ANNEX 1

City of York Council – ACE Directorate

Local Account for Adult Social Care

Achievements and Priorities in Adults Services

Adults, Children & Education Directorate

account (*n,)*
1. a verbal or **written report**, description, or narration of some occurrence, event, etc.
2. an explanation of conduct, ***esp. one made to someone in authority***
3. ground; basis; consideration: ***on this account, on account of***
4. importance, consequence, or value ***of significant account***
5. assessment; judgment
6. profit or advantage: ***to turn an idea to account***
7. on behalf of another; as in the phrase **on your account**

2011

Comprehensive Version

Table of Contents

Introduction to the Local Account 2010-11

I am pleased to welcome you to the City of York Local Account for Adult Social Care for 2010-11. I hope that you find it engaging informative and accurate.

We work ever more closely with our partners to deliver the best possible outcomes social care users, their families and carers and have taken many of the opportunities to work with health community leaders to commission and deliver integrated health and social care services across the city. We are working to establish the new Heath and Wellbeing Board underpinned by a Joint Strategic Needs Assessment and Health and Wellbeing Strategy which drives the nature of action and delivery to provide the best possible health and wellbeing for the citizens of York.

We have made significant improvements in the past year, redesigning services to meet increased need and using the skills of our staff to deliver high quality services in a time of great change. We remain committed to continued performance improvement through the development of our staff, and the processes and systems which support them. There is no question that, along with all public services, we continue to face substantial financial challenges but we remain committed even in that context to protecting vital front line services.

This Local Account has been built around improving outcomes for people in the city, and we believe that we have set ourselves some challenging goals for the next year. However, it is vitally important that we stay in touch with what service users, carers and their families see as important, and that we can always be responsive to these needs. To that end, the Local Account is also asking for your views on our performance and our priorities. Please take the opportunity to comment and feedback on the content of this document and add your voice to shape the priorities for the future of services in York.

Pete Dwyer
Director of Adults, Children and Education

About this document:

A Local Account should allow members of the public to:

- understand the work we have done, and the priorities for the year ahead
- see evidence for the statements we have made, and the reasons why actions or decisions have been taken
- access supporting data; see trends and comparisons in activities which support better customer outcomes
- have the opportunity to comment and feedback on the content either directly or as part of wider consultation processes

The account has to be comprehensive and contain enough detail so that service users and members of the public see the evidence and data where they wish. It also aims to be accessible and interactive to allow service users, carers and the wider public to comment on our plans and priorities. In order that we can achieve this, along with graphs & analysis against out key performance indicators, the Local Account will be published in three versions:

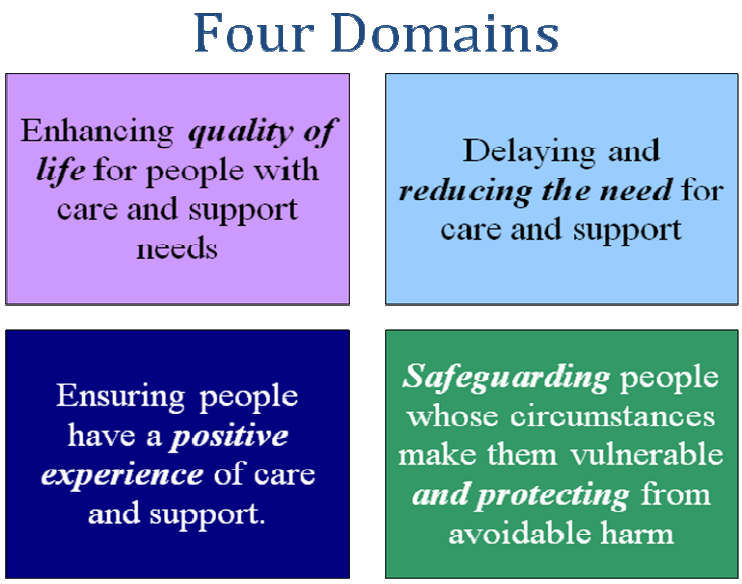
- **The Comprehensive Version:** a data and analysis rich narrative document available at **sampleurl1.york.gov.uk**
- **The Accessible Version**: a shorter, easy read version of the account available at **sampleurl2.york.gov.uk**
- **The Interactive Version:** an executive summary version of the account available online
  available at **sampleurl3.york.gov.uk**

This is the Comprehensive Version

How to Use this Document:

This document describes the work and priorities for adults social care in terms of **Domains**, **Outcomes** and **Measures.**

Domains express a broad policy for our services; that is the direction that we want to take the services in for the benefit the users and carers who access them. There are four Domains which describe the aims of our services.



Each of these **Domains** breaks down into a number of **Outcomes** which describe what things should look like for people in York. The **Measures** will evidence how well we are doing by looking at the data and information we have gathered.

Based on how we are doing in all these areas, we will set out our **Priorities** for the year ahead. As part of the Local Account for Adults Services we will also be inviting comment and feedback which, along with our other strategic plans and commitments, we will use to shape the direction future priorities for adults social care in the City of York.

