

Adult Social Care in Herefordshire

Our Local Account 2015/16



Contents

Introduction	3
Understanding the challenge	4
Our approach	6
Key changes	8
Some of our achievements in 2015/16	9
How are we doing?	13
Spending and service levels	20
Adult social care outcomes framework	21
Further information	22

Our vision is to:

Enable residents to live safe, healthy and independent lives

Introduction

In this year's local account, you will read about a change of approach which is being embraced across adult social care. It focuses on strengthening supportive communities and building on individual's strengths and assets.

This change in approach has significant implications for our service providers as they need to adapt to working in a context where individuals have more choice and control and rely on a web of care and support, some paid for and delivered by providers, but much delivered through informal local connections with family, friends and the wider community.

In this context, we retain our responsibilities for safeguarding and for ensuring the best outcomes for all vulnerable adults across the county, whether publicly funded or self-funding.

We are actively engaging with people who use services, those who provide them and our own staff who understand some of the pressures individual people and families face now and in the future. This open dialogue is very important as we can only bring about the changes needed and meet the challenges that austerity poses by working together.

Annual survey results show that in spite of these financial pressures, our customer satisfaction rates are increasing. For example, the overall satisfaction rate has gone up from 67% to 70% which is well above the national average (64%). And the proportion of people whose services that make them feel safe and secure has gone up from 83.9% to 88%. You can read more about what our service users think about our services on page 21.

We would like to thank you for your continued support.



Martin Samuels
Director for adults and wellbeing



Councillor Patricia Morgan
Cabinet member for health and wellbeing

Understanding the challenge

Our local population

Herefordshire has a population of 186,100 people, with about 59,900 of these living in Hereford, 9,800 in Ledbury, 11,900 in Leominster and 10,700 in Ross-on-Wye. The rest of the population live in the rural parishes – Herefordshire has the fourth lowest population density in England. Although it is a lovely place to live in, the low population density brings with it service delivery challenges.

Around 42,000 people, or 23 per cent, of the population are aged 65 and over which is above the national average (19 per cent). Current projections suggest that as much as 30 per cent of Herefordshire's population will be aged 65 or over by 2031, with 11,700 of these expected to be 85 or over.

In addition, there are an estimated 2,600 people aged 18-64 in Herefordshire who have a learning disability. Of these, 600 are estimated to have a moderate or severe learning disability and are therefore likely to be in receipt of services.

Changing legislation

In April 2015, a significant change to social care, the Care Act, was implemented, bringing together existing bits of legislation into one set of laws. The focus was on the wellbeing and care needs of individuals. Key changes included a national eligibility criteria, easier access to better information and advice, changes to safeguarding practices, an increased focus on identifying and meeting individuals' outcomes, and a greater focus on prevention, with the intention of reducing and delaying the number of adults that enter the care system.

Expectations

As well as the challenges outlined, we have to support colleagues in other agencies such as health professionals and local communities, as well as our own staff, to understand that creating a dependence on social care services is not always the best outcome for individuals. We know that historically, we have supported disproportionately more of particular client groups, like people with learning disabilities, and by addressing the current culture, we can ensure individuals live independent, fulfilled lives.

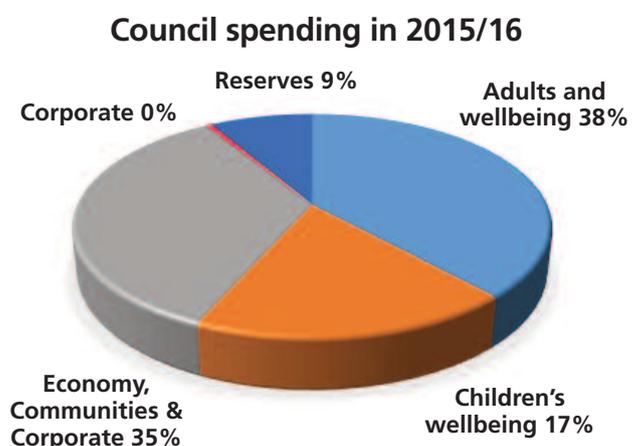
Money

The council is also facing continuing cuts in public sector funding. In 2010, 80 per cent of council expenditure was funded by government grants, but by 2020 all council expenditure will be funded locally through council tax and business rates.

Between 2010 and 2015/16, Herefordshire council has saved £59million.

Chart 1 demonstrates how the council's expenditure is divided between the different directorates. The adults and wellbeing directorate's proportion of the council's overall spending has remained consistent and currently receives 38 per cent of the council's £141m annual net spend.

