



Adult Social Care in North East Lincolnshire

Local Account 2012/2013

North East Lincolnshire Care Trust Plus



'the cartoon-style images used in this Account were created by artist Pen Mendonca, working with staff and community members, as part of the CCG's adult social care public engagement process'.

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Foreword

I am pleased to introduce our second Local Account, covering adult social care in North East Lincolnshire. In my forward published last year, I talked about the unique arrangements in North East Lincolnshire with regards our partnership with the local Council and the integration of health and social care commissioning and provision. I hope that you will be able to see in this year's Local Account that this integration is delivering some very innovative solutions to the challenges we face and that we are continuing on the right path to integrate services and pathways further, in the interests of local people.

In the previous year since publication of our first Local Account, we have become a fully authorised Clinical Commissioning Group (CCG). Although this Local Account is looking at 2012/13 when we were still officially the Care Trust Plus (CTP), I'm pleased to say that

we have now moved smoothly into this new organisation. The new CCG here in North East Lincolnshire maintains its unique features in that we retain adult social care responsibilities. We have also ensured that professional social work and clinical leadership and oversight, as well as community involvement, are embedded in our organisational structure. We believe this is the best way to ensure services are relevant to local people and that changes and developments in our health and social care services are delivered in partnership.

I hope you find this year's document a useful reference and when taken together with last year's version, you can see evidence of where we have listened to feedback and have improved in a number of areas.

**Peter Melton, Chief Clinical Officer NEL
Clinical Commissioning Group**

I hope that you will find, as I do, that this year's Local Account is a huge step forward. We have aimed to reduce the jargon. While service arrangements are complicated and there is still some technical language I believe that this year we have explained more clearly and simply what we are trying to achieve together as the Council and the CCG, and how we are doing: the successes but also the areas where we need to do better.

As elsewhere we are experiencing quite severe reductions in funding whilst at the same time there are more older people and people with more severe disabilities and complex needs requiring our support.

Engaging partners in the voluntary sector and people within communities and mobilising their support is now recognised as an essential part of our task. The new organisation for adult social work, focus, will be key to this engagement.

We have introduced more reports, real life reports, to show how services are changing and adapting to work together with people to improve health and quality of life. Please give us feedback - constructive criticism and ideas are as welcome as praise. We want our Local Account to continue to develop and improve.

**Jack Blackmore, Strategic Director People and
Communities, North East Lincolnshire Council**



1 What is a Local Account?

This is the second Local Account for adult social services produced for North East Lincolnshire (NEL). Its purpose is to give local residents the opportunity to see how well we are doing in meeting the needs of some of the most vulnerable people in our area, our plans for the future and where we think we still need to improve. It also sets out the challenges we face in meeting the needs of an increasingly aging population at a time of unprecedented financial restraint in the public sector, and changes being introduced by the government to the welfare system. It covers services and support for older people, carers, and those with physical disability, learning disability or mental health needs.

The Local Account relates to the improvements we have made and our performance during 2012/13. In developing it we have used feedback on last year's Account to improve it.

People said:

- It was too long and not easy to read
- That it used too much jargon
- That it was repetitive.

So we:

Have tried to make the account simpler, cut down on the jargon and included a glossary to help in understanding the terms used. We also compared our Local Account to others in the Yorkshire and Humberside region and working with our colleagues in those local authorities, we have slightly altered the style to make it easy to read and understand.

This Account is presented by North East Lincolnshire Care Trust Plus and Clinical

Commissioning Group (see below) in partnership with North East Lincolnshire Council.

2 North East Lincolnshire is Different

2.1 Integration of Health and Social Care

The Government has made many comments regarding the importance of health and social care services working closer together and being 'integrated'. Since 2007 there has been a unique arrangement in NEL in which health and social care commissioning has been delivered through a single organisation: NEL Care Trust Plus (CTP). This combined organisation has now been commissioning integrated services in NEL for six years; we believe that together, we can better meet the needs of those we support.

On April 1st 2013 the CTP ceased to exist as a result of the Government's changes to the NHS; the NEL Clinical Commissioning Group (CCG) took its place and inherited many of its responsibilities. Whilst this Account relates to the period prior to the CCG's constitution on April 1st 2013, the term CCG will be used throughout this document when referring both to the previous actions of the CTP, and future plans of the CCG.

The role of the CCG is to commission (buy) services and support to meet the needs of its local population. It does this through assessing the needs of the population as a whole, and initiating contracts with service providers to deliver care and support to individuals. Our two main service providers, in terms of expenditure and activity, are NAVIGO (a social enterprise providing mental health services) and Care Plus Group (a social enterprise providing community care). These

organisations are integrated, providing both health and social care. We also have contracts with a number of care homes, home care providers, and a range of voluntary sector organisations.

Our unique position as commissioners of both health and social care, means we can maximise the impact of all the funding available and ensure services dovetail, so that individuals receive seamless care. We are able to plan services and the patient/ service user journey jointly, rather than two organisations doing so independently. Although we have to maintain separate financial systems for health and social care due to current legislation and the way funding is received into NEL from the Government, we are able to make sure that our financial plans and investment in new services is co-ordinated.

Concern is often raised that people get 'lost' in the gap between health and social care provision. In NEL, electronic systems are integrated so that all health and social care professionals access a single record for each individual. This means that service users should not need to explain their situation more than once; professionals will be aware of all the services and support each person requires, and will not lose track of individuals in the system.

2.2 North East Lincolnshire Clinical Commissioning Group and focus independent adult social work

This will be the last Local Account relating to the actions of the CTP, following its replacement by the CCG. Like the CTP before it, the CCG is still responsible for both health and social care locally, and is led by a team of local clinicians who bring their depth of experience of service users and patients to their work.

In September 2013 a new social enterprise will be created called 'focus independent adult social work' which will be responsible for the delivery of social work. Its staff will help individuals to assess their needs and assist them to put together a package of support to meet those needs. Currently this work is undertaken within the CCG. We firmly believe that the creation of a social enterprise outside the public sector will bring many opportunities and improve the services and support provided. Being a social enterprise will bring opportunities:

- To access new and additional sources of funding
- To develop local partnerships with community groups, voluntary sector organisations and other service providers
- To maintain the flexibility to develop new services quickly
- To get close to the community it serves.

Focus has been developed in partnership with local people and local stakeholders. There will be service user and carer and community representation on the Board of the new organisation to ensure it remains rooted in the local community.

You can also find more information on their website: www.focusadultsocialwork.co.uk



3 What are we trying to achieve?

3.1 Challenges we Face

Improved life expectancy is positive, but inevitably increases demand on resources. In addressing current and future challenges, we must ensure local people continue to receive the care and support necessary to maximise independence, health and wellbeing.

Our main challenges are:

- Significant reductions in the finances available to provide care and support
- A growing elderly population
- An increase in the number of people with long term conditions such as dementia, diabetes and heart disease
- More young people with complex needs are surviving into adulthood, which means longer term support is needed.

3.2 Our Approach

Since the CCG was established, it has begun to transform the provision of services and support. Our focus has been to deliver better outcomes for service users, and to make better use of the funding available. This means directing high quality services to the most vulnerable, whilst ensuring that those with lower level needs receive advice and guidance to access support within their community. Maintaining independence, so delaying or reducing the number of people needing long term care (in a care home or at home), is a key priority, along with returning to NEL those who have been placed in homes outside the area.

Our plans for the future build on our successes to date. Our overriding objective is to create improved health and wellbeing, increased choice and control for those receiving care

and support, and communities which support their residents. We believe our approach will enable us to meet the challenges we face.

3.3 Working in Partnership to Deliver Better Outcomes

If we are to make lasting improvements, we cannot deliver the required changes alone. We work closely with local people and communities, the Council, other health and social care service providers, and the voluntary and independent sector. We are active members of the NEL Health and Wellbeing Board, established to ensure that the health of the local population improves and that health and social care services are co-ordinated.

To meet some of the challenges listed above, the CCG has developed innovative partnerships that allow us to shape and influence some of the factors that affect health and wellbeing. A partnership between the CCG and an independent developer called Ashley House, is delivering new extra care housing flats for the people of NEL. These new flats will offer a real alternative to care homes, giving residents the opportunity to be part of a community, and to stay independent for longer. The first scheme on the East Marsh will be open in October 2014.



Dr Peter Melton cuts the turf on the 1st Extra Care Housing scheme with Jonathan Holmes of Ashley House.



accord
let's get better together

Local people are actively involved in the CCG through our community membership body: ACCORD. Accord allows all members to have a say on how NHS and adult social care money is spent. It is the first organisation of its kind in Britain, and provides a unique opportunity for public participation. Members work with the CCG to ensure that public views are heard each time a decision is made; this helps the CCG to commission and develop services, tailored to the needs of NEL residents.

