

Cheshire West & Chester Council

# Adult Social Care Local Account 2015



A review of the adult social care activities that have been delivered for the residents of Cheshire West and Chester in the past year



Cheshire West  
and Chester

# Contents

The Local Account is an annual publication that provides residents of the Cheshire West and Chester borough with a summary of the adult social care activities that have been delivered by the council and its partners in the past year. This edition looks at January to December 2015.

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# Introduction

## Welcome to the fifth Local Account for adult social care services in Cheshire West and Chester.

2015 was a significant year which saw key elements of the new Care Act implemented; local elections which resulted in a new Labour administration for the council; and further joining-up of health services and social care services.

- The Care Act makes care and support more consistent across the country, strengthens support for Carers, and puts more emphasis on services that delay the need for intensive support. In April we introduced the new national criteria for care and support, additional support for carers, and the universal deferred payment scheme. We continue to make Self-Directed Support and Direct Payments our main care offer so that people are able to be in control of their needs.
- Following the local elections in May, the council's new administration set about delivering services in the light of the latest national spending review. Overall, Cheshire West and Chester faces a funding gap of £57 million through to 2020. This will mean that difficult decisions have to be made, and the Let's Talk consultation was launched in October to invite residents to have their say on how services should change for the best.
- During the year, the Better Care Fund was launched which combines money from local NHS and council organisations to deliver joined-up services and to minimise the need for people to go into hospital.

A directory of services called the Local Offer was created to help residents to be aware of the services that are provided, and staff teams that support care at home have been changed so that they involve professionals from both health and social care backgrounds.

The council and its partners continue to work to deliver the best possible services for the borough's residents. Kate Moorhouse's award at the Social Worker of the Year ceremony in December; the positive responses that were received from people using social care services in the Adult Social Care Survey and Carer Survey in May; and the Leading Light accreditation of the West Cheshire Domestic Abuse Family Safety Unit are all highlights.

Our services perform well, yet the financial and demographic challenges that lie ahead are significant and mean that we have to look at different ways of delivering these services. Through our consultations we asked for your views on some suggested ways to support people to be safe, to tackle domestic abuse, to provide care to people in their own homes, and to strengthen our work with the voluntary sector. We remain ambitious and passionate about improving the circumstances for all our residents and will use your views to help shape services for the future.

We trust that you find this review of 2015 useful and that you will take the opportunity to get in touch with your views on our services at any time.



**Councillor Paul Dolan**  
Cabinet Member for  
Adult Social Care

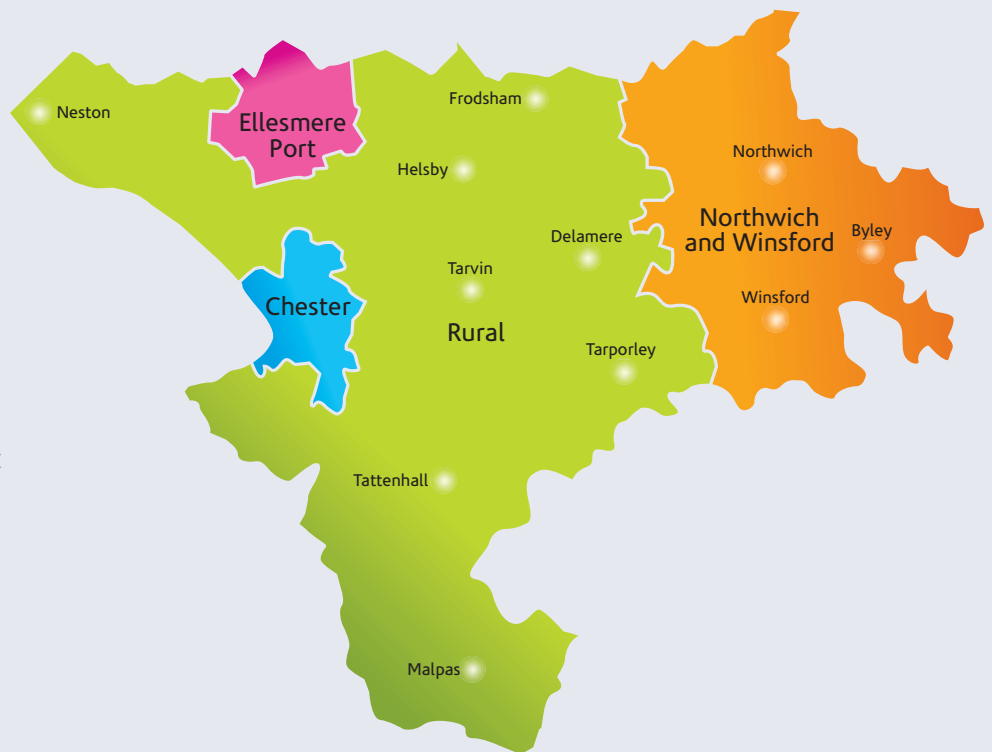


**Mark Palethorpe**  
Strategic Director

# Borough Profile

Cheshire West and Chester Council cover a large and diverse area of 350 square miles in the North West of England. The borough includes the city of Chester and the towns of Ellesmere Port, Northwich, Winsford, Frodsham and Neston. About a third of residents live in rural areas.

The council was created in 2009 as part of national changes to local government structures. It was led by the Conservative Party until the local elections in May 2015, when the council changed administration to the Labour Party. The Leader of the Council is Councillor Samantha Dixon.



The council works to make Cheshire West and Chester a great place where all residents, communities and the local economy can thrive. One way that shows whether the council is doing this well is through national recognition of its achievements. 2015 has been a successful year in which:

- The council was presented by William Hague MP with the top award at a national ceremony for achievement – the MJ Best Achieving Council Award. The judging panel stated that Cheshire West and Chester was “utterly focused on improving outcomes for its residents.”
- A Cheshire West and Chester social worker, Kate Moorhouse, was awarded Silver at the national Social Worker of the Year Awards ceremony in London. In being presented with the award, Kate was described as “an inspiring social worker showing great skills and potential and can be very proud of everything she has achieved so far in her career.”
- The West Cheshire Domestic Abuse Family Safety Unit was given Leading Light accreditation by Safe Lives. The accreditation programme recognises best practice in Independent Domestic Violence Advocate services across England and Wales.



During the year, adult social care services delivered care and support to 9,700 people aged 18 and over. About a quarter of this (2,300 people) received care in a care home, with the remaining majority receiving support in their own homes and communities. 3,400 people in receipt of services were aged 18-64; 3,500 people were aged 65-84; and 2,800 people were aged 85 and over.

In terms of people's 'primary need', there were 1,000 adults with a learning disability, and 3,300 adults who were supported with mental health needs. The remaining majority had physical disability, sensory or frailty needs. Although each person has one stated 'primary need', many people have overall needs that include more than one of these categories, for example both physical frailty and mental health.

## Feedback on adult social care services

So that we are directly informed of the experience of receiving our services, we ask for feedback in various ways throughout the year from people who use adult social care and their Carers. Two of the more formal ways of doing this are the Adult Social Care (ASC) Survey and the Carers Survey. As these surveys are done by all councils in England who provide adult social care, they also help to compare how we are doing.

Nationally, the ASC Survey is done once a year, and the Carers Survey once every 2 years. The questions are set by the Department of Health. The ASC Survey is

sent to approximately 2,000 people in the borough; the Carer Survey to approximately 1,000 people. The recipients represent a fair cross-section of ages, locations and types of need. Responses are received from around 40% of people.

The table below shows our latest results; a higher number indicates a better result. Cheshire West and Chester is shown to be performing well overall, both in terms of improvement year-on-year, and in comparison to England averages. Particular strengths are the measures looking at people feeling safe, people having control over their daily life, and several of the Carer measures.

Measure	2013		2014		2015	
	CWaC	England	CWaC	England	CWaC	England
Social care user, quality of life (max. is 24)	18.8	18.8	19.2	19.0	19.3	19.1
Carer, quality of life (max. is 12)	8.4	8.1	-	-	8.2	7.9
Social care user, satisfaction with care	63.3	64.1	63.5	64.8	63.3	64.7
Carer, satisfaction with care and support	46.1	43.1	-	-	52.1	41.2
Social care user, control over daily life	76.7	76.1	82.1	76.8	82.0	77.3
Carer, involvement in care decisions	80.9	73.3	-	-	82.0	72.3
Social care user, enough social contact	-	-	44.5	44.5	45.5	44.8
Carer, ease of finding information	-	-	-	-	72.9	65.5
Social care user, feeling safe	65.5	65.1	69.6	66.0	75.9	68.5
Social care user, services help to feel safe	87.9	78.1	86.2	79.1	86.5	84.0

**A note on the data:** The numbers shown in the table are mostly percentages that illustrate the proportion of people who expressed a positive response to a specific question. The exceptions are the quality of life measures which are not percentages, but a combined score based on responses to several questions. More information on the measures is available on the Government's internet site at [www.gov.uk](http://www.gov.uk).



