

Council Improvement Profiles



2016/2017

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Council Improvement Profiles

LOCAL AUTHORITY : BLACKBURN WITH DARWEN

- 13 Ascof measures - out of 19 - have improved compared with 2014/15.
- 2015/16 user survey results are the best in the NW region in all seven user-focused Ascof measures.
- Outcomes following reablement continue to be extremely positive, with almost 90% of people still at home and independent 91 days after leaving hospital
- Delayed transfers of care attributable to adult social care are low at 1.6 per 100,000 population, compared with 4.7 NW and England average.
- 22 local care homes are rated 'good' by CQC, two 'require improvement', and there are no 'non-compliant' homes.
- Staff turnover in the local care sector is low, at 11.3% compared with 24.2% NW average.

Council Improvement Profiles

LOCAL AUTHORITY : BLACKBURN WITH DARWEN

The safeguarding of vulnerable adults remains a key priority, reflected in the launch of our new Adult Safeguarding Continuum in July 2016 to promote appropriate and proportionate responses to safeguarding concerns. The level of safeguarding contacts remains high, linked to awareness raising across partner agencies; however, the numbers dealt with as section 42 enquiries are now reducing, reflecting appropriate social work risk judgment re risk levels. Building on the positive findings of our 2015 peer review, the specialist safeguarding team is driving forward the work on Making Safeguarding Personal, to further strengthen the user voice and achieve 'silver' status in MSP by 2018. As recorded in the 2015/16 national User Survey, user satisfaction across services remains high, with all seven user satisfaction scores the highest in the Northwest.

Wherever possible we seek to divert people away from long-term residential and nursing care. The use of telecare is now widespread, providing support and confidence in local people's own homes, and a telehealth project has been launched using Skype across eight local residential care homes. Reablement and/or intermediate care are now the default option for the vast majority of frail older people at risk of admission to residential care, both from community settings and on leaving hospital, and 'reablement in-reach' into short-term residential care is well established. Our level of residential care admissions as measured by Ascof 2a reduced significantly in 2015/16, reflecting this shift towards preventative support.

We work closely with local care providers to improve service quality, and the vast majority of our local care homes (22) are rated 'good' by CQC, with only two 'requiring improvement' and no homes 'CQC non-compliant'. Blackburn with Darwen has the lowest proportion in the Northwest of regulated care services requiring improvement. Each Step, a high quality new home opened during 2016, has been named the national 'Dementia Care Home of the Year'.

Staff turnover in the care sector is low, 11.3% compared with 24.2% across the NW, although high occupancy levels are now becoming a concern, 97.6% in the care home sector at the last count.

With a focus on locality teams and asset-based approaches, we are looking to further strengthen the offer available to people whose needs can be met through universal services. The 'Your Support Your Choice' scheme links local people to a wide range of available non-statutory support, and support for carers has recently been strengthened through the commissioning of a single carers service across adults and children's services.

Working closely with NHS partners to develop and strengthen local partnerships we are engaged with partners across East Lancashire on options for the redesign of health and social care across the whole of Pennine Lancashire. Delayed transfers of care (DTC) from hospital attributable to adult social care (Ascof 2d2) remain low, at 1.6 per 100,000 population. However, resource pressures are building across the whole health and social care system, and while Better Care Fund (BCF) resources are welcome, they do not meet growing shortfalls.

Resource pressures continue to impact on adult social care and the whole Council, with budget cuts reducing available funding at a time of growing demographic pressures of £1.5 to £2 million per year and the impact of the new National Living Wage. While frontline social work staffing has been protected wherever possible, reductions in back-office staffing are impacting on overall capacity, and we face increasing pressures in meeting current and emerging needs.

STEVE TINGLE
Director of Adult Social Services

Council Improvement Profiles

LOCAL AUTHORITY : BLACKPOOL

- Nine ASCOF measures improved from 2014/15 to 2015/16
- Seven measures show year-on-year improvement since 2012/13
- Delayed Transfers of Care attributable to adult social care decreased each year since 2011/12
- Continue to increase the number of people accessing direct payments
- 100% of service users now receive self-directed support
- Rises in proportion of learning disability clients in their own accommodation and in employment
- Service user satisfaction rate above England and regional average
- Increasing the proportion of reviews completed is a key area for improvement

Council Improvement Profiles

LOCAL AUTHORITY : BLACKPOOL

Blackpool continues to make steady progress in key areas of performance, despite pressures of rising demand, increasingly complex needs, and one of the most deprived communities in the land.

Service user responses to the annual adult social care survey compare favourably to national and regional figures, with overall satisfaction with care and support services standing at 67.8%, compared to 64.4% and 64.9% in England and the North West respectively.

Our focus on promoting self-directed support is evidenced by our year on year rises in the proportion of people receiving self directed support over the last six years, and a continued increase in the number of people accessing direct payments.

We remain focused on ensuring that reviews are timely and proportionate, and have committed additional resource to making this happen. The escalation of new work – particularly DoLS but with an upwards trajectory in demand across all areas – continues to challenge our ability to respond promptly and manage the increasing workload.

We have had an active involvement in shaping the market during the reporting period. We have developed a local price for care framework, which has been accepted by all providers. We respond robustly to provider performance failures and have worked with providers to increase the number of beds in areas of shortage.

We continue to work across the Health economy and with other partners in the Fylde Coast Vanguard to deliver new models of care, closer to home, and with better outcomes for all.

KAREN SMITH
Director of Adult Social Services

Council Improvement Profiles

LOCAL AUTHORITY : BOLTON

- 12 ASCOF measures performed better than the North West and England averages in 2015/16
- 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
- High numbers of adults with learning disabilities and adults in touch with mental health services live independently
- The CQC has consistently rated around 80% of local social care services as Good or Outstanding
- Bolton has a consistently high proportion of service users receiving Self Directed Support
- A new Safeguarding team has been set up and Bolton's Safeguarding Adults Board's recent self-assessment established a refreshed governance structure for the Board
- Reducing permanent admissions to residential or nursing care and increasing the rate of adults with learning disabilities in paid employment continue to be areas of challenge
- The number of Deprivation of Liberty Safeguards assessments more than doubled in 2015/16 after increasing fivefold in 2014/15
- Performance on survey measures continue to be below average on the whole, but have improved this year
- Reablement rates have declined this year despite being historically a stable area of performance

Council Improvement Profiles

LOCAL AUTHORITY : BOLTON

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.

Changing needs and demand and financial pressures increasingly mean care may be delivered in different ways. The 'Bolton Cares' Local Authority Trading Company now provides a range of support previously run in-house, including supported living, day care, extra care and shared lives services.

A recent priority has been to develop Bolton's Locality Plan to support and deliver the health and social care integration agenda within the broader context of the devolution of health and social care to Greater Manchester. GP practice clusters are being aligned with Integrated Neighbourhood Teams (INT) which, with a particular focus on over 75's, identify and support older people who would benefit from INT intervention on discharge from hospital, with early intervention deflecting some admissions to residential-based Intermediate Care instead of the hospital, and home based pathways providing support to enable independence. The 'Staying Well' service visits older people in local neighbourhoods in response to referrals from GPs to help them access support to avoid isolation and to feel safe and secure at home.

The council has developed clear commissioning intentions with a priority to develop the market, working with providers who will quality assure their services and evidence positive outcomes for service users.

We plan to further widen our early intervention and prevention approaches and support the development of an emerging preventative services market in the borough, encouraging innovation through expansion of technology-enabled care.

To meet future needs more flexibly we will work with care home providers to help them identify opportunities for improving care and their buildings, where necessary, to provide good quality care and accommodation and to increase the supply of dementia/EMI residential care to meet anticipated demand. We will work with the CCG to develop proposals to meet the needs of those with greater levels of complex need.

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.

JOHN DALY
Director of People

Council Improvement Profiles

LOCAL AUTHORITY : BURY

- 9 ASCOF measures improved since 2012/13
- 15 ASCOF measures 54% are better than the England average
- Permanent admissions of younger adults have reduced by a third since 2013.
- 10% more people say they have as much social contact as they would like compared to last year.
- Had the lowest number of non-elective admissions to hospital for older adults in the region.
- Had the lowest number of non-electiv
- e re-admissions within 90s days for older adults in the region.

Council Improvement Profiles

LOCAL AUTHORITY : BURY

Our vision is to ensure our population is as healthy, happy and independent as possible, living with minimal intervention in their lives. To help achieve this we have reviewed the way we commission services focusing on three key themes Prevention and Early Intervention, Vulnerable People and Carers. This will enable us to not only assist those in need, but to also aid those that are not currently eligible for services to be able to help themselves and others in their communities and where possible prevent, reduce, or delay the need for services.

In 2015/16 we have supported our community by:

- Leading on local authority input into Dementia United – the 5 year quick win dementia devolution project.
- Securing external funding to pilot a two year project on how assistive technology can support working carers. This should achieve a better understanding of the needs of carers, particularly by employers, leading to more carer friendly policies and procedures.
- Safe Places Scheme for vulnerable people who become lost or confused when out in Bury on their own. They can go to any place with a Safe Places sign for assistance and reassurance.
- Development of a Carer Information leaflet, translated in the 5 most common languages used within the borough and in audio format

We continue to review and develop the way work some examples of what we achieved in 2015/16 are:

- Hosting an event to help our social care providers understand Bury's approach to the Care Act; health and social care integration; Greater Manchester devolution, new regulations and how this will impact on them.
- Launching the new online Bury JSNA to provide system wide intelligence support

- Creation of Persona, a new company owned by Bury Council, in order to secure a sustainable future for the local provision of adult social care. It operates across a range of community settings, including day and residential care centers designed to meet the complex needs of our community.
- Bury is leading the national and regional dementia networks, the main focus of activities throughout this year were:
- Providing input into the development of the PM Challenge on Dementia – supporting the consultation on what should remain and what new opportunities should be included in the new challenge.
- Supporting National Dementia Network to communicate their views into the process and also to provide feedback on what had gone well and what needed to be improved.
- Holding two workshops at ADASS Spring Conference on delivering the PM Challenge Implementation Plan
- the Alzheimer's Society had an interactive session around developing Dementia Friendly Communities
- Co-ordinated the production of NW Dementia Perspectives report – a state of the nation report on dementia care, services and research across the North West.

PAT JONES-GREENHALGH
Director of Adult Social Services

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE EAST

- Comparing scores within the Adult Social Care Outcomes Framework (ASCOF), between 2015/16 and 2014/15, showed that 6 measures increased in performance, 10 measures were about the same, and 6 decreased
- The proportion of adults with learning disabilities who live in their own home or with their family is 10.3 percentage points higher than the England total.
- The proportion of people who use services who find it easy to access information about services is 5.4 percentage points higher than the England total
- The proportion of people who use services who say that those services have made them feel safe and secure is 5.3 percentage points above the England total.
- Cheshire East is a partner in two integration programmes: Caring Together and Connecting Care. The aim of both programmes is to deliver a new system of health and social care services across Cheshire East with a focus on early help and prevention, improved independence, choice, health and well being and in being able to respond quickly and in a more joined up way when people are in crisis working with health care partners.

