

City of Wolverhampton Council

Adult Social Care Local Account

2014-2015

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Welcome

Welcome to the 2014/15 edition of the Local Account of Adult Social Care in Wolverhampton. The Local Account informs you about the progress made against our priorities over the year, our performance across a range of national and local indicators and our plans for the year ahead.

2014/15 has been primarily dominated by two major issues; the first is the **arrival of the Care Act 2014**, the biggest piece of legislation to affect health and social care services in fifty years. This means a major shift of emphasis in the way we will provide support services in the future and also means important new rights for carers. Significant work has been undertaken to ensure the council's compliance with the Care Act, which came into effect from 1 April 2015. Systems and processes have been reviewed and training delivered across the Adult Social Care workforce.

The second; **continuing reduction in funding**. Finance for social care has seen a reduction in real terms, and the discussion locally and nationally is how to bridge that funding gap and find and re-design new models of care. We know that there are future demand pressures for social care and we are working with partners locally on how to manage that demand within given resources. Despite the funding challenges the satisfaction of people who use services has risen and remains high.

We published our first **Market Position Statement** for the care and support market for older adults describing our commissioning activity; we hope that by providing clarity on the overall outcomes we wish to achieve, this will allow organisations that deliver care and support services in Wolverhampton to make better long term planning decisions and increase innovations in the market.

The **Better Care Fund** was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. Local Authorities and Health Services have been working through the year on the development of joint service plans, which look to ensure the integration of social care services with health services, to give people a better and more joined-up experience of the health and social care 'system'. In December 2014, the Wolverhampton Better Care Fund successfully secured its approval from NHS England, unlocking Government funding for joint health and social care initiatives, which will now be used to improve community and primary care, intermediate care, mental health and dementia provision across the city.

Improving the quality of life of **Dementia** patients has remained a priority for Wolverhampton. In line with the Prime Minister's Challenge on Dementia for 2012-2015, we have continued to progress the creation of a dementia friendly community, drive improvements in health and care and improve our local intelligence of the needs and aspirations of our Dementia sufferers and their carers and families.

The **Promoting Independence Programme** has continued to drive further developments in the way that Wolverhampton Adult Social Care supports people to maintain their independence through earlier intervention and prevention service initiatives; a key driver that is being adopted by the council as an underlying value base for future Social Work Practice and service delivery. The success of this work is exemplified through the case studies provided within this Local Account.

Whilst it's been a very challenging year, all of the above has provided Adult Social Care with an opportunity to assess and evaluate its policy, procedures and practices ensuring services are designed to firmly place the service user at the centre of all decisions concerning their wellbeing and articulate their desired outcomes, which enable them to stay healthy and remain independent for longer.

We hope you will find this report informative and would welcome your views and comments on its content.



Linda Sanders
Strategic Director, People



Councillor Elias Mattu
Cabinet Member for Adults

What is Adult Social Care?

Social care is the name given to the range of care and support services that help frail, disabled and socially isolated people remain independent, active and safe. Support can be provided in someone's home, in a community setting or in a care home.

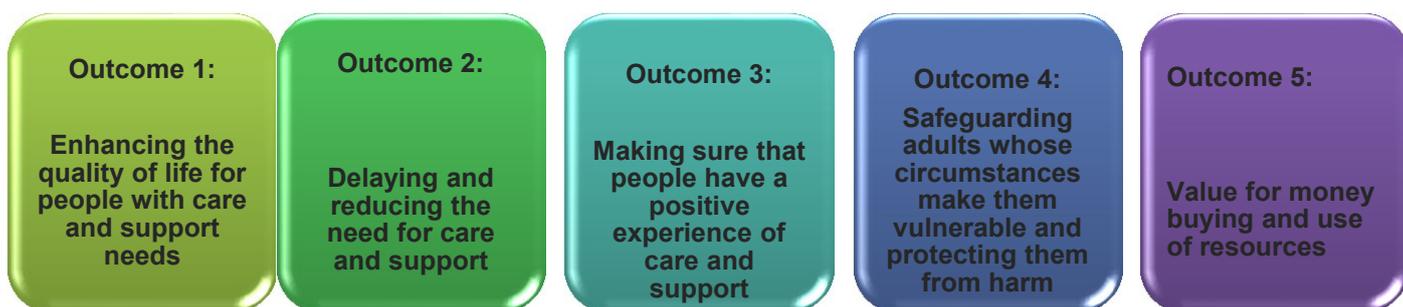
From April 2015, the new Care Act will help make the care and support system more consistent across the country. 'Care and support' is the term used to describe how the Council provides support with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family. Many of us will need care and support at some point in our lives and the new national changes are designed to put a person in control of the help they receive to help them remain independent for longer by articulating clear outcomes they want from their experience.

What is the Local Account?

The Local Account is a document which tells residents how their local Adult Social Care services have performed over the past 12 months. It also highlights the successes, challenges and priorities for the next year.

The account supports openness by communicating what the local priorities are, what progress has been made against them and what results have been achieved.

