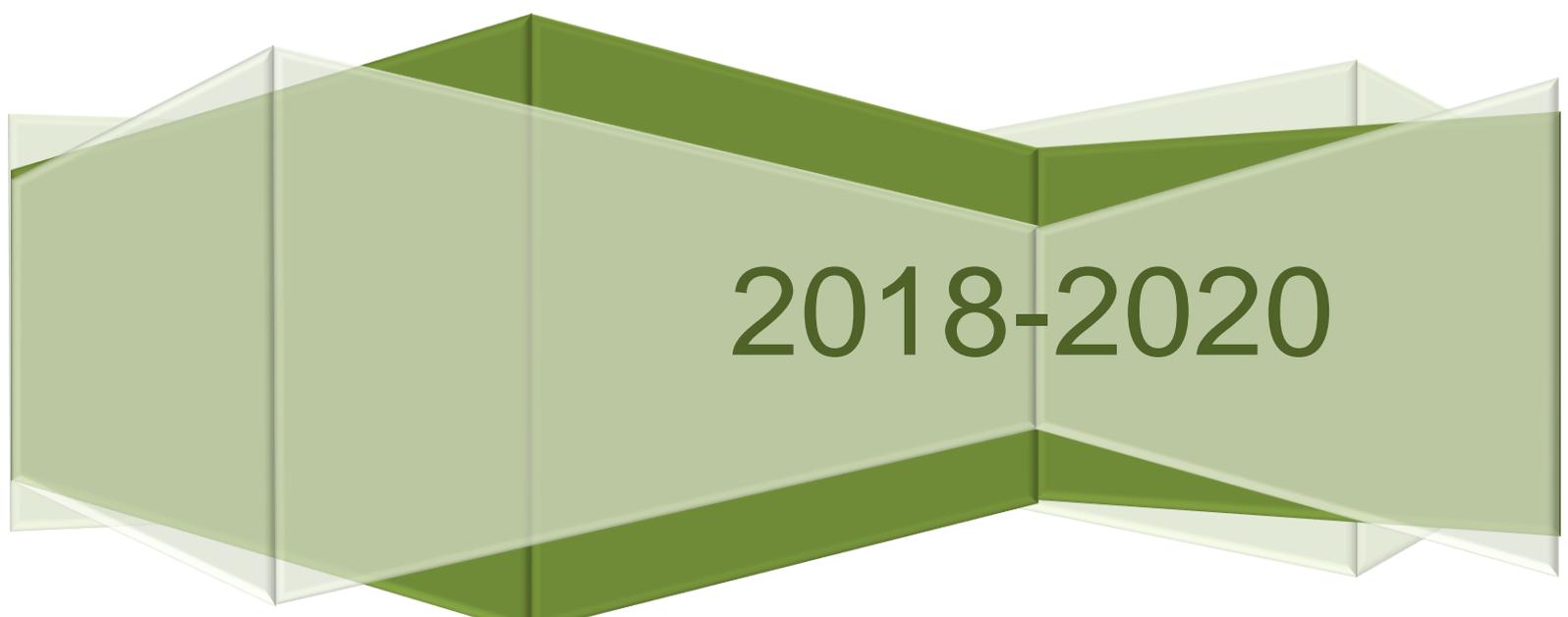


# Adult Social Care in Thurrock

**Making a positive difference – how well  
are we delivering Adult Social Care  
support and services in Thurrock**



2018-2020

# Introduction

Welcome to our Local Account covering the years 2018-2020. This Local Account describes the process of co-production used to identify our 10 priorities for the next two years. These priorities are, quite rightly, set by users of our service and will direct our activities over the period 2018-20.

In this account we will tell you about!

- How we spend our money.
- Our achievements against the previous Local Account.
- The method used to co-produce the priorities.
- How you can “Tell us what you think”.

In previous reports we have talked about the financial and demographic challenge facing Adult Social Care and about our legal duties under the Care Act (2014). We have again talked about these areas and our ongoing responses to meet these challenges.

In the last report we also talked about the need to be radical in our approach. We believe we have been radical and creative in our transformation programme since the last Local Account; this is evident from the growing national profile this programme has attracted as being system fit for the 21<sup>st</sup> century.

Much has been done and there is still much to do. Achieving against the priorities co-produced in partnership with our “experts by experience” will be a major step toward our ongoing success.



**Councillor Sue Little**  
Portfolio Holder Children's and  
Adults Social Care



**Roger Harris**  
Corporate Director of  
Adults, Housing & Health



**Ian Evans**  
Director,  
Thurrock Coalition  
(The User-Led Organisation  
for Thurrock)

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## Our Vision

*'An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.'*

The vision of Thurrock Council is *'An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future'*. In Adult Social Care we want people living in Thurrock to enjoy independent, rewarding and healthy lives in communities that are welcoming, inclusive, connected and safe. 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. 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.

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 shift resources towards preventative well-being services and community solutions. It also means 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.

