

# ***Shaping Tomorrow***

**Families & Wellbeing Directorate**

**Department of Adult Social Services**

**Local Account**

**2013/2014**

# Contents

<b>Introduction from Director of Adult Social Services</b>	<b>3</b>
<b>Our Vision for Adult Social Care</b>	<b>4</b>
<b>Key Facts and Figures</b>	<b>6</b>
<b>Overview of Performance</b>	<b>7</b>
<b>Expenditure/Budget</b>	<b>9</b>
<b>What we said we would deliver in 2013/2014</b>	<b>13</b>
<b>Future Plans</b>	<b>26</b>
<b>Glossary</b>	<b>30</b>
<b>Feedback form</b>	<b>31</b>

## Introduction from Director of Adult Social Services

PICTURE



### Graham Hodgkinson

“It gives me great pleasure to introduce you to Wirral’s second Local Account setting out how we have supported the people of Wirral during 2013/2014”.

The local account tells you about some of the work that Adult Social Care has been doing in the last year. It explains some of our plans to make services and support better, as well as some of the things that we need to improve.

We are working hard to make sure that we provide the right support to people who need it, but we are also looking at ways of preventing people from needing support in the first place. We continue to work with local partner organisations to make sure this happens.

We are committed to ensuring that money spent enables people to have care and support that improves their lives, provides value for money and that choice and control is at the heart of all we do.

We would like you to help us get better at telling you about the work we do. Please let us know what you think of the report by completing the feedback form on page 31. If there is anything else you would like to know about please contact us on 0151 606 2006.

## Our Vision for Adult Social Care

The Council has been organised into three main Directorates –

- Families and Wellbeing
- Regeneration and Environment
- Transformation and Resources

Adult Social Services is part of the Families and Wellbeing Directorate along with Children and Young People's Services and Sports and Recreation. The Directorate is led by Clare Fish, who is the Strategic Director.

### **The Council's Purpose and Vision is set out below:**

**Our Purpose:** To support a more healthy, safe and prosperous borough through:

- Local solutions, local decisions
- Promoting independence
- Driving growth and aspiration

**Our Vision:** "Wirral will be a place where the vulnerable are safe and protected, where employers want to invest and local businesses thrive, and where good health and an excellent quality of life is within the reach of everyone who lives here"

### **Adult Social Services**

In line with the Corporate Plan for 2014-2016 we have an agreed approach to totally transform our services for adults over the next two years. This transformation will implement a change in culture – moving away from social security to social productivity. We will also shift our focus – away from professions and organisations onto residents and communities.

This means we will involve people who use our services in the design, delivery, commissioning and evaluation of the services they use.

We will work with our partners in the NHS to integrate health and social care in a way which looks at the 'whole person' as opposed to individual elements of an individual's care needs. It will also mean we will work much more closely with partners looking at how we can deliver services better together.

We will strive to ensure all residents, especially the most vulnerable, are given the tools to enable them to make the choices that are right for them and their families. We believe this will help to deliver healthier and happier outcomes for those who need our help the most.

The council is looking to align all of its commissioning activity in to a Strategic Commissioning Hub to ensure effective joint commissioning across council provision as appropriate. This will mean more streamlined commissioned services, e.g. for advice and information across all service areas.

Personal Budgets and Direct Payments will increasingly support more people to have increased choice and control, and enable them to choose from a wider menu of services.

The Partnership between Adult Social Care and Health will be strengthened with the development of jointly commissioned services, the development of integrated teams and integrated front line delivery services.

As we improve to deliver a wider range of community based provision, including more Extra Care Housing provision the spending on Residential and Nursing Care will decrease as fewer people will need those services.

Services for staying well and at home will be further strengthened with the development of fast and responsive early intervention, intermediate care, reablement and domiciliary provision (including overnight) with an improved housing offer to support this. This will be supported by an improved offer for Assistive Technology and Telecare as a joint commission with the Clinical Commissioning Group.

There will be more emphasis on people developing their own resources for support within their own natural support networks and communities. Providers will be expected to work with people to develop these natural links and support people to achieve this.

DRAFT

## Key Facts and Figures

	<u>2012/13</u>	<u>2013/14</u>
Complaints received about Adult Social Care	<b>252</b>	<b>328</b>

	<u>2012/13</u>	<u>2013/14</u>
Compliments received about Adult Social Care	<b>45</b>	<b>41</b>

	<u>2012/13</u>	<u>2013/14</u>
Adults who received an Adult Social Care service	<b>9,674</b>	<b>9,861</b>




	<u>2012/13</u>	<u>2013/14</u>
Adults who received a Personal Budget or Direct Payment	<b>6,259</b>	<b>6,677</b>






	<u>2012/13</u>	<u>2013/14</u>
Adults receiving permanent Residential or Nursing care	<b>1,622</b>	<b>1,595</b>

	<u>2012/13</u>	<u>2013/14</u>
Adults who received a Package of Care	<b>8,052</b>	<b>8,266</b>

## Overview of Performance

The table below shows our performance for the last two years and whether performance was better or worse in 2013/14 compared to 2012/13.

<b><u>Measure</u></b>	<b><u>2012/13</u></b>	<b><u>2013/14</u></b>	<b><u>Did we do better in 2013/14 than in 2012/13</u></b>
Proportion of people using social care who receive self directed support.	<b>79.0%</b>	<b>83.9%</b>	
Proportion of service users in receipt of a community based service.	<b>82.1%</b>	<b>83.2%</b>	
Proportion of adults with a learning disability in paid employment.	<b>7.3%</b>	<b>7.0%</b>	
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.	<b>909</b>	<b>831.3</b>	
Delayed transfers of care (aged 18 years and over) attributable to Adult Social Care, per 100,000 population.	<b>2.4</b>	<b>1.4</b>	
Number of episodes of reablement or intermediate care intervention for clients aged 65 years and over, per 100,000 population.	<b>260.91</b>	<b>311.5</b>	
Overall satisfaction of people who use services with their care and support.	<b>66.7%</b>	<b>63.0%</b>	
Proportion of people who use services and carers who find it easy to find information about support.	<b>65.4%</b>	<b>75.9%</b>	

