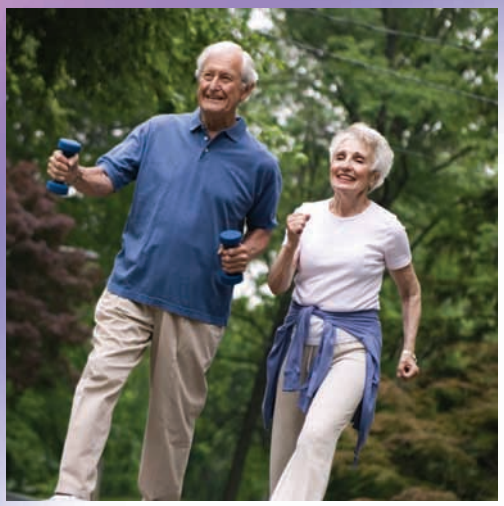
Hull City Council
Adult Social Care
Local Account 2012-13
The Quality Report on Social Care



Hull City Council

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1. Foreword

Welcome to the 2013 Local Account which informs our citizens of how we have enabled people to have their social care needs met during the last year, listening to our customers, involving them and their stories in describing what we have done. This is our third Local Account and we hope that you will be able to see the journey we have been on to ensure that people can live well and safely in the community.

Our services are improving in being more person centred and focusing on customers having choice and control over their lives. In doing so we have worked with partners in Health, Independent and Community sector as well as other areas of Council Services. As we look to achieve more integrated models of services with health partners there will be opportunities to plan joint priorities and pool our resources through the Health and Wellbeing Board.

At a time when there is rising demands, tighter and reduced public sector funding we have seen outcomes for individuals and communities making improvements, we want to be excellent and recognise that there is more we need to do in 2014. We will need to be robust in ensuring we use our resources well in maintaining support for vulnerable people.

The 2013 Local Account, enhanced by the stories of our customers sets out to give a 'brief' picture of what we have done. Staff in our services continue to focus on personalising care in transforming our approach and we are proud of our efforts in adult social care services.

Please read and enjoy, if you want to know more contact us on 300300.

Cllr Helena Spencer
Portfolio Holder for
Prevention & Safeguarding
Children & Young People
and Adults

Angela Dunn
City Manager
Adult Social Care Services

2. What is a Local Account?

The Local Account is Hull City Council's opportunity to let people living in Hull know how well adult social care has performed. Every year, we publish this document to give people direct feedback about our successes, priorities and challenges.

The Care Quality Commission, which inspects and regulates adult social care no longer carries out an annual inspection of Councils, but will instead use the Local Account to gauge how well councils are performing. They will check that we have the right priorities and are making improvements to the way we work all the time. In addition to this, local authorities from across Yorkshire and the Humber region use the Local Account to challenge each other and support each other to improve through the sector led improvement partnership.

In this local account, you will find information on what we spend and what we spend it on, what our customers have told us either directly or through national surveys and you can find out how we are developing and changing to better meet the needs of the people in Hull.

The Department of Health have introduced the Adult Social Care Outcomes Framework to measure the performance of adult social care departments and are asking questions in relation to four themes;

- Enhancing quality of life for people with care and support needs
- Promoting independence, delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

The information about services in this Local Account is grouped under these headings.

3. Co-production of Local Account

Co-production means producing things together with people who use services, carers and partner agencies. We are increasingly co-producing services by canvassing the views of customers and carers and by inviting them onto planning groups. This year, we have co-produced the local account by asking people what should be in it and what our priorities for action should be. We wrote about the things people wanted us to, then shared the draft with them so that they could ask for any changes they wanted.

'We need short, snappy pieces. Sometimes in these things you get pages and pages when it would fit on a postage stamp'

'No long words'

'Make it reader-friendly'

'Make it browsable, not something you have to lock yourself away and concentrate on to understand it.'

'I want to know how personalisation works in services – what a difference it has made to people'

'I want to understand what you're doing and why – and what you're going to do next.

Customers' and carers' comments on the Local Account

4. What does Adult Social Care provide?

We provide support to people who need it in a variety of ways. Our main aims are to support people to stay as independent as possible for as long as possible, and when they do need extra support, to provide it in such a way that they keep as much control over their lives as they can.

The support we can give includes;

We do this by providing some services ourselves but also by buying services from people in the private, voluntary and community sectors. This is so that people have more choice, can use services which are more local to them, while we can show good value for money and can support local businesses and services.

5. What do we know about Hull?

Hull is becoming more ethnically diverse – 90% of people are of white British origin 10% of people are from a wide range of ethnic origins

Hull has a higher level of long term illness and disability than the national average and more people suffer daily pain

Hull has a high level of unemployment

– There are 8.38 unemployed people for every vacancy.

The national average is 3.4.

In the rest of Yorkshire it is 4.1

Hull has a young population-

18% are children

68% are working age adults

14% are older people

People in Hull are less well off than elsewhere in the country - earnings are 15% below the national average and we have a higher rate of insolvency and home repossession than the national average

Hull has a population of 263,890 – 6,000 more than 10 years ago

Hull has an ambitious City Plan to tackle these difficulties, to attract 7,500 new jobs as part of its aim to become the country leading green energy city, to build on Hull's history, culture and beautiful places, become a world class visitor destination and to improve health and well being through a comprehensive programme across health, social care and communities

6. Making It Real in Hull

Think Local, Act Personal is a national partnership of people who use services, carers, government and local authorities and together they devised the Making it Real Framework. This framework contains a set of standards which all providers and commissioners should achieve and highlights six priorities for local authorities to deliver. These are;

- Better information
- Community capacity
- Personalisation and self directed support
- Provider and workforce development
- Safety, cost effectiveness and efficiency
- Co-production of services (fully including customers and carers in the decisions, design and delivery of services)

In last year's Local Account, we told you what we are doing to achieve these, but over the past year we have started working much more closely with partners including people who use services, the NHS and the private sector to make sure that all services in Hull are working towards the same things. We meet as a group to work out some achievable goals in the short, medium and long term and will hold some events for people who use services and providers later this year to talk about whether we have the right goals, what people in Hull expect and how providers can show they're doing what people expect.