We have continued to develop this approach since the last local account was published in 2016. We have re-branded our transformation programme, moving from "Living Well in Thurrock" to "Better Care Together" as we feel this express the heart of our vision more accurately; a whole system that improves health and well-being for all that is achieved through genuine co-production with our partners, our communities and, most importantly with our citizens. Better Care Together is still based upon the three aspects of our transformation approach that informed our earlier approach:



## Our Budget

We spent £41.7 million on Adult Social Care services in 2017/18. The chart below shows how our spending is split across key areas:



\* Gross expenditure. Please note – this expenditure does not include joint funding arrangements between the Local Authority and Clinical Commissioning Group. See Priority 1 for more details.

## Key Facts and Figures

4,929 calls and emails processed by on average per month by Thurrock First in 17/18

2,074 assessments completed by Adult Social Care in 17/18

3,265 reviews completed by Adult Social Care in 17/18

45% of requests received by Thurrock First on average were handled at point of contact in 17/18

853 individuals supported in residential or nursing care throughout 17/18 (527 as at year end), including temporary placements

490 individuals received a direct payment in 17/18 (including one-off's)

354 individuals supported by the Joint Reablement Team in 17/18

1,903 individuals supported long term in the community in 17/18 (not including equipment and assistive technology)

2,513 individuals supported with equipment/assistive technology in 17/18

## Our Key Challenges

Whilst growth in the demand for our services and the increasing complexity of the challenges facing some of those we support continues to put pressure on the whole health and well-being system, the financial pressures that we reported in the last local account have been addressed to some extent by central government in the last few budgets. However, there remains a critical need to be very efficient in the way we deliver services.

The challenges set out in the Care Act (2014) remain – these include the duty to “prevent, reduce or delay” the need for care and support, to integrate service delivery and to recognise the impact of housing on well-being and drive improvement.

In Thurrock we feel we have achieved a lot in terms of these duties, more needs to be done of course and the responses from our citizens set out in this account are evidence of this. However, we feel we have made a solid start and are confident that the next steps we are about to take will continue to improve our offer and meet these challenges effectively.

Co-production, in its fullest sense, sits at the core of everything we want to achieve, with this in mind the development of this local account has changed from the way we produced the version in 2016. The next section outlines the methodology employed in producing the Local Account for Thurrock for 2018/2020:

## Local Accounts in Thurrock – A Way Forward

Local Accounts covering previous years in Thurrock, specifically 2016/17 identified 10 key areas of priority and achievement. The priorities were split in to two groups of five and discussed, and debated at two consecutive meetings (in April and May of 2017 respectively) of Thurrock Diversity Network (TDN) Limited. TDN is a member of Thurrock Coalition – the User-Led Organisation for Thurrock. TDN is a Community Benefit Society, consisting of over 60 individual and organisational members with an active, campaigning interest in Disability and Diversity issues, championing lived experience examples and supporting effective change and service improvement through constructive dialogue with the Local Authority.

Thurrock Diversity Network Limited forwarded a number of key questions and suggestions to the Co-Chairs of the Thurrock Disability Partnership Board, including the Assistant Director of Adults and Community Development.

Senior Council Officers analysed the feedback and compiled a response for presentation at the Thurrock Disability Partnership Board in September 2017 with some formal recommendations and suggestions to improve future Local Accounts.

Three recommendations for future Local Accounts were then made by the Disability Partnership Board, namely:

- i) To co-produce any future Local Account for Thurrock, in partnership with individuals, family members and carers with lived experience of local services, third sector and other interested parties.
- ii) To move from a 12-month cycle to 24 months to allow time for reflection, change and progress to be more effectively measured, built upon and celebrated.
- iii) For Local Account workshops to be facilitated by an external third party in collaboration with Thurrock Coalition.

The Local Authority also agreed that Future Local Accounts will:

- Be focussed on what service users and members of the public want to see in it.
- Provide links to relevant websites where further information about projects can be sought.
- Provide more examples of successes and outcomes achieved.
- Be honest in what has gone wrong and what needs to be improved.

## Review of Our Priorities for 2017-2018



Continue to joint up health and social care services through the Better Care Fund to support people better



Continue to strengthen communities and build community resilience by supporting small community based services



Increase the use of direct payments to allow people to manage their own care



Implement online self-assessments



Complete the re-modelling of home care services to improve choice and quality



Roll-out the delivery of Shared Lives in Thurrock



Put in place an independent system to ensure that our processes to financially assess individuals are fit for purpose



Re-tender the Healthwatch service to improve scope, ensuring quality of service



Develop a specialist autism service



Keep vulnerable people safe

## Achievements 2017-2018 and Feedback from Workshops

A series of subsequent workshops were held by Thurrock Coalition and Community Catalysts CIC throughout August 2018 looking at informing the priorities for the Local Account going forward. The following is a summary of the achievements we have made against the priorities identified in the 2016 Local Account, and a summary of the feedback produced by the workshops.

