

Your Local Account 2015/16



Integrated Adult Care in
North East Lincolnshire
01472 256 256



NHS
**North East Lincolnshire
Clinical Commissioning Group**

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Foreword



Once again I am delighted to present our fifth local account on behalf of North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group, working in partnership to deliver integrated health and care for the benefit of local residents. Last year I referred to the financial pressures on local government which have continued to challenge us to deliver more and better services with fewer resources. In addition, the government introduced the new national minimum wage, which has placed additional financial pressure on our local services. In recognition of the pressures in social care, in their budget deliberations in January 2016, our councillors made the difficult decision to increase the local council tax precept to support adult social care services. This will bring welcome additional resources into the sector to ensure that we can provide sustainable levels of pay to the care workforce, ensuring that the needs of older and vulnerable people are safely and effectively met.

I am also proud to report on the successful implementation of the Care Act. This work has enabled us to further strengthen our approach to prevention and wellbeing and to ensure that care assessment processes are focused on individual needs, maximising people's wellbeing and where possible, their independence. We have also continued to work with the community and voluntary sector to ensure that there is a wider range of informal support available within the local area to ensure that people can enjoy a variety of activities, reduce social isolation and enable people to be supported better within their own homes.

We opened the first of our extra care housing schemes at Strand Court in July 2015. This provides 60 units of self-contained accommodation within the East Marsh area with 24 hour care and support on site and provides a welcome addition to the care market which we expect will enable more people to enjoy living in independent homes for longer. We have also successfully implemented a number of supported living schemes to enable people with learning disabilities to live within the community. We will continue to develop the quality and range of the local housing offer in the future, to ensure that as many people as possible are able to live in their own home for as long as possible. Supporting this will be the council's new housing strategy, which is to be released for consultation during the autumn of 2016.

Finally, the re-launch and development of our single point of access is helping people to access a wide range of health and care services, advice and information more easily. This is an important way in which we can identify and work with people earlier, and improve their overall quality of life by connecting them into their communities. I do hope you enjoy reading the local account.

Joanne Hewson

A stylized signature in blue ink.

Director of adult social services, North East Lincolnshire Council



This year's local account continues to demonstrate the very real benefits of the partnership working, now in its ninth year, between the council and Clinical Commissioning group and I am delighted therefore to be able to report on our progress in achieving further service improvements for the benefit of our vulnerable adult population in North East Lincolnshire. We took the opportunity of the Care Act to develop a more joined up integrated single point of access which enables access to advice, information and a range of services, 24/7 365 days a year. We have also created a single assessment process, enabling us to place greater emphasis on individual wellbeing, and on providing care plans which reflect service users and carers' views as to how their needs can be met.

We are placing more emphasis on preventing the need for care and support, continuing the efforts of the past two years in supporting a thriving voluntary and community sector to provide more community based support services than traditional forms of service provision. We need to continue to support this sector and the many volunteers within the borough to create supportive and caring communities which are not only responsive to the needs of vulnerable people but can also enable people to feel a valued part of their community.

We have over the past few years been determined to re-shape the local market to be more diverse and to support a range of opportunities for people to remain in their own communities for as long as possible. I am therefore delighted with the work that we have completed to re-shape housing options for people with learning disabilities, enabling a ranges supported living accommodation, and also with the launch of our first extra care housing scheme at Strand Court, delivered through a combination of the council, CCG, private sector and the Homes and Communities agency working together in partnership.

All of this work has been achieved in an extremely challenging financial context for the public sector which is requiring us to think more creatively and innovatively than ever before.

Dr Peter Melton

Peter Melton

**Chief Clinical Officer
North East Lincolnshire Clinical Commissioning Group**

Partnership working in NEL

Since 2007, the council and NHS have been working together to deliver a more co-ordinated approach to health and social care. This is because both organisations recognised that more could be achieved for individuals in the health and care system if services could be better designed around all of their needs, and making it simpler and easier to access support. The council and Clinical Commissioning Group (CCG) have joined together their funding for health and adult social care and have a shared plan that determines the overall direction of services and how the money will be used. These arrangements mean that both organisations can use their resources efficiently and effectively and that people can get the support they need, when they need it. Services are delivered on behalf of the council and CCG by a range of provider organisations. These include:

- Residential care homes
- Domiciliary care providers
- NAViGO – mental health provider
- Care Plus – health and social care provider

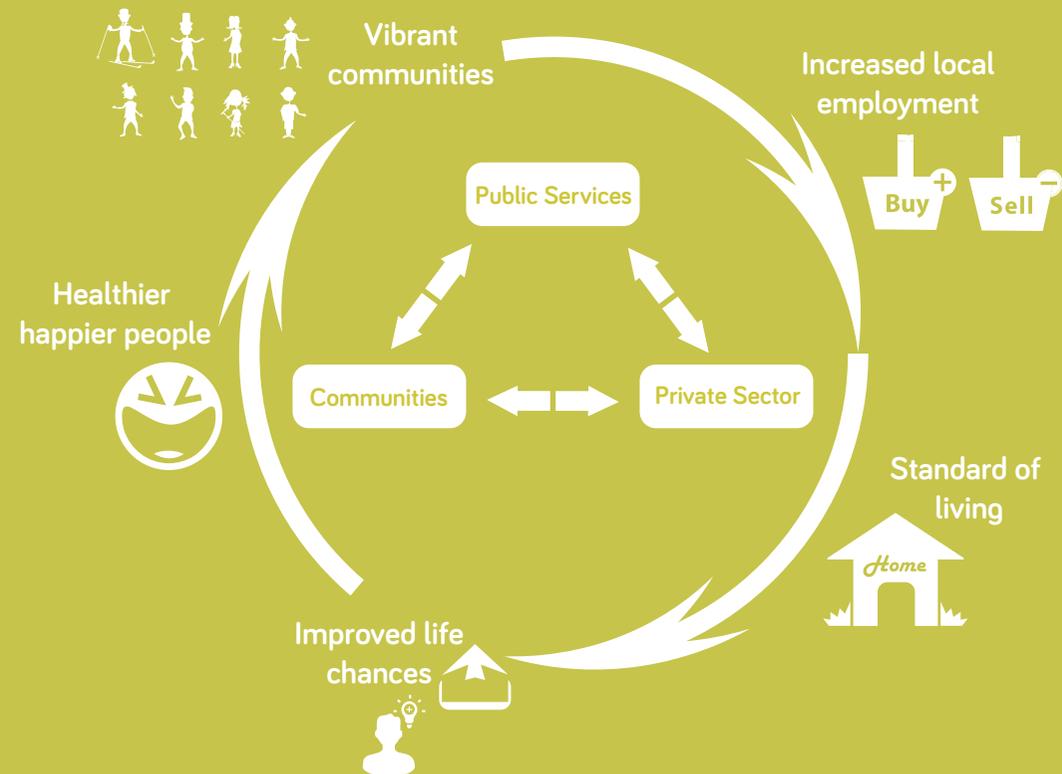
Individuals may choose different providers and can access a personal budget to enable them to do so.

Social workers operate from an organisation, focus CIC, established in 2013. focus CIC ensures that all services can be accessed from a single point, telephone (01472 256256). Social workers provide advice and information to those needing support and where appropriate will assess their needs and agree what type of services may be needed.

Services4Me is an online website that provides information about what services and support are available in North East Lincolnshire. Please see the 'How you get support now and in the future' section for further information.

As a result of government funding reductions, it is more important than ever to ensure that money is used to best effect. The council and CCG are working hard to ensure that as far as possible, people are helped to stay well and are supported to live at home. In North East Lincolnshire, there are larger numbers of older and frail people within the population than in other areas of a similar size. There are also increasing numbers of younger people in the population with complicated, life-long conditions who will need support throughout their lives.

One of the challenges facing the area is to ensure that demand for services is well managed and that money can be preserved for those with more complicated needs.







What is a Local Account



What is a local account?

The local account was introduced by the government and is a document about social care in North East Lincolnshire. It provides an opportunity for us to tell local people about how services are performing, what we have spent and how we are delivering value for money, and whether our future plans make sense to you.

We provide details of our priorities for the future, success and challenges that lie ahead. This is our fourth local account and ultimately it provides a means for the community to hold the council and CCG to account.

What people said (about previous local account) / what we did

Last year we received feedback on the local account and these are some of the things we were told:

- Excellent use of listening to feedback from last local account, format really clear and laid out well.
- Visually very eye catching with great photos
- Demonstrates openness and transparency in performance throughout
- Clearly shows the types of services on offer for the citizens of North East Lincolnshire and the pathway to access to services.
- Key facts are really effective and case studies enhance the document
- Safeguarding and MCA DOLs (mental capacity act and deprivation of liberty safeguards) is covered really well
- The document is clearly focused on the delivery of integrated services and joint commissioning for better outcomes.
- It is evident that a range of stakeholders have been involved in the development of the local account.
- Future challenges and priorities could be summarised
- Quality & CQC ratings on services not clear within document

- Future financial pressures on the budget in money section would be good

We have listened to your feedback and have improved this version by:

- Continuing to ensure easy read information, graphic style and electronic interactive format
- Trying really hard to reduce the size of the document and including pictures
- Trying to seek more feedback and creative ideas to improve the format
- Seeking a balance between the positive achievements and the need to describe what needs to change and improve
- Including more information about how we develop services by involving people more in service design

We would welcome your feedback on this year's local account. Please use the following link:

FOCUS.MB-focus-CommsandPerformance@nhs.net



[home](#) | [<< previous](#) | [next >>](#)



Your local services



How services are commissioned

Within North East Lincolnshire key community health and social work is provided by independent social enterprises.

How are services commissioned:

Since 2007, the council and NHS have been working together to ensure a more co-ordinated approach to health and social care. Your local council and your local CCG (who have responsibility for arranging health services) have joined together their funding for health and adult social care. The CCG takes the lead in commissioning local companies and organisations who in turn provide and deliver care to people either in their own homes or in other settings such as care homes, day centres and other community facilities.

What is commissioning?

Commissioning is the process in which we describe, plan, secure, fund and monitor our local care services. GPs lead the CCG and help to ensure we are commissioning the right services for local people. You might be familiar with all or some of the organisations who provide care locally, whether they be community nursing providers, mental health care providers, home care providers or residential care providers. They may be in the public sector, the private sector or maybe social enterprises or voluntary organisations. All these organisations have been "commissioned" to provide the adult care services they offer by the local CCG.

How does the CCG commission services, how do they know what is needed?

The CCG works closely with colleagues in the health and social care system to understand what the care needs of the population are at present and what they are likely to be in the short, medium and long term.

The CCG gathers as much information as possible from a wide range of sources in order to make the best decisions when it comes to allocating resources to ensure care services are available. The CCG has involved members of the community in the decision making processes through the membership organisation called ACCORD.

Within the CCG, a number of care specific "triangles" have been created to ensure that each commissioning decision is formulated with input from a GP and from a community member. This way, the CCG can be assured that clinical and community considerations have been taken into account.

- www.nelccg-accord.co.uk

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What kind of services are commissioned and planned in this way?

Your local GPs, supported by professional commissioners and community members have responsibility for formulating commissioning plans that cover the following areas;

- Residential and nursing care homes
- Domiciliary care (home care)
- Extra care housing
- Supported living services
- Transport services
- Mental health services
- Intermediate care services
- Community health services
- Befriending services
- Support and advocacy
- Single point of access



focus independent adult social work

In North East Lincolnshire social work is commissioned from a relatively new organisation called focus CIC – independent adult social work. We did this to ensure that our social workers had the freedom to organise themselves in ways that best meet the needs of the local population.

focus community interest company (CIC) was the first independent adult social work practice in the country and provides all of the statutory social work functions across North East Lincolnshire, these include:

- Assessment and review
- Long-term case management
- Safeguarding and
- Mental Capacity Act & Deprivation of Liberty Safeguards

Working in partnership, with the CCG, GPs and health providers, focus CIC operates an integrated approach to service delivery, including:

- A health and social care single point of access
- A continuing health care assessment and review service, and
- Making arrangements for care to be provided to individuals

focus CIC operates within the local community, focus CIC looks at what support the individual can access within the community and focuses on their abilities, rather than their disabilities, aiming to promote independence and wellbeing.

For more details about focus independent adult social work visit our website at www.focusadultsocialwork.co.uk or telephone **01472 256 256**.



Care Plus Group

Care Plus is a social business that provides community health and care services for adults of all ages and exists to support people to achieve their best quality of life.

Established in 2011 as a community benefit society, it is owned by our 800 staff and run for the benefit of our community. Any profit we made is reinvested back into the development and delivery of services.

Care Plus provides services primarily in North East Lincolnshire and the range of services are centred around supporting those with health and care needs in our community.

