Local Account

for adult social care

Sunderland
City Council

Foreword

Neil Revely, Executive Director of Health, Housing & Adult Services

I am pleased to present our first ever Local Account, which sets out our priorities for adult social care, our achievements over the last 18 months and how we plan to improve services in the future.

We welcome the changes in Government policy that means we are now much more directly accountable to the residents of Sunderland, and so for the first time through the Local Account we are reporting to the public, rather than regulators, about what we have achieved.

We are working at a time of significant change for both health and adult social care nationally and locally, and in a challenging financial climate in Sunderland. It is therefore important we continue to work together with you and our partners to help people make a difference to their lives and transform our services. The Local Account shows how much progress we've made and how much more we've still got to do; and how we provide good value for public money.

We are also keen to ensure that the Local Account tells the real story about people's experiences of adult social care in Sunderland, and over the next few months, we will be working to improve the ways customers, residents and our staff can tell us their views and stories, and contribute to future evaluations.

Councillor Graeme Miller, Portfolio Holder for Health, Housing & Adult Services

I welcome the Local Account as an important part of the Council's commitment to being transparent with local residents about what we are delivering on your behalf. Over the coming years I will be particularly interested to see how the Local Account process can be developed so that it becomes a document which is owned by, and reflects the views of, our customers, residents and partners.

Since taking over the portfolio for Health, Housing & Adult Services, I have been pleased to see the positive work that is taking place to make sure we and our partners are able to help many people to live their lives as independently as possible. I hope this Local Account will help us understand how successful we have been in doing so.

We cannot be complacent and I want to make sure we continue to improve. The Local Account therefore includes our priorities for what more needs to be done, as well as our achievements. We hope to use Local Accounts in the future to report back to you on how we are delivering against these priorities.

Information, Advice & Guidance

Many people have, or will develop, a health condition or illness during their lives. This might mean they aren't as able to do everyday tasks, such as being able to get around the house, or things important to them. People tell us they want to decide for themselves, or with help from their families, how best to meet their needs rather than rely on the Council to make decisions. The majority of people the Council talk to tell us they appreciate the information and advice they receive, but tell us they don't always know who to turn to for help in the first place or feel this information is meaningful for them.

What people tell us

The Council talked to residents, customers and carers about adult social care. In terms of information and advice they told us:

- Many people weren't always aware of what help might be available and who to contact. For example, 43% of customers with physical disabilities didn't feel there was enough information about how to contact someone, a view shared by many people with learning disabilities or mental illness.
- Older residents or those with disabilities said they would prefer messages about what might help them from a trusted source, e.g. a General Practitioner (GP) or a local paper, rather than through the internet.
- Many people told us they wanted to make their own choices about the help that might be right for them but would like advice from someone more knowledgeable about what help was available.
- The national regulator, the Care Quality Commission, told us there was good signposting of older people and carers through voluntary and community sector, but people weren't always coming forward for help.
- Access to information has improved via the Customer Service Network (CSN) (see below), but there's a need to make sure everyone contacting the CSN has the same experience and don't feel passed "from pillar to post"

In response, the Council developed a first point of contact for residents through the Customer Service Network (CSN). The CSN receives over 1,200,000 contacts each year, including those needing help with daily living. Some people will simply contact the CSN for information and advice, but others may want help more directly. For those that do need extra help, the Council has a number of social workers based in the CSN, able to provide more specialist advice and support. This could include information about loans of equipment that might be vital in helping someone live at home for themselves (Box 2). Last year, the Council received 11,500 new customer contacts about adult social care, and the Council was able to resolve nearly half of these queries straightaway, without the need to escalate the issue.

The Council invested in improving the information on its website to make sure people have a clearer understanding of the help available, together with a publicity campaign called Your Care, Your Say, Your Way.

The Council is working with its partners, such as the National Health Service (NHS), to make sure people get joined-up advice and information. This is particularly important at a time of crisis, such as following an emergency admission to hospital, when information is vital to help people make choices. It also includes joint work with GPs to make sure we work together to understand how we can help people with health conditions live as independently as possible at home. The Council and Primary Care Trust (PCT), and the voluntary sector, provide advice and information about helping people make positive lifestyle choices such as quitting smoking.

The voluntary and community sector (VCS) plays a vital role in providing advice, information and support for people and families who need help in their lives, such as listening to people and offering support, in seeing friends, practical things like shopping or helping people avoid a crisis in their lives. The VCS also helps represent the views of people who, for one reason or another (e.g. a severe disability), can't express their views easily for themselves – called advocacy. Our regulators, the Care Quality Commission, praised the joined-up approach the city takes to helping people and carers find the help that's right for them.

Helping people to do things for themselves is only part of the picture. The Council and its partners invested in local welfare rights and advice services, such as Sunderland Advice Services. Some 8,477 people accessed free advice and information about debt and welfare benefits, housing and employment in local services in 2011/12. Similarly, the Council's Access to Housing Service provides advice and practical help to 3,400 households each year who are concerned about their tenancy or losing their house. Of such households, 85% are provided with advice, information or practical help without the need for a formal assessment of their risk of homelessness.

The Community Equipment Service

This service provides loans of items of equipment on the advice of health/social workers, with the Council also signposting people to small items of equipment they can buy for themselves. Such equipment, such as bath and chair lifters, can make life easier for many people and significantly improve their quality of life by helping them get around their homes. Last year the Equipment Service supplied over 41,000 items to just over 10,000 customers, of which 86% were delivered in seven working days.

What still needs to be done?

