

Adult Social Care Vision Delivery Update - Local Account

June 2023

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2 WELCOME AND PURPOSE

Welcome to this local account. It is a place we can talk about the work that has been going on that we are really proud of, and somewhere we can think about the gaps we still need to fill to make sure we deliver the best we can for the people of Kirklees.

You will read about our work with communities to develop a wider range of care and support services. We also understand we need to do more around the information we have about support and how people can access that support.

We know that our workforce across all of adult social care have made a real difference to the lives of thousands of people and this report shares a few of those stories. We also talk in this document about how we are building a workforce ready for the challenges facing health and social care.

It has been a tough few years for adult care and support service users, staff and providers. The impacts of the pandemic on care provision were vast and are still being felt today. The pandemic did mean we were able to work more closely across health and social care than we ever have before, many of the things we started have carried on and are part of how we work now.

The funding available locally and nationally for adult social care has also dropped in real terms, this means we are delivering more support and services with less overall money, and fewer staff. We have been working hard to make sure the impacts of this do not affect the quality of care and experience of those we support. This includes bringing in better ways of working and technology that can help keep the quality high and the costs down, we talk about this work later in the account.

2.1 FINDING YOUR WAY AROUND THE DOCUMENT

This document gives you an overview of what drives our work our [five year vision for adult social care](#). The document then talks about the people of Kirklees and what we know about some of the issues our population has, and what this might mean for the future. The document has some information about how much we spend on different types of support. It ends with information about how we compare to other local authorities in performance and spending.

The main parts of this document are about the different priorities in our vision, they are broken down into sections so you can see what is important, the work we have been doing, what people say, and what we need to develop and how people can help us shape the future.

You will see that throughout the account there are key facts and information, we have a range of reports and information available, so if you want to know more, please do follow the links to other sources.

3 GETTING INVOLVED & COPRODUCTION

Throughout the different parts of this document we have begun to identify areas of work, or the support and input we need from people who can bring their experience to improving services and the way we work as a council.

3.1 WHAT DO WE MEAN BY COPRODUCTION?

Coproduction is a way of working where people and decision makers, or people who draw on care and support work together to create a decision or service which works for them all. The process is realistic, value driven and built on the principle that people who use a service are best placed to help design, evaluate and influence it.

A note from our Co-Production Board

We are a group of local people working in partnership with Kirklees Council and other local partners. We are people with lived experience and strive to play an equal role in designing, delivering and evaluating services, rather than making suggestions that professionals are responsible for deciding upon and implementing. As community members we are committed to working positively together as part of a team. We believe we can make a difference and would like more members of the community to come forward and join us to be part of shaping the future of care and support across Kirklees.

If you would like to be involved or would like to discuss how you can be more involved in our work, then please contact us coproduction@kirklees.gov.uk. We are often able to pay for your time and really value the contributions of all those that help us make Kirklees a better place.

4 KEY FACTS FROM THE PAST 12 MONTHS



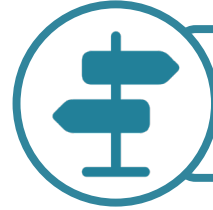
We had 21,000 calls to our front door team



We received over 17,000 emails requesting support or to alert us to something



3,300 professional contacts or referrals from other organisations came through our front door team



1,600 people were supported to find activities and support in their local community



We distributed 39,000 pieces of care equipment



We responded to 350,000 alerts from care phones and other devices keeping people safe at home



1,400 people received reablement support to at home



We delivered 1,500 adaptations so people can stay at home longer



We responded to 2,000 safeguarding concerns



81% of care providers are rated as outstanding or good by the regulator CQC



We assessed the care and support needs of 4,000 people



We reviewed the care and support needs of 1,000 people



People across Kirklees received 193,000 hours of care at home



1,600 people were supported to live in residential, nursing or supported living accommodation



