



Essex County Council
Adult Social Care

Local Account 2010-11



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About the Local Account

Essex County Council is committed to finding a meaningful way of reporting back to citizens and consumers about our performance. The publication of an annual local account is seen as one means of achieving this.

This year's local account for Essex County Council's Adult Social Care service focuses on the 2010-11 financial year and includes a summary of the challenges faced by the Council at a time of both financial and demographic pressure. It goes on to outline some of the key projects and initiatives the Council has undertaken and assesses their impact. Finally it outlines our priorities for the future.

Introduction from the Cabinet Member for Adults, Health, and Community Well Being

It is my pleasure to introduce the first Adult Social Care Local Account for Essex County Council. I very much welcome the development of these documents as an important part of the Government's drive to greater transparency and engagement with citizens. In Essex, the Council is committed to involving local people in helping to set priorities and in scrutinising our performance. Of course to do this, you need balanced information and that is where the Local Account comes in. I do hope therefore, that you will take the opportunity to feedback any suggestions you might have for improvement; these comments are always welcome.

The Local Account has been circulated to Members of the Community and Older People Policy & Scrutiny Committee and will be formally received and considered by the Committee in January 2012. The committee has an important role to play in ensuring the Council is taking the best decisions for the people of Essex. The Committee's key function is to act as a critical friend through investigating issues of local concern, reviewing how the Council's policies work and helping to improve service provision and outcomes.

One thing that is very clear from the Local Account is that we are in challenging times for Adult Social Care. I am confident though, that we have the right leadership and vision in Essex to take us forward. This confidence is reinforced when I hear about the development of some of the innovative new services covered in the account. In spite of the economic difficulties we

face, we believe these services can improve the outcomes we are delivering for people whilst at the same time, assist in managing extra demand. It helps that through listening to residents, we are providing services that people want to use and I am particularly pleased with the progress we have made on Personal Budgets. These offer much more scope for people to meet their care needs in ways which suit their individual requirements and I expect us to make further progress in giving care users more choice and control during the coming months.

The breadth of the issues faced by the public sector does mean that we must look beyond the boundaries of our own organisations to prepare ourselves for the future. The Council is focussed on working with colleagues in the health and voluntary sectors to deliver joint improvements and efficiencies where we can. It is work like this that will enable us to continue delivering value for money for residents and good outcomes for service users. Therefore, while we must not underestimate the challenges we are facing, I look forward to the coming year proud of our track record and optimistic that our approach to the future is the right one.



Councillor Ann Naylor

Essex County Council
Cabinet Member for
Adults, Health and Community Wellbeing

Introduction from the Participation Networks Forum

The Participation Networks Forum (PNF) represents all equality components within the Equality Act 2010.

The Local Account is a continuation of the partnership work that has existed between the PNF and the Essex County Council Adults Health and Community Wellbeing directorate. This relationship has been hard won over many years. The PNF and its membership critique and help set out their strategies, policies and procedures and importantly monitor what Essex is doing.

We will be involved with setting out the strategy and we will be monitoring their results and feeding this information to our membership, service user groups and their responses back to the Directorate Leadership Team.

**Ann Nutt and
Brian Mister**

Co-Chairs of the
Participation Networks Forum, Essex.

The Participation Networks Forum is a network formed from over 70 different organisations based in Essex. The member organisations represent all sections of the community with a strong focus on disability, equality and inclusion. Amongst the key functions of PNF is monitoring service provision and promoting best practice.

Director's summary

Welcome to our Local Account for 2010-2011. This report is published at a time when the challenges facing social care have penetrated national consciousness as never before. The issues that many residents will have read about or seen on the news are very real for us in Essex as well.

That life expectancy is increasing is undoubtedly good news and many people will spend these additional years in good health and prosperity. However, a growing number will have social care needs and the council is anticipating escalating requirements for support. Furthermore, we recognise that people want choice and control over how they live their lives and this ethos must extend to how their social care needs are met as well.

The Council faces some tough challenges. The number of older people is rising significantly, as is the prevalence of age-related conditions such as dementia. Improvements in health care mean that more young people born with physical impairments or learning disabilities are surviving into adulthood, and increasing life expectancy means that people need support for longer. This of course, is all happening at a time of unprecedented strains on the public purse.

We have been working to help people to stay healthy and to assist communities in supporting one another, as we know that poor health and social isolation are key factors that lead people to need social care. We have further developed preventative services such as assistive technology which can provide the help and confidence people need to remain independent for longer. We are also commissioning services that enable people to regain their independence, and the reablement service has delivered impressive results over the last year.

For people who need on-going support we have promoted personal budgets which allow people to take on as much responsibility as they wish to in arranging and managing their own support. The Council is also working closely with current and future providers of social care to encourage the development of new, innovative ways of delivering care. You will read about some of our achievements in this area as you go through the report.

We have worked to strengthen the relationship with our health partners as we recognise that health and social care services are inextricably linked. Increasingly we are commissioning services together and working in partnership to ensure that we get best value from our pooled resources. These actions will allow us to cope in the financial climate while minimising any impact on frontline services.

Finally, key to our approach is working in partnership with people who need care services so that we understand their needs and wishes and can enable them to find the support services that they want. We recognise that the next 12 months represent testing times for public services. However, I am proud of the progress we have made during 2010/11 and believe this account demonstrates clearly our capacity to tackle the challenges ahead.



Jenny Owen

Essex County Council
Executive Director for
Adults, Health and Community Wellbeing

The challenge for Essex

There are substantial challenges for social care arising from demographic pressures, the reduction in public spending, and the need to adapt to national policy changes that are changing the way public services are delivered. The aim of this section is to expand on these issues and provide a context for the rest of the Local Account. It will also outline our recent track record in responding to these challenges.

Our demographic profile

With nearly 1.4 million residents, Essex is the second most heavily populated county in England. It has a mix of urban, rural and coastal communities, ranging from densely populated areas such as Chelmsford, Basildon, Colchester and Harlow, to countryside and coastal villages.

In terms of its ethnic mix, nearly 10% of the population of Essex is made up from groups other than White British. This is lower than the national average of around 16 percent. The largest communities other than White British are Asian, Asian British, Black, Black British and Chinese. Essex also has an established gypsy and travelling community and a notable Eastern European population.

