

Adult and Community Services In Bradford

Bradford's Local Account for 2013/14



City of Bradford MDC

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Foreword

Thank you for taking the time to read Bradford's 2013/14 Local Account. Local Accounts are published by all Adult Social Care departments across the country. They tell the public and others about what has been achieved over the past year. This Local Account is a collaboration between Bradford Council, other organisations we work with and people who actually use our services, who have been key to the look and feel of the document. Together, we wanted to produce a document which would be easy to read and understand, avoid jargon and give a clear explanation of how Bradford's Adult and Community Services (ACS) department are serving the people of Bradford. We would like to take this opportunity to thank everyone involved and believe this document is much better as a result.

Like other areas of the public sector, ACS has had to reduce spending over the past year. Unlike some other areas, we continue to see increases in demand for health and social care services from the public. This means making some difficult decisions; for example, the numbers of staff we employ have fallen by more than a third over the past four years. However, it also means we have to think creatively about how we do things and work more closely with our partners, particularly in the NHS, to make sure we understand each other's priorities and help each other achieve these.

It is both a privilege and very rewarding to serve the people of Bradford, together with our staff, who are so skilled, experienced and dedicated to their work. Our thanks to them for the invaluable work they do. We would also like to thank our colleagues in partner organisations for their commitment to working together with us and the invaluable expertise they bring.



Cllr. Amir Hussain
Portfolio Holder,
Social Care and Health



Janice Simpson
Director of Adult and
Community Services

Introduction

Adult and Community Services (ACS) are responsible for both commissioning (buying from other organisations) services for adults who need them and providing them through our own staff. Because of this, the department is organised into two areas:

Operational Services – this includes Social Workers, Occupational Therapists and other staff who work with older people, disabled people, those with mental health needs and carers. It also includes other services, such as the Council's residential care homes, day centres and enablement (home care) teams.

Transition and Integration Services – this includes the Commissioning and Procurement team, who plan, buy and keep an eye on those services we provide through other organisations. It also includes the staff who work in the Adult Protection Unit (working to stop adults being abused) and those who measure how effective the Council is at helping people.

Commissioning and procurement is a major part of what ACS does and involves:

- Analysing the needs in Bradford
- Developing plans of how to meet those needs
- Working with partners and organisations who provide services to make sure the right services are available
- Buying services or making grants to allow them to be delivered (this is sometimes done with partners)
- Checking services to make sure they are doing what they are paid for to the standard that was agreed

ACS also works closely with other departments of the Council, such as Housing and Neighbourhood services, and other public sector organisations like the Police and the NHS. This is to make sure that we are all working together to do the best we can for people who need our services.

To pay for all this work, ACS has a net budget of £135m. As part of the Government's spending reductions, ACS' budget has been reduced by 6% for 2014/15. Together with these spending reductions, there has been an increased demand for adult services as the country's population ages. Statistics show that by the year 2030 there will be an increase of 39% in older people in Bradford and 5% in working age adults needing a service. There is also the new Care Act 2014, which adds some new responsibilities for Adult Services.

ACS are using this opportunity to work with partners and think creatively about new ways to meet the needs of people in Bradford - including those who would not normally be eligible for our services. There are limits to the money and people available to do this, but we are confident that important changes are starting to happen and will continue over the next few years.

Finance

ACS spent £181m last year; and also received £46m of income from sources other than the government giving us a net spend of £135m.

We spent £119m on paying for services we commissioned, including residential and nursing care and domiciliary care (home care), which accounts for two thirds of our budget. We also spent £33.9m to pay for our staff, who include our social workers and care workers.

The £46m of income comes from charges to service users, from the NHS, and for other charges and grants.

We spend over half of our money on providing services for our older people and almost a third on people who have a learning disability.

Over the last few years, Councils budgets have reduced significantly and ACS have been facing challenging times with further reductions expected over the next few years.

The Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (known as ASCOF) is produced by the Government's Department of Health. It is used to:

- Set priorities for care and support
- Measure how well Councils are meeting these priorities
- Make this information available to the public. This means that people can compare and judge how well their Council is performing.

ASCOF has priorities under 4 areas (called 'domains'), which are:

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

The next few pages of this document will describe the work ACS in Bradford is doing in these domains by using case studies. Case studies are real examples of our work, which we hope will show you, rather than describe to you, what we do.

