



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
THURSDAY, 5 OCTOBER 2017*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

PART 1

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Board held on the 7 September, 2017
(Pages 3 - 8)

To receive the Report of the Director of Social Care, Health and Housing

4. Hillside Secure Children's Home Placement Fees 2017-18
(Pages 9 - 12)
5. Community Resource Team Annual Report 2016/17
(Pages 13 - 28)
6. **To receive the Forward Work Programme 17/18** (Pages 29 - 30)
7. Any urgent items (whether public or exempt) at the discretion of the Chairman pursuant to Statutory Instrument 2001 No 2290 (as amended).
8. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4(3) and (5) of Statutory

Instrument 2001 No. 2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

PART 2

To receive the Private Report of the Director of Social Care, Health and Housing

9. Manager's Report, Hillside Secure Children's Home
(Exempt under Paragraph 13) *(Pages 31 - 46)*
10. Manager's Report, Hillside Secure Children's Home: With Specific Reference to the Inspection Report of June 2017 and October 2017
(Exempt under Paragraph 13) *(Pages 47 - 72)*

S.Phillips
Chief Executive

Civic Centre
Port Talbot

27 September, 2017

Cabinet Board Members:

Councillors: A.R.Lockyer and P.D.Richards

Notes:

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise the committee Section.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

EXECUTIVE DECISION RECORD
SOCIAL CARE, HEALTH AND WELLBEING
7 SEPTEMBER 2017

Cabinet Members:

Councillors: A.R.Lockyer (Chairperson) and P.D.Richards

Officers in Attendance:

N.Jarman, A.Jarrett, A.Thomas, J.Hodges and J.Woodman-Ralph

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor A.R.Lockyer be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARDS HELD ON THE 3 JULY AND THE 13 JULY 2017.**

Noted by Committee

3. **FORWARD WORK PROGRAMME 17/18**

Noted by Committee

4. **RESIDENTIAL AND NON-RESIDENTIAL CARE CHARGING POLICY**

Decision:

That the updated Residential and Non-Residential Care Charging Policy as set out in Appendix A of the circulated report be approved.

Reason for Decision:

To ensure that the charging policy and schedule of rates are consistent.

Implementation of Decision:

That the decision will be implemented after the three day call in period.

5. **WESTERN BAY YOUTH JUSTICE AND EARLY INTERVENTION ANNUAL PLAN 2017 - 2018**

Members were supportive of the request made by the Scrutiny Committee held prior to this meeting to include consultation details with reports packs in future.

Decision:

That Members were supportive of the Western Bay Youth Justice and Early Intervention Youth Justice Plan 2017 – 2018 being commended to Council for approval prior to the Management Board Chair submitting to the Youth Justice Board by 31st September 2017. In addition, that in future Consultation documents be included in with the reports seeking approval.

Reason for Decision:

To enable the Western Bay Youth Justice and Early Intervention Service on behalf of Neath Port Talbot County Borough Council to undertake its duties to deliver youth justice services in line with the Crime and Disorder Act 1998. Services include preventing children and young people from entering the youth justice service, supervising young people in the community, the secure estate, supporting families and victims in partnership with other agencies.

Implementation of Decision:

The decision will be implemented after the three day call in period.

Consultation:

Consultation has taken place within each of the three locality offices (Bridgend, Neath Port Talbot and Swansea) where they have asked

children, young people, parents and carers and victims “What do we do badly ie what does not work?” The answers have been and continue to be gathered to inform service delivery and service improvement. In addition, the regional manager has met with focus groups of young people in order to involve them in the planning process. The plan itself is shared with key partners.

6. **WESTERN BAY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT AND BUSINESS PLAN**

Decision:

That the report be noted.

7. **WESTERN BAY COMMISSIONING STRATEGY FOR CARE HOMES FOR OLDER PEOPLE 2016 - 2025**

Members were supportive of the request made by the Scrutiny Committee held prior to this meeting that the report be withdrawn from consideration at today’s meeting and to be brought back to a future meeting when a representative from Western Bay is available to attend the meeting.

Decision:

That the report be withdrawn from today’s meeting.

8. **QUARTERLY PERFORMANCE MANAGEMENT DATA 2017/18 - QUARTER 1 PERFORMANCE - 1 APRIL 2017 - 30 JUNE 2017) - CHILDREN'S SERVICES**

That the report be noted

9. **QUARTERLY PERFORMANCE MANAGEMENT DATA 2017/18 - QUARTER 1 (1 APRIL 2017 - 30 JUNE 2017) - ADULT SERVICES**

That the report be noted.

10. **ACCESS TO MEETINGS**

That pursuant to Regulation 4(3) and (5) of Statutory Instrument 2001 No. 2290, the public be excluded for the following item of business which involved the likely disclosure of exempt information as defined in the undermentioned Paragraph 14 of Part 4 of Schedule 12A to the Local Government Act 1972.

