

## Adult Social Care Services

### **‘What’s happening in adult social care services in Brighton & Hove 2011 ? A local account’**

#### **What is a local account ?**

From 2012/13 the Department of Health and the ‘Promoting Excellence in Councils’ Adult Social Care Programme Board’ are proposing that every adult social services department publishes a ‘local account’ each year. This should say what adult social services have been doing over the past year, how successful they have been and what they plan to do in the future.

In previous years how well adult social services were doing was judged through the national regulator, the Care Quality Commission but this has now ceased. The intention with local accounts is to allow local people to have a stronger voice in deciding how well their local social services are doing and what they should be reporting on.

#### **Developing a local account in Brighton & Hove**

Councils are being encouraged to produce a ‘short, accessible’ local account in 2011 on a voluntary basis. There is no national guidance on how to produce a local account and each Council will be trying their own approach this year if they decide to produce such an account. The learning from this will be shared nationally with other Councils to help in the production of a fuller local account in 2012.

In Brighton & Hove our approach will be to

1. produce a brief local account of our performance so far during 2011 by January 2012
2. consult with some key local organisations on the drafting of this local account (given time and resource constraints)
3. publish the final local account on our website and consultation portal to enable more people and local groups to give their views
4. present the local account at two key public meetings, the Cabinet Members Meeting and the Adult Social Care and Housing Scrutiny Committee
5. produce a full local account that takes account of the local consultation and national learning in 2012/13 and thereafter annually.
6. confirm the process for the production of future annual account so that this supports transparency, local engagement and challenge

Inevitably this first local account is still shaped by the previous national reports we provided to the Care Quality Commission. We have tried to make it informative and interesting. We have also tried to be honest and be clear about the challenges that face us as well as the successes. We are committed to listening to local people as part of the consultation process so that future local accounts reflect better what they want to know about.

## **What's in this Local Account ?**

The local account is in 3 parts.

The first part gives some broad general information about social care services and the national context within which the services operate.

The second part of the local account provides information on what we have been doing in adult social care and how well we think things are going. For the first year we have used the 4 national outcomes for adult social care services set out by the Department of Health as headings through which to report on our performance. This is because these are things people say have the most impact on their lives. The 4 outcomes are :

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care & support
- Ensuring people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable

Within the local account we have given particular importance to what local people are telling us about services either through surveys, complaints, plaudits and more general customer feedback.

The third part of the local account is a consultation which we hope as many local people and groups will respond to as possible. This will help us to make future local accounts better so they provide the type of information that local people are interested in and are in a format that allows people to hold the Council to account.

We have provided as many hyperlinks as possible in the local account so that if they want people can quickly access more detailed information on a subject.

## Part 1

### **The National Context**

Adult Social Care services, along with other public services, have been going through a period of major change over the past few years with a focus on the 'personalisation' of services. This policy involves making sure the individual is at the centre of the process of identifying their needs. It's about giving people the maximum possible choice and control in their lives, promoting their independence and supporting them to play a full part in society. Personal budgets offer people who use services the flexibility to identify for themselves what outcomes they are seeking and to purchase their own care and support to meet these.

If you would like to read more about the national context for adult social care please follow this *link to the Think Personal Act Local website*.

### **Adult Social Care in Brighton & Hove**

In Brighton & Hove we have been working with local partners and people who use services to deliver more 'personalised' services for several years. We set out a vision for services in the city in 2007

*"Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well being are at risk of abuse and neglect."*

Adult Social Care services include the commissioning and provision of home care, meals, equipment and adaptations, day services, residential and nursing home care. It also includes the ways that people can get these services, such as individual and carer assessments, personal budgets and direct payments, and adult protection procedures.

For more information on local services follow *this link to our web site* and read 'A Quick Guide to Adult Social Care in Brighton & Hove' and a range of information guides.

We continue to work closely and jointly commission with our NHS colleagues. We are working with the emerging Clinical Commissioning Group (CCG) on joint plans and arrangements. The Local Authority is also leading on the development of a local Health and Wellbeing Board. A shadow board will be set up for April 2012 and pending legislation will become a statutory function in April 2013

## **Part 2            How well are we doing**

### **Enhancing quality of life for people with care and support needs**

One of the most important things we can do to enhance quality of life is give people who use our services as much choice and control as possible in the services and support they receive.