Hull City Council looked closely at whether we're meeting the standards set out in Making it Real and found that:

There is good quality information, advice and support available for free, but the different sources of information don't always link with each other as well as they could do. What we have meets all the standards in Making it Real, but we need to help people know where to find it.

There is a good range of activities and support services available in the community in most areas of Hull and when someone comes to the City Council for social care support, we make good use of these. However, employment opportunities for disabled people or those with support needs are very limited. One reason for this is the high level of unemployment in Hull and we have been encouraged by local disabled people's organisations to think about employment more widely – not just as paid work but as rewarding occupation which people get a lot out of. This doesn't help the figures on government returns but does help people who use services. We think that matters.

The majority of the services we provide or which are provided by others on our behalf do work in a person centred way and more than two thirds of the people who use our services have their own personal budget. However, the amount of control that people have does vary. A recent audit of case files showed that some people have complete control and are well supported to keep this but others have only some control and still have to compromise with service providers over what they receive, when and how.

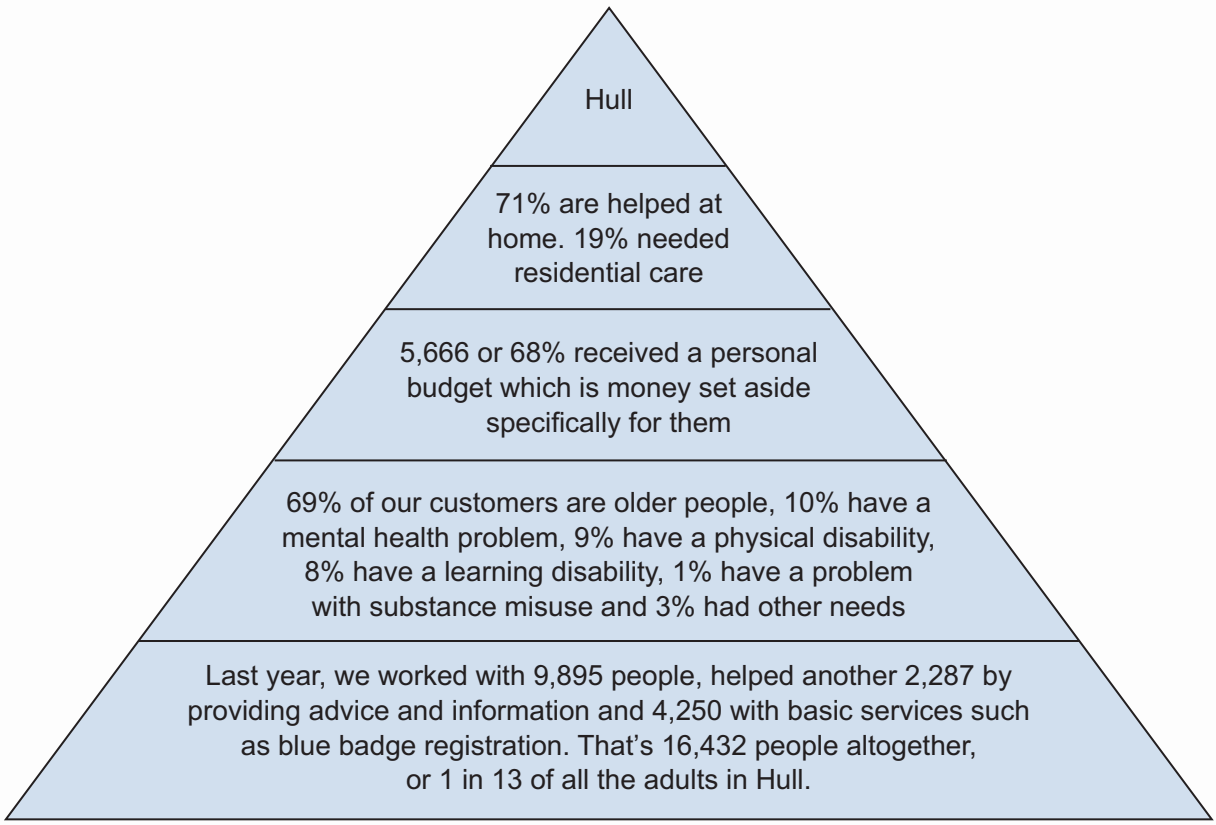
The workforce is changing in the way we want it to. People are developing new skills and different attitudes. Most staff understand that the best way to support someone is to help him/her to live their life in the way the want to rather than take over and 'look after' someone. There is a growing understanding that most people know what they want and what is best for them to a much greater degree than a worker does, no matter how highly qualified and experienced. However, this is not universal and some people still work in a very protective way and feel that professionals know best. This can limit the freedom of choice that people have and we continue to work to overcome this through training and supervision.

Risk is managed positively, in a way that supports people to find a good balance between taking risks in order to do the things they want to while staying safe. Safeguarding and protection is proportionate which means that if low level, informal action can put right something that has gone wrong, this is done. However, there is a good partnership between the Local Authority, people who use services, the Safeguarding Board, Police, Fire Service, NHS and other providers to make sure that when people need formal action to address problems, this is swift and well co-ordinated.

All services are striving to mould themselves around the needs and preferences of the person using services, although some services are better developed in this area than others. Wherever legally possible, people are offered a direct payment so that they can take the money and buy their own services directly from Personal Assistants or other providers. All of the support services to help them do this are in place, with most of these provided by the voluntary sector or by user-led organisations. At the moment, some people cannot legally take a direct payment, for example people in residential care, but we are taking part in a national pilot scheme which offers people in residential care a direct payment and which has some formal exemptions from the law in order to be able to do this.

