

How Are We Doing?

The Local Account for Adult Social Care Services

1 April 2016 – 31 March 2017

**This document is designed to provide you with an overview
of Adult Social Care**

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Welcome to the 2016/17 Local Account for Adult Social Care

Within this document we provide you a summary of our progress for adults who are in receipt of our social care support over the past year.

The social care services provided for Adults in Birmingham form part of the wider Directorate for Adult Social Care and Health. The Directorate is committed to improving the outcomes for all citizens who require care and support and improving their quality of life.

Nationally and locally there continues to be significant budget pressures, and we are responding to those pressures with a root and branch review of how we currently provide front line services and how these will be provided to vulnerable adults in the future.

We remain passionate about providing services to safeguard adults and those people with the highest level of need will continue to receive the best social care support available.

Despite all the challenges that continue to face our front line staff, the Directorate is proud that social care staff continue to feature as nominees and winners of local and national awards. This shows we are a city that cares and can produce great social work.

This document clearly states how we have performed against national standards during the last year, and we do not underestimate where performance improvement is needed and where we need to strengthen the performance culture.

Looking to the future, the city council have agreed a new Vision for Adult Social Care and Health which has a real focus on independence, choice and control for citizens, community based services and a much more integrated relationship with Health.

We know that quality of care and support matters to the citizens of Birmingham and through our joined up approach with care providers, voluntary and community organisations, we are concentrated on ensuring that we improve the quality of life for those who need care.

We would welcome your views on this document, our performance and how well you think Adult Social Care performed in Birmingham.

Graeme Betts
Corporate Director
Adult Social Care and Health
Birmingham City Council

Councillor Paulette Hamilton
Cabinet Member
Health and Social Care
Birmingham City Council

What is Adult Social Care?

What do we do?

Adult Social Care services in Birmingham support people aged 18 years and over to live as independently as possible in their local community.

What are our responsibilities?

We are responsible for the following:

- Assessment of your needs;
- Agreeing a support plan with you;
- Offering information about support and services available in the local community and throughout the city;
- Arranging services where appropriate;
- Providing community care support where this is appropriate;
- Offering support, equipment and adaptations to enable you to live safely and independently at home.

Who do we help?

- Citizens of Birmingham who require care and support;
- Citizens who provide voluntary care for relatives or friends;
- Young people with disabilities aged 14 and over that are in transition to adult social care services.

Care in Birmingham – Did you know?

OLDER ADULTS 65+

There were 21,025 **requests for support or care from new clients** in 2016/17, an **8.4% decrease** from the previous financial year.

5,851 citizens who have been **receiving care for twelve months or more** had their care reviewed in 2016/17, a **37.1% increase** from the previous financial year.

2,856 citizens were **living in a residential/nursing home on a long term basis** as at 31/03/2017, a **3.2% decrease** from last year.

555 citizens were accessing **Direct Payment or part Direct Payment** as at 31/03/2017, a **28.5% increase** from last year.

4,399 citizens accessing **community based services** (excluding those receiving Direct Payments) as at 31/03/2017, a **0.6% increase** from last year.

YOUNGER ADULTS 18-64

There were 11,442 **requests for support or care from new clients** in 2016/17, a **6.4% decrease** from the previous financial year.

2,708 citizens who had been **receiving care for twelve months or more** had their care reviewed in 2016/17, a **19.6% increase** from the previous financial year.

1,089 citizens were **living in a residential/nursing home on a long term basis** as at 31/03/2017 a **1.9% increase** from last year.

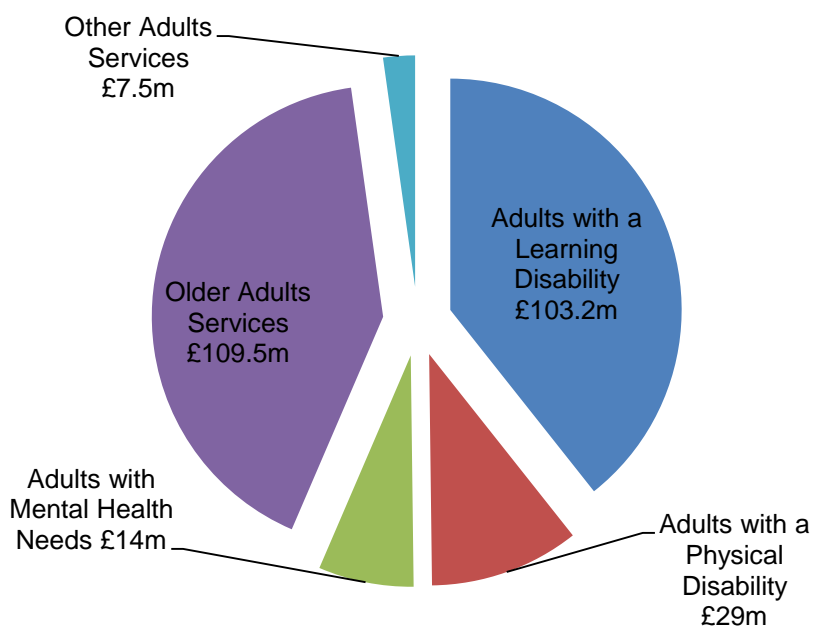
1,155 citizens were accessing **Direct Payment or part Direct Payment** as at 31/03/2017, a **2.8% increase** from last year.

2,095 citizens accessing **community based services** (excluding those receiving Direct Payments) as a 31/03/2017 a **6.5% increase** from last year.

