Adult social care

Promoting independence, wellbeing and choice

Local Account
2012/13

A review of the council’s performance and priorities in adult social care
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Promoting independence, wellbeing and choice

Local Account 2012/13
A review of the council’s performance and priorities in adult social care
Outcomes Overview

Outcome 1: Quality of life
- Review of 2012/13
- Budget issues

Outcome 2: Prevention

Outcome 3: Satisfaction

Outcome 4: Safeguarding

Appendix 1: Outcome measures

Feedback
Welcome to our second Local Account of adult social care services in Southwark.

Over the last year we have been investing in services to help everyone in Southwark live long, fulfilling and healthy lives. Our focus has been on supporting people to live independently in their own home, preventing or delaying the need for intensive care and support. This is in line with what people tell us they want.

As you will see we are able to highlight good progress in a number of key areas. For example, there has been an increase in the number of people with personal budgets, which enable people to exercise control over their services. More people are benefitting from reablement services which help them get back on their feet after a period of illness or injury, the price people pay for meals on wheels has been reduced significantly, safeguarding measures have improved and there has been increased integrated working with health. Access and information has improved and we have made good progress in shifting the balance of care away from care homes to community support for people with learning disabilities.

However we are fully aware that there is still much to do to improve the quality of services. We are particularly keen to ensure that more people are supported to gain real choice and control from their personal budget arrangements to help them live the life they want to live. We need to make further shifts in the balance of care away from care homes in favour of community based support when this is what people prefer. Our integrated work with health services through the Southwark and Lambeth Integrated Care initiative is key in this respect, ensuring people get the right support at the right time in a joined up way to prevent the need for more intensive health and social care support. We are working with care providers to increase the quality of home care and residential and nursing homes, and more progress is expected in this area, with a particular focus on dignity and compassion for service users and ensuring fair pay for care workers. We are advancing our plans to offer much more extra care housing which enables people with relatively high care needs to be supported in their own home as an alternative to residential care. We are also reviewing and
improving safeguarding, including our response to the national Winterbourne View recommendations for improving services for people with learning disabilities with high needs.

We expect to see all these service improvements reflected in improved satisfaction levels reported by service users in our customer surveys.

This is all in the context of the council having received large cuts in its budget from central government; a real terms reduction of over £90 million over a three year period to 2013/14, including a reduction of £17m in 2012/13, and an expected further reduction of £20.6m in 2014/15.

There are however a number of exciting opportunities over the coming year. As from April 2013 local authorities took on responsibility for public health. This gives us a great opportunity to ensure that health and wellbeing considerations are fully embedded in the way we deliver all council services. This new remit falls within my portfolio and I am keen to seize the opportunity to work with the new Health and Wellbeing Board to build healthier communities in Southwark.

Our new health and well being strategy will promote preventative services that help people stay healthy and independent, reducing the pressure on more intensive services. This in turn will help us deliver our goals as set out in this Local Account within reduced resources. Also, there is a strong local and national drive towards further integration with health, including the pooling of budgets enabling a more joined up and cost effective approach which we are taking forward locally through Southwark and Lambeth Integrated Care.

We will begin our preparations for implementing the Care Bill, which is expected to be agreed by Parliament in 2014. This will bring in a range of new statutory requirement to promote people’s independence and wellbeing, including new services for people who fund their own care.

I am looking forward to the implementation of a number of new initiatives, including the carers strategy and new day services models.

I am particular keen to oversee the development of proposals for a centre of excellence for people with dementia in Peckham, to help address the rising numbers of residents and their carers needing support in the borough.

I would welcome your views on this Local Account using the survey form on the back page. Your views will be noted for the next Local Account and taken into account in planning future service developments.

Catherine McDonald

Our Health and Wellbeing Strategy: key adults priorities

Building healthier and more resilient communities and tackling the root causes of ill health.

Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives.
We welcome the opportunity to provide a comment to the Local Account 2012/2013.

As the champion for the patient and public voice our mission is that all Southwark residents can access and expect the best possible health and social care services. We aim to bring the user voice into social care decision-making and to help inform our role in monitoring adult and children social care services.

Priorities for 2013/14

Established in April 2013, we have been developing our priorities based on what is important to residents, what can we do and what are the major health and social care changes happening in Southwark. They are:

1. Access to mental health services
2. GP access
3. Social care (focusing on those assessed and not eligible through FACS criteria)
4. Sexual and reproductive health services

We will continue to talk to residents and community and voluntary organisations to understand what issues, concerns and experiences they have when using services. Currently, we are running a series of focus groups with community groups to gain a better insight into particular user experiences. We want to build up a body of intelligence so that we are in an informed position to give a voice to these groups, but also to advocate for service improvements and influence decision making.

