

# Adults Performance Report

July 2018



Yn agored a blaengar - Open and enterprising

  
Powys



## Executive Summary



### What's working well?

- Increase in percentage of adult safeguarding enquiries completed within 7-days (statutory timescale).
- Increase in the % of adults not contacting the service again for 6 months (front door).
- No individuals are awaiting assessment.
- Number of outstanding reviews are declining.
- The numbers of people supported with technology enabled care continues to grow in line with targets. Feedback captured is evidencing that individuals and unpaid carers are reporting positive outcomes.
- Currently forecasting an underspend.
- 88% were good/excellent in relation to prevention and early intervention; 82% compliance in capturing "What Matters" to the individual.
- Increased engagement with Credu and Carers.
- Launch of Dewis at Royal Welsh Show and integration with Infoengine.
- Percentage of supervisions completed.



### What are we worried about?

- PPD - volume of calls received for other departments within the Council.
- Meeting requirements of Active Offer.
- Not capturing true volumes of carers assessments undertaken.
- ICF funding for the supply chain to procure, install maintain and recycle technology enabled care is expected to cease in September 2018 which will place additional pressure upon the Integrated Community Equipment Pooled Fund.
- Impact of Winter pressures on budget and resource capacity.
- Communication is an area for improvement.



## What do we need to do?

- PPD - Business Case to be completed by end of August and go through governance in September. Meeting with PCG on 10<sup>th</sup> September to review option re digital house/village/wallet.
- Actively working on revisions to systems and reporting to accurately capture data.
- Explore resource capacity. The Service is currently developing a business case to ensure we have the right capacity which will be key to driving out efficiencies within the Service.
- Active Offer - mapping exercise to match individuals to staff who speak Welsh and review all recruitment requirements.
- Develop a business case for mainstreaming funding of technology enabled care, drawing upon the evidence base from the experience in Powys articulating how the provision of technology enabled care can achieve savings/cost avoidance.
- Communication will be addressed through QA Panel and Operational Management Teams.



## Top 5 indicators



### What's working well?

- 1a - improved data to support any decisions taken on PPD review. Statistics from Avaya phone system show that 1262 contacts were made for the Social Services line.
- 2 - whilst not captured in the report due to reporting delays, as at 9<sup>th</sup> August, DToC was 10 in Powys Hospital.
- 3 - increase in percentage of adult safeguarding enquiries completed within 7-days (statutory timescale).
- 4 - 95% of supervisions completed. The 5% not completed equated to 7 individuals.
- 5 - please cross reference to comments in measure references 39 and 40.



### What are we worried about?

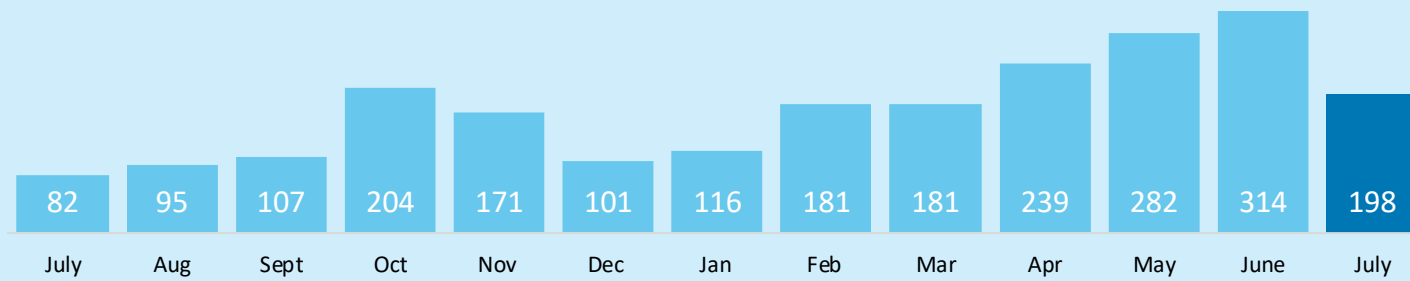
- 1a - the report currently captures the number of contacts for Information, Advice and Assistance only.
- 1a - 311 calls were received for other Departments of the council in July 2018 and 209 calls transferred to social workers/messages taken impacting on the time taken to respond to appropriate calls. This also impacts on the number of abandoned calls which was 247 in July.
- 5 - please cross reference to comments in measure references 39 and 40.



### What do we need to do?

- 1a/1b - Complete the review of PPD and implement actions. Business case to be completed by end of August 2018.
- 4 - Following discussion at QA Panel, to address learning and support staff, a supervision template for staff to complete in relation to case load in advance of attending supervision is under development for consultation with staff prior to implementation in September 2018.
- 5 - please cross reference to comments in measure references 39 and 40.

### 1a. Number of contacts to Powys People Direct



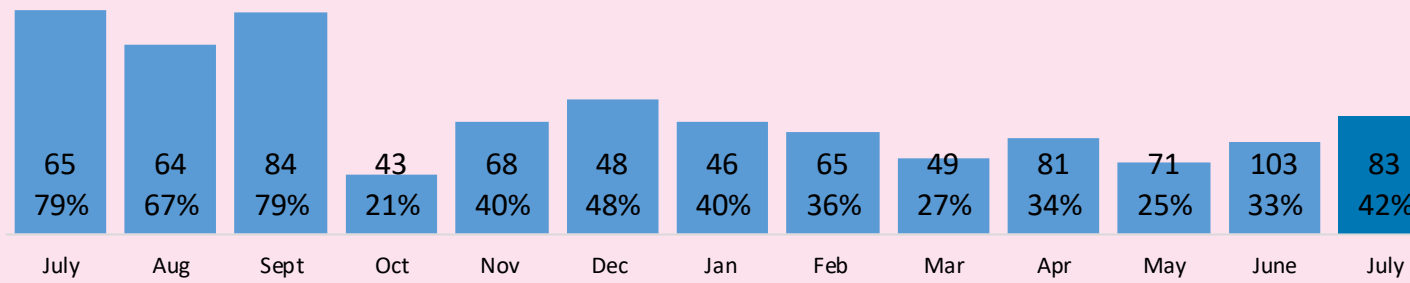
Trend

Welsh average

Target

YTD

### 1b. % contacts to referrals



Trend

Welsh average

Target

YTD

### 1c. % referrals to assessment

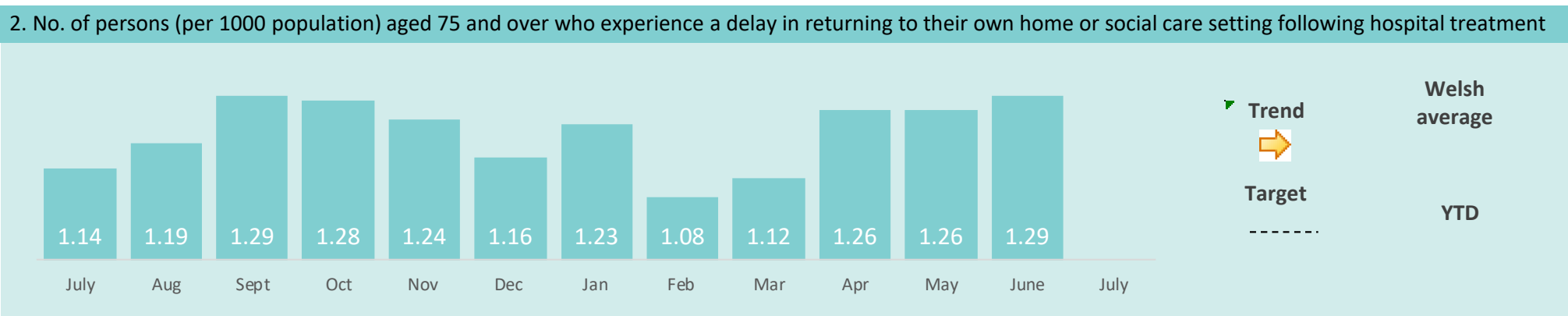
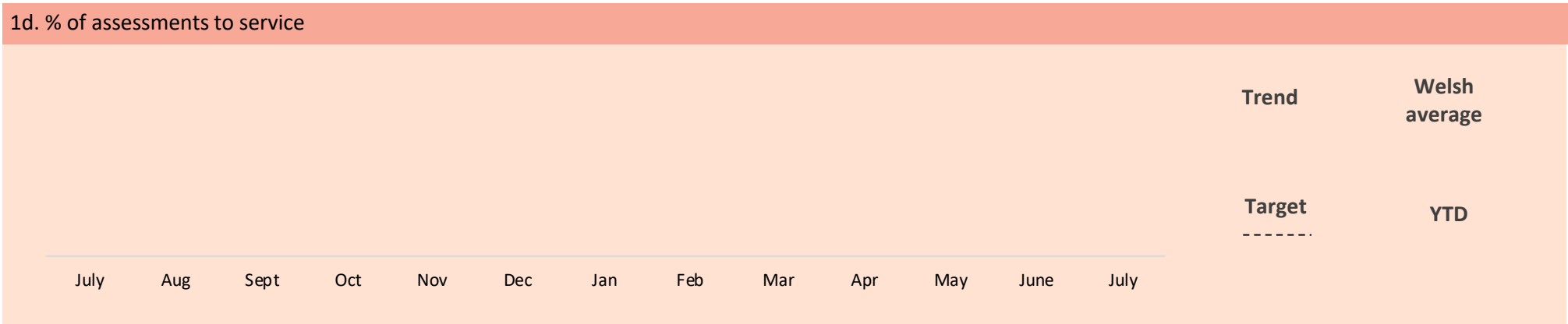
July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June July

