

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 30 January 2015

**Committee:
Health and Adult Social Care Scrutiny Committee**

Date: Monday, 9 February 2015

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

You are requested to attend the above meeting.

The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Adult Social Care Scrutiny Committee

Gerald Dakin (Chairman)

David Minnery (Vice Chairman)

John Cadwallader

Tracey Huffer

Simon Jones

Heather Kidd

Pamela Moseley

Peggy Mullock

Peter Nutting

Madge Shineton

Your Committee Officer is:

Amanda Holyoak Committee Officer

Tel: 01743 252718

Email: amandaholyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

2 Disclosable Pecuniary Interests

3 Minutes of the Meeting held on 15 December 2014 (Pages 1 - 4)

To confirm the minutes of the meeting held on 15 December 2014 as a correct record

4 Public Question Time

To receive any questions, statements or petitions of which members of the public have given notice. Deadline for notification is 4.00 pm on Wednesday 4 February 2015

5 Member Question Time

To receive any questions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 4 February 2015.

6 Adult Social Care Annual Account (Pages 5 - 44)

To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement. A report is attached.

Contact: Stephen Chandler, Director of Adult Services, 01743 253704

7 Day Services Update

To consider current day service opportunities – successes and challenges to date, and comment on outstanding action needed. A report is *to follow* from the Head of Social Care Efficiency & Improvement.

Maggie Allan from Bradbury Day Care Centre has been invited to the meeting to talk about the Centre following a Provider Change and answer any questions.

Members who have visited Avalon Day Opportunities in Oswestry and met with Service Users who have experienced change will report on their findings and Healthwatch will also provide information on service user satisfaction.

8 Proposals for Committee Work Programme (Pages 45 - 58)

A request has been received from Councillor Heather Kidd to scrutinise the learning points from Adult Social Care complaints and Ombudsman reports. The Committee is asked if it wishes to add this item to the proposed work programme (attached)

To assist, a briefing paper on complaints and ombudsman reports is attached, along with guiding questions for use when considering potential work programme items.

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SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 15 December 2014
10.00 am - 12.03 pm in the Shrewsbury Room, Shirehall, Abbey Foregate,
Shrewsbury, Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

Present

Councillor Gerald Dakin (Chairman)
Councillors David Minnery (Vice Chairman), John Cadwallader, Simon Jones,
Heather Kidd, Peggy Mullock and Madge Shineton

40 Apologies for Absence and Substitutions

Apologies for absence were received from Mrs P Moseley, Mrs T Huffer and Mr P Nutting.
Mr K Pardy substituted for Mrs Moseley and Mrs V Parry substituted for Mrs Huffer.

41 Disclosable Pecuniary Interests

Mr Jones informed the meeting that he was employed by Shropshire Community Health Trust and Mrs Shineton informed the meeting that she was a Member of Health Concern.

42 Minutes of the Meeting held on 24 November 2014

The Minutes of the meeting held on 24 November 2014 were confirmed as a correct record.

43 Public Question Time

There were not questions from Members of the Public.

44 Member Question Time

There were no questions from Members of the Council.

45 Integrated Community Services Pilot and Better Care Fund

The Chair welcomed Kerrie Allward, Better Care Fund Manager, and Sally-Ann Osborne, Deputy Director of Operations, Shropshire Community Health Trust, to the meeting.

They made a presentation to the Committee on the Better Care Fund, and on progress made with the Integrated Community Services (ICS) Scheme (a copy of the presentation is attached to the signed minutes). The presentation explained and particularly drew attention to:

- The strategic context of the Better Care Fund and its four strategic themes
- The 11 transformation schemes of the Fund
- Progress toward final approval of the

- The Background to the Integrated Community Services prototype and the model
- Progress to date with the ICS prototype.

The Better Care Fund Plan described how Health and Social Care would work together to improve outcomes in:

- Non-elective admissions
- Permanent Care Home Admissions
- People still at home 91 days after discharge from hospital into rehabilitation and reablement services

Two local measures were related to awareness of emergency contacts for Mental Health Crisis Care and reduction in Redwood hospital admissions for dementia patients.

In response to questions from Members, the Better Care Fund Manager confirmed that the target for reducing non-elective admissions did take into account the rise in the age demographic of Shropshire (a net 3.6% reduction target in real terms was one of 6.5%). She also stated that digital services would not be relied upon in raising awareness of who to contact in the case of a mental health emergency.

Discussion and questioning on transformation schemes established the following:

- The Ambulance Service were part of an Integrated Falls Sub-Group and the Service's role in Falls Prevention activity would be considered within that Group. Work on falls prevention had been completed by Scrutiny in the past.
- Officers were working on cross border issues, for example, patients living in Shropshire but registered with a GP in Wales, who would require social services to be provided by Shropshire Council.
- Each of the Transformation Schemes were at different stages, from the early scoping stage onwards.
- The early intervention schemes – Community Care Co-ordinators and Practice Care Co-ordinators were schemes which were at initial stages. The Practice Care Programme was a national enhanced service whereby GPs were paid more per patient to create a plan.
- The Team Around the Practice scheme would involve creating a virtual team around GP Practices and this was at the very initial discussion stages.

More detail about each scheme was available from the Better Care Fund Plan appendix, available from the Health and Wellbeing Board pages on the Council's website. The Plan had been approved with support and confirmation of final approval was awaited.

A Member referred to his personal experience of a 'battle of budgets' and asked what could prevent that sort of scenario in future. Officers explained that from the Better Care Fund Perspective, this was about providing a more robust intermediate care service to support a discharge from hospital.

The Director of Adult Services explained that in Shropshire, more people were placed into the residential and nursing home system than in similar counties and attempts were being made to address this over-reliance, unless an individual fit the criteria for health or residential care.

Intermediate care could help people get from hospital to home which was usually the best place for a person to be with an appropriate level of support, until this interfered with their life so much that they would need to go into a home.

The Committee moved on to the Integrated Community Services prototype.

Following a presentation, questions and discussion, the Committee established that:

- ICS provided a single point of access, facilitated a rapid response, and avoided a patient being reassessed on multiple occasions.
- Leadership of the Service had now been transferred to Shropshire Community Health Trust.
- Staff from other admission avoidance schemes had transferred into ICS and there had also been recruitment to new posts.
- The 'purple' approach - whereby the experience of Social Workers, Nurses and Therapists were integrated into one team, was working well and enabled all needs to be covered during one generic assessment.
- Detailed demand and capacity modelling across the year had taken account of expected escalation winter pressures.
- The Service had never had to refuse any one and if it did ever appear to be reaching capacity, focus would be shifted to ensuring existing cases were staying in the service only as long as they needed to.
- The average length of stay in the service was currently 29 days and the aim was to reduce this to 23 days as most people reached a reablement plateau in that time.
- The Pilot had initially covered the Shrewsbury area, and had been rolled out to the North and South of the county on 3 November.
- Data was collected from the 'referral source' and showed where a patient had been referred from, including out of county hospitals.
- Completion outcomes were being reviewed on an ongoing basis. The re-admission rate of around 12% - 16% was significantly lower than the national rate of 20%.
- 68% of those leaving the service did not require ongoing support and this compared favourably with the national benchmark of 60%.
- The Healthwatch Feedback Survey results were positive but had identified some learning points around the way ICS was explained to patients.
- The Healthwatch survey was a good example of an evaluation process which had been built in alongside the introduction of a new service and it would help develop the workforce and prototype according to its results. The Committee found this assurance very helpful.

The Committee agreed to review the roll out of ICS across the county in 12 months time.

46 Adult Social Care Performance Indicators

The Committee considered the measures proposed to provide a comprehensive view of the impact and progress of the Adult Social Care New Operating Model. The members of the Committee that had been involved in designing the measures had been clear that their focus was on outcomes and experiences of the customer, and understanding the impact of the New Operating Model on both individuals and communities.

The Performance and Design Team Leader agreed to ensure an explanation of the various data sources would be included in future reports.

Several Members of the Committee (Cllrs Dakin, Jones, Kidd, Moseley and Shineton) have volunteered to meet with officers to look at how what is measured will be presented.

The Committee agreed that the measures identified and developed be supported and recommended for integration into the refreshed Outcome Dashboard for 2014/2015. It was also agreed that the Committee consider the performance indicators at a meeting in six months time.

47 The Care Act - Update: Costs & Funding

A briefing note providing an update on The Care Act: Costs & Funding was received by the Committee. The Chairman said a briefing session on its content could be arranged if necessary.

48 Work Programme

Members noted the proposals for the Committee’s Work Programme.

Signed (Chairman)

Date:



Health & Adult
Social Care Scrutiny
Committee

9 February 2015

6

Public

Shropshire Council Adult Social Care – Local Account 2013-14

Responsible Officer Stephen Chandler

E-mail: Stephen.Chandler@shropshire.gov.uk Tel: 01743 253704

1. Summary

- 1.1. This report presents the Local Account for Shropshire for 2013-14. This is the fourth year of producing a local account in this format and it is both a retrospective review of the achievements during 2013-14 and importantly, sets out our aspirations, challenges and direction of travel for 2014-15.

2. Recommendations

- 2.1 Members of the committee to note the content of the reports, for information only.

3. Risk Assessment and Opportunities Appraisal

3.1. Equalities Appraisal

The Local Account provides information on all areas of service delivery in adult social care.

3.2. Human Rights Appraisal

The content of the Local Account is compatible with the Human Rights Act.

3.3. Risk Management Appraisal

The Local Account is an opportunity to publicise the work undertaken, including both achievements and challenges of the previous year within adult social care and to outline the aspirations and challenges looking forward to 2014-15.

3.4. Environmental Consequences

To reduce unnecessary printing the local account will be published on the Shropshire Council website and is available in hard copy upon request.

3.5. Consultation

Our Making it Real Reference Group, comprising local people, who are expert by virtue of their experience in adult social care, has been involved in the production of this year's Local Account. In addition, our "Making it Real" Board and Partnership Boards have also been consulted.

An accessible easy read version of what is a local account, will be produced and shared initially, with the Learning Disability Partnership Board, who have received regular updates throughout the year on the achievement of adult social care performance.

4. Financial Implications

- 4.1. The local account includes a brief section on expenditure during 2013-14.

5. Background

- 5.1. Making it Real is part of the national programme 'Towards Excellence in Adult Social Care' (TEASC) established to support all those working towards personalisation. It gives us the opportunity to check our progress so that we can decide which areas need to be improved. Making it Real highlights the issues most important to the quality of people's lives. It helps the social care sector to take responsibility for change and publicly share the progress being made.
- 5.2. Making it Real is built around 'I' Statements which sit within 6 different themes (developed by people who use services and family carers). The 'I' Statements outline what people would say if services were personalised.
- 5.3. Shropshire Council has signed up to Making it Real (MiR) to help make sure we are improving services in this way.
- 5.4. Being part of MiR is part of our commitment to involving local communities in shaping care services for the future, and being clear about what type of care is actually making things better for people. We have provided staff support to help retrain the way we think and work with people in planning their support around a person's whole life. This has helped shape a very different and 'positive conversation' being the basis of the relationship with our communities.
- 5.5. As part of our commitment to Making it Real we have demonstrated the involvement of people who use services, including carers, who have helped us to compile the content of this year's Local Account, including the checking of our progress on the 3 priorities identified in last year's Local Account.
- 5.6. The priorities chosen by local people last year, and reported within this year's update are:
 - Improving information and advice

- Supporting and maintain active and supportive communities
- Increasing the range of flexible, integrated care and support options.

