

Adult Services
Management Information
Headline Report
Data for July 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 2023/24

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

Heads of Service summary

Overall demand at the Common Access Point increased in July compared to June and is consistent with 2022 trends with over 3000 contacts to the service via telephone and email. The number of individuals requiring a referrals to the Integrated Therapies team continues to demonstrate a month on month increase.

Social Work assessments, care and support plans and reviews have slightly decreased during July, this is due to Social Work vacancies and annual leave.

During July over 92% of identified Carers were offered an assessment, with 61 assessments and reviews completed. A new co-produced Carers Assessment has been signed off and due for implementation once on WCCIS and associated Carers Assessment training for the team is in progress.

The Bonymaen bedded reablement facility had an unplanned inspection visit by CIW in July resulting in an excellent report highlighting that 'staff understand what matters to people and are committed to the assessment and rehabilitation process' and 'People told us (CIW) they are happy with the service and with the help and support they receive in order to return home' and a relative said: "*From day one we all saw what a positive difference the home made, not just with his health but with his morale it's like a second home*". During the last three months 83% of residents returned home with no care.

Community reablement continued to see an increase in the number of people supported with 83 people receiving community reablement in July and a continued steading increase since the start of year, with the last three months showing a 9% increase compared to the previous 3 months. There was also a reduction in the length of time to wait for the service and a decrease in the average days of bridging support before external providers have picked up the package of care.

Although both residential and community reablement are seeing an increased acuity on admissions requiring a period of convalescence before reablement activity can commence.

The external Domiciliary providers increased the number of new starters and associated increase in hours delivered. The sector is increasingly stable, although ongoing operational cost pressures remain.

In internal residential homes, there has been a positive decrease in the number of days people are in temporary step-up or step-down beds and an increase in the number of respite stays provided. There is a slight increase in delays for moves to external residential or nursing homes, this is despite bed capacity in the sector as the delays are due to a variety of individual factors.

The total attendance over the month at Day Services has increased again during July 2023 a 26% increase compared to July 2022, although a slight decrease of unique individuals attending (-7), this may be linked with the holiday period and we will continue to monitor this. Work is progressing on the Day Opportunities review and the options for future deliver are being finalised. The principles are maximising use of buildings, staffing resources and increasing offers of early help and preventative services, along with continuing to provide support those with complex care needs. From ongoing coproduction of the services, the model will focus on connections, community, contribution and opportunities to grow and learn.

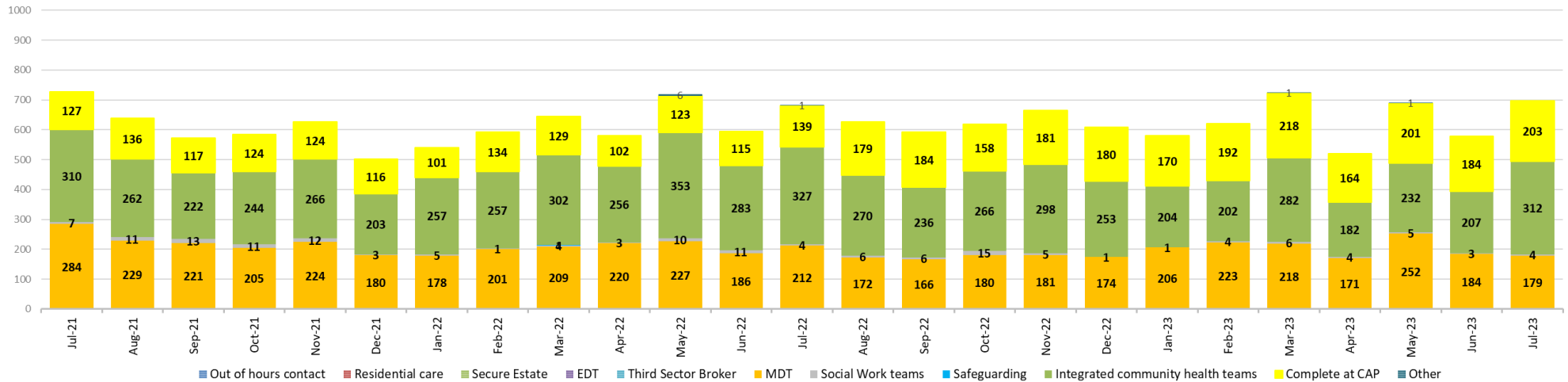
The Safeguarding Team have seen an increase in Adult at Risk reports during July. 88% of these cases have been determined within 7 days, this is an improvement May and June, although more action to protect has been needed and an increase in care and support required and this is being monitored for trends.

The Deprivation of Liberty Safeguards applications are steady and the backlog has slightly reduced due to new staff starting. Grant funding is being used to for new posts to support the overall quality, quantity and confidence of the teams to complete mental capacity and best interest decisions. We have increased the use of outsourced legal support due to increased demand and reduced resources in internal legal.



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. **110 referrals** (AAR, PPNs & Suicides) **were recorded directly in the Safeguarding team in July** (121 in June 2023).

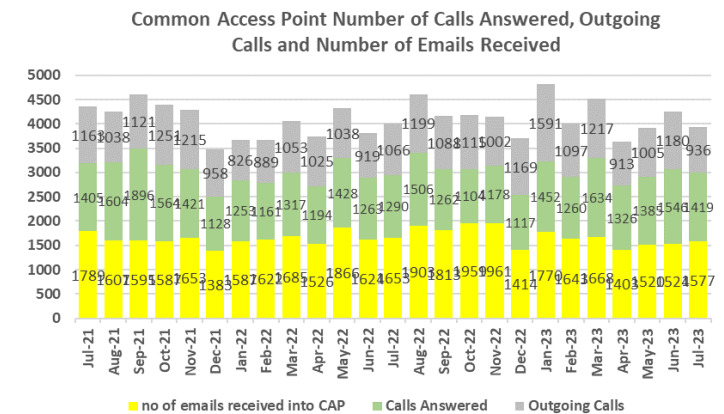
698 Referrals in July 23

203 Closed - Provided Advice & Information (29%)
 179 MDT (25.6%)
 4 directly to SW Teams (<1%)
 312 to integrated therapies (44.7%)

578 Referrals in Jun 23

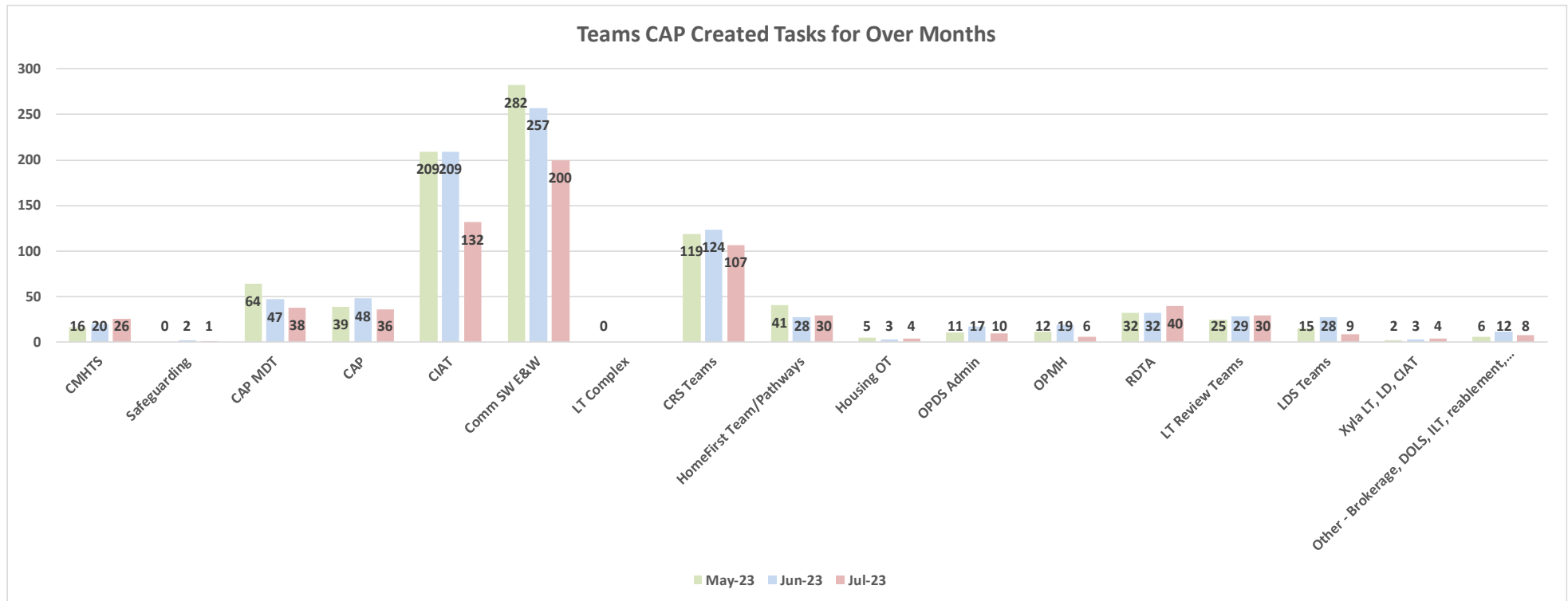
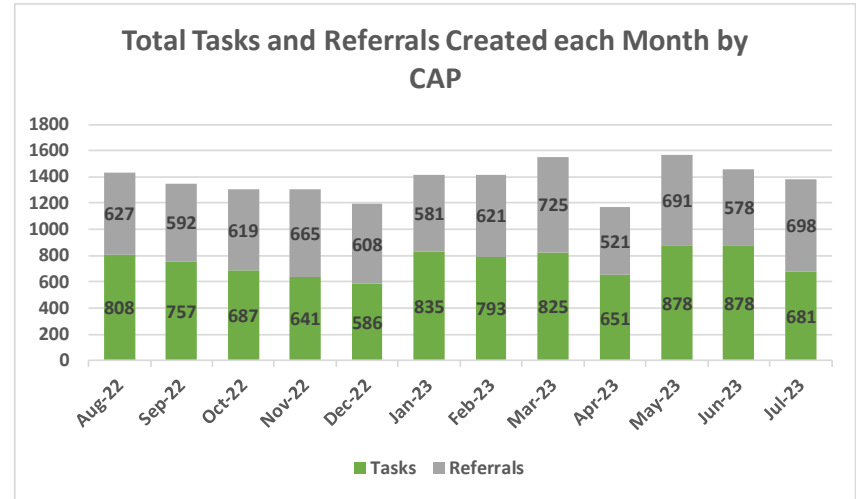
184 Closed - Provided Advice & Information (31.8%)
 184 MDT (31.8%)
 3 directly to SW Teams (<1%)
 207 to integrated therapies (35.8%)

683 Referrals were created by CAP in July 2022



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

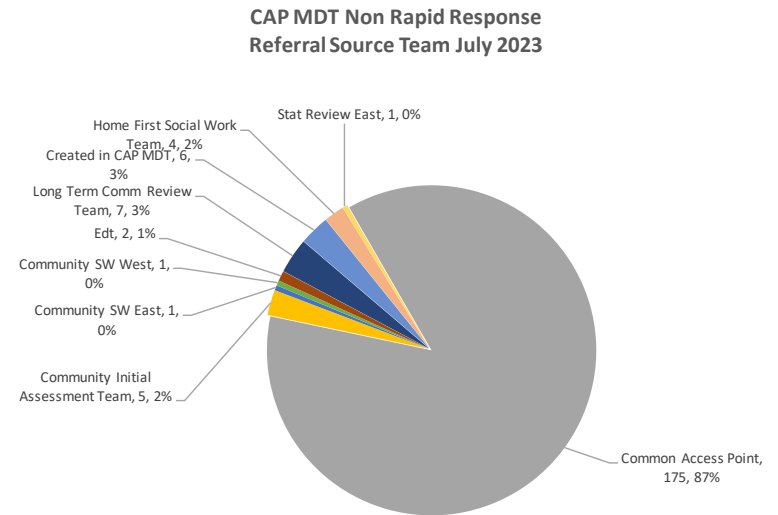
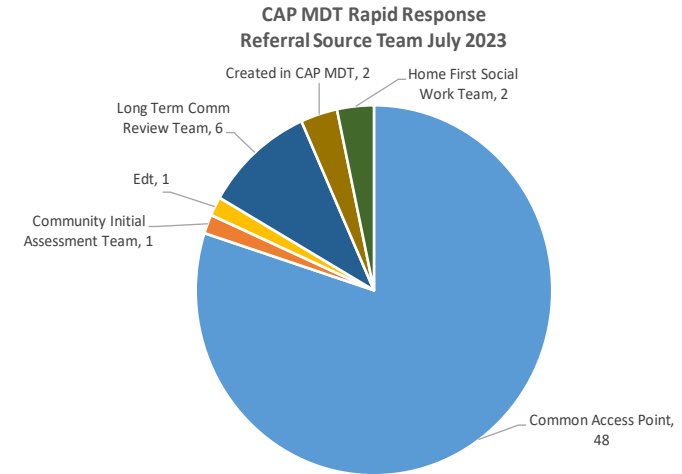
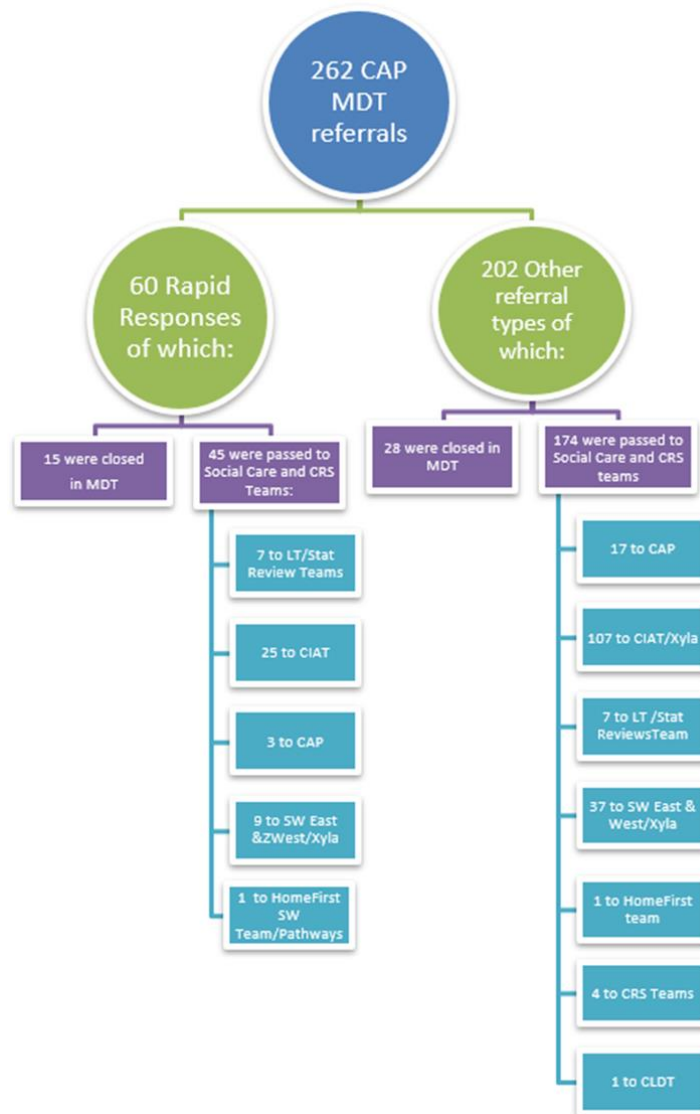
However, for existing clients, CAP will record a Task for the appropriate owning/involved team if they are unable to support. The number of Tasks is reducing each month which indicates service users are contacting the involved teams/staff members directly rather than via CAP.



