



Stockton-on-Tees
BOROUGH COUNCIL

Are You Being Served.... Well?

Adult Social Care Services in 2011/12

The 'Local Account' for Stockton-on-Tees



Foreword

Welcome to Stockton's first 'Local Account' of Adult Social Care services, covering 2011/12.

This is an opportunity to share with you how we are working to improve social care outcomes for our adult population, how we have responded to what you have said about our services and what our plans are for the future. Our Account includes what has been achieved with our key partners, including the Voluntary and Community Sector, Health and other parts of the Council.

This report has been produced in a background of changes in the way that the effectiveness of our support services are judged. As well as external inspection and assessment there is now a greater emphasis on improving local accountability for the way that services are performing and developing. The publication of a 'Local Account' is an important element in engaging local people and ensuring that services continue to meet people's needs and make a real difference to their lives.

You may be aware that we have had to make some difficult decisions on funding services. Our current priorities have been shaped by what local people are saying about what services should look like. This report will provide the opportunity for us to show how we are taking forward these priorities:

- Safeguarding
- Personalisation
- Prevention and Early Intervention
- Carers.

The first three of the priorities, as listed above, have been the subject of significant change during 2011/12. Carers services have recently undergone a major review which will result in similar changes and investment during 2012/13.

As a result, we are reporting on our performance against a background of significant change. Although this represents a challenge, we feel that it is important that we tell the story of why we are changing what we do, what we have achieved and what we still have to do. This transparency provides an

environment for honest dialogue and debate on the shape of future services.

We have adopted the title 'Are You Being Served.....Well?' for our first Local Account. This is in recognition of the importance of events such as those held with local people on the future of services for older people. Similar events and other ways of commenting on services will increasingly become central to the production of this report on an annual basis. We are already looking at how this will work for 2012/13.

In the meantime, please tell us of your experiences of adult services and anything that needs to improve. The ways of contacting us are detailed at the back of this document.



A handwritten signature in black ink that reads "Beall".

Cllr Jim Beall
Deputy Leader & Cabinet Member for Adult Services &
Health



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About Adult Social Care in Stockton-on-Tees

Adult Social Care Services are responsible for assessing people's needs for social care support and helping to arrange the services to meet the agreed care needs which will be set out in a care plan – for example, supporting discharge from hospital, help at home, or getting out during the day, or breaks for carers.

People are assessed against 'Fair Access to Care' criteria which help to determine if adult social care support can be offered and how much people may have to pay for the services and support required. People who do not meet these criteria may still get advice and help to find support from independent and voluntary services in the community.

We also offer people personal budgets which we can either manage on their behalf to arrange services for them; or they may choose to manage their own budgets and make their own arrangements for their care.

Assessment of needs is carried out by care management teams who work closely with other agencies, especially health services, to ensure the required care arrangements are put in place and are reviewed regularly. A Commissioning team arranges contracts with a range of organisations in the private, voluntary and community sectors who provide social care services; and monitors the quality of the work these services carry out.

Some facts and figures for 2011/12:

- Adult Care services were provided to 7,555 clients.
- 2,125 new clients were assessed for care packages.



- 509 clients were provided with short term interventions e.g. intermediate care and reablement, to enable independent living.
- 2,436 clients were provided with equipment or adaptations to support them in their own home.
- 330 permanent admissions were made to residential care.

Our changing population:

By 2030 it is predicted that:

- There will be a 58% increase in the 65+ population (the proportion of people aged 65+ in Stockton-on-Tees will be greater than that in England as a whole).
- The proportion of the total population aged 85+ will almost double (this will still be smaller than for England, but the gap will be narrower than at any time in the preceding 25 years).
- There will be a relatively greater increase in the proportion of males living longer.
- The number of people with a learning disability will more than double over the next 10 years.

Some implications of this change:

- The prevalence of dementia will increase – proportion of 65+ population predicted to have dementia will increase by over 80%.
- Over half of the 65+ population will have a limiting long-term illness.
- A relatively greater proportion of people aged 65+ will be living alone (predicted to be 6,000 more).

Section 1

What people think about Adult Social Care

What our Service Users say about our services

Your feedback on the services we provide is important to us. It gives the information required to make further improvements to services and make a real difference to people's lives. We collect this feedback from a number of sources and this section sets out some of the key messages we have received during 2011/12 and any actions we have taken as a result.

During 2011/12 we took part in a national Adult Social Care Survey. This was the first of what is to be an annual survey designed to develop an understanding of how services are affecting people's lives. The results of this survey provide an important snapshot of how services have been received and what has been achieved. Over time we will be able to look at trends and benchmark what people are saying locally with results from other councils.

We sent out 1200 questionnaires to people from all user groups who receive our services. The response rate of 36.6% was high for such surveys and meant that the results were valid. What people told us is summarised below:

- 92% of respondents felt quite, very or extremely satisfied with the service they receive. The equivalent figure for people with a learning disability was 98% (this being the percentage who stated that they were happy with the service).



- 82% responded that the support they received helped them to have a better quality of life.
- 80% stated that they had adequate or as much control of their or lives as they would wish. The remaining 20% stated that they had not enough or no control. When we asked about the role of services in contributing to them having control over their lives the split was about the same. This underlines the importance of ensuring we do more to implement our plans for personalisation as a means of giving people more control over their lives.
- 94% of respondents felt safe or adequately safe and 60% felt that care services contributed to them feeling safe. Our plans for safeguarding and community safety will impact on how safe people feel.
- 45% of respondents received help on a regular basis from someone in their household. 50% received help on a regular basis from someone living in another household. These results underline the importance of supporting carers who provide such crucial support to so many people receiving our services.

During 2011/12 we also conducted a local survey of 230 people who use our services, to see how satisfied they were with our social work services and their treatment during the assessment process. Overall the level of satisfaction was very positive:

- 98% of respondents expressed overall satisfaction with the outcome of their assessment.
- People were generally satisfied with the speed of our response, how they were treated and listened to and our explanation as to what would happen next.

One helpful learning point from this survey was the importance of ensuring our service users have clear information about what to do if they have any concerns or complaints about the service. This is something we are taking into account in our procedures for staff when assessing people for services.

You Said : We Did 'Are You Being Served'

'Are You Being Served' was an event for the over 50's held in October 2011. Over 200 people attended this event where a panel of service leaders answered questions on a variety of topics developed through group discussions. We will run this and similar events in future years in order to provide feedback on our services for this report.

You Said

A number of questions were asked of the panel covering services such as the Police, Community Protection, Public Health, Adult Social Care, Fire and Ambulance Services.

We Did

Publish a newsletter containing written responses to many of the questions asked on the day. As well as making these available to those attending the day, copies were placed in libraries and other main contact points throughout the Borough.

The outcome was that not only were older people better informed about services and the partnerships which exist in Stockton but, importantly, the feedback was used by providers to shape services.

Independent inspection

The Care Quality Commission (CQC), the independent arm of government responsible for regulating the quality of health and care providers, assessed and inspected adult care services until 2010.

