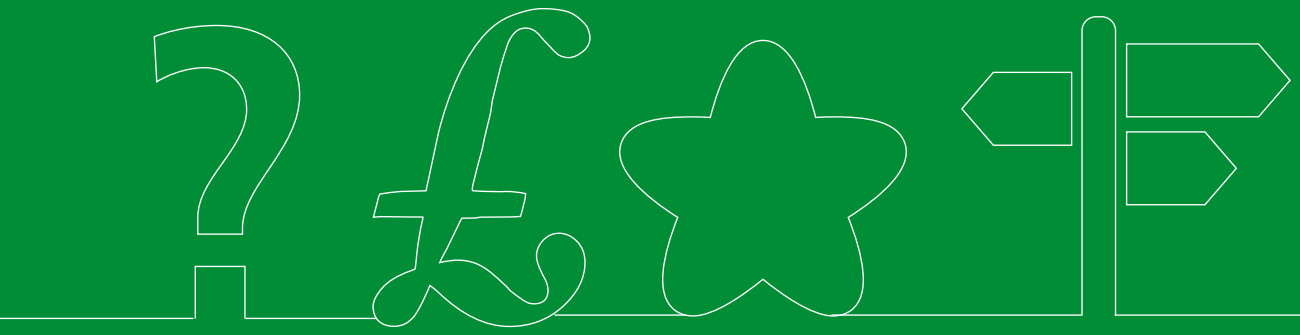
Your Local Account 2013/14



Integrated Adult Care in North East Lincolnshire
01472 256 256

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

NHS
North East Lincolnshire Clinical Commissioning Group

Contents

If you are viewing this digital local account online, please use the interactive buttons that will be displayed on each page to turn. You can also use the tabbed based system on the right hand side to switch sections within the digital book.
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Foreword

I am delighted to present this year's local account of social services in North East Lincolnshire and I hope that you can see the improvements we have made to the format this year to make it easier to understand. As reported last year, the public sector, NHS and local government as a whole continue to face difficult financial challenges.

The government's austerity measures are set to continue for the foreseeable future. At the same time, meeting the needs of an increasingly older and more frail population means that we have to find radically different ways of working to ensure that the resources we have are used to best effect in supporting the most vulnerable people in our communities to maintain or regain their independence, and a good quality of life.

Here in North East Lincolnshire we have a successful track record of partnership working between health and social care. This has enabled us to design and deliver services that make sense to local people, ensuring their health and social care needs can be met through better co-ordinated services.

In the past year we have seen the establishment of a new and innovative social work practice, focus, which has enabled us to re-think the way in which we work with clients and be able to act earlier to prevent the need for care and support. We need the support of all our partners and communities to ensure that together we create supportive communities that can contribute to keeping our older and vulnerable people safe and well.

I hope you enjoy reading this document.

Joanne Hewson

Director of adult social services
North East Lincolnshire Council

I'm pleased to endorse this year's Adult Social Care Local Account covering the year 2013/14 and as you can see from the new format and improved accessibility, we have listened to the feedback received last year and have developed a new way of communicating key messages.

As I hope you'll be able to easily see demonstrated, our local performance in comparison with other local authority areas remains strong in many areas. I'm encouraged that we have been able to maintain performance and improve it further in some areas despite real financial challenges.

Much of the credit for this has to go to staff working throughout the health and social care system who have been required to work differently and increasingly in partnership with colleagues in other organisations and professions; their dedication and professionalism in the face of increased workloads is recognised and appreciated. Despite our successes, we are not complacent.

The continued reduction in available budget together with the introduction of new legislation in the form of the Care Act will require further innovation and integration of services. This will increase opportunities for local people to get the right support early enough to prevent and postpone the need for formal long term care. We will continue to work with our partners in the local authority to ensure we are working as smartly as possible. We will continue to listen to and collaborate with local people and community groups to ensure we continue to deliver high quality integrated support services for the people of North East Lincolnshire.

Dr Peter Melton

Peter Melton

Chief Clinical Officer
North East Lincolnshire Clinical Commissioning Group

Partnership working in North East Lincolnshire

Since 2007, the council and NHS have been working together to deliver a more co-ordinated approach to health and social care. This is because both organisations recognised that more could be achieved for individuals in the health and care system if services could be better designed around all of their needs, and making it simpler and easier to access support. The council and CCG have joined together their funding for health and adult social care and have a shared plan that determines the overall direction of services and how the money will be used. These arrangements mean that both organisations can use their resources efficiently and effectively and that people can get the support they need, when they need it. Services are delivered on behalf of the council and CCG by a range of provider organisations. These include:

- Residential care homes
- Domiciliary care providers
- NAViGO – mental health provider
- Care Plus – health and social care provider

Social workers operate from a new organisation, focus, established in 2013. focus ensures that all services can be accessed from a single point, telephone (01472 256256). Social workers provide advice and information to those needing support and where appropriate will assess their needs and agree what type of services may be needed.

Services4me is an online website that provides information about what services and support is available in North East Lincolnshire. Please see the 'How you get support now and in the future' section for further information.

As a result of government funding reductions, it is more important than ever to ensure that money is used to best effect. The council and CCG are working hard to ensure that as far as possible, people are helped to stay well and are supported to live at home. In North East Lincolnshire, there are larger numbers of older and frail people within the population than in other areas of a similar size. There are also increasing numbers of younger people in the population with complicated, life-long conditions who will need support throughout their lives.

One of the challenges facing the area is to ensure that demand for services is well managed and that money can be preserved for those with more complicated needs.


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What is a Local Account

What is a local account?

The local account was introduced by the government and is a document about social care in North East Lincolnshire. It provides an opportunity for us to tell local people about how services are performing, what we have spent and how we are delivering value for money, and whether our future plans make sense to you.

We provide details of our priorities for the future, success and challenges that lie ahead. This is our third local account and ultimately it provides a means for the community to hold the council and CCG to account.

What people said (about previous LA) / what we did

Last year we received feedback on the local account and these are some of the things we were told:

- Improve finance section, be clearer
- Hard to read, lots of jargon
- Document too long
- Document structure too complex
- Not clear on future challenges, particularly financial
- Efficiency and costs plans
- Provider involvement not clear
- Partnership working not clear

We have listened to this feedback and have improved by:

- Introducing easy read information, graphic style and electronic interactive format
- Reducing, and including pictures
- Reducing the length of text
- Reducing the number of sections to 7 with an electronic structure
- Introducing a new style and a themed approach to make it more eye catching
- Including a new section about our local providers
- Including more information about social enterprises and partnership working

We would welcome your feedback on this year's local account. Please use the following link:
NELCCG.CentralBusinessUnit@nhs.net


BRANSFIELD
STANLEY

How we deliver services

What is a Social Enterprise?

Within North East Lincolnshire there are three main social enterprises for Community Health & Social Work.

Social enterprises:

- Have clear social and/or environmental goals
- Are financially sustainable
- Reinvest any surplus back into the local community
- Are independent organisations
- Are accountable and transparent

The pioneers of social enterprise can be traced at least as far back as the 1840s, to Rochdale, where a workers' co-operative was set up to provide high-quality affordable food in response to factory conditions that were considered to be exploitative.

In the UK, a resurgence of social enterprise started in the mid1990s with the coming together of different organisations, including co-operatives, community enterprises, enterprising charities and other forms of social business, all united by the prospect of using business to create social change.

Social enterprises are businesses that trade to tackle social problems, improve communities, people's life chances, or the environment. They make their money from selling goods and services in the open market, but they reinvest their profits back into the business or the local community. *And so when they profit, society profits.*

For further information please visit:
http://www.socialenterprise.org.uk/

focus independent adult social work

focus community interest company (CIC) was the first independent adult social work practice in the country and provides all of the statutory social work functions across North East Lincolnshire, these include:

- Assessment and review
- Long-term case management
- Safeguarding and
- Mental Capacity Act & Deprivation of Liberty Safeguards

Working in partnership, with the CCG, GPs and health providers, focus operates an integrated approach to service delivery, including:

- A health and social care single point of access
- A continuing health care assessment and review service, and
- Making arrangements for care to be provided to individuals

focus operates within the local community, It is different from other social care practice in that it looks at what support the individual can access within the community and focuses on their abilities, rather than their disabilities, aiming to promote independence and wellbeing.

For more details about focus independent adult social work visit our website at **www.focusadultsocialwork.co.uk** or telephone **01472 256 256.**

Care Plus Group

Care Plus is an organisation working in communities across North East Lincolnshire. We're a social business that provides adult health and social care services to people across North East Lincolnshire to help improve people's health and wellbeing and enrich people's lives.

Formed in 2011 Care Plus employs over 800 members of staff providing a wide range of community services.

Care Plus is a community benefit society owned by staff and run for the benefit of our community – any profit we make is reinvested back into the development and delivery of local health and care services ensuring we can constantly evolve and develop the services we offer to our communities.

The relationship with local partners is really important to Care Plus and the organisation works closely with the council, hospice, community, Grimsby institute of further and higher education (GIFHE) and the CCG.

Care4all, part of the Care Plus 'family' of organisations, is a local charity that provides a wide range of services for older people and people with disabilities living in North East Lincolnshire.

Our services

Care Plus Group provides services covering Grimsby, Cleethorpes, Immingham and the surrounding villages. Our services are diverse and are entirely about care and supporting those in need in our community. Care Plus services include the following: -

- Community nursing
- Employability services
- Palliative and end of life care services
- Community learning disability services
- Specialist nursing (e.g. continence, diabetes, infection control, tissue viability etc.)
- Intermediate care at home
- Substance misuse services
- Falls
- Chronic obstructive pulmonary disease (COPD)
- Health and wellbeing collaboratives – a community membership organisation that provides a network of support and information on a range of health conditions
- Transport
- Community psychology service

For more details about Care Plus Group visit our website at **www.careplusgroup.org** or telephone **01472 266999.**

NAViGO

NAViGO Health and Social Care is an award winning social enterprise which provides mental health and associated services to the NHS and beyond. Services range from acute adult in-patient facilities, to older people's mental health services while also encompassing specialist services such as Rharian Fields eating disorders unit.

NAViGO provide services in partnership with the people who know them best; our staff and services users, all of whom have equal voting right over important issues such as how to reinvest any surplus we make back in to the local community.

Here at NAViGO our mission is to provide services that we would be happy for our own families to use which has led us to develop innovative, state of the art, user focused, award winning facilities.

For more details about NAViGO visit our website at **www.navigocare.co.uk** or telephone **01472 583000.**

Residential and Nursing Care

Residential care offers long-term care and respite in residential care settings. We have thirty-eight residential care homes for older people, six residential care homes for people with mental health care needs and three residential care homes that specialise in care for people with a learning disability.

Unique integrated commissioning arrangements mean that residential care providers are seen as equal partners in the provision of health and social care to the community of North East Lincolnshire.

Furthermore, the CCG, focus and Care Plus Group continually work with providers to improve knowledge and deliver best practice in care settings.

With the aim of continually driving improvements in the quality of care for older people, the Clinical Commissioning Group has developed a method or assessing and rating care homes. This allows us to pass on information to people in North East Lincolnshire about the relative quality of care on offer.

As a result of the Quality Framework process across residential care for older people in 2013-14, four care homes achieved Gold Standard, nine care homes achieved Silver Standard and twenty-one care homes achieved the Bronze Standard. The care homes and their awards can be found on the Services4Me website.