Worked Example:

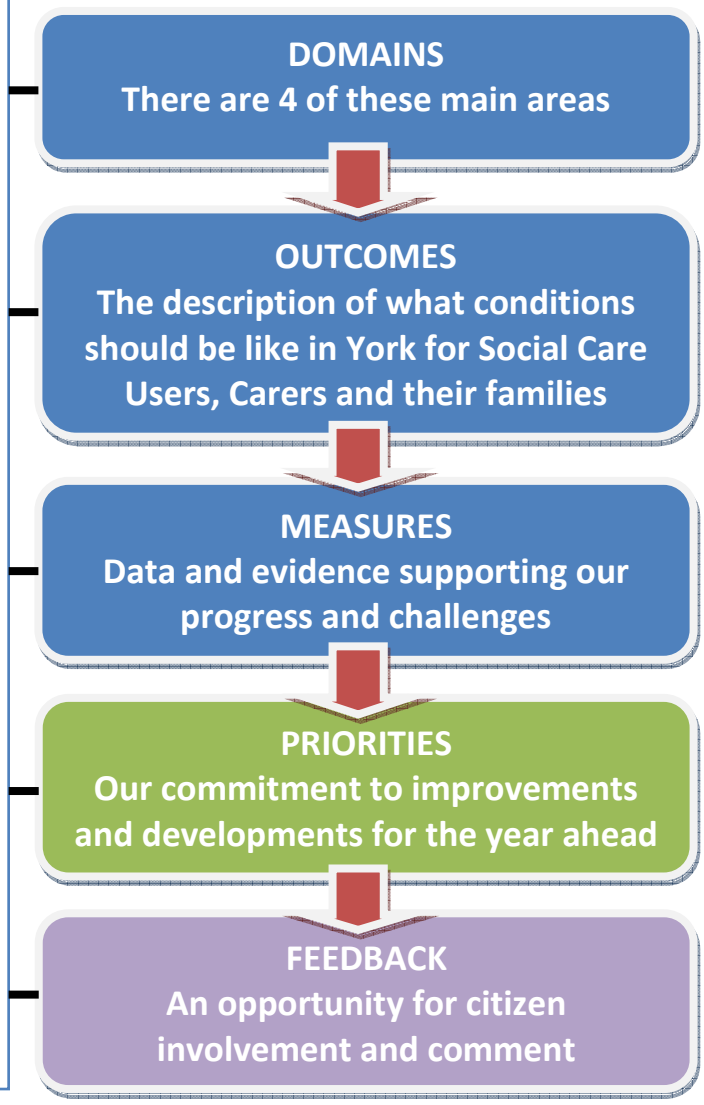
It is a policy that the work we do *Delays and Reduces the need for Care and Support*. This describes the **Domain**. In this case it describes Domain 2 - Reducing the Need.

This describes the **Outcomes** we want to see in order to achieve the aims of the Domain. The account will describe the services and support we have put in place to ensure we are making these conditions a reality.

We will publish that available that we use **Measures**. These are available through the *Graphs & Analysis* document which accompanies the Local Account.

The Local Account will then outline **Priority** areas which we will take forward over the coming year, alongside our partners in the city and across the county.

The Local Account will offer an opportunity for feedback and challenge and to contribute to the direction and Priorities for the future.



York's Specific Challenges:

York is a growing city. Continued growth in the population and the fact that people are living longer raises specific challenges for the provision of social care. The majority of people accessing social care in the city are those who are living with a disability, or who need care and support as they age.

In 2010 the population of York was calculated as 202,400 which was 11.7% more than the 2001 census population, and works out as twice the national average increase of 5.6%. The population rises varies greatly across age groups but can be seen very clearly in the older people age groups.

Between 2001 and 2010 the over 60 age group has risen from 39,400 to 44,887 in the city, which works out as a 14% increase, and it is predicted to rise further to 52,600 by 2021. Overall that equates to a 34% rise in this age group since 2001.

The over 80 group has risen by from 8,100 to 10,047, a 24% rise, between 2001 and 2010. The over 80 age group and is predicted to rise further to 13,100 by 2021, that's a 62% rise since 2001.

Between 2002 and 2010 there has been a 24% rise in people claiming disability living allowance, which is just above the regional rate of 23%, although less than the national rate of 31%. Those claiming incapacity benefit or severe disablement allowance claimants however, have decreased by 31% in the same period.

To meet these and other challenges for York, and to ensure that this is done in partnership with our health colleagues, we will be producing a new **Joint Strategic Needs Assessment (JSNA**) in 2012.

The purpose of the JSNA is to provide a comprehensive analysis of the local health and wellbeing needs of children, adults, older people, geographic and vulnerable groups. It comprises a mix of quantitative and qualitative data and will inform the development of the local health and well being strategy and in

turn, together with other key strategies and plans, will inform priorities and commissioning decisions across the city.

This Local Account and the feedback we receive will be used to shape future JSNAs, and in its turn, the findings from the JSNA will be reflected in future Local Accounts. This way we can be sure that social care and health are working together to deliver the best outcomes for York.

Working within a Financial Context

2010/11 Outturn

The Adult Social Services overspend was primarily due to an increased demand for care services above that provided for in the approved budget. The main contributory factors include; the fact that more people opted to take Direct Payments than anticipated as the personalisation of services was rolled out; a greater than anticipated number of referrals for independent residential and nursing; and a reduction in the level of income generated in elderly persons homes (EPHs).

2011/12 projection

In Adult Social Services, the pressures above that have been evident in previous years relating to demand for care still remain. There have also been delays on two major projects; in Home care, there have been delays in letting the reablement contract and reconsideration of other care services options, and in EPHs, implementation delays mean that the full saving expected in 2011/12 is unlikely to be achieved.

2012/13 and beyond

There will be continued pressure on budgets as the care demographic profile continues to increase and funding remains tight in these straitened economic times. The intention of helping people remain at home where possible will be met through the expansion of the reablement service. There is also a project underway looking at the care provided in our EPHs to increase the provision for those with dementia and higher dependency needs.

There is a wider national discussion taking place on care provision and how it is funded following the findings of the Dilnot Commission. This talks of such things as capping individuals' contribution to their care, maintaining universal disability benefits and having consistent access to services nationwide etc. The government are set to respond in a white paper due out in Spring 2012 and this could significantly impact on the directorate's financial position.

Personal health budgets and the reconfiguration of the health service may also have an effect on adult social care finance as the agenda to integrate services and realise efficiencies gathers pace.

The outlook is challenging from a financial perspective but has highlighted the need to do something quickly about the future financial pressure building from an ageing population.