- In our last CQC annual assessment, issued in January 2011, our adult care services were assessed as 'performing well' overall.
- In July 2010, our adult care services received a detailed inspection, with a particular focus on safeguarding adults, increasing choice and control for older people, and leadership and commissioning. The inspection judged that

we were 'performing well' in relation to safeguarding adults, and increasing choice and control for older people. We were also judged to have "promising capacity to improve" in relation to leadership and commissioning.

The role of CQC has now changed, as the Government has moved away from its previous emphasis on formal inspection and assessment. Instead a sector led approach is being promoted which will be underpinned by rigorous self-assessment alongside a process of peer challenge, support and review. As part of this new approach councils will publish a local performance report, the Local Account, as a means of promoting transparency and engaging local people in service improvement.

Using Comments, Commendations and Complaints

It is important that people feel able to tell us of their experiences of our services, both positive and negative, and we operate a Comments, Commendations and Complaints procedure to allow this to happen. We accept that when things do not go well our complaints procedure is a vital part of putting things right.

Our complaints procedure covers all adult social care services, whether these are provided directly or purchased from the independent sector. It does not cover services people pay for themselves using a direct payment or personalised budget but it does cover any issues relating to the Council's role in these processes.

In order to learn from complaints, a report is produced following complaint investigations, to identify what is working well and areas for improvement. Where necessary, an action plan will be drawn up and managers identified to ensure the actions are carried out.

During 2011/12 we received 58 complaints regarding our adult social care services. This was an increase on the 36 we received in the previous year. The main areas of complaint were issues relating to the quality of a service; the lack of information; or the provision of misleading information. All of the issues raised have been addressed through the complaints investigation process and any lessons learnt used to inform or service improvement and planning process.

As an example, we received a complaint following a consultation exercise regarding a change of care provider. Responding to this complaint the Council

recognised that more could be done to make service users aware of such changes in future. As a result, managers have now identified ways in which face to face contact can be made with service users and carers to ensure they understand potential future changes.

If you wish to find out more about our Comments, Compliments and Complaints procedure look up our information services on:

www.stockton.gov.uk

Or use the contact details at the back of this report.

Working with LINK (Stockton-on-Tees Local Improvement Network)


LINK is a network of local volunteers and community groups who work together on behalf of people who use health and social care services across Stockton-on-Tees. Its main functions are to:

- Find out what people want from health and social care services.
- Investigate issues raised.
- Influence local commissioners and providers of health and social care services.
- Use its statutory powers, when needed, to hold services to account.

Contact details for the LINK are included at the end of this document.

The Council works closely with the LINK to ensure that the independent scrutiny and challenge it provides feeds in to the review and improvement of services.





For example, during the past year, one of the reviews undertaken by the LINK was of domiciliary care agencies, as a result of some concerns they had received about the service being provided to some people. Following the review a number of recommendations were made in the following areas:

- Induction and training for carers.
- Consistency of carers for clients.
- The time required to provide care and travel between clients.
- The need for the LINK to explore new ways to obtain the views of those who are housebound or particularly isolated.

The results of this review by the LINK helped the Council to shape our new service specification for domiciliary care which has now been implemented.

Section 2

How do we deliver value for money?

As a result of the Government's Spending Review, Stockton Council had to manage a 12.1% budget reduction in 2011/12. This was well above the national average of 9.9%. Given the challenge of current financial constraints it is all the more important that we have an effective approach to identifying what services are to be funded.

The Council's approach to medium term financial planning has helped us to manage significant budget reductions in a planned way over a number of years. Over the last two years we have identified £16m of efficiency savings. Central to our ability to produce efficiencies, whilst maintaining front line services, has been the Council's Efficiency, Improvement and Transformation (EIT) Programme. This programme aimed to ensure that all the Council's services were reviewed over a three year period. The EIT reviews challenged to the way that we do things by ensuring that services are being provided in the most cost effective way and that opportunities for improvements and service transformation are taken. Our review programme has led to a number of changes in adult social care service provision:

Fair Access to Care (FACS)

FACS is the national framework for determining who should receive adult care services based on assessed need. At the time of the review our policy was to support those whose needs had been assessed as being in the Critical, Substantial or Moderate bands of the framework. The review recognised that due to financial and demographic pressures the existing policy was unsustainable. In addition, we had to respond to new Government guidance placing greater emphasis on preventative services and universal services targeted at the local population as a whole.

As a result of the review, from 1st April 2011 the FACS criteria were raised to the Substantial and Critical bands to help focus resources on those most in need.

However, in response to the feedback from the extensive consultation undertaken as a part of the review, it was recognised that resources also needed to be focused on those community services which are available for all. This included the need to improve advice and information services (including advocacy services), accessible modes of transport and opportunities for social interaction. Other areas of community based support identified as being worthy of investment included respite care and help with household tasks, as well as the development of existing services such as Care Call, Telecare, the Independent Living Centre and the Home Improvement Agency.

The outcome of the FACS review has shaped our priorities and our budget planning. Section 4 of this report details how the priorities for personalisation and prevention/early intervention are being taken forward and the impact that changes to services are having.

Information and Advice

This review identified the impact that the economic climate was having on local communities and the important role that good information and advice plays in minimising this impact. As a result of this review, new information and advice services were commissioned from April 2011.

Research also revealed that the stakeholder agencies contacted during the review undertook significant amount of signposting to other agencies. To support this important role the need for a comprehensive data bank of services was identified. During 2011 the Adult Services Directory was launched in order to provide local people with information about where they can go to get the best information and advice about their care and support needs.

Review of Adult Provision

This review examined those adult services that we still provide directly and covered residential, day and domiciliary services. The establishment of the



NEW NEW NEW NEW NEW
Adult Service Directory Online

The Adult Service Directory Online is for all people living in the Borough of Stockton-on-Tees.

It provides up to date information about activities, clubs, organisations and universal services operating across Stockton-on-Tees. Hopefully you will find something of interest about what is going on in the Borough.

Use the Adult Service Directory to help you stay independent, improve your health or provide the care service you require.

www.stockton.gov.uk/adultservicedirectory

Stockton-on-Tees
2011/01/09

review was recognition of the need to deliver efficiency savings whilst responding to new approaches to service delivery. These requirements had already resulted in changes to the way that many of these services are delivered.

The majority of our adult services are now provided through contractual arrangements with independent providers which focus on quality and value for money. This review was an opportunity to ensure that our remaining in-house services are 'fit for purpose' going forward.

As a result of this review the following service changes were made:

- Transformation of day care services centred on enhanced provision at the upgraded Halcyon Centre.
- New community based, supported living options for people with a physical disability, enabling Blenheim House to be closed and resources used more effectively.
- Continued development of Rosedale as a re-ablement service, supporting people back in to independent living.
- Refocusing of the Council's in-house home care service to support the new re-ablement approach, focused on prevention and early intervention, particularly for those with more complex needs.

Review of Adult Services Structures

A new single management structure for delivering adult social care was introduced during 2011/12, based on a number of principles including, where appropriate, the co-location or integration of health and social care resources. The structure was developed with a strong recognition of the need to build on our track record of close partnership working with Health and other partners, whilst ensuring a stronger focus on our key priorities of safeguarding, personalisation and prevention and early intervention. Section 4 includes more details of these new organisational arrangements as they impact on these priorities.

