ADULT SERVICES

PERFORMANCE REPORT

QUARTER 4 2022-23

#GweithioDrosGaerdydd
#GweithioDrosochChi

#WorkingForCardiff
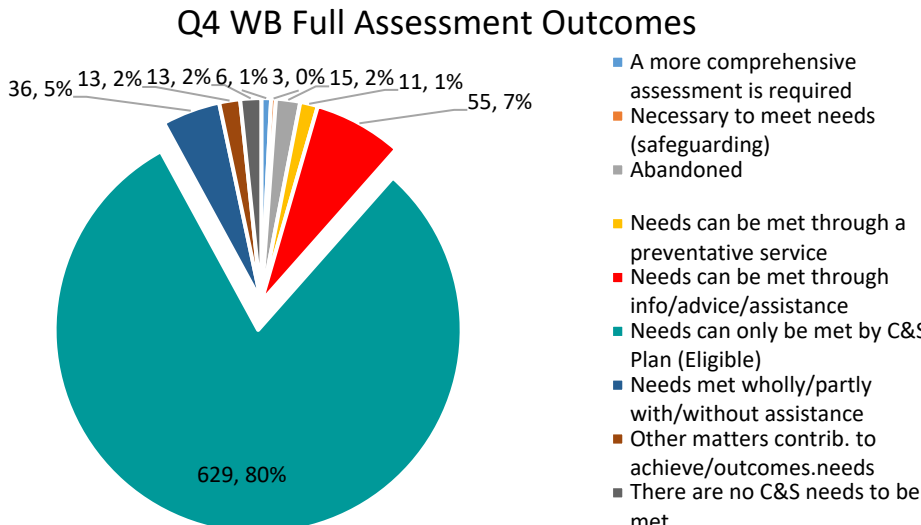#WorkingForYou
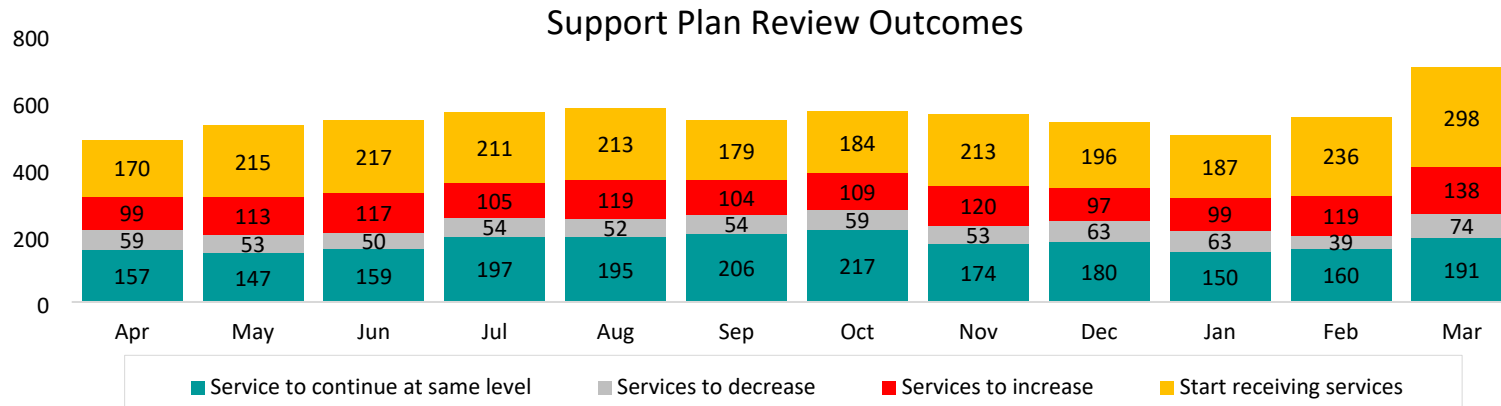
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Section 1 - Information, Advice and Assistance

IIA & Prevention	2022/23	2022/23	2022/23	2022/23	2022/23
	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Number incoming of calls to First Point of Contact	No Target	4244	3941	3807	3962
KPI - The percentage of new cases dealt with directly at First Point of Contact with no onward referral to Adult Services	75%	65%	66%	60%	60%

The result in 2022/23 is lower than in previous years as the way that the FPOC Community Contact Team and FPOC Social Work Team manage the assessment process has changed, as a result – the figures are not directly comparable. This measure now only considers cases directly dealt with at First Point of Contact and not the FPOC Social Work Team as it did previously

Referrals in to FPOC Q4

- Progress to Assessment
- Immediate Assessments
- Information (NFA)
- Abandoned

62, 6%
335, 35%
34, 4%
533, 55%

Over 900 Wellbeing Referrals were received by FPOC in Q4 which is over a third more than those received in Q1.

