Adult Social Care
Local Account

2014/15

Gloucestershire
COUNTY COUNCIL

Contents

1.0 What is the Adult Social Care Local Account?

A document sharing the performance of adult social care services in Gloucestershire. It covers our performance over the last financial year and our challenges and future plans to address these. It also invites feedback from those who have used or experienced adult social care services. Real life examples are included (we have changed names and details to protect confidentiality).

1.1 Message from Cllr Dorcas Binns – Cabinet Member for Older People

Welcome to this year's Adult Social Care local account for Gloucestershire County Council. This is an opportunity for us to take a step back and reflect on what's gone well, where our challenges are and share our plans for the future with you.

I'm sure many of you are aware of the challenges we continue to face. Resources are tighter and at the same time people are living longer with complex needs resulting in more demand for social care services. However, I am heartened to see, that through the hard work of our dedicated staff and partners we continue to ensure we deliver services to support the most vulnerable in our communities. That's not to say there aren't areas where we can do better and you'll see we've been upfront throughout our Local Account about how we'll make those improvements.

To meet these challenging times head on means being bold and transforming services – but the first step is to listen to you. I was really pleased to see the positive response from our 'big conversation' with over 3,000 of you last Summer, including services users, carers, local residents, partners and staff. You showed a real enthusiasm to work with us on how we can make changes so we get the best value for money from services and you also told us that Gloucestershire is a good place to grow older.

I want us to build on this and work together more with local communities and service users to deliver the best services we can. You'll read later on about a great example of this – our Building Better Lives project where we're working hard with service users and partners to transform disability services.

I was really pleased to see the investments we made in active communities this year to help people stay active and well throughout their lives and so be more likely to avoid poor health in later life. Again you'll find some great examples later on.

So, whilst yes, times are difficult, I am confident that here in Gloucestershire we are well placed to continue supporting the most vulnerable in our communities. Our approach of investing in communities, helping people stay well, listening with a desire for genuinely working together all means we have good foundations in place for the future.

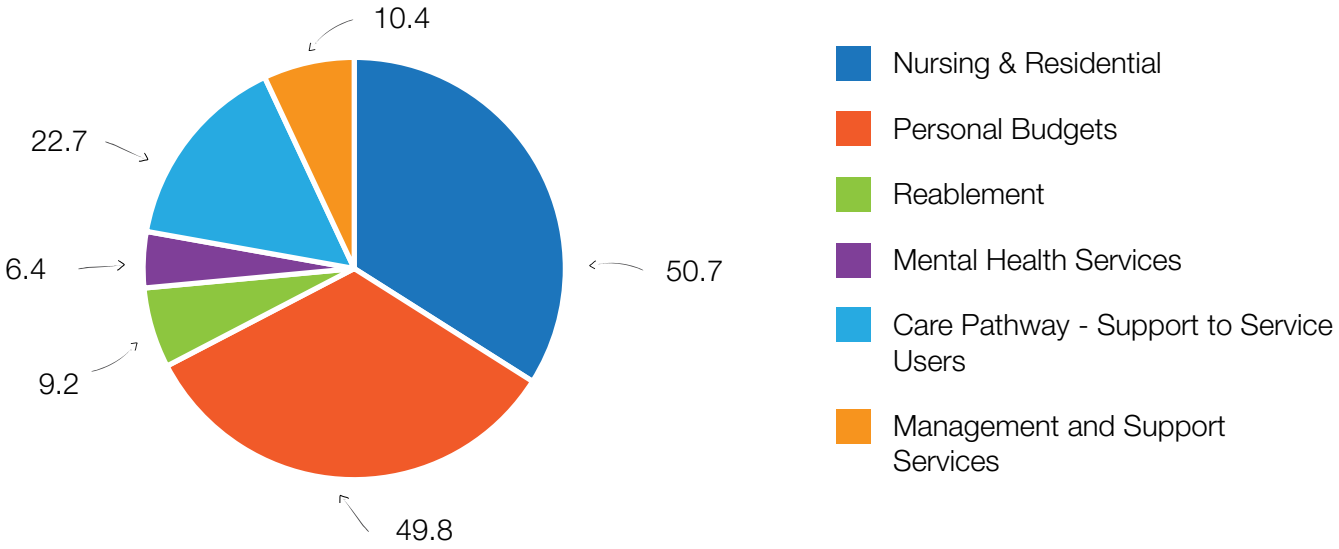
I hope you find our Local Account a useful read and welcome your views on how you think we're doing and our plans for the future.

1.2 The Facts

Budget…

- For 2014/15 we set a budget for adult social care of £154m and we spent £159.9m
- For 2015/16 we have set our budget at £149.2m which is 37.8 % of the county council's overall budget, with a breakdown below

Adult Social Care Budget for 15/16 by type of service (£m)



Geography…

- Gloucestershire has a mixture of rural and urban areas including two large urban centres, Gloucester and Cheltenham. The more rural areas such as the Cotswolds and Forest of Dean have an older population over a wider area, making delivering services more challenging.