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE EAST

Cheshire East is a fabulous place to live, work and visit and we want to work with all regional and local partners to make it even better to sustain success in the future for Cheshire East residents. We have a fantastic mix of rural and urban environments. However most importantly Cheshire East Council is the people and we will continue to strive to make sure we have a Council that serves its diverse communities well and delivers value for money. We want to see Cheshire East Council build a national reputation for customer facing services including proactive, collaborative partnership working that supports our Chief Executive to build a robust programme that delivers success and makes sure that as a forward thinking Council we put residents first, at all times.

Communication

Cheshire East Council's website was recognised as one of the best council websites in the country by Socitm, the professional body for IT and digitally enabled services, at the inaugural Better Connected Awards. We also received recognition for the Best English Unitary Website Award, and we were awarded 4 stars – which is the highest rank achievable. Cheshire East is one of only 44 of 412 authorities in the UK who reached the top standard that aims to identify good practice in local authority websites. Experts praised the performance of the website's search function and navigation tools, plus access and usability from a mobile device. Demonstrating that we are already leading the way in delivering outstanding digital customer responsive services for Cheshire East residents. In the rapidly changing world of online services and digital technology, we take pride in our continued work to build on these achievements so we can meet the needs of all Cheshire East residents now and in the future. Therefore, our ambition as part of the Digital Customer Service Programme, is to innovate and develop the website further and ensure we remain the best of the best for years to come.

Memory Lane Friendship Groups

Were developed to work with different community groups supporting and connecting Cheshire East residents to come and talk to Council staff and wider important partner agencies about a range of things in an informal and enjoyable setting, enabling people including carers to talk about a range of topics that matter to them. People can play games, enjoy music or have a good look through the groups 'memory box', the aim being that people feel engaged and comfortable to talk about the things that matter to them, supporting improved independence, choice and wellbeing.

Integrated Care

The Integrated Community Care Teams have been networking with health and social care colleagues as part of the Caring Together Transformation Programme in East Cheshire. A total of 24 workshops were held across the East of the Borough giving colleagues the opportunity to share ideas around how to work together differently to provide a holistic service, ensuring that people are right at the very centre of integrated support services. The interactive workshops were very well attended by a range of staff from social care and health backgrounds, everyone who attended made pledges which included, a commitment to integration, being open minded and to move forward to provide holistic care that supports improved outcomes for the people of Cheshire East.

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE EAST

Carer Support -Valuing Carers and Supporting their Health and Wellbeing in Cheshire East

Cheshire East Council together with health partners, NHS Eastern Cheshire and NHS South Cheshire Clinical Commissioning Groups, are committed to improving the health and wellbeing of carers and enhancing their overall quality of life. The Joint Carers Strategy 2016/2018 reflects the views of both adult carers and young carers across Cheshire East, gathered through a series of engagement events. The Carer Strategy aims to put carers at the heart of everything we do, carers comments influenced the content of the strategy and priority areas of the delivery plan for the next two years. In 2015/16 carer feedback was reflected in the bidding criteria for the carers breaks fund grant awards for 2016/17. This has further enabled the commissioning of breaks which will respond to needs that carers themselves have identified as being important to them and the person they care for. The evaluation of the grant services will inform future engagement and commissioning intentions for services in supporting carers across Cheshire East and in continuing to promote the important role they undertake whilst continuing to review what support can be offered.

Cheshire Care Record (CCR)

This is an exciting and pioneering innovative 'game changer' in how the needs of vulnerable people are understood across health and care agencies. The Cheshire Care Record is a collaboration of information sharing between GP, hospital, community care, mental health and Council social care services provided across Cheshire, aiming to ensure people get the right treatment more quickly. The project has been shortlisted for the Health Service Journal Awards in the 'enhancing care by sharing data and information' category. Timely access to health and social care records will ensure that GPs, hospital doctors, nurses, social workers and other health and social care professionals have an overview of patients' care in order to make the best decisions about diagnosis, treatment and care plans.

Local Area Co-ordinators

We are actively supporting people to access support services in their local areas wider community settings through the work of Local Area Coordinators (LAC's) who have been successful in supporting people to access a wide range of community support services. The LAC's promote voluntary/community based services via the telephone, face to face meetings, web based information and through running important events. Their role also involves working with voluntary and community faith groups to understand what they can offer people as well as helping to shape how these services are delivered now and in the future, so that they meet identified health/care needs. The benefits in vulnerable people being better connected to their local communities improves confidence, provides active citizenship and enables overall health and wellbeing and is an important part of what adults social care wants to continue to develop and build on now and looking forward.

Strategic Director Adult Social Care and Health

At a time when there is an imperative to achieve better outcomes with finite resources we continue to focus our efforts on prevention and early intervention to reduce and delay the need for high cost services. Wherever possible, we want to support choice by giving people the opportunity to have a direct payment and develop their own bespoke package of support. In doing so we want stimulate the development of an active and vibrant care market both in the independent sector but also across with voluntary, community and faith sector. This is very much in keeping with the Care Act 2014 and focuses on the wellbeing of the individual

MARK PALETHORPE

Strategic Director, Adult Social Care and Health

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE WEST & CHESTER

For 2015/16, the Borough performs particularly well in the views of service users and carers. Of the 12 measures based on survey results, ten performed better than the England average, the remaining two being close. Most of the measures are showing improvement on previous results.

Of the 25 measures where performance can be compared to other Authorities, 16 are better than the national average. These include the overall satisfaction of users and carers who use services; the proportion of people and carers using self-directed support; and the proportion of users who feel safe. Only four measures are below average and these largely reflect nationally recognised pressures in the system.

Meeting the challenges

In October, the Council expressed its concern at the growing crisis in social care, which it noted had lost £4.6bn funding nationally since 2011 when demand is increasing and plans to use its new precept powers to improve services and develop a new model of delivery.

Social Care as part of corporate strategy

Early in 2016 the council completed wide public consultation on its key priorities over the four year period to 2020. From this came ten outcome plans, including one for the provision of compassionate care that supports the independence of older people and vulnerable adults.

Transforming adult social care has support from the Authority's Public Services Reform Team. There are four key programme areas based around culture, behaviour change and community empowerment; integration with the NHS; personalisation of care and support; and complex dependency. Wired together these form elements of the council's overall strategy for modernising adult social care - the West Cheshire Offer.

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE WEST & CHESTER

Working closely with health

Delays in discharge - rapid response and reablement pilot

Agreement was reached during the year for a joint Rapid Response and Re-ablement project between the council and a major district general hospital to develop a single support pathway to improve performance in managing speedier discharges from hospital.

Joint residential care contract

The Council has worked closely with its CCG partners to design a new contract for the provision of registered residential care. Worth £27m a year over three years, the contract covers the full range of residential and nursing care, including dementia care, and NHS continuing health care for those with long term conditions or complex needs.

Complex dependency programme

In January 2016 the council began a pilot programme to review support for adults with complex dependency issues. Following analysis, 65 were selected for allocation to a complex dependency case worker. A key aspect is to ensure the co-ordination of other specialised services such as housing, homelessness, drug and alcohol, mental health services

Mental health summit

November saw the council and its NHS partners arrange a mental health summit which brought together providers, professionals and service users to generate commitment to establishing a mental health partnership board. The new board will be pivotal in co-ordinating action and drawing service user input into developing the mental health priority of the Health and Wellbeing Strategy and Five Year Forward View.

Better Care Fund

The minimum specified pooled allocation for the Cheshire West and Chester Health and Wellbeing Board footprint for 2016/17 was £24.8m. Further additional health and social care resources of £66.8m were pooled in 2016/17 as part of the Cheshire West and Chester BCF to support the integration of health and social care between the council and the CCGs.

The Cheshire Care Record

This joint project was rolled out across Cheshire during 2016. It is a summary of the care and support received by an individual from both NHS and social care.

Keeping people safe

Safeguarding adults

New Domestic Violence and Abuse and Hate Crime and Preventing Vulnerable People from Being Drawn into Extremism strategies have been published. Six sub-groups support the work of the LSAB each led by one of the key partner agencies. A new group is the multi-agency Channel Group, which seeks to identify, protect and support people vulnerable to extremist propaganda.

Preventing falls

For 2014/15, falls accounted for nearly 1600 hospital admissions for our residents aged 65 or over, with almost 400 hospital admissions for fractured hips. A Falls Prevention Strategy which aims to reduce the incidence and impact of falls amongst older people was launched for public consultation in October, ready for the strategy to be rolled out in 2017.

Working with and for our communities

The new Healthwatch contract In conjunction with Cheshire East council, a new Healthwatch contract has been designed to provide for the first time a consistent service across the two boroughs, incorporating the formerly separate NHS complaints advocacy service.

Council Improvement Profiles

LOCAL AUTHORITY : CHESHIRE WEST & CHESTER

The Local Offer This comprehensive information website is now live and provides an on-line directory of all services in the Borough, including factsheets and information not only from the council but a wide range of public, private and third sector providers. The site will be continually updated and developed to take account of new information and advances in technology.

The Access City Award In November, Chester became the first British City to win the European Access City Award in recognition of the council's efforts to make it easier for older and disabled people to gain access to public areas and have plans for further improvements. 43 cities submitted applications with a European Panel making the decision from amongst the shortlist of seven. The award reflects the strong partnership between the council and the Borough's disabled community.

Transforming care for vulnerable people

The West Cheshire Offer

Supported corporately, this is a new programme to ensure that people are always assisted to live the best life they can rather than fitting them into traditional and expensive services. Key objectives will be to develop the community and voluntary sectors to provide local, flexible support and to commission more improved solutions for people to manage their own care, remain independent longer and provide better outcomes for people requiring support.

Early intervention and prevention

commissioning The council has embarked on a new model for commissioning early intervention and prevention services focusing on supporting residents to be as independent and as well as possible, for as long as possible. The new model is based on three tiers covering universal services; targeted early intervention and prevention services; and specialised services such as reablement. Over £1m has been allocated to support the model,

divided equally between the base budget and precept funding. The intention is to have a new contract in place from October 2017 with a single co-ordinating agency for each tier.

A new dementia strategy The council has committed to improving services for people with dementia and their families. Promoting dementia friendly communities and organising multi-agency training has been followed by a new three year strategy. Based on the five key principles of prevention; diagnosing well; living well; supporting well; and planning well, consultation on the strategy began in the autumn.

The Brightlife Project

This Big Lottery Funded project to identify and support older people who are isolated has made much progress in the past year. Run by a third sector led multi-agency partnership, which includes the council, Brightlife is commissioning a range of projects in those areas of the borough highlighted by research as having particular needs. The development of a social prescribing model and generating innovative local projects are key features.

