

Making it Real in Shropshire

Our story continues

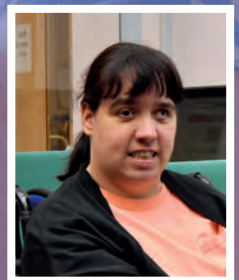
Adult Social Care
Local Account 2014-15

December 2015 – issue FIVE



A happier place
read Jane's story

What is it like to receive
direct payments?
Tracy's diary



Our priorities

What is the Local Account?

Councils up and down the country produce a report every year which explains what they – and other organisations – have been doing to help people who use adult social care services.

In the past we have called this the Local Account, but we realised that a lot of people didn't really understand what that meant, so this year we have called it "Making it Real in Shropshire - our story continues".

We hope it explains what this brochure is all about – it's a collection of stories from people who use adult social care, their carers, as well as people from the council and other organisations who work to provide services across Shropshire.



Adult Services in Shropshire

If you'd like to get involved, you can email us at: makingitreal@shropshire.gov.uk

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Case studies in this magazine

There are several stories in this magazine which illustrate how people have received support to help them live independently. These are real stories by real people, but to protect their identity we've changed their names.

We've added a case study under each of the priorities that we set last year. We have lots more on our Shropshire Choices website, visit www.shropshirechoices.org.uk





Update on Making it Real – over the past year

More than two years have passed since we embarked on 'Making it Real' and during this last year we have seen solid progress towards our stated goals. One goal was to work in collaboration with 'People2People' (P2P), the providers of social work and occupational therapy services for adults across Shropshire, to set up local Advisory Groups.

The Advisory Groups are small forums which anybody can attend, including individuals that use services and family carers. You are welcome to come along, either for a one-off meeting or on a regular basis. Meeting venues are accessible and you can also join in from a distance if you cannot travel, perhaps through conference calls or simply email if you'd like your ideas to be added to the discussion. Senior members of the 'Making it Real' and 'P2P' boards always come to these meetings along with frontline adult social care staff. Making it Real is placing Shropshire people at the heart of shaping the future of adult social care in the county.

The first few Advisory Group meetings have been really productive and have given us the type of insights that can only come from having 'lived experience'. We encourage anybody who would like to discuss their concerns, experiences or wish to contribute their ideas to be part of these friendly meetings. There are currently three groups located in Oswestry, Shrewsbury and Ludlow. Views expressed are always taken seriously and passed on to the Making it Real and P2P boards. To find out more get in touch with Making it Real today and become a people champion, helping to create a better life for people in Shropshire.

Jon Hancock
Volunteer, Making it Real Board

Stewart Smith
Development Support Worker, Adult Social Care



“Update introduction”

A word from Stephen Chandler, Director of Adult Services at Shropshire Council.

Welcome to our latest Local Account. This document is produced annually to look back at what we've achieved and the difference we, our partners and communities have made.

This was a challenging year and, with the new financial challenges we face, things aren't getting any easier. But you will see from our case studies - written by others - that what we are doing is working and, together, we've got a lot to be proud of.

Within Shropshire we are continuing to build on our success, and learn from what hasn't worked so well, as we further develop new ways of delivering services better.

Our focus remains on supporting some of the county's most vulnerable people to get help sooner, enabling them to be more independent within their own community – it is the golden thread which runs through everything we do.

I hope you enjoy reading this account which has been co-produced with people involved in our service.

Setting the Scene – who do we support etc

Primary Support Reason	Number
Learning Disability Support	803
Support for Visual Impairment	36
Personal Care Support	3394
Mental Health Support	272
Access and Mobility Only	22
Support for Social Isolation / Other	42
Support with Memory and Cognition	148
Support for Hearing Impairment	16
Substance Misuse Support	21
Support for Dual Impairment	11
Support to Carer	71
Total	4836





A quick summary of how things have changed

We have been working in different ways for a while now following the redesign of our adult social care service.

This has enabled us to help some of the county's most vulnerable people to get help and advice sooner and supported them to be more independent within their own community.

Last year we talked about how we've improved the way our customer service centre operators (known as 'First Point of Contact') deal with people's initial enquiry.

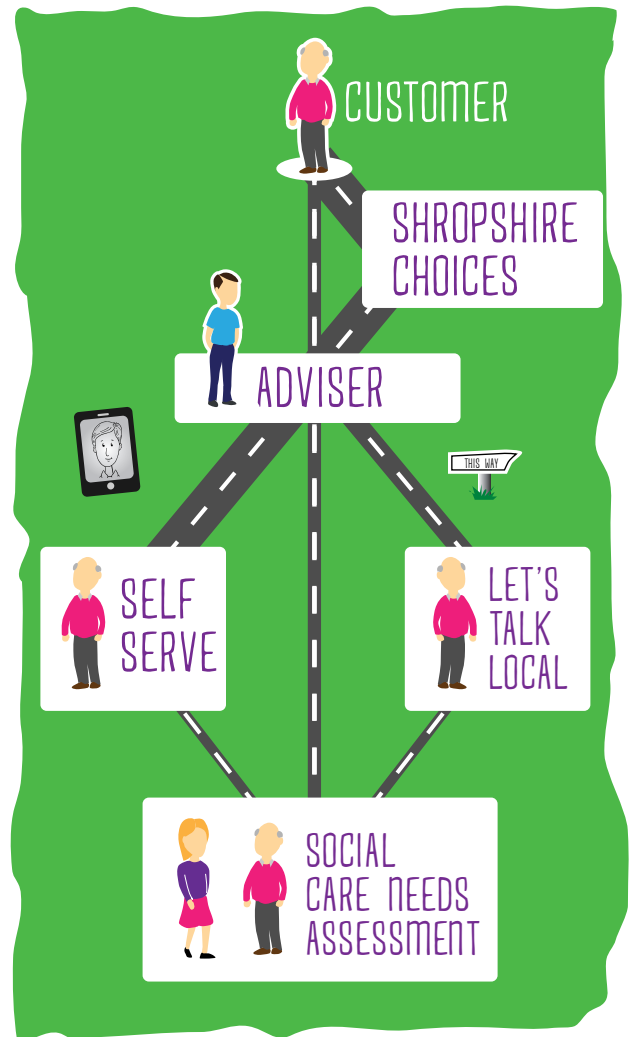
This has been a great success and you can read more about the First Point of Contact team on page 12.

Not wanting to rest on our laurels, we've since developed a website called 'Shropshire Choices'. You can visit the site at: www.shropshirechoices.org.uk

Here we aim to provide information, advice and support that you or the person you care for, need to remain independent and keeping well.