Did you know?...

- Gloucestershire is one of the healthiest counties in England with approximately half of our citizens aged over 65 in good health. Statistics show Gloucestershire's older population is growing at a faster rate than the UK average. The number of people over 90 is predicted to double in the next 15 years, and research has shown people over 90 typically require twice as much care as 70 year olds.

People…

- Gloucestershire has a population of approximately 605,000 people, which is growing by about 3,600 people a year. There are around 25,000 people receiving social care services funded by Gloucestershire County Council each year. Gloucestershire has about 63,000 people who provide unpaid care for a family member, friend or neighbour.

Our partners…

We work closely with our key partners to deliver adult social care services including:

Gloucestershire Care Services NHS Trust: to manage both social care and health staff to provide people with assessments, support plans and short term intensive support.

2gether NHS Foundation Trust: to provide social and healthcare services to people with mental health needs.

Health partners: the Gloucestershire Clinical Commissioning Group and GPs to ensure we deliver joined up health and social care services designed to meet people's care and wellbeing needs.

Hospitals: to make sure people can return home from hospital as soon as they are ready, and where they need care and support, making sure this is in place.

1.3 What are the future challenges?

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.

Last year we talked about the challenges we face, and these broadly remain the same. Over the last year we've made progress in developing clear plans, setting out how we will meet these challenges, and overall our performance has improved. However there are some key areas that remain a priority which we'll talk more about throughout our Local Account. Here's a summary of the changes in social care needs we expect to see over the coming years:

- On the whole, people are living longer and making a valuable contribution to their community. However the number of people aged 75 and over (the ages at which Gloucestershire County Council services are most likely to be required), is projected to increase by an annual average of 2,300 between 2012 and 2037, meaning demand for adult social care will increase. The number of people over the age of 85 will see the fastest rate of growth during this period. Added to this, the number of older people living alone is projected to rise from almost 34,000 in 2011, to 41,000 by 2021, which we expect will mean that more people will need our help.
- We are also seeing an increase in the number of people with dementia, who may require specialist care. In Gloucestershire, there are estimated to be 8,610 people living with dementia and that number is expected to almost double over the next 20 years.
- At the same time it is expected there will be an increase of almost 50% in the number of unpaid carers aged over 65, by 2035, meaning there will be more elderly carers who may need support themselves.
- Gloucestershire has an estimated 11,360 adults with a learning disability, which is much higher than the national average and partially due to people with disabilities moving to the county for the specialist education facilities. We expect this to continue increasing by 1,182 people by 2030.
- We are also predicting other areas of increased demand with more children with complex needs going on to need services when they become adults and an increase in young people with mental health needs.

All of this combined will result in more demand for social care. Our plans are all about responding in the best way through reducing reliance on institutional care, offering more innovative ways to meet people's needs and encouraging the use of a wider range of support, including informal activities and groups in communities. At the same time we will continue to offer specialist care when it is needed. We must also consider the wider responsibilities in the 2014 Care Act to support carers, people with care needs generally (not just those we support); and the promotion of early intervention and prevention – all of which are integral to our plans.

We want feedback from people receiving adult social care services and ideas on what improvements or changes they would like to see.

1.4 Listening to you

Last summer we talked to almost 3,000 local people as well as our staff and partners about our plans to meet the challenges we talked about earlier, by making the best use of our resources.

We were pleased that there was a strong desire to work with us on these ideas and we have used the feedback to develop our future plans which we will talk more about throughout the Local Account.

It was good to hear that the general feeling was that Gloucestershire is a good place to grow older compared to other parts of the country with some key messages coming out:

- Younger people told us they were concerned about growing older and remaining healthy
- People were worried about growing older and becoming a carer
- The council should play a key role in encouraging people to have a voice and get involved in their local community, and for us to promote and support volunteering
- Easy access to good quality information and advice was seen as really important

2.0 Active Individuals

We want to help people stay healthy for longer so they can enjoy remaining independent and active into old age.

We know from what people tell us that they want to stay living at home for as long as possible. We need to focus on encouraging people to follow healthy lifestyles to prevent avoidable health problems later in life. Good information and advice to encourage participation in local activities, clubs and voluntary groups can help people stay connected with their community. Research shows that when people are isolated and lonely their wellbeing is affected and they will be more likely to need health and social care services in the future. We want to make people aware of the information and support available to them so they can remain healthy and active for as long as possible.

2.1 How are we doing?

We continue to do well with the support we give to people with learning disabilities to help them live an active life in their communities.

The schemes we fund, that help people with learning disabilities develop lifeskills and find meaningful employment, continue to be successful. Our performance on both this and helping people with learning disabilities stay living at home puts us among the best councils nationally.

We also fund employment support for people with disabilities, who although not in need of ongoing social care support, benefit from some support to help them find paid employment and remain independent. Our local data shows this preventative approach is very successful in helping many people with a learning disability to find paid employment.

One way we help people develop these independent lifeskills is through using the latest technology, such as phone 'apps' and 'Telecare' so people feel confident going out whilst knowing support is there if they should need it, with an example opposite.

