

# Adult Social Care

# Matters

Our local account  
2014 – 2015



# Contents

Page 3 Foreword

Page 4 The Care Act

Page 5 Safeguarding Adults

Page 6 Integration of health and social care

Page 10 Customer Experience

Page 12 How the money is spent

Page 13 Service and Budget Pressures

Page 13 Healthwatch

Page 14 Glossary



# Foreword

Welcome to the third edition of *Adult Social Care Matters*, which is designed to give our customers a guide to developments in adult social care in Bolton over the past year.

We aim to include useful information about things we have achieved and where we have done well this year, as well as what we need to get better at in the future; we also want to tell you about some of the challenges we will be facing in the coming year.

A significant development in the last year was the introduction of the Care Act on 1st April 2015, which has changed social care law and given service users some new rights, whilst consolidating a lot of existing laws. Throughout the year, health and social care organisations

were busy making sure Bolton was ready for our new duties under the Care Act and Bolton Council will continue to work together with partner organisations to improve care and support for local people.

Integration of social care and health services features strongly in the Local Account, and a summary is given of some of the ways in which more joined-up services are responding to people's needs more quickly, with an emphasis on supporting people in their own home and enabling them to regain or maximise their independence.



# The Care Act

The Care Act came into force on 1st April 2015. It consolidates and modernises the old framework of social care law for adults in England, and brings in new duties for local authorities and new rights for social care service users and carers.

## **The changes that came into effect from 1st April 2015 include:**

- A duty to provide prevention, information and advice services.
- A national minimum threshold for eligibility for both service users and carers.
- The entitlement for carers to assessment, support services and review equal to that of the service user.
- The right for people who pay for their own care to receive advice and support planning.
- A universal system for deferred payments for residential care.

## **The Government have delayed the implementation of adult social care financial reforms from October 2016 until 2020. These include:**

- Cap on the costs that people have to pay to meet their eligible needs.
- A 'care account' giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care is organised by the local authority or not.
- Extending the financial support provided by the local authority by raising the means test threshold for people with eligible needs.

## **In the run up to 1st April, we promoted awareness of the Care Act, running a campaign 'Care, Support and You', with a particular focus on:**

- National minimum eligibility threshold.
- Deferred payment agreements.
- Carers' entitlements.

In Bolton we viewed the implementation of the Care Act as a real opportunity for us to improve services for the residents of Bolton.

## **During 2014-15 we:**

- Developed and piloted a new Early Intervention Team to work with people to help identify needs for care and support earlier and provide support, information and advice.
- Created, tested and introduced new assessment documents and forms.
- Designed new documents and processes in relation to supporting carers.
- Trained frontline staff to support staff in supporting members of the public effectively.
- Reviewed customer's journeys through the care and support system to make this a smoother and more positive experience.
- Expanded and redesigned Bolton's web-based "local directory" of services, making it easier to navigate and available to members of the public and staff alike.
- Planned for the Bolton Safeguarding Adults Board to become a statutory function to help organisations work together to protect adults at risk of harm and set up new safeguarding procedures and guidance procedures for staff.

# Safeguarding Adults

The Care Act also requires all local authorities as the lead agency to establish a Safeguarding Adults Board to co-ordinate local arrangements to safeguarding and promote the welfare of adults at risk in its area.

Bolton Safeguarding Adults Board has a key role in promoting the understanding that safeguarding is 'everybody's business.' Bolton Council, Greater Manchester Police and NHS Bolton Clinical Commissioning Group are the three statutory agencies on the Board and the following organisations are invited to be members of the Board as essential partners for Bolton:

- Bolton Council Strategic Housing Partnership.
- Greater Manchester Fire & Rescue Service.
- Bolton NHS Foundation Trust.
- Greater Manchester West Mental Health Foundation Trust.
- NHS England will attend only where there are specific concerns that require NHS England oversight or action.
- Healthwatch Bolton.
- National Probation Company.
- Chester and Greater Manchester Community Rehabilitation Company.
- Community and Voluntary and Third Sector representation.