Healthwatch England is the national consumer champion for health and care. It has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Healthwatch Cheshire West is the local organisation for the Cheshire West and Chester area. Their website can be viewed at: [www.healthwatchcwac.org.uk](http://www.healthwatchcwac.org.uk). Healthwatch Cheshire West has provided the following article on their activities for the Local Account.

## Engagement

Healthwatch works in local communities to engage with members of the public and collect opinions on health and care services. Examples vary from visits to a local faith group or lunch club to a stall outside a supermarket or library. People can come up to us, talk, engage, praise and grumble. All views are logged and when follow up is required we investigate and get back to the individual concerned. In 2015, Healthwatch was involved in over 2,000 separate engagement opportunities and meetings.

Some of our engagement activities focus directly on certain conditions, for example, we have set up two Citizens' Panels in Vale Royal and West Cheshire, bringing together local commissioners and providers of mental health services to work alongside local people with lived experience of mental health.

## Scrutiny

Healthwatch volunteers are directly involved in the scrutiny of local health and care services. As part of its Enter and View activities, Healthwatch regularly makes visits to care homes and hospital wards to judge directly how services are being delivered and how they could be improved. During 2015, there were a total of 44 visits, of which 28 were to care homes in the area and 16 to NHS facilities.

Findings from visits are passed on to inspectorate bodies and scrutiny bodies including Adult Safeguarding Units. Examples of successes include the installation of new information equipment at Accident and Emergency units and improved activities at local care homes. All our reports can be viewed on our website.

## Contact

Many individuals will contact Healthwatch to discuss an issue, report a problem to praise a service or have a grumble. This can be done through a number of channels including by telephone, the internet or old fashioned letter. We have established strong mechanisms for passing on someone's concern to the relevant commissioner or provider of service. In 2015, Healthwatch Cheshire West logged 890 concerns about health and care services. These are examples of queries we received:

- "I am concerned that my mother gets the right care when she comes home."
- "I think the carer is stealing food from my mother's cupboards."
- "The operation had to be done again three weeks later – my husband was in pain for days."
- "I am concerned that my medical records are not correct."



Because of our independence from both the council and the NHS, we are in an excellent neutral position to research specific areas of health and social care. The studies and information on the impact that we feel we have had can be found on our website. Below are some headlines from 2015.

## Care at home

Over 40 organisations provide Care at Home services across the borough. We received questionnaire responses from over 180 individuals who receive care at home. We are currently undertaking a programme of interviews in home settings by invitation in order to complete further research in this area. The key findings from our questionnaire were as follows:

- 86% of individuals are 'very' or 'quite' satisfied with the care received.
- Most individuals felt that carers delivering the service treat them with dignity and respect.
- People seemed to appreciate the benefits of flexibility in employing your own staff.
- Just under a quarter of individuals have complained about the service at some point.
- Criticisms fall mainly on company organisation and communication between company and client.
- Roughly one fifth of respondents commented that carers do not always arrive within agreed times.

## General Practitioners (GPs)

In 2015, we received over 1,000 responses to our questionnaire on GPs in Cheshire West and Chester. Overall, responses painted a positive picture regarding local people's views on access to and experience of GPs. 75% of respondents said that their appointments were either 'good' or

'excellent.' The following areas have been identified by Healthwatch for further investigation:

- Only 38% of respondents from Vale Royal said it was easy to get through to their practice by phone.
- 34% of participants said that they didn't feel that they had sufficient privacy in GP reception areas.
- 69% of people didn't believe that they could make GP appointments in the evening or at weekends.
- 20% of respondents who accessed other services said that if they couldn't get a GP appointment they had instead been to Accident and Emergency.

## Discharge from hospital

This study was undertaken in conjunction with Healthwatch England's Special Inquiry into Unsafe Discharge. The issues that we received most comments about were:

- Delays in receiving aftercare support
- Lack of rehabilitation support for patients leaving care after a long stay
- Lack of consistency or a common approach to hospital discharge
- More information needed for family members / carers post discharge.

Healthwatch Cheshire West is interested in hearing from anyone who would like to become part of our volunteer team. Please contact us through the website or on the phone at 01606 351134.

## Integrated Care

In August, Cheshire West and Chester Council and Cheshire and Wirral Partnership NHS Foundation Trust established health and social care Integrated Community Care Teams in day-to-day practice. These are teams of nurses, therapists and social care professionals linked with local GP surgeries.

### A combined approach

The teams have multi-disciplinary meetings where the circumstances of patients with high-level care needs are reviewed by professionals from various backgrounds and different ways of offering them support are explored. The team's focus is on helping people to remain independent in their homes and communities as long as possible and avoid multiple admissions to hospital.

The teams have been created based on the following key principles:

- Care is fully integrated irrespective of organisational or professional boundaries. Care is managed, co-ordinated and centred around the patient's needs.
- A multi-disciplinary team approach to care management is enabled and embedded. Information is captured once only, built upon and shared across all agencies.
- Teams are clustered around the GP practice populations into neighbourhood teams. Care transition is seamless.
- Services are flexible to meet local need.

The creation of the teams is intended to provide the following outcomes:

- Support the maintenance of independence for patients with long term conditions. Reduce admissions to long term care.
- Prevent hospital admissions by providing enhanced care to people in their own homes. Reduce the risk of medically-related adverse events such as hospital acquired infections.
- Reduce the length of time people spend in hospital by getting them home faster. Provide greater integration and support to primary care.
- Empower patients to proactively self-manage their health and wellbeing.



## How it works

Jane is a Social Care Assessor who has a specialist social care role in the Integrated Community Care Team for Ellesmere Port North. Jane attends multi-disciplinary meetings with local NHS nurses, therapists and GP's to discuss individual cases common to the group. This group also identifies new case referrals for Jane and her work is centred on supporting people with multiple, high-level care needs in their communities.

Jane says "We approach each person's circumstances individually, looking at whose role would be the most beneficial to the client as the lead. We arrange joint visits to prevent the duplication of paperwork and clients being questioned repeatedly in difficult times and circumstances. GPs put forward clients that may require different input and cases are picked up at the point of prevention instead of them becoming a crisis. I have enjoyed being an integrated worker as I have learnt a considerable amount from my health colleagues and likewise they have learnt more about social care."

Jane works closely with Ellen who is the Care Co-ordinator in the Integrated Community Care Team. Ellen supports people by being the first point of contact for professionals referring in to the team and helping to navigate the pathways to different types of support. She appreciates having direct access to social care support from Jane and is also keen to point out the benefits of being co-located with the Social Care Patch Team. This creates better communication between health and social care professionals who share their combined knowledge of local resources.

Karrie manages the Integrated Community Care Team. She also appreciates the social care perspective that Jane brings to the multi-disciplinary team and points to the seamless journey that has been created through a more closely integrated care pathway. She is able to easily communicate with the various professionals in the open-plan office that the teams share.

## Examples of support

JC was referred to an Integrated Community Care Team as needing emergency respite as the person that he was living with was no longer able to provide him with sufficient support. Working in an integrated way had a positive outcome for JC as he had speedier response and support to help him regain independence.

JC was visited by a social care assessor and a community matron together. It was quickly established that JC had not been taking his Parkinson's medication correctly. The community matron arranged for an ambulance to take him to respite, and the social care assessor arranged for an occupational therapist to support him to regain his mobility.

On his return home, the medication was put in a blister pack to help him to take it correctly. Additional equipment was provided to help him around his home. JC received some physio input which enabled him to regain his former independence. It was then not necessary to provide any further visiting care as the equipment and telecare meant that he was able to meet his needs independently.

MH is a young man who lost his sight after a fall and needed intensive support to be able to return home. The Integrated Community Care Team arranged for life-lines and various adaptations to be installed in his home so that the environment was suitable – due to services working together a speedier response was achieved. No additional care was required as his needs were met through equipment and advice.



## Adult Safeguarding

Many adults will experience a time in their life when they have care and support needs. This may be because of a learning disability, increasing frailty or a lack of capacity to make some decisions. Where there are care and support needs, additional protection is needed from potential abuse or neglect.

