

## **LOCAL ACCOUNT 2014-15**

### **A review of adult social care services provided by Southend-on-Sea Borough Council**

DRAFT

## **Local Account 2014-15**

### **Contents**

Foreword

1. The National Picture
2. The local picture – Our services to you
3. Monitoring and accountability
4. Integrated pioneer pilot and our approach to partnership working
5. Our performance against our plans and priorities
6. Safeguarding
7. Improving services through consultation and involvement
8. Plans for 2015-16

## Foreword

The Local Account describes the delivery of adult social care services in Southend-on-Sea in 2014-15, and our priorities and plans for 2015-16 and beyond.

On the 1st April 2015 the Care Act came into force across England, the changes that came into force are the largest changes to the way adult social care is to be delivered for many decades. We have explained these changes in this publication.

In general and in Southend-on-Sea people are now living longer than they have historically. Southend-on-Sea social care continues to be committed to supporting people to experience fulfilling lives. We take an empowering and enabling approach that focuses on a person's strengths, assets, and resources. We aim to foster and encourage maximum independence and to support people to maintain their own wellbeing. 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 and preventative information, advice and support that enables them to enjoy independence and be a part of society.

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

Over the last year we have continued to work with our Health colleagues under our integrated Pioneer status; one of only twenty five local authorities with this status in the United Kingdom. Our Pioneer Project will drive integration and joint working between health and local authority social care (commissioners and providers), will improve the quality and speed of services help improve people's wellbeing for years to come. This is important with the challenge of a growing older population and projected significant reductions in funding from central government.

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 on-going development of our staff and as a local authority have been awarded Investors in People Gold status. 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 are pleased to present this overview of adult social care in Southend-on-Sea 2014-15.

Simon Leftley

Councillor James Moyies

Director for People

Portfolio Holder for Adult Social Care

## **Executive Summary**

During the course of 2014-15 Southend-on-Sea Borough Council has undertaken an enormous amount of work to ensure that it meets the requirements in 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 many years, and this is likely to continue. As a result we have been reviewing the way we deliver services such as our residential care home provision and ensuring that we consider the best option to continue these services.

As a result of our Pioneer status and pooling funds between health and social care via the Better Care Fund we have been working closely with our colleagues across the Health sector, at Southend Clinical Commissioning Group and Southend University NHS Foundation Trust, in order to plan significant changes to health and social care. The planned outcomes from this work are (a) streamlining services; (b) improving the efficiency; and (c) increasing customer satisfaction and quality of life.

We deliver adult social care services and commission other organisations to deliver services that meet the needs of our town. In five of the seven key adult social care survey indicators we perform above or in line with our comparator authorities in the Eastern Region. Our strategy is to commission local organisations and businesses where possible to ensure that local people benefit from employment opportunities and so that service users are more familiar with the service providers.

Southend-on-Sea Borough Council prides itself on finding innovative and sustainable solutions to the problems and requests for support that people approach us with. 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.

We aim to continue to support people to live healthy, active, independent and fulfilling lives and our plans for 2015-16 as set out in this local account set out how we will make this a reality and address areas that will bring our key performance metrics that are not currently in line with or above benchmarks up, to ensure people living in Southend receive the best quality services we can deliver.

## 1. The National Picture

### ***The Care Act 2015***

From April 2015, care and support has changed as a result of new legislation. The new Care Act creates a single, consistent route to establishing an entitlement to care and support for all adults with eligible needs. "Care and Support" is the term used to describe help 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". In addition, any carer who seems as though they may benefit from carer's support is entitled to an assessment.

The emphasis is now on meeting individual needs, rather than on 'providing services'. For the first time, there will be a national set of rules to determine care and support needs, which could make it easier for people to get the help they need, whether this is to stay in their own home, or move to more appropriate accommodation.

Everyone's needs are different. They may be physical or emotional. People may find that the support they need could be met by something going on in their local community, for example services organised by local charities or other support networks. Whatever their level of need, Southend-on-Sea Borough Council will be able to put people in touch with organisations to support their wellbeing and help them remain independent for longer.

People receiving care and support will have more control of decisions that affect them, and will get help to put together a care plan tailored to their needs. The plan will work out how they can do the things that are important to them with the right level of care and support.

From April 2015, carers could benefit from the changes. A carer can have a carer's assessment even if the person that they care for does not get any help from the Council and they will not need to be assessed. Carers may be eligible for support, offered as a personal budget, to spend on the things that make caring easier or signposting to local carers' support groups.

Anyone who is likely to have difficulty in taking part in the process is also entitled to an independent advocate. Southend-on-Sea can put you in touch with organisations who can provide independent advocacy to help at any point, whether during the assessment or when finding the right services to meet your needs.

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 the council 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. If they are eligible and if that is what they want, they could receive this money as a direct payment.

The changes do not mean that the council always funds the cost of care. The Care Act has financial provisions which were due to come into force in April 2016 but have been delayed until 2020. More information regarding these changes will be shared as it becomes available.

Southend-on-Sea Borough Council has 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.

*"My mother became very frail and could not look after herself and was very, very distressed. When we got to mothers we phoned the social people up from the council and they sent someone round and we felt really, really reassured. She held my mother's hand and spoke her through her problems and mum was crying and she said 'don't worry darling we will find you a solution'"* J – March 15. (A service user's daughter)

**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 is being 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 September 2014. Parents with the plans 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
- Re-commissioning emotional health and wellbeing services jointly in Southend, Essex and Thurrock.