Our services include:

- Community Learning Disability Services
- Community Nursing
- Community Occupational Therapists
- Day Services for older people and people with disabilities
- Discharge Team (multi-agency)
- Employability Services
- Falls and Chronic Obstructive Pulmonary Disease (COPD)
- GP Out of Hours
- Health and Wellbeing Collaboratives
- Intensive Support Team
- Intermediate Care at Home and Crisis Response
- IT Services
- Linwood House
- Open Door
- Palliative and End of Life Care Services
- Rapid Response
- Rehabilitation and Re-ablement / Nursing and residential care
- Substance Misuse Services
- Specialist Nursing
- Training
- Transport
- 24 hour triage service



For more details about Care Plus Group visit the website at www.careplusgroup.org or telephone **01472 266999**.

NAViGO

NAViGO Health and Social Care is an award winning social enterprise that provides mental health and associated services to the NHS and beyond. The state of the art facilities offer a range of support from help with more common mental health illnesses through *Open Minds* centres to acute inpatient care and older people's services as well as more specialised interventions such as support for people with eating disorders.

NAViGO is an employee owned business with its membership at the heart of its operations. The organisation values the involvement of its members and service users and ensures that their unique perspective is fostered through inclusion in organisational and membership activities. The membership set objectives, vote representatives onto our boards and can appoint, or indeed remove senior figures, including the chief executive and chair person.

It is this approach that has seen NAViGO named as one of the top 100 not-for-profit organisations to work for by the Sunday Times.

The organisation is unique in that there is service users and carers have the same voting rights as member. NAViGO is owned by its members (both staff/community) and unlike private healthcare providers, does not make

a profit. Any money that is saved through working more efficiently is reinvested back in to local services for local people: the money stays within the health and care system.

NAViGO's mission is to provide services that they would be happy for their own families to use and on that basis effort is made continually develop quality services and innovation through consultation with the people who know the services best, service users, carers and employees. Indeed some 96 per cent of people questioned about services via the friends and family test had positive things to say about NAViGO as well as being rated number one in the country for the level of care provided within inpatient services.

With many top national scores, benchmarked against other NHS providers, NAViGO is a very successful organisation, but does not rest on these achievements and continues to work hard with the population and its membership to develop more bespoke solutions to local issues.



For more details about NAViGO visit the website at www.navigocare.co.uk or telephone **01472 583000**.

Residential and Nursing Care

Residential care offers long term care, respite and support for people who are no longer able to be safely and adequately supported in their own homes. In North East Lincolnshire, residential care is provided from 46 homes predominantly for older people, 3 of which are homes for people with mental health conditions and 5 that provide support and specialist care for people with learning disability.

We are continually working with our local care home providers to ensure that improvements are made through regular training and by sharing knowledge and good practice. Our contracts officers

visit the homes frequently to ensure that care standards are being improved and maintained. We reported last year on the quality framework scheme which provides a mechanism for encouraging homes that support older people to achieve the best standards they can and to gain recognition by achieving either a bronze, silver or gold rating which is reviewed annually. Currently we have 10 homes meeting the bronze standard, 13 meeting the silver standard and 4 meeting gold standard. We also work closely with the Care Quality Commission (a national body responsible for ensuring standards in health and care are managed and maintained) to ensure that our homes are continually striving

for improvement and meeting the standards of care we expect them to, for the benefit of care recipients. Unfortunately there are circumstances in which care standards can fall below expected standards and we have a working group that continually monitors low level concerns which can then be acted upon to ensure that we address problem areas quickly, in the best interest of the residents.



Care at home (domiciliary care)

Care at home providers deliver a range of personal and support care services to individuals in their own homes. In the past year we have commissioned three lead providers to work across the borough in providing care services at home.

Geographical areas are defined for each provider based on the number of service users to ensure an even split of the work. The service recently benefited from further investment from the council to ensure that care workers are paid at least the national minimum wage level.

We aim to deliver personalised support tailored to the needs of each service user. This is planned and agreed with the social work team following an assessment. We carefully monitor the quality of service to ensure that timely and effective support is provided. Care services at home are essential to ensuring that people can live in their homes for as long as possible, where it is safe to do so and we know that most people prefer to do this rather than entering long term care such as residential care homes.

We are working hard to ensure that there is an adequate number of health and care workers in the community, without which our most essential services would not be able to be delivered. We are currently

commissioning nearly 10,000 hours of care each week from our providers and the CCG constantly monitors the relative quality of care. We work with providers to ensure it is as flexible and person-centred as possible.



Extra Care Housing

Strand Court opened its doors to the first residents on 13 July 2015 as the first Extra Care Housing (ECH) scheme to be built in North East Lincolnshire (NEL), offering 60 specially designed ECH apartments for rental for frail elderly people needing care and support. This new development represents a real alternative to traditional residential care as it allows people to retain their own property, address and front door, whilst having easy access to the care and support they will need.

Progress is under way for the development of further schemes with planning approved for the site at Winchester Avenue (Nunsthorpe) and negotiations with potential providers at an advanced stage. However the project has been unavoidably delayed whilst the government's review into funding of supported living (which includes ECH) is completed. Further background work is also being undertaken for other schemes in the area.

ECH is a vital component of the Council and CCG's strategy to change the way we provide for older people and to ensure this is successful we have developed the allocations process to ensure the most appropriate people are allocated places. In 2015/16 the ECH Coordinator received over 250

applications for Strand Court and 120 applicants were considered at the CCG-led Panel. Void levels are extremely low and as expected, demand is far exceeding supply. It is vital that we keep the right balance of care needs at Strand Court to ensure we maintain a community whilst choosing individuals who will benefit the most for what extra care housing has to offer.

This has been a hectic year and a steep learning curve but the partnership organisations (including housing management, care and support, catering, adult social care) are committed to continue to learn and develop the service. It is these relationships between the partners which will determine the continued success of Strand Court and of the new schemes. To measure our success, the CCG has commissioned a research programme to ascertain both direct and preventative savings (i.e. in relation to residential care, reduction in hospital admissions, support of speedy discharges); and to develop an understanding of what is important to residents, to hear the stories of residents and staff with regard to their experience of extra care housing and evidence



of the impact on their wellbeing and quality of life.

Case Study

Mrs W lives in her own flat in Stand Court extra care housing ...and Mrs W says that she has been a lot better physically and mentally since she has moved. Mrs W states that she enjoys being able to sit outside in the pergola when the weather is nice and that there is a nice atmosphere with the other residents as they call to say hello to each other and this did not happen at her last address.

Mrs B. lives on her own in ...Strand Court. She moved there in August 2015, and absolutely loves living there, her son appreciates the extra support and reassurance that the community provides, and acknowledges that it allows Mrs B. to remain independent in her own home for longer than she otherwise might be able to.

Healthwatch

Healthwatch North East Lincolnshire is a local organisation that works to give residents of North East Lincolnshire a say about the health and social care services they use. Healthwatch does this by collecting patient/service user experiences and then working with providers and commissioners to make sure that services are developed and improved based on community and patient needs.

Once a resident shares their experience with us it is immediately logged on our database where we look for themes and patterns to help us work with providers to address issues and improve service quality to best practice. We do this through our unique statutory powers which state that NHS providers must respond to our requests for information and to all our recommendations.

As well as working with providers and commissioners, Healthwatch North East Lincolnshire also operates a partner programme in which we engage with health and social care voluntary organisations recognizing their contribution to giving residents a voice on local services.

Healthwatch North East Lincolnshire also acts as a signposting organisation, helping residents find the services they need when they need them and has produced a local health and social care signposting directory to help with this.

As part of our role we have a place on the local adult safeguarding board as well as a statutory place on the Health and Wellbeing Board, making Healthwatch well-placed to influence commissioners and providers based on the experiences patients share with us. We also attend the council's health and wellbeing scrutiny panel and have the power to escalate concerns to that panel especially when we believe that an issue should be aired in a publicly accountable setting. Scrutiny can then make recommendations to key decision makers about changes and improvements that are needed.

Healthwatch also includes the independent complaints advocacy service, which helps support patients and users of adult social care services in making formal complaints. This work gives us a broader picture of patient/service user opinion of health and social care services in North East Lincolnshire and has helped in taking up issues both with commissioners and local providers.

Healthwatch NEL feeds into Healthwatch England which speaks for patients on a national level based on the findings of all the local Healthwatch. This gives us the ability to escalate issues to national bodies when appropriate as Healthwatch England reports into the Care Quality Commission.



If you would like more information, you can visit:

www.healthwatchnortheastlincolnshire.co.uk or call 01472 361 459.

Michael Bateson, Chair of Healthwatch North East Lincolnshire

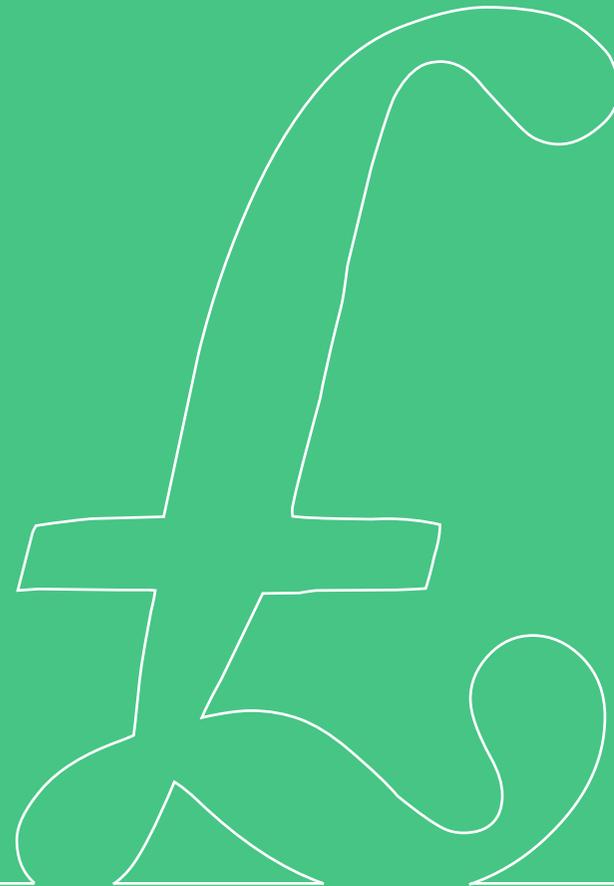


Key facts

One of the tools available to Healthwatch North East Lincolnshire is Enter and View, which allows our trained volunteers to visit services and collect the views of service users, carers, and relatives. These visits aim to provide an informed view of the quality and scope of services, and they inform evidence-based reports which often include recommendations for how the services can improve. Over the past year our Enter and View programme has been shaped by agreements with the North East Lincolnshire Clinical Commissioning Group and Northern Lincolnshire and Goole Foundation Trust to focus on maintaining dignity and respect. During this time we have completed 13 Enter and View visits to local care homes plus 12 towards or to out-patients at Diana Princess of Wales Hospital Grimsby.



How your money was spent



Where the money is spent

Within North East Lincolnshire there are three main independent social enterprises providing community health and social work services.

North East Lincolnshire council (NELC) funds a wide range of local services as well as adult social care, including children and education, housing, highways and environmental, planning and cultural services.

It receives income from council tax, business rates, central government support (including education) and other grants, totalling £130.6M in 2015/16.

Of this sum, £38.5M was allocated to adult social care to support the service objectives outlined within this Local Account.

During 2015-16 four thousand people with a variety of needs received adult social care services in NEL. This includes services based in the community such as care at home, direct payments, supported living and day care, as well as residential care.

