

Adult Social Care

Matters

Our local account
2016 – 2017



Contents

Page 3 Foreword

Page 4 Facts and Figures

Page 5 Health and Social Care Integration

Page 7 Redesigned Services

Page 8 How the money is spent

Page 9 Performance Headlines

Page 10 Quality

Page 12 Customer Experience

Page 14 Market Position Statement

Page 16 Bolton Cares

Page 17 Carers

Page 18 Service and Budget Pressures

Page 19 Healthwatch

Page 20 Glossary of Terms



Foreword

Welcome to the fourth 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.

It includes useful information about things we have achieved and where we have done well this year, how the adult social care budget was spent and the changing picture of local needs and demand.

Various new ways of working have been put in place in response to the introduction of the Care Act on 1st April 2015. Sections in the report explain these changes and outline key challenges we will be facing in the coming year. The integration of health and social care at a local level has entered a new chapter with the devolution of health and social care funding to the Greater Manchester Health and Social Care Partnership.

The recent period also saw the transfer of services including day care and supported living to Bolton Cares, a newly-formed local authority trading company.

Our partnership approach to driving up the quality of local care provision and the importance of positive customer experiences and involvement are highlighted in the report, along with details of Bolton's new Carers Strategy.

We hope you find the information in this year's **Adult Social Care Matters** helpful in understanding the current performance of adult social care and the plans looking ahead as we continue to work together with partner organisations to improve care services and support the well-being and independence of local people.



Councillor Linda Thomas
Executive Cabinet Member



Councillor Asif Ibrahim
Cabinet Member for
Adult Services and Adult
Safeguarding



Facts and Figures



Approximately **4,100 adults** (3% of the adult population) have a sensory impairment that limits their day to day activities

The wards that currently contain the highest concentration of people aged over 65 are **Bradshaw, Heaton and Lostock, Horwich North East, Bromley Cross, Hulton and Little Lever and Darcy Lever.**



7.6% of our population aged between **16 to 64 years** (13,414 people) have a long term health problem or disability that significantly limits their day to day activities

The increase in the local population of people aged over 65 is expected to continue, with a



32% increase in the number of people **aged over 65 years**



and a **75%** increase in people **aged over 85 years** expected between now and 2030.

The proportion of the population with a disability increases with age, rising to **56%** of those **aged over 85.**



30% of people aged over 65 living at home and **50%** of people aged over 80 living at home or in residential care will experience a fall at least once in a year. This equates to approximately **20,000 falls** per year in Bolton now and is expected to be 25,000 per year by 2025.



Approximately **850,000** people are living with dementia in the UK. By 2025 there will be over a million. 1 in 14 people over the age of 65 have dementia and this rises to 1 in 6 for people over 80. The number of people in Bolton aged over 65 with dementia is expected to grow by **35.9%** from 3,093 in 2015 to 4,203 in 2025. Approximately **76%** of these have a formal diagnosis.

Service Statistics

The number of new contacts coming into adult social care increased by **15%** this year, as did the overall number of assessments carried out

The number of Deprivation of Liberty Safeguards assessments more than doubled in 2015/16 after increasing fivefold in 2014/15

Social Care Assessment was avoided in around **40%** of cases that were referred to the Early Intervention Team through enablement and support to access alternatives to care

The Care Quality Commission consistently rated around **80%** of local social care services as Good or Outstanding

Around **1,000** people decided to take their community-based support via a Direct Payment

Around **90%** of adults with learning disabilities and adults in touch with mental health services who are supported by the Council are living in their own home or with family

Health and Social Care Integration

On 1 April 2016, the Greater Manchester Health and Social Care Partnership took charge of the £6bn health and social care budget from central government. The shared vision across Greater Manchester is to see the greatest and fastest improvement to the health and wellbeing of the 2.8 million people who live in Greater Manchester.

Bolton's Locality Plan

'Taking Charge of our Health and Social Care in Greater Manchester' is a 5 year strategic plan for Greater Manchester built up from individual locality plans developed by the 10 local authorities and NHS organisations across the city region. Each of the 10 local authorities and NHS organisations in Greater Manchester are developing and implementing their own local plans for integrated out-of-hospital care in their localities. The Bolton Health and Care Locality Plan is a whole system strategic document which sets out the local vision and aims which directly support the development and delivery of the Greater Manchester (GM) Devolution programme. The plan sets out the two key high level outcomes within the local vision:

- the delivery of real improvements in health and wellbeing for the population of Bolton
- moving towards financial and clinical sustainability across Bolton and Greater Manchester

During 2016-17 the Council worked collaboratively with partners across the health economy and the voluntary sector to develop the plan. The member organisations of the partnership taking the Locality Plan forward are Bolton Clinical Commissioning Group (CCG), NHS Foundation Trust, Bolton Council, Greater Manchester Mental Health NHS Foundation Trust, Healthwatch Bolton, Bolton GP Federation and Bolton Community Voluntary Services (CVS). Together, themes have been identified and individual subgroups have been created to enable delivery. In Autumn 2016, Bolton submitted a bid against the Greater Manchester Transformation Fund for £49.8m. It was confirmed in March 2017 that Bolton, as a Locality, has successfully secured £28.8m and is actively progressing the schemes identified in the plan across health and social care.