One important element of this is making sure that we involve people as fully as possible in identifying what their needs and aspirations are and how these can best be met. This includes making clear to people how much money is available to meet their needs, offering them the direct management of that money (a direct payment) or if they request it arranging services for them but with the user maintaining control and flexibility. This way of working is called 'self directed support'.

We set a target for March 2011 that 30% of all people receiving social services in the community would do so through a self directed support route. We are pleased that we achieved that target and by March 2011 33% of people benefitted from this new service approach. We know that our achievement was similar to many other Council's, though some did less well and others better than we did. The challenge for us over the next year is to enable at least 45% of people by March 2012 to benefit from self directed support. By April 2013 we want to be in a position where nearly all people who receives services do so through a self directed support process. As of October 2011 our performance had reached the 42% level. However within the overall numbers of people receiving personal budgets the numbers who elect to receive direct payments are not increasing at the same rate. We need to investigate with service users why this is and what we can do to better support more people choosing a direct payment option.

In promoting self directed support, particularly when people choose direct payments, we also have to be sure that people are safe and that they are receiving care that is of good quality. There can be a tension sometimes between promoting choice and control and ensuring that people are safe. We have arrangements in place to support people who choose to have direct payments and control their own care. We are reviewing these arrangements in December 2011 to ensure they are robust and that people are protected.

We recognise the importance of getting the views of people using services on whether our services actually do support them having more choice and control. Our annual survey of people using services (see page 7 below) asks people about the level of choice and control they experience in general in their lives. This year 75% of people reported having either 'adequate' choice and control or 'as much as they wanted' with a further 21% reporting they have 'some' choice and control. A further question which asked whether care services specifically support them to have control in their lives found that 56% of people thought they did. In relation to the quality of their life 55% reported

that it was 'good/very good/couldn't be better' and a further 32% reported it was 'alright'.

We will be running this survey again next year. We will also be working with the local LINK to support them undertaking a more detailed survey of people's experience of self directed support and the impact it has had on their lives. In the next local account we will comment on how this information has helped us improve our services. This is an important piece of work , although we are please that the numbers of people receiving self directed support are increasing we also need to be assured that this is having a positive impact on their lives.

For many people who use social care services the quality of their life can be improved by employment or training and volunteering opportunities. We have a range of services in place that support people with a learning disability to gain employment and support them to keep the job once they are in it. We are pleased by our performance in 2010/11 when we supported 110 number people to be in work and a further 99 people in voluntary work. This is a better performance than most other Councils. In the current economic climate it will be a challenge to improve or even sustain this level of performance over the next few years.

We will be tendering out for some of our most important services over the next year as existing contracts come to an end. This includes home care, community meals and residential services. The consultation on home care has been completed and we consulted widely with people for their views on how these services should be delivered and how we can ensure they are support a personalised approach. Issues such as consistency of carer, time keeping and early notification of changes to the care plan were evident in the feedback. We will also be carrying out an assessment to understand how this re tender might affect the diverse communities within the city (we call this an Equalities Impact Assessment). We will ensure that this informs our specifications for services.

We know that where possible most people would like to live in their own home in the community rather than be placed in long term residential or nursing home care. Through our development of community based services such as home care, reablement services, transitional care, extra care housing and day options we are seeking to enable more people to live at home for longer and with more independence. In 2011 we added to these services, for example through the opening of a new extra care scheme at Vernon Gardens for people with physical disabilities. This new scheme provides an opportunity for people to organise their own support through individual budgets to complement the on-site support. We monitor the numbers of people we are admitting to residential and nursing home closely and these have been reducing steadily year on year. In 2010/11 714 older people (per 100,000 population) were admitted to permanent residential and nursing home care, compared with 801 the previous year and 887 the year before that. Our comparator authorities admitted 783 people to permanent residential and nursing home care (per 100,000 population) in 2010/11. However the overall

numbers of older people living in residential and nursing home care remain relatively high in the city. This is a legacy of our previous high admission rates, so whilst we are making progress there is still farther to go.