In 2012 /13 ACCORD members were involved in:

- Working alongside clinical and management leads as a community contact to ensure that the decisions made about services are not made without involving the communities they reflect
- Providing feedback on the draft Carers' Strategy and the draft tender document for carers' services

- Giving feedback on the development of a community chronic pain service through which patients can receive treatment from a multidisciplinary team of health care professionals
- Providing comments and suggestions on proposals to relocate some diagnostic services within the community, as an alternative to Diana Princess of Wales Hospital
- Participating in a 'Dragon's Den' event where service proposals for 2013/14 were prioritised by judging panels
- Working with home care providers to consult with service users on the quality of home care services
- 'Mystery shopping' GP Practices to monitor access to services
- Working with the Adult Safeguarding Team to raise public awareness of issues relating to vulnerable people, such as: Winter Planning, the Keep Safe Scheme, Doorstep Crime
- Focus groups, such as Escape 84+, giving their views on hospital admissions for older people
- Participating in the development of the new social enterprise, focus independent adult social work.

As members of the public, Accord members can help shape the future of health and social care services.

3.4 Equality and Diversity

The CCG is committed to ensuring that the services it commissions are accessible to, and meet the needs of, the diverse groups within its population; it has a statutory duty to do so under the Equality Act 2010. ACCORD is one of the main mechanisms through which the CCG engages and involves local people in service planning and decision making. Through its database of interested local people, ACCORD seeks to ensure that those groups most affected by service developments are included in their engagement events. We also maintain a list of representative organisations, groups and some individuals who are invited to be involved in engagement events; this includes those from sectors of the population who are seldom heard. We know there is more to do in this area; although we try hard to reach all groups, our monitoring identifies some gaps around ethnicity, sexual orientation and transgender groups that we need to address.

3.5 Our Priorities for the Future

Our future emphasis will be on working with our partners to promote health and wellbeing, on supporting those at risk with a range of preventative services, and ensuring personalised care for those with the most complex needs.

Our priorities are:

Prevention and Wellbeing

We will invest in, and facilitate, the development of voluntary and community sector provision; such provision will benefit those who need practical information or advice to support daily living, and encourage their health and wellbeing. Focus independent adult social work will play a key role in helping people to access resources already available

in the local community, and to develop new community capacity.

Those who require low level support will be referred to a new tier of community based services that we will help to establish. Where people have needs for which there is no existing community-based solution, we will directly initiate one using grant funding and other external monies. Information and access to all of these new services will be available via our Services4Me website.

Development of the Intermediate Tier

We have invested heavily in the development of intermediate tier services. These provide short term packages of support from qualified health and social care practitioners, to help people re-gain, maintain or improve their level of independence. These packages are usually provided to help people on discharge from hospital, or to prevent a hospital admission. We plan to develop these further to ensure the quality of the service continues to improve and delivers best value outcomes for service users.

Personalisation and Choice

We all make choices about the things we do and buy. Personalisation, at its simplest, is an extension of the principle of individual choice; it allows those with complex needs, along with their carers, to decide how an allocation of money from adult social care should best be spent to meet their needs. Through a number of specific initiatives with service users and carers, we will do more to support people in having choice and control over the support they receive.

Carers

There are estimated to be 15,000 unpaid carers in NEL, a quarter of whom provide more

than 50 hours of care per week. The numbers are likely to be greater, as we know that many carers do not identify themselves as carers. Caring will have an impact on their lives long before the person they care for may need support from adult social care. We will engage carers in the planning and design of services and introduce personalisation for carers.

Developing Supported Living Solutions

Historically many people with complex needs have received support in a care home or similar institution, but this is often not the best solution. Now, if at all possible, all new clients will be provided with 'supported living'; this means a flat or group living arrangement, with support provided as and when needed. Working with colleagues on our "changing lives in partnership" board (which meets to improve the lives of people with a learning disability), we have begun the process of building many supported living flats. These flats will enable those with learning or physical disabilities to enjoy the independence of their own home rather than living in long term residential care.



Managing Demand and Making Sure People Get what they Need

This is crucial if we are to meet the needs of the most vulnerable, whilst managing financial pressures and an aging population. We have already worked hard on this with the establishment and development of our Advise, Assess and Attend (A3) service which is accessed through a single phone number. We want to strengthen further its role in demand management, to ensure everyone who calls the A3 team is offered a consistent service, and that they are offered the right solution for them.

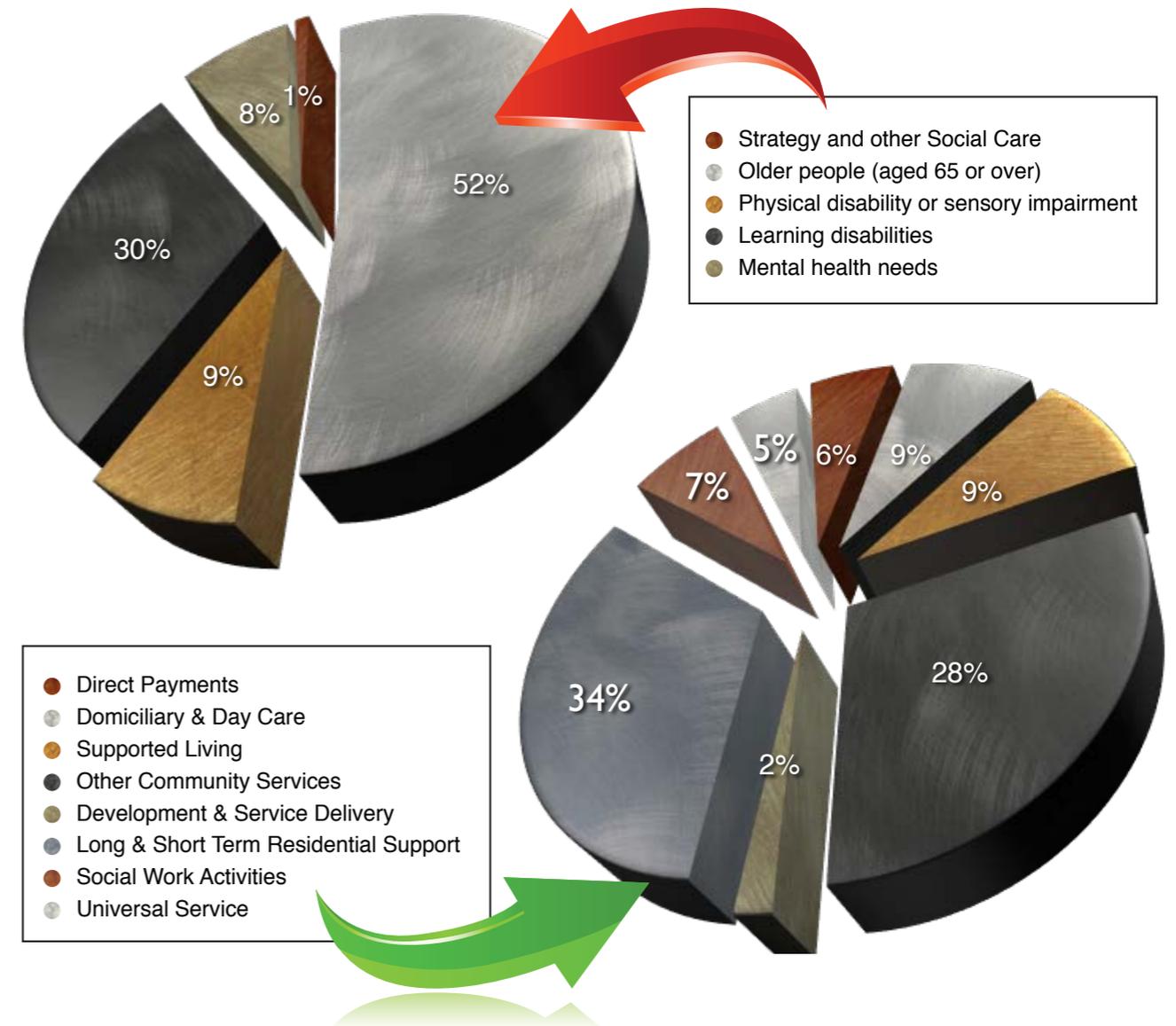


4 Where the Money is Spent

North East Lincolnshire Council (NELC) funds a wide range of local services as well as adult social care, including children and education, housing, highways and environmental, planning and cultural services. It receives income from Council Tax, rates, Central Government support (including education) and other grants, totalling £340.8M in 2012/13. Of this sum, £47.1M was allocated to adult social care to support the service objectives outlined within this Local Account.

During 2012-13 five 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.

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



This table provides comparative data to show spending patterns locally and nationally.

	Older people (aged 65 or over) including older mentally ill	Adults aged under 65 with physical disability or sensory impairment	Adult aged under 65 with learning disabilities	Adults aged under 65 with mental health needs	Other adult Social care - other
Nearest Neighbours	48%	10%	32%	7%	2%
Y&H Unitaries (Excl N E Lincs)	55%	9%	28%	7%	2%
Yorkshire & Humber region	51%	10%	32%	7%	1%
Unitary Authorities	47%	10%	33%	7%	2%
England	46%	10%	34%	7%	2%

5 External Assessment

During the year we have been reviewed externally on some aspects of our work. External assessment provides a robust mechanism for highlighting how well we are doing and where we need to improve.

