

LOCAL ACCOUNT 2013-14

**A review of adult social care services provided by
Southend Borough Council**

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Local Account 2013/14

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Foreword

In this time of great change, when people live longer, Southend-on-Sea social care continues to be committed to supporting people to experience fulfilling lives. Our priority is to enable people to have control over day to day living, which means giving people choices about their support; for example, what support it is and who provides it. We are working in partnership with local health providers and voluntary organisations to ensure people who have particular support needs receive excellent care that enables them to enjoy independence and be a part of society.

This Local Account is the fourth annual report to be produced by the council to describe the delivery of adult social care services in Southend in 2013-14, and our priorities and plans for 2014-15 and beyond.

The main purpose of this document is to inform the residents of the Borough about the services that we deliver and the impact these have on people's lives.

The Care Act 2014 will, over the next two years, introduce many positive changes for our residents including more choice and control over their care and better access to information, advice and guidance. Southend Borough Council and our partners will focus on ensuring that we are prepared for these changes and that our residents are fully informed.

In 2014 Southend Borough Council was awarded Health and Social Care integration Pioneer status; one of fourteen local authorities in the United Kingdom. This status, which will drive integration and joint working between health and local authority social care, will improve the quality and speed of services for our residents and help improve our residents' wellbeing for years to come.

Our services are provided by a dedicated and professional workforce that is focussed on providing the best outcomes for our service users. We are committed to the ongoing development of our staff and as a local authority have been awarded Investors in People silver status. Our staff passion for work is reflected in the high quality of services that we deliver. However, we are not complacent and we continue to review our performance and work to address areas in need of improvement in order to deliver excellent services for our residents.

We are pleased to present this overview of adult social care in Southend-on-Sea 2013-2014.

Simon Leftley

Director for People

Councillor David Norman

Portfolio Holder for Adult Social Care

1. The National Picture

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time ever the Act will put a limit on the amount anyone will have to pay towards the costs of their care. The Act will also increase transparency and openness and help drive up the quality of care across the system.

The Care Act introduces a minimum eligibility threshold in April 2015, a set of criteria that makes clear when local authorities will have to provide support to people, giving those who are eligible peace of mind that the local authority is working to a national and not a local standard.

Local Authorities now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care, and a duty to provide preventative services to maintain people's health.

Central to the Care Act is the idea of personalisation, looking at what the individual needs and how they can best be cared for. The Act provides and legislates for Personal Budgets, giving people the power to spend money on tailored care that suits their individual needs.

One of the biggest concerns people have is how they will pay for their care. The Care Act introduces a cap on care of £72,000 (on eligible costs) and once that cap is reached the state will pay those eligible costs. Every local authority will be required to offer a deferred payment scheme, meaning no one should be forced to sell their home during their lifetime in order to pay for their residential care.

Local Authorities are required to provide more choice and better information advice and guidance to help everyone understand what support they'll need to help them plan for the future.

The Children and Families Act 2014 has also introduced some significant changes for young adults with learning difficulties. The transition stage for young people aged 13 to 25 is seen as an important time for children, young people and their families. At that time young people and their families are thinking about the future and considering their options, including how those with learning disabilities can manage their own lives and reduce dependency on health and social care services in the future. This will be achieved by:

- Replacing Special Educational Needs (SEN) statements and separate learning difficulty assessments (for older children) with a single, simpler birth to 25 years assessment process and Education, Health and Care (EHC) plan from 2014. Parents with the plans will also have the right to a personal budget for their support.

- Providing statutory protections comparable to those currently associated with a statement of SEN to up to 25-years-old in further education

The Better Care Fund was announced in June 2013 and introduces a pooled budget of £3.8 billion for health and social care services, with the aim of improving outcomes for the public and providing better value for money. The budget for health and social care services, shared between the NHS and local authorities, aims to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will make a further £200 million available in 2014-15 to accelerate this transformation.

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2. **The local picture – Our services to you**

Improving collaboration and integration of health and social care has been a key objective for Southend's partners for some time. Our focus is very much on personalised care. By giving people control over their lives, through the ability to decide how their support needs are met, we allow them to gain independence and exercise as much real decision making as possible. Evidence shows outcomes are improved when people have been actively involved in decisions about their care, we know that individuals are often better equipped than the public sector to use resources in creative ways to achieve results.

A major theme within social care is keeping people as independent as possible through **independence, choice and control**. This means supporting people safely and appropriately in the community, and having the fewest number of people in permanent residential placements as possible. As such we are looking to give as many people as possible as much choice and control as possible. It is also important to us that our professional colleagues across a range of services and agencies can make quick and appropriate referrals.

We have developed a customer journey which aims to support people to help themselves, provide a quick and measured response to people who need some limited support and offer support planning and review to those people who have longer term needs. We work closely with our colleagues in the health service to do this. The key elements of our customer journey are described below.

Our Access team offer advice, information and guidance to carers and people who may need support. They can also offer advice and information to professionals and third parties calling on behalf of a carer or someone who needs support.

The SPOR (Single Point of Referral) team is a reablement team that helps GPs and others to ensure the focus of all health and social care agencies is on the needs of the individual older person.

Reablement is about helping people to recover, or sustain, their independence, reducing unnecessary admissions to hospital and supporting discharges from hospital, including reducing delayed hospital discharges.

Our Locality and review teams work with people who have longer term needs. They carry out assessments assist with support planning and undertake regular reviews for people being supported at home or in care homes.

Social workers based in Southend Hospital assess and offer support to people being discharged from hospital.