**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 2015-15 to develop a joint plan across health and social care, with the objective of improving outcomes for the public and providing better value for money. The planned budget for 2015-16 will deliver health and social care services that are shared between the NHS and local authorities and deliver better outcomes and greater efficiencies for older and disabled people. We have been working 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.

DRAFT

## 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.

*"My social worker has changed my life. She helped me to get someone to help me with my independent living skills. I can talk to her about anything and know... she will understand and she will talk to me about it." Life for me now is all I ever dreamed it could be. From when I found out about my syndrome I thought this is where I want to be in 6-7 years and I'm mostly there, which is an incredible feeling and I couldn't have done it without my social worker and Southend council I'd like to say thank you to Southend Council because they've helped me out incredibly and they've made the person I am today, in a year, in such a short space of time" A- March 15. (Blind since the age of 10 and recently moved into Southend)*



**The SPOR (Single Point of Referral)** is a reablement team, for professionals, that helps GPs and the discharge from hospital team 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 social work teams work with adults from the age of 18 years and above, who have longer term care needs.

The teams will carry out needs led assessments to identify the adult's current level of needs, their strengths and informal networks to formulate a jointly agreed support package. Adults will have a choice around how their care is managed, either through a direct payment managed by the adult or direct service, which is managed by the Council. The main aim for Adult Social Care is to support adults to remain in their home for as long as possible, however when an adult's level of need requires more intensive care, the social work teams will support adults to transfer into alternative forms of accommodation, such as Extra Care Housing and Residential Homes. The Locality Social Work Teams will undertake a yearly review of the care and support provided by Adult Social Care to ensure the support package is continuing to support the adult's needs.

Within Southend Hospital there is a team of Social workers to 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 will be to ensure the adult returns to their own home in a safe and timely manner. In addition, the initial aim of the care and support provided to the adult will be through a reablement service to promote the adult's ability to regain their independence.

*"You couldn't get a better service than what I got from Southend. One girl said to me 'you can walk right round that park, I'll give you three weeks and we'll walk round the park and back again'. It's a mile and I thought my god she believes in me, she can see me doing it." E - March 15. (Reablement service user)*

Some of the ways in which we support people 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.

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 council on the whole have been very good and they have been extremely good with what I have been able to do with the budget; what has been negotiated for me has been above and beyond.” T- March 15 (Has cerebral palsy)*

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 people 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 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

"We are currently supporting over 3000 vulnerable people in Southend to live independent, safe and healthy lives"

All services are listed on the Southend Health and Wellbeing Information Point (SHIP) webpages - [www.southendinfopoint.org](http://www.southendinfopoint.org).

*"I've overcome a lot of things in my life, I didn't have a very good childhood and I didn't have a very good marriage but since I've been in Southend and been at supporting people and been under the council they've helped me tremendously and I can't thank them enough. If it hadn't been for the council and supporting people helping me get where I am today I don't know where I'd be today"* – Z – March 15 (Supporting People service user)

**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. 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 your help in finding me a new home, I am so excited"* Ms L –  
June 15  
Nomination Panel disabled tenant

*"The level access shower has improved the health and wellbeing of the client and carer – "It has improved my friend's health, no longer have to lift him from the bath!" Mr O – May 15*  
Adapted home tenant

"45 people were helped to access previously adapted social housing, saving approximately £225,000 in 2014-15"  
"101 major adaptations and 153 minor adaptations have been provided for disabled tenants"

Information on all services can be found on the SHIP site [www.southendinfopoint.org](http://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](http://www.southend.gov.uk/supportingpeople)

*"Southend Council have done so much for me here, I've got so much more confidence. [the staff at Priory House ] are just so lovely. I'd like to say to the staff thank you, I think deep down you saved a life" S – March 15. (A resident at Priory House)*

We commission a range of pre and post diagnostic dementia support services from the Alzheimer's Society providing information, advocacy, peer support and dementia support to people living with dementia and their carers in Southend these include:

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.

**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](http://www.alzheimers.org.uk) Email: [southend@alzheimers.org.uk](mailto:southend@alzheimers.org.uk)

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.

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/>

**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](mailto: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/>

**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](mailto:office@trustlinks.org)  
[www.trustlinks.org](http://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** This service was commissioned during the period 2014-15. It offered structured support groups on different mental health issues—depression, stress, anxiety and many others. There were supported social groups for people who found it difficult to cope in regular community activities. The aim of the service was that people who accessed the service were able to access mainstream services and enable their own recovery journey.

The **Southend Learning Disability Partnership Board** helps to make 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;
- developing 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.

The Learning Disability Partnership Board also takes an overview of the quality of services for people with Learning Disabilities in Southend-on-Sea. It does this by using the Learning

Disability Self-Assessment Framework. The 2014 Self-Assessment Framework, drafted after consultation with people with Learning Disabilities showed that there were many good things going on but also some challenges which the Board will seek to address. One of the main challenges is the uptake of Annual Health Checks for people with Learning Disabilities. SHIELDS, described above made a presentation to the Health and Wellbeing Board, about the importance of GPs doing Annual Health Checks.

“The number of Annual Health Checks in Southend-on-Sea has increased because of listening and action by the partners, including health facilitators and GPs working together. The Learning Disability Partnership Board wants to take this further and achieve more together.”

The final percentage figure for Learning Disability Health Checks for Southend-on-Sea was 68% for 2014/15. This represented an increase on the previous year of approximately 22%. (45% was the figure reported to us by NHS England for 2013/14).

This increase for Southend-on-Sea appears to go against the national trend reported earlier in the year which was downwards. Southend-on-Sea has by far the greatest percentage compared to other Essex Clinical Commissioning Groups and likely achieved because of a recognition by GPs of the importance Annual Health Checks. We do want to increase the numbers of Annual Health Checks further.

