

Local account

Adult social care report 2010/11



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What is a 'Local Account'?

The way that councils are assessed on how they deliver adult social care services has changed. Rather than reporting on performance to Central Government, all councils responsible for delivering Adult Social Care will now report directly to local residents. This will be done via a new document called a 'Local Account'. The Local Account provides information on the performance of local Adult Social Care Services as well as details of future priorities for service delivery. The Local Account is an important tool for the public to use in holding the local authority to account for the quality of the services it provides.

Why now?

Although there is no formal requirement for us to produce a Local Account until 2012, we wanted to produce a document which covers 2010/11 to report on our performance. We can then use feedback that we get on this first Local Account to help us ensure future Local Accounts include the information that residents want to see. The council already produces reports on the quality of services and annual safeguarding of vulnerable adults reports. The Local Account will sit alongside these self assessment documents to give a comprehensive picture of performance which can be clearly scrutinised by local residents.

How did we develop it?

Although we have had a relatively short period to produce this first Local Account we have undertaken consultation on both the content and structure of the document. This included the opportunity for residents to contact us via the website, feedback from the Centre for Independent Living and several discussions with Southampton Local Involvement Network (Southampton LINK). We have included information from formal inspections, performance information and customer feedback. In future we hope to build on this consultative approach and work further with customers and residents to ensure the information provided meets their needs. Southampton LINK also provided a statement in support of the Local Account and this is at appendix 1.

What is included?

The Local Account includes an overview of Adult Social Care in Southampton and then four sections focusing on specific issues. The [Adult Social Care Outcomes](#)

[Framework](#) provides a new set of performance measures, which Adult Social Care will need to report on from 2011/12. The framework, which was developed by the Government, is split into four sections. We have used the same headings to structure our Local Account:

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

In each of the sections listed above you will find information on:

- *what we said we were going to do*
- *how well we did it*
- *what you have told us and*
- *what we plan to do next*

We recognise that Adult Social Care can be a complex issue and have tried to write this report in a way that is easy for everyone to understand. However we know some terms used will be unfamiliar so we have included a Glossary of Terms at the back of this document.



Adult social care 2010/11 in figures

We were contacted 10,932 times, with 56% of contacts originating from health care professionals

We assessed 3,659 new people and provided services for 2,047 of these

Of these new customers, 836 were aged 18-64 and 1,211 were aged 65+

Our customers were:
64% Physical disability, frailty or life limiting illness
28% Mental health (including Dementia)
6% Learning disability
2% Other

We provided community care to 9,222 people, permanent residential care to 837 people and permanent nursing care to 410 people

1,122 customers were offered a personal budget; of whom 433 are/were in receipt of a Direct Payment

Of the 433 Direct Payments, 296 were for people aged 18-64 and 137 for people aged 65+

We provided respite care/carer specific services to 1,349 people

Social Care in Southampton

In this tight financial climate, the main priorities for the city as a whole are to achieve sustained economic growth and low cost, efficient, customer centred services to benefit all local people and businesses. The city has identified four key challenges: *Economic Development, Educational Attainment and Skills, Wellbeing, and Sustainable, Green and Attractive Environment.*

Adult social care in the city has a role to play in supporting delivery against each of the challenges but it is most closely linked with improving the wellbeing of the people of Southampton. The council's Health and Adult Social Care (HASC) Directorate's key overriding objective is to make a real and positive difference to people's lives, and to improve the outcomes for people in need of services. The directorate provides many services and activities for the people of Southampton:

Adult Social Care Services

- Advice and information
- Reviewing personalised social care support
- Safeguarding vulnerable people
- Alcohol and substance misuse services
- Mental health services – including for older people
- Learning disability services – including day care
- Domiciliary (home) care
- Residential care
- Meals on wheels
- Recovery and reablement

The Adult Social Care Services provided directly by the council include:

Residential care – 3 homes for people with dementia (Holcroft, Woodside, Glen Lee), Rehabilitation (Brownhill) and Learning Disability (Kentish Road). Directly provided residential provision makes up approximately 20% of our total social care supported residential provision. We have reviewed the staffing of our 5

residential homes and funding has been allocated for the refurbishment of all 5 homes in 2011/12 including internal decoration and furnishings.

City Care First Support is our domiciliary reablement team is the only provider of rehabilitation and reablement home care that we use in the city.

Shared Lives is a scheme where individuals and families provide care in their home for up to three people with disabilities, aged over 18. The Shared Lives scheme supports mostly people with learning disability and is currently expanding to increase the opportunities for people with dementia and younger people with mental ill health.

Day_Services for people with learning disabilities are provided at Freemantle Centre, St Denys and Prospect resource centre and Roshni Asian Elders also at St Denys. We also provide services at Sembal House (severe physical disabilities) and Bedford House (mental health), however, these services are currently being reviewed. We provide the Nutfield day service which has staff trained in both care support and gardening skills. Our day service provision is at least 80% of our adult day service support but we provide no non specialist older people's day service directly this is provided by other agencies.

In common with many other local authorities, Southampton is finding it is increasingly challenging to recruit the necessary numbers of staff to meet the increasing need for social care services locally. We are developing a workforce strategy which will address this. Actions will include considering how we can attract people to consider a career in social care and how we can support individuals to gain qualifications.

How well are we performing?

There will be no further inspections by the Care Quality Commission of how well authorities are delivering adult social care services as a whole as these have been replaced by the production of Local Accounts. Our last **CQC inspection** covered the 2009/10 period. 4 categories were used to rate a local authorities performance –

- **Performing Poorly** - not delivering the minimum requirements for people

- **Performing Adequately** - only delivering the minimum requirements for people
- **Performing Well** - consistently delivering above the minimum requirements for people
- **Performing Excellently** - overall delivering well above the minimum requirements for people

The assessment found that overall Southampton City Council was **performing well** in relation to Adult Social Care Services. However, there were two areas where we were assessed as performing adequately – 'Increased Choice and Control' and 'Maintaining Personal Dignity and Respect'. This report provides more details on how we are working to improve in those areas.

With the exception of 'day services' each of our directly provided services need to be registered with and **inspected by the CQC** in order to ensure that they are meeting the required standards. Services should be subject to a CQC inspection between three months and two years after registration. However, where CQC are concerned about the quality of care at a location the frequency of reviews will be greater.

Currently all of our services are meeting the required standards. Earlier this year an inspection of Woodside Lodge found improvements were required in several areas including: residents are treated with respect and involved in discussions about their care; residents get safe and appropriate care that meets their needs; and sufficient staffing levels to keep people safe and systems to manage risks. An action plan was quickly put in place to ensure that that improvements were made and on re inspection, 10 weeks after the issues were identified, the home was meeting all the standards and remains fully compliant.

The external market

The Health Adult Social Care Directorate work with a range of partners across the council, the city and beyond to ensure high quality services are provided to local people. In the council we work closely with other departments including Housing, Leisure, Economic Development, Children's Services and Education. Our external partners include the NHS, and voluntary sector providers, as well as a wide range of commercial and not for profit organisations.

In 2010/11, the council provided around £8 million of the Supporting People budget through contracts with the voluntary sector. This included services to support homeless and young people with skills and in an emergency, community based support to people with mental health problems and people with learning disabilities, refuge support to women fleeing domestic violence, support to older people in sheltered housing and in the community.