Another key theme throughout this year's Local Account is one of ensuring transparency about the issues and impact of the changes that are occurring within adult social care, not least with the implementation of the Care Act. We have tried to ensure that these issues are appropriately balanced in this year's account.

- 5.7 A key theme throughout this report is the inclusion of real life Shropshire stories, at every opportunity, which not only demonstrates our closer involvement with our community, but also helps to bring this document to life.
- 5.8 The Local Account will also be used therefore, as a way of demonstrating and describing performance in adult social care to local people. The concept is one that is user-focussed, and highlights the quality aspects of services provided, rather than the numbers.
- 5.9 Throughout the document, we have tried to link what we said we would do last year, to what we have actually done this year, so that these documents, year on year, will have currency and relevance to the local people who helped to produce them. It is envisaged that this document will be used by our local communities "to hold us to account" for the quality of services we provide or commission, and will, by its very nature, help to drive forward improvements.
- 5.10 Another key theme throughout this year's Local Account is one of ensuring transparency about the issues and impact of the changes that are occurring within adult social care, not least with the implementation of the Care Act. We have tried to ensure that these issues are appropriately balanced in this year's account.
- 5.11 The layout and content of this year's Local Account has been improved following feedback to make it easier to read. This has included more pictures, diagrams, and quotes from users and carers. The report also provides useful links to other related documents and web sites, and highlights how people can get involved in this process for next year.
- 5.12 This year's Local Account also focusses upon the current work we are doing around our new operating model for transforming Adult Social care in Shropshire. We are working to keep local people at the centre of all that we do, keeping to the MiR principles we signed up to, whilst working within the considerable financial challenges of supporting more people with complex, long term care needs, which are projected to increase further in future years.
- 5.13 The Local Account also sets out how people can continue to be involved in shaping services for the future, including through their local Councillor and the Making it Real Board.
- 5.14 The update to this Local Account for 2014-15 will be produced in Autumn of 2015

6 Conclusions

- 6.1 The focus this year has been to produce a short, easy to read report tailored to what local communities want to know about adult social care in Shropshire, and at the same time, the account can also be used to judge performance, as part of the sector led improvement programme. This approach makes the best use of our existing resources and utilises existing user and carer forums such as partnership boards for engaging with citizens.
- 6.2 In order to meet the challenges, Shropshire Council is rethinking all aspects of the work we do and completely redesigning services – this document reflects this new way of working and is based on a new understanding of what works for people,.
- 6.3 Finally, the local account is an evolving document that will to improve year on year. Importantly, we want this document to have resonance with people in Shropshire and to be referred to throughout discussions about our performance, to genuinely “hold the council to account” to deliver what we set out to do.

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| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
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| Cabinet Member (Portfolio Holder) |
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| Councillor Lee Chapman |
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| Local Member |
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| All – this is Shropshire wide |
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| Appendices |
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| Appendix A: Shropshire’s Local Account for Adult Social Care for 2013-14. |
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Making it Real in Shropshire – our story so far

Adult Social Care Local Account 2013-14

What does it mean to be a carer?
read Jon's story

Katie's
experience of
support services



Impacts of the Care Act

Shropshire's priorities
for Adult Social Care for 2014/15

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 so far".

We hope it explains what this booklet 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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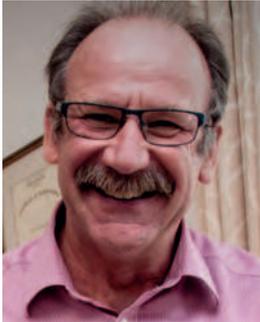
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Case studies in this magazine

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.



Welcome to our story so far:



As the co-chairman of the Making it Real board, I am delighted to have been invited to write a short introduction to the annual Local Account – a review of a year’s work in adult social care and an outline of our future plans.

The Making it Real board was established in 2013 as part of a national initiative to help individuals to live more independently, and to choose and control how their support package is delivered.

Our early work has been focused on information and advice, and the results are starting to filter through. A good example would be the new Individual Service Funds (ISF) contracts which are being implemented now.

I am a volunteer. My role on the board is to keep Shropshire Council in touch with the reality of life for carers and their ‘cared for’ and offer the benefit of my experiences as a carer (I look after my 94-year-old mother).

I regularly chair our meetings and try hard to keep the board grounded in reality. I have no qualms about taking the Director of Adult Services to task and he, very graciously, always tries hard to listen and understand the views of the lay members of the board, like myself.

I hope you will notice the different, lighter, approach that we have taken in producing the Local Account for 2013-14, starting with the title: “Making it real - Shropshire’s our story so far”.

Within these pages you will find interesting ‘warts and all’ case studies, some more information about what People2People is and how it works, an explanation of the New Operating Model, and much more.

My sincere thanks go to the Director of Adult Services, Stephen Chandler, and Councillor Lee Chapman, Cabinet member for adult services, transformation and safeguarding, for their wholehearted support of the Making it Real project and for their determination to continue to provide and improve social care in Shropshire.

Jon Hancock – Making it Real board member.



“What's this all about then?”

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

We have tried to include in this publication a wide range of people who are involved with adult social care in Shropshire, and were keen to avoid the council being the main character in the story.

So there are case studies from People2People and the Rural Community Council, which show how important the role of the community and voluntary sector is in helping people access the right type of support for them.

This is a snapshot of how things have been over the past year, and what we are expecting the challenges to be in the coming year.

It is not intended to be a directory of services, or a detailed explanation of how you can access adult social care – if you, or someone you know, needs support you can call 0345 678 9044 or visit the council website at

www.shropshire.gov.uk/adult-social-care

Making it Real



I have got involved with the Making it Real board as I wanted to make a difference. I have faced some challenges trying to work my way through the system. I suffered a brain injury following an accident – you can read my story on page 25.

Although the system now works for me, there are always some areas where improvements can be made.

I have faced quite a few problems and have struggled through the system from all different levels and departments from day one. It can seem like a complicated social care system, to people like me, who were unfamiliar with it. I have learnt a lot through the Making it Real board and feel my voice is essential in order for things to change.

I am excited for what People2People and Making it Real are going to achieve between now and the next Local Account – so keep an eye on Shropshire Council's website. There are going to be challenges and with them come achievements – let's focus on them.

We can only make a real difference to improving people's experiences of adult social care services by getting involved, sharing what works well and not so well! Without these opportunities to talk face to face with staff at the council they won't really understand what the real issues are for us.

I have enjoyed being part of this group which has produced this Local Account, and hopefully, this report will help to point people in the right direction so that they have an easier ride through the care system than I did. So, if you feel you would also like to be involved in producing this document next year, or the Making it Real board, please contact 01743 253793.

Onwards and upwards, and let's make sure that everyone who needs it receives a great service directly, or indirectly, from adult social care.

Katie Smith – Making it Real board member.



Our review of the year

Welcome to the main section of our story, where we look back at the past year and see how well we have met the main challenges which were posed in last year's Local Account.

The four main challenges were:

- Have we continued to provide quality services to people and met their needs with a decreasing budget?
- Have we inspired the workforce to work creatively and develop innovative ways of working during a period of uncertainty?
- Have we worked with people who use services and their carers to give them a better understanding of what really works and matters at a time when there is widespread concern and anxiety about changes?
- Are we prepared for the changes being proposed through the Care Act?

We will look at each of these challenges on the next few pages through the eyes of the people using adult support services, and those working to provide them.



A quick summary of how things have changed

You may have heard that the council is 'redesigning' the way it does things, and adult social care is at the forefront of this new way of working. But what does that actually mean in practice?

Here's an example of how things have changed...

How things used to work

If you called the council prior to April 2014 to ask for support, whether it was for yourself or a member of your family, you would invariably be placed on a waiting list for a visit from a social worker.

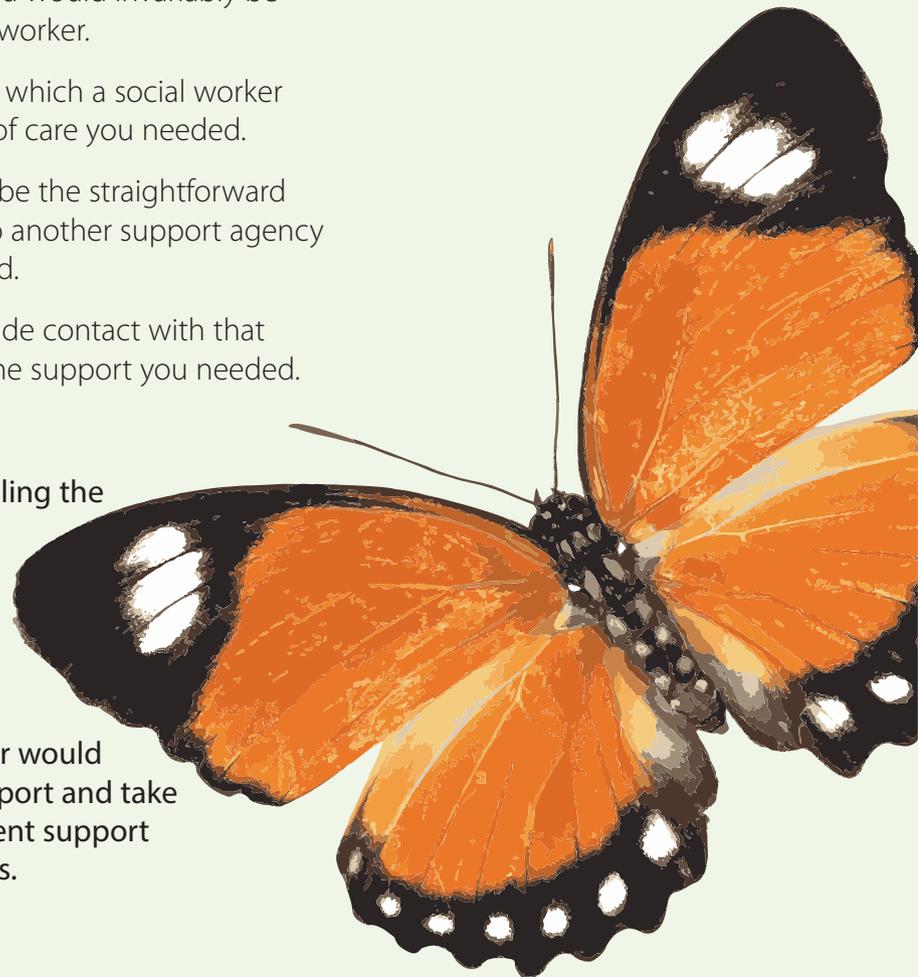
The wait could be for a number of weeks, after which a social worker would come and see you to assess what type of care you needed.

The result of that assessment would often not be the straightforward organisation of a care package, but a referral to another support agency who were more suitable to your particular need.