It has been designed with the customer in mind and includes information from adult social care, housing and health, as well as links to our partners.

Shropshire Choices is still in an early stage of development: you can let us know what you think about the website so far by completing site feedback or emailing makingitreal@shropshire.gov.uk.





For all the latest information visit our website at:
www.shropshirechoices.org.uk



We also understand that you may still need to talk to us, despite the growing wealth of information available on the site, and that's fine.

You can talk to us on the phone (0345 678 9044), where you may be booked into a Let's Talk Local session, or you can simply drop into a Let's Talk Local session near you, without making an appointment in advance.

These sessions are open to you and your carer to help you to get to know your options for the future. They are particularly helpful if you fund your own care.

To find out more about these drop in sessions, including where they are and when they take place visit www.shropshirechoices.org.uk and click on 'I want to stay independent'.

What we said –

a quick recap on the priorities set last year

We will demonstrate in the following pages, what we have done through the use of case studies.

We will make best use of our local community resources, encouraging local communities to work together and to be more self-reliant.

To support carers, to continue their important caring role.

People will receive support that meets their needs, closer to home, in their local communities.

We will continue to focus on early help, to enable people to help themselves, at an earlier stage, before they reach a crisis.

We will encourage volunteering and we will foster opportunities for people with disabilities to gain paid employment.

We will continue to develop a programme of supported accommodation to ensure this is appropriate to people's needs, and wherever possible, to enable people to stay in their own community.

We will develop our local market of providers to ensure there is a suitable range of support options available for people to choose from including encouraging the further development of the Personal Assistant market.

We will exploit new technology alongside existing partners, to provide creative solutions to ensure everyone who is assessed as needing this type of support, such as electronic pendant alarms, receives it.

We will respond, and be compliant with changes in new legislation, such as the Care Act.

We will continue to ensure the most vulnerable people in Shropshire receive value for money services, to deliver the best outcomes.

Keeping vulnerable people safe will continue to be one of our top priorities, together with ensuring people feel safe.

We will develop a structured programme of engagement with our local communities, to obtain feedback on the effectiveness of the new ways of working, including our implementation and impact of the Care Act.

CASE STUDY

We said - **People will receive support that meets their needs, closer to home, in their local communities.**

A better response, much quicker...

People receiving occupational therapy services are now getting a better response, much quicker.

It's something we're focusing on across adult services and is part of our commitment to supporting people to live happily in their own homes for as long as possible.



The reason for this improvement is that the waiting list for our occupational therapy services has more than halved, which is as a result of closer working with housing services.

A number of occupational therapists now sit with the private sector housing team, which has meant that between April 2015 and July 2015, the waiting list has reduced by 63% from 365 service users in April, to 135 service users in July.

Since the teams have been working more collaboratively, there has been increased interaction and communication about the Disability Facilities Grant (DFG) process – a fund that people can apply for to get adaptations in their home, allowing them to remain independent for longer. Face-to-face discussions have enabled this process to run more smoothly, and queries are now being dealt with in a much more timely and efficient way.

It just goes to show how a relatively simple change like this can make a big difference to people's lives.

All of the therapists also continue to work within the communities they support where they assess service users within their homes and environment, giving them advice, equipment and both minor and major adaptations.

CASE STUDY

We said - **We will make best use of our local community resources, encouraging local communities to work together and to be more self-reliant.**

Disabled Shrewsbury woman defying odds in driving ambition

As reported by the Shropshire Star.

Most people who are faced with adversity would buckle under the pressure. But Julie Davies from Shrewsbury has risen to the challenge and faced life head on.

The 58-year-old has no legs, only one arm, is blind and suffers from diabetes. But she has now found a new outlet to use her energy – carriage driving.

It may not seem the first sport that springs to mind, but for Julie it means the world.

Instead of staying indoors, she has embraced the equestrian world and taken up a sport which is renowned for its speed and grace.

It is all thanks to her community and care co-ordinator Becky Kelly from Riverside and Claremont Bank GP practices in Shrewsbury.





Becky said: *"I have known Julie since December 2012.*

"My role at the surgery affords me time to look for appropriate non-medical support for patients who are trying to maintain their independence at home.

"Often these patients are struggling to cope with debilitating long term health conditions.

"This is certainly the case with Julie who, unfortunately, has had three limbs amputated and lost her sight through diabetes.

"Julie is cared for by family, and attends a day centre when she is able to arrange volunteer drivers to take her there.

"She admits that what seems like long hours sitting alone in her wheelchair makes her feel very low.

"I only recently found out about Perry Riding School for the Disabled, but immediately suggested the idea of carriage driving to Julie hoping this might capture her imagination, as it enables a wheelchair user to ride in, and even drive, a horse-drawn carriage."

Julie was taken with the idea. She paid a visit to Stoneyford Riding School at Annscroft, near

Shrewsbury, where she was introduced to her instructor Will Merrick and his horse Shaun.

While a little uncertain to begin with, Julie, who lives in Ditherington, now makes her own arrangements to attend the school once a week.

She said: "It's just such a nice feeling being up there, trotting around with the horse in the fresh air.

"I love being in the quiet of the countryside and to be out of the house for a change.

"I'm learning how to give commands to the horse, and everyone, including my instructor Will is very nice and friendly.

"I am facing my fears as I am afraid of horses, but recently I have been able to take the reins myself and be in control."

Becky said: *"We're hoping that by taking the reins herself, she will gain a real sense of achievement, of being in control, and of being an inspiration to others."*

Jane Barker from Perry Riding School for the Disabled said: *"I think Julie is remarkable.*

"She had not been out of the house for months and I cannot imagine what life must be like for her. "This must give her a real sense of achievement."

Will said: *"Teaching for RDA is always rewarding, however it is made even more so with Julie. Due to her disability she must be very limited with what she can do.*

"While carriage driving Julie will not only be outdoors and feel involved and part of something but feel sensations she has never had before.

"It's very rewarding especially when she's grinning ear to ear."

Volunteers are always needed at the centre to help out with the Riding for the Disabled. For more information contact Jane on 01939 261147.

CASE STUDY

We said - We will encourage volunteering and we will foster opportunities for people with disabilities to gain paid employment.

A happier place

Jane is a 45 year old woman who has moderate learning disabilities.

In summer 2014 both of Jane's parents needed to go into care homes, and she faced a major life challenge

Jane was determined that she could prove to her family and professionals that she could live independently in her own flat with carers visiting.