Quality & Contract Monitoring

Quality of service provision for our customers is of upmost importance. We understand the moral and legal accountability for the duty of care and quality of the service and operate a framework of effective contract monitoring and quality assurance to fulfil our duties and responsibilities. We operate the complimentary processes of contract monitoring and quality assurance stay in touch with both providers' and customers' concerns and identify how any required improvements can be made.

Contract monitoring ensures that both the council and the provider are working together to provide the best support possible for people and work in partnership with providers to continuously improve the standard of care.

Quality assurance works across in house and external providers and regularly reviews aspects of services to ensure the support provided is of good quality, safe, efficient and effective.

We work to identify any areas of concern arising from these processes and deliver appropriate actions to address those concerns quickly.

Domain 1: Quality of Life

We want to ensure that the people of York who use services and their carers enjoy a high **quality of life**. We believe that this means:

- **Delivering High Quality Support and Information** so that people are be able to live their own lives to the full and helped to achieve the things which matter to them by getting high quality support and information.
- **Supporting Carers** so that they are helped balance their caring roles while maintaining their desired quality of life.
- **Delivering the Personalisation Agenda** to ensure that people are given the opportunity to manage their own social care support as much as they wish, so that are in control of what, how and when this support is delivered to match their own personal needs.
- **Supporting People** so that people with social care needs are supported to maintain a family and social life and contribute to community life, avoiding loneliness or isolation and find employment when they want to.

Looking back, this is what we said we would do in our 2010 assessment:

We will make a self-assisted assessment based tool available online to increase the access for people in self assessing their needs.

Residents living within the City of York Council area now have access to an online supported self assessment, which is helping to provide more choice and more control to residents who wish to find items to help themselves with daily tasks but need professional advice. It can be found at **https://www.equip-yourself-york.org.uk/smartassist/york**

We will continue the work with local providers and stakeholders in developing market capacity to increase the choice for people in the city to an ever widening range of support.

Meetings with provider forums and the voluntary sector have identified the need for support to develop options further for customers. Support has been

provided to the CVS to work with its members to develop a collaborative working and self directed support forum, to look at how capacity can be increased within the sector. We have worked with partners to look at a consortium approach to support planning and further work with providers will focus on support planning opportunities alongside care management colleagues. We have established framework agreements with home care providers which are outcome based, and give customers the chance to agree how their support will be delivered.

We will progress our transformation of services to self-directed support and deliver control of personal support and hit our targets by March 2011.
At the end of March 2011 we had achieved a figure of 24.9% against our nationally set target of 30% all our customers receiving Self Directed Support. We intend to stretch our targets to 37% for the year 2011/12.

Under the council's agenda for preparing to meet the needs of an increasing population of older people we will produce a profile of York older citizens to inform further actions and improvements against the World Health Organisation Global Age Friendly City Guide and other national and regional reports. *Work in this area has progressed well through the last year and has identified a number of key priorities: keeping the ageing population issue on everyone's agenda, promoting a more positive attitude towards ageing and older people in York, engaging better with York's ageing population and engaging with the voluntary sector to help deliver on this agenda. We agreed a Joint Vision for Older People with health partners in July 2010.*

We would work with York Contact Centre developing prompts and scripts to help them identify more carers and signpost these people to appropriate support. *Work with the Carers Contact Centre has continued throughout the year although specific work on these scripts has not yet been completed.*

Outcome 1.1 - Delivering high quality support and information

We understand our duty to provide information advice and support whether

you receive services directly from the council, whether you pay for these yourself or with your personal budget.

On the end of the telephone we have the adult social care initial assessment team, who are a dedicated team of trained staff ready to help people who require information, advice and signposting, or an assessment of their social care needs, whether routine or urgent. Team members complete social care assessments and deal with any referrals concerning safeguarding vulnerable adults.

Our online Information is available from the City of York Council website, and contains a wealth of information for services users, their carers and their families in many areas of health and social care. We offer advice and information for carers, and for people with learning disabilities, mental health problems or physical disability including how to access specialist services and such as blue badge and green badge parking permits, helpline and specialist equipment.

We offer a range of information and help for those looking to access home care and support services for people who may need extra help to live in their own home or extra care and support such as warden call, access to community or day centres in the city, mobile meals or residential care and we have a mental health support line provides telephone based support and information to people aged 18 and over who experience mental health problems.

For those people wishing to find out about health services we have general advice on accessing doctors, GPs' and hospitals, as well as information, advice and support if you go into, or come out of hospital.

We work with North Yorkshire County Council to provide an Emergency Duty Team which can be contacted outside office hours only, including weekends and bank holidays, on 0845 034 9417. The service is available to everyone living in York and to people who normally live elsewhere but who are staying temporarily in or visiting the area. The team will provide you with help and

advice and deal with emergencies over the phone.

Outcome 1.2 - Supporting carers

We know that Carers make a significant contribution in providing health and community care to relatives, friends and neighbours. Our vision in York is to work towards developing a local community where carers' needs are identified and supported by all public services and other organisations in the City. In short: "Carers are everybody's business". Carers should be respected and acknowledged as each carer has a unique perspective, alongside skills and knowledge gained through the experience of caring.

We have worked with our partners across the city to provide exclusive benefits for carers such as the free **Carers Discount Card** which was launched by York Carers Centre supported by 50 local businesses and a **Carers Emergency Card Scheme** which has been taken up by over 400 carers of all ages.

We run the **Flexible Carer Support Scheme** which provided direct payments to over 600 carers in 2009/10 and 680 carers in 2010/11 to support and sustain caring role. We offer support through **Carers Breaks,** a vital opportunity for carers to have a short break to refresh and re-energise them.