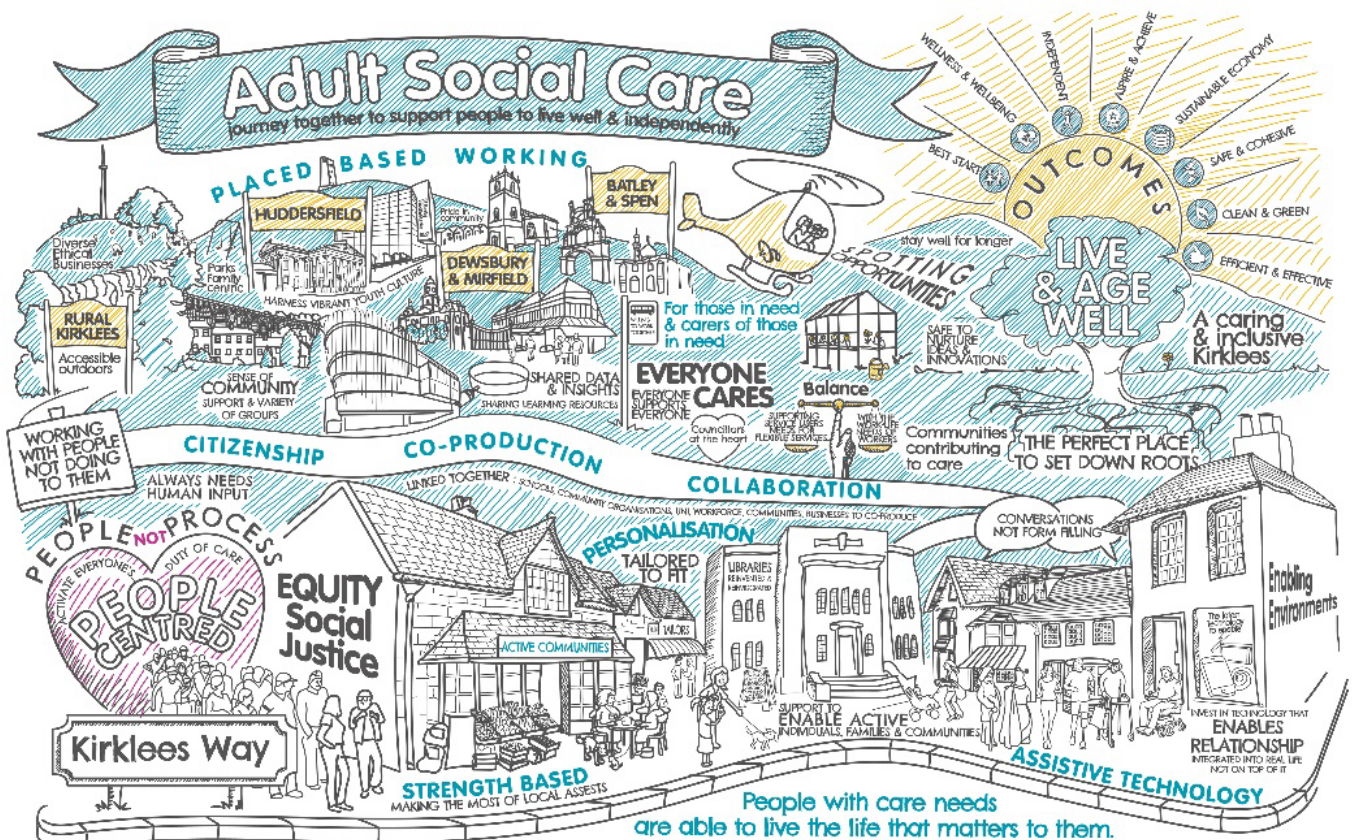
Total spending on adult social care was £128 million

5 OUR VISION FOR ADULT SOCIAL CARE

This account has been developed using our vision for adult social care. Our vision and values have been coproduced and informed through the contributions of staff, people who use our services, carers, partners, and voluntary organisations.

5.1 WHAT IS OUR VISION?

We want every person in Kirklees who needs social care to be able to live the life that matters to them – with the people they value, in the places and communities they call home, and with an equal voice in co-ordinating their care.



5.2 OUR VALUES

The following values and principles are key to the Vision for social care in Kirklees. They define who we are, how we will work and what people should expect from Adult Social Care in Kirklees. They have been informed by lots of contributions from many different people, including people who use our services, carers, front-line staff, managers, and partners.

Optimism – We will be optimistic, embrace change and take positive risks in supporting people to live better lives, build personal resilience and promote independence.

Communication – We will communicate openly and effectively, working in partnership to make the most of the contributions of people and partners in order to respond flexibly to changing circumstances.