Bradford Priority 1

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

We want to make sure:

- People manage their own support and being in control of how and when that support is delivered.
- Carers are able to balance their caring roles with other areas of their life.
- People find employment, maintain family, social and community life, live independently and avoid loneliness and isolation.



Case Example

Being in control of support

22 year old Daniel has a physical disability and uses a wheelchair. His family provide most of his support, but he is pursuing a career in football coaching and needs to build up his experience by taking opportunities to do coaching on a voluntary basis throughout the country. Daniel's family can't take him to do this and it would be difficult for him to travel on his own. Working with Daniel, ACS assessed him for a personal budget, which he chooses to spend on employing a personal assistant for 15 hours per week, who can help him access these work opportunities wherever they may come up. With this support in place, Daniel is confident he will be able to progress in his career.

Did you know?

78% of Bradford people provided with services in 2013-14 said they had control over their daily life. This is higher than the England average and in line with other councils in Yorkshire and Humber.

77% of people receiving services are in receipt of a personal budget so that they can take control of their own support. Bradford has the 4th highest level of people receiving personal budgets in the Yorkshire and Humber region. Performance is improving each year, but there is still much to do to ensure real choice and personalisation for people. ACS is working to improve this by increasing the number and range of services available to purchase from in Bradford.

Case examples

Supporting carers to balance their caring roles

Carers play a vital role in the overall delivery of health and social care services and we recognise that carers need to be supported properly. In the past, both the Council and NHS commissioned support for carers separately. This was inefficient, led to some services being duplicated and created confusion for some carers wanting to access the service. We agreed with our NHS colleagues to jointly commission support for carers, with a central base for the service, but places where the service could be contacted in local areas. We wanted the service to improve the mental, physical, emotional and economic wellbeing of carers to allow them to continue in their caring role. We also wanted carers to have opportunities for a life outside of caring.

After asking organisations to apply to provide this support, Carers Resource, a Bradford based charity, were awarded a three year contract to provide the following range of services:

- Identifying carers
- Providing emotional and practical support to carers
- Assessing carers' needs
- Providing information and advice to carers
- Helping carers plan for emergencies
- Acting as an advocate for carers
- Administering small grants to carers to promote their health and wellbeing
- Raising awareness about carer issues with professionals
- Campaigning on behalf of carers



Nabila is a full time carer for her partner and was overjoyed at being awarded a grant of £200 through Carers Resource to spend on herself. She organised trips to the hairdresser and beautician for her and her daughter-in-law, while her partner was cared for at home. Nabila felt re-energised by spending some time on herself and organised a tea party during Carers' Week, raising £200 for Carers' Resource.

Did you know?

Councils do a survey with carers every 2 years to get their views on how they are supported. The last one was done at the beginning of 2013. It showed that carers in Bradford had a higher quality of life than the regional and national averages.

[See here for details of resources for carers in Bradford.](#)

Support to maintain a family life

Mariana is 38 and has a learning disability and some behavioural problems. Over the past year, ACS have been working with her to help her move back home with her family, which is what they both want. However, the family needed some support to help make sure the move back home worked out.

ACS assessed Mariana and gave her a personal budget. We then helped her to buy support to allow her to visit a respite service. Mariana also wanted to go to the Springfield Community Garden. ACS helped her to arrange this and to employ a personal assistant to support her.

The plan for Mariana to be back with her family is working well, Mariana's behaviour has been much better and she feels happier with the change.

Support to live independently

Bradford Council mental health services work closely with Bradford District Care Trust, to help people be as independent and self-supporting as they can be.

Gurinder had alcohol problems, was depressed and didn't look after himself properly. After leaving hospital, he was placed in residential care, because social work and health staff did not know if he would be able to live on his own again. After discussing this with Gurinder, everyone agreed that he should move to one of the residential care homes which works with the Council to train and support people to regain the skills necessary to live independently.

After a year in residential care, Gurinder felt confident enough to move to supported accommodation, where staff encouraged him to start shopping, cooking and managing his own money. This was a difficult challenge for Gurinder and he struggled at the start. He started to drink again and he did not know if he could cope in his new flat. Social workers and other care staff kept working with him, however, and helped him stay in his own home. They helped him feel confident in learning new skills.

With this support, Gurinder overcame these problems and is now very well and proud of living in his flat and getting to know his community. He requires a lot less support now, but our staff are still there if he needs them.

