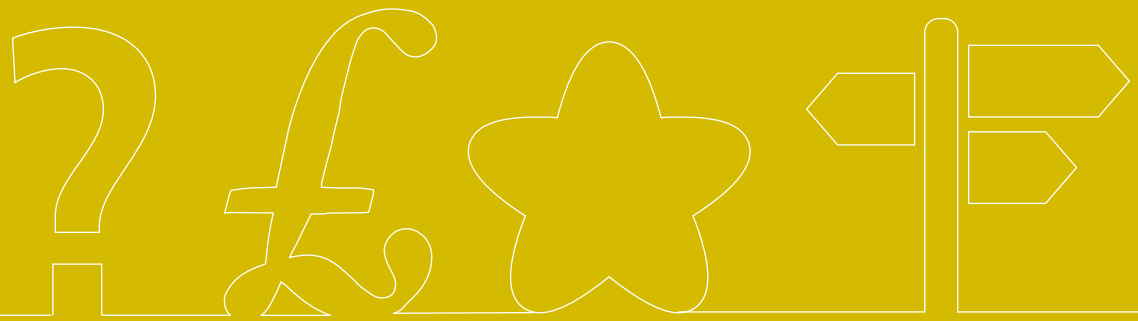
Your local account 2017/18



Integrated adult care in North East Lincolnshire

01472 256 256

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

NHS
North East Lincolnshire
Clinical Commissioning Group

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Foreword

Local account foreword from Rob Walsh, Peter Melton and Bev Compton

We are delighted to present this local account of our integrated adult services in North East Lincolnshire.

Last year we announced that North East Lincolnshire Council and North East Lincolnshire CCG had decided to join more closely together so that we could do further work to improve local services within the borough, building on our long history of partnership working. The aim of this approach is to ensure that we use all of our combined resources more efficiently and therefore direct as much effort as possible towards meeting the needs of vulnerable, older and frail adults in the area. This approach will make sure that we continue to provide services when people need them, but that we also take the opportunity to improve the wider environment, including local housing, and enable more people to enjoy fulfilling lives in North East Lincolnshire. In particular, we want to make sure that as many people as possible can live the lives they want to and as independently as they can.

Working together with service providers in North East Lincolnshire we are starting to think about how we can better design services, in a way that makes sense to local people. With this in mind, we hope to make it simpler to access services, identify needs earlier and to ensure that patient information is appropriately shared. We want to re-shape our community services so that we can better support people in their own homes, and avoid the need for hospital treatment where possible.

In the past year we have successfully piloted a new approach to home based care and we will continue to work on improvements over the next year to ensure that there is a borough wide coverage of the same approach.

We have also worked hard to improve the quality of residential care in the borough and to ensure that homes are equipped with the right skills, technology and support. This is showing that we can deliver community services such as community nursing support more efficiently and that the quality of care can positively reduce the number of admissions to hospital.

In spite of on-going financial pressures, we continue to work to improve our service performance.

I do hope that you find this year's account useful and informative

Rob Walsh
Chief Executive
North East Lincolnshire Clinical Commissioning Group

Dr Peter Melton
Chief Clinical Officer
North East Lincolnshire Clinical Commissioning Group

Beverley Compton
Director of Adult Services
and Statutory Director of Adult Social Services

Partnership working in N E Lincolnshire

North East Lincolnshire has now over eleven years' experience of partnership working between the council and NHS with the aim of delivering more co-ordinated health and care services able to meet the diverse needs of our population. As a result of government funding reductions, it is more important than ever to ensure that money is used to best effect. Our aim is to ensure that as many people as possible can be supported to live safely and well within their normal place of residence. When services are needed, these should be delivered in a way that addresses people's needs, makes sense to them and as close to home as possible.

We are also aiming to ensure that we support our local hospital to deliver quality services by acting to reduce avoidable hospital admissions and ensuring the timely return of patients to home, following hospital admission. The council and North East Lincolnshire Clinical Commissioning Group (NELCCG) 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, lifelong conditions who will need support throughout their lives. Joining together in a more formal way will help the council and NELCCG to increase these benefits for local residents.

Council and NELCCG union

Last year the council and CCG appointed a new joint chief executive to lead the continued work or joining together health and care services within the borough.

By way of a reminder the enhanced partnership model, or "union", will see the:

- Continuance of the two statutory organisations (the council and NELCCG) which will discharge their retained responsibilities and necessary statutory governance and assurance mechanisms. No new organisation is being created.
- Formalisation of arrangements via an extended legal agreement to include as much as the law permits, so the partners can better shape and manage pooled funds and work towards shared aims.
- Development of clearer decision making routes.

Services are delivered on behalf of the council and NELCCG by a range of provider organisations. These include:

- Residential care homes
- Home care providers
- Supported living providers
- Housing providers
- NAViGO - mental health provider
- Care Plus - community health and social care provider

Our social work practice is delivered by an organisation called focus CIC. This provides leadership for our single point of access and the social workers who undertake assessments, care planning and case management as well as adult safeguarding functions 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. Individuals may choose different providers and can access a personal budget to enable them to do so.

continued

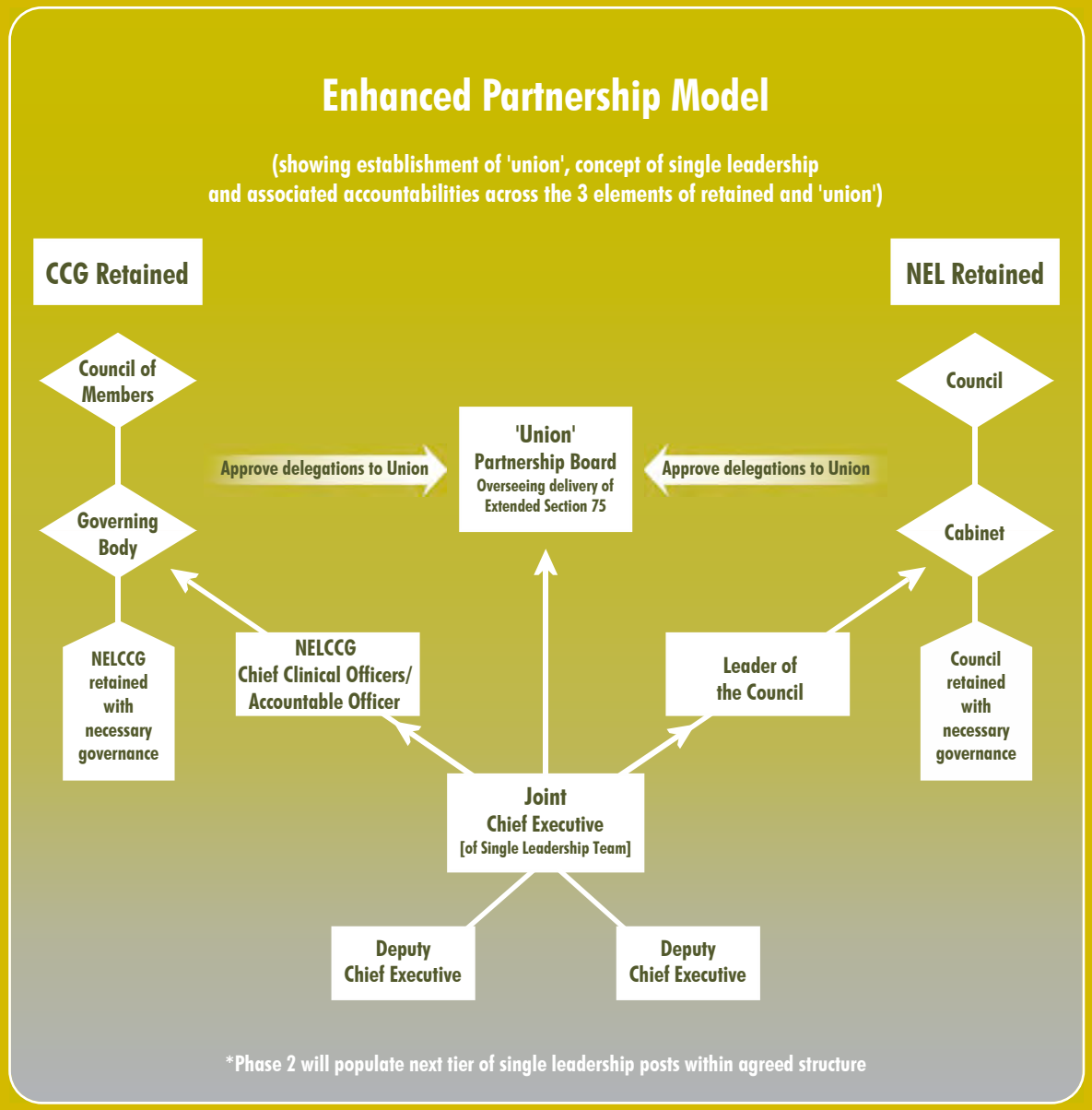
Integrated Care Partnership (ICP)

Since our last local account, some of our providers have been working together to create an integrated care partnership.

Led by local providers, a legally binding agreement has been created between organisations committed to working co-operatively within a legal structure. North East Lincolnshire's key providers working under this arrangement include North Lincolnshire and Goole (NLaG), Care Plus Group, Navigo and focus CIC independent adult social work. Other providers, who are key to the delivery of this local vision (e.g. general practice federations), are taking part in regular meetings.

The aim of the integrated care partnership is to enhance providers' ability to influence the delivery of local services and have a more direct impact in making changes and improvements, leading to better service quality.

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



What is a local account

The local account was introduced by the government and is a document about adult 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, successes and challenges that lie ahead. This is our sixth local account and ultimately it provides a means for the community to hold the council and NELCCG to account.

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

NELCCG.AdultSocialCare@nhs.net

Your local services

How are services commissioned?

Within North East Lincolnshire a range of organisations are involved in providing social work and services for our vulnerable and older population. These organisations are being encouraged to work together to ensure that services are easier to access and that the services offered to people are co-ordinated in a way that ensures their care needs can be met efficiently and quickly.

What is commissioning?

Commissioning is the process in which local services are described, planned and bought for the local community. Commissioners also have a role in monitoring the quality of local care services and in ironing out any problems that might be experienced with those services.

Doctors act as leaders in NELCCG and provide their expert advice to ensure that we are commissioning the right services for local people. We also try to involve people as much as possible in helping to understand the problems people face in their everyday lives. This is so that we ensure services are improved and that there is the best experience of care support.

You may already be aware of some of the organisations who provide care locally. These include community nursing, mental health and home care services as well as residential or nursing home providers. All these organisations have been commissioned to provide the adult care services they offer by NELCCG.

How are services comissioned?

Since 2007, the council and NHS have been working together to ensure a more co-ordinated approach to health and social care. This helps to ensure that money is better spent and that system is easier for services users to access. In the past year we have moved towards even closer working so that we can use our resources more effectively to improve health and wellbeing and deliver services that are better co-ordinated. We are taking into account people's experience of services and trying to ensure that it is easier to meet the range of needs that people have.

NELCCG has the lead responsibility for working with health and care providers in the area. It looks at what is needed for the community and consults people on what they think is needed. NELCCG then contracts with companies who provide care to people either in their own homes or in other settings such as care homes, day centres and other community facilities.

How does NELCCG commission services, and how do they know what is needed?

NELCCG works closely with colleaguesin the health and social care system, people who use the services and doctors to understand what the care needs of the population are. By doing this we are better able to understand how services can be designed address health and care needs. We can also use this approach to plan services in the future.

