Health Cabinet Accountability Report 2012-13

Appendix 1 – Performance Summary Report - Adult Social Care

<table>
<thead>
<tr>
<th>SCC Outcome</th>
<th>In Staffordshire’s communities people are able to live independent and safe lives supported where required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabinet Member</td>
<td>Liz Staples Cabinet Member of Adults Well Being</td>
</tr>
</tbody>
</table>

1. **Ageing well - delivering services within an increasingly ageing population in Staffordshire**

1.1 During the last six months Staffordshire has delivered a number of key improvements across older people and prevention services working towards improving outcomes for older people in Staffordshire: these are

- Increasing opportunities to support people to remain within their own homes by making the home more suitable to meet their needs through use of community equipment.
- Increasing capacity to maintain independence and reducing dependency on long term care packages through reablement.
- Increasing capacity and reducing the need for intensive care packages through the use of Assistive Technology.
- Increasing opportunities for older people to access appropriate day services.

1.2 **Integrated Community Equipment Service** – from the April 2013 a new provider Medequip will provide community equipment services in Staffordshire. Medequip is part of the Siddall and Hilton Group a family run business since 1893, they are an experienced and innovative provider of community equipment services since 1993, and are recognised as a market leader in supporting people who wish to remain at home and independent. They support in excess of 10 million people through over 40 national contracts, 24 new contracts secured over the last three years.

### The Medequip solution

- Two site locations, one in Stoke-On-Trent
- Extensive experience in market with 100% contract retention rate
- Value of Contract is approx £5 million per annum
- Able to comply with all aspects of service specification and demonstrated adherence to KPI’s
- Customer focused approach evidenced in high levels of customer satisfaction
- Active customer, prescriber and employee involvement
- A clear understanding of the local demography
- Good local, regional and national presence
1.3 **Reablement**: The Living Independently Staffordshire (LIS) reablement service which was launched in 2011 has been fully established and embedded within the Staffordshire and Stoke on Trent Partnership Trust. Reablement is a new way of working for Staffordshire and identifies people who have suffered a health/social care set back who have the potential for good recovery. Through a targeted and intensive package of support which works with the person on a 121 basis, usually within their own home, people are supported to regain their independence and skills they need to live independently. Evidence gathered by the service shows that a significant proportion of people who have experienced the service go on not to need any further social care intervention.

1.4 Key headline statistics for 2012/13 are:
- 82.6% of people who had benefited from the service remained at home 91 days after hospital discharge.
- 51.9% of people who have been supported by the service required no ongoing social care support after 91 days.
- Average duration of reablement packages - 5.8 weeks
- Total number of people who have been assessed and received the service to date this year = 1,613

1.5 **Delaying and Reducing the Need for Care and Support**: Delayed transfers of care from hospital remain high, although delays that are solely or jointly attributable to the Trust fell in October after having increased every month since the start of the year. From a position at the start of the year where Staffordshire was one of the best performers in the region, we now compare unfavourably with the West Midlands and our national comparator group in respect of delays attributable to social care.

1.6 Recent increases have largely been due to an increase in the ‘patient/family exercising choice’ and ‘patients awaiting care package in own home’ categories. A Patient Choice Protocol is in development and once implemented this will reduce delays owing to patient choice. Daily Ward Board rounds will assist in lowering delays caused by patients awaiting care package in their own home, as when any such issues identified, processes are put in place to escalate these before they become delayed discharges.

1.7 Although a little below target, the success rate for reablement remains high, with 82.6% of people who receive a reablement service on discharge from hospital still living at home three months later. Although the percentage has declined a little since last year, this is likely to be a reflection of the increasing range of people for whom reablement is attempted.

1.8 Almost 50% of people who receive a reablement service are living independently with no ongoing services after three months. The number of carers receiving assessments followed by advice/information or carers’ services has risen significantly this year. If current performance is maintained the Trust is on track to assess over 5,000 carers during the year.
1.9 There is some way to go if the ambitious target of 80% of all clients receiving a review of their services is to be achieved. However, the Trust is expected to review a greater proportion of clients than were reviewed last year despite a small decrease in the end of year forecast this month. When people with short term or low level support are excluded from the indicator the Trust is likely to achieve the 80% target.