Did you know?

Bradford is above the the national average at helping learning disabled people live independently or with family. However, we are below the national average at helping learning disabled people find a job. Because of this, we have commissioned several organisations who provide day opportunities to improve independence and employment for people like this.

In 2013/14, we didn't quite reach our target for numbers of people with mental health problems we had supported to live independently. This is a priority area for us in the coming year.

Case Example

Helping people to have social contact with others

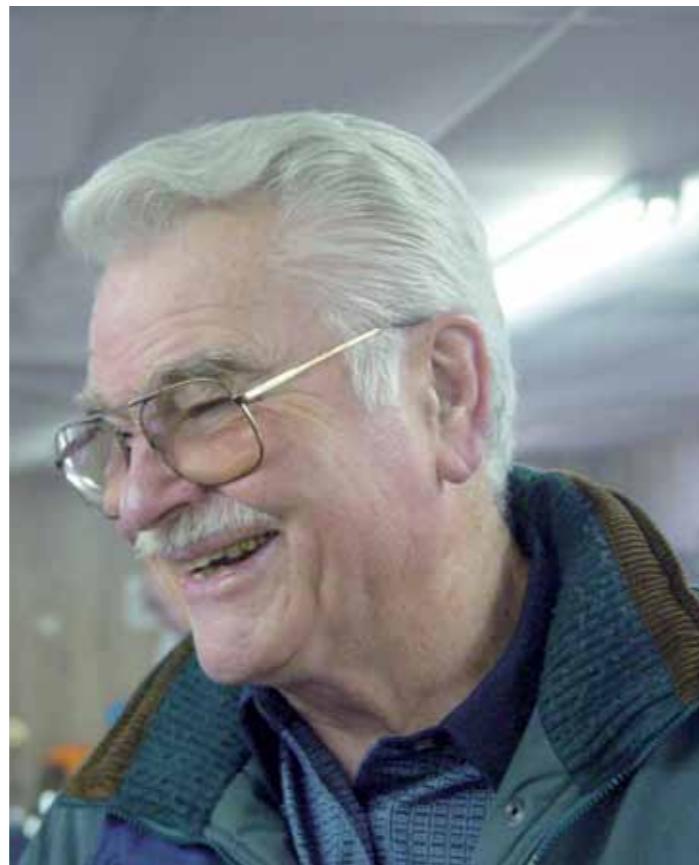
By consulting with service users and partners, ACS saw that there was a need to support older people across Bradford to live successfully in their own home. This support could include:

- Supporting people through a crisis
- Linking people with local community groups
- Developing community groups for people with particular support needs
- Setting up a time bank to encourage older people to share skills

ACS decided to commission this service and Creative Support, a community organisation with charitable status was awarded the contract.

Steven has depression and finds it difficult to get around, so his GP asked Creative Support to help Steven with cooking nutritious meals. When staff visited him, it was clear that there were other issues too. Steven and his brother had both been carers for their mother. She had since passed away and his brother had moved out of the area. Steven was nervous and tearful, and said he was suffering from panic attacks and anxiety. He was doing his best to make his money go further, by going to the supermarket after items were reduced, but couldn't afford this and his utility bills. Although he had been offered vouchers for the food bank, this required a bus journey which he couldn't afford.

The Creative Support worker helped him with his benefits and got him some help with managing paperwork and bills.



Bradford Priority 2

– Delaying and Reducing the Need for Care and Support

We want to make sure:

- Everyone has opportunities to have the best possible health and wellbeing throughout their lives. Everyone can access support and information to help them manage their care needs.
- People get early diagnosis, intervention and re-ablement
- People who have care needs, are supported in the most appropriate setting and helped to become independent.

Case Examples

Advising people on arranging their own support

The Council's Access Service take calls from people wanting to use our services and from those who want to arrange their own. Wojciech is an 89 year old man who lives alone. His only daughter lives in the South West. His daughter contacted Access because she felt her father had developed some memory problems and had lost some weight. We offered to assess her father, but the daughter did not think he would want this at that moment. The daughter was worried that, Wojciech would have a crisis and end up in residential care, which she knew he would not want. ACS provided information on services and groups for people with memory problems, details of hot and frozen meals services and advice on communication aids to help ensure Wojciech stays safe and well.