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

www.nelccg-accord.co.uk

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

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

- Residential and nursing care homes
- Home care
- Extra care housing
- Supported living services
- Transport services for older or disabled people
- Mental health services
- Intermediate care services
- Community health services
- Befriending services
- Support and advocacy

accord
let's get better together

focus

In North East Lincolnshire social work is commissioned from an organisation called focus community interest company (CIC) which provides independent adult social work. We created this organisation to ensure that our social workers had the freedom to organise themselves in ways that best meet the needs of the local population.

focus CIC was the first independent adult social work practice in the country and provides all of the statutory social work functions for older people and people with a disability across North East Lincolnshire, these include:

- Assessment and review
- Long-term case management
- Safeguarding
- Mental Capacity Act and deprivation of liberty safeguards

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

- A health and social care single point of access
- Making arrangements for support to be provided to individuals

focus CIC has now operated within the local community for five years. It 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.

To find out more about focus CIC and our activity each year, we also publish our annual general meeting report which can be found on our website below.

For more details about focus CIC independent adult social work visit our website a

www.focusadultsocialwork.co.uk or telephone 01472 256 256.

Care Plus Group

Delivering high quality health and care services

Established in 2011 as a community benefit society, CPG is owned by its staff and run for the benefit of the community. It is one of the largest employers in the area with around 800 staff and any profit that is made is reinvested back into the development and delivery of services.

Care Plus Group has a diverse range of services mostly delivered in North East Lincolnshire, but some are available further afield.

Our services include:

- Autism & ADHD service
- Community cardiology service
- Community adult learning disability services
- Community nursing
- Community occupational therapists
- Day services for older people and people with disabilities
- Employability services
- Falls and chronic obstructive pulmonary disease (COPD)
- GP out of hours
- Health and wellbeing collaboratives
- Hospital discharge team (multi-agency)
- Intensive support team
- Intermediate care at home and crisis response
- IT services
- Linwood House
- Open door
- Palliative and end of life care services
- Quayside medical centre
- Rapid response
- Rehabilitation and re-ablement / Nursing and residential care
- Specialist nursing
- Training
- Transport
- 24 hour triage service

Quayside primary care centre became part of Care Plus Group in August 2016. This extended the service provided by Open Door, our existing GP surgery and between them they now comprise "Care Plus Group Primary Care Ltd".
We also acquired Linwood House - a specialist residential detoxification and rehabilitation unit based in Barnsley in April 2016. In addition our new community cardiology service went live in September 2016 and this has quickly established itself locally as providing high quality patient centred and quickly accessible care and which we hope to expand further. Fairways Care Home was acquired by Care Plus Group in August 2017. Fairways was an established Care Home in the Grimsby area which we felt would enable us to increase our offer of high quality care provision available locally. In 2018 we took the decision to move Quayside Primary Care Centre into the Open Door Premises enabling a condensed and more effective model of delivery for Care Plus Group's Primary Care Services.

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 - Improving Access to Psychological Therapies, to acute inpatient care, outstanding older people's and eating disorder services.

NAViGO is a 'not for profit' employee owned social enterprise 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 its boards and can appoint, or indeed remove senior figures, including the chief executive and chairperson.

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 three years in succession, as well as numerous accolades and national awards. Following a CQC (Care Quality Commission) inspection in 2017, NAViGO received an overall rating of 'Good', as well as core services acute inpatient services for older people and specialist eating disorder service, Rharian Fields both rated as outstanding in their own right.

The organisation is unique in that service users and carers have the same voting rights as staff shareholders. Therefore not only is NAViGO owned by its membership it sees both staff and community members working in partnership. Any money that is generated through delivering innovative new services or working more efficiently is reinvested in improving 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 to continually develop high quality services in 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.

High quality treatment makes a major contribution to a recovery journey but so does giving hope, supporting people to reach their full potential whether this is through training, employment or simply engagement through social activities. NAViGO's whole philosophy is one where they value people as people and give them a real say within the organisation.

NAViGO is a 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 and share best practice with mental health services around the country.

For more details about NAViGO visit the website at

www.navigocare.co.uk

or telephone 01472 583000

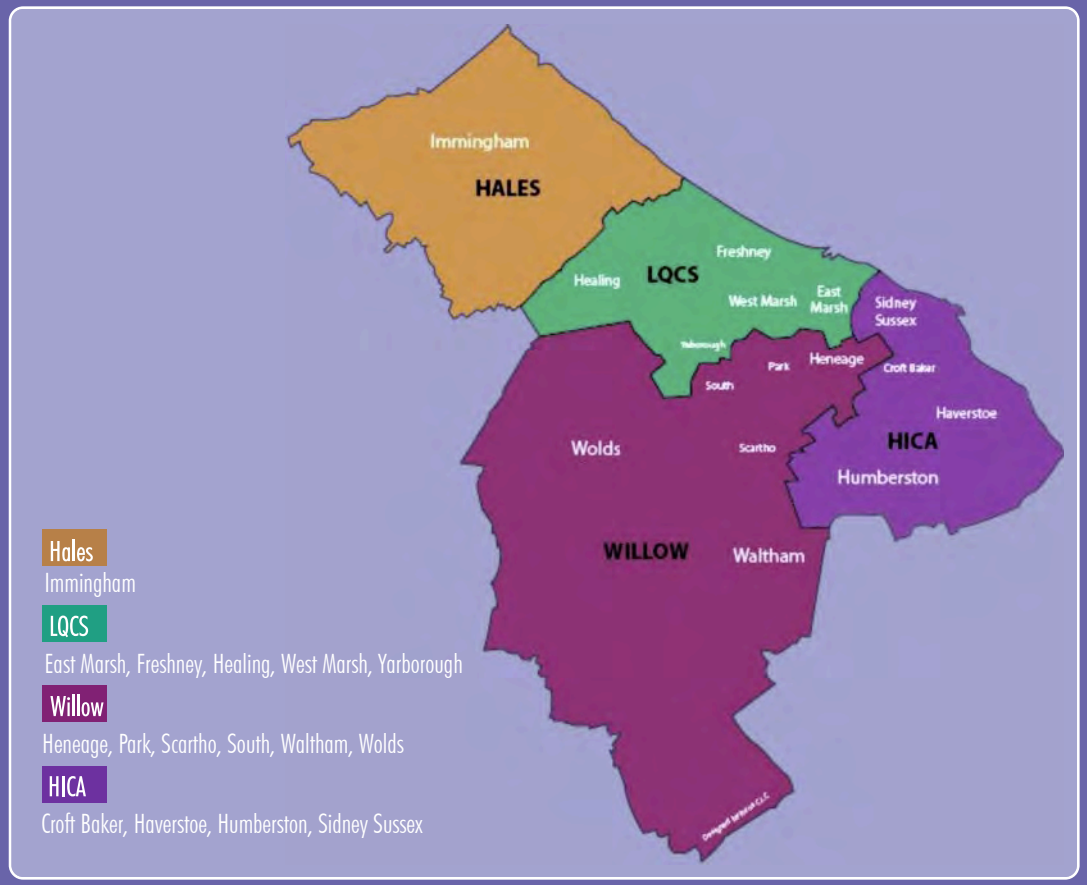
Residential and nursing care

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 44 homes predominantly for older people, two of which are homes for people with mental health conditions and five 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 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. With the Care Act 2016 now coming into effect, the existing scheme has been reviewed to ensure compliance, alongside the contract specification has also been reviewed. As a result the existing awards will be carried over until the new specification comes into effect. 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. In 2018 as part of the fee setting process it was agreed that the CCG and local providers would begin a process to understand what the basic cost of care should be. It has been agreed that any development of the quality scheme will be incorporated into this work. The outcome is expected in 2019.

Care at home (domiciliary care)

Care at home providers deliver a range of personal and support care services to individuals in their own homes. Over the past year we have commissioned services from four 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. This was funded out of a contribution from council tax precept. 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 NELCCG constantly monitors the relative quality of care.

We work with providers to ensure it is as flexible and person-centred as possible. This year we have been working closely with colleagues in the Hospital Discharge team to ensure that the need for care at home doesn't delay a person's discharge from hospital. For 2019 we are planning to review our existing service specification to ensure that we continue to commission quality services that meet the needs of the local community



Extra care housing

The vision for extra care housing is to enable people to remain close to their local communities, promote social interaction and provide easy access to the care and support they need, so enabling a good quality of later life. Extra care housing offers a real alternative to traditional residential care as it allows people to retain their own property, address and front door.

We are working to deliver two further schemes in the borough, one at Winchester Avenue, Grimsby and one at the former Matthew Humberstone lower school site in Cleethorpes. Both of these sites have been selected because there are a number of older people living in these areas who would benefit from access to an alternative form of housing where the aim is to ensure people can remain in their own home, living independently for as long as possible. By incorporating additional facilities within the design of the common areas of the housing, residents can benefit from meeting with other people, participating in social activities and being part of a supportive community.

The current Strand Court scheme is managed by a housing association (Inclusion Housing), with care provided by home care provider.

Extra care housing enables better use to be made of the limited resources available for health and social care, diverting and reducing the cost of care by maintaining people within their own homes. It also responds to growing population needs and pressures. In the past year we have refreshed our strategy for extra care housing and we believe that there is an increased requirement for this kind of accommodation in the borough. We are beginning to work with other social housing providers to ensure that there is also a range of other housing types that are capable of meeting the needs of older or more vulnerable adults in the community.

Progress on the delivery of extra care housing schemes schemes has been slower than anticipated in part due to uncertainties over the government's welfare reform proposals. As the position has become clearer, more housing organisations are coming forward to deliver extra care housing and other forms of supported housing in NEL.

"The staff have all been fantastic in supporting us to move in and the apartment is wonderful. My partner now has a new lease of life and we intend to enjoy all that Strand Court can offer us. Thank you.."
(Resident)

"Since my mother has been a resident at Strand Court her social skills have improved as she is no longer isolated."
(Family member)

"I enjoy coming to work here every day - we really get to know our residents well and this makes it a really lovely place to work."
(Carer)

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 it is immediately logged on a database where Healthwatch looks for themes and patterns. This helps us to address issues and improve service quality to best practice. HW does this through unique statutory powers which state that NHS providers must respond to our requests for information and to all the recommendations made by HW.

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 its role there is 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 it.

Healthwatch also attends the council's health and wellbeing scrutiny panel and has the power to escalate concerns to that panel especially when an issue should be aired in a publicly accountable setting. Council scrutiny panels can then make recommendations to 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 provides us the ability to escalate issues to national bodies when appropriate as Healthwatch England reports into the Care Quality Commission.

healthwatch North East Lincolnshire

If you would like more information, you can visit:

www.healthwatchnortheastlincolnshire.co.uk

or call 01472 361 459.
Paul Glazebrook, Delivery Manager
North East Lincolnshire Healthwatch

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. Our enter and view programme has been shaped by agreements with the NELCCG and NHS providers to primarily focus on maintaining dignity and respect. During 2016/17 we carried out 4 visits to local services..

How your money was spent

Where the money is spent

As described earlier, within North East Lincolnshire there are three main independent social enterprises providing community health and social work services.

The council 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 £118.1M in 2017/18.

Of this sum, £40.2M was allocated to adult social care to support the service objectives outlined within this local account.

During 2017/18 six 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 issues creating future financial pressure on the adult social care budget include increases to the living wage, young adults transitioning into adult services and demographic growth in the numbers of people requiring support.