During a survey carried out of customers who had received a flexible carers support grant, 96% told us that having the grant had helped them in sustaining their role as a carer, and in getting the support the needed. This is what some of them said:

- *"It costs £12 a time so I can pay for ironing monthly. This takes the pressure off"*
- *"A great help. It has made the difference between being able to afford to run the car and not"*
- *"The grant gave me self confidence to be able to learn to use facilities for getting information"*

Outcome 1.3- Delivering the personalisation agenda

Personalisation is about making sure that when people have to access social care support, people are still able to live as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, wellbeing and dignity.

Personal budgets are a new way of giving you control over your care and support. This is what is commonly known as "self-directed support". This lets you plan how you want your social care and support managed. It gives you more choice and control over the support you need. You have the choice to be more involved in deciding what support is arranged, and who is going to do what. It gives you the opportunity for more flexibility with your social care funding.

How to get a personal budget Since August 2010 we have re-organised our teams to make it as simple as possible for people with support needs and their carers to access a personal budget by completing their own personal needs questionnaire, supported by a care manager. Following this, and dependent on the types of need, a budget will be calculated and you will have an idea of exactly how much money your allocation might be, right from the start. Working together we will then help you come up with a support plan, which will focus on how you want to live your life, making sure you can use the resources available to help you achieve those goals which will also take into account the needs of your carers.

Outcome 1.4 - Supporting people

All directorates and services in City of York Council aim to be fair and inclusive. To do this we ensure that we challenge all forms of unfairness and value diversity. We want our communities to be self-confident, health places and this means reduce social, economic and educational disadvantage.

The York Fairness Commission has been set up to look into how to make the city **a fairer and more equal place to live and work**. Its aim is to set forward a

vision for York that can inform, influence and inspire the council and others, including the public and local employers, to lead by example and work for change that will improve the quality of life in York for us all. The Commission will focus on **social and economic inequalities** of income, education and occupation that create divides between citizens, and which are harmful to everybody's health and wellbeing. The results of the commission's work will be used to influence the council's budget decisions and the work of its partners, to create a fairer York for all its residents

We want to see people who use social care services involved in our community and helping us make decisions.

Since 2001 York has had a lively Valuing People Partnership Board which sets out to make sure that all people with learning disabilities have equal access to all services and facilities, including people with complex support needs and those from minority ethnic backgrounds. The group works in partnership with other organisations in York to understand the whole picture in the city and identify gaps and opportunities and responds to both local and national requests for action/information that will help to improve the lives of people with learning disabilities. The Board is co-chaired by one independent person and one person with a learning disability.

There are five priority groups, each with a lead person and a co-lead who is a person with a learning disability or is a family carer. There are priority groups for: health; housing; personalisation; what people do in the day, on an evening and on a weekend; and involving everyone to make it happen. The priority groups have written action plans for the period 2009 to 2012. The work of the priority groups is reported to and monitored by the Partnership Board.

We fund a self advocacy service to provide support to people with learning disabilities to take an active and valued part in our Valuing People Partnership Board (including support to the co-chair, who is a service user). We also have service users and carer representatives on our key stakeholder groups including the York Mental Health Partnership and Modernisation Board, Supporting People Consultation Groups and the York Dementia Working Party.

We have also funded the development of a user led organisation, York Independent Living Network, and they are hosting five forum events this year for anyone with a disability, including hard to reach groups, on a variety of topics alongside the continued funding of a range of advocacy services.

We want to see more disabled people and those with mental health needs in employment. **We work with Future Prospects' Supported Employment Service** and **The Blueberry Academy team** which are organisations that support and assist disabled people and people with health issues with all aspects of training and employment to help people realise their potential to gain sustainable paid employment. The team of learning and work advisers, job coaches and mentors give individualised information, advice and guidance and help arrange the relevant support and back-up a person needs to achieve success.

The Community Recovery Team is a team of health and social care workers dedicated to supporting inclusion and recovery for people who have experience Mental Health problems. By using community facilities trainees are supported by a mentor and facilitators, backed up with personalised training packages and plans. The training received is transferable, not just helping people return to work in a supported way and increasing skills and confidence and support recovery.

1.5 Measures - How well are we doing?

We have established a number of measures to help us see how well we are working to achieve some of these outcomes. More detail on these is available in the annex to this document, entitled ***Local Account for Adult Social Care Analysis of Indicators & Targets.***

To measure the overall **social care-related quality of life**, we use the responses we received to the Social Care Survey. The social care related quality of life score for an individual is a composite measure using responses to questions from the ASCS covering eight domains (control, dignity, personal care, food

and drink, safety, occupation, social participation and accommodation). Our overall score is shown in *Graph 1 of the Analysis of Indicators & Targets document and places York above its comparator group and the national average. Detailed responses to the question can be found in the adult social care survey section of the document.*

We are working to enable **people to manage their own support as much as they wish**, so that are in control of what, how and when support is delivered to match their needs. This is measured through the provision of self directed support. Under the current published measures York is performing below that of the average in England, and the comparator groups delivering personal budgets to 24.9% of all social care customers, however, when measuring in year, and using only those people who qualify for a personal budget, rather than all customers known to the authority, our performance was 47.5%. **It is our intention to use this more accurate and reflective measure in the future.**

To measure our commitment to **increasing the proportion of service users in employment and preventing social isolation** we measure the proportion of adults with learning disabilities in paid employment and the *proportion of adults with learning disabilities who live in their own home or with their family (settled accommodation), Graphs 4 & 5 of the Analysis of Indicators & Targets document .* Our performance in these areas exceeds both the national average and comparator groups in these areas.