Some of the ways in which we support our residents to be as independent as possible are through **Personal Budgets**; these are made up of Direct Payments, and Self-Directed Support.

Self-Directed Support means that following a social care assessment to find out about a resident's eligible care needs, they can be given a Personal Budget to meet their care needs and improve the quality of their life.

A Personal Budget is designed to give an individual choice and control over their social care support and the way it is provided. **BOX QUOTE**“In 2013/14 the number of people with self-directed support receiving a personal budget rose by 21%”

The money can be used to:

- Get support from a personal assistant (a relative in some circumstances, but not a relative they live with).
- Go to work, college or a community group (for example - learning disability client group).
- Buy something to help keep them healthy, safe and independent (for example, stand-alone Telecare equipment).

The money can be paid:

- As a monthly Direct Payment to the individual.
- To a nominated person to look after the money for the individual.
- As a Direct Payment to a Trust - payments are made to a group of people who manage the money on behalf of the individual. This group is called a Trust and would usually be a small group of reliable people like close friends and family members.
- As a Council Managed Personal Budget – we can hold the personal budget and organise support on behalf of the individual.

The aim of the **Supporting People** programme is to commission high quality services geared towards helping people to establish and maintain a secure tenancy and live as independently as possible. They commission services for:

- older people,
- people with learning disabilities,
- mental health services,
- homeless night shelters,
- domestic abuse service,
- offender and substance misuse services,
- people with physical and sensory impairments

Housing Related Support (HRS) services play a significant role in Southend, assisting some of the most vulnerable residents to live independent, healthy lives. HRS is funded and regulated by the Supporting People Team and reports into the Health and Wellbeing Board. It can be provided via accommodation-based services or via floating (visiting) support to an individuals' own home. HRS has a broad role and supports a diverse set of client groups, it:

- plays a preventative role, helping avoid unnecessary admission to hospital or residential care settings as well as preventing homelessness, crime and other factors which will affect someone's health or wellbeing
- enables people to gain skills that help with daily living: including cooking, healthy eating, managing health conditions, benefits, budgeting and tenancy management, and enjoying life as a member of the community e.g. accessing leisure, education, training and employment
- is available for a range of client groups, including people with mental health issues, learning disabilities, physical and/or sensory disabilities, pregnant teenagers, teenage mothers, domestic abuse victims, young people, people who are homeless, ex-offenders, and older people in sheltered housing
- is, where possible, a route to fully independent living rather than a home for life. There are a number of ways to find accommodation for those who are ready to move on from supported housing

BOX QUOTE “we are currently supporting over 3000 vulnerable people in Southend to live independent, safe and healthy lives”

All services are listed on the Southend Help and Information Point (SHIP) webpages - www.southendinfopoint.org.

The Adaptations Team delivers their service through the guidance of the new Policy for Adaptations and Accessible Housing – 2014.

Adaptations are split into two categories – minor and major. These distinctions are based on the nature of the work required to implement the adaptation, rather than the impact the adaptation will have on the individual concerned. Both minor and major adaptation work can impact significantly on an individual's quality of life.

Minor adaptations (typically under £1000) include ramps, handrails, grab rails and lever taps. Major adaptations (typically over £1000) require more extensive and complex access work and include the installation of stair lifts and showers, and bathroom and kitchen conversions.

The Adaptations Team provides a link between the needs of people with physical difficulties and the housing stock we manage. They help support tenants living in the 6,200 social housing properties in Southend. The overall aim is to enable tenants to remain in their home for as long as it is safe and reasonable to do so.

“Thank you for helping me with my new home and shower”

Adapted home tenant

BOX QUOTE “ 56 people were helped to access previously adapted social housing, saving approximately £319,000 in 2013/14”

Information on all services can be found on the SHIP site www.southendinfopoint.org or by contacting Adult Social Care on 01702 215008.

More information about Southend Supporting People can be found at www.southend.gov.uk/supportingpeople

A range of **Dementia Support Services** are commissioned from the Alzheimer’s Society which provides information, advocacy, peer support and dementia support to people living with dementia and their carers in Southend. These include:

Memory Clinic at Southend Hospital: Runs 4 days a week and is facilitated by a Dementia Support Worker. Clients meet the consultant psychiatrist for the elderly and are given the option of speaking to the Alzheimer’s Society Dementia Support Worker for support, advice and information.

Memory Clinic at Harlands: Clients meet with the Consultant or Dementia Nurses and are given the option of speaking to the Alzheimer’s Society Dementia Support Worker for support, advice and information.

Dementia Cafés at Leigh on Sea, Westcliff-on-Sea, Shoeburyness: Providing an informal meeting place for people with dementia and their carers to come together where they can meet others in a similar situation and receive information and support from staff and visiting professionals. Guest speakers will attend and educational information is available.

There is a wide range of activities and groups on offer including support for carers of people with dementia, Singing for the Brain sessions, Motivational Men’s Groups, information and awareness raising events and peer support.

Tel: 01702 345156. www.alzheimers.org.uk Email: southend@alzheimers.org.uk

We commission a range of services for **adults with Mental Health** needs and their carers to enable people to access advice, guidance, support and advocacy and maximise their independence and choice.

Community Links (Richmond Fellowship) provides individually tailored, one-to-one, and on-going support for individuals to engage in and sustain mainstream activities, in ordinary community settings, alongside other members of the community who are not service users.

To contact either telephone 01702 431177 or visit the website below:

<http://www.richmondfellowship.org.uk/services/rf-southend-southend-community-links>

Peer Support (Mind) The service provides training and support to people with mental health difficulties to become Peer Support Volunteers. Peer volunteers assist other service users to develop their recovery plans and to support them in managing their own care and support arrangements.

