Adult Social Care and Health Local Account
2015-16
Foreword

We are delighted to present you with our Local Account for 2015/16. This is the fifth Local Account we have produced and it builds on the progress we have made since our first Local Account in 2011. These are very challenging times for the public sector but the Council has remained committed to supporting the most vulnerable people in our Borough. The population is ageing and the current Joint Strategic Needs Assessment (2015) has highlighted the effects that this may have on health and social care services and for providers of services for long term health conditions such as dementia. This significant demographic change means that there will be a growing demand for services whilst at the same time public service spending has been reduced.

We will continue to focus our services to help people to live healthier and more independent lives by supporting people, wherever possible, to stay in their own community. The key to our success will depend on our continued commitment to work closely with service users and carers, and with our partners such as Health, Public Health, the Voluntary Sector and local independent providers.

We have worked hard in order to achieve this, but could not have done so without our staff, our partners and the enormous commitment from our many carers across the borough. The crucial role of carers is recognised and highly valued in providing support to vulnerable people in the Borough.

We hope you find this Local Account an interesting and honest account of the progress we have made against our identified priority areas. We look forward to hearing your views and would welcome any feedback or comments. Please contact us on:


Councillor Marlene Quinn
Cabinet Member - Adult Social Care & Health

Mike Wyatt
Director, Adult Social Care and Health
Welcome to the 5th Local Account in St.Helens. This is an opportunity to share with you what we have achieved in Adult Social Care in 2015/16 as well as setting out our plans for 2016/17. It includes positive performance and also where we have had challenges to performance in the past 12 months and discusses the future challenges that we face as a Local Authority determined to deliver high quality social care services to the residents of St.Helens. This Local Account updates the previous year’s document and also includes the legislative changes that the Government has made as to how Councils deliver Adult Social Care (The Care Act 2014 and the Better Care Fund).

The purpose of the Local Account remains the same and is to explain how local Adult Social Care services are run, funded and what they deliver. Local Accounts help make Adult Social Care services more accountable to the community that they serve. We will use case studies, facts and figures about performance and expenditure to describe how well we are delivering services to adults with care and support needs in St.Helens as well as identifying areas for improvement.

What our Local Account will tell you

Our Local Account will tell you about the Adult Social Care services delivered in 2015/16.

It shows how St.Helens and its partner agencies worked together to meet the health and social care needs of St.Helens residents.

We will set out what money has been spent on Adult Social Care and what we have achieved with that money and performance information (facts and figures) we have collected over the year to show whether we are doing a good job. We will also include the results from surveys of people who use our services as well as sharing real life case studies.

This Local Account sets out not only the successes that we have achieved but also the challenges where we have not done as well as we would have liked to, and looks at our priorities for 2016/17.

What we do in Adult Social Care

We provide care and support for vulnerable people over the age of 18, so they can continue to live as independently as possible. We also support people with eligible care needs to work with carers, social workers and care staff from other agencies to identify and agree their needs and to choose the right services to meet their needs.

Adults may be vulnerable due to old age and frailty, because they have a learning disability, mental health problems or because they have a physical or sensory impairment. Some people may only need advice and guidance; others will require a range of services to help them manage their daily lives. This may mean that some people might require support for a short period of time whilst others may have involvement for many years.

Some people will have lifelong conditions which impact on their ability to undertake tasks of daily living all through their lives. These we refer to as younger vulnerable adults. Others may be vulnerable due to old age and frailty and may only require support in later life.

The types of services Adult Social Care and Health provide or commission when people are assessed as eligible are:

- Personal care and support for vulnerable adults to remain living in their own homes. For example, help with washing, dressing and toileting.
- Day Opportunities: Support for vulnerable people and their carers to access social and community activities. There are day opportunities at various sites across the borough.
- Extra Care Housing: Housing that has been modified or purpose built to help support people with long term conditions or disabilities to live independently, with staff input if needed.
- Supported Living: Younger vulnerable adults with learning or physical disabilities can live independently with support in shared houses with their own tenancies.
- Residential or Nursing Care - for people who need 24 hour care, either permanently or for a short period of time.

Other Services such as advocacy, advice and information, voluntary sector, deafness resource and visual improvement are commissioned and can be signposted to as part of the social care assessment.
SCOPHIAA
In St.Helens Adult Social Care and Health we use the acronym SCOPHIAA to ensure that all services whether provided by the Council or commissioned are:

- **Safe** - promote safety and wellbeing at all times
- **Caring** – are delivered with care
- **Outcomes focused** - make a positive difference to the lives of individuals
- **Personalised** - are individually designed
- **Healthy** - promote positive health outcomes and wellbeing
- **Inclusive** - include everyone
- **Accessible** - services are easily accessible to all groups in the population
- **Affordable** - that services offer value for money and are sustainable

**Who we work with**
To successfully deliver our services we work with many different agencies and partners. This includes statutory health organisations e.g. The St.Helens Clinical Commissioning Group, St.Helens and Knowsley NHS Trust, Bridgewater Community Healthcare NHS Foundation Trust and 5 Boroughs Partnership NHS Foundation Trust, the Police, Housing, the Voluntary and Third Sector and a range of private companies who are commissioned to provide care and support. During 2016/17 we will continue to seek the views of people who use our services and their carers including those from representative groups such as Healthwatch and the Learning Disability Partnership Board. We work closely with local partners to identify the changing needs of the population, and we bring together in one place the information we need to plan for the future in our Joint Strategic Needs Assessment (JSNA 2015). The JSNA is available on the St.Helens Council website.

The link for this is:


The Care Act

Phase one of the Care Act 2014 was implemented in April 2015 which is the biggest legal change for Adult Social Care and Health in over 60 years. Previous legislation was complex and put in place through various Acts and Amendments since 1948. All subsequent laws and amendments have been subsumed into the new Care Act to establish a legal framework within a single modern law. The Care Act 2014 replaces the component parts into a comprehensive legislative framework. The most significant changes are:

• A national eligibility framework (so that an individual’s eligibility for care is the same no matter where they live in England)
• Identifying the individual’s well-being as important in the assessment process for Service Users and Carers
• Rights for Carers
• Consolidating the statutory status of Adult Safeguarding

The Care Act aims include national guidance about the provision of information and advice and the maintenance of good health, well-being and independence for as long as possible. St.Helens will continue to work with partners within commissioned resources to reduce and delay poor health outcomes.

Phase Two of the Care Act focusing on paying for care has been postponed by the Government until at least 2020.

The Better Care Fund

The Better Care Fund is a Government directive, which is a specific initiative to help promote greater integration between health and social care for older people and vulnerable adults.

The Adult Social Care and Health Portfolio and the St.Helens Clinical Commissioning Group are working closely in partnership to ensure that all elements of the BCF Plan are embedded with a focus on ensuring the following conditions are met:

• Protection of social care services
• Closer integration between health and social care
• A commitment to 7 day working
• Better sharing of information

Sector Led Improvement

The North West Association of Directors of Adult Social Services has developed a risk assessment process as part of an overall approach to improving services in the region. This approach is called Sector Led Improvement and looks at performance, workforce, finances, service activity and leadership to identify good practice and areas for improvement. All 23 local authorities in the North West have signed up to this approach.

