# Local Account for Adult Social Care 2012

## Foreword from the Director

I am pleased to welcome you to the City of York Local Account for Adult Social Care for 2012. This is an important opportunity for us to engage with you about our work in adult social care over the past year. This report will highlight areas where we believe we have performed well and of even more importance those areas where we need to continue with you to improve our services.

I believe that our services overall represent excellent value for money and achieve a lower spend per head of population than areas of a similar size. However, like all areas of the country, York is facing the challenge of increasing numbers of people needing higher levels of support and care. These numbers are expected to continue to grow and the available money will continue to shrink.

Inevitably we will have to take some tough decisions around how services are delivered and needs met. Be assured that we will continue to look for greater efficiencies in what we do and use all the tools at our disposal to strive for the delivery of the high quality care and support local citizens require and deserve.

We will continue to work to prevent people becoming dependent on social care where we can, helping people stay healthy and independent in their communities and homes. For those who need our services we will use reablement services and supporting technology to help people regain and keep their independence. For those who need long term care, we will support them and their carers to have both choice and control about their own care.

We are aware of the challenges ahead, and have highlighted those areas that need our attention and improvement during 2013, but we also continue to see improving outcomes for people using our services in the city in a period of significant challenge. Many of the challenges for the public sector can be better faced by greater integration of health and social care. I am confident that the new Health and Wellbeing arrangements being introduced will see a move toward more seamless enhanced community based provision.

Most of all we would like to hear from you about what you think of our assessment of performance, and the priorities and activity we have set out for the coming year. You can do this through the internet or by post; the details for making your comments are shown at the end of this document. But this is not just about commentary on our words and analysis; it is about engagement in genuine debate about solutions and improvement. I look forward to your feedback and future conversations.

*Pete Dwyer-* **Director of Adults, Children and Education**

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# *York: a beautiful and thriving city.*

Most people in York can expect to have a good quality of life, and we are privileged to live in an historic city with great opportunities. We can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives.

People in York in 2012 can expect to live longer too. Advances in medical care and public health mean that many people with complex conditions and disabilities are living longer. These changes in the make-up of our city place increased demands on health and social care services in York at a time where overall budgets are under pressure.

The increase in the population requiring care is seen very clearly in our data. We are supporting over one thousand more people with care services compared with four years ago.

Importantly and encouragingly that increase has been in support to maintain independence in the community and not in increases in numbers of care home placements... There is a steady increase in people accessing services which help keep them independent in their homes, such as items of equipment or adaptations to the property. We have also seen an increase in the use of Telecare and Warden Call services, keeping people safe and confident. Fewer numbers of people are receiving traditional services such as home or day care in this time, but the data is telling us that those people who need to use our more intensive services need more specialised and complex support and care for a longer period of time.

We know that there are a great many carers in York who support friends and family, and we can expect this number to rise. Recent estimates suggest there were over 18,500 adult carers in York in 2010 with over 3000 people providing at least fifty hours of care a week, and nearly 1500 carers were assessed as carrying out substantial and regular care. We want to recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will endeavour to provide support which genuinely makes carers' lives easier and lets them know we value their contribution.

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from depression to enduring conditions such as dementia. Our services need to be prepared for a growth in these conditions.

York is a beautiful and thriving city, and as it grows and changes we, in dialogue with local residents, want to make sure that our services continue to improve and develop to meet the needs of its citizens.

# *Our Priorities*

The priorities for Adult Social Care in York are based this report around the 4 key domains outlined by the government in its "Transparency in outcomes: a framework for adult social care".

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

These outcomes are aligned with our wider City of York Council plan 2011-2015 which, alongside other key priorities, sets out our commitment to protect vulnerable people in the city. As part of our contribution to this we are committing to meet these priority areas:

- Providing great facilities that support dedicated high quality care for people with dementia and other specialist needs.
- Investing in Telecare equipment and doubling the capacity of the Reablement Service to support more people to continue to live in their own homes.
- Operating effective safeguards to protect vulnerable adults whilst also promoting individual budgets so people can exercise greater choice and control over their lives.
- Ensuring that more people will live for longer in their own homes.
- Focusing on independence and greater choice and control over their lives for vulnerable people.
- Year on year capacity of the community based services will increase to support more people in the home of their choice and enjoying an improved quality of life.

The City of York Report Health and Wellbeing in York, Joint Strategic Needs Assessment 2012 (JSNA) identified four main themes that have a direct impact on what we plan to do:

- We must intervene early to keep people healthy and independent.
- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population

# *Use of Resources*

The growing numbers of people accessing social care older in the population, together with more people with complex needs and learning disabilities living longer are impacting on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade.

At Local level, the Independent Review of Health Services in North Yorkshire and York published in 2011 highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year. The report outline the additional efficiency savings required to meet the increased demand for services.

The review made recommendations about how Health Services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This document affirms and builds on the recommendations in the Review. The North Yorkshire Review 2 is now being carried out to continue this work. Both reviews will have implications on our strategies and plans for the future.

Analysis of our spending on Adult Social Care shows:

The Adult Social Care budget in 2011-12 accounted for 17% of the entire council budget. This is lower than the 19% of budget which is the average council budget spent on adult social care in comparable local authorities.

City of York has the lowest spend per head of population on adult social care at £206 per year, compared to an average of £273 pounds in areas of similar size.

- We spend less on mental health and older people support.
- We spend more than the national average on learning disability support
- We are in the middle-range for the proportion of each customer group's budget on home care, day care and residential care, for customers without a Learning Disability. For customers with a learning disability we spend a higher on community based support and less on residential care.

We spend around 10% of our budget on care management and professional support, which is advised optimum level for care assessment and review processes.

- Community based services and homecare services in all customer groups continue to put pressure on the Adult Social Care budgets, but this is especially true for customers with a Learning Disability.