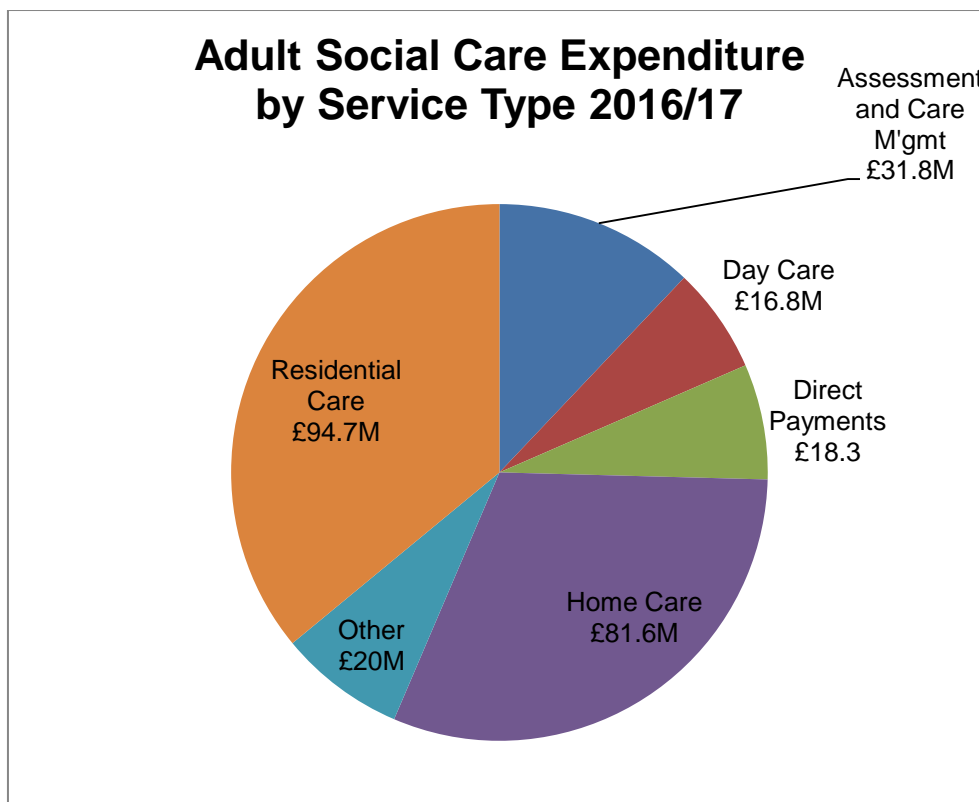
How is Adult Social Care Money Spent?

In total, the net expenditure for adult social care services for the period 1 April 2016 to 31 March 2017 was £263.2m. This includes expenditure on assessment and care management as well as the direct costs of services delivered to citizens.

Adult Social Care Expenditure by Primary Need 2016/17



Adult Social Care Expenditure by Service Type 2016/17



Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF) is a set of measures published by the Department of Health. They aim to measure the impact of adult social care support on a person's life. These measures are of value both nationally and locally for demonstrating the achievements of adult social care.

The ASCOF covers four areas, each having a number of outcome statements to monitor against. These areas are:

1. Enhancing quality of life for people with care and support needs;
2. Delaying and reducing the need for care and support;
3. Ensuring that people have a positive experience of care and support; and
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Our Local Performance Account is written around these four areas. For each area we outline what we achieved in 2016/17 and how we performed.

Our Overall Performance in 2016/17

In 2016/17 Birmingham's performance was:

An average ranking of **110th** placing us at **151st** of 152 local authorities in England, **15th** of 16 similar local authorities.

For further information on our overall performance please see Appendix 1. Details of similar local authorities can be found in Appendix 2.

1. Enhancing quality of life for people with care and support needs

This measure looks at social care-related quality of life, including:

- People managing their own support so they are in control of what, how and when support is delivered to match their needs;
- People being able to find employment when they want, maintain a family and social life, contribute to community life and avoid loneliness or isolation;
- Carers ability to balance their caring roles and maintain their desired quality of life.

How well we did do in 2016/17?

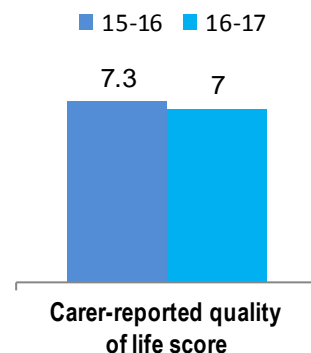
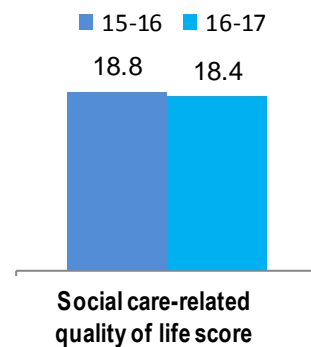
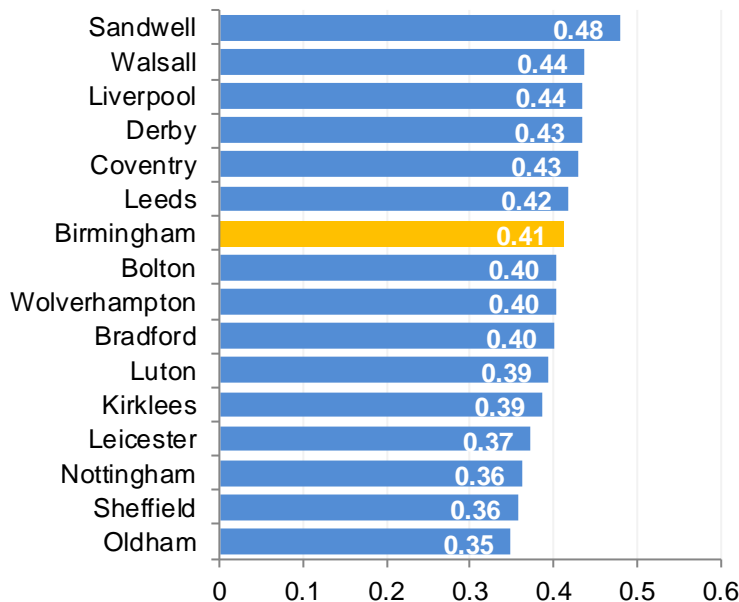
Quality of Life Score (1a)

