

# Adult social care

**Croydon's local account  
annual report to residents  
2011 - 2012**



# Croydon's local account

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## Introduction



Foreword by councillor Margaret Mead

**Cabinet member for health and adult social care**

“Welcome to Croydon’s second local account. Croydon Council is committed to providing care and support services for adults that are the best they possibly can be and enable service users to achieve the outcomes they want. We want to act on the genuine experiences of services users, carers and other people who have an interest in care and support services, working alongside them and developing more opportunities for engagement and collaboration on delivery of services.”

Whilst continuing to maximise choice and promote independence wherever we can we will also be focused on enhancing preventative services and early intervention opportunities for people at risk from health conditions such as strokes, or events like a fall, so that we can stop or limit any problems, improve their situation and help build personal resilience to better manage challenges in life. We are also working hard to ensure that accessible information is readily and universally available and that people can obtain advice when they require it.

The financial environment remains challenging and resources are limited, our priority continues to be protecting the most vulnerable residents and the front line services which are identified by residents to be the highest priority. It is vital that we work in close partnership with the NHS, voluntary sector and all other partners to meet these challenges successfully and support the provision of integrated, safe, high quality services.

We hope you find our local account useful and informative. We will be looking for more ways of engaging with you for the development of the next local account and look forward to those future conversations.



**Welcome from Hannah Miller**  
**Executive director for adult services, health and housing**

“Taking the time to review and reflect on what we have achieved over the last year is always helpful, it reminds us what we are aiming for, helps us to evaluate where we have got to and gives us fresh resolve when we can see where we should to do better. It also allows us to feel proud about the things we have got right by working together.”

The local account is one of the methods by which people who use social care services, the public in general and our staff can give us feedback and contribute to an independent evaluation.

It is a challenging time for public services, especially adult social care services, with continued budget constraints, demographic pressures and increasing demand. It is therefore essential that we have a clear vision about the activities which will achieve the best possible outcomes for local people.

That means ensuring that services are targeted at people who most need help, that we take a preventative approach and provide intensive support to people who can remain independent by regaining confidence quickly after serious illnesses and falls. We will also support the transfer of decision-making into the hands of those who want it through self-directed support.

I am pleased to report that there has been a rise in the level of satisfaction among adult social care users in 2012 which shows progress in a range of areas but there will always be scope for improvement. The local account helps us to identify where we should seek to improve and we will listen carefully to those messages.

We will also be using the ‘Making it Real’ framework to work with service users and carers to find out about their experiences receiving personal services. This is about how you feel services have impacted and supported you. I hope you find our local account interesting and helpful.

## Section 1. What is a Local Account?

We wish to be more transparent about how we are performing as a Council and the 'local account' is one of the ways we can do this. The local account is a way of telling the residents of Croydon how the Council and its partners are doing in meeting the needs of people who have social care and support needs. Some people will be in need of services because they are older and frailer, some will have additional needs because of disability and mental health problems, some will need support due their role as a carer, and some will be vulnerable in other ways and in need of protection.

What this means is that Croydon Council will aim to provide the most appropriate social care and support, working with those who need additional support to design the best way to maintain their independence and enable them to keep control of their daily lives. At the same time we will aim to deliver value for money social care services and ensure that we get the best outcomes for the public's investment in these important services.

This local account aims to give you some background information about Croydon and its residents, to summarise the things that Croydon people have said were important to them, and to report on the quality of care and support in Croydon. The local account is intended to be easy to read, is aimed at both users of social care services and the wider community and should show how consumer feedback has fed into the local account.

Croydon belongs to a group of London boroughs which is currently working on an approach that provides the opportunity for independent scrutiny of each others' performance in social care. Croydon expects to continue to demonstrate high performance

against regional and national comparisons, as well as reporting into Croydon's Health and Wellbeing Board, the Council's Scrutiny and Overview Committee and being overseen by Local Healthwatch.



## Section 2. About Croydon

Croydon is an outer London borough, located in the south of the capital. With 363,400 residents, it is the most populous of the London boroughs. Croydon's population grew by 10% during the period from 2001 to 2011, 2.9% higher than the national average, with another 8.1% increase expected by 2020.

The population is highly mobile with large numbers of people moving into and out of the borough each year. Croydon's population is also very diverse; black and ethnic minority residents make up almost 45% of the population and more than 100 languages are spoken. There are known health inequalities by location, gender and ethnicity. Male life expectancy is 9.5 years lower (female 5.8 years lower) in the most deprived areas compared with the least deprived.

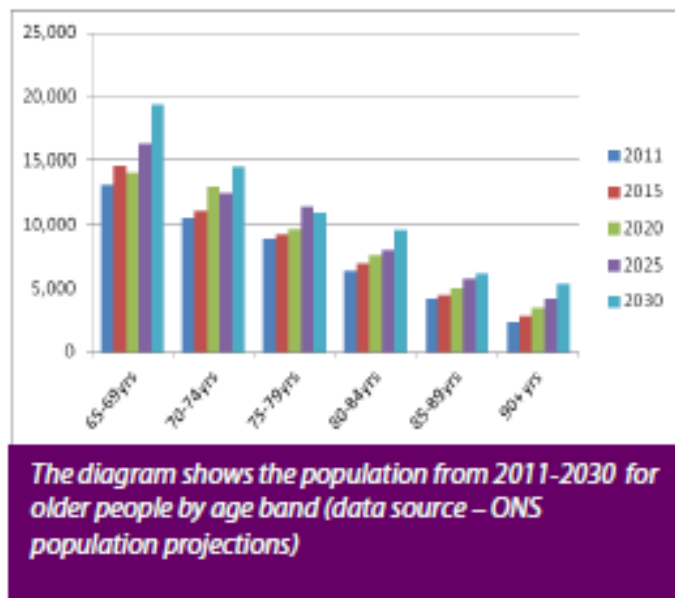


Demand for adult social care is increasing, both in numbers and complexity. Between 2006 to 2012 assessments of adults and older people leading to being provided with a service increasing by 38%, and the total number of people helped rose by 12%. Amongst those groups more likely to be in need of community care services, 44,000 people are aged 65 and over, over 5,000 people have a learning disability, nearly 5,000 a serious physical disability, and over 4,000 a severe mental health problem. The number and proportion of older people is growing, as is the number of younger adults with disabilities because of an even greater increase in life expectancy than across the whole population.

### Older people

Older people aged 65 years and over make up 12.2% of the Croydon population and residents aged 85 years and over make up 1.6%.

Generally people are living longer, resulting in an increasing older population at a national level. The latest data (2008-10) shows that life expectancy for males in Croydon is 79.6 years which is greater than London (79 years) and England and Wales (78.5 years). Life expectancy for females is 82.6 years, which is less than the female rate for London (83.3 years) and slightly more than England and Wales (82.5 years).



Income deprivation is assessed using a range of indicators looking at the number of adults and children within households in receipt of certain benefits and other types of support. Income deprivation particularly affects older people and areas with the highest levels of income deprivation are predominantly in the north and east of the borough. One of the council's main priorities is to support residents to live independently, and, of those over 65 years of age the council supported 4,371 residents to live independently through community based services. Of the 170 registered care homes in the borough (residential and nursing homes), 133 of these are for older people.