- There are specific additional high cost residential and nursing care placements.

- There are cost pressures in the Transitions services, as children with highly complex care needs move into adult's services.

The combination of an ageing population containing increasing numbers of higher dependence across all ages, more stringent financial times and our commitment to enhancing outcomes with the residents of York, means that our challenge for the coming year is clear: ensuring the availability of high quality appropriate levels of care in financially challenging times. Solutions to that quest are not easy and will require openness, creativity and innovation. They will not be achieved in isolation and without the powerful engagement of local people, user groups and our partners across health, housing and the voluntary and community sector.

# Quality of life for people with care and support needs

**Key Outcomes:**

- *People manage their own support as much as they wish and are in control of what, how and when support is delivered.*
- *Carers have a good quality of life*
- *People are able to find employment when they want and maintain a family, social and worthwhile life avoiding loneliness and isolation*

## Last year we said we would…

- **Enable self funders to access financial advice.** ✔ In 2012 we entered into a partnership with CareAware, who give free telephone advice on all aspects of care funding information. If, from their discussions with the customer, it is determined that the customer needs more specialist financial advice CareAware will then refer them on to their partner independent financial advice firm, called Care Asset Management. Any initial numbers utilizing?

- **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.** ✔ We spoke to 50 carers during this survey asking them if they felt the grant had supported them in their caring role. 96% of those asked said that that the current grant available to carers had helped in their caring role. 88% of those asked felt it had helped to improve their quality of life and some recipients said that receiving the grant had given them a real boost.

- **Further promote self assessments.** ✔ Residents in York have access to an online Supported Self Assessment, which is helps people to stay independent in their homes by finding solutions and advice on equipment and services. The website is receiving on average over 603 unique hits per month with 8% of these unique visitors going on to assess themselves. If you are resident within the City of York Council area you can access the service at Equip Yourself York.

- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact.** ✔ The number of Personal Budgets and Self Directed Support is growing in York and has increased from 25% to 32%of all people accessing any kind of support from the Council between 2010-11 and 2011-12. If we look just at those people who require ongoing support this number raises to 63% of people supported. The rise has not been at the same rate as the regional average or that of other unitary authorities and represents a challenge for the coming year.

- **To improve our systems to help deliver information and advice about self directed support.** ✔ The CYC Customer Access and Assessment Team (CAAT) is the first point of contact for any adult social care enquiries for new customers and or their carers. Enquiries in the first instance will be received by our Customer Contact Workers whose role is one of prevention by providing information and advice to customers and their carers. In October 2012 we went live with our online directory "My Life – My Choice" detailing the services available. In a survey of Users and Carers undertaken at the beginning of the year the results showed that the proportion of people who found it easy to access information and advice about services was significantly higher than the regional average and that of other unitary authorities.

- **We intend to make Quality Assurance (QA) reports available to all on request and to be styled in an appropriate format to circulate to survey responders, prospective residents/relatives, customers and other professionals.** ✔ As part of our commitment to improving access to information from our quality assurance work on services there has been an agreement to share the results of the surveys on request.

A list of the QA surveys completed in 2012 is available on our website and copies of this information can be obtained by writing or emailing the Council.

- **Carry 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. *Ongoing*.** In September 2012 we started work using POET - the (Personal Budgets Outcomes and Evaluation Tool) - which has been developed over a number of years by "In Control" and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. Through this we are gathering the views and experiences of personal budget recipients and carers will be analysis the findings with our partners in 2013.

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**Overall Quality of Life:**
The overall quality of life is an important indicator of how we are doing to make sure that people using our services can maintain a good standard of living in a way they had said is important for them. These are: being clean and presentable, getting the right amount of food and drink, having a clean and comfortable home, feeling safe, having control over daily life, having social contact with people, the way people are treated and spending time doing enjoyable things that are valued or enjoyed.

We asked people using care services to self report against those things which contributed to their Quality of life and the results for York were higher in every reported category than the regional and the average across other unitary authorities

**Supporting Carers in maintaining their quality of life:**
As part of our emerging *Health and Wellbeing Strategy* for the city we have committed to recognizing and promoting the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will have said we will provide support which genuinely makes carers lives easier and lets them know that we value their contribution.

Our Carers Strategy 2011-2015 has set out how we are working to help carers enjoy a life outside caring. Our successes have been to introduce a Carer's Discount Card supported by 50 local businesses, a Carer's Emergency Card Scheme which currently has over 400 carers of all ages registered. We have continued to high levels of self directed support to carers in the city. The numbers of carers receiving services remained stable in the last year, and the vast majority of this was through a direct payment made through the Flexible Carers Support Grant.

Support for carers delivered through direct payments has remained stable between since 2010-11 and is higher than the average in the region.

**Flexible Carers Support Grant:** Mr J cares for his wife and their 3 children who are all under 10. He has used his grant to help pay for driving lessons and says that this has been brilliant and a real boost. It has also been of practical benefit for whole family, giving them a sense of independence and freedom.

**Area for Improvement:** Our performance data shows there was a 10.3% reduction Carers receiving information and advice as well as a backlog for new Carers Assessments. We will work to reduce the waiting lists for Carers assessments.

**We will continue development of support services for carers who are key in the delivery of care in our city and improve our assessment and support for this vital group, and we will reduce delays in getting the right support to people and reduce unnecessary cost. We will listen to and support Carers, ensuring that they feel that they are respected as equal partners throughout the care process.**

**Managing your own support and being in control**

As we move to a system where adults are able to take greater control of their lives, we want to provide the best information to allow people to retain independence and give people greater choice and control over how their needs should be met. This will be done through allowing people to take-up the offer of direct payments and individual budgets.

**Direct payments** are cash payments given to service users instead of supplying the community care services they have been assessed as needing. The payment will be sufficient to allow the service user to buy their own services to meet their needs. The payment can only be spent on services that meet eligible needs.