Further details of the workshops appear in Appendix 2 (below). The Full Report is available at: <http://www.thurrockcoalition.co.uk/wp-content/uploads/2018/10/Thurrock-Coalition-Informing-the-Local-Account-through-Coproduction-October-2018-FINAL.pdf>

### Priority 1 – Continue to join up health and social care services through the Better Care Fund to support people better

#### Achievements:

- Thurrock First – our single point of contact for Adult Social Care, Health and Mental Health became operational.
- “Better Care Together” a project to join up and improve Primary Care, the management of Long Term Conditions and Community Care, embedded in the community and focusing upon prevention, has been implemented in a pilot form in the Tilbury/Chadwell locality. Initiatives include:
  - Introducing Community Led Support (CLS)-bringing social work closer to where people live.
  - Implementing a new Primary Care workforce –Ensuring patients can be seen by the right professional in a timely manner.
  - Delivering a completely reformed service to people who need support to remain living at home through the introduction of Well-Being teams.
  - Improving the support, we provide to people living with Long Term Conditions to prevent them requiring crisis intervention through poor management of their symptoms.
  - Ensuring our other community based initiatives, such as Local Area Co-ordination, Micro Enterprise development; Social Prescribing and Time Banking are being fully integrated within a whole system approach to improving outcomes in Health and Well-Being for our citizens.
  - Reducing duplication of efforts and multiple-visits through greater co-ordination and sharing of data and responsibilities amongst professionals.
- Initial plans for the introduction of four Integrated Medical Centres across Thurrock have been agreed.
- A Design Team has been appointed to develop plans for a 21st Century care facility for older people on the Whiteacres site in South Ockendon.
- Expansion of the Better Care Fund to £43.1m. This pooled fund has enabled far more integrated commissioning of services between health and social care.

#### Summary of participant’s views:

- Thurrock First is established, the triage system is good in principle but people have experienced long delays and difficulties in getting through.
- Work still to be done on prevention.

- Overall LACs are good, but some duplication in workload, individuals highlighted situations where there was a lack of specialism and a need to signpost to Third Sector organisations more effectively.
- Contact Information and referral options for LACs needs to be publicised to the general population. This feeds into a wider issue around publicising telephone and contact information on the Council's website as well as a wider Positive Marketing Strategy to celebrate the "visible" achievements of the Adult Social Care Directorate.
- In terms of integration, the various specific electronic systems need to be able to talk to one another and share information, including for example: LAS/LCS/SystmOne/NHS/Mobius as well as the specific teams on the ground: Hospital discharge/Community Team/Hospital Team – these all need streamlining.

## Priority 2 – Continue to strengthen communities and build community resilience by supporting small community based services

### Achievements:

- Expanding support for Micro-Enterprise development by the appointment of a dedicated post; there are now 75 enterprises with around 5 new start-ups each month.

### Summary of participant's views:

- Individuals expressed the importance of having support to access the right activities in the community relevant to their age and respective peer group, so for example, not just bingo or crochet, but more active clubs such as dancing or computer training. Difficulties around mental health, isolation and loneliness were also highlighted, particularly in the evenings. Funding arrangements, complexities and longevity were also highlighted as a concern for participants.
- Community hubs and volunteers are good.
- A discussion followed around the production of digital community asset maps and Stronger Together, and Thurrock First (as both organisations are producing such maps. There was a degree of confusion over how many maps existed, how they can be accessed and how best to use them, and whether the LACs had ongoing input.
- More could be done to publicise the Social Prescribers project and the work they do, as a number of participants had not heard of them.
- Individuals also discussed Micro Enterprises, how to find out more and who has responsibility for ongoing quality assurance. Participants were of the view that Direct Payments and Micro Enterprises working well for Service Users who now get more choice and control.
- There is room for further improvement of communication between professionals and groups which in turn can build upon further insight into promotion and referrals.

## Priority 3 – Increase the use of direct payments to allow people to manage their own care

### Achievements:

- Increased the number of people using direct payments – from 242 in 2015/16 to 490 in 2017/18.
- Created a project management role to review the direct payment process.
- Implemented a Direct Payment Engagement Group (DPEG) which has provided awareness and training around common direct payment themes
- Introduction of a co-produced policy for Direct Payments (facilitated by Thurrock Coalition and the DPEG) designed to give service users more choice and control and to improve take up of Direct Payments by simplifying the process.
- Re-tendered the Direct Payment Advice & Support Service.
- Successfully piloted and implemented Individual Service Funds for day opportunities for people with learning and physical disabilities.
- Made the link between the use of direct payments and micro-enterprise providers to extend choice within the local market.
- Making strengths based social work the basis upon which all of our assessments and ongoing case management is delivered, thereby shifting power to the service user and increasing choice and control over the process.

