## QUALITY OF LIFE

QUALITY OF LIFE: ASC 045 (ASCOF 1G) – Proportion of adults with a learning disability who live in their own home or with their family (Bigger is better)

Numerator: All people within the denominator who are "living on their own or with their family." The numerator should include those living in their own home or with their family irrespective of whether they have had a review during the year. Source: SALT

Denominator: Number of working-age learning-disabled clients known to CASSRs during the period. This includes: a) Clients who received long term support during the year and with a primary support reason of learning disability support. All support settings should be included (i.e. residential, nursing and community settings)   **TARGET: 85%**

Chart legend: ☐Actual ◆Target ╋Last Year ✳England ◆North East ◆CIPFA Family group
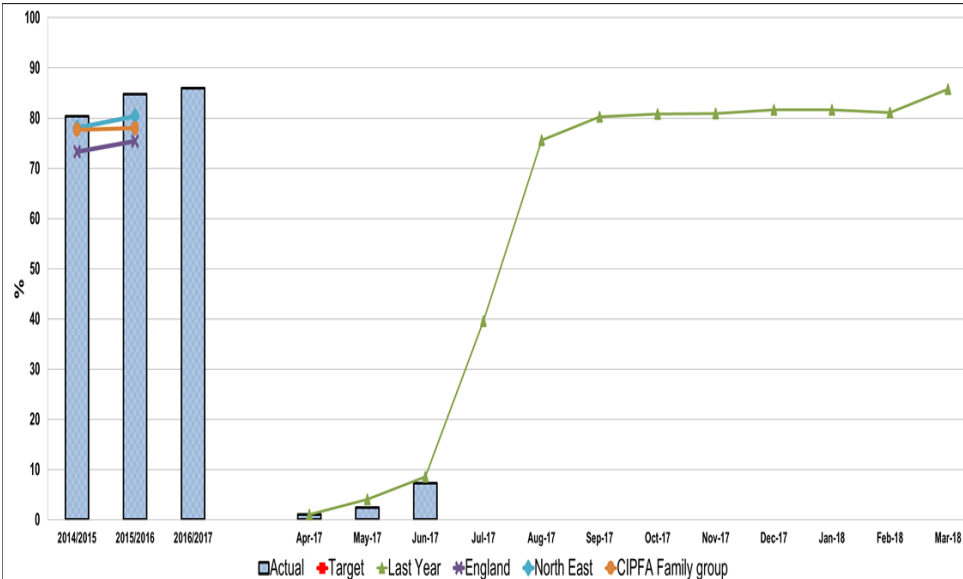
What is the story the data is telling us?

The proportion of adults with a learning disability recorded as living in settled accommodation during Quarter 1 was 7.2 (21 cases which have been recorded to date).

To reach the target of 85% then 247 cases need to have been recorded by the end of the year.

If the 2017/18 target is met then when compared to the 3 comparative groups Darlington will have surpassed these results for the 4th year.

The table below shows a breakdown of the type of settled accommodation those adults are currently living in.

|	
Settled mainstream housing with family and friends	7
Supported accommodation, supported lodging	7
Tennant LA – Housing Association	3
Sheltered Housing / Extra Care Housing	2
Owner Occupier	1
Adult Placement Scheme	1

What more needs to happen

The large increase in last year's number of cases is linked to recording issues. These have been addressed The overall figure that was reached last year was due to the increased focus on performance through training, team meetings, supervision and the identifying of a champion practitioner who assisted other staff to follow the processes with more confidence. We expect to see an incremental increase as the figure is cumulative across the year.

QUALITY OF LIFE: ASC 049 (ASCOF 1C (1a)) – Proportion of people using social care who receive self-directed support (Bigger is better)

Numerator: The number of users receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget at the year-end 31st March: SALT