Section 3

Funding our priorities

The Council currently spends over £50m on adult social care. Over recent years, through our Medium Term Financial Plan, we have been able to redirect resources to support growing pressures in adult social care. The Council now spends 28% of its budget on adult social care, which is in line with similar Councils.

The major trends affecting the adult care budget in the last few years have been:

- Financial pressures due to increased demand across both residential and nursing care as well as for homecare services. Net spending across all residential placements increased from £18.2m in 2010/11 to £19.5m in 2011/12.
- A relatively higher proportion of gross spend on residential and nursing care for older people compared to many other Councils, although this proportion has reduced in recent years and further progress continues to be made.
- An increased proportion of resources committed to supporting people to live in their own homes and other community based provision.

However, by our careful budget management, the continued focus on efficiencies through the programme of EIT reviews (as detailed in Section 2), and success in securing resources from other sources, we have been able to develop resources to fund our key priorities in the following ways:

Safeguarding

- As a result of the efficiencies identified by the EIT review of Adult Services we have invested in a Safeguarding Adult Team in order to strengthen the expertise available.
- We have increased the availability of safeguarding courses.

Personalisation

- As a result of the EIT reviews we have been able to switch funding from traditional care management services to support the increase in the numbers of people taking up the opportunity of a Direct Payment. Expenditure on Direct Payments increased from £2.6m in 2010/11 to £3.3m in 2011/12.
- There has been a significant investment in staff training and the implementation of a new computer system (Adult Care Management System) to support the new processes involved.


Prevention and Early Intervention

- A comprehensive range of reablement services have been developed and funded, in part, through the restructuring of adult care services. Additional funding has been obtained from health to support those elements of the service which contribute to the management of hospital discharge and the prevention of avoidable admission. Approximately £2m has been invested by health partners in reablement services.
- Investment continues to be made in the Council's Care Call and Telecare services in support of increased targets for Care Call connections and the maintenance of support for those in receipt of Telecare. Expenditure on Care Call and Telecare increased from £658k in 2010/11 to £950k in 2011/12.

Carers

- In order to maintain some of the key services provided to carers, the Council has had to plan for the cessation of many of the ring fenced national grants which have previously





supported these services. It has done so by identifying alternative sources of grant funding, including funding from Health. During 2011/12 the Council was able to allocate approximately £1.5m to maintain these services.

In view of demographic change on our population over the years ahead, we will continue to review our adult services to ensure resources are targeted on our priorities. Currently we are reviewing our Learning Disability and Mental Health Services. The outcomes of these reviews will be reported in our next Local Account.

Section 4

How our key priorities are improving outcomes

4.1 Keeping Vulnerable Adults Safe (Safeguarding)

Why is safeguarding a priority?

We believe that safeguarding is everybody's business. Adult abuse can happen to anyone, anywhere, and the responsibility for addressing it lies with us all.

Adult Social Care has a lead responsibility for co-ordinating the safeguarding work of all the agencies providing services to vulnerable adults. In partnership we look to enable adults who are vulnerable to retain their independence, well-being and access to a life free from abuse.

We also work within a number of local partnerships, including the Safer Stockton Partnership and the Learning Disability Partnership Board, to ensure that local communities are helped to live in safe environments, as part of our overall approach to safeguarding.

The results of the Adult Social Care Survey have highlighted the importance of ensuring the safety of service users, and this is something we will be addressing through our revised approach to care plan reviews.

What services support this priority?

Adult Safeguarding

In 2009 the four local authorities in the Tees area established the Tees-wide Safeguarding Vulnerable Adults



Board. The Board has senior representatives from the local Councils and other key partners whose role is to ensure that there is a consistent approach to adult safeguarding across the Tees area.

Each of the four local authorities has its own adult safeguarding committee which follows the strategic lead of the Board but allows for activities to be tailored to local needs.

The membership of the Stockton Safeguarding Vulnerable Adults Committee is drawn from across the Council, statutory partners and the community and voluntary sector. The local Committee has been instrumental in ensuring that adult safeguarding is an integral part of our how we have implemented personalisation and how we assess risk when working with vulnerable people.

During 2011/12 we strengthened our arrangements for responding to allegations or concerns regarding abuse (we term these as alerts) by the creation of a dedicated safeguarding team. Together with our First Contact service, the Safeguarding Team is responsible for screening any concerns or allegations (alerts) we receive. Following screening, if an alert meets the agreed set of circumstances (thresholds), we will treat it as a referral and allocate the case appropriately. The team ensures that all relevant partners and individuals are involved in the decisions about what needs to be done to safeguard the individual and promote recovery from further abuse or neglect. There are many outcomes possible from the safeguarding process, from the use of counselling for the individual or perpetrator to the use of enforcement or criminal prosecution.



Safeguarding Vulnerable Adults From Abuse

Our aim is to safeguard vulnerable adults against abuse and to raise awareness throughout the community to prevent abuse in the future. A vulnerable adult is a person aged 18+ who may need community care services due to mental or other disability, age or illness; and who may be unable to protect themselves against significant harm or exploitation. Abuse can be physical, sexual, verbal, financial, psychological or an act of neglect or institutional practice. If you are worried that an adult may be harmed or neglected, you can report it by ringing:

(01642) 527764
In an emergency always call 999

Stockton-on-Tees
1800-0-0000

Find out more:
www.stockton.gov.uk/safeguardingadults

Case Study – Adult Safeguarding

An Alert was received indicating an alleged physical and financial abuse on R from other tenant in a housing project. Her level of understanding meant that she gave the responsibility of paying her bills to others. She had capacity but was not making good choices. She was at risk of losing her tenancy because of non-payment of bills.

R has limited ability to recognise risks.

The overall aim was to reduce risks for R. In return she wanted support and help to manage her finances. A safeguarding strategy meeting was convened. It had been determined that R had mental capacity to make her own choices but would benefit from support in some areas. She attended the safeguarding strategy meeting and took place in the discussions around the risks and how best to reduce these risks.

A Protection Plan was drawn up and agreed. R agreed to work to this plan which involved support from Housing to extend her tenancy. Appointees were set up to explore alternative accommodation and the social worker to continued to work with her around the development of the care plan.

A consensus was reached by all attending the strategy meeting that although abuse had been substantiated it would be unlikely to reoccur if the correct support were to be introduced. R agreed with the outcome of the meeting and promised her support and commitment.

Community Safety

The Safer Stockton Partnership brings together the Council and other agencies to work together to reduce crime, anti-social behaviour and substance misuse and to improve the safety of our communities. To support its work with vulnerable groups – the Partnership has strong links with the Safeguarding Vulnerable Groups Committee.

The strategic plan for the Partnership, the Community Safety Plan, is produced

following the conduct of a crime and disorder audit and is informed by the outcome of public consultation.

You can find out more about the Safer Stockton Partnership and the Community Safety Plan at www.saferstockton.com.

The Council has a Community Safety Team who work in partnership with a range of agencies to develop projects to deter and reduce crime. Within this team there are two members of staff who specifically work with vulnerable people, who have been the victim of, or witness to, anti-social behaviour. Many of those supported have been the victim of persistent anti-social behaviour, including those who may be targeted for 'hate crime' and this includes people who are considered vulnerable for such reasons as age or poor mental health.

