



Walsall Council

Local Account for 2013/14

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Foreword

FOREWORD BY COUNCILLOR DIANE COUGHLAN, PORTFOLIO HOLDER

This Local Account covers a period of change and austerity as the Social Care and Inclusion service resolved structural budget and other issues in 2013/14. As Walsall Council has to save £86 million over the next 4 years we will have even less money to deliver social services, but I want to reassure the people of Walsall we will still be meeting their assessed social care needs. Change in how deliver services is inevitable. We will fully consult on all proposed changes as we want to hear what local people have to say. We want service users, carers and the public help us to shape social services so they will be financially sustainable for the future whilst still meeting the needs of our disabled and vulnerable residents.

INTRODUCTION FROM KEITH SKERMAN, EXECUTIVE DIRECTOR, SOCIAL CARE AND INCLUSION

This is the second local account of adult social care to be published by Walsall Council. It provides a summary of the wide range of support and care the Walsall Council provides itself, or commissions through independent and private providers. This Local Account covers the previous year, 2013/14, when there continued to be sustained pressure from demand and from limited financial resources.

Notwithstanding these pressures, there are considerable achievements in meeting local residents' essential needs, and with good levels of satisfaction feedback by service users and their carers. These achievements are in part attributable to the committed and stable social care workforce in the Council, and the good partnerships the Council has with such as the NHS Trusts, the Clinical Commissioning Group, housing and voluntary organisations.

There are areas for improvement highlighted in the Local Account which have informed the priorities for the current year, 2014/15. These priorities are outlined and will be reported upon in the next Local Account. Further changes to deliver upon Council priorities and new legislation are inevitable – we need to engage with local people on how best to deliver sustainable social services.

Comments, feedback and suggestions on how to improve the reporting of the Council's performance in social care based on the Local Account are welcome.

Executive Summary

The Local Account 2013/14 is the Annual Report for Walsall Council's Adult Social Care and Inclusion Directorate. Its message is simple; it tells you, our citizens and customers, about what we have done on your behalf in the last 12 months. Some of the detail in this report has come from direct feedback from you; whether it is from organised consultation exercises or just from direct communication. This document will inform you about our delivery and it will highlight our priorities for 2014/15.

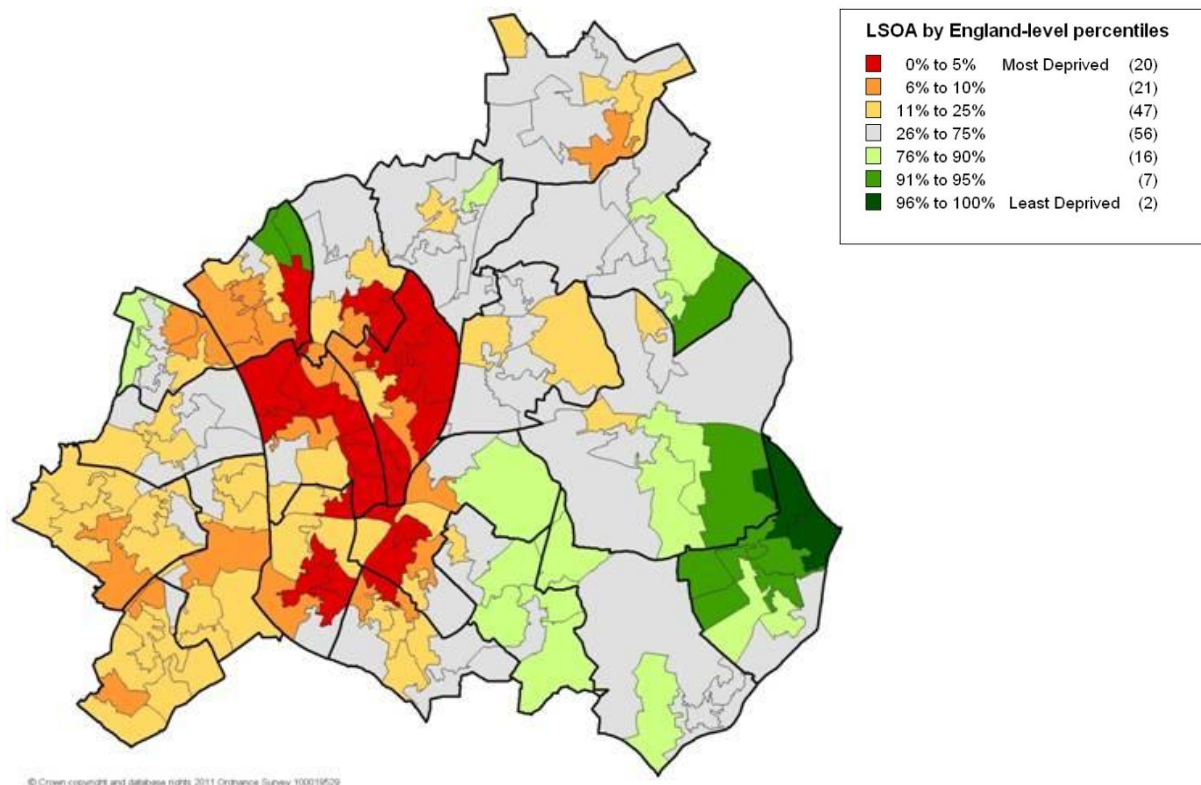
This document is set out in easy to read sections. It highlights the different services we provide to each group of vulnerable adults within our communities. It begins with our preventative services and explains how we have supported user's carers and families. It shows how we have safeguarded people and also shows how we have developed many initiatives with our partners to ensure the people of Walsall get the best outcomes for themselves. So, How well did we do? Some of our achievements are as follows:

- **On the 31st March 2014 there were 641 people choosing to take a direct payment (DP), this was a 13.5% increase on the previous year.**
- **106 were adults with mental health issues**
- **49% of people with a DP employed their own staff**
- **There were 2652 assessments completed at the Independent Living Centre (ILC)**
- **24,953 hits on the Social care and Inclusion website**
- **One thousand more people received a item of assistive technology or equipment in 2013/4**
- **220 people monitored their own long term condition using Telehealth, this was up on the previous year's total of 138**
- **Waiting times for equipment fell from 7 days to 5 days**
- **75% of older people who had received reablement were still at home after 91 days**
- **600 customers were supported by the dementia cafes compared to 333 the year before**
- **Nearly 80 % of adults with a learning disability lived in their own home up from 75% the year before**
- **21 people with Autism were referred via the diagnostic assessment in the pathways first full year**
- **29 people were supported via autism be-friender support**
- **Walsall Carers Centre increased its membership by 259 members to a total of 2071**
- **42 people with a sensory impairment received a service**
- **There were 506 people in Extra Care Housing in 2013/4**
- **2299 people received a domiciliary care package in 2013/4 with 641 receiving a DP**
- **There were 729 in residential care and 346 in Nursing Care**
- **Social Inclusion staff carried out 2704 assessments and 3606 reviews**

One of the biggest challenges for Local Authorities is the onset of new legislation. The Care Act and Children and Families Act both come into force in 2014, and will, by April 2015, change the way in which we deliver Adult Social Care. A lot of our time and energy in late 2014 and early 2015 will be getting the infrastructure right for the future. Set against the savings plan, which will have reduced Social Care and Inclusion's budget by £20million in 4 years, this will be challenging. However this time next year we will again tell you how well we have done.