Yorkshire and Humberside Sector Led Improvement Initiative

Across the region, local authorities providing adult social care have participated in an improvement initiative that focuses on peer review and learning from each other. In 2012/13 a desk top review of performance in NEL was undertaken, which highlighted areas for potential improvement. As a result of this, during the year we have attended master classes and 'buddied' with other local authorities. This included work with Barnsley and Calderdale adult social care departments, which had performed well in areas in which it was identified NEL needed to improve. This gave us an opportunity to share ideas and look at ways of doing things differently. The contacts and networks created through this process will stand us in good stead for the future and help us to become more responsive to the public.

ASCOF

Each year figures are produced nationally on the outcomes achieved by all local authority adult social care services. These are known as ASCOF (Adult Social Care Outcomes Framework). They show how well a local authority is doing compared to the national average and to the local areas deemed to be similar to it. We have provided the full set of ASCOF figures for 2011/12 and 2012/13 for North East Lincolnshire, in Appendix One. In the next sections of this Local Account our outcomes, as measured by specific ASCOF indicators, are included.

In 2012/13 NEL was ranked first out of 15 local authorities in the Yorkshire and Humberside Region on 8 of the 21 ASCOF indicators, and in the top quarter for a further 3 indicators. We made significant progress over the year with improvements on 11 of the indicators. Our progress was most notable for those indicators derived from the answers people provided to the annual Adult Social Care Survey, which focused on their experience of social care support.

East Coast Audit Consortium

A recent report by the East Coast Audit Consortium has shown that our integrated approach to commissioning has delivered real success in seeking to live within our means:

- Reduced dependence on placements to long term care for people with high levels of need
- Through tendering, reducing the unit costs of care at home whilst achieving improvements in services
- Reinvestment of savings in the intermediate tier and in prevention and wellbeing services
- Returning people to NEL from expensive placements outside the area
- Reducing management costs.

Commissioning for Quality Learning Disabilities Health Self-Assessment

In summer 2012 we were assessed by NHS Yorkshire and the Humber on the quality of our commissioning for people with a learning disability. We met all of the three standards overall in relation to access to health, people with complex needs, and safeguarding, governance and quality assurance. There are a small number of specific areas where more work needs to be done.

External Awards

The CCG has been nominated for the national Best Commissioner Award, and won the Independence Award 2013 for best commissioner based on the work we have undertaken to develop and shape the local care market for people with learning and physical disabilities.



6 How we Improve Outcomes for the People of North East Lincolnshire

6.1 Improved Outcomes through Integrated Commissioning

Our aim in commissioning and contracting for services and support is to secure value for money, and improved outcomes for individuals. Over 2012/13 we have been working to deliver these aims by improving how we commission, in a number of ways:

- Developing a Market Management Strategy that identifies the levels and type of needs in NEL and the service responses required to match these. In 2013 we will publish our Market Position Statement which will encourage service providers to enter the market where they think they can add value to what is currently available
- Implementing a quality payment, rating and reward system for residential care provision. We know that choosing the right residential home can be a lengthy and emotional experience. We will aim to provide alternatives, with as much information as possible to facilitate informed choice. We will ensure that local residential care is high quality, and sustainable. We will only encourage new provision where it offers something better or different from what we currently have. We will not do business with providers who do not meet our minimum standards
- Revising and strengthening our policy and procedure for dealing with failing services. Sometimes services fail and it is our job to ensure we know if there is a problem, as early as possible, so we

can intervene and help. We are asking all providers to display information about how service users, their families and others can pass on comments, concerns or praise. We will routinely look at the information and pick up any worrying or pleasing trends

- We will continue to work with our lead care at home providers to make sure we get better and listen to service users. We know there is an issue with routine care visits (often called 'time and task') so we will work to find new ways of allowing providers to deliver what is needed when it is needed.

6.2 Enhancing Quality of Life for People with Care and Support Needs

People Supported

The CCG supported (commissioned or provided social care services to) almost 4000 adults in NEL during 2012/13, out of a total adult population of 120,000. It is important that people's needs are reviewed on a regular basis. In 2012/13 just over 50% of all service users received a review (many had more than one review in the year). Increasing the proportion of people who are reviewed is an area in which we need to improve, concentrating on those with the most complex and variable needs.

Personalisation

Delivering personalisation is a key part of our local strategy:

- In 2012/13, 2483 people had the opportunity to access services of their choice through receipt of a managed budget. This means they were allocated a sum of money by adult social care,

and could then decide how they wanted this allocation to be spent. Those in receipt of a managed budget represent 64.7% of all those receiving support: a significant improvement on the previous year, which puts us in 6th place regionally (for a full comparison of our performance with other local authorities, see Appendix 2)

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of people using social care who receive self-directed support	54.3%	64.7%	Better than last year; above regional average

- In 2012/13, the proportion of people using social care who received a direct payment to allow them to purchase the care and support they need directly, increased to 21.1%; this puts us in 4th position out of all local authorities in the region. The CCG is a national pilot for personal health budgets and we will be looking to see how personal health and social care budgets can be effectively deployed in the future (for a full comparison of our performance with other local authorities, see Appendix 2)

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of people using social care who receive direct payments	15.4%	21.1%	Better than last year; above regional average

Eighteen year old Amanda has a severe skin condition and requires assistance to change dressings several times a day. Social care and health care direct payments allow Amanda to employ carers of her choice to change dressings as needed. Amanda can also choose times to fit around her training and social life.

- This year the CCG signed up to **Think Local Act Personal - Making it Real**; this has allowed us to share our practice and learn from other areas
- The annual Adult Social Care Survey asks a series of questions connected with quality of life; these include how people perceive their level of control over daily life, personal care, and access to food and drink, how clean and comfortable they are, their contact with other people and how they spend their time. The NEL quality of life score increased in 2012/13, putting us in top place in the region. Many factors influence quality of life. Through the Health and Wellbeing Board, we will continue to improve those areas of life we are able to influence

	Yorks/Humber average	NEL 2012/13	Comment on performance
Social Care Quality of Life score	19.1%	21.5%	Better than last year; above regional average

- When asked how much control people have over their daily lives, 93.3% said they had full control; again, this is a major improvement on last year, and puts us in top position for local authorities regionally (for a full comparison of our performance with other local authorities, see Appendix 2)

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of people who use services who have control over their daily lives	77.3%	93.3%	Better than last year; above regional average

People with a Learning Disability

We are working hard to ensure that people with a learning disability can live as independently as possible and can live locally in supported living arrangements, rather than in care homes.

- In 2011/12 we opened three new local homes for people with a learning disability and a fourth was opened at the beginning of last year, providing 16 new places overall. These homes provide more independent living arrangements for those previously in institutional care and accommodation, and support for young people moving into adulthood. Through these developments, we have been able to return to NEL some local people living outside the area

Helen is a 62 year old woman who has a learning disability. Helen has lived in residential care for more than 20 years. Due to the nature of Helen's residential provision, she had become de-skilled and totally reliant upon others to support her with all aspects of daily living.

Following a period of assessment and extensive transition work to enable Helen to return to living in the community, she was rehoused in her own flat, with support, in March 2013.

Since the move Helen is now able to go shopping independently; she can undertake washing and ironing tasks with help, and is also learning to administer her own medication.

Helen is being supported to attend social activities within her community; this is helping to develop Helen's confidence, and slowly enabling her to make friends. Helen is flourishing in her new environment and although it is early days, all Helen's supporters agree that this move has been the best positive change in Helen's life.

- Over the last year the number of people living in a care home fell from 115 to 96, as we progressed the move to independent living. We reviewed and identified 43 people in residential care to be considered for supported living in the current year
- In 2012/13, 77.2% of people with a learning disability were living in their own home or with family: a little above the national average

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of adults with learning disabilities who live in their own home or with their family	78.4%	77.2%	Better than last year; just below regional average

- Despite a slight reduction from last year, at 15.7%, NEL is ranked top in the region for the proportion of people with a learning disability in paid employment. The reduction may reflect the difficult economic climate, but we need to investigate this and see what further action we can take

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of adults with learning disabilities in paid employment	6.6%	15.7%	Not as good as last year but above regional average

Mental Health and Physical Disability

Our strategy for those with a mental health problem or physical disability is the same as for those with a learning disability – to encourage people to live independently and not admit them to a care home unless absolutely necessary.