Key facts

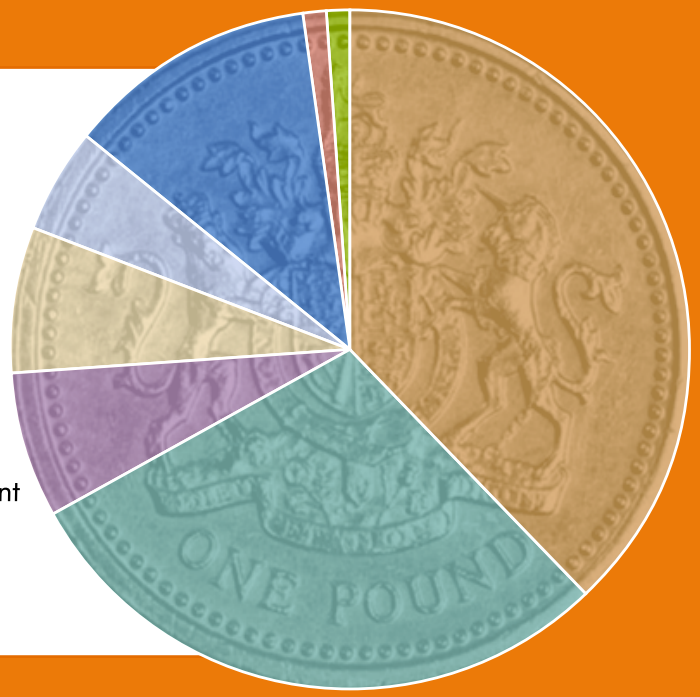
£40.2M was allocated to adult social care to support the service objectives outlined within this local account.

During 2017/18 six thousand people with a variety of needs received information and advice or adult social care services in NEL.

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

Overall spend

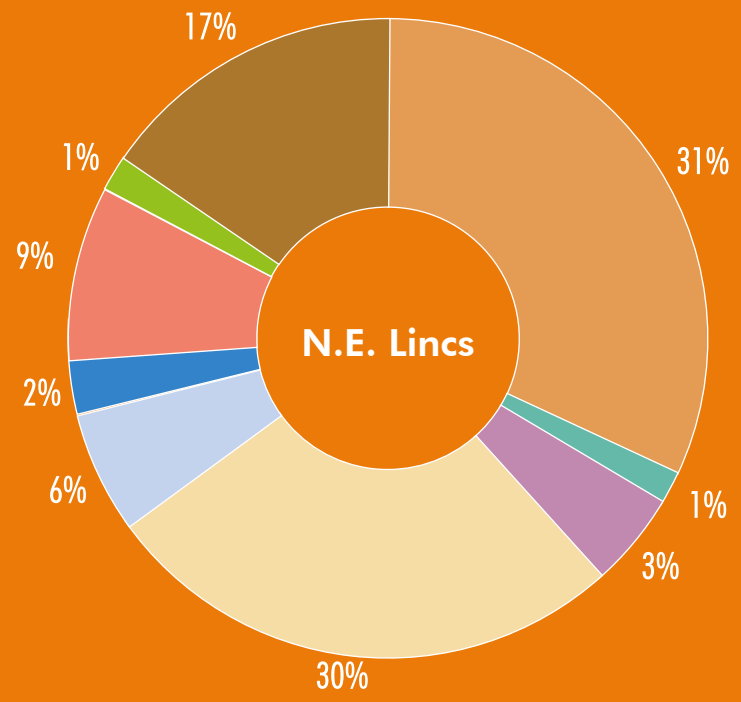
- Physical support 31 percent
- Learning disability and sensory support 30 percent
- Social care activities 9 percent
- Mental health needs 6 percent
- Information and early intervention 1 percent
- Service delivery and other social care support 18 percent
- Support for carers 2 percent
- Support with memory and cognition 3 percent



Breakdown of spend

- Residential support 29 percent
- Supported living 19 percent
- Care at home 9 percent
- Service delivery and other social services 21 percent
- Short term support 2 percent
- Social work activities 9 percent
- Direct payments 6 percent
- Other community long term 5 percent

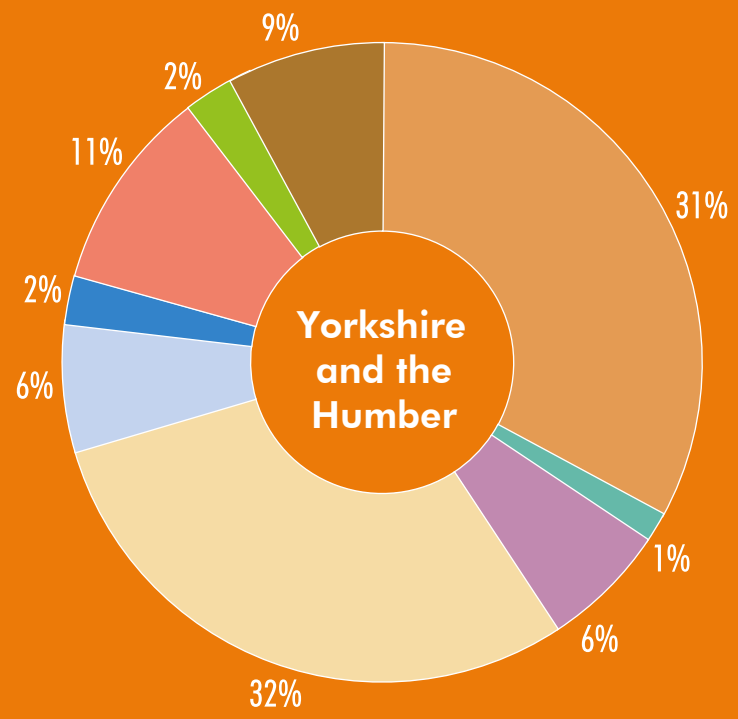
Spend patterns compared locally and nationally

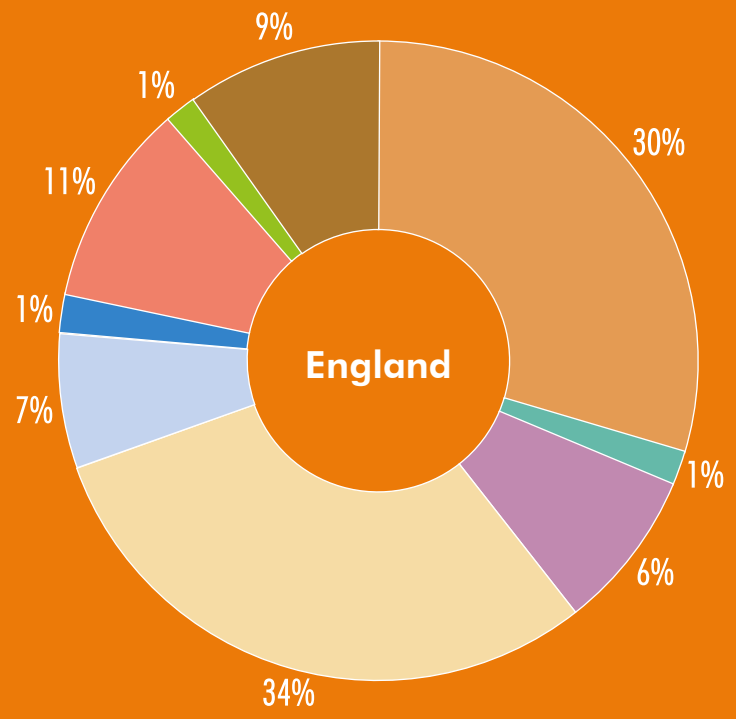


The charts on this page show if the spread of spend in North East Lincolnshire is different or the same to that of other councils similar to us in terms of size and nature, regionally and nationally.

Overall North East Lincolnshire shares a similar spread of spend to most other councils, although it is shown to spend less than others on adults with learning disabilities and more on other social care support, linked to additional National funding received in 2017/18.

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. a 88 percent positive response, the proportion of older people (65+) who were still at home 91 days after discharge per 1000 population.





Income from people who have been supported

For the 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. Applying 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 page shows how the total income paid by service users with different needs supports the services they receive.

Key facts

£8.2M of income was due to be paid by service users to support services provided to them during 2017/18. Of that income £656k 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

- Physical support 73 percent
- Learning disability and sensory support 15 percent
- Mental health needs 3 percent
- Support with memory and cognition 9 percent


ROSS TIGER
GRIMSBY
GY 318

How are we working together to improve your health and wellbeing?

Single point of access

The single point of access (SPA) is available for people within North East Lincolnshire.

The SPA is open 24/7, 365 days of the year. One phone call to 01472 256256 can provide advice, guidance and support about:

- adult social care services for yourself or someone you know
- managing a caring role
- community and voluntary services available in your area
- support of a health professional outside your doctor's normal working hours
- you think that your or someone you know is being abused
- support following a hospital discharge
- accessing mental health services
- support with aids and adaptations to assist you to live in your home

The SPA consists of locally based professionals from multiple backgrounds, including health, social care, mental health and therapy working together to ensure that callers receive the best possible outcome.

Many of the team also undertake outreach work, making themselves available at local events and venues. To keep up to date about SPA activities, events, news, or to make contact, visit www.facebook.com/SPA256256

The SPA uses www.services4.me.uk a database containing advice and information about providers and services available locally. This site is available to everyone and can be used to facilitate self-help, including an online social care assessment tool.

During 2017 the SPA has expanded to encompass out of hours mental health access. This service is provided by colleagues from Rethink.

Case study

Following a referral from a concerned neighbour, The Duty Triage team within the SPA made the decision to complete a face to face visit to look at the situation in more detail. The aim of a triage visit is to establish the facts and look at solutions to help resolve situations using signposting & voluntary services wherever possible.

The visit established that Mr P, who historically had not engaged with services and been reluctant to accept support, was living in poor conditions and encountering financial difficulties. With the engagement of triage, they assisted Mr P to access benefit checks and referred him to the British Red Cross.

The outcome of this assistance resulted in Mr P now being in receipt of the correct benefits, which has made him £800 per month better off. The British Red Cross have supported him with de-cluttering his home and making it more habitable. Mr P reports that he now has a better quality of life and is much happier in himself. All of this was achieved without the need of allocating a worker, completing a Care Act Assessment and using commissioned services!

Case study

A distressed lady with a hearing impairment came into the Val Waterhouse Centre asking to speak with someone who could help her. Reception staff were aware of the SPA's sensory impairment officer, Linda.

Linda met with the Mrs C in private to maintain confidentiality. Mrs C confided in Linda and explained that she had always been deaf but could get by with wearing hearing aids. Following a recent illness Mrs C had lost even more of her hearing and her aids were no longer useful. Linda used written communication and Mrs C utilised lip reading to understand what Linda was communicating.

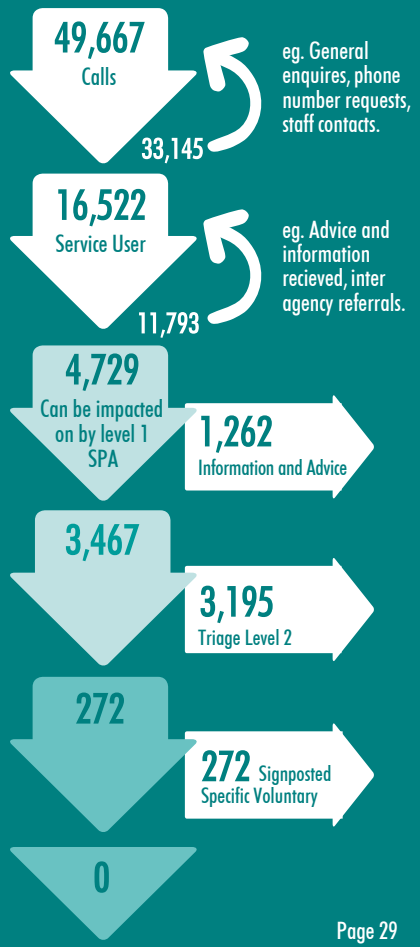
Mrs C told Linda that she was employed by a well known retailer as a sales assistance prior to her illness. Mrs C had been on sick leave since her illness but was really worried as her sick period was coming to an end and she didn't know what to do and was frightened in case she lost the job she loved.

