

# Kirklees Local Account 2014

Have we  
delivered?



# Foreword

Kirklees Council is committed to being transparent with local people about what we do and spend. The Local Account is just one of the ways we can do this and is a significant step in providing residents with information on how their local adult social care services have performed over the past 12 months as well as highlighting the challenges and priorities for the next year.

Council services are all facing unprecedented challenges in the face of significant cuts to the budgets available for public services. At the same time we are seeing demographic changes and changes in public expectation which are driving up demand for services. The imperative to deliver value for money and the most effective services has never been greater.

The Council is in the midst of a period of redesigning its core purpose and developing new ways of working. At the same time, changes in national legislation, notably the Care Act are introducing new duties and expectations across our services. We are therefore thinking creatively about how we can best meet the need for support in future and about how we can maximise the productivity and impact of what we do.

Our Local Account is constructed around improving outcomes for people in Kirklees and we believe that we have set ourselves some challenging goals for next year which contribute towards reducing inequalities and improving the health and wellbeing of adults and older people in Kirklees. There are difficult years ahead and the Council continues to reconfigure to meet our priorities and our vision for Kirklees.

With this in mind, it is important that we are in touch with what the people who use services, carers and their families see as important, and that we are responsive to these needs. To that end, the Local Account is also asking for your views. Please take the opportunity to comment (using the comment form at the end of this report) and feedback on the content of this document and add your voice to shape the priorities for the future of adult social care services in Kirklees.



A handwritten signature in black ink that reads "Viv Kendrick".

Cllr Viv Kendrick  
Kirklees Council,  
Cabinet Member for Health, Wellbeing  
and Communities



A handwritten signature in black ink that reads "Alison O'Sullivan".

Alison O'Sullivan  
Kirklees Council  
Director for Adult Social Care

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# What is a Local Account?

Our Local Account tells residents how local adult social care services have performed over the past 12 months. It also highlights the successes, challenges and priorities for the next year.

All local authorities are now required to produce a “Local Account” of adult social care on at least an annual basis. Forming part of the Government vision set out in “The Information Revolution and Information Strategy for Health and Social Care”, it is a key part of how councils provide accountability in the way in which adult social care is delivered locally.

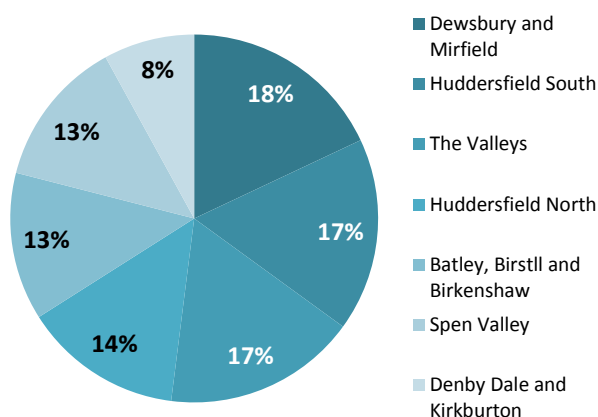


# Kirklees – Our local area

Kirklees is the 11th largest local authority in England. It is part of the Yorkshire and Humber region and includes Batley, Birstall, Cleckheaton, Denby Dale, Dewsbury, Heckmondwike, Holmfirth, Huddersfield, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite.

Kirklees is a mix of urban and rural communities, with residents having a strong sense of local independence and identity in their attachment to local towns and villages. Huddersfield is the largest town in Kirklees.

Kirklees population by locality area



## Our population

- In 2013 there were 428,279 people living in Kirklees. This is predicted to rise to around 447,400 by 2020. (Source: Projecting Older Peoples Population Information).
- There are an estimated 67,000 people aged 65+ in Kirklees. This is expected to increase by 17% to 78,700 in 2020. **As the older population increases, the numbers of people with health related problems is projected to increase.**
- There are an estimated 2,939 people aged 90+ living in Kirklees and this is also expected to increase by 36% to 4,000 in 2020. **These are the people most likely to have complex health and social care needs.**
- There are 181,545 households in Kirklees of which approximately 20,412 residents aged 65+ live alone.
- There are an estimated 7,500 to 8,300 adults with a learning disability living in Kirklees, of which 1,530 are known to Kirklees Council adult social care services.
- 1 in 10 (25,500) people aged 18-65 years have a physical impairment and 20,000 adults of all ages in Kirklees have a sensory impairment.

## Our health

- The health of people in Kirklees is varied compared with the England average.
- Deprivation is higher than average and life expectancy for both men and women is lower than the England average.
- Life expectancy is 9.1 years lower for men and 5.9 years lower for women in the most deprived areas of Kirklees than in the least deprived areas.
- More people are living longer with *health problems*: the likelihood of having any of the main long term conditions increases with age, and it also increases the likelihood of having multiple conditions.
- Long term conditions are estimated to affect more than 126,000 people aged over 18 in Kirklees, with 30% of the population reported to have one long term condition, 13% reported to have two long term conditions and more than 10% reported to have three or more long term conditions.
- As the older population increases, the numbers of people with mental and physical health related problems is projected to increase.

# Kirklees Council Vision for Health and Wellbeing

By 2020, no matter where they live, we want people in Kirklees to live their lives confidently, in better health, for longer and experience less inequality.

## Kirklees adult social care vision

**Kirklees Council helps people to be independent.**

*We work alongside people to help them to keep well and do as much for themselves as possible, for as long as possible.*

*We put people's individual needs, choices and aspirations at the heart of care and support, helping people to make their own decisions, achieve their potential and get the most out of their lives.*

*When people do need help we make sure that the services they can choose from are of a high quality, meet their needs, help them to stay in control of their own lives and treat people with dignity and respect.*

*We aim to make the best use of the resources that are available. We look for opportunities to work in partnership with other organisations which can help people who have community care needs, including the National Health Service, voluntary and community organisations and the private sector, to make sure that people who need support get well co-ordinated services which give them the outcomes they want.*

## Kirklees adult social care objectives

We use nationally defined outcomes for adult social care to help us to focus on what we need to do to ensure our services are personalised, preventative and deliver the best results for people. The outcomes are:

### Enhancing quality of life for people with care and support needs

- People live their own lives to the full and achieve the outcomes which matter to them.
- Carers can balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish.
- People are able to find employment when they want and maintain a family and social life.

### Ensuring that people have a positive experience of care and support

- People who use social care support and their carers are satisfied with their experience of care services.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the person and ensure support is sensitive to the circumstances of each individual.

### Delaying and reducing the need for care and support

- Everybody has the opportunity to have the best health and wellbeing possible during their life.
- Earlier intervention and re-ablement means that people and their carers are less dependent on intensive service.
- When people develop care needs, the support they receive is in the most appropriate place, and helps them to regain their independence.

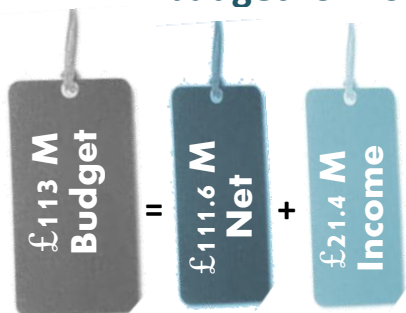
### Safeguarding adults whose circumstances make them vulnerable

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, and 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 the way that they wish.

# What do we spend?

## A summary of expenditure for Kirklees adult social care during 2013/14

### What was the adult social care budget for 2013/14?



Kirklees' gross total budget for adult social care in 2013/14 was £133m – a 1.5% increase to the previous year.

