

# **Are You Being Served ..... Well?**

## **Adult Social Care Services in 2013-14**

The 'Local Account' for Stockton-on-Tees

**November 2014**

|                   |             |
|-------------------|-------------|
| <b>Version:</b>   | Final Draft |
| <b>Date:</b>      | 29.10.14    |
| <b>Replacing:</b> | v5 22.10.14 |

## Foreword

I am pleased to introduce our third annual Local Account, covering progress and achievements in Adult Social Care during the 2013-14 period. I hope the document will help you to understand and appreciate the work we do to support thousands of people in their daily lives, how well we performed during the past year, and what we are doing to make further improvements.

As a Council, we are determined to protect the most vulnerable members of our communities. We recognise the challenges we face in doing this – not least the financial pressures placed on Councils, and the growing impact of an ageing population which will bring increasing demands on social care services. This report helps to show how we are rising to these challenges, and highlights much we have to be proud of as a Council.

You can learn what we have done over the year to review many aspects of the way we work, developing new ways of delivering services, ensuring resources are being used effectively, and planning for the longer term. You will also learn about developments in our key priority areas:

- Keeping Vulnerable Adults Safe (Safeguarding)
- Carers
- Personalisation
- Prevention and early intervention

Of course, the progress we are making is dependent on our dedicated workforce, the support of key partners in health and the voluntary and community sector, and engagement with those who use our services. The strengths of these relationships will be especially important over the next year as we begin to implement major changes required by the new Care Act. I am confident that we will build on our progress and continue to work together in our commitment to excellent social care provision.

In the meantime, if you would like to tell us of your experiences of adult social care services or anything that needs to improve, please see the contact details at the back of this document.

Councillor Jim Beall

Deputy Leader & Cabinet Member for Adult Services & Health

(photo to be inserted)

## Contents

| <b>Section</b>  | <b>Page</b> |
|---|-------------|
|   |             |
| <b>1. About Adult Social Care in Stockton-on-Tees</b>   | <b>4</b>    |
|   |             |
| <b>2. What do people think about our services?</b>      | <b>6</b>    |
|   |             |
| <b>3. How do we deliver value for money?</b>            | <b>10</b>   |
|   |             |
| <b>4. Keeping Vulnerable Adults Safe (Safeguarding)</b> | <b>14</b>   |
|   |             |
| <b>5. Carers</b>  | <b>18</b>   |
|   |             |
| <b>6. Personalisation</b>                               | <b>23</b>   |
|   |             |
| <b>7. Prevention and Early Intervention</b>             | <b>26</b>   |
|   |             |
| <b>8. Our plans for improving services</b>              | <b>31</b>   |
|   |             |
| <b>9. Contacting us</b>                                 | <b>34</b>   |

## Section 1

### 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 2013~14:

- 8,036 clients provided with services during the 2013~14 period.
- 2,715 new clients assessed for care packages.
- 734 clients provided with short term interventions e.g. Intermediate Care, Reablement, to enable independent living.
- 5,085 clients provided with equipment or adaptations to support them in their own home.
- 306 permanent admissions to residential & nursing care during the period.

**Changing demography - our ageing population:**

Projections<sup>[1]</sup> for 2020 indicate the following for those aged 65 yrs and over in our Borough:

- The population in this age range will increase by 14% (from 33,100 to 37,800) - a greater rate of increase than for the North East and England overall – whilst the population of the Borough overall will increase by 3.6% (194,500 to 201,500).
- 22% increase in dementia (from 2,180 to 2,659).
- 14.4% increase in diabetes (from 4,100 to 4,689).
- Over half will have a limiting long-term illness (from 17,218 to 19,732).
- 1,632 more living alone (from 12,002 to 13,634).
- Over 2,000 more needing some help with domestic tasks (from 13,125 to 15,288).

---

<sup>[1]</sup> Figures are taken from Office for National Statistics (ONS) subnational population projections

## Section 2

### What do people think about Adult Social Care?

1. 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 2013/14.

#### Local Surveys.

2. Our **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 94% were satisfied or very satisfied with the outcome of the visit. Although slightly lower than the 98% for the previous year, this level of satisfaction remains high against our target of maintaining a satisfaction rate of 90%+.
3. Our **Local Safeguarding Survey** is for clients who have been the subject of a safeguarding referral. Results from the 105 responses covering the period April to December 2013 indicate that:
  - 94% of respondents felt that the process was clearly explained to them and that they understood what was happening, in line with the previous survey.
  - 96% of respondents were able to give their views of what they would like to happen.
  - 96% of respondents said that their views were listened to.
  - 89% of respondents were invited to meetings where the safeguarding concerns were discussed, slightly higher than the 84% recorded in the previous survey.
  - 95% of those who attended meetings felt that they had an opportunity to speak on their own behalf, higher than the 89% recorded in the previous survey.
  - 95% of respondents felt that the outcome of the Safeguarding process on a whole was appropriate, whilst 94 felt that they were safer as a result of the Safeguarding process, an improvement from 84% previously.
  - 91% were advised that they could have an advocate, higher than the 86% recorded in the last survey and 96% felt that they had appropriate support at meetings compared to 93% previously.
  - 91% of clients surveyed responded that they felt safer as a result of the safeguarding process compared to 89% for the previous survey.
4. Our **Signposting Survey of clients assessed but not eligible for services** was introduced during 2013 to help us monitor how well we had been able to help those people who received a social care assessment but were ineligible for services, by signposting them to

other sources of advice or support. Results from the 337 surveys are summarised below. As a new survey, these give us a benchmark for future comparison. Overall, we feel that these results reflect well on the quality of help that has been given to people by social care staff.