We developed a single Access Point for all social care services two years ago, with one telephone number, in response to requests to make accessing social care services easier. In September 2011 this service received 1759 enquiries. Over the past year we have been developing the Access Point further by advertising drop in services at different locations in the community to improve local face to face access. We have also been improving the mechanisms we have in place to capture feedback from people who use the services following a CQC survey which identified this as an area of weakness.

### **Delaying and reducing the need for care & support**

We have been changing our services and training our staff so that when people are needing social care services our first priority is to support that person to regain as much independence as possible in their lives. We do this by working with them over a short period to help them get their skills and confidence back. We call this approach to services reablement. This is clearly important as people want to remain in their own homes and be as independent as possible. It also significantly delays or reduces the need for care and support, so it also provides value for money. We are promoting this reablement approach across all our services and we have dedicated services in place which focus on reablement, such as the Independence at Home and Intermediate Care Services (an integrated services with the Sussex Community Trust).

One way we measure how well we are doing is to contact everyone who received Intermediate Care Services after leaving hospital to see if they are still in their own homes after 90 days rather than being in residential care. In 2011 over 87.9% of people were still in their own homes and this is a higher rate than most other Councils have achieved.

Another measure we use in our Independence at Home service is to see how much care and support someone requires at the start and at the end of a period of reablement. In the 3 month period Jan to March 2011 over 80% of people who completed a reablement period required less support and some of these people no support at all.

All Councils set thresholds that determine whether people can receive public funded social care, this is linked to national guidance called Fair Access to Care Services. *Follow this link* if you would like to know more about FACS. In addition in Brighton & Hove Adult Social care fund a range of preventive type services for people who do not meet our eligibility criteria and who have low level needs. These are services that can be accessed directly without having to contact social services and be assessed. They include services such as information, advice, advocacy and neighbourhood support schemes. Despite the difficult financial circumstances for all public services we have not increased our threshold for services nor reduced our investment in preventive

services this year. However the financial savings required over the coming years will present us with a severe challenge going forward.

We recognise the vital role of informal carers who provide support to people with social care needs. By informal carers we mean family, friends or neighbours. We offer a range of support services to carers including an assessment of their needs.

This year we have introduced a new service, the Carers Card. Access to leisure services for carers was identified as a priority in the 2009/12 Carers Joint Commissioning Strategy. Brighton & Hove City Council commissioned the development of the Carers Card and funds the issuing of the card plus some ongoing development support. The Carers Card is available for all carers in the city including carers of adults, parent carers and young carers. There are no actual subsidies for any of the services offered through the card, these are all subsidised by the providers themselves.

The Carers' Card is an initiative by the Council to offer discounts on a range of activities across the city to help carers to look after their own health and wellbeing. Carers' Card holders are offered a range of discounts on leisure and wellbeing activities across the city including discounted theatre tickets, hair and beauty, massage, complementary therapies, council and private gyms, golf etc.

In the coming year we will be looking at how we could provide improved services to support carers in/return to work and how we commission home based respite care services.

Providing people with simple household aids and pieces of equipment (such as grab rails and kitchen aids or raised toilet seats) can all help keep people safe and independent and reduce or delay the need for more intensive care and support. Social care equipment is provided through an integrated service managed through Sussex Community Health Trust. In the month of July 2011 the Integrated Community Equipment Service received 336 social care referrals for equipment, which resulted in 478 items of equipment being delivered and 95% of these were delivered within a week

### **Ensuring people have a positive experience of care and support**

We undertook a major survey of people using our services this year following national guidance provided through the Department of Health. All Councils completed the same survey so it allows for results to be compared. In total 360 people responded to the survey. *Please follow this link* if you would like to see the full list of survey questions. Although we have to ask all the questions set nationally we do have some discretion to set additional local questions. Please let us know as part of the consultation if you think there are additional questions we should be asking. The survey will be run every year. In addition we will be running a bi annual survey aimed at those people who provide informal care across the city. More details on this can be *found at the following link*.

