

A Local Account of Adult Social Care Services in Southend 2011-12

**Southend-on-Sea Borough Council's
annual report of social services for
people aged 18 years and over**





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Foreword

This Local Account is the second annual report to be produced by the Council to describe the delivery of adult social care services in Southend in 2011-12 and our priorities and plans for 2012-13.

We are in a period of great change for health and social care and in Southend we have been working together to ensure people with extra needs receive excellent integrated care to enable them and their carers to have choice and control over their lives, maintain independence, and to play a full part in the community.

The main purpose of the Local Account of Adult Social Care services is to provide information about the services we deliver, and what this means for people at an individual level, as well as our plans for the future. The report is the Council's own assessment of how it provided services in 2011-12.

The views of local people are included through the results of formal surveys of people who use services, consultations and other feedback opportunities. We welcome feedback and if you would like to comment on the style and content of this Local Account, please contact Adult and Community Services on 01702 534194 or e-mail ACSBusinessSupport@southend.gov.uk. This will help us to continue to improve how we work together with local people and organisations to achieve our aims and ambitions for the people of Southend.



Councillor Lesley Salter
Portfolio Holder,
Adult Social Care, Health & Housing



Simon Leftley
Corporate Director of
Adult & Community Services

1. The National Picture

From 2011/12 the Adult Social Care Outcomes Framework, is a set of measures, which will be used nationally and locally for demonstrating the achievements of adult social care. It will give an indication of the strengths of social care and our success in delivering better results for people who use our services. Locally, we will use the outcomes framework for comparison with other councils. This is important when we report to our citizens. We will work closely with the NHS and Public Health to develop the foundations for a community-wide outcomes framework, for use through the Health and Wellbeing Board.

The adult social care framework is based around four domains and our performance monitoring and consultations with our users fall within these:

- Quality of Life;
- Delaying and reducing the need for care and support;
- Positive experience;
- Safeguarding;

Linked with the adult social care framework is a review of all the information we need to collect for central government. The aim of the review is to build up an agreed set of key information which is of use to local authorities, local strategic partners, the Department of Health, other government departments, the Care Quality Commission (CQC) and informs the general public. The consultation on the review happened in the summer of 2012 and will be implemented in 2012/13.

The implementation of the Health and Social Care Act has been a key part of our work in 2011/12 and will continue to be in 2012/13. Some of the key aspects of this Act which affect social care are;

- Abolishing local primary care trusts (PCTs) and regional strategic health authorities by 2013;
- The establishment of clinical commissioning groups of GPs across England with the task of commissioning the healthcare they deem appropriate for their patients, and control over the local NHS budget;
- Establishment of Healthwatch, a new independent body that can look into complaints and scrutinise the performance of local health and social care providers;
- Transfer of public health responsibility to the local authority and the establishment of a new body, called Public Health England, to oversee public health nationally
- Health and Wellbeing Boards will be formed and will be key to improving the health and wellbeing of their local population and reduce health inequalities. They will have ultimate responsibility for commissioning decisions across health, public health and social care.

This local account illustrates how Southend Borough Council and its partners are responding to these changes in an integrated way so people receive the best care possible.

2. How Decisions are Made

The Southend Health & Wellbeing Board

The Health & Social Care Act (2012) sets up local Health and Wellbeing Boards as a forum for key health and social care leaders to work together to improve the health and wellbeing of their local population and reduce health inequalities. Due to its status as an 'early implementer'. Southend has been operating in shadow form since December 2011 and will take on its full legal responsibilities in April 2013.



Along with elected councillors, the board brings together key partners from the NHS, public health, children's services, adult social care and the Clinical Commissioning Group to jointly consider local needs and plan the right services for Southend residents. Health Watch will also have a place on the board giving communities a greater say in understanding and addressing their local health and social care needs.

Southend's Health and Wellbeing Board will have ultimate responsibility for commissioning decisions across health, public health and social care. To be able to do this they will need to fully understand the health and social care needs of the residents of Southend, by undertaking a Joint Strategic Needs Assessment (JSNA). This information will then be used to develop a Joint Health & Wellbeing Strategy showing how these needs can be best addressed, including recommendations for joint commissioning and integrating services across health and social care.

Joint Strategic Needs Assessment (JSNA)

JSNA's have been a statutory requirement for all Local Authorities and PCT partners since 2007 and this process will continue under the new Health and Wellbeing Boards. Robust evidence about the health and social care needs of the population will be used to identify the priorities to be included in the Joint Health & Wellbeing Strategy.