With Consent, Linda contacted the HR department on behalf of Mrs C and arranged for Mrs C to meet with them, with Linda attending as requested by Mrs C for support. The meeting went well and the employer confirmed that they didn't want to lose Mrs C and would work with her to ensure she could continue to work and make any necessary adaptations required.

With advice and support provided by Linda to the employer on suitable equipment that might work for Mrs C in the busy environment, Mrs C returned to work and has reported she is very happy and cannot thank Linda enough.

single point of access
01472 256 256

SPA Call Flow 2017-18



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 people in order to deliver better prevention activity.
- Promote self-management, keeping people independent for longer.
- Improve care navigation, which helps people to find the most appropriate service, ensuring they know what is available in the community and how to access it.
- Stimulate additional provision in the community based on social enterprise models of delivery.
- Explore social prescribing, which offers alternative options to a medical prescription (an exercise programme, for example), and older people's health and well-being checks.
- Working more closely with local voluntary and community sector providers to enable them to work 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.
- Enable access to support.
- Undertake specific projects in relation to data collection for the NELCCG.

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.

www.nlg.nhs.uk/services/assisted-living-centre/

Continuing healthcare (CHC)

The continuing healthcare (CHC) team is a direct responsibility of the NELCCG. NHS continuing healthcare (NHS CHC) is a package of care arranged and funded solely by the health service in England for those 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 the Haven Team at St Andrews Hospice in 2017. Lines of management have been developed to facilitate a co-ordinated, integrated approach across both health and social care. The team includes six 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. The team also has two Specialist Nurse Practitioners who lead on decision making on behalf of the NELCCG.

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 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. 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, which includes completing the identified cohort of retrospective cases by September 2016. The team have now achieved 100 percent compliance in ensuring that decision support tools are not carried out in hospital, and 95 percent compliance in delivering decisions within 28 days, this is well above the NHS requirement of 85 percent.

The team continues to work closely with the hospital discharge team ensuring appropriate joint planning is in place where necessary. Plans for 2017 have included recruiting new members of staff and closer working between individual team members and identified care home providers as part of the NELCCG's support to care homes project.

Carers

Caring for our carers - North East Lincolnshire

In North East Lincolnshire, it is estimated there are around 16,000 carers providing unpaid expert care to a child, relative, partner or friend; without them it would be difficult to meet the essential care requirements for those who need it most.

Our shared vision for adult, parent and young carers, is to ensure they are identified, recognised, valued and supported as individuals, with a right to a life outside caring and access to quality services which will assist them, based on identified needs and interests.

Multi-agency support to carers involves carers themselves, local communities, organisations and agencies. The carers' agenda locally is co-ordinated via the NEL carers' strategy group and annual action plan.

Our carers' strategy has the following priorities:

- Identifying carers at the most appropriate time.
- Providing carers with appropriate advice and information. throughout their caring journey
- Identifying and responding to carers' needs.
- Supporting carers to have a life outside of caring.
- Recognising carers as expert partners and ensuring they are fully involved in the care and support planning for the cared for.
- Involving carers in service design, delivery and monitoring.

Achievements in 2017/2018 include:

- Further development of the multi-agency carers' strategy group.
- Partnership working to deliver bus passes from within the NEL carers' support service.
- The carrying out of carer consultation to ensure services are designed around carers' needs.
- Integration of carers into key agendas (end of life and dementia), to improve carer recognition and involvement.
- Furthering of the work around supporting carers in employment.
- Recent work to ensure we offer an all age service.
- Increased numbers of carers identified, registered, informed and supported year on year.
- Enhancement of the carers wellbeing worker service in Care Plus Group to include self-referrals and a wider range of carers.
- Development of an extensive range of up to date carers' related.
- Ensuring local support for information carer events, such as carers' rights day and carers' week.
- Extra facilities being provided in the upper floors of the North East Lincolnshire carers' support service building.

Further embedding of North East Lincolnshire carers' support service (NEL CSS)

The carers' support service supports all NEL carers with the aim of ensuring carers can sustain and improve their mental, physical and emotional wellbeing, in order for them to continue in their caring role whilst maintaining a full and active life of their own. The service continues to be a hub for advice, information and support for carers, with 577 new carers registering between April 1st 2017 and March 31st 2018. Services include:

- information and signposting, 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.

Further innovations will be included in 2018; these will include a teaching kitchen, training room, young carers' hub and a short break alternative care facility. The service is positioning itself as a valuable community resource, open to the public and local organisations, in the centre of Grimsby.

Feedback from carers has been positive. The latest carers' survey (2016-17) had 368 responses, which showed that 100 per cent of carers felt the service was delivered in a professional manner by well-informed and effective support staff.

As a result of using the service, carers felt:

- recognised as a carer (92 per cent)
- their emotional/mental wellbeing had improved (72per cent)
- more in control of their situation and able to make decisions (90 per cent)
- more able to cope (94 per cent)
- supported in their caring role (90 per cent)

Support

NEL carers' support service delivered the following in 2017/18:

- 39,338 carer contacts
- 704 carers received specialist benefits and rights advice
- Over 1,400 hours of holistic therapies
- Over 1,000 hours of counselling
- Training for 274 carers

Carers' feedback

"Counselling has helped me to express feelings and talk through emotions in a supportive environment. I was able to reflect on how I felt and work through things"

"A single pukka hub where we carers can access support to actually get things done"

"You kept me going through difficult challenging times both at home and at work. You have also been an advocate and a much needed listening ear during the chaos"

"I am so grateful for the massage. I feel comfortable in my surroundings there and the girls are understanding"

"The service is phenomenal. It has been such a help. You have helped me obtain aids for the bathroom. Your support is tireless. Thank you for being there"

"I have been less stressed since attending stress management training"

"We are very blessed to have the carers' support service in Grimsby"

Care testimonial

I first came to the centre in approximately April 2015. As I walked in I was in a terrible way. I'd just split from my alcoholic partner, lost my home and family and was living at my gran's house. Aged 49, this hit me hard.

Jacqui welcomed me. Her help and the centre's help changed my life and I started to understand how alcoholics live.

I slowly started to rebuild my life; I got back, with my partner with help and guidance from Jacqui, David and the team to understand when I needed support. After two years my partner and I got married, which wouldn't have been possible without the centre. Not only did I start to understand, but my partner gave up drinking.

I thought I could relax, but then I found out my partner's daughter was on drugs and neglecting her children. Jacqui and David reported this for me. The children have been removed to a safe place and my partner and I now look after our autistic grandchild.

The team works tirelessly to help everyone. I go to the Angel club which has transformed the way I look at life. I've learnt new skills in first aid, made great new friends and started understanding people's views... It has transformed me into a better person. The centre is worth its weight in gold. So many people's lives have and are being changed for the better. It offers so much. You won't find a more hard-working, dedicated team of people.

Carers' support/wellbeing workers

Specialist carers' worker services are provided for carers of older people, carers of those with learning and/or physical disabilities and carers of people with memory impairment. These services are provided by the social enterprises Care Plus Group and Navigo.

Support

Care plus carers support workers delivered the following in 2017/2018:

- Support to over 280 carers
- Over 5,500 carer contacts

Around 95% of carers reported that the care was good or excellent, and 100% reported being treated extremely well by staff.

Of the carers who replied to the biennial carer survey:

- 97% felt recognised as a carer
- 97% of carers said they felt supported by the service
- 71% of carers said their wellbeing had improved
- 94% said they were better able to stay in control as a carer

Carers wellbeing workers (previously known as carers support workers) produce periodic mailshots throughout the year which provide details of carers trips (including visits to the cinema, theatre, or to cities), meals etc. The aim of the activities is to ensure carers are less isolated and have the opportunity to socialise within their peer group.

Recent changes in the referral process mean carers can now self-refer and the service is open to a wider range of carers (carers of those in care homes or supported living). Carers also do not need an assessment from Focus to access the service. These changes provide the opportunity for more carers to receive support.

Support

Carers support worker has delivered in 2017/18:

- Support to 71 carers in the year
- 298 face to face contacts with carers
- 245 telephone contacts with carers
- Group activities were also organised.

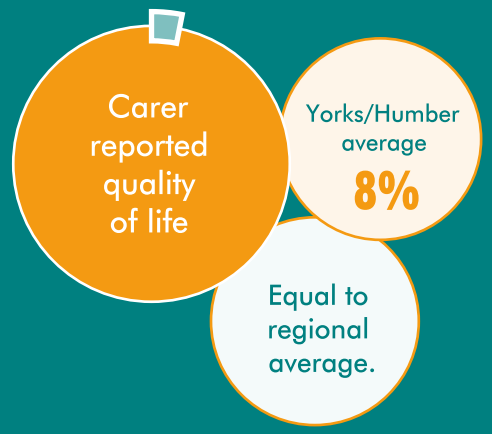
Support

Navigo admiral nurses and carers support worker:

The admiral nurse service comprises 3 admiral nurses and a carer support worker. Collectively this team has supported over 372 carers in 2017/18. Support is offered by face to face contact, telephone support, emails and texts - 1435 face to face contacts with carers occurred in 2017/18, and 1436 telephone contacts, across the whole team. The team also works in partnership with Alzheimer's Society to facilitate the NELLES group, which utilises the same timeslot to provide activities/social opportunities for those with dementia separately to providing information and peer support to carers.

Professional feedback:

"Each time I make a referral to the admiral nurse team I receive such overwhelming positive feedback from carers, in addition to positive feedback from existing carers who had admiral nurse support for a while. The time the nurses give alongside the kindness, knowledge and dedication your team show to carers is outstanding and as a professional I feel privileged to work alongside your team."



Social work

Part of focus CIC core business is providing assessments to individuals within the community who may need some support with their day to day health and social care needs; in 2017-18 focus undertook 4959 care assessments (17 per cent increase from previous year - 4236) and 2132 financial assessments. 1365 people received a review, which equates to 87.1 per cent of clients we are required to review each 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 approach is used throughout focus concentrating on the individual's strengths. As directed by the Care Act 2014, the emphasis is on having conversations with people rather than just filling in forms to determine need.

During 2015/16 a new assessment was developed in house to reflect this practice, which has been praised by other councils. The Care Act 2014 has brought about a return to more traditional social work rather than workers being limited by paperwork. It firmly places the individual at the centre of social work practice and supports carers in their 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 continuing to be 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 oversees the assessed and supported year in employment (ASYE) scheme for newly qualified social workers in partnership with the Humber wide area for the external moderation.

The Humber Social Work Teaching Partnership came into being in April 2017 to improve social work training, recruitment and retention by working closely with Hull and Lincoln University and neighbouring authorities. This has seen innovative developments across the area not least the development of a tool kit for all social workers to employ when working with adults.

January 2018 saw the first adult social worker forum in North East Lincolnshire take place with a guest speaker from Lancaster University. The event was attended by social workers from across the statutory and voluntary sectors across North East Lincolnshire and will be a quarterly event.