In partnership with the housing options team, Jane was allocated a room in a B&B while a support worker helped her bid on suitable properties.

Through working closely with an occupational therapist and psychologist from the Community Learning team, as well as her support agency, Jane was helped to develop independent living skills like taking care of her personal hygiene, looking after her room and shopping, and making her own meals with support.

After negotiations with Severnside Housing Association, Jane moved into her own one bedroom flat in March 2015, which is closer to where her family live and in visiting distance for her parents. She quickly built positive relationships with staff from a new provider.

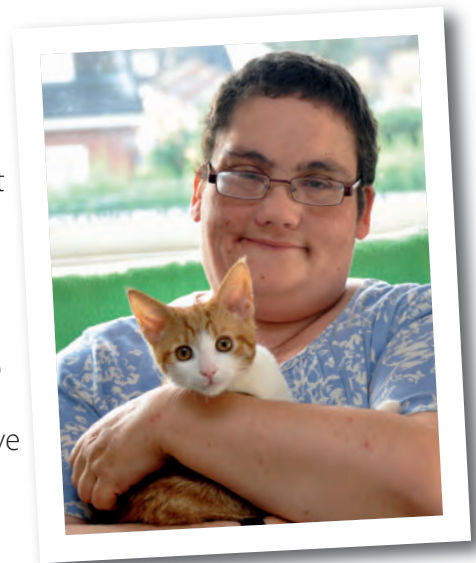
Since she was more settled, she felt ready to engage with a support planner from 'People2People', which included peer support.

A peer support volunteer is someone with personal experience of living with a disability or life changing condition, caring for a friend or family member or of adult social care services. A peer support volunteer can work with a person to help them to think about changes that they want to make in their lives, the support that they require and what they need to do to put that in place. Jane's peer support volunteer offered guidance and support to help Jane to explore social opportunities and positive activities of interest in her local area.

Jane has since started attending regular escape night discos and social events where she has made new friends and met her boyfriend.

With help from her support for the first couple of times, Jane has started volunteering, walking and looking after dogs, and has an interview for a job in a charity shop in town.

Jane says that she is in such a happier place from where she was a year ago, and has good support in place to ensure her ongoing emotional health.



CASE STUDY

We said - We will continue to focus on early help, to enable people to help themselves, at an earlier stage, before they reach a crisis.



It starts with a conversation

The First Point of Contact team are based at Shropshire Council's Customer Service Centre. The team of advisers take calls from adults seeking assistance from adult social care. The First Point of Contact Team also take referrals from professionals and members of the public who wish to raise a safeguarding concern regarding an adult, a child or young person in Shropshire, or seeking professional advice at an early help level.

The discussion the adviser has with a customer seeking assistance or a solution from adult social care is one which focuses on the person, not only the challenge they are experiencing which has prompted the initial call. The conversation focusses on their strengths, what has worked well for them in the past, what has not worked so well and what is important to them, in their lives and within the communities in which they live. The adviser introduces, when safe to do so, the caller to a community or voluntary organisation in Shropshire which could resolve their request. However, this is not the end of the conversation. Around 14 days later, the adviser will make contact with the customer to see if they successfully made contact with the organisation, and if the issue or difficulty they had was resolved.

The team have a member of the Community Contact Team (Social Work Team) sitting with them every day to provide professional support and guidance about situations members of the public make contact about. This joint working results in outcomes being established and appropriate, safe actions taken.

If it is not appropriate for the adviser to signpost the caller, they will arrange a face to face meeting with a social care professional at one of the Let's Talk Local sessions held throughout the county. If a person is unable to attend a Let's Talk Local session because of their personal circumstances or ill-health, then a social care professional will be requested to make contact with the customer for a further discussion. By First Point of Contact working in this

way it allows the Let's Talk Local sessions to be held, run and managed by workers who previously struggled to leave their desks, allowing social care professionals to do what they are trained to do.

A compliment was made to the First Point of Contact Team recently. This was from a lady who had made contact seeking assistance for her sister:

"Thank you, she is now back to the sister we know. This change began with the conversation I had with you".



Let's Talk Local

Our Let's Talk Local sessions support people in a very different way. They enable us to see people quickly and closer to their home, enabling them to move forward with making decisions. The services are community based and seek to make maximum use of local resources.

At your Let's Talk Local session, whether you've booked an appointment through our First Point of Contact team or whether you've simply dropped in, you can talk to an expert informally about your needs and then discuss the support available to you.

The sessions are welcoming and friendly. We have some great volunteers who dedicate their time to greet people, make them drinks and generally put them at ease.

Watch our video to learn more about the sessions through the eyes of our staff, volunteers and the people who attend the sessions.

They really are making a difference to people's lives.

"People may come in feeling alone, but when they leave, they leave knowing that there is someone that can help them."

"It's given us a better future."

"Talking helps because, if you bottle it in, a small problem can become a big problem."



CASE STUDY

We said - **To support carers, to continue their important caring role.**

Carers Support Service - listening to and supporting carers

The freedom to get out, relax and enjoy life

Joy cares for her husband David who is 77 years old and had a stroke two years ago. David has also had a number of heart attacks in the past and retired early from work because of his ill health. The stroke has left him without any movement in the lower part of his body and he needs assistance with all aspects of his daily living tasks.

Joy, who is over 80 years old, helps her husband with transferring to the wheelchair to go to the toilet or leave the house. She has to lift the wheelchair over the door so he can leave the house. The ramp they were given was not practical to use due to the positioning of the wall by the front door.

David can no longer get into the car so they are restricted to walking to the small town centre where they live. Joy has to push him in his wheelchair, which is a fair distance for her. She is unable to leave him unsupervised for lengthy periods of time as there is a risk he will slip down the chair onto the floor. Her nearest family members live a hundred miles away.

Joy has paid care workers visiting morning and evening to assist David with getting up and going to bed. She acts as second care worker and assists with these transfers in order to reduce the cost of

care support. David has been assessed as funding his own care. They pay for private physiotherapy once a month for David as local health services were unable to provide this service. Joy feels that this has helped her husband.

Due to the transport problems Joy has to shop locally which she finds expensive and limiting as to what she can buy in terms of clothes or shoes. She therefore tends to shop by mail order for personal items which has been both expensive and unsatisfactory.

She describes herself being very isolated as their nearest family live in Yorkshire and find it hard to visit because of home/work commitments. She also said a lot of her peers locally are in similar circumstances to themselves and cannot get out and about.