### The Care Act

The Care Act sets this out in a new legal framework that places Adult Safeguarding on a similar statutory footing to Children's Safeguarding. From April 2015, each council in England with adult social care responsibilities implemented a series of new duties, including the following:

- Setting up a Local Safeguarding Adults Board (LSAB) with core membership from the council, the Police and the NHS, along with other key stakeholders such as Healthwatch, the Care Quality Commission, Age UK and a range of providers such as hospitals and mental health trusts.
- Making enquiries, or ensuring that others do so, if it believes an adult is subject to or at risk of abuse or neglect; establishing whether any action needs to be taken and, if so, by whom.
- Arranging for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.

- Continuing to ensure that information is shared between partners appropriately, efficiently and without fear, with the protection of adults at risk of abuse or neglect the paramount consideration.
- Continuing to put people's wishes at the heart of safeguarding processes. In the words of Lord Justice Munby: "What good is it making someone safer if it merely makes them miserable?"
- Continuing to work to the six principles of Adult Safeguarding:

- |                   |  |
|-------------------|--|
| - Empowerment     | Ensuring that decisions are driven by the adult at risk      |
| - Prevention      | Taking action before harm occurs                             |
| - Proportionality | Responding in the most proportionate way possible            |
| - Protection      | Securing support and representation for those most in need   |
| - Partnerships    | Working with our communities to promote local solutions      |
| - Accountability  | Being accountable and transparent in delivering safeguarding |

### Cheshire West Local Safeguarding Adults Board (LSAB)

Although often difficult and challenging work, safeguarding professionals and providers work together to improve services for the most vulnerable adults in our society. In April, Cheshire West and Chester Council already had a well-established Local Safeguarding Adults Board, with an independent Chairperson. Further details of the work of the LSAB can be found at [www.westcheshirelsab.co.uk](http://www.westcheshirelsab.co.uk).

## Examples of Adult Safeguarding practice

'J' is a young man with learning disabilities. His parents locked him in the house when they went out and he was unable to use the phone to call for help, causing him great distress. Neighbours heard his cries and made a referral. Following safeguarding service support to J's family, he is now safer and happier.

A care home was having problems in managing the needs of its residents – some medication was being missed and some care plans were not being followed. The NHS and the council worked together to review and challenge nursing and care practices. The learning from the intervention was also shared with service commissioners and practitioners so that other providers could avoid making the same mistakes.

'P' is a woman in her eighties. She has dementia and was unable to speak out when a care worker physically and verbally abused her – but another member of staff was aware of how to report it, and who to report it to. Further abuse was prevented and the council and Police worked together to address the risks the care worker posed.

### Raising awareness and strengthening support

In addition to their case work, adult safeguarding staff support several events throughout the year to raise awareness of safeguarding and to provide advice. Here are some examples from 2015:

The council has been working with Women's Housing Action Group (WHAG) for over a year to provide safe and supportive accommodation to individuals affected by domestic abuse and their children. In August, following a successful funding application to central government, an additional five units of accommodation was provided, taking the total number to 17.

During 2015, the council has located key staff in hospitals and police stations in order to engage with survivors of abuse as soon as possible.

In November, Cheshire West and Chester's Domestic Abuse Partnership ran several events to mark White

Ribbon Day – part of the international campaign to eliminate domestic violence. Students from schools and colleges showed their support to end abuse by signing the white ribbon pledge; training was created for teachers on spotting the signs and symptoms of abuse; awareness sessions were run for young people about teenage relationship abuse and where they can go for help; and events in Children's Centres were held which focussed on families and their children.

In October, the 'No Pride in Domestic Abuse' campaign at the Chester Pride event raised awareness of the support available for lesbian, gay, bisexual and transgender victims of abuse.

In December, a £90,000 government grant was obtained to further increase the availability of specialist accommodation-based services and to provide a central hub to manage support and improve access to services such as therapeutic and practical support, recovery services and advocacy.

The council will continue to work with Police and NHS colleagues to ensure that when concerns about the care of adults at risk are raised, enquiries are focussed on preventing further harm and improving services.

Anyone needing support or advice can ring the Advice Line of the Domestic Abuse Family Safety Unit on **01606 351 375**, and visit [www.cheshirewestandchester.gov.uk](http://www.cheshirewestandchester.gov.uk). The national 24 hour free helpline is **0808 2000 247**, or in an emergency dial 999. The Men's Advice Line is **0808 801 0327**. Women's Housing Action Group can be contacted on **0151 356 4686** or email [chesterreferrals@what.info](mailto:chesterreferrals@what.info).

## Information and Advice

The role of credible, up-to-date information and advice is crucial for making informed choices and decisions about the quality and range of care options available. The council provides advice to support everyone with a social care need to find information relevant to their needs.

In 2015, our Information Consortium, which involves a large group of voluntary sector organisations who provide information and advice locally, created a directory of support called the West Cheshire Local Offer.

The Local Offer's website launched in May 2015 with services for children with special educational needs. From then on it has progressed to contain information, advice and details of local services for a wide range of needs including adult social care. The website is at [www.westcheshirelocaloffer.co.uk](http://www.westcheshirelocaloffer.co.uk).

We are currently working on a paper-based version to complement this that will be available in April 2016. A

catalogue for aids for daily living will also soon be available allowing you the freedom to order products to meet your needs from one place. However, the council strongly advises any users to ensure they have been assessed by a qualified practitioner prior to ordering specialist equipment.

Services may be provided by individuals, voluntary organisations, private companies, the NHS or Cheshire West and Chester Council. While some are free, others have to be paid for. If you can't find what you're looking for, please contact the Adult Social Care Gateway Team on 0300 123 7034 or by emailing [accesswest@cheshirewestandchester.gov.uk](mailto:accesswest@cheshirewestandchester.gov.uk).

Here is a summary of the areas of information that are available through the West Cheshire Local Offer:

### Carers

Here you will find organisations that offer practical and emotional support for carers, along with advice and guidance factsheets. Topics include: assistive technology; carers assessments; carers emergency card; carers forum groups; carers in employment; emotional support; financial support; respite.

### Dementia

Information and guidance which includes: living with dementia, legal information, driving with dementia and much more. Topics include: accommodation options; advance decision making; care services; court of protection; dementia advisors; diagnosis; memory clinic; power of attorney; safeguarding.

### Disability

If you live with a long term or lifelong condition, you may be able to get help or support from the below services to help you to live as independently as possible. Topics include: autistic spectrum disorder; learning disability; physical disability; sensory impairment; transition from children's to adults services.

## Equipment for daily living

Specialist equipment/adaptations can improve someone's quality of life and provide piece of mind to family members. Topics include: access; assistive technology; continence; insurance; maintenance and repairs; home improvement; independent living centres; medical loan services; occupational therapy.

## Having your voice heard

Information and advice on how you can make sure that you are listened to. It also provides you with organisations that can help with complaints and disputes and how to contact your local Healthwatch or PALS service. Topics include: advocacy; the care quality commission; citizens advice; complaints; compliments; disputes; Healthwatch; PALS.

## Health and wellbeing

This section provides you with a variety of support organisations that aim to improve the quality of your life. You will also find advice and information on Death, Dying and Planning for the Future. Topics include: planning for the future; equality; mental wellbeing; NHS services; physical wellbeing; social wellbeing.

## Help at home

Information on services to help you maintain your independence at home, including home care agencies and information to help you decide what type of service will meet your needs. Topics include: aids for daily living; brokerage services; direct payments; help at home (e.g. cleaning, gardening); home care; home improvements; hospital discharge; meals; occupational therapy; reablement.

## Housing and accommodation

How to find appropriate accommodation and support with practicalities like furnishing and heating your home. There is also information on homelessness. Topics include: court support; energy & utilities; extra care housing; home adaptations; homeless services; household repairs; housing options; nursing and residential homes; private landlords; respite; specialist housing; supported living.

## Money matters

A range of organisations in Cheshire West and Chester provide advice and help with legal, financial, and benefits queries. You will also find guidance on managing your personal budget. Topics include: banking; court of protection; credit unions; debt; benefits and financial advice; food banks; paying for care; paying for funerals; pensions; support with paperwork; wills.

## Staying safe

Information, advice and services that can help you stay safe; both within your own home and when out in the community. Topics include: assistive technology; bullying; consumer safety; crime prevention; deprivation of liberty; domestic abuse; falls prevention; female genital mutilation; fire prevention; harassment; hate crime; helplines; mental capacity; neighbourhood watch; radicalisation; reablement; reporting abuse; seasonal alerts; sexual abuse; victim support.