Denominator: Clients (aged 18 or over) accessing long term community support at the year end 31st March: SALT   **TARGET: 98%**
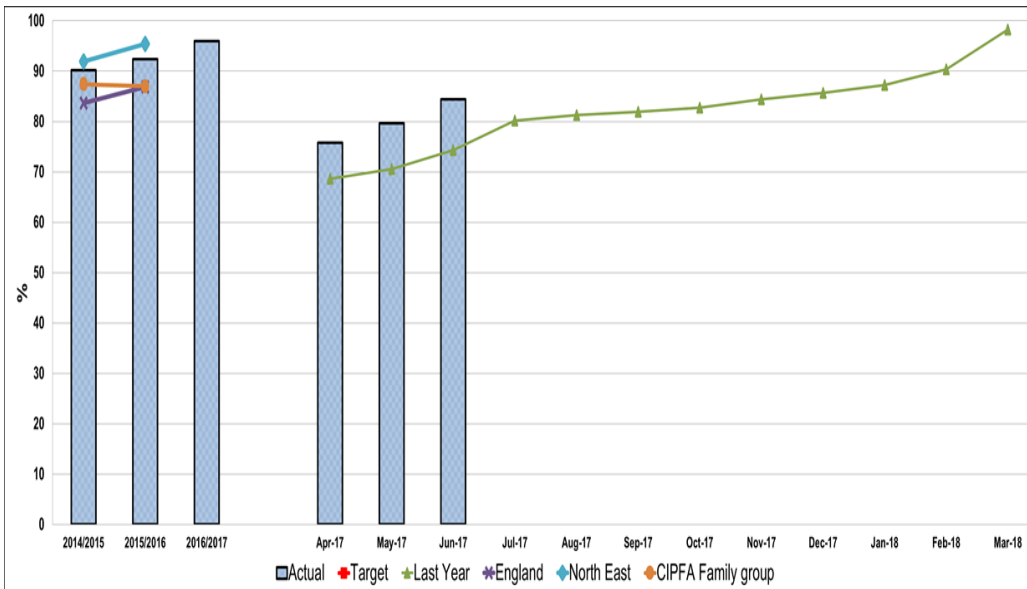
What is the story the data is telling us?

During Quarter 1, Darlington has continued to perform better than the same period last year. Currently the proportion of people receiving self-directed support is 84% - this equates to 804 people. The end of year target has been set at 98%, if this is to be achieved then the number of people recorded as receiving self-directed support needs to have reached approximately 930 by the end of the year.

If the end of year target is met then, when compared to the latest comparative group results, Darlington will have surpassed all 3 results.

What more needs to happen

Team managers to continue to ensure that professional support should be recorded as a service. This is facilitated via team meetings, supervisions and this is part of the ongoing recognition of teams around their role in contributing to performance.

This indicator will be monitored to ensure that the 98% target is reached. Exception reports will continue to be ran in Liquid Logic which should help pick up any anomalies in the performance of this indicator. Workers to continue to check these exception reports and ensure that any reoccurring errors have been resolved or information has been updated.

QUALITY OF LIFE: ASC 050 (ASCOF 1C (1b)) – Proportion of carers using social care who receive self-directed support. (Bigger is better)

Numerator: The number of carers receiving either a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget in the year to 31st March. Source: SALT

Denominator: Carers (caring for someone aged 18 or over) receiving carer-specific services in the year to 31st March. Source: SALT   **TARGET: 95%**
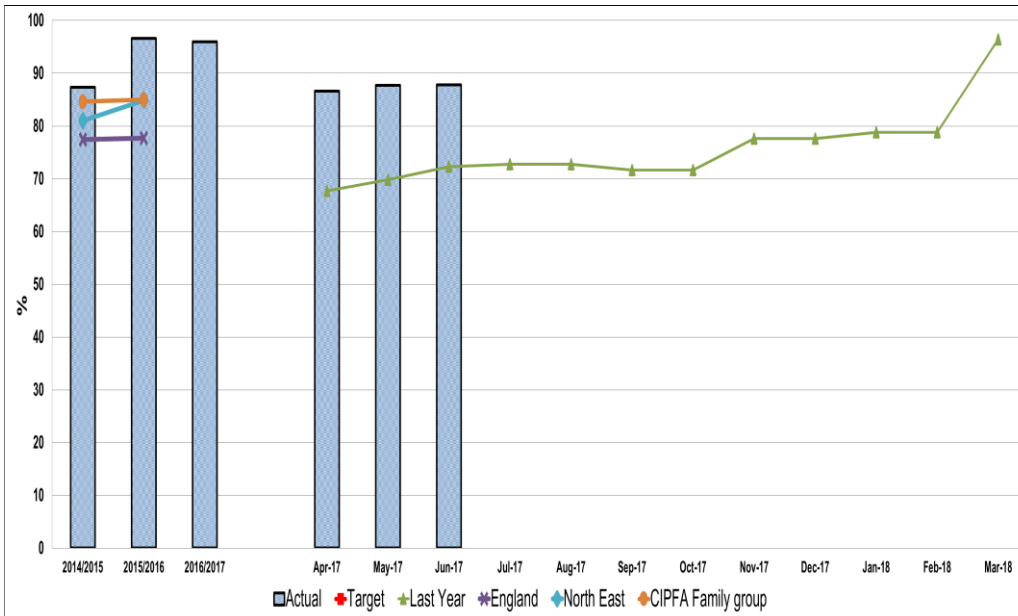
What is the story the data is telling us?