We measure 'Quality of life' using the answers to questions in an annual survey sent out to those receiving a service from us. This is called the Adult Social Care Survey. Survey questions cover areas such as choice and control, personal cleanliness, access to food and drink, whether their home is clean and comfortable, safety, contact with other people, how people spend their time and the impact of needing help to do things.

A new measure has been added this year an index estimating the degree to which services improve quality of life. Our adjusted score of 0.41 was above the national average and above the average for similar authorities. There was a slight decrease in our unadjusted quality of life score, from 18.8 in 2015/16 to 18.4 in 2016/17.

We also carried out the annual survey with our carers (called the Carers' Survey). This found that their quality of life score decreased slightly from a score of 7.3 in 15/16 to 7.0 in 16/17.

Birmingham's Ranking Against Comparator Authorities



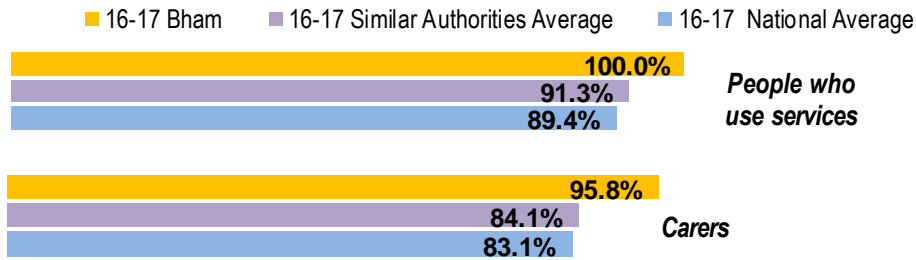
Adjusted Social care-related quality of life – impact of Adult Social Care services

Proportion of Adults and Carers receiving self-directed support and direct payments

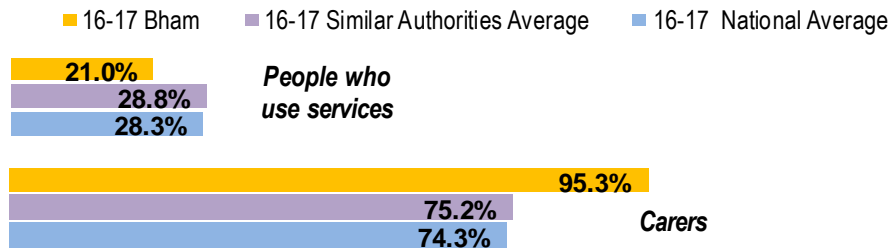
These measures track progress on increasing the independence and control of service-users and carers over the care and support they receive through the use of personal budgets and direct payments.

The proportion of people who receive self-directed support and the proportion of carers receiving Direct Payments were all above the national average and above average for similar authorities. The proportion of service users receiving Direct Payments was below the national average but increased from the previous financial year, from 19.8% to 21% in 2016/17.

The proportion of people who receive Self-directed Support



The proportion of people who receive Direct Payments

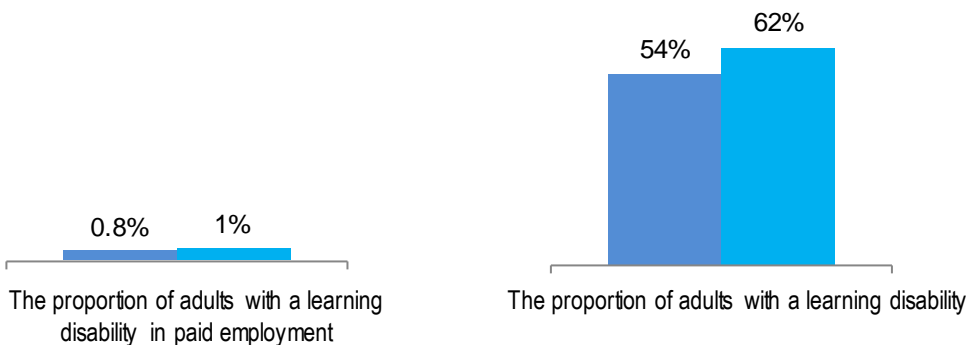


Employment and Living in the Community

Wherever possible people with learning disabilities should be able to find employment and live in their own home or with family.

Compared to the previous financial year there was a slight increase in the number of people with learning disabilities in paid employment from 0.8% to 1%. However this is below the average of 4.5% for similar authorities.

The number of people with learning disabilities living in their own home or with family increased from 54% in 15/16 to 62% in 16/17.



2. Delaying and reducing the need for care and support

This measure is concerned with preventing people from becoming reliant on ongoing social care and support and where they do, that it is provided in the most appropriate setting. It means that:

- Everybody has the opportunity for the best health and wellbeing throughout their life and can access support and information to help them manage their care needs;
- People and their carers are less dependent on intensive care services as a result of earlier diagnosis, intervention and enablement; and
- When people develop care needs the support they receive takes place in the most appropriate setting enabling them to regain their independence.

