



Local Account for Adult Social Care 2015-2016



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Foreword

We are pleased to present Lewisham's Local Account which will help local residents, service users, carers and providers understand more about the adult social care services we provide to adults in Lewisham.

We are committed to delivering high quality services to residents with care of support needs and work closely with the NHS, mental health services, the voluntary sector and local providers of care services to provide joined up services.

Our aim is to transform adult social care services to support as many people as possible to remain living at home with improved choice, control and dignity. We aim to encourage people to be as independent as possible and work with people to meet their individual needs. A key priority for Lewisham is to make sure that adults who are at risk of harm, abuse or neglect are safe. As ever we have worked hard with all our partners to develop a range of services aimed at reducing or preventing the need for longer-term care and support.

Our work is of course set against a backdrop of significant change. Our budgets have been significantly reduced since 2010 and we will be required to make further savings in the years ahead. The Care Act 2014 represents a major reform of the law relating to care and support for adults and their carers.

Despite these challenges, we have an ambitious programme in place for 2015/16 and 2016/17. We are building on our work with GPs, District Nurses, hospital teams and mental health teams to integrate health and care services. We are committed to improving efficiency, maximising value for money and increasing effectiveness. We will remain focused on delivering high quality care for our residents in need of support. Please do get in touch if you would like to see something developed or to provide feedback, as we welcome the views of and comments of local people, service users and carers. We are proud of Lewisham's adult social care services and we know what a difference care and support can make to people's lives.

**Cllr Chris Best,
Cabinet Member for Health, Wellbeing and Older people**



What does social care do?

Services in the community

We know that people want to remain in their own homes and neighbourhoods if they fall ill and need help caring for themselves. In these circumstances we will try to support people to stay at home and, wherever possible, try to avoid them being admitted to hospital or a residential care home. When we consider what a person's needs are, we will take into account a range of things which impact on health and wellbeing including health, housing and other support, alongside social care.



Our priorities are to:

- Ensure everyone who uses social care services on an ongoing basis has a **personal budget** and promote the use of **direct payments** to maximise the choice and control people have over managing their own care and support;
- Consider wider networks of support and other services such as community groups, library services, and adult education, which people access. To promote the use of these alongside more formal support packages of care;
- Continue to **develop a range of housing options** together with partners which offer care and support in the community and reduce the need for long-term residential care;
- Make effective use of **technological solutions**, such as Linkline, to maintain safe independent living and assist with the care-giving process;
- Support younger adults into **work or employment**;
- Develop **commissioning plans and a provider market**, that supports people to take control of their care needs;
- Apply eligibility and charging policies which reflect Central Government guidance.

Supporting and valuing carers

Carers will have the right to an assessment of their needs, separate to those of the cared for person, and regardless of eligibility for formal social care input. Carers will be supported to recognise their own needs and access appropriate support to help ensure a longer and more manageable caring role for their family or support network. We recognise that most care and support is provided by family or friends and we will continue to provide a range of support for carers.

What does social care do?

Preventing and delaying the need for care

People are living longer with more complex health conditions, so we will need to spend the resources available to social care services, in a fair and equitable way. Preventative services are as important as long-term services. We are committed to reducing the need for long-term care and one way of doing this is to support people to be as independent as possible for as long as possible. Services that help people in their own homes, such as physiotherapy, adaptations to the home, social activities, etc have been developed in partnership with health organisations and the voluntary sector to ensure people have the support they need to maintain independence after a hospital stay or illness.

Resources spent wisely

Inevitably though, there will always be those who suffer illness or accidents which cannot be avoided. However, we will always look for ways to support people to ensure they can make the most of the assets they have.

Carefully considering what a person's needs are will ensure that the right level of support is identified in line with their needs and choices. We recognise the value of wider support networks that many people have within their own families and communities and will look at all available resources when considering how to meet needs. Where family or other support networks do not exist, we will help people to build them through appropriate community networks.



The circumstances in which we work

The landscape for the delivery of social care services has changed significantly over the last year as services are integrated and redesigned to comply with the Care Act 2014 against a back-drop of ever shrinking resources.



Finance

The budget for delivering adult social care services has been reduced by £14.5m over the last 3 years. We saved this through achieving better value for money when buying services, from meeting need in more cost effective ways and from increasing income.

With less resources available to us, the way we deliver adult social care has to change. We will continue to ensure value for money and supporting people to remain as independent as possible. Whilst managing demand and changing need more effectively.

The budget for 2015-16 will reduce by £7.5m and in 2016-17 there will be a further reduction.



Law

The Care Act 2014 provides for a single national threshold for eligibility to care and support. It recognises the importance of carers by strengthening their rights to assessment and services. It creates a new focus on preventing and delaying the need for care and support, rather than only intervening at crisis point. It also embeds the individual's right to choose their services through support plans and personal budgets.