St.Helens Council, as part of this approach, chose to take part in an external inspection, called a “Peer Review” to give an objective view about how we promote the safety of vulnerable adults. The review team found that the many areas of strengths outweighed a small number of potential gaps which are being followed up. The overall conclusions were:

• policies and processes are very clear and unambiguous with committed and well supported staff;
• St.Helens is fulfilling statutory responsibilities; and
• The partnership is maturing.

As part of supporting adult social care departments in managing the key challenges facing the sector, all areas were asked to identify what they considered their key risks.

St.Helens identified the following key priority risks with suggestions as to how the work of the Sector Led Improvement can help support against these risks occurring.
# Adult Social Care: Risk Awareness Tool

## Priority Risks

<table>
<thead>
<tr>
<th>Priority Area of Risk</th>
<th>Briefly explain your reasons behind level of risk</th>
<th>How can Sector Led Improvement support you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Threat from Judicial Review Litigation Ombudsman ruling against the Dept.</td>
<td>Financial implications for the Council could be significant. Potential reputational damage.</td>
<td>Keep Councils briefed on strategies to prevent this from occurring</td>
</tr>
<tr>
<td>2 Failure of a Social Care Provider</td>
<td>Short term gap in Care Provision - critical care needs not met. Financial Risk. Statutory duty not met.</td>
<td>Sharing information on Care Providers across the region and any potential risks to their financial sustainability or CQC registration.</td>
</tr>
<tr>
<td>3 Spikes in Demand</td>
<td>Unexpected spikes in demand make it difficult to provide sufficient care. Increase in critical care needs not met. Increase in delayed discharges. Statutory duty not met.</td>
<td>Improved intelligence on changing trends in health conditions that are likely to lead to Care needs across the region.</td>
</tr>
<tr>
<td>4 Securing Domiciliary Care Providers</td>
<td>Market in this area not sufficiently developed to meet increasing level of demand. 1) difficulties in procuring quality domiciliary care at affordable rates due to increase in complexities, multiple long term conditions and end of life care.</td>
<td>Improved intelligence on the most effective procurement models to maintain/improve market stability/sustainability.</td>
</tr>
</tbody>
</table>
Section 1 - Helping People Live Independently

We want to encourage people to live at home for as long as possible and we offer a range of support and services to enable this to happen.

Information, Advice and Advocacy

Some people may only need to be provided with information and guidance and it is important that this is of a high quality and can be provided in a number of different ways. In St.Helens, information and advice leaflets on a range of Adult Social Care services are available from a number of outlets across St.Helens including Council offices and local libraries. Information is also available from our website www.sthelens.gov.uk.

All enquiries from the public are received by the St.Helens Contact Centre, which also can include sign posting people to appropriate services for more specialised or independent advice.

In 2015/16 the local specialist St.Helens Advocacy and Information Resource (SHAIR) was available to provide support to individuals including information on available services, advice and if required specialist advocacy. This service has been re-tendered during 2016/17 and a new provider will be in place from next year.

Careline

This is a monitoring and response service provided to the elderly, people with disabilities and other vulnerable adults, 24 hours a day, 7 days a week within their own homes. The Careline service currently supports around 5,000 vulnerable people in St.Helens. The Careline control centre is operated by specially trained staff who are able to respond quickly and sensitively to requests for help, e.g. if someone falls at home staff can reassure them via the lifeline unit and assess if they need to make a home visit, contact the emergency services and/or inform relatives.

The Carers Emergency Card Scheme is also managed by Careline and provides a response for the cared for individual when a carer is unavailable due to unforeseen circumstances. The Carers Emergency Card Scheme is activated if contact is made by the carer (or someone acting on their behalf) to ensure the safety and well-being of the cared for person.

Careline is also involved with the Community Safety Partnership working on their 'Domestic Violence and Abuse Strategy' with the aims of providing a concerted, coherent and co-ordinated approach to tackling domestic violence.

Customer Feedback

This has had a positive effect on the lives and well-being of those who have used it and several have reported that it makes them feel safe in their own homes as highlighted by their positive comments:

- "I will be able to sleep at night"
- "It is brilliant and I feel at ease"
- "This is wonderful"
- "Wow, It really does work!"
Assistive Technology/Telehealth

Assistive Technology is a term used to describe devices and sensors that are installed into someone’s home to enable them maintain their independence for as long as possible.

Careline is one very popular example of assistive technology but other devices and sensors include Falls Sensors and Epilepsy Sensors, which can detect when a person is at risk and may need assistance. Careline in St.Helens links through to a 24 hour response team that can attend if a user has activated the lifeline pendant or where the detectors have identified a potential issue.

The use of Telehealth systems is also increasing, allowing individuals with a number of long-term conditions (such as diabetes, hypertension and chronic obstructive pulmonary disease) to monitor their own condition at home. Telehealth equipment allows for a consistent, reliable and accurate monitoring of vital signs and ensures that any deterioration can be quickly identified and required intervention to take place. This also enables people to manage their own health conditions more effectively and improves understanding and awareness of their conditions.

Assistive Technology is actively promoted as part of packages developed to meet a person’s support needs.

Case Study 1

Mrs T has recently been in hospital for an operation. Mrs T has now been discharged home but some changes have been made to her living arrangements to help keep her safe including:

• A Careline personal alarm which can be pressed to call for help.
• A Carbon Monoxide Detector which will automatically trigger the alarm if it detects dangerous levels of Carbon Monoxide.
• A Gas Detector that will provide a visual and audible alarm if Mrs T has left her gas fire on but it is unlit.
• A Telecare Smoke Detector which provides an audible alarm when smoke is detected in the home and alerts the Monitoring Centre so that the emergency services can be called.

Support for Carers

Carers have a really important role in providing invaluable support to someone they care about who may have a long-term illness or disability.

St.Helens Carers Centre is an independent charity, which receives funding from the Council, and provides a range of activities to provide support to carers:

• Advice/information
• Training courses/events
• Therapy Sessions
• Outreach
• Support groups
• Carer breaks
• Income maximisation
• Newsletter/publicity
• Carers Emergency Card
• Carers Assessments
Customer Feedback

Without the support and assistance provided by the Carers Centre staff when my wife was faced with the prospect due to illness, of not being able to work again, there is little doubt in our minds that we would have struggled to complete the necessary applications. The assistance provided was not only so helpful, but professional and fulfilled the criteria required by ESA and PIP. These organisations are very complex and complicated to deal with. Without the help and assistance provided by the Carers Centre Staff, my wife and I would have had great difficulty explaining on the forms what was needed.

St.Helens Carers Centre has over 10,000 carers registered with them and is based at:

31-35 Baldwin Street, St.Helens Town Centre WA10 2RS
Telephone: 01744 675615
www.sthelenscarers.org.uk

Carers Survey 2015

During the year Adult Social Care and Health undertook a Carers Survey and the results can be compared with the previous survey undertaken in 2013. The survey was sent to 751 Carers of people in receipt of services. Information from the Carers Survey 2017 will be included in the Local Account 2016-17.