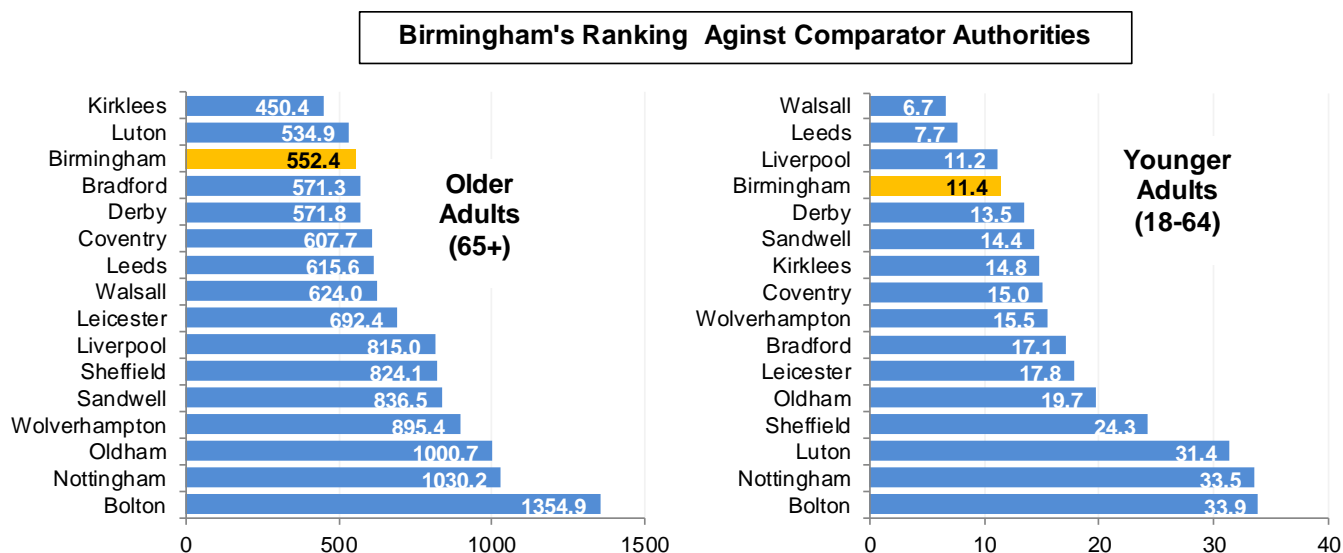
How well we did do in 2016/17?

Admissions to residential and nursing care

In line with the strategic direction to increase independent living and care in people's own homes, we aim to **reduce** the number of people whose support needs are met by admission to residential or nursing care.

There was an improvement in the proportion of permanent admissions to residential care compared to the previous financial year, falling from 662.8 to 552.4 per 100,000 for Older Adults and from 16.3 to 11.4 for Younger Adults. The number entering care was also lower than that for similar authorities and lower than the national average.

Long-term support needs met by admission to residential and nursing care homes, per 100,000 population



Reablement and home care enablement

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement supports people to maximise their level of independence and so minimise their need for ongoing support and dependence on public services.

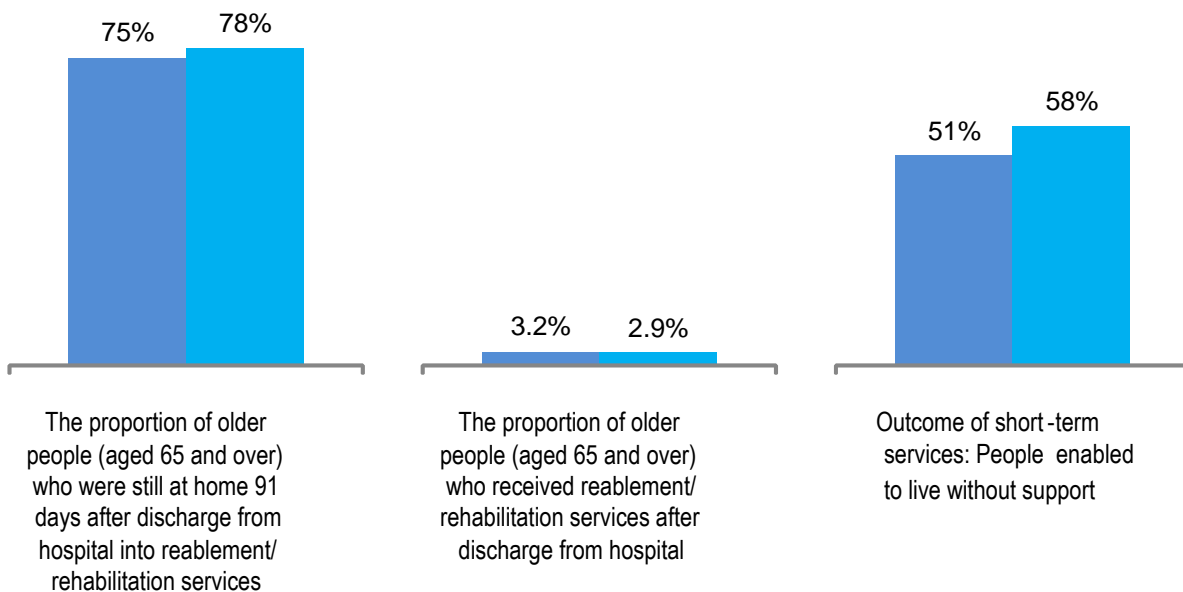
There was an increase in the proportion of older people who remained living at home 91 days following a discharge from hospital – the key outcome for many people using reablement services. This captures the joint work of social services, health staff and services commissioned by joint teams as well as adult social care reablement. The proportion of people who received reablement / rehabilitation services fell slightly from 3.2% to 2.9%.

