



How well do we deliver local services?

The Council has a four year plan (2010-14).

The plan has five priorities:

- To foster aspiration, independence and personal responsibility
- To promote the economic prosperity of Nottinghamshire and safeguard our environment
- To make Nottinghamshire a safe place to live
- To secure good quality, affordable services
- To be financially robust and sustainable

The work of the Adult Social Care, Health and Public Protection department (ASCH&PP) is guided by these priorities.

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Forewords

Cllr Rostance – Cabinet Member for Adult Social Care and Health

As a Council we are committed to providing good quality and affordable services to the people of Nottinghamshire. We also have robust performance management and reporting processes in place. In July 2011 we published information about Council wide performance in the Annual Performance Report 2010-11.

As a department ASCH&PP have achieved and maintained a high standard of performance being awarded a 'performing excellently' rating by the Care Quality Commission (CQC) for the three years previous to 2010-11. This Local Account provides further performance information, based on evidence taken from our 'self assessment' that indicates that we are still achieving this high level of performance.

We will continue to work to maintain this level of performance and meet the needs of the most vulnerable people within our community whilst addressing the financial and social challenges that we face.

David Pearson - Corporate Director for Adult Social Care, Health and Public Protection

This Local Account is part of the new direction on reporting improvement and performance assessment, in accordance with the government guidance ('Taking the Lead: Self Regulation and Improvement in Local Government'). We are one of the few Councils nationally that have taken on the challenge of producing a Local Account for 2010-11. We have done so because we recognise the importance of taking this opportunity to tell you about our achievements, areas for development and the challenges we face.

The most significant change for adult social care is 'personalisation' and offering choice and control to people through use of Personal Budgets and Direct Payments. From 3 October 2010, all new service users were put onto a Personal Budget and this has taken place alongside reviewing every service user eligible for a Personal Budget.

In addition to this, we are working on preventing people, wherever possible, from becoming dependent on services, and reducing the level of dependency. This also assists in managing demand for services. We are also aiming to provide good advice and information which helps to direct people to other solutions where possible, and a huge amount of work is taking place at the Customer Services Centre to put this into effect. We are working to ensure that communities and families are assisted to support and care for family members or vulnerable people in their communities as far as possible.

1

What is a 'Local Account'?

A 'Local Account' is a way of telling you about the services we provide to the people of Nottinghamshire. It is also a way of asking you where you think improvements or developments are needed in the coming year.

It includes our key priorities along with our

- Achievements
- Challenges
- Areas for development.

2

How do we know if we are delivering good quality services?

In 2009-10 all councils were expected to report to the Care Quality Commission (CQC) on their achievements and areas for improvement. The CQC then awarded a performance rating. In 2009-10 the CQC judged that Nottinghamshire County Council was 'performing excellently'.

In April 2010 the Government changed the way it expects councils to report on their performance. We are now required to be 'self regulating', meaning that it is now our responsibility to monitor and report on our own performance through

- Self assessment of performance targets
- Reviews by other organisations
- Seeking the views of people who use our services
- Consulting the wider community on specific issues
- Using survey information collected by the Department of Health (DoH) from people receiving our services
- Receiving people's views and comments through the complaints and compliments process

Although we are no longer required to report to the Government on a large number of national performance indicators, we continue to assess ourselves against some of these to help improve our performance. The current set of measures that we are required to report on (from 2011-12 are);

| Ref | Measure Description |
|------------|---|
| 1A | Social care related quality of life |
| 1B | The proportion of people who use services who have control over their daily life |
| 1C | Proportion of people using social care who receive self-directed support, and those receiving direct payments (NI 130) |
| 1D | Carer-reported quality of life |
| 1E | Proportion of adults with learning disabilities in paid employment (NI 146) |
| 1F | Proportion of adults in contact with secondary mental health services in paid employment (NI 150) |
| 1G | Proportion of adults with learning disabilities who live in their own home or with their family (NI 145) |
| 1H | Proportion of adults in contact with secondary mental health services living independently, with or without support (NI 149) |
| 2A | Permanent admissions to residential and nursing care homes, per 1,000 population |
| 2B | Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (NI 125) |
| 2C | Delayed transfers of care from hospital, and those which are attributable to adult social care (NI 131) |
| 3A | Overall satisfaction of people who use service with their care and support |
| 3B | Overall satisfaction of carers with social services |
| 3C | The proportion of carers who report that they have been included or consulted in discussion about the person they care for |
| 3D | The proportion of people who use services and carers who find it easy to find information about services |
| 4A | The proportion of people who use services who feel safe |
| 4B | The proportion of people who use services who say that those services have made them feel safe and secure |

The Government requires us to monitor and report on our performance against four categories. The categories require us to look at how well we

- **Enhance the quality of life for people with care and support needs**

This means the work we have done to reduce admissions to hospital; reduce the proportion of vulnerable adults and older people who require long term residential or nursing care, by supporting them at home; increase in the number of people managing their own care through personal budgets; maintain the numbers of vulnerable adults achieving independent living and increase the number of people on a personal budget and for learning disability users in employment and those living in their own home.