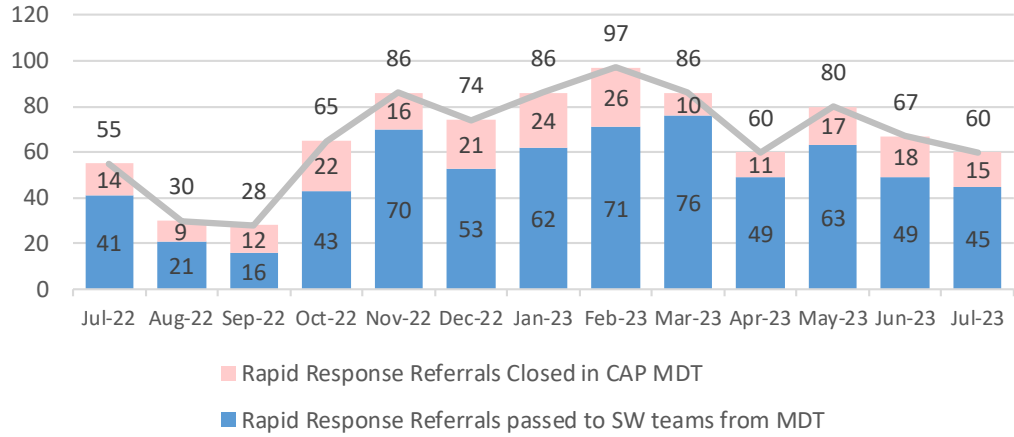


CAP MDT

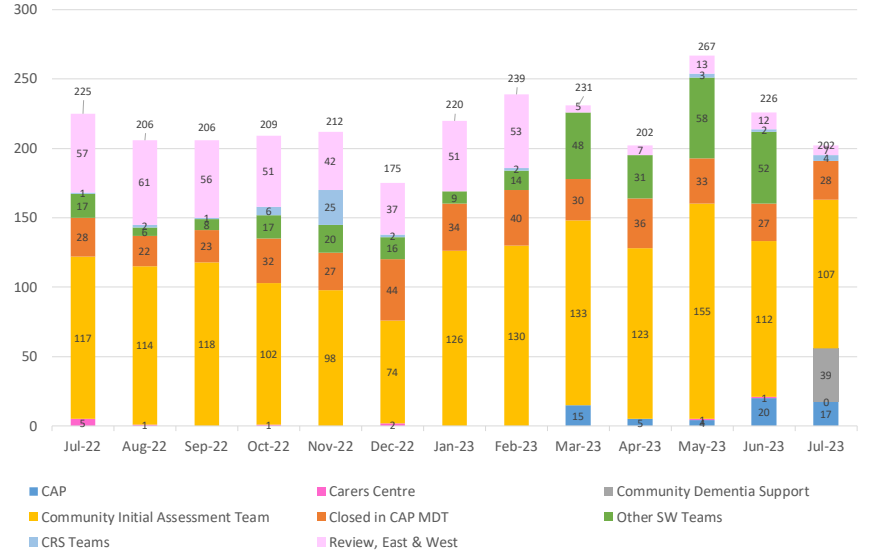
CAP MDT Data for July 2023 – further development & validation work is being undertaken.



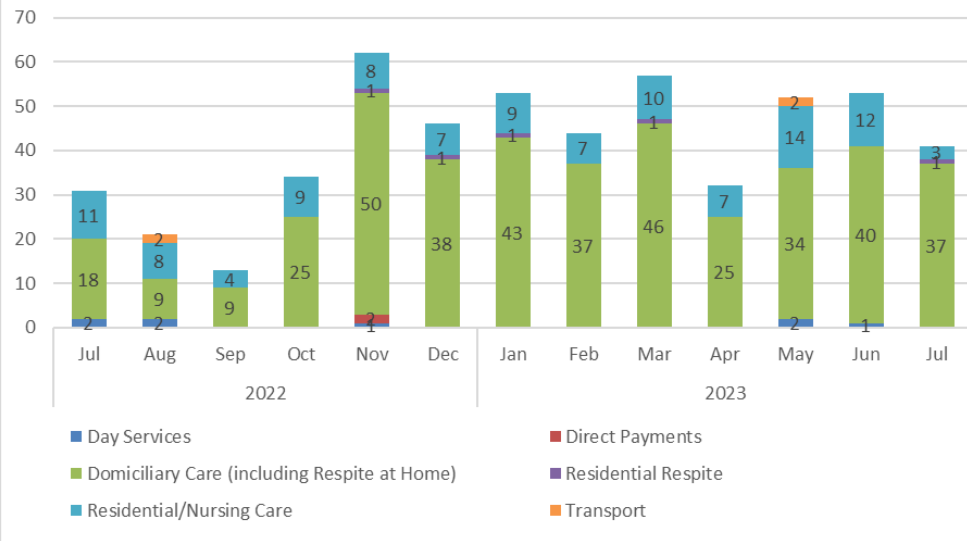
Rapid Response Referrals into CAP MDT and Outcome



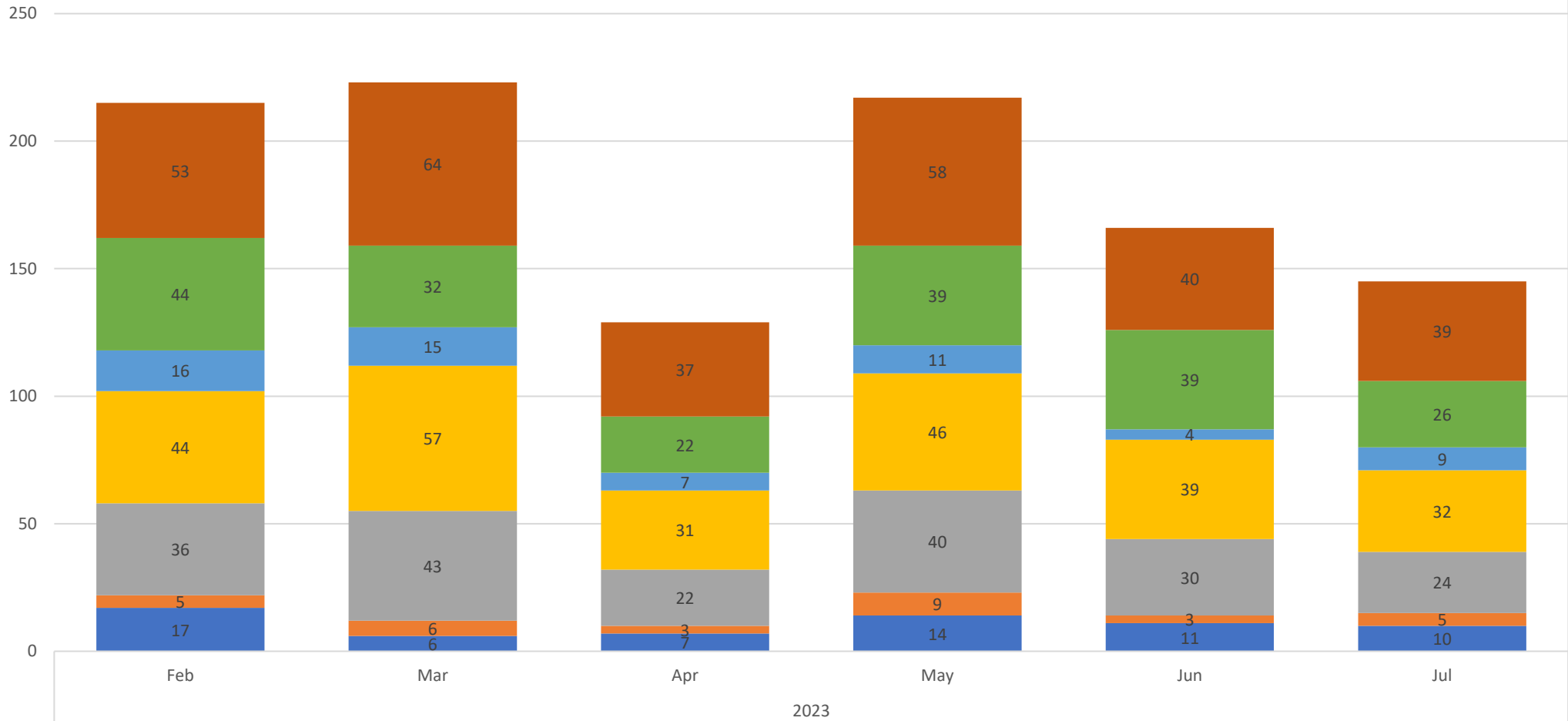
Non Rapid Response Referrals in MDT and their Destination



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



Assessments Undertaken/Forms Completed by CAP MDT



2023

- Swansea - AS Transfer Record
- Swansea - AS Social Care Review
- Swansea - AS Care & Support Plan
- Swansea - AS - Closure Record
- Swansea - AS Social Work Assessment
- Swansea - AS Service Order Summary Form V.2
- Swansea - AS - Mental Capacity Assessment and Best Interests Record

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The move to the Guildhall. • Collaborative conversations in the MDT – good MDT working with other disciplines. Discussions around cases • Senior practitioner supporting the Access and information assistants. • Work on the CAP inbox appears to be in control and numbers are more manageable. 	<ul style="list-style-type: none"> • The noise levels in the CAP room in the Guildhall • Recruiting Social Workers to the MDT as three social workers are leaving – one on maternity and two others going to different teams in the department. • Continuity of the Senior Practitioner post supporting the A & I's in the future • Impact of the forthcoming winter months where the inbox will escalate in numbers 	<ul style="list-style-type: none"> • Headphones have been ordered for the staff in CAP • Recruit three more Social Workers into the posts in MDT so the continuity of good MDT working can continue • Plan ahead for the winter months in regard to staffing the inbox adequately.