On the 7th and 8th June 2017, focus hosted its third autism conference over two days at the Beachcomber in Cleethorpes. This year it was a celebration of autism running into the evening with music. There was a great turnout from both staff and external attendees, including autistic people, parents, Humberside police, teachers, children's social services, and various other local organisations.

Of the 239 people booked tickets over the 2 days, 30 evaluation forms were handed in.

focus
independent adult social work

Dementia Conference

We heard from David Brough a Scientist from Manchester University who gave an insight to the international research into dementia and how sporting memories are making a difference to people with dementia. After lunch we were also treated to a 'one man' dementia play by the 'Purple List' that gave a great insight to the joys and frustrations of caring for someone with dementia but also took time for the audience to share their thoughts and views on the play and caring for and supporting someone with dementia.

Outside, the 'virtual dementia' tour bus provided an experience of what dementia might be like and had queues of people waiting to experience this throughout the day. Inside there were 25 market place stalls from assistive technology to organisations working directly with people with dementia and their families to the police and fire brigade.

'We were delighted to attend the big dementia conference hosted by focus on Thursday 22 March 2018. It was amazing to see so many organisations who can offer support and advice to people living with dementia under one roof!! The one day event was packed full of exciting guest speakers, performances and exhibitors. It was a privilege to listen to guest speaker Tommy Whitelaw, campaigner for a better under-standing of the carer journey….The team were thoroughly entertained by 'The Purple List'. The Purple list is a short play intended to raise awareness of dementia… It is inspiring to see how creative organisations are being in our quest to support people to live well with dementia. It was a great day. Thank you FOCUS'

Many thanks to the staff involved for their passion and commitment making the conference the success it was. Also huge thanks to the many volunteers from focus who ensured the smooth running of the event on the day.

Safeguarding

North East Lincolnshire's safeguarding adults board (SAB), established in 2013, became a statutory requirement for councils in 2015. The purpose of the SAB is to make North East Lincolnshire (NEL) a safer place for all people, but specifically for those adults within our community who are most at risk of experiencing abuse and or neglect.

The SAB is a multi-agency board required by law to comprise of, as a minimum, three main statutory partners. These are North East Lincolnshire Council, Humberside Police and local health services. In NEL a much broader multi-agency membership to ensuring representation is in place from all sectors and areas across NEL to enable adults' needs to be fully recognised and met.

This year, the SAB has further embedded its governance arrangements and improved performance reporting and quality assurance. The board's objectives are achieved through delivery of its three year strategic plan. The plan provides clarity of intent in its approach to safeguarding, embedding the 'Making Safeguarding Personal' doctrine and ensuring the voice of the adult service user is heard.

The board's six priorities are based on the key principles of safeguarding:

Empowerment - People being supported and encouraged to make their own decisions with informed consent.

"I am asked what I want to happen and I am listened to"

Prevention - It is better to take action before harm occurs.

"I am told what abuse is, how to recognise it and how I can protect myself."

Proportionality - The least intrusive response appropriate to the risk.

"I want professionals to work in my best interest but only get involved as much as needed."

Protection - Support and representation for those in greatest need.

"I get help and support to report abuse and neglect."

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that my local services will protect me and will work together and with me to get the best result for me."

Accountability - Accountability and transparency in delivering safeguarding.

"I know what the role of everyone involved in my life is and so do they."

The strategic plan also provides direction for the five work groups; learning and workforce development, communications and marketing, quality assurance and performance, the Mental Capacity Act and deprivation of liberty safeguards group and the safeguarding adult review, serious incident learning process and good practice group.

All five work groups report to the operational leadership group who ensure delivery of the boards objectives and reports directly to the SAB. The provider forum, now encompassed within the Clinical Commissioning group's long term care group, ensures engagement and a greater representation of the service market.

Jan Haxby (Director of Quality for NEL Clinical Commissioning Group), is in her second year as chair. She ensures the board maintains focus on its priorities and fulfils its statutory responsibilities.

The SAB links with the local safeguarding children's board (LSCB) continue to strengthen with joint audit processes, training opportunities, website and combined resources in those areas of shared interest such as modern day slavery, female genital mutilation and prevent. The board continues to engage with other organisations regionally and nationally to improve practice.

Safeguarding adults
North East Lincolnshire

This year the number of safeguarding adult review (SAR) referrals have increased. This is in line with the national trend and generally accepted to be a product of raised awareness within organisations. The SAB continues to direct these reviews and ensure lessons learned from them are shared within the safeguarding community.

This Board, although now firmly established, will evolve as it strives for continuous improvement. Like many safeguarding adult boards it must develop and adapt in the ever changing and challenging arena of adult safeguarding.

The safeguarding adults board annual report and strategic plan can be viewed by visiting www.safernel.co.uk

Mental Capacity Act (MCA) and MCA deprivation of liberty safeguards (MCADoLS)

Compliance with the Mental Capacity Act underpins all of the work undertaken by health and social care professionals, therefore access to up to date information and training is essential. Throughout the year, a range of key messages have been identified for reinforcement, and training and awareness sessions have been arranged accordingly. This has included topics such as:

- consent,
- unwise decision making,
- and life-planning (use of lasting power of attorney, and advanced decision making).

Work has also been completed to ensure that locally delivered MCA training is consistent and delivers nationally recognised competencies.

Another area of work was on understanding the interface between use of a DoL and the Mental Health Act. It is recognised that understanding the interface can be a challenge for frontline workers. The work will conclude by creating an agreement to a Memorandum of Understanding between Navigo and the CCG/Focus with regard to a more consistent understanding on when each statute should be used.

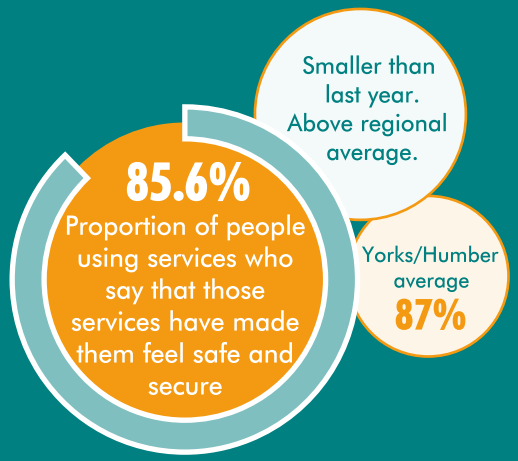
Sometimes the care and treatment given to people that can't make decisions about how they are cared for is quite restrictive and does deprive them of their liberty. For example some people need to be continually monitored for their own safety, and they may also need to be cared for in a certain place. In these instances the care and treatment that the person receives has to be properly authorised. If the person is in a care home or hospital, this is done by a process known as the Deprivation of Liberty Safeguards, or DoLS, whereby a medical professional and a specialist practitioner known as a Best Interest Assessor (BIA) consider the case and make a recommendation for authorisation by the local authority. If the person receives their care or treatment anywhere else, the case has to be reviewed by the court of protection.

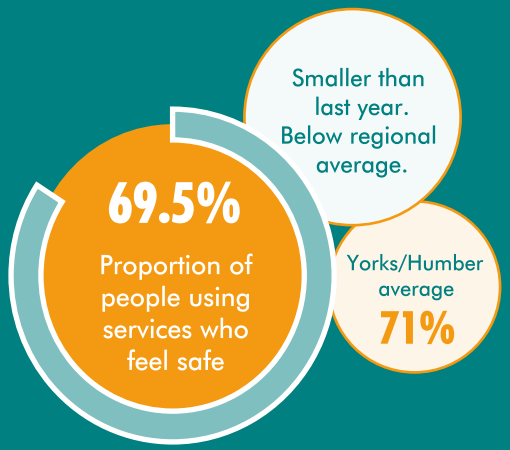
The demand for DoLS authorisations for people cared for in hospitals and care homes remains to be a national issue due to the high number of people that need to be assessed. Very few local authorities have been able to process applications for authorisations quickly enough, and this has led to a backlog of cases that have not yet been properly authorised. North East Lincolnshire take their responsibilities in relation to DoLS very seriously, and a lot of work has been done to streamline processes, but there are still a significant number of lower risk applications that are awaiting an assessment, as all of the local resources are currently being used to manage higher risk cases.

A proposal to change to law and the way the DoLS applications are dealt is currently being considered by the government, and it is suggested that in the future, the specialist practitioners will deal with only the most complex of cases. This would leave the lower risk cases to be managed in a more straightforward way. It is proposed that any new changes to the law would apply to people living in their own homes too, so that those cases do not have to be presented to the court of protection in the same way as they do now. It is likely that a decision is made about how DoLS will be dealt with in the future sometime in early 2019. In the meantime, North East Lincolnshire will continue to manage DoLS applications based upon their complexity and level of risk in accordance with the recognised guidance issued by the Association of Directors of Social Services (ADASS).

Key facts

- Stats DoLS 2017/18:
- Applications received - 1047
- Active DoLS - 238
- Applications awaiting authorisation - 506





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.

Intermediate care is a range of integrated services that can be offered on a short term basis to promote faster recovery from illness, prevent unnecessary hospital admission, admission to long-term residential care, or support discharge from hospital, It's aim is to maximise independent living.

Intermediate care services are time limited and are 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 needs with defined outcomes. It is not appropriate for everyone.

In North East Lincolnshire, intermediate care is delivered by the Care Plus Group. The 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 to avoid 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 facility. In 2015/16 some 300 people received short term bed based intermediate care.

Care Plus Group's intermediate care at home service was assessed by the care quality commission (CQC) in March 2016 and was given an overall rating of "outstanding". Following the inspection of the Intermediate Care at Home Service in July 2018 by The Care Quality Commission (CQC) the "Outstanding" rating was confirmed for second time.

Overall the NELCCG remains in the top 25 per cent of councils for performance 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 per cent).

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 care need. Many in need are callers to the North East Lincolnshire 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 accident and emergency and be admitted unnecessarily to hospital or nursing/residential home. The rapid response team also operates in the local accident and emergency department to facilitate support in the community.

In 2016/17, 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 in 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 L would not be able to protect them. L was classed as a very vulnerable adult. L had worked with a multi-disciplinary team (MDT) for a number of months prior to support from intermediate care at home (IC@Home), completed a parental 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:

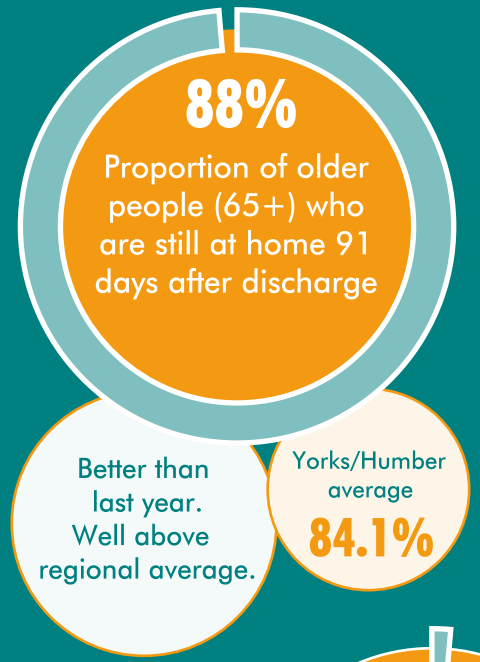
1) Cooking techniques and skills
2) Maintaining shopping plan
3) Maintaining household chores
4) Support independence with finances

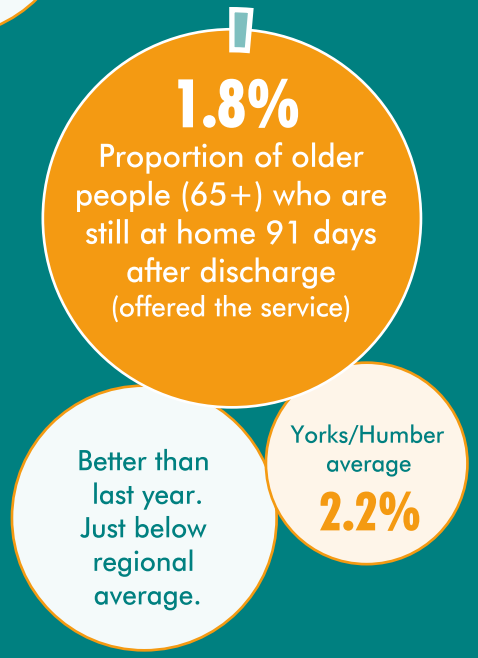
IC@Home with L's consent, were requested to visit for 2 hours twice a week to support with establishing a routine at home, this continued for about 6 weeks, during this time L was able to see her boys daily with supervision only. After 6 weeks it was determined that L should be given more access rights 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 challenges to overcome 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's 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.