Support may also be given to perpetrators should they be deemed vulnerable. Counselling is provided where appropriate and relocation support visits are offered to vulnerable perpetrators who have been re-housed as a result of their anti-social behaviour.

Other schemes aimed at vulnerable people that are co-ordinated through the Team include:

- The Safe at Home Scheme which provides security equipment to people who have been, or regarded as likely to be, victims of crime. During 2011/12 the scheme supported 196 vulnerable people.
- The Stockton Doorstoppers Project which was commissioned in response to the vulnerability of older people, particularly those living alone, to doorstep callers, bogus workmen, high pressure salespeople, bogus officials and distraction burglary. The remaining legacy of this project is the introduction of 'No Cold Calling Zones' and a volunteer scheme where trained volunteers help people avoid being a victim of doorstep crime.

How well have we done in delivering this priority?

Adult safeguarding

During 2011/12 we experienced a continuing increase in safeguarding activity. We received 664 alerts during the year compared to 394 during 2010/11. We treated 43% of these alerts as referrals for allocation. We feel that the increase in alerts is a reflection of an improved awareness of the need to report concerns

about vulnerable people. This is welcome as there has been a significant effort made to ensure that information is made available to a wide audience, including the public, regarding adult safeguarding.

We have experienced a low number of repeat referrals (6%) and this suggests that the majority of referrals are concluded satisfactorily. Physical abuse and neglect remain the main reasons for a referral, closely followed by financial abuse.

In conjunction with the Tees-Wide Safeguarding Vulnerable Adults Board we coordinate a programme of training which is available to our staff and those from the independent and voluntary sectors. Training is targeted at the needs of participants and their role within safeguarding arrangements. At the most basic level, awareness training is available to all who come into contact with vulnerable adults. During 2011/12 we had 1186 hits on our e-learning site (183 teams/establishments and partners having login details for this site) and 187 people participated in our safeguarding awareness courses.

During 2011/12 we conducted a safeguarding audit of our independent providers. We visited 69 contracted providers in order to clarify what arrangements they had in place for safeguarding training. We found that in the case of the majority of providers, more than 80% of their staff had completed safeguarding training over the last two years. Where rates were lower some providers had already begun to make improvements and these will be monitored through our contract compliance arrangements. Additional training for managers appeared to be more problematic because of staff turnover. We have included measures to increase the courses available to the independent sector in our future plans (see Section 5).



Community safety

We know from the following performance figures that crime is reducing within the Borough:

- In 2011/2012 Stockton-on-Tees had the lowest crime rate across the Cleveland Police Force.
- In 2011/2012 there were 11,582 crimes recorded in the Borough. This is a reduction of 36.8% compared to the number of crimes recorded during 2005/2006.
- During 2011/2012 across Stockton-on-Tees there were 14,865 police recorded anti-social behaviour incidents. This is a reduction of 24.7% compared to the number recorded in 2005/2006.

Given these figures, one of the success measures we want to adopt for work on crime reduction is the degree to which people feel safe within their own communities. Later this year we aim to undertake a survey which will measure residents' feelings of safety whilst outside during the day and at night. This will establish a baseline against which we can set targets for future years. The feedback from the survey will also be used to inform future work on reducing the fear of crime in the Borough.

4.2 Carers

Why are services to carers a priority?

Carers are people who provide a substantial amount of support on a regular basis to people who require help to maximise and/or maintain their independence.

We recognise the impact that the caring role can have on the individual concerned in terms of their social and economic life, as well as their health and well being. It is also recognised that any breakdown in care may result in the person being cared for requiring an emergency package of support or admission into hospital or residential care. Although the care provided by carers is unpaid, we recognise the significant economic value of the support provided by carers.

We understand that there are around 21,000 carers (source JSNA), including

young carers, in Stockton but only around 4,000 are known to us or the carer support services that we commission. It is anticipated that the pressures on carers will increase with the ageing population and a challenging economic climate.

What services support this priority?

Most carers have a legal right to an assessment of their own needs. This will identify what help can be provided to enable the carer to maintain their own health and balance their caring role with other aspects of life, such as family and work. An individual care plan will be developed based on this assessment and the community care assessment of the person being cared for. This plan will be the subject of an annual review.

Case study – Carers Assessment

T had to be collected from university due to self harm. Although he was an intelligent man he had complex needs which at the time had not been identified. His parents were struggling to come to terms with his thoughts, feelings, behaviours and emotions and felt that their family environment was under threat because of his return home.

A carer's assessment was carried out, individually, for both parents. The aim was to deal with the increasingly difficult family dynamic, provide stability within the family unit and decrease the risk for T on his return. By undertaking individual assessments the needs of both parents were identified. As well as the support provided by the assessor both parents were offered a referral to 'Talking Therapy'.

The outcome was that stability within the family was maintained during the period they were coping with the complexity and severity of T's illness. This contact has continued as the parents occasionally require reassurance and support in the management of their son.

In order to meet the support needs of carers we have commissioned a range of services from a number of providers. These services can be accessed following assessment or, in some cases, by carers directly should they feel the service offers them the support they require.

The current review of support services for carers will bring about significant changes to how this support is provided. Detailed below is the existing range of these services:

Breaks for Carers – These breaks are delivered by a number of providers and provided both in the individual's own home and in residential settings. These breaks can either be planned, booked in advance by the carer or available in an emergency should the carer be unable to continue their caring role. Specific services have been developed for the Hindu community and frail older carers.

Sitting Service – Enables carers to take a short break (e.g. 4 hours) from their caring role.

Stockton Carers Centre- Operated by the George Hardwick Foundation, the centre provides an information hub for carers, advice and support, counselling and personal development for carers.

Advice and Information Programme – Information sessions covering topics which help carers in their caring role.

Support Worker in GP Surgeries – The worker helps staff understand carers' issues and identify those in need of information or support.

Support for carers of people with dementia – Support workers provide advice, information and emotional support to carers of people affected by dementia. A support worker works with people from the BME community and 'hard to reach groups'.

Palliative Care Support Worker – Provides support to the carers of terminally ill people.

Carers Information Pack

Are you a carer or know someone who is a carer?

Do you want information about what support is available to help carers in their caring role and help in having a life away from caring?

Stockton Borough Council has produced a Carer Information Pack containing information about how to get support and support available in Stockton.

If you would like a copy you can

- Ring 01647 521401
- E-mail: Elaine.Lamb@stockton.gov.uk
- Ask your social worker / care manager
- Download a copy from the Council's website: <http://www.stockton.gov.uk/citizenservices/firstcont/act/ads/carepages/> or www.stockton.gov.uk and enter "carers of all ages" in the search box at the top of the screen



Stockton-on-Tees
BOROUGH COUNCIL

Support for BME Community and 'Hard to Reach Groups' – The worker supports carers from these communities overcome any barriers to accessing information and support.

Carers of people affected by drugs and alcohol – The support provided includes respite and a gardening service.

Carers of people with a chronic/long term condition or physical disabilities – Helps carers develop coping strategies and signpost them to other services.