Extremely/Very Satisfied

47% of Carers identified they were extremely or very satisfied with the services they receive. This was an improvement on the position of 42% in 2013 and above the North West Average of 43% and the England Average of 41% in 2015. Overall satisfaction was 85% compared to 75% for the North West.

Access to information

79% of Carers identified that they found it easy to access information about services. This was an improvement on the position of 77% in 2013 and above the North West Average of 68% and the England Average of 66% in 2015.

Carers who feel totally safe

90.5% of Carers identified they had no safety worries at all. This was an improvement on the position of 88% in 2013 and above the North West Average of 86% and the England Average of 85% in 2015.

Carers who have as much social contact as they would like

46% of Carers identified they had as much social contact as they would like. Although this was not as good as in 2013 it was above the North West Average of 40% and the England Average of 39% in 2015.

Sensory Impairment

The Council has service contracts in place with the voluntary sector covering sensory impairment, for individuals who are blind and visually impaired and/or deaf and hard of hearing. The Council also has a Visual Impairment Service based at Millenium House. The Visual Impairment team has an emphasis on rehabilitation and early intervention. The low vision clinics can provide a range of equipment such as magnifying glasses and other aids to those who are assessed as requiring them. The Deafness Resource Centre provides environmental aids such as flashing doorbells and provides advocacy support.

People are living longer and this increases the risk of them developing sensory loss. The Visual Impairment team has an emphasis on rehabilitation and early intervention.
Occupational Therapy Service

St. Helens Occupational Therapy (OT) Service is responsible for providing specialist equipment and adaptations to ensure that vulnerable people are able to maintain their independence, and remain safe from falls, within their own homes wherever possible.

Equipment can be simple items such as raised toilet seats, bath seats and kitchen trolleys but in some instances more complex equipment is required such as profiling beds and hoists.

In addition there is a handyperson service to provide support in the provision of grab rails, stair rails and other minor works. Almost 705 structural minor adaptations such as half steps and mild steel rails have also taken place. In some instances major adaptations to people’s homes have been undertaken. There were 772 of these adaptations in 2015/16 which have included level access (wet floor) showers, stair lifts, ramps, vertical lifts and extensions.

Customer Feedback

I should like to express my sincere thanks for the courteous and efficient manner from the first service through to the ambulance they called when they gave me a thorough check up and the OT examined what help had already been provided and agreed any additional support needed. Then the medic arrived who prescribed needed painkillers which worked to my satisfaction. Then the following day not only did I have further offers about care and physio but also the handles needed in my home were fitted. Service indeed! Sincere appreciation and many thanks to all.

Extra-Care Housing

This is social or private housing that has been modified or purpose built to suit people with long-term conditions or disabilities that make living in their own home difficult, but who do not want to move into a residential care home. It is usually seen as a long-term housing solution as it gives people the opportunity to live independently with the reassurance of 24 hour on-site staffing and the availability of tailored support and assistance with various daily tasks and personal care. The extra care facilities can also include rehabilitation, social activities, a restaurant or some kind of meal provision, a laundry and fitness classes.

As a result of partnership working between the Council and Housing Providers there are currently 6 extra care housing settings, of which 2 are specialised facilities for people with dementia. In total there are 506 places available, which can be bought, rented or purchased through shared ownership schemes.

The Extra Care Schemes are:

• Reeve Court Village
• Heyeswood
• Heald Farm Court
• Parr Mount Court
• Portland House - Specialist Dementia Accommodation
• Carter House - Specialist Dementia Accommodation

Day Services and Day Opportunities

The Council supports vulnerable people and their carers with attendance at day care or day opportunities at various sites across the borough. Day services may be provided by the Council or through the voluntary/independent sector.

Day Services tend to be specific to their service user group, with different opportunities relevant to people with learning disabilities and physical disabilities, people who are frail and elderly and people with dementia. As well as providing companionship and enjoyment for the vulnerable people, day opportunities can also provide well needed respite for the carer of the vulnerable person.
Intermediate Care
Intermediate Care refers to a range of time limited services delivered in the community. Intermediate Care can be bed based or home based. In St.Helens Intermediate Care is provided by Adult Social Care and Health, Bridgewater Community NHS Foundation Trust and 5 Boroughs Partnership NHS Foundation Trust.

The aims of intermediate care services are to:
- Help people to remain at home and be as independent as possible
- Prevent unnecessary admission to hospital
- Help people recover faster from illness
- Support discharge from hospital
- Prevent unnecessary admission to long-term care.

Integrated Access St.Helens - Range of Services
The Integrated Access St.Helens is managed by Adult Social Care and Health. Assessments are coordinated by this service and determine the most appropriate service provision to meet the presenting need. The following section explains the range of services.

Community Assessment Team
The Community Assessment Team is a multi-disciplinary team that include a rapid response function. The team provide an integrated access approach across the local health and social care economy.

The team make onward referrals and provide advice, information and signposting to clients, carers and professionals. This multi-disciplinary approach to assessment means that clients are seen by the person most appropriate to their presenting needs - a social care worker, nurse or therapy assessor.

The rapid response function of the service is a crisis response and aims to be with clients within two hours of referral and following assessment time limited interventions can be put in place to support the service user or carer. The Integrated Access St.Helens Community Assessment Team operates 7 days a week, 8.00am to 10.00pm. Assessments may be carried out in a person's home or within Whiston Accident and Emergency Department.

Reablement
Reablement is a home based intermediate care service, managed by Integrated Access St.Helens, that supports individuals who are 18 years of age or older to remain as independent as possible. The team comprises of nurses, physiotherapists, occupational therapists and support workers.

Individuals who will benefit most from Reablement are those who have recently been discharged from hospital, or people who are at risk of losing their independence due to frailty or illness.

Access to Reablement is via Integrated Access St.Helens or the Integrated Discharge Team at Whiston Hospital. The reablement intervention is short term and consists of team members supporting individuals to follow a ‘reablement programme’ that has been designed specifically to meet their needs. The programme can include help with things such as confidence building, improving mobility or personal care tasks, improving diet and healthy living.

Client Feedback
"Your combined care is extremely professional in its delivery"
"Very happy with the service it has helped to improve my mobility"
"My mum has come on leaps and bounds, feeling a lot more confident"
"This service is ideal especially when it can be given at home instead of having to visit hospital"

Maple Unit
The Maple Unit is a 12 bedded intermediate care service based at Brookfield Resource Centre. The unit is accessed through the Integrated Discharge Team at Whiston Hospital and enables the safe and timely discharge of patients. The unit is staffed by nurses and support workers. The unit provides a more appropriate setting for ongoing care management functions and supports individuals recovering from a stay in hospital prior to returning home.
Acorn Unit
The Acorn Unit is a bed based intermediate care unit also at Brookfield Resource Centre, with access to Reablement health professionals as and when required. The 5 bedded unit provides a therapeutic setting for reablement interventions where home based intermediate care is not appropriate. Acorn Unit forms part of the Integrated Access St.Helens range of services.