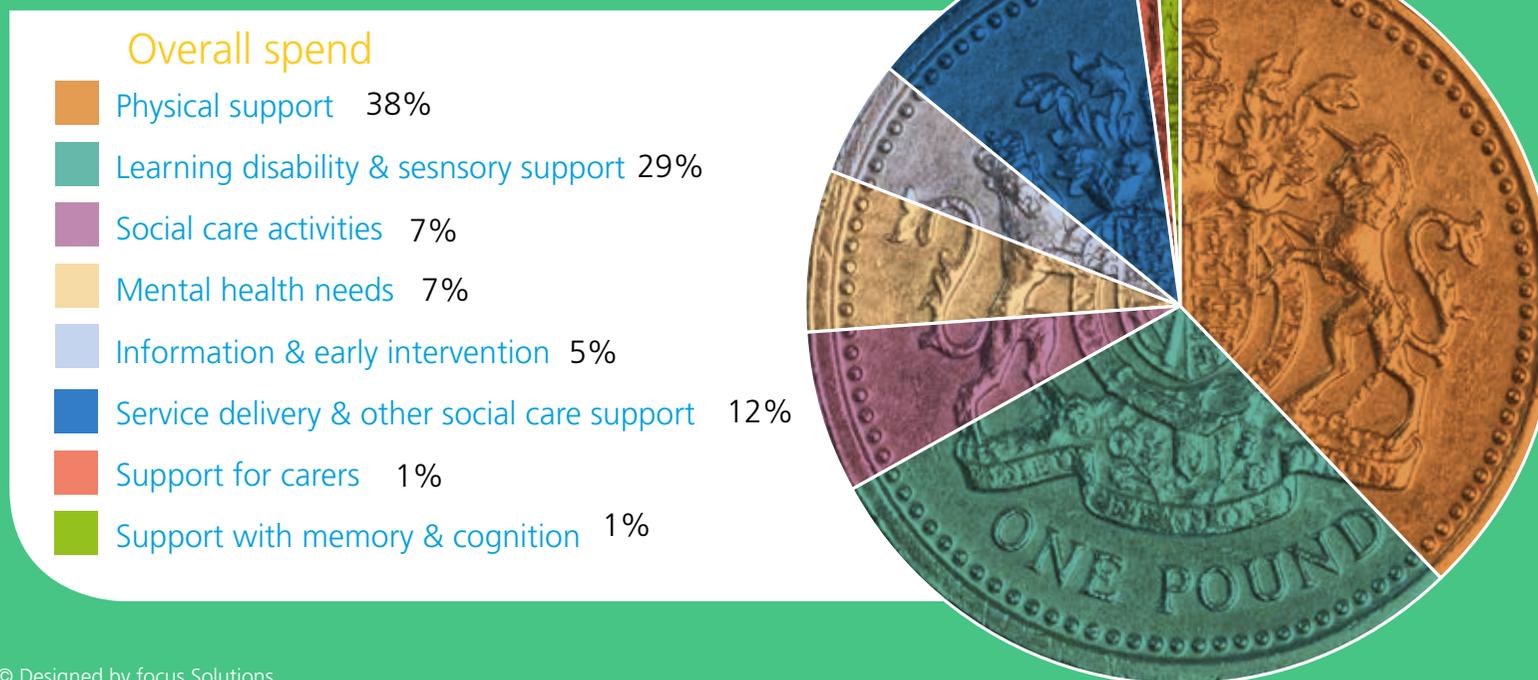
Key facts



£38.5M was allocated to adult social care to support the service objectives outlined within this Local Account.

During 2015-16 four thousand people with a variety of needs received information and advice or adult social care services in NEL.

The graphs below show how this spend is shared between people with different needs and what services it pays for:

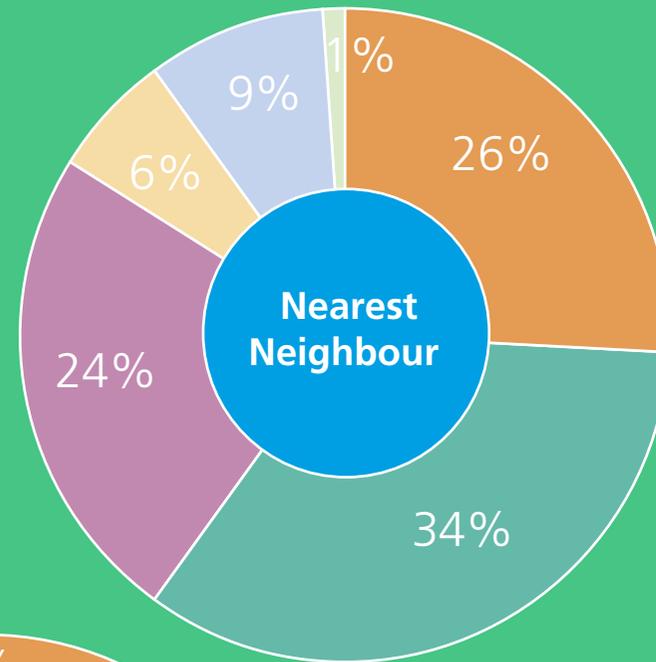




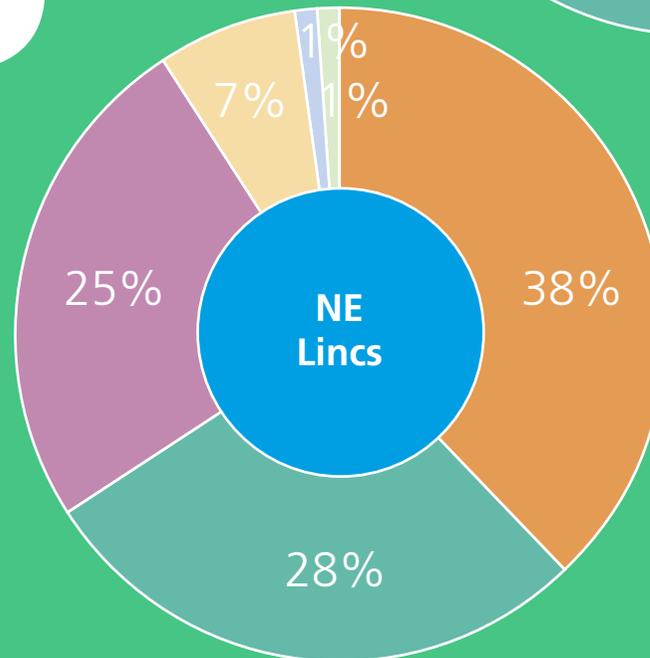
Breakdown of strategic spend

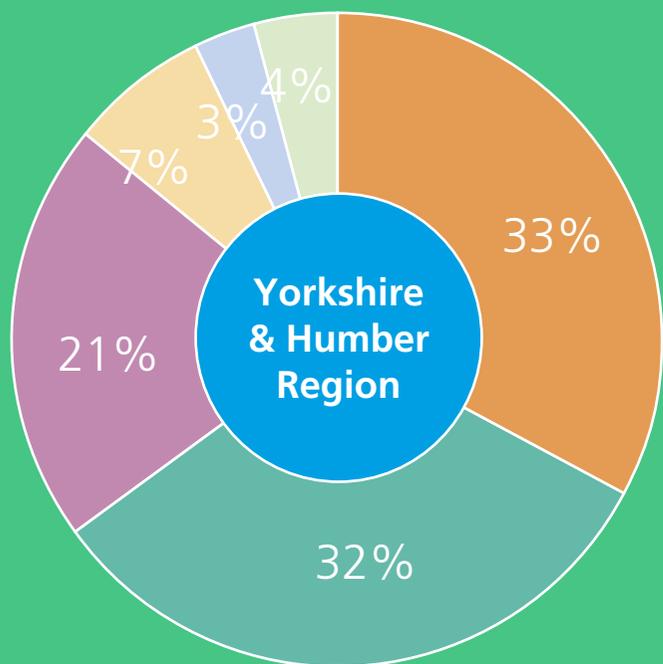
- Residential support **31%**
- Supported living **17%**
- Care at home **15%**
- Service delivery & other social services **10%**
- Short term support **8%**
- Social work activities **7%**
- Direct payments **7%**
- Other community long term **5%**

Spend patterns compared locally and nationally



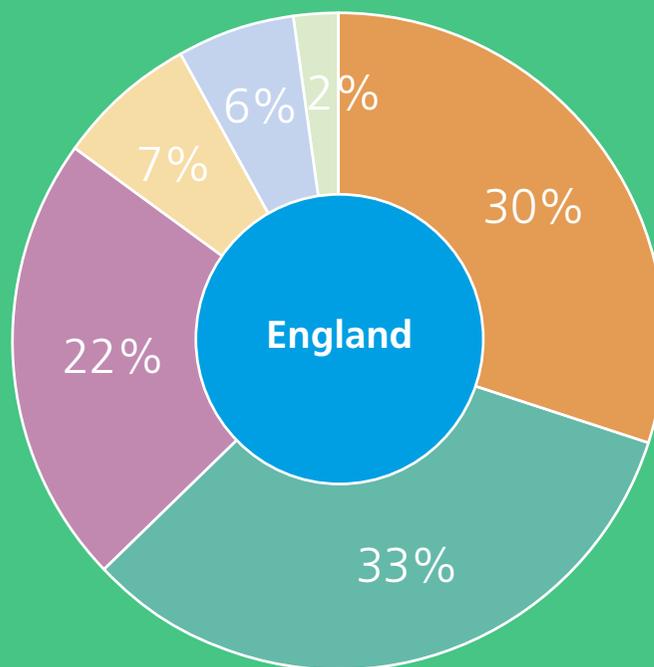
'Nearest Neighbour'
- 'Is defined as a specific group of other organisations identified that is similar in terms of population and demographics etc. Not geographical.'





The charts on this page show if the spread of spend in North East Lincolnshire is different or the same to that of other Local Authorities similar to us in terms of size and nature, regionally and nationally. Overall North East Lincolnshire shares a similar spread of spend to most other Local Authorities, although it is shown to spend less than others on Adults with learning disabilities and more on Adults with Physical needs.

These charts represent spread of spend, how well this money is used and is shown throughout the Local Account, which shows the performance for different aspects of care and how people feel about the services they receive; e.g. 88% positive response, proportion of people using services who say that those services have made them feel safe and secure.



Income from people who've been supported

For North East Lincolnshire Council to deliver the full range of planned services for all people in our area with eligible social care needs, it relies on service users contributing towards the cost of their care, where possible.

The aim of the Income policy in North East Lincolnshire is to be a consistent and fair framework for all service users that receive care and support services.

Charges will only be levied against those who are deemed able to afford it, following a financial assessment which takes into account individual financial circumstances. Levying charges against those who can afford it contributes to the continued funding of adult care and support services within our local area.

The graph on the next pages shows how the total income paid by service users with different needs supports the services they receive



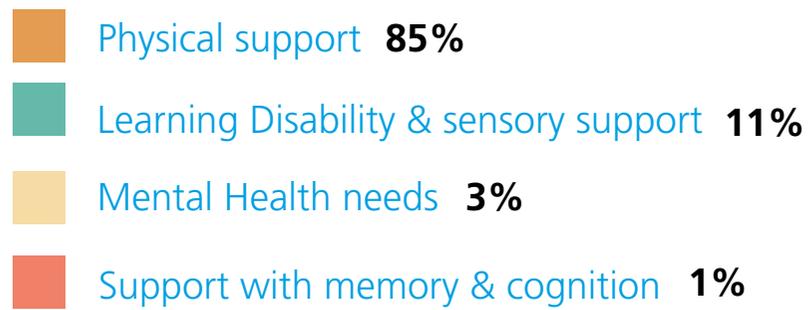
Key facts



£8.5m of income was due to be paid by service users to support services provided to them during 2015/16. Of that income nearly £1.2m remained unpaid at the end of the year.

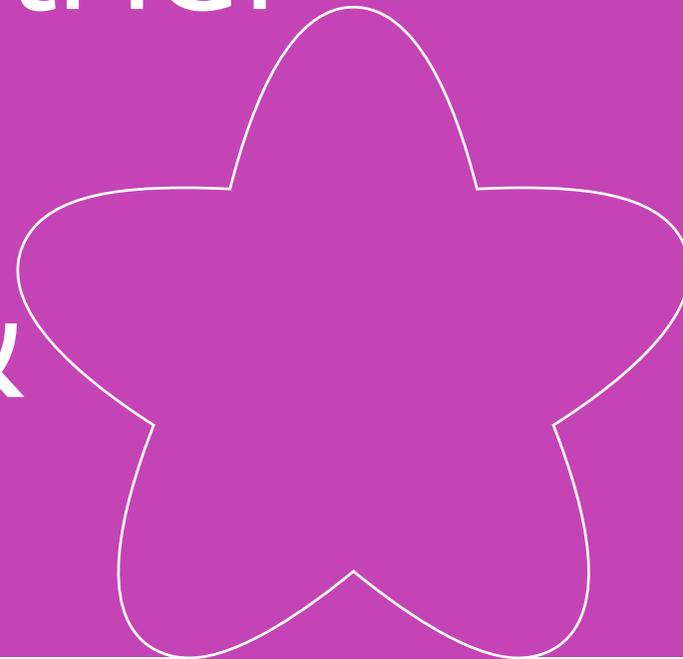
Any Income which is not paid means there is less money to support people with their care and support needs, and the variety and amount of services available for people may be reduced. Therefore we do and will continue to take appropriate Legal steps to recover all money due.

