



Hull
City Council

Adult Social Care Local Account

A Life, Not a Service



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Foreword

Hello, and welcome to the Local Account 2015. This is the fifth Local Account we have published and together, they tell the story of how adult social care is developing and responding to what you tell us. 2015 saw the most fundamental changes to adult social care in a lifetime with the enactment of the Care Act 2015. This was introduced at a time of increasing financial pressure as the government continue to reduce public spending. Local authorities account for 7 per cent of all public spending but have absorbed 25 per cent of the cuts. Despite the climate of austerity, Hull City Council remains committed to providing good quality support for those who need it. This has always been a priority for us and in responding to the changes ahead, we will always consider the needs and preferences of the individual, balancing this against the effective and efficient use of resources. We will ensure that we have sufficient resources to meet the needs of everyone who is assessed as eligible for social care support and we will focus resources on support that prevents, delays and reduces the need for care and support. To make sure we can continue to do this, we have completed a review of the basic business model of the service and will be implementing the changes arising from this over the coming year.

During this period of review and change, we have continued to seek ongoing improvements, and have seen the benefits of this both in terms of our formally measured performance and in a further reduction in the number of formal complaints. We are proud to have achieved our personal best in respect of the Adult Social Care Outcomes Framework 2014 - 15. Detail is included within this local account. Throughout the changes which lie ahead, we will keep improvement of adult social care for the people of Hull as our number one priority.

We hope you enjoy reading the local account, and if you want to know about social care, please contact us on (01482) 300300.

Alison Barker
City Manager,
Adult Social Care

Cllr Helena Spencer
Portfolio Holder,
Adult Social Care

Welcome to the Local Account for Hull

The Local Account is Hull City Council's annual report to the people of Hull about adult social care, to let you know how we've performed and what our plans are for the coming year.

In April 2015, most of the provisions of the Care Act became law and we devoted a great deal of time and effort preparing for it. We reviewed and rewrote all of the information we provide about what adult social care is, what it does and how we can help people, we introduced self assessment and widened the availability of advocacy. We provided training to all of our key staff on how to work with people differently so that they are in control and are more able to make all of the key decisions themselves and we are working with key providers to change the focus of delivery. Instead of the city council being the commissioner and being seen as the main customer, individual people will increasingly be the commissioners of their own support and need to be seen as the main customer.

In addition to the work needed to prepare for the Care Act, Hull City Council has reviewed adult social care to make sure we can offer people the very best quality services for the most reasonable price and councillors are currently considering what that review has told us. At a time of financial pressure, we have the opportunity to reorganise the advice, information and support we provide to maximise individual wellbeing, independence and control.

The Local Account will look at these things in more detail, and will also tell you what we spent last year and what we spent it on, how we've performed and what people have told us over the course of the last year. It will then set out what we intend to do over the course of the coming year.

Our vision and our values – A life, not a service

We believe that people who need care and support should keep as much control as possible over their lives and over the things that help them live their lives in the way they choose. We believe that the support they use must focus on building their resilience and helping them to stay as independent as possible while safeguarding them from abuse and neglect.

We want to enable people to make best use of their own strengths, skills and support networks, to draw on community resources and when they use funded support, to direct it themselves to complement these.

We also want services to consider the whole person and to address their needs holistically to reduce dependency, for example considering the impact on an older person of age related sensory impairment.

In order to achieve this, services must be transformed to embrace integration and put the needs and aspirations of the person using the service at the heart of everything they do, promoting independent, quality living, and supporting people to have 'a life not a service'. Making this happen requires a commitment to:

- Develop and maintain strong relationships with people, partners and communities
- Respect and listen to people
- Work with people to plan what will keep them well, safe and in control of living the life they choose
- Connect people with the right organisations to support wellbeing and help people remain independent for longer
- Work creatively with partners and the community to make sure that a range of opportunities and services are available

Hull in 2015

Hull is a modern, growing city with huge possibilities opening up in the next few years. Siemens are establishing a wind turbine production and installation plant at Hull Green Port and we are the City of Culture 2017

Hull is still feeling the effects of the national decline in industry over the last 40 years, in particular the decline in the fishing industry and we are currently the 10th most deprived local authority in the country. We have almost twice as many homeless people as the national average and more than twice as many benefit claimants. Despite the difficulties, Hull remains a proud, strong and vibrant city

More than 257,000 people live in Hull, and the population is increasing every year. 90 per cent were born in Britain, 6 per cent were born in the E.U. and 4 per cent were born elsewhere in the world

Hull's population is younger than average, with more children and more working age adults than the national average

27 per cent of people – more than one in four is living with a long term health condition and one in five people say their poor health affects their day to day activities. People living in Hull have a life expectancy 3 - 4 years less than the national average

Five people in every thousand in Hull receive support from adult social care, many more than the national average of 3

Who do we work with and what do we provide?