Similarly to the proportion of people receiving self-directed support, the proportion of carers has also improved from the same period last year. Currently the proportion of carers receiving self-directed support is 88% - this equates to 144 people. When compared to the same time last year this is an increase in performance of 16%.

To reach the target of 95%, Darlington needs to have recorded 160 carers receiving self-directed support by the end of the year. This equates to an additional 16 carers recorded by the end of the year.

When compared to the most recent figures for the 3 comparator groups, Darlington's performance has already, in June, surpassed these figures.

What more needs to happen

Staff continually encourage carers to take up a Direct Payment in order that support is provided. Carers are offered appropriately at the point of assessment of the cared for person.

Previous recording issues have been addressed by the introduction of Liquid Logic, as we understand this is a statutory field.

REDUCE THE NEED

REDUCE THE NEED: ASC 002 (ASCOF 2A (2)) – Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 of the 65+ population. (Smaller is better)

Numerator: The sum of the number of council-supported permanent admissions of older people (aged 65 and over) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT

Denominator: Size of older people population (aged 65 and over) in area (ONS mid-year population estimates). **TARGET: 809 (per 100,000 pop)**
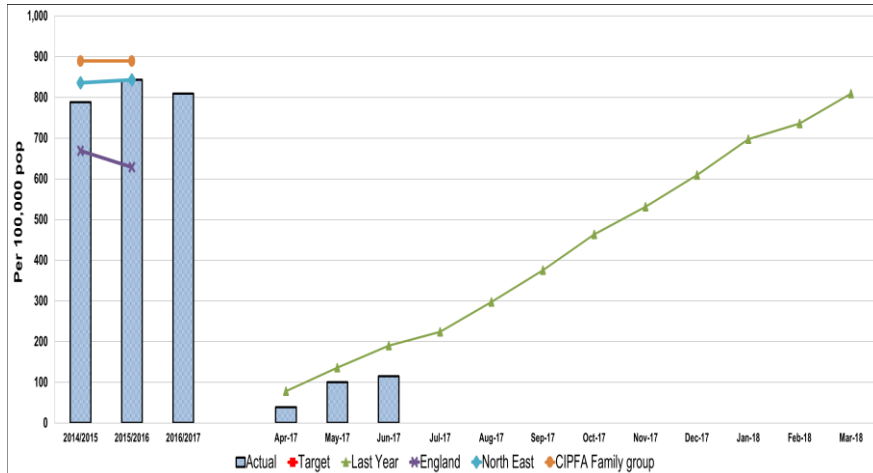
What is the story the data is telling us?

Since April 2017 the number of 65+ who have been permanently admitted to residential care is 24 (115 per 100,000 population). During June alone there were 3 permanent admissions.

The target for ASC 002 is 809 (per 100,000 pop) which equates to approximately 166 clients being admitted by the end of the year. To ensure that this target is not surpassed a monthly monitoring target could be set of approximately 14 clients or less. Based on the data so far this year we are well within tolerance to meet this target.

When compared to the same period last year, Quarter 1 (2017/18) shows that currently the number of people admitted to residential care on a permanent basis is well below that during 2016/17. During Quarter 1 2016/17 the actual number of permanent admissions was 39, whilst during 2017/18 the figure is 24.

What more needs to happen?

The reduced number of admissions 65+ to permanent residential care so far during 2017/18 can be attributed to a number of factors:

The application of a strength based approach to assessment and support planning helps to reduce and delay needs from escalating. By adopting this approach social care staff ensure that all alternative options to a residential admission are explored before placement is considered. This includes use of Disabled Facilities Grant to make suitable adaptations to existing accommodation maintains independence within the community. Referrals to extra care and other supported housing options supports this reduction in admissions. Team managers to ensure all community options and assistive technology are explored before permanent proposals are made to validation.

The rapid response service utilised by Riact (funded by Winter Pressure's money from Oct-May) enabled a timely response to social care need and included the provision of short term overnight support. In some instances this may have avoided an unnecessary admission to a temporary residential placement thus minimising risk of increased dependency.

Practitioner guidance on the use of temporary residential placement (Short Break Stay) has been developed. This provides clarity around use of a temporary residential placement and provides guidance around expected outcomes and timescales. The application of this guidance should better manage the use of temporary admission and avoid drift.

