

Are You Being Served Well?

Adult Social Care Services in 2012/13

The 'Local Account' for Stockton-on-Tees

October 2013

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Foreword

This is my second year of writing the introductory welcome to our Local Account which covers 2012/13.

As a Council, we continue to face unprecedented cuts in financial support from Government. However, we remain committed to protecting the most vulnerable in our communities from the worst effects.

This report describes how we have been able to direct resources to support the growing pressures in Adult Social Care, and the efficiencies, improvements and transformations we have made along the way.

We are committed to further develop services to ensure progress against our 4 priority areas:

- Safeguarding
- Personalisation
- Prevention and early intervention
- Carers

Against the financial background and increasing demand, this won't be easy. But I am confident that our dedicated workforce, with the necessary support of key partners in health and the voluntary and community sector, will continue its rise to the challenge to make our aspirations for excellence a reality on the ground. We welcome your support in this, not least by comments on how we are doing and suggestions on what and how to improve.

Councillor Jim Beall

Deputy Leader of the Council and 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 2012~13:

- 7,943 clients provided with services during the 2012~13 period.
- 2,500 new clients assessed for care packages.
- 759 clients provided with short term interventions e.g. Intermediate Care, Reablement, to enable independent living.
- 4,817 clients provided with equipment or adaptations to support them in their own home.
- 294 permanent admissions to residential & nursing care during the period.

Changing demography - our ageing population:

Projections¹ for 2020 indicate the following for those aged 65 yrs and over in our Borough:

- The population in this age range will increase by 20% (from 31,300 to 37,700) - a greater rate of increase than for the North East and England overall – whilst the population of the Borough overall will increase by 6% (193,300 to 205,300).
- 25% increase in dementia (from 2,104 to 2,642).
- 20% increase in diabetes (from 3,911 to 4,668).
- Over half will have a limiting long-term illness (from 16,033 to 19,305).
- 2,200 more living alone (from 11,471 to 13,634).
- Nearly 3,000 more needing some help with domestic tasks (from 12,567 to 15,330).

¹ Figures are taken from Office for National Statistics (ONS) subnational population projections

Section 1

What do people think about Adult Social Care?

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 summarises what we have learnt from your feedback during 2012/13.

Local Surveys.

1. Our local Care Management Survey provides feedback from a sample of people who have been visited for a social care assessment. Results collated during the past year indicate that:
 - 89% of clients felt that the service was responsive to their needs.
 - 96% of clients felt that they were treated with courtesy and dignity and respect
 - 100% of clients indicated that social workers clearly explained the process and its potential outcomes and that all clients felt they were able to feed their own views into the process.
 - 98% of respondents were satisfied with the outcome of the visit.
2. These outcomes are line with the overall satisfaction levels reported in the 2011~12 Local Account. One of the learning points from the survey has been the need to be sure that people being assessed are provided with clear information about how they raise any concerns or complaints about the assessment. This has been addressed through our staff procedures and it is pleasing to note that all clients responding to the survey felt that the assessment process was explained clearly and they were able to contribute their views to the process.
3. We also introduced last year, in September 2012, a new local survey for people who have been the subject of a safeguarding referral. We developed this partly as a response to feedback from one of the questions in the previous year's national Adult Social Care user survey, which suggested that some service users did not always feel safer as a result of the support they were receiving.
4. Results of this local survey indicate that 76% of the 78 respondents during the year felt safer as a result of the safeguarding process, with the large majority of the other service users choosing not to respond to the specific question on this issue.
5. A local survey of Intermediate Care clients indicated that 81% were referred directly from the hospital, whilst 8% were referred via GP services. Of people receiving information prior to the service starting, 94% found the information helpful. Based on Reablement and Intermediate Care services provided, 97% of clients were either very satisfied or satisfied with the outcome with 80% of people feeling able to live independently within six weeks of commencing the service.

National Surveys

6. During the year we have taken part in two national surveys about Adult Social Care, providing us with an important snapshot of how services have been received.