A total of 949 Croydon residents aged 65 years and over were placed in permanent residential and nursing care, of which 406 were nursing home placements.

### People with ill health

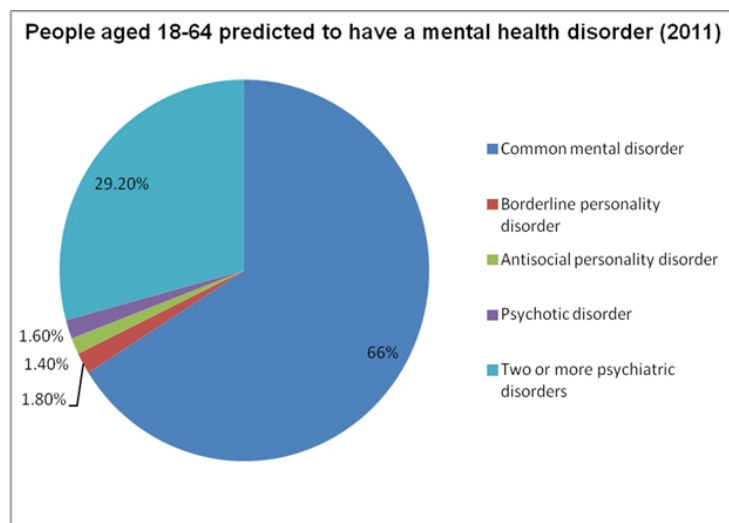
In the 2011 census 4.6% of Croydon residents reported that they were in bad or very bad health. This is a reduction from the 2001 census when 7.6% of people said they were in bad or very bad health. The 2011 census asked about people's limitations caused by health problems. At a national level over 8% of the total population said they were 'limited a lot' in their daily activities. In Croydon this figure was 7% (24,380 people).

In England, the number of people with long term conditions is growing because of increasing life expectancy and an increasing ageing population. More effective treatments are also becoming available for certain long term conditions enabling people to live longer with the condition. In Croydon, the main reason for the increase in long term conditions is the overall growth in the total population. The largest growing long term conditions are predicted to be chronic pulmonary disease with an increase of 54% by 2021, followed by diabetes at over 46% increase and dementia at nearly 44% increase expected.

### People with mental health problems

There are over 54,000 adults (aged 18-64yrs) in Croydon with a diagnosed mental health problem. Two thirds of those people have mental health issues such as emotional distress, depression, anxiety and obsessive compulsive disorder. 1,480 residents (18-64yrs) with a mental health problem received social care services during 2011/12, or 2,029 including older people.

People with mental illness can often lead relatively unhealthy lifestyles because of their social circumstances. Also, people who use mental health services are less likely than the general population to be offered routine health checks like blood pressure, cholesterol and weight checks, or to receive advice on smoking cessation, alcohol, exercise or diet. Consequently, people with mental illnesses are far more likely than the general population to suffer from chronic illnesses such as diabetes.



Data source: PANSI - mental health prediction

### People with dementia

Dementia is more common in older people, those with a family history of dementia, smokers, those with poor heart health and some other health conditions. It is much more common in older people with learning disabilities. Although it is estimated that one third of people with dementia live in care homes, unpaid carers play a central role and may themselves have health problems and experience financial difficulties because of their caring responsibilities.

It is estimated there are currently 3,300 people with dementia in Croydon, which is predicted to rise to over 4,500 by 2025. A large number of these people are aged 65 and over and approximately two thirds are female.

### Total estimated future cases of dementia

Year	2011	2015	2020	2025
Croydon	3,283	3,551	3,954	4,507
England	628,824	692,231	793,379	926,664

Source: Projecting Older People Population Information System (POPPI)

### People with a disability

There are over 5,000 adults (aged 18-64) in Croydon with a learning disability and around 5% of these are predicted to have a severe learning disability. There are more people in Croydon with learning disabilities than would be expected for a population of our size which provides additional financial and other challenges to social care services. During 2011/12 a total of 1,146 residents with a learning disability received social care service(s), 89.9% of whom were under 65 years of age.

Of those residents with a learning disability receiving support from the council, 404 people were in permanent residential care and 11 were in permanent nursing care. 767 (66.9%) people with learning disabilities were living in settled accommodation.

It is estimated that over 16,000 adults (aged 18-64) in Croydon have a physical disability. This is projected to increase to over 18,000 by 2030. Nearly 30% of residents with a physical disability have a severe disability. This means that about 10,000 residents of working age have disabilities where we would expect them to need some level of personal care. During 2011/12 1,057 people under the age of 65 with a physical disability were receiving social care services in Croydon. This increases to 5,448 people when



older age groups are included. 64.9% of these people were female.

### People with substance misuse problems

The use of Class A drugs such as cocaine, crack cocaine and heroin has increased during the past decade. It is estimated there are 2,000 drug users locally who often use a combination of drugs and alcohol. There is a strong link between drug misuse and crime such as shoplifting, burglary, vehicle crime and theft. Getting people into treatment quickly can have a significant impact on reducing drug related crime and improving the impact on their quality of life.

In 2011-12 there were 673 drug users in effective treatment in Croydon and 301 alcohol users receiving treatment. This indicator measures the number in treatment for 12 weeks or more or who moved on from structured treatment in a planned way. Personal budgets were provided to 30 individuals giving them more choice and helping them to decide how best to meet their needs.

### Carers

We estimate there are over 34,000 carers in Croydon and that around a quarter care for someone with dementia. This number is expected to rise to over 7,000 by 2030 and more work is being done to identify and support carers who provide valuable care to their friends, relatives and loved ones.

Throughout 2011/12 a Croydon Carers Support Network has been under development and is expected to be fully functioning by Sep 2012. This initiative will offer easier and speedier access to advice, information, advocacy and support by providing a central hub of information services which will then be linked up with a mixture of specialist services.

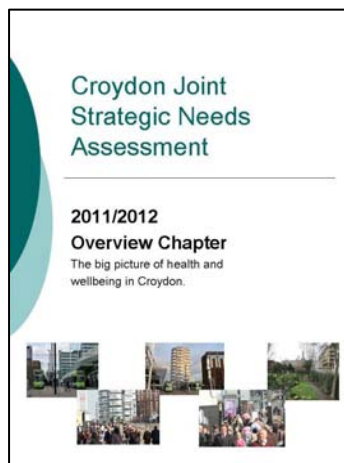
There are also plans underway to work in partnership with the Whitgift Foundation to develop a Carers Support Centre, based in the town centre and offering walk-in information and advice as well as a range of free activities and services for unpaid carers of all ages.

### Find out more about Croydon

If you want to know more about Croydon you can visit the Croydon Observatory website at <http://www.croydonobservatory.org/> which has been created to provide accurate and relevant information on the population in Croydon. It is designed to ensure that data is accessible to local residents and to people who work in the range of public sector organisations who deliver services in the borough. As well as hosting information on this site, there are links to key third-party sources of information and analysis on Croydon such as census data.

The Council has also developed a borough profile which uses a wide variety of data sources to tell the story of Croydon and provide a detailed profile of the borough and our residents. We use this to inform our decisions about how we can make best use of resources and deliver the services which result in the best outcomes for local people.