### Summary of participant's views:

- The new Direct Payments Project Manager Role is a really positive development. There is a need for people to be supported to be aware of all relevant Direct Payments information and responsibilities before signing up.
- There was a feeling that in terms of Mental Health there is a massive lack in uptake of Direct Payments.
- Micro enterprises are working well. Give(s) people choice and continuity.
- There needs to be an effective and meaningful and local Direct Payments brokerage service.
- There needs to be support available for individuals who lack capacity/understanding and have no family or friends? i.e. Discussion and awareness of the availability of legal protection for family/friends making decisions for people who lack capacity.

## Priority 4 – Implement online self-assessments

### Achievements:

- Introduction of OT self-assessment to improve turnaround times and reduce waiting lists. 483 completed self-assessments since 2016 from Thurrock residents. Of these, the resident's outcomes were met in full without the need for a face to face assessment for 238 individuals (49%).

This has helped to avoid delays in waiting times for an assessment for the individual, reduced service demand and maintain waiting times within our corporate targets, and provided a financial saving of approx. £43k over the 2 years.

Of the remaining self-assessments received, 45% had progressed to a face to face assessment. However, it is worth noting that a good proportion of these have had their outcomes partially met through the self-assessment. This in turn has prevented delay for an element of an individual's support arrangements, and enabled the assessor's skills and time to be utilised in full when providing the appropriate support to achieve the remaining outcomes.

With waiting times dropping significantly, we're now finding that allocations are due before the self-assessment has been returned, and this also contributes to the remaining 45% stated above. Further work is now underway to continuously improve this service.

#### Summary of participant's views:

- The Local Authority should develop online carers assessments in co-production with the relevant third sector organisation(s).

### Priority 5 – Complete the re-modelling of home care services to improve choice and quality

#### Achievements:

- In April 2018 a new home care contract was procured under the title "Living Well in Thurrock".
- Three successful organizations were awarded contracts under a new specification designed to improve choice, establish a sustainable service and to expand quality through working to produce outcomes keeping with those identified by the people we support.
- A further improvement to the delivery of support to people in their own homes will be trialed in Tilbury/Chadwell during 2019 through the introduction of "Well-being Teams". These small, self-managing teams will be deployed in communities covering small patches to ensure continuity of care (that is people see the same small group of workers and can establish a relationship with them). The onus will be on providing the majority of contact time possible through reducing bureaucracy and ensuring duplication (many people delivering different aspects of someone's care) is reduced, both aspects of which will improve quality and consistency whilst ensuring the service is efficient.

#### Summary of participant's views:

- For wellbeing / independent living – wellbeing is not promoted as a lack of accessibility through a lack of communication undermines the effectiveness of provision.
- Care providers in a particular area sometimes don't have capacity to take on a care package. If a client can't manage a DP, what happens? Need to ensure a choice of providers in an area.
- What happens when micro agencies aren't micro? (For example, when they get too big).

## Priority 6 – Roll-out the delivery of Shared Lives in Thurrock

### Achievements:

- Shared Lives Services was implemented from April 2017. Shared Lives Champions have been appointed in each team and a focussed Shared Lives Campaign took place to encourage take up. Unfortunately there has been a slow start in getting referrals and there are currently only four arrangements in place. However, referrals have been picking up and more Shared Lives Carers are being trained.

### Summary of participant's views:

- Participants suggested that the initiative is really positive but the model and its potential needs to be publicized and communicated much better.
- Short Breaks v's Shared Lives?
- Participants discussed issues with transition from fostering into Shared Lives and potential implications on choice and control for individuals.

## Priority 7 – Put in place an independent system to ensure that our processes to financially assess individuals are fit for purpose

### Achievements:

- An internal review has been undertaken, the recommendations from which are now being implemented which will improve performance.
- We have visited a number of regional comparators to learn from best practice and we have had regular contact with the national body who oversee customer finance to ensure our processes and policies are in-keeping with changes in national guidelines.

### Summary of participant's views:

- Give people feedback in accessible formats.
- Thurrock is good at asking people their views.
- There is a need to improve financial assessments so people fully understand the process, and their various technical aspects, including, for example: what is covered under Disability-related expenditure.
- There is a danger that financial assessments can be seen as intrusive so that care needs are not pursued. Reassurance and communication as to the reasoning and purpose of financial assessments need to be key considerations.

## Priority 8 – Re-tender the Healthwatch service to improve scope, ensuring quality of service

### Achievements:

- Healthwatch Thurrock has been re-tendered but continues to be provided by Thurrock CVS.
- The re-tendered service features the following improvements:
  - Increased community engagement to seek the views of local residents of Health and Social Care.
  - Facilitating the implementation of a People’s Panel to oversee Orsett Hospital.
  - Seeking the views of residents on Mental Health Services in Thurrock.