- 80% of those responding said they had been given information on where to access help.
  - 64% of those responding said they had got help from the place they were directed to.
  - 90% of those surveyed had not been back in contact with the Council following their assessment – this indicates the overall effectiveness of the initial assessment and signposting decision.
  - 82% of those responding said they would know who to contact if they needed help or information about social care services.
5. In addition to these regular local surveys, we have regularly consulted with our service users, and other local people, to help us develop and improve services. For example:
- We had a very positive response to consultation with the local community to help us refurbish the Halcyon Centre to incorporate dementia friendly design.
  - Service users have commented very positively on the work of the Welfare Rights service, which is carrying out excellent work to help vulnerable people at risk of, or currently experiencing, financial difficulties.
  - We have engaged with carers through the work of the Dementia Collaborative to review care pathways for people with dementia and their carers.
  - We have engaged with clients through the Making it Real programme to explain the options for arranging social care and support, including arranging these through a personal budget.
  - We have achieved valuable client feedback about the quality of care home and home care services through quality monitoring processes.
  - Following a wide public consultation, we have launched the carers' and young carers' support contract.
  - We continue to work with people with a learning disability and their carers through the Learning Disabilities partnership Board.
6. Further information about how we have used the results of consultation to improve our services is given in sections 4 to 7 of this document.

### **National Adult Social Care Survey**

7. This annual survey of people receiving services is undertaken by each Council in England, giving an important snapshot of how services have been received. The survey results feed into some national performance indicators, with performance benchmarked against the averages for England as a whole and for a comparator group of similar local

authorities. The last survey was undertaken during the spring of 2014, with provisional results<sup>1</sup> indicating the following.

- The proportion of service users who were satisfied with their care and support was higher than both the England and comparator group averages.
- The 'social care-related quality of life' score (taken from responses to a number of questions in the survey) was in line with both England and comparator group averages.
- More of our service users said they found it easy to find information about services, compared to both England and comparator group averages.
- More of our service users also felt they had control over their daily life, compared to both England and comparator group averages.
- The proportion of our service users who reported having as much social contact as they would like, was in line with the comparator group average, although slightly lower than the England average.
- With regard to feeling safe, relatively fewer of our service users reported feeling 'as safe as they want' compared to England and comparator group averages; however, the proportion who said that the services they receive help them to feel safe and secure, was in line with the comparator group average, although lower than the England average.

### **Using Comments, Commendations and Complaints**

8. 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.
9. 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.
10. 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.
11. During 2013/14 we received 36 complaints regarding our adult social care services. This was lower than the previous year, with the main themes continuing to be about:
  - the quality of service;
  - lack of, or inaccurate, information

---

<sup>1</sup> Provisional data published by the Health & Social Care Information Centre in July 2014; publication of final data scheduled for December 2014



- late or missed calls
- the conduct of staff.

12. 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:

A complaint was made regarding the Safeguarding process within the Council's Adult Social Care Services, following investigation of a safeguarding referral.

The individual concerned, and their family members, felt that they had not been kept fully informed of the investigation and conclusion of the allegation. Although they had been informed verbally, this had not been followed up by written confirmation. An apology was made to the individual and the family.

In response to the learning from this complaint, the Safeguarding procedure has been amended to avoid such a situation arising again. It is now written into the procedure that, in cases where no further action is to be taken and the case closed following a safeguarding referral, a follow up letter will be sent out to the individual concerned. The letter will contain information regarding the investigation and conclusion of the allegation, whilst adhering to confidentiality requirements.

### **Working with Healthwatch**

13. Transition to the new Healthwatch arrangements came fully into place from April 2013. Local Healthwatch services 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.
14. The Council values the scrutiny and challenge of this independent consumer voice. For example, the involvement of Healthwatch in the work of the Council's Select Committees will help to ensure that local people's views are taken into account.
15. During 2013~14, we have been 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. The Chair of Healthwatch has taken up their statutory place on the Health & Well Being Board.
16. Details of how to contact Healthwatch Stockton-on-Tees are provided at the end of this document.