Most of Southampton's care services are provided externally by both private and voluntary sector agencies. At present the market in some areas of social care is fragile – both financially and in terms of quality. The experience of Southern Cross (a large UK based care home provider that collapsed earlier this year), while having limited impact in Southampton directly, is of concern. It will be important for Southampton City Council to undertake more work to assess the financial viability of organisations in the care sector in the future. In a local case, one domiciliary care agency folded with only 24 hours notice being given to the authority. We worked closely with a separate agency to ensure care was covered for all customers affected, and a long term solution was put in place. This joint working is important to ensure such cases can be managed speedily and effectively.

There are also wider issues of quality across the sector. While there is no direct causal link between price and quality, there is a need to ensure the financial and management capacity in the sector is sufficient to ensure safe and good care is delivered. Our safeguarding and contracting processes have highlighted several instances of poor practice, which we have been tackling with providers. This has included stopping placing new customers with some services and reducing the number of people cared for in others. We are working with agencies to ensure their engagement, recognition and ownership of issues and to develop plans to tackle poor practice. We have put more staffing and specialist resources directly into agencies to support them to improve the planning and delivery of care.

Southampton is providing more resources focused on improving staff training. We continue to work with providers to make the training we offer relevant and accessible. The new quality assurance programme, currently being piloted, will enable all residential care homes to be visited and assessed against key criteria, with additional support available where necessary. Specialist quality assurance staff are taking this forward, and all care homes will be visited in a six month period in 2012.

Health and social care priorities in Southampton

We have been working with the local NHS to refresh our [Joint Strategic Needs Assessment](#) (JSNA). The JSNA is a process to identify the current and future health and wellbeing needs of the local population. It helps to identify the key issues that the local health service and the council need to work together on to improve the wellbeing of people in Southampton over a 3 year period. Detailed information on the health and social care challenges facing Southampton can be found in the JSNA. The challenges we face have been grouped into 9 key areas:

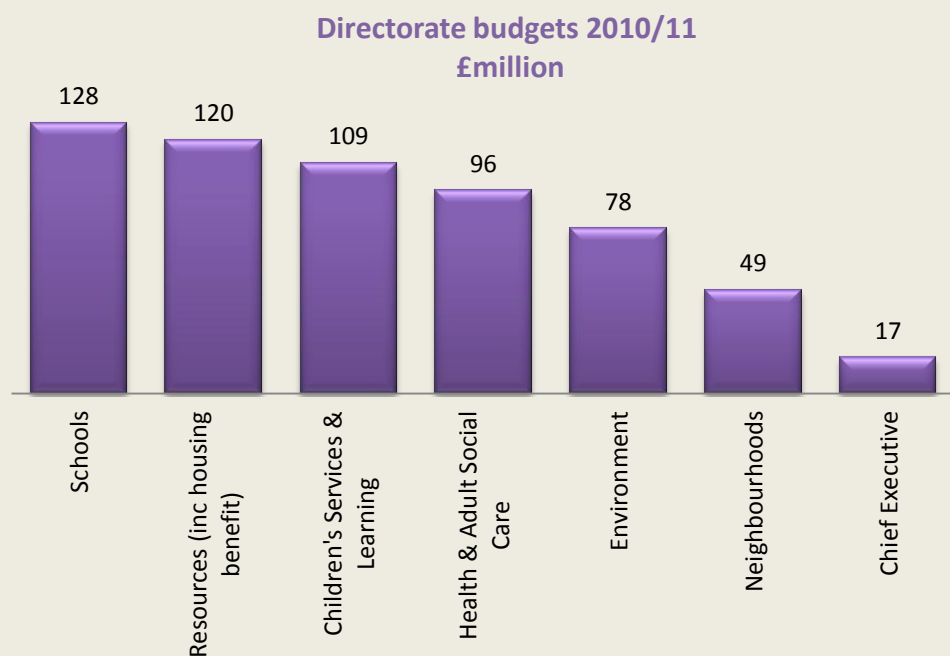


The JSNA will help inform commissioning decisions during the tightest public spending environment in a generation. The JSNA illustrates that improving health and wellbeing in a city such as Southampton will not simply be about delivering more health and social care services. It recognises that enabling people to live healthier lives is as much about helping people maximise their own individual potential and, helping them to create a safe and pleasant environment to live in, as it is about improving the quality and accessibility of services. Ultimately each individual has a personal responsibility to make mature and sensible decisions for their own health and to help their children to make good decisions about diet, exercise, drugs, alcohol and sexual health.

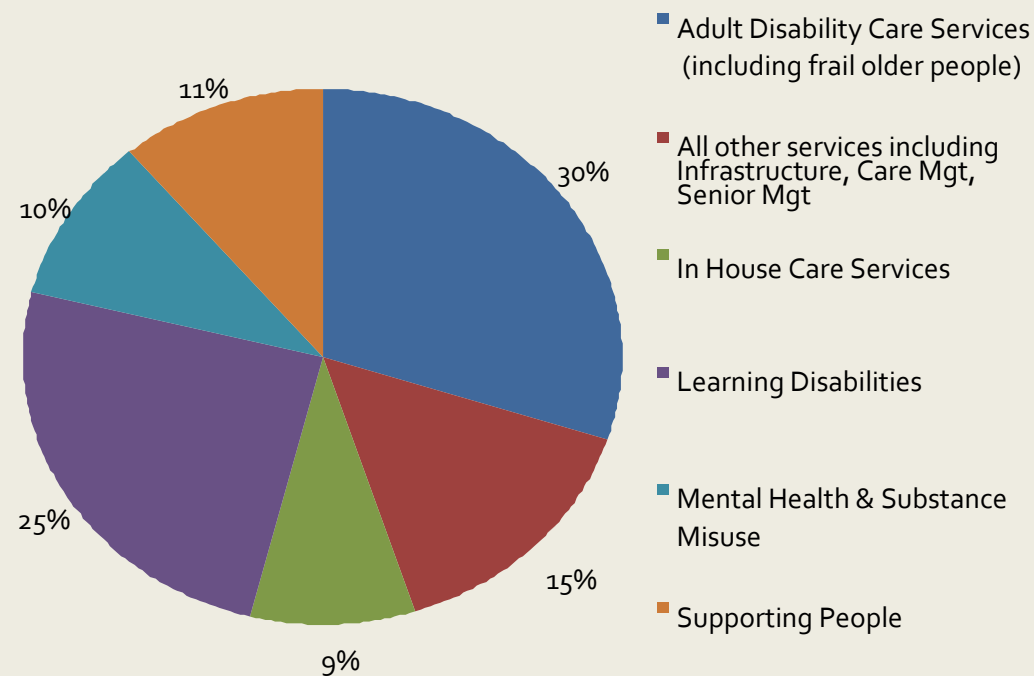
The cost of Adult Social Care

Southampton City Council needs to save £75m between 2011 and 2015 as a result of reductions in Government funding and increasing costs. In 2010/11 the council spent £596m. Health and Adult Social Care makes up a significant proportion of this budget. In 2010/11 £96m was spent on Health and Adult Social Care Services.

Having achieved savings totalling £2.899 million in 2009/10, Health and Adult Social Care initiated a programme that saved a further £1.4 million in 2010/11. Initiatives ensured value for money including developing effective joint commissioning and joint working with NHS Southampton on service modernisation, helping people to live longer independently at home with a reduction in the need for residential or hospital care, and through continual negotiations on costs with private sector providers we have contracts with.