### Summary of participant’s views:

- Good service for people struggling locally with under doctoring and concerns around hospital transport and the proposed changes to hospital services, including Orsett. What will the new contract say about advocating for patients and campaigning for positive service improvement in this specific context locally?
- People are still struggling to access timely healthcare appointments.
- Need more services for individuals with sensory impairments.

## Priority 9 – Develop a specialist Autism service

### Achievements:

- Work began in June 2018 on a new build of autism specialist housing provision in Thurrock. Thurrock Council is working jointly with Peabody Trust (formally Family Mosaic) to develop their site in Medina Road, Grays to build 6 self-contained properties to support people to live independently as an alternative to placing individuals outside of the borough.
- Medina Road is primarily aimed to meet the needs of those on the autistic spectrum and as a home for like. Ground works have already commenced on the site with an anticipated completion date of Autumn 2019.
- The Thurrock Autism Action Group has contributed to the design of the accommodation and will continue to help co-produce the service specification.

### Summary of participant’s views:

- The Autism Action Group urgently needs a Commissioning officer and permanent Local Authority Co-Chair.
- Is this Priority going to be wider than a housing project?
- Choice is key – 6 houses are commendable but is only the tip of the iceberg.
- Segregated housing is not great and the site is isolated.
- What about housing for people with Dementia?

## Priority 10 – Keep vulnerable people safe

### Achievements:

- Responded to over 1,400 concerns in the last two years, conducting over 340 section 42 enquiries.
- Responded to over 1,500 Deprivation of Liberty requests in the same period with 65% of these being granted.
- Set up a Safeguarding Practitioners Forum for learning and development and more informed responses to safeguarding concerns.
- 80 citizens with learning disabilities have attended Stay Safe events.
- Set up a multi-agency Self Neglect and Hoarding Panel to help support those who pose the highest risk to self.
- Funded the Lasting Power of Attorney project led by Thurrock Coalition supporting over 300 people to apply online.
- Commission a Safer Places Thurrock service with BATIAS.

### Summary of participant's views:

- There used to be lots going on in my life – college, safety, cleaning, gardening. All stopped.
- Safeguarding working well with Advocacy Services.
- Needs a proper public campaign “Everyone’s business!”

## Setting the priorities for 2019-2020

The workshops went on to consider areas that the Council was doing well and areas for improvement and suggested priorities based upon a vote across all of the areas under consideration.

A report of the workshops activity is attached at Appendix 1 of this account; this provides the background and rationale for the priorities that follow:

## Our 10 Key Priorities for 2019-2020



Making the most of every contact counts -tell us once, ask us once.



Join up Mental Health services and social care



Public Health and Wellbeing - focus on prevention



Direct Payments - Greater clarity for service users contemplating Direct Payments



Training should be co-produced - a Community, Third Sector and Statutory offer



Develop a Marketing Strategy for Adult Social Care



Improve Home Care, Respite and Carers support



Build upon community resilience



Expand services for people on the Autistic spectrum



Safeguarding and keeping vulnerable people safe

## Next Steps

- Local Account to be taken to the various representative groups for agreement to continue the co-design cycle.
- Report to be taken to Thurrock Council's Health and Well-being Overview and Scrutiny Committee to ensure political oversight of the objectives.
- Establish a steering group from the council and members of the representative groups to oversee the achievement of the objectives.
- The steering group will have responsibility to produce regular reporting of performance against agreed objectives, to the Thurrock Disability Partnership Board and the Health & Wellbeing Overview & Scrutiny Committee from time to time, along with any recommendations the co-production of future Local Accounts.

## Feedback – Tell Us What You Think

This is the end of our report. We hope you have found it interesting and informative.

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. In addition, if you have any comments or suggestions about the activity being discussed in the report we would love to hear from you.

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

**Email:** [ascfeedback@thurrock.gov.uk](mailto:ascfeedback@thurrock.gov.uk)

**Postal Address:** Performance, Quality & Business Intelligence  
FREEPOST ANG1611  
Thurrock Council  
Civic Offices  
New Road  
Grays  
Essex  
RM17 6SL