Income due from service users:





How are we working together to improve your Health & Wellbeing





Single Point of Access

The single point of access (SPA) continues to offer 24/7 access to community health, mental health and social care support and advice. Recent changes have included a dedicated general manager, answerable to a multi-agency board. The Board is made up of all agencies (health and social care providers) and their commissioners, along with community representation. Other recent enhancements include:

- Referral point for safeguarding enquiries and referrals
- Co-ordination of hospital discharge activity

The ethos of the SPA remains the same in that your call is answered locally by dedicated staff striving to find the most appropriate resolution to your enquiry. You can be confident that all enquiries will either be:

- Resolved during your call by either taking action or by providing you with appropriate advice and information
- Progressed through to professionals able to resolve an immediate crisis
- Progressed through to the appropriate service for future specialist assessment

Predominantly, access to the SPA is via telephone on 01472 256256 (24/7) however if you wish to speak to someone on a face to face basis, staff are available for social care enquiries at: The Val Waterhouse Centre, Kent St, Grimsby, during the hours of 09:00 to 17:00 Monday to Friday. It is expected that an online chat facility will become available during 2016.

You can find out about more outreach events on the focus website which contains a map of 'Where are we?'

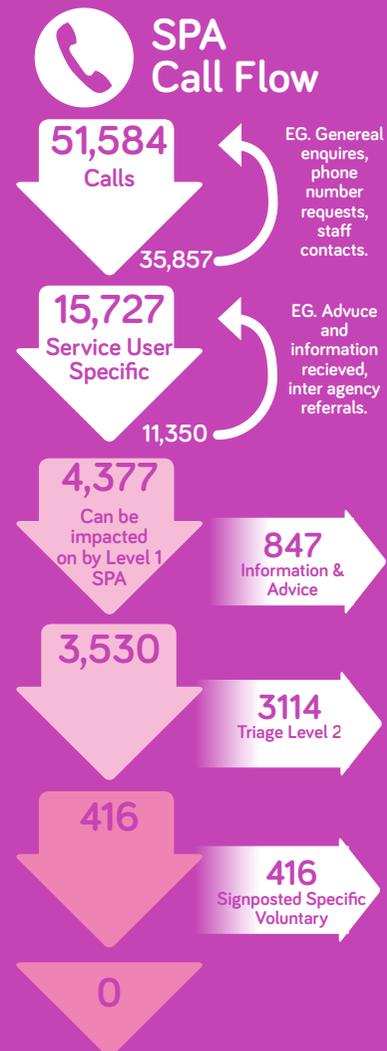
<http://www.focusadulthoodsocialwork.co.uk/where-are-we/>

Case Study

Lady came to see focus at the older people's advice day at the Memorial Hall. She stated that she has a visual impairment for some years that was affecting both her eyes but differently, resulting in her having glare coming in from the sides that was unbearable for her. She had dark prescription glasses that this was not helping. I advised her to purchase some UV shields which I was able to let her try. She was amazed by the difference they made and was able to purchase a pair from a nearby stall.

Individual feedback:

I just had to let you how brilliant (staff name) was with my white stick training. It goes without saying she has made a huge difference to the quality of my life giving me lots of tips and advice thank you for the support focus has given me.



Performance Summary

All councils within the country are responsible for reporting against a national performance framework set by Central Government. The framework is known as ASCOF, (adult social care outcomes framework) and the same set of data is collected from all Councils in order for comparisons to be made. The data for 2015/16 has not yet been published and so the bubbles inserts throughout this document are what NELCCG and NHS Digital published. The bubbles explain what the set target was and what performance was at the end of the year. More information regarding ASCOF and to view the published data from October 2006 can be found at

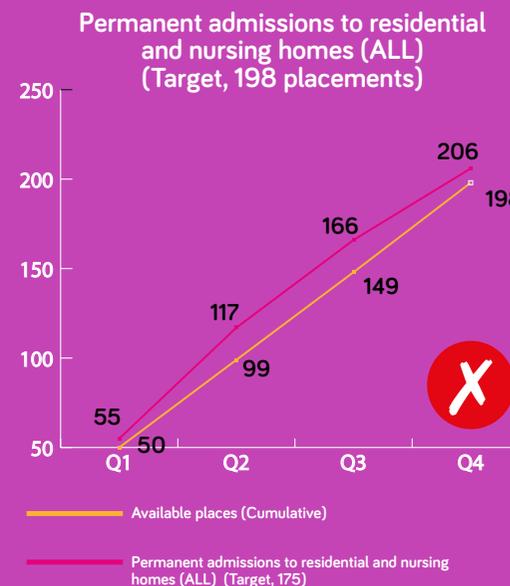
<http://digital.nhs.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF>

The government also obtains other performance information via short and long term (SALT) returns, which looks at outcomes from both long and short term services and the activity of adult social care.

be on-going to achieve this. In particular from the personal social services survey some performance had dipped from the previous year including the percentage of people feeling overall satisfaction with the service. Work is underway to better understand the reasons for this result and to engage with individuals using the service as to how we can improve.

In 2015-16 North East Lincolnshire, on a national comparison, has achieved 'Top Quartile' for some of these measures. This means on a national level we are performing above average overall and are amongst the top 25 per cent of adult social care services. Some of these measures are displayed below;

Some areas of NEL performance require improvement and work will



Meeting public demand and community development

The introduction of the Care Act 2014 has further driven the development of preventive and wellbeing services. These services are intended to maximise the opportunity to prevent or slow down the development of disease and illness in order to enable local people to stay well and enjoy a high quality of life for as long as possible. They are also intended to support the development of communities, enabling them to be independent and meet the needs of their residents. Community development is a critical component of managing current and future demand.

Work has continued to:

- Link in with key stakeholders in order to deliver better prevention activity
- Promote self-management, keeping people independent for longer
- Care navigation, ensuring people know what is available in the community and how to access it
- Stimulate additional provision in the community based on financially sustainable social enterprise models of delivery

- Working more closely with local voluntary and community sector providers to enable them to collaborate with us to contribute to promoting health and preventing disease and to provide relevant activities and services
- Provision of high quality advice and information 24/7
- Be accessible and easy to contact
- The application of the priorities framework at frequent intervals
- Control of access to resources via the single point of access
- Undertake specific projects in relation to data collection for the CCG
- Develop individual staff projects

Data obtained from these activities feeds into the decision making for adult social care commissioning of community services, via two commissioning boards. This enables the better targeting of resources, along with improved community and individual outcomes.

Examples of this would be the commissioning of *Foresight*, supporting of individuals with learning disabilities to access personalised health and fitness plans and collaborative working with charities such as the *Lindsey Blind Association* and enhancing the scope of support available at the new assisted living centre.

<http://www.nlg.nhs.uk/services/assisted-living-centre/>

Continuing Healthcare (CHC)

The continuing healthcare (CHC) team is a direct responsibility of North East Lincolnshire's CCG and is hosted by focus CIC. NHS continuing healthcare (NHS CHC) is a package of care arranged and funded solely by the health service in England for a person aged 18 or over to meet physical or mental health needs that have arisen because of disability, accident or illness. The team co-located with focus at Heritage House in 2015. Lines of management have been developed to facilitate a co-ordinated, integrated approach across both health and social care. The team has expanded and now includes 8 qualified nurse practitioners undertaking an assessment and a review function for adults over 18 years old with a GP within North East Lincolnshire and a primary health need.

Referrals into the team usually start with the receipt of a CHC checklist. Any adult with care and support needs which are beyond the scope of adult social care and/or of services able to be provided by community nursing teams and GPs are able to request to have a CHC checklist – individuals should ask their involved health or social care practitioner.

CHC funding can be partial or full care cost and fixed contributions known as a funded nursing contribution. Funding can either be commissioned directly from a range of providers or delivered in the form of a Personal Health Budget (PHB). A PHB is becoming a popular way to enable individuals to be in control of who delivers their care. There is recognition that many people prefer to employ someone that they know to deliver their care, a PHB can facilitate this. There are rules which apply to the use of a PHB's and this means they are not suitable for everyone.

The team also undertake retrospective assessments for individuals who consider they have incurred financial cost to meet needs as described above, since April 2013 CHS Healthcare has been commissioned to deal with retrospective claims, and all identified cases have been referred to them for completion within the national government timescale by April 2017. NHS England has since tightened the time frames for these cases and some elements must now be completed by September 2016.

The team benefits from a wide range of experience and skill and have been able to successfully recruit new members to vacant posts. They are highly effective and have achieved excellent performance standards. Plans for 2016 have included recruiting new members of staff and closer working between individual team members and identified care home providers as part of the CCG's support to care homes project.

Carers

Caring for our Carers – North East Lincolnshire (NEL)

We recognise that carers provide a substantial amount of care in the community. Without them we would not be able to meet the needs of our most vulnerable people. Our shared vision is to ensure that carers are recognised, valued and supported as individuals with a right to a life outside of caring. Any work to support local carers automatically involves carers, local communities, organisations and agencies and is coordinated via the NEL Carers' Strategy Group and annual action plan. The Carers' Guide was updated in 2015-16 to reflect current support offers and the Care Act. Other achievements in the last year include:

Integration of North East Lincolnshire's carers' support services (CSS) into the care community

The NEL CSS promotes, supports and improves the mental, physical and emotional well-being of all NEL carers so carers can continue in their caring role, look after their own health and wellbeing

and have a life of their own (i.e. opportunities for work/training/education/leisure/social interaction). The service registered 2,028 carers between 1st April 2014 and 31st March 2016. Services include information, benefits advice and checks, advocacy support, befriending, support groups, counselling (including bereavement support), social activities, holistic therapies, volunteering access to the carers' alert card and training/education. Carers are actively involved in the operation of the service via the carers' forum and community consultations, and their feedback created a dedicated one-to-one liaison service between carers and individual case workers ; the carers' forum chair person is a member of all contract monitoring groups.

Key facts



- 13,293 people made contact with
- 70 Outreach bus contacts
- 90 GP drop in clinics continued
- 20 LGBT (Pride)
- 26 contacts at colleges

Case Study

A carer had moved into a house that had no kitchen, heating or boiler; the bathroom was not accessible for the cared-for person and the house was damp in places. The carer suffered with depression and had not felt able to try to resolve these issues, other than contacting the NEL council and being informed there were no grants available.

The CPG Carer Support Worker (CSW) rang the UK Veterans Charity, as the carer's husband was ex-forces. The charity confirmed they could help if all other options had been discounted. The CSW therefore arranged for an Occupational Health assessment for the bathroom and contacted the Council regarding any help that might be available, i.e. grant availability for the central heating/ boiler. The carer rang to say Occupational Health were considering adding a wet room for her husband, and the Council were looking at sorting out the boiler and central heating and also having a kitchen put in. The damp was due to there being no heating. The carer thanked the CSW so much for what they had done to change their lives.

Identifying hidden carers through Engagement with the local community

The regionally acclaimed carer animation DVD, produced with NEL carer input as part of the local commitment to reaching carers across diverse mediums, is run in all NEL GP surgeries, and on the NEL CCG and CCS homepage. The CSS, along with carers' strategy group partners, ran a mobile bus community outreach campaign throughout 2015-16, in order to highlight the valuable input unpaid carers make to our communities and to promote awareness of the importance of maintaining carers' health/wellbeing. A range of professionals ensured that services locally were promoted and the various bus locations ensured easy access to advice and information. Carers' drop in advice and information sessions were also delivered throughout 2015/2016 within a number of GP surgeries across NEL, as well as drop-ins in hospital wards.

Identifying and assessing carers' needs

Significant work has been undertaken, and continues, to ensure that carers, where appropriate, are involved in the care and support planning of the person they care for, are encouraged to have an assessment of their own needs and are included in the process as an expert care partner.





Social Work

Part of focus CIC core business is providing assessments to individuals within the community who may need help with their day to day health and social care needs; in 2015-16 focus undertook 3833 care assessments (7% increase from previous year) and 1764 financial assessments (%24 increase from previous year).

Care assessments were undertaken for individuals and their carers to determine the level of eligible need in accordance with the Care Act 2014 and financial assessments to identify the contribution a person may be asked to make towards any service they receive.

A solution focused practice is used throughout focus concentrating on the individual's strengths and assets. As directed by The Care Act 2014 the emphasis is to have conversations with people rather than just filling in forms to determine need. During 2015/16 a new assessment tool was developed in house to reflect this practice, which has been praised by other local authorities. The Care Act 2014 had brought about a return to more traditional social work rather than workers being constrained by process. It firmly places the individual central to social work practice and supports carers in their pivotal role.

The three social enterprises providing health and social care within North East Lincolnshire are also working closely together to improve social work practice. The principal social worker role is carried out by a head of service from focus who chairs a professional practice governance committee to oversee practice issues. The work of this committee has overseen the establishment of a robust assessed and supported year in employment (ASYE) scheme for newly qualified social workers and links have been forged in the Humber wide area for the external moderation of this work. It is hoped that 2016/17 will see the development of a Humber teaching partnership to improve social work training, recruitment and retention by working closely with Hull and Lincoln University and neighbouring authorities.