Assessments & Reviews

Reviews

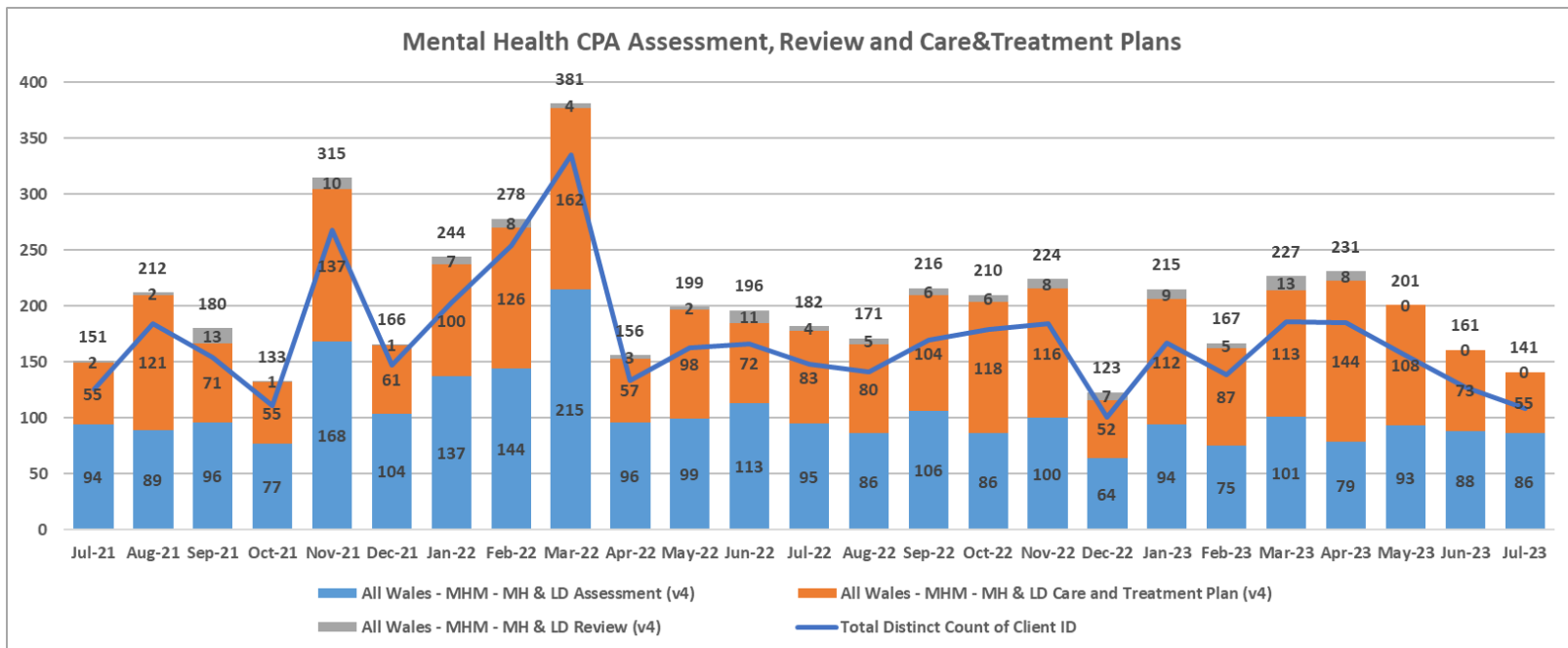
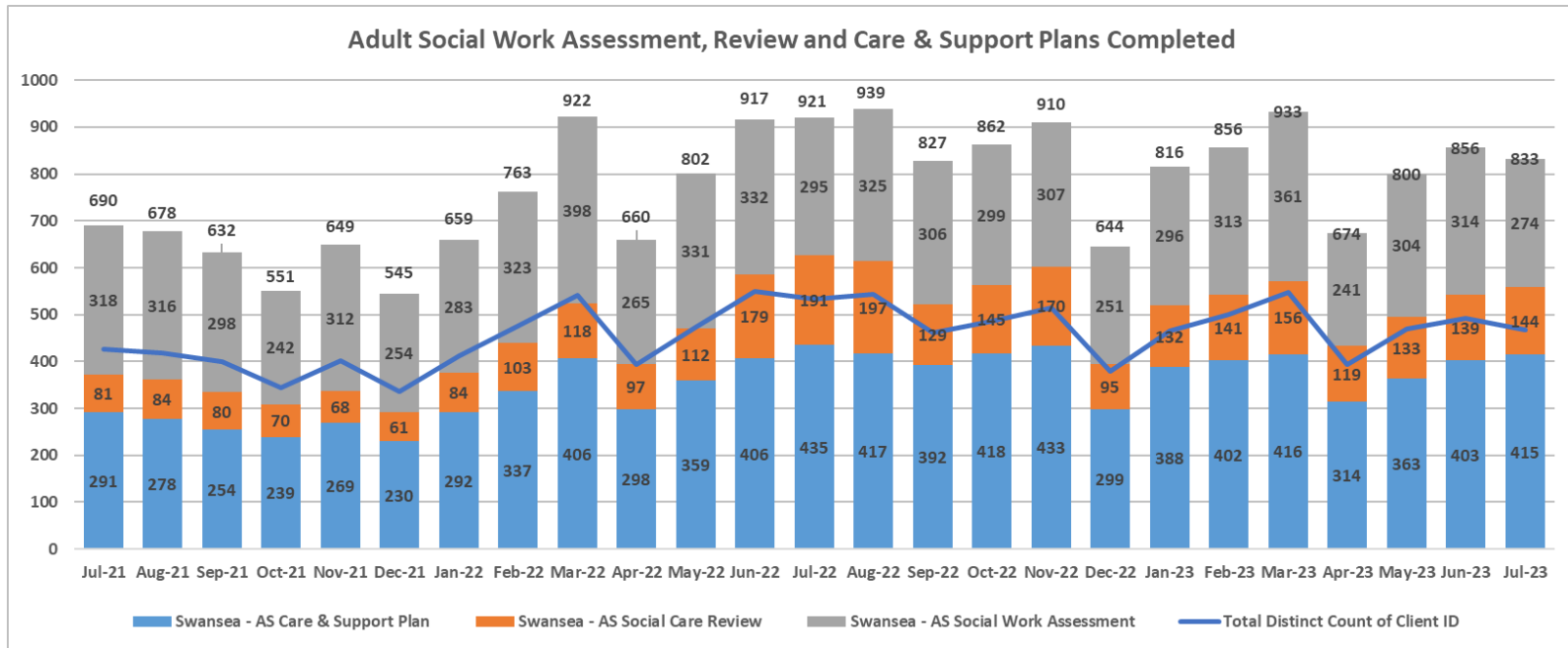
Information on completed reviews in timescales are part of the new Welsh Government Performance Framework and Corporate Reporting. The reports have been developed but require substantial validation, currently this data will only be available on an annual basis.

Adult Social Work Assessments Completed

	AS Social Work Ass Completed	AS Social Work Reviews Completed	AS Care & Support Plans Completed
Jul 23	274	144	415
Jun 23	314	139	403
May 23	304	133	363

Mental Health CPA Assessments Completed by CMHTS & OPMH

	MH CPA Assessments Completed	MH Care & Treatment Plans & Reviews Completed
Jul-23	86	55
Jun-23	88	73
May-23	93	108



Community Teams

What is working well?	What are we worried about?	What we are going to do?
<p>Successful accommodation changes for community social work.</p> <p>Vacant social work posts in process of recruitment.</p> <p>Standalone social work review function continues with success.</p>	<p>Slight drop in social work assessments completed within the month is an indication of the workforce change – accommodation moves, recruitment delays and absence due to summer leave.</p> <p>Presently community demand for social work assessment outweighs staffing capacity and cases awaiting social work intervention continue to grow.</p>	<p>Working with HR to address recruitment delays.</p> <p>Restructure discussions supports demand challenges.</p> <p>Exploring unique options and ideas to address demand without compromising statutory functions.</p>

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"> • SW restructure meetings have commenced with Adult Mental Health completed and OPMH and CLDT to be completed by the end of this month. • Recruitment and retention in MH and LD services is very good presently with limited vacancies. • Court of Protection / DoI applications remain at their highest levels to date. • Frampton Road scheme has been handed over to Swansea Council to begin the accommodation process for people with complex health needs. 	<ul style="list-style-type: none"> • Social work and Legal service will have limited capacity to manage CoP/DoI applications. Outsourcing to private legal services costs are increasing. • There remain issues regarding the Frampton Road building layout and compatibility. • CLDT staff have raised concerns regarding work volume and pressure. 	<ul style="list-style-type: none"> • We are working with legal services to look at a new structure and where necessary outsourcing this work to private legal services. • We are working with health board partners to resolve issues in relation to Frampton Road with regular meetings with practitioners and managers. • We are meeting regularly with CLDT staff to look at their specific concerns and the wellbeing survey results

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.

119

Carers identified in Jul 23

110 offered assessment (92.4%)

61 assessments/reviews undertaken

136

Carers identified in Jun 23

127 offered assessment (93.4%)

74 assessments/reviews undertaken

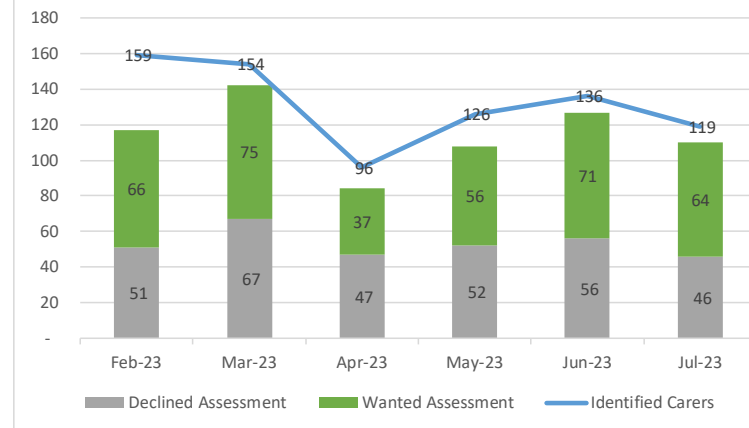
126

Carers identified in May 23

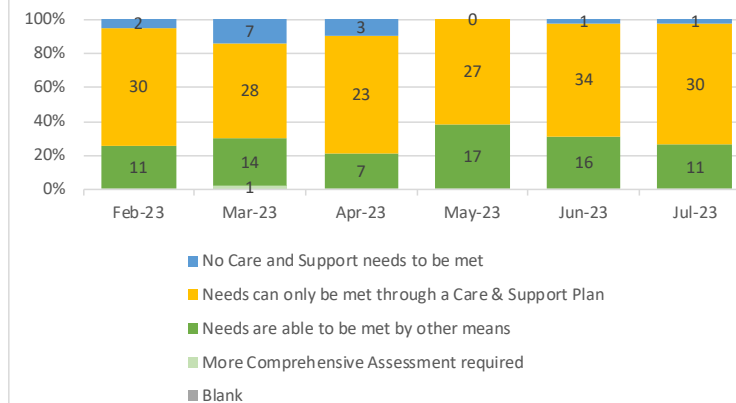
111 offered assessment (88.1%)

54 assessments/reviews undertaken

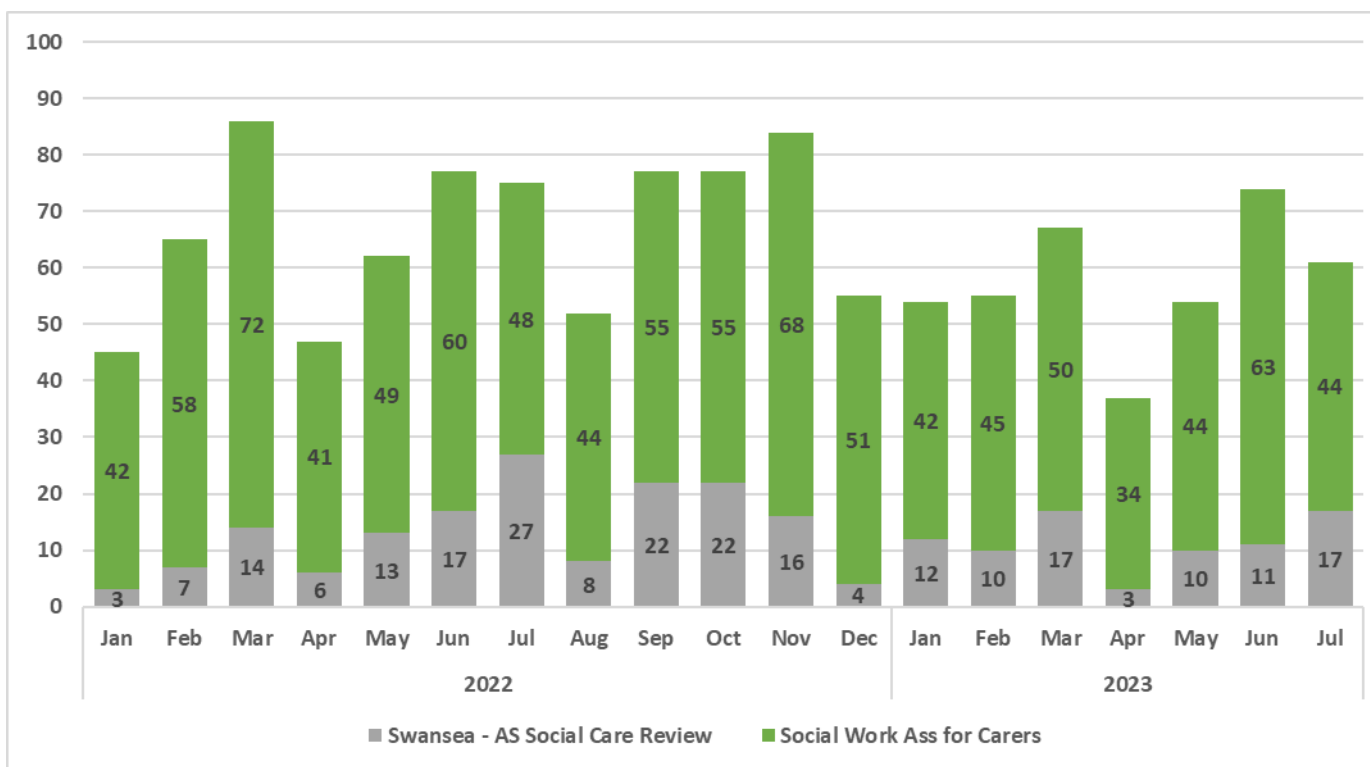
Accepted/Declined Offer of Assessment



Outcomes of Completed Carers Assessments



Carers Assessments and Reviews Completed



What is working well?	What are we worried about?	What we are going to do?
<p>Slight drop in carers assessments this month but this remains consistent with assessment data overall.</p> <p>Standalone Carers Assessment signed off and awaiting WCCIS implementation – this will support accurate data collation.</p>	<p>Commissioning contracting relationship with operational practice requires greater discussions.</p>	<p>Recommissioning of 3rd Sector contracts to support greater carers access to assessment and support.</p> <p>Mandatory workforce Carer Assessment Training in progress.</p>

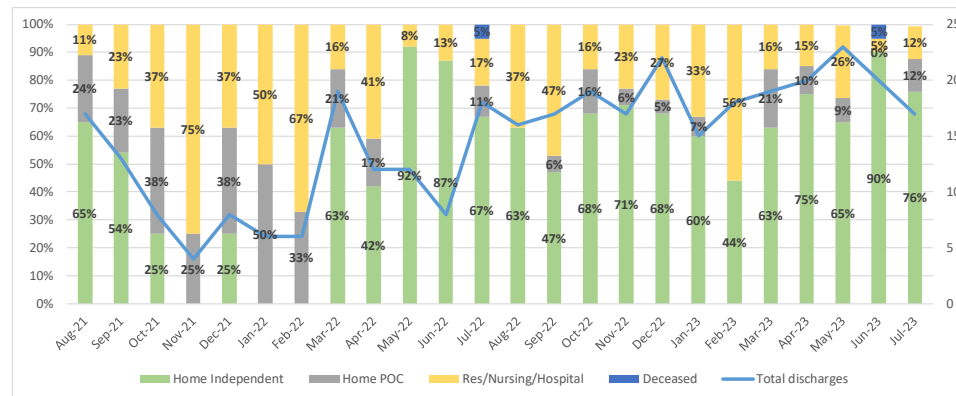


Residential Reablement

During May, June and July Residential Reablement services in Bonymaen had an overall percentage of 83% of people returning to their own homes, independently and with care packages.