In partnership with our local health colleagues, the Council produces an annual Joint Strategic Needs Assessment (JSNA)



which has a high level overview of the health of Croydon's population. It also looks at specific topics which are of particular local relevance and sets out where there is a need for services in Croydon. In 2011/12, we combined writing an overview of the health and wellbeing needs of Croydon with in-depth needs assessments of repeat abortions, children in poverty and people with long term conditions, particularly dementia.

## Section 3. Adult Social Care in Croydon

### What is adult social care?

It is the responsibility of the Local Authority to provide services for adults who need extra support. This includes all forms of personal care and other practical assistance for individuals who by reason of age, illness, disability, dependence on alcohol or drugs, or other similar circumstances, are in need of care or assistance.

Croydon Council provides an integrated approach to providing services and has created a department for Adult Services, Health & Housing (DASHH) which deals with social care, health and housing strategy and services, and as a result delivers better value to the citizens of Croydon.

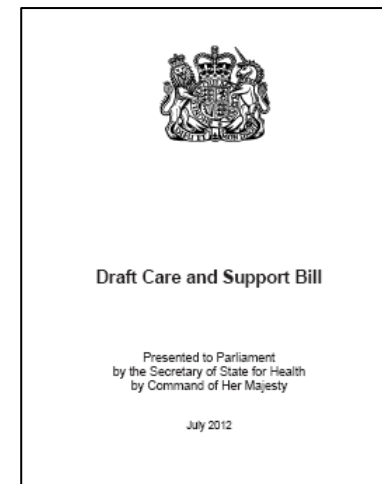
### Developments in adult social care

The Government intends to reform the adult care and support system and has published a **Care and Support Bill** which is currently progressing through Parliament. It has two core principles:

- Individuals, communities and government must do everything to prevent, postpone and minimise people's need for formal care and support
- The system of care and support should be built around promoting people's independence and wellbeing, and;
- People should be in control of their own care and support

The Bill aims to modernise the legal framework and includes the following:

- A focus on ensuring that people have a better understanding of the care and support system to be able to plan for the future and obtain help when it is needed
- A new duty on local authorities to ensure the integration of care and support provision with health and health-related provision
- A recognition of, and intention to provide for, the needs of carers
- Where an adult is eligible for care and support, a legal entitlement to a personal budget and a right to request a direct payment are being created
- Proposals to ensure the continuity of support for young people in need and in transition to adulthood



Following the findings of the Dilnot Commission Report, which looked at how social care will be paid for in future, the Bill will also introduce a cap on care costs of £72,000 from 2016, which will protect older people from meeting care costs above this amount. People who need care in residential settings are still required to contribute towards their board and lodgings. This is not included in the cap.

The **Health and Social Care Act** is a crucial part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes. The Act transfers **responsibility for public health** to local authorities from April 2013.

The Health and Social Care Act contains a number of areas to encourage and enable the NHS, local government and other sectors to improve patient outcomes through far more effective **integrated working (by doing things together)**. The Act requires the setting up of Health and Wellbeing Boards from April 2013 to oversee the planning and delivery of health and social care services in an area. Croydon has prepared for this by setting up a Shadow Health and Wellbeing Board, jointly chaired by the council and NHS, which is already working in a co-ordinated way to plan and deliver Croydon's health services. As well as the council and NHS, the Board includes representatives from the voluntary sector including the local LINK.

### **How does the council know how well it has done?**

#### **Annual social care survey**

With people who use services being placed at the heart of care planning and provision, hearing their experience is critical to understanding the impact of services and the achievement of

outcomes. The annual Adult Social Care Survey (ASCS) focuses on questions asking for feedback from service users about their care and support, health and wellbeing and quality of life.

The 2012 survey was conducted through a self-completion questionnaire which was completed by 442 clients with an option for a telephone interview. The response rate for the ASCS was 29.8%. The survey revealed that overall satisfaction with care services has increased by 3.3% compared to 2011, with 85.7% of clients stating that they are extremely, very or quite satisfied with services. For adults with learning disabilities, overall satisfaction with services remains high at 91.7%. As in 2011, no respondents felt that 'the way that staff help them' is very bad (the least positive statement).

We look through every questionnaire and follow up personally any comments or answers provided by our service users that give us cause for concern.

#### **Croydon Adult Social Services User Panel (CASSUP)**

CASSUP is a group of service users, carers of service users and Croydon residents who have a strong commitment to improving services and championing the interests of service users. The panel works in partnership with officers and service providers to raise key concerns regarding adult social care in Croydon and identify ways to improve services. 8 people were appointed to the panel during 2012 following a formal selection process for all those who applied. The panel is open to all those who wish to apply and there will be another round of recruitment during 2013; the council are hoping to have approximately 15-20 people on the panel. The panel meets 4 times a year, plus two Inclusive Forum meetings for which it is responsible.

## Croydon Mobility Forum

Croydon Mobility Forum (CMF) reviews and makes recommendations to improve access and facilities in Croydon for older people and those with disabilities. Elected forum members, representing voluntary sector workers, service users and carers with disabilities, meet with councillors, senior council staff, taxi organisations, Transport for London and bus and rail companies to discuss how best to improve services in Croydon. Originally planned to meet quarterly, the forum now meets every two months except for the summer period.

Successes include:

- The commitment of elected members and senior officers has been maintained
- The involvement of other agencies and transport providers has increased
- The Forum has provided a good basis for communication between a wide range of transport providers, elected members, council officers and the community
- The community reps have taken an increasing role in the Forum and the chairpersonship has passed to a community representative

The Croydon Mobility Forum has helped to produce a guide to all forms of accessible transport in the borough; the latest version was updated in April 2011 and is available for download from [www.croydon.gov.uk](http://www.croydon.gov.uk) where there is also information about how to get in touch if you would like further information about the forum.

## The Inclusive Forum

The Inclusive Forum provides adult social care service users and their carers with the opportunity to meet service managers and to comment on a full range of issues that affect adult social service care users in the borough. Events are held twice a year. The most recent Inclusive Forum for adult social care service users and carers took place in November 2012, in the Fairfield Halls. The event was attended by over 60 people and feedback from participants was excellent from both evaluation forms and the many comments made by attendees on the day and afterwards.

Delegates were provided with a range of presentations about some of the key issues that face adult social services users, including an update on the progress of the new carers support hub, as well as information on Croydon's Dementia Strategy and some very important and useful guidance around safeguarding issues for those who need to employ the services of a personal assistant for their care.

## How to get involved

If you have an interest in improving adult social care services you could come to an Inclusive Forum event or join the CASSUP network and receive regular newsletters, take part in surveys, and have the chance to join discussion groups. You can get more details from [www.croydon.gov.uk](http://www.croydon.gov.uk) or contact the Resident Involvement Team on 020 8726 6000.

## Other engagement and consultation opportunities

Croydon Council also consults extensively in other ways around a range of associated issues.

'Croydon Question Time' events are very successful in engaging Croydon residents in coming to speak to councillors and senior council officers about the issues that matter most. Question Time events are held regularly at accessible venues across the borough. The events have been a massive success since they were first launched in June 2011. Almost everyone who has attended has said they would come to another while many felt it was a good opportunity to have their say. A wide variety of topics have been covered so far, ranging from jobs and crime to housing issues and dog fouling.



