

Local Account for 2010/11 and 2011/12

Calderdale Council

Adults, Health and Social Care Directorate



Forward

This document is an account of what Calderdale Council's Adults, Health and Social Care Directorate has done to meet the needs of people in the Borough who need care services, and their carers, over the last 12 to 18 months.

It sets out how we have performed, the new services that have been developed both within the Council and with our partners, and shows the various ways in which we make sure services are of a good quality, are provided fairly and that people are kept safe.

We have responded very well to Central Government social care developments and many new, more personalised services have been established that give service users and carers much more choice and flexibility.

We had a service inspection from the Care Quality Commission in the summer of 2010 and we were judged as "performing well" with promising prospects for improvement.

The Local Account also describes where things have not been as good as we would have hoped and what we have done, or plan to do, about them.

It shows how we have consulted and involved people in developing new services and making improvements to existing ones and it describes the things we are going to do in the coming year.

Sue Ross

Interim Director of Adult Health and Social Care

December 2011

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Our Priorities for 2011/12

Feedback from external inspections and service reviews

In June 2010 we had a service inspection from the Care Quality Commission (CQC). This focussed on four areas: Safeguarding, Choice and Control, Leadership and Use of Resources/Commissioning. The inspection included visits to service users and their carers, social care staff, reading of case records and meetings with a wide range of people and groups, including a public meeting.

The CQC judges the performance of councils using four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'. The CQC concluded that we were "performing well" in both safeguarding and choice and control. The CQC rates a council's capacity to improve its performance using the following four grades: 'poor', 'uncertain', 'promising' and 'excellent' and prospects in Calderdale were found to be promising.

There were 17 improvement areas arising from the inspection and, by the end of April 2011, we had addressed 12 of these. Since that time the following actions have also been carried out.

- New safeguarding procedures launched.
- A review of the safeguarding unit.
- An audit of case files and practice.

The Care Quality Commission carried out a national review of the First Contact arrangements – how well the Council helps people when they contact us needing health and social care services. The review was carried out in 150 councils and the results have now been published. We were rated as "best performing" and were 14th out of 150 councils.

The review looked at three areas:

- How easy it was to get through to the right person and get the right help
- Were callers given the opportunity to fully explain their circumstances including those of carers or dependents
- The provision of advice and support, including re-directing callers to other organisations where appropriate.

How money has been spent

At the start of 2010/11 we were forecasting a shortfall of £1.8m as a result of demographic pressures. This was because we needed to provide services to more people with learning disabilities and also more home care and self directed support for older people and people with disabilities. The changes to care needs and increasing numbers of service users had a financial impact not just in 2010/11 but will also affect future years.

Several measures were put in place to reduce the forecast pressures in 2010/11 and 2011/12, these were:

- *Budget Efficiency Exercise*

Budget holders within Well Being and Social Care were asked to find 5% efficiency savings from within their budgets to fund directorate pressures. The savings came from efficiencies, leaner working, cheaper supply, reductions in demand, whilst avoiding an adverse impact on services. This exercise has realised £400k budget efficiencies in 2010/11.

- *Demand Management initiatives*

- *Reablement Service*

- Action was put in place to improve the effectiveness of the service and this helped us to build on our earlier achievements in reducing the need for long-term home care.

- *Introduction of a Complex Cases Panel*

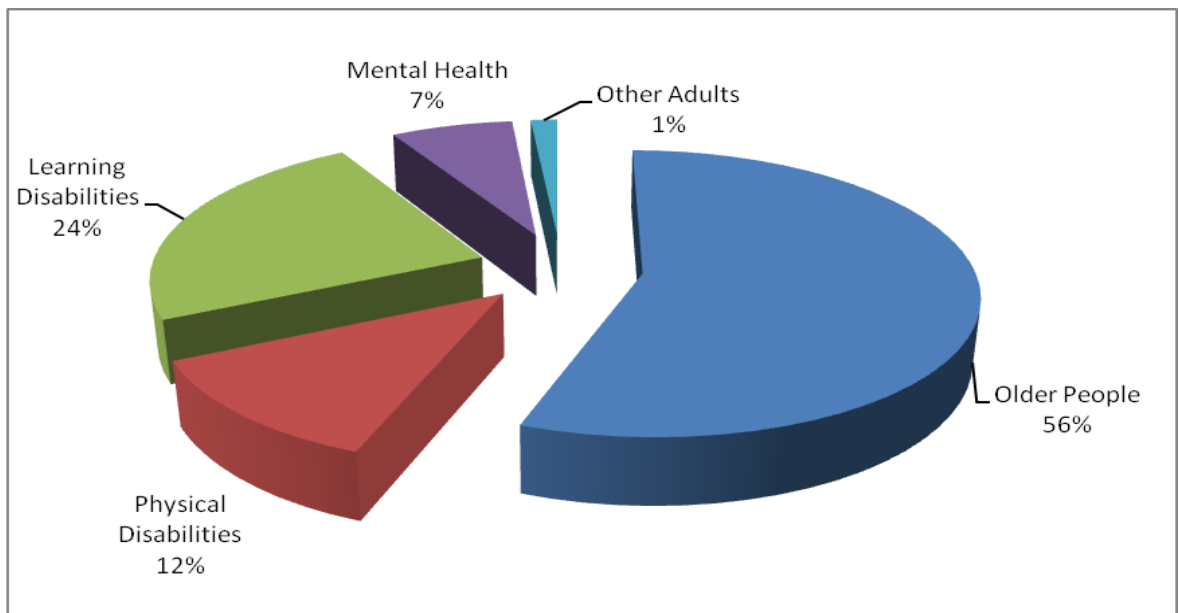
- A Joint Health and Social Care Panel was successfully established during 2010 to provide greater scrutiny of all care packages costing more than £200 per week that were being provided to support younger physically disabled adults and older people people at home . The panel also considers whether NHS continuing care funding should be agreed, and is very effective in challenging the levels of support and ensuring these are sufficient but not too generous. The financial impact was an overall reduction of costs of more than £150k in 2010.

- *Changes to service approvals via team managers in older people and physical disability teams*

- The delegated authority to agree support packages of under £200 was given to Team Managers. They check the requests more rigorously in order to ensure that the level of support is adequate but not too generous and specifically look at whether informal carers can take on more care.

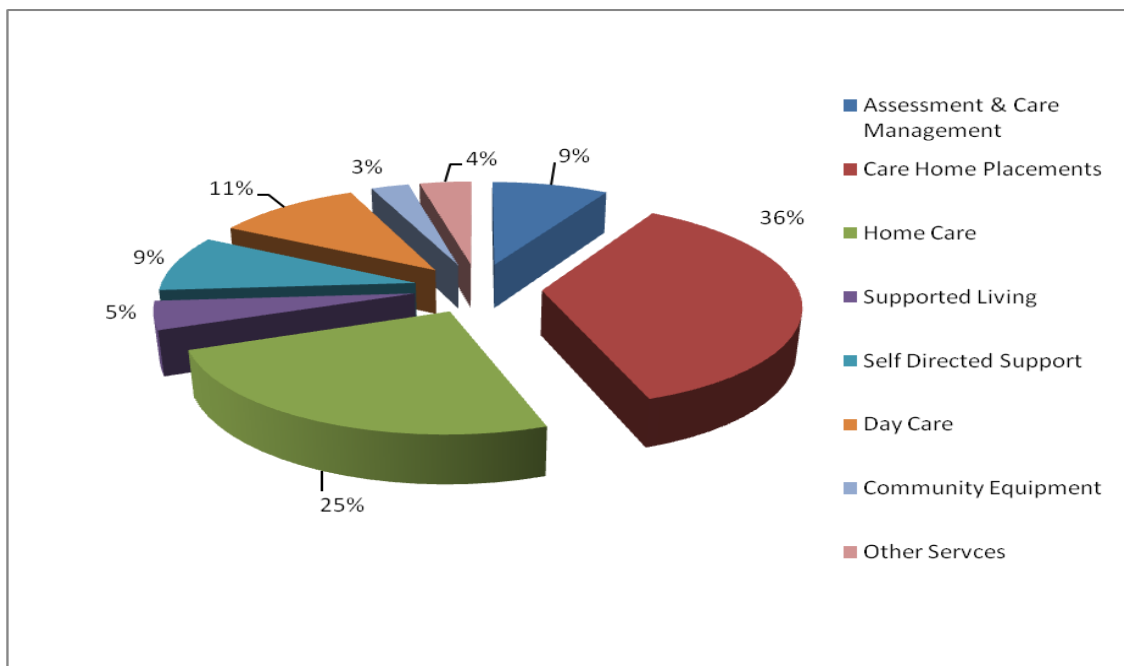
In 2010/11 the Council was allocated £630k from the NHS for social care. This additional funding and the actions outlined above made it possible for us to bring spending in line with our budget and achieve a small underspend.