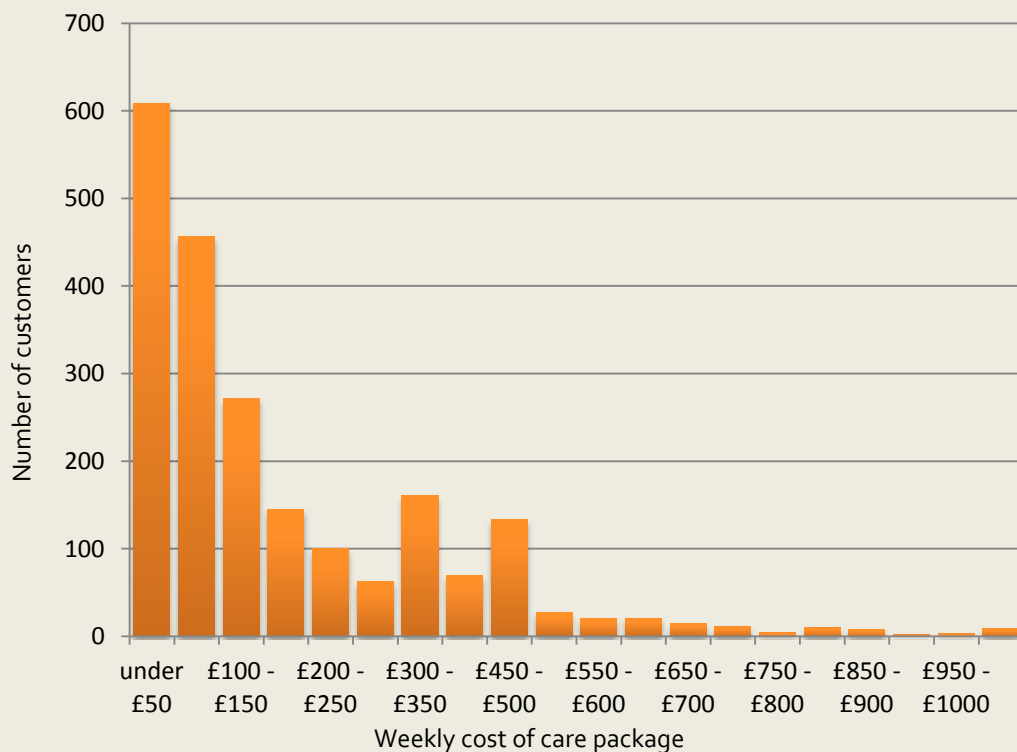
Health and Adult Social Care Expenditure 2010/11



The pie chart above shows that the services we spent the most on were adult disability care. These are care services that are either purchased on behalf of our older or physically disabled clients or are given to these clients as a direct payment. Within this section the majority of spend was targeted towards older people. Across all client groups spend on direct care services for clients is over 70% of the Adult Social Care budget. The remaining 30% is spent on Social Work teams, Supporting People services, advice and advocacy as well as the other services (i.e. administration, finance etc) required to support the directorate.

The graph below shows the weekly cost of externally purchased packages of care. It shows that we have a high number of customers who require a low level of support. However, there are also significant numbers who require moderate level of support. There are a small number of customers who require very high cost care.

Distribution of weekly cost of purchased care packages (excluding in-house services)



We collect data in the same ways as other councils and this enables us to compare our performance against other similar authorities in England. In turn this enables Southampton to ensure that best practise from around the country is identified and considered when developing future plans.

Benchmarking data from 2009/10 expenditure indicates that in respect of home care, Southampton has the lowest unit cost per hour of £14.10 compared with the major English cities. The data also indicates that for residential and nursing care across all client groups, except for older persons, Southampton are incurring a higher than average unit cost. This is an area of spend that is being actively reviewed to ensure that quality and cost of service are in line with the resources available to the council.

Mr Long’s Story*

Mr L is a man with severe learning disabilities known to have a history of ‘challenging behaviour’. He lived with his mother and father at home. When his father sadly died, his Mother could no longer look after him by herself at home despite having a substantial care package in place.

Having completed assessments with Mr L’s support network and other professionals who knew him well, we searched for a suitable home for Mr L. Mr L was shown round the home and ‘interviewed’ by the tenants. They chose for him to move in. Mr L moved into the supported living placement with 24 hour support in his local area, not very far away from his Mother’s home. This meant he stayed in his support network including his family and church, and kept the same GP.

There were anxieties that Mr L wouldn’t settle but these fears were never realised. Mr L’s Mother often tells his social worker he is very settled in his new home and that she can’t believe how happy he is. When he goes to visit his Mum he often doesn’t stay very long because he is so keen to get back to his own home!

Mr L is clearly very proud of his own home. When recently visited by his social worker he showed her a picture of it and said very loudly ‘My home, my home!’ He is very pleased to have his own door key and his skills and vocabulary have both greatly increased since moving into his own supported living home. His Mother can also now get on with her own life including going on holiday with her family and ‘just be mum’ again, having devotedly cared for her son for 42 years.

*Name has been changed to protect the privacy of the customer.

ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS

The Government has given a commitment to giving people a more personalised service with more choice and control over the care and services they receive. In Southampton we are working hard to improve the quality of life for people with care and support needs, to help people achieve the outcomes that they want. We want to ensure people can manage their own care as much as they want and are in control of what, how and when their support is delivered. We want people who are able to work to be able to find employment. Everyone should have the opportunity to maintain a family and social life and contribute to community life and avoid loneliness or isolation.

What is Personalisation?

Personalisation is described by the **Department of Health** as "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings". It is often referred to as Self Directed Support.

Personalisation is often associated with **direct payments** and **personal budgets**. Under these, individuals receive their own budget and can decide how, who with and where to spend that budget in order to meet their needs. Personalisation also includes the provision of information and advice on care and support for families. It covers investment in preventive services to reduce or delay the need for care and the promotion of independence and self-reliance among individuals and communities.

What did we say we were going to do?

In 2010/11 we were working to implement a more personalised system of social care in Southampton. We said we would do the following by April 2011:

- Offer personalised budgets to all new users of Adult Social Care Services

- Support the independence of people with care and support needs, enabling them to make real life choices putting our customers at the centre of decision making
- Implement a full set of joint commissioning plans based on promoting personalisation, independent living and supporting preventive and early intervention programmes with NHS Southampton, to address growing demands for community based healthcare services for:
 - *Adults with physical disabilities*
 - *Adults with mental health problems*
 - *Adults with learning difficulties*

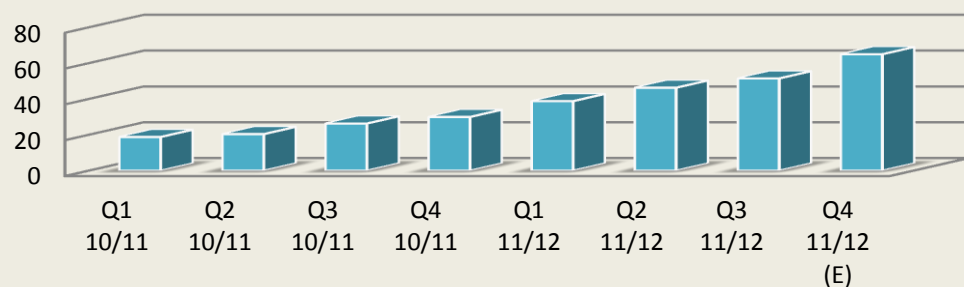
How well did we do?

The Adult Social Care and Support Services Survey is a new national survey which all local authorities that provide social services are required to carry out. The survey asks people who use social services about their quality of life and experiences of the services they receive. The survey was carried out for the first time in March 2011.

One of the key ways we measure our performance is called "social care related quality of life". It uses results from 8 of the questions from the Adult Social Care Survey. Southampton scored 18.46 out of 24. The average score for an authority like ours was 18.83. We know that the main variations in our performance were due to questions about use of leisure time and how safe customers feel in their homes. We will be working with other council services and partners to improve our performance in these areas in 2011/12.