Following one Question Time event, the council got involved on behalf of a private tenant to ask her housing association to repair a crumbling parapet between her and a neighbour's house. At another event, one person raised a concern over garden waste in Kenley, and returned to praise the council for improving garden waste collections. Meanwhile in New Addington, one resident complained about dog fouling and litter at the former pitch and putt course in Goldcrest Way. The council quickly responded by installing a dog hygiene bin, two new benches and also took down some old fencing to improve the appearance of the area.

Consultations and opportunities for customer engagement are advertised on Croydon Council's website. Residents have had the opportunity for the last two years of having their say on the

Council's budget for the following year. Feedback has influenced where the Council should prioritise its spending. Consultation opportunities are also shared with local community groups which can encourage and support their members to respond to our proposals. We find this approach is particularly useful when undertaking our annual Joint Strategic Needs Assessment (an assessment of what the borough's health and social care needs may be) as local groups and their members can have an invaluable insight into the issues and priorities of most importance to Croydon residents and service users.



## Section 4. Our Croydon commitments

Our aim is to **'deliver personalised sustainable outcomes for people'**

**An outcome is the difference we make to people's lives.**

How we will do this:

- i. we will improve outcomes for local people
- ii. we will get involved early and work to reduce unfair differences in outcomes
- iii. we will provide solutions that are personalised and local
- iv. we will continuously improve quality, safety and people's experience of our services
- v. we will increase the efficiency and effectiveness of everything that we do

To monitor whether we are meeting our commitments, we use the Adult Social Care Outcomes Framework (ASCOF). The ASCOF is a set of outcome measures that have been agreed to be of value both nationally and locally for demonstrating achievement in adult social care.



A national programme, Think Local, Act Personal (TLAP) committed over 30 national organisations to develop a set of markers which can be used to help organisations check progress towards how

personalised people feel their services are and decide what they need to do to deliver real change and positive outcomes. The development was led by members of the National Co-production

Advisory Group, made up of people who use services and carers. The resulting framework, **Making it Real**, is built around **"I" statements** which express what people expect to see and experience if personalisation is working well. For example people would report, "I have the information and support I need in order to remain as independent as possible."

The markers are a practical tool which can be used to develop business improvement plans and to support the production of Local Accounts – that is telling people how well we are doing. The framework highlights the issues most important to the quality of people's lives, focussed around the following six themes:

- Information and advice – having the information I need when I need it
- Active and supportive communities – keeping friends, family and place
- Flexible integrated care and support – my support, my own way
- Workforce – my support staff
- Risk enablement – feeling in control and safe
- Personal budgets and self-funding – my money

We have completed the first step by signing up on the Making it Real website, making a declaration of a commitment to personalisation, co-production and using Making it Real to report on progress. We will then move on to self-assess how we are doing against the markers, involving service users and carers as we do it. As a result, gaps and issues are identified and three priority areas are highlighted for action. We will repeat this every six months, with progress reports placed on the website to share



developments and learning. Croydon will work with service users, carers and groups such as CASSUP and the Inclusive Forum to begin the self-assessment process and ensure the assessment is inclusive giving us as much information of how well we are doing as possible.





## We will improve outcomes for local people

To do this we aim to **enhance quality of life for people with care and support needs**

So that:

- people who use social care services and their carers are satisfied with their experience of care and support services
- carers are able to balance their caring roles and maintain their desired quality of life
- carers feel they are respected as equal partners through the care process
- people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

### Dementia strategy

Croydon's 2012 Dementia Joint Strategic Needs Assessment [available at <http://www.croydonobservatory.org/jsna/>] reveals that Croydon has more people diagnosed and living with dementia compared to other London boroughs, and that this need will rise in years to come. Demographic changes mean that conditions related to ageing, including dementia, are likely to account for a larger proportion of the health budget and demand will increase for services such as support for people with memory loss. To ensure that local services best meet the growing need, a joint dementia strategy has been developed for the borough.

Dementia amongst black and minority ethnic communities is under researched; there is likely to be much misdiagnosis at present and standardised assessment tools may not be culturally specific enough to provide accurate diagnosis. Although acquiring a second language is thought to delay onset of dementia, the loss of a second language that is used on a daily basis due to dementia is an added consideration for an ageing minority population in

Croydon. To meet the needs of BME older people and to minimise disadvantages they might face, NHS Croydon commissions a team of four BME Mental Health Development workers to work specifically with older people with mental health needs including dementia. The team has recently produced a focus group report on BME views on elderly abuse in Croydon.

The Croydon Joint Learning Disability Team provides services to people with learning disabilities who have been diagnosed with dementia. The team has a mental health pathway that incorporates a dementia pathway for people diagnosed with learning disabilities who subsequently develop dementia. People are referred to the team by their General Practitioner and they remain on the team's caseload for as long as the team's input is appropriate and beneficial.

### Carers Services

The re-commissioning of carers services was completed in June 2012 and has ensured that all carers in the community have equal access to co-ordinated and value for money carers services. Carers information, advice and advocacy services will ensure that carers who themselves may be disabled can better access services where they find this a problem.

The commissioning approach to carers' services has ensured that services are responsive to all Croydon's communities and that respite services are provided in a culturally appropriate way. The Council will continue to run two annual carers events – these events are a way for the whole of the carer community to come together to enjoy a day out together, obtain information and services to improve their quality of life and to get to know other carers.

**Joint Transitions (moving from children's to adult services)**

The initiative is focussed on better meeting the needs of young people with learning disabilities by bringing together a number of interrelated activities to improve the transition experience and access to and use of local services. Work is underway with representatives from children's services, NHS Croydon and adult social care to strengthen the range of support options available within Croydon. In addition, we are developing mechanisms for effective consultation with and involvement of families and young people.

**How are we doing?**

We find out whether we are succeeding through a series of performance measures including:

Measure	Croydon's performance	London's performance
the overall satisfaction level of people who use services with their care and support. (weighted value)	53.9	57.2
the proportion of people who use services who have control over their daily life. (weighted value)	71	69.9
the proportion of people using social care who receive self-directed support and those receiving direct payments	47.4% - self-directed support. 5.14% - direct payments	47.1%
quality of life as reported by carers	18.2%	18.1%
the proportion of adults with learning disabilities who live in their own home or with their family	72.9%	65.7%
the proportion of adults in contact with secondary mental health services living independently with or without support	71.4%	73.8%

## We will intervene early and work to reduce unfair differences in outcomes

To do this we aim to **delay and reduce the need for care and support**.

So that:

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

### Investment in prevention

We are making more investment in prevention so that less people require our services. Our reablement and recovery programme has a number of strands to help people gain or regain their independence more quickly such as a reablement service led by occupational therapists; and the development of telehealth and telecare (services that use technology to support independent living such as personal alarms and health-monitoring devices).

We are helping clients to move from residential care to supportive housing when this is appropriate and cost effective. We are also using residential care more effectively by maximising community based options such as domiciliary care, day services and meals provision, including lunch clubs.

