



# Hull City Council Adult Social Care Local Account 2011-12 The Quality Report on Social Care



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## 1. Foreword

This is the second year of producing our local account describing how well we are meeting outcomes for our customers, achieving excellence in the delivery of services.

Delivery of services for our customers has been against a back drop of ever tighter public sector funding and a need to make some difficult decisions about how we meet needs and deliver outcomes across the wider adult social care making maximum use of partnerships both internally and externally. This picture of tight public sector financial frameworks will continue for the years ahead up to the next Comprehensive Spending Review.

Despite this backdrop we are committed to meeting the needs of our communities working with users, carers and recipients of services, strengthening our approach to engagement. This year we have engaged our communities in looking at the priorities identified for our joint Health and Wellbeing strategy with 3 key themes: Ready to Play and Learn; Ready to Work and enjoy a good quality of life; Ready to live later life to the full. Our Shadow Health and Wellbeing Board is readying itself to take on its full statutory role in April 2013 and the Council is taking on statutory responsibility for Public Health.

We can be proud of our achievements during the last 12 months and we have worked closely with our partners to make maximum use of funding for adult social care including reablement services with NHS commissioners. Our approach to joint commissioning continues even while the NHS has been going through radical changes, with new Clinical Commissioning Groups of G.Ps being developed. We can evidence closer integration in the delivery of services with health which has led to improved outcomes for customers with greater opportunities to regain daily living skills and promote independence. Keeping customers at the centre of what we do has been behind a greater emphasis on personalisation and person centred care delivery, which has been recognised as best practice. More customers have personal budgets and cash direct payments to self direct their care and have greater choice and control over their lives.

Delivering a more seamless approach, engaging our customers, applying and designing best practice and working with our partners will remain at the forefront of our approach to delivering excellence in what we do and outcomes for our customers.

In this our second local account we can demonstrate improvements in our performance in creating opportunities for vulnerable people to experience choice and independence and being ready to live life to the full. We can be proud of the excellence we have achieved.

**Angela Dunn**  
City Adult Social Care Manager

**Councillor Rilba Jones**  
Adult Social Care Portfolio Holder



## 2. What is a local account?

The Local Account is Hull City Council's opportunity to let people living in Hull know how well adult social care has performed. All local authorities are now required to give people direct feedback about their successes, priorities and challenges.

The Care Quality Commission, which inspects and regulates adult social care no longer carries out an annual inspection of Councils, but will instead use the Local Account to gauge how well councils are performing. They will check that we have the right priorities and are making improvements to the way we work all the time, and will consider how the new approach to sector led improvement has been evidenced.

In this local account, you will find information on what we spend and what we spend it on, what our customers have told us and how we are developing and changing to better meet the needs of the people in Hull.

The Department of Health have introduced the Adult Social Care Outcomes Framework to measure the performance of adult social care departments and are asking questions in relation to four themes;

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

The information about services in this Local Account is grouped under these headings.

Councils are part of an approach to sector led improvement agreed nationally for Towards Excellence in Adult Social Care (TEASC) The Local Account is a key component in judging how well we are meeting the needs of the local community and benchmarking with other Councils.

## 3. What does Adult Social Care provide?

Adult social care services provide support to people who have a disability or long term illness in a variety of ways. Our main aims are to support people to stay as independent as possible for as long as possible, and when they do need extra support, to provide it in such a way that they keep as much control over their lives as they can.

The support we can give includes;

- Direct payments of cash so that people can buy their own care and support
- Care and help at home
- Short term support for people coming out of hospital to tide them over until they're well again
- Day care
- Services to give carers a short break from caring
- Equipment and adaptations to make it easier for people to manage at home
- Residential and nursing care
- Protection to vulnerable adults who are being abused
- Advice and information

We do this by providing some services ourselves but also by commissioning services from people in the private, voluntary and community sectors. This is so that people have more choice, can use services which are more local to them, while we can show good value for money and can support local businesses and services.

## 4. Knowing Hull

It is important that we understand what people in Hull need, both now and in the future so that we can provide the right services in the right amounts at the right time. We gather information in a number of ways to help us plan:-

- We talk to people. When people contact us for help and support, we talk to them about how best to meet their needs. We also ask people who use our services what they think about them and how we can make them better.
- We gather statistical information. We look at census data, local population trends and equality and diversity information to help us build a picture of what the population of Hull will look like in five, ten, twenty years' time and what they are likely to need. We already know that our population is increasing and that we have one of the youngest populations in England. We also know that unemployment is high and that almost a quarter of people in Hull say that their health is not good. We are tackling these things by working hard to attract new businesses into Hull, such as Siemens and by working with partners to encourage people to exercise and make healthy living choices through initiatives such as Active Hull. You can find their website which lets you know what is available in your local area by clicking on the link [www.activehull.co.uk](http://www.activehull.co.uk)
- We plot national trends and look at what this will mean in Hull. We know from national trends that people are living longer with more complex needs, that children born with serious disabilities are much more likely to survive into adulthood and that the number of people living with dementia will increase.

We use the information we gather to write the Joint Strategic Needs Assessment (JSNA) together with partners from the NHS. We then use the JSNA to commission current services and plan future ones. The full document is available online at [www.hullpublichealth.org](http://www.hullpublichealth.org) We are also producing a summary of this information to help look at how we commission and deliver services in the future.

### What the JSNA tells us

The population in Hull is ageing at a lower rate than the national average, but the number of people likely to need social care support is still expected to rise significantly over the next 20 years. The numbers of people living with dementia, learning disability or a mental health problem will all increase and this does pose a significant challenge at a time of reduced budgets. We will address this challenge through more focussed strategic commissioning and investment in services which help prevent or delay dependency.

## 5. How Adult Social Care is changing

Over the last few years, there has been a lot of consultation with people about Adult Social Care and how they would like to see it improve, and many changes have taken place as a result.

### Personalisation

The first is to make services more personalised, which means tailoring services to the needs and preferences of each individual person. Hull City Council has worked hard to do this by introducing person centred planning into as many areas as possible. This approach makes sure that the person's wishes direct everything which happens, even where the person can't speak up for themselves. We are also supporting all of our partners to do the same. We are encouraging more and more people to direct their own support by offering a personal budget to everyone we can and encouraging as many people as possible to take this as a cash direct payment.

## Transformation

This was launched by government in 2007 and asks local authorities to develop services which prevent people from needing services like residential care by offering more to support people at home and to regain their independence after leaving hospital, having an accident or being ill. It also asks that people who do need long term support should be more in control of it. Hull City Council has developed Intermediate Care services, in partnership with the NHS to offer a step down from hospital care, or to prevent hospital admission where possible. We have also developed a stroke service to give extra support to people recovering from a stroke to regain as much of their former ability as possible. More recently, we have developed a reablement service which provides short term intensive support to people coming out of hospital or recovering from an accident or illness which again, helps people regain as much of their former ability as possible. We have developed Extra Care services for people who may need support at any time of the day or night but who do not want to go into residential care. People living in Extra Care housing have their own flats but can call on staff support at any time of the day or night. We were one of the first areas in the country to make use of assistive technology and have one of the highest rates in the country of people exercising self directed support and taking their personal budget as a direct payment. We have applied to be part of a pilot scheme to extend direct payments to people living in residential care but won't hear until later in the year whether we have been successful.

## Think Local, Act Personal

This is a national partnership of people who use services, carers, government and local authorities which devised the Making it Real Framework. This framework highlights six priorities for local authorities to deliver. These are;

### 1. Co-production of services

We work closely with Choices and Rights, an organisation owned and run by people with disabilities who provide support on our behalf to people who employ a Personal Assistant. Choices and Rights are also working on our behalf to develop peer support, where people who use services provide each other with advice and support, and are looking with people at ways they can pool their personal budgets to achieve more by working together.

We believe that the best people to support others to take control of their lives and the services which support them are those people who have already done so and we look forward to continuing our working relationship over the coming year and developing more together.