**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-on-Sea 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](http://www.southendinfopoint.org).

**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. It's 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.

**Supporting Carers** - A Carer is someone who provides unpaid care for a friend or family member with an illness, disability, a mental health problem or an addiction where the individual cannot cope without their support. Carers make a vital contribution in supporting

people to stay in their community. In Southend, we have supported more than 1,200 Carers in their role over the last year through direct payments, grants to the voluntary sector and services which can currently be accessed without recourse to a social care assessment. From 2015, The Care Act entitles all Carers to a free social care assessment. Therefore one of the important challenges for the future will be how we balance the need for equitable services across the borough in light of an expected increase in demand.

We currently commission seven services across the borough as follows:

Service	Description
The Southend Carers Forum	This services provides counselling, advice, online support and group meetings and a helpline for carers
<b>The Carers Emergency Respite Scheme (CERS)</b>	<p>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.</p> <p>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.</p> <p>The total number of carers registered for April 2014 to March 2015 was 249</p>
Services for carers of people with dementia	This service provides a range of specialist support including peer support groups, advice and guidance for Carers of people with dementia.
Carers Breakthrough	This is Southend-on-Sea's specialist provision for Carers of people with enduring mental illness. The offer includes counselling, one-to-one listening services and relaxation classes.
Carers Flexi breaks	This service is currently offered free to any Carer who is a Southend 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	Like the Carers flexi breaks, Carers living in Southend and providing more than 21 hours of Care each week are eligible for this free service.
Hospice at Home	This specialist service is 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.

### **Priory and Delaware Residential Care Homes**

Delaware House and Priory House are 2 Council operated Care Homes for older people. Delaware House is a 24 bedded care home in Shoeburyness and provides long term care for older people with dementia. Priory House is a 28bedded care home in Prittlewell (26 long term beds and 2 respite beds) and provides long term care for older people with high levels of physical frailty and some of these residents will have dementia. Delaware House has an occupancy rate of approximately 85%, Priory House has an occupancy rate of around 65%.

### **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-on-Sea 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 produced the **Joint Health and Wellbeing Strategy 2013-15**, 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 were identified by the Board as areas where focussed work will result in meaningful and measurable improvements in health and wellbeing.

In February 2015 the Health and Wellbeing Board refreshed the strategy and added three new Broad Impact Goals for 2015-16 which complement and add value to the nine original ambitions. These are:

- Increased Physical Activity (prevention)
- Increased Aspiration and Opportunity (addressing inequality)
- Increased Personal Responsibility and Participation (sustainability)

Identification of these factors is only possible when the Board understands the health and social care needs of the people living in 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. The results of the pending JSNA and further engagement with stakeholders and service users will then inform longer term priorities beyond 2016

### **Commentary from Healthwatch Southend**

Healthwatch Southend is a health and social care consumer champion for the residents of Southend. We 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.

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](http://www.healthwatchsouthend.co.uk)

As a statutory partner on the Health and Wellbeing Board, and a co-opted member of the People Scrutiny Committee, we have direct access to local decision makers at a strategic level. Representatives from across the health and social care economy have shown a real willingness to engage with us to incorporate the views of local people in their planning and decision making. Our input is valued and our involvement is sought at many levels, with public engagement seen as a vital aspect of decision making processes in the Borough.

Domiciliary Care was identified as a priority for Healthwatch Southend in 2014-15, and we held an event focusing on the subject in November 2014. We were pleased to welcome commissioners, service providers and services users to present and discuss issues including the length of home visits, the provision of care at night, knowledge amongst residents about the services that are available and direct payments. This area of service remains a priority for us in 2015-16, and we will be engaging with stakeholders to review progress on the issues raised at our original event, and planned improvements for the future.

We will publish a report in Autumn 2015 to detail our findings, recommendations, and the actions that we have agreed will be taken by Healthwatch and other stakeholders. We will continue to review and report developments in Domiciliary Care following this, working with commissioners and providers to secure the best outcomes for the people who use Domiciliary Care services.

Local people are key to what we do and why we are here, and we are working hard to extend the range of people that we hear from. We want to ensure that the views and lived experience of as many people as possible informs the design and delivery of health and social care services in the Borough. Anyone can join our supporters list, and we send all members a monthly newsletter and regular alerts about developments, consultations and events related to health and social care in Southend.

We encourage anyone who is interested in learning more, becoming a supporter or in telling us about their views and experiences to contact us via our website, by telephone on 01702 356 066 or face to face at the range of events we attend in the community each month, details of which can be found at [www.healthwatchsouthend.co.uk](http://www.healthwatchsouthend.co.uk).

John Cooke  
Healthwatch Manager

#### 4. Integrated Pioneer Pilot and our Partnership approach

Southend-on-Sea 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-on-Sea Borough Council and its partners to achieve **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 plans we have developed in Southend 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 people living in Southend may already have seen as well as many behind the scenes changes that make providing services easier:

- we have recently established an integrated care commissioning team between the council and the CCG;
- well established Multi-Disciplinary Teams working across the borough and focused around GP practices;
- we were first in the country to link and share health and social care data for the purposes of risk stratification / case finding and commissioning;
- a social worker team 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 are a National Pathfinder for Patient and Public Involvement.

