Local Account Adult Social Care report 2013/14



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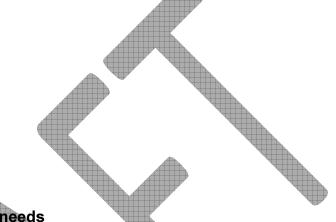
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Welcome

ALISON ELLIOTT TO DRAFT WELCOME ONCE REST OF CONTENT COMPLETE



Introduction from Dave Shields, Cabinet Member for Health & Adult Social Care from May 2013 to present

These are difficult time for our public services in England. The impact of the government's austerity public spending programme is being felt particularly hard by more vulnerable members in society.

People with long term care needs or disability, people with learning disability, mental health service users, care leavers and the homeless are all affected by reductions in Council social care budgets, wider welfare reforms and the general economic downturn. Here in Southampton the Council is doing its level best to ensure that the people with the greatest needs are afforded some protection from the reductions in public spending.

This Local Account provides highlights of what we as a Council have managed to achieve over the past year within a very tight budget. These achievements are a testament to the hard work and dedication of both our own in-house care staff and those employed externally on contracts with the Council.

Looking forward it is hard to envisage that the current pattern of social care provision in England will remain unchanged over the next few years if spending plans remain as they are. Councils like Southampton will be increasingly forced to prioritise adult social care spending so as to ensure the best possible outcomes and safety standards for people with the greatest care needs. In the absence of any additional funding for care services – either from central government or from local taxation – Councils will have to choose their spending priorities when arranging and/or directly providing care services.

I very much welcome the commitment of all the mainstream political parties to far greater integration of NHS and social care services. I am keen that we build on the excellent work locally on the joint commissioning of care and public health so that we can create genuinely integrated services centred on the needs of our citizens, especially the most vulnerable.

To get this right we will need service providers (in both the public and independent sectors), commissioners (buyers of outcomes) and, most importantly, service users and their carers to come together in order to make sure that the increasingly limited resources available to us are used to their best effect.

Transforming the patter of local care service provision won't always be easy but – given the challenges we now face – we have little other choice.



What is the Local Account?

We want to be open and transparent about what we have achieved, what we can do better and what has influenced the development of our services during 2013/2014.

The Local Account is a report for local people setting out what money has been spent on Adult Social Care and what has been achieved with that money. One of the main measures of our performance is from the results from eight of the questions from the Adult Social Care Survey 2013/2014 and is called "social care related quality of life."

What is included? The Local Account is based on the Adult Social Care Outcomes framework which is split into 4 areas and was developed by the Government:

- Improving quality of life for people with care and support needs
- Promoting independent, healthy living
- Providing positive customer experience
- Ensuring safe care for vulnerable adults

In each of the areas listed above you will find information on:

- What we did over the last year
- What you have told us
- Our plans to improve in 2014/15

We have included a Glossary of Terms at the back of this document.

What do we know about the people of Southampton?

Southampton's Joint Strategic Needs Assessment (JSNA) provides in-depth analysis of the social care needs of local people. Some of this information is key to understanding what services we need to develop. For instance:

- The 2012 Office for National Statistics Mid-Year Population Estimate shows a residential population in Southampton of 239,400
- The number of people over 85 in the city is forecast to grow from 4,931 in 2013 to 6,362 in 2020 an increase of 29% (Hampshire County Council's 2013-based Small Area Population Forecasts)
- 77.7% of residents recorded themselves in the 2011 census as white British (compared to 88.7 in 2001). This suggests that Southampton continues to become a more diverse city.
- The city is ranked the fifth most deprived local authority in the South East and 81 out of the 326 local authorities in England (based on index of multiple deprivation, 2010 census)

Who were our customers in 2013/14?

ACTIVITY

Area	Figure
Number of times we were contacted by members of the public	9,641
Number of times we were contacted by health care	2,735
professionals on behalf of members of the public	
Number of new assessments	4,813
New customers aged 18-64	1,707
New customers aged 65+	3,106

ABOUT OUR CUSTOMERS

Area	%
Have a physical disability, frailty or life-limiting illness	62.5 %
Have mental health issues (including those with dementia)	26.7 %
Have learning disabilities	7.4 %
People seeking asylum or transition to adult life	3.3 %

WHAT SUPPORT DO OUR CUSTOMERS RECEIVE?