Joy was initially referred by the Community and Care Coordinator at her GP surgery in 2013, but when contact was made she had not wanted a visit as she felt they were coping.

At the end of 2014 she responded to our Carers Survey questionnaire and requested a visit from a support worker.

How we helped

Our Carers Support Worker visited Joy at the end of January 2015 and completed the carer strain index with her. Joy scored seven which is on the threshold of significant strain and stress.

She was frustrated in not being able to go shopping into Shrewsbury to buy personal items. To help with this, an application was made for a short term break and arrangements were made with Carers Trust 4all who put in a support worker for three hours once a fortnight over 10 weeks (total 15 hours). She was able to go to Marks and Spencer's to change a jacket she had bought online for her husband. On other occasions she went shopping to Whitchurch where she had a wider choice of where to shop, and could do so more economically.

The Support Worker supported Joy in contacting Shropshire Council's First Point of Contact (FPOC) to arrange for a carers assessment, emergency respite and a referral to Carers Trust 4all for continuing respite support. Emergency Respite registration was also completed and a referral to Carers Trust 4all was sent by People2People.

What difference did our help make?

Joy has been able to get into Shrewsbury and Whitchurch to do the shopping that she has been unable to do in the past. She has valued having this time to do things for herself and to expand the places she can now go to.

She is also pleased that this respite support has now been arranged on an ongoing basis with Carers Trust 4all.

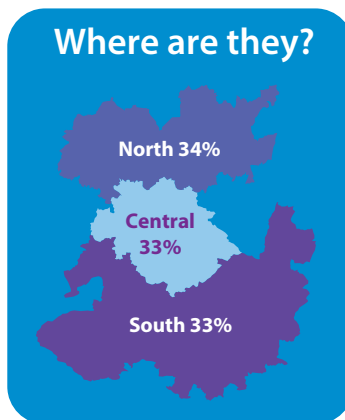
Joy told us that she now feels someone is listening to her calls for help and advice. She felt that two years of struggling alone had worn her down.

She has also said that the introduction to Carers Trust 4all is allowing her 15 hours of freedom to get out and relax and enjoy life for a short time.



Focus on carers

We recognise the important role that carers have in Shropshire. The views of carers are very important to us, for highlighting what's really important to them and identifying areas where we need to make improvements. This diagram brings together the key facts and issues raised by carers, taken from the Carers' Survey, the Census and other local agencies.



33,360 Shropshire people view themselves as a family carer

(That's 1 in 7 adults)

Daily life¹

"When illness suddenly upsets your life you have no preparation and no prior knowledge and are thrust into a world where you feel lost"

"My husband and I are both in our 80's and worry for our future ability to carry on caring"

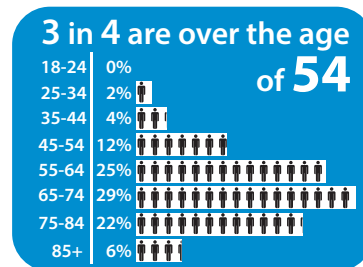
"Married for 53 years you have to do all you can for loved ones while you can do it with help of your family"

Money¹

"Everywhere you go for help it comes at a cost which we cannot afford"

"Unable to claim carers allowance, unless my earnings dropped by £20 a month or I give up work altogether to look after my mother on a full time basis"

"Did not want to go back to full time work but due to financial problems... I have no choice and this makes life very difficult for both of us"



2 in 5 spend 100+ hours a week caring

That's a 14 hour day

Carer support¹

"I am fortunate I go to a carers monthly meeting, and feel wonderful support, also the importance of contact with other people"

"Social Services have also created time for carers with trips, art classes, etc which give me some 'me time' which I have enjoyed"

"I am also a person who needs help. However, I have never had any help offered as a carer and disabled person"

Information¹

"Although organisations do present information you are not always able to take it all in at once and do not know what your needs will be"

"When you ring up and leave messages on answer phone you never get a reply... It is frustrating surely there must be more than one person to speak to"

"Finding the right agency is an obstacle course... all carers information should be dealt with by one department".



66% of family carers say they don't have enough control of their life

- What do carers want?**
- i** Easy to find information
- ||** Time out
- 📞** Ongoing support
- 📝** Own needs assessed
- £** Financial help
- 👉** Certainty over future

CASE STUDY

We said - We will continue to develop a programme of supported accommodation to ensure this is appropriate to people's needs, and wherever possible, to enable people to stay in their own community.

Teri Lycett, Social Worker

I was allocated an urgent need for accommodation case in November 2014.

Jenny's placement with a family who offered their home and support had unfortunately broken down and she was moved to a temporary placement where she could only stay until Christmas.

I negotiated with the temporary family for Jenny to remain there until the New Year to avoid her having to make several unsettling moves whilst looking for a permanent home. The family were more than happy to do this but they were going away at the beginning of January 2015 so Jenny could not stay with them for any time past 12 January 2015.

I went to meet Jenny on 3 December 2014 at a day centre she attends in Shrewsbury, where she was supported by a member of staff who knows her well to give information for a social care needs assessment. Jenny explained that she had wanted to move to Oswestry where she grew up, but after trying she realised that she had more opportunities in Shrewsbury where she also volunteers in local charity shops. As well as this, many of her friends live in the town and she attends evening social activities with them at Mencap and Taking Part.

Through the assessment and subsequent meetings with her it was clear that Jenny had some daily living skills that she could further develop, leading her to more independence. I felt that a group home setting would be ideal for her and, after speaking to her about this she recognised the set up because one of her friends lived in one and she explained this is what she would like.

I explored various placements for her and also sent a pen picture of her to a housing forum. A placement was identified in Bridgnorth at the forum, but being mindful of Jenny's wishes and what she already had in Shrewsbury I continued to explore placements - all of which either had no placements available or were not completely suitable for Jenny. She had already done a lot of moving around and I wanted her to be able to settle and be happy in her new home, otherwise I felt we would be looking at another move further down the line when she felt unhappy.

A placement became available at a group home in Shrewsbury where two other ladies live. I set up tea visits which I supported her to and then set up some sleepovers to ensure that the dynamics of the house were likely to work for her and the other two ladies who live there. Following the visits, Jenny was excited and happy with the prospect of moving to this group home and the two ladies already living in the property welcomed Jenny.

Jenny moved into that group home on 11 January 2015 and has been extremely happy there. I went out to the house to reassess the placement in March and Jenny told me proudly that “this is my home” and that she “loves it”. She is able to continue her

day service, voluntary work placements and also evening activities that she attended previously. These opportunities are now expanded by being supported to try new opportunities, being involved in decisions about her home and having opportunity to develop her daily living skills. I have seen her transform from a very unsettled and uncertain lady to a lady who has grown in confidence and independence, which also shows great work from her staff at the group home.