7. The **national Carers Survey** results feed into the following headline indicators used to compare performance nationally and with a comparator group of similar local authorities.
 - The Quality of Life score (which is taken from responses to a number of questions in the survey) – we were better than both the England and comparator group averages.
 - Overall satisfaction of carers with the support or services they, and the person they care for, had received from social services in the last 12 months – we were better than the England average but below our comparator group average.
 - Carers who report they have been included or consulted in discussion about the person they care for - we were better than the England average but below our comparator group average.
8. We recognise the need to continue to develop and improve our support for Carers and have ambitious plans to improve the quality and effectiveness of our provision, following an extensive consultation exercise carried out in 2012. Further details of our work on Carers' services are given in section 4.2 of this document.
9. The **national Annual Social Care Survey** (for people receiving services) provided some positive outcomes, feeding into the following headline national indicators:
 - Overall satisfaction of people who use services with their care and support - we were better than both the England and comparator group averages.
 - Social care-related quality of life score (taken from responses to a number of questions in the survey) – slightly below both the England and comparator group averages.
 - Ease of finding information about services (for service users and carers) – better than both the England and comparator group averages.
 - Having control over their daily life - below both the England and comparator group averages.
 - Feeling safe - below both the England and comparator group averages.
 - Services helping people to feel safe and secure – below the England average but better than the comparator group average.
10. Further details of our work on Personalisation, and on Safeguarding, addressing issues raised in these survey results, are given in sections 4.1 and 4.3 of this document.

Using Comments, Commendations and Complaints

11. 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.
12. 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.
13. Following complaint investigations, we always identify what is working well and areas for improvement. Where necessary, action plans are drawn up and managers identified to ensure the actions are carried out.
14. During 2012/13 we received 52 complaints regarding our adult social care services. This

was lower than the previous year, with the main themes continuing to be the quality of service (particularly regarding Home Care providers during 2012~13), and issues about lack of, or inaccurate, information. All issues raised have been addressed through the complaints investigation process and any lessons learnt used to inform or service improvement and planning process. For example:

As part of our broader safeguarding responsibilities, the Council's Adult Social Care services have an arrangement with the Cleveland Fire Service to share information regarding people we come in to contact with who are potentially vulnerable. The Fire Service visit people and provide fire prevention advice and fit smoke alarms free of charge.

In the course of the year we received a number of complaints that the Fire Service were turning up without people being aware as to why.

Naturally we apologised to the people concerned and, following review of the arrangements, we changed our procedures so that people are left with written information explaining the process and sign to give their consent.

1,235 homes received a fire safety check as a result of this process in 2012 -13.

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

www.stockton.gov.uk

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

16. During 2012~13 significant changes took place nationally in the way the voice of local people on health and care services is represented and championed. We continued to work closely with LINK, the network of local volunteers and community groups who fulfilled this role, whilst supporting the transition to the new Healthwatch arrangements which came fully into place from April 2013.

17. Local Healthwatches have been set up across England to create a strong, independent consumer champion whose aim is to:

- strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs; and
- support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

18. The Council has valued the scrutiny and challenge of services from this independent consumer voice. For example, the involvement of the LINK and now Healthwatch in the work of the Council's Select Committees overseeing service reviews has helped to ensure that local people's views are taken into account.

19. We look forward to developing our relationship with Healthwatch Stockton-on-Tees, to ensure that local people's views continue to inform and influence our ongoing review and improvement of adult social care provision.

20. Details of how to contact Healthwatch Stockton-on-Tees are provided at the end of this document.

Section 2

How do we deliver value for money?

1. In the previous Local Account we told you about our EIT (Efficiency, Improvement and Transformation) programme which had included detailed reviews of:
 - Fair Access to Care criteria;
 - Information and Advice services;
 - Adult Services Provision; and
 - Adult Services Structures.