Re-ablement following discharge from hospital

Following a fall at home, Arthur, an elderly man, was admitted to hospital with a fractured collar bone and broken arm. He lived alone and had been managing life reasonably well before his fall. Arthur was concerned that he would not be able to return home and would have to go into residential care, which he did not want. After his discharge from hospital, Arthur received support with washing, dressing and making meals from Bradford's Enablement Service Team (known as BEST). Whilst they were working with Arthur, they noticed that he had some memory problems. They were able to arrange support from the GP and family with this. At the end of the BEST involvement, Arthur was still at home. He was receiving a daily visit from a care agency needed to support him. Arthur was happy with this arrangement and reassured that he did not have to go into residential care.

Did you know?

The advice, information and assessments provided by Access and the re-ablement following discharge from hospital by BEST, help to prevent unnecessary admissions to residential care. This means that more people are able to stay independent for longer and that the expense of residential care is reduced. As a result of this kind of support the numbers of permanent admissions to residential care have substantially reduced over the last few years. We are now one of the best performing Councils in the region.



Case Example

Supporting discharges from hospital

Bradford Council's social work team based at the Royal Infirmary work closely with a social enterprise called Bradford Respite and Intermediate Care Support Service (BRICSS). BRICSS have a unit with 14 beds, which allows homeless people to be discharged from hospital for support and rehabilitation which meets their needs. This also frees up beds at the hospital and provides a more appropriate setting for social workers, NHS staff and housing staff to work with these people.

Katy is a homeless person who suffers from drug and alcohol problems and was admitted to hospital with an infection linked to these issues. Although Katy was ready for discharge, she had nowhere suitable to go to. This would normally have meant Katy staying in hospital when she didn't need to. Katy was assessed and later admitted to BRICSS. At BRICSS, Katy continued her physical recovery, but was also able to get specialist help for her drug and alcohol problems.

Did you know?

Bradford Council helps the NHS to discharge people safely from hospital in a variety of ways. Our BEST team is assessed on how well it performs in reducing readmissions to hospital following discharge. It is one of the best performing enablement services in the country. 93% of people are still at home three months after their discharge from hospital, due to BEST support.

The Council and our colleagues in the NHS work together to make sure delayed discharges from hospital are reduced. The Council performs well against this measure. However, the overall numbers of delayed discharges are still higher than they have been over the last few years, so we are working with the NHS to reduce these further.

Bradford Priority 3

– Ensuring That People Have a Positive Experience of Care and Support

We want to make sure:

- People are satisfied with the care and support services they receive.
- Carers feel respected as equal partners in providing care.
- People know about the choices they have in relation to their care, their entitlements and who to contact when they need help.
- People, including those involved in social care, respect the dignity of individuals and are sensitive to each person's particular circumstances.

Case Example

Providing care and support at the end of life

Usman was an older man who lived alone, having become estranged from his family following many years of mental ill health. He had received support for long time from one of the combined Council/NHS mental health teams in the City. Unfortunately, Usman became ill and, on admission to hospital, was found to have only days left to live. Social workers and health staff, many of whom had known Usman for years, made sure he was comfortable and contacted family members in this country and a variety of others. This meant that Usman and his family were able to be reunited and talk together for the first time in many years. Staff supported both Usman and his family in starting to come to terms with the end of his life and helped family members to be able to discuss difficult issues about their relationships with each other. Following Usman's death, the family wrote to the mental health team manager to praise the

skills and dedication of the staff involved, calling them '*a shining example of the ethics, values and principles that we all aspire to reach in our careers*'.

Did you know?

There are many individual cases, such as Usman's above, where our staff do excellent work with service users. However, our annual survey shows that some people in Bradford are not as satisfied with our services as we would like. We are looking into this further to find out more about why people think this and decide what we can do to improve.



Case Example Involving carers

Anwar was the sole carer for his 90 year old grandfather, Manish, and also a single parent. Manish was admitted to hospital following a fall. Following his discharge, he became increasingly frail, meaning that Anwar was found it difficult to support his grandfather. The main problem was that Manish needed to access a number of different services in different places. This meant that Anwar needed to transport Manish and stay with him during appointments. Following a meeting between Anwar and a social worker in our Access team, arrangements for Manish were changed to allow him to access the services he needed in one place. This meant that Anwar had to spend less time transporting his grandfather and could leave him for a whole afternoon in order to

do shopping, pick children up and generally

have a life outside of his caring role. Involving carers in plans like this means that the pressure on them is lessened and they are able to continue their caring responsibilities for longer. Also, the person they are caring for gets to have their care provided by a consistent person, who they know.