These include the expansion of a prevention offer as part of the success of Staying Well and Early

Intervention through increasing community asset navigators in the community and voluntary sector, moving forward the support to hospital discharge through an enhanced discharge to assess home model, support to care homes and increasing the use and availability of assistive technology to support people to remain at home safely. These initiatives build on the positive foundations created in the Better Care Fund and pooled budget arrangements in Bolton.

Key workstreams and transformation priorities for adult social care across Greater Manchester include enhanced primary care in residential and nursing homes, an employment model for people with a learning disability and workforce reform to develop new skills, career pathways and roles. GM-wide shared approaches will be taken on issues such as market management, quality standards and commissioning frameworks, high cost complex care and a supported accommodation and care strategy.

Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government. It was created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with 'wraparound' fully integrated health and social care, resulting in an improved experience and better quality of life. The BCF collaboration has embedded throughout 2016/17 and continues to enable the four partners to work closely together, to help local areas to plan and implement seamless health and social care services across England in line with the vision outlined in the NHS Five Year Forward View. Over the last year, Bolton has continued to make good progress with the schemes funded by the BCF and further expansion is expected to these through the Transformation Fund investment in Bolton as described above.

All the schemes have continued to progress such as: Integrated Intermediate Tier services; bed based care and home support pathways now aligned to Admission Avoidance deflecting away from unnecessary hospital admissions and supporting people out of hospital in a timely manner. The Integrated Neighbourhood Teams are in place across the borough and have moved to three district areas focussing on those individuals with the most complex needs to care plan proactively with primary care to enable people to stay well and in their own homes wherever possible. In addition, investment through BCF and winter resilience resources the health and social care system has rolled out a 'Discharge to Assess' bed based model to support hospital discharge and reduce delayed transfers of care, this has been supported through the development of a fully Integrated Hospital Discharge Team.

All the BCF schemes are subject to a process of continuous evaluation and improvement and oversight through the Joint Commissioning Board and will be progressing the integrated commissioning arrangements in readiness to increase the pooled budget arrangements in managing the Transformation Fund and BCF in 2017/18.

Dementia

Bolton's Dementia Partnership Board was refreshed in May 2016. Sixty stakeholders attended a multi-agency workshop and identified key actions for Bolton. A new implementation plan is under development and will aim to ensure local people living with dementia are not excluded and receive appropriate support to remain engaged in community life.

A good example of this has been seen in the pilot in Horwich of Dementia Friendly Communities, which involved businesses and organisations becoming dementia friendly, through actions such as improving staff awareness and improving shop/store environments to make them more accessible for people living with dementia. 76 businesses engaged in the pilot. The learning from this pilot will inform a boroughwide roll out plan. Bolton has also signed up to the Dementia Action Alliance, which brings local organisations, groups, and businesses together to improve the lives of people living with dementia. To date the alliance has eighty members/organisations from a range of sectors and backgrounds who are all working towards to an age/dementia friendly community.

Housing and Health

In 2016/17, Bolton Care and Repair assisted 1,359 older and vulnerable people to continue

to live independently at home. Care and Repair's services include adaptations for disabled people, a handy person, information and advice and home improvements to ensure the home is a safe, warm and dry place to live. The service has also started to undertake Healthy Homes Checks to ensure that the home is not adversely affecting a person's health as a result of its condition. Initially trialled with homecare users, the check will be offered more widely in the coming year.

£2m was spent on Disabled Facilities Grants (DFGs) in 2016/17. 399 enquiries were received for DFGs and 222 customers had an adaptation completed within the year.

Safe, Warm and Dry provides large scale improvements using a targeted approach identify properties that are the greatest risk of failing decency standards including indicators on cold homes and falls risks, linked to long term conditions and financial circumstances.

In 2016/17 42 large scale improvements were completed with a further 21 works underway. These works included electrical repairs/rewires, roofing, heating systems, damp proofing, new windows and doors and general kitchen and bathroom modernisation. £1.5m was spent on these cases and 58 customers received assistance for smaller scale, essential home repairs. 209 customers received assistance to reduce fuel poverty, including 69 boiler replacements and 58 properties receiving extensive External Wall Insulation. The Care and Repair Handy person helps out with small jobs around the home such as fixing gutters, leaky taps and fitting small security measures. A charge is made for the service with all income being reinvested in the service. In 2016/17, 1576 jobs were undertaken by the Handy person.