Providing support for carers

In October, a carer led project group was established to come up with proposals for ensuring that the practical needs of those presently receiving care are identified and planned for when the carer can no longer provide care. This is the "Who will care after I'm gone initiative." In addition over £500000 was allocated from the BCF to support carers breaks. The Council's Carers Lead Liaison Officer post has become permanent, is involved with around 30 groups and forums and has so far dealt with over 70 referrals for one to one support.

ALISTAIR JEFFS
Director of Commissioning, People

Council Improvement Profiles

LOCAL AUTHORITY : CUMBRIA

- Second best performer in the CIPFA Comparators Group in 2015/16 for the proportion of people who use services who feel safe (73.9%)
- Third best performer in the CIPFA Comparator Group in 2015/16 for social care-related quality of life score (19.4)
- Cumbria provides high levels of performance in the proportion of people who use services who have control over their daily life (79.4%)
- Cumbria is considerably above the national average and consistently improving percentage of people receiving Self-Directed Support (2014/15 – 89.1%, 2015/16 – 92.6%)
- Cumbria is above our comparators for the average proportion of older people (aged 65 and over) who received rehabilitation/ reablement services after discharge from hospital
- In October 2016 Cumbria County Council recruited 30 Health and Wellbeing coaches to work with NHS and with local people to reduce the need for social care and health care by delivering new prevention and public health services

Council Improvement Profiles

LOCAL AUTHORITY : CUMBRIA

Adult Social Care services and teams in Cumbria are on a journey of significant change. We have a newly established senior management team who are identifying opportunities to work differently and collaboratively to achieve better outcomes for the residents of Cumbria.

We are working towards developing integrated health and care services with community health partners and embarking on step changes towards more integrated commissioning activity with our CCG colleagues.

We are midway through our transformation programme to deliver better outcomes for those living in the community, in the shape of –

- Redesigning our frontline services to allow greater efficiency and communication across health and social care
- Review of domiciliary care to determine future opportunities to improve resilience of the service and identify efficiencies
- Co-design of day services with customers
- Implementation of new reablement service to support customers and carers to regain their independence
- Launch of Health & Wellbeing Coaches who will work with individuals (over the age of 16) and families in their local communities to improve their health and wellbeing and reduce or delay the need for statutory services
- Implementation of Extra Care Housing Strategy
- Launch of Shared Lives
- Modernisation programme within our council run residential homes, consisting of a series of refurbishments and the building 3 new homes, including 1 newly opened establishment, Park View Gardens in Barrow

BRENDA SMITH
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : HALTON

Amongst its achievements, Halton reports good or improved performance in:

- Providing choice, dignity and independence for people who need support
- Overall satisfaction of people who receive services
- Proportion of people who are in receipt of self-directed support
- Non-elective admissions of re-admission rates
- Number of bed days for delayed transfers
- Permanent admissions to residential care of people aged over 65
- Proportion of budget spend on people aged over 65

Vision for Adult Social Care: Halton's strategic vision is "to improve the health and wellbeing of Halton people so they live longer, healthier and happier lives". This vision is strategically underpinned by the Joint Health and Wellbeing Strategy (2013-2016), which sets the framework for the commission of health and wellbeing services in Halton and with particular emphasis on the five priorities we have identified with local residents, strategic partners and other stakeholders.

The five priorities for action are as follows:

- Prevention and early detection of cancer
- Improved child development
- Reduction in the number of falls in adults
- Reduction in the harm from alcohol
- Prevention and early detection of mental health conditions

Social Care in Practice: Social Care in Practice (SCiP) is a team of Community Care Workers, employed by Social Services and was initially based in Runcorn. Such was the success of the team in Runcorn, Halton Clinical Commissioning Group and Social Services have expanded the service to cover all GP practices in the Halton area. This will form the basis of the social care component of the multi-disciplinary team approach with primary care hubs that is in development

The function of the SCiP team is to work with healthcare professionals, e.g. GP's, District Nurses or Community Matrons.

The service is striving to develop closer relationships between health and social care and aims to reduce duplication for the individual being supported, giving a much better experience of help from public services.

Council Improvement Profiles

LOCAL AUTHORITY : HALTON

Launch of Admiral Nurse Service: Admiral Nurses are specialist dementia nurses who give practical and emotional support to family carers, as well as the person with dementia. They offer valuable support to families throughout their experience of dementia that is tailored to their individual needs and challenges. Admiral Nurses provide families with the knowledge to understand dementia and its effects, the skills and tools to improve communication and provide emotional and psychological support to help family carers carry on caring for their family member.

Challenges: There are many challenges currently facing Adult Social Care, both nationally and locally, amid increasing financial pressures and an ageing population.

- Res/Dom Care Providers
- Financial situation
- Transition (LD)
- Working with providers – challenges with Res/Dom Care

Domiciliary Care Market Failure - Current providers reporting recruitment and retention issues. National Living Wage issues also arising in respect of HMRC approach to care providers.

Quality of Care in Care Home Sector - Extensive work is underway with providers and partners to review and improve quality of care in key care homes.

Increase activity in respect of DoLS management - Increased activity putting pressure on existing assessment capacity

Resources - Increase in pressure from providers and engagement with changing NHS expectations both with resource implications

Financial Situation - Demand for Adult Social Care Services in Halton has been increasing year on year and is expected to continue to grow.

The Council has already made significant savings and will continue to work with partners to deliver more over the next three years. This will be delivered through an even greater emphasis on prevention and independence and through making the most of universal and community based services to help people build, retain and recover skills.

Review of Transition from Children's to Adults Services for those with LD - Halton Borough Council and NHS Halton Clinical Commissioning Group have recently completed a joint project to review processes in place to support young people (aged 14-25) with health and social care needs as they make their transition from children's to adults' services.

SUE WALLACE-BONNER
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : KNOWSLEY

- Adult Social Care Outcomes Framework Performance 2015/16
- Satisfaction with local Adult Social Care in Knowsley continues to be high in comparison to other areas; with 67% of service users stating they were very or extremely satisfied during 2015/16.
- More adults with learning disabilities in the community are rating their quality of life as 'great', results of 46% 2015/16 is a significant improvement in comparison to 24% in the previous year.
- From the 2015/16 results, Knowsley has recognised areas for improvement, particularly with regards to residential care, safeguarding and support for sensory needs. There have since been many developments which have had a positive impact, for example admissions to residential and nursing care for both 18-64 and 65+ have reduced between 15% and 20% (as at Dec-16), this improvement is set to continue and should be reflected within 2016/17 ASCOF results.
- Knowsley Council has just concluded its second year of a three year plan aimed at transforming and modernising adult social care by ensuring all activity is underpinned by prevention and is working to an asset based methodology. Good progress has continued despite the challenges that we face as an authority. Some of the key activity which has taken place includes:
 - Knowsley had a successful Safeguarding Peer Review in December 2016 receiving positive feedback in a number of areas including:
 - Commissioning arrangements had good engagement with providers and involvement of people using services
 - Close working relationships with key partners including the co-production of service specifications with a move towards integrated commissioning
 - The Adult Multi-Agency Safeguarding Hub (MASH), had a dedicated team committed to supporting and safeguarding adults at risk of neglect or abuse with improved responses to safeguarding incidents.
 - Merseyside Police's Borough Command Unit (BCU) has also recognised the excellent work of Adult Social Care within the MASH and has awarded a Certificate of Merit for their partnership working.

Council Improvement Profiles

LOCAL AUTHORITY : KNOWSLEY

Early Discharge & Integration – In April 2016, Knowsley established its own Hospital Discharge team which has now embedded practice within the NHS; it has made significant improvements to the hospital discharge pathways and received lots of positive feedback. Knowsley residents are now less likely to experience Delayed Transfers of Care (DTOC) than if they were a resident at other statistical and North West neighbours (top percentile performance).

In addition, the Council has invested in initiatives to support discharge across the whole system; this has required new staffing structures to support the timely discharge of patients back to the community while further re/enablement takes place. This has also allowed Social Care to monitor the activity of these cases to ensure they do not default to permanent care with a continued focus on maximisation of independence at home and avoid re-admissions.

To cope with additional winter pressures, the CCG and Council have introduced an integrated Service Manager role to oversee and develop lean systems and practice, including leverage of resources at short notice to facilitate discharges across the locality. To date this has been a success with recommendations for longer terms plans to inform the likelihood of a more integrated approach at the appropriate parts of the system.

The Shared Lives Scheme has been rated as 'Good' - Knowsley's scheme recruits carers to provide long term care, as well as respite and short breaks for disabled adults and older people. The scheme has received 'good' ratings across the board from the Care Quality Commission (CQC) and will be a key component of the strategy to reduce the dependency on residential and nursing care.

Additional investment to the service has been made with a view to recruiting additional carers over the next 2 years.

Knowsley Assessment & Reablement Service received a "Good" rating in all areas following a recent CQC Inspection (Sept 2016). The service is community based supporting service users across Knowsley to maximise their independence and remain within their own home. Closer ties with the Hospital Discharge, Intermediate Care and Urgent Response Teams has placed greater emphasis on prevention, reducing hospital admissions and facilitating increased numbers of safe, timely discharges. The combination of Assistive Technology and the introduction of an Asset Based Approach have been integral to this, widening the scope of technology across all settings and sign posting patients and carers to a range of community organisations, including church groups, befriending schemes, therapy groups and social clubs.

Five Star Rating for CIL - In 2016, Knowsley Councils Centre for Independent Living (CIL) received a five star rating based on resident feedback through Healthwatch Knowsley. A recent redesign of the management structure for the CIL has seen a significant improvement in waiting times for major adaptations. A whole system redesign is currently underway with the CCG to address wider system issues and enable integrated commissioning arrangements to deliver improved patient/user outcomes.

Council Improvement Profiles

LOCAL AUTHORITY : KNOWSLEY

Autism Accreditation - Following an external inspection, The Adult Disability Service has been re-awarded with the National Autistic Societies 'Autism Accreditation Award'. The inspection team said *"Knowsley Disability Service is a solution focussed service with a strong emphasis on person centred approaches, inclusion, participation and partnership. During the review, it was evident that the quality of support offered to people with autism was of a high standard and that opportunities available to them were varied, stimulating and appropriate. Those using the service appeared confident, engaged and motivated"*.

An Extra Care Sufficiency Strategy for Knowsley has been developed which includes a full assessment of the future requirements for extra care housing in Knowsley. Our 'Extra Care housing' model focuses on providing housing which offers high quality, safe accommodation with on-site support and care. The success of this model is already apparent, with it supporting our strategy to reduce admissions to residential and nursing homes.

LD & Autism Employment

A supported internship commenced in September 2016 and 11 people have been offered a placement; it is expected that 70% of the interns will go on to employment. Knowsley is in the process of recruiting an Employer Support Officer and a Supported Employment officer for disabled people. These two roles will support the development of a 'pathway' to employment, engaging with partners in education, social care, commissioning, community based services and local businesses. This in turn will lead to a further increase in paid employment opportunities for people with LD in 2017/18 and beyond.