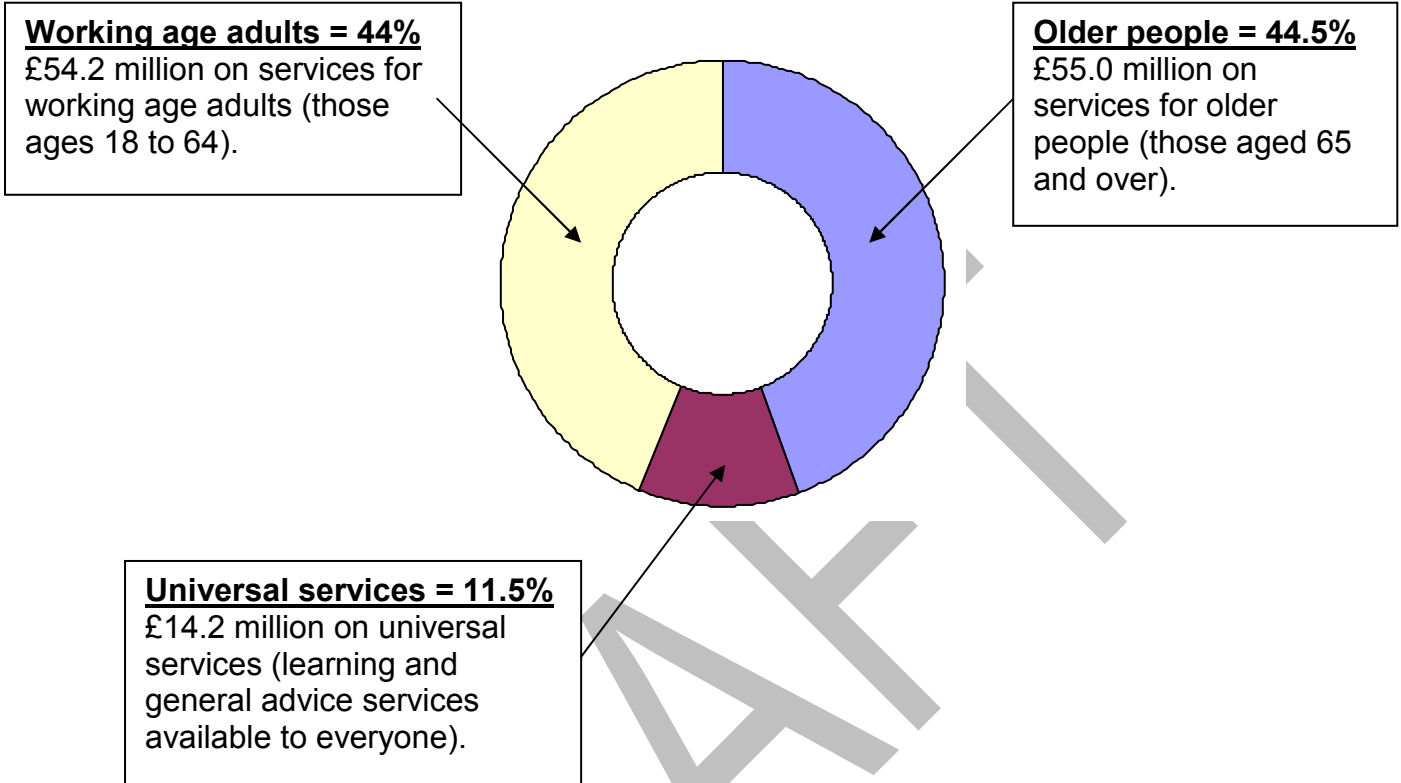
Social care assessments completed within 28 days.	<b>84.06%</b>	<b>97.7%</b>	
Proportion of people who use services who say that those services have made them feel safe and secure.	<b>85.6%</b>	<b>71.7%</b>	
Percentage of Safeguarding Referrals actioned within 24hrs.	<b>84.1%</b>	<b>98.4%</b>	
Percentage of completed scheduled monitoring visits to residential homes.	<b>81.0%</b>	<b>100%</b>	
Projected net expenditure for 2013-14 as a percentage of the 2013-14 net budget for Adult Social Services.	<b>117%</b>	<b>100%</b>	

DRAFT



# Expenditure/Budget

## Adult Social Care Budget 2013/14



**Adult Social Care**  
**£123.4 million**

<p><b>Residential &amp; Nursing Care</b></p> <p><b>£46,524,600</b> <b>38%</b></p> <p>e.g. Long Term Care</p>	<p><b>Personal Budgets</b></p> <p><b>£34,034,500</b> <b>28%</b></p> <p>e.g. Direct Payments, Personal Care</p>	<p><b>Preventative Services</b></p> <p><b>£6,745,600</b> <b>5%</b></p> <p>e.g. Assistive Technology</p>	<p><b>In-house Services</b></p> <p><b>£8,262,700</b> <b>7%</b></p> <p>e.g. Day Services, Respite, Supported Employment</p>	<p><b>Reablement</b></p> <p><b>£2,506,800</b> <b>2%</b></p> <p>e.g. STAR Service</p>	<p><b>Staffing &amp; Support</b></p> <p><b>£25,400,800</b> <b>21%</b></p> <p>e.g. Social Workers, Support Staff</p>
--	--	---	--	--	---

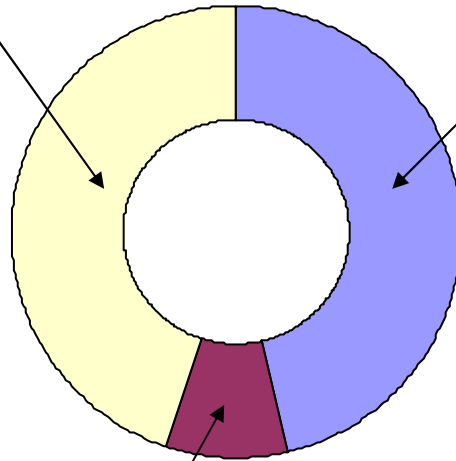
## Adult Social Care Budget 2014/15

### **Working age adults = 45%**

£51.3 million on services for working age adults (those ages 18 to 64).

