Thurrock Draft Local Account of Adult Social Care

2012

Making a positive difference - how well are we delivering adult social care support and services in Thurrock

Executive Summary

Introduction

Welcome to our first annual report on the performance of Adult Social Care. This Executive Summary describes the key points about how we are performing in delivering our key priorities, including what challenges we face and what our priorities and plans are for the future.

Please read the full report for more detailed information and examples of the work we have done, which can be found on our website: www.thurrock.gov.uk.

We hope you find this summary interesting and informative. We welcome your views and comments on this report. At the end of the Executive Summary you can find out how you can get in touch with us.

Our vision

The main focus of Adult Social Care is on improving the health and wellbeing of the local community by providing high quality support that meets vulnerable people's needs. This is a key priority identified in our Shaping Thurrock Community Strategy (reviewed and updated in 2012).

Our four key outcomes are:

1. Ensuring quality of life for people with care and support needs by providing personalised services and giving people choice and control over how their needs are met.
2. Delaying and reducing the need for care and support.
3. Ensuring people who use Adult Social Care have a positive experience of care and support.
4. Keeping people safe from harm.

In the past, Thurrock Council has provided traditional services such as residential care and home care which are often only available at the point of crisis. These types of services do not support people to be independent and are often more expensive. Although some people will always require this type of support, our vision is to strengthen local communities and provide support to people earlier. This will enable them to find their own solutions to issues through community resources. In turn this will help people to stay independent in their communities for longer. People will have more control over their lives and the Council will only provide services for limited periods of time for people who are in or are recovering from crisis (e.g. as a result of a medical emergency), or at end of life.

Our approach is called 'Building Positive Futures'. This report summarises some of the things we have done so far to achieve our vision, and what our plans are to move this forward over the next few years. More detailed examples can be found in the full report.

Our budget – how we spent our money

The Council spends 27% of its money on Adult Social Care and in 2011/12 this amounted to around £44.8 million.

Thurrock Council faces cuts to our funding on a scale that has not been seen in the borough before. The Council needed to save £25 million over the last two year's budgets (2011/12 and 2010/11) and further savings are required for 2013/15. In addition, Thurrock's population of older people is growing and the complexities of people's needs are increasing. Put simply, we must think radically to change the way we provide Adult Social Care services if we are to be able to continue to meet the needs of our local community.

How we ensure quality of life for people with care and support needs

Giving people choice and control – what we did:

- Increased the number of people receiving a personal budget by 30% since 2009/10. In 2011/12, 42% of eligible service users received a personal budget or direct payment. This allows people to understand the amount of money needed to pay for the support they require and therefore have control over how this money is spent to meet their needs. Giving the money to service users directly so that they can arrange their own support (called a Direct Payment) offers people the most control and we have increased this as well.
- Commissioned a new service with Essex Coalition of Disabled People (ECDP) to provide advice and support to help people manage their direct payments.
- Developed a strategy with the Thurrock Coalition (our user led organisation) for the provision of information and advice. We also updated our Adult Social Care website and refreshed our Resource Directory of services – more service users (76%) in Thurrock find it easy to access information and advice than nationally
- Introduced a pilot scheme in 2011 to support people with mental health needs and their carers to help them on the way to recovery. These are called Mental Health Recovery Budgets. Over 50 were provided as part of the pilot.
- Developed a new Carer's Strategy which was jointly produced with carers and details how we plan to develop our existing and future services for carers. Our Thurrock Carers Strategy Group, which is attended by carers, will oversee the strategy to ensure the action plan is delivered.
- Outsourced a Carers Advice and Information Service previously provided by the Carers Centre. The new service will be more community based in order to reach a wider group of carers and will provide and signpost carers to support.
- Reviewed the service user experience of Adult Social Care and made it easier for some basic services to be provided at the point of contact without the need for a lengthy full assessment of needs.
- Developed a new extra care housing scheme, called Elizabeth Gardens, to provide homes specially designed for older adults with a range of communal facilities to help people live independently within a supportive environment. Due to open in 2013, this is just one project we are developing as part of our wider vision to expand housing options in Thurrock to ensure housing in Thurrock is fit for purpose.

Giving people choice and control – what we are going to do in 2013/15:

- Work with the Housing Department to improve the range of housing options available for older and vulnerable adults and provide real choice for individuals living in Thurrock.
- Increase the number of people receiving personal budgets and direct payments.
- Continue to make improvements to the range and quality of information and advice available.
- Give more recovery budgets to people with mental ill-health.

- Identify more carers in Thurrock and increase the number of carers receiving services.
- Complete the commissioning of the new Elizabeth Gardens extra care service; to be opened in 2013.
- Complete the transfer of day services for people with learning disabilities to a local social enterprise organisation.
- Develop our Autism Strategy.

How we delay and reduce the need for care and support

Early intervention and prevention services – what we did:

- Funded a Joint Rapid Response Assessment Service Piloted to prevent emergency admissions to hospital or long-term care and to prevent carer breakdown. The service includes Health colleagues and an Out of Hours, evening and Saturday service - ensuring that people receive coordinated care between Social Care and Health
- Launched a new Joint Homecare Re-ablement Service in 2011 providing up to 6 weeks of free support for those suffering a period of illness or crisis. The aim of the service is to help people to learn/re-learn the skills needed to enable them to return to their homes to keep them well in the community and prevent admissions to long term care or hospital.
- Funded two Social Workers to work in the Hospital Social Work Team at Basildon Hospital from 2011 to more effectively plan discharges from hospital. The service avoids unnecessary delays and ensures people are discharged to the right environment that will support their recovery, preventing future hospital admissions. . In acute admissions there were only 2 days delay in 2011/12, a 90% reduction from 2010/11.
- Developed 13 beds in 2011 at our Council managed residential care home, Collins House, into short term interim beds. These provide support to help people regain their independence following a period of illness, crisis or hospital admission. In 2011/12 67% of individuals supported avoided residential care.
- Provided a wide range of telecare (equipment) to more people to allow them to live independently at home with minimal support whilst still minimising risks. Telecare is equipment such as medication dispensers, falls alarms, smoke detectors, epilepsy sensors etc.

Early intervention and prevention services – what we are going to do in 2013/15:

- To undertake a project called Asset Based Community Development (ABCD) to develop assets in local communities (including housing, facilities, resources, skills of local people) and build a network of resources within the community that individuals can tap into when they require support. This will help to make communities self-sufficient and ensure vulnerable people can become a valuable and active part of their community, without the need for Adult Social Care services.
- To pilot another project called Local Area Coordination (LAC) to appoint coordinators to work in the community. The Local Area Coordinators will provide advice and information, signposting people to appropriate resources and advocacy, and help

people to find their own local solutions to meet their care needs and plan for the future.

- To develop a specific early intervention and prevention service to be based in the community to prevent admissions to hospital and long-term care by ensuring that key causes of poor health and wellbeing are dealt with before crisis is reached.
- To expand the capacity of the new Joint Homecare Re-ablement Team to ensure it is working in a fully re-ablement way. This will include a full review of the service.
- To continue to expand the Telecare service provision.
- To pilot a new 'Settling at Home' service for people being discharged from hospital.
- To pilot a new supported housing step-down service to move people with learning disabilities out of residential care who have the potential to live independently in the community.
- To continue to explore opportunities for more joint working with Health.