Trend

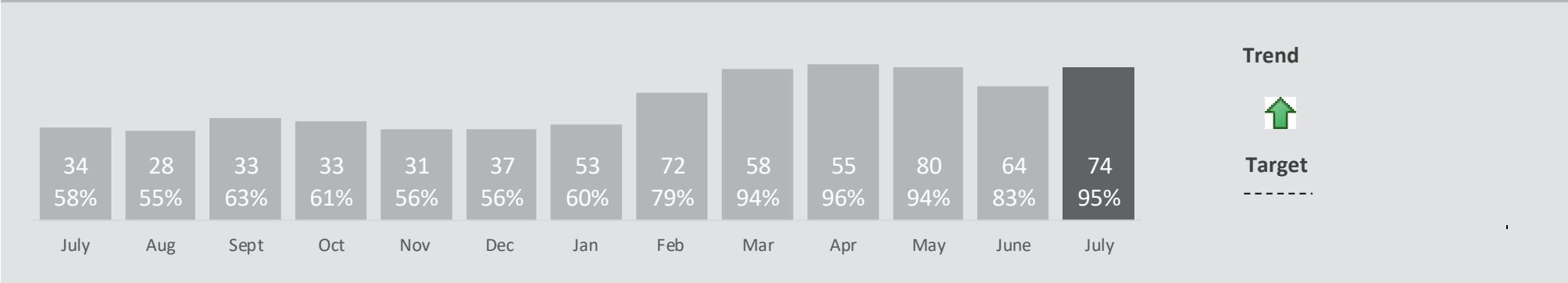
Welsh average

Target

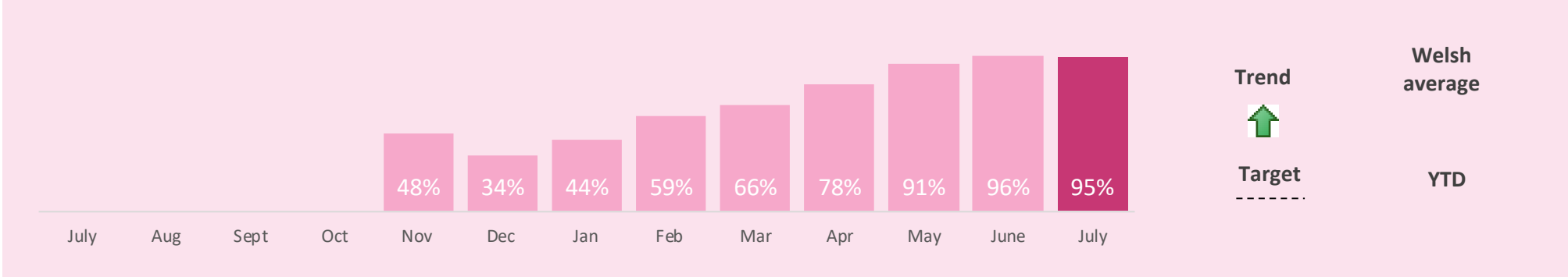
YTD



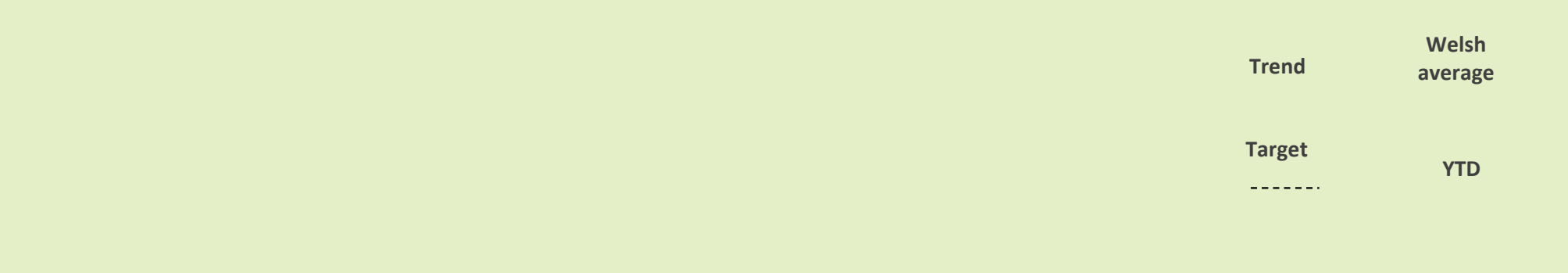
3. Measure 18 – The Percentage of adult safeguarding enquiries completed within statutory timescales



4. % of case supervisions held



5. QA – to be developed by service area





## What's working well?

- 6 - there has been an increase in the % of adults not contacting the service again for 6 months.
- Dewis was formally launched at the Royal Welsh Show. Dewis will link with InfoEngine meaning that third sector information will be visible across both systems.
- 31 pieces of Powys County Council information across a wide range of Council services have been uploaded onto Dewis including Welsh translation.



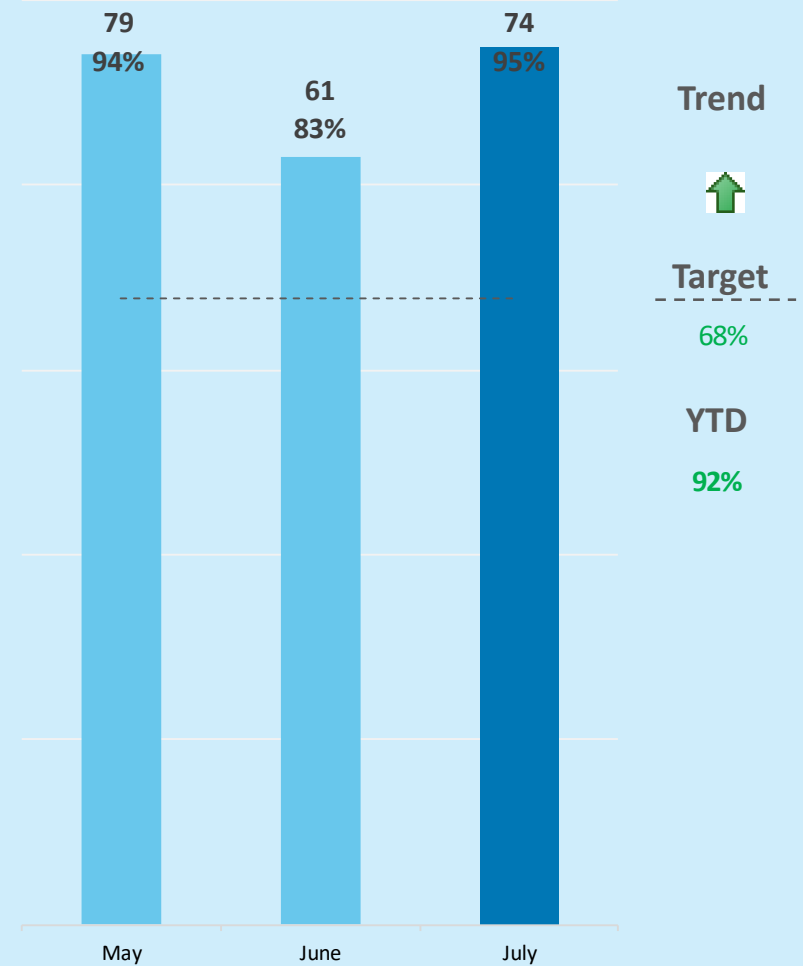
## What are we worried about?



## What do we need to do?

- 6 - Progress with Business Case for PPD and re-design service.
- Increase the number of editors for Dewis across the Council.

6. % of adults who have received support from the IAA service and have not contacted the service again for 6 months







## Assessments



### What's working well?

- 7 - Assessments – no individuals are awaiting assessment. Prioritisation framework implemented.
- 7- High percentage not requiring ongoing care and support from reablement service means that assessment stats are high but care and support plan stats would be lower.
- 11a - High percentage of carers offered an assessment.
- 14 - Many individuals are achieving outcomes following a period of intervention by the Reablement Team. The statistics will always be unpredictable due to the nature of the service, reasons for non-achievement of outcomes include, eg hospital admission, having to receive a package of care, declined support.