In 2010/11 the Council spent £72 million on adult social care services.....



Graph 1- 2010/11 Percentage of gross spend by client group

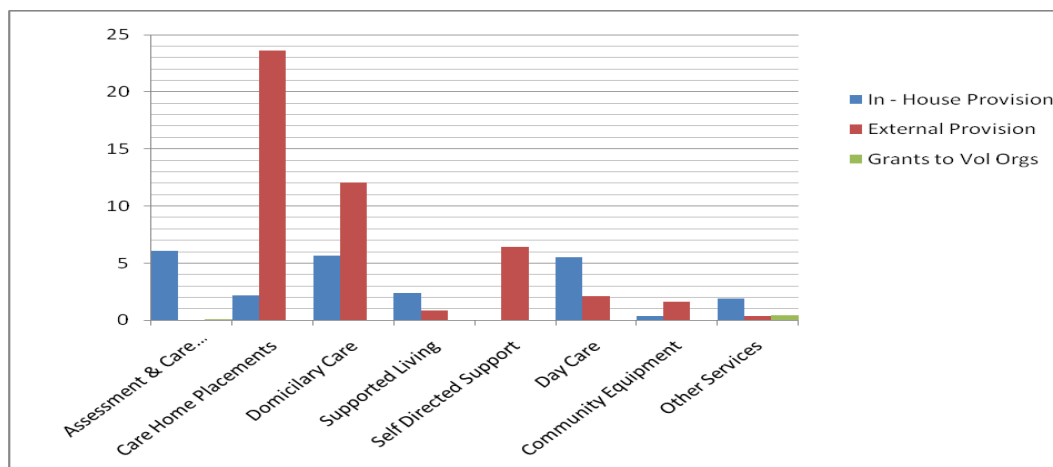
by service type...



Graph 2 - 2010/11 gross spend by service type

Of the £72m spent on adult services, 66% was provided by the independent, voluntary and community sector and 33% by in-house provision.

and how we spent it...



Graph 3 - 2010/11 Gross Spend (£m's) on services by type of provider

Our financial priorities for 2011/12

- **To provide a more personalised service within the finances we have available**

- **To meet demand pressures**

At the start of 2011/12, we faced financial pressures of £4.5m. Much of this has already been met, however £1.25m of this remains which we will have to find from future savings.

We have to find Budget Savings of £2.5m in 2011/12 and £4m in 2013/14. We are on track to fully achieve these savings as a result of focussing on more effective ways of delivering services.

- **Partnership working**

We will continue to improve our partnership working with NHS partners in order to deliver cost effective services.

- **Demand Management Initiatives**

To meet the budget shortfall from demand pressures, the following new initiatives are planned which we expect will have a positive impact.

Reassessment of existing service users

By carrying out a reassessment (rather than just a review) of people who receive services, we will have a more robust basis on which to reconsider the size of their support package.

Improvements to the reviewing system-

The creation of an independent reviewing team sitting outside the care management teams and a more objective and challenging approach will ensure that people receive the correct level of service.

Devolved budgets to team managers linked to the new RAS

We are introducing a new way of allocating services to people called the Resource Allocation System (RAS), which is being introduced in late 2011/12. This will be linked to developments to our IT system (Client Information System) and will therefore enable managers to have more control over spending decisions and overall commitments against budgets.

OUTCOME 1

Enhancing quality of life for people with care and support needs

We make sure that we provide good quality services which keep people safe and well and help them to remain in control of their lives by

- Providing good information and advice about services in a variety of different ways
- Ensuring that people from all communities and backgrounds who use our services ,and their carers, can benefit from a range of services to help them live as independently as possible within their environment
- Giving people as much choice as possible in how services are provided by enabling them to have personal budgets and/or direct payments
- Helping families, friends and communities to continue to provide care where they choose to
- Involving people in planning and improving services
- Raising awareness of abuse so that people who use services and their carers are safe
- Working with other organisations.

Our aim is to “provide help and support to older and disabled people who, as a result of disability, ill health or ageing, need advice, information or support to live safely and well”. To help us recognise how well we are doing, we monitor progress using a set of improvement plans. These contain the most important actions to ensure that we achieve our aim, and we report progress each month.

Services that are provided by the Council are arranged around the four improvement outcomes as shown in the model below, and these are contained in the Directorate’s Wellbeing and Social Care Improvement Plan.



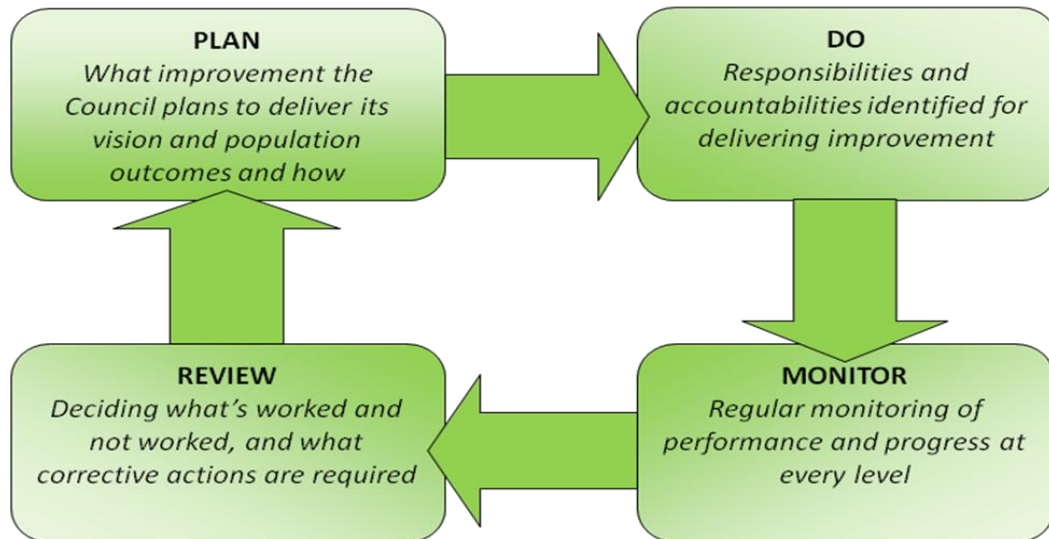
Progress on how we arrange the new services we want to provide and those services that are provided by other organisations on our behalf is reported in the Commissioning Improvement Plan.

Priorities have been agreed between the Council and Calderdale NHS and they cover:

- Prevention – providing the right service at the right time in order to avoid people losing their independence
- Personalisation – giving people control of how and when they have services
- Protection – keeping people safe

The improvements we want to achieve in order to keep vulnerable adults in Calderdale safe and well are contained in the **Outcomes Framework** and progress on these outcomes is measured and reported on a monthly basis.

The performance management cycle



In 2010/11 our improvement plans were focussed around 7 areas:

- *Improved health and well-being* - people having good physical and mental health and able to live as independently as possible
- *Improved quality of life* - people having a social life, access to learning and leisure opportunities and carers being able to balance caring duties with a life of their own
- *Making a positive contribution* – people being able to make suggestions about services and be involved in service improvements
- *Increased choice and control* - in terms of how and when people who need services receive them and which organisation provides them
- *Freedom from discrimination and harassment* - in that services are available to all people equally
- *Economic wellbeing* - where people have income to meet their needs and help to find, or keep, employment
- *Maintaining personal dignity and respect* - people are protected from abuse and able to live in a safe and comfortable environment.

The following user-led organisations or groups were set up. The first group is now fully independent whilst the others receive some support from the Council:

- **Disability Partnership Calderdale** – this group is made up of disabled people of working age who have physical or sensory impairment and who live, work or use services in Calderdale.
- The **Learning Disability Partnership Board** – includes people with learning disabilities.
- **M-Power** – a group that lets people with mental health needs voice their opinions.

- **50+ Forum and Neighbourhood Schemes** – to improve the health and well-being of people over 50 in Calderdale. Schemes have been established across Calderdale with local groups running all sorts of activities according to local needs.