Integrating

Our vision for integration is.... 'Better care, better health and stronger communities'

Our ambition is that by 2018 we will have joined up and coordinated health and social care services for all adults in Lewisham. We aim to provide:

- Better health and wellbeing outcomes and reduced health inequalities
- A positive experience of health and care for all adults in Lewisham
- Support for people to help themselves
- High quality and safe services
- More preventative activity.

Lewisham Borough and its people



*ONS - the Office for National Statistics

**MYE – Mid-Year Estimate

Who we help with our services



Carers

Carers are people who provide care and support family and friends, by doing things that help people to stay in their own homes and live an independent life. Carers can be any age, many carers are under 18. Caring for someone can be both emotionally and physically draining. Therefore carers needs should also be considered.

In 2014/15 1,713 carers had their needs considered or reviewed



Assessment of Need

We undertake an assessment to gain an understanding of peoples' needs. This helps us to identify with the person how their needs will be met and ensure they remain safe.

In 2014/15 629 new people had their needs considered and 1,510 existing service users had their needs reviewed



Direct Payments and Personal Budgets

A **direct payment** allows you to choose who you wish to provide your service and pay them directly.

A **personal budget** is when the Council directly passes the money for your care to your preferred provider.

In 2014/15 nearly 1,000 people and over 100 carers received a Direct payment. 2,240 people received a personal budget



Nursing care

Nursing care is provided in a specialist nursing home setting where residents live. There are nurses and other trained professionals who provide 24 hour specialist care.

In 2014/15 around 180 people were admitted to nursing care



Residential care

Residential care is provided in a care home where residents live and have trained caring and health staff on site to provide support.

In 2014/15 around 900 people were placed in permanent residential care

Who we help with our services



Support for people in contact with Mental Health Services

Mental health refers to the psychological and emotional well being of individuals such as depression and phobias. It also includes those with a history of substance misuse. There are a number of treatments that can be used such as counselling, group session, medication, etc. Support may be provided by specialist teams or by carers who assist individuals with daily tasks and getting around.

In 2014/15 67% of those people who were in contact with mental health services are living independently.



Support for people with a Learning Disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities – it is important for people with learning disabilities to lead an inclusive, independent and safe life.

In 2014/15 10% of people with learning disabilities were in paid employment.

Support for older and working age adults

These may be provided in people's homes, but may also be available through specialist centres. There are many organisation across the area that provide these services either in conjunction with the local authority or GPs, etc.

In 2014/15 more than 6,100 people received services within their communities and Day Services were provided to 750 people