**Individual Budgets** are an allocation of funding given to people after an assessment has been made. People can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave the council with the responsibility to commission the services. Or they can take have some combination of the two.

We continue to increase the number of personal budgets in York with 63% of those who need ongoing support and who are eligible for a personal budget now having some form of self directed support. The number of these people accessing a direct payment has stayed the same. Self directed support is more popular in the younger adults groups (18 to 64 years) with the greatest increases being in people with a Learning Disability and Younger Adults.

**Area for Improvement:** Increase in direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

Direct Payments have been shown to offer people a greater sense of being in control of their lives and we want to encourage more people to use these but understand that the market needs to be available for people to spend their money in creative ways that truly offer choice. In 2013 will be engaging with providers in the city to further develop the market place ready for wider use of direct payments.

**Area for Improvement:** We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.

**Area for Improvement:** Delivery of *information and advice on the range of options for choosing my support staff and support* in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

We will continue to develop personal budgets and direct payments for everyone and play our part in the development of a local marketplace of care so these can be spent in creative and supportive ways. We will develop our workforce and support and develop our staff to meet the challenges and this changing environment.

In our annual survey we asked whether people felt they were in control of their daily life and the percentage of those who answered that they had "adequate" control or, "as much control as they wanted" over their daily life was higher than the regional averages and the average of other unitary local authorities.

**Making it Real!**

**Making it Real: Marking progress towards personalised, community based support**

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of *Making it Real* is for people to have more choice and control so they can live full and independent lives.

We are committed to delivering the support and services described by people who use services and carers in the "What we want" sections of *Making it Real*. We will use our new Health and Wellbeing Board, and new Partnerships Boards, to oversee the delivery of the City's Health and Wellbeing Strategy and the priories for service change.

We are about to embark on the development of our engagement strategy for these Boards, and will use the markers in *Making it Real* to support this.

**Area for Improvement:** We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making

**Area for Improvement:** We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

**Supporting Employment, Families and Communities:**
Evidence shows that people who are working are more likely to have a better quality of life. The proportion of adults with learning disabilities and those with Mental Health problems are our measures to track the success in these groups.

10.3% of those people with Learning Disabilities receiving care managed support and 10.2% of people in contact with secondary mental health services were in employment at the end of 2011-12, these figures are higher the Yorkshire and Humber regional average and average of other unitary authorities in the country.

Despite this positive picture in comparison with other areas, we are aware that there remain high levels of unemployment in both the Learning Disabled and Mental Health customer groups compared to the levels in the city as a whole.

**Area for Improvement.** During 2013-14 we will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. The scheme provides employment for people with disabilities. We will be working to provide support for people in these customer groups to get jobs in the wider economy.

Access to stable accommodation gives people a strong basis for safety and social inclusion as well as maintaining links with family and friends.

The proportion of adults with learning disabilities and of people in contact with secondary mental health services who live in their own home or with their family in York is lower than the regional average.

**Area for Improvement**: Investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

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

**Key Outcomes:**

Everyone can access information and support to help manage their care needs

Prevention, Intervention and reablement

Support in the most appropriate setting to regain independence

**Last year we said we would…**

- **Extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.** ✔ In line with our strategy to support more people through information advice and signposting, 47% of customers contacting the department are helped at the 'front door' or are signposted to other relevant organizations for help and support, and do not require any traditional social care services. We will be working with user led groups and the voluntary sector to invest some of the savings made by changing our eligibility criteria to Substantial and critical to support more peer support initiatives.

- **Reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.** ✘ Against a backdrop of an increasing number of referrals at the hospital for support with discharge which increased by 8 % from the previous year, we have managed to keep the overall delays at the same level as last year. However rates of delayed discharges in the city were maintained at the same level as in 2010-11 and we did not succeed in reducing them.

- **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.** ✔ We funded an increase in community health capacity from the 'Health Gain' money from the Primary Care Trust to enable a step down intermediate care response to be set up and allow resources to be moved from the acute hospital to community health care. We are working with community health and Primary Care, led by the new Clinical Commissioning Group, to develop new ways to work together in Neighbourhood Care Teams approach which will plan better for people in their own communities before they need to go into hospital.

- **Increase the capacity of our reablement service through a tender exercise with the independent sector.** ✔ A new reablement service, commissioned from the independent sector to increase capacity and work with the new intensive support service commenced at the end of March 2012. By September 2012 the new service was providing more than double the face to face care with over 550 hours a week available. We anticipated that 60% of people would need reduced care packages at the end of their reablement service. In September 70% needed a reduced care package at the end of their Reablement service.
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**Information and support to help manage their care needs**

Ensuring that people can access the right information in support of their health and care is vital. York has performed extremely well in making sure that information about services is easy to find.

The 'My Life My Choice York' information portal for customers and staff went live in 2012 containing information on community support and social care in the City of York.

**www.mylifemychoice.york.gov.uk**

Over 81% of people responding to our survey said they found information and advice about services easy to access. This was higher than the Yorkshire and Humber regional average and the average for other unitary authorities.

**Area for Improvement:** In 2013 we plan expand our online information and links to available services. To provide real time information on community support and services in the city. The new system called "Connect to Support" will be interactive so that customers can purchase their care and support online if they choose.

In 2011-12 we undertook a significant restructure of the information and advice services in York to create a Customer Advice and Assessment Team. This team is the first point of contact for many people looking for help with social care. The team provides information and advice to customers and their carers about options for services as will as helping people make contact with the voluntary and charitable organisations and with health services.

**Prevention, Intervention and reablement**

During 2011/12 over 2500 pieces of equipment were issued to customers to keep people safe and independent in their homes. Some of this equipment adapts the homes to make it easier for people to continue to live as they want, making it easier for people to wash and bathe as well as getting around their homes. Some of the equipment is more technological, such as sensors and detectors to alert services if people fall in their homes. This technology is known as Telecare.