The home care enablement service helps to relearn skills such as washing, dressing and cooking or learn new ways of doing things to live as independently as possible.

The home care enablement service may help if a service user:

- Has been in hospital and need help to learn how to manage when you get home;
- Are recovering from an illness or injury.

Birmingham saw an increase in the number of people starting a Home Care Enablement service from 2,549 in 2015/16 to 3,015 in 2016/17. The service was also more effective, with the proportion of *new clients completing an enablement programme who required no ongoing support* at the end increasing from 51% in 2015/16 to 58% in 2016/17.



Delayed transfers of care

A delayed transfer of care occurs when a patient is ready to leave hospital but is prevented from doing so for one or more reasons. This measure reflects the ability of the whole care system (hospitals, community-based care and social care) to ensure that patients are transferred to the next stage of care and support appropriately. The average daily number of delayed transfers of care per 100,000 of the population in 2016/17 was 20, an increase from 17 in 2015/16. Those attributable to Social Care rose from 9.9 in 2015/16 to 13 in 2016/17.

3. Ensuring people have a positive experience of care and support

This is concerned with measuring people’s experience of care and support. It means that:

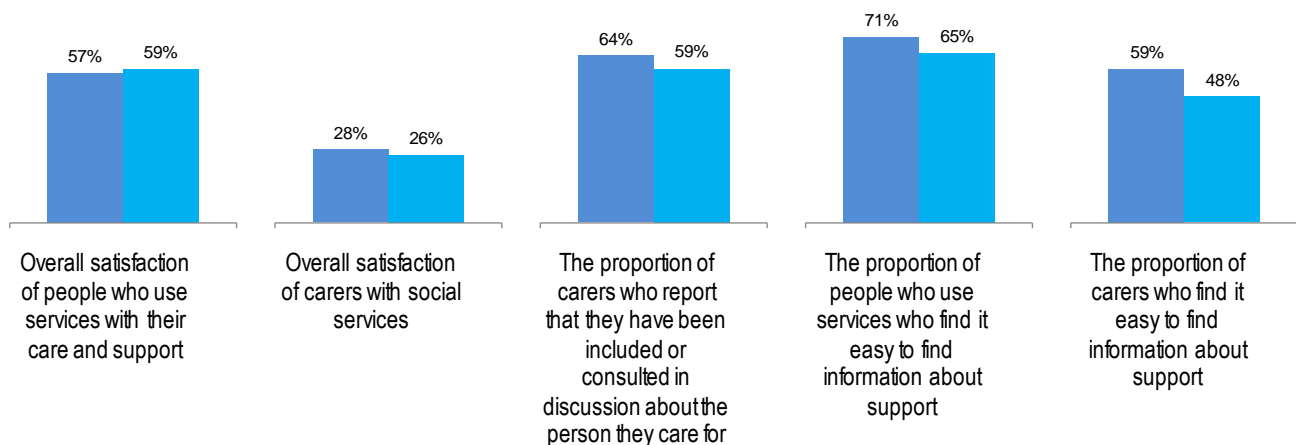
- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

How well we did do in 2016/17?

We measured the effect of support on people using Birmingham’s adult social care services in terms of:

- Satisfaction with care and support services
- Access to information and advice
- Involvement of, or consultation with, carers about support planning

There has been an increase in the proportion of people using services who were ‘extremely’ or ‘very satisfied’ with their care and support services 57% in 2015/16 to 59% in 2016/17. For carers however this proportion fell from 28% in 15/16 to 26% in 2016/17. There was a decrease in the number of carers who reported being consulted about the the person they care for and a decrease in the number who found it easy to find information about services.



4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This is concerned with keeping vulnerable people safe. It means that

- Everyone should be able to enjoy physical safety and feel secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected as far as possible from avoidable harm, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish.

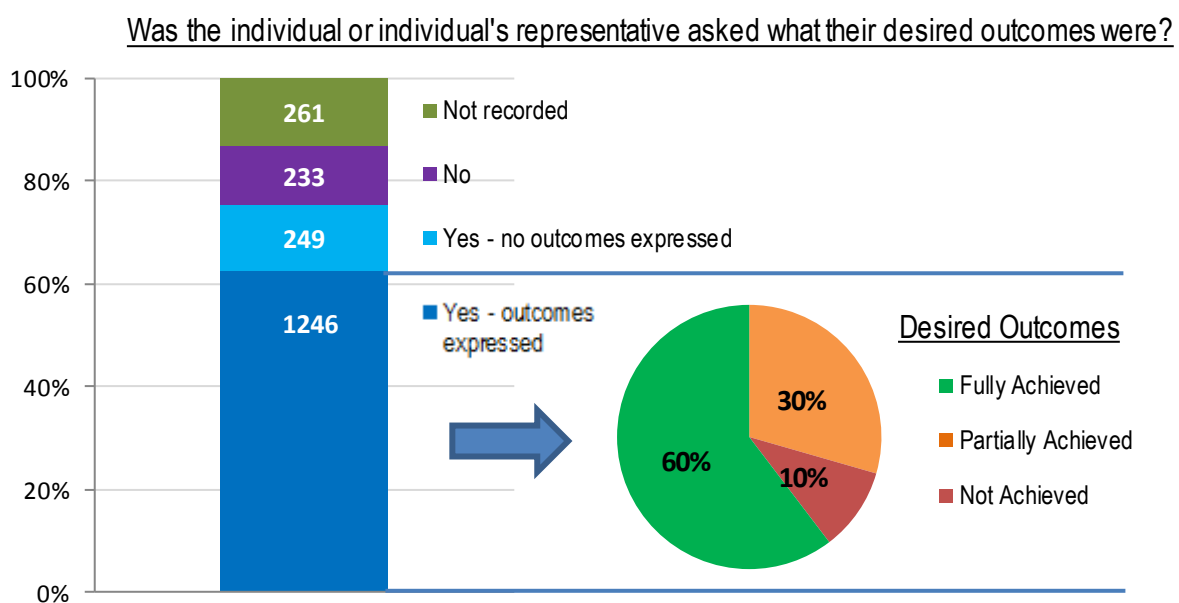
How well we did do in 2016/17?