Increased availability and responsiveness of domiciliary homecare ensures that needs can be more readily met within the community thus avoiding admission to 24 hours care.

Breakdown of data for 65+ admitted to residential or nursing care on a permanent basis.

Table 1: Breakdown of placement made per month for past 3 years

	April	May	June	July	August	September	October	November	December	January	February	March	Year Total
2017/18	8	13	3										24
2016/17	16	12	11	9	13	16	18	14	16	18	8	15	166
2015/16	19	13	12	17	14	22	17	17	14	14	8	7	174

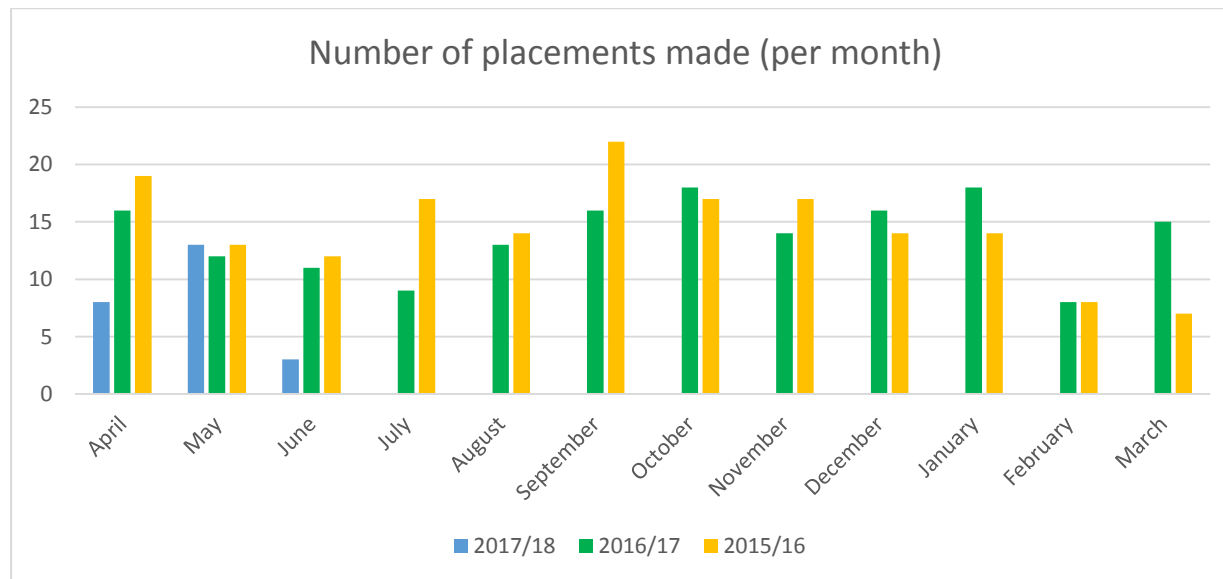**Table 2: In month total of leavers and reasons why**

Month placement ended	No of leavers (per month)	Reasons for placement ending
April	0	
May	1	Deceased
June	0	

Table 3: Breakdown in age range of service users

Age	Total
65-69	1
70-74	3
75-79	3
80-84	4
85-89	3
90-94	8
95-99	2
100+	0

Table 4: Breakdown of Service Type for each placement

Service Type	Total
Permanent Nursing Care	3
Permanent Residential Care	21

Table 5: Breakdown of Service Element for each placement

Service Element	Total
EMI Nursing	1
EMI Residential	7
OP Nursing	2
OP Residential	14

REDUCE THE NEED: ASC 003 (ASCOF 2A (1)) – Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 of the 18+ population. (Smaller is better)

Numerator: The sum of the number of council-supported permanent admissions of adults (18-64) to residential and nursing care during the year (excluding transfers between residential and nursing care): SALT