To contact either telephone 01702 601123 or Email: office@SEandCEssexMind.org.uk

<http://www.southendmind.org.uk/>

Mental Health Supported Accommodation (Richmond Fellowship) is both shared and self-contained accommodation which is designed to help people move through to more independent living during their recovery journey. People with mental health issues can manage their tenancy, budget successfully, keep safe, learn new life skills to maximise independence, manage their physical health and explore future options, including training, work and learning.

To contact either telephone 01702 352192 or visit the website below:

<http://www.richmondfellowship.org.uk/services/rf-southend-century-house>

Carers of People with Mental Health conditions (Trustlinks) provides a range of services for carers of people with mental health issues including information and advice, counselling and a range of groups to participate in.

To contact either telephone 01702 213134 or Email: office@trustlinks.org

www.trustlinks.org

Mental Health Advocacy (Together) provides independent advocacy for adults with mental health issues which promotes independence and self-advocacy for people who use the service.

To contact either telephone 01702 349191 or visit:

<http://www.together-uk.org/our-mental-health-services/advocacy/>

Queensway Resource Therapy Centre offers structured support groups on different mental health issues—depression, stress, anxiety and many others. There are supported social groups for people who find it difficult to cope in regular community activities. The aim of the service is that people who access the service are able to access mainstream services and enable their own recovery journey.

<http://www.sept.nhs.uk/Mental-Health/Adult-Mental-Health-Services/Resource-Therapy.aspx>

The **Southend Learning Disability Partnership Board** makes decisions about support for people with learning disabilities in Southend. There are people with learning disabilities, Carers, Council Staff and support groups on the Board.

The Board aims to enable people with a learning disability to have more choice and control about their health and relationships.

Other aims of the Board include:

- looking at ways of supporting people with learning disabilities when going to see a health professional, doctor or when going to hospital
- develop the role of volunteers in supporting people with a learning disability
- holding training sessions for hospital staff about the needs of people with a learning disability
- Encouraging advocacy; in which someone is trained to support people with Learning Disabilities to make their views and choices known
- Supporting, Helping, Informing Everyone with Learning Disabilities in Southend (SHIELDS) are a group of people who have learning disabilities who speak up on behalf of other people with learning disabilities
- “Making It Work” is a scheme that helps people with learning disabilities find jobs. This involves training in work skills, helping an employee to join the workforce, help with communication between employee and work colleagues and providing a Job Coach.

Learning disabilities nurses – We have continued to work in partnership with community nurses and occupational therapists to provide specialised support for people with Learning Disabilities and their carers.

Advocacy – Southend Borough Council commissions an advocacy service to ensure that older people or those with physical or learning disabilities or mental health needs can access independent assistance to ensure that their interests and wishes are represented. Information on how to find advocacy support can be obtained through social workers or through our information website: www.southendinfopoint.org.

Supporting Carers A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Carers are a vital part of the ambition to support people to stay in the community. We support around 1,090 carers in their caring role by providing specific services directly or through the use of a carers budget. The **Carers Forum** provides counselling, advice, online support and group meetings and a helpline for carers.

The **Carers Emergency Respite Scheme (CERS)** is provided by Ashley Care and funded by Southend-on-Sea Borough Council to help carers in their caring role and to have a life of their own. It provides reassurance to those that care for a partner, family, friend or

neighbour. Many carers worry about what would happen if they are delayed while away from home, or were suddenly taken ill. Those registered with the service create an emergency plan showing what should happen in an emergency, including who should be informed. Trained and experienced care workers provide support so that the cared-for person can remain safe in their own home. This service is provided free for 48 hours (72 hours on a bank holiday weekend). Ashley Care will also arrange for additional care if the carer is not able to return after the free period.

In addition the following services are commissioned to support carers:

Alzheimer's Society

Provide support and befriending services to help partners and families cope with the demands of caring for someone with any form of dementia.

This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

Tel: 01702 345156 www.alzheimers.org.uk

Carers Breakthrough

Offers a range of support for carers of those experiencing mental health problems, including one-to-one listening service, therapeutic counselling, an OCD group and relaxation classes.

This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

Tel: 01702 213134 www.trustlinks.webs.com/breakthrough.htm

Southend Carers Forum

Provide help, support and advice to Carers with a range of support groups a helpline, counselling, form filling service and drop-in centre.

This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

Tel: 01702 393933

Flexi Breaks

What is available: Up to 30 hours of sitting service per financial year (subject to change).

Flexi Breaks must be at least 2 hours and can be taken over a period of time.

Eligibility: Available to those who care for an adult who lives in Southend. There is no need to go through Southend-on-Sea Borough Council to use this service.

Cost: No charge to the carer or cared for. This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

How do I get the service? Please contact Carewatch on Tel: 01702 557007 Option 6 and they will arrange for someone to come and see you and the person you care for to make sure they can provide you with a break. If you need more support look further down at Prescribed Breaks and General Respite

Prescribed Breaks

What is available: One prescription for up to 30 hours of sitting service per financial year (subject to change). Prescribed Breaks must be at least 2 hours.

Eligibility: When a health professional can see your need for a break your GP, District Nurse or Community Psychiatric Nurse can authorise this for those who care for an adult who lives in Southend.

Cost: No charge to the carer or cared for.

This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

How do I get the service? Through your GP, District Nurse or Community Psychiatric Nurse. Then contact Carewatch as for Flexi breaks above.

Hospice@Home Respite

What is available: Trained and experienced care workers who can support and provide respite for those caring for people at the end of their life.