Respect – We will promote inclusiveness, embrace equality of opportunity, cultural respect, and diversity to ensure meaningful engagement with individuals and their advocates.

Empowerment – We will work to give people freedom of choice, control, and confidence to make informed decisions for themselves without the constraints of bureaucracy.

Compassion – We will listen and respond with humanity and kindness to each person’s need, recognising the powerful potential of kindness in building relationships, supporting wellbeing, and encouraging resilience.

Dignity – We will value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.

Quality – We will continually insist on quality and strive to get the basics right through safe, effective services that are shaped through the experience of people using those services. We welcome feedback, learn from our mistakes, and build on our successes. The quality of Adult Social Care matters. It matters because people who use services should be able to expect person centred care that is safe, effective, caring and responsive.

Integrity – We will be honest, transparent, and fair in everything we do. We will always do the right thing and will seek to co-produce with partners and people to ensure we deliver on our promises.

Inclusion – We will ensure that people who have care and support needs, as well as their carer’s, have an equal voice in what their social care should be. Their views are considered the same as everyone else involved in their care, and their interests and experience are valued as the most important factor in meeting their needs.

5.3 PEOPLE’S PRIORITIES

The six priorities people said we should focus on that we cover and update you on in this document are:

Co-produce early support to maximise independence

Creating resilient and caring communities

Work with people to meet their care needs

Delay or minimise the need for support

Supporting people to stay safe

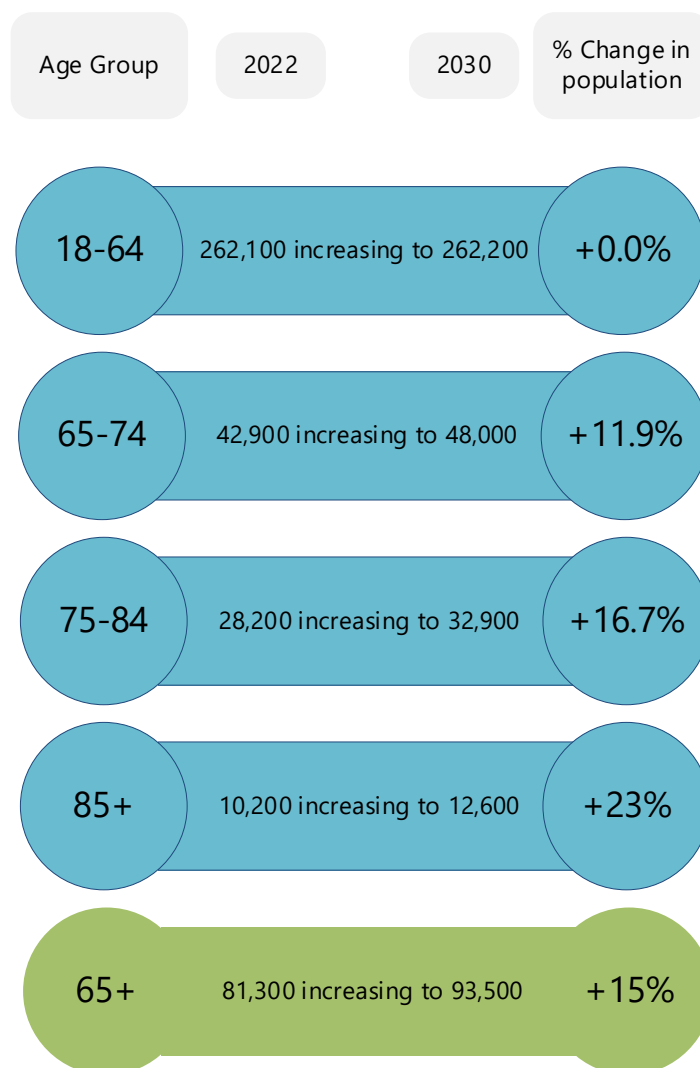
Working the Kirklees way

6 ABOUT KIRKLEES

Kirklees is one of five local authorities in West Yorkshire. It covers 157 square miles. There are around 443,000 people living in Kirklees in today.