As part of the work we are doing in Making it Real, we are encouraging all providers and commissioners to measure themselves against the same standards, recognise their own good practice and set themselves goals to improve. We are also collating some of these so that we can see if there are common issues and shared problems which we can all work on together.

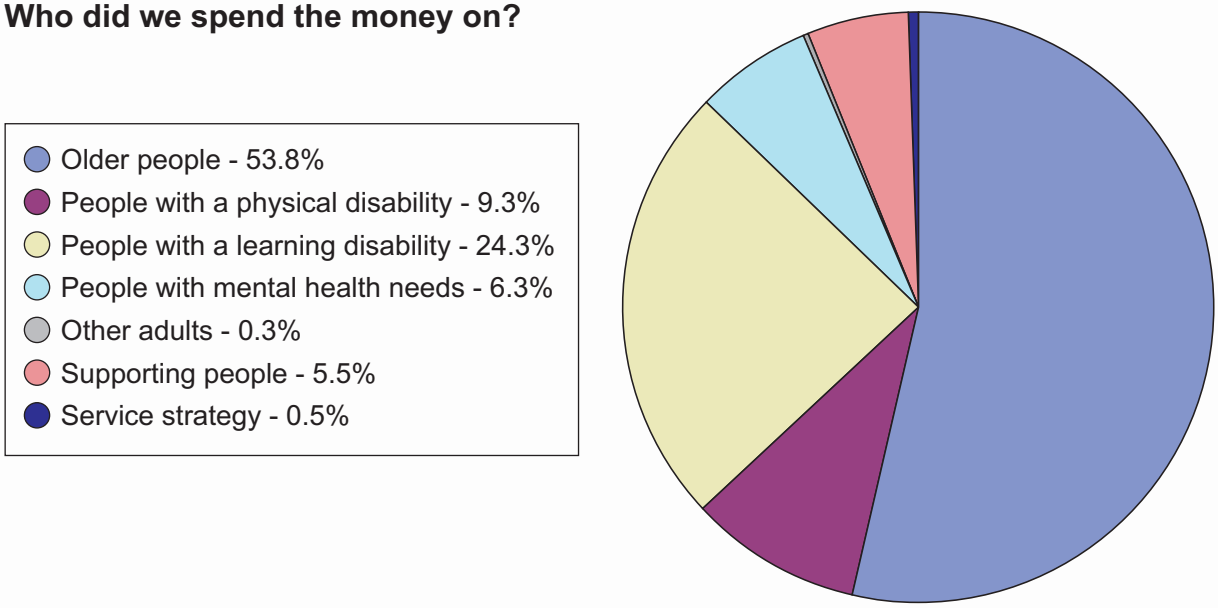
7. Who do we work with and what does it cost?



The total budget for Adult Social Care in 2012 – 13 was £110,545,000.
Through fees, charges and other ways of gaining income, we generated £31,506,000 which means the City Council spent £79,039,000 altogether on adult social care.
The Council publishes full audited accounts each year, these can be found on the Council website at:-
http://www.hullcc.gov.uk/portal/page?_pageid=221,139503&_dad=portal&_schema=PORTAL

The Council's Budget Handbook is available at:-
http://www.hullcc.gov.uk/portal/page?_pageid=221,225903&_dad=portal&_schema=PORTAL

Who did we spend the money on?



We spent more than half of the money supporting older people and another quarter supporting people with a learning disability. Only half a percent – half a pence in every pound was spent on planning, organising and managing the service.

8. What do people who use services think about us?

8.1 Consultations and surveys

Our services ask people what they think on an ongoing basis, but over the last year, we have taken part in three major national surveys, the Social Care Related Quality of Life survey, the Personal Budgets Outcomes Evaluation Tool survey (the POET survey) and the Adult Social Care Outcomes Framework (ASCOF) survey. These enable us to compare what people in Hull say about their local services with what people say elsewhere in the country so we can see whether we're doing better or worse than other Local Authorities. This doesn't mean that if we're doing well we can't do better, but if there's something which people in Hull are less satisfied with than people elsewhere, this may well become a priority for action. The ASCOF survey is presented below and the others are included at Appendix 1 so that you can see what people have been asked about.

The Social Care Related Quality of Life survey asked people how they felt about their lives and about the services they received. In Hull, people had more ill health, more people were in pain every day and fewer people felt safe than the national average. However, more people than the national average said the services they receive made them feel safer, more felt they had control over their daily lives and that services helped them achieve this, more felt good about their lives and significantly more said they were extremely or very satisfied with those services.

The POET survey asked people who have a personal budget and their carers about themselves and the difference having a personal budget had made to their lives. 66% of carers said it made them feel more able to carry on caring and stay well and said it improved their quality of life. This is the same percentage as elsewhere in the country, but more people in Hull have a personal budget than elsewhere in the country – almost 70%. More carers in Hull than elsewhere said that having a personal budget helped them stay in work and get a better social life and more said it improved their relationship with the person they care for. A significantly higher percentage than the national average of people who use services said that the way the council supported the personal budget process helped them to plan their own support, get the support they wanted, and control that support. A significantly higher percentage also said that the council made it easy for them to get advice, choose different services and to complain if things went wrong.