Eligibility: Available to those caring for someone at end of life who lives in Southend.

Cost: No charge to the carer or cared for. This service is financially supported by Southend-on-Sea Borough Council to help carers carry on caring.

How do I get the service? Referral via Community/District Nurse or self-referral. Contact SPDNS Nursecare (the Hospice@Home provider) on Tel: 01702 339365.

3. Monitoring and accountability

Healthwatch,

Healthwatch England is the new national consumer champion for people who use health and social care services. It was set up as part of the changes to the way the NHS and social care services are run. It represents the views of the public to improve services nationally. Each local Healthwatch is independent of the NHS and Local authorities.

Healthwatch Southend gives a voice to all the people of Southend-on-Sea; adults and children. It offers a range of services to the people of Southend, including:

- advocacy support for people who wish to raise a concern or complaint about NHS services and who would like help to do so;
- information and advice about health and social care services in the area;
- 'enter and view' of health and social care services

If repeated concerns are received, Healthwatch can influence both the organisations delivering health and social care services and those that pay for them. Healthwatch researches trends in poor service and reports their findings to Healthwatch England to influence the Department of Health and NHS England. At a local level they report research findings to the people who make the decisions about health and social care, such as the NHS Clinical Commissioning Group (CCG), hospital, and Southend Borough Council.

There is now a **Health and Wellbeing Board** in each council to oversee the aim of improving the overall health and wellbeing of the population, and reducing health inequalities. The Board became legally responsible in April 2013.

The Board produced the **Joint Health and Wellbeing Strategy 2012/15**, which outlines the key ambitions for promoting health and wellbeing in the Borough. These are;

- A positive start in life
- Promoting healthy lifestyles
- Improving mental wellbeing
- A safer population
- Living independently
- Active healthy ageing
- Protecting health
- Housing
- Maximising opportunity

These have been identified by the Board as areas where focussed work will result in meaningful and measurable improvements in health and wellbeing.

Identification of these factors is only possible when the Board understands the health and social care needs of the residents of Southend. This is done by undertaking a Joint

Strategic Needs Assessment (JSNA). This is a statutory requirement for all CCG's, local authorities and Public Health. It contains evidence about the needs of the population, and is used to identify the priorities to be included in the Joint Health & Wellbeing Strategy.

Commentary from Healthwatch Southend

“Commissioned by Southend Borough Council with Department of Health funding as a health and social care consumer champion Healthwatch Southend came into being on 1 April 2013. In addition to representing the views of the public to influence the design, commissioning and delivery of services, we also provide information and advice about any aspect of health and social care, and offer advocacy support for people who need help to raise complaints or concerns about NHS services. Further information can be found at www.healthwatchsouthend.co.uk

As a statutory partner on the Health and Wellbeing Board, and co-opted member of the People Scrutiny Committee, we have direct access to decision makers at the very highest local level. The welcome we received was warm and open, with representatives from across the health and social care economy offering their support and interest. Our input is valued and our involvement sought at many levels with public engagement seen as a vital aspect of decision making processes in the borough.

We were especially impressed with the council's consultation around changes to learning disability services locally. The thought and effort that went into giving the affected people a chance to speak up for themselves showed not only commitment to listening, but genuine understanding and caring attitude.

Southend is unusual if not unique in its ability to respond to local challenges at pace and innovate where there is need, making it the perfect site for the integration pioneer pilot. In this work, as in other major changes such as the new Care Act, we see our role as seeking to ensure the public's views are not lost or forgotten through haste and the pace of change, whilst also supporting people to navigate the shifting landscape.

Through the work we have done we have built up some excellent, productive relationships. We look forward to even greater involvement in the coming year, endeavouring to always be positive in our approach and actions. We will seek to grow our number and range of supporters so that the public voice can be heard louder than ever. Anyone can contact us to join our supporter list, and 'turn up the volume'.

Expect us to challenge when we hear of concerns, but to always aim to be a part of the solution.”

Jonathan Keay
Healthwatch manager

4. Integrated Pioneer Pilot and our Partnership approach

Southend has a well-established culture of partnership working amongst health, social care, clinical commissioners, Southend Hospital and a range of local public, private and voluntary sector partners. This has enabled Southend Borough Council and its partners to achieve **integrated health and social care pioneer status**. Just 14 pioneer authorities across the country have been chosen to showcase innovative ways of creating change in the health service in order to bring services closer together. This will mean better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or in care homes.

The ambitions of local partner organisations are brought together in Southend's Joint Health and Wellbeing Strategy. The strategy, and resulting action plan, is owned and driven forward by the Health and Wellbeing Board. Within the strategy all partners are committed to:

- listen to the voice of people who use our services
- share a vision about the priorities for local services
- commit to continuing development of integrated work
- reflect the Joint Strategic Needs Assessment (JSNA) for the population of Southend
- contribute to the wider vision for communities shared with partner commissioners
- shape other local commissioning plans to enable integration of services and pathways
- integrate planning so that local resources are used to better effect.

There are many examples of our integrated approach that our residents may already have seen as well as many behind the scenes changes that make providing services easier:

- Well established Multi-Disciplinary Teams
- We were first in the country to develop an integrated information system (Caretrak) and are pioneering high quality data management.
- The way we manage hospital discharge is considered national best practice.
- Innovative schemes such as Admission Avoidance Cars, a specially adapted car staffed by an emergency care practitioner able to provide treatment for a wide range of conditions in the patient's home, preventing hospital attendance.
- We are a National Pathfinder for Patient and Public Involvement.