Did you know?

Like the survey of service users, our two yearly survey of carers shows they are not as satisfied with the way we involve them as we would hope. Bradford is below the regional and national averages, so we are looking at how we can improve our inclusion of carers, perhaps by working with voluntary sector carer organisations.

Case Example

Understanding Choices and Entitlements

Helen works for the Support Options team, which are part of ACS. Support Options help people who need care and support to find services which meet their needs. They also work with people who want to organise their own support through Direct Payments.

"My job is always very interesting," Helen says. "I support people to recruit personal assistants; signpost people to the community payroll and employment advice agencies; provide guidance around the practicalities of managing direct payments and provide advice about specialist support services that people may want to purchase."

"It's great to have this contact with people during the day and the sense of satisfaction that you have managed to help them," she continues. Helen recalls one case where she helped Mina, a woman with a disability and mobility problems.

"Mina had been assessed and awarded a Direct Payment. She wanted to use this to employ a personal assistant. She'd tried some agencies herself, but had found them difficult to deal with, so she contacted us."

Helen helped Mina advertise for her personal assistant, collated the applications for her and advised on interviewing the shortlisted candidates.

"Direct Payments are great and people really appreciate the choice and control they give, but they can be difficult to set up, and that's where we come in," says Helen. "Mina wanted our Payroll to manage the money for her, but wanted to directly employ her personal assistant. We helped her arrange public liability insurance and



advised her on what her money could and couldn't be used for.

"Once these arrangements had been made, Mina felt very much in control of her care and confident about her role as employer. I felt that my work was really valuable to her and meant that her quality of life was improved," said Helen.

[See here for more information on Direct Payments.](#)

[See here for more information on services you can access with a Direct Payment](#)

Case Example

Promoting Dignity in Care

The Dignity in Care campaign was launched nationally in November 2006, by the Social Care Institute for Excellence, and aims to put dignity and respect at the heart of UK care services.

Bradford Council promotes dignity in care, both in its own services and those it commissions. In practice, this means:

- Enabling individuals to make up their own minds and express their wishes. Sometimes people may not be able to do this clearly for themselves, so care staff taking time to build relationships with family and others is important in obtaining this information.
- Being respectful of individuals' habits, values, culture and needs. For example, the Council's Meri Yaadain service for people with dementia in Bradford's South Asian communities provides care in a way which is appropriate and respectful of this community.
- Ensuring they use formal spoken terms of address, unless invited to do otherwise. For example, we recommend care staff in our own homes and those we commission, don't use residents' first names unless the resident asks them to do so.
- Ensuring individuals' comfort, consideration, inclusion, participation, stimulation and sense of purpose in all aspects of care. For example, there are a number of Dementia Wellbeing Cafés in Bradford, which are important in helping people with dementia maintain a sense of community
- Adapting care to the specific needs of individuals. For example, considering



varying meal times to allow individuals in residential care to eat when they tend to be most hungry.

- Supporting individuals to maintain their hygiene and personal appearance.
- Enabling individuals to raise concerns and complaints, and ensuring these are dealt with thoroughly without fear of retribution. For example, the Council employs Quality Checkers to provide feedback on the quality of both provided and commissioned services, including from service users.
- Providing advocacy services to individuals, where appropriate. The Council commissions advocacy services for people who need an independent person to help make decisions in their best interests.

The Council also co-ordinates activity around Dignity Action Day on 1st February each year. Dignity Action highlights the issues of dignity in care and was supported by a wide range of organisations and individuals in 2014.

[See here for more information on Dignity in Care and Dignity Action Day activities in Bradford and elsewhere.](#)

Bradford Priority 4

– Safeguarding Adults Who's Circumstances Make Them Vulnerable and Protecting Them From Harm

We want to make sure:

- Everyone is physically safe and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injuries.
- People are supported to plan ahead and have the freedom to manage risks in the way they wish.

Case Examples

Making safeguarding personal

Betty and Mavis are elderly sisters who have lived together all of their lives. Mavis has a diagnosis of dementia and had problems getting around, so Betty is her carer and undertakes all the household tasks.

