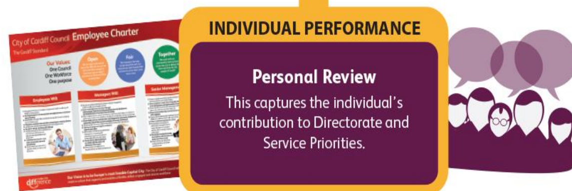
Preventative Services

Service Plan

2018/2019

Gweithio dros Gaerdydd, gweithio gyda'n gilydd
Working for Cardiff, working together



Corporate Plan Commitments

Deliver the older person's strategy to support independent living, including fully understanding their housing needs and aligning work between Communities, Health and Social Services.

Address social isolation and enhance quality of life of older people by developing intergenerational working within schools, community groups, leisure centres and private sector partners.

Empower people to remain independent at home and reduce reliance on intensive interventions by preventing hospital admissions, accelerating safe hospital discharge and supporting assisted living. Key activities will include:

- Promoting the First Point of Contact Service to prevent unnecessary hospital admissions
- Developing a First Point of Contact to support people to leave hospital safely and in a timely manner.
- Piloting new approaches to Locality Working

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Preventative Services Delivery Plan Commitments

Empower people to remain independent at home and reduce reliance on intensive interventions by preventing hospital admissions, accelerating safe hospital discharge and supporting assisted living. Key activities will include:

- Promoting the First Point of Contact Service to prevent unnecessary hospital admissions
- Developing a First Point of Contact (Hospitals) to integrate more effective hospital discharge.
- Exend the scope of services in Independent Living Services

Address social isolation and enhance quality of life of older people by developing intergenerational working within schools, community groups, leisure centres and private sector partners.

Respond to the Parliamentary Review of Health and Social Care in Wales, which makes the case for reforming Wales' health and care system;

particularly the way care and support is provided.

Preventative Services Key Performance Indicators

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
The percentage of new cases dealt with directly at First Point of Contact (FPOC) with no onward referral to Adult Services	72%	73%	72%
The percentage of clients who felt able to live independently in their homes following support from the Independent Living Services	95%	New	95%
The average number of calendar days taken to deliver a Disabled Facilities Grant (from first contact to payment date)	190	179	180
The percentage of people who feel reconnected into their community, through intervention from day opportunities.	70%	77%	80%

Preventative Services Delivery Plan Milestones

Preventative Services Commitments	Quarter	Milestones
Promoting the First Point of Contact Service to prevent unnecessary hospital admissions	1	Undertake an analysis of the referrals received in the previous year to ascertain the target areas for promotion.
	2	Using the information gathered in Q1 and additional areas of focus identified through the population needs assessment promote the FPOC to both public and professionals
	3	In partnership with the locality HUB's and libraries, arrange awareness sessions to give information and advice to the local communities specifically focusing on services available which will prevent the need for hospital admissions
	4	Analyse and evaluate the impact of the promotion to determine the objectives required for the following year
Developing a First Point of Contact (hospitals) to integrate more effectively hospital discharge	1	Q1: Meet with Social Care determine what we want to achieve, create a project brief and identify current services that do and may link into discharge process impacting on the LA's. Liaise with UHW/UHL and St. Davids discharge to allow access to map current discharge process
	2	Q2: map the current IDS, and supporting services around discharge, at the UHL/UHW and St.Davids sites, compare different approaches at site, identify good/bad practice
	3	Q3 Map the role of the CRT and support for discharge. Map the role of the Social worker within the Hospital. Evaluate impact of SW presence, determine the full role of the current contact officer's in UWH and UHL links to patient/discharge and SW-
	4	Evaluate the outcome ofQ2&Q3, map a proposed "To Be" process, identify the resources both physical and technical needed to meet the need. Identify 3 wards to trial the new process and evaluate the impact.