11. **SUPPORTED LODGINGS SERVICE AND CRISIS BEDS - CONTRACT ARRANGEMENTS (EXEMPT UNDER PARAGRAPH 14)**

Members received an overview of the Supported Lodgings Service and Crisis Beds Contract Arrangements as detailed in the private circulated report. It was highlighted that the first paragraph on Page 285 should have read that the contract is until the 30th March 2018 and not as stated until the 31st March 2018.

Decisions:

That having due regard to the Equalities Impact Assessment :

1. Approval be granted to excluded Rule 2.1 of the Contract Procedure Rules;
2. The Head of Children and Young People Services be granted delegated authority to enter into an agreement with Dewis Limited for the provision of 15 supported lodging placements and 2 crisis bed provisions from the 1 October 2017 for the period of 12 months;
3. The Head of Children and Young People Services be granted delegated authority to embark on a procurement process for the provision of a Supported Lodgings Service and Crisis Bed Provision and to award a contract to the most economically advantageous tender as identified in the procurement process.

Reason for Decisions:

To ensure that the Council is making the best possible use of any Children and Young People Services funds as so efficiency of cost i.e. reduction of block cost and remodelling exercises and service sustainability with regards to staff continuity and service continuity for individuals is maximised.

Implementation of Decisions:

The decision will be implemented after the three day call in period.

CHAIRPERSON

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH & WELLBEING CABINET BOARD

5 OCTOBER 2017

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES, HEALTH AND
HOUSING – N. JARMAN**

Matter for Information

Wards Affected: ALL

Hillside Secure Children's Home Placement Fees 2017/18

Purpose of the Report

The purpose of this report is to inform Members of the placement fees to be applied at Hillside Secure Children's Home for the financial year 2017/18.

Background

Neath Port Talbot County Borough Council is responsible for managing Hillside Secure Children's Home.

The Youth Justice Board currently commissions 6 secure places at Hillside. The remaining 16 secure places are available for Social Services Welfare cases and are purchased as required by individual Local Authorities.

The Director of Social Services, Health and Housing has been given delegated authority to set fees and charges for the Directorate.

The Fee

Calculation of annual placement fees is determined within the contract between Hillside and the Youth Justice Board.

The fee for Youth Justice Board placements increased from £630 per day to £645 per day from 1/4/17. Any 'spot purchases' will be charged at £750 per day.

The fee for Welfare placements increased from £750 per day to £800 per day from 1/4/17 to compensate for the rise in costs of the service. A further rise to £830 per day from 1/9/17 is necessary to reflect additional resources required for the specialist provisions needed for the complex needs of these young people, continuing high demand from Local Authorities and to remain competitive within the Secure Estate market.

The Placing Authority Agreement now includes additional staffing costs for intensive staff support of young people at Hillside and/or staff costs for Placing Authorities wishing to arrange for Hillside staff to escort young people on external mobilities, at a cost of £30 per hour.

The Placing Authority Agreement now also includes an indemnity for the reimbursement of any damage incurred by young people exceeding £1,000.

Financial Impact

The increase in fees will enable the service to fully recover its costs.

Equality Impact Assessment

This function does not require an Equality Impact Assessment.

Workforce Impacts

None

Legal Impacts

None

Risk Management

None

Consultation

There is no requirement under the Constitution for external consultation on this item.

Recommendation

Members are asked to note the increase in fees at Hillside Secure Children's Home

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL CARE, HEALTH & HOUSING CABINET BOARD

5 OCTOBER 2017

REPORT OF THE DIRECTOR OF SOCIAL SERVICES – N. JARMAN

Matter for Monitoring

Wards Affected:

All Wards

Community Resource Team (CRT) ANNUAL REPORT 2016/17

PURPOSE

1. The purpose of this report is to provide Members with an annual update on the progress of delivering the integrated CRT model.

BACKGROUND

- 2.1 In September 2013 the Western Bay Health and Social Care Programme set out a joint commitment to work together to integrate and improve the planning and delivery of community services for older people, *Delivering Improved Community Services*.

The commitment was a whole systems approach to addressing the challenges of the issues presented by an ageing population. It stated clearly the first phase of integration would focus on intermediate care services which in turn would act as a catalyst for change across the rest of the system.

A detailed business case, '*Delivering Improved Community Services – Business Case for Intermediate Tier Services*' was developed and approved by the Social Services Health and Housing Cabinet Board in May 2014.

2.2 As a result of the business case, investment was made into the delivery of an optimal intermediate care service model, comprising of the following elements:

Key Feature of Optimal Model
Multi-disciplinary triage in common access point
Mental Health provision within common access point
Third Sector Brokerage in common access point
Acute Clinical Team
Therapy led reablement service
Intake & review reablement
Therapy led residential reablement
Access for people with dementia
Step up / down intermediate care (residential or community)

2.3 In October 2015, the Council approved a formal pooled fund arrangement for the delivery of the Intermediate Care Services between NPT CBC and ABMU HB in accordance with Section 33 of the National Health Service (Wales) Act 2006. In doing so the Council requires regular updates on the financial position and performance of the service.