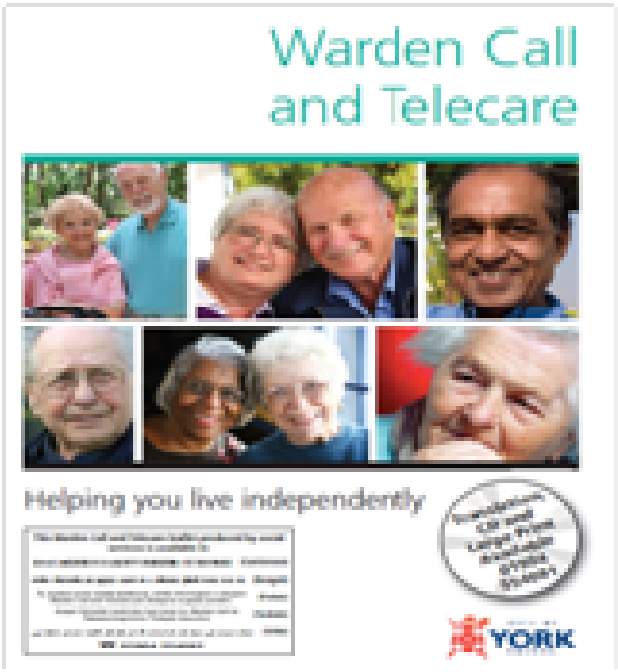
Telecare, alongside the 24 hour a day Warden Call services, provides additional assurance to people living in heir home. On its own this may help people stay independent and prevent them from having to go into full time residential care, for others, it supports other formal care packages, ensuring that the person remains as independent and safe as possible.

In 2012 we asked customers Warden Call and Telecare how they had been helped to stay independent. 92% of those asked said it had a positive impact on their lives, helping them stay independent and where they wanted to be, with 12% said that it was definitely helping them to stay in their own home. 92% said it has had a positive effect on confidence and safety.

We have piloted using Telecare to a help people take their medication, alongside professional support from a local pharmacist. We are also investigating using Telecare as a regular part of any support plan for people being helped by the Reablement service

We are expanding our use Telecare and Warden Call services and are delivering the council's £1.2M capital investment in Telecare over the next 5 years

**A recipient of Warden Call/Telecare service:** Miss C is a bi-lateral amputee who had lives independently in her own adapted home. In 2012 she had a serious fall. “They saved my life; I fell and broke 2 vertebrae. Without Warden Call I would definitely be in a home. I tell everyone how good the service is.”




For those who are looking for adaptations and equipment to help them stay independent we have created an Independent Living and Assessment Centre (ILAC). This is a new facility that provides face-to-face advice to enable disabled or elderly people. The ILAC is a specially adapted flat containing aids and equipment in the kitchen, bedroom and bathroom that customers and their carers can trial with the help of occupational therapy staff.

During 2012 we undertook a survey of people using our independent living and assessment centre, the majority were delighted and felt that the equipment had improved their situation greatly, their quality of life and in particular and restored a level of independence to them. Many people of the positive effect the he equipment had, particularly with helping with bathing.

*You can arrange to come and visit the ILAC by contacting out Customer Advice and Assessment Team. Alternatively, you can assess your own needs or search for advice by visiting www.equip-yourself-york.org.uk. You can complete the online assessment yourself or with help from a friend or relative.*

**Support in the most appropriate setting to regain independence**

Reablement services are provided to everyone who need care and are designed to enable people to regain their skills and abilities in daily living after a period of hospital care, illness or disability. We believe this is crucial to people in maintaining their independence longer and promoting better health and wellbeing.

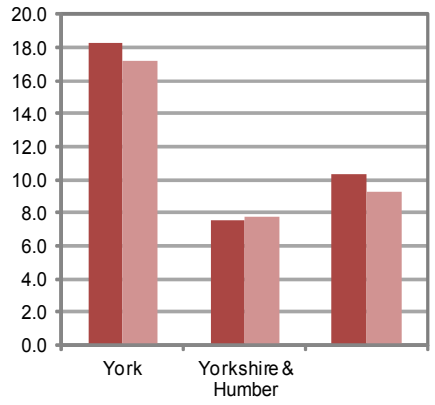
*Reablement services are available for everyone who is assessed as needing social care for a period of 6 weeks to increase independence or regain their skills and abilities after long term hospital care, illness or disability.*

**Area for Improvement**: Continue to increase the availability of reablement care during 2013 and undertake and evaluation of reablement services in reducing the use of long term care.

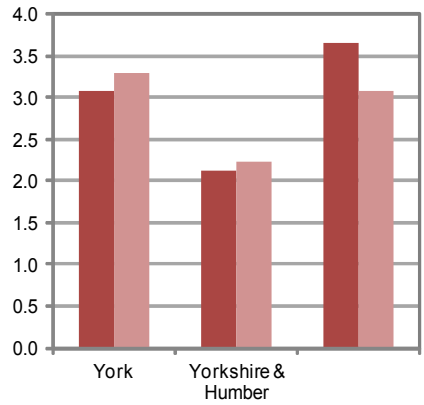
Despite some progress in reducing delayed discharges from hospital into the community since 2010-11, they remain higher in York than the regional average and the average of other unitary authorities.

*Source: ASCOF 2C Delayed transfers of care from hospital per 100,000 population. The Information Centre for Health and Social Care, 12 September 2012.*

9.2.a 2C(1) Delayed transfers




9.2.b 2C(2) Delays attributable to social care





Between 2011 and 2012 we have seen an average length of stay in hospital reduce by one week. We have also seen a 10% increase in the number of discharges to social care between the two years.