How we ensure that people have a positive experience of care and support

Talking with, listening to and involving people – what we did:

- Developed a set of service standards in 2011/12 as a guide to what people can expect from us when they contact us to seek advice and support.
- Carried out a survey with service users of Adult Social Care to find out what people who use our services think about the support they receive. There was a 61% overall satisfaction rate, which is almost in line with the national average of 63%. And more service users in Thurrock feel safe and secure (83%) than nationally (75%)
- Contracted with the Thurrock Coalition to be our user-led organisation (ULO) which provides a 'voice' for the people of Thurrock and is a primary point of contact to the public for information and advice. The ULO has worked with their service users and us to consult and jointly produce strategies and procedures, ensuring local people can inform and shape the Council's plans for the development of Adult Social Care
- Continued to run four Partnership Boards attended by local people and service users. These Partnership Boards (Learning Disabilities, Disabilities, Older People and Mental Health) are a key vehicle to provide information and advice to local people, and also to allow people to express their views and influence service delivery. For example, the Learning Disability Partnership Board worked to introduce Health Action Plans, Health Passports and 999 Cards.
- Continued to monitor and evaluate complaints and compliments to learn from mistakes and make improvements to services. All our complaints are now reviewed by our Safeguarding Team to ensure there are no safeguarding concerns.
- Inspected services, including those provided by organisations external to the Council, to ensure services are good quality and meet standards expected.
- Continued to base all our care packages on an individual assessment of need, and conducted reviews regularly to ensure the support provided continues to meet individuals' needs.

Talking with, listening to and involving people – what we are going to do in 2013/15:

- Continue to consult with service users and the local community on issues affecting them using a variety of methods including surveys, feedback in the form of complaints

and compliments, events, Partnership Boards, and through our User Led Organisation.
- Continue to review our methods of consultation and identify other means of effectively engaging with local residents, including communities that are hard to reach.
- Continue to monitor and seek improvements in the quality of our services.
- Involve service users and the local community in all aspects of our Building Positive Futures programme.
- Develop a Market Position Strategy. Use this to develop our care provider market inThurrock to ensure we have the right services in place to continue to meet demand and needs.

How we keep people safe from harm

Safeguarding people from harm – what we did:

- Worked jointly with partners through groups such as our Safeguarding Adults Team, Thurrock Adult Safeguarding Partnership Board, Operational Executive Group and Regional Safeguarding Leads Meetings to safeguard the vulnerable residents of Thurrock from abuse.
- Worked with the Police on safeguarding issues, which led to the Police taking action in 22 cases in 2011/12.
- Worked with our Housing Department to identify people at risk of eviction due to financial abuse to put safeguards in place to prevent homelessness.
- Visited all homes for people with learning disabilities in Thurrock following a BBC Panorama programme in June 2011 regarding the ill treatment and neglect found in a private hospital for people with learning disabilities to ensure there are no safeguarding concerns.
- Developed an oven-cleaning service alongside the Essex County Fire & Rescue Service for vulnerable people to prevent grease and fat build up that is a common cause of house fires.
- Worked with Trading Standards to raise awareness and stop rogue traders and postal, internet and telephone scams.
- Worked with our Corporate Finance Team to manage the finances of those at risk of financial abuse.
- Worked with the Thurrock Drug and Alcohol Action Team (DAAT) to support individuals with drug and alcohol issues into treatment.
- Undertaken training and awareness raising of safeguarding issues to encourage more people to report concerns, including training for Council staff and providers of services.
- Developed a protocol for people at risk of self-neglecting and produced guidance on raising a safeguarding alert to ensure people do not fall through the net and are supported through a multi-agency response.

Safeguarding people from harm – what we are going to do in 2013/15:

- To continue to raise awareness of safeguarding and continue a programme of training for staff.
- To continue to review policies, procedures and strategies to ensure best practice, through working with our partners and multi-agency forums.
- To visit older adults homes to ensure there are no safeguarding concerns

Feedback – tell us what you think

This is the end of our first Local Account Executive Summary. We hope that it has provided a brief insight into what we have been doing and what our plans are for the future.

However, now is the time to tell us what YOU think.

We are very interested in your views about whether you have found this report helpful and your suggestions about how to improve it in the future.

If you would like to give feedback on this report, you can do so through the following methods:

Need links to webpage / address for written feedback etc / contact numbers etc

Thurrock Draft Local Account of Adult Social Care

2012

Making a positive difference - how well are we delivering adult social care support and services in Thurrock

Foreword

Welcome to our first annual report on the performance of Adult Social Care. This report describes how we are performing in delivering our key priorities. It also allows us to tell you about some of the big challenges and decisions we face that will shape the future direction of adult social care, as well as our plans to improve our services in future.

Since 2010, we have continued to promote and increase the number of service users and carers with personal budgets and direct payments, supporting them to have as much choice and control over their support as they wish. This year we introduced recovery budgets for people with mental health needs and we are pleased to see some of the very positive results that this support is having on people's lives and independence.

We are developing more services that enable people to maintain and regain their independence. For example, our new homecare re-ablement service has delivered some impressive results over the last year and we continue to see very few delays in discharging people from hospital through strong management.

We have also further developed our range of preventative and early intervention services such as assistive technology which can provide the help and confidence people need to remain independent for longer.

To help us do this, we have worked hard to build strong relationships with health partners and those in the community and voluntary sector as we seek to make the best use of our resources by working closely together.

However, this is also a time of significant challenges. We are facing severe budget constraints with less money to provide support in the future. At the same time we know that the number of older people needing more support is growing and that the complexity of people's needs is also increasing. Continuing to provide adult social care and health services the way we are currently is not an option.

In response to this we are working to develop innovative service and support responses. For example, 2012 sees the start of our Building Positive Futures Programme which aims to transform accommodation for vulnerable people, and make sure our homes in Thurrock meet the needs of the local community, both now and in the future.

We hope you find this report interesting and informative. At the end of the report you can find out how you can get in touch to give us your views on the report and how you think we are performing.

We welcome the views and comments of local people, service users, carers and organisations on the report. This will help us to continue working with you to improve services.

Councillor Barbara Rice
Portfolio Holder for Adult Social Care

Jo Olsson
Director People Services

Contents

Introduction
xx

Our vision
xx

Our budget - how we spent our money
xx

How we ensure quality of life for people with care and support needs
xx

How we delay and reduce the need for care and support

xx

How we ensure that people have a positive experience of care and support

xx

How we keep people safe from harm

xx

Feedback – tell us what you think

xx

Introduction

The Department of Health has asked all local authorities who provide Adult Social Care services to produce a report on how they have performed since 2010. This is Thurrock Council's first report.

In this report we tell you about:

- What our priorities are
- What we have achieved and how we are performing
- How we spent our money and the challenges we face
- What our plans are for the future
- How you can be involved and your voice can be heard

In the report we have given examples of some of the improvements and differences our services have made to people's lives. We have provided this information in four themes which will help you to see how we are performing.

You can find a copy of this report, and see more detailed performance information about our services by visiting our website: www.thurrock.gov.uk

Our vision

***Thurrock:* A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish**

- Shaping Thurrock Community Strategy, 2012

Our priorities for Thurrock are to:

1. Create a great place for learning and opportunity
2. Encourage and promote job creation and economic prosperity
3. Build pride, responsibility and respect to create safer communities
4. Improve health and wellbeing
5. Protect and promote our clean and green environment

In Adult Social Care, our focus is on providing high quality support and services that meet vulnerable people's needs and help to improve people's health and wellbeing. Our plans for the future will go a long way to create communities in Thurrock that are sustainable, support our residents, and are the kinds of places that people are proud to live in.

We want people living in Thurrock to enjoy independent, rewarding and healthy lives in communities that are welcoming, inclusive, supportive, safe and secure. Unfortunately, we know that this is not the case for everyone, particularly for older adults and vulnerable people who require care and support.

There will always be a need for health and social care services. The problem at the moment is that those services are often only available at the point of crisis. By only offering services at this time, we realise that there are lots of needs that we are not meeting and this results in people needing more expensive services that don't support them to be independent.

The rising numbers of older and vulnerable adults needing services, together with the increasing budget pressures the Council faces, means that the current way of working is not sustainable or desirable. Continuing to provide adult social care and health services the way we are currently is not an option.

Because of the scale of the challenges ahead, we recognise that there is no single solution and that what is needed is a 'whole-system' approach. This means working in partnership with communities, services, partner organisations and the private sector. To decide the best way forward, Adult Social Care, Health and Housing need to work together with communities to put in place the crucial building blocks to prepare for the future.

Older adults and other vulnerable people have told us that traditional services like residential care are not the preferred option for them when they need help. They want to be independent, live in their own homes, be active participants in their community, and have socially enriching and healthy lives.