 **9 in every 1,000**

Nine in every hundred adults living in Hull contacted us for advice or support last year

 **5 in every 1,000**

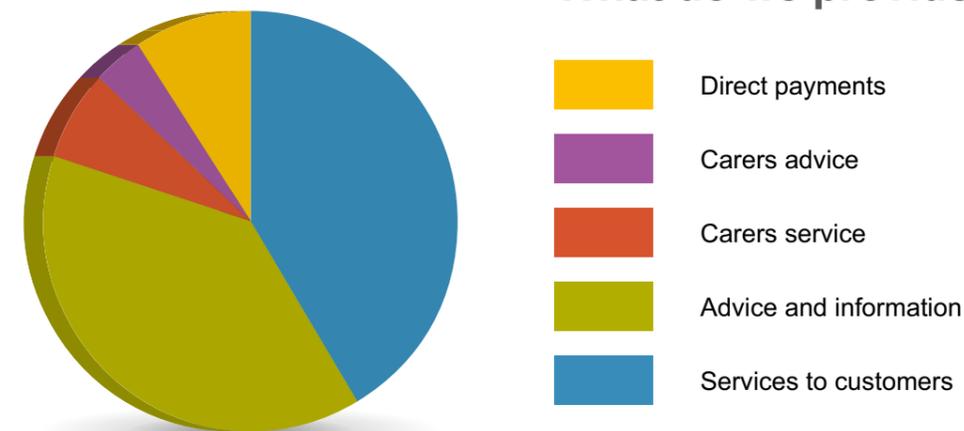
Five in every hundred currently receive support funded by adult social care

 **3** The England average is three in every 1,000

Last year 17,902 people contacted us asking for some support. We provided information and gave advice to 6,917, and 9,062 were provided with support services. 7,521 asked us to arrange services for them and 1,541 received a direct payment. We also gave advice and information to 709 carers and provided services to a further 1,214.

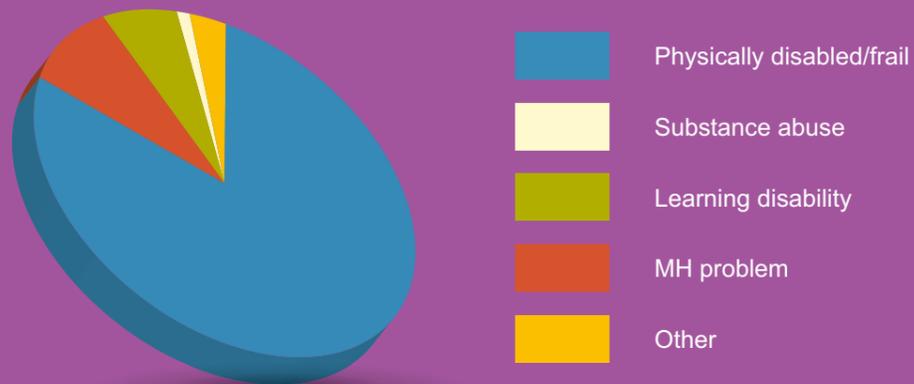
This is illustrated in the diagram below.

What do we provide?



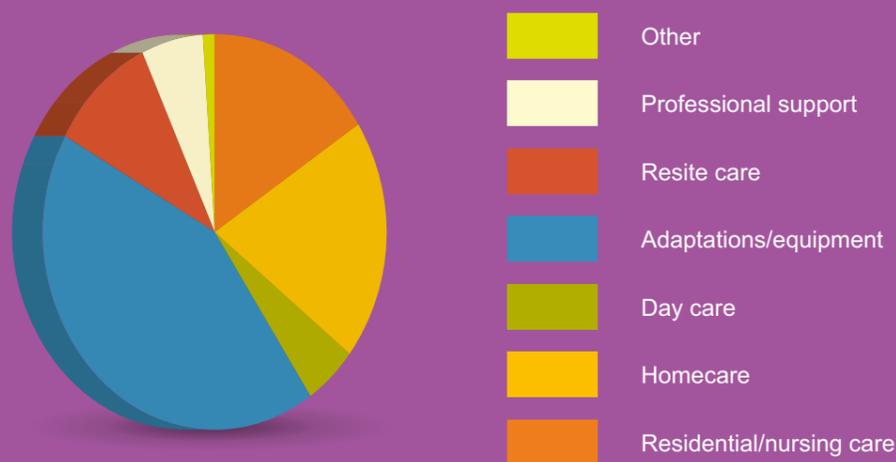
- 79 per cent** of the people we provided support services to had a physical disability or were frail
- 7 per cent** had a learning disability
- 10 per cent** had a mental health problem
- 1 per cent** had a substance misuse problem
- 3 per cent** had other issues

Who do we work with?



We provided or funded a wide range of services, and support 76 per cent of people to live at home. This is something we hope to improve upon year on year.