Area Figure

Receive ASC support in their own home	8,252
Receive permanent residential care	761
Receive permanent nursing care	490
People offered a Personal Budget	3,572
In receipt of Direct Payments	456
People provided with respite support/carer specific services	797

Adult Social Care Services in Southampton

Adult Social Care's key overriding objective is to make a real and positive difference to people's lives, and to improve the outcomes for people in need of services.

The Council directly provides many services and activities for the people of Southampton:



Adult Social Care Services provided directly by the council in 2013/14 include:

Residential Care

Three homes for people with dementia (Holcroft House, Woodside Lodge and Glen Lee), and one residential respite home for people with a learning disability (Kentish Road). Directly provided residential provision makes up approximately 20% of our total residential provision. These homes work closely to ensure the provision of care and support to individuals with increasing high needs.

City Care First Support

City Care First Support is our reablement team which aims to provide rehabilitation and reablement to the majority of individuals referred to our services. Recruitment is continuing to expand the team so that all those with eligible needs can benefit from this service. The 'Care at Home' team within the service provides short-term 24 hour care to support people to stay at home following a crisis.

Shared Lives

Shared Lives is a scheme where individuals and families provide care in their home for up to three people with disabilities, aged over 18. Recent publicity has been successful and the scheme has increased its number of carers to increase matching opportunities for prospective service users.

Day Services

For people with learning disabilities day services are provided at Freemantle, St Denys and Woolston Community Centres. We also provide services to people with physical disabilities at Sembal House which is also used for mental health drop in groups and for health and wellbeing activities. We provide the Nutfield day service which has staff trained in both care support and gardening skills. Wooden Reflections is a woodwork project for both people with learning difficulties and mental health problems. Stella Maris is a youth/drop in service for people with learning difficulties.

The External Market

Most of the social care support that our customers receive is provided externally by both private and voluntary sector agencies.

Adult Social Care works with a range of partners across the council, including Housing, Leisure, Economic Development and Children's Services. Our external partners include the NHS, Clinical Commissioning Group, voluntary sector providers, private and not for profit organisations, to ensure that services that we provide to local people are of a high quality.

Issues of quality across the sector are identified by our contract management arrangements, by CQC, the Care Quality Commission or where we have individual cases of concern. We are committed to ensuring that all organisations are able to deliver safe and good quality care. We have been working with residential care providers to assess and improve quality locally. We have developed a quality audit process that sees all residential providers assessed and reviewed, with a view to supporting these organisations to improve service quality, where necessary. This programme is continuing to be rolled-out across all future care service contracts, and we will work with health colleagues to ensure consistency of approach.

Southampton is improving care staff training. We continue to work with service providers to make the training we offer relevant and accessible. We have provided resources for care homes to update equipment to enable them to be ready to work with individuals with more complex needs in the future. We have also developed a residential provider forum to ensure consistency of key messages and training. We will be undertaking a review of way the council contracts with providers to ensure we are doing this the best way possible. We will also be developing a programme to work with the sector formally to both continue to improve quality and outcomes for service users, and to ensure the sector is able to respond to future demands and expectations.

Adult Social Care priorities in Southampton

We have worked with the local NHS to produce our joint Strategic Needs Assessment (JSNA) view here which identifies the current and future health and wellbeing needs of the local population. It helps to identify the key issues that the local health service and the council need to work together on to improve the wellbeing of people in Southampton and will inform commissioning decisions.

The JSNA has helped to inform the Joint Health and Wellbeing 3. Ageing and living well Strategy view here. This is a joint strategy produced by the council and Southampton City Clinical Commissioning Group. It is designed to address some of the key health needs which will improve the health of people living in the city and reduce progress against the actions contained in the strategy.