Southwark Council, as a provider and commissioner, is an important partner for us to engage with so that the social care services listed within the Local Account is monitored to
the best of our ability. There will be times when we need to hold to account and/or act as a critical friend to the council and other publicly funded organisations. However, this will always be carried out with the purpose of improving services for the residents of Southwark.

What gives Healthwatch Southwark an influential edge is our reach into the important bodies that make decisions affecting health and social care services. We have a seat on the Health and Wellbeing Board, the Clinical Commissioning Group (CCG) governing body, the Southwark and Lambeth Integrated Care (SLIC), as well as our involvement in the care home quality strategy steering group, carer’s strategy and other forums. Through our involvement here and also highlighted as priorities in the Local Account, our work with the council will only increase as health and social care becomes further integrated. We will however remain independent with our priorities and actions to reflect the needs of our population.

We know that some residents are happy with the care they receive whilst others want to see changes happening to improve care. We want to work with the council on this, the good and the not so good, so that we can witness achievements through good quality services commissioned and provided for by the council in next year’s Local Account.
The Local Account is a new form of public performance report, setting out the progress councils have made in delivering national and local adult social care priorities and the key areas where further improvement is required. Previously the Care Quality Commission provided an annual assessment report of council care services, on which Southwark’s last rating was “good” overall. This has now been replaced by a locally driven service improvement approach called Towards Excellence in Adult Social Care which provides an opportunity to focus on local priorities. The Local Account is part of this approach. It is supported by the Local Government Association, the Department of Health and the Association of Directors of Social Services, who monitor the effectiveness of the system. We feel that developing the annual Local Account will help increase transparency and improve understanding about how adult social care services work in Southwark.

In our first Local Account covering 2011/12, we described our progress on a range of adult social care priorities and set out areas for improvement in 2012/13. This Local Account reports back on our performance in these areas and sets out our priorities for improvement in 2013/14. We have taken into account comments received on how to improve the last Local Account and are further developing the way service users shape it in future. We have used case studies to bring to life the issues, showing what our vision for improved adult social care can mean in practice for service users.
Our services

The services we provided directly to service users in 2012/13 included:

- **1,400** people receiving community reablement or intermediate care services
- **3,978** Community based service users receiving eg homecare, day care, meals, equipment, transport and personal budgets
- **2,968** personal budget holders
- **602** people receiving telecare and **2,721** people receiving alarms
- **1,353** carers assessments, **545** leading to a service and **808** to advice and information
- **4,836** People in Southwark receiving a full community care package following an assessment, of whom **2,977** are over 65.
- **394** people received meals on wheels
- **1,280** mental health service users receiving professional support through the care programme approach
- **1,163** people supported in residential or nursing care, **97** in extra care housing
- **540** people receiving specialist occupational therapy equipment
- **7,831** referrals received, **4,151** assessments undertaken, **4,696** client reviews
- **753,468** hours of homecare arranged by the council, for **1,096** clients
- **521** day services clients as part of a care package
- **3,000** community support service users (eg helpline, befriending services)
To put these numbers in context, the 2011 census suggest that there is an adult population in Southwark of 235,200 of whom 22,300 are over 65.

People who are not eligible for tailored formal support are given information and advice and signposted to universal access services that may help them retain independence. We fund a range of voluntary sector services to provide community support services. We also provide simple services that promote independence at the point of contact, such as equipment and alarms.

More information about what adult social services provide, including the “My Support Choices” website is available at: www.southwark.gov.uk/adultsocialcare

For more advice and information about services call our single number: Contact adult social care: 0207 525 3324
The Southwark Council Plan, “A fairer future for all”, states that:

“The council will create a fairer future for all in Southwark by: protecting the most vulnerable; by looking after every penny as if it was our own; by working with local people, communities and businesses to innovate, improve and transform public services; and standing up for everyone’s rights”

It also contains a specific promise pledge for adult social care to:

“Support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care”

You can see more detail about the council plan and 2012/13 performance via the following link: www.southwark.gov.uk/councilplan

The current council plan runs to 2013/14 and contains targets we have reflected in this Local Account. A new set of priorities and targets will be consulted on for 2014/15 onwards.
Our vision for adult social care describes in detail how we are seeking to deliver these goals. Supporting people to live independent lives and encouraging more people to take control over their own care is fundamental to securing a fairer future for all. For the most vulnerable in our society we must also ensure there are sensible safeguards against the risk of abuse or neglect, striking the right balance between managing risk and promoting independence.

Our vision includes a strong focus on reablement services, which provide cost effective short term support to restore people’s independence wherever possible. Where a longer term support service is required we aim to maximise people’s choice and control through the provision of personal budgets which enable people to exercise control over the way their services is delivered.