- **Delay and reduce the need for care and support**

This means the work we have done to reduce the number of people in residential and nursing care that has resulted in a drop in the number of admissions over the last few years. We have focussed on intervention, reablement and independence and this year we have made achievements in all these areas.

- **Ensure that people have a positive experience of care and support**

This means the work we have done to make sure people have positive experiences of support and dignity in our care. We know that we have improved on the quality of care home services and have improved satisfaction levels, by both service users and carers, with the information, support and services received.

- **Safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm**

This means the work we have done to improve safeguarding of vulnerable people including increasing the number of completed cases of those going to safeguarding assessment and by reducing the number of inconclusive safeguarding assessment outcomes. We have also achieved positive results against the two national measures (Adult Social Care Survey) asking 'how safe service users feel' and 'if the support and services they receive help them to feel safe and secure'.

3

What does the ASCH&PP department do?

Adult social care and health is the name for council services that can give you extra help to meet your social care needs.

We help more than **57,000** people each year including **older people**, people with a **physical or learning disability**, people with a **sensory impairment**, people with a **mental health need**, people **in hospital** and people **caring for others**.

We provide a range of services to help people

- at home with services providing meals at home, community equipment and adaptations for the home to make everyday living easier, short term personal support to help people have the confidence to live at home and long term support for when on-going support is needed to stay living at home
- at day and community centres, providing opportunities to do things during the day to help you stay living at home
- get out and about, providing information on accessible transport services available
- arrange residential care or home care, we offer support to vulnerable people who are unable to stay living in their own home or need help to start living independently
- claim benefits and grants providing comprehensive information about the benefits that people are entitled to claim

Information about these services is available through the Customer Service Centre or go to; www3.nottinghamshire.gov.uk/caring/adultsocialcare

In 2010-11 we

- Received 37,865 referrals
- Carried out 8,353 assessments
- Supported 17,594 people to live independently in their own home
- Reviewed 19,792 people to ensure their service is still correct
- Provided 14,081 pieces of equipment
- Provided 1,766 people with Meals on Wheels (sending more than 378,000 meals to people living in their own homes in Nottinghamshire)

We also provide

- **Public Protection**
Includes Trading Standards, ensuring a fair and safe trading environment for consumers and reputable traders. An example of this is the 'Scambusters Team' who have concluded a number of investigations into rogue traders that have resulted in successful legal prosecutions.

- **Emergency Planning**

To ensure that effective arrangements are in place to manage emergencies and civil contingencies. An example of this being the assistance provided to communities affected by the floods in 2010-11.

- **Registration service**

Registration of births and deaths, notices of marriage and civil partnership, citizenship ceremonies and an increasing range of non statutory ceremonies and services. The service works to a national code of practice and is developing services to become income generating in 2011-12.

In delivering these services we focussed on the following **key priorities** for 2010-11

- prevention and early intervention
- timely and accessible information and services for service users and carer
- helping people to participate in their services and the communities in which they live
- increasing choice and control through personal budgets
- working to develop the services available to ensure high quality affordable services for all who need them
- helping people find and maintain employment and maximise benefit entitlement
- keeping people safe
- understanding the needs of the people of Nottinghamshire and working with other organisations to ensure that we plan to meet their needs.

How do we decide if people are eligible for social care services?

To find out what people need we assess how people are managing at home. We help people that come out of hospital or older people and those with people with a learning disability or mental ill health.

To do this we work to ensure that people have a fair access to services. We have a system to ensure a fair assessment of people's needs and the ability to fund any services they may need. All new service users are given an assessment to see if they are eligible for services from the Council. If they are assessed as having a need but are not eligible then they will be given information about what services are available to them that may be provided by private or voluntary organisations. Once eligibility has been agreed then a financial assessment will be carried out to see if the person is able to contribute financially to the funding of their proposed care package.

4

What do we know about the health and social care needs of people in Nottinghamshire?

We have information about people that use our services gathered from our care management records system.

We also have information about the wider population taken from the official Government Census undertaken every 10 years.

We look at information on inequalities between the differing and overlapping communities in local areas and

- provide analyses of data to show the health and well-being status of local communities
- define where inequities exist
- use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestment of services

We work closely with other organisations, for example the NHS and the local Police to agree the things that matter and need to be done in our communities.

We know from looking at this information that in Nottinghamshire

- we have a growing population of older people who have an increasing level of health and social care needs.
- for older people tackling crime and keeping safe are a priority
- by 2015 we expect to see the number of people affected by dementia to increase by 20%.

