

# Public Document Pack

## Southend-on-Sea Borough Council

Department for Corporate Services

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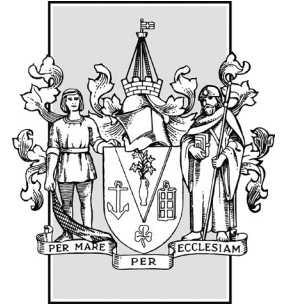
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### PEOPLE SCRUTINY COMMITTEE - TUESDAY, 11TH OCTOBER, 2016

Please find enclosed, for consideration at the next meeting of the People Scrutiny Committee taking place on Tuesday, 11th October, 2016, the following report(s) that were unavailable when the agenda was printed.

#### Agenda No    Item

14.    **A Local Account of Adult Social Care Services in Southend 2016-17 (Pages 1 - 46)**

Report of Corporate Director for People

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# Southend-on-Sea Borough Council

Report of Corporate Director for People  
to  
People Scrutiny Committee  
On

11<sup>th</sup> October 2016

Report prepared by: Jenni Naish, Planning & Engagement  
Manager

Agenda  
Item No.  
**14**

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**THIS IS A PRE-CABINET SCRUTINY ITEM**

**A Local Account of Adult Social Care Services in Southend 2015-16  
Department for People – Executive Councillor: Councillor Salter**

***A Part 1 Public Agenda Item***

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**1. Purpose of Report**

- 1.1 To present a draft of the Local Account of Adult Social Care services in 2015-16, including priorities and plans for 2016-17. This is the sixth year of producing an annual report of this sort.
- 1.2 The Local Account aims to provide information about the quality and value of the social care services to the users of services and local people. It is the Council's self assessment of how it provided services during 2015-16 together with plans for the future which contribute to the overall health and wellbeing of the local community.

**2. Recommendation**

- 2.1 Member's views are sought on the attached draft Local Account 2015-16**
- 2.2 That members note the draft Local Account as the Council's self assessment for these services**

**3. Background**

- 3.1 In the years leading up to 2010/11, an annual assessment of adult social care services was undertaken by the Regulator of adult social care services. The last annual assessment was carried out by the Care Quality commission (CQC) for the year 2009/10 where the Council was assessed as "performing well ... consistently delivering above the minimum requirements" and in two out of the seven areas assessed, achieving a rating of "excellent", the highest rating. This was the third year in succession in which adult social care services in Southend had improved.

3.2 Annual assessments by CQC have now ended. The Local Account is a self-assessment which summarises what Adult Social Services have done over the past year, how successful they have been delivered and what their future priorities are. The Adult Social Care Outcomes Framework (ASCOF) data for 2015-2016 is yet to be released but will be included when the draft Local Account is presented to Cabinet in November .

3.3 The intention of the Local Account is to promote transparency and enable local citizens to have a stronger voice in deciding how well services are doing and what Adult Social Care should be reporting on. The Local Account has now replaced the previous performance framework used to judge and rate our services by the national regulator, the Care Quality commission.

#### **4. Other Options**

4.1 No other options are presented

#### **5. Reasons for Recommendation**

5.1 The publication of the Local Account of adult social care services for 2015-16 ensures the continuity of information for the public about the performance of this service.

#### **6. Corporate Implications**

6.1 Contribution to Council's Vision & Corporate Priorities

HEALTHY – Continue to improve outcomes for vulnerable adults and older people

PROSPEROUS – Reduce inequalities and increase the life chances of people living in Southend.

EXCELLENT – Deliver strong, relevant and targeted services that meet the needs of our community.

6.2 Financial Implications

The cost of planning the production of future Local Accounts will be met within the existing resources for consultation on adult social care services. Any new costs arising from the Local Account for adult social care services for 2016-17 and future years will need to be considered as part of the relevant annual budget process for the Council.

6.3 Legal Implications

None. Although the production of a Local Account allows us to be transparent regarding our adult social care provision and allows us to be held to account.

6.4 People Implications

The Account demonstrates how increasingly our staff are working in a more integrated way with other public and voluntary organisations within Southend.

6.5 Property Implications

Not applicable

- 6.6 Consultation  
Partners and commissioned service providers were consulted on the content of the draft local account.
- 6.7 Equalities and Diversity Implications  
Policies for developing adult social care services are subject to equality impact analysis.
- 6.8 Risk Assessment  
The Local Account of adult social care in 2015-16 is a report to which risk assessments were applied as part of the service planning.
- 6.9 Value for Money  
Financial and performance information has been included within the Account as well as how well we are using our joint resources with health more effectively.
- 6.10 Community Safety Implications  
Safeguarding information is included within the Local Account. In addition a safeguarding annual report is produced by the Safeguarding Adults board.
- 6.11 Environmental Impact  
Not applicable
- 7. Background Papers**  
None
- 8. Appendices**
- 8.1 Appendix : A Local Account of adult social care services in Southend 2015-16;

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**LOCAL ACCOUNT 2015-16**

**A review of adult social care in  
Southend-on-Sea**

DRAFT

This case study to be published on the inside front or inside back cover

Below is the story of Charles Neale and his wife Grace. Charles went in to hospital and was discharged into a 'discharge to assess' bed for a period of reablement before returning home. This is his account

## Charles Neale's Story....

'I was admitted via my GP following 3 days of sickness, loss of appetite and stomach bloating and due to lack of food, fluids and little sleep following admission I then began to show signs of confusion and had hallucinations. I was later diagnosed with chronic constipation. This time in the hospital was largely spent in bed so I was unable to mobilise unaided at time of discharge from hospital with no real prospect of improving.'

'I came into the hospital with no previous care package and on discharge on 13<sup>th</sup> May I was informed I would need a large care package to support me at home with all personal care and mobility and continence issues. I was so very low.'

'Social Care – Priory dept. - came to see me and we had a discussion about possible rehabilitation at the Priory project. I am aware that Rehab on the ward felt that I had 'low' rehab potential, however the Priory social care team arranged for me to come to the Priory for two weeks.' They all believed in my ability to improve, my family were incredibly supportive and encouraging to do this as well.'

Mrs Neale then added 'I was so very relieved and knew I could now sleep at night knowing he was so well looked after! In hospital I could not see any improvement in him personally and his mobility was so poor but on admission to the Priory Rehab unit it seemed that daily he got better, I got my hope back for a future together'

Mrs Neale further spoke of the most traumatic moments being when Mr Neale was hallucinating whilst on the ward, adding 'it scared me very much', she also further spoke of the kindness and reassurance of all the staff at the Priory 'the way they looked and talked to me and Charlie gave us hope for the future. We have got our life together back!'

Mr Neale wanted to talk about his time at the Priory and the importance of the level of care he had received from all the staff, 'When I arrived (at the Priory) they were all there to meet me, I felt so welcome and expected! They were Angels to us both! 'What a welcome!' I was so shaky, not knowing what to expect and what sort of Unit I was to expect, that concern went immediately and until the day I was discharged home I felt welcome!' Do you know that is the first time anyone other than my wife has 'looked' after me (personal care)- it was scary but the staff were so friendly and I got the distinct impression that they knew what they were doing, they were so competent and 'normal' so I did not feel awkward'.

Mr and Mrs Neale both stated 'at Mealtimes, all the staff came and sat down with us all and all ate the same meals and they joked and were so friendly- loving sharing people'. Social Care and Mrs Neale recall the staff adding they wanted to keep Mr Neale with them at the Priory as they would miss his lovely sense of humour and smile (he is a very pleasant man) and Mr Neale became emotional at the memory of the staff at the Priory and playing jigsaw's and undertaking the exercise classes and the friendships he had made with other residents.

'I've been so very lucky with people and their friendships, I felt very cared for at the Priory!'

Mr Neale is now able to mobilise around his home entirely independently with a wheeled zimmer frame. He goes out into the community on his motorbility scooter and gets small amounts of shopping from Leigh on sea. Leaving his scooter outside and accessing the shops with a shopping list and a walking stick. He has regained his independence and his mobility and his life back.