The Local Account supports the new Adult Social Care Outcomes Framework (ASCOF) which is used to measure the performance of our adult social care departments. Our Local Account document is structured under the four main outcomes which have been taken from the Adult Social Care Outcomes Framework, as well as including a fifth outcome which helps us to reflect on value for money:



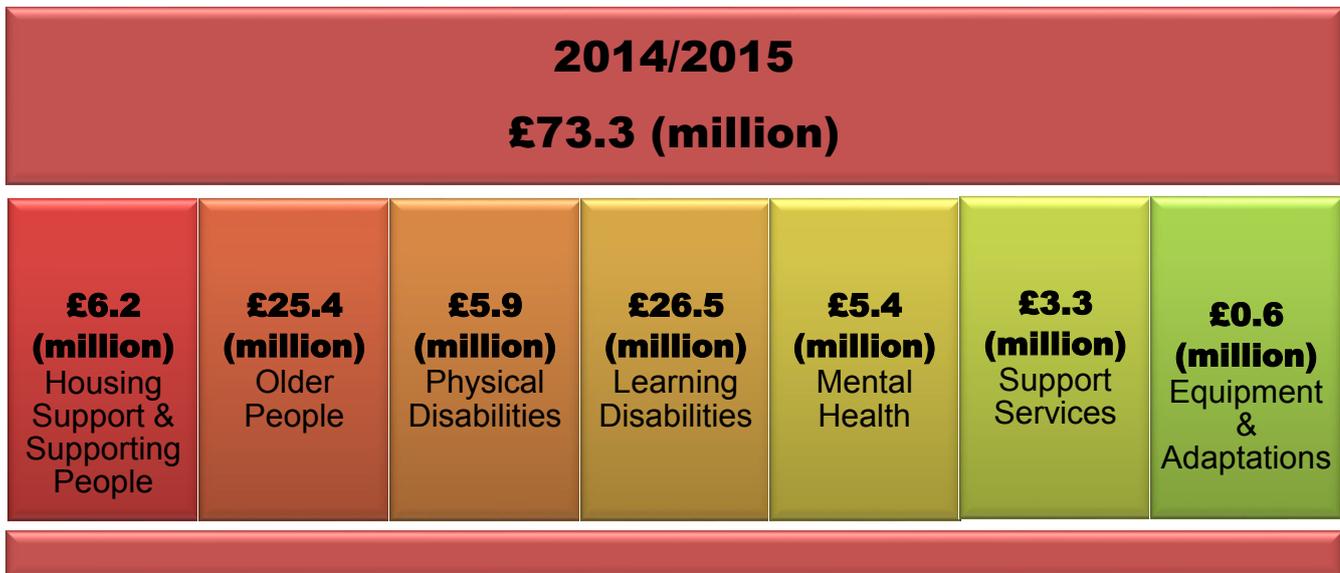
We want to share this document with you so that you can understand the work we do and the services we deliver, or commission, on behalf of people living in Wolverhampton. Your feedback on this document is important to us and will help us to improve the content of our Local Account in the future.

For more information on this document, or to let us know what you think please contact Wolverhampton City Council on 01902 555140 or email ascannualreport@wolverhampton.gov.uk

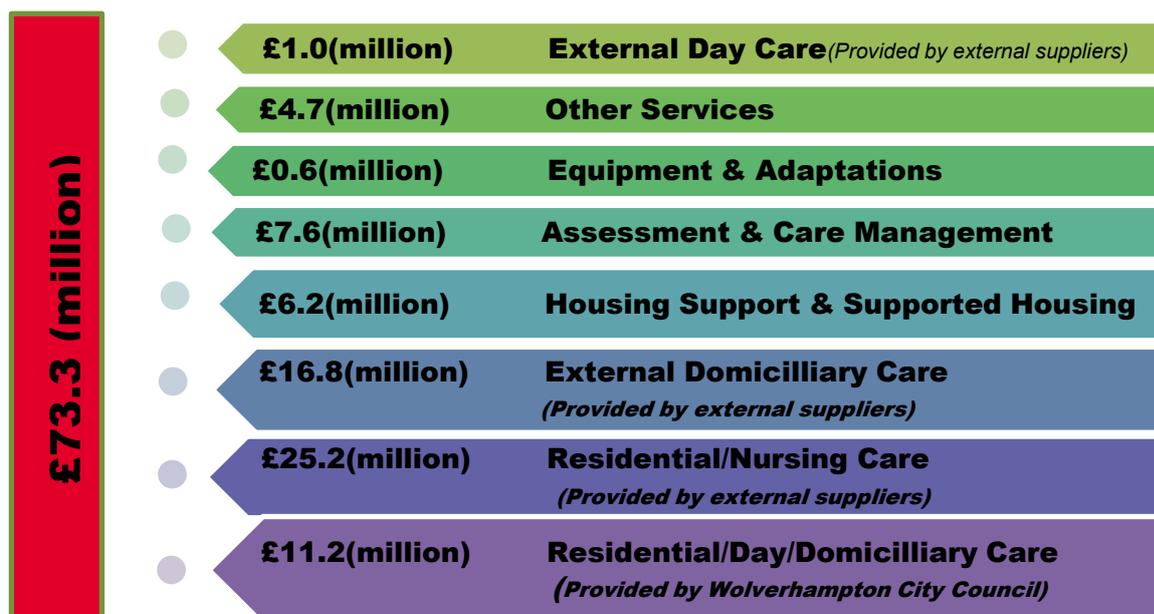
What did we spend in 2014/2015?

The Council spent **31%** of its net budget on Adult Social Care in Wolverhampton in 2014/2015.