### What are we worried about?

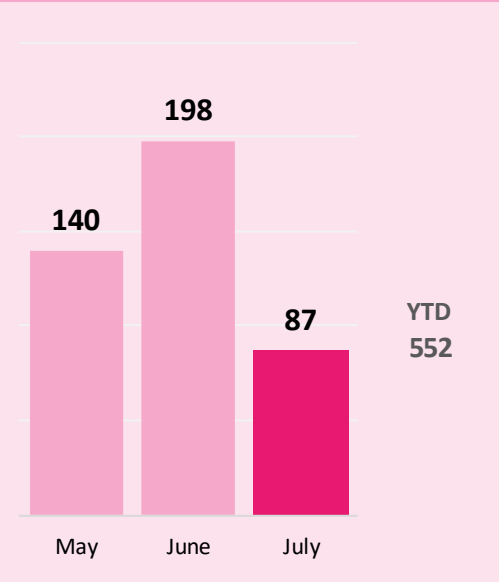
- 8 - Carers – it is considered that the current assessment does not capture in enough detail of the carers needs to allow full exploration of their role and the support they provide.
- 8 - not a true reflection of the volume of carers assessments undertaken or counted across the social care teams at present.
- 12 - Active Offer – this statistic remains low.
- 14 - Therapy staff (Reablement) are not all completing required documentation which has an impact on statistics. Requirements have been raised via team discussions and also with appropriate line managers across Integrated Team.



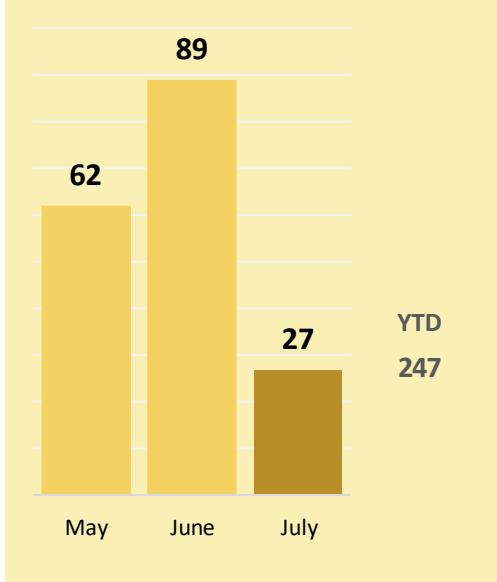
### What do we need to do?

- 7 - Understand increase in demand to focus on new demand and existing demand.
- 7 - Care and support plans currently not completed by OT and Sensory Loss this will change in the future.
- 8 - Consult and work with Credu and carers to develop new carers assessment form to understand what matters to them, which will also provide more accurate reporting.
- 9 - Reassessments – work with Business Intelligence to understand how this figure is being reported as it has been identified that it is much lower than expected.
- 12 - Active Offer – all new documents which are currently being developed will have a focus on Active Offer questions.
- 12 - Active Offer – the Welsh Language Champion to attend OMT to further promote requirements and matching of individuals whose preferred language is Welsh against workers.
- 12 - Active Offer – consider requirements for Welsh speakers throughout all recruitment.

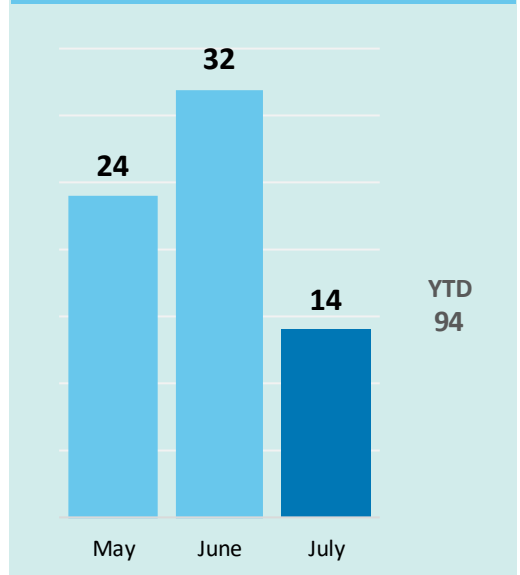
7. No. of assessments of need for care and support undertaken



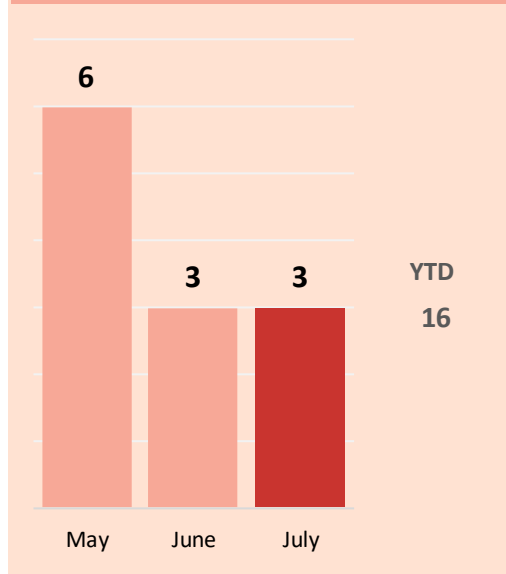
7a. Of these, no. of assessments that led to a care and support plan



8. No. of assessments of need for carers undertaken



8a. Of these, no. of assessments which led to a care and support plan



9. The no. of requests for re-assessment of need for care and support and need for support made by an adult

Data under review for August

YTD

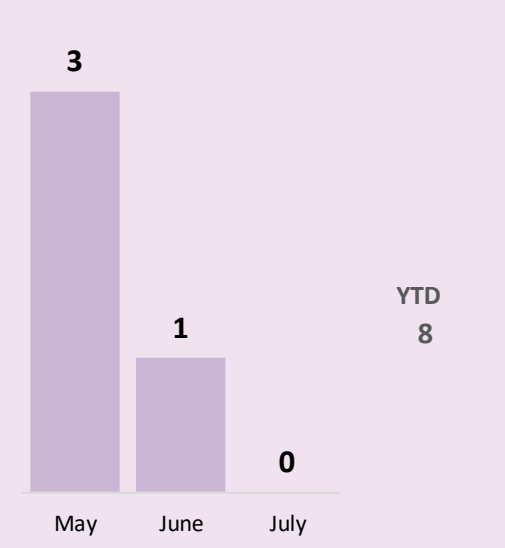
9a. Of these, no. of re-assessments undertaken

Data under review for August

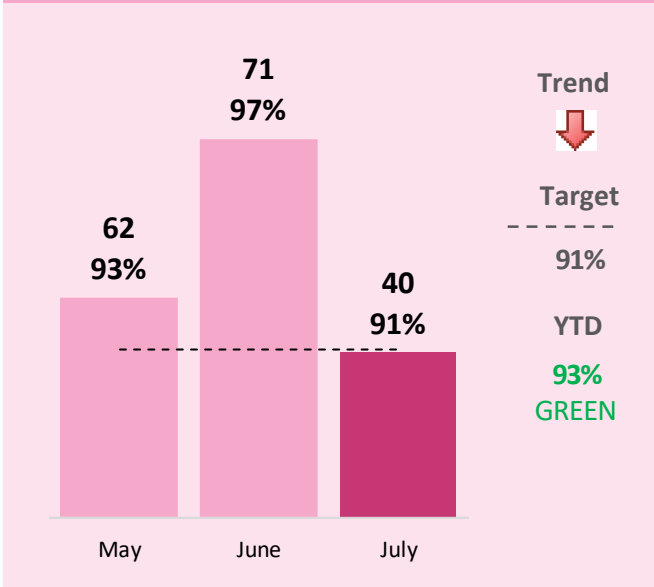
YTD

Trend

9b. Of these, no. of re-assessments that led to a care and support plan or support plan

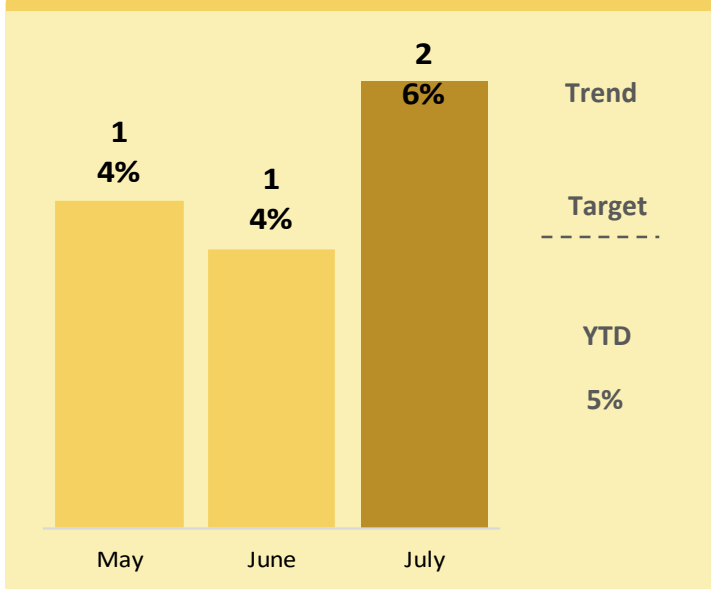


11. % of carers identified offered an assessment



9. % of carers identified offered an assessment as at 31/03/2018

12. % of service users who received the Active Offer for assessment



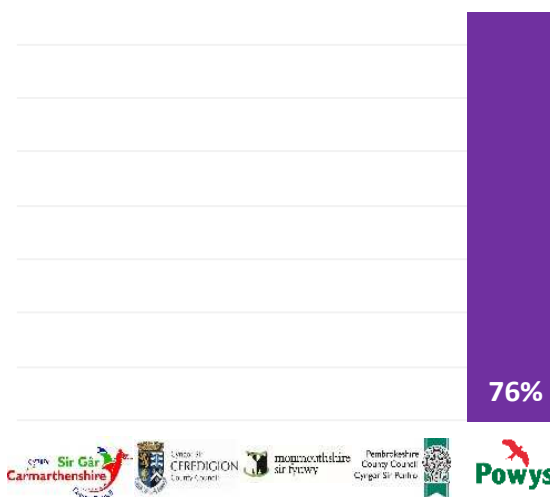
13. Measure 20a: % of adults who completed a period of Reablement and have a reduced package of care and support 6 months later