Mr and Mrs Neale are very grateful to the Priory project and all staff involved for their future



## Local Account 2015-16

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### **Foreword**

This annual Local Account provides an overview of adult social care in Southend-on-Sea during 2015-16, and our priorities and plans for 2016-17 and beyond.

The purpose of this Local Account is to inform people living in the Borough about the achievements, challenges and priorities for adult social care and the impact these have on people's lives.

A glossary that explains some of the terms used plus a list of useful contacts is included at the end of this document.

### **Our ambitions for redesigning adult social care**

The adult social care re-design programme will change our approach to adults, families, carers and the community. The ambition is to move to an approach that will be empowering, and facilitate the person in taking control of their own lives rather than being told what is best for them, with social workers taking a preventative approach to their practice in community settings. The vision is for social workers, alongside their health colleagues, to have a strong understanding of their local community and engage wholly with Southend residents to maximise independence, inclusion and reduce marginalisation.

The work is driven by our ambition to create a better Southend.

Redesigning adult social care is a transformational programme across the whole social care and health system in order to achieve our ambition; we are turning around culture and mind-set, developing alternatives, developing engagement, communicating a compelling vision, and developing and embedding the narrative that supports this transformational change. The programme will embrace the work of the entire Adult Services and Housing service area as well as Integrated Commissioning.

We are working in partnership with local health providers and voluntary organisations to ensure people who have particular support needs receive preventative information, advice and support and excellent care that enables them to enjoy independence and be a part of society.

We are pleased to present this overview of adult social care in Southend-on-Sea 2015-16.

Simon Leftley

Director for People

Councillor Lesley Salter

Portfolio Holder for Health & Adult Social Care

## Introduction

During the course of 2015-16 we undertook an enormous amount of work to ensure that we met the statutory requirements of the Care Act for the delivery of adult social care. We have, as with all other local authorities, had significant reductions to our budgets over several years, and this is likely to continue.

We have a clear long term vision for regeneration and redesign of the provision of adult social care, health and housing within the town. These initiatives will meet current needs and help to prevent future needs from becoming an issue.

Our status as an Integrated Care 'Pioneer' (one of only twenty five local authorities with this status in the United Kingdom) and the pooling of funds between health and social care have given us the opportunity to work more closely between health and social care. Significantly, the Community Recovery Pathway (a programme to reshape and integrate health and social care services) and the Adult Social Care Re-design have initiated a number of transformational changes including: (i) development of six 'Discharge-to-Assess' beds at Priory House to support timely discharges from hospital (ii) Overnight domiciliary care support to minimise admissions into residential care and hospital (iii) transforming the language and approach to social work practice through Asset-Based Community Development (iv) Piloting a GP Community Social Worker to integrate social work practice with primary healthcare and the community.

The impacts of this work for 2015-16 have been monitored through the regular reporting of the Better Care Fund, a fund established to pool funds to commission and operate integrated services. During the course of 2015-16 our integrated activity delivered a 5% reduction to A&E attendances and an 18% reduction to admissions into residential care.

Where possible we aim to commission/buy services from local organisations and businesses, to ensure that local people benefit from employment opportunities and the service users are more familiar with the organisations providing support.

Our in-house 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 on-going development of our staff and as a local authority have been awarded Investors in People Gold status (an award which recognises world class best practice in the development of people within an organisation). Our staff's 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 in order to continue to deliver excellent services for local people.

We aim to continue to support people to live healthy, active, independent and fulfilling lives. Our plans for 2016-17, as shown in this Local Account, set out how we will make this a reality.

## 1. The National Picture

### The Care Act (2014)

In April 2015, the way in which local authorities provide care and support changed as a result of this new national legislation. "Care and Support" is the term used to describe the help a person may need with things like washing, dressing, eating, reading mail, doing shopping, getting out and about, and keeping in touch with friends and family.

Anyone living in the Borough is entitled to have their needs met if they are assessed as being eligible for "Care and Support". Carers are also entitled to an assessment of their needs.

The emphasis of the new approach is on developing the individual's strengths, assets and aspirations, rather than on 'providing services'. We will support people and their carers to be as independent as possible with the right support from their families, friends and wider community network. In doing so, we will create inter-dependence which is sustainable and will reduce long term dependency on state-funded care.

In order to achieve this, people in Southend-on-Sea will be given every opportunity to be part of their assessment and care planning so they are central to all decision-making. Having a personalised care plan is part of this aspiration which will highlight the person's strengths and identify outcomes.

Carers also benefited from the changes in the Care Act. Carers play a vital role in Southend-on-Sea to support people who need additional help. For the first time, legislation has given carers an equal footing with people who need care and support in their own right. We support carers in the most difficult situations in order for them to carry on living fulfilling and happy lives alongside the people they care for.

Anyone who is likely to have difficulty in taking part in the assessment and planning process is also entitled to an independent advocate.

Whether people receive or provide support, under the Care Act, they will now know how much it will cost to meet their needs and how much we will contribute towards the cost. People will have more control over how that money is spent, and will have a personal budget to pay for their care and support.

We have developed a website, the Southend Health and Wellbeing Information Point ([www.southendinfopoint.org](http://www.southendinfopoint.org)), to help people to find out how these changes will affect them. In addition to information and advice, there is a directory of the services available that can provide help, support and advice locally, and a register of organisations and individuals that

can provide services in people's own homes. To find out more visit [www.southendinfopoint.org](http://www.southendinfopoint.org) or call Southend-on-Sea Borough Council on: 01702 215008 for more information and to get advice.

## **The Children and Families Act 2014**

The Children and Families Act 2014 has introduced changes for young adults with significant social care needs. The transition stage for young people aged 13 to 25 is an important time for children, young people and their families. They are thinking about the future and considering their options, including how they can manage their own lives and reduce dependency on health and social care services in the future. This is being achieved by:

- replacing statements of Special Educational Needs (SEN) and separate learning difficulty assessments (for young people) with a single, simpler birth to 25 years assessment process and Education, Health and Care (EHC) plan. Young people with EHC plans also have the right to a personal budget for their support.
- providing statutory protection comparable to those currently associated with a statement of SEN for young people up to 25 years old with EHC plans in further education.
- the jointly re-commissioned emotional health and wellbeing service in Southend, Essex and Thurrock.

## **The Better Care Fund**

The Better Care Fund was announced, as a plan, in June 2013. The fund introduced a pooled budget of £3.8 billion (nationally) for health and social care services. Each area, (of which Southend-on-Sea is one), was challenged in 2014-15 to develop annual joint plans across health and social care, with the objective of improving outcomes for the public and providing better value for money.

The plan for 2015-16, in addition to delivering a closer working relationship between health and social care, delivered a reduction in social care placements and packages ensuring that residents and patients receive care at the most appropriate place and time.

The planned budget for 2016-17 will continue to deliver efficient health and social care services that are shared between the NHS and local authorities and as a result this will deliver better outcomes for older and disabled people. We continue to work as a Pioneer local authority with our local Health colleagues to plan and deliver better integrated care in Southend-on-Sea as part of this national approach.