Walsall: Population and Deprivation

Walsall's overall population is predicted to increase between 2011-21 by 4.5% from 269,500 to 281,700. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.9%, with the number of people 85 year and older increasing from 5,467 in 2008 to 8,109 in 2021. This will have significant impact upon resources.



Walsall has a culturally-mixed population. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups in Walsall. The number of Non-UK Born residents in Walsall has increased by 3.7% (or 9,859 people) between the 2001 and 2011 censuses. Walsall now has a small Eastern European population who make up about 1% of the area residents (2,681 people in total). In 2010, Walsall was ranked as the 30th most deprived of the 326 Local Authorities in England. The borough fares particularly badly in terms of education, income and employment deprivation. Central and western parts of the borough are typically more deprived than the east. (Excerpts from the Walsall JSNA, 2013, (http://cms.walsall.gov.uk/walsall_jsna_refresh_draft_10.pdf)).

Walsall Population and Workforce Facts and Figures 2013

Walsall Council directly supported 3841 customers in 2013/14

62% are FEMALE 38% are MALE

71% have a Physical Disability

11% have a Mental Health diagnosis

14% have a learning disability

0.1% have been treated for substance misuse

26.5% are 18-64

12% are 65-74

26.5% are 75-84

35% are over 85

Social Care workforce that supports our customers was made up of 824 staff and an estimated 4000 people worked in Social Care

- 76.58% are White British and 23.42% are from other ethnic groups**

- **7.89% are aged between 19-25**
- **293 people are aged between 46-55**

Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework helps you to look at how well your Local Authority is performing (against key social services measures) in comparison with neighbouring authorities or authorities with similar populations.

The Framework was announced in 2011 and during 2012-13 all Local Authorities benchmarked and measured against their key performance areas. 2013-14 was the second full measurement year.

Walsall performed really well in some areas during 2013-14. Its permanent admissions to residential care for younger adults (below 64) and older adults (above 65) were the lowest in the local comparator group at 5.6 and 455.5 respectively.

The proportion of adults offered reablement in 2013-14 was the highest at 6% and delayed transfers at 4.7% was the lowest in the group too.

The proportion of younger adults living in their own home or with their parents had increased from 78.5 to 80.3 and similarly there was an improvement for younger adults needing mental health support increased from 41.4 to 55.2.

The ASCOF measurements showed that on the whole people were satisfied with the social care services with Walsall scoring 64% compared to a minimum of 61.8% in the local comparator group and a 67.7% maximum. Similarly 74% of people felt they could find information easily against a local maximum of 76.7% and a minimum of 67.5%.

84.4% of people felt safe and secure compared to a minimum of 64.8% and a maximum of 91.1.

There were some areas that had improved from 2012-13 but needed further improvement. The proportion of people with a Personal Budget had increased to 60% but needs further improvement. There were dips in the employment indicators for adults with learning disabilities and mental health support needs which will need to be improved. Similarly there was a slight dip on the indicator which measures where people are at home 91 days after discharge.

Overall Walsall continues to do some things really well compared to the local group. This will further improve throughout 2014-15.

How Does Walsall Spend its Money?

Adult Social Care and Inclusion holds the largest net budget of the council. Nationally evidence indicates that on average over the last 3 years there has been a 7% reduction in spend on adult social care.

We have spent:

- £10 million on universal preventive services such as community alarms; voluntary organisations and supporting people monies
- £7 million on In-house services which include Intermediate Care, Day Care and some residential care
- £7 million on Assessment and Care Management and their support and business services
- £45 million on commissioned services from the private and voluntary sector to meet people’s longer-term needs
- £4 million income has been collected from customers via their contributions to the cost of their services

Council spend and Social Care and Inclusion spend

	Council budgeted expenditure £m	Social care budgeted expenditure £m
2011/12	710.86	115.27
2012/13	663.35	108.20
2013/14	627.23	104.31

Social Care and Inclusion spend over the last 3 years

	2011/12 £m	2012/13 £m	2013/14 £m
Older peoples	67.64	64.17	53.84
Younger Adults	9.65	6.71	7.29
Learning Disabilities	29.59	29.61	31.49
Mental Health	8.39	7.71	11.69
TOTAL	115.27	108.20	104.31

Savings

Due to the global economic crisis and the impact of public austerity, the council has less money to spend in social care. Between 2011/12 and 2014/15 a total of £26m worth of savings was achieved by adult social care: £8.823m for 2011/12; £7.155m for 2012/13; £3.338m for 2013/14, with a target of £6.69m in 2014/15.

Over the next 4 years (2014/15 to 2017/18) the council will have to save another £85m. Social Care and Inclusion will work with Cabinet and corporate colleagues to meet the Council's priorities within agreed resources. In the coming months a 4 year draft budget will be developed for discussion by Cabinet and consulted with the public.

Investment

Whilst there have been a significant level of savings within adult social care budget, there has been an increase in the approved budget to allow for inflation (contractual) and service cost pressures totalling £5.671m over the 3 years 2011/12 to 2013/14; with an expected increase of £1.437m in 2014/15.

Year	£m
2011/12	1.432
2012/13	2.802
2013/14	1.437
Total	5.671

Approach to Savings

In adult social care the following approach has been taken to find savings:

1. The new operating model (with a strong focus on prevention) will help to reduce demand for adult social care. It is predicted that if the model is operating successfully there can be a further reduction in admissions to residential care for older people and a reduction in the number of older people needing on-going domiciliary care. There is a proposal to introduce a call monitoring system to ensure that older people get the care that is requested for them
2. We have reviewed a number of services (including commissioned services) and proposed changes that will reduce costs through alternative ways of meeting people's needs
3. We will use the new Department of Health monies to enhance existing services and introduce new ways of working in partnership with the CCG and other health providers that will enable us to sustain our joint working ethos.

Independence, Choice and Control

Take-up of Personal Budgets and Direct Payments

We have improved the choices available to people by enhancing and remodelling the use of Direct Payments.

There continues to be a steady increase in the number of people choosing to take Direct Payments as a way of meeting their needs during 2013/14. There were 565 people receiving Direct Payments on 1 April 2013 and 641 people on 31 March 2014, an increase of 13.5%.

A Direct Payment allows people to have choice and control regarding how, when and who supports them to meet their desired outcomes. More people are now choosing to employ their own staff, there being 315 at 31 March 2014, which accounts for 49% of total people using direct payments.

This year there were more people aged 65+ receiving Direct Payments compared to those under 65, equating to 60%, a trend that tends not to be mirrored nationally.