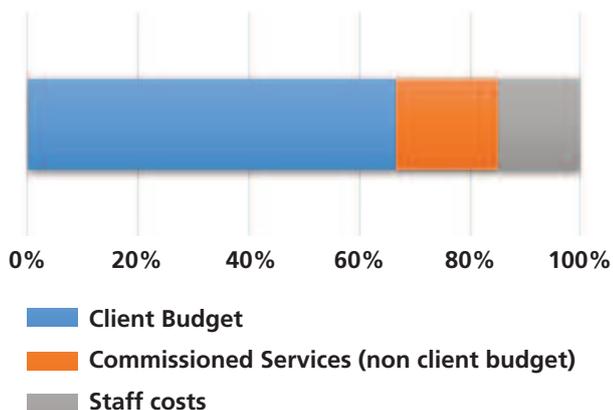
Chart 1



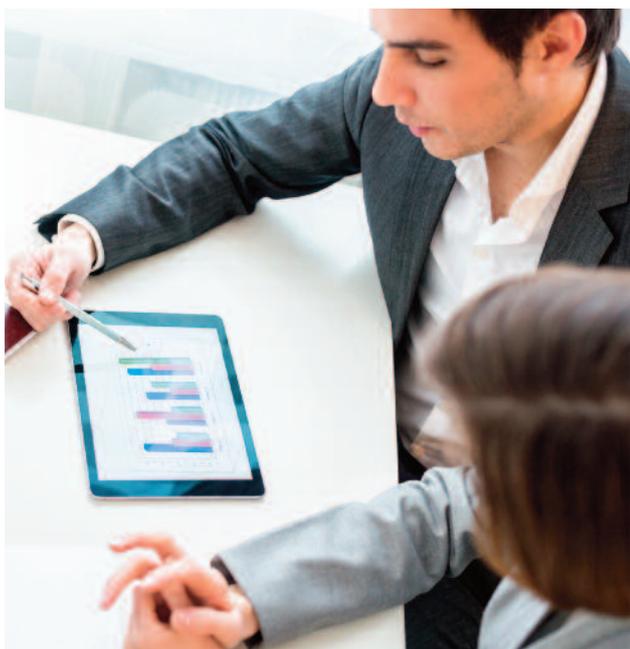
To give an indication of how the money is spent in the directorate, chart 2 below demonstrates the gross spend. The biggest proportion of spend (two thirds), is spent directly on clients, some of whom are supported in their own home, while others are supported in care homes.

Chart 2

Spend within the directorate



We spend 19 per cent on non-client focused services, such as public health preventative services. The remaining 15 per cent is spent on staff; this includes social workers, emergency support care staff who help quick discharges from hospital, commissioners and back office support.



The money comes from a combination of revenue settlement grant from the government, public health grant, council tax and business rates, client contributions (where people have been financially assessed as being able to contribute towards the cost of their care) and from the Better Care Fund.

633 people received residential care during the year



Residential care
£22.2m



Nursing care
£9.3m



459 people received nursing care during the year



Direct Payments
£7.4m

528 people received direct payments during the year



Domiciliary Care
£11.6m



Supported Accommodation
£3.2m



Other Services
£3.2m



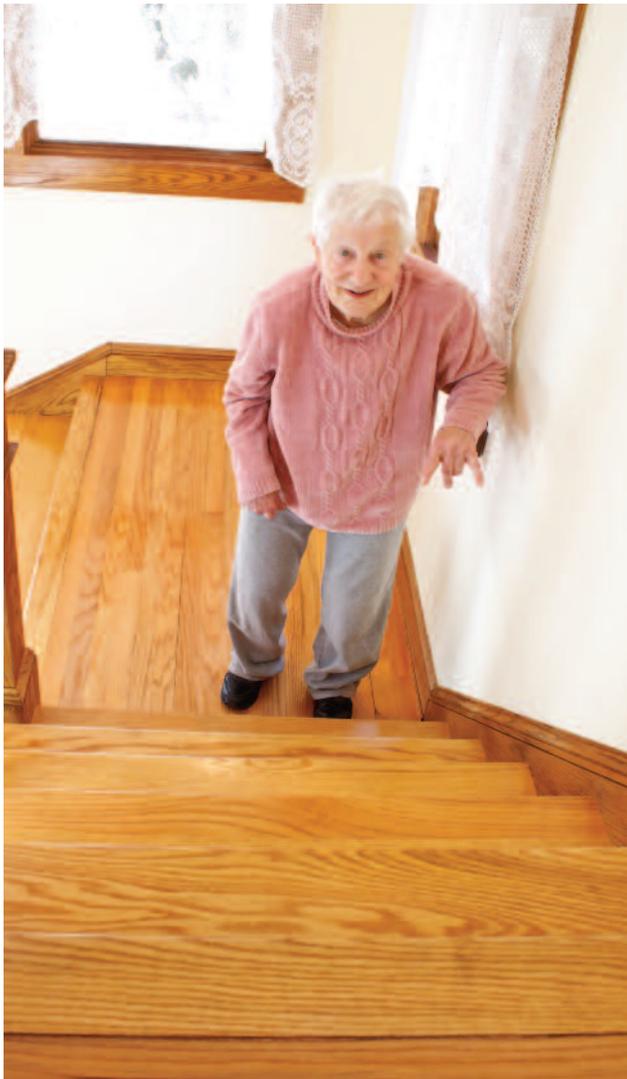
Carers
£0.9m

In total, during 2015/16 **2058** people received support in the community.

Our approach

We began a conversation with residents in 2014, about how we could meet the needs of a growing adult population at a time when funding was being reduced. We've listened to what people and staff have to say, and embarked on developing a new culture of helping people to help themselves, independence, empowerment, choice and control over their wellbeing and care and support needs.

As a result, we are embracing an approach that builds on people's strengths and abilities and connects people to information and support in their local communities, wherever possible.



If you are in contact with adult social care we will:

Listen to you - to understand your circumstances and find out if you need care and support to live independently within your local community.

Find out what you would like to achieve - to help you live your life as you want to.

Talk to you and those who support you - to understand any barriers that could be stopping you from living your life as you want to.

Help you recognise your strengths and abilities - and discuss how these can be built upon to meet your needs.

We will help you by:

- Providing information and advice and connecting you to groups, organisations and activities within your local community.
- Agreeing with you what we will do to help and support you, and what you can best do for yourself to maximise your independence.
- Helping you find care and support, if this is what you need.
- Checking if you are eligible for council help to meet some of the costs of your care.