The strategy sets out approximately 60 actions around the following 3 themes:

- 1. Building resilience and prevention to achieve better health and wellbeing
- 2. Best start in life

Measures from the national outcomes frameworks for Adult Social Care, Public Health and the NHS will be used to measure



The <u>Director of Public Health's Annual Report</u> is structured around the Public Health Outcomes Framework and includes data regarding the indicators each year. These same indicators are also included within the relevant sections of the JSNA Data Compendium

The cost of Adult Social Care

It is estimated that Southampton City Council needs to save £76m between 2015 and 2018 as a result of reductions in government funding and increasing costs. Although having achieved savings totalling £8m in the last two years, Adult Social Care will need to continue to find savings over the next three years if the council is to achieve its £76M target. In 2013/14 the council budgeted to spend £574m. Adult Social Care makes up a significant proportion of this budget. In 2013/14 £91m was both budgeted and actually spent on Adult Social Care Services. The chart shows that the services we spent the most on were adult disability care services. These are services or support that is either purchased on behalf of older or physically disabled people or is given as a Direct Payment. Within this section the majority of spend was targeted towards older people.

Council budgets for 2013/2014 (millions)

Schools	137
Resources	122
Children's Services and	97
Learning	
Health and Adult Social Care	91
Environment & Transport	65
Housing & Leisure Services	28
Communities	24
Leaders Portfolio	10

How Adult Social Care spent the money

Adult disability care services	36%
Learning disabilities	24%
All other services including infrastructure, care management, senior management	12%
In-house care services	11%
Mental health and substance misuse	9%
Supporting People	8%

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Improving quality of life for people with care and support needs

What did we do over the last year?

Developing creative ways to meet social care needs in the community

We have started a "Buyer's Group" for people to pool together some/all of their Personal Budget and get better value by buying a service of their choice together. We have also helped address loneliness and isolation through starting 3 Time Banks in the city. A Time Bank is a way of bringing together local people with different skills and talents to share. The currency of the Time Bank is "time credits". People earn time credits every time they share their skill/talent, and all skills /talents are valued equally; 1 hour of your time = 1 hour of anyone else's time. Everyone agrees to both **give** help (i.e. earn time credits), and **take** help (i.e. spend time credits) in the Bank.

Quality of services

We continue to focus on quality. As a result, fewer residential and nursing homes are on 'safeguarding' suspensions. Our training programme for care staff is better utilised.

Carer's assessments and support

Work around exploring ways of providing improved assessment and support to carers has started but developments are now being considered alongside the recently published draft Care Act guidance and will inform future service delivery from April 2015.

Redesigning our processes to make things easier

Our electronic assessment forms have been redesigned so that basic information about our customer appears on every form.

Adult Social Care is part of the Government initiative, <u>Tell Us Once</u>, which SCC has signed up to. When a customer needs to let us know about a change in their circumstances e.g. a change of address, they only need to let one department know.

We have successfully linked PARIS, the electronic social care recording system to the national NHS Personal Demographics Service (PDS). This has meant the pilot team have been able to synchronise and share key information with Health. Following the successful pilot, we hope to roll this out to other staff

Making better use of the Internet

We have recently purchased an online Knowledge Hub, which once live later this year will provide a comprehensive directory of resources available locally to adults including those with social care needs, their carers, families and other interested parties. Relevant and specific advice and information will be easy to find to enable people to find an appropriate solution for themselves and also to plan ahead and make informed choices.

What did you tell us?

When we asked our service users 'overall, how satisfied or dissatisfied are you with the care and support services you receive?' 87.3% responded by saying that they were satisfied. Of which, 62.9% said they were 'very/extremely satisfied'

In the Adult Social Care Survey you told us that:

- 76.5 % of our customers felt they had at least adequate control over their daily life.
- 65.7 % of our customers are able to spend their time doing things they value or enjoy.
- 57.5 % of people with a learning disability felt they make all the choices they want and are happy not to make the ones they don't make.

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Promoting independence and healthy living

What did we do over the last year?

Community Equipment Service

We have a new community equipment service in place, which started on 1 July 2013. This offers an efficient and responsive equipment and adaptations service to all people in need in the city.

Front Door

We are continuing to develop a central contact point where staff will be able to listen/advise customers, take information, signpost to other organisations if appropriate, supply information about equipment purchases or refer for ongoing support if needed. The online Knowledge Hub described above will also make it a lot easier for customers to find the information/advice they need.

Reablement

The Reablement service is now the starting point for the majority of people in need of adult social care services where the focus is on getting well, healthy and independent. This service encompasses personal care services, day service, OT and specialist recovery provision. Assessments and support are much more based upon customer goals and on enabling customers to manage and control care themselves in the way that they want. To support this we have introduced a new Assessment – Reablement plan.