Customer Feedback

I would not be where I am today, without all the support and good help with everything that she gave me. She was so lovely. I wish to thank all the team for their help.

Integrated Discharge Team
The Integrated Discharge Team based at Whiston Hospital is responsible for assessing people who are currently in hospital and over the age of 18 who may be eligible for social care. The team can access a range of services, such as, telecare, domiciliary (home) care, reablement, intermediate care, transitional care and long term placements in residential and nursing homes. The team will also provide information, advice and guidance for service users and their families/carers regarding informal support services they may be able to access.

Domiciliary Care
There are currently approximately 2,596 people in St.Helens in receipt of a domiciliary care service which is arranged through Adult Social Care. Domiciliary care workers support vulnerable adults to remain living independently within their own homes by undertaking a range of personal care tasks from supporting someone to get up, dressed and toileted in the morning to settling them in safely to bed at night. Domiciliary care is delivered by a number of independent sector organisations who, as well as being subject to the regulatory body Care Quality Commission are also monitored by the Council’s own officers.

Supported Living Schemes
Adult Social Care supports younger vulnerable adults with learning disabilities or physical disabilities to live independently in shared houses with their own tenancies, wherever possible. This is referred to as Supported Living. The Council currently provides a number of Supported Living opportunities, for approximately 200 service users living in accommodation across the borough.

Accommodation-based services
This refers to residential and nursing care homes that provide support 24 hours a day, 7 days a week in a residential setting, which may be permanent, or for a few days or weeks to provide respite care. There are currently approximately 650 service users supported by Adult Social Care and Health in 27 care homes within St.Helens and approximately a further 150 supported in care homes outside of the borough boundaries.
### Section 2 - Some Facts and Figures About Adult Social Care in St. Helens

**Who do we provide services for and how much does it cost?**

The tables and graphs below show how much the department spent during the period 2015/16 by client group and service area.

#### ASCH 2015/16 net spend by Client Group

<table>
<thead>
<tr>
<th>Service Area</th>
<th>£'</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Support</td>
<td>12,414,074</td>
<td>29%</td>
</tr>
<tr>
<td>Sensory Support</td>
<td>640,669</td>
<td>2%</td>
</tr>
<tr>
<td>Support with Memory and Cognition</td>
<td>6,469,275</td>
<td>15%</td>
</tr>
<tr>
<td>Support for Learning Disabilities</td>
<td>14,746,847</td>
<td>35%</td>
</tr>
<tr>
<td>Support for Mental Health Needs</td>
<td>2,304,050</td>
<td>5%</td>
</tr>
<tr>
<td>Assistive Equipment and Technology</td>
<td>922,260</td>
<td>2%</td>
</tr>
<tr>
<td>Care Management</td>
<td>4,518,483</td>
<td>11%</td>
</tr>
<tr>
<td>Voluntary Sector</td>
<td>250,511</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>42,266,169</td>
<td></td>
</tr>
</tbody>
</table>

#### Adult Social Care and Health spend by Primary Support Reason 2015/16

- Physical Support: 29%
- Sensory Support: 11%
- Support with Memory and Cognition: 1%
- Support for Learning Disabilities: 5%
- Support for Mental Health Needs: 2%
- Assistive Equipment and Technology: 2%
- Care Management: 15%
- Voluntary Sector: 5%
### ASCH 2015/16 net spend by Service Area

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Spend</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential and Nursing Care</td>
<td>15,695,905</td>
<td>37%</td>
</tr>
<tr>
<td>Supported Living</td>
<td>6,773,825</td>
<td>16%</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>6,301,083</td>
<td>15%</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>3,500,112</td>
<td>8%</td>
</tr>
<tr>
<td>Assessment and Care Management</td>
<td>4,518,483</td>
<td>11%</td>
</tr>
<tr>
<td>Day Care</td>
<td>2,401,962</td>
<td>6%</td>
</tr>
<tr>
<td>Occupational Therapy and Equipment</td>
<td>922,260</td>
<td>2%</td>
</tr>
<tr>
<td>Extra Care Housing</td>
<td>1,344,935</td>
<td>3%</td>
</tr>
<tr>
<td>Voluntary Sector services</td>
<td>250,511</td>
<td>1%</td>
</tr>
<tr>
<td>Reablement/Intermediate Care</td>
<td>557,094</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Total Spend:** 42,266,169

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### Adult Social Care and Health spend by Service Area 2014/15

- Residential and Nursing Care: 33%
- Supported Living: 9%
- Direct Payments: 16%
- Domiciliary Care: 15%
- Assessment and Care Management: 11%
- Day Care: 3%
- Occupational Therapy and Equipment: 2%
- Extra Care Housing: 8%
- Voluntary Sector Services: 2%
- Reablement/Intermediate Care: 2%
Section 3 - What we said we were going to do and what we have done

1) Maintain high quality services for all eligible vulnerable people

What did we say we were going to do?
A key priority will be to maintain high quality services for all eligible vulnerable people who need our support whilst managing significant budget reductions. We will ensure value for money through delivering and commissioning high quality, cost-effective services that meet the needs of people who have been assessed as requiring support.

What we have done
Despite working with a reduced budget, as a result of significant cuts to the Council’s budget, the Council has maintained a commitment to front line services in order to protect our most vulnerable service users. St.Helens Adult Social Care and Health provided services for 2,569 eligible people between the ages 18-64 and for a further 7,629 who were over 65 years old during 2015/16. The total number of people who received a service in 2015/16 was 10,198.
This compares to the figures for the previous year when 2,337 people between the ages 18-64 and 6,731 for people who are over 65 years old, which amounted to a total of 9068 eligible people who received a service during that year.

2) Work closely with the Health Service

What did we say we were going to do?
Adult Social Care will continue to work closely with Health, making it easier for people to find their way ‘through the system’. We will work closely with our partners in Health and Public Health to understand the new responsibilities that are placed on Adult Social Care and Health and to ensure that all opportunities to improve services are maximised.

What we have done
A significant amount of work has been done in integrating a number of health and social care services and work will continue at pace to further integrate services in 2016/17. Examples of integrated working include: Integrated Access St Helens, Integrated Discharge Team, Integrated Commissioning Team, and Integrated Continuing Healthcare Team.
Integrated Access St.Helens is a multi-disciplinary team consisting of care managers, occupational therapy, physiotherapy and general nursing. They coordinate and carry out assessments on people to determine the most appropriate service to meet the presenting need and they organise services. The service is operational 8am-10pm 7 days per week.
The Integrated Discharge Team are based at the Hospital and support patients and their carers who need social care support once they leave hospital.
The Integrated Commissioning Team ensure that services in St.Helens jointly meet the needs of health and social care. Some recent examples of joint commissioning include a review of the role of the voluntary sector, out of hospital nursing redesign and development of mental health services. Some people have complex needs which are a combination of health and social care. To avoid confusion an Integrated Continuing Healthcare Team now undertake all assessments where an individual’s ongoing needs are both health and social care.
3) **Continue to monitor the quality and standards in the delivery of social care**

**What did we say we were going to do?**
We will continue to undertake announced and unannounced visits to Nursing and Residential Homes, domiciliary care agencies, and to Supported Living Providers. The Quality Monitoring Team operates on an extended hour’s basis, 365 days of the year, from 7 in the morning until 11 at night, to enable the monitoring of the quality of care delivered. We will ask service users how satisfied they are with the quality of care they receive. We will require improvements from providers in some areas where standards slip.