West Yorkshire Police contacted the Council's Adult Protection Unit following a theft from the sisters' property. A local man had come to the door stating that a few roofing tiles were loose. He offered to look at these for a small amount of money and Betty agreed. A few days after the same man with 2 friends visited the house again and said that he would fix the roof. He asked for a deposit of £1800 as the whole roof needed fixing.

Betty did not like to keep her life savings in the bank, so hid them at home, but when she went to get the money from the hiding place, the man followed her and stole around £30,000.00. Betty and Mavis were left very scared and distressed.

Our staff investigated these concerns and visited the home immediately. Unfortunately, the sisters had had a very negative experience with social services when they were younger and were very reluctant to accept a social worker, but we were able to ensure they had some support from both the Police and one of our voluntary sector partners. The good relationships the sisters built up with these organisations meant they were more willing to accept further help.

Betty felt that she and Mavis had been made safer through their contact with ACS and were very positive about their relationship with those involved in helping them. Betty is also working with the Police to identify the perpetrators and the Crime Prevention Team have fitted CCTV cameras to ensure their ongoing safety.

In this case, both service users were very clear about what they did and didn't want from ACS and staff tailored their response accordingly.

Supporting people to manage their own risks

Dorothy is 79 years of age and lives alone but with some support from her daughter. Dorothy has a diagnosis of dementia and is no longer able to get out of her flat unaided. Also, her GP is concerned that the dementia is affecting her ability to make decisions for herself – this is known as her mental capacity.

West Yorkshire Police became concerned after a man with a previous history of fraud befriended Dorothy and she had a sum of money stolen from her flat. The case was picked up by ACS staff, who visited Dorothy and were worried about her ability to manage on her own. Because of this, they recommended Dorothy temporarily move in to a residential home (this is known as respite care), but Dorothy was very clear that she didn't want this to happen. Our staff made several visits to Dorothy at home to discuss risks with her and make sure she understood these. They then supported her in making some decisions about reducing these risks, which included accepting some home care and agreeing to CCTV being fitted in her flat.

All parties are happy with the current compromise and Dorothy feels safer as a result.



Did you know?

There has been a steady increase in people telling us about adults who may be at risk of abuse over the last few years. We think this is due to members of the public and professionals being more aware of abuse as a result of media reports and events such as Safeguarding Week, held in Bradford each October. Bradford's Safeguarding Adults Board (SAB) helps to co-ordinate safeguarding in the District and hold agencies to account.

We appointed our first Independent Chair of Bradford SAB, Jonathan Phillips, OBE, during 2013/14 and this objective view of safeguarding in the District is helping us to make improvements to keep more people safer.

Equality and Diversity

Bradford Council and ACS believe that equal opportunity and equal access to services are important, especially in our diverse city. We try to ensure that we carefully consider the needs of service users in relation to age, disability, gender, race and religion or sexual orientation, and plan services accordingly.

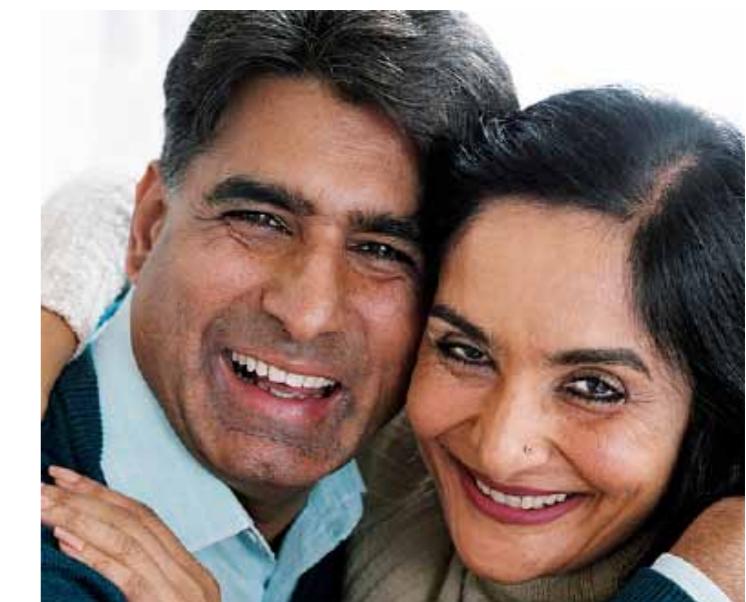
Case Example

Dulari is a 64 year old woman, who lives with her husband. Her children are now married and live elsewhere, but Dulari's son noticed she was developing memory problems and was increasingly forgetful, so she was referred to the Council's Meri Yaadain dementia service for the South Asian community, to see if they could help.