Preventative Services Delivery Plan Milestones

Preventative Services Commitments	Quarter	Milestones
Extend the scope of services in Independent Living Services	1	Determine the next direction of ILS specifically around the locality function, wrap around prevention in the community, Hospital discharge, prevention of admittance slips trips, fall, frailty nurses, supporting informal carers.
	2	Identify existing services and synergies to the objective of ILS, identify any duplication, complimentary elements to the ILS vision
	3	Map the relevant service draw up proposed benefits on how the service will contribute to the preventative agenda and pathways to prevention.
	4	Consultation process to move/change services to include into the ILS scope.
Address social isolation and enhance quality of life of older people by developing intergenerational working within schools, community groups, leisure centres and private sector partners.	1	Identify key internal and external stakeholders to form a working group to address social isolation in older people with a focus on building community cohesion. Once established the group will outline a set of collective objectives to be achieved over the year
	2	Develop, agree and implement a plan to host a number of community based intergenerational events across the city in association with identified partners.
	3	Finalise event planning and host Intergenerational Events within localities in Cardiff
	4	Evaluate outcomes and establish sustainability for future Intergenerational working building on the provisions already existing within the community

The First Point of Contact

The First Point of Contact Team are a team of multi-skilled telephony officers who are the first point of contact for new referrals into the Independent Living Service and Social Care.

The officers will work in partnership with the client to support them to identify and remove barriers which may be preventing them from reaching their well-being goals.

Team Commitments/Measures

Team Commitments	Quarter	Milestones
Promoting the First Point of Contact Service to prevent unnecessary hospital admissions	1	Undertake an analysis of the referrals received in the previous year to ascertain the target areas for promotion.
	2	Using the information gathered in Q1 and additional areas of focus identified through the population needs assessment promote the FPOC to both public and professionals
	3	In partnership with the locality HUB's and libraries, arrange awareness sessions to give information and advice to the local communities specifically focusing on services available which will prevent the need for hospital admissions
	4	Analyse and evaluate the impact of the promotion to determine the objectives required for the following year
Ensure all referrals into the First Point of Contact Team are appropriate to enable the service to manage future increases in demand	1	Meet with Operational Development team to discuss the current recording mechanisms of calls and referrals into FPOC and establish improvements that can be made. Create an agreed action plan
	2	Undertake a review of MITEL and the functions available to the team which will improve methods of recording and reporting the types of calls received into the service
	3	Using new recording mechanisms for calls and referrals received develop reports. Undertake an analysis of the reports to identify trends
	4	Using the information gathering in Q3 arrange a series of awareness and training events to internal and external referrers to ensure they are appropriate and relevant

Team Commitments/Measures

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
The percentage of new cases dealt with directly at First Point of Contact (FPOC) with no onward referral to Adult Services	72%	73%	72%

Independent Living Visiting Team

The Independent Living visiting team are a team of multi skilled officers who visit clients in their home to undertake holistic assessments in order to identify solutions to support clients in removing any barriers preventing them from living Independently. The team also undertake financial assessments for Domiciliary and Residential Care and Disabled Facilities Grants.

Team Commitments/Measures

Team Commitments	Quarter	Milestones
Integrate and develop the Older Persons floating support provision into Independent Living Services	1	Recruit Older Person's community support officer and deliver a full induction and training programme
	2	Undertake a handover of all appropriate cases outstanding with previous provider and begin taking referrals through the supporting people gateway
	3	Undertake an analysis of referrals and outcomes to ensure appropriate and delivering against the preventative agenda
	4	Evaluate outcomes and delivery mechanisms and create action plan for development in the coming year
Create a robust Service Level Agreement between Preventative Services and The Adult Services Finance Team	1	Service leads to meet to establish scope and requirements of Service Level Agreement and agree the content format
	2	Draft Service level agreement and consolidate service area requirements
	3	Content finalised and OM approval agreed
	4	Business as usual

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
The percentage clients who felt able to live independently in their homes following support from Independent Living Services	95%	NEW	95%

The Day Opportunities Team

Encouraging and enabling older people and those with physical disabilities to participate with community opportunities and activities including discovering new ways of removing barriers that prevent community participation. Day opportunities will support and work collaboratively with a range of agencies to build community capacity at local level across Cardiff for older and disabled people to access.