### **Older people = 46%**

£52.8 million on services for older people (those aged 65 and over).



### **Universal services = 9%**

£9.7 million on universal services (learning and general advice services available to everyone).

## Adult Social Care

**£113.8 million**

Residential & Nursing Care	Personal Budgets	Preventative Services	In-house Services	Reablement	Staffing & Support
<b>£44,286,300</b> <b>39%</b>	<b>£33,571,200</b> <b>29%</b>	<b>£6,035,500</b> <b>5%</b>	<b>£8,382,800</b> <b>7%</b>	<b>£2,370,500</b> <b>2%</b>	<b>£19,218,100</b> <b>17%</b>
e.g. Long Term Care	e.g. Direct Payments, Personal Care	e.g. Assistive Technology	e.g. Day Services Respite, Supported Employment	e.g. STAR Service	e.g. Social Workers, Support Staff

## Efficiencies

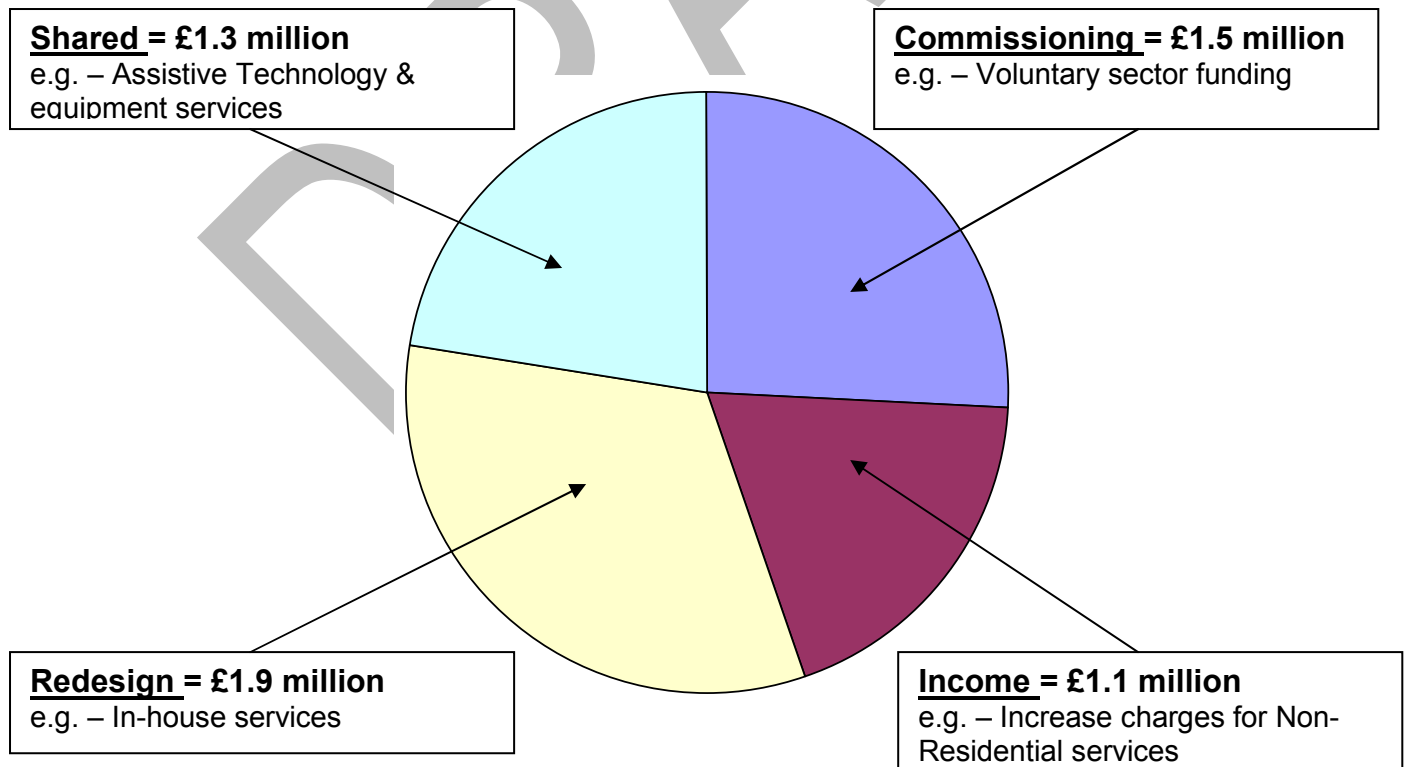
As part of the Future Council project and transforming services a number of efficiencies were required to make savings due to the decrease in budget available to the department.

Following the What Really Matters consultation work has been carried out to identify specific areas where savings can be made through commissioning, redesigning, sharing and generating income.

These efficiencies include –

- Review of in-house day services
- Review of Assistive Technology & equipment services
- Increase in charges for Non-Residential services
- NHS investment in re-ablement services
- Review of voluntary sector funding
- Review of NHS and Continuing Health Care funding
- Review of in-house residential and respite services
- Re-tender existing contracts for Extra-Care Housing

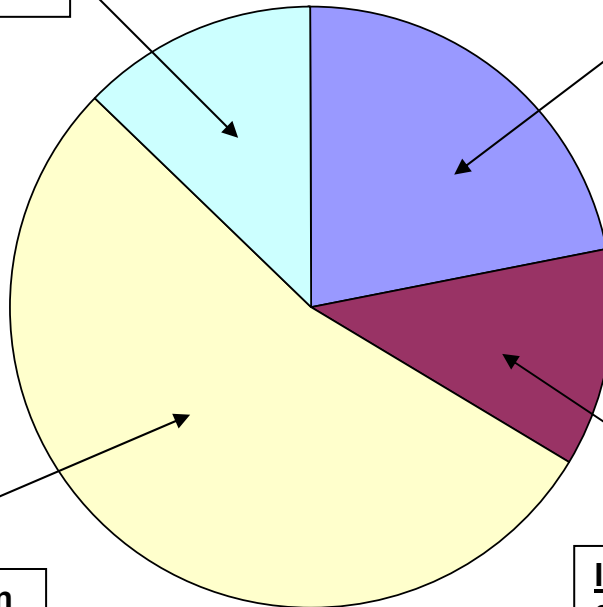
For the financial year 2013/14 the efficiencies above provide a total saving of **£5.8 million** as identified in the key themes below –