Carers

The Refocused Carers' Strategy 2017-2019 has been launched for adult and children's services. The strategy will deliver against 6 priorities identified by both Young and Adult Carers, ensuring that those who provide care have access to the support they need to undertake their caring role, live 'normal' family lives and are not disadvantaged as a consequence.

Partnership Working

Knowsley continues to work across the City Region and with neighbouring authorities to seek greater efficiencies and improved outcomes for their residents. The introduction of a Combined Safeguarding Adults Board which understands and addresses the challenges for Knowsley, Liverpool, Sefton, and Wirral will have its inaugural meeting in April 2017. In addition to this Knowsley, Sefton and Liverpool have agreed to collaborate on a number of areas relating to system and service change, including the commissioning of domiciliary care, nursing and residential care, IT, and health and social care integration.

JULIE MOSS

Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : LANCASHIRE

- 13 of the 22 ASCOF indicators were better than the national average, 4 achieving the top quartile threshold, 7 showing an improvement on the previous year
- There was very positive feedback received from service users with particularly high scores for indicators covering quality of life, social contact and people feeling safe with their services
- Lancashire is the best performing local authority in the region, and amongst the best nationally, for the proportion of adults in contact with secondary mental health services in paid employment
- Compared with many other parts of the country, a greater proportion of people with Learning Disabilities who use our services are supported to live in their own home or with their family
- Services were provided to over 23,000 long term clients – the highest figure in the NW and in England
- Delayed transfers of care from hospital have increased, but those attributable to social care were still significantly better than the national average
- Shared Lives services in Lancashire recently achieved an 'Outstanding' CQC overall rating

Council Improvement Profiles

LOCAL AUTHORITY : LANCASHIRE

Demographic pressures, a challenging financial environment and significant workforce recruitment and retention difficulties have increased concerns that the quality and sustainability of the adult social care markets for home care, residential and nursing home care are at risk. The 2% council tax precept, while welcome, only addressed a small element of the financial gap for Adult Social Care in Lancashire, and was devoted particularly to meeting the additional costs of the Nation Living Wage.

We have worked in partnership with neighbouring councils and N HS partners to develop a project called 'Healthier Lancashire'. This project has recognised the scale and nature of pressures within the system, including the impact of deprivation and an ageing population, and predicted a financial gap across the whole system of £673m by 2021. Partners recognise the need to work jointly and are helping to co-ordinate activity and developing projects to drive forward integration. Leading from this work we supported the development of a Sustainability and Transformation Plan and recognise the importance of working with partners to close the health and wellbeing inequalities gap, improve care and quality and address the funding and efficiency gap.

Safeguarding Adults continues to be an area with significant complexity, which has been challenged by limited resources in the service and a provider market under considerable strain. A new structure within LCC is in place to draw together Public Health, Patient Safety, Safeguarding Adults, Quality Improvement and contract management resources. This is intended to maximise opportunities to approach issues in a co-ordinated way, preventing information and opportunities being missed.

The new Passport to Independence Programme is being delivered across Adult Social Care in partnership with Newton Europe and is delivering four significant projects: Promoting Wellbeing, Promoting and Sustaining Independence, Ordinary Lives, Informed Choices. The three key objectives are to see more people, provide a more effective response that promotes independence and reduce costs.

The Reablement Service was re-launched in September 2012 and since that time the numbers of people accessing the service has steadily increased towards our target of over 7,000 people a year. New contract arrangements are being closely monitored and the service is being redesigned still further as part of our Passport to Independence programme to accommodate as many people as possible and produce as effective an outcome as possible for each individual. Lancashire County Council offers a Telecare service which provides a range of technology, such as placing sensors or other specialist devices around the home to enable a person to continue living independently. The council is committed to expanding its Telecare offer and is on course to meet its ambitious targets.

The Shared Lives Service supports people with learning disabilities, people with physical disabilities, people with mental health issues and older people. It is family-based care provided by individuals and families, which lets adults share in family and community life, as well as helping to develop their strengths and abilities. Shared Lives services in Lancashire recently achieved an 'Outstanding' CQC overall rating and we are now one of only four Shared Lives Services across Great Britain with the highest overall rating and probably the biggest such service.

TONY POUNDER
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : LIVERPOOL

- The Liverpool City Region is paving the way for devolution of powers to the Merseyside area.
- Demand for services increased by 10% increase on the previous year.
- Overall satisfaction and quality of life levels for service users have improved in 6 of the 7 key measures since 2014/15, with the remaining measure changing less than 1%.
- Personalisation of care has improved with a 12% increase in service users benefitting from self-directed support over the last two years.
- 80% of older clients (aged 65 and over), who received reablement following hospital discharge were still at home 91 days later. This is a 5% improvement on the previous year.
- Investment in carers has seen the number of carer assessments conducted increase by 15% over the last 2 years. The volume of carers in receipt of direct support increased by 24% compared to the previous year.

Council Improvement Profiles

LOCAL AUTHORITY : LIVERPOOL

The overall performance in the last 12 months for Liverpool reflects current pressures faced by Adult Social Care. As with many urban areas we face increasing demands on health resources, decreasing budgets and an aging population create greater demand on services. As a Local Authority we must find ways to improve efficiency whilst ensuring quality does not suffer.

Better Together

It is anticipated that the Liverpool City Region will pave the way for almost £1 billion of additional funding for the Liverpool City Region over the next 30 years. One of the ways we are co-ordinating our services is the iLinks programme which is aimed at enabling better integration using IT solutions and innovations. At the heart of this vision is the development of an 'information exchange', a joint health and social care record for a person (including the ability for them to contribute to their own record and person centred plan).

A Joint Approach

Liverpool has continued to build upon integrated care. Most significantly Liverpool, in a partnership with Bridgewater Community Healthcare NHS Foundation Trust and Liverpool GP Provider Organisation, successfully bid for community health services in the city. The new partnership will become responsible for a range of community health and some social care services (including community and district nursing, health visiting and therapy service) from April next year.

Securing the Future of Services

Liverpool has continued developments with partners including the Care Quality Commission, Local Clinical Commissioning Group, Community Health and Health Watch in how we jointly monitor and manage quality in the care market. This had led to the development of a joint intelligence framework that brings together service users, commissioners and providers views to how the various services are functioning.

We have also moved away from a traditional approach to contractual structures with a new commissioning outcomes framework.

The key takeaway for service users is that this takes into account performance information, service user and provider/care staff feedback, which will then be used to rate providers allowing any areas of pressure to be quickly alleviated by the market as a whole bringing quality up across the city.

A Positive Experience

Overall service user feedback continues to be positive about their experiences. Although service satisfaction is at a high amongst service users we are committed to rectifying areas that need improvement such as carers. Liverpool, in conjunction with Healthwatch, is looking at how to improve the personal experiences for service users and in particular carers. One approach taken by Liverpool to enhance service user and carers' experiences is the use of personalised assessments and budget allocations. Our development of this area has already enabled greater involvement of service users and carers in the identification and design of their care, giving greater independence, choice and control over their lives.

DYANE ASPINALL
Director of Adult Social Care



Council Improvement Profiles

LOCAL AUTHORITY : MANCHESTER

We continue to build on the recommendations of the Peer Review and meet the requirements of the Care Act 2014 to transform the way in which adult social care is delivered for citizens and carers. Significant co-production with key carer's groups and fora has enabled a new carer's offer, including a new resource allocation, to be developed, re-stating the importance of carers in Manchester's health and social care economy.

Council Improvement Profiles

LOCAL AUTHORITY : MANCHESTER

The Locality Plan, providing a strategic blueprint for integration, though either the 'One Team' proposal for integrated health and social care teams, a Single Commissioning Function and Single Hospital Trust, is actively being progressed, providing new opportunities to streamlining care delivery and improve outcomes.

The Manchester Safeguarding Adults Board goes from strength to strength, building on previous year's business plans and objectives; this year, Board membership has been invigorated in line with the Care Act, strengthening governance arrangements to include a joint chair with the Children Safeguarding Board. Additionally Manchester will have an operational Adult Multi Agency Safeguarding Hub (MASH) by April 1st, supporting an improved response for adults at risk of abuse.

In Learning Disability a new role of Community Connector is being trialled; here, specialist workers deliver better outcomes from support plans through local solutions and connecting people and their families with their communities. This ties in with our new 10 year plan called **Our Manchester** which forms the foundation for the Council's work – not just adult social care – in working with local people on local issues through a new set of behaviours.

Public Health has commissioned a new Health and Wellbeing initiative – Buzz – which sees a local Health and Wellbeing Officer in each of the proposed 12 Integrated Neighbourhood Teams. The new service is refreshing community assets pivotal to improving the health and wellbeing of citizens and in line with **Our Manchester** principles.

Greater Manchester West Mental Health NHS Foundation Trust (GMW) and Manchester Mental Health and Social Care NHS Trust (MMHSCT) become one Trust from 1 January 2017, under the name of Greater Manchester Mental Health NHS Foundation Trust.

The Trust will continue to provide care for people living in Bolton, Salford, Trafford and the city of Manchester, with a particular focus on moving to a 24 hour seven-days-a-week community and home-based care for all ages.

Our pioneering work around Age-Friendly Manchester continues to receive world recognition for its user-led approaches and innovative ways to promote social inclusion and tackle loneliness and isolation – which is a collective concern to both health and social care. Equally important is our All-Age Disability Strategy (AADS) through a new Partnership Board brings public sector partners and beyond to listen to the voice of disabled people on access, inclusion and removing discrimination. This work will dovetail with **Our Manchester** to set out a new citizen/state partnership centred on trust and openness.

Dementia remains at the forefront of our work, working at GM level through Dementia United and locally through a revitalised Dementia Steering Group led by Professional Alistair Burns, National Clinical Director for Dementia. Closer working with the Alzheimer's Society has enabled us to increase the numbers of staff who are Dementia Friends.

Rough Sleeping and homelessness has increased dramatically in the city. Work has been undertaken to address this through establishing a Homeless Charter, which brings together businesses, public, private and voluntary sector organisations as well as individuals to work together to reduce homelessness and improve services. Co-design and Co-production with experts by experience is at the heart of changing services. Bids have been to reduce homelessness, and provide services for new and entrenched rough sleepers.

HAZEL SUMMERS
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : OLDHAM

Oldham has a growing population which is set to increase by 31,000 adults by 2037. There will be a large increase in people who are aged over 65 and those who have long term health problems.

There have been significant reductions to the funding for Adult Social Care between 2010/11 and 2015/16, despite there being an increased demand for services. This has meant that the way services are delivered has needed to change. Supported by the increased freedoms which the Greater Manchester devolution of health and social care funding brings, Oldham is developing a model of integrated care, working with NHS colleagues to deliver more holistic, person centred, and integrated care and support.