## 5. Our Performance in 2014-15

Our performance and the outcomes we achieve for people living in Southend is measured and reported through a variety of local and national frameworks. With our health partners, Southend-on-Sea 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 (ASCOF) 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

In 2015 we carried out a self-assessment of our adult social care services along with our regional colleagues. This was as part of our sector led improvement agenda through which we aim to reflect on and improve our performance by talking to and benchmarking ourselves against other Local Authorities. Our self-assessment demonstrated that we are performing well in the areas of supporting people with disabilities; we have higher level of people with disabilities living at home or with their family and higher levels of people with a disability in paid employment relative to our comparators and national figures. Southend is also very strong at preventing any delays in the care transfer process, moving people from hospital to other care services, this ensures “bed blocking” in our hospital is minimised. Our self-assessment also points to some areas for us to focus on. This includes ensuring that carers and service users are able to access information about support and services in an easy and straight forward manner and that people who use our services are satisfied with what they receive.

### ASCOF Outturns Source: ASCOF 2014/15, HSCIC

The Adult Social Care Outcomes Framework (ASCOF) is a set of measures that benchmark the performance of adult social care services.

In 2014/15 we supported 5514 adults of which 4408 were supported through community based services. This reflects our focus on preventing, reducing and delaying the need for social care, ensuring more people receive support earlier to prevent their care needs

becoming more serious. It also reflects our development of innovative community based services to reduce the reliance on residential based services.

We continue to see an increase in the proportion of people in Southend choosing to receive direct payments up from 14.6% in 13/14 to 24.0% in 2014/15. This is what is expected as we continue to promote personal choice as a means of people gaining real control over their lives and being able to decide how their needs are met and by whom. Results from 2014-15 tell us that when compared to 2013-14 the proportion of people who use services who have control over their daily lives has improved from 73.8% to 76.6%.

Our out turned performance in 2014/15 further shows that Southend's Proportion of adults with learning disabilities in paid employment is 7.1% against a national figure of 6% and in addition our performance on this measure is in line with our eastern peers. The 2014/15 performance for the Proportion of adults with learning disabilities who live in their own home or with their family (%) was 81.4% significantly above the national benchmark of 73.3%, the eastern region out turned below this benchmark. Southend's delayed transfers of care from hospital which are attributable to adult social care per 100,000 population was just 1 against a national benchmark of 3.7 demonstrating that this is a real strength for Southend, the Eastern region outturns at a similar level to the national figure.

In the self-assessment we acknowledged that we could focus more on ensuring that we improve the proportion of people who use services and carers who find it easy to find information about support. In 2014/15 we out turned 65.3% which is slightly above our Eastern region peers and only fractionally below the national figure of 65.5%. **A summary of our regional Self-assessment findings can be found in Appendix A.**

	2011-12	2012-13	2013-14	2014-15
<b>NUMBER OF SERVICE USERS HELPED</b>	<b>5740</b>	<b>5640</b>	<b>5514</b>	<b>5674</b>
OF WHICH;				
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (18-64)	1210	1231	1282	1066
NUMBER OF PEOPLE RECEIVING COMMUNITY BASED SERVICES (65+)	3363	3255	3126	3524
NUMBER OF PEOPLE IN RESIDENTIAL CARE (18-64)	159	135	148	156
NUMBER OF PEOPLE IN RESIDENTIAL CARE (65+)	986	1003	939	921
NUMBER OF PEOPLE IN NURSING CARE (18-64)	1	0	8	1
NUMBER OF PEOPLE IN NURSING CARE (65+)	27	16	11	6
NUMBER OF PEOPLE ASSESSED (18-64)	393	493	542	-
NUMBER OF PEOPLE ASSESSED (65+)	1710	1813	1714	-
<b>TOTAL ASSESSMENTS</b>	<b>2103</b>	<b>2306</b>	<b>2256</b>	<b>-</b>
New client assessments (18-64)				290
New client Assessments (65+)				1646
Total new clients assessed				1936
<b>TOTAL CARERS SUPPORTED WITH SERVICES and ADVICE</b>	<b>959</b>	<b>1005</b>	<b>1094</b>	<b>1248</b>
NUMBER OF SERVICE USERS RECEIVING DIRECT PAYMENTS	517	587	712	695
NUMBER OF CARERS RECEIVING DIRECT PAYMENTS	119	90	83	23
PERCENTAGE OF CLIENTS AND CARERS RECEIVING DIRECT PAYMENTS	11.30%	13.08%	16.15%	21.20%
NUMBER OF CLIENTS REVIEWED	4762	4688	4536	3913
PERCENTAGE OF CLIENTS REVIEWED	82.96%	83.12%	82.26%	78.49%

Please note that in 2014-15 the Adult Social Care Framework of performance changed. 2014-15 data is generally not comparable with historical year's data.

### **Independence, choice and control**

In 2014-15 623 people were referred to the reablement service as part of Hospital admission avoidance alongside 575 people following hospital discharge. In total 1198 people were assessed and received intensive support to regain any lost independence and therefore require smaller care packages or no support at all.

In 2014-15 we successfully moved 9 people with learning disabilities from long-term residential placements into the community support living settings, compared to 2013-14 when we also moved 9 people.

Throughout 2014-15 we have supported 1,248 people in their role as carers. The number of carers in receipt of direct payments has reduced over the years because the way in which we offer services to carers differs to other services. In most cases we provide carers with a direct service rather than through a direct payment because it meets the needs of the carer, ensures quality, and currently offers better value for money. The processes are currently being reviewed to ensure we continue providing the best service in the right way.

## **Supporting People commissioned services**

Across accommodation and floating support services for all client groups during 2014-15 the average of units available was 100% and the average utilisation was 97%. Planned moves totalled 568 and 116 moves were unplanned.