To have real choice, people need information and advice that suits them to live well. In 2012/13, the Council will:

- With others, such as the hospital, GPs, Gentoo and the VCS, develop ways of getting in touch earlier with people who have problems in their lives to make sure they know the help available.
- Continue to work with others to improve advice and information about the options available to residents. For some people, this might mean improving information on a website; for others, this means a family member or friend, someone they trust, providing face-to-face or word-of-mouth suggestions about the help available or accessing it on their behalf.
- Work with the VCS to better understand local communities and identify what support exists or might be needed to help people. This could include how people might be able to help - many already help families, friends or neighbours in their communities.

Being able to help yourself, your families & friends

People who have, or develop, a health condition or illness should expect to be as free as they can to fulfil their lives and maintain their quality of life. For example, 46% of people with life-limiting illness or conditions who replied to the Council's 2010 Residents' Survey told us they didn't get help from anyone in doing things for them, such as shopping and washing. Of the half that did get help, three-quarters received this from family or friends.

People tell us they want to continue to live as active and full life as they can as independently as they can, and, if they do need help, they often rely on family or friends living in their local communities. We want to encourage more people – including providing better information, advice and signposting – to find their solutions themselves that fit them best in their local communities, and support local residents to help out in these communities.

People who provide care

Family, neighbours and friends ('carers') play the most important role in providing support to people with life-limiting conditions. In Sunderland, there are 35,000 carers of adults. Helping people in caring roles, and listening to them as experts in those they support is vital. Often, carers have heavy responsibilities: 38% of carers told us they provide 20+ hours each week (28% providing 50+ hours). Vulnerable groups include the 1,000 young (under 18) and older (65+) carers who themselves often need help with daily living.

What people tell us

- The Care Quality Commission praised the city's joint work to help carers, but they and carers told us we needed to make sure carers knew where to turn for help.
- Many carers told us they felt they often got the advice, information and help they needed both in their caring roles and to make sure they could have a life of their own.
- However, some felt this wasn't the case, telling us they didn't feel they had a say in decisions (particularly those caring for people with learning disabilities).
- Some carers had concerns about the Council "taking over their responsibilities" rather than working with them to help continue caring.
- Carers of people with complex needs, e.g. those with dementia, often tell us they believe it is the family's responsibility to provide care. However, this can mean carers can leave a situation until a crisis, rather than earlier, to find help.
- Many older carers, particularly parents of people with disabilities, express concern about the future and how those they care for are supported longer-term.

We and our partners, such as the VCS, are working together to better support carers. Many of these organisations are represented on Voice for Carers, a network with an interest in carers, including the MS Society, Age UK Sunderland, Parkinson's Society and Sunderland Carers' Centre – the city's dedicated organisation providing information, advice and practical and emotional support for carers. Examples include:

- The Carers' Centre has made sure there is a Carers' Development Worker in each local area to support carers;
- Emergency Plans and associated Carers' Card, describing how and by who the person should be cared for if the carer has an emergency;
- The Centre's short-break and holiday opportunities scheme to help carers take a break from their responsibilities in a way of their choosing - a scheme which has proved popular with those who've accessed it.

Mr Dawson is a gentleman with MS who lives with his mother (his main carer) and his daughter. Mr Dawson received a daily visit from a home care provider to support Mr Dawson with his personal care, and, although this was of great help to the family, his mother's health problems meant she was beginning to struggle to cope with caring. The family got in touch with the Carers' Centre and further work with the Centre's Carer Development Worker helped the family to identify a more flexible approach to supporting Mr Dawson might be possible. Mr Dawson's Care Manager then became involved and worked with the family and the Carer Development Worker to access a personal budget through a direct payment to employ a Personal Assistant. This has helped to reduce the care provided by Mr Dawson's mother and helped her identify her own health needs.

Preventative help for people to live at home & in their communities

The VCS are vital in supporting individuals, and services can be found in the city's VCS database of services. A range of schemes exists in the city to support people:

- Drop-in schemes for advice, information or signposting;
- Face-to-face and telephone Counselling, Companionship and Befriending Services for older people and those with mental health needs;
- Community activities, luncheon clubs and social opportunities. Some are provided through formal VCS organisations and others simply through individuals getting together to form friendship groups using local facilities;
- Cafes and restaurants such as the Dementia Café, cafes in Barnes Park and Extra Care facilities, open to the local community, and offer training and work opportunities for those with disabilities and mental illness.

We give grants of £1.3 million per year to VCS organisations to support vulnerable adults and carers – supporting 3,475 people on an ongoing basis through such schemes, which are highly valued by those who use them.

We also fund the largest Telecare Service in the North East. This service provides support to over 16,000 residents in the city through electronic alarms/sensors such as property exit sensors, fall detectors and key safes for people to improve their independence and feeling of security at home. We respond to the majority of the triggered alarms within 30 minutes. Customers using the service tell us the service provides great reassurance to them and their family, help is available "at the touch of button" should they need it.

We and our partners, such as Gentoo, provide housing-related services for people to make it easier to live at home. For example, our Home Improvement Agency (HIA) provides small repairs or home improvements to make homes safer for vulnerable people to live in. With our partners, the HIA provides larger adaptations to peoples' homes through a grant process. There were 464 households with a major adaptation funded by us in 2011/12.