**What we have done**
The Quality Monitoring Team continues to operate 365 days a year to monitor the quality of commissioned care delivered in the borough. In year we have undertaken 360 monitoring visits to Nursing and Residential and Domiciliary Care providers to check on their compliance with their contract and the quality of care they are delivering. We have also carried out 294 spot check visits to service users to record their satisfaction with the care they receive, with 268 indicating that they were satisfied or better with the service.
4) Continue to develop the Adult Social Care and Health workforce in order that we are able to meet the future social care needs of the borough

What did we say we were going to do?

We have a dedicated training and development team for Adult Social Care who work to ensure that we have a confident and capable social care workforce. We want to develop a workforce to respond to the needs of individuals and to promote independence and choice. The delivery of all our priorities is dependent on a workforce that feels valued and motivated. We will continue to fulfil our responsibility both to our own staff and to the wider health and social care workforce to ensure that appropriate training and support is available and that the highest standards of practice are maintained.

What we have done

We have provided high quality training programmes and qualifications. These have been attended by staff working at the Council and those working for provider organisations who have a contract or service level agreement to deliver care services. We have updated our training and development plans following extensive consultation with residential/nursing and domiciliary care providers. We have worked with colleagues across the Health Care sector and we have continued to invest in developing the borough’s social care workforce. Training has included taught sessions delivered to groups and individuals as well as e-learning. Subjects have included health related conditions, person-centred approaches, safeguarding and all of the key subjects identified by the Care Quality Commission (the regulatory body for registered care providers) and Skills for Care (the employer-led workforce development body for Adult Social Care in England).

5) Adult Social Care will continue to meet eligible social care needs in a person centred way that promotes independence wherever possible.

What did we say we were going to do?

We will continue to make services more personal and give service users and carers more control over their lives wherever this is possible. We will ask service users and their carers how they would like their care to be delivered. We will offer a personal budget to individuals. We will ask people if they felt they had as much control as they would have liked in preparing their care plan. If they want to organise their own care and support we can offer them a direct payment.

What we have done

We have continued to support the personalisation of care. We continue to offer people personal budgets and if people want to organise their own care and support we also assist with this by offering them a direct payment. Our Direct Payments Advisors help people to set up their direct payments and provide advice and support on how to manage these payments to best meet their needs.

Customer Feedback

Having a direct payment for our daughter has helped us as a family. Our daughter now has the choice of which service she wants to access and this gives us the respite we need”
(Feedback from service user who has employed a personal assistant)
6) Improve Services for People with Dementia

What did we say we were going to do?
We will continue to be the lead agency on the Health and Wellbeing Dementia Sub-Group and work with partners to improve services for people with dementia and their carers. This means we will help people live independently in their own home wherever possible. We will aim to ensure that, where people do require admission to residential and nursing care, there is sufficient high quality, specialist placements available. We will look to improve the assessment process, provide appropriate staff training and improve the quality of the support available to people with dementia and their carers.

What we have done
We have continued to be the lead agency on the Health and Wellbeing Board Dementia Sub-Group and we have developed a detailed action plan to promote and deliver services and support for people with dementia and their carers. This has included training for staff and commissioning services from the Alzheimer’s Society for Dementia Care Advisors. The Dementia Project Group oversees provision in St.Helens ensuring that there are the right range of services and information within the borough.

The key actions supported by the sub-group include:

- To improve the public awareness and understanding of dementia, this includes increasing the number of Dementia friends in St.Helens.
- To increase dementia diagnosis rates and referral to diagnosis times.
- To improve pre and post diagnosis support for service users and carers.
- To ensure that there are sufficient specialist professionals to assist and support people with dementia.

7) Reduce Hospital Admissions and to improve the way people are discharged from hospital.

What did we say we were going to do?
We will aim to reduce unnecessary admissions to hospitals and to improve the way people are discharged from hospital. We will do this by continuing the development of our Hospital Discharge Team, Reablement, Intermediate Care Services and the Integrated Access St.Helens service that are all contributing positively to supporting people to stay at home longer, reducing hospital admissions and improving the process for people being discharged from hospital.

What we have done
The continued development of the Integrated Discharge Team has contributed significantly to improving discharge arrangements from hospital for the people who are assessed as eligible for social care. The Integrated Discharge Team is based at Whiston Hospital and is responsible for assessing service user’s over the age of 18 years who may be assessed as eligible to receive social care. The team can access a range of services, such as, telecare, packages of care, reablement, intermediate care, transitional care and long term placements in residential and and nursing homes. The team will also provide information, advice and guidance for service users and their families/carers regarding informal support services they may be able to access.

The Integrated Access St.Helens Accident and Emergency Social Care Team are based within the Accident and Emergency department at Whiston hospital and offer support to vulnerable and frail adults. The team works with health professionals to arrange the safe discharge from the Accident and Emergency department and therefore reduce the length of stay.

The team also diverts people, who do not require an admission to hospital, from Accident and Emergency to other more appropriate community based services.

The team, which is part of the wider Integrated Access St.Helens Service, have access to a range of community services. The overall approach is to provide a timely, safe and appropriate transfer from in-patient care to community services.
Section 4 - How do we promote the safety of vulnerable adults?

Adults who have significant disabilities and illnesses such as dementia, schizophrenia, cancer and heart disease and very elderly, frail people can be at risk from abuse and neglect and can be unable to protect themselves. Keeping such vulnerable people safe is everyone’s business. The Council has lead responsibility for the management and coordination of the safety of vulnerable adults across St.Helens. We do this through the administration of the St.Helens Multi-Agency Adult Safeguarding Board.

The Council has established strong safeguarding processes and systems for responding to information from anyone who has concerns about adults. When we receive concerns about possible abuse further enquiries are made by dedicated staff to agree the best way forward depending on the circumstances. Decisions are made in conjunction with health agencies, housing organisations, community and voluntary groups if appropriate and the Vulnerable Adult Officers of Merseyside Police, if it appears that a crime has been committed.

General safeguarding training continues to be a requirement for staff in social care and health. Where there is growing concern about a particular type of abuse, such as financial scams, specific briefing sessions are provided.

There are dedicated pages on the Council website which outline the types of abuse experienced by adults and how to report it. There are links to other key organisations and sources of information. There are plans to advertise Safeguarding electronically in public places by the end of the year.

Every effort is made to engage the Adult and their family/representatives in the safeguarding process and encourage them to define the outcomes they would want to achieve and to do so in a reasonable time frame. The Council constantly monitors these activities and reports to the Safeguarding Board.