Other organisations will be invited to join the Board when needed, such as the North West Ambulance Service and the Care Quality Commission.

Bolton's Safeguarding Adults Board has launched a new online safeguarding policy. The Board produces an annual report and a business plan. A Safeguarding Adults Board website is under development, which will be similar in design to the Children's Safeguarding Board website which is very well established in Bolton.

Through a Communication and Community Engagement task and finish group, the Board is seeking to engage with adults who have experienced, or are at risk of, abuse and neglect and use their knowledge and experience to shape and influence the development of safeguarding services in Bolton.

The Board intends to run a public campaign towards the end of the year to raise public awareness of abuse and neglect and to promote a new single point of access for all safeguarding concerns for both public and professionals in Bolton.

# Integration of health and social care

Bolton Council, Bolton Clinical Commissioning Group, Bolton NHS Foundation Trust and Greater Manchester West Mental Health Foundation Trust are working together to develop Integrated Care across the borough to help to keep people well and out of hospital and care homes wherever possible.

This integration is being facilitated by the government's Better Care Fund, which pools CCG health budgets with Council social care budgets to facilitate the development of innovative new services.

Across Greater Manchester as a whole, the development of new models of integrated health and social care services is an important strand of a broader Public Sector Reform programme. This has been given further impetus by the 'Greater Manchester Devolution' agreement with government to devolve the £6bn health and social care budget to Greater Manchester.

The integration of health and social care services in Bolton is now firmly into the delivery stage and delivering some positive outcomes and results.

- We have introduced Integrated Neighbourhood Teams and are expanding them across Bolton. These teams of professionals consist of nurses, pharmacists, social workers, physiotherapists, occupational therapists and mental health staff working closely with GPs to support patients and service users at highest risk of becoming ill to remain independent and in their own homes.
- Intermediate tier services that have traditionally supported people between being discharged from hospital and getting home have been re-focused to get people home sooner and to help avoid the need for going into hospital in the first place. Further changes are now seeing more urgent assessments being offered to patients and service users to arrange support and care to avoid hospital stays and keep people at home. Intermediate Tier Services' bed based services reduced from 80 to 62 consolidating the provision over two sites - Darley Court with sub-acute nursing facilities and a refurbished Laburnum Lodge offering residential care provision. Its home pathway now comprises of reablement and intermediate care at home offering therapy and or nursing jointly with or without reablement. The service has implemented a night service in October 2014 allowing reablement to be available 24 hours a day 7 days a week. The Admission Avoidance Service responds within 1 hour to assess, plan and co-ordinate the care of people in a crisis to avoid a hospital admission. They work collaboratively with primary care, secondary care, out of hours, Careline and paramedic services to ensure there is a whole systems approach to the management of the crisis.
- A new Complex Lifestyles service is being developed to support patients and service users with very complex needs often related to drug or alcohol dependency mental health issues and whose needs extend beyond health and social care for example supporting with debt or housing issues.
- People are being given more information and support to manage their own health, strengthen their support networks and access support in the local area. The Staying Well service offers targeted holistic support and advice to older people to help keep them healthy, independent and connected to their community.

# Customer experience

We are committed to listening to the views of our service users in order to help us improve our services.

Children's and Adult Services have been working hard over the last 12 months to 'Make Experiences Count'. Our aim is to have an understanding about how the Department works with users of its services to examine our strengths, limitations, capabilities and resources by:

- Enabling Children's and Adult Services to be better at listening, responding and learning from people's experiences.
- Ensuring 'sharing experiences' is accessible to anyone using any of our services.
- Ensuring we listen, respond and improve, giving better care.
- Providing safe and good quality care services.
- Improving service user outcomes.
- Having quality assurance initiatives in order to deliver sustainable and continuous quality improvement.
- Improving quality by ensuring the experience of those who use our services is heard and acted upon.