16	Admissions (Jul 23) 14 from Hospital 2 from Community	17	People left residential reablement (Jul 23) 18 people left residential reablement in Jul 22	15	People went home (Jul 23) 2 with care, 13 with no care 1 hospital, 1 residential	
21	Admissions (Jun 23) 19 from Hospital 2 from Community	20	People left residential reablement (Jun 23) 9 people left residential reablement in Jun 22	18	People went home (Jun 23) 18 with no care 1 residential, 1 deceased	
22	Admissions (May 23) 20 from Hospital 2 from Community	23	People left residential reablement (May 23) 14 people left residential reablement in May 22	17	People went home (May 23) 2 with care, 15 with no care 4 hospital, 2 transferred to another service	

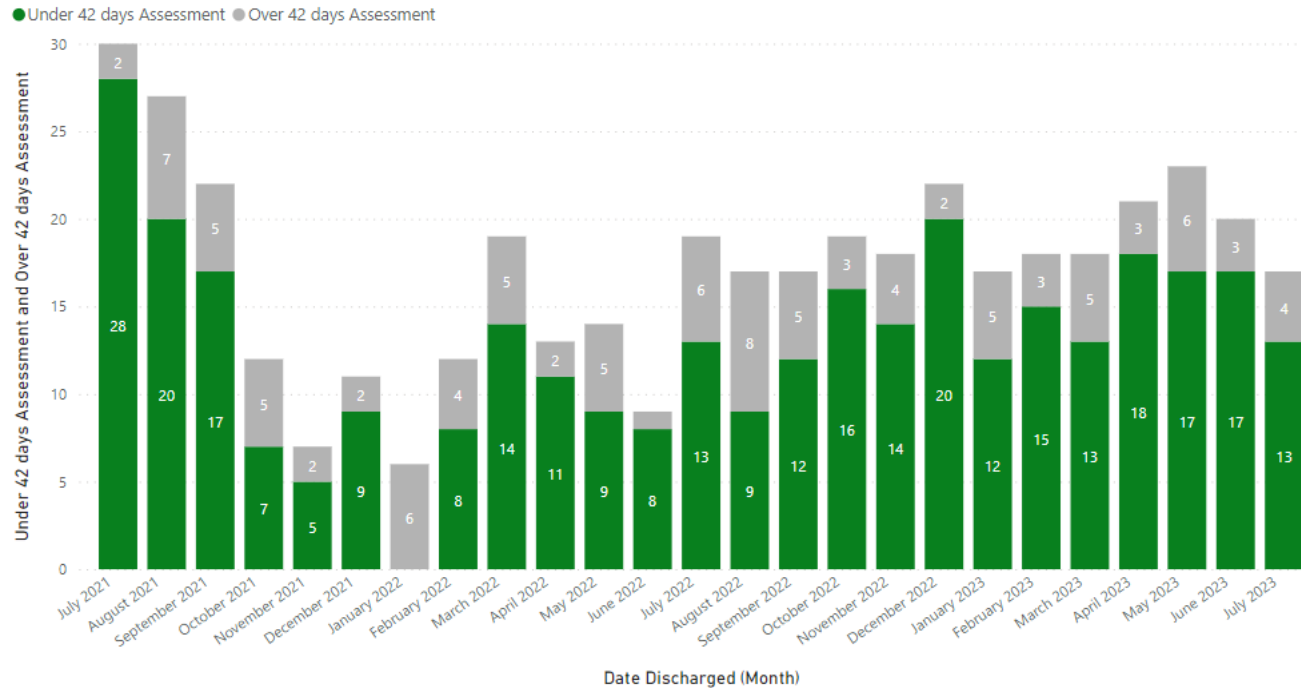
Percentages leaving Residential Reablement & Outcomes



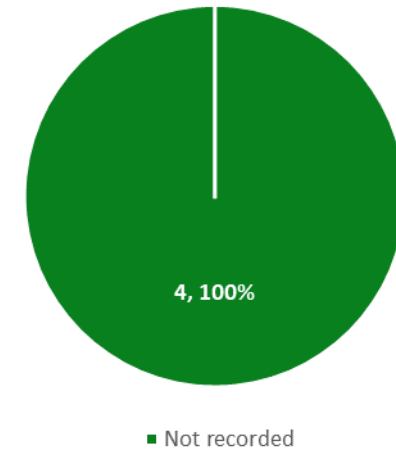
Bonymaen House

Total Discharges each month within and over targeted 42 day assessment period

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



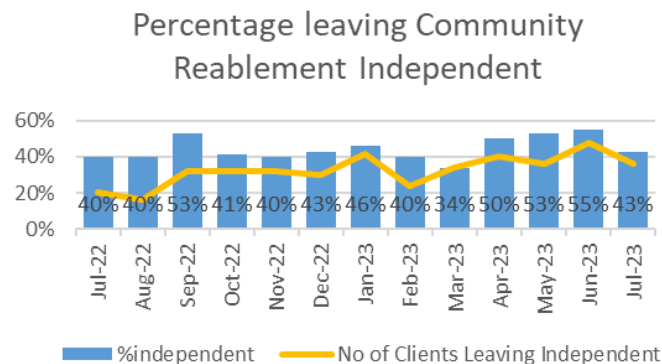
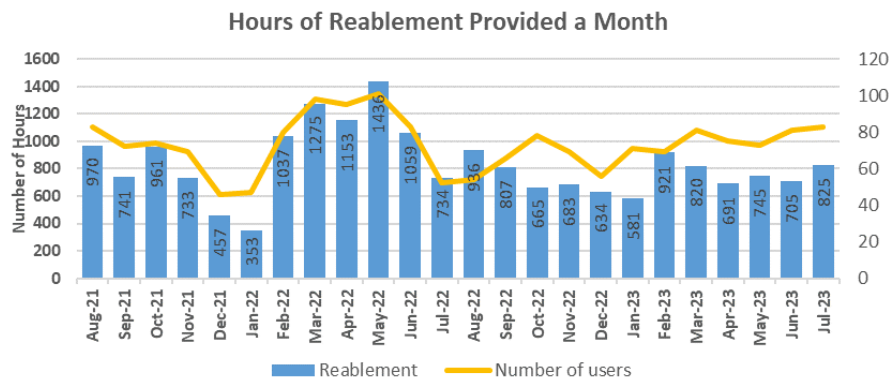
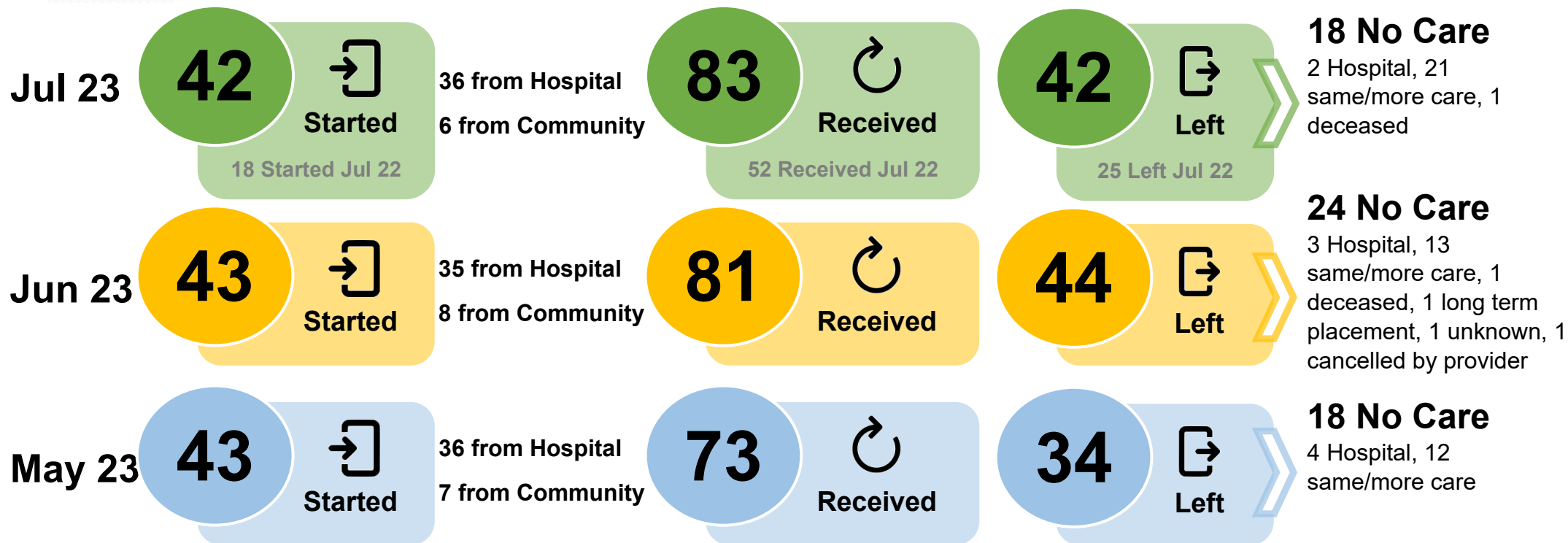
Reasons for discharge over 42 days - July 2023

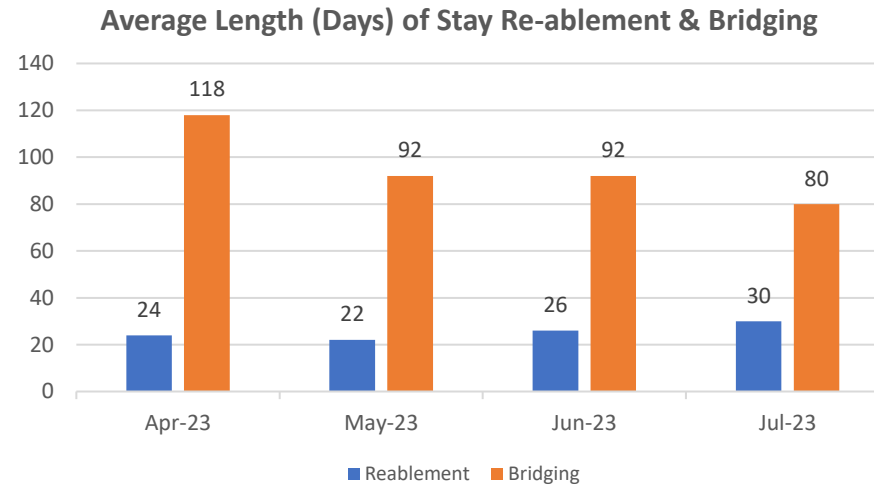


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> - Slight drop in admissions from hospital and discharges - Continued high percentage of people returning home with no POC. 	<ul style="list-style-type: none"> - Slight decrease in admissions from the previous month but in line overall. - Shift in people referred who are medically fit but unwell (convalescence), delaying reablement input 	<ul style="list-style-type: none"> - Continue to monitor - Discussions with Health on increased needs and support approaches and requirements in the service



Community Reablement





This data continues to be validated.