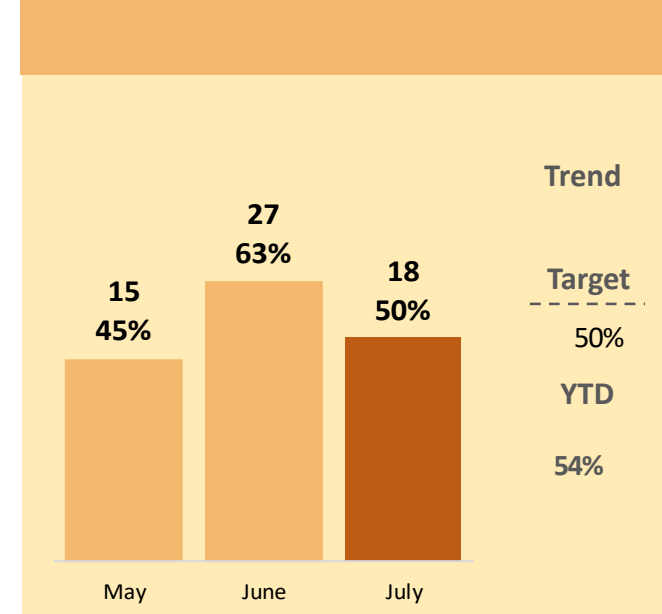
13a. Measure 20b: % of adults who completed a period of Reablement and have no package of care and support 6 months later



% of adults who completed a period of Reablement and have no package of care and support 6 months later as at 31/03/2018



14. % of Reablement clients achieving outcome





## Care planning



### What's working well?

- 16 - the number of reviews outstanding is steadily declining.



### What are we worried about?

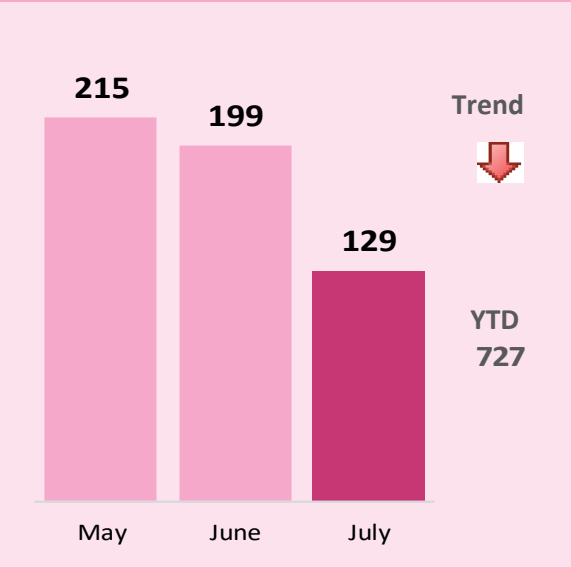
- 16 - whilst steadily declining the number of reviews outstanding is still high.
- 17a - Average caseloads – the count is not a true reflection.



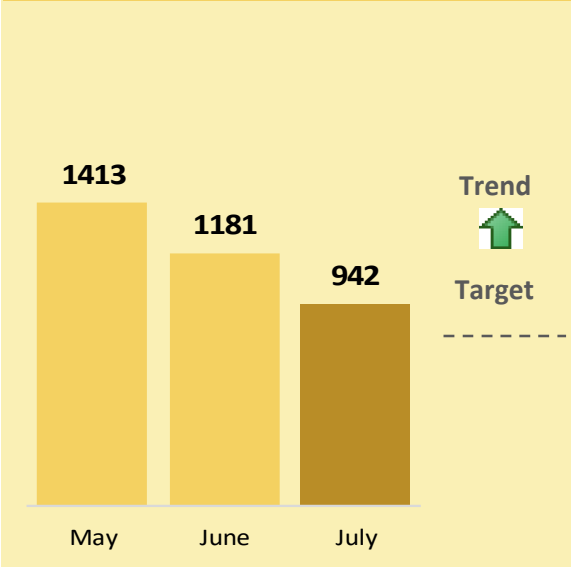
### What do we need to do?

- 16 - Undertake a data cleansing exercise in respect of outstanding reviews.
- 16 - Undertake an exercise to assess resource capacity in relation to outstanding reviews.
- 16 - Consider future reporting to capture planned and unplanned reviews across 12 month period.
- 17a - Undertake a data cleansing exercise on worker caseloads.

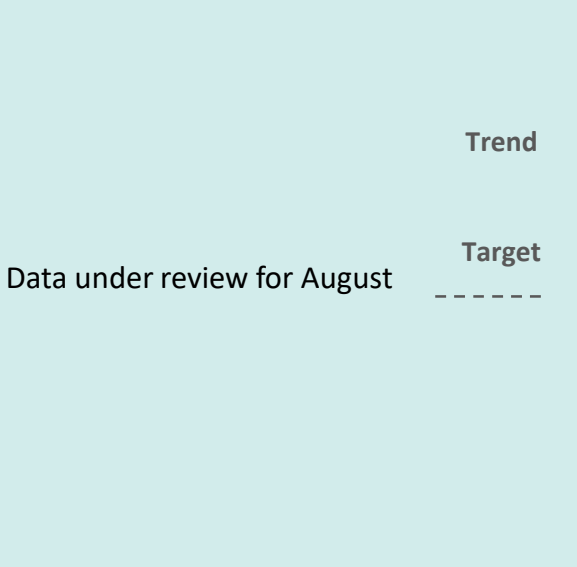
15. No. of care and support plans that were reviewed during the quarter



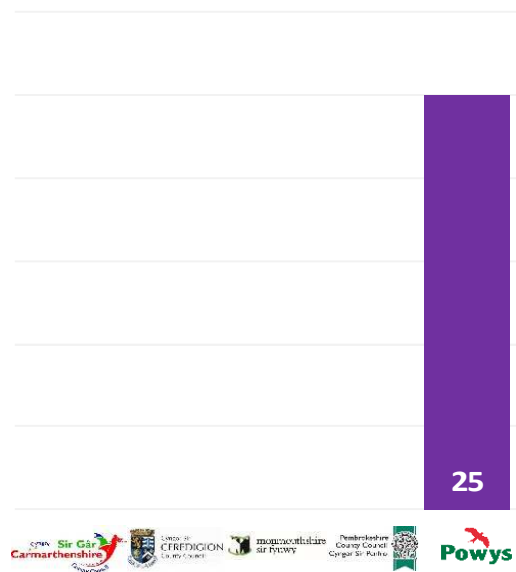
16. Volume of outstanding reviews



17a. Average caseloads per worker



15a. Average caseloads per worker as at 31/03/2017





## What's working well?

- 18 - Increase in percentage of adult safeguarding enquiries completed within 7-days (statutory timescale).
- 19 - where referrals are not complete in relation to capacity or consent a new process has been implemented to obtain information to avoid delays in decision making on referrals.
- 19 - where appropriate, feedback is routinely provided to the referrer on reasons for the referral being inappropriate.
- 19a - Recording of risk assessments has improved for all cases progressing to enquiry.
- CIW action plan further developed following monitoring visit – majority of actions either completed or close to completion. Action plan embedded below:



Safeguarding  
Action Plan\_July 201



## What are we worried about?

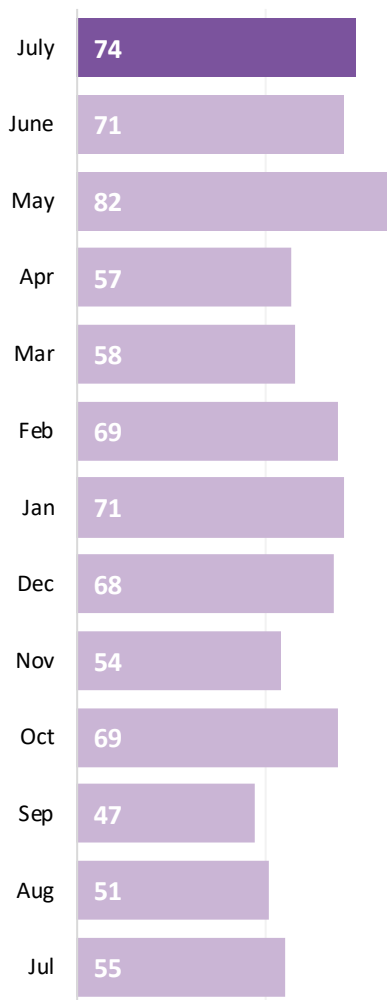
- 19 - number of inappropriate / incomplete (eg relating to capacity/consent) referrals received.
- 25 - number of strategy meetings which have taken place – information is being collated from closed as opposed to open forms.
- 19a/20 - Delays in information being received is contributing to some delays in management of enquiries.