Our approach for the future called 'Building Positive Futures' moves away from us providing more traditional services that make people more isolated and increase their dependence, to supporting individuals and communities to become stronger and draw on community resources to enable people to find their own personal solutions to meet needs and supporting individuals to remain independent.

When our vision is realised, the majority of people's needs will be met through community resources, ensuring that they remain independent and have control over their lives, with social care and health services only providing services for limited periods of time when people are in or recovering from crisis (e.g. as a result of a medical emergency), or at end of life.

Our vision is centred around four key outcomes:

1. Ensuring quality of life for people with care and support needs by providing personalised services and giving people choice and control over how their needs can be met and by whom, either through community resources or from adult social care services where this is required.
2. Delaying and reducing the need for care and support by building resilience in communities to support people's independence and by providing early intervention and preventative services.
3. Ensuring people who do receive adult social care services have a positive experience of care and support that maximises their independence and meets the needs identified by them.
4. Keeping people safe from harm.

Read on to find out what we have already done to move forward this ambitious programme, and what our plans are for the next few years.

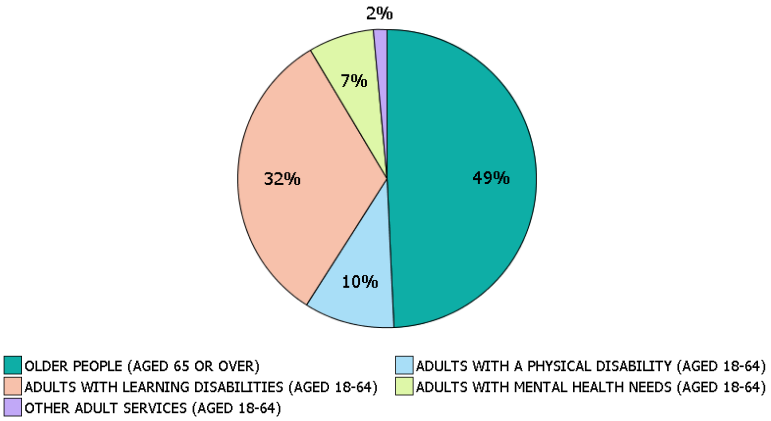
Our budget – how we spent our money

The council spends 27% of its money on Adult Social Care services. In 2011-12 this amounted to some £44.8 million. This level of spending on adult social care is lower than average compared to other councils in England. We also spend less on adult social care per

head of population than other councils. We believe that even so, our services provide excellent quality services.

The chart below shows how our spending on Adult Social Care is split across key service user groups. Half (49%) is spent on older people aged 65+, 32% on people with learning disabilities, 10% on people with a physical disability and 7% on people with mental health needs.

Chart: The proportion of all spending on each client group



Our budget challenges

Thurrock Council faces cuts on a scale that has not been seen in the borough before. The Council has had to reduce its spending by around £25 million over the last two years' budgets (2011/12 and 2012/13), with further savings likely in 2013/14. Across the Council and partners, decisions have needed to be made which will directly affect people - residents, service users, staff and partner organisations.

In addition to the budget pressures, Thurrock's population of older people is growing and the complexities of people's needs are increasing. For example, data shows that:

- Our older person's population in Thurrock is predicted to increase by 49% by 2030, with a predicted 118% increase of people aged 90 or over[1];
- The numbers of people aged 65 and over who have dementia is predicted to increase by 68% by 2030 with a 52% increase in those with a limiting long-term illness[2];
- More older people will be carers; a predicted 44% increase by 2030[3]; and
- We are also predicted to see an increase in the number of people aged 18-64 with a learning disability (6% increase by 2030), and physical disability (7% increase by 2030)[4]. 7% more people aged 18-64 will have an autistic spectrum disorder and 11% more people aged 30-64 will have early onset dementia[5].

Put simply, the savings we are required to make, coupled with the growing number of older adults and other vulnerable people in the community and the increasing level of complexity of needs means that providing services the way we do currently will not be an option in the future.

[1] Predicted figures taken from Projecting Older People Population Information System (POPPI), which bases estimates on figures taken from the Office for National Statistics (ONS).
[2] As above
[3] As above
[4] Predicted figures taken from Projecting Adult Needs and Service Information (PANSI), which bases estimates on figures taken from the Office for National Statistics (ONS).
[5] As above

There will not be the funds available to provide Adult Social Care services to the amount of people that require it. We must think radically in order to create an Adult Social Care system that is sustainable and can meet the needs of our local community.

How we ensure quality of life for people with care and support needs

A top priority in Thurrock is to support people to live their lives to the full and achieve what is most important to them. Our vision is one where people are supported to find their own solutions to meet their needs, primarily from community resources, allowing them to have complete choice and control over how their needs are met and by whom.

Some people will always need support from adult social care. However, these people should also enjoy personalised services that are tailored to their individual needs.

Therefore, we aim to put people at the heart of everything we do and support them to have as much choice and control over their support as they wish.

Some of the key things we have achieved so far are summarised below.

Giving people choice and control – what we did:

Self-directed support

We want to make sure people receiving adult social care services; or those who may require services in the future, are empowered to make decisions about the support they need and design their services to meet those needs. You are best placed to understand your own needs and how to meet them. We call this self-directed support.

74% of people who use services feel they have control over their daily life. This is almost in line with the national average of **75%.**

- from Personal Social Services Survey 2011/12

The best way to ensure people have choice and control over their services is to provide them with a personal budget. A personal budget is the amount of money needed to pay for a person's support, after their social care needs have been assessed. They can then decide how to use this money to pay for the services they need, for example through receiving the money directly as a direct payment or having someone else look after the money for them.

Direct payments offer people the most control over their support and we are committed to increasing the number of people receiving these. We have already increased the number of service users who are receiving their services and support through personal budgets or direct payments; however many people still have 'arranged' services whereby we arrange and manage support on behalf of the individual. We recognise that this is not the best way to put people in control and that we need to do more in the future to ensure more people are given control of their support. This is therefore a priority for the next few years.

Personal Budgets & Direct Payments – Key Outcomes

- **42%** of all eligible service users received a personal budget or direct payment in 2011/12. This is around 1,020 service users.

This is an increase of around **30%** since 2009/10 and means Thurrock performs in line with the national average of **43%.**

Feedback from service users and carers has highlighted the importance that people place on having the right support to help them make the best use of personal budgets and direct payments. In 2011 we sourced a new support organisation - Essex Coalition of Disabled People (ECDP) – that provides an advice and support service to help people manage their direct payments. This independent service provides support to people such as employing personal assistants (PA's), providing payroll services, advertising for staff, and training etc.

Case Study (Consent received)

A service user with complex needs linked to Alzheimer's disease was referred to ecdp; an organisation that provides an advice and support service to help people manage their Direct Payment (DP). At the time the client was residing at Thurrock Hospital who were meeting her immediate care needs. However this did not meet her and her husband's wish to live together. The client's husband was concerned that his wife had taken several falls and was not eating well and losing weight. He wished to bring her home and assist his wife as much as possible but knew this would require some further support.

ecdp advised the client about the possibility of using a DP and discussed various options of delivery and the responsibilities that come with a DP as well as the choice and control it can give. ecdp assisted in identifying a care agency to provide the daily assistance available from the 18 hours per week DP agreed with Thurrock Council. Since returning home the client has had only one minor fall, has gained weight and is generally doing well. The client and her husband are much happier.

ecdp continues to support them with managing their DP monies through the use of a 'holding' account. ecdp has allocated the client a dedicated account worker as well as a 'Navigator' who supports them with information, advice and guidance.

Better information and advice

We understand that people cannot make decisions about how to meet their needs without appropriate information and advice so that they can be aware of the options available to them.

In 2010-11 we worked with the Thurrock Coalition (our user led organisation) to develop a strategy for the provision of information and advice in Thurrock. To help inform the strategy we asked local people for their views on what we needed to do to improve information and advice for health and care.

People told us that they wanted the right information and advice provided when they need it in order to help them make informed choices about their care and support. As a result of this consultation, we updated our website and refreshed our resource directory for services and support.