The Housing and Health Steering Group brings health, social care and housing partners together to progress a number of work streams including the provision of supported accommodation, Technology Enabled Care, and Warm Homes Healthy People. Bolton Community Homes Partnership has funded the group to develop a three year project relating to hospital discharge to gain an understanding of the extent that housing issues delay discharge from hospital.

The group also oversees the implementation of the Housing for Independent Living Strategy, raising awareness about the impact housing can have on health and wellbeing with front line teams in health and social care and the fire service. A market position statement for older person's housing has also been developed.

Redesigned Services

Changes in the structure of how Adult Social Care assessment and care management is delivered were made during 2016-17 in response to Greater Manchester Devolution and Integration, Care Act and new statutory duties for Adult Safeguarding.

Safeguarding

A new Safeguarding team has been set up and following the Bolton Safeguarding Adults Board Self-Assessment, a refreshed governance structure was established for the Board; there is now a single front door for safeguarding for adults over the age of 18, based in the MASSS (Multi Agency Screening and Safeguarding Service) with the police public protection unit and children's services. The team deals with safeguarding concerns and enquiries and safeguarding investigations.

Integrated Hospital Discharge

An integrated team arranging the safe and timely discharge of patients from all wards at the Royal Bolton Hospital. Social workers, community assessment officers, nurses, therapists and voluntary organisations are all co-located on the hospital site.

Independent Living Services

This includes Early Intervention (EIT), Staying Well, the Sensory Service, Telecare, the Integrated Community Equipment Store (ICES) and a team of occupational therapists. Advice, signposting, daily living equipment and short term social care are provided. Staying Well works with GPs to undertake an early check on people with low level needs or who are likely to develop due to their health conditions, helping people to maintain their independence.

Districts and neighbourhoods

Adult Assessment and Care Management (North, West, South) – three distinct

neighbourhood based teams provide an assessment and care management function for adults over 18 but not including customers with diagnosed learning disabilities. The teams carry out all assessment and review functions for older adults and people with physical disabilities, focussing on an asset based approach to assessment and support planning combining personal budgets with universal and voluntary services.

Integrated Neighbourhood Teams - provide targeted proactive care to patients at the end of their life, frail elderly patients (often with dementia) and adults with multiple long term conditions. This is an integrated, seamless approach to health and social care for patients most at risk of unplanned hospital or long term care admission. The teams work closely with GP clusters to identify patients for an integrated care planning intervention.

Learning Disabilities and Deprivation of Liberty Safeguards (DoLS)

Community Learning Disability Team - provides a borough wide service for people with a diagnosed learning disability. Consisting of health and social care staff providing a multi-disciplinary approach, the focus is on an asset based approach to transition to adulthood, and assessment and support planning. The team brings together social care managers and clinical leads into one service.

Learning Disability Health Teams - Community Learning Disability Teams providing assessment, support and care services for adults with learning disabilities.

Intensive Support - an integrated health and social care team working with people who have complex needs and a history of offending.