Team Commitments/Measures

Team Commitments	Quarter	Milestones
Address social isolation and enhance quality of life of older people by developing intergenerational working within schools, community groups, leisure centres and private sector partners.	1	Identify key internal and external stakeholders to form a working group to address social isolation in older people with a focus on building community cohesion. Once established the group will outline a set of collective objectives to be achieved over the year
	2	Develop, agree and implement a plan to host a number of community based intergenerational events across the city in association with identified partners.
	3	Finalise event planning and host Intergenerational Events within localities in Cardiff
	4	Evaluate outcomes and establish sustainability for future Intergenerational working building on the provisions already existing within the community
Streamline systems to create a more efficient service there for improving service delivery	1	Undertake an analysis of working practices to establish areas of improvement and develop action plan to address these areas.
	2	Establish a working group to address areas for improvement
	3	Pilot new way of working with a small selection of staff and report of improvements of outcomes if applicable
	4	Review objectives to ensure they were effective in improving service delivery. Identify actions required to continue to develop

Team Commitments/Measures

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
The percentage of clients who felt able to live independently in their homes following support from Independent Living Services	95%	NEW	95%
The percentage of people who feel reconnected to their community, through intervention from day opportunities	70%	77%	80%

Disabled Facilities Service

Disabled Facilities provide a means tested grant service providing adaptations in clients homes. All home adaptations are professionally planned in partnership with the Occupational Therapy Service. Works improve movement around the house allowing access to rooms and facilities, overseen with strict quality control and deadlines for minimum inconvenience.

DFS Commitments/Measures

Team Commitments	Quarter	Milestones
Develop and Implement a charging policy for DFG's	1	Undertake Benchmarking with a number of other Authorities
	2	Set up a system to incorporate DFG's within the legislation Guidance.
	3	Ensure a written procedure is in place and staff are informed.
	4	Set up mechanics for recovery of charges.
Develop and update the RRO for use of adaptations	1	Re-visit existing RRO & Services
	2	Establish meetings to scope out new inclusions
	3	Review the current RRO to enhance DFG deliver, ensuring we compliment existing services
	4	Implement any new amendments and evaluate after 3 months
Develop a process to ensure the need for hardcopies is significantly reduces and we are working towards a paperless system.	1	Pilot the use of Dell tablets on site to reduce the need for PO's to carry hard copy documents.
	2	Develop and introduce a management report to facilitate paperless process to support authorising approvals and payments
	3	Fully reviewing current internal DFG Processes and Procedures with the view to moving towards a more automated and efficient way forward.
	4	Identify grant applicants that wish to communicate by electronic means. Consider the method of data capture.

DFS Commitments/Measures

Team Commitments	Quarter	Milestones
Reduce the time taken to complete adaptation work below the current KPI to achieve the new target time of 190 days.	1	Identify and implement milestones to positively impact upon service delivery time
	2	Ongoing monitoring
	3	Ongoing monitoring
	4	Ongoing monitoring
Review the process and criteria associated with the delivery of paediatric adaptations to reduce the overall time taken to deliver adaptations	1	Examine historical cases to identify any significant causes which protracted the case and draft a timeline of events.
	2	Draft a specific paediatric criteria document (subject to availability of OT resource). (2 a) Subject to OT availability. Alternative proposal to employ consultant specifically for this task.
	3	Explore opportunities to involve parents/ carers earlier in the process.
	4	Identify and implement process for definitive sign off by parents/ carers in order that work may be progressed within the statutory timeline.
Working towards identifying alternative case management systems that meet DFS objectives	1	Draft an SOR
	2	Undertake Market Research to identify any off the shelf products that are currently available.
	3	Liaise with other identified users of potential software.
	4	Come up with a summary of options available to present to OM and ICT

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
The average number of calendar days taken to deliver a Disabled Facilities Grant (from first contact to payment date)	190 Days	177 (As at Q3)	

Occupational Therapy

The Cardiff Community Occupational Therapy team (CCOT) provide a city-wide service to people over the age of 18 with substantial and permanent disabilities, some of whom may also have a learning disability or mental health problem. This service also provides preventative interventions for people with low level needs to negate the need to receive commissioned care.