2.4. Schedule 1 (7) of the Section 33 Agreement, sets out the key performance measures as follows:

- To reduce unscheduled hospital admission through enhanced rapid response and more focus on reablement
- To reduce occupancy of hospital beds by residents of the locality utilised for post acute recuperation or step up
- To reduce the number of placements in residential and nursing homes

- To reduce the need for ongoing domiciliary care packages through increased reablement and right-sizing of care
- To have reduced the hours of support provided at commencement of enabling intervention when leaving service.

2.5. This paper presents the annual end of year approved financial report (Appendix 1) and the end of year performance report for 2016/17 (Appendix 2).

2.4 In summary –

2.4.1 Hospital Admissions

The total numbers of unscheduled care admissions into hospital are 1.6% lower than in 2014/15, however, the length of stay for a NPT resident admitted to hospital increased by 9.6%.

The CRT facilitated 539 hospital discharges within 2016/17 an increase of 24% compared to 2015/15 data.

Avoiding £1,304,710.00 hospital bed day costs

2.4.2. Care Home Admissions

New permanent residential care home placements for those aged 65 years and over, decreased by 52% compared to 2014/15 (baseline) data, indicating that people are remaining independent and supported in their homes for longer.

2.4.3. Domiciliary Care

CRT reduced the need for 3,447.32 hours of domiciliary care.

Avoiding a weekly cost of £59,209.80 of domiciliary care hours, or £3,032,226.6 per annum

APPENDICES

- 3.1 Appendix one – End of year finance report
Appendix Two – End of year Performance report

LIST OF BACKGROUND PAPERS

- 4.1. None

OFFICER CONTACT

- 5.1. Andrew Griffiths, Integrated Community Services Manager –
Community Resource Team
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POOLED FUND MANAGER

FINANCE REPORT

April 2016 - March 2017

The Intermediate care pooled fund has a **budget for 2016/17 of £4.9m**, this is funded by contributions from each partner, **AMBU £2.3m** and **NPT CBC £2.6m**

Full Year S33 Budget Monitoring to March 2017

	Annual Budget £'000	Budget to date £'000	Actual to date £'000	Variance to Date £'000
AMBU	2,306	2,306	2,318	12
NPT CBC	2,600	2,600	2,676	76
Total	4,906	4,906	4,517	88

At the end of the financial year, the service has **overspent by £88k**

AMBU

Since the last report ABMU posts that were part of the CRT team but had previously not been included in the S33 contribution were causing the HB to show an overspent position. The S33 funding has now been corrected to reflect this and for 17/18 the S33 contribution has been agreed, is fully funded and no overspend is forecast.

NPTCBC

The main reason for the overspend for the LA is due to an increase in the cost of assistive technology (AT). After the budget was set, Carmarthenshire CC gave notice that the charge for their lifeline service was to increase significantly. This has resulted in an annual cost pressure of circa £90k for the AT budget.

The Council accepted that this is a pressure and have identified funds that cannot be (as per the Section 33) be part of the pool to pay for the increase in costs. Most of the funds will come from AT income which has arisen due to better collection rates and an increase in fees; the AT income budget sits outside of the pooled fund.

The pool fund budget for the Council has been amended for 2017/18 and the current services as outlined in the s33 agreement will continue to be fully funded by both partners.

The positions above include the relevant adjustment for any agreed cross charging between funding areas as part of the integrated management across Organisations.

JPB Intermediate Care Performance April 2016 - March 2017
Community Resource Team– Neath Port Talbot Local Authority and AMBU HB Area

Intermediate Care Business Case:

The Intermediate Tier Business Case was developed in conjunction with Whole System Partnership (WSP), in order to achieve sustainable health and social care services for frail or older people. Following approval of the business case in April/ May 2014, considerable work has been undertaken to develop an effective intermediate tier of service, in order to provide a boundary between wellbeing and the need for managed care, with the potential to enable more people to maintain their independence.

The following table outlines our progression towards the optimal model of intermediate services including the baseline status.

Key Feature of Optimal Model	Baseline	Established	Optimised
Multi-disciplinary triage in common access point	Y	Y	Y
Mental Health provision within common access point	N	Y	Y
Third Sector Brokerage in common access point	N	Y	Y
Therapy led reablement service	Y	Y	Y
Intake & review reablement	N	Y	D
Therapy led residential reablement	N	Y	Y
Access for people with dementia	N	Y	Y
Step up / down intermediate care (residential or community)	N	Y	D
Key; Y(yes) N(no) D (in development)			

Programme Outcomes:

- Reducing new homecare packages via signposting by a common access point and increased levels of intake intermediate care
- Reducing escalation in existing homecare packages via increased levels of review intermediate care
- Reducing new permanent care home placements via increased levels of review intermediate care
- Reducing unscheduled admissions to hospital and (therefore bed days) via increased diversion to rapid response services
- Reducing post- acute hospital stays for unscheduled, scheduled and surgical patients via increased step down intermediate care
- More older people are supported to live independently with the support of technology
- More frail and older people are supported to remain independent and keep well, as well as to have improved quality of life
- More frail and older people to become cared for at home rather than in institutional care, i.e. in hospitals / care homes.