Case study: Sitting Service for Carers

Mrs W lives with her husband Mr W who was diagnosed with Alzheimer's type dementia. Mrs W became Mr W's main carer as his dementia progressed.

Despite his dementia, Mr W believes his life is much the same as before and able to maintain his independence and did not understand fully why his wife would need a break or why he would need someone to support him.

Mrs W has experienced a heart attack in the past so she is very conscious about not getting too stressed or anxious. Mr W has restless nights and Mrs W tends to remain awake in order to respond if required. Mrs W was keen to have a sitting service in order to have a break and to have some essential time for herself.

During the registration visit it was clear that Mr W would prefer a male member of staff and he was receptive to the idea of having 'a friend' to help him do the things he likes.

The support worker built up a successful rapport and relationship with Mr W. He felt safe enough to go out with the support worker, whilst Mrs W stayed in her home to enjoy her own company. Mr W attended the Fusion Café with his support worker and sang along to the music and enjoyed the company of others sat at the table.

This positive outcome gave Mrs W reassurance and peace of mind to know that her husband was able to go out with another person and have a good time.

Many of the existing support services were commissioned in response to our Carers Strategy published in 2009. This strategy was informed by the then National Carers Strategy and the outcome of local consultation. However, the National Carers Strategy has been updated and the grants funding many of these services have ceased, although the Council has been able to maintain some funding. As a result, we have been reviewing what our future approach to the commissioning of carers services should be.

We held a consultation event with carers and support providers in February 2011 to help with the review, and we are now consulting on a new Carers Strategy. Some of the important issues identified through consultation have been:

- The availability and accessibility of information was important to people identifying themselves as carers at an early stage. Indeed the need for easily accessible information and a central point of contact was a common theme throughout the event.
- Health and social care professionals need to be more aware of carer issues. Also carers felt that they should be treated with more respect, listened to and considered as expert partners.
- More information is required to enable carers to find out what respite is available. There should be easy access to emergency, ad hoc, planned and regular respite. Good quality and reliable respite was identified as the main factor in maintaining mental and physical well being.
- Due to the emotional strain of caring, mention was made of stress relief and having someone to talk to, especially out of hours.

How well have we done in delivering this priority?

All carers identified as part of the assessment of new service users are contacted, provided with information, and offered an assessment of their own needs,

In 43% of these cases a carers' assessment was undertaken, with 232 carers benefiting from the provision of a service as a result.

Working in conjunction with the DWP, a Job Club for Carers was launched in June 2011. This has helped a number of Carers with information and skills to enable them to move back in to employment; and has worked with a number of

local employers to improve understanding of carers' needs.

4.3 Personalisation

Why is personalisation a priority?

Our aim is to give people who need assistance with their personal care, much more choice and control over their lives. We know from the Adult Social Care Survey that 20% of respondents felt that they had little or no control. Our aim is to address this through a process known as Personalisation, which is an entirely different way of thinking about care and support services. We recognise that the traditional service-led approach has often meant that people were unable to shape the services they need to meet their particular circumstances and personal aims.


Our work with people who need our support recognises that they have strengths, preferences and aspirations. We capture this by putting people at the centre of the process by supporting them to identify their own needs and making informed choices about how and when they are supported to live their lives.

In making good decisions about the support they need, people now have a wider choice in how these needs are met, including wider access to services such as transport, employment, leisure and education.

What services support this priority?

To bring about this new way of supporting people, we have transformed our services to ensure that all our systems, processes and staff put people first. To do this we established a Project Board chaired by the Director of Adult Social Services which managed a two year change programme. This entailed significant investment in time and money to develop new systems and train our staff, and those of our partners, in new ways of working.

Personalisation was implemented in March 2011 when the new operational structure for adult social care was introduced. We now work in a more personalised way with those who need our services.



One of the key elements of our Personalisation programme has been the introduction of self-directed support. People who come to us, and are eligible for support, now complete a Personal Needs Questionnaire. This asks questions about various aspects of their life in order to identify strengths and the positive outcomes they wish to achieve. On the basis of this completed questionnaire we are able to offer a personal budget informed by a financial assessment developed for this purpose.

The provision of this personalised budget allows people the opportunity to make informed choices about how best to meet their needs. This choice is exercised through the development of a support plan which is sometimes written by the individual themselves. The development of this plan provides people with the opportunity to express those wider goals and aspirations which will improve their quality of life. Once we have formally agreed the support plan, the budget to be allocated for meeting the agreed outcomes can be finalised.

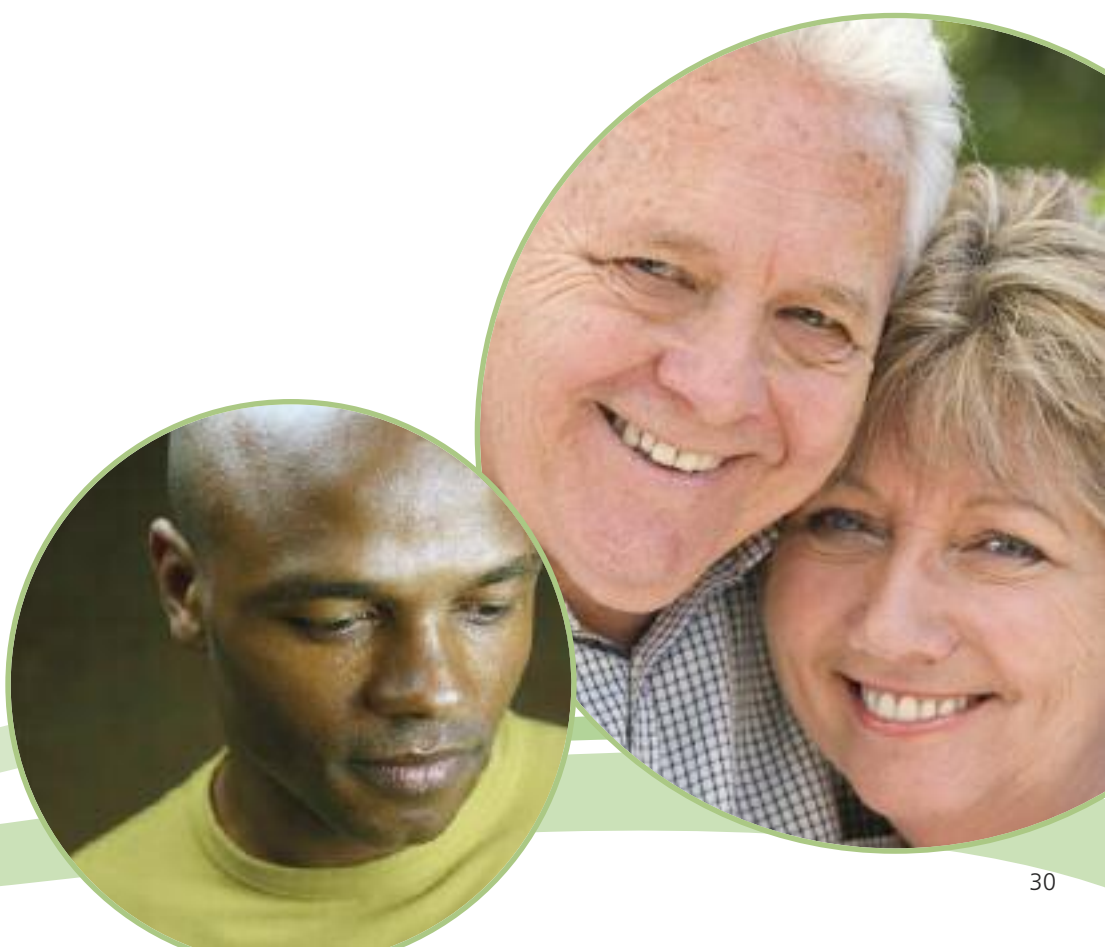
People have choices as to how their personal budget is managed. If they opt for a Direct Payment then the monies are paid directly to them to purchase the goods and services. Alternatively a third party may manage the budget on their behalf or the Council can undertake this role. Depending on individual circumstances people may be asked to make a financial contribution to their personal budget.