The OT staff visit people in their own homes and undertake a holistic assessment to ascertain the problems and difficulties that a person (or their family/carers) are experiencing. Through illness, ageing or disability the person may be prevented from doing the things that they want or need (their "occupations") such as getting dressed, having a shower, accessing the community etc. The team also undertake manual handling assessments and provide advice and equipment to carers to reduce risk and ensure the safe moving and handling of people in their own home. The team will also undertake reviews of peoples packages of care to ensure that they are right sized and meeting the identified needs on a care plan. The team are also involved with the assessment of peoples housing needs and work closely with the Allocations Team and Cardiff Accessible Housing.

Occupational Therapy Commitments/Measures

Team Commitments	Quarter	Milestones
To implement the new Well-Being referral, proportionate assessment and Specialist OT Assessment forms.	1	Forms to be built into Care First Relevant training to be completed
	2	Initial implementation of forms Ongoing training
	3	Evaluation of system and processes and necessary changes implemented
	4	All forms to be fully operational
To consider potential for amalgamation of OT Contact Team with FPOC	1	Tom Narborough (TN) to undertake scoping of FPOC Mo Smith to visit Newport Council to view their current Contact Team and their processes/procedures
	2	TN to undertake scoping of Contact OT Team
	3	Options analysis to be produced
	4	Appropriate/necessary changes to be implemented

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Occupational Therapy Commitments/Measures

Team Commitments	Quarter	Milestones
To undertake a review of the Occupational Therapy staffing structure, processes, and procedures in order to enhance the efficiencies of the team and make it sustainable for the future.	1	Workshops and data gathering exercises to establish current methods of working and identification of "quick win" efficiencies
	2	Continue with workshops and data gathering exercises. To set up and pilot scheme that will allow ENABLE shower prescribers to draw up a template of required adaptations to negate the need for Project Officer involvement.
	3	Undertake any necessary consultations with staff, trade unions, recruitment process etc.
	4	Implementation of new staffing structure and amended processes and procedures. Evaluation of service.

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
Actual financial savings from the Review OT Tam	£200,000	£156,056 (As at Q3)	
Cost avoidance savings from the Review Team	£300,000	£243,189 (As at Q3)	
Number of OT referrals received	3800	2,851 (as at Q3)	

Joint Equipment Store

The Joint Equipment Service is a working example of how integration between Social Services and Health can provide a service that is bigger than the sum of it's parts. This three way partnership between Cardiff & Vale UHB and the Councils of Cardiff and the Vale of Glamorgan provides equipment to residents to enable them to live as independently as possible in their own homes for as long as possible. The service also provides equipment in a timely fashion to enable patients to be discharged home from hospital. The service then continues to support and maintain this equipment while in the residents home in order that they might remain supported in a community setting as opposed to any institutional one.

JES Commitments/Measures

Team Commitments	Quarter	Milestones
Introduction of a SNWDD (Same/Next Working Day Delivery) service to address issues around urgent equipment deliveries and to further support the work of the clinical teams.	1	Service commences
	2	Monitor and report against targets set in consultation with Health partners
	3	Monitor and report against targets set in consultation with Health partners
	4	Monitor and report against targets set in consultation with Health partners
Introduction of an all new IT management system accessible by all partners. Introduction of a paperless system for driver/installers	1	Order raised to preferred supplier and initial scoping meetings completed
	2	Project plan agreed and commences
	3	New system goes live!
	4	Monito and review

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
% of deliveries completed within 5 working days	76%	76%	80%
Cost avoidance of using recycled equipment	£100k	£100k	£120k

Accommodation Solutions

Accommodation Solutions work in partnership with the UHB to assist with discharge for patients with housing related issues that delay them going home. Also providing 7 step down accommodations throughout the city as an interim solutions for patients to be discharged from hospital who are awaiting adaptations or rehousing.