## Things to do; how to get there

Our borough is full of activities and places to go. In this section, you can find out about specialised services and information about accessibility. You will also find services to help with travel plans, including help support you and your mobility whilst travelling. Topics include: access; accessible parking; blue badge scheme; community groups; community transport; hospital transport; leisure and social activities; public transport; shop mobility; taxis; travel alerts; travel training.

## Work, learning and volunteering

Whether you want to learn a new skill or need help finding a job, here you will find resources to get you on the right path. There are several agencies which specialise in learning and employability skills to help build your confidence in whatever you choose to do. Topics include: apprenticeships; community learning; department for work & pensions; employment and employment support; job centre plus; schools and further education; U3A; volunteering.



## Carers

Informal carers provide substantial support to relatives or friends who need extra help to manage. Sometimes extra support is needed for Carers to help them to continue in their caring role. This has once again been a priority for the council and its NHS partners with 2015 being a very busy year.

### Carer breaks

In 2015 the council and local NHS commissioners committed £565,000 to support Carers to be able to take breaks. This funding was used by several local organisations that support Carers in the Cheshire West and Chester area with a wide and varied list of services including befriending services, sitting services, parent Carers and young Carers. These have allowed over 2,000 Carers to have a break from their caring role.

In addition to providing Carers breaks, this funding has enabled the recruitment of a Carer Liaison Officer – Jo Jewell. Jo has over 16 years' experience as a Social Care Assessor so has in-depth knowledge of the types of circumstances Carers face. Jo's role involves supporting Carers to resolve any problems they may encounter. The feedback about the value of the post to date has been excellent.

### Carers in employment

In February, Cheshire West and Chester was selected as one of 9 national pilots, funded jointly by Social Care Institute for Excellence, Department of Work and Pensions, Department of Health and Government Equalities Office to support Carers to remain in or return to work, as well as encouraging local employers across the borough to provide carer friendly policies. The project was launched in June and is expected to support 1,600 local Carers. The aims of the project are:

- To raise Carers awareness of their rights as employees and support available to them
- To raise Carers of awareness of the support services available to them
- To work with local employers to make the case for supporting Carers in the workplace
- To evaluate a dedicated IT system (Rally Round) to support community networks to assist carers

### Carer advice and support

The council provides Carer's assessments to find out the best ways for each person to care for someone and to provide them with help in their caring role. To find out further information, please contact the Access Team on 0300 123 7034, or email [accesswest@cheshirewestandchester.gov.uk](mailto:accesswest@cheshirewestandchester.gov.uk).

You can also talk to the Cheshire & Warrington Carers Trust on 0800 085 0307 to find out further information on health issues, respite, entitlements, mobility, equipment and support for Carers; and to Cheshire Young Carers on 0151 356 9497 who support over 150 young people aged from 6 to 18 who care for a parent or sibling who have a physical disability, mental illness or substances misuses.



## Carers' stories

Carer Liaison Officer, Jo Jewell, has provided the following article for the Local Account.

Since starting the role of Carer Lead Liaison Officer for Cheshire West and Chester Council, I have had over 70 referrals for individual one to one support. I have also been asked, as the carer lead, to be involved within 28 different carer groups and forums. The feedback that I have had from carers and other professionals is that this post has been so beneficial to carers. They feel they have a point of contact if they need any support advice or signposting.

The following two cases are a common theme in this role, as the carers out there need to be supported. They need to have the right knowledge and information in order to empower themselves and continue doing their fantastic role.

### Case 1

I was contacted by a lady with a daughter who has severe learning disabilities and lives in a residential home 50 miles away from her mother and family. The daughter receives a package of care for five days of the week then every weekend she would spend time with her mother and family and mum would take her back on the Sunday.

Mum reported that this was getting harder to manage. At times the daughter would climb over the seats and pull her mother's hair whilst she was driving. It risked that mum would no longer be able to take her daughter home. The impact of this would be that the daughter would not have much contact with her family which was so important to them all, and her package of care would need to be increased to seven days a week.

I contacted an occupational therapist who put me in touch with a company that specialised in seat belt harnesses for adults. After speaking with the social worker and business manager I managed to get funding for the harness. I then ordered this for the family. The family were so pleased with the outcome.

### Case 2

A referral was made to me to visit a lady who had fled from domestic violence and had two sons. One son has Attention Deficit Hyperactivity Disorder (ADHD), and the other son has complex and enduring mental health and learning disabilities as well as challenging behaviour.

When I visited the lady she was so emotionally drained that she cried throughout the whole visit. Her concerns were that she had a demanding full-time job as well as being a mother to her two sons and found it very hard to understand the process and systems of health and social care. She felt very let down by them all.

She said that I was a navigator for her and made the processes and systems much easier to understand. She felt very strongly that if I had not helped her at that time she would have gone under and needed services herself. The lady has now returned to work in a more flexible way and the care package for her son has been changed to meet all of their needs.

## Learning Disabilities

A learning disability affects someone for their whole life. Cheshire West and Chester Council have a dedicated Adult Learning Disability team within Adult Social Care Services. They work with people aged 25 or over who have a learning disability and are not able to manage without the right kind of support.

### Integrated Personal Commissioning IPC

In November we launched the Integrated Personal Commissioning programme for people with learning disabilities and/or autism. This is all about developing new ways of delivering health and social care services and will take place over the next three years. It will give individuals choice and control over how funding is used and enable them to spend it in ways that best suit their needs and aspirations.

Using the new approach, people with health and social care needs will only need to have one assessment. They will then be informed of the total amount

available from health and social care to spend on their care and will be supported to develop their own person centred plan by an independent organisation. There will also be ongoing support for people to manage their care and support package.

The diagram on the next page shows the strategic direction for services supporting adults and carers with a learning disability and/or autism, taking into account the Integrated Personal Commissioning programme. It has been developed by the Cheshire West and Chester Learning Disabilities Partnership Board. The Board includes carers, service users, service providers, commissioners and directors.







## Finding Friends



"I'd love to go to Paris with a boyfriend on a romantic break" says Joanna – a reminder that adults with learning disabilities and autism share the same dreams and ambitions as everyone else. That's why the local organisations that support them are extending their help beyond the working day to include evening and weekend social activities.

In July, Cruise nightclub in Chester hosted a night of live music and disco, with added 'single and mingle' sessions. The clubbers chose the venue and relished the chance to meet new friends and catch up with old ones. "The disco was great, I loved the music," said one of the clubbers.

The organisers – the council's Learning Disabilities Partnership Board, Healthwatch Cheshire West, and the People's Choice Group – thanked the team at Cruise for making the evening a smooth-running success.

The calls from people who attended for more events to be organised was overwhelming, so Vivo Care Choices are now working with nightclubs to provide four themed events per year. A Christmas event was held in December. National charity HfTrust used the occasion to introduce their Luv2meetU project to this area – a friendship and dating agency for people with a learning disability aged 18 and over.

## Inspection of learning disability and autism services

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It seeks to ensure that health and social care services provide people with safe, compassionate, effective, high-quality care and encourage care services to improve.

The CQC inspection of Cheshire and Wirral Partnership NHS Foundation Trust took place in June and rated inpatient services for people with learning disabilities and/or autism as outstanding. This is an extremely rare achievement and well done to all the staff at the unit at Eastway.

## The People's Choice Group

The People's Choice Group aims to give a bigger voice for people and is now looking for new members. The group wants to talk to people with a learning disability and understand their views about the services that impact on their daily lives, and use this information to help shape existing and new services. Specific areas of interest include health and leisure, education and

employment, transport, housing and local area issues.

Please visit: [www.peopleschoiceworkgroup.co.uk](http://www.peopleschoiceworkgroup.co.uk), or email: [peopleschoice@independent-advocacy.org.uk](mailto:peopleschoice@independent-advocacy.org.uk), or find us on Facebook at [www.facebook.com/peopleschoiceworkgroup](https://www.facebook.com/peopleschoiceworkgroup).





# Mental Health



Cheshire and Wirral Partnership **NHS**  
NHS Foundation Trust

Mental health needs can arise from physical, mental or social conditions - or any combination of these. Past experiences, difficult relationships and stresses such as unemployment and drug or alcohol issues can all play a part. Most people recover from their mental health problems through community care.

## Community mental health services

The council works with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to provide community mental health services.

The mental health teams are multi-disciplinary, which means they have staff from different health and care professions which enables them to provide holistic support. They use a care-programme approach which involves people in addressing their own care needs. The underlying principle is to enable recovery.