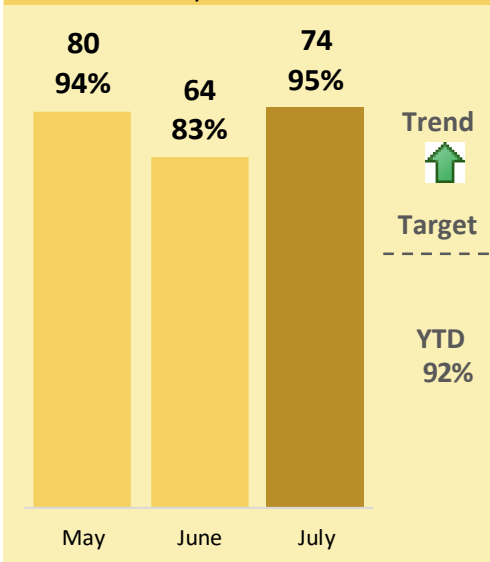
## What do we need to do?

- 19 – with implementation of the threshold document from September 2018, it is anticipated that a reduction in inappropriate referrals should be seen.
- 25 – meet with BI to clarify that strategy meetings completed needs to be collated from open forms.
- 25 - Strategy discussion were not previously being captured in line with Mid and West Wales Safeguarding Board reporting – a new form has been developed which will enable capturing of this data. The form is being built and will be “live” from 1<sup>st</sup> September 2018.
- 19a/20 - Management of information for enquiries – delays agenda'd at August SMT and September PLOG.

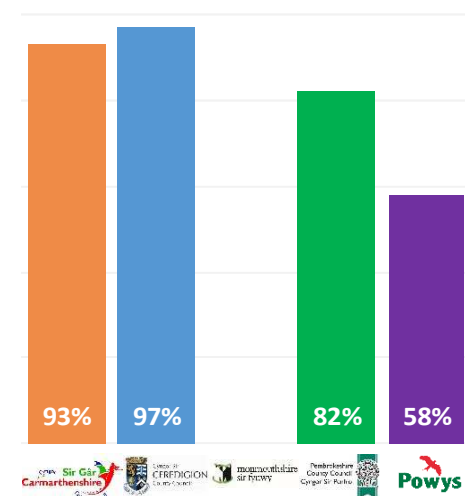
No. of clients referred to the adults safeguarding team 17/18



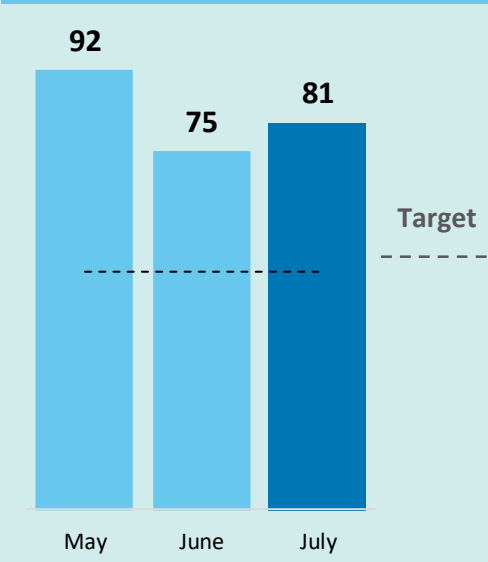
18. Measure 18 - % of adult safeguarding enquiries completed within statutory timescales



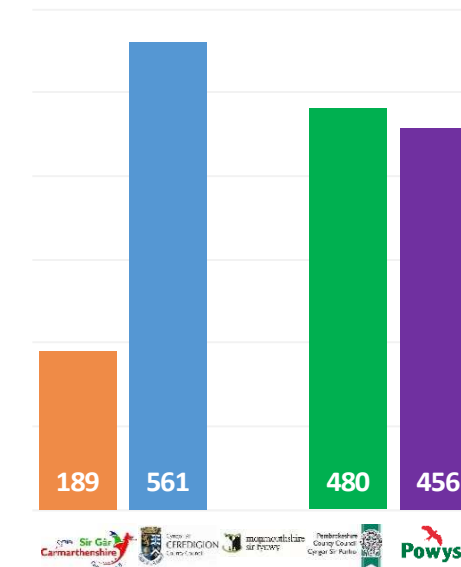
% of adult safeguarding enquiries completed within statutory timescales Apr - Sept 17



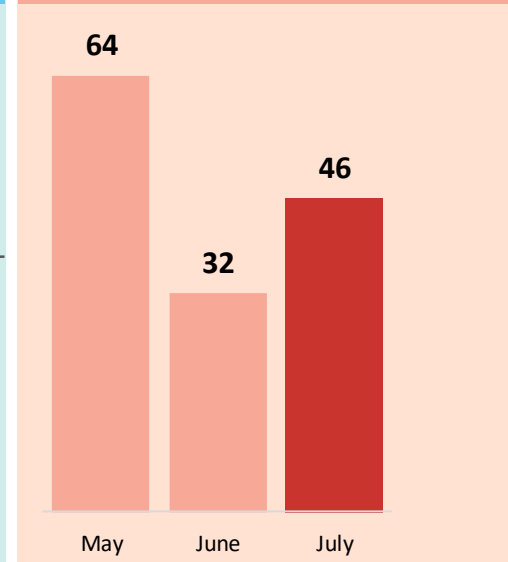
19. No. of referrals made to adult safeguarding during the year



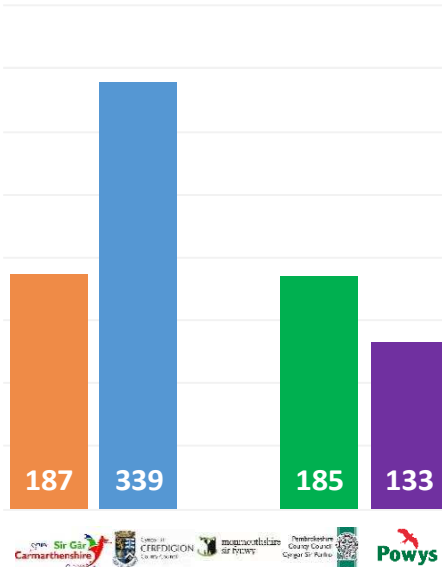
No. of referrals made to adult safeguarding during the year April - Sept 17



