

## **Report B - 2.1**

### **OLDER PEOPLE & PHYSICAL DISABILITIES**

#### **The Approach to Measuring Performance**

Our approach to measuring performance has been produced with the involvement of people from across the department, to give a clear and concise guide to:

- Our key objectives and priorities
- What we believe a good service looks like to us
- Our priorities for delivering a good service
- How we will use performance measures to continually improve

We have developed our approach to managing performance to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. We will use measures to ensure we do the right thing and drive continuous improvement. The performance framework includes 5 themes – Supporting Independence, Keeping Safe, Improving Health & Wellbeing, Information Advice & Signposting, Valuing the Workforce.

- **Supporting Independence**

#### **Our Statement of Intent**

- We recognise individuals are different and responses will be tailored to meet these differing needs, demands and aspirations
- Service limitations will be known to ensure expectations of all are realistic and achievable
- Our work with partners, the independent sector and other organisations will deliver quality services in the most appropriate way

#### **Principles of Supporting Independence - services which are:**

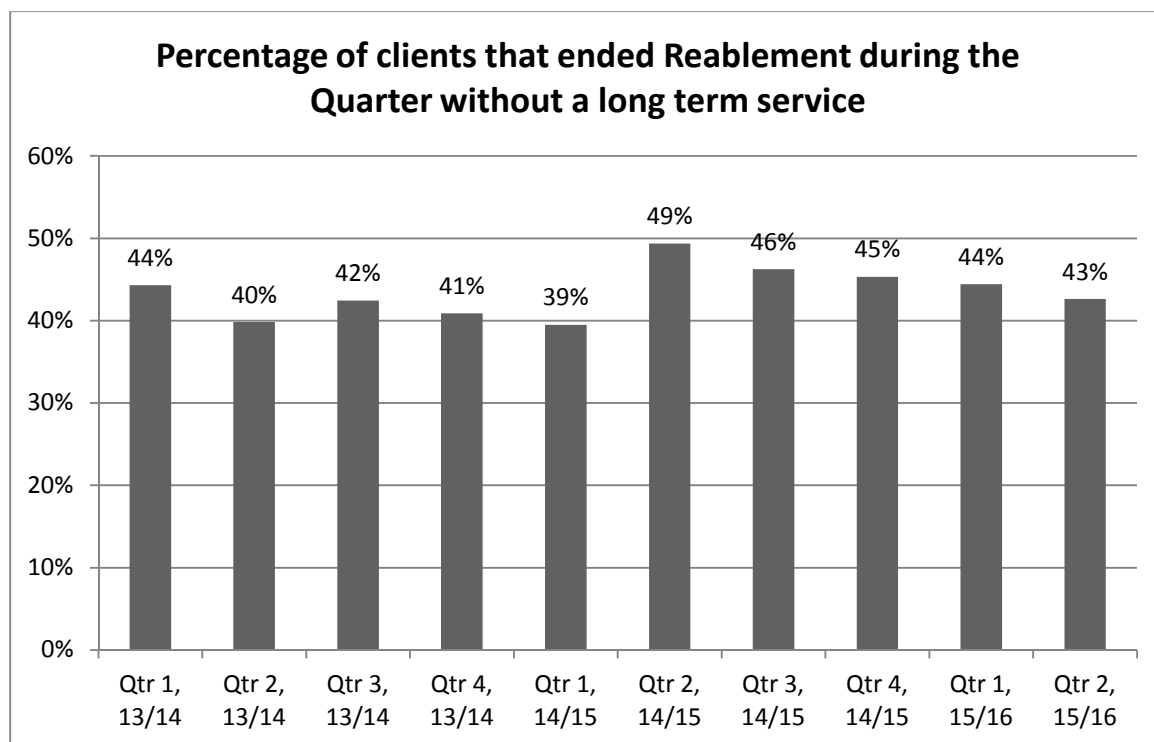
- Built around the need of the individual and are committed to putting the user at the centre of decision making
- Easily accessible and available when needed, and delivered in a timely and responsive way
- Provided by teams and individuals working together to find a workable, deliverable solution that makes a positive difference
- Flexible and responsive to meet changing needs
- Open and transparent which thrive on robust and constructive challenge

# 1 - Reablement

## Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



### Comments:

The Reablement service provides support for people to set their own goals to improve their independence and to meet those goals. Data collection is being refined to allow reporting on the percentage of people who leave reablement with a reduced requirement for care and the length of time before people require assistance again.