The outcome of the referrals mostly to progress to an Assessment (55%) of which 60% were information advice and assistance provided by FPOC Contact Team.

	All Wales Average 65% Cardiff Average since 2017 is 86%				
% Adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months		88.9%	88.8%	89.8%	89.8%
KPI - The percentage of clients who felt able to live independently in their homes following support from Independent Living Services	95%	92%	100%	100%	99%

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

Assessment	2021/22 Result	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result	2022/23 Result
Number of Well-being Assessments – Full Assessments completed	2302	667	650	690	781	2,788
Number of Well-being Assessments - Proportionate Assessments completed	2895	661	747	808	793	3,009
Caseload – Total Number of Cases Open to Adult Services	6034	5955	5962	5953	6020	6020

Q4 WB Full Assessment Outcomes

Legend:
- A more comprehensive assessment is required
- Necessary to meet needs (safeguarding)
- Abandoned
- Needs can be met through a preventative service
- Needs can be met through info/advice/assistance
- Needs can only be met by C&S Plan (Eligible)
- Needs met wholly/partly with/without assistance
- Other matters contrib. to achieve/outcomes.needs
- There are no C&S needs to be met

There has been an increase in assessments in Q4 from 1498 to 1574, with the increase attributed to full assessments increasing by almost 100 in the quarter. This is likely to be a result of the large increase in referrals started in Q3.

An increase in Full Assessment outcomes of "Needs can only be met by C&S Plan" in Q4, has seen an impact on the number of citizens allocated to social work teams. We have seen an increase in Issued Contracts and social worker pending lists as a result of this growth.

Carers	2021/22 Result	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result	2022/23 Result
Number of Well-being Carers Assessments completed	538	126	167	151	166	610
SCA018a Percentage of eligible adults who are caring for adults that are offered a carers assessment during the year	47.6%	26.5%	37%	41.9%	48.2%	48.2%

Unpaid carers who are known to any of the teams in Adult Services are formally asked if they wish to have an assessment from the in-house Carers team. It was noted in the previous quarter that the teams are not recording the offer as well as they should. New carers are being offered a Carers Assessment on almost 90% of occasions, this figure includes carers that have been known to us for some time.

Support Plan Review Outcomes

Month	Service to continue at same level	Services to decrease	Services to increase	Start receiving services
Apr	157	59	99	170
May	147	53	113	215
Jun	159	50	117	217
Jul	197	54	105	211
Aug	195	52	119	213
Sep	206	54	104	179
Oct	217	59	109	184
Nov	174	53	120	213
Dec	180	63	97	196
Jan	150	63	99	187
Feb	160	39	119	236
Mar	191	74	138	298

Legend: ■ Service to continue at same level ■ Services to decrease ■ Services to increase ■ Start receiving services

Reviews & Care Plans	2021/22 Result	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result	2022/23 Result
Number of Care & Support Plan reviews completed	2672	661	584	690	896	2,831

Q4 has seen a significant increase in the amount of Care Plan reviews completed and specifically reviews that were due in that period that were completed within target.

All teams have seen a higher percentage of reviews completed on time.

Reviews Due Completion %	Q2	Q3	Q4	All Year
Case Management & Review	65.5%	72.9%	86.2%	95.7%
CADT	79.5%	80.0%	92.1%	97.7%
MHSOP	47.2%	76.1%	94.3%	70.7%
Hospitals	36.8%	72.1%	87.9%	95.9%
LD	35.0%	46.3%	55.0%	98.7%
Total	54.8%	70.4%	81.8%	92%

Community Mental Health	2021/22	2022/23	2022/23	2022/23	2022/23
	Result	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Community Mental Health – Number of people open to Community Mental Health Services who have a Care and Treatment Plan	2593	2612	2569	2562	2556
Community Mental Health – Percentage of people open to Community Mental Health Services who have a Care and Treatment Plan	94%	91%	91%	90%	89%

Of the 2,862 people open to Community Mental Health services in Paris at end of Q4 2023, (89% 2,556) 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).