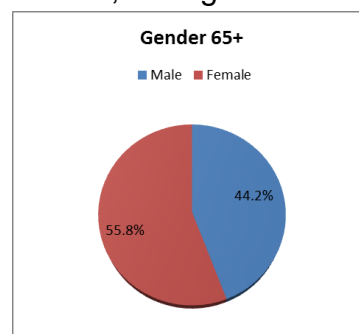
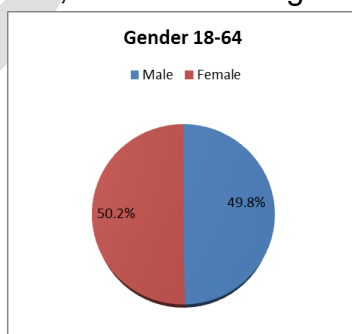
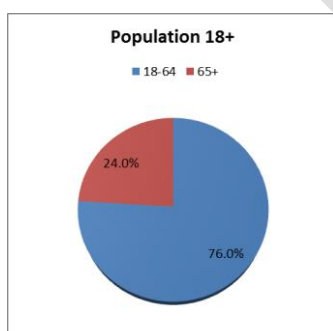
## 2. The Local Picture – How we support you

### What is Adult Social Care?

Adult social care provides advice and support to people over the age of 18 who may need some help. The work we do is driven by our vision to create a better Southend and we acknowledge that:

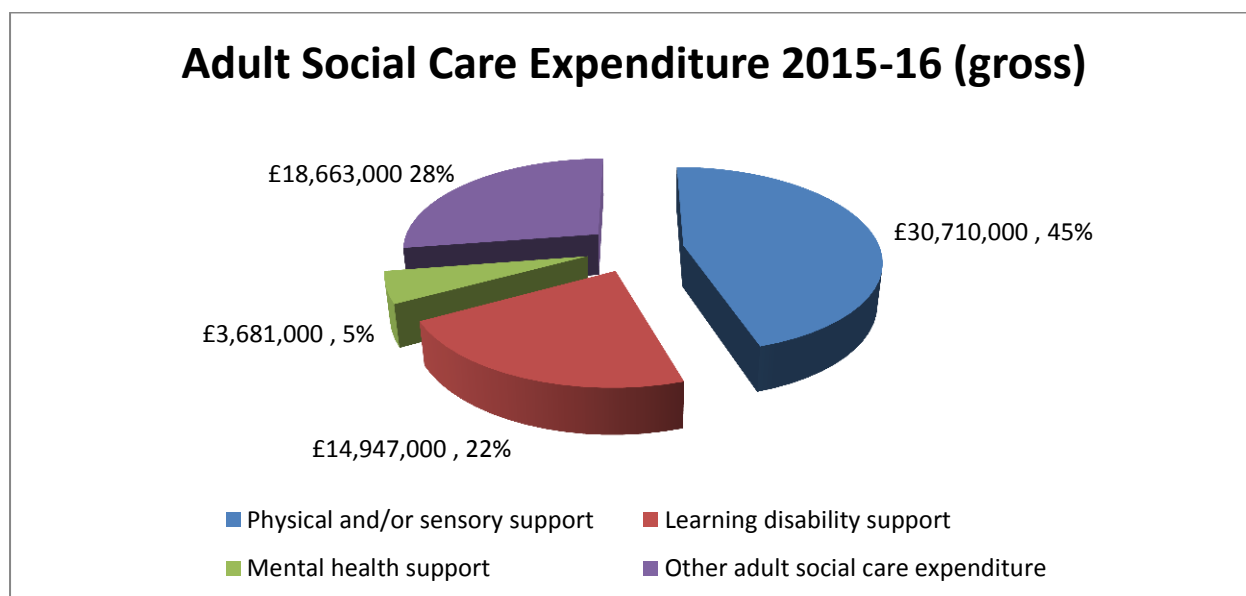
- Everyone in the community can contribute to, and benefit from, creating a better Southend.
- Residents/citizens establish what's important to them.
- Southend-on-Sea Borough Council works with partner agencies to make those things that are important to Southend residents actually happen.
- Agencies continually check out with the community that what we do is in line with what they have decided are the key priorities.
- We all acknowledge that the community knows its strengths and needs best – so we take an asset based approach to our work.
- We all acknowledge that individuals/the community in the first instance are responsible for setting out their agenda and what's important to them, for creating their own solutions, and for meeting their own needs. All of our work supports this principle.
- We work alongside each other – sharing knowledge, skills, and the responsibility for supporting residents to create a better Southend.
- We each have areas of expertise: but we're prepared to flex the boundaries of these and allow people to work across roles/services in order to achieve our overall aim.
- We're committed to working in multi-disciplinary teams of specialists where possible; where not, we work in a joined up way across teams and services with a continuous flow of communication between all parties.

Southend-on-Sea is home to 106,139 residents aged 18-64 and 33,565 aged 65 and over.



## Financial Expenditure

During 2015-16 Southend Borough Council spent £68 million on adult social care. This is 35% of everything the council spends.



### Gross Spend for Adult Social Care 2015-16 by Primary Support Reason

Adult Social Care	£'000
Physical support - adults (18–64)	3,484
Physical support - older people (65+)	26,807
Sensory support - adults (18–64)	62
Sensory support - older people (65+)	357
Support with memory and cognition - adults (18–64)	25
Support with memory and cognition - older people (65+)	1,000
Learning disability support - adults (18–64)	13,027
Learning disability support - older people (65+)	1,920
Mental health support - adults (18–64)	2,983
Mental health support - older people (65+)	698
Social support: Substance misuse support	216
Social support: Asylum seeker support	0
Social support: Support for carer	2,235
Social support: Social Isolation	0
Assistive equipment and technology	1,295
Social care activities	6,639
Information and early intervention	287
Commissioning and service delivery	6,966
<b>TOTAL ADULT SOCIAL CARE</b>	<b>68,001</b>

## **Adult Social Care Services 2015-16**

We aim 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.

**The Access Team** offers 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)** is a multi-disciplinary team which supports people with short term assessment, crisis response and reablement. The team supports people with supporting effective and safe discharges from hospital, minimising admissions into hospital and maximising the opportunities for recovery and enablement.

Since August 2016 the SPOR and Access teams co-located and work at the first point of contact with General Practitioners, nurses, social work professionals and Southend residents.

**Adult Social Care Locality Teams** generally work with people who have longer term needs – typically, those people who require intensive or prolonged professional involvement. They have statutory responsibilities and work with primary care, community services and local people, to proactively and comprehensively manage local population health and social care needs

Whilst protecting services for the most vulnerable, the Locality Teams proactively encourage people to help themselves. A cultural shift, from 'I can fix it for you' to 'I will enable you to fix it for yourself' wherever possible

In **Southend Hospital** there is a team of social workers who undertake needs-led assessments for people aged 18 years and above, who present with a need for care and support. The main aim of the team is to ensure the person returns to their own home in a safe and timely manner. In addition, the initial aim of the care and support provided to the person is through a reablement service to promote their ability to regain their independence.

Home care and reablement are services that help residents who would otherwise be unable to live alone due to illness or disability live independently. Those most likely to require this type of assistance are those with a limiting long term illness or disability, those with long-term health problems or disabilities living alone, or those with very bad health or limited day to day activities.

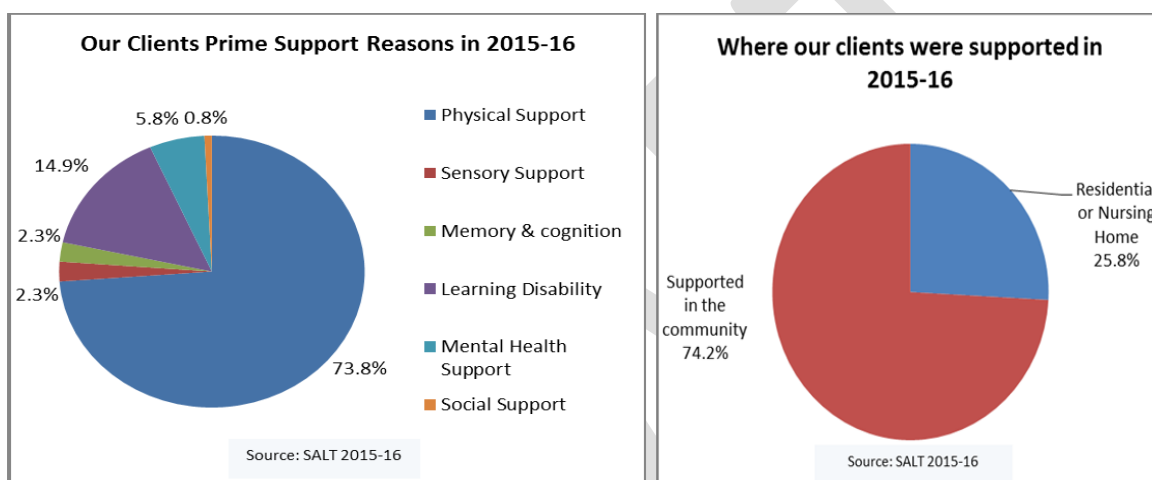


During 2015-16 Adult Social Care received a total of 17,025 requests for support into our Access Team and 3496 referrals from professionals into our Single Point of Referral team.