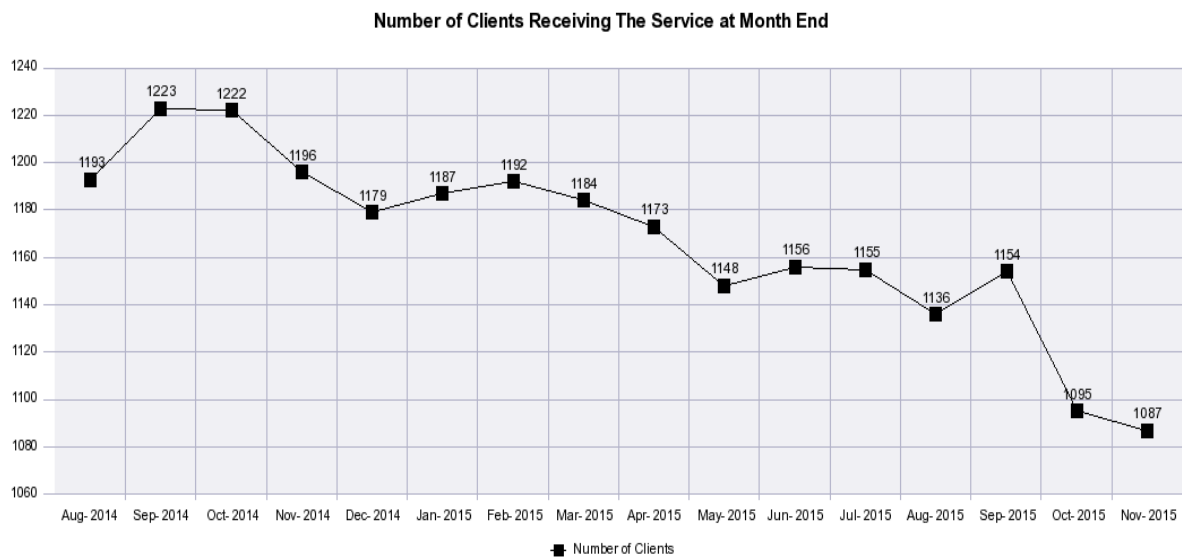
## 2 - Domiciliary Care

### Improvement plan reference:

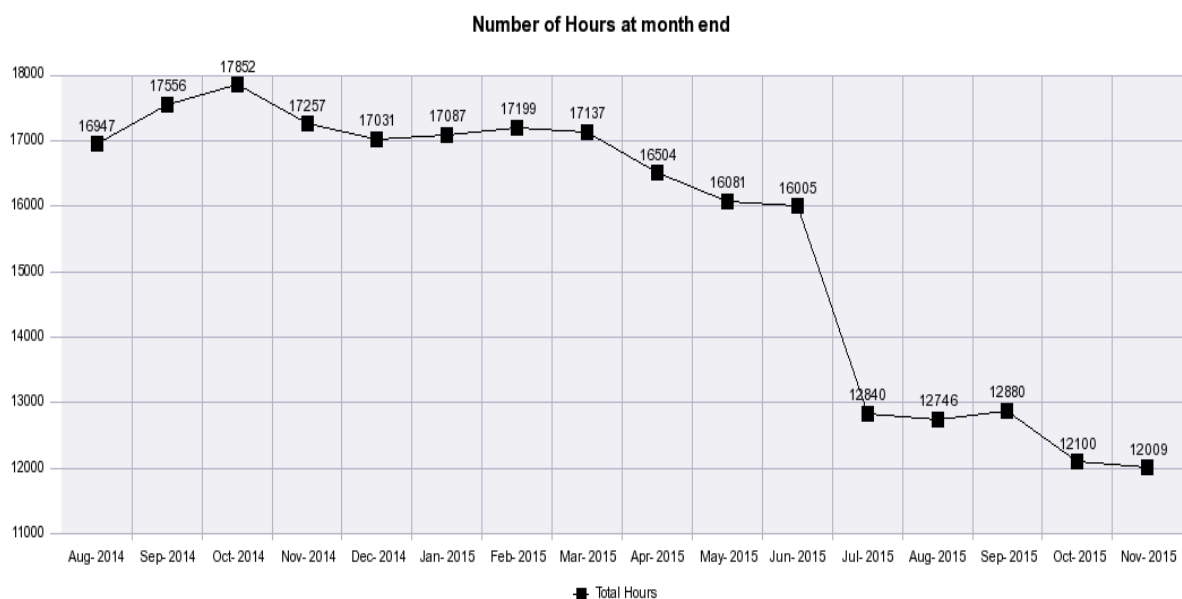
National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

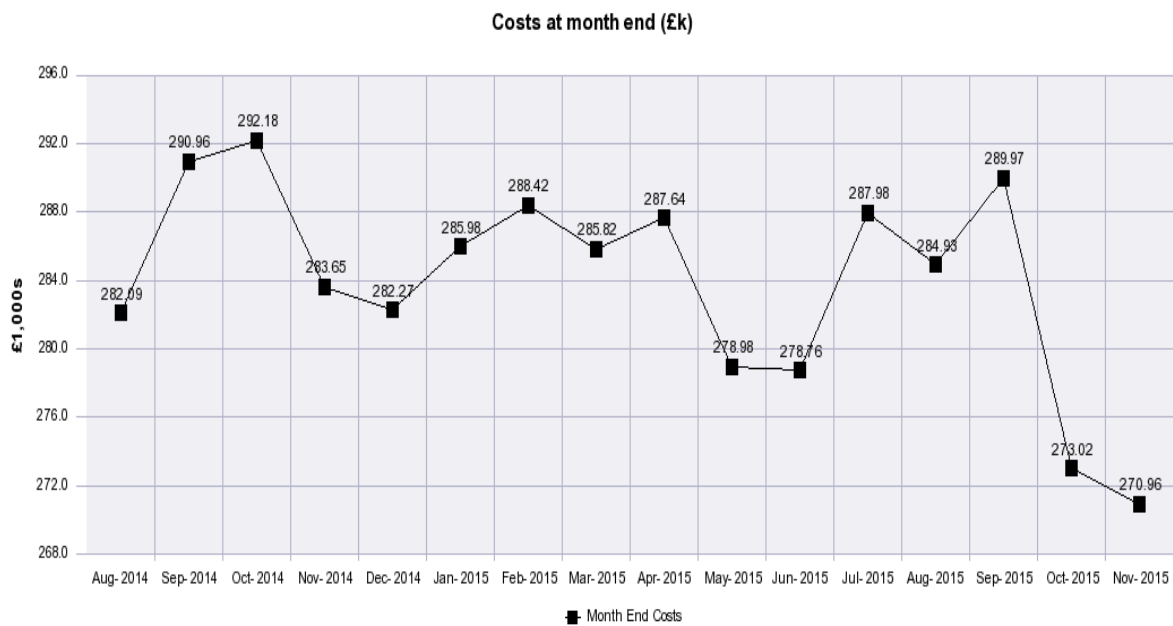
### Number of older people and people with a physical disability receiving a domiciliary care service at the end of the month