What people have said.....

Ever since my daughter moved to Australia, she's been pestering me to get an email address so we can keep in touch. I was scared of using a computer for the first time, but the Neighbourhood Schemes tutor talked me through my first steps and helped me set up an email account. I found it really helpful to learn alongside other beginners – it's nice to know that other people worry about the same things as me when it comes to computers!"

OUTCOME 2

Delaying and reducing the need for care and support

Gateway to Care was launched in February 2010. It provides a single point of access for information, support and guidance, and was expanded in October 2011 to include NHS staff. This has made it possible for both health and social care services to be accessed in one place and to provide a single point of access to the Intermediate Tier Service (for details of this service see below).

The integrated service from Gateway to Care got off to a busy start. In its first two weeks, the average number of calls taken by the team of dedicated nurses, social workers and trained advisors was over 170 per day, compared with an average daily call total of 133 in the month before integration and an average daily call total of 95 calls at this time last year. The highest number of calls taken was 195 in one day.

Gateway to Care takes referrals for health and social care services as well as cases where there are concerns about the safety of older people and vulnerable adults. It also gives people direct access to frozen meals and small pieces of equipment, without the need for a full assessment. The entire Gateway to Care service is provided in a way that helps people retain their independence and have choice over the services they receive.

As a result of speaking to people who use services, carers and other professionals, we changed the assessment form used by the Gateway to Care Team, making it easier for people to provide us with information only once rather than being asked the same question by different people.

The Social Care and Well-being Hub was launched in March 2011. This is an electronic directory of services and support available throughout Calderdale. It also has a register of events and organisations are able to put on their own details and tell people about forthcoming events.

What people have said.....

“I have an illness which often leaves me feeling weak. I struggle to go out shopping for food, so I called Gateway to Care about getting meals delivered. I explained that I wasn't keen on having frozen meals, so the person from Gateway to Care used the Social Care and Well-being Hub to give me a list of companies that will deliver fresh, organic produce to my door.”

“My husband and I are both retired but we like to stay active and get involved with our local community. The Social Care and Well-being Hub helps us find up and coming events in our area. We can look for things that are specific to our requirements, like clubs for people over 50, or exercise classes to help us keep fit.

Personal budgets were made available for all new service users, and existing service users whose care plans have been reviewed since April 2010. By the end of February 2011 we had exceeded Government targets by 5%. People who have a Personal Budget can choose from several different options – Direct Payments; Managed Services; Mixed Packages or an Individual Service Fund.

We have developed the following new services:-

- **Reablement Service** which provides help and support for people to do things for themselves. Instead of providing traditional home care support, reablement focuses on re-learning skills and helping people do things for themselves.

All people who are assessed as needing services have the chance to have reablement. Not everyone will benefit from reablement, some people will refuse it, other people regain their independence without of formal support being offered.

The reablement service started in April 2010, and 755 people were offered the service between April 2010 and March 2011. Between April 2011 and September 2011 the number was 462. The percentage of people who were fully reabled was 41% last year and 44% this year. Previously, these people would have received traditional home care services.

- **Support in Mind** - a service that enables people with dementia to remain in their own homes for longer.
- **Electronic Call Monitoring** – this will help us to provide and monitor home care services better and improve how we process contributions from people who get home care. There have been some delays in getting this work finalised, and we are addressing these with the provider.
- The development of **Telecare** (assistive technology) - which means that we are using new technology to enable people to remain in their own homes, for example sensor equipment. Telecare means ‘care at a distance’ using new technology in a way that is not intrusive but means people can stay in their own home for longer. It can also reduce, or delay, the need for other services for both health and social care.

At the start of 2011/12 we predicted an increase of Telecare referrals of 20%, however, we had reached this target by October. The number of referrals received by the service in the period from 1 April 2011 to end of October 2011 was 357; compared with 212 for the whole of the year from 1 April 2010 to 31 March 2012. This equates to an average of 51 referrals each month, although in October and November 2011 over 80 referrals were received. If the current rate of referrals remains at the same level, in excess of 600 Telecare referrals will have been carried out this year. If this increase in referrals continues, then the number of referrals could be just under 800 for the full year.

Since August 2010 we have:

- Developed a staff training programme
- Set up the Telecare demonstration room at Savile Close.
- Researched and sourced different Telecare solutions.
- Trained staff from the Mobile Response Teams to fit some items of Telecare.
- Publicised the service.
- Carried out complex assessments and installations in people’s homes.

What we have done to help people remain in their homes.....

Mr. B is 90 and lives with his wife. He is at risk of falling especially if he gets out of bed during the night. His wife sleeps in a separate room and is not aware when her husband gets out of bed, worry over his risk of falling is making it difficult for her to sleep at night. She is also worried that in the mornings when she has got up she may not hear him if she goes out into the garden.

A bed occupancy sensor that alerts Mrs B via a pager if Mr B gets out of bed has been fitted and Mrs B is now able to sleep better and is less worried that her husband will fall without her knowledge and she is able to continue caring for him at home.

Mrs. M, who is 70, was diagnosed with dementia in her early 50's. Her daughter lives in the property next door and Mrs M has frequent falls and wanders out of the house alone. Both Mrs. M and her daughter want Mrs M to remain at home rather than move to residential care but they need to ensure she is safe.

This has been made possible as a result of the following that we have been able to do:

Memo Minder – a detector that on sensing motion plays a recorded message e.g. daughter saying 'Mum go back into the sitting room'.

Property Exit Sensor – to alert if Mrs M goes out of the main door

Carbon Monoxide detector – linked to community alarm

Bed Occupancy Sensor – to alert daughter if Mrs M gets up during the night, this can have a time delay built in to allow the person to get back into bed within a specified time).

A Home Safety check by West Yorkshire Fire Service was also arranged.

Future developments for Telecare include

- Telecare to be installed for people entering the reablement service.
 - Looking at the possibility of using Telecare for older people at risk of going into care.
 - Working with the Falls Prevention Team to agree how Telecare solutions might help.
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- The development of **voluntary sector providers** - meaning that we are now seeing more choice and competition in the Social Care market.
 - We have published a **Market Position Statement**. This is the first step in the process of discussing with providers of social care the amount and type of services that will be available in the future. It will help us identifying together where pressure points exist and agree about how best to provide services that are both good value, good quality and flexible.
 - Joint working with the NHS on the development of the **Intermediate Tier Service**, which provides services that prevent people from needing to go into hospital.

What people have said....

“Having a Personal Budget has really changed my life – I now get a choice about what services I need. Instead of receiving traditional home care, I can employ a Personal Assistant who takes me on days out.”

“I’m 75 and I was recently diagnosed with Dementia. My condition means I often wake up confused in the middle of the night – this can be dangerous as I sleep upstairs and could easily have a serious fall. My wife often suffered from sleepless nights as she was worried that I would get out of bed while she was asleep and hurt myself. Telecare recommended a bed occupancy sensor, which alerts my wife if I am out of bed. This simple solution means that she only has to wake up when necessary and we can both get a good night’s sleep!”

Key Achievements 2010/2011

- ✓ 38% of people had a greater choice in the way their service was provided by receiving a personal budget. This was better than our target of 35% and a big improvement on the previous year when it was 10%.
- ✓ 85% of social care assessments were carried out within 28 days – an improvement of almost 10% on 2009/10.
- ✓ There was a slight increase from 7.1% to 7.3% in the number of people with learning disabilities who were in employment and for people with significant mental health needs this increase was even greater – rising from 8.6% to 9.7%
- ✓ 96% of people who needed items of equipment to help them in their homes had their equipment delivered within 7 days.
- ✓ Despite our best efforts to help people live in their own homes for as long as possible and keep admissions to care to a minimum; there are a small number of occasions when the best thing was for a person to go into a care placement.
- ✓ During the year, the number of older people in residential or nursing care rose by 45 - from 714 in April 2010 to 759 in April 2011. In the same period the number of people aged 18-64 years in residential care rose from 90 to 98.

The **Putting People First Programme (PPF)** was a national project that came from an agreement between central government, local government, and other health and social care agencies. It set out a 3 year vision for changing the way social care was delivered.

There were five broad objectives

- A major shift of resources to prevention, early intervention and re-enablement.
- Personal plans and personalised budgets for people.
- High quality accessible information and advice to all.
- Working with carers as partners.
- Giving maximum power, control and choice to people who use services.