**Telephone Number:** 01375 652643

## Appendix One – Adult Social Care National Key Performance Indicators 2017/18

	Thurrock 2014/15	Thurrock 2015/16	Thurrock 2016/17	Thurrock 2017/18	Direction of Travel	England 2017/18	Thurrock Compared to England
1A - Social care-related quality of life	19.6	19.6	19.1	19.7	↑	19.1	↑
1B - % of people who use services who have control over their daily life	74.2	83.7	75.5	79.9	↑	77.7	↑
1C(1a) - % of people using social care who receive self-directed support	70.3	74.2	73.7	76.0	↑	89.7	↓
1C(1b) - % of carers who receive self-directed support	8.9	94.4	87.5	100.0	↑	83.4	↑
1C(2a) - % of people using social care who receive direct payments	31.6	28.6	28.4	28.0	↓	28.5	↓
1C(2b) - % of carers who receive direct payments	8.9	94.4	87.5	100.0	↑	74.1	↑
1D – Carer-reported quality of life score	7.9	-	7.5	-	-	-	-
1E - % of adults with learning disabilities in paid employment	7.3	7.4	6.3	6.8	↑	6.0	↑
1F - % of adults in contact with secondary mental health services in paid employment	8.9	9.9	8	9	-	7	↑
1G - % of adults with learning disabilities who live in their own home or with their family	83.1	85.2	69	75.6	↑	77.2	↓
1H - % of adults in contact with secondary mental health services who live independently, with or without support	75.4	72.2	67	64	↓	57	↑
1I(1) - % of people who use services who reported that they had as much social contact as they would like	49.2	47.9	50.0	47.2	↓	46.0	↑
1I(2) - % of carers who reported that they had as much social contact as they like	45.1	-	29.7	-	-	-	-
1J – Adjusted social care-related quality of life – impact of adult social care services	-	-	0.471	0.447	↓	0.405	↑
2A(1) - Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	16.9	11.8	5.8	6.7	↑	14.0	↓
2A(2) - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	438.5	674.1	710	681.7	↓	628.2	↑

2B(1) - % of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	86.0	90.8	88.4	88.7	↑	82.9	↑
2B(2) - % of older people (65 and over) who were offered reablement services following discharge from hospital	5.7	4.2	2.5	1.6	↓	2.9	↓
2C(1) - Delayed transfers of care from hospital per 100,000 population	7.4	5.0	10.5	7.4	↓	12.3	↓
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1.3	1.2	5.3	3.0	↓	4.3	↓
2C(3) – Delayed transfers of care from hospital that are jointly attributable to NHS and adult social care, per 100,000 population	-	-	-	0.4	-	0.9	↓
2D - % of new clients who received a short-term service during the year where the sequel to service was either no ongoing support or support of a lower level	49.4	86.9	27.6	46.6	↑	77.8	↓
3A - Overall satisfaction of people who use services with their care and support	64.5	69.2	67.9	47.3	↓	65.0	↓
3B – Overall satisfaction of carers with social services	42.9	-	40.2	-	-	-	-
3C - % of carers who report that they have been included or consulted in discussion about the person they care for	71.6	-	73.0	-	-	-	-
3D(1) - % of people who use services who find it easy to find information about support	75.5	85.8	75.7	71.6	↓	73.3	↓
3D(2) - % of carers who find it easy to find information about support	68.2	-	70.1	-	-	-	-
4A - % of people who use services who feel safe	71.7	72.8	66.7	75.4	↑	69.9	↑
4B - % of people who use services who say that those services have made them feel safe and secure	91.5	87.7	89.9	89.5	↓	86.3	↑

## Appendix Two – Summary of Outcomes from Workshops

### The Workshops – at a glance

The Workshops were facilitated by [Community Catalysts CIC](#) with operational and content support from [Thurrock Coalition](#). There were three separate workshops, each lasting approximately three hours, each aimed at a specific audience, a mix of individuals, family members, carers, Adult Social Care and third sector professionals.

The full Report can be downloaded from: <http://www.thurrockcoalition.co.uk/wp-content/uploads/2018/10/Thurrock-Coalition-Informing-the-Local-Account-through-Coproduction-October-2018-FINAL.pdf>

### The Workshops – the Process

#### Aimed at:

- Members of Thurrock Diversity Network who have lived or work experience of health and social care services and supports in Thurrock
- Members of the public who have experience of or an interest in health and social care services and supports in Thurrock
- Professionals and practitioners who deliver services or guide people through the health or care systems

#### Purpose:

- Inform people about the Local Account – its purpose and past progress
- Thank people who have been involved in the past for their contribution
- Demonstrate that contribution equals action and impact
- Engage people in contributing to a new Local Account

### The Workshops – The Programme:

#### Adult Social Care in Thurrock

- What it is
- Current focus and challenges

#### What is the Local Account?

- What it is
- Why we do it
- What it covers

#### Looking back

- 2016/17 Local Account
- Gathering views on the 10 priority areas – Do participants recognise them? Are they the right priorities?
- Issues discussed, plans developed and action taken

#### Moving forward

- Things the Council is doing well
- Things the Council needs to improve
- Identifying and setting priorities for the future

## Looking Back - The 2016/2017 Local Account Priorities

Participants were asked to consider the 10 Priorities from 2016/17 and discuss awareness of progress and achievements against each Priority, whether the Priorities are still relevant and to suggest some positive actions to consider. We have summarised the discussions below.