8.2 The ASCOF Survey – a comparison with last year

Measure	2011-12 outcome	2012-13 outcome	↑ or ↓	Comments
Social care reported quality of life	18.73	19.4	↑	This is a complex outcome, arrived at by looking at lots of figures. 19.4 is the highest satisfaction level in the region, and we are very pleased to have achieved this high standard of service
Proportion of people who use services who have control over their daily life	76.9%	78.5%	↑	We are very pleased that more people than last year feel they have enough control in their lives
Proportion of people who receive self directed support	62.8%	68.3%	↑	When self directed support first became an option for people, we put a great deal of effort into helping as many people as possible direct their own support and are pleased to be able to further improve this very high level of performance

Measure	2011-12 outcome	2012-13 outcome	↑↓ or	Comments
Proportion of people who receive a direct payment	16%	27.7%	↑	We are pleased to have significantly increased the number of people who receive a direct payment, which enables people to buy their own services and have complete control.
Carer reported quality of life		8		This year is the first time this survey question has been asked, so we are not able to compare previous performance.
Proportion of adults with a learning disability in paid employment Proportion of people in contact with secondary mental health services in paid employment	0% 5.1%	0% 5.1%	same	We give grants to a number of agencies to provide this service on our behalf but unfortunately this means we cannot include the people they support in our ASCOF return. In future, we hope to commission this service rather than give grants which means we can include the people the current organisations support and give a true picture of our performance in this area. However, one of the problems people face is that nationally, there are three people seeking work for every vacancy. In Hull there are more than eight.

Measure	2011-12 outcome	2012-13 outcome	↑ or ↓	Comments
Proportion of adults with a learning disability who live in their own home or with their family	66.3%	67.7%	↑	We have looked again at the way we commission housing related support and hope to improve this figure next year
Proportion of people in contact with secondary mental health services who live independently	59%	49%	↓	We are working with the Humber NHS Mental Health Trust, who provide this service to improve this, and hope to improve the figure next year
Permanent admissions of younger adults (18-64) to residential and nursing home care per 100,000 population	24.2	23.0	↑	We are pleased that this has improved, although we are currently looking at ways to make it improve further
Permanent admissions of older adults (65+) to residential and nursing home care per 100,000 population	964	824.4	↑	We are pleased that this has improved, although we are currently looking at ways to make it improve further
Proportion of people 65+ who were still at home 91 days after discharge from hospital into a reablement service	79.8%	84.1%	↑	We have worked hard, in partnership with health, to develop a range of reablement services including those designed for very dependent people, at high risk of readmission to hospital
Proportion of people being discharged from hospital who are offered a reablement service	1.17%	1.5%	↑	We have worked hard, in partnership with health, to develop a range of reablement services including those designed for very dependent people, at high risk of readmission to hospital

Measure	2011-12 outcome	2012-13 outcome	↑ or ↓	Comments
Delayed transfers of care from hospital which are attributable to the local authority per 100,000 population	2.2	1.3	↑	We have made facilitating discharge a priority so that no-one stays in hospital when they could go home with support
Overall satisfaction of people who use social care	70.05%	71.4%	↑	We are particularly pleased to have improved in this area
Overall satisfaction of carers with social care		47.2%	↑	This is the first year this question has been asked, so we can't compare our performance with previous years, but this is well above the national average.
The proportion of carers who report they have been included in discussions about the person they care for		73.7%		This is the first year this question has been asked, so we can't compare our performance with previous years, but this is above the national average.
The proportion of people who use services who say they find it easy to find information about care and support	72.9%	79.6%	↑	Carers have told us they find it less easy to find information, so we are currently looking at ways to improve this.
Proportion of people who use services who feel safe	61.33%	67.9%	↑	We have worked closely with the police, the fire service and the safeguarding board to help people feel more safe, and are very pleased that this is helping.
Proportion of people who use services who say that those services make them feel safe and secure	78.14%	85.5%		Again, we are very pleased that our services help people feel more safe

8.3 Comments, complaints and compliments

During 2012/13 we received 145 complaints which was 34 fewer than last year.

We acknowledged 142 (98%) of complaints within 3 working days of receipt and responded to 96 (66%) of complaints within 10 working days. A further 19 (13%) of complaints were responded to within 20 working days and 35 (21%) of complaints took more than 20 working days.

Over the same period, we received 1,133 compliments.

9. Enhancing quality of life for people with care and support needs

9.1 Creating a dementia friendly city

We are working with partners in health, with local banks and shops and with the University of Hull to create one of the UK's first dementia friendly cities. We are starting by talking to people with dementia and their carers to find out what causes them difficulties and what would help and are then trying to make it happen. For example, many people said they had problems when they went to the bank so we talked to local bank managers and provided training and advice to staff across the city so that they could recognise when a customer had a dementia and know better how to work with them. We intend to extend this across a range of shops and businesses and provide them with a dementia friendly 'kite mark' to display so that people can use them with confidence, knowing that staff will understand any difficulties they may have.

Case study

Doris' story

Doris has a dementia and lives alone. She was having problems withdrawing money from the bank and paying bills because when she got to the front of the queue she would simply look very confused and leave. The member of staff at the bank realised that the glass panels and speaking grilles made such a barrier that Doris didn't know how to communicate with the staff. The next time Doris came in, the staff member came out to meet Doris and took her into one of the interview rooms where they sat on a sofa and chatted about what Doris wanted. Doris was able to withdraw the money she wanted and set up direct debits to pay bills. By making one small change, the bank enabled Doris to retain complete independence and control over her finances.

We have an event planned in February to bring together people with dementia, their carers and families, shops, businesses and service providers to look at what needs to happen to make Hull dementia friendly and to agree who is going to do what and when. To help people get the skills they need to work positively with people with dementia we have partnered up with the skills academy who will provide training leading to a certificate in dementia care for people working in GP surgeries, hospitals and in social care.

The work will be independently evaluated by the University of Hull who will give some recommendations about how it can be improved further.

9.2 Dementia Academy

In last year's local account, we talked about the setting up of the dementia academy which provides a single point of access for anyone who lives with or works with someone with dementia to receive information about training and service development. Over the last year, the academy has developed into something which really makes change happen. It has trained a network of dementia ambassadors who share information, provide advice and mentoring and really promote a change in culture not just in health and social care settings but in everyday community facilities used by everyone else.