The changes we made in Calderdale were around

- 1. Changing the supply of services** - providing a range of services from residential care, to intensive rehabilitation, through to home care and lower level preventative services delivered by providers from all sectors.
- 2. Changing the demand for services** - new ways of assessing people, including self-assessment for those who want it, and involving all relevant professionals in complex assessment.
- 3. Increasing our capability** – training staff in new ways of providing care e.g. reablement and also making better use of new technology e.g. development of the information hub.
- 4. Improving Performance, quality and value for money** – improved monitoring so that we know that we are delivering the services that people want. Value for Money isn't just about cost - it is also about services being efficient and keeping people safe.

The Government has issued “**Think Local, Act Personal**” which follows on from Putting People First and sets out the next steps we need to take. One of the main developments we have looked at is the closer integration of health and social care services. These services together are known as the **Intermediate Tier**.

There is a strong connection between a person spending time in hospital and a deterioration in their confidence, independence and well being along with an ageing population, more people having long term health conditions and a squeeze on budgets in NHS and social care, the need to find better quality and lower cost preventive care is more urgent than ever. If recent trends continue, the number of people living in Calderdale will rise by 16.7% over the next 20 years. The rate of growth in the number of older people is even faster with the number of people aged over 75 reaching 25,900 by 2029, a 69% rise¹ and it is people aged over 75 who are the main users of health and social care services.

People in Calderdale have said they want to get access to the right care at the right time in the right place and that systems, process and IT must not get in the way of organisations working together to provide care and support. The Council and NHS Calderdale have therefore worked together to bring health and social care services closer together and we are now working with NHS Trusts to deliver single, integrated services.

The purpose of the Intermediate Tier is to bring together a range of services so that people can get advice, support or care in a way that helps faster recovery from illness, prevents the need for unnecessary hospital or care home admissions and for those admitted to hospital to have a timely and planned discharge. The aim is to help people remain independent and minimise the need for high-cost support packages later on. The services within the Intermediate Tier are:

- Gateway to Care (Calderdale Council)
- Reablement (Calderdale Council)
- Community Rehabilitation (NHS)
- Rapid Response (NHS)
- Hospital Rehabilitation (NHS)
- Intermediate Community Nursing Beds (Calderdale Council and 2 independent care homes)

We consulted during autumn 2010 about this, and this included presentations at all Calderdale Ward Forums. The result of the consultation supported the change and we received responses such as:

- Better information should be available about services and how to access services
- Services need to look at the person as a whole and take into account their individual needs and preferences
- Better communication and co-ordination should take place between services to support the patient/service user journey through them
- The right amount of resources needs to be in place to enable people to have better alternatives to an unnecessary hospital admission or care home admission
- People receiving services need to be reviewed and followed up to make sure their needs are continuing to be met in the best way

¹ Sub-national Population Projections (SNPP) are published every 2-3 years, the latest being 2009 based on mid-year population estimates.

Another feature of Think Local, Act Personal is market shaping - this means that we look at the current trends and developments in the provision of social care and find ways to make further improvements. Our aim is for more people to choose, manage and buy their own care, and for more services to be available in the community so as to prevent the need for some people to be admitted to hospital or care home.

The gap will widen between the funds we have and the cost of care services. The number of people being provided with publicly funded adult social care services rose by 4% between 2007 and 2010. The Council's adult social care budget is forecast to reduce by 8.7% between 2011 and 2014 as a result of reduced Central Government funding. A higher limit for council funded services was introduced during 2011/12 (rising from low to moderate needs) which, in part, has led to increased numbers of adults funding their own care.

The types of social care services available have remained largely unchanged for some time. But, in 2011/12, new types of service have started to emerge in response to a range of factors, including new providers and developers who have identified Calderdale as an exciting place to invest. As a result the number of care homes and extra-care housing facilities are beginning to grow - three new care homes opened during 2011/12 and two further care homes are at proposal/planning stage. There are also three new extra-care housing schemes at planning or development stage with the first due to complete in summer 2012.

There has been an improvement in terms of the quality of care home service provided since quality ratings were introduced. In 2010, 75% of services were rated as good or excellent compared with 63% in 2008. However the position in Calderdale is still below the national average of 83% and the rate of improvement is slower than the national rate.

Key issues

During 2011/12 roughly the same amount of money was given to people choosing to purchase their own care through a direct cash payment as was used to provide traditional home care services. This represents some very large packages of care that are provided through direct payments so that people can have a high level of choice and control over the services they receive.

As at 1 April 2011, 2,128 service users were eligible for a personal budget, of these 63% chose to have their service in this way. Of the eligible service users 9% (192 people) elected to receive a direct payment (cash) and 4% (87 people) chose a mixed package of care.

In Calderdale less money is spent on residential and nursing care than in the average council and more money is spent on home care, day care and direct payments.

There are a small but significant number of younger adults with complex physical disabilities who are placed in out of authority care homes due to lack of locally available suitable alternatives.

Next steps

To support the development of the adult social care market we will with NHS partners:

- Collect and analyse information about demand for social care in Calderdale which will be shared with providers.
- Work with providers to test new approaches which could provide better value for money.
- Support capacity and invest more in the voluntary sector.

- Work with providers to eliminate unnecessary bureaucracy and the associated costs that come from administering it.
- Make it easier for new providers to come to Calderdale and work with them so that vulnerable people have greater choice about how their care needs are met.

OUTCOME 3

Ensuring that people have a positive experience of care and support

Equality and Diversity

To make sure that any new policy, new service or changes to current services are fair and do not disadvantage any section of the population, we carry out an Equality Impact Assessment (EqIA). We have a three-year rolling programme in place to make sure existing services have an EIA, and that these are reviewed.

All budget savings in 2010/11 were subject to an initial EqIA to make sure that the changes that were being proposed were fair to everyone living in Calderdale. These amounted to more than 30 impact assessments

In addition to the budget, the following EqIA's took place between January 2010 and April 2011. The majority of these have been necessary as a result of the all the improvements we have made to the services we provide in order to make them more personal and easier to access.

Area assessed	Date	Anticipated Improvements from the service for all service users
Gateway to Care Service	January 2010	The key objective of this initiative was to make it easier for people to contact us and make sure we could give a consistent response across Calderdale.
Personal Budgets	January 2010	To deliver a person-centred assessment and support planning process which enables people across all service user groups to stay in control of their lives and play a full and active role in society. Personal Budgets will provide greater choice, control and flexibility to individuals who are eligible for social care support.
Universal Information	January 2010	The purpose of the new web site is to have a single place where all people can find out about help and services that are available locally, or at a distance.
Reablement	March 2010	The opportunity for people to gain, regain or maintain independence whilst remaining in their own home or in an extra care sheltered scheme.
Electronic Call Monitoring in home care	June 2010	To join up the financial and invoicing systems with the services people are receiving and care planning packages and improve the safety for lone workers and service users.
Workforce Strategy	July 2010	To ensure that long term plans and developments are in place to ensure that there are sufficient properly qualified and skilled staff

		to deliver services and care for people in a person centred way.
Shaping the Market	April 2011	To be clear about the number and type of health and social care services that will be provided in 2011/12, and how, by working with other organisations we can improve the health and lives of people in Calderdale.
Review of charging policy	January 2011	To ensure that services are provided to those most in need. Very few people had stopped receiving the service because of the increase in charges; people who are assessed as having low needs are able to access services through Gateway to Care rather than through the assessment process.

Equality monitoring – To ensure that we provide services fairly we began collecting equality monitoring data. Gateway to Care collects equality monitoring data at the first point of contact with the Directorate. Initially this was collected through use of the Equality Monitoring form for people applying for or renewing their car badges, this was extended to all new referrals in May 2011. Allocated workers then gather any outstanding information on equality strands when they meet with the person. The practice of collecting and recording the data has now become embedded within the directorate.

Our priorities for 2011/12

- To improve the quality of, and approach to, completing effective Equality Impact Assessments (EqIA) and use these to influence decision making.
- To ensure that monitoring of services provided on our behalf is carried out in a way that ensures that there is equality in services being delivered on our behalf.
- Where partnership working takes place, to ensure that partners are involved in decisions taken to improve service delivery to disadvantaged sections of our community.
- To review existing assessments to see if actions have been completed or if they need to be put into our service improvement plans.
-

Carers and carers support

What we achieved in 2010/2011

Carers Emergency Back-Up Plans are now being promoted by Adults Health and Social Care staff as well as staff from Calderdale Carers Project. They are stored on Calderdale Council's Client Information System for use in an emergency, and they provide peace of mind for carers and the people they care for.