76% of people who use services and carers find it easy to find information about services. This is above the national average of **74%.**

- from Personal Social Services Survey 2011/12

During 2012-13 we will continue to make further improvements to our website and information and advice in line with your wishes as service users and carers. We also know that not all local people have access to the website and we need to look at other ways of

publicising information in different formats to reach a wider audience. To continue to explore ways of ensuring better information and advice is available to reach the whole local community is a priority for us over the next few years.

Introducing the recovery budget in mental health services

In 2011 a pilot scheme was introduced to support service users with mental health needs together with their carers. This pilot made available recovery budgets for individuals to purchase, through a one-off direct payment, support or services that would help them on the way to recovery. For carers, the recovery budgets will assist their caring role recognising the need for carers to have a break from their caring role to support their overall well-being.

The pilot delivered over 50 recovery budgets to service users and carers. The feedback from service users and carers is that the recovery budgets are making a significant difference to people supporting their recovery and caring role and reducing in some cases their need for intervention from more complex mental health services. The plan is now to establish this as an ongoing service.

Case Study

A service user has been caring for his wife who has had significant mental health problems for a number for years. He has had to give up all social contact, going to work and any hobbies that he had. His wife cannot be left alone and doesn't respond well to people that she doesn't know. The service user is devoted to his wife and wants to care for her, he is becoming increasingly exhausted. He applied for a recovery budget to purchase exercise equipment he could use in the home. Having this equipment has meant he can have time for himself, improve his health and ultimately his well being, strengthening his continued role as a carer, he does not have to leave his wife and she can remain at home in familiar surroundings. The service user feels that having this equipment has changed his life for the better and also his wife's as he has more energy to support her.

Supporting people with learning disabilities into employment

A key central government aim is to help people with learning disabilities into employment and this is a local priority in Thurrock as well. People with learning disabilities can often be cut off from their communities and one way of helping people overcome this is by helping them to be able to access employment and training opportunities, which allows them to become a valued part of their community, helping to build their confidence and ultimately making them more independent.

Case Study

A service user, who is a young man in his late twenties, was referred to Thurrock Lifestyle Solutions by the Social Work team. The service user has asperger's syndrome and also suffered from anxiety and agoraphobia for approximately 9 years, consequently lacking confidence and self esteem.

Support was provided to develop the service users' knowledge of the local area, build his confidence, support him with travel training, and explore voluntary work, work experience and ultimately paid employment.

As a result of this support, the service user is currently working as a cleaner and is reviewed once a month. The service user also has a volunteer job in a book shop and has been supported to apply for apprenticeships and volunteer positions at Thurrock Council and Thurrock Libraries, and he is also about to start a 12 week work experience programme with ASDA, at the end of which may lead to paid employment.

Thurrock Community Lifestyle Solutions is a Community Interest Company (CIC) that was set up by disabled people for disabled people. The service runs a Supported Employment programme specifically for people with learning disabilities and supports approximately 130 people. The service provides intensive support to prepare people for work, including social skills development, building confidence and self esteem, travel training, and increasing independence. Support is then provided for service users to obtain work experience placements, volunteer work and paid employment. Ongoing support is also available as and when required throughout the period of employment, including supervisions with the employer, changes to job role or pay, additional training required etc.

Community Lifestyle Solutions – Supported Employment Key Outcomes

- **11.4%** of people supported are in paid work
- **3.8%** of people supported are in work experience
- **6.8%** of people supported are in voluntary work
- **22%** of people supported are in employment overall

Support for carers

In Thurrock we are committed to improving the support we offer for carers. We recognise that carers' play an important role in helping people with care needs to continue to live in the community. Without the help of carers many more people would be relying upon packages of support provided by Adult Social Care services. The contribution that carers provide is vital if we are to succeed in our vision to transform our communities into those that support vulnerable people to maintain an active, social life, without the need to move to traditional types of care services such as residential care. We are committed to supporting carers in their caring roles, in their health and wellbeing and in their wider aspirations.

Case Study: A Life of My Own (Consent received by email)

A referral was received for a service user who lives in Thurrock and cares for his wife of over 50 years who has Parkinson's Disease and severe dementia. He wants to be able to continue to do so until "the day when it is no longer possible". The service user is in his seventies but is very active and enjoys many different hobbies. Support, including home care, day care and a sitting service provided by the Council, enable him to continue with his hobbies, giving him a break and a life outside of his caring responsibilities. Although he sometimes feels "low and tired" and recognises that "life has changed" he appreciates that this "crucial support" helps him to continue with his own pursuits whilst also making it possible to continue living with his wife in their family home.

In 2012 we launched a new strategy for carers. This sets out how we plan to develop our existing and future services to carers. You can find a copy of this strategy on our website: www.thurrock.gov.uk.

To help inform the strategy we carried out a consultation programme with carers. This included a survey and local events to speak with carers about what is important to them.

Key Results of the Carers Survey 10/11

- **46%** responded that they were either 'extremely satisfied' 'very satisfied' or 'satisfied' overall with social services.
- **49%** responded that they have been helped by Thurrock Council to have a break from their caring role, and **77%** of these stated that this helped them to continue caring.

We have a Thurrock Carers Strategy Group which has overseen the development of the new strategy and ensures service developments are carer-led and are in line with what carers say they want and need. This Group will now ensure that the Strategy's Action Plan is delivered leading to improvements in services and the identification of carers.

"Day care for Mum helps her socially and allowed us peace of mind knowing Mum was having opportunities to interact with people other than us"

- Carer quote from the Thurrock Carers Survey 2010

We have recently outsourced the Carers Advice and Information Service previously provided by the Carers Centre to a new community-based partnership arrangement made up of Thurrock MIND, Thurrock Lifestyle Solutions (TLS) and Thurrock Centre for Independent Living (TCIL). This service plays a key role in identifying new carers and providing or signposting to support in accordance with carers requirements.

In 2011/12 we conducted 800 assessments of carers. Around one in three carers went on to receive services or tailored information and advice about their caring role. We also offer a range of respite services which enable carers to have some time away from their caring responsibilities. These include short break (sitting) services, short residential and non-residential breaks which enable the supported person to be cared for away from the family home and day care for older people.

Improving service user experience

In 2012 we embarked on a review of the journey that people take when they contact Adult Social Care. People told us that it is important to them when seeking information and advice that this was provided when they needed it, was accurate and provided a solution to their query. They also told us that they wanted assessments of need and provision of support and services to be carried out as early as possible without unnecessary delay.

We are therefore making some changes to the way we deliver services to:

- make it easier to provide some services at an earlier point of contact
- remove unnecessary steps in the process of obtaining advice and support to reduce the potential for delays
- continue to try to resolve as many queries at the point of contact as possible through provision of information and advice as appropriate

This work is still in the early stages and over the next year we will seek feedback from people who have been in contact with us and work with the Thurrock Coalition (our user-led organisation) to find out whether these changes have improved the experience for customers.

Choice of type of accommodation

Our vision is centred around keeping people in their own homes, and specific accommodation for older and vulnerable adults, for example sheltered housing and extra care, can also benefit many people who require support by providing homes that are well designed, safe, and manageable, with access to on site support and accessibility into the community.

In some cases these types of homes may be preferable to people staying in their own home, particularly if the home is unmanageable, in a state of disrepair, or is not close to local amenities, which can lead to feeling more isolated and in poorer health and, ultimately, less independent.
As such, we want to provide more choice over the types of homes available for older adults and other vulnerable people to allow them to make their own choices around where and how they want to live when planning for their future.

One of the projects we are currently working on to expand our range of accommodation/services for older and vulnerable adults, is building a new state of the art extra care scheme called Elizabeth Gardens:

Elizabeth Gardens Extra Care Scheme

Our new extra care scheme, Elizabeth Gardens in Stifford Clays, Grays, will showcase the standard of supported housing that should be more widely available in the future. Due to be completed in 2013, it provides self contained homes specially designed for older people, together with a range of communal facilities to help people to live independently for as long as possible.