### Number of hours provided to older people and people with a physical disability receiving a domiciliary care service at the end of the month



## Weekly cost for the number of older people and people with a physical disability receiving a domiciliary care service at the end of the month



### Comments:

The number of people receiving a domiciliary care service has shown a decline over the past year. The main reasons for this are the impact of reablement and more generally ensuring that domiciliary care isn't a replacement for a more appropriate service such as a health service. Despite the reduction in numbers of people using these services, it has sometimes been difficult to arrange care in a timely manner because of the gap between supply and demand. The implementation of the new Domiciliary Care Framework has created more supply by bringing new providers into the local market. An additional benefit has been separating out time for carers to arrive and leave the property from the actual time spent delivering the care. Carers log in and out, allowing a true record of how much time they spend providing care. Where there is a difference between the time on the care plan and the actual time taken over a period of four weeks, the care plan is adjusted to reflect actual need. This could mean the time is increased but in practice, times have generally reduced. This allows the care agencies to reschedule their rotas and create space for additional people who need a service.

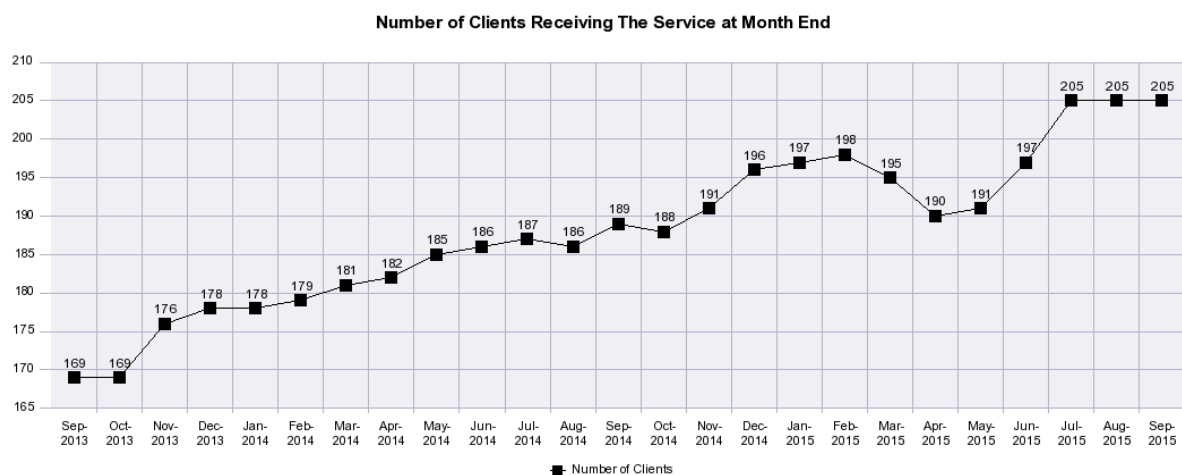
### 3 - Direct Payments

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

#### **Number of older people and people with a physical disability receiving a Direct Payment at the end of the month**



The number of people who use Direct Payments to meet their care needs has risen from 169 in September 2013 to 205 in September 2015. Direct Payments is an alternative way of delivering services, and the growth in this area will need to be funded by disinvesting in the services that have been traditionally commissioned. Direct Payments give people choice and control in meeting their needs. Following a tender exercise, the organisation providing support for people receiving Direct Payments will change on November 30<sup>th</sup> from the Rowan Organisation to Diverse Cymru. Arrangements are currently being made to transfer staff from one organisation to the other.

### 4 - Residential Placements

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

Between August 2014 and September 2015 the number of people under the age of 65 with a physical disability declined from 7 to 5. In the same period the number of people over the age of 65 in long term care declined from 865 to 786. The reasons for this are multiple. The main positive reason is that people are being supported for longer at home. The opening of Cartref Cynnes, the extra care development in Johnstown in November is tangible evidence of Carmarthenshire County Council's investment in non-institutional supportive care for people over the age of 50. Ty Dyfryn, a similar development in Ammanford, will open in January.

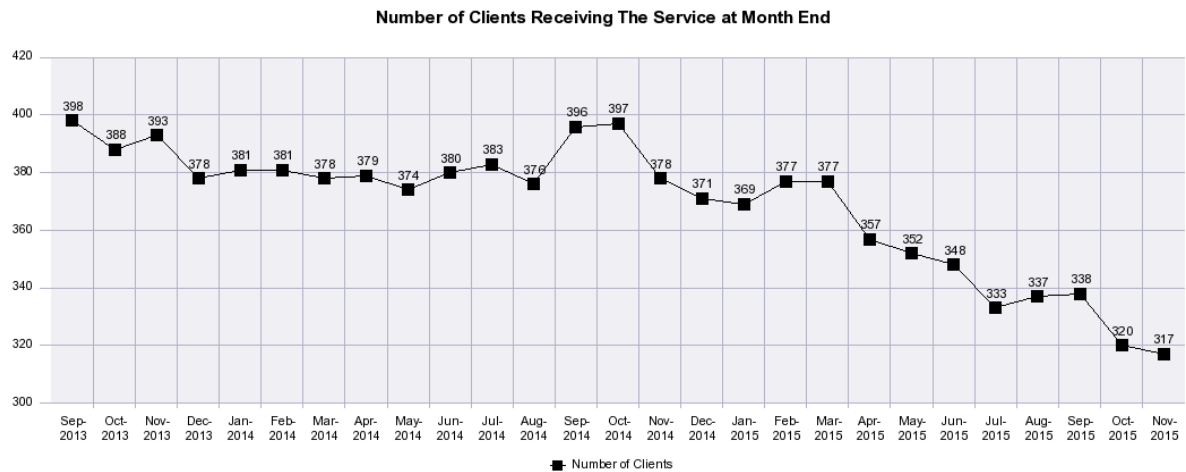
## 5 - Double Handed Calls (the number of clients receiving domiciliary care that receive care from two carers)

### Number of older people and people with a physical disability receiving double handed calls at the end of the month

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



Where individuals have difficulty moving, it may be necessary for two carers to assist them. The number of people requiring two carers has risen over recent years. This has been attributed to the increasing complexity and frailty of older people.