For the financial year 2014/15 further efficiencies have been identified that will achieve a total saving of **£11 million** which are detailed in the key themes below –

**Shared = £1.4 million**  
e.g. – Review of Mental Health services

**Commissioning = £2.4 million**  
e.g. – Review of Shared Lives Scheme



**Redesign = £5.9 million**  
e.g. – Intermediate care

**Income = £1.3 million**  
e.g. – Increase charges for Respite/Short Term care

DRY

# What we said we would deliver in 2013/2014

## Directorate Objectives

What we said we would do in 2013/14	What we have done
1. Enhance the quality of life for people with care and support needs.	<ul style="list-style-type: none"><li>• Restructured Assessment and Care management teams into Neighbourhoods</li><li>• Revised the Contracts for Domiciliary care providers into tier's based on Neighbourhoods</li><li>• Introduced dedicated Quality Assurance monitoring</li><li>• Implemented a Mobile Night service</li><li>• Developed Extra Care housing schemes</li><li>• Reviewed Day Care services</li></ul>

### Neighbourhood Working

The council plans to deliver services locally on a neighbourhood level and has started to commission services to support this model.

Assessment and Care management teams have been restructured into the 4 neighbourhoods, and plans are underway with Clinical Commissioning Group colleagues to deliver integrated front line provision with community health provision, so that there is an integrated health and social care response for people at the earliest opportunity.

This will help to:

- Understand demand, needs and what matters most for local communities, households and individuals. Design services to meet those needs and make a difference
- Services will be designed based on consultation with stakeholders and will be reviewed. The commissioning activity will support the identified needs of local communities
- Commissioning will be underpinned by evidence of what is required and what will prove most effective

### Domiciliary Care Contract

The department completed a re-tender exercise following a review of the provision of domiciliary care and reablement services to improve the quality, flexibility and responsiveness of provision and to continue to deliver value for money.

A core aim of this tender exercise was to promote and support the principles of the ethical care charter to drive quality and standards and to secure better

conditions for the care workforce. Decisions as to which Providers were successful were based on a rating of 40% price and 60% quality.

Following the re-tender there are a reduced number of providers who deliver services based on four geographical zones.

As a result of this process some changes to the Providers used was unavoidable. We have however sought to minimise any disruption by exploring if care workers can transfer to the new provider, or offer a direct payment so clients can choose to keep their current provider as appropriate.

### **Quality Assurance**

Within the department there is now a team dedicated to Quality Assurance. They are responsible for monitoring Providers of care, sharing good practice and raising standards to ensure services are provided efficiently.

Providers complete self assessment forms which are evaluated by Quality Assurance Officers and visits take place on a regular basis to validate the information detailed within the self assessment.

Recommendations are put into place when improvements are identified and the Quality Assurance Officers work closely with Providers to support them in applying good practice. The officers have built close working relationships with many Providers and often help identify other areas for development.

It is essential to ensure that any problems are identified at the earliest opportunity to help Providers ensure they are delivering the best service possible.

### **Mobile Nights**

The service runs throughout the night (10pm to 8am) and provides care in an individual's home. The service is able to respond to both planned and unplanned episodes of care and facilitates both admissions prevention and discharge from hospitals and care homes.

The service provides a valuable alternative to buildings based services and will enable those with long term care needs and conditions to be managed effectively at home, therefore reducing the need for building based services.

### **Extra Care Housing**

The term 'Extra Care' housing is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living. Extra Care housing can meet the needs of older people, people with physical or learning disabilities, frailty or health needs which make ordinary housing unsuitable but who do not need or want to move to long term care (residential or nursing homes).

There are five purpose-built extra care schemes funded by the Council to provide 191 general tenancies and 10 specialist dementia related tenancies.

The schemes provide on-site domiciliary support and leisure facilities to enable older people to lead active and independent lives for as long as possible.

There are currently plans in place for the provision of 102 new units of Extra Care housing during the period 2014 – 2017 through different schemes in Wallasey, Pensby and Birkenhead.

### **Day Care**

A number of changes have been consolidated, with services being relocated and realigned and teams moving to provide services elsewhere and in different ways.

Fernleigh in Leasowe closed in August 2013, with services repositioned elsewhere, while Union Street and Prenton Day Centres closed, with services offered at Beaconsfield, or on an outreach basis.

Moreton Day Centre has also closed, with services moving to smaller refurbished premises in Oakenholt Road, which will give people the chance to maintain their local links if they wish to do so.

These changes include greater use of person-led assessment and self directed support which means that people now have more choice and control over how they manage their budget, and there is greater flexibility over how people spend their personal budget.

#### **For objective 1 we have achieved the following outcomes –**

- Provided integrated high quality services in local settings
- Transformed in- house services through engagement with local communities, residents and carers
- Ensured that people with long term conditions are maintained within their own homes
- People are supported to return home from emergency interventions with care and support as an alternative to residential care
- Ensured that people can manage their own support as much as they wish
- People are supported to be discharged from care settings with an extended care package

<b>What we said we would do in 2013/14</b>	<b>What we have done</b>
<b>2. Delay and reduce the need for care and support.</b>	<ul style="list-style-type: none"> <li>• Purchased Just Checking an activity monitoring system</li> <li>• Reviewed Voluntary, Community and Faith Sector contracts</li> <li>• Secured Public Health Outcomes fund</li> </ul>

## **Just Checking**

Just Checking is an easy-to-use online activity monitoring system that helps people who are becoming forgetful to stay independent in their own home.