The total net spend on Adult Services in 2014/2015 was **£73.3 (million)**. This was distributed across the following service areas:

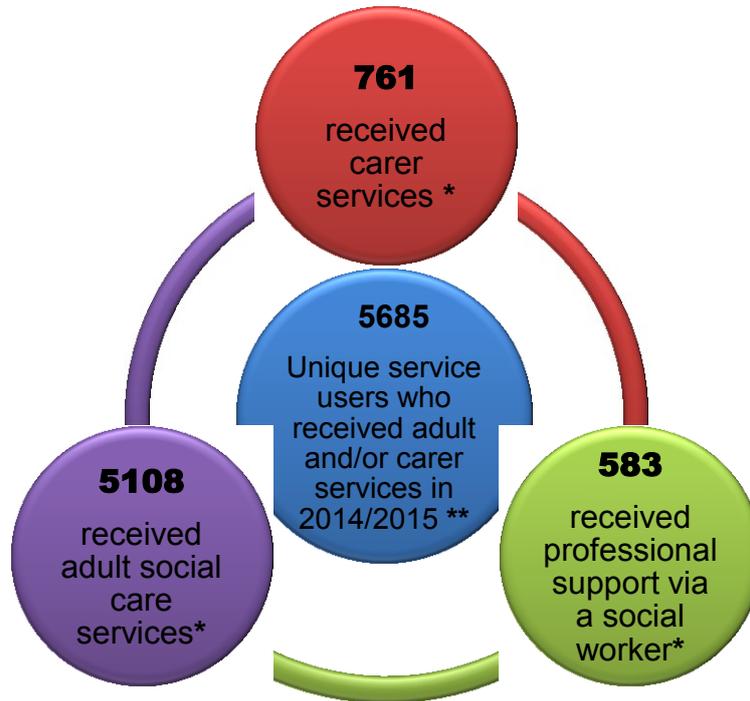


These figures can be broken down further against the following specific categories of spend:



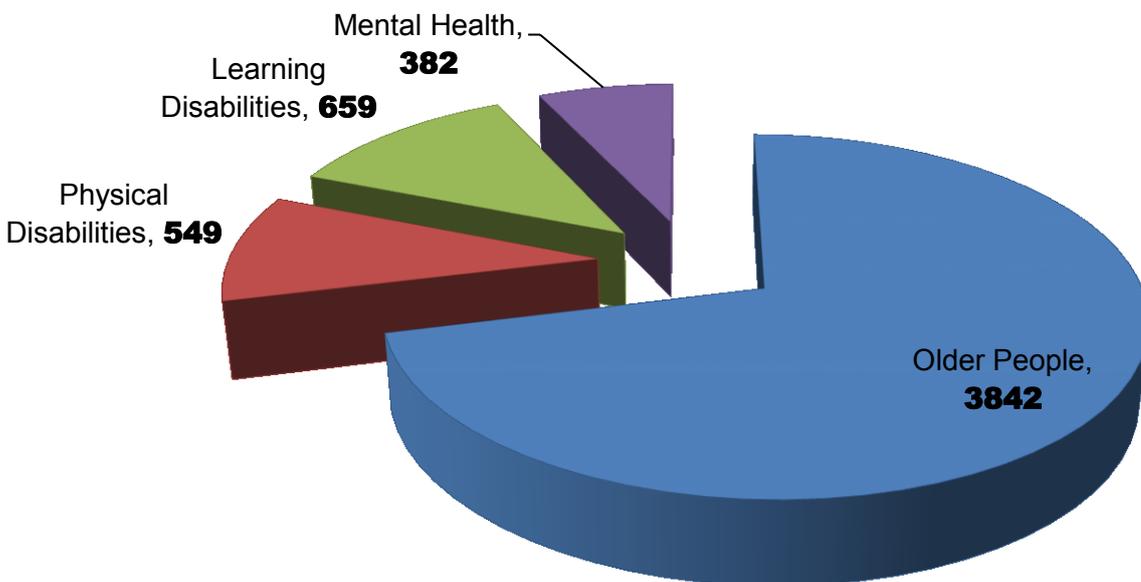
Who received support in 2014/2015?

In 2014/2015 Wolverhampton Adult Social Care supported the following number of service users:



** There may be some duplication of figures due to service users accessing more than one area of support.
 ** This figure includes service users who pay for their own care but this was arranged for them by the council.*

- **838** of the above unique service users received Direct Payments in 2014/2015.
- A further **1561** received a carer’s emergency card, meaning that they were given information on how to receive support in the case of an emergency.



Breakdown of unique service users in 2014/2015 by groups

What did we achieve in 2014/15

Outcome 1:

Enhancing the Quality of Life for People with Care and Support Needs

What we said we would do in 2014/15	What we did.....	The impact has been.....
<p>Develop a revised adults Operating Model for Adult Social Care that promotes supporting independence amongst its service users through the services it delivers</p>	<p>Adult Social Care continued its preparations for the implementation of The Care Act 2014, ensuring policies, procedures and operating models were ready to respond to the requirements of the Act and staff were fully briefed and prepared for the changes implemented in April 2015.</p>	<p>The Adult Social Care workforce were fully briefed and prepared for the changes implemented through the Care Act; and working towards a culture change that moves away from assessment and care management to, engaging in partnership roles with individuals, families and carers to best promote independence.</p>
<p>Establish Wolverhampton wide plan to increase the number of Dementia Friends registered</p> <p>Develop a dementia guide to Wolverhampton</p> <p>Devise a promotional dementia campaign which is Wolverhampton wide</p> <p>Achieve Dementia Friendly City status</p>	<p>The council launched its refreshed Dementia Strategy for Wolverhampton and commissioned the Alzheimers Society to deliver an information awareness programme across the city to:</p> <ul style="list-style-type: none"> • improve awareness and understanding of Dementia, • signpost and guide service users and their carers • reduce the stigma attached to dementia and promote the benefits of early diagnosis • increase the number of Dementia Friends across the city <p>A Wolverhampton Dementia Action Alliance Forum was established in April 2014, which is open to all organisations operating in Wolverhampton wanting to become dementia friendly. The primary focus of the Alliance was to involve and encourage local commercial sector</p>	<p>By March 2015 there were a further 1,435 individuals / organisations /shops / businesses registered as Dementia Friends, all of whom enlisted their support during face to face dementia training as part of the city's ongoing pursuit of achieving 'Dementia Friendly City Status'.</p> <p>All participating organisations have now developed individual action plans to improve services for people living with dementia.</p>

companies and religious organisations to do more to help the estimated 3,600 people with dementia in Wolverhampton, a figure which is expected to reach 4,500 by 2030.