In 18/19 the service will develop to provide a more qualitative approach by providing support that enables people to be better supported in the transition from hospital to home, by connecting the client to services that will provide the autonomy for further independence in their homes, within their communities and reduce the potential for readmission.

Team Commitments/Measures

Team Commitments	Quarter	Milestones
Further develop the accommodation solutions service to meet the changing demographic and assist patients in going home to a safe, prepared environment and ensure wellbeing needs are met.	1	Recruit into accommodation Support Officer post to enable greater support in the transition from Hospital to Home
	2	Enhance service for new Step Down Coordinator to provide support at UHL
	3	Ongoing Service Delivery
	4	Evaluate Service Outcomes, Demand and review client feedback
To assist health in discharging patients from hospital whose discharge is related to a housing related issue.	1	Ongoing Delivery of Service plus training new of Accommodation Support Officers
	2	Ongoing Delivery plus establishing ASO in UHL
	3	Ongoing Delivery
	4	Evaluate Service Outcomes.

Performance Indicator	Target 2018/19	Result 2017/18	Next Year's Target 2019/20
Number of patients assisted with discharge	110	95 at end of Q3	
Bed Days Avoided Through use of Step Down	1100	1021 at end of Q3	

City of Cardiff Council **Employee Charter**

The Cardiff Standard

Our Values:

One Council
One Workforce
One purpose

Open

We are open and honest about the difficult choices we face, and allow people to have their say on what's important to them and their communities

Fair

We champion fairness, recognising that with less resource we need to prioritise services for those that need them most

Together

We work with our communities and partners across the city to deliver the best outcomes for the people of Cardiff

Employees Will:

1. Participate in the Council's employee engagement, health & wellbeing and flexible working agendas
2. **Actively participate in the development and implementation of our future ways of working**
3. Work flexibly and adapt skills and attitudes to meet the Council's changing and developing needs
4. **Proactively contribute views and ideas and participate in finding solutions**
5. Identify personal learning & development needs & opportunities
6. **Be open to change, new ideas and challenge**
7. Actively participate in Personal Performance and Development Reviews and take personal responsibility to get things done
8. **Understand the Council's vision, values and priorities and work towards these**
9. Ensure services are delivered in a way that reflects our Values and Behaviours

Managers Will:

1. Promote an environment that encourages employee engagement, health & wellbeing and flexible working
2. **Ensure meaningful and constructive dialogue with employees, Trade Unions & Equality Networks in the development and implementation of our future ways of working**
3. When making decisions, consider the long term and Council wide impact of changes to services and its effect on the workforce, including the identification of skills requirements
4. **Ensure timely, two way communication and engagement, encouraging employees to express their views & ideas eg team meetings, one-to-ones, briefings,etc**
5. Provide guidance & access to targeted learning & development opportunities
6. **Actively encourage and support a continuous improvement culture**
7. Demonstrate commitment to performance management, recognising and acknowledging good performance & dealing fairly with poor performance
8. **Provide clear & visible leadership in accordance with the values and behaviours of the Council**
9. Ensure services are delivered in a way that reflects our Values and Behaviours

Senior Management will:

1. Provide an environment that supports employee engagement, health & wellbeing and flexible working
2. **Ensure employees, Trade Unions & Equality Networks have a key role in the development and implementation of our future ways of working**
3. Ensure that the Council has the right people with the right skills in the right place at the right time and at the right cost
4. **Ensure timely and two way communication and engagement with employees**
5. Produce Directorate Development Plans based on the outcomes of the PPDR which addresses future skill requirements
6. **Drive a continuous improvement culture**
7. Demonstrate commitment to performance management and ensure Managers are equipped with the skills to manage employee performance
8. **Provide clear & visible leadership in accordance with the values and behaviours of the Council**
9. Ensure services are delivered in a way that reflects our Values and Behaviours

make the difference

Our Vision is to be Europe's most liveable Capital City. The City of Cardiff Council will create a culture that supports and enables a flexible, skilled, engaged and diverse workforce

