

ADULT SERVICES

PERFORMANCE REPORT

QUARTER 2 2023-24



#GweithioDrosGaerdydd
#GweithioDrosochChi

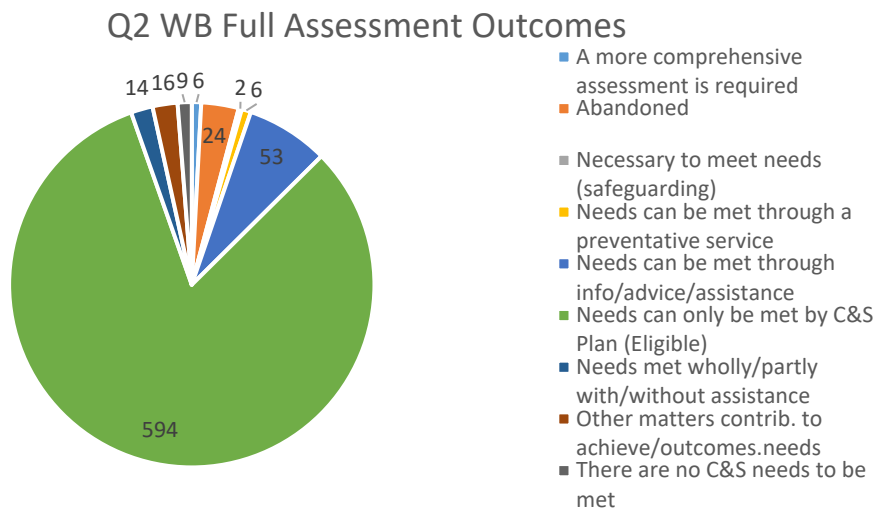
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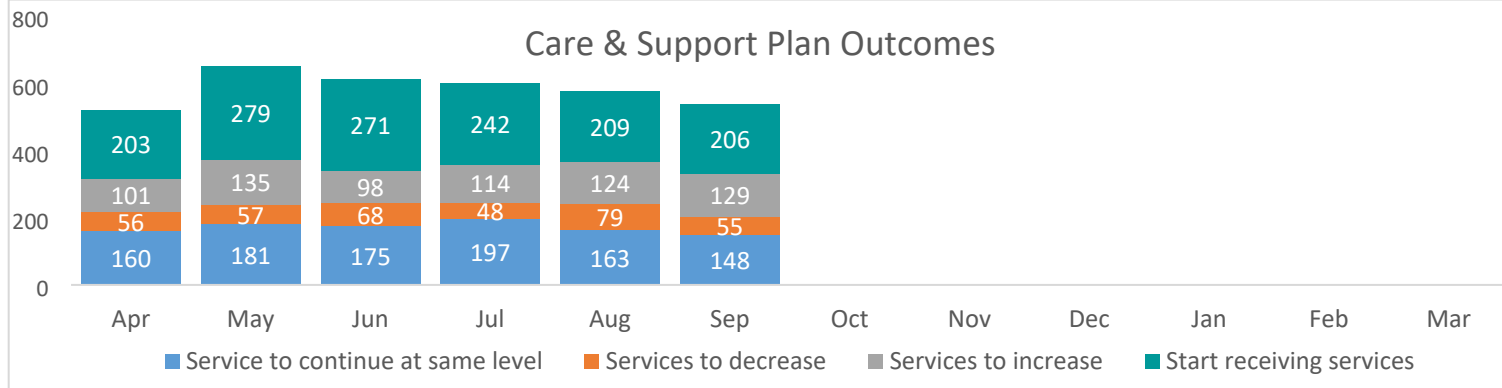
Section 1 - Information, Advice and Assistance