Southend's JSNA was refreshed in June 2012 and to keep it as up to date as possible a local Southend Data Group consisting of information and data officers from across health, adult social care, children's services, and voluntary sector was set up in July 2012.

Southend's Joint Health & Wellbeing Strategy (JHWS)

The Southend Joint Health and Wellbeing Strategy for 2012/15 outlines the key priorities for improving health and wellbeing for all of Southend's residents using evidence from the JSNA and in consultation with wider stakeholders.

The Joint Health and Wellbeing Strategy will build on the many successes already achieved through partnership working to create a healthier and more fulfilling future for our population. This strategy sets out where we will target our resources over the coming years, building on our successes and improving areas where our outcomes need improvement.

The current priorities in the Joint Health and Wellbeing Strategy:

1. A positive start in life
2. Promoting healthy lifestyles
3. Improving mental wellbeing
4. A safer population
5. Living independently
6. Active healthy ageing
7. Protecting health
8. Housing
9. Maximising opportunity

Voluntary Organisations are crucial to the health and wellbeing of the local community. In Southend there are a diverse range of organisations including advocacy and support for those with a disability. Southend Association of Voluntary Services (SAVS) advises and supports local, not-for-profit groups. These groups provide all kinds of services to the local area and include social clubs, groups advising people who care for a relative at home, advice and activities for people with disabilities or health problems, tenants and residents' associations and many more.

3. Delivering Services in Partnership

Over the past year we have been working more closely with our colleagues in Southend Clinical Commissioning Group to bring health and social care services together in a seamless way. We have a good track record in this area with integrated teams working side by side for many years to deliver services such as mental health, re-ablement and intermediate care. 2011/12 saw an increase in this including the planning of integrated locality working for social workers to work with local GPs, district nurses, and occupational therapists. This work has already begun with these teams meeting monthly to discuss how best social work and health can share information to identify people who may need help as well as discuss how best they can use their resources to improve the lives of people we both work with.

In 2011/12 we introduced the Single Point of Referral (SPOR) which is a service for professionals, including doctors, nurses, social workers and the hospital to be able to contact one team who are able put in appropriate care quickly. This may include a spell of re-ablement to get someone back on their feet, an assessment for a piece of equipment to help someone around their home, or a period in respite care to give voluntary carers a break. This service has streamlined the referral process and ensures that people get the right help quickly. The SPOR dealt with over 800 cases in 2011/12 and this is increasing all the time.

Case Study

Rose is 87 and lives with her husband Stan. Rose's memory has been getting worse lately and she's becoming confused. Rose's GP referred her to the memory clinic for assessment, but Rose and Stan didn't want any help or investigations.

Over the past year, Rose needed to be admitted to hospital four times. Her hospital visits were due to falls and her progressive dementia. The community Multi Disciplinary Team talked about Rose's situation. They felt Rose might benefit from better support in home, and that her medication should be looked at; in case it was contributing to her problems.

A Dementia Liaison nurse visited Rose and Stan. The nurse went through a thorough assessment. This included advice for Stan about Rose's condition and how he could best support her.

Rose's medication was also adjusted. Within just two weeks, Rose was brighter and less confused. Armed with more information about dementia, Stan is managing much better at home and knows how to get help with his caring role if it becomes difficult.

In 2011/12 the START (Southend Therapy and Resource Team) alongside two homecare agencies continued to deliver re-ablement services, people who need a short period of assistance to regain their independence. Over 1200 people were referred to re-ablement services, an increase of almost 200% from 2010/11. Three quarters of these people were still living independently at home 3 months later. We are improving the effectiveness of this service all the time, and now almost 85% of people are re-gaining their independence.

In 2011/12, in partnership with NHS South Essex, Essex Police and Essex Probation, the Southend Borough Council-based Drug and Alcohol Team (DAAT) Partnership commissioned structured drug and alcohol treatment services which supported almost 1400 Southend residents with their problems, including over 650 people who used heroin and/or crack cocaine. Services were increasingly effective and the proportion leaving who completed treatment successfully grew by 6%, and the overall the proportion of drug users who succeed in treatment in Southend is better than the national picture.

Southend Shared Lives is a service in which families offer support and care for people with learning disabilities within their own homes. The service provides long term, short breaks and day support which is person centre and flexible.