The council also receives income (e.g. from the NHS) totalling approximately £21.4m – this equates to a net budget of £111.6m

### What was it spent on?

Older people (Aged 65 or over)

£73.2m

Adults with a learning disability

£35.2m

Adults with a physical disability

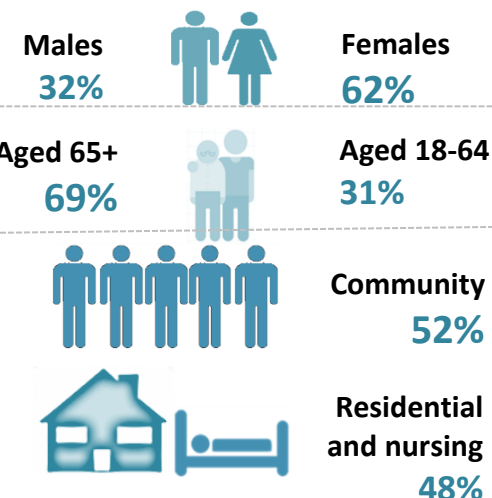
£14.6m

Adults with mental health needs

£9.3m

Additional spend of £0.7m in other areas

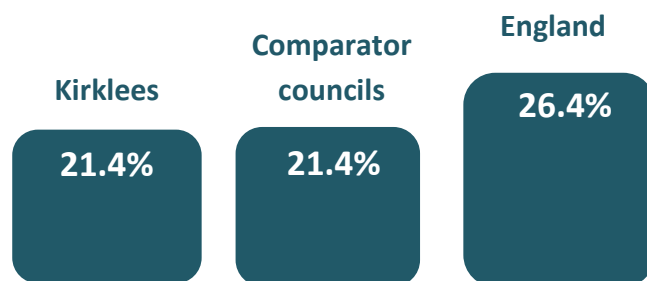
### Where was it spent?



### How do we compare?

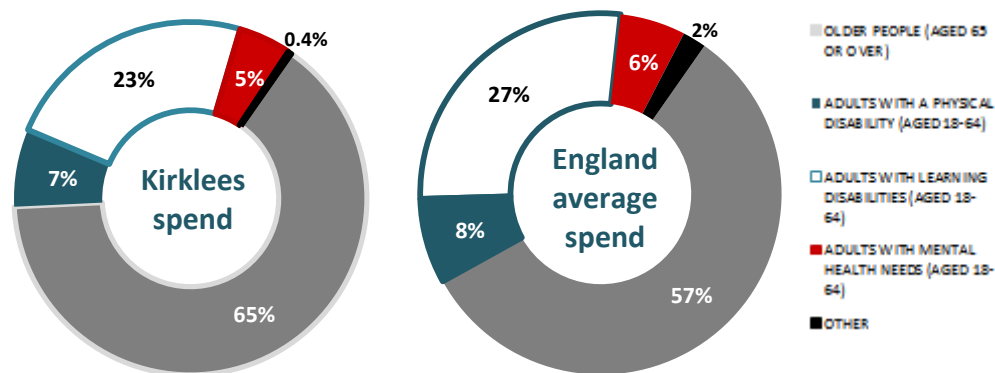
National data highlights Kirklees as a council with comparatively lower spend on adult social care but with better outcomes\*\* when compared to similar councils.

### Adult social care budget as a proportion of council budget



Kirklees spends almost 21% of the budget on adult social care – this is below the national and comparator average.

With a large older people population profile, Kirklees proportionately spend more on services for older people compared to the average spend on older people services by all national councils.



\* Source: NASCIS 2012/13 – (2013/14 Data Not Yet Available)

\*\* Source: Public Health Spend and Outcomes Tool 2014

# Enhancing quality of life for people with care and support needs

## What we said we would do

- Continue to grow our Self Directed Support offer (including the take up of direct payments) to enable people to make informed choices about how, where and by whom their support needs are met.
- We will review and improve the offer to Carers and continue to ensure that carers receive timely advice, information and support by working in partnership with the new Carers Support Service (Carers Count).
- We will continue to work with South West Yorkshire Partnership Foundation Trust to sustain and develop integrated provision of mental health services in Kirklees.

## What we did

### Supporting people through personalisation

Personalisation is about helping people to be more in control of the support they receive, for instance, in 2013/14 more than 4,000 people completed a person-led assessment to identify the outcomes they want to achieve with a support plan, an increase from 3,000 in 2012/13.

Anyone receiving adult social care support from the council can be provided with self-directed support. With self-directed support people can get their own personal budget and can choose to take some or all of this as cash (direct payment) to arrange their own services.

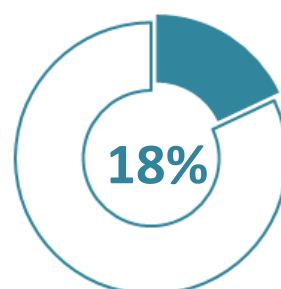
People can spend their budgets on anything that will meet their needs, and many are moving away from traditional care services.

**6,600** People used self-directed support during the year

Although we have improved, take up of direct payments has been slower in Kirklees compared to regional councils. We have done a number of things to continue to increase the number of people who are helped to manage a direct payment and to support our approach to personalisation, examples of this include:

- An online eligibility screening tool – allowing service users to assess their level of eligibility for social care support and the options available to them
- A financial assessment tool – providing service users with an early indication of whether contributions will need to be made to a support package

Increasing the take up of direct payments and continuing to improve on the number of people self-directing their care will continue to be one of our priority areas for improvement during 2014/15.



**18% of people using self-directed support in the form of a direct payment**



## Supporting people with mental health to maintain active lifestyles



Active for Life is specifically intended for individuals experiencing mental illness, severe and enduring mental health issues.

Active for Life aims to support people to develop the knowledge, confidence, skills and support networks necessary for regular physical activity to become a sustainable part of their lifestyle. Throughout 2013/14 Active for Life has worked with a total of 161 individuals experiencing severe and enduring mental health issues.

*"I'm more likely to walk now. It's motivated and pushed me to go further and to places I've never been before. I know I can do it now."*

*"I thought that having diabetes would stop me doing exercise, although I now know that going to the gym actually helps with my blood sugar."*



Kirklees Employment Service is a specialist employment service designed to enable people with mental health issues to gain and retain employment. Our new office in Dewsbury is an exciting expansion of our existing Kirklees Employment Service. It means we are more accessible so we can help more local people develop the skills they need to manage their mental health problems and return to work or training.

*"I decided to attend the work skills programme at Richmond Fellowship. I now feel like my confidence and self-esteem has improved and I have a better outlook on life."*

## Supporting people with mental health - Kirklees Recovery College

Developed in partnership with Health, Kirklees Recovery College offers courses focusing on a range of different topics including health and wellbeing, art and business.

Courses are planned and run by people who have experienced health problems alongside healthcare professionals, giving people an opportunity to work together to understand, share and develop.

The Recovery College focuses on developing people's strengths and enabling them to understand their own challenges and how they can best manage these to pursue aspirations.

## Kirklees Mental Health Services

The national policy drive on building resilient communities is reflected in the Kirklees Joint Mental Health Strategy. This strategy has been developed in collaboration with our partners and with people who use services. Service users tell us time and time again that involvement in meaningful activity outside "formal" mental health care is hugely important. Our feedback suggests that good access to more tailored and personalised solutions, with good information and advice, supports recovery.

We know we need to improve our performance in key areas such as supporting people with mental health in to employment opportunities (see 'Our priorities' section).

However, we have worked hard to develop a range of choices in Kirklees that people will find supportive. Kirklees is one of few Councils offering bespoke women's services, creative arts, focussed support for physical activity and services that are both ageless and dementia friendly.

## Did you know?

**8.9% of people with mental health were supported into employment in 2013/14 and 60% of people were supported to live independently.**

## Supporting carers to balance their caring role

There are around 61,000 people across Kirklees who provide some form of informal care and approximately 4,500 of these carers are known to the Council.