### Reablement

Reablement services provide intensive support to help people to regain independent living skills; this particularly supports older people who may otherwise face a lengthy hospital stay, or may not be able to maintain independent living following discharge from hospital. A wide variety of reablement services are now available at Addington Heights and the adjoining Addington Reablement Centre including assessments, reablement beds, intermediate care beds, and nursing and residential and respite beds. A Pathways Workshop was held in September with Adult Services and local NHS colleagues to fully understand, set out, and map the various pathways into the integrated reablement services.



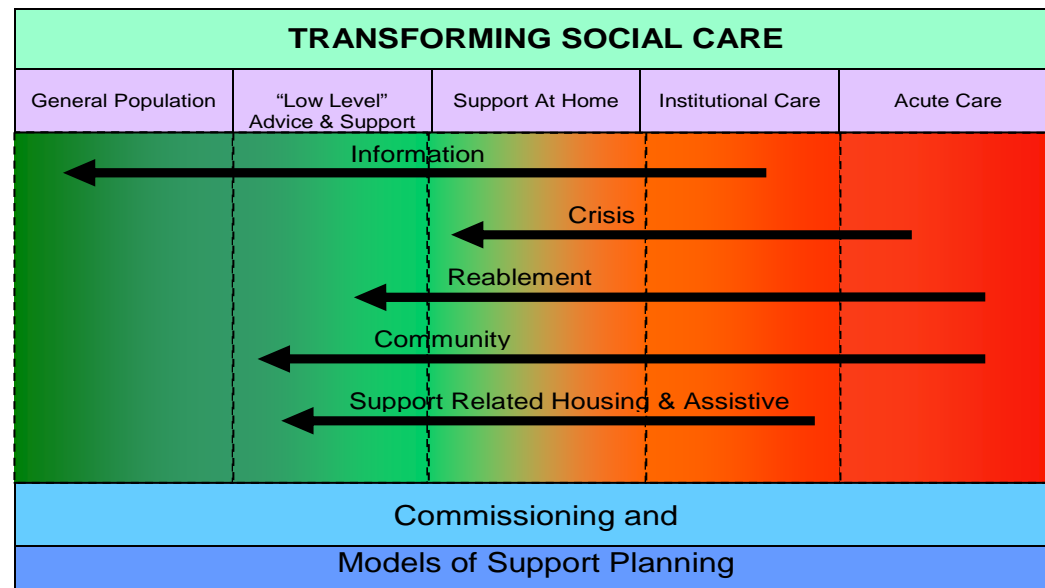
### Move from residential to community care

This transformation programme focuses on supporting people with disabilities to move from residential care into supported living and other community based services. This will provide individuals with a range of benefits, including maximising their independence and providing opportunities to build on existing skills. The programme supports people with disabilities to take their place in the wider community and enables them to make choices in all aspects of their personal life.



The figures from Croydon ASC-CAR return to Government for 31 March 2012 provide a baseline from which to measure progress with reducing numbers in residential care. We placed 352 people, as follows:

- 26 people aged 18 – 64 with mental health problems
- 39 people aged 18 – 64 with physical disabilities
- 287 people aged 18 – 64 with learning disabilities



### How are we doing?

We find out whether we are succeeding through a series of performance measures including:

Measure	Croydon's performance
<ul style="list-style-type: none"> <li>▪ the number of permanent admissions to residential and nursing care homes</li> </ul>	355 permanent admissions for those aged over 18.
<ul style="list-style-type: none"> <li>• the proportion of older people who were still at home 91 days after being discharged from hospital into reablement/ rehabilitation services.</li> </ul>	Improving, 75% up from 73% the year before compared to 85% - inner London 84% - outer London
<ul style="list-style-type: none"> <li>• the number of delayed transfers of care from hospital and those which are because they were waiting for adult social care</li> </ul>	Croydon's performance in relation to "delayed transfers" and "delays attributable to social care" is better than both London and Outer London at 6 delays (5.58) 2.3 per 100,000 population

### Supported Housing

Supported housing provides support to vulnerable people who might otherwise face disadvantages in maintaining independent living. It provides focussed, specialist support which meets the needs of individuals; planned departures further improve the longer-term outcomes for vulnerable adults.

### How are we doing?

- 80% of vulnerable people leaving supported housing during 2011/12 achieved independent living through planned departures which was slightly below the target of 82%
- Generally performance for most support housing services exceeded target but there were some specific issues with services that dealt with particularly challenging client groups
- 98.75% of people using supported housing services in 2011/12 maintained their independence

## **We will provide solutions that are personalised and local**

To do this we aim to **ensure that people have a positive experience of care and support** and that **support is flexible and responsive to individual needs**

So that:

- people can manage their own support as much as they wish so that they are in control of what, how and when support is delivered to match their needs
- people know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- people are able to find employment when they want, maintain a family and social life and contribute to community life and avoid loneliness or isolation

### **Self-directed support**

People are now able to self-direct their care or support in a number of different ways:

#### A personal budget

A personal budget is money that is available to someone who needs support. The money comes from our social care funding. The person controlling the budget (or their representative) must:

- know how much money that they have for their support
- be able to spend the money in ways and at times that make sense to them
- know what outcomes must be achieved with the money.

#### An individual budget

An individual budget is money for support that could come from several places - including social services, the Independent Living

Fund and Supporting People who commission supported housing services.

#### A direct payment

A direct payment is money from a personal or individual budget that is paid directly to the person so they can arrange and pay for their own support.

To ensure that resources are allocated fairly, we have implemented a single Supported Self-Assessment Questionnaire. This helps us to understand what support people may need to achieve their goals. We also use this assessment to work out a person's indicative (initial estimate) personal budget. There are a few questions to establish someone's current situation and background. These are followed by a number of questions related to outcomes they would wish to achieve in life and the help that they receive from family or friends.

Altogether 3,868 clients and carers received self-directed support provided or commissioned by the authority in 2011/12.

### **Major adaptations**

Providing adaptations for older and disabled people helps meet the needs of households that may otherwise find it difficult to be independent or may have to move unless their home is adapted in some way. A major adaptation is an adaptation to a home that costs more than £5000 to do.

During 2011/12

- 184 council house adaptations were completed;
- 147 were completed funded by Disabled Facilities Grant
- This is a total of 331 major adaptations

In April to September 2012:

- 65 council house adaptations were completed; and
- 93 were completed funded by DFG,
- a total of 158 major adaptations, with the expectation that the target will be exceeded by March 2012.

Creating a ground floor bedroom with an en-suite walk in shower can help an individual remain in their own home, which can be complemented by their personal budget providing support at the right times to enable them to live independently or to stay in their own home which is what people tell us they want.

### **Welfare rights advice**

Increasing the take-up of disability benefits, tax credits and other welfare benefits can help people to manage their own support and maintain control of their daily lives. The aim is to minimise the financial and social disadvantages that children, adults, their families and carers may face. Up to the end of September 2012 over £3 million had been raised as extra benefit income for residents. This includes over £730,000 gained for children with disabilities, over £1 million for residents aged over 60, and £98,000 for younger adults with severe learning disabilities who are seeking work opportunities.