## Section 3

### How do we deliver value for money?

#### Transforming Adult Social Care – Delivering our Priorities and Value for Money

1. In the previous Local Account we told you about the EIT (Efficiency, Improvement and Transformation) programme which was coming to an end, having delivered a number of significant reviews to achieve service transformation and efficiencies; and the new 'Big Ticket Programme' of service transformation managed by an Adult Programme Board.
2. The aims of the Big Ticket reviews are to:-
  - reduce costs where possible;
  - stem growth through examining alternative means of service delivery;
  - contribute to the Council's MTFP (medium term financial plan) for addressing future budget pressures.
3. The Big Ticket Reviews focus on those areas that are more financially volatile, demand led, significant in value and difficult to project.
4. Despite a reduction in posts and capacity across the Council, dedicated resources have been deployed to drive forward these Big Ticket reviews in Adult Social Care, running until at least March 2016 and covering development of the approach to the Better Care Fund and implementation of the Care Act 2014.
5. The Adult Programme Board has developed a new programme of reviews aimed at securing further transformation in the way we deliver Adult services, focused on:-
  - completion of the existing work programme;
  - an Enabling Work Stream (systems, processes and ICT);
  - BCF (Better Care Fund)
  - Care Act 2014

#### Completion of the existing work programme covers the following:

6. **Independent Living and Commissioned Carers Services.** Following the review and publication with NHS partners of the 'Joint Strategy for Carer Support Services for Adults, Children and Young People 2013-2017', we successfully tendered Carers contracts for Adult and Young carers. Sanctuary Supported Living and Eastern Ravens Trust will deliver those services - developing innovative, flexible and personalised support whilst raising awareness across the Borough of the offer available to our many hidden carers.

7. **Home Care.** We successfully reviewed and refocused the in house home care service to reflect the reduction in service users and the required level of staffing to provide ongoing care.
8. **Learning Disabilities (LD).** We have implemented the EIT recommendations to reconfigure LD Day services both in house and commissioned services, to move to a model of increased use of community facilities whilst securing a single building based service for those people with more complex needs. We have also reviewed our residential and respite facilities, moving Oak Rd to become a supported living unit whilst increasing respite beds at Lanark Close.
9. **Re-ablement.** As part of our planning and preparation to secure the available resources of the Better Care Fund (see 8 below), the Council, in conjunction with our Health partners, commissioned a high level review and mapping of our current re-ablement provision. This will enable us to identify areas of good practice and areas where we can further develop our offer in order to continually improve and meet our objectives of maximising peoples' level of independence in order to enhance their quality of life and reduce dependency upon social care and health services.
10. **Mental Health.** We have successfully completed the implementation of the EIT review recommendations, ceasing to provide directly in house residential and day care services whilst commissioning services based on individual needs and offering personal budgets through the use of the self-directed support pathway. This new approach ensures that early intervention, prevention and recovery become the focus of our intervention, while also ensuring those with long term mental health issues receive appropriate care and support.
11. **MTFP Impact.** For 2013/14 a saving of £1.84m was achieved across the Adult Big Ticket programme. Early retirement and redundancy costs relating to these reviews amounted to £0.46m and these have been funded from the Big Ticket savings. The final net saving for the year was therefore £1.38m.

**Enabling** (systems, processes, ICT) - the EIT review of services identified areas for improvement in services which support Adult Social Care namely:

12. **Commissioning.** This function needs to be more proactive in planning and shaping the market to meet future demand in Adult Social Care services. This means having a greater understanding of what services are needed now and which services will be needed in the future. Planning in this way will ensure that there is a local provision of services including the future housing needs of the Borough.
13. **Finance Processes.** Provision of Adult Social Care services is complex. There are a wide range of different service providers and there are different ways in which the services

are commissioned – e.g by the local authority or increasingly, service users will take personal budgets to buy the support and services they need themselves. In April 2016 the government will bring in funding reforms which aim to cap the cost of care for people who pay for their own care and this will further complicate the way in which social care is accounted for financially. For all these reasons the Council decided that a review of the way it works now will help pave the way for the changes needed to support the Care Act.

14. **Advice and Information.** It is really important that the Council provides clear advice and information about how people can access Adult Social Care and understand their entitlements. The purpose of this work is to build a good service with clear and consistent advice and information. To support this, the Council is developing an on-line directory of services. The purpose of the on-line directory is to have a comprehensive list of relevant services in the Borough and to sign-post people to national information where appropriate.

**Better Care Fund (BCF).** There are two main schemes described in the Stockton BCF plan (2015/16) target work with those people aged 65+

15. Scheme 1: Development of an integrated Multi-Disciplinary Service (MDS) across Social Care and Health services. The aim of the MDS will be to deliver effective crisis management – responding effectively in a crisis to prevent further deterioration and to deliver targeted early interventions and preventative approaches so that packages of care can be minimised and admissions to hospital are avoided.
16. Scheme 2: Improving pathways of care for Dementia. The Dementia scheme will build upon existing work and partnerships by enhancing the work of the North-of-Tees Dementia Collaborative, focussing upon early identification, diagnosis and planning for those people where dementia is impacting upon their daily life.

#### **Care Act 2014.**

17. The Care Act 2014 brings together existing legislation, and introduces new duties to local authorities to ensure that wellbeing, dignity and choice are at the heart of social care and health across the country. The Care Act also takes into account the findings of the Dilnot Commission's Report into the Funding of Care and Support, introducing a number of significant changes to how care is charged for, who has to contribute, and how much people will have to pay towards their care. The Care Act received Royal Assent on 14<sup>th</sup> May 2014. The majority of the Care Act will come into force in April 2015, with the remainder of in April 2016. The Care Act reforms cover the following areas:

- Improving Information
- Entitlement to care and support
- Assessment of eligibility

- Personalisation
- Financial Assessment
- Capping Costs
- Deferred Payment Agreements for people who are admitted to care homes
- Safeguarding
- Carers
- Moving Areas
- Provider Failure
- Transitions

18. Stockton Borough Council, through the Big Ticket Programme, will ensure that the various elements of the Care Act are successfully implemented within agreed timescales.