There are several specialist teams including the Home Treatment Team, Early Intervention Team, Older People's Team and Criminal Justice Liaison Team. People with high levels of need have a care coordinator who works with them to write a personalised care plan outlining their strengths; what needs to be done to help the person recover; any risks involved; and the person's and the carer's views.

## Inspection of mental health services

In June, the Cheshire and Wirral Partnership NHS Foundation Trust was inspected by the Care Quality Commission – the independent regulator of health and adult social care in England.

- The feedback that the Care Quality Commission received from users was "positive" and carers reported they were "happy with the service they received."
- Staff were seen as treating service users with "kindness, dignity, respect and compassion" and took time to listen to individuals.
- Patients were encouraged to act as peer supporters for other people and are given space and encouragement to ask questions and express their opinions.

Two of the community mental health teams that were inspected are led by Cheshire West and Chester Council social care managers – the teams were rated as "good". Overall ratings report the Trust as "outstanding" in the Caring category.

The Council's mental health provider services supports people with mental health problems in supported living and also provides a range of day services, such as Northgate Locks in Chester, Pathways in Ellesmere Port and the Old Vicarage in Northwich. Here are two stories from clients who have benefitted from the support of the provider service.

## Steven's Story

My name is Steven. That is my real name. I am 45 years old. I first became ill when I was 20 years old.

I have been in so many mental health hospitals over the years. The first mental health hospital I went to was Leighton hospital in Crewe. I've been to Chester mental health hospital. I've been to Macclesfield mental health hospital.

When I was feeling a bit better on medication I went to Weaver Lodge in Winsford. After I lost weight and my meds were changed I went to Crook Lane in Winsford. This is a house I share with other men with mental health problems.

I now see more of the family and my daughter. I now have many friends. My social worker is happy with me. The staff at Crook Lane and the old Vic are happy with me.

I went up to 22 stone when I was at my worst. I was very poorly. My sister came all the way from Germany. I just stared at her and could not talk to her. I've had great losses in my life.

With help from the staff at the Old Vic and in Winsford I am now happy and like where I live. Nearly all my friends go to the old Vic. I miss my brother he died you know. He was like a Dad to me. My Dad died when I was 15 months.

All my workers are good. I now enjoy Christmas with my family. I see Shania more often, she is my daughter. Now I am a lot fitter. I can walk to town and back. When poorly I could not do that. I've cut my smoking down.

After many years of mental health problems I am now happy in a house and can do many things for myself. That's it really. Steven.

## Peter's Story

Peter experienced schizophrenia which manifested itself through voices that were of a very disturbing nature. Peter found these voices very distressing and they had a major impact in dampening his motivation to engage in self-care and undertaking the practicalities of everyday living. He even found the simple task of going to collect his medication from the pharmacist too difficult and exhausting.

Peter was discharged from hospital in June 2013. His initial care package was for 38 hours of one-to-one support, in addition to the general support available in the house. With structure and care Peter managed to establish daily routines that worked for him. He began to engage in groups from where he gained motivation to work in the Locks Resource Centre café as a volunteer.

One of the things that Peter found most beneficial was that he was able to share the content of his voices with staff. Though at times staff found some of the disturbing content difficult, Peter was able to get a great deal of reassurance, which in turn lessened the burden of such distressing voice hearing.

After two years, Peter felt ready to leave his supported living environment but not yet ready to live on his own. With this in mind he moved into a more independent setting in March 2015 that does not have a dedicated team on site, but remains a shared environment and tenants continue to have support.

This worked very much in Peter's favour. After seven months, his confidence was re-established and he moved into completely independent living from where he continues to receive support each week.



Your choice in quality care

Established in 2013, Vivo is a company wholly owned by Cheshire West and Chester Council that aims to provide sustainable social care services which offer value for money whilst generating surplus for investment.

The ambition is for the Company to develop different, innovative delivery models to meet the future needs and expectations of people who need support including those referred through the Council, people in receipt of Direct Payments and people who self-fund their care.

Over the last year, Vivo has continued to deliver good quality services whilst responding to an increasing number of people with complex needs. This has been achieved whilst maintaining a balanced budget in the context of a challenging financial scenario.

Vivo's service offer for people with dementia has been improved by enhancing facilities, developing specialist knowledge and skills within the team, and responding to demand and need by extending operating hours and offering bespoke support to people who are in crisis.

The day session opportunities model for people with learning disabilities is taking shape, informed by listening to carers and clients about what they value and want. Working with other organisations, Vivo has developed new sessions such as social and relationships events, and has begun to explore options

for services in additional community locations. For example, Vivo has been working with Brio to utilise their facilities therefore enabling customers to access mainstream leisure activities.

The offer for people with more profound needs is also being developed through the installation of sensory environments and improved changing facilities across Vivo locations, together with the commissioning of specific sessions such as music therapy aimed at achieving positive outcomes.

The Company is currently undertaking a Strategic Review with partners and stakeholders to shape the future direction of the business. This will determine the products that it will provide in the longer term and models of delivery, as well as areas for growth and development.

The recent appointment of a Carer Representative to the Board and the establishment of an Employee Forum demonstrate Vivo's ambition to involve and engage key stakeholders in the co-design and co-production of the Company – both groups bring a unique perspective which will influence and shape services moving forward.





## Case 1

'C' is a 38 year old lady who lives within our supported living network and attends day services five days per week. Due to her complex needs and challenging behaviour, C requires 24 hour staff support and staffing at the ratio of 1:1 at all times and 2:1 when in the community.

C chose to join in with the Community Games event held in the summer and further to this she joined our Cheshire Disability Social League (CDSL) as a football player. C is very keen to participate in the events and her engagement with the sport has led to significant development in her skills.

C's challenging behaviour has reduced dramatically as a result of the sessions and she has learned to participate as a team player with respect and consideration for others. Her behaviour is mitigated such that, during the CDSL sessions, she participates in the groups with the same staffing ratios as all the other competitors and no longer requires intensive support.

In July of this year, at the CDSL end of season awards evening C was awarded the prize for 'most improved player of the season'.



## Case 2

'E' is a gentleman who currently accesses our learning disability day services. He has multiple needs and the priorities are to ensure his health needs are met.

E has a standing frame that his support plan states he must use on a daily basis. This has in the past limited his ability to access some of the activities he loves. The sports sessions were held at venues on the outskirts of Northwich that are difficult to access on public transport and are not in walking distance of the building base he needs to achieve his health outcomes. The venue's facilities were also not suitable to meet his support needs.

E loves to participate in a variety of sports activities that include football, boccia and boxing. Through our links with the council's leisure company Brio and the use of specialised transport, E is now able to access the excellent facilities on offer at the Memorial Court in Northwich giving him greater choice.

Whilst still achieving his health outcomes within the new sensory environments in our centres he can also now enjoy more mainstream local activities.





Brio is the Cheshire West and Chester Leisure Community Interest Company. It is wholly owned by the council and has managed the council's 17 leisure facilities since May 2011. In January, Cheshire West and Chester agreed to award Brio Leisure a new 15-year contract for the provision of leisure and recreation services, beginning in April 2015.

Brio works with the council and its partners to promote wellbeing, including supporting physical activity; and smoking and weight management solutions. A leisure pass is also available for all borough residents aged 75 and over - in the first 9 months of contract delivery, 1,000 customers have joined this scheme.

Working with Healthwatch is supporting people to have wider knowledge on options to increase their wellbeing – including booster swimming lessons for disabled children with the Cheshire Centre for Independent Living; Walking Football with Age UK Cheshire; Tennis Havoc with the Youth Federation; and Muslim women swimming sessions with the Cheshire, Halton and Warrington Race Equality Centre.

Brio has worked with NHS General Practitioners, briefing their teams on the services of both the leisure and integrated wellness contract, to ensure messages reach key target groups.

Our partnership work with the Parkinson's Society; McMillan Cancer; and local Children's Centres is seeking to develop schemes for volunteering and help to support families with multiple needs.

The community covenant outcome of enabling those discharged from the armed forces to transition back into civilian life has been supported with the introduction of a discounted scheme for these users.

Brio is also developing a Community Ambassador scheme which will enable people to volunteer in the culture and entertainments field. This will help local not-for-profit organisations to put on events and performances more cost effectively and also enable those living in social isolation with an interest in entertainments to gain supported volunteering opportunities and meet new friends.



Vivo Care Choices and Brio have partnered up to deliver co-located services from Northwich Memorial Court from January 2016, providing day care clients with access to a wider range of wellbeing and lifestyle services. This co-location is intended to make Brio and Vivo a successful community hub.