When analysing all the discharges we supported, we achieved a 29% reduction in the average time for a person to be discharged from hospital care, from seventeen days in 2011, to twelve in 2012.

The increase in speed of transfer from hospital together with the increase in the number coming through has led to pressure within the system and we need to ensure the resources move across the system with the patients.

We are aware that people with multiple long term conditions account for a significant number of the admissions and time spent in hospital, and are working with our health colleagues to create joint Health and Social Care Teams known as Neighbourhood Care Teams. The teams will actively support people who have left hospital or are at risk of admission to stay in the community with health and social care.

**Area for Improvement:** To support the creation of Neighbourhood Care Teams across the city. These teams will provide care to reduce admissions to hospital and focus the money saved to care for people in their own homes where possible.

**Area for Improvement:** To work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.

**Area for Improvement:** We will look to meet the rising level of demand for support with diminishing budgets, especially for people with more complex needs, through reviewing services to ensure they are the most effective and efficient they can be and will prevent and delay the need for costly acute services through the development and expansion of reablement preventative and home based services.

**Area for Improvement:** We will work with our partners across the health community, the voluntary and community sector and local residents to deliver a joined up and seamless service, supporting people to receive the information and advice, care or treatment in most appropriate place.

**Area for Improvement:** We will increase the availability of early intervention and reablement services so that people and their carers are supported to be less dependent on intensive services, and will continue to invest in the contribution of technology to keeping people safe and independent through wider use of Telecare services.

# *A Positive Experience of Care & Support*

**Key Outcomes**

- People are satisfied with their experience of care
- People understand their choices and what they are entitled to and who to contact when they need help
- People are treated with respect the dignity and support is sensitive to the circumstances of each individual

## Last year we said we would…

- **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. *Partially completed.*** As part of the drive to improve performance and quality across adult social care, managers within each level of the organization will engage in peer support and challenge within a performance clinic. The intention is to improve performance of the entire systems of care and to share good practice between teams. The first of these challenge clinics began in April 2012.

- **A carer's 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.** ✔ The initial carer's survey was undertaken October 2011 – January 2012. 90 carers were surveyed and the information was used to support improvements and support of the carer's survey and a strategy to support the continued use of the flexible carers grant. A second, much larger, survey of more than 700 carers was commenced in September 2012, and the results will be published in 2013.

- **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.** ***Partially completed.*** This is at the planning stage and is due for completion by the end of the 2012/13 Quality Assurance cycle. Subject to approval we are proposing to speak with the relatives of customers who have been in both in house and private provision and who have died in the last twelve months.

- **We will ensure that the results of the consultation on the proposed major changes in our residential care homes will drive our transformation programme.** ✔ After consultation with a wide range of stakeholders the Council's Cabinet endorsed a three phase modernisation programme which see the existing nine EPHs close and be replaced by state of the art residential care facilities. Following this decision, the first two homes, Fordlands and Oliver House, were successfully closed by mid-March 2012, with the 25 residents moving to other Council run homes.

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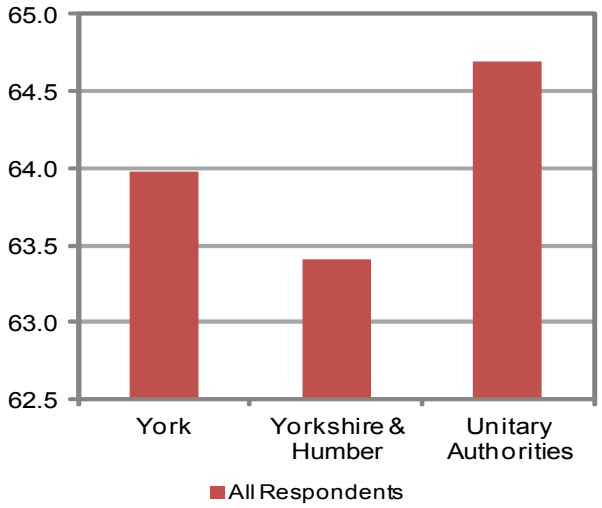
**People are satisfied with their experience of care**

In the adult social care survey for 2011-12 we asked about the overall satisfaction of people who use services with their care and support. We found that the majority were satisfied to some degree and that in York, this number was higher than the regional average and slightly lower than the unitary authority average.

*Source: ASCOF 3A Overall satisfaction of people who use services*




In 2012 we ran our own survey of carers and asked how satisfied they were with the care and support services that they, and the person they cared for, had received from Social Services in the last 12 months. The majority of them were quite to extremely satisfied and only 6% of responders said they were dissatisfied with the care and support received.

*"Social Services and the Council have been excellent. I would like to say thank you for everything they've done. It's comforting to know someone is at the end of the phone if we need them".* Mrs A, **recipient of Carer's and Occupational Therapy services:**

**People understand their choices and what they are entitled to, and who to contact when they need help:**

In 2012 the Council undertook *The Big York Survey* identified that helping people to find the support they need was considered important, and was ranked as the top priority in the Fair Access to Care Survey.

We have been successful in providing information to people in York who use services about what is available and through the online directory of services and a dedicated staff team to assess, offer advice and information and let people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

We undertake financial assessments on everyone requiring Adult Social Care so that we can determine the level of financial support they are entitled to, and whether they are in receipt of all the benefits that they are entitled to.

**People are treated with respect the dignity and support is sensitive to the circumstances of each individual**

We work to make sure that support is sensitive to the circumstances of each individual and that the services they receive allow them to maintain their dignity through cleanliness, managing their appearance and control over their daily life.

The majority, 82%, of people surveyed agree that care and support services do help them have control over their daily life and 96% said they feel adequately clean and presentable or able to present themselves the way they like. The overwhelming majority of the sample said that they are satisfied with the cleanliness and comfort of their home, with 97% saying it is at least adequately clean and comfortable.