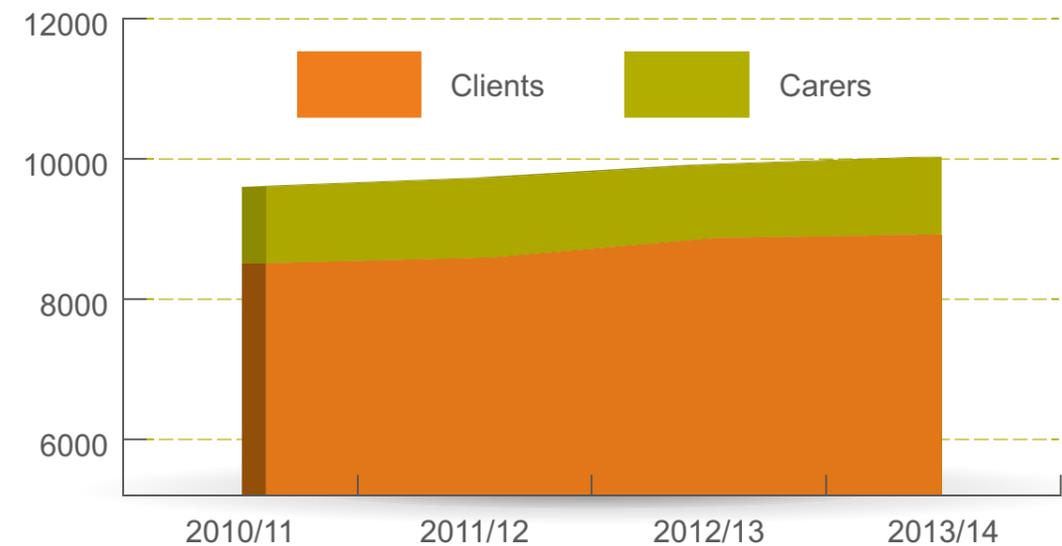
What kind of support do people use?



The number of people we work with is increasing every year, and although we want to support everyone who needs it, we are concerned that by providing services to everyone in need, we are creating a dependency which is not helpful to people in the long term. We want to work with people to support their independence by looking with them at what is working to keep

them well, what their families and friends can help them with and what is available from their local community. We will then provide support to keep people safe and independent for as long as possible. The diagram below illustrates how the number of people we work with is growing.

People receiving a service

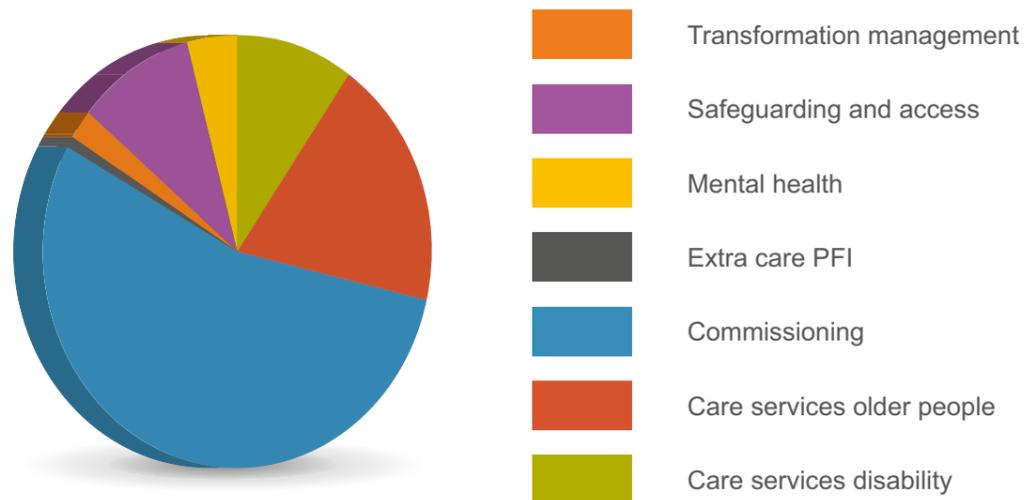


What did we spend and what did we spend it on?

In 2014-15, the total budget for adult social care was £101,836,000. Through fees, charges and other ways of gaining income we generated

£26,524,000 which means the City Council spent £75,312,000 altogether on adult social care.

Adult social care spending 2014-15

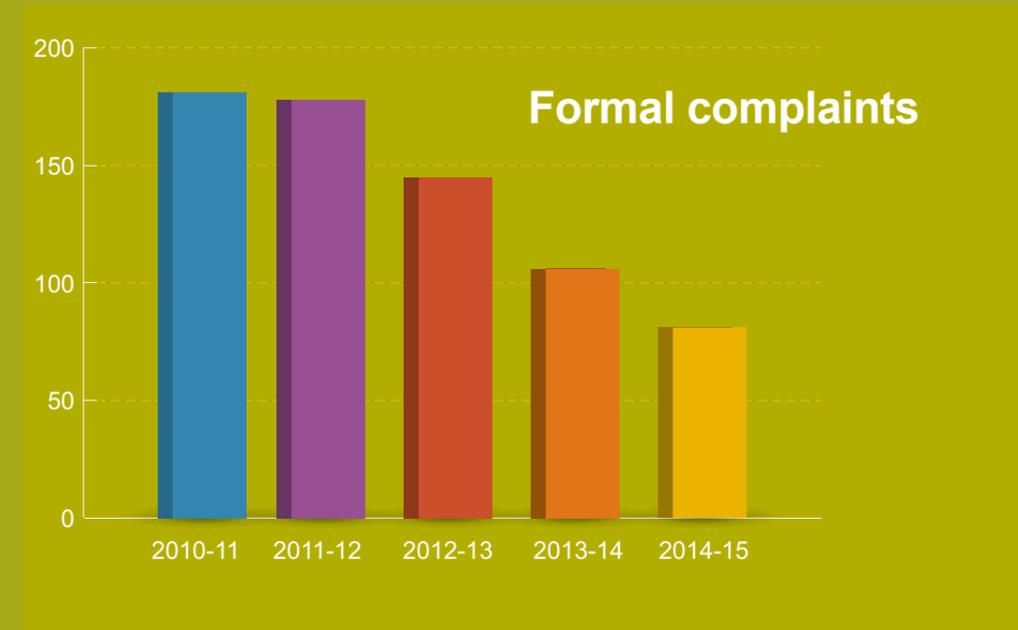


Complaints and compliments

We take customer feedback very seriously and always try to learn from what people tell us.

many issues as possible so that people do not feel they need to submit a formal complaint. We feel this is working, as every year since 2010, we have had fewer complaints than the year before. The chart below shows the progress we are making.