Deprivation of Liberty Safeguards (DoLS) -

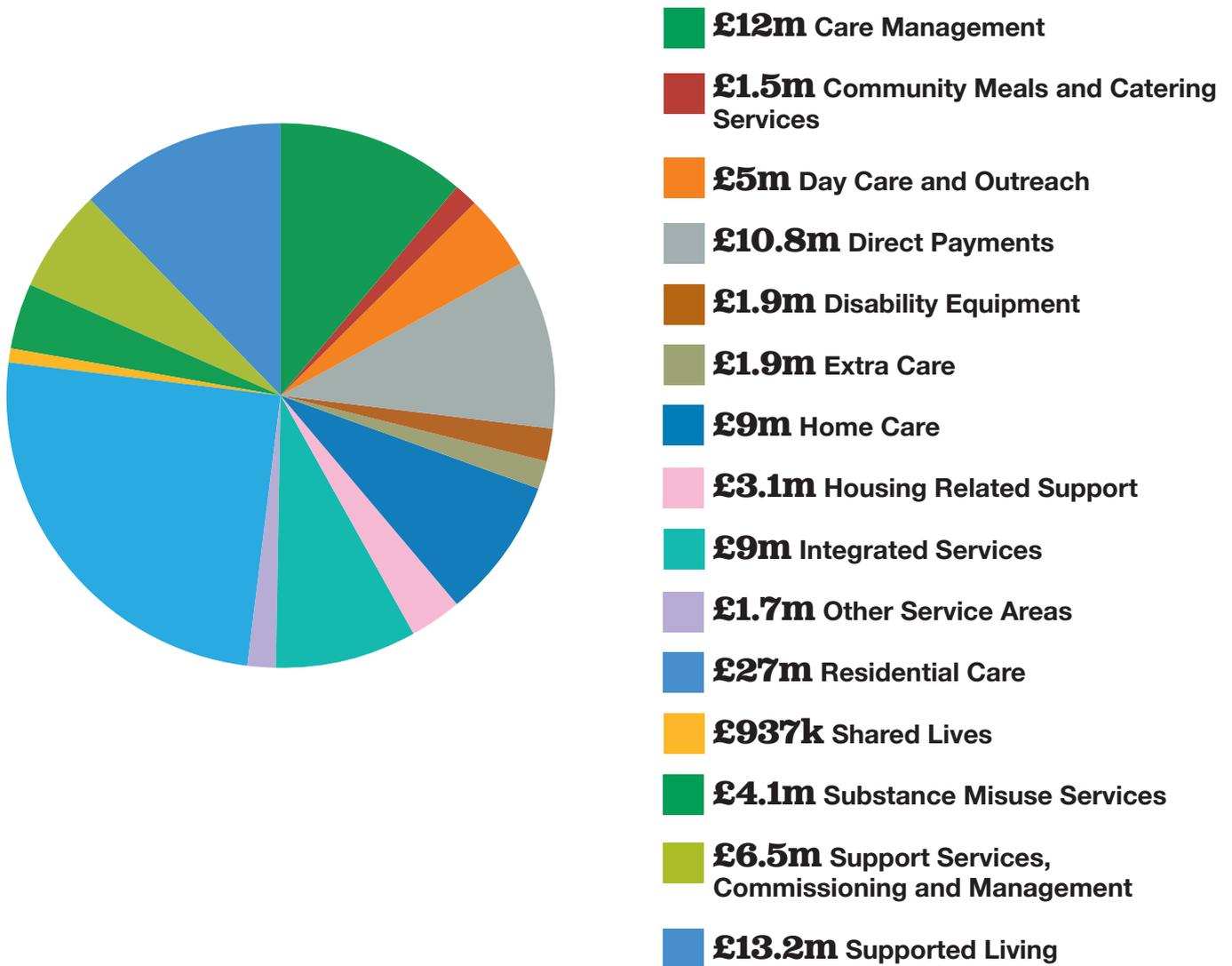
Includes Mental Capacity Act and DoLS Lead and Best Interest Assessors (BIAs) who work on DoLS only. Other BIAs across services also contribute to DoLS processes but co-ordination takes place in this team.

Mental Health

In partnership with Greater Manchester Mental Health Trust, Bolton Council have developed a seven day Approved Mental Health Professional (AMHP) Hub. Working closely with the Emergency Duty Team, the Hub responds to requests for statutory assessments under the Mental Health Act and provides specialist advice and support to partner agencies across Bolton.

How the money is spent

Breakdown of net spend by service area



Performance Headlines

- Bolton performed better than the North West and England averages in 2015/16 in 12 measures from the national Adult Social Care Outcomes Framework (ASCOF)
- Performance on new ASCOF indicator 2D 'Outcome of short-term services: sequel to services' showed that the need for further long-term support was prevented in 80% of cases
- We continued to see high numbers of adults with learning disabilities and adults in touch with mental health services live independently
- Bolton also has a consistently high proportion of service users receiving Self Directed Support
- Reducing permanent admissions to residential or nursing care and increasing the rate of adults with learning disabilities in paid employment continued to be areas of challenge



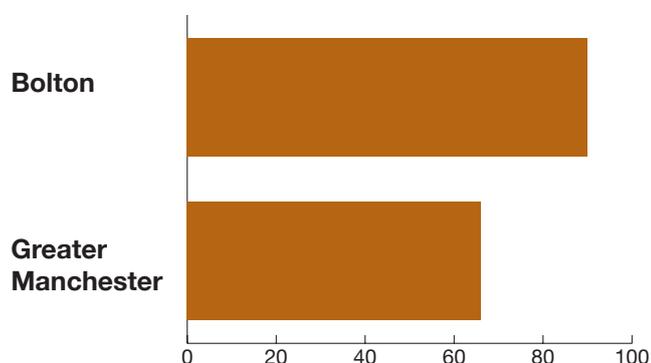
Quality

Bolton Council is committed to providing and commissioning high-quality, safe and responsive services. Throughout the year we maintain regular checks of the quality of care through a variety of means including audits and customer feedback and we support services to improve where standards of care fall below expectations.

The Care Quality Commission (CQC) is the regulator of health and adult social care services. It's their job to inspect services and rate them on whether they are providing care which is safe, effective, caring, responsive and well-led.

According to CQC ratings, Bolton has some of the best quality care provided in Greater Manchester. In May 2017 90% of social care providers in Bolton were rated 'Good' or 'Outstanding'.

Percent good and outstanding ratings from CQC



Bolton Council CQC ratings:

- The Bridges Family Support - Outstanding
- Laburnum Lodge – Good
- Wilfred Geere – Good
- Home Support Reablement – Good

The services provided by Bolton Council continue to provide high-quality care. We look at things like the number and severity of incidents, infection control, medication management, staff competency, safeguarding concerns and complaints and use what we find to improve services.

Customer Feedback

We value feedback on our services and we actively seek it so that we can learn and continuously improve.