In 2007 Essex was ranked 120 out of 150 councils in its indices of deprivation (first being the most deprived). Amongst small areas however, Jaywick in the north of the county was named the most deprived area in England in March 2011. Despite these pockets of deprivation and health inequalities, citizens in Essex experience good health, above average earning and low unemployment, although skills and qualifications levels remain low in some parts of the county.

An ageing population with rising demand for social care

The Council's view is that the most significant demographic factors affecting adult social care are those relating to the ageing population and the rising number of adults with learning disabilities, amongst whom there are increasingly complex needs.

If nothing changes, projections are that the number of older people with social care needs will increase by 15% over the next 5 years and 58% over the next 20 years. In addition, 25% of the population over 85 are currently estimated to suffer from dementia and this is predicted to increase by 90% over the next 20 years.

Similarly, the population of adults with learning disabilities is expected to grow, in both number and the complexity of their needs. Estimates predict that the number of adults with a moderate or severe learning disability is likely to increase by 17% over the next 20 years. Due to the intricacy and growing life expectancy of these cases, both the cost and length of time that people will need support for is increasing.

Eligibility and service provision

In order to access social care services from the Council, people are assessed against the 'Fair Access to Care' (FACS) criteria.

FACS is a national eligibility framework that classifies a person's needs as either low, moderate, substantial or critical. In Essex, the council funds services for people who are assessed as having 'Critical or Substantial' needs. 78% of councils across England apply this same threshold, with 4% funding 'Critical' only, 15% 'Moderate' and above with only 3% funding 'Low' level needs or higher.

At present, the Council provides social care support to the following numbers of people;

Service user group	Community Services	Residential Services
Older people (65+)	11,250	5,250
Adult mental health	4,100	250
Adult physical impairment	3,050	200
Adult learning disability	2,450	900
Total	20,850	6,600

The Council also has a wider remit to safeguard all vulnerable adults. In 2010/11 over 3,300 safeguarding referrals were made across Essex from a variety of sources including staff working in social care settings, health staff, and friends and family. These referrals are investigated to ensure that people are kept safe and free from abuse. You can read about the work of the Essex Safeguarding Adults Board in their annual report which is available on their website <http://microsites.essexcc.gov.uk/microsites/ESAB/>

The Council provides information and advice to people who fund their own care through organisations such as The Relatives and Residents Association (website <http://relresessex.org/>). The council also works with care providers in Essex by providing training and support to promote the quality and sustainability of local services.

Essex funds the voluntary and community sector to provide local services to people who may fall outside of our eligibility criteria. In 2010-11 the Council funded 145 schemes providing social care related support. In a typical week it is estimated that these schemes help 10,000 people.

Unprecedented financial pressures

This level of growing demand and service provision needs to be set in the context of the Council's financial position. The coalition government's determination to tackle Britain's budget deficit is well publicised and as a result of the October 2010 Comprehensive Spending Review, local government was asked to make substantial savings over the coming years. Essex County Council had the foresight to recognise that this was likely and in 2009 embarked on an ambitious transformation programme designed to save £300m over four years, largely from back office efficiencies and better procurement.

The cost pressures for the Council remain acute and will be a key focus for us going forward. The

budget for the Adults, Health and Community Wellbeing Directorate in 2010-11 was £375 million, whilst the budget for 2011-12 is £354m - a 5.9% reduction. At the same time we expect demand for services to increase by £15m.

This potential deficit will be addressed in four main ways. Firstly, an additional £16m has been received from the NHS to support the sustainability of services for both health and social care. Secondly, by preventing people from needing social care services through promoting better health and wellbeing and utilising innovative ways of meeting people's needs, such as assistive technology. Thirdly, the council will ensure services enable people to regain their independence wherever possible, reducing the need for ongoing care and support. Finally, the Council will be more efficient in the way it manages and buys services.

The track record for Essex Social Care

The most recent assessment of Adult Social Care in Essex was conducted by the Care Quality Commission in 2010. The Care Quality Commission judges the performance of councils using the four grades: 'performing poorly', 'performing adequately', 'performing well' and 'performing excellently'. They came to the following conclusions;

Outcome heading	Verdict
Improved health and well-being	Well
Improved quality of life	Excellent
Making a positive contribution	Excellent
Increased choice and control	Well
Freedom from discrimination / harassment	Excellent
Economic well-being	Excellent
Maintaining personal dignity and respect	Excellent
Overall council is	Excellent

In summarising their findings, CQC concluded; 'The Council was subject to an inspection in March 2010. This inspection found an improvement on 2008/09, in the arrangements for promoting

the quality of life for older people; the council is judged to be performing excellently in this area. The inspection also judged the Council's leadership, and commissioning and use of resources to be excellent.'

The March 2010 inspection also focussed on safeguarding of vulnerable adults. CQC concluded that Essex was performing '**Excellently**' in this area.

The changing legislative landscape

This background for Essex fits into a broader, national context. For some time, local authorities have focussed on supporting people in their own homes wherever possible. In more recent years, this has moved a step further with the aim of giving people choice and control over their care through the use of 'Personal Budgets', an allocated amount of money which an individual can use to meet their needs.

By the start of 2010-11, Essex had already moved a significant way in this direction, through implementing a model for 'Self Directed Support'. This encouraged more people to take control of their care through Personal Budgets. During 2010-11 almost 13,000 Essex social care users received funded support via this model.

Coupled with the advent of personal budgets, councils including Essex have begun to focus more on preventative services including 'Reablement', a service to help people regain and maintain their independence for as long as possible. The current government has supported this approach with an extra £70m nationally, spent by April 2011.

The coalition government has now completed the main consultation exercise for the much publicised Health and Social Care Bill. This will have an impact on Essex County Council as the local authority is expected to take extra responsibilities for public health, as well as developing closer working practices with the NHS and other health-care providers. This joint work will be essential as all parties look for efficient ways to meet people's needs. Health services in Essex are currently provided by five Primary Care Trusts (PCTs), five acute hospitals and two mental health trusts. The structure of

the local health economy is likely to change significantly over the next 12-24 months as part of the government's plans for the NHS.

