinely attending multi-agency meetings and ensuring a joined up approach to safeguarding issues relating to domestic abuse and other areas where risk is predominant. • There has been a return to the figures we are used to seeing for AAR Reports following the high volume of AAR Reports during March. • The Team have managed 91% of cases to be determined within 7 days. Compared to 82.8% and 82.9% in March and February. • The team has recently had three students which was helped hugely with the demands on the team 	<ul style="list-style-type: none"> • The team has a vacancy in the team due to a member of staff being seconded. • There are higher levels of sickness in the team this is concerning as there is limited resilience in numbers due to the size of the team. • Safeguarding cases are more complex which results in cases being open for longer, impacting on caseloads. • Need to ensure that systems are able to capture all relevant Welsh Government/regional data requirement, which is changes from time to time. 	<ul style="list-style-type: none"> • Advertise the vacant position. • Continue to promote Team resilience and engage and encourage the Team to recognise the importance of their emotional well-being. • Work alongside WCCIS Team to update the system to reflect what is required.

Timeliness of Deprivation of Liberty Assessments

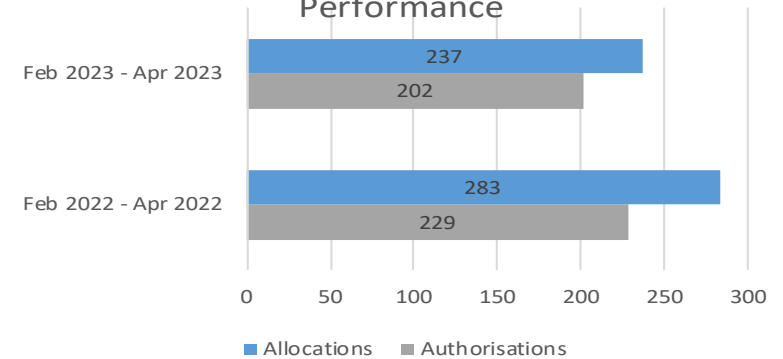
DoLS Backlog and New Referrals



Quarterly Best Interest Assessor Performance



Quarterly Signatory Body Performance



What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Working towards regional shared practice in relation to Mental Capacity (MCA), DOLS and DOLO. • There is team resilience given that independent best interest assessors are being used to support the team and free up capacity for the team to undertake more complex work. • The two new MCA role will start shortly, this will help improve staff understanding and the quality of best interest assessments. There will be an additional role to support MCA work in C & F Services. • One best interest assessor has returned to work from being on long term sick leave. 	<ul style="list-style-type: none"> • The update on LPS, is that it's going to be postponed until at least 2025. This means that we must continue to work within the current DOLS framework for the next few years, which is challenging. • Backlog remains high. • Shortage of good section 12 doctors, quality varies a lot between section 12 doctors. This is a risk given that cases appear in the court of protection on a regular basis, where the assessment comes under scrutiny. • There has been a delay in the start date of the two MCA roles, this means that the TL is undertaking two roles, current and the new one. • There is massive pressure on business support team due to ongoing sickness. • The move over to oracle fusion is causing problems with paying our suppliers and this is still ongoing. 	<ul style="list-style-type: none"> • The DOLS forms are being revised to ensure that the role undertaken is more streamlined and proportionate. • Continue to use independent BIA to help address the backlog. • Discuss further training courses with Swansea University to help improve the quality of section 12 doctors assessment. • Liaise with relevant professionals to move the appointments forward. • Regular meeting to prioritise work given the pressures. • Issues with oracle fusion has been reported and awaiting a proportionate response. C & F Services have stepped in to support payment of invoices