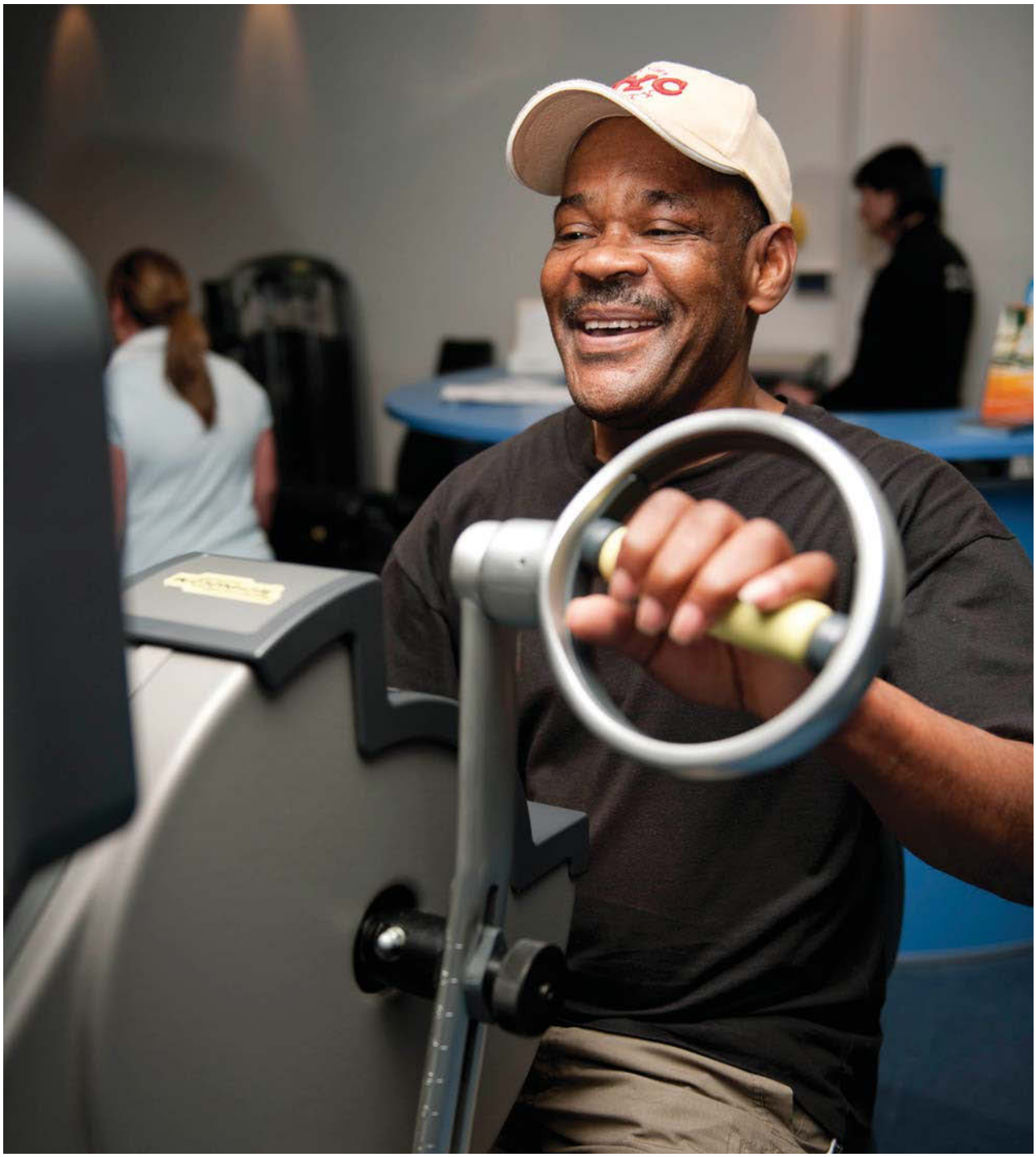
We can also make a big difference to the place in which people live. Over the years, we have worked to make public access much easier for those with disabilities or illness. Community centres and leisure centres in the city have disabled access, including specially designed Changing Places for those with severe disabilities. Views about public transport amongst those with disabilities or illness are mixed. People aged 65+ years have the same level of overall satisfaction with public transport as all residents (60%), but dissatisfaction with public transport is lower for those with disabilities (21% dissatisfied). Furthermore, older people and those with disabilities told us they felt better able to get around the city centre than they had done, but told us about their difficulties in accessing shops. Developments such as the extension to the Bridges planned in 2012 should help improve access.

The Council recognises the importance of helping people maintain their health and well-being throughout their lives and a range of services exist; like leisure and wellness services within a Community Wellness Programme, including things like park walks. For people with a higher risk, more specialist interventions include the Exercise Referral and Weight Management Programme delivered from these centres on referral by GPs.

What still needs to be done?

To have real choice about how people will find the help that suits them, they need information and advice that suits them – and access to these solutions:

- We are working with the Carers' Centre and other partners to develop and implement a revised Carers' Strategy to help make sure carers can continue in their vital role, are always seen as partners in helping those they care for, and they are able to get the help they need in their own life;
- We will work with local communities, the VCS and partners, such as GPs, to make sure people know about the support outside the Council that's available to them and their families, and improve information, advice and signposting about this support.



Getting help from the Council and others

If people do need help, for example, because of a time in hospital due to an illness, or a change in circumstances, the Council and the NHS can work alongside people in the short-term to help them regain their abilities or confidence to perform tasks such as washing and bathing – an approach called "reablement".

We know most people want to return to home as quickly as possible, and to continue to live in their own home as long as they can, living as independently as they can wherever possible, rather than rely on others to do things for them. 1016 and 398 people have been helped through the Council's Reablement at Home Service or the short-term rehabilitation unit for people with complex needs in 2011/12. The majority said they thought the scheme helped them regain their skills, with 60% of people who completed their period of support from the Reablement at Home service needing no further support from the Council because they had regained their confidence and skills.