We've seen continued good outcomes for people with mental health issues through the continued focus of preventative services we fund helping them to develop life, work and wellbeing skills. We also perform well compared to other councils on how many people with mental health issues we help into employment and to live at home.

Active individuals - enablement in action

Paul's story

After Paul left a local college 3 years ago he joined a life skills course, where enablement staff worked with him to develop skills such as crossing roads safely, learning new bus routes and getting involved in community activities. Paul also had regular training sessions about the 'Keep Safe Scheme', personal safety, 'Stranger Danger' awareness, money and social skills.

Enablement staff helped Paul with buying a suitable mobile phone with minimal buttons so he was comfortable using it. They also gave Paul communication cards to help him when talking to people when he was out and about in the community. Paul started using a waterproof watch, set with an alarm, during his swimming session. This enabled Paul to know when to get out of the swimming pool to allow enough time to catch his bus.

This has all built up Paul's confidence to the point that he is confident and able to travel by himself to do activities in his local community. The next step for Paul was to develop employment skills and he joined the Forwards Employment Group where employment specialists helped him develop the skills and knowledge he needed to gain some work experience, and soon Paul became a volunteer at Cornerstones Centre. Paul said 'staff helped me learn new activities and I can now go swimming, bowling, walking and to the cinema both on my own with my friends.'

Andrew's story

Andrew is a teenager with a complex form of epilepsy, resistant to conventional drug therapies and, as a result, he has severe learning disabilities. For the last few years Andrew has received traditional forms of support with overnight stays at a residential unit and one-to-one support in the community during school holidays. He was unhappy and isolated and his social opportunities were restricted, his family was exhausted and lurching from crisis to crisis. Without having an active social life Andrew's behaviours were becoming increasingly difficult to manage when he was out and about making it hard for his family to help him.

So we worked with Andrew and all the staff supporting Andrew and his family including education and health services to build a support plan tailored to Andrew's specific needs and outcomes, whilst also understanding his parents and his brother's needs. We funded a mix of services including overnight short breaks and some local support to help with Andrew's care needs.

Andrew now has a small group of known carers with whom he has formed good relationships and who are skilled in managing his complex health needs as well as helping whenever he has challenging behaviours. Andrew now mixes with other young people and enjoys a range of social and leisure activities that Andrew never thought possible. Andrew loves being active; he enjoys watching motor bikes, skiing, horse riding, bowling, playing pool, being around other young people and swimming. The people in the village now know Andrew and say hello to him.

2.2 Future plans

While we know people who use our services find it easy to access advice and information, we want to get better at identifying people who may become vulnerable in the future and providing them with information that may prevent them needing our services.

Currently we see a lot of people who are already in need of these services and by the time we see them they are no longer able to live independently at home in their community. We also know that when people are isolated and lonely there is a greater likelihood they will require our services in the future. Often a single crisis can lead to them needing long term social care services.

We are developing a more joined up approach between health, social care, GPs and other public services to get a better overall picture of people's needs and co-ordinate the different types of support we all provide. This will also help us to identify more people at risk of becoming vulnerable and connect them to community-based support, so we can prevent the need for long-term social care where possible.

In terms of information and advice we will be updating all our adult social care leaflets, developing a new information and advice interactive website which will provide a simple signpost to activities, groups and support, and providing guidance to people on following a healthy lifestyle.

We want to help more people like Paul. As part of our overall 'Building Better Lives' policy, which we talk more about later, we will continue to support alternatives to traditional residential care for people with learning disabilities and will be funding more employment schemes. We're aiming to support at least 120 people with disabilities over the next 2 years through these high quality schemes.

3.0 Active Communities

Being part of an active community can play a huge part in helping people stay independent for longer.

People have told us that the council should encourage more volunteering and that often people are keen to get involved but don't know how or what's needed. We can help through making this information more widely available.

We know many carers, families, friends and neighbours are contributing to 'active communities' in their areas. There are also over 2,000 voluntary organisations working across Gloucestershire providing community run activities including financial advice, holding lunch clubs and running youth clubs. We know this works and that's why we'll be focussing on supporting community and voluntary organisations, promoting what they do and encouraging more people to join in.

3.1 How are we doing?

Even small investments in community schemes, to support local volunteers who know their communities best, can make a massive difference.

We're seeing a positive impact from the 'Active Together' grant scheme where each councillor had £40,000 to invest in their community to help increase sport and physical activity opportunities for local people. The University of Gloucestershire are doing an evaluation for us on the impact of all the schemes and how they have contributed towards increasing people's physical and mental wellbeing, opportunities to take part in activities and helping build sustainable communities. Their findings so far show the schemes are making a big difference.

Our Village Agents, that we fund with our health partners, are a continued success giving on the ground support and identifying people who could become lonely and isolated and then talking to them so they know about activities and support networks they can access in their community.