During 2013/14 we provided support to some 3,000 carers in Kirklees, through carer specific services and information/advice. We also work with a number of voluntary sector organisations across Kirklees to support carers with the services they need.

# 61,000

People living in  
Kirklees providing  
informal care (CLIK 2012)

In last year's local account we made a commitment to improve the range of information and advice available to carers. We have since commissioned a new service, Carers Count to promote the wellbeing of carers so they can continue in their caring role and have a life of their own.

## Shared Lives Scheme

The Shared Lives scheme helps many people, including people with learning disabilities, mental health needs, physical disabilities and older people. It is a flexible and unique arrangement offering support from a few hours a week - a session, a short break or providing a long-term home for someone.

Shared Lives Carers from the local community offer support and accommodation in their own home for vulnerable and disabled adults. Carers may offer a home to people on a long term basis or provide respite support which may be a day, weekend or a few weeks' stay.

### Shared Lives

01484 226520

[shared.lives@kirklees.gov.uk](mailto:shared.lives@kirklees.gov.uk)



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

03000120231

Carers Count,  
8 Upperhead Row,  
Huddersfield, HD1 2JW

Carers Count opened on the 1<sup>st</sup> June 2013, providing a new information and support service for any adult in Kirklees who have or are providing care and has been set up to promote the wellbeing of carers so they can continue in their caring role and have a life of their own.



*"When my husband was first diagnosed with Alzheimer's it was very confusing not knowing where to go for information on all sorts of things. I rang Carers Count to make a small enquiry but a lovely friendly lady said "We'll come out and see you. This has been a great help to us and improved our situation so much. At all times he was treated with respect and dignity and we appreciated that so much. I will have no hesitation in calling Carers Count if I need further advice."*

The work of the service so far has demonstrated a range of outcomes for carers such as reduced isolation, maximised income, reduced stress and increased confidence in the caring role.

Carer feedback shows that they felt more able to continue in their caring role and less worried about planning for the future since becoming involved in the service. They now feel more certain about where to turn for support, information and advice.

**1,095** carers using the service

**548** carers have received information/advice

**£97,716** income claimed for carers through unclaimed benefits

## Connect to Support

“Connect to Support” is a place where people can safely access the support they need, by visiting a “shop” online, to view care services, leisure services and other activities that promote health and wellbeing. Web users can then use their own money, or the funding they get from the council, to securely purchase services that meet their health and social care needs, the same way as they would make any other online purchases.

Connect to Support is all about giving people who use health and social care services more choice and control over their own support. People can see what is available, the cost of the service and whether it operates in their neighbourhood. More importantly they are able to see for themselves how other people have rated the service.

## Health Trainers - Michael's story

At first Michael only came in to Gateway to care to access a mobility scooter, but this simple interaction soon helped support Michael with a very positive change in his wellbeing thanks to the Kirklees Health Trainers service.

When Michael first contacted the Health Trainers service he presented with low confidence, agoraphobia and was coping with chronic back pain caused by a previous accident.

Michael's Health Trainer helped him understand how to manage his back pain and general health better, and also helped Michael to access other relevant services. Here is what Michael had to say:

*“My experience with my health trainer has been very rewarding, both my physical and mental health have been looked at. I now know of all the options and help that are available to me. From the first phone call to my last meeting my health trainer has made me feel safe and comfortable to be around and share my feelings and thoughts. I am now on the road to getting a disabled friendly house too. I thank Kirklees Health Trainers for all the help.”*

## Care Navigators – Supporting people to make informed choices about their care

Kirklees Council Care Navigators help adults with social care needs, or people who care for someone with social care needs. They can help find free or alternative support options, and social care for people who have a personal budget to spend.

A Care Navigator works with people to find health and social care support in their local community. They have a wealth of local knowledge about the groups, businesses and suppliers that can give a more personal service. They help people to build a support package that can be creative, tailored to people's needs and in line with people's aspirations.

## Emma's story



*“...she is back to her old self and she is up and ready every Friday morning bright and early to go the café.”*

Emma, who has downs syndrome, had volunteered in a community cafe in her home town for over two years when unfortunately the cafe had to close. Emma was very unhappy as she missed out on socialising with the friends she had made and became quite withdrawn.

Emma was referred to the Supported Volunteering service, where Emma and her father met with one of our Care Navigators. The Care Navigator had recently made links with the Community Cafe at Oakes and arranged for Emma and her father to meet with him at the cafe where he introduced them to the cafe's Volunteer Co-ordinator.

Emma was initially quite reserved but soon grew in confidence as she was made welcome by the rest of the team. After only three sessions of support Emma was able to volunteer independently. She has now been volunteering for over eight weeks and has become a valued member of the team.

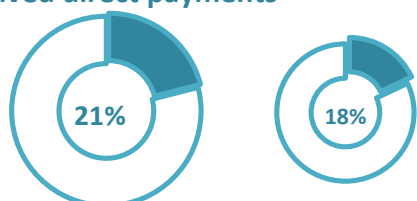
# Enhancing quality of life – Summary of our performance in 2013/14

## Service users using Self Directed Support



Trend: Not improving - there were approximately 6,600 service users and carers identified as using SDS in 2013/14 (compared to approximately 8,000 in 2012/13). This is an area for improvement for 2014/15 (see 1.1 in 'Our priorities')

## Proportion of people using SDS who received direct payments



Trend: Not improving – this is an area for improvement for 2014/15 (see 1.1 in 'Our priorities')

## Social care service users quality of life



Trend: Not improving, Kirklees score is however in the national top quartile. This is an area for improvement for 2014/15 (see 'Our priorities')

## Carers quality of life



Trend: N/A - we have improved on our offer to carers and have commissioned a new service called 'Care Counts' to support our improvements

## Older people helped to live at home



Trend: Improving, 6,059 older people were helped to live at home (compared to 5,820 in 2012/13)

## People with mental health helped to live at home



Trend: Not improving – we are continuing to do further work in this area (see 'Our priorities')

## People with physical disabilities helped to live at home



Trend: Improving - almost 1,223 people with PD were helped to live at home during 2013/14

## People with learning disabilities helped to live at home



Trend: Not improving – this is an area for improvement for 2014/15 (see outcome 2 in 'Our priorities')

## People with learning disabilities supported in to employment



Trend: Not improving but remains top quartile performance nationally (compared to 2012/13 data)

## People with learning disabilities supported to live independently



Trend: Not improving



# Delaying and reducing the need for care and support

## What we said we would do

- Continue to offer short-term, goal-focused support via our approach to re-ablement, which gives people the opportunity to regain lost skills, confidence, and independence, prior to establishing any ongoing support.
- Deliver a range of personalised support options to promote independence, wellbeing and self-care, enabling people to live as close to home as possible & avoid admission to hospital or long term care.
- Continue to work with our strategic partners (e.g. NHS) in further integrating our commissioning and planning processes to achieve successful outcomes for current/future service users.

## What we did

### Developing our approach to prevention – Kirklees Mobile Response Service

The Mobile Response Service provides a fast and effective emergency response to support people who use the council's Carephone Home Safety Service in situations where they require urgent assistance.

During 2013/14 the service supported in excess of 2,400 people (unique service users) with urgent support in the home, with 40% of referrals to provide support following a fall.

Our data indicates that the cohort of people supported are very elderly with high level needs, with a mean average age for referrals of 81 years.

Data also shows a range of positive outcomes associated with the service and the tasks undertaken, with for instance, 53% of referrals avoiding an ambulance call out and 41% of people requiring no further support.



**4,845**

Calls for mobile response, this has nearly doubled from 2012/13 (2,336).