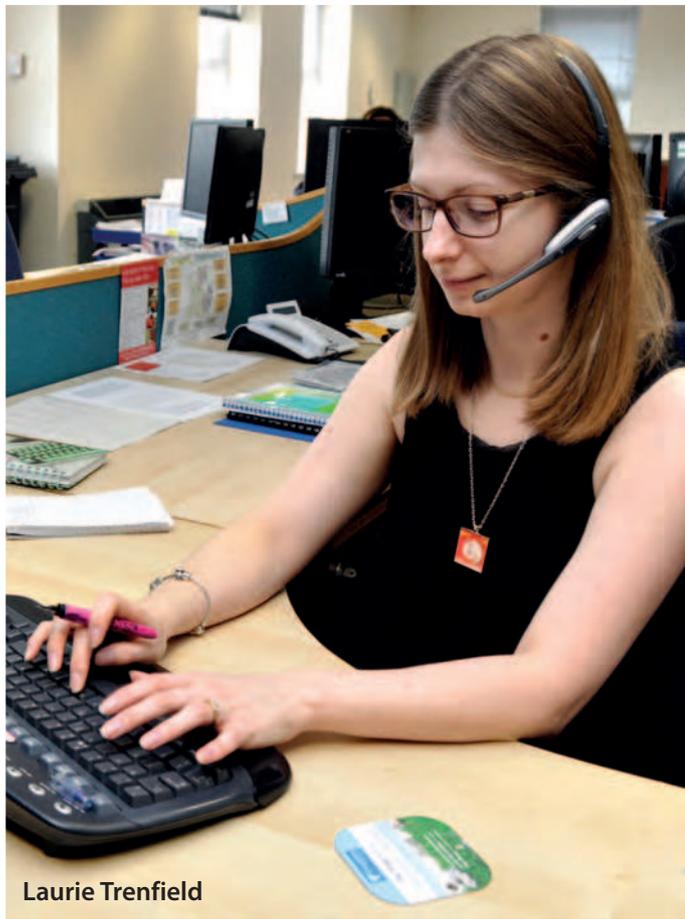
That would mean a further delay while you made contact with that organisation, until eventually you would find the support you needed.

So the process used to look like this:

1. You make contact with the council by calling the customer service centre.
2. You are placed on a waiting list for a visit by a social worker.
3. You are assessed by the social worker.
4. During that assessment, the social worker would determine your eligibility for funded support and take the necessary steps to arrange for sufficient support to be in place to meet the assessed needs.



A quick summary of how things have changed



Laurie Trenfield

How things work now (from April 2014)

We have improved the way the council's customer service centre operators deal with your initial enquiry (known as 'First Point of Contact'), so they are trained to be able to do a basic assessment over the phone straightaway.

If appropriate, they can then immediately direct you to another organisation who can arrange the right type of care – avoiding the need for you to wait for an assessment only to be then directed elsewhere.

If it's felt that support from the council is the right course of action, you are immediately put through to the community contact team, who will assess your situation in more detail.

You will then either be assigned a social worker visit, or booked into a Let's Talk Local Session.

These sessions are a new initiative where people can talk to a variety of organisations to find the right type of support for them.

The process can now take a matter of days – Let's Talk Local Sessions are held every day and you can be booked onto the next available one during your first phone call with the council.

Current versus new way of providing adult social care



This diagram shows how we have moved resources to respond to people's needs earlier, in order to prevent their situation worsening.



So the process now looks like this:

1. You make contact with the council by calling the customer service centre.
2. The operator will talk with you and either direct you to a more suitable organisation or will book you into a Let's Talk Local Session. If required you may be transferred through to your local social work team who will arrange a home visit.
3. If you need it, one of our social care practitioners will have further discussions with you and direct you to either Let's Talk Local Session or arrange a home visit.

In simple terms, you get the support you need more quickly.

Every person supported in this way receives a fortnightly follow up phone call to check that their issue was resolved and that they experienced a good service. Through this feedback we are learning that people like the service, welcome the opportunity to meet someone locally in a neutral environment and that this isn't necessarily an onerous 'bundle of paperwork'.

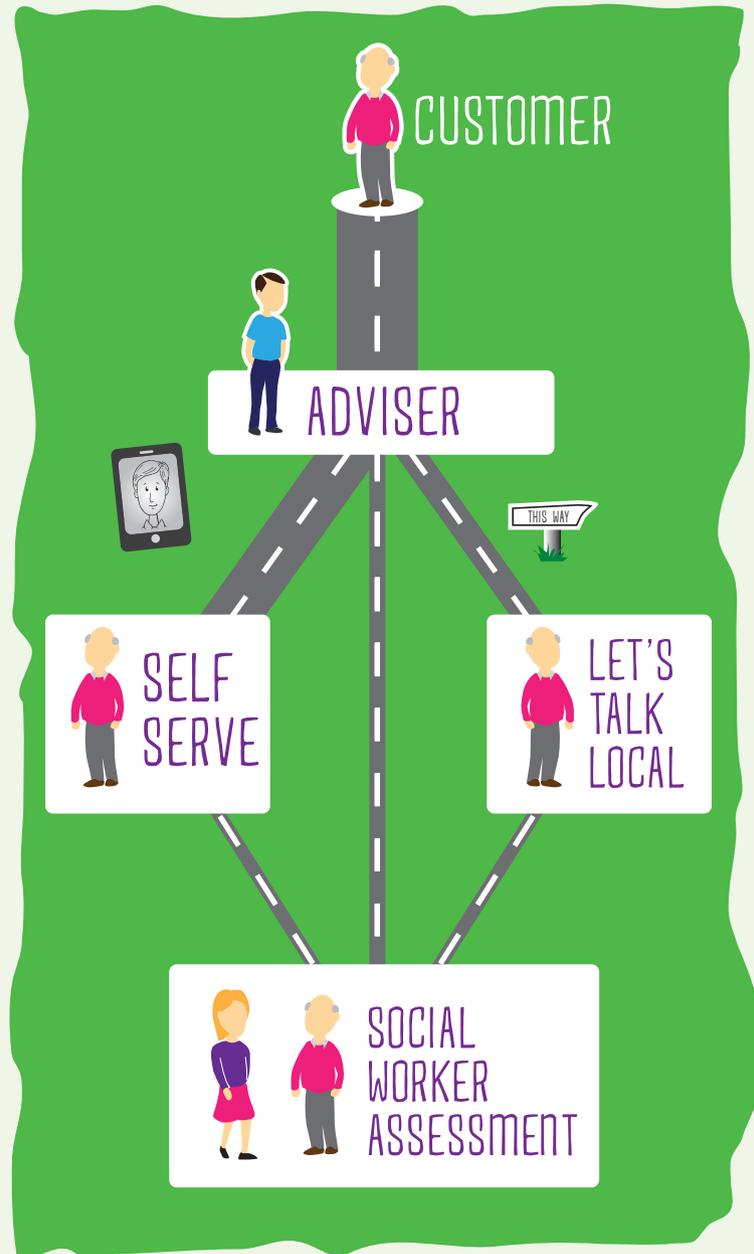
"I was very impressed with the signposting First Point of Contact team gave and was also grateful for the call back two weeks later."

"I would like to thank First Point of Contact at Shropshire Council for telephoning me back to see how my sister was getting along following being signposted to Age UK. Following the advice First Point of Contact gave me, a volunteer was provided for my sister and she is now 'back to the sister we know'. This change began with the conversation."

"The discussion I had has helped me and given me hope."

More information about our Let's Talk Local Sessions can be found on the next page.

This new process is illustrated in the diagram below.





Leanda Ward
People2People



Lets Talk Local in Shropshire

We have recently put in place a new arrangement to support people in a very different way. We wanted to respond faster and in a more personally-tailored way to people, rather than a more traditional 'one size fits all' approach.

The result is a different response for people who contact the First Point of Contact service. The conversation they have seeks to find out quickly what the issue or query is and, wherever possible, to put the person in touch with somebody else who can help. If this isn't possible and it needs a more in-depth conversation to resolve the issue, the person is invited to have an appointment at their local "Let's Talk Local" community hub. If the person is unable to travel or specifically requires a home-based assessment this is arranged for them, but this tends to be the minority of people.

Let's Talk Local is an opportunity for the public to meet informally with someone who is knowledgeable about social care issues and what is going on in their area. These meetings, which can either be on a one-to-one basis, or in a group session, take place in the majority of Shropshire's market towns on a weekly

basis. The sessions are held in a range of local venues (including church halls, community centres, town halls etc) – anywhere that people can get to.

We aim to make these sessions welcoming and friendly and to enrol the support of local volunteers to greet people, make them drinks and generally to feel at ease. For the majority of people, this meeting is able to resolve their concerns and they have a plan agreed as to what might need to happen next. Others may require a needs assessment and this also takes place at the Let's Talk Local session wherever possible. Some people, such as family carers, may benefit from meeting in small groups and this will also take place in a Let's Talk Local session.

We also aim to have peer support volunteers present at the hubs wherever possible – people who have been through the system themselves and are willing to give their time to support others, sharing advice and information and, where appropriate, supporting them to make plans for the future.

If you would like more information about becoming a volunteer ring Ness Hicken at People2People on 01743 272053.

New ways of working
New offer
Involving local people
Listening
More aspirational
Greater resilience

OUR NEW APPROACH

It hasn't all been plain sailing...

There is no doubt that Government funding cuts have forced the council to quickly rethink how it provides services.

Some people have understandably claimed that this new way of working in adult social care is simply 'cost cutting', resulting in a poorer service for people in need.

However, we believe that although the financial pressures have made us change things a bit quicker than we would like, these changes are resulting in better outcomes for people.

Working with smaller budgets is making us look for more efficient ways of doing things, such as working more closely with other organisations and doing away with the layers of bureaucracy that built up over the last couple of decades.

At the same time, there is a desire to help people become more independent by encouraging them to use services in their own community rather than providing a ready-made package of support which cuts them off from the outside world.

This isn't just happening in Shropshire, it's a new way of looking at adult social care which is being embraced by councils up and down the country. But as with any type of change, it's been a difficult time for some of us.





Here are some examples:

Proportion of adult social care users who have control over their daily life

Control is an important aspect of people's daily life. Part of the intention of our new ways of working is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved. It is disappointing that our overall result from this year's User Survey is lower than last year (71.7% this year, compared to 77.8% last year). Whilst this is a snapshot survey which collects people's views on a particular day, which can be subjective, we are taking this result seriously, and will try to understand why this might be, and to ensure people do feel in control.

Linking the performance on this measure to the proportion of adult social care users who receive self-directed support (another good indication of choice and control) we have helped over 75% of people using social care to receive this via self-directed support in 2013-14: this is an increase on our previous year's result of 74.2%.

Proportion of service users who find it easy to find information about services

This measure reflects service users' experiences of accessing information and advice over the last year, taken from the annual User Survey. Our result this year (68.4%) was lower, compared to last year (73.6%). Whilst this, again, is a snapshot of people's views on a given day, improving access to information is one of our key priorities. Being able to find the right information, at the right time, is a key factor in reducing people's dependency and can promote well-being by reassuring people who to contact for help.

Challenges around the provision of information and advice in Shropshire include:

- Being able to respond to the information and advice requirements of the Care Act.
- Overcoming issues around the very rural nature of the county.
- Addressing people's preferences for how they want to be able to access trusted information and advice, particularly given the ageing demographic and that 'digital by default' doesn't by any means fit the requirements of all older people.
- Connecting information and advice providers so that a consistent and joined up approach is achieved.

How are we addressing these challenges?

Collectively, information and advice providers (including the council) are addressing these challenges in a number of ways.

The council has commissioned the Community Advice and Advocacy Network (CAAN), a consortium of seven voluntary sector providers who will provide specialist information and advice which is targeted at people with a range of needs, for example older people, people with learning disabilities, and people with physical disabilities. The CAAN consortium has a wide geographical reach with physical access points spread across the whole county. In addition the CAAN members will provide outreach and drop-in sessions at other locations, or 'hubs', such as the autism hub in Shrewsbury. CAAN also brings a strong Internet presence through, for example, Citizens Advice Shropshire or Age UK who can provide access to nationally produced information. CAAN has strong partnerships with many other organisations across the county so that people can also be signposted, where appropriate, to the best solution for them. CAAN also brings the ability to bring in additional external funding to support the information and advice infrastructure in the county due to the charitable status of its members.