There are 41 approved paid carers who offer a variety of support to 99 service users within the local community. We are currently undertaking a marketing and recruitment campaign to support the recruitment of paid carers who would be able to offer support to people with more complex needs. The scheme provides a mixture of training opportunities for carers to meet outcomes and they have attended national training courses to support good practice in dementia, safeguarding and supporting parents with learning disabilities.



Case Study

Martha has a learning disability and had lived in residential care for some years. Martha wanted to move on and enjoy more independence. Martha hadn't got on with her residential home and was considered "challenging" by the staff there.

With the support of her advocate, community nurse and social worker, Martha looked at other choices for somewhere to live. Shared Lives (a scheme where adults are placed with families) seemed the best option. Martha visited the placement several times to see whether it suited her. It seemed to work and so Martha moved in.

Thanks to now living somewhere where she is happy, Martha plays an active role in the community and enjoys being part of a family group. Martha can join in with family holidays and celebrations and welcomes other service users into the family home for respite.

Case Study

Stan is 85. He went into residential care in 2007 after his marriage broke down and a social worker assessed him as unable to live independently in the community.

However, START were contacted and looked at Stan's abilities and needs again. They found that Stan was very independent in the home and that he could live in the community. A flat was found for Stan and a care plan developed to help him make the move from residential care back to community living.

Stan has now been back in the community for 6 months with no problems. An agency helps him with his medication and he manages everything else himself – including getting out and about when he wants to.



4. Our Performance

The last two years have been challenging for adult social care, as shown in the table overleaf, in line with most authorities, our net budget has reduced. We have continued to deliver essential services to our most vulnerable citizens and have achieved this through working innovatively and investing with other public and voluntary sector organisations to reduce duplication and focus our joint resources. This has resulted in people keeping well and living independently for as long as possible, and enabled us to support a growing elderly population with less money.

Most importantly we have invested in re-abling people preventing them from being admitted from hospital as well as helping people back on their feet if they have had to have a short hospital stay. We have enabled citizens to make their own decisions on how their needs are met, increasing the number of people receiving direct payments so they can direct their own support, and reducing the amount of people receiving directly provisioned homecare. The combined result has been a reduction in the number of people admitted to residential care.

Over the last year adult social care has continued to improve performance in many areas, including:

- 65% of people helped to live in the community, with greater choice and control through personal budgets or direct payments, known as self-directed support.
- 84% of older people aged over 65 received rehabilitation and/or intermediate care on discharge from hospital – avoiding longer than necessary stays;
- 83% of social care clients received an assessment or review of their case over the year;



- A revamped Dial-A-Ride service offering door-to-door transport for disabled residents saw a significant uptake in people enrolled with the service – it now has more than 400 users;
- The Warm and Well-on-Sea Partnership project supported efforts to help vulnerable people protect themselves against the cold weather by distributing an information and advice booklet;
- The Shared Lives project was promoted to train would-be paid carers in being able to offer long-term placements in their homes, for vulnerable adults.
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The table below shows a summary of some of our key adult social care performance indicators.

Measure	2011/12	2010/11
Number of clients helped	5740*	6884
Number of assessments completed	2103*	3185
Number of people receiving self-directed support	3564 = 65.59%	2422 = 35.14%
Number of people in residential care 18-64	159	297
Number of people in residential care 65+	986	1044
Number of people receiving home care 18-64	159	256
Number of people receiving home care 65+	1979	1928
Percentage of clients reviewed	82.96%	83.42%
Number of nights of care provided to support carers	10445	9674

*We have undertaken extensive work with the NHS Trust to correctly identify people eligible for social care services and this has resulted in some people, who are receiving NHS care only, removed from the Council's figures.

Budget 2011/12

Adult Social Care makes up about one third of the Council's net budget; the largest service funded by council tax and the general government grant. Expenditure is shown for 2011/12 compared to 2010/11, and planned expenditure for 2012/13 is also shown.

	2012/13	2011/12	2010/11
Service	Budget	Budget	Budget
Drug & Alcohol Action Team	29,550	29,050	34,400
Older People	20,566,200	22,332,000	24,447,150
Learning Difficulties	11,660,000	12,083,000	12,513,250
Physical or Sensory Impairment	3,548,400	3,826,600	4,596,600
Mental Health Needs	3,260,000	3,481,400	3,690,850
Other Community Services	88,850	221,500	586,200
Service, Strategy & Regulation	316,300	299,900	331,650
Total	39,469,300	42,273,450	46,200,100

Council services, including Adult Social Care, have been subject to budget reductions in 2011/12 and 2012/13.