### **Benchmarking data on value for money**

19. Information is available comparing what we spend on Adult Social Care with other local authorities. For the 2013-14 financial year, provisional data<sup>2</sup> indicates the following.

- The proportion of the Council's total expenditure that was spent on Adult Social Care (23.0%) was slightly lower than both the England average (26.4%) and the average for our group of comparator councils (23.7%).
- Of our total gross expenditure on Adult Social Care, we spent a slightly greater proportion on older people aged 65+ (54%), than the average.
- The proportion of what we spend on Assessment and Care Management (i.e social work and other support staff) continued to be lower than others.
- The unit costs of our services were again lower than the national average, apart from Day Care services.

20. Overall, these comparisons show that the Council has continued to deliver value for money in its Adult Social Care provision.

---

<sup>2</sup> Provisional data published by the Health & Social Care Information Centre in September 2014; publication of final data scheduled for December 2014

## Section 4

### Keeping Vulnerable Adults Safe (Safeguarding)

#### Why is safeguarding a priority?

1. Safeguarding is everybody's business. 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 coordinating 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 to have the right to a life free from abuse. This responsibility has been made a statutory requirement for local authorities with the establishment of Safeguarding Adults Boards.

#### What services support this priority?

3. To meet the statutory requirement a Teeswide Safeguarding Adults Board (TSAB) has been established, and the Business Unit that supports the Board is hosted by Stockton Borough Council. Membership of the Board has senior representatives from across local Councils and other key partners whose role is to ensure that there is a consistent approach to adult safeguarding across the Tees area.
4. Each of the four local authorities has retained its own adult safeguarding committee (now called a Local Executive Group) and they follow the strategic lead of the TSAB, whilst allowing for activities to be tailored to the needs of the local communities. The membership of the Stockton Local Executive Group for Safeguarding Adults is drawn from across the Council, statutory partners, the voluntary, community and social enterprise sector.
5. The local Committee has been instrumental in ensuring that adult safeguarding is an integral part of how we protect and support vulnerable adults in Stockton. This can be evidenced by the development of the Safe Place Scheme for people with a Learning Disability and by monitoring the performance of organisations working with vulnerable people.
6. We also work with a number of local partnerships, including Safer Stockton Partnership and The Health and Wellbeing Partnership to ensure that local communities are helped to live in safe environments as our overall approach to safeguarding.
7. Arrangements are in place to respond to allegations or concerns regarding abuse (known as alerts) so that they can be managed effectively in a timely way. This allows risks to be managed and an appropriate response achieved.

8. Together with our First Contact service the Safeguarding Team is responsible for screening any concerns or allegations we receive. Following screening if an alert meets the agreed circumstances (thresholds) we will treat it as a referral and allocate the case to a registered Social Worker. The Safeguarding Team ensures that all relevant partners and individuals are involved in the decision about what needs to be done to safeguard the individual and prevent further abuse or neglect.
9. There are many outcomes possible from the safeguarding process for both the individual and perpetrator – for example: the use of counselling; social care support; use of enforcement; criminal prosecution.
10. We continue to ensure vulnerable people have the opportunity to have a voice in safeguarding proceedings and are given the opportunity to participate in safeguarding meetings with support if required.
11. Measures continue to be in place to ensure vulnerable people have the opportunity to express their views on what they feel about the Safeguarding process. Section 2 of this Local Account gives some details of the feedback we have received from people who have been subject to a safeguarding referral.
12. During the year we have audited a number of safeguarding cases to ensure that we continue to provide a high quality service. These audits are undertaken by members of the Senior Management Team and are used as method of maintaining a good standard of service delivery.
13. In 2014 we invited the Association of Directors of Adult Social Services, to undertake a review of our safeguarding work. The review was very complementary about the quality of partnership working, leadership, service delivery and effective practice.
14. During 2013/14 we have continued to examine the Winterbourne View serious case review recommendations and monitor the changes required for the residents of Stockton.
15. If we become aware of institutional abuse this will be managed through our Serious Case Review procedures. This process will involve our partner agencies and is designed to ensure that the safety and wellbeing of vulnerable people at the centre of this process.
16. Where criminal activity is part of a safeguarding concern it remains the intention from both the TSAB and the Stockton Executive Group that perpetrators are prosecuted. To this end we continue to work closely with the Police and continue to assist vulnerable people giving their evidence before the courts through the Witness Profiling Scheme.