During 2015-16 the proportion of people who received a short term service to maximise their independence that required no further long term support was 63.1%.

During 2015-16, we supported 3,714 people with long term support, of these 74% were 65 or over.

The chart below highlights that the majority of the people supported had a primary support reason of Physical support and 74.2% were supported in the community.



We also received 7,011 new requests for short term support or information and advice, of these 86.9% were from people aged 65 or above.

One of the ways in which we have promoted independence and provided personalised services and given greater choice and control is through the provision of personal budgets and direct payments.

97.1% of people received social care as self-directed support. Self-directed support means people are given choice and control over what kind of support they get.

65.1% of people received social care as a managed budget (this means managed by Southend-on-Sea Borough Council).

32.1% of people received social care as a direct payment.

## Meeting Housing Needs

**Housing Related Support** (HRS) services play an important role in Southend-on-Sea, assisting many vulnerable residents to live independent, healthy lives. 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 higher cost settings such as hospital or residential care, as well as preventing homelessness, crime and other factors which will affect someone's health or wellbeing;
- enables people to gain skills that help them sustain daily living in the community: 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 vulnerable 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 approximately 2500 vulnerable people in Southend to live independent, safe and healthy lives"

In 2016 the Council changed the commissioning/buying arrangements for **Housing Related Support** throughout the Borough through the development of an Integrated Commissioning team. This new team will ensure a stronger link between the commissioners of specialist services for a particular client group and how the housing services fit in with wider commissioning priorities. The aim of the Housing Related Support programme is to commission/buy high quality services geared towards helping people to establish and maintain their tenancy and to live as independently as possible.

**The Adaptations Team** deliver home adaptations and accessible housing options to the most vulnerable residents of Southend-on-Sea, improving their independence and meeting their long term housing needs.

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. A recent survey shows that approximately 34% of the housing stock has had either major or minor adaptations.

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-on-Sea. The overall aim is to enable tenants to remain in their home for as long as it is safe and reasonable to do so.

Of the current social housing properties, 24% (1,488) have had major adaptations (at least an adapted shower) and in total 34% (2100) have minor or major adaptations. 90 major adaptations and 144 minor adaptations have been provided for disabled tenants.

We have a policy of recycling existing adapted properties when they become available. This process meets the needs of disabled people 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 2015-16, 59 people were best matched with suitable properties - allowing them to live more independently. This helped us avoid costs, leading to savings of approximately £278,000.

During 2015-16 The Adaptation service in Southend-on-Sea was reviewed and is now in the process of change, this will be implemented during 2016-17. The service redesign will deliver the adaptation and accessible housing service to both private residents and Social housing tenants within one team.

The cornerstone of the new service is that disabled residents needs are at the centre of the redesign of the service;

- Simplify the process
- Tailor the system to the customer
- Communicate at each stage of the process

*"The level access shower has made it much easier to bathe my disabled daughter rather than struggling over the bath"* Ms L – May 2016 Adapted home tenant

*"Very pleased with my new home, the flat is beautiful"* Ms J P – May 2016  
Nomination Panel disabled tenant

*"The adapted shower and kitchen has made life much easier for me"* Ms T –  
April 2016 Adapted home tenant.

**Delaware House** and **Priory House** are two care homes operated by Southend-on-Sea Borough Council for older people.

Delaware House is a 24 bedded Residential Care Home in Shoeburyness. It provides long term care for older people with dementia, especially those with severe level dementia and complex needs.

Priory House is a 28 bedded home to meet the needs of elderly frail people. Within the 28 beds there are 2 respite beds, and 6 'discharge to Assess' beds.

Our care homes work closely with colleagues in the NHS e.g. Dementia Nurse Specialists, Dementia Intensive Support Team, District Nurses, GPs etc., working together to continuously improve local services for people.

Delaware House and Priory House are registered with the Care Quality Commission (CQC). The CQC monitor, inspect and regulate Health and Social Care services.

Both Delaware and Priory House were rated as good in recent CQC inspections. A 'good' rating means the service is performing well and meeting expectations.

## **Supporting People with Dementia**

Dementia rates continue to increase both nationally and locally and in Southend-on-Sea we are focusing our efforts on transforming dementia services to enable people with dementia and their carers to truly live well with dementia. We have a variety of services that can offer support for this ambition from pre-diagnosis initiatives through to end of life support and care

Southend-on-Sea has achieved 'Working towards becoming a Dementia Friendly Community' status. A dementia friendly community is described as a city, town or village where people with dementia are understood, respected, supported and confident they can contribute to community life. The status has been awarded thanks to the partnership work of the Southend Dementia Action Alliance (SDAA) which was launched in March 2015 to help the Borough become a 'Dementia-Friendly' town. The SDAA is made up of businesses, services and community groups all working in partnership with the health and social care providers. Southend now has recruited over 3000 dementia friends and Southend Airport was the first dementia friendly airport in the country.

## **Pre and post diagnostic dementia support commissioned in Southend-on-Sea include:**

A range of dementia support 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-on-Sea. There are also 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.

**Dementia Cafés at Leigh on Sea and Southend-on-Sea** Providing an informal meeting place for people with dementia and their carers to come together and meet others in a

similar situation and receive information and support from staff and visiting professionals. Guest speakers will attend and helpful information is available.

**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 also 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 also given the option of speaking to the Alzheimer's Society Dementia Support Worker for support, advice and information.

In partnership with Darby and Joan organisation, we have created **The St Martins Community Dementia Garden**. Based in St Martins Care Home, Imperial Avenue, the sensory garden has been designed specifically for people living with dementia and their carers and has special features such as sensory planting, reminiscence features in the form of a bus stop and post box and sensory water features stimulating sound and touch. The garden is open to visitors on the 3rd Thursday of every month by appointment only. Groups by arrangement at other times. To book an appointment to visit, please call 01702 475891.

We also provide information and support to all providers of dementia care in the Borough through the Southend Dementia Action Alliance and Dementia Friends Initiative.

**[INSERT PICTURE OF THE DEMENTIA GARDEN]**

### **Supporting People with Mental Health Needs**

We continue to strive to make improvements in the lives of people with mental health issues that live in Southend-on-Sea.

Much work has been focused on working with our local partners across Southend-on-Sea, Essex and Thurrock on the Mental Health 5 year forward view and exploring the development of supported self-management for people with the prospect of new community services and opportunities. It is about commissioning better and more responsive service in the areas where people live and having improved crisis support where people need it. It is also about responding to gaps and commissioning new services where they do not exist locally. We are working with our partners to do this.

In collaboration with Castle Point and Rochford CCG, Essex County Council and a range of community consortium partners The South East Essex Recovery College is a wellbeing community that is being established to support people with mental health conditions through an individual recovery journey and supported transition from dependency to longer term self-management.

The service will be offered to those who can step down and out of secondary care as part of a seamless pathway towards recovery, and those who have mental health need whose treatment and management and stabilisation can be achieved without the need for secondary mental health services.

We also commission a range of services for **people 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.

**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.

**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.

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

#### **Other services available within the Borough**

**Peer Support (Mind)** 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.

**Rethink Mental Health Services** - Rethink provides services such as self-management courses; community groups; peer groups; work prep course and job club.

In 2015-16, 686 people, aged 18-69 were in contact with secondary mental health services 8.2% were in paid employment, an increase of 3% from 2014-15

67.5% were in settled accommodation, an increase of 1.4% from 2014-15.

#### **Supporting People with Learning Disabilities**

We continue to seek to make improvements in the quality of life of people with Learning Disabilities in Southend-on-Sea.

Much of our focus has been on working with our local partners across Southend-on-Sea, Essex and Thurrock on the Transforming Care Agenda. This is about improving people's lives, to reduce incidence of behaviour that challenges. It is about commissioning better and more responsive services in the areas where people live and having improved crisis support

where people need it. It is also about responding to gaps and commissioning new services where they do not exist locally. We are working with our partners to do this. It will create a better overall offer.