The academy provides dementia care mapping, which looks in fine detail at a person's experience of services and identifies how they can be improved for that person. It works with service providers to help them develop more person centred care which focuses on what the person wants rather than what the organisation usually provides. It provides accredited training to people across the whole community so that people with dementia will be more able to use the same services as everyone else and has made links with Wyke and Hull Colleges to deliver training to everyone on their Health and Social Care courses. Hull University delivers the same training to all of its social work students so that everyone starting work with people with dementia has the same understanding and uses the same approaches. It delivers the same training to carers of people with dementia so that families have a better understanding of what is happening and know what to do. Over the next year, it intends to deliver a more basic form of training to all year six pupils in primary schools so that if a family member or neighbour starts to behave in certain ways, the kids know what is happening. In this way, we hope to take some of the fear and mystery out of living with someone with an advancing dementia.

'This has really helped us to understand what Amy is telling us. Even though she can't tell us in words, she can still tell us a lot by her body language and her reactions to things.'

Sue, care assistant

The academy has developed a timebanking scheme where goods and services can be directly exchanged for other goods and services. For example, a person with dementia may make a beautifully crocheted blanket for a baby and in exchange the baby's dad will cut their grass. In this way, people can be helped to feel they continue to be useful members of society fully integrated with their local community.

Case study

Tony's' story

Tony has a moderate to severe dementia and cannot be left safely alone. He has always loved gardening and once a week he and his wife spend a morning gardening for a neighbour. In return, the neighbour sits with Tony for an afternoon or takes him out to the local park to feed the ducks so that his wife can have a break.

9.3 Direct payments in residential care

Direct payments, where people receive money to pay for their own services rather than have services arranged for them have helped thousands of people get more control over their lives, but one group of people who have not been able to take a direct payment is those who live in residential care. Last year, the Department of Health were able to amend or suspend some parts of the law as part of a pilot scheme to allow local authorities to give people living in residential care a direct payment. Hull was successful in its application to be part of the pilot and is now working with partners across the council and in the private sector to make sure people get the maximum benefit. People will use part of their direct payment to pay for the cost of accommodation, food and care but will be able to use the remainder to pay for things to improve their quality of life such as doing the things they like to do and going to the places they want to go to. At the end of the two year pilot, the Department of Health will evaluate what has happened and will hopefully change the law permanently so that everyone in residential care can benefit from more choice and control.

9.4 Risk enablement

Last year, we developed a positive risk taking policy because people had told the government that social care were overprotective and people were not able to do the things they wanted t if there was any risk they might be hurt.
Everyone else has the right to take risks, whether that's crossing the road, going to a music festival or jumping out of a plane and people who use services argued they should have the same rights. We agreed and developed a framework which enables people to take risks while still protecting them from negligence or recklessness. This year, staff have been trained in what to do and are using the policy to help people get a better quality of life.

'They help me keep control by asking and doing what I want'

Derek

9.5 Drug and alcohol services

Together with partners in the NHS and community sector, we have developed joint approaches for drug and alcohol services so that everyone knows what each other is doing at each stage of a person's journey to recovery. We support people who have shown commitment to overcoming their addictions and help them build or rebuild a rewarding life.

Case study

Richard's story

In the past, Richard had had three periods of inpatient detox following which he had relapsed into alcohol use. He was suffering from anxiety and depression and was struggling to cope with life. However, he refused to give up on himself and went through the alcohol addiction programme for a fourth time. This time, his inpatient detoxification was followed by a placement in residential rehab, then the Recovery Academy and has been a resounding success. Richard is now moving into third stage recovery housing and is undertaking a range of NVQ qualifications in Substance misuse, counselling and health and social care. He does voluntary work with others going through rehab and with the Amy Winehouse Trust delivering workshops in schools. Richard says his experience of treatment has been 'Humbling and enlightening' and has 'Helped me get my life and my family back.' His brother said 'Thank you for giving me my little brother back.

10. Promoting independence, delaying and reducing the need for care and support

10.1 Reablement

In the past, a high proportion of people who went into residential care did so after a period of illness or a hospital stay, when they found they could no longer take care of themselves safely. We set up the reablement service in 2007 to give people intensive, short term support just when they need it most and help people get over the difficulties they're experiencing. Every year since then, we have increased the number of people leaving hospital who are able to live at home instead of having to go into residential care. Last year we helped 84% of the people we worked with to regain their independence.

We have now extended the reablement service to every new customer who needs support at home whether they have been in hospital or not. It is a six week service and is free. If people need longer term support, the reablement team help them to regain as much independence as possible before they are either given a direct payment or referred to a home care provider. At present, six out of every 10 people need less support at the end of the six weeks than at the beginning. If we look at all the people who started receiving a reablement service at the beginning of July, some still need the same amount of support, some need no support, but the total number of hours support that group of people need has reduced by half.

Over the next year we will be working closely with the Humber NHS Trust to offer a more intensive reablement service to people recovering from stroke. Some of the people who previously went from hospital into the Stroke Unit prior to returning home will be able to go straight home with comprehensive reablement support so that they can continue their recovery in their own comfortable, familiar surroundings.

'Well, they couldn't do enough for me. They're all marvellous to be honest. There's been no pushing, just encouragement to give me confidence.

Stan

10.2 Thornton Court

Until recently, if someone was not well enough to cope at home following discharge from hospital, their only option was to go into residential care for a short time. This kept people safe but did not really help them regain their independence as much as we (and they) would like. To help create a better bridge between hospital and home we set up an intensive reablement service at Thornton Court. The service has 14 flats which have been fully adapted for people who are permanently or temporarily disabled and provides an integrated service including home care staff, nurses, physiotherapy and occupational therapy. Since it opened, no one has gone from Thornton Court into residential care. 16% of the people who stayed there have eventually gone home needing the same level of home care as they received at Thornton Court, but 84% have gone home with a reduced care package. It has now been shortlisted for a national award.