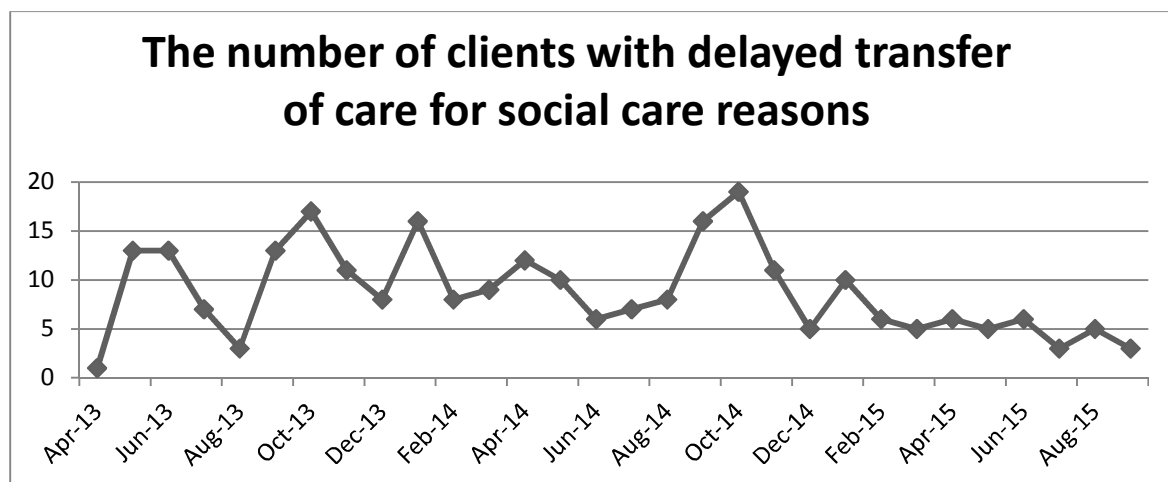
Carmarthenshire, however, was noted to have a higher than average use of two carers compared to other Authorities suggesting that there may be local factors affecting our performance in this area. In response to this, we introduced an initiative known as 'Releasing Time to Care'. This initiative ensured that the care provision is appropriate to the needs of the individual and where possible provided by one carer through multidisciplinary assessment by social workers, nurses and occupational therapists. This focused work has demonstrated significant reduction in the number of double handling calls as outlined in the graph.

## 6 - Delayed Transfers of Care

### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



Performance on DTOC has shown a consistent improvement over the past year. A significant reason for delays has been because people were waiting for domiciliary care to be arranged. However, since the implementation of the new Domiciliary Care framework in August, there has only been one person (with particularly complex needs) delayed because of this. A focus continues to be maintained on ensuring that people are not admitted to hospital if this can appropriately be avoided and discharging people without delay.

## Appendix A

National Measures in the framework	Reference
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	National Measure 1
The rate of older people (aged 65 or over) Helped to live at home per 1,000 population aged 65 or over	National Measure 2
The rate of older people (aged 65 or over) Whom the authority supports in care homes per 1,000 population aged 65 or over.	National Measure 3
The percentage of clients who are supported in the community during the year, who are: a) Aged 18-64	National Measure 4
The percentage of clients who are supported in the community during the year, who are: b) Aged 65+	National Measure 5
Percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year.	National Measure 6
Percentage of carers of adults who had an assessment or review of their needs in their own right during the year.	National Measure 7
Percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service.	National Measure 8
The percentage of adults who are supported in the community during the year	National Measure 9
% of adult protection referrals where the risk has been managed	National Measure 10
The % of client with a care plan at the 31st March who's care plans should have been reviewed that where reviewed during the year	National Measure 11
% of food establishments which are broadly compliant with food hygiene standards	National Measure 12
% of high risk businesses that were liable to a programmed inspection for Trading Standards	National Measure 13
% of high risk businesses that were liable to a programmed inspection for food hygiene	National Measure 14
% of high risk businesses that were liable to a programmed inspection for Animal Health	National Measure 15
% of high risk businesses that were liable to a programmed inspection for Health and Safety	National Measure 16
The average number of calendar days taken to deliver a Disabled Facilities Grant	National Measure 17
The percentage of private sector dwellings that had been vacant for more than 6 months at 1 April that were returned to occupation during the year through direct action by the local authority	National Measure 18
The number of visits to Public Libraries during the year, per 1,000 population	National Measure 19
The number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population	National Measure 20



## Appendix B

Measure in the Social Care Improvement Plan	Reference
The rate of delayed transfers of care for social care reasons per 1,000 population aged 75 or over	Social Care IP 1
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Percentage of adult protection referrals completed where the risk has been managed	Social Care IP 6
The percentage of adults who are supported in the community during the year	Social Care IP 7
Percentage of physical disability clients who are supported in the community during the year aged - 18-64	Social Care IP 8
Percentage of learning disability clients who are supported in the community during the year aged - 18-64	Social Care IP 9
Percentage of mental health needs clients who are supported in the community during the year aged - 18-64	Social Care IP 10
The number of clients aged eighteen and over where the Social Care Department provides a direct payment of money to enable their clients to source their own care.	Social Care IP 11

## **Report B – 2.2**

### **MENTAL HEALTH & LEARNING DISABILITIES**

#### **The Approach to Measuring Performance**

Our approach to measuring performance has been produced with the involvement of people from across the department, to give a clear and concise guide to:

- Our key objectives and priorities
- What we believe a good service looks like to us
- Our priorities for delivering a good service
- How we will use performance measures to continually improve

We have developed our approach to managing performance to ensure we balance the relationship between service demands, the allocation of resources and service user satisfaction. We will use measures to ensure we do the right thing and drive continuous improvement. The performance framework includes 5 themes – Supporting Independence, Keeping Safe, Improving Health & Wellbeing, Information Advice & Signposting, Valuing the Workforce.