Safeguarding people – Making Safeguarding Personal

Last year saw the introduction Making Safeguarding Personal (MSP), an initiative aiming to develop an outcomes focus to safeguarding work. MSP is about engaging with people about outcomes they want at the beginning and middle of working with them then ascertaining the extent to which those outcomes were realised at the end. MSP seeks to achieve;

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and SABs to know what difference has been made

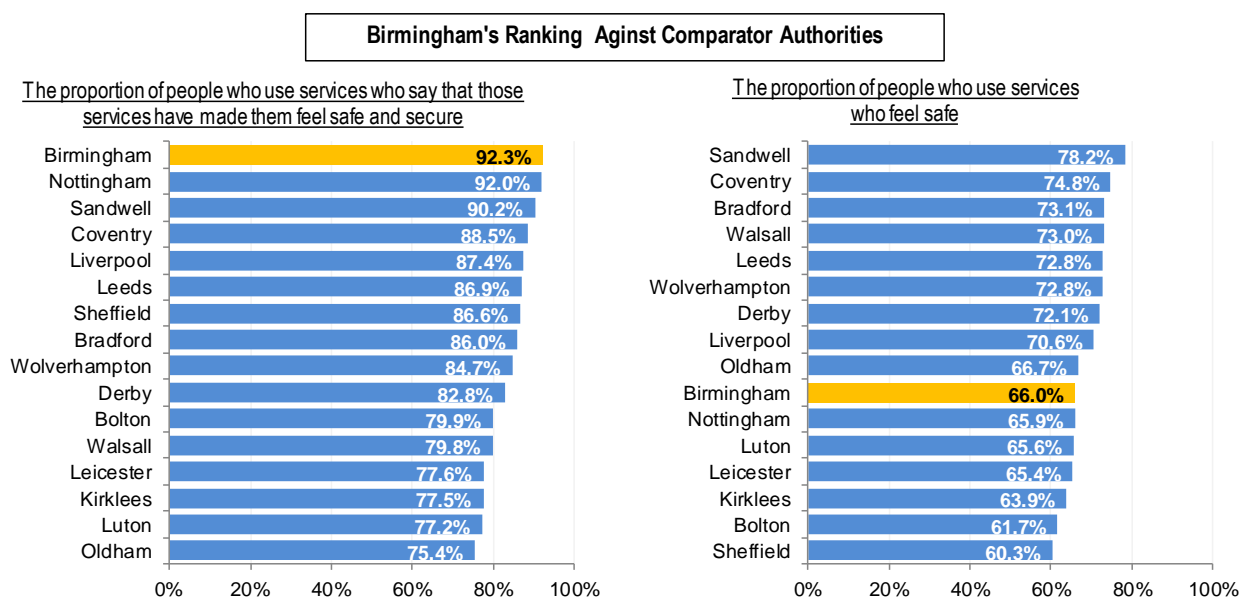
Out of a total of 1989 MSP enquiries, **75%** were asked what their desired outcomes were. **90%** of those expressing an outcome had their outcomes fully or partially achieved.



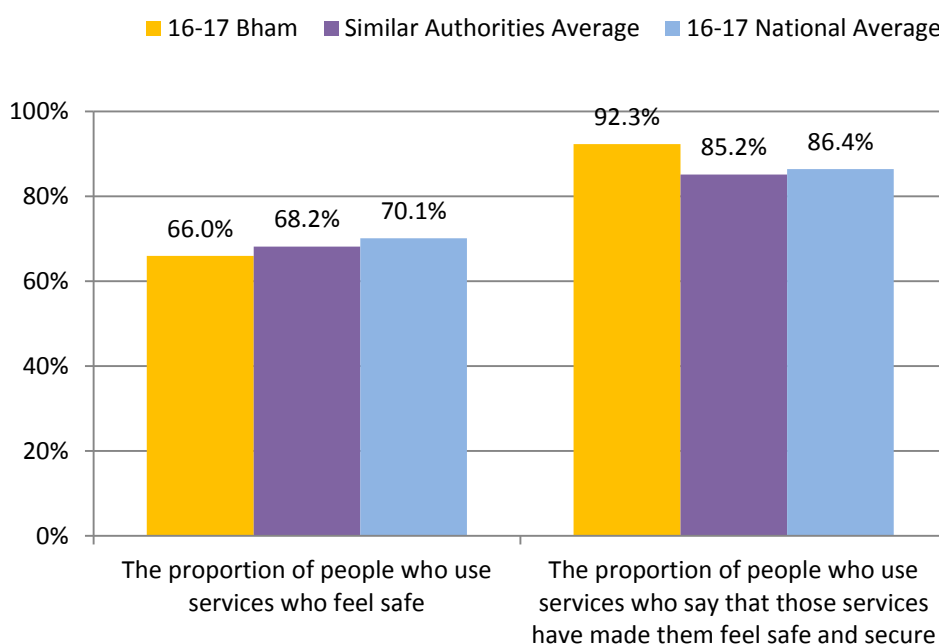
Proportion of people who use services who say that those services have made them feel safe and secure

In the Adult Social Care Survey, the proportion of people in receipt of care who said the care they receive makes them feel safe has increased from 89.3% in 2015/16 to 92.3% in 2016/17. This is above the national average and is the highest compared to similar authorities.