The system is easy to install, simple to use, and creates a clear chart of daily living activity that you can view securely online. Small wireless sensors in the main rooms of the house generate a chart of activity as the person goes about their daily life.

Just Checking brings peace of mind as you'll be able to see that arrangements are taking place as planned. You can also set up text or email alerts for when things are not quite as expected such as:

- Not being up and about in the morning
- A care visit hasn't arrived
- A door has been left open
- A night time exit

Just Checking is currently being used by more than 150 Local Authorities/NHS trusts throughout UK and has proven to be really useful equipment that has helped people stay at home for longer.

We have purchased 10 multi person kits which are currently being utilised with a view to purchasing more to be rolled out across other services.

## **Voluntary, Community and Faith Sector contracts**

From 1<sup>st</sup> April 2014 the contracts for the Voluntary, Community and Faith Sector have been reviewed and consolidated into four groups –

- **Information & Advice** includes Carers helpline and register and Advice 4 All
- **Advocacy** supporting and enabling people to access information and services exploring options and choices
- **Day Services** offering Day Centres and Day Opportunities/Drop-in's across Wirral
- **General Support** offering a range of services from befriending, shopping, gardening, DIY to days out, Drop-in sessions and cold weather army

## **Public Health Outcomes Fund**

The department has secured funding from the Public Health Outcomes Fund to support initiatives that will make a positive impact on the Health and Wellbeing of the Wirral population. The key theme of the projects is Early Intervention and Prevention. The projects include –

- Delivering Health Champion Training to Independent sector reablement workers and staff within the voluntary, community and faith sector
- Provision of a mobile night domiciliary care pilot service



- The Breeze© COPD Long Term Conditions Programme
- Physical Activity Long Term Adherence Programme & Pathway
- Establish two living support networks for adults with learning disabilities and those with mental health problems, in the Wirral

**For objective 2 we have achieved the following outcomes –**

- Ensured that when people need support that the support received enables them to regain their independence
- Reduced the need for formal care and support by increasing the use of high quality cost effective prevention services

What we said we would do in 2013/14	What we have done
<p><b>3. Ensure that people have a positive experience of care and support.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed Feedback Questionnaires</li> <li>• Agreed to contract for an independent Direct Payment Advisory Service</li> <li>• Developed a Carers Strategy</li> <li>• Skills around the person project</li> </ul>

**Feedback Questionnaires**

A review of customer feedback for both service users and carers was undertaken in May 2013 to establish how and where feedback is currently gathered by the department with a view to implementing a more focussed and consistent approach.

Feedback is currently gathered via a number of different methods including directly by service providers.

Following the review it was identified that future developments are required in the following areas –

- Have a consistent and formalised questionnaire that is given to service users and carers
- Have a formalised system for recording feedback
- Have a system to analyse feedback and identify key tasks that need to be completed to improve services and good practice
- Clear identification of who the information should be reported to
- Have a central point where all feedback is fed into so that it can be collated and reported on when required

The above will help to ensure that feedback is consistent, analysed and used to help make improvements to services where required.

## **Direct Payments Support Service**

The department has agreed to contract with an independent provider to support the Direct Payment service.

The Provider's services will be available to Wirral Council Direct Payment Recipients and other people who use services interested in the scheme.

The services available from the Provider will:

- Support and enable Direct Payments recipients to effectively run and remain in control of their personal Direct Payments
- Contribute to the development of Direct Payments in Wirral through partnership with all stakeholders recognising and valuing the distinctive contributions each party can make
- Support and enable people who use services to live independently
- Empower people who use services to take control of their own lives
- Enable people who use services to make choices regarding their own care or support
- Interface and collaborate effectively with other agencies and services (e.g. advocacy service) providing a seamless service for people choosing Direct Payments

The services to be provided will include:

- **Information and advice**
- **Statutory requirements**
- **Payroll and Managed Account Services**
- **Monitoring and Review**

## **Carers Strategy**

The Carers Partnership Board, the multi-agency committee whose role is to improve and develop support for Carers, agreed the development of a new Wirral Carers Strategy.

The vision is –

**Carers in Wirral will feel supported in their caring role, feel valued within their communities and recognised by professionals for their valuable contribution.**

In the challenging economic times that we have today, it is important that services provided through the statutory, voluntary, community and faith sector groups work together to support the most vulnerable in our society. Carers are amongst those that we want to support.

One in eight people living in Wirral provide support to a family member or friend because they have ill health, a disability (physical, learning, mental health), drugs or alcohol problem or are amongst the growing numbers of older people who are frail. We recognise that Carers need to be supported to enable them to continue to carry out their caring responsibilities.

Supporting Carers is not just about services, it is about providing support, information and advice and recognising the valuable contribution that Carers make. It is also about identifying those people who do provide care for another person, even if the majority of those people do not recognise themselves as a Carer.

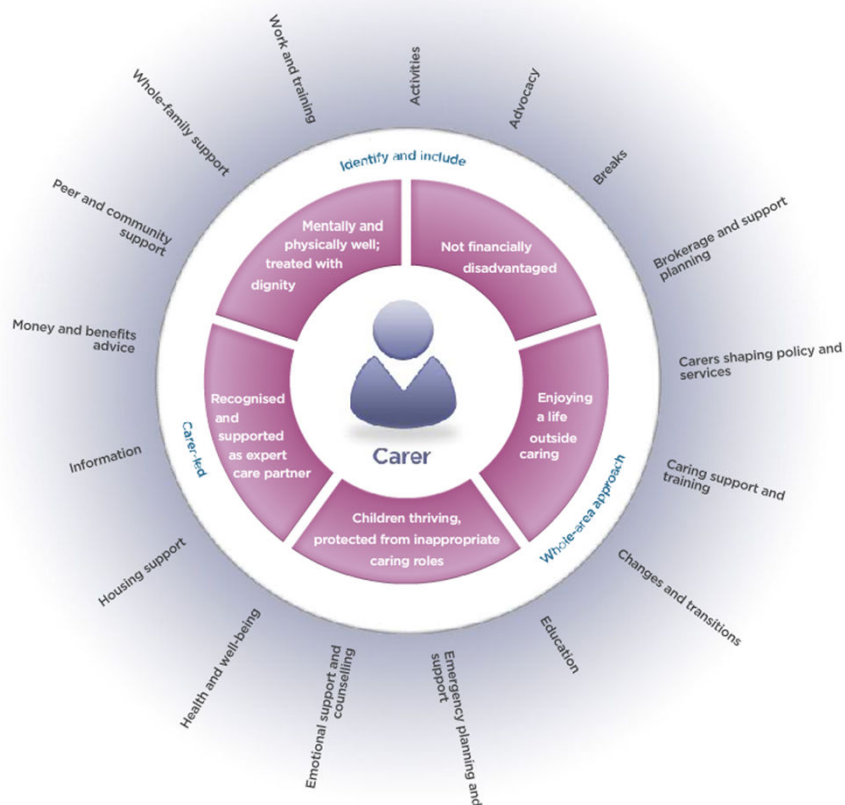
The focus for Wirral Council, the Clinical Commissioning Groups and all our partner agencies will be to embrace the vision and build in to their planning processes the following:

- Developing information and services for Carers
- The Carers role and development
- Carer involvement and empowerment

This will be achieved by:

An improvement in recognising and identifying Carers across all agencies; Staff and volunteers will have an awareness and understanding of people who provide unpaid care for others.

- Working towards Carers being able to access services within their communities
- Improving the support networks for Carers, signposting them to the available support services and encouraging the development of Carer support networks so that they can continue with their caring role
- Continuing to encourage GP's and other front line staff to identify Carers who can benefit from health checks and utilise preventative techniques such as the Carers Emergency Contact Card
- Building stronger links to education and training to support Carers, ensuring they feel supported to undertake training or education to develop new skills and continue to work
- We will promote the rights of working Carers
- Supporting Carers to maintain a life outside their caring role
- Promoting community services that are accessible to all people



### Skills around the person project

A community based sports group has been developed for users attending Cambridge Road Day Centre following initial requests to attend swimming. We offered to support people in the local leisure centre for a full day and individuals took part in swimming, boccia, badminton and volleyball.

People who attended this session were so enthusiastic that it was not long before other users were asking to attend the leisure centre sports group. To meet these requests we set up a Friday group supporting 26 people who would normally attend day services.

These individuals were supported by staff to attend their local leisure centre and group sessions started with a series of warm up exercises which have been tailored to suit individual's physical needs within the group.

A total of 214 people were approached via 1 to 1 meetings and questionnaires where they were asked to give their evaluation of the sports. We are currently supporting 49 people to participate in sports in the local community and the range of sporting activities has grown from 6 to 21 as people have their own sporting timetable tailored for them.

The feedback has been really positive as the sports group has helped improve fitness, mobility, wellbeing, mood, behaviours, self worth and confidence.

**For objective 3 we have achieved the following outcomes –**

- Provided universally accessible information and support to people and their carers
- Ensured that people who use social care services are involved in the planning and evaluation of those services and are satisfied with their experience of care and support services

What we said we would do in 2013/14	What we have done
<p><b>4. Safeguard adults whose circumstances make them vulnerable and protecting them from harm.</b></p>	<ul style="list-style-type: none"> <li>• Implemented a Corporate Safeguarding Unit</li> <li>• Safeguarding Adults Partnership Board</li> <li>• Participated in a National Safeguarding pilot</li> <li>• Delivered Multi Agency training</li> <li>• Undertaken a critical incident review</li> </ul>

**Corporate Safeguarding Unit**

We have implemented a Corporate Safeguarding Unit to ensure there is a consistent approach between Adults and Children in Wirral.

We will also be developing a Multi Agency Safeguarding Hub that brings together professionals from a range of agencies into an integrated multi-agency team. This will help to ensure a faster, more co-ordinated and consistent response to safeguarding concerns for both Adults and Children.

**Safeguarding Adults Partnership Board**



In Wirral we have a Safeguarding Adults Partnership Board which is made up of partners and stakeholders who work closely together to protect vulnerable people from abuse and harm. These partners include the NHS, housing, the police, hospitals, the Care Quality Commission, the voluntary sector, people who use services and carers. The board helps to ensure that there is clear governance and accountability.

The goals for the Partnership Board are –

- To improve the functioning and accountability of the Safeguarding Adults Partnership Board
- To strengthen joint working arrangements between Wirral Safeguarding Adults Partnership Board and Wirral Safeguarding Children Board
- To develop a system for the completion of Case Reviews including the dissemination of learning across all Partners
- To ensure the workforce is adequately trained in order to undertake their responsibilities in relation to Safeguarding Adults

- To agree and implement a robust Quality Assurance Framework across the partnership for Safeguarding Adults
- To develop a Communication & Engagement strategy for the board to enable effective engagement with all stakeholders and local communities and to raise awareness of the work of the board

### **National Safeguarding pilot**

Wirral was one of 52 Local Authorities who contributed to the Making Safeguarding Personal project.

The project was initiated to collate valuable information from Local Authorities as to the processes, outcomes for individuals, impact on social work practice and cost effectiveness.

The Making Safeguarding Personal development project has made some important observations. It is clear that people want to feel in control and are more likely to do so when an outcome focused, person centred approach is used.

There is a need to move adult safeguarding from a process driven approach to one that is focused on improving outcomes for, and the experience of, people who are referred to the service.

### **Multi Agency training**

We have developed and launched an Annual Multi-Agency Safeguarding Training Plan that reflects the lessons learnt from national and local Case Reviews which meets the need of the workforce in Wirral.

The Safeguarding Adults Partnership Board aims to ensure that sufficient, high-quality multi agency training is available and can demonstrate its effectiveness and impact on improving practice and the experiences of Adults at Risk and carers.

All training coordinated by the Safeguarding Adults Partnership Board reflects a commitment to:

- Promote partnership and multi-disciplinary working
- Increase the understanding of respective roles and responsibilities
- Ensure a coordinated approach to safeguarding adults from harm / abuse.