To encourage and support the “take-up” of Direct Payments, there continues to be a number of support organisations that help people in a range of ways. This support is tailored to people’s needs helping with issues such as employment rights payroll etc, and also enables people to access appropriate information, advice and guidance.

The ‘small businesses project’ supported the establishment of a number of small businesses that enable people to be supported within the community. These usually employ no more than 5 staff, and are often run by disabled people. Their small-scale structure enables them to offer more personalised services.

Prevention

Prevention Services are becoming an increasingly important part of Social care delivery. With the introduction of the Care Act and Children and Families Act in 2014 Local Authorities and their partners will become under increasing pressure to use their resources to stop people coming into health and social care services. The following service developments reflect the highlights of the prevention work Walsall Council has invested in over the last 12 months.

Walsall Community Hub

The Community Hub helped individuals and organisations to set up services for themselves or other people, with 230 people or organisations doing so.

Midland Mencap

Midland Mencap offer support, information, and guidance to people and their carers. The one stop facility enables people with disabilities and carers to receive a range of support in one location, with a focus on early prevention.

Befriending Services

Befriending is a way of helping people who may be living alone and isolated to have company, and be more connected to their local community resources. Three befriending pilots were established to provide support to younger adults with physical disabilities, autism and visual impairments, with the aim of helping reduce their isolation, maximise their independence and to improve their opportunities to access local community resources and build up networks of support. On average 80 people are supported each week through the pilots.

Social care and Inclusion Website

In 2013/14 24,953 “hits” were made on the ‘Social Care’ and ‘Help in the Community’ web pages, which provide factsheets and information about social care, and list organisations and suggestions for individuals to gain the support they require within their local community.

Walsall Community Living Directory

The Walsall Community Living Directory was launched this year, which can be accessed by anyone via the website, with information being available for people living and working in Walsall. If you use adult social care, health care or other help and support services, if you fund your own support, or simply wish to find out more about what services and events are provided in your local community, you will soon be able to find all this information and advice in one place.

The independent Living Centre

This year we have seen an increase in the number of people using the ILC, with over 10,000 people visiting or contacting the centre. People can drop in for information and advice about equipment that helps them to remain living at home. Staffs are available, with the ability to offer advice in the use and fitting of basic daily living equipment.

A monthly 'dementia café' takes place at the centre, giving those suffering from dementia and their carers chance to meet and give mutual support. They are able to discuss and share issues and offer support to each other. Various professionals support the cafés, including social workers, OTs, and community nurses and 'experts' are invited at the request of group members.

Blue Badge mobility assessments are carried out at the centre, and are now available in the evening to enable flexibility of appointments outside of work hours. There were 2,652 assessments completed during 2013/14, positively helping people to be as mobile and independent as possible.

The short-term wheelchair loan service offers a free wheelchair for a period of up to 6 weeks to aid them through recovery period following illness or surgery. Usage has significantly increased from 500 hires to 1,155 during 2013/14.

In January 2014 the ILC started working with the Fire Service to inform people about their services. A Fire Officer attends the ILC weekly to advise customers on home safety.

The occupational therapy service hold seating clinics for children every school holiday throughout the year, with specialist seating providers also attending. The clinics enabled more children to be seen, quicker and therefore waiting times were shorter. Parents had the opportunity to discuss any issues with the seating company representative and the OT, improving their understanding of the equipment and giving them more confidence.

Information days are also held with children to enable them to explore equipment, helping them to develop awareness and understanding of people with a disability.

Assistive Technology

Assistive technology is the collective term for items of equipment or computer technology that help people to remain more independent.

Community Alarms

A Community Alarm can reduce the need for ongoing care and support by providing people with telephone support and advice at the first point of contact.

The ability of people to resolve issues and receive support and reassurance at the first point of contact keeps people safe in their own home and prevents situations deteriorating.

The Community Alarm Service is a response service operates 24 hours, 7 days per week, and deals with around 25,000 calls per month.

Initial Response

The Initial Response Team delivers a telephone based contact service for all citizens of the borough who may have social care needs. The service deals with situations promptly by providing people with support to meet their individual circumstances. The team deals with 4,000 calls a month

Telecare and other Equipment

Our Integrated Community Equipment Services are enabling more people to access to Aids to Daily Living (ADL) and equipment

Changes made in 2013/14 have improved the customer experience by being able to provide people with status updates in relation to delivery or installation for particular equipment and answer queries.

There continues to be an increased demand for equipment, in 2013/14, 32,935 items of equipment were provided, compared to 31,032 in 2012/13.

The service recycled 97% of suitable items to enable other people to use them and 97% of items were delivered within 7 days of receipt of an order. This helps people to be discharged from hospital safely and speedily.

Telehealth

Telehealth equipment is available to enable people with certain health conditions to self-manage these at home. This means they potentially have fewer condition related GP visits, hospital admissions as they are given the help in their home when their condition requires it. The number of people in Walsall benefiting from managing and self-monitoring their long-term health conditions through the range of Telehealth equipment positively increased during 2013/14, from 138 in 2012/13 to 220 in 2013/14.

Installation and Recycling of Equipment

During 2013/14 we made further improvements by decreasing the waiting time for installations for alarms and equipment from 7 working days in 2012/13 to 5 days during 2013/14 thus enabling people to receive more timely support. Emergency cases for alarm installations are now dealt with on the same day, an improvement on last year's performance of within 24 hours. These prompt installations enable people to be discharged from hospital as soon as they are well enough to return home safely.

Disabled Facilities Grants

The Disabled Facilities Grant (DFG) helps with the costs of adapting homes for disabled people e.g. a stair lift, disabled toilet or other housing adaptations, to help them remain at home.

Improvements to the service have meant that the waiting list for grants has reduced from 551 in March 2010 to 123 in March 2014. Major procurement work has seen average DFG costs reduce dramatically with 58% lower costs in 2013/14 than in 2008/09.

Services for Older People

Community Intermediate Care (Reablement Service)

‘Going through reablement has helped an enormous amount and has given me confidence and independence’.

During 2013/14 the Council invested £500,000 in the CIC service, to help it provide more services to more people. The service helps people maximise opportunities to improve their health, well-being, independence and to remain in their own home environment. People who used the service reported the following:

- Reduced necessity to keep having to ‘tell your story’
- Progression towards independence goals monitored within the same service
- Timely introduction of professionals at the appropriate points along the journey to recovery
- Timely Introduction into the service at the point of hospital discharge
- An individual plan, identifying goals, aspirations and outcomes
- Dedicated sessions for occupational therapy and physiotherapy to help aid recovery
- Close collaborative working with social care and Health teams

The service provides 1,850 hours of direct support per week. Of the people who have used the service in, 75% were still at home 91 days after a spell in hospital.