A key achievement that we are most proud of this year is the continued improvement in the numbers of Annual Health Checks. Southend-on-Sea has achieved the highest percentage of Annual Health Checks in the East of England. This measure is often taken as showing how good health services are for people with a Learning Disability. We intend to use this to improve health services further and are in a very good position to do this. Our ambition is to ensure that all those eligible receive an annual health check.

Our overall Learning Disability Self-Assessment Framework showed the highest number of Green Rag ratings in 2015 than all areas in the East of England and we will seek further sustainable improvements.

Other key developments this year include the introduction of the Safe Places to Southend-on-Sea. This has created Safe Places for people should they feel vulnerable when visiting the Town Centre. People with Learning Disabilities have set this up. These Safe Places are in a wider range of shops and facilities within the Town Centre. People with Learning Disabilities and Autism (Including Aspergers) can go and make a telephone call if they want to.

During 2015-16, of the people aged 18-64 offered long term support 48% had learning difficulties. Of these

- 10.2% are in paid employment, an increase from 7.2% in 2014-15
- 83.4% live in their own home or with their family, an increase from 81.4% in 2014-15.
- 33% live independently, with or without support

In 2016-17 we will also be strengthening the Southend-on-Sea Learning Disability Partnership and improving the engagement between: people with Learning Disabilities and Autism, providers, and commissioners. It is particularly important that the Learning Disability Partnership links directly to the Health and Wellbeing Board and that there continues to be effective and purposeful activity for people with Learning Disability by all partners.

## **Supporting people with Autism**

The Autism Partnership Board has been set up since early 2015 to improve the lives of people with Autism and Aspergers in Southend-on-Sea. It has a large number of partners on it, including Job Centre Plus and the local police. Its most important members are people

with Autism and Aspergers. It is taking a role in overseeing and coordinating action to improve services for people of all ages and is seeking to achieve effective co-production through regular discussion. The Board will also oversee the development of a joint local Autism Strategy with Health partners.

The Autism Partnership Board has a number of strategic priorities that we are working on first. These are: Diagnosis and support; Training; and employment.

## **Advocacy Services**

We commission advocacy services 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](http://www.southendinfopoint.org). In 2016 we are working with partner agencies to commission one over-arching advocacy service, to provide advocacy for vulnerable people and their carers, in order to simplify the referral process. Advocacy will also be available to children and young people in the Care System and to children with disabilities.

## **Support for Carers**

A carer is someone who provides unpaid care for a friend or family member with an illness or disability, where the individual cannot cope without their support.

In 2015-16, we reviewed the provision of carers services and carried out extensive consultation with carers, providers and key stakeholders. The feedback from this has highlighted opportunities to:

- Improve information, advice and guidance for carers
- Improve the quality and range of options around respite provision
- Review carers assessment processes
- Empower carers to leverage their strengths and make use of local assets

As a result of this work, we are remodelling the adult carers provision in Southend.

We have also identified the need for better quality data on carers and we have worked hard to gather more robust information on carers over the last year. Emerging figures for 2015-16 suggest that we have been able to reach many more of our unpaid carers. Here are a few examples of how carers have been supported over the last year.



**The Southend Carers Forum** provides counselling, advice, online support, group meetings and a helpline for carers.

During 2015-16 139 new carers joined Southend Carers Forum. 1893 carers received support via the Helpline/Drop In and 987 carers received Outreach support. 37 support groups were run. 35 Young Adult carers received support via 43 group sessions.

**The Carers Emergency Respite Scheme (CERS)** The aim of this free service is to provide carers with peace of mind if they are suddenly taken ill or find themselves unable to return home, as might happen if they are admitted into hospital.

Carers register with the scheme and are supported to create an emergency plan for such situations. If the Emergency Contacts are unavailable, trained and experienced care workers are then mobilised to provide up to 48 hours of support or 72 hours support over a Bank Holiday, enabling the individual receiving care to remain in their own home and avoiding admission into a residential setting.

During 2015-16 339 carers were registered and 187 care worker hours were provided across 7 emergency call outs.

**Services for carers of people with dementia** provide a range of specialist support including peer support groups, advice and guidance for carers of people with dementia.

**Carers Breakthrough** is our specialist provision for carers of people with enduring mental illness. The offer includes counselling, one-to-one listening services and relaxation classes.

During 2015-16 172 carers made contact with the service. 72 carers (including 26 new clients) received 1059 counselling sessions, 43 yoga/relaxation sessions were held and 27 support group sessions were run.

**Carers Flexi breaks** is currently offered free to any carer who is a Southend-on-Sea resident and provides more than 21 hours of unpaid care each week. This scheme provides up to 30 hours of sitting services for such carers without recourse to a social care assessment.

**Prescription Breaks** are like the Carers flexi breaks, carers living in Southend-on-Sea and providing more than 21 hours of Care each week are eligible for this free service.

During 2015-16, 2031 hours of support were provided across 771 breaks for 97 carers via Flexi and Prescribed breaks.

**Hospice at Home** is a specialist service for carers of people who are in the later stages of terminal conditions. It provides 24/7 information, advice and emotional support for these carers and the provision of carer respite during this period.

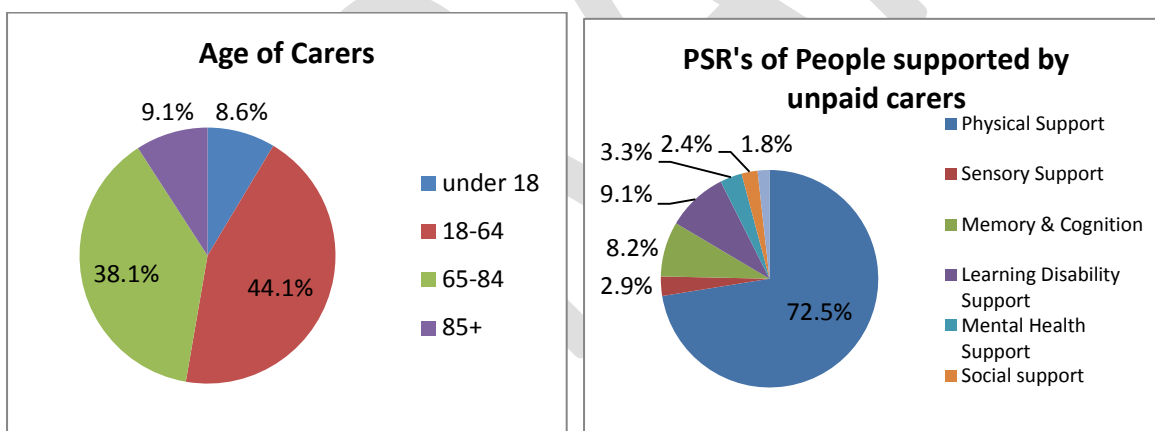
During 2015-16 91 carers received 1176 hours of support across 333 breaks from Hospice at home.

### Carer Assessments

At Southend, we recognise and value the work undertaken by unpaid carers in our community and make sure they and the people they care for are supported to live as independently as possible.

During 2015-16 we assessed 2561 carers, either jointly with the person they care for, or on their own. The following charts show the ages of our carers and the prime support reason of the person(s) they care for. The largest proportions of carers are aged 18-64. 91.3% are over the age of 18, with 47.2% over the age of 65.

Of those, who are supported by an unpaid carer, 72.5% have a prime support reason of physical support.



27.8% of carers assessed were given advice and information or signposted to organisations to assist those in their chosen outcomes and 23.5% were supported with a direct payment.

Adult carers views are captured in a biennial national survey held by the Health & social Care Information Centre (HSCIC) – Results from the 2014-15 survey are available on the HSCIC website at <http://www.hscic.gov.uk/catalogue/PUB18423>

The survey covers informal, unpaid carers aged 18 and over, where the carer has been assessed by Adult Services, to seek their opinions on a number of topics that are considered to be indicative of a balanced life alongside their caring role. Findings of the survey are used to populate a number of national measures in the Adult Social Care Outcomes

Framework (ASCOF) which can be found at the following website <http://ascof.hscic.gov.uk/>. The next carer's survey is due in 2016-17.

### **Support at 'End of Life'**

People who are nearing the end of their life are entitled to high quality personal care wherever they are being cared for. It is important that their wishes are respected and they are involved in decisions about their care, whenever possible. Care should be focused on maintaining the person's comfort and dignity, and any symptoms they have should be managed.