IIA & Prevention	2021/22	2022/23	2023/24	2023/24	2023/24																					
	Result	Result	Target	Q1 Result	Q2 Result																					
Number incoming of calls to First Point of Contact	15,984	15,954	No Target	3684	3736																					
KPI - The percentage of new cases assisted by First Point of Contact where a more comprehensive assessment is not required	New Measure	New Measure	65%	64%	68%																					
Comment needed																										
<table border="1"> <thead> <tr> <th>FPOC Referrals</th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>Referrals received for a wellbeing assessment</td> <td>1038</td> <td>1015</td> </tr> <tr> <td>Number of referrals received that were urgent</td> <td>107</td> <td>82</td> </tr> <tr> <td>Total Assessments completed by Contact Officers</td> <td>552</td> <td>622</td> </tr> <tr> <td>Total Assessments resolved by Contact Officers</td> <td>352</td> <td>429</td> </tr> <tr> <td>Number of cases sent to FPOC SW for a more comprehensive or immediate assessment</td> <td>195</td> <td>177</td> </tr> <tr> <td>Resolved at FPOC (FPOC Com Only)</td> <td>64%</td> <td>68%</td> </tr> </tbody> </table>			FPOC Referrals	Q1	Q2	Referrals received for a wellbeing assessment	1038	1015	Number of referrals received that were urgent	107	82	Total Assessments completed by Contact Officers	552	622	Total Assessments resolved by Contact Officers	352	429	Number of cases sent to FPOC SW for a more comprehensive or immediate assessment	195	177	Resolved at FPOC (FPOC Com Only)	64%	68%	<p>Over 1000 Wellbeing Referrals were received by FPOC again in Q2. 8% or Referrals were classed as urgent, 2% less than Q1.</p> <p>68% of referrals were resolved at FPOC and didn't require further involvement from a Social Worker. An increase of 4% on Q1.</p>		
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Resolved at FPOC (FPOC Com Only)	64%	68%																								
% Adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months	90.6%	89.3%	All Wales Average 65% Cardiff Average since 2017 is 86%	89.8%	90.2%																					
KPI - The percentage of clients who felt able to live independently in their homes following support from Independent Living Services	95%	98%	95%	96%	98%																					

Section 2 - Assessments, Reviews & Care Plans – All Teams

Assessment	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
Number of Well-being Assessments – Full Assessments completed	2,302	2,788	No Target	777	724
Number of Well-being Assessments - Proportionate Assessments completed	2,895	3,009	No Target	930	866
Total Number of Well-being Assessments	5,197	5,797	No Target	1,707	1,590
Caseload – Total Number of Cases Open to Adult Services	6,034	6,020	No Target	6,107	6,123
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Q2 WB Full Assessment Outcomes</p>  <ul style="list-style-type: none"> ■ A more comprehensive assessment is required ■ Abandoned ■ Necessary to meet needs (safeguarding) ■ Needs can be met through a preventative service ■ Needs can be met through info/advice/assistance ■ Needs met wholly/partly with/without assistance ■ Needs can only be met by C&S Plan (Eligible) ■ Other matters contrib. to achieve/outcomes.needs ■ There are no C&S needs to be met </div> <div style="width: 50%;"> <p>There has been a decrease in assessments from 1707 in Q1 to 1590 in Q2. However, this is a large increase on the same period last year where 1397 assessments were completed.</p> <p>Full Assessment outcomes has seen a decrease in people needing a Care & support plan, this would likely be attributed to the general overall decrease in Assessments being completed in the Quarter.</p> </div> </div>					
Carers					
	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
Number of Well-being Carers Assessments completed	538	610	No Target	152	116
KPI - Percentage of eligible adults who are caring for adults that are offered a carers assessment.	47.6%	48.2%	60%	83.5%	83%
The percentage of eligible new carers who accepted the offer.	N/A	N/A	N/A	54%	51%

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Reviews & Care Plans	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
Number of Care & Support Plan reviews completed	2672	2,831	No Target	989	916
<p>While Q2 has seen a decrease in the amount of Care Plan reviews completed, there has been a slight increase in the number that were due in that period that were completed within target. Also, the figure for Q2 this year is higher than last year by over 20%.</p> <p>The biggest improvement in reviews completed within agreed timescales were in the MHSOP and LD service areas.</p> <p>The number of overdue reviews at this time are 1,868 across the teams so there is still a lot of work to do.</p>			2022/23	2023/2	2023/2
	Reviews Due Completion %		Q4	Q1	Q2
	Case Management & Review		86.2%	86.3%	96.2%
	CADT		92.1%	87.8%	94.7%
	MHSOP		94.3%	75.9%	95.2%
	Hospitals		87.9%	86.1%	96.6%
	LD		55.0%	46.5%	83.6%
Total		81.8%	79.1%	93.6%	