In a survey of people using our Independent Living and Assessment Centre we asked whether all Social Services staff you came into contact with helpful and courteous. 99% of those responding agreed that the staff were friendly and helpful and courteous.

*"I love it, I feel safe, not lonely like at home. You feel as if you're one of them. I have great respect for them. They have all the time in the world for you. They'd turn themselves inside out to help you. I'm happy to be here, we live the life of Riley. I wouldn't live anywhere else"*. Mrs T, **A recipient of residential care.**

***Customer Survey 2012 – What you told us:***

The percentage of people who reported ***having control over their daily life*** was higher in York than the averages for the region and other unitary authorities.

People who are said they were ***happy with their appearance*** was higher in York than the averages for the region and other unitary authorities.

People who feel they food and drink when they want and felt their home was ***clean and comfortable*** was higher in York than the averages for the region and other unitary authorities.

People who have ***as much social contact as they want*** and were able to spend time ***doing things they value or enjoy*** was higher in York than the averages for the region and other unitary authorities.

***People who feel they are treated with dignity*** was higher in York than the averages for the region and other unitary authorities.

With almost 400 responses to questions on quality and dignity, our 2012 survey of care users was essential to our understanding of how services were working for people. Everyone is invited to make their comments and can do so by using the online survey for carers and care users, or write in to us. Please see the contact details in the **HAVE YOUR SAY** Section.

**Complaints and Customer feedback:**
There were a total of 61 complaints made regarding adults social care in 2011-12, 37 of which were upheld in full or in part. 73% of these were Stage 1 complaints, regarding unsatisfactory service or experience not directly related to care where there was no impact or risk to provision of care. 23% were at Stage 2, which is identified as service or experience below reasonable expectations in several ways, but not causing lasting problems and 2 complaints were made at Stage 3, which is the most serious level and are made in regard of issues regarding standards and quality of care. Only one of these stage 3 complaints was upheld.

Re-occurring themes from complaints made over the period have been around the information made available for the relatives of families going into long term residential care.

**Area for improvement:** To work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

# *Safeguarding and Risk*

## Key Outcomes:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected, as far as possible, from avoidable harm, disease and injuries

## Last year we said we would…

- **Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse and develop the pathway with our providers so that we know that all safeguarding referrals are dealt with in a consistent manner.**

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- ✔ We now have a specialist Safeguarding team who undertake the investigations that the Council is responsible for. We have agreed a new protocol with other investigating agencies to route all safeguarding referrals through the new dedicated Safeguarding Team, to ensure consistency over the initial safeguarding assessment and with advice and guidance available to agencies. New procedures were developed internally to ensure greater consistency with the multi agency procedures.

- **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.** ✔ The new safeguarding process went live in October 2012. Best practice and lessons have been taken from children's safeguarding services which have positively influenced the guidance for chairing strategy and case conferences.

- **Work through York Safeguarding Adults Board to develop a "York Picture" to inform safeguarding priorities for partners across the city.** ✔ The piece of work on the York picture of safeguarding was completed as planned and has been presented to the city's safeguarding board. The priorities for the Safeguarding Board for 2012=13 are related to prevention, personalisation, improving quality and developing strategic links. They have has been shaped by the work on the York context

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**Everyone enjoys physical safety and feels secure**

We want people who need social care support to feel safe in their community and we will continue to protect vulnerable adults. When we asked our service users whether they felt safe in their day to day lives, two-thirds of people said they felt as safe as they wanted to and 30% generally feel adequately safe.

We can see in the analysis that women in our survey group are reporting feeling less safe overall and lower levels of safety than the regional and unitary authority average. The converse is true of men who feel safer overall and report higher feelings of safety than in the comparison groups. Younger adults (18-65) report much higher levels of safety than older people (65+) and while our Younger adult group reported higher levels of feeling safe than in comparison areas, they also reported feeling safer than the older people who responded.

**Area for Improvement.** We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.

We asked if the services they received helped them feel safer and 83% of those responding said that the care and support services the received helped them feel safe, this is higher than the regional average and higher than the average of the other unitary authorities.

We can see in the analysis that the receipt of services had the largest impact for women who reported that this made them feel safe and age groups reported higher feelings of safety because of their service than in other areas with younger adults reporting higher feelings of safety than older adults.

**A recipient of Warden Call Services:**

- *"I didn't think I'd feel so safe. I turn the living room light off at night and don't look back." (Mrs Y, a recently widowed lady.)*

**People are free from physical and emotional abuse, harassment, and neglect and self-harm**

The Council acts as the lead agency for safeguarding ensuring that safeguarding referrals are dealt with in a consistent way across all agencies in the City. The newly established Safeguarding Adults Team investigates abuse where the individual is already known to social care, or where they are not known to any other agency. This team also offers advice and support both within council services, and outside of the Council to partner agencies and the public regarding safeguarding matters.

The information on the cases which are progressing through the team shows that the rate of Safeguarding Alerts received by the team at York the same as the England average. The highest number of alerts and referrals continue to be received regarding older people, with 35% of these contacts concerned people over 85.

Information gathered over the year shows an increase in alerts received by the team, and of the alerts received, 31% progressed to full investigation which is an increase of 14% from the previous year. The number of substantiated allegations has also increased, from only 10 in 2011, to 105 in 2012. Overall, these statistics represent a noteworthy increase in work completed by CYC to safeguard adults at risk.

**A recipient of Safeguarding services:** Mrs F is 79 years old and lives on her own. Following a burglary she felt contacted the Council she was referred to the Adults Safeguarding Team. She said that after a long time of not feeling that safe, they treated her like a human being "Someone was listening to me at last. They did absolutely everything they could have", she said.