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

- Within services for older people with support needs such as sheltered accommodation, 1,465 service users from a total of 1,219 funded units of accommodation received support to maintain independence. During 2014-15 an average of 204 service users received a package of care to enable them to continue to live independently in sheltered accommodation with support being provided to initiate 71 new packages during the year, but 57 service users were admitted to residential care during the year (an increase of 10 on the previous year).
- During 2014-15 the Domestic Abuse Floating Support service received 307 referrals and 295 were offered a service within 24 hours of receipt. Of these 102 new clients accepted and received support during the year. The Women's Refuge received 153 referrals and of the 79 applicants that were offered accommodation 72 accepted. There were 76 moves out of the service 71 of which were planned with 36 being supported into independent living, 13 into other supported accommodation, 19 moved in with family, 2 were evicted, 1 abandoned the tenancy and 5 moved into Bed and Breakfast accommodation. Just 3 women returned to their perpetrators.
- In Learning Disability services 18 people moved on, with 6 planned moves into independent living with or without floating support (5% of service capacity) 7 into other supported /sheltered housing, 2 moved in with family, 1 moved into residential care and one person died. There are 56 people of working age in accommodation based services, and 1 works more than 16 hours per week, 1 works between 4 and 16 hours per week, and 12 work as unpaid volunteers. Approximately 44% of individuals in accommodation based services are involved in education, training and/or employment, and on average, 13 people participate in structured and meaningful activities on a regular basis at day centres. The majority have been encouraged and supported to gain new skills and participate in service decision making.



- In Mental Health services during 2014-15 there was again only one unplanned admission into acute psychiatric hospital. A total of 14 people moved on from the service, including 7 into independent living with or without floating support (13% of service capacity), 6 into other supported /sheltered housing, and one person died.

The priority for Supporting People services is to move people out of short term accommodation services after a period of support into their own tenancies in a planned way. The table below summarises the number of people who were supported in short term services during 2014-15 and the number of planned moves.

Service Provision	Services Capacity	Total Clients Supported	Planned Moves	Total Moves	Planned Departures
Domestic Abuse Refuge	22	94	71	76	93%
Ex-Offenders	11	32	7	13	54%
Mental Health	54	75	13	14	93%
Single Homeless	55	145	126	199	63%
Teenage Parents	16	36	17	17	100%
Young Offenders	3	10	2	8	25%
Young People	30	50	19	20	95%
<b>TOTALS / AVERAGE %</b>	<b>191</b>	<b>442</b>	<b>255</b>	<b>347</b>	<b>75%</b>

### **Long Term Services – Support in Maintaining Independence**

During 2014-15 648 individuals were supported to establish or maintain independence through long term and floating support services. Overall the average duration of support provision was 7.5 months.

**Housing related support services** are routinely monitored against national quality standards to deliver high quality support and accommodation. During 2014-15 all funded services received review visits. The programme delivered accommodation based support to over 1,465 people in the borough of Southend across a range of client groups.

Advice and information and handy person services were offered to over 2,000 people via the Home Improvement Agency and approximately 63 leaseholders received a contribution to their service charges.

Family Mosaic, the contracted generic floating support service, provides a duty desk for support by appointment in the centre of town. In addition there are drop-in facilities twice a week at St John's Church on Tuesdays and at the Balmoral Centre on Fridays.

### **Performance of commissioned Services**

**Carers Emergency Respite Service:** In 2014-15 115 care worker hours were provided across 8 call outs. There were 315 carers registered and the scheme had 246 customer contacts throughout the year.

**Flexi and prescribed breaks:** During 2014-15 2,667 hours of support were provided across 945 breaks for 104 carers.

**Carers breakthrough:** 170 carers made contact with the service during 2014-15. 92 carers (including 19 new clients) had 1:1 counselling, 46 yoga and relaxation classes were held and 23 support group sessions were run.

**Hospice @ Home:** During the year, 223 carers had 2215 hours of support across 669 breaks.

**Alzheimer's Society:** Last year 72 group meetings were held and 1287 carers (including 435 new carers) had 1-1 support.

**Southend Carers Forum - Carers Project:** 154 new carers joined Southend Carers Forum. 2066 clients received support via Helpline/Drop In support. 766 people had Outreach support. 55 support groups were run.

### **The Adaptations Team**

Of the current social housing properties 24% (1,488) have major adaptations (at least an adapted shower) and in total 34% (2100) 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 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 2014-15, 45 people were best matched with suitable properties - allowing them to live more independently. This helped the council avoid costs leading to savings of approximately £225,000.

### **Delaware and Priory Care Homes**

Delaware and Priory Care Homes are both council owned facilities. There are many financial challenges facing the provision of local authority care homes which led to a review of the future of these two homes. Following extensive consultations with the residents and their families the decision was taken to not close the homes. We are currently reviewing and scoping the possibility of establishing a local authority trading company in order to secure the future of these homes.

## Financial Expenditure

The table below shows expenditure for 2013-14, 2014-15 and planned expenditure for 2015-16.

	2013-14	2014-15	2015-16
	Actual	Actual	Budget
Service			
Drug & Alcohol Action Team	172,617	156,863	169,300
Older People	19,561,152	18,630,360	17,383,884
Learning Difficulties	14,358,513	14,202,245	14,945,131
Physical or Sensory Impairment	4,125,662	4,634,731	4,033,755
Mental Health Needs	4,079,313	4,318,110	2,933,119
Other Community Services	473,560	380,202	344,694
Service, Strategy & Regulation	485,008	120,305	220,267
	<b>43,255,826</b>	<b>42,442,816</b>	<b>40,030,150</b>

## **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 due to these needs, may be unable to protect themselves from abuse.