5. Safeguarding

The Government definition of a ‘vulnerable adult’ adopted for use in Southend is someone who:

“is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or is unable to protect him or herself against significant harm or exploitation (“Who Decides” 1997).”

The Council ensures that Safeguarding is woven into all its policies, strategies and corporate plans. Following consultation a Safeguarding strategy was agreed by the Safeguarding Board which is chaired by an independent person and includes representatives from all the key organisations such as the Police, the local NHS and other Council departments. The strategy was approved by the Cabinet in January 2011.

The Southend Safeguarding Vulnerable Adults Board hold a vision that the Board leads work in our community to ensure that for adults who are at risk or in vulnerable situations, the agencies who support them and the wider community together can:

1. Develop a culture that does not tolerate abuse;
2. Raise awareness about abuse;

3. Prevent abuse from happening wherever possible;
4. Where abuse does happen, support and safeguard the rights of people who are harmed to;
5. Stop abuse from continuing
6. Access services they need, including advocacy and post-abuse support
7. Have improved access to justice.’

The number of safeguarding referrals received by Southend-on-Sea Borough Council and South Essex Partnership NHS Foundation Trust over the

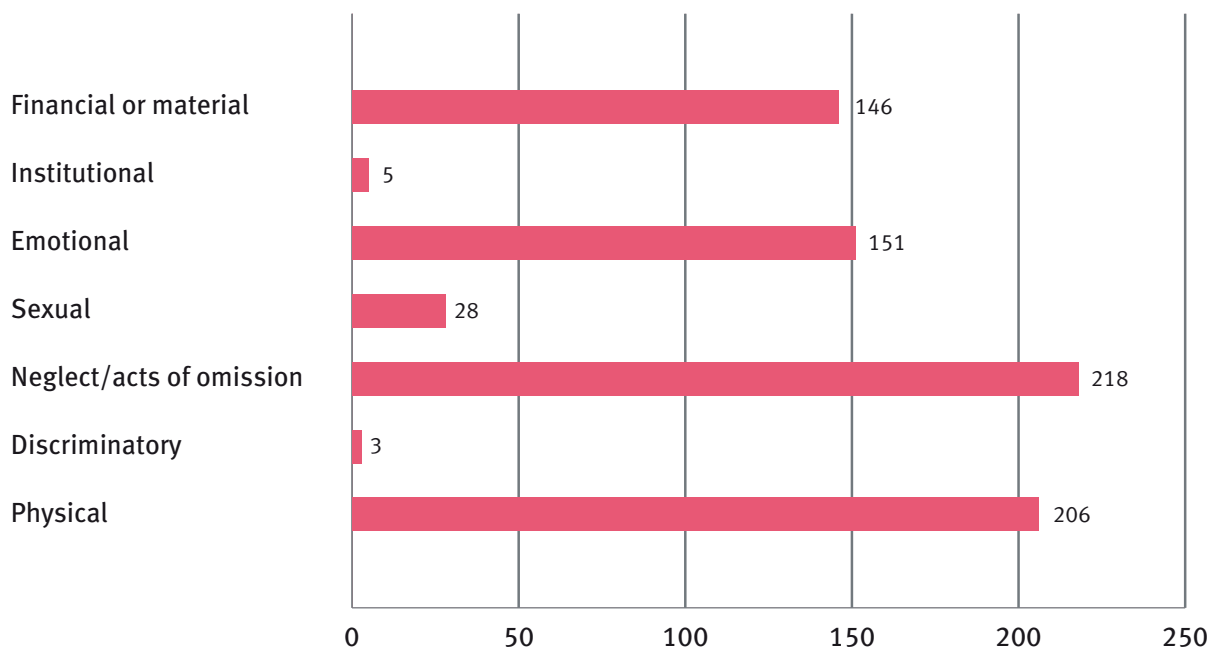
Year	Number of Referrals
2006/7	123
2007/8	190
2008/9	282
2009/10	454
2010/11	574
2011/12	621

last six years is as follows:

Since 2006/7 there has been a 405% increase in cases of abuse being reported. We have no reason to believe more people are being abused, rather that detection and awareness has and continues to improve.