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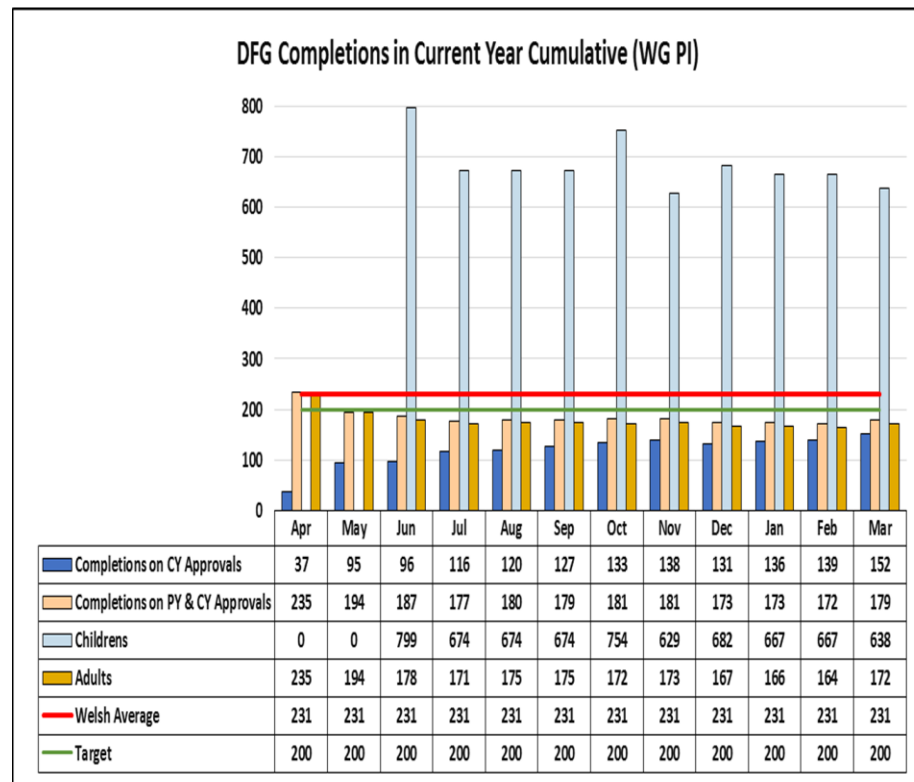
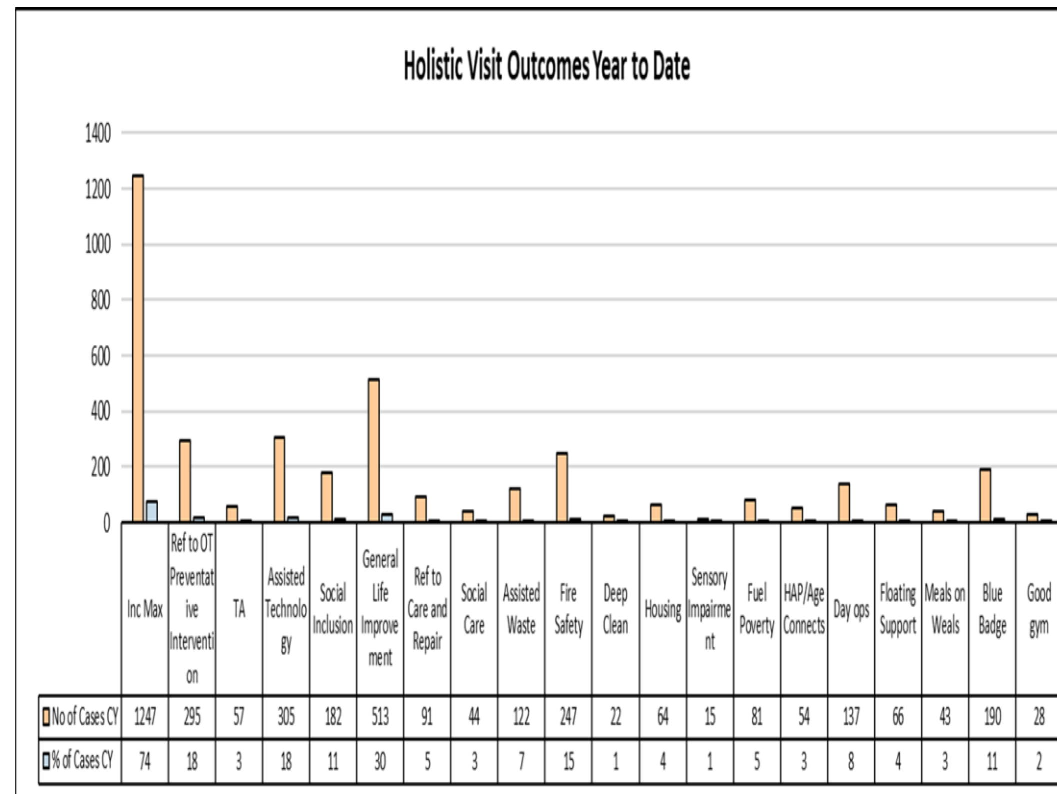
Preventative Services (DFS & ILS) – March