We're also trying to improve our partnerships with private providers. Over the coming months we will aim to improve engagement and consultation methods. A new Care Engagement Group is set to be launched for providers to ensure transparency and equality in approach, as well promoting the sharing of ideas. An engagement calendar will begin to map out opportunities for customers and stakeholder engagement to ensure local people can help shape services - and fundamentally inform our future commissioning approach.

### 2. Personalisation and self directed support

We've already detailed above our main achievements in working towards Personalisation and self directed support. We now have a much higher than average proportion of people who receive a personal budget or a direct payment and use person centred planning with everyone we provide services to. We are working hard with partners to encourage everyone we contract with to work in a person centred way as well.

### **3. Cost effectiveness and efficiency**

We're working in a climate of increasing financial pressure as government continues to reduce the amount of money available. Hull City Council has made a commitment to protect front line services as much as humanly possible and is making changes in a wide range of areas so that front line services see as little impact as possible from any reduction in funding. When we contract with others, we are working with providers to better understand the costs of different ways of achieving the outcomes people want, using different services and approaches. We are contracting in different ways which better encourage joint working across health and social care to make best use of resources while still improving outcomes for people. One way we can do this is by promoting better engagement with wider agencies such as Skills for Care who will work with providers to improve service delivery by improving systems and workforce development, but we are also looking at ways in which by working together with partners we can use council services to prevent the need for higher, more acute services.

### **4. Provider and workforce development**

We take workforce development very seriously and invest in training our staff to high standards. We carry out appraisals every year to make sure our people have the skills they need to work in a modern and innovative way and draw up personal development plans to help every individual to continually improve. We make sure all of our staff have training in person centred ways of working and in safeguarding, to keep people safe and we commission a wide range of training in specific areas such as how to communicate with someone who can't use language, how to prevent pressure wounds from developing or how to help someone with advanced dementia to tell you what they want and don't want from their service.

However, most people working in social care don't work for the city council, they work in the private and voluntary sectors. We provide training equally to anyone who provides a service to someone we support.

### **5. Better information**

We are constantly trying to improve our information and are currently doing several things towards this. We are revising all of our leaflets so that they are easier to find and clearer to read. We are letting a contract for HealthWatch – more of that later – and one of the main duties of HealthWatch is to provide advice and information on all health and social care services in Hull. Finally, we are contracting with an organisation to provide an online information hub with a service booking facility called Connect to Support. All of these are at no extra cost to taxpayers in Hull as the leaflets are being revised using our existing resources, central government are giving us the money to contract for HealthWatch and we have obtained regional grant funding for Connect to Support. As with HealthWatch, there'll be more on Connect to Support later in this account.

### **6. Community capacity**

We believe that only using social care services to support people can make them more isolated from their local community. We are looking at what we can do to help people use the same community facilities and services that everyone else does. Part of this is about making sure that people know what's happening in their local area. The online facility we are commissioning, Connect to Support will do exactly that, giving information about all local groups and activities, not just those aimed at people who use social care services. We also commission a peer support programme where people who use services support and advise other customers to get more of what they want out of life, of services and of their local community. We also have a programme in our long term support teams which asks workers to identify universal community services as part of every new package of care they develop with customers. This is being closely monitored and the learning from it will be applied more broadly.

## 6. How much do we spend?

Adult social care accounted for 20% of the Council's total Gross budget for 2011-12. One pound in every five is spent on supporting vulnerable people although some of this money is recovered in charges for services. The spend in 2011-12 was shared as follows:-

	Gross £(000)	Income £(000)	Net £(000)
Older People	50,259	17,162	33,097
People with a physical disability	6,105	614	5,491
People with a learning disability	23,087	9,160	13,927
People with mental health needs	5,893	1,095	4,798
Support to Voluntary Organisations, training, commissioning, management costs	9,787	1,201	8,586
Supporting People	11,831	11,831	0
<b>Total</b>	<b>106,962</b>	<b>41,063</b>	<b>65,899</b>

The Council is required to publish full audited accounts each year, and these can be found on the Council website at [http://www.hullcc.gov.uk/portal/page?\\_pageid=221,139503&\\_dad=portal&\\_sc\\_hema=PORTAL](http://www.hullcc.gov.uk/portal/page?_pageid=221,139503&_dad=portal&_sc_hema=PORTAL)

The Council's Budget Handbook is available at [http://www.hullcc.gov.uk/portal/page?\\_pageid=221,225903&\\_dad=portal&\\_sc\\_hema=PORTAL](http://www.hullcc.gov.uk/portal/page?_pageid=221,225903&_dad=portal&_sc_hema=PORTAL)

### Who do we spend it on?

During 2011-12, we provided services of different types to more than 12,000 people in Hull. Over 9500 people, with a variety of needs, were assessed and received Adult Social Care services, as detailed below.

#### People who received services during 2011-12 by type of service, gender and age group

	18 - 64		65 and over	
	Female	Male	Female	Male
Community Based Services	1361	1260	3414	1718
Residential Care	151	202	1168	473
Nursing Care	23	28	83	64
<b>Total People</b>	<b>1507</b>	<b>1444</b>	<b>4423</b>	<b>2138</b>

Source: P7p1 table, RAP 2011-12

#### People who received services during 2011-12 by need, gender and age group

	18 - 64		65 and over	
	Female	Male	Female	Male
Physical Disability	981	786	3942	1892
Mental Health	233	242	343	171
Learning Disability	244	299	32	30
Substance Misuse	35	100	3	4
Other Vulnerable People	14	17	103	41
<b>Total People</b>	<b>1507</b>	<b>1444</b>	<b>4423</b>	<b>2138</b>

Source: P7p2 table, RAP 2011-12

In addition, over 1000 people received basic services such as car badge registrations and simple equipment at point of contact and over 1500 carers received a carer support service.

## 7. Customer feedback

In Hull, we take customer feedback very seriously. We ask people what they think of the services they receive and respond quickly to any complaints. We then try to learn from complaints and change the way we work so that we don't repeat mistakes.

In 2011-12 we supported 9331 people and of these, 181 made formal complaints. 287 gave formal compliments, in addition to compliments given directly to local teams.

Adult Social Care acknowledged 174 (96%) complaints within 3 working days of receipt. We responded to 145 (80%) of complaints within 10 working days and 12 (7%) of complaints within 20 working days. 24 (13%) of complaints took over 20 working days to respond to but this was due to the complexity of the investigations.

In 2011, we took part in a national survey of people who use adult social care, and overall, people were pleased with our services: 70% were extremely or very pleased, compared with 60% nationally and 63% elsewhere in the Yorkshire and Humber region. Over 78% of people said the services provided made them feel safe and secure. Again, these outcomes are in the upper performance when compared nationally.

We want to keep improving the way we listen to people. Complaints, Customer Feedback, Contract Compliance, Performance Monitoring and Quality Assurance are all measures that allow us to judge if we are "Getting It Right" for our customer.

### Case study

#### Julie's story

Julie's family made a complaint about her care plan not being followed properly by a private care provider the council contracts with. Rather than simply address the complaints and put things right for Julie, we felt it was important to learn from the incident so that the service improved for everybody.

The complaints manager and contract compliance officer had a series of meetings with the care provider and the family and a number of lessons were learned from this incident.

- The organisation made sure that in the future, new workers were always paired with an experienced worker when managing complex packages of care.
- That there was one dedicated place where care plans were sent so they could be reviewed by the relevant manager to make sure that carers with the right experience could be allocated.
- Where possible a home visit would be undertaken prior to implementing a care package.

The complaint was resolved to the customer's satisfaction, but we also helped the organisation learn from the experience so that standards improved for everybody.