The result of this is that there will be;

- Integrated teams working in clusters with NHS colleagues, building stronger community links and developing coordinated responses.
- There is also a personalisation and enablement approach which allows people to remain independent and living within the community wherever possible.
- The development of an Integrated Discharge team at the Royal Oldham Hospital led by OMBC under a single line management approach. The aim is to continue to ensure Oldham's good DTOC record is maintained in the context of an increasing number of presentations across the north east sector acute facilities
- A reduction in the number of long term residential placements and plans in place to address the quality issues in care homes
- A refreshed approach to adult safeguarding with the development of new team and reconfigured safeguarding adults Board

Performance Data

- Compared to North West (NW) colleagues, Oldham was in the top quartile for eight of the ASCOF indicators during 15/16
- Oldham is the best performing authority across the region and one of the best nationally in respect of the following four indicators:
- service users who receive self-directed support (100% against NW average of 84.9%)
- carers who receive self-directed support (100% against NW average of 78.7%).
- carers who receive direct payments (100% against NW average of 67%)
- people who receive direct payments (37.9 % against NW average of 23.5%)

There is a real need to improve the public opinion and understanding of how adult social care is now delivered, as our Adult Social Care Survey results are below the North West average.

Council Improvement Profiles

LOCAL AUTHORITY : OLDHAM

A key aim of the increased partnership working is to reduce unplanned hospital admissions and to reduce delayed transfers of care for those who are able to leave hospital. For 2015/16, Oldham hit its Better Fund Target to reduce hospital admissions by 3.5%, with a 5.9% reduction achieved. This included having an approach which includes prevention and early intervention, has a single front door for referrals, provides support for people to stay at home, support for carers and transforms support to people with learning disabilities.

Oldham has one of the lowest levels of delayed transfers from care per 100,000 of the population at 4.0 compared to a North West average of 12.2 and a national average of 12.1. This has been achieved by having hospital social work teams who work closely with hospital staff to monitor patients throughout their stay and ensure that services are put in place to ensure that they can leave in a timely manner. Further work is however required to ensure that sufficient community based provision such as extra care housing is available which reduces the burden on residential care.

Services are now more person focused, examples of which are the support to people with mental health problems and those with learning disabilities where Oldham Council employees work closely with Pennine Care staff to provide support that service users need to live an independent life in the community. Indeed 93% of adults with a learning disability live in their own home or with their family, compared to a national average of 75.4%. The people who are worked with who have learning disabilities tend to have multiple and complex health problems.

Performance in terms of getting people with learning disabilities into employment is low (1% compared to a North West average of 4.1%), but a lot of support is given to this group of people including supporting them to take up volunteering activities, attend college and work experience opportunities to prepare them for them for paid employment.

The reduced adult social care budgets has meant that services have needed to be reviewed to ensure that they meet the needs of residents, but also to ensure that they do not provide an unrealistic expectation of what adult social care can offer. A new resource allocation system ensures that the needs of local people are understood, but also takes into consideration other help and support that is available from family members and within the wider community.

This along with self-directed support for service users (100%) ensures that people are involved in the support that they receive and it has a positive impact on their lives. For the future Oldham is committed to further integrated working to support people to feel safe, well and living within the community where possible. A review of adult safeguarding procedures is being undertaken to ensure that we can more effectively report on the whether the personal outcomes have been achieved following adult safeguarding concerns. There will also be a review of commissioned services including how some community based services are delivered and the amount and type of residential care that is procured.

MAGGIE KUFELDT
Executive Director Oldham Council

Council Improvement Profiles

LOCAL AUTHORITY : ROCHDALE

- In the 2015/16 survey, Rochdale improved 6 out of the 7 annual survey scores also achieving above England and peer group average for all survey measures
- Intermediate tier service successful launch joint with health colleagues
- 84% of older people discharged from hospital to reablement services were still at home 91 days after discharge from hospital which is a 5% increase on the previous year
- Service User satisfaction through internal surveys has an average of 96%. The number of formal complaints has dropped by 55% from the previous year.
- Number of permanent admissions to residential care has remained stable despite an annual 3% increase in the number of people over 65 in the borough
- The number of Deprivation of Liberty applications increased by 42% against 2014/15
- We recognise we have work to do on our cash budget take-up and have plans in place to improve this performance in 2016/17 which are already showing success
- Locality Plan developed jointly with health to meet the objectives of Greater Manchester Devolution
- Carers assessments and personal budgets in place with over 10% increase in carers supported through the year
- Delayed transfer of care attributable to Adult social Care was low at 1.69 per 100,000 population in 15/16 and is 0.6 in the first 6 months of 16/17

Council Improvement Profiles

LOCAL AUTHORITY : ROCHDALE

Prevention

- We have had a number of consultation events with Carers which have included both survey questionnaires and face to face events. They informed the new service specification which will be commissioned later this year
- Rochdale Adult Care's Stay Well website is now up and running and provides advice and guidance to members of the public and allows people to self-refer to Adult Care. On every tab, there is a link to "keeping People Safe" and link to the RBSAB website. Consultation with the public has been positive. Public response to an annual national survey has identified that Rochdale Adult Care is "good" at providing information, evidencing that people in Rochdale know where to get information and advice from and feel better informed.

Assessment and support planning

- A closer working relationship now exists to support young people transitioning, for whatever reason, between Child Care and Adult Care. An agreed and jointly owned Transition Policy is now in place. There is better liaison between Heads of Services from Children and Adults services.
- Specialist Services (LD) have introduced a Care Coordinator role whereby all service users will have a named worker to contact should they wish to discuss their care arrangements, a change in their circumstances or clarity on any care and support issue.
- Most new assessment and reassessments have been completed within target timescales
- A new asset based assessment and support planning approach was developed and is being fully rolled out in 2016/17

Safeguarding and quality

- The Rochdale Young Adults Team has a unique focus on supporting victims/survivors of child sexual exploitation once they reach adulthood. We have developed a specific and targeted response enabling survivors to cope with the ordeals of giving evidence in

court against their abusers, supporting them in a range of skills including parenting skills, relationship development, encouraging peer support networks and crucially developing positive aspirations. An operational practice framework has been developed to build on the positive outcomes and feedback we've received.

- Quality monitoring framework in place for commissioned services with the quality assurance tool reviewed. Joint meetings take place along with CQC, CCG and other partners to ensure joint approach to quality of care

Market developments

- Hare Hill is Rochdale Borough wide Housing's (RBH) first extra care scheme and opened in 2015. A panel of RBH residents, Adult Care and the local community contributed to the design of the £4.9million scheme, which provides 41 two-bedroom apartments and 2 one-bedroom apartments for adults aged 55 and over who have health and care needs.
- Our new Intermediate Tier Service provides intensive support, at home and in community beds, to people who are at risk of an emergency hospital admission, or who need extra support to avoid hospital admission. It has been successful in reducing the number of emergency hospital admissions and achieving independence outcomes. It is a truly integrated health and care service, offering support across the range of needs a person has, including consultant level medical support –essential to achieving the outcomes for people. It is delivered by a partnership, NHS, Rochdale Council, Third Sector and Carers. It supports around 2000 people per year, and is achieving demonstrable results. The change has brought demonstrable benefits for individuals, a change in culture to more personalised health and care.

SHEILA DOWNEY
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : SALFORD

- Salford has a resident adult population of 191,776 , of which 35,767 are aged 65 or older
- Salford residents health and wellbeing is worse than the national average
- 23,402 people identified themselves as Carers at the time of the 2011 census and that of these people 6,428 were caring for more than 50 hours per week
- Salford's Mental Wellbeing Needs Assessment identified around 36,500 adults (20% of people aged 16+) living in Salford might have some kind of mental wellbeing need
- 46 Care Homes registered with CQC, comprising over 1,600 beds. Currently ranked 7th in GM by CQC
- 15/16 ASCOF measures improved in 12 areas out of 22 areas.
- 15/16 Delayed transfers of care are in the top 20% and those attributed to social care are in the top 10% nationally, although this has been declining in 16/17.
- 93% of people with a learning disability live in their own homes, which is in the top ten percentile in the country.
- Adult social care and mental health service fully integrated with acute and community provision
- 90% of service users in Salford think services help keep them safe, which places us in the highest quartile nationally.
- 64% of service users are 'extremely' or 'very satisfied' with the services they receive, which is equal to the national average.

Council Improvement Profiles

LOCAL AUTHORITY : SALFORD

Salford's Locality Plan identifies the following vision

VISION: Salford people will start, live and age well - People in Salford will get the best start in life, will go on to have a fulfilling and productive adulthood, will be able to manage their health well into their older age and die in a dignified manner in a setting of their choosing. People across Salford will experience health on a parallel with the current "best" in Greater Manchester (GM), and the gaps between communities will be narrower than they have ever been before

The Salford Adult Social Care mission statement focuses on; *"Improving the life chances of Salford citizens by promoting the independence of individuals and communities in Salford"*.

Salford's Adult Social Care has transformed its Assessment and Care Delivery (Pathways of Care and Operating model) to focus on individual and community capacity, resilience and independence. The transformation has been underpinned by twin priorities to support citizens to live independently and enjoy the best possible quality of life, to be achieved by connecting people to the resources in their locality and maintaining relationships and the activity levels of our citizens to help them be independent, with a focus on preventing, reducing or delaying the need for more formal care and support.

This modernised pathway together with changes to the service and business operating model has enabled us to deliver personalised services, better meeting the outcomes for vulnerable people.

In 2015 a Social Enterprise Mutual, named Aspire, was created for the delivery of care services for adults with complex social care needs, previously provided by the council's internal provider arrangements. Currently, services are provided to more than 800 service users who meet the National Eligibility Criteria. This provision is carried out by just under 400 staff, previously employed by the council, who have transferred to Aspire. The overall service cost to the council is approximately £10.5m for 2015/16

Salford Together continues to be at the forefront of integrated care with the continued development of Integrated Commissioning for Adults and Older People which has seen the establishment of a significant pooled budget of health and social care (£236m).

Council Improvement Profiles

LOCAL AUTHORITY : SALFORD

In 2016 Salford took integration a stage further by developing an Integrated Care Organisation (ICO), with Salford Royal NHS Foundation Trust (SRFT) as the prime provider of health and social care in Salford.

This integration saw a transfer of Salford City Council’s Adult Social Care services (along with the entire adult social care supply chain) to SRFT, with a shift in emphasis from treatment in hospital, to prevention, reduction and delay of health and social care needs.