Hollybank House (Bed Based Intermediate Care)

Holly Bank House has 21 rehabilitation beds and supports those people that require rehabilitation. The team design and deliver a re-habilitation programme, together with the individual, to improve agreed outcomes. The average length of stay is 3 weeks, within which time most people achieve outcomes in relation to mobilising safely, dressing and undressing, walking, losing weight and cooking. This means they can then return home with little or no ongoing care needs.

The service is multi agency, and includes Occupational Therapists, Physiotherapists, Community Psychiatric Nurses, District Nurses and Social Workers. This ensures the most appropriate support is given to individuals who need the service.

During 2013/14 there were 46 people admitted from home, avoiding unnecessary hospital admission and 276 people admitted directly from hospital, which facilitated timely discharge. A total of 322 people benefitted from the service during the year.

Floating Support Services

The floating support service provides a home from hospital discharge and community reablement service, for vulnerable adults who do not have support networks. The purpose of the service is to facilitate early hospital discharge, by providing short term support. This ensures safe discharge and reduces the potential for hospital readmission.

The service aims to reduce the need for long term support, increasing the service user's independence and quality of life, through shopping, collecting pension /benefits/prescriptions, light food preparation, support in accessing GP appointments etc.

This year 532 service users were helped to return home safely from hospital:

- 110 people were supported with healthy eating
- 75 people were given advice and support on slips, trips and fire safety
- 134 people were supported to access voluntary sector or statutory services
- 41 people were supported to access medical professionals

Living with Dementia

Older people and their carers are being supported with early dementia diagnosis and to access support services.

In 2013/14 we have continued to develop a joint partnership between AgeUK Walsall and Accord Housing Association Ltd to develop a Dementia Reablement service.

The service supports people with dementia and their carers, and provides them with the information required to make life decisions. The service also supported people in hospital, improving planning by increasing appropriate referrals for assistive technology amongst other support methods, and encouraging reablement at the earliest opportunity:

The service available consists of 3 elements:

- Seven Dementia Cafes per month
- Two Dementia Support Workers
- Two Dementia Advisors

Dementia Cafes

The cafes focus on informal support and information giving, as well as themed programmes of cognitive stimulation recommended by NICE (National Institute of Clinical excellence). Information regarding services and support are promoted at the cafes in the form of talks and discussions, including but not restricted to dementia, living with the illness, information about support and decisions to be made, such as end of life. The cafes refer people to other

elements of the Pathways for Live service, advocacy services (AgeUK Walsall), District Nurses, Community Mental Health Teams, GP's and the Independent Living Centre.

Through the cafes individuals suffering with dementia and their carers are:

- Able to discuss dementia openly in a safe environment whilst reducing the stigma regarding dementia
- supported and less isolated as a result of contact with people, helping with their general well being
- better equipped to cope with dementia on a daily basis
- less anxious by sharing with and learning from people in the same position
- positive as a result of having something to look forward to
- supported and better equipped to plan for their future
- supported on this part of their journey with dementia and to have been able to make positive use of the information that the café has provided

There were 600 service users supported through the cafes in 2013/14 compared to the previous year's total of 333.

Dementia Support Workers

The Dementia Support Worker enabled:

- information sharing and encouraged best practice with hospital staff, patients and carers
- improvements to the diagnosis rate by initiating an early referral for those patients not yet diagnosed but who have the signs and symptoms of dementia

Outcomes

- 513 were supported in 2013/14, a positive increase on the previous year of 275
- More people received an early diagnosis, achieved by the dementia support workers working as part of a liaison team that identifies people for assessment and possible diagnosis of dementia. The hospital requires that people are assessed within 48 hours and referred on within five days for assessment at the Memory Assessment Service. The hospital has achieved its targets for the last two years with a diagnosis rate of 52.4%. The national target of 67% is now adopted for the local target for 2014/15.

The Dementia Advisor

- Provides information and support to people with dementia and their carers
- Assists individuals with dementia and their carers to identify their needs and access services
- Signposts individuals with dementia and their carers to appropriate services or additional sources of information

During 2013/14 704 service users were supported by the Dementia Advisor service compared to 581 in the previous year, another positive increase.

- Enabled people with dementia and their carers to navigate to the most appropriate service in a timely manner
- Reduced the incidence of crises due to the support given to carers at times of distress
- Enabled individuals with dementia and their carers to plan for the future, make adjustments to their lives and help themselves, seek the most appropriate help from others therefore prolonging the need for long term care
- Improved knowledge and understanding of dementia

Dementia Friendly Communities

Shops and businesses in Walsall are helping transform the borough into a dementia-friendly community as part of a Government-backed initiative.

Accord Group's Pathways 4 Life team and the Alzheimer's Society have been delivering the scheme, which is part of Prime Minister's 'Challenge on Dementia' pledge.

Funded by Walsall Council and Walsall Clinical Commissioning Group, the project has been working with businesses in the borough to raise awareness of the condition, which affects around 3,000 people in the borough. Businesses have been equipped with the skills to make the lives of people with the condition easier, ensuring that they aren't misunderstood and are given the help and support they need.

Disability Services

Shared Lives Scheme

The 'Shared Lives Scheme' provides respite and evening support for people with complex care needs in a homely environment where people are treated as family members. In 2013/2014 the scheme was expanded to ensure that children who are fostered are supported better with their transition to Adult services. Service users experience their care and support within a homely family and community orientated environment, rather than a medical model, changing their experience of care and support. In the year 6 carer households were approved, increasing the total available to 40.

The Shared Lives scheme workers assess new carers as well as supporting and monitoring existing carers. For children approaching their 18th birthday scheme workers liaise with children's fostering services, workers from the Transition and Leaving Care team and the adult social workers to ensure the transition from childhood support to adulthood support is planned and structured, ensuring the person feels comfortable and reassured. There were three young people successfully supported with their transition to adult services in 2013/14.

Carers provide between 1 and 3 placements at any one time, depending on their home circumstances or the compatibility of the people that they support. Because of all these differences in people and their life/home situation a wide variety of placement are offered.

In total, there are 57 carers and 40 households approved to provide support. 20 carer households provided day support and/or overnight respite support.

The scheme also provides support for people who have additional needs due to complex, health or mental health issues, for example:

- Supporting 2 people who have medical needs such as gastric feeding, and severe and multiple disabilities, demonstrating the positive impact of how people were supported to stay at home independently
- Supporting 3 people with Autism
- Supporting 1 person with mental health needs
- Supporting 2 people with dual Mental Health and learning disability needs

Supported Living

The proportion of adults with a learning disability who live in their own home or with their family has increased to 79.8%, compared to 74.65% in 12/13

During 2013/14 we:

- Supported seven people to relocate from residential care to live in their own homes, through individually tailored supported living solutions

- Supported two people residing outside of Walsall to remain in their place of choice, through Continuing Health Care funding, resulting in their care being free due to it being for health care needs, giving them a higher level of disposable income
- Re-assessed 33 people living in their own homes with care and support services (supported living schemes), negotiating with providers to reduce costs whilst maintaining high standards of care that continue to meet all of their needs and outcomes.
- Held an open day for families to meet with people who had already moved into supported living schemes to share their experiences, and enable them to ask questions to assist them to make informed choices

A specific example of this complex work includes:

- Supported a gentleman who was residing in a secure setting, working with him, his family and all relevant professionals, to support him to leave secure services and move into a supported living setting where he has thrived. He now has minimal support, which is available as required to maintain his health, well being and safety. We have also worked with him to secure employment
- Reviewed and reassessed a large number of individuals, resulting in the redesign of their support plan to enable creative solutions to meet desired outcomes. Many individuals now employing a Personal Assistant to provide support at home rather than traditional home care, and/or take overnight breaks at local hotels in Walsall or weekend breaks further afield rather than traditional respite breaks. A number of individuals used their personal budget for gym memberships, with free carer concessions.