We also support managers to engage with people who are not satisfied to try to resolve as



Adult Social Care Review

A new vision and charter for adult social care in Hull

The provision of good social care support has always been a priority for Hull City Council. In responding to the changes ahead of us, we will always consider the needs and preferences of the individual, balancing this against the effective and efficient use of resources. We must ensure that we have sufficient resources to meet the needs of all people who are assessed as eligible for social care support and we must focus resources on preventing delays and reducing the need for care and support.

The Health and Wellbeing Strategy identifies a long and happy life as one of its priorities. It sets out the Council's intentions to develop thriving communities, and by doing so delay and reduce the need for care and support. In addition the Care Act has changed the way in which social care support is arranged and provided by:

- Establishing a national eligibility threshold, which will apply to all local authorities
- Requiring that care and support is focussed on promoting wellbeing and preventing or delaying the need for social care support
- Requiring local authorities to provide people with information and advice relating to care and support for adults and support for carers.

What matters to individual people is important to us and will be committed to supporting people to "Have a Life and not a Service." In order to achieve this we give the following commitments:

- We will respect and listen to the person
- We will work with people to plan what will keep them well, safe and in control of living the life they choose
- We will connect people with the right organisations to support wellbeing and help them remain independent for longer
- We will work creatively with partners and the community to make sure that a range of opportunities and services are available
- Good quality information and advice will be available to all to help people plan for the future, reduce the need for care services and where possible maintain independence
- We will expect to share responsibility with individuals, families and communities to maintain their health and independence
- We will support people to live with the risks which are part of living independently whilst ensuring they are safeguarded from significant harm.
- We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence
- Where people have critical or substantial risks to their independence and they meet the national funding criteria, we will fund care and support only for as long as it is necessary
- We will promote individual health and independence through joint and collaborative working across the public sector
- We will encourage and stimulate an efficient, diverse, affordable and high quality social care market
- We will commission support from external organisations which is focused on helping people to remain independent for as long as possible and is efficient and affordable
- We will always consider the eligible needs and preferences of the individual along with ensuring the Council meets its responsibility to balance this against the effective and efficient use of its resources, which take account of the needs of all adults eligible for social care and support.

Our strategy to achieve:

INFORMATION, ADVICE AND EARLY INTERVENTION

- We will provide good quality information and advice to ensure that people know what support is available to them and to help them to plan for the future
- We will aim to meet people's enquiries quickly when they first contact us. This will be through the early help and prevention team "See and Solve"

SHORT TERM SUPPORT (re-ablement)

- We will target short term support (re-ablement) where initial indications show a critical or substantial risk to an individual's independence
- We will provide people with short term intensive support (re-ablement) through a range of solutions, Thornton Court reablement flats, community Homecare support along with step down beds within a residential environment

PREVENTION

- We will target all prevention and early intervention services for people who are at risk of losing or reducing their independence
- We will maximise independence by loaning equipment and assistive technology to people where appropriate
- We will ensure that social care support is available to carers, if they are assessed as eligible to receive it
- We will intervene to keep people safe when we have reasonable cause to believe there is a significant risk of harm or neglect by others, or an individual is unable to protect him or herself

LONG TERM SUPPORT/ SELF DIRECTED SUPPORT

- We will make more use of phone, online and clinic appointments to undertake assessments. Assessment visits to a person's home will be made in situations where it is clear that a person could not cope with a phone or online assessment, is unable to travel to a clinic, or requests a face to face assessment
- We will arrange services at the time they are required for as long as they are required to meet the specific outcomes identified in the assessment
- We will ensure that an assessment, under the Mental Capacity Act 2005, is carried out where people lack the ability to make a decision about how their care needs should be met
- We will provide care closer to home where this meets a person's needs and is cost effective. For those people currently placed outside of the county, we will aim to commission services in Hull, where this is more cost effective
- We will ensure that people have access to independent advocacy support so that they can understand the choices available to them, where necessary

PERSONAL BUDGETS

- We will ensure that other sources of funding and support are always explored before the allocation of a personal budget
- We will decide how much a person's support would reasonably cost, based on their eligible needs and use the Hull Resource Allocation System
- We will provide Personal Budgets that meet the essential outcomes identified through assessment in the most cost effective way
- We will expect people assessed as eligible for social care support to contribute towards their personal budget in line with the national contribution arrangements for adult social care
- We will offer a choice to individuals of taking their personal budget through a direct payment, a managed budget (arranged by the Council) or a mixture of the two

REVIEW

- We will ensure that a person's entitlement to a personal budget is reviewed regularly to ensure they are still eligible and that their outcomes are being met in the most cost effective way.