More detailed information about the whole population and specific concerns for particular groups are contained in the Nottinghamshire Joint Strategic Needs Assessment (JSNA) available at

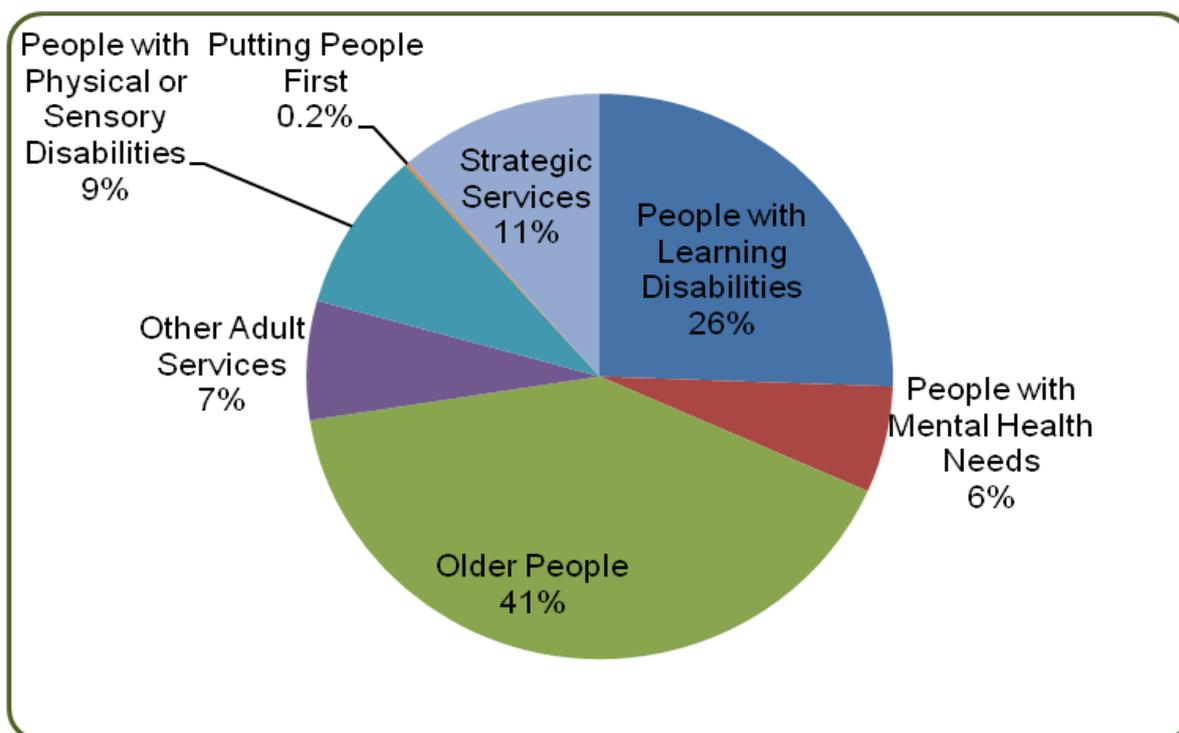
www.nottinghamshire.gov.uk/home/youandyourcommunity/factsaboutnotts.htm

5

How much did we spend on adult services?

| Service Area | Net Expenditure |
|--|-----------------|
| Older people | £ 99,377,238 |
| People with learning disabilities | £ 62,104,939 |
| Strategic services (administration, finance, human resources, communications) | £ 27,634,335 |
| People with physical or sensory disabilities | £ 22,175,565 |
| Other adult services | £ 16,472,637 |
| People with mental health needs | £ 14,752,442 |
| Putting People First (Personal Budgets) | £ 450,218 |

Total net expenditure for Adult Services was £243 million.
This included £103 million from fees, charges and grants.



Budget proposals consultation

One of the major challenges faced by the Council is to manage resources so that we can continue to provide services to the most vulnerable people that have high levels of need.

Every year the Council will review its spending on services and agree the budget for each service for the following year. Over the last 2 years there has been a major focus on making necessary savings on public spending through reducing Council budgets – this a challenge faced by all Councils across the country.

Last year the Council began a review of all the services it provides to find opportunities to make efficiencies and maximise income. The proposals were published as part of a consultation process that started in October 2010 and ended in January 2011.

At the Council meeting in 2011 savings plans for Adult Social Care, Health and Public Protection of £64 million to 2014-15 were approved. This translates into a £27 million saving for 2011-12 and £24 million for 2012-13. A major transformation of services is well underway.