In 2016/17, the Council received 93 complaints about adult social care services. The main learning themes relate to poor communication, record keeping and staff conduct.

Every complaint we receive is taken seriously and looked into by a senior manager. Learning and improvement is always identified so that the same mistakes are avoided in future.

Throughout the year we ask people who use our services whether they would recommend them to friends and family. In 2016/17, 96% of people asked said they would recommend the Council's service to family and friends. The Council also received 371 compliments about its adult social care services.

Improving the quality of life for older people living in care homes

There are approximately 1500 older people living in care homes in Bolton. Many of them have dementia and multiple long-term conditions. People deserve the very best care when they are in the last years of their life which is why we are working with care homes, the NHS and local communities to strive for continuous improvement in the quality of care.

Together we will be working to make care homes safer so fewer people are harmed and have to go to hospital; providing more opportunities for staff training and development; giving care home residents better access to GPs; improving the experience for residents when a hospital admission is necessary; and, supporting care homes to become more integrated with their local communities.

Compliments received



Direct Payments:
“I would just like to take this opportunity to thank you for all the help that you have given me over the last 19 years”.

Independent Living Services: “Had a call from a lady who rang in to thank a staff member for the work that has been carried out at her property, said she is very impressed with her and the service.”



Care Management : “My dad died on 5th December 2016. So when Social Services stepped in, my point of contact was x. I cannot praise her enough as nothing is too much trouble and through all the sadness, she has been here for me and put a smile back on my face. I cannot see that there is anything I can improve. From my point of view, Social Services gets a 10 out of 10”

Staying Well: “I needed information and support due to my husband having a diagnosis of Alzheimer’s. I was more than satisfied with the help I was given. This has made such a difference. Thank you”
Thank you for making that difference!

Wilfred Geere;
“A huge thank you for looking after my mum. Keep up the good work!! Thanks guys.”



Admissions Avoidance: “We just wanted to say a big thank you to everyone who was involved in looking after our mother. We couldn’t have asked for any better treatment and appreciated the dignity she was given to the very end. Thank you once again”!
Your hard work has been very much appreciated!

Home Support Reablement: “To all the lovely girls, it’s been great having you in our home. You are all going to be missed”.

Customer Experience

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.

Staying Well Case Study

A gentleman aged 78 years was seen by the Staying Well team. He suffers from C.O.P.D. and in the past has suffered a stroke, plus he has Arthritis and Osteoporosis.

He is now registered blind as his sight is failing, which has impacted on his ability to be independent and join in activities and restricts his hobbies. He explained that he has Prostate Cancer and is receiving treatment for this. He fell down stairs in December and this has affected his confidence. He also feels that during the winter months he suffers from S.A.D as he often "feels low" at this time of the year.

Outcome

The Staying Well Co-ordinator liaised with the Blind Veteran's society, following which; The Blind Veteran's Society sent client magazines and other literature

The Blind Veteran's Society agreed to:

- Fund Careline
- Supported client and guest to access Blind Veteran's Gala Dinner
- Client has attended an induction week in Llandudno

The Blind Veteran's Society went further with their support:

- assessing and agreeing to fund both a stair lift
- and following a survey they also committed to rebuilding the clients front porch

Positive outcome for client who feels he now has a more positive outlook on life and reduced risk of falls.

Early Intervention Team Case Study

A telephone call from the psychological therapy service was received by the Duty Officer in the Early Intervention Team regarding K, who has an undiagnosed learning difficulty and attended a school for children with additional needs.

She worked at Remploy until made redundant in 2013. K is living alone since her mum moved into residential care. She has difficulties with reading and understanding letters and budgeting her money and she does not receive benefits as she does not know how to sort this.

Outcome

K was visited with her sister who was present. It was established that the property was still registered in her mother's name. K was not entitled to benefits as her savings were above the threshold, due to her redundancy payment. K lacked confidence and was extremely anxious, and felt a great deal of sadness and was lonely now her mother was in long term care. She required support to find employment. Because she was not entitled to benefits she had not able to access support from the local job centre.

K was supported to have her own tenancy and to remain in the house that she shared with her mother. It was very important for her to remain in the house as her mother's move into residential care was part of a Best Interest decision — this was quite a shock to K.

K was supported to attend the Job Centre and to attend the UCAN job group including one to one sessions. As a result K has now found employment as a cleaner with in a department store, who have been very supportive and person-centred.

Integrated Care Case Study

V, a 78 year old lady, was referred in to the Integrated Neighbourhood Team (INT) due to health conditions and frailty. A history of strokes has left her registered blind and suffering low mood/depression. Relying on others with activities of daily living, her husband has become her carer. They have been married for 40 years and wish to stay together but her disabilities and her husband's own mental health issues have put a lot of strain on their relationship.