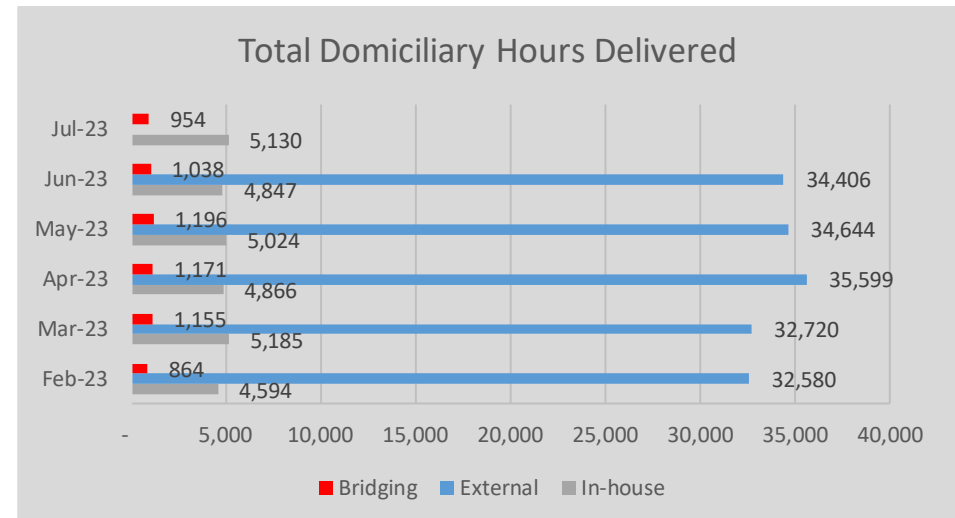
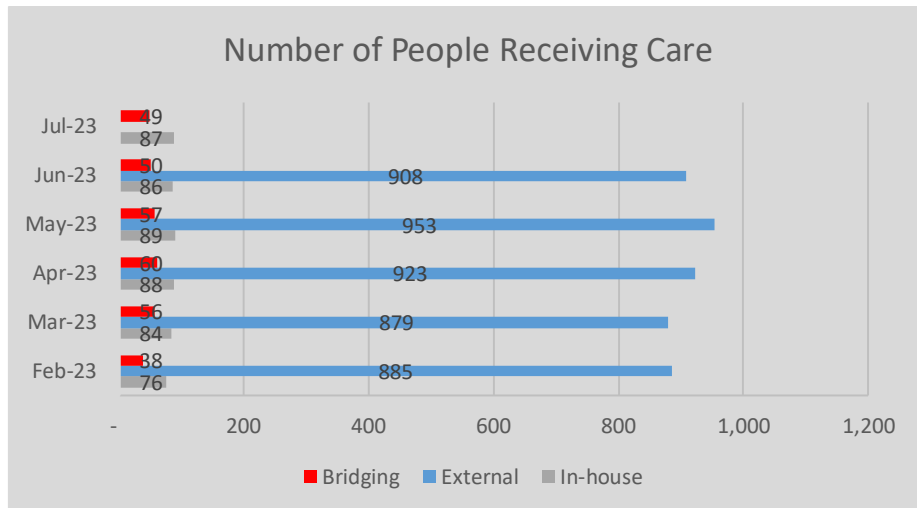
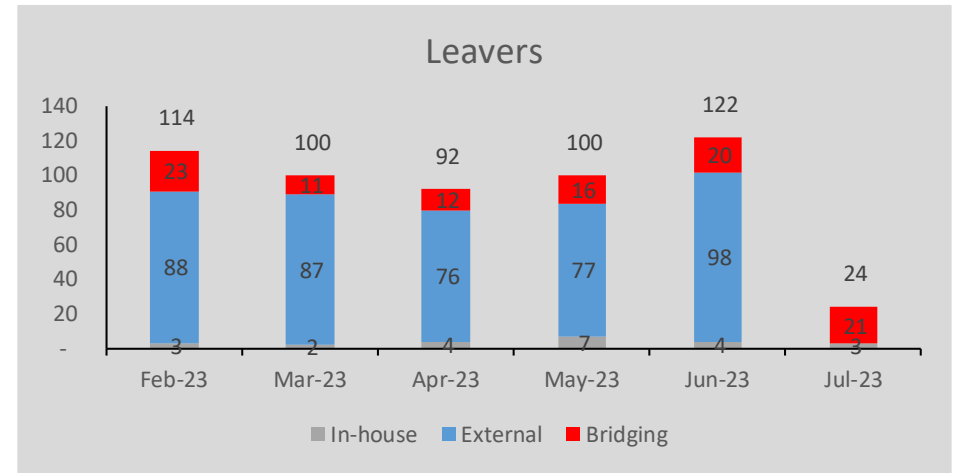
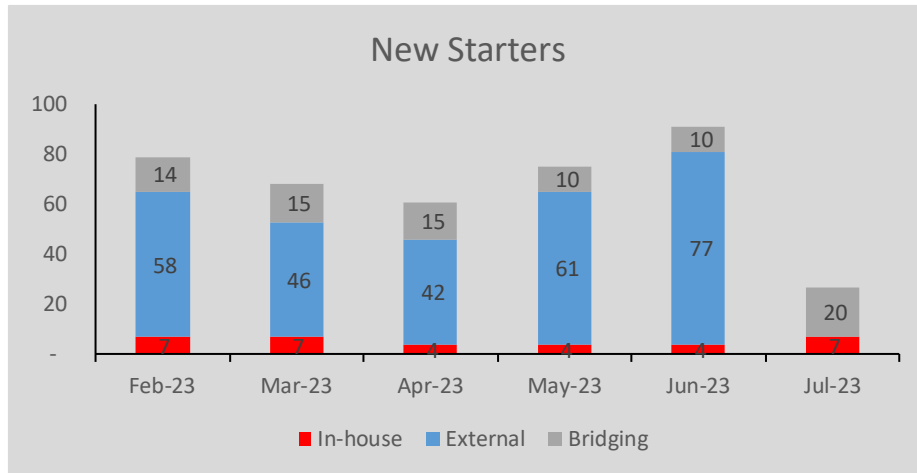
What is working well?	What are we worried about?	What we are going to do?
<p>Homecare Daily Planning meetings continue to ensure that we are identifying and filling available capacity expediently.</p> <p>Reduction in length of wait to access service as a result of an improvement in flow.</p>	<p>Number of referrals on our duty desk, and in particular, the proportion of referrals coming via CAP.</p> <p>Increased acuity of admissions requiring longer period of convalescence before reablement activity can commence.</p> <p>Finish reasons – increase in the number of hospital readmissions and increase people requiring same or more care. Again, this is linked to the type of referral that we are receiving.</p> <p>While Delayed transfers to long term maintenance packages of care and external</p>	<p>Ongoing recruitment activity - Attendance at recruitment fairs and the offer of drop in sessions at the Swansea Employment Hwb in the Quadrant Centre is proving successful. Total number of new appointments now stands at 17. Pre employment checks are underway and we are awaiting confirmation of start dates.</p> <p>Permission has been granted to create more 'relief' posts so that we can grow our 'bank' of staff to support with staffing deficits within the service as required. Looking to target college/university students to improve our resilience over the Christmas period to reduce likelihood of having to pause new admissions to service.</p>

	<p>sector are being reduced through targeted activity with the Home First Social Work Team and with Brokerage Officers, the rate at which this happening is still slower than we would like to see.</p> <p>Move to the Guildhall – Acoustics in the room for a service that handles a large volume of calls are poor.</p> <p>Staff shortages – through resurgence of covid amongst workforce.</p>	<p>Rebalancing Domiciliary Care workstream is looking at how we can ring fence care capacity for the Reablement service from within our existing resource whilst maintaining care and support provision in the long term complex care service.</p> <p>Covid LFD test kit distribution to community staff coupled with guidance on requirements for risk assessing attendance/return to work.</p>
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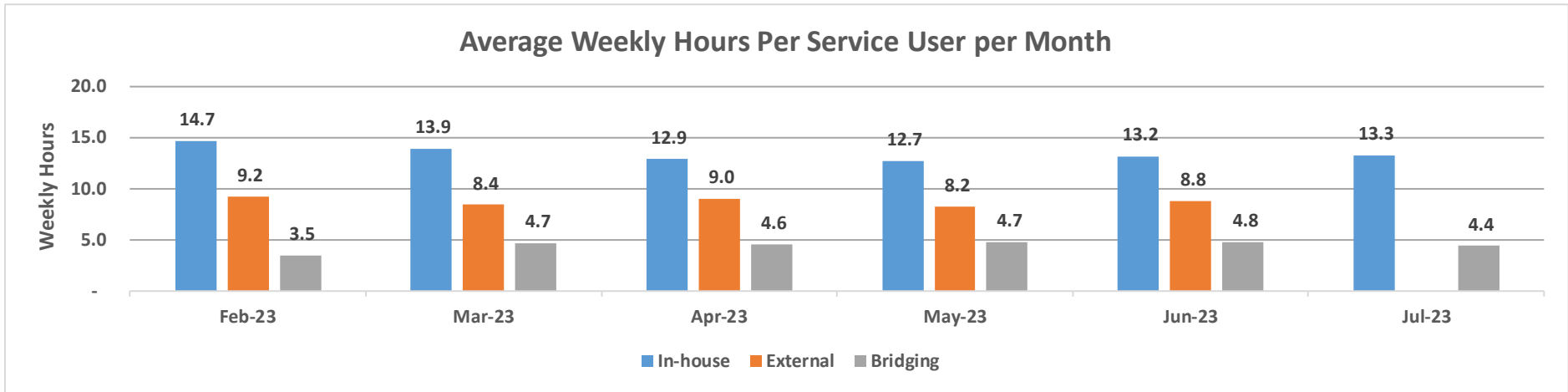


Long Term Domiciliary Care

Due to when the service receives 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.

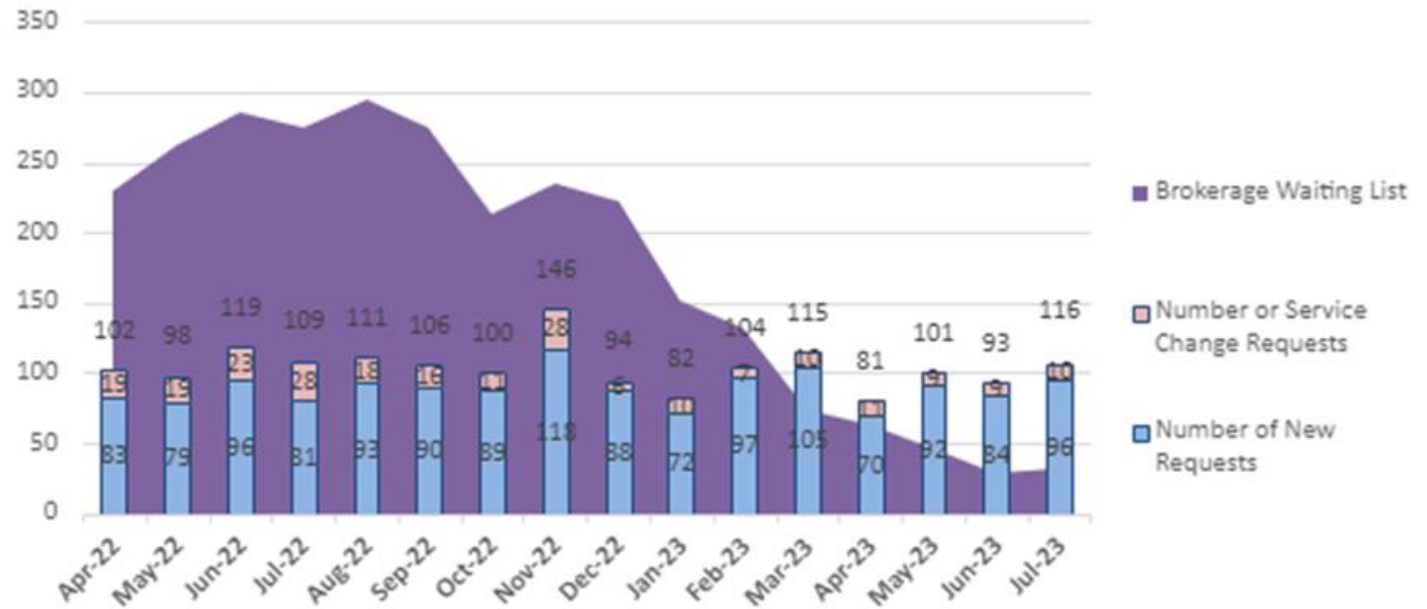


Average Weekly Hours Per Service User per Month



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

Number of Brokerage Referrals



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 Maintenance of sector capacity 	<ul style="list-style-type: none"> Ongoing operational cost pressures Increase in waiting list numbers linked to plateau in Provider capacity. 	<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 fuel costs 	

Internal Long Term Care

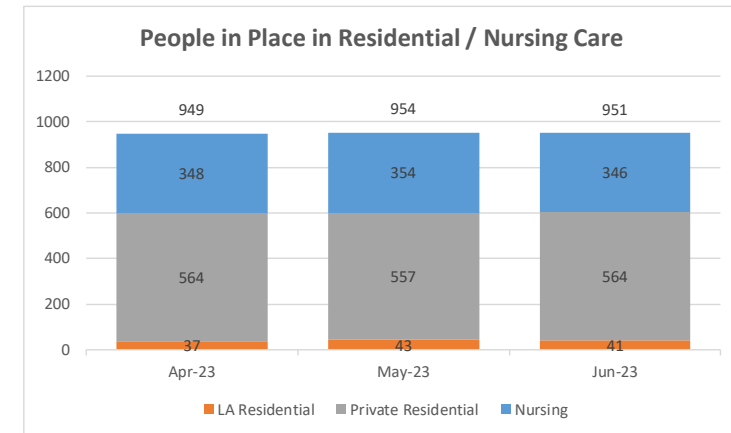
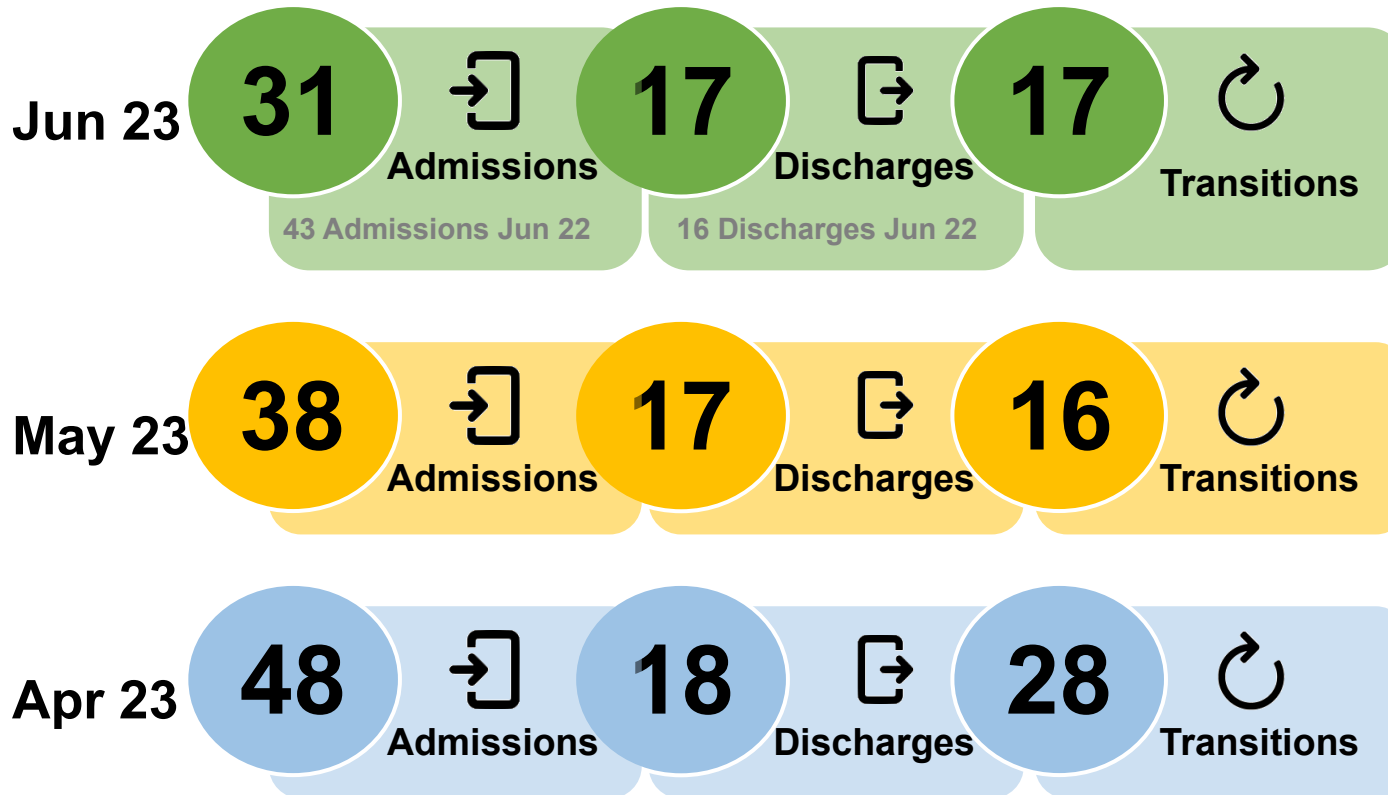
What is working well?	What are we worried about?	What we are going to do?
<p>Rebalancing Domiciliary Care workstream is looking at how we ensure that the individuals that are in receipt of our long term complex care service are receiving the right support from the right service in the right place. Full MDT review of all of the long term complex packages of care is progressing well and has already identified a handful of packages of care that could be put through brokerage to an external provider, as well as some that may be appropriate for consideration for the SCVS Double-Staffing Volunteer Pilot once that commences.</p>	<p>See Reablement Service.</p> <p>Waits for capacity in long term complex care in North Swansea are lengthy for a couple of individuals and concerned about contingency planning for these individuals in the absence of capacity being found.</p>	<p>See Reablement Service.</p>



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.