## 8. Working with Hull LINK

We have continued to support and work with the Hull Local Involvement Network (LINK) who currently have more than 1,000 members and work to make sure that local people have a real say in what gets done in Health and social care and how it gets done. The Department of Health gives us money to commission the LINK to gather the views of people and represent them to health and social care commissioners and providers. The LINK also has a duty to investigate areas of concern to local people and report back on them. To help them do this, they can enter any premises which provide health and social care and assess the standard of care delivered, and can also request information to help them form a view.

In 2011/12, the LINK carried out an investigation into the care of older people, during which they visited several care homes and asked for information from many more. They also talked to people who use those services and sent out a questionnaire. They wrote a report recommending improvements in communication, training and better consistency of carer in home care. Hull City Council responded to this report within 20 days to say that it was setting higher standards of communication in the service specification for future contracts, encouraging better take up of personal budgets, improving access to training for people working in the private sector and seeking better deployment of staff, although because there is a high turnover of staff in social care, this will continue to be a problem. However, Hull City Council is working with partners to improve retention and to promote social care as a valued career choice.

The LINK also continued work begun last year with the NHS on improving hospital discharge arrangements, the commissioning of an eating disorder service and improving patient transport by targeting the resource to those who really need it.

This is the last year that the LINK will operate as next year, HealthWatch takes over and expands its role. Hull City Council will shortly be tendering for an organisation to provide the HealthWatch services, and the handover arrangements form part of that contract.

## 9. Enhancing quality of life for people with care and support needs

This is a theme which runs through all of our services. The whole point of support is to improve a person's quality of life, but the way that support is delivered is often the factor which dictates whether quality of life is enhanced or detracted from. We try to put the person at the heart of all we do, by offering a personal budget to everyone we can and offering this as a direct payment wherever possible, in order to give people as much choice and control as they want. Where we need to manage the person's budget on their behalf, we use person centred planning tools to make sure they are in control and we also use these tools in all of our directly provided services. Outlined below are some of the key things we do to put people in control and put them in firm control of their lives.

### **Person led assessments and Personal Budgets**

Since September 2011 we have been providing personal budgets as a core offer for all new and existing customers who are eligible for long term care and support. This has been a significant change to how we work with customers and carers; all customers now receive a personal budget which provides them with an indicative cash sum which is delivered through a new process called "self-directed support."

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Self-directed support is about people being in control of the support they need to live the life they choose, making sure they can choose the way their money is spent and putting them at the centre of services. A personal budget is the total sum of money needed to pay for a person's social care. When the Council assesses needs, a resource allocation questionnaire now calculates the amount of money that the individual has to plan their care and support package. They may need to make some financial contribution themselves towards their care, and we complete a financial assessment which will identify if this is so.

Currently the government has set targets for the full implementation of personal budgets; Hull achieved the 60% target for implementation this year. Currently 15% of these are delivered through customers taking direct cash payment.

Hull has recently applied to be a national pilot site to extend the offer of a direct payment to people living in residential care. We won't know until later in the year whether we have been successful, but have already started to consult with providers to look at how this can best work so that if we are successful, we're ready to go.

Thank you for all of your help in arranging the direct payment. I now have a personal assistant and feel like my life is my own again.  
Lauren

I can't believe how quick and easy it was to get my direct payment and find a good personal assistant. Sonia, my worker was wonderful – so professional.

Mr. H

'I don't know where I would be, mum would probably be in a home and I don't know about me, I was really struggling'  
Samantha, 52

### Personal budget feedback

Hull recently participated in a national research programme, conducted through Lancashire University, "Personalization Offer Evaluation tool" (POET) This involved telephone surveying 100 customers who receive a personal budget and 100 carers.

The feedback was generally very positive, although a very small number of people didn't feel that having a personal budget had significantly improved their lives. Upon exploration, this was due to factors other than social care and completely beyond our power to help with.

'Its so much better having someone I know helping me and its so easy to manage'  
Mrs A

**'I've made a record, it's on you tube!  
Go and listen to it!'**

From Simon, who has severe cerebral palsy. He used part of his personal budget to support him at university and achieve his dream of being in films.

### **Connect to Support, Hull.**

It's one thing to have a direct payment to buy your own care and support, but another thing entirely to have access to up to date, accurate information about all the services available, what they cost and what other people think about them. With this in mind, Hull City Council has used some money given as a grant to commission an online service which will give people exactly that. Connect to Support is due to be available early in the new year and will tell people about commercial services, voluntary sector services, community groups and local activities. Many of these are not specifically aimed at people who use social care services, but at the wider community and we hope that by using Connect to Support, people will not only be able to get exactly which services they want, but also become fuller participants in their local community. The service has an online booking facility so that people can book and pay for services if they wish, and also a customer rating system so that people can tell others what they think about the service, group or activity and also read what others think. We are in the process of holding events for providers and future customers so that we can make sure the site has what they want in the way they want it and are working with partners to make sure that as many people can access the service as possible. Some of this is with local charities who enable internet access for people who may not otherwise use it, and provide them with training and support, and some is with Hull City Council libraries service, including the housebound service so that if people cannot go out to access the site, someone can take it in to them and support them to use it.

### **Autism strategy**

We are working closely with colleagues in the NHS to develop and deliver a strategy to better meet the needs of people with autism. We intend to deliver awareness raising training to a wide range of people working in universal services that people with autism come into contact with, such as customer service staff, people working in leisure, housing, GP practices or the Police so that they can work better with people with autism and make sure they get equal access to the same services as everyone else. We also aim to improve diagnosis of autism and give support to people to enable them to live richer, more rewarding lives. The joint Autism strategy is currently in draft and out for wider consultation.

### **Mental Health Services**

Local Adult mental health services have a range of teams in place, each with a specific remit. Put together they provide services to meet the need of anyone in the city who may present with a mental health difficulty, from the relatively minor to the more serious and disabling. The council works in partnership with the Humber NHS Foundation Trust in the provision of some of the services aimed at working age adults. We have social care staff in the Recovery teams across the city and in the Intensive Home Treatment and Early Discharge Team which provides 24/7 crisis services. Certain groups of people receive targeted treatment and support to ensure their recovery. There are certain central government targets in relation to these groups based on the population size. We have met all the targets; notably we are providing support to more people than the expected number who have a first episode of serious mental illness, we have consistently provided crisis support and home treatment as an alternative to hospital for more than the 660 expected per annum. As a whole, the adult and older adult mental health services receive some 1500-1600 referrals every month. The vast majority go on to receive a service tailored to meet their needs. The results of the National Patient Survey show that our services score in the top 20% of services across the country for many of the questions and certainly we are in the top 20% for the overall satisfaction rating.

## Mental Health and Personal Budgets

This year has seen a targeted approach to introducing personal budgets within mental health. We have been offering a personal budget to existing customers and although the take up has not been as high as we hoped it would be, 37 people have taken up the offer as a direct payment and a further 40 as a budget which is theirs to direct, but which they have asked us to manage for them. People who have chosen not to take up the offer have given us valuable feedback about what they see as the barriers to this so that we can try to reduce these barriers. One barrier people have reported is that if they have a limited support network and their condition fluctuates, which means that sometimes they are able to manage their budget and at other times they would struggle, there is no one to help. We intend to research Individual Service Funds to see if this would give people the support they need.

## Case study

### Monica's story

Monica is a widow whose only son recently married and left home. She has paranoid schizophrenia and several serious physical difficulties. Following a lengthy stay in a psychiatric hospital, her clinical team felt she needed a permanent residential placement because of concerns about her physical health and environment and the effect these were having on her mental health. Monica however, refused to consider this. She accepted visits from social care staff and a direct payment was provided. Monica has chosen not to accept all of the support her clinical team recommended and as she has a direct payment, she is in complete control of the support she does have. Her personal assistant supports her to do the things that are important to her and it was clear at her review that she has found a good balance between what others think she needs and what she actually wants. Her confidence has grown and she is happier. She is more able to cope with her physical problems and her home environment has improved.