People tell us that they want to stay living in their own homes and connected to their communities for as long as possible, and to avoid going into residential care unless it becomes necessary. We aim to shift the balance of care from residential provision to more effective support for people in their own homes. Transforming day services, as more people take up personal budgets and for example, through creating a new centre of excellence for older people will also allow a more personalised and outcome focused approach.

We are improving access and information though our dedicated telephone line for all queries about help for older and vulnerable people and their carers, including information about services accessible to all, not just those eligible for higher levels of care. There will be enhanced focus on targeting services to better meet the needs of carers.

Partnership working with health services will remain a key priority. In particular, we will continue to ensure people who receive both health and social care services do so in an integrated, seamless way.
Our charter
of rights for adult social care

The charter was agreed by the council’s cabinet. It reflects the adult care vision and is built into the way we work with people. It highlights what people in Southwark with adult social care needs can expect from adult social care services as follows:

- We will provide you with good information and advice about all the support and services that are available in Southwark.

- You should be treated with dignity and respect and be treated fairly.

- Vulnerable people, those who are at risk due to disability or frailty, have the right to be safeguarded from abuse.

- You are entitled to request an assessment of your social care needs to help you maintain your health and wellbeing and you will be encouraged to complete this yourself.

- Carers are entitled to a separate assessment of their needs to identify what support would enable them to continue in that role.

- Our aim is to assist you to regain your independence so that you do not need long term support.

- If you have longer term eligible needs we aim to give you control over your social care support so that you can make choices about what works for you.

- We will let you know who to contact in the council if required.

- We aim to have skilled and trained staff to provide timely, clear, high quality responses.

- You will be given information about your statutory rights (for example access to your records, confidentiality, how information about you is shared with other organisations and how to feedback comments during your assessment).
As key experts in care and support the experience and input of people using services is vital to improving the quality of care and support locally.

In 2012/13 we engaged with users and carers in a number of ways to help develop our services. For example, we have involved people in detailed consultations to help shape the approach to redesigning day opportunities for people with learning disabilities, including the Speaking Up service user group. We are also working closely with a key group of service users and families to shape our work in developing a centre of excellence for older people with dementia in the borough, in addition to consulting the Southwark Pensioners Forum, Age UK and other local organisations.

In 2013/14 we want to develop our approach to engagement and focus more on co-production. This means recognising that everyone has a contribution to make and actively involving people from the start to the end of the process, especially where the outcome may affect them.

We will also look at how our learning from this work can impact our approach to developing the Local Account in future years. Towards this goal we would welcome any comments you have on this Local Account. Please use the feedback form at the end of the document to tell us what you think.
How we work

in partnership with
the voluntary and
community sector

Our vision requires us all to build stronger, more resilient and independent communities to help prevent people needing intensive social care support. It is essential for the council to work with the voluntary and community sector towards this goal. In 2012/13 examples of partnership have been:

- Working with the Alzheimer’s Society to expand the advice and support offer for people living with dementia and their carers after initial diagnosis to plan how to live with dementia now and as their condition progresses

- Establishing a new service with The Stroke Association which is now supporting people following an intensive rehabilitation programme, to provide practical support and advice to those who have experienced a stroke and returned home

Through our Innovation Fund we have grant funded a diverse range of voluntary sector projects which help support the independence of people, providing more choice for people with personal budgets, such as support planning, personal assistant recruitment, support accessing public transport and other universal services.

We also fund a range of community support services in the voluntary sector providing advice and information, befriending and other services.

In addition, the council commissions much of the direct care provision from third party providers including the voluntary and not for profit sector. Voluntary sector organisations provide the majority of our residential care services and day care provision.

We involved service users and older people in the evaluation of our meals on wheels bidders for our new contract. They took part in tastings and provided valuable input which assisted us in reaching a decision.
This Local Account summarises our progress on the priorities within the council plan and the vision grouped under the key outcomes of the national adult social care outcomes framework as follows:

1. Enhancing quality of life for people with care and support needs
2. Delaying and reducing the need for care and support
3. Ensuring that people have a positive experience of care and support
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

For each outcome there is a set of national adult social care outcome framework (ASCOF) outcome measures. These are shown in appendix one to highlight performance trends and comparison to the London average.
Outcome 1:
Enhancing quality of life for people with care and support needs

This means:

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information.
- Carers can balance their caring roles and maintain their desired quality of life.
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- People are able to find employment when they want, maintain a family and social life, contribute to community life, and avoid loneliness or isolation.