**Area for Improvement:** The one area where our performance is considerably lower than other authorities is the numbers of people who have a signed plan to show how they will be protected. In 2013 we will ensure that more than 90% of protection plans are signed where consent has been received.

In 2001-12 no referrals had been received in respect of people with substance misuse related needs, and this is now subject to joint consideration with the Council's Drug and Alcohol commissioners.

**Area for Improvement:** We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

**People are protected, as far as possible, from avoidable harm, disease and injuries**

Our vision is for York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape. *Health &Wellbeing in York, Our strategy 2013-16*

The 2013-16 Health and Wellbeing plan includes specific commitment to helping Individuals and communities to become better informed about how they can improve their own health and wellbeing. The creation of joint campaigns plans and the coordination of citywide health and wellbeing campaigns which often occur separately through individual organizations will mean that messages will be more coherent and consistent and aim to keep people safe and healthier in their communities for longer.

Regular supervision of our staff and training and development courses are in place to ensure that people work safely and are protected from injury. In each of our services the management teams work to identify potential areas of poor practice, hazards and risks and will resolve these where they find them. Our safeguarding procedures are specifically designed to provide a response where there is evidence of poor practice that might lead to serious harm.

We will continue to deliver effective safeguarding for adults by maintaining affordable, safe, good quality care within the resources available, working with partners to improve health and wellbeing, prevent dependency on long term support, preventing abuse and neglect in all its forms.

# *Commissioning For Care*

The Commissioning process is how the Council decides how best to spend its money to support the deliver of services in Adult Social Care and is at the heart of good quality services and a developing market. In 2012-13 there are a number of factors that are driving commissioning decisions.

**Personalisation and Prevention Agenda:**
Adults Commissioning is working to develop the marketplace and encourage preventative services aimed at helping people to address their needs before crisis point or acute care is needed. We want to encourage more community and peer based support and we would want to see a wider range of providers into the city making their services accessible to people directly. We are working to create an online marketplace allowing people who fund their own care or who have taken a personal budget to be able to make their own choice of high quality provision.

**The Financial Situation and Efficiencies.**
Commissioning has a responsibility to spend the Council's money in the most effective way especially in light of the savings required and the growing demand for our services. This requires analysis and review of how services are currently provided and decisions about how they might be changed to get more return for the money spent. We are in the midst of a programme to develop new residential care services for older people. We are reviewing our supported employment services, and day support services and respite care services to ensure they can meet future demand and offer the best value for money.

**Analysis of need and new services.**
Commissioning works closely with other key partners to identify any rising needs in the city. We work with housing and with children's services, and continue to build better relationships with health to gain an insight into the types of services needed. Our joint strategic needs assessment shows us how dementia services and the aging population require specific commissioning activity to deliver new services. We expect the changes to develop Healthwatch and the active Clinical Commissioning Group (CCG) in the city to further influence the services we commission.

**Maintaining Safety and Quality in Services**
Quality Assurance and Contract Management of the services we commission is of the highest importance. We operate a robust contract management process and quality assurance to continue to ensure that we have oversight of the experience of the people who use these services.

# Conclusions and Summary of Improvements

In spite of the enormous economic challenges facing all local authorities, and the challenge of a growing population, we continue to look for further improvement in our and we are committed to working closely with our partners in Health to provide a more joined up experience of health and social care. This is the summary of the improvements we are committing to over the coming year:

1. We will work to reduce the waiting lists for Carer's assessments.

2. We will work to increase direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

3. We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.

4. We will provide information and advice on the range of options for choosing my support staff and support in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

5. We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making

6. We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

7. We will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. We will be working to provide support for people in these customer groups to get jobs in the wider economy.

8. We will investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

9. We will continue to increase the availability of reablement care during 2013 and undertake and evaluation of reablement services in reducing the use of long term care.

10. We will support the creation of Neighbourhood Care Teams across the city.

11. We will work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.

12. We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.

13. We will ensure that more than 90% of protection plans are signed where consent has been received.

14. We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

15. We will work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

# Glossary of Common Adult Social Care Terms:

- **Advocacy** - Process of representing the cause and/or acting on behalf of another person, enabling them to express their opinions.
- **Assessed Needs** - The needs of an individual that have been identified as a result of an Assessment. In the case of Social Services subject to Eligibility Criteria.
- **Assessment** - The process whereby the needs of an individual are identified and their impact on independence, daily functioning and quality of life are evaluated so that appropriate care can be planned. It identifies problems and includes all relevant viewpoints. It should be self-contained and time limited culminating in the clear identification of needs and the objectives for how these needs will be met. Where services might be required by more than one agency, multi-agency assessments may be undertaken.

- **Care Manager** - Someone who: Formulates and co-ordinates the care plan and co-ordinates the commissioning of services and people , is responsible for overseeing the care package and is named contact person for individuals with complex social and health care needs
- **Care Package** - A group of services brought together to achieve one or more objectives of a Care Plan.
- **Care Pathway** - An agreed and explicit route taken by individuals through Health and Social Services. It should encompass agreements between respective professionals, to determine when and where, treatment and care will take place.
- **Care Plan** - Is a written statement of service(s) an individual can expect to receive following an assessment of need to achieve the desired outcomes identified and providing a review date and other details.
- **Carer** - Somebody who provides substantial care on a regular basis for another individual aged 18 or over.
    - **Formal Carer** is a person whose job it is to provide personal care and support to a service user.
    - **Informal carer** is a person, such as a relative or friend who provides personal care and support to an individual.
- **Community Care** - The provision of services and support to people who need such services to be able to live independently in their own homes, or in homely surroundings (including residential and nursing homes).
- **Consent** - Permission that is given by an individual for a course of action to be taken.
- **Contact Assessment** - The first contact between an individual and professionals which establishes the nature of the presenting problem and whether there are other potential wider needs. Basic personal information is taken or verified.
- **Day Care** - Provided within Centres to which users travel or are transported. Service providers will vary from statutory agencies such as Health or Social Services to the independent and voluntary sector, and may cater for users with high dependency needs in conjunction with home care and residential provision, and be integral to an intermediate care programme.
- **Delayed Discharge** - Situation when a service user is in hospital and ready for discharge, but whose discharge is delayed is delayed for a variety of reasons.
- **Direct Payments** - Payments made by Social care and health services that enable users the opportunity of purchasing and organising their own care services as an alternative to having them directly provided by Social care and health services.
- **Eligibility Criteria** - The criteria used by councils and health providers to determine whether a person is eligible for service provision. The criteria will take into account the service user's needs and the resources available. Eligibility covers both whether any service will be offered and, if it is, what service, their volume, and (where relevant) frequency.