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

17. During 2013/14 there was an increase in safeguarding alerts, with 1127 alerts received, compared to 974 during 2012/13. We treated 329 (29%) of these alerts as referrals for investigation. The increase in alerts is a reflection of continuing good levels of 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 regarding adult safeguarding.
18. Neglect, physical abuse and financial abuse remain the main reasons for a referral accounting for 113, 91 and 69 respectively of the total number of referrals in the year.
19. Some regional benchmarking of safeguarding performance has taken place for the 2013-14 period (based on provisional data), with the following points to note:
  - Our rate of safeguarding referrals (at 2.01 per 1,000 population aged 18+) was lower than the England average of 2.47, and lower than the majority of other Councils in the North East. Coupled with the fact that our rate of alerts has tended to be higher than most, this pattern of activity suggests high levels of awareness and response to concerns about vulnerable adults, but relatively fewer of those being of sufficient concern to require referral for investigation.
  - The proportion of our completed referrals which were either fully or partly substantiated (59%) was the highest in the region (consistent with previous years where we have had higher rates than benchmark groups). Taking account of our relatively low rate of referrals, this pattern of performance is seen as positive, indicating that alerts are screened effectively and the majority of cases that are referred for investigation do result in positive outcomes for the people involved. High proportions of 'not substantiated' case conclusions would raise concerns regarding the relevance of referrals being accepted for investigation.



### Case Study

An alert was received by the Safeguarding Team about Mr A, who has Autism and Asperger's syndrome. Mr A was homeless and had no access to his money as he had been denied access to his finances by a family member. Mr A had also been involved in an incident whereby it was alleged that he had been both physically and sexually assaulted.

Following discussions with Mr A and a friend it was agreed that he would stay with this friend on a temporary basis and an urgent housing application was made. Mr A agreed to a referral being made to a Clinical Psychologist so that a formal diagnosis of his condition could be made. Following this a referral to the Learning Disability Team was made so that Mr A could receive specialist support. This support included looking at work options; something that he was eager to undertake.

An Independent Mental Capacity Advocate (IMCA) was arranged for Mr A to support him through the Safeguarding process including his attendance at Safeguarding meetings. Mr A attended most of these meetings with the support from the IMCA and he was able to contribute to the meeting and express his views.

It was arranged for Mr A's benefits to be suspended and for the Department's Property and Finance Team to support Mr A in managing his finances.

Following discussions with the Police it was agreed that a Community Support Officer would engage with Mr A to provide support and reassurance to him. Discussions also took place with the Probation Service owing to Mr A not attending court for an offence he had committed. A report was presented to court highlighting his circumstances and the matter was quickly concluded.

Mr A accepted a tenancy in the Norton area so that he could be close to people that were able to offer him support. Help and assistance was given to Mr A in providing furniture for his new home. A referral was also made to HARBOUR who helped Mr A with strategies for him to keep himself safe.

At the final review meeting Mr A presented as a very happy and excited man who had been given the opportunity to get his life back on track.

## Section 5

### 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. Government legislation to support the role played by Carers has been in place for over a decade.
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 the 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 the Stockton-on-Tees area.
5. The Care Act 2014 sets out new law affecting carers from April 2015. The Act introduces significant new support for carers, both in terms of the availability of assessment for carers in their own right, and meeting eligible needs. For the first time, carers will be recognised in law in the same way as those they care for. Currently, carers do not have a legal right to receive support, although local authorities can provide support at their discretion.
6. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. This replaces the existing law, which says that the carer must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.
7. The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider

other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, whether they want to study or do more socially. If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

8. When the assessment is complete, the local authority must decide whether the carer's needs are eligible for support from the local authority. This approach is similar to that used for adults with care and support needs. In the case of carers, eligibility depends on the carer's situation.
9. In Stockton we have been preparing for some time in anticipation of the new law. In 2011 and 2012 the Council reviewed all Independent Living and Carers services and 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 was used to develop the Joint Strategy for Carer Support Services for Adults, Children and Young People 2013-2017 which identifies the following local priorities:

| <b>You said priorities for Carers are</b>                                      | <b>We said we will</b>  |
|--|---|
| 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                                     | <p>Work with GPs to improve understanding of Carers issues and quality of information provided.</p> <p>Ensure Carers are able to access information relevant to their needs.</p> <p>Information will be available in a wide variety of locations and in different formats</p> |
| 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 | <p>Work with employers to raise awareness of Carers issues to promote more flexibility in the workplace for Carers</p> <p>Work with educational establishments to raise awareness of Carers issues to promote more flexibility around studying.</p> |

10. The Carers Strategy has helped us to define the kind of services Carers wish to see delivered and has helped to underpin the re-commissioning of our service provision, with the Sanctuary organisation now contracted to provide Carer services on behalf of the Council.

**What services support this priority?**

11. Assessment 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.
12. Our Carers Strategy is driving significant change in how support is provided and will be further influenced through the new Care Act and associated national guidance. We will further develop and enhance the existing range of services available to Carers:
- Breaks for Carers – delivered by a range of providers, 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 - Sanctuary, our commissioned Carers support organisation, are establishing a permanent base which will act as an information, advice and support hub for carers.
  - Support in GP Surgeries - a newly appointed Client Involvement Champion will be looking at the best way to support carers within GP surgeries.