Our key achievements last year against the priorities we set in the 2011/12 Local Account are set out below:

<table>
<thead>
<tr>
<th>Priorities for 2012/13 (from the 2011/12 Local Account)</th>
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<tr>
<td>We want to support service users and carers to experience a higher quality of life and feel more in control. We want to see this reflected in the results of the 2012 surveys of users and carers.</td>
<td>In the 2012 user survey the social care related quality of life measure improved significantly and is now in line with the London average. However the measure on service users feeling in control decreased slightly. The carers survey reported quality of life measure was in line with London results.</td>
<td>We want further improvements in the quality of life measures of the user survey, including the feeling in control measure in particular.</td>
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<td>We plan to move all eligible community service users to personal budgets by 2013/14. We want to ensure that people are able to use their personal budget in a way that really puts them in the driving seat.</td>
<td>Good progress has been made with over 90 per cent of eligible service users now on a personal budget. Overall, 74 per cent of all service users supported at home were on personal budgets, in excess of the national 70 per cent target. Progress has been made in developing the support required to enable more people to take control of their budgets to benefit from them.</td>
<td>Implementation of our personalisation policy will lead to every eligible service users having a personal budget, which they can choose to manage themselves or elect for the council or a third party to manage on their behalf. Development of support planning will lead to increased numbers of service user managing their own care and having more choice and control.</td>
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<td>We will continue to transform day services to allow a more personalised and outcome focused approach, reviewing mental health, learning disability and older people’s services.</td>
<td>Progress has been made in reviewing the needs of clients using day services and developing personalised service models to meet these needs. The council has provided several apprenticeships for adults with learning disabilities over the past year, working in partnership with a local provider to give people the extra support they needed.</td>
<td>We are putting the new service models in place, enabling service users to purchase a range of support options using their personal budget. We are developing the plans for the centre of excellence for people with dementia to be ready for 2014/15. We are commissioning personalised employment support options to enable working age disabled people and carers to obtain and maintain employment.</td>
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<td>We will increase the number of carers who benefit from a carers assessment.</td>
<td>In 2012/13 the number of carers assessments increased in line with targets, with over 1300 carers of adults with care needs now benefitting.</td>
<td>We wish to continue to increase the numbers of carers benefitting from an assessment, and a service. More importantly, we are rolling out the carers strategy to ensure carers have the support they need to balance their caring responsibilities with other aspects of their lives.</td>
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<td>We will further reduce the charges for meals on wheels, bringing the total reduction to 50 per cent since 2010.</td>
<td>The charge for meals was reduced to £2.52 with effect from 1 April 2012, bringing the total reduction to 26 per cent since 2010/11.</td>
<td>As of October 2013, the charge for meals further reduced to £1.71, a 50 per cent reduction since 2010 and significantly lower than most other London boroughs.</td>
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Case study

Personal budgets making a difference

My name is Isayas Solomon and I am a Southwark resident. I use a self-managed personal budget to directly employ two personal assistants (PAs). As a result of a spinal injury I use a wheelchair. I am unable to grip with either hand so need daily assistance with some personal care tasks and preparing meals.

Before I developed my support plan with the help of a support planner, I used carers from an agency. Some of the carers were nice but often they were replaced at short notice and I felt uncomfortable with people I didn’t know coming into my home to assist me.

It has meant a lot to me to be able to choose my PAs. I can feel in control of the support that I receive, and feel comfortable with the person and the way they assist me. We have mutual respect for each other. When interviewing the PAs I look for someone who is a good communicator with a positive attitude and an ability to work flexible hours. It helps if they live locally to me too.

The personal budget is paid into my bank account. I have help from a direct payment support service, which assists me with payroll, recruitment and fulfilling my responsibilities as an employer.

One of the best things about controlling my personal budget is that I can use it flexibly. I arrange to have more support on days that I am not feeling so well and ‘save up’ some of it for an extra hour of support here or there. Occasionally my PA comes with me to the gym and helps me with the hoist so I can go swimming, or with my grip supports for doing weights to help keep me fit and healthy. It’s my preference that the PA comes very early in the morning so I can feel ready to start the day when it suits me.

Making daily choices about how to use my personal budget and feeling comfortable with my PAs helps me to stay positive, and achieve the goals I have set myself. I am a very creative person; I write poetry, draw, paint and compose digital music. I also want to start running creative workshops for young people in the near future. I am a member of the Beam Arts group at Southwark Resource Centre. I am passionate about sport; I have done canoeing, snow skiing and skydiving with the help of the organisation The Back Up Trust. I’m practising my swimming and aim to swim competitively soon.