A new Carers Assessment has been developed which is easier to complete. A wider range of organisations can support carers with the forms. The Carers Assessments are being stored electronically for the first time, and there is a new page on our Client Information System to record the outcomes.

A Carers Champion has been selected from each of the social work teams. They meet quarterly with the Carers Development Worker to discuss issues affecting carers.

A Staff Carer's Forum has been set up. This is a monthly meeting for employees who are carers for a relative or friend and provides information, advice and support, as well as guest speakers and occasional treats.

A "Supporting Carers at Work" guide has been produced for working carers, managers and employers. This has been distributed to local employees and carers.

Regular information-sharing meetings have been established with the Carers Development Worker and organisations working with people who misuse drugs or alcohol. A monthly support group for carers/relatives of people with substance misuse issues has been developed as a result.

An annual GP Survey has been carried out, starting in March 2010, to establish how many carers are registered at each GP Practice, and to encourage them to register. The March 2010 survey found that 640 carers were registered at 18 practices and the March 2011 survey found that 864 carers were registered at 23 practices.

Our priorities for 2011/2012

- We are working with Calderdale Carers Project to identify hidden carers. The Carers Project has approximately 1,400 carers registered with them but, according to the 2001 Census, there are about 20,000 carers in Calderdale.
- We are looking into developing Carers Personal Budgets to replace the Carers Small Grant Scheme, so carers can have more control over any services they receive.
- We would like to develop some online Carer Awareness Training for staff who come into contact with carers e.g. staff in Housing, Benefits, and GP Practices.

- We are funding some work with young adult carers to bridge the gap in support between the Young Carers Service and Calderdale Carers Project.
- We will continue to progress the work we did in 2010/11 with carers.
- We will also be working on a new Calderdale Carers Strategy for 2012-2015 which should be published in autumn 2012.

Consultation with people who use our services

There are many ways in which we find out about the quality of the service we provide or purchase for people and how satisfied they are with them. These range from performance and quality reviews with people who use services, and self completed reports from providers to questionnaires, surveys and visits to service users. But these systems are not yet as integrated as they need to be and we are working on a single system for this. We are also developing a new approach which will put more emphasis on ensuring that providers provide services in a personal way to those who need them. By doing all this, we will have better information to help us make the right decisions when we develop new services or make improvements to current services. This new approach will require organisations that provide services on our behalf to conduct user satisfaction surveys, and we will check that these are being carried out and that the provider has taken appropriate action.

Contract Compliance

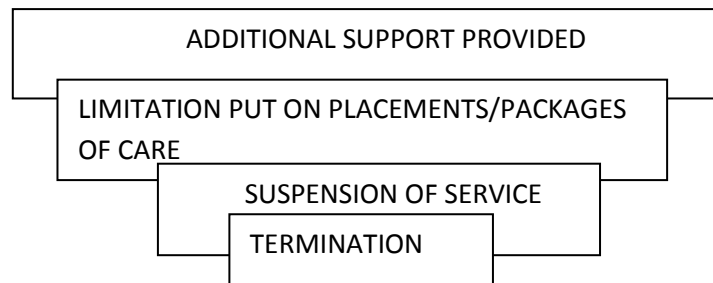
We have over 200 contracts with more than 100 providers in the independent sector. These cover a wide range of care services including care homes, respite care services, day services, home support services, housing related support, advocacy and frozen meals. In terms of keeping people safe we have solid systems in place, with other agencies, to ensure that both the health and social care needs of people are met appropriately and we do take action where this is not found to be the case.

Contract Compliance officers make sure people who use services are safe. They do this in various ways, for example speaking to people who use the services, asking for feedback from family members, speaking to managers and support staff, and asking organisations we contract with to send in regular updates. There is also close working with other agencies such as NHS Calderdale, and Gateway to Care, the Safeguarding Team, Assessment and Care Management and the Complaints Section.

All issues of concern relating to health or social care follow the process below

- Concerns reported to Gateway to Care
- Initial Investigation carried out - jointly with NHS if required
- Multi-agency monthly meetings (Social Care, NHS, Care Quality Commission, Police)
- Feedback to Gateway to Care

Our prime concern is the safety of service users, and we always try to work with providers to make improvements to care where there are issues of concern. When occasions arise where care has not met the standards we require, it is reported to the monthly multi-agency meeting and a decision made as to the level of intervention required:-



There are several cases where there have been significant concerns and we have worked with providers to improve standards following initial suspensions to service. However there have been other occasions where more serious action has been required, for example two care homes changing their registration and one closure. In the case of home care agencies, one contract has been terminated and one suspended and subjected to audit by the Council. Other concerns have led to two providers bringing in external consultants to help improve practice.

Achievements in ensuring that people have a positive experience of care

- **Improved provision** - We have worked with existing providers to improve the physical fabric and facilities available in care homes and with new developers to expand the range and type of care home available in the Borough. Two new-build homes have opened during 2011 and another two schemes are being developed with opening dates due in the next year.
- **Sharing good practice between care homes** - we have set up a bi-monthly care home providers forum which brings together care home owners and managers from across the Borough
- **Improved communication** - between the Council, care homes, relatives and inspection bodies. Our providers' forum brings together staff from the Council and NHS Calderdale with care home owners and managers.
- **Simplified processes** - the administrative duties that care homes need to do have been reviewed and we will be seeking to make further changes to rationalise this area during 2012.

We have started a review of the whole compliance process to help us get in place a systematic process for managing and reporting the performance of all services. We will be discussing this with organisations that provide services, in the spring of 2012.

Other quality assurance that we do

<i>Housing Related Support</i>	Each organisation is required to complete a Quality Assessment Framework (QAF). There are three levels of quality assessment. Service users' views are also used to check against the information the organisation gives to us. As a result of this two providers received support; one has improved and the other will be reviewed at the next visit.
<i>Council- provided residential and homecare</i>	Health and safety audits undertaken. Service user support groups are in place in extra care schemes. Quality assurance groups annual customer satisfaction survey in home care and carers support groups in residential care
Learning Disability and older people day service	Quarterly quality audits from all services. Annual health and safety checks and customer surveys. Monthly service user meetings and focus group
Assessment and Care Management Teams	Every new service user gets an initial review after six weeks and then has annual review. These tell us about user satisfaction and any contractual compliance issues.
Prevention and Personalisation	Meetings for people who get direct payment are held two or three times per year, and newsletters are sent out following these meetings.
Community Teams Mental Health	Surveys and discussion groups take place in order to improve service user experience across health and social care services. Monthly performance management reports provide data regarding the number of completed care plans, how quickly assessments are completed, and any performance issues are discussed.

As well as the quality audit work, we record examples of times when we have made a real difference to people - in 2010/11 there were 13 recorded examples. Many of these related to direct payments, the Gateway to Care service and reablement services, all of which are referred to earlier in this account.

Other entries included...

- Improved business process has reduced administrative costs in Client Financial Services (the section that looks after people's financial affairs)
- Five people with learning disabilities, who attended Chatham Street, completed the Rangers Award. When the course finished they continued with this type of work, and now undertake voluntary work at Shibden Park and Ogden Water.