2. Whist work has continued on the implementation of these completed EIT reviews, during 2012/13 we also established an Adult Programme Board to develop a new programme of reviews aimed at securing further transformation in the way we deliver our services. This programme will cover work on:

- Older People Care Homes
- Commissioned Carers services
- Home Care
- Learning Disabilities
- Reablement
- Mental Health
- Independent Living Services,

During the year, the Adult Programme Board has focused on the following areas.

3. **Independent Living and Carers and Young Carers Strategy.** Improved commissioning arrangements are being put in place for all services covered by the review to ensure these services are in line with the Council's strategy and are value for money.
4. **Carers.** Consultation with carers is complete and a procurement plan for carers' and young carers' services is being developed based on the wealth of information provided by carers themselves. The new strategy will ensure services deliver to seven local priorities:
 - helping carers identify themselves as carers and seek support if they need it;
 - involving carers in shaping the provision of local care services;
 - involving carers in planning the care of the person they care for;
 - keeping healthy and well as a carer;
 - providing advice and information to carers;
 - respite opportunities; and,
 - accessing employment, education and work related training.
5. **Learning Disability EIT review.** A key part of this review is the development of more independent living options. Proposals are being drawn up to develop small schemes of approximately 10-12 people to have individual tenancies with care on site, similar to an extra care approach. Work to improve community based day services has also been agreed.

6. **Mental Health EIT review**

The Adult Mental Health Services EIT Review has been the subject of public consultation, with proposals including:-

- greater support for usage of personal budgets,
- ceasing the in-house day care, rehab and respite services,
- ceasing the dedicated user and carer involvement posts and providing such support through other existing mechanisms,
- re-configuring the community support service.

Final proposals will be considered by Cabinet in September 2013.

7. **Care Home Fees**

We have continued to work with care and support providers to ensure that services are maintained locally and provide high quality and value for money.

Benchmarking data on value for money

8. Information is available comparing what we spend on Adult Social Care with other local authorities. For the 2012~13 financial year, this is currently provisional data (published by the national Health & Social Care Information Centre). Key points to note are:
 - The proportion of the Council's total expenditure that was spent on Adult Social Care (23.1%) was slightly lower than both the England average (26.9%) and the average for our group of comparator councils (23.6%).
 - Of our total spend on Adult Social Care, we spent a slightly greater proportion on older people (aged 65+) and on residential care, than the average.
 - The proportion of what we spend on Assessment and Care Management (i.e the social work and other support staff), at 8.1% continued to be lower than others (11.5% England average; and 11.7% average for our group of comparator councils).
 - The unit costs of our services also continue to be lower than the national average.
9. Overall, these comparisons show that the Council has continued to deliver value for money in its Adult Social Care provision.

Section 3

Funding our priorities

1. The current public spending climate poses significant challenge. The Council currently spends around £50m on adult social care. Within our Medium Term Financial Plan, we have continued to direct resources to support growing pressures in adult social care.
2. However, by our careful budget management and the continued focus on efficiencies through the programme of reviews (as detailed in Section 2), we have been able to utilise resources to fund our key priorities in the following ways.

Personalisation

3. Funding released from reviews of our 'traditional' adult services has been used to fund new ways of working. All clients are now assessed through the new personal needs process. Eligible clients can exercise choice to have the funding for their care needs managed for them by the Council or directly manage it themselves via a Direct Payment. The spend on Direct Payments as a means of delivering care packages rose from £3.3m in 2011/12 to £3.5m in 2012/13.
4. Funding from internal and external sources has been used to continue to deliver the transformation programme supporting new ways of working. During the last year staff have worked to embed the new computer system (Adult Care Management System) which supports the new processes involved.

Prevention and Early Intervention

5. A comprehensive range of reablement services has been developed, funded in part through the reconfiguration 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.
6. Investment continues to be made in the Council's Care Call and Telecare services to support care at home. Expenditure on these services remained at £950k in 2012/13.