Community Mental Health – Percentage of people open to Community Mental Health Services who have a Care and Treatment Plan as at 01/04/2023 (Quarter 4)

Team	Percentage
Forensic	50%
Gabalfa CMHT	95%
Hamadryad CMHT	94%
Links CMHT	95%
Pendine CMHT	85%
Pentwyn CMHT	94%
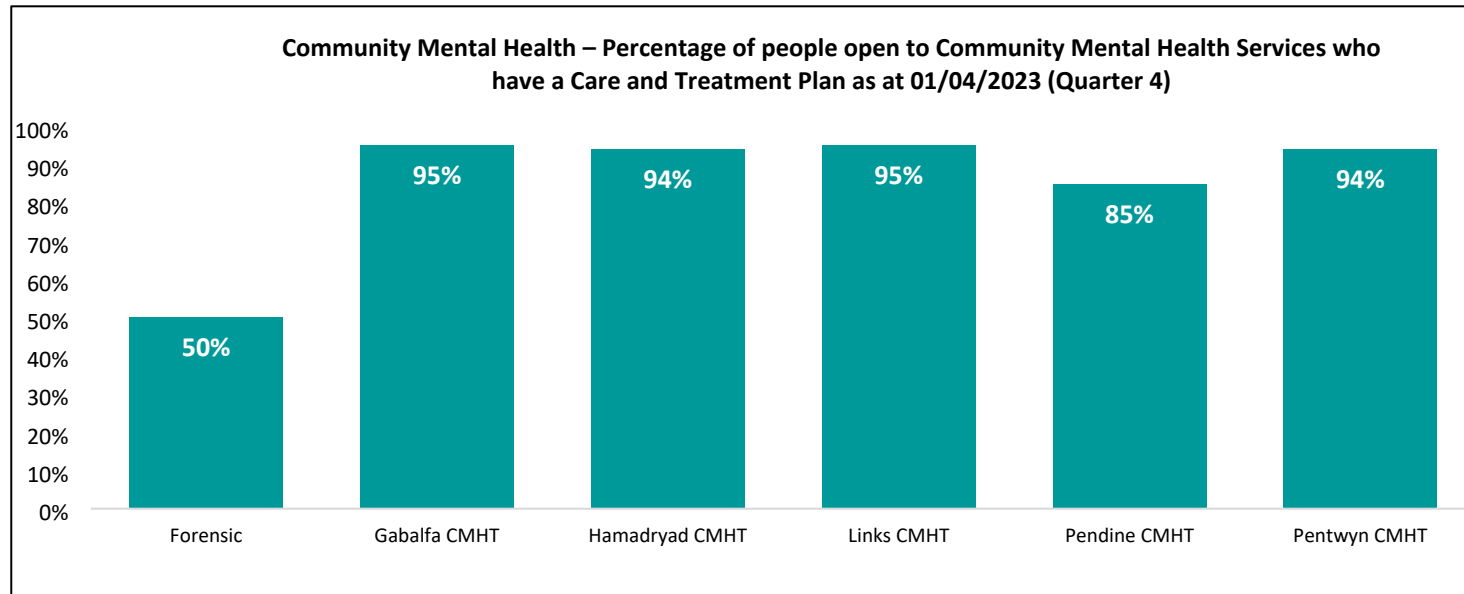
Section 3 - Reablement