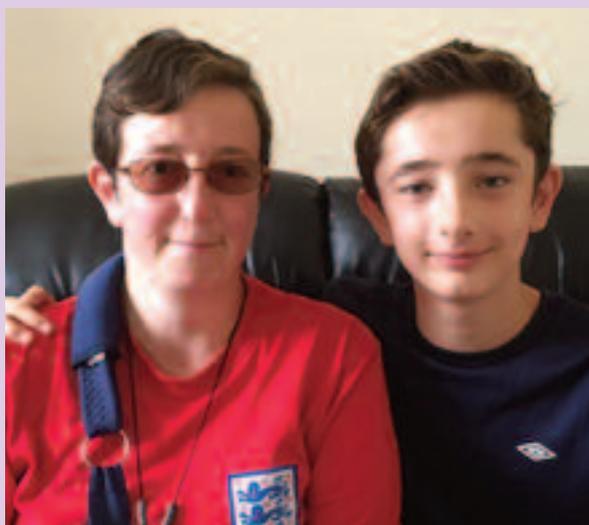
CASE STUDY

helping people live independently

Caz's story

Mum of three, Caz began suffering with epilepsy seizures about 10 months after her youngest son was born 14 years ago. Although receiving medication, the number of seizures has increased over the years: on her worst day she had 12 seizures in 24 hours.

She has three sons living at home with her. They are all in full time education and need to be able to go to school and college, knowing that their mum is going to be okay.



Following an assessment with the council's telecare team, Caz had a lifeline with an intelligent pendant/falls detector and an epilepsy sensor installed into her home.

The lifeline and intelligent pendant/fall detector have worked well for Caz, she can raise the alarm if she feels a seizure coming on, or if she falls as a result of a seizure. However, night times are a worry for her.

"The boys need their sleep as they've got school and college to go to" said Caz. "I'm scared that I'm not going to wake up one night. Because the boys are asleep and the doors are shut, I could have a seizure, choke and die and they wouldn't know."

She used to have an epilepsy bed sensor mat, but it wasn't working well for the type of seizures Caz has, it was failing to pick them up.

So the telecare team made arrangements for a specialist from Alert IT to visit her and install an Alert IT guardian monitor. This monitor can be set in a bespoke way, so that it can get a more accurate reading of the signs and symptoms of Caz's seizures. The monitor is linked to the lifeline, triggering an alarm call to both her family and to Careline if she has a seizure.

Caz said: "I had no idea what adult social care was and didn't realise this type of service was available. I thought the only thing available was social services and that was for older people.

"They asked me lots of questions on the phone when I got started, but it was well worth it.

"The biggest thing is worrying about what is going to happen to the kids if anything happens to me Having this new equipment installed makes me feel a lot better and will help me stop worrying."

Key changes

➔ April 2011-12

Health and social care join forces to form Wye Valley NHS Trust – the first integrated provider of acute, community and social care in England.

National reforms lead to Primary Care Trusts being replaced by Clinical Commissioning Groups.

➔ September 2013

Herefordshire council brings adult social care back into the council. It also changes the way some services are provided to promote direct payments and give people more choice and control.

Health services for people with learning disabilities are transferred from Wye Valley NHS Trust to 2gether NHS Foundation Trust.

A newly formed adults and wellbeing directorate embarks on a programme of commissioning to bring new providers and a fresh approach to services.

➔ March 2014

The council extends arrangements for 2gether NHS Foundation Trust to provide mental health and substance misuse services..

➔ Summer 2014

Public health becomes part of the adults and wellbeing directorate in order to align prevention work.

➔ March 2015

The council brings seconded staff from 2gether NHS Foundation Trust back into the council to deliver assessment and care management services for mental health clients.

➔ April 2015

The Care Act brings together existing legislation to form the biggest change to social care laws in years. To comply with new regulations, the council revises systems, amends safeguarding arrangements, adopts new national eligibility criteria and strengthens signposting and advocacy services.

➔ December 2015

Social care teams are reconfigured and based on the needs of individuals rather than medical diagnoses.

A changed, updated approach is launched (see page 6).

Some of our achievements 2015/16

In our local account 2014/15, we told you about some of our plans and challenges for 2015/16. You can see below how we managed to address some of these, and also where we have had problems making the progress we would have liked.

Improving access to quality information

In February 2016, we improved the availability and quality of information available to residents by launching WISH (Wellbeing, Information and Signposting for Herefordshire).

WISH is a web-based system which guides residents through online information and signposts them via a directory of services and activities. It can also be accessed by phone or face to face through a WISH shop in Hereford and pop-up services throughout the county. The aim of the WISH service is to promote and maximise independence for the people of Herefordshire.

WISH continues to develop; we are currently exploring the possibility of delivering an online self-assessment tool and a personal assistant directory.



Meeting increased demand from carers

In October 2015, we launched a recommissioned health and wellbeing service for carers and following a competitive tendering process, the contract for providing the service was awarded to Crossroads Care.

The service enables carers, who are eligible for support, to have their needs met in an innovative way. Working in collaboration with voluntary sector organisations and utilising community resources, Crossroads Care is facilitating and providing a wide range of activities for carers and the people they care for. For example, the services include a very popular gents pub lunch club, pamper days, outings, arts and crafts, cookery, ladies lunch club and men's shed group. The range of activities is continually expanding to reflect the interests and preferences of carers.

Direct payments and pre-paid card promotion

In autumn 2015, the council embarked on an engagement programme to promote the benefits of direct payments and pre-paid cards. The cards are easy to use as they require lighter touch monitoring requirements, give clients more choice and control, and help the council make sure money is being spent appropriately. As of August 2016, 174 cards had been issued. We continue to promote the cards to existing direct payment recipients and new clients.

Better Care Fund

The council and Herefordshire Clinical Commissioning Group are working together to deliver better health and care outcomes for the people of Herefordshire. The government is encouraging this joint working by pooling budgets and developing the Better Care Fund. In Herefordshire this fund is worth £42million.