- Support for the BME Community and 'hard to reach' groups' – Sanctuary will support carers from these communities to overcome any barriers to accessing information and support.
  - Carers of people affected by drugs and alcohol – can be referred to a support service commissioned by the Drugs and Alcohol Team.
13. 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 and the Care Act 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?**

14. The last national Carers Survey was undertaken in 2012 and was reported in last year's Local Account. Key points noted were as follows:
- The 'Quality of Life' score for carers locally was higher than the averages for both England overall and our comparator group.
  - Overall satisfaction of carers with the support or services received was higher than the England average but below the comparator group average.
  - The proportion of carers who felt they had been included or consulted in discussion about the person they care for was higher than the England average but below the comparator group average.
15. The next Carers Survey will be undertaken during the 2014-15 period – this will help to inform our understanding of how well the changes taking place, as outlined in this section, are impacting on the lives of carers in our area. The results of the next survey will be reported in next year's Local Account.

**Case study**

E is a carer for her husband who has cerebral palsy and mobility difficulties. She experiences difficulty supporting him to access community resources when he is unable to drive. Home conditions were impacting on their health, e.g mould in a spare room which E hoped to use for craftwork as a break from her caring role.

Through our commissioned Carer Support Service, needs identified for E were: funding for driving lessons; to live in a safe environment; to have her needs assessed by social care.

Actions taken: application to a charity for driving lessons; referral to Cleveland Fire Brigade for a safety check and evacuation plan; advocacy to Tristar Homes for repairs; referral to CAB advocacy to support the completion of a carer assessment.

Outcomes: Carer assessment completed; £200 awarded following charity application for driving lessons; Fire Safety assessment undertaken; leak repaired in bedroom; E had a regular break from her caring role; improved emotional wellbeing.

Feedback: E reported "Getting £200 is absolutely awesome, it will make a real difference, help me to have a break and be able to take my husband out when he can't drive". E was "overjoyed" the spare room was now repaired enabling her to continue craft activities.

## Section 6

### Personalisation

#### Why is personalisation a priority?

1. Stockton Borough Council is committed to embedding personalisation into all aspects of Adult Social Care. We recognise that Personalisation offers the chance for social care needs to be met flexibly. By providing choice and control for our service users and carers we are able to ensure better outcomes and more personalised services.
2. We have an ongoing commitment to review, update and improve our processes and procedures in adult social care. We continue to look at the ways we can better meet the needs of service users and carers and where possible work together with service users and carers to come up with ideas of taking adult social care forward.

#### 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. Over the past year Stockton Borough Council has signed up to 'Making it Real'. This is an initiative that sets out what people who use services and carers expect to see and experience if support services are truly personalised. Making it Real has a set of 'progress markers' - written by real people and families - that can help us as an organisation to check how well we are progressing towards transforming adult social care. The aim of Making it Real is for people to have more choice and control so they can live full and independent lives. Stockton held an event with service users and carers looking at the progress markers and we co-produced an action plan that is available online at: [Making it Real Action Plan](#)
5. Following feedback from service users and carers we are making changes to our Support Service. The role of the support service includes providing information and advice about employing staff, support with payroll and making payments for services, setting up contracts of employment and help with recruitment. Stockton is expanding the Personalisation Team from 1<sup>st</sup> October 2014 so we are able to offer support to our service users and carers directly rather than using an external provider. This change will mean a more cohesive and robust service for those people using a self managed personal budget.

6. The Personalisation Team has produced its first newsletter to keep service users and carers better informed about the developments within Adult Social Care. These newsletters will be ongoing as we recognise that there are a lot of changes happening within adult social care.
7. The Personalisation Team has also developed Factsheets to be given to service users, carers and professionals to help support them with the process of personalisation. The factsheets include information on employing a Personal Assistant, recruiting staff and a suitable person policy.
8. The Council is exploring services for carers and how we can offer a personalised approach for this group. Included in this may be the option of personal budgets for carers. We will update on progress in our next Loca Account.

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

9. The Council continues to meet its target for all people who are eligible for designated social care services to be offered a personal budget. The numbers of people choosing a self managed personal budget are slowly increasing with nearly 600 service users choosing this option. With the proposed changes to our support service, information and advice we expect to see further increase in take up over the next year.
10. The Council is still involved in other Personalisation programmes regionally and nationally, for example, the Special Education Need reforms. From 1<sup>st</sup> Sept 2014 there will be an option for people aged 0-25 who have special educational needs to request a Personal Budget to help meet agreed outcomes. We are working with all interested services and sharing our knowledge and experience of personal budgets.



## Case Studies

J is 19. He has a diagnosis of Epilepsy, Autism and a Learning Disability, and needs 2:1 support because of his challenging behaviour.

J has a self-managed personal budget from SBC to meet his social care needs. He uses his budget to employ an agency. The staff from this agency work with J on the following:

- Life Skills – Making his own meals, gardening, animal care, travel training, money management and domestic tasks.
- Work Opportunities – They help J access voluntary work across the borough. They have helped J set up his own DJ business and have provided support regarding advertising his business, booking events etc.

J has established good relationships with the agency staff and built up a rapport.

J also uses his budget to access a Young Adult Social Care Group where he is able to socialise with his peers and develop his social skills.

At the last social care review J's parents said that 'this is the most settled J has ever been'. There has been a decrease in his behavioural episodes. His parents feel supported as they feel the package is working well for J.