Carers

7. 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 grants which have previously supported these services. It has done so by identifying alternative sources of grant funding and by pooling funding from other partners such as Health. During 2012/13 the Council was able to allocate approximately £1m to maintain these services.
8. In view of demographic and changing population we will continue to review our adult services through the Adult Programme Board as a means of targeting funding to our priorities. An update on developments will be provided in next year's Local Account.

Section 4

How our key priorities are improving outcomes

4.1 Keeping Vulnerable Adults Safe (Safeguarding)

Why is safeguarding a priority?

1. Safeguarding is everybody's business. Adult abuse can happen to any adult, anywhere, and the responsibility for addressing it lies with us all.
2. 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. This responsibility is to be put on to a statutory footing with the progress of the Care and Support Bill through Parliament. It is intended that Safeguarding Adult Boards (SABs) will be established in localities.
3. 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.

What services support this priority?

4. In 2009 the four local authorities in the Tees area established the Teeswide 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.
5. 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.
6. The establishment of the statutory Safeguarding Adults Boards will require changes to the present arrangements and discussions are already underway with partners as to how we can achieve the best arrangements for local people.
7. In our last Local Account we reported on arrangements we had made to strengthen the way we respond 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.

8. In 2012/13 we have consolidated the new arrangements referred to above. We have taken measures to ensure vulnerable people have opportunity to have a voice in proceedings and to tell us what they feel about their experience of the Safeguarding process. Section 1 of this Local Account gives some details of the feedback we have received from people who have been the subject of a safeguarding referral.
9. Where criminal activity is part of a safeguarding concern it is the intention from the Safeguarding Board and Committee that perpetrators are prosecuted where possible. To this end there is close working with the Police and we have recently introduced the Witness Profiling Scheme with the purpose of assisting vulnerable people to give their evidence before courts.

How well have we done in delivering this priority?

10. During 2012/13 we experienced a continuing increase in safeguarding activity. We received 977 alerts during the year compared to 664 during 2011/12. We treated 32% of these alerts as referrals for investigation. We feel that the increase in alerts is a reflection of an improved awareness of the need to report concerns about vulnerable people, following a good deal of media attention to the subject and an increase in training and awareness raising to recognise abuse. This increase in alerts 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.
11. Neglect, Physical abuse and financial abuse remain the main reasons for a referral accounting for 107, 85 and 69 of the total number of referrals in the year.
12. Using nationally published comparative data for the 2012~13 period (provisional data at the time of preparing this Local Account) we can look at how well we are doing compared with England as a whole, and with a 'comparator group' of other Councils which are similar to ours in terms of population and demography. Some key points to note from this data:
 - Our number of alerts was higher as a proportion of the population than the England and Comparator Group averages; whilst the proportion of referrals was lower. This suggests high levels of awareness and response to concerns about vulnerable adults (as identified in para 10 above), but relatively fewer of those alerts being of sufficient concern to require referral for investigation.
 - Our proportion of repeat referrals (i.e. where a separate incident occurs for the same vulnerable adult during the period) is lower than the England and Comparator Group averages. This indicates that the large majority of referrals result in effective outcomes for those involved.
 - Our rate of completed referrals during the year was higher than the England and Comparator Group averages, indicating again effective practice in terms of referrals being responded to in a timely manner.

Case study

A local care home was reporting a high number of assaults carried out by residents upon other residents. The issues were reported in to the Safeguarding system by the home, in accordance with safeguarding procedures. Following investigation, it was found that the

majority of the assaults were related to specific individuals who were presenting very challenging behaviour. Through the safeguarding process, specialist support was mobilised to review the treatment the perpetrators were receiving, and the appropriateness of their placement. A revised programme of support and treatment was put in place for one client, and another client was moved to a facility which could offer more appropriate support. As a result, the situation in the care home was resolved and the remaining residents were left in a safer environment.

4.2 Carers

Why are services to carers a priority?