- **Supporting Independence**

#### **Our Statement of Intent**

- We recognise individuals are different and responses will be tailored to meet these differing needs, demands and aspirations
- Service limitations will be known to ensure expectations of all are realistic and achievable
- Our work with partners, the independent sector and other organisations will deliver quality services in the most appropriate way

#### **Principles of Supporting Independence - services which are:**

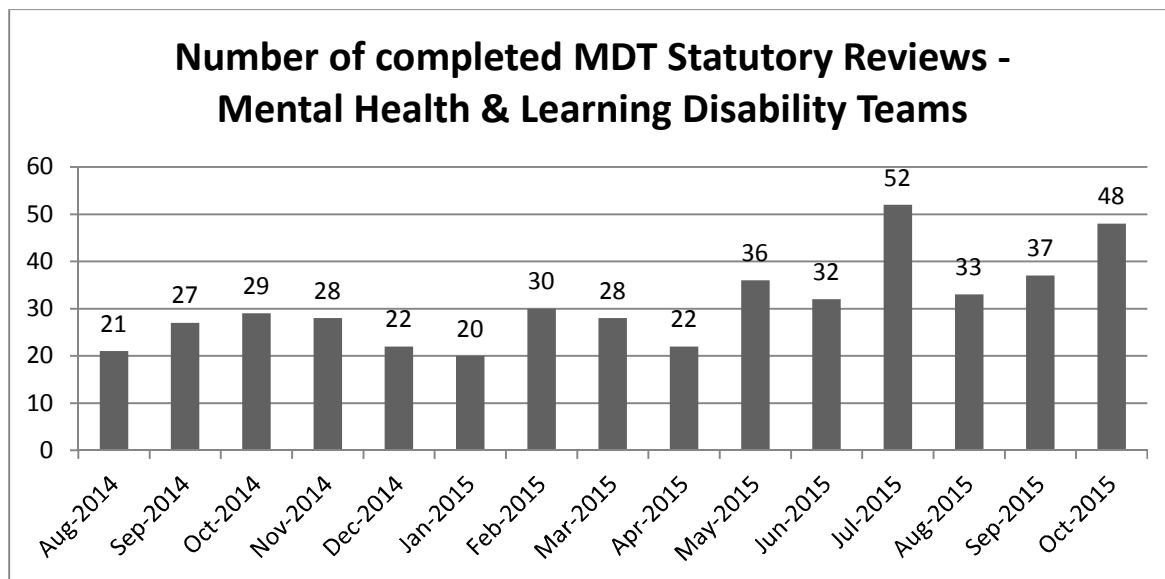
- Built around the need of the individual and are committed to putting the user at the centre of decision making
- Easily accessible and available when needed, and delivered in a timely and responsive way
- Provided by teams and individuals working together to find a workable, deliverable solution that makes a positive difference
- Flexible and responsive to meet changing needs
- Open and transparent which thrive on robust and constructive challenge

# 1 - Statutory Reviews

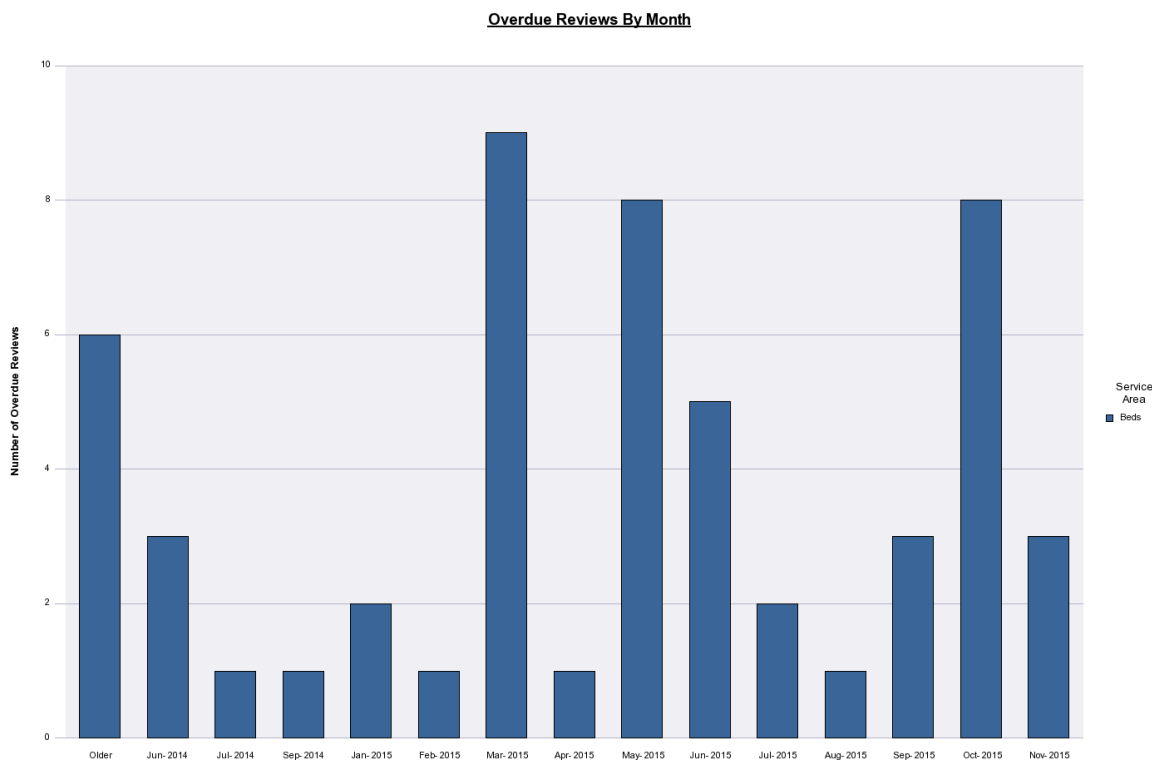
Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)