Performance Measure: Hospital Admissions between April 2014— March 2017

Emergency Unscheduled Hospital Admissions 65+ and 75 + For NPT Month by Month comparison between 2015—2017.

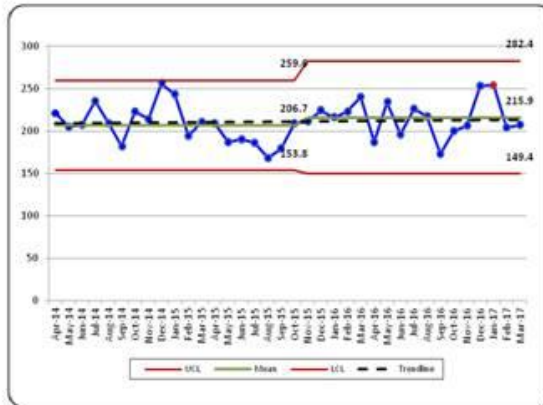
Year	65 Yrs and over		75 Yrs and over	
	March	Variance +/-	March	Variance +/-
2015	261	Baseline	231	BL
2016	278	+6.1%	194	-16%
2017	295	+11.5%	201	+3.5%

Emergency Unscheduled Hospital Admissions 75 + For NPT Quarter by Quarter comparison between 2015—2017.

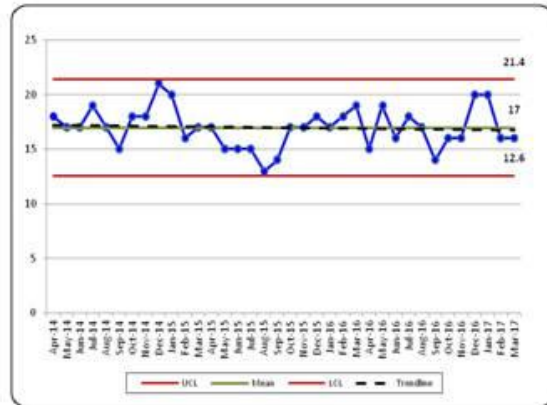
Year	Qtr1	Qtr2	Qtr3	Qtr 4	Total	+/-
2014/15	633	626	693	647	2599	BL
2015/16	586	533	644	676	2439	-6.2%
2016/17	619	616	658	665	2558	-1.6%

Variance data represents yearly comparison with the baseline data

Emergency Unscheduled Hospital Admissions (>75) made by NPT Resident Patients between April 14—March 17



Hospital Admissions Rates (>75) Per 1000 Population NPT Locality between April 14—March 17



Unscheduled care admissions for those aged 75 and over, in year, remain lower than the baseline (-1.6%) for the second year running, despite showing an in month increase (+3.5%).

The data also shows a step change (statistically significant change) in November 2016, which increased the upper and lower control limits as the average flow fluctuated. This also indicative of changes made to the rehabilitation and Intermediate Care beds – whereby the intake model moved from selective to a catch all model and the introduction of the Assessment bed unit in Plas Bryn Rhosyn.

Despite the step change in actual admissions, the rate of admissions for those aged 75 and over remains within the control limits and operating as expected.

Data source: ABM UHB

Performance Measure: Hospital Admissions between April 2014— March 2017

Total Bed Days for 65 + For NPT Quarter by Quarter comparison between 2015—2017.

Year	Qtr1	Qtr2	Qtr3	Qtr 4	Total	+/-
2014/15	17155	17704	18889	18430	72188	BL
2015/16	17581	17559	18326	19445	72911	+1%
2016/17	19228	19302	20048	21274	79852	+9.6%

Variance data represents yearly comparison with the baseline data

Total Bed Days Consumed (Age 65+) originally admitted as an unscheduled care medical admission April 2014—February 2017



28 Day Readmission Rates for 65 + For NPT Quarter by Quarter comparison between 2015—2017.

Year	Qtr1	Qtr2	Qtr3	Qtr 4	Total
2014/15	14.10%	14.80%	13.70%	12.60%	13.80%
2015/16	13.10%	13.60%	13.40%	14.20%	13.20%
2016/17	12.60%	13.40%	14.70%	9.8%*	-

*Data only available for February 2017, as one month in arrears.

The total number of bed days consumed for those aged 65 and over has increased by 9.6% as compared to the baseline. (Total bed days consumed for those aged 75 and over is not routinely collected for the reporting purposes of this report)

January 2016 saw an increased step change to the control limits for the total number of bed days consumed, indicating that people are staying longer in hospital and that this is an ongoing trend. Without a detailed sample of the reasons behind the increased length of stay it is not possible to identify the cause of this increase.

Conversely, the rates of readmission back to unscheduled care within a 28 day period remain lower than the baseline and previous years data. Indicating that once discharged from hospital, less people are being readmitted within the month.

Data source: ABM UHB

Performance Measure: Care Home Admissions April 2014 – March 2017

Total Number of People Support In a Care Home Aged 65 + in Neath Port Talbot between 2015—2017.