We will be undertaking an annual evaluation detailing the impact of learning and development on practice. This is to ensure findings are used to inform the Training plan for the forthcoming year. We have also developed E-learning training packages.

### **Critical incident review**

The department has undertaken a critical incident review which was to identify recommendations that need to be taken forward to improve practice. The

review is to ensure lessons are learned and actions are taken to try to prevent future occurrences.

**For objective 4 we have achieved the following outcomes –**

- Ensured that there are robust arrangements in place in order that vulnerable people are kept safe and protected
- Ensured that the provision of support and care in the independent sector is of the highest possible quality

What we said we would do in 2013/14	What we have done
<p><b>5. Transform the business to be as efficient and effective as possible.</b></p>	<ul style="list-style-type: none"> <li>• Developed plans for the Better Care Fund</li> <li>• Agreed to implement a new Social Care IT system</li> <li>• Delivered a Balanced Budget</li> <li>• Reviewed Polices and Procedures</li> </ul>

**Better Care Fund**

The Better Care Fund (BCF) provided by Government is explicitly intended to integrate health and social care systems at a local level. It provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support and in doing so, providing them with a better service and better quality of life.

There are six national conditions for the Better Care Fund –

- Protection of Adult Social Care Services
- Understanding the Impact on Acute Services (e.g. the Hospital)
- 7 day working (focusing on admission avoidance and 7 day discharge)
- IT and information sharing, including use of NHS number
- Joint assessment, care planning and lead professional
- Joint sign off across the economy

Within The Better Care Fund locally we will ensure that we jointly –

- Improve key outcomes
- Improve health and wellbeing of individuals in our community
- Support independence
- Manage complex care and provide care closer to home
- Integrate our approach to commissioning
- Improve quality of care
- Adopt national and international best practice



### **Implementation of a new Social Care IT system**

In March 2013 the Council commenced the procurement process for the supply of an integrated social care case management system. Following this process it was agreed to implement a new social care IT system, Liquidlogic. This project is currently underway with a planned go live in September 2014.

Some of the benefits of implementing the new system include –

- Integrated communication between Children’s and Adults
- Review of all business processes to make improvements and efficiencies
- **Citizen/Client Portal** – creates the ability for our citizens to interact with social care at a time and place of their choosing and enables citizens to become directly involved in constructing their care plan
- **Provider Portal** – a solution that enables external suppliers to exchange information with the Council relating to social care services, actual invoices and contracts
- **Service Directory** – provides a repository of all services offered by Health and Social Care statutory providers and includes the ability to communicate with accredited third sector partners and the voluntary sector. Citizens can search for information and advice, communicate and respond to Social Care episodes, and purchase care provision directly

### **Balanced Budget**

For the financial year 2013/14 the department has successfully achieved a balanced budget. This reflects the strength of our financial planning and demonstrates that services have been effectively commissioned and provided within scope of the funds available to the department.

### **Policies and Procedures**

The department has reviewed its Policies and Procedures to ensure there is transparency and consistency across the department. The review has helped to ensure we are applying best practice and the business is as efficient as



possible. Clear Policies and Procedures also enable effective performance management.

**For objective 5 we have achieved the following outcomes –**

- Improved systems and processes
- Managed the development and performance of all our employees
- Delivered a balanced budget

DRAFT

## Future Plans

The focus for 2014/15 will be to –

- Develop and deliver the integrated transformation plan with health Partners
- Re-model early intervention and prevention services to ensure we manage demand efficiently and community based care effectively e.g. developing services, early help services
- Ensure that safeguarding arrangements for vulnerable adults continue to strengthen, informed by national learning
- Develop the All Age Disability service for Adults
- Develop a strategic approach for commissioning Council services

The areas of work include –

### **7 Day Working**

We will be implementing a 7 day working week for community services which will focus on Admissions Prevention, Integrated Discharge, Care Arranging, Step up/Step down and planned acute care.

This will help to ensure that people do not stay in Hospital any longer than necessary as the appropriate services will be able to be arranged 7 days a week.

We are already committed to a programme of work which is working towards:

- Development of Integrated Care Co-ordination Teams (ICCTs)
- Focusing on 7 day care provision across primary and social care
- 7 day admissions avoidance
- 7 day discharge facilitation across all services
- More effective joint commissioning of key services
- Developing more effective community interventions such as falls response and prevention services, assistive technologies, community equipment, appropriate mental health and dementia interventions
- Redesign of existing services
- Supporting reduction of capacity in acute care

The Integrated Discharge Team will be further enhanced to provide a level of coverage and resource that will ensure effective communication and co-ordination across in-patient and community services.

This will ensure that people's needs are met at the right time, in the least dependent setting and the one that delivers the best outcomes for that individual. The integrated nature of the service will ensure that people have the opportunity to achieve their maximum recovery, independence or potential. The service will –

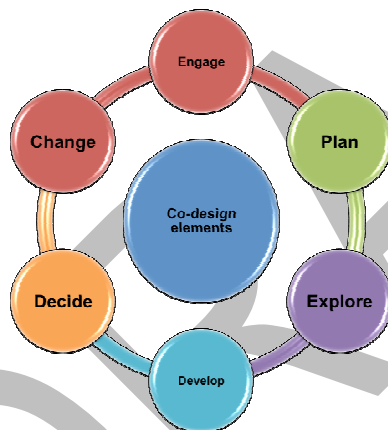
- Provide timely, responsive and appropriate assessment and discharge pathways for patients with ongoing needs

- To continuously assess care needs with patients/users and their carers and facilitate decisions regarding their discharge and future care
- Provision of a service designed to bridge the gap between hospital/home and community. To ensure maximum co-ordination with neighbourhood teams and community services
- Work together as part of a Multi Disciplinary Team with all key partners including therapists ward staff, physicians to ensure a programme of care that will maximise physical, psychological and social functions and independence
- Promoting health and active life

### **Day Care**

It has been agreed to develop a Local Authority Trading Company for Day Care services. The project will include a development of a co-design group which will involve parents, carers, people who use services and staff.