## New ways of working that have been introduced during last year include:

- **A revised complaints procedure** for Children's and Adult Services supports a culture that encourages people to share their experiences so that we can make services more effective, personal and safe – resolving complaints at the earliest opportunity.
- **Quality circles** – focusing on solutions to problems.
- **Recording Incidents** – learning lessons from incidents.
- **Root Cause Analysis** – helping the service to understand why things go wrong.
- **Walk and Talk** - Senior managers making sure they devote time to visit services to talk informally to service users, families and staff.
- **Customer Voice** - a quarterly staff newsletter highlighting lessons learned through complaints and compliments for our services.
- **Audits** – developing new tools and undertaking case file and service audits.
- **Customer Surveys** – developing a generic internal customer survey.



## Examples of feedback received...

**I can't fault the service, I have no complaints.**



Times vary each day. Should be 8.30am to 9am but actual times can be anytime between 8.30am and 11am. At night it can be anytime between 6.30pm and 9.30pm.

**Staff are marvellous**

**I can't complain, it's brilliant**

Would have liked a routine to the day e.g. knowing what day can I have a shower, when will I see physiotherapist again, what's for lunch/dinner and choices. Everybody seems to come in at the same time and it can be very tiring.

Sometimes carers come too late in the morning, so Mum attempts to get herself washed and dressed, which isn't as good



**The food is lovely**

Feel safe whilst here. Cannot regret the decision of coming here. It has done me good to come here and hoping to be home end of the week.

Has had some involvement in saying what she wants to achieve, says therapists say she is but she doesn't feel she is (but that's how she is anyway – her words)

**Food is lovely, feel well looked after, only problem is it's not home**

**Staff are lovely and all have a smile on their faces**

Excellent experience, feels safe, happy with the staff here and the care provided



**Feel safe**

Would like to have been in an environment where staff and patients are both happy. Felt that staff don't like change and were unhappy

Wonderful, on the ball, kind and professional.

### Some themes from what service users have told us could be improved include:

- Home carers keeping to set times, to ensure service use.
- Additional staff cover within residential settings.
- Same carers to deliver care (community based).
- Ensuite facilities (residential care).
- Supporting independence - if carers are too protective this can take independence away.

## Case studies

We wanted to share with you a range of examples of how the services we provide are making a difference to customer's lives and allowing them to achieve a good quality of life in Bolton.

### **Case study:** **Preventing further risk to health and avoiding hospital admission**

**Mrs A was referred by her G.P to the Admission Avoidance Team in the late afternoon as she was at risk of hospital admission, suffering from a chest infection and swelling in both legs, reducing her mobility so that she was struggling to manage their activities of daily living.**

She was visited straight away and a holistic assessment was completed and Mrs A identified that she needed help with transferring on and off the bed and toilet, preparing meals and personal care. The assessor checked the patient's clinical observations and identified that the patient's temperature was low, and noted that the house was very cold. The heating was not on despite it being winter. It was agreed that the team support workers would ensure adequate heating was on at each visit. Monitoring of patients temperature was commenced on each visit.

A plan was agreed to support Mrs A with 3 visits during the day to assist with personal care, meal and drink preparation, toileting and monitoring observations. In addition a night carer visit was arrangement to help her go to the toilet. Equipment was also provided to address her immediate needs, for example a commode and a pressure relieving cushion.

This support was continued for 5 days after which Mrs A was referred to Intermediate Care at home, so that she could be supported to improve her mobility. Alongside she received short term care from the Reablement Team.

### **Case study:** **Support to return home from Accident and Emergency**

**An assessor from the Admission Avoidance Team was present in the A&E department and identified that a lady who had fallen and hurt her wrist could be supported following treatment to be discharged to go home that day with social care support put in place.**

The lady had sustained a fracture to her right wrist so on completion of treatment the staff arranged transport to take the lady home, an assessor and support worker followed the ambulance so they could be present on her arrival home.

On arrival the patient was assisted to get settled back in her own environment. A hot meal and drink were prepared for her, and we also provided her with a glideabout commode for toileting. On leaving the patient that evening the staff made sure the lady was in bed and safe to leave overnight and they returned the next morning.