Reporting Safeguarding Concerns
Telephone:
St.Helens Council Contact Centre
01744 676600
Out of hours
0345 0500 148

How else do we support vulnerable people to be safe?

The Council contracts a number of services that provide care and support to vulnerable adults. It is a contractual requirement that these services follow the St.Helens Multi Agency Safeguarding Adults Policy, Procedure and Good Practice Guidance.

The Quality Monitoring Team robustly monitors the care delivered by commissioned providers through quality monitoring visits with subsequent progress visits if actions are required. These visits check compliance with the contract, the quality of the care delivered and the safety of service users in relation to the service provided.

Spot check visits are also undertaken to obtain the views of service users in relation to the service they receive and their level of satisfaction.

Any concerns in relation to poor quality or failure to comply with the contract result in a Quality Improvement Action Plan. If there are major concerns or if a provider fails to make sufficient or timely improvements then the Council will issue a default notice to the provider. In the most serious cases the Council will terminate the contract with the provider whilst ensuring that the affected service users continue to have their needs met. One domiciliary care provider had their contract terminated in 2015/16.

Another way to measure that services are safe and comply with national standards is through external inspection by the Care Quality Commission. Reports of all services inspected by the Care Quality Commission are published and can be located on their website (cqc.org.uk). These reports are reviewed by the Quality Monitoring Team as part of their coordinated approach to monitoring services and the team meets regularly with Care Quality Commission inspectors. The Care Quality Commission
are in the process of rating all registered care providers and this links into their enforcement procedure should a provider have the lowest rating of Inadequate.

The Health and Adult Social Care Overview and Scrutiny Panel of the Council undertake a scrutiny role in ensuring services are good, safe and meet needs.

Healthwatch is another avenue for people to register compliments and dissatisfaction with services and Healthwatch can also undertake monitoring, Enter and View visits to residential care homes in the borough.

We also support the ‘Safer in Town’ initiative, initially developed by people with a learning disability along with St.Helens Hate Crime Partnership and Merseyside Police, which promoted the safety of vulnerable adults with a learning disability in the Town Centre wherever the sign is displayed.

Individuals registered with the scheme carry a key-ring/card with the above logo and the venues that have the sticker in their window act as safe havens. This means that if the person has any difficulties (feel ill, involved in an accident, been a victim of crime, or need help) then they can call into the venue for assistance. Along with a range of retail settings in the Town Centre, the Millennium Centre, the Central Library, the Citadel, the Police Station, the Bus Station and Council Buildings also display the logo. 2014/15 saw a relaunch of this scheme with a revised logo and the approach of it being made available for all vulnerable adults.
Section 5 - How well are we performing?

There are 4 priority areas from the Adult Social Care Outcomes Framework, which are measured by all Councils in England.

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

The full range of Adult Social Care indicators can be found in the Appendix. However here are examples of some of the main performance indicators that are collected throughout the year from performance data and also from the results of the annual Service User Survey and the biennial Carers Survey.

The results from our performance information are used to inform the way we deliver our services. The feedback from our service user and carer surveys are also used to assure us that we are getting things right but also can let us know where we can do better.

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

This means that people enjoy a good quality of life and achieve the outcomes that matter to them. The department will continue to promote the personalisation of care and support based on assessed need. This will ensure people have control over their lives and that they are able to manage as much of their own care and support as they wish.

<table>
<thead>
<tr>
<th>The Social Care Quality of Life Index</th>
<th>Personal Budgets</th>
</tr>
</thead>
<tbody>
<tr>
<td>We asked 1170 people who were in receipt of Adult Social Care services to tell us about their quality of life by answering a range of questions. The maximum score is 24 and the overall score in St. Helens is 19.5 (down from 19.6 last year) and above the North West average of 19.1. This remains positive performance with a high quality of life rating.</td>
<td>We encourage people to have choice and control over how services are provided and one way of doing this is to give people an indicative personal budget. Performance at 92.7% is slightly less than last year but remains positive when compared to the North West average of 84.9%</td>
</tr>
</tbody>
</table>
2. Delaying and reducing the need for care and support

This means that people can enjoy the best health and wellbeing wherever possible throughout their lives. The early detection and effective management of long term conditions is a priority for Adult Social Care and Health with the aim that people who use services and their carers will be more able to receive the most appropriate support that enables them to maintain their independence, at the same time delaying the need for permanent residential care.

**Permanent admissions of people age 65 and over to residential or nursing care**

263 older people were permanently admitted to residential or nursing care during 2015/16 compared to 229 in 2014/15. This is a decrease in performance compared to the previous year. As an extra 34 moved into permanent care.

Adult Social Care continues to explore all community-based options for individuals before any decisions are made for a permanent admission to residential or nursing care.

**Permanent admissions of people age 18-64 to residential or nursing homes**

16 people age 18-64 were permanently admitted to residential or nursing care during 2015/16 compared to 8 in 2014/15. This is a decrease in performance as an extra 8 people moved into permanent care.

As with older people, Adult Social Care continues to explore all community based options for younger adults before permanent admissions are made to residential or nursing care.
Adult Social Care and Health are working together to try and ensure that, wherever possible, discharges from hospital are safe, appropriate and result in the best available outcomes for individuals. One of the ways we monitor this is to check on how many people are still at home 91 days after being discharged. The snapshot of a three month period identifies 94.3% were still at home after 91 days, having had a Reablement service when discharged from hospital. This is an improvement on last year and better than the North West average. The performance is very positive when compared to the North West and national averages.

This relates to the number of people occupying a hospital bed who could be discharged with an appropriate package of support and are identified as being the responsibility of Adult Social Care. Although there has been a decrease in performance from the previous year it remains considerably better than the North West average. This illustrates a clear focus on ensuring timely discharges through the provision of services in the community.

3. Ensuring that people have a positive experience of care and support
We aim to ensure that all those who use social care and their carers are satisfied with their experience of the care and support they receive. This means involving and including them in decisions around their social care, ensuring their support is sensitive to their circumstances and treating them as equal partners.

**Extremely/very satisfied**

This is taken from the Adult Service User Survey. We asked 1170 people how satisfied they were with the services they received from Adult Social Care. Overall 92.2% (90.5% North West average) experienced satisfaction with the services provided, with 70.5% (70% North West Average) identifying they were extremely or very satisfied.

**Access to information**

This is taken from the Adult Service User Survey. We asked 1170 people how easy they found it to access information about services from Adult Social Care. 82.1% of people who use services said that they found it easy to access information about services. This is an improvement on last year and considerably better than the North West average.
4. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This means that everyone should enjoy physical safety and feel protected and secure. That people live in a safe environment and are supported to manage risks in a way that they want to and that they are free from physical and emotional abuse, harassment, neglect and self harm.