The Better Care Fund is based around the following schemes:

- Protection of social care
- Community health and social care service redesign
- Managing the care home market

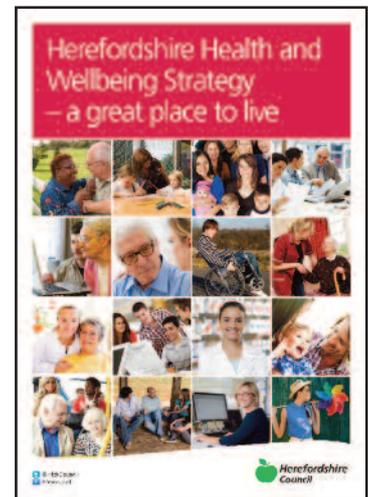
Within each of these schemes, there are programmes of work that intend to drive up performance and enable the entire health and social care system to manage increased demands better and support people in the most effective way possible.

Ultimately, the Better Care Fund is measured by the following five indicators:

- Non-elective admissions to hospitals, which improved slightly in 2015/16; this is positive given the increasing population.
- Number of days of delayed transfers of care (bed blocking), which got worse in 2015/16. It's target is to meet a 2.5% reduction on the number of days delayed on the same month in the previous year, however there has been significant pressure on the hospitals in Herefordshire during the year.
- New permanent admissions to residential homes improved and were down by more than a third in 2015/16
- The rate of people discharged into reablement that remained at home 91 days after discharge, which improved in 2015/16 to nearly 85%
- The falls response service met targets in 2015/16, with lower than forecasted levels of A&E admissions attributed to falls.
- Customer satisfaction (taken from the adult social care survey), which improved in 2015/16 as reported on page 16.

Health and Wellbeing Strategy

Herefordshire's health and wellbeing strategy identified seven key priority areas including mental health, wellbeing of children, adults and older people, housing, reducing inequalities with focus on special groups of people and alcohol abuse.



In the last 12 months, the adults and wellbeing directorate has recommissioned services to focus on these priority areas and develop a programme of health and wellbeing, as below:

NHS health check programme

NHS healthchecks are a rolling programme of free checks offered to GP-registered patients aged 40-84. Every year a fifth of the qualifying population are invited for checks. The uptake of the NHS health check was 49 per cent against a national target of 7 per cent in 2015/16.

Smoking cessation service

The main measure of success for smoking cessation services, the "quit rate at four weeks", continues to be low at 29 per cent. This was as a result of contractual changes and plans are in place for improvement in 2016/17.

Healthier You

The council is a key partner in Healthier You, the national diabetes prevention programme. People identified by pilot GP practices have been offered the programme and two courses have already started. A further six are due to be delivered in Leominster, Colwall and Cradley in the autumn 2016 with the remaining county being phased in from January 2017. It is anticipated that 1,200 people will be referred to the programme in the first year.



Active HERE

This council-led programme aims to get inactive people active. It is funded by Sport England with public health grant contribution and is delivered by Brightstripe. The first interim formative evaluation report showed that in the first six months 4,889 people engaged with the programme with 348 of these taking part and 189 becoming more active as a result.

Transitions

Working jointly with the council's children's wellbeing directorate and other agencies, we have brought forward a new preparing for adulthood protocol, to improve a child's transition into adult social care. Growing the transitions team from one to three members of staff has enhanced opportunities to work with young people and to liaise with a range of professionals to ensure a smooth move into adulthood.



Strategic Housing

During the year we have continued to work with housing associations and other providers to make sure the county is able to accommodate our growing population.

We have produced a core strategy which sets out our housing plans for the next 20 years. This includes the significant regeneration of the Oval in Hereford.



We have also revised our allocations policy and found housing for people with a range of needs, including highly complex health needs and learning disabilities.



We continue to manage homelessness using very low levels of temporary accommodation. We have not used bed and breakfast facilities since November 2012. We have also reviewed our homelessness and prevention strategy, amending our staffing structure to support services better.

CASE STUDY

Shared Lives

Beryl Morgans has helped people live independently all her life. Her mum, Margaret, was one of the founding members of the adult placement scheme, now known as Shared Lives. The scheme places adults who need help to live independently, with families who are able to provide the support they need.

The concept of Shared Lives was developed in response to a move away from institutionalisation to supported community integration in the 1960s and 1970s. It was also a time when the system could overlook people with special needs once they left school.

Beryl remembers what it was like back then. "I have worked in institutions and the Shared Lives scheme is so much better. People blossom, it is a much more natural way of living."

Originally Beryl's mum and dad looked after up to 20 people, when the institutions closed in London. Years later, they retired to Wales with four of the people they had been caring for. Sadly one of them has passed away, but the other three remain with Beryl who now lives in Herefordshire. Sadie, Lloyd and Brian who have moderate learning disabilities, have lived with Margaret for 40 years...

..this is where Sadie and Lloyd met and they've now been married for 32 years!

"I don't know whether Sadie and Lloyd would be a couple in the way that they are if they were living somewhere else. It's lovely that they've found each other and been able to live as husband and wife" said Beryl.

Matching is an important part of the process, particularly when arrangements are likely to be long term. Families are very much involved too and Sadie, Lloyd and Brian are clearly part of the family.

"The families of people we care for get concerned about what's going to happen when they can't be around to look after them anymore. Shared Lives gives people alternative options to residential homes by offering independent living in a family setting."

As these are long term arrangements, a rigorous matching process takes place followed by a planned transfer that involves families. People can continue to see their families every day if they wish, but also get the interaction and support they need to live independently away from their family home.



The Morgans' have a smallholding and Sadie, Lloyd and Brian get involved in daily activities around the premises.

"They look after the animals and orchard. They are just not into day centres, although if they wanted to try them, that would be fine. They enjoy each other's company as well as their friends and family".

Sadie, Lloyd and Brian are clearly very happy and love to show the photos from the many holidays they've had with the Morgans'. They are truly part of the family and are involved in all household decisions, and for Beryl, it's a way of life.