1. Carers are people providing (or intending to provide) a substantial amount of care on a regular basis to someone needing help to increase and/or maintain independence. There is no legal definition of 'substantial' and 'regular' and we carefully look at what might happen to the person cared for if the care is not provided.
2. Most Carers are adults but we know many are children and young people under 18 acting as carers for adult family members who may be doing this from an early age. We use the term 'Young Carer' for these children and young people.
3. In Stockton-on-Tees it is estimated that there are just under 20,000 people providing unpaid care, approximately 10% of the population. However, the real number is likely to be greater, as many people see their role as part of family life or friendship, rather than as a carer. Estimates also suggest that approximately 3600 of these will be older Carers (aged 65+), many of these caring for a spouse/partner.
4. For Young Carers, 2001 census data indicated there are around 600 in our area. However, estimates from The Carers Trust suggest there are higher numbers of young people with a caring role – approximately 1.1% of the population, suggesting there could be approximately 2,000 Young Carers in Stockton.
5. From 2011 to 2012 the Council reviewed all Independent Living and Carers services. We have also held a joint consultation with NHS partners, Carers and the general public to identify services that adult and Young Carers believe are of most value in their caring role and improve their quality of life. This information has been used to develop our new joint Carers Strategy which identifies the following local priorities:

You said priorities for Carers are	We said we will
Help Carers to identify themselves as Carers and seek support if they need it.	Provide information in a wide variety of locations and work with health and social care professionals to raise awareness and understanding of Carer issues and remove any stigma
Involve Carers in shaping the provision of local services	Ensure Carers are directly involved in shaping local services by involving them in a variety of ways to enable them to give their views
Involvement of Carers in planning the care of the person they care for	Work with health and social care professionals to ensure they involve Carers in decisions about the care and treatment of the person they care for and make information about health conditions more readily available.
Keeping healthy and well as a Carer	Work with health and social care staff to improve the assessment of Carers' needs and put effective support in place as soon as possible.
Providing information and advice to Carers	Work with GPs to improve understanding of Carers issues and quality of information provided. Ensure Carers are able to access information relevant to their needs.

	Information will be available in a wide variety of locations and in different formats
Respite	Provide a variety of ways for Carers to take breaks The Council is currently reviewing the quality of respite provision
Employment, Education and Work Related Training	Work with employers to raise awareness of Carers issues to promote more flexibility in the workplace for Carers Work with educational establishments to raise awareness of Carers issues to promote more flexibility around studying.

What services support this priority?

6. Most carers have a legal right to an assessment of their own needs. This identifies the support available to enable the carer to maintain their own health and balance their caring role with other aspects of their life. An individual care plan is agreed based on the carer's assessment and the assessment of the person being cared for. Both plans are the subject of an annual review.
7. Our revised strategy for Carers will bring about significant changes in how support is provided. Through our agreed priorities we will further develop and enhance the existing range of services available to Carers:
 - Breaks for Carers – delivered by a range of providers and both in the individual's own home and in residential settings. Breaks can either be planned, booked in advance by the Carer or available in an emergency where the Carer cannot continue their caring role. Specific culturally relevant services have been developed for the Hindu community and frail older carers.
 - Sitting Service – a service which enables carers to take a short break (e.g. 4 hours) from their caring role.
 - Stockton Carers Centre- is operated by the George Hardwick Foundation and 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.

- 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.
8. Many existing support services were commissioned in response to our 2009 Strategy, as informed by the then National Carers Strategy and local consultation. The funding climate remains challenging and the Council through its updated Strategy must ensure it continues to achieve the best outcomes for Carers through delivering safe, value for money services which are of relevance to Carers.

How effective have we been in delivering this priority and improving outcomes?

9. In Section 1 of this document we report on the findings of the national Carers Survey – these indicate some good levels of overall Carer satisfaction with social care services, whilst highlighting the importance of ensuring we involve carers fully when working with the people they are caring for.