Reablement	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
KPI - The number of people who accessed the Community Resource Team (CRT)	1633	Full Year Target	439	336	351	367
		2,000				
		Q2 Target				
		500				
KPI – The total hours of support provided by the Community Resource Team	39,744	Full Year Target	10,072	10,329	9,027	8,373
		50,000				
		Q2 Target				
		12,500				
The number of people who access the community resource team is determined by the triage process at the Integrated Discharge Hub (IDH). In Q3 the development of the new IDH facilitated discharge pathways to be redefined therefore enabling CRT Home care service to get back to its reablement core service, with people being discharged to the right support service in a timely manner. In Q4 the CRT service went live with a new Electronic Call Monitoring system which provides a more detailed, accurate and robust suite of reports, this impacted on the care hours reporting figures which we are now confidently able to monitor and report upon with confidence.						
SCAL23 Percentage of people helped back to independence without ongoing care services, through short term intervention	53.5%	No Target	46.12%	49.78%	52.25%	55.14%
Number of Community Resource Team (CRT) assessments undertaken following a referral	433	No Target	431	357	344	351
Percentage of CRT Home Care Assessments where outcome is - Appropriate for CRT	69%	No Target	71%	78.9%	79.65%	77.21%
CRT Discharges by outcome – Aim Achieved	38%	No Target	30%	46.12%	41.3%	42.96%

Outcome of CRT assessments undertaken following a referral Q4

Assessments	Jan-23		Feb-23		Mar-23	
	Step Down	Step Up	Step Down	Step Up	Step Down	Step Up
Home Care Delivered	63	27	64	15	73	28
Admitted to Hospital	1	0	0	1	2	0
Deceased	0	0	0	0	0	0
Decline Further Service	1	0	1	1	5	1
Discharge Cancelled	4	4	8	1	15	1
Not Appropriate for CRT	0	0	2	0	0	0
Therapies Only	5	1	9	0	9	3
Total	74	32	84	18	104	33

CRT Discharge Outcomes

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Cases resulting in No long-term Care	59%	46%	43%	53%	52%	53%	59%	59%	50%
% Cases resulting in long-term Care	41%	54%	57%	47%	48%	47%	38%	41%	50%

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.

As a reablement service it is expected that a large percentage of service users will leave the service with no ongoing care needs. Currently, due to the complex needs of the patients discharged into the service a high percentage are moving into long term care. The admissions criteria for the service is under review to ensure the right people are receiving the right type of care at the right time and this should result in an improvement in this performance outcome over time.

Disabled Facilities		2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
		Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
KPI - The average number of calendar days taken to deliver a Disabled Facilities Grant (from initial contact to works complete and certified date)		136	185	154	103	148	161

Average calendar days to deliver a DFG
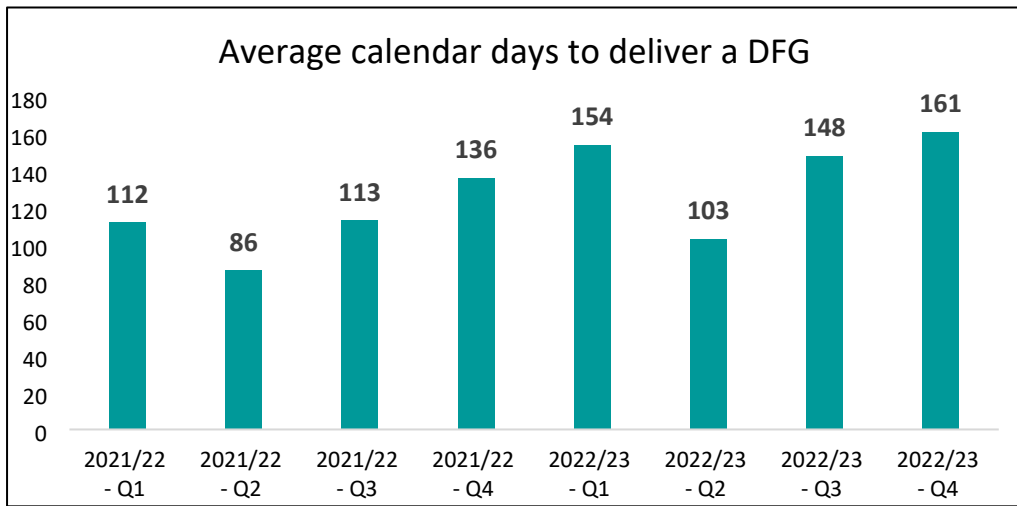
An increase in the number of cases compared with previous years has been impacted by increased referrals compared to the pandemic years as well as delays in contractors obtaining materials.

Section 4 - Hospital Discharge

Hospital Discharge	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
KPI - The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	No Result	National Data collection suspension	Data Collection Suspended	Data Collection Suspended	Data Collection Suspended	Data Collection Suspended
Currently there is no date for resumption of the monitoring of this indicator. We will be adding more information and statistical analysis regarding Hospital Discharge Pathways in the coming months.						