**Gold Standard Framework Trial for Care Homes:** Southend-on-Sea Borough Council and Southend CCG are working together to empower care homes to support more people to end their days at home, if this is their wish. We are funding Gold Standard Framework training for five care homes that will then be evaluated to see how we can further develop End of Life support for residents.

**Hospice at Home:** Southend CCG are providing funding to Havens Hospice that will support approximately 150 extra people to use this service to die in a setting of their choosing in 2016-17.

**Macmillan GP:** Macmillan Cancer Support and Southend CCG are joint funding a Macmillan GP that will work with primary care across the Borough to improve services for people with cancer and those who are at end of life.

**Serious Illness Conversations:** Southend CCG is one of only two CCGs within the UK to participate in an NHS England trial of an approach to support GPs when diagnosing people with serious illnesses.

### **3. Monitoring and accountability**

#### **Healthwatch England**

Healthwatch England is the 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**

Healthwatch Southend is a health and social care consumer champion for the residents of Southend-on-Sea. They are commissioned by Southend-on-Sea Borough Council using funding provided by the Department of Health and are a confidential, independent and free service for all Southend residents and anyone receiving health or social care services within the Borough.

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
- improving services by gathering views and passing them on to the people who commission local providers

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), the hospital, and Southend-on-Sea Borough Council.

#### **Southend Health and Wellbeing Board**

There is 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.

Southend Health and Wellbeing Board (HWB) has increased its strong leadership in the past year, effectively responding to recommendations from a Local Government Association Peer Review follow up in July 2015, by focusing on five “Big Ticket” priorities for the Borough and prioritising quality time for strategic discussions to address health and care system challenges and opportunities.

The HWB Board has established, and regularly monitored, a set of performance indicators which have driven forward progress for the three “Broad Impact Goals” within the Health and Wellbeing Strategy refresh for 2016, these being;

- a) Increased Physical Activity (prevention of ill health);
- b) Increased aspiration and opportunity (addressing inequality);
- c) Increased personal responsibility and participation (sustainability).

The Broad Impact Goals have helped the Board to ‘add value’ to the core ambitions of the first Health and Wellbeing Strategy.

A robust decision making structure is in place and the Health and Wellbeing Board is now looking to develop priorities for a longer term Health and Wellbeing Strategy up to 2020, which will be informed by a recently completed Joint Strategic Needs Assessment (JSNA) as well as messages and feedback from public and stakeholder engagement in the past year.

### Complaints and Compliments

The total number of complaints received by the Council regarding Adult Social Care during 2015-16 was 176. There has been a steady upward trend in the number of complaints being received by the Council (6% up on 2014-15).

Financial year	2013-2014	2014-2015	2015-16
Number of complaints	136	166	176

This trend reflects the nationwide picture as outlined in the Local Government Ombudsman’s ‘Annual Review of Local Government Complaints’ (2015-16) which highlights a 6% rise in complaints and enquiries received by them. Reasons cited for this upward trend include the impact of declining resources on council services and growing willingness of the public to make complaints.

Compliments were also received, with numbers shown below.

Financial year	2013-2014	2014-2015	2015-16
Number of comments and compliments	470	407	341

### Lessons Learnt and Service Improvements

Whilst responding to feedback in a timely manner it is important for the Council to reflect on lessons learnt and improving outcomes. Examples of service improvements undertaken throughout the year as a result of customer feedback include:

- Procedures were improved to ensure that care providers have a clearly defined retention and disposal policy - a copy of which is sent to the contracts team for review;
- The hospital discharge pack provided by the Hospital Social Work Team was improved;
- The contracts team have strengthened their contact monitoring of care providers to ensure any issues are highlighted and addressed earlier. There is also more focus within the contract monitoring meetings on late / missed visits and complaint response timescales.

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#### 4. Our Partnership Approach - Integrated Pioneer Pilot Status

We are continuing to develop our 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 enables us and our partners to maintain **integrated health and social care Pioneer status**. In 2013 just 14 Pioneer sites across the country were chosen to showcase innovative ways of creating change in the health service in order to bring services closer together. In January 2015 a further 11 sites were selected as Pioneers, bringing the total to 25. The ambitious plans we have developed in Southend-on-Sea 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 our Joint Health and Wellbeing Strategy. The strategy is owned, regularly refreshed 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 people living in Southend-on-Sea may already have seen as well as many behind the scenes changes that make providing services easier:

- we continue to build upon an Integrated Care Commissioning team between the council and the CCG
- we continue to develop Multi-Disciplinary Teams working across the Borough and focused around GP practices
- the impact has been that we were the first in the country to link and share health and social care data to identify those patients that had slightly more complex needs than others in the community;
- a social worker team has been established at the hospital to ensure patients in need of social services receive them at the right time and in the right place
- the way we manage hospital discharge is considered national best practice

- we have recently commissioned a 'discharge to assess' service which is helping to ensure patients discharged from hospital have the right packages of care delivered in the most appropriate place
- we have recently commissioned an overnight support service which supports residents for a short period of time at home and overnight during a time when they might otherwise have been admitted to hospital.

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## 5. Adult Social Care Outcomes

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The ASCOF was first published in March 2011 and is updated annually in partnership with local government. Since its introduction ASCOF has been strengthened year on year with the addition of new measures and clearer definitions, reflecting the Department of Health and local government's key priorities for social care. For more information visit <http://ascof.hscic.gov.uk/>

The Table below shows Southend's performance against the Adult Social Care Outcomes Framework 2015-16.

ASCOF Outcomes data to be inserted below. Tom Dowler will supply this information by October 2016

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## **6. Safeguarding – ‘supporting people to live lives free from abuse’**

The work of the **Southend-on-Sea Safeguarding Adults Board (SAB)** supports adults who have care and support needs and who therefore may be unable to protect themselves from abuse.

The SAB 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. The Board also ensures that organisations work in a coordinated way to safeguard adults with support and care needs when abuse or neglect is identified.

Strategic links have been developed and enhanced between the Local Safeguarding Children’s Board, the SAB, the Health and Wellbeing Board and the Community Safety Partnership, which has resulted in the sharing of best practice and assurance that the agendas and priorities of the respective boards contribute to the central aim of improving safety.

Safeguarding Adults works collaboratively with the Public Health Team to deliver outcomes that improve wellbeing and reduce the impact of abuse and violence.

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

### **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

The Local authority is the ‘Supervisory Body’ for all Southend-on-Sea and self-funding residents in care homes. As of 1 April 2013, we assumed responsibilities as Supervisory Body for all Southend-on-Sea local authority/Southend Clinical Commissioning Group funded and self-funded people within long stay and acute hospitals. Since 2009, we have also been the Supervisory Body for people placed in care homes and hospitals outside of Southend-on-Sea.

Nationally, local authorities have experienced an increase in DoLS referrals, following a landmark Supreme Court Judgement in March 2014. During 2015-16, the Council received 619 applications from care homes and hospitals. This represents a 54% increase in

referrals from 2014-15. As a result of this we have ensured that additional resources are in place to meet the increase in referrals.

## **Keeping Safe**

'Keeping Safe' is an example of how people aged 16+ are being safeguarded in Southend on Sea. Children's Services, the Safeguarding Adults Board and the Safeguarding Children's Boards have funded the pilot year of Keeping Safe which launched in 2016. Keeping Safe is a scheme to support people aged 16+ who have a learning disability and access the community independently. The scheme is facilitated by SHIELDS Parliament, a self-advocacy group supported by Basildon and Thurrock Independent Advocacy Service (BATIAS). Local businesses are identified and sign up to the scheme by agreeing to provide use of a telephone in a public area for a person who may be experiencing an emergency or who are in distress. Participants in the scheme would look for the yellow and black telephone sticker in the shop window. Using the emergency number card or fob provided, the person themselves would call their carer or parent. If required, the shop would assist or call the police if needed. The scheme aims to support people to reduce the feelings of fear or agitation in accessing the community alone.

## **PREVENT**

We have assumed new responsibilities in assisting the Government to prevent vulnerable people being drawn into terrorist activity. Our new duties are part of the PREVENT Strategy.