External Provision

What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • Generally the sector is stable. • Implementation of joint monitoring processes with Swansea Bay Health Board • Optimal use of respite beds created over the summer period which were fully booked • Joint working with colleagues from internal services and health board to address performance concerns at one home has been effective. 	<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 • Increasing number of third party charges paid for by LA • 1 nursing home which has performance concerns being managed under Escalating Concerns performance management processes 	<ul style="list-style-type: none"> • Maintain programme of joint contract monitoring arrangements with SBUHB • Implement increased rates to address Real Living Wage and rising costs • Ongoing monitoring of occupancy levels and discussion with fees subgroup to assess cost impacts. • Implementation of joint action plan with health colleagues to oversee performance of care home in Escalating Concerns. • Continue (but reduce frequency) support from health and LA staff to care home to monitor and oversee implementation of action plan.

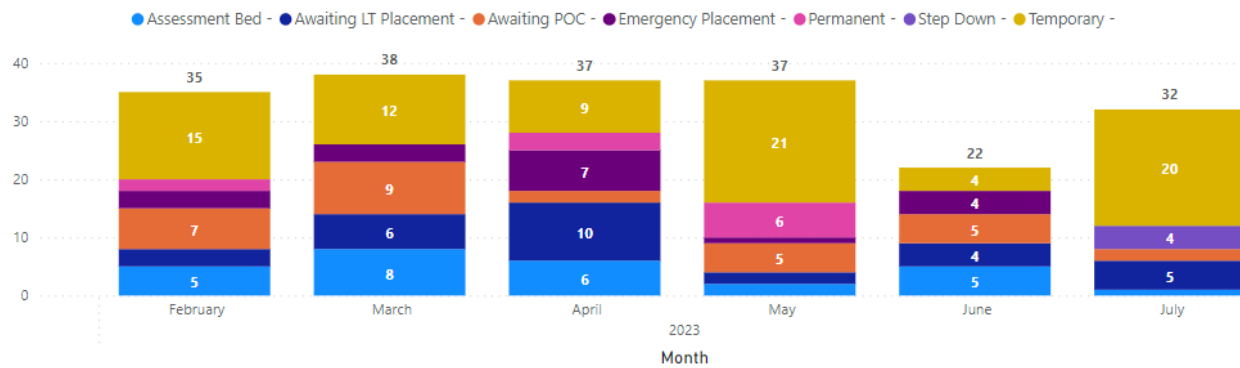


Older People Internal Residential Care

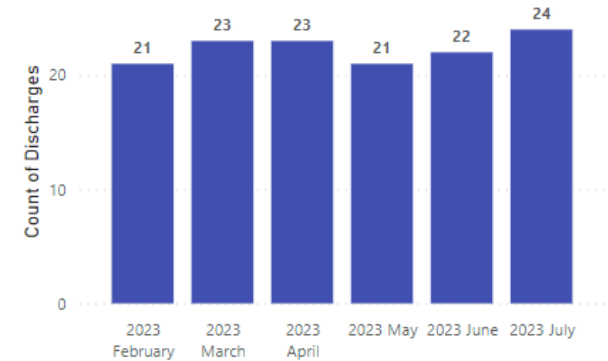
Permanent & Step Up / Step Down

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

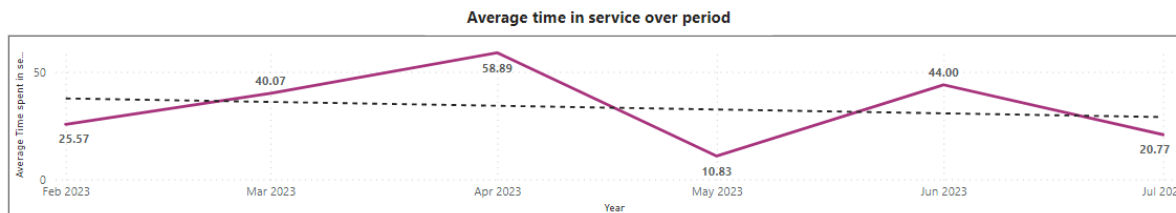
Admissions



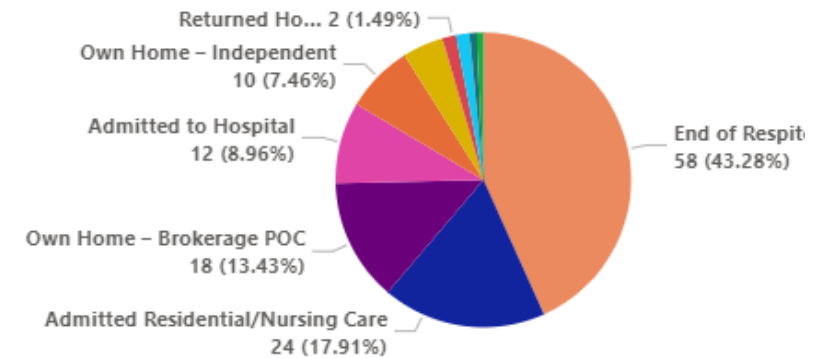
Discharges



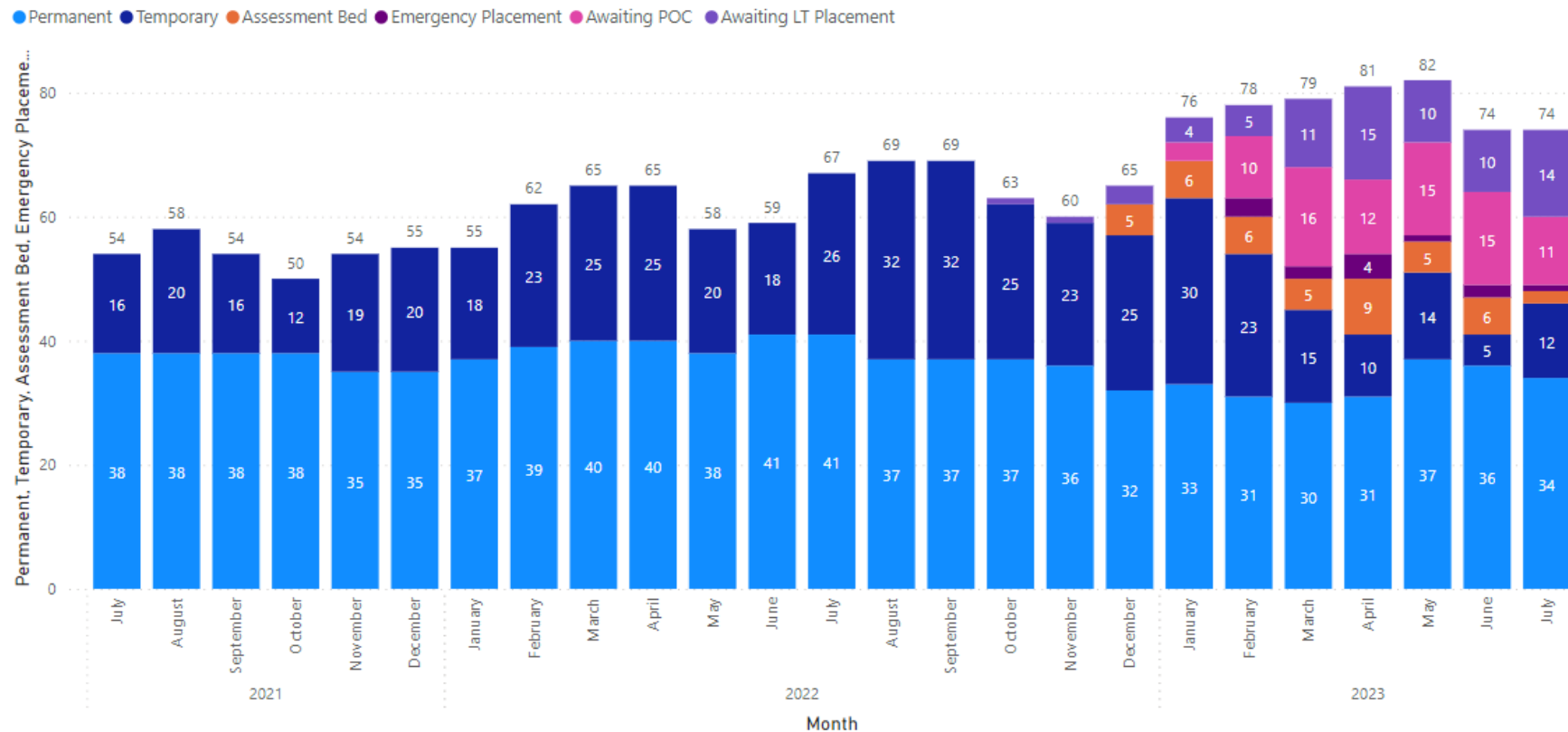
Average time in Service for Temp Placements only between February and July 2023.



Discharge Destinations between February and July 2023



Clients in Place During Each Month



What is working well?

- Stable in number of individuals supported
- Decrease in number of days supported.
- Slight increase in respite
- Slight decrease in move to residential/nursing

What are we worried about?