### Helping people in their home - Assistive Technology

Assistive Technology refers to a wide range of aids/adaptations that can help people to live independently in their own home – this includes our Carephone Home Safety Service. Kirklees Council's Carephone Home Safety Service offers peace of mind, 24 hours a day, 365 days a year, using a wide range of equipment designed to meet individual service user needs.

Increased numbers of service users with complex needs are being provided with Assistive Technology to enable them to remain in the community.

*"Thank you for all you have done. The equipment has made mum's life so much better"*

In 2013/14 there were

**170**

Service users with fall detectors compared with 73 during 2012/13.

**100**

Service users provided with medication dispensers compared with 46 during 2012/13.

**325,000**

Calls to the Carephone Service from 7,200 service users compared with 290,000 calls in 2012/13.

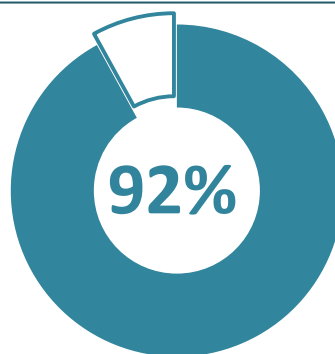
## Working in partnership with health - Hospital Avoidance Team

The main objective of the Hospital Avoidance Team (HAT) is to ensure people presenting at hospital have a pathway back to home (or to an alternative setting) with services to avoid hospital admission after treatment. HAT undertakes low level assessments and put together support packages, tailored to individual needs, to enable patients to return home safely. This may involve staff delivering/installing items of equipment and transporting patient's home.

**596**

**Referrals to the Hospital Avoidance Team in 2013/14**

Most Referrals to HAT come from the Medical Assessment Unit at Dewsbury Hospital and Accident & Emergency Huddersfield Royal Infirmary



**Proportion of referrals to HAT for supporting people aged 65 and over**

## Helping people earlier in life through re-ablement

Our offer of re-ablement is part of our preventative approach to assist people earlier in life when they need help to relearn daily living skills and to regain abilities and confidence in their own home. The service provides intensive support for up to a six week period enabling people to regain their independence fully to help them remain in the community, reducing the need for long term care.

The team work with people to find creative ways of managing day to day activities, whilst offering people maximum choice and control about how they achieve their individual goals.

People are fast tracked through to the service via Gateway to care and do not need to go through our full social care assessment process, which means we can help them much quicker.

**Older people still at home 91 days after discharge from hospital**

**90%**

2012/13 Actual

**90%**

2013/14 Actual

Trend: Improving, Kirklees performance remains above the 2012/13 national average of 82%.

**Older people discharged from hospital and offered reablement**

**1.5%**

2012/13 Actual

**1.8%**

2012/13 Draft

(awaiting 2013/14 HES data)

Trend: Improving, Kirklees performance still remains in the bottom quartile nationally.

**Referrals in to Re-ablement Services**

**1,400**

2012/13 Actual

**1,529**

2013/14 Actual

Trend: Increasing, additionally almost 85% of referrals went on to receive re-ablement (compared to 68% during 2012/13).

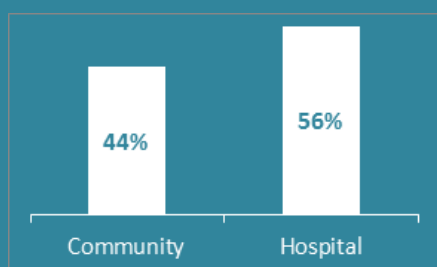
**Presenting conditions for re-ablement**

**Other condition 26%**

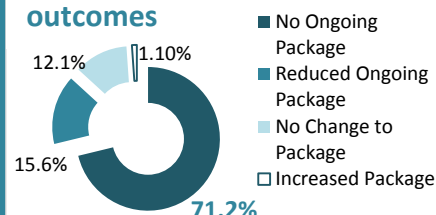
**Falls / Mobility 23%**

**Fracture / Break 19%**

**Source of referrals**



**2013/14 re-ablement outcomes**



Almost 71% of people completed reablement with No Ongoing Package (compared with 57.1% in 2012/13).

## Working in partnership with Health

Our vision for Kirklees is to commission health and social care services to ensure primary, community and social care can provide the right care in the right place, at the right time, first time, by staff with the competencies and skills to meet the needs of patients/clients, which complement and work together with Health care services.

When we commission services we place an emphasis on prevention and early intervention, to help people remain independent and to reduce the demand on hospital services. We also promote health and well-being in the widest sense, helping people to have greater control of the services they need, and supporting them to have more responsibility for the management of their own conditions / situation.

Over the years our effective joint working with local health services has resulted in several examples of positive outcomes. Examples of this include our approach to Hospital Avoidance and Re-ablement. The government has also recently set up the Better Care Fund – this is a budget to improve the ways health services and social care services work together.

The Better Care Fund is intended to transform local health and social care services so that they work together to provide better integrated care and support. It's a government initiative, bringing resources from the NHS and local authorities into a single pooled budget. Work on the plans for Kirklees started in 2013, with regular reports to the Health and Wellbeing Board.

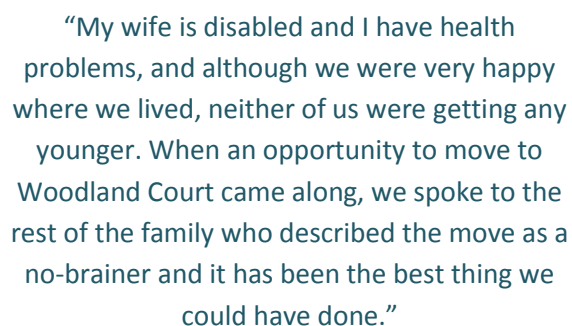
Kirklees Council and the two Clinical Commissioning Groups in Kirklees have submitted the first draft of the plan, informed by the views of patients, service users, carers and the people who work with them. This will be used to improve the ways we share information, staff and money.

## Extra Care – Enabling people to live independently

Extra care housing is designed for people who want to retain their independence, but need some care and support in order to do so. As part of a multimillion pound scheme, the Kirklees Excellent Homes for Life joint venture includes 140 extra care homes, 10 of which are specifically designed for people with dementia.

Extra care staff work closely with the local health and social care services, to provide a holistic and streamlined approach to care. Tenants are experiencing at first hand, the freedom of independent living, the reassurance of having access to a full range of healthcare and other support services, and the benefits of being part of an active community.

The first extra care scheme, at Woodland Court, in Dewsbury, was launched in July 2013, and officially opened by the Duke of Kent in October.



“My wife is disabled and I have health problems, and although we were very happy where we lived, neither of us were getting any younger. When an opportunity to move to Woodland Court came along, we spoke to the rest of the family who described the move as a no-brainer and it has been the best thing we could have done.”