The analysis of the survey shows that overall 83% of people were either quite, very or extremely satisfied with the services they receive and a further 7% were neither satisfied nor dissatisfied. The survey asked a range of more detailed questions about peoples quality of life more generally and their experience of care. *For more details on the results of the user survey please follow this link.*

More broadly we ensure that all services have arrangements in place to obtain the views of people who use their services on a regular basis with the expectation that this information will be used to improve services. For example, people with learning disabilities said they wanted more information about healthy eating choices and cookery skills. We therefore worked with the Food Partnership to provide training and support to people with learning disabilities. Each year we pull this information together to produce an annual report on what users have been saying and the responses we have made. *To access a copy of the most recent report please follow this link.*

We promote a positive and open approach to complaints in relation to social care. It is important that people are clear about their right to complain, that they can make complaints easily and most importantly that we as an organisation respond positively to complaints, seek an early resolution and make sure we learn from each complaint. During the year 2010-2011 there were 69 ASC complaints received. These are made of up 30 from our Assessment services and 39 from our Provider services.

Some examples of what we have learned from these and improvement action we have taken include :

- Provision of a Mentor to support a service user.
- Implementation of a traffic light telephone system so that staff can prioritise telephone calls received by service users to one of the contracted home care providers. Additionally more staff employed to cover the volume of telephone calls received and an answer phone to pick up overspill calls. Each service user to be given a named point of contact to ensure continuity.
- Develop and run a series of training sessions for Provider Managers who complete Level 1 Safeguarding Investigations to improve the quality of their investigations and the confidence and skills of the managers who undertake them. This includes providers across the sector and across all client groups.
- Ensure that all Carers in our shared lives service have access to safeguarding training and information and develop a customised course for Shared Lives Carers to support fuller understanding of safeguarding both in terms of alerting and having an allegation made which needs to be investigated.



- Merging our Hospital Discharge Reviewing Team into the main Reviewing Team with the aim that once someone is receiving a package of care, a named worker will be following that person through the system – whether that is at hospital, at home or in a placement.

When people are well enough to leave hospital but health or social care services are needed to support this, it is important that they are able to be discharged from hospital quickly and safely with the support they need. People do sometimes get delayed in hospital for a range of reasons, some of them linked to NHS services and some of them to social care, these people are sometimes referred to as ‘bed blockers’ in the media. This is clearly a negative experience for people. We have been working with our colleagues in the NHS and with other care providers to improve our services in order to avoid delay. One example of this is that we have now implemented an integrated hospital discharge service operating extended hours over 7 days a week. Some years ago we compared poorly with other Councils when performance in this area was measured. We have been steadily improving over the years, in 2007/08 the average number of delays per week was 41, last year it was 26 and currently (October 2011) it is running at 10.

We recognise that a timely response is an important part of ensuring a positive experience. One target that we set is the percentage of assessments that are completed within 4 weeks (this was a national standard). In 2010/11 we achieved 77%, which was disappointing and this year we have set a target of 90%. Our Access Point which is the key service for people accessing adult social care carries out a telephone survey of people who have made enquiries. In the most recent survey over 50% of people rated their experience 10 out of 10 and only 2% scored 6 or below out of 10.

### **Safeguarding adults whose circumstances make them Vulnerable**

Many organisations across the City have a role in safeguarding vulnerable adults. The Council has a lead role in co-ordinating this activity and we work in close partnership with all those involved. Every year we produce an Annual Safeguarding Report which details all the activity, the key challenges and the improvements we have made.

The annual report publishes data of numbers of alerts and investigations in the City. Last year 1,154 concerns about an adult at risk (vulnerable adult) were raised. This October we have launched an awareness campaign to raise awareness with the public about adult abuse, the forms it can take, and how to report concerns. We have updated the Council website to make reporting easier for members of the public. We have produced posters, postcards, and leaflets and hope to have local news stories to continue to raise people’s awareness. There are multi agency procedures for Safeguarding Adults at Risk, and these are endorsed by all member organisations of the Safeguarding Adults Board, including police and health trusts, to ensure a

multi-agency approach to safeguarding adults in the City. These procedures are *available through the Council website*. There are also links from the Safeguarding Adults Board to the Local Safeguarding Children's Board and Community Safety Partnership.