The proportion of respondents that said they felt safe was 66%, slightly below the average of 68.2% for similar authorities.



Safe and secure comparison by similar authorities and nationally



Service User Feedback

The Citizen Voice Team is responsible for the management of the statutory complaints function for adult social care and also reports on compliments received.

Compliments

During 2016-17:

- 244 compliments were received
- Assessment and Support Planning received the highest number of compliments; 193 followed by Specialist Services with 50.
- 106 compliments were made regarding the Quality of the Service followed by 92 compliments regarding Staff Conduct

Extracts from compliments received:

- “Worker was a great support to service user and family. I felt I could approach him, ring him - nothing was a problem. Support was second to none”.
- “Workers flexibility, level of communication and genuine interest has been outstanding”.
- “Worker was very knowledgeable and professional in her work. She was accessible, skilled, empathetic, calming and helpful”.
- “Worker was punctual, friendly attitude and professional”.
- “Support of the worker was great to help settle the service user back home after a hospital admission”.

Complaints

During 2016-2017:

- 160 statutory complaints were received, an increase on the previous year;
- 9 of the statutory complaints received were withdrawn during the process;
- 2 of the statutory complaints could not be processed as required consent could not be obtained;
- 676 individual complaint elements were investigated of which:
 - 416 complaint elements were not upheld
 - 130 complaint elements were upheld
 - 71 complaint elements were partially upheld
 - 53 complaint elements were inconclusive and
 - 6 complaint elements where no finding could be made.
- The Adult Social Care teams in Assessment and Support Planning received the largest number of complaints (118) an increase of 26 on the previous year.
- The statutory timeframe for responding to a complaint is six months: 144 complaints were responded to within that timeframe;
- Staff Behaviour and Lack of Service were the highest overall reasons for complaints received (26 each);
- 11 Local Government Ombudsman complaints were registered and investigated;
- A further 260 contacts did not meet requirements for the statutory complaints process.

Learning from Complaints

The Learning from Complaints Meeting is held bi-monthly to discuss the detail of learning from complaints received by the directorate including Local Government and Social Care Ombudsman complaints. Some of the wider learning recommendations for this period are as follows:-

- Where the family of a Citizen have chosen a residential home and the fee is higher than the agreed level a family may enter into a private agreement with the home to pay the top up fee. In these cases the original offer an alternative residential home falling within the Council's agreed funding level will be formally recorded.
- Correspondence with the Citizen Voice Team – This will clarify whether details being sent to the Citizen Voice Team is for information only (where a complaint is being dealt with locally) or whether it's a complaint to be fully processed due to it not being responded to locally within the required timeframe.
- Managers and workers to be updated on when assessments can be amended.
- Complaint response template to be reviewed.
- Officers to check and update care first in respect of recorded next of kin.
- Process for the transfer of service users between standard and complex teams to be fed into the review of the Customer Journey

Birmingham City Council Adult Social Care Peer Challenge – November 2016

As part of the process of improvement Birmingham hosted a peer challenge by colleagues and experts by experience from other West Midland local authorities. The challenge team met over 90 people in 30 separate sessions at 11 different locations.

We asked for the peer challenge to focus on 'Maximising the independence of adults in a financially challenged environment' and in particular to help our social care staff to best maximise the independence of adults. In particular we asked they look at our effectiveness in relation to: -

- Social care assessments and care packages
- Care and support planning
- Front line 'joint working' arrangements within health

Findings

The challenge team recognised the significant work the council has undertaken, the scale of the challenges faced given the size of the population, the levels of deprivation and the external attention the council has received following the Kerslake review.

The panel were impressed by Birmingham's commitment to moving forward in a planned way to improve the independence of citizens overall and in particular outcomes for those growing old in the city as part of the council's vision and plan for 2026. Areas for strengthening were identified along with a recommendation an action plan to be developed to focus on these.

A review to establish progress against the action plan took place in July 2017. The review panel concluded Birmingham had been proactive in using the peer challenge recommendations to drive improvement and change. A number of areas were identified where improvements had been made;

- Leadership and governance
- Performance and outcomes
- Commissioning and quality
- Resource and workforce management
- Social care planning, assessments and care packages
- Front line 'joint working' arrangements with health
- Dealing with financial challenge

The panel concluded there was evidence of a strong desire to continue to improve services and performance at pace.

Looking Forward

Adult Social Care and Health Directorate Improvement and Business Plan: 2017 - 2021

Birmingham's Adult Social Care and Health Directorate Improvement Plan sets the future direction for the service. This will enable adults and older people to be resilient, live independently whenever possible and exercise choice and control so that they can live good quality lives and enjoy good health and wellbeing.

The Improvement Plan brings together six areas of change we want to make and the actions we've identified to succeed.

Better Information

Knowing what is available to you, where you can get it from, if you have to pay for it and what you need to do to get it are all things that are important to people. Having good quality, readily accessible and up to date information and guidance available for citizens is one of the key themes in our improvement plan.