## Did you know?

**Each of the extra care housing schemes is designed to be a community hub, providing services for members of the local community, as well as those living in the scheme. This helps to reduce social isolation, enables people to remain part of the local community and brings new resources into the local area.**

# Delaying and reducing the need for care and support – Summary of our performance in 2013/14

## Older people still at home 91 days after discharge from hospital

**89%**

2012/13 Actual

**90%**

2013/14 Draft

Trend: Improving, Kirklees performance remains above the 2012/13 national average of 82%

## Older people discharged from hospital and offered re-ablement

**1.5%**

2012/13 Actual

**1.7%**

2012/13 Actual

Trend: Improving – we continue to strengthen discharge arrangements in partnership with health

## Delayed discharges from hospital



**11.4**

2012/13 Actual



**10.9**

2013/14 Draft

Trend: Improving

## Admissions of older people to residential and nursing care



**57.9**

2012/13 Actual  
(per 10,000 population)



**53.4**

2013/14 Actual  
(per 10,000 population)

Trend: Improving, a lower rate equates better performance. There were 360 admissions during 2013/14 (375 in 2012/13)

## Overall admissions of people aged 18 and above to residential and nursing care



**127**

2012/13 Actual  
(per 100,000 population)



**118**

2013/14 Actual  
(per 100,000 population)

Trend: Improving, a lower rate equates better performance

## Referrals in to Re-ablement Services

**1,400**

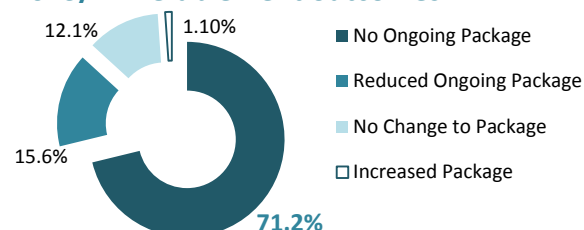
2012/13 Actual

**1,529**

2013/14 Actual

Trend: Increasing, additionally almost 85% of referrals went on to receive re-ablement (compared to 68% during

## 2013/14 Re-ablement outcomes



Almost 71% of people completed re-ablement with No ongoing package (compared with 57.1% in 2012/13)

## Admissions of people aged 18 to 64 to residential and nursing care



**15.7**

2012/13 Actual  
(per 100,000 population)



**10.4**

2013/14 Actual  
(per 10,000 population)

Trend: Improving, lower rate equates better performance.



# Ensuring that people have a positive experience of care and support

## What we said we would do

- We will continue to oversee quality standards of social care providers and ensure services provide quality and value for money so that people who use social care support and their carers are satisfied with their experience of social care.
- We will continue to enhance service user choice and control so that people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- Through our community investment and the development of infrastructure in the third sector, we will aim to facilitate more individual choice, enterprise and less dependency on traditional services.

## What we did

### Quality of care in residential and community services

Several teams within the council play a part in overseeing the quality of social care provision for people living in Kirklees. These teams check that all providers are meeting their obligations within their contract with the council.

The teams have officers who regularly visit care providers and review the services they are providing to ensure that they are delivering services which meet quality standards and which ensure that vulnerable people are safeguarded.

The council can offer a range of support to providers who are experiencing difficulties. This support can be quite labour intensive with council staff assisting with a range of guidance and assistance.

### Quality in care – Examples of what we are doing

A major project in partnership with the two Clinical Commissioning Groups and Public Health is underway to review medication administration within community settings.

### Quality of care – Examples of what we are doing

Detailed work with individual providers has been undertaken to support them with recruitment and retention issues and to find ways of addressing this, including enhancements for staff.

### End of life care

End of life (EOL) care continues to be a priority area for us in ensuring care practice is reviewed and appropriate support is given to those choosing to die at home.

We continue with our strong partnerships with health partners in ensuring the right support is given to patients and that staff have a clear understanding of their role in delivering good quality care.

We have EOL Champions in each of our care establishments and our residential homes are accredited with the Gold Standards Framework ensuring that our care supports people to live well until the end of life and includes the right care in the final years of life for people with any end stage illness in any setting.

*“May I offer my sincere thanks for the excellent care my mum received during her recent two month stay with you. With renewed thanks for your care and kindness for what were to prove to be the last weeks of mum’s life.”*

## Tackling inequalities in health – Kirklees Health and Wellbeing Board

The Health and Wellbeing Board is a committee of the council. It was set up in April 2013 as a requirement of section 194 of the Health and Social Care Act 2012, which introduced several changes to the National Health Service (NHS). The purpose of the board is to improve the health and wellbeing of people and communities in Kirklees.

The Health and Wellbeing Board has set out a vision for Kirklees, which is that:

*By 2020, no matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality.*

The Health and Wellbeing Board sees its role as providing strong leadership to make the changes necessary to deliver this vision, but this must be reinforced by leadership at all levels across the health and social care system.

The board recognises that it has a particular role in driving the integration of commissioning and delivery of health and social care, and this will be an area that is a major focus for the board over the next two years.



The Joint Health and Wellbeing Strategy 2013-2020 as well as the Joint Strategic Needs Assessment (JSNA) are vital to how we will work together to make it all happen. To view the strategy click [here](#), to view the latest version of the JSNA click [here](#).

## Developing a thriving, strong and diverse social care market for Kirklees

Increasingly, people who have community care needs are being encouraged to use personal budgets to buy their own services (self-directed support), with help from support staff. As more people choose this arrangement, providers of services will increasingly be selling directly to individuals rather than to the council and this is a major change in the way providers and commissioners do business.

To ensure this change is smooth, and delivers the outcomes that both the government and local people want, it is important that the council works closely with current and future providers to help the market remain stable and to encourage the development of new, innovative ways of delivering support, stimulating new businesses and organisations.

We are also improving our approach to access to information about social care for all Kirklees residents through Connect to Support.

## Working in partnership with providers

To meet the current and future needs of local residents, joint work is needed between providers and commissioners of services. To this end we have a number of provider forums which act as the main communication channels between commissioners and providers for social care.

We have also published a series of Market Position Statements for social care in Kirklees, describing the approach Kirklees Council is taking in developing the social care market in Kirklees. These statements mark the start of on-going conversations with providers, both current and future, in Kirklees. More information can be found [here](#) on the councils [Care in Kirklees](#) website

## Careers in social care

### In2Care Kirklees Adult social care jobs & opportunities

[www.facebook.com/In2CareKirklees](http://www.facebook.com/In2CareKirklees)  
[www.twitter.com/@In2CareKirklees](https://www.twitter.com/@In2CareKirklees)



A dedicated Facebook page called In2Care Kirklees for adult social care jobs and volunteering

opportunities in the Kirklees area is now online. The purpose of In2Care Kirklees is to provide a free and readily accessible place for organisations to advertise jobs, volunteering opportunities, work placements, qualifications, training and anything else related to getting into adult social care within the Kirklees area – it's for everyone!

Feedback from providers is good and prospective applicants are making contact as a direct result of the Facebook page.

## Better in Kirklees

Better in Kirklees (BIK) supports people to be active and involved in the community, keeping people happier and healthier, and independent for longer. It is a project which helps people join groups and activities in their local community and throughout Kirklees. Users can get information, support, encouragement and help to find something they will enjoy, and keep them active and involved.



*"I have really enjoyed the social aspect of this group, before I had nothing interesting to do and felt lonely" a service user at the Disabled Peoples Electronic Village Hall.*

*"L2MU as I call it means everything to me, I love it, I really love the things we do and the people are great" from Neil, who uses the 'Luv2MeetU' group."*

## Supporting people to play an active part in their communities

All over Kirklees people are involved in group activities from gardening and woodturning to rock and roll dancing to lunch clubs. We have continued to fund and support community groups to provide alternative options to formal social care and to reach out to vulnerable people in Kirklees, with over 160 projects that:

- Help people to help each other in their local neighbourhoods
- Groups are run by or for older people, people with learning disabilities, people with mental health issues, people with drug and/or alcohol issues, people with a physical or sensory impairment or long-term condition, and/or unpaid carers
- Promote people's wellbeing, increase independence or prevent future problems.

Our evidence shows that these community projects are increasingly helping people to stay active, healthy, happy, involved and independent in their communities.



## Singing for the Brain!

Singing for the Brain is a service provided by the Alzheimer's Society which uses singing to bring people together in a friendly and stimulating social environment. Singing is not only an enjoyable activity, it can also provide a way for people with dementia, along with their carers, to express themselves and socialise with others in a fun and supportive group.