There are 53 projects covering 102 initiatives. There are 7 larger programmes within this which are:

- Day Services Transformation
- Supporting People
- Learning Disability and Mental Health Community Care
- Organisational Re-design
- Residential Alternatives
- Aiming for Excellence
- Reablement, Eligibility and Review

As a result of comments received during the consultation period some proposals were amended:

- The Supporting People budget was reduced by £1.5 million less than proposed due to agreement with the health service to utilise £1.5m of NHS support to social care money in this area
- A small benefits advice service was created from the cessation of the Welfare Rights service
- The proposed cuts to the voluntary sector were amended so they are spread over three years to allow organisations time to adjust to funding drops
- The increase in charges for residents of council-run residential homes who pay the full charge was also staggered and will rise by £100 a year for a period of 2 years
- The eligibility threshold to services went from moderate to critical and substantial from April 2011
- After consultation it was agreed to sell Council owned care homes, as a continuing residential service, to providers that have a commitment to deliver quality services on behalf of the Council

Efficiency savings

Adult services achieved business improvement efficiency savings of £9.4m over the 2010-11 financial year. This is part of the wider County Council Business Improvement Programme implemented to achieve greater value for money, significant savings and review priorities across the council. The emphasis has been to ensure that resources are directed to those services that support the most vulnerable people.

The Council has carried out a detailed review and transformation of all council services, including business reorganisation and staffing re-structure.

6

Our achievements in 2010-11: How we enhance the quality of life for people with care and support needs

We said that in 2010-11 we would work to promote the independence and well being of older people and vulnerable adults, a key part of which was encouraging people to be independent with support for the most vulnerable people with the highest needs. We continued to introduce 'personal budgets' which will give people great choice and control over how their needs are met.

| In 2010-11 we said we would ... | In 2010-11 we have |
|--|---|
| Raise to 30% those on personal budgets for adults who receive community-based social care services | Exceeded this target and achieved 37.6% of adults on personal budgets who receive community-based social care services. |
| From October 2010 offer personal budgets to all new service users and people reviewed | From 4 October offered personal budgets to all new service users and people reviewed. |
| Increase the number of people with learning disability in settled accommodation to a target of 70% | Achieved 68% - increasing the number of people with learning disability in settled accommodation |
| Increase the number of people with learning disability in paid employment to a target of 8.5% | Exceeded this target and achieved 9.1% of people with learning disability in paid employment |

Personal Budgets and Direct Payments

A personal budget is an amount of money that will meet your long term social care needs. We will offer you a personal budget if your community care assessment says you are eligible for support. People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered

Mrs A cares for her husband who is disabled and had suffered a severe stroke. Mrs A now receives a Personal Budget from the Council for being a carer. She used it to take a short break so they could visit their daughter and son-in-law. This meant that Mrs A got a break from caring whilst her husband went out for the day with his daughter and son-in-law. Mrs A said: "On these trips away, we will be able to enjoy a break together. Although I'll have a break from caring during the day, I can relax because I know I will still see him everyday and wake up with him in the morning. It's an absolute godsend."

Some people that have a Personal Budget receive a Direct Payment. These people are able to access Support Services to assist them to meet their social care needs. We now have 13 direct payment support services to choose from, all offering a range of support from helping to recruit a personal assistant to a third party managed direct payment account.

The 'Support with Confidence' website has been fully operational since 2010 and gives information about Personal Assistants (PAs) available for work. These PAs are available to be employed by service users that manage their own care arrangements through a Direct Payment. For information about Direct Payments go to www.nottinghamshire.gov.uk/home/social_care/moneymatters/directpaymentsadults.htm

Mrs C has muscular dystrophy. She is very independent and has her Personal Budget as a Direct Payment which she manages herself. She uses a combination of agency staff and her own PA to support her with personal care, to access the community and assist within the home. Mrs C lost her husband last year and having this support has helped her to stay independent and improve her health and emotional wellbeing.

People with a learning disability supported to find employment

We said we would help people with a learning disability to find paid employment, maintain a family and social life, contribute to community life and avoid loneliness or isolation. The 'I Work' service is a good example of where we have been successful with over 200 people with learning disabilities moved into paid work. 'I Work' has opened up further opportunities in meeting new friends, independence in travel, a better financial situation and the move towards different living arrangements.

Alternatives to residential care

We said we would reduce the proportion of people admitted to residential nursing care by providing early intervention services, including new mental health intermediate care and crisis response services. These are specialist services that provide staff that are better equipped to support people with mental health difficulties at home. This has enabled us to provide more choice for people who may have otherwise had to enter residential care.

Mrs P is a service user with longstanding and serious mental health difficulties. Mrs P almost had to move into a nursing home due to self neglect and environmental health issues. Instead of this she now has a specialist care at home agency who help her to live at home, where she wants to be and this has improved her well being.

Customer service information 'First Contact' arrangements

We help people to live their own lives to the full by providing good customer services with easy access to information about our services. In 2010-11 the CQC placed the Council 9th out of 152 authorities in the 'best performing' category after surveying and testing all councils' arrangements for information and first contact accessible to service users.