What people tell us

- The vast majority of people who used Reablement at Home thought the service they received was 'good' or 'excellent - 82% felt more confident to live at home.
- People told us about the need for good plans and the need to coordinated care after hospital discharge. Carers told us sometimes this isn't what they and the person they care for experienced.
- People told us they would prefer care to be provided at home if possible but, if not, the opportunity to recover outside of hospital.
- People with complex needs told us they wanted to help themselves or get help from their family rather than have others coming into their home.

Reablement forms part of a range of solutions the NHS and Council has in place to help prevent people's admission to hospital or, if people are in hospital, make sure their discharge is co-ordinated as quickly as possible and they are supported to live in their own home. The help provided isn't just from GPs, community and specialist nurses, social workers, Occopational Therapists (OTs), physiotherapists and reablement workers, but includes help from the VCS, such as Age UK Sunderland, which helps older patients in hospital to return home should they need it.

Mrs Forsyth had a fall in which she hurt her arm and shoulder. This knocked her confidence and she spent most of her time in bed, relying on help from her family. From being someone who was able to do her own shopping and cleaning, she found it increasingly difficult to dress and wash. She found it hard to eat and drink, and lost weight, which affected her well-being. The Reablement at Home Team worked with Mrs. Forsyth to re-build her skills and confidence over several weeks. At the end of their involvement, Mrs. Forsyth was able to wash herself, doing her own cleaning and laundry and go out with her friends, and needed no further help from the Council.

In response to what people told us, the NHS and Council worked closely to develop a more joined-up approach to hospital discharge and support. For example, the Council and NHS recently invested in "Time to Think" beds for people with complex needs to recover their health and think about their

options outside hospital rather than feeling rushed into major decisions about their lives in a hospital bed. This initiative has been welcomed by many people using this service and their families.

The Council worked with partners to develop "person-centred planning" arrangements, notably for individuals with learning disabilities, where individuals are encouraged and supported to develop goals for their future. People with Person-Centred Plans are much more likely to feel satisfied with the services and support they receive as they feel in control. These Person-Centred Plans sit alongside Health Action Plans for people with learning disabilities, developed with a Health Facilitator.

Mr Collingson is a young man with a learning disability and communication problems. He had little independence and no friends he saw on a regular basis, but wanted to work in horticulture. Mr Collingson decided to accept a place at Bishopwearmouth Nursery (a Council project). Whilst there, he completed a range of courses to improve his social and work skills. He volunteered for community projects and shows, undertaking horticultural demonstrations and talks - something he wouldn't have had the confidence to do previously. As a result of his success at Bishopwearmouth, Mr Collingson works one day a week for Bishopwearmouth Landscapes and two days a week at a local garden centre. Mr. Collingson has also developed his social skills - he now has many friends.

What still needs to be done?

The Council and NHS are committed to make sure people always have a positive experience of the short-term support that they are provided with.

- Work with the city's GPs to provide a local, responsive service (building on the success of pilots in the city) to provide better and joined-up options to support people with health problems live independently at home.
- Fully roll-out a new, joint NHS and Council model of support for people to prevent them going to hospital or to help them leave hospital, making it easier for people to know what help they might receive.

Getting the right solutions for you in the longer-term

The Council and its partners know many people and their carers may need ongoing support from someone other than friends and family, for example, as they became older. People need choices about which services will best meet their needs both in the long-term and day-to-day basis and to feel in control of how services are delivered.

What people tell us

- Most people receiving support said they were satisfied with services, but 1 in 6 felt there was a lack of choice. In some cases the support is reported to have little impact on the quality of life.
- Customer feedback suggests satisfaction with support received is likely to be higher amongst those who felt they had more choice over their care, particularly amongst those who have disabilities.
- In particular, there are higher levels of customer satisfaction amongst people using Direct Payments to purchase their support. However, older people, in particular, tell us they think managing a Direct Payment is complex and this often puts them off taking one up.
- The vast majority of people and carers tell us they want to tell their story to as few people as possible and want to feel that they are fully involved in the care planning process with their views listened to.

Once you have contacted us (or someone has done this for you), you may receive intensive, short-term support to help your independence. Following this and if you still need help, we will work with you to understand and assess your needs and to help you describe the goals you want to achieve in a support plan. These goals might be about your personal care or mobility needs; help to improve your skills (for example, job skills as part of recovery from mental illness); and help to maintain or improve contact with family or friends. A range of professionals can work with you and your carer to develop this plan, including social workers and occupational therapists.

If you are eligible for support within this national framework, called the Fair Access to Care Services, and have savings of less than £23,500[1], then the Council will explain up front how much money you will have from the Council to buy the care and support you need to meet your goals. This is called a Personal Budget for people who are supported to live at home.

There are different ways of using the money from your Personal Budget – the choice is yours:

- A Direct Payment – funds are paid directly into your bank account and you can decide to purchase care through an agency (e.g. a home care provider) or employ your own care worker. A Direct Payment can be used to pay for a friend, family or others (called "Personal Assistants") to provide you with care and support in line with the goals you have agreed. A voluntary sector provider, Go Direct, helps people make these arrangements.

[1] National guidance means people who have savings of more than £23,500 are expected to fund the cost of their care. However, we can still help you develop a support plan to help identify what goals you would like to achieve.

- A Council Managed Budget – If you do not wish to take your personal budget as a Direct Payment we can work with you to manage your Personal Budget and make your care arrangements (i.e. what services you choose) on your behalf.

One of our objectives is to make sure all of its customers are able to benefit from Personal Budgets to improve choice and control over their care and support. Personal Budgets were provided to 65% of people (4,024) receiving services within the community between April 2011 and March 2012.