The bill will also promote greater democracy and accountability in the NHS; each local authority will have to set up a health and wellbeing board to oversee the quality of local services, present local people's views and draw up a health and wellbeing strategy for the area.

Residents may also be aware that there is a broader national debate about the long-term nature and funding of social care. The Report of the Commission on Funding of Care and Support chaired by Andrew Dilnot, reported in July 2011 and the Council has welcomed this as a starting point in the development of a sustainable way of funding social care in future.

How the money is spent

The current financial climate makes it more important than ever that the Council spends public money with care. This section of the Local Account describes our expenditure in 2010-11 and expands on some of the budget challenges for the year ahead.

A financial summary

At just under £376m, Adult Social Care accounted for 46% of the council's budget for the year. By year end, this was underspent by £1.8m, mainly due to careful management of staffing budgets. Within those figures 'Care and Support Services' were overspent by £3.8m, principally because demand from working age adults exceeded expectations.

Key areas of expenditure

The two biggest areas of expenditure were supporting older people and adults with learning disabilities. The table below shows net expenditure on key client groups and how that has changed over the past year:

Client group	Net spend 2010-11 (£'000)	% change 2009-10
Older people	180,513	-2.2%
Adults - Physical Impairments	38,828	+6.5%
Adults - Learning Disabilities	121,155	-0.9%
Adults - Mental Health needs	21,272	-5.0%

The increased spend on adults with physical impairments is still being researched - however we are aware that more younger people with physical impairments are transferring into adult services.

In 2010-11, the two services where expenditure was greatest were home care services and residential care. We are pleased that the

amount of money spent through cash payments (direct payments) to people is increasing as research indicates that this gives people the most choice and control over the services they receive.

The following table illustrates some of the most significant areas of social care spend for the council in 2010-11:

Item	Spend 2010-11 (£'000)*	% change 2009-10
Older peoples registered care	91,874	-5%
Older peoples homecare (gross)	50,462	+3%
Older peoples direct payments	9,592	+8%
18-64 Physical impaired registered care	9,434	+8%
18-64 Physical impaired direct payments	12,119	+16%
18-64 Learning disabled registered care	54,596	-4%
18-64 Learning disabled direct payments	13,490	+23%
* spend net unless stated		

As a benchmark, Essex spent £745 per 1,000 population aged 65+ on services for older people in 2010-11, compared to £771 per head for comparable authorities. A larger than average proportion of this is spent on cash payments and a smaller proportion on homecare. This is in line with our aim to offer personalised support. Preventative services have reduced the need for smaller care packages, however demand for more complex forms of support is increasing.

For adults with a learning disability, there was an above average spend of £143 per 1,000 population aged 18-64, compared to similar authorities who average £118 per 1,000 of the population in that age group. This reflects the large learning disabled population arising

from the legacy of having three large long-stay hospitals in Essex (all of which are now closed with the residents moving on to models of support that provide a better quality of life). 45% of the budget is spent on residential and nursing care, 31% on homecare services and 11% was spent via cash payments.

For adults aged 18-64 with a physical impairment, Essex spent £43 per 1,000 population aged 18-64 compared to an average of £48 per 1000 aged 18-64 in similar authorities. The recent increases therefore represent a move closer to national averages. 31% of spend for this group is via cash payments, 24% on residential and nursing care and 20% on homecare services.

The budgetary challenge

The challenge of a reduced settlement from central government and increased demand for services has been described previously. In order to address this, the Council has a savings plan which consists of the following:

- £19.9 million from improved procurement of services;
- £4.8 million as a result of reducing demand through reablement and assistive technology;
- £2.4 million through working more efficiently;
- £6.1 million from a range of other initiatives.

The local account will detail some of the work that has already taken place to achieve these savings.

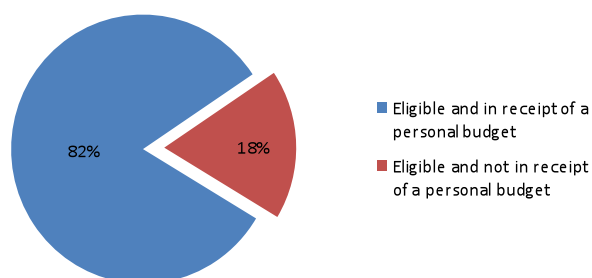
What we have delivered

Essex County Council took forward a number of crucial projects during 2010-11. This section will cover some of these under headings that represent the key outcomes we are seeking to deliver:

Offering choice and control

Essex implemented a self-directed support model for Social Care in October 2008. A key feature of this approach is encouraging take-up of personal budgets.

During 2010-11, the number of people with a personal budget in Essex increased from around 4,000 to almost 13,000. The graph below, based on estimates made in May 2011, illustrates the percentage of overall 'eligible' service users that this represents; (eligible means in receipt of funded non-residential services).



Research suggests that personal budgets, particularly when delivered via direct cash payments, provide people with greater choice and control of their support. By September 2011 43% of eligible working aged adult service users and 12% of older people were receiving cash payments from the council to arrange their support.

The Council has also been selected as one of the Government's 'trailblazer sites' for the 'Right to Control' initiative which is designed to give disabled people more choice over the support they receive. In order to achieve their particular outcomes, a person will have the legal right to combine the funding they receive from six different sources including the Independent Living Fund, local councils and JobCentrePlus. The individual only has to provide basic information about themselves once, rather than

approach each organisation separately, with the partners sharing this data where appropriate.

The national evaluation of Right to Control 'trailblazer sites' is due to be completed by March 2013. However, the Council already has good case study evidence that the concept will prove successful.

A 'Right to Control' case study

Mr W had been working with the Employment Specialist in a Community Mental Health Team for over six months. Although he wanted to return to work, not having a forklift truck driving licence meant Mr W was not getting interviews for the roles he wanted to pursue. This was affecting his confidence and recovery.

The employment specialist supported Mr W to find the most suitable training provider for his needs. A support plan was submitted to JobCentrePlus and a direct payment for the cost of the training was agreed.

The employment specialist in the Community Mental Health Team told the Council that, 'Mr W was delighted and is now looking forward to starting the training and getting back to work'.

Supporting people to live independently

Supporting people in their communities is key to enabling people to live independently and the Council has worked hard to engage with people living in rurally isolated areas.