Shropshire Voluntary and Community Sector (VCS) Assembly

Voluntary and Community Sector organisations have been reporting increases in demand for services as a result of changes and redesign of Shropshire Council's adult social care and other services .

The VCS Assembly annual survey and recent research undertaken with the voluntary sector showed many challenges and issues which included:

- A growing number of people using voluntary sector services whose needs and issues are more complex and multi-faceted. It is increasingly common for people to report all or many of the problems listed below:
 - Lack of access to transport
 - Inadequate housing
 - Relationship problems
 - Problems with mental and/or physical health
 - Debt and poverty

- Reduction of funding within the VCS.
- An increasing demand for support on discharge from hospital.
- Increasing numbers of people looking for training and voluntary placements.
- VCS services report the need to undertake more assessment with individuals, as numbers assessed by statutory services appear to decrease and levels of frailty increase.
- There are reports that increasing demand is being placed on volunteers as they are increasingly asked to deal with more complex cases.
- More people at the point of crisis due to late access to support.

Voluntary and community sector organisations have highlighted these concerns over increased demand with Shropshire Council and Shropshire Clinical Commissioning Group (CCG). They have been working together to tackle increased demand in a number of ways including:

- Working more collaboratively within the VCS to ensure individuals are referred and signposted to the support they need.





Maintained Quality?

Have we continued to provide quality services to people and met their needs with a decreasing budget?

This year we have made some important changes to the way we work, so that we can maintain the high standards of services that we commission or provide, whilst keeping costs as low as is feasible.

People are at the centre of what we do and we routinely check that social care services actually meet people's changing needs by ensuring we review individual cases regularly, and undertaking surveys with our users and carers. Ensuring good quality services can be difficult to define, and sometimes it can just be a case of ensuring different agencies communicate and work well together to achieve the best outcomes for people.

Here is an example of how we ensure good quality outcomes:

Jane Smith,
Social Worker
People2People South Team

Margaret was an independent lady, who'd not previously needed any support in her day to day life. Following a period of illness and a fall which led to a loss of confidence and low mood, we were approached to see if she could be eligible for some support from the council. We undertook an assessment with her which confirmed that she was eligible under the Fair Access to Care Criteria and it was deemed appropriate for her to have some support to meet her personal care needs in particular. Margaret agreed to have some morning personal care and support to help her prepare her lunch.

However, a review carried out six weeks later highlighted that she still felt isolated and her mood continued to be a major concern. Although the support she was receiving was meeting her personal and practical needs, the isolation she was feeling was

impacting on her mental well-being. To address this we contacted the Royal Voluntary Service, Housing Support Services and Age UK, all of which were able to offer a befriending service for her on a weekly basis. We were also able to arrange, through a referral to the occupational therapist, a Rutland Trolley (a piece of mobile equipment which is a combination of a tray on a trolley), which enabled her to easily transport her lunch or any other items from one place to another around her home.

As a result, Margaret's independence and well-being improved greatly and she was much happier with her revised arrangements. As the number of befriending hours were greater than her original care package, and along with the use of the Rutland Trolley, she was able to have some of her needs met in a more cost effective way which also achieved far better outcomes for her too.





Inspired our staff?

Have we inspired the workforce to work creatively and develop innovative ways of working during a period of uncertainty?

Encouraging the workforce to think and work creatively has been an important aspect of implementing our new ways of working. Staff have been given more freedom and flexibility in how they carry out their daily tasks, and are encouraged to take their own initiative. Training and support have been provided to staff to ensure they are confident in exploiting the potential of new technology to help people remain living independently in their own homes.

Here are a few examples of how this is working in practice:



Abigail Butters, Support Planning Lead, People2People

Andrew is 19 and lives in his own flat close to his family. He goes to college, has a mild learning disability and for many years has suffered with health problems. This has affected his emotional well-being and independence. Andrew's mum contacted the First Point of Contact because she was concerned about his ability to cope on his own, his vulnerability among peers and the extent that he is relying on her to manage his money, health and daily living tasks.

Andrew and his mum were invited to call into their local 'Let's Talk Local' and were put in touch with a support planner from People2People. His mum was also offered a separate carers assessment, and both were offered a meeting whilst there with the benefits options team, to check they are claiming the income they are entitled to. The support planner will work with Andrew and his mum to find out what is important to him, what networks of support he has available, and what he wants to do in the future in relation to work and building his independence and skills.

He is interested in opportunities for volunteering, and this will be explored with him to find activities that will give him enjoyment, self-confidence and a potential route into paid work. Once a plan is agreed, Andrew and his mum can call back into the Let's Talk Local hub any time for further guidance and support, and to put him in touch with other services if needs be.

Inspired our staff? continued



Katie Parkes,

Social Worker
People2People North Team

I became **Edith's** social worker after she was admitted to a residential placement by the Emergency Duty Team on New Year's Day. Edith has Parkinson's disease and other mobility problems and was reported to have 'gone off her feet'. She previously had support of her granddaughter at home through the night and one call a day from Oswestry Care.



Following her admission, Edith wished to return home but didn't know how, as she didn't feel able to. Our community therapy team (made up of physiotherapists and occupational therapists), came to Edith's aid to help her through a series of rehabilitation and ongoing physio throughout her respite.

A Lifeline pendant was already in place at home, and the necessary equipment she needed to assist her in her day to day life. Whilst Edith was being supported in her temporary residential placement, Short Term Assessment and Re-enablement Team (START) visited her home to assess and make further preparations in readiness for when she returned home.

Edith was discharged from respite with four support times a day. With therapy and support for re-enablement from START, this was reduced to two visits per day. Edith is now also receiving support from befriending services provided by voluntary services including CHUMS and the Royal Voluntary Service, as well as Crossroads sitting service to support the informal support she receives from her family.

Regular respite has also been commissioned in recognition of the family support for their annual holidays, to ensure continued night time support in their absence.



Inspired our staff? continued

Kester Black, Occupational Therapy Assistant working jointly with **Gaynor Morris** Mental Health Nurse from the Memory Service.

Nora is 79 and has moderate stage Alzheimers. She has no orientation to time or place, very poor short term memory and little insight into cognitive issues.

Nora lives alone in her own home and has a care package funded by Shropshire Council of three calls a day to ensure Nora takes her medication. Nora's family provides all other support.

Nora has recently been experiencing hallucinations which are being managed by medication. However, she has developed symptoms of acute anxiety throughout the day which is worse at night, resulting in poor sleep. As a result of her symptoms she is constantly ringing her son and daughter-in-law throughout the early hours of the morning. This had a profound impact on her family's life. They were struggling to support her and were considering moving her into permanent care.



Gaynor Morris

Kester Black

Following a review of Nora's needs, several interventions were put in place to help with the situation. These included:

- A Motion sensor linked in with Lifeline V+, programmed to play pre-recorded message by Nora's son between hours of 9pm and 6am to reassure Nora to go back to sleep and that he will ring her in the morning.
- Myhomehelper.com software being trialled on her son's laptop in Nora's bedroom so that when she wakes during night, it is the first thing she sees. The software displays the time, a picture symbolising night time, and a reassuring message from her son to go back to sleep.
- Creative support planning (using A3 paper and paints) with Nora to create a visual poster about daily routine and activities she can do to help feel relaxed – to be used in conjunction with her Mem-X pendant.

Although these interventions are still in their trial period, there has been some early signs that intervention has supported better sleep for a few nights.

POhWER

advocacy, making your voice heard

Rose Humphries, POhWER

Jamie's experience

Jamie is a young man who has physical disabilities and is a wheelchair user. He lives with his mother who has a full-time job. He had a large care package that consisted of a Care Agency sending two carers at a time for a few visits throughout the day to provide personal care and meal preparation etc. He was unhappy as he was unable to leave the house without the support of his mother and could not be independent or access any of the social activities that a young man of his age would normally be able to enjoy.

Also, his mother was not happy with a stream of different people visiting their home and sometimes not leaving her kitchen as clean and tidy as they found it. She found this hard to cope with when she returned from work at the end of the day.

They decided to look into having a Direct Payment instead and employing Personal Assistants to try and change the way his care package was managed. With the help of the Direct Payment Support Service, they were able to use the available money to come up with a package that provided support with his personal care, meal preparation, attendance at college and ability to go out socially. They were initially very nervous at the thought of advertising for and interviewing staff, managing the payroll and being an employer. However, with the support of a Direct Payments Adviser they have achieved this and he now has a small team of personal assistants and is consequently happier and more independent.

Steve's experience

Steve was a busy, working man. He was finding it increasingly difficult to work and care for his mother, Alma, with dementia, living in her own home. Steve felt that the best solution would be for his mother to move in with him, with a care package, to permit him and his wife to continue working and for them to provide unpaid support the remainder of the time.

Following the assessment of his mother by a social worker, a referral was made to **POhWER** for support with setting up an appropriate care package via a Direct Payment. Steve was supported via telephone and email conversations to open an appropriate bank account, recruit carers, put employer's liability insurance in place, appoint a payroll service and issue contracts of employment to his mother's carers. It was also explained clearly to him the responsibility of becoming an employer.

Steve was made aware that he would need to inform the Department of Work and Pensions of his mother's change of circumstances and also a reassessment would be required by the benefits options team.

Remote support suited Steve as he was able to keep a record of conversations that had taken place and refer back to them. It also meant that he could fit setting up the Direct Payment around his work and his mother's care.

Alma has now settled into Steve's home and the support package is currently working well, both for Alma and her son and daughter-in-law.

Steve is aware that he can contact POhWER at any point in the future for further support.





Better Understanding?

Have we worked with people who use services and their carers to give them a better understanding of what really works and matters at a time when there is concern and anxiety about changes?

Effective communication and support across different partner agencies are key when working with people, to guide them through what can seem like a maze of different support options, at a time when they may feel anxious and overwhelmed. We have worked with users and carers over the past year to explain some of the changes that are happening, and also to explain the type of care and support that will suit people most, for their particular situation, making the best use of our local resources and community groups. Here are some examples of how this is working:



Heather Osborne, Age UK, Shropshire, Telford & Wrekin Rapid Intervention and Partnership Working

Recently our Age UK Co-ordinator in north Shropshire, Angela Jebb, visited a lady in Ellesmere. The lady had severe arthritis which limited her mobility. Meres and Mosses Housing Association had been out a few times but could do little to improve the access or steps to her home which would make it safer for her. Angela asked if she'd considered moving, to which she replied she would, but she would want to stay in Ellesmere if at all possible.

Angela made a referral to Sustain Housing Support and they rang the following day to say they'd spoken to the lady and were going to show her a bungalow a few yards away that had just become free that had level access. A straight swap may be possible.

Sustain Housing Support were equally concerned about the access and agreed it was imperative that she move. The lady loved the new bungalow, but there were some timing issues about getting the paperwork in on time to be able to move quickly before it went on the Homepoint website for people to bid on.

Angela called Meres and Mosses Housing Association to see if she could lend any support to the lady's situation; she was told that it may be possible for them to restrict who could bid on it as the lady met certain criteria and they could help her bid on it.