Floating Support

The scheme is run by two registered social landlords delivering the service across Walsall.

In 2013/14 these schemes supported 69 individuals per week. It provides low level support, promotes social inclusion, and provides support that sustains independent living and a programme of reablement focussing on skills for daily living.

Longer term support services for people with complex needs are:

- Accompanying patients home following hospital discharge
- Shopping (basic essentials)
- Making telephone calls on behalf of the patient
- Dealing with accumulated post
- Collecting pension /benefits/ prescriptions
- Light housework
- Light food preparation
- Signposting to other specialist agencies within the voluntary sector
- Advice on home aids and adaptations, and help to access them
- Referrals for Telecare /Telehealth equipment

- Support in accessing GP appointments other appointments where appropriate
- Arrange for medication to be transferred into dosset boxes
- Emotional and other practical support when required
- Short term advocacy
- Short term loan of medical equipment

Following a review in 2013/14 the following was said about the service:

- A said 'The support I receive makes my life better'
- B said 'I feel more confident in building relationships'
- C said 'I get on better with my family'
- D said 'I feel safer crossing the road'
- E said 'I'm learning to use a computer, I would like to do more sport'

Summer Scheme

The annual summer scheme operated in 2013/14, and provided respite to families and carers for people with a learning disability during the summer break, for up to 10 weeks. This helped to reduce pressure on families and carers, and enabled them to balance their caring role.

This year 84 people participated the scheme for up to 20 days, equating to 6,600 hrs of respite care provided, which supported 152 carers. Activities included health walks, leisure, recreational, and social skills. The summer scheme also supported participants to engage with the wider community through 3 community projects:

- Re-decorating a drop in centre within an elderly person sheltered housing site in Beechdale
- Developing a woodland walk within the Goscote Greenacres site
- Developing a community garden in Darlaston

People were supported with further training and employment opportunities. As a result, 5 participants enrolled on a mechanics course, and 7 volunteered in community projects. The volunteers were also supported, with 1 gaining full time employment, 1 a bank member of staff and a further 2 supported with evidence towards their course work in education. The scheme also offered a buddy system to support people to access public transport and travel training.

Safe Places Initiative

As part of the Safe Places initiative, social care is working in partnership with statutory agencies, businesses and local communities to help improve safety in their local areas. This includes identifying "safe place" venues across the town centre. The scheme has wider benefits' for the whole council but a particular outcome is the reduction of crime and antisocial behaviour, particularly incidents that are targeted as a result of a disability

Autism

Meetings are held at Goscote for carers and families of service users every 4-6 weeks. This gives them an opportunity to raise any issues or concerns, provide feedback, ask questions, source information and keep updated with current issues/developments. At the meetings we have had visitors from other services such as the continence nurse to provide information and address concerns / difficulties parents were experiencing.

People receive a diagnosis for autism which then enables them to access services which they were unable to do so previously

The Autistic Spectrum Diagnostic service was established in 2013/14, during which 42 referrals were received, 21 being referred for a diagnostic assessment, enabling them to be referred on to other agencies for help, support and guidance.

The Autism Action group are volunteers, made up of people with autism, parents/carers and professionals with an interest in autism. The group have recently become a 'stand alone' charity organisation, based at Walsall Hub and run the office one day per week.

The group runs a Social Group at Goscote Centre the first evening of every month, giving people the opportunity to meet, develop friendships, and engage in a variety of social activities. There are currently 40 members of this group made up of people with autism, carers and parents.

During 2013/14 a one-day 'Autism Awareness' workshop was delivered to 200 social care employees. The course was co-produced and designed by members of the Autism Action Walsall (AAW) group which comprises people with autism, carers and relatives, health and social care professionals and representatives from voluntary agencies such as Autism West Midlands and Mencap.

The aim of the workshop was to raise awareness of the challenges faced by people with Autistic Spectrum Conditions and to provide practical strategies for supporting individuals. Two members of AAW, both of whom have Asperger's Syndrome co-deliver parts of the workshop and have been mentored by the Social Care Workforce Development Team and have undertaken a bespoke "Essential Training Skills" programme to support their role. Delivering a personal account of living with autism and taking questions from course participants the trainers have spoken of an increase in confidence and self respect, developing new skills and improving their employability potential. One of the trainers has since set up their own consultancy business and the other now regularly speaks at conferences and seminars.

Reaction to the workshops from participants included:

- *'Excellent. Brilliant trainers'*
- *'It has really opened my eyes to the challenges faced by people with autism'*
- *'Clear, thought provoking and really valuable'*

- *'This has had a massive impact on me and I will use it in my work'*

Sensory Services

Sensory Support

Deaf and Deaf blind people are able to remain independent in their own home by being supported to manage their own affairs and visually Impaired People in need of support are gaining more control over their own lives, reducing the need for further care and support

During 2013/14 a daily drop in service was developed at the Independent Living Centre for individuals with a sensory impairment. Since it commenced in January 2014 approximately 100 people have been seen by sensory support staff through this face to face service, which is important for people with sensory needs who struggle to access support through telephone and email use.

A community support service was developed to offer a preventative service to people with sensory support needs who are unable to use mainstream services because of their disability and communication needs. The service aims to raise awareness about the needs of people with sensory impairments thereby improving access to services including social care, community, health, benefits, and housing services. The service supported 40 Deaf and Deafblind people and carried out 38 assessments in 2013/14. Staff have been trained to equivalent Level 3 NVQ and higher British Sign Language skills. They use a deaf blind manual, hands on and other communication methods. In 2013/14 4 staff became qualified at NVQ level 2 in Communicating and guiding Deaf blind people.

Mobility and Activities of Daily Living (ADL)

During 2013/14 the Mobility and ADL training for people who have a visual impairment was expanded. The programme for adults supported 65 adults and included kitchen skills, home and cash management, personal grooming and leisure activities.

