

Improvement Objective

APPENDIX 1

IO 6 - Improve the Timeliness and Quality of Assessments of the clients needs

Outcomes:

1. Users of our service will receive a more timely and appropriate response.
2. The number of assessments completed within the timescale will increase.
3. Improve the quality of assessments completed by our social workers.
4. We will speed up how long you have to wait from the time you were assessed to the time you receive the services agreed.
5. The standards of care we provide will improve the quality of life for all service users.

A greener place Man gwyrdach



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End of year 2012-13 Progress Summary

The report highlights that all actions are now fully complete and that positive progress has taken place since the previous report. All actions have made at least some progress over the last twelve months. This objective has been deemed successful. The quarterly case file audit process, continuous monitoring and findings report continues to improve the quality and standard of assessments. We continue to promote Self Directed Support to all our service users, along with a recent review of policies and procedures, as a result we have now introduced a flat hourly rate which makes it easier for the service user to manage.

Out of the 9 monthly performance indicators at the end of March 2012, six are performing well (Green) and are already achieving the target set. Two indicators are just below the target set (Amber). One of those is ASPI43 which is the number of people awaiting day care for more than 28 days. At the end of March only 3 people were awaiting day care for more than 28 days, this is due to two service users requiring an additional day and one service user waiting for capacity in Caerphilly day centre.

One indicator is well below the target (Red) and that is ASPI03, which is the % of assessments started on time. Out of 7307 assessments, 5323 were started on time (72.80%). Areas of concern lie within the following teams; Mental Health Older People team, Occupational therapist team Physical Disability Sensory Impairment team and the substance misuse team. Some of this can be attributed to the fact that the Mental Health Measure was introduced in June 2012 and has had a big impact on the service due to the lack of clarification of the role of the care co-ordinator within Health, implementation of the measure and the change in practice and documentation. Substance Misuse is a very small team and are currently running with 2 staff on long term sick.

On a more positive note, we have reduced the number of service users waiting for an assessment, from 127 service users in 2011-12, to 60 services users in 2012-13, as we have recruited additional agency staff to tackle the backlog of assessments.

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Risk Table

Title	Original Date	Original RAG	Original Likelihood of occurrence	Original Impact	RAG	Likelihood of occurrence	Impact	Comment
Failure to improve the timeliness and quality of assessments will have a major impact on the client's needs and the services they require	01 Apr 2010	◆	4	5	◆	3	4	The quarterly case file audit process, continuous monitoring and findings report continues to improve the quality and standard of assessments. However there are still issues regarding the timeliness of assessments due to the complexity of the cases involved.
Lack of participation in the Continuing Health Care process by Health	01 Apr 2010	◆	4	5	◆	3	4	We continue to work in partnership with ABHB and develop working relationships, problems still remain in relation to Learning Disability and Mental Health Service Users, where there are significant delays in processing claims, however there is ongoing work to improve the CHC process in these service areas.
Lack of participation in Unified Assessment process by partners, may result in a single agency assessment which will have a negative impact on the speed and quality of assessments	01 Apr 2010	◆	4	5	◆	3	4	The secondment of Social Workers within the Frailty Programme Community Resource Team (CRT) based within CCBC has proved successful in improving the assessment process and better outcomes for our service users particularly in relation to hospital discharge.

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Actions Table

Title	Comment	Overall Status	% Complete	RAG
01. Review the direct payments procedure to allow adults to arrange their own care, by promoting Self Directed Support more effectively.	We continue to promote Self Directed Support to all our service users, along with a recent review of policies and procedures, as a result we have now introduced a flat hourly rate which makes it easier for the service user to manage.	Complete	100	●
02. We will improve the timeliness of assessments across Adult Services	In order to improve the timeliness of assessments we continue to aim to allocate assessments within the appropriate timescales to allow service users and their carers time to plan their availability to undertake the assessment. However due to the complexity of some cases this is not always achievable as their needs take priority.	Complete	100	●
03. We will improve the quality and standards of assessments by moving away from the quantity of assessments and give more focus on the quality of how we assess adults in the social care system.	The quarterly case file audit process, continuous monitoring and findings report continues to improve the quality and standard of assessments.	Complete	100	●
04. We will evidence and evaluate the risks to the independence of the service user and determine how these will be managed.	The quarterly case file audits thoroughly monitors that all risks to independence are evidenced and evaluated to ensure that these risks are managed.	Complete	100	●
05. Carry out more quality assurance of case files and providing staff with regular supervision		Complete	100	●
06. We will accurately record and capture the unmet need		Complete	100	●
07. We will implement the shared eligibility criteria with our health partners		Complete	100	●
08. We will improve the Recruitment & Retention of Assessment and Care Management (ACM) staff		Complete	100	●
09. We will pilot a post-assessment questionnaire to all service users		Complete	100	●
10. We will review our current performance information in regards to timeliness of assessments		Complete	100	●

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Measure Table

Period	Title	Actual	Target	Intervention	RAG	Previous Month	Comment
Mar 13	ASPI 02 - Number of adults waiting for an assessment outside of the timescale (28 days)	60.00	100.00	165.00	↑	93.00	60 service users
Mar 13	ASPI 03 - The % of adult services assessments started on time	72.80	85.00	75.00	↓	73.50	5323 out of 7307
Mar 13	ASPI 18 - % mental health assessments completed on time	83.60	90.00	80.00	↑	81.50	631 out of 755
Mar 13	ASPI 42 - Number of people awaiting personal care for more than 14 days	0.00	0.00	5.00	—	0.00	0 service users
Mar 13	ASPI 43 - Number of people waiting to access day care for more than 28 days	3.00	0.00	5.00	↓	1.00	3 service users
Mar 13	SCA/002a - The rate of older people supported in the community aged 65 or over	151.67	142.00	138.00	↑	142.12	4524 service users
Mar 13	SCA/020 - The percentage of adult clients who are supported in the community during the year	91.90	90.00	85.00	↑	91.58	7234 out of 7874
Q4 12/13	The percentage of assessments that were service user focused	86.00	85.00	75.00	↓		Evidence gathered from case file audit parameter 1.
Q4 12/13	The percentage which shows the evidence that the assessment identifies the risks to independence	91.00	85.00	75.00	↑		Evidence gathered from case file audit. Parameter 11.