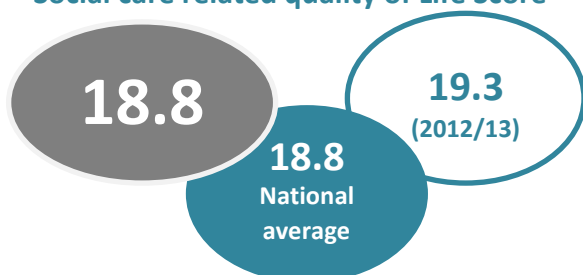
*"The group gives my wife an opportunity to meet other people. Most of all she can sing, and whilst her short term memory is not good she can remember the words of the songs." - John*

# Ensuring people have a positive experience – Summary of our performance in 2013/14

## Adult social care survey

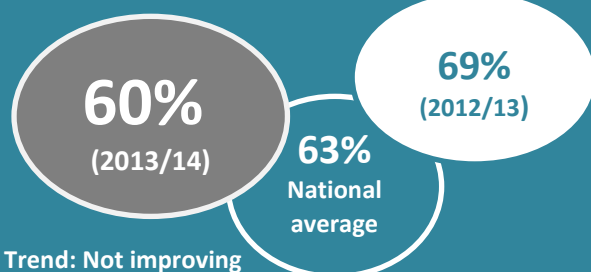


## Social care related quality of Life Score



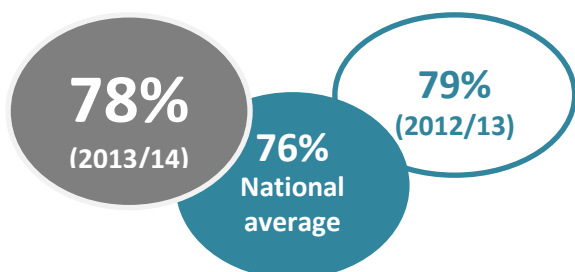
Trend: Not improving, Kirklees score is however in the national top quartile (based on 2012/13 comparator data)

## Satisfaction of people who use services



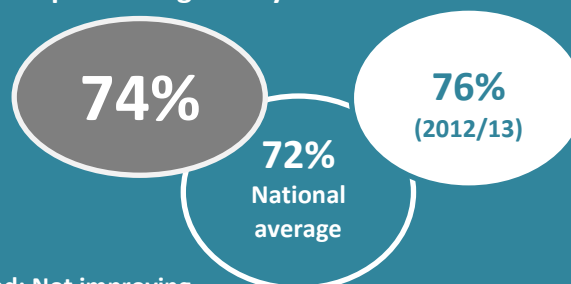
Trend: Not improving

## People with Control with their Daily Life



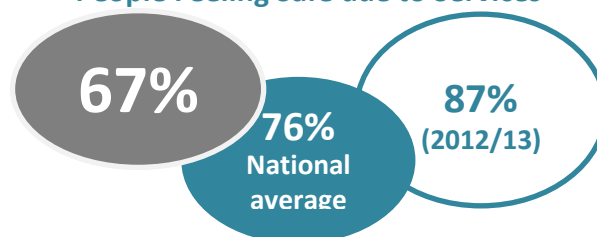
Trend: Not improving but still above national average. Our work on Self Directed Support will enable improvements in this area – see 'Our priorities'

## People finding it easy to find information



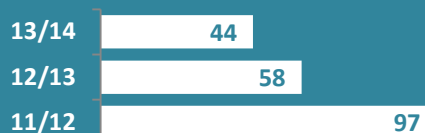
Trend: Not improving

## People Feeling Safe due to Services



Trend: Not improving, service user research ongoing to better understand the issues. This is an area for improvement for 2014/15, see 'Our priorities'

## Formal complaints



Trend: Improving – 82 informal complaints, 57% partially upheld and 43% not upheld

## Kirklees Mystery Shopping 2013/14 – how do people rate our customer service?

Customer scenario	Customer rating
Telephone	Excellent
Website	Good
Face to Face	Excellent
Reception	Excellent
Out of Hours	Fair
Safeguarding	Good

Based on Rotherham Council's Customer Inspection Service.

Rotherham Council inspectors conducted a regional mystery shopping exercise on behalf all the local authorities across the Yorkshire and Humber Region focussing on access to services.



# Safeguarding adults whose circumstances make them vulnerable

## What we said we would do

- Through the work plan of the Kirklees Safeguarding Adults Board we will continue to promote the wider safeguarding agenda so that safeguarding is a responsibility for everyone.
- We will also continue to protect vulnerable adults by identifying and enabling people to meet their outcomes and be free from harm and exploitation

## What we did

### The Kirklees Safeguarding Adults Board (KSAB)

Our vision is that all vulnerable adults in Kirklees are able to live their lives free from, and without fear of, abuse, neglect and discrimination. Our core purpose is to protect those adults who are vulnerable but as a multi-agency board we have a key role in promoting safeguarding as a responsibility for everyone.

The Kirklees Safeguarding Adults Board is made up of representatives from West Yorkshire Police, West Yorkshire Fire and Rescue Service, Locala, NHS and Kirklees Council. In addition there is a lay member on the board whose role is to critically challenge decision making and provide a lay perspective.

*Our Lay Member says:*

*"The board has worked hard to provide effective leadership for a partnership across Kirklees to promote and to oversee a partnership approach to the prevention of abuse and neglect."*

*"My view is that all board members work well together and show a high degree of commitment to the board with good attendance at board meetings."*

### The Care Act 2014 and Safeguarding

Strengthening safeguarding arrangements for adults in Kirklees remains a key priority for the Safeguarding Adults Board. Under the Care Act 2014, Local Authorities will have a duty to establish and run Safeguarding Adults Boards to "help and protect" adults at risk in its area. The Kirklees Safeguarding Adults Board already has core arrangements in place and continues to prepare for becoming a statutory body.

Running alongside the Care Act is a national initiative called 'Making Safeguarding Personal' 'which sets out to develop person-centred responses to safeguarding circumstances.

This approach is to ensure that people feel in control as much as possible and are more likely to do so when an outcome focused, person centred approach is used. In Kirklees we have taken this forward by piloting new training approaches focusing on outcomes and ensuring that we are asking the right questions at all stages of the safeguarding process.

### Did you know?

The Care Act 2014 is a landmark piece of legislation that places care and support law into a single, clear modern statute for the first time. More information can be found [here](#) on the Council's website

## Raising Awareness of Safeguarding Elected Members

Safeguarding responsibilities remain an important issue for councillors. Cabinet members continue to be kept updated on issues and receive appropriate advice, training and support to carry out their responsibilities.

## Overview and Scrutiny

The Wellbeing and Communities Scrutiny Panel comprises democratically elected members and members of the public who volunteer to sit with councillors on the panel. They are drawn from all sectors of Kirklees' community.

Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (i.e. the Health and Wellbeing Board, the council and Clinical Commissioning Groups), to account. In fulfilling part of this role the panel received the Kirklees Safeguarding Adult Board's Annual Report.

## Engaging with the community

The Care Act 2014 requires the Safeguarding Adults Board to engage and consult with the local community when preparing its strategic plan. In preparation for this, the board has agreed to continue dialogue and develop our existing relationship with Healthwatch, the independent consumer champion for the public in Kirklees.

## Making Safeguarding Personal

"Making Safeguarding Personal" is a national project set out to develop person-centred responses to safeguarding circumstances. It encourages councils and partners to develop a range of responses they can offer to people who have experienced harm and abuse, so that they are empowered and their outcomes are improved. In Kirklees we are taking this forward by piloting new training arrangements and ensuring that we are capturing outcomes at all stages of the safeguarding process.

## Safeguarding Adults Boards in West Yorkshire

Last year the five West Yorkshire Safeguarding Adults Boards (Bradford, Calderdale, Kirklees, Leeds and Wakefield) signed off a joint policy and procedures for adult safeguarding in West Yorkshire.