The Village Agents service provides a face to face signposting and referral function for vulnerable people living in rural areas within Mid Essex, particularly those aged over 50. It is delivered by the Rural Community Council of Essex and is jointly funded via Braintree Local Strategic Partnership (a non-statutory body bringing together the public, private, voluntary and community sectors), Essex County Council and NHS Mid Essex.

In its first year of activity, the agents engaged with over 13,500 people and provided information, advice and support to over 800 customers. The service and value it provides to local communities is well summarised in this extract from a letter of support received from a parish councillor:

'Speaking personally, my view is that this has proved to be an enormously worthwhile project of immense value to the community. From the beginning the agent has taken the trouble to get to know people in the community, form bonds with the very people who may need her help either now or at some point in the future. The Village Agent project has resulted in a number of Telecare Alarm installations locally, which has brought peace of mind to vulnerable and elderly residents, as well as to their relatives and neighbours.'

In addition, a council evaluation of 'Village Agents' found that, in two-thirds of cases, agent activities have reduced the vulnerability of people working with the project and have lowered the potential of crisis situations arising.

A case study from a Village Agent

After picking up a Village Agents leaflet and reading about the scheme in a parish newsletter, a resident made contact regarding Mrs X, who is an elderly lady who didn't have a smoke alarm.

The Village Agent asked the referrer to check with Mrs X that they had permission to contact her and then made arrangements to visit. The trained Agent conducted a Fire Safety check and also ran through the leaflet from Age UK on 'Staying Safe in the house'. This raised additional issues which were dealt with following the visit, including; obtaining a replacement for a broken falls alarm; provision of a 'message in a bottle' (these bottles are kept in the home so that emergency services have access to important information in a crisis); advice about replacement of worn slippers which could risk a fall; providing a door sticker to demonstrate she was in a Neighbourhood Watch area; and advice about obtaining hand rails if Mrs X's mobility decreased.

Mrs X said she wouldn't have troubled the Village Agent if her neighbour hadn't raised a concern first but she was glad she had as she now felt much safer in her home, and would suggest a similar visit to her friends at the WI.

Family carers play a critical role in supporting people in their own homes. During the 12 months to March 2011, over 15,000 carers received a formal assessment of their needs. This was 49% greater than in 2009-10. Also, 27% more carers received a direct payment (up to over 760) to purchase innovative ways to help them in their caring role. In the past this has included club memberships, equipment and transport. In addition, the Carers Emergency Planning service provides reassurance and support for carers by ensuring a crisis contingency plan is available should they become unable to fulfil their caring role. 1,042 carers are now registered with the Carers Emergency Planning service and the aim is to have 2,000 by 31st March 2012.

Supporting people in their own homes helps people to maintain their independence for longer. During 2010-11, Essex supported almost 16,000 people with home care and day services and over 3,600 through cash payments. Nevertheless, demographic pressures contributed to an increase of 11% in admissions to residential care, up from 2,166 in 2009-10 to slightly over 2,400. A lack of suitable housing also contributed to an increase in admissions for adults with physical impairments. Based on the first quarter of the current financial year however, the Council is expecting these numbers to reduce, in particular for adults with mental health issues and learning disabilities.

Prevention and early intervention

The Council continues to encourage take-up of assistive technology solutions. These include devices such as flood sensors, 'pendant' falls alarms and pill dispensers. Using 'telecare' can help avoid or delay the need for more intensive forms of support as well as relieving some of the pressures for informal carers. 30% more older people received assistive technology between April 2009 and March 2011 compared to the two years prior to that.

An assistive technology case study

Mrs Y was concerned that her mother's memory loss was causing her to either not take her medicine, or take too much.

She tried keeping the medicine and giving it to her mother when needed, but found this was difficult as her mother needed the medication throughout the day. Mrs Y had to take long lunch breaks and miss out on putting her children to bed at night as a result.

Mrs Y's mum was given a Telecare medication dispenser which dispensed her medication at the correct times. The dispenser would give an audible and visual alert to ensure Mrs Y's mother was made aware that it was time to take her tablets. The dispenser helped Mrs Y's mother to manage her medication herself.

Reablement services are designed to help people regain the skills required for daily living and reduce the need for costly longer term support. During 2010-11 just over 3,000 people received support from the reablement service, a 22% increase from the previous year. Of those people, 53% left the reablement service and went on to either self-care or receive a smaller and less intrusive social care package than they would have required had they not been through reablement.

The Council has also undertaken prevention projects with the NHS. The Crisis Response Service started in North Essex in December 2010. It involves social care and health staff working together to intervene in crisis situations and avoiding admissions to acute hospital care. They can put in a variety of short-term services including reablement, short term care, and equipment. Up to the end of March 2011, 285 referrals had been received into this service. Based on an audit, 92% of these cases avoided admission into hospital. This saves vital resources and helps prevent people becoming dependant on more intensive forms of support.

A case study from the Crisis Response Service

Mrs Z was brought into A&E by her husband with reduced mobility and a reduced level of consciousness. Instead of admitting Mrs Z into hospital, a full assessment was conducted. The outcome of which resulted in a change to her package of care enabling her to return home. The family were pleased that their Mum was able to stay at home.

Mrs Z's husband said, 'I thought the whole service we received was very professional and the support was excellent. I can't thank them enough.'

Also in North Essex, the Virtual Ward is a project that identifies people at high-risk of admission to hospital and helps support them in their own home via a combination of health and social care services. The wards commenced in January 2011, and are currently supporting around 100 people.

Supporting people to live healthy lives

The council recognises that it has a role to play alongside the health service in assisting people to live healthy lives, particularly as poor health can often lead to people requiring social care services.

In February 2011, the Council pledged to promote public health and wellbeing by providing 150 more sport and health related activities for 30,000 young people in both schools and their local communities. By the end of June 2011, progress was on track for delivery with 16,408 young people participating in sport and physical activity, 88 events delivered and 770 young volunteers engaged.

Partnership working is key in supporting people to stay healthy. A Joint Pan Essex Falls Group has been put in place to ensure a more coordinated approach on Falls & Fracture prevention. Similarly, a Joint Pan Essex Assistive Technology Group has been established to drive and steer joint working around 'telecare' and 'telehealth' equipment.

