



How are we doing?

The Local Performance Account for Directorate for People Adults' Social Care Services

1st April 2014 – 31st March 2015

**An overview of the performance of Birmingham City
Council's adults' social care services 2014/15.**

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Executive summary

How many people accessed short term and long term support?

- 4,937 people accessed short term support.
- 15,862 people accessed long term support.

How much did it cost to provide adult social care?

- The net expenditure for adult social care for 2014/15 was £272.5 million.
- 74.4% of this was spent on directly providing care to citizens, buying care from other organisations and providing direct payments.

How well did we do?

Compared with the previous year, our performance improved on measures of:

- quality of life of citizens who use services;
- carers' quality of life;
- control over daily life;
- carers' overall satisfaction with services;
- access to information and advice; and
- a general feeling of safety.

Compared with the previous year, our performance fell on measures of:

- delayed transfers of care;
- overall level of satisfaction of citizens who use services;
- consultation with carers about support provided; and
- feeling safe as a result of using services;

Developments in 2014/15

These included:

- implementing proposals to reduce the number of younger adults admitted to residential care;
- improving support for carers;
- developing proposals for increasing the use of direct payments;
- preparing for the new Customer Journey;
- preparing for implementation of the Care Act 2014;
- obtaining sign off of Birmingham's Better Care Fund Plan;
- piloting an enablement service to citizens receiving home care commissioned by the Council;
- winning a number of national, prestigious awards;
- completing the Community Navigator Service project;
- preparing for a joint approach between children's and adults' social care to transition;
- working with our Citizen-led Quality Boards;
- organising an Opportunities Fair;
- developing a public version of the quality ratings for care providers;
- piloting a survey of clients contacting the Adults and Communities Access Point (ACAP);
- consulting on savings proposals;
- running a campaign to raise awareness of financial abuse of vulnerable adults;
- planning for the Making Safeguarding Personal initiative in Birmingham; and
- responding to the challenges of the Cheshire West judgement which considerably expanded Deprivation of Liberty Safeguards protection.

Welcome

Welcome to the fifth Local Performance Account for Birmingham City Council's Directorate for People adults' social care services. This gives an overview of how services performed in 2014/15.

The Directorate for People is committed to improving the outcomes for residents who have eligible unmet care needs. We are also committed to working with our partners to develop services for people that help them live as independently as possible.

During the year, Birmingham City Council and the directorate continued to face significant budget pressures, but protecting our most vulnerable citizens remained our top priority. This Local Performance Account lets the citizens of Birmingham know how we are making use of public money, the changes we are making and how well we are meeting people's needs for adult social care.

In February 2015 the directorate took part in a 'Peer Challenge' as part of our programme for identifying where further improvements could be made to services given the continuing financial challenges facing us. A team of senior managers and councillors from another authority visited adult social care services to look at how we conduct our business and to provide us with ideas for improvement. The main points identified during the Peer Challenge visit included our high ambitions for services and the need for robust programme management to meet our challenging savings targets. The team also recognised a number of strengths including our unique and innovative structure for adult social work, the quality ratings developed for providers and the work of our Citizen-led Quality Boards. The report and action plan from the Peer Challenge was approved at the Cabinet meeting in March 2015. It was very helpful to have support for adult social care services from the highest level in the City Council.

We would welcome your views on this Local Performance Account. Please tell us how well you think we did in 2014/15 by using the contact details found in the 'How well do you think we did?' section towards the end of the Local Performance Account.

Photos of Peter Hay and of Councillor Paulette Hamilton to be added

**Peter Hay CBE
Strategic Director
Directorate for People
Birmingham City Council**

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

Introduction - What does adult social care do?

The Directorate for People is part of Birmingham City Council.

This Local Performance Account refers to adults' social care services within the Directorate for People.

Adult social care services support adults in Birmingham to live as independently as possible and to be part of their local community.

If someone may be eligible for services from us, we carry out an assessment of their social care needs. We work with people who are eligible to find out what their social care needs are and what they can do for themselves to meet their needs. If they cannot meet their needs themselves, we help them to get services that will support them and that will help them to be as independent as possible.

If someone is not eligible for our services, we give them information and advice on other services that are available to help them to continue to live independently and to maintain their quality of life.

You can find more information about services in Birmingham on our adult social care website called '**My Care in Birmingham**'. It can help people identify their social care needs and provides information about the range of support that is available in Birmingham. The website address is:
<http://www.mycareinbirmingham.org.uk/>

Care Act 2014

In May 2014 the Care Act became law. This brought together a number of existing adult social care laws and introduced new duties for local authorities. Although the Act became law in 2014 the majority of it was not enforced until April 2015, with most of the remainder coming into force in April 2016. The cap on care costs, based upon current information, may operate from April 2020.

Information on the Care Act (2014) is available on the GOV.UK website:
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

How many people accessed short term and long term support in 2014/15?

All local authorities submit a range of information to the Government each year on the number of people supported. In 2014/15 the way that local authorities measured and reported on their performance changed. Many of the performance measures are now calculated from a source of data called the Short and Long Term (SALT) collection.

In 2014/15:

- 4,937 people accessed short term services (excluding Occupational Therapy, Blue Badge applications, equipment and information and advice); and
- 15,862 people accessed long term services.

Throughout this report we describe how adult social care services performed during the year.

For many measures of performance we report figures as per 100,000 population. We do this so we can compare ourselves with similar authorities that may not be the same size as us. We call this group of similar authorities, the 'comparator group'. (See Appendix 1 for a list of authorities included in the comparator group).

We have also provided an overview of key performance figures in Appendix 2.

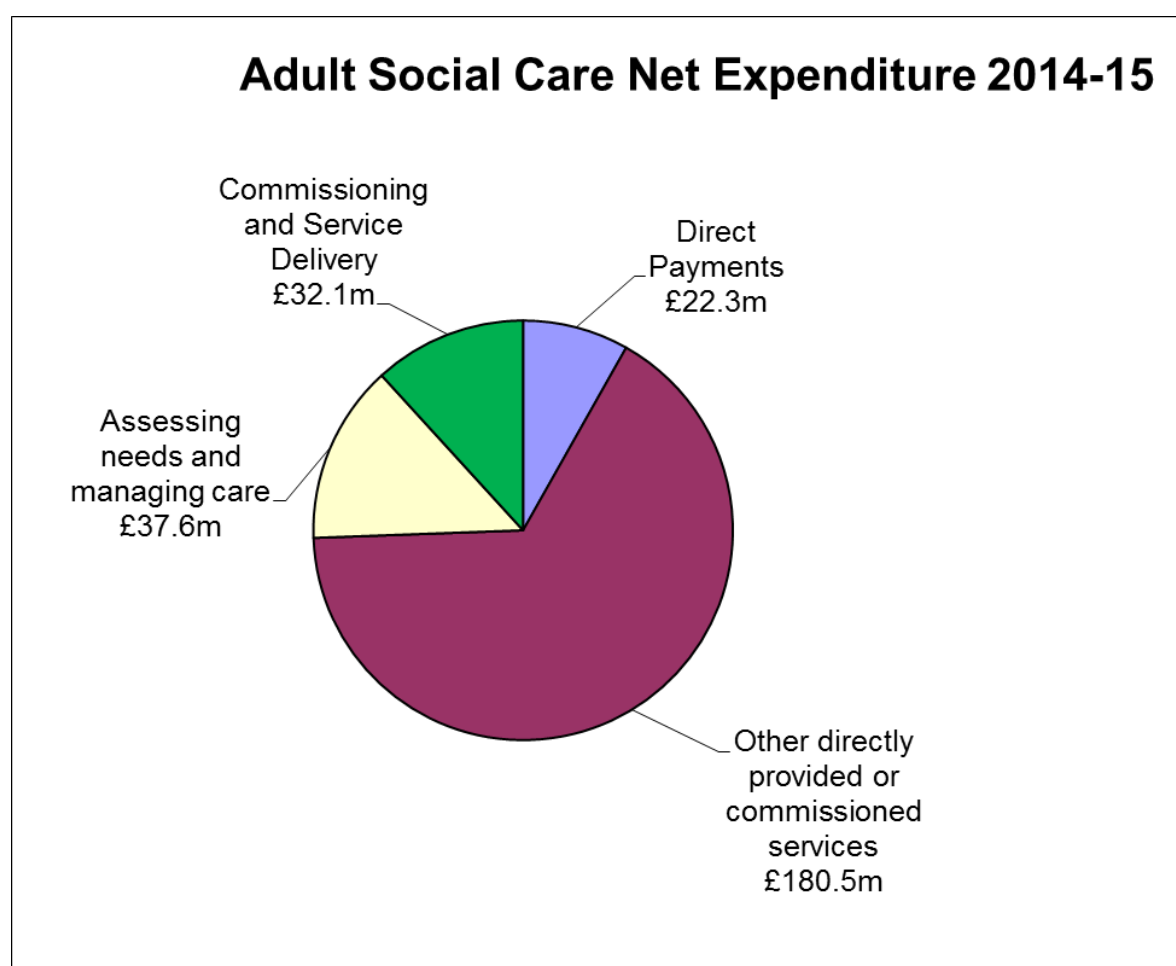
How much did we spend on adult social care in 2014/15 and what did we spend it on?

In total, the net expenditure on adult social care for the period 1st April 2014 to 31st March 2015 was £272.5 million.

The majority of this, £202.8 million (74.4%) was spent on directly providing care to citizens, buying care from other organisations and providing direct payments.

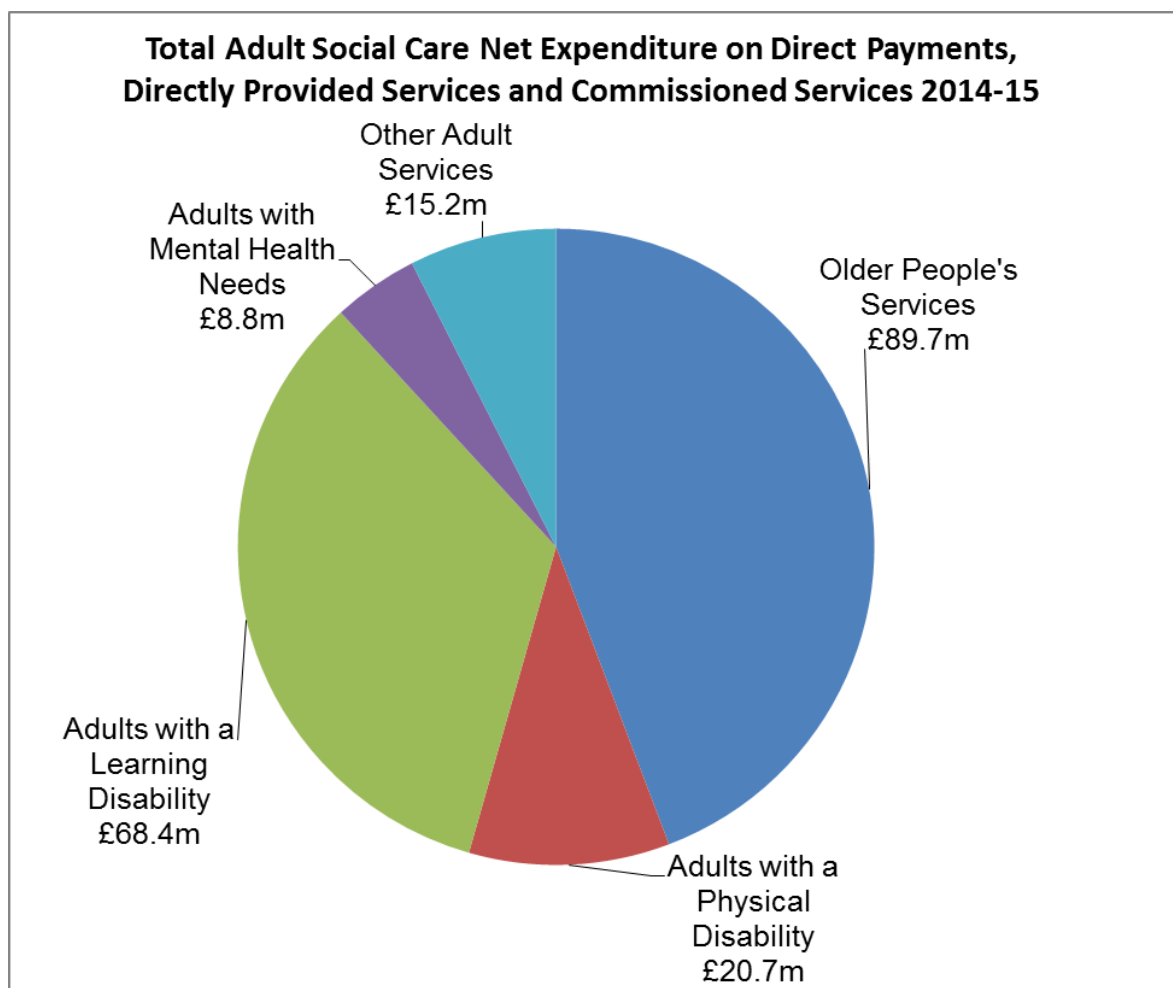
A direct payment is money paid by the Council to citizens who are eligible to receive social care services to spend on meeting their eligible, assessed care needs.

The chart shows net expenditure on adult social care for 2014/15.



This chart shows how the £202.8 million for direct payments and for directly provided and commissioned services was spent.

The majority was spent on services for people aged 65 and over (44.2%). This was followed by spending on care for those aged 18-64 with learning disabilities (33.7%).



During the year Birmingham City Council continued to face huge cuts in its grants from central Government. In 2014/15, Birmingham's adult social care services needed to make net savings of over £32 million.

Further information on the Council's budget and spending plans is available at the City Council's website:

<http://www.birmingham.gov.uk/>

Adult Social Care Outcomes Framework

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

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

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

Our Local Performance Account is written around these four areas. For each area we outline what we achieved in 2014/15 and how we performed.

You can find more information about ASCOF on the Health and Social Care Information Centre website at <http://www.hscic.gov.uk/catalogue/PUB18657>

Enhancing quality of life for people with care and support needs

This is concerned with social care-related quality of life. It means that:

- people can live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information;
- carers can balance their caring roles and maintain their desired quality of life;
- people manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs; and
- people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

What did we achieve in 2014/15?

Implemented proposals to reduce the number of younger adults admitted into residential care

We commissioned a new model of care to support younger adults with learning disabilities to be as independent as possible and to provide better value for money for citizens. This new model of care resulted in fewer younger adults with learning disabilities being placed in residential care.

The care model is based around 'clustered' supported living, making greater use of behaviour support and enablement, promoting the Shared Lives service and using direct payments.

The increased use of clustered supported living, along with use of assistive technology and shared care hours, improved care and increased use of community based support.

We also provided younger adults with an intensive enablement service to increase their independence. This resulted in the use of the Shared Lives service by people who would traditionally have gone into residential care.

We saw a fall in the number of younger adults with learning disabilities supported to go into residential or nursing care from 50 in 2013/14 to 32 in 2014/15.

'Andrew', who is aged 48 and has learning disabilities, was living at home with his elderly mother who now needed care in a residential home. As Andrew's mother had helped him with his care, he was unable to continue living at home because of the potential risks to him.

The Shared Lives service identified a carer who was able to offer the level of support Andrew needed, as well as encouraging him to maintain his independence. Although the change was hard for both Andrew and his mother, he was positive about the move and the Shared Lives carer supported Andrew emotionally through this difficult time.

Andrew is now settled and says he is happy in his new home. He keeps in touch with his mother by telephone and visits her at the residential home. Andrew has his routine and is able to continue doing things that are important to him, such as watching football on television and noting down all the scores in a book. He continues to travel independently, for example, taking public transport to the local shops. He also goes to church, which he used to do with his mother until her health declined.

The Shared Lives carer uses an enablement approach which means that Andrew has developed new skills and is involved in activities that he had never taken part in before. For example, Andrew now manages small amounts of money whereas before his mother managed all his money.

The Shared Lives service received an emergency referral for 'Barbara' because of safeguarding concerns. Barbara is a 46 year old lady with a learning disability who had been subjected to abuse and was refusing to go home from the day centre she attended.

The Shared Lives service gathered the information needed to identify a suitable respite carer to support Barbara. Then the Shared Lives worker went to the carer's home ready to meet and welcome Barbara. The carer, Shared Lives service and Barbara's social worker worked together to ensure Barbara had the essentials she needed, as she had no money or clothes with her.

Barbara remained with the carer and now lives with her on a long-term basis. The Shared Lives service transferred Barbara's day activities to a location closer to her new home so that she is able to maintain her routines. Barbara is also supported to attend counselling sessions.

Barbara is part of the carer's family. She has become more independent and helps to prepare meals as well as managing some of her money herself. Barbara's carer takes her out to social events of her choosing and she attends car boot sales - which she loves but was unable to go to before.

Living as part of a Shared Lives family has enabled Barbara to develop her skills and allowed her to express how she is feeling.

Improved support for carers

In 2014 'Forward Carers' was awarded a contract to provide carers' services. Forward carers is a consortium of 20 not-for-profit organisations led by Midland Mencap.

Forward Carers runs the 'Birmingham Carers Hub' that provides a single point of access for carers to a range of support services and can be accessed from the Internet, by telephone and social media: <http://www.birminghamcarershub.org.uk/>

During 2014-15 the Birmingham Carers Hub:

- Registered and assessed 11,454 carers;
- Registered 2,025 carers with the Carers Emergency Response Service (CERS), which responded to 91 emergencies;
- Provided a programme of training sessions for carers including: moving and lifting people safely, first aid, and wellbeing for carers affected by autism; and
- Promoted carer wellbeing with a programme of activities including mindfulness, yoga and sport.

CERS received a call on the emergency line from paramedics attending an 82 year old man, 'Mr D', who had chest pains and needed to go to hospital. Mr D was the carer for 'Mrs D', an 83 year old bed-bound lady, and he would not leave Mrs D until he knew she was safe. CERS staff were immediately dispatched and arrived within 45 minutes of receiving the call. CERS provided support to Mrs D, who had a number of conditions including dementia, until Mr D was able to return home 48 hours later. Following this, CERS arranged support so Mr D could attend outpatient appointments. The support provided by CERS meant Mrs D was able to remain in her home where she felt safe. Both the Mr D and his GP contacted CERS to report how impressed they were with the service and the GP was surprised to hear that it is free for carers living in the community.

When 'Mr E' suffered a mini-stroke and was admitted to hospital, social care services contacted CERS who then provided 48 hours support for his wife. As Mr E was very ill and unable to return home in the short-term, CERS supported a social worker to find emergency respite care for 'Mrs E' who had dementia. CERS provided support for Mrs E whilst an assessment was carried out by a nursing home. The CERS officer then helped Mrs E to pack what she needed and escorted her to the nursing home; ensuring she was safe and comfortable. This process was carried out at a suitable pace to reduce any anxiety in Mrs E and it assured Mr E that his wife was being appropriately cared for.

Developed proposals for increasing the use of direct payments in adult social care

Direct payments are available to people who have been assessed as being eligible for council-funded social care. A direct payment is money paid by the Council to a person (or someone acting on their behalf) so they can arrange their own support, instead of receiving social care services arranged by the Council. This gives them more choice and control over their care and support.

By listening to citizens' experiences of getting and using a direct payment, we developed some ideas on how to make direct payments easier to use. Members of the directorate's Citizen-led Quality Boards helped create proposals from these ideas which were to be consulted on from May 2015. Details of the proposals are available at: <https://www.birminghambeheard.org.uk/bcc/my-life-care-money>

In addition, citizens, students and Birmingham City Council staff worked together to make a film about direct payments and the support available. The film recounts the experiences of people with disabilities, family carers and social workers with direct payments. It was launched in February 2015 and is available on YouTube at: <https://www.youtube.com/watch?v=5k6AEkJ5xK0>

Prepared for the new Customer Journey

During the year we prepared for the new Customer Journey. The Customer Journey is the process and pathways by which people move through Birmingham City Council's care system.

The new Customer Journey is aimed at improving the experience of those who contact us or use our services, and ensures we are complying with the requirements of legislation such as the Care Act 2014. We are streamlining processes by separating out standard and complex social work.

Our ACAP services (Adults and Communities Access Point) underwent major changes in preparation for the new Customer Journey. ACAP provides a first response service, when contact is first made with the service, and a second response service, if we need to ask further questions to ensure we provide the correct advice to citizens. Changes to ACAP included work on providing for online referrals, in addition to the option for telephone referrals, and ensuring that carers are identified right at the beginning of the process. Citizens who contact us regarding Occupational Therapy (OT) services can now go directly to the OT service.

ACAP staff now carry out a more detailed assessment at the second response stage to determine an individual's eligibility and the impact of an individual's needs on their wellbeing. If required, this assessment may lead to an enablement service. All second response staff are trained in identifying preventative services to ensure citizens receive the most appropriate intervention to maintain their independence.

We also engaged with staff and members of the Citizen-led Quality Boards to make the Customer Journey easier and more efficient. This included their help in designing a form

that captures details on citizens who contact us, with the aim of only asking citizens for their details once.

Prepared for implementation of the Care Act 2014

In 2014/15 we made arrangements to prepare us for the requirements of the Care Act coming into force. These arrangements included preparations for carers' assessments and for the introduction of national eligibility criteria which will be used to decide if an individual is entitled to care and support from the Council.

How well we did do in 2014/15?

We used the ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- quality of life;
- control over daily life;
- living in the community; and
- social contact.

Quality of life

Self-reported quality of life measure for citizens who use services

We measured 'Quality of life' using the answers to questions in an annual survey we send out to people receiving a service from us. This is called the Adult Social Care Survey.

The questions in the survey covered areas such as choice and control, personal cleanliness, access to food and drink, whether their home was clean and comfortable, safety, contact with other people, how people spent their time and the impact of needing help to do things.

The score for quality of life, as reported by people who use our services, increased from 18.7 in 2014 to 18.9 in 2015. Our performance was slightly better than the average score of 18.8 for other similar authorities.

Social care-related quality of life score	Improved
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Self-reported quality of life measure for carers

We also carried out the annual survey of our carers (called the Carers' Survey) and, from this, we found that their quality of life score had increased slightly from 7.0 in 2014 to 7.1 in 2015. However, this was below the average score of 7.7 for other similar authorities.

Carer-reported quality of life score	Improved
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Control over daily life

By 'control over daily life' we mean people having the choice to do things or to have things done for them as they like and when they want.

The results from the Adult Social Care Survey showed an improvement between 2014 and 2015 in the level of control people felt they had over their daily life.

The percentage of people who said they had 'as much control as they wanted' or 'adequate control' over their daily life increased from 70.0% to 73.5%. However, our performance on this was below the average of 74.7% for similar authorities.

Control over daily life	Improved
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Living in the community

Not everyone who currently lives in residential or nursing care needs to be there and so we look at how we can make sure that people live in the community where this is appropriate.

In the figures we reported nationally for 2014/15, the percentage of adults with a learning disability known to us who lived in their own home or with their family was much lower than the average for other similar authorities. When we looked into this we identified an issue with how we recorded the data which meant the reported figure did not accurately reflect the percentage of people living in the community. We have put together a plan to address issues with the quality of this data.

Using other information we collect about services, we identified that in 2014/15 67% of younger adults with learning disabilities who were receiving long-term support were living in the community as they were accessing community based services such as home care and day care.

The percentage of adults in contact with secondary mental health services (community or hospital based mental health services), and known to us, who lived independently was 63.8% in 2014/2015 which was a little higher than the average of 63.2% for similar authorities.

Social contact

The Adult Social Care Survey collects information on level of social contact as an indicator of social isolation.

In 2014/15, 43.5% of people who used our services said they had as much social contact as they wanted. This was slightly below the average of 43.7% found in other similar authorities.

Delaying and reducing the need for care and support

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

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

In 2014/15 what did we achieve?

Worked towards improving quality of services and ending duplication by using the Better Care Fund programme to pool health and social care resources

The Better Care Fund (BCF) is a shared budget between health and social care to bring about closer working to deliver better services.

In September 2014 Birmingham's Health and Wellbeing Board supported and agreed the draft local Better Care Fund (BCF) Plan for joining up health and social care. This paved the way for better multi-agency working to provide appropriate care for people in their own home so they do not have to go into hospital.

Along with most other areas across the country, the Birmingham Plan went through several iterations before it was finally and formally signed off by NHS England and the Secretary of State for Health in February 2015. This was a significant achievement in what is, arguably, the most complex health system in England. It was followed shortly afterwards by the co-signing of an agreement under the terms of Section 75 of the National Health Service Act 2006, underpinning the BCF pooled budget of £90 million.

The principles for the Better Care programme are: keeping people well where they live, making help easier to get, better care at times of crisis and making the right decisions when people can no longer cope.

The programme comprises a number of projects to bring about the changes needed to transform services and support. These projects include creating services that work over seven days, setting up a combined access point to make it easy to use health and social care services, and getting people back home from hospital quickly with the right care and support.

More information about the Better Care programme is available at:

<http://birminghambettercare.com/>

Piloted an enablement service to citizens who were receiving home care commissioned by Birmingham City Council

Enablement is an intensive short-term service designed to maximise independence. We implemented a pilot to offer an enablement service to citizens who were receiving home care commissioned by the Council. In 95% of the cases no change was made to the care being provided as the care package was appropriate to meet the client's needs. From the pilot we were able to establish that only a small percentage of clients who already receive home care have the potential to benefit from enablement services.

Won a national award for the 'Supported Integrated Discharge (SID)' project

The HSJ (Health Service Journal) Awards are highly regarded, national awards that recognise projects and initiatives delivering healthcare excellence and innovation. The Supported Integrated Discharge (SID) project won the Secondary Care Service Re-design category in the 2014 awards <https://awards.hsj.co.uk/winners-2014>

The SID Project, which is a collaboration between the Heart of England Foundation Trust, Birmingham City Council and Solihull Metropolitan Borough Council, was praised by judges as an "*outstanding integrated success*". The project helps frail elderly patients to return to their homes after an acute illness.

Completed the Community Navigator Service project

The Community Navigator Service was a project providing a preventative type service to help reduce demand on specialist health and social care services. It aimed to promote the health and wellbeing of citizens in Kingstanding and Ladywood by improving access to local services. The service used a mixed of employed and local unpaid volunteers to help their local communities. The project came to an end in 2015. Birmingham's Better Care Fund Plans now provide further opportunities to explore approaches to prevention and early intervention.

Prepared for a joint approach between children's and adults' social care to transition

Transition refers to the progress of young people with disabilities as they move from childhood to adulthood.

We propose to make the transition process smoother and more effective by establishing a joint approach with children's social care to transitions. During the year we prepared for bringing together children's social workers, adults' social workers and family support workers to support, in a more integrated way, young people with disabilities aged 14-25 years.

How well we did do in 2014/15?

Enablement service

The enablement service provides intensive short term support that aims to encourage and assist people to lead as independent and fulfilling life as they can. It helps people to 'do things for themselves' rather than 'have things done to them'.

We saw a slight fall in the number of people starting an enablement service from 3,524 in 2013/14 to 3,451 in 2014/15. However, the service was more effective with the proportion of new clients completing an enablement programme who required no ongoing support at the end increasing from 52.1% in 2013/14 to 53.7% in 2014/15.

We used the ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- delayed transfers of care; and
- admissions to residential care.

Delayed transfers of care

A delayed transfer of care is when a patient is ready to leave hospital but is prevented from doing so for one or more reasons. The measure of 'Numbers experiencing delayed transfers of care' reflects the ability of the whole system (hospitals, community-based care and social care) to ensure that patients are transferred appropriately from hospital.

Between 2013/14 and 2014/15 there was an increase in the numbers experiencing delayed transfers of care. In 2014/15 the average number of people delayed per 100,000 population was 20.3 compared with 19.0 in 2013/14. This was much higher than the average of 12.5 in similar authorities.

Numbers experiencing Delayed Transfers of Care	Worsening
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There was also an increase in the delays attributable to adult social care. This increased from 10.7 per 100,000 population in 2013/14 to 11.3 in 2014/15. This was much higher than the average of 5.1 in similar authorities.

Numbers experiencing Delayed Transfers of Care attributable to adult social care	Worsening
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The increases in delayed transfers of care need to be viewed within the context of the challenging environment for hospitals in Birmingham in 2014/15. There was a month on month increase in the number of older adults admitted to Accident and Emergency departments throughout this period, resulting in increased hospital activity for the

unplanned care of frail elderly people. This was reflected in the increased number of social care assessments undertaken by hospital teams with them completing, on average, 290 more assessments a month in 2014/15 compared with 2013/14.

The closure of one of our primary Enhanced Assessment Bed (EAB) units in February and March 2015 because of a very rare infectious disease outbreak also affected transfers from hospital. EABs are for patients who are medically fit to leave hospital and allow patients to be assessed outside of the hospital environment. We will be increasing the number of EABs and making further improvements to the process for allocating patients to them. Use of EABs results in a better assessment of a person's long-term needs and gives them extra time to recover. This improves the likelihood of their returning home rather than going into long-term care.

We are continuing to work with our health partners to identify better ways of working to reduce length of hospital stay and delayed transfers of care. We will be implementing the new Customer Journey in 2015/16 and social work staff will move into a multidisciplinary discharge hub at University Hospital Birmingham. This will further improve communication between professionals and support patients to leave hospital as soon as they are fit to be discharged. In addition, the Better Care Fund plans will enable more effective working with partners.

Admissions to residential care

The proportion of new permanent admissions to residential care for people aged 18-64 years per 100,000 population was 16.0 in 2014/15 which was above the average of 13.2 for similar authorities.

The proportion of new permanent admissions to residential care for adults aged 65 and over per 100,000 population was 781.1 in 2014/15, which was above the average of 727.0 for similar authorities.

However, the number of clients of all ages whom we supported to go into care homes fell between 2013/14 and 2014/15. In 2014/15 we supported 126 people aged 18-64 to go into care homes compared with 137 in 2013/14 (8.0% reduction). For people aged 65+, we supported 913 clients to go into care homes compared with 1,038 in 2013/14 (12.0% reduction). These reductions reflect benefits arising from our enablement services and use of Enhanced Assessment Beds (EAB) which help keep individuals independent and avoid permanent placements in care homes. In 2014/15, 38% of the placements in the EAB service resulted in the person returning home. These are clients who would probably have gone into a care home without the EAB service.

Ensuring that people have a positive experience of care and support

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

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

In 2014/15 what did we achieve?

Continued to work with our Citizen-led Quality Boards

The Directorate for People has two Citizen-led Quality Boards – one covering the work of Assessment and Support Planning services and one for Commissioning. Citizens who use services and carers on these Boards work with staff to provide quality assurance based on their experiences. More information about the Boards is available at:

<http://www.birmingham.gov.uk/cqb>

Members of both Citizen-led Quality Boards continued to contribute their time and expertise. Some examples of their involvement included:

- **Contributing to Staffordshire County Council's Peer Review**
Two Board members accompanied senior Birmingham City Council staff on a three day visit to Staffordshire County Council as part of a 'Peer review'. The Peer Review team acts as a 'critical friend', reviewing another council's practices in a challenging but supportive way. The Board members participated in a range of meetings with staff, people who use services and representatives from organisations that provide social care services. Both Board members found it a valuable learning experience which they shared by contributing articles to the Directorate for People's social work staff newsletter.

- **Supporting the directorate's Celebrating Success staff awards**
Members of the Citizen-led Quality Boards took turns to judge submissions to the directorate's Celebrating Success Awards for staff, which are held four times a year. As well as helping to choose winning entries, they attended the awards' celebrations where they met the winners and talked to them about their work. Board members enjoyed contributing to recognising and sharing good practice, learning more about the work of social workers and found the case studies of real life practice inspiring.
- **Participating in focus groups**
Board members took part in focus groups where they provided valuable feedback, advice and suggestions about how to improve a range of services, for example, how to communicate in accessible ways.
- **Assisting the Birmingham Safeguarding Adults Board (BSAB)**
Representatives participated in the Information and Communication subgroup of the BSAB; helping to develop and promote the campaign - 'Suspect it, Report it' - aimed at raising awareness of financial abuse of vulnerable adults.
- **Meeting with the Cabinet Member for Health and Social Care**
The Chairs and Vice Chairs of the two Boards meet together to plan workloads and meeting agendas. They also meet with the Cabinet Member for Health and Social Care every three months to discuss issues raised by Board members.
- **Developing a public version of the quality ratings of care providers**
Members of the Board contributed to the development of a webpage where citizens can view the quality ratings of providers of residential and home care services.

Organised an Opportunities Fair to help citizens understand our policy document - 'Social care for adults in Birmingham: A fair deal in times of austerity'

<http://www.birmingham.gov.uk/opportunitiesfair2014>

The 2014 'Moving Forward Together' Opportunities Fair took place in Birmingham over two days on 30 September and 1 October 2014. This free event was organised to help citizens understand the adult social care policy document – 'A fair deal in times of austerity'. It also provided information on a range of opportunities and types of support available including the Shared Lives Service, Carers' Hub and direct payments. Citizens as well as staff were involved in the design and delivery of the event.

Approximately 1,500 people from all over Birmingham visited the Opportunities Fair over the two days and had the opportunity to speak with the 20 exhibitors. One visitor commented: *"Got exactly the help I needed to start the ball rolling for my daughter"*.

Developed a public version of the quality ratings for providers of care homes and home support services

The directorate has in place a process to monitor the quality of residential and home care services in Birmingham that produces quality ratings for providers. In 2014 we developed a public version of these quality ratings which we launched at the directorate's Opportunities Fair. Members of the Citizen-led Quality Boards contributed to the development of the quality ratings webpages which can now be viewed on the Internet at: <http://www.birmingham.gov.uk/adult-social-care/provider-quality-dashboard>

The webpages allows citizens to find the quality rating for a particular care home or home support service.

Piloted a survey of clients contacting the Adults and Communities Access Point (ACAP)

ACAP is the first point of contact that citizens have with adult social care services. In June 2014 ACAP staff and members of the Citizen-led Quality Boards piloted a telephone survey of clients contacting ACAP. This was then rolled out, with 2,024 clients participating in the survey between June 2014 and May 2015. 95% of those participating in the survey felt the advisor had given them the information and advice they were looking for.

Consulted on savings proposals

The Council continues to struggle with massive cuts in government funding and has to look at what services it will provide in the future and how it will provide them.

Between December 2014 and February 2015 we consulted on the savings proposals for the Directorate for People in the 'People Directorate 2015/16 Proposed Budget Consultation'. This included specific proposals for assessment and support planning, universal and preventative services commissioned from the Third Sector, Healthwatch Birmingham and our in-house care services. We responded to citizens' concerns regarding changes to the Supporting People service and to services commissioned from Third Sector organisations by reducing the savings proposed for these. <https://www.birminghambeheard.org.uk/bcc/peoplebudget15>

Three of our social workers earned national recognition

The excellent practice of our social workers was recognised in 2014 with successes in the national Social Worker of the Year Awards. These prestigious awards celebrate the outstanding achievements of social workers across England. Three Birmingham social workers received national recognition by winning top prizes:

- Ariela Reed – Silver Award in the Lifetime Achievement category;
- Joanne Lowe – Gold Award winner of the Adult Social Worker category; and
- Julia Parfitt – Gold Award winner of the Team Leader Adult Services category.

More information is available at: <http://www.socialworkawards.com/award-entry/previous-winners/>

Each Gold Award winner was invited to a reception at the Palace of Westminster in February 2015 to share their achievements with representatives from the Department of Health and Department for Education.

How well we did do in 2014/15?

We used ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- satisfaction with care and support services;
- access to information and advice;
- involvement of or consultation with carers about support planning.

Satisfaction with care and support services

Citizens who use services

Using the results from the Adult Social Care Survey, we saw a decrease in the proportion of people who were 'extremely' or 'very satisfied' with their care and support services. This fell from 62.4% in 2013/14 to 60.5% in 2014/15. It was also below the average of 62.3% in other similar authorities.

Overall satisfaction of people who use services with their care and support	Worsening
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We are making improvements to our Customer Journey to provide a better experience for citizens by ensuring a more joined up approach to service provision.

Carers

The results from our Carers' Survey showed us that 32.2 % were 'extremely' or 'very satisfied' with the support they had received from the local authority. Whilst this was an improvement compared with 27.4% in 2013/14, it was below the average of 38.2% in similar authorities.

Overall carer satisfaction with support provided	Improved
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Access to information and advice

Using the results from the Adults' Social Care and the Carers' surveys, we looked at the percentage of citizens who use services and carers who found it easy to find information about services. We found this had improved from 61.3% in 2013/14 to 69.8% in 2014/15, however, it remained slightly less than the average of 71.0% for similar authorities.

Access to information and advice	Improved
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Involvement of or consultation with carers about support planning

From the Carers' Survey we found that 60.5% of carers said they were 'always' or 'usually' involved or consulted about the support or services provided for the person they care for. This was lower than the 63.0% in the previous year. It was also below the average of 69.7% for similar authorities.

Carers involved or consulted about support and services provided	Worsening
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In 2015/16, in compliance with the Care Act, we will ensure carers are fully involved in assessment and support planning by ensuring they have access to a Carer's Assessment if they want one.

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

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

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

In 2014/15 what did we achieve?

Increased awareness of safeguarding issues with an Eyes and Ears campaign focusing on financial abuse

In September 2014, Birmingham Safeguarding Adults Board launched a six week campaign to raise awareness of the financial abuse of vulnerable adults in Birmingham: <http://www.bsab.org/eyes-and-ears/>

The campaign encouraged anyone who was concerned that a vulnerable adult might be at risk of abuse to report their concern to the Adults and Communities Access Point (ACAP). Posters and leaflets were distributed to local hospitals, GP surgeries, libraries and other public buildings. Adverts also appeared on local radio, buses and trains.

During the campaign period there was a 21% increase in calls to ACAP compared with previous weeks. There was also an increase in the numbers viewing Birmingham Safeguarding Adults Board's website.

Prepared for implementation of the Care Act which makes the Safeguarding Adults Board a statutory function

The Care Act 2014 provides a legal framework for how local authorities, the NHS and other agencies should protect adults at risk of abuse or neglect. It gives Safeguarding Adults Boards a clear basis in law for the first time.

The directorate appointed a permanent Head of Adult Safeguarding to strengthen leadership of this area. It also worked in partnership with Safeguarding Leads in the West Midlands region to review policy and procedures in response to the Care Act. A

working draft of the 'Adults safeguarding multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands' is available at: <https://www.bsab.org/publications/policy-procedures-and-guidance/>

Planned for 'Making Safeguarding Personal' – “No decision about me, without me!”

Making Safeguarding Personal (MSP) is a national initiative with the emphasis on doing safeguarding with people and not to them. It is about finding out what outcomes people want from safeguarding and then determining the extent to which these outcomes have been met.

During the year the directorate began implementing the MSP initiative in Birmingham. We briefed all our social work teams on the initiative and required them to ensure their practice follows MSP principles.

Responded to the challenges of the Cheshire West judgement

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and are aimed at ensuring people are looked after in a way that does not inappropriately restrict their freedom.

A Supreme Court Judgement in March 2014 (known as the Cheshire West judgement, <http://www.bailii.org/uk/cases/UKSC/2014/19.html>) expanded DoLS protection to community settings. This means that people in supported living placements as well as those in care homes and hospitals are covered by DoLS protection.

We put in place plans to increase our capacity to complete DoLS assessments to respond to the increase in number of referrals following the Cheshire West judgement. These plans included increasing the number of specialist Best Interest Assessors (BIAs), commissioning training courses for staff and increasing the administrative support available.

How well we did do in 2014/15?

Safeguarding people

We had 4,604 safeguarding cases in Birmingham in 2014/15, a 17.2% increase on 2013/14 figures.

A high proportion of referrals were regarding individuals who were not receiving any services (45.2%), which was slightly down from 46.1% in 2013/14.

12.6% of the referrals were from the person themselves, a friend, family member or neighbour and a high proportion of alleged abuse took place in the individual's own home (46.8%).

We exceeded all the targets we set ourselves around how quickly we investigated potential safeguarding issues:

- 95.3% of safeguarding referrals were completed within 24 hours, above the target of 95.0%;
- 92.7% of safeguarding assessments were completed within 28 days of referral, exceeding the target of 80.0%; and
- 86.1% of Case Conferences were completed within 38 days of referral, exceeding the target of 80.0%.

However, we missed our target for the percentage of safeguarding case files rated as good during audits. On average 74.3% of case files audited were good, missing the target of 85%. From the audits we identified key areas of practice to be addressed. We propose to make some changes to the audit in 2015/16 to ensure it includes the practice requirements of Making Safeguarding Personal and the Care Act.

We have also increased the number of Safeguarding Adults Officer posts to support social workers to develop their safeguarding adults practice.

We used ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- how safe people felt; and
- how safe services made people feel.

How safe people did people feel?

In the Adult Social Care Survey, 70.8% of respondents said they felt as safe as they wanted. This was up slightly from the 69.2% in 2013/14. It was also above the average of 67.9% recorded in other similar authorities.

People who use services who feel safe	Improved
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Did adult social care services help people feel safe?

The proportion of people in receipt of care who said the care makes them feel safe was 89.6% in 2014/15. This remained well above the average of 83.5% in similar authorities but was slightly down from our 2013/14 position, which was 91.1%.

People who use services who say the services make them feel safe	Worse
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What are our plans for Adult Social Care 2015/2016?

Enhancing quality of life for people with care and support needs

- Embedding the new Customer Journey.
- Evaluating our preparations for meeting the requirements of the Care Act 2014.
- Consulting on ways to improve the take up of direct payments to increase people's independence.
- Creating a Commissioning Centre of Excellence, providing evidence-based commissioning to improve outcomes and services for citizens.

Delaying and reducing the need for care and support

- Continuing our work with the Better Care Fund programme.

Ensuring that people have a positive experience of care and support

- Organising an Opportunities Fair focusing on the Care Act and using a direct payment.

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

- Implementing the Making Safeguarding Personal initiative.

How well do you think we did in 2014/15?

Have your say by sending an email to us at: ci@birmingham.gov.uk

Or you can write to us at the following address:

Local Performance Account
PO Box 16434
Birmingham
B2 2ZB

Sources of further information

Adult social care information and advice for Birmingham

My Care in Birmingham - Birmingham's social care information and advice website:
<http://www.mycareinbirmingham.org.uk/>

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

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

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

Customer Care and Citizen Involvement Team
Directorate for People (Adult Social Care)
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG
Phone: 0121 303 5161 (option 1)
<http://www.birmingham.gov.uk/AdultCustomerCare>

Protecting adults from abuse and neglect

Information about abuse of vulnerable adults is available on Birmingham City Council's website at:
<http://www.birmingham.gov.uk/safeguardingadults>

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

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

Performance of Birmingham's adult social care services

We have a webpage with information on how Birmingham's adult social care services are performing:

<http://www.birmingham.gov.uk/adultperformance>

Healthwatch

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

<http://www.healthwatch.co.uk/>

Healthwatch Birmingham

The local Healthwatch in Birmingham:

- represents the views of people who use services, carers and the public on the Health and Wellbeing boards set up by local authorities;
- provides a complaints advocacy service to support people who make a complaint about services; and
- reports concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

<http://healthwatchbirmingham.co.uk/>

Glossary

Adult social care - Care and support for adults who need extra help to manage their lives and be independent

Adult Social Care Outcomes Framework (ASCOF) - Set of outcome measures to assess the impact of adult social care support on a person's life

Assessment - Process used to understand a person's needs and eligibility for services

Assistive technology - Technology that enables a person to remain independent and safe in their own home

Best Interest Assessor (BIA) - A BIA assesses whether a deprivation of liberty is occurring, or is likely to occur, and, if so, whether it is in the best interests of the person being assessed

Care homes - These provide 24 hour care, with or without nursing, in an environment suitable for the needs of ill, frail or disabled people.

Care Quality Commission - This is the independent regulator for health and adult social care services in England

Clustered supported living - Groups of houses or apartments with shared staff

Community based services - Services provided to support clients living in the community

Consortium - An association of several groups/companies formed for a particular purpose

Delayed transfers of care - This refers to when a patient is ready to leave hospital but is prevented from doing so for one or more reasons

Direct payment - A cash payment given to clients on a regular basis by the Council so the client can arrange their own care

Eligibility - This refers to when a person's needs meet the criteria for council-funded care and support

Enablement - An intensive short-term service designed to maximise independence

Enhanced assessment - This is where a patient's ability to cope is assessed away from the acute hospital environment. It allows for a greater number of personal living skills to be observed and so provides a more accurate assessment of an individual's abilities

Long Term Support - Ongoing support to maintain an individual's quality of life

Net expenditure - Gross expenditure less specific service income and specific grants. (Gross expenditure is the total cost of providing services before deducting income from Government grants, or fees and charges for services)

Preventative services - Services to prevent more serious problems developing

Residential care - Care in a care home

Review - Checks that a client's needs are still being met

Safeguarding - Process of ensuring that adults at risk are not being abused, neglected or exploited

Shared care hours - Care is provided by one person to several recipients in the same setting at the same time

Shared Lives Service - This is where Shared Lives carers share their family and community life with someone who needs support to live independently

Short Term Support - A time limited period of support with the aim of ensuring the client becomes as independent as possible

Transition - Transition refers to the progress of young people with disabilities as they move from childhood to adulthood

Appendix 1 – List of authorities used for comparison

The 'Comparator Group' is made up of 15 other local authorities with a similar demographic make up to Birmingham. The cities in our comparator group changed in 2014/15.

In 2014/15 our comparator group comprised:

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

Appendix 2 – Key performance figures

The following tables show the number of people supported by our adults' social care services in 2014/15 and compares this to the average for other similar local authorities (comparator group).

In 2014/15 all local authorities were required to change the way they measured and reported nationally on the performance of adult social care services. Many of the performance measures are now calculated from a data source called the Short and Long Term (SALT) collection. This means we are unable to compare our performance with that of previous years on certain measures.

2014/15 was the first year of collecting and reporting performance figures in this way and local authorities may have interpreted the measures differently. This means figures may need to be revised in the future. The following performance figures, therefore, need to be viewed within this context.

Number of requests for support from new clients – per 100,000 population

We received requests for support from a lower proportion of people aged 18-64 than the average for our comparator group. However, we received requests for support from a higher proportion of people aged 65+ than the average for other similar local authorities.

Age	Area	2014/15
18 - 64	Birmingham	1697.9
	Comparator group	1945.4
65+	Birmingham	17405.7
	Comparator group	15964.6

Number of clients receiving long term services for more than 12 months who had a review – per 100,000 population

A review checks that the services a person is receiving continues to meet their needs.

As part of our approach to encourage independent living we carry out reviews to ensure that individuals continue to receive appropriate care.

In 2014/15 we carried out reviews for a higher proportion of people aged 18-64 than the average for our comparator group. However, we carried out reviews for a lower proportion of people aged 65+ than the average for our comparator group.

Age	Area	2014/15
18 - 64	Birmingham	348.8
	Comparator group	310.9
65+	Birmingham	2672.2
	Comparator group	2876.9

Number of clients living in long term nursing or residential services as at 31/03/2015 - per 100,000 population

For both age groups (18-64 and 65+) we had a higher proportion of people living in long term nursing or residential services compared with the average in the comparator group.

Age	Area	2014/15
18 - 64	Birmingham	162.2
	Comparator group	126.1
65+	Birmingham	2074.5
	Comparator group	1927.3

However, as described earlier in this report, we know from other measures that the number of people supported to go into care homes in Birmingham fell for both age groups between 2013/2014 and 2014/2015.

Number of clients accessing Direct Payment or part Direct Payment services as at 31/03/2015 – per 100,000 population

For both age groups (18-64 and 65+) we had a lower proportion of people using a direct payment compared with the average in the comparator group. We are continuing to look at how we can increase the use of direct payments across both age groups.

Age	Area	2014/15
18 - 64	Birmingham	144.4
	Comparator group	252.6
65+	Birmingham	302.3
	Comparator group	577.4

Number of clients accessing community based services (excluding those receiving Direct Payments) as at 31/03/2015 – per 100,000 population

Community based support includes services such as home care and day care.

We had a lower proportion of people in both age groups (18-64 and 65+) accessing community based services compared with the average in the comparator group.

Age	Area	2014/15
18 - 64	Birmingham	380.6
	Comparator group	416.3
65+	Birmingham	2717.4
	Comparator group	2814.8

Number of carers assessed separately from the client (excluding joint assessments) - per 100,000 population

We assessed a higher proportion of carers compared with the average in the comparator group.

Age	Area	2014/15
All Ages	Birmingham	292.4
	Comparator group	260.2

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

Customer Care and Citizen Involvement Team
Directorate for People (Adult Social Care)
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG

Phone: 0121 303 5161

Email: ci@birmingham.gov.uk