Collette's letter

'I am writing on behalf of my family to thank all of the team at Thornton Court for the wonderful service they gave to my father. Dad had fallen at home and had spent a couple of days in Hull Royal Infirmary. He had become very frail and he transferred to Thornton Court so he could regain some of his strength and independence. From the very first hour, I knew the staff cared very much and that meant everything to us. What really shone out was that Dad's health and welfare, even at his advanced age was the priority of everyone. Nothing was ever too much trouble.'

'What I wanted was time on my own, time to try and get some sense of normality back. I think I've achieved that. When I came out of hospital I was vulnerable because I'd been in so long and I didn't know what was going to happen in the future. I think I've managed to get my old self back because of the support I've had at Thornton Court. Being in hospital puts a lid on your life, but getting in at Thornton Court opened up possibilities to grow.'

James

10.3 Active Gold

Supporting vulnerable people is not just about providing services when people need them, it is also about helping people to delay the point at which they need support for as long as possible. The Active Gold programme has been introduced to support older people and people with disabilities to become more active and healthy. The programme has been run in 22 care homes and sheltered housing complexes, 2 church halls and 5 community centres this year and attracted 222 new participants in the first three months alone. The activities on offer include chair based exercise, cycling (including adapted cycles for people who use a wheelchair) archery, cheerleading, new age kurling, golf, box fit, boccia, target games and table tennis. Feedback from people who have taken part is that the activities have really improved their physical and mental health and wellbeing as well as being thoroughly enjoyable.

Case study

Lucy's story

Lucy was born with cerebral palsy and could only use her left arm. Over the 12 weeks she took part in the Active Gold programme, her right side gradually became stronger and she is now able to use her right arm as well in the activities

Case study

Colin's story

Colin attends the City Council's day service. He has a memory impairment and is physically quite frail. When he was younger, he cycled everywhere and was keen to try the adapted cycling. When he started the Active Gold programme, he needed someone to pedal with him, but by the end he was pedalling himself and was fully in control of his own adapted cycle. He took part in the Skyride in East Park and in addition to the benefits to his physical health, he said it had had a positive effect on his memory impairment as well. Great result.

10.4 Connect to Support

As more and more people take a direct payment, we realised that having the money to pay for your own services is only half of the story. The other half is having access to a good range of services to choose from. We have worked with an independent provider to develop Connect to Support Hull which goes live this year. Connect to Support is a website where providers can advertise what they do and how much it costs and where people can compare, choose and book services. They can read feedback that others have left to help identify the best service for them and can leave feedback for others.

10.5 Telecare

Anyone reading last year's local account will know that by the end of last year, we provided a telecare service to around 6,000 people, providing them with assistive technologies such as health monitoring, movement sensors, door entry systems and a 24 hour alarm service so that if a person needs help, someone can call at any time of the day or night. This year, we aim to provide telecare services to another 2,500 people and have introduced new pieces of equipment such as a medication dispenser which can hold up to 28 days medication. When someone is due to take their medication, the machine beeps and says 'Please take your tablets now' then dispenses the right pills automatically. It can be linked to the person's lifeline monitor so that if they don't take their medication, a member of staff is alerted and can pop in to make sure everything's ok.

We have received several hundred compliments and thank yous this year for the telecare service. Here are just a few;

'Thankyou for the peace of mind'

'I feel much safer now, and I still have my independence.'

'I feel better knowing mum is safe even when no-one's there.'

11. Ensuring people have a positive experience of care and support

11.1 Healthwatch Hull

Healthwatch is an independent service which monitors quality in health and social care, provides information to people and makes sure that the views of people who live in Hull are gathered and represented across health and social care. Over the last year, we have been consulting with people who live and work in Hull to get their views about what they want from their local Healthwatch. We used those views to design the contract which we have now let to Hull CVS. They are making great progress in developing communication with a network of people right across the city to make sure that everyone can have their views heard and that everyone knows about and can access the service they provide.

11.2 Integrated Out of Hours service

In the past, the out of hours services were provided by a number of teams, so anyone needing urgent help during the night, at weekends or over bank holidays needed to ring one team for a mental health assessment or an urgent admission to residential care, another for urgent support at home and another for housing related support or safety checks. We felt this was confusing for people and could cause delays which might potentially put someone at risk of harm so we brought all of the out of hours services together in one place, in one team. Now, if someone needs support there is just one place to ring and the right support will come out, whatever that may be.

11.3 A service wide approach to person centred working.

For many years now, we have used person centred ways of working to increase the amount of control people have over their lives and improve their quality of life. Our disability service has taken this a step further by adopting a whole service approach. What this means is that person centred approaches are used with staff as well as customers and are used at all levels of planning and communication. The result of this is that being person centred is not just something that happens at certain times – when planning or reviewing for example – but something that happens all the time by everyone. This approach has produced some startling results for people.

Case study

Emma's story

Emma has a severe learning disability, severe communication difficulty and severe behavioural problems. She was admitted to a hospital assessment and treatment centre after being sectioned under the Mental Health Act and moved to 220 Preston Road after the section was lifted. We used person centred tools to identify what Emma wanted out of life and to discover ways to increase her self esteem and help her to feel good about herself and her life. We found ways to find out what Emma was telling us through her attitude, body language and behaviour and always let her know we were listening. Emma began to find a lot of activities she enjoyed and started to take more of an interest in her appearance. She enjoys having her hair done in a flattering, fashionable style, having her nails done and shopping for clothes and accessories. She started helping out around the home and it further boosts her self esteem when people show her how much they appreciate her help.

The experience of being valued and stimulated, being understood and listened to has really reduced her behavioural difficulties. She now takes very little medication, is able to go out to the theatre, cinema, bowling, swimming – a whole range of places in the city and in her local community. She can visit her family without needing staff to stay with her, which she hasn't been able to do for many years and now needs very little from the mental health service .