A phone call was received, a week since the original visit, saying that the lady had secured the bungalow and would be signing for it in the next couple of days.

Better Understanding continued

A great example of Age UK, Sustain Housing Support and Meres and Mosses Housing Association working together, swiftly, to resolve a problem which will enable an older person to remain living independently.

The value of volunteering

Deb Zaza is a befriending volunteer for Age UK and this is her story in her own words...

I work in a finance department at Shrewsbury three days a week, my two sons are both at school and so my days off are my own (once the housework is done!). I always wanted to do something useful with my time off so earlier in the year I applied to Age UK to become a volunteer befriender. I have no living grandparents of my own and my heart strings are always pulled when I think of old people alone. Currently there are 70 people on the waiting list for a befriender in the Shropshire area.

The application was straightforward, forms filled in then an interview which was very informal, informing me of the do's and don'ts and asking me what sort of person I would be happy to visit; male, female, pets, no pets. I was very honest and I think that was important as I was then matched with someone that suited.

I began visiting in March; the first visit was supervised by a member of the Age UK staff, the lady was very nervous but seemed happy to meet me, and after she calmed down, we were able to chat.

I visit my lady every week for about a couple of hours, she is such a dear old lady, no family at all locally and only one living brother who lives far away, whom she

sees very rarely. She is mobile and looks after herself and her home but is very anxious and, although she lives in a warden-controlled flat, sometimes very lonely and isolated.

I have, over the weeks, become very fond of my lady, she is funny and has a great sense of humour, and we sometimes go out for a walk and have even ventured in my car to the local garden centre for afternoon tea. She is always so pleased to see me and often says that she has been much happier since I have been visiting and she looks forward to my visits. This is extremely rewarding for me, to know I am making someone who may not see anyone for a number of days happy! All my worries of the week seem very insignificant in comparison to what my lady must be feeling on some days. So I feel I am privileged to be part of the Age UK team and know I am making a difference.

I would recommend this voluntary work to everyone, an hour or two a week to make someone's life seem brighter is all it takes.

If you are interested in becoming a befriender, or in any of the other services Age UK offer I know they would be thrilled to hear from you:

www.ageukshropshireandtelford.org.uk





Better
Understanding
continued

Gusto



Julia Wenlock, Gusto Co-ordinator and Carers Support Service Administrator

The Shropshire Rural Community Council took over Gusto at the beginning of the year, relaunching the networking group in April.

Gusto is a network of independent, active people aged around 50 plus who want to meet new people and try new activities. Activities range from gentle strolls, regular exercise classes to crafts, coffees and lunches. The group has grown from strength to strength and we have found changing the activities, and using different locations across Shrewsbury and the wider area, has encouraged members to try more things, and visit places they wouldn't normally visit on their own.

The calendar isn't rigid and members can dip in and out of events to suit their own commitments. The group has a growing membership and has a 'try before you buy' policy offering potential new members up to three opportunities to experience the activities their

membership would offer. Currently several people are trying taster sessions.

Members come from all walks of life; we've seen several members join because they have been made redundant or taken early retirement, and now feel they have too much spare time on their hands. Other members are ex-carers who have dedicated a number of years to looking after loved ones, and now feel they have a large hole to fill as they're no longer caring.

Gusto has given many of our members a positive outlook on life, forming new friendships and having regular contact with other people. Our Monday Mingles are always well attended and a great opportunity for us to find out what our members have been up to and what they'd like to see on the next calendar. Events are now being planned ahead, with members looking forward to the New Year and new events.

For more information about Gusto visit
<http://www.shropshiregusto.co.uk>



Better Understanding continued

Abigail Butters, Support Planning Lead, People2People

Jeremy is 21 years old and has a mild learning disability. His mum, Sandra, contacted People2People for support during a difficult time, when Jeremy had finished his study at the local college and was at a loss as to what to do next. Jeremy was spending all day, every day at home doing very little and had lost touch with his peers. Sandra goes out to work most days and had become increasingly concerned that Jeremy was becoming socially isolated and losing what confidence he had gained at college.

Jeremy enjoyed and performed well in his vocational college course and felt he would like to work towards getting paid work in the future. He and his mum agreed that paid work might be too much pressure for him to cope with straightaway, but felt it would be helpful for him to have the opportunity to develop social skills in the workplace and build team work experience as a step closer to his goal.

People2People spent time with Jeremy and his mum to find out the things that matter most to him, his strengths and skills, passions and goals. Through this process it became clear that Jeremy likes practical 'hands on' work and the idea of being outdoors. Jeremy and his mum were supported to investigate a variety of options and opportunities available to a man of his age and interests in his local area. He was particularly interested in one project for 16-25 year olds, designed to develop participants' confidence and skills by working as part of a team in horticulture and conservation. The project would last three months and include a number of different 'taster days' as well as an opportunity to focus on one particular area of interest and even work towards a qualification.

Jeremy was supported to visit and enrol on the project. He was thrilled to sign up to the project and said he felt it would increase his motivation - he immediately became more animated at the idea of having something to get up for in the morning! Sandra was happy and relieved that Jeremy had found something he really wanted to do and felt that the information and support they had received had been really helpful.



What is the Care Act?



The Care Act is a new government act, which is a significant change to adult social care legislation and has been compared to being similar to the Community Care Act in 1990.

The Care Act will replace a number of different pieces of legislation with a single modern law and a new legal framework that will have the well-being of individuals at the centre of care and support services. Care and support means lots of different things for different people. It depends on what you need but can include things like, help to get out of bed, dressed or washed, help with eating or cooking meals, help with seeing friends and family or help with caring for others.

This new Act places new responsibilities on councils to commission and deliver good quality, joined up care and support services based on clear information and entitlements.

Are we prepared...

for the changes being proposed through the Care Act?



What is changing?

- There will be a stronger focus on preventing the need for care and support, by promoting people's well-being through local prevention services and early help.
- Carers will be treated as equals to the person they care for. This will mean that they are those that are eligible to a carers' assessment of their own care needs, and once support is identified, carers will be entitled to receive some of this support in the form of a direct payment.
- Reforms from April 2016, as to how care and support will be funded, by creating a limit to what individuals will be expected to pay.
- Systems for accessing support and services will be simplified.
- Shropshire Council will have an overview of how providers of local services deliver care, and will address any failures in providers that do not meet the quality standards expected.
- There will be changes to the adult safeguarding board.
- There is a new duty to provide social care in prisons.
- There is a new duty to ensure continuity of care if people move between areas.
- The provision of accessible information, advice and advocacy including access to financial advice.

In future, peoples' care and support needs will be met by:

- Using existing support within families and local neighbourhoods.
- Addressing people's needs at an earlier stage, through prevention services before critical and urgent needs arise.
- Provision of clear information about entitlements to state support.
- Better joined up care and support across different local services, keeping people and their needs at the centre of our approach.



Responding to the challenges

In order to respond to the big challenges, whilst continuing to deliver high quality support to those in need, we will need to radically change our approach to the provision of adult services in Shropshire.

If we want to maintain the level of access that we currently have for adult services we need to signal a different and smaller offer to everyone. Social care is often a vital part of enabling people to live independent lives, but it is far from being the only component to enable people to live fulfilled lives. We must build and harness the contributions that communities can make to support themselves and the people living in them.

We need to build a more sustainable adult services system that promotes and maintains greater independence for most people, which maximises the support available within local communities.

We need to enable local communities to respond to the needs within them to enable them to support each other for longer, so that higher level of statutory provision is available for those with the most complex of needs in our communities. We need to change the relationship that adult social care has with the public, and that fosters and promotes independence and self-management at every level.

We need to ensure that we have different conversations with the public from the moment we first engage with them, so that these expectations are understood, promoted and acted upon.

Engaging with people that use services in Shropshire is a vital component to ensure that any developments moving forward are co-produced and are built on what local people need.

So far we have worked with a variety of groups to look at the following:

- The impact of the Care Act and implementation of personal budgets for family carers, including what the pathway or journey would look like for a family carer. This initial workshop was attended by providers who are currently commissioned by Shropshire Council to provide services for family carers.
- What the online options for advice and support will look like. This included staff, external providers of online solutions so that we could explore what the options are available, and also people who are in receipt of services so that we could understand what they need and want from the council's website.
- As part of the 'Information and Advice' work stream, we have also consulted with the public to establish what it is they expect and at what stages through their journey they want it. This is a significant area for us to focus on, as information and advice features throughout the journey of somebody entering into adult services. Therefore, we want to ensure that the information we provide is accurate, relevant, provided when it is needed and that it is in the correct format. This is essential to give people every opportunity to self-help wherever possible.

More information about the Care Act can be found on the following link:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>



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.

Who do they care for?

- Physical disability – 56%
- Problems connected to old age – 40%
- Long-standing illness – 38%
- Sight or hearing loss – 29%
- Dementia – 28%
- Mental health problems – 21%
- Learning disability – 15%
- Terminal illness – 4%
- Drug or alcohol dependency – 3%

33,360 Shropshire people view themselves as a **family carer**

(That's 1 in 7 adults)



Relationships



"Caring for my dad has stopped me living my life and helped the break-up of my marriage in a way, I have lost everything." "As I look after my husband 24/7 I am missing out on my family"

"... if I need support they [family & friends] are on hand"

Finance & work

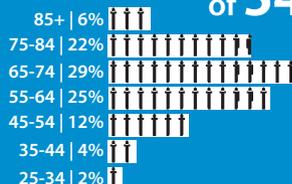


"I am confused as regards to funding, I have been given conflicting information."

" [I] cannot go to work as I always have to be here to look after my partner"

"People I work for are supportive and understanding"

4 in 5 are over the age of 54



1 in 3 spend 100+ hours a week caring



That's equivalent to 14 hours a day

Health & well-being



"I do neglect my own health sometimes."

"Looking after someone 24/7 is very tiring; I am now on antidepressants."

"As my own health is getting worse, I am finding it more difficult to care for my wife."

Help & Support



"use of carers support service ...The phone line has been a great support with calming, practical, clear advice when all I could do was cry."

"We have little support from any agencies with regard to our own needs and health in caring for someone."



71% family carers say they don't have enough control of their life



What do carers want?



To be recognised



Time out



Consistent Information



Own needs assessed



Faster assessments



Certainty over future



In my view...

What's it like to be a carer?

By **Jon Hancock**, Making it Real board member.

Being a carer is tough. I look after my 94-year-old mother, who still lives in her own home but requires a lot of support. It is a huge responsibility and a constant worry. I'm lucky, I get a lot of help through my mother's support package, which provides her with regular visits from carers who help with food preparation and personal care. But there is still a lot to do. I run two households, my own and my mother's – gas bills, shopping, laundry, garden, medication and housework.

Just before her 93rd birthday she had a stroke. After a day in hospital, it was clear that this was serious. She had lost all mobility on her left side, she was unable to talk and she couldn't see very well. Whilst waiting in the stroke unit at Shrewsbury hospital, I noticed some leaflets

from the Stroke Association which described what a stroke was and how family and friends could help with the recovery of mobility. I didn't hold out much hope for any sort of recovery but I read the literature anyway, it was interesting.

One leaflet suggested singing as a method of recovering speech. It appears that singing is controlled by a different part of the brain. Her speech was just a mumble, nobody could understand her. I said, OK mum let's try singing; I started on "The Lambeth Walk" (very popular in 1938). To my (and her) absolute astonishment, a quiet but pure singing voice came ringing out - it was as if a child was singing.