Section 5 – Care Provision

Care Provision – Residential Care	2021/22 Result	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result
Residential Care Home - New Contracts Agreed	371	63	76	56	65
Nursing Care Home - New Contracts Agreed	268	73	72	70	64
Over 75's new to Residential Care	134	27	35	12	30
Over 75's are presenting with more complex needs and are needing more different types of care than just Residential. Brokerage have also reassessed lots of residential beds lately and the outcome was to increase many of them to dementia care.					
KPI - The number of people in residential care aged 65 or over per 10,000 population	63.2	65.7	69.2	65.9	67.6
SSWB22 Average age of adults entering residential care homes	88	79	83	85	85
SSWB21 Average length of time (days) adults aged 65 or over are supported in residential care homes	956	955	885	915	902

Care Provision – Domiciliary Care	2021/22	2022/23	2022/23	2022/23	2022/23
	Result	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Total number of citizens in Domiciliary Care	n/a	1974	1974	2065	2136
Total hours of Domiciliary Care provided	n/a	29933.75	28874.25	30791.5	32310.5
Average Number of days between Referral and Start of Package in Domiciliary Care	17	21	14	12	14
Longest time between Referral and Start of Package in Domiciliary care (in days)	148	251	61	77	73

Direct Payments	2021/22	2022/23	2022/23	2022/23	2022/23
	Result	Q1 Result	Q2 Result	Q3 Result	Q4 Result
SCAL25a Total number of adults in need of care and support using the Direct Payments scheme	787	637	662	690	725
SCAL25a Total number of Children in need of care and support using the Direct Payments scheme	185	160	160	170	176

Direct Payments During the Year

— AS 2022-23   — AS 2021-22   — CS 2022-23   — CS 2021-22

Section 6 – Quality, Complaints and Compliments

Quality, Complaints & Compliments

Escalating Concerns

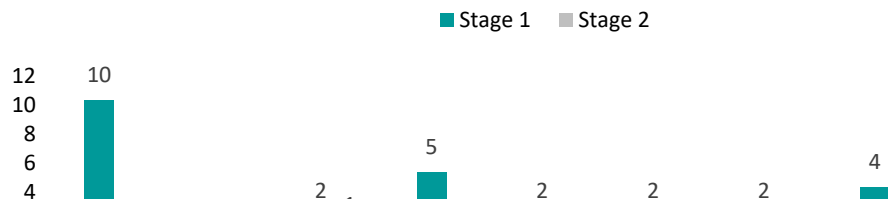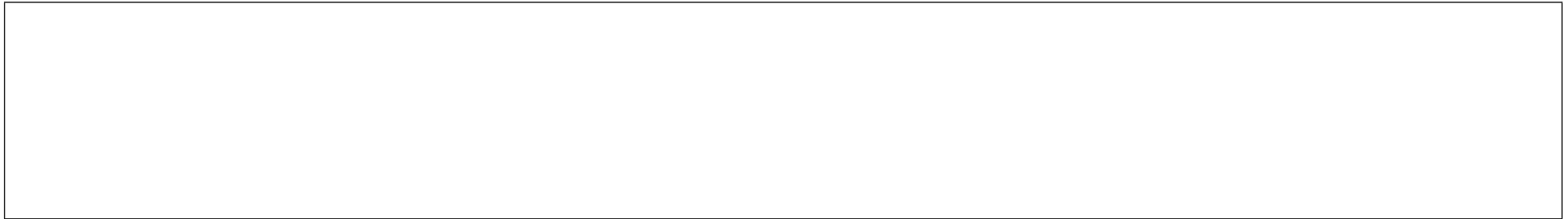| Domiciliary		Residential/Nursing Care Homes		Summary of Q4 Escalating Concern Meetings
Quality Assurance	3	Quality Assurance	5	The number of providers in the Escalating Concerns process has increased from Quarter 2. The process focusses on proactively assuring quality service for adults and preventing (where possible) the need for care and support services entering into formal concerns process. The directorate will support the provider by providing clarity regarding specific statutory obligations, strengthening the approach to monitoring and ensuring consistency in delivery of care and safeguarding through the process to the stage the provider can step out of escalating concerns.
Provider Performance Meetings	3	Provider Performance Meeting	3	
Joint Interagency Monitoring Panel	1	Joint Interagency Monitoring Panel	1	
Closure Procedure (SOSG)	1	Closure Procedure (SOSG)	3	