Overview of Performance	2013/14	2014/15	<i>Did we do better in 2014/15 than in previous years</i>
<i>Proportion of people who use services who have control over their daily life</i>	77.6%	77.2%	X
<i>Proportion of people using social care who receive self-directed support</i>	73.4%	61.5%	X
<i>Proportion of people using social care who receive direct payments</i>	23.3%	33.5%	√
<i>Proportion of adults with learning disabilities in paid employment</i>	2.2%	1.9%	X
<i>Proportion of adults with learning disabilities who live in their own home or with their family</i>	69%	67.1%	X
<i>Proportion of adults in contact with secondary mental health services in paid employment</i>	3.9%	5.3%	√
<i>Proportion of adults in contact with secondary mental health services who live independently, with or without support</i>	78.9%	79.7%	√
<i>Proportion of people who use services who reported that they had as much social contact as they would like</i>	45.2%	52.5%	√

Priority for 2015/16:

Working with partners to promote citizen's independence and support a better quality of life at home, for as long as possible.

Case Study

Dementia Support

This case study examines three aspects of Dementia Support in Wolverhampton - Dementia Support Services, Dementia Cafes and Public Information and Awareness.

Our approach to Dementia Support is based on the principle that carers have as high a priority as sufferers. Here's an example of that principle in action.

Mrs C's husband has Vascular Dementia and lives with her at home. During a recent spell in hospital, Mr C's condition deteriorated such that his hospital consultant advised his family to consider full-time residential care.

Mrs C called our office in some distress. As well as the coping with the emotional strain of her husband going into care, she was uncertain how to choose a suitable care home and deeply concerned about the possible financial implications.

We arranged a home visit where Mrs C could be supported by her daughter-in-law in a familiar and comfortable surroundings.

During the visit, we discussed the care homes in Wolverhampton that would be suitable for my C's needs. We also explained how Mrs C and her daughter-in-law could find Care Quality Commission reports on the care homes' individual websites and advised her what to look out for when she visited each home.

In addition, we were able to address two of Mrs C's principal concerns - top-up fees and savings. We did this by explaining what top-up-fees are and how she and Mr C will have a financial assessment.

As a result the visit, Mrs C is better informed and more confident about planning her husband's future care with her daughter in-law's support.

Meanwhile, the value of Wolverhampton's Dementia Cafes both to dementia sufferers and their carers is highlighted by the experience of Mr and Mrs X.

Though deeply involved with their church, they live some distance from it and were completely dependent on Mr X's ability to drive to get to services. However, when Mr X was diagnosed with dementia his driving licence was revoked. This has had a huge impact on them as a couple, as it seemed as if their independence had been suddenly - and permanently - taken away.

On a home visit, we explained how going to a local Dementia Cafe would reduce their feelings of isolation. We also supported them to register with Ring and Ride.

Using Ring and Ride, they now attend three of the six Dementia Cafes. They also use the service to go shopping and go to church. Mrs X has said that the support we were able to offer has made a huge difference to them, helping them to feel independent and socially included once more.

Finally, we feel strongly that effective support for dementia depends on greater community awareness of the issues it presents.

As part of our continuing efforts to increase public awareness, we recently held a short information session at the Tettenhall Institute. Feedback from the session was very positive and as a result, 12 out of 13 attendees became Dementia Friends.

This first event has led to regular information and awareness sessions for this community, including one residents' relatives at a nearby care home.

Outcome 2: Delaying and Reducing the Need for Care and Support

What we said we would do in 2014/15	What we did.....	The impact has been.....
Increase the number of people living independently by March 2015.	<p>Telecare technology continues to be used to support individuals and carers at the heart of care and support delivery, across all client groups and care settings to help promote independent living.</p> <p>Efforts continue to develop further options which help move people on from residential care into less restrictive services, with an emphasis on enablement and promoting independent living skills within new developments such as the flats at the City Centre Sunbeam development.</p>	<p>The number of active Telecare service users has increased from 870 in 2013/14 to 957 in 2014/15.</p> <p>Increased use of supported living placements for adults with a learning disability</p>
Review existing community resources and opportunities for expanding the community and neighbourhood support offer for people with dementia	<p>The council commissioned the Alzheimers Society to facilitate six Dementia Cafes held at carefully selected venues across the city to help make a positive difference to the well-being and improve the lives of people with dementia and their families/carers.</p>	<p>Increased offer of social opportunities for Dementia sufferers / Carers to share experiences with peers and learn from these experiences.</p>
Co-design fully integrated health, social care and voluntary sector community services for people with dementia	<p>The Government's Better Care Fund provides a vehicle for transformational change; ensuring services are delivered in an integrated way across the health, social care and voluntary sectors across the city.</p>	<p>The Intermediate care and Reablement workstream will ensure that existing resources are utilised in the most effective way, which focus on maximising an individuals potential for independence and enhancing their sense of wellbeing.</p>
Review crisis support needs and a community facing response to developing crisis for people with dementia	<p>The Dementia Support Service provides accessible and relevant information, guidance, signposting, practical and emotional support to promote and maintain independence and to enable service users to cope and live well with</p>	<p>Each Dementia Café now has a dedicated Dementia Support Worker present to give one-to-one support to attendees who require it.</p>

dementia.