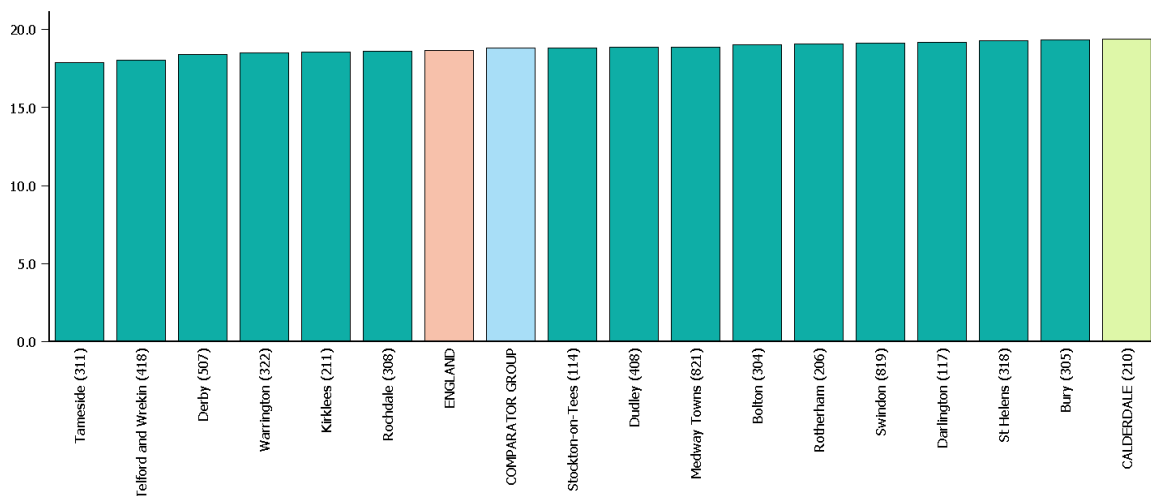
- Providing case notes on CD for people with sight difficulties, which means they can refer to their records more easily and therefore be more in control of the care they are receiving.
- Improvements to the Assistive Technology Service looked at using Automated Medicine Dispensers. This means people can be more in control of their medication and removes the need for people to come and do this for them. On average for a person who receives 4 visits per day, it means a saving of £5,000 per dispenser, and we currently have 40 dispensers in use.
- A successful year for ten people with a learning disability playing five a side football. These ten individuals have not only improved their football skills, their team working skills and social skills but they are also experiencing the obvious health benefits of regular exercise.
- We reviewed how we process the contributions we receive from people who get services from us and this is now done electronically. This means faster processing and better advice to people in terms of the amount they need to pay towards the cost of the services they receive and queries are now dealt with much quicker

National Survey

Adult Social Care All User Survey 2010-11 – March 2011

The service user experience survey is an annual national return with set questions covering satisfaction with service, quality of life and state of health. 970 service users were sent a questionnaire, of which 417 forms (43%) were returned completed. This year the Government used the responses to certain questions in the survey to calculate a “happiness” score, termed as NI127. Calderdale achieved the highest score in its comparator group of local authorities, and was in the top quartile of all authorities in England.

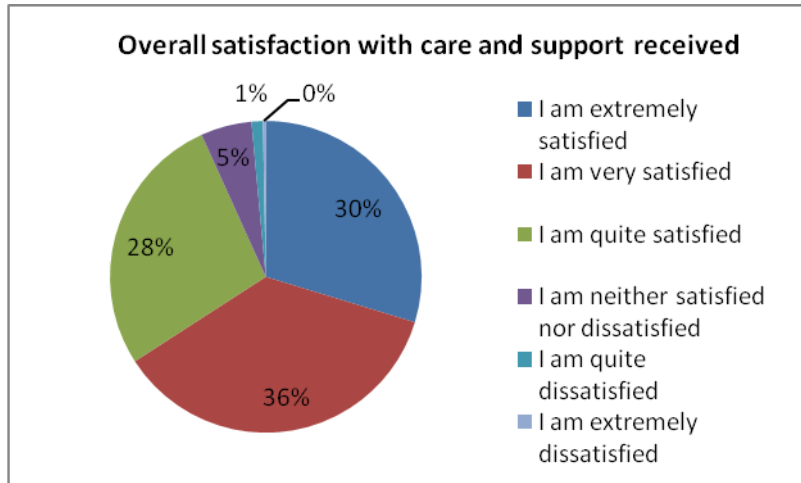
NI127 (VSB15) - Self reported experience of social care users (as a score out of 24), 2010-11



Calderdale’s performance in the NI127 ratings is encouraging when viewed against our comparator

group of local authorities. However, the very close range between the bottom council’s score and our top score meant that little could be meaningfully drawn from this. As this was the first attempt by the government to gather “happiness” scores from service users in this way, we have no previous years to compare the scores with and identify any trends.

The response from our service users to the question “Overall, how satisfied are you with the care and support services you receive?” was as follows:



Encouragingly, of the 340 people who answered, 224 people (66%) were either extremely or very satisfied, with a further 93 (28%) quite satisfied. Four people were quite dissatisfied, and just one person described themselves as extremely dissatisfied (expressed as 0% in the above chart). These responses are generally good, but could be further improved upon.

Local Surveys

Day Care for People with Learning Disabilities Satisfaction Survey - June 2010

The aim of the survey was to collect information on the experiences and views held by service users and carers about the Learning Disability service they receive. Approximately 224 surveys were sent out to both carers and people who use services.

We received back 57 completed surveys from carers, and 54 from service users.

The 2010 Learning Disability Day Care service survey shows that overall the service has improved greatly since the last survey was conducted in January 2009. There are far greater satisfaction levels in regard to the right level of choice offered, service users and carers are now listened to far more. In relation to transport, individual meetings were held with service users and parent carers to look at transport needs and activities.

Older People's and People with Physical or Sensory Impairments Day Services Survey - September 2010

This survey was part of the review of day services in advance of the contracts ending in March and May 2011. The aim of the review was to assess the impact that service users felt day care had on their lives, to identify any improvements and to agree on the best way to provide day and other community based services in the future around the needs of people who use day services.

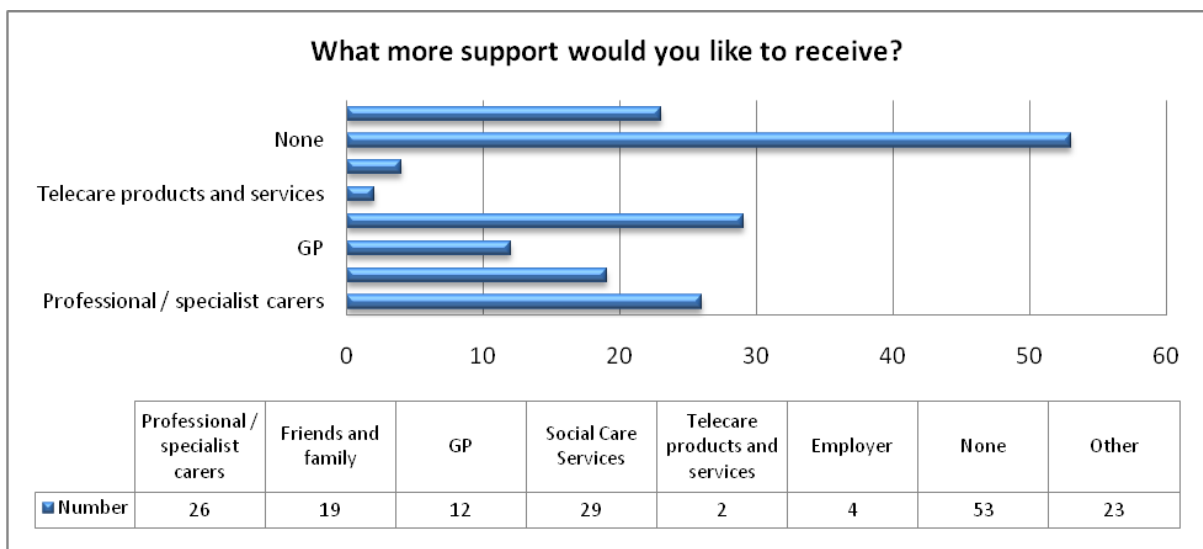
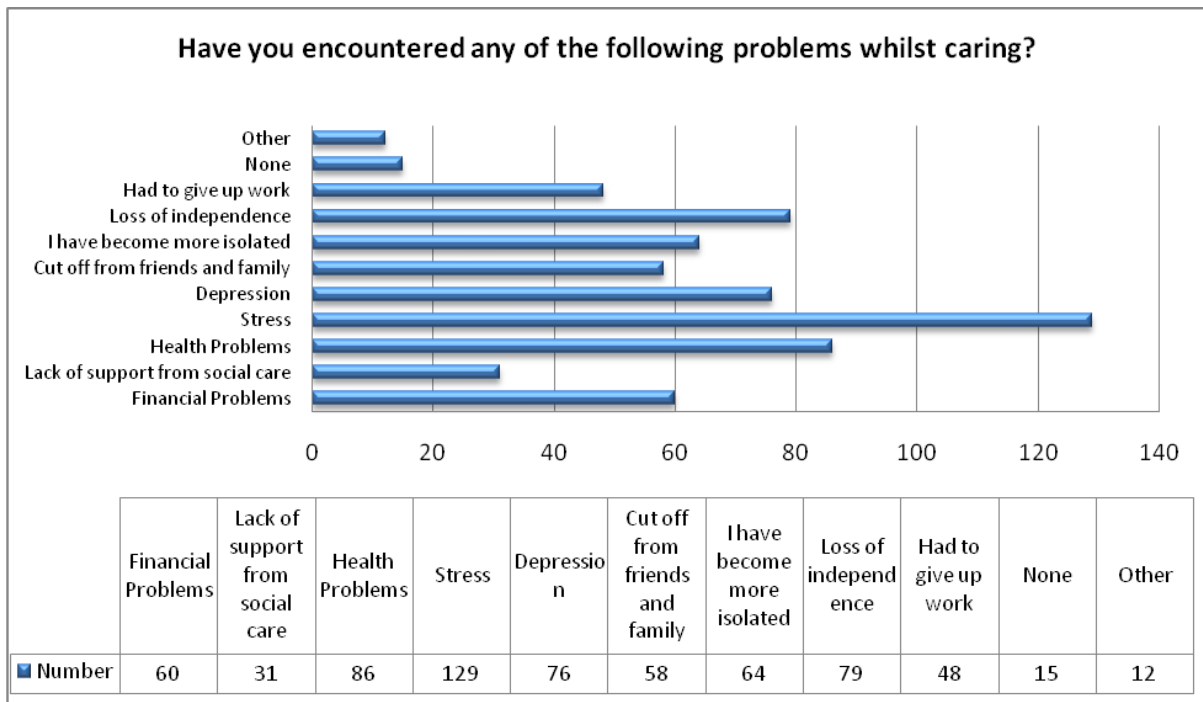
233 surveys were sent out, of which 95 were returned completed. 100% of those replying answered "yes" to "Do the staff do a good job?" As well as questions on users' satisfaction with day services and staff, they were also asked about their health, mobility and housing circumstances.