11.4 Communication circles

Communication circles have been set up as a whole service and within individual teams. These are groups of people who try to work out what someone is saying through their attitude, body language and behaviour if either they can't speak or we believe that they are saying what they think people want to hear rather than what they mean. People share what they have learned and learn from each other. Being able to communicate honestly and openly is the start of everything and when people find that their views are valued, their choices acted upon, they are much more likely to communicate further. Once we know what people want and what will help them, we are able to give that help in the way the person wants it and when we can do that, the person can get a more fulfilling and rewarding life. And isn't that what we all want, for ourselves and for the people we love?

Case study

Peter's story

Peter was a 63 year old man with a learning disability and mental health problems. He suffered from depression and agoraphobia and had become almost a recluse, never going out, not getting dressed and rarely leaving his room. We used person centred tools to identify the two staff with whom he had the best and most trusting relationship and they began to build up his contact with the outside world. At first, they just talked about places he might like to go and things he might like to do such as buying fish and chips or another treat. The staff would park a minibus outside his door so he could step straight into it and would both need to hold his hand all the way. They would only drive for 100 yards or so and then agree together whether he could complete his trip or would need to go home. He was never made to feel that a trip had failed if he couldn't complete it but was helped to recognise his success in getting out in the first place. Gradually, we built on this and used a communication circle to share learning with other staff.

After a year, Peter will now go out with eight different people and is able to go to a range of places including restaurants where he can stay long enough to enjoy a full meal. From never getting dressed, he goes out to choose his own clothes and is taking a real pride in his appearance

11.5 Living well – End of Life Care

When someone comes to live in one of our residential homes, we encourage them to plan for what they want out of life and part of this involves looking to the end of their lives. We use an approach called Living Well which identifies what someone wants to happen when they begin to approach the end of their lives and after their death. This can include anything, but people often look at where they want to be and who they would like to have with them. There is a careful consideration of medical issues but the Living Well approach goes much wider. It looks at what the person wants to do before they die – their bucket list if you like – at how they want to celebrate their life and how they want to be remembered. If people wish, they can plan their funeral or can nominate someone to do it if they prefer.

> 'I felt really apprehensive before starting the Living Well planning and was sure it would upset me. But I actually found it really life affirming and it was such a positive thing to do with Stephen.'
>
> **Denise, mother**

Case study

Andrew's story

Andrew lived in Karelia Court for many years and made many friends. Within a short space of time one of his friends died. He was ill for a long time and Andrew visited him many times in hospital and in Dove House hospice. Then Andrew's mother died and his own health began to fail. We thought it might help Andrew to start to think about what he wanted both now and in the future. We started with a history map and worked with Andrew, his family and friends to look back over his life and the important things in it. He collected pictures of places which had been important to him such as his old family home and of people and events he had valued. When we went through the Living Well approach, we found that what Andrew wanted was not the same as what his family wanted, so we supported him to explain this to them. Andrew identified things he wanted to do before he died and we helped him to achieve these things. He told us how he wanted to be remembered, by having his picture on the wall and by having a party for all his friends where they could share their memories of him. He told people that he was happy to attend the hospital for treatment but that when he died, he wanted to be at Karelia Court surrounded by his family and friends with his favourite music playing in the background.

Sadly, Andrew passed away but all his wishes were met and he faced his death without fear and with a sense of pride in his life. After his death, professionals from health and social care came together in a communication circle to look at what they had learned through their support for Andrew and how this could be used to benefit others.

11.6 Using outreach to achieve person centred care

When we talked to our customers, people with a sight impairment told us that by the time they sought help from the Local Authority, their needs were quite high and that earlier support would have helped them stay independent for longer. We got in touch with the Eye Clinic Liaison Officer (ECLO) and asked them to make people aware of the support we could give right from the start. This has meant we can get involved with people much earlier, sometimes when they are still in hospital and support them with equipment, advice and more intensive services as soon as they are needed.

Case study

Adam's story

In 2010, Adam was diagnosed with a hereditary condition which causes progressive sight loss. He is now registered as blind which has had a huge impact on his life. His social worker visited him at home assessed his needs using the Resource Allocation System which uses his assessed arrange his own care and support. He used some of the money to purchase an Apple I-Phone and apps to maintain his independence. These included Voice Brief which reads his messages to him and converts his spoken messages into texts he can then send on. It can also read Twitter, RSS, Facebook and a range of other web sites so Adam can keep up and get information he needs to live his life. He also bought apps so he 'see' colour, light, paper money and much more.

He used the rest of his money to employ a personal assistant to help him do the things he was struggling with such as shopping, cooking, studying and getting out and about to pursue his lifelong interest in sport, see friends and basically, not get left behind in life as he put it. Adam is now enrolling at University and is looking forward to a much more normal life than he anticipated.

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

12.1 Co-production in safeguarding

Co-production in Safeguarding means asking customers, carers and all of our partners to identify what is needed to protect a vulnerable adult from abuse or avoidable harm and then asking them to help produce guidance and information so that people know what they can do if they suspect someone is being abused and so that all staff know what to do if someone tells them this. This year, we needed to rewrite the safeguarding adult procedures and decided to do it in partnership with everyone who might be affected by them. We drew together a group of people including customers, carers and all the partner agencies. People told us that they found the procedures difficult to understand and that they didn't really help people to know what to do and what to expect. Customers and carers in particular wanted to know who should be doing what, when and what their rights are.

Together, we wrote a step by step guide in plain English covering each stage of the safeguarding process. Each stage is illustrated by a flowchart which says clearly 'when this happens, do that' and lets people know exactly what to expect. We used the procedures to require people investigating allegations of abuse to place a much greater focus on the person who may have been abused and put their wishes and feelings right at the heart of the process. After the procedures had been written, they were shared with a wider group of customers and carers to get their views and they really liked them. People said that they were clear and understandable and helped them to understand what would happen throughout the safeguarding process. The views of people who have been through the process will continue to be used to refine practice and we are confident that as well as protecting people, we will be able to help them keep control of what is happening.