One-to-one support is also now available to people living with dementia in their own home. The service is unique to each service user as it is based upon their personal circumstances and information and support needs. The service can be provided face-to-face, over the telephone and via email or written information.

Overview of performance	2013/14	2014/15	<i>Did we do better in 2014/15 than in previous years</i>
<i>Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population</i>	13.1%	24.1%	X
<i>Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population</i>	736	650.1	√
<i>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)</i>	85.8%	80.6%	X
<i>Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)</i>	5.6%	6.1%	√
<i>Delayed transfers of care from hospital per 100,000 population</i>	8.3%	10.5%	X
<i>Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population</i>	4.1%	4.9%	X

Priority for 2015/16:

Working with Children's Services to ensure changes brought in by the Children and Families Act, primarily affecting young people who will transition to Adult Services and will be eligible for care and support.

Case Study

Enablement: David Bradley

David lives on his own in a rented property in Bilston. Since he moved in, the Outreach Team has given him 15.5 hours support each week with his medication, finances, shopping, meal preparation and appointments.

In June 2014 the Community Enablement Team started to work with David, helping him to find ways to become more independent and to take more control of his life.

Over the past year, David's become more confident about taking his medication, preparing his shopping list, going to the bank and doing his shopping. His confidence in the kitchen has also grown and he aims to prepare his meals independently in the future.

When we asked David how well he felt he'd done, he told us: "Good!

"My own tablets, my own dinner, my own shopping my own bank. I write my name, get my money out for my shopping, dinner then back home".

Since being helped to take more control of his own needs and daily activities, David no longer feels that he needs the same level of support from the Community Enablement Team. Today, he's comfortable with just 10.5 hours support a week.

Outcome 3: Making sure people have a positive experience of care and support

What we said we would do in 2014/15	What we did.....	The impact has been.....
Ensuring we have sufficient advocacy services to accommodate the requirements of the Care Act 2014.	<p>The council now has in place a one-stop advocacy facility providing free professional advocacy services for adults from across the city.</p> <p>Wolverhampton Advocacy Service delivered by One Voice brings together advocacy services previously provided by a number of different providers across the city. One Voice are also the provider for Independent Advocacy under the Care Act 14 for those unable to engage with the assessment and care and support planning process.</p>	<p>Family Carers, Older People, People with substance misuse issues and disabilities are now able to access independent support to help them make informed choices and decisions about matters affecting their health and overall wellbeing.</p>
Define local quality standards for all health and social care services for people with dementia.	<p>The Joint Dementia Strategy was developed to ensure a person centred approach using the NICE guidelines; this is a Principles Framework which is used to guide and measure partnership working.</p>	<p>Introduction of quality standards which enable people receiving dementia services to confirm whether the following standards have been met in respect of their care and support:</p> <ul style="list-style-type: none"> • I was diagnosed early • I was treated with dignity and respect • I get the treatment and support which are best for my dementia and my life • I am confident that my end of life wishes will be respected • I received a quality service • I can expect a good death • I know what I can do to help myself and who else can help me • I can enjoy life; I feel part of a community and I'm inspired to give something back • Those around me and looking after me are well supported

Overview of performance	2013/14	2014/15	<i>Did we do better in 2014/15 than in previous years</i>
<i>Overall satisfaction of people who use services with their care and support</i>	62.5%	68.9%	√
<i>Overall satisfaction of Carers with Social Services</i>	(2012/13) 43.7%	38.5%	X
<i>Proportion of Carers who report that they have been included or consulted in discussion about the person they care for</i>	(2012/13) 69.9%	67.5%	X
<i>Proportion of people who use services and carers who find it easy to find information about services</i>	74.3%	78.6%	√

Priority for 2015/16:

Providing all residents of Wolverhampton (*not just those who are in receipt of local authority funded care or support*) with information and advice relating to care and support for adults and support for Carer's.

Case Study

Transition from Children's to Adults' Services: Ms X

Ms X has profound Autism and learning disabilities. At 17, she was still at a special school and living with her divorced mother who provided all of her support and care needs.

It was clear that planning Ms X's transition from Children's to Adults' Social care would require careful planning. This was complicated by the level of her disability, which made it impossible for her to share her own views.

Work began with a programme allowing Ms X to access short break provision into Adult Services. This was followed by a series of meetings between her parents, her school and the Social Care Team, where it was agreed that it would be in Ms X's best interests to attend a local college which provided education to meet her special needs.

During these discussions, Ms X's mother stated that she was finding it increasingly difficult to provide care on a daily basis. An Autism-specific supported living placement was identified locally and funding was agreed for Ms X to live there permanently with 24 hour support.

Ms X's transition to supported living placement was deliberately long. It started off with short visits, progressed to outings with other residents and then to overnight stays. The number of these overnight stays gradually increased until she was living there permanently.

Her care plan supports Ms X in developing her daily living skills and in managing risks due to her poor appreciation of danger. She has an active social life and her parents visit separately as often as Ms X wishes.

Ms X is now settled and happy in her supported living placement, which offers her choices and opportunities that compare with those of other young people her age. She starts her college placement in September 2015.