Thurrock Council will appoint a specialist care provider to ensure care and support services are provided to meet the needs of residents. Access to 24 hour care and support is a key feature of the scheme but it is important to realise that it is not a 'care home for the elderly'. Residents will have their own flat and front door within a supportive environment.

The scheme is mainly for people of 55 years and over who are disabled, ill, or frail, and who need help with personal care and/or practical domestic tasks. Most of the flats in the scheme will be let at affordable rents but a number will be for sale through the government's "Homebuy" scheme.

Elizabeth Gardens is just one project we are developing to expand housing options in Thurrock. Future work being undertaken is described in the 'Building Positive Futures' section below.

Giving people choice and control – what we are going to do in 2013/15:

Building Positive Futures

In order to create the homes and environments that support independence, we need to improve the range of housing options available for older and vulnerable adults in order to provide real choice to individuals.

We will be working jointly with the Council's Housing Department to review the assets that we currently own, in particular our sheltered housing services, to kick off the new development. We will look at a specific community and evaluate whether the sheltered housing services in the area are fit for purpose and for those that are not, establish whether

they can be adapted to be made fit for purpose, or whether they can be used to develop a range of other housing options. We will also look at the possibility of using other land owned by the Council in the area.

The local community will be encouraged to fully participate in the decisions about the developments, however this work will be a phased approach and is likely to take several years. We will keep you informed of updates in future Local Accounts.

Other priorities

- To increase the number of people receiving personal budgets and direct payments. To increase awareness of this option for individuals and encourage take up of the advice and support service provided by the Essex Coalition for Disabled People (ECDP).
- To continue to make improvements to the information and advice available.
- To increase the number of recovery budgets for people with mental ill-health.
- To expand the number of people identified as carers in Thurrock and increase the number of carers receiving services. See Thurrock Carers Strategy 2012-2017 on our website: www.thurrock.gov.uk.
- To complete the commissioning of the new Elizabeth Gardens extra care service; to be opened in 2013.
- To complete the transfer of day services for people with learning disabilities to a local social enterprise organisation.
- To develop our Autism Strategy.

How we delay and reduce the need for care and support

People want to lead independent lives as much as possible, being actively involved in their local community and having the opportunity to have the best health and wellbeing throughout their lives.

To achieve this vision, we are investing in a full range of early intervention and prevention services that promote independence and well-being to prevent further episodes of illness and aid recovery. This will also ease the burden on carers, ensuring that their health and well-being is maintained as well.

We have joined up our social care services with health services to deliver joint early intervention/prevention services.

Some of the key services that help us achieve this are summarised below.

Early intervention / prevention services – what we did:

Rapid Response Assessment Service (Crisis Response)

In 2011 we began a pilot service to provide a rapid assessment of Thurrock service users and their carers who are in crisis. The service aimed to prevent unnecessary and costly emergency admissions to either long term care for example residential care or hospital, and to prevent carer breakdown.

The pilot was extremely successful and we were successful in securing more funding from the Primary Care Trust (PCT) to continue this service into 2012/13. As a result a joint Rapid Response Assessment Service (RRAS) has been commissioned for 2012/13 and the service has been expanded to incorporate Health colleagues.

Rapid Response Key Outcomes 11/12

- **303** assessments undertaken in 2011/12
- **88** other interventions provided incl. Info & advice and signposting
- **116** carers assessed
- Out of 199 people supported by the service in an 8 month period, only **3** were admitted to hospital **(1.5%)**.

The new service works closely with existing Health and Social Care services to ensure the ongoing support for service users/carers is coordinated and provided when needed to prevent them reaching crisis and needing unnecessary admission to the acute hospital or residential care.

The new service also includes an out of hours duty service, providing a visit to service users to carry out an assessment of need and links into intermediate care services as required, again to avoid admissions to hospital or residential care. From October 2012 the service was further expanded to have Health and Social Care colleagues providing an evening and Saturday service.

Case Study

A 68 year old service user recently had surgery for the removal of a brain tumour, which resulted in a stroke that has left her with residual left hand side weakness. The team intervened as the service user and her husband were at crisis point and not managing and occupational therapy (OT) equipment was provided to manage transfers. The service user's greatest fear was having to return to hospital, but this was prevented with the team's intervention and the crisis situation alleviated

Homecare Re-ablement Service

In 2011 we launched a new homecare re-ablement service providing up to six weeks of free support. The service aims to support those in a period of illness or crisis to learn or re-learn the skills needed to enable them to return to their homes to keep them well in the community and prevent admissions to hospital or long term care.

Case Study

A service user was referred from the community who is an amputee. The Homecare Re-ablement Team attended daily to assist with personal care and got all the relevant equipment in place to enable her to get out of bed on her own. Following three weeks intervention, the service user was able to self care, and no further assistance was required. This saved us what would have been a costly care package whilst at the same time enabling the service user to live independently.

In 2011/12 the service supported over 250 people to complete a period of re-ablement. Our target for 2012/13 is for at least 35% of those who complete a period of re-ablement to either have a reduced care package or no longer require support at all. We are currently on track to achieve this.

Homecare Re-ablement Key Outcomes 11/12

- **24%** of those completing a period of re-ablement had either had a reduction in their care package following completion, or did not require any care.
- **92%** of older people achieved independence through rehabilitation or intermediate care in comparison to **83%** nationally.

Support for people being discharged from hospital

In 2011/12 we spent £40k to fund two Social Workers to work in the Hospital Social Work Team at Basildon Hospital, and a further £80k was secured for 2012/13. The aim of this service is to more effectively plan discharges from hospital. This is to prevent people being delayed from leaving hospital and to ensure people are discharged to the right environment that will support their recovery, preventing future hospital re-admissions. As part of this service we also moved to a six day assessment service last year at the hospitals.

Hospital Social Work Team Key Outcomes 11/12

- For acute admissions – there were only **2** days delay in 2011/12. This is a **90%** reduction in delays from 2010/11 (20 days)
- For non-acute admissions – there were **66** days delay in 11/12, this is approximately an **88%** reduction in delays from 2010/11 (568 days)

Collins House Interim Beds

Collins House is a residential care home situated in Corringham, which is managed by the Council and provides care to up to 45 people. As part of the drive to help make people more independent, some of the beds were changed to provide short term support to help people regain their independence following a period of illness, crisis or hospital admission.

The service provides short term support to individuals to prevent unnecessary prolonged stays in hospital, prevent people going into permanent long term care, and enable people to be cared for whilst adaptations to their homes are being completed or whilst their housing arrangements are being reassessed.
The service started in January 2011 and began with 4 beds. Following the success of this service, the number of beds has been increased to 13.

Collins House Interim Beds Key Outcomes 11/12

- **67%** of service users avoided residential care following the service
- Of these, **56%** were able to return home. The remaining **11%** moved to extra care housing or sheltered housing

Interim & Respite Extra Care Flats

We have an interim extra care flat in one of our extra care housing schemes, which provides short term interim support for individuals who:

- may potentially need extra care and therefore can receive the service as a trial to see if it meets their needs
- are adjusting to a new condition or disability, suffering a loss of confidence, but have the potential to return home
- are awaiting adaptations/repairs to their home
- need emergency accommodation who are not eligible for residential care but cannot return home

In addition, from November 2012 we also created a respite extra care flat which is located in the same extra care housing scheme. The service provides similar support to the interim flat but can also provide planned regular respite to prevent carer breakdown.

These services have only recently been put in place and therefore work will be ongoing to assess whether the services are achieving the aims outlined above.

Telecare

Telecare is the use of equipment to provide care at a distance to the individual, allowing people to live more independent lives whilst at the same time minimising risks. There is a wide range of equipment available, and the range is constantly expanding. Common examples of Telecare equipment are medication dispensers, falls alarms, smoke/Carbon Monoxide detectors, epilepsy sensors, property exit sensors etc.

Telecare Key Outcomes 11/12

- **83.6%** increase in the number of Telecare service users in comparison to 2010/11.
- **99.5%** of service users receiving Telecare in 11/12 were satisfied with service received by the organisation installing and maintaining in the equipment.