One way of monitoring how well health and social care services work together is by looking at delayed transfers of care. This measures the total number of days people had to remain in hospital after they were well enough to be discharged because arrangements for their social care were not in place. During 2010-11, this measure improved steadily, reaching its lowest point ever since records began.

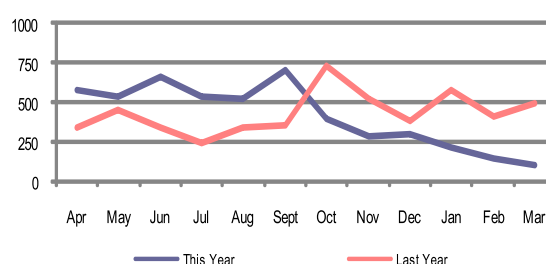


Figure 1: Delayed Days attributable to Adult Social Care 2009-2011

This improvement was due to a number of factors. Amongst these was the formation of a Complex Discharge Team in North Essex which provides a combination of health and social care support to enable patients to return home. The Council has also been working with Broomfield Hospital in Chelmsford to facilitate direct referrals from hospital staff to the Reablement service. This has speeded up the work involved in getting patients home.

A further component of a healthy life is employment. The Council engages with EssexCares to provide an employment service for adults with a learning disability. In spite of the tough economic environment, by March 2011 this service managed to maintain 385 adults with a learning disability in employment, 10 more than at the same time the previous year. The mental health trusts have also been successful in supporting service users into education and employment. During 2010-11 almost 600 service users were assisted in this way, considerably more than the target of 222. Furthermore, Essex's Adult Community Learning service has been helping local residents to improve their employability by offering free monthly CV writing courses.

Measures to safeguard vulnerable adults from abuse are working

After a successful inspection from CQC in 2010, the Council has continued to refine its safeguarding operations during 2010-11.

Overall, safeguarding alerts rose by 19% in 2010-11 to over 3,300. Of these alerts, over 65% went on to become safeguarding 'referrals' (i.e. they cannot be resolved simply and require detailed investigation). These safeguarding referrals were up 18% to over 2,100 in 2010-11 and represent an increasingly significant area of work for adult social care in Essex.

The Council believes this growth in safeguarding cases can largely be attributed to projects which have taken place under the banner of the SAFE (Safeguarding Essex) service. These have clarified processes and referral routes, making it easier for citizens, staff, carers and service users to raise alerts.

Through the work of SAFE, the 'Think Family' approach across safeguarding has been implemented. This ensures that professionals from Adults and Children's services work closely together and with partners from Health and other organisations to better support families with complex needs.

Essex's adult safeguarding service has also worked with Castlepoint Association of Voluntary Services (CAVS) to deliver the Be Safe project to help people with a learning disability feel and be safer in the community. The Be Safe project also linked in with groups of individuals, community and related organisations in North East, Mid, West and South Essex, to develop schemes and disseminate information to improve community safety and local engagement for people with a learning disability.

Lastly, the Southern Cross HealthCare Group came to national attention in 2010-11 when they announced they were transferring all care homes to other providers due to their poor financial health. Essex took steps to ensure all Southern Cross residents in the county were safe and the Council is also working to ensure stability and sustainability of its providers going forward.

Ensuring the quality of social care

The Council has a statutory role in ensuring social care services in Essex are of a satisfactory standard.

The quality of residential placements commissioned by Essex improved in 2010-11 with a 14% increase in placements rated good or excellent and a 10% decrease in those rated poor or adequate. This is similar to the national trend. In terms of homecare, the most recent comparable data was issued by CQC in 2009-10. This showed that based on a sample week, 98% of people received services commissioned by the council that were rated 'good' or 'excellent'. This compares to 93% nationally.

Our Quality Improvement Team have helped develop initiatives such as MyHomeLife (MHL) which aims to share good practice and promote measures that improve quality of life for care home residents, visitors and staff. As part of this project, 15 care home managers in Essex are taking part in a 14-month programme to help develop their professional leadership skills. MyHomeLife Essex is sponsored by Essex County Council with direction from Age (UK) and the private sector. For more information on MHL visit <http://www.myhomelifeessex.org.uk>.

The Quality Improvement Team has also visited 86 providers conducting one-to-one and group conversations with service users and staff. This kind of work plays a crucial role in ensuring good standards of care services across the county.

A Quality Improvement Team Case Study

Through a visit to a care home, the Quality Improvement Assistant (QIA) identified that residents were not participating in activities. The manager agreed the activities co-ordinator needed extra support and agreed to additional training. On the next visit the QIA noticed the residents were much more alert and engaged. The activities co-ordinator now moves from group to group and is much more enthusiastic.

Quality is also embedded in the way the Council sources care providers. During 2010-11 the Home Support Service (HSS) Contract was developed to manage the cost and promote the

quality of domiciliary care by introducing a Best Value Ranking system. Providers are ranked based on a score comprising of 40% price and 60% quality measures. The HSS contract is set to deliver £2 million savings in 2011/12, of which £1.1 million has been delivered so far. A similar project to develop a Residential Care Framework commenced in 2010-11 and will be implemented in 2011-12.

Services are sensitive to minority needs

The Council has developed a Diversity and Equalities Strategy which sets out how we will work to narrow inequality gaps whilst in a climate of financial austerity. It also outlines how projects and core business activities can actively build in diversity and equalities considerations, ensuring that fairness is embedded in everything the Council does.

One way of doing these is via Equality Impact Assessments (EqIA's). These are designed to assess the likely impact that projects and organisational change will have on different communities, groups and individuals. The Council will carry one out when developing or routinely reviewing policies, functions, procedures or practices. There are already good examples of where this has made a difference.

An Equality Impact Assessment Case Study

Generations Growing Together is a project whose core objective is to introduce and develop an intergenerational (younger and older people) approach to social activities, actively encouraging the 'breaking down' of barriers and challenge negative stereotypes and behaviour. The project manager writes:

'Through completing the EqIA I identified that it was possible that although individual groups were not explicitly excluded or left out of the advertising, they may however have not felt 'involved' or that the project was not intended for them. Black and Minority Ethnic (BME) groups and Lesbian, Gay, Bisexual and Transgender (LGBT) groups were therefore approached individually and asked to discuss the work within their communities. As a result of this the project was promoted to local BME and LGBT groups who felt included in this innovative scheme.'