- Last year we reviewed everyone in residential care and identified those that could move on to supported living. We are currently working on a number of potential options to increase supported living opportunities
- We have worked with our two approved supported living providers to undertake assessments, and are now in a position to offer a range of supported living homes, both shared and single occupancy properties
- We have commissioned a successful Key Ring service for vulnerable people, are in the process of developing our third Key Ring support network, and have commissioned two apartment models for people with disability
- In 2012/13, 86.9% of adults in contact with specialist mental health services locally were living independently (with or without support); this is a slight reduction on the previous year

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of adults in contact with secondary mental health living independently with / without support	63.5%	86.9%	Not as good as last year but above regional average

- Last year 10.3% of adults in contact with specialist mental health services were in paid employment; this is the same proportion as in the previous year

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of adults in contact with secondary mental health services in employment	8.6%	10.3%	As good as last year and above regional average

Supporting People with Dementia

The number of people with dementia is expected to rise by around 29% over the ten year period 2011-2021. Over the last few years we have been working to meet this challenge; we have put in place services and support to meet the needs of people with dementia, raising awareness, increasing early diagnosis, training staff across all health and social care organisations and developing supportive local communities.

- During the past year, three enhanced care units have been opened in NEL providing a higher level of dementia care than that available in standard residential care homes. These units have higher staffing and dementia specific training levels, good environments and a range of therapeutic and meaningful activities
- In 2012/13 we commissioned an enhanced range of services from the Alzheimer’s Society to provide support, information and advice to people in the earlier stages of dementia, their carers and families. They aim to encourage people to seek a diagnosis at an early stage in their illness, to help prevent people with dementia from becoming socially isolated and to maintain their health and wellbeing for longer. A menu of services is available for people to choose from. This includes things such as face to face contact, access to dementia advisors, drop in sessions, carers’ information courses, Memory Cafés, organised social activities, facilitated peer support networks, therapeutic groups such as Singing for the Brain, dance and movement, art therapy and reminiscence groups



Leading the fight against dementia



BM is in his early 70's and has a diagnosis of dementia. Each week he and his wife go to the Immingham Memory Café. BM appears to look forward to this and to meeting up with others. BM and his wife have both made new friends from attending the Café, and now also meet regularly with another couple at a different support group.

One afternoon at the Café, BM expressed how he felt able to open up and talk with others about his illness and emotions. He felt comfortable within the small Café environment; he felt he could trust everybody in the group, and felt safe knowing everything he shared was confidential.

BM has built a great relationship with another gentleman who attends the Café and is in a similar situation. They are able to chat about their memory problems, reminisce, have a laugh about things, and enjoy a good game of dominoes from time to time.

Carers

Carers are the lynchpin of care in our communities. Without them we would not be able to meet the needs of some of the most vulnerable people we are trying to support. However, the contribution they make can leave carers experiencing a wide range of health, wellbeing, social, employment and financial inequalities. Carers need to be appropriately identified, recognised and supported to ensure caring does not have a detrimental impact on their lives; we need to find ways of ensuring that carers have a life outside of their caring role.

- During 2012/13 we began revising our NEL Carers' Strategy for the period 2013 – 2016. Carers were engaged in its development through questionnaires, focus groups and engagement events. The new strategy will be published this year, following consultation on the draft document and approval via the Carers' Strategy Group and NEL Carers' Forum
- In 2012/13 around 1200 carers were assessed or reviewed, 929 individually and 265 jointly with the service user. All of the carers assessed or reviewed went on to receive information and advice (42%) or specific carer services (58%). As a priority for the coming year we have identified the need to increase the number of assessments that are undertaken jointly, to ensure the family's needs are identified and supported holistically

Carers of family members are under practical, financial, emotional and social pressures. Social services are able to offer a range of assessments and support to carers to meet their needs, such as direct payments, sitting services, carers' alert cards, and access to the local Carers' Centre. One carer who has received these services stated that the family would not have been able to stay together without such services, and that when they asked social services for assistance, effective support was offered and implemented promptly.

- Over the year we have looked at how personalisation for carers can be developed. Currently around 420 carers receive self-directed support or a direct payment. Carers have been directly involved in the development of a model for personalisation. We have considered how the model would work in practice and further work is now underway to look at opportunities for launching a pilot for carers' Personal Budgets during the autumn this year
- When carers in NEL were asked a series of questions relating to quality of life, 8.4% in 2012/13 said they were fully satisfied. This puts us fourth of all local authorities in the region

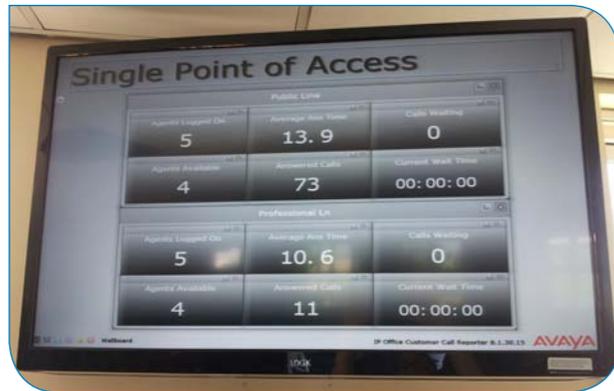
	Yorks/Humber average	NEL 2012/13	Comment on performance
Carer reported quality of life	8.3%	8.4%	1st year measured; just above regional average

6.3 Delaying and Reducing the Need for Care and Support – 'Prevention is Better than Cure'

In 2013 the NEL Health and Wellbeing Board produced its strategy 'Let's get better together' which sets out its approach to improving the health and wellbeing of the local population. As board members, our shared vision is to build a healthier community, reducing health inequality by working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life. The Board's strategy has four strategic themes:

- Tackling health inequalities by reducing poverty and creating opportunities for individuals, communities and families
- Communities at the heart of health and wellbeing

- Giving individuals the right support to live well
- Commissioning high quality and appropriate services to help people live well and longer.



Improving Access, Information and Advice

Access to a range of social care support for members of the public and other professionals is via our Single Point of Access that operates 24 hours a day, 7 days a week, 365 days of the year. Currently it is accessed through a single phone number but additional access at a number of physical locations will be developed during 2013. The Single Point of Access provides a 24/7 social care crisis response, community health advice, a range of services targeted at rehabilitation and reablement, social care for people with complex needs, advice, information and signposting to voluntary and third sector services. The Single Point of Access provides a first point of contact for all adult social care support whenever needed, not just an emergency or crisis response.

The Single Point of Access team strives to find suitable and appropriate outcomes whatever the enquiry. This could include:

- Resolving caller issues

- Offering relevant advice and information including onward referral for assessment
- Diverting callers to the most appropriate person or service that will be able to help, including local organisations (either voluntary or private)

Contact Details:

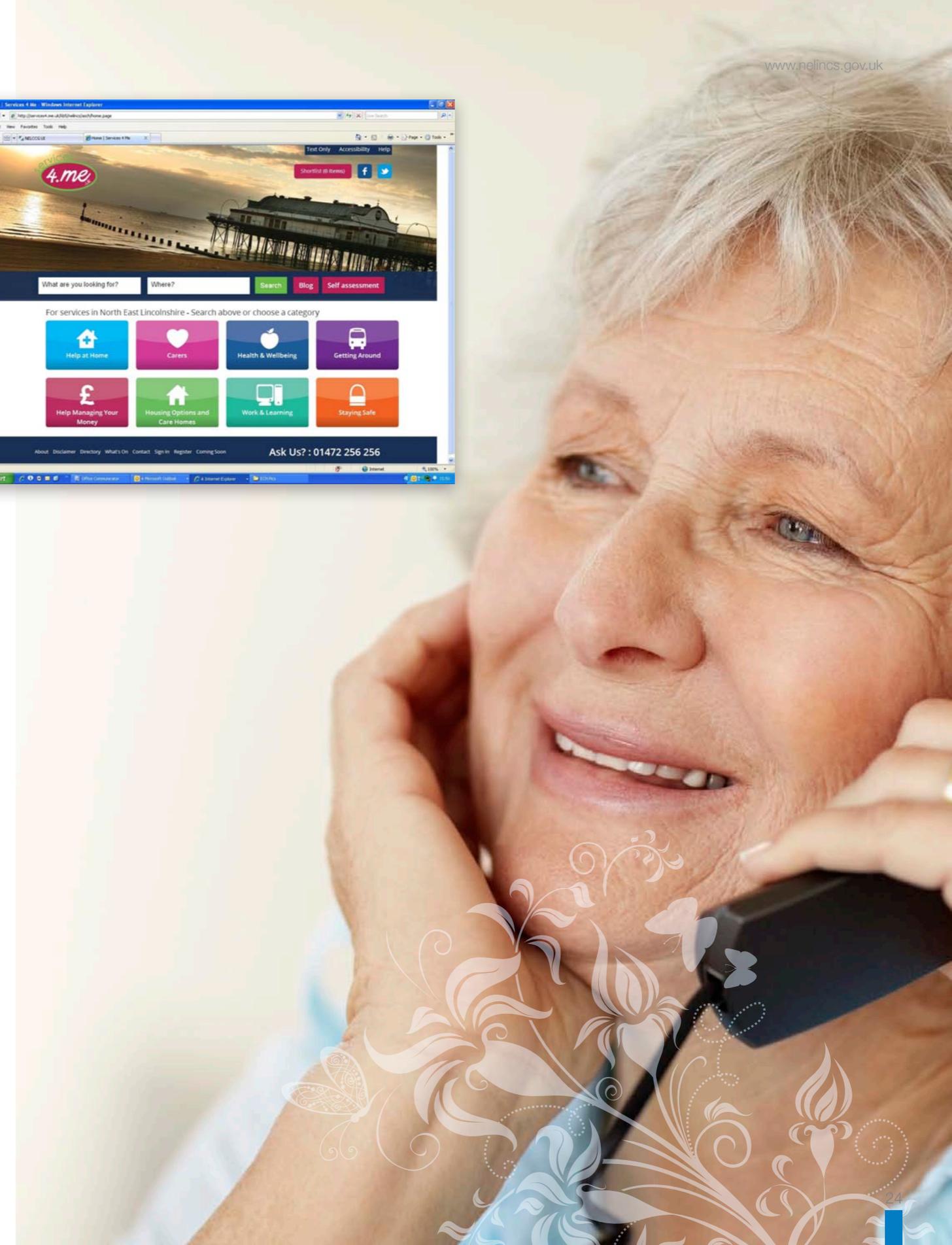
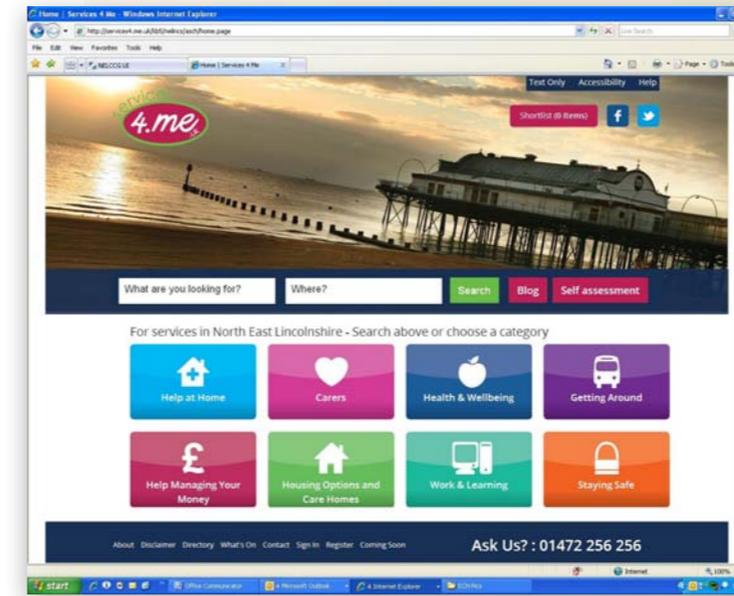
Telephone: 01472 256256