High Level Performance Indicators – Month / YTD results

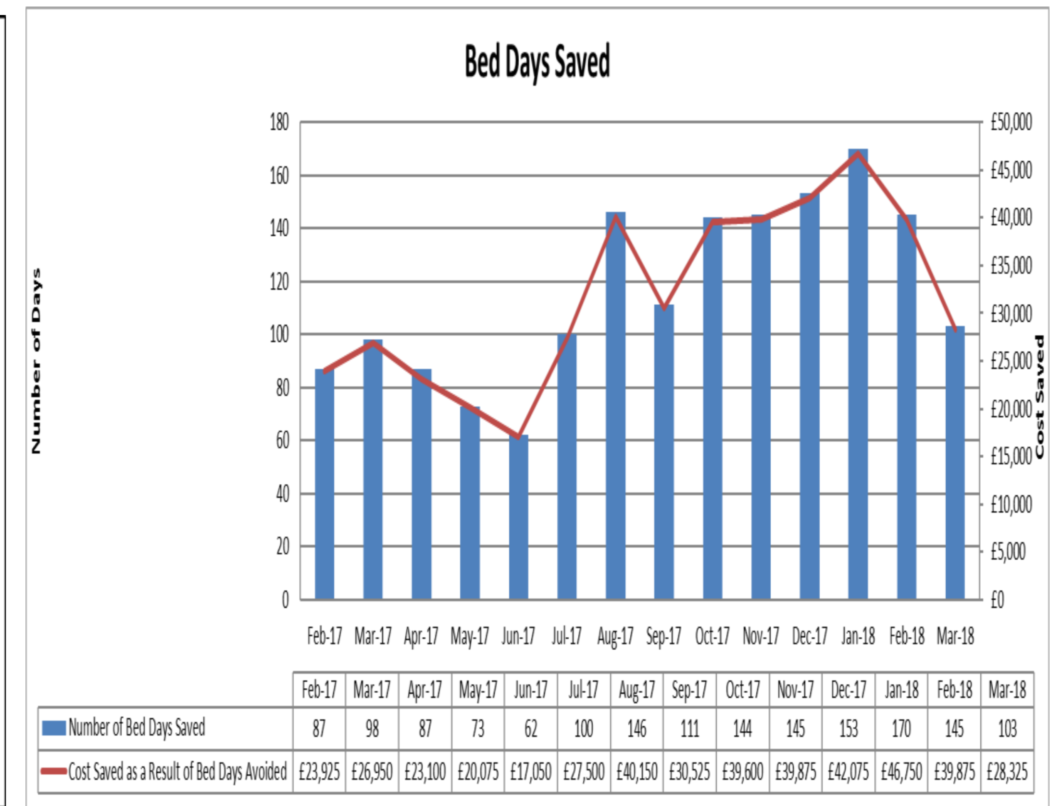
Corporate Plan						**Directorate Delivery Plan**			
% of new cases dealt with directly at First Point of Contact with no onward referral to Adult Services		Total Number of alternative solution outcomes provided by First Point of Contact and Independent Living Visiting Officers that help people remain independent at home.		% of people who feel reconnected into their community through intervention from day opportunities.		Average number of calendar days taken to deliver a Disabled Facilities Grant (from first contact to payment date)		Average number of calendar days taken to deliver low cost adaptation works in private dwellings where the Disabled Facilities Grant process is not used.	
Target – 65%	**72.17%/73.08% QTR 4/YTD**	**Target - 3,900**	**1957/6551 QTR 4/YTD**	**Target – 60%**	**100%/Month 77%/YTD**	**Target - 200**	**188/182 QTR 3/YTD**	**Target - 35**	**39.10/40.50 QTR 4/YTD**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completions on CY Approvals	37	95	96	116	120	127	133	138	131	136	139	152
Completions on PY & CY Approvals	235	194	187	177	180	179	181	181	173	173	172	179
Childrens	0	0	799	674	674	674	754	629	682	667	667	638
Adults	235	194	178	171	175	175	172	173	167	166	164	172
Welsh Average	231	231	231	231	231	231	231	231	231	231	231	231
Target	200	200	200	200	200	200	200	200	200	200	200	200