5. Our Performance in 2013 - 2014

Our performance and the outcomes we achieve for our residents is measured and reported through a variety of local and national frameworks. With our health partners, Southend Borough Council (including the Public Health function of the council) is working to achieve the outcomes of the following national outcomes frameworks:

- The Adult Social Care Framework
- The Public Health Framework
- The NHS Outcome Framework

These outcomes frameworks offer a way of comparing the performance of health and local authorities in different locations across the United Kingdom.

The Adult Social Care Outcomes Framework seeks to achieve the following:

1. Enhancing the quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

Overall we supported fewer people than in previous years; a major factor in this is the impact of reablement, that is, intensively supporting people referred to us in order that they regain any lost independence and therefore require smaller care packages, or no support at all.

We are supporting slightly more adults (18-64) in both community and permanent residential settings. However, at the same time we are supporting fewer older people (65+) in these settings. There is an overall net reduction in these settings.

The numbers of people assessed remains fairly constant and has been between 2050 and 2350 over many years.

We are supporting around 1000 people in their role as carers, with an increase of 89 (or 9%) in 13/14 compared to 12/13. However, we are supporting more carers with some kind of tangible support, and fewer with advice and information only.

We have seen an increase in the numbers and proportion of people receiving direct payments. This is what is expected as we continue to promote direct payments as a means of people gaining real control over their lives and being able to exercise choice regarding how their needs are met and by whom.

Despite a small drop in performance our performance on reviewing existing service users remains very high when compared to the national average of around 66%.

	2011/12	2012/13	2013/14
NUMBER OF SERVICE USERS HELPED	5740	5640	5514
OF WHICH;			
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (18-64)	1210	1231	1282
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (65+)	3363	3255	3126
NUMBER OF PEOPLE IN RESIDENTIAL CARE (18- 64)	159	135	148
NUMBER OF PEOPLE IN RESIDENTIAL CARE (65+)	986	1003	939
NUMBER OF PEOPLE IN NURSING CARE (18-64)	1	0	8
NUMBER OF PEOPLE IN NURSING CARE (65+)	27	16	11
NUMBER OF PEOPLE ASSESSED (18-64)	393	493	542
NUMBER OF PEOPLE ASSESSED (65+)	1710	1813	1714
TOTAL ASSESSMENTS	2103	2306	2256
TOTAL CARERS SUPPORTED WITH SERVICES and ADVICE	959	1005	1094
NUMBER OF SERVICE USERS RECEIVING DIRECT PAYMENTS	517	587	712
NUMBER OF CARERS RECEIVING DIRECT PAYMENTS	119	90	83
PERCENTAGE OF CLIENTS AND CARERS RECEIVING DIRECT PAYMENTS	11.30%	13.08%	16.15%
NUMBER OF CLIENTS REVIEWED	4762	4688	4536
PERCENTAGE OF CLIENTS REVIEWED	82.96%	83.12%	82.26%

Independence, choice and control

In total 1,109 people who were referred to the reablement service and were assessed and offered intensive support to regain any lost independence and therefore require smaller care packages, or no support at all.

In 2013/14 we successfully moved 9 people from long-term residential placements into the community compared to 2012/13 when we moved 14 people.

Throughout 2013/14 we have supported 1,094 people in their role as carers, with an increase of 89 (or 9%) in 2013/14 compared to 2012/13. However, we are supporting more carers with some kind of tangible support, and fewer with advice and information only.

The total number of people receiving Self Directed Support in 2013/14 was 4,111, of which 3,591 were service users and 520 were carers. Among those receiving Self Directed Support, we have seen an increase of 21%, from 587 in 2012/13, to 712 in 2013/14 of people receiving direct payments. This is what is expected as we continue to promote direct payments as a means of people gaining real control over their lives and being able to exercise choice regarding how their needs are met and by whom.

Supporting People commissioned services

The following are examples of some of the key areas of activity funded through the Supporting People Programme:

- Approximately 85% of individuals in accommodation based Learning Disability services are involved in education, training and/or employment and the vast majority have been supported to gain new skills and to participate in service decision making.
- In mental health services the figures recorded indicate that there has only been one unplanned admission into acute psychiatric hospital during 2013/14 and 10 people moved on into independent living with or without floating support (18.5% of service capacity).
- Within services for older people with support needs such as sheltered accommodation, 1,286 service users from a total of 1,219 funded units of accommodation received support to maintain independence. 47 service users were admitted to residential care during the year. However, 226 service users were in receipt of a package of care to enable them to continue to live independently in sheltered accommodation.
- 244 individuals were supported to move on from the Homelessness Night Shelter into more independent forms of accommodation.
- 306 referrals were received for Domestic Abuse Floating Support. All floating support referrals were in receipt of a service within 24 hours of the service provider receiving a referral for support. 45 placements within Domestic Abuse services (Women's Refuge) were supported back into independent living, away from the perpetrator. Only 3 women returned to their perpetrator, maintaining the reduction from 6 in 2011/12. 97 referrals were received for the Domestic Abuse refuge, 71 of which were accepted. 51 clients also commenced the Domestic Abuse Freedom Programme aimed to address violent relationship behaviours.

Ensuring that people move from short term accommodation to a more permanent residence in a planned manner is vital. Information on the numbers of people who have moved out of short term accommodation services, and of those how many moved on in a planned way in 2013/14 demonstrates a total of 83% of departures were recorded as planned, which is the same as for 2012/13 and also above the benchmark figure of 80%.