Local Services

There are a lot of services and activities that take place in local areas that aren't always known to everyone who lives there or known to the Council. We want to provide the best advice and guidance on what you might need, when you need it and where you need it. We also want to help local areas to develop new services and activities where you have told us they are needed.

Early Help

The Council wants to improve the way you can access services that can stop you getting ill in the first place, or help you recover from an illness that may get worse. Whether this is support at home after a stay in hospital or technology to help with daily tasks, the Council wants to make these things available to you quickly and as soon as you need them.

Services delivered in the way you want them

Your life is unique to you! If you need a service from the Council the service should fit around your life, not your life around the service needed.

Working Better, Together

We all know that becoming ill or needing support is difficult. Not getting the answer or help you need at the first time of asking is an unnecessary additional problem. The Council and its Health and Social Care partners know we need to work better together, share our resources and skills and shape our joint services around your individual needs. The Improvement Plan has been developed to ensure we do this.

Better Spending of the £s

Every pound that the Council spends on care services must be a pound well spent. We must spend money on the right things, at the right time, in the right place. Where service changes are required they will be made quickly and correctly. We will work closely with our partners to ensure we each play our part in delivering prompt, high value health and care support for all Birmingham's citizens.

How Well Do You think We Did In 2016/17?

Birmingham's adult social care comments, compliments and complaints process

For information about the comments, compliments and complaints process for Birmingham's adult social care services please contact:

Citizen Voice Team
Strategic Services
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG
Phone: 0121 303 5161 (option 1)

Or visit:

https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/116/comments_compliments_and_complaints_about_adult_social_care_services

Sources of Further Information

Adult social care information and advice for Birmingham

If you think that you or someone you care for needs social care support, please call the Adults and Communities Access Point (ACAP) about getting an assessment of your (or their) social care needs: 0121 303 1234.

Protecting adults from abuse and neglect

Information about abuse of vulnerable adults is available on Birmingham City Council's website at:

www.birmingham.gov.uk/safeguardingadults

If you think there has been a crime, call the West Midlands police on 0345 113 5000. In an emergency, phone 999.

If it is not an emergency but you are worried about possible adult abuse, please call the Adults and Communities Access Point (ACAP) on 0121 303 1234.

Performance of Birmingham's adult social care services

www.birmingham.gov.uk/info/50130/peformance

The Council's website gives information on all services including adult social care

Healthwatch

Healthwatch England is the independent consumer champion for health and social care in England.

www.healthwatch.co.uk/

Healthwatch Birmingham

The local Healthwatch in Birmingham is available at:

www.healthwatchbirmingham.co.uk/

Appendix 1 – Our Overall Performance for 2016/17

ASCOF ID	Indicator	2015/16	2016/17	National Average	National Rank
1A	Social care-related quality of life score	18.8	18.4	19.1	135
1B	The proportion of people who use services who have control over their daily life	71.1%	70.0%	77.7%	140
1C1A	The proportion of people who use services who receive self-directed support	100.0%	100.0%	89.4%	1
1C1B	The proportion of carers who receive self-directed support	97.5%	95.8%	83.1%	90
1C2A	The proportion of people who use services who receive direct payments	19.8%	21.0%	28.3%	117
1C2B	The proportion of carers who receive direct payments	95.8%	95.3%	74.3%	69
1D	Carer-reported quality of life score	7.3	7.0	7.7	139
1E	The proportion of adults with a learning disability in paid employment	0.8%	1.0%	5.7%	145
1G	The proportion of adults with a learning disability who live in their own home or with their family	53.9%	61.7%	76.2%	144
1I1	The proportion of people who use services who reported that they had as much social contact as they would like	44.6%	37.3%	45.4%	143
1I2	The proportion of carers who reported that they had as much social contact as they would like	0.0%	28.3%	35.5%	123
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.0	0.4	0.4	59
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	16.3	11.4	12.8	69
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	662.8	552.4	610.7	61
2B1	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	75.2%	77.5%	82.5%	117

ASCOF ID	Indicator	2015/16	2016/17	National Average	National Rank
2B2	The proportion of older people (aged 65 and over) who received reablement/ rehabilitation services after discharge from hospital	3.2%	2.9%	2.7%	68
2C1	Delayed transfers of care from hospital, per 100,000 population	17.0	20.0	14.9	126
2C2	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	9.9	13.0	6.3	141
2D	Outcome of short-term services: Home care enablement	51.1%	58.1%	77.8%	133
3A	Overall satisfaction of people who use services with their care and support	57.2%	58.6%	64.7%	130
3B	Overall satisfaction of carers with social services	28.0%	25.9%	39.0%	148
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	63.6%	59.0%	70.6%	145
3D1	The proportion of people who use services who find it easy to find information about support	71.0%	65.0%	73.5%	148
3D2	The proportion of carers who find it easy to find information about support	58.7%	47.9%	64.2%	149
4A	The proportion of people who use services who feel safe	68.2%	66.0%	70.1%	119
4B	The proportion of people who use services who say that those services have made them feel safe and secure	89.3%	92.3%	86.4%	20

Appendix 2 – List of similar authorities

One of the ways in which we measure our performance is by comparing ourselves against a group of 15 other local authorities with a similar demographic profile to Birmingham. These are:

Bolton
Bradford
Coventry
Derby
Kirklees
Leeds
Leicester
Liverpool
Luton
Nottingham
Oldham
Sandwell
Sheffield
Walsall
Wolverhampton

If you need this information in another format or language please contact:

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