1.10 Staffordshire County Council have provided operational support, including participation in daily conference calls with health and Partnership Trust colleagues, to support the University Hospital of North Staffordshire with their urgent care requirements. This has involved securing additional capacity, to facilitate hospital discharges and an improved patient flow, and has included the block purchase of residential care home beds and support to Staffordshire & Stoke on Trent Partnership NHS Trust around additional domiciliary care capacity. This has been particularly crucial during the Christmas period, but wider in terms of supporting the winter pressures we face as a local health economy.

1.11. **Interaction and delivering joined up approach between the health and well being board and adult social care:** The new idea of an Accountable Care Partnership originated from some cross border working due to challenges experienced in relation to Staffordshire residents accessing secondary care from Good Hope Hospital in Sutton Coldfield.

1.12 The Accountable Care Partnership (ACP) is a coalition of organisations involved in the delivery of care in the local health and social care sector who have agreed to work together to agree shared ambitions and resources and behave in a co-operative and mutually supportive fashion. The ACP is jointly accountable for the delivery of a set of quality, social and health improvement outcomes and the focus of the partnership involves a responsibility for ensuring operational problem solving in the delivery of integrated care across organisations.

1.13 The first ACP to be established includes the following stakeholders:

- Good Hope Hospital, Sutton Coldfield
- South East Staffordshire & Seisdon Peninsula Clinical Commissioning Group (CCG)
- Staffordshire County Council
- Staffordshire & Stoke on Trent Partnership NHS Trust

1.14 The ACP is managed at both a strategic and operational level, and has three priorities they aim to address, including:

- Reducing admissions and re-admissions
- Reducing excess bed days and delayed transfers of care
- Improving choices at end of life

1.15 There is a huge energy for this partnership and ownership at each level to make step change improvements in the way that we deliver care and support to our patients. So far, the Operational Working Group have secured a joint agreement to invest in
Interim Bed capacity for the South East Staffordshire & Seisdon Peninsula CCG area, developed a revised hospital discharge pathway, which ensures safe and timely discharges of patients from Good Hope Hospital to be agreed and implemented from April 2013, secured a joint agreement to fund a ‘brokerage role’ which will support with facilitating packages of care for those complex cases referred to adult social care.

1.16 By working together with shared ambitions and resources we have managed to gather a wealth of intelligence around our populations, which is helping us to understand our patient flows and patient behaviours. We want to ensure that patients are aware of all the lower level services available to them in their local communities prior to thinking about turning up at A&E, and ensure that staff can also support a timely and safe discharge, where patients don’t have to make decisions in a crisis.

1.17 Learning from this model is being shared with partners across the County in order to look at opportunities to develop further ACP’s with CCGs

1.18 **Assistive Technology:** Work is ongoing to develop a sustainable model to deliver telecare and community alarms in the future for Staffordshire residents. The strategy has been developed as a joint piece of work with colleagues in the NHS Clinical Commissioning Groups and brings together joint priorities and outcomes for Community Alarms and low level preventative support, assistive technology and telehealth/ telemedicine. The strategy will support reablement and independent living, personalised care and support, and provide support and reassurance for carers.

1.19 The strategy identifies five shared priorities: Improved access to assistive technology; To improve prevention and early intervention; To sustain independent living; To facilitate safe return home from hospital or other residential service; To improve value for money, quality and efficiency.

1.20 These priorities have been developed into six specific action areas, which are split between supporting people who are already in receipt of social care support (reablement) and people not known to services (prevention).

<table>
<thead>
<tr>
<th>Reablement Action areas:</th>
<th>Prevention Action Areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>1. Embed Assistive Technology in assessment pathways.</td>
<td>3. Developing Assistive Technology information and access points within the community.</td>
</tr>
<tr>
<td>2. Establish an Assistive Technology training programme for assessors and prescribers. Develop appropriate assessment tools.</td>
<td>4. Developing resources to enable self assessment.</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td><strong>Outcome</strong></td>
</tr>
<tr>
<td>Resulting in ensuring the use of Assistive Technology is timely and effective</td>
<td>Resulting in enabling people to make informed choices without being forced through an assessment route and delaying the need for more formal</td>
</tr>
</tbody>
</table>
1.21 Current work to ensure the promotion of assistive technology with partner agencies is underway to build its profile across the County

- Work with care homes and hospitals to support improved care outcomes and manage risks
- Work with community groups on low level solutions ‘box of trix’ - helping people to help themselves
- Secured health funding for pill dispensers and trial of assistive technology with in care homes
- Staffordshire supporting regional research into most effective use of technology in falls detection
- Work with Fire service nationally on assistive technology supporting people with dementia as part of fire service dementia pledge

1.22 **Day Services**: Increasing opportunities for older people to access appropriate day services: The Joint Commissioning Unit have gone out to tender for specialist day centres and support for older people in Staffordshire. The aim of the new commissioned service is to increase personalised provision for older people by offering a range of services enabling the best outcomes for them, supporting older people with substantial/critical needs in improving their quality of life, and promoting independence whilst providing relief for carers. We awarded to successful bidders by mid February 2013 and plan for the new services to go live from April 2013.

1.23 In order to support the modernisation of older people day services; work is commencing to develop an Approved Provider List for day opportunities for older people (with the intention of going live during 2013/14), which we envisage will include services suitable for all levels of need, ranging from lunch clubs for people with lower/moderate level needs, private day centres for people with complex level needs, to specialist centres such as those named above for those with critical/higher level needs.

1.24 **Developing capacity within the independent sector to provide high quality residential and nursing care for people with dementia**: This will be further developed through the implementation of the Dementia Centres of Excellence Project which will develop a number of high quality specialist facilities which will be dual registered across Staffordshire. The project at pre qualification questionnaire (PQQ) went through PQQ stage in February and in March a small number of potential partners will be selected to work with to develop a full specification and business case.

1.25 Following the recent completion and return of the ADASS (Association of Directors of Adult Social Services) “End of Life Care Advisory and Best Practice Rating Framework for Adult Social Care Departments”, in conjunction with our partners in the NHS and the Staffordshire and Stoke On Trent NHS Partnership Trust, there has been an identified need for additional work to further develop and support End of Life services. On this basis, initial proposals have been made to establish a working group to further scope this and look at mapping commissioning and integrated pathways of care taking into account local variations.
2. Community based care

2.1 Collaborative Working With Clinical Commissioning Groups (CCG’s): Staffordshire County Council is leading the way regionally, and with some projects nationally, working in collaboration with the health sector, particularly Clinical Commissioning Groups, individual GPs and also with clinicians based in hospitals.

2.2 The Community Care team based within the Care team (People) for the County Council has developed integrated commissioning plans detailing work projects with many of the CCG’s, regularly attending Stakeholder events and have been supporting each CCG with their Authorisation processes including participating in authorisation events. Work is currently underway to develop a Memorandum of Understanding regarding the joint commissioning of services from Staffordshire and Stoke on Trent Partnership Trust.

2.3 Working alongside each of our Clinical Commissioning Groups we have secured a transfer of funds to offer Carers Breaks. These funds will support the delivery of the Staffordshire Young & Adult Carers Strategy which has been supported by each of our CCGs. The Strategy has three fundamental elements: replacement care enabling short breaks, carer support services to include information, advice, signposting and support, and building sustainable local community carer support.

2.4 Joint working has taken place with CCG’s to agree upon effective use of available Winter Pressures funding to manage the surging demand for services during the winter months (for example; the purchase of Interim Assessment beds, additional domiciliary care capacity)

2.5 With South East Staffs & Seisdon CCG, we have supported planning and research around extending the Neurology Rehab service from New Cross and West Park in Wolverhampton, to provide a comprehensive community neuro rehab service for Seisdon Peninsula patients. The Community Care team was also instrumental in drafting a Self Care Strategy for Personal Health Budget’s, Self Care, personalised care planning, telehealth and case management – a ‘self care toolkit’ which has also been shared with other CCGs around the county to use as a template.

2.6 Participation in the East Staffordshire Local Health Economy Forum where we presented the Council’s plans and vision for the People model

2.7 Working collaboratively with the North Staffs CCG, the Community Care team have been extensively involved in the Stroke Services Strategic Health Authority Review: The NHS Midlands & East have started to undertake a review of stroke services across the region, which reflects the pathway of care covering primary care, community and acute aspects of service and End of Life, as it is necessary to address issues across the whole pathway in order to maximise outcomes.
2.8 Participation in the North Staffordshire Health Summit meeting (in December 2012) where partners met to jointly identify priorities and develop strategic plans

2.9 Development of a draft All Age Community Care Strategy, informed through community engagement and aligned to the local Joint Strategic Needs Assessment (JSNA)

2.10 Personal Health Budget – Learning Hub status: To date, within Staffordshire, we have had 25 people come through the Personal Health Budget (PHB) process, not all of whom have elected to take up the opportunity to receive a PHB. Ten people in total have elected to receive a PHB but we currently have 5 ‘live’ PHBs. In addition, we have developed support plans with two further people who are now in receipt of an integrated social care and health budget.

2.11 To continue the work that Staffordshire has done in rolling out PHBs and as part of the Learning Hub work (for which we have received additional funding), we have been involved in planning numerous regional events with colleagues in Nottingham, Northamptonshire and Birmingham.

2.12 To best utilise these funds, there will be a series of events to share progress, future plans and awareness for PHBs with regional partners from Stoke, Wolverhampton, Birmingham, Coventry and Warwickshire, including:

Roll out of various training events
- Three times two-day Person Centred Thinking and Support Planning from Helen Sanderson Associates. This will also see two people go through a ‘Train the Trainer’ programme that will mean this training can be delivered locally in the future.
- Direct Payments in Health Briefing
- Continuing Healthcare Forum

Staffordshire roll out events to raise awareness of Personal Health Budgets
- Regional roll out event to be held in Staffordshire
- Two small roll out events (half days) in the North and South
- PHBs The Story so Far – Staffordshire event

Staffordshire has also been involved in supporting other early implementer sites in Walsall, Telford & Wrekin and Sandwell.

3. Learning Disability and Mental Health

3.1 Learning Disability: The council is developing an ambitious new approach to meeting the needs of people with disabilities. Independent Futures has a vision to create a seamless, holistic service to meet the needs of children, young people and adults
across Staffordshire. The new model requires an injection of staffing capacity to enable it to review the needs of existing clients and to introduce a key working which will bring significant benefits to people with a disability.

3.2 A review of specialist adult health learning disability services has been undertaken and feedback shared with key stakeholders. Models for future service provision will be developed in line with the recommendations from the report. We are undertaking work to develop the market place for people with autism, this framework will be fully operational in April 2013.

3.3 A Framework agreement has been established for the delivery of services to people on the autistic spectrum.

3.4 Learning Disabilities Quality Monitoring Officers have established a schedule for visits to all learning disabilities units across Staffordshire. Tools are being developed to enable stronger involvement of people with learning disabilities and family carers in the monitoring processes.

3.5 The Learning Disability service is forecast to overspend its budget in 2012/13. This is largely due to income losses from the NHS for continuing healthcare cases and section 117 aftercare cases. This loss of income combined with an increased demand for high cost placements has put a considerable pressure on the services budget. As a result it is necessary to reflect these pressures within the Medium Term Financial Strategy and include additional resources within the budget.

3.6 Commissioners have worked closely with procurement and frontline teams to deliver a savings programme of £1.5m to mitigate the above. A savings programme for 2013/2014 of £3.7m has also been agreed.

3.7 We have developed the first commissioning strategy spanning Children and Adults with Disabilities, setting out how we will increase opportunities and deliver a seamless approach (Living My Life, My Way – Cabinet during February 2013)

3.8 This new Assessment and Person Centred Planning service for children and adults with Disabilities, ‘Independent Futures’ – will be fully operational by April 2013.

3.9 Employment Engagement - A recent workshop was held to agree the Employment Strategy for people with Learning Disabilities. People with learning disabilities agreed with what has been included in the strategy and learnt about the work of the three Employment Support Workers. Views were given on what the next steps should be in terms of launching the strategy and also ideas were given about how we can work better with employers.

3.10 Autism Strategy Engagement - A number of consultation events have been held along with regular meetings of the Expert User and Carers Reference Group to agree the adult autism strategy.
3.11 **Mental Health**: There has been a rise in the number of mental health referrals due to demographic growth which has lead to a pressure on the mental health placements budget. This looks set to continue for the foreseeable future and so it is necessary to increase the budget throughout the MTFS period to cover these additional costs.

3.12 The Mental Health budget is forecast to overspend its budget in 2012/13. This is mainly due to a continued rise in the number of referrals the service is receiving and loses in continuing healthcare funding over the previous two years.

3.13 In essence the main budget concerns for Mental Health are primarily associated with the cost and management of people in residential and nursing home placements – particularly those subject to Section 117 of the Mental Health Act 1983 (revised): Section 117 is a joint funding responsibility between health and social care, there are two key issues:

- Case reviews undertaken by health partners have resulted in a financial pressure for both mental health and Learning disabilities where health contributions have been reduced or withdrawn.
- Decision making in respect of approval for local authority funded care packages for mental health, sits with Adult Social Care staff who are now employed by and sitting within the two Mental Health NHS provider services under the existing Section 75 arrangements – the budget accountability continues to sit within the Local Authority.

3.14 NHS partners are being pursued in respect of the cost pressure identified (£750k) and mechanisms for the future management of Section 117 payments are being explored with partners – this has been delayed whilst the reorganisation of NHS commissioning has been taking place and clarity in respect of roles and responsibilities completed across the CCG areas.

3.15 **Mental Health Section 75 arrangements**: these arrangements are being revised and new agreements are being negotiated which will bring the budget accountability and decision making together – this will transfer the placements budget to the mental health providers. Negotiations are underway with the two providers but have been delayed during the medium term final strategy process in order to have clarity on the financial envelope available. This is now complete and new agreements will be in place by the end of Quarter one of 2013/14 financial year.

3.16 There is a risk that the amounts to be recovered from NHS partners is not realised (£200k for mental health) however plans are being finalised to mitigate that risk as the financial quantum’s are agreed in respect of the Section 75 agreements. There is a risk that the Section 75 agreements wont be signed off by the end of March 2013 therefore a brief extension is being instigated to manage that risk with assurance that the completed agreements will be in place by the end of Quarter one 2013.

3.17 Demand for community recovery services continue to increase with more people receiving a service each quarter – supporting people to develop and achieve their own personal recovery plans, increasing independence and control, for example the number of people accessing employment, education, training and volunteering opportunities has steadily increased with 300 people achieving outcomes related to accessing education, volunteering and training opportunities and 70 people with mental illness
being supported into employment. Amendments to the data collection process are being made for quarter four to understand how many people have been supported to retain employment whilst receiving care or support for their mental health problems – this is also linked to work with employers to raise awareness and understanding of mental health in the workplace.

3.18 Moving forward: Working with Aspire Housing to support the development of a project working with young people to raise awareness and understanding of mental health problems through interactive theatre. The programme will start before the end of quarter four and will also provide an opportunity to ‘test’ the implementation of a Health and Wellbeing Impact Assessment tool. The outcomes to be monitored will be identified both by the young people and the local community representatives and it targets those young people that are generally not targeted.

4. Staffordshire and Stoke on Trent Partnership Trust improving outcomes for the residents of Staffordshire

4.1 From April 2012, almost 1,000 social care staff and a budget of around £150 million transferred from the Local Authority to the new Staffordshire and Stoke-on-Trent NHS Partnership Trust (SSOTP), creating the largest health and social care organisation in the UK, with the aim of improving the health and social care outcomes for the residents of Staffordshire. The official transfer was the culmination of over two years’ work by the County Council and the NHS in Staffordshire. A key driver for the change is to cut out duplication and reduce confusion for residents, and to ensure more people receive care in their own homes and in the community rather than in hospital or a residential home, helping people stay independent and in control.

4.2 SSOTP Performance to date includes:

- The percentage of eligible service users in receipt of self-directed support in Staffordshire continues to increase rapidly and has already exceeded it’s 45% target for the year (as at December 2012 it was actually 57.4%) and if the current rate of increase is maintained it should achieve 70% of eligible service users by April 2013. However it should be noted that less than half of personal budgets are being provided in the government’s preferred form of a direct payment, and this proportion is steadily decreasing.

- 86% of people who receive a reablement service on discharge from hospital are still living at home 3 months later

- The number of Carers receiving assessments followed by advice/information or carers’ services has risen significantly this year and if current performance is maintained the Trust will assess over 5,000 Carers during the year.

- The Trust remains on course to achieve most targets in respect of waiting times for assessment and for services to be implemented. Action plans are in place to address areas where waiting times are outside the targets
• Waiting times for minor adaptations remain high, but these have improved in 6 of the last 7 months. However, waiting times for major adaptations, which rely on the performance of a number of different partners, have continued to worsen after a small improvement earlier in the year.

• Additional national benchmarking data has been added to the Trust’s performance scorecard to help put local performance into context.

• We are seeing many sustained improvements in data quality as a result of ongoing efforts being made by the Trust, both in respect of the timeliness and the completeness of data.