COMMISSIONING SERVICES

- When commissioning services for people, we will place greater emphasis on the achievement of outcomes and value for money over the level of choice available. We will always aim to maximise people's independence and take their preferences into account, but the funding made available to support an individual will be determined by the most cost effective care package, based on the local care market, the availability of local care providers and the cost of community based and residential care. All situations will have to be assessed and considered on an individual basis
- We will reduce the demand for institutional care and the need for long term care in the community by commissioning or providing services that support independence, we are committed to developing 319 high quality Extra Care apartments which will provide support for all age 18+ and will provide support to people with a range of needs, this will be available for January 2017
- We will expect organisations that provide services on our behalf to deliver good quality support that keeps people safe. Where they fail to do so in a timely manner, we will commission alternative support for people
- We will expect organisations that provide services on our behalf to pay for our support in situations where they are not meeting their contractual requirements and require support for improvement
- We will fund non-statutory/discretionary services where there is evidence that they prevent, delay or reduce the need for care and support

FINANCE AND CHARGING

- We will charge a fee which reflects the cost of the service to people and organisations, where we are able to do so
- We will ask people to pay the difference where they choose care and support which is more expensive than care that can be procured by the council
- We will provide advice and guidance to people on other funding that might be available if their preferred service is more expensive than similar care and support that can be procured by the council
- We will make sure that people understand the different ways in which they can get independent financial advice in relation to their social care support

STRUCTURES AND PROCESSES

- We will continue to adapt to changes to adult social care outlined in the Care Act
- We will make our systems and processes as efficient as possible to save money
- We will integrate our structures with health partners and other agencies where it will provide better outcomes and more cost effective services
- We will integrate process and systems to ensure that people receive joined up care and support which places them at the centre

A new approach – See and Solve

We have been working to develop a service which will provide better support to people at the point they contact us and this will be available by April. See and Solve aims to resolve the majority of issues straightaway by providing good quality advice and information, making self assessment or supported self assessment available to people who want it and offering a worker led, complex or specialist assessment to people who need it.

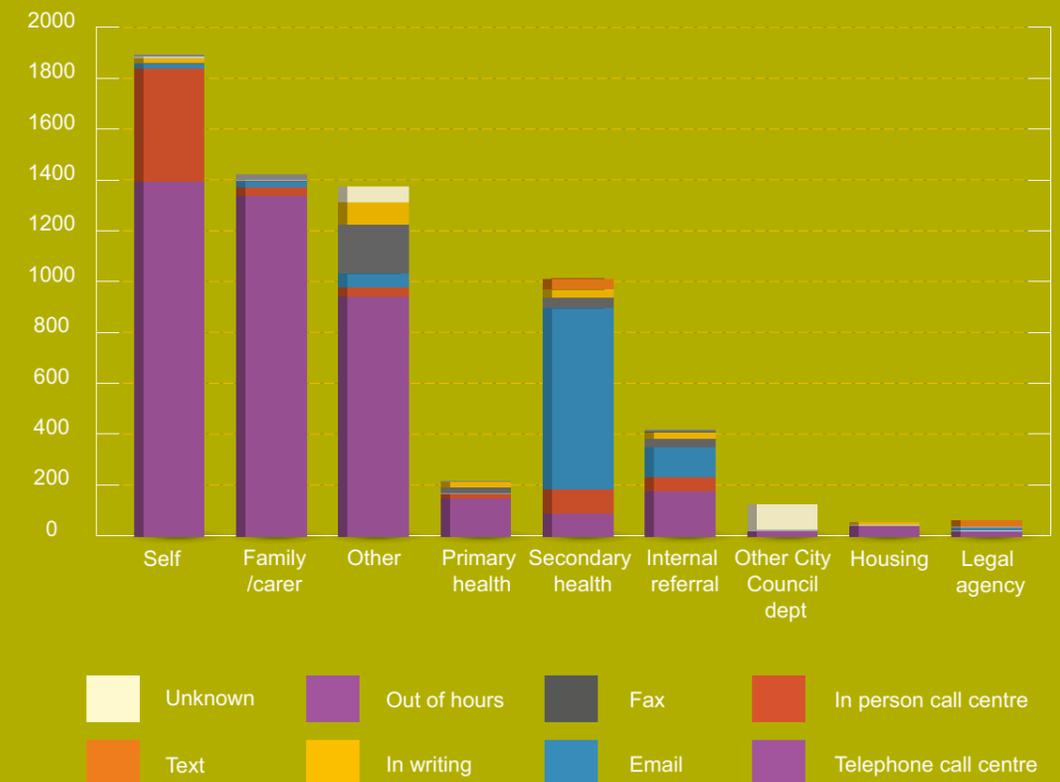
The Health and Wellbeing Strategy identifies a long and happy life as one of its priorities. It sets out the Council's intentions to develop thriving communities, and by doing so delay and reduce the need for care and support. In addition the Care Act has changed the way in which social care support is arranged and provided.

The team will take all calls and referrals to adult social care and as well as having more advice officers with better training, it will also have social workers and occupational therapists. This means that as well as taking calls and providing advice and information, the team will be able to offer self assessment and supported self assessment. These ask about the same areas as an assessment done by a worker, but recognise that many people know all too well the areas of their life they need support with and can communicate that very well. People can contact the team and carry out a self assessment online, but will also be able to contact them by telephone and face to face.