Carers make a massive contribution in helping friends, relatives and neighbours to live at home. We're really pleased to have seen the improvements from the new carers contracts we put in place about a year and half ago. Our local data shows that Carers Gloucestershire are assessing and supporting significantly more carers and this is reflected in improved satisfaction levels. However our local data also shows that we need to increase the number of carers with a personal budget or direct payment, and we expect to see a continued improvement on this in the coming year.

We do still need to make sure we identify carers who are at risk of becoming isolated or vulnerable. When looking at the national survey results, carers in Gloucestershire are reporting they don't get as much social contact as they would like compared to carers in other parts of the country. We are looking at this further as we've found that some carers don't realise when they receive support from our providers that this is funded by the County Council.

Our Disability Quality Assurance team together with our partners, Gloucestershire Clinical Commissioning Group, won the Municipal Journal award for 'excellence in community engagement'. This award was in recognition of work we do with our partners on involving service users in their support and using feedback from them and their support network to ensure we continually focus on the quality of services we provide.

We will continue to listen to our service users, staff and partners as we turn the plans we talked to people about last year into reality. We set out our vision for disabled people in Gloucestershire through a policy called 'Building Better Lives'. The aim is to support people with disabilities to live a fulfilling life in an inclusive and welcoming community and transform the way we deliver support to help achieve this. What's particularly exciting is that services users, staff and partners are all working together on several projects to achieve this. We call this 'co-production' and we've all signed up to a co-production charter showing our commitment to involve people with disabilities in deciding what services are needed, how to deliver them and checking they are working well.

One of those projects already underway involves bringing together adults and children's disability services into a single service for people up to the age of 25, and we are making good progress. This will make a big difference as staff with similar skills can be better focussed on the needs of disabled people, with more continuity for disabled children who go on to have support when they are adults.

Active Communities - a few examples of how we've been encouraging people of all ages to be active and healthy

Active Together grant helps Teddington to get fit through play

Children and families in Tewkesbury's Teddington are benefiting from the £10,000 grant we've put towards a new play and leisure area, with better play equipment, better access for wheelchairs and prams, new climbing and agility play equipment, a zip wire, football areas and new seating and picnic benches. A nature garden and an all age boules area as well as dens for imaginative play will also be installed. This is all helping to bring the local community together through free, inclusive and healthy activities.

Roots Community Cafe are getting Active Together

Roots is a Cafe in the heart of Kingsholm, Gloucester which was started back in 2012 by a group of families who wanted to make a difference. They transformed a run down building into a thriving cafe and community space. Roots are using the funding, of almost £9,000, to run a variety of classes and activity days including Zumba, parents and tots keep fit and fitness classes to name but a few.

Get 'Active Together' at Nailsworth's new outdoor gym

People of all ages and abilities are being helped to stay fit and healthy thanks to Nailsworth's new outdoor gyms, funded through a grant of just over £20,000 from Gloucestershire County Council. The outdoor gym equipment has been installed at Miles Marling and King George V playing fields and not only helps people to get fit and healthy but also encourages them out into the fresh air.

Active Together grant will bring improvements to Pilley Bridge Nature Reserve

The Active Together funding of £5,000 the council provided to the Friends of Pilley Bridge Nature Reserve has enabled them to create walkways, bridges and paths to give better access to the wetlands and pond area, meaning more people can enjoy this beautiful space. The reserve is a safe and friendly place for people of all ages and families to use.

these are just a few examples – for more information please go to **http://www.gloucestershire.gov.uk/search?q=active+together**

3.2 Future plans

We'll continue working with people with disabilities making 'Building Better Lives' a reality.

Including make our disabilities contracts more focussed on the outcomes achieved for people from support services we fund and offer more options to enable people to live with support in their community, resulting in less people needing to live in residential care. We'll also develop a website with information on services to help people make choices about their support.

We know more people live alone now and we understand how important an active community is for people who otherwise may become isolated. People have told us they want us to play a role in building stronger communities. We plan to invest more in volunteering alongside encouraging our staff to volunteer, making more facilities more easily available and affordable for community groups to use and developing more community organisations run by local people and service users. We also want to created flexible hubs for specific activities such as luncheon clubs, social activities and healthy eating.

We've already started this through developing service user led drop in centres for people with disabilities, and seen it working well for example through community libraries, school governors, carer organisations and the Physical Inclusion Network Gloucestershire (PING).

We want to have a single point of contact at the County Council which will make things easier for community groups when they need to speak to us. We'll also provide better information for people looking to start up a new group about what's involved and the support available to get it off the ground. There'll also be better information for people looking to get actively involved in volunteering, but might not know what's needed, or how to go about it and we'll also do more to promote local activities on offer.

4.0 Back to independence

Social services have a responsibility to help people who need it to get back on their feet, for example following a stay in hospital so they can carry on living in their home safely.

By getting this support to people quickly we can avoid some of them going into hospital or a care home.

4.1 How are we doing?

When people are ready to leave hospital we know how important it is for them not to be kept waiting when they could go home. Our social care staff in hospitals work to get patients ready to leave and make sure support is ready if they need it when they get home. They work closely with hospital staff such as physiotherapists as well as voluntary groups who help for example with transport home. The effectiveness of this joined up support is reflected in our performance figures which show us as one of the top councils nationally for minimising the number of people delayed in hospital when they are ready to return home.