V had to go into emergency respite when her husband was readmitted to the mental health hospital due to carer breakdown. V felt abandoned helpless in respite and it was three months before her husband was discharged home. He continued to have support from his Older People's Mental Health Social Worker and other members of the team. V received two daily formal care support visits from a care agency and some support from her friend and neighbour. This support went well for some time, however, they requested that the evening visit was cancelled. V continued to have one daily support visit from the care agency and her husband continued to be seen by his MH social worker, but then her husband had another breakdown and attacked V.

After her husband was taken away by the Police and went back into hospital mental health services, V remained at home with the support of her friend/neighbour who took on additional support tasks, her sister visited her regularly as did her son, the one daily visit from the care agency continued as normal.

With support to carry out limited amount of activities in her home, daily hot lunch from Community Meals and her neighbour preparing her breakfast and tea time meals, as well as personal care support she was able to

remaining in her home. INT supported V with meetings at the hospital, with an appointment with Domestic Violence worker, with contacting her doctor and the counselling service, as well as engaging with her and her family to monitoring her health and wellbeing.

V wanted her husband to come back home and he did return home with additional support from his social worker and the MH services. V was diagnosed with Vascular Dementia. INT worked with OPMH social worker, V's doctor, the care agency.

Community meals raised concerns over verbal arguments between V and her husband and the injuries that were seen on her husband. The OPMH social worker witnessed the verbal abuse between them and decided after consultation with her manager that VS husband needed to go into hospital for monitoring and further treatment, VS was able to remain at home with additional support from her neighbour. However, a short time after VS's husband came home, another domestic violence incident occurred, this time with VS hitting out at her husband. The Police and ambulance service became involved, VS's husband was taken to hospital for treatment and then into emergency respite, until investigations took place.

The Adult Safeguarding Team became involved. INT worked alongside OPMH Team, Safeguarding Team, Police Protection Incident Unit police officer, the care agency, VS's doctor, her family in a positive manner and this has resulted in VS and her husband continuing to live together, after capacity assessments on both VS and her husband however, with some additional support from the care agency and OPMH team as well as INT closely monitoring the health and wellbeing of VS and her husband.

Market Position Statement

A market position statement is a provider focused document published each year to summarise what the local care and support market looks like and to stimulate discussion between the Council, Bolton CCG, local providers and other commissioning organisations, so that our commissioning activity reflects our strategic direction and responds to our changing picture of demand for adult social care.

Bolton's second Market Position Statement was published in 2016. It set out how the Council currently commissions or provides care for approximately 6,600 people each year. A further 4,000 people receive a one-off intervention such as equipment or a period of short term support such as Home Support Reablement each year.

The statement contains information about:

- Bolton's current and future demography and service provision
- The Council and the Clinical Commissioning Group's commissioning intentions
- The Council's and the CCG's vision for how services might respond to the changing needs for care and support in the future

Needs

The Council / CCG expects to see an increase in the number of:

- Older people with multiple care and support needs
- People with mental health problems including a large increase in those with dementia
- People with learning disabilities and autism and increasingly complex needs
- Vulnerable people living alone
- People with caring responsibilities
- People who are funding their own care
- People who receive direct payments in order to arrange their own care

Demand

In particular we expect there to be an increased demand for:

- Services which enable someone to remain independent for longer such as reablement, equipment, adaptations or telecare
- Community based services such as Home Care
- Residential care services for older people particularly for people with dementia and enduring mental illness
- Direct payments
- Day activities for vulnerable people
- Services to support carers such as respite
- Early intervention and prevention support

Supply in the market

Generally the supply of care and support services in Bolton is a mix of local authority, voluntary sector and independent sector. The mix varies depending on the service.

- There is currently an adequate supply of residential care beds
- There is currently a minor gap in residential and nursing care home beds for people with dementia and particularly those with complex needs.
- There is a requirement for remodelling of 24 hour supported living for people with learning disabilities and mental health. This will seek to ensure people with these needs remain in Bolton

- There is a need for community based interventions to improve the health and well-being of citizens

Future plans

- The Council and CCG will continue to plan to integrate health and social care services
- We will work with providers, to co-produce models of services and ensure there is a level playing field regardless of the size or type of organisation
- We will encourage providers to innovate and design specialist support for people with dementia
- Our aim is to stimulate and assist providers in developing new models of care and support which deliver sustainable outcomes, quality and value for money
- We want to encourage providers who can evidence achievements on outcomes
- We will work with providers to ensure that service users can access good information particularly those that provide services for self-funders and those with Direct Payments

Longer term, the demand for social care services is expected to rise year on year due to the ageing population. At the end of March 2015, there were approximately 6,600 people receiving on-going care services funded by the Council. Based on population the Market Position Statement said this number is expected to increase by around 37% over the next 10 years.