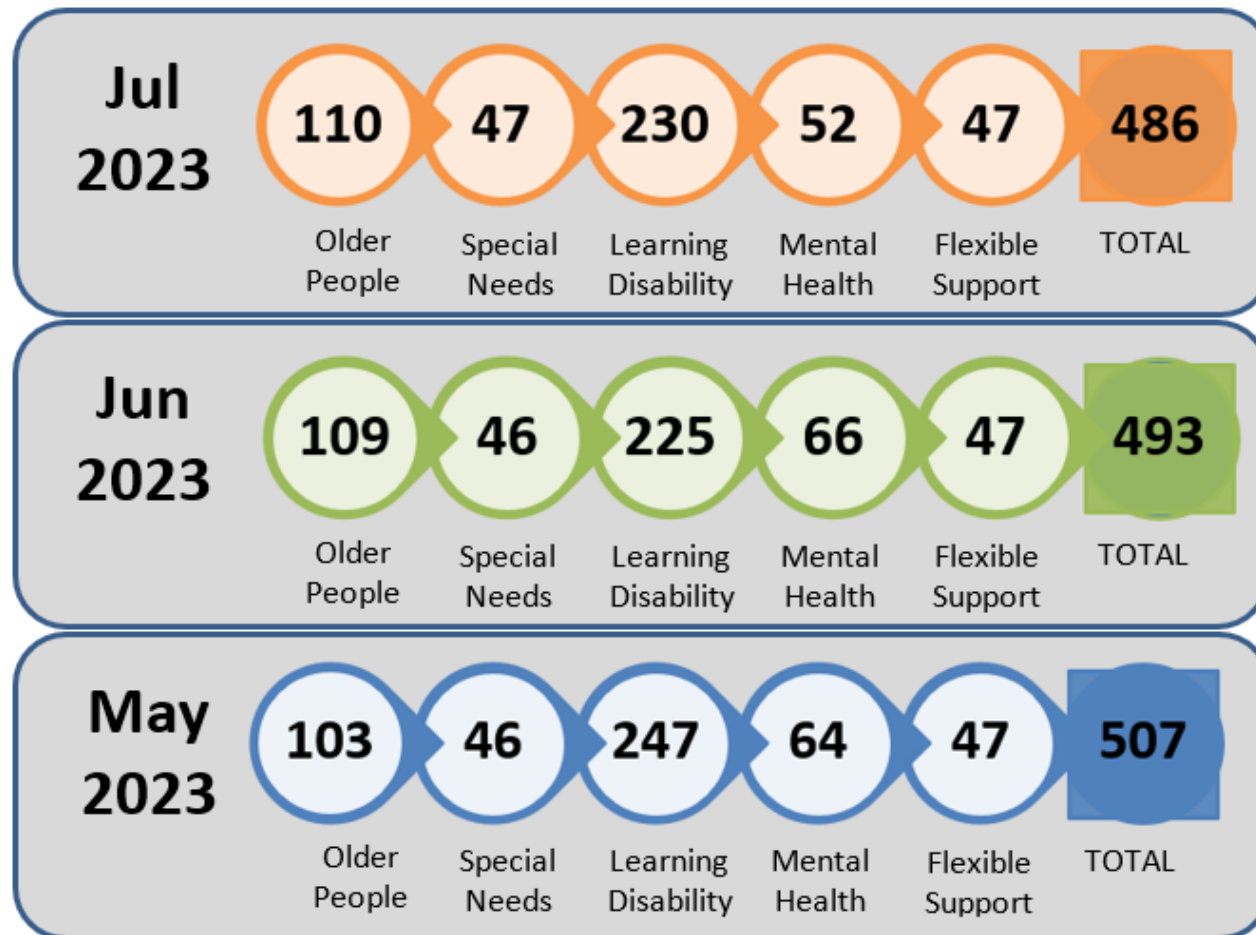
- Data validation

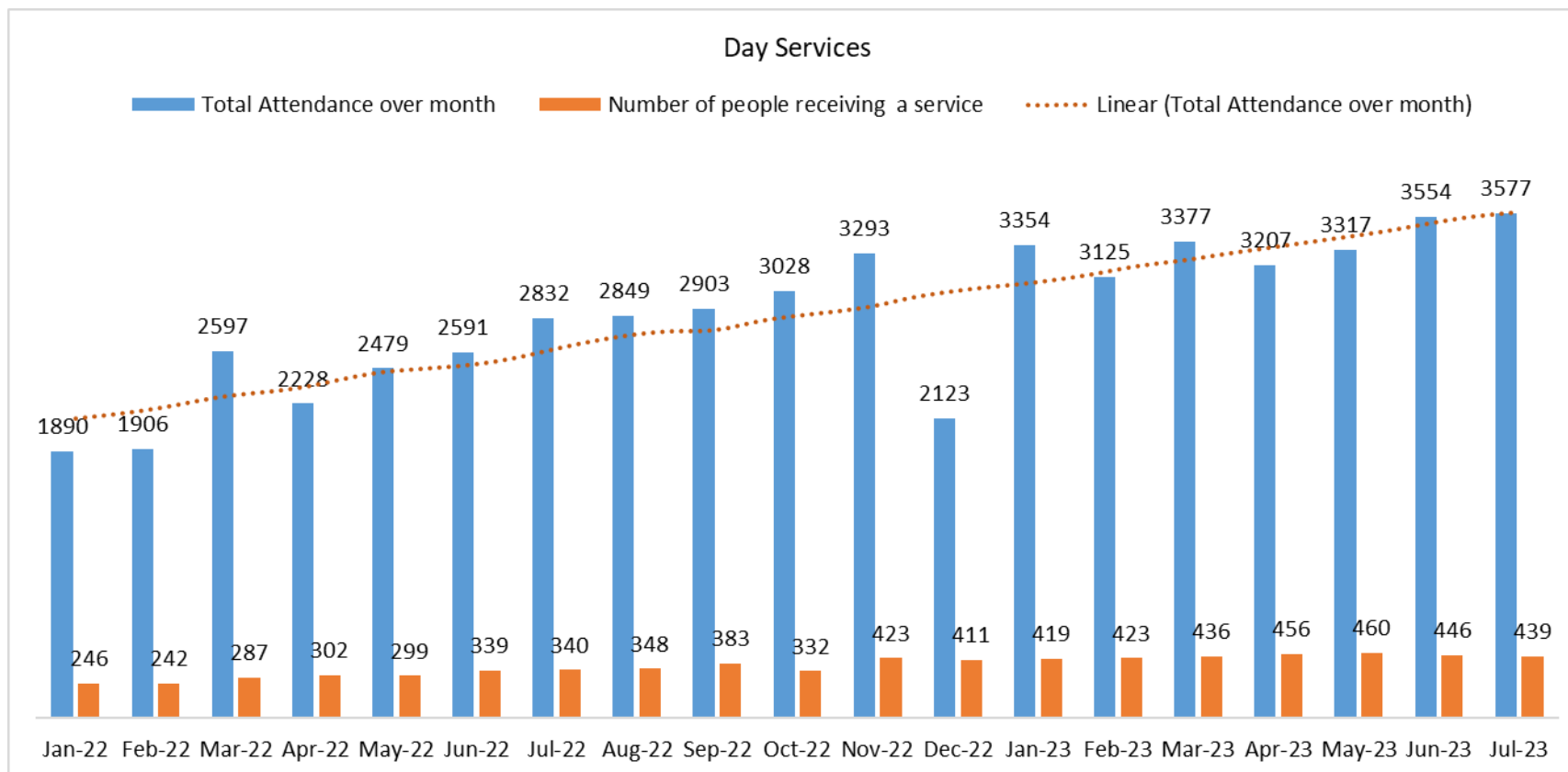
What we are going to do?

- Review and cross-reference monthly data reporting.
- Aim to replicate data reporting format of Bonymaen.
- Report on Llanfair, Maesglas CSU and Ty Cila.

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.

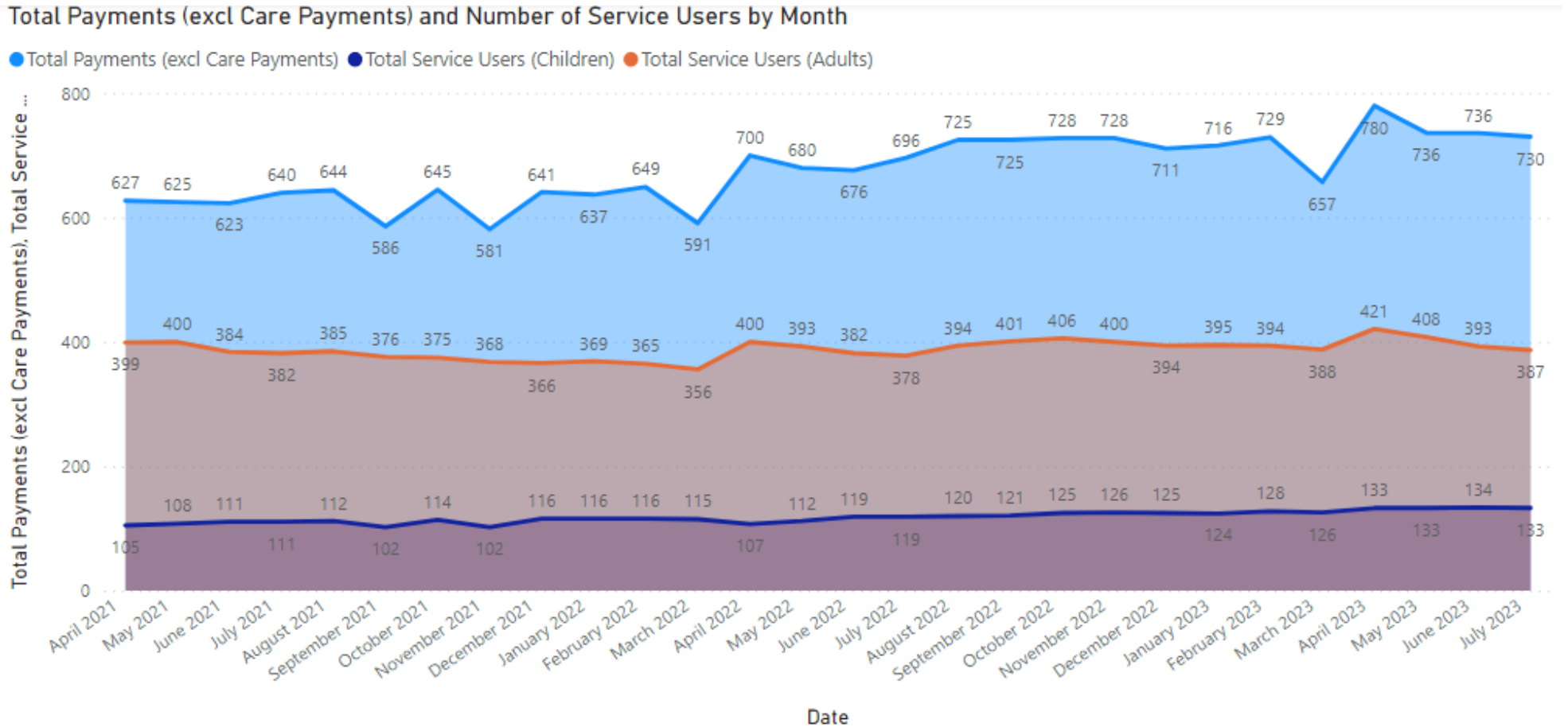




What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> - Continued trend upwards in referrals - Continued trend upwards in attendance 	<ul style="list-style-type: none"> - Slight decrease in number of individuals supported in LD services. - Staffing resources to support complexity of need (sickness, annual leave and vacancies) 	<ul style="list-style-type: none"> - Continue to monitor use and attendance in day services. - Review reporting data to capture outcomes/destinations. - Reviewing purpose, profile and use of day services against demand and complexity of need

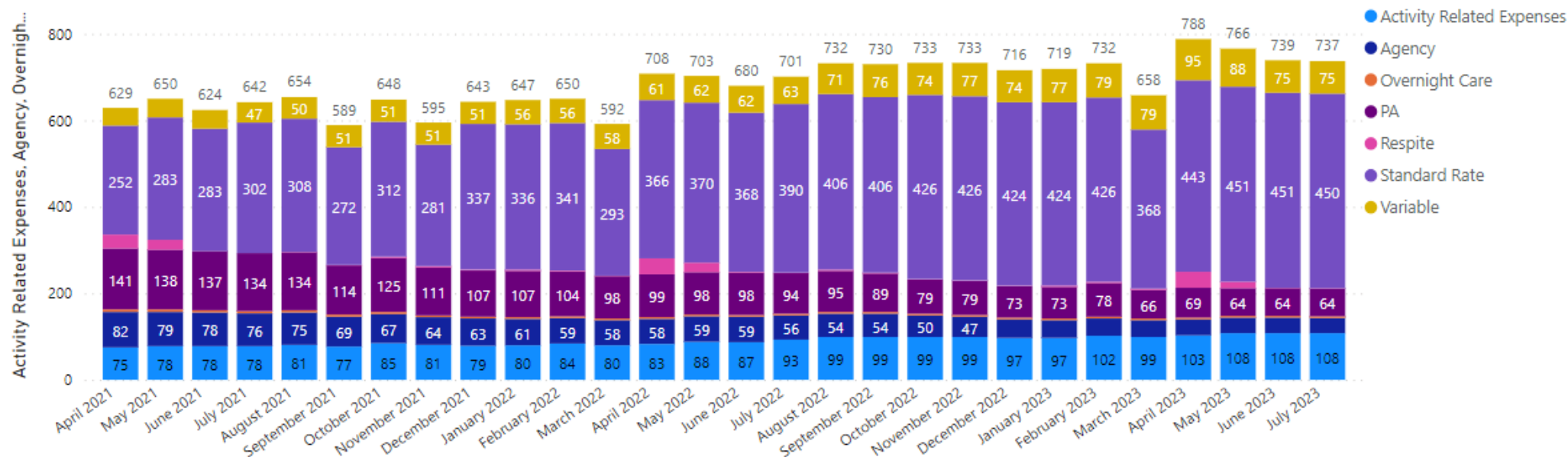
Direct Payments

Number of Payments each Month Plus number of Unique Service Users



Number of Payments each month based on Type of Payment

Number of payments based on payment type

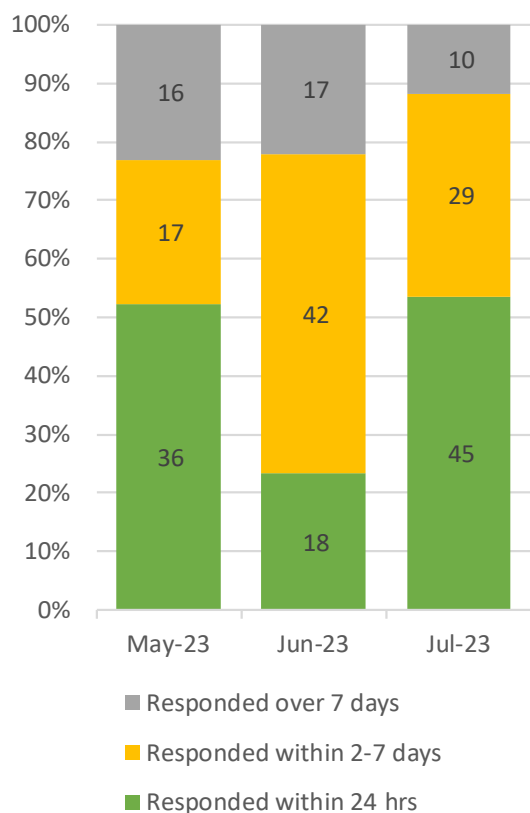


What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> Stabilisation of services from Managed Account service Provider Successful recruitment of PAs which has significantly increased additional no of PAs available to provide care and support. Combined DP and Dom care FACS panels to create process efficiencies and improved access to services. Commencement of systems thinking review to improve performance of DP services. Recruitment to vacant advisor post enhancing team capacity 	<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. Business support capacity to achieve performance reporting and answer telephones is insufficient 	<ul style="list-style-type: none"> Legal advice regarding recovery of additional costs (legal action pending). Review systems and processes and identify improvements where possible. Improve Performance management (of internal staff, systems and processes) Manage customer expectations via phone and email messages to enable reply within 48hrs

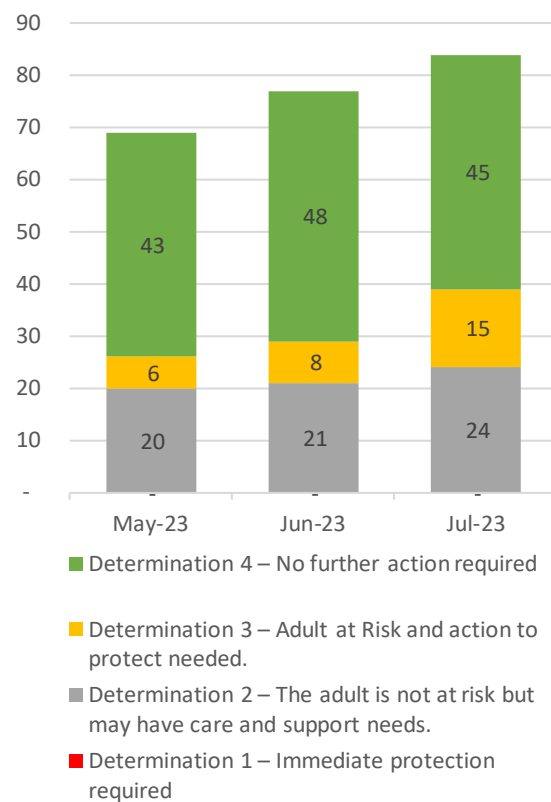
Safeguarding Response

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.