19a. Of these, how many led to an enquiry

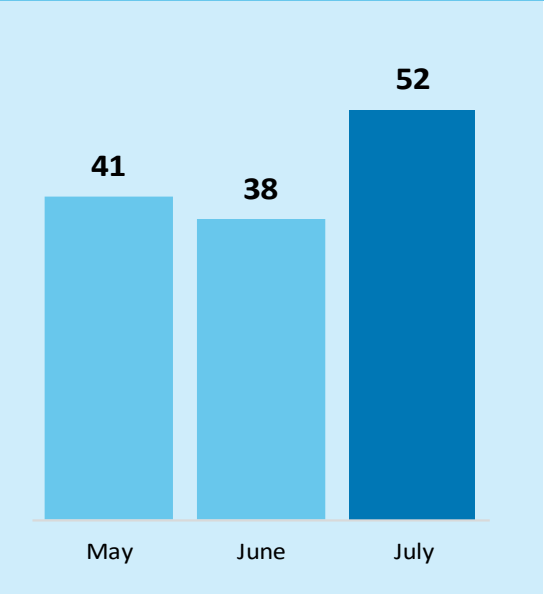


Of these, how many led to an enquiry April - Sept 17

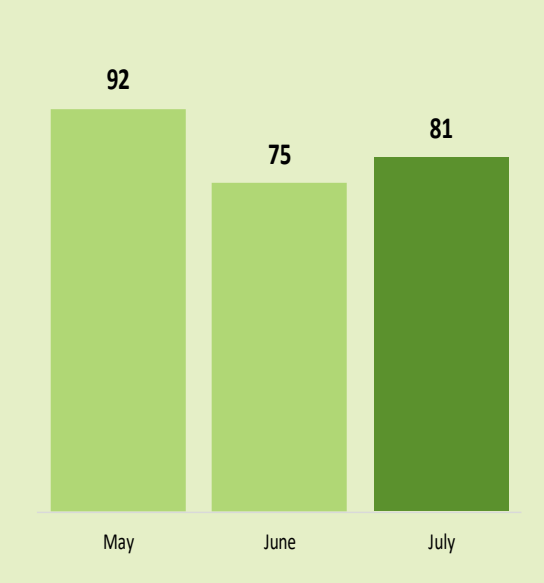




20. No. of enquiries which concluded that action was required

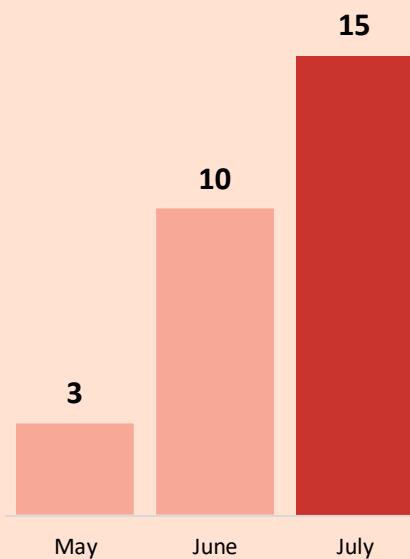


23. No. of Adult safeguarding enquiries concluded by Safeguarding Team

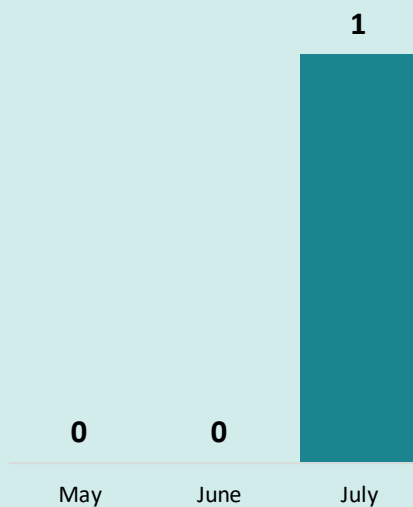


24. No. of Adult safeguarding enquiries complete within statutory timescales as at 31/03/2017

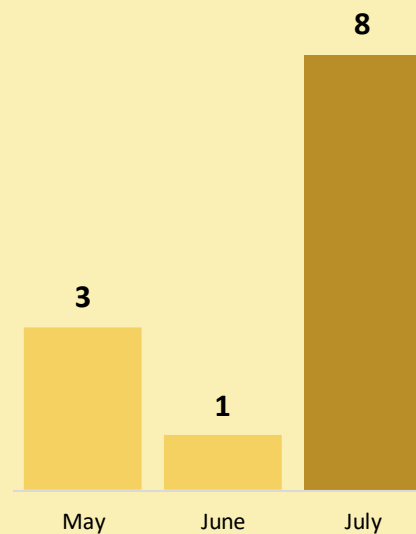
25. No. of strategy meeting which have taken place



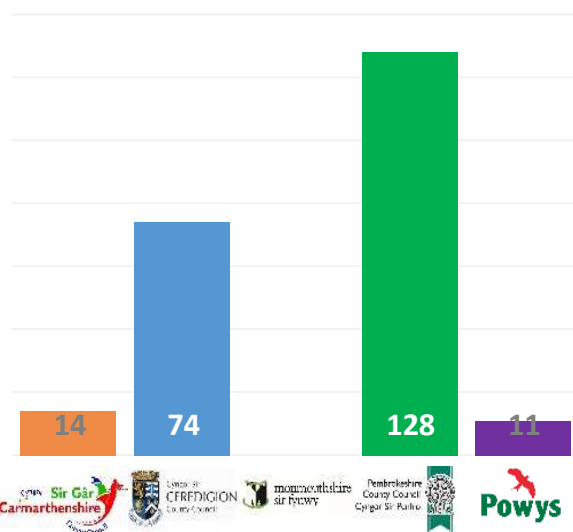
26. No. of case conferences completed



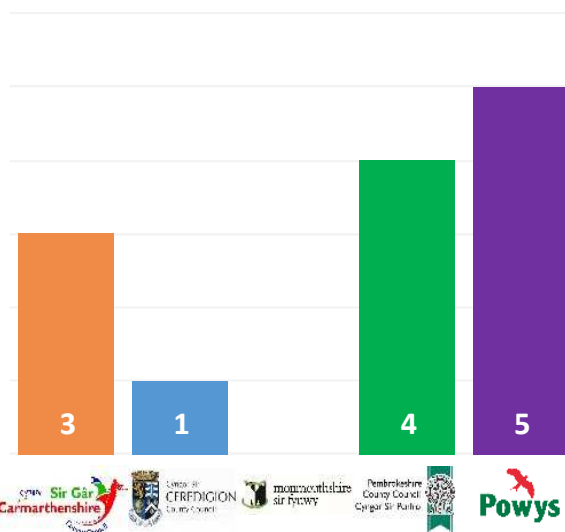
27. No. of Adult safeguarding plans complete



No. of strategy meeting which have taken place as at 31/03/2017



No. of case conferences completed as at 31/03/2017





## Commissioned Services



### What's working well?

- 30 - The numbers of people supported with technology enabled care continues to grow in line with targets. Feedback captured is evidencing that individuals and unpaid carers are reporting positive outcomes.
- 31 - Contact made with Wales and West to discuss configuration of the RTH new development. Additional staff (contract monitoring officer x2) have been recruited to. Additional capacity will allow more detailed understanding of support needs, identification of further potential people where RTH may provide better outcomes, support for care management to identify appropriate level of support / right sized.



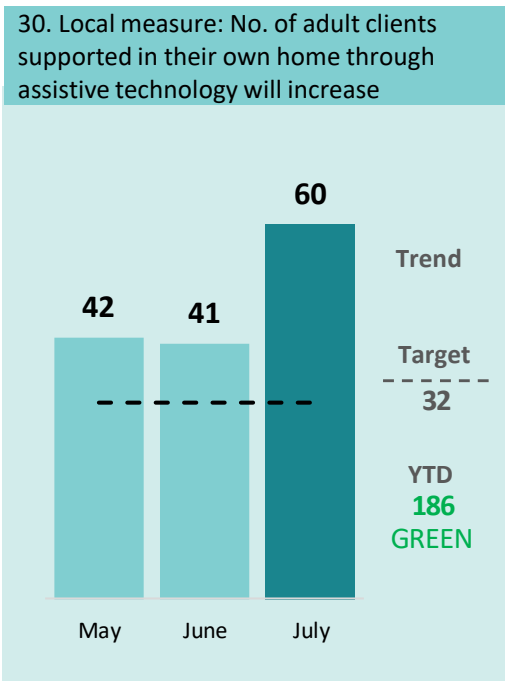
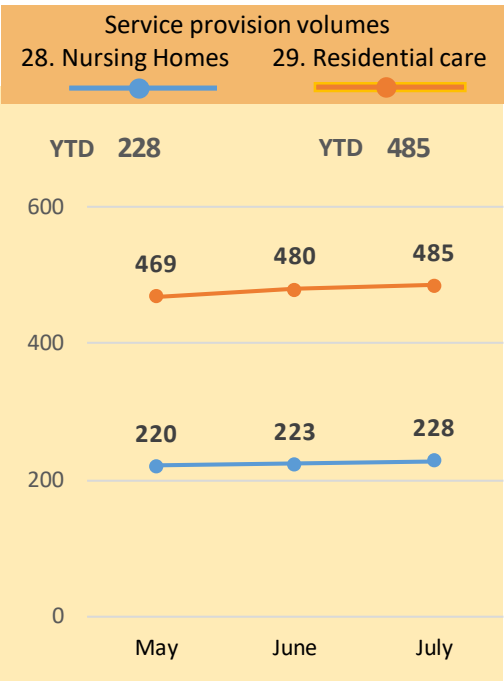
### What are we worried about?

- 30 - ICF funding for the supply chain to procure, install maintain and recycle technology enabled care is expected to cease in September 2018 which will place additional pressure upon the Integrated Community Equipment Pooled Fund.
- 31 - Configuration of new development may be contributing to high scheme costs. Planning already submitted so flexibility is limited.