“ is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or is unable to protect him or herself against significant harm or exploitation (“Who Decides” 1997).” ”

Referrals by type of abuse 2011-12



As a way of trying demonstrate that people's lives are improved as a result of the safeguarding process we undertook a six month pilot survey designed to capture the experience of the vulnerable adult during the safeguarding process. This involved social workers asking carefully selected vulnerable adults about their desired outcome of the investigation (at the beginning of the process) and if this outcome had been achieved (at the end of the process). The pilot survey demonstrated that we are providing a good quality service to vulnerable adults or their carers during the safeguarding process and the majority of desired outcomes were achieved.

- 83% said the process was explained to them;
- 89% said they felt involved in the process;
- 91% said we had met their original outcome;
- 92% felt listened to during the process;
- 100% stating that they were informed of the outcome.

Over the last year the Safeguarding Vulnerable Adults Board as a multi-agency initiative have served the population of Southend by minimising

the risk of abuse to vulnerable adults through a strategic programme of prevention, awareness raising, monitoring and redress of adult abuse incidents.

Examples of achievements over the last year included:

- **Integration of Southend Safeguarding Team** – in April 2011 Southend-on-Sea Borough Council's Safeguarding Team was devolved into the community social work teams. This decision was taken with the view that safeguarding is part of the core business of the local authority.
- **ASK SAL Helpline re-brand and re-launch** – At the end of 2010-11, the helpline was re-launched with a re-branding campaign, accompanied by a new host, new phone number and an updated website. Ask Sal now offers support and information during 24 hours a day to adults who may not choose to contact the police or local authority when they are concerned for themselves or someone they know.

- **Hate crime Initiative with Essex Police, SE Homes, Southend MENCAP and Southend Association of Voluntary Services** – As a result of a study day held by Southend Mencap into learning disability hate crime, a multi-agency partnership was set up. Essex Police, SE Homes, Southend MENCAP and Southend-on-Sea Borough Council worked collaboratively to produce a dvd about disability hate crime, which features service users sharing their experiences. A short survey about the prevalence of hate crime within the local community is planned so as to inform the commissioning of services by partner agencies.

Safeguarding – Working In Partnership

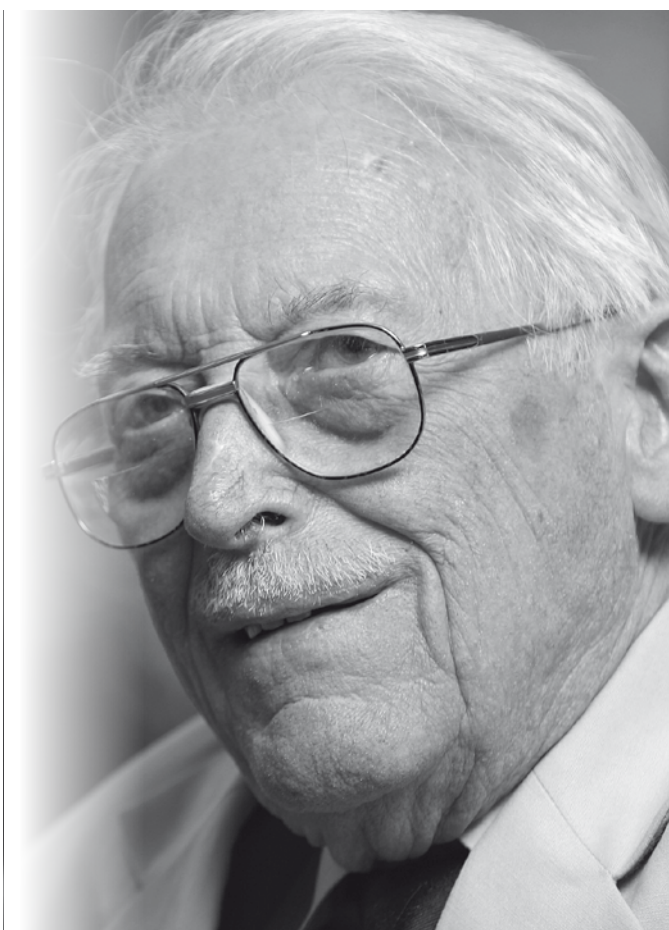
- **Southend University Hospital NHS Foundation Trust (SUHFT)** SUHFT's Adult Safeguarding team now has an Adult Safeguarding Lead (ASL), Learning Disability Lead, Modern Matron and dedicated administrative support

all reporting to an Associate Director with responsibility for Adult Safeguarding.