Care at home (domiciliary care)

There are currently five lead "care at home" providers in North East Lincolnshire, commissioned by the CCG to deliver services to people who have been assessed as needing home care. We are currently commissioning nearly 9000 hours of care each week from our providers and the CCG and its partners are constantly monitoring the relative quality of this care. We work with providers to find new ways of commissioning this care to ensure it is as flexible and person centred as possible.

In addition to the services delivered by our social enterprise partners and residential and domiciliary care providers, we are supported in meeting local needs by a variety of voluntary sector organisations. We fund charities and voluntary organisations to offer preventative services targeted at key groups, and services that support general health and wellbeing. Some examples of this include;

• Carelink – delivers a 24 hour telephone response to alerts received from 'lifeline' alarm equipment. This type of equipment is known as 'telecare' and anyone can benefit from the support that it provides. Telecare is particularly useful for carers, providing the additional peace of mind that a round the clock response is available to the person they care for, in the event of a crisis

• Foresight –works to improve quality of life for disabled people, enabling individuals to live as fully and independently as possible. Foresight provides a wide range of advice, training, leisure, sporting and social activities, all specifically adapted to meet the needs of the individual's disability

• Alzheimer's Society – offers training and awareness raising, and information and advice for those with dementia, their families and their carers. Support is offered on a one-to-one basis, and via group activities such as Memory Cafes, tea dances, and outings

• Cruse Bereavement Care – provides support to anyone who has been bereaved, whenever or however the death has occurred. Support is offered to individuals of all ages, both within their own home or at other venues such as GP surgeries, and via group sessions

• Keep Warm Eat Well – a joint initiative between two local charities and the Regeneration Partnership, targeted at the over 60s age group. This exists to improve access to welfare benefits and energy efficiency advice, with the aims of maximising incomes to buy food and pay fuel bills, and ensuring that homes remain as warm as possible over winter.

How the money was spent

Where the money is spent

'Within North East Lincolnshire there are three main independent social enterprises providing community health and social work services.

North East Lincolnshire Council (NELC) funds a wide range of local services as well as adult social care, including children and education, housing, highways and environmental, planning and cultural services.

It receives income from Council Tax, rates, Central Government support (including education) and other grants, totalling £333.6M in 2013/14.

Of this sum, £49.5M was allocated to adult social care to support the service objectives outlined within this Local Account. During 2013-14 four and a half thousand people with a variety of needs received adult social care services in NEL. This includes services based in the community such as care at home, direct payments, supported living and day care, as well as residential care.

Key facts

£49.5M was allocated to adult social care to support the service objectives outlined within this Local Account.

During 2013-14 four and a half thousand people with a variety of needs received adult social care services in NEL.

The graphs below show how this spend is shared between people with different needs and what services it pays for:

Overall spend

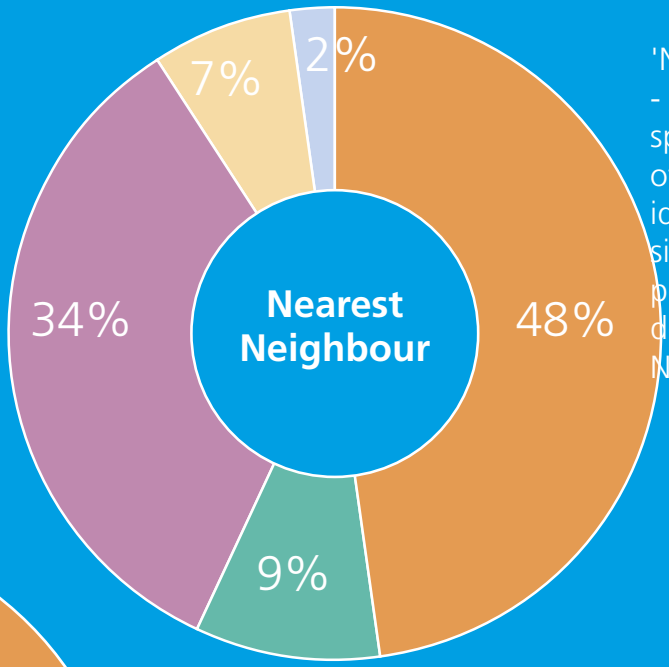
- Strategy and other Social Care **1%**
- Older People **45%**
- Physical disability or sensory impairment **10%**
- Learning disabilities **32%**
- Mental Health needs **12%**

Breakdown of strategic spend

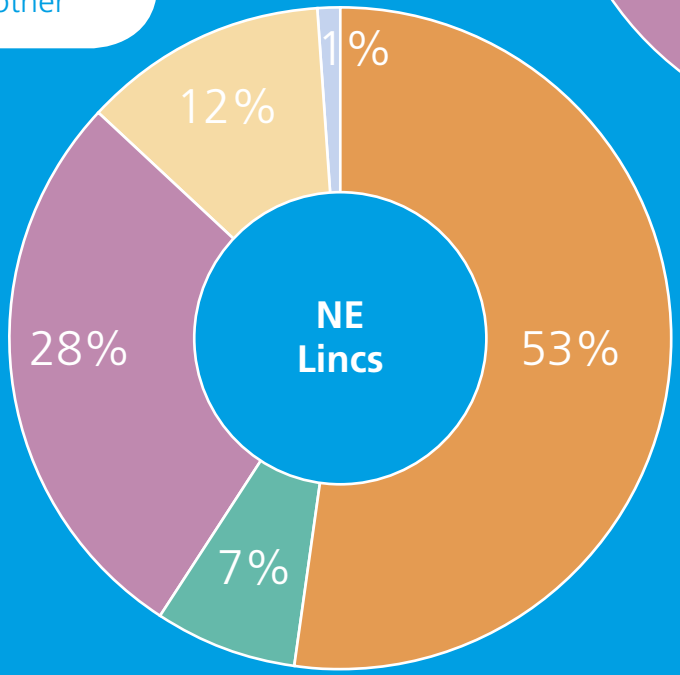
- Long and Short term Residential support **32%**
- Domiciliary and Day Care **10%**
- Direct Payments **6%**
- Supported living **10%**
- Other Community services **27%**
- Development & Service Delivery **3%**
- Social Work Activities **9%**
- Universal Services **3%**

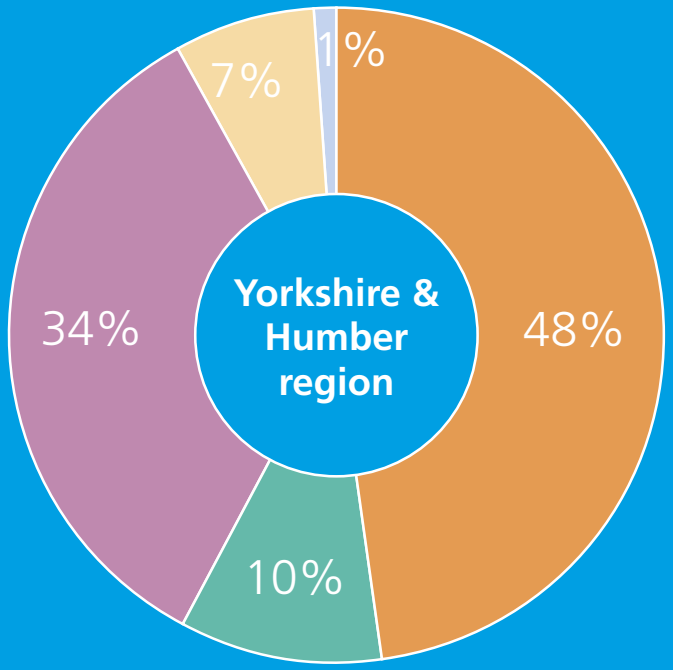
Spend patterns compared locally and nationally

- Older people (aged 65 or over) including older mentally ill
- Adults aged under 65 with physical disability or sensory impairment
- Adult aged under 65 with learning disabilities
- Adults aged under 65 with mental health needs
- Other adult Social care - other



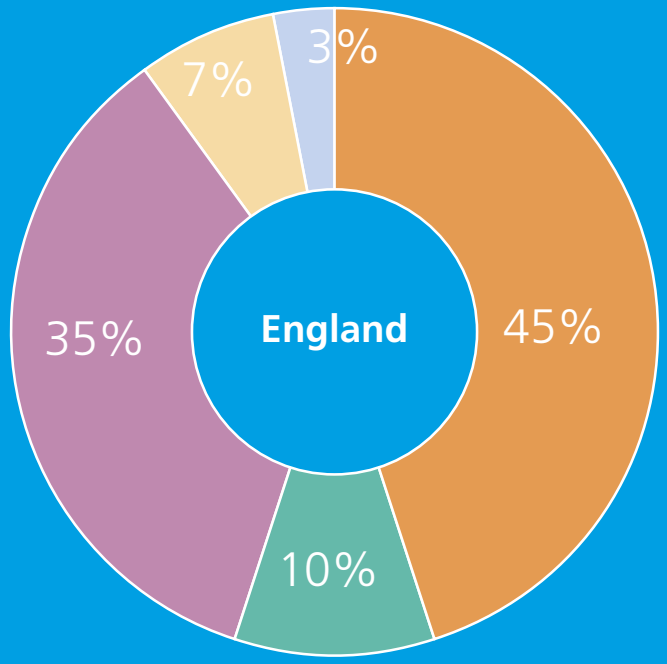
'Nearest Neighbour' - 'Is defined as a specific group of other organisations identified that is similar in terms of population and demographics etc. Not geographical.





The charts on this page show if the spread of spend in North East Lincolnshire is different or the same to that of other Local Authorities similar to us in terms of size and nature, regionally and nationally. Overall North East Lincolnshire shares a similar spread of spend to most other Local Authorities, although it is shown to spend less than others on Adults with learning disabilities and more on Adults with Mental Health needs.

These charts represent spread of spend, how well this money is used and is shown throughout the Local Account, which shows the performance for different aspects of care and how people feel about the services they receive; e.g. 87.9% positive response, proportion of people using services who say that those services have made them feel safe and secure.



How are we working together to improve your Health & Wellbeing

Single Point of Access

The Single Point of Access (SPA) is the 24/7 telephone access point hosted by focus. Last year it received over 43,000 calls from members of the public and professionals.

The SPA resolved over 39,000 or 70% of all calls either during or immediately following the initial conversation.

The other 5000 or 30% were transferred into the SPA for a more specialist intervention.

- 451 Were signposted to the voluntary sector
- 1274 Were given specific social care advice to resolve the presenting issue
- 3293 Were transferred for a specialist intervention by a multi-disciplinary professional

The flow diagram to the right shows the flow of calls received, as above it shows approximately 43,000 calls from members of the public and professionals. 16,000 of these calls are what are defined as 'service user' related, or those that focus can impact upon. Out of the 16,000 calls 70% were instantly resolved at the point of call. This means the outcomes of those calls could have been advice and information, signposting or an inter-agency referral.

In order to access specific areas of North East Lincolnshire, the SPA delivers a number of outreach activities:

Along with the carers team they jointly provide mobile access points by locating a public access bus in a variety of locations. This enables effective targeted preventive activity to take place. By offering a range of social and carers advice and information, people are better able to make informed choices when the need arises, rather than waiting for a crisis to occur.