Denominator: Size of population (aged 18-64) in area (ONS mid-year population estimates).   **TARGET: 19 (per 100,000 pop)**
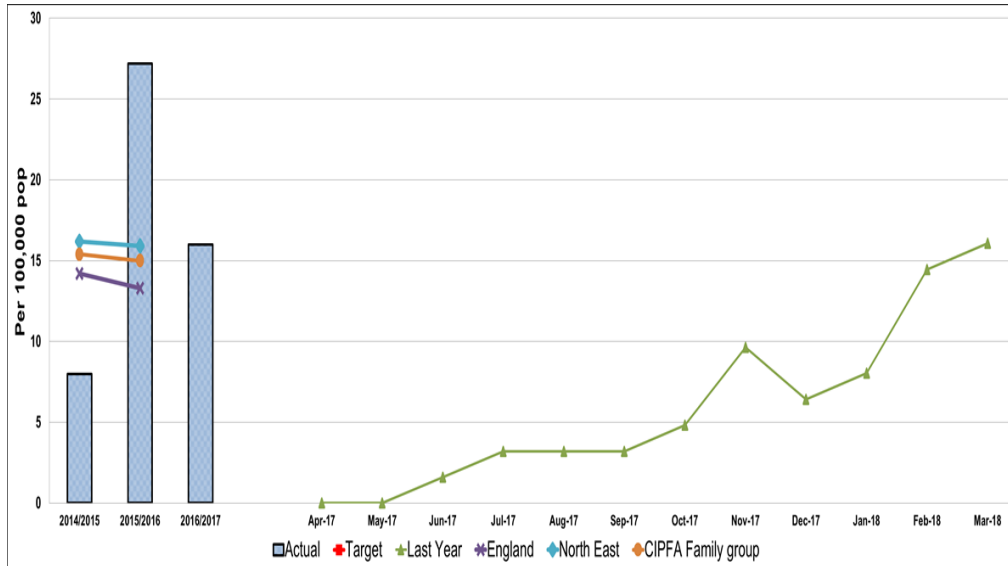
What is the story the data is telling us?

There have been no permanent admissions in either April, May or June. At the same period during 2016/17 there was 1 permanent admissions between April and June (1.6 per 100,000 pop).

The target for 2017/18 is 19 (per 100,000 pop), this equates to 12 permanent admissions during the year. To ensure that this target is not surpassed a monthly monitoring target could be set at 1 client.

If the currently monthly target of 1 is met for the remainder of 2017/18 then Darlington's permanent admissions for adults aged 18-64 would be 14 (per 100,000 pop). This result would be lower than the most recent benchmarking figures for the North East average and the CIPFA family group, and slightly higher than the England average.

What more needs to happen?

One of the reasons why the number of 18-64 year olds has remained at 0 during quarter 1 is the increased efforts to manage more complex care cases in the community rather than admit the individual to residential care.

Work needs to take place to agree a process to reside in residential care (to include timescales) before it is regarded as being permanent. Agreement is required whether an individual who has a long term care plan where the outcome is to be stabilised back into the community be included in the permanent admission figures, even if the length of time they are in care is over 2 years. A meeting between heads of service, services managers and relevant team managers to agree a process has been planned for the 8/09/17

Local Authorities in the North East Regional Performance Group are to be contacted to see if they use any timescales for measuring the permanent admission indicators to be followed for people under 65 being placed in residential care for long term interventions.

REDUCE THE NEED: ASC 019 – Percentage of people who have no ongoing care needs following completion of provision of a reablement package (Bigger is better)

Numerator: Of those in the denominator, those who have had a completed reablement review with outcomes of 'No Services Provided or Identified, Long Term Support Ended, Universal Services/Signposted'

Denominator: The total number of clients completing a reablement package during the period   **TARGET: 70%**
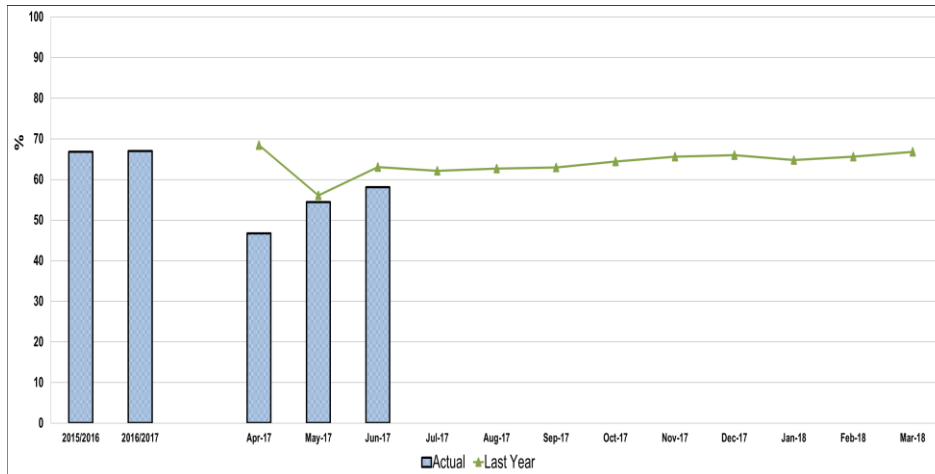
What more needs to happen?