The PREVENT Board is a multi-agency initiative chaired by the Department of Place, supported by Adult and Children's Services. We have set up CHANNEL Panels, which are a convened group of safeguarding professionals, representative of statutory services who can assist in supporting a person who is or is at risk of being radicalised.

## **Domestic Abuse**

Adult Social Care is a key partner in the delivery of domestic abuse support in Southend-on-Sea. Adult Social Care has a duty to support people with care and support needs who may be experiencing domestic abuse.

In 2015-16 we have commissioned training around a variety of topics e.g. inter-generational abuse, forced marriage and honour based abuse.

Adult Social Care is a key partner in the development of the new Multi-Agency Risk Assessment Team (MARAT) which went live in June 2016. MARAT will provide a localised response to high risk domestic abuse in terms of information sharing, safety planning and decision making.

**SECTION BELOW STILL TO BE UPDATED – Tom Dowler supplying information by October 2016**

**7. Improving Support through Consultation and Involvement**

As part of the statutory duty to consult and the wider commitment to engage with service users and stakeholders we have conducted a wide range of consultations and engagement activities within adult social care in 2015-16.

The Crisis Care Concordat, made up of stakeholders from South Essex, commissioned a review of personal and carer experiences of crisis mental health support in Southend-on-Sea which has fed into the development of a South Essex action plan to improve crisis care.

Prior to the development of an improved model for carers' support in Southend-on-Sea both carers and those cared for were asked their view on what needed to improve and how best to support carers in their role. Through face to face engagement and group workshops a consultation was developed to help shape the future service.

Local authorities also have a statutory duty to carry out a sample survey of all users of adult social care services. The results from this survey feed into the ASCOF framework mentioned earlier and the measures within the framework can be found at the following website; <http://ascof.hscic.gov.uk/>

**Internal** 2015-16 results can now be compared to last year's 2014-15 survey. Some examples of survey results include:

- *Tbc.....*
- *Tbc.....*
- *Tbc.....*
- *Tbc.....*

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

- *Tbc.....*
- *Tbc.....*
- *Tbc.....*
- *Tbc.....*

## 8. Plans for 2016-17

### Transforming Adult Social Care

During the course of 2016-17 we will be building on our existing integrated service provision by developing our integrated teams. Our aim is to align our adult social care workers with health colleagues across four Localities in Southend on Sea. These integrated teams will be at the centre of communities to support, signpost and care for people. We want to ensure that people only have to tell their story once because their care is integrated. An example of this is our GP/community social worker pilot which aims to develop stronger partnerships between GP Practices, primary care services and the wider community. The pilot specifically focuses on bringing people together to reduce isolation as well as signposting and giving advice, information and guidance as needed.

We want to make sure that our social work teams have exactly the right knowledge and skills to support people in the community to be as independent as possible. We are strong advocates for people to remain in their own homes rather than in institutional types of care.

### Transforming Care

During 2016-17 we will be continuing our work around the Transforming Care agenda with our partners across Southend-on-Sea, Thurrock and Essex. One element of this is around improving support for behaviour that challenges, both preventing it and working with people who have behaviour that challenges. This is about the ability of providers to respond better to the risk of behaviour that challenges in relation to people with learning disabilities and autism and mental health problems. Transforming Care is also about making sure that services are supportive and preventative in the early years and through to adulthood.

### Southend Care Ltd.

In 2015 the Council established Southend Care Ltd, a local authority trading company. Southend care Ltd. will manage Delaware House and Priory House adult care homes and the Viking Learning Disability Day Centre and will lead improvements in social care across the Borough's care economy. **Also sitting within Southend Care Ltd. will be Project 49 Day Opportunities, Spencer House, START (Southend Therapy and Recovery Team), Shared Lives, Employment Service and (new service) Domiciliary Care.** During 2016-17 work will start on the re-development of the Viking Learning Disability day centre and the new build of a 60 bed dual registered dementia care home.

### South Essex Recovery College

REACH (Recovery, Empowerment, Achievement, Community and Hope) is the name of the new Recovery College that is being piloted across South East Essex during 2016-17. REACH is co-produced and co-lead with people who have lived experience and aims to provide psycho-educational courses and self-management tools for people with on-going

mental health issues. As well as a range of courses there will be an active and peer led student union that will offer both support and social opportunities.

## **Integrated Market Position Statement**

The Market Position Statement sets out how Southend's Clinical Commissioning Group and ourselves will work together to commission community care services going forward. In doing so it confirms our strategic vision for care provision and gives providers a steer of how to shape their business. The Market Position Statement is not a statutory document, but it will show how we intend to deliver statutory requirements as set out in the Care Act. It is the start of our commitment to market facilitation. Namely:

- facilitate and shape the market
- focus on outcomes and wellbeing
- promote quality, including workforce development
- support sustainability and ensure choice and
- market oversight and market failure

From our perspective, the term 'market' is used to refer to those people who live in Southend-on-Sea who are entitled to adult based community care services. Moving forward, our commissioners will work with providers to better understand what 'their' market is as we are aware that the two interpretations may not be the same - our providers will also include people coming from out of borough.

In a world where there is not a 'one size fits all' approach to service provision, we will look at the person beyond the condition and work with them, their families, carers, peers, operational staff and providers to offer the right services at the right time for the right cost – our commitment to effective stakeholder engagement will shape future services and our commitment to advocacy will help people to pick the services which are right for them.

We will make sure everyone with an assessed level of need has a personal budget with the opportunity to receive Direct Payments. In our Market Position Statement, we highlight the importance of personalised services and put the citizen at the heart of not only the care package, but also its development; we encourage providers to develop preventative community focused services rather than costly institutional ones that cannot deliver the benefits of community based support.

Moving forward, we intend to produce more detailed client specific chapters , to be refreshed on an ongoing basis, in order to keep providers up-date with our developing vision for provision of services in Southend-on-Sea.

## Service Objectives for 2016-17

During the Autumn/Winter of 2015-16 we prepared our corporate priorities, commissioning intentions and service plans for the 2016-17 financial year. The following areas were highlighted as key service objectives for the 2016-17 period:

Maintain excellent safeguarding services for vulnerable people. Further integrate commissioning and delivery of adult social care and health services:

- Commissioning
- Service delivery
- Prevention and Engagement
- ICT
- Ensure that people about whom safeguarding concerns are raised have a timely and coordinated multi-agency response when required.
- Continue to support people to live independently in their own homes for as long as possible.
- Maintain frontline housing related support services for vulnerable people.
- Deliver more affordable housing options in the Borough
- Encourage the use of green technology for any new affordable homes built in the Borough.
- Promote the improvement in quality of the existing stock achieving decent, healthy & environmentally sustainable homes across all tenures.
- Promoting greater accessibility to different types of housing, promoting independent living for vulnerable groups and continuing work to prevent homelessness
- Deliver the national drugs strategy
- Deliver the implementation phase of the Better Care Fund
- Contributing to the growth and development of a robust economy in the town

## Useful Contacts

Adult Social Care  
[www.southend.gov.uk](http://www.southend.gov.uk)  
Tel: 01702 215008

Alzheimers Society  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)  
Tel: 01702 345156.  
Email: [southend@alzheimers.org.uk](mailto:southend@alzheimers.org.uk)

Ask SAL  
Tel: 08452 66 66 63  
[www.asksal.org.uk](http://www.asksal.org.uk)

Carers Emergency Respite Scheme (CERS)  
CERS Co-ordinator  
Ashley Care LLP  
22 Pembury Road  
Westcliff on Sea  
SS0 8DS  
Tel: 01702 348142

Carers of People with Mental Health conditions (Trustlinks)  
Tel: 01702 213134  
Email: [office@trustlinks.org](mailto:office@trustlinks.org)  
[www.trustlinks.org](http://www.trustlinks.org)

Citizen Advice Bureau  
1 Church Road  
Southend on Sea  
SS1 2AL  
Tel: 0344 477 0808  
[www.citizensadvicesouthend.org.uk](http://www.citizensadvicesouthend.org.uk)