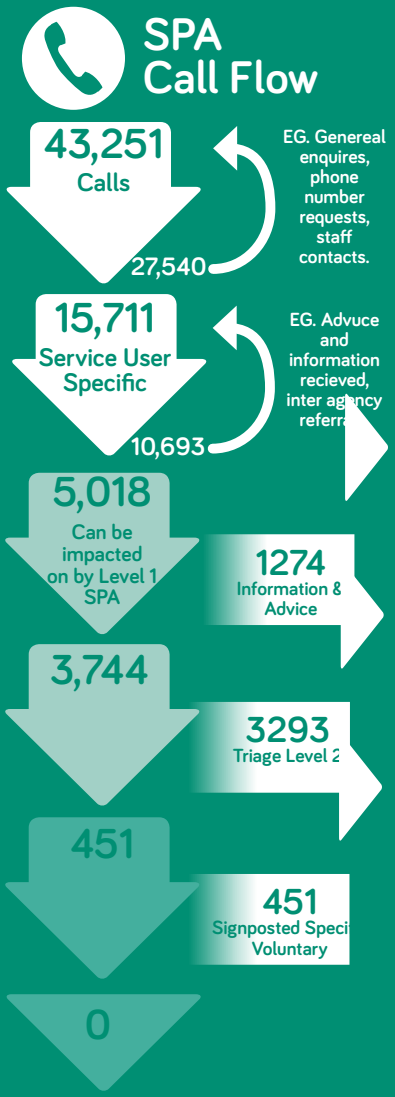
Weekly outreach activity takes place at Diana, Princess of Wales Hospital, staff are highly visible and available within the main reception area to offer social advice and information to visitors and patients.

Numerous other one off events this year has included:

- Sainsbury's – This has been a popular location, with a high foot fall due to its proximity to the town centre. Average age of visitors has been approx. 55+ enabling us to target our preventative activity appropriately.
- ASDA – This location also received a high foot fall, although a different average age range. This location has proved to be helpful in terms of delivering promotional activity along with offering advice and information to members of the public.

You can find out about more outreach events on the focus website which contains a map of 'Where are we?'

www.focusadultsocialwork.co.uk/where-are-we/



Performance Summary

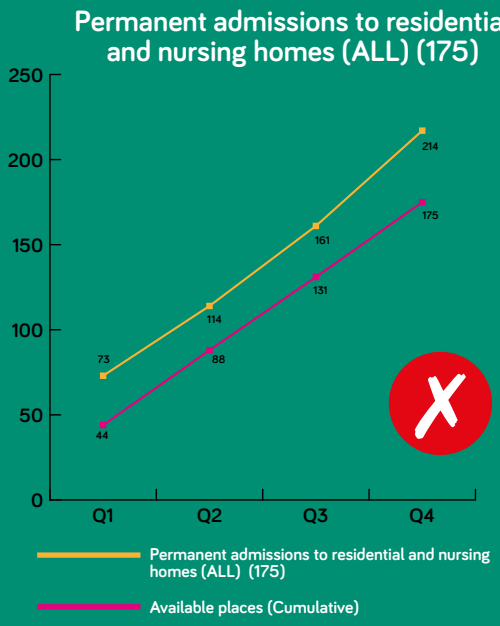
The council (along with others nationally) is responsible for reporting on a national framework which is set out by central government. The framework is called the ASCOF (Adult Social Care Outcomes Framework). All councils submit the same set of data each year which can then be compared on a national level. Throughout this document you will see graphical bubbles like the ones below where performance data relates to each section, where there is a percentage in brackets next to the name, this is a target. You can also find out more, and view North East Lincolnshire's performance online using the link below, a copy can also be found within the appendices;

http://ascof.hscic.gov.uk/Outcome/216/

In 2013-14 North East Lincolnshire, on a national comparison, has achieved 'Top Quartile' for some of these measures. This means on a national level we are performing above average overall and are amongst the top performing providers of statutory Adult Social Care. Some of these measures are displayed below;

For some measures we did not do so well, and work has been undertaken to explore the reasons behind this and to take action and plan work to increase performance for 2014-15. The two main areas to focus on relating to social care, is reducing permanent admission to residential care homes, and ensuring everybody receives a review in receipt of a service.

Please see the glossary for further guidance on the performance measures.



Meeting Public Demand and Community Development

There is a recognition that demand for Adult Social Care will increase. This is predominantly due to changing demographics within North East Lincolnshire.

In order to ensure that North East Lincolnshire is able to meet demand a number of initiatives have been undertaken by focus.

Activity incudes:

- Linking in with key stakeholders in order to deliver better prevention activity
- Promotion of self-management, keeping people independent
- Care navigation, ensuring people know what is available in the community and how to access it
- Use of alternatives, for example community or voluntary services
- Provision of high quality advice and information 24/7
- Being accessible and easy to contact
- Application of priorities framework at frequent intervals
- Control of access to resources via the single point of access

Individuals and community organisations are considered best placed to understand their own needs. By communicating better, developing relationships between social care commissioners and citizens, specific targeted commissioning activity can take place. This in turn supports the delivery of positive organisational and individual outcomes.

The A3 Community Development Project was launched at the end of 2013 by focus. The primary intention was to better target activity to support the development of communities, helping them to be able to respond to their own social care needs. There was recognition that social care need was different within different geographical areas.

Activity incudes:

- Mapping of current resources
- Identification of gaps in community resources
- Support the development of community resources able to meet social care need

Currently, staff within the A3 team are aligned to geographical zones.

The staff are making links with existing community organisations, developing maps of current resources, feeding through areas of need to inform the CCG's market reshaping projects.

Many have undergone change champion training, enabling them to award small grants to individuals and organisations to "kick-start" new enterprises which meet a community need. The main focus was on the following;

- Prevention
- Facilitation of self-management, keeping people independent
- Care navigation, ensuring people know what is available in the community
- Use of alternatives, for example community or voluntary services
- Being accessible and easy to contact

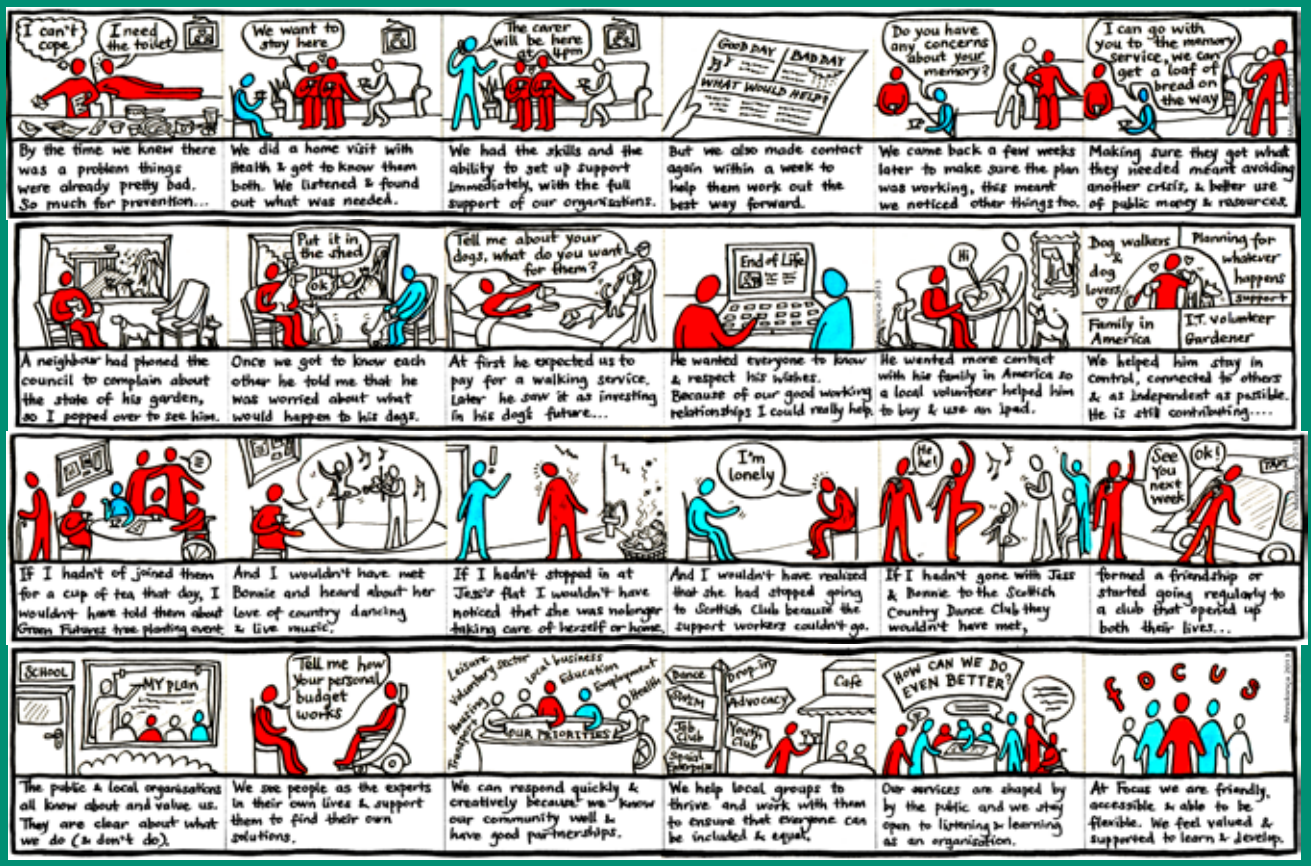
- Access to a range of provisions ranging from universal, priority 4 people to complex priority 1 people in crisis (Please see priority framework on Services4me for more detail).
- Application of priorities framework at frequent intervals
- Control of access to resources via the single point of access

The thinking behind this is that by being closely aligned to people in their community, the demand for adult social care services can be reduced by being met by alternative and appropriate means.

It is considered that closer links with people and their community will facilitate the development of targeted and specific prevention services, and that this, along with provision of the right information at the right time will realise positive benefits in terms of organisational and individual outcomes.

To enhance and support the outreach work undertaken by the single point of access and carer's team, A3 staff were aligned to zones (groups of wards) and are developing links and networks with people and providers in these areas to enable people to have access to the information they need, to understand what communities see as the priority needs in their area and to identify gaps in services to influence the CCG commissioning intentions.

Four people in the team have also become Change Champions, this is a role which enables the staff to grant funding to small community projects. This enables focus to quickly streamline the processes in assessing funding via the CCG, as opposed to following a full procurement process.



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Carers

Caring for our Carers

Within North East Lincolnshire we recognise that carers are fundamental to our local community and are the lynchpin of care in our communities. Without them we would not be able to meet the needs of some of the most vulnerable people we are trying to support.

Our shared vision is to ensure that carers are recognised, valued and supported as individuals with a right to a life outside of caring. All of the work to support local carers more effectively is based on working with carers, local communities, organisations and agencies and is coordinated via the North East Lincolnshire Carers' Strategy Group.

This multi-agency group also oversees the North East Lincolnshire Carers Strategy Action Plan. Some achievements in the last year include:

Re-commissioning of North East Lincolnshire's Carers' Support Services

The North East Lincolnshire Carers' Centre, Carers' Support Service was due for retender. To ensure appropriate carer involvement in appointing a provider, the CCG embarked on the tendering process a year in advance.

A vision for future carers' services was circulated amongst carers and professionals across North East Lincolnshire, to invite feedback. This led to the creation of a tendering project group led by the CCG, in partnership with North East Lincolnshire Council Children's Services and Drug and Alcohol Action Team, and representatives from North East Lincolnshire Carer Forums. The project group developed the service specification, tender questionnaire, and evaluation documents.