- **South Essex Partnership NHS Foundation Trust (SEPT)** Have introduced a number of initiatives including every member of staff to receive safeguarding training. Compliance over the past year has remained at 100%. Additional specialist training in investigations and reflective practice has been delivered to all Managers and senior investigating staff. The Trust has also introduced a Service User questionnaire which is issued to all those subject to an investigation (or relatives/ advocate) where appropriate. The feedback for 2011/12 has been very positive with 98% stating they felt included in the process. Some comments stated 'I feel much safer now'. In March 2012 the Trust Safeguarding service was audited by independent consultants. The outcome demonstrated substantial assurance that the Trust had robust and effective processes in place.



- **NHS South Essex Cluster** – NHS South Essex has continued to promote the agenda for Safeguarding Vulnerable Adults across the organisation. The Director of Nursing is the Vulnerable Adult lead at Board level. Safeguarding Vulnerable Adults including Mental Capacity Act and Deprivation of Liberty training is mandatory for all staff with levels of training matched to roles and contact with patients.
- **Essex Police** – Essex Police remains committed to supporting the work of the Safeguarding Vulnerable Adults Boards across the county. Over the past year they have strengthened the resources within our Domestic Abuse and Safeguarding Teams in recognition of the increased reporting of both domestic abuse and safeguarding concerns. Safeguarding awareness training has also been delivered to over one hundred officers and staff.
- **Essex County Fire and Rescue Service** Safeguarding Vulnerable Adults in the 3 local authority areas served by Essex Fire Authority, including Southend-on-Sea, Essex and Thurrock, remains an important and integral part to delivering our preventative, protective and response services through Essex County Fire and Rescue Service. In 2011 we have invested in a single point of contact for our workforce and our partners for all safeguarding vulnerable adult (SVA) matters and completed a thorough audit of all of our SVA work, including a review of our current policies and procedures
- **East of England Ambulance Service NHS Trust** – The East of England Ambulance NHS Trust continues to be committed to engagement with all local Safeguarding Adult Board partners in the Eastern Region. The Trust maintains a high standard of staff training in safeguarding, all safeguarding training is mandatory within the Trust and all staff working with the Public either by phone or in person receives training in safeguarding.



6. Market Position Statement

Our budget for social care is becoming smaller year on year, yet we are committed to delivering person centred essential services. In 2011/12 we made £5 million of efficiencies in adult social care and in 2012/13 we will make an additional £3.5 million of savings.

The Joint Strategic Needs Assessment shows us that by 2020, the population in Southend is expected to rise by 7.3% to 177,300 and by 2030 will have risen 15.3% to 190,600.

Southend has an ageing population that will have an impact on the levels and type of service provision in future years.



The overall number of older people in our population is expected to grow sharply in the coming years, with particularly large increases in the number of people aged over 85.

There is estimated to be 31,600 people aged 65 and over in Southend and this is expected to increase by 12% to 35,500 by 2020.

There is estimated to be 15,800 adults in Southend with a common mental disorder and this is expected to increase by 4% to 16,469 by 2020.

There is estimated to be 3,033 adults across Southend with a learning disability, which equates to 2.3% of the 18+ population. The population is expected to increase by 17% over the next 20 years, when there will be an estimated 3,533 adults with a learning disability. In response we will be commissioning services which allow us to spend our limited resources most effectively.

Our focus in the coming year is to:

- Increase advice and information provision in conjunction with the private and voluntary providers within our area;
- Invest in preventative services which allow people to be independent for as long as possible and stopping un-planned admission to hospital or residential care;
- Deliver services in partnership so that health, social care and voluntary sector providers can best use the resources available;
- Create a flexible marketplace that can respond quickly to people's needs, providing person centred care.

7. Consultation and Involvement

This is the second year Local Authorities have had a statutory duty to carry out a sample survey of all users of adult social care services.

When compared to the England average Southend came in the top two quartiles for over three quarters of questions contained in the 2010/11 survey. Some examples of survey results include:

- 66% of all users of services were either 'very' or 'extremely' satisfied with the care and support they receive, compared to 62% for England
- Over a third of service users feel they have 'as much control over their daily life as they want' compared to 29% for England
- 66% felt 'as safe as they want' compared to 62% for England
- 78% found it 'Very' or 'Fairly' easy to find information & advice about support, services or benefits

From 2012/13 all Local Authorities will be required to carry out a statutory carer survey. The survey will be carried out in October 2012 with indicative results due around Spring 2013.