**Number of Learning Disability clients in residential accommodation where their review is overdue.**



Comments:

Based on comparison to last year month by month there is a significant improvement in performance with an upward trend in the number of reviews completed for the year to date. Reviews for Learning Disability residential accommodation placements

are a major area of work and the numbers of outstanding reviews are currently higher than planned. There needs to be a particular focus on residential placements over the coming months as part of the continued improvement in this area of work.

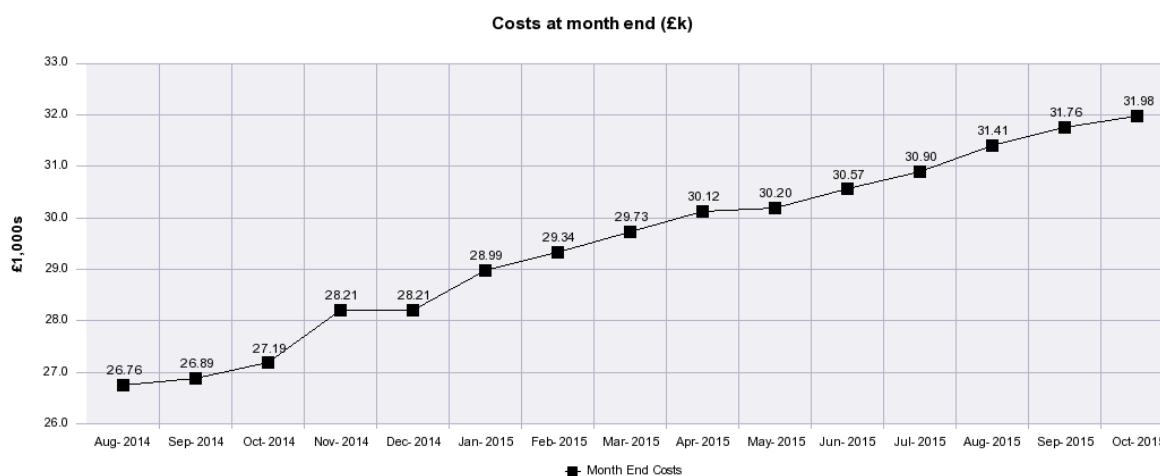
## 2 - Direct Payments

### Improvement plan reference:

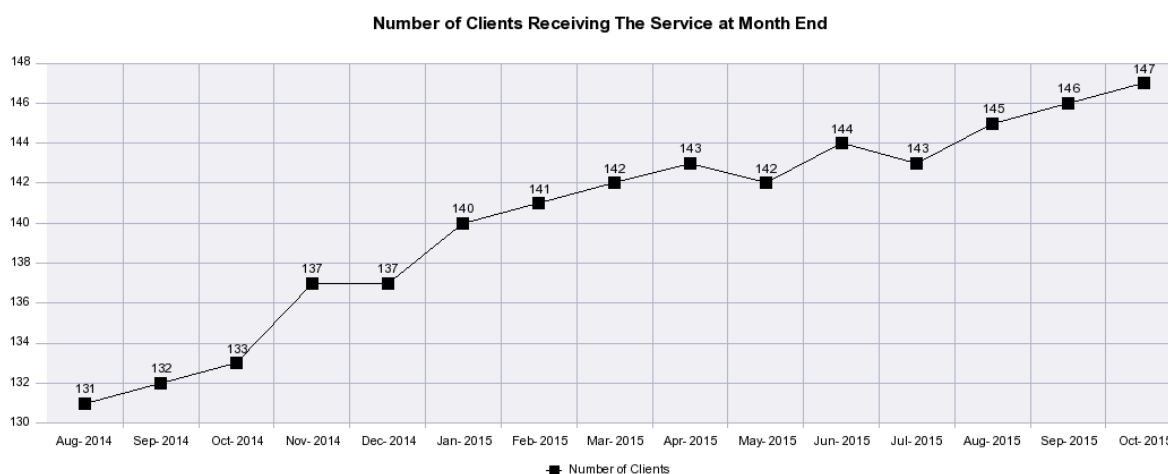
National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

### The weekly costs of clients receiving Direct Payments at the month end.



### Number of clients receiving Direct Payments at the month end.



### Comments:

As can be seen from the above graphs there is a steady growth in both the number of clients receiving Direct Payments and the weekly cost to the service. It is necessary for people to have a choice on how they have their needs met after determining their assessed needs. There is a move towards Direct Payments as an alternative to services directly delivered or commissioned by the Authority, therefore the growth of Direct Payments will need to be funded through the disinvestment of services that have traditionally been purchased.