We have now completed phase 1 of our project to implement personalisation and since July 2010 all eligible new clients have been offered personal budgets. Although we were slower than some authorities to increase the number of people offered personal budgets, we are now performing in line with the national average. The chart below shows that currently just over 50% of people eligible to receive a personal budget have been offered one. The national target for April 2012 is for 60% of customers to have a personal budget and we are on target to achieve this.

% of Eligible people offered personal budgets 2011/12
(4th quarter 2012 figures predicted)



We agreed a Joint Commissioning Strategy for Adults with Mental Health Problems across NHS Southampton City allowing us to join up our services. We also agreed a joint programme of work to address the harm caused by alcohol, both within the community and to individuals and their families. This is a 'spend to save' programme which means we will invest money in the short term to produce savings in the longer term. The programme will develop new services aimed at preventing people using alcohol in harmful ways. It will improve access to a wider range of services including community services, mutual support and specialist treatment for those already have problems.

In our Substance Misuse Service, after completing a 2 year pilot approach to self directed support, we have developed personal health budgets. These budgets are developed using indicative budgets for all individuals seeking treatment for alcoholism. The work also extends into drug services where individuals are offered self directed support as a key part of their treatment. This is strongly linked to recovery and reintegration into their local community.

We jointly commission the Steps to Wellbeing Service with NHS Southampton City. This is a service for people experiencing stress, anxiety and depression and has a focus on helping people to retain jobs or go back to work. In the last year 135 people have moved off benefits as a result of using the service. Having a job has a number of benefits including helping people out of poverty and increasing their interaction with others.

We have started to review contracts to identify opportunities to move away from large 'block contracts' with single providers to more personalised arrangements. We have completed a number of reviews of adult mental health service contracts and stopped those where it was appropriate to do so.

We have been developing alternative ways to ensure people can exercise choice and control in the care and treatment they receive and have developed the 'Care with Confidence' initiative. This is an enhancement of the 'Buy with Confidence' service which is run by Trading Standards and will enable us to develop a website giving details of services which have been audited for quality.

What did you tell us?

One of the reasons for moving to a more personalised way of delivering social care services is to enable our customers to feel that they have control over their daily life. The Adult Social Care Survey told us that while 73% of our customers felt they had at least adequate control over their daily life there are still 27% of customers who did not. Nationally the number of people who felt they have control is 75%. We expect more people to feel in control as personal budgets become more common and are working with our customers in 2011/12 to enable them to make the choices they want. Users with a learning disability were asked "how much control do you have in your life?" Results showed that 95% of people with a learning disability answered either "I make all the choices I want" or "I make some choices, not all, but that is OK".

Our customers were also asked "Which of the following statements best describes how you spend your time?" The table below shows how the Southampton results compare to the national average. We are working to improve our results in the future.

	Southampton %	England %
I'm able to spend my time as I want, doing things I value or enjoy	26.6	29.2
I'm able to do enough of the things I value or enjoy with my time	30.7	33.8
I do some of the things I value or enjoy with my time but not enough	35.7	29.8
I don't do anything I value or enjoy with my time	7.0	7.2

You have asked us for more information to be made available on the size and value of personal budgets. We are looking at ways we can do this and hope to include more information in our Local Account from next year. Customers have also told us they want more information about the services available in their local area and we recognise that as more people have direct payments, this becomes more important. We will be working during 2011/12 to provide a directory of all available services by locality.

What are we planning to do next?

In 2011/12 we are working to provide greater social care and health choices, control and independence for Southampton residents. The actions we will be taking in 2011/12 to achieve this include:

- By April 2012 everyone eligible for council funded social care support will be offered a personal budget
- More personal budgets will be offered as a direct payment and given to the service user and/ or carer to fund their services
- The system used to decide the level of funding eligible clients receive from the council will be improved to ensure fair funding for all users, which is turned into an indicative personal budget
- Reviewing the range of support customers need to safely manage their personal budget so we ensure we target resources effectively
- Reviewing workforce requirements to meet revised customer needs as more people have personalised services
- Working with providers of leisure activities in the community to promote access for both carers and the cared for person
- Continuing to review block contracts and identify opportunities to commission services in a different way
- Working with providers to ensure the local market can respond to the needs and choices of people with direct payments



Mrs Brown's Story*

Mr B lives with his mother who has recently been diagnosed with an Alzheimer's type dementia which is at the moderate stage. His mother has short term memory loss and significant loss of ability to carry out many functional tasks. Her son is assisting her with many areas of daily living, including all meals, drinks, shopping, domestic, dispensing medication and assisting her to get up in the morning and go to bed at night. Mr B works full time and does not have any family close thus he is the main carer for his mother.

I was asked to assess Mrs B as a matter of urgency as she had been found wandering in the street on several occasions. The son had taken time off work as he was concerned that he could not leave his mother on her own. Mrs B had a small care package in place but her son felt this was not meeting his mother's needs regarding leaving the home mid afternoon to look for him.

Following a community care assessment and a carer assessment a day centre was arranged twice weekly and a mid afternoon call was arranged on the others days to monitor Mrs B's well being. The son stated that " this has been a godsend, brilliant, I was under huge pressure but now feel able to go to work without worrying".

*Name has been changed to protect the privacy of the customer.

PROMOTING INDEPENDENCE, DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT

The Government's vision for Adult Social Care, as set out in "**Capable Communities and Active Citizens**", is about keeping people healthy for longer and ensuring people get the help they need to recover from setbacks in order to continue living independently. In Southampton we have been working to increase and improve the range of rehabilitation and reablement services provided to keep people healthy and safe. We want to ensure that:

- *Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs*
- *Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services*
- *When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence*

What did we say we were going to do?

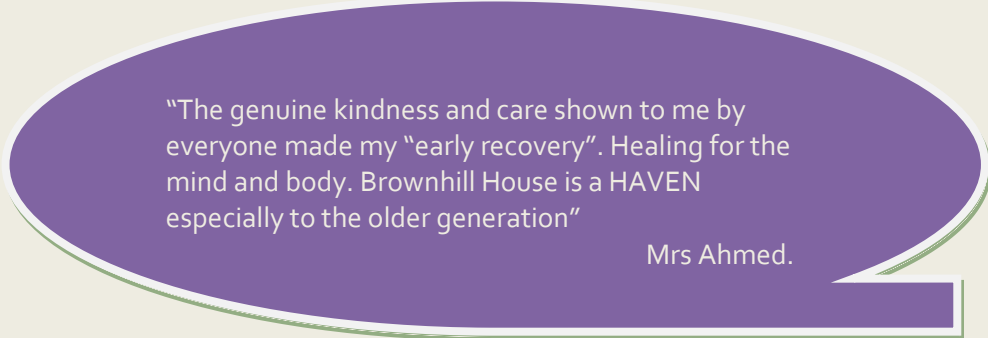
During 2010/11 we focused on preventing deterioration of health, delaying dependency and supporting recovery. We said we would do the following by April 2011:

- Provide services with a 'Care Closer to Home' approach
- Modernise day care provision to enable the introduction of personalised approaches to care and support
- Review all directly provided residential care to identify duplication across the service areas, good practice, value for money and options to improve
- Continue development of 'City Care 1st Support' which is about providing support in the community (rather than hospital) to people with the most complex medical and social needs
- Enhance and develop the Shared Lives service to enable the service to be available to a wider number and type of customers
- Further develop hospital discharge planning to ensure social care services are available so people can be discharged from hospital without delay

How well did we do it?