From that moment on, the recovery seemed possible. We sang a lot, much to the bewilderment of visitors in the rest of the ward. Next we tried some exercises. My mum loves games and puzzles so I tried "Simon Says". Simon says lift your right arm and so on. She loved it and improvement in mobility started to show rapidly. The other thing that worked really well was tongue twisters, "Peter Piper picked a peck of pickled pepper" and "She sells sea shells", we had a lot of fun and the nursing staff seemed amazed at her fast recovery. Soon we were marching on the spot (sitting down), drawing, singing, "Simon Says" and various combinations of those. We tried dancing too.



A year later, she still struggles with finding the right words for things but otherwise you would never know that she has had a serious stroke. The Stroke Association literature was really good.

However, it's not all fun and games. Sadly, my mum has dementia. She is still quite switched-on, some of the time, but 'emergency' situations occur often. The other day, I was woken up at about three in the morning by a call from the care line in Hereford as my mum had pressed her community alarm button. I quickly drove down to see what the problem was. As soon as I opened the door to her house I could hear what sounded like an air raid siren. It was her alarm clock-radio. Somehow she had managed to set the radio to go off, in nuclear attack mode, at 3am!

No matter how much reassurance I give her, my mum is convinced that she is moving house. She calls me every morning to say "What time are the removal men coming?"

We are just about to embark on an incontinence assessment so that she can have the correct protection. Hopefully, that will make getting her up in the morning slightly more pleasant for her and her care workers.

It is difficult to sum up in few words what life as carer is like and of course, it is different for everybody. Caring for someone with dementia can be extremely frustrating but there is help available from various organisations.

As I write this, we've just come back from a delightful family holiday. With perseverance, I had managed to arrange some respite cover with Shropshire Council and I almost managed to persuade my mother that two weeks in a care home would be fun! Now I have the difficult task of rehabilitating her to home life.



The nurses at the home are very kind but unfortunately, they don't seem to offer much exercise. Sitting in a chair all day and being served with a generous supply of hot meals, tea and biscuits is not always good. After two weeks she can't walk any more. Poor mother, it is back to "Simon Says" and marching on the spot to get her back into shape.

I was invited to join Shropshire Council's Making it Real board because of my experiences in caring for my mother. Because of the evolving situation with personalisation, the transfer to People2People and new Care Act, the system has been in a state of flux. The information offered by the council can sometimes be confusing, contradictory and difficult to find.

The new 'First Point of Contact' system is improving things, ensuring that every call is logged and callers are directed to the correct information. I hope that further improvements will be noticed once the changes in the Care Act are fully in place. I will continue to try and help shape and improve the system... with my mother's help!

Jon.

Jon Hancock –
Making it Real board member.



In my view...

What's it like to use support services?



By **Katie Smith**, Making it Real board member.

I am a person before my disability and this ends up playing part of my journey as well.

I grew up in Hampshire, moving to Shropshire on 2 August 2008 (the day of my 18th birthday) to work at an activity centre as an outdoor activity instructor. The job involved teaching young people activities such as climbing, high ropes, fencing and archery. I was in my element and my long-term goal was to work with young people with additional needs in an outdoor setting.

Then, at 12.50pm on 26 January 2011, a simple fall changed my life. I lived alone, was independent and would lead a group of 12 young people. I literally had their lives in my hands when they were climbing.

When I had the fall, I gave myself a brain injury. I was admitted to hospital and then moved to Evesham hospital; it was from there I was given a Shropshire social worker. The social worker was the first person who gave me hope and helped me to see the light. I was going to be discharged from the hospital without any support including physio, care or even a wheelchair - I could just about manage walking 10 metres with a frame!

Thank God my social worker stepped in, it would have been incredibly unsafe to discharge me without the proper support I needed. I was then in the Shropshire 'system' and I was given hope and, most importantly, was going to be safe.

In August 2011 I was given somewhere to live. I was stubborn and determined to live alone and if you asked anyone, including my social worker, if I would cope I think she would have definitely said "I doubt it". Put it this way, there's a reason my home wasn't decorated when I moved in - no one thought it would be long-term.

It hasn't been easy, but coming up for four years on I am pleased to say that I have proved everyone wrong.

I have been provided with some additional things. I have a bed alarm in case of seizures at night, a double size crash mat next to my bed in case I have a seizure and come out of bed, a mat that I can have next to the sofa in case I have one during the day, a pendant alarm system that I can press for help if I feel a seizure coming on, if I've had one or if I fall. I also have a hoist to help me up if I fall. Without these I could not live alone, and my quality of life would be jeopardised.

At the moment I require help with dressing, meal preparation, organising medication, going out and about, washing - the sorts of the things you don't realise you do on an everyday basis.

To keep me even more independent, I use my iPad for many things - it's my calendar (I am incredibly disorganised), I use it to make notes, I can download PDF/Word documents onto it. But, most importantly for me it has a piece of software called AbleLink. This software helps me to follow, by using photos and recorded voices, the sequence of a task such as making a sandwich. This helps me to become more cognitively independent.

I have written this with only a little support and can talk for England as well as hold a strong conversation, but using the example of making a sandwich is a true example - yes I need software to talk me through making a simple sandwich.



I now require a team (I can confidently say team as all my support network communicate so well together) made up of carers, social workers, occupational therapists, personal assistants, psychologists, consultants and physiotherapists. I didn't realise there was that many, which shows how inter-linked everyone is. That is when I am not in hospital!

A bit of a change you could say from what I refer to as my 'old life'. But these people and pieces of equipment keep me in my house and support my need for independence.

However there's only so much that can be controlled. The injury has left me with epilepsy that isn't always that well controlled. It can lead to being admitted to hospital a large number of times.

I also received a left sided incomplete hemi-plegia (similar to a paralysis, but only affecting one side). This can lead to a high level of falls. Between the epilepsy and falls, I end up with a large number of additional hours of carer support which falls outside of the standard level of care I have on rota. Up until 10pm the agency can end up coming out to falls I have had outside of these times



paramedics have to attend. You end up feeling like a burden on the emergency services, as it's not an emergency but they have to put it through as an emergency as it's a risk of pressure sores and I have to be checked for any injuries that I may have sustained during the seizure.

I like to refer to myself as a user of an enablement service, as I feel that I am not being cared for in one sense, I see my 'care' is actually part of enabling me to live. Without 'care' I wouldn't be able to have the quality of life I have now.

The long-term prognosis is unknown, but with the team I have around me I know I have the best shot at things.

But my brain injury has been great (find the positives!), my personality changed - I now own nail varnish, skirts and dresses. I also found a lot of determination, I don't let things drop. That's not always great, but when I am passionate about something it's good. I'm not scared to speak my mind and I'm more confident. Without the injury there's no way I could have taken on a role as actively as I have as the 'old' me just wasn't like this.



Thanks for staying awake
only Katie...



Katie Smith has recently been working with Shropshire Council on a workforce planning project, one of only three in England, looking at Individual Employers (IEs) and their personal assistants. As part of this, she has taken on the role of a Champion for IEs in Shropshire, giving them a voice nationally and sharing their perspective. She is also part of the IE peer groups that we are currently setting-up across Shropshire, groups of IEs that come together regularly to share experiences and meet others.

Katie is currently working with us on a new project for Skills for Care, developing a Learning and Development Guide for personal assistants that will be shared across England.



Information and Advice

We have been working with a consortium of volunteers to see how people receiving support and their carers access information and advice.

This work has involved:

- **Speaking** to groups of individuals who use services and family carers about how they prefer to get information and advice which will help us to make sure that we put the right things in place.
- **Reviewing** our website so that it is easier for people to use and to help them find information about support services more easily.

Would you like some more information?

As we said at the beginning, this isn't intended to be a guide to support services in Shropshire, but we hope it has been a useful summary of our story over the past year.

Here are some places you can go to get more information.

General Adult Social Care information – www.shropshire.gov.uk/health-and-social-care/

Rural Community Council Shropshire (RCC) – www.shropshire-rcc.org.uk/
The RCC provides support to family carers in Shropshire.

People2People – www.people2peoplecic.org.uk/
People2people are a community interest company currently providing the social work and occupational therapy services on behalf of Shropshire Council through the Department of Health pilot.

- **Investigating** how to ensure people can be signposted to good independent financial advice to help them to make decisions over their financial situation and plan for the future.

Individuals and family carers have told us that they don't just want a digital solution and although they agreed websites are good, this is not the only way people find information. People also told us that they do trust independent, voluntary sector groups to give them good advice but that they sometimes don't know how to find these groups in the first place.

Feedback from those we spoke to also informed us that individuals and family carers want information appropriate to their current situation and don't want to be overloaded with too much information. People also needed to know how the system works and what to expect when they first come into contact with social care services.

Healthy Shropshire – www.healthyshropshire.co.uk
Developed by Shropshire Council's public health team. Healthy Shropshire, a new website aiming to provide a single point of access to simplify signposting and improve access to both public and health professionals. It provides a wealth of information on support available to help those wanting to make those positive changes to their health. These include, stop smoking, keeping physically active, eating healthily, drinking sensibly and feeling positive.

Pohwer – <http://www.pohwer.net/in-your-area/where-you-live/shropshire>
POhWER are currently commissioned by Shropshire Council to provide support and advice services for those in receipt of a direct payment.

Healthwatch – <http://www.healthwatchshropshire.co.uk/>
Healthwatch Shropshire is the health and social care champion for people and local communities in Shropshire.

Events – <http://shropshirevcs.org.uk/home/events/>

Performance Matters



It is important to have performance measures in place so that we can see, and central government can see, at a glance, how well we are doing. Whilst the national measures are useful, we are also in the process of developing a set of local measures to measure more specific areas that are important to Shropshire residents. This local set of measures will be important, as we adapt to the new ways of working – we will need to ensure these measures tell us what we need to know, so please let us know if you have any comments relating to this work.

Everything we do has a cost attached, and the overall spend on each service area is summarised below:

National Measures

The National Adult Social Care Outcome measures were first introduced and published by the Department of Health in 2011/12, and have been updated for each council in England, each year since. They have three main purposes:

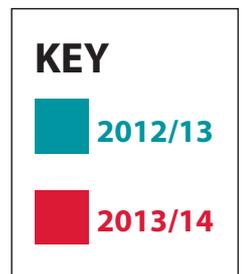
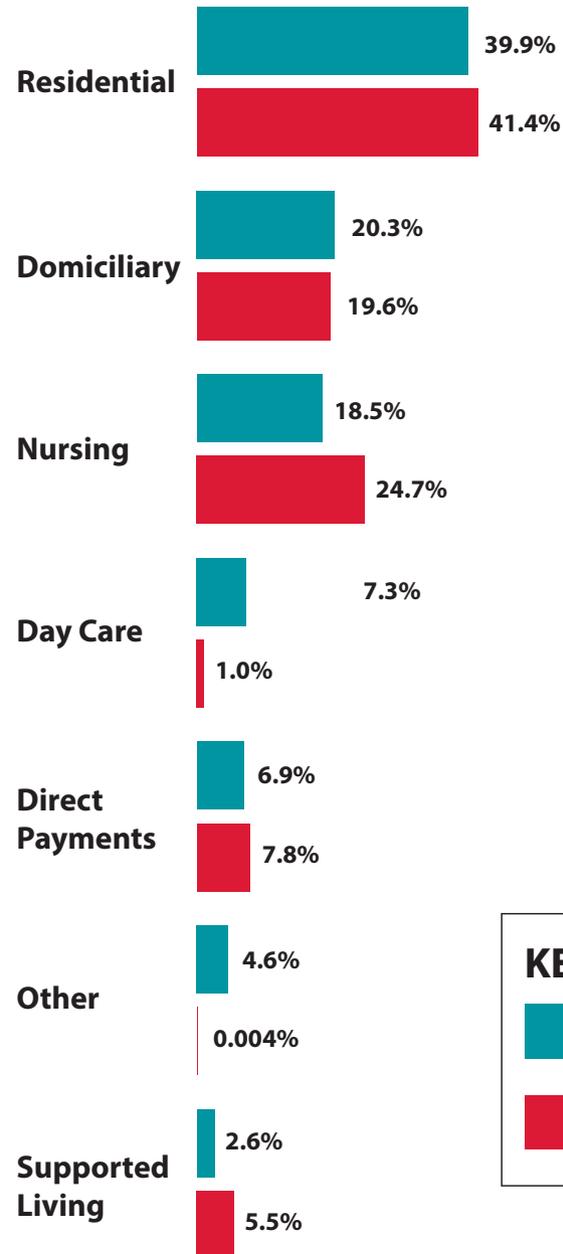
- To give a national picture of the strengths and weaknesses of delivering better outcomes for people and their carers who use adult social care services.
- To be used locally, to improve the services that we commission and deliver locally. We also use this data regionally, to compare our performance with that of other councils, to share best practice and apply this in Shropshire to improve local services.
- To provide the public with a clearer picture of how we support people in Shropshire who have care and support needs, and to 'hold us to account' for this performance.