Email: NEL-CT.A3TeamPublic@nhs.net

- The single point of access is hosted by the A3 Team within adult social care. In 2012/13, 14,825 people rang the A3 service. Two thirds of these required onward referral to specific services. Of the remaining 4,855 callers, the A3 service was able to meet their needs in 18% of cases by the provision of information and advice; 6.3% were referred to the voluntary sector

“John was extremely helpful in responding to my phone call for help re my mother. He gave very detailed advice, technically right up there and gave me a number of additional leads. He did not fob me off and listened very carefully. I also appreciated him being so compassionate as well”. Quote from user of the A3 service

- Over last year we significantly enhanced our ‘Services4Me’ web site. This provides an online directory for all local residents who require information on health and social care services. People who use the website have the opportunity to complete an on line self-assessment and contact the CCG directly for information. This approach provides people with the opportunity to make informed choices about their care and support www.services4.me.uk



Building Capacity in the Community

Reducing budgets and rising demands present us with a twin challenge; our response must focus on developing and maximising the use of assets in the community, to support those with lower level needs without recourse to public sector services, and to prevent the escalation of people’s needs.

- In 2012/13 we began work on a two year development programme called the ‘Releasing Community Capacity Programme’. Together with NELC and what will become focus independent adult social work, we have provided investment to assist individuals, groups and communities, in developing their ideas which help to increase independence and improve health and wellbeing. The aim is to create a vibrant and diverse market for services, tailored to the varying needs of different communities. The programme is already changing the way professionals interact with local communities, and driving the way people receive low level support to help them stay independent and well

Lynne works for a local voluntary organisation and recognised that people using their service had lots of skills that could benefit others. She had heard about the idea of time banking (exchanging time for services) but did not know where to start. With support from the programme she attended workshops to learn how to get things going. The programme helped her to gain confidence quickly, and linked her up with interested people. In less than a month Lynne established a time bank trading project, and is well on her way to establishing others.

Help following Hospital Discharge

We are encouraging all our services to work with people to prevent ill health and accidents and help to maintain their independence. Where people become ill or have difficulties undertaking the tasks of daily living, our aim is to support people to get better, and to stay fit. We have invested in intermediate care to provide intensive support to people on discharge from hospital, and help them regain independence.

- In 2012/13, virtually all those discharged from hospital through intermediate care were still at home three months later, thus showing the effectiveness of the service. Our results put us top of all local authorities in the region. However, we still want to increase the number of people who receive intermediate care services

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of older people (65+) who were still at home 91 days after discharge per 1000 popn.	81.3%	98.1%	Similar to last year; well above regional average
Propn. of older people (65+) who were still at home 91 days after discharge (offered the service) per 1000 popn.	2	1.3	Similar to last year; just below regional average

- By providing intensive support immediately following discharge, people are able to regain their skills and abilities, so avoiding the need for on-going support at home. Last year 54% of people who received intermediate care were discharged with no need for on-going support at home

Mrs B was discharged from hospital following a full knee replacement; she required a period of re-enablement to rebuild her confidence in completing daily living tasks such as climbing the stairs. Mrs B’s main goal was to be able to get to the local shops again by bus. Intermediate Care at Home staff worked with her for 4 weeks. After 2 weeks Mrs B was managing the stairs and feeling confident around the home. The team then moved to supporting her outside the home, and by week 4, she successfully caught the bus and went shopping alone.

- In 2012/13 we extended the range of opportunities and access routes to intermediate care, including the development of the Home Team providing essential hospital discharge support. In 2012/13 the team supported the discharge of 2049 people from Diana Princess of Wales Hospital. We also improved links between the services, the GP out of hours service and the Hospital A&E Department. There is still more to do; we will be working with the service provider Care Plus Group to ensure quality continues to improve and delivers value for money outcomes for service users
- Last year we commissioned 10 additional recovery and recuperation beds at Bradley House; these help people who require a period of recovery prior to going home, to manage the transition from hospital to home. The service is starting to show some excellent results for individuals

“My grandmother spent a week in Bradley House following a hospital admission for pneumonia. From the moment she arrived to the day she left my grandmother was treated with dignity and respect. The staff were all absolutely fantastic and even got my grandmother walking short distances with confidence. As a family we were fully involved in every aspect of her discharge planning and the communication was fantastic”. Quote from family member of a Bradley House service user

Preventing Unnecessary A&E Attendances and Hospital Admissions

- Our Rapid Response service provided by the Care Plus Group aims to provide immediate support in a crisis, and so prevent unnecessary hospital admissions. During last year the service prevented around 400 hospital admissions, 1,400 A&E attendances and 1327 ambulance call outs

Miss DT is seventy five-years-old and has a learning disability. While living in a shared, supported house, she suffered a fall which resulted in temporary physical difficulties and a loss of confidence. The Rapid Response Team was contacted and a social worker and nurse attended to assess Miss DT. The Rapid Response Team worked in partnership with Intermediate Care at Home. Miss DT was transferred to a residential unit within the intermediate tier to aid her recovery. During this time Miss DT's mobility improved, her confidence returned, and her health and wellbeing was maintained to a high level. Miss DT was returned home with a re-assessment of her needs. Integrated working allowed for effective communication, timely responses and appropriate support.

- The Crisis Support Team work mainly with those who still need intensive input following initial support from the Rapid Response service. In 2012/13 they worked with 516 individuals

Mr X had been diagnosed with bladder cancer; he was becoming unwell but refused treatment. The Crisis Support Team, supporting him with daily living tasks, became increasingly concerned about his emotional wellbeing; after seeking his permission, they asked a mental health practitioner to visit. After meeting Mr X a couple of times and starting to develop a relationship with him, it became possible to broach the subject of treatment. Mr X felt able to explain his concerns and fears, and with advice and support from the practitioner and the Crisis Support staff, Mr X agreed to meet a consultant. Mr X agreed to treatment, had his operation, and is now recovering well.

Reducing admissions to care homes for older people

We are working hard to reduce the number of people admitted to care homes; we are helping people to maintain their independence by working to prevent crises, and stimulating and supporting the development of lower level community based support.

- Over 2012/13 we made significant reductions in the number of short term care home placements, which often lead to a subsequent permanent admission; further steps are being taken to reduce this type of placement
- We have made substantial progress over a number of years, in reducing the level of permanent admissions to a care home for those aged 65 and over. When compared to other local authorities in our region we are ranked 8th out of 15 for the proportion of people aged over 65 who are admitted to a care home. In 2012/13 there were 208 permanent admissions to long term care. In March 2013 we supported 629 people in permanent care home placements.