Service Provision	Capacity	Planned Moves	Total Moves	% Planned Departures
Domestic Abuse Refuge	22	61	63	96%
Ex-Offenders	11	6	11	75%
Mental Health	54	10	10	100%
Single Homeless	152	236	244	70%
Teenage Parents	16	22	22	100%
Young Offenders	3	5	10	50%
Young People	30	19	19	100%
TOTAL / AVERAGE %	288	359	379	83%

Long Term Services– Support in Maintaining Independence

During 2013/14 648 service users were supported to establish or maintain independence through long term and floating support services. Overall the average time that support services were provided was 7.5 months.

The type of support provided is summarised below:

Outcomes Monitoring		
The number of service users who were:	Annual Total	Annual %
Supported to regain or develop skills to manage their finances, benefits or debts	259	78.72%
Supported to enter education, training or employment (inc. voluntary work and work experience)	108	32.83%
Supported to engage with relevant services and support networks, including community resources and facilities, peer support and self-help groups	250	75.99%
Supported to plan ahead and to manage risks as they wish / in an appropriate way	234	71.12%
Supported to improve and / or maintain their physical, mental and emotional health	240	72.95%

Stability of Accommodation

Maintaining the stability of accommodation, whether in their own home or with their family, helps people with learning disabilities maintain their independence. During 2013/14 81.9% of people known to have a learning disability in Southend were in stable accommodation. The average across England was 74.8% and in similar local authorities is 80.7%.

Telecare case study:

We have used technology innovatively to help support people with learning disabilities and their carers to have greater independence. Norvick House is an 8 bed supported living scheme that enables people to live independently with a view to moving to their own council accommodation. Our social workers selectively put in Telecare, which includes radio pull cords and smoke alarms, bed occupancy monitors, door opening monitors and flood monitors. The installation of the Telecare software has enabled us to withdraw the 'sleep-in' facility that was at the house and provide the residents with greater independence.

Performance of commissioned Services

Carers Emergency Respite Service: In 2013/14 154 care worker hours were provided across 50 breaks. There were 620 carers registered and the scheme had 620 customer contacts throughout the year.

Flexi and prescribed breaks: During 2013/14 3,509 hours of support were provided across 1,151 breaks.

Carers breakthrough: 153 carers made contact with the service during 2013/14. 75 carers had 1:1 counselling, 46 yoga and relaxation classes were held, 17 support group sessions were run and 38 self-help books were loaned.

Hospice @ Home: During the year, 90 carers had 2,469 hours of support across 800 breaks.

Alzheimer's Society: Last year 118 1:1 sessions were run and 75 group meetings were held.

Housing related support services are routinely monitored against national quality standards to deliver high quality support and accommodation. The programme currently delivers accommodation based support to over 3,000 people in the borough of Southend across a range of tenures, delivering advice and information services to over 2,000 people via a Home Improvement Agency; handy person services as well as a duty desk for support which is now provided though Family Mosaic Floating Support provision. In addition there is a drop-in facility twice a week at St Johns Church (Tuesdays) and the Balmoral Centre (Fridays).

The Adaptations Team

Of the current social housing properties 18% (1,120) have major adaptations (at least an adapted shower) and 22% (1,364) have minor or major adaptations.

We have a policy of recycling existing adapted properties when they become available. This process meets the needs of disabled residents where their home cannot be adapted or their circumstances now mean they need adapted accommodation. This is a more efficient way of using the adapted housing stock. During 2013/14, 56 people were best matched with suitable properties - allowing them to live more independently. This helped the council avoid costs leading to savings of approximately £319,000.

Financial Expenditure

The table below shows expenditure for 2012/13, 2013/14 and planned expenditure for 2014/15.

	2012/13	2013/14	2014/15
	Actual	Actual	Budget
Service			
Drug & Alcohol Action Team	29,487	27,550	192,150
Older People	21,417,115	16,698,991	19,405,300
Learning Difficulties	14,572,098	15,322,017	15,186,900
Physical or Sensory Impairment	4,410,232	4,075,033	3,953,950
Mental Health Needs	4,051,774	3,065,097	2,789,400
Other Community Services	411,103	456,811	186,950
Service, Strategy & Regulation	264,104	308,873	315,650
	41,156,003	42,954,370	42,030,300

5. Safeguarding – ‘keeping our vulnerable residents safe from harm’

The work of the **Southend-on-Sea Safeguarding Vulnerable Adults Board (SVAB)** supports adults who are defined as ‘vulnerable’. 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 SVAB has ensured that partner agency policies, strategies and corporate plans reflect local and national safeguarding vulnerable adults’ priorities.

The SVAB is made up of a wide range of public sector organisations both from the statutory and voluntary sectors. The purpose of the Board is to ensure that organisations from around the Borough work together in partnership to help reduce the risks of abuse and prevent adults being subject to abuse.

Members of the SVAB commit to supporting vulnerable adults to enjoy a full life, free from abuse. All adults in Southend should be able to make informed choices without fear or intimidation.

The SVAB also leads work in the community aimed at raising awareness about abuse, preventing abuse and supporting those who have been harmed by abuse.

Each partner agency commits, at Chief Executive level, to support the work of the SVAB, by making sure the right people are able to do the work of the SVAB and by contributing financial and other resources.

In 2013/14 a number of key partner agencies have undergone some degree of restructuring. The SVAB has ensured that new and restructured partner agencies have remained committed to supporting the safeguarding of vulnerable adults.

The Care Act 2014 has legislated for Safeguarding Vulnerable Adults Boards to become statutory bodies from April 2015. Southend SVAB is well placed for the implementation of this legislation having had a Board in place since 2002, and a business support team since 2013.