The service visited Dulari at home and heard from her husband that Dulari had started to develop mood swings and some aggressive and repetitive behaviour. This was leading to her and her husband arguing. Both Dulari and her family were upset at the situation and didn't know what else to do.

Meri Yaadain staff encouraged Dulari's husband to speak to their GP about Dulari's behaviour and forgetfulness. Staff supported the couple to attend a memory clinic and Dulari was diagnosed with Alzheimer's disease.

Following this, social workers visited the couple to assess their needs and Dulari started to attend a day centre and a sitting service was arranged so her husband could get a break. In addition, our occupational therapists fitted some physical aids for Dulari, who was quite frail, such as handrails.



Meanwhile, Meri Yaadain staff worked with the family to help them understand more about dementia, its symptoms, and ways of managing some of Dulari's behaviours. The family were encouraged to reminisce about her life, through pictures, family movies, pictures of homeland and cultural objects. Both Dulari and her husband started to attend the Meri Yaadain support group, made new friends, shared experiences and obtained information.

Dulari now feels more in control of her condition and her relationship with her husband is much better. Her husband is happier and values the support from the service greatly.

Productivity

Over the past few years, public spending has been cut significantly, so it is more important than ever to make sure that the money which is available is spent productively. To this end, ACS have a range of ways of measuring this.

Regular finance activity and performance reports help us identify what is being spent on different adult services (e.g. in-house home care, commissioned home care, residential and nursing care) and what the result of that expenditure has been (e.g. the number of home care hours provided or the number of weeks of care in residential and nursing homes). Outcomes and service quality are also monitored in order to provide a rounded picture of whether services are providing value for money and are being effective.

The performance of different areas of ACS is compared with previous time periods and against other local authorities and organisations. Actions are taken to address any problems and ensure value for money. Through this we aim to ensure we are providing good value for the public money we spend.

One example of this is the work we did to examine the cost of domiciliary care (home care). This showed that the Council's service was more expensive than that we could purchase from private companies, so over the past few years we have reduced the size of our own service and commissioned more domiciliary care from the market. However, we have kept a small team in the Council to do re-ablement work in people's homes ([see the BEST case study](#)), as this was something our staff had specific skills in.

We also measure the productivity of ACS as an organisation, looking at the unit costs of services (what it costs to provide a specific service to an individual, or per hour/per day) and things like sickness levels. ACS have reduced sickness levels by a quarter over the last 5 years, but this still needs to improve, so we have plans in place to continue to reduce sickness levels.

The Local Market – How We Intend to Keep Costs Down

Good quality social care services, which are personal to the needs of individual service users, require the providers of services to understand these needs and respond to them. As a major commissioner of services, ACS has an important role to play in making this happen. These actions are called 'market shaping' and are a key function of the Council and ACS.

The Council aims to influence and drive changes within the care market in order to make sure there is a sustainable and diverse range of care and support which is stable and reliable for the long term.

At the same time, we want to continuously improve the quality of care and the range of choice for service users. Of course, we also want to do this in the most cost effective way.

ACS have written a Market Position Statement (MPS) which will help providers of services understand what care and support people need in Bradford. It also helps us to influence the services available in the district and to develop good relationships with care and support providers.

Ultimately, we want the adult social care market in Bradford to:

- Deliver outcomes (what service users want to happen).
- Promote quality, so there is an expectation from all that this is important.
- Support sustainability, so that good quality services are stable and able to stay in business for the long term.
- Ensure choice, so that the diversity of the City and its people is reflected in the different social care services on offer.



Complaints and Customer Feedback

Feedback from service users on their experience is extremely valuable to ACS. We receive this in a number of ways; through surveys, directly from those using the services we provide and through our Quality Checkers for some services we commission. However, complaints are also useful to us in recognising when things have gone wrong and learning how we can avoid this happening again.

Our complaints process is informed by statute – which means that, procedures are legally binding; under the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009. These regulations define what is and isn't a complaint, the timescales for acknowledging them and the need to have a complaint manager to handle the complaint.

A social care complaint can be made by a service user or someone on the service user's behalf. Where a complaint is made by a family member or carer, if there is any uncertainty about whether the complaint is being made in the best interests of the service user they will be required to give their consent to the sharing of information and an investigation taking place.