6.4 Ensuring that people have a positive experience of care and support

Adult Social Care User Survey

The Adult Social Care Survey asks service users about their quality of life and their experiences of the services they receive. This is the third year this survey has been completed.

A total of 879 customers received a survey and 281 returned the survey: a 32% response rate¹.

- We have made real progress over the last year in the number of service users who were satisfied with the care and support they receive. This has increased to almost 90% from just over 50% in 2011/12, and means we were ranked first of all local authorities in the region
- 2012/13 was the first year that the survey asked carers how satisfied they were with social services, and 46% of carers said they were satisfied

¹ This low response rate means the figures should be treated with a degree of caution.

- Carers were also asked if they had been included or consulted in discussions about the person they cared for, and 72% said they had; this puts us in the lowest position regionally. We know we need to improve the support provided to carers, which is why we have identified it as one of our top priorities



	Yorks/Humber average	NEL 2012/13	Comment on performance
Overall satisfaction of people who use services with their care and support	65.5%	89.8%	Better than last year; well above regional average
Overall satisfaction of carers with social services	45.4%	46.1%	1st year measured; just above regional average
Propn. of carers reporting they have been included in or consulted in discussion about the person they care for	76.3%	71.6%	1st year measured; below regional average

- Improvements to the A3 service and development of the Services4Me website have helped increase the ease of access to information about services; the proportion of service users and carers reporting easy access to information rose to 86% in 2012/13, putting us in top position in the region

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of people who use services and carers who find it easy to find information and advice	73.8%	85.6%	Better than last year and above regional average

Not everyone is satisfied

However, not everyone is satisfied with our services and support. Last year we received 34 formal complaints as the commissioner of adult social care services; all of these were responded to within the statutory timescale. This is a significant reduction on the 71 complaints received in the previous year. There may be a number of reasons for this reduction, but we have been more proactive in dealing with enquiries before they become complaints.

The top complaint issues related to:

- Financial charges for care
- The quality of services we commission (buy) from providers of respite and residential care
- The social care assessments we undertake.

The CCG operates a Concerns Process whereby professionals and relatives can report concerns they have about residential and home care services. In 2012/13 we received 36 concerns. The major area of concern raised was with the home care services we purchase. The concerns were reported to our Contracts Team who investigated the individual issues raised and recommended improvements to providers where necessary.

You said ... there was insufficient information about charging for social care services.
 We did: Produced clear information in a range of formats to explain the complex issues relating to finances and the contributions/payments for residential care. Social Care staff will leave written information relating to charges with service users and their families at the point of assessment.

You said... residents' mobility equipment is out of reach.

We did: The care home reminded all staff to ensure that walking and communication aids are in reach for residents at all times. Also, if a resident requires a door release, this will be fitted immediately.

You said ... it was difficult to find a named member of staff to discuss my case with.

We did: Case workers within our Single Point of Access now identify and agree a single point of contact with carers and family members to avoid any miscommunication.

Ongoing monitoring

On a continual basis people who contact the A3 service are asked immediately to respond to a small number of questions about the service they received. In 2012/13 virtually everyone who responded said they had received a good service.

6.5 Safeguarding Adults whose Circumstances make them Vulnerable and Protecting from Avoidable Harm

North East Lincolnshire Safeguarding Adults Board

The purpose of the NEL Safeguarding Adults Board ('the Board') is to govern the local arrangements in place across organisations to protect vulnerable adults. Adults may be vulnerable because they are older, or have a learning disability or mental health problem; they may therefore have difficulties in protecting themselves from physical, financial, mental or emotional abuse. 2012/13 has been a challenging year for the Board but it remains steadfast in its commitment to reduce the risk of abuse of vulnerable adults. During a period of internal changes in many of the Board's member organisations a specific focus has been placed on reviewing our governance arrangements to ensure they remain fit for purpose. The terms of reference for the Board and all of its sub groups were revised toward the end of the 2012/13 and as a result, the system has been refreshed, and commitments reaffirmed as we move into 2013/14.

National interest in Safeguarding Adults remains high on the agenda. There have been a number of high profile cases which have maintained media attention, including the abuse and subsequent closure of Winterbourne View (a home for people with learning difficulties) near Bristol, and a formal inquiry into the poor quality of care provided at Mid Staffordshire Hospital. There have also been important documents issued nationally including that written by the Rt Hon Paul Burstow called 'Care and Corporate Neglect'. This calls for the managers of organisations to become more accountable for the actions of their employees in cases of abuse and neglect.

Community Voice

Community Voice is a group of like-minded individuals passionate about safeguarding; they work closely with the Safeguarding Adults Team to raise awareness of issues which might affect vulnerable people. The members are a challenging and active group of local people who are keen to have their say and to be heard. Members hold monthly meetings to provide an engagement opportunity for the local population. The group undertake a number of public awareness campaigns and market stall events, focusing on issues such as isolation and keeping

safe at home. In 2012/13, Community Voice supported the NEL Doorstep Crime/Rogue Traders event and also held their own event at Freeman Street market. In 2013 the group are planning to hold an event to raise public awareness of financial abuse.

Training

One of the key responsibilities for all health and social care organisations in reducing the risk of abuse is to ensure that staff are suitably trained to undertake their caring roles. Such organisations must also support staff to raise concerns if they are worried about any poor practice, or the neglect of any vulnerable people; this is known as 'whistle blowing'. It is important that employers train their staff to identify the types of things to report, and how to make their reports, by giving them access to safeguarding awareness training. This may be at a basic level or at a more in-depth level for managers. Training has a key role to play in preventing abuse.

- In 2012/13 the CCG provided training to just over 1700 local staff. This included safeguarding awareness training, ranging from a basic introduction to more specialist courses, and training relating to the Mental Capacity Act.

Responding to Allegations of Abuse

The key role of the Safeguarding Adults Team in North East Lincolnshire is to provide a response to allegations of abuse. When the team was formed in 2010, the awareness of safeguarding issues locally was raised significantly, and as a result referrals into the Team doubled during the first year of its operation. Since that time a number of measures have been introduced to ensure that the quality of the referrals received by the Team is improved. One such measure has



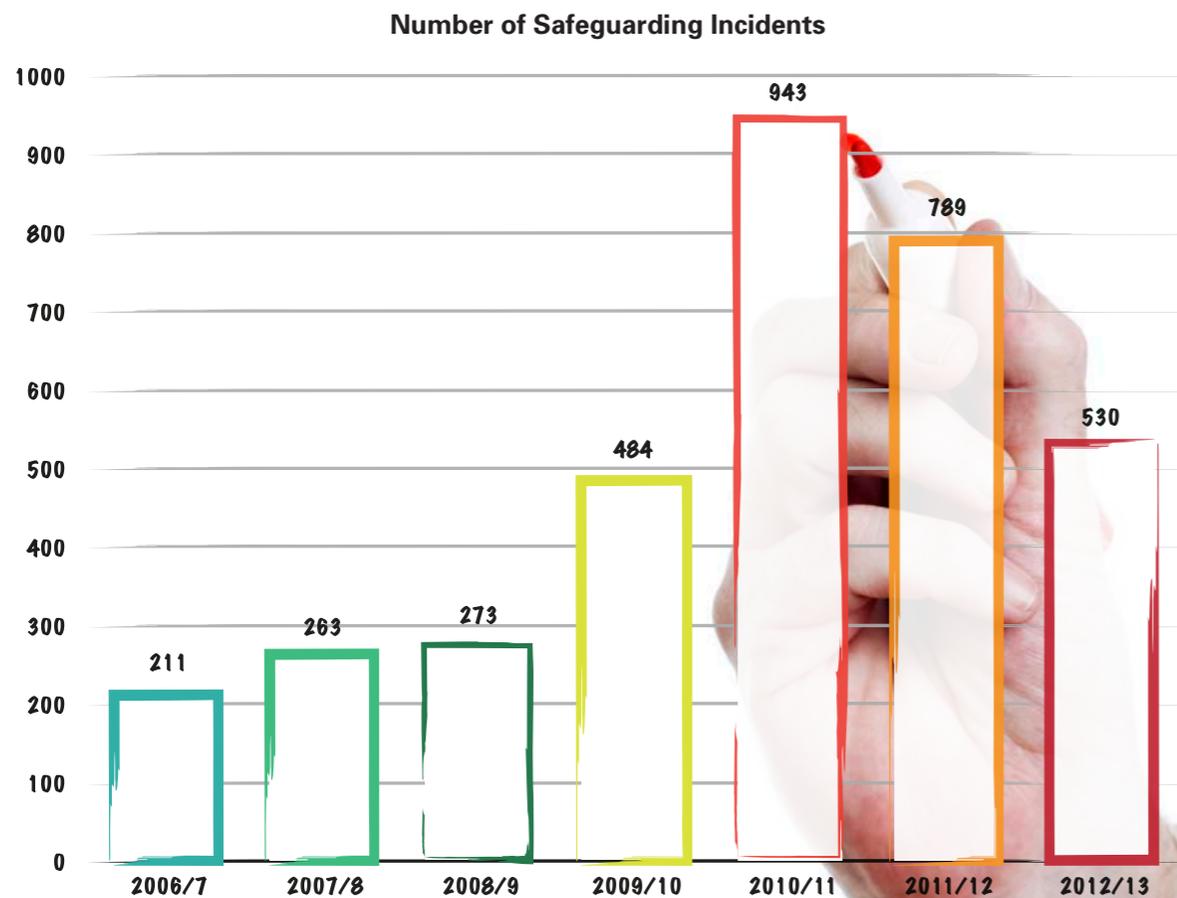
been to implement the ADASS North East Threshold Guidance; the other has been to introduce a duty triage system.