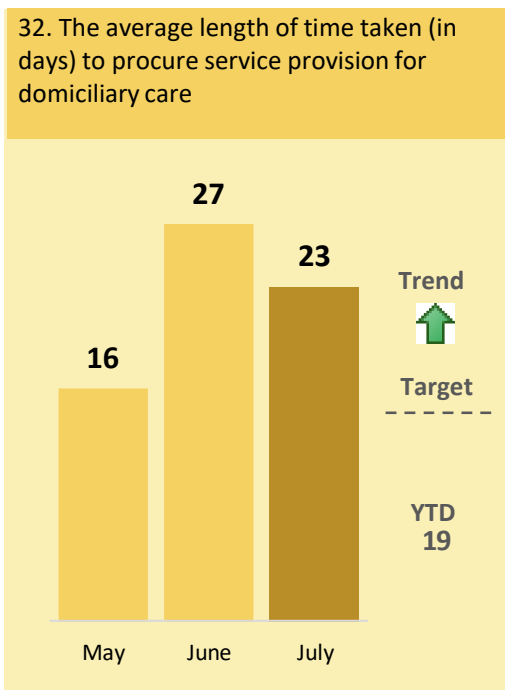
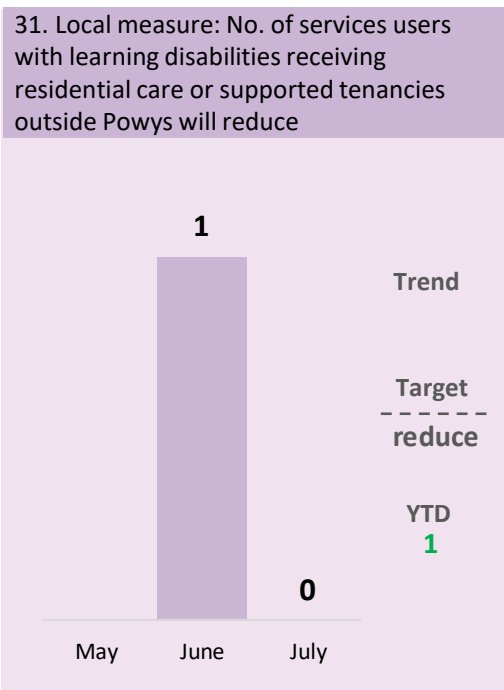
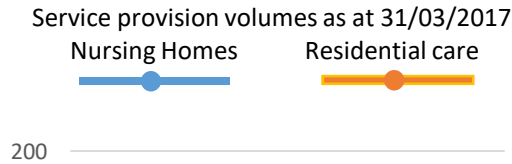


### What do we need to do?

- 30 - Develop a business case for mainstreaming funding of technology enabled care, drawing upon the evidence base from the experience in Powys articulating how the provision of technology enabled care can achieve savings/cost avoidance.
- 31 - Clarity on who has been identified, provide care and support profile and clarify costs. Contact North Wales to compare model with one already operational. Reconsider design if costs are unreasonable.



No. of adult clients supported in their own home through assistive technology as at 31/03/2017



The average length of time taken to produce service provision for domiciliary care as at 31/03/2017





### What's working well?

- 33 - currently forecasting an underspend.



### What are we worried about?

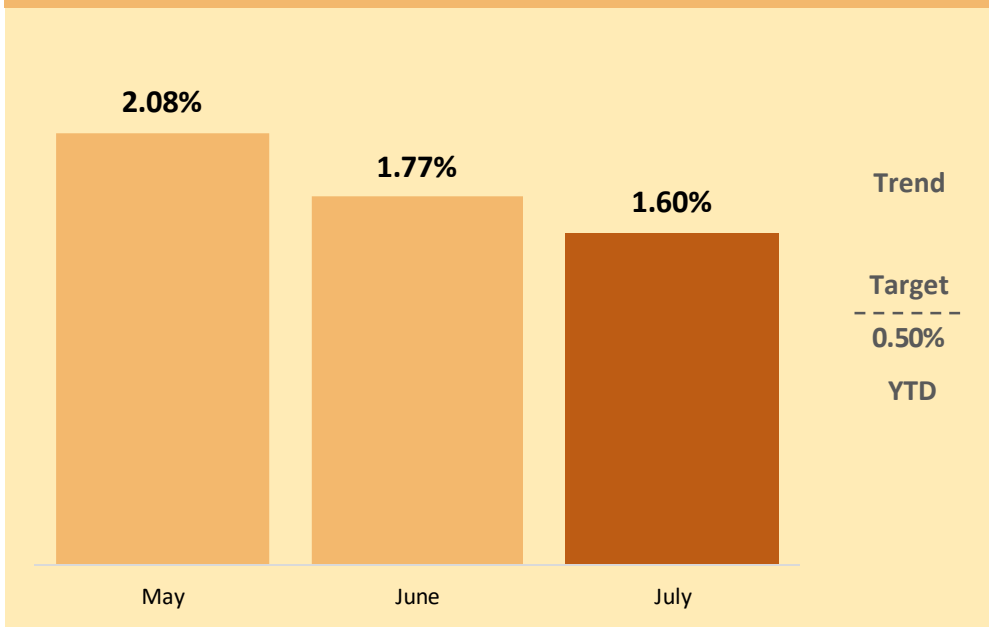
- 33 - Impact of Winter pressures on budget. Planning meetings have commenced with colleagues in Health.



### What do we need to do?

- 33 - Continue dialogue with Health colleagues in relation to Winter pressures.

### 33. Service delivered with 0.5% variation revenue



Service delivered with 0.5% variation revenue as at 31/03/2017

0%





## Workforce



### What's working well?

- 37 - number of agency social workers has reduced to 14.

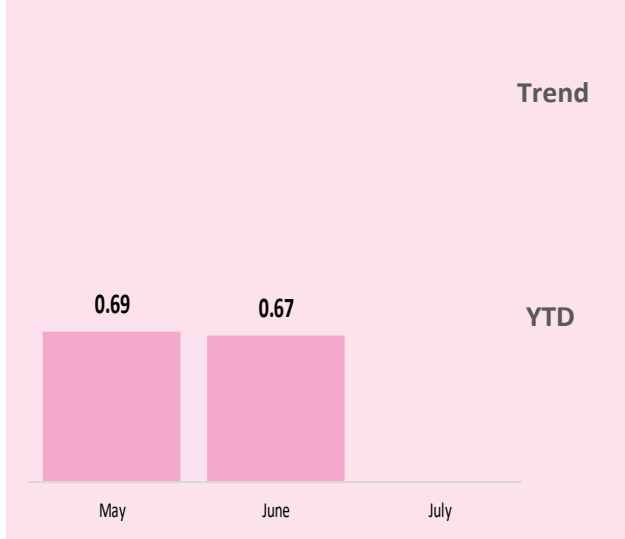


### What are we worried about?

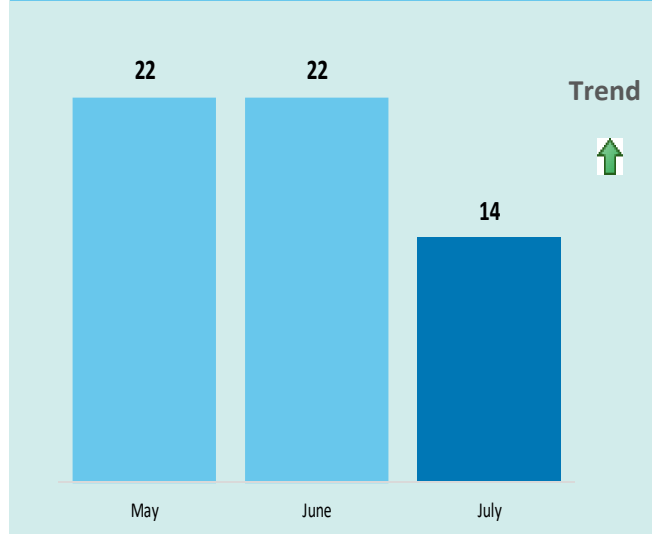


### What do we need to do?

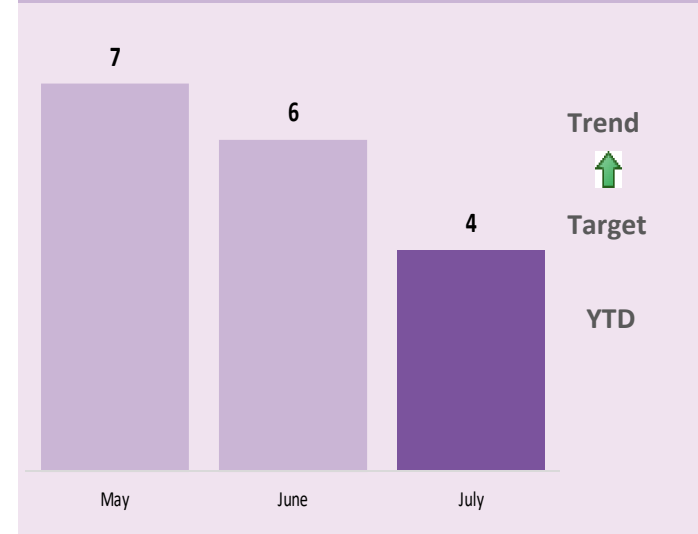
35. Average days sickness absence per FTE



37. No. of agency social workers in post



38. No. of leavers monthly







### What's working well?

- 39 - 18 audits undertaken in July; the themes for which were Reablement and Carers.
- 40 - It was identified within these audits that 88% were good/excellent in relation to prevention and early intervention; 82% compliance in capturing "What Matters" to the individual.
- 39 - 191 safeguarding audits undertaken in July.
- 39 - New audit tool has been piloted; full implementation in September 2018.
- 39 - Schedule of audits to be undertaken up to December 2018 developed and agreed.
- 39 - Service user feedback is now captured as part of themed auditing process.



### What are we worried about?

- 40 - Communication was identified as an area for improvement within the QA audits undertaken.
- 40 - 6 (43%) care and support/treatment plans were found to be task orientated.
- 40 - Management oversight not fully evidenced via WCCIS.
- 40 - Consistent application of ratings within quality audits.
- Not all staff are recording compliments received.