Adult social care performance

More details relating to our performance for 2013/14 can be found here <http://ascof.hscic.gov.uk/Outcome/417/>

How much did we spend in 2013/14?

Percentages are 'Proportion of total cost spent on each service type'



Adult Social Care Outcomes

| | 12/13 Result | 13/14 Result | Comments/Actions for 2014/15 |
|--|-----------------|-----------------|--|
| ENHANCING QUALITY OF LIFE: | | | |
| Social care-related quality of life. | 18.8 | 18.5 | 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. | 77.8 | 71.8 | 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. | 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. |
| Proportion of adults (aged 18-64) with Learning Disabilities in paid employment. | 12.3% | 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. | 13.4% | 13.6% | 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. | 78.0% | 80.0% | 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. | 77.9% | 79.9% | 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. | N/A | 38.7% | This result is taken from the annual User Survey. Studies show that there is a link between loneliness and poor health. |

| | 12/13 Result | 13/14 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. | 24.7 | 12.1 | Good performance is LOW. 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. | 812.2 | 749.2 | Good performance is LOW. 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. | 64.6% | 76.77% | 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. | 4.8 | 3.1 | Good performance is LOW. 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. | 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. |
| Proportion of service users who find it easy to find information about services. | 73.6% | 68.4% | 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. | 62.7% | 62.8% | 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. | 63.8% | 80.9% | 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 push for improvements

This Local Account accurately reflects both the very good work that we are doing and the ongoing challenges we face in adult services. As my knowledge of our social work practice grows, and I spend time sharing and learning from lead councillors in other areas, I am ever more confident that our service is recognised as a model of best practice across England. Indeed, at a recent conference I attended, the work being done in Shropshire is being highlighted for other council's to learn from. This external validation gives me confidence to push for further improvements and to make sure that people who look to us for support remain at the centre of everything we do.

Lee Chapman

Shropshire Council's Cabinet Member for adult services, transformation and safeguarding.



Our Priorities for 2014/15

The council will continue to work with key partners to enable local people in their communities to get advice, information and help they need when they need it.

- People will receive support that meets their needs, closer to home, in their local communities.
- We will make best use of our local community resources, encouraging local communities to work together and to be more self-reliant.
- We will encourage volunteering and we will foster opportunities for people with disabilities to gain paid employment.
- We will continue to focus on early help, to enable people to help themselves, at an earlier stage, before they reach a crisis.
- To support carers, to continue their important caring role.
- 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 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.
- 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.

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 and for people. It is a national programme bringing resources from the NHS and council's 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 to someone in need of care and support by their council 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 against 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 so far Adult Social Care Local Account 2013-14

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

PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15
(As at 30 January 2015)

| DATE | ITEM | REASON FOR UNDERTAKING |
|---|--|--|
| 9 February 2015 Deadline for reports: noon Thurs 29 Jan | Adult Social Care Annual Account | To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement. |
| | Day Services Update | To consider a report on current day service opportunities - successes/challenges to date and comment on outstanding action needed. Committee seeking evidence regarding impact of changes to date on service user satisfaction |
| 30 March 2015 Deadline for reports: <u>Noon</u> Thurs 19 March | Quality Accounts <i>The Quality Accounts meetings will need to be end of April, beginning of May</i> | To comment on the draft Quality Accounts of local organisations providing NHS services. |
| 29 June 2015 Deadline for reports: <u>Noon</u> Thurs 18 June | Adult Social Care Performance Indicators | Assessment of performance in key areas of adult social care |

PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15
(As at 30 January 2015)

| | | |
|--|---|---|
| | | |
| 27 July 2015 | Shared Lives and Community Living | Assess the impact of Commissioning out Shared Lives and Community Living |
| Deadline for reports: <u>Noon</u> Thurs 16 July | | |
| 21 September 2015 | Annual Safeguarding Report | To consider the Annual Safeguarding Report which will include the impact of new responsibilities arising from the Care Bill |
| Deadline for reports: <u>Noon</u> Thurs 10 Sept | | |
| 2 November 2015 | | |
| Deadline for reports: <u>Noon</u> Thurs 22 Oct | | |
| 14 December 2015 | Integrated Community Services | To assess the success of ICS across the county |
| Deadline for reports: <u>Noon</u> Thurs 3 Dec | Adult Social Care Local Account – 2014 to 2015 | To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement. |
| | | |

**PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15
(As at 30 January 2015)**

| | | |
|---|--|--|
| 8 February 2016 | | |
| Deadline for reports: Noon Thurs 28 Jan 16 | | |
| | | |
| 21 March 2016 | | |
| Deadline for reports: Noon Thurs 10 March 16 | | |

Future Information Requests / Potential Items for the Work Programme:

- **Annual Report of the Director of Public Health**
- **Future Fit Options Long List/Short List**
To understand how the short list was arrived at (once available) and to identify views of Shropshire Councillors on the short list in advance of any Joint Health and Overview Scrutiny Committee meeting to consider the shortlist
- **Monitoring of new burdens and implications of implementation of Care Bill – ongoing into 2016**
- The Forward Plan is available from

<http://shropshire.gov.uk/committee-services/mgListPlans.aspx?RPId=130&RD=0>

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Scrutiny Committee Work Programme Template – Guiding Questions For Suggesting Topics and Completion

| Topic | Expect Benefits/Outcomes | Approach | Activities | Witnesses/ Evidence required | Resources and other requirements | Lead Committee/ Lead Scrutiny Member |
|-------|--|---|--|--|---|--|
| | <ul style="list-style-type: none"> • What do you want to achieve by looking at this topic? • What difference will Scrutiny make by looking at the topic have? • How will you know that you have made a difference? • How does this topic further the priorities of the Council? • How does this topic address concerns/issues raised by the community? • What value will scrutinising this topic add? • Will service users and the public be involved in the work? <p>Overall view – will the impact of the scrutiny be more than the cost of doing it? Is it worth the investment?</p> | <p>What is the best way for you to scrutinise the topic to achieve your outcomes?</p> <p>e.g.</p> <ul style="list-style-type: none"> • Task and finish groups • Select Committee (including preparation and pre-meeting) • Concurrent meetings on a single topic | <p>How would you undertake your scrutiny activity?</p> <p>e.g.</p> <ul style="list-style-type: none"> • Sites visits • Live audio or video streaming • Member led research • Desk based research • Visits to other counties • Focus groups • Meeting people in the community • Customer experience • Preparation for Select Committee • Opportunity Risk Assessments | <p>Who do you need to hear from?</p> <p>e.g.</p> <ul style="list-style-type: none"> • Which officers • Which organisations • Individuals • Community reps <p>What do you need to know?</p> <p>e.g.</p> <ul style="list-style-type: none"> • Service user experience • Customer intelligence • Performance information • Service usage information • Cost and budget information <p>How do you want to receive it?</p> <ul style="list-style-type: none"> • Presentations • Reports • Briefing papers • Graphs • Tables • Videos | <p>What do you need to have to support you to deliver your work?</p> <p>e.g.</p> <ul style="list-style-type: none"> • How much Scrutiny officer support time? • How much member time? • What type of skills? • Any budget requirement e.g. to cover cost of travel, surveys, focus groups? • Is there anything that you need to have in place before you start or to finish your work? i.e. Dependences and interdependences | <p>e.g.</p> <ul style="list-style-type: none"> • Identify specific committee or whether a joint exercise • Identify Lead Scrutiny Member |

Proposal for Scrutiny Work Programme Topic

Committee:

| Topic | Expect Benefits/Outcomes | Approach | Activities | Witnesses/ Evidence required | Resources and other requirements | Lead Committee/ Lead Scrutiny Member |
|-------|--------------------------|----------|------------|------------------------------------|--|---|
| | | | | | | |

| | |
|--|---|
| <p><u>Committee and Date</u></p> <p>Health and Adult Social Care Scrutiny Committee</p> <p>9 February 2015</p> | <p><u>Item</u></p> <p>8</p> <p>(Work Programme)</p> <p><u>Public</u></p> |
|--|---|

| | |
|---|--------------------------|
| Responsible Officer: Andy Begley | Tel: 01743 252421 |
| Email: andy.begley@shropshire.gov.uk | |

Adult Social Care: Complaints Analysis October 2013 to December 2014

1. Summary

1.1 The report summarises the latest information in relation to the Adult Social Care Complaints Dashboard (Appendix 1), covering the period 15 month period from October 2013 to December 2014.

1.2 The key points are:

- 169 unique complaints received
- 29% cases upheld, 36% partly upheld
- 35% not upheld
- 2 cases reviewed, no decision changes
- 12 LGO Referrals, of the 7 closed cases, the Council found to be 'at fault' in four of these

1.3 The key learning points and summary of actions are:

- Learning points have been identified in a number of areas:
 - The clarity and timeliness of financial information given to service users.
 - The outcomes of assessments are sometimes disputed.
 - The auditing of direct payments needed to be strengthened
- For each of these points, direct action has been implemented by Adult Social Care to improve the service

2. Recommendation

- A. To consider the information set out in this report and identify any potential areas for further work by the Scrutiny Committee.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1 Failure to respond to and learn from Complaints can lead to reputational, financial, and legal risks. Failure to learn and improve services could result in service users being at risk, staff being at risk, and the Council could also find it is not providing or commissioning services that are achieving their fullest potential effectively, efficiently or economically.

4. Financial Implications

- 4.1 Although this report does not have any direct financial implications, failure to respond effectively to complaints can have implications for the Council, providers of service for the Council, and for people who receive services.

5. Complaints Information

- 5.1 During the reporting period 169 unique complaints were received regarding Adult Social Care (ASC). The analysis of the complaints is set out in the dashboard appendix 1. Reference to charts within in the report refers to charts in this dashboard.

The overall trend for new complaints received remained neutral over the 12 month period. However, there was considerable monthly variation; October saw the most new complaints (19) and November the fewest (6).