The Safeguarding Adults duty triage system involves safeguarding adults' practitioners receiving and screening all of the referrals that come into the Team. This ensures that the alerts and referrals are risk assessed without delay, to ensure that any immediate actions are completed in a timely manner. All alerts are usually screened and prioritised within one hour of receipt (during office hours). Out of office hours enquiries are signposted by the A3 Single Point of Access, and any urgent actions undertaken by the Rapid Response Team.

Following the initial screening and prioritisation, the duty practitioner may undertake further fact finding to assist in making a decision about what needs to happen next. Where an investigation is required, cases are passed to a decision maker who will plan the investigation with an investigating officer.

The introduction of the duty triage system has helped to make sure that the response given by the Safeguarding Adults Team is proportionate to the risk referred, and provides the least restrictive approach to the vulnerable adult concerned.

The impact of the duty triage system upon activity data can be seen in the graph below:



- Of the referrals received in 2012/13 around 30% related to neglect and 38% to physical, sexual, emotional or psychological abuse
- During the year the Adult Safeguarding Team investigated 235 cases. Of those for which the investigation is complete, the abuse was substantiated in 64 cases, and partly substantiated in 21 cases.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards

The Mental Capacity Act is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. This could be due to conditions such as dementia, a severe learning disability, a brain injury, or accident. It supports them in making decisions about a number of important things, such as how and where they receive care or treatment to keep them safe and well. During 2012/13 we continued to run our MCA training programme to ensure that all health and social care staff support compliance with the MCA.

The 'Deprivation of Liberty Safeguards' aim to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person concerned, and there is no other way to look after them.

- The CCG received 19 applications for detention under the Mental Capacity Act Deprivation of Liberty Safeguards between 01/04/12 and 31/03/13. The CCG received 26 applications for detention for the same period in 2011/12; this reduction may be due to greater awareness of the basic principles of the MCA amongst provider organisations, which, if used correctly should reduce the need for a detention.

Feeling safe

- The percentage of people in NEL who use services who feel safe has risen from 63.4% in 2011/12 to 92.5% 2012/13. The percentage of people who use services who say that those services have made them feel safe and secure has risen from 80% in 2011/12 to 100% in 2012/13. On both indicators NEL was in top position of all local authorities in the region.

	Yorks/Humber average	NEL 2012/13	Comment on performance
Propn. of people using services who feel safe	67.8%	92.5%	Better than last year and well above regional average
Propn. of people using services who say that those services have made them feel safe and secure	79.1%	100%	

Appendix One

KEY PERFORMANCE INDICATORS

The table below provides information on how well the social care and preventative services commissioned and provided by the CCG performed in 2012/13

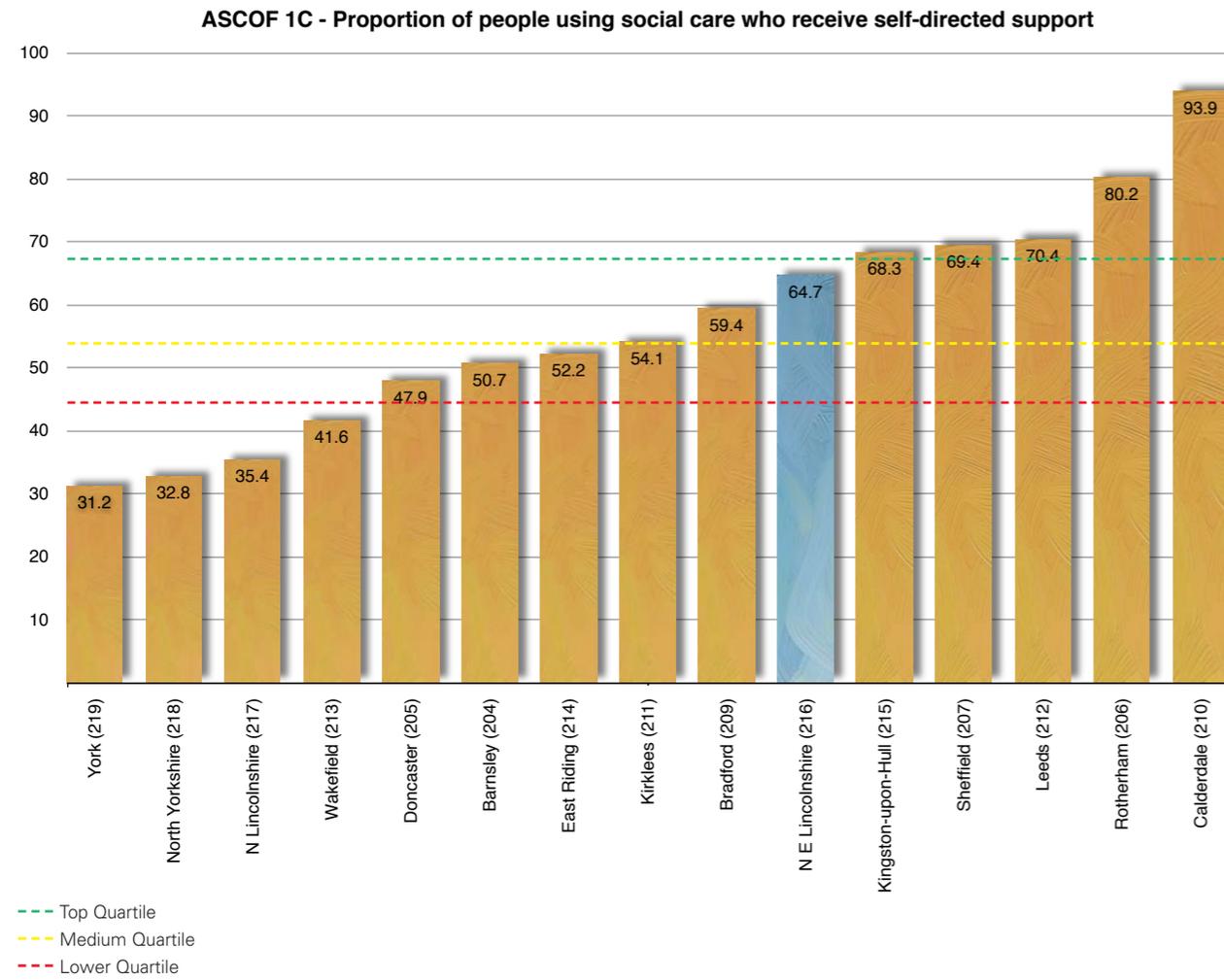
Description	2011/12	2012/13	
Enhancing Quality of Life for People with care and support needs			
How people using our services rate their quality of life (Max score 24)	18.3	21.5	✓
% of service users who feel they have control over their daily life	75.1%	93.3%	✓
% of people receiving social care as self-directed support	36.8%	64.7%	✓
% of people receiving social care as a direct payment	13.3%	21.1%	✓
% of adults with learning disabilities known to adult social care who are in paid employment	17.1%	15.7%	✗
% of adults in contact with secondary mental health services who are in employment	10.3%	10.3%	—
% of adults with learning disabilities known to adult social care who live on their own or with their family	71.6%	77.2%	✓
% of adults in contact with secondary mental health services living independently, with or without support	90%	86.9%	✗
How carers rate their quality of life (max score 14)	N/A	8.4	✓
Overall satisfaction of carers with social services	N/A	46.1%	✓
% of carers who say they have been included or consulted in discussion about the person they care for	N/A	71.6%	✗

Description	2011/12	2012/13	
Delaying and reducing the need for care and support			
Annual permanent admissions of people aged 18-64 to residential and nursing care homes per 100,000 population	8.3	10.3	—
Annual permanent admissions of people aged 65 and over to residential and nursing care homes per 100,000 population	491	729.5	✗
Delayed transfers of care from hospital per 100,000 population	7.4	5.8	✓
Delayed transfers of care from hospital per 100,000 population which are attributable to adult social care	3.5	2.5	✓
Percentage of older people still at home 91 days after being discharged from hospital with reablement/ rehabilitation services	98.6%	98.1%	—
Proportion of older people still at home 91 days after being discharged from hospital (offered the service) per 1000 population	1.9	1.3	✗
Ensuring people have a positive experience of care and support			
% of people who use services satisfied with their care and support	52.1%	89.8%	✓
% of people who use services and their carers easily finding information and advice about services	74.4%	85.6%	✓
Safeguarding adults whose circumstances make them vulnerable and protecting them from harm			
% of service users who said they feel safe in their community	63.3%	92.5%	✓
% of service users who say that those services have made them feel safe and secure	80.0%	100%	✓