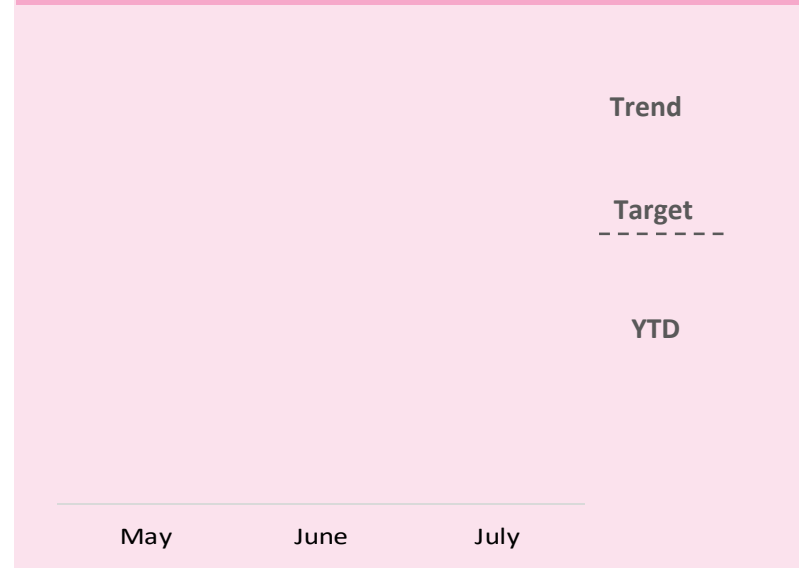
### What do we need to do?

- 40 - Communication (44%/7 cases) has been identified as an issue and learning will be addressed through Extended SMT and local Team Meetings. The Service will continue to gather and look at opportunities for gaining service user and carer views and addressing identified issues/concerns through appropriate channels.
- 40 - Collaborative training has been provided to staff and observed practice is being undertaken to look at embedding outcome focussed strengths based approach. Further training is planned to embed the collaborative approach.
- 40 - Management oversight in WCCIS – review capabilities of recording within WCCIS for case note types which will enable future reporting.
- 39 - Explore feasibility of allocating audits as a task within WCCIS.
- 39 - Report on the safeguarding audits to be presented to SMT in September 2018.
- 40 - Facilitate group audits via QA Panel in August 2018 which will support auditors in establishing ratings.
- Complaints Officers have been invited to attend and contribute to QA Panel from August 2018.
- Staff reminded in staff roadshows about recording of compliments received (it is understood that the number of compliments recorded is increasing in August).

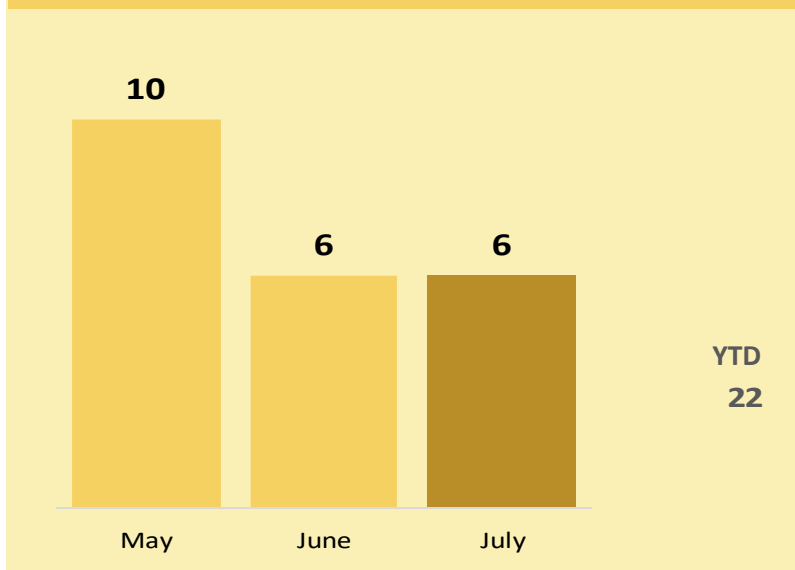
39. No. of case review quality audits undertaken



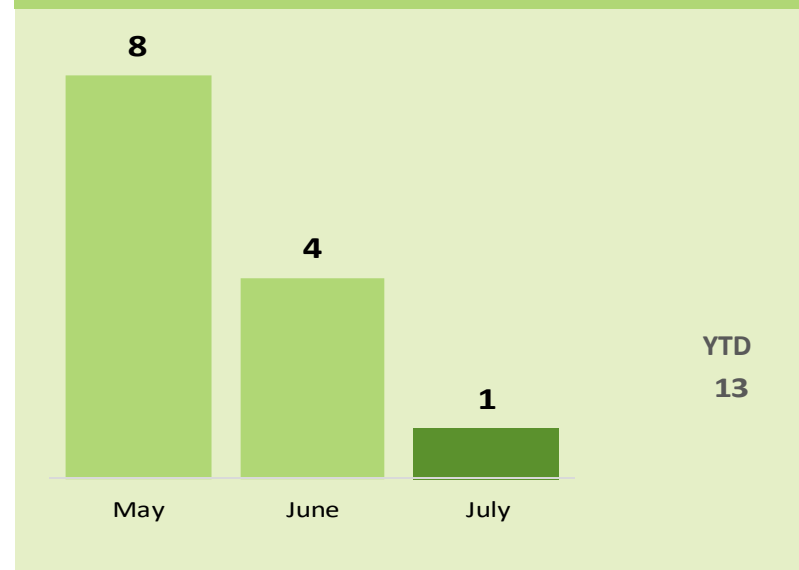
40. % case review quality audits meeting required standard



41. Volume of complaints received



42. Volume of compliments received





What's working well?



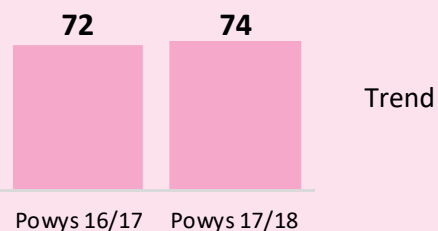
What are we worried about?



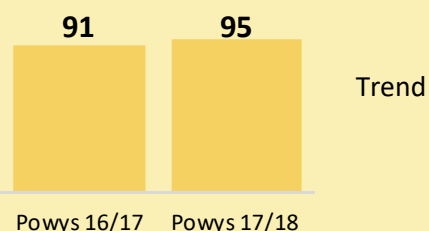
What do we need to do?

Annual summary:

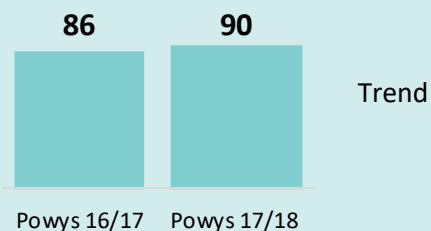
43. SSWB measure 7: People reporting they have received the right information or advice when they needed it



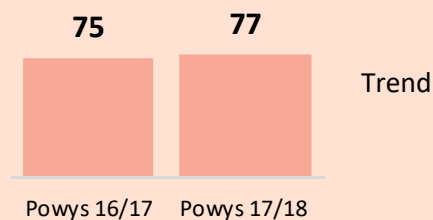
44. SSWB measure 8: People reporting they have received care and support through their language of choice



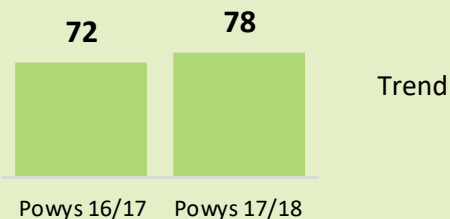
45. SSWB measure 9: People reporting they were treated with dignity and respect



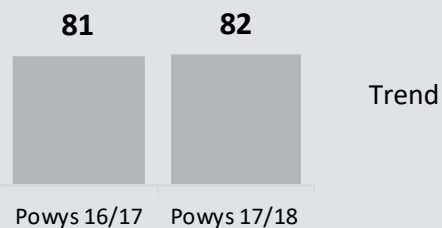
46. SSWB measure 11: People with a care and support plan reporting that they have been given written information of their named worker in social services



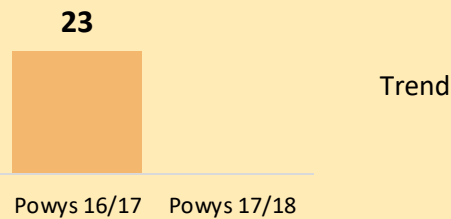
47. SSWB measure 12: People reporting they felt involved in any decisions made about their care and support



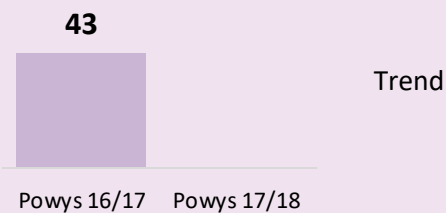
48. SSWB measure 13: People who are satisfied with care and support that they received



49. SSWB measure 15: Carers reporting they feel supported to continue in their caring role



50. SSWB measure 16: Carers reporting they felt involved in designing the care and support plan for the person that they care for



Trend arrows on this page show performance from year to year