### **Flexible Short Breaks Service**

This service ensures that the Council is meeting the needs of people with learning disabilities and removing barriers which may prevent them from participating in activities in the local community. The menu model is in place and will continue to be developed in response to the demands of people with learning disabilities for short breaks. Current purchasing agreements will be used to continue to buy short break services. A structure is being established to support purchasing and the development of the

market of providers for people to access services through self-directed support and personal budgets. We have discussed future requirements with independent providers at the Provider Forum to ensure that local providers have the right information to deliver the kind of high quality short break services that people want.

Refurbishment work at our respite service in Heather Way is underway and assessments for all people using Craignish Avenue and Heather Way have been completed. Support plans have been developed to meet the assessed need and ensure suitable alternative services are available.

### **How are we doing?**

Having an eye for detail and listening to understand what makes a difference to people's lives has informed prioritisation of work in adult social care and encouraged ambition and ownership of the work. The focus on outcomes for the public as well as cashable savings has made the ambitious plan deliverable.

Service improvements include:

- Increased lifetime- and contingency-planning, ensuring peace of mind for individuals and carers
- Maximised use of ordinary technology and "applications"
- Concierge service to help people find solutions and self-direct their support.
- Development of social networks to alleviate social isolation.
- Availability of simple equipment 24/7 to avoid hospital admission, improve dignity and reduce distress for individuals and carers
- Support at A&E seven days/week to avoid admission
- Access to purchase equipment and get professional advice directly for self-funders and personal budget holders

- Delivery of outcomes: for example a man with physical disability supported to access business mentoring to set up his own business, a man with learning disability supported to train for work on a building site, a person with “challenging behaviour” finding a love for baking; training a person with learning disability to communicate, book appointment and arrange transport through texting.
- BT-funded training programme to train local school children as IT trainers for 50 older people, enabling them to overcome loneliness through maintaining links with friends/relatives and increase independence by shopping and arranging services; the programme has additional benefits of reminiscence and inter-generational learning.
- Information developed with service users on medical conditions and how people can keep themselves emotionally and physically well: diabetes advice completed and well received; another four being developed
- Improved “one and done” response to enquiries
- More timely charging information

We focus on continuous improvement and cost reduction in Croydon. We use a series of performance measures including:

- Our Adult Social Care Survey which shows a 3.3% rise in satisfaction to 85.7% among social care users in 2012.
- The Adult Social Care Outcomes Framework showed us there were: 2.65 delayed transfers of care from hospitals (0.38 due to social care) per 100,000 population in July 2012, (4.5 in July 2011 - 5th nationally).
- 99.5% of equipment and adaptations were delivered within 7 working days to those that needed them



## We will continuously improve quality, safety and people's experience of our services

To do this we aim to **safeguard adults whose circumstances make them vulnerable** and **ensure that local services are of the highest quality**

So that:

- people at risk are protected from avoidable harm
- services provide high quality and safe support to local people
- the Council can monitor its performance

Safeguarding focuses on eliminating abuse directed towards adults at risk. The Pan London definition of safeguarding is: "any person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself or unable to protect himself or herself against significant harm or serious exploitation". Abuse can take many forms, including physical, sexual abuse, financial exploitation and neglect. There are six guiding principles for all agencies to follow in developing and assessing the effectiveness of their safeguarding arrangements:

<b>Empowerment</b>	Presumption of person led decisions and informed consent
<b>Protection</b>	Support and representation for those in greatest need
<b>Prevention</b>	It is better to take action before harm occurs
<b>Proportionality</b>	Proportionate and least intrusive response appropriate to the risk presented
<b>Partnership</b>	Local solutions working with communities, which have a huge part to play in preventing, detecting and reporting neglect and abuse
<b>Accountability</b>	Accountability and transparency in delivering safeguarding

In Croydon we have already begun to respond to these principles. We have appointed an independent chair of the local safeguarding board who has extensive experience of safeguarding adults. We are reviewing current safeguarding processes to consider the extent to which adults at risk are fully engaged in the process of protecting them. We seek to empower people to take control of their life and of potential harm and to support them to manage risks in a way that achieves a sensible balance alongside how they wish to live their life.

The Dignity in care campaign launched in 2006 has continued to gain momentum. The concept is simple – that anyone receiving care should be treated with dignity. The Council's Care Support Team jointly funded by the Council and the NHS plays a key role in preventing abuse by assisting care providers to provide care in a safe, person centred and effective way.

### **Specialist teams**

In July 2011 a major restructure of the Council led to the creation of separate assessment, case management and safeguarding services. The decision to focus safeguarding and complex social work in special social work teams was made in order to strengthen safeguarding standards and practice. To improve outcomes for younger adults with mental health safeguarding concerns a specialist mental health social worker has recently joined the safeguarding team. Three safeguarding quality assurance posts are in place to chair safeguarding meetings and enhance management oversight, enabling more robust chairing of safeguarding cases and ensuring an outcome focused approach. The department is developing a greater person centeredness and client focus to ensure individual needs and wishes are fully accounted for in safeguarding case work as with other case management work.

We have a protocol that describes how the Council and its partner agencies respond to reports of serious concerns about service providers. All concerns are referred to a sub group of the Safeguarding Adults Board. Within Croydon, a concern is addressed with a multi-agency response (e.g. Council teams, the Care Quality Commission, the NHS, UK Border Agency, London Fire Brigade).

### **Safe services**

In May 2011 a Panorama programme featured serious abuse at a hospital for people with learning disabilities and mental health issues. Croydon quickly established that it had no clients placed in this service and undertook a review of all its clients living in a hospital setting to make sure that none could be at risk from this kind of serious abuse.

We also ensure that where there is a serious incident, we always undertake a full investigation to understand what happened and to see whether there is anything that we can learn to improve services in the future. In Croydon there was one serious case review during 2011/12. The review concerned an elderly woman with dementia, who was living in a Croydon residential care home, placed there by a neighbouring borough, who had died after falling down stairs. All the agencies involved provided individual reports and Croydon and Bromley Adult Safeguarding Boards jointly commissioned an external report to gather the learning from the case. The learning points are being translated into an action plan and we will ensure that practice for our residents is improved as a result.

### **Training**

Multi-agency training has disseminated new pan-London safeguarding procedures and the learning from a serious case review was taken to the adult safeguarding board and used to improve practise. The process for clients referred for continuing health care is being strengthened. A dignity in care event for providers, community and partner agencies focused on compassion and respect in delivering care and support. Dignity in care is a strong underlying theme, respecting and valuing the individuality of each person, with a presentation on hate crime made at the public information and dissemination subgroup.

### Undertaking reviews

An internal auditor has maintained continuous auditing of safeguarding cases across all teams and gives monthly feedback reports to the safeguarding project board, chaired by the Executive Director. This has demonstrated continuous improvement in the quality of recording, decision making and practice. An external safeguarding file audit was commissioned, with the outcome that people are being made safe with good prospects for continuous improvements. Recommendations are being actioned and audit methods have been reviewed to reflect this shift towards more individualised safeguarding practice. Other recommendations from the external file audit are being implemented to streamline the process and ensure the service user's voice is heard.

### Inspection and performance management

In adult social care and health, the revised governance and inspection framework includes a shift towards managing and improving performance against outcome measures (Adult Social Care Outcomes Framework). Local service users and residents are empowered to scrutinise service standards and performance through a variety of means, such as the publication of this Local Account.