- 5.2 When complaints have been investigated, a decision reached and relayed to the complainant, they are considered to be stage one closed.

The average duration for cases to reach stage one closure during this reporting period was 25 working days. The Council has 6 months to close statutory ASC complaints as stipulated in the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Chart 2 shows the average duration of cases by month of closure over the period. The shortest average duration was in December 2013 (13 days) while the longest was Dec 14 (38 days).

The chart shows a trend of increasing timescales for cases to reach stage one closure. Taken with chart 1, this does not appear to be due to an increase in the volume of complaints.

During the autumn, there has been an increasing demand on the Integrated Community Services team, who support people leaving the Royal Shrewsbury Hospital. This directly correlates to the increase in average complaint closure time between September and December.

- 5.3 Following a closure of a complaint at stage one, there are a number of options for complainants who disagree with the decision taken.

Where complainants are unhappy with the response they have received, and this cannot be resolved with further discussion, a review may take place. During the

reporting period, two cases progressed to this stage. One remained open, whilst the other was closed with its stage one outcome of 'partly upheld' still in place.

Complaints may also go straight to the Local Government Ombudsman (LGO) who will review the case and issue recommendations. During the period, 12 cases were referred. Of the seven that had been resolved, the Council was found to be 'at fault' in four cases, and 'not at fault' in three.

The results from October 2013 to December 2014 indicate that in the vast majority of cases, complaints are dealt with at stage one.

5.4 Complaints received can receive one of three possible outcomes at the end of stage one:

- Upheld
- Partly Upheld
- Not Upheld

Chart 6 shows the breakdown of decisions for all stage one closed cases over the reporting period. 29% cases were upheld, 36% partly upheld, 35% not upheld.

This means that in nearly two thirds of cases, the Council has objectively reviewed the issues, and has taken the opportunity to identify where improvements can be made.

5.5 A more detailed breakdown of these findings is illustrated in chart 5. This chart shows the breakdown of cases by their outcomes, and also the main category of complaint (as currently defined by the Council).

Certain types of complaint have a higher proportion that are upheld or partially upheld. Complaints relating to the following have the highest volume and proportion upheld:

- 'Delay – Delivering Service' examples include delays in issuing invoices for the payment of contributions to services
- 'Quality – Service Provision' examples include where service users are supported by more than one team, or move between teams and the level of service changes.

Other complaints with high volume and proportion upheld relate to:

- 'Quality – poor communications' examples include failure to inform service users and their family carers of changes to arrangements such as the timing of an assessment.
- 'Failure or Refusal – provide information' examples include questions of clarity in terms of the information shared about the payment of top-ups for care or respite.

5.6 Taking account of the types of complaints above, the following provides examples of the type of learning that has been identified:

- 'Delay – Delivering Service'
A theme emerged that a number of complaints were being recorded with regards to delayed first invoice of care contribution. Contracts to care home

are now sent electronically with an aim to reduce delays in invoices being produced.

A number of complaints were received with regard to the audit of direct payments, with some not reviewed for substantial periods of time. To address the situation two new staff members were employed.

- 'Quality – Service Provision'
Complaints were received regarding the quality of assessments, and the decision made. No learning has been implemented on this, however we note from responses that reassessments are offered, and one to one sessions with worker who has completed the assessment.
- 'Quality – poor communications'
Complaints were received regarding the timeliness of assessments and the lack of communication regarding this. ASC Implemented a new process for service users awaiting care assessments, which was expected to improve waiting times and communication
- 'Failure or Refusal – provide information'
We receive a number of complaints about service users receiving no or incorrect information about financial contributions to their care.

In response, the Fairer Charging Team have altered their processes and now when any service user is identified as self-funding a confirmation letter is sent to them.

Additionally, a letter/form is being devised by ASC that will be given to all service users (and will need to be signed) detailing funding information and possibility of care contributions

5.7 The implementation of the learning is an important stage for the Council because it provides a direct link between the experience of people who receive services and the way that the Council provides them, directly or indirectly through another provider. The following are some examples of where learning from a complaint has been developed into service changes and implemented.

- 'Delay – Delivering Service'
Individual complained that the time from requesting an assessment through First Point of Contact (FPOC) to the time assessment appointment was offered was unacceptable.

The ASC New Operating Model was reviewed and now if individual would like an assessment, FPOC book this directly whilst individual is on the phone completing initial contact, so they are given the assessment date there and then

- 'Quality – Service Provision'
A number of complaints have been made in relation to the lack of service provision for adults on the Autistic Spectrum

Shropshire council are working in partnership with A4U under the CAAN Contract and have been able to set up an Autism Hub which will be open in

Shrewsbury 1 day per week. It is going to act as an information, advice and support hub to individuals on the Autistic spectrum, where they will also be able to access training both on line and face to face.

- 'Quality – poor communications
An individual complained that they was offered an assessment by our services, however the attitude of the practitioner completing the assessment was poor. They did not feel their views were taken into consideration and their needs where truly reflected and understood.

Shropshire Council introduced training entitled 'Different Conversations, Better Outcomes'. All social work staff where required to attend this and it is now offered during induction to new front line workers.

- 'Failure or Refusal – provide information'
Individual complained that they were telephoned to book a reassessment, but no information was sent to them prior to the reassessment so they did not know what to expect and were unable to prepare.

When booking assessments over the telephone staff are now required to ask individuals if they would like a confirmation letter of the appointment, written information of what the assessment will entail and a copy of the assessment documentation

6. Conclusion

- 6.1 The results show that over the period October 2013 to December 2014 ASC did not see any overall rise in complaints being made.

The analysis of the complaints also points towards the fact that ASC does take an objective view of complaints and looks to find where it can make improvements. Whilst not everybody who makes a complaint is always going to be happy with the investigation findings, the number of cases progressing to Review and to the Local Government Ombudsman during the 15 month period covered by this report indicates that there were a relatively small number of people who chose to take this step.

- 6.2 The monitoring and reporting of complaints is going to continue to develop as the Council becomes a commissioning organisation. The Council will use the information to inform how it designs and commissions and ensures the improvement of services, and to understand how contracts are being delivered.

It is planned that future reporting will also take account of comments and compliments to provide an holistic view of customer feedback about operational areas such as Adult Social Care.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Lee Chapman

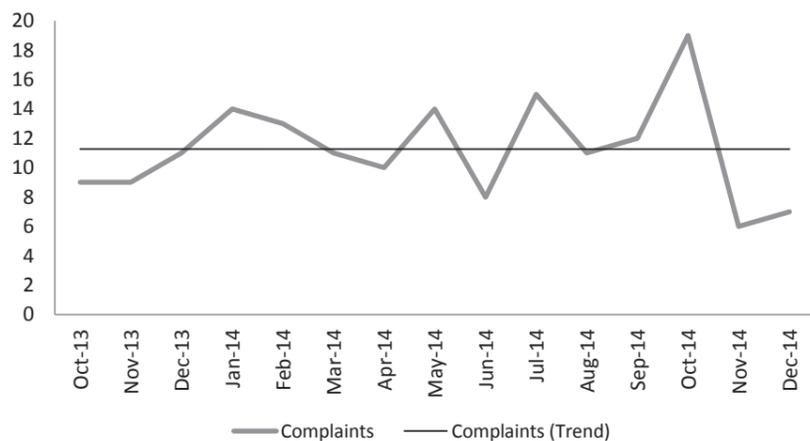
Local Member

All

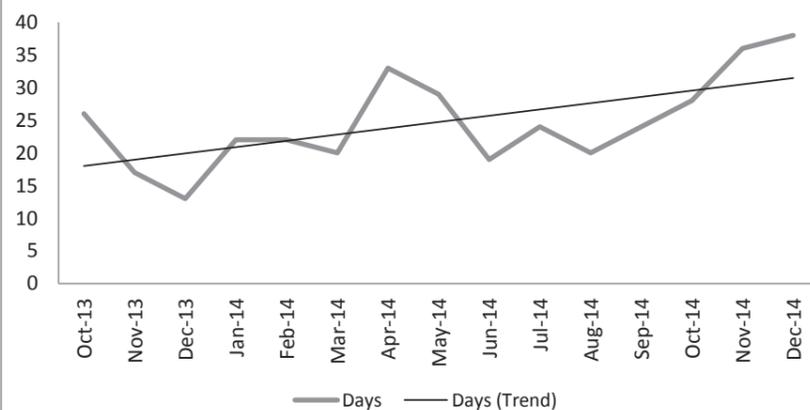
Appendices

Appendix 1 – Adult Social Care Complaints Dashboard for the period October 2013 to December 2014

1) Number of Complaints (cases) Received



2) Average days to close Stage 1 complaints - by month closed

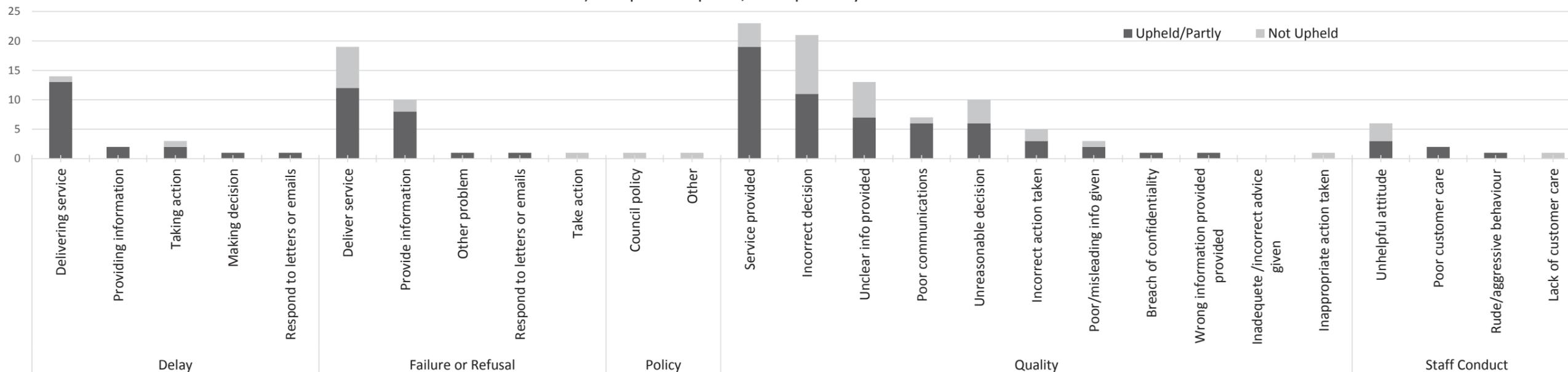


3) Review Stage Information: 4) Stage 2 Information:

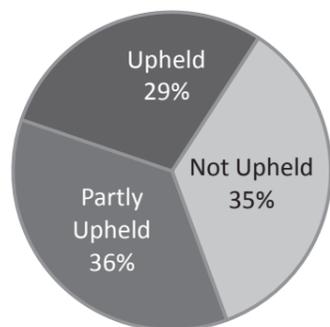
2 cases progressed to review stage.
1 case open
1 case closed - stage 1 outcome - partly upheld
review outcome - partly upheld

12 cases progressed to Local Government Ombudsman
5 case open
7 case closed -
Outcomes
4 At fault
3 Not at fault

5) Complaints Upheld/Not Upheld by Reason



6) All Closed Complaints by Outcome



Comments:
During the period, the Council also received:
74 Compliments
27 Comments
14 MP Enquiries
regarding Adult Social Care.

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