Local Account

2016

Information about the services the Council provides for adults and older people.

Contact Details:
If you would like to contact us about anything in this document or have any enquiries about adult social care in Cambridgeshire, you can call Customer Care on 0345 045 5202.
Foreword:

Welcome to the 2016 Local Account. This document summarises what we know about our performance whilst delivering Adult Social Care services in the last year. We reflect on the feedback we have received from service users and this year from a set of expert peers.

Cambridgeshire County Council, like many councils, is under financial pressure, has had to make significant savings to budgets over the past five years, and expects to continue to make savings over the next five years. The Council has an ambitious transformation agenda and hopes to deliver improved outcomes through a more flexible response to service need and

• Developing the local economy for the benefit of all
• Helping people to live independent and healthy lives
• Supporting and protecting vulnerable people

The primary way that Adult Social Care is responding to this is through its Transforming Lives approach. We have provided more detail on what this means in practice throughout this document.

The year has seen a number of developments across our Adult Social Care services. Performance remains stable in challenging times, and we are still trying where we can to improve services for the people in the community who use them. Highlights include:

• There are is a high proportion of people using self-directed support. Mental Health service users have seen increases in take up too. Use of Direct Payments has provided flexibility and choice for people 18-65 in particular;
• Continued success in reducing delayed transfers of care from hospital (delays which are caused by social care provision being unavailable);
• A number of new services have been introduced, for example at the first point of contact (Adult Early Help), maximising the use of community resources (especially in housing), using technology in care, and developing specialist services such as support for those with Prader-Willi syndrome.

We hope you find the Local Account of interest; if you would like to see anything else included within future versions of this document, please do let us know.

Charlotte Black
Service Director for Older People and Mental Health

Claire Bruin
Service Director for Adult Social Care
Overview:

Adult Social Care in Cambridgeshire commissions and provides a wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and meet a variety of personal care needs. The aim of our services is to care for and support older people and people affected by mental health issues and disability (learning disabilities, physical disabilities, sensory impairments, and HIV/AIDS) ensuring that their eligible support needs are met, and they can exercise choice and control over their lives.

The Council commissions services from a range of private and voluntary sector organisations, and works in partnership with NHS providers. In addition some services are delivered directly by the Council. During 2016 in Cambridgeshire, Adult Social Care was delivered by the County Council’s Adult Social Care Directorate, Older People and Mental Health Services Directorate, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridgeshire Community Services (CCS), and many charitable, voluntary and independent sector organisations.

The Cambridgeshire County Council website [http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people](http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people) provides information about adult social care services in Cambridgeshire such as help with living at home, help with social care assessments, paying for social care or finding the right care home. You can also find support and advice if you are a carer.

Transforming Lives – What does it mean?

The primary way that we are addressing the challenges associated with responding to legislative changes, an aging population and the constrained financial environment within Adult Social Care is by shifting the way that we approach our practice in meeting social care needs and improving wellbeing generally. Transforming Lives represents an approach that is proactive, preventative and personalised. It enables the residents of Cambridgeshire to exert choice and control and ultimately continue to live, to the fullest extent possible, healthy, fulfilled, socially engaged and independent lives.

The vision for this new way of working, which reflect the Council’s corporate priorities is to:

- Enable people to live independently
- Support people in a way that works for them
- Support the development of strong, connected communities
- Recognise the strengths of individuals, families and communities and build upon these; and
- Work in partnership to achieve this
The programme started with a pilot in October 2014 when East Cambridgeshire Learning Disability Partnership started working in a ‘Transforming Lives’ way. Other teams in Learning Disability Partnership and Disability Services (including Physical Disability) starting attending training and were encouraged to make use of Transforming Lives approaches from April 2015, and in October 2015, the Transforming Lives approach was formally rolled out to those teams. This roll-out has involved staff training, changes to processes and procedures, changes to information systems, the introduction of different financial approaches and work with the voluntary and community sector.

In April the Council created an Adult Early Help Team. The Team is a key element of our Tier One (help to help yourself – information, guidance and signposting) and Tier Two (help when you need it– short term, time limited interventions) support. The team was established to improve outcomes at first point of contact for older people and those with physical disabilities / long term conditions, to reduce delays in accessing support and to delay or prevent the need for ongoing funded care. This will reduce the number of referrals to social work teams which we will hope will create space for them to work in a different way in line with Transforming Lives. It will also reduce the number of people being assessed for more costly care packages, as well as to improve the customer experience.