Kirklees is made up of three distinct areas. North Kirklees includes Dewsbury (Kirklees' second-largest town), the urban centres of Mirfield, Batley and Cleckheaton and the more rural Spenn Valley. Huddersfield which is the largest town in Kirklees and is the business and administrative centre of Kirklees, and Kirklees Rural which is the rural and semi-rural area south and west of Huddersfield which extends into Pennine moorland and parts of the Peak District National Park.

The population in detail and what population is expected to look like in 2030¹



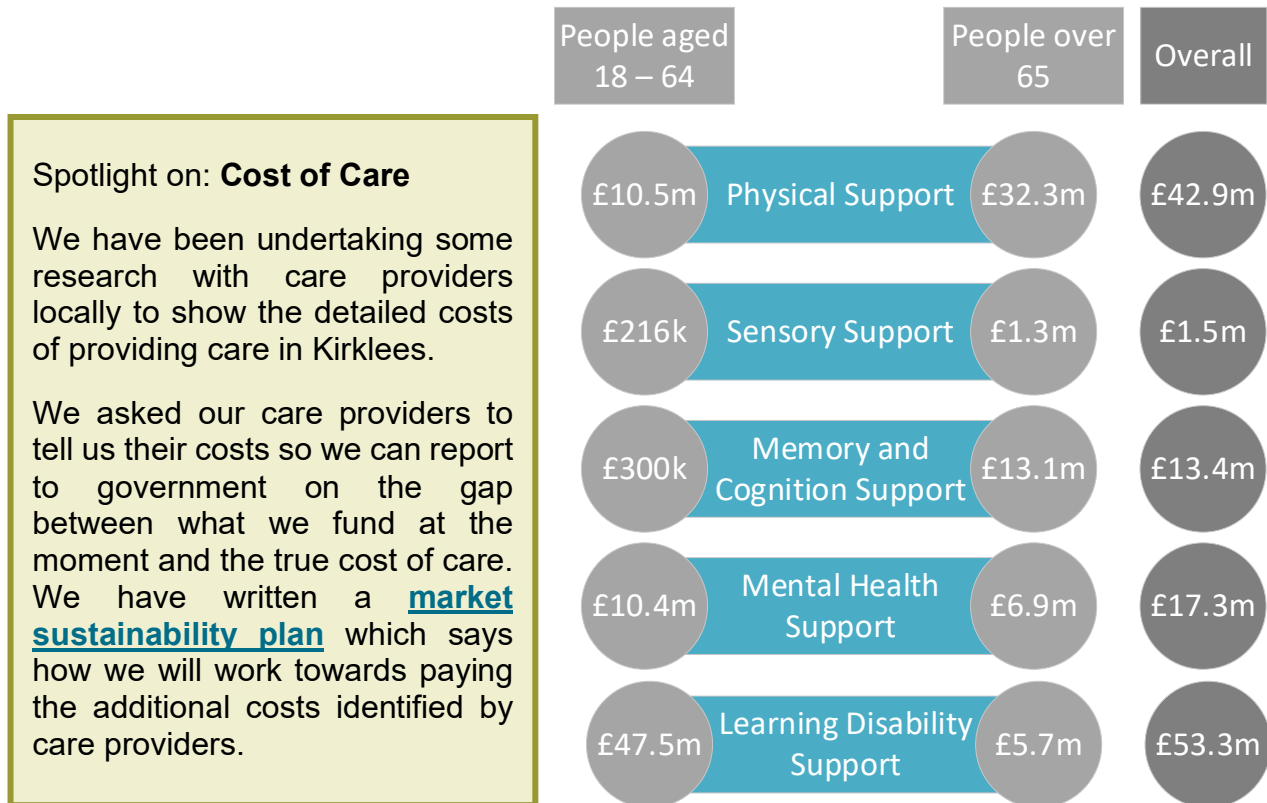
You can find out more about Kirklees, its people, and places in our [joint strategic assessment](#). There is also information about the different types of care and how they are changing in our [Market Position Statement](#).