"It's great for anyone who is vulnerable and stops people feeling lonely. It's having someone around in the house that makes the difference, knowing you are not on your own.

"You build up a strong relationship with people. The people I care for; their confidence has built up and they are more independent now and enjoying a better quality of life".

How are we doing?

The council has a legal duty to produce a set of performance indicators and performance data on its annual performance. This data set is called the Adults Social Care Outcomes Framework, sometimes known as ASCOF. A full copy of these data items are included on page 21, but a number of the most important items are included below:

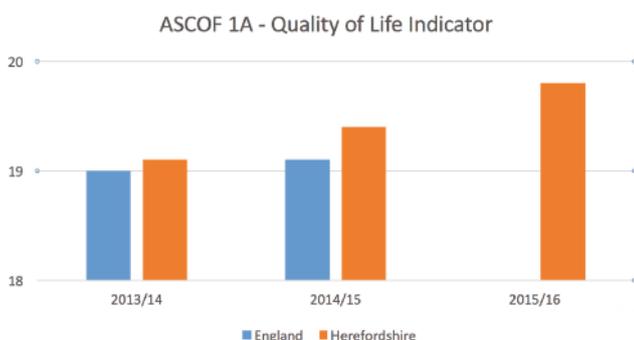
Improving the quality of life for people with care and support needs

Annual survey

Every year, we survey a random sample of our social care service users. We do this based upon set criteria from central government. In 2015/16, our results showed improvement in many of the areas surveyed. In addition, we had one of the highest response rates compared to other local councils (over 48 per cent).

As indicated in chart 3, we are showing an increase in the quality of life for clients cared for by social care services (ASCOF 1A). This is calculated by collating a number of the questions within the survey. We have improved significantly over the last few years when compared to similar councils, the West Midlands and English averages.

Chart 3



In addition to the quality of life indicator, we were able to see an improvement in the following areas, with more people saying that:

- They had as much social contact as they wanted
- They felt safe
- The services they receive make them feel safe
- They were satisfied with the care and support they receive

Listening to Herefordshire people

We have involved people more in reviews and service redesigns and adopted a co-production approach wherever possible. We have held many conversations over the year, some in market towns, some at specifically organised events and some through our provider networks. We have also developed a more robust model of engagement to make sure people who use services and those who care for them have a voice.

The Making It Real board is well established and continues to make a difference to people's lives in Herefordshire. During 2015/16 they have been particularly involved in the following areas;

- Redesigning the council's easy read documentation
- Providing the service user perspective in developing WISH and helped test the site before launch
- Looking at some of the letters the council sends out to clients and making improvements to them
- Participating in the Safeguarding Peer Review
- Reviewing, challenging and revising direct payments literature
- Promoting the Making it Real group and encouraging new people to join
- Electing an independent chair for the board
- Participating in a programme of engagement and consultation over the future of home care
- Continuing to raise concerns and challenge the council over social worker practice, direct payments and assessment issues.

We also have a newly formed Learning Disability Partnership Board and a thriving Autism Partnership.

Listening to concerns - complaints

Unfortunately, as much as we try, we don't get it right all the time and service users and their families or representative may wish to complain about our service or the services they receive.

Between April 2015 and March 2016, there were 81 complaints made about the adult and wellbeing directorate, a similar number to the previous year.

Complaints focussed on funding of care packages, timeliness of social work assessments and communication with service users. There were also a number of complaints about failure of commissioned services. We did however see a reduction in the numbers of complaints around the housing allocations system (Homepoint).

All complaints are investigated and responded to in line with our complaints policy.



Delaying and reducing the need for support

Reablement

The six week reablement service supports clients being discharged from hospital in an enabling way to reduce and potentially remove the need for any ongoing social care services. It is universally accepted that where possible, supporting people so that they become completely independent of support is a good thing and that it helps them to lead more fulfilled lives.

During 2015/16, more than 340 people received this service which is about 50 per cent more than in 2014/15. Eighty-five percent of clients aged 65+ remained at home 91 days after their discharge into reablement services (ASCOF 2B), this is an improvement on the 2014/15 results. In addition, during the year, the commissioned provider began recording their interactions with their clients on the council's data system. This gives social work staff a better understanding of what happened during the reablement period and also allows access to improve information for reporting.

The reablement ethos is fundamental to the delivery of the services commissioned by the local authority. Supporting individuals to be as independent as possible is at the core of this approach and is part of the current review of home care and rehabilitation services.

Improving healthy lifestyle choices

Our healthy lifestyle trainer service supports residents of Herefordshire to make lifestyle changes (stop smoking, reduce alcohol, lose weight etc.) During 2015/16, 410 people received intensive lifestyle support; 36 per cent of these people were aged 18-44, 74 per cent were female and 53 per cent were from the most deprived parts of Herefordshire.

As a result of this support, 61 per cent achieved the outcomes that they set for themselves and made the lifestyle changes they wanted, 26 per cent partially achieved their outcomes and the remaining 13 per cent did not achieve outcomes, typically due to disengaging with the service early.

In addition to providing one-to-one support, the service attended 674 community activities within Herefordshire, provided support at 458 activities and reached approximately 7,500 people. Support was largely around healthy eating, losing weight, stopping smoking, reducing alcohol consumption and physical activity.

Delayed transfers of care

During 2015/16, one of the significant pressures on social work teams was supporting hospitals to discharge clients from hospital settings. This is sometimes very difficult and can't always be achieved for many reasons; due to both medical and social care delays. Where hospitals are unable to discharge someone despite them being medically fit, this is called a delayed transfer of care otherwise known as bed-blocking. In the year, there was a small improvement in the total number of people delayed (ASCOF 2a1), although there was an increase in the numbers of clients delayed due to social care reasons (ASCOF 2a2). This is one of the key areas of improvement for the Better Care Fund and there is a specific action plan identified in order to drive up improvement in 2016/17.