A holistic assessment was completed and a plan agreed to provide 4 daily visits to assist with personal care, meal and drink preparation, toileting and also a night carer to pop in. After a few days, the lady was referred onto Intermediate Care at Home - Reablement for ongoing care provision, which continued at a similar level but as she recovered the support she needed reduced, and the Reablement Team are now visiting just once daily with a shopping visit midweek.

### **Case study:** **Supporting mental and physical well-being**

**Andrew is a man in his 40's who has a physical disability and other health issues. Due to a recent family bereavement he is living on his own with minimal support. Andrew's family contacted social services for further support as he was at risk of becoming homeless.**

Andrew has become more depressed since the family bereavement and the current issues around his health. He had become socially isolated and family were helping when they were able to but they have their own family/work commitments. After further assessment of Andrew's individual needs we arranged social activities during the week that Andrew would like to undertake particularly swimming which helps with his health conditions. Andrew is being supported on these activities to increase his confidence and independence in the community.

Andrew's confidence has increased and there has been a noticeable change in his mental and physical wellbeing as he is now feeling more positive about the future. A befriender has also been found for Andrew who will be starting to visit on a weekly basis very soon to provide him some company in his own home. The issues around his current housing are still ongoing but Andrew is being supported through this.

### **Case study:** **Protecting People from exploitation whilst promoting independence**

**Martin was discharged home from hospital following a stroke, which left him with short term memory problems and affected his ability to make decisions. Martin refused all offers of help and returned home without any package of care.**

Housing became concerned as neighbours had begun to complain regarding the amount of people who were accessing the complex where he lived and the fact that Martin looked untidy and had become very withdrawn they also voiced concerns regarding his health as he appeared to have lost a large amount of weight.

Housing contacted Adult Social Care who made arrangements to visit Martin together with the local housing officer.

Martin explained he had become involved with people who he met while out socialising and felt that things had got out of hand. Martin explained he had got himself into debt and had stopped speaking to his neighbours because he knew they were upset due to him allowing disruptive people into his flat Martin explained he was afraid of these people and felt he had to let them into his property and lend them money. He said at first he thought they were friends but now he felt they were using him and he did not know what to do.

Following a lengthy period of work with Greater Manchester Police, Housing and Adult Social Care Martin is now very settled. He receives weekly support and after several years of having support with his finances he is now debt-free. Martin and the support agency are still in contact with Adult Social Care and the support package is reviewed on a regular basis.

## Case study: Intermediate Care

**Jim was admitted to Laburnum Lodge Intermediate Care from Royal Bolton Hospital. Immediately prior to hospital admission he had been bed bound and he had not been out of bed since he was admitted to hospital.**

Living in a hostel, Jim had two knee replacements, DVT and leg ulcers requiring compression bandaging. He had a private carer who assisted with personal care, shopping, medication and meals, but Jim had a history of not taking his medication. He had previous hospital admissions and had also been in intermediate care before on an earlier occasion.

The aim of this admission to Intermediate Care was to increase his mobility and transfers and enable him to get back home successfully so he could function well and enjoy a good level of independence.

On initial arrival to Intermediate Care Jim was met by three staff, welcomed and taken to his bedroom, offered a drink and shown the lounge. He saw the Doctor on the first day after admission. Later the same day he saw the Physiotherapist and was supported to stand and took two steps. With continued physiotherapy, Jim progressed to walking with crutches from his room to the lounge and to the bathroom with the support of someone behind for confidence.

Meanwhile, a home assessment was carried out by occupational therapists and some adaptations were then made to Jim's home environment whilst he was still in the Unit.

Jim said his goal was to get better and be able to get a weekly taxi to stay over with his friend-every weekend. A multidisciplinary discharge planning meeting was held with Jim and his carer to work towards a discharge date. Two important new elements were identified in the support Jim would need to live in the community: he may need better medication support, which could be routinely assessed by a community pharmacist; and a key worker in the community Integrated Neighbourhood Team may help to prevent future admissions.