We launched the 'Care Closer to Home' reablement project in August 2011. As part of this small pilot project we can now provide care for up to five people at any one time in their own homes over a 24 hour, seven day a week period for up to four weeks. This helps customers to maximise their capabilities and supports them to make long term decisions in their own home.

The performance indicator, "Achieving independence for older people through rehabilitation/intermediate care", measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. Southampton improved its performance in 2010/11 and is exceeding both the national average and the average of a group of similar authorities.



"The genuine kindness and care shown to me by everyone made my "early recovery". Healing for the mind and body. Brownhill House is a HAVEN especially to the older generation"

Mrs Ahmed.

We have reviewed the day care services in Sembal House and Bedford House and are now consulting with users and staff about the future of these services. We are continuing to work closely with community centres in Freemantle and St Denys and local people and have been working with the Woolston Community group to plan a new provision in Woolston.

We recruited 18 new staff to our domiciliary service, City Care 1st Support. The service has resulted in a lower level of care required by customers following support from the service than had been expected at the onset. We have also recruited 6 new Shared Lives carers who are undergoing assessment of their suitability to support vulnerable people, such as those with a learning difficulty,

allowing them to receive care in their in their homes as an alternative to residential care.

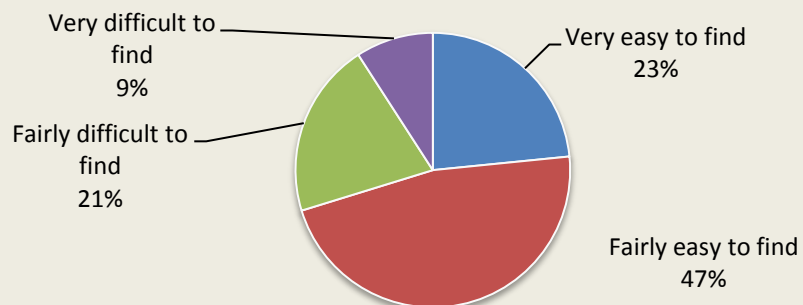
We have a good partnership with Southern Health Foundation Trust for the commissioning and delivery of Mental Health Services. Together we are changing our adult mental health services to make them more recovery orientated including helping all customers to develop their own Wellness Recovery Action Plan (WRAP). We are part of a national best practice programme to roll this model out to all services. We are also piloting a 'Hospital at Home' service. This will give people who have a serious mental health condition the choice of being cared for at home if appropriate.

We achieved a dramatic improvement in the rate of delayed transfers from hospital into social care. The weekly rate of delayed transfers of care from all NHS hospitals decreased from an average of 10.6 people per week in 2009/10 to 2.2 people per week in 2010/11. This exceeded our target of 5 and meant that more people were discharged from hospital as soon as they were ready to go.

What did you tell us?

While 70% of customers find it at least fairly easy to find information, 30% of customers do not. We will be working to improve the ease of access to information on social care in the city. Southampton LINK will support us with this work.

In the past year, have you found it easy or difficult to find information or advice about support, services or benefits?



Customers of our 'Supporting People' homelessness services told us that they wanted more focus on education, training and employment opportunities. As a result, we set up a separate 'personalisation' fund held by one agency to enable financial and advice support to be targeted on those who are motivated but need some additional support to get into work.

What are we planning to do next?

In 2011/12 we are focusing on helping more people to live at home longer, maximising recovery through rehabilitation and reablement, improving our service to support people's independence and completing adaptations in council housing for disabled people in the same timescales as private housing. Some of the things we are doing to achieve this include:

- Continuing our redesign of directly provided Adult Social Care services and exploring other options for future delivery
- Expanding the 'Care Closer to Home' project and learning from the pilot
- Reviewing our monthly inspection visits to organisations that provide care on our behalf to include the service manager. This will help us develop a learning approach to further enhance quality
- Implementing the results of consultation about Bedford House and Sembal House with the expectation that each of these services will support greater personalisation and a less buildings based approach
- Beginning the first phase of building the new Woolston Community Centre working with Learning Disability Day Service users
- Recruiting further family carers to widen the offer of Shared Lives living.
- Continuing to redesign of adult mental health services to provide a 24 hour point of access to all services and to provide additional support to GP's in managing mental health
- Increasing the community's capacity to support people to remain independent by developing and commissioning new services such as peer support, time banking and other self help initiatives
- Working with colleagues in health to pilot psychological approaches to improving outcomes for people with long term health conditions such as diabetes, chronic obstructive pulmonary disorder and stroke.

Mrs Smith's Story*

Mrs Smith is an older woman who was admitted to hospital after a deliberate overdose of her medication. She had physical difficulties and there were also concerns about her mental health. Mrs Smith's daughter, who was her main carer, had also been suffering from stress as a result of caring for her mother and the concerns she had for her mental well-being.

As part of the planning for Mrs Smith's discharge from hospital it was identified that while some aspects of her physical and mobility issues would resolve over time, the key area for concern was her mental health (low mood and suicidal thoughts). Mrs X did not want to return to her flat as she associated that with her depression and it was felt that a return could trigger further suicide attempts.

A solution put forward was for Mrs Smith to move into sheltered accommodation with a 24 hours 'on call' carer systems. Mrs Smith's family had previously explored this option but at the time Mrs Smith did not meet the eligibility criteria. However, Mrs Smith's deterioration in mental health and the reduction in her physical abilities meant it was now deemed appropriate for her. As a result Mrs Smith moved into extra care housing and was provided with a care package.

Mrs Smith's family were pleased with the support she had received and felt her wellbeing and independence had improved in her new accommodation. They were pleased to have had a central point of contact within the council who had been able to bring together the different services required. Her daughter was kept informed throughout the process and as a result she also felt supported through a difficult time.

*Name has been changed to protect the privacy of customer.



ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT

It is important to us that our customers, which include people who contact us for information and advice, people accessing our services and their carers, are satisfied with the quality of the care and support they receive. We want carers to feel they are respected as equal partners and all customers to know what choices are available to them locally, what they are entitled to, and who to contact when they need help. Most important to us is that people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances and preferences of each individual.

What did we say we were going to do?

In 2010/11, to ensure our customers had a positive experience of care and support we said we were going to focus on:

- Continuing to deliver high quality services at a time of severe financial pressures
- Enabling a stronger public voice in shaping services
- Ensuring we improve the quality of services as measured by our customers
- Developing a Carers Strategy for Southampton



How well did we do?

In 2010/11 we received 194 formal complaints about Adult Social Care services. This was less than the 222 we received in 2009/10. Of the 194 complaints, 108 were partially or fully upheld. The majority of complaints regarded process issues in relation to billing. Brownhill House, Adult Safeguarding and Central Community Mental Health Team received the fewest complaints (1 each). During 2010/11 we also received 78 compliments and these were mainly regarding the hard work and caring attitude of staff. This was also an increase of 45% on the 43 compliments received in 2009/10.

“Words cannot adequately express our gratitude for your considerate and sensitive support of us that enabled our mum to remain at home with dignity in her last days”

Mrs Chiles

We are continuing to work to ensure that feedback from complaints and compliments is translated into changes in practice. An example of this is in relation to complaints about the waiting time for blue badges. We reviewed our processes and reduced the average time it takes to process an application.