### **Priority 1: Continue to join up health and social care services through the Better Care Fund, to support people better**

#### **Summary of participant's views**

- Thurrock First is established, the triage system is good in principle but people have experienced long delays and difficulties in getting through.
- Work still to be done on prevention
- Overall LACs are good, but some duplication in workload, individuals highlighted situations where there was a lack of specialism and a need to signpost to Third Sector organisations more effectively.
- Contact Information and referral options for LACs needs to be publicised to the general population. This feeds into a wider issue around publicising telephone and contact information on the Council's website as well as a wider Positive Marketing Strategy to celebrate the "visible" achievements of the Adult Social Care Directorate.
- In terms of integration, the various specific electronic systems need to be able to talk to one another and share information, including for example: LAS/LCS/SystemOne/NHS/Mobius as well as the specific teams on the ground: Hospital discharge/Community Team/Hospital Team – these all need streamlining.

### **Priority 2: Continue to strengthen communities and build community resilience by supporting small community based services**

#### **Summary of participant's views**

- Individuals expressed the importance of having support to access the right activities in the community relevant to their age and respective peer group, so for example, not just bingo or crochet, but more active clubs such as dancing or computer training. Difficulties around mental health, isolation and loneliness were also highlighted, particularly in the evenings. Funding arrangements, complexities and longevity were also highlighted as a concern for participants.
- Community hubs and volunteers are good
- A discussion followed around the production of digital community asset maps and Stronger Together, and Thurrock First (as both organisations are producing such maps. There was a degree of confusion over how many maps existed, how they can be accessed and how best to use them, and whether the LACs had ongoing input
- More could be done to publicise the Social Prescribers project and the work they do, as a number of participants had not heard of them.
- Individuals also discussed Micro Enterprises, how to find out more and who has responsibility for ongoing quality assurance. Participants were of the view that Direct Payments and Micro Enterprises working well for Service Users who now get more choice and control
- There is room for further improvement of communication between professionals and groups which in turn can build upon further insight into promotion and referrals

### **Priority 3: Increase the use of direct payments to allow people to manage their own care**

#### **Summary of participant's views**

- The new Direct Payments Project Manager Role is a really positive development. There is a need for people to be supported to be aware of all relevant Direct Payments information and responsibilities before signing up.
- There was a feeling that in terms of Mental Health there is a massive lack in uptake of Direct Payments.
- Micro enterprises are working well. Give(s) people choice and continuity
- There needs to be an effective and meaningful and local Direct Payments brokerage service
- There needs to be support available for individuals who lack capacity/understanding and have no family or friends? i.e. Discussion and awareness of the availability of legal protection for family/friends making decisions for people who lack capacity

### **Priority 4: Implement online self-assessments**

#### **Summary of participant's views**

- The Local Authority should develop online carers assessments in co-production with the relevant third sector organisation(s)

### **Priority 5: Complete the re-modelling of home care services to improve choice and quality**

#### **Summary of participant's views**

- For wellbeing / independent living – wellbeing is not promoted as a lack of accessibility through a lack of communication undermines the effectiveness of provision
- Care providers in a particular area sometimes don't have capacity to take on a care package. If a client can't manage a DP, what happens? Need to ensure a choice of providers in an area.
- What happens when micro agencies aren't micro? (For example, when they get too big).

### **Priority 6: Roll out the delivery of Shared Lives in Thurrock**

#### **Summary of participant's views**

- Participants suggested that the initiative is really positive but the model and its potential needs to be publicised and communicated much better
- Short Breaks vs Shared Lives
- Participants discussed issues with transition from fostering into Shared Lives and potential implications on choice and control for individuals.

### **Priority 7 – Put in place an independent system to ensure that our processes to financially assess individuals are fit for purpose**

#### **Summary of participant's views**

- Give people feedback in accessible formats
- Thurrock is good at asking people their views
- There is a need to improve financial assessments so people fully understand the process, and there various technical aspects, including, for example: what is covered under Disability-related expenditure
- There is a danger that financial assessments can be seen as intrusive so that care needs are

not pursued. Reassurance and communication as to the reasoning and purpose of financial assessments need to be key considerations in this regard.

#### **Priority 8: Re-tender the Healthwatch service to improve scope, ensuring quality of service**

##### **Summary of participant's views**

- Good service for people struggling locally with under doctoring and concerns around hospital transport and the proposed changes to hospital services, including Orsett. What will the new contract say about advocating for patients and campaigning for positive service improvement in this specific context locally?
- People are still struggling to access timely healthcare appointments
- Need more services for individuals with sensory impairments

#### **Priority 9: Develop a specialist autism service**

##### **Summary of participant's views**

- The Autism Action Group urgently needs a Commissioning officer and permanent Local Authority Co-Chair.
- Is this Priority going to be wider than a housing project?
- Choice is key – 6 houses are commendable but is only the tip of the iceberg.
- Segregated housing is not great and the site is isolated
- What about housing for people with Dementia?

#### **Priority 10: Keep vulnerable people safe**

##### **Summary of participant's views**

- There used to be lots going on in my life – college, safety, cleaning, gardening. All stopped
- Safeguarding working well with Advocacy Services
- Needs a proper public campaign “Everyone’s business!”