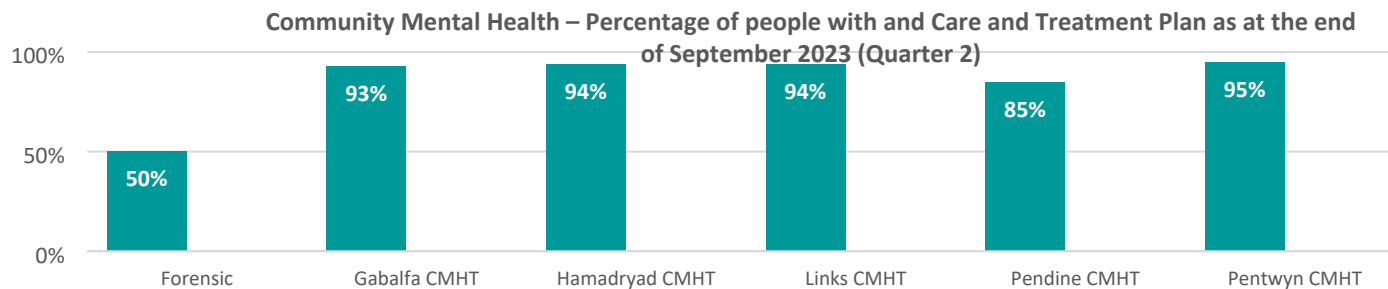
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Learning Disabilities	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
KPI - Number of people with Learning Disabilities supported by the Complex Needs Days Service to continue living at home through preventative services	N/A	N/A	TBC	69	69
New DDP Measure for 2023/24					

Community Mental Health	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
Community Mental Health – Number of people open to Community Mental Health Services who have a Care and Treatment Plan	2593	2556	No Target	2598	2625
Community Mental Health – Percentage of people open to Community Mental Health Services who have a Care and Treatment Plan	94%	89%	No Target	89%	89%

Of the 2,953 people open to Community Mental Health services in Paris at the end of quarter 2, (89% 2,953) had a Care & Treatment Plan. The Forensic team will always be a lower percentage due to the people being in a secure setting (majority of referrals to this team received from Prison Medical Service).



Section 3 - Reablement

Reablement	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
The number of people who accessed the Community Resource Team (CRT)	1633	1493	Increase on last year	361	359
The total hours of support provided by the Community Resource Team	39,744	35,147	Increase on last year	7,575	7,385
The number of people who access the Community Resource Team is determined by the triage process at the Integrated Discharge Hub (IDH). There was a reduction in referrals into CRT Home Care in Q1 and therefore a reduction in the number of care hours delivered.					
SCAL23 Percentage of people helped back to independence without ongoing care services, through short term intervention	53.5%	50.79%	No Target	58.23%	59.07%
Number of Community Resource Team (CRT) assessments undertaken following a referral	1,661	1,483	No Target	362	364
KPI - The percentage of service users of the Community Resource Team – Homecare Service who were satisfied with the service received from the carers who supported them	N/A	New Measure	95%	100%	100%
Percentage of CRT Home Care Assessments where outcome is - Appropriate for CRT	69%	76%	No Target	76.8%	80.5%
CRT Discharges by outcome – Aim Achieved	38%	40%	No Target	46.31%	46.8%
KPI - Integrated Discharge Hub - Number of referrals triaged within 1 working day	N/A	N/A	85%	74%	73%
This is a new indicator and the data is still being reviewed to ensure accuracy					

Outcome of CRT Assessments undertaken following a referral Q2

Assessments	Jul-23		Aug-23		Sept-23	
	Step Down	Step Up	Step Down	Step Up	Step Down	Step Up
Home Care Delivered	58	32	52	36	67	38
Admitted to Hospital	0	1	1	1	0	1
Deceased	0	0	1	0	0	1
Decline Further Service	1	3	1	4	2	3
Discharge Cancelled	5	1	6	2	4	0
Not Appropriate for CRT	0	1	0	2	2	2
Therapies Only	7	4	8	0	2	2
Total	71	42	69	45	77	47

There are a number of scheduled discharges cancelled prior to the assessment taking place. This is reflective of the changing needs of the patients who are becoming medically unfit for discharge before the assessment can take place.

Those that result in therapies only or “not appropriate” are reviewed on a regular basis and discussed with the triaging MDT to ensure correct options are considered prior to utilising a CRT assessment.