There has been an increase in the complexity of care needs of individuals with receive reablement services, this has had an impact on the number of people who had no ongoing care needs following the completion of the provision. Another contributing factor to this indicator is due to some extent on the fact that Reablement Services currently supports service users outside of its criteria:

- Service users receiving reablement who have a decline in their health condition and meet the criteria for CHC Fast Track on some occasions can block the service until long-term support can be sourced.
- The Reablement Service on occasions is used to support service users with long term needs in the interim until long term support can be sourced.

Currently Liquid Logic does not have the system in place to collect the data around 91 day post reablement, however the Liquid Logic project team are aware and are working on resolving this.

What is the story the data is telling us?

Currently 58% of people who completed a reablement package, during Quarter 1, had no ongoing care needs. In terms of numbers this is 65 clients out of 112 who had been outcomed as having no further care needs following a completed reablement review.

The table below shows the breakdown of the outcome of the reablement review which led to no ongoing care needs.

Universal services / signposting	36
Early cessation	11
No service provided – no identified needs	10
No service – needs identified – self funded	7
No service – needs identified – declined	1

There are 37 clients who still had ongoing needs following the completion of a reablement package. The breakdown of the outcome of the reablement review can be seen below.

Short Term Support to Maximise Independence	18
Existing client – early cessation – other reasons	7
New client – Long Term Support – Community	5
New client – Long Term Support – Residential	2
Existing client – Return to long term services	2
Abandoned	2
Existing client – no change in setting – support decreased	1

REDUCE THE NEED: ASC 021 – Percentage of people whose need for home care has reduced through provision of a reablement package (Bigger is better)

Numerator: Of those in the denominator, the number where the hours provided during the last week of service is lower than the hours provided during the first week of service.

Denominator: The total number of clients completing a reablement package during the period.   **TARGET: 58%**
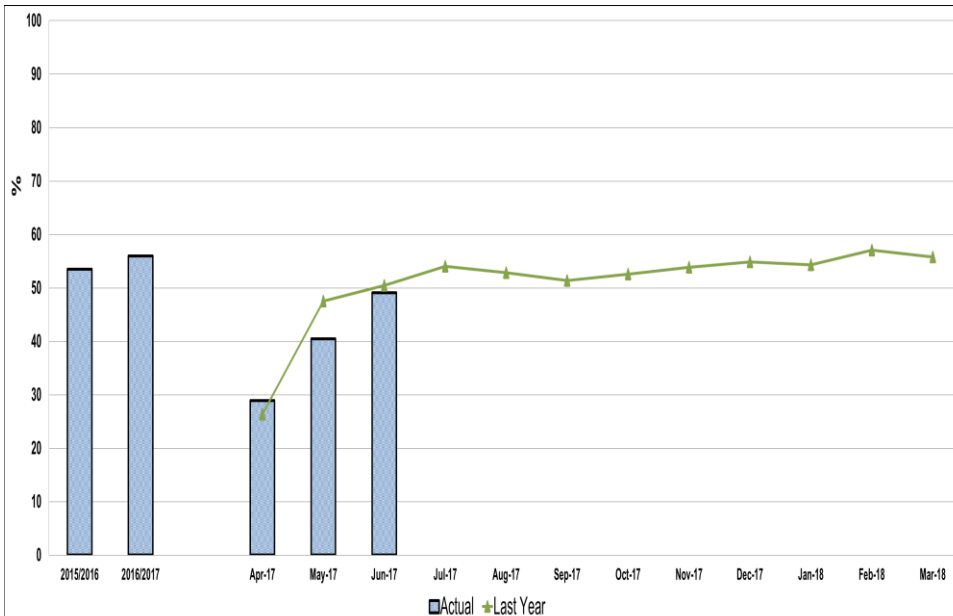
What more needs to happen?

The contributing factors to this indicator are due to some extent on the fact that reablement currently supports service users outside of its criteria:

- Service users receiving reablement who have a decline in their health condition and meet the criteria for CHC Fast Track on some occasions can block the service until long-term support can be sourced.
- The reablement service on occasions is used to support service users with long term needs in the interim until long term support can be sourced.

What is the story the data is telling us?

Currently the percentage of people whose need for care has reduced through provision of reablement packages is slightly less than the same period last year (by 1%). In terms of numbers this equates to 55 people whose need for home care has reduced.