#### **Moving forward – Things the Council are doing well and things the Council need to improve**

The workshop discussions then went on to discuss aspects of projects and initiatives that the Council are doing well, and secondly, elements that the Council needs to improve. We have collated some Key Positive Headlines and Aspects to improve, identified from across all 3 workshops. The full verbatim feedback appears in the Appendices to this Report.

##### **Positive Headlines**

- The wide range of Community Development Initiatives – Hubs, LACs and Micro Enterprises
- Supporting the Thurrock Coalition Lasting Power of Attorney Champions Project
- Work relating to Direct Payments
- Thurrock Carers Service
- Rapid Reablement and Assessment Service
- Health & Wellbeing pilot
- Building a vibrant care market
- Approach to Consultation and Co-production

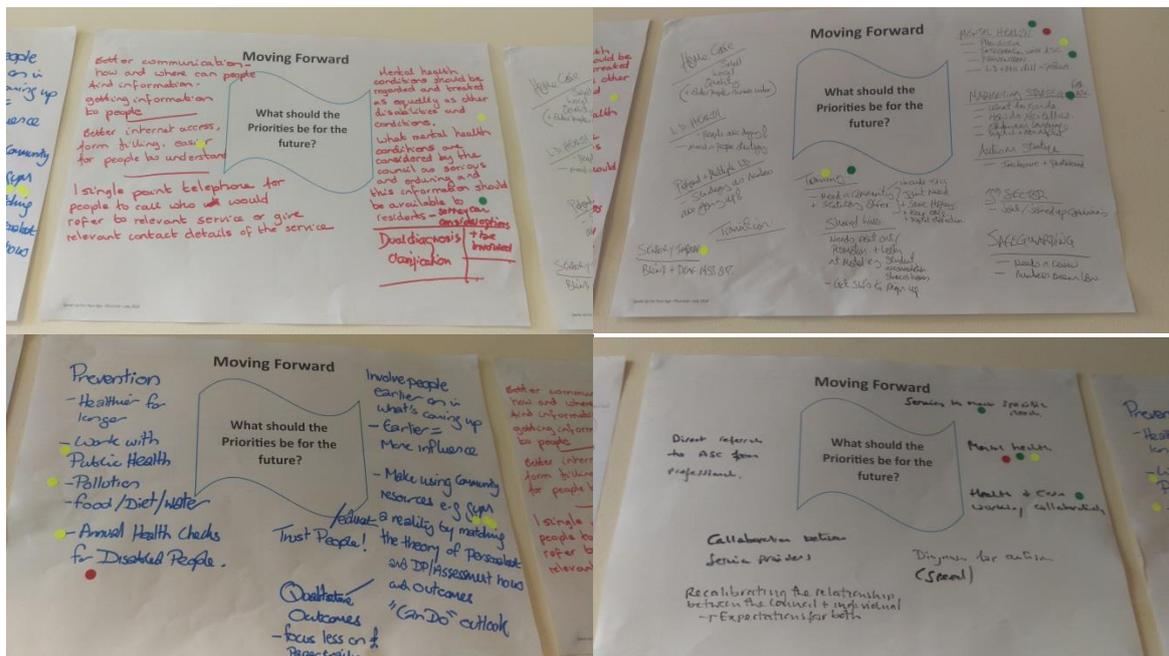
## Key aspects to improve

- Marketing, publicity and advertising what Adult Social Care funds (and does not fund). Raise the profile of Adult Social Care/Charges/Partners/Groups etc. Good News!
- Moving towards and supporting people with online assessments
- Home Care
- Referrals from LACs to specialist Third Sector advice
- Communication and publicity around Thurrock First, including managing call volumes
- The Council website – Need to include telephone numbers and make the site easy to navigate – Should adopt and use the Three Click Navigation Rule.<sup>1</sup> Information needs to be in a range of accessible formats for different needs – not just digital only.
- GP/Primary health, relationships and mental health – early intervention and prevention.
- Continue to improve joint working including the integration of IT systems, more intuitive information sharing, and “looking outside the box” for creative solution focussed assessments of need, using the array of Community Development Initiatives and Third Sector organisations

## Moving Forward - Identifying and setting priorities for the future

Participants were then asked to discuss and note down areas of Priority for the Council to consider and take forward. Based upon the range of discussions and experiences shared, a total of 72 priority topics/issues were subsequently identified.

Each individual was asked to vote for their top 3 Priorities that were of most importance to them.



**A sample of the Voting process for the new set of Priorities for the Thurrock Council Adult Social Care Local Account**

<sup>1</sup> The three-click rule or three click rule is an unofficial web design rule concerning the design of website navigation. It suggests that a user of a website should be able to find any information with no more than three mouse clicks.

### Voting for the Priorities

Following the voting, a degree of overlap became evident which then made it possible to group the priorities by topic and theme. The following 10 Priorities emerged from the discussions, views, suggestions and recommendations from all 3 workshops.

The overall percentage of vote share for each priority is displayed below:

