i. **Summary**

The vision of the City Council is to “create the best possible quality of life for the people of Salford.” The Community, Health and Social Care Directorate contribute towards achieving this vision and have its own mission statement which focuses on its specific contribution, namely:

“Community, Health and Social Care Directorate Our Mission Statement: To improve the life chances of Salford citizens and to promote the independence of individuals and communities in Salford”.

The directorate significantly contributes to all seven key pledges of the Council as follows:

- A healthy city
- A safe city
- A learning and creative city
- A city where children and young people are valued
- An inclusive city with strong communities
- An economically prosperous city
- A city that is good to live in

More specifically the directorate aims to continuously improve and modernise its services as measured against the seven outcomes for adults outlined in the White Paper for health and social care: “Our Health, Our Care, Our Say” ¹

These outcomes have a close relationship to the seven pledges which are:

- Improved Health and Emotional Wellbeing
• Improved Quality of Life
• Making A Positive Contribution
• Increased Choice and Control
• Freedom from Discrimination and Harassment
• Economic WellBeing
• Maintaining Personal Dignity and Respect.

There are two additional elements of ‘Leadership’ and ‘Commissioning and Use of Resources’, which can be equated to the Cabinet Work Plan priority of ‘One Council’.

Putting People First² is a ministerial concordat establishing the collaboration between central and local government, the sector’s professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across agendas with users and carers to transform people’s experience of local support and services.

Within the report is a list of agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:

• Live independently
• Stay healthy and recover quickly from illness
• exercise maximum control over their own life and where appropriate the lives of their family members
• Sustain a family unit which avoids children being required to take on inappropriate caring roles
• Participate as active and equal citizens, both economically and socially
• Have the best possible quality of life, irrespective of illness or disability
• Retain maximum dignity and respect.

There is an intention to achieve a system-wide transformation developed and owned by local partners. The JSNA and other planning documents will inform the Sustainable Community Strategy. An integrated approach among local commissioners and provides will aim to specific outcomes.
These will include

- Relevant preventative public health policies, e.g. infection control and fall reduction strategies; hospital discharge arrangements
- The provision of adequate intermediate care
- The management of long term conditions
- Packages of support with a health and/or nursing care element;
- Co-located services, bringing together social care; primary care and other relevant professionals
- Community equipment services
- Universal information, advice and advocacy
- Carer support and public/patient involvement
- Complaints systems.

The Community, Health and Social Care directorate is also responsible for ensuring that there is a comprehensive multi-agency adult safeguarding framework in place.

ii. **Key Issues and gaps:**

Commissioning of social care services will change in the light of personalisation and the choices individuals will make to develop their own support packages. Access to information, advice and advocacy is key.

The directorate will continue to be responsible for strategic commissioning – fostering the local market to develop services to meet local needs, encouraging existing providers to develop services in line with the personalisation principles.

We need a way of gathering intelligence from individual purchasing decisions to help inform market development and the commissioning strategy.

Direct commissioning will take place for some preventative services, including intermediate care and re-enablement services.

Some specialist services may be more efficiently commissioned on a wider GM footprint.
Methods of measuring effectiveness of individually commissioned support packages need to be developed.

Universal services need to ensure they deliver tailored services to vulnerable people in need of care and support to reduce dependency on social care.

Access to employment.

Safeguarding will remain a key focus for the directorate, alongside ensuring individuals have the capacity to make their own informed decisions.

iii. **Recommendations for Commissioning:**

- Develop commissioning processes that support the personalisation agenda.
- Develop a set of measurable outcomes and establish a reporting system to monitor those outcomes.
1. **Who is at risk and why**

The Community, Health and Social Care Services of Salford City Council provide advice, support and guidance to the entire adult population of the city. Most of its work is related to meeting the social needs of older people, people with physical or sensory impairments, people with learning difficulties and people with mental health problems. The carers who provide support are also assisted by the Department.

Other parts of this chapter have outlined the health needs of those client groups. This section considers social outcomes.

Older people – although many older people lead fulfilled and independent lives, a proportion find that growing older is accompanied by a need for support. Among the issues older people experience are living on a reduced income, social isolation support to complete Activities of Daily Living, at times intensive care and support is needed, including the provision of alternative 24 hour supported care including moving to residential care. Older people have identified key issues as tackling ageism, Information and Access, Involvement, Inclusion, measuring progress together, support to complete Activities of Daily Living. At times intensive care and support is needed, including the provision of alternative 24 hour supported care.

People with physical or sensory impairments – a physical or sensory impairment can be present at birth or acquired through an accident or illness. Where the disability is acquired people need assistance in adjusting to the loss of functioning or reduced functioning and the psychological impact of the disability. They need practical assistance to equip themselves to live normal meaningful lives. People’s needs for universal services are the same as other citizens but these need to recognise the particular needs of disabled people – including appropriate housing, access to employment and income and mobility issues –(transport and accessible services).
People with learning difficulties – support can be in the form of community support, appropriate accommodation, meaningful daytime activities including gaining employment.

People with mental health problems – Social Workers are able to provide advice and assistance to people experiencing mental health difficulties on a variety of issues including assessment, care planning, counselling (including psychosocial therapies), hospital admission and community support.

Carers – Carers provide help and support, without payment, to a partner, child, relative, friend or neighbour who could not manage without their help. The need for care could be due to age, physical or mental illness, addiction or disability. Carers have a high risk of morbidity and may benefit from advice on income and employment, accessing respite care and providing emotional support.

Vulnerable people in need of care and support have the same need for access to universal services, tailored to suit their particular needs, and need access to a range of additional provision to support their ability to retain their independence.

The ability to live full and meaningful lives, exercising choice and control is key for all people in need of care and support – this must also be balanced with the need to ensure people have ‘capacity’ to make informed decisions, and to ensure where they do not have capacity- that decisions made on their behalf are in line with those they may have taken for themselves if able to do so. People have the right to be safe and protected against abuse – supported by an efficient safeguarding framework.

2. The level of need in the population

The Department of Health’s Care Services Efficiency Delivery (CSED) Programme sponsors the Institute of Public Care to maintain two websites which provide information to planners and commissioners of adult social care. The Projecting Adult Needs and Service Information (PANSI) database provides information on the
numbers, characteristics and needs of adults aged between 18 and 64. The Projecting Older People Information System (POPPI) database provides data on people aged 65 and over.

POPPI and PANSI use forecasts based on the 2001 census and current trends. They do not predict ‘expected’ outcomes. For this reason the output should be treated as indicating possible trends rather than forecasting the characteristics of the population over the next 20 years.

The increase in the number of people aged 65 and over has been well-documented. Since the total population of Salford is also increasing the number of people under 65 is also increasing, with the exception of the 18 to 24 age group, which is projected to decline. The PANSI and POPPI databases project that the number of people in the client groups listed above will by 2020 increase by around 10%. Further details are available on the websites. 3

3. Data & Information

A group of eight national indicators within the Local Area Agreement are the responsibility of the local authority, and therefore of the Adult Social Care Department. These are reported to the Salford Strategic Partnership

- NI 125 – Achieving independence for older people through rehabilitation/intermediate care
- NI 127 – Self-reported experience of social care users (older people receiving home care is likely focus for 2008/9 year)
- NI 128 – User reported measure of respect and dignity in their treatment
- NI 130 – Social care clients receiving self directed support of direct payments and individual budgets
- NI 132 – Timeliness of social care assessment
- NI 133 – Timeliness of social care packages
- NI 135 – Carers receiving needs assessment or review and a specific carer’s service or advice and information
- NI 136 – people supported to live independently through social services-all ages.
An additional 14 National Indicators are linked to the adult health and wellbeing and tackling exclusion and promoting equality section and contribute to the performance of adult social care (Appendix 1).

It is difficult to evaluate the impact of upstream, preventative service intervention: showing a reduction on dependency of higher intensity services. People’s expectations are increasing and this will be reflected within any self reporting systems.

Information on the social care needs of the population and the outcomes of social care is of a variable reliability and validity. The Census of Population, conducted every ten years, provides useful data on the prevalence of limiting long-term illness. Estimates of the number of people with physical or sensory impairments, people with learning difficulties and the number with mental health problems are less reliable.

The Department of Health recognises that at any one time 1 in 10 people in Britain is a carer – 70% are women, across all age groups, the largest group being aged 50-60 years. However on a local basis the number of carers is changing continually, and depends on individuals letting their GP or local authority know of the support they provide.

Regular management information reports on outputs – that has some impact on outcomes i.e. Access Times, reviews of support.

4. **Information on performance from Regulators**

The Care Quality Commission (CQC) Annual Performance Assessment of Adult Social Care Services in Salford 2009 reported that for five of the seven pledges listed in the Introduction the overall assessment was that the Council is performing ‘Excellently’ i.e. ‘delivering well above the minimum requirements for people’. The two exceptions were Improved quality of life and Maintaining personal dignity and respect, where the assessment was ‘consistently delivering above the minimum requirements for people’.
5. **What is the current service provision in relation to need**

Services are constantly changing and evolving to meet the changing legislative context and people’s expectations. Many services are developed jointly with NHS and seek to provide a more preventative approach – e.g. intermediate care, community based support.

6. **Programme Budgeting and Resources**

Not currently available.

7. **Relevant research and evidence base**

Defining and establishing reliable measures of outcome is a complex process. Such measures include a combination of subjective and objective indicators. The Department of Health sponsored a programme of research on the Outcomes of Social Care for Adults (OSCA). Details are available on the website – [http://www.leeds.ac.uk/lihs/hsc/documents/OSCABulletin1.pdf](http://www.leeds.ac.uk/lihs/hsc/documents/OSCABulletin1.pdf)


8. **Community engagement**

- People who use services are active members of Partnership Boards and forums that shape policy and improve services. There are Partnership Boards for: Older People; Learning Difficulties; Independent Living and Mental Health Carers
- User Development workers for each client group plus Communities of Ethnic Origin, working across Salford to elicit involvement and engagement in the development of strategies, and commissioning intention documents
- Neighbourhood Management, based in eight localities
• User/carer engagement and involvement in the development of strategies, and commissioning intention documents
• Older People's Forum
• Older people’s annual events week.