The SAB has ensured that partner agency policies, strategies and corporate plans reflect local and national safeguarding adults’ guidance and priorities.

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

Members of the SAB commit to supporting adults with care and support needs to enjoy a full life, free from abuse. All adults in Southend should be able to make informed choices without fear or intimidation.

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.

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

An Annual Report will be produced in December 2015 for the Board for the period October 2014 to September 2015; and a Strategic Plan for the period 2015 to 2018 has been agreed. Together with the LSCB Annual Report, the Board will review how well children and adults with care and support needs are protected from abuse. This report will be produced by the SAB and LSCB in December each year.

**Local Safeguarding Children Board (LSCB)** The Safeguarding 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 SAB and LSCB are represented on each Board and developed a joint safeguarding commissioning strategy in 2014/15.

## **SUMMARY OF COUNCIL ACTIVITY IN 2014/15**

### **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.

Staff in care homes, hospitals and supported living should always try to care for a person in a way that does not deprive them of their liberty. If this is not possible, there is a requirement under DoLS that this deprivation of liberty be authorised before it can go ahead.

Southend Borough Council is the 'Supervisory Body' for all Southend and self-funding residents in care homes. As of 1 April 2013, the Council assumed responsibilities as Supervisory Body for all Southend local authority/Southend Clinical Commissioning Group funded and self-funded people within long stay and acute hospitals. Since 2009, the Council has also been the Supervisory Body for people placed in care homes and hospitals outside of Southend.

Nationally local authorities have experienced an exponential increase in DoLS referrals, following a landmark Supreme Court Judgement in March 2014. During 2014/15, the Council received 401 applications from care homes and hospitals. This represents a 568% increase in referrals from 2013/14. As a result of this the Council has ensured that additional resources are in place to meet the increase in referrals.

### **Dental Care**

The Council worked collaboratively with the University of Essex and Southend Clinical Commissioning Group to look at whether current training provision to the care workforce meets the needs of people who use services with reference to dental hygiene. The project, aimed to provide carers and managers with the opportunity to give their views about current practices within their services. The aim of the work is to develop an evidence base from which to commission further training to encourage staff to refresh or gain new skills to support people to maintain their health through effective interventions to maintain or improve oral hygiene. This work is on-going.

### **Quality Assurance**

The Council participated in multiagency audits of safeguarding investigations that were carried out in 2014/15 by the Safeguarding Board. The findings for learning were shared with the Safeguarding Adults Board and informed the work of the Subgroups. The Council

intends to carry out audits across Mental Capacity Assessments and safeguarding enquiries during 2015/16.

## **Keep Safe**

Children's Services and the Safeguarding Adults Board and the Safeguarding Children's Boards have funded the pilot year of Keeping Safe with launch in 2015/16. 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**

Southend Borough Council has assumed new responsibilities in assisting the Government to prevent vulnerable people being drawn into terrorist activity. The Council's new duties are part of the PREVENT Strategy, which is part of CONTEST.

Adult Services has been working closely in partnership with the Department for Place, including Public Protection and Children's Services to ensure that there is a strategic approach as well as an operational response. The PREVENT Board is a multi-agency initiative chaired by the Department of Place, supported by Adult and Children's Services. The Council is setting up CHANNEL Panels, which are a convened group of safeguarding professionals, representative of statutory and third sector services who can assist in supporting a person who is or is at risk of being radicalised. The person must be willing and consent in the CHANNEL process and will be involved in working with professionals who are proactively supporting the disruption of the exploitation to ensure that the person is adequately safeguarded.

## **Key Partnerships**

### Safeguarding Adults Board Subgroups

The Council plays a key role in supporting and engaging with the subgroups to deliver against the SAB Business Plan priorities. Below please find the key Council contributions towards the individual subgroups.

*Quality, Monitoring and Audit Sub Group:* Southend Borough Council continues to play the lead role in supporting the SAB to deliver against the business plan. To this end, members of the Council's strategic and operational management teams participate in the SAB action

groups. The Council chairs the Quality, Monitoring and Audit Sub Group, which concentrates on monitoring the delivery against learning from Serious Case Reviews, learning from multi agency audits and works to ensure that safeguarding performance data is analysed and improvements and developments imbedded in practice.

*SAB & LSCB Training Sub Group:* In 2014, the Southend Local Safeguarding Children's Board (LSCB) and the SAB agreed to merge the work of the subgroups into one entity. A joint training strategy was developed to which the Council has collaborated heavily. Focused work led by the Council has been undertaken to review the provision of domestic abuse training provided by the Council via Essex Police to internal staff and Board partners, especially in response to learning derived from Domestic Homicide Reviews and Serious Case Reviews.

*SAB & LSCB Community Sub Group:* The Council participates in this merged group and looks forward to delivering against the SAB business plan.

*SAB & LSCB E Safety Sub Group:* The Council joined this merged group and looks forward to delivering against the SAB business plan.

#### Children's Department and the Local Safeguarding Children's Board

Southend Borough Council's Adult Social Care takes its responsibilities for safeguarding children within the context of the work we do with families as paramount. Adult Social Care is represented both on the LSCB Board and the LSCB Executive, representing the needs of adult family members and carers. For example, in the last year, we have worked collaboratively with Children's Services and Workforce Strategy to ensure that our operational social work staff and our in house community based services have had e-learning in child protection, recognising neglect and abuse in children, and awareness of Child Sexual Exploitation.