Many of these projects and policies are also discussed with service user groups such as the Participation Networks Forum. The PNF has representation from many different minority groups and this has helped inform the Council's social care directorate plan for the coming year.

Of course, the council is seeking to make equality part of its business as usual approach. Through the development of self-directed support, service users now have the flexibility to design care packages that are uniquely suited to meet their needs. Because the number of people in receipt of personal budgets has increased by 225% in 2010-11, it means more service users are able to choose support that fits with their religious, ethnic or cultural requirements.

Whilst its Diversity and Equalities Strategy is implemented, the Council will monitor the proportion of people from black and minority ethnic groups who are assessed for social care. While this was less in 2010-11 than in the previous year, the proportion of people from black and minority ethnic groups assessed in quarter 1 of 2011-12 has increased, reaching its highest point for the last 12 months. This still remains less than the overall percentage of people from BME groups in the population as a whole and the Council is clear that this should remain an area to pay close attention to over the coming year.

Joint working with partners

During 2010-11, the Council has sought to work closer with health partners to deliver more co-ordinated support for the people who need it. The main priorities included hospital admission avoidance; reablement and rehabilitation for people leaving hospital; dementia; and end of life care. Linking into this, the Council has collaborated with the local NHS organisations in Essex to develop their Quality, Innovation, Productivity and Prevention (QUIP) Plans. These help ensure health services can respond to local priorities within the current economic climate. The Council is also working closely with the emerging Clinical Commissioning Consortia to support them as they take over responsibility for commissioning health services.

Other joint working has also been undertaken around specific issues and service user groups:

Essex Mental Health services are provided via two organisations; North Essex Partnership NHS Foundation Trust (NEFPT) and South Essex Partnership NHS Foundation Trust (SEPT). Between them, these trusts support over 4,000 people.

Various joint work has been undertaken in 2010-11 between ECC, NEFPT and SEPT. For instance 'Thinking Fit' is a two year project providing a programme of activities delivered through Adult Community Learning and Libraries (both parts of the Adults, Health and Community Wellbeing directorate) to support people in the early stages of Mild Cognitive Impairment. Early evidence suggests that physical activities combined with cognitive stimulation have benefited participants in terms of their wellbeing and memory skills.

Joint working around the 'Green Light for Mental Health' toolkit highlighted a need for staff working with adults with learning disabilities to have access to both mental health and learning disability training. As a result, a joint protocol and agreement has been put in place by all PCTs and specialist service providers so that all staff can access each other's in-house training programme, enabling greater awareness of mental health and learning disability issues.

Further joint work has taken place with other services within the Council. For example, the Libraries Service, Schools and Brentwood Borough Council set up a programme for children to teach older people how to use the internet. This benefited all parties involved; the children gained increased confidence and the older people learnt valuable PC skills, potentially providing another social outlet.

The Council also continues to work with the Essex Drug and Alcohol Partnership to help people with substance misuse issues. By the end of 2010-11, 1852 problem drug users had received treatment, exceeding the target of 1724. The percentage of planned exits from the service for all adult drug users was 20.2%, considerably in excess of the 15% target.

Changing the model for social care

During 2010-11, the Council accelerated its progress towards becoming a 'commissioning organisation' whereby services are not only provided by the Council but can also be sourced via voluntary organisations, the private sector and user led groups. Social care is no different and the Adults, Health and Community Wellbeing directorate has continued to evolve its structure and models for care.

One example of this is EssexCares, a Council-owned Local Authority Trading Company. From over 50 locations across the county, EssexCares now helps to support approximately 115,000 people covering a whole range of adult social care services. With expenditure of some £27m, the company comprises: Essex Equipment Service, Community Support Services (including day care, domiciliary support and reablement) and Employment and Inclusion Services. Four Homesafe services have been designed to help people live as independently as possible and include the Crisis Response Service and Helping Hands Service. Their website is <http://essexcares.org/>

You said, we did

Through engaging with service users and service user groups, the Council hopes to evolve its service to more effectively meet the needs of the local population. The Council has identified several ways of engagement and this section will outline the key messages that have emerged.

The Adult Social Care user survey

In common with most other local authorities, Essex has conducted regular surveys of its users for many years. In order to achieve some consistency, the NHS Information Centre has mandated a set format for these and the first annual return of this information took place during 2010-11.

The results suggest that generally people are experiencing decent services and are able to live reasonable lives. Key areas for improvement include better signposting to existing sources of information, advice and support (market research in Essex suggests that most people would not think to contact the Council and that they tend to rely on their acquaintances and neighbours or ring their GP for advice); and improved standards following the assessment process.

A high proportion (87%) of respondents report that they have a good quality of life and around half (53%) say that the way they are helped and treated makes them think and feel better about themselves. 79% have as much social contact as they want with people they like and 63% are able to spend enough of their time doing things they value or enjoy. However, just over two thirds (69%) of respondents said they could not get to all the places in their local area that they wanted to and some respondents highlighted difficulties in participating as active and equal citizens.

As regards safeguarding vulnerable adults, the majority (94%) of respondents reported feeling safe. The majority of respondents (96%) also felt clean and presentable and said that their home was clean and comfortable.

A high proportion of respondents report that good standards are achieved during the social care assessment but that the standards they would expect following the assessment - such as being given a written record and knowing what will happen next and who to contact with concerns - were not always adhered to.

Once services are in place, 73% of respondents say they have as much control over their life as they want, and 85% report they are able to have the food and drink they like. Respondents continue to report the positive experiences of managing their own personal budget.

Overall 87% of respondents reported their satisfaction with services. Generally participants are reporting they are able to live free from abuse, they feel safe in their own home, and services enable them to continue living there.

Engagement with service user groups

During 2010-11, the Council has sought to engage with service users through several forums. These include the five Planning Groups, Options for Independent Living (OIL) Transport group, Essex Participation Advisory Group (E-PAG), the Learning Disability People's Parliament, the Participation Networks Forum and the Local Involvement Network (LINKs). Discussion with these groups have helped inform the Council's planning for 2011-12, as these bodies have been involved in a number of consultation exercises, for example in response to the Health and Social Care Bill. In addition, two members of the Participation Networks Forum participate in Directorate Leadership Team meetings. This means they are able to discuss and influence decisions as they are being made.