Direct payments

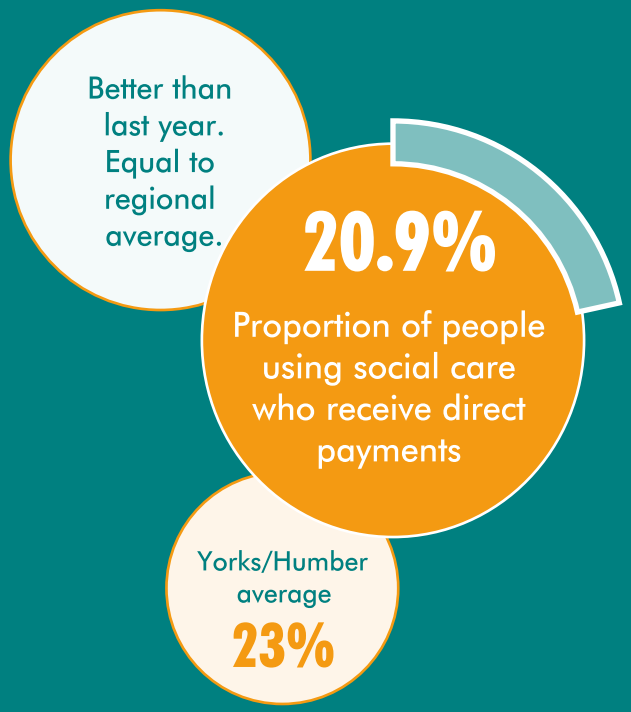
Direct payments offer people the opportunity to receive money to buy the care they need to achieve the needs and outcomes within their support plan. They give people increased autonomy, inclusion, choice and flexibility to help them live in their own homes, be fully involved in family and community life, 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. People are supported as appropriate to manage their direct payments appropriately. The organisation 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.

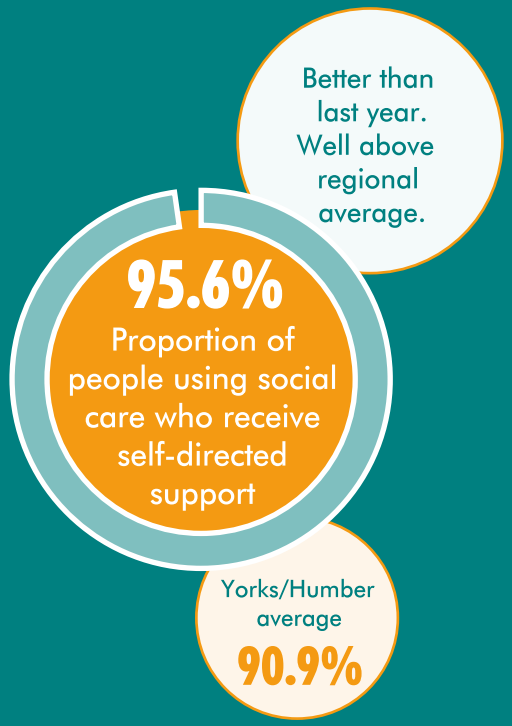
Those receiving will be reviewed and monitored at regular intervals, and at least annually.



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.



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 where 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

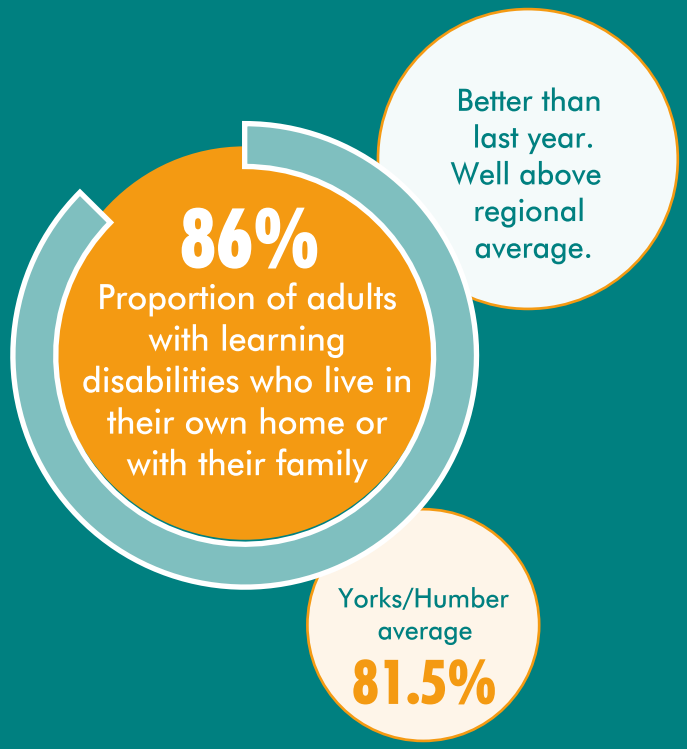
The aim of the disabilities and mental health work is to ensure high quality, safe, and sustainable services for people with disabilities and mental health issues in North East Lincolnshire through a combination of commissioning, service development, and partnerships across health and social care.

2016-17 has seen many developments and improvements.

Working in partnership with NAViGO the adult social care assessments have 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.

Hope Court has been remodelled to offer 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 homes and live more independently. Hope Court has also supported people who were cared for in out of area placements to return to North East Lincolnshire and are now living closer to their families and personal networks.

Care Plus Group's Adult Learning Disability Service provides ongoing support across the North East Lincolnshire Area for Adults who have a Learning Disability. The Multi-Disciplinary Team within Adult Learning Disability Services provides support via the Community Learning Disability Team, Intensive Support Team, Psychology, Physiotherapy, Occupational Therapy and Speech and Language Therapy. From October 2018 the service will be delivering in partnership with NAVIGO a new Autism Service.



Case study

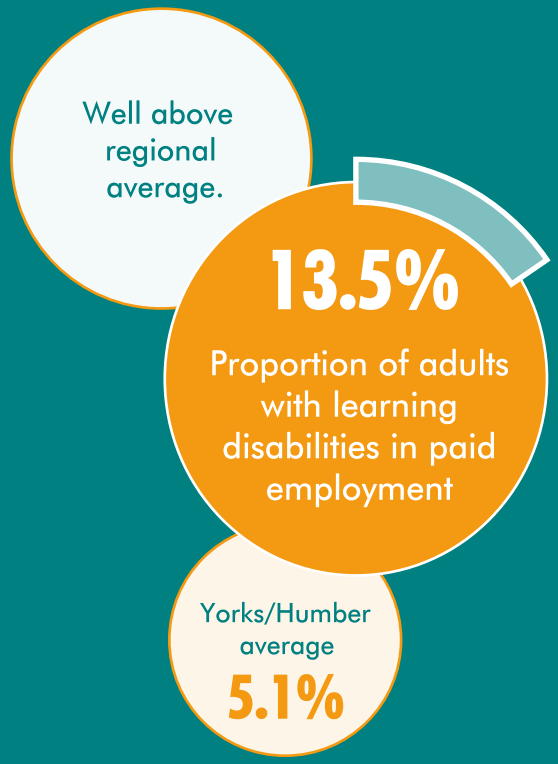
Albert, aged 62, has lived with severe mental health problems for most of his adult life. He used to work in the galley on ships and live with his wife and family until 22 years ago when his mental state deteriorated to such a point that he was unable. He was moved into various mental health institutions 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 grandad'.

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.

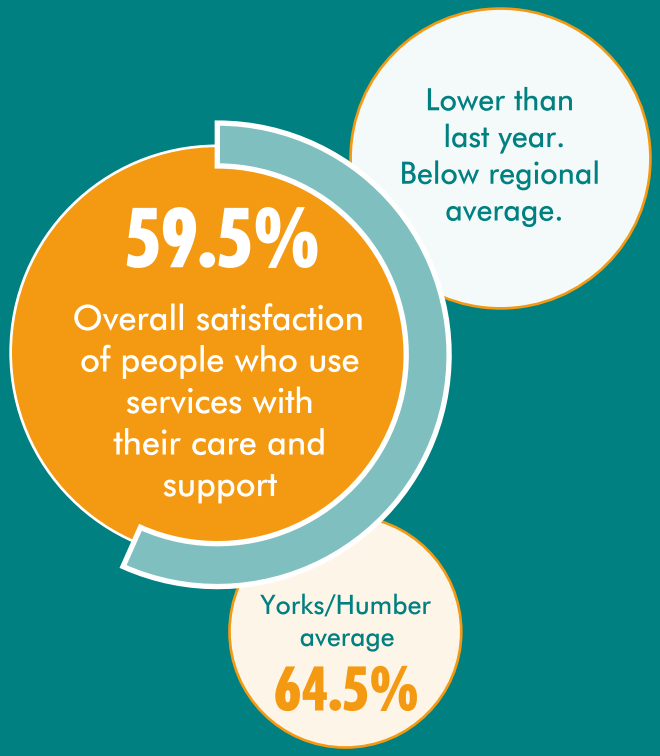
Mr X, a middle aged gentleman with a learning and physical disability had not left his house for two years. Since signing up as member of the safe place scheme the gentleman has visited Grimsby town centre.



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.



Supporting people with dementia

It is our vision that all people living with dementia in North East Lincolnshire live well by:

- Having access to appropriate information, advice and support at the right time
- Receiving a timely diagnosis in a place appropriate to their needs
- Having a range of on-going support available to them
- Receiving excellent care from diagnosis to end of life
- Receiving support from staff expertly trained in dementia, whether the person is at home, in a care home or in hospital
- Carers and family members being supported to sustain their caring role while having a life outside of caring.
- Having a local community around them aware and supportive of the challenges facing those with dementia and their carers, in particular the service and retail industries

Working with the Integrated Care Partnership (ICP) in NEL (which includes the following organisations: Care Plus Group; NAViGO; focus, NLaG and AS supported by NELCCG) we are developing ways in which dementia awareness and support is integrated across all organisations and communities to plan and deliver high quality, person-centred care services appropriate to need.

Priorities for NEL

Identifying early signs of dementia

In NEL we recognise the importance of receiving an early dementia diagnosis as it allows access to support, information and medication and gives people the opportunity to understand and accept their diagnosis. By having an early diagnosis we are hoping people with dementia and their carers will be able to make informed choices and be in a better position to plan for the future and live well with dementia.

Locally in 2017-18 we achieved a diagnosis rate of 72.2 per cent; this is higher than the national average and far exceeds the government requirement. Despite this, we are working hard to increase this rate further in 2018-19 to identify those who have not received a diagnosis.