Short-term care and support

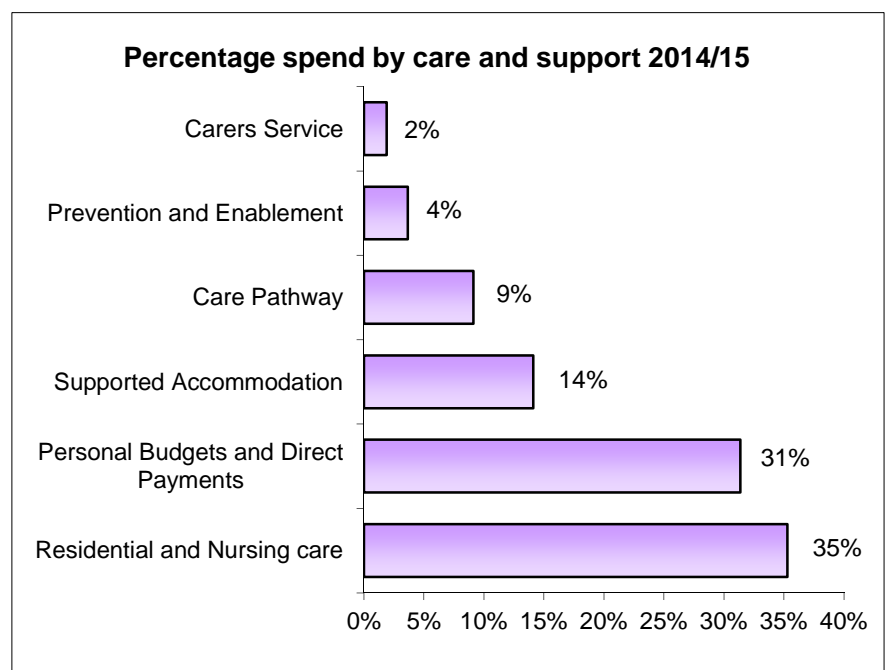
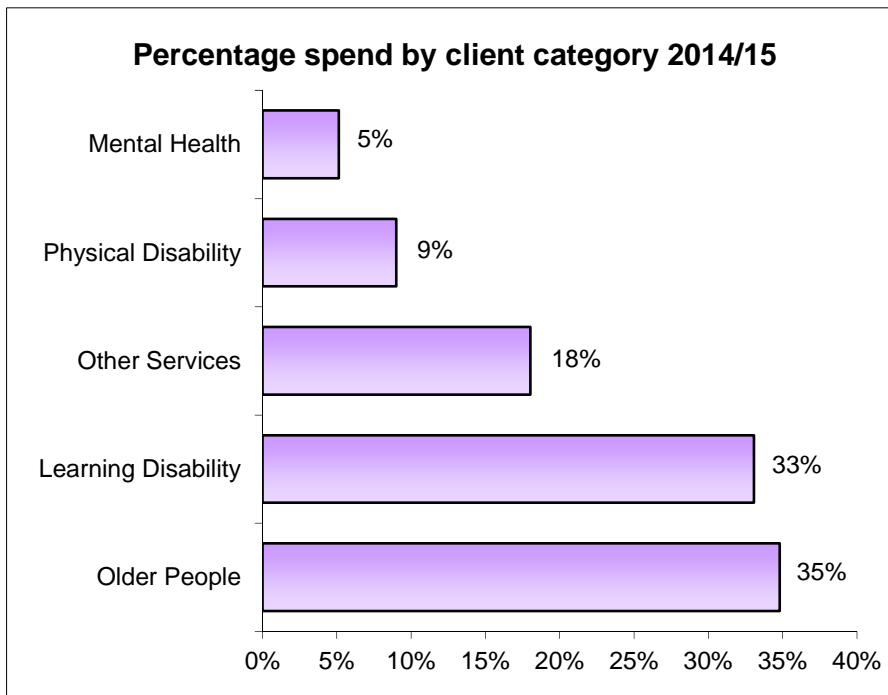
These are services that have been developed in partnership with Health to support people following a hospital stay or to avoid people being admitted to hospital if they are unwell. These services could include personal care, physiotherapy, adaptations to the home, and can be provided for up to 6 weeks.

In 2014/15 851 people received support from these services and 522 needed no additional support after these services had been provided






How we spent the budget in 2014/15






The total budget for Adult Social Care in 2014/15 was £81.5 million. Savings of £6.7 million were made in 2014/15 compared to 2013/14.






Our objectives for 2014-15 and how we did

KEY:  Completed  Started  Slipped






Healthy living for all

Actions in our 2014-15 improvement plan	Progress made in 2014-15	Status
Develop an accessible and comprehensive website to improve access to information and advice. Support people who pay for their own care to access information including quality assurance information on providers of care	The Health and Social Care website and directory of services is now live, it provides a comprehensive up to date Care Act compliant resource.	
	Phase 2 will be ongoing testing with service users to refine the navigation and content.	
Develop local health and social care providers to ensure people have a range of quality services to choose from, especially those arranging their own care via a direct payment	Commissioning intentions for the coming year were developed. These are looking to ensure that value for money is achieved whilst still proving clients with the best choice and quality of services. This will be delivered in 2015/16 as part of contract renewal	
Give people access to the information we hold on them – their support plans and statements of account and enable people to change or link up basic information such as addresses, GPs, family information and telephone numbers	We are working on developing ways for people to access the information we hold on them. The first phase of this will be in place by April 2016. We are also working with health partners to develop a single view of the patient record. Connect Care will be available across Lewisham, Greenwich and Bexley.	
Expand the Community Connections project to support more people to access activities and services in their local communities	Currently Community Connections are working to support GP practices to help patients who are lonely and isolated get more involved in their local community. There has been a ten fold increase in requests for support.	 11




Our objectives for 2014-15 and how we did

KEY:  Completed  Started  Slipped




Early intervention

Actions in our 2014-15 improvement plan	Progress made in 2014-15	Status
Identify people at risk of developing more complex health and care needs at an early stage	Neighbourhood Team Coordinators are in place and are working with GPs to identify those who are at risk. A range of professionals are working together to support these individuals.	
Work with health partners to ensure clear and effective care pathways are in place for people with UTIs, falls and dementia	Redesigning Falls prevention and management services by establishing a community based Falls Team and improving interventions for those at risk of falling.	
Expand the Neighbourhood Community Teams to include mental health professionals	Mental health professionals are working more closely with staff in the Neighbourhood Community Teams. We are continuing to work towards further integrating with mental health professionals.	
Ensure the Neighbourhood Teams connect to community health services and wider primary care teams	Social care and district nursing staff are now organised into neighbourhood teams. Multi-disciplinary meetings now take place across the borough. Professional staff are referring people more regularly to wider services such as Community Connections.	
	Work to develop joint processes across the Neighbourhood Community Team has started and will be delivered in 2016.	