## Personal Health budget

Hull has been a part of the national pilot for developing a personal health budget offer, where people with long term health needs can receive money to pay for their non-clinical support instead of receiving services directly from the NHS. The Council has worked closely with health partners in developing this approach and hopes following the national evaluation due in November to become an early implementer site.

## “Just Enough Support”

The west long term support team is piloting an approach that supports customers to engage and connect with activities and support from their local community. This approach recognizes the importance of individuals feeling included and valued by their communities and neighbours. All too often, people with disabilities or long term health problems become isolated and suffer loneliness which can lead to depression and this approach seeks to overcome that by helping people become part of their community again.

## Telecare

The telecare service supports around 6,000 older and vulnerable people to live at home, many of whom would otherwise need to go into residential care. Telecare covers a wide range of assistive technologies such as health monitoring, movement sensors and a 24 hour alarm system and was last year was awarded a full, three stage accreditation from the Telecare Services Association.

## Case study

### Andy's story

Andy was admitted to Thornton Court, which offers a step down service for people leaving hospital who while no longer needing to be in hospital, are not yet well enough to go home. Andy went for some intense therapy following a stay in HRI. Whilst at Thornton Court Andy was also assessed as needing a falls detector and a medication dispenser. During the time he spent at Thornton Court he was able to be monitored using the medication dispenser to make sure he could use it safely and when he returned home he was able to use it instead of needing medication calls from the Home care team. The falls detector ensured that his sister was alerted if Andy had a fall and she was able to go to his house and assist him. The therapy helped Andy to become well enough to return home, but the assistive technologies helped him return home independently.

## 10. Promoting independence

We believe that everyone has the right to live as independently as possible and that when people need to use social care services, these should support that independence rather than take it away. We are promoting this view in a number of ways.

### Reablement

In 2011 Adult Social Care in Hull was restructured from a traditional Care Management model, to a new model with two purposes, the introduction of self-directed support and personal budgets and the development of a Reablement Service.

To this end the 4 community and 1 Hospital Care Management Teams were restructured into a Reablement Service and Long Term Support Services, the latter sub-divided into an East and West LTST.

Hull had worked on a Reablement model for 10 years that combined assessment and support in the home through the provision of domiciliary care. This means that the customer receives immediate support within their home through home care staff with a social worker concentrating on problem solving, discussing long term care needs, and forward planning.

Currently The Reablement Service is placed within the Intermediate Tier of care, for purposes of our work with Health Colleagues. The service in Hull has within it Social Work, Home Care and a Supported Living Service.

Within the social work element there are Hospital, Community, Specialist Health and Older Peoples Mental Health Social Workers. The Home Care team also staff the supported living step up/ step down beds at Thornton Court.

These services follow a "pathway" that takes all new referrals to adult social care through a process that offers the service user up to six weeks Reablement free at the point of delivery. The use of in house resources enables the assessment to take place over a longer time, taking account of improvements in the customer's level of independence. The home care provision operates from a simple request for service until the Social Worker has gathered information from all parties, but also works with the service user and their family with a goal of maintaining them in their own home, within their social networks and wider communities.

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At the end of six weeks, customers who have long term needs are transferred to the Long Term Support Teams with the offer of a Personal Budget, which can be either a direct payment or a managed budget.

Those who don't need a long term service or are not eligible for local authority support are provided with advice and information about third sector services.

### Older People's Mental Health Service

In 2011/12, Hull City Council established a specialist older people's mental health team focussing on older people with a diagnosis of dementia. The team comprises social workers and a support team who work together to provide a seamless service for people over 65 (with some exceptions) who are experiencing mental health difficulties or who have a diagnosis of dementia.

#### The Team comprises:

4 social workers and 12 support workers. Currently a further 4 social workers are funded by the NHS until March 2013. There is also a specialist OT working with the team offering OT assessments and advice on case work.

The support workers offer a service over 7 days a week.

The team has one main goal; to support and maintain the recipients of its service at home, through on going case work, advocacy, specialist community support and effective multi-disciplinary working.

The main criteria for the team are: that the person has a complex need related to a diagnosis of a dementia or a mental health problem and that there is involvement of a CPN, Psychiatrist or other Mental Health Professional.

Referrals are discussed on a case by case basis before being accepted by the team.

The Team does -

- Carry out complex case work including cases where there are difficulties with support networks and or safeguarding issues.
- Work towards maintaining people at home with support.
- Represent Adult Social Care at the MDT's with Health across the city.
- Operate a duty system offering advice and support.

The Team does not accept referrals just to re-assess clients or offer a Best Interest Assessment.

The support offered to my dad when he came out of hospital was wonderful. The staff were great and they encouraged him to start doing more for himself again, but at his own pace. His confidence has come back and now he can look after himself again.

Mrs M

## Case study

### Sarah's story

Sarah is 78 years old and lives alone at home. She is subject to severe cognitive and sensory impairments and was referred to the Older People's Mental Health Team in March 2012.

Over time, Sarah had become more vulnerable and the risks to her safety and well being had increased to the point where it was felt to be in her best interest to be admitted to residential care. A careful assessment had shown that Sarah did not have the mental capacity to contribute to this decision. Sarah's sister already lived in residential care and Sarah visited daily, so this care home was chosen for her as she was familiar with it and could maintain her relationship with her sister.

However, Sarah became distressed and challenging when it became evident to her that she would not be returning to her own home and was clearly saying through her behaviour that she disagreed with the best interest decision that had been made. The risks posed to Sarah from living alone had not decreased, so clearly something different had to be developed. The Older Persons Mental Health Team undertook a specialist assessment. This assessment relied less on information and more on experience and observation. Sarah had some severe limitations, but still had some preserved skills even in areas where she was very limited and these were focussed on and built upon.

Initially a Support Worker was allocated to build up a rapport with Sarah by spending time with her and finding opportunities for social inclusion. The ones Sarah valued were mainly at her church and having someone to escort her shopping.

The team discussed Sarah's situation with people who were familiar with her, including her family, the home care providers, and her parish priest to round out the information they had gathered and to check out conclusions they had drawn. It was clear that was that Sarah wanted to remain living in her family home, tend to her garden and generally "potter about"

A plan was developed to support Sarah at home, where all services were provided solely by the Older People's Mental Health Team who had specialist knowledge of her needs staff. It comprised specialist home care staff, telecare, ongoing assessment and equipment.

This provided Sarah with continuity of care, offered her a familiar support network, and made available opportunities which were of value to her and which enabled her to remain living in her family home. Staff involved in Sarah's support can communicate readily with each other, share learning and insight, the manager has provided practical support to Sarah at home, to learn more about her and as a result can provide more insightful advice and direction.

Sarah is responding well to the support and a Personal Budget is being considered to enhance and provide an even more personalised programme

### Physical disability and sensory impairment

Following consultation with local people and agencies, we have merged the physical disability and sensory teams into one team to avoid duplication, reduce over assessment and to give a faster, more holistic response to people. People can now refer themselves directly, without having to rely on professionals to decide they need a referral and we are taking action to improve people's access to aids and adaptations.

We are working together with the intermediate care and falls teams to find ways to improve people's safety and reduce hospital admission and are working closely with the housing department to identify and support the development of adaptable properties to enhance the independence and quality of life of people with a physical disability or sensory impairment.

To support these improvements, we increased the number of Occupational Therapists and technicians to reduce the waiting times for assessment.

We have visited customer service centres to promote World Sight Day and provide advice on deaf awareness to make sure they are able to give a better standard of service and enable them to signpost people to relevant services, assessments and/or equipment.

### Carers support

In 2011 – 12, over 1500 carers received some form of support provided by or assessed for by Hull City Council. 2012-13 we are on target to provide advice, assessment and support to over 3300 carers

Last year Hull City Council, together with NHS Hull, started the process to combine our investment in the Carers' Support Service.