We were very happy that the NELCCG annual assessment 2016-17 judged dementia performance in NEL to be outstanding.

We have worked to try and make tools available to help people with dementia through the development of 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 2017-18 and maintained with current information.

Access is via: www.services4.me.uk/mylife

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 doctors' waiting rooms dementia friendly.

Case study

Jim and Jane are a British couple who spent several years of their retirement living abroad in Spain but recently returned to England as Jane was worried that Jim was displaying symptoms of Dementia. They had very little knowledge about the local area and what was available so was referred from Navigo originally for the befriending service.

When Clare went out to meet the couple and it soon became evident how very little they knew, not only about Dementia but they also had little knowledge of the services that may be able to provide valuable support; this left Jane feeling very vulnerable and alone. Jane had contacted her GP who had referred Jim to Navigo and they were currently undergoing assessment for Jim's dementia and Clare was able to support Jim and Jane through this process which can be quite daunting at times particularly since Jane had very little faith in the British statutory systems.

Clare was able to discuss the diagnosis so Jim and Jane were fully aware of what the possible impacts could be in the future, what they might be able to expect but most importantly ensuring they understood and were able to make appropriate plans for the future while Jim still had the capacity to do so.

Clare spent several weeks with the couple ensuring they knew their rights within the social care system and also ensuring they had the knowledge to be able to make informed choices. Clare supported them to access the appropriate benefits to be able to afford the additional support they clearly needed and was able to inform them of all the social support networks within local social clubs. Jim and Jane now enjoy an active life together and they have both been able to discuss their options for the future and Jane has expressed what a difference it has made having Clare available as somebody to trust. Jane enjoys having Clare visit and knowing that she has the support she is never alone at this difficult time in her life.

The NELCCG currently fund the Alzheimer's society

The Alzheimer's society has a local office at Centre4 Community Hub based in Wootton Road, Grimsby. The service supports the identification/recognition of those with dementia and their carers, and offers targeted advice, information, signposting and personalised one to one support (i.e. via the dementia advisor service), memory cafés and peer support groups (i.e. singing for the brain), and education, training and carer peer support (i.e. via the Carers Information and Support course).

A recent addition has been the launch of the Side by Side service, this aims to ensure people with dementia live as independently as possible in their community by pairing someone with dementia with a volunteer. Side by Side helps reduce loneliness and isolation, resulting in people with dementia feeling confident and connected with their community through sustainable support.

The AS offers local residents meaningful activities which engage and encourage them to remain independent and part of the community, both via its office and in various locations throughout NEL.

Services commissioned from NAViGO

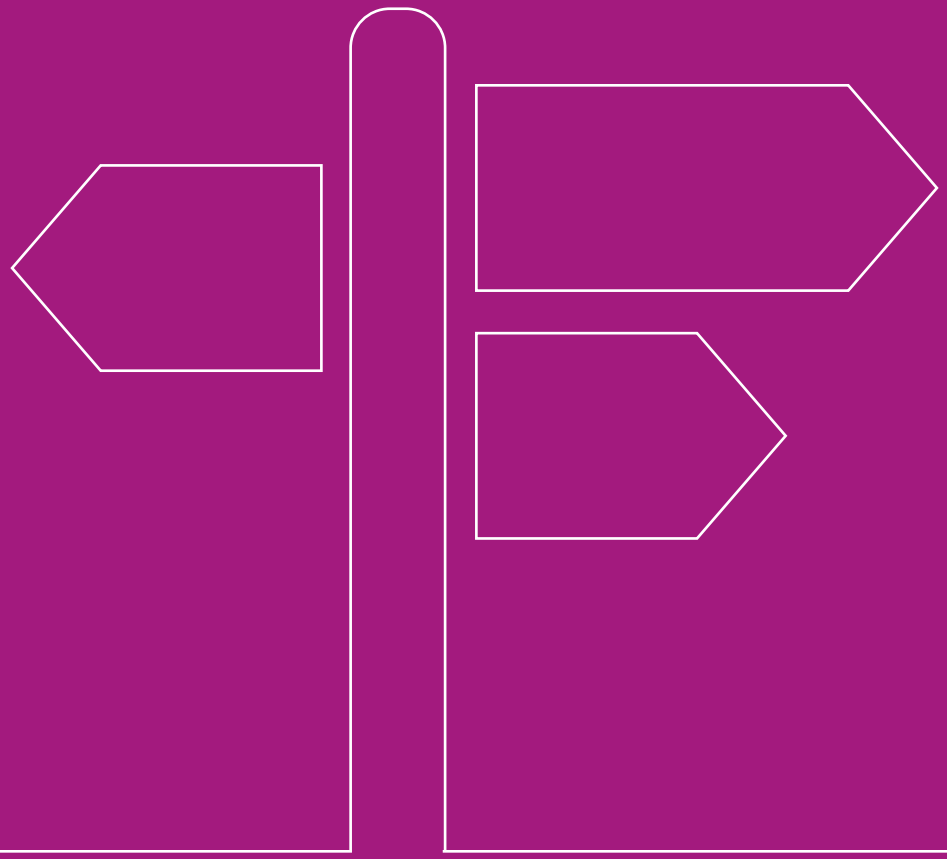
Services are delivered by NAViGO to support people who have complex needs. These services include the acute mental health and memory service. This service works with individuals who have mental health and/or memory problems, not only focusing on keeping individuals independent and in their own homes but working to improve their quality of life by working on general health and wellbeing, encouraging engagement in hobbies and activities, and offering help and support to carers in a number of ways.

The service offers an inpatient service, at the Konar Suite, for those who would benefit from a period of intensive assessment and treatment within a safe environment as well as home treatment and crisis support for individuals who are able to live independently.

Priorities for dementia in 2018-19 are:

- To increase dementia diagnosis rates to ensure the right support is in place at the right time for those living with dementia and their carers.
- To work supportively with GP practices where the dementia rate is low.
- When referral is made to the Memory Service, 85 per cent of people will have a diagnosis, named care coordinator and care plan in place within six weeks.
- All care plans will be reviewed once per year as a minimum to ensure support is in place to meet changing needs.

How to get support now and in the future



What is a single point of access?

The North East Lincolnshire singe point of access (NELSPA) is a gateway into community help and support for all callers including members of the public and professionals.

It is always open for advice and support about community health and social care, the service is 24/7 and includes weekends and bank holidays.

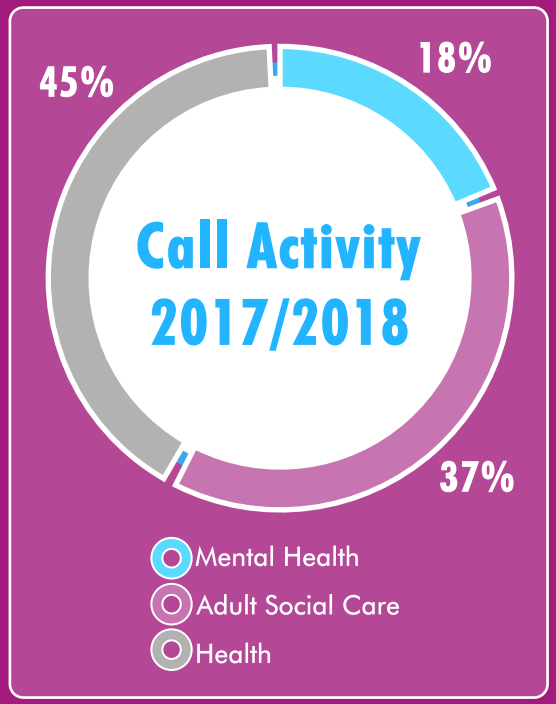
Access is primarily through a telephone call to 01472 256256, during 2017 a public facebook page was launched and can be accessed at www.facebook.com/SPA256256

The SPA should be used when:

- Your own GP surgery is closed and you need medical advice or support
- You or someone you care for needs help to manage at home
- You need advice or information about a hospital discharge
- You need to access mental health services

The team is located in Grimsby and consists of a range of local professionals from health, social care, therapy and mental health working together to find the best solution to support people. This can include the provision of advice and information, access to crisis support at home and access to a GP.

single point of access
01472 256 256



www.services4.me.uk

www.facebook.com/SPA256256

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.

What is Services4Me?

Services4Me is a website which 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 CIC. It is a partnership initiative with all the key agencies in the area; NELCCG, 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.

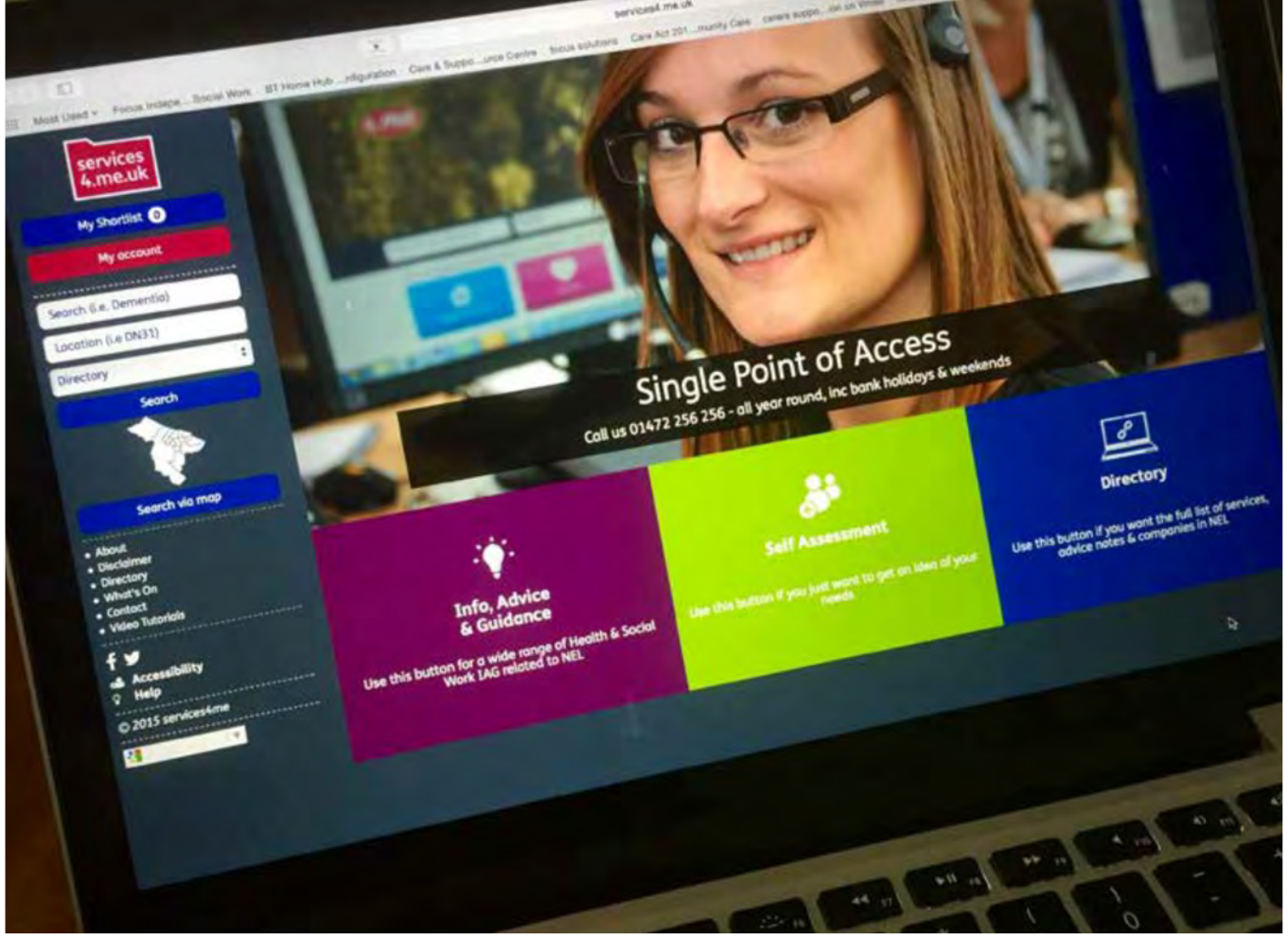
As well as encouraging users, carers and the wider public to access the website via their own technology (PC, tablets, phones etc.), we are also currently developing a range of ways to provide easy access to the website in public places. A suite of 20 iPad kiosks within all GP practices and growing community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

In response to the Care Act we developed a new information, advice and guidance portal which was designed and developed by the staff that work within the SPA to guide you online to the areas your require.