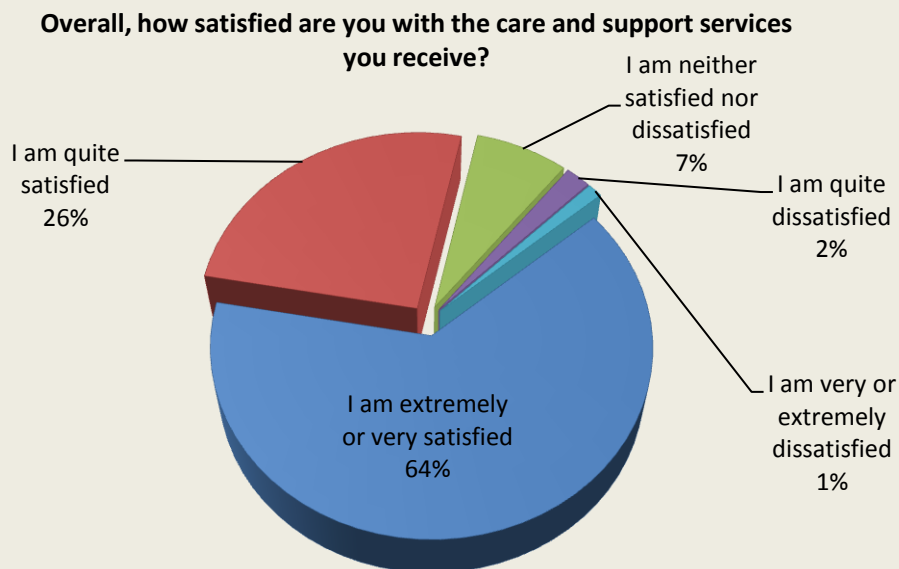
We have set up a new forum with residential and nursing homes to ensure ongoing quality. We hold resident and carer meetings in each of our homes and provide an opportunity for feedback and involvement which we are told is appreciated. We held open meetings with users and carers of our day services where all users told us they are happy with the services.

In May 2011 we published “Supporting Carers In Southampton - A Joint Strategy for Improvement 2011–2015”. This strategy demonstrates our commitment to recognising, valuing, supporting and working with local carers. The strategy has been developed with carers themselves via consultations.

We are working hard to increase the number of formal assessments to carers of people who are assessed as eligible for Social Care services. In 2010/11 3,279 carers received a joint assessment with the person they provide care for and we carried out 161 separate carers assessments which focus solely on carers needs. We know that we are performing below the national average for separate careers assessments and we are working to improve this in 2011/12. Between 1 April 2011 and 12 September 2011 there have already been 164 separate carers assessments which, if they continue at this rate, would mean 350 will be completed in 2011/12.

What did you tell us?

From the results of the Adult Social Care Survey we know that overall, 90% of our customers are at least quite satisfied with the services they receive. Southampton customers’ experienced higher satisfaction with social care services than the national average, with 28.2% of customers reporting they were “extremely satisfied” compared to 25.7% nationally. However, we want to ensure that we improve the services for the 10% who were not satisfied.



Customers with a learning disability were asked “How happy are you with the way staff help you?”, again Southampton achieved a result above the national average, with a satisfaction rating of 74.4% compared to 69.4% nationally.

“Janet (Social Worker) has a very patient manner and takes time to actually listen to my family, care staff and myself, this means a great deal as I have communication problems.”
Miss Grant

What are we planning to do next?

As well as ensuring that we continue to provide high quality care that meets the needs of our customers, we know we need to focus on continuing to improve the services available to carers. We are working in 2011/12 to put in place several actions to do this. These include:

- Identifying and promoting a range of good quality respite services for carers suited to individual need. As part of this we have recently commissioned a new respite service for carers
- Working to strengthen links between the NHS, Jobcentre Plus, voluntary and statutory agencies to ensure that carers have information and advice about benefits and other financial support available
- Developing a consistent approach for providing carers with direct payments or direct services following any carers assessment
- Identifying carers who have an interest in helping us shape services and including them in how we plan our services
- Ensuring carers receive regular feedback on what we have learnt following consultation
- Promoting the use of telecare technology, where appropriate, to assist customers and support carers in their role. We are currently recruiting a new member of staff to help us take this forward

SAFEGUARDING PEOPLE WHOSE CIRCUMSTANCES MAKE THEM VULNERABLE AND PROTECTING THEM FROM HARM

Adult social care has an important role in protecting people from harm. Those who need help from Safeguarding Services are often elderly or frail, living on their own in the community, or without much family support in care homes. They are often people with physical or learning disabilities or people with mental health needs who are at risk of suffering harm either in care settings or in the community. The key principles underpinning our Safeguarding Services are:

- *Everyone experiences 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 and take decisions in the way they wish.*

What did we say we were going to do?

In 2010/11 we said we were going to:

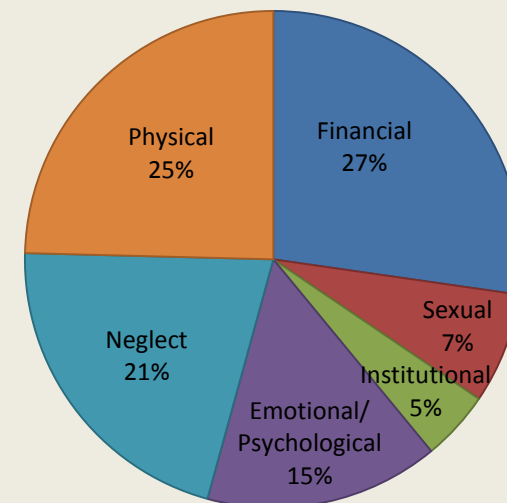
- Ensure vulnerable adults are supported effectively and treated fairly by developing better monitoring of services which support vulnerable people
- Ensure efficient 'safeguarding' interventions occur where they are needed
- Deliver a new approach to Safeguarding Services
- Fully implement the action plan in response to the [Care Quality Commission inspection of Adult Social Care services](#) in 2009/10 to improve the quality safeguarding arrangements for the most vulnerable

How well did we do?

Safeguarding referrals are made to us when someone has concerns about the safety of a vulnerable person. For most types of abuse the number of referrals we receive is comparable with the average for the whole of England except for a

higher number of referrals for financial abuse and a lower than average level for physical abuse. As people get more control over their personal budgets we need to ensure we protect our customers from the potential of financial abuse and will be making this a priority for next year. Southampton had a much lower percentage of re-referrals (4.7 %) compared with the national average (14.6 %).

Percentage of Adult Safeguarding Referrals by Type of Abuse, 2010-2011



In relation to the type of people we receive referrals about, the percentage of people aged 18 to 64 with mental health needs (38.0 % of referrals) was the 3rd highest nationally and more than double the national average. In contrast, the percentage involving adults aged 18 to 64 with learning disabilities is much lower than the national average. This discrepancy is due to the way we exchange information with our colleagues in the NHS, rather than reflecting the impact of abuse on vulnerable adults in these groups locally.

The majority of referrals in Southampton involved safeguarding concerns about people living in their own homes (64 % compared with 40.7 % nationally). We have 12.2 % fewer referrals for people in residential or nursing homes than the

England average. However, we believe this is due to the different ways authorities collect information about allegations of abuse.

We have a joint process involving staff from both Adult and Children's Services that ensures young people who may need continued support from social care or health services when they reach adulthood are offered support during this period. Work is underway to consider the future service needs for this group and ongoing projects include the provision of web based information that supports young people transitioning including those that may not meet our criteria, so there is better support and planning (i.e. those people on school action/school action plus), refreshing our Transition Protocol in line with personalisation outcomes and engagement from young people to support service developments i.e. day support options.

'I have lots of health issues and do not feel positive about my future, but I am beginning to address my physical problems with the help of supported accommodation staff.'

Quote from a homeless person

We have re-commissioned an advocacy service to provide support and representation to people with mental health problems or who fall within the remit of the Mental Health Act or Mental Capacity Act. We have also re-commissioned an Appropriate Adult Service, jointly with Hampshire County Council. This service provides support to vulnerable adults, including those with mental health and learning disabilities, who have been arrested. It supports people during the police process and signposts people to relevant services.