• Delays in responding to complaints are giving increasing cause for concern with only 22% of cases responded to within the timescales agreed with complainants. The Trust has carried out internal audits of the complaints process and the formal review of the procedures is now under way.

• A recent monthly Customer Satisfaction Survey, on behalf of the Trust, focussed around personalised support identified that:
  • Two thirds of all respondents are extremely happy with their support
  • Two thirds said that the person they spoke to on first contact was able to provide immediate help
  • Approx four out of five said that the waiting time for their assessment had not caused any problems
  • Nine out of ten said their feelings had been taken into account during the assessment
  • Just over four out of five said that they had felt supported to make their own decisions about their support

4.3 Francis Report: The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013. Although the inquiry was focused on the healthcare system, it is immediately obvious that many of its findings and recommendations are equally relevant to Social Care, and indeed beyond. The main issues for the Council, coming out of the recommendations are:
  • The service user must be at the heart of everything we do, and that this should be built into our contracts with third parties, with explicit quality standards (for social care, the basic standards are likely to be developed by NICE)
  • Our systems must allow us to take early action where there are concerns about service quality, without having to wait for investigations to reach a firm view
  • Information about providers must be shared across the system (including with Overview & Scrutiny Committees and HealthWatch), especially information about complaints, and that the process of making complaints is clear and understood
  • We need to do more than just rely on providers’ self-declarations of quality
  • It is vital that we actively involve service users in quality arrangements
  • We should ensure that all directors of providers are ‘fit and proper persons’ for that role
• Commissioners should have the ultimate responsibility for deciding what services should be provided, and for ensuring alternative provision is available
• The need for commissioners to undertake ongoing monitoring of performance for every contract, intervening in individual complaints where these are not being resolved effectively or where services are substandard
• Performance management should be based on service quality, with clear escalation routes
• Workforce development should have increased focus on practical delivery of compassionate care

5. Integrate care plans

5.1 There are a series of phases to the implementation of the integrated teams, reflecting the need for immediate delivery, implementation of current year productivity requirements and the longer term cultural demands of a very different way of working.

5.2 The key aim of integrated teams is to create a way of working which will enable multi-disciplinary and seamless care to be delivered consistently and closer to home, thereby reducing admissions into hospital and premature admissions into long term care, which in turn increases the level of independence that can be enjoyed by people. By delivering care from an integrated team that is based locally to the individuals, relationships can be built up and information exchange across professionals becomes easier as they are part of the same team, which means that more of the personal contact time can be spent productively, rather than asking for information which another professional may already have had. Each individual will have a Care Plan, which is delivered by a care coordinator.

5.3 In this phased approach, a critical element of this stage is to gain a joint understanding of who can benefit from this type of coordinated and multi-disciplinary way of working. We anticipate that this will not be fixed in stone, but will evolve and develop as we learn more about the cohorts of people who are best served in this manner. It is important to point out that individuals will still need single agency and simple support plans, whether from a nursing, therapeutic, or social care need perspective.

5.4 The Trust has developed a series of early implementer sites across the County (and City) to test the model and to understand the scale of the challenge, both for the Trust and the partner organisations, which will be part of the teams. The proposed model will carry us forward for the next year but will be revised and developed around what works well. We will take the learning from the ‘Early Implementer Sites’ to improve, design and develop a robust model of care which will ensure that Individuals are central to whole service delivery. This evolving model will incorporate additional professionals within its core membership, and will be based upon defined need for each specific locality, for example therapy, voluntary sector and this is where we will build the interfaces with other organisations e.g. both mental health Trusts have nominated named links to the teams. In addition the supporting services will be framed as the extended teams, and over time and in a programmed way will be closely aligned to the core thus promoting a much more whole systems approach to delivery against actual need.
5.5 The Trust has held workshops with nearly 1000 frontline staff to communicate the vision of the new teams and to involve the staff in the design of the new service. From these workshops we have developed 160 service champions to help shape the delivery and to road test initiatives as they are developed. There are regular discussions between the leads of the early implemener sites to share emerging models and to learn from good practice to ensure consistency of approach.

5.6 The various work strands of the Staffordshire and Stoke-on-Trent NHS Partnership Trust transformation programme fully reflect the agreed strands of both the Council's commissioning intentions and Medium Term Financial Strategy savings plan, and the intentions of the six County Clinical Commissioning Groups (CCGs). Where there remains some disconnect is in the detailed implementation of some of the programmes, e.g. the Council and CCGs have different target populations for risk stratification in the short term, although a consistent view in the long term.