The Care Act requires SVABs to publish a ‘Strategic Plan’ or Business Plan every financial year laying out the key priorities and stating how these things will happen. The Care Act also requires SVABs to publish an Annual Report each year providing an assessment of the effectiveness of safeguarding vulnerable adults in Southend, progress on making sure the SVAB’s Strategic Plan happens and ensuring that we learn from serious, and other case reviews.

An Annual Report has been produced for the Board for the period 2013/14 and a Strategic Plan for the period 2014 to 2017 has been agreed. The SVAB will publish an interim Annual Report in December 2014 and from then on a full Annual Report in December each year. Together with the LSCB Annual Report, the Board will review how well children and vulnerable adults are protected from abuse. This report will be produced by the SVAB and LSCB in December each year.

Local Safeguarding Children Board (LSCB) The Safeguarding Vulnerable Adults Board continues to have strong links with the LSCB. Both Boards have the same independent chair and a shared business support team. Joint Training, Community and E Safety sub groups enhance the integration of the safeguarding adults and children activity of partners. The SVAB and LSCB are represented on each Board and continue work to develop a joint safeguarding commissioning strategy in 2014/15.

SUMMARY OF ACTIVITY IN 2013/14

SVAB Quality, Monitoring and Audit Sub Group

The sub group has developed the SVAB's Learning and Improvement Framework. The sub group is working together to identify what information we need to gather to help us ensure that any safeguarding matter is managed in a consistent fashion. A multi-agency audit programme is also in development. Southend, Essex and Thurrock (SET) Safeguarding Adults Standards have been drafted to enable partner agencies to provide an annual self-assessment of how well they ensure that correct support is provided to vulnerable adults. The sub group also monitor how well partners are applying what they have learned from serious case reviews.

SVAB & LSCB Training Sub Group

A joint SVAB and LSCB training strategy has been developed. This strategy ensures that all safeguarding training delivered across Southend is of a high quality. This strategy came into effect in 2014 and all future mandatory safeguarding training will be commissioned against this strategy. The strategy can be found on the Safeguarding Vulnerable Adults Board web page at www.southend.gov.uk

SVAB & LSCB Community Sub Group

This joint SVAB and LSCB sub group has recently been formed and is developing its work plan to include awareness raising activity within the community to reduce deaths and injuries to children and vulnerable adults from road traffic collisions; identify and take action where there is risk of sexual abuse; and public campaigns to raise awareness and reporting of abuse by the community.

SVAB & LSCB E Safety Sub Group

This joint SVAB and LSCB sub group will be focusing on raising awareness with professionals, vulnerable adults, and children, to support them to stay safe online.

ASK SAL

The Ask SAL helpline is a partnership project between the Southend, Essex and Thurrock Safeguarding Adults Boards and Essex County Council. Its main aim is to provide advice, information and a referral pathway for service users, families or members of the public. Any person with knowledge of, or suspicion that, a vulnerable adult may be at risk of abuse or is being abused must report their concerns. Ask SAL operates Monday through Friday from 9-5 p.m. and can be contacted on Tel: 08452 66 66 63.

Feedback

In the course of carrying out safeguarding investigations, Southend Borough Council seeks the views of people who have received support. The Outcome Questionnaire is a face to face conversation with the person or their family member to gauge their views on the process. The questionnaire is offered to all service users unless there are issues of mental capacity or risk of escalating further harm. The feedback from the questionnaire is then used to further improve services and inform training plans to ensure that staff provide quality interventions that support dignity and improve quality of life.

Preventable Fire Safety Deaths

Essex Fire and Rescue Services, the Southend-on-Sea SVAB and Southend Borough Council launched the new service, 'Preventable Fire Safety Deaths'

In 2013, Southend Borough Council and Essex Fire and Rescue Services launched a pilot scheme to increase awareness of fire risks among social workers, domiciliary and community support providers, care home providers and voluntary agencies to enable them to identify 'at risk' adults, for example, people who smoke and have mobility problems. Partner agencies were then encouraged to make referrals to the Fire and Rescue service for free home fire safety checks to put in practical solutions to minimise their risk of being harmed in a fire. The scheme has now been rolled out throughout Essex and is available to cover adults aged 18 and over.

Infection Control, Norovirus and Influenza

The Council's Public Health, Safeguarding and Adult Contracts Team joined forces in October 2013 to host an event entitled: *Infection Control: prevention and control of healthcare-associated infections as well as Flu & Norovirus-Season Precautions*. Domiciliary and residential care providers attended the conference to learn about what they can do to prevent or minimise the risk of vulnerable people becoming unwell because of winter health conditions such as flu. The SVAB, and the Department for People and the Department for Public Health will continue to work to identify joint initiatives that improve the opportunities for people to live well, free from the risk of harm.

Dental Care

The Council is working collaboratively with the University of Essex and Southend Clinical Commissioning Group to look at whether current training provision is adequate. It aims to provide carers and managers with the opportunity to refresh or gain new skills to support people to maintain their health through effective interventions to maintain or improve oral hygiene.

SAFEGUARDING PERFORMANCE DATA

Safeguarding Investigations

Year	Referrals	People
2012/13	682	612
2013/14	685	576

In 2013/14, the Department of Health has changed what needs to be recorded and reported to them about safeguarding activity. Previously, we reported on the number of referrals whereas since 2013, we report on the number of people for whom a safeguarding referral is made. In reporting in this way there appears to be a decline in activity. However the numbers do not reflect repeat referrals for named individuals. 682 referrals received were for 612 individuals in 2012/13.