Our key strategic objectives are

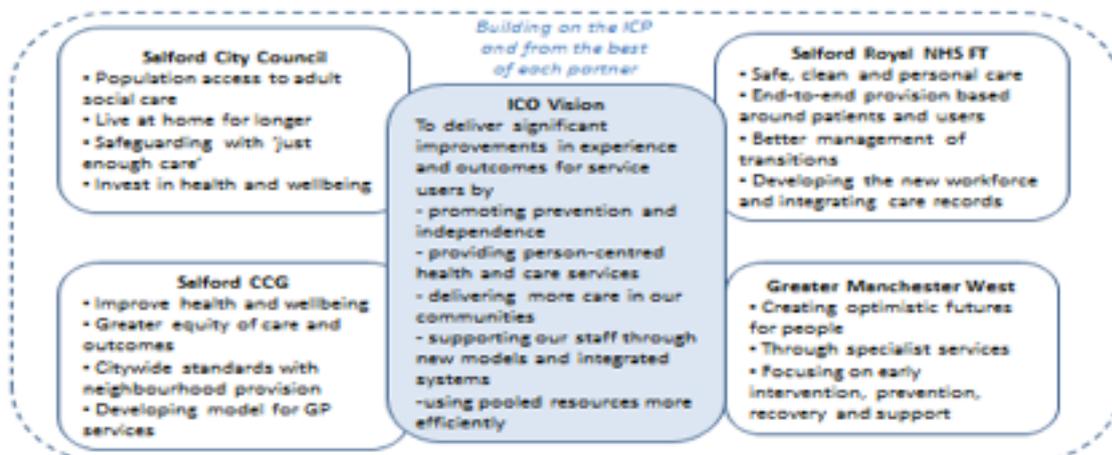
- Better Outcomes for Salford citizens
- Improved service user experience
- Using the financial resources we have in the most cost effective way

Our Health and Social Care integration has been founded on a cross organisational vision which puts people at the heart of everything we do and works to an asset based approach which supports people to be as independent as possible, retaining control over their lives and being supported to live the highest possible quality of life.

Working together are GPs, Hospital Doctors, Social Workers, Nurses, Therapists, and Mental Health Workers, who draw on a wider range of care and support including care providers, voluntary sector organisations, expert by experience groups and other community assets to help the individual maintain a high quality of life.

CHARLOTTE RAMSDEN
Director of Adult Social Care

Working together to create the ICO



Council Improvement Profiles

LOCAL AUTHORITY : SEFTON

The Council and its partners continue to commission and deliver services in challenging and changing times, with further reductions in budgets, increasing demand and a population who require increasing levels of care and support. Despite this we have continued to work on key areas and have established new work streams. Sefton is developing a number of Public Sector Reform projects and in light of proposed changes a number of policies and strategies will be reviewed over the coming year. Some highlights of the year are noted below:

Care Act 2014

Work to roll out the Care Act 2014 including a work stream to align policies and procedures and a new Assessment format has been completed. Additional resource was used to ensure compliance with the requirement to reassess Service Users. Key challenges included the requirement to provide carers' needs assessments which required Adult Social Care teams and the Carers Centre to work closely to deliver. We have recently conducted a review of the assessment process and implemented changes to ensure that we provide a proportionate assessment in line with the requirements of the Care Act 2014.

Direct payments

The introduction of a prepaid card in Sefton was piloted from October 2015 to March 2016 with a volunteer group of existing direct payments customers (Adults and Children's) and any new people who opted to have a direct payment to pay for their care and support. As a result of a successful pilot and evaluation, the Council procured a prepaid card provider and commenced an implementation programme to roll out the cards with a target of 50 people being transferred each month.

Council Improvement Profiles

LOCAL AUTHORITY : SEFTON

Carers

The Sefton Carer's Strategy was approved and focuses on sharing principles of good practice and promotes the ways in which organisations can work with carers to achieve a number of measurable outcomes to support their wellbeing and those who they care for. This strategy was co-produced with carers and young carers themselves and is based on extensive consultation. Also involved with the production were the two CCGs in Sefton, Sefton Carers Centre, VCF sector organisations, and Health watch Sefton. Sefton Carers Centre is the main provider of Carers Assessments as well as the provider of a range of low level support.

Working with Health

South Sefton Virtual Ward delivers to 4 geographic areas each with an assigned a local authority Social Worker and Occupational Therapist. University Hospital Aintree has a Lead Social Work Practitioner covering assessments from A&E departments enabling discharges and preventing hospital admissions.

In the north of the Borough, health and social care investment from the Better Care Fund has contributed to the Community Emergency Response Team as part of care closer to home programme, which bridges the gap in care to enable discharge and prevent hospital admissions from Southport District General Hospital. The team is an integrated team led by Health and has a Lead Social Work Practitioner and social work assessors and provides rapid discharge or admission prevention utilising 28 Step up/Step down beds in Residential or Nursing home care.

These services form the basis of 'Home First' a discharge to assess and step up model of care. 'Home First', designed with health providers and commissioners further develops re-ablement and intermediate care services to support a more rapid discharge from Hospital, for patients requiring functional rehabilitation, utilising the role of 'Trusted Assessor'.

Safeguarding

Over recent months moves have been made to work towards creation of a single Combined Safeguarding Adults Board across a large geographical footprint to include Knowsley, Liverpool, Sefton and Wirral. The combined Board Chair has been appointed and it is expected that the Board will be established from May 2017.

Dementia

"Living Well With Dementia: A Strategy for Sefton 2014-19" has been co-produced with people who have dementia, their carers' and service providers. An action plan has been developed and is overseen by the Dementia Multi Agency Working Group, a sub group of the Health and Wellbeing Board. There are a range of support services for people with dementia their families and carers in Sefton which include; befriending, memory cafes, activity groups, dementia support, singing for the brain and regular carer information and support programmes. In addition there is a Sefton Dementia Action Alliance and since its launch nearly 40 organisations and businesses have signed up to become members. This alliance is supported by the Alzheimer's Society and is made up of groups, organisations, shops, businesses and individuals who want to radically improve services and support to people with dementia and their carers'.

DWAYNE JOHNSON
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : ST. HELENS

- Performance in relation to people still at home after discharge from hospital to Reablement services who are still at home after 91 days continues to be strong.
- Residential admissions (18-64 and 65+) have reduced considerably in comparison to last year. This was mainly due to a systems issue in the way the data was captured last year which has now been resolved. Admissions rates per 100,000 population for 18-64 and 65+ age groups in 2016/17 are both on target to be markedly better than last year.
- Performance in relation to Delayed Transfers of Care has deteriorated slightly in 2016/17 but still remains better than the North West Average
- The Quality of Life Index for Service Users remains high and better than the North West Average.
- The proportion of adults with a learning disability in paid employment remains high in 2016-17 with almost double the North West Average.

Council Improvement Profiles

LOCAL AUTHORITY : ST. HELENS

St.Helens Council created a People's Board in June 2016 that fulfils the statutory responsibilities of the Health and Wellbeing Board and the Community Safety Partnership. The Council is now more closely integrated with the St.Helens Clinical Commissioning Group to support an improvement plan following an "inadequate" rating of the CCG by NHS England. The Council is leading this partnership and has approved the development of an Accountable Care Management System to deliver a fully integrated service for local people, in terms of Health and Social Care.

The Integrated Access St.Helens Team continues to develop its multi-disciplinary approach to delivering services. Recent developments have included :

- Opening up pathways to refer into Psychological Therapies
- Implementing referrals to a Consultant Geriatrician and therapy programs
- Osteoporosis screening in conjunction with GPs and Healthy Living Team
- A joint initiative with the Affordable Warmth Team to avoid winter deaths
- A joint initiative with the CCG, St.Helens Council and NW Ambulance Service to deliver a Falls Response Car to attempt to reduce hospital admissions.

The Integrated Access St.Helens Accident & Emergency service has been set up to create timely care packages, intermediate care assessments, and alternative placements to home, all of which facilitates discharges from the A&E Department.

The multi-disciplinary team includes the Emergency Dept designated therapy team, Doctors, Nursing staff, Alcohol Liaison Team, Health Visitor Liaison and Psychiatric Liaison Team to provide a comprehensive service to attending patients.

The Integrated Discharge Team, delivered in partnership with Halton and Knowsley Councils, continues to support people who are eligible for social care to transfer out of hospital as soon as they are ready.

The Integrated Commissioning Team ensure that services in St Helens jointly meet the needs of health and social care. Some recent examples of joint commissioning include a review of the role of the voluntary sector, out of hospital nursing redesign and development of mental health services.

An Integrated Continuing Healthcare Team undertakes all assessments where an individual's ongoing needs are both health and social care in recognition that some people have complex needs which are a combination of health and social care.

MIKE WYATT
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : STOCKPORT

- 4 ASCOF measures improved since 2015/16
- Top quartile regionally for 65+ admissions to care homes
- Top quartile regionally for % of service users with a direct payment
- Top quartile regionally for % of 18-64 year olds with learning disabilities in paid employment and living settled accommodation
- Top quartile regionally for outcome of short term services
- Learning Disabilities outsourcing project has been put forward as an example of good coproduction practice within NWADASS.
- Vanguard site delivering a community based Multi-Speciality Community Provider (MCP)

Current priorities for improvement

We are continuing to transform Adult Social Care in Stockport, ensuring that our services are able to meet the increasingly complex needs of our population against a backdrop of unprecedented financial constraints. We will work together to meet these challenges and build a future where our residents are able to make informed choices about meeting their needs and stay in control, and can live safely at home for longer. Our collective work in these areas is guided by two overarching themes: Health and Social Care integration and the successful implementation of the Care Act.

Health and Social Care integration

In the summer of 2016 Stockport Together became one of the first two Greater Manchester localities to successfully bid for £19 million of Transformation Funding over three years.

Stockport Together is a true partnership with our healthcare colleagues in Stockport NHS Foundation Trust, NHS Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust, and our GP federation, Viaduct Health.

Through Stockport Together we are joining up health and social care at three levels:

- strategically through integrated commissioning processes led by a new Board and Director,
- structurally through the development of a brand new integrated organisation, known as a multispecialty community provider, and
- operationally through new leadership arrangements for delivering integrated services closer to home, via our eight neighbourhoods.

Council Improvement Profiles

LOCAL AUTHORITY : STOCKPORT

Across Stockport we have established eight integrated Neighbourhood Teams of health, social care and voluntary sector practitioners, which are delivering more joined up care for people with the most complex needs, through improved information sharing, joint planning and case coordination. We have created a new integrated crisis response hub to provide an urgent, intensive response to prevent avoidable hospital admissions; an ambulatory care hub at the front door of the hospital to re-direct and treat people that do not require emergency services; and a transfer to assess model which enables efficient hospital discharge. To support these services, we are also building an integrated and multi-skilled recovery at home team.

We have also continued to develop our integrated support for people with mental health problems and learning disabilities. In 2016/17 we have been working with our partners in Pennine Care NHS Foundation trust to redesign the integrated Community Mental Health Service for people with severe and complex mental health needs. To support this work, our Mental Health Stakeholder Forum is working on developing an easy-to-read integrated mental health strategy. In the face of significant financial pressures we are also continuing to re-model Stockport's Learning Disability supported tenancy service, through an outsourcing project that will offer a greater choice of services in the future whilst saving over £2 million by 2018.