The wider population of carers across North East Lincolnshire were asked to volunteer for involvement in the tender evaluation process. Once representation from a range of carer categories was secured, an additional section of the tender questionnaire was written, for evaluation by carers only.

Guidance, training and support enabled carers to participate in the process, which involved evaluating written submissions and interviewing tenderers. Carers' views represented a significant percentage of the overall mark awarded. The appointed provider was North Lincolnshire Carers' Support Centre.

Case Study

Y has cared for her mother for the last six years and registered for the Carers' Emergency Alert Card when the service was launched.

"I had often worried what would happen to mum if I were suddenly taken ill or had an accident registering for the Alert Card was really easy and I now have peace of mind and reassurance that in an emergency mum will be supported. The discounts with the card are great."

Post-tender, carers and professionals monitored the Service Implementation Plan. The Carers' Forum Chair will sit on all contract monitoring meetings following the successful launch of the service on 1st April 2014.

Identifying hidden carers through engagement with the local community

During the months of January-March 2014 focus piloted a mobile bus community outreach campaign in partnership with Young Peoples Support Service (YPSS), in order to engage service users and carers from some of the hardest to reach communities across North East Lincolnshire. The mobile bus was located in prominent locations, specifically targeting rural and Wold villages. The bus offered access to professionals from a number of local organisations to ensure that services locally were promoted and highlighted.

The purpose of the mobile bus community outreach campaign was to highlight the valuable contribution that unpaid carers make to our communities and in doing so, promote awareness of the importance of maintaining carers' health and wellbeing. It also enabled service users and carers quick and easy access to advice and information right on their doorstep, within their own communities.

GP Drop in Carers' Advice & Information Sessions

The carers' drop in advice and information sessions have continued to be delivered within a number of GP surgeries across North East Lincolnshire. These sessions have proven extremely useful in raising awareness of hidden carers, providing a wealth of advice and information, and networking opportunities between professionals and staff. Over 1,000 contacts have been made between September 2013 and March 2014, including with several previously unidentified carers who have repeatedly attended the sessions as a means of obtaining further information and support; they report that the sessions were extremely useful at a stage in their caring when they felt at a low point.

Key facts

- 1000 people made contact with
- Outreach bus launched
- GP drop in clinics launched

Identifying and assessing carers' needs

A significant amount of work has been undertaken to ensure that carers, where appropriate, are involved in the care and support planning of the person they care for, are encouraged to have an assessment of their own needs and are included in the process as an expert care partner. This is evidenced in the proportion of social care assessments that are now carried out jointly between the carer and cared for, where appropriate, to ensure they are holistic and focus on the needs of the family.

Social Work

Part of focus' core business is providing assessments to people in the community who may need help with their day to day health and social care need; in 2013-14 focus undertook 2138 care assessments and 1765 financial assessments.

Care assessments were undertaken to determine the level of need and financial assessments to identify the contribution a person may be asked to make.

The change from Care to Case Management has continued for the long term case management teams and to assist this, the "Connect Programme" has been launched. This is based on solution focused practice and the emphasis is to have conversations with people rather than just filling in the forms. The programme is being run by a former social worker and a psychologist who have worked with a small group of practitioners to test the theories, carry out observations of practice and facilitate group discussions. The reason focus believes this is so important, is because of how effective it has been for the single point of access, and enabling staff who take the calls to work with individuals to empower them.

To date one group has undertaken this programme with some powerful results and all involved feel they are carrying out more traditional social work rather than being a slave to a process.

This bodes well with the forthcoming implementation of The Care Act 2014 which has social work values as its heart and firmly places the service user central to practice. A case study with an example of some results has been provided.

The Carers Team

North East Lincolnshire has a designated carers' lead professional within the CCG. The carers' lead, with assistance from the carers team (which is part of focus independent adult social work) is responsible for the overall implementation of the North East Lincolnshire carers' strategy and action plan. The team work closely with carers, carers' representatives and other professionals across statutory and voluntary organisations and agencies to support the effective development, implementation, delivery and monitoring of carers' support and services locally.

As a priority for the coming year focus has identified the need to increase the number of assessments that are undertaken jointly, with the cared for. This is to ensure the family's needs are identified and supported holistically. More information around carers can be found above in the carers section.

focus
independent adult social work

Key facts

- 2138 people received a care assessment
- 1925 people received a review
- 1765 people received a financial assessment
- focus launched as a new independent adult social work practice / enterprise

Safeguarding

North East Lincolnshire Safeguarding adults board (SAB)

Some people can be vulnerable and unable to protect themselves from abuse due to illness or disability. The safeguarding adults board comprises of a number of agencies, (including the council emergency services, probation, health and social care, and private and voluntary organisations), who work together to reduce the risk of abuse to vulnerable adults in line with the Department of Health "No Secrets" Guidance 2000. (reference)

During 2013/14:

We said.....we would work in partnership to secure good quality local services that prevent abuse and afford people dignity and respect.

We did..... we reviewed all of the governance structures of the SAB to make sure that it remained strong and fit for purpose. We appointed an independent chair person, who has expertise and knowledge about local services, but who is not part of any local organisation.

This provides the partners with external challenge and makes sure that the decisions taken by the SAB are not biased toward any particular agency or organisation. It is considered best practice for all SABs to be conducted in this way.

We also made sure that staff working in health and social care had access to the right training to help them deliver good quality care and support. This makes sure that they have the skills and knowledge to do their jobs properly. An essential part of this training is to receive information about safeguarding adults. Safeguarding adults training helps staff to recognise situations where people may be at risk, and what they can do to prevent this. Awareness training also informs them of what to do if they suspect abuse is happening.

There are a number of safeguarding training packages that are delivered by focus, on behalf of the SAB. Training on the Mental Capacity Act (MCA) is also provided. During 2013/14 – 1449 local health and social care staff attended training sessions provided by focus for Safeguarding Adults and MCA.

Safeguarding adults
North East Lincolnshire

We said.....We would respond effectively when safeguarding or adult protection concerns are raised.

We did..... we the made sure that staff were available 24hrs a day to listen to any concerns about people who may be vulnerable. We also made sure that any actions taken were proportionate to the allegation being made. In some cases this meant passing on concerns to other relevant agencies. For example, in cases where a crime has been committed, it is proper for the police to lead any investigation, or where concerns might be about a registered care provider, then the Care Quality Commission who regulate care services need to be informed so that they can decide whether any enforcement action is required. Whatever the concerns are, the safeguarding team work with the individuals involved to find out ways of reducing the risk of any abuse happening again.

During 2013/14 the safeguarding adults team received 613 allegations of abuse. Of these 244 went on for a full investigation, and of those, 43% (or 105) of the cases were either fully or partially substantiated. The reasons that cases did not go on to a full investigation may be for one of the following:

- the person that the referral was about did not consent, or they wanted some other course of action (19%)
- the person who the referral was about was not a 'vulnerable adult' (as defined by local policy and procedure) (4%)
- the incident described was not an allegation of abuse (for example there had been an accident and this needed reporting through the usual accident reporting processes, or there was no harm caused by a third person, i.e. cases of self-neglect) (41%)
- the most proportionate response to the allegation was to deal with it through another route, such as case management assessment, or some other form of review. (36%)

In these circumstances advice is provided by the safeguarding adults team about other courses of action that could be taken to resolve the concerns.

We said.....we would continue with preventative work to raise awareness of safeguarding issues amongst the public and people who use services

We did..... we made sure that our leaflets and posters were available to be displayed in public places and on the internet. We also attended local public information events to talk to people about safeguarding issues. We continued to support the Community Voice (CV) who are an independent group of volunteers who have an interest in safeguarding adults and finding ways of reducing risks to vulnerable people.

The group hold regular meetings so that they can discuss issues that affect residents of North East Lincolnshire. During 2013/14 members hosted and took part in a number of local market stall events to raise awareness about safeguarding issues such as financial abuse, doorstep crime, and social isolation. Social isolation is recognised as a risk factor that makes people more vulnerable, and the CV want to do some additional work in 2014/15 to try and reach this group.

The CV also played a key role in the promotion of the local winter planning scheme that encourages vulnerable people to stock up and prepare for the bad weather - the CV mascot 'Sid the Squirrel' made a number of public appearances to remind everyone that it was time to get ready for winter.

The CV has played a critical role in establishing the "keep safe" scheme in North East Lincolnshire over the past two years, and they plan to do some further work to promote the scheme throughout 2014/15. The "keep safe" scheme involves a number of local businesses who have agreed to be registered as contact points for vulnerable people who may be out in the community, but who have found themselves in difficulty and needing help from carers or relatives. The scheme has been very successful in other areas, and helps in making vulnerable people feel more confident to go out when they may otherwise have stayed at home.

Mental Capacity Act (MCA) and MCA Deprivation of Liberty Safeguards (MCADoLS)

focus independent adult social work, on behalf of the council and CCG, received 33 applications for detention under the Mental Capacity Act Deprivation of Liberty Safeguards in 2013-14.

The Mental Capacity Act is designed to protect people who are unable to make decisions for themselves due to incapacity. A person may lack capacity as a result of a condition such as dementia, a severe learning disability, a brain injury, or due to confusion following an infection. The Act supports the person to make decisions about a number of important things, such as how and where they receive care or treatment to keep them safe and well.

During 2013/14 we continued to run our MCA training programme to ensure that all health and social care staff support compliance with the MCA, and we provided a range of update sessions to provider organisations to highlight key changes in the law relating to the MCADoLS.

The MCADoLS aim to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The safeguards should ensure that a care home or hospital 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 concerned, and there is no other less restrictive way of providing the care.

On 19th March 2014, the Supreme Court (highest appeal court in the UK) amended these Safeguards. The court stated that where a person lacks capacity, is over 18 years old, resides in a care home or hospital and is under continuous supervision and control and is not free to leave, then they will be illegally detained under the MCADoLS.

Key facts

- 613 allegations were referred to the team
- 244 of these had a full investigation
- 43% of these were partially of fully substantiated
- 33 applications were received under the MCADoLS

Intermediate Care

What is Intermediate Care?

Preventing unnecessary A&E attendances and hospital admissions

In 2013/14 the integrated Rapid Response service received over 5000 referrals in the year. Many of these were calls from the public and their relatives/carer experiencing a crisis at home where a Rapid Response team member made an urgent home visit to deal with the immediate needs and where required refer on or plan next steps. Many of these rapid visits prevent A&E attendances and emergency admissions by providing the urgent response in the home or longer episodes of care in a step-up bed where acute hospital care is not required.