Our intention was to commence a new joint service from 1st April 2012. Unfortunately, some delays in process meant the new contract could not be let until the end of August, but fortunately the previous contract holder, the Carers Centre Hull and the HCC Carers' Support Team agreed to continue to provide the majority of carers' support services until the end of August. The City Health Care Partnership was the successful bidder as they were able to offer a number of improvements to the carers' service. The new contract will mean that more carers are offered information, advice and assessment as well as practical and emotional advice. This new service is currently in temporary accommodation in the Wilberforce Building but there are plans for them to transfer to a city centre building with direct access for the public by the end of 2012.

The expectation is that even more carers will receive advice and offers of assessment and support as a result of the new contract and the better sited accommodation.

I'm really pleased with my chair riser. It was getting to the stage that if I sat down, I couldn't get up again. I got in touch with the OTs and they were really nice and came up with such a simple solution, but one that works so well

Mr F

I was having real trouble getting around my house but since you installed the stair lift things are so much easier. The Occupational Therapist was great. She helped me get the stair lift that was best for me and kept me informed about what was happening.

Evelyn

I was really struggling to care for my aunt because she can't do much for herself anymore. You brought in an Occupational Therapist to work with her and give her all sorts of equipment so that she can do more and it's really taken a load off me. I feel much better now.

Tracy

The Carers' Information and Support Service has incorporated the administration of the Carers' Direct payments to give people respite from caring – small grants to enable carers to take a break. This year we felt we had to reduce the maximum payable from £300 per annum to £250 per annum to enable the allocated funding to reach more carers as the scheme has become increasingly popular with carers. Over 400 Carers have already received grants this year.

## Case study

### Tony's story

Tony is a man with paranoid schizophrenia and despite taking medication, is never symptom free. He has a direct payment which includes an amount to provide respite for his mother who supports him on a daily basis and manages his budget for him. She has never had a break before because there has simply been no where for Tony to go where he would actually want to go to. This year he took a holiday with his PA and for the first time in many years, his mother was able to have some time to do what she wanted to do. She went to the Edinburgh Fringe Festival and had the time of her life.

### Positive Risk Management

Nationally, Local Authorities have been criticised for being risk averse and for restricting people's lives by being over protective. We have developed a Positive risk policy which guides people to assess and manage risk in such a way that people can make informed choices about the risks they are prepared to take in their lives in order to achieve the things they want and to be as independent as they can be. The risk of harm is reduced, but a person's right to take risks is acknowledged. We are currently training staff across social care and housing and expect this to increasingly become common practice.

### Personal assistant employer support

For many people, employing staff directly is a leap into the unknown. We didn't want anyone to be dissuaded from using their personal budget to employ a personal assistant by the responsibility of being an employer, nor did we want to detract from their independence under the guise of support. We contracted with a user-led organisation to provide advice, information and practical support to employers of Personal Assistants. From an initial group of around 100 people, they now support in excess of 700 to employ and manage people, not only at the recruitment stage but also when people are faced with things such as holidays, sickness, grievance and dismissal.

## 11. Ensuring people have a positive experience of care and support

When people need to access care and support, it is essential that their experience of this is positive and that they view it as something that supports them to live the life they choose. We are working with customers and providers to make sure that people who use services have control over their own service and the way in which services develop.

### Person centred practice

We have worked intensively to transform the workforce and achieve Department of Health best practice standards by developing more person centred practice across the whole of adult social care.

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We embarked on a major training programme which included colleagues in the private and independent sectors to raise awareness and to train people in the use of a number of tools for use in assessment, planning, service provision and review which all seek to put the person using the service at the centre of everything done to support them. We sought to maximise the benefit of this by placing a strong focus on leadership to achieve real culture change. So far, 770 people have completed the training programme and a further 218 completed training in person centred risk management. We underpinned this training by developing a champions network to offer coaching and support to people learning how to use the tools and extended their use by linking them with other tools and processes to raise voices seldom heard, for example by also using dementia care mapping to identify what people with very advanced dementia were telling people through their behaviour and reactions. We are monitoring improvement and the quality of implementation using objective measuring tools such as Progress for Providers. This approach can help providers to evidence their achievements in personalisation with a special focus on achieving the right outcomes for customers, staff and individual organisations.

## Case study

### Pennine residential centre

Pennine residential care home and their local GP surgeries are using person centred practice to ensure that people who are in need of medical treatment are receiving person centred care from primary care staff.

They have also introduced Communication Champions in partnership with Humber NHS speech and Language team which involves training care staff at Pennine to really understand an individual's preferred method of communication. They have used these new skills to learn more about what is important to people, how to offer real choice and how to help them in making decisions about how they live their life .

This work has been shortlisted for the Great British Care awards in the care team category.

### Mobile working

Mobile working practices and equipment have been introduced to 90 Adult Social Workers. Each Social Worker has been issued with a tablet PC and a BlackBerry containing specially designed software to enable the immediate access to social care records, including the creation and updating of service user assessment records and email access whilst out in the community.

**The security measures are effective and give peace of mind that the information is not accessible to others**  
**Jo, Social Worker**

The software and equipment are governed by tight security standards and has been specially designed for secure, mobile social work practice. The solution facilitates remote access to the Council's network whilst out in the community but should the wireless network coverage not be available in a particular area of the city, the social worker can also use the equipment to work offline and upload their information when network connectivity is available.

Introducing mobile working technology to front line delivery enables social care workers to improve the speed and quality of care offered to vulnerable adults in Hull and will increase the productivity and reduce unnecessary journeys to and from the office base, thus leaving more time to be spent with customers.

**It is absolutely invaluable**  
**David, Social Worker**

## End of life

We are working with partners in health, the private sector, voluntary and charitable organisations to improve the quality of care given as someone approaches the end of their life. Drawing on national guidance and best practice, we have developed an approach called Living Well which stresses the importance of having early conversations with people approaching the end of life, before crises arise, to identify what is important to the person both now and in the future and to establish what they would regard as good support. We have provided training to more than 150 people across health and social care to make sure that as far as possible, everyone who comes into contact with the person is working in the same way, to that person's standards and preferences. We are also working with carers in recognition of the fact that end of life care does not stop at death. We are developing Living Well to support carers who are supporting people with long term conditions or a life limiting illnesses. It is important that we recognise the changes to a carer's life when they are caring for and supporting loved ones from diagnosis to after death.

We are currently finding sensitive ways of checking with people that the individual's choices were respected all the way through to the moment of their death, and to make sure the good work is carried forward to the future, we are working with Hull University to train the next generation of social workers to work in a person centred way at the end of life.

We are continuing to develop effective partnerships with health and hospice to ensure that care at end of life is seamless for individuals and next year we will publish our professionals guide to using living well to help staff understand the importance of gathering information and using this to support people to live well. We have also worked with SCIE TV to produce a DVD that shows how personalisation can work in end of life care.

## Refocusing day services

Across Hull approximately 490 people attend day service funded by Hull City Council which is a reduction of 2.5% since last year. 320 people use in-house services and 177 use external provision. More people are now taking personal budgets and using that money to fund interesting and individual programmes of activity rather than participate in the structured programmes on offer from the day service providers. This is particularly true of younger service users. We expect this trend to continue as more people take advantage of personal budgets although quite a large number of people like to take their provision as a mixed package, joining the group activities some days and doing more individual activities on others.

Day services continue to evolve in light of changing social expectations and the availability of a wider range of provision. Additionally the planned Extra Care housing which will be available by 2015 will be providing a range of activities during the day and on into the evening which we expect will further reduce the demand for day long programmes of centre based activities.

The in-house day service is a single multi-user service where it was previously separate services divided on user group lines. This is working well and has opened up new opportunities for everyone. In particular older people are now participating in more physically adventurous activities and friendships are forming across generations.

I really like dancing so I like it when golden leaves come to Buckingham Street and I can dance with my friends. We have music all afternoon and can dance until we have to go home. It's brilliant.