Key facts

- 3833 people received a single or multiple full care assessment (7% increase from 2014-15)
- 2213 people received a review (2% increase from 2014-15)
- 1764 people received a financial assessment (24% increase from 2014-15)

Safeguarding

The safeguarding adults board (SAB) has now completed its first year as a statutory board since the implementation of the Care Act 2014 on 1 April 2015. Since that time there have been a number of changes, including the appointment of a new board manager, Stewart Watson, and a new independent chair, Rob Mayall, who also chairs the local safeguarding children's board.

During the year, the SAB has revised the NEL multi-agency safeguarding adults policies and procedures to incorporate the requirements of the Care Act 2014; the procedures also include an escalation policy that can be used where there are challenges to safeguarding decisions/responses across the partnership.

The SAB has continued to work on its strategic priorities to ensure that all partners are working together to fulfil their obligations to meet the following aims:

- To ensure that communities, partners and service users are well informed and engaged in the development of safeguarding services
- To provide overall assurances to the SAB that practice is safe and compliant and quality can be measured to drive up improvement and enable the board to evaluate the impact and effectiveness of safeguarding services
- To ensure that agencies and providers have clarity on what constitutes abuse and neglect, can recognise the signs, and know what to do to seek help and support

- The SAB is assured that regardless of who provides services, care or interventions, service users are confident that all provision will be in their best interests and safeguarding interventions will be proportionate to need and compliant with procedures and standards set by the SAB
- Adults in NEL can be confident that professionals will work together and that all activity is proportionate and aimed at preventing harm or incidents of abuse and neglect, and prevent, escalation and/or requiring statutory or intensive intervention

Making safeguarding personal (MSP) – Nationally, a key area of development for safeguarding services is the MSP agenda. MSP requires staff to make sure that where safeguarding concerns are raised and an individual has expressed their views about what they want to happen – then whenever possible these views are central to the actions that follow. In NEL a recording system has been developed to make sure that MSP can be measured and reported on. Currently, 96 per cent of peoples' wishes about safeguarding outcomes have either been fully or partially achieved, and where they have not – an explanation has been provided to the SAB.

The SAB annual report is a public document and can be viewed by visiting www.nelc.gov.uk



Case Study

A safeguarding concern was raised by a woman in her eighties who was frequently asked by neighbours to lend them money, but who then did not pay it back. The woman did not feel confident to refuse. A safeguarding practitioner and a PCSO undertook a joint visit to the woman and she was supported to tackle the issue. During the visit the lady also disclosed that she needed some help to live at home, and she was referred for an assessment of need. The lady now receives a regular package of care services, and since that time has not been targeted further.

Mental Capacity Act (MCA) and MCA Deprivation of Liberty Safeguards (MCADoLS)

It has been another interesting and challenging year for the Mental Capacity Act/deprivation of liberty safeguards (MCA/DoLS) system on a national scale. The Law Commission have been consulting on the review of the DoLS process, and it is anticipated that their report will be published during 2016/17 and this is likely to lead to a number of changes in the process. In North East Lincolnshire, the management of the impact of the Cheshire West judgement has continued to be the key focus of activity throughout the year with demand increasing from a previous rate of approx. 30 DoLS applications received per year, to 1160 during 2015/16. Despite achieving the completion of 397 assessments within the year (including renewals and reviews), there remains a significant number of cases unallocated.

To ensure that limited resources are prioritised appropriately, the safeguarding team have implemented the national association of directors of adult social services (ADASS) risk assessment tool, and established a robust 'waiting list'. Best

interest assessor (BIA) activity has been allocated to high risk cases, and out of hours working and external assessors have been utilised to support the local structure. The revised DoLS statutory forms have been adopted and guidance issued for their completion. The training of additional BIAs has also been undertaken to increase the cohort of staff able to undertake the assessments. A proposal for the restructure of the safeguarding adults team has also been submitted to enable the release of some BIA capacity within the team.

The administration process has been streamlined to increase capacity, and a paperless system developed with plans made to transfer to a complete electronic system in 2016/17. The introduction of a telephone referral process has also been developed for implementation in 2016/17, this is to make the application process quicker and easier for managing authorities and to avoid the submission of any unnecessary applications.

In addition to this activity, a DoLS quality assurance (QA) Panel has been established to ensure that the BIA assessments

completed by any BIA on behalf of the supervisory body (North East Lincolnshire council) meet the legal requirements and are of a suitably high standard to meet local expectations and scrutiny. The QA panel has also been very successful in providing a mechanism for peer support and developing local consistency in approach and report writing.

The MCA/DoLS business team reports local activity to the safeguarding adults board (SAB) and the SAB annual report contains can be viewed by visiting www.NELC.gov.uk

Key facts



- 1069 Safeguarding Concerns was referred to the team via SPA
- 433 of these had a full investigation, and the remainder was closed at Duty Triage
- 65% of the Enquiries undertaken action was taken and/or reduced/removed
- 1060 applications were received under the MCA/DoLS

Smaller than last year. Above regional average

Yorks/Humber average
86%

Proportion of people using services who say that those services have made them feel safe and secure
87%



Better than last year. Below regional average

Yorks/Humber average
70%

Proportion of people using services who feel safe
68%



Intermediate care

The Care Act 2014 identifies intermediate care and re-enablement support services as services that can delay or prevent the need for more intensive support services. It consists of a range of integrated services that can be offered on a short term basis to promote faster recovery from illness, prevent unnecessary acute hospital admission, prevent premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. Intermediate care services are time limited interventions that fit as a stage in a person's overall care and as such are often referred to as step-up and step-down services. The support provided should depend on individual assessed needs with defined outcomes and is not appropriate for everyone.

In North East Lincolnshire, Intermediate Care is delivered by the Care Plus Group. Their rehabilitation and re-enablement services are therapy led services designed to enable people, at home or being discharged from hospital, to maintain or regain the ability to live independently in their own home and potentially to avoid premature admission to residential care. The aim is to deliver this service at a person's home or, where that is not possible, in a short term community bed facility. In 2015/16 some 300 people received

short term bed based intermediate care. Care Plus Groups Intermediate Care at Home service was assessed by the Care Quality Commission (CQC) in March 2016 and was given an overall rating of "Outstanding". Overall the North East Lincolnshire Clinical Commissioning Group remains a top quartile performer on the measure of how many people remain in their own home 3 months after discharge from hospital into a re-enablement/rehabilitation service (90.6%).

A further Care Plus Group Intermediate Care Service is the integrated Rapid Response team. The Rapid Response service is a multi-skilled service that assesses people in health or social care crisis and co-ordinates a rapid support service that responds to any assessed urgent. Many in need are callers to the North East Lincolnshire Single Point of Access (SPA) and the service is available 24 hours a day, seven days a week and aims to treat and support you in the person's home, reducing the need for people to attend A&E and be admitted unnecessarily to hospital or nursing /residential home. The Rapid response team also operates in the local A&E department to facilitate support in the community. In 2015/16, the Rapid Response service responded to more than 7000 requests for service. The integrated Rapid response service

continues to be central to the NEL strategy to provide responsive assessment and care in an appropriate setting, especially where hospital care is not appropriate. As well as supporting the public who call with urgent care needs, the service will continue to develop to provide support for other professionals, for example ambulance crews, who can avoid unnecessary transport to hospital through a timely Rapid response intervention.

Case Study

L is a 28 year old with mild learning disabilities and a mother of 2 young children. Due to circumstances the children were put under the care of the local authority due to concerns LE would not be able to protect them. L was classed as a very vulnerable adult. L had worked with a multi- disciplinary team for a number of month's prior to support from Intermediate care at home (IC@Home), completed a PAMS assessment and had worked hard to increase her chances of having her children returned to her care.

IC@Home was invited to a meeting to discuss whether we would be able to support L at home. L needed support to regain skills of looking after a family, cooking, cleaning and shopping and establishing a home routine, as it had been established she would require as part of her learning disability.

Goals were:

- 1) Cooking techniques and skills
- 2) Maintaining shopping plan
- 3) Maintaining household chores
- 4) Support independence with finances

IC@Home with L consent, were requested to visit for 2 hours twice a week to support with establishing a routine at home, this continued for about 6 weeks, during this time L was able to see her boys daily with supervision only. After 6 weeks it was determined that L should be given more access rights to her children and it had been agreed that a contact person would drop the boys off from foster care in a morning and pick up again after tea. L would be responsible for day nursery getting to and from. IC@Home were requested to support with 2 hour morning call and 1 hour tea/evening to establish and maintain a routine for her at home with the boys. This continued for 2 weeks.

After 3 weeks at another MDT it was decided that L was ready to be able to trial the boys overnight. Following on from this L felt confident to have them daily with full contact. IC@Home requested to support L continuing with routine at home. This continued however, during this time, there had been some difficulties. L had a problem with her boiler at home, were she had a gas leak; L was unable to understand who to contact to support her. IC@ Home supported L with this and was able to get L and the boys to a place of safety until boiler was repaired. L still had a number of hurdles to climb however, with support; from all services joining together with the same goals in mind these were overcome.

IC@home support at the next MDT was reduced to 1 hour morning call and 2 hours evening call as L was requiring less support from IC@home in a morning. This continued for another 6 weeks.

Within this time it was evidenced and acknowledged that L oldest son had some difficulties adjusting, and starting lashing out violently with support workers and L. Behavioural techniques were introduced for L to follow and IC@Home to support L to follow these. After the 6 weeks it was evidenced and discussed at MDT that L was now no longer requiring support. It was determined that L had now established a good, positive routine at home were the boys were cared for and were happy. During this case it was important to establish good professional working relationships immediately, with all services involved being.

Reduced on previous year. Still above regional average

Proportion of older people (65+) who were still at home 91 days after discharge per 1000 popn.

90.6%

Yorks/Humber average 85.6%



Proportion of older people (65+) who were still at home 91 days after discharge (offered the service) per 1000 popn.

1.3%

Yorks/Humber average 2.3%

Same as last year. Below regional average

Direct payment

Direct payments offer people the opportunity to receive money to buy the care they need to achieve the needs and outcomes within their support plan. They give people increased autonomy, inclusion, choice and flexibility to help them live in their own homes, be fully involved in family and community life, and take part in work, education and leisure. Many people receiving them experience the benefits of increased opportunities for independence, social inclusion and enhanced self-esteem.

Direct payments come with responsibilities on the part of the person receiving them, and the organisation managing the direct payment (focus CIC). People are supported as appropriate to manage their direct payments appropriately. The organisation (focus CIC) managing the payments will strike a balance between enabling choice and control for service users, whilst managing individual and corporate risks associated with having them. This also ensures that public funds are used appropriately. Where direct payments are not used responsibly appropriate actions will be taken.

Those receiving will be reviewed and monitored at regular intervals, and at least annually.

Lower than
last year.
Below regional
average.

Propn. of people
using social care
who receive direct
payments

22.3%

Yorks/Humber
average

27.2%

Personal budgets

Personal budgets are an allocation of funding identified for people after an assessment of need.

People can either have this as a direct payment or ask the organisation (focus) to commission services, or they can have a combination of the two. Whichever, the person would still be involved in how their needs could be met.

Better than last year. Above regional average.

Proportion of people using social care who receive self-directed support

93%

Yorks/Humber average 89.2%

Case Study

Referral was made from children's services regarding X requiring support from adult social care. X lives at home with his parents and was attending Linkage College 3 days a week. 2 days a week he was supported by a short break worker through children's social care to access the community. X has a severe learning disability and complex health needs. X's parents were led to believe that there was nothing for X once he reached 18 and transitioned to adult services.

X displayed challenging behaviour whilst at Linkage, in the community and home. Mum felt that X's needs would not be met locally and potentially he made need to access alternative out of area day placement.

Adult social care started to be involved with X's care at 16 years old. This enabled an MDT approach and ensures all relevant professionals involved. During this period adult social care were able to provide X and his parents with the relevant support of alternatives to day time provision. This gave X the opportunity to try different activities in the community and be supported by his current supporters to trial these. Once it was identified the activities that X would like to do in the week it was agreed that a direct payment would enable greater flexibility for X to pick and choose what he did in the week instead of having a fixed timetable that would be commissioned.

Since X has turned 18 he uses direct payments to purchase his own support and services. For example some weeks he uses his direct payment to go to the Rock Foundation and the following week he will pay his Personal Assistant to take him swimming. The flexibility of the direct payment enables X to choose when he access activities that fit around his many health appointments, the ability not to 'loose' hours/support as activities can be planned around X's needs therefore leaving additional hours to be banked and used at a later date and the freedom to try new activities as and when he wishes without mum having to contact adult social care to agree the change in service.

X has started to utilise his direct payment to purchase respite. This has enabled the carer's needs to be met as it is flexible to their situation and provides a responsive support system to them. This is due to mum being in control of arranging her own respite when it suits the family without having to inform adult social care for them to agree to the respite.