We continue to support local learning disability services, for example we helped a person with profound autism integrate into mainstream activity at Ellesmere Port Sports Village. We also work with the Cheshire Centre for Independent Living to provide information on activity choices for young adults with learning disabilities who are transitioning from children's to adult services.

Brio has provided work placement assisted employment and apprentice schemes for those with learning disabilities and for children who are in care.

Following the successful Care Stakeholder Workshop, we are now in discussion with an Extra Care Housing operator to develop opportunities for using leisure activities within care housing settings.

Brio has partnered up with several agencies through Age UK Cheshire's Brightlife programme to support wider access to its services for the 50+ age group.

We are supporting the borough's work to tackle domestic abuse and the Women's Housing Action Group to provide leisure interventions for individuals and families for up to 80 women and 70 children.

Brio is also currently working with NHS Clinical Commissioning Groups to support a national Diabetes prevention programme – more will be announced in 2016.

## New facilities

The targets in the council's Health and Wellbeing Strategy to address the needs of an ageing population and mental health have been incorporated into our integrated wellness offer. Our work to provide 2 new leisure centres in Ellesmere Port and Northwich supports the council's wider ambition to provide integrated leisure and recreation opportunities for local people. Both sites have been positioned in central locations with good access to bus routes, ensuring that communities can access services. Both sites have been designed with Changing Places provision along with being fully Disability Discrimination Act compliant.

In May, Prince Edward the Earl of Wessex officially opened Ellesmere Port's new Sports Village. Northwich Memorial Court was officially opened by Olympic medallist Sharron Davies MBE in September. Facilities in Northwich include a six-lane 25-metre swimming pool, learner pool, 80-station gym, theatre, dance studio, function rooms and a cafe overlooking the River Dane. Similar facilities are on hand in Ellesmere Port as well as an athletics track and a new all-weather pitch which opened in November.



# Transition

The Transition Team commenced in March 2015 to work with young adults aged 16-25 who have a life-long disability. The aim of the team is to support people to establish themselves wherever possible in employment and to achieve their maximum autonomy and independence moving into adulthood. Their work includes the full and active involvement of the young adult and their family.

## Tom's Story by Donna (Tom's Mum)

Our son Tom started at the local primary school when he was five. It was the start of a whole new cause of distress for both him and the rest of the family; he just couldn't cope with school life, and it seemed that school couldn't cope with him either! After six more schools and many meetings later it was finally agreed that Tom – then aged 12 – could attend St Christopher's, a special needs school in Wrexham, North Wales.

I took Tom for a visit and my immediate response was of relief. With animals, workshops, a shop and café, there were lots of opportunities for him to learn outside of a classroom environment. With one to one support being provided I was assured he would feel less overwhelmed by school than he had been so far.

Tom spent five happy years at St Christopher's where he made friends with other students and staff, and achieved far more than I could have imagined. When the time came for Tom to leave St Christopher's I was given a list of colleges and alternative placements to view as the next step in his education. Many were excellent, but not appropriate for Tom's needs.

I was starting to become concerned as it was approaching the summer holidays and we still had not found the right place for Tom to attend in September, when I was approached about a new project between United Response and West Cheshire College. The idea was that Tom would attend the college and live in a 'student house' locally with two other young people supported by United Response.

At first I was extremely apprehensive, especially as it was a new initiative. I never imagined Tom coping at all with a new home and mainstream college placement, and was dreading the moment it would all go wrong and his world fall apart as it had so many times before. However, I was aware that Tom was

ready for more independence and I was unable to give him the support he needed to achieve this at home as well as working full time and looking after Tom's younger brother, James.

More details were confirmed and we met with the college who assured me that they could support Tom in his continued education. I was still dubious but agreed to give it a try as we hadn't seen anywhere else that Tom was happy with. United Response came and chatted to Tom and me and started developing his person-centred plan – finding out about his likes, dislikes and needs. We got to know the other two young men and their families, going on evenings out with them, for meals, bowling and other social activities.

Over the summer, United Response staff supported Tom with various activities and to Summer School at the college. While I still had my concerns, Tom threw himself into planning his future at college and his new home and formed fantastic relationships with all of the United Response support workers.

He started college last September and has done amazingly well, in fact last week he was nominated by his tutor for an award for his work experience placement which he will receive at a ceremony next month!

Tom moved into the student house last October and was so thrilled by his new found independence I had to make an appointment with him to visit! Six months on, Tom absolutely loves his new home, college course and the independence that comes with it.

# Hospitals and social care

Cheshire West and Chester Council have two adult social care teams that are based in hospitals. From their bases in the Countess of Chester hospital and Leighton hospital, they are able to cover the whole of the borough, plus residents who are in outlying hospitals. The teams work with all adult ages and disabilities, and have been integrated with health staff in both hospitals.

The teams work in accordance with the Care Act, undertaking assessments, applying eligibility criteria and creating care and support plans to facilitate discharges from both Accident and Emergency and hospital wards. The teams have additional staff in the winter months to support the demand at that time of year.

The rapid response domiciliary service, accessed by GPs, provides people with up to four weeks support to avoid hospital admission, and up to two weeks post-hospital discharge support through an integrated health and care discharge team. The purpose of the teams is to avoid hospital readmission and to prevent the need for permanent admission to care homes.



## Miss F's story:

Miss F was admitted to hospital in December 2015 after a fall outside her home. Miss F is 85 years and lives alone. Whilst in hospital she was referred to the intermediate care team for rehabilitation and the rapid response domiciliary service to provide care in her home.

With Miss F, it was agreed that two home visits per day - one in the morning and one at teatime - would support her for up to two weeks post discharge. Without utilising this resource she would have remained in hospital inappropriately.

Once home, she was reassessed in her own surroundings and an ongoing maintenance package of domiciliary care was arranged privately to start at the end of the rapid response service. Miss F has successfully remained at home since without the need for readmission to hospital.

## Mr B's story:

Mr B was admitted into hospital following falls at home. He was initially treated for a kidney infection however during admission he also experienced vasovagal attacks and postural hypertension.

Mr B was discharged from hospital into a care home setting, however he wanted to return to his own home. The intermediate care team worked with him to rebuild his abilities and his confidence, including physio support twice daily.

The team then supported his return home with four visits a day for two weeks whilst his daughter arranged ongoing care privately. This enabled Mr B to successfully return home.



# Commissioning Services

Cheshire West and Chester Council have two adult social care teams that are based in hospitals. From their bases in the Countess of Chester hospital and Leighton hospital, they are able to cover the whole of the borough, plus residents who are in outlying hospitals. The teams work with all adult ages and disabilities, and have been integrated with health staff in both hospitals.

## Integrated Personal Commissioning (IPC) Quality standards

Integrated Personal Commissioning is a new approach to joining up health and social care services and giving individuals and their families control over support arrangements. The council gained national recognition this year as one of only nine areas to be selected as a Pathfinder for the IPC initiative. In our case the specialised area is to develop integrated health and social care personal budgets for people with learning disabilities and autism. We are currently working with a training organisation, the voluntary sector and Health partners to review the way we commission these services. A group of the LD Partnership Board has been established on Transforming Care (the board includes people with learning disabilities and their carers). We will report more about IPC in future accounts.

We have key quality standards for adult social care which are monitored through provider assessments. Our Review Team assesses all providers and gives feedback to both the council and to providers, and our customer involvement officer speaks directly to people using services and provides feedback on these conversations. We work closely with partners, including Healthwatch and the Care Quality Commission, through joint quality meetings, the development of joint contracts, and joint work around specific areas of provision such as discharge from hospital. We monitor providers and meet with them to address any risk issues on a weekly or monthly basis as necessary according to the concerns.

## Commissioning mapping

We have recommissioned several contracts for our commissioned services during the year which has brought in new care providers, strengthening the local market. These contracts cover key activities including care homes, domiciliary care, learning disabilities and housing-related services. Our commissioning mapping identified gaps around highly complex adults – we are now working with care providers to develop specific provision, for example, a community approach to support people to move from secure and semi-secure accommodation back to the community.



## Legal advice

During 2015 we recommissioned our community based legal advice. To ensure it met local needs we ran a consultation to identify the way in which clients use and access the advice services, the types of advice needed, how the provision of advice services can be improved, and any current gaps in service provision. This resulted in a consortium of three local organisations – West Cheshire Citizens Advice, Age UK Cheshire and DIAL House being awarded a contract to deliver an Information & Advice service with consistent quality standards. The new contract is working well with approximately 80 enquiries a day with a target of over 1,600 cases dealt with in a year.