In 2013/14, there were 153 ASC complaints and 101 compliments. The Local Government Ombudsman was involved with 4 complaints. In one of these, the Council was found to have been at fault.

Some of the complaints we received helped to change the way we do things, for example:

- The communication between social workers and domiciliary care workers about problems with medication was improved.
- Staff were given further guidance about making home visits without an appointment.
- Domiciliary care providers should now pack a bag containing toiletries, medication and nightwear for people they are working with should they have to be admitted to hospital unexpectedly.
- As a result of the Ombudsman complaint, the recording of information on social work files has been revised and managers' oversight improved.

Scrutiny

Scrutiny Committees are the Council's "watchdogs", who examine its decisions and recommendations, as well as monitoring the performance of local services.

Scrutiny Committees act as a "critical friend" to the Council and help it fulfil its community leadership role by looking at how the Council and other public organisations in the district, such as the NHS, private or voluntary organisations, are providing important services to people.

The Council's Health and Social Care Overview and Scrutiny Committee is responsible for looking at the ACS strategies, plans, policies, functions and services to make sure they support the Council priorities of supporting and safeguarding the most vulnerable adults and reducing health inequalities. It also scrutinises local NHS policy and planning, and how these are meeting local needs and reducing health inequalities.

The Committee consists of a number of Members of the Council (Bradford Councillors) and representatives of the voluntary and community sector with expertise in health and social care. During 2013/14, the Scrutiny Committee provided an oversight of 21 key ACS decisions.

Case Example

Fair Access to Care Services (FACS) is a national framework which helps local authorities judge who is eligible for adult social care services. It contains criteria which help in making this judgement and allow adjustments, depending on how the local authority prioritises the use of adult social care resources.

Due to reductions in public spending, this criteria was changed in Bradford during 2013/14 to target the available money on those with the greatest needs. The effect of the change would be that some people who were previously eligible for services from the Council would not be eligible afterwards. This was not a decision to be taken lightly, so, to ensure the decision was correct, the Health and Social Care Overview and Scrutiny Committee received a report on the changes and questioned Council Officers about them.

They accepted that the change had to happen, but told Officers to undertake further work so that some of those not eligible for Council services could receive a service from the voluntary sector instead.

Later in the year, the Committee received a further report on measures taken to reduce the effect of the change and asked for a further report during 2014 to look at case examples of those people affected by the change and what had been done to help them.

In this way, the Committee fulfils its purpose of providing checks and balances to assess some very difficult decisions.

The Care Act

The law on services for people who need extra care or support was previously in a number of different Acts of Parliament. The Care Act will bring these together and also deal with some of the problems with the previous laws. It is intended to provide a social care system that provides care for those who need it, and which enables people to retain their independence and dignity.

The principles of the Care Act are:

- Promoting health and wellbeing
- Preventing people developing care and support needs wherever possible, but where they do have needs, dealing with these at an early stage to prevent them getting worse.
- Focusing on what has changed for those who have received services
- Supporting families and carers
- Increasing the quality of care and support services
- Adult social care working more closely with other organisations – particularly with the NHS and housing
- Financial protection for the public
- Making it easier for people to move services or areas without arrangements being disrupted

Changes within the Care Act include :

- Making sure people can get information and advice about care, support and finance
- Ensuring there are good quality providers of services to meet the different needs of Bradford
- Making sure care and support continues to be provided even if the organisation providing it is no longer able to do so. For example, if a care home goes out of business.
- A new national eligibility criteria which states who is entitled to care and support
- Making sure eligible carers receive support
- More opportunities for personal budgets through direct payments
- Allowing people more options to defer payments relating to residential and nursing care
- Ensuring that, where people move areas, their care and support is not disrupted
- Improve the transition of support from children's social care to adult social care for younger adults with care and support needs.

This means some big changes in the way we do things in ASC, which are shown in the table, below.

From	To
Repair – Only getting involved with people after a crisis, such as a hospital admission	Prevention – Becoming involved with people earlier to prevent needs increasing
Fragmentation – Services operating on their own, with little co-operation	Integration – Joined up services with partner organisations through working together
Paternal – The Council knows what's best for the person	Personal – The person knows what is best for them and the Council help them get it
Exclusive – 'Doing to' people	Inclusive – 'Doing with' people