<table>
<thead>
<tr>
<th>People who use services who feel totally safe</th>
<th>People who say services help them feel safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is taken from the Adult Service User Survey. We asked 1170 people who use services how safe they felt. Overall 96.9% (94% North West average) said they were safe with 70.5% (69.5% North West average) stating they had no safety worries at all.</td>
<td>This is taken from the Adult Service User survey. We asked 1170 people who use services if services help them feel safe. Nearly 84% of people identified that services helped them feel safe. This is an improvement on last year and in line with the North West average.</td>
</tr>
</tbody>
</table>

Challenges

The year ahead will see the Council managing major continued and sustained budget reductions. The Council continues to make a commitment to maintain services for our most vulnerable residents in St.Helens. This will present a significant challenge as due to an increasing ageing population there will be continued pressure on both Health and Social Care Services as improved life expectancy also means people living longer with long term conditions and people developing age related conditions. This will also take place at a time of legislative change that also places extra demands on Councils.

To assist in coping with the challenges ahead the Council is developing a 20/20 vision which is a five year strategy that takes account of its budget pressures whilst recognising the need to develop and transform its services. The work on the 20/20 vision will continue to be developed over the next year and beyond.

As you can see from the performance information, there is a lot of positive performance and we do compare very well with the performance of other North West Local Authorities.

We do have other performance indicators that we will seek to improve throughout the year, see Appendix 1. In general, however, we can say we are performing well and will continue to look at improving the delivery of all our services.

Complaints

The Adult Social Care and Health Department seeks to resolve all complaints about its services in an effective and timely manner by working with individual complainants to find a resolution. Complaints also provide a valuable source of information about people’s experiences, which can be used to inform, develop and shape our services.

The Adult Social Care and Health Department manage complaints in line with the statutory obligations set out within The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

There were a total of 90 complaint representations received during 2015/16, which is 36 more than we received for 2014/15. They can be categorised as follows:

<p>| Table 3 |</p>
<table>
<thead>
<tr>
<th>Areas of Complaint</th>
<th>Total Complaint Representations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care</td>
<td>16</td>
</tr>
<tr>
<td>Assessment Outcomes</td>
<td>20</td>
</tr>
<tr>
<td>Staff Action/Communication</td>
<td>20</td>
</tr>
<tr>
<td>Financial Matters</td>
<td>22</td>
</tr>
<tr>
<td>Discharge arrangements</td>
<td>12</td>
</tr>
<tr>
<td>Total Complaint Representations</td>
<td>90</td>
</tr>
</tbody>
</table>
In line with the approach of resolving a complaint representation at an early stage, 43 of the 90 contacts did not result in a formal complaint investigation. Of the 47 complaints investigated, 23 did not uphold the complaint issues raised, 2 were resolved during the investigation, whilst 22 investigations found elements of the complaints issues raised to be upheld.

**Learning from complaints**

We want to continually improve and one way we do this is by learning from complaints. In 2015/16 we implemented changes to the way we do things as a result of recommendations following a complaint investigation. Below are 2 examples of these changes:

- A number of complaints during the year related to the information provided when individuals moved from hospital to a community placement on a temporary basis prior to returning home. There had been a lack of clarity as to the financial implications of a respite as opposed to a transitional placement. The outcome was that family members must be involved in discussions about discharge planning for a temporary placement and the individual should also have a mental capacity assessment in relation to such discharge decisions. This is essential when an available placement which is transitionally funded is rejected in favour of another home which is not.

- The council has offered a deferred payment scheme (for people moving into residential/nursing care, who own their property) for a considerable period of time. This became a duty for all councils in 2015/16. During the year there have been a number of complaints relating to historical deferred payment agreements. These have been investigated by the Local Government Ombudsman and the council was not found to be at fault. However it was evident that communication around the amounts outstanding under the deferred payment agreement required improvement in terms of providing regular updates to the individuals in receipt of a deferred payment agreement. This was established with new procedures in place that regularly identify the amount to be paid when the property is sold.

**How to make a complaint**

A complaint may be about delay, lack of response, discourtesy, failure to consult or about the standard of service you have received. So, please let us know if:

- You think we have done something wrong
- We have not done something that we said we would do
- You are not satisfied with a particular service or set of services that we provide

There are a number of ways in which you can contact us:

St. Helens Council Contact Centre
Tel: 01744 676789
Email: contactcentre@sthelens.gov.uk

Or, you can directly contact the Adults Complaints Team:
Tel: 01744 674362
Email: adultcomplaints@sthelens.gov.uk
Section 6 - Looking Forward 2016-2017

Our aim over the past twelve months was to make progress against the priories we set in the previous Local Account. We believe that we have made some good progress, but we know that there are some tough challenges ahead and that we still have a lot to do. We know that for the year 2016/17 the Council and the Adult Social Care and Health Department will continue to face major financial challenges in the light of anticipated further budget reductions. We will continue to plan for the challenges ahead, to build on the progress that we have already made and will focus on a number of key priorities over the next year.

Key Priorities 2016/17

• A key priority will be to maintain high quality services for all eligible vulnerable people who need our support whilst managing significant budget reductions. We will ensure value for money through delivering and commissioning high quality, cost-effective services that meet the needs of people who have been assessed as requiring social care support.

• Adult Social Care will continue to work closely with Health, making it easier for people to find their way 'through the system'. We will aim to develop one 'Accountable Care Organisation' with the ultimate aim of working in a fully integrated way with our partners in Health and Public Health, as well as with Housing, partners, schools, the Voluntary and Faith Sector partners and others.

• We will continue to maintain a high focus on the safety of service users and services. It is important that we continue to work with our partners and with the public to raise awareness and encourage individuals to report safeguarding issues so that vulnerable adults can be protected and supported and that this is carried out in a way that they want it to happen.

• We will continue to make services more personal based on eligibility and give service users and carers control over their lives wherever this is possible. We will ask service users and their carers how they would like their care to be delivered. We will offer a personal budget to individuals. We will ask people if they felt they had as much control as they would have liked in preparing their care plan.

We will also continue to:

• Monitor the quality and standards in the delivery of social care.

• Develop the Adult Social Care Workforce and maximise the utilisation of skills in order to meet the future needs of the borough’s population.

• Support people with dementia.

• Reduce unnecessary admissions to hospitals and to improve the way people are discharged from hospital.

• Ensure that we integrate services where possible to ensure that we deliver services in a more joined up way.

• Provide services to meet the eligible needs of individuals and carers.

• Implement good practice changes resulting from legislation and national changes.

• Promote activities for people that help to reduce social isolation.
Section 7 - How to give feedback about your care and support in St.Helens

We hope that you have found our Local Account easy to read and informative. We look forward to hearing your views, which will assist us in the development of next year’s Local Account.

If you have any questions or comments about our Local Account then we would like to hear from you. Your comments are important to us and telling us about your experiences will help us learn, which will help us continue to develop and improve services. Tell us whether you think we could have done better?