E is 27. She has a diagnosis of Downs Syndrome and a Learning Disability. She uses her self-managed personal budget to pay for a Personal Assistant.

E attended college but she did not like going and this caused her to become anxious.

The outcomes /goals that E wants to achieve are

- Increase confidence – E to be encouraged to express herself and make her own decisions.
- Life Skills – pay for items, meal preparation, write a shopping list, money management and caring for animals.
- Work Skills – jewellery making.
- Social Skills – develop peer relationships

E has developed a very good relationship with her Personal Assistant, who has helped E to access the swimming baths and she has now learned to swim.

At her last review E has said she is very happy. Her family have said that she has developed her social skills and her confidence has increased.

## Section 7

### 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. In addition we support people coming out of hospital towards full independence with a short period of intense support. 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 Provision

3. All our adult care services to some degree support prevention and early intervention. However, during 2013/14 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 based on hospital discharge and offering short term intensive services, up to 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.

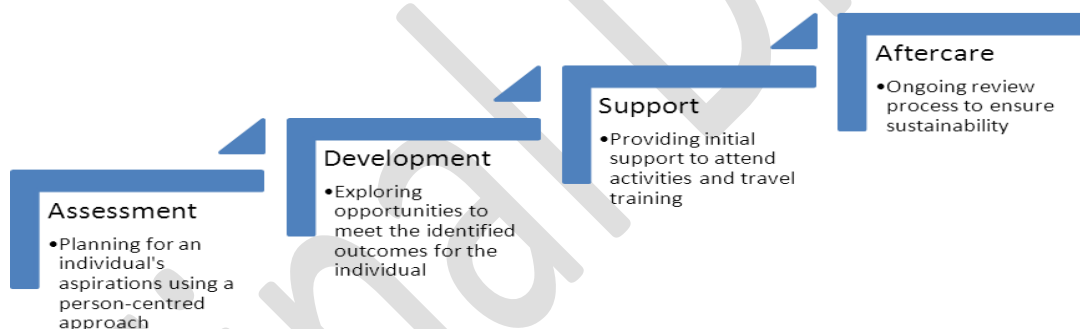
### **Assistive Technology**

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. Falls sensors are beneficial in the management of high risk clients. Falls sensors cannot prevent someone from falling, but they can trigger the alarm and can reduce the length of time the client spent on the floor waiting for assistance, and can reduce the risk of further health deterioration and longer stays in hospital or 24 hour care. In 2013/14 1,026 clients were assisted following a fall.
8. At the end of 2013/14 there were 5,355 active connections including 3,334 community alarms and 857 Telecare connections and during the year there were 2,779 telecare activations which required call outs (2,434 in 2012/13).

### **Community Bridge Building (CBB)**

9. Stockton Council's STEPS service (a stepping stone approach to employment) provides support for vocational training and employment opportunities to adults with disabilities.
10. The introduction of the Community Bridge Building (CBB) service has created an innovative framework of practical help and training to support individuals with disabilities to access mainstream activities and become independent, active members of their local community.

11. By accessing their local community, individuals build their independence and wellbeing whilst reducing their need for traditional day services.
12. The Community Bridge Building service works in a different way. It has four stages. Firstly, an assessment takes place which is a two- way discussion with the client to establish and realistically evaluate what clients can do and how their life is at the moment. We then work with them to understand their skills, knowledge and confidence and to manage their expectations and aspirations. This greatly raises the chances of developing clients at the right pace for them.
13. The development stage offers practical help identifying the individual steps needed to achieve skills and sustain social activity and healthy life choices for better mental and physical wellbeing.
14. Relationships, practical help and support and aftercare is maintained whilst individuals develop within their new goals and aims.
15. The approach is captured in the following diagram.



16. By working through these important stages, the Community Bridge Building process seeks to build trust and retain relationships between clients, service providers and community groups – which give a much greater chance of community engagement being sustainable in the long term.
17. Referrals increased during the year, as individuals were seen to secure positive outcomes for themselves and providers developed trust and confidence in the framework.
18. We continue to work in close partnership with Learning Disabilities and Mental Health Care managers to deliver the best possible service for all individuals referred. We work also in partnership with Public Health to ensure that individuals' health and well-being is at the core of our service delivery. Two case studies, demonstrating the difference Community Bridge Building is making to individual's lives, are given at the end of this

section.

### **Halcyon Centre – Adult Day Care**

19. The Halcyon Day Centre for adults provides support for up to 90 clients per day (Monday – Friday) with 200 people registered to attend of which 25% have a formal diagnosis of dementia. The Centre has been extensively refurbished in 2013/14 to create a dementia friendly environment due to £565k funding from the Department of Health. In addition the Livewell Hub has been created to provide a dedicated information and advice service alongside a memory clinic facility operated by TEWV. These developments support both the client and their carers and provide a wide range of therapeutic activities.

### **Other Support Services**

20. 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?**

21. During 2013/14 we have been embedding changes to the way we manage many of the services involved, with evidence of positive progress in supporting people to live independently within the community; for example:

- Increased capacity at Rosedale has enabled 528 people to access rehabilitation and assessment support services in 2013/14 (501 in 2012/13).
- The Reablement Team supported 289 people during the year (219 in 2013/14); of whom 78% were able to return home with no ongoing support needs following a period of hospitalisation (67% last year).
- The Intermediate Care service has supported 445 people discharged from hospital (422 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, 85% were still living at home 91 days after discharge (79% last year).
- There has been a continued increase in the number of Care Call connections, a growth rate of 7% over the last 12 months.