We intend to enhance further enhance the measures in this Domain to include:

- *the proportion of people who use services who have control over their daily life*
- *carer-reported quality of life measured through a carers survey*

1.6 Quality of life: our priorities for the coming year

- **Enable self funders to access financial advice by January 2012.**
- **Undertake a flexible carers support scheme grant survey and a carers' survey to look at the best way of distributing funds to make the most impact on carers' lives and wellbeing. To run an "easy read" version of these in order that carers with learning disabilities can contribute and shape the future of the services.**
- **Further promote self assessments.**
- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact. To improve our systems to help deliver information and advice about self directed support.**
- **We intend to make QA reports available to all on request eg The 2010/11 Residential Care Homes and Home Care QA reports to be styled in an appropriate format to circulate to survey responders, prospective residents/relatives, customers and other professionals**
- **We shall be carrying out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of: personalised support, assessment and support planning, individual budgets, self assessment, achievement of outcomes.**

Domain 2: Delaying and Reducing Need

We want to ensure that the people of York who use services and their carers are supported in **delaying and reducing the need for services and maintaining their independence** by:

- **Preventing Illness and Dependency** by ensuring that everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- **Earlier diagnosis, intervention and reablement** mean that people and their carers are less dependent on intensive services.
- **Delivering Timely and Appropriate Support** by ensuring that, when people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

Looking back, this is what we said we would do in our 2010 assessment:

We will reduce levels of delayed discharges from hospital care and improved access to intermediate care provision. *Delayed discharges had continued to rise during 2010/11. An extensive analysis of the causes showed a large increase in the number of referrals from the hospital as more people are able to go home earlier. Work to improve the pathway of people being discharged is ongoing, and as part of our commitment to reduce delays we are redesigning services in 2011/12 and have set ourselves targets to return to 2009 levels.*

We will focus on more complex telecare packages targeting those people with higher levels of need to retain their independence. *The service continues to receive an average of 55 new referrals every month and we expect this to increase when the Intensive Support Service begins and the telecare team become an integrated part of the reablement processes.*

We will commission the new extra care scheme at Auden Court with housing

colleagues and York Housing Association. *The first extra care project in York has been launched in the spring of 2011, providing 41 apartments for over-55s who are paying for care. Auden House offers professional on-site support for older people, allowing them greater independence while still having the peace of mind that comes with knowing people are nearby.*

Outcome 2.1 - Preventing illness and dependency

The 2010 Joint Strategic Needs Assessment (JSNA) was commissioned by the Director of Adults, Children and Education and the Associate Director of Public Health/Locality Director. The purpose of the JSNA is to provide a comprehensive analysis of the local health and wellbeing needs of children, adults, older people, geographic and vulnerable groups. It comprises a mix of quantitative and qualitative data and will inform the development of the local health and well being strategy and in turn inform priorities and commissioning decisions. The JSNA will incorporate the following dimensions:

- **Population level** analysis of the city to ensure that appropriate services are available to suit the age; gender; ethnicity; and vulnerable groups. The JSNA will incorporate an analysis of **social and place**: community wellbeing; economy & income; environment; education; housing; crime & disorder and
- **Lifestyle determinants of health**: such as physical activity; healthy eating; alcohol and drug misuse; smoking; health improvement interventions. There will be a view of overall wellbeing; measured by life expectancy & mortality; disability; mental health; cardiovascular health, cancers & respiratory health.

Colleagues working in clinical health alongside staff from children's and adults social care, managers of specialist services and special interest groups will be invited to participate to give their views on service access and use, and be invited to offer their perspectives of the services and the issues being presented in the city.

Outcome 2.2 - Earlier diagnosis, intervention and reablement

Our Reablement works with the majority of people discharged from hospital where additional support is needed. It times its first visit for when people have returned home puts in support to see them through the initial six weeks of recovery. Through this period the support will be gradually reduced as customer recovers. Our staff go out on this first visit and ask people what they see as important to them, and plan the support around their needs and wishes.

Other 'traditional' home care services enable people to stay at home by supporting people with just the tasks they struggle with. **Reablement works specifically to get people back to their earlier level of independence, or near to it.** They can work with the customer to identify what is important to them and work towards it. Support will then withdraw or reduce so people do not become overly dependent upon it.

A survey undertaken of people over 65 who had been discharged from hospital to rehabilitation services during the period October–December 2010 found that:

- 94 % of those surveyed were happy at the time of discharge with the decisions made about the care and support they were to receive after leaving hospital
- 54% said they were given something in writing (a care or support plan) which detailed how you were going to be supported and enabled to continue living at home
- 89% felt that they got the support/service that they were expecting
- 77% said that it made their level of independence better
- 91% said they were happy with the support they had received from social services since their last stay in hospital

Our rapidly developing programme of telecare and warden call services

support people with deteriorating health or reduced independence to stay in their own homes for as long as possible. Customers can have the security to remain at home and these services provide their families much needed reassurance (sometimes they are able to 'listen in' and monitor themselves). "Just checking" services can be used to see what people are doing at home and so know what support needs to be put in.

Outcome 2.3 - Delivering timely and appropriate support

The council work with health colleagues to ensure the quality and effectiveness of hospital discharge arrangements through regular meeting. In these meetings the performance of timely and appropriate discharges from York District Hospital is monitored. This is a forum where concerns related to poor quality discharge arrangements and/or lack of co ordination of services can be raised and resolved.

The department is contributing towards the work initiated by the acute trust and PCT looking at 'levels of care'. This will result in closer partnerships and integrated working with community health services and colleagues in the acute trust and enable more people to be treated in the community and at home.

In times of particular pressure resources can become stretched. As in previous years six 'winter pressure beds' are being established in one of York's residential homes. This will enable 'step down' facilities to be available for patients who need further recuperation and rehabilitation but who don't require acute, higher level care. In addition extra resource has been made available by the acute trust for the purchase of more care manager or social work hours which will enable timely assessment and discharge over the winter months. In cases of intense pressure fortnightly co-ordinated up dates by PCT/Acute Trust and CYC are in place to monitor winter pressures.

Customers/patients in the community with long term needs are supported through services commissioned by social care. Multi-agency support is provided by community nursing services, community matrons, physiotherapy

and occupational therapy services. Specialist renal social workers and a neuro-social worker offer support to patients who may have inpatient stays or clinic attendance but need support to live in their own homes between these episodes.