Care provision meets the needs or 'outcomes' of service users

We monitor and review people's care packages to ensure that the care they receive meets their needs or agreed 'outcomes'. Of the 1,837 care packages reviewed in 2010-11, 97% of people said that their primary 'outcome' had either been fully or partly met.

Advocacy support

In 2010-11 we invested in our advocacy services. Joint funding was provided with Primary Care Trusts and Nottingham City Council to develop our local advocacy providers to support access to training and qualifications so that they are equipped to provide better advocacy support. Details of advocacy support are available at

www3.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/advocacy

We provide training for Carers – they said;

The six week course has been so beneficial in many ways and I'm very sad it has to finish so soon after starting. My life was on hold and me on duty 24 hours daily – it ground me down terribly.

This course has helped so much.... I now feel I'm on a healing process.

I never imagined that caring for someone could be so physically and emotionally demanding until I had to do it full-time. I was feeling exhausted and depressed because I could not see my life beyond that of a carer.

The course has given me a boost. It was like a breath of fresh air.

It gave me a new perspective on the carer's role.....made me feel I was not alone... and that support was available.

7

Our achievements in 2010-11: How we delay and reduce the need for care and support

We said that we would work to support people to have the best health and wellbeing throughout their life and are able to access support and information to help them manage their care needs.

| In 2010-11 we said we would ... | In 2010-11 we have ... |
|--|--|
| Provide combined health and social care information – known as information prescriptions | Jointly funded with Health, set up the Information Prescriptions internet page and linked this to the 50plus site. These internet pages combine health and social care information. |
| Provide combined health and social care information | Developed Hospital Information Packs at Kings Mill Hospital to provide people leaving hospital with advice on their options (for carers, self-funders, people considering nursing or residential care and people returning home from hospital). |
| Provide rehabilitative home care services to enable people to remain in their own homes longer | Piloted 'Outreach Extra Care' to assist people to live in their own homes independently. This brought together home care, housing related support and assistive technology. From the pilot of 37 referrals 15 people went on to be successfully supported at home that may have otherwise been admitted to residential care. |
| Provide reablement services to enable people to get better more quickly and reduce their need for services | Piloted the 'START' reablement scheme to support people to recover more quickly and reduce their need for services. As a result of the initial successes of the pilot we are developing plans to expand this scheme across the county. |
| Reduce hospital admissions | Focussed the Hospital Avoidance Scheme (EDASS) pilot on out of hours as national statistics indicated that 35% of admissions to hospital are out of normal opening hours. The service maximised service users' independence, provided support to carers and helped to reduce hospital admissions. |
| Reduce hospital admissions | Ran the Urgent Community Care Support Service (UCSS) from March 2010 for 12 months. Of the 12 referrals received in the first 3 weeks of operation 75% of those would have been admitted to either hospital or an emergency residential care placement had this service not been available. |

| In 2010-11 we said we would ... | In 2010-11 we have ... |
|---|---|
| Reduce the number of patients experiencing a delay in their discharge from hospital | Exceeded our target rate of no more than 7.9 delayed patients per week per 100,000 population. Through joint working with health we achieved a rate of 5.16 delayed patients per week per 100,000 population. |

Mental Health Reablement

In 2010-11, as part of the changes in Mental Health Day Services, mental health workers began to offer service users up to 12 weeks support. The service applied a more individual approach, rather than a traditional day service, to encourage people to gain community support and move out of the service.

Mrs M had a history of mental health issues and a mild learning difficulty. A reablement worker met with DM and identified her goals. The outcome of the work was that Mrs M engaged with two voluntary organisations that helped her to become more involved in social activities which has improved her health and well being.

Stroke Services

We have continued to make effective use of the Local Authority Stroke Grant to support stroke survivors and their carers across the county throughout 2010-11. Key achievements include; a stroke awareness programme on Radio Faza targeted at Asian communities and the establishment of family and carer support for stroke survivors and their families in Bassetlaw. The Stroke Information Exchange brought together stroke survivors and their carers to share experiences and say how they thought services should be provided after hospital discharge.

Just Checking Assistive Technology

We work to ensure that when people develop care needs the support they receive takes place in the most appropriate setting and enables them to regain their independence. The 'Just Checking' assistive technology system is put in place to help with assessments of people with dementia and in cases have been an alternative residential care. Just Checking often showed that the service user was successfully maintaining a normal daily living pattern.

Mrs S has dementia. Mental health professionals and her family thought that 24 hour care was needed. After a year of using the Just Checking system Mrs S is still living in her own home. Mrs S' family were so impressed with Just Checking that they actually purchased their own system when the initial assessment was completed.

End of Life Pathways scheme

In 2010 we introduced an End of Life Pathways scheme to provide people with additional and responsive support when caring for someone at the end of their life. 60% of carers who received help on the scheme said they were less likely to call the emergency services as a result of the support provided.