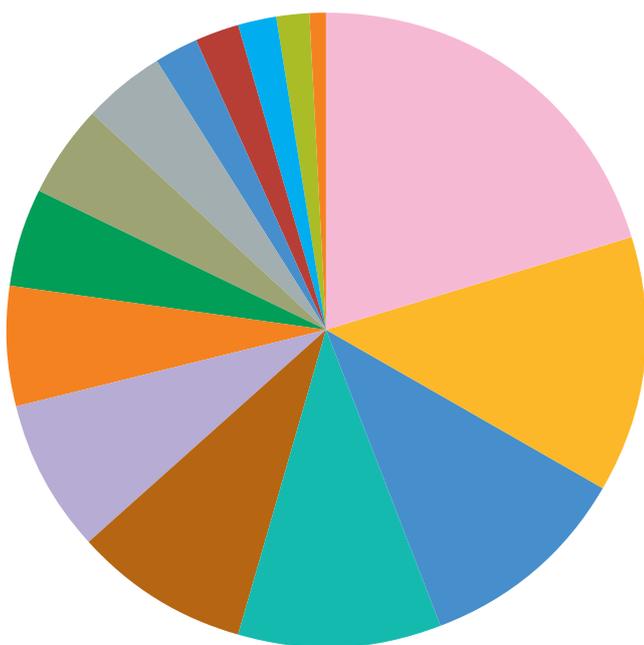
# How the money is spent

Local people have told us that they want to know more about how money is spent within adult social care.

In 2014/15 Bolton Council spent £99m on adult social care services. This is approximately 25% of the total spend for the Council. How this money is spent is split down below into service areas.

As you can see, the biggest areas of spend are within residential care (£20.3m), supported housing (£14.6m), social work services (£10.6m) and home care (£10.3m).

## Breakdown of spend by service area



£20.3m	Residential Care
£12.9m	Supported Housing
£10.6m	Social Work Services
£10.3m	Home Care
£8.7m	Direct Payments
£7.7m	Support Services, Commissioning and Management
£6.1m	Day Care and Outreach
£5m	Intermediate Care
£4.5m	Housing-Related Support
£4.3m	Drugs and Alcohol Services
£2.2m	Other service areas
£2.1m	Extra Care
£1.9m	Shared lives
£1.6m	Disability Equipment
£800k	Community Meals

# Service and budget pressures

People are living longer with more complex needs and in order to meet this increasing demand with the resources we have, we need to change the way we deliver services, whilst maintaining our responsibility to be there for those in need of social care services.

Bolton adult social care services strive to deliver good quality services to people in need within a financially challenging climate. The service had a target to save 3.5m between 2013 - 2015 and successfully achieved these savings.

We achieved these savings by redesigning a number of our council run services including; Intermediate care and increasing support through reablement services to help people to live as independently as possible, rationalising the number of disability day service bases and reviewing the disability and mental health supported living services to be efficient and effective.

The financial climate continues to be challenging looking forward over the next two years with a further saving and efficiency of up to £7.75m to be achieved between 2015 and 2017.

Adult social care services resources will focus on supporting people to remain as independent as

possible, reducing the number of people going into residential and nursing care by enabling them to live in their homes. We will be ensuring that a positive asset based approach is taken when assessing needs to ensure that alternatives to care are explored for example; through helping people access local community support, supporting carers and using assistive technology.

In addition plans are in place to look at how we buy and provide services more efficiently and effectively, this will look at how we work more closely with health and integrate our services. Bolton is also establishing a Local Authority trading company to consider delivering the majority of the council run provider services to achieve a significant proportion of the savings required.

Whilst this challenging financial climate continues into the future with increasing pressures on budgets, we will continue to make the best use of the resources available to us.



# Healthwatch

Throughout 2014 -15 Healthwatch Bolton has continued to develop and grow in its own right and is now an independent organisation working to ensure that the people of Bolton are kept well informed about developments in health and social care, and have a voice in both the transformation and scrutiny of local health and care provision.