From conversations I had during the time I worked with Jenny I remember she had a rather unsettled background so it is so nice to see her in her new home now confident that she can call it ‘home’.



CASE STUDY

We said - **We will develop our local market of providers to ensure there is a suitable range of support options available for people to choose from, including encouraging the further development of the Personal Assistant market.**

A new way to find friendly support

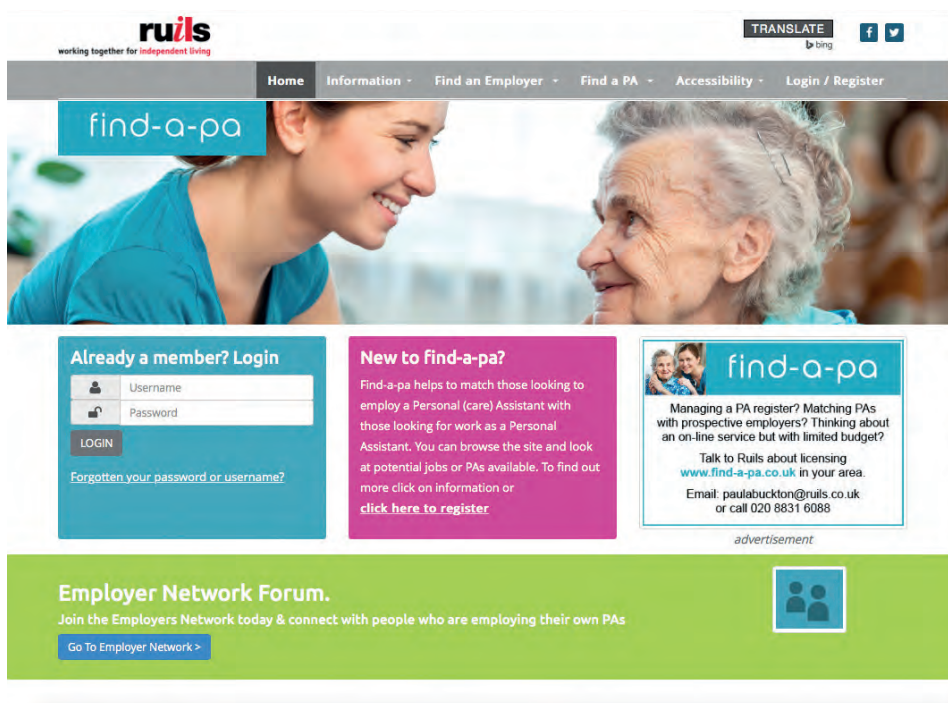
POhWER
advocacy, making your voice heard

POhWER provide a confidential web-based matching service for employers and Personal Assistants (PAs) in Shropshire. A PA is a carer who works privately, so that you are in control of who you select and how they support you. They can help with all sorts of daily tasks at home, including domestic tasks, personal care, shopping, paperwork and getting out and about. The aim of the website is to provide a platform for employers, prospective employers and PAs to advertise and make contact with each other.

Employers and PAs can join the site at <https://www.find-a-pa.co.uk>. Simply click 'register' and you will be given the option to register as an employer or as a PA.

You will be asked some basic questions regarding your contact details, the role you are advertising and the qualities of the PA you are seeking. Once all the required fields are completed, you can publish your profile so that it appears on the site, or keep it hidden if you prefer. Don't worry, your personal details will not appear. You can then search for employers or PAs in your area and send a secure message via the website to make contact. From there you can arrange interviews and continue with your recruitment.





The benefits of using find-a-pa for employees and PAs are:

- Find-a-pa offers an easy and secure way for PAs and employers to search and make contact with each other.
- The site securely protects your personal details unless you choose to pass them on.
- Employers and PAs can publish or hide their profile as and when they are looking / not looking for work / the services of PA.
- Being registered on the site can keep you in touch with news and useful information sent out by POhWER, including training available and employment updates.
- Use of Find-a-pa is free for people living in the Shropshire area (paid for by POhWER).
- POhWER actively promote the site in Shropshire, giving you the best chance to find what you are looking for.

Rose Humphries, Community Manager for POhWER, said: "PAs can assist people with many daily tasks at

home. All of these can help someone live at home for longer, ensure their essential needs are met, and potentially avoid the need for residential care."

David used find-a-pa to identify candidates for his PA role. He says: "We have recruited two candidates from find-a-pa. We interviewed four, all living locally with some nursing experience and found all the candidates to be excellent; in fact we had some difficulty choosing between them. We are grateful to POhWER for facilitating this process."

To find out more you can contact POhWER in the following ways:

Call us on **0300 456 2370** (local rate call)

Text us by texting the word pohwer then your message with your name to 81025

Write to us at:

POhWER, PO Box 14043, Birmingham B6 9BL

Fax to: **0300 456 2365** or email to:

shropshire@pohwer.net



In my view...

what's it like to have a direct payment?



By **Tracy Jones**,

I have been receiving a direct payment for around five years now. With this money I employ my own personal assistants (PAs). My PAs help me every day and night with all aspects of my personal care. They also help me to get out and about and assist me with reading my mail, amongst many other things.

I have three PAs who work on a rota basis. They are invaluable as I live on my own with my cat Honey.

I found out about direct payments through my former social worker. To begin with I was assisted by Penderals Trust but now it is POWHER.

POWHER assist me with employing individuals, employment law and so on. The process has been quite straightforward and I found that being an employer gives me an opportunity to give something back to the community.

Before this I had help at home from agency carers, but it just didn't work out for me. There were often language barriers, and with my speech impediment, it meant that communication wasn't always that easy. I'd also see a different face every day and share no common ground with them which resulted in illness and stress.

Being awarded a direct payment was a relief for me. As well as giving me self-worth, I now have a better quality of life and am so much happier and healthier.

I can choose who I want, not who an agency picks for me.

As a result I've got three fantastic PAs who I get along with and am happy to welcome into my home.

Tracy

CASE STUDY

We said - **We will exploit new technology alongside existing partners, to provide creative solutions to ensure everyone who is assessed as needing this type of support, such as electronic pendant alarms, receives it.**



Remaining independent for longer

Ben is a carer for his mum Mary.

Mary suffers from dementia; however, with help and support from Ben and an array of assistive technology, she is still able to live safely and independently within her own home.