Projects with service user groups have also had a direct impact on how services have been delivered. For example, the Essex Neighbours and Emergency Planning project run by LINKs have supported County, District and Parish Councils to help plan their response to civil emergencies such as flood or severe weather. The project involved LINKs working with groups including Essex Resilience, Village Agents and faith groups to research ideas and survey local communities.

During the year, the Council also began preparing for national changes that will affect how citizens engage with public services. Essex County Council has been designated an early implementer for Health and Wellbeing Boards and have established a shadow board that met in October 2011 to discuss development priorities for the county. The aim of these boards is to remove divisions between the NHS and local authorities and give communities greater say in the services needed to provide care for local people. Local Involvement Networks will be superseded by 'HealthWatch' who will sit as part of the Health and Wellbeing Boards as 'consumer champions' for health and social care services. Essex is a pathfinder for HealthWatch and an executive board will be formed in January 2012 in order to develop and recruit for HealthWatch by October 2012.

Comment from the PNF

We are pleased to have been a part of the Local Account. All service user groups have had an influence on service delivery; our only concern is that all parties remember the many years of hard work with the Council, who have signed up to work within the principles of independent living and the social model of disability, giving choice and control to service users and that we all ensure that this hard won principle is practiced by any commissioners selected and will continue to be at the heart of social care.

Complaints and compliments

The Council has a specialist team for handling formal social care complaints. During 2010-11, this team dealt with just over 500 complaints and over 300 representations from councillors, MPs and other officials. The team also received over 200 compliments.

The Complaints Team is tasked with making sure these problems are resolved in a satisfactory way as well as making sure key learning points are directed back to the service.

The main issues from complaints are reported monthly to the Directorate Leadership Team. The highest single reasons for complaints are shown in the following table:

Issue nature	% of total
Assessment delay	11.9%
Quality of social work support	11.3%
Conduct of staff	6.8%
Quality of external domiciliary care	6.6%
Charging: invoice	5.8%
Delay in service provision	5.8%

What has been changed as a result?

The Council has taken steps to act on the information received from the user survey, service user groups and individual service user comments.

The feedback about the need for better information and advice is being addressed via a substantial Council-wide transformation programme which commenced in 2010-11 and is called 'Customers First'. This has a Customer Services work stream which will change how services are delivered by designing them from the customer's perspective. This includes a Single Point of Access portal that will provide customers with advice, guidance and information to help resolve their issues. The project has had some early successes, for example, the new Essex County Council website:

www.essex.gov.uk has seen 19% more visits since its launch compared with the same period the year before.

The project will also streamline how we deal with enquiries and requests for social care support which should help address the issues around assessment and service provision delays. Essex Social Care Direct, the first point of contact for people who need a social care service, have already delivered improvements this year by moving from a 'call back' service to dealing with as many issues as possible during the initial 'live' telephone call.

The new contract for domiciliary care has an emphasis on quality as well as price. This will also help to reduce delays in service provision because providers are encouraged to respond quickly to requests for care and support and to deliver good quality services.

Staff who undertake assessments and reviews are monitored on an annual basis to ensure they meet the standards agreed in partnership with service users and local citizens.

A comprehensive training programme is delivered to ensure workers are kept up to date with best practice. Guidance material is also available on the Council's intranet, ensuring staff can view the latest policies and practice guidelines.

In addition to this, Essex is committed to being open and transparent with service users and citizens about our performance in relation to social care. This will be achieved in part through the Health and Wellbeing Boards and via documents such as the Local Account.

Priorities for the future

The Council has identified its key priorities for the coming year and beyond. These are focussed on meeting the demographic, legislative and financial challenges for the Authority along with responding to those areas which customers have said are most important.

Prevention services to maintain and restore independence

Prevention is crucial to managing demand for social care. The Council will implement the new Carers and Prevention strategies and continue the shift of investment into preventative and early intervention services during the 2011-12 year.

At a broad level, prevention depends on promoting health and wellbeing. Following the Health and Social Care Bill, local government will take on new health improvement responsibilities. This will include the development of a new Joint Health and Wellbeing Strategy based upon our Joint Strategic Needs Assessment. The newly formed Health and Wellbeing Board will oversee this programme of work.

As already mentioned, the Council has pledged to promote public health and wellbeing by providing 150 more sport and health related activities for 30,000 young people in both schools and their local communities. This will have a positive long-term preventative impact. Essex will also be implementing a 2012 Olympic Games legacy plan to get more people of all ages active and participating in sport and active recreation.

The Council will continue to promote the use of assistive technology and reablement services which can help people stay in their own homes and live independently for longer. Our pledge this year is to increase the number of people with dementia or their carers using assistive technology and personal budgets by 20%.

Lastly, to have real autonomy and choice, people need information and advice. Through the 'Customers First' project, Essex County

Council are focussing on improving the range, quality and accessibility of information and advice to support independence, by improving existing sources of information and developing a broader offering.

Personalisation

The Council is committed to ensuring services are tailored to people's individual needs and circumstances. Alongside encouraging people to take up personal budgets, Essex will implement prepayment cards as a mechanism for people to manage their budgets with more flexibility and less bureaucracy. Essex County Council has also been chosen as one of 16 areas to pilot new Community Budgets, working closely with local partners to provide cohesive support packages for 'families with complex needs' within the county. This work will continue during 2011-12.

As a further development of the Right to Control 'trailblazer', the Council will be able to delegate their non-complex reviews from social workers to user led organisations and third parties. Work to take this forward will take place during 2011-12.

Partnership with service users and other organisations

During 2011-12, the Council plans to implement a new approach to citizen engagement in the evaluation and development of services. Part of this is the Local Account document itself and throughout the year following first publication, Essex will develop a robust ongoing scrutiny routine with the PNF and service user groups.

The Council also intends to develop their partnership arrangements and joint services with health services and other partners, and we are committed to commissioning services jointly, wherever possible, going forward. This is consistent with 'Think Local, Act Personal', a sector-wide statement of intent published in January 2011. This acknowledges that councils, health bodies and providers need to work more collaboratively across health and adult social care to help make public funding go further.