Mrs T

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Following consultation Hull City Council has decided to bring all services within the Fairer Charging regime which applies to all other services. This means people who attend day services will be charged for that service along with all care services on a means tested basis. During 2012/13, we will work with external day service providers to agree a different funding regime which takes into account the Fairer Charging policy. This consultation will also explore what changes to other respite services are needed, covering both daytime and residential respite to give customers and carers more of what they want

### Case study

#### Jack

Jack has Parkinsons Disease and attends one of the day services. He wanted to join the swimming group. He used to be a scuba diver in his youth and wanted to get back into water. Safety assessments were done and Jack was helped to do this. While he was in the water his mobility was not as restricted and his tremors lessened. His wife went to watch the swimming group and said that how wonderful it was to see him re living the experience of being in the water that and doing an activity that he got so much enjoyment from. She has now volunteered to help with sessions in the future.

### Case study

#### Stephen

Stephen is a young man with a learning disability. He has a very close relationship with his granddad who has just been diagnosed with dementia. Stephen's mum was finding it increasingly difficult to support him to visit his granddad as both would become upset. Granddad and Stephen now attend the same day centre for a couple of days a week and pursue several activities there together. This helps them to continue their relationship with plenty of unpressurised time together. Both granddad and Stephen have said how much they value their time together and that being able to attend the same centre on the same days has improved their quality of life

#### Work with people who are HIV+

Within the Reablement Service are three Specialist Health Social Workers. One provides support to people with HIV or AIDS related illnesses.

The HIV service has been developed based on the Medfash standards and with the input of people infected and affected by HIV. The service sustains a strong partnership with Health professionals and the third sector in Hull and East Riding. The service's main functions are to meet the diverse physical and emotional support needs of HIV+ people.

Those with HIV infection may experience alternating periods of remission and exacerbation with the course of infection not always predictable. HIV+ people don't just need medication but a whole range of integrated health and social care services. HIV+ people need workers who understand the psychosocial aspects of being HIV+ such as stigma, discrimination and the impact of culture on people affected by HIV. At the present time the Specialist Social Worker supports more than 30 people with an age range of early 20's to late 70's. People who access the service include families with HIV+ parent's caring for HIV+ children, local residents, asylum seeking people and refugees.

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After an HIV+ diagnosis, people often require emotional support to discuss the fears and anxieties that being HIV+ will raise. The social worker offers intensive one to one support either at the specialist clinics or on home visits. The customer will identify how the service can support them. Applications for financial assistance to local and national charities can also help and they can be referred or signposted for housing advice, welfare rights advice and advocacy. Home care support or personal budgets may be appropriate for people with substantial care needs. People can access HIV support, receive intensive assistance and then move into a "maintenance" stage of weekly/fortnightly/monthly home visits and/or telephone support until the next time intensive support is needed.

A further function of the service is to reduce isolation, stigma and to promote living well with HIV. Using monies from the Aids Support Grant the Social worker has partnered with Body Positive Hull and East Riding to respond specifically to the needs of local HIV+ people to outline and develop a business plan with the input and approval of the local HIV Positive service users. The business plan (available on request) looked at ways to extend support services and provide a comprehensive online website to support local people and provide information on commonly asked questions and concerns. This website currently receives around 50,000 hits per month, 75% of which come from Kingston Communications IP addresses. This has improved the quality and consistency of support services provided to the wider HIV Positive community by Body Positive Hull and East Riding volunteers. Without Local Authority funding, none of this would have been possible.

Developing a relationship with a wider group of the local HIV+ population through the relationship with Body Positive serves the broader needs of the community by allowing the social worker to provide support and information to a group who might otherwise not access services. Additionally, it provides the opportunity to gain feedback on trends, general support concerns and common information requested of Body Positive by its service users which is used to inform decisions about how the specialist service continues to develop within the Local Authority.

"I would have been in a very scary place, if here at all, had it not been for Body Positive support".

Feedback from customer

### Drug and alcohol team

Our drug and alcohol support team works in close partnership with the NHS, the voluntary and community sectors and with the wider Citysafe service. It is a small team with one full time and one part time worker and acts as a gateway service, providing assessment and making sure people can access what they need from other people and other teams. Feedback has shown that many people prefer support to come from community groups or GPs, so our team focuses on providing what is essential. It offers access to residential rehabilitation and access to ongoing support to help people maintain the progress they have made. In the past year, 80 people were referred to the team for assessment for residential rehabilitation, and 31 placements were funded.

### Improving outcomes in residential support

Over the last year, we have closed 2 residential care homes. We felt that Salingar House was no longer fit for purpose. As the nature of services changed in response to what people told us they wanted, the building couldn't accommodate those services. It was not DDA compliant and the people living there had requested to move to alternative accommodation. We successfully transferred all residents to the housing options they wanted which included supported housing and shared lives placements, and we closed Salingar House.

Bedes View was another property felt to be unsuitable. Through negotiation with the people living there and their families, we closed Bedes View and transferred all residents to Pennine. This was a more suitable and better equipped environment to support people with physical disabilities.

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People coming through Transition and their parents have told us they are concerned about the fact that people with very complex needs cannot currently be accommodated within the city but must move to out of County placements. This can be a frightening and isolating experience for young adults and can make it really difficult to continue family relationships. We are starting to address this by developing a supported house as a home for younger adults to meet the demand from transition. This service will work with individuals to increase their independence and encourage their ability to live a fulfilling life that may include eventually moving on into their own home or extra care.

Over the last year a new service and team has been formed following the restructuring of residential services and the refocussing of the purpose of Pennine centre. The building has had major works completed which have enabled customers from another residential home, Bedes View to move into a more appropriate and attractive environment to live, whilst still providing a respite service on the first floor of the building for people with disabilities.

They built a very good working relationship with the new medical centre on Kingswood (Haxby,) and one of the many projects they did with the NHS was to work with a link G.P. in developing a one page profile for customers to make sure they got good support when accessing their service.

The Respite Service is building up a good reputation for delivering care for people with very complex health needs and they have worked very closely with Dove House and specialist nurses to enhance their skills and knowledge to help them understand and care for customers with a dignified person centred approach. They also worked very closely with relatives and carers to build up the new service and feedback is very positive.

**'I have had a fantastic stay at Pennine, looking forward to coming back at Christmas.'**

**James**

**Really good intensive interaction group tonight. I enjoyed it and think everyone else did too**

**Denise**

During the summer they celebrated the wonderful array of sports and had their very own Olympic games, partly for fun and partly to give taster sessions of various sports to encourage people to exercise more and join in with local community activities.

**What I loved about the Hull Olympics was that I got my own special shirt to wear, it was great. I did three races and won a massive trophy which my mum and dad were really happy about. It now lives downstairs in the lounge. I got to see all my friends from the other centres in one place.**

**Malcolm**

**The day was great, we had a brilliant lunch and it was a really hot day. We had races and some of the staff dressed up in silly costumes. I want us to have another day like that.**

**Sharon**

The diamond jubilee and the royal wedding were also celebrated.

**I loved all the singing and dancing with my friends. We had a great buffet, we ate far too much and had lots of cake. The week before the party, we had great fun making all the bunting, table decorations and hats. I got to do some singing on the CD player as well.**

**Mrs G**

### **Dementia Academy**

The dementia academy is a single point of access for anyone who lives or works with someone with dementia to receive information about training and workforce development. It recognises that the most important factor in the quality of service is the staff member, their skills and knowledge and so has pulled together resources – which may be financial or may be skilled, knowledgeable people - from health, social care and the voluntary sector to provide high quality, innovative training to make sure that everyone works with people with dementia more consistently. The training is backed up with practical support such as dementia care mapping which looks closely at what a person's behaviour is saying about what they want and don't want and dementia care ambassadors to help change attitudes and cultures within established teams. Together, they are informing development and raising the standard of care, whatever the setting.