People can therefore work with us to find the type of services to best meet their needs. Examples of the support people and their carers have chosen to use their Personal Budget on include:

- Care Assistants in their own homes to help them with their personal care needs, such as washing, bathing and getting in and out of bed.
- Help with access to day opportunities in the local community to maintain individuals' well-being and contact with others. This can include support in specialist services for those with more complex needs.
- Help improving job readiness including through training opportunities for those with disabilities or those recovering from severe mental illness.
- Short-break or respite services, in peoples' home or in residential care, for those individuals who need a break (both for those who are cared for and for their carers).
- Personal Assistants, often taken through a Direct Payment, to fulfil a range of the above functions, e.g. personal and day opportunities, or to find other types of support.

"Before I was assessed I was provided with no support and was stuck in a one bedroom flat with a bad spine and couldn't get out. I was given an electric wheel chair but this was too big for my flat. This is what motivated me to take a Direct Payment so that I would have more choice and control over how my care is provided. Once I had been assessed, I decided I wanted to employ a Personal Assistant with the money I was going to receive. I received support from Go Direct with all aspects of being an employer - this help has been invaluable and a really positive aspect to receiving a Direct Payment. It has given me much more flexibility and means I am now able to get out of the house to do things like going to the cinema, hairdressers and shopping. This has dramatically improved my quality of life and lifted my spirits".

Customers reported a high level of satisfaction with most adult social care services provided, either through a Personal Budget or some other means. Those who tell us they feel they have enough choice and control over their care and support are more likely to be those satisfied with these services (particularly for those with learning disabilities). It is also clear we need to do more to be responsive to our customers' needs: There's a need to make sure:

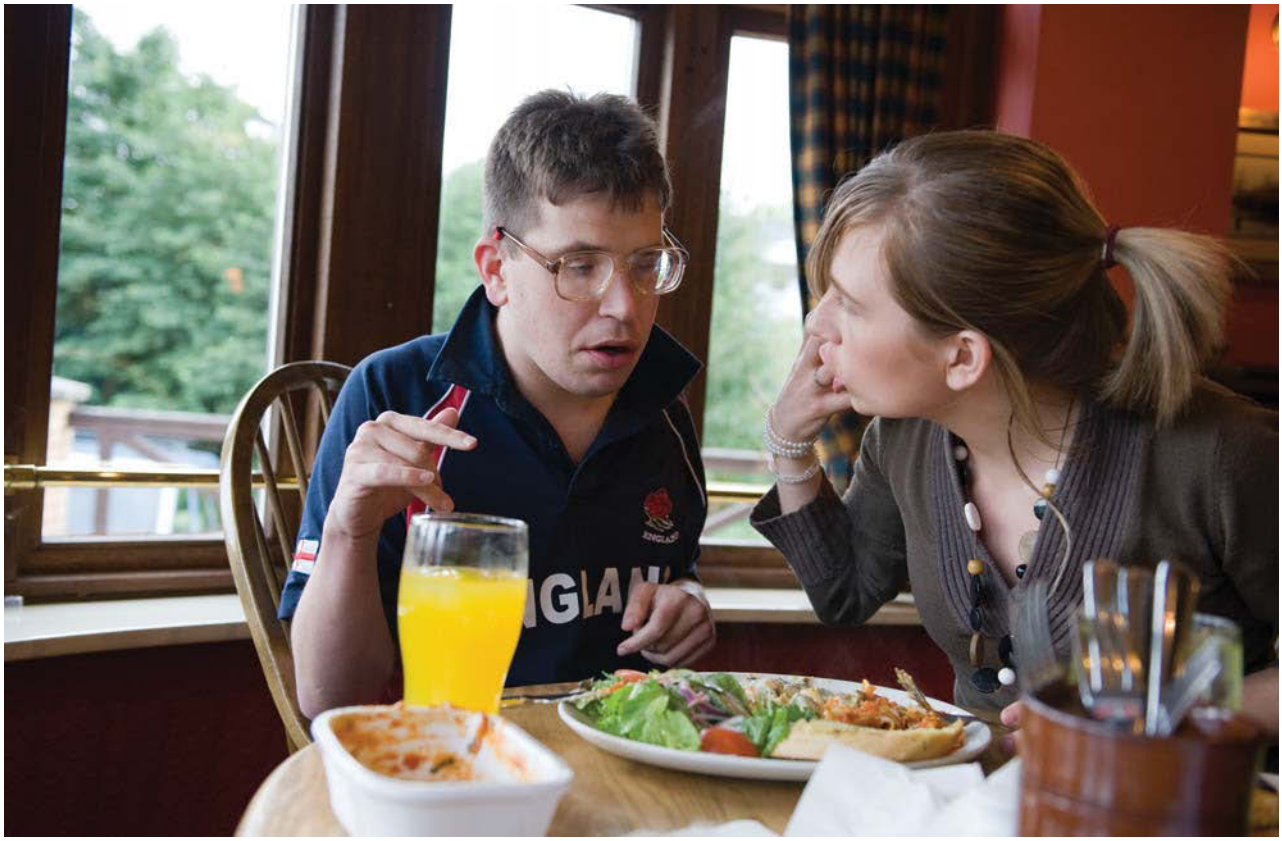
- Everyone can benefit from the opportunities that Personal Budgets provide, particularly promoting Direct Payments. This includes making sure people are more easily able to use Direct Payments and/or are able to get help to decide on what solutions they want (called "brokerage").
- There is a more consistent approach to working with people and their carers to develop their plans in a person-centred way.