The aim of the telecare service is to reduce risks in the home in a non-intrusive and discreet way, providing support to service users and their carers to sustain independence and prevent admissions to hospital or long term care. It can also be used to support an individual upon discharge from hospital.

Case Study

A service user diagnosed with Dementia was living independently in supported accommodation. He was disorientated within his flat and the rest of the building. The service user was flooding his flat and was becoming a risk to him by wandering at night time. The service user was assessed for Telecare. The service user now has a flood sensor fitted in his kitchen and bathroom which alerts staff of flooding. A bed sensor has been fitted and the lights now come on in his flat to avoid tripping if he gets up during the night. A door alarm has been fitted to alert staff if he comes out of his front door. The customer now wears a wrist band that alerts staff if he has a fall within his flat. The telecare approach to this customer's support has enabled him to stay living in his own home. The alternative would have been to move him into residential care.

Housing-Related Support Services

Housing-related support services are aimed at people with low level support needs, to help them develop the skills necessary to be able to maintain their tenancies and live independently in the community. The types of vulnerable people these services can support include people with learning disabilities, people with mental ill-health, teenage parents, older people, homeless people with support needs, and women escaping domestic violence.

Supporting People Services – Key Outcomes

- **98%** of people supported by long term services were able to maintain their independence in 2011/12 (**98.6%** in 2010/11).
- **95%** of people supported by short term services successfully achieved independent living in 2011/12 (**88%** in 2010/11).

Housing-related support services have the ethos of supporting people to carry out tasks for themselves rather than relying on other people to carry out the tasks for them. They can be short term, helping people gain the skills they need and then the support coming to an end when it's no longer required, or long term, for those people who will always require some level of support for them to maintain their independence.

Case Study

A service user moved into the adult disabilities supported accommodation service from a Homeless Hostel. She was supported to furnish her flat, set up accounts with utility companies, and apply for housing benefit. She was also supported to budget her income in order to pay bills and manage debts. The service user also required support with health appointments and issues from domestic violence she had experienced so was referred to specialist agencies.

The service user was also referred to Pathways with a view of obtaining paid work and support continued in her work placement.

After a period of time the service user wanted to move to more independent accommodation. She moved to a step down service and received floating/visiting support until she was ready to become fully independent in the community.

Other Joint Working with Health

- We have employed a lead officer to manage the process of assessing service users to determine whether Social Care or Health should fund the care required to meet people's needs (called Continuing Health Care). This ensures people receive the care appropriate to meet their needs and improves our joint working with health colleagues.
- We have introduced multi-disciplinary team meetings which are based in GP surgeries, and include Social Care, GP's and Health colleagues. The purpose of these meetings is to ensure we have a joined up approach to providing services to the community.
- We have also introduced Social Care surgeries that take place within different communities/areas and allow members of the community to meet our Social Care workforce face to face to ask questions or discuss any issues.

Early intervention / prevention services – what we are going to do in 2013/15:

Asset Based Community Development (ABCD)

Asset Based Community Development (ABCD) is a project we aim to introduce in Thurrock to build strength in our communities as part of our 'Building Positive Futures' programme. The process starts with looking at the positive aspects of a community, including housing, facilities, resources, neighborhoods', and the skills of people living in the community. Consultation takes place with the local people about how to better use these assets and the people in the community are supported to develop these assets to enable the community to become self-sufficient as much as possible. This process allows older adults and vulnerable people to remain in their own home and fully engage in a safe and friendly environment, without the need for adult social care services.

In 2013, we will begin piloting this project in Thurrock and will include the work looking at the housing options available in that community (see previous chapter).

Local Area Coordination (LAC)

Another project we are going to be undertaking as part of our 'Building Positive Futures' programme, and which compliments the ABCD project (see above), is a project called 'Local Area Coordination (LAC)'.

We will be appointing Local Area Coordinators who will act as a single, local, accessible point of contact in the local community. These coordinators' will be able to provide advice and information, signposting to appropriate resources, advocacy, and help people to find their own local solutions to meet their care needs and also to support people to plan for the future. Next year, we will be piloting the Local Area Coordinator in a number of areas in Thurrock.

Early Intervention and Prevention Service

We will be developing a specific early intervention and prevention service, comprising of Housing, Health and Adult Social Care staff based in the community whose primary aim will be to avoid admission to hospital, residential and nursing care by ensuring that the key causes of poor health and well-being are dealt with before crisis is reached.

Other priorities

- To expand the capacity of the new Joint Homecare Re-ablement Team to ensure it is working in a fully re-ablement way. This will include a full review of the service.
- To continue to expand the Telecare service provision.
- To pilot a new 'Settling at Home' service for people being discharged from hospital. This will be a joined up approach between the Council's Private Housing Service, Adult Social Care, and Health (North East London Foundation Trust – NELFT) and will be provided by the local home improvement agency, Papworth Trust.
- To pilot a new supported housing service to move people with learning disabilities out of residential care who have the potential to live independently in the community. The service will provide accommodation and support (including out of hours where required) as a step-down from residential care with a view to enabling people regain their independence.
- To continue to explore opportunities for more joint working with Health.

How we ensure that people have a positive experience of care and support

It is important that the services we provide in Adult Social Care are of the best quality, are personalised, offer choice and control, and meet people's needs. We aim to make sure that people who use social care and their carers are satisfied with their experience.

We are committed to providing people in Thurrock the care and support they require, but we can't do that without first understanding what people need. If we are to succeed in our vision, we need to work with service users and members of the local community to ensure our developments have a positive impact on people's lives.

We have undertaken various projects and consultations throughout 2010-2012 to find out how people see adult social care, what people think about the services we provide, and what our future priorities should be. Some examples of the work we have undertaken are outlined below.

Talking with, listening to and involving people – what we did:

Our promises to you – service standards and outcomes

In 2011/12 we worked with service users and carers alongside the Thurrock Coalition to develop outcomes and standards for our services. These are a basic guide to what people can expect from us when they contact us to seek advice or support.

We will monitor these regularly and use the feedback we get from our service users and carers to inform how we deliver our services.

Personal Social Services Survey: Survey to Users of Adult Social Care Service

The Personal Social Services Survey is an important survey that we carry out every year to find out what people who use our services think about the support they receive.

We compare the results of the survey with our previous year's performance and with other areas to find out what works well, and where people have concerns. We then use this information to make improvements to our services.

61% overall satisfaction of people who use services with their care and support. This is almost in line with the national average of **63%**

- from Personal Social Services Survey 2011/12

User-Led Organisation (ULO): a voice for people with disabilities in Thurrock

A user-led organisation is defined as the following:

> *"A user-led organisation is defined as one where the people the organisation represents, or provides a service to, have a majority Management Committee or Board and where there is clear accountability to members and/or service users. At least 75 percent of the voting members on the Management Committee or Board must be drawn from the kind of people the organisation represents, supports or is set up to work with"*

- Improving the Life Chances of Disabled People, Cabinet Office - 2005

On the 1st April 2011 we entered into a new contract for the ULO, to be provided by the Thurrock Coalition (a partnership between three organisations – Thurrock Independence Resource Centre, Thurrock Disability Network and Thurrock Lifestyle Solutions).

The ULO is a key vehicle for co-production and it aims to empower older adults and people with disabilities so that they can actively inform and shape the Council's plans for the development of Adult Social Care services. Thurrock Coalition aims to ensure that people who live in Thurrock have access to all the information they may require to get the support and care that they need.