I would recommend anyone receiving support from the council try a self-managed personal budget. With the right help to manage it, it really has improved my quality of life.
Outcome 2:
Delaying and reducing the need for care and support

This means:

- Enabling people to stay healthy and independent for longer.
- Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
- When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.
Our key achievements last year against the priorities we set in the 2011/12 Local Account are set out below:

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<td>We wish to make further progress in supporting people at home and avoid the use of institutional care homes wherever possible.</td>
<td>Good progress has been made in reducing the usage of residential care provision for people with learning disabilities where it is appropriate and in line with what people want, enabling service users to live in their own home. Nearly three out of four now live in settled accommodation, more than the London average. However our target to reduce new permanent admissions to care homes, particularly for older people, was not met in 2012/13 as admission rates increased. This performance is a reflection of growing demand as people live longer. There comes a time when some people need to live with the support available in a care home and this is always an option. Our aim is to reduce that demand by developing better preventative and community services as alternatives to care homes. Also of concern is that the proportion of mental health clients living independently is lower than some other similar boroughs.</td>
<td>For people with learning disabilities we will continue the existing strategy to increase numbers in supported housing arrangements. For older people our target is to reduce new permanent admissions to care homes by 15 per cent from the 2010/11 baseline, by providing services that prevent the development of intensive care needs and by developing community support alternatives to care homes, such as extra care. This will help us to continue shifting the balance of care away from care homes to people's own homes for all client groups. We are reviewing mental health accommodation issues to identify a strategy for reducing reliance on care homes.</td>
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We plan to substantially increase capacity in reablement services, which provide short term rehabilitation support to help people get back on their feet after a period of illness or injury and enable more people to benefit from these services directly after being in hospital.

Reablement has expanded in excess of the target of 1200 people benefitting from services, with 1400 people receiving services, of whom around one third were restored to a level of independence requiring no further ongoing social care support. The service model continues to be developed to improve effectiveness and there remains scope for more people to be helped upon discharge from hospital.

The mental health reablement service is one of the first services of its kind nationally, helping people learn to live independently with their condition without the need to become permanent mental health service users.

We are further expanding reablement services, and are increasing the focus on outcomes such as the number of people helped to stay living at home in the long term after receiving reablement.

We will work with the NHS on integrated care to improve services and reduce unnecessary admissions to hospital and care homes.

Integrated approaches with health services though the Southwark and Lambeth Integrated Care project (SLIC) have been in place helping identify effective joined up approaches to reducing unnecessary admissions to hospital and care homes, although these have not yet been fully implemented yet.

We have maintained consistently low rates of delayed discharge from hospital showing good services are in place to support discharge.

We are further developing user focused service models with the NHS and Lambeth Council as part of Southwark and Lambeth Integrated Care (SLIC) to deliver improved outcomes and better user experience of integrated health and care services.
We will work with public health services to promote wellbeing, and plan ahead for the transfer of these functions to the council in 2013 to ensure maximum impact.

Public health functions were successfully transferred to the council on 1 April 2013. The shadow Health and Wellbeing Board informed the development of preventative wellbeing services.

We are working with partners through the Health and Wellbeing Board to develop and deliver a strategy that will bring improvements in public health and social care.

The transfer of public health is enabling us to fully embed health and wellbeing considerations into the way we run all council services and we are aiming to make the most of this opportunity. For example, the impact on public health of developments in housing, regeneration and children’s services, as well as adult care, can be significant, making a real difference to people’s lives.

Names have been changed in the following case studies to protect identities

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Mental health reablement

Alan had been suffering from depression for some months before being referred to reablement services. He had not been answering phone calls, opening his post or paying bills and was spending the majority of the day in bed. He was distressed about his situation as his financial problems were building up. In the past when he had tried to get on top of these by reading his mail and listening to the voice messages, he had felt overwhelmed and that his situation was hopeless, which made his depression worse.

A reablement support worker went through all his mail and voice messages with him and helped him put the problems in perspective, some of which were less serious than he had thought. Reablement helped him think objectively about ways of tackling the situation and encouraged Alan to pursue his own idea of enlisting the moral support of a friend when phoning organisations he owed money. With the support of his friend he was able to agree a rent arrears payment plan and obtain benefits advice to re-instate his cancelled benefits, all of which helped make the situation more manageable.

The final reablement sessions were used to reinforce his learning, identifying what had worked and what he would do if similar problems arose again.

Alan later gave feedback that the service had helped him think positively and made him feel independent again.
Case study

Day activities and support planning

Derek is a 53 year old man who has a learning disability and epilepsy. His 82 year old mother is his main carer and they live together in Southwark. He is very close to his mother and also sees his brother regularly. He has been attending a local day centre for many years and enjoys spending time with his friends there.

Derek can be shy around people he doesn’t know and becomes distressed and anxious in unfamiliar environments or with a change in routine. Apart from a few familiar journeys, Derek requires assistance to access the community safely. His father died a few years ago and as his mother is now quite elderly, he has not been able to get out and enjoy hobbies/activities as much as he did.

Derek’s family, social worker and support planner helped him develop his own support plan. Part of the plan involves using Derek’s personal budget to employ a key worker from the day centre as his personal assistant. Together they attend football matches, go swimming at the local leisure centre, see films at the cinema and take weekend breaks out of London. Derek still attends the day centre but now has other ways to be sociable and feel part of the community.