If you would like to make any comments, or provide us with feedback regarding the Local Account, please email: ASCHLocalAccount@sthelems.gov.uk

<table>
<thead>
<tr>
<th>How can I access care and support?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St.Helens Council</strong></td>
</tr>
<tr>
<td>Email: <a href="mailto:contactcentre@sthelens.gov.uk">contactcentre@sthelens.gov.uk</a></td>
</tr>
<tr>
<td>Telephone: 01744 676789</td>
</tr>
<tr>
<td>Minicom: 01744 671671</td>
</tr>
<tr>
<td>Address: Contact Centre, Wesley House, Corporation St.Helens WA10 1HF</td>
</tr>
<tr>
<td>The Contact Centre reception is open Monday - Friday 9.00am - 5.00pm.</td>
</tr>
</tbody>
</table>
## Appendix 1

### Performance Information

Enhancing the quality of life for people with care and support needs

<table>
<thead>
<tr>
<th>Measure, from all people who receive services</th>
<th>St.Helens 2014/15</th>
<th>North West average 2015/16</th>
<th>St.Helens 2015/16</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care related quality of life. (Adult Survey).</td>
<td>19.6 (Out of a maximum score of 24)</td>
<td>19.1</td>
<td>19.5</td>
<td>Marginally below last year, however above the North West average.</td>
</tr>
<tr>
<td>Percentage of people who have control over life. (Adult Survey).</td>
<td>79%</td>
<td>76.6%</td>
<td>80.4%</td>
<td>Better than last year and above the North West average.</td>
</tr>
<tr>
<td>Percentage of people who received self-directed support.</td>
<td>93.8%</td>
<td>84.9%</td>
<td>92.7%</td>
<td>Not quite as good as last year, however remains better that the North West average for 2015/16.</td>
</tr>
<tr>
<td>Percentage of people with direct payments.</td>
<td>25.4%</td>
<td>23.5%</td>
<td>24.2%</td>
<td>Not quite as good as last year, however, remains above the North West Average for 2015/16.</td>
</tr>
<tr>
<td>Percentage of people with learning difficulties in paid employment.</td>
<td>6.1%</td>
<td>4.1%</td>
<td>6.5%</td>
<td>Better than last year and above the North West average.</td>
</tr>
<tr>
<td>Percentage of people with learning disabilities who live at home or with their family.</td>
<td>93.9%</td>
<td>88.9%</td>
<td>94.4%</td>
<td>Better than last year and above the North West average.</td>
</tr>
</tbody>
</table>
### Delaying and reducing the need for care and support

<table>
<thead>
<tr>
<th>Measure, from all people who receive services</th>
<th>St.Helens 2014/15</th>
<th>North West average 2015/16</th>
<th>St.Helens 2015/16</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent admissions of people age 65 and over to residential or nursing care.</td>
<td>862 per 100,000 of the population (Lower is better).</td>
<td>770</td>
<td>658 per 100,000</td>
<td>Better than last year and the North West average.</td>
</tr>
<tr>
<td>Permanent admissions of people age 18-64 to residential or nursing care.</td>
<td>7.5 Per 100,000 of the population (Lower is better).</td>
<td>13.7</td>
<td>15 per 100,000</td>
<td>Not as good as last year or the North West average.</td>
</tr>
<tr>
<td>Percentage of older people who were at home 91 days following discharge from hospital.</td>
<td>88% This is a snapshot of a three month period during the year.</td>
<td>82.1%</td>
<td>94.3%</td>
<td>Better than last year and remains above the North West average.</td>
</tr>
<tr>
<td>Total delayed discharges from hospital.</td>
<td>3.4 per 100,000 of the 18+ population (Lower is better)</td>
<td>12.2</td>
<td>4</td>
<td>Not quite as good as last year, however, remains better than the North West average.</td>
</tr>
<tr>
<td>The proportion of delayed discharges from hospital attributable to Adult Social Care and Health.</td>
<td>0.6 per 100,000 of the 18+ population (Lower is better)</td>
<td>4.7</td>
<td>1.2</td>
<td>Not quite as good as last year, however remains better than the North West average.</td>
</tr>
</tbody>
</table>
Ensuring that people have a positive experience of care and support

<table>
<thead>
<tr>
<th>Measure, from the Adult Social Care survey</th>
<th>St.Helens 2014/15</th>
<th>North West average 2015/16</th>
<th>St.Helens 2015/16</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who use services and are extremely/very satisfied with their care and support.</td>
<td>68%</td>
<td>64.9%</td>
<td>70.8%</td>
<td>Better than last year and above the North West average.</td>
</tr>
<tr>
<td>Proportion of people who use services and find it easy to get information about support and services.</td>
<td>78%</td>
<td>72.9%</td>
<td>82.1%</td>
<td>Better than last year and remains above the North West average.</td>
</tr>
</tbody>
</table>

Safeguarding adults who’s circumstances make them vulnerable and protecting them from avoidable harm

<table>
<thead>
<tr>
<th>Measure, from the Adult Social Care survey</th>
<th>St.Helens 2014/15</th>
<th>North West Average 2015/16</th>
<th>St.Helens 2015/16</th>
<th>How are we doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people who use services who feel completely safe.</td>
<td>69%</td>
<td>70%</td>
<td>70.5%</td>
<td>Better than last year and just above the North West average.</td>
</tr>
<tr>
<td>Proportion of people who use services who say that these services make them feel safe and secure.</td>
<td>80%</td>
<td>84.6%</td>
<td>84%</td>
<td>Better than last year but just below the North West average.</td>
</tr>
</tbody>
</table>
Measures from the Carers Survey, this is only conducted every two years and took place for the first time in 2013. Therefore the Local Account allows for a comparison this year

<table>
<thead>
<tr>
<th>Measure from Carers Social Care Survey</th>
<th>St.Helens 2013</th>
<th>North West average 2015</th>
<th>St.Helens 2015</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Care related Quality of Life</td>
<td>8.7 (out of a maximum score of 12)</td>
<td>7.9</td>
<td>8.3</td>
<td>Although not as good as in 2013 this continues to be above the North West average.</td>
</tr>
<tr>
<td>Carers who have as much Social Contact as they would like.</td>
<td>51.3%</td>
<td>39.5%</td>
<td>45.6%</td>
<td>Although not as good as in 2013 this continues to be above the North West average.</td>
</tr>
</tbody>
</table>

Ensuring that People have a Positive Experience of Care and Support

<table>
<thead>
<tr>
<th>Carers Identifying they are Extremely/ Very Satisfied</th>
<th>St.Helens 2013</th>
<th>North West average 2015</th>
<th>St.Helens 2015</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41.9%</td>
<td>42.9%</td>
<td>47.2%</td>
<td>Better than that reported in 2013 and above the North West average</td>
</tr>
<tr>
<td>Carers who find it easy to obtain information about Support and Services</td>
<td>76.6%</td>
<td>68.2%</td>
<td>79%</td>
<td>Better than that reported in 2013 and above the North West average</td>
</tr>
</tbody>
</table>

Safeguarding Adults

<table>
<thead>
<tr>
<th>Carers who identify they have no worries about their personal safety</th>
<th>St.Helens 2013</th>
<th>North West average 2015</th>
<th>St.Helens 2015</th>
<th>How we are doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88.2%</td>
<td>85.7%</td>
<td>90.4%</td>
<td>Better than that reported in 2013 and above the North West average</td>
</tr>
</tbody>
</table>
Please contact us to request translation of Council information into Braille, audio tape or a foreign language.