	March 2015 (Baseline)	March 2016	March 2017 (Actual)
Total No. of People Supported	512	579	549

The data reported does not include those people supported in nursing placements, respite or short stay placements.



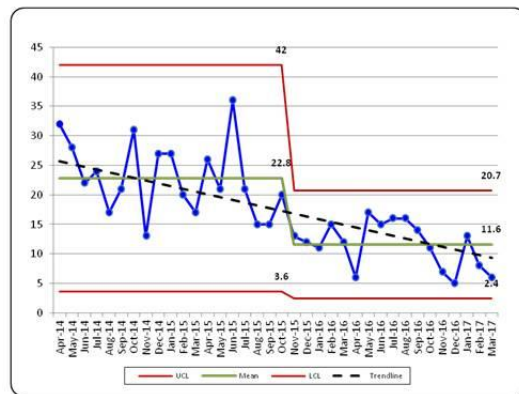
Total Number of Care Home Admissions on a quarter by quarter basis between 2014—2017

Year	Qtr1	Qtr2	Qtr3	Qtr 4	Total	+/-
2014/ 15	82	62	71	64	279	BL
2015/ 16	83	51	45(81)*	37	209	-16.7%
2016/ 17	38	46**	23	27	134	-52%

*Nov 2015 saw the closure of 2 home; residents re-located to new homes were recorded as a new care home admission, skewing the data for quarter 3. The red figure takes into consideration this variance.

** September 2016 data initially included residential, nursing and respite data which skewed the original data. The data presented in the above table represents the true number, following a data cleanse.

Care Home Admissions aged 65> within NPT between April 2014 and March 2017



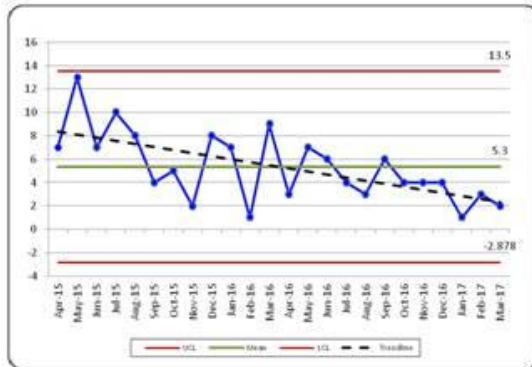
New admissions into residential care continue to decrease (-52%) in comparison with the baseline. In contrast the number of people being supported in a care home, on a month by month comparison for March remains higher (+7.2%). It is not possible to say why the numbers of people being supported remain comparatively high to the number of new starters. Further analysis of this is needed to understand this fully.

The data shows a significant downward step change in the control limits from November 2016, which is inline with the changes made to the reablement service and the introduction of the assessment bed unit.

Data source: Local Authority

Performance Measure: FNC and CHC Admissions April 2014 – March 2017

Total Number of CHC Admissions
April 2015 - March 2017



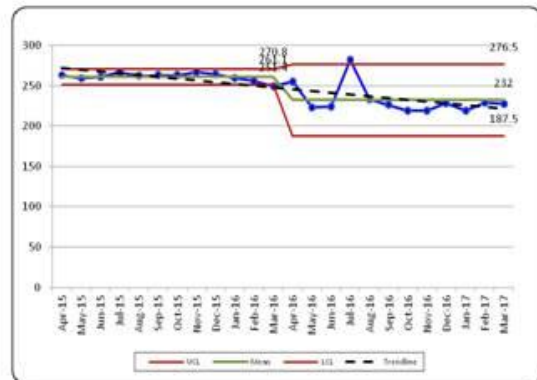
Total Number of FNC new starter
April 2015 – March 2017



Total Number of people supported By CHC
April 2015 – March 2017



Total Number of people supported by FNC
April 2015 – March 2017



CHC admissions remain on a downward trajectory, but remains within normal control limits. The data also shows that the total number of people supported by CHC is on a downward trajectory, with three step changes in March 16, Sept 16 and Feb 17.

The number of new FNC starters remains within variance, with gradual increasing trend. The total number of people supported by FNC saw a widening of the control limits in March 2016 with the continuation of a steady downward trend.

Data source: ABM UHB

Performance Measure: Domiciliary Care Starts April 2014 – March 2017

Total Number of New Domiciliary Care Starts within Neath Port Talbot aged 18+,
Quarter by Quarter comparison 2014—2017

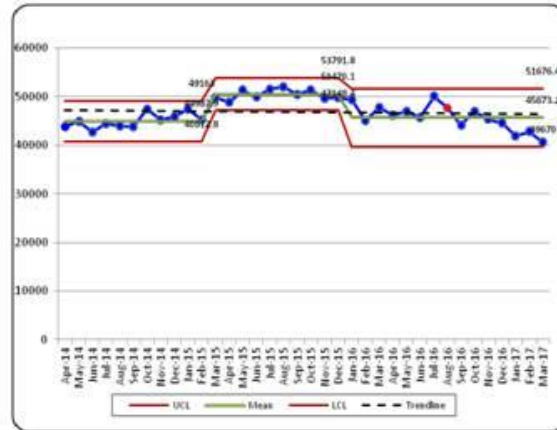
Year	Qtr1	Qtr2	Qtr3	Qtr 4	Total	+/-
2014/15	106	100	87	125	418	BL
2015/16	84	100	69	84	337	-20.7%
2016/17	63	81	51	57	252	-39.7%

Data includes those aged 18 and over, who have not previously had a domiciliary care package.