8

Our achievements in 2010-11: How we ensure that people have a positive experience of care and support

We said we wanted to ensure that people and their carers who use our services are satisfied with their experience of the care and support they received.

| In 2010-11 we said we would ... | In 2010-11 we have ... |
|--|--|
| Provide combined health and social care information – known as information prescriptions | <p>Jointly funded with Health to combine health and social care 'Information Prescriptions' internet page.</p> <p>26,137 people accessed the Information Prescriptions and a further 62 people had information sent to them following information requests.</p> <p>Evaluation carried out showed that receiving an information prescription could improve the confidence of people in the self management of their condition and in keeping themselves healthy in the future. Patients and professionals also said that people find the website useful, informative and easy to use.</p> |

We are able to evidence our achievements in this area through responses to national surveys.

Results from the latest **Adult Social Care Survey** show that 92% of people who responded are satisfied with the care and support services they receive. Of the 92%, 62% are extremely or very satisfied. Only 4% of people said they were dissatisfied, and 4% of people said they were neither satisfied or dissatisfied. Nottinghamshire had the highest satisfaction level in the East Midlands and also exceeded the National average of 89.7%.

Service Users were also asked 'In the past year have you found it easy or difficult to find information or advice about support services and benefits?' Results are positive with 74% of people who had tried to find information or advice saying they found it very or fairly easy. We achieved a positive 18.6 out of a maximum of 24 points on the 'quality of life' score in the survey, where the National average is 18.7.

As part of the national **User Experience Survey of Carers** (2009-10), 90% of Carers said they were satisfied with social care support or services. 92% of service users said they were satisfied with the support or services they had received.

The results of the 2009-10 Carers Breaks Demonstrator Site local evaluation on the carers 'quality of life' score, is showing improvement from a score of 64 to 69, with significant improvement for carers of those in the travelling communities (rising from 48 to 76) and those in the black and ethnic minority group (rising from 58 to 69).

Mrs C referred herself to Care and Comfort after recovering from a bad fall. She cares for her husband who had a stroke about 2 years ago. Care and Comfort worked with the couple to assess their physical capability and build confidence. Before the stroke her husband was a keen fisherman and with support it is envisaged that he can carry on enjoying this.

Website for adults with Aspergers

A new website for adults with Aspergers, thought to be the first of its kind in the country, has been launched in Nottinghamshire. Bringing together a whole range of information, the site has been produced by Nottinghamshire County Council's Adults with Aspergers team, NORSACA (Nottinghamshire Regional Society for Adults and Children with Autism), the National Autistic Society and the NHS.

A service user with Aspergers syndrome who helped to plan and test the new site said:

I was involved with the development of the directory at the beginning of the project. I feel it is a very important project as I know how hard it can be to know where to go for help and support. It is a great idea to have so much information at your fingertips to help you to find suitable services in a wide variety of areas.

Carer involvement in assessment production

Carers have been involved in the development of the new Carers' Assessment leading to an improved assessment and support process for carers. Carers reported positive benefits from being a member of the group, within a safe and supportive environment leading to carers/ staff sharing personal stories.

Carer quotes

really feel it is coming together – carer driven

Enjoyed being addressed as an 'equal' – working as a 'lay' person with professionals

intensive, valuable (dynamics of meetings difficult)

I feel we have been listened to and our opinions taken on board

enjoyed it – excellent

looking forward to how work done so far feeds into the bigger picture

Quality Audits in care homes promote high quality care

The Council undertakes an annual quality audit in all care homes across the county; this identifies shortfalls and failings in care delivery. As a result poor quality homes receive additional monitoring visits and may be asked to complete action or improvement plans outlining remedial action to be taken. Failure to comply may result in contractual sanctions against the home. Over the past 3 years the number of homes achieving good quality scores has increased from 48.8% to 60.8%.

Service user and Carer involvement in service development

Service user and Carers were involved in the 'Care, Support and Enablement' tender process to establish an approved list of providers to provide services on our behalf. Responses from the carers and service users showed that they felt that their role had been a significant part of the overall tender process, and they felt they had a genuine influence in the selection of those providers who will work with their area of service for the next three years.