Implementation of the Care Act

The Care Act has provided an opportunity for Stockport to comprehensively review how it operates and to improve and change our approaches to ensure that we successfully implement the spirit and legal requirements of the legislation. The transformation has been extensive and has included:

- deepening our role as market developer and shaper to improve quality and diversity in the care market;

- reviewing our commissioning strategy including creating a collaborative prevention alliance with the third sector developing an Ethical Framework in Domiciliary Care, incorporating the views and experience of our providers and service users, as well as national good practice guidance
- reviewing and improving our core operational processes and systems to support the streamlined provision of assessment, care and support to people and carers with support needs
- updating and improving our information, advice and advocacy offer linked to our commissioning strategy
- reassessing people with long standing care and support needs living at home
- embedding the six safeguarding principles outlined in the Care Act into the work of our Safeguarding Adults Board, developing integration plans with the Children's Safeguarding Board and collaborating on the effectiveness of transition of young people to adulthood.
- updating our offer to people with sensory loss
- updating our Adult Autism strategy to develop a range of resources and information that supports adults with autism and their families.

Future challenges

Our challenges for next year include:

- maintaining our core 'business' while developing new models linked to integration and a preventative agenda in order to reduce pressures on the front line;
- shaping, resourcing and driving up quality in the market to ensure our providers are sustainable and able to attract and retain a suitably skilled workforce;
- working closely with our colleagues in Stockport Together and the wider health and social care partnership to overcome barriers to, and harness opportunities for, whole system change.

ANDREW WEBB
Director of Services to People

Council Improvement Profiles

LOCAL AUTHORITY : TAMESIDE

- We have seen a slight decline in most of the ASCOF indicators in 2015/2016, although a number still remain in line or higher than the regional average
- Proportion of service users receiving Self Directed Support is higher than the regional and national average
- Proportion of Carers receiving Self Directed Support is higher than the regional and national average
- Carers receiving Direct Payments are higher than the regional and national average
- Proportion of adults with LD who live in their own home or with their family is higher than regional and national average
- We continue to support over 8,000 people outside of the Social Care system with prevention based services
- The success of our Reablement service continues with over 90% of people leaving the service with either no formal care package or a reduced care package
- The proportion of older people still at home 91 days after discharge from hospital into reablement remains higher than regional and national average
- Our performance of admissions to Residential and Nursing Care, for all age bands, continues to be better than regional and national average.
- The decline in the use of Direct Payments remains a concern and challenge for the service
- The decline in adults with a LD in employment also remains a concern.
- We continue to develop our on-line access to Information and Advice via our Citizens Portal, this also allows for on-line referrals

Council Improvement Profiles

LOCAL AUTHORITY : TAMESIDE

Tameside (and Glossop) social care and health economy continues on its journey to fully establish a Single Commissioning Function and to transition Tameside Adult Social Care into the newly constituted Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT). This brings together adult social care, community services and acute services to deliver seamless services for the people of Tameside. Integrating preventative and proactive care, primary care, Social Care and the services provided in the hospital will deliver better outcomes for local people.

Integrated Neighbourhoods are key to the new model of care, building on our existing multiagency teams with an aim to build resilience and cooperation in neighbourhoods, using risk stratification to prioritise and focus support and services in a more co-ordinated way, without people having to work their way through a complex system of multiple organisations and teams. Care will be provided in the person's own home wherever possible and we will do all that we can to keep people out of hospital especially where early support can prevent an unnecessary stay in hospital. A great deal of planning and development work has been carried out over the year with agreement on joint documentation and processes. Work is also continuing on an integrated IT solution to enable sharing of vital information across health and social care colleagues.

The programme of work has commenced to transition adult social care into the Integrated Care Organisation. The business case and Due Diligence exercise are underway supported by the Programme Board and NHSI.

Support to Live at Home – our new model sees a move to commissioning on the basis of outcomes with an approach that continues the reablement journey and allows the provider to look not only at directly delivering care but opening up a whole range of options for meeting need including an increased emphasis on the use of community

assets (family, friends, neighbours, communities); use of the increasing range of technology, aids, adaptations and equipment; supporting people to access community activities available in their local neighbourhoods to replace direct staff visits; and having exhausted these options deploying staff support to provide longer periods of direct support with an emphasis on delivering quality care across a wider range of tasks (including some low level nursing tasks). Successful delivery of this revised model will rely on a fundamental change to how assessment staff commission support to meet need, a change in delivery model for providers, and a significant re-training of the existing and future staff group as the model does demand a different style of worker to deliver a different style of support to people in their own homes. GM Transformation funding is supporting this programme.

Employment - We have been working closely with Active Tameside to provide services with children, young people and adults who have learning disabilities. During 2016 Active Tameside won the 'UK Active inspiring young people award' much of which was accredited to the supported internship programme focused on pre-employment education and skills development and supporting individuals with disabilities into paid employment.

Reductions in resources on the Supported Employment Team has resulted in challenges to our overall performance and effectiveness in this area of operations. We have recently transferred our resource to the Working Well programme to increase overall performance and we will be undertaking a review of the Supported Employment Service during 2017. Further work with the independent sector is underway to increase employment opportunities.

Council Improvement Profiles

LOCAL AUTHORITY : TAMESIDE

Deprivation of Liberty Safeguards / Court of Protection - We have significantly reduced previous waiting lists for DoLS assessments as a result of increased investment and training and increase in S12 doctors. There is currently limited management capacity for Supervisory Body authorisations; this is currently being reviewed. Court of Protection continues to be a challenge with over 200 individuals still waiting for assessment and processing. To address this we have developed our pathway and employed two full time Social Workers to undertake this work. We also plan to embark on the training and development of Social Workers around this complex area of work to increase capacity.

Telecare/Telehealth - Norway Visit - Tameside has an on-going relationship with Bergen University, Norway and Bergen Municipality who visited on 21 October 2016 for a second time to look at Telecare and Telehealth services in the borough and to share findings from their recent research into the provision of these services in Norway, using Tameside's model as a template for their service.

Delayed Transfers of Care - DTOCs have continued to be a challenge to the health and social care economy with results leaving the borough in the lowest quartile of the North West. There is increasing evidence that the reporting of DTOCs may be incorrect and work is underway to ensure consistency of reporting with other economies. Social care delays are reducing but unfortunately at a time when health related delays are increasing at a faster rate. Extensive work is being undertaken across all partner agencies to ensure reductions over the coming months.

Direct Payments - The take up of Direct Payments has long been a challenge within Tameside. All users of service have an identified personal budget but few people choose to take the cash alternative to procure services themselves. This could be indicative of the services that are on offer via the Council's own commissioning processes or more realistically probably reflects the point when Direct Payments are offered which has become increasingly at times of crisis. We are continuing to offer the option of a Direct Payment at point of assessment and support planning.

STEPHANIE BUTTERWORTH
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : TRAFFORD

- 9 ASCOF measures have improved since 2014/15.
- The best performing council in the North West (out of 23 local authorities) and ranked 9th nationally (out of 152 local authorities) for the Learning Disability Employment measure: the proportion of adults with a learning disability in paid employment (ASCOF 1E). Trafford performance was at 13.7% in 2015/16 which was well ahead of the regional (4.1%), and national (5.8%) averages.
- The best performing council in the North West and ranked 7th nationally for the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B(1)). Trafford performed at 93.4% and was well ahead of regional (82.1%), and national (82.7%) averages.
- A major improvement in meeting the long-term support needs of younger adults (aged 18-64) by admission to residential and nursing care homes, per 100,000 population between 2014/15 and 2015/16. Trafford rank third in the North West and ranked 19th nationally for this indicator.
- Introduced a pilot stabilise and make safe (SAMS) service in December 2015, aimed at providing a dynamic and short intervention focused on an intense period of care to re-establish independence after an acute episode of illness or hospital admission. SAMS has been commissioned in 3 week unit blocks of care, from two main providers across the Borough.

The Locality Plan for Trafford presents the framework for an enhanced, integrated and co-commissioned health and social care offer for Trafford citizens. It provides an outline of both current and intended programmes which will support us to close the financial gap and also the impact that our transformational programmes will have.

The imperative to take this opportunity is driven by a financial challenge which means that the current system is not sustainable. In Trafford, the financial gap relating to Social Care is £44.3m by 2021, so a range of interventions are required to address this gap.

We intend to radically reform the health and social care system, in line with the devolution of health and social care responsibilities across Greater Manchester.

This new system will be complemented by a range of other transformational developments which will contribute to the system wide change required across Trafford. These programmes of work will provide:

- An all age integrated health and social care service delivery model for community based services that will see teams working through integrated structures that are multi-agency and geographically based in four localities;
- Dedicated health and social care support for residential and nursing homes; continued investment in and potential expansion of the community enhanced care service model;

Council Improvement Profiles

LOCAL AUTHORITY : TRAFFORD

- Greater levels of independence for service users through a new model of social care, which will call upon the use of community assets and individual resources before and in addition to the use of public service resources;
- Improved quality, access and range of support services for people with learning disabilities, autism and mental health needs, to support personal resilience;
- More effective use of resources available to support health and social care in Trafford by pooling budgets and equal commissioning of services that citizens require, alongside a holistic approach to health and social care that considers an individual's wider circumstances such as employment status and housing.

In 2015/16, Trafford has improved in 9 ASCOF measures relative to 2014/15 and in 18 of the measures since 2011/12 when we started the SLI assessment process. This demonstrates a year on year improvement and significant progress from our initially low starting point in 2011/12.

There are areas we need to focus on over the coming year in which we were low performers. This includes the delayed transfer of care from hospitals (ASCOF 2Cii) which has shown deterioration over the last 4 years. Other areas of improvement include employment and independence for people with Mental Health needs (ASCOF 1F and 1H), which have shown deterioration over the past three years.

Trafford has undertaken robust analysis to better understand the local population of service users engaged in services, their needs, life trajectories, journeys into services as well as the costs associated with quality care.

We are committed to a re-commissioned landscape which delivers a sustainable model of care and improves the lives of people with learning disabilities. The new commissioning structure has been designed around promoting early intervention and prevention, a more

joined up approach to health and social care commissioning, the promotion of independence and well-being and market management.

A comprehensive review of the Carers Centre has been carried out, and as a result of the review, a new carer's service was specified. This was conducted with the CCG so that budgets were aligned and a single service specification to meet both health and social care needs of carers in Trafford was created.

In addition, the recommissioning of Advocacy, Information and Advice was also undertaken. Both of these areas involved a significant re-structure of voluntary sector contracts, so that lead provider models were created with the intention of making sure that our voluntary sector were working closely together.