Learning disability, physical disability & mental health

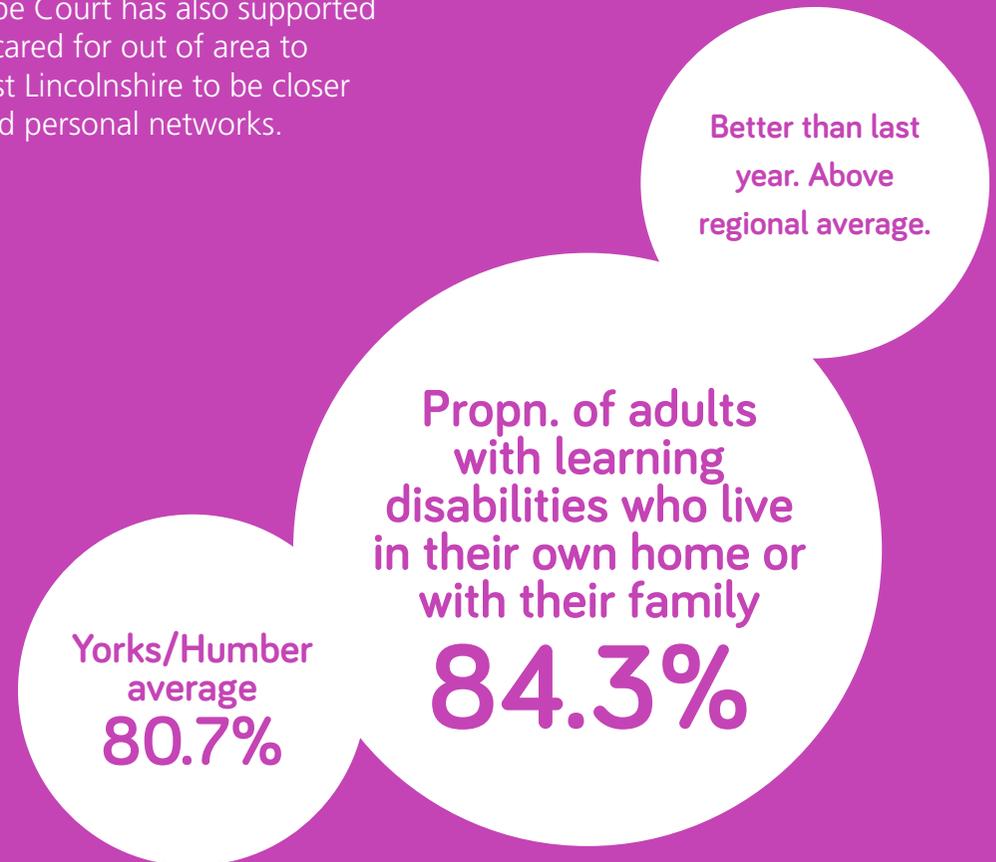
The aim of the disabilities and mental health triangle is to ensure high quality, safe, and sustainable services for people with disabilities and mental health issues in North East Lincolnshire through a combination of commissioning, market development, and partnerships across health and social care.

2015-16 has seen many developments and improvements across the triangle.

Working in partnership with NAViGO to embed the adult social care assessment within the care programme approach has enabled a better integration of Health and Social Care for people experiencing mental health problems, ensuring that they can access the full range of support to meet their needs.

better rehabilitation for people with long term severe mental illness and is generating excellent outcomes for individuals, with several people being re-enabled to take on their own tenancies and live more independently. Hope Court has also supported people who were cared for out of area to return to North East Lincolnshire to be closer to their families and personal networks.

Hope Court has been remodelled to offer



Case Study

Albert, aged 62, has lived with severe mental health problems for most of his adult life. He used to work in the galley on ships and live with his wife and family until 22 years ago when his mental state deteriorated to such a point that he was unable. He was moved into various mental health institutions to help his recovery, and lived at a local Mental Health care home for over 10 years. Albert describes this time as frustrating as he wanted to live more independently but he felt he was not allowed. The re-modelling of Hope Court provided the right environment and support to re-enable him to regain skills such as cooking for himself (and others), and to take on skills such as managing his budget and paying bills. He will shortly be moving on to hold his own tenancy in a flat near his children and looking forward to actively 'being a grand-dad'.

A new model for advocacy in North East Lincolnshire has been successfully implemented to take into account the Care Act 2014 requirements and to streamline the provision of all statutory and generic advocacy provision in North East Lincolnshire. This sees a single provider for all Health and Social Care advocacy needs, which means that it is easier for people to get the support they need to ensure that they can participate best in their care assessments and planning, and to ensure their Mental Capacity and Mental Health rights are properly safeguarded.

The Supported Living programme completed further accommodation in Immingham, enabling vulnerable people to return to their home town and community to live as independently as possible.

We have also developed another apartment model that is available to support 12 people who have a range of needs. The Eleanor Apartments, is a new support model of care known as a service fund, this is where the tenants merge their budgets together to decide how they want the support workers to support them on a weekly basis. For example people support each other with shopping and independence skills

NELCCG together with Humberside Police jointly funded Care4All to extend the safe place scheme in North East Lincolnshire which sees a network of places such as shops which offer simple support and reassurance to safe place card holders, contacting identified people if assistance is required.

Mr X, a middle aged gentleman with a learning and physical disability had not left his house for two years. Since signing up as member of the Safe Place Scheme the gentleman has visited Grimsby town centre

Yorks/Humber
average
5.4%

Propn. of adults
with learning
disabilities in paid
employment
13.2%

**Better than last
year. Above
regional avg**

Care Act 2014

Most of the reforms within the Care Act 2014 took effect in April 2015. In preparation, our approach within North East Lincolnshire has been to divide the task of implementation into workstreams, and appoint an expert to lead each workstream. These experts are drawn from North East Lincolnshire Council, the CCG and focus. This team of experts identified and managed the key tasks of implementation, in partnership with wider organisations across the third and voluntary sector. For example, members of the team led on the revision of North East Lincolnshire's charging policy (following consultation) and the redesign of care and support assessment paperwork, to secure Care Act compliance. Alongside this, specifications for commissioned services such as advocacy and domiciliary care have been reviewed to ensure conformity with the Care Act's objectives, and re-tendered where it was felt improvements could be secured.

In addition to consideration of practical changes, the task of ensuring that all relevant parties are aware of their new duties under the Care Act has been considerable. With partners at Care Plus and NAViGO, the team delivered an extensive programme of briefings and awareness raising activities, involving

health and social care colleagues across the public and voluntary sector. A highlight is the visit of eminent lawyer Luke Clements to deliver tailored training on the links between the Care Act and the Children and Families Act 2014, designed to ensure that children and their families in North East Lincolnshire receive coordinated help across both pieces of legislation.

The team's activities have been supported by the Care Act Partnership Group (CAPG): a focus group of around 12 volunteers drawn from ACCORD (the CCG's membership body) and Healthwatch. The CAPG received presentations on six key areas of the Care Act, following which they were able to pose queries and offer comments. The CAPG's input has been invaluable in providing a community perspective, offering a targeted two-way conversation between commissioners and residents of North East Lincolnshire. A number of CAPG members have gone on to be involved in wider areas of commissioning activity.

There are few new services as a direct result of the Care Act, but there are increased opportunities to work together differently. Drawing on the advantages of its integrated

health and social care architecture, North East Lincolnshire's focus on partnership working will provide the best opportunities to embed the Care Act's reforms, and to continue working cooperatively to realise the Act's vision.

You can find out more online here:

- www.services4.me.uk/careact



Care Act 2014

Survey

Each year a national survey is conducted across a random selection of people in each of the Local Authorities across Great Britain. This is known as the Personal Social Services Adult Social Care Survey (PSSASCS) and the responses to this survey form some of the outcome statements that are used for performance to be monitored.

Lower than last year. Below regional average.

Overall satisfaction of people who use services with their care and support
58.5%

Yorks/Humber average
64.4%

Supporting people with dementia

Key themes were identified in 2015-16 to support those with dementia and their carers; the consultation process involved those with dementia, their carers, the local community and relevant organisations and agencies. The vision and forward plan document created incorporates the key elements of the national dementia strategy and prime minister's challenge, and is co-ordinated via the NEL dementia steering group.

Identifying early signs of dementia

In NEL we recognise the importance of receiving an early dementia diagnosis – it allows access to support, information and medication, and gives people the opportunity to understand and accept their diagnosis. Those with dementia and their carers can make informed choices, enabling them to plan for the future and for living well with dementia. Early diagnosis also increases the chance of preventing future problems and crises.

Locally in 2015-16 we achieved a diagnosis rate of 72.2%; this is higher than the national average and far exceeds the government requirement. Despite this, further work is required in 2016-17 to identify those who have not received a diagnosis.

The dementia portal

This is an online resource, providing local dementia service information. It is an action of the forward plan to ensure this information is updated in 2016-17 and kept current. Access is via:

- www.services4.me.uk/mylife

The Alzheimer's society (AS)

The AS now has a local office in Dudley Street. The service supports the identification/recognition of those with dementia and their carers, and offers targeted advice, information and signposting (i.e. via the Dementia Advisor), one to one support (including befriending), memory cafés and peer support groups (i.e. Singing for the Brain), educational and social/leisure activity groups and training (including Carer information courses). The AS offers local residents meaningful activities which engage and encourage them to remain independent and part of the community, both in its offices and in locations throughout NEL.

Dementia action alliance (DAA)

The DAA is a national movement aiming to create dementia friendly and aware communities. The local DAA, made up of

individuals, organisations and agencies with an interest in dementia, encourages the community to take practical steps that enable local people to live well with dementia. It focuses on educating others regarding dementia (i.e. the "Dementia Friends" campaign) but has also been involved in projects like making GP waiting rooms dementia friendly.

Prescribing antipsychotics

Many people with dementia experience behavioural/psychological symptoms, i.e. agitation/ aggression. Antipsychotic medicines can reduce symptoms, but have possible serious side effects and are sometimes inappropriately prescribed. Efforts to raise awareness around the risks of prescribing antipsychotic drugs for dementia patients continue, in response to universal concerns.

Locally, health professionals continue to explore alternative treatments and the prescribing of antipsychotics continues to reduce.



Case Study

Mrs A and Mrs B, both friends who care for mothers with dementia, came to a Carer Information and Support Programme (CrISP) session run by the AS. They were able to use the session to discuss their concerns and were given information on other services that could help them (i.e. Admiral Nurses, Single Point of Access and the Carers' Support Centre).

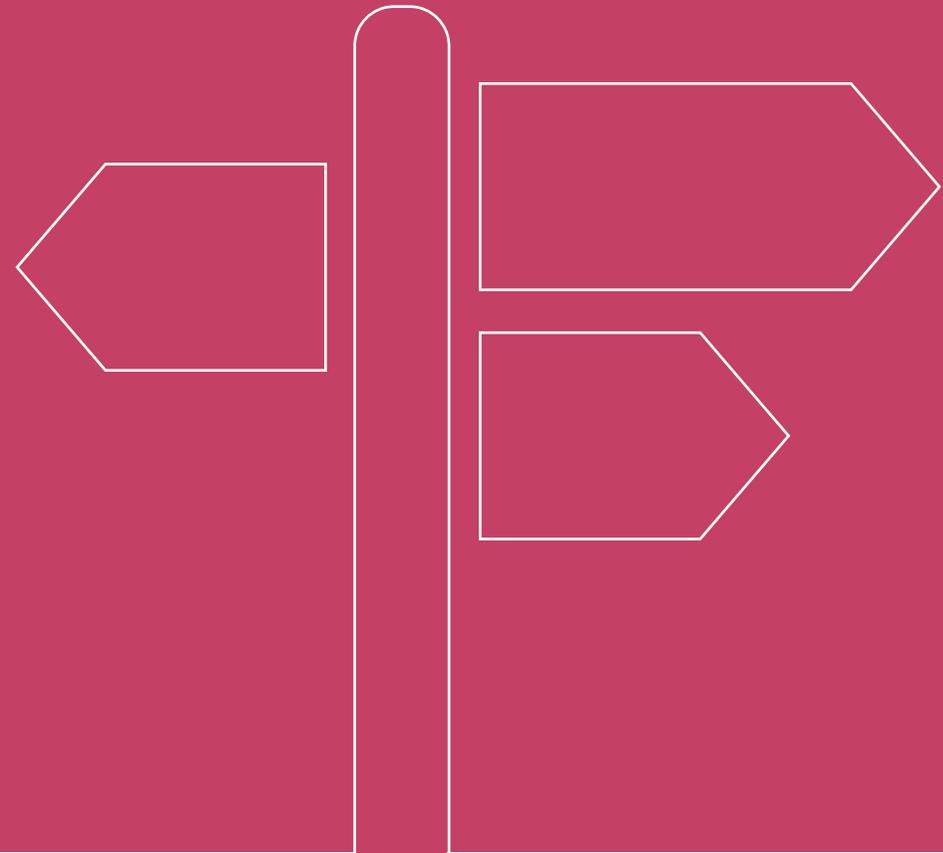
Both ladies felt they benefitted from the CrISP. Mrs B later confirmed her mother had moved in with her due to having a serious infection - she had contacted the Admiral Nurses who had been fantastic and she was very positive that if she had not come on the training that she would not have known what to do. Also she felt that she had received a positive response from all professionals, which she was grateful for.

www.services4.me.uk/mylife





How to get support now and in the future



What is a Single Point of Access?