The council has supplied some of the technology that keeps Mary safe and independent:

- Lifeline box which is connected to the Tunstall call centre.
- Heat sensor which is in the kitchen and connected to the Tunstall call centre.
- GPS tracker for when Mary is out on her own.
- Wall mounted tablet computer that runs the Mindings app, allowing Ben to schedule reminders and messages for Mary throughout the day.

In addition, Mary makes use of a variety of other aids:

- Whiteboard, updated weekly with the schedule of her carer visits.
- Just Checking system that uses sensors around the house to track her activity, and alert Ben if she leaves the house or forgets to close a door.
- Calendar clocks that display the day of the week clearly.
- Phone blocker to stop unwanted phone calls.
- Simple-to-use remote controls for Mary's TV.

As well as helping to reduce Mary's anxiety, this technology also reassures Ben that his mum is safe.

Ben said: "My mother wants to remain independent, and I'd like to respect her wishes for as long as she is safe in her home. As her condition changes over time, then we'll continue to adapt or change the technology to meet her needs for as long as possible."

Mary also attends the Uplands Day Resource Centre in Shrewsbury where she meets with her friends and enjoys the activities on offer.

Assistive technology can really help to ease anxiety and limit confusion, ensuring that people remain independent for longer and that their quality of life is improved.

Used correctly, it can go a long way to prevent certain conditions from worsening or even going unnoticed. In addition to this, it can provide great reassurance to carers who are concerned for their loved ones and/or feel that they are struggling to cope and continue in their caring role.

Promoting and supporting the use of assistive technology

In April 2015 a new assistive Technology Coordinator for Shropshire Council was appointed. The purpose of the role is to promote and support the use of assistive technology across the county, to enable individuals to remain at home, living independently and safely for as long as possible, whilst maintaining their dignity and allowing them to make choices about their own level of support.

Assistive technology includes a wide variety of equipment, from simple low-tech items such as small plugs that can be placed in a kitchen sink, washbasin or bath that can sense if taps have been left on or if water temperature is too high. These plugs automatically release the water thus alleviating the risk of flooding or scalding. Other items range from calendar clocks to more high-tech items, such as sensors that can detect accidents or emergencies in the home that can be monitored by a community alarm service, known as Telecare.

Shropshire Council offers a great range of assistive technology through the issue of stand alone items, such as the Magi Plugs to its telecare service. It is partnered with a company called Tunstall to make it easier for local people to access the latest technology and to help themselves or their family independently, or as part of a wider package of care.

To find out what is available and if you will be eligible for assessment, please call the council's First Point of Contact team on 0345 678 9044.

Alternatively you can get further information on assistive technology that might be suitable for you by using the Ask Sara website (www.asksara.dlf.org.uk), where you will also have the option of having some items on loan to try out.

Increase in referral rates

Comparative figures for referrals:

June 2014 - 20 referrals

June 2015 - 58 referrals

August 2014 - 2 referrals

August 2015 - 109 referrals

Sept 2014 - 27 referrals

Sept 2015 - 111 referrals,
(with 90 installations)

Usage of assessment tools

Those kits in use showed usage as reported by 'Just Checking':

	2014	2015
July	57%	80%
August	43%	100%
Sept	57%	80%

Assistive technology information

Assistive technology information has been available at many events across the county – Shrewsbury Flower Show, RCC Wise and Well events, See Hear Exhibition as well as some of the recent Let's Talk Local drop in sessions.

CASE STUDY

We said - **We will respond, and be compliant with changes in new legislation, such as the Care Act.**

During 2014-15 we have carried out a programme of work in response to the requirements of the Care Act.

This has included:

- Introduction of the new national eligibility criteria for adults and for carers.
- Shropshire Choices - development of our online information.
- Revised Deferred Payment Scheme put in place.
- Setting up the Shropshire Safeguarding Adults Board with Independent Chair.
- Setting up a referral process for prisoners who need care and support.
- Putting in place new pathway for carers.
- Wide-ranging staff training programme on the new legal framework.

CASE STUDY

We said - We will develop a structured programme of engagement with our local communities, to obtain feedback on the effectiveness of the new ways of working, including our implementation and impact of the Care Act.

In regard to the Care Act, we carried out an eight week consultation in relation to the discretionary parts of the Act. These included aspects relating to fees, charging and the universal Deferred Payments Scheme. A wide range of views were sought through representative organisations and boards, a survey was made available on the council's consultation portal and individual letters were sent to approximately 300 carers. Paper and easy read versions of the survey were also made available.

In response to the requirements of the Care Act we are re-commissioning our offer to carers. To inform this commissioning process we asked carers for their views. 132 carers responded on issues in relation to their well-being, ambitions and views of current support available.

Good information, advice and feedback is something which benefits us all, and that includes Shropshire Council and People2People. This is the reason for setting up 'Making it Real' Advisory Group meetings around the county; so that we can listen to and learn from the experiences of people who use care services. The value of information direct from the frontline of adult social care can never be overestimated.



This year, the 'Making it Real Advisory Groups' have been developing as a way of finding out what works and what does not. Each Advisory Group comprises carers and people using services, senior members of People2People, members of the Making it Real board and officers from Shropshire Council's adult services. During meetings, the group is asked if they would like to prepare a list of comments or questions for the Making it Real and People2People boards. Those questions are raised at board meetings a few days later. To complete the process, answers from the boards are presented as part of the agenda for the next Advisory Group meeting. Where appropriate, Advisory Group feedback can direct future changes in adult social services provision and strategy. The Advisory Group meetings are always friendly, welcoming and well structured.

Council staff and People2People staff, as well as volunteers, have been busy talking to people about the Advisory Group meetings, and attendance at the meetings is slowly growing. At the moment, meetings are held every two months in the north, centre and south of the county, with more planned. Details of the meeting dates and agendas can be found on the Making it Real website:

<http://new.shropshire.gov.uk/adult-social-care/making-it-real/>

CASE STUDY

We said - **We will continue to ensure the most vulnerable people in Shropshire receive value for money services, to deliver the best outcomes.**

Survey outcomes and performance

13/14 Result	14/15 Result	Comments/Actions	Plans for 2014/15
Proportion of adult social care users who receive self-directed support, and direct payments	74.2%	75.5%	Our priority is to increase the take up of direct payments and individual service agreements to ensure greater flexibility for individuals in how their care is provided.
Proportion of people using social care who receive direct payments.	28.8%	32.0%	Direct payments are an important aspect of personalisation and we aim to continue to increase take up of these also.
Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	24.7	12.1	A low result shows good performance. We have made good improvements since last year. Our priority is to keep admissions into care homes to a minimum, and to enable people to live independently in their own homes for as long as possible.
Proportion of social care users who are satisfied with their care.	62.6%	66.2%	This is based on users' responses to an annual survey. Reported satisfaction levels are a good indication of people's overall experience of service and quality.