In 2013/14 a mobility training programme was developed, helping people to mobilise safely and independently both indoors and outdoors by using a long cane or other low vision aid. It also included training to incorporate independent travel on buses and trains. Independent mobility is a prerequisite for sustaining employment. This enabled:

- 20 people to attend full time college/study
- 8 people to maintain employment
- 24 people to undertake leisure activities
- 32 people to remain safe in their home
- 2 people to continue to care for another person
- 5 people to access the local community

Communication and Low Vision Therapy

In 2013/14 people received low vision aids such as magnifiers, task lamps and writing frames, to enable them to make the best use of their remaining (functional) vision. As well as the following being issued: 26 door alerts and 60 specialist telephones to help keep people safe

- 45 TV personal listening devices to enable people to access information
- 80 Liquid Level indicators to help people be independent
- 45 Task Lamps to help people with reading print
- 14 Mono-mouse to help people to access printed material where a lamp wasn't sufficient
- 40 canes/sticks to people to access the local community (usually following mobility training programme)

Informal Emotional Support

The Rehabilitation Officers within the Sensory Team provide informal emotional support for sight impaired service users giving them an understanding of their sight loss, strategies to enable them to undertake the same daily living activity but in an alternative way and advice on equipment and aids that can help them with their sensory loss. They support the family to avoid crisis if the service user does not learn skills that can maintain their independence at an earlier stage. In 2013/14:

- 50 people were given emotional support to cope with their visual impairment.
- 20 people were given support with regards to their carer needs
- 4 people were given support with accessing spiritual service

Mental Health Services

The Partnership Trust

During 2013/14 the Dudley and Walsall Mental Health Partnership NHS Trust supported more people with mental health needs to have more flexible choice and control over the way their individual needs are met, through the offer of a personal budget (PB) or direct payment (DP).

There are 106 people with mental illness now utilising their PB or DP to support their needs and achieve their aspirations differently. This number has more than doubled the previous year's total.

Home Treatment and Crisis Intervention

In 2013/14 the Walsall Council bed based provision services for people with a mental health crisis were reorganised. Typically the type of crisis that is dealt with can include threats of suicide or self-harm, self-neglect such as stopping eating or drinking or being extremely distressed. This resulted in a new improved crisis bed service within the local area and since the development started in July 2013, 47 clients were referred. Of these people only 8 were subsequently admitted back to hospital. The remainder of the clients were discharged back into the community with the support of the Home Treatment Team without requiring additional resources.

Examples of how the Home Treatment Team is using the crisis support service are as follows:

- **A** had paranoid schizophrenia and their mental health has started to relapse following withdrawal from methadone 6 weeks ago. They were low in mood with a hectic home environment unable to have any respite due to small children. After receiving a support at the new crisis support service A was able to return home with continued support from the Home Treatment Team
- **B** was suffering from severe depression and had presented at the local hospital as she was not coping. She had suicidal ideas and had previously been admitted to a psychiatric unit after threatening to commit suicide. She was 5 months pregnant and had stopped taking medication due to pregnancy and thinking it would harm the baby. After support from the crisis support service and Home Treatment Team she recommenced medication, her appetite, sleep pattern, mood has improved and she no longer had thoughts of self harm. Although she was reluctant to return home from the crisis centre she felt more able to cope due to the support received

Carers Services

“I never identified myself as a carer; I just thought this came with the job of being a parent. Where I’d be without the care and support your team offered I don’t know, I am now more equipped to cope now with challenges I face”

Expert care Partners

Our Carers are members of a range of local initiatives and groups, offering their expertise in many areas such as service development, quality assurance as well as recruitment and selection. A specific user and carer panel played an integral role in the appointment of a key senior management post within Social Care and Inclusion in 2013.

Regular carer forums are held by service areas that enable ideas or concerns to be identified and managed, and co-produced solutions. At the Goscote Centre these, sessions are held every 4-6 weeks for carers of younger adults with learning and physical disabilities.

Carers Assessment

Throughout the year, 563 carers received a carer's assessment or review, enabling them to identify the levels of care they supply, the impact on their life of that care, what *their* wishes are for the future and what may help them in their caring role. 808 carers received support and 574 were given specific information and/or advice following the assessment. They were signposted to support available to either them when a carer has an assessment, they may be eligible for a 'one-off' direct payment. 540 carers had such a payment this year. They used their payments for the following:-

- garden maintenance
- home decoration
- adult educational course
- complimentary therapy
- gym membership
- employing a cleaner
- purchasing laptop, PC, iPad

Walsall Carers Centre

Walsall Carers Centre is funded by the Council. It is one of the ways that carers receive the advice and information they need to help them to continue in their caring role. Examples of includes:-

- Provided 1,695 episodes of support to carers
- Increased their membership by 259 new carers, making the total number 2,071
- Offered a range of support groups at the town centre location, including Asian Men and Asian Ladies Groups, and a Young Carers after school club
- Held 4 consultation events, with up to 100 carers at each one, ensuring a co-produced commissioning plan for carers, informed through the review of services using the carer's hub toolkit supported 133 carers to access a direct payment by referring them to Social Care.
- Held Welfare Rights Clinics specifically for carers, twice monthly.
- Carers outreach workers completed 546 home visits to carers who have difficulty leaving their home due to their caring role
- Raised awareness of carers and their vital role by attending GP surgeries, libraries etc

Carer Schemes

"I can't thank you enough; you gave me permission to me again. It wasn't about the money albeit that was appreciated; it was being given the opportunity to think about me, my place, and my goals outside of caring".

Carers ID scheme

Carers are given peace of mind in their caring role through the provision of the carers' ID scheme. A fob enables 3 contacts to be recorded in case of emergency so as to alert someone to the carer's needs and responsibilities'. This is free to anyone who is a carer in Walsall.

The Council continues to operate the 'carers emergency care scheme', and 51 carers accessed it this year. This equated to 1665 hours of support have been delivered, allowing their cared for to remain safe in the absence of their carer through illness or another emergency. There are 71 carers are registered with the scheme of which 21 are yet to use the service, but peace of mind is given.

Monthly two-hour sessions, held in a carers cafe and facilitated by the specialist mental health carers support team, provide advice and support to those caring for people with mental health needs. There were also 17 female carers, in secondary mental health services from BME communities supported through a dedicated monthly group.

Holiday Grant Scheme

The 'Holiday Grant Scheme' allows carers to access a holiday, either alone, or with the person they care for. This scheme offers financial support to carers to access a holiday if they meet the criteria. 110 carers were supported to have a holiday through the scheme this year equating to £28,650.

Carers are supported to maintain their caring role through a range of clubs and associations where they can share concerns, receive mutual support, and access a range of information and advice. During 2013/14 clubs and associations provided social activity to 515 carers on a regular basis.

Autism Befriending and Empowerment

- Supported 29 people with Autism
- 17 people were supported to participate in leisure/training and informal learning
- 14 people supported to establish contact with external services
- 14 people supported to have greater choice, control and involvement

Mencap Parents Project

The Mencap Parents Project provides support to parents with disabilities regarding their rights as a parent/carer of their children. There were 15 parents with a Learning Disability supported. They also provide advocacy and support for parents in relation to child protection cases.