- **Extra care Housing** - A style of housing and care for individuals that falls between established patterns of sheltered housing and accommodation, and care provided in more traditional residential care homes. Also known as Very Sheltered Housing.
- **Fair Access to Care Services/Eligibility Criteria (FACS)** - The principle that Social Services departments should operate within one eligibility decision for adults seeking social care support. This eligibility criteria is based on a national framework which prioritises risks faced by individuals into four bands, and authorities are expected to adopt these bands in determining their own criteria, with an emphasis on a preventative approach to adult social care.
- **Independence** - Managing everyday living skills to maximise ability, taking account of the support available and needed.
- **Independent Sector** - Includes both private and voluntary social care providers, who may be contracted to provide services on behalf of statutory agencies.
- **Intermediate Care –** Services for people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing NHS inpatient care. Provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery with a planned outcome of maximising independence and typically enabling service users to resume living at home. Time limited, normally no longer than six weeks
- **Joint Funding** - Where two or more agencies, usually Health and Social care and health services agree to share the cost of running a project or service.
- **Key Holder** - A person authorised to keep another person's key.
- **Learning Disability** - Having a significantly reduced ability to understand new or complex information or to learn new skills, or having a reduced ability to cope independently, which started before adulthood and has a lasting effect on a person's development
- **Long Term Conditions** - Refers to support services provided over a prolonged period of time or on a permanent basis to individuals who have difficulties associated with long term illness, or disability
- **Multi-Agency** - A group of representatives from different organisations working together towards a common goal.
- **Outcome** - The end result of the service provided, which can be used to measure the effectiveness of the service for the individual.
- **Providers** - An individual or organisation providing a health, social care or housing service.
- **Rapid Response Service** - A specific service designed to respond rapidly to prevent hospital admission and to facilitate early discharge from A & E.
- **Re-assessment** - A re-evaluation of the needs of a service user, prompted by either a scheduled review, or a contact indicating a change in their circumstances.
- **Referral** - A formal request for an assessment of a person's needs.

- **Referrer** - A person contacting agencies about carrying out an assessment
- **Residential Accommodation** - May take the form of either nursing, or residential care home, that provides 24 hrs care to individuals who, on assessment, have been assessed as no longer being able to be supported at home. Residential accommodation can be either long or short stay.
- **Respite Care** - Designated beds within residential home and hospital settings, available usually on a pre-planned basis to allow a short period of care, often to provide carer relief/support.
- **Review** - This refers to re-assessment of service user's needs and issues, and consideration of the extent to which services are to meet the stated objectives, achieve the desired outcomes and respond to changes in circumstances or service criteria.
- **Risk Assessment** - The assessment of a person's health, their safety, well being and their ability to manage essential daily routines and the impact this has on carers and staff.
- **Self Funding** - When an individual has sufficient funds and is able to make arrangements for and pay privately for their care services.
- **Service User** - An Individual who is in receipt of services from health, social care or housing services.
- **Specialist Assessment** - An assessment undertaken by either a health or social care professional.
- **Valuing People** - A Government White Paper published in March 2001, which detailed the national development of services for people with learning disabilities.

# Useful Contacts:

**Customer Access and Assessment Team**

PO Box 402, York YO1 6ZE.

Tel: 01904 555111 fax: (01904) 554055

email: **adult.socialsupport @york.gov.uk**

Text referral only: 07534437804

opening Times - 8.30am to 5pm Monday to Friday

**Equip Yourself.** Online self-assessment and advice: **www.equip-yourself-york.org.uk**

**Complaints & Feedback and General Council Enquiries**

City of York Council, Library Square, York, YO1 7DU Tel: (01904) 551550, Fax: (01904) 553560, Minicom: (01904) 553562 - Opening Times - 8am to 7pm

**Directory of Services:** Information on community support and social care in the City of York. **www.mylifemychoice.york.gov.uk**

**Emergency duty team -** tel: 0845 034 9417, fax: 01609 532009,

email: edt@northyorks.gov.uk
**Mondays to Thursdays: 5.00pm to 8.30am Weekends: 4.30pm on Fridays until 8.30am on Mondays Bank holidays: on duty all over the bank holidays**

**For Further Information – Internet Links:**

Carers Strategy: http://www.york.gov.uk/health/carers/strategy/

Health & Wellbeing Strategy: TBC.

JSNA: http://www.york.gov.uk/health/yorknhs/healthandwellbeing

City of York Council Plan: http://www.york.gov.uk/council/plan/

Department of Health: http://www.dh.gov.uk/en/index.htm

Care Quality Commission: http://www.cqc.org.uk/

Dream Again – York's Strategic Plan for Children and Young People: http://www.yor-ok.org.uk/Workforce/About%20YorOK/dreamagain

# *Survey & 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 adult 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 year's 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.

**By Post:**

**Adults Children & Education (ACE)**
**10-12 George Hudson Street**
**York**
**YO1 6ZE**

**By email:**

**haveyoursay@york.gov.uk**

**Online:**

**www.Surveymonkeylink.co.uk**