The following table shows the breakdown of reduction in hours of home care

0-1 hrs	1-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5 hrs+
25	10	9	5	4	2

Of the 2 clients whose home care had reduced by more than 5 hours, one's hours reduced by 9 hours and the other saw a reduction of 29 hours.

During Quarter 1 there has been 19 clients whose need for home care has increased after the end of their reablement package. 16 of these saw their home care increase by between 0 and 3 hours. There were 2 clients whose home care increased by over 5 hours. One of these had their home care increased by 23 hours, this increase in hours was so that the client could continue to be cared for at home.

SAFEGUARDING: ASC 208 – Number of Safeguarding concerns received i.e. alerts year to date
ASC 209 – Number of Safeguarding concerns received alerts per month
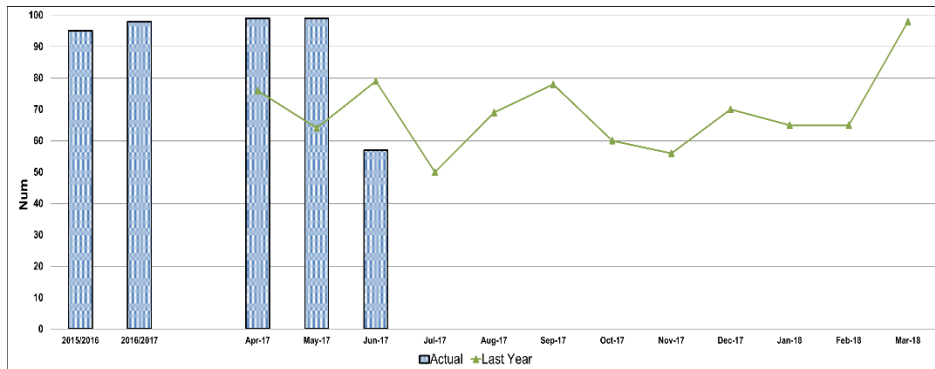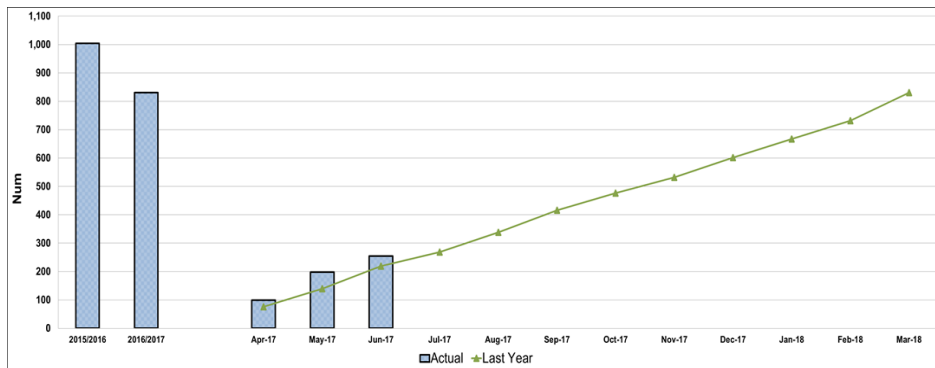
What is the story the data is telling us?

During Quarter 1 there have been 255 alerts to date. This is 36 more than the same time last year. Of these 255 alerts 126 (49%) resulted in no further safeguarding action, whilst 31 (12%) progressed to safeguarding. A complete breakdown of the safeguarding outcomes can be seen in the table below.

Completed – no further safeguarding action	126
Current	66
Completed – progress to safeguarding	31
Review by care management	22
Completed – investigation via other procedure	7
Signposted to another agency	2
Refer for care management	1

What more needs to happen?

The increase in concerns received is thought to be linked to the Safeguarding Adult Team having to reduce the amount of development work they do with providers due to staff shortages since February/March 2017. Prior to that we regularly visited care homes to ensure they had the knowledge and confidence to make the decision about whether to submit a safeguarding concern or not. We also encourage providers to telephone us to discuss this if they are unsure but staff shortages meant there was often no-one in the office to provide this advice and due to the timescales for providers to submit the concerns they would err on the side of caution and submit them anyway. Both these changes have resulted in an increase in the number of inappropriate concerns being submitted.

New staff have been recruited who hopefully will be in place at the beginning of September. This means developmental work with providers will pick up again and queries over the telephone will be dealt with again.