- We always recognise the role of carers as experts in the care of their family member. Carers should be involved, as appropriate, in the planning process, and fully involved in the assessing of their own needs to help them continue with caring.
- A choice of sufficiently flexible solutions exists to meet the needs of people in Sunderland.

What still needs to be done?

- We aim to provide all new and existing long-term customers living at home with the opportunity to have a Personal Budget by the end of March 2013.
- We will work with private and voluntary sector providers to make sure a greater range of more flexible solutions to better meet people's needs is available across the city. This includes a greater number of Personal Assistants but also people benefiting from day and training opportunities.
- Make sure people and carers have a more consistent experience of their assessment and planning process.

Help for people with more complex needs



We hope the Council can help people to live as independently as possible in the way they want. However, some people have particularly complex needs often because of a serious physical or mental health condition. This section summarises some of the solutions available to these individuals – we hope most people can be supported in the home they want for as long as possible.

Support for young people with disabilities

The multi-agency Futures Team helps young people with complex health needs or disabilities as they become adults, starting when they are at school to help them decide what their future goals might be. The team has been recognised as good practise nationally.

Helping adults with complex needs

A number of specialist Council teams provide support to people with complex needs. This includes support to help people make sure they have the help they need to live at home, such as with washing and bathing (personal care), but also to help to recover from a long-term mental illness, including help building their confidence and skills. This includes:

- Long-term specialist teams to support: older people, including those with dementia; people with learning and physical disabilities; with severe mental illness; with drug and alcohol problems. The teams provide ongoing professional support and coordinate care to help people achieve their aspirations and goals.

- Many of these individuals are provided with a range of support through our care management process and assessment of need. One aim is to make sure people are able to live at home in the way they want, helping prevent people from entering residential care or being admitted to hospital unnecessarily.
- Support, Time and Recovery workers provide extended one to one support to help people with mental illness (alongside other professionals) recover and improve their skills.
- Working in partnership, providing people with learning disabilities and mental illness with training and development opportunities to become "job ready" and helping with finding them paid work.

What people tell us

Consultation in 2011 with a range of people with severe mental illness and carers told us:

- Individuals wanted a greater level of choice and control over care and support.
- The vast majority of people known to services reported they would know where to turn for help if they needed it in a crisis.
- A minority of individuals said they were unhappy with their support and choices.

Accommodation solutions

Working in partnership, our Housing-Related Support Programme provides help for individuals at risk of social exclusion. This includes short-term specialist accommodation options, but also support in people's homes, to help people live independently, for example, home management skills such as cooking and cleaning.

What people who are socially excluded groups tell us

Consultation with people with complex needs in short-term accommodation told us:

- Current services were often felt to meet people's needs but there was a need for more good quality longer-term accommodation to help people move on from these short term options.
- There was also a need for better signposting and advice to help people move on to longer term accommodation.
- Customers wanted more choice around the type of housing and location of longer term accommodation.

In partnership with the NHS, we fund a range of supported tenancies or adapted small living schemes. Individuals with learning disabilities or mental health needs are provided with 24 hour support to help them independently within these schemes.

The Council and its housing partners also provide a number of Extra Care facilities, a form of sheltered accommodation, with people having their own front door, but with 24-hour care for older people or those with dementia. There are currently four schemes with 174 housing units, including a specific facility to support people with dementia.

Mr Adams had complex needs due to learning and physical disabilities and had never lived long-term on his own successfully. After gaining a place at Villette Lodge, a care and support unit short-listed for a Northern Region Social Care Award, he was helped to improve his skills in cooking, self-medication, shopping, and managing money he also made new friends. The service got him back in touch with his family. Mr Adams was able to move into his own flat and is enjoying greater independence and improved self confidence

The Council also funds people in private-sector residential and nursing care across the city if their needs cannot be met at home. Despite the ageing population, the Council was able to reduce the number of older people admitted to care from 388 to 353 between 2008/09 and 2011/12, because it invested in alternatives to care – the vast majority of people say they want to live in their own homes as long as possible rather than entering care.

What still needs to be done?

- We will ensure that all people with continuing eligible social care needs have a Personal Budget, with the aspiration that the majority, even those with complex needs, take it as a Direct Payment.
- The proposed development of the re-developed Care and Support service will better focus on the needs of helping people with disabilities and those with mental illness get the help and training they need to live independently through Day Opportunities, but also help them develop the skills they need to find work.
- The proposed development of the Access to Housing service will provide better access to the advice, guidance and support people need to reduce their risk of homelessness in the short- and long-term and to help identify accommodation solutions where this is needed.

Balancing choice, risk and safeguarding

People needing help to live as independently as possible expect their support to be suited to their own needs and to take their own decisions and manage their own risks. However, people and their families also expect individuals to be protected from harm, abuse and/or neglect. It's important to work with people and their families, particularly those most vulnerable, to make sure they are able to manage any risks in their lives.

The Sunderland Safeguarding Adults Board aims to work with local people and partners to make sure adults at risk are:

- Able to know that services they might use are safe and high quality services.
- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.

How does the city make sure vulnerable people feel as safe as possible?

The Safer Sunderland Partnership (SSP) Board, which includes the police, fire service, health services and Council, is responsible for creating safer neighbourhoods, reducing crime and fear of crime. These partners work together to solve individual incidents and wider community problems in Local Multi-Agency Problem Solving (LMAPS) across eight areas in the city. The work of these partnerships includes making sure people with health conditions or illness, who may be particularly vulnerable, are safe and feel safe in their local communities, including targeted support. For example, ARCH, the partnership's 24/7 hate incident reporting system, recorded there were 18 incidences of disability related harassment in 2011, with Victim Support providing emotional support to the victims of crime.