What did you tell us?

As part of the annual Adult Social Care Survey we asked our customers how safe they felt. The graph below shows that while the majority of people do feel safe, those living in residential or nursing care feel the safest. 10.6% of our customers felt less than adequately safe for the majority of the time. A further 35.5% of customers generally feel safe, but not as safe as they would like. We are working to find out why this is and to seek to reduce this figure.

Which of the following statements best describes how safe you feel?



What are we planning to do next?

In 2011/12 we will be working to increase the focus on protecting people from harm before it occurs and improving early identification of abuse. Some of the key actions we will be putting in place to do this include:

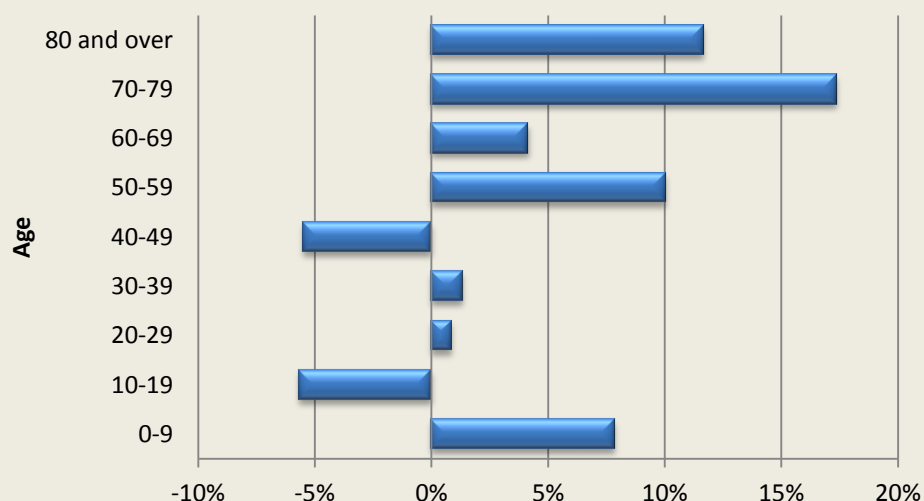
- Rolling out a public education programme to ensure identification of risk to vulnerable adults;
- Reviewing the range of support required to help people to safely manage their personal budget, including protecting people from financial abuse and working more closely with trading standards;
- Developing tools to support staff to facilitate positive risk taking and reduce risk in use of personal budgets;
- Improving safeguarding training for all council staff and other stakeholders;
- Developing joint approaches with community safety partners to identify and support vulnerable adults who do not receive social care paid for by the council;
- Reviewing arrangements with Children's Services and Learning on sharing safeguarding information, improving planning for people who move between children's and adult's services.

The future?

We know that a lot is going to change and impact on how we deliver social care in the next few years.

Like the rest of the UK the population of older people in the city is increasing. In addition there are more people in the city (as nationally) surviving infancy and childhood with a range of complex health needs, disabilities and learning difficulties. This means Southampton will be faced with an increasing demand for social care services over the coming decades. There will also be an increase in the numbers of carers in Southampton ranging from young children to very old people.

Percent of change in Southampton population 2010-2017 by age



The intention is there will be more personalisation of services across both health and social care. This will require us to help support development of the local market to ensure there are the right providers of services available to meet the needs of customers. This will also mean that fewer adult social care services are directly delivered by the council as more people choose the services and providers that meet their needs.

There will be advances in the potential use and availability of technology, telecare and telehealth. Investing in this technology will become more important as we continue to focus on maintaining independence and keeping people at home. Our home care services will focus on reablement.

The Government is making major changes to the way the NHS is organised in England. As part of the changes groups of GP practices and other professionals – Clinical Commissioning Groups – will be given 'real' budgets to buy care on behalf of their local communities. This means we will need to work in a different way with GPs. One way we will be doing this is by establishing a Health and Well-Being Board. This board will bring together those who buy services across the NHS, public health (who will be transferring to the local authority in 2013), social care and children's services, elected representatives and representatives from HealthWatch (an organisation which represents the public's views) to plan the right services for Southampton. They will look at all health and care needs together, rather than creating artificial divisions between services and organisations.

All of the above will have a significant impact on resources for health and care services across Southampton at a time when we are facing further reductions in funding. We know this is also a difficult time financially for many of our customers and this will also increase with the changes to welfare benefits and social housing reforms that are being introduced by the Government.

Southampton City Council will continue to work to improve our adult social care services during this time of change and deliver on the objectives and actions outlined in this plan.

How will we measure success?

As mentioned earlier, there is a new set of performance measures that Adult Social Care will need to report on from 2011/12. All council's will be reporting progress against these indicators. The indicators are split into the same categories that we have structured this report around. As well as telling you how well we have done in delivering the actions outlined in this plan, we will report back on progress against these indicators in the Local Account we publish for 2011/12. A list of the indicators can be found at Appendix 1.

Statement from Southampton LINK

Southampton LINK is pleased to be able to comment on the Local Account this year.

The relationship between Southampton LINK and the City has developed during the year and we anticipate that it will further strengthen in the coming year. The City has asked LINK to contribute to the development of the Local Account in its first year of production. It is planned to look further at the account in its "pilot" year and offer further input.

New contacts have been made with the adult social care services and LINK hopes to be able to contribute to public consultation about the services that they offer.

Local Account is a positive development that we anticipate will help inform residents of Southampton and the organisations that help represent their views about how the council should develop social care services for adults.

Overall we are satisfied that the quality accounts show that the City wishes to improve further its social care services as far as is possible at a difficult time financially. We wish the City well as it embarks on its plans for 2011 – 12.

H F Dymond
Chairman Southampton LINK

**Adult Social Care Outcomes Framework (ASCOF)
Statutory Performance Indicators for 2011-12**

ASCOF	Description	2010-11 Outturn	Notes
Enhancing the quality of life for people with care and support needs			
1A	Social care-related quality of life	18.4	The definition may change slightly in 2012-13. This indicator is derived from an annual survey of service users covering questions on: <ul style="list-style-type: none"> • Control over daily life • Personal care • Food and nutrition • Accommodation • Safety • Social participation • How people spend their time • Being treated with dignity.
1B	The proportion of people who use services who have control over their daily life	72.6 %	The definition may change in 2012-13. This indicator is derived from an annual survey of service users and feeds into 1A above.
1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments	14.3 %	This indicator measures the percentage of service users who are receiving a personalised service. It uses the local NI 130 definition (see below) against all our service users; including those accessing reablement services, residential or nursing care, equipment provision and housing adaptations.
1D	Carer-reported quality of life	n/a	Deferred until 2012-13. This indicator will be derived from a bi-annual Carer's Survey in future years.
1E	Proportion of adults with learning disabilities known to Adult Services in paid employment	6.9 %	Most adults with Learning Disabilities are not known to Adult Services, living a normal life in the community. Adult Services usually only works with people with high support needs. In 2010-11 employment data was restricted to information collected formally as part of an assessment, whereas in 2011-12 it can be collected at any time.
1F	Proportion of adults in contact with secondary mental health services in paid employment	3.4 %	Most adults in contact with secondary Mental Health Services are people with high support needs. In 2010-11 employment data was restricted to information collected as part of an assessment, whereas in 2011-12 it can be collected at any time.
1G	Proportion of adults with learning disabilities known to Adult Services who live in their own	67.0 %	As with 1E above, most adults with learning disabilities are not known to Adult Services. In 2010-11 housing data was restricted to information collected as part of an assessment,