Confident to Care

A Carers' development programme 'Confident to Care,' was introduced during carers week in June 2013, providing free 'bite size' learning workshops for unpaid carers, relating to the many aspects of caring.

Following consultation with carers, workshops were also held in the community at various sites the Borough. Specific ones included 'looking after your back' and 'infection control', both proved to be popular.

It is essential to provide good support for informal carers who are in work, and so employers need to understand the issues they face, as well as their responsibilities as good employers. To enable this the Council introduced an e-learning package, focusing on carers' rights, responsibilities and awareness raising. Council employed staff accessed this programme, which is not only available throughout the council, but also in other organisations, such as Health, and families and carers themselves.

An informal carers' course was made available for carers of people suffering with Dementia, to maximise their skills in caring for themselves and others.

Feedback from the courses included:

"The course increased my awareness to assist me in my role to advise on carers rights issues"

"These courses build up your confidence, and identify your knowledge and skills"

Young Carers

Young carers are supported to learn, develop, thrive and enjoy a positive childhood. In 2013/14 537 young carers accessed a dedicated service, which aimed to give advice that is tailored to the needs of the young carer and offer a range of interventions to support developments in education health and their general wellbeing.

Complaints and compliments

During 2013/14 the council received 131 complaints and 175 compliments relating to social care services. Below provides a brief summary of these, however more detail can be found in the Statutory Annual Complaints Report that will be published in Autumn 2014.

All complaints about our services tell us something, even when the council has not necessarily made a mistake or got something wrong. Customer feedback is important and valued. Complaints provide information about our services, about our customers, about customer perception of our services, and about customer expectations of our services. Compliments are also a useful indicator that services are meeting needs and appreciated by customers. This confirms that we are delivering the rights services to the right standard.

Managers have identified the following learning as a result of investigations into complaints made during 2013/14.

- All staff to receive training in data protection to avoid personal information being shared with others. Subsequently all staff in adult social care are required to undertake level 1 Protecting Information training.
- Staff to improve knowledge of services available for people with autism in order to advise correctly. Subsequently 300 staff in Adult social care underwent an autism training programme which is continuing
- Amendments to be made to car parking maps for blue badge holders.

Compliments received in 2013/14 were:

- 'The reablement team worked in such a way as to significantly aid the customer's recovery and are complimented for doing so'
- 'The ILC have been brilliant and the way they help the public is great. The staff are friendly and helpful and understand your needs
- 'Compliment for Holly Bank house as service user has come home a new person. All the help is much appreciated, I cannot speak highly enough of the care she has received'
- 'Compliment for emergency alarm service as service user now feels safer than ever'
- 'I was really grateful for the response as carers were deployed within the hour. The prompt action taken was vital to support us at the end of his life'

Adult Safeguarding

Walsall Adult Safeguarding Partnership Board

Walsall Council has a Safeguarding Adults Partnership Board is made up of a number of Partners from across a range of organisations. The Annual Report by the Safeguarding Adult Partnership Board was published in papers to the Councils Health and Social Services Scrutiny November 2014.

From April 2015 Safeguarding Adults will become a statutory function. This means there is a requirement for every Council to have a Board, with an Independent Chair. This is already in place in Walsall and puts the council in a strong position to meet the new statutory requirements for safeguarding.

Through associated subgroups, the Board can ensure that timely, accurate and relevant information so that we can monitor how well vulnerable adults are safeguarded in Walsall. This includes information regarding the quality of services throughout the borough.

Adult Safeguarding Unit

The Safeguarding Adult Unit (ASU) supports the Walsall Safeguarding Adults Board to achieve its objectives, undertakes safeguarding investigations where there are large scale or complex concerns and provides support and advice to all directorate staff who are undertaking safeguarding investigations.

All safeguarding work is carried out in accordance with the Safeguarding Adults: multi agency policy and procedures for the West Midlands. This helps to ensure a consistent and co-ordinated approach between neighbouring authorities in the West Midlands, supports benchmarking and sharing of good practice.

During 2013/14, we have undertaken a total of 19 whole service concerns/investigations. These are undertaken where a number of safeguarding concerns have been raised that are linked to one service or provider and it becomes a concern about many people rather than about one individual.

These investigations involve joint working with partners in health, police, Care Quality Commission, mental health services, commissioners and contracts team. The ASU co-ordinates and organises the joint working and this enables a broad and thorough investigation into the issues and concerns and a shared agreement about the actions required to safeguard and protect the vulnerable adults using the service.

16 of the investigations resulted in action plans being agreed with the service for improvements to address the concerns. Two investigations resulted in the Council deciding

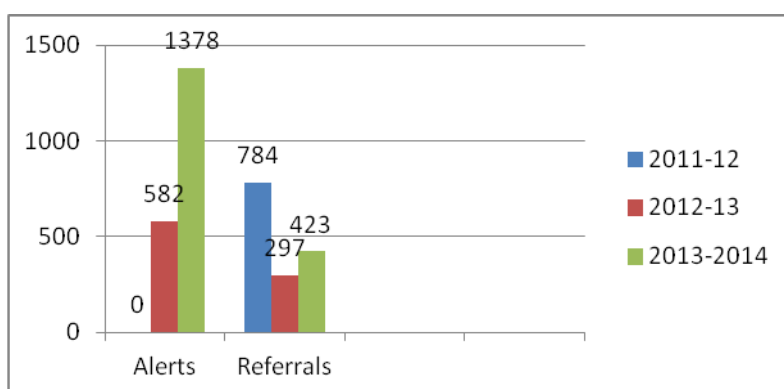
to end its contract with the service and in one investigation, other commissioners ended their contracts resulting in a closure of the service.

There is often the potential for criminal investigation and possible prosecution. We made 134 referrals to the West Midlands Police Vulnerable Adults Hub in 2013/14.

The ASU have continued to prioritise awareness raising sessions throughout 2013/14. A total of 53 safeguarding adults information sessions were undertaken for people within the community. This involved providing presentations to community groups and organisations such as Walsall College, General Practitioners, carer user groups and the general public through community events and local community organisations.

In 2013/14 there have been over 1378 alerts made in respect of safeguarding concerns, these led to 423 investigations in regard to suspected abuse of a vulnerable adult. This compares to 582 alerts and 297 investigations in the previous year, this would indicate that a raising of awareness and gaining a higher profile for adult abuse is starting to have an impact.

Table 1 – Overall numbers of alerts and referrals – including SAR SG003 (a) for 13/14 (Y)



Prevention

Anti-social behaviour

Vulnerable adults are often the victims and targets of anti-social behaviour in the community. The Council's monthly Vulnerability Forum enables a multi-agency response to support people who have been identified as being at risk from anti-social behaviour. ASU attends this forum and has been able to offer advice and support or to arrange assessments for services where necessary.