Local Authorities also have a statutory duty to produce an annual report on compliments, concerns and complaints received about its adult social care function throughout the year. Adult Social Care received 232 compliments about its social care services. This is a measure of our service users' and their families' satisfaction and also of staff commitment to reporting positive feedback.

We received 107 complaints about social care services compared to 125 last year. Of the 107 complaints, 60 (56%) refer to services

commissioned from external providers, 50 of these were about domiciliary care services and although this figure accounts for more than half of the total complaints, it represents only 2% of the number of service users receiving home care. The top 5 issues raised were missed/late homecare calls, conduct/behaviour of staff, communication/consultation, insufficient support, and quality of service provided.

The Re-ablement and Rehabilitation survey which is an internal telephone survey that captures the views of all people following receipt of our service.

- 99% of respondents felt the care was provided in a dignified way; the same as last year;
- 99% of respondents were either 'satisfied' or 'very satisfied' with the standard of care they received; the same as last year;
- 95% of respondents were kept informed about any changes to their care compared to 97% last year;
- 98% said they were told how to make a complaint/compliment about the service provided compared to 96% last year;
- Although the majority of text comments made by service users were very positive some did highlight issues relating to time e.g. would like more time, visits at a regular time and;
- Communication related issues, e.g. knowing if visitor is going to be late.

8. Southend's Health & wellbeing Information Point (SHIP)

January 2012 saw the launch of Southend's Health & wellbeing Information Point (SHIP) website. SHIP was developed by Southend-on-Sea Borough Council in partnership with health services and Southend Association of Voluntary Services. It provides information about health and social care services in an easy-to-search on-line directory.

SHIP includes details of a range of services and opportunities that help people enjoy independence at home and in their community. Social care self-assessments can also be accessed from the site, but most of the services listed do not need assessments.

We involved local people at each stage of the development, and it was by talking to potential customers that we developed the name SHIP and the seaside theme. The site includes service information on practical matters such as residential and home care, respite for carers, staying safe, and organisations that deliver hot meals, as well as details about things to do, places to meet new friends, services that make it easier to live at home, such as gardeners and cleaners and how to get advice on a range of topics.

People can build shortlists of their favourite services, which can be printed out for easy reference. There is also a rate and review feature so visitors can tell others about services they've received.

The directory is being updated all the time and organisations providing services relevant for SHIP can register by using the Add Entry feature on the home page.

The site can be found at www.southendinfopoint.org and visitors can give feedback via the site or by email at serviceinfo@southend.gov.uk We also have a SHIP Facebook page at www.facebook.com/SHIPSouthend

During the development of the SHIP site we received feedback from service users about the introduction of an online Personal Assistant (PA) Register. The register would act as an online directory of local PA's advertising support services for residents and social care clients with direct payments to 'employ'. The PA register will be rolled out late 2012 in partnership with Redbridge Community Housing Ltd (RCHL).



Case Study

A high street bank contacted us concerned about one of their customers. John, a man in his 70s, was visiting the bank daily and withdrawing large amounts of money. The bank was worried he might be being financially abused.

John had told staff at the bank that he gets “piles of begging letters”. The bank had advised John not to open the letters. They also contacted Southend-on-Sea Borough Council to ask for a welfare check for John.

The concerns were followed up. A social worker visited John at home. John said that he spends his days at home watching TV. He explained that he gets lots of junk mail and that it upsets

him. John was very independent and seemed perfectly capable of managing his finances.

The social worker registered John’s details with the mail preference service to stop the large amounts of junk mail that arrived every week. Within a week the junk mail had gone down to five letters. John was given a directory of contact details that might be helpful should he want help with household chores.

Whilst not a typical social work intervention, this support helped John significantly with the anxiety he had been experiencing; helping him to continue with independent living.