Average Domiciliary Care Hours per Client Per Week
between April 2014—March 2017



Total Number of Domiciliary Care hours provided (>65)
between April 2014 and March 2017



The number of new domiciliary care starters continues to reduce, with a 39.7% reduction when compared to the baseline figure. There have been a number of issues within the domiciliary care market within the borough over the passed year that are currently being addressed and monitored by the Local Authority.

Intake reablement, which work with individuals who have not previously had a care package and those who require an increase over 3.5hrs, requested a quarter of all care, with the remainder coming direct from social workers (increases of care up to 3.5 hrs) and the hospital.

Data source: Local Authority

The Community Resource Team contributed to the outcomes in the following way:

Rapid Response Service (ACT)

ACT	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. New Starters	959	1321	94	248	388	336	295	1267
No. Admissions avoided (stayed at home)	-	932	81	175	248	292	291	954
No. Hospital bed days avoided	6891	10499	810	1750	2480	2920	2390	9540
Bed day costs avoided	£758,010	£1,154,890	£89,100	£192,500	£272,800	£321,200	£262,900	£1,049,400

ACT's primary focus this year has been on preventing admissions into hospital, through the provision of step up nursing beds placed within a local nursing home. As such admissions avoided data shows a 2.3% increase, when compared to the previous year.

ACT experienced a high level of demand into the service in the 2nd and 3rd qtr of the year, with the team reporting the second highest month (November) new starters this year (n= 139).

High level of demand and complexity of cases coming into ACT and staff sickness has impacted on the service's ability (at times) to take on new referrals. Nevertheless, the service continues to provide a high standard of care,

Intake Reablement

Intake Reablement	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. New Starters	-	646	54	187	204	165	197	753
No. Hospital Discharges Facilitated	-	298	25	93	112	67	65	337
No. Hospital bed days avoided	-	894	75	279	336	201	279	1011
Bed day costs avoided	-	£98,340	£8250	£30,690	£36,960	£22,110	£29,700	£119,460
No. Domiciliary care hrs avoided	-	3087.29	292.29	791.37	851.55	902.43	1342.12	3887.47
Weekly Domiciliary care costs avoided	-	£42,789.84	£4384.35	£11,870.55	£12,773.25	£13,536.45	£20,131.80	£58,312.05
Annual Domiciliary Care Costs Avoided should everyone remain on the same level of care for 1 year.								£3,032,226.6

Intake Reablement has increased its performance across all key target areas in comparison with 2015/16.

The number of hospital discharges facilitated has increased by 12%, and the number of domiciliary care hours has increase by 20.6%, meaning more people are remaining in independent in their own homes for longer.

The annual costs avoided, should everyone remain on the same level of care for a year is just over £3 million.

The Community Resource Team contributed to the outcomes in the following way:

Intermediate Beds

Intermediate Beds	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. New Starters	-	103	10	32	50	22	37	152
No. Hospital Discharges Facilitated	-	61	8	28	42	18	33	131
No. Discharged to own Home	-	54	12	20	30	12	26	90
No. Discharged to Long Term Placement	-	12	6	7	15	8	10	43

In November 2015 the number of intermediate care beds increased with the introduction of the Assessment unit and an additional 2 beds in the Reablement unit. As such, there has been an increase in performance against all key targets. Most significant, is the rise (40%) in the number of people who returned home, indicating that people are remaining independent within their own homes for longer.

Common Point of Access - Gateway

Gateway	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. calls responded to and closed by contact officers	-		21	3276	3108	1953	105	8103
Total no. people referred to Gateway MDT	-		783	2313	2773	2372	2209	9740
No. people responded to and closed by MDT	-	2920	273	867	957	1016	777	3617
No. People referred to CRT	-	-	856	2783	2932	2182	2394	10291
No. People responded to and closed by 3 rd sector broker	709	655	29	140	107	74	91	409

There has been a 19.3% increase in the number of people who are referred to and closed by the MDT. The number of referrals made to the third sector broker has decreased by 36%.