	home or with their family		whereas in 2011-12 it can be collected at any time.
1H	Proportion of adults in contact with secondary mental health services who live in their own home or with their family	14.8 %	As with 1F above, most adults in contact with secondary Mental Health Services are people with high support needs. In 2010-11 housing data was restricted to information collected as part of an assessment, whereas in 2011-12 it can be collected at any time.
Delaying and reducing the need for care and support			
2A	Permanent admission to residential and nursing care homes, per 100,000 population	175	Information covers all people aged 18 or over.
2B	Proportion of older people (65 and over) who were still at home 91 days after their discharge from hospital into reablement/rehabilitation services	88.7 %	This information is collected annually for all people entering reablement services between 1 October and 31 December.
2C	Delayed transfers of care from hospital which are attributable to adult social care	6.63	The average number of patients remaining in hospital when ready for discharge, who are awaiting a social care or equipment service before they can be discharged.
Ensuring people have a positive experience of care and support			
3A	Overall satisfaction of people who use services with their care and support	64 %	Definition may change in 2012-13. This indicator is derived from an annual survey of service users.
3B	Overall satisfaction of carers with social services	n/a	Deferred until 2012-13. This indicator will be derived from a bi-annual carer's survey in future years.
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	n/a	Deferred until 2012-13. This indicator will be derived from a bi-annual carer's survey in future years.
3D	The proportion of people who use services and carers who find it easy to find information about services	54.6 %	Part deferred in 2011-12. This indicator will include data from the bi-annual carer's survey in future years.
Safeguarding people who are vulnerable and protecting from avoidable harm			
4A	The proportion of people who use services who feel safe	57.3 %	Definition may change in 2012-13. This indicator is derived from an annual survey of service users.
4B	The proportion of people who use services who say that those services have made them feel safe and secure	55.0 %	Definition may change in 2012-13. This indicator is derived from an annual survey of service users.
Local indicator - personalisation			
NI 130	Social care clients receiving Self Directed Support (local indicator)	27%	The percentage of people opting for a personal budget (personalised service) of those eligible for such a service – this excludes services such as residential and nursing care, equipment and reablement services.

Glossary

Benchmarking

Local authorities regularly compare their costs and activity levels against other authorities, to identify good practice and learn from other authorities; this activity is known as benchmarking.

Block Contracts

A block contract is where the authority groups together a “block” of similar services for tender to an external organisation, guaranteeing a certain amount of business with the company.

Care Quality Commission (CQC)

The Care Quality Commission began operating on 1 April 2009 as the independent regulator of health and adult social care in England. They replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission. Their job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people’s own homes and elsewhere meet government standards of quality and safety.

Carer

If you care for someone who is frail, ill or disabled, and you are not paid for this, you are a carer. Usually you will be caring for a relative or friend, and you can be of any age.

City Care First Support

City Care First Support is a joint Health and Social Care team specialising in rehabilitation services and preventing entry to hospital. It works in an intensive way with users to help them regain or maintain their independence. 50% of service users regain sufficient mobilisation to live independently in the community without ongoing support.

Commissioning

The term 'commissioning' means the way that the local authority and health authority plan, organise and buy services to do with care in the community.

Community Care

Community Care means all the services and support we give to people who have problems caused by getting old, or with mental health, learning disabilities and physical or sensory disabilities. We try to help people live independently in their own homes, or in homely surroundings in the community (including residential and nursing homes).

Continuing Health Care

This is healthcare that is provided over a long time, or for an unknown period of time. Continuing Care can be provided in hospital, or you can be supported by health services at home or in residential or nursing homes. The NHS and Adult Care and Support have to meet all the health and care needs they have identified.

Day Care

Day-time care is usually provided at a centre, and offers a wide range of services from social and educational activities to training, therapy and personal care.

Domiciliary Care

This means services provided to you at home, that help you to live independently within the community. Domiciliary care can include meals on wheels, community nursing and home care. Home care services may be arranged either from Adult Care and Support or from a voluntary or independent provider.

Intermediate Care

Intermediate Care refers to the services needed to support people between hospital care and regular social care at home. Often this support is for people coming home from hospital, or to prevent people going to hospital.

Joint Funding

This is where 2 or more organisations, for example Adult Care and Support and Health, agree to share the costs of running a project or service.

Multi-disciplinary

This is a team or group which is made up of people from several different statutory (legal) and/or non-statutory organisations, who all have different areas of expertise.

Portfolio Budget

The sum of all the sources of funding available to adult social care, before the addition of corporate costs such as office buildings, staffing etc.

Providers

Any person, group of people or organisation supplying a community care service (see above). Providers may be either statutory (set up by government/legislation) or non-statutory people or organisations.

Referral

We make a referral when you contact us for help. A referral is usually a set of notes taken during your first contact with Adult Services. We use the notes when we meet you to make an assessment of your needs. You don't have to phone us in person for us to make a referral for you. Someone can call us on your behalf, for example a GP, or a relative or friend.

Rehabilitation & Reablement

This involves teaching people the skills to help them remain living independently in their own homes. This can be after an operation or illness, and can involve a Physiotherapist or Occupational Therapist.

Respite Care

If you are a carer this can give you a temporary break from the care you provide. The respite care may take place in the home of the person you care for, with an approved carer, or in a day centre, or in a setting away from the home. It may be for very short periods of a few hours, more typically for one or two nights, or for longer periods of up to 2-3 weeks.

Safeguarding of vulnerable adults

In 2000, the Department of Health and the Home Office jointly published the 'No Secrets' document. This provided the framework for councils to work with partner agencies such as the police, NHS and regulators to tackle abuse and prevent its occurrence. Local authorities were given lead responsibility for setting up multi-agency committees and procedures.

SCIL (Southampton Centre for Independent Living)

SCIL is an organisation of disabled people firmly rooted in the disability movement, born of the civil rights campaigns in the sixties; the guiding principle being that disability issues are human rights issues. They work to the 'social model of disability' which defines disability in terms of negative attitudes and discrimination caused by a society which fails to meet the needs of people with impairments.

Self Directed Support

Self-directed support is about people being in control of the support they need to live the life they choose. It is often referred to as 'personalisation' or 'personal budgets'. There are different ways to describe it, but whatever name is given to it, it is about giving people real power and control over their lives. People are able to self-direct their care or support in a number of different ways:

- **A personal budget.** This is money that is available to someone who needs support. The money comes from their local authority services. The person controlling the budget (or their representative) must:
 - know how much money that they have for their support
 - be able to spend the money in ways and at times that make sense to them
 - know what outcomes must be achieved with the money.
- **An individual budget.** This is money for support that could come from several places - including social services, the Independent Living Fund and Supporting People.
- **A direct payment.** This is money that is paid directly to you so you can arrange your own support.
- **A personal health budget** is relatively new and the Department of Health is still in the process of piloting them. It is an allocation of resources made to a person with an established health need (or their immediate representative).

Southampton Local Involvement Network (Southampton LINK)

Southampton LINK's has a statutory duty to enable individuals and groups in the Southampton area to actively influence local care services, including their planning and commissioning through to their delivery.

Southampton LINK has three core objectives:

- To enhance the local accountability of publicly-funded health and social care services
- To influence local health and social care service design

- To feed into regulatory processes for health and social care

Spot purchasing

This is a method of buying services for individuals. Buying services this way, means we can be very flexible and make sure you get exactly what you need. This differs from the block contract way of buying services.

Voluntary sector

Organisations, often charities, which operate on a non profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national, and they may employ staff, or depend on volunteers.

For further information please contact:

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