Invitations for people to express an interest in being part of the group will be sent out shortly and the expression of interest is designed to seek people with specific skills, knowledge and abilities to contribute to the co-design project.



This project is currently in the early stages and further consultation and feedback will be required. The proposal for implementation is likely to be in 2015.

### **Care Bill**

The Care Bill in England will create a single modern piece of law for adult care and support in England. It will update complex and outdated legislation that has remained unchanged since 1948.

The Bill will introduce a care and support system that is clearer, fairer and fit for the future. It focuses on people's wellbeing, supporting them to live independently for as long as possible. Care and support will be centred on people's needs, giving them better care and more control over the care they receive. It will also provide better support for carers.

From April 2015 we will have a new duty to support, develop and shape the social care market locally to deliver identified outcomes for individuals and

communities. The aim is to encourage providers to shape their services to meet the needs of individuals directing their own plans of support as well as those who don't, demonstrating good outcomes and improved models of practice to support the personalisation of social care locally.

Delivering services which are closer to home and that support the development of social capital are at the centre of our identified social care outcomes. We will work with providers to ensure that whilst safeguarding and quality requirements are met, people are signposted to local universal services.

### **Commissioning**

There are proposals for revised Commissioned Contracts to be implemented from 2015/16 for the following services –

- Sensory Services
- Luncheon Clubs
- Assistive Technology joint commission with health working with Falls Prevention and Community Equipment Store
- New Service Specification for external Disabilities Day Services
- Homeshare Scheme
- Deprivation of Liberty Safeguards (DoLS)

### **Vision 2018**

Locally, leaders of health and social care have agreed to work in partnership to develop a health and social care strategy called "Vision 2018." Our aim is for quality of care and outcomes to be protected and enhanced, despite increased costs and a potential reduction in funding.

The Vision 2018 Group consists of health and social care leaders, working in partnership to address these challenges together, with the following agreed vision –

**To ensure the residents of Wirral enjoy the best quality of life possible, being supported to make informed choices about their own care, and being assured of the highest quality services.**

To achieve this we commit to the following principles:

- Our strategy will promote good health and seek to reduce health inequalities
- Everything we do is aimed at improving outcomes and the experiences of the population of Wirral, and of the people who use our services, their families and carers
- We will engage with the people who use our services as partners, establishing a new and equal relationship with our professional staff in co-designing and continually improving services
- We will promote early intervention and prevention, supporting people to self-help and supporting the development of strong communities

- We will provide person centered care that considers an individual's physical and mental health and well-being needs, and that supports them to be the best they can
- We will provide care and services focused around the individual, ensuring access to appropriate services at the first point of contact
- We will ensure that the way health and care is provided delivers high quality services which are safe, accessible and sustainable for our future patients and communities
- We will ensure the location of services is in or as close as possible to people's own homes, with hospital and residential care targeted at those whose needs cannot be met in a community setting
- We will ensure our workforce is fully engaged and contributes to the development of this vision and the services that are part of it, and changes appropriately to reflect these developments
- We will maximise the opportunities to make an even greater difference to peoples lives through working with other sectors e.g. housing, voluntary sector

DRAFT

## Glossary

**Direct Payment:** Direct Payments are paid directly to you so that you can pay for the support you choose to meet your needs. It is the main way to receive all or part of a personal budget, if you want to have direct control of the money available for support.

**Deprivation of Liberty Safeguards (DoLS):** The Deprivation of Liberty Safeguards (DOLS) is part of the Mental Capacity Act 2005. They are designed to protect people in care homes and hospitals from being inappropriately deprived of their liberty.

**Mental Capacity Assessments:** The Mental Capacity Act 2005 protects vulnerable people who are unable to make their own decisions. It makes it clear who can take decisions on their behalf, in which situations, and how they should go about this.

**Nursing and Residential Care:** 24 hour care for people who can't manage living in their own home, even with support from home care services. It is available to older people and adults with disabilities. Nursing home care provides nursing care by qualified nurses, or under their supervision.

**Outcome:** A goal you want to reach to meet your needs, for example, "to socialise more with other people outside my own home".

**Personal Budgets:** The amount of social care money you are allocated to meet your eligible needs and the goals set out in your support plan. The support the money pays for might be arranged by Adult Social Care, you, or a combination of both. When part or all of the money in your personal budget is paid directly to you, it is called a Direct Payment.

**Preventative Services:** Support available at an early stage, so that you can stay independent for as long as possible.

**Reablement:** Reablement is support that aims to help you to regain skills, confidence and independence in your life. We work with you to make the most of your abilities within your home environment, and reduce the need for help from others.

**Support Plan:** A plan that describes your social care goals (outcomes) and how you will spend the money available for your support (Personal Budget) to meet them in a way that is right for you.

**Telecare:** A community alarm service that uses sensors placed in a person's home to detect things like fires and smoke, bogus callers and falls.

**Transition:** This is the move that young people aged between 16 and 25 make from children's services to adult social care services.

## Feedback form

We would like to hear your views about our Local Account for 2013/14 so that we can make improvements to next year's report. Please take a few minutes to fill in this feedback form and return it to: Department of Adult Social Services, Old Market House, Hamilton Street, Birkenhead, CH41 5AL

### 1. How did you find out about the Local Account?

- Website
- Library
- Poster
- Other (please specify) .....

### 2. Did you find the Local Account report informative?

- Fully                       Partly                       Not at all

### 3. Was the Local Account report interesting?

- Fully                       Partly                       Not at all

### 4. Was the Local Account report laid out in a way that made it easy to read?

- Fully                       Partly                       Not at all

### 5. Was the Local Account report easy to understand?

- Fully                       Partly                       Not at all

### 6. If you said 'partly' or 'not at all' for questions 2-5, please explain why:

.....

### 7. Did you find the following helpful:

	Fully helpful	Partly helpful	Not at all helpful
The overall Local Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key facts and figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Glossary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 8. Is there anything that you would like to see more or less of in next years Local Account?

.....

.....