### **Health & Wellbeing Board**

Since our last Local Account we have further progressed our development of a Health and Wellbeing Board, including drawing together a Joint Strategic Needs Assessment and agreeing priorities for our Joint Health and Wellbeing Strategy. The Shadow Health and Wellbeing Board is preparing itself for a new statutory role from April 2013. Members of the Shadow Board have been forming relationships as elected members take on responsibilities alongside G.Ps and other stakeholders to agree priorities and strategies for tackling health inequalities and creating opportunities for all citizens wellbeing.

The make up of the Shadow Board contains core members:-

- Elected Members (x5)
- Clinical Commissioning Group (x 3 G.Ps)
- Director of Public Health, Children and Adults
- Health Watch (1 representative from LINK)

and a number of special advisors from key stakeholders.

During the year the Shadow Board has identified 3 themes and nine key priorities. As the 10th most deprived local area in England our priorities could be many but we recognise that only so many can be concentrated on at a time. Our 3 themes are:-

- Ready to Play and Learn
- Ready to Work and enjoy a good quality of life
- Ready to live later life to the full.

Under the themes are 9 priorities. The three which are most relevant to adult social care are the Ready to Live Later Life to the Full priorities which are:

- People who have been unwell or in hospital, get the help they need to live safely at home. This might include using special equipment to make things easier.
- People with dementia have the help they need to live safely in their home. All of the care and help that they and their families get will be good quality.
- People of all ages who care for someone who is unwell, or who has a disability, will get the help they need.

An engagement exercise was held to find out the views of people in Hull about making the 9 priorities the focus for the Board, the JSNA and strategy. We used our website to secure views, held an engagement event to elicit views and support and made available hard copy questionnaires.

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We received 600 responses to the questionnaire and an average 89% of respondents agreed with the priorities identified. We are now using the priorities as a framework for our Joint Health & Wellbeing Strategy and an action plan agreeing who and what will make it happen as well as performance measures to demonstrate progress.

### **Integrated Working**

The importance of the Joint Strategic Needs Assessment and strategy is that they provide the links with commissioning within the Hull Clinical Commissioning Group, which is the group which helps GPs buy hospital and other services for patients. Another important feature is how the Board develop relationships and promote integration of public health, adults and children's social care to deliver outcomes.

To help prepare for the transfer of public health responsibilities to the local authority, transformation plans are being put in place including the co-location of Adults, Children and Family Services with Public Health.

During 2012 a restructure of the senior management of the Council has brought together in a single Directorate Adults, Children and Family services. Early intervention, prevention and locality focused working are key to the integrated delivery model and the improvement in outcomes.

### **The Quality of the Local Market**

The External Regulation and Commissioning Team work closely with care and support services right across the board, such as home care providers, residential homes, the Supporting People programme and other community and voluntary groups.

The team conduct annual visits to care providers, along with spot checks and announced visits, to identify patterns or issues at an early stage. As part of lessons to be learnt from other Local Authorities, officers have improved information sharing links with the Care Quality Commission and Safeguarding, as well as other external stakeholders, frequently conducting unannounced visits with other agencies or internal departments.

Although we endeavour to work with providers to improve standards, if the expectations of our customers and services are not met, officers will take action if progress is not satisfactory made. Equally, Hull City Council continues to explore ways to rewards efforts of providers who maintain or strive to improve services - and how we can work in partnership to improve key areas, such as training and sharing best practice.

We are also developing new outcome-based approaches to how the Council monitors the quality of care – ensuring that the dignity and rights of our customers are respected at all times. Although this includes checking to see if the correct policies are in place - from complaints to whistle blowing procedures - it also includes more person-cantered approaches to care such as the planning and arrangements a care provider needs to consider with an individual as they come to the end of their life.

As part of our commissioning work, the Team will shortly be working with residential and nursing care providers to ensure expectations are realised, and service specifications clearly outline a shared vision for delivering high-quality services. Other providers of care and services will shortly be encouraged to participate in special workshops to ensure large and small organisations alike have the tools to successfully compete for local tenders.

Part of this work will be to make sure new contracts offer greater choice and promote innovation, while protecting the rights of customers and employees, where services are de-commissioned or new tenders put in place for example. The aim is to also ensure the Local Authority can hold providers to account if they are non-complainant or fail to improve or deliver on their obligations.

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Over the coming months we will aim to improve engagement and consultation methods. A new Care Engagement Group will be launched for providers to ensure transparency and equality in approach, as well promoting the sharing of ideas. An engagement calendar will begin to map out opportunities for customers and stakeholder engagement to ensure local people can help shape services - and fundamentally inform our future commissioning approach.

### **Feedback from Scrutiny Commission and their role in ensuring quality**

The Health and Social Wellbeing Scrutiny Commission has a work programme for the year looking at a range of issues reflecting policy, practice and pre-Cabinet decision making scrutiny. This assurance process has been used throughout the year and has influenced behaviour through a transparent process in scrutinising and applying accountability. It is pro-active and provides timely review and recommendations on decisions and changes to local delivery across the spectrum of health and social care. The Scrutiny Commission also received a report and draft of the Local Account for 2010-11 and will do so for the 2011-12 story of Hull.

The work programme of the Commission for 2011-12 has included:- Community Budget pilot programme report; Ageing Well programme; Mental Health support for adults; Supporting People Programme, Progress on Personalisation and Personal Budgets; Adult Safeguarding; Voluntary and Community Sector Health care provision as well as the work of the local LINK. Looking ahead the commission programme for 2012-13 will keep Personalisation and Adult Safeguarding in their work plan along with Council plans to commission HealthWatch, the delivery of telehealthcare joint commissioning and the strategic review commissioned by the Cluster PCT of securing sustainable services in the context of savings in Acute services and further efficiencies with community enhancement.

The Scrutiny Commission has maintained its consideration of how well outcomes are delivered for customers through personalisation and delivery of personal budgets and direct payments. Joint commissioning proposals by Adult Social Care and NHS for Carers Support Services came under close scrutiny and challenge. On the one hand a recognition that pooling funding and commissioning new services made better use of public funding and a concern for the impact on existing providers and customers.

The Commission meets monthly and is made up of 10 elected members on a cross party representation with support from a team of officers reporting to the Monitoring Officer.

Scrutiny Commission were particularly interested during the year in considering issues to do with quality and safety in the delivery of care. Following national concern raised by the Winterborne view expose, Scrutiny Commission looked at how Adult Social Care sought assurance of quality and standards of dignity in care and made recommendations including the nomination of an Elected Member as Dignity Champion. Members also wanted to assure themselves action had been taken in the light of CQC recommendations from Winterborne View. When CQC reviewed provision locally for people with learning disability in a Health care setting and found some standards not met, the Scrutiny Commission looked at the response from the provider and how Adult Safeguarding responded. CQC were satisfied with the action taken, the Scrutiny review emphasised their role in over viewing health and social care delivery.

Scrutiny Commission produces an annual report of their activities which in itself is scrutinised by the Council Overview and Scrutiny Management Committee.

The role of Scrutiny continues to ensure that public accountability takes place and will have a continuing role when Health and Wellbeing Boards come formally into being and will form part of a network of relationships with the Board, local HealthWatch and Scrutiny to evaluate how well outcomes have been improved and provide a critical friend to the new Boards.

Information on the work of the Scrutiny Commission can be found on the Council website under Council and Democracy the link is <http://www.hullcc.gov.uk>. The site contains papers and minutes from Scrutiny meetings during the past year.

### **Tri-x.**

In order to provide a good standard of service, staff need to be guided by policies and procedure which reflect the most up to date thinking. Hull City Council is currently reviewing all existing policies and procedures across adult social care and is planning to launch a new web based platform, Tri-x that will host all the policies and procedures in the new year.

## **12. Safeguarding adults whose circumstances make them vulnerable to harm**

### **Safeguarding Adult Board 2012**

The Safeguarding Adult Partnership Board has continued on its journey of providing assurance that policies and good safe working practices are in place in our City.