Thurrock Coalition: Key Co-Production Activities and Projects

- **Sensory Confrontation Event** – Held 28th July 2011. The aim of the day was to discuss gaps in the provision of services to people with sensory impairments and to jointly produce a Sensory Strategy.
- **ASC Workforce Strategy Exercise** – Held throughout September and October in 2011. The aim of the exercise was to jointly produce a strategy on Adult Social Care workforce development, identifying the skills, experience and expertise staff working in Adult Social Care require to meet the needs of their customers.
- **Powerful Partnerships Event** – Held 08/03/12. The aim of this event was to emphasise the importance of building and sustaining partnership working through the use of the Partnership Boards. Partnership Boards are in place for older adults, people with mental ill-health and people with disabilities. Engagement of service users from the ULO increased by **40%** by the end of 2011/12
- **Autism Strategy** – A consultation event planned and facilitated to gather views from individuals, parents and carers on the current provision of services for people on the Autistic Spectrum living in Thurrock. The report will be used to directly shape and inform the Thurrock Autism Strategy.
- **Informing a Transitions Strategy** - Thurrock Coalition ran a number of workshops consulting with young people in transition in order to inform the Thurrock Council Transition Strategy.
- **Voices for Choices** - Thurrock Coalition runs an independent Consultation Group called 'Voices For Choices'. The group is for anyone who has experience of using Adult Social Care. The group has a dialogue with Heads of Service, Service Managers and Social Work Staff at Thurrock Council in order to bring about positive change and service improvement for disabled people.

You can find further information about the Thurrock Coalition and contact details here: Thurrock Coalition - The ULO For Thurrock

Partnership Boards

Thurrock has a number of Partnership Boards. These provide a forum where service users, carers and citizens of Thurrock are able to express their views and influence service development and community changes. There are four Boards:

- Learning Disability Partnership Board
- Older People's Partnership Board
- Disability Partnership Board

- Mental Health Partnership Board

Some examples of key work undertaken by these Boards are set out below:

Thurrock Partnership Boards

- The Learning Disability Partnership Board (which has been established for over 10 years) influenced significant improvements in health services for people with learning disabilities by introducing Health Action Plans, Health Passports and 999 Cards and most recently highlighting the need for a strategic approach to Learning Disability Health Checks.
- The Staying Safer Sub Group of the Learning Disability Partnership Board has achieved so much in raising the profile of people with learning disabilities who experience hate crime, abuse and who are vulnerable to people who target them for financial gain. The group has also developed Staying Safe Events for people with learning disabilities where the Police, Fire Service, Ambulance service, Trading Standards and many other groups have developed information to enable people with learning disabilities to understand how they can keep themselves safe. Four events have been held in the last year and over 70 people have attended.
- The Disability Partnership Board contributed through the Thurrock Disability Network to a review of the Customer Journey experienced by those who access Social Care services.
- The Mental Health Partnership Board has recently been formed. Although in its early stages it is clear that the voice of people who use mental health services will be a powerful one. The Board will play a key part in the implementation of the emerging South Essex Wide Mental Heath Strategy.

Listening to Your Feedback

Feedback from people who use services is a valuable source of information and feedback in any form, including complaints and compliments are welcomed by us. We regularly analyse the complaints received in order to learn from our mistakes and seek improvements in our services.

Compliments – Key Facts

- **68.9%** of feedback received were compliments rather than complaints.
- **219** compliments received in 11/12, **36.7%** increase in the number of compliments received in 11/12 in comparison to 10/11
- Thurrock Council has one of the highest number of compliments in the Eastern Region in England

Complaints – Key Facts

- **51%** of complaints were about the Council's Adult Social Care Department, whilst **49%** were about external services the Council contract with other agencies to provide.
- **7%** decrease in the number of complaints found to be justified or partially justified in 11/12 in comparison to 10/11 (**56%** in 11/12 and **63%** in 10/11).

All our complaints are investigated, and are also reviewed by our Safeguarding Team to ensure all issues are identified and addressed immediately, and all our feedback policies and procedures are constantly reviewed and benchmarked against best practice. We are the lead in the Eastern Region for promoting best practice within our feedback service, including the joint work with the Safeguarding Team. The feedback information shows that more people are satisfied with our services as more compliments are being made. Although more complaints are being received, a higher number are found to be unjustified.

We have also provided training for staff investigating complaints along with one-to-one follow up support, and we also have an e-learning course on how to deal with dissatisfied customers, giving staff the expertise to successfully resolve concerns before they become a formal complaint.

Ensuring quality in services

Although our vision is to decrease the numbers of people requiring Adult Social Care services, some people will always require this type of support and we have a duty to ensure our services are good quality.

We undertake annual visits to services such as residential care, home care providers and supported housing services and action plans are provided to make improvements where required. Follow up visits are also undertaken to ensure action plans are completed. We carry out unannounced visits to spot check services, particularly if there are any concerns raised about a service through complaints etc. Visits include talking to people using the service to find out how satisfied they are, and in home care and floating support services we visit service users independently of the agency providing the service.

Performance of services is also monitored regularly through looking at service user satisfaction levels and feedback including complaints, results of visits, and whether the provider has met targets for performance outcomes. In the case of registered services, such as residential care and home care, we also look at the results of inspections by the providers' regulator, the Care Quality Commission (CQC), and work with the CQC to share information and co-ordinate action where concerns are identified.

Example - Home Care Key Outcomes 11/12

- **81%** overall satisfaction rate
- **99.3%** of service users surveyed stated that the service they received enabled them to stay in their home
- **98.5%** of service users surveyed states that the service improved their day-to-day life.

Trends are identified regarding common issues arising in services and these are provided to our Workforce Planning and Development Team, who use this information to target training, for example we have recently provided a considerable amount of training to residential care homes in end of life and dementia care.

Reviews of care packages

All our care packages are put in place based on an assessment of the individual's need. When a new package of care is set up, we carry out a review within the first six weeks to ensure the support being provided is right and is meeting the person's needs. Thereafter, all service users receive an annual review to ensure there have been no changes to the person's needs that may require a change in care. We carry out more frequent reviews where this is deemed necessary.

Any service user can ask for a review, if they feel their needs have changed or the service is not meeting their needs.

Over the last year we have reviewed all care packages to individuals where two carers provide care. This has resulted in us finding better ways of supporting some service users to meet their needs without the need for two carers, for example through the provision of better equipment or telecare. This has led to us being able to make efficiencies in the money spent

on these care packages that can be re-invested elsewhere whilst also enabling people to become more independent.

Working with Thurrock LINk/HealthWatch

LINk stands for Local Involvement Network. They came into operation in 2008 and are funded by the Department of Health via local authorities to give a 'voice' to people who use services at a local level.

Thurrock LINk gives everyone a chance to say what they think about their local health and care services – what is working well and what is not so good. It also gives them the opportunity to monitor how services are planned and run as well as feed back what people have said about services so things can change for the better.

The new Health and Social Care Act (2010) requires a new organisation to be established in place of the LINk, in order to continue the important work they have already achieved, as well as to undertake some new duties. The new organisation is called HealthWatch. It will:

- be an independent consumer champion, promoting better outcomes in health for all and social care for adults.
- provide information, advice and guidance locally, to help people access and make choices about services.
- access independent complaints advocacy to support people if they need help to complain about NHS services
- be a 'Citizens Advice Bureau' for health and social care.

Each local authority will have its own Local HealthWatch, which will be in continuous discussions with the national HealthWatch England. It will also have a position on the local Health & Well Being Board, which is accountable for overseeing all health and social care in Thurrock. HealthWatch will be representative of diverse communities, providing people's views & experiences to influence commissioning and delivering services locally. This ensures that the public voice is at the heart of all decision making.

Support for service users as they transition between children and adult services

The Thurrock Transitions Support Group (TTSG) is funded by Thurrock Council to provide information and support to families and young disabled people about their transition into adulthood. They hold surgeries and drop in events as well as one themed event every 2 months. The group has proven to be an enormous success and is working strongly in partnership with ourselves, Thurrock Lifestyle Solutions, and our two special schools, Treetops and Beacon Hill. They are also helping us write our Transition Strategy.

Talking with, listening to and involving people – what we are going to do in 2013/15:

- To continue to consult with service users and the local community on issues affecting them using a variety of methods including surveys, feedback in the form of complaints and compliments, events, Partnership Boards, and through our User Led Organisation.
- To continue to review our methods of consultation and identify other means of effectively engaging with local residents, including communities that are hard to reach.
- To continue to monitor and seek improvements in the quality of our services.