Timeliness of response to Safeguarding Reports



Determination Outcomes of those Completed



Reports / Actions

88 Reports received Jul 23

84 Determinations completed
88% responded to within 7 days
142 Consultations held
18 inappropriate

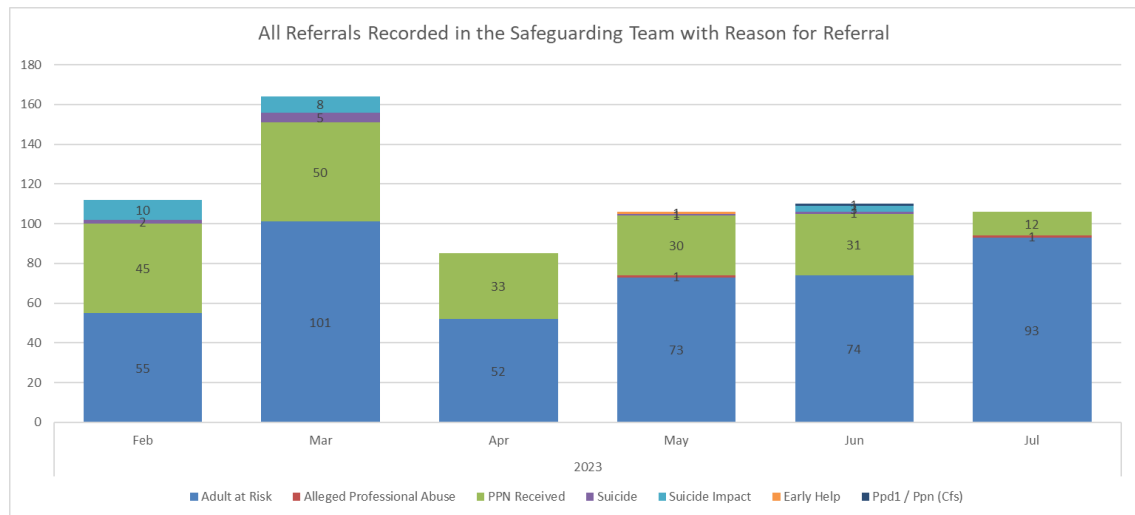
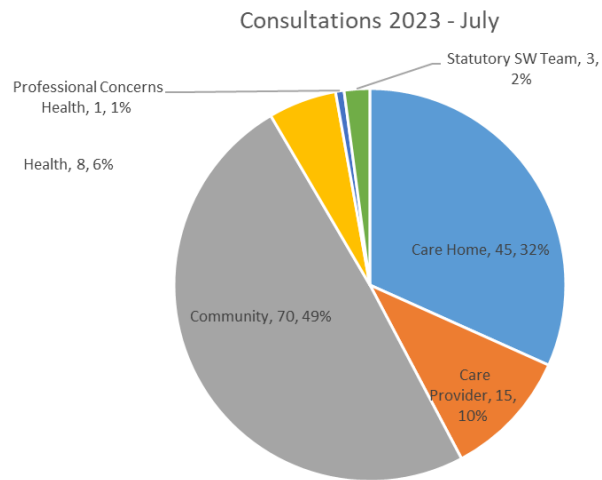
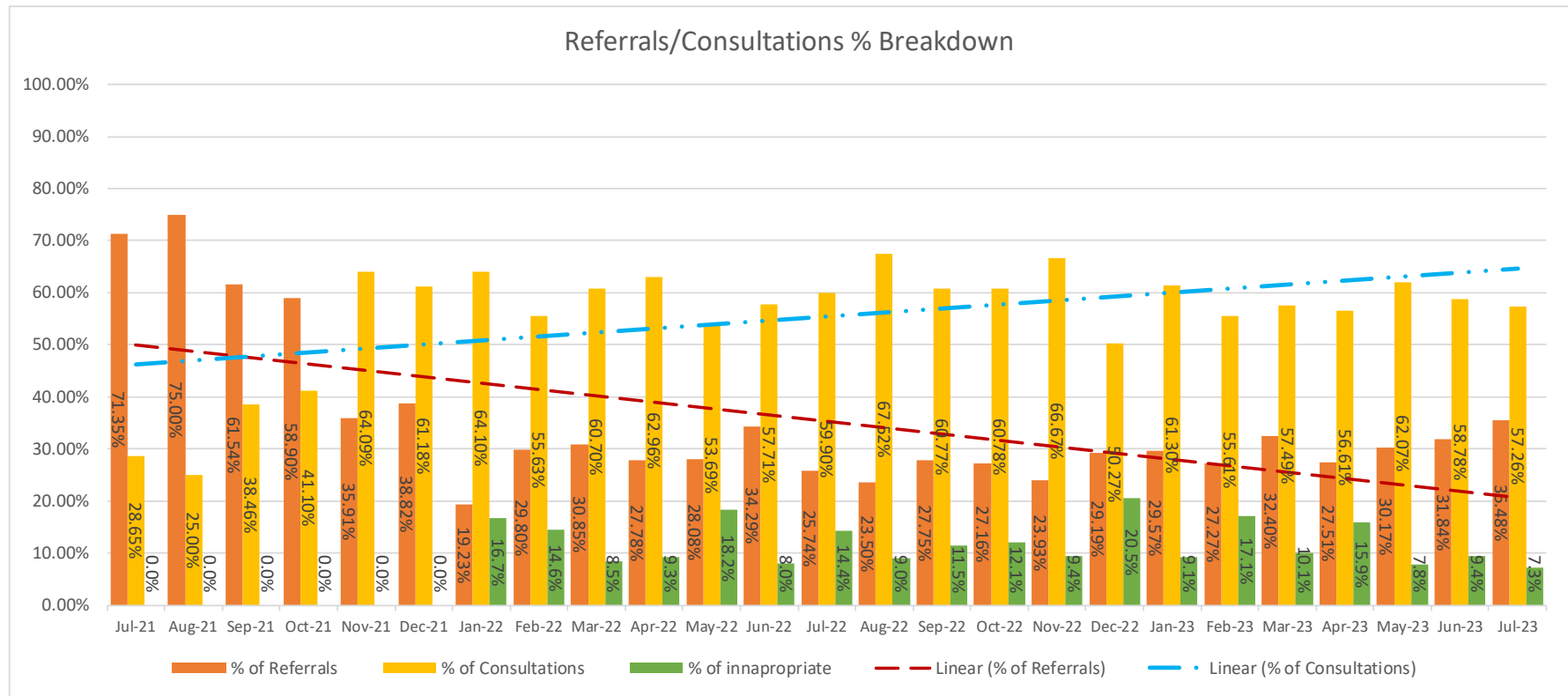
52 Reports received Jul 22
 52 Determinations completed

78 Reports received Jun 23

77 Determinations completed
78% responded to within 7 days
144 Consultations held
23 inappropriate

70 Reports received May 23

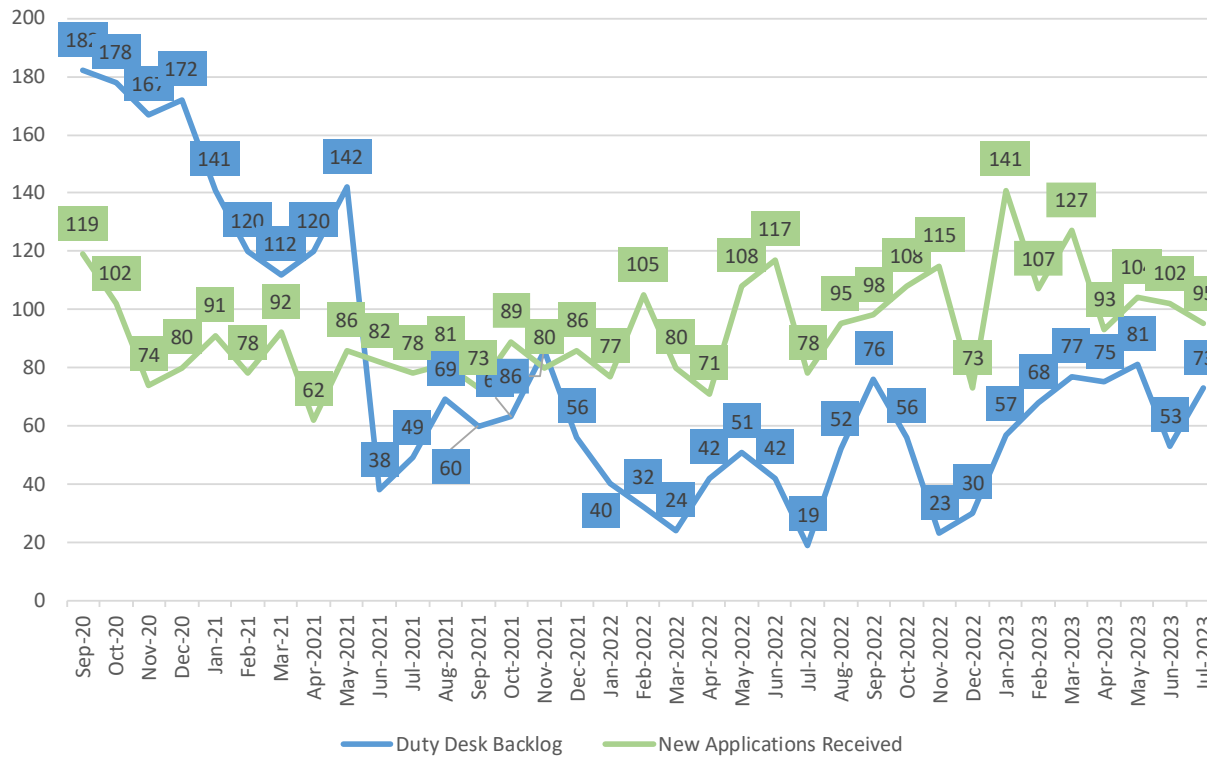
69 Determinations completed
77% responded to within 7 days
144 Consultations held
18 inappropriate



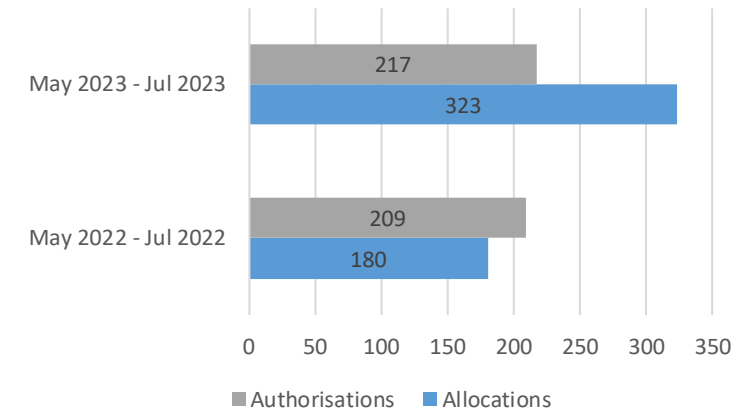
What is working well?	What are we worried about?	What we are going to do?
<ul style="list-style-type: none"> • The additional Care Management Officers (CMO) (refugee work- temp role) is providing much needed support, which is enabling some of the preventative work within the team to continue. • The Team are enjoying being based in the Guildhall. This has been an uplifting experience, having our own designated space for the first time as a Team. More and more teams are appearing in the Guildhall and this has created a positive 'buzz' in the workplace. • The Team continues to access vicarious trauma counselling to ensure their emotional well-being remains positive. The Team continues to strive to be the best they can be, despite the pressure that the volume of work puts upon them. • The CMO's are confident in chairing the significant attempted suicides meetings. • The Team is supporting contracting through chairing and attending meetings, that are about a significant escalating concerns case. Through doing so, providing the expertise around safeguarding matters. The builds on the already established good working relationships. <p>The team have completed their SWOT analysis with regard to the restructure and are thinking creatively about how we can maximise our role with the staff that we have, in order to benefit other teams in terms of their safeguarding responsibilities.</p>	<ul style="list-style-type: none"> • The Team is struggling to manage to attend all of the Multi-agency meetings due to the high volume of reports being received. • There has been a further increase in the volume of AAR Reports being received, increasing caseloads. • There continues to be a high number of professional concern referrals being received. Only the Team Manager and Principal Officer are able to threshold and chair professional concerns meeting. This has an impact on the ability to undertake other functions in the safeguarding team, including developmental work and other managerial duties. 	<ul style="list-style-type: none"> • The Team will continue to prioritise the safety of citizens in the community and ensure that their portfolio work is secondary while the Team experience high numbers of AAR Reports. • The CMO's within the Team will begin to attend the multi-agency meetings in place of the Social Workers to ensure that the preventative work continues to be done. This will test out the impact that this has on the Social Workers ability to raise the stats in terms of timescales. Additionally, it will provide a consistent attendance at the meeting.

Timeliness of Deprivation of Liberty Assessments

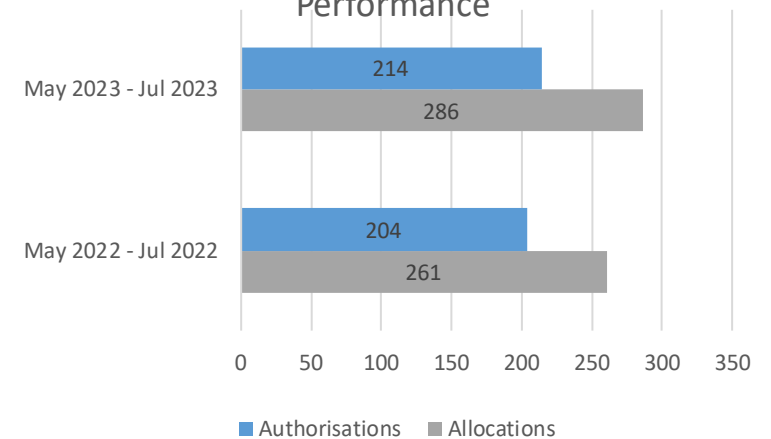
DoLS Backlog and New Referrals



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"> • The backlog is stable and not increasing by a lot. • Applications are at a steady rate. • Independent Best Interest Assessor's (BIA) continue to pick up work which helps keep the backlog under 100. • Low sickness in team 	<ul style="list-style-type: none"> • Very low staffing in business support due to sickness, maternity leave and vacancy leading to a long delay in paperwork being sent out. • Vacant BIA and senior post in the team. • Backlog remaining stubbornly around 80. • Lack of s12 doctors to allocate to during the summer leave period. • Lack of BIA's to allocate to during the summer leave period. • One BIA still on long term sick. 	<ul style="list-style-type: none"> • Try and get business support from other areas to help, advertise current vacancy. • Advertise vacant senior and BIA post. • Continue to use independent BIA's to try and keep backlog under 100 during the summer leave period. • Share out allocations to doctors and BIA's who are left in work