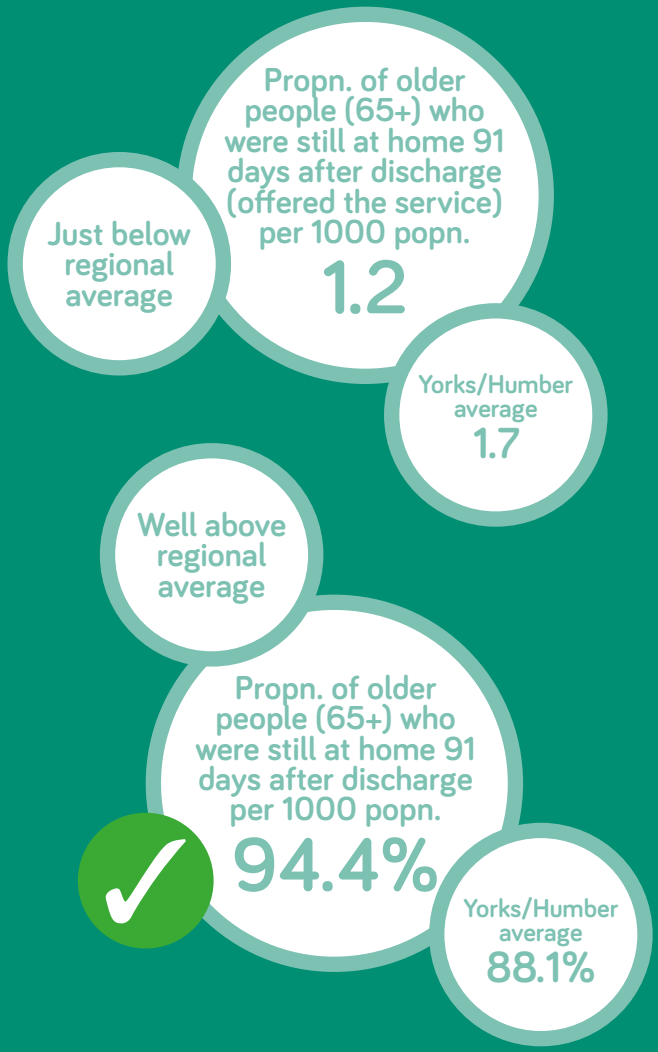
Help following Hospital Discharge

In 2013/14 the core element of intermediate care of home and bed based reablement delivered ~900 reablement care packages with ~75% of these being delivered at home.

We continued to commission community recovery and recuperation bed capacity to support those who require a short period of support and recovery prior to going home. This transition period is often supported by skilled nursing staff from the Intermediate tier.

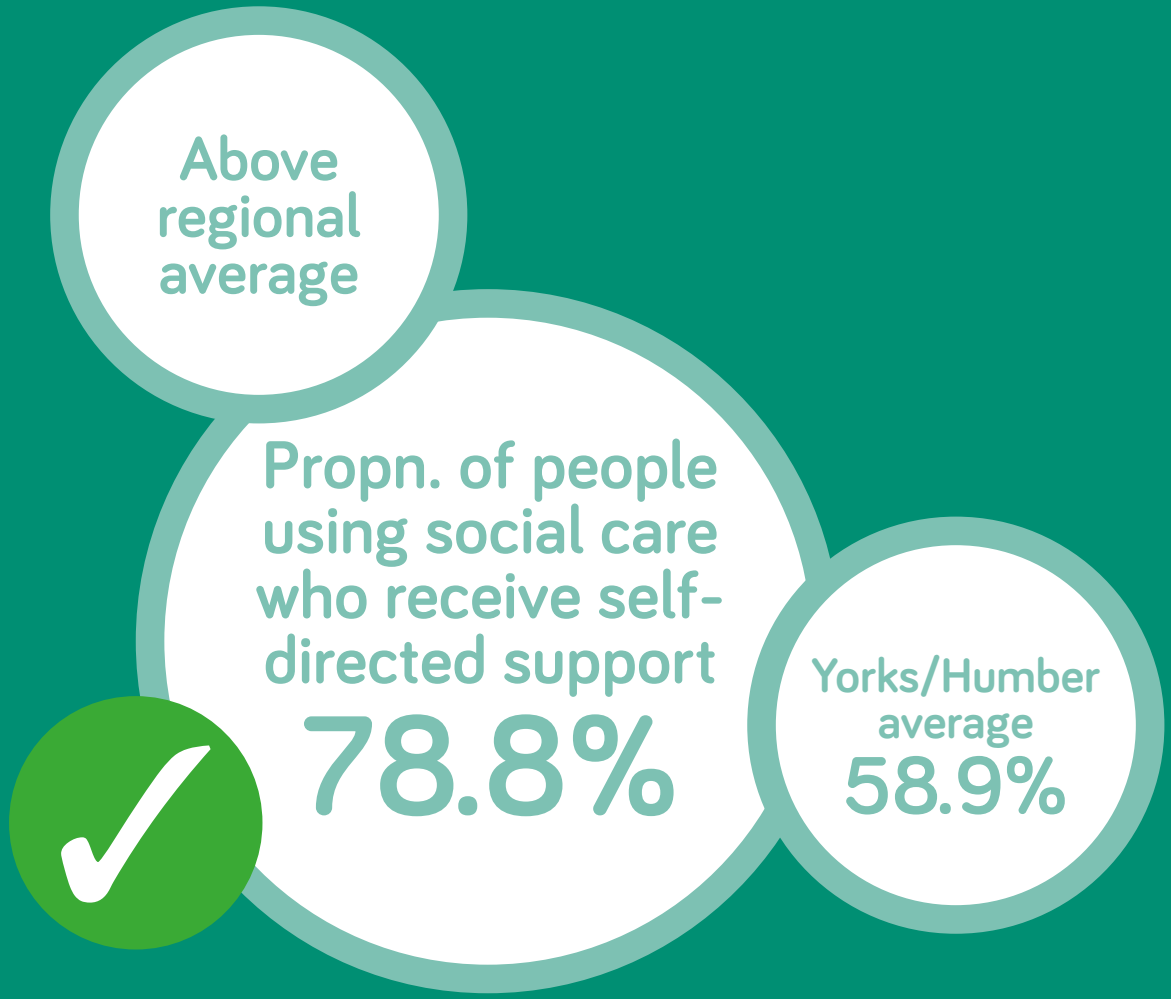
Overall, North East Lincolnshire CCG remains a top quartile performer on the measure of how many people remain at home three months after discharge from hospital into reablement/rehabilitation services with a result of 94.4%.

Key areas of focus for development are continued exploration of how we might consolidate bed based facilities where appropriate, to continue to focus on improved outcomes and to determine if the current model of assessment and transfer into intermediate care services can be enhanced by reference to some of the national exemplar initiatives on "discharge to assess" models of working.



Personal Budgets

Personal budgets are an allocation of funding given to people after an assessment of their needs. Users can either take their personal budget as a direct payment, or - while still choosing how their care needs are met and by whom - leave the organisation (focus) with the responsibility to commission the services. Or they can have a combination of the two.



Direct Payment

Direct payments offer people the opportunity to receive money to buy the care they need to achieve the needs and outcomes within their support plan. They give people increased autonomy, inclusion, choice and flexibility to help them live in their own homes, be fully involved in family and community life, and take part in work, education and leisure. Many people using direct payments experience the benefits of increased opportunities for independence, social inclusion and enhanced self-esteem.

Direct payments come with responsibilities on the part of the person receiving the direct payment, and the organisation managing the direct payment (focus). People are supported as appropriate to manage their direct payments appropriately. The organisation (focus) managing the payments will strike a balance between enabling choice and control for service users, whilst managing individual and corporate risks associated with direct payments. This also ensures that public funds are used appropriately. Where direct payments are not used responsibly appropriate actions will be taken.

Direct Payment recipients will be reviewed and monitored at regular intervals, and at least annually.

Case Study

Mrs H is an 83 yr old lady who has a diagnosis of dementia, and as a result has short term memory loss. Mrs H lives on her own in her own bungalow and had no family support network. Mrs H needs assistance with personal care needs, her nutritional needs, assistance with medications, shopping, housework, finances, and to ensure she remains in good health, safe and well. Mrs H has always expressed she wanted to continue to live in her own home. Mrs H was living at home and had 4 x30 minute calls throughout the day through a care agency plus 1 shopping call and 1 domestic call per week. During a period of respite it was identified that the care package was not working and plans were put in place to look at Mrs H having a personal budget with her own personal carers. Mrs H was part of the interview process selecting her own workers. Mrs H returned home with a personal budget via direct payments after being in respite for 9 weeks.

Mrs H has a team of 3 carers that work a regular pattern of hours in a morning 8am to 1pm and in an afternoon 3pm to 8pm – however these are flexible to fit in with Mrs H's changing needs and her activities and all cover each other's leave/absences.

Mrs H now enjoys a good quality of life and is living where she wants to in her own home with people who she trusts. Mrs H has a well-established daily and weekly routine with all her food being fresh and cooked at home with Mrs H, including baking. She does her own shopping with the support of her carers and enjoys going to play golf on the driving range, goes to the catholic church weekly and enjoys walks and gardening with her carers. With the support of her carers Mrs H has also established links with her distant family.

Learning Disability, Physical Disability & Mental Health

Disabilities and Mental Health Triangle

The aim of the disabilities and mental health triangle is to ensure high quality, safe, and sustainable services for people with disabilities and mental health issues in North East Lincolnshire through a combination of commissioning, market development, and partnerships across health and social care.

Over the last 12 months the triangle has worked hard to reshape the market to ensure people have choice and control over their lives. We have worked hard with providers to ensure we remodel services in order to get the best outcomes for people.

Achievements last year

During the past 12 months we have continued to develop the priorities that have been identified for our work stream and have made some significant achievements. The following summary identifies the main ones.

Service for disabled people

- We have commissioned and opened a 16 bed apartment model – This provision has now enabled a number of people with disabilities to move into supported living within their own apartment with the relevant support,. A number had previously lived with older carers who were finding it increasingly difficult to support their relative.
- A second supported living apartment Willow House and Mews on Crosland Road, Grimsby opened on 16 June 2014. The scheme will support ten clients with a learning disability and six with a physical disability within Willow House.
- We have set up a further 4 supported living houses, two for people with a physical disability.
- We worked with our local mental health providers, to remodel the residential care so it is now fit for purpose. We have received national recognition for our work in reshaping the local market for people with disabilities.

Case Study

"The local community has been involved in the planning of this development from the beginning we undertook a consultation process over two days which allowed all residents in the community to express their view on the new development.

They was some initial concerns as they would lose some car park space on the waste land but we negotiated that the local community would be provided with some designated car park within the apartment land. This development has enhanced the area from waste land to a very top of the range development for vulnerable people."

Cllr Cliff Barber, Landlord of The Valiant

Above regional average

Propn. of adults with learning disabilities in paid employment 17.6%

Yorks/Humber average 7.2%

Case Study

"I feel independent now. I am able to do things for myself now I live in an apartment that is fully adaptable to meet my needs, for example just like cleaning my teeth, my mum used to have to pass me my toothbrush" Jody

Below regional average

Propn. of adults with learning disabilities who live in their own home or with their family 75.8%

Yorks/Humber average 79.5%

Mental Health - Improving Access to treatments

Improving access to psychological therapies is a national programme designed to enable people with common mental health concerns such as anxiety or depression to get help when they need it. Working with NAViGO we have developed a workforce of low and high intensity therapists working through our setting called Open Minds. The outcomes for people who use the service are good and have improved still further over the last year. For example, 81% of people with depression and anxiety using the service have reported positive change.

Of the people with chronic obstructive pulmonary disease who have used the service, 64% reported significant improvement. 46% of people showed significant improvement in their symptoms, 54% showed improvement in their mental state, and 75% reported that their overall level of mental health had significantly improved. We are trying hard to ensure that more people can access the service, and be able to manage and improve their mental health by raising awareness of what is available through training sessions to professionals.

We are aware that there are a lot of people in North East Lincolnshire who have problems that the service can help with, which is why the dashboard shows red for the Percentage of People with Anxiety and/or Depression receiving psychological therapies. We have been working with GPs to try to encourage more people with anxiety and/or depression to use the service by holding training sessions.