As a key partner in Health and Social Care, Healthwatch has continued to work with elected members and council officers as well as the Clinical Commissioning Group, Bolton Foundation Trust, Greater Manchester West Mental Health Trust and other local service providers to ensure that the views of the people of Bolton are listened to and respected.

During 2014-15 we worked alongside the Local Authority and the health system to help to shape integration of health and care services. Perhaps long overdue, this development is already helping to better support the growing numbers of older people to live independently for longer and to have a better quality of life in later years.

Integration of services will continue to be a key issue and, as health and care planning is devolved to a Greater Manchester level, it will be important to ensure that local communities can access good quality health, care and support services locally as well as being able to access world class specialist provision within the wider Greater Manchester Area. At Healthwatch we are committed to working with our colleagues in the local authority to make sure the devolution process has positive benefits for all.

During the last year we have also worked with the local authority on the development of improved standards for home care services, monitoring the provision of services in residential care homes and identifying key gaps in service provision for people living in residential care, people living with long term disabilities, people with life limiting conditions and carers. Many challenges remain but we have so far been heartened by reactions within the Local Authority, especially when we have reported concerns raised by members of the public.

Healthwatch has a seat on the Health and Wellbeing Board. I attend on behalf of the organisation and do my best to represent the views of the people of Bolton, we have been pleased that the Board takes note of our views and the research we have so far presented.

In the coming year we look forward to continuing to work closely with the Local Authority, our other partners and the people of Bolton to ensure that public participation in local decision making is meaningful, positive and brings about change for the better.

**Jack Firth, Chair  
on behalf of the  
Trustees of Healthwatch Bolton**



# Glossary

## **Adult Social Care Outcomes Framework (ASCOF)**

A set of measures which allow councils to compare performance information with one another.

## **Adult Social Care User Survey**

An annual survey which departments with adult social care responsibility are required to undertake.

## **Assessment**

A council uses a community care assessment to decide whether a person needs a community care service and, if they do, who can provide the service. The assessment also considers what types of service are needed.

## **Care Charging**

The system in place to calculate how much an individual should contribute towards the cost of their care.

## **Community Strategy**

The Community Strategy is the long term plan for Bolton. The current strategy sets a vision for Bolton from 2012-2015.

## **Direct Payments**

A cash payment paid directly to individuals so they can organise their own support, rather than having support delivered by the council. One of a range of options for people getting an individual or personal budget.

## **Equipment Services**

Devices that are used to assist with completing activities of daily living.

## **Fair Access to Care Services**

Eligibility Criteria For Adult Social Care. Bolton currently provides services to customers with 'Critical' and 'Substantial' needs under this criteria.

## **Gross Spend**

The total amount spent.

## **Independent Living Team**

Provides services such as disability equipment (grab rails etc.) to help people to remain safe and independent in their own homes.

## **Integration**

Bringing services and staff together under one organisation.

## **Intermediate Care Services**

Health and care services provided in between going in or coming out of hospital.

## **Learning disabilities**

A learning disability affects the way a person learns new things in any area of life. It affects the way they understand information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills and coping independently.

## **Healthwatch**

Healthwatch is the new 'independent consumer champion' created to gather and represent the views of the public in health and social care planning.

## **Home Support (Reablement)**

"Reablement" packages give people who are leaving hospital after illness or injury help and support at home. Through reablement, people are helped to settle back into their homes, perhaps by changing their home environment so they can get around better or providing daily visits and support. In Bolton the Home Support team provide reablement services.

## **Mental health**

Mental health refers to a person's emotional and psychological well-being.

## **Net Spend**

The amount spent after subtracting any income that has been received.

## **Performance Management**

The activity of measuring and monitoring the outputs of our services to make sure that they are achieving their desired goals.

## **Physical disabilities**

A physical disability is any impairment which limits the physical function of one or more limbs or a person's overall mobility.

## **Support Plan**

A personalised care plan which gives details of a customer's care and support needs and services.