9

Our achievements in 2010-11: How we safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

We are committed to ensure that people are free from physical and emotional abuse, harassment, neglect and self-harm and that people enjoy physical safety and feel secure.

| In 2010-11 we said we would ... | In 2010-11 we have ... |
|---|---|
| Ensure the recommendations of Leicester, Leicestershire and Rutland Serious Care Review, dealing with safeguarding issues, are addressed in Nottinghamshire | Benchmarked ourselves against the serious case review recommendations and generated a 'Hate Crime Strategy'. We undertook a 'Hate Crime Survey' and will use the results to get information about people's experience of hate crime and their responses when reporting to agencies. We also held an Anti-Social Behaviour Risk Assessment Conference. |
| Of cases going to safeguarding assessment, increase the percentage completed each year | Improved the percentage of safeguarding assessments with completed outcome forms. |
| Reduce the percentage of inconclusive safeguarding assessment outcomes | Reduced the percentage of inconclusive safeguarding assessment outcomes by improved training, briefings, introduced new terminology and the new decision episode in the electronic records. |
| Improve the support to victims and witnesses of anti-social behaviour, hate crime and domestic violence | Launched 'Stop Hate UK' a 24 hour victim helpline. In the first 3 months (Jan to Mar 2011) 47 contacts were made. |

The **Adult Social Care Survey 2010-11** asked two questions about safety and security.

61% of people who use services say they feel 'as safe as they want' and 31% say they 'feel adequately safe'. 60% of people said the services they receive 'help make them feel safe and secure'.

Adult social care services working with the Police

We also work closely with the Police to improve information sharing and ensure effective responses to cases of abuse of vulnerable people. In 2010 a trial scheme was set up in Mansfield and Ashfield where a social care support worker was based at Mansfield Police Station and was able to access daily information on reported crimes, including domestic violence, hate crimes, missing persons, violence and sexual offences and identify any 'safeguarding' concerns.

Trading Standards

A lengthy investigation into the activities of a bogus property repair gang, who preyed on the elderly and vulnerable, came to a successful conclusion with secured criminal convictions. Trading Standards identified the proceeds made from the crimes with the intention of compensating the victims.

Also in 2010 the 'Scambusters Team' successfully investigated and prosecuted rogue traders importing and selling dangerous counterfeit products. Convictions were secured and a commitment made to recover the criminal proceeds to the value of £123,000.

Using Assistive Technology to Keep People Safe

Mr A is an active man with dementia residing in a local authority care home. He is able to go outside unescorted but had started to become disorientated and was going out in the early hours. A GPS Buddy system was used which alerts a central control if he is out of the home in the early hours of the morning. Mr A's independence is being promoted whilst maintaining safety by using the least restrictive options.

Falls Prevention Week

As part of the National Falls Prevention Week we held a joint health and social care one day event in Kirkby in Ashfield. It was aimed at older people who are most at risk of falls particularly in their own home. The purpose of the event was to raise awareness of falls, lifestyle factors which can contribute to the cause of falls and how these might be avoided by making adjustments in daily living. A range of services attended including the Adult Deaf and Visually Impaired Service, occupational therapy, Meals at Home, health promotion stands (to recommend checks for raised blood pressure/ care of feet) to provide information on fall prevention.

10 Our areas for development from 2011-12 onwards

Information from service users and carers' surveys, evidence on take-up of services and details of complaints and compliments are all used in the planning of future service development and improvement.

Our records show that there has been a relatively small increase in complaints received in 2010-11 compared to 2009-10. However there has been a reduction in the number of complaint investigations undertaken (from 11 in 2009-10 to 5 in 2010-11) as more complaints are resolved at the early stages of the complaint process. This indicates that we are getting better at responding to and resolving complaints.

The highest number of complaints is in the area of 'homecare provided by independent sector providers' and the highest category of complaint relates to 'quality of service'. Tackling these issues is evidenced through our work with home care providers to improve the quality of their service.

For information on the Council's Complaints, Comments and Compliments service go to www.nottinghamshire.gov.uk/home/your_council/yccommentsandcomplaints

As part of our internal self assessment process conducted within the department earlier this year, the following are some of the areas for improvement that have been identified for 2011-12; these will be progressed and monitored through a departmental Improvement Action Plan:

- achieving efficiency savings through streamlining services and develop preventative services giving priority to those that need it most
- improving safeguarding arrangements and outcomes in protecting vulnerable people in the community, and continuing to audit and improve safeguarding standards in care homes
- increasing the number of eligible people receiving a personal budget to 100% by 2013
- providing an effective reablement service
- developing alternatives to long term residential care
- improving day services facilities providing good quality and affordable services.
- providing more flexible range of services to support people in their own homes and
- increasing the number of places for Outreach Extra Care
- increasing the number of young carers accessing services, and
- delivering the Workforce Strategy for 2010-15 to address the skills, attitudes and behaviours needed by the workforce to meet the challenges ahead.