The continuing health care assessment process is well developed in York, the work being closely co-ordinated between specialist care managers who focus exclusively on continuing health assessments and their health colleagues working in the nursing assessment team at Malton. This arrangement enables timely assessments and funding decisions to take place for patients who may have chronic and enduring conditions.

2.4 Measures - How well are we doing?

Our performance detailing the *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital* into reablement / rehabilitation services (Graph 6) shows that York is showing a high percentage of people remaining at home following reablement.

Delayed transfers of care from hospital, and those which are attributable to adult social care have risen over the past three years. The number of acute delayed transfers of care attributable to adult social care aged 65 or over, rose from 4 to 11 per 100,000 population. This rise is more than double the England rate of 4 and the comparator group rate of 5 per 100,000 population. Average days of acute delay per week attributable to ASC rose to 32.8 from 9.3 in York between 2007-08 to 2009-10. This failing performance is being addressed through partnership working, improved systems and challenging targets for 2012.

2.5 Delaying and reducing needs: our priorities for the coming year

- **To extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.**

- **Reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.**
- **To support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our reablement service.**
- **Increase the capacity of our reablement service through a tender exercise with the independent sector.**

Domain 3: Positive Experience

We want to ensure that the people of York who use services and their carers have a **positive experience of social care** whenever and wherever they access it. We believe that this means:

- **Maintaining Quality and Service** to ensure that people who use social care and their carers are satisfied with their experience of care and support services.
- **Involving Carers** to ensure that they feel that they are respected as equal partners throughout the care process.
- **Being Transparent about Services and Care** so that people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- **Maintaining Dignity and Respect** to make sure that people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Looking back, this is what we said we would do in our 2010 assessment:

We would implement a 'Customer Services Blueprint' ensuring a first class, single point of contact. Customer service in the future will be owned and delivered by a single service within our organisation. *Our initial Assessment and Safeguarding Team went live in 2010 and has been acting as a single point of contact for social care contact in York.*

We will continue to keep people informed about changes and developments in the services and seek their views to shape the delivery of social care. *Consultation for the major areas of change in the city...*

The Mental Health Partnership Board will improve engagement of service

users in service development through a 'Bright Ideas Group' and consultation with services users and current services. This will be tracked through the Board's work plan, and will be reported in an annual report on the Board's achievements. *The Bright Ideas Group consists of experienced and proactive members who draw on their practical knowledge of service delivery in York and good practice in other areas of the country to seed pragmatic and innovative ideas and ways of working into day to day delivery. The group's mandate from Partnership and Modernisation Board was to "think big and think differently". Its report was published in March 2011.*

We will be expanding the older people's signposting service to include outreach for hard to reach and minority groups and include monitoring of this through contract reviews. *There is further work required to develop the partnership between the signposting service provider and YREN (York Racial Equality Network). Further development work is under way between all parties and the council and it is hoped that awareness of the service will be made more widely available to minority groups within the community in 2011-12.*

Developing joint council and PCT commissioning structures to support our drive to deliver integrated and outcome focused health and social care services. *The integrated commissioning service arm of Adults, Children and Education was newly established in Autumn 2011 as part of the organisational review following the creation of the Directorate of Adults, Children and Education. The intention is to create a cohesive commissioning arm across the full range of council-funded services for children and adults. The service arm is also the key interface with the NHS and will play a key part in establishing the new mechanisms and structures that will emerge from the coalition government's health reforms. Ultimately, the hope is that commissioning will be "integrated" not just within the council, but across its partners in the NHS as well.*

Support the development of more personalised care, through new home care contracts, link to regional market development work stream and work with residential and nursing homes. *As part of the re-commissioning of locality*

home contracts and framework agreements, an outcomes based service specification was introduced in November 2010. The specification focuses on personalised support and monitoring of outcomes enabling customers to maximise their independence, and give them choice and control over how and when their service is delivered to them. The quality audit undertaken in Residential & Nursing Care in 2010 focused on personalisation within care homes and will provide a "benchmark" to monitor providers against in 2011-12.

Progress with our review of residential homes in the city. The review has been progressing during 2010/11 and into 2011/12. It is expected that the conclusions will be made by members before the end of 2011/12 based on the consultation exercises undertaken in the year.

Outcome 3.1 - Maintaining quality and service

A rolling quality assurance programme covers all service areas over a 2-year period, and a lively programme of customer consultation is carried out to support service reviews and to monitor and improve services on the basis of customer feedback. The 2010-12 programme included surveys of the following customer groups:

Residential care residents, relatives , other professionals and staff (to support a service review); home care customers; sheltered housing with extra care/supporting people; intermediate care services; telecare/warden call; learning disabilities customer review satisfaction survey.

As part of the national annual adult social care survey we asked 982 out of 5033 customers about the quality of our service. Of the 655 customers who responded, 91% were either satisfied or very satisfied with the care and support services they received. The outcomes of the survey are published in the local press and the national/council's comparison report is available on the internet. Customers taking part in the survey are provided with a copy of the report on request.

All quality assurance material and reports can be produced on request in any

format the customer requires i.e. other languages, bold print etc. Survey tools and reports are automatically made available in accessible version as appropriate to customers who are elderly, disabled or have a learning disability so they can read and self complete as they prefer. Signers, interpreters and advocates are used when required.

Outcome 3.2 - Involving carers

Carers Strategy Group: The Carers Strategy Group is a partnership of people from statutory and voluntary organisations as well as carer representatives from the carer led forums. The group meets every three months to monitor progress with the Carers Strategy Action Plan. The group is co-ordinated by City of York Council's Adults, Children and Education directorate and is working towards increasing carer awareness at all levels of strategic planning.