¹ POPPI & PANSI Data(<https://www.pansi.org.uk/>), 2023

6.1 SPENDING

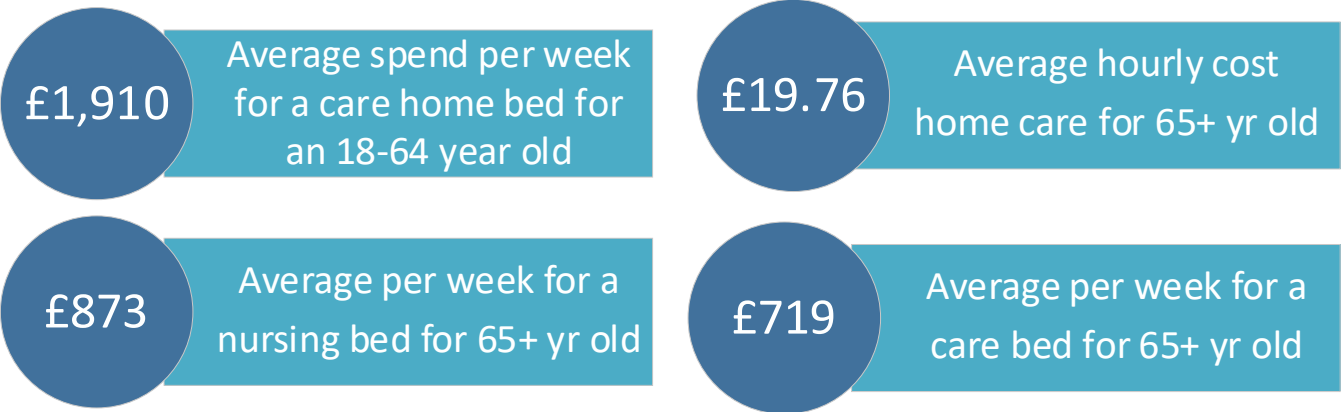
In the last financial year we spent £128.6m (gross) on social care locally. This includes supporting people in care homes and with support in their own homes, the different types of support across younger and older adults is covered below.

Local authority gross spend by age group and support type (2021/2022)



Our overall spending is made up of the costs of supporting people in different settings each week. To help illustrate this we have summarised how much we have spent on average supporting different age groups of service users in different settings including people’s own home.

Key Facts about Spending



PART 1 - HOW WE'VE BEEN - CO-PRODUCING SUPPORT TO MAXIMISE INDEPENDENCE AND CREATING RESILIENT AND CARING COMMUNITIES

How people find out about what is going on around them, and how these things might help them lead the life they want is important.

6.2 WHAT PEOPLE TOLD US MATTERS – I STATEMENTS

I have opportunities to learn, volunteer or work and can do things that match my interests, skills and abilities.

I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.

I am supported to plan ahead for important changes in life that I can anticipate.

I can get information and advice that is accurate, up to date and provided in a way that I can understand, this helps me plan my life.

I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.

7 WHAT PEOPLE'S EXPERIENCE AND THE DATA SHOW US:

- **2 in 3** (65%) people who use services found it easy to find information about services.
- **1 in 2** (54%) carers found it easy to find information about services.
- **4 in 5** (78%) people who use services felt they had control over their daily life.
- **1 in 3** (36%) people who use services had as much social contact as they would like.
- Quality of life scores for people receiving care and support services were **18.9** out of 24.
- Quality of life scores for carers were **7.5** out of 12.
- **1 in 16** (6%) adults with learning disabilities are in paid employment.
- **1 in 25** (4%) adults in contact with mental health services are in paid employment.
- **4 in 5** (78%) people living with a learning disability live in their own home or with family.
- **1 in 5** (22%) people being supported by mental health services live independently.

Spotlight on: **Social Prescribing - Maryam's journey**



Maryam is a 45-year-old single mum, living in a busy village centre with her 14-year-old daughter. She had recently left an abusive marriage that left her mentally, physically and financially vulnerable. Her husband had used her name for business ventures that she was unaware of, leaving her with debts and unable to cope. Maryam also had health conditions and her young daughter had been caring for her.

Cara met Maryam at home to unpick Maryam's situation and turn it into manageable parts to tackle without Maryam feeling overwhelmed. She contacted the hospital and managed to help with Maryam's referrals which made her feel more positive about treatment moving forward.

Coffee in the community

They started meeting in the community for a coffee and built up a nice relationship where Maryam enjoyed going out again and started to contact friends to socialise more. Cara referred Maryam to Independent Children and Families Services and together they have managed Maryam's debts making a big impact. This really empowered Maryam to see the changes that were made and really gave her the confidence to tackle future problems.