Long Term Mental Health

It is widely recognised that people with long term mental health problems such as schizophrenia and bi-polar disorder are prone to developing long term physical conditions too such as diabetes, arthritis, or blood pressure problems. There are many potential reasons for this including lifestyle choices, poor diet, low exercise, and side effects of medication. Working in partnership with NAViGO we have developed a service called Whise which offers people with long term mental health conditions a wide ranging physical check-up, to identify physical conditions early, and to support them to make some changes to help prevent physical illnesses or deterioration in future.

So far 68.8% of service users who attended a Whise appointment had one or more physical health problems such as high blood pressure, being overweight, or being underweight. 33% of the attendees were smokers, and 60% of these wanted information on stopping smoking. The most common advice and support required was around exercise and diet. 94% of all the service users said they would use the service again.

Disabilities / Mental Health Triangle Performance

A performance dashboard is being designed and implemented for the Disabilities / Mental Health triangle. This dashboard will be made up of national and local measures that allow the monitoring of performance against the triangle's key objectives and goals.

Some of the measures and their 2013/14 performance that will be included within the dashboard are set out below;

- 98.6% The proportion of those patients on Care Programme Approach (CPA) discharged from inpatient care who are followed up within 7 days
- 9.7% Proportion of adults in contact with secondary mental health services in paid employment
- 88% Proportion of adults in contact with secondary mental health services who live independently, with or without support
- 9.9% Percentage of people with anxiety and/or depression receiving psychological therapies
- 56% The proportion of people who complete treatment who are moving to recovery

Work continues to enable people with Disability or Mental Health difficulties to be as independent, with as much control of their own lives, as possible.

Supporting people with Dementia

Identifying early signs of dementia

In North East Lincolnshire we recognise the benefits of early diagnosis of dementia to help people to gain a greater understanding of what is happening, they can make choices for themselves and get the support they need to help them come to terms with their diagnosis and better manage their condition. If diagnosed early on in the illness there is also a greater chance of preventing future problems and crises, and delay the onset dementia by getting patients on the correct treatment.

In order to help increase early dementia diagnosis rates the CCG is looking at different ways of testing people for the early signs of the disease. For example, an "app" has been developed which enables health professionals and service users to carry out a self assessment.of their ability. This can be completed in 10 minutes producing a report that highlights if the person needs further support and the results can be shared with their GP immediately. People can call into local pharmacies and GP surgeries to take the test.

Case Study

"It's a wonderful device and simple to use. I felt really comfortable using it and being able to answer the questions honestly without feeling under pressure."

Elaine, Carer, Immingham

Case Study

Upon diagnosis Mrs L has been supported by the Cognitive Behaviour Therapy Team, Mrs L told her family she loved attending these sessions. She was visited in her home (where she felt secure) and attend the memory café at Immingham on alternate Friday afternoons (run by Alzheimer's Society) – it really helped being able to join in the socialising and being with others in similar situations .

Reducing the use of Antipsychotic medication

Many people with dementia experience behavioural and psychological symptoms which may include agitation and aggression. Medication, known as antipsychotyic drugs are usually used to treat people with mental health conditions such as schizophrenia. Antipsychotics may help some people experiencing behavioural and psychological symptoms of dementia. However, they may also cause serious side effects and in many cases are inappropriately prescribed.

We have been working to ensure that the national drive to reduce the use of antipsychotic medication has been implemented. So far the reductions that have been made in prescribing these medicines is 8.27%. This has produced a saving of over £15,000. Prescribing activity has also decreased over the year by 4.11%, which is a total of 452 items fewer than were prescribed this year compared to 2012-13.

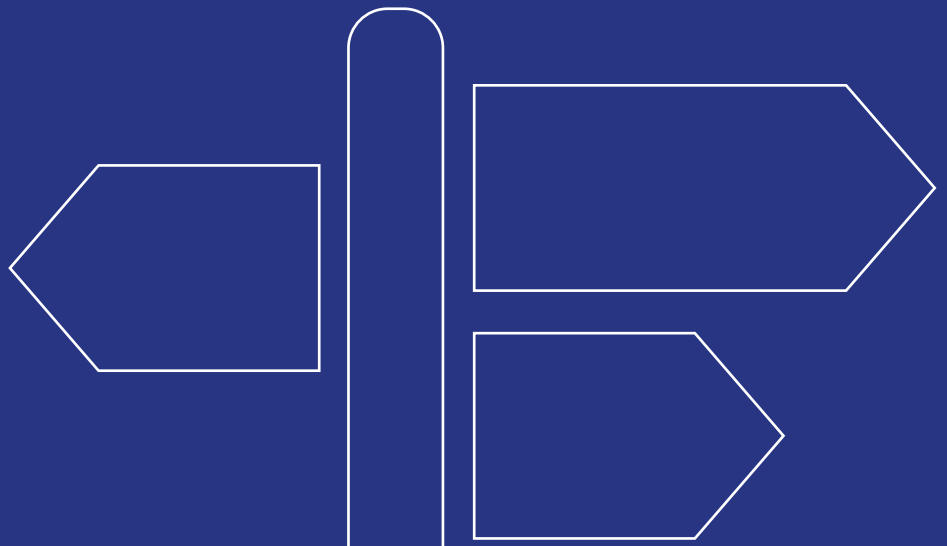
Information about dementia

Last year our service users told us that it would useful to have a central point to look for local information about dementia and the services available in North East Lincolnshire. We have developed an electronic, online resource called a dementia portal. This has recently been launched as part of our Services4me facility and it provides up to date information about our local services. We have also included information about plans to work towards improving standards of care for people with dementia and their carers.

We recognise the need to consult local people to ensure plans suit the needs of people with dementia, their carers and families and we plan to check out your views on a regular basis; the portal will be another route to reach a lot of people. Despite the achievements we have made so far we know that change must go beyond health and social care, and further into our everyday lives.

www.services4.me.uk/mylife

How to get support now and in the future



What is a Single Point of Access?

For access to community health and social care support or advice and information the single point of access is always open, and this includes overnight, weekends and Bank Holidays.

In addition the single point of access also provides a social care crisis response, community health advice, information and interventions. The single point of access together with a number of other organisations offer a range of services for residents within North East Lincolnshire targeted at:

- Advice, information and signposting to voluntary and community services
- Rehabilitation and re-enablement
- Social complex case management

We strive to find suitable and appropriate outcomes, whatever your enquiry. All the calls received by the single point of access will either:

- Resolve your issue
- Offer relevant advice and information including onward referrals for assessment
- Divert you to the most appropriate person or service who will be able to help


Single Point of Access

What is Services4Me?

Services4me was launched in 2012 to respond to the growing need to bring together information, advice and support to help people understand and access adult social care and health services online. It is part of a drive to help achieve and maintain independence; ensuring that individuals have as much choice and control as possible when considering services to support their needs. It also provides an online 'self assessment' tool which allows individuals to be much more involved in the process of assessing, determining and positively managing their on-going 'needs'.

The website, 'Services4.me.uk', is managed and delivered by focus independent adult social work. It is a partnership initiative with all the key agencies in the area; CCG, the council, the carers centre, Voluntary Action North East Lincolnshire (VANEL) and other voluntary and community organisations coming together to ensure that it provides the best and most effective advice and support.

It has been developed as an easy to use, interactive platform which offers an online, one-stop directory; providing information and signposting to services, events and activities for adult social care, health care, wellbeing, voluntary and community services right across North East Lincolnshire. Its design and approach were informed by working closely with local users, carers and other key stakeholders to understand how best to make core information accessible, easily understandable and responsive to their needs. This engagement with users and interested parties is on-going to ensure that future development also reflects the experiences and preferences of those who will actually use the website.

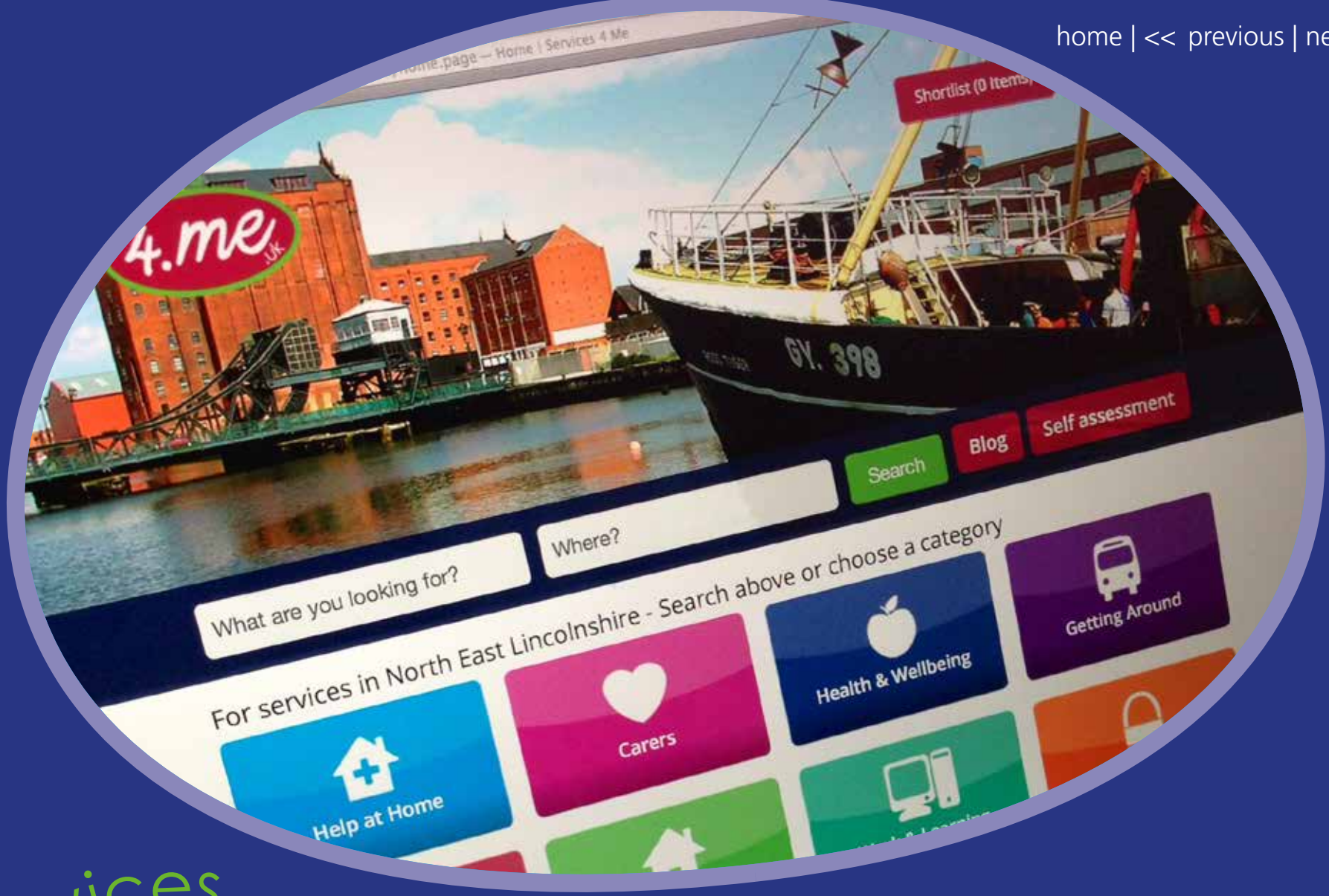
Services4me has over 900 records covering a wide range of services, products and events. The directory can be easily accessed and all of its content is free. The listings within the online directory are managed and validated by the focus Services4Me team; they constantly review and assess the directory and look for opportunities to extend and improve it to provide information across the widest possible range of relevant services and activities.