Our objectives for 2014-15 and how we did

KEY:  Completed  Started  Slipped




Targeted intervention

Actions in our 2014-15 improvement plan	Progress made in 2014-15	Status
Carers' assessments and whole family assessments in place	We are working with Carers Lewisham and Voluntary Sector partners to improve services	
Effective services to support discharge from hospital in place. Strengthen the Admission Avoidance Scheme	Enhanced care and support has been implemented for discharge from hospital. We are also working with individuals to avoid admission to hospital	
Improve outcomes for people receiving enablement, thus reducing the need for long-term care	In 2014/15 851 people received support from the Enablement Service. Of these 522 needed no additional care or support in the 3 months after enablement	



Complex Care

Actions in our 2014-15 improvement plan	Progress made in 2014-15	Status
Establish new, quality extra care facilities and specialist housing	Conrad Court was completed in 2015 and there are a number of projects being undertaken there including dementia and providing specialist care for patients who need more care than a general ward, but less care than is provided in an Intensive Care Unit.	
	In the next phase we will continue to work with housing and supported living providers to target specialist and supported housing for younger adults.	
More people will be supported to control their end of life	Lewisham End of Life Transformation Project commenced 10 late 2014. A Stakeholder survey and event were held during summer 2015. Local issues identified include communication, coordination and equity of specialist palliative care across the Borough. A new service model is currently being developed to address these issues.	 13

Our objectives for 2014-15 and how we did

KEY:  Completed  Started  Slipped

Safeguarding

Actions in our 2014-15 improvement plan	Progress made in 2014-15	Status
Improved awareness across the partnership	Developed our Safeguarding Board structure in line with Care Act 2014 guidelines. A specialist team is in place to support the work of the board.	
Independent chair for the Safeguarding Board	The chair of the Children's Safeguarding Board has been appointed to the Adults Safeguarding Board to ensure a consistent approach across both services.	

Plans for 2016/17

Our priorities

What this means for residents

Closer working with GP practices, district nurses and other health services

By working closer together, sharing information and responding to changes in your health needs, we will deliver better coordinated care in your home and help you to remain as independent as possible

Improve early planning for young people who might need adult social care.

We will work with Children's Social Care and Education teams to facilitate a smooth transition from Children's services to Adult services

Work with local providers to develop services that promote independence

Working with providers of care services and helping new providers move into the care market, we will be able to provide more choice of care and support for people

Continue to develop and improve the information and advice provision

By making sure our information is wide ranging and accessible we will empower people to make choices about support and services that are available both locally and nationally

Continue to develop our partnership approach to safeguarding









By ensuring all public agencies work together we will be able to ensure people live as safely as possible, free from harm and abuse

Continue to play a key role in the wider integration and transformation of health and care in Lewisham

By working with our partners to integrate care and support across the whole system, residents will receive more personalised and joined up care






Key performance indicators 2014/15

Despite challenges and cuts we are doing quite well in the following areas:

TEASC indicator	Good is a	2014/15	2013/14	Comparator Boroughs	Better or worse than last year
Social care related quality of life	Bigger number	19.1	18.6	18.4	
Permanent admissions of adults aged 18-64 per 100,000 population	Smaller number	11.9	13.4	10.2	
Overall satisfaction of people who use services	Bigger number	63.7	63.5	57.9	
Proportion of adults with learning disabilities in paid employment	Bigger number	10.3	9.9	5.8	
Proportion of people who use services who reported that they had as much social contact as they would like	Bigger number	48.8	39.9	41.1	
Proportion of people who use services who feel safe and secure	Bigger number	92.9	85.1	81.7	
Proportion of people who use services who feel safe	Bigger number	74.9	64.5	62.9	
Delayed transfers of care from hospital per 100,000 population	Smaller number	4.5	4.6	7.2	

Key performance indicators 2014/15

However, improvement action needs to be taken in the following areas:

TEASC indicator	Good is a	2014/15	2013/14	Comparator Boroughs	Better or worse than last year
Permanent admissions of older people per 100,000 population	Smaller number	571.4	519.8	494.1	
Proportion of adults with learning disabilities who live in their own home or with their family	Bigger number	75.5	79.4	66.8	
Proportion of adults in contact with secondary mental health services who live independently, with or without support	Bigger number	67.3	69.8	76.1	
Delayed transfers of care from hospital which are attributable to social care per 100,000 population	Smaller number	2.2	2.1	2.5	
Proportion of people who use services who find it easy to find information about services	Bigger number	72.0	77.4	69.9	
Proportion of people who use services who have control over their daily life	Bigger number	72.5	74.1	69.9	