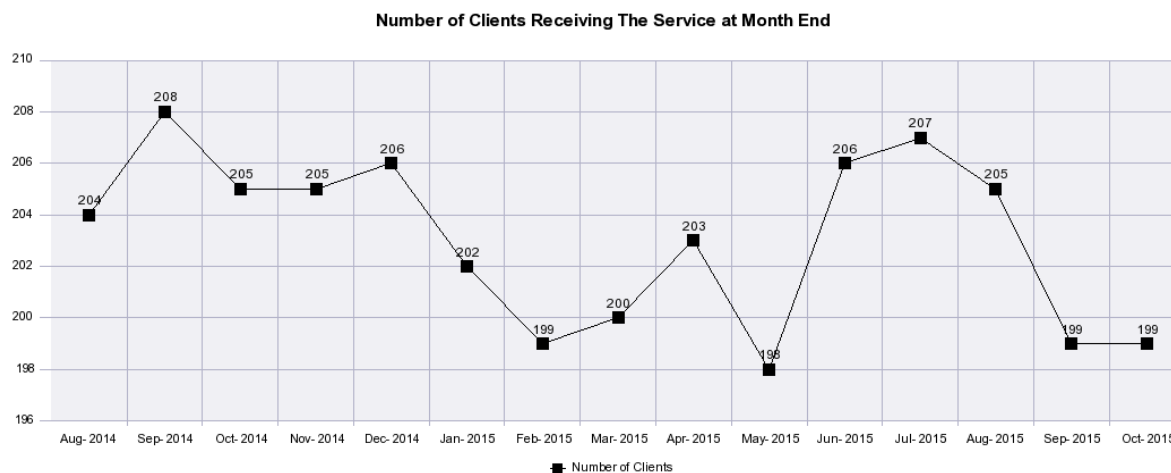
### 3 - Residential Placements

#### Improvement plan reference:

National Measure 1,2,3,4,5,6,7,8,11(Appendix A)

Social Care IP 1,2,3,4,5,7,8,9,10,11(Appendix B)

### Number of Learning Disability and Mental Health clients in care homes



#### Comments:

This number should decrease steadily over the next 12 months as alternatives to residential placements are developed in community settings. Although the graph indicates a downward trend the numbers are small as a percentage but have high costs. Investment in Shared Lives (Adult Placement) and a review of Supporting Living will enable greater choice. The progression model recognises the need to increase independence and strengthen opportunities for vulnerable people to remain living in their communities, close to families and friends. It is essential that care plans are updated and reflect the needs and choice of individuals in a person centred way. Nobody should remain in a residential setting because an appropriate community setting is not available. Reviews should be undertaken within appropriate set timescales to ensure that care plans are being acted upon.

- **Keeping Safe**

This covers the way in which our services are provided to ensure that people feel safe and secure.

**Our Statement of Intent**

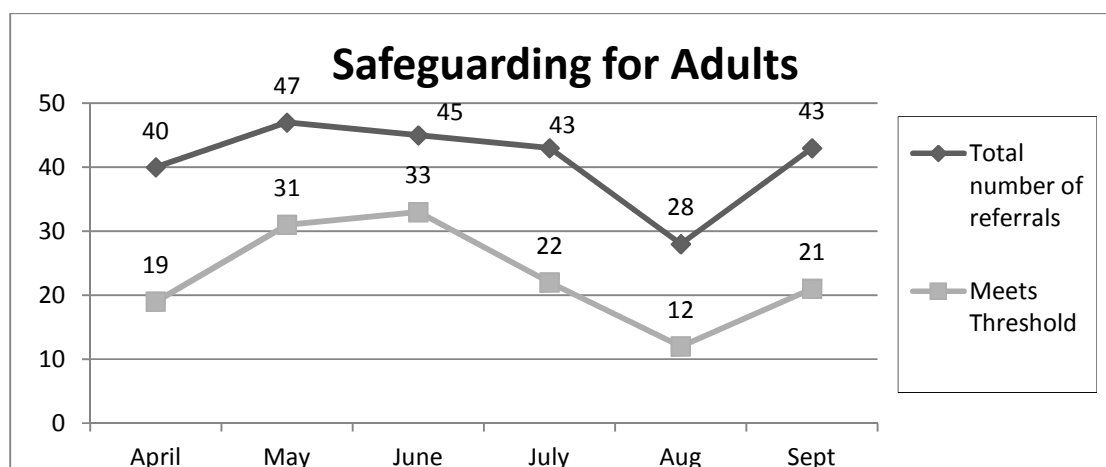
- We complete and share timely and informed risk assessments
- We adopt safe working practices, balanced against risk, implemented by trained and professional people
- Robust safeguarding arrangements are in place to protect the frail, vulnerable and elderly
- Commissioning arrangements are designed to give us good quality, value for money, providers and services
- Contract management arrangements deliver quality and safety
- Everyone that we work with is encouraged to contribute to improving safe working arrangements
- Preventative services are designed to deliver safe and sustainable communities

**We believe that safe arrangements:**

- provide quality services in a timely and appropriate manner to ensure that customers are safe
- have effective systems and processes in place to ensure safe working practices
- support understanding of the relationship between decision making and impact
- commission, manage and monitor services to ensure that they operate safe working practices
- ensure services fulfil statutory obligations and complies with local/national policies and approved guidance in order to keep people safe
- have effective risk assessments which balances risk and supports safe working
- have clear and transparent safeguarding arrangements which supports the welfare of the individual
- support and monitor staff to work safely