The outcome shows how successful multi-disciplinary working and assessment of needs, mental capacity and best interest decision making can be. However, we've also learned that essential to the success of such widespread interventions is strong coordination and a strict adherence to agreed timescales.

Outcome 4: Safeguarding Adults whose Circumstances make them Vulnerable and Protecting them from Harm

What we said we would do in 2014/15	What we did.....	The impact has been.....
<p>Prepare for the implementation of the Care Act 2014; ensure that the council and its partners have robust and effective processes in place to safeguard adults at risk in accordance with the statutory responsibilities being placed on Local Authority's.</p>	<p>Wolverhampton Safeguarding Service has been instrumental in driving the development of the regional West Midlands Safeguarding Adult Policy & Procedure in preparation of Care Act 2014 implementation in April 2015.</p> <p>Training workshops have been delivered to the Adult Social Care workforce to help them prepare for the changes in safeguarding practice introduced by the Care Act.</p>	<p>Dedicated Advanced Social Work practitioner posts responsible for receiving and responding to safeguarding alerts, monitoring the progress of investigations, liaison with the police other professionals and the safeguarding service have now been introduced as part of the new operating models across the service.</p>
<p>Continue to ensure that adults at risk are fully engaged in defining the outcome they want to achieve through safeguarding interventions.</p>	<p>Wolverhampton has remained committed to the Government's 'Making Safeguarding Personal' (MSP) agenda and has ensured it's frontline practitioners have been provided with training which equips them with the skills and tools to adopt a more person centred, outcomes focused approach when dealing with safeguarding interventions.</p>	<p>A mandatory e-learning tool was developed to assist social work practitioners develop a better understanding of the MSP agenda; during 2014/15 the course was completed by 70+ staff, which included frontline practitioners and service information officers.</p>

Overview of performance	2013/14	2014/15	<i>Did we do better in 2014/15 than in previous years</i>
<i>Proportion of people who use services who feel safe</i>	73.2%	74.8%	√
<i>Proportion of people who use services who say that those services have made them feel safe and secure</i>	82.5%	84.4%	√

Priority for 2015/16:

Ensuring appropriate capacity to undertake the required mental health and best interest assessments and authorisations of Deprivation of Liberty Safeguards in response to the Supreme Court Judgement ruling and revised test of deprivation.

Case Study

Taking a Person-Centred Approach: NL

NL is an Asian lady with a learning disability. She lived at home supported by her sister-in-law and attended Oxley Day Centre for many years.

While at Oxley, NL appeared to lack confidence. She used a communication board to speak to other people and preferred solitary, sedentary activities. She also tended not to walk far, asking for a wheelchair on journeys out of the Day Centre.

Alongside other users and carers, NL was consulted about moving from the Day Centre to community facilities at Aldersley Leisure Centre. Like others, she was reluctant to make the change.

Taking a person-centred approach to NL's concerns, the Social Care team agreed that the days she was supported would remain the same to begin with. They also arranged for the council's transport provision to continue for a period.

Significantly, the team didn't rely on what they had already observed about NL to help her through the transition. Instead, they worked with her to better understand the outcomes she wanted for herself.

As a result, NL joined other service users and carers on field visits to the new facilities. She was also introduced to the area around the Leisure Centre and shown the local shops and cafes. To ensure her future mobility, she was also supported to register with Ring and Ride.

Because of the person-centred support she received to make the transition, outcomes for NL have been overwhelmingly positive.

The quieter environment at Aldersley has encouraged her to become more confident when talking. She starts conversations rather than giving yes-no answers and has developed friendships with other service users and with people in the local community.

NL now asks to walk to the local shops rather than going in a wheelchair. She has the confidence to take part in all exercises and activities, even using the Leisure Centre's athletics track to build up her muscles and stamina.

As a measure of the change, NL now doesn't rely on the service providing a meal or on taking her own sandwiches. Instead, she decides on the day whether to walk to the local café for her lunch.

There have been positive outcomes for the service, too. The team feel more confident when planning activities with individuals and are more willing to support people to take risks.

Perhaps most importantly, NL's story has underlined for us the value of the person-centred approach. The challenge now is to ensure that all disabled people in Wolverhampton enjoy a similar experience.

**Outcome 5:
Value for Money, Buying and Use of Resources**

What we said we would do in 2014/15	What we did.....	The impact has been.....
<p>Continue to review long term nursing and residential placements and offer people alternative care and support options that include reablement.</p>	<p>A Resettlement plan has been developed to help resettle people out of long-term nursing and residential placements to alternative accommodation; different possibilities of support have been commissioned to support the resettlement programme.</p>	<p>Individuals have been identified who are able to live more independently and will be supported to achieve this by planned care and support through the Resettlement Programme.</p>
<p>Continue to contribute to the evaluation and development of housing and support options for people with mental health needs.</p>	<p>The development of Firsbrook; specifically designed for people with mental health needs, facilitates longevity to reablement pathways.</p>	<p>This provides accommodation that has self-contained flats but has onsite support to develop daily living skills that will in the long term increase the success of independent living. There is also an option for more intensive support that can be provided by the “in house” Recovery Team, where required.</p>
<p>Contribute to the review of services to ensure they are fit for purpose in meeting people with mental health needs that are effective and efficient.</p>	<p>There are now robust systems and processes in place for funding requests for social care support packages. A Multi-Agency funding panel meets bi-weekly to consider all requests for funding for Adults. The panel ensures quality control of practice and the most appropriate use of resources. It is a process which challenges social workers to ensure they are making the most of community and other resources to meet need.</p>	<p>There is increased communication between professionals, collaborative decision making and co-produced care plans which benefit the service user.</p>
<p>Review service demands and create new ways of working that take account of the impending changes to</p>	<p>Assessment and care and support processes have been updated to ensure they comply with the requirements of the Care Act, in particular to the council’s duty to</p>	

social care law to enable people to access appropriate support

promote the wellbeing of individuals and implementing a national eligibility criteria.