There is consultation already in progress regarding 'Better Together: joint investment in health and social care in Essex'. This describes the priorities for the council and our health partners and includes reablement and rapid response, intermediate care, hospital admission avoidance and discharge, 'virtual wards', stroke services, assistive technology and tele-health, long term conditions, mental health and learning disabilities. The Council will also be focussing on delivering our dementia and end of life strategies, through agreed action plans with partners over the next three years.

Protection for vulnerable adults

In 2011-12, Essex will continue to develop the 'Safeguarding Essex' service countywide and will work in partnership with neighbouring councils to ensure robust safeguarding arrangements are in place. Work will also take place within communities to ensure that everyone involved in local safeguarding is clear about roles and responsibilities, and that there is a proportionate approach to the management of risk recognising service users and carers as 'experts in their own lives'.

People

The Council is clear that its people, both inside and outside its direct employment, are the most important asset in delivering personalised services.

In 2011-12 the Council, through its workforce commissioning service, will continue to support the training and development of the Essex-wide social care workforce. The training ensures staff are kept up-to-date with best practice, and will cover areas including dementia care, autism, and safeguarding. This training is for all staff, whether they work for the Council or for an external organisation.

To provide a personalised service may mean that duties traditionally completed by council-employed staff are undertaken within different organisations. As an example of this the Essex Coalition of Disabled People is currently supporting people with complex needs to plan

and develop their support arrangements. The freedoms achieved as a result of participating in the 'Right to Control' pilot will allow us to delegate other tasks such as reviews to user led organisations. We believe this will give people greater choice over who supports them with these activities. Staff employed in social care may find themselves working in different types of organisations, some of which may work across traditional health and social care boundaries. The workforce commissioning service will ensure that irrespective of which organisation staff work for, training and development opportunities will be available.

As part of the changes being implemented by the coalition government, the Council will take on additional public health responsibilities. During 2011-12, we will develop the model for integrating public health into the Council with the aim of co-location for public health staff from April 2012.

Sickness absence across the Adults, Health and Community Wellbeing directorate is already proactively managed and by the end of March 2011, the monthly absence rate had fallen to 3.6 % from 4.8% at the end of 2009-10. However, the Council will continue to monitor and improve this during 2011-12, aiming to achieve 3.2% by year end.

Our High Level resources

Essex aims to deliver procurement efficiencies of approximately £19.9m in 2011-12. This will be achieved in part through implementation of new framework contracts with suppliers.

One specific example is the new older person's residential framework agreement to be implemented early in 2011-12. Providers will be ranked using a preferred supplier list which aims to strike a fair balance between price and quality. This list will be used to determine which homes are recommended to new customers, taking into consideration their needs and desired location. As a result, this should improve competition, control costs and improve quality. The Council is also working collaboratively with health partners to target

efficiencies of approximately £500,000, and to aid the delivery of GP commissioning clusters across Essex.

Through an internal programme called 'New ways of Working', Essex is reviewing processes and working practices and will target £2.4m of efficiencies in 2011/12.

Key messages for 2011-12

The Council believes that real progress has been made in 2010-11, placing us in a good position to respond to the demographic and financial challenges we face. The strategic direction has been clearly set towards personalised services, prevention and partnership working. This focus will continue in the coming months.

We acknowledge there are some areas for improvement. The availability of information and advice needs to improve, and we need to work hard to ensure the high standards of care and support experienced by most people are experienced by everyone. We also need to understand why proportionately fewer people from black and minority ethnic communities are approaching us for social care assessments.

The Council feels that our plans for the 2011-12 year are sufficient to meet the anticipated challenges, and build well on the progress achieved in 2010/11. Our focus will continue to be on personalisation, prevention and working in partnership. Whilst there has to be a real focus on managing our budget, we recognise that this can only be achieved through working together with service users, health partners, and social care providers to develop sustainable solutions going forward.

Comment from the PNF

We appreciate Essex County Council's honesty that there are areas that need improving and that, with the advice, input and experience of the many service user/carer and voluntary organisations, we can achieve these improvements together.

Useful contacts

Commenting on the Annual Local Account

Please contact:

Matthew Barnett - Essex County Council, County Hall, Duke Street, Chelmsford, Essex CM1 1QH

Email: matthew.barnett@essex.gov.uk

If you need to access social care

For non-urgent Adult Social Care enquiries:

Telephone: **0845 603 7630**

Email: contact@essex.gov.uk

Protection for vulnerable adults (24 hours):

Telephone: **0845 606 1212**

Carers Telephone Team:

Telephone: **0845 430 430**

Email: Carers.TelephoneAssessmentandSupportTeams@essex.gov.uk

Online information and advice

The Putting Essex People First Information Gateway is a site that offers information on local services;

Web: <http://microsites.essexcc.gov.uk/microsites/Portal/display/home/index.jsp.html>

Benefits advice

The Essex County Council website provides links to various information sources for benefits advice;

Web: <http://www.essex.gov.uk/Health-Social-Care/Care-for-Adults/Staying-Independent/Benefits/Pages/Benefits-Plus.aspx>

Adult Social Care regulator

Contact the Care Quality Commission at:

CQC National Correspondence
Citygate, Gallowgate, Newcastle upon Tyne
NE1 4PA

Telephone: **03000 616161**

Email: enquiries@cqc.org.uk

Web: <http://www.cqc.org.uk/>

LINKs

Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. In 2012 LINKs are due to become Local Healthwatch and will feed evidence up to HealthWatch England, an arm of the Care Quality Commission.

Contact the Essex and Southend LINK, hosted by: Suite 34, Oliver House, Hall Street, Chelmsford, Essex CM2 0HG

Web:

<http://www.essexandsouthendlink.org.uk>

The Participation Networks Forum

Participation Networks Forum, c/o 2nd Floor, Essex County Council, Library Headquarters, Goldlay Gardens, Chelmsford, Essex, CM2 0EW

Web: <http://www.pnfessex.org/>

For national social care data sets

National adult social care data sets can be accessed via the NHS Information Centre:

Telephone: **0845 300 6016**

Email: enquiries@ic.nhs.uk

Web: <http://www.ic.nhs.uk/>

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**Essex County Council
Adult Social Care**

Local Account 2010-11



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