There are some rules governing what can be purchased through a personal budget and records of expenditure must be kept. However, all this information and the options available will be discussed to enable the individual to decide the best way forward for them. Our social workers have all been trained in the principles of self-directed support and how to offer the necessary advice and information. During 2011 a small number of self advocates were trained around support planning allowing people to have more control over their lives by expressing their own views.

If you would like to find out more about personal budgets we have developed a leaflet *Your Guide to Personalisation* which can be found at www.stockton.gov.uk.

As well as delivering the arrangements for self- directed support we worked on a number of other developments as a part of the Personalisation programme including:

- The development of an Adult Services Directory (see Section 2).
- External funding was obtained and is being used by Catalyst (the strategic organisation for the community, voluntary sector), to develop user led organisations (ULO's) in Stockton. Approximately 20 ULOs have been identified and these organisations are involved in the development of self-directed support services in the Borough.
- Participation in the national pilot on Personal Health Budgets (PHBs) which are monies allocated to patients with health and well being needs so they can use it to purchase services. An evaluation report on the pilot is due to be published in the autumn of 2012.



Case Study – Personal Budget

Mr N is 40 year old and has been registered blind since 14. He lives with his parents who are supportive of him. Both of his parents have health issues of their own. Mr N would like to be more independent in his life and be able to support his parents as they have supported him.

Mr N also likes to socialise with other people who have visual impairments. He needs support with transport to and from these social gatherings as many are on an evening.

Mr N likes to exercise and take part in charity events. To facilitate this he used an element of his personal budget to purchase a tandem. He rides this with a personal trainer from the gym he attends.

His Personal Budget has also enabled Mr N to access an agency to iron and pair up his clothes, support him with correspondence and carry out domestic chores in his home. He also uses part of his personal budget to use a taxi to access social events.

Mr N said: "Having a personal budget has given me more independence. I have become fitter and feel more confident. I am not restricted and I am not reliant on organisations and family. I can also attend social events and feel included by going early or staying later. These changes have improved my confidence greatly. I am currently attending college and hope to go on to university next year".

How well have we done in delivering this priority?

We achieved our target, by the end of March 2012, for all new eligible service users to be assessed using a Personal Needs Questionnaire and to be provided with an offer of a personal budget. Increasing numbers of existing users are being reviewed through the same process.

The number of people who have chosen to convert their personal budget to a direct payment in order to manage their own support plan has increased slowly over the year. By the end of 2011/12 there were 573 people in receipt of a direct payment. This represents 23% of the people who received a service over the year.

By April 2013, our aim is that all eligible people will have their care plan agreed through a personalised approach with the offer of a personalised budget.

4.4 Prevention and Early Intervention

Why is prevention and early intervention a priority?

We know that through investment in prevention and early intervention services we can reduce the numbers of people being admitted to residential or hospital care and reduce the rate of emergency admissions to hospital. We believe that there is a strong business case for this investment as it prevents or delays an individual taking up more expensive support packages.

Our aim is to sustain people's presence at home, for as long as is possible, by maximising their independence and improving their health and well being. In this way we aim to improve their quality of life and reduce their social isolation.

What services support this priority?

a) Reablement Services

All our adult care services to some degree support prevention and early intervention. However, during 2011/12 we have made a significant investment to broaden the range of reablement services that make a direct impact on this priority. Our model for reablement services offers short term and intensive services, usually over a six week period, to people who either have a long-term disability, or are frail or recovering from injury. The aim is to relearn skills, such as cooking meals, washing and getting about, which will keep them safe and independent at home.



A dedicated social work service ensures that people who are in need of recovery and rehabilitation are provided with services tailored to their assessed needs.

Resources which may be deployed include:

- **Reablement Service** – this team of 10 support staff provides intensive support to people in need of support to relearn or find new ways of doing daily tasks in their home. It is recognised that this support is more frequent and for longer periods than the service provided through traditional home care.
- **Intermediate Care Service** – co-located with a team of NHS therapy and nursing staff (Community Integrated Assessment Team) this team focuses on crisis intervention to facilitate timely discharge from hospital or prevention of admission into an acute hospital bed. The team provides a short term period of intensive personal care support in people's own home, where necessary complimented with therapeutic programmes. This may involve drawing on the specialist skills of an occupational therapist or a physiotherapist.
- **Rosedale** – this centre for health and care staff offers an assessment and rehabilitation service within a residential setting. The assessment service supports people on discharge from hospital or those who may be the subject of an acute hospital admission by identifying their support needs, thereby allowing the individual to make an informed choice of future care options. The rehabilitation service provides short term support to allow people to regain physical function and relearn skills before returning to their own home.

Case Study : Reablement Support

AC had been in hospital following a period of illness, having had difficulty with her mobility, breathing problems and poor skin viability. Prior to her illness she had been totally independent. She was now in need of support with personal care, meal preparation and medication to enable her to return home.

The reablement team undertook an assessment with the aim of maximising her level of independence by relearning some of the skills she needed for daily living. AC required particular assistance to overcome her mobility problems and to enable her to prepare meals and a hot drink. Following agreement with AC some realistic and achievable outcomes were set. A support worker was provided three times a day over a few weeks to follow the agreed care plan. As well as monitoring and recording progress every encouragement and support was given to AC.

The situation was reviewed on a regular basis with AC and her family. By the end of a six week period she was discharged from the service as she was independent having relearned the skills she had previously lost.

b) Assistive Technology

Telecare is the use of person centred technologies such as alarms and sensors to be able to react to untoward events through lifestyle monitoring. The use of these technologies contributes towards the development of safe environments and provides reassurance to the individuals involved and their families.

Stockton-on-Tees
TELECARE

Number 1
Community Alarm Service

**Did you know that there
is a button which can
save your life?**

For more information or a free demonstration contact
01642 634768

Care Call
help on line, say on digit

Telecare

We also operate the Care Call service through which an alarm unit linked to a telephone provides an ability to respond to emergencies. If an alarm is triggered via a pendant a response is provided via telephone or in person and, if necessary, the emergency services or friends/relatives contacted.

At the end of 2011/12 there were 902 active Telecare clients, an increase of 522 clients from the end of 2010/11.