For the financial year 2014/15, Southend, Essex and Thurrock (SET) Safeguarding Vulnerable Adults Boards have adopted guidelines that will ensure that the information captured illustrates the numbers of "alerts raised". This is when someone raises a safeguarding concern about a vulnerable adult.

7. Improving Services through Consultation and Involvement

Surveys

Local authorities have a statutory duty to carry out a sample survey of all users of adult social care services. **Provisional** 2013-14 results can now be compared to last year's 2012-13 survey as well as the national average. Some examples of survey results include:

- At 61.1% the overall satisfaction of people who use our services has slipped marginally since last year (61.9%), and is slightly lower than the England average
- When it comes to finding information & advice about support, services or benefits, Southend continues to perform well. In 2012-13 75.3% found this either 'very' or 'fairly' easy. We have made big improvements again this year with this now at 78.6%, well above the England average of 74.7%
- At 73.8% the proportion of people who said they had either 'as much as they want' or 'adequate' control over their daily life slipped slightly since last year (77.3%) and remains just below the England average;
- At 69.1% the proportion of people that feel 'as safe as they want' has remained similar to last year, and still well above the England average of 66.0%;
- The proportion of people who say that their services helped them 'feel safe and secure' has been our biggest improvement compared to last year (75.6% last year and 79.4% this year), a 5% rise this year.

The overall improvement across the majority of areas within the survey is partly due to actions taken following 2011-12 results. We will continue to use this information to identify further areas for improvement. For example following the 2011-12 results we worked with local partners to produce a local safety leaflet outlining how residents can stay safe in the community and this has seen an improvement in results.

Using survey results

We will continue to use this information to improve services and in particular we will:

- Formally raise concerns reported with homecare and residential providers via our Contracts Team. This will include, where possible, actions for homecare providers as part of their formal contract monitoring process. Last year, providers received feedback relating to communication and late visits;
- Explore the outcomes and satisfaction of clients receiving direct payments versus the satisfaction of clients with traditional home care services. We will continue to communicate the benefits of direct payments and the additional control this gives service users;

- Present findings to social care management teams. Last year, social workers were given feedback about communication skills and how they could improve during assessment and review visits.

Carers' survey

From 2012-13 local authorities have had a statutory duty to carry out a survey of carers. The first year the survey took place was 2012-13 and results compared to the England Average gave us an indication of areas we could work on improving over the coming year:

Some examples of 2012-13 carers' survey results include:

- 43.8% of carers were either 'extremely' or 'very' satisfied with the support services they and the person they care for received from social services in the last 12 months. This result was just above the England average of 42.7%;
- Just under 70% of carers said they found information and advice about support, services or benefits 'very' or 'fairly' easy to find and again we are performing just above the England average of 69.0%;
- 75.0% of carers said they either 'always' or 'usually' felt involved or consulted 'as much as they wanted to be'. Our performance for this indicator exceeded the England average of 72.8%.

Results from the carer survey are also fed back to social workers as well as the local authority and health carer commissioners so service user feedback can be incorporated into strategies and commissioning of local services.

The next survey of carers is due to take place in 2014-15.

8. Plans for 2015/16

In 2015/16 we remain committed to providing excellent social care services to people aged 18 and over in Southend. We recognise that our resources are reducing and we will need to adapt and change the way we provide services so that we can continue to support the most vulnerable. We will continue to develop our work with our health partners in the Clinical Commissioning Group, South Essex Partnership Trust and Southend Hospital University Foundation Trust. Over the coming eighteen months residents of Southend will see a difference in how health and social care support is delivered. There will be a much more joined up approach so that GPs, district nurses, social workers and community health staff are able to work together to provide a better service to individuals. Some of our key areas of work in the coming year are as follows:

- Further increasing the number of people using direct payments to arrange their support
- Increase reablement capacity to ensure that we continue to improve our ability to support older people to remain at home for longer after leaving hospital
- Develop further the Dementia Strategy
- Implement the Aspergers and Autism Strategy
- Further development of our Extra Care Housing
- Work towards the development of a new site for Viking our Day Service for people with Profound and Multiple learning Disabilities
- Implementation of the Care Act ensuring that our residents have increased access to information advice and guidance
- Implement the first GP hub pilot in order to provide better co-ordinated and integrated health and social care in partnership with Southend Clinical Commissioning Group.

Useful Contacts

Carers Emergency Respite Scheme (CERS)

CERS Co-ordinator
Ashley Care LLP
22 Pembury Road
Westcliff on Sea
Essex
SS0 8DS
Tel: 01702 348142

Southend-on-Sea Borough Council Adult Social Care

Tel: 01702 215008

Southend Health and Wellbeing Information Point

www.southendinfopoint.org
www.facebook.com/SHIPSouthend

Southend Hospital

Tel: 01702 435555
www.southend.nhs.uk

Citizen Advice Bureau

Tel: 0844 993 6370
www.southendcab.org.uk

South Essex Homes

Tel: 0800 833 160
www.southessexhomes.co.uk

Southend Mencap

Tel: 01702 341 250
www.savsmembers.org/southendmencap

Dial-a-ride Southend

Tel: 01702 527992
www.accessanyone.co.uk

Southend Association of Voluntary Services (SAVS)

Tel: 01702 356000
www.savs-southend.org

Ask SAL

Tel: 08452 66 66 63

www.asksal.org.uk

NHS South Essex

Tel: 01268 705000

www.see.nhs.uk

We welcome feedback. If you would like to comment on the Local Account, please contact the Department for People on Tel: 01702 215008 or E-mail council@southend.gov.uk. You can use these contact details to request a copy in an alternate format, such as audio, large print or a translated version.

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