York Carers Strategy Group supports partnership working between health and social care agencies in the commissioning and provision of services. City of York Council dedicates funding from the area based grant and NHS North Yorkshire and York uses funding from its core budget to support carers through strategic support and direct payments for carers, commissioning services specifically for carers, funding respite and sitting services and through support provided to the cared for person which allows carers to take a break. There are also other specialist services for example community mental health services that provide advice and support to carers.

Carers shaping policy: There are three active carer led forums in York helping to make sure carers voices are heard: CANDI, York Carers Forum and Young Carers Revolution. To support Integrated services and better coordination, a "Care Pathway for carers support has been drafted and initial discussions have taken place about some of the implications for City of York Council's adult social care services. There has been Carer Awareness Training held for library staff, workers in primary care health settings and those undertaking carers assessments of need. And York Carers Centre led the development of the

young carer and adult Carer e-learning tools.

Outcome 3.3 - Being transparent about services and care

Accredited Provider lists are published on the Council's web site which includes links to recent CQC inspection reports and the latest CQC published rating. The council maintain accredited provider lists which are available to both public and care management colleagues and is looking at enhancing its quality assurance framework for providers with an option for this being made available to the public in the future.

The council has produced specific 'easy read' fact sheets on our website about the personalisation agenda and self directed support. We are also intending to redevelop the adult social care section of our council website to make it more accessible and easier to use.

This information is available to everyone, regardless of how they are funded. Our website contains an OT self assessment tool, which enables people to complete a self assessment form on line in order to identify equipment that may be suitable for them (if required) and suppliers of this equipment. We are also intending to redevelop the adult social care section of our council website to make it more accessible and easier to use which will include a wide range of information on services across the city which self funders will be able to access.

How this Shapes Services: Quality Assurance consultation programmes undertaken since 2009 have highlighted that the majority of residents in the council's residential homes did not like food prepared for them by the hospital. They asked for better quality, home cooked food. During 2010, there was a phased re-introduction of food cooked by their own chef on the premises in each of the homes. A subsequent survey has shown that the vast majority of residents feel there has been a great improvement in quality and choice. These were some of their comments:

"It's smashing, no complaints"

"Before it came from the hospital but now we have a cook and it's very good"

"Since hospital food it's fantastic. We get more variety"

During 2010 we surveyed a sample of sheltered housing with extra care residents. They told us that organised activities were limited. As a result activities have been increase and volunteer activity workers from CVS have been recruited to help. A survey of residents in this year's programme will be used to check whether they are satisfied with the outcome of these improvements.

Following a survey of warden call/telecare customers, because of the variation in information given by customers on the frequency of system checks, the service has reviewed its procedures and is planning to introduce two monthly calls by a dedicated team to establish a consistent approach for customers' peace of mind.

3.4 Maintaining dignity and respect

How does the council work with the PCT to ensure that people and their carers have their wishes respected and are treated with dignity?

Care homes and care services have been involved with the roll-out of local protocols on 'Do Not Attempt to Resuscitate' which will ensure that the known wishes of residents are respected at the end of their lives.

Staff in all council-run homes have received Dignity in Care training. The effectiveness of this has been followed up by a survey of 50% of the home's residents and a sample of their relatives, friends and other professional plus staff. When asked if they felt they were always cared for in a courteous and considerate way 100% said 'yes' in five of the homes, with 61– 92% responding 'yes' in the other homes and staff in general were spoken very highly of for the way they treated residents and supported relatives.

The 2010 home care services survey also focussed on whether we were meeting the NHS Dignity in Care standards and **all of the council's home care teams scored 100% for always treating customers with dignity and respect.**

For front line staff, any issues are dealt with through their line management and supervision. The 2010 residential care services survey, which focussed on the Dignity in Care standards, found that the majority of residents felt their individual homes rated well in these areas. In response to asking how they felt they achieved the appropriate treatment of residents, they said recruiting the right staff, good training, understanding the residents and good teamwork. The vast majority were confident about reporting poor practice and how.

Our staff are well aware of the importance of maintaining dignity in care, and these were some of the things they said about how the residents should be treated:

- *"Understanding residents needs. Good communication and teamwork."*
- *"We all are very professional and have regular training on dignity awareness."*
- *"We always try to involve customers in our conversations. We try to involve them in care planning, we have behavioural management plans in place to follow." (from a staff member of the LD respite unit)*

All surveys conducted by social services monitor and promote dignity and respect, choice, inclusion and the right to expect the highest quality service. Customers with learning difficulties, memory loss etc are given exactly the same opportunity to contribute their views and raise concerns. This has been clearly demonstrated in the 2010/11 residential care survey with lively, useful feedback being provided by our respite learning disability customers as well as the residents of our EMI units.

3.5 Measures – How well are we doing?

In the adult social care survey for 2010-11 we asked about the overall satisfaction of people who use services with their care and support. **We found that the overwhelming majority were satisfied to some degree**, and in the top two selected answers. 30% of respondents said they were extremely satisfied and 35% were very satisfied (*ASC Q1, Graphs and Analysis Document*).

We also asked whether people who use services and carers who found it easy to find information about support. **More than three quarters said the found it easy to find information**, with 29% reporting it very easy to find and 49% saying it was fairly easy to find.

We intend to supplement these measures in the coming year with:

- A measure to gauge the overall satisfaction of carers with social services, ensuring people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- **To ensure that carers feel that they are respected as equal partners throughout the care process we will be looking to ask about c**arers who report that they have been included or consulted in discussions about the person they care for.

3.6 Positive experience: our priorities for the coming year

- **Following the completion of a major consultation exercise within the residential services, one of the recommended outcomes is to have a quality champion within the service to secure ownership of quality and to facilitate the sharing of good practice between teams.**
- **A carers' survey is being carried out in 2011 which will provide benchmarks for the national survey in 2013. 5% of carers and 20% of carers of people with learning disabilities are to be targeted. We will specifically ask carers whether they feel they have been involved as much as they wanted to be in discussions about the support or services**

provided to the person they care for.