Forced Marriage

We are also currently working with partner agencies in regard to tackling issues for Vulnerable Adults in regard to Forced Marriage where they may be forced into a relationship against their will or without having the capacity to agree to it. The impact of

Forced Marriage is wide ranging and impacts on a diverse range of backgrounds and cultures. In 2013/14 we have contributed to the work of a National Forced Marriage Steering group for people with Learning Disabilities. This has included the development of an awareness raising event at the University of Nottingham that has helped to raise the national profile of Forced Marriage and provided information to professionals to support recognition of risks and the steps that can be taken.

Domestic Abuse

The ASU are involved in work to prevent and address domestic abuse. The ASU receive copies of all the police domestic abuse incident logs on a daily basis. In 2013/14 there were just over 3,000. Every log is checked to see if the victim or perpetrator is known to our services. This does not identify all vulnerable adults involved in domestic abuse as many will not be previously known. There were 184 cases of abuse in the victim's own home where the perpetrator was a member of the family and a further 85 cases that were identified from police logs. The ASU contribute to the meetings of the Domestic Abuse Response Team (DART) where incidents of domestic abuse are assessed for risk and further actions identified.

ASU attend the bi-weekly meetings of the Multi-Agency Risk Assessment Conference (MARAC) in order to provide input and follow up in relation to any vulnerable adults being considered.

We are actively involved in the Dart/MARAC steering group, a multi-agency group that oversees the performance of Dart and MARAC. We are also members of the Domestic Abuse Strategic Commissioning group that determines the most effective ways to provide services to victims of domestic abuse; we also attend the Domestic Abuse Forum where providers share best practice and current issues. Each of these activities has enabled us to contribute, at different levels, to the Council's aims in relation to Domestic Abuse:

Prevention:

To improve early identification and prevention of domestic abuse

Protection:

To ensure that victims of domestic abuse and their children are adequately protected and supported

Accountability:

To hold perpetrators accountable through effective and early interventions

A Domestic Homicide Review (DHR) is held when a death has occurred as a result of Domestic Abuse. We are members of the DHR review panel with the aim of making a contribution to identifying lessons and practice improvements

Mental Capacity Act 2005 (MCA)

This is a key piece of legislation that underpins work with vulnerable adults. The legislation defines the rights people have to be able to make decisions about their own lives and to be supported to do so if necessary. The Act starts with an assumption that people have the capacity to make choices and decisions unless it is proved that they do not. Where there is evidence that people are not able to make their own decisions, any actions must be carried out in the best interests of the individual concerned. The ASU provides advice and support to Social Care and Inclusion staff about compliance with the Act, helping to ensure that social workers and other professionals are aware of their responsibilities under the MCA and the impact on day to day practice.

Deprivation of Liberty Safeguards (DoLS)

This is part of the Mental Capacity Act who lack capacity to make decisions are not unlawfully deprived of their liberty and that any actions are in their best interests. The safeguards are for people who are in a hospital, nursing home or residential care home and who are not allowed to leave for a range of reasons. They provide individuals with a right to have an assessment of their situation by a trained Best Interest Assessor (BIA) to ensure that remaining in the setting is in the person's best interests.

The ASU manages the DoLS service. During 2013/14, we undertook 44 assessments of people to ensure that they were not being unlawfully deprived of their liberty. A Supreme Court judgement at the end of March 2013 has broadened the criteria for requiring an assessment from a BIA, so demands on the service will increase significantly during 2014/15.

For more details the Council produces an annual Safeguarding Adults Report. This provides details of the associated guidance, activities, membership and documentation and can be found on the Walsall Safeguarding Adults Partnership Board website <http://wsapb.co.uk/>

Priorities for 2014/15

Council-wide priorities for 2012-16 are to 'Make Walsall a better place to live, work and invest' across 3 key areas:

- Health and Well Being
- The Economy
- Communities and Neighbourhoods.

Walsall Council believes that the progress made during 2013/14 places us in a good position to respond to the demographic and financial challenges that it faces. The strategic direction set by the government is clearly set towards prevention, recovery and rehabilitation with a move to increasing the personalisation of services and working in collaboration with partners and the local community to achieve improved outcomes for users of our services.

We have to forge ahead with the statutory requirements of the Care Act and the Children and Families Act whilst adhering to the Council's four year financial plan.

The key priorities for next year are as follows:

1. Implement the requirements of the Care Act and the Children and Families Act 2014

- It is a complete re-write of all current social care legislation
- Brings all care and support legislation into one single statute
- A new overall principle is to promote individual well being

Key New/Amended Responsibilities from the implementation will include:

- Promoting individual wellbeing and preventing the need for care and support
- Promoting integration between services
- Providing information and advice
- Further assessing the needs of users and carers (including new rights and entitlements) whilst implementing the national eligibility criteria
- Statutory safeguarding
- Implementing new financial assessment and charging arrangements to include the maximum cap on costs
- Focusing on market shaping and arrangements for provider failure -

2. Development of Prevention services

- Adult Social Care will continue providing services that contribute towards preventing or delaying user need for care and support by working with partners to integrate prevention services within the borough.

- Reduce admissions to long term care services by keeping people in their own homes longer.

3. Integration of Intermediate Care and Complex Care

- Further integrate Health and Social care Intermediate Care and Reablement Services
- Develop a locality model approach with Community Health and the CCG focussing on 5 Primary Care Hubs

4. Redesigning our Information and Advice services

- Implementation of Mosaic (Our new Client Information Service) by April 2015
- Development of a web portal for customers and staff to make information more accessible and finance services easier.
- Review and simplification of the Social Care charging policy

5. New Approach to Social Work

- Social workers will support the business model going forwards with a more focused service based upon the customers whole care and support package needs
- We will give follow the new duty to carry out carer assessment regardless of level of carer need or financial resources of carer/user- this now includes young carers

6. Establishment of a fully Statutory Safeguarding Panel from April 2015

- We will develop a fully established legally binding Safeguarding Board.
- We will coordinate partners to focus the duties of all members including but not limited to Health and the Police.

7. We aim to review all commissioned services and strengthen market management

- Ensure choice through a range and variety of high quality providers
- Ensure that people have sufficient information to make informed decision about how to meet needs
- Have an awareness of current and future demand, and how providers may meet it
- Achieve a sustainable care market
- Have robust plans for potential provider failure
- Introduction of Electronic Call Monitoring in order to provide efficient and effective care calls.

Your Views (Feedback)

Please would you mind filling in the following questionnaire in order to tell us what you think of this annual report, and any other information you would like to share with us.

1. Tell us who you are, please circle the appropriate heading

- a) Someone who receives a service
- b) A carer
- c) A provider
- d) Staff member
- e) Other please specify in box below

2. Which sections did you find most helpful?

3. Which section was least helpful?

4. Is there anything you do not understand or would like more information from?

5. Is there an area you feel we have not included and we should have?

6. Can you rate this report out of 1 to 5 with 1 being Very useful and 5 being not at all useful.

7. Is there anything else you would like to share?

Thanks for your participation.

Please return to the following address with the attached pre paid envelope