We still need to do better with our reablement service. This is the short intensive support we give to people in their home, for example, after a fall or having returned home from hospital. We don't perform as well as other councils in helping people stay at home for at least 3 months after leaving hospital, and we will improve this by making sure that our staff are spending more one to one time with people. This will help us in reducing the number of older people being admitted to residential and nursing care. Although we've made progress in reducing these admissions we still have more than in other similar parts of the country.

There have been promising signs from our investment and promotion of Telecare which links people from their home to round the clock monitoring from trained staff.

We've also put in place a new partnership between Gloucestershire Fire & Rescue and our Telecare service. If people don't have two 'responders' - people living near-by such as a family member or friend, who can be on hand with access to the house should there be a crisis, then they can't get access to Telecare. So this new scheme works by using retained fire officers to act as a 'responder' for people who don't have anyone on hand. We've had many examples of the fire officers responding to service users in distress, including callouts to vulnerable adults living in remote rural locations, whom otherwise would not have been able to access the Telecare Service and may have needed an ambulance or an admission to hospital or a care home, for something preventable. We plan to roll this scheme out further across Gloucestershire.

Getting equipment such as Telecare to people quickly when they've had a crisis such as a fall is key in helping them stay living at home where possible and we've improved our equipment delivery service GIS resulting in better response times.

We're pleased to see results from the improvements we've made to mental health services. As soon as we find out, say from a GP, that someone is experiencing a mental health crisis, the Crisis Resolution and Home Treatment Team respond with short term intensive support, with the aim of avoiding a preventable admission to hospital. We've seen the team's response times to referrals improve which increases the likelihood of someone in crisis remaining at home. However there will be times when hospital care is needed. Once people are ready to leave hospital it's important that support is in place at home to increase the likelihood they will remain living at home. There is a Mental Health Liaison Team which makes sure all this support is in place and we've increased availability to make this a 24/7 service so people are not delayed unnecessarily when they're ready to return home.

Reablement in action case study

Charlie's story

Charlie, an older man with diabetes who lives alone, was discharged from hospital after being treated for Pneumonia. Before going into hospital Charlie enjoyed living independently in his local community with an active social life. After leaving hospital Charlie didn't feel he needed any further support at home. However Charlie's suffered a setback to his recovery and went to his doctor as he was feeling low and suffering from tiredness and a lack of appetite.

Charlie's doctor could see that this was affecting his diabetes and ability to get around and that before long Charlie could well end up at risk of a fall and going back into hospital. So the doctor referred Charlie straight away to our reablement service.

We responded quickly, sending a reablement worker to go in daily to help Charlie with everyday tasks such as washing, getting dressed and making breakfast. As Charlie was struggling to cook for himself, we arranged daily meals from the Community Meals, and this helped him regain his strength.

After two weeks of reablement, Charlie had regained his ability to look after himself and get back to normal enjoying his social life with his friends and family. His mood was lifted and he was no longer at risk of becoming isolated or needing to go back to hospital.

4.2 Future plans

We want to see more examples like Charlie's, where we respond quickly with support when people have a crisis, to help them remain living independently.

We expect to see better outcomes for people through the improvements we're planning to our short term support services, with more people using Telecare, reablement staff freed up spend more time with people, preventing more people needing to repeat reablement and a reduction in the number of people going into hospital or care when they could have stayed at home.

We'll continue to subsidise meals on wheels as we know people value the service and it is one way of helping them to remain living independently. We will be looking at how we use this service to increase social contact for people at risk of becoming isolated.

5.0 Long Term Care

Although help may be available from families, friends, neighbours and communities, we know there will always be some people who will also require social care services.

5.1 How are we doing?

From our annual survey of service users, we know we continue to do well in helping them maintain quality of life, choice and control, with similar levels of satisfaction as in other similar parts of the country.

Active individuals and communities playing their part will mean we can be there for the people who need us most. For some people this may mean going into a residential or nursing home, but we will focus increasingly on providing support in the community to help people stay within their own home as this is what people tell us they want. That way, even when they need ongoing assistance from us, they can still continue to benefit from the informal help they receive from the community around them. We will give people a personal budget wherever we can and work together with them on a support plan that best meets their needs.

The Care Act 2014 – what it means & our progress so far

The Care Act 2014 set out new duties for social care including: providing information, advice and advocacy; focussing first on how to prevent people's health getting worse; supporting carers including the right to an assessment; a new national standard for deciding when people need social care services; and from 2020 a cap will be introduced on the total social care costs for people in residential and nursing care so they don't have to sell their home or use all their savings.

In terms of what this has meant for us, the new standard for assessing care needs Is very similar to the way we do it now so we don't expect that to have a significant impact and the improvements in support to carers we talked about earlier gives us confidence we've got the right support to make sure carers have good quality assessments and support.