During 2011/12 the types of call outs we responded to included:

- 192 alarm call outs for a 'client wandering about', and from these 102 clients were found to be outside of their property.
- 463 call outs as a result of fall detectors. 387 clients were found on the floor, and of these only 23 required an ambulance to be called.
- 495 bed sensor call outs, of which 313 led to clients being found on the floor. 13 of these needed ambulance treatment, including 2 suspected broken bones and a facial fracture.
- 155 pendant call outs, of which 74 clients were found on the floor.

Other key Telecare activations included:

- 17 gas shut off valve activations to 8 different clients who had left the cooker on without igniting the gas.
- 26 smoke alarms activated at 21 different properties; 5 fires, including 3 where pans had been left on cookers, one fire in a bin and the other in a microwave.
- 6 epilepsy sensor call outs to clients who had suffered seizures, three flood sensor activations, two carbon monoxide detector, and 2 low temperature sensor activations (where the temperature in the home drops below 2 degrees).

In all there were 32,935 calls generated to the control room by Telecare equipment during 2011/12, with over 96% of calls being answered within a minute and 99.5% being answered within 3 minutes.

Case study – Supporting independence

Mrs B lives alone but attends a day centre five days a week. Mrs B is supported by her daughters but wishes to remain in her own home. She has Alzheimer's disease but no other reported medical conditions.

Following assessment flood detectors were fitted in the kitchen and bathroom following a recent problem with an automatic washing machine which resulted in a flood. Property exit sensors were fitted which resulted in frequent calls being received by the Telecare Centre as carers either arrive or leave. Other equipment fitted included:

- *Smoke detectors*
- *Carbon monoxide detectors*
- *Temperature extreme sensor in the kitchen.*

Using a score system used to assess an individual's mental well being Mrs B's score improved from thirty five to fifty over subsequent visits. Areas of significant improvement included, being optimistic about the future, confidence and the ability to deal with problems.

Mrs B has maintained her positive outlook and happiness and indicates that her dementia shows no sign of advancing. Mrs B's family have peace of mind that should the door be opened, or any of the other sensors activated, contact will be made to ensure that everything is alright.

c) Other Support Services

Beyond these dedicated resources support plans may draw on other residential, day or community based services, provided through a range of agencies and partnerships. Other services recognise that there are barriers to some people accessing the support they need. In these circumstances support and encouragement is required to enable them to achieve their personal goals, Two such examples of these services are detailed below.

Example 1: How people are being helped to access training and employment.

STEPS works with people with disabilities and provides support for training and employment opportunities. The service provides one to one support, practical advice and guidance in order to help people access opportunities and overcome barriers to employment.

Case study: STEPS to employment

R was referred to the service to support her transformation from college. She has a learning disability and can find changes in her life difficult due to autism. R felt she did not know what she wanted to do following college and the service sought to give her experience of a workplace and identify her support needs.

R completed a work preparation programme to give her an understanding of what to expect in the workplace. She worked on some plans and profiles to identify her likes and dislikes as well as her interests.

R went on to complete a period of work experience in catering, having identified cooking as an interest. Following positive feedback and enrolment on a catering and hospitality course, R was supported in finding part time work in a local cafe. She received one to one support in order to learn tasks in her new role as well as learning how to travel to work and college independently.

R has sustained employment and independent travel for a year. Her confidence has improved and she takes part in activities and social events.

Example 2 : How people are being helped to access wider support services.

The Stockton Service Navigation Project (SSNP) works with patients who are being treated by primary health care services for health problems which are caused or made worse by social factors such as exclusion or isolation. The service helps the patient understand the lifestyle changes they will have to make in order to improve their health and well being.

These changes are detailed in a personalised action plan and the SSNP supports the patient to access appropriate services, ensuring that they remain motivated and encouraged by recording the progress made towards reaching their goals. Feedback from a patient satisfaction survey showed that 83% of patients felt the service had helped them find the support they needed and 81% felt it had increased their confidence to access services.

Case study: Stockton Service Navigation (SSN) Project

Mr B was referred to the service as a result of issues with work and low self-esteem. When the SSN met with him he was extremely de-motivated, rarely left the house despite having two young children and lacked self-confidence. The SSN referred him to:

- *Tees Time to Talk for some Cognitive Behavioural Therapy therapy as he was struggling to sleep due anxiety about his health.*
- *Health Trainer for support with his diet and to increase his physical activity.*
- *Five Lamps for support to update his C.V.*

The service helped him create an action plan and met regularly with him to review it. He was encouraged to set some small tasks each time such as walking his children to school twice a week, taking them to the local park at the weekend and going out once a week with his partner.

At his final appointment he confirmed that he was no longer taking sleeping tablets and was managing to get at least six hours sleep each night. He also felt confident enough to attend his appointment with the SSN on his own for the first time instead of being accompanied by his partner. He confirmed he was feeling much more positive, was going out of the house each day and was no longer worrying about his health.

How well have we done in delivering this priority?

We have set ourselves a number of challenging targets around this priority. During 2011/12 we introduced many of the services changes we believe will help us deliver this priority. We have the evidence to indicate that we are beginning to make positive progress in supporting people to live independently within the community:

- Increased capacity at Rosedale has enabled more 56 more people to access discharge support than last year.
- The Reablement Team supported an additional 83 people during the year, of which 59% were able to return home with no ongoing support needs following a period of hospitalisation.
- The Intermediate Care service has supported 322 people discharged from hospital. As a result there have been no delayed discharges from hospital attributable to the lack of availability of social care.
- Of those older people (65 and over) who were discharged from hospital into reablement/rehabilitation services, 78.2% were still living at home 91 days after discharge. This is ahead of our target of 75% and is a significant improvement on last year's figure of 68.2%.
- There has been a continued increase in the number of Care Call connections, 5,548 during 2011/12. This exceeds our target of achieving 5,000 connections by March 2013.
- A total of 235 people across Intermediate Care and Reablement Services received 6 weeks free Telecare and Care Call following discharge from hospital, helping to reduce hospital readmissions.

Against the background of an increasing elderly population, there remains a challenge to reduce the number of permanent admissions to residential and nursing care. During 2011/12 there were 295 such admissions of those aged 65 yrs and over; although this was 12 more than the previous year, the proportion of admissions has remained the same at 989 per 100,000 population.

Section 5

Our plans for improving services

Our service improvement plans are informed by feedback from our service users and the review of performance summarised in this Local Account document. We must also develop our plans to take account of the changes in the profile of our population, as summarised at the front of this report (see About Adult Social Care in Stockton-on-Tees).

The financial context for our service planning is set out in Sections 2 and 3. Against this background we have developed a vision regarding the outcomes that support services in Stockton should deliver. We believe that people should:

- be able to live as independently as possible
- be able to live more fulfilling lives
- have choice and control
- have dignity and respect
- be able to live longer, healthier lives
- expect to receive personalised health or social care support that meets their needs.

This vision and the context within which we deliver services are set out in our document, *The Vision for Adults – A Strategy for Adult Health & Care Services in Stockton-on-Tees 2009/2014*. This document can be found at:
www.stockton.gov.uk.

We believe that the delivery of our key priorities is vital to



achieving this vision. The plans and actions required of us and our partners to make this happen are set out in two key documents.