For access to community health and social care support or advice and information the single point of access is always open, and this includes overnight, weekends and bank holidays.

In addition the single point of access also provides access to social care crisis response, community health advice, mental health advice and access to mental health services, and can offer information and guidance through the health and social care systems.

The single point of access is delivered through an alliance of organisations working together to offer a range of services for residents within North East Lincolnshire. This means that it is local, based in Grimsby, and calls are dealt with by the agencies that operate services in North East Lincolnshire. People who call can be confident that they are assisted to the most appropriate outcome for themselves, including:

- Advice, information and signposting
- voluntary and community services
- Rehabilitation and re-enablement
- Social complex case management

The SPA strives to find suitable and appropriate outcomes, whatever your enquiry. All the calls received by the single point of access will either:

- Resolve your issue
- Offer relevant advice and information including onward referrals for assessment
- Re-direct you to the most appropriate person or service who will be able to help

It is our plan over the next year to bring in more health and wellbeing services to make them more easily accessible through the SPA, and to increase the number of ways people can contact the SPA, so it becomes even more useful for people looking to access health and wellbeing services in North East Lincolnshire.

At the beginning of 2015 we launched new SPA branding that will be used to promote the SPA that encompasses a range of organisations and services working together within it.

Key facts



- 50,000 calls approx in 2015-16
- 16,000 calls/people with specific needs in 2015-16
- Open 24/7/365 inc BH



I'm not well
and can't
wait until the
doctor's opens

How can I help
my mum to stay
independent?

I want to take
the first step and
talk about my
mental health

Getting the
help and
advice you
need just got
easier

single point
of access
01472 256 256

Just one number to
talk to us about your
health and wellbeing
needs 24/7.

www.services4.me.uk/spa

What is Services4Me?

Services4Me was launched in 2011 to respond to the growing need to bring together information, advice and support to help people understand and access adult social care and health services. It is part of a drive to help achieve and maintain independence; ensuring that individuals have as much choice and control as possible when considering services to support their needs. It also provides an online 'self-assessment' tool which allows individuals to be much more involved in the process of assessing, determining and positively managing their on-going 'needs'.

The website, 'Services4.me.uk', is managed and delivered by focus independent adult social work. It is a partnership initiative with all the key agencies in the area; CCG, the council, the carers centre, Voluntary Action North East Lincolnshire (VANEL) and other voluntary and community organisations coming together to ensure that it provides the best and most effective advice and support.

It has been developed as an easy to use, interactive platform which offers an online, one-stop directory; providing information and signposting to services, events and activities for adult social care, health care, wellbeing, voluntary and community services right across North East Lincolnshire. Its design and approach were informed by working closely with local users, carers and other key stakeholders to understand how best to make core information accessible, easily understandable and responsive to their needs. This engagement with users and interested parties is on-going to ensure that future development also reflects the experiences and preferences of those who will actually use the website.

Services4Me has over 900 records covering a wide range of services, products and events. The directory can be easily accessed and all of its content is free. The listings within the online directory are managed and validated by the focus Services4Me team; they constantly review and assess the directory and look for opportunities to extend and improve it to provide information across the widest possible range of relevant services and activities. Providers and suppliers are also encouraged to regularly review and update their listings so that information is relevant and accurate.

As well as encouraging users, carers and the wider public to access the website via their own technology (PC, tablets, phones etc.), we are also currently developing a range of ways to provide easy access to the website in public places. A suite of 20 iPad kiosks within all GP practices and growing community venues have now been implemented to support this.

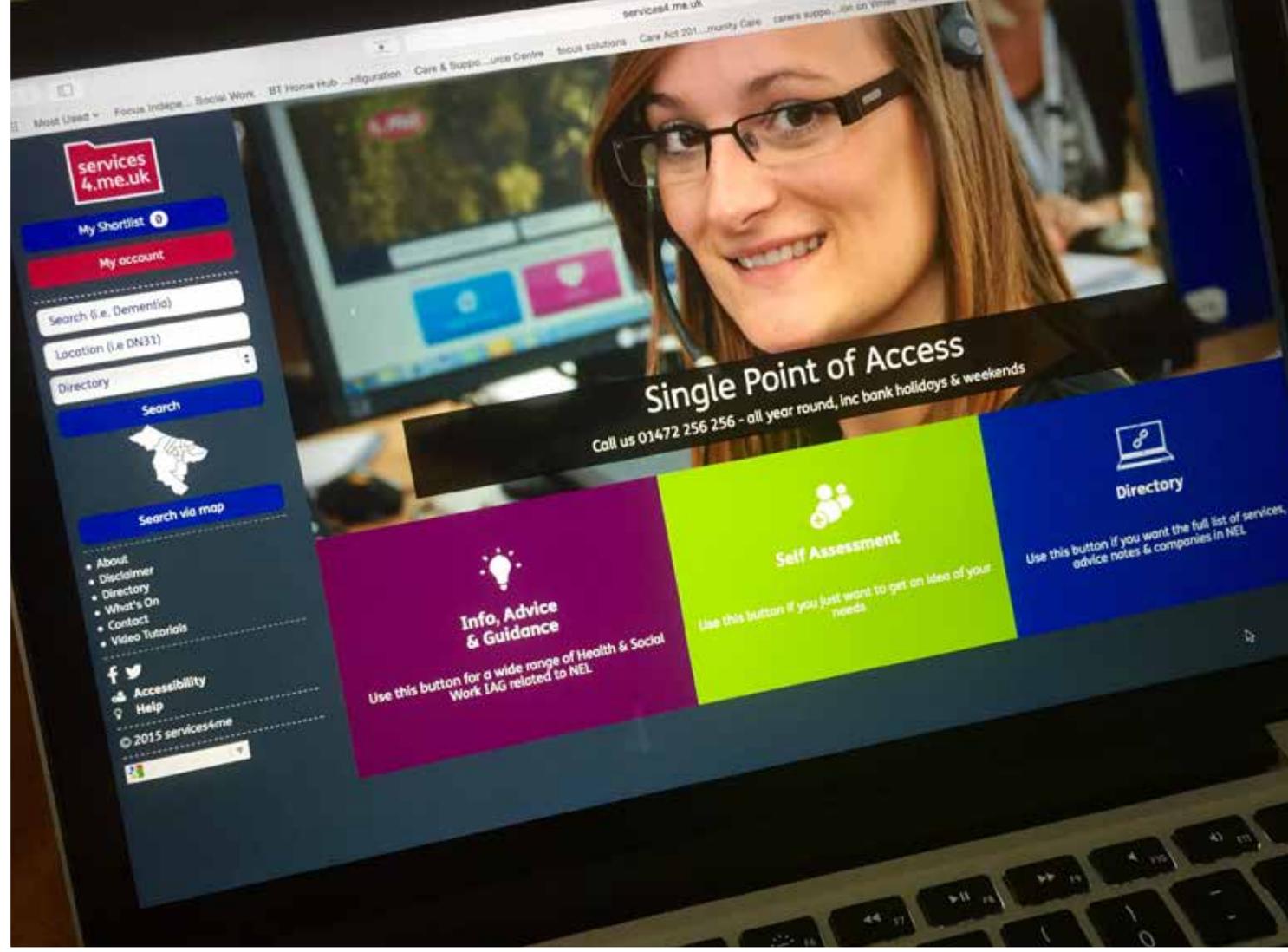
In response to the Care Act we developed a new Information, Advice & Guidance Portal which was designed and developed by the staff that work within the SPA to guide you online to the areas you require.

<https://www.services4.me.uk/kb5/nelincs/asch/careportal.page>

Key facts



- 67,091 unique sessions
128,345 page views
- 1000+ providers registered
- 20+ iPad Kiosks launched in GP / community venues



www.services4.me.uk



Appendices

Key performance indicators

The below performance tables are taken from the ASCOF results for 2014-15. You can find explanations of what each mean within the Glossary.

Enhancing quality of life for people with care and support needs

Description	2014/15	2015/16	
Social care-related quality of life	19.2%	19.2%	✓
Proportion of people who use services who have control over their daily life	82.4%	80.6%	✓
Proportion of people using social care who receive self-directed support	91.4%	93%	✓
Proportion of people receiving social care as a direct payment	25%	22.3%	✗
Proportion of adults with learning disabilities in paid employment	1.9%	13.2%	✓
Proportion of adults in contact with secondary mental health services who are in employment	8%	7.4%	-
Proportion of adults with learning disabilities known to adult social care who live on their own or with their family	66.6%	84.3%	✓
Proportion of adults in contact with secondary mental health services living independently, with or without support	74.2%	66.2%	-



Delaying and reducing the need for care and support

Description	2014/15	2015/16	
Annual permanent admissions of people aged 18-64 to residential and nursing care homes per 100,000 population	13.6	7.4	✓
Annual permanent admissions of people aged 65 and over to residential and nursing care homes per 100,000 population	563.9	661.3	✓
Delayed transfers of care from hospital per 100,000 population	7.1	5.8	✓
Delayed transfers of care from hospital per 100,000 population which are attributable to adult social care	2.1	1.8	✓
Percentage of older people still at home 91 days after being discharged from hospital with reablement/rehabilitation services	88.7	90.6	✓



Ensuring people have a positive experience of care and support

Description	2014/15	2015/16	
Overall satisfaction of people who use services with their care and support	64%	58.5%	✗

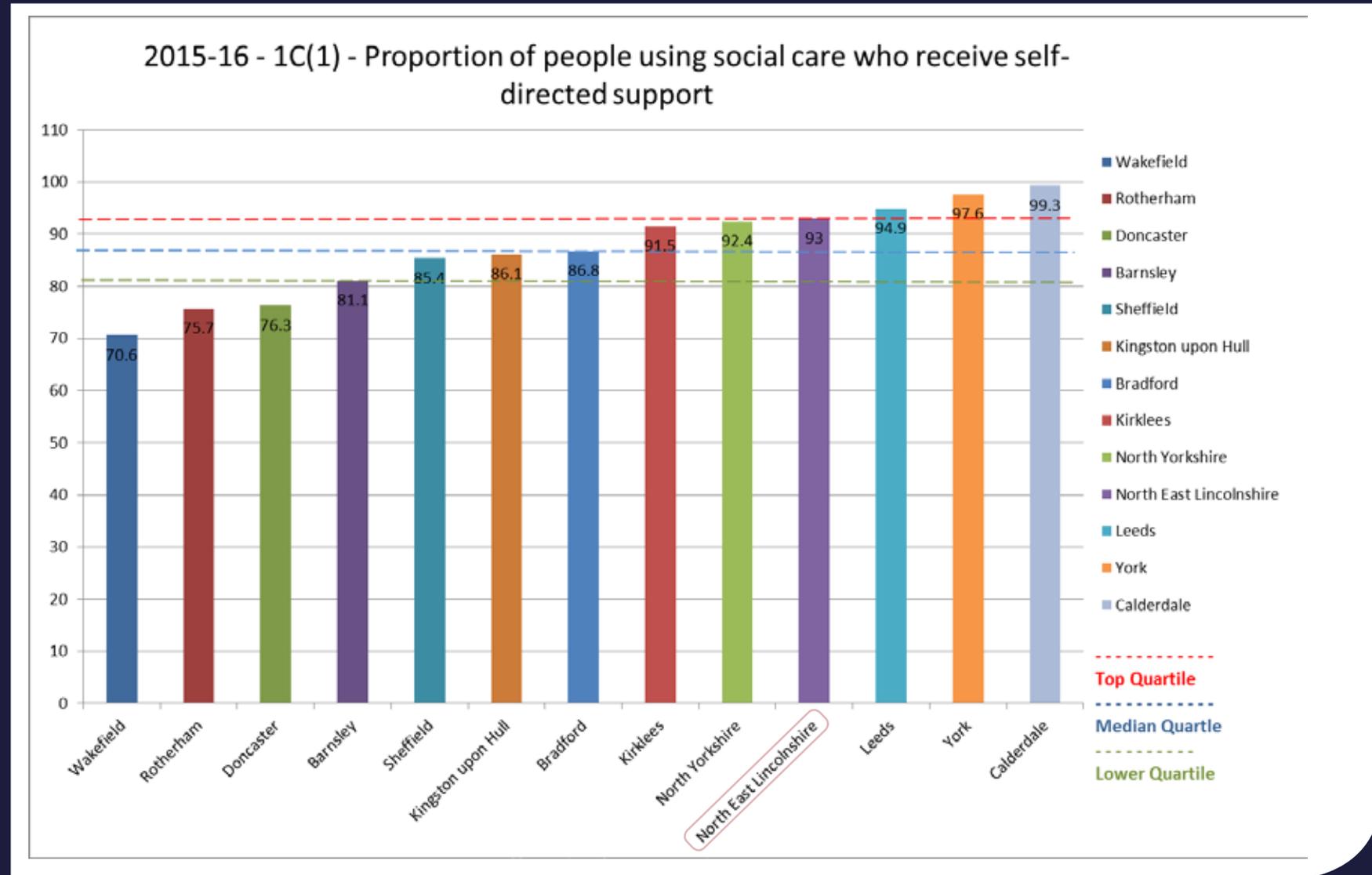


Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

Description	2014/15	2015/16	
Proportion of people who use services who feel safe	65.7%	67.9%	✓
Proportion of people who use services who say that those services have made them feel safe and secure	92.3%	87%	✗