Contribute to the local arrangements for mental health crisis services in accordance with the national requirements outlined in the mental health crisis concordat.

Mental Health Services have worked in partnership with other agencies to develop the declaration for the Mental Health Crisis Care Concordat for Wolverhampton.

The Concordat went live on 1st April 2015 and is being implemented in stages across the area.

The development of the Black Country Triage car to respond immediately to crisis situations has been a testament of partnership working across the region. This is staffed by the Police and Health with strong links to the Council and the Emergency Duty Team with the aim of improving the customer experience and reducing stress for individuals.

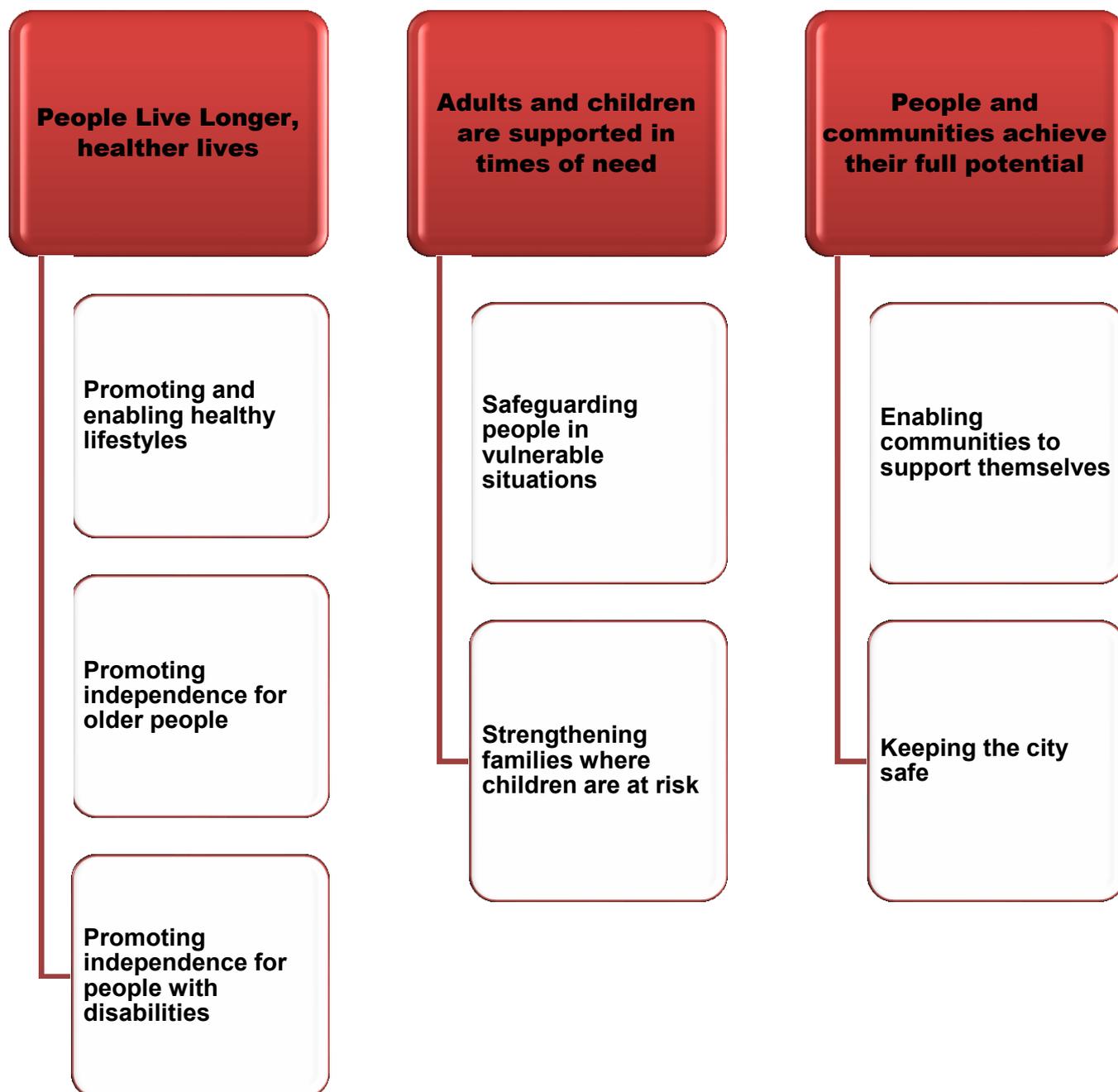
Priority for 2015/16:

Working with local health partners to deliver the Better Care Fund (this is an existing pot of money to facilitate closer working between health and social care services to deliver better outcomes for residents).

Looking Forward – Priorities for 2016/2017

The City of Wolverhampton Council's Corporate Plan 2015/2016 sets out the way in which the council intends to develop and improve its services. It focuses on a combination of those issues that matter most to local people, the national priorities set by Central Government and the unique challenges arising from the city's changing social, economic and environmental contexts.