A range of services are in place to support vulnerable people to manage the risks of living independently including Sunderland Telecare Service, providing personal alarms and sensors, and the Safer Homes Initiative, which provides home security for victims, and those at risk, of crime.

What people tell us

- The MORI Survey found that 13% of people aged 65+ felt unsafe in Sunderland. This was the lowest percentage across all age ranges. The percentage amongst those who were disabled was slightly higher at 20%.
- 97% of people supported through the Safer Homes Initiative (the majority of who were vulnerable/older people) stated that they felt safer.
- Consultation with a range of vulnerable individuals and their carers over a number of years show that individuals want a greater level of choice and control over care.
- Individuals who have been through the Safeguarding Adults process report that the process was successful in making them feel safer. However, some carers felt that there could be greater promotion of information letting people know what Safeguarding Adults is and who to contact if people have concerns about the safety of themselves or someone they care for.

The Council's Safeguarding Adults team acts as a single point of contact for all safeguarding alerts and ensures they are tracked, investigated and monitored through a process many public, private and voluntary sector agencies have signed up to, regardless of whether or not they provide services on our behalf. The Team offers guidance and advice across the city, including a website (www.alertabuse.org.uk) which provides information and advice about abuse. Citywide safeguarding training is delivered to all of these sectors by the Tyne & Wear Care Alliance. Over 1,000 people from 72 agencies were provided with training in 2011/12 through a mixture of face to face training and e-learning courses. The Council, PCT and many other partners explicitly set out the expectations of their staff in protecting people from harm as part of staff recruitment, training and development.

The city developed a number of policies and procedures to make sure people comply with the agreed safeguarding process. For example:

- Organisations receiving grants or delivering services on our behalf have safeguarding expectations built into their agreements, which are then monitored.
- The care regulator, the Care Quality Commission, monitors whether registered services are meeting its safeguarding standards. Its results suggest that the city enjoys very good levels of protection for all customers across all sectors.
- 96% of younger adults' residential homes met these Protection Standards in 2010 compared to 87% in England.
- There were improved levels of compliance for private homecare, with high satisfaction and good performance against outcomes that matter to customers.
- Older People's Care Homes are assessed against our own Sunderland Quality Standards, which informs fee levels. 25% of homes were rated as "Excellent" against Safeguarding standards in 2011 compared to 9% in 2009, as a result of additional safeguarding training.
- Sunderland People First, an independent group of people with learning disabilities, provides quality assurance of services through its "Quality Checkers" scheme monitoring against standards.
- A range of specialist support is available through VCS partners to make sure that the views of people who aren't able, for one reason or another (e.g. those with severe mental illness), to provide their views in the safeguarding process are represented – called "advocacy".

What still needs to be done?

- We will safeguard our vulnerable adult residents, applying the principles of personalisation (empowerment, autonomy and independence). We will also work with our partners through the Sunderland Safeguarding Adults Board and Sunderland Safeguarding Children's Board to promote excellent practice in safeguarding and ensure learning is shared and prevention is maximised. We will adopt revised safeguarding arrangements in line with national best practice.
- We will implement a revised multi-agency approach to adult safeguarding.

Working together

It's important we work together: in Sunderland, we value partnership working across the public, private, voluntary and community sectors to improve things in the city, including through Sunderland's Partnership and its supporting network, through which city-level outcomes are delivered. By working together we know we can connect with more people and achieve more in the meeting of local needs.

Our focus is on making sure people are able to make choices about their lives, helping people (if only with advice) as early as they need and making sure people are able to live as independently as possible, including through helping their families so that they feel able to support the individual. This involves us working with others to develop and deliver localised support (where appropriate) and better understand local communities and people's needs. We believe this partnership approach will improve families' lives, from young children to older people.

It is good that Sunderland residents are living longer, but as more people get older, and need help, there will be a need to adapt our services to meet these needs at a time of financial pressures. We are in the process of reviewing all Council services to make sure they are delivered as effectively and efficiently as possible, including developing new forms of services (e.g. through the VCS or private sector).

Delivering services with others is nothing new. The Council has a good record of getting the right services at the right time to the right people whether providing services itself, through the private-sector or delivering them in partnership with others. Increasingly people are choosing their own services with the money we give them (through Direct Payments). However these services are provided, we work with others to ensure the outcomes people value are delivered in the most cost-effective way.

Examples of services delivered in partnership with others include:

- The NHS and housing partners for the Sunderland Telecare Service which supports 16,000 vulnerable households, providing house and personal alarms/sensors to which the Council can respond to incidents.
- Working with the NHS to fund and provide a joint Community Equipment Service and short-term intensive Intermediate Care Service.
- Beckwith Community Interest Company for the Social Enterprise Scheme, including Bishopwearmouth Horticultural Nursery providing horticultural training opportunities.
- A range of voluntary schemes (grant-funded by the Council and PCT) which support vulnerable children and adults. This includes, for example, working with the PCT and Sunderland Carers' Centre to provide breaks and opportunities for carers.

We also work closely with our partners. For example, Community Matrons act as the key worker to ensure care plans for patients with very complex needs reflect their needs, whilst the (NHS) Urgent Care Team provides care to patients with acute illness, injury or exacerbation of a long term condition to prevent admissions to hospital.

What people tell us

Engagement with residents in local area-based user forums and customers found:

- Little understanding from residents of what "adult social care" meant, with people telling us they don't know where to go for information and support if they needed it.
- Some people wanted better help to navigate the "health/social care system", preferring advice and information from a trusted source, and often wanted more traditional means of doing so, e.g. face-to-face contact or through newspapers.
- Customers told us they wanted to tell "their story" to as few people as possible and to improve communication between professionals. People with severe disabilities or mental illness told us they would prefer a nominated key worker they could contact.