## Looking ahead

Next year will include the opening of the latest extra care housing scheme in Ellesmere Port and further progress in Integrated Personal Commissioning. Our aim is to work with our partners and communities to be creative in modernising adult social care, establishing a robust platform for the future.

# Developing the Workforce

Cheshire West and Chester Council work with local partner organisations including the NHS to ensure that staff have the appropriate levels of skills and knowledge to provide care and support to adults who live in the borough. A range of methods are used, including the provisions of training courses, workshops, e-learning, accredited qualifications and team based action learning.



## In 2015:

- Over 500 people were trained in safeguarding vulnerable adults
- Over 5000 people have been now trained as 'dementia friends'
- All key staff were trained in readiness for the implementation and roll out of the Care Act
- There were 130 staff working towards national qualifications in care and support
- 15 newly qualified social workers progressed through a structured programme of learning
- We hosted a major conference for 100 children's and adults Social Workers in conjunction with the Government's Chief Social Workers

Our training programmes are delivered to mixed groups of staff from various organisations to encourage shared learning and best practice. We host a well-regarded Approved Mental Health Professional (AMHP) programme, and have established sub-regional partnerships in support of the implementation of the Care Act.

We have worked jointly with the NHS and a care home to develop the knowledge and skills of staff in support of older people with complex needs; and have had a lead Dementia Nurse on secondment to us from the

NHS for two years to support the development of dementia friendly communities, environments and dementia friends.

The picture below shows a theatre group enacting a 'live' case study to raise awareness of the needs of vulnerable adults and children. As well as practical training such as Moving and Handling, we use different approaches to ensure that staff appreciate people's circumstances and feelings. In this example, the group is putting staff in the types of situations that are faced by the people that we support. The feedback that we have received is good, however we continue to look for improvement at all times.

We are currently working jointly across the Local Safeguarding Boards for children and adults on key training programmes; and we are supporting the development of staff employed to provide an early support and prevention service across children's and adult services – a new piece of work that seeks to support people who do not meet the criteria for adult social care but nevertheless have similar needs that need to be addressed to prevent a deterioration of their health and independence.





# Future Challenges

Cheshire West and Chester are currently working towards the delivery of a new Council Plan: Helping the Borough Thrive. A key theme throughout this document is the vision to help the borough – including residents, communities and the local economy – to thrive over the next four years. The following section summarises some of the future challenges for care and support services.



## Tackling Health Inequalities

Despite appearing an affluent area, Cheshire West and Chester has some very disadvantaged communities. As an example, life expectancy at birth is less by approximately ten years in men and eight in women, in the most deprived areas of the borough compared with the least deprived areas.

The platform for joint action over the next four years is the Health and Wellbeing Strategy – to reduce health inequalities and to improve the wellbeing of residents to live fulfilling, independent and healthy lives, involving action by a range of organisations.

This will be achieved by working with local communities, focusing on four priorities:

- Every child and young person having the best start in life
- People having healthier lifestyles
- Improved mental health, wellbeing and personal resilience
- Older people living healthier, more independent lives

The Strategy will be published in 2016 and delivered through an action plan designed to deliver real progress on all the priorities. It will also be a core source document for other key council and NHS strategies. We will report on the implementation of the Strategy in next year's Local Account.

## Safeguarding Adults at Risk

The key challenge of developing adult safeguarding services is the involvement of clients and their families in defining and establishing positive outcomes during safeguarding enquiries. We will work with our Local Safeguarding Adults Board (LSAB) partners to increase the number of cases where people affected by abuse and neglect are involved in establishing what outcome they want from an enquiry; where clients' views are shared with providers and where providers share lessons that have been learned with their peers.

We are currently supporting the council and its partners in developing a new service called Integrated Early Support Adults. This service will support people who would not be eligible to receive a service under the Community Care Act, but who need help to achieve their potential wellbeing and prevent dependency on services. This can involve helping someone who is isolated and is withdrawing from social contacts to engage with services, or promoting positive activities with someone who has lost a supportive family member or friend. The service will be evaluated during its pilot phase in 2016.



**Cheshire West and Chester will continue to develop services that tackle new and emerging forms of harm. For example:**

- We will continue to work with Cheshire Police to safeguard vulnerable adults at risk of being drawn into extremism.
- Modern Slavery affects people who are extremely vulnerable to exploitation. The council is working with the Cheshire Anti-Slavery Network on approaches to the issue, including social care supporting people to leave exploitative situations.
- Our response to domestic abuse has been extended significantly in recent years, and we will be working with Police, NHS and other partners, and consulting with community groups, to develop meaningful responses to adults affected by so-called honour-based violence and female genital mutilation.

them to live independently. Dementia Friends information sessions have taken place in hospitals, GP surgeries, council offices, schools, the Police training centre, shops, banks, and many other locations. The sessions are enhanced and endorsed by the Alzheimer's Society and NHS England. Over 5,000 people have become Dementia Friends in the borough.

Dementia-friendly design principals have been incorporated into new community infrastructure developments, such as the Brio Leisure facilities in Northwich and Ellesmere Port, and the theatre in Chester. Work is also taking place to promote the Service User Reference Forum (SURF) for people with dementia; and with supermarkets to develop dementia-friendly parking and check-out tills.

**'DementiaDO' is a term that initially comes from an NHS Change Day Campaign which has been built on locally to encourage low cost, high impact change, including:**

- A simple tool called 'ReMEMber' to encourage people to see the person not the dementia
- Putting out-dated practice and attitudes into 'Dementia Room 101'
- Sharing good practice and opening up NHS training to carers
- Supporting media campaigns and challenging misleading headlines
- Challenging the stigma attached to dementia and standing up to discrimination
- Introducing the concept of 'cognitive ramps' – support for people with difficulty in the way they think and perceive their surroundings to navigate through buildings and services, in a similar way to how physical ramps support people with physical disabilities.

## Supporting people living with dementia



It is estimated that there are approximately 2,600 residents living in Cheshire West and Chester with dementia. This is marginally higher than the national average rate for a population of our size. The West Cheshire Dementia Action Alliance brings together organisations, businesses and communities to make a positive difference for people with dementia.

The programme of work aims to reduce stigma and promote inclusiveness, supporting people with dementia to feel that they are part of the community and enabling



## Integrating health and adult social care services

### The West Cheshire Way:

The West Cheshire Way sets out the approach that NHS West Cheshire Clinical Commissioning Group and Cheshire West and Chester Council will take for delivering integrated services to the 260,000 residents that live in the west area of the borough. There are four central goals to the West Cheshire Way:

- Improving self-care – making sure that all services help people to take more responsibility for their own health and wellbeing, with staff offering advice in person, online, by text, phone and email.
- Supporting people in the community – as much as possible people will be supported to stay well in their own home and community, only going into hospital as a last resort.
- Better management of long term conditions – Identifying and keeping in contact with people at a high risk of hospital admission, planning their discharge as soon as they enter the hospital.
- Working across boundaries – joining up the health and social care systems (hospital, GPs and social care) so that people are looked after in a more integrated way.

### Connecting Care in Central Cheshire:

Connecting Care in Central Cheshire is the approach to integration being taken by NHS Vale Royal and NHS South Cheshire Clinical Commissioning Groups and Cheshire West and Chester Council for the 102,000 residents that live in the east area of the borough. There are six key areas of the programme:

- Building communities that promote and support healthy living.
- Increasing the opportunities and scope for people to manage their own care.
- Empowering frontline staff to support people to take a more active role in their care and support.
- People having positive experiences of care – those who use services feeling safe and being treated with dignity and respect.
- Supporting people who provide unpaid care and support for family, friends and neighbours to maintain their own health and wellbeing.
- Making sure that resources are used as efficiently as possible across health and social care services.

Further information on the West Cheshire Way is available at: [www.westcheshireccg.nhs.uk](http://www.westcheshireccg.nhs.uk)  
Further information on Connecting Care in Central Cheshire is available at: [www.valeroyalccg.nhs.uk/](http://www.valeroyalccg.nhs.uk/)



# Finance and Performance

## Budget

Cheshire West and Chester Council provide adult social care services, including direct personal, practical support and information and advice, for people who need support or protection to live independently. This includes services for carers who support people with these needs.

As a result of reductions in central government grant funding, adult social care services were tasked with delivering savings of £3.8million during the year. This was achieved through a combination of service redesign, commissioning efficiencies, and new innovative care solutions.

In the year, the council also invested £1.5million in frontline care services in order to support rising numbers of people requiring care and support, plus a further £0.6m to implement the Care Act.