A free Financial Care Advice Line (01452 222200) went live in April 2015 and will make it easier for people to find out about services and the costs involved for their care. We've also improved our advocacy contracts to make sure everyone is offered a specially trained advocate to represent them, to help make sure they understand what is happening and their voice is heard, and we expect this to result in more vulnerable people using advocates.

We have got slightly better at giving more people choice and control through a personal budget, and continue to be slightly better than most other areas of the country. However whilst we have also increased the number of people with direct payments (where people are in direct control of their care budget so they can buy services themselves that best meet their needs) this is still behind other parts of the country.

A lot more people have contacted us in the last year and we've improved our signposting to informal support in their community for those who do not yet need social care services and we've seen less people going into care homes. However, although we continue to reduce the number of people admitted to residential or nursing care, we still have more of these admissions than other parts of the country. Also, as we've coped with the much higher numbers of people contacting us, we haven't made the improvements we wanted to the timeliness of people's assessments for social care support.

Protecting all adults in Gloucestershire with care and support needs who are experiencing or are at risk of abuse and neglect, runs through everything we do. We know from our annual survey results that more people than last year said the services we provide made them feel safe and secure and we perform better than other councils in this area. Our local data shows that we had slightly fewer safeguarding concerns (3,854) than last year with a similar proportion upheld (17.7%).

From January 2015, the council's adult safeguarding services joined the Gloucestershire Multi Agency Safeguarding Hub (MASH) and this is proving of real benefit in the prevention of abuse and neglect. The MASH first came into operation in 2014 for children's services and has developed over time. Children and adult safeguarding professionals from the council, Gloucestershire Police, Gloucestershire health community and Gloucestershire Domestic Abuse Support Service (GDASS) are located together in a secure environment where information can be shared in a rapid and confidential way in order to identify and assess risk early on.

Lastly, we continue to listen to our service users. We receive more compliments than complaints, with 237 compliments up from 163 the previous year. We had 227 complaints which is up from 211 the year before, with almost a third of these complaints upheld over the last 2 years.

5.2 Future Plans

Our focus for the coming year will be to make changes to the way we deliver services for older people. This will achieve the best value for taxpayers to meet the needs of people using those services.

As well as maintaining our funding for social care services, national surveys show satisfaction levels at a similar level to other parts of the country. However we know there are improvements we can make which will put us in a good position as demand for our services increases. Our immediate plans for next year will be to change how we manage social care and reablement services, and to increase the quality and choice of services available to people on which to spend their personal budget or direct payment.

We are bringing the management of social work back into the council, which will enable our provider Gloucestershire Care Services to focus on providing reablement and Telecare. Through redesigning both the reablement and social work services we expect to see a more timely and responsive service, with fewer admissions to hospital and care, more people staying at home after a period of reablement, more targeted reablement and the ability to cope with increasing demand.

We'll develop more joined up working with our health partners, GPs and other public services with a continued focus on getting support to people quickly. The new local co-ordinators we'll have based in our teams will help achieve this through co-ordinating support for people.

Another change we'll make, as we've seen it working so well for people with learning disabilities, is to have specialist staff supporting service users to find the best services to meet their needs using their personal budget. We'll also increase the number of people receiving their funding through a direct payment to give them more control over their support.

To make sure there is a wide range of support available, we will encourage smaller providers to grow and offer services, as we know people increasingly want to see a lot more choice in addition to the traditional forms of support. We'll also develop a website enabling people to easily compare services with the ability to self-assess their care needs and with links to providers

Much of the social care help we give to older people is through the providers we fund to help them with everyday tasks in their homes such as washing, getting dressed, making a meal and taking their medicine and we call this domiciliary care. We want to make sure that this support is more focussed on what people can do, and helping them, where they can, to regain old skills to get the most out of life. We have many providers across the county delivering these services in different ways so later in 2015 we will re-tender all these contracts to make sure we have consistent standards and we can check providers are maximising the independence of the people they support.

Alongside this we need a system that gives us better information about the amount and quality of care providers give, and so we will put in place a new electronic call monitoring system, which we will expect to be used by our providers of support to older people and people with disabilities.

We will continue to work with our partners to keep vulnerable people safe and we'll be putting resources in to making the new multi agency safeguarding hub fully operational in 2015/16.

6.0 Final Thoughts

In our Local Account you'll have read about a lot of good work we're doing with some exciting examples, whilst at the same time we're not hiding from the areas where we need to improve.

We face challenging times and we've responded with clear plans for transforming services. We know we can only make our vision a reality through listening and working together with our communities and partners. We're pleased to see really positive signs from changes we've already started making this year and we're heading in the right direction.

7.0 How we are performing?

Comparator data from the Health & Social Care Information Centre.