**1 - Safeguarding for Adults**

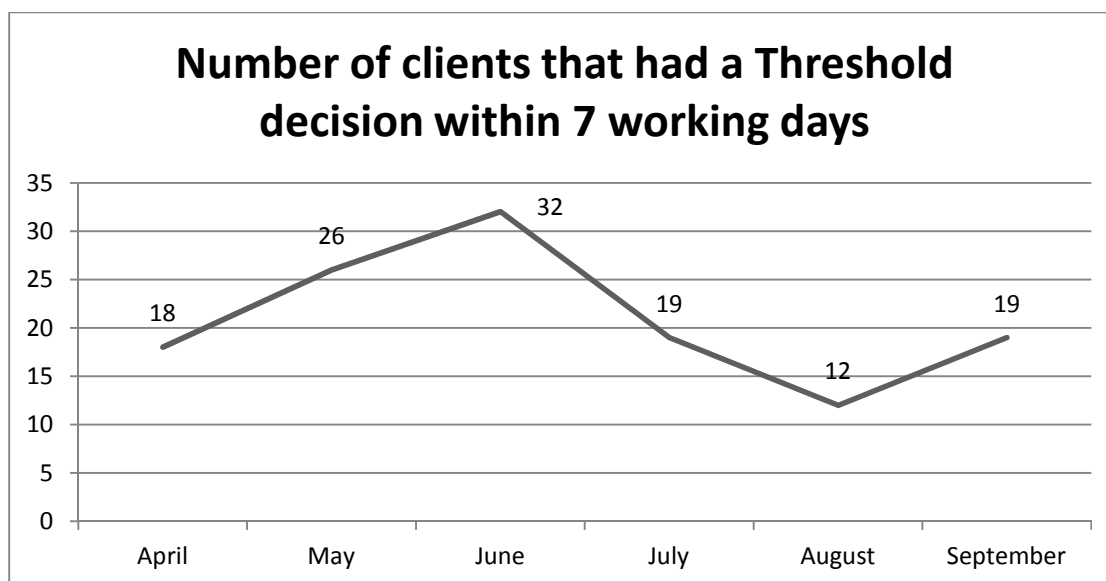
Improvement plan reference:  
National Measure 10 (Appendix A)



Comments:

Referrals activity has been consistent during the past four months with the exception of August where there was a significant decrease. Monthly referral activity indicates similar levels to 2014/15 suggesting referrals for the 2015/16 year will be approximately 500 (497 in 2014/15).

Typically, over 40% of referrals met the threshold per month. In June, this reached 73%. Consistently, a significant number of referrals judged to have been below threshold or inappropriate were received from the assessment and care management source. In September 2015, this was as high as 25% of all referrals. Provider agencies are the second main referring source where referrals are judged to be below threshold and inappropriate. This is consistent with previous findings.

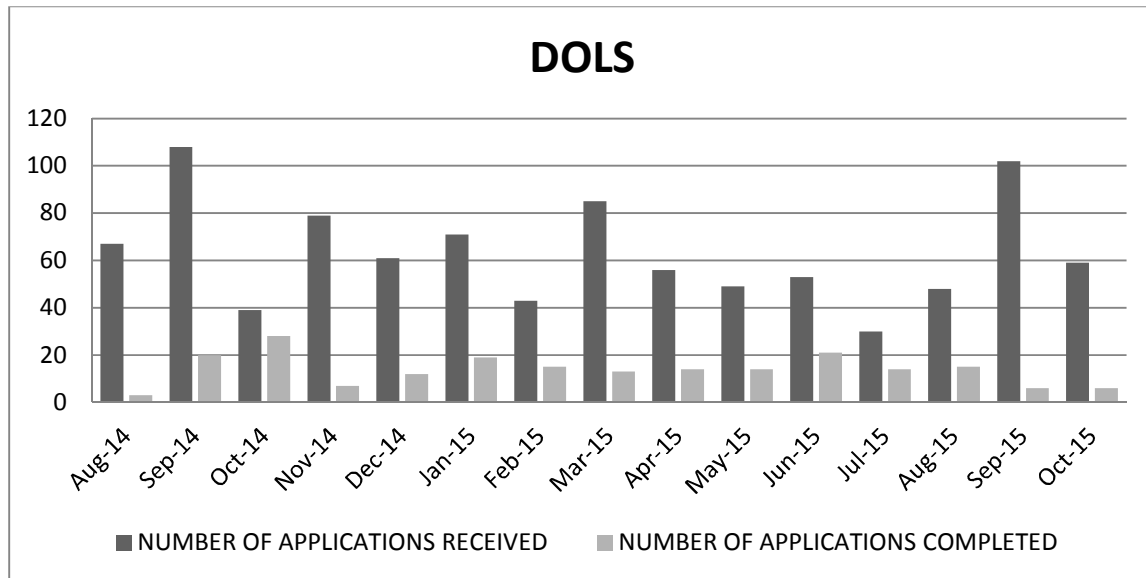


Decision making on referrals has been given greater scrutiny with the result that decisions are being made against a seven working day standard (in line with the draft statutory guidance re the Act 2014). Performance overall was good with 90% of cases that met the threshold in July and September 2015 being made within seven working days ; 97% and 100% was achieved in June and August respectively.

Further work is required on how long after the seven working days are decisions made in those cases outside of the standard.

## 2 – Deprivation of Liberty Safeguard (DOLS)

Improvement plan reference:  
National Measure 10 (Appendix A)



Comments:

Between 1st April and 30 September 2015 the Authority has received a total of 338 requests for authorisations to deprive to be granted. Of the 338, 95 have been allocated for assessment and of those, 84 have been completed. This is an increase of 17 on the previous financial year. This has been helped by a small amount of dedicated resource but is primarily down to staff processing these assessments on top of existing workloads. As a result the huge increase in referrals from 2014/15 (a more than tenfold increase) our assessment activity has quadrupled since DOLS was first implemented in 2009/10. To help with risk management the department continues to utilise a prioritisation tool.



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