Residential care

The number of clients placed in residential and nursing care significantly reduced during the year when compared to 2014/15. In the year, we admitted 11 clients aged under 65, which is a 21% reduction on the previous year. During 2015/16, we placed 183 people aged 65+ in care homes; 104 in residential and 79 in nursing – this has resulted in a small reduction in the number of people supported in care homes. The ASCOF measures relating to residential admissions, 2a 1 and 2, can be found on page 21.

Ensuring people have a positive experience of care and support

Care home monitoring

There are 64 homes providing residential care within Herefordshire (1,001 beds) and 28 homes providing nursing care (1,054 beds). There are also 48 domiciliary care agencies registered within Herefordshire. The Care Quality Commission, ensures that all care providers maintain a registration which regulates standards of care provided. To support this work, they have a rolling programme of inspections. At the time of reporting CQC had identified that four homes and three domiciliary providers required improvement in Herefordshire.

During 2015/16 the council supported care providers to address different levels of quality concerns through service improvement planning, which included eight care homes and three domiciliary care providers, in Herefordshire.





Quality Assurance Framework

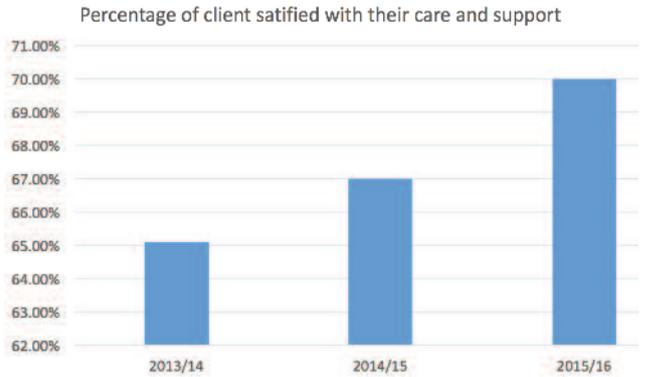
Herefordshire council introduced a new approach to quality assurance in the county this year. As a key priority is for people to be confident that the care and support they receive will be of high quality and that they will be safe and treated with dignity and respect.

The new Quality Assurance Framework was introduced in April 2016, which sets out the approach that Herefordshire council will take to ensure local care and support services provide what individual citizens need. The frameworks principles are person centre, intelligence based, supportive and proportionate, with a set of processes which are put in place with one goal: to deliver high quality care and support services in Herefordshire. It is not a replacement to the inspection programme conducted by the Care Quality Commission (CQC), who are the independent regulator of health and social care in England, but more a local process which can help the council identify and support.

Annual Survey

As referred to earlier, our annual survey gave us some really positive results. Overall satisfaction with care and support services rose from 67% to 70%; this improvement is particularly positive in the light of the increasing demands on the service and the reduced level of finances.

Chart 4



Ensuring people have a positive experience of care and support

Safeguarding

We received 1760 safeguarding concerns, relating to 1310 individuals during 2015/16. These concerns are reports of potential safeguarding issues that could warrant further investigation. A small team of people review the information made available to us and assess whether the reported concern meets safeguarding criteria. The following visuals identify who are our main referrers, where reported incidents took place and also what types of abuse were reported.

Chart 5

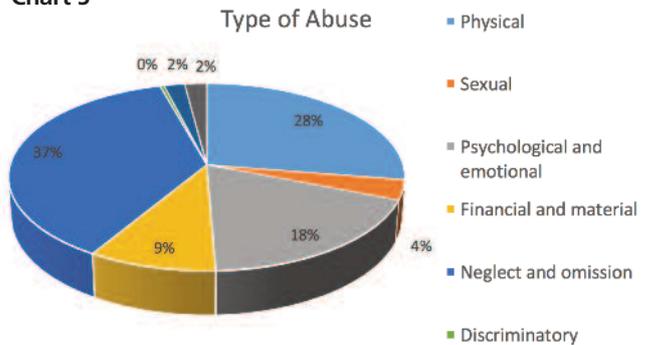


Chart 6

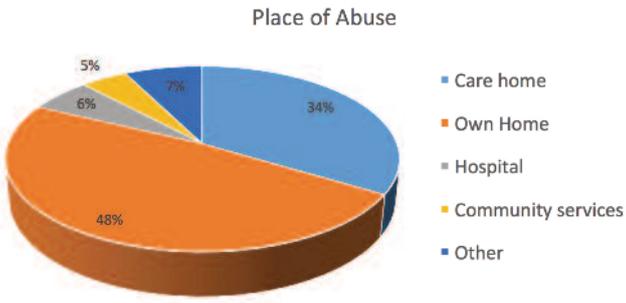
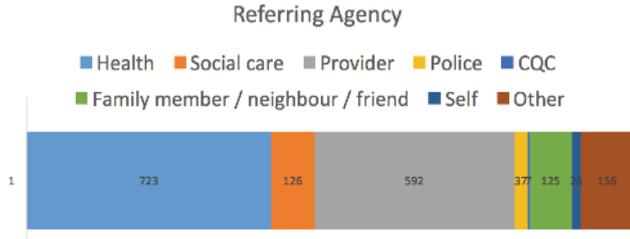
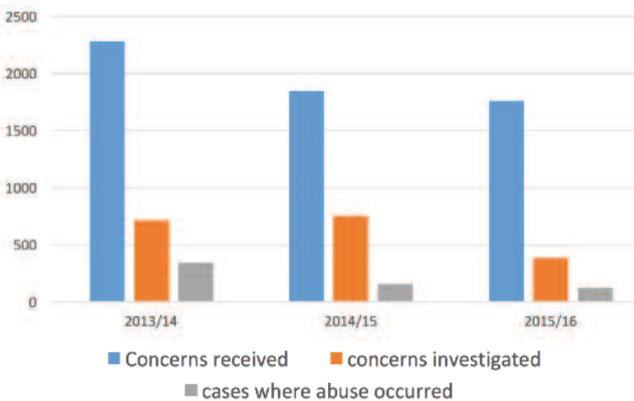


Chart 7



Of the 1760 concerns raised in the year, only 22 per cent were assessed as appropriate for an investigation to be undertaken. When this investigation happens, we make a judgement about whether the abuse has been substantiated or not. Chart 8 shows that 33 per cent of the investigations started in the year confirmed that abuse had occurred.