We looked at how people contact us at the moment and saw that of 6,617 initial contacts last year, 74 per cent were made through the call centre either by telephone or in person. 97 per cent of customers and carers contacted us that way. 14 per cent of contact currently comes electronically and although we will encourage more people to use our online service, we will keep the human touch.

The diagram opposite shows how different people contact us.

Method of initial contact



Advocacy

The Care Act 2015 gives the right to an independent advocate to people who need one so that they can be fully involved in their assessment, in the preparation of their care and support plan and in the review of their care and support plan. Someone will be entitled to an advocate if two conditions are met:

- The person has substantial difficulty in being fully involved in these processes and
- There is no one appropriate available to help them.

The person is also entitled to the support of an advocate to help them make use of advice and information or to make a complaint.

The role of the independent advocate is to support and represent the person and to make sure they are fully involved in identifying and planning their support. The ultimate aim is for the person's wishes, feelings and needs to be at the heart of the assessment, care planning and review processes.

We are offering advocacy to people who people who seem to need it and are currently carrying out a detailed piece of work with potential providers to make sure that there are enough advocates available who have specialist skills, such as being able to communicate effectively with people who are deafblind or who have autism.

Better Care Fund

The Better Care Fund was announced by the government in June 2013 to support integration between health and social care. The NHS and local authorities are working with people with increasingly complex and multiple needs and more and more people receive support from both organisations.

To respond to this, support needs to be organised around the person who needs it and the person's care team needs to work together regardless of who their employer is.

The national conditions for Better Care are:

- To protect social care
- To achieve seven day services to support hospital discharge

These eight pieces of work are set out below.

- To achieve single records across health and social care
- To have joint assessments and accountable lead professionals for people in high risk groups
- To reduce emergency admissions

What this means for Hull is that the Better Care Fund:

- Supports the introduction of the Care Act
- Sees a pooled budget of £30.8m for 2015/16
- Leads to a jointly commissioned service
- Leads to integrated health and social care services
- Has eight defined pieces of work to drive change

1 Prevention and Community Hubs

The overarching scheme which will build on community working by integrating and applying a co-ordinated approach to preventative services through access and delivery of care and resources in Community Hubs

2 Primary Care and Self Care

Proactive management for people with long term conditions in primary care with a single point of contact such as Care Co-ordinators or Lead Professionals

3 Falls Prevention

The development of new pathways and prevention services across health and social care

4 Reablement and Rehabilitation

A single point of contact for services which are integrated and personal to the customer

5 Ambulatory Care

Providing alternatives to admission to hospital for ambulatory conditions and for frail older people

6 Residential and Home Care

Providing alternatives to residential care by expanding home care and extra care support

7 Long Term Conditions (including dementia)

Creating a network of care and support for people and carers

8 Mental Health/ Learning Disability

Developing a comprehensive range of integrated services for people with functional mental illness

The Better Care vision for Hull – what will people say?

Better outcomes

“ I can decide the kind of support I need and how to receive it ”

Better care planning

“ I know what is in my care plan and I know what to do if things go wrong ”

Better communication

“ The professionals involved with me talk to each other and I can see they work as a team ”

Better information

“ I am not left alone to make sense of information. I can meet, phone or email someone when I need to ask a question or discuss my options ”

Better care in emergencies

“ I can plan ahead and stay in control in emergencies. I have systems in place so that I can get help at an early stage to avoid crisis ”

Better transition between services

“ When I move between services or settings, there is a plan in place for what happens next ”

The customer experience –

People in Hull will expect better care which is organised around them

Better Care Fund delivery to date

1. Prevention and community hubs

- We will be piloting the first Community Hub in the Riverside area later this year
- We have created the See and Solve model of access which will become operational later this year
- We have held a workshop to begin to address the issues of loneliness and isolation

2. Primary care and self care

- We are carrying out GP risk profiling and support planning for those most at risk of hospital attendance and admission
- We are carrying out a pilot programme of social prescribing with GPs

3. Falls prevention

- We are developing new services and a new pathway to access them
- We have reduced waiting times for assessment for occupation therapy support

4. Reablement and rehabilitation

- We are increasing the amount of intermediate care available and expanding the support available at the Thornton Court reablement flats
- We are developing a network of step up/ step down beds which will provide a community alternative to going into hospital as part of a range of support services

5. Ambulatory care

- We have developed a new multi agency Ambulatory Care Unit and frailty pathway at HRI
- We are carrying out a feasibility study into developing something similar at an East Hull facility

6. Residential and home care

- We are developing three new build Extra Care facilities which are expected to begin receiving residents in January 2016
- We have reviewed and redeveloped the universal medication policy so that people who need support with medication can expect the same standard of support wherever they are

7. Long term conditions including dementia

- We have introduced dementia screening tools into all GP practices
- We have a 'Memory Lane' creative care project delivered by Heritage Learning

8. Mental health

- We are progressing to a fully integrated service model

Extra Care

The Extra Care project is a private finance initiative project whereby a private contractor is building three apartment complexes providing accommodation for 316 people in partnership with Hull City Council.