What did you tell us?

In the past year, have you found it easy or difficult to find information or advice about support, services or benefits?

Response	%
Very difficult	8.1
Fairly difficult	19.8
Very easy	47.8
Fairly easy	24.4

Plans to improve in 2014/15 MANAGEMENT TEAM DRAFTING 15/07

Providing a positive customer experience

What did we do over the last year?

People Directorate

MANAGEMENT TEAM DRAFTING RESPONSE 15/07

Commissioning

We have developed the Integrated Commissioning Unit, with a strong focus on quality and contract compliance. Reviews of services include working with users to ensure their views lead to continued improvement.

Support to carers

We have commissioned a new information, advice and support service that has a strong online presence coupled with a requirement to improve access to information and advice. The new service starts on 1st September.

Co-production

The Consult and Challenge group is a Southampton 'co-production' group and is attended by a group of service users and carers. The group is successfully working towards ensuring that through working in partnership, service users and carers work alongside professionals and are involved at every level of project delivery e.g. assisting with the rigorous selection process for the purchasing of the online Knowledge Hub and then with the development of how a customer will find the information they need. The Consult and Challenge group want to see disabled people involved in all decisions that affect them from ground level up to government level which is apparent from their vision Statement - **Disabled People heard loud and clear!**

New Review Team

In order to help ensure our customers are safe and the support we are giving them remains suitable, we now have a dedicated Review Team. Each new customer has their support plan reviewed automatically after 3 months and then again after 12 months unless there are reasons which mean an earlier review is necessary.

Changes to care plans

MANAGEMENT TEAM DRAFTING RESPONSE 15/07

What did you tell us?

Overall, how satisfied are you with the care and support services you receive?

Response	%
I am extremely or very satisfied	62.9
I am quite satisfied	24.4
I am neither satisfied or	8.4
dissatisfied	
I am quite dissatisfied	1.9
I am extremely or very dissatisfied	2.3
Response	%

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Ensuring safe care for vulnerable adults

What did we do over the last year?

Engagement

We have developed links and joint working relationships with other strategic organisations placing adult safeguarding at the centre of the community safety agenda so as to make "Safeguarding Everyone's Business".

Service planning and development

We are seeking feedback from customers about experiences and using this to inform future service planning and development, which includes empowering families to come up with their own solutions through possibly increasing how often we use Family Group Conferences as part of the safeguarding process. We recognise carers as "expert partners" or "experts by experience" and are developing services which are responsive to carer's needs and improving practice.

Effective partnership working

We are implementing a clear and robust inter-agency performance monitoring and review framework for adult safeguarding aimed at improving quality in local care services.

Monitoring the impact of safeguarding adults work

We are undertaking activities aimed at the implementation of strategies to promote awareness of safeguarding issues and how to report concerns to ensure that users of these services are safe and their quality of life is maintained.

Accountability

The Local Safeguarding Adult's Board has strong leadership for safeguarding adults at risk locally. Robust operational links are in place enabling it to challenge and hold local services to account.

% of Adult Safeguarding Referrals by type of Abuse 2013-14

Response	%
Financial	27.8
Physical	28.9
Emotional/psychological	17.7
Neglect	16.2
Sexual	7.3
Institutional	1.3
Discriminatory	0.8

What did you tell us?

Which of the following statements best describe how safe you feel?

Response	%
I feel as safe as I want	59.4
Generally, I feel adequately safe	33.1
but not as safe as I would like	
I feel less than adequately safe	4.7
I don't feel at all safe	2.8

Plans to improve in 2014/15

MANAGEMENT TEAM DRAFTING 15/07

Plans and priorities for 2014/2015 – corporate/People directorate

ALISON ELLIOTT DRAFTING

Service user quotes/stories – to appear throughout the Account

"Emily (trainee social worker) has been outstanding and is a credit to your department and we wish her the best for the future" – husband of a service user

OTHERS BEING DRAFTED AT MANAGEMENT TEAM MEETING 15/07

Glossary

Benchmarking

Local authorities regularly compare their costs and activity levels against other authorities, to identify good practice and learn from other authorities; this activity is known as benchmarking.

Block Contracts

A block contract is where the authority groups together a block of similar services for tender to an external organisation, guaranteeing a certain amount of business with the company.