12.2 Publicising the safeguarding message

This year, we received feedback from some mystery shopping that there was very little information available about safeguarding vulnerable adults in public places such as GP surgeries or the customer service centre. To make sure people know enough about safeguarding vulnerable adults, we worked with customers, carers and professionals to design and produce a poster with the heading 'You wouldn't ignore child abuse…so don't ignore adult abuse,' and the contact details of the safeguarding team. This will be displayed across the city together with credit sized cards for professionals with the headline, contact details and basic information about the abuse of vulnerable adults.

12.3 Restorative practice in safeguarding

One thing people have told us is that they don't always want abusers to be taken away and punished. Sometimes they just want the abuse to stop and to rebuild a relationship, particularly when the alleged abuser is a close family member or other loved one. We have trained all of our safeguarding team in something called restorative practice which, as the name suggests, aims to restore relationships and rebuild bridges between people. The approach centres on a set of questions which help the abuser and victim to talk to each other about what happened, why it happened and how they feel about it. They can then go on to talk about what needs to happen in the future to make things better.

13. The future for adult social care in Hull

Hull City Council is committed first and foremost to making sure that vulnerable people get the high quality support they need at a price they can afford. To make sure this happens, we are undertaking a complete review of the way that adult social care is delivered, looking at all the options to make sure that people get the best service at the best price and that they stay in control of their support. This may mean doing things differently in the future and although we don't know what those changes may be until we have looked at all the options, we can say that people will be consulted and involved in the decision making process before any choices are made.

14. What we said we'd do – and what we did in 2012

We said . . .	And we did . . .
We wanted to extend the offer of a direct payment to people in residential care.	We have been accepted onto the national pilot, have formed a steering group involving social workers, finance and policy people and are just waiting for the government to change the law so we can make the payments. We anticipate the first payments being made in November.
We said we'd improve engagement and consultation of stakeholders.	We have set up a new Care Engagement group for providers, who were fully involved in the review of fees, charges and contracts. Several engagement groups have been set up by our direct service provision teams to make sure the views of customers and carers are heard and we are working closely with Hull Healthwatch who have a statutory role to consult to make sure wider views are taken account of.
We said we'd set up Connect to Support so that people can shop online for social care services and products.	Connect to Support formally launched on 1st August.
We said we'd continue to improve the services we offer.	Last year, 70% of people were extremely pleased or very pleased with the service; this year 71.4% were. 78% of people said the service made them feel safe and secure; this year 85.5% say that. In addition, 95.5% say they are always treated with dignity which is higher than in the rest of the Yorkshire and Humber region where 92% say that.
We said we'd continue to increase the number of people who have a personal budget to pay for services.	Last year, just over 60% of people received a personal budget and 15% took this as a direct cash payment. This year 68.3% have a personal budget and 17% take a direct payment.

We said . . .	And we did . . .
We said we'd train Social Care and Housing staff in Positive Risk Management and encourage its adoption into everyday practice.	The training has been provided across the two Hull City Council Departments and the approach is being used. Feedback is that this approach does help people to do more of the things they want to do (which does involve taking some risks) while still staying as safe as is reasonable.
We said we'd train more people in person centred practice and would encourage its use across the whole social care sector, not just in Hull City Council services.	By the end of the year, we will have trained an additional 77 people in person centred practice, including the safeguarding team and board manager. Everyone providing ongoing support is asked to use the tools and as they become more skilled and confident, person centred practice is becoming more deeply embedded in everything we do, but this is an ongoing process.
We said we'd trained people in the Living Well approach to end of life care and would be using it increasingly to help people plan for the end of their lives.	We have used this for several people. Some of whom are still with us and some of whom have passed away. People have told us this has helped them to do the things they have always wanted to do in their life and to mark their lives in the ways they want. Many families have told us they were apprehensive at the start, but found the process life affirming and wholly positive.
We said we'd review all of our policies and procedures to make sure everyone worked in ways which were safe and offered the best possible support to people.	Most policies and procedures have been rewritten, including our safeguarding procedures. The work is due to finish in November with everything available to staff online by December 2013.

Appendix 1 – Surveys

Social Care Related Quality of Life

Domain	Definition
Control over daily life	The service user can choose what to do and when to do it, having control over his/her daily life and activities.
Personal cleanliness and comfort	The service user feels s/he is personally clean and comfortable and looks presentable, or at best is dressed and groomed in a way that reflects his/her personal style.
Food and drink	The service user feels s/he has a nutritious, varied and culturally appropriate diet with enough food and drink s/he enjoys at regular and timely intervals.
Personal safety	The service user feels safe and secure. This means being free from the fear of abuse, falling or other physical harm and fear of being attacked or robbed.
Social participation and involvement	The service user is content with their social situation, where their social situation is taken to mean the sustenance of meaningful relationships with friends or family, and feeling involved or part of a community, should this be important to the service user.
Occupation	The service user is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities.
Accommodation cleanliness and comfort	The service user feels their home environment, including all the rooms, is clean and comfortable.
Dignity	The positive and negative impact of support and care on the service user's personal sense of significance.

Personal Budgets Outcome Evaluation Tool (POET) Survey

The POET survey asks people for their views on whether having a personal budget has had a positive or negative affect on 14 key areas of their lives, namely;

- Physical health
- Mental wellbeing
- Being in control of life
- Being independent
- Being in control of support
- Getting the right support
- Being supported with dignity
- Feeling safe
- Choosing where and who you live with
- Getting and keeping a paid job
- Volunteering and helping the community
- Relations with family
- Relations with friends
- Relations with paid supporters

Hull City Council
Adult Social Care

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