- To involve service users and the local community in all aspects of our Building Positive Futures programme.
- To develop a Market Position Strategy and use this to develop our provider market and new providers into Thurrock to ensure we have the right services in place to continue to meet demand and needs.

How we keep people safe from harm

Protecting vulnerable people from harm and abuse is a top priority for Thurrock and is fundamental to everything we do in Adult Social Care.

Our vision for safeguarding is:

"To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities"

Our vision for the future is about keeping older and vulnerable people independent in our communities and part of this is around ensuring better housing, and that local communities have the resources to enable older and vulnerable people to live full, healthy and active lives. The safety of older and vulnerable people has to be paramount then if our vision is to become a reality.

Safeguarding is everyone's business and our vision in Thurrock is shared by all our partner agencies. It cannot be delivered by agencies acting in isolation. It can only be achieved by agencies working together, through common plans and strategies.

Some of the key things we have achieved so far are summarised below.

Safeguarding people from harm – what we did:

Joint work with partners

Our Safeguarding Adults Team works across all of the Adult Social Care Teams and in partnership with Community Safety, the Police, Health, and private and voluntary sector providers to safeguard vulnerable residents of Thurrock from abuse.

83% of people who use services say those services have made them feel safe and secure. This is significantly higher than the national average of **75%.**

- from Personal Social Services Survey 2011/12

We have a Thurrock Adult Safeguarding Partnership Board which has broadened its membership to include other partners such as Housing, Probation and the Fire Service. The Board also has strong links with the Thurrock Community Safety Partnership and our Safeguarding Children's Board.

We also have an operational group working alongside the Partnership Board to turn strategy into action, called the Operational Executive. There is also a Housing sub group, whose function is to specifically join up housing and safeguarding more effectively and the group is working on a Vulnerable Adult's Protocol. The sub group is chaired by the lead for Adult Safeguarding and both statutory and private housing organisations are represented.

Our Safeguarding Adults Team regularly attends other meetings such as the Regional Safeguarding Leads Meeting, which is a multi-agency meeting that ensures a consistent approach to safeguarding policy across all partners, and the Local Action Group, another multi-agency forum used to discuss issues such as anti-social behaviour and neighbourhood concerns.

We have commenced a new initiative with the Essex County Fire & Rescue Service to help reduce the number of kitchen fires for the residents of Thurrock. Kitchen fires are the most

common cause of fires and the majority of these are due to the ignition of grease and fat that has built up inside ovens when the appliance is turned on. This initiative will provide an oven cleaning service; targeting people who are physically unable to clean their own ovens, to eliminate the grease and fat build up, thereby reducing the risk of fire.

Over the past year we have made referrals to Trading Standards relating to rogue traders and postal, internet and telephone scams. This is becoming an increasing problem and we have been successful in raising some awareness of these issues and stopped some drain and roof rogue traders.

We have also worked with our Corporate Finance Team about cases of financial abuse and this team are now managing the finances of several people who are at risk of financial abuse. 12 cases were referred to this team in 2011/12.

All complaints received into the Council regarding external providers of services are reviewed by the Safeguarding Team to ensure all potential safeguarding concerns are identified and investigated.

To ensure that Safeguarding Awareness is maintained and translates into increased reporting the team also link with assessment teams and partner organisations, and work with training.

Case Study

A service user was admitted to hospital from residential care following acute dehydration affecting his physical health. Concerns were raised about how the individual was not eating or drinking due to ill health and required investigation into how this could be managed more appropriately. Health staff present at the safeguarding meeting contributed to the action plan in relation to recording issues of concern etc, but also were able to point us in the direction of resources about managing hydration and nutrition. All homes now have access to the MUST Toolkit (nutritional assessment) and Hydration Toolkit for care homes through the Thurrock Learning Zone.

Our Safeguarding Team also works closely with the Thurrock Drug and Alcohol Action Team (DAAT) and regularly attends the Thurrock Community Safety Partnership Board. The DAAT is a very effective service, supporting individuals with drug and alcohol issues into treatment.

The current baseline of successful completions of treatment against the total number of people receiving treatment has been set at 30.5%, which is twice as high as the national average (14.8%). The average length of time people spend in treatment is 1.4 years, which is much lower than the national average of 2.9 years. In quarter 1 2012/13, 67% of individuals left treatment having achieved all their targets; the national average for the same period was only 48%.

The DAAT also run a Drug Intervention Programme (DIP) aimed at encouraging drug mis-users into treatment who are in the criminal justice system. In quarter 1 2012/13, 91% of service users in the programme engaged in treatment in comparison to a 61% national average. 35% of service users are completing treatment successfully compared to a national average of 15%.

Safeguarding activity

In 2011/12, we received 409 safeguarding referrals. This is a 17.5% increase from 2010/11. The majority of referrals were made by staff working within Adult Social Care; however there

has been an increase in the number of self referrals and those from family and friends. This suggests that we have had some success in raising awareness of abuse and safeguarding issues, however we are also of the opinion that there is a significant amount of unreported instances of abuse to which we are targeting awareness raising.

We have developed a protocol to ensure that people who are reported as self-neglecting do not fall through the net. We now have clear guidance for workers if people do not engage with assessed care needs and therefore place themselves at risk. This is reinforced by guidance on raising safeguarding alert which will prompt a clear multi-agency process, supported by our Safeguarding Team, to ensure that people are offered and encouraged to have support for their needs.

We have worked with the Police on many occasions and in 2011/12, police action took place in 22 cases. We also work with our Housing and Debtors teams in the Council to identify people possibly experiencing financial abuse where we have been able to safeguard individuals from eviction and ensure a more stable financial footing.

We monitor complaints information and work with our Contracts & Brokerage Team to identify and investigate any safeguarding concerns in our external services (e.g. residential care and home care).

This year we visited all homes for people with learning disabilities in Thurrock following the BBC Panorama programme in June 2011 regarding ill treatment and neglect found in a private hospital for people with learning disabilities. We intend to develop this further by visiting older adult's homes in Thurrock next year.

Case Study

A married couple were referred to us by the Police because they were frightened of their son. A home visit revealed that they were able to take all appropriate actions for themselves about giving him notice to quit and obtaining injunctions. During the visit various agencies were contacted to facilitate this and the situation has now been resolved.

Raising awareness of safeguarding from abuse

We have carried out extensive training for both Council staff and providers of services (e.g. residential care and home care) on safeguarding to ensure concerns can be identified and raised quickly.

Safeguarding training has been delivered to over 260 people in 2011/12, through a variety of courses including Mental Capacity Act (MCA) and Deprivation of Liberty (DOL), Professional Boundaries, Safeguarding Adults Investigation Skills, Basic Awareness, and Understanding Sexual Abuse.

We have undertaken specific training for staff from our Housing Department, and for staff working in our Sheltered Housing Services. We also have e-learning training so all staff (including those not specifically working with vulnerable adults) can learn basic skills around safeguarding.

Case Study

A member of ASC staff spoke to the safeguarding team several weeks earlier about a concern she had about a woman who had been observed in the locality inappropriately dressed for the weather and sometimes appearing distressed. We were unable to action this at the time with no actual details of who she was or where she lived. Fortunately only a couple of weeks later we received a referral regarding the service user from neighbours who were concerned that they had witnessed an altercation between her and her brother. We were able to ascertain that this was the same person about whom concerns were raised earlier. Several attempts were made to

Full details of our activities in 2011/12 can be viewed in our Annual Report – available from the Thurrock Council website: website

Safeguarding people from harm – what we are going to do in 2013/15:

- To continue to raise awareness of safeguarding and continue a programme of training for staff.
- To continue to review policies, procedures and strategies to ensure best practice, through working with our partners and multi-agency forums.
- To visit older adults homes to ensure there are no safeguarding concerns

Feedback – tell us what you think

This is the end of our first Local Account. We hope that it has provided a brief insight into what we have been doing and what our plans are for the future.

However, now is the time to tell us what YOU think.

We are very interested in your views about whether you have found this report helpful and your suggestions about how to improve it in the future.

If you would like to give feedback on this report, you can do so through the following methods:

Need links to webpage / address for written feedback etc / contact numbers etc