- **We shall be carrying out a survey of relatives who are willing to talk to us about their relative's end of life care within the council's residential care homes as part of the 2012/13 quality assurance programme.**
- **The results of the consultation on the proposed major changes in our residential care homes will drive our transformation programme.**

Domain 4: Safeguarding

We want to ensure that the people of York circumstances make them vulnerable are **Safe and Protected from Harm.** We believe that this means:

- helping everyone enjoy physical safety and feel secure
- working to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm
- protecting people as far as possible from avoidable harm, disease and injuries
- supporting people to plan ahead and have the freedom to manage risks the way that they wish

Looking back, this is what we said we would do in our 2010 assessment:

We will recruit an independent chair of the Safeguarding Board. This will ensure the chairing of the Board is undertaken in a professional, fair and consistent way without possibility of compromise for the agencies involved
This has been achieved. The independent chair has been appointed and is in post.

We will ensure feedback mechanisms are in place to any agencies involved in safeguarding processes. This will ensure that the information given by those customers and others who are part of the safeguarding process influences the policies, procedures and practice of those working in this area.
Progress has been made towards achieving this. All agencies receive feedback on every safeguarding concern made to the council. We also meet with agencies to look at particular issues relating to their organisation and the safeguarding issues for their customers. We are undertaking quality assurance work with our customers and will use the information we gain from this to inform the development of our safeguarding practice.

Outcome 4.1 - Helping everyone enjoy physical safety and feel secure

The council works with partners through York Safeguarding Adults Board.

The members are signed up to a implementing a multi agency policy which makes it clear that safeguarding is everybody's business. We commission training for the independent and voluntary sector to promote this message and to let them know how to alert and refer safeguarding concerns. We routinely monitor where these alerts come from. Information to the public about safeguarding is provided through our website.

We have strong governance arrangements and reporting processes in place to monitor the effectiveness of arrangement. We report to the council and to York Safeguarding Adults Board. This provides scrutiny from both our peers and those elected by the people of York, and the annual report has been published and is available online. York Safeguarding Adults Board provides the partnership approach to implementing the recommendations within it. We are undertaking work to ensure that those who have been through safeguarding processes have their voice heard and that we learn from this experience.

We are currently reviewing our protocols as the lead agency to improve the pathway for our partner colleagues to refer safeguarding concerns to us. We continue to routinely monitor where our referrals come from and work with referring agencies to ensure these pathways work.

All agencies are aware of the safeguarding procedures and are signed up to the multi-agency policy. We have a dedicated Safeguarding Manager who as a matter of routine ensures that all safeguarding referrers receive advice consistent with these procedures. Problems with the implementation of procedures that cannot be resolved at an operational level are progressed through York Safeguarding Adults Board. We collect data regarding the source of our safeguarding alerts. We meet regularly with our partner agencies who alert us to safeguarding concerns. We have also held meeting regarding developing safeguarding responses for hard to reach groups.

To ensure we learn from any serious incidents and case reviews, the council runs a safeguarding practice group at which lessons learned and national and local developments are shared with those responsible for running safeguarding investigations. We recognise the many shared areas of interest and practice between safeguarding children and safeguarding adults work. Work is underway to share learning and practice which will influence the development of our strategic approach to investigations and the practice of those running

them.

We produce a leaflet for the public to let everyone know how to report an incident of abuse. There is a single point of contact we provide for all referrals and a variety of means for people to contact us including email, fax and telephone. We have a safeguarding website which includes guidance on how to report abuse and a standard form.

Outcome 4.2 - Working to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm

We ensure that people's rights to equal access and consideration of cultural, religious and spiritual needs are considered in assessments and support planning as we routinely conduct equality impact assessments on changes in policy we make within the council. Our care management documentation prompts our staff to consider cultural, religious and spiritual needs. Our approach to personalisation means that we are encouraging people to identify their own support needs and outcomes in theses areas which we will help them to meet.

We continue to develop our focus on human rights through training such as safeguarding and mental capacity. We work closely with our contracting colleagues to focusing on human rights issues with providers. This includes working on improvement planning with providers to improve their understanding and practice with regard to human rights and issues of discrimination.

Outcome 4.3 - Protecting people as far as possible from avoidable harm, disease and injuries

We have procedures in place to deal with evidence of poor practice in our own staff through competence and disciplinary policies. Regular supervision and PDR processes are in place to pick up on such evidence. Our management team works to identify potential areas of poor practice and rectify through a variety of responses including training, staff development changes in processes. Our safeguarding procedures provide a response where there is evidence of poor practice that might lead to serious harm.

4.4 Measures – How well are we doing?

In this year's Adults Social Care Survey we asked people about their feelings of safety and security. The proportion of people using social care services who feel safe and secure. Neatly two thirds of respondents said they felt as safe as they would like to feel, while 32% said they felt adequately safe, but not as safe as they would like.

We would like to supplement these measures with additional indicators that show:

- the proportion of referrals to adult safeguarding services which are repeat referrals
- the safety and security of carers

4.5 Safeguarding: our priorities for the coming year

- **Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse.**
- **Develop the pathway with our providers so that we know that all safeguarding referrals are dealt with in a consistent manner.**
- **Improve our safeguarding processes, including learning from safeguarding children's services, to provider better guidance to those investigating alleged abuse and those managing these cases.**
- **Work through York Safeguarding Adults Board to develop a "York Picture" to inform safeguarding priorities for partners across the city.**

Comments and Feedback

5.1 Comments and feedback

Have your say!

We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- **Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?**
- **Are there any other areas of adult social care you feel we should focus on as a priority?**
- **Have you found the Local Account easy to access and understand? What changes would you like to see in the future?**

Please also feel free to comment on any aspect of adults social care in York.

Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next years local account, the Joint Strategic Needs Assessment for the city, and where applicable notify our partners of these issues. You are welcome to contact us by post or email.

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