SAFEGUARDING: ASC 211 – Number of referrals undertaken i.e. alerts progressed to strategy per month
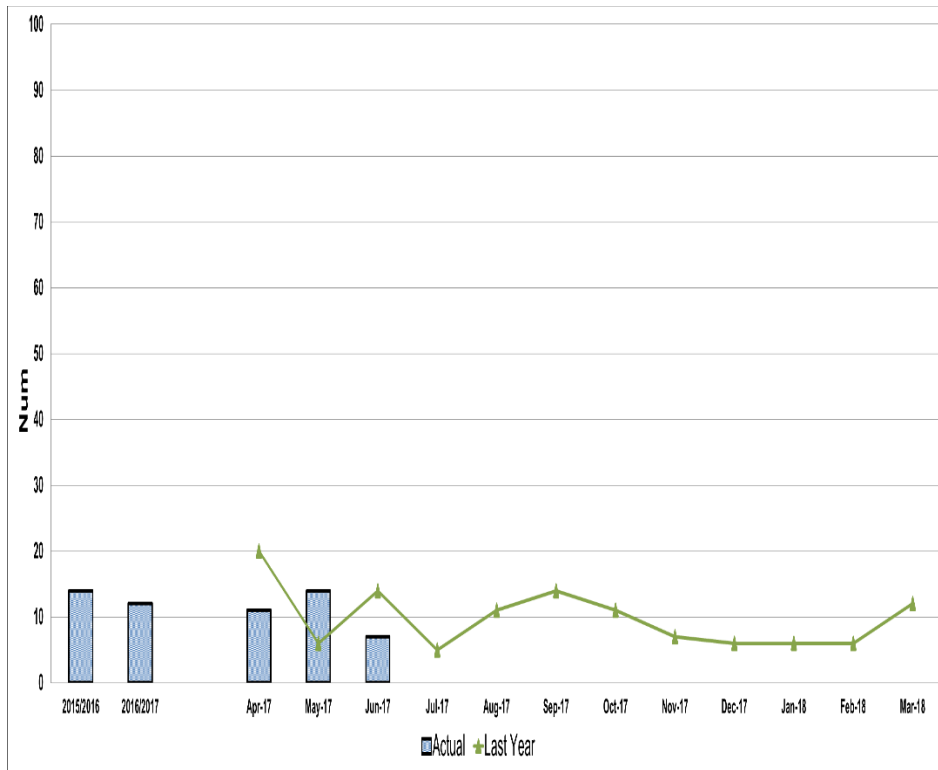
What is the story the data is telling us?

As a percentage of the number of safeguarding concerns received each quarter the number progressed to safeguarding strategy has been gradually reducing.

In Quarter 1 last year this was 20.93%, Quarter 2 - 16.41%, Quarter 3 - 14.77% and in Quarter 4 - 13.73%. These numbers are taken from the Safeguarding Adults Team report which goes to the Safeguarding Adults Board. In Quarter 1 this year the actual number of cases progressed to safeguarding strategy was 35.

The reason for the reduction is believed to be due to the introduction of the 5 day initial enquiry stage. This allows Safeguarding Adult Managers up to 5 working days to make initial enquiries to help decide whether or not a case needs to progress to safeguarding strategy. Having 5 days means that often the information gathered and actions taken can result in the concern being resolved and the case does not have to progress to safeguarding strategy.

Previously there was 24 hours to make this decision.

What more needs to happen?

To monitor and analyse the 5 day initial enquiry to check it is being used appropriately and if initial enquiries cannot be completed within 5 days that a case is progressed to safeguarding strategy. This work being co-ordinated by Safeguarding Adults Team via the Safeguarding Adult Managers group.

Please note the following indicators have not been included in the Quarter 1 Scrutiny Report:

ASC 008 – (ASCOF 2A 1 & 2) – Permanent admissions to residential and nursing care homes per 100,000 of the 18 + population

This indicator tends not to be reported as it is the total figure of ASC 002 and ASC 003 combined.

ASC 046 – (ASCOF 1E) – Proportion of adults with learning disabilities in paid employment

This indicator has not been reported for this quarter as the small figure involved could lead to the individual being identified.

ASC 054 – The proportion of people who use Adult Care services who find it easy to find information about services.

The results for this indicator are taken from the Carer's Survey. This is carried out biennial therefore no data will be collected during 2017/18.

ASC 055 - The proportion of people who are carers who find it easy to find information about services.

The results for this indicator are taken from the Carer's Survey. This is carried out biennial therefore no data will be collected during 2017/18.