Adult Services Compliments and Complaints												

	Service Area	2021/22		Q1		Q2		Q3		Q4		Total	
		Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
There	Adult Community Services	54		11	1	13	1	11	2	10		45	3
	Mental Health	10		4		3		4		2	1	13	1
	Learning Disabilities	22	1	5		7		4		5		21	
	Safeguarding	12		1		1		1		2		5	
	Strategy/Performance /Resource/Finance	5		1		3		5	1	2		11	1
	Regulated Services	3		0		0		0		2		2	
	ILS	5		1		4		2		4		11	
	Corporate Complaints	1		0		0		0		0		0	
	Total	113		24		32		30		28		114	

were 18

compliments recorded during Q4

AS Complaints Q4

■ Stage 1 ■ Stage 2

Section 7 - Safeguarding

Safeguarding	2021/22 Result	2022/23 Target	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result

KPI - SSWB18 Percentage of adult protection enquiries completed within 7 days	99.1%	99%	98.3%	88.4%	90.9%	94.7%
Number of contacts received	423	No Target	343	311	418	624
Service demand remains high and staff shortages within the service has impacted on the completion of enquiries within 7 calendar days. 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. *This data does not include casual workers and Schools*	78%	85%	88%	79.7%	78.7%	81.6%

Section 8 – Community Support

Community Support	2021/22 Result	2022/23 Target	2022/23 Q1 Result	2022/23 Q2 Result	2022/23 Q3 Result	2022/23 Q4 Result

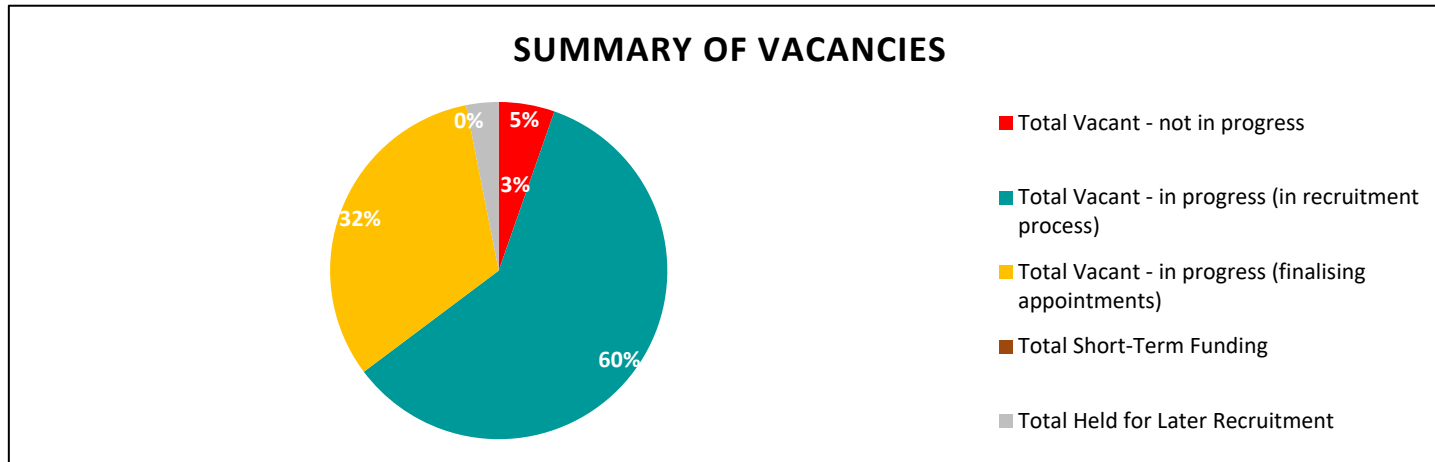| KPI - The percentage of people who feel reconnected into their community through direct and digital interventions from the Day Opportunities team	N/A	85%	73%	88%	93%	84%
KPI - % of council staff completing Dementia Friends Training	42.2%	85%	46.6%	50.3%	49.8%	54.4%
Some progress has been achieved this quarter – understand this module will be linked with the performance review process in the new financial year						
KPI - The number of businesses pledging their commitment to work towards becoming Dementia Friendly	16	40	4	4	7	64
Due to a change in approach (including recruitment of volunteers and regional resource) performance against the target has seen a significant upward trend.						
KPI - The Number of digital Dementia Friendly City events held (cumulative)	1035	600	525	637	729	725
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.						