In preparation for the enacting of the Health and Social Care Bill, Croydon established a Shadow Health and Wellbeing Board, which is jointly chaired by the Council and NHS.

The Council is working closely with partners to ensure that appropriate arrangements are in place to meet new requirements, including the transfer of public health functions and the establishment of a Local Healthwatch to act as a consumer champion for health and social care services ([www.croydon.gov.uk/healthwatch](http://www.croydon.gov.uk/healthwatch))

### How are we doing?

The past year has seen the Pan London multi-agency safeguarding policy and procedure being embedded into practice with the production of a Croydon 'at a glance' guide aimed at service users, which is now on the Croydon safeguarding website. Croydon adult services, health and housing have also worked hard during 2011/12 to promote dignity in care. The 10 dignity standards, including zero tolerance of all forms of abuse, have been widely promoted by the work of the Care Support team, which focuses its attention on preventative work with care providers.

For the first time in the past 10 years there has been a fall in the number of safeguarding referrals. This can partly be attributed to the prevention work undertaken however, it should be noted that the number of referrals tends to fluctuate, an increase can be a positive change and can indicate adherence to the policies in place. In 2011/12 there were a total of 736 safeguarding referrals compared with 949 in the previous year and 875 in 2009/10. Most referrals are made by professional staff. Others come from self-referral, family members or friends.

There were 282 referrals for adults aged 16 to 64 subject to a safeguarding allegation, the largest number being those with a learning disability (135). As age increases the larger number of referrals was for physical disability, sensory impairment or frailty.

The presence of over 150 residential and nursing care homes in Croydon means that safeguarding referrals for people living in these settings are comparatively high and that many investigations are co-ordinated by Croydon safeguarding teams on behalf of people placed in Croydon by other local authorities.

The most likely outcome of investigations was that no harm had occurred (245 cases) compared with 224 cases where harm had occurred and 187 cases that remained inconclusive.

A survey of people who had been the subject of a safeguarding investigation was carried out in 2011 and revealed that in general people who had been through the safeguarding process felt protected and felt safer from harm than before. However, they often did not fully understand the safeguarding process and were not adequately consulted during the course of the investigation and in respect to decision-making. The survey led the Council to commission an external audit of safeguarding cases looking specifically at outcomes for the service user and the level of engagement throughout the process and client satisfaction.

## We will increase the efficiency and effectiveness of everything that we do

To do this we aim to **ensure that public resources are used in the most effective way** and that **we deliver services in the most efficient way**

So that:

- people receive professional and valuable services when they need support from the Council
- we can continue to provide high quality services in challenging financial times
- local residents feel confident that their taxes have been spent wisely and that the Council delivers value for money services
- important back-office functions are delivered in the most efficient way, making best use of the skills and experience of our workforce and making the most of new technology

### Transformation

Through a five-year programme of transformation, our Adult Social Care services have delivered efficiency savings of £27.235m (April 2006 to September 2013). Our plan covered seven main areas;

- Developing the Local Authority Trading Company (LATC), which provides employment support, day care for people with learning disabilities and the equipment service
- Expanding reablement services and developing pre-ablement and convalescence services so that people can live independently for longer
- Recommissioning a variety of services to ensure we get best value for money, involving market development, price reductions, and in-contract renegotiations

- Outsourcing staffing in the council's residential care homes and special sheltered housing
- Service redesign, including work with LATC, employment of assistive technology, and commissioning a new hub and spoke model of carers services,
- Continuing to move people with mental health problems, learning and physical disabilities from residential care to more independent settings
- Redesigning care packages to focus on independence planning, including further implementation of self-directed support, development of community based transport options, identifying over- and under-servicing to create sustainable solutions for individuals and families

### Streamlining our internal processes

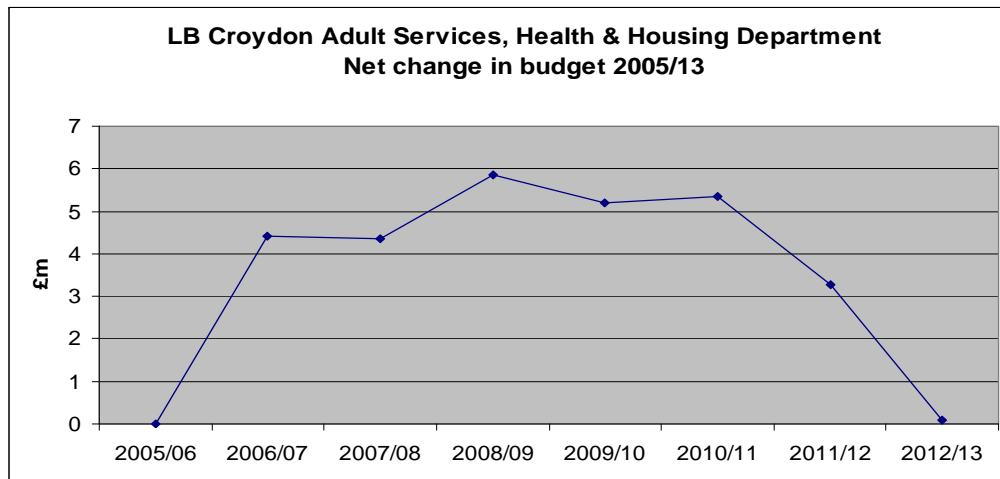
To ensure that the Council delivers high quality, safe and efficient services, it is important that we have robust internal processes. Our internal business processes are often behind the scenes activities that we need to complete in order to ensure that we are complying with legal requirements, making good decisions and spending public resources in the best way. This includes things like ensuring we have a good computer system for adult social care so that we have accurate and up-to-date information about our customers and that personal information is kept securely.

To make best use of technology, the Council has recently rolled out a new integrated system which makes it easier for social workers to update files and enables us to have electronic records of people's social care. Not only does this mean that we are able to deliver a more effective and efficient service, but it means that less money is spent on storing paper files. We have also delivered improvements in our billing processes through further development of our computer systems. This means that we have a quicker and more efficient way of managing financial

arrangements where an individual might be responsible for paying for some of their support services.

We apply the same approach to the way that we deliver and structure our services, making sure that we employ good practice from other Councils and businesses when reviewing our services. This has enabled us to put in place technology and policies which mean that our workforce can work more flexibly, such as the use of mobile devices for social workers and the rollout of SharePoint, which enables our staff to complete more tasks whilst out in the community and reduces the need for them to come into a specific office.

**How are we doing?**



## Section 5. What next?

Although the Council has made good progress over the past year, there continue to be considerable financial pressures and the Council faces a number of key challenges which relate to our adult social care services.

### What you've told us

A number of issues were raised by service users at an Inclusive Forum event in November 2012, through questions after presentations and during the round table discussions. These included:

- Quality control of agency carers; qualifications; service level agreement and monitoring; improve dignity and respect.
- Improve communication between social services staff and other service teams, community centres, NHS, hospital discharge, leisure facilities etc.
- The need for better information, support and signposting on what services and financial support are available and how to access them. More face to face opportunities.
- Improve access to and availability of occupational therapy services, adaptations and adapted properties for people with disabilities
- Concern over lack of resources for services such as social workers, the memory service and signers/interpreters.
- The need to coordinate customer consultations, better feedback to service users on decisions, actions and outcomes arising from consultations.
- The need for coordination between all the different bodies, partnerships, service user groups and panels.