It launched a brand new website [www.safeguardingadultshull.com](http://www.safeguardingadultshull.com) which has proved an excellent way of communicating with all partner agencies and our community. The site contains information and guidance on national and local safeguarding issues as well as how to make a referral to the Safeguarding Team if abuse or neglect is suspected. The Board has recently added a forum section where community members or staff from the independent and voluntary sector can discuss topics that are important to them.

Board members were also part of a project to identify and protect vulnerable people from the risk of fire along with our partner Board member, Humberside Fire and Rescue Service. This project involved fitting domestic sprinkler systems into the homes of people with reduced mobility to protect them should a fire occur. This project has already saved the life of one member of our community and has attracted national interest from many Fire Services.

For the second year, the Board were invited to the Humberside Fire and Rescue Service Community Award presentation evening and were delighted to win the award for "The partner who most assisted Humberside Fire and Rescue Service to improve people's lives", an accolade we were very proud to receive.

Providing free multi agency training to a wide variety of agencies and community groups is an essential part of the Boards work and last year, over 1900 people received our training from more than 80 different organisations.

Communicating and providing information on current safeguarding issues is crucial to ensure there is an up to date understanding of adult safeguarding in the City. This was enhanced at the Boards annual conference at the Albemarle Centre held in May which was attended by 190 delegates from 20 organisations. Presentations were made by Humberside Police, Humberside Probation Trust, Hull Domestic Abuse Partnership and Hull City Council Adult Social Care.

### **Operational Safeguarding Team**

The team was created in May 2011 and has steadily raised its profile with all agencies across the city. The established partnership approach has been built upon to promote collaboration, compliance and confidence in developing the safeguarding agenda.

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This year saw the development of a shared risk assessment model which draws together the concept of harm and the level of response expected by agencies. This work has established consistent guidance on thresholds in relation to risk and harm and what responses are appropriate. There has been a considerable investment of time in disseminating this with very significant numbers of staff attending all our training and briefings.

This work was launched at the Safeguarding Conference in May with this platform giving a clear statement of intent and validation by the Safeguarding Adults Board.

The team is also responsible for making sure the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOL) are used appropriately and consistently across the city and we continue to operate a 'one stop shop' service for all agencies in relation to guiding staff on all aspects of implementation. The team aims to guide, mentor and support or own and partner agencies staff. We do this by various methods which include delivery of training. We have delivered MCA training at different levels in relation to staff roles, basic level 1 through to advanced Level 3 and specific Managing Authority training in DOL and MCA.

Due to the close links between the team and our commissioning team we are able to advise on complex care provision where DOL may need to be considered. This allows careful consideration of the least restrictive model of care with resultant low levels of DOL. What this means in practice is that as few people as possible have their liberty restricted, and that those restrictions are as little restrictive as possible.

We provide training to the Acute hospital trust with all consultants having a mandatory refresher training covering consent to treatment, MCA and DOL. We also deliver training to Matrons, nurses and other staff in conjunction with their training managers. This year we have delivered a module on advanced decisions to refuse treatment, (living wills and care of the dying) to very junior doctors undertaking training with the Hull & York Medical School.

The team has developed over the year with colleagues from City Health Care and the Humber Trust joining us. This allows, within the location of the MASH a great wealth of experience and skills from a wide range of agencies to influence and steer our work. Work with police colleagues within the MASH has consistently improved our ability to jointly manage risk with better sharing of information and clearer targeting of resources, ensuring steady progress in embedding the Safeguarding agenda across all agencies within the City of Hull.

### **Safe places**

Along with the police the Hull Learning Disability partnership board is exploring the possibility of developing 'safe places' in Hull. These could be shops, community centres etc where disabled people can access and know that it is a 'safe place' to report crimes such as Hate crime.

### **Winterbourne View**

There has been a great deal in the press about the appalling conditions which existed for people at Winterbourne View. People were abused, safeguarding failed to protect them, care staff were jailed and safeguarding managers sacked. We have looked very hard at what we can learn from this whole affair and have brought together providers, the safeguarding team and the safeguarding board to make sure that people are protected, that people who raise concerns, including whistleblowers are listened to and that safeguarding is strong and effective. The learning from this is being incorporated in the strategic safeguarding policy and the safeguarding operational procedures which govern how the local authority, the police, fire service, service providers, customers, carers and safeguarding professionals work together to protect people. Part of this will be to involve and empower local people through their involvement in Healthwatch with it's duty to enter and view and its connections with CQC and Healthwatch England, the governing body.

### 13. Feedback on priorities for 2011-12

We said we would. . .	And we did. . .
Develop Community Agency safeguarding self assessment	The development of guidance on safeguarding thresholds and proportionate response has enabled self assessment in safeguarding concerns to be implemented in all agencies
Develop a new safeguarding strategy based on the stakeholder listening events	The strategic policy has been developed by the board and multi agency operational procedures are in the process of being written.
Develop Customer and carer feedback following a safeguarding investigation to review customer and carer experiences and outcomes	This is being incorporated in the new safeguarding operational procedure.
Carry out themed work, analysis and interpretation of concerns and alerters across providers.	The safeguarding team carries out this analysis and does targeted work when patterns emerge
Continue our commitment to MCA and best interest training across all services in Hull.	A full programme of training has been provided during 2011-12
Develop a Peer to Peer support project to be based within the community sector.	A contract for this service has been let to a local user-led organisation
Further refine our person centred planning and working with local GPs to encourage their participation in person centred care.	This has been delayed by the ending of the Primary Care Trust and the advent of the Clinical Commissioning Group but remains a priority
Develop Transitions, a pilot to work across the transition team and the extended schools coordinators to explore access to support for parents and ensure that they are correctly and appropriately informed about adult services so they can begin to plan for the transition.	A multi agency working group with members from children's and adult services met over the summer and developed a framework to govern transition. A detailed protocol based firmly on Person Centred Practice, with supporting tools has been written to reflect this.
Work with Health colleagues in the continued development of Health Personal Budgets. Hull is a pilot site and it is anticipated this will be reviewed from October 2011, onwards.	This has been achieved and feedback is awaited
Work in partnership with NHS Hull to develop and implement a rehabilitation pathway to make sure all services work effectively together to assess needs and provide support for independence and improved quality of life.	This has been achieved and is implemented via the work of the reablement team

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<b>We said we would. . .</b>	<b>And we did. . .</b>
Continue work with Choices and Rights with regard to the Personal Assistant data base and employment issues in relation to the law and good practice. This includes lessons learned from grievances and Employment Tribunals.	Work continues with Choices and Rights and we are currently exploring ways of giving their workers access to legal advice
Develop an e-market place to provide a web based information service which will sign post and provide information on community services, how to manage a budget and other services such as equipment.	Work is progressing quickly on this and it is anticipated that it will be publicly available in the new year.
Increase investment in Extra Care accommodation to deliver 215, 2 bed roomed apartments for vulnerable people, focussing on a centre of excellence for people with dementia, and extra care accommodation for people who are physically and/or learning disabled or who have mental health needs.	This has been partially achieved via a new development at Thornton court but has been impacted by changes in PFI funding.
We will further refine our person centred planning and working with local GPs to encourage their participation in person centred care.	The process has been developed and successfully piloted by GPs working with the Pennine Centre and we will be seeking further partnerships with other GPs.
We will work with carers to develop a person centred guide for carers.	We have developed this for carers of people with a life limiting illness and will be building on this to develop a guide for carers in other situations.
We will work with NHS Acute Hospitals and Dove House Hospice to improve end of life care for people with complex needs arising from learning disability or dementia.	We have successfully introduced person centred working with people approaching the end of life.
Inclusion of Progress for providers in Quality systems to evidence personalisation.	We have introduced this process into services for people with a learning disability and will be seeking ways to disseminate this more widely.



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