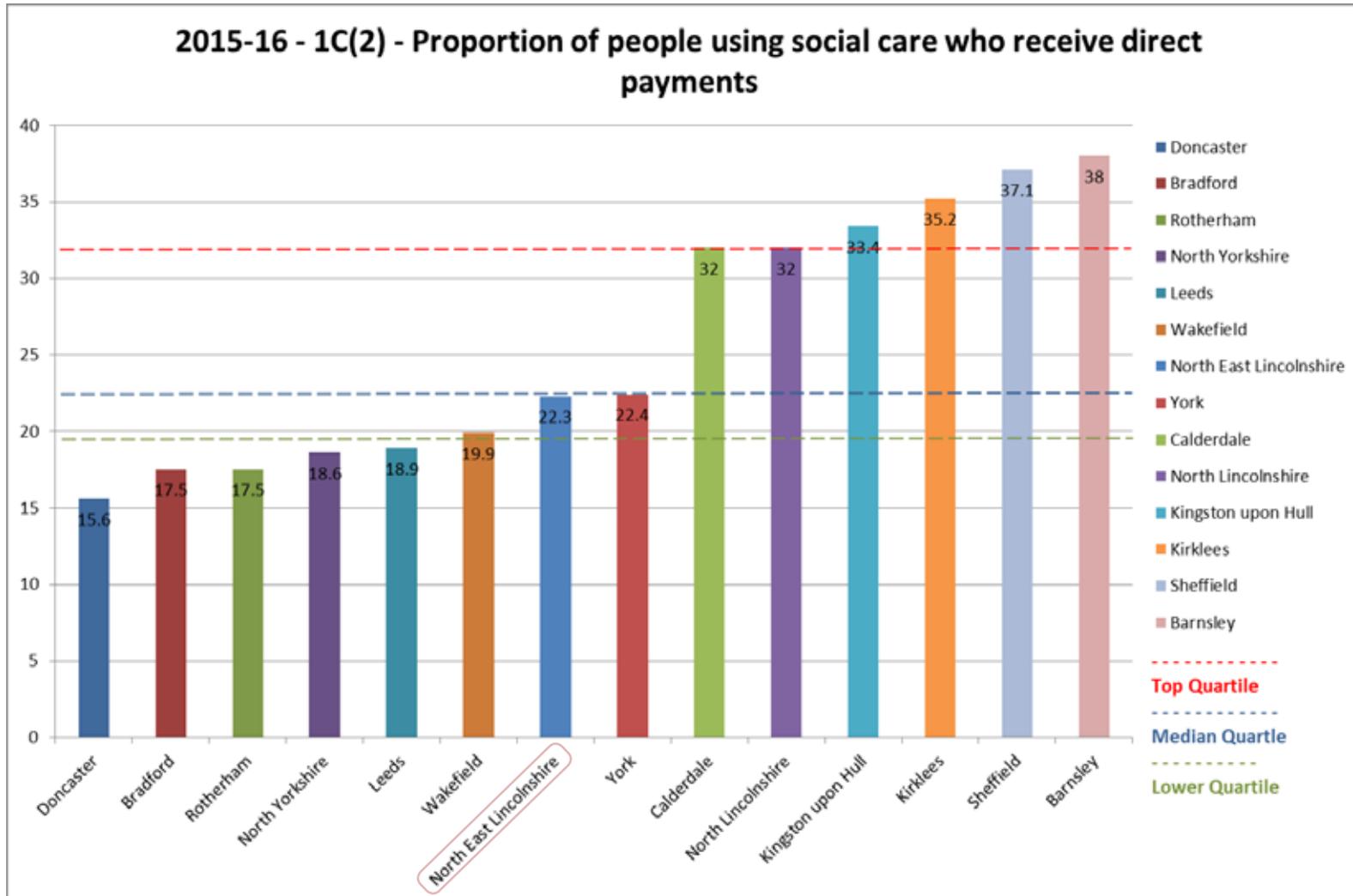
Personalisation

Those in receipt of a managed budget represent 93% of all those receiving support: A significant improvement on the previous year, we moved to 4th place regionally in 2015-16.



Direct payments

The proportion of those using social care who received a direct payments to allow them to purchase care and support directly is 22.3%, this moves us to 12th place regionally in 2015-16.



Glossary

Abuse

Physical violence, verbal aggression, unwanted sexual contact, money or property taken without consent or under pressure, neglectful care or the deprivation of choice, privacy or social contact.

Carer

An individual who provides unpaid support to a family member or friend who cannot manage without this help.

Commissioning

Process the CCG uses to plan and buy services for adults with care and support needs.

Community based services

Care and support services provided in the community rather than in hospital or residential homes.

Community capacity building

Activities, resources and support that strengthen the skills and abilities of people and community groups; both to take effective action and take leading roles in the development of their communities.

Deprivation of liberty safeguards (DoLS)

Safeguards under the Mental Capacity Act (2005) that aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty.

Direct payment

Money payment made to people who need care following an assessment, to help them buy their own care or support, and be in control of those services.

Extra care housing

Extra care housing is housing designed with the needs of frailer older people in mind; varying levels of care and support are available on site.

Health and wellbeing board

The health and wellbeing board is an NEL Council committee, which has responsibility to ensure that the health of the local population improves, and to ensure that health and social services are co-ordinated. These and other responsibilities of the board are set out in the Health and Social Care Act 2012.

Health inequalities

Health inequalities are preventable and unjust differences in the health experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups they exist between different genders and different ethnic groups.

Hidden carers

Many carers do not identify themselves as such, and are known as “hidden carers”.

Home care

Help at home from paid carers for people with care and support needs.

Integrated

An integrated service acts as a service hub for the community by bringing together a range of services, usually under one roof, whose practitioners then work in a multi-agency way to deliver integrated support to children, young people and families, for example, extended services or sure start centres.

Intermediate tier

Intermediate tier services are those provided on a time limited basis to help people discharged from hospital, or to prevent a hospital admission. Their aim is to re-enable people to regain their independence.

Key ring support network

A supported living network made up of a number of ordinary homes for people who need support; a community volunteer lives in one of the homes and helps members. Paid workers are also available to give support.

Long term conditions

Long term conditions are health conditions that last a year or longer, impact on a person’s life, and may require on-going care and support.

Managed budget

Where a person asks the council to directly provide them with services to the value of their personal budget.

Market position statement

A document containing intelligence, information and analysis of benefit to local adult social care providers.

Outcome

End result, change or benefit for an individual who uses social care and support services.

Personal health budget

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

Preventative services

Services that involve early interventions to prevent long term dependency or ill health.

Personalisation

New approach to adult social care that is tailored to people's needs and puts them in control.

Personal budget

A money allocation available to someone who needs support; the money comes from the Council's social care funding.

Reablement

Helping people to regain the ability and confidence to do some or all of the things they used to, such as cooking for themselves, bathing without help or getting to the shops.

Rapid response service

A service that focuses on preventing avoidable hospital attendances and admission, treating and supporting individuals who have gone into crisis whether they have a health or social care need.

Rehabilitation

Treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

Residential care

Care provided in a care home.

Safeguarding

Protecting vulnerable people from neglect or physical, financial, psychological, verbal or other forms of abuse.

Safeguarding adults board

The safeguarding adults board focuses on the core safeguarding agenda - prevention, identification, investigation and treatment of the abuse of vulnerable adults. It develops safeguarding policies and procedures, participates in the planning of safeguarding services, gives guidance and direction to those responsible for service delivery and champions good practice.

Self-directed support

Self-directed support is about people being in control of the support they need to live the life they choose.

Social enterprise

A business with primarily social objectives whose surpluses are principally reinvested for that purpose.

Solution

The most appropriate method of meeting an individual's needs.

Supported living schemes

Schemes that help adults to live as independently as possible in the community.

Think local act personal

Think Local Act Personal is a group of over 30 national partners that are committed to real change in adult social care. Their goal is for people to have better lives through more choice and control over the support they use; often referred to as "personalisation".

Third sector

Voluntary or not for profit sector.

Time banking

Time banking is designed to support people who help others, and to offer support to those that need it. Every hour spent doing something for somebody, generates a time credit. Each time credit can then be exchanged for an hour of someone else's time.

Vulnerable adult

A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other conditions.

Wellbeing

Health and happiness.

Performance measures glossary

1A “Social Care –Related Quality of Life”

This is taken from the PSSASCS which asks people about how they view their quality of life.

1B “Proportion of people who use services who have control over their daily life”

This is taken from the PSSASCS which asks people if they feel they have control over their own life.

1C(1) “Proportion of People using social care who receive self-directed support.”

This looks at the number of people who have received an assessment of need who have then been advised they can have a personal budget to meet their needs and advised as to how much this will be.

1C(2) “Proportion of People using social care who receive direct payments”

This looks at the number of people who choose to manage their own personal budget rather than ask Adult Social Care to arrange services.

“1D - Carer reported quality of life”

Taken from a bi annual survey of adult carers. The outturn is an overarching view of the quality of life of carers. It is made up from 6 questions in the survey; Covering: - personal time (occupation)/control over daily life/ personal care/ safety / social participation/ support and encouragement.

Description: - personal social services adult social care survey is a statutory Survey that conducted on an annual basis. The main purpose of the survey is to gather client experience, which provides assured, benchmarked local data on outcomes to support local services. The survey will provide intelligence on whether specific groups experience better outcomes and whether services are meeting all outcome needs.

1E “Proportion of People with learning disabilities in paid employment”

This looks at the number of people with a learning disability who have found employment and receive pay for this.

1F “Proportion of People in contact with secondary mental health services in paid employment”

This looks at the number of people in contact with secondary mental health services who have found employment and receive pay for this.

1G “Proportion of People with learning disabilities who live in their own home or with their family”

This looks at the number of people diagnosed with a learning disability who live independently rather than in a residential or nursing home.

1H “Proportion of People in contact with secondary mental health services who live independently with or without support”

This looks at the number of people who are receiving a service from the secondary mental health service who live independently rather than in a residential or nursing home.

2A(1) “Permanent admissions 18-64 to residential and nursing care homes, per 100,000 population”

2A(2) "Permanent admissions 65+ to residential and nursing care homes, per 100,000 population"

2B "Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation (effectiveness of the service.)"

2C(1) "Delayed transfers from hospital per 100,000 population"

This looks at the number of people who have been advised they are medically fit to leave hospital but have been unable to be discharged due to waiting for a specific service or piece of equipment.

2C(2) "Delayed transfers from hospital which are attributable to Adult Social Care, per 100,000 population"

This looks at the number of people who have been advised they are medically fit to leave hospital but have been unable to be discharged due to waiting for an Adult Social Care service.

3A "Overall satisfaction of people who use services with their care and support"

This is taken from the PSSASCS which asks people how satisfied they are with the services that have been provided.

4A "Proportion of people who use services who feel safe"

This is taken from the PSSASCS which asks people how safe they feel where they

are living.

4B "Proportion of people who use services who say those services have made them feel safe and secure"

This is taken from the PSSASCS which asks people if the services they receive have made them feel safe and secure where they are living.

LOC1 "Adult and older clients receiving a review as a percentage of those receiving a service."

This is a local indicator and asks if the person's support and care needs have been reviewed to identify any changes that are needed. This should be undertaken at least on a yearly basis.

LOC4 "Carers receiving needs assessment or review receiving a specific carer's service, or advice and information"

This is a local indicator which looks at the number of carers who have been assessed in their own right or have had their needs reviewed when they have a direct service to support them or have been provided with advice and information.

This publication can be provided in various accessibility options to meet your needs. Please contact:

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