*Follow this link to see a full copy of the most recent Annual Safeguarding Report.*

We monitor the quality of care provided by all social care services in the city, those we provide ourselves and those we provide through a contract. We collect as much information as possible and give particular weight to what service users and their families are telling us. We work closely with providers to improve the quality of care through initiatives such as

- Promoting Dignity in Care
- Working with organisations to promote good internal Quality Assurance systems
- Providing a comprehensive Training & Development programme
- Supporting national initiatives such as My Home Life which promote best practice in residential care
- Providing additional support where service providers are having difficulty with implementing key policies; for example this year we have done some additional work with providers regarding issues of mental capacity.

Historically the quality of care in the city has been of a good standard. Until CQC ceased rating care services in 2010 almost 85% of services were rated good and excellent by CQC. If we are not satisfied with the quality of care we will take action. This year we have suspended 12 services from taking on more customers, taken action to ensure existing users are safe and worked with the service provider to ensure they improved the quality of the service. Services have responded to this by taking improvement action and at this point in time (December 2011) we have only 2 services currently suspended.

In the period when we had severe snow and ice across the city we worked with colleagues from across many different services to ensure that people who needed services were safe and received the services they needed. This included the use of 4 wheel drive vehicles driven by volunteers, service providers being willing to be flexible in visiting users at home, staff working longer hours, regular media briefings and increasing the level of service available. We are already reviewing our plans for this year in case we have a recurrence of this weather.

We have two care homes in the city which were run by Southern Cross, a national provider who ran into well publicised financial difficulty during the year. We worked with all those concerned to ensure we had a robust contingency plan to cover all eventualities and in the end we were involved in the successful transfer of these two homes to a new service provider. This was achieved without any disruption to residents or staff.

The government introduced safeguards for people in circumstances where the care they are receiving is so restrictive it amounts to a deprivation of their

liberty. Such restrictions have to be in the best interests of the person and require a thorough assessment by professionals. We have rigorous systems in place for investigating, approving and monitoring any such applications.

### **Part 3 Consultation**

If we are to develop a local account in future years that is of value to local people, which is relevant and through which people can question our performance it's important that you give us your views.

Please could you take just a couple of minutes to let us know:

- How would you rate our local account? Mark 1 for poor and 5 for excellent
- Did you find the annual report interesting?
- Which parts of the annual report did you find most interesting?
- Why did you find these most interesting?
- Which parts of the annual report did you find least interesting?
- Why did you find these least interesting?
- Was there anything in the annual report you would like to see more of in future?
- Was there anything in the annual report you would like to see less of in future?
- Do you think there are additional questions we should be asking people who use services as part of our annual survey
- How could we involve people more in the production of the local account
- How could we involve people more in providing a challenge to the performance information we report
- Do you have any other comments about the annual report?

### **Glossary**

**Care Quality Commission**      The national regulator for health and social care

**Eligibility** We have to make sure that the resources available to provide services are used in the best way possible. To help us do this, we have guidelines to work out if people are eligible or not for services. These are called eligibility criteria. The eligibility criteria help us make sure that we treat everyone fairly and that the people most in need of our help receive it. The eligibility criteria are based on national guidance and are used by all councils providing Adult Social Care Services. There are four bands, which describe the seriousness of the risk to independence or other consequences, if people's needs for community care services are not addressed. The four bands are

- Critical • Substantial
- Moderate • Low

Each local authority decides where it will set the threshold for who is eligible for help in that local authority. Councils decide this by taking into account the resources they have available to them to pay for social care services.

Currently, subject to exceptional circumstances, Brighton & Hove City Council has decided that it can only afford to commit resources to people who fall within the Critical and Substantial bands.

**Personalisation** Putting the individual at the centre of the process of identifying their care needs and helping them make choices about how they are supported to live their lives.

**Personal Budget** Is a clear allocation of funding which service users and carers are able to control. They can use the budget to buy support which meets their outcomes. These are agreed as part of an assessment and self directed support planning process. Personal budgets can be taken as direct cash payments.

**Reablement** Social Care Reablement is the name we give to services offering short-term support designed to help people recover skills and confidence, so they can retain your independence. By short term support we mean support from a few days to several weeks. The length of the service depends on circumstances and needs.

**Shared Lives Service** Shared Lives is a model of adult placements that offers personalised services. The schemes recruit, assess and support carers who offer accommodation or care and support in their family home to people who are unable to live independently.