Taking the time to explore support options via an in depth, person centred planning process means Derek can now experience a greater variety of groups and activities in a way that is comfortable for him, while maintaining support from family, friends and key workers that has always worked well.

Case study

Successful reablement after hospital discharge

Mr. D is 92 and had been admitted to A&E at King’s College hospital on a number of occasions due to serious falls. The Southwark reablement team supported him out of hospital and helped him to achieve much more than his original therapy goals, which focused on maintaining his safety in his own home. He can now manage his stairs, outdoor mobility (to the park and his local supermarket) and has shown staff how he makes a tasty chicken casserole.

This was achieved with a range of health and social care inputs including physiotherapy and an exercise programme supervised by social care staff. Rehabilitation support workers attended daily during the six week period for all personal care, meals, medication prompting, catheter care and safety checks.
Outcome 3:
Ensuring that people have a positive experience of care and support

This means:
- People who use social care and their carers are satisfied with their experience of care and support services.
- Carers feel that they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to their circumstances.

Key achievements and priorities

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<td>We aim to improve the user satisfaction levels reported by our customers.</td>
<td>The user survey shows an improvement on last year, with 84 per cent satisfied and only seven per cent dissatisfied with services. However user satisfaction remains an area we wish to continue to improve.</td>
<td>We aim to improve user satisfaction levels, so that more people say that they are very or extremely satisfied. Quality strategies for improving care homes and home care services will be implemented as part of the actions to improve user experience of services.</td>
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The experience carers have of the support they receive is to be improved by taking forward the carers strategy following our work with Carers UK. The forthcoming national carer survey will give us information to track progress.

The carers strategy developed jointly with the NHS has now been agreed. The national carers survey has been undertaken in Southwark, showing comparatively high satisfaction rates.

We are implementing the Carers Strategy and will monitor the outcomes achieved to demonstrate success.

We will provide a dedicated telephone response for all queries about help for older and vulnerable people and their carers, including information about universal access and voluntary sector services.

The dedicated telephone response line staffed by people who are experts on the service has been fully implemented and aims to make sure people get the advice and support they need.

We are making further improvements to adult social care advice and information and expect to see that reflected in the user survey result on ease of access to useful information.

Southwark Resource Centre - facilitating independence for a deaf and blind client

Dudu is a deaf and blind man who attends Southwark Resource Centre, a centre for adults with disabilities, three days a week. He was born deaf and lost his vision gradually. He has never learned to speak or to use any formal sign language and he has a moderate learning disability. He has attended day services for approximately 20 years.

Support staff have successfully helped Dudu to become much more independent within the centre this year. He is now able to go the toilet and feed himself with minimal direct support; and a programme of activities has been set up, which supports his development in focussing memory and recognition of objects. Through this programme he is now much more engaged, independent and active while at the centre than previously.

Dudu has a “communication passport” which was developed by the support staff, containing pictures of familiar signs he uses to communicate. This has ensured that other staff members communicate with him in a consistent way. He has now begun to learn new signs and to communicate pro-actively with other people.

One year after Dudu started working with his support worker, he has begun to attend community based activities including sailing and cycling and has significantly reduced the level of support he requires during the day.
Case study

Lay inspector - Denise

For several years Southwark has enlisted members of the public to help us monitor our residential and nursing homes for older people. This role is known as a lay inspector. The lay inspector’s main job is to talk to residents and get their personal view of what it is like to live at the home. Both the organisations and the council then use this feedback to support continuous improvement in offering high quality care and support for everyone.

Denise is the newest recruit to the lay inspector team. She has built up a wealth of local knowledge and experience of the support available for older people in Southwark through her membership with the Southwark Pensioners’ Centre. She was recently elected as chair of the Southwark Pensioners’ Forum. She also has experience of care and support services as her mother is in residential care and understands that for people and families, knowing there is an independent voice speaking up on their behalf and with a passion for high quality care and support is really important. Denise says she has always liked the idea of being a lay inspector and feels that by getting involved she can make a real improvement to the lives of older people who live in Southwark.
Outcome 4:

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This means:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self harm
- People are protected as far as possible from avoidable harm, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.
<table>
<thead>
<tr>
<th>Priorities for 2012/13 (from the 2011/12 Local Account)</th>
<th>Performance 2012/13</th>
<th>Priorities for 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will work with all Southwark services and the community to help ensure all our service users feel safe.</td>
<td>In the user survey there was a significant improvement in the number of people saying they feel safe, which at 58.5 per cent is now close to the London average. The feeling safe measure is a broad reflection of a range of community safety factors. The proportion indicating that adult care services helped them feel safe also improved to 73 percent.</td>
<td>We expect to see further long term improvements in the user survey question on services helping people feel safe as a result of quality improvements. We are developing indicators that reflect the views of people who have been through a safeguarding process to identify ways of improving safeguarding services. We will be undertaking specific improvements in the quality of services for people with learning disabilities and challenging behaviour through the delivery of our Winterbourne View action plan. This was established to ensure the abuse that happened at this home does not happen to Southwark residents.</td>
</tr>
<tr>
<td>We plan to increase the speediness of our safeguarding processes, as measured by the case completion rate.</td>
<td>The safeguarding case completion rate improved substantially and is now above the London average reflecting improved monitoring of the timeliness of safeguarding investigations.</td>
<td>We are ensuring we maintain a timely response to safeguarding concerns. We will implement an overall review of safeguarding to improve quality assurance of safeguarding processes.</td>
</tr>
<tr>
<td>We will ensure there are sensible safeguards against the risk of abuse or neglect in our personal budget arrangements.</td>
<td>As part of our anti fraud work we have been proactively talking to service users about financial abuse and how to report it. Procedures have been developed to identify and respond to any risk of financial abuse of anyone with a personal budget. Where there is deemed to be an ongoing risk of financial abuse the council may manage the personal budget directly on behalf of the client.</td>
<td>We are further developing the safeguarding system in the context of personalisation and more widespread self and third party management of budgets.</td>
</tr>
</tbody>
</table>
Safeguarding case study

Financial abuse

A referral was made by a national charity to the learning disabilities team alleging that a service user in receipt of a personal budget owed substantial amounts of care fees to them and they were on the point of withdrawing support. Although now over 18 the personal budget had been set up when the service user was a minor and was managed by his mother. Initially the service user’s mother refused to cooperate with social workers and refused to allow social workers to see her son. Consequently an officer from the local community safety unit became involved and following a joint investigation by the learning disability team and the police it was established that the service user’s mother had lost her job and was in substantial debt and on the point of losing her house that she shared with the service user and her other son.

Through sensitive work with the mother, the service user and the extended family the mother, whilst receiving a police caution for misappropriating her son’s care budget and benefits, was offered debt counselling and support in managing her finances. She was assisted to negotiate with her mortgage provider and enabled to keep the family home. The service user’s care package was reinstated and he has remained in the family home on good terms with his mother.
The council needs to cut expenditure in the face of government funding reductions of 29 per cent (around £90m) being made since 2010. As a result adult social care is required to reduce spending by £27m over the three year period to 2013/14.

We are committed to implementing savings in a fair and transparent way in line with the council's budget setting principles. Most importantly, we aim to minimise the impact on those most in need of support wherever possible. In line with our vision for adult social care we are seeking to reduce expenditure by transforming services to improve quality and outcomes, in particular by promoting the independence and wellbeing of people and reducing or delaying the need for intensive support. It is important to note that we are not seeking to deliver savings by tightening eligibility criteria for services. All people with substantial or critical needs remain entitled to a service.
In 2012/13 our adult care budget was £107.7m, which required savings of £10.3m to achieve. The main source of planned savings was:

- Efficiency savings from contracts for Supporting People housing support for people with low level needs, including joint contractual arrangements with Lambeth and Lewisham to achieve economies of scale
- Shifting the balance away from residential care to home and community based support
- Redesigning services of learning disability day services
- Redesigning mental health day services to promote personalisation and independent living
- Workforce initiatives to reduce management costs
- Savings from improved contracting arrangements
- Integrated working with the NHS on reablement

In 2013/14 our adult care budget of £101.5m requires savings of £7.7m. We are making these savings from the following main areas:

- Further efficiencies and reductions in Supporting People costs
- Further shifts away from residential care to home and community based support
- Redesigning services for people with learning disabilities to support the delivery of personal budgets
- Redesigning mental health services to achieve better value
- Workforce initiatives to reduce management costs
- Savings from improved contracting arrangements
- Integrated working with the NHS

Going forward, this financial pressure is not going to reduce. The council expects a further reduction of £20.6m in 2014/15 and yet more substantial reductions of around 10 percent in 2015/16 as a result of the comprehensive spending review.

More information about the budget is available at:
www.southwark.gov.uk/councilbudget13-14
We would welcome your views of this Local Account. We want future Local Accounts to contain the information that you would find useful so please take the time to complete our short online survey.