The following overarching priorities for Adults will remain the key focus of work for the People Directorate leading into 2016/2017 helping it to continue building stronger communities:



Compliments and Complaints

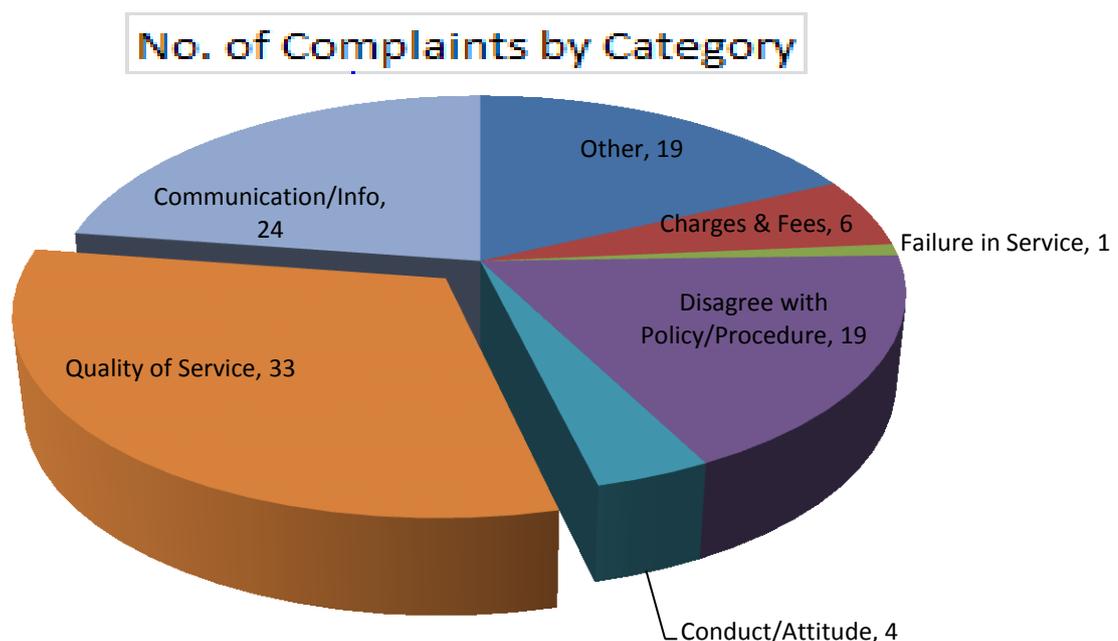
Complaints and all types of feedback (including compliments) are considered important to improve the quality and responsiveness of services. The complaints process provides a mechanism to identify problems and resolve issues.

The council has continued to work hard over the past year to put customer care at the forefront of its activity. It has maintained a proactive approach to managing and responding to complaints in a timely manner, and above all has kept customers involved in the process. **Out of a total number of 5,685 unique service users who received adult and/or carer services in 2014/2015**

The number of complaints pertaining to Adult Social Care Services received in 2014/15 was 104; this is an increase on the 99 complaints received in 2013/14.

The number of formal and informal compliments received in 2014/15 continued to outweigh the number of complaints; a total of 202 compliments were received across Adult Social Care Services from service users, or their families who wished to express their satisfaction with the services received.

The most common cause of complaints were:



Learning from complaints is an increasingly important part of the authority's philosophy and managers responding to complaints are encouraged to identify any shortcomings within the service, policy or procedures. During 2014/15 complaints investigations resulted in a number of proposed improvements, such as the following:-

What you said	What we did
Complaint related to an outstanding final notice being sent addressed to a deceased person.	Following this complaint, the team have improved the way it sends out final invoices for deceased customers by ensuring that a personalised letter is attached to any unpaid invoices and sent to the next of kin.
Several complaints throughout the year have resulted in targeted training and supervision to employees about standards of service and customer care.	The Local Authority now ensures that all employees undertake Customer Care Training as mandatory.
Complaint was received from a service user who had been undertaking some volunteering work at one of the council's short term accommodation bases for people experiencing mental health crisis during which their duties had been changed and this had not been communicated well. The complainant felt that the quality of service received from staff members was poor. Whilst the complaint was very detailed and contained many aspects of dissatisfaction, several key points of learning were highlighted.	<p>Measures have now been introduced to ensure:</p> <ul style="list-style-type: none"> • Service user consultation and involvement to be paramount when considering making changes to services and provision. • If the service plans continue to offer volunteering opportunities to service users then there is a need to develop a policy to ensure clarity of role and purpose. • Staff supervision to include a reflective practice element to promote critical self-analysis and give an opportunity to discuss challenging situations and relationships. • Staff group to be reminded in a team meeting of the importance of respectful and professional communication at all times.

2014/2015 Key Data

Wolverhampton has a population of 251,557
(2013 mid-year ONS population estimates)

There are **27,136** Carers in Wolverhampton who look after family, partners or friends in need of help because they are ill, frail or disabled. The care they provide is unpaid.

1,520 people were cared for in residential or nursing care homes.

340 Carers were directly supported, **75.5%** have a personal budget.

544 Carers were given detailed advice to support them.

34% of service users and Carers get their services through a direct payment.

People who receive social care services in Wolverhampton say that their quality of life is good. **77%** of them say they have control over their daily lives and **75%** say that they feel safe.

Life expectancy is slightly lower than in other areas of the West Midlands at **82** years for women, and **77.5** years for men.

80% of people with mental health needs live independently.

67% of people with learning disabilities known to us live in their own home or with friends and family.

Over **10,000** queries were resolved at the point of first contact.

We helped **3,489** people to continue living independently at home.

81% of people who use our reablement or intermediate care services after a stay in hospital are living back in their home **91** days after their discharge.

58% of people now get their services through a personal budget, giving them more choice and control over the services they have.