The Community Resource Team contributed to the outcomes in the following way:

Assistive Technology

Assistive Technology	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
Total No. People Supported*	-	-	2505			2478	2505*	-
No. New Referrals	-	-	83	171	218	196	238	823
No. New Installations Completed	-	-	54	147	165	176	161	649

This is the first year of data recording for Assistive Technology. A business strategy for 2017/18 is currently being developed, which aims to see the take up of

100 mobile phone life lines have been purchased to be used with all clients who receive reablement support

Medicine Management

Medicine Management	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. New Starters	-	-	70	115	165	117		362
No. Discharges Facilitated from Hospital	-	-	4	2	4	4	7	17
No. Hospital Bed Days Avoided	-	-	12	6	12	12	21	8
Hospital Bed Costs Avoided			£1320	£660	£1320	£1320	£2310	£5610
No. Domiciliary s Avoided	-	-	11.7	14.9	16.3	7.5	21.1	59.85
Weekly Domiciliary Care Costs Avoided	-	-	£175.50	£223.50	£244.50	£113.25	£3316.50	£897.75
Weekly Medicines Costs Avoided	-	-	£42.79	£81.19	£443.10	£283.28	£134.31	£941.88

This is the first year of data reporting for the Medicines Management service.

The data shows that the service has contributed to the facilitation of hospital discharges and avoided hospital bed costs of £5610. Domiciliary care hours have also been reduced due to the intervention of the service at a weekly cost avoidance of £891.75.

The Community Resource Team contributed to the outcomes in the following way:

Rapid Response Home Care Team

Rapid Response HC	2014/ 2015	2015/ 2016	March 2017	Qtr 1 16/17	Qtr 2 16/17	Qtr 3 16/17	Qtr 4 16/17	Total
No. New Starters	-	-	34	-	75	44	118	237
No. Discharges Facilitated From Hospital	-	-	16	-	18	16	64	98
No. Hospital Bed Days Avoided	-	-	48	-	54	48	192	294
Bed Day Costs Avoided	-	-	£5,280	-	£5,940	£5,280	£21,120	£32,340
No. Admissions Avoided (Stayed At Home)	-	-	7	-	42	9	38	89
No. Hospital Bed Days Avoided	-	-	70	-	420	90	380	890
Bed Day Costs Avoided	-	-	£7,700	-	£46,200	£9,900	£41,800	£97,900
Average Length of Time on Service (days)	-	-	16	-	14	15	14	11

The Rapid Response Home Care Team was established in July 2016. Since its implementation it has facilitated 98 hospital discharges, avoiding £32,340 of bed costs and prevented 89 hospital admissions, avoiding £97,900 bed costs.