Some outcomes of involvement:

• Comments from older people’s scrutiny of domiciliary care services help inform the service specification of the new domiciliary care contract
• Disabled people involved in evaluating the translation and interpretation tenders
• Sensory impaired feedback on the accessibility of the Gateway Centres lead to a review of the systems in place
• Learning difficulties service redesign at St Georges Centre – with a focus on employment services
• New dementia care service developed, including peer support networks within the communities
• Review of Housing Adaptations process to improve timeliness
• Development of assessment facilities for 2 physically disabled people.
9. Unmet needs and service gaps

- Develop outcome measures as part of overall developments to support people with long-term conditions. This work will enable the council to ensure the service is effective in meeting needs.

- There are a number of positive initiatives to improve carers’ access to employment, but further outcome evidence is required to demonstrate this more fully.

- The council needs to continue to improve the numbers of people whose needs are reviewed, and should ensure that its target for improvement is met across all groups of people who use services.

- We need to ensure that universal services are flexible enough to meet the needs of vulnerable people in need of care and support. In order to live meaningful lives people need to be treated as active citizens, engaging within the community and workplace. They need access to a range of dependable care and support services at home. To be treated with dignity and respect by all services.

- The personalisation programme is expected to highlight people’s preferences to have their needs met in new ways. We need to capture this information to feed into the commissioning process. Providers will need to develop new services – but we cannot at this stage describe what these may be. There is an increasing role for Personal assistants. New roles will develop to help people plan and access support services – e.g. brokers & navigators. These will be developed over the next 1-2 years.

- Access to information and advice is a constant demand in all consultation exercises. We need to understand how to link individuals to the information they need, when they need it, in a way that provides meaningful information to them –
this will be through a variety of methods – both web based, traditional publications and leaflets, tapes, exploring new technologies e.g. ‘Life Channel’ TV advertisements.

There are a number of positive initiatives to improve carers’ access to employment, but further outcome evidence is required to demonstrate this more fully.

10. Recommendations for Commissioning

• Develop commissioning in respect of the personalisation agenda
• Develop outcome measures as part of overall developments to support people with long-term conditions. This work will enable the council to ensure the service is effective in meeting needs
• Develop commissioning in respect of the personalisation agenda. This will involve identifying which services the CHSC should continue to directly commission, including those on a wider cross council / AGMA footprint and which should be jointly commissioned with NHS
• Other services individuals will commission using individual budgets. We need to monitor the impact of individual commissioning and feed into the strategic commissioning process so provider services are aware of where the marketplace needs to be developing
• Identify new roles and who should perform these – with particular reference to the role of the third sector
• Develop outcome based commissioning agreements – with clarity on performance measurements
• Develop new ways for individuals to search for and access care and support services, including the support they need for this
• Work with providers to alter their current ‘offer’ to ensure individually tailored services are available and new support mechanisms developed in line with the personalisation agenda
• Influence the wider council and strategic partnership to review their service offer in the light of personalisation.

11. Recommendations for further needs assessment
Establish outcome measures in respect of personalisation and monitoring the impact of these changes.
Information for Data Warehouse

Not applicable

References

1. Our health, our care, our say – A new direction for community services Department of Health 2006 Accessed 16th February 2010


3. Projecting Older People Information System (POPPI)
   www.poppi.org.uk  Projecting Adult Needs and Service Information (PANSI)
   www.pansi.org.uk

4. The Care Quality Commission (Cqc): Performance Judgement
   _____ For Salford Adult Social Care Services 2008-2009 Accessed 16th February 2010
   http://services.salford.gov.uk/solar_documents/CBNT081209A2.DOC
Appendix 1.

National Indicators which contribute to Adult Social Care

- NI 119 – self reported measure of people’s overall health and well-being (obtained via the Place Survey
- NI 124 - people with a long term condition supported to be independent of and in control of their condition
- NI 129 – end of life care – access to appropriate care enabling people to be able to choose to die at home
- NI 131 – delayed transfers from all hospitals
- NI 134 – the number of emergency bed days per head of weighted population
- NI 138 – satisfaction of people over 65 with both home and neighbourhood
- NI 139 – the extent to which older people receive the support they need to live independently at home
- NI 140 – fair treatment by local services
- NI 141 – number of vulnerable people achieving independent living (This is a Supporting People measure and it is included here because the vast majority of Directors of Adult Social Services are accountable for their local authority’s Supporting People programme).
- NI 142 – number of vulnerable people who are supported to maintain independent living (see note above)
- NI 145 – adults with learning disabilities in settled accommodation
- NI 146 – adults with learning disabilities in employment
- NI 149 – adults in contact with mental health services in settled accommodation