9. Plans for 2012/13

In 2012/13 we remain committed to providing excellent social care services to people aged 18 and over in Southend, although we recognise that our resources are shrinking and we will need to adapt and change the way we provide those services so that we can continue to support the most vulnerable. Some of our key areas of work in the coming year are as follows:

- **Implementation of our dementia strategy –**
 A report commissioned by the Alzheimer’s society “Mapping the Dementia Gap” indicated that South East Essex was ranked 144 of 169 for dementia diagnosis against expected prevalence rates. In order to improve diagnosis rates, raise awareness and target appropriate services a multi-agency steering group has been established and is overseeing progress of the strategy. The access referral pathway for the memory clinic has been streamlined with a single point of contact. We are recruiting dementia intensive support team, memory clinic workers and dementia liaison nurses have been established at Southend Hospital.
- **Continued integration of services with health –**
 We currently complete 90% of assessments within our target of 28 days and review 83% of clients every 12 months. In order to continue to improve performance in supporting vulnerable adults in Southend we developed new integrated locality social work teams in July 2012. South Essex Partnership Trust who provide community health services are undertaking a consultation on how community health staff district nurses and health visitors will work alongside our social work teams in order to provide a more seamless service.
- **Responding to the White Paper on Social Care -** We currently support 66% of our clients with self-directed support, and have set a challenging target of reaching 90% by 2013, this will prepare Southend for the implementation of the white paper which sets out a vision for a reformed care and support system which has a focus on independence, national consistency, choice and control and quality.
- **Reviewing the provision of older people’s residential care within Southend –** Just over 20% of our clients live in residential homes and around 200 people are permanently admitted each year. In 2012 we are undertaking an options appraisal on the future of the Council’s two older people’s residential homes Delaware and Priory and anticipate the appraisal will be completed early in 2013.
- **Provision of extra care housing –** We have developed extra care support services at Longmans and Westwood complexes, providing an additional 28 extra care homes.
- **Learning Disability Hub and Satellites –** 88% of clients with learning disabilities have a secure tenancy and 9% of working age clients are supported to be in paid employment. The hub at Alexandra Street opened in April 2012 and two sites have now been confirmed

as satellites which meet specific site requirements and offer dedicated community space. These are Ambleside College and St James Church Centre in Leigh. 87 service users are currently using the hub service with approximately 45 service users attending daily. 51 service users are currently using the St James's service.

* In order to protect the identities of people described in the case studies we have changed their names.



10. Useful Contacts

Southend-on-Sea Borough Council Adult Social Care

01702 215008

Dial-a-ride Southend

01702 527992

www.accessanyone.co.uk

Southend Health and Wellbeing Information Point

www.southendinfopoint.org

www.facebook.com/SHIPSouthend

Southend Association of Voluntary Services (SAVS)

01702 356000

www.savs-southend.org

Southend Hospital

01702 435555

www.southend.nhs.uk

Ask SAL

08452 66 66 63

www.asksal.org.uk

Citizen Advice Bureau

0844 993 6370

www.southendcab.org.uk

NHS South Essex

01268 705000

www.see.nhs.uk

South Essex Homes

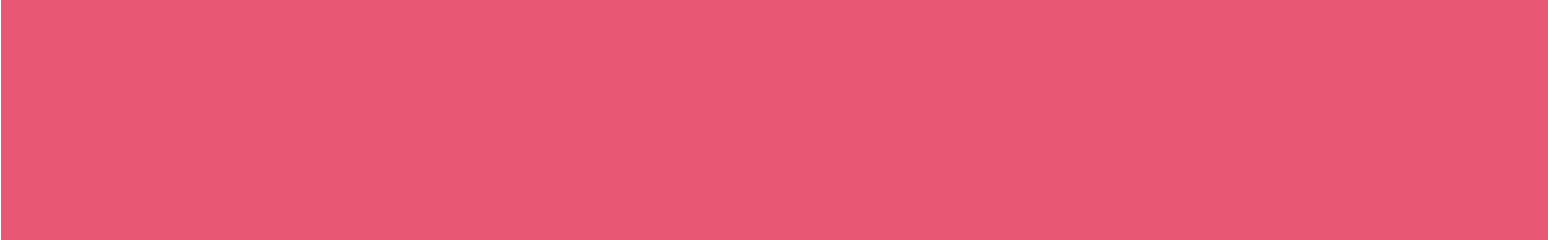
0800 833 160

www.southessexhomes.co.uk

Southend Mencap

01702 341 250

www.savsmembers.org/southendmencap




If you would like help or advice about
adult social care you can contact us by
telephone on:

01702 215008

or through our website:

www.southend.gov.uk



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Please contact Information and Advice Officer, 01702 215008

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