6. Customer Satisfaction

Peoples Panel

6.1 Staffordshire Cares which established in 2011 has achieved a good level of awareness with over one third of the Peoples Panel, having heard of its offer, and two-thirds of these were aware of the face-to-face advice points. 'Your Staffordshire' was the most popular way of accessing information on Staffordshire Cares and most considered it a useful service. At the third annual Your Voice conference in April 2012 Staffordshire Cares presented on developing personalised care services, led an interactive workshop and took feedback to feed into future work including planning and delivering further engagement, training and information events

6.2 The quality of social care in Staffordshire received generally positive comments through the consultation on the Quality Green Paper for A Revolution in Social Care. Responses were received by over a thousand people. There was recognition that there was scope for improvement. The priorities that emerged from the consultation were:

- Being treated fairly and with dignity
- Behaviour and attitude of staff
- Knowledge and skills of staff

6.3 Four clear areas for improvement that emerged were:

- Listen to users/feedback mechanism
- Care staff
- Personalisation
- Better information
6.4 There was general support for the proposals within the Green Paper, particularly around a complaints process that linked into the County Council’s complaints service and that excellent quality should be rewarded. From the Commissioners consulted, the key recommendations that emerged were around developing an agreed set of quality standards for the sector which should be at the heart of all commissioning in this area.

6.5 The way residents engage with health and social care services is changing. In January 2012 Engaging Communities Staffordshire (ECS) consulted across Staffordshire through road shows, a questionnaire and face-to-face meetings and 2,369 people shared their views on this subject. There was a lot of support for the creation of an independent organisation to help and support them to find their way to the right health and social care services (88.6%) and support for feedback on health and social care to be looked at in one place (81.9%). Most people wanted to share views on GPs (56.4%), Hospital stays (34.3%) and outpatient appointments (33.2%).

6.6 **Supporting vulnerable people to live independent and safe lives:** Supporting vulnerable people to live independent and safe lives is a priority outcome for the County Council. Therefore listening to the views of these communities is vital in ensuring that services are developed in a way which contributes to this outcome. We do this in many ways. Concerns about the quality and support for care staff and carers emerged from across consultations. Consultation on the Quality Green Paper for A Revolution in Social Care particularly prioritised support for working with voluntary and independent organisations to make sure carers receive an acceptable wage (64%). At the Your Voice conference in April 2012 suggested improvements included breaks for carers and more emergency respite. The importance of support, advice and guidance available for care staff was also a priority for responses regarding Dementia Care, 62.3% of respondents did not think carers received the support that they need. At the Your Voice conference in April, for users and carers, the most significant need was for consistent carers who were well supported so that there are no gaps in provision.

6.7 People at the Your Voice conference were positive on the whole but had experienced frustration in their efforts to remain independent by problems caused by gaps in care, lack of consistency, appointments not being met and the lack of a joined up approach to their care. Other key themes that emerged were equality of service delivery across the county, improved access to information and advice, better out-of-hours service and the need to get better information at the first point of contact.

6.8 **Adult Social Care Monthly customer satisfaction survey** (The response rate for the year (November 2011-2012) was 31%. Questions are strongly focussed around personalised support.)

6.9 Headline results show that two thirds of all respondents are extremely happy with their support (66%). Other positives include the following:

- Almost two thirds said that the person they spoke to on first contact was able to provide immediate help.
- Approximately four out of five said that the waiting time for their assessment had not caused any problems.
- Nine out of ten said their feelings had been taken into account during the assessment.
• Just over four out of five said that they had felt supported to make their own decisions about their support (83%)
• Two thirds told us that they had felt ‘fully in control’ during the support planning process.

6.10 However, not all trends were positive:
• Less than two thirds reported having understood the options given to them about the Direct Payments Scheme.
• More than half said that no one had explained to them why their support would not be funded by a personal budget or direct payment.
• More than a quarter responded ‘don’t know’ when asked which options had been discussed with them during the assessment.
• Less than two thirds of people receiving help from a carer or friend said that this person’s needs had been taken into account.
• 34% of respondents requested a follow up interview to discuss aspects of their support. The interviews provide a good opportunity to use experiences as a means of opening and defining the purpose of Quality Circles, with a view to improving practice and services through identified learning points.