The Council will continue to work with service users, carers, partners, providers and commissioning organisations to improve our intelligence and data which will us produce clear commissioning intentions to assist providers with business planning in a changing local care market.

www.bolton.gov.uk/website/pages/commissioningservicesforchildrenandadults.aspx



Bolton Cares

Bolton's new adult social care company, 'Bolton Cares' commenced trading on 1st July 2016. Bolton Cares, initially titled Bolton Care and Support Ltd, is a not-for-profit company that provides a care and support for adults in the community including supported living services, disability day care, older adults day care, extra care services and the Shared Lives service.

The council announced plans to change the way it runs adult social care provision in January 2016 in a bid to save £3.5 million per year. A wide range of adult services previously run in-house by the authority were transferred to the new not for profit, public company in a bid to protect social care services in the borough. The Council's aims when setting up the Company were to:

- Establish a publically owned, sustainable, not-for-profit Company
- Ensure that care is delivered with a strong public service ethos where quality and compassion are the main concerns, rather than profit
- Create and protect good quality local jobs with fair pay and conditions
- Enable the Council to meet the increasing demand for adult social care in a cost effective manner

The majority of staff who ran these services as Council employees transferred to the new company, with some opting for voluntary redundancy or retirement.

This achieved savings for the Council, whilst opening some high quality job opportunities in social care for local people. The company is socially responsible and does not use zero-hours contracts and pays all staff more than the National Living Wage.

Bolton Cares is wholly owned by the council. The Chief Executive reports to a steering committee of local councillors, whose chairman is the Deputy Leader of the Council.

The approach taken in Bolton to creating the trading company was an alternative to further outsourcing of social care services.

The company headquarters are at Thicketford House in Tonge Moor, a building well-loved by the local community since it was established as a Community Care Centre some twenty years ago and more recently developed as a base for active ageing and a hub for local carers' organisations. Right next door on the Thicketford site is the new Autism Centre, built two years ago. The company has a £12m turnover, with 400 staff providing care for local people from 42 sites, making it the largest provider of adult social care in Bolton.

Currently Bolton Cares provides the following local care services: Extra Care Housing, Disability Day Care; Jubilee Pool and Leisure; Older People's Day Care; Outreach Support at Home; Shared Lives; Short Breaks Respite Care; Supported Living. Looking forward, Bolton Cares has published a five year strategic plan setting out the company's mission, vision and values.

Initial plans include new developments in Shared Lives and Supported Living Services and the expansion of Extra Care and Day Care Services.



**Bolton
Cares**

Warm Friendly Caring

Carers

During 2016-17, the Council has developed a new Carers Strategy, working with local carers' organisations, NHS bodies and voluntary groups. The new Carers Strategy 2016-2020 will now build on progress made in recent years in response to the Carers Strategy 2013-2015. These improvements and initiatives included:

- Establishing the Carers Resource centre at the Thicketford Centre
 - Improving our online information for carers and funding partners to provide a range of services for carers including Information and Advice, a Carers Helpline, short breaks and Carers Forums
 - Regular Carers events provided with partners throughout the year, with localised drop in sessions improved outreach to carers
 - Improved choice and control over the support for the people receiving care including personal budgets, grant funded and commissioned services
 - Signposting and referrals increased as better information and advice was provided to staff within the council and with voluntary sector organisations.
 - Bolton NHS Clinical Commissioning Group (CCG) added a specific standard in the Bolton Quality Contract for Bolton GP practices to identify carers, and to support their health and wellbeing. GP practices maintain a carers' register and offer all carers a carers' annual health check.
- During 2016-17, the number of carers' assessments was increased and the pathway for young carers was reviewed. A 24 hour carers helpline was developed, and the Council continued to provide carers grant funding for a range of services, providing accommodation at Thicketford in the Carers Hub.
- With the new Carers Strategy 2016-2020 local partners are committing themselves to making a real impact on the lives of local carers. An importance aspect of the strategy is on strengthening networks of support for carers not only from agencies but also by facilitating ways for carers to make contact with one another. This in turn will facilitate carers' voices being heard, informing how services are delivered, and enabling carers to make informed choices about the care of the person they support and about their own lives.
- Carers' organisations and the local authority identify Bolton residents who are carers
 - Carers are supported to maintain their own health and wellbeing
 - Those with a caring role are recognised and their contribution is valued
 - Quality information and advice is provided, Carers' rights are promoted and carers assessments offered
 - A network of peer support groups helping to reduce isolation for carers
 - Opportunities to get a break are accessible to carers in Bolton
 - Carers' needs promoted in wider society, e.g. in workplaces, tackling barriers to services of all kinds
 - Bolton's carers can influence the design and delivery of local services for carers and the cared for
 - A good choice of support services on offer through local groups, health services and the local authority
 - Support to prepare for when they can no longer provide care; services planned to meet future need

Service and Budget Pressures

Our adult social care services continue to strive to deliver good quality services within a financially challenging climate, making the best use of available resources to ensure that adults in Bolton get the right care, enabling choice, supporting independence and preventing problems from worsening.