Community Links (Richmond Fellowship)  
Tel: 01702 431177  
[www.richmondfellowship.org.uk/](http://www.richmondfellowship.org.uk/)

Dial-a-ride Southend  
Tel: 01702 212212  
[www.southend.gov.uk/info/200340/travel\\_information/39/dial-a-ride](http://www.southend.gov.uk/info/200340/travel_information/39/dial-a-ride)



Mental Health Advocacy (AIM Advocacy In Mind)

Tel: 01702 601123

Email: [Aimatthurrockmind.org.uk](mailto:Aimatthurrockmind.org.uk)

[www.thurrockmind.org.uk](http://www.thurrockmind.org.uk)

Mental Health Supported Accommodation (Richmond fellowship)

Tel: 01702 352192

[www.richmondfellowship.org.uk/](http://www.richmondfellowship.org.uk/)

Rethink Mental Health Services

Tel: 01702 330267

[www.rethink.org](http://www.rethink.org)

REACH - Recovery College

Tel: 01702 213134

Email: [recoverycollege@trustlinks.org](mailto:recoverycollege@trustlinks.org)

Southend Association of Voluntary Services (SAVS)

29-31 Alexandra Street

Southend-on-Sea,

SS1 1BW

Tel: 01702 356000

[www.savs-southend.org](http://www.savs-southend.org)

Southend-on-Sea Borough Council Adult

Social Care

Tel: 01702 215008

Southend Health and Wellbeing Information Point

[www.southendinfopoint.org](http://www.southendinfopoint.org)

Southend Hospital

Prittlewell Chase,

Westcliff-on-Sea,

SS0 0RY

Tel: 01702 435555

[www.southend.nhs.uk](http://www.southend.nhs.uk)

Southend Mencap

100 London Road

Southend-On-Sea

Essex SS1 1PG

Tel: 01702 341250  
[www.southendmencap.org.uk](http://www.southendmencap.org.uk)

Southend MIND  
Tel: 01702 601123  
Email: [office@SEandCEssexMind.org.uk](mailto:office@SEandCEssexMind.org.uk)  
[www.southendmind.org.uk/](http://www.southendmind.org.uk/)

South Essex Homes Ltd.  
Civic Centre,  
Victoria Avenue,  
SOUTHEND-ON-SEA,  
SS2 6FY  
Tel: 0800 833160  
[www.southessexhomes.co.uk](http://www.southessexhomes.co.uk)

DRAFT

## GLOSSARY

Adult Social Care	Personal care and practical help for adults who have care or support needs due to age, illness or disability to help them live life as independently as possible.
Advocacy	An independent process which supports and enables people to express their views about their needs and choices.
Adult Social Care Survey	An annual questionnaire that seeks to gain an understanding of service users' views and experiences of adult social care. It seeks feedback from service users about how adult social services have affected their lives. This feedback and experience from service users is crucial information for improving adult social services.
Assessment	An assessment is the process by which the Council gains an understanding of a service user's level of need. It will involve asking the service user a series of questions, following which a financial assessment may also take place to determine whether funding can be provided
Asset-Based Community Development	An approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs.
The Better Care Fund	A pooled fund between Health and Social Care that facilitates the delivery of joined up local services.
Carer	Somebody who provides support, or who looks after a family member, partner or friend who needs help because of physical or mental illness or disability.
Clinical Commissioning Group (CCG)	A CCG is a group of GPs and clinicians which commissions (buys) health services for their local communities.
Commissioning	The process of identifying what services or products are needed, acquiring them and ensuring that they meet requirements.
Community-based services	Care and support services provided in the community rather than in hospital or residential homes.
Community Recovery Pathway	An approach which will deliver appropriate services in the right place at the right time which will enable a seamless navigation through the system for Southend residents, families and carers.

Dementia	A syndrome (a group of related symptoms) associated with an on-going decline of the brain and its abilities.
Direct Payment	Money payment made to people who need care following an assessment, to help them buy their own care or support and be in control of those services.
Deprivation of Liberty Safeguards (DoLs)	DoLs are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.
Discharge-to-Assess beds	In Southend we have developed 6 residential care beds into discharge-to-assess beds to enable safe transfers from hospital and support adults who need a short period of reablement, ideally to get them back to their own homes and live as independently as possible;
Domiciliary Care	Personal, domestic, or nursing care provided for people at home rather than in an institution.
Equipment and Adaptations	Specialist items provided to people following an assessment by an occupational therapist or physiotherapist.
Extra care housing	Self-contained homes with design features and support services available to enable self-care and independent living for those requiring higher levels of care than supported living schemes.
GP (General Practitioner)	A doctor who looks after the health of people in their local community.
Health and Wellbeing Board	A group of key leaders from local health and care organisations, with the remit to work together to improve the health and wellbeing of their local population and reduce inequalities.
HealthWatch	A consumer champion for health and social care; intended to give service users a greater voice in decisions about local care and health services.
Harm	Harm to an adult at risk can include physical, psychological, sexual or financial harm by another person, paid/unpaid carer or institution.
Home care	Help at home from paid carers for people with care and support needs.

Integrated care	Care and support provided jointly by health and social care services.
Integrated Pioneer	A Government awarded status for local health and social care systems that are designing new ways of delivering coordinated care.
Joint Strategic Needs Assessment (JSNA)	An assessment of the health and social care needs of a local population.
Learning Disability Partnership Board	The Learning Disability Partnership Board champions the needs of people with learning disabilities in the local community. It is responsible for supporting people with learning disabilities to lead active, independent and full lives
Local Account	The Local Account summaries what adult social services have done over the past year. It assesses how successful adult social services have been and outlines the future priorities.
Market Position Statement	The Market Position Statement outlines the commissioning priorities for adult social care services, and highlights the key factors influencing developments in the care market. It looks at demand, supply and our commissioning intentions, so that we can support our current and future providers to develop quality care services.
NHS England	The public body that oversees the budget, planning, delivery and day-to-day operation of the commissioning (purchasing) part of the NHS.
Nursing care	Care carried out or supervised by a qualified nurse, including injections and dressings, paid for by the NHS.
Outcome	End result, change or benefit for an individual who uses social care and support services or takes part in other community activities.
Personal Assistant	A person who is employed by an individual with care or support needs. The services of personal assistants can be bought directly by service users, making service become delivered in a person centred way.
Personal budget	Money allocated to someone who needs support, where the money comes from the Council's social care funding.
Primary Care	As many people's first point of contact with the NHS,

	around 90 per cent of patient interaction is with primary care services. In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists.
Procurement	Where commissioning is the process that identifies what services are required, procurement is the process of identifying the best provider to meet that requirement.
Public Health	The Department within Southend Council concerned with changing and preventing harmful behaviours to improve wellbeing.
Reablement	Supports service users to regain and develop the confidence and skills to safely and independently live at home. It provides service users with help to perform certain tasks such as personal care and daily living.
Review	Regular evaluation of a person's needs to make sure their care and support plan is personalised and meets their needs.
Safeguarding	Protecting a vulnerable person's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.
SBC (Southend-on-Sea Borough Council)	The local authority with responsibility for the Borough of Southend-on-Sea.
Secondary Care	Secondary care refers to health services provided by medical specialists who generally do not have the first contact with a patient and patients are usually referred to secondary care by a primary care provider such as a GP.
Self-Directed Support	Support that means people are given choice and control over what kind of support they get. It means that people can choose and arrange some or all of their own support, instead of having it chosen and arranged by other people.
Solution	The meeting of an individual's needs.
Specialised Support	High-level health and social care support.
Telecare	Telecare services use technological equipment, devices and services to help users live more independently at home (e.g. fall sensors and safety alarms)
Transition	When young disabled people move from childhood to adulthood

Wellbeing	Health and happiness.
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We welcome feedback, which will help us to continuously improve the information we provide in the document. If you would like to comment on our Local Account, please contact the Department for People on Tel: 01702 215008 or E-mail [council@southend.gov.uk](mailto: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.

*Regional Self-Assessment Tool (SAT) for Adult Social Care – October 2016*  
*TO BE ADDED AS AN APPENDIX ONCE AVAILABLE*

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