CRT Discharge Outcomes

	Target	Jul	Aug	Sep
% Cases resulting in No long-term Care	55%	62%	53%	53%
% Cases resulting in long-term Care	45%	38%	47%	47%

As a reablement service it is expected that a large percentage of service users will leave the service with no ongoing care needs. The admissions criteria for the service have been reviewed in line with the discharge pathways to care, to ensure the right people are receiving the right type of care at the right time therefore an improvement in the performance outcome has been realised in Q2.



Disabled Facilities	2021/22	2022/23	2023/24	2023/24	2023/24														
	Result	Result	Target	Q1 Result	Q2 Result														
KPI - The average number of calendar days taken to deliver a Disabled Facilities Grant (from initial contact to works complete and certified date)	122	141	150	189	178														
<p>Average calendar days to deliver a DFG</p> <table border="1"> <caption>Average calendar days to deliver a DFG</caption> <thead> <tr> <th>Period</th> <th>Average Calendar Days</th> </tr> </thead> <tbody> <tr> <td>2022/23 - Q1</td> <td>154</td> </tr> <tr> <td>2022/23 - Q2</td> <td>103</td> </tr> <tr> <td>2022/23 - Q3</td> <td>148</td> </tr> <tr> <td>2022/23 - Q4</td> <td>161</td> </tr> <tr> <td>2023/24 - Q1</td> <td>189</td> </tr> <tr> <td>2023/24 - Q2</td> <td>178</td> </tr> </tbody> </table>	Period	Average Calendar Days	2022/23 - Q1	154	2022/23 - Q2	103	2022/23 - Q3	148	2022/23 - Q4	161	2023/24 - Q1	189	2023/24 - Q2	178	<p>The high numbers of referrals are impacting the team's ability to deliver all the cases within the agreed timescales. As well as this, referrals from Registered Social Landlords (RSL) which previously did not sit with the Local Authority are also having an impact on the KPI. These cases can often sit with the RSL for months before the service receive the referral. The KPI is measured from the date of enquiry, and this artificially increases the time</p>				
Period	Average Calendar Days																		
2022/23 - Q1	154																		
2022/23 - Q2	103																		
2022/23 - Q3	148																		
2022/23 - Q4	161																		
2023/24 - Q1	189																		
2023/24 - Q2	178																		



Section 4 - Hospital Discharge

Hospital Discharge	2021/22	2022/23	2023/24	2023/24			2023/24		
	Result	Result	Target	Q1 Result			Q2 Result		
KPI - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	No Result	No Result	No Target	N/A			N/A		
Total delayed transfers of care for social care	No Result	No Result	No Target	Apr 185	May 159	June 163	Jul 132	Aug 115	Sept 124
KPI - Discharge medically fit people within 72 hours of triage	New Measure	N/A	No Target	92%			98%		
KPI - Review care package following discharge within 10 days at home	New Measure	N/A	No Target	85%			87%		
Total Number of Discharges from Hospital	New Measure	N/A	To Be Developed	590			550		
This measure is in the process of being reviewed with Health and might mean changing the way the data is being recorded.									