Looking forward

Maryam really felt Social Prescribing had changed her outlook and the support received was invaluable. She is now volunteering in the community, utilising her cooking skills to give back and continues to thrive for a better future for herself and her daughter.

Spotlight on: **Co-Producing Direct Payment approaches and Policy**

In Kirklees, some peoples' experience of taking and managing a direct payment is falling short of the intentions enshrined in policy. The review of the Direct Payment Policy is the first phase of how Kirklees Council will work in partnership with direct payment recipients in a mutually respectful and co-produced way. Co-productive work with local people has resulted in new Direct Payment Policy, Direct Payment Guidance, and Third-Party Agreement. Our next phase of work is focused on successfully embedding the new policy, processes and practice in a way which continues to demonstrate the principles of power sharing and collaboration, and which allows people to have more choice and control.

The Direct Payments Working Group has involved a diverse group of 15 people who draw on care and support, including representatives from younger and older age groups, people with learning and physical disabilities, people who draw on mental health services, and unpaid carers who draw on care and support.

People in the working group told us:

“The project team has recognised and acknowledged that those who use services, and their carer’s are experts in their own right and are well placed to highlight best practice examples, what doesn’t work well and how improvements can be achieved, and where there are gaps and how they might be appropriately filled.”

“What did I enjoy? Collaborative partnership working, where all voices were heard... Sharing and acquiring lived experience, insight and learning, with and from all project team partners... Flexibility relating to the provision of feedback options...”

“The experience of co-producing the documents... It was really good, it actually felt like co-production.”

“I’m really hoping this work will do two things... Provide flexibility for how direct payments are used... historically it has been very prescriptive... Also, I’m hoping it will encourage more people to use direct payments as an option and develop support for people who use direct payments through their peers.”

8 WHAT WE HAVE BEEN DOING:

People make communities, we have been working within our communities to make sure that things like libraries and doctor’s surgeries are really well connected to what is going on around them. We have staff working with doctor’s surgeries who are skilled in **social prescribing** non-medical solutions to the things people have discussed with their GP or practice nurse, this might be a local activity group, or exercise class. It might also be connecting people to things that can help them cope with bereavement or money worries. We have also been working with the Jo Cox Foundation and others to get together a range of tools and support around loneliness and other issues that affect self-esteem and emotional health in people.

We know that not everyone will go through the GP surgery or library to find out about what is going on locally, so we have also developed the [Live Well Kirklees](#) website which is a directory and calendar of services, groups and ideas that can help improve health and wellbeing.

When we thought about people moving around in their local area, we realised that for some people such as those living with dementia places like streets or shops and cafés are not laid out

in the best way. We worked with experts at the University of Stirling to develop what we call a **[Dementia Friendly Design Tool](#)**. The tool explains how colours, lighting, signs and layout can all help people living with dementia to access a wider range of places without it being a worrying or isolating experience. You will see the design in action in Almondbury and Fartown libraries, and in Dewsbury and Huddersfield town centres developments.

We are using an external organisation to look at a number of buildings and parts of our town centres so that we can make them more accessible to people. We are working with people with lived experience to make sure that the town centre re-developments reflect the access needs of a diverse range of people.

People contributing to their communities and building their own independence through work is something we have been working on locally. **[Project Search](#)** provides young people with a learning disability and/ or autism with the opportunity to gain skills needed in a real work environment and get paid. It supports young people aged 18-24 in their last year of education, whose talents may be overlooked in the job market, and matches their skills to roles within a business. We have not done this alone. Kirklees Council has partnered with Kirklees College, REAL employment, C&K Careers, Job Centre Plus and Mid Yorkshire Hospitals to run our first Project Search programme based at Dewsbury District Hospital.

Our **[Kirklees Better Outcomes Partnership \(KBOP\)](#)** has also been working with people that need support because of a range of reasons including domestic abuse, homelessness and people living with mental health issues. The outcomes partnership supports people to build skills and confidence, have a safe and stable place to live and develop skills that help them find work or other activities that build independence.

We have been working on how best we can get specialists involved in really early discussions about people's requirements and wishes around their support when they contact us. One way we have done this is to develop a **[social care occupational therapy \(SCOT\)](#)** team. This team is able to offer advice, ideas and solutions that mean people do not need more formal support such as home care. The team offers support about changing things at home or supplying equipment or adaptations, so we adapt the home environment and keep people independent for much longer. The SCOT team work closely with our **[Movement and Handling](#)** team who support carers and providers with advice about how equipment can help people move and be supported to move safely either at home or in other sorts of care settings.