Adult Social Care is also represented in the work to prevent and support victims of child exploitation and sit on the Southend Child Sexual Exploitation Workgroup. We are also engaged in the Child and Family Poverty Workgroup, looking to increase the opportunities and life outcomes for people experiencing poverty and the ramifications.

#### Public Health and Improved Health Outcomes

Safeguarding Adults works collaboratively with the Public Health Team to deliver outcomes that improve wellbeing and reduce the impact of abuse and violence. The Safeguarding Team is part of the wider range of internal partners with whom the Public Health team consult yearly in the development of their work plan. Safeguarding Adults is a longstanding and committed member of the Southend Domestic Strategy Group, led by the Deputy Director of Public Health. Currently, there is a project underway between Adult Safeguarding and Public Health to analyse and support the provision of services to male

victims of sexual violence. Further work is underway with the team to work with partners across Southend to identify the prevalence of the issue for people who engage in hoarding/self-neglect and the service responses and best practice currently available with the aim to reduce the impact for these people.

### Domestic Abuse

Southend Borough Council - Adult Social Care is a key partner in the delivery of domestic abuse support in Southend. Adult Social Care has a duty to support adults with care and support needs who may be experiencing domestic abuse, which may occur alongside a myriad of other social needs. Adult Social Care is represented in the work of the Southend Domestic Abuse Strategy Group, which delivers against the Southend Domestic Abuse Strategy.

Adult Social Care is working to continuously review the provision of domestic abuse training to ensure that practitioners have the required skills to support people experiencing harm. As a result, in 2015/16, a number of new domestic abuse focused trainings have been commissioned around various topics such as; intergenerational abuse, forced marriage and honour based abuse.

Adult Social Care makes referrals into and attends the Southend Multi Agency Risk Assessment Conference (MARAC). An experienced and appropriately trained operational manager attends MARAC twice monthly. Council practitioners and operational SAB partners receive standard and advanced training from Essex Police to ensure that workers appropriately risk assess victims using the Domestic Abuse, Stalking and Harassment (DASH) risk assessment tool.

### **SAFEGUARDING PERFORMANCE DATA** **Safeguarding Investigations/Enquiries**

<b>Year</b>	<b>Referrals</b>	<b>People</b>
<b>2012/13</b>	682	612
<b>2013/14</b>	685	576
<b>2014/15</b>	599	522

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. In 2014/15, the Southend, Essex and Thurrock (SET) Safeguarding Adults Board adopted guidelines that allow information to be recorded as 'alerts' or 'referrals'. A referral is information of concern



that meets the threshold for a safeguarding investigation/enquiry. In 2014/15, 599 referrals received were for 522 individuals in 2012/13.

### **Deprivation of Liberty Referrals**

<b>Year</b>	<b>Applications</b>
<b>2013/14</b>	60
<b>2014/15</b>	401

During 2014/15, the Council received 401 applications from care homes and hospitals. This represents a 568% increase in referrals from 2013/14.

## **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. **Internal** 2014-15 results can now be compared to last year's 2013-14 survey. Some examples of survey results include:

- At 60.2% the overall satisfaction of people who use our services has slipped marginally since last year (61.1%);
- At 76.6% the proportion of people who said they had control over their daily life has increased since last year (73.8%);
- At 69.9% the proportion of people that 'feel safe' has increased slightly from last year.
- The proportion of people who say that their services helped them 'feel safe and secure' has increased substantially compared to last year (79.4% last year and 87.4% this year), a 10% rise this year;

### **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**

Local authorities have a statutory duty to carry out a survey of carers. The results compared to the England Average give us an indication of areas we can work on improving over the coming year

Some examples of 2014-15 carers' survey results include:

- 41.5% of carers were satisfied with the support services they and the person they care for received from social services in the last 12 months (41.8% in 2013-14).
- 65.3% of carers said they found information and advice about support, services or benefits easy to find (70% in 2013-14).

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 2015-16.

## 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 the implementation of the Better Care Fund, with our health partners in the Clinical Commissioning Group, South Essex Partnership Trust and Southend Hospital University Foundation Trust. Over the coming eighteen months people living in 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 local people.

### Joint Strategy for Older People

In July 2015, the Health and Wellbeing Board approved the first joint health and social care strategy for older people in Southend. The strategy describes the work being developed by Southend-on-Sea Borough Council and Southend Clinical Commissioning Group to support older people to:

*“...lead fulfilling lives and be given every opportunity to age well in a community that values their experience of life, whilst also helping them to stay healthy enough to remain independent for as long as possible. This includes the most vulnerable and those with complex needs”.*

Local people were involved throughout the development of this strategy and contributed to the over-arching aim (as quoted above).

This is the first joint strategy to be produced by the Integrated Commissioning Team, where colleagues from both health and social care are working alongside each other to commission joined-up and co-ordinated services for people living in Southend.

The Older People strategy can be downloaded from  
[http://www.southend.gov.uk/downloads/download/564/southend-on-seas\\_older\\_people\\_strategy](http://www.southend.gov.uk/downloads/download/564/southend-on-seas_older_people_strategy)

or by calling 01702 215 000

### Integrated Market Position Statement

The Market Position Statement sets out how Southend's Clinical Commissioning Group and Southend-on-Sea Borough Council will work together to commission community care services over the next three years. In doing so it confirms the local authority's 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 Southend Council's perspective the term 'market' is used to refer to those people who live in Southend who are entitled to adult based community care services. Moving forward, Southend's 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 provider's 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 intense institutional ones; which come with a premium cost.

Detailed client specific chapters will be produced throughout 2015/16.