The AEH team’s main responsibilities are:

- to support and advise older people, people with a physical disability or sensory impairment and their carers, where an early and straightforward intervention may prevent or delay the need for ongoing care
- provide expert advice over the phone, via home visits or booked appointments at community buildings
- help people to access local universal and voluntary sector services
- advise on ways in which individuals and their carers can organise help, signpost to sources of information and seek to resolve issues without the need for a formal assessment or care plan
- where appropriate, develop a Community Action Plan (CAP), with actions for both the service user and the team to complete. The AEH team will follow up after two weeks to establish whether the planned CAP outcomes have been met.
Transforming Lives – how have people’s lives changed?

We collate case studies to capture the impact of our work within Adult Social Care. Below are a selection of recent case studies (anonymised), which show the real, positive impact that Transforming Lives can have:

Case study 1

Mr Jones had not accessed the community independently for around twenty years; he has a diagnosis of paranoid schizophrenia and lives with his mother. A care package was put in place years ago to support Mr Jones to access the community - he had severe anxiety and low motivation about going out to public places. The care package was used to take Mr Jones to country parks and prevent social isolation. At review, we discussed reablement services and Mr Jones agreed he would like to try it. His mother told me she wasn’t sure it would be successful and that if it wasn’t, they would privately fund his care package.

Mr Jones has worked with a peer support worker towards his goal of being able to go to the shops alone and access a college course independently. Mr Jones now goes to his local shop daily and has also lost weight, which has been an ongoing issue for him. He reports feeling physically fitter, as he is regularly going out for walks and accessing public places alone. Mr Jones has identified a college course and hopes to enrol on this soon.

Case study 2

Mr Adams (82 years) had Parkinson's Disease and was having difficulty transferring in and out of bed because he could not lift his legs during transfers. However, once standing, he was able to walk independently. His 85 year old wife was having to lift his legs for him, including throughout the night if he needed the toilet. Mr Adams had fallen twice in the previous year and his wife was under significant strain, but they were both determined to stay as independent as possible. The Occupational Therapist tried a number of different types of leg lifters but none of them worked and there was a risk that Mr and Mrs Adams would either have to accept more domiciliary care, Mr Adams would have to wear incontinence pads at night, or the couple would have to consider a care home for Mr Adams as provision of night time care would not be possible. The couple did not want any of these options so the Occupational Therapist suggested a Rotoflex Turning bed (see picture below). These are not usually provided by the Integrated Community Equipment Service (ICES), but the case was presented to the ICES Commissioning Group and it was agreed this was a cost effective solution for Mr and Mrs Adams. Mr Adams has now had the bed over 6 months and is delighted to be able to transfer in and out of bed independently. The bed cost £6,000, but avoided additional annual domiciliary care costs of £2,000, and potential care home costs of far more. The outcomes in terms of Mr and Mrs Adams’s quality of life is immeasurable.

Case study 3

The Older People’s Service had a request from a Care Agency enquiring whether we would continue to pay for the care worker who supports a service user with his daily needs when he’s on holiday with his wife in another location.

The agency had received a request from a service user’s wife seeking permission for a care worker to accompany them and assist them with her husband’s care needs when they go on holiday. The cared for person usually remains behind and is placed in respite care when his wife goes on holiday. This time she has asked if it was possible to have a care worker accompany them. Her husband usually has dual care workers twice per day. She has asked for one care worker and she will be the second person for moving and transfers. The carer’s husband never leaves the house so this is an opportunity for them to have a holiday together.
The service user will be paying for the care worker and their expenses to go with them. The Transforming Lives approach has empowered the service to be creative with this request and continue to pay the provider for the allocated time he has when at home. This will reduce the need to utilise a respite bed for the cared for, and the benefit will be that the couple have a holiday together which they have not had in many years.

Case study 4

Mr A, who has an Acquired Brain Injury had been going to Headway Day Service in Cambridge for many years. During a conversation with Mr A he said that the main thing he got out of going to Headway was the art groups. His wife (and carer) explained that she didn’t get much of a break as she had to drive him and collect him from Cambridge – they live a village north of Cambridge. Mr A was supported to move on from the Day Service and he now uses his Personal Budget to employ a carer to attend local art groups, providing better respite for his wife and offering him meaningful activity in his local community. His wife drops Mr A off at his activities and is able to pursue her own hobbies/interests before returning to collect him. Having built his confidence, it is hoped that Mr A will be in a position to attend some of the activities without the support of a formal carer when his care and support is next reviewed.

Case study 5

Mrs B was in receipt of 1.5 hours a day of home care support, Monday to Friday, to have a shower, get dressed and prepare breakfast and to prepare an evening meal and carry out household tasks each evening. Mrs B was asked how she managed without support at the weekend and she said that this was because her partner, who she did not see during the week, supported her to put her splint on (she could not manage this herself). Mrs B said that she would be lonely if she was not seeing people on a regular basis and valued the carer’s visits. When undertaking her review the social care worker discussed things that Mrs B would like to do in the community, although the she said that she would feel uncomfortable doing this because she would feel like an outsider. The worker contacted Care Network and arranged for a Community Navigator to support Mrs B to find a volunteer to go to the social groups with her once or twice a week to prevent her from becoming socially isolated. Over time the volunteer will stop attending with Mrs B. A care package is still in place, but this is for a worker to support Mrs B to put her splint on and then she can manage independently, as she does at the weekend.

Case study 6

The Learning Disability Partnership received a referral for a 22 year old lady, Ms C who had not received any funded package of support from the team previously. Ms C has a diagnosis of Mild learning disability, ADHD and some challenging behaviours. She was keen to find employment. The Adult Support Coordinator in the team worked with Realise Futures Employment to develop a flexible package that provided up to 15 weeks of support, based on 2 hours a week each week plus 30.5 hours to be used if required. This was arranged as a Tier 2 intervention without the need of a full social care assessment. With just 5 hours support Ms C had been supported to find voluntary work and she was able to sustain this work independently. Both Ms C and her mother were very complimentary about the worker from Realise Futures Employment. The hourly rate paid for this service is higher than some other interventions, but the outcome for Ms C was achieved quickly, and no further support is required at this time.

Case study 7

Ms D is a young woman who is 19 years of age who has a learning disability. Having left school in July 2016 and begun a course at the local college, Ms D has been supported by the Young Adults Team to identify her future goals and aspirations through the transforming lives model of support.
Through her social care assessment, Ms D’s strengths and abilities were identified during which Ms D shared that she wanted to find employment within the field of care work. The conversations held with Ms D recognised that she has already demonstrated her ability to increase her independence, with support, having learnt how to use the bus to get to college independently, and made progress with being able to go to the local supermarket alone. In order for her to achieve her goals, we identified that she would need to build her confidence and resilience to overcome and manage her anxieties around new situations. A Tier 2 plan was introduced which focuses on Ms D’s abilities and aspirations to work, and she is currently using her personal budget to access a social enterprise within the community which is enabling her to improve her skills and prepare her for the next steps of being ready for work.

Case study 8

Mr E is a young man aged 19 years of age, he has a learning disability and lives at home with his family. During the week Mr E works on a voluntary basis on a farm and attends college one day a week as he is currently completing a level 1 course in agriculture. Mr E is also keen to improve his independent living skills particularly around managing his money and cooking. Although his mum has offered to help Mr D, he would rather engage with someone independent of his family to promote his independence. A short term Tier 2 plan has been put in place to enable Mr D to achieve his outcomes. To date, Mr E has developed the ability to plan a meal, budget for and purchase the ingredients, and prepare a range of dishes. His support worker anticipates Mr E will achieve his outcomes of improving his independence in this area by the end of the plan.

For more examples, an account of the changes involved in implementing aspects of the Transforming Lives in our Learning Disability Services has been published by Community Care and can be found at: [http://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/](http://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/)

In addition to our own evaluation activity, to provide challenge and assurance on Transforming Lives we asked a team of our peers to focus on Transforming Lives and the outcomes it has achieved. Further details of their findings are provided at pages 7 and 8.
What our service users said about us...

In early 2016, over 1,500 service users were sent questionnaires to gain their thoughts on the services we provide. 660 questionnaires were returned partially or fully completed. The key findings from the survey include:

- 65% of service users were either extremely or very satisfied with the care and support they receive. This is an improvement compared to previous year performance of 61%, and is better than the national average.

- 9 out of 10 service users reported that the care and support services help them have a better quality of life.

- 84% of service users reported that care and support services help them in keeping clean and presentable. (This was 76% in 2015)

- 7 in 10 respondents are able to spend their time doing things they value or enjoy with 67% saying that Care and Support services help them in doing this which is an improvement on previous years, and takes us up above national averages.

- 72% of service users found it very or fairly easy to find information and advice.

- 76% of service users agreed that when their care was arranged, they had choice about how their needs were met.

- 74% of service users agreed that when their care was arranged, it was done quickly and easily.

- 69% of service users know who to contact if their care and support needs change.

Service users were also invited to give specific comments on the survey. Some of these include:

“There were often problems with the timing of visits from carers. Sometimes the carers arrived more than an hour late; on occasions visits were missed altogether.”

“I am currently very happy with the carer I have employed via direct payment; however this has come after some years of very difficult/different situations. For my complex needs direct payments has been the best solution to my care.”

“I am very happy with the equipment supplied, delivery and collection services. I can’t speak highly enough of the reablement team.”

“My days have been given structure, seeing the carers 3 times a day. It is good to know they make sure I take my tablets and it’s lovely to have a cooked meal each day by someone who cares.”

“No communication or link between any of my health care providers and those providing social care.”

Whilst the majority of findings from the survey are reassuring, clearly there are areas where we can do better. When significant or worrying issues were highlighted within the survey, these were immediately followed up by the Council. Where there are specific issues with certain care providers, we are working with them to resolve and improve where we can, as part of the ongoing work we do to ensure the quality of care provision in Cambridgeshire.

The User Survey will be repeated in 2017, there will also be a survey of people registered as carers.
What our peers think of Adult Social Care in Cambridgeshire:

We asked the Local Government Association to deliver a Peer Review at the Council as part of the East of England Regional Peer Review Programme using the Commissioning for Better Outcomes Standards (CfBO). The CfBO Peer Review intends to help Local Government help itself to respond to the changing commissioning agenda in Adult Social Care. When we think of commissioning, we do so in its broadest sense, so anything from specifying a care package to redesigning a service to writing a strategy or doing a needs assessment. In Cambridgeshire we agreed that the review would focus on the following specific areas:

1. Cambridgeshire is using Transforming Lives to transform Social Care Practice whilst making the demanding savings required to deliver the Council’s business plan. Are the changes they are making outcomes focused and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?

2. How can the function of commissioning in the Council be improved? To include Macro and Micro Commissioning (i.e. how we decide where to direct our resources at a service and directorate level, down to individual commissioning decisions for those people we support) and how the two influence each other.

3. Have home care providers been influenced by the Council’s strategic direction? What lessons do we need to learn to ensure that the retendering of home care contracts is as effective as possible?

We wanted the Peer Review process to provide assurance on our approach, challenge in areas where we are not doing as well as we can do, and advice and support from those with local government experience.

The review was conducted in July 2016, and the Peer Team was made up of a number of local government officers from across the Country as well as a Service User Representative (an ‘Expert by Experience'). They reviewed over 49 documents, attended over 40 meetings, seven focus groups and met and spoke with over 60 people (including service user representatives and their carers) over four on site days. The week concluded with a presentation by the Peer Review team of the main findings from the review, a few weeks later they produced a report with more detail and this report was presented to our Adults Committee in November.

The Peer Review team were universally positive about Transforming Lives. They highlighted the Council’s ‘strength in the person-centred approach’ and referred to evidence they had seen of clear service user, carer and family involvement in the planning and improvement of Social Care Services. They described services where practitioners regarded service users as the central focus in the Transforming Lives model and used strength-based conversations. The Peer Team were encouraged by the performance of the newly established Adult Early Help Services, as well as Reablement services. To develop the model further the Peer Team encouraged further evaluation of the Transforming Lives model. They also suggested it may be helpful to simplify the communications about Transforming Lives to those outside of practice to help service users and carers feel better informed and involved.

The Peer Review team highlighted good examples of contract management in Cambridgeshire. The team found evidence of staff understanding the market, predicting activity, holding people to account and having an outcome based focus. Particular mention was made of the support and training given by the Head of Procurement and his team by providers.

A significant area of focus for the Peer Review team was related to Adult Social Care’s strategic commissioning intentions. The Peer Team drew attention to ‘very able staff’ who write good strategies that are meaningful to the Directorate. However, they were also keen to highlight that these did not always clearly align, and that some strategies did not reflect what was going on ‘on the ground’. They suggested we use action plans to help with practical implementation of the
principles established within these strategies. In addition to a lack of clarity between strategies, the Peer Review Team recommended that a clear link is made to the 'umbrella strategies' within Adult Social Care (i.e. Transforming Lives), the Children Families and Adults Directorate, and ultimately the Council’s Transformation Programme. In relation to this the Peer Team also recommended that the Directorate consider clarifying roles and responsibilities in relation to Commissioning at a macro and micro level.

The Peer Team were particularly impressed with work undertaken to reduce Delayed Transfers of Care (DToc). They recommended that we work even more closely with the NHS on this area in the future. Collaboration with the NHS was a key theme in the Peer Review team’s recommendations. They particularly recommended close collaboration with the NHS in the development of a sustainable home care market.

We have responded to the areas identified for further development by devising an action plan. The report, action plan, and minutes from the committee meeting can be found at https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/139/Committee/3/Default.aspx

The Peer Review programme encourages Local Authorities to commit to a Peer Review every two years. Peer Reviews can cover a broad range of areas of focus, we would be interested in your ideas on any areas you would welcome a team of external experts to review in 2018.
How you can let us know what you think about our services:

You can find out about the ways to contact us at: [http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people](http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people)

You can always contact us, on any matter in relation to Adult Social Care on 0345 045 5202.

The Council takes its safeguarding responsibilities very seriously and is committed to dealing with all aspects of abuse. If you are concerned that any vulnerable adult is experiencing abuse or neglect please contact:

Customer Services
0345 045 5202
referral.centre-adults@cambridgeshire.gov.uk
minicom: 01480 376 743 or text 07765 898 732

Emergency Duty Team
Monday to Friday, 5pm to 9am, all day Saturday, Sunday and bank holidays please telephone 01733 234 724.

If the person is in immediate danger or needs medical treatment contact the police and/or call an ambulance on 999.

If you have a comment, suggestion, compliment, or representation about Cambridgeshire County Council you can contact us in the following ways:

- complete the [feedback online form](http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people)
- email feedback@cambridgeshire.gov.uk
- contact [your county councillor](http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people)
- write to:
  
  Customer Feedback
  Customer Services
  PO Box 144
  St Ives
  Cambridgeshire
  PE27 9AU
What the information we hold tells us about our services:

All councils in the country collection information about adult social care services. The information we collect about services in Cambridgeshire is shown in the table below for comparison with other areas.

<table>
<thead>
<tr>
<th>ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS</th>
<th>Cambs 14/15</th>
<th>Cambs 15/16</th>
<th>Similar Local Authority* Average</th>
<th>Eastern Region** Average</th>
<th>Easter n Region ** Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care related quality of life</td>
<td>19.0</td>
<td>19.2</td>
<td>19.1</td>
<td>19.2</td>
<td>19.6 (T/ Su)</td>
</tr>
<tr>
<td>% who have control over their daily life</td>
<td>77.1</td>
<td>80.0</td>
<td>77.7</td>
<td>77.7</td>
<td>83.7 (T)</td>
</tr>
<tr>
<td>% of clients who receive self-directed support+</td>
<td>83.8</td>
<td>93.4</td>
<td>88.2</td>
<td>83.1</td>
<td>98.6 (P)</td>
</tr>
<tr>
<td>% of carers who receive self-directed support+</td>
<td>95.4</td>
<td>86.5</td>
<td>80.4</td>
<td>88.2</td>
<td>100 (E/L/P/ Su)</td>
</tr>
<tr>
<td>% of clients who receive direct payments+</td>
<td>22.6</td>
<td>23.6</td>
<td>30.5</td>
<td>27.6</td>
<td>36.9 (L)</td>
</tr>
<tr>
<td>% of carers who receive direct payments+</td>
<td>95.4</td>
<td>86.5</td>
<td>74.8</td>
<td>78.1</td>
<td>100 (E/L/S u)</td>
</tr>
<tr>
<td>Carer-reported quality of life</td>
<td>8.1</td>
<td>N/A</td>
<td>7.9 (14- 15)</td>
<td>8.1 (14- 15)</td>
<td>8.4 (H)</td>
</tr>
<tr>
<td>% adults with learning disabilities in paid employment+</td>
<td>1.9</td>
<td>2.5</td>
<td>5.8</td>
<td>8.4</td>
<td>16.8 (L)</td>
</tr>
<tr>
<td>% adults with secondary mental health services in paid employment +</td>
<td>4.4</td>
<td>5.7</td>
<td>9.0</td>
<td>6.2</td>
<td>10.8 (CB)</td>
</tr>
<tr>
<td>% adults with learning disabilities who live in their own home or with their family+</td>
<td>35.0</td>
<td>69.9</td>
<td>73.2</td>
<td>76.7</td>
<td>89.9 (CB)</td>
</tr>
<tr>
<td>% adults receiving secondary mental health services living independently, with or without support+</td>
<td>33.3</td>
<td>50.2</td>
<td>52.5</td>
<td>49.8</td>
<td>72.2 (T)</td>
</tr>
<tr>
<td>% clients receiving satisfactory social contact</td>
<td>43.9</td>
<td>46.4</td>
<td>45.3</td>
<td>45.2</td>
<td>48.6 (L)</td>
</tr>
<tr>
<td>% carers receiving satisfactory social contact</td>
<td>38.6</td>
<td>N/A</td>
<td>38.5 (14- 15)</td>
<td>42.2 (14- 15)</td>
<td>45.8 (S)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Permanent admissions to residential and nursing homes per 100,000 (adults aged 18-64) ++</td>
<td>7.6</td>
<td>3.3</td>
<td>11.1</td>
<td>17.8</td>
<td>3.3 (C)</td>
</tr>
<tr>
<td>Permanent admissions to residential and nursing homes per 100,000 (adults aged 65+) ++</td>
<td>546.9</td>
<td>561.0</td>
<td>548.5</td>
<td>568.7</td>
<td>394.6 (L)</td>
</tr>
<tr>
<td>% older people (65+) still at home 91 days after hospital discharge to reablement/rehabilitation</td>
<td>69.8</td>
<td>71.8</td>
<td>82.7</td>
<td>83.6</td>
<td>93.2 (H)</td>
</tr>
<tr>
<td>% older people discharged from hospital, who were offered reablement/rehabilitation</td>
<td>3.0</td>
<td>3.1</td>
<td>2.6</td>
<td>2.3</td>
<td>4.2 (T)</td>
</tr>
<tr>
<td>Delayed transfers of care from hospital per 100,000</td>
<td>18.0</td>
<td>14.8</td>
<td>15.6</td>
<td>9.7</td>
<td>5.0 (T)</td>
</tr>
<tr>
<td>Delayed transfers of care attributable to Adult Social Care per 100,000</td>
<td>5.8</td>
<td>4.4</td>
<td>6.6</td>
<td>2.7</td>
<td>0.7 (P)</td>
</tr>
<tr>
<td>% of new clients that received a short term service where outcome was either no ongoing support or support of a lower level</td>
<td>92.6</td>
<td>93.5</td>
<td>75.2</td>
<td>79.1</td>
<td>96.3 (L)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction of people who use services with their care and support</td>
<td>61.1</td>
<td>64.7</td>
<td>63.9</td>
<td>64.2</td>
<td>69.2 (T)</td>
</tr>
<tr>
<td>Overall satisfaction of carers with social services</td>
<td>41.6</td>
<td>N/A</td>
<td>41.2 (14- 15)</td>
<td>39.0 (14- 15)</td>
<td>42.9 (B+T)</td>
</tr>
<tr>
<td>% carers who report they have been involved in discussion about the person they care for</td>
<td>71.5</td>
<td>N/A</td>
<td>72.3 (14-15)</td>
<td>76.3 (14-15)</td>
<td>81.3 (E)</td>
</tr>
<tr>
<td>% clients using services who find it easy to find information about services</td>
<td>72.9</td>
<td>72.4</td>
<td>72.9</td>
<td>74.1</td>
<td>85.8 (T)</td>
</tr>
<tr>
<td>% carers using services who find it easy to find information about services</td>
<td>66.4</td>
<td>N/A</td>
<td>65.5 (14-15)</td>
<td>63.6 (14-15)</td>
<td>68.6 (CB)</td>
</tr>
</tbody>
</table>

**SAFEGUARDING ADULTS WHO CIRCUMSTANCES MAKE THEM VULNERABLE AND PROTECTING FROM AVOIDABLE HARM**

| % service users who feel safe | 67.9 | 68.9 | 69.3 | 68.4 | 72.8 (T) |
| % service users who say that their services make them feel safe and secure | 78.1 | 81.9 | 86.0 | 83.6 | 88.3 (P) |

+ and ++ The method for calculating these (specified by Dept of Health) has changed since 2013/14, so this is not a ‘like for like’ comparison.

*A group of 16 local authorities recognised as being similar across a range of socio-economic indicators.

**Eastern Region authorities**

| **include:-** | B = Bedford | C = Cambridgeshire | CB = Central Bedfordshire |
| | E = Essex | H = Hertfordshire | |
| | N = Norfolk | P = Peterborough | S = Southend-on-Sea |
| | Su = Suffolk | T = Thurrock | |
Useful information sources:

Information and Advice for service users and their carers:

http://www.cambridgeshire.gov.uk/info/20062/adults_and_older_people

http://www.cambridgeshire.gov.uk/careandsupport

http://www.cambridgeshire.gov.uk/careandsupportdirectory

http://www.cambridgeshire.gov.uk/careact

http://www.cambridgeshire.gov.uk/adults/equipment

http://www.cambridgeshire.gov.uk/info/20166/working_together/579/delivering_the_care_act/3

www.care-network.org.uk

Providing Feedback:

http://sunnetwork.org.uk/

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

http://www.cambridgeshire.gov.uk/customercare

Performance Information:

http://www.hscic.gov.uk/social-care

http://www.nhs.uk/Service-Search/performance/search

Local Government Association/Peer Review Information:

http://www.local.gov.uk/peer-challenge
http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab
Glossary:

**ADASS** The Association of Directors of Adult Social Services in England. They are a charity and the association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.

**Advocacy** Help for people to express their views on their needs and choices.

**Assessment** The process of understanding a person’s needs and eligibility for services.

**Assistive Technology** Devices to help people with their everyday activities, like sensors or devices linked to remote support to raise an alarm if required.

**Budget** The amount Adult Services has to spend.

**Care Act** A law relating to care and support for adults and carers. The Care Act modernises care and support in law so that the system is built around people’s needs and what they want to achieve in their lives.

**Care Quality Commission (CQC)** The regulator of all health and social care services in England.

**Carer** Someone who provides unpaid support to a family member or friend who cannot manage.

**Clinical Commissioning Group (CCG)** The CCG commissions health services for the county.

**Commissioning** Purchasing of goods or services from others is referred to as commissioning.

**Commissioning for Better Outcomes Standards** A document written by the Local Government Association which is designed to ensure that everyone shapes and shares the vision of excellent care and support for people in need of adult social care.

**Continuing Health Care** Healthcare-provided support that is provided to people with high healthcare needs based on an assessment.

**Direct Payment** Money provided directly to people so they can organise and buy their own care services, instead of being arranged by the local authority.

**Fair Access to Care criteria (FAC)** Criteria to help decide who is eligible for services. This ensures that councils use a consistent and fair method.

**Financial Assessment** Gathering information relating to a person’s income to determine the local authority’s level of financial support.

**Healthwatch** Independent service to ensure views on local health and social care services are heard.

**Home Care** Care provided for a person within their own home environment following an assessment.

**Independent Sector** Business outside the local authority who provide social care services.

**Outcome** Along term goal or objective.

**Local Government Association (LGA)** The LGA is a politically-led, cross-party organisation that works on behalf of councils to ensure local government has a strong, credible voice with national government.
Multi Agency Services, such as health, Police, education working together to provide solutions.

Partnerships We work with a variety of large and small organisations including the NHS, police and other services these are ‘partners’ or ‘agencies’.

Peer Review Peer Review (sometimes called Peer Challenge) is a process commissioned by a council and involves a small team of local government peers spending time at the council to provide challenge and share learning.

Personalisation A system that enables every person receiving care and support to have a choice in the way the support is provided.

Personal budget The sum of money for support after someone’s care needs have been assessed.

Reablement Support to help people to have long-term independence, choice and quality of life, while minimising the requirement for on-going support.

Referral A contact with the local authority which is passed on for further assessment.

Respite Periods of short term care provided so that carers get a break.

Safeguarding Work to stop vulnerable adults (and children) being abused, exploited or harmed.

Self-Funding a person who purchases their own care and does not receive support from the local authority to do so.

Signposting Information provided about another organisation or service that is available.

Supported Employment Advice and guidance to find paid work.

Supported Living A way of supporting people to live independently for as long as possible, care support is available on the premises, if required.

Vulnerable Adult A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other condition.

Voluntary Sector Not for profit organisations outside of the Council who provide care services.

Winterbourne Concordat A national programme of action committed to by all local authorities following the review of the Winterbourne View Hospital abuse scandal.