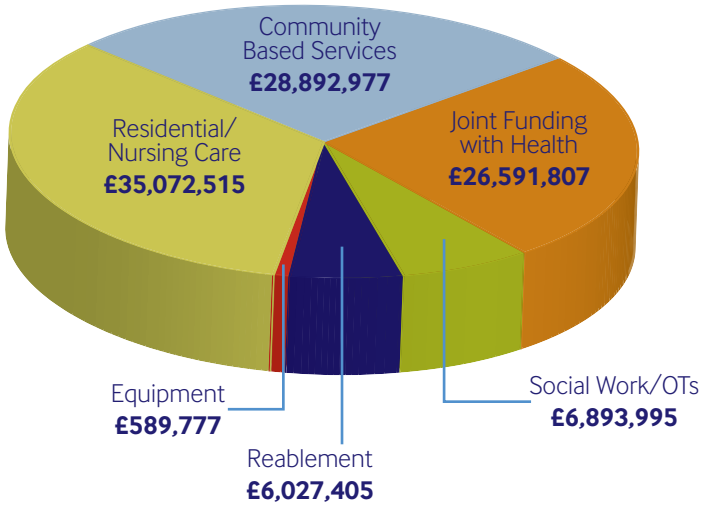
What still needs to be done

- Develop the Council's Leadership Role through the new Health and Wellbeing Board to provide health and wellbeing leadership in the city. We will develop our partnership with the GPs Clinical Commissioning Group (CCG) to deliver health and social care priorities for the city in the most effective, integrated way.
- We will work with our partners in the Sunderland Safeguarding Adults Board and Sunderland Safeguarding Children's Board to make sure people are and feel protected from harm, abuse and neglect, learning from best practice across partners. We will implement a revised multi-agency approach to adult safeguarding.
- We will develop different approaches to delivering in-house services by March 2015.
- Where possible, we will focus our services in local communities to be more responsive to local people and promote community building.
- We will improve the experience of young people in transition between Children's and Adult Services – a partnership issue.

Where do we spend our money?

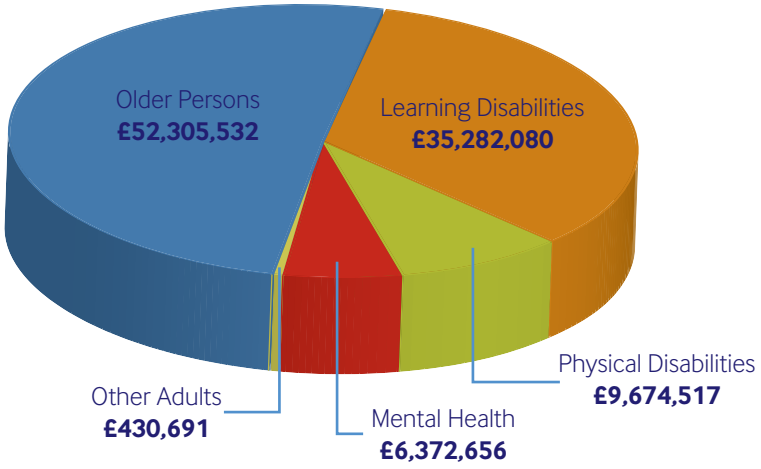
The Council will spend a total of £104m (gross) on adult social care in 2012/13 (Figure 1). This includes spending on joint services, e.g. supported living for people with severe disabilities or providing joint ("Intermediate") care to help people recover after they have left hospital, with health colleagues (£26m). Figure 2 shows the customers on which this £104m is spent.

Figure 1: Adult Social Care gross budget 2012-13 by service type



The main spend is on Council-funded residential or nursing care placements mostly for older people (see Inset). As part of the Council's preventative strategy, we are committed to reduce this figure as fewer people are admitted to care, because they and their families can increasingly get the help they need in their home. This means reducing spend on residential care and re-investing more in community-based services. The Council and its partners will continue with their improvement plans listed in the above sections. Continued investment within these plans will help deliver value for money and ensure efficiency savings are realised. This includes implementation of service review recommendations arising through the Council's efficiency initiatives. Efficiencies of £7.5m were agreed for 2012/2013.

Figure 2: Adult Social Care gross budget 2012-13 by client group



Some Facts & Figures

Did You Know?

During April 2011 – March 2012:

- 5,053 new customers received an adult social care assessment, and of these 58% were offered a service.
- 1,085 people were referred for Reablement to help them gain or re-learn daily living skills, 60% of whom then required no ongoing service.
- 7,074 people were supported with adult social care.
- 5,673 people were supported to live at home, with 65% receiving a Personal Budget.
- 1,010 people supported to live at home received a Direct Payment.

At the end of March 2012:

- 3,680 people were supported to live at home.
- 93% of people who completed our Adult Social Care Survey were satisfied with the care and support received. Some 71 % were extremely or very satisfied.
- 92% of respondents to our Adult Social Care Survey felt positive about the quality of their life.
- There are approximately 13,000 connections to the Sunderland Telecare service, helping 19,000 people.

Glossary of Terms

CSN	Customer Services Network
GP	General Practitioner
NHS	National Health Service
PCT	Primary Care Trust
VCS	Voluntary and Community Sector
SSP	Safet Sunderland Partnership
LMAPS	Local Multi Agency Problem Solving
CCG	Clinical Commissioning Group
OT	Occupational Therapist
HIA	Home Improvement Agency

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