Appendix Two

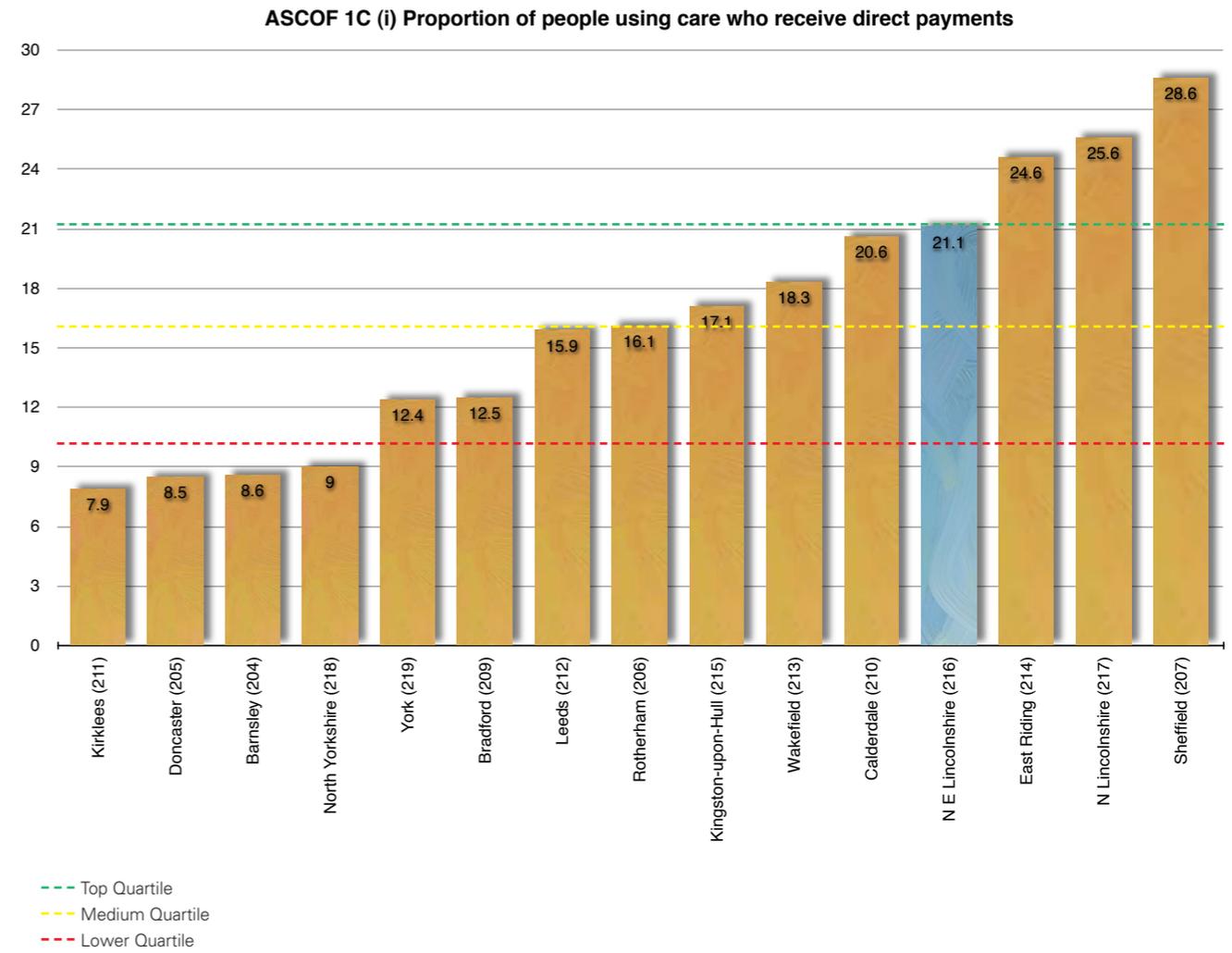
Graph One: Personalisation

Those in receipt of a managed budget represent 64.7% of all those receiving support: a significant improvement on the previous year, which puts us in 6th place regionally



Graph Two: Direct Payments

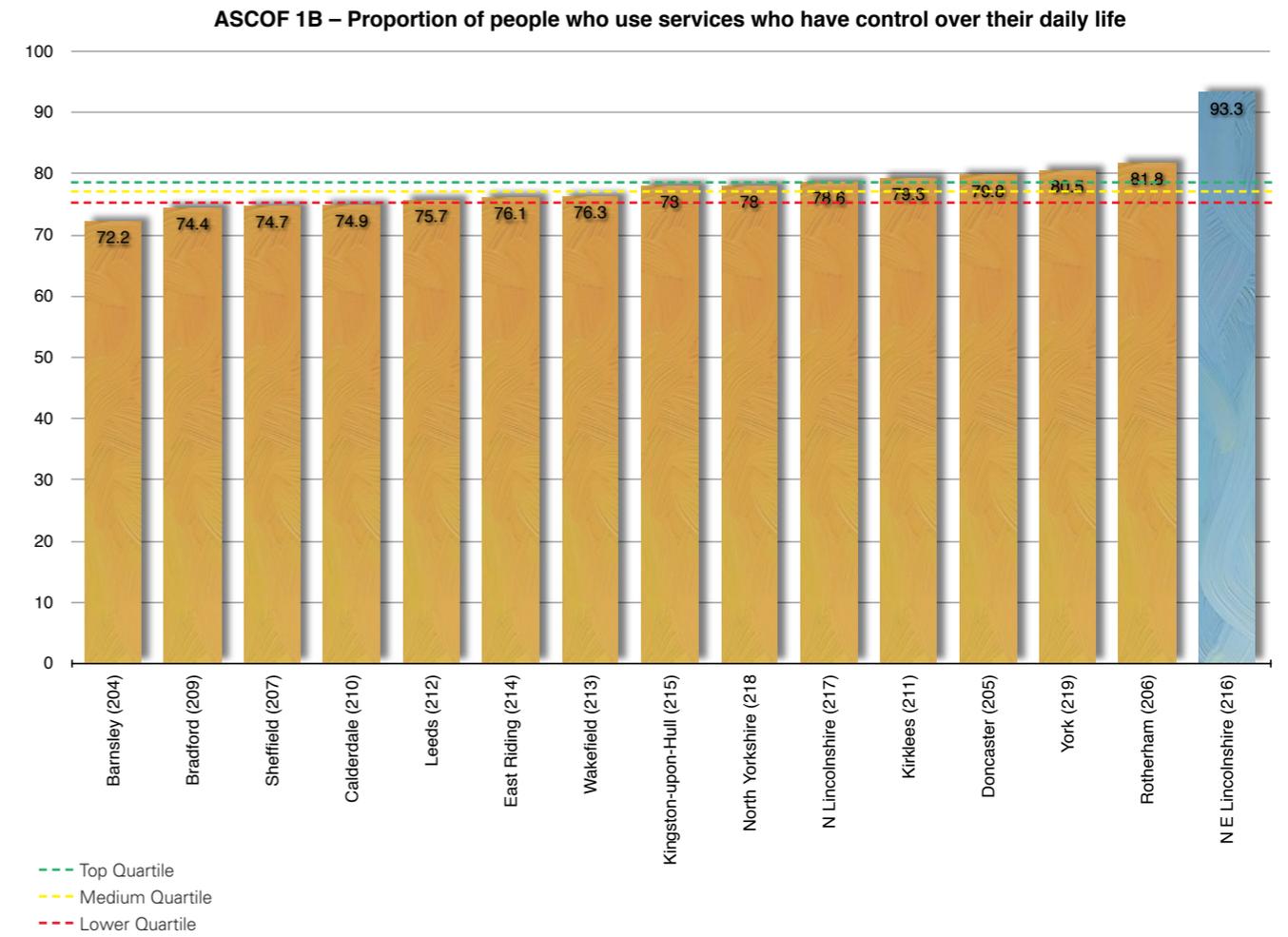
The proportion of those using social care who received a direct payment to allow them to purchase care and support directly, increased to 21.1%; this puts us in 4th place regionally





Graph Three: Control over Daily Life

When asked how much control people have over their daily lives, 93.3% said they had full control; this is a major improvement on last year, and puts us in first place regionally



GLOSSARY

Abuse

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

Carer

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

Commissioning

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

Community based services

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

Community capacity building

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

Deprivation of Liberty Safeguards

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

Direct payment

Money payment made to people who need care following an assessment, to help them

buy their own care or support, and be in control of those services.

Extra Care Housing

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

Health and Wellbeing Board

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

Health Inequalities

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

Hidden Carers

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

Home care

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

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 or verbal 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.