22. STEPS Community Bridge Building - of the 171 referrals received, there has been a take-up of the new approach by 77% of clients who have achieved the following outcomes:

- Employment: 31 individuals have secured paid employment.

- Volunteering: 46 are now involved in meaningful voluntary work.
- Education: 94 courses (both learning and vocational) have been completed or are in the process of being completed.
- Sport/Leisure: 97 individuals have participated in new exercise or some form of new sporting/ leisure activity.
- Arts: 40 individuals have participated in some form of the arts activity.

23. 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 2013/14 there were 285 such admissions of those aged 65yrs and over – this is similar to the 279 admissions in the previous year, although it does represent a slight decrease in the rate per 100,000 population from 889 in 2012~13 to 882 in 2013~14 (due to the increase in the overall population of people aged 65+).

### Case Studies

|          |  |
|----------|--|
| Name     | Mark   |
| Referral | Mark was very socially isolated; he wished to increase his independence and to engage in mainstream community activities.                          |
| Actions  | Guitar Class, Volunteering at a local Radio Station, Performing on stage at a local pub  |
| Outcome  | Mark feels he no longer requires day care; his confidence has greatly increased, he is now able to leave his home and mix with the general public. |

|          |  |
|----------|--|
| Name     | Angela   |
| Referral | To increase her independence, engage in mainstream community activities and to reduce her time in traditional day care   |
| Actions  | Travel Training, Volunteering, Swimming, Exercise Classes, Literacy & Numeracy, Money Advocacy   |
| Outcome  | Has reduced day care from 3 days to 1 day. Has seen a substantial increase in confidence, self-esteem and self-worth; this has greatly improved her mental and physical health. Angela now has a focus, a long term aim to work in a support related role and now lives independently. |

*“It is giving me the skills to learn more about myself and learn to like myself. I have found that it is like a journey which is helping me to create a new life and to get to my goal of having a life and not be afraid of facing my fears.*

*“Sometimes I think that they [STEPS] believe in me more than I do!*

*“After all, if I can swim 50 metres, you can do it!”*

Angela

## Section 8

### Our plans for improving services

1. We continue to develop plans for improving our services, taking account of feedback from our service users (see Section 2 of this document), the results of the service reviews we have explained in Section 3, and the review of performance summarised throughout this Local Account document. We must also develop our plans to take account of the changes in our population, as summarised at the front of this report (Section 1).
2. The financial context for our service planning is set out in Section 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. The Adult Board will oversee the implementation of the Care Act 2014 (see also Section 3 of this document). Preparation for the changes to Council responsibilities from April 2015 is underway to ensure that the people of Stockton receive advice and information and care and support, where eligible, to promote their wellbeing, in line with the new legal framework. There will be new entitlements for carers and, from April 2016, changes for people who fund their own care. The Council is working with other Councils in the region and across the country to ensure that information relating to the new arrangements is available to the public.
5. Our plans include the delivery, along with Health partners, of initiatives under the government's Better Care Fund (please see Section 3, page 11, of this document for further details regarding development of a new Multi-Disciplinary Team, and improving the pathways of care for Dementia).
6. The improvements currently planned for our key priority areas are shown below.

## **Safeguarding**

- Support the work of the Tees-wide Safeguarding Vulnerable Adults Board to keep vulnerable adults safe.
- Ensure a high quality response to adult safeguarding issues that involves people, identifies what outcomes they want, and leaves them feeling safe.
- Ensure that the services we commission work to quality standards that promote people's safety and well being.
- Ensure that people who lack mental capacity to make certain decisions are supported appropriately and that any decisions made on their behalf are in their best interests, in compliance with the Mental Capacity Act, and protecting their Human Rights.
- Ensure that services are reviewed and developed to support people with a learning disability to receive personalised support.

## **Personalisation**

- Ensure that the personalisation process is effectively 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.
- Continue to work with NHS partners through the Dementia Collaborative to improve the experience of care and support services of people with dementia and their carers.
- Develop the Care Director Case Management Information System in line with the requirements of the Care Act.

## **Prevention and Early Intervention**

- Review Reablement and Intermediate care provision as part of the Adult Programme Board Review Programme.
- Complete the implementation of the recommendations of the reviews of mental health and learning disabilities services.



## \$guwesqre

- Improve access to information, advice and guidance for people not eligible for services assessment.
- Implement plans to prevent avoidable hospital admissions and support timely discharge from hospital throughout the year, particularly during the winter months.

### **Carers**

- Implement the Joint Carers' Support Strategy with the NHS.

Final Draft

## Section 9

### 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](http://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:

Telephone: 01642 527521

Click: [customer.care@stockton.gov.uk](mailto:customer.care@stockton.gov.uk)

Post:

### Contacting Stockton-on-Tees Healthwatch

**Back Page - Languages and Formats**

Final Draft