Chart 8



In addition to the information we collect about our safeguarding practices, we also ask some questions in our annual survey about people's perceived safety. It is good to see that in the past year, a greater proportion of people in Herefordshire feel safe and secure as a result of their services and these improvements have brought our performance in line with national averages. Charts 9 and 10 show the improvement in these two measures.

Chart 9

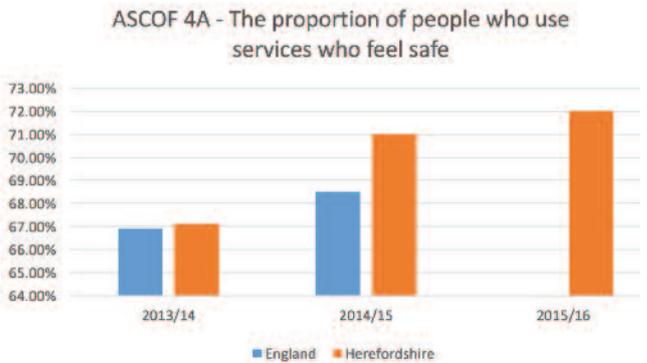
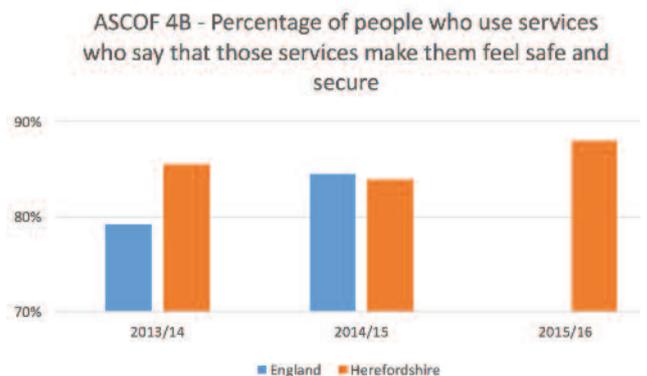


Chart 10



Safeguarding Peer Review

In September 2015, a number of experienced safeguarding professionals from around the West Midlands, together with some experts by experience came to Herefordshire to assess our safeguarding practice and performance. Below is a summary of their recommendations together with actions taken as a result.

They recommended...	We have...
	
<p>That we develop a strategic plan for safeguarding, covering the next 3-5 years.</p>	<p>Developed a strategic plan through our Herefordshire Safeguarding Adults Board which is available on our website.</p>
	
<p>That an individual's desired outcomes should be identified at concern stage; all referrers should be advised of this and assisted in implementing this.</p>	<p>We plan to train our partners to support them through this process change. We are also reviewing our processes to ensure that outcomes are more clearly captured.</p>
	
<p>That we review the capacity and availability of our advocacy service to ensure prompt access to advocacy.</p>	<p>We have extended our current service, and plan to review and re-commission the service in April 2017.</p>
	
<p>We have developed a multi-agency competency framework for training</p>	<p>This has been completed.</p>
	
<p>We further develop the performance framework of the board</p>	<p>This was completed and continues to evolve in line with the board requirements.</p>
	
<p>That we review our processes and terminology to ensure full Care Act compliance</p>	<p>All documentation and processes on our case management system are being updated. In addition, all user facing communications have been reviewed with our Making It Real Board</p>
	
<p>We work closer with our partners to improve everyone's understanding of their roles and responsibilities</p>	<p>We are planning training to promote awareness amongst our partners. We are also developing safeguarding bulletins and organising a programme of communication events</p>

Making Safeguarding Personal

The safeguarding review also focused on our Making Safeguarding Personal practices. One of our key measurements is to see whether a person has been asked what their desired outcomes are and whether these outcomes have then been achieved. As part of our statutory reporting responsibilities, we identified that in 28 per cent of completed safeguarding enquiries we asked the person in the middle of the enquiry (or their advocate or family member) what they would like to achieve as a result of the investigation. In 74 per cent of cases, we were able to meet these outcomes. This is an area for improvement in 2016/17.

Deprivation of Liberty Safeguards

Over the last few years we have received significantly more applications for Deprivations of Liberty Safeguards (DoLS) as a result of changes to case law. These are requests that grant authority to deprive someone of their liberty in order to keep them safe. This increased number of applications continued in 2015/16, with 1479 applications, nearly double the number of applications received in 2014/15 (783).



Spending and service levels

As a result of increasing demand, reduced funding and appreciation that there are better ways to meet needs, the council closely monitors its financial position to make sure we offer value for money.

At the end of the financial year (March 2016), as a result of tight financial management, the directorate had a small underspend of £22k.

Chart 11 demonstrates how much money was spent by the directorate per head of population. This is similar to other authorities like Herefordshire.