CASE STUDY

We said - **Keeping vulnerable people safe will continue to be one of our top priorities, together with ensuring people feel safe.**



Sarah Hollinshead-Bland
Designated Adult
Safeguarding Manage

What has changed as a result of the Care Act?

The Care Act 2014 has changed the way we work to keep people safe.

We have recruited an independent person to chair our Safeguarding Board. This is important to make sure all partners do their job properly and keep people safe, including the council.

We have also employed a Designated Adult Safeguarding Manager who is responsible for managing our specialist team, supporting our Safeguarding Board and overseeing concerns about people in a position of trust.

We have changed our training session about abuse so people understand that they have to stop abuse if they see it, prevent abuse happening in the first instance and involve the person affected when raising a concern.

When we receive a safeguarding concern we make it a priority to talk to the person affected to see how they can stop themselves from being abused or if they need it, how we can help them. It is important to take this approach so people can stay in control of their lives and be independent for as long as possible.

An example: We received a safeguarding concern saying that Martin was being visited by his ex-wife. He didn't want her to visit and when she came she put pressure on him to give her money. He was getting frightened of her and her family.

Our worker spoke to him and he explained there had been no recent visits and the warden had helped him put a call block on his phone so she or her family couldn't ring him anymore. He also he said he felt confident enough to not give them money if they were to visit again. With the help of his warden, Martin had already made arrangements to protect himself.

Working with our partners

We work with partners to share information about organisations who provide care and support to people who need help. This is important to make sure those services provide high quality, safe services. When we put information together we sometimes find out services aren't as good as they should be. We then work with the service to help put things right. If improvements are not made and we think people are not safe we stop making new placements until things get better. If the service still doesn't improve and it becomes dangerous, we will work with people and their families to find them a new service. This doesn't happen very often but when it does it is to keep people safe.

Keeping people safe

We provide lots of training to help organisations keep people as safe as possible. This includes training about the importance of keeping professional boundaries and keeping safe for people who need care and support.

An example: Mary was running a training session for people with learning disabilities about keeping safe. During the session she helped people to understand what domestic abuse was. Because of the discussion Sarah realised that her boyfriend was hurting her and she ended the relationship to protect herself.

Managing your money



In February 2014, Shropshire Council agreed a three year Financial Strategy which identified a funding shortfall over the three year period 2014-17 of £80m and savings proposals to meet the shortfall.

Adult social care, including housing, has worked hard to deliver the service target of £27m over the three year period against a backdrop of considerable growth in pressures.

The funding settlement announced in February 2015 provided the 2015/16 financial settlement information only; however, indications are that spending cuts in the region of 12% per year will continue.

The last year hasn't been easy, but we've worked hard and we've managed to continue to deliver an excellent service.

We've done this through focusing our efforts on helping some of the county's most vulnerable people to get help sooner and support them to be more independent within their own community, which is what our new operating model is all about.

It's meant that we have been praised by external bodies as delivering the highest quality service at the lowest cost.

This is good news for local people, but things are starting to get even harder.

The council, alongside others, faces significant financial challenges over the new few years. We particularly feel this in adult social care, as our county's population gets older and the demand for our services increases.

The hard truth about this is that there are some things that the council will not be able to continue to deliver. We are asking people for their views on this as part of the Big Conversation, which will carry on over the next five years.

As well as the savings we have to make, there is also ongoing uncertainty around the funding of new Government policies and legislative changes, for example the Care Act and the announcement of the introduction of a minimum living wage of £7.20 per hour. Not only will this impact on the cost of services delivered directly by the council, but also those commissioned, particularly in adult social care.

However, looking after vulnerable people will remain one of the council's priorities. So, if we are to continue to meet the needs of our residents and, just as importantly, ensure that our service is sustainable in the future, we need to constantly adapt and improve the way we work.

Councillor Lee Chapman

Shropshire Council's Cabinet member for adult services

complaints

The number of recorded cases for complaints for the year was 126.

A single case may contain a number of elements which may be complaints about different aspects of the service or teams. These will be recorded as one case with a number of comments, complaints or compliments. This may result in a variance with the number of complaint reasons being more than the number of cases.

The time taken from receipt of a complaint to closure at stage one takes an average of 29 working days which is below the service target of 65 days.

There are many reasons for varying timescales, such as complexity of cases, additional information required from the customer, or delays with response from the service area.

Outcomes of complaints at closure of stage one show that 33% were determined to be not upheld. Not upheld means that the service is not at fault for all elements of the complaint.

35% of complaints were partly upheld. Partly upheld means that the service is found at fault for some elements of the complaint, but not all elements.

29% of complaints were fully upheld. Fully upheld means that the service is found at fault for all elements of the complaint.



Performance matters –



	13/14 Result	14/15 Result	Comments/Actions for 2014/15
ENHANCING QUALITY OF LIFE:			
Social care-related quality of life.	18.5	19.5*	This is based on responses to an annual User Survey and gives an overarching view of social care users' perceptions of their quality of life in Shropshire.
Proportion of adult social care users who have control over their daily life.	71.8	81.5*	This is based on responses to an annual User Survey and measures the extent of control users feel they have over their daily life.
Proportion of adult social care users who receive self-directed support, and direct payments.	75.5%	98.2%	Our priority is to increase the take up of direct payments and individual service agreements to ensure greater flexibility for individuals in how their care is provided.
Proportion of people using social care who receive direct payments.	32.0%	23.7%	Direct payments are an important aspect of personalisation and we aim to increase take up of these also.
Proportion of adults (aged 18-64) with Learning Disabilities in paid employment.	11.2%	11.2%	Studies show that there is a strong link between employment and enhanced quality of life. We have shown a dip in performance this year, which is maybe mirrored by the economy as a whole.
Proportion of adults in contact with secondary mental health services in paid employment.	13.6%	10.5%	Studies show that there is a strong link between employment and enhanced quality of life. We have shown improvements year on year for this measure.
Proportion of adults (aged 18-64) with Learning Disabilities who live in their own home or with their family.	80.0%	80.1%	We continue to support vulnerable people to live independently.
Proportion of adults in contact with secondary mental health services who live independently, with or without support.	79.9%	69.3%	We continue to support vulnerable people to live independently.
Proportion of service users who said they have as much social contact as they would like.	38.7	43.7%*	This result is taken from the annual User Survey. Studies show that there is a link between loneliness and poor health.