After having to find £6m savings from the Adult Social Care budget in 2015/17, we are now faced with identifying further savings and efficiencies of £2m during 2017/19. This is the level of reduction required although, like in many authorities, reserves have been drawn upon to maintain vital services, and having already taken into account the 2% Council Tax increase for Adult Social Care.

Pressures on social care services continue to rise. Research suggests that pressures on the service are increasing by over 4% a year above inflation – three times the rate of funding growth. Specifically, this year there was a 15% increase in both new contacts coming in to Adult Social Care and in the number of assessments completed.

Recent months have seen high profile debate and campaigning over the shortfall of funding for adult social care, and the announcement in the Spring Budget of an additional short term grant for local authorities, with an additional £2 billion going to

councils in England over the next three years to spend on adult social care services, half of which will be provided in 2017-18.

Details of this additional funding were subsequently published in the 2017-19 Integration and Better Care Fund Policy Framework, published on 31 March 2017, which included the policy framework for the implementation of the statutory Better Care Fund in 2017 to 2019 and also sets out proposals for going beyond the Fund towards further integration by 2020.

In December 2016, the local government finance settlement for 2017/18 announced increased flexibility of the social care precept to enable councils to bring some of the funding forward by raising council tax by up to 3% in 2017/18. In Bolton, in common with many other authorities, the Council took the decision to raise council tax by 4.8%, of which 3% will be going to adult social care.

Healthwatch

Healthwatch Bolton has continued to develop its role as an independent voice for local people, representing their needs, experiences and concerns in our work with health and social care organisations to influence and inform the transformation and scrutiny of local health and care provision.

In 2016/17 there was a very strong focus on working alongside the Local Authority and the health system to help to shape the devolution and integration of health and care services through the Greater Manchester Health and Social Care Partnership. Healthwatch is one of the key system partners working collaboratively to develop and deliver Bolton's Locality Plan.

Our organisation is able to carry out this representative and influencing role effectively due to the strength and depth of our engagement with local people and community organisations and as a result of strong and effective partnerships with the Local Authority and other partners within the local health and care economy. We have an especially strong partnership with Bolton CVS with whom we lead the Bolton Engagement Alliance.

Our community engagement team and volunteers engage with a diverse range of groups and communities in Bolton. We do this by targeting our engagement work to specific communities and groups of people. We collected over 2500 comments in 2016-17, produced 25 reports and attended over 50 events.

The evidence we collect from the community forms the basis of all our reports, research and projects, plus we are often commissioned to undertake specific pieces of research. In 2016-17 our reports included issues such as men's health, falls, electronic care records and neighbourhood based health services.

We continue to carry out 'Enter and View' visits to residential care homes; there were 8 of these in 2016-17. These visits are not inspections but are carried out by trained volunteers and bring the lay persons perspective to look at the provision of care and support in the care home. The Enter and View lead meets regularly with a representative of the Care Quality Commission (CQC) and the Council to discuss our findings, comments and concerns.

We provide information and advice on health and social care services to the public via telephone and email and during 2016-2017 we dealt with 194 individual advice and guidance cases. We can support people with any question, query or problem they are facing with health and social care services.

Looking ahead, Healthwatch Bolton will continue to play a full role in the processes involved in transforming health and social care in Greater Manchester, in the implementation of the Locality Plan in Bolton, in the development of the Healthwatch in GM Network and in the development and implementation of Greater Manchester workstreams such as mental health and dementia. We will continue to work closely with the Council, our other partners and the people of Bolton to ensure that public participation in local decision making about the provision of care is meaningful, positive and brings about change for the better.

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



Glossary of terms

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. There is also a Carers Survey every two years.

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.

The Care Act

The Care Act 2014, which was enacted in April 2015, is the law relating to care and support for adults and support for carers.

Commissioning

Understanding the needs of the local population and designing, delivering, monitoring and evaluating services to meet those needs and ensure appropriate outcomes.

Community Strategy

The Community Strategy is the long term plan for Bolton. The current strategy sets a vision for Bolton from 2012-2015. Refer to Bolton Vision 2030

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.

Eligibility

When your needs meet your council's criteria for council-funded care and support.

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.

Healthwatch

Healthwatch is the '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.

Independent Living Service

Services such as disability equipment (grab rails etc.) and other support and advice to help people to remain safe and independent in their own homes

Intermediate Care

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.

Net Spend

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

Older people

Social care services for older people are usually for people over the age of 65.

Outcomes

In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen – for example, continuing to live in your own home, or being able to go out and about.

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.

Referral

A request for an assessment of a person's needs, or for support from a social care organisation.

Resource Allocation System (RAS)

System used to decide how much money people get for their eligible support.

Respite care

A service giving carers a break, by providing short-term care for the person with care needs

Safeguarding

The process of ensuring that adults at risk are not being abused, neglected or exploited.

Self-directed Support

An approach to social care that puts you at the centre of the support planning process, so that you can make choices about the services you receive.

Support Plan

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