Measure	Glos 13/14	Glos 14/15	Glos Annual Trend	Family Group 14/15	England 14/15
ASCOF 1A: Social care related quality of life score(comparators range was 18.8 - 19.7 with max score possible of 24)	19.5	19.3	⟷	19.2	19.1
ASCOF 1B: Proportion of people who use services who have control over their daily life	80.7%	78%	↑	78%	77.3%
ASCOF: 1C pt 1A: Proportion of people using social care who receive self-directed support	59.9%	85%	↑	83%	83.7%
ASCOF 1C pt 2A: Proportion of people using social care who receive direct payments	13.1%	19.3%	↑	29.6%	26.3%
*ASCOF 1C(1B): Proportion of carers receiving self-directed support	n/a	**n/a**	n/a	78.3%	76.6%
*ASCOF 1C(2B): Proportion of carers receiving direct payments for support direct to carer.	n/a	**n/a**	n/a	66.7%	66.7%
Local figure: % of carers with flexible budgets		48%			
ASCOF 1D: Carer-reported quality of life score (comparators range was 7.3 – 8.3 with max score possible of 12)	n/a	7.4%	new	7.8%	7.9%
ASCOF 1E: Adults with learning disabilities in paid employment	12.6%	8.3%	↓	6.2%	6%
*Local figure including those people with learning disabilities helped by the council to find employment who have not received a funded service	n/a	18.5%		n/a	n/a
ASCOF 1F: Adults in contact with secondary mental health services in paid employment	6.7%	10.7%	↑	9.4%	6.9%
ASCOF 1G: Adults with learning disabilities who live in their own home or with family	75.7%	70.6%	↓	70.4%	73.3%

Comparator data from the Health & Social Care Information Centre.

Key: Blue = either better / same / less than 1 % below comparators
yellow = more than 1% below comparators.

Measure	Glos 13/14	Glos 14/15	Glos Annual Trend	Family Group 14/15	England 14/15
ASCOF 1H: Adults in contact with secondary mental health services living independently, with or without support	52.7%	79.1%		56.8%	59.7%
ASCOF 1I pt1: Proportion of people who use services who reported that they had as much social contact as they would like	46.2%	47.2%		44.8%	44.8%
ASCOF 1I pt2: Proportion of carers who reported that they had as much social contact as they would like	n/a	26.8%		36.1%	38.5%
ASCOF 2A pt 1: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population (less is better)	17.1	15.9		14.1	14.2
ASCOF 2A pt 2: Long-term support needs of older adults (aged 65+) met by admission to residential and nursing care homes, per 100,000 population (less is better)	800.1	694.7		623.0	668.8
ASCOF 2B pt 1: Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement rehabilitation services, expressed as a percentage	70.4%	74.7%		82.1%	82.1%
ASCOF 2Bpt 2: Older people (65 and over) who were offered reablement services after hospital discharge	3.7	3.0		2.8	3.1
ASCOF 2Cpt 1: Delayed transfers of care from hospital, per 100,000 population (less is better)	3.3	3.1		13.0	11.1
ASCOF 2Cpt 2: Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (less is better)	1.3	0.9		4.2	3.7
ASCOF 2D: Proportion of those that received short term service within yr where the sequel to that service was either no ongoing support or support of a lower level	n/a	90.2%	new	76.6%	74.6%

Measure	Glos 13/14	Glos 14/15	Glos Annual Trend	Family Group 14/15	England 14/15
ASCOF 3A: Overall satisfaction of people who use services with their care and support	67.1%	66.9%		65.1%	64.7%
ASCOF 3B: Overall satisfaction of carers with social services	n/a	38.5%	new	40.8%	41.2%
ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	n/a	68.1%	new	72.5%	72.3%
ASCOF 3Dpt 1: Proportion of people who use services who find it easy to find information about services	81.7%	77.3%		74.5%	74.5%
ASCOF 3D pt2: Proportion of carers who find it easy to find information about services	n/a	64.6%	new	64.4%	65.5%
ASCOF 4A: Proportion of people who use services who feel safe	66.5%	67.7%		69%	68.5%
ASCOF 4B: Proportion of people who use services who say that those services have made them feel safe and secure	82.6%	90.9%		84.8%	84.5%

8.0 Glossary of commonly used terms in adult social care

Adult social care services	These are services for adults who need additional support to manage their everyday lives and to be independent, including people with a disability or long-term illness, people with mental health problems, people with a learning disability and carers. This includes for example residential care, home care, care assistants, aids and adaptations and personal budgets.
Advocacy	Advocates are independent of the council and can help you find services, ensure your views are heard and help you with important decisions.
Assessment	By looking at your needs we can assess what support you may require. Someone from our social care team will contact you and your carer or family member. We will talk to you about your needs and work with you to find out what services will best help you to live a more independent life. Your assessment helps us to determine how much your budget will be, based on your assessed needs. If you are assessed as not needing social care, we may still be able to offer guidance and information about sources of support that you can access or provide for yourself.
Carer	A carer is a person who cares for a relative, friend, or neighbour - who through illness or disability, is unable to look after themselves. Becoming a carer can happen to anyone at any time of life. A carer is not someone who is paid to look after others, like a nurse or care worker, or a volunteer working for a voluntary organisation.
Co-production	Co-production means making something happen together. It is the way decision makers and the important people in someone's life will work with people with disabilities, carers and equality groups to improve their lives.
Community hospital	We have seven community hospitals across Gloucestershire which provide a range of health services for people of all ages 365 days a year.
Dementia	Dementia includes problems with: • memory loss • thinking speed • mental agility • language • understanding • judgement
Direct Payments	A direct payment is money the county council can give you directly to enable you to choose where you want to buy the services or equipment that you, or the person you care for, have been assessed as needing.
Domiciliary care	Home care (also known as domiciliary care) is help which is provided in your own home to help you with everyday tasks and is provided by personal assistants.
Extra Care Housing	For frail older people extra care housing provides them with their own home in the community together with varying levels of care and support on-site.
Independent Living	Getting the assistance and support you need so you are able to live the life you want, for example through taking part in your community and doing things for yourself.