The cost of supporting adult social care needs for the 12 months from April 2014 to March 2015 is set out below:

Cheshire West and Chester, Adult Social Care Services 2014/15	Expenditure £000	Income £000	Net £000
Care support – Physical Disability and Sensory Impairment	31,916	8,910	23,006
Care support – Learning Disability	34,442	5,121	29,321
Care support – Mental Health and Memory and Cognition	20,046	6,467	13,579
Care support – Carer Support	2,007	640	1,367
Staffing – Adult Social Care and Adult Safeguarding	8,644	0	8,644
Commissioning Services	4,538	2,486	2,052
<b>Total</b>	<b>101,595</b>	<b>23,624</b>	<b>77,971</b>

## The Better Care Fund (BCF)

The Better Care Fund was launched on 1st April 2015 and seeks to support both social care and health service integration, and deliver improved outcomes for patients, service users and carers. In 2015-16 the BCF combines £24.3m of existing resources held by the Cheshire West and Chester Council, West Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group through a pooled budget.

This funding will be used to deliver 13 schemes which aim to improve outcomes across a range of national conditions, including targeted reductions in non-elective hospital admissions, admissions to long-term care and delayed transfers of care. Central government announced the extension of the Better Care Fund for a further 4 years in the 2015 Autumn Spending Review with the aim of achieving full integration of social care and health services by 2020.

## Outcome Measures

As well as the survey measures shown at the start of this Local Account, the council also monitors several measures that track service activity. Some of these are included in the Government's Outcomes Framework, allowing results to be compared. The tables below show our latest results.

In the first table, a higher number indicates a better result. In the second table, a lower number indicates a better result. The council performs well in terms of a high proportion of people receiving care via self-directed support and direct payments; decreasing numbers of people being admitted to care homes; and a high proportion of people with a learning disability living in their own home or with their family. Improvement is needed in terms of people with complex mental health needs living independently.

Measure	2013		2014		2015	
	CWaC	Eng.	CWaC	Eng.	CWaC	Eng.
Proportion of people using social care who receive self-directed support	69.9	56.2	77.5	61.9	99.8	83.7
Proportion of people using social care who receive direct payments	22.8	16.8	28.8	19.1	37.3	26.3
Proportion of adults with learning disabilities in paid employment	5.6	7.0	5.5	6.7	5.7	6.0
Proportion of adults with learning disabilities who live in their own home or with their family	86.6	73.5	86.0	74.9	88.7	73.3
Proportion of adults in contact with secondary mental health services in paid employment	10.6	8.8	8.5	7.0	7.9	6.8
Proportion of adults in contact with secondary mental health services who live independently	65.0	58.5	60.8	60.8	53.9	59.7
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement	82.2	81.4	76.8	82.5	83.8	82.1
Proportion of older people (65+) offered reablement services upon discharge from hospital	2.3	3.2	1.6	3.3	1.0	3.1

Measure	2013		2014		2015	
	CWaC	Eng.	CWaC	Eng.	CWaC	Eng.
Permanent admissions of adults aged 18 to 64 to residential / nursing care homes, per 100,000 pop.	21.0	15.0	18.1	14.4	12.6	14.2
Permanent admissions of adults aged 65+ to residential / nursing care homes, per 100,000 pop.	914.9	697.2	787.8	650.6	732.6	668.8
Delayed transfers of care from hospital attributable to health or adult social care per 100,000 population	7.3	9.4	7.0	9.6	8.5	11.1
Delayed transfers of care from hospital attributable to adult social care only per 100,000 population	1.6	3.2	0.7	3.1	2.5	3.7

# Glossary

## **Abuse**

A violation of an individual's rights by another person

## **Adult social care**

Personal care and practical help for adults aged 18+ who have care or support needs to help them live life as independently as possible

## **Advocacy**

Help for people to express their views about their needs and choices

## **Assessment**

An assessment identifies how a person's needs may best be met

## **Brokerage**

Help for people to arrange their support services

## **Care plan**

The plan of actions agreed with a client following a needs assessment

## **Care Quality Commission**

The national regulator of health and social care services in England

## **Carer**

A person who provides support to someone who cannot manage without help

## **Client / Service User**

People who receive health and social care services

## **Clinical Commissioning**

Local GPs responsible for planning local health services

## **Commissioning**

The process used to buy (commission) care and support services

## **Community Services**

Social care services to assist people to live in their own home

## **Community Mental Health Team**

A Multi-Disciplinary Team offering specialist assessment and treatment for people with mental health needs in their own homes

## **Day care**

Social stimulation aimed at preventing a move towards dependence and offering carer relief on a structured basis

## **Dementia**

A set of symptoms associated with the decline of the brain and its abilities, including memory loss, language and thinking speed

## **Deprivation of Liberty Safeguards (DOLS)**

A legal process in which people who lack the capacity to make decisions about their care can be detained in a care home or hospital

## **Direct payments**

Money made available to people to help them buy their own care

## **Disability**

A person who has a physical or mental impairment which has a substantial adverse effect on their ability to carry out day-to-day activities

## **Domestic violence**

A pattern of controlling and aggressive behaviour from one adult towards another, within the context of an intimate relationship

## **Domiciliary care**

Services provided for people in their own homes, including home care and the services of health workers

## **Emergency Duty Team**

Social care service which responds to emergencies outside office hours

## **Equipment and adaptations**

Specialist items provided by an occupational therapist or physiotherapist to assist people to live independently at home

## **Extra Care Housing**

Self-contained apartments for older people with care and support needs

## **Home care**

Help at home from paid carers for people with care and support needs

## **Independent sector**

Includes both private and voluntary social care providers, who may be contracted to provide services on behalf of statutory agencies

## **Integrated care**

Care and support provided jointly by health and social care services

## **Intermediate care**

A short period, normally no longer than six weeks, of intensive rehabilitation to enable people to return home following hospitalisation

## **Long term care**

Service or support which is provided with the intention of maintaining the quality of life for an individual on an ongoing basis

## **Multi-Disciplinary**

The joint working of people with different roles or functions



**Nursing care**

Care carried out or supervised by a qualified nurse

**Older people**

People aged 65 and over

**Outcome**

End result, change or benefit for a person receiving care and support

**Outreach**

Approach to working with people who do not engage with services

**Palliative care**

Services to improve the quality of life of an individual facing life-limiting illness

**Personalisation**

Where services are tailored to people's needs and that puts clients in control

**Personal budget**

Money allocated to someone who needs support

**Primary need**

The main reason why a person requires social care

**Professional support**

Therapy, advice and counselling services

**Providers**

Organisations that provide care and support services

**Reablement**

Time-limited care in a person's home to maximise long term independence

**Referral**

A formal request for an assessment of a person's care or support needs

**Refuge**

Specialist accommodation for individuals at risk, e.g. due to domestic violence

**Registered care home**

Residential and nursing homes providing health and social care services that are registered with the Care Quality Commission

**Residential care**

Care provided in a care home

**Respite care**

A service giving carers a break from their caring responsibilities by providing short term care to the cared-for-person

**Review/Reassessment**

Detailed review with a client of their needs

**Safeguarding**

Work to help adults at risk stay safe from significant harm

**Safeguarding referral**

A reported risk of potential abuse, harm or neglect

**Self-assessment**

An assessment that is completed by the subject of the assessment

**Self-care**

With the appropriate support, a person with care needs who actively manages their own condition and meets their own needs

**Self-directed support**

The term used when people choose their services and organise their care

**Short term support**

Episodes of support that are intended to be time limited

**Social inclusion**

Activities which seek to ensure participation in community life

**Stakeholders**

People or organisations with an interest in a proposed development

**Telecare**

Equipment and services to help people stay safe at home, e.g. fall sensors

**Third / Voluntary Sector**

Not-for-profit voluntary and community groups, social enterprises and charities

**Transition**

When young disabled people moves from childhood to adulthood

**Universal services**

Services available to everyone within their community such as transport, leisure, education, housing and access to information and advice

**Vulnerable adult**

A person aged 18+ who is in receipt of, or may be in need of, care due to disability, age or illness; and who is unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation

**Wellbeing**

The state of being healthy, happy and prospering

**Young carer**

Anyone under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of a person who is ill, has a disability, is experiencing mental distress or is affected by substance abuse

### **Accessing Cheshire West and Chester Council information and services**

Council information is also available in Audio, Braille, Large Print or other formats.

If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at **[equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)**

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**Tel:** 0300 123 8 123    **Textphone:** 18001 01606 867 670

**email:** [equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)

**web:** [www.cheshirewestandchester.gov.uk](http://www.cheshirewestandchester.gov.uk)