Section 5 – Care Provision

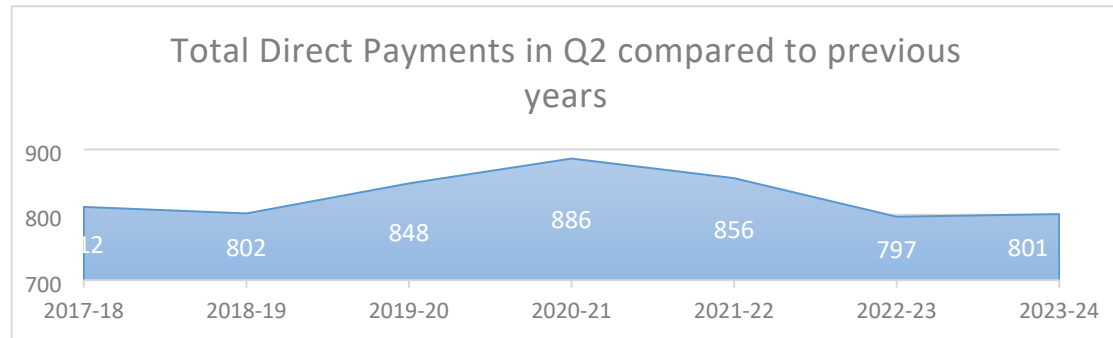
Care Provision – Residential Care	2021/22	2022/23	2023/23	2023/24	2023/24
	Result	Q4 Result	Target	Q1 Result	Q2 Result
Residential Care Home - New Contracts Agreed	371	65	No Target	75	74
Nursing Care Home - New Contracts Agreed	268	64	No Target	82	77
KPI - Over 75's new to Residential Care	134	30	No Target but year on year reduction	31	41
Over 75's are presenting with more complex needs and are requiring different types of care than just Residential. Additionally, reviews have been undertaken on a number of service users in respect of a change in need which has resulted in a change to the category of placement (e.g. from general residential to residential dementia)					
The number of people in residential care aged 65 or over per 10,000 population	63.2	67.6	No Target	66.7	67.3
SSWB22 Average age of adults entering residential care homes	88	85	No Target	82.9	82.6
SSWB21 Average length of time (days) adults aged 65 or over are supported in residential care homes	956	902	No Target	901.5	818.9

Care Provision – Domiciliary Care	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
Total number of citizens in Domiciliary Care <i>*does not include Direct Payments</i>	n/a	2136	No Target	2189	2235

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Total hours of Domiciliary Care provided	n/a	121,910	No Target	33,907.5	35,819
KPI - Average Number of days between Referral and Start of Package in Domiciliary Care	17	15	14 Days	12	12
Longest time between Referral and Start of Package in Domiciliary care (in days)	148	148	No Target	55	38
KPI - The average number of people waiting for domiciliary care at month end	N/A	14	<30	0	0

Direct Payments	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
SCAL25a Total number of adults in need of care and support using the Direct Payments scheme (cumulative)	787	725	No Target	632	633
SCAL25a Total number of Children in need of care and support using the Direct Payments scheme (cumulative)	185	176	No Target	158	168





Section 6 – Quality, Complaints and Compliments

Quality, Complaints & Compliments

Escalating Concerns

Domiciliary		Residential/Nursing Care Homes		Supported Living	
Quality Assurance	0	Quality Assurance	4	Quality Assurance	4
Provider Performance Meetings	0	Provider Performance Meetings	3	Provider Performance Meetings	3
Joint Interagency Monitoring Panel	1	Joint Interagency Monitoring Panel	0	Joint Interagency Monitoring Panel	0
Closure Procedure (SOSG)	0	Closure Procedure (SOSG)	0	Closure Procedure (SOSG)	0

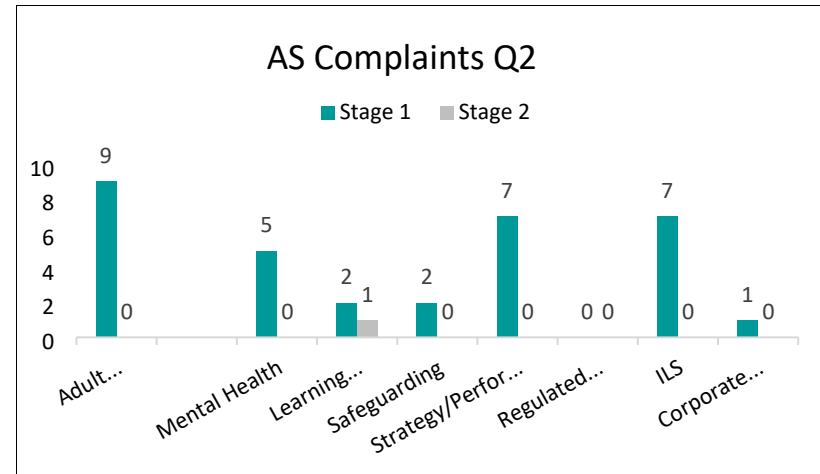
The procedures identify a 4-stage approach to managing provider performance concerns depending on the severity of the concern. The process does not preclude the missing of a stage where there is a clear rationale to do so. While the focus is on supporting the provider to improve, where necessary, where a service is failing to the extent of posing undue risks to service users and/or staff there are provisions to suspend or withdraw the service in a planned manner with proper governance, and with full communication with the provider and service users.