### Transforming adult social care and meeting need

The increase in demand for adult social care services, both as a result of an ageing population and the economic climate, needs to be effectively managed to ensure that the most vulnerable and disadvantaged are appropriately supported to maintain independent living. This requires balancing the investment in prevention, early intervention, reablement with intensive care and support for people with high-level complex needs.

### Public Health Transfer in April 2013

The transfer of public health from the NHS to the Council will have a number of associated risks and we will need to ensure continuity of business and services. These will be appropriately managed through a Public Health Transition Board. Following transfer there will be additional challenges and opportunities arising from the new statutory functions which the Council will be responsible for. These include sexual health services, NHS Health Checks, healthy weight services and a responsibility for protecting the health of the local population. The approach to commissioning services to meet need across a wider remit will need to be effectively aligned with long-term integrated commissioning plans to ensure that outcomes are maximised, particularly for those people in Croydon who are most disadvantaged, deprived and vulnerable.

### Welfare reform

This could impact disproportionately on vulnerable people, who are already over-represented in areas of deprivation within the borough. There are some changes which impact specifically on particular groups, such as the extension of the single room rate to under 35 year olds will affect around 1,000 existing private tenants in Croydon.

The reform to Local Housing Allowance (LHA) will affect more than 3,000 existing private tenants in Croydon over the course of 2012. It is also expected that tenants living in other, more expensive areas of London will be forced to move to places with cheaper rents like Croydon. It is estimated that around 550 households will move to Croydon as a direct result of LHA changes in 2012/13 from other London boroughs.

The introduction of Universal Credit (combining of all welfare benefits to an individual) in 2013 will affect just short of 1,000 households in Croydon, eight out of ten containing children. However, within that 1,000 households there are around 50 larger households that will be very severely affected. It is estimated that around 650 working age Council tenants in Croydon will be affected by the reduction in housing benefit due to underoccupation and a similar number living in housing association homes.

### Actions

The Council is delivering a number of activities to both address the above challenges and to deliver against local priorities for adult social care, health and housing:

- Personalisation of services is now firmly embedded in the new organisational structure and the policy decision is that everyone will be dealt with through a personalisation process. One workstream is to make better use of web-based services by developing the infrastructure and tools necessary to support self-assessment and self-service models of social care. There will also be detailed review of information, advice and guidance to improve customer access and self-service, ensuring resource is available to those requiring additional support to access information. Accountability for personalisation comes through the new outcomes framework and Council Key

Performance Indicator data set, which is widely published to encourage transparency and external scrutiny.

- For several years there has been a movement away from the use of residential care towards supported housing and community based services to allow individuals to live more independent lives. This shift enables services to be more person-centred as well as being a less expensive model of support, which ensures that resources can be maximised across a larger group of people. Several projects are being delivered through the application of this principal including:
  - Reducing residential placements through moves to supported housing and community based support packages (Learning Disability)
  - re-commissioning of community based services to accelerate a shift from residential care to other community options (Mental Health)
  - Individual care package reviews focussed on outcomes including community options such as assistive technology (Learning Disability)
- Supported Housing projects include improving throughput rates in short term supported housing services and helping people to use non-housing resources (including personal budgets) to address their housing needs.
- We are actively seeking to extend and strengthen travel training for young people with disabilities, including Transition Support Planning (and wider Support Planning for some adults too) to facilitate independent living from child to adulthood.
- Installation of Baths and Wet Rooms are to be carried out in special sheltered housing as standard during void periods to future proof the housing and aims to reduce or avoid



residential and nursing care placements and ensure dignity can be maintained for older people, by ensuring people can move to these services rather than more institutional and expensive forms of care. There will also be a review of major adaptations to ensure that property improvement is used to improve outcomes for older and disabled people, maximising independent living.

- A detailed homelessness action plan has been drawn up to put measures in place to reduce the demand, work with vulnerable groups, procure and access more private sector accommodation and explore new ways of increasing the supply of housing.
- There are detailed plans to ensure the effective transfer of commissioning arrangements for mandated public health services:
  - access to sexual health services
  - protecting the health of the population
  - public health advice to NHS commissioners
  - National Child Measurement Programme
  - NHS health checks
- A key strategic priority is to progress the establishment of an integrated commissioning service with the Croydon's Clinical Commissioning Group, to:
  - address demand through improved attention to prevention and early appropriate intervention
  - improve care pathways and integrated delivery
  - evaluate and act on potential for shared services
- Collaborative arrangements will be developed to build and strengthen existing joint work with public health around prevention and early intervention across some key conditions such as common long-term conditions like diabetes and chronic obstructive pulmonary disease.

## Conclusion

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We hope you have found this Local Account useful and informative. If you would like to get more involved or know more about Croydon you can do so in the following ways:

Inclusive Forum, Croydon Adult Social Services User Panel (CASSUP) and Mobility Forum - information and how to get involved:

- Resident Involvement Team  
Tel: 020 8726 6000  
Website: <http://www.croydon.gov.uk/healthsocial/userinvolvement>

Croydon Observatory: <http://www.croydonobservatory.org>

Carers:


- Carers' Information Service  
Tel: 020 8649 9339  
Email [info@carerscontactline.co.uk](mailto:info@carerscontactline.co.uk) / Website: [www.carersinfo.org.uk](http://www.carersinfo.org.uk)
- General information for carers on the Council website <http://www.croydon.gov.uk/healthsocial/carers>

Healthwatch:

- Council website: <http://www.croydon.gov.uk/community/advice/tsfunding/healthwatch>
- Healthwatch Croydon website: <http://www.healthwatchcroydon.co.uk/content/contact>

Contacting the Council:

- General enquiries: 020 8726 6000 / Minicom: 020 8760 5797
- Further telephone numbers can be found here - <http://www.croydon.gov.uk/contact-us/phone>
- Croydon Council Website: <http://www.croydon.gov.uk>
- How to contact the Council online and in person: <http://www.croydon.gov.uk/contact-us/online>

If you have any comments on Croydon's Local Account please email your message to  [localaccount@croydon.gov.uk](mailto:localaccount@croydon.gov.uk)

## Appendix 1 – Performance summary focussed on ASCOF

	Croydon	London
Social care related quality of life (weighted value)	18.2	18.1
Proportion of people who use services who have control over their daily lives (weighted value)	71	69.9
Proportion of people using social care who receive self-directed support	47.4%	47.1%
Proportion of people using social care who receive direct payments	5.14%	16.8%
Proportion of adults with learning disabilities in paid employment	7.8%	9.3%
Proportion of adults with secondary mental health services in paid employment	6.5%	6.7%
Proportion of people with learning disabilities who live in their own home or live with their family	72.9%	65.7%
Proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation services	74.8%	84.8%
Delayed transfers of care from hospital (rate per 100,000)	4.8	7.3
Overall satisfaction of people who use services with their care and support	53.9%	57.2%