These will be on Hawthorne Avenue, Hall Road and Leads Road and will contain community facilities including a restaurant, lounge and rooms for use by the local community for health and wellbeing related activities as well as the living accommodation. The first complex will open its doors to tenants in January 2017 and will welcome adults of all ages with a wide range

of support needs. Extra Care will enable older people and people with disabilities or mental health problems to live in their own homes and participate fully in their local communities and will also offer support to people living nearby who have support needs. This project is part of a wider strategy to deliver 600 homes by 2020 by working with current housing and care providers to adapt existing sheltered housing and residential care provision which is under used. Extra Care support will change along with the person to offer higher levels of care as and when they need it to take away the risk of someone needing to move out of their home because they need a high level of support.

Integrated commissioning

Working in partnership to meet people's preferences, wishes and hopes needs meaningful engagement at a number of levels to agree what is needed and shape local services.

Therefore, to promote integrated commissioning and develop services fit for the future, a number of groups including people who receive support, their families and important support networks as well as care homes and home care providers have been consulted through telephone interviews, one-to-one meetings, questionnaires, group meetings and workshops. This amounted to 33 per cent of those involved in service delivery in some form.

Hull City Council and Clinical Commissioning Group (CCG) commissioners continue to work in partnership with service providers and local people to develop the 'local offer' across residential and nursing care homes, supportive living, Extra Care and homecare.

As part of this, consultation captured:

- What people who receive support and their carers wanted to buy when considering their care and support needs
- How organisations could transform to deliver services to people with personal budgets

- How community services could be supported to develop expectations for re-ablement and en-ablement
- How services could be designed to promote independent living and offer greater choice and flexibility across communities
- What barriers to people returning home exist and how they can be overcome
- How partnerships could be developed.

The aim is to establish a longer term, more integrated working relationship with service providers and wider agencies to deliver services shaped by local people and within national directives. As part of our promise to develop integrated commissioning and services, both the council and CCG have worked together and with other key stakeholders, and have now developed joint contracts and monitoring arrangements – and the expectations around how services will be delivered now and in the future.

Advice, information and access - what's changed under the Care Act?

Last year, in preparation for the introduction of the Care Act we revised all of our information leaflets and extended the range of them available. They can be accessed via the Hull City Council website, on Connect to Support, our online marketplace and by contacting the advice officers on (01482) 300 300. The information service will be improved further when we introduce the See and Solve approach which will:

- Have broad access points
- Work with a wide range of trusted partners
- Tap into crisis call support
- Move from screening out to supporting access
- Encourage self help and move from 'doing for' or 'doing to' to supporting people to help themselves
- Support self assessment and enable trusted partners to do the same
- Provide better on line support
- Have good, robust communication with all partners

Connect to Support, our eMarketplace solution is an online, web based facility which contributes directly to the principles of promoting wellbeing and independence enshrined in the Care Act and to the transformation of adult social care. It provides a platform for public, private, voluntary and community organisations to promote their services, facilities and products and provides advice, information and signposting to preventative services to enable greater independence.

As more and more support is provided via a direct payment across health and social care, agencies need to have more dynamic and creative ways of reaching people, engaging and seeking feedback.

Whilst we acknowledge that computer based solutions are not suitable for all, as we move into becoming a digital region we are seeing more people including older people request training and equipment to be able to utilise the benefits of e-technology e.g. for weekly shopping. Connect to Support enables us to offer more choice to people and to respond to the significant challenge of personalisation, demographics and future demand.

Adult Social Care Outcomes Framework (ASCOF)

Every year, the ASCOF asks people and carers about the service they use and uses the statistical returns local authorities complete to develop an overview of performance.

ASCOF is a national measure which all local authorities complete. There are 19 measures which can be compared to other similar authorities, the England average and previous performance in Hull.

In 2014 – 15 Hull achieved a personal best and improved in 13 of the 19 areas measured. One measure remained the same.

We are very proud to say that the satisfaction of people in Hull with adult social care services improved with 96 per cent of people saying that services made them feel safe and secure. Carers' satisfaction also improved with 10 per cent saying that it was easier to find information.

We know that we need to improve with regard to the outcomes of reablement. This is a new measure and we believe that different authorities interpret or measure this in different ways.

We will also be working to support people with long term needs to take up the opportunity of self directed support.

We believe that as the Extra Care housing schemes open in 2017 we will see fewer people over 65 being admitted to residential care. In the meantime the Better Care projects with health are working creatively to support people to avoid residential admissions.

The following table sets out where we have improved over the last three years and where our performance has dipped. Most of the measures are straightforward percentages, but it is worth explaining how the first measure – quality of life – is worked out. We ask people to rank eight key areas of their life according to whether all of their needs and wishes are met all of the time, their needs are adequately met, some of their needs are met or none of their needs are met. The key areas are control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity. The maximum possible score, if everything is ideal all of the time for everyone is 24.