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

Key facts

- 87,793 unique sessions
- 142,701 page views
- 1000+ providers registered
- 20+ iPad kiosks launched in GP /community venues



services 4.me.uk

www.services4.me.uk

Appendices

Appendix 1

Key performance indicators

The below performance tables are taken from the ASCOF results for 2015-16.
You can find explanations of what each indicator means within the glossary.

Enhancing quality of life for people with care and support needs

Description	2015/16	2016/17	2017/18	Change on 2016/17 performance
Social care-related quality of life	19.2 %	19.2 %	19.0 %	▼
Proportion of people who use services who have control over their daily life	80.6 %	80 %	72 %	▼
Proportion of people using social care who receive self-directed support	93 %	95.1 %	95.6 %	▲
Proportion of people receiving social care as a direct payment	22. 3 %	23 %	20.9 %	▼
Proportion of adults with learning disabilities in paid employment	13.2 %	16 %	13.5 %	▼
Proportion of adults in contact with secondary mental health services who are in employment	7.4 %	9.94 %	8 %	▼
Proportion of adults with learning disabilities known to adult social care who live on their own or with their family	84.3 %	87.8 %	86 %	▼
Proportion of adults in contact with secondary mental health services living independently, with or without support	66.2 %	80.1 %	73 %	▼

Delaying and reducing the need for care and support

Description	2015/16	2016/17	2017/18	Change on 2016/17 performance
Annual permanent admissions of people aged 18-64 to residential and nursing care homes per 100,000 population	7.4	11.47	13.9	▼
Annual permanent admissions of people aged 65 and over to residential and nursing care homes per 100,000 population	661.3	676.73	636.4	▲
Delayed transfers of care from hospital per 100,000 population	10.36	4.78	6.5	▼
Delayed transfers of care from hospital per 100,000 population which are attributable to adult social care	4.78	3.19	.9	▲
Percentage of older people still at home 91 days after being discharged from hospital with reablement/ rehabilitation services	90.6 %	93.1 %	88 %	▼

Ensuring people have a positive experience of care and support

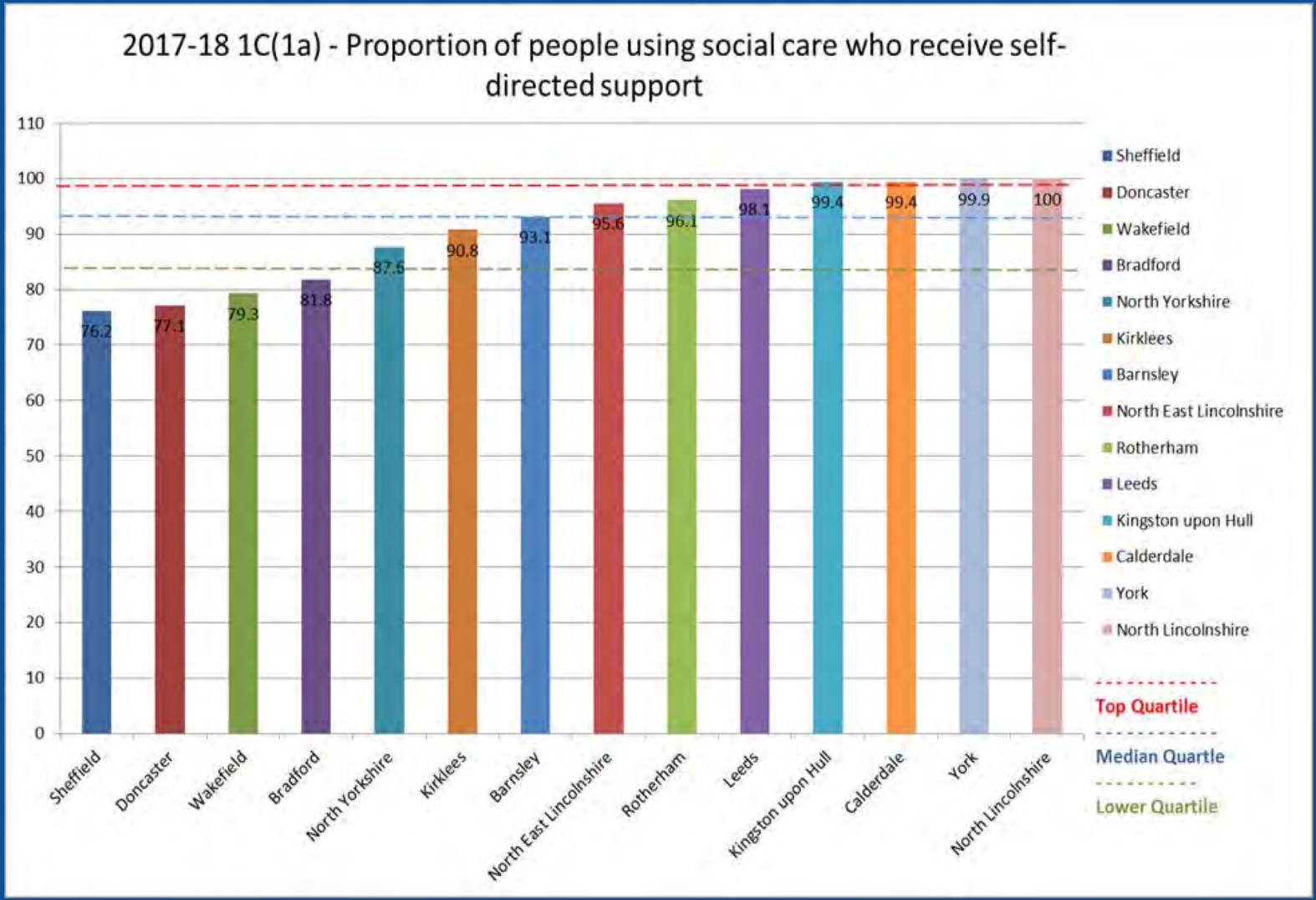
Description	2015/16	2016/17	2017/18	Change on 2016/17 performance
Overall satisfaction of people who use services with their care and support	58.5 %	58 %	59.5 %	▲

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

Description	2015/16	2016/17	2017/8	Change on 2016/17 performance
Proportion of people who use services who feel safe	67.9 %	67 %	69.5 %	▲
Proportion of people who use services who say that those services have made them feel safe and secure	87 %	86 %	86 %	◀ ▶

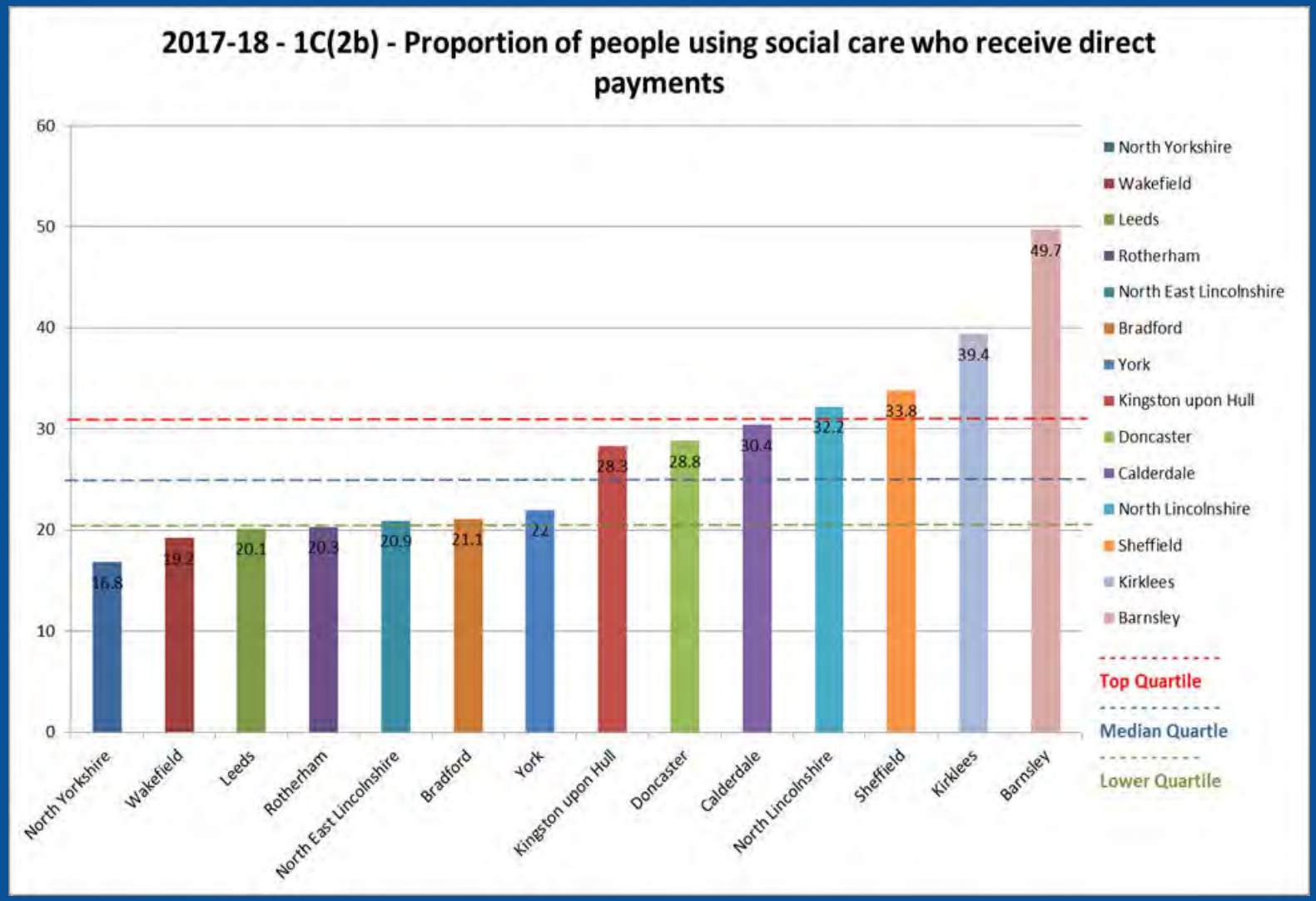
Appendix 2
Personalisation

Those in receipt of a managed budget represent 95.1 percent of all those receiving support. An improvement on the previous year, and we are 6th regionally in 2016-17.



Direct payments

The proportion of those using social care who received a direct payment to allow them to purchase care and support directly is 23 percent. This is an improvement on last year and moves us up to 7th place regionally in 2016-17.



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 NELCCG 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 a 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.

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

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