In the future, the way we provide community based care services will actively involve adults in deciding how their services should be designed and delivered, recognising them as individual commissioners of their own services through personal budgets.

Carers Survey – October 2010

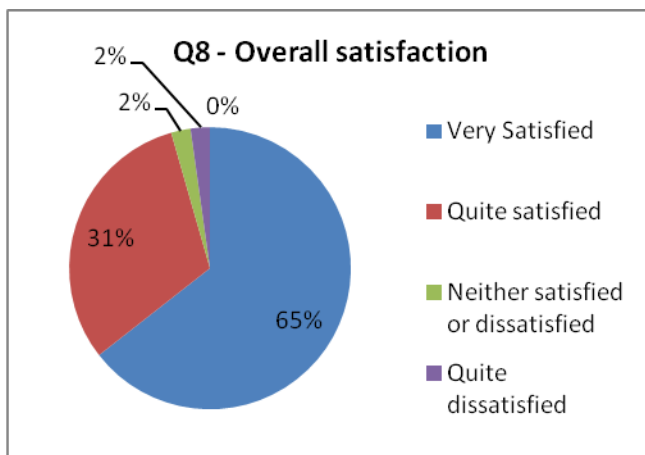
A survey was sent to approximately 1,200 carers with the bi-monthly newsletter which Calderdale Carers Project sends to all their members. The purpose of the survey was to get a better understanding of the impact of day services from the perspective of carers. 193 people completed this survey. 37% of carers said they did not receive support of any kind for caring, though 75% of all respondents said that the support they received was adequate. Just over a quarter of the carers accessed a day service for the person they care for. The results of the survey demonstrated the value of day services in giving carers a break during the day. This is particularly valuable for carers who are working, or have their own health issues.

The results showed that 60% of carers who responded were over the age of 60 and that 1 in 5 was over the age of 80. Two thirds of the carers had been providing care for more than 5 years, some for more than 20 years. Carers identified a number of issues associated with their roles as carers, and said what further support they would like to receive including being more central in the assessment and care management process. As a result of the survey, we were able to identify carers who were struggling to continue in that role who had had no contact with the Council. Around 20 people were referred to the Gateway to Care service, and then received an assessment of their needs.



Cutting Hedge Survey – January 2011

This survey was carried out to see if this service that is provided by people with learning disabilities was making any difference to the people receiving it. 50 surveys were sent out and all were returned. Of these, 87% said that the team had arrived on time, and that they did all that was agreed needed doing and 96% (43 out of 45 respondents to this question) said they would use the service again or recommend them to someone else. Overall satisfaction levels were as follows:



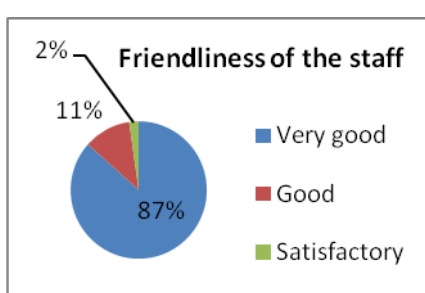
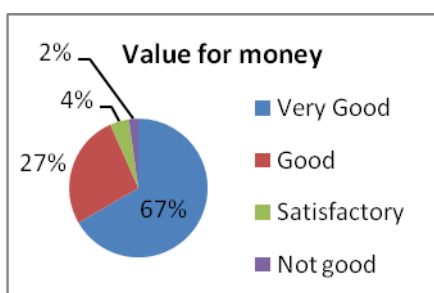
Most replies said they would continue to use the service, and as a result of the positive response and word of mouth from customers the customer base has grown. It also highlighted how professional the service is and how well it is doing in enabling people to remain in their own homes.

Flutterbites Customer Feedback survey – May 2011

We wanted to ensure that the cafe continued to achieve high standards and was meeting the requirements of customers. The questionnaire was given to approximately 145 customers visiting Flutterbites cafe in Manor Heath Park, which, like Cutting Hedge, is run by people with learning disabilities. 45 completed questionnaires were handed in and the data collected.

Of those who completed the survey, 91% said they had had a pleasant visit and all said the quality and freshness of the food was either good or very good.

Further questions were asked on how frequently they visited, and six questions on the food, service and cleanliness, including the following examples:



Some customers wanted more winter options put onto the menu e.g. soup / rolls and pies. This has now been added for the winter months.

Day Services for people with Physical Disabilities Survey - June 2011

This survey was sent to all services users with a physical disability and/or sensory impairment who were assessed as having critical or substantial needs. The survey was sent out to gather people's views on current day services contracted by the Council and to get their ideas on what a future day service would include.

The conclusions drawn from the survey were that although most people who currently attend a day service are generally happy with their service they did have some concerns about the variety of activity offered and the length of their journey. Some people who chose not to use day services felt that the activities available were not interesting to them.

As a result of this feedback we will commission future day service provision under a framework of up to six different type of day service to provide as much choice and control as possible to people choosing a managed budget. To make the option of choosing a direct payment more attractive we have expanded our Individual Service Fund pilot to include providers of day and home care services.

Complaints and Compliments

Sometimes things do not go as we would like and when this happens we want to know so we can put things right. The procedure for dealing with complaints is clear and we aim to resolve all complaints as soon as we can. When we receive a complaint we arrange a meeting with the person making the complaint and we agree how long the process will take and what the person making the complaint wants as a result. Then the investigation takes place and an action plan is agreed if needs be.

There are two types of responses that we have to complaints – internal and external. An internal response is where the complaint is dealt with by a manager working within the service area that the complaint is about - this could be a council service or a contracted service. An external response is used when the complaint is very complex or for those complaints which need a greater level of independence to resolve. External investigations are carried out by an Independent Person.

The Safeguarding Manager is notified of any complaints that are about the safety of people we care for, and the Complaints Manager meets regularly with the Contracts Manager to monitor complaints in relation to commissioned/contracted services and to make sure that any contractual issues are fully addressed.

If complainants are not happy with the response to their complaint, they can take the matter to the Local Government Ombudsman (LGO).

Between April 2010 and March 2011 there were 59 complaints, of which

- 26 (44%) were completely or partly upheld
- 19 (32%) not upheld
- 14 (24%) were ongoing (at the end of that year) or withdrawn

Trends and patterns

The number of complaints we received each quarter during 2010/11 was between 13 and 17. When set against the fact that any one time there are approximately 4,500 people receiving a service, the number is small. However, receiving any complaint is a sign that something has gone wrong and our aim is always to resolve these as quickly as possible and to learn lessons where we can.

The table below shows the time scale for the 59 complaints received in 2010/11.

Response times	External	Internal	Total
0 to 15 days	0	20	20
16 to 30 days	1	11	12
31 days or more	6	10	16
Ongoing (as at 31 st March 2011)	6	5	11
Total	13	46	59

Summary of lessons learned

Complaints give us valuable feedback about how people experience our services and they often help us to make improvements and do things better. What follows are three examples of where changes have been made as a result of a complaint being made to us:

Example 1.