In December 2016, the capacity of the team was increased enabling more people to be safely discharged home from hospital and to remain independent in their homes for longer.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL
Acute Clinical Team													
New Starters	84	58	106	113	111	164	106	139	91	105	96	94	1267
Number from Community	73	53	83	101	96	153	103	130	88	101	87	90	1158
Number from Secondary Care	9	5	6	12	11	10	3	9	3	5	9	4	86
Discharges	97	55	43	94	71	149	120	133	81	104	91	96	1134
Number of Early discharges facilitated	8	5	6	12	11	5	3	0	0	3	9	4	66
Number of Hospital Admissions prevented	81	60	34	75	44	129	109	118	65	82	76	81	954
Bed Days Saved	810	600	340	750	440	1290	1090	1180	650	820	760	810	9540
Costs Avoided	£89,100	£66,000	£37,400	£82,500	£48,400	£141,900	£119,900	£129,800	£71,500	£90,200	£83,600	£89,100	£1,049,400
Common Point of Access - Gateway													
Total Number of Enquires Dealt with by Contact Officers	1133	1106	1037	924	1049	1135	859	637	97	68	37	21	8103
Total Number of referrals (people)	766	872	983	719	948	871	840	843	689	697	729	783	9740
Number of referrals to CRT from Common Access Point	811	868	1104	842	1116	974	908	521	753	761	777	856	10291
Total Number of people dealt with by the Gateway Team	252	244	371	254	405	298	424	286	306	256	248	273	3617
Total Number of people screened to Voluntary Sector	36	51	50	30	40	37	24	27	23	38	24	29	409
Intake - Reablement													
Total Number referred to Reablement Caseload Reablement (Snapshot Friday)	186	204	234	198	135	210	190	211	186	196	126	91	2167
Number of Double Staffed Clients (Snapshot Friday)	9	9	12	6	9	9	9	6	9	13	5	6	
New Starters	64	57	66	72	71	61	58	51	56	44	153	54	807
Number from Hospital (Earlier Discharge)	23	33	37	43	38	31	26	19	22	15	50	25	362
Number from Community	17	18	25	27	32	24	25	28	22	18	69	23	328
Number from ERS (Rapids)	4	6	4	2	1	6	10	4	12	11	34	6	100
Discharges	54	57	66	61	57	62	53	43	76	55	160	47	791
Reduction in hours from admission to leaving service	219.63	300.14	271.6	281.18	297.54	272.83	305.95	243.87	352.61	286.55	763.28	292.29	3887.47
Financial savings	£3,294.45	£4,502.10	£4,074.00	£4,217.70	£4,463.10	£4,092.45	£4,589.25	£3,058.05	£5,289.15	£4,298.25	£11,449.20	£4,384.35	£58,312.05
Total Number in Hospital Discharge Ready (Snapshot Friday)	15	20	10	13	7	7	13	14	5	10	8	16	
Number Awaiting Reablement from Community (Snapshot Friday)	40	64	48	58	39	35	28	33	45	39	63	70	
Number Hospital Not Discharge Ready (Snapshot Friday)	49	54	50	58	31	19	28	22	32	31	55	44	
Number waiting transfer to alternative service (Snapshot Friday)	27	27	18	18	24	41	35	38	30	25	30	42	
Average length of time supported by Reablement (Days)	43.76	43.44	39.1	35.17	37.11	32.69		31.11	34.32	35.19	30.35	35.7	39.94
Number of people who did not complete programme	12	7	10	14	9	9	9	8	2				51
Intermediate Residential Beds													
Bed Occupancy (Snapshot last Friday of month)	18	19	17	21	20	21	21	19	19				
Total new admissions	13	13	6	22	9	19	14	8	11	18	9	10	152
Number of admissions from Hospital	10	12	6	18	8	16	10	8	10	16	9	8	131
Total Number of Discharges	12	13	7	19	13	19	16	7	13	15	9	12	155
Number discharged to own home	10	7	3	10	9	11	10	2	6	10	6	6	90
Number discharge to long term placement	0	4	3	6	2	7	5	3	3	3	4	3	43
Brokerage													
Total number of POC requests received	76	30	87	65			274	286		221	676	356	2071
Number of requests from CRT	41	18	50	31			114	129		86	277	179	925
Number of requests from all other services	21	12	37	32			160	157		135	399	177	1130
Number requests from hospital	5	1	4	8			20	25		33	92	34	222
Total number of POC unallocated	10	4	4	1			14	13		11	12	20	
Number of CRT requests unallocated	10	4	4	1			12	12		10	25	19	
Total number of POC arranged	57	17	45	45			79	90		86	249	74	333
Total number of POC pending	26	3	19	9			32	13		6	2	5	
Assistive Technology													
Total Number of supported with AT	2076	2127	2168	2209	2258	2317	2378	2445	2478	2506	2479	2505	
Total Number of New Referrals Received	50	53	68	61	84	73	67	70	59	80	75	83	823
Total Number of New installations completed	42	60	45	56	51	58	61	62	53	58	49	54	649
Number of Lifelink	42	51	38	50	43	53	54	56	42	43	41	46	559
Number Lifelink Plus	3	5	3	3	2	2	5	3	1	10	3	8	48
Number Lifelink Extra	3	4	4	3	6	3	2	3	10	5	5	0	48
Meds Management													
Total Number of new referrals received		38	77	74	44	47	41	41	35	55	47	70	569
Number of Hospital Admissions prevented		0	2	2	0	2	0	2	2	3	0	4	17
Number of Hospital discharges facilitated		0	1	0	2	1	1	2	0	6	4	0	17
Total number of hrs domiciliary care prevented per week		3.4	11.5	4.6	2.5	9.2	2.3	3.5	1.75	4.6	4.8	11.7	59.85
Financial savings - domiciliary care		£51.00	£172.50	£69.00	£37.50	£138.00	£34.50	£52.50	£26.25	£69.00	£72.00	£175.50	£897.75
Financial savings - reduction in medication use		£75.27	£5.92	£324.87	£58.99	£59.24	£59.24	£112.76	£111.28	£37.50	£54.02	£42.79	£941.88

Social Care, Health and Wellbeing Cabinet Committee

2017/2018 FORWARD WORK PLAN (DRAFT)

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
2nd NOV	Business Plan (Directorate)	Decision	Annual	N.Jarman
	Complaints & Representations Annual Report 2016 -17	Monitoring	Annual	Angela Thomas/ Leighton Jones
	Improving Outcomes/ Improving Lives Annual Report 2017	Monitoring	Annual	Nick Jarman
	Participation and Engagement Report	Information	Topical	Andrew Jarrett
	Western Bay -Section 33 Agreement – Commissioning Strategy for Care Homes for Older People 2016 - 2019	Decision	Topical	Angela Thomas/Arlene Harvey/Nick Jarman
	Syrian Refugee Programme	Decision	Topical	Nick Jarman/ Claire Jones
	Hillside 6 mthly Inspection Report – Hillside Secure Children’s Home Regs 2002	Monitoring	Annual	Nick Jarman

Social Care, Health and Wellbeing Cabinet Committee

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
30 NOV	Western Bay Youth Offending Board Quarter1 Data Report	Monitoring	Quarterly	Caroline Dyer/ Nick Jarman
	Quarter 2 Performance Report (17/18) (Adult and Children's)	Monitoring	Quarterly	David Harding/ Shaun Davies

DATE	Agenda Items	Type (Decision, Monitoring or Information)	Rotation (Topical, ,Annual, Biannual, Quarterly, Monthly)	Contact Officer/ Head of Service
11 Jan 18	Children's Services Staff Survey	Information	Annual	K.Jones
	Hillside Managers Report	Monitoring	6 Monthly	Nick Jarman
	Hillside (The Children Home Wales)	Monitoring	6 Monthly	Nick Jarman
	Carers Information & Consultation Strategy Annual Progress Report	Information	Annual	Nick Jarman

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