Case study

A client, in his early fifties, has dementia. His wife, who cares for him, felt isolated and desperate for some time to herself. The client wanted to get involved in activities he used to enjoy, for example he used to be a member of a choir and enjoyed belonging to a book club at the local library.

A support plan was drawn up to address the needs of both the carer and the client, with the Sitting Service identified to provide support. A dedicated Support Worker trained in the 'Person Centred Approach' was provided to assist the client, accompanying him to a book club and a singing group and helping him re-establish social relationships. His wife was able to enjoy being free of her caring responsibilities for a few hours, safe in the knowledge that her husband was positively engaged in his interests, in a safe environment.

There are many outcomes to this support plan. The client's wife has been able to fulfil her caring role with a renewed energy, aware that the sitting service is available to support them both. The couple have regained some of their own life, identity and dignity which suffered when they were previously totally reliant upon the time and energy of other family members. Relationships within the family as a whole have improved, enabling them to spend more time together in a role other than that of carer.

4.3 Personalisation

Why is personalisation a priority?

1. Stockton-on-Tees Council is committed to offering service users choice and control over how their social care needs are met. We recognise that 'traditional services' such as Home Care or Residential Respite are not always the best option for some service users, who want to access alternative services. Personal Budgets put service users' needs and aspirations at the centre of our processes. It ensures that our service users are able to make informed decisions about their care needs while at the same time being fully supported by us.
2. Over the past year we have reviewed our processes to ensure that all eligible service users are offered the option of a Personal budget. To help increase control and support for people using a Personal Budget, we have dedicated Personalisation Support Workers who make sure service users are supported with how to spend and manage the personal budgets if they choose to receive these as direct payments.

What services support this priority?

3. The Council has a dedicated Personalisation Team to help support service users and staff in the implementation of Personal Budgets. One of the main roles of the team is to continue to raise the profile of Personalisation locally and regionally. The team also offers support in financial monitoring of Personal Budget accounts which provides peace of mind to our service users as it helps them to stay in control of their money.
4. Our new Adult Case Management system CareDirector has been implemented, providing a more streamlined way of working and helping us to offer a more efficient service.
5. We are making changes to our Personal Needs Questionnaire (PNQ) after feedback from our staff and service users. This is an assessment that asks questions about different areas of a person's life including their strengths and what they want to achieve or change. The changes to the PNQ mean we will be able to offer our service users a realistic budget to meet their assessed social care needs.
6. We are continuing to offer choice about how a Personal Budget is managed. Money can be paid directly to a service user or a third party can manage it on their behalf.

How effective have we been in delivering this priority and improving outcomes?

7. The Council has met its target for all people who are eligible for designated social care services being offered a Personal Budget.
8. We have seen an increase over the past year in the number of people who have chosen to manage their Personal Budget themselves via direct payments – nearly 600 people choosing this option.
9. The Council is involved in other Personalisation programmes regionally and nationally. For example, Personal Health Budgets (PHB) have been piloted as a means of funding a patient's health and well being needs.

Case study

'S' is a 32 year old. She has a diagnosis of Asperger's Syndrome which is an Autistic Spectrum Disorder.

Prior to receiving a personal budget, S felt there was nothing happening in her life. She spent most of her time in bed which led her to becoming physically unhealthy.

S wanted an aim in her life so she used her personal budget to assist her in accessing an educational course. She has since achieved 2 qualifications and is considering doing further training.

S also wanted to increase her confidence socially and improve her health and mental well being. She used her budget to access horse riding lessons which has helped her meet other people with similar interests.

S says 'I like that my budget is about me and what I need...my personal budget has given me direction and opened up opportunities for me.... it has encouraged me to be more positive about life....it has made me the best person I can be.'

4.4 Prevention and Early Intervention

Why are prevention and early intervention a priority?

1. Investment in prevention and early intervention services 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 needing more complex support packages.
2. Our aim is to enable people to remain in their own home as long as is possible, by maximising independence, improving health and well being and reducing social isolation.