Mr K complained that the Council had acted improperly in closing Mr H's account and transferring funds to an appointeeship account without proper consultation.

The investigation concluded that the Council did consult with Mr H but were not aware of and did not consult with wider family members who could possibly have assisted with managing financial arrangements.

Outcome: Senior Client Financial Services Officer has established a system for written authorisation.

Example 2.

Mr B complained about the actions of the Council and a private sector care home in applying for, and obtaining, an urgent authorisation for a Deprivation of Liberty Order (DoL) against his mother

The investigation concluded that the Council acted appropriately but recommended that all consultations about the potential use of DoL safeguards are clearly recorded.

Outcome: The Chair of the Mental Capacity Act steering group was asked to establish an action plan for addressing this

Example 3

Mr and Mrs X complained about the way safeguarding concerns in relation to their care of their disabled daughter were raised and discussed with them with them by the Community Learning Disability Team (CDLT).

The investigation recommended that there should be guidance regarding the performing of personal care tasks within the Care Plan.

Outcome: The CDLT agreed to undertake work to provide specific guidance to families who are undertaking personal care tasks with young adult service users

Local Healthwatch

Nationally, there will be an organisation called Healthwatch, which looks at services across England. Healthwatch will be an independent facility for the public to use in order to provide better outcomes in health and social care services.

In each local area, there will be a service called Local Healthwatch. It will support health and social care services by working with, and listening to, local people's views and experiences of using services.

Calderdale Local Healthwatch will be set up next year, and from October 2012 will start to:

Influence – helping people get involved in the planning of local health and social care services

Signpost – giving people the right information at the right time to support them to make a choice about services they may need

From April 2013, Local Healthwatch will also:

Advise – supporting people who want to complain about health and social care services.

At its meeting on 8 June 2011, the Calderdale Shadow Health and Wellbeing Board established a Task and Finish Group to develop a way forward for the commissioning of Calderdale Local Healthwatch, chaired by the Leader of the Council and including representatives from NHS Calderdale, Calderdale MBC and user voices, from the LINK, the 50+ Forum and the Disability Partnership.

OUTCOME 4

Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

Summary of the Safeguarding Annual Report for 2010/11

The purpose of the Calderdale Safeguarding Adults Board is to oversee improvements in practice so that people are kept safe. The improvements that happened during 2010/11 included:

- The appointment of an Independent Chairperson for the Board
- Agreement between different organisations to provide support together e.g. NHS, West Yorkshire Police, and the Council and other bodies.
- Improved practice following the conclusion of the serious case review.
- Improved the Safeguarding Adults policy and procedures.
- Put in place a strategy to ensure staff are well trained and appropriately qualified.

Despite efforts to raise awareness of safeguarding there was a reduction in the number of safeguarding alerts received period during 2010/11. However reporting in the first half of 2011/12 shows a return to the level we received previously.

Given the concerns nationally and locally in terms of ensuring the safety and dignity of service users in care homes, we hold monthly meetings to make sure that communication and coordination in relation to homes in the independent and public sectors is clear and people are kept safe.

All new and revised contracts now make clear that organisations that provide care need to keep people safe.

Our priorities for 2011/12

- To keep our close focus at a senior level in all organisations on the importance of keeping people safe.
- We have completed an audit of safeguarding alerts and referrals in order to identify trends and any improvement that could be made. The audit showed that people were being protected appropriately and good case notes were provided. However it also showed that we needed to record things in a way that meant we could measure performance easily and have a good overview of how well providers were keeping people safe. We have now started looking at how best to record data in a way that both matches the safeguarding process used by care workers and can help us identify patterns and trends early. This will allow us to set appropriate improvement targets for the future so that we can be confident that people are safe.

The audit confirmed the findings of the Care Quality Commission Inspection that people are kept safe in Calderdale. We need:

- To raise further the importance of safeguarding adults procedures, along with contracts and commissioning processes so we can prevent local service failures.
- To make sure that we have the right people and participation at the Safeguarding Adults Board and its sub-groups.
- To join health and social care safeguarding arrangements to ensure people are better protected.
- To work with community safety partnerships in cases of domestic abuse, hate crime and anti-social behaviours.
- To set up performance systems to help us better understand all the issues around each safeguarding case and help us make improvements.
- To provide training for staff in the Directorate and partner organisations so that staff can provide high-quality safeguarding practice.
- To make sure that policy and procedures are consistent with practice.

How well the Safeguarding Adults Board works will be constantly monitored and we will review the groups which support the Board to ensure that systems are in place to make sure people are kept safe.

Role of Elected Members in keeping people safe

Members of the Adults, Health and Social Care Scrutiny Panel did a detailed review of “poor” rated residential care homes in January 2011. The review made the following recommendations and progress on them was reported to Elected Members in November 2011. The Panel identified a need to:

- Further improve the physical fabric and facilities available in care homes
- Share good practice between care homes
- Improve communications between the Council, care homes, relatives and inspection bodies;
- Simplify administrative duties for care homes;
- Work more closely with its partners and the National Care Association.

By November 2011 the following progress had been made

- There had been a lot of investment by Calderdale’s care home owners over the last 12 months. Three new homes are opening during 2011/12 which will provide 228 new placements. The new homes have raised the standard of accommodation.

- The Care Home Provider Forum was revised and launched in April 2011.
- The Directorate is currently reviewing its approach to contract compliance with a view, amongst other things, to simplify and reduce reporting requirements as much as possible without compromising care quality

Members of the Scrutiny Panel also examined the Council's criteria for people to get funded social care services, and the amount that people have to pay towards their care. Elected Members were pleased to learn that very few people had stopped receiving their service because of the increase in charges and that people who may have previously been assessed as having low needs were able to access services through Gateway to Care, rather than through the assessment process.

The Scrutiny Panel has just begun a detailed review of services to people with dementia and we expect this review will be completed in the spring. After that, recommendations will be made to the Council, the health service and the voluntary sector.

Our Strategic Priorities for 2011/12

Focussing commissioning even more closely on preventative services, either those services that avoid the need for people to access statutory services at all or, failing that, services which reduce the need for people to have more intensive support.

Making sure that information about services and equipment to aid daily living is readily available to the community as a whole in order to empower people to be in control of their lives and make appropriate choices.

To maintain our focus on prevention and early intervention for those people who do need a service in a way that helps people to stay as independent as they can and helps carers to balance their caring role with a life of their own.

To provide personal budgets to everyone who is eligible for social care services for a wide range of services so that people can have choice and flexibility about how their needs are met. This will also provide an opportunity to draw in new providers who can offer further choice and new ways of meeting needs.

To provide intermediate tier services jointly with our partner organisations to ensure that older and vulnerable people are able to have healthier and safer lifestyles and can receive the care and support that they need in their own homes, rather than needing to be admitted to hospital or a care home.

To continue to improve our safeguarding processes so that we can be sure that people who use services and their carers are safeguarded from all forms of abuse and that the care they receive helps them to be comfortable in their environment.

To improve data accuracy and the timely input of data within the Client Information System.

For service users and carers to be supported to take part in service development and their feedback on service provision used to shape improvements.

Priorities for Commissioning

- Preventing deterioration, delaying dependency and supporting recovery particularly in relation to people who have long-term chronic conditions and disabilities.
- Promoting personalisation and improved quality of life for people who use services.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.
- Making sure that the services we commission from other organisations are lean and efficient
- Ensuring that services are responsive to customers and provide a good customer experience.

Priorities for council provided services

- Making sure that the services we provide for people are lean and efficient.
- That universal information and advice is available to all local people and strong neighbourhoods are in place
- Effective assessment, safeguarding, support planning processes and accurate data reporting are in place.
- Effective recovery and rehabilitation provision in place that help to keep people independent.
- Reduce admissions to long term care through more flexible and personalised community services.

Priorities with our health partners

- To continue the progress made in 2011/12 on extending the range of services that support people recovering from stroke and address following the Care Quality Commission Stroke Review in July 2010.
- To provide a short term intensive periods of assessment and rehabilitation focused on making the most of people's potential to be independent with the lowest appropriate level of ongoing support.
- To deliver the Calderdale Dementia Implementation Plan.
- To make sure that adults in Calderdale with an incurable illness who are in a progressive state of decline live as well as possible during the last part of their lives.

Final Version

22.12.11