## **Residential Care Homes**

During 2015-16 in order to address the challenges of delivering residential care homes, we will be acting upon the decisions that will be taken as a result of our feasibility study around developing a local authority trading arm. We will also be exploring the appropriate introduction of high quality apprenticeships to ensure that we are able to continue to provide a quality adult social care workforce.

We have compared our performance with other local authorities across the Eastern Region and we have highlighted throughout this local account areas where we have strong performance and areas where we need to focus on improving over the course of the next financial year. Our service objectives for 2015-16 seek to address issues of lower performance and build upon our current successes.

### **Service objectives for 2015-16**

During the Autumn/Winter of 2014-15 the council prepared its corporate priorities and service plans for the 2015-16 financial year. The following areas were highlighted as key service objectives for the 2015-16 period:

- Maintain excellent safeguarding services for vulnerable adults
- Continue to support people to live independently in their own homes for as long as possible
- Establish a Community Recovery Pathway, a single pathway across health and social care which will help reduce long-term dependencies on care and support.
- Continue to increase the number of people in receipt of direct payments and personalised budgets
- Implementation of the Care Act
- Maintain zero social care related delayed transfers from hospital
- Develop a clear community recovery pathway
- Review learning disability and mental health services
- Maintain frontline housing related support services for vulnerable adults
- Deliver more affordable homes in the Borough
- Undertake the regeneration of the Queensway Estate
- Complete new Council House building on land in Shoeburyness
- Carry out a review of the Sheltered Housing provision in the Borough
- Carry out a review of how Aids and Adaptations are carried out in both private and public sectors
- Ensuring the houses of multiple occupancy (HMO) in the Borough are safe for tenants and taking action against landlords who are in breach of the regulations
- 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

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

Southend Hospital

Tel: 01702 435555

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

Citizen Advice Bureau

1 Church Road

Southend on Sea

Essex SS1 2AL

Tel: 0344 477 0808

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

South Essex Homes

Tel: 0800 833 160

[www.southessexhomes.co.uk](http://www.southessexhomes.co.uk)

Southend Mencap

Tel: 01702 341 250

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

Southend Association of Voluntary Services

(SAVS)

Tel: 01702 356000

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

Ask SAL

Tel: 08452 66 66 63

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

DRAFT

## GLOSSARY

Adult Social Care	Personal care and practical help for adults over 18 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 experience 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
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.
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.



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 for key leaders from the 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, intending 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 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 the 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.
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	Is a programme to support 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.
Self-Directed Support	Is a way of providing 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 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.

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](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.

## APPENDIX A

### Regional Self-Assessment Tool (SAT) for Adult Social Care – October 2015

#### What is the Regional Self-Assessment Tool (SAT)?

The new SAT was introduced this year by the Association of Directors of Adult Social Services (ADASS) group and is the first time the tool has been used to assess performance across a wide range of areas including risk, metrics, engagement, accountability and transparency.

As well as a general comparison of our RAG (Red, Amber, Green) rated performance; analysis also included a 'test' of responses to ensure that councils had been both fair and consistent when assessing performance. Southend was shown to be both fair and consistent throughout the process.

The SAT includes clear 'prompts' to ensure consistency and is split into four main areas:

- *Self-awareness and risk areas* – Requires allocation of a RAG rating and short narrative summary of key issues;
- *Metrics and risks* – This includes various performance and budget indicators and requires two RAG ratings, one assessing our performance and one assessing data quality, as well as short narrative summary;
- *Engagement transparency and accountability* – Narrative updates relating to various pieces of work e.g. Local Account, Healthwatch annual report, Peer reviews etc;

Key priorities and best practice - including top three areas Southend is most proud of. The following areas, all of which are covered within the Local Account, Southend recognised as areas we are most proud of and made a difference to people who use services, their carers and families:

1. Integrated Approaches e.g. Integrated Commissioning Team consisting of NHS and Council Commissioners and other integration initiatives such as Pioneer and BCF work streams.
2. Success and many achievements of LD services e.g. LD Self-assessment Form regional results and Winterbourne View work
3. Successful implementation of phase 1 of the Care Act.

#### How did Southend compare with regional peers?

Table 1 below gives a breakdown of RAG ratings by each local authority within the eastern region. Names of local authorities have been removed to meet agreed terms of use. Southend was one of only two local authorities across the region with no **Red** ratings, least number of **Amber** ratings and the highest number of **Green** ratings.

The budget element of the SAT also provides comparison adult social care across the region. The data shows that Southend experienced the second largest net budget saving across the region since 2010/11. Whilst these figures should be considered with caution as councils will have different baselines and counting procedures, maintaining performance

against one of the largest spending reductions across the region is a significant achievement for Southend.

Further work will take place over the coming year to maintain this overall level of performance.

### **Summary of our SAT findings**

Regional SAT benchmarking results indicate that Southend continues to maintain areas of outstanding performance when compared to the rest of the region and further work will take place over the coming year to continue this trend. The fact that Southend has achieved these results alongside one of the largest reductions in adult social care budget across the region and within a challenging national financial climate makes this achievement even more significant.

**Table 1 – Regional Self-Assessment Tool (SAT) for Adult Social Care – Summary of RAG ratings**

<b>Council</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>No Response</b>
Council 1	7	21	21	3
Council 2	10	25	16	0
Council 3	2	26	22	2
Council 4	4	22	26	0
Council 5	4	30	18	0
Council 6	2	20	28	2
Council 7	10	19	20	3
Council 8	2	26	19	5
<b>SOUTHEND</b>	0	19	33	0
Council 9	0	22	30	0
Council 10	6	28	13	5