Care Quality Commission (CQC)

The Care Quality Commission began operating on 1 April 2009 as the independent regulator of health and adult social care in England. They replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. Their job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meet government standards of quality and safety.

Carer

If you care for someone who is frail, ill or disabled, and you are not paid for this, you are a carer. Usually you will be caring for a relative or friend, and you can be of any age.

City Care First Support

City Care First Support is a joint Adult Social Care team specialising in rehabilitation services and preventing entry to hospital. It works in an intensive way with users to help them regain or maintain their independence. 50% of service users regain sufficient mobilisation to live independently in the community without ongoing support.

Commissioning

The term commissioning means the way that the local authority and health authority plan, organise and buy services to do with care in the community.

Community Care

Community Care means all the services and support we give to people who have problems caused by getting old, or with mental health, learning disabilities and physical or sensory disabilities. We try to help people live independently in their own homes, or in homely surroundings in the community (including residential and nursing homes).

Continuing Health Care

This is healthcare that is provided over a long time, or for an unknown period of time. Continuing Care can be provided in hospital, or you can be supported by health services at home or in residential or nursing homes. The NHS and Adult Care and Support have to meet all the health and care needs they have identified.

Day Care

Day-time care is usually provided at a centre, and offers a wide range of services from social and educational activities to training, therapy and personal care.

Domiciliary Care

This means services provided to you at home, that help you to live independently within the community. Domiciliary care can include meals on wheels, community nursing and home care. Home care services may be arranged either from Adult Care and Support or from a voluntary or independent provider.

Joint Funding

This is where two or more organisations, for example Adult Care and Support and Health, agree to share the costs of running a project or service.

Multi-disciplinary

This is a team or group which is made up of people from several different statutory (legal) and/or non-statutory organisations, who all have different areas of expertise.

Providers

Any person, group of people or organisation supplying a community care service. Providers may be either statutory (set up by government/legislation) or non-statutory people or organisations.

Referral

We make a referral when you contact us for help. A referral is usually a set of notes taken during your first contact with Adult Services. We use the notes when we meet you to make an assessment of your needs. You don't have to phone us in person for us to make a referral for you. Someone can call us on your behalf, for example a GP, or a relative or friend.

Rehabilitation & Reablement

This involves teaching people the skills to help them remain living independently in their own homes. This can be after an operation or illness, and can involve a Physiotherapist or Occupational Therapist.

Respite Care

If you are a carer this can give you a temporary break from the care you provide. The respite care may take place in the home of the person you care for, with an approved carer, or in a day centre, or in a setting away from the home. It may be for very short periods of a few hours, more typically for one or two nights, or for longer periods of up to 2-3 weeks.

Safeguarding of vulnerable adults

In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. Local authorities were given lead responsibility for setting up multi-agency committees and procedures.

Spectrum Centre for Independent Living

Spectrum CIL is an organisation of disabled people firmly rooted in the disability movement, born of the civil rights campaigns in the sixties; the guiding principle being that disability issues are human rights issues. They work to the 'social model of disability' which defines disability in terms of negative attitudes and discrimination caused by a society which fails to meet the needs of people with impairments.

Self Directed Support

in control of the support they need to live the life they choose. It is often referred to as 'personalisation' or 'personal budgets'. There are different ways to describe it, but whatever name is given to it, it is about giving people real power and control over their lives. People are able to self-direct their care or support in a number of different ways:

Self directed support is about people being

- A personal budget. This is money that is available to someone who needs support.
 The money comes from their local authority services. The person controlling the budget (or their representative) must
- know how much money that they have for their support
- be able to spend the money in ways and at times that make sense to them
- know what outcomes must be achieved with the money.
- An individual budget. This is money for support that could come from several places - including social services, the Independent Living Fund and Supporting People.
- A Direct Payment. This is money that is paid directly to you so you can arrange your own support.

 A personal health budget is relatively new and the Department of Health is still in the process of piloting them. It is an allocation of resources made to a person with an established health need (or their immediate representative).

Spot purchasing

This is a method of buying services for individuals. Buying services this way, means we can be very flexible and make sure you get exactly what you need. This differs from the block contract way of buying services.

Voluntary sector

Organisations, often charities, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national, and they may employ staff, or depend on volunteers.

Acknowledgements:

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