Measure	2011-12 outcome	2012-13 outcome	2013-14 outcome	2014-15 outcome	Regional average	National average	Direction of travel
Quality of life	18.73	19.4	19.3	19.3	19.1	19.1	
Proportion of people who use services who have control over their daily life	76.9%	78.5%	79.6%	78.6%	78.1%	77.4%	
Proportion of people who receive self directed support	62.8%	68.3%	77.1%	82%	81.8%	82.6%	
Proportion of carers who receive self directed support (new measure)				100%	57%	76.6%	
Proportion of people who receive a direct payment	16%	27.7%	17%	32.6%	24.1%	26%	 
Proportion of carers who receive a direct payment (new measure)				100%	54.7%	66.7%	
Carers quality of life				8.1	8.1	7.9	
Proportion of adults with a learning disability in paid employment	0%	0%	0%	0.8%	7.1%	6%	
Proportion of adults with a learning disability who live in their own home or with their family	66.3%	67.7%	70.4%	73.8%	81.8%	73.9%	
Permanent admissions of younger adults (18-64) to residential and nursing home care per 100,000 population	24.2	23.0	19.3	10.9	12.8	13.7	
Permanent admissions of older adults (65+) to residential and nursing home care per 100,000 population	964	824.4	895.5	947	746.1	658.5	

Measure	2011-12 outcome	2012-13 outcome	2013-14 outcome	2014-15 outcome	Regional average	National average	Direction of travel
Proportion of people 65+ who were still at home 91 days after discharge from hospital into a reablement service	79.8%	84.1%	88.5%	91.1%	70.6%	80.7%	 
Delayed transfers of care from hospital which are attributable to the local authority per 100,000 population	2.2	1.3	0.7	1	3	3.7	
People who have received short term support who need no further support (new measure)				42	68.6	74.5	
Overall satisfaction of people who use social care	70.05%	71.4%	71.9%	68.6%	65.9%	64.7%	
Overall satisfaction of carers		47.2		50.4	43.5%	41.5%	 
Carers who say they have been included in discussions and planning with the person they provide care to.		73.7%		73.8%	75.1%	71.7%	
The proportion of people who use services and carers who say they find it easy to find information about care and support	72.9%	76.6%	73.2%	75.7%	74.4%	74.5%	
The proportion of people who use services who feel safe	61.33%	67.9%	66%	70.8%	67.7%	68.5%	
Proportion of people who use services who say that those services make them feel safe and secure	78.14%	85.5%	86.6%	96%	81.6%	84.5%	 

Safeguarding

In 2014/15, 2,280 people got in touch with the safeguarding team to report a concern. Of these, 1,859 were addressed through discussion and advice, often about how people could work differently with vulnerable people to reduce or remove the risk. The team investigated 421 of the concerns further and found that abuse had happened in 133 cases. In all of these, work was undertaken to reduce the risk or remove it completely.

Priorities and challenges for next year

Vulnerable Adults Resource Panel

We have introduced the Vulnerable Adults Resource Panel which is responsible for providing expert advice and guidance during the assessment and support planning process to support the cultural changes required by the Care Act 2014, and will embed it fully into practice throughout the year.

Specifically, it will ensure that the principles of promoting wellbeing, preventing, reducing or delaying need and supporting the long term independence of people who approach the local authority for support are at the forefront of the assessment and support planning process.

All new and amended support plans will be presented to the Vulnerable Adults Resource Panel which will scrutinise them to ensure the principles set out at section 1.2 above are evident. It will challenge any plans which do not evidence these principles and may require further work to be done to embed the principles within them.

Prevention strategy

We have several robust strategies and plans to support prevention across the Council, including;

1. Health and Wellbeing strategy, which focuses on supporting people to live healthy independent lives
2. Early Help and Families strategy
3. Active Hull Strategy again based on prevention and healthy lifestyles

4. Falls strategy

5. Corporate Customer Enablement strategy again focusing on prevention.

Taken together the above plans focus resources and prioritise early help and prevention but over the course of 2015/16 we will build on these to develop a joint Prevention strategy across the Council and Health.

Transition

We have started a major piece of work in partnership with children's services, education and health to review and improve transition for young people entering adulthood which will make sure transition is person centred, supports the young person's wellbeing and promotes their independence and aspirations for adult life.

Engagement and co-production

We will improve engagement and establish a co-production network. Co-production means developing, delivering and monitoring support in partnership with the people who receive it or support someone who does. We do consult and involve people and have done this extensively in the review of adult social care, but we want to ask people to be included in strategic planning and in deciding which areas need to be further developed. We will do this initially by reaching out through existing networks such as the older people's partnership group and the learning disability partnership board.

What we said and what we did

We said...

We would write personalisation standards into all of our contracts

... and we did

All of our contracts now contain a set of personalisation standards which providers must achieve

We said...

We would further improve our advice, information and access arrangements

... and we did

We have completely rewritten our information leaflets and produced a full set of factsheets about the Care Act to complement the national and regional ones. We have redesigned our access service as a see and solve model (see page 18 – see and solve) and are training staff to have better conversations with people to identify the support they need which will fit in with their lifestyle, existing resources and networks.

We said...

We would introduce self assessment

... and we did

Self assessment is now available to those who want it and the first self assessments have taken place

We said...

We would review the basic business model of adult social care to make sure we offer the best quality service at the most effective cost

... and we did

Councillors considered the Adult Social Care Review Report in July of this year and have decided to continue to reorganise the current in house services to ensure that we have sufficient resources to meet the needs of all people who are assessed as eligible for social care support and that those resources are focussed on support that prevents delays and reduces the need for care and support

We said...

We would introduce all of the relevant Care Act reforms on April 1 2015

... and we did

A significant amount of work took place to make sure that all the relevant Care Act reforms were in place by April 1