Providers and suppliers are also encouraged to regularly review and update their listings so that information is relevant and accurate.

As well as encouraging users, carers and the wider public to access the website via their own technology (PC, tablets, phones etc.), we are also currently developing a range of ways to provide easy access to the website in public places. A suite of 20 iPad kiosks within all GP practices and growing community venues have now been implemented to support this.

Key facts

- 63,472 unique hits, and 121,910 page views
- 900+ providers registered
- 20+ iPad Kiosks launched in GP / community venues



services 4.me .uk

www.services4.me.uk

What is an e-market place and online Personal Budget Manager

As part of the range of tools being made available via Services4me, an online 'personal budget manager' is being developed as an innovative solution to provide the means to enable service users to embrace personal budgets, choice, control and independence. The Online Personal Budget Manager (OPBM) provides service users with a way to search for services/goods and engage with providers to secure services to meet their identified needs. It will allow the individual to:-

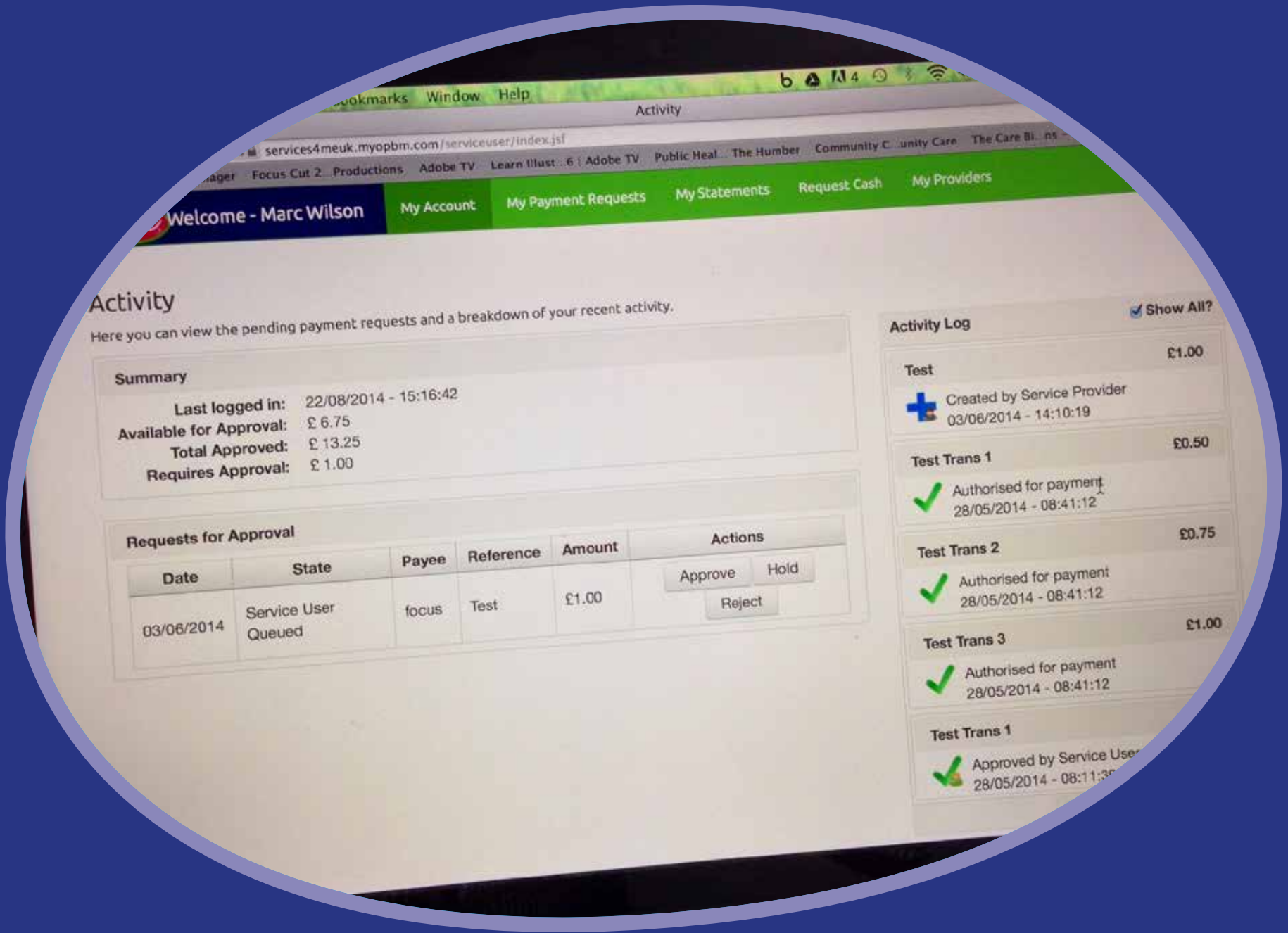
- Research available services and goods
- Request services direct with providers
- Track and manage their own budget (either themselves or by an approved person acting for them e.g. family, carer, social work or health professional etc.)
- Enable approval of services / virtual transactions

The OPBM also enables the organisations commissioning adult social care and health services to:-

- Provide better safeguards/ assurance of financial transactions (so better managing public monies)
- Provides an opportunity to streamline and modernise payments to providers.
- Increases competition in the market
- Provides information and intelligence to understand and shape the market

A major benefit for using an Online Personal Budget Manager is promoting and being part of an emerging local economy.

The tool is currently being developed and will be tested and piloted in 2014-15.


Activity
services4meuk.myopbm.com/serviceuser/index.jsf
Welcome - Marc Wilson
My Account
My Payment Requests
My Statements
Request Cash
My Providers
Activity
Here you can view the pending payment requests and a breakdown of your recent activity.
Summary
Last logged in: 22/08/2014 - 15:16:42
Available for Approval: £ 6.75
Total Approved: £ 13.25
Requires Approval: £ 1.00
Requests for Approval
Date
State
Payee
Reference
Amount
Actions
03/06/2014
Service User Queued
focus
Test
£1.00
Approve
Hold
Reject
Activity Log
Show All?
Test
£1.00
Created by Service Provider
03/06/2014 - 14:10:19
Test Trans 1
£0.50
Authorised for payment
28/05/2014 - 08:41:12
Test Trans 2
£0.75
Authorised for payment
28/05/2014 - 08:41:12
Test Trans 3
£1.00
Authorised for payment
28/05/2014 - 08:41:12
Test Trans 1
Approved by Service User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Appendices

Key Performance Indicators

The below performance tables are taken from the ASCOF results for 2013-14. You can explanations of what each mean within the Glossary.

Enhancing Quality of Life for People with care and support needs

Description	2012/13	2013/14	
How people using our services rate their quality of life (Max score 24)	21.5	19.2	✓
% of service users who feel they have control over their daily life	93.3%	77.6%	✓
% of people receiving social care as self-directed support	64.7%	78.8%	✓
% of people receiving social care as a direct payment	21.1%	26.5%	✓
% of adults with learning disabilities known to adult social care who are in paid employment	16.7%	17.6%	✓
% of adults in contact with secondary mental health services who are in employment	10.3%	10.1%	-
% of adults with learning disabilities known to adult social care who live on their own or with their family	77.2%	75.8%	✓
% of adults in contact with secondary mental health services living independently, with or without support	86.9%	89%	✓

Delaying and reducing the need for care and support

Description	2012/13	2013/14	
Annual permanent admissions of people aged 18-64 to residential and nursing care homes per 100,000 population	10.3	11.5	-
Annual permanent admissions of people aged 65 and over to residential and nursing care homes per 100,000 population	729.5	698.8	✓
Delayed transfers of care from hospital per 100,000 population	5.8	7.8	✓
Delayed transfers of care from hospital per 100,000 population which are attributable to adult social care	2.5	3.3	✓
Percentage of older people still at home 91 days after being discharged from hospital with reablement/ rehabilitation services	98.1%	94.4%	-

Ensuring people have a positive experience of care and support

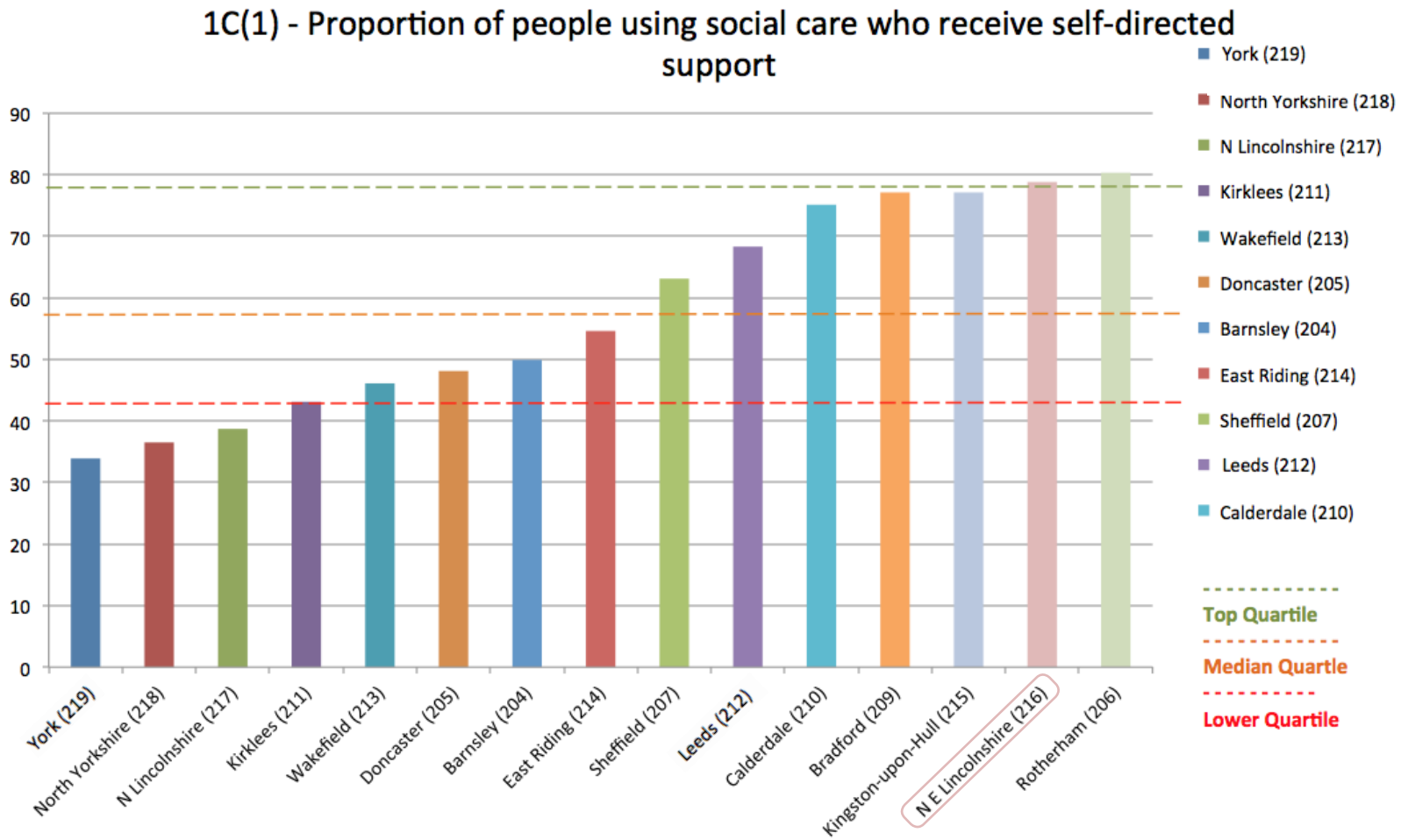
Description	2012/13	2013/14	
% of people who use services satisfied with their care and support	89.8%	67.2%	✓

Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

Description	2012/13	2013/14	
% of service users who said they feel safe in their community	92.5%	65.2%	✓
% of service users who say that those services have made them feel safe and secure	100%	87.9%	✓

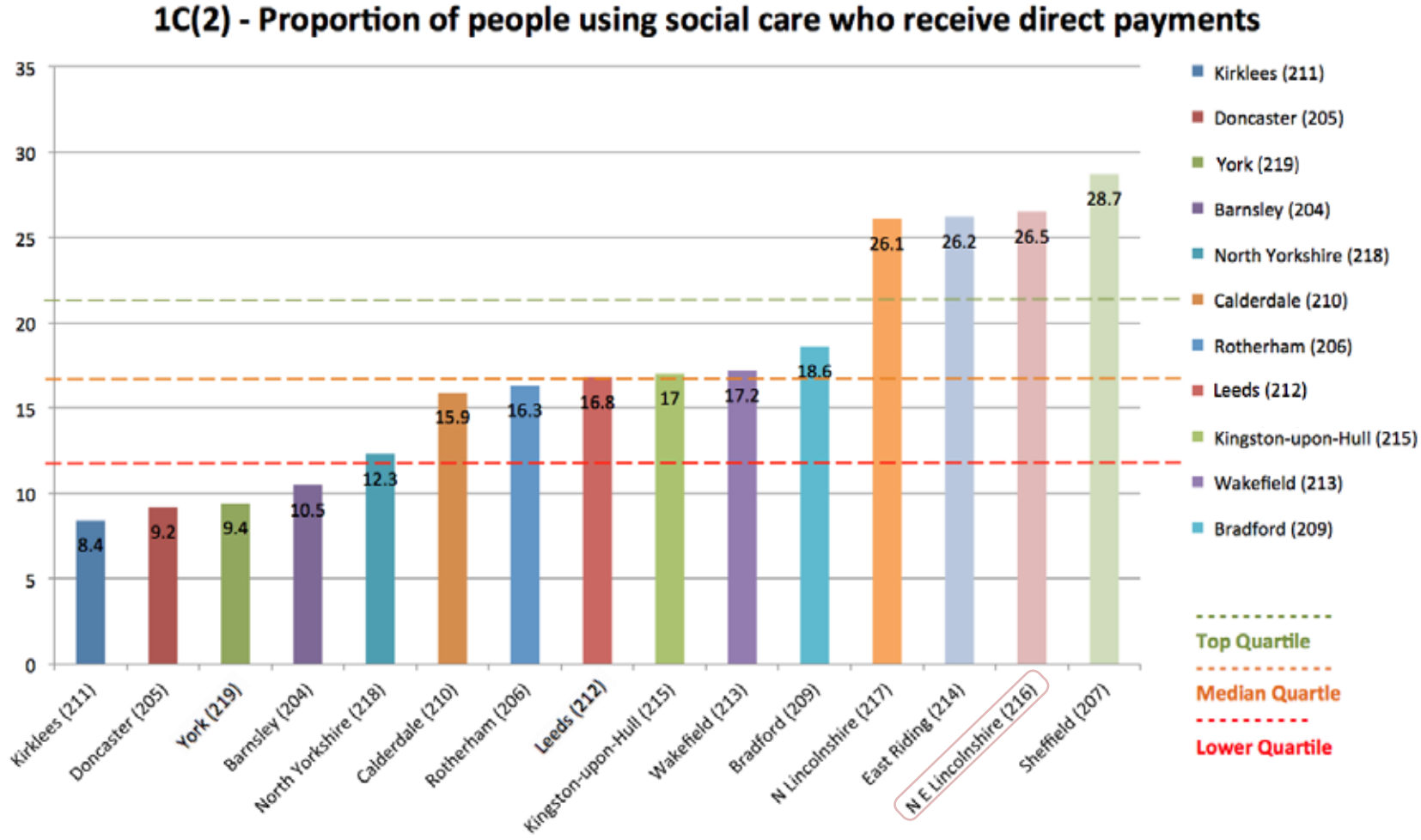
Personalisation

Those in receipt of a managed budget represent 78.8% of all those receiving support: A significant improvement on the previous year, where we were placed 6th in 2012-13, and for 2013-14 we moved to 2nd place regionally.



Direct Payments

The proportion of those using social care who received a direct payments to allow them to purchase case and support directly, increased to 26.5%, this moves us from 4th place in 2012-13 to 2nd place regionally in 2013-14.



Glossary

Abuse
Physical violence, verbal aggression, unwanted sexual contact, money or property taken without consent or under pressure, neglectful care or the deprivation of choice, privacy or social contact.

Carer
An individual who provides unpaid support to a family member or friend who cannot manage without this help.

Commissioning
Process the CCG uses to plan and buy services for adults with care and support needs.

Community based services
Care and support services provided in the community rather than in hospital or residential homes.

Community capacity building
Activities, resources and support that strengthen the skills and abilities of people and community groups; both to take effective action and take leading roles in the development of their communities.

Deprivation of Liberty Safeguards (DoLS)

Safeguards under the Mental Capacity Act (2005) that aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty.

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.

Extra Care Housing
Extra Care Housing is housing designed with the needs of frailer older people in mind; varying levels of care and support are available on site.

Health and Wellbeing Board
The health and wellbeing board is an NEL Council committee, which has responsibility to ensure that the health of the local population improves, and to ensure that health and social services are co-ordinated. These and other responsibilities of the board are set out in the Health and Social Care Act 2012.

Health Inequalities
Health inequalities are preventable and unjust differences in the health experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups they exist between different genders and different ethnic groups.

Hidden Carers
Many carers do not identify themselves as such, and are known as "hidden carers".

Home care
Help at home from paid carers for people with care and support needs.

Integrated
An integrated service acts as a service hub for the community by bringing together a range of services, usually under one roof, whose practitioners then work in a multi-agency way to deliver integrated support to children, young people and families, for example, extended services or sure start centres.

Intermediate Tier
Intermediate tier services are those provided on a time limited basis to help people discharged from hospital, or to prevent a hospital admission. Their aim is to re-enable people to regain their independence.

Key Ring Support Network
A supported living network made up of a number of ordinary homes for people who need support; a community volunteer lives in one of the homes and helps members. Paid workers are also available to give support.

Long Term Conditions
Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require on-going care and support.

Managed budget
Where a person asks the council to directly provide them with services to the value of their personal budget.

Market Position Statement
A document containing intelligence, information and analysis of benefit to local adult social care providers.

Outcome
End result, change or benefit for an individual who uses social care and support services.

Personal Health Budget
A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team.

Preventative services
Services that involve early interventions to prevent long term dependency or ill health.

Personalisation
New approach to adult social care that is tailored to people's needs and puts them in control.

Personal budget
A money allocation available to someone who needs support; the money comes from the Council's social care funding.

Reablement
Helping people to regain the ability and confidence to do some or all of the things they used to, such as cooking for themselves, bathing without help or getting to the shops.

Rapid Response Service
A service that focuses on preventing avoidable hospital attendances and admission, treating and supporting individuals who have gone into crisis whether they have a health or social care need.

Rehabilitation
Treatment or treatments designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

Residential care
Care provided in a care home.

Safeguarding
Protecting vulnerable people from neglect or physical, financial, psychological or verbal abuse.

Safeguarding Adults Board
The Safeguarding Adults Board focuses on the core safeguarding agenda - prevention, identification, investigation and treatment of the abuse of vulnerable adults. It develops safeguarding policies and procedures, participates in the planning of safeguarding services, gives guidance and direction to those responsible for service delivery and champions good practice.

Self-Directed Support
Self-directed support is about people being in control of the support they need to live the life they choose.

Social Enterprise
A business with primarily social objectives whose surpluses are principally reinvested for that purpose.

Solution
The most appropriate method of meeting an individual's needs.

Supported Living Schemes
Schemes that help adults to live as independently as possible in the community.

Think Local Act Personal
Think Local Act Personal is a group of over 30 national partners that are committed to real change in adult social care. Their goal is for people to have better lives through more choice and control over the support they use; often referred to as "personalisation".

Third Sector
Voluntary or not for profit sector.

Time Banking
Time banking is designed to support people who help others, and to offer support to those that need it. Every hour spent doing something for somebody, generates a time credit. Each time credit can then be exchanged for an hour of someone else's time.

Vulnerable adult
A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other conditions.

Wellbeing
Health and happiness.

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Performance Measures Glossary

1A "Social Care –Related Quality of Life"
This is taken from the PSSASCS which asks people about how they view their quality of life

1B "Proportion of people who use services who have control over their daily life"
This is taken from the PSSASCS which asks people if they feel they have control over their own life

1C(1) "Proportion of People using social care who receive self-directed support."
This looks at the number of people who have received an assessment of need who have then been advised they can have a personal budget to meet their needs and advised as to how much this will be.

1C(2) "Proportion of People using social care who receive direct payments"
This looks at the number of people who choose to manage their own personal budget rather than ask Adult Social Care to arrange services.

1E "Proportion of People with learning disabilities in paid employment"
This looks at the number of people with a learning disability who have found employment and receive pay for this.

1F "Proportion of People in contact with secondary mental health services in paid employment"
This looks at the number of people in contact with secondary mental health services who have found employment and receive pay for this

1G "Proportion of People with learning disabilities who live in their own home or with their family"
This looks at the number of people diagnosed with a learning disability who live independently rather than in a residential or nursing home.

1H "Proportion of People in contact with secondary mental health services who live independently with or without support"
This looks at the number of people who are receiving a service from the secondary mental health service who live independently rather than in a residential or nursing home.

2A(1) "Permanent admissions 18-64 to residential and nursing care homes, per 100,000 population"

2A(2) "Permanent admissions 65+ to residential and nursing care homes, per 100,000 population"

2B "Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation (effectiveness of the service.)"

2C(1) "Delayed transfers from hospital per 100,000 population"
This looks at the number of people who have been advised they are medically fit to leave hospital but have been unable to be discharged due to waiting for a specific service or piece of equipment.

2C(2) "Delayed transfers from hospital which are attributable to Adult Social Care, per 100,000 population
This looks at the number of people who have been advised they are medically fit to leave hospital but have been unable to be discharged due to waiting for an Adult Social Care service.

3A "Overall satisfaction of people who use services with their care and support"
This is taken from the PSSASCS which asks people how satisfied they are with the services that have been provided

4A "Proportion of people who use services who feel safe"
This is taken from the PSSASCS which asks people how safe they feel where they are living

4B "Proportion of people who use services who say those services have made them feel safe and secure"
This is taken from the PSSASCS which asks people if the services they receive have made them feel safe and secure where they are living

LOC1 "Adult and older clients receiving a review as a percentage of those receiving a service."
This is a local indicator and asks if the person's support and care needs have been reviewed to identify any changes that are needed. This should be undertaken at least on a yearly basis.

LOC4 "Carers receiving needs assessment or review receiving a specific carer's service, or advice and information"
This is a local indicator which looks at the number of carers who have been assessed in their own right or have had their needs reviewed when they have a direct service to support them or have been provided with advice and information.