Integrated Community Team	These bring together occupational therapists, physiotherapists, social workers, reablement workers and community nurses to work as one team to serve a local area.
Learning Disability Enablement Team	The enablement service is for adults with learning disabilities who have the potential to go out and about independently. The service aims to support you to find out more about activities in your area, help you with making friends and build on social networks where you live.
Mental Health	Mental illness refers to conditions that significantly interfere with an individual's, thinking, emotional or social abilities e.g. depression, anxiety, schizophrenia.
Occupational Therapy	The Occupational Therapy (OT) service supports people who have a permanent disability to live independently in their own homes. They can also advise on smaller pieces of equipment to help with day-to-day tasks such as bathing and preparing meals.
Older People	This term is used to refer to people over the age of 65
Outcomes	An aim or a need you want to achieve, such as continuing to live in your own home or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
Personal Budget	A personal budget is the total amount of money available for your care. Using your assessed needs we can calculate how much money is available for your care and manage this budget for you.
Physiotherapy	Physiotherapists work to help restore your movement and function to as near as normal as possible when this has been affected by injury, illness or by developmental or other disability.
Physical Inclusion Network Gloucestershire (PING) http://pinglos.org.uk/	PING is a network, linking physically disabled people and services in Gloucestershire. PING's website includes a directory of services and information relevant to physically disabled people. They organise events, carry out quality checking services and create inclusive networks for people with physical disabilities.
Preventative	Services you may receive to prevent more serious problems developing. These services include things like reablement, Telecare, befriending schemes and falls prevention services. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care.
Public health	Public Health responsibilities to help keep people healthy includes. • Weighing and measuring children. • Health Check Assessments for adults. • Sexual Health services. • Stop Smoking Services. • Alcohol and drug misuse services. • Public Health Services for children and young people aged 5-19 (including school nurses). • Obesity and weight management services and increasing physical activity.

Short term intensive support	Short term intensive support means help with the change back to independence after a period of ill health, a hospital stay, a residential care stay, or simply a fall or accident. Anyone over the age of 18 who meets the criteria may have access to this support for up to six weeks, for which there will be no charge.
Residential care	Care homes provide accommodation with trained staff on hand to look after your needs day and night. There are two types of care home: • Care homes with trained staff who can offer you the same care that you would receive from relatives and friends. • Nursing homes which provide the same level of care as care homes but also have trained nurses on duty to provide skilled nursing care when you need it.
Review	This is when you have a re-assessment of your needs to look at how well the services you are receiving are meeting your needs and helping you achieve your chosen outcomes.
Safeguarding	Safeguarding vulnerable adults is a key responsibility of the local authority. We work with our partners to help keep vulnerable people safe from harm and abuse. Abuse is a violation of an individual's human and civil rights by any other person or persons.
Signposting	Signposting means letting you know where you can find information that you will find useful about social care.
Support Plan	Once you have had your assessment and had your funding agreed the next stage is a support plan. Your support plan will: • help identify your needs and priorities and outline how these will be met • help you build your circle of trusted support, both formal and informal • outline how you intend to spend your personal budget to meet those identified or assessed needs.
Telecare	Telecare provides a range of equipment to help you live safely and independently in your own home. This can include: fall detectors, epilepsy sensors and pull cords, bogus caller buttons and video door entry. We install a Telecare base unit in your home which is connected to your phone line. This links to a 24/7 contact centre. A series of sensors are linked wirelessly to the base unit and if one of the sensors is triggered e.g. if you have a fall, an alarm is activated. (For people in need of the emergency response service who don't have a landline they can use a mobile phone).
User led organisation	A ULO is an organisation that is run by people who use support services and their families and carers.
Village agents	Village and Community Agents work with the over 50s in Gloucestershire, providing easy access to a wide range of information that will enable them to make informed choices about their present and future needs.
Vulnerable people	A vulnerable adult is someone aged 18 or over who is or may be: • In need of community care services because of a disability, age or illness and is • Unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

What do you think?

We want to hear from you.

Please let us know your experiences and ideas on where we could do things differently. Let us know your thoughts:

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If once you have read this document you have any further questions, or if you would like to receive a copy of it in a larger font, another language or in Braille, please contact

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Gloucestershire COUNTY COUNCIL