Chart 11

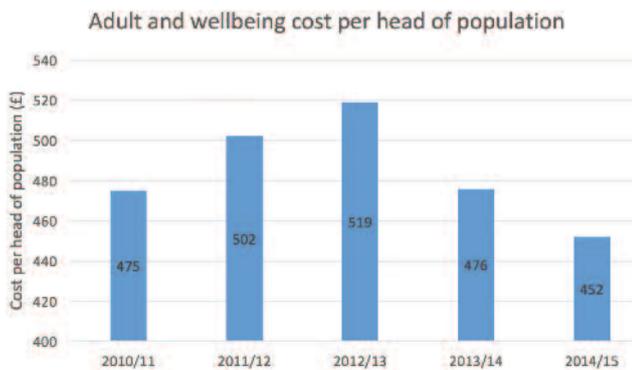


Table 1 shows the amount of money that the council spends on our over 65 population. It also shows what this equates to per 1000 population and an average of authorities identified as similar to us; either in their population or demography. This shows us that as an authority, we spend less money per 1000 population on older people aged over 65 than our comparator authorities.

Table 1

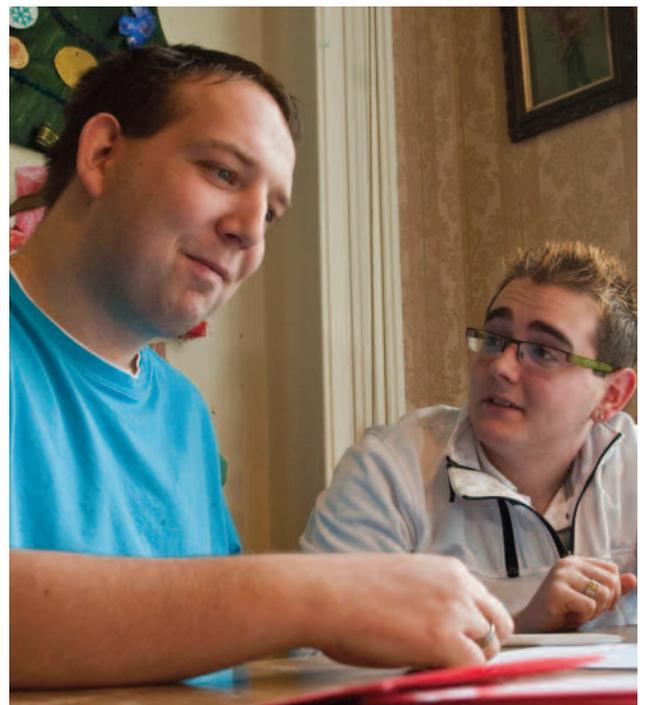
	Total Spend	Spend per head of population	Comparator mean
Older people	20,885	£522.62	£591.31

Table 2 shows we spend more money per 1000 population on people who are aged under 65; those with learning disabilities, mental health, physical disabilities and sensory impairments. Given the prevalence of people with learning disabilities, mental health and physical disabilities in our under 65 population, this is quite high and one of the highest compared to other authorities similar to Herefordshire.

Table 2

	Total Spend	Spend per head of population	Comparator mean
Learning Disabilities (Under 65)	16,453	£153.28	£141.55
Mental Health (Under 65)	3,365	£31.35	£23.23
Physical Disabilities (Under 65)	4,905	£45.70	£29.73

We will continue to manage the needs of our clients effectively so that we can reduce our costs where possible.



Adult social care outcomes framework

The Adults Social Care Outcomes Framework, or ASCOF, is a national set of measures that all local authorities must report on.

The table below compares the performance of Herefordshire, this year and last year, with the English average for last year. At present, the English comparator has not been published for 2015/16.

	2014/15		2015/16	Improvement
	England	Hereford	Hereford	
Social Care Quality of Life	19.1	19.4	19.8	
Proportion of people who use services who have control over their daily life	77.3%	77.9%	80.5%	
Proportion of people using social care services who receive self-directed support, and those receiving Direct Payments	83.7	87.3%	94.0%	
Proportion of people using social care services who receive a Direct Payment	26.3%	23.1%	32.9%	
Carer reported quality of life	7.9	7.6	*	
Proportion of adults with a learning disability in paid employment	6.0%	6.0%	11.3%	
Proportion of adults in contact with secondary mental health services in paid employment	6.8%	10.4%	9.7%	
Proportion of adults with a learning disability who live in their own home or with their family	73.3%	60.2%	58.0%	
Proportion of adults in contact with secondary mental health services living independently, with or without support	59.7%	76.0%	73.6%	
Proportion of people who use services, and their carers, who reported that they had as much social care contact as they wanted	44.8%	46.3%	54.2%	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 18 - 64	14.2	13.0	10.2	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 65+	668.8	655.3	416.6	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.1%	77.0%	84.7%	
Delayed transfers of care from hospital (all reasons)	11.1	7.8	7.7	
Delayed transfers of care from hospital which are attributable to adult social care	3.7	4.1	4.5	
Overall satisfaction of people who use services with their care and support	69.0%	67.0%	70.0%	
Overall satisfaction of carers with social services	41.2%	38.6%	*	-
The proportion of carers who reported that have been included or consulted in discussions about the person they care for	72.3%	71.1%	*	-
The proportion of people who use services and carers who find it easy to find information about support	75.4%	74.5%	72.2%	
The proportion of people who use services who feel safe	68.5%	71.0%	71.5%	
The proportion of people who use services who say that those services have made them feel safe and secure	84.5%	83.9%	88.0%	

Please note that the Carers Survey is only completed every 2 years and as a result, we do not have results for 2015/16.

Further information

Useful information

1. Access to adult social care

Adult social care enquiries: 01432 260101

ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk

2. WISH

www.wisherefordshire.org

3. Healthwatch Herefordshire

01432 364481

www.healthwatchherefordshire.co.uk

4. Care Quality Commission

The independent regulator of all health and social care services in England.

03000 616161

www.cqc.org.uk

Further reading

1. Facts and figures about Herefordshire

<https://factsandfigures.herefordshire.gov.uk>

2. Making it Real

www.thinklocalactpersonal.org.uk

www.herefordshire.gov.uk