Glossary:

Use the jargon buster to find out the meaning of words and phrases commonly used in adult social care services
Appendix 1

Key outcome indicators - Adult Social Care Outcomes Framework (ASCOF)

Outcome one: Enhancing quality of life for people with care and support needs

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>Overarching measure:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a Social care related quality of life (composite measure from eight questions in user survey)</td>
<td>17.4</td>
<td>17.7</td>
<td><strong>18.1</strong></td>
<td>18.3</td>
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<tr>
<td><strong>Outcome measure:</strong></td>
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<tr>
<td>1b The proportion of people who use services who have control over their daily life (user survey question)</td>
<td>69.2%</td>
<td>67.7%</td>
<td><strong>66.6%</strong></td>
<td>70.9%</td>
</tr>
<tr>
<td>1c.1 The proportion of people using social care who receive self directed support (part one)</td>
<td>32.2%</td>
<td>60%</td>
<td><strong>74.2%</strong></td>
<td>63.2%</td>
</tr>
<tr>
<td>1c.2 The proportion of people using social care who receive self directed support via direct payments (part two)</td>
<td>15%</td>
<td>31%</td>
<td><strong>30.4%</strong></td>
<td>19.3%</td>
</tr>
<tr>
<td>1d Carers reported quality of life (composite measure from new carers survey)</td>
<td>n/a</td>
<td>n/a</td>
<td><strong>7.4</strong></td>
<td>7.7</td>
</tr>
<tr>
<td>1e Proportion of adults with learning disabilities in paid employment</td>
<td>7.8%</td>
<td>9.7%</td>
<td><strong>5.6%</strong></td>
<td>9.1%</td>
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</table>
### Outcome one: Delaying and reducing the need for care and support

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<tbody>
<tr>
<td><strong>Overarching measure:</strong></td>
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</tr>
<tr>
<td>2a.1 Permanent admissions to residential and nursing care homes per 100,000 population - part one younger people</td>
<td>6.8 per 100,000 (12 admissions)</td>
<td>6.8 per 100,000 (12 admissions)</td>
<td>9.5 per 100,000 (20 admissions)</td>
<td>10.6 per 100,000</td>
</tr>
<tr>
<td>2a.2 Permanent admissions to residential and nursing care homes per 100,000 population - part two older people</td>
<td>734 (185 admissions)</td>
<td>665 (146 admissions)</td>
<td>700 (177 admissions)</td>
<td>478.2</td>
</tr>
<tr>
<td><strong>Outcome measure:</strong></td>
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<tr>
<td>2b.1 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (part one)</td>
<td>99%</td>
<td>90.7%</td>
<td>77.2%</td>
<td>85.3%</td>
</tr>
<tr>
<td>2b.2 Coverage of reablement: Proportion of older people discharged from hospital receiving reablement</td>
<td>new</td>
<td>2.8%</td>
<td>3.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>2c.1 Delayed transfers of care from hospital (all) per 100,000 ppn. (part one)</td>
<td>6.7</td>
<td>5.3</td>
<td>4.4</td>
<td>6.9</td>
</tr>
<tr>
<td>2c.2 Delayed transfers of care from hospital attributable to social care or both NHS and social care per 100,000 ppn (part two)</td>
<td>1.9</td>
<td>1.6</td>
<td>2.7</td>
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</table>
### Outcome three: Ensuring that people have a positive experience of care and support

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<tbody>
<tr>
<td><strong>Overarching measure:</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>3a</strong> Overall satisfaction of people who use services with their care and support</td>
<td>58.1%</td>
<td>49.4%</td>
<td>53.1%</td>
<td>59.3%</td>
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<tr>
<td>(User survey results received)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>3b</strong> Overall satisfaction of carers with social services (carers survey)</td>
<td>n/a</td>
<td>n/a</td>
<td>44.4</td>
<td>35.2</td>
</tr>
<tr>
<td><strong>Outcome measure:</strong></td>
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<tr>
<td><strong>3c</strong> The proportion of carers who report that they have been included or consulted in discussion about the person they care for</td>
<td>n/a</td>
<td>n/a</td>
<td>65.5%</td>
<td>65.9%</td>
</tr>
<tr>
<td><strong>3d</strong> The proportion of people who use services and carers who find it easy to find information about services (user survey and carers survey)</td>
<td>50.9%</td>
<td>71.2%</td>
<td>65.8%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

### Outcome four: Safeguarding adults

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<tbody>
<tr>
<td><strong>Overarching measure:</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>4a</strong> The proportion of people who use services who feel safe (user survey)</td>
<td>55.9%</td>
<td>51.6%</td>
<td>58.5%</td>
<td>60.5%</td>
</tr>
<tr>
<td><strong>Outcome measure:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4b</strong> The proportion of people who use services who say that those services have made them feel safe and secure (user survey)</td>
<td>66.8%</td>
<td>64.7%</td>
<td>73.3%</td>
<td>73.9%</td>
</tr>
</tbody>
</table>
Council plan performance report

The council plan performance report for 2012/13, including key adult social measures, can be found at:

www.southwark.gov.uk/annualreport