*note: new methodology therefore unable to red/green the measure as not a direct comparison.

	13/14 Result	14/15 Result	Comments/Actions for 2014/15
DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT:			
Permanent admissions of adults (aged 18-64) into residential/nursing care homes, per 100,000 population.	12.1	11.1	A low result shows good performance. We have made good improvements since last year. Our priority is to keep admissions into care homes to a minimum, and to enable people to live independently in their own homes for as long as possible.
Permanent admissions of older people (aged 65+) into residential/nursing care homes, per 100,000 population.	749.2	548.8	A low result shows good performance. Our priority is to keep admissions into care homes to a minimum, and to enable people to live independently in their own homes for as long as possible.
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services.	76.77%	80.6%	Being able to remain living at home following discharge from hospital with reablement services is the key outcome for people, demonstrating that we have effective partnership arrangements in place.
Delayed transfers of care from hospital, (for adults aged 18+) attributable to adult social care.	3.1	4.2	A low result shows good performance. Our priority is to ensure delays from hospital are kept to a minimum and we have shown good performance year on year.

ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT:

Proportion of social care users who are satisfied with their care.	66.2%	72.2%*	This is based on users' responses to an annual survey. Reported satisfaction levels are a good indication of people's overall experience of service and quality.
Proportion of service users who find it easy to find information about services.	68.4%	72.2%*	This measure reflects service users' experiences of accessing information and advice over the last year, taken from the annual User Survey. Improving access to information is one of our key priorities.

ENSURING PEOPLES' SAFETY:

Proportion of service users who feel safe.	62.8%	73.1%*	Feeling safe is fundamental to ensuring people's well-being, and is a key priority. This measure is taken from the annual User Survey.
Proportion of service users who say the services they receive have made them feel safe.	80.9%	94.4%*	This measure, from the annual survey, shows the extent to which people feel the adult social care services they received have had a direct impact on how safe they feel.

GREEN denotes improved performance compared to last year.
RED denotes decrease in performance compared to last year.



Our Priorities for 2015/16

To ensure those who are eligible under the Care Act for funded support, have the opportunity and are supported to take advantage of having a direct payment.

We will work with our partners to enable individuals in hospital to get back to their own home as soon as possible.

To ensure that individuals have every opportunity to self serve and access the advice and information they need in order to move forward and to prevent a crisis.

Developing Making it Real further to support us as we become a commissioning council, and one that is responsive to people's needs and listens to the feedback from the people it supports.

To work with our First Point of Contact team to enable them to make decisions about safeguarding concerns where there are no ongoing concerns about the safety of the individual. The purpose of this priority is provide a timely response to the adult concerned, the person raising the concern, and improve the feedback given to them about the decision made.

To commit to working closely with partner organisations and communities, including those that signpost people to adult social care to ensure that we collaborate to achieve better outcomes for local people.

Glossary

Advocacy – An advocate is someone who argues your case for you and makes sure the correct procedures are followed. If you have had difficulties with benefits or services, for instance, you may find that an advocate can help solve these problems.

Befriending service – A befriending service works by assigning each older person a befriender, who provides friendly conversation and companionship on a regular basis over a long period of time. Many voluntary and community organisations provide befriending services, some by telephone and some where a volunteer visits the older person at their home. This vital service provides a link to the outside world and often acts as a gateway for other services and valuable support.

Better Care Fund – The Better Care Fund is a pooled budget that focuses on keeping people out of hospital, shifting focus into using social care and community services for the benefit of local residents, the NHS and the council. The Better Care Fund will transform local health and social care services so that they work together to provide prevention strategies, together with better integrated care and support for people. It is a national programme bringing resources from the NHS and councils into integrated ways of working, re-enforced by a single pooled budget.

Care and support – The mixture of financial, practical and emotional support that helps people to do the everyday things that most of us take for granted, such as getting out of bed, dressed and into work; choosing what and when to eat; and getting out of the house, being able to see friends and care for our families.

Care package – A care package is a combination of services put together to meet a person's assessed needs as part of the care plan arising from an assessment or a review. It defines exactly what that person needs in the way of care, services or equipment to live their life in a dignified and comfortable manner.

Carer – A carer is somebody who provides unpaid support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.

Commissioner – The people or organisations that make sure that the right health and care services are provided to meet the needs of the population.

Direct payment – Payments made directly by the council to someone in need of care and support to allow the person greater choice and flexibility about how their care is delivered.

Fair access to care criteria – Shropshire Council use this criteria to assess, to determine eligibility for funded support.

Indicative – An indication or suggestion.

Individual employer (IE) – somebody that employs their own staff.

Individual Service Funds (ISF) – A way of managing your Personal Budget. An ISF is where all or some of your Personal Budget would be held and managed by your chosen provider.

Intervention – Actions that are / were taken.

Needs assessment – This is how a council decides whether a person needs care and support to help them live their day-to-day lives.

Peer support – A group of people providing advice and support to one another who have similar needs and interests.

Personal Assistants – Someone who works for you to provide you with the support that you require.

Personal Budgets – This is a statement that sets out the cost to the council of meeting an adult's care needs. It includes the amount that the adult must pay towards that cost themselves (on the basis of their financial assessment), as well as any amount that the council must pay.

Prevention services – The aim of prevention services is to enable vulnerable residents to achieve or maintain independence in their communities.

Re-enablement – Re-enablement encourages service users to develop the confidence and skills to carry out these activities themselves and continue to live at home.

Respite – Respite is a break from caring for someone else. This can mean a few hours during the day, 'night sitting' or even a full holiday.

Safeguarding – Safeguarding is a way to prevent people who are deemed 'unsuitable' from working with vulnerable adults or children.

Self-directed support – Self-directed support (SDS) allows people to choose how their support is provided, and gives them as much control as they want of their individual budget. Put simply, SDS is the support a person purchases or arranges, to meet agreed health and social care outcomes.

Service user – Service users are people who use health and social care services, or who are potential users of health and social care services.

Statutory services – Services that the council are legally obliged to provide.



Making it Real in Shropshire – our story continues

Adult Social Care Local Account 2014-15

We would like to thank all of the organisations that enabled us to produce this document. Also, our special thanks goes to Jon for his tireless work in helping us to make things better.