A S75 Partnership Agreement has been in place between Trafford Council and PCFT since 1st November 2013. It set out how Trafford Council would take the lead in managing children's health and social care services and PCFT for adult health and social care services on a day to day basis. The agreement formally expired on 31st March 2016 and was revised to describe the all-age health and social care model which has Pennine CFT as the lead provider on a day to day basis.

We will be moving to an all-age approach in 2016/17, which will be delivered by a skilled and committed workforce with a clear value base that promotes a culture of recognising and building on strengths, not just meeting needs. This will require a shift to planning for the future from an early age, and the use of resources to increase competencies and opportunities, rather than a focus on eradicating risk and restricting lives, especially for people who challenge our services.

JILL COLBERT
Corporate Director
Children, Families and Well-Being

Council Improvement Profiles

LOCAL AUTHORITY : WARRINGTON

- 88% of CQC registered services in Warrington are rated as good or outstanding
- 15 outcome measures improved , including residential admissions, 'overall satisfaction of care and support services' and 'service users who say services have made them feel safe and secure'
- Warrington's performance has exceeded the average for the region in 15 measures, and the England average for 14 measures in the last year
- Warrington has the second lowest rate of adults permanent admissions in the region, and this measure has consistently reduced since 2011/12
- Self-directed support has increased consistently for the last 6 years.
- Warrington is third highest in the region for 'people saying that services make them feel safe and secure'; performance in this area is consistently high and in the top quartile regionally.
- During 2015/16 Warrington was consistently in the top quartile for the number of carers receiving carer specific services.
- Warrington is in the top quartile regionally for 'people who use services who find it easy to find information about services'
- Warrington has the second lowest rate of non-elective readmissions within 30 days in the region
- Warrington is also the third lowest in the region for non-elective readmissions within 90 days

Council Improvement Profiles

LOCAL AUTHORITY : WARRINGTON

Warrington continues its work under the 'Together We' programme. Our Vision is simple: we want to make people's lives better. A concentration on out of hospital services has seen a doubling of resources into reablement, a strengthening of integrated working with community healthcare around intermediate care and redesign of care pathways for frail older people.

Warrington is seeing a more challenging demand due to huge growth as a 'new town' in the 1960s and 70s, leading to a 60% growth in people aged 65+ years by 2030 with the most significant growth in those aged 70-75 and 85+. Pockets of deprivation and high economic and demographic growth challenge provision of services to older and younger populations across Warrington and levels of complexity are rising in disability and mental health services. Warrington Council and CCG continue their investment in carer and preventative mental health outreach services.

Warrington is proud of its continued focus on quality assurance and safeguarding. The sufficiency of home care and nursing care for people with dementia are challenges, but of the services inspected in Warrington by CQC, 88% were rated as 'good' and two services have been rated 'outstanding', against a national level of 72%. In Warrington Healthwatch's report *Opening the Door: Exploring the Quality & Safety of Care Delivered at Home*, 85% of participants stated that they were 'very satisfied' or 'satisfied' with their home care. 97% said "my carers treat me with dignity and respect...", 96% commented on "effective communication" and 92% said "My care plan matches my needs...".

As a result of the Care Act and the additional burdens around deprivation of liberty safeguards there has been a significant increase in the numbers of assessments being undertaken of adults and carers and continued investment and partnership in the voluntary and community sector to ensure a wider service offer. Advocacy services are well-used and have been strengthened by the commissioning of an 'Advocacy Hub' whereby all types of advocacy services are operated through a partnership, out of our Third Sector base, the Gateway.

Warrington created a social enterprise company, 'Catalyst Choices', which was launched in February 2015. Providing a range of residential, day services, supported living and shared lives services, the company is into its second successful year. Spinning out this suite of direct provision has allowed the Council to maintain services and to refocus on better commissioning.

STEVE REDDY
Director of Adult Social Care

Council Improvement Profiles

LOCAL AUTHORITY : WIGAN

- In 2015/16 11 ASCOF measures have improved.
- Delayed transfers of care from hospital per 100,000 populations – top quartile nationally and in North West.
- Proportion of people who use services who reported that they had as much social contact as they would like – top quartile nationally and in Northwest, ranked top within the 10 Greater Manchester Combined Authorities.
- Permanent admissions of older people 65+ to res/nursing per 100,000 population – Improved and we have moved out of the bottom quartile nationally.
- Proportion of carers using Social Care who receive Self-Directed Support – bottom quartile nationally.
- Proportion of people who use services who find it easy to find information about services – bottom quartile nationally.
- Overall satisfaction of people who use services with their care and support – improved by 2.7% against last year, top quartile nationally.

The health and wellness of residents in Wigan Borough tends to be poorer compared with other parts of the country, however, we have continued to improve in eleven of our ASCOF measures since last year which demonstrates a year on year improvement.

We have changed the way in which we deliver Adult Social Care in Wigan since 2014 through the implementation of the Deal for Adult Social Care and Health (DASCH). This is our large scale and innovative transformation programme, which is underpinned by an asset based approach to create independence and reduce dependency on formal health and social care support. So far over 1,000 people have attended the Deal training and the principles underpinning the strength-based approach has become a cultural way of how we work in Wigan with all staff adopting the same attitude, behaviours and values to support this new way of working.

We have seen numerous examples that illustrate

how the DASCH through equipping staff to have deeper, more insightful conversations with people and giving them permissions to be more creative with support have helped to improve the health and wellbeing of our customers.

For example, though performance has dropped for the proportion of carers using Social Care who receive Self-Directed Support – the Carers Assessment, Support Plan, Personal Budgets and review work duty has predominantly transferred from the Local Authority to the Local Carers Centre, with the exception of complex cases which are still managed and monitored through the LA's social care teams. Through re-modelling our arrangements for undertaking carers duties as part of the DASCH, by having different conversations with carers and building upon their strengths and aspirations we have seen an increase in the number of carers accessing universal support services in the community, such as the Carers Network. This is set against choosing to have a statutory assessment of their needs undertaken and a subsequent allocation of a personal budget

Council Improvement Profiles

LOCAL AUTHORITY : WIGAN

However, we are still looking at how we can further improve to ensure the Deal continues to deliver the best experience and outcomes to our customers. We know that there are still challenges to overcome with regards to the number of handoffs our customers experience and the fragmented nature of our services due to the number of specialist roles and functions. We have therefore commissioned Vanguard Consultancy to work with us in the first phase of our DASCH “Fresh Look”. The Vanguard Methodology will provide the means to study our adult social care services end-to-end, understanding service-user demands and following that demand through the services in order to understand how and how well the services work, identifying the system conditions that help or hinder delivery of the DASCH and achievement of purpose from the service users’ point of view. One of the immediate solutions to improve our performance against the proportion of people who use services who find it easy to find information about services – bottom quartile nationally is the launch of our Community Book which went live this month. The Community book brings together local people, community groups and organisations to do great things. It enables individuals to find a wide range of support services and community opportunities available in the Wigan Borough, new groups and organisations to promote their events, source equipment and find volunteers.

Wigan understands that the long term health and wellbeing of residents will only be secured if organisations and individuals work together to take charge of the health needs. A key component of the work of our Locality Plan for Health and Care Reform, “The Deal for Health and Wellness” is the formation of Integrated Community Services (ICS) across the Borough. The development of Integrated Care Services will consist of a new partnership with providers of health and social care built around primary care to work in a community facing integrated way, delivering better outcomes for people.

The services will focus on early intervention and will employ a personalised approach that anticipates care requirements and adopts shared care planning which is based around the needs of individuals across the life course.

This means any individual will only have to tell their story once and will have one assessment and one care plan – all supported by one integrated system. Our first locality is already operating in Hindley having been launched in October 2016.

In June of this year the Council embarked on a new commissioning process by introducing the Community Services Ethical Framework which embeds the principles of Ethical, Asset Based Approaches in partnership with major stakeholders including users of services, providers, health and social care professionals. All providers of services must apply to join the framework as all commissioning in future will be through the framework. The development of the Framework has been a really successful exercise to ensure that our current and future ASC providers have the right skill set and value base to deliver more creative options, at a high quality, to better meet and improve the lives of our customers. We are proud of the work we have done to date and are carefully managing the transition to new providers.

However, the challenge for next year is to continue to develop a diverse and sustainable ASC market – as currently we have a mixed market in terms of quality with both the nursing and residential market being more fragile than other areas. The priority over the coming two years is to incubate innovation and creativity across these particular markets, aligned with ongoing and robust quality assurance through our Innovation Fund. The longer term solution is to develop a new centre of excellence to introduce additional capacity and opportunity to shift away from poor providers in the local ASC market.

STUART COWLEY

Director of Adult Social Care and Health

Council Improvement Profiles

LOCAL AUTHORITY : WIRRAL

- 12 ASCOF measures have improved from 2014/15
- 3rd lowest number of delayed transfers in the region
- 3rd highest number of older people receiving reablement post hospital discharge, an increase of 105% over the past two years
- Improved social care-related quality of life, now 2nd highest in the region

Council Improvement Profiles

LOCAL AUTHORITY : WIRRAL

We continue to see strong performance across the entire suite of ASCOF measures. This includes improved performance across the ASCOF measures linked to the Adult Social Care Survey which is notable given the pressures upon Adult Social Care, the financial challenges that we are all facing and the journey of transformation that we are taking.

We appreciate the integral role that carers play in supporting the most vulnerable in our society and we are pleased to have seen the number of carers receiving an assessment of their needs more than double since the inception of the Care Act.

Whilst the number of permanent admissions to residential homes of older people remains above the regional average we continue to see year on year reductions in the number of such placements. This reflects our commitment to alternative means of support such as extra care housing and our continued investment in intermediate care and reablement at home.

Given the unprecedented pressures facing the wider health and social economy the importance of partnership working and maximising available resources is paramount. The Better Care Fund has demonstrated the positive outcomes that can be achieved for all partners through the channelling of resources; we continue to build on our partnership work through the development of an integrated commissioning hub with our Clinical Commissioning Group. The new hub will be operational by April 2017 and will help ensure that future commissions deliver the shared outcomes for both health and social care whilst also maximising value for money.

We are also in the process of integrating our social work delivery functions with community health care providers to ensure that local citizens receive the best possible care. This will be achieved by ensuring a single point of access to community services underpinned by a single screening and assessment process. Resources will consequently be more effectively managed whilst also reducing the number of interactions with professionals by eliminating handoffs between organisations.

We recognise the importance of facilitating access to our services through different channels and we have now launched our online portals and e-marketplace. Citizens are now able to complete online self-assessments to determine potential eligibility for services, calculate indicative financial contributions and to search for services local to them via the e-marketplace which has been developed in partnership across the Liverpool City Region.

Supporting people to self-assess and identify their own support arrangements is critical to ensuring that people feel that they have choice and control over their care.

We will continue on our journey of transformation and will strive to deliver improvements against ASCOF measures whilst working towards our 2020 vision outlined in the Wirral Plan.

GRAHAM HODKINSON,
Director Adult Social Service.