The Sustainable Community Strategy sets out the priorities for local people that are to be delivered in partnership with other agencies. The Council Plan 2012/15 is our three year business plan which details what actions we are to take to meet the priorities set out in the joint strategy. Importantly, we set out how we are to make improvements in the four priorities set out in this report.

If you want to find out more about the Sustainable Community Strategy or Council Plan you can find these on www.stockton.gov.uk, or telephone (01642) 526089 or e-mail: corporate.performance@stockton.gov.uk.

In light of the increased challenges that we will face in meeting the future care needs of our population, and to ensure that we continue to plan ahead in the use of our resources, the Council has set up an Adult Social Care Programme Board to ensure that we explore all opportunities to deliver and commission services in the most effective way. Feedback on the work of this Board will be reported in the next Local Account

The improvements currently planned for our key priorities are as follows:

Safeguarding

Action 1: Embed new safeguarding arrangements within the revised Adult Social Care structure supported by agreed mandatory training requirements.

What this means:

Through the new Adult Safeguarding Team we will ensure a timely response to safeguarding concerns, promote a consistency of response, enable the development of specialist skills and knowledge and will deliver an improved experience of safeguarding for people subject to harm.

Action 2: Further develop safeguarding training in the independent sector, in line with the findings of the training audit.

What this means:

We are working with Tees Wide Safeguarding arrangements and training providers to increase the number of courses available. We will be looking to

make 18 places available during the current academic year to managers across all sectors.

Personalisation

Action 1: Embed self directed support arrangements across all service user groups.

What this means:

By April 2013 every eligible person who is assessed or reviewed will complete a Personal Needs Questionnaire and will be informed of a personal budget allocation.

Action 2: Implement new Care Director Case Management Information System.

What this means:

We will have improved records about our service users, and more accurate information to help us plan services for the future.

Prevention and Early Intervention

Action 1: Secure funding for the delivery of the reablement programme.

What this means:

More people will be able to be discharged from hospital earlier, with the necessary support to aid their recovery and independence, and to prevent further hospital admissions.

Action 2: Extend access to assistive technology including Carecall and Telecare provision.



What this means:

We aim to support 6,000 Care Call connections by March 2013. Our plans for Telecare are to maintain at least 950 active telecare clients.

Action 3: Improve access to information, advice and guidance for people not eligible for assistance.

What this means:

A third Council multi service centre will be developed in the Borough.

The Adult Care Directory will be promoted and developed to improve access to information on support services.

Carers

Action 1: Improve the range of support for adult and young carers in line with the recommendations of the EIT review and related consultation.

What this means:

We will develop a revised Carers Strategy against which services will be commissioned. The strategy will take account of changes in the National Carers' Strategy (Recognised, Valued and Supported) and the outcome of local consultation. It will set out what carers' services should be achieving. As a result any future service we purchase will have to evidence how it is improving outcomes for carers.

By 2013 we will publish our new Adult and Young Carers' Strategy. The outcomes of this strategy will be incorporated in our commissioning plans, with a procurement timetable.

Section 6

Our public information services/Contacting us

We have designed a range of leaflets to explain what core services are available to support people over 18 living in Stockton-on-Tees who may have:

- A substantial physical disability.
- A hearing or visual impairment.
- An illness which affects the way they manage their everyday life.
- Frailty in old age.
- Mental ill health.
- A learning disability.
- A dependence on drugs or alcohol which needs social rehabilitation.

We also offer help, where needed, to a carer of anyone falling into any of the above categories who provides regular and substantial care.

We have developed a brochure *Services for Adults Explained* which provides an overview of how and what support is provided, signposting the reader to more detailed information.

The other information we have produced can be found under the following headings:

- General Information
- Services for Adults and Older People
- Services for People with a Learning Disability
- Mental Health Services
- Services for Carers

You can find our adult care brochure or any of our other information leaflets on:
www.stockton.gov.uk/adultsocialcare

Contacting Us

If you have any comments on this report or you want to share your experiences of our services we want to hear from you.

You can contact us by:

☎ (01642) 527521

✉ customer.care@stockton.gov.uk

✉ Customer Services Manager
Customer Care, Parkside ,
Melrose Avenue,
Billingham,
Stockton-on-Tees,
TS23 2JH

Contacting Stockton-on-Tees Local Improvement Network (LINK)

The LINK is open to everyone from across Stockton-on-Tees and is free to join. If you would like to get involved in LINK work or find out more please contact:

☎ (01642) 636162

✉ stocktonlink@shaw-trust.org.uk

🌐 www.stocktonlink.co.uk

✉ Stockton-on-Tees LINK,
Durham Tees Valley
Business Centre,
Orde Wingate Way,
Stockton-on-Tees
TS19 0GA

First Contact Team

We are here to help people to access the service they need. We deal with requests from children and families, the elderly and people with visual or hearing impairments, mental health issues, physical disabilities or learning disabilities.

Contact Us

Telephone: (01642) 527764

Minicom: (01642) 527769

Email: firstcontact@stockton.gov.uk

Web: www.stockton.gov.uk/firstcontact

Opening hours

Monday to Thursday 8.30am to 5pm

Friday 8.30am to 4.30pm

If you have an emergency out of office hours, please contact:

Emergency Duty Team (EDT): 08702 402994



If you would like this information in any other language or format
for example **large print** or audio please contact
(01642) 526114.

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بالطبعة الكبيرة (أو بالتسجيل المسجل فالرجاء الإتصال 'بدايفرستي تيم'
على هاتف رقم (01642) 526114

ARABIC

اگر شما این اطلاعات را به زبان یا شکل دیگری مثلاً چاپ بزرگ یا بصورت صدا
میخواهید لطفاً با تیم دایورسیتی (گوناگونی)
با شماره (01642) 526114 به تماس شوید

FARSI

Si vous souhaitez obtenir ces informations dans d'autres langues ou sous un
autre format, par exemple, en gros caractères / version audio, veuillez
contacter l'équipe au n° (01642) 526114

FRENCH

ئەگەر تۆھەرت ئۆز بە ئەم رەئىيەتتە بە دەستت بەھۆت بە زمانەکانى ئۆزى بە شتۆھەكى ئۆز نۆمۆھ
چانى گەھۆرە/يان بەئىبى تۆماركراو نكايە بە يۆھەدى بگە بە 'ئىبى دايڤرستى'
ئە سەر زمانەى بە ھۆۆۆ (01642) 526114

KURDISH

欲要這份資訊的其它語言版或其它版式,如大字體印刷/錄音帶, 請
致電 (01642) 526114 致洽 '多元化隊'

CHINESE

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਢੰਗ ਵਿੱਚ, ਜਿਵੇਂ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਜਾਂ ਆਡੀਓ ਢੰਗ ਵਿੱਚ
ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ
ਨੰ (01642) 526114 'ਦੀਵਰਸਿਟੀ ਟੀਮ' ਨਾਲ ਸੰਪਰਕ ਕਰੋ

PUNJABI

اگر آپ ان معلومات کو کسی بھی اور زبان یا انداز میں چاہتے ہیں تو براہ کرم دایورسٹی ٹیم
کو اس نمبر پر فون کیجئے (01642) 526114

URDU