	Inc Max	Ref to OT Preventative Intervention	TA	Assisted Technology	Social Inclusion	General Life Improvement	Ref to Care and Repair	Social Care	Assisted Waste	Fire Safety	Deep Clean	Housing	Sensory Impairment	Fuel Poverty	HAP/Age Connects	Day ops	Floating Support	Meals on Weals	Blue Badge	Good gym
No of Cases CY	1247	295	57	305	182	513	91	44	122	247	22	64	15	81	54	137	66	43	190	28
% of Cases CY	74	18	3	18	11	30	5	3	7	15	1	4	1	5	3	8	4	3	11	2



	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Number of Bed Days Saved	87	98	87	73	62	100	146	111	144	145	153	170	145	103
Cost Saved as a Result of Bed Days Avoided	£23,925	£26,950	£23,100	£20,075	£17,050	£27,500	£40,150	£30,525	£39,600	£39,875	£42,075	£46,750	£39,875	£28,325

In Month: Disabled Facilities Grant

- **2** Urgent Referrals were received
- **106** Standard Referrals were received in February.
- The average cost of a mandatory Grant was **£6,278** **(T - £6,500, Welsh Average £8,000)**

First Point of Contact

- **1,461** Inbound Calls Offered
- **1,497** Outbound Calls Made
- Answer Rate - **95%** **(T – 92%)**
- Information and Advice Resolved Within FPOC - **78%** **(T – 60%)**
- Information and Advice Resolved Outside FPOC – **22%** **(T – 40%)**

ILS Visiting Officer Performance

- Number of Holistic Visits Completed – **163**
- Total Number of Visits Including Holistic, DFG, Dom, Res, Nursing, Respite - **351**

Preventative Intervention

- **77** Requests Received
- Average number of working days to Completion – **40** Working Days **(T – 35 Working Days)**

Housing Resettlement Officers

- Number of cases where an HRO provided intervention – **19**
- Total Number of Assisted Discharges with Direct HRO Involvement – **8** of which **8** were DETOC

Joint Equipment Service

- Total amount of referrals received by the JES Loan Service– March - **2,507**
- 68% of Joint Equipment Service referrals received were completed within 5 days (T-70%)
- Cost avoidance of using Recycled equipment (YTD figure): **£113,537**
- Hospital discharge assisted via the Joint Equipment Service Occupational Therapist in March - **4**

Occupational Therapy Reviews

- Actual Cost Avoidance through reduced packages of care due to Occupational Therapy intervention – **YTD £326,181**
- Actual savings implemented from reviewed care plans – **YTD £207,000**