This was a significant piece of work, welcomed by agencies who work across two or more local authorities (West Yorkshire Police and the West Yorkshire Fire and Rescue Service and some of our health partners).

## The See Me and Care campaign

A campaign called See Me and Care targeted at health and social care workers was launched by KSAB at a dignity in care network event in June 2013. The launch of the campaign coincided with National Elder Abuse Awareness Day which encourages people to stop and challenge all forms of abuse.

"It was very moving to hear a personal account of very poor care. Everyone who works in care should hear Julie's story".

Feedback from hearing Julie Bailey's  
"Cure the NHS"

See Me and Care is about challenging poor practice in care and promoting a message for staff that is about treating people how you would want your family and friends to be treated. It is about encouraging staff to notice and question little things that make up poor practice, in the community, residential care or in hospital.

The campaign also focusses on sharing good practice and the importance of celebrating success and what works well in areas of care.

**SEE ME AND CARE** - acts of kindness speak volumes  
Visit: [www.kirklees.gov.uk/seemeandcare](http://www.kirklees.gov.uk/seemeandcare)

# Safeguarding Board activity, achievements and progress in 2013/14

This section highlights some of the work that has been completed over the year to achieve our Safeguarding strategic objectives. For further detail please refer to the Kirklees Safeguarding Board Annual Report [here](#)

## Safeguarding strategic objectives

1 Leadership and collaboration	2 Partnership approach to the prevention of abuse and neglect	3 Well trained and skilled workforce	4 Prompt and effective responses to abuse and neglect	5 Promote access and involvement
<p><b>Preparation for becoming a statutory board</b></p> <p>We have created links with NHS England and Yorkshire Ambulance Service (YAS).</p> <p><b>Working with the Police and Crime Commissioner</b></p> <p>The chairs of the five West Yorkshire safeguarding boards have met with the Police and Crime Commissioner to ensure that work with safeguarding adults at risk remains a high priority for West Yorkshire Police and the OPCC.</p>	<p><b>Dignity in Care network events</b></p> <p>During the year we have focussed on hydration and nutrition and how to identify risk.</p> <p><b>Promoting safety - Expansion of the Safe Places Project</b></p> <p>Supporting the 'Safe Places Project' as part of the prevention agenda. It is a partnership arrangement across various parts of the council, the Learning Disability Partnership Board and Metro Travel. It is delivered by Mencap in Kirklees.</p> <p>There are over 40 safe places around Kirklees.</p>	<p><b>Training in 2013/2014</b></p> <p>Learning and development activities to all levels of staff to enable them to respond to safeguarding concerns with prompt, timely and appropriate action.</p> <p><b>Key multi-agency training achievements 2013/2014</b></p> <p>A new training course 'See Me and Care – Preventing abuse: A framework for compassionate care' has been developed to underpin the key messages to the <i>See Me and Care</i> campaign. This course has been successfully piloted in preparation for roll out next year.</p>	<p><b>Making a Safeguarding Alert</b></p> <p>The five West Yorkshire Safeguarding Adults Boards have adopted joint safeguarding adult policy and procedures and have now identified the need to develop further guidance for when a safeguarding alert is required.</p> <p><b>Response to Winterbourne View</b></p> <p>The Kirklees Learning Disability Partnership Board has led on this piece of work and the Safeguarding Adults Board has undertaken a specific of work to ensure it is updated on progress made and actions undertaken.</p>	<p><b>Making Safeguarding Personal</b></p> <p>We have taken this forward by piloting new training arrangements and ensuring that we are asking questions and obtaining feedback at all stages of the safeguarding process.</p> <p><b>Pilot work 'I feel safer as a result of the safeguarding investigation'</b></p> <p>A pilot survey has been planned, to act as a driver for good practice by collecting the views of the individual concerned and provide a national measure of quality.</p>

# Safeguarding Adults – Summary of our performance in 2013/14

## Safeguarding referrals

**210**

2013/14 Actual

**685**

2013/14 National average

Trend: Reducing – 210 referrals required investigation this year compared to 308 during 2012/13

## Completed referrals



**90%**

2013/14 Actual



**73%**

2013/14 Comparator average

Trend: Kirklees has a higher rate of completed referrals than similar comparator councils

## Number and nature of safeguarding abuse

**118**



**Neglect**

2013/14 Actual

**47**



**Physical**

2013/14 Actual

**26**



**Financial**

2013/14 Actual

## Safeguarding actions taken

Where 'no further action under safeguarding'  
**66 (35%)**

Risk reduced  
**69 (36%)**

Risk removed  
**52 (27%)**

Risk remains  
**3 (2%)**

## Safeguarding case outcomes

Substantiated fully  
**49%**

**13%**

Substantiated partly

Inconclusive  
**16%**

**19%**

Not substantiated

Investigation ceased  
**2%**

Trend: of the 210 safeguarding referrals, 62% were substantiated/partially substantiated (compared to 50% last year)

## Deprivation of Liberty (DOL) applications

**38**

29%

Authorised

2012/13 Actual

**46**

28%

Authorised

2013/14 Actual

Trend: Increasing - Towards the end of March the Supreme Court Judgement on Cheshire West and Chester Council resulted in a significant increase in local DOL applications.

## Domestic abuse cases

**18**

2011/12 Actual

**220**

2012/13 Actual

**325**

2013/14 Actual

Trend: Increasing – Improved reporting processes through strengthened relationships with agencies has led to an increase in reported cases

## Repeat incidents of domestic abuse cases

**7.2%**

2012/13 Actual



**20%**

2013/14 Actual

Trend: Increasing – improved reporting processes through strengthened relationships with agencies has led to an increase in reported cases

## People who use service who feel safe

**87%**  
(2012/13)

**78%**  
National average

**67%**  
(2013/14)

Trend: Not improving – Further work was undertaken to contact service users not feeling safe and the reasons associated with their feedback. This will be taken further via our Carephones teams contacting service users to promote our preventative offer.



# Priorities for 2014/15

This section provides an overview of our main **areas for improvement** and **priorities** for **2014/15** against the four outcomes in this report

## Outcome 1

### Enhancing quality of life for people with care and support needs

- 1.1** Expand the options for people taking up the Self Directed Support offer (including Direct Payments) and improve our performance in this area.
- 1.2** Continue to take forward the personalisation and partnership agendas for adult social care and health, supporting people to access personalised services and where possible integrating health and social care offers to promote more seamless services for our users.
- 1.3** Continue to work with partners to further integrate commissioning and planning processes to achieve successful outcomes for current and future service users. This includes our work on the Better Care Fund.

## Outcome 3

### Ensuring that people have a positive experience of care and support

- 3.1** Ensure the provision of quality, compliant services that are value for money so that people who use social care support and their carers are satisfied with their experience of social care.
- 3.2** Continue to work on development of the health and social care market by working closely with service providers, individuals and communities to ensure a sufficient range of high quality social care choices are available.
- 3.3** Continue to develop and implement joint strategies and actions that will improve the effective supply, recruitment and retention of the current and future social care workforce.

## Outcome 2

### Delaying and reducing the need for care and support

- 2.1** Deliver cost effective and integrated support options to enable people to live as close to home as possible and avoid admission to hospital or long term care. This includes our preventative approach to re-ablement.
- 2.2** Prepare for key areas of legislation affecting health and social care services for adults and older people. This includes the implementation of the Care Act.
- 2.3** Drive further improvements in key performance areas such as 'helping people remain at home' through services such as Mobile Response, Assistive Technology, Re-ablement and Hospital Avoidance.