11

Our plans for 2011-12

It is the ambition of ASCH&PP that:

“We will commission services which embrace personalisation and promote safety and wellbeing and are accessible and affordable”

The purpose of ASCH&PP is to maximise people’s independence, keep people safe and support the wellbeing of vulnerable adults. It has specific responsibility for:

- planning and delivery of health and social care services across Nottinghamshire
- delivery of housing related support services on behalf of the Supporting People partnership
- leading the implementation of national and local standards in our services
- working in partnership with other care providers, service users, carers and local stakeholders to develop, plan and deliver services
- promoting social inclusion and wellbeing
- emergency planning to ensure that effective arrangements are in place to manage emergencies and civil contingencies
- registration of births and deaths, and conducting civil marriages, civil partnerships and citizenship ceremonies
- ensuring a fair and safe trading environment for consumers and reputable traders

In 2011-12 we will progress our commitment to promoting independence and wellbeing for older people and vulnerable adults, a key part of which will be fostering independence and providing support to those people at greatest risk.

We will introduce personal budgets more widely, which will give people greater choice and control over how their needs are met and continue to achieve safeguarding targets.

We will meet the challenges ahead; the involvement of service users and carers is central to all we do and to inform how we plan, develop, and deliver services.

We will change the way we support people in the community. In Nottinghamshire we spend a greater proportion of our budget for older people’s services on residential care, compared with similar authorities. We believe there’s an opportunity here to develop new services that will enable many older people to continue living comfortably and safely within their own homes for longer. These services include telecare, a night care service, and an intermediate care service in partnership with health focussing on needs of people with dementia and mental health problems. The aim is to reduce admissions into residential care by 348 people over the next 4 years.

We will continue with our Workforce Strategy (2010-15) to address the skills, attitudes and behaviours needed by the workforce to meet the challenges ahead.

12 Further Information

Links to Further Information

There are a number of documents published by the Council that provide more detail on our plans, priorities and performance. These are all available at www.nottinghamshire.gov.uk/home/your_council/yccommentsandcomplaints

- Sustainable Community Strategy
- Joint Strategic Needs Assessment (JSNA) 2008
- Nottinghamshire County Council Strategic Plan 2011-14
- Nottinghamshire County Council Annual Performance Plan 2010-11
- Nottinghamshire County Council Budget Consultation October 2010

Glossary

| Term | Description |
|-------------------------------|---|
| Advocacy | Advocacy supports people to have their say and get their views heard. Advocates can speak up for a person if they are unable to speak up for themselves. |
| Assessment | The process of gathering information for the purpose of determining a person's need and eligibility for services. |
| Assistive technology | Assistive technology is a range of sensors and alarms that can be used in a service user's home which can detect if things go wrong and alert a support centre. They can help a service user live independently and safely in their own home with the reassurance that help is available if problems occur. |
| Care Quality Commission (CQC) | CQC is the independent regulator of all health and social care services in England. Its job is to make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety. |
| Direct Payment | A direct payment is where we pay the service user our contribution towards their personal budget. The service user can then arrange the services agreed in their support plan themselves. |
| Eligibility threshold | The level at which a person's needs are deemed as posing a risk to their independence. |
| Financial assessment | The process of gathering information relating to a person's income level for the purposes of determining the local authority's level of financial support. |

| Term | Description |
|---------------------------|---|
| Information Prescriptions | The information prescriptions website provides information on a wide range of conditions. It covers medical issues plus local and national support. |
| Hate crime | A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's disability; race, colour, ethnic origin, nationality or national origins; religion or belief; sexual orientation; gender or gender identity; 'difference', through their lifestyle or characteristics. |
| Occupational therapy | Occupational therapy looks for solutions to the practical difficulties a service user is having at home. A range of equipment can be supplied to enable a service user to continue living in their own home. For example: specialised shower seats; chair raises; walking aids; and toilet equipment. Any equipment provided is free of charge on a long-term loan. |
| Outcomes | The end result, or consequence, of an activity plan or programme. |
| Outreach Extra Care | Outreach Extra Care is a service that provides support to service users within their own homes around the clock. The service user would have an assistive technology device so they could contact their care provider as and when needed, they would be able to have support that was both planned and also available additionally when their needs change. |
| Personal Budgets | A personal budget is an amount of money that will meet a service user's long-term social care needs. A personal budget can be offered if a service user's community care assessment says they are eligible for support. |
| Physiotherapy | Physiotherapy is the use of physical methods to assist recovery of damaged tissue, especially in muscles and joints. Physiotherapy is concerned with identifying and maximizing quality of life and movement potential within the areas of promotion, prevention, diagnosis, treatment/ intervention and rehabilitation. |
| Referral | A point at which a contact with the local authority is passed on for further assessment or screening. |
| Safeguarding | Safeguarding is work undertaken to stop vulnerable adults being abused. |
| START Reablement | Reablement is about service users regaining skills and confidence to help them live as independently as possible. Re-ablement support workers from the START team provide up to six weeks of intensive support to services users enabling them to do as much as they can for themselves. |
| Supporting People | The Supporting People Partnership directs housing-related support services in Nottinghamshire. |

If you have any comments or further questions about the information contained in this report please use the contact details below to contact us

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