What services support this priority?

Reablement Services

3. All our adult care services to some degree support prevention and early intervention. However, during 2012/13 we continued to make significant investment, maintaining the range of reablement services that make a direct impact on this priority. Our model for reablement services is currently based on hospital discharge and offers short term 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 help relearn skills, such as cooking meals, washing and getting about, which will keep people safe and independent at home.
4. Our 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 we deploy include:
 - Reablement Service – provides crisis intervention and intensive help to people in need of support to relearn or find new ways of doing daily tasks in their home. We will spend as long and often as is necessary to maximise independence. We aim to reduce the long term need for traditional home care services.
 - Intermediate Care Service – works closely with therapy staff from the Community Integrated Assessment Team (NHS therapy and nursing staff). They focus on crisis intervention and intensive help facilitating timely discharge from hospital or preventing admission into an acute hospital bed. We work with the person for up to six weeks in their own home providing personal support and where necessary complimenting therapeutic programmes provided by an occupational or physio therapist.
 - Rosedale Centre – offers people an assessment and rehabilitation service for up to six weeks within a residential setting. The assessment service supports people on discharge from hospital or those who may not need an acute hospital admission but requires focused health care support. The health and social care staff in the centre work with people by identifying their support needs, and thereby allowing the individual to make an informed choice of future care options. The rehabilitation service provides short term support allowing people to regain physical functions and re-learn mobility and other skills before returning to their own home.

Assistive Technology

5. 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.
6. 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.
7. At the end of 2012/13 there were 1,022 active Telecare clients (an increase of 120 clients from the end of 2011/12) and during the year there were 2,434 activations which required call outs.

Community Bridge Building (CBB)

8. CBB is a service supporting vulnerable adults with disabilities and those who are disadvantaged to access mainstream services to meet their need for social inclusion. It has been running as a pilot since April 2012 and is delivered alongside the STEPs service. The service is designed to support eligible Learning Disability and Mental Health clients in moving on from traditional buildings based services by focusing on their social, educational, vocational and employment aspirations and develop practical community based opportunities for them. The service outcomes are aligned to the personalisation agenda.
9. CBB is about giving people the opportunity to do the type of things they would like to do. It is about supporting them to find out about and access the mainstream activities and pursuits of their choice. It also ensures a strong person-centred value base and in an innovative way supports individuals and families to build their life and to strengthen the capacity of communities to welcome and include disabled people.
10. The service utilises community resources and is designed to minimise the need for clients to receive support that restricts personal choice and development. Clients are initially assessed in order to identify their interests; practical solutions are identified and acted upon to facilitate access to the community and activities.
11. Forty three people were supported by the CBB service in 2012/13.

Other Support Services

12. 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.

How effective have we been in delivering this priority and improving outcomes?

13. During 2012/12 we have been embedding changes to the way we manage many of the services involved. Evidence of positive progress in supporting people to live independently within the community is seen in the following:

- Increased capacity at Rosedale has enabled 501 people to access rehabilitation and assessment support services in 2012/13.
 - The Reablement Team supported 219 people during the year, of which 67% were able to return home with no ongoing support needs following a period of hospitalisation. (59% last year)
 - The Intermediate Care service has supported 422 people discharged from hospital (322 last year). 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, 79% were still living at home 91 days after discharge (78% last year).
 - There has been a continued increase in the number of Care Call connections, exceeding our target of achieving 5,000 connections by March 2013.
14. 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 2012/13 there were 269 such admissions of those aged 65yrs and over (a reduction from 295 in the previous year).

Case study

Assessment: a 72 year old male client living in Stockton, and receiving mental health services for a number of years, suffered a deterioration and became increasingly withdrawn and unwell. He needed increased cajoling and encouragement with his personal care. Family members became very concerned for his health and an Occupational Therapist had to step in to help relieve the stress on his brother. The CPN was very concerned for the client and his family and sought help from the Reablement team. The referral requested help for his personal care and to build his confidence so he could return to leading an independent life.

Support: the Reablement service started work with the client in July 2013. In just over six weeks he totally changed. When the support workers first visited, he was very withdrawn, would not talk much and had no interest in his personal care. If he was told to do something he wouldn't do it, but support workers found it was better to ask if he would like to get a wash while making him a cup of tea. They chatted to him about his likes and dislikes and found out he liked sport and gardening (his job had been as a gardener). Over the six weeks his self-esteem improved considerably and he is now washing and changing himself without being asked to. He also enjoys chatting about his life and sitting in the garden and he even puts his own bin out.

The client now feels he has a purpose in life as he is seeing people everyday. He has said how happy his family are with him and this has made him feel even better. He feels he has made a big improvement as he will now do things for himself.

Aftercare: The client no longer receives the Reablement service although the support workers will maintain contact as he has given permission for them to call in to see him when they are passing. His CPN will continue contact but does not need to visit as often due to the improvement he has made.

Section 5

Our plans for improving services

1. We continue to develop plans for improving our services, taking account of feedback from our service users, the results of the service reviews we have explained in Section 2 of this document, 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).
2. The financial context for our service planning is set out in Sections 2 and 3. Against this background we have developed a vision that encompasses the client outcomes we aspire to achieve. We believe that people should be supported:
 - to live as independently as possible
 - to live more fulfilling lives
 - to have choice and control over their lives
 - to maintain their dignity and be respected
 - to live longer, healthier lives
 - to receive personalised health or social care support that meets their needs.
3. Our plans for achieving this vision, and the wider context within which we deliver services, are reflected also in the Council Plan which can be found at: [Big plans, Bright future - Stockton Council](#)
4. In light of the increased challenges that we will face in meeting the future care and support needs of our population, and to ensure that we continue to plan ahead for the effective use of our funding and other resources, the Council has set up an Adult Programme Board. An update on the Work Programme of this Board is provided in Section 2. The Council will also respond to the government's consultation on social care funding reform and will continue to be involved in work to review the current eligibility system. People who fund their own care will have stronger links to the Council when the reforms are implemented.
5. The improvements currently planned for our key priorities areas are shown on the following page.

Safeguarding

- Ensure effective links between Stockton on Tees Vulnerable Adults Committee and Tees Wide Safeguarding Adults Board, and prepare for the proposed statutory requirements for Adult Safeguarding Boards.
- Ensure a high quality response to adult safeguarding issues which involves people, identifies what outcomes they want, and leaves them feeling safe at the end of the process.
- Ensure that the services we commission work to quality standards that promote people's safety and well being.

Personalisation

- Ensure that the personalisation process is better understood by the public, service users and carers.
- Ensure that the Resource Allocation System is appropriate for all service users and that it is fair and equitable.
- Increase the number of people and range of services users taking up direct payments to manage their own personal budgets.
- Fully Implement and embed new Care Director Case Management Information System.

Prevention And Early Intervention

- Review Reablement and Intermediate care provision as part of the Adult Programme Board Review Programme.
- Improve access to information, advice and guidance for people not eligible for assessment.
- Implement agreed recommendations from the Learning Disability Review.
- Complete and implement the Mental Health Review.
- Implement winter pressure plans.

Carers

- Improve the range of support for adult and young carers in line with the recommendations of the EIT review and related consultation.
- Implement the new Joint Carers Strategy.

Section 6

Our public information services and 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:

Email: customer.care@stockton.gov.uk

Telephone: 01642 527521

Post: Customer Services Manager, Customer Care, Stirling House, Tedder Avenue, Thornaby, Stockton-on-Tees TS17 9JP

Contacting Stockton-on-Tees Healthwatch

Email: healthwatchstockton@pcp.uk.net

Telephone: 01642 688312

Post: Healthwatch Stockton-on-Tees, Catalyst House, 27 Yarm Road, Stockton on Tees
TS18 3NJ

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