## Outcome 4

### Safeguarding adults whose circumstances make them vulnerable

- 4.1** Promote the wider safeguarding agenda so that safeguarding is a responsibility for everyone.
- 4.2** Support vulnerable adults and people at risk by identifying and enabling people to meet their personalised outcomes and be free from harm and exploitation.
- 4.3** Continue to promote a partnership approach to the prevention of abuse and neglect – this includes further embedding our 'See Me and Care' campaign.

# References

## **Active for Life – Annual Report 2013/14**

<http://www.kirklees.gov.uk/community/careSupport/healthWellbeing/pdf/activeForLifeAnnualReport.pdf>

## **Better Care Fund**

<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>  
<http://www.england.nhs.uk/wp-content/uploads/2013/12/bcf-itf-sup-pck.pdf>

## **Care Act 2014**

<http://www.kirklees.gov.uk/community/careSupport/getSocialCare/theCareAct.aspx>

## **Care in Kirklees**

<http://www.kirklees.gov.uk/community/careInKirklees/index.aspx>

## **Carers Count Annual Review 2013/14**

<http://www.carerscount.org.uk/>  
[http://www.carerscount.org.uk/sites/default/files/files/docs/carerscount\\_annualreport\\_a4sheets.pdf](http://www.carerscount.org.uk/sites/default/files/files/docs/carerscount_annualreport_a4sheets.pdf)

## **Healthwatch Kirklees**

<http://www.healthwatchkirklees.co.uk/>

## **In2Care Kirklees**

<https://www.facebook.com/In2CareKirklees>

## **Joint Strategic Needs Assessment (JSNA)**

<http://www.kirklees.gov.uk/you-kmc/partners/other/jsna.aspx>

## **Joint Health and Wellbeing Strategy**

<http://www.kirklees.gov.uk/you-kmc/partners/kirkleesPartnership/pdf/healthStrategy.pdf>

## **Kirklees Employment Service Mental Health and Wellbeing Services 2013 – 2014**

<http://www.kirklees.gov.uk/community/careSupport/healthWellbeing/pdf/employmentSerAnnualReport.pdf>

## **Kirklees Joint Mental Health Strategy**

<http://www.kirklees.gov.uk/community/careSupport/healthWellbeing/pdf/mentalHealthCommissioningStrategy.pdf>

## **Kirklees Recovery College**

<http://www.southwestyorkshire.nhs.uk/release/recovery-college-opens-kirklees/>

## **Kirklees Safeguarding Adults Annual Report 2013/14**

<http://www.kirklees.gov.uk/community/yourneighbourhood/crimeSafety/pdf/safeguardingAnnualReport.pdf>

## **Market Position Statement for the Social Care Market in Kirklees 2013 – 2015**

<http://www.kirklees.gov.uk/community/careInKirklees/pdf/socialCareMarketPositionStatement.pdf>

# References

**Richmond Fellowship**

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

**Shared Lives Scheme**

<http://www.kirklees.gov.uk/community/careSupport/carers/sharedLivesUsers.aspx>

**The See Me and Care Campaign**

<http://www.kirklees.gov.uk/community/yourneighbourhood/crimeSafety/seeMeAndcare.aspx>

# Glossary of terms

Term	Definition
Abuse	Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.
Adult Social Care	Care and support for adults who need extra help to manage their lives and be care independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Adult social care includes assessment of people's needs, provision of services or allocation of funds to enable you to purchase your own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.
Aids and Adaptations	Help to make things easier for you around the home. If you are struggling or adaptations disabled, you may need special equipment to enable you to live more comfortably and independently. You may also need changes to your home to make it easier and safer to get around. Aids and adaptations include things like grab rails, ramps, walk-in showers and stair-lifts.
Assessment	The processes of working out what your needs are. A community care assessment See also: looks at how you are managing everyday activities such as looking after Pre-assessment yourself, household tasks and getting out and about. You are entitled to an assessment if you have social care needs, and your views are central to this process.
Better Care Fund	The £3.8bn Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is one of the most ambitious ever programmes across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their well-being as the focus of health and care services.
Carers	A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.
Care Workers	A person who is paid to support someone who is ill, struggling or disabled and could not manage without this help.
Clinical Commissioning Groups <i>Also called: CCGs</i>	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 211 CCGs in England.
Direct Payments <i>Also called: Personal Budgets</i>	Money that is paid to you (or someone acting on your behalf) on a payments regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.

Term	Definition
Earlier intervention <i>Also called: Preventative services</i>	Services you may receive to prevent more serious problems developing. These services include things like reablement, telecare, befriending schemes and falls prevention services. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care.
End of Life care	End-of-life (EOL) care refers to health care, not only of patients in the final hours or days of their lives, but more broadly care of all those with a terminal illness or terminal condition that has become advanced, progressive and incurable.
Eligibility	When your needs meet your council's criteria for council-funded care and support. Your local council decides who should get support, based on your level of need and the resources available in your area. The eligibility threshold is the level at which your needs reach the point that your council will provide funding. If the council assesses your needs and decides they are below this threshold, you will not qualify for council-funded care.
Gateway to care <i>Also called: Care Navigator</i>	Someone whose job it is to provide you with advice and information about what services are available in your area, so that you can choose to purchase the care and support that best meets your needs. They can also help you think about different ways that you can get support, for example by making arrangements with friends and family. A broker can help you think about what you need, find services and work out the cost. Brokerage can be provided by local councils, voluntary organisations or private companies.
Independent Living <i>Also called: Extra Care Housing</i>	The right to choose the way you live your life. It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can participate in your community and live the life you want.
Informal Care	<p>Informal care given to dependent persons, such as the sick and elderly, outside the framework of organized, paid, professional work. Attention to the importance of informal care has increased with the adoption of community care policies which place increasing reliance on care provided by family, relatives, and friends.</p> <p>A Dictionary of Sociology   1998   GORDON MARSHALL   338 words   Copyright</p>
Joint Strategic Needs Assessment <i>Also called: JSNA</i>	Within the Government's reorganisation of the public sector, the JSNA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account.
Joint Working <i>Also called Integrated Care</i>	Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family. This may also involve integration with other services for example housing.
Health and Social Care Services <i>Also called: Community Care Services Community Health Services</i>	Social care services that can help you live a full, independent life and to remain in your own home for as long as possible. Health services that are provided outside hospitals, such as district nursing.
Person-Led Assessment <i>Also called: Self-Assessment</i>	A form or questionnaire that you complete yourself, either on paper or online, explaining your circumstances and why you need support. A social care worker or advocate can help you do this. If your council asks you to complete a self-assessment form, it will use this information to decide if you are eligible for social care services or if you need a full assessment by a social worker.



Term	Definition
Self-Directed Support <i>Also called: Personalisation</i>	An approach to social care that puts you at the centre of the support planning process, so that you can make choices about the services you receive. It should help you feel in control of your care, so that it meets your needs as an individual.
Residential care	Care in a care home, with or without nursing, for older people or people with disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.
Safeguarding	The process of ensuring that adults at risk are not being abused, neglected or exploited, and ensuring that people who are deemed 'unsuitable' do not work with them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.
Re-ablement	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. Your council may offer a reablement service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.
Voluntary Sector Organisations	Organisations that are independent of the Government and local councils. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with you as an individual. Some are user-led organisations, which means they are run by and for the people the organisation is designed to benefit – e.g. disabled people.

***Glossary adapted from Social Care Jargon Buster, "52 of the most commonly used social care words and phrases and what they mean"***

# Comments and feedback form

We welcome your comments and feedback on this document. Please let us know if we have missed anything out or if you have a suggestion on how it could be improved.

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Email (if available)

Comments

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This information will be used to ensure Kirklees Council provide you with help and support appropriate to your needs. It will not be used for any other purpose without your consent.

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