Summary of Q2 Escalating Concern Meetings

The number of providers in the Escalating Concerns process has increased from Quarter 4

Adult Services Compliments and Complaints

Service Area	2022/23		2023/24 Q1		2023/24 Q2	
	Stage 1	Stage 1	Stage 1	Stage 2	Stage 1	Stage 2
Adult Community Services	51	8	7	1	9	0
Mental Health	13	3	3	0	5	0
Learning Disabilities	22	3	3	0	2	1
Safeguarding	5	2	1	0	2	0
Strategy/Performance /Resource/Finance	10	5	5	0	7	0
Regulated Services	2	0	0	0	0	0
ILS	13	6	6	0	7	0
Corporate Complaints	10	0	0	0	1	0
Total	124		26		34	



There were 244 compliments received in Q2. Since improvements and additional resources were made available to collate this information we have seen a significant increase in captured compliments across the areas.

Service Areas	Compliments
Independent Living Services	204
Adult Community Services	14
Learning Disabilities	5
Mental Health	7
Safeguarding	3
Strategy/Performance/Resource	11
Total	244



Section 7 - Safeguarding

Safeguarding	2021/22	2022/23	2022/23	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
KPI - Percentage of adult protection enquiries completed within 7 days	99.1%	93%	99%	98.2%	99%
Number of contacts received	1,739	1,696	No Target	660	621
Service demand remains high. To support safe and effective Safeguarding amid the pressures we have continued to focus on the duty function within the service and have introduced daily team meetings to check all referrals into the service for suitability and thresholding. This has supported effective use of time within the service.					
RES15 % of Adults, Housing & Communities council staff completing Safeguarding Awareness training.	78%	85%	81.6%	92.1%	96%
<i>*This data does not include casual workers and Schools</i>					



Section 8 – Community Support

Community Support	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
KPI - The percentage of people who feel reconnected into their community through direct and digital interventions from the Day Opportunities team	N/A	89%	85%	91.1%	86.8%
KPI - % of council staff completing Dementia Friends Training	42.2%	54.4%	85%	58%	56%
<p>This training module is a Category B mandatory module. This means that it is mandatory but does not impact performance rating in Personal Reviews. It is hoped in the future that completion of the module will be linked in with personal reviews which should see an improvement in compliance.</p> <p>Although the overall % of staff has fallen, 206 people have completed the Dementia Friends on-line module in Q2.</p>					
KPI - The number of businesses pledging their commitment to work towards becoming Dementia Friendly	16	79	40 (Year)	38	87
<p>Due to a change in approach (including recruitment of volunteers and regional resource) performance against the target has seen a significant upward trend.</p>					
KPI - The number of ambassadors recruited to promote Dementia Friendly Cardiff	New Measure	New Measure	4 Per District	4	4
KPI - The number of events held to support people to keep active and stay mobile	New Measure	New Measure	500	124	117

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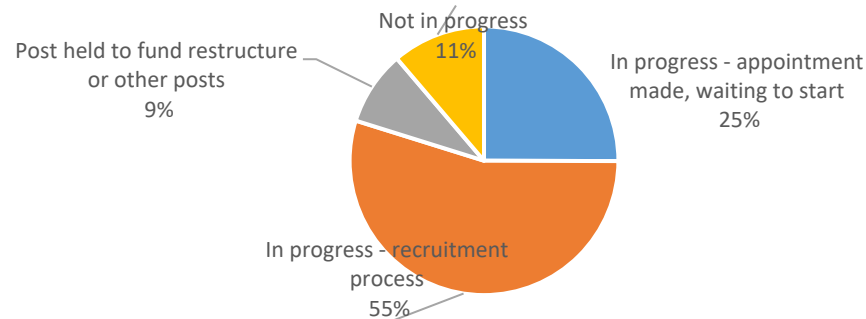
Under target in Q2 by just 8 events					
KPI - The number of participants at the events held to support people to keep active and stay mobile	New Measure	New Measure	8,000	2953	2224
KPI - The number of events held to support people to remain connected and stay social	New Measure	New Measure	1,400	384	388
KPI - The number of participants at the events held to support people to remain connected and stay social	New Measure	New Measure	15,000	4358	4130
KPI - The number of service user sessions delivered within Care Hub Day Services	New Measure	New Measure	6,500	1,874	1,793
KPI - The number of care hours delivered by Care Hub Day Services	New Measure	New Measure	40,000	11,244	10,434
KPI - The Number of digital/In Person Dementia Friendly City events held	1035	2,616	2,300	935	904
<p>The Dementia Friendly Events include both Dementia Café's and Age Friendly Events held within our Hubs and also within the wider community by partners such as Alzheimer's Society etc. These events which are promoted via the Dementia Friendly Cardiff website have increased following the pandemic as people look to re-engage with their community.</p>					