Section 9 - Workforce

	2021/22	2022/23	2022/23	2022/23	2022/23	2022/23

Workforce	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
RISCA 1 Number of Domiciliary Care Workers Registered with Social Care Wales	2566	Increase on Previous Year	2616	2655	2,472	4,676
Number of Local Authority Domiciliary Care Workers Registered with Social Care Wales	225	No Target	222	219	183	199
Registered Care Worker numbers have risen significantly due to the mandatory registration of adult care home workers						
% of social work vacancies out of total FTE of 137.4) *Social Worker only, not including SW Assistants and Managers	12.9%	No Target	14.42%	16.42%	14.01%	9.94%

Social Worker Vacancies Breakdown						
Service	Grade 7		Grade 8		Total	
Older Persons / Physical Disabilities Services	33.8 (5 vacancies)	14.79%	17.85 (1 vacancy)	5.6%	51.65 (6 vacancies)	11.62%
Learning Disability	20.36 (1.17 vacancies)	5.75%	8.99 (1 vacancy)	11.12%	29.35 (2.17 vacancies)	7.39%
Mental Health (including MHSOP and EDT)	16.92 (2 vacancies)	11.82%	39.65 (3.5 vacancies)	8.83%	56.57 (5.5 vacancies)	9.72%
Total	71.08 (8.17 vacancies)	11.49%	66.49 (5.5 vacancies)	8.27%	137.57 (13.67 vacancies)	9.94%

SUMMARY OF VACANCIES

- Total Vacant - not in progress
- Total Vacant - in progress (in recruitment process)
- Total Vacant - in progress (finalising appointments)
- Total Short-Term Funding
- Total Held for Later Recruitment

Sickness

5 Highest Sickness Reasons

Legend:
- Other
- Musculo-skeletal
- Eye-Ear-Nose-Mouth
- Stress (All)
- Stomach-Liver-Kidney
- Infection
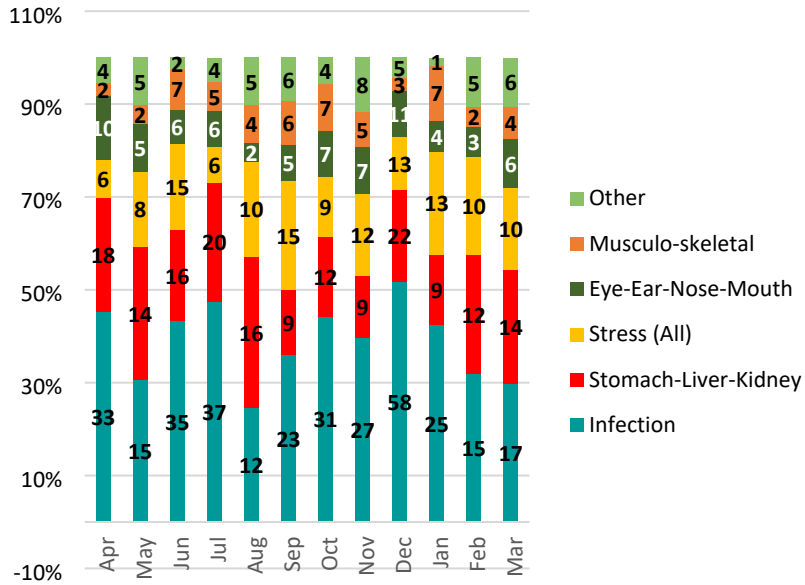
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Adult Services	23.2	20.1	19.2	23.0	21.4	20.2	20.6	19.3	23.9	20.8	17.5	17.5	20.8
Target	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0

99% of Return to Works were completed in Q4.

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 the Q3. Infection decreased from 116 to 57 instances in Q4. Chest and Respiratory illnesses decreased from 33 to 14.