Section 9 - Workforce

Workforce	2021/22	2022/23	2023/24	2023/24	2023/24
	Result	Result	Target	Q1 Result	Q2 Result
KPI - Number of Domiciliary Care Workers in Cardiff Registered with Social Care Wales	2,566	4,676	2,600	2,830	3,032
KPI - The number of domiciliary care workers registered with Social Care Wales in Cardiff as a percentage of the total number of domiciliary care workers registered in Wales	8.7%	4.3%	7.5%	13.5%	14.5%
KPI - % of social work vacancies out of total FTE of 137.4) *Social Worker only, not including SW Assistants and Managers	12.9%	9.94%	<12%	20.31%	21.98%

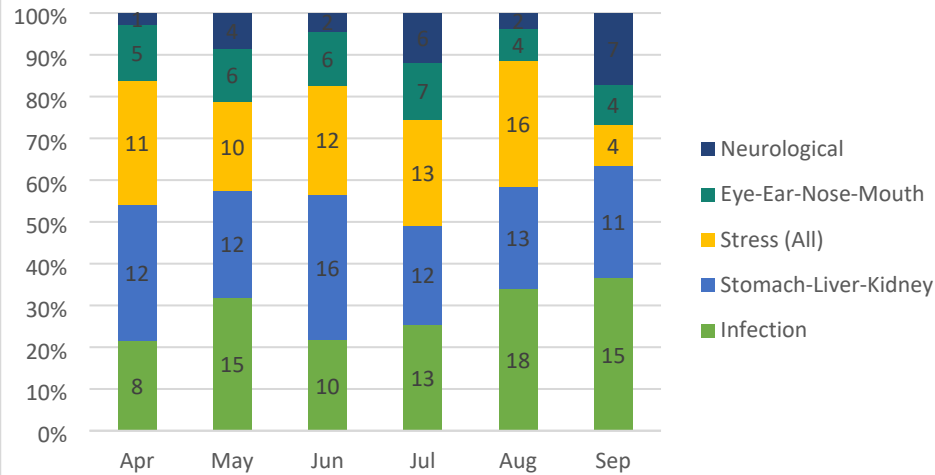
Social Worker Vacancies Breakdown

Service	Grade 7		Grade 8		Total	
Older Persons / Physical Disabilities Services	32.79 (14 vacancies)	42.70%	17.08 (1.42 vacancies)	8.31%	49.87 (15.42 vacancies)	30.92%
Learning Disability	15.77 (2.22 vacancies)	14.08%	5.99 (0 vacancies)	0%	21.76 (2.22 vacancies)	10.20%
Mental Health (including MHSOP and EDT)	16.74 (6.82 vacancies)	40.74%	38.86 (3.5 vacancies)	9.01%	55.60 (10.32 vacancies)	18.56%
Total	65.30 (23.04 vacancies)	35.25%	61.93 (4.92 vacancies)	7.94%	127.23 (27.96 vacancies)	21.98%



Sickness

Highest Sickness Reasons



	Apr	May	Jun	Jul	Aug	Sept	YTD
Adult Services	13.86	11.40	15.73	19.45	21.73	18.11	16.86
Target	17.8	17.8	17.8	17.8	17.8	17.8	17.8

99% of Return to Works were completed in Q2.

The indicative number per sickness per full time employee (FTE) If the rate of sickness in that month was at the same level for the whole year that is what the Average FTE would have off sick. (Simply the percentage of sickness x 224 – the number of working days in a year).

Adult Services saw a decrease in the total level of sickness compared to Q1. Although Infection increased from 33 to 46 instances in Q2. Adult services ended the quarter at 16.86, during the same period last year it was 20.23 and finished the year at 20.80.