Maximising independence isn't all about work it is feeling in control of other parts of your life such as money. For a long time now rather than the council arranging and paying for care and support people have been able to have the money we would have spent and use it to buy their own support, this is called a **[direct payment](#)**. We knew we weren't getting it right in how we decided what direct payment money could or couldn't pay for. We sat down with people who were using direct payments and over a few months completely overhauled the policies and guidance around direct payments. The approach is much clearer than is used to be and people can make their own judgements and choices without having to check things with the council.

9 THINGS WE NEED TO DEVELOP AND HOW PEOPLE CAN SHAPE OUR APPROACH AND FUTURE PLANS:

[Accessing information](#) - We need to address how people can find the information they need about services and support. We really want to hear from people about how they think it needs to work. We know that whether it is online, over the phone or emails with our teams it needs to be right, clear and relatable to a person's wishes and preferences about their support.

Being in control - We want people to work with us to understand what we can do to make them be and feel more in control of their lives, and the sort of support we need to put in place or changes we need to make to help with this. We know that feeling in control of our lives affects self-esteem and a whole mix of other things such as quality of life, so we need to get better and improve this.

Involvement - We have developed some of our services with people using them, but we need to do more of this. We want people to get involved in all levels of development or co-production. We are developing a better way of paying people for their time, but we want to bring what we call “experts by experience” into our work more consistently.

Social contact and networks – We are not all about services, we want people to feel connected to their communities and to people. We know especially for carers how important it can be to keep social connections. We want people to work with us to understand how we can help grow these networks in a post pandemic world that still means people feel safe.

PART 2 - HOW WE'VE BEEN - WORKING WITH PEOPLE TO MEET THEIR CARE NEEDS AND MINIMISING THE EFFECTS OF PEOPLE'S NEEDS GETTING WORSE

People are the experts in what they need to have in place to lead an independent life.

9.1 WHAT PEOPLE TOLD US MATTERS - I STATEMENTS

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

I have care and support that is co-ordinated, where everyone works well together and with me.

I know how much money is available to meet my care and support needs. I can decide how it's used - whether it's my own money, a health or social care personal budget, or a budget managed on my behalf.

I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.

I have a co-produced personal plan that sets out how I can be as active as possible.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.

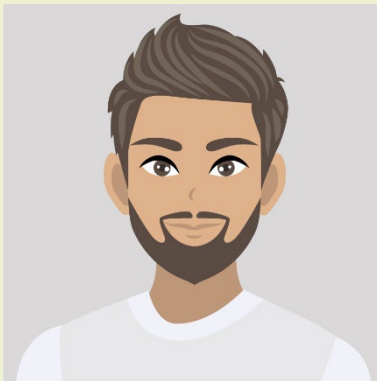
I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

10 WHAT PEOPLE'S EXPERIENCE AND THE DATA SHOW US:

- **3 in 5** (63%) people were satisfied with the care and support they receive.
- **2 in 5** (42%) carers were satisfied with social services.

- **2 in 5** (37%) people using social care receive support through a direct payment.
- **4 in 5** (82%) people remained at home 91 days after discharge from hospital into reablement or rehabilitation support.

Spotlight on: **Shared Lives – Matthew’s Story**



Matthew had recently lost his dad; the family needed some emergency support and time to think about the future. Shared lives found a match with carers available to support him in a matter of hours. The Matthew was introduced to Pat and arrangements were made for him to stay while an assessment took place. During the assessment process relationships blossomed with Pat, who supported him with new experiences and time to talk about his father. As the assessment process concluded it was clear that the arrangements made in an emergency were actually the match, he would have wanted all along. Matthew has stayed with Pat he told us “It’s really been life enhancing” Pat said “this has challenged how we think, and opened up opportunities and experiences to develop for both of us”

Spotlight on: **Reablement – Alan’s Story**



Alan is 85 years old and is retired. He worked in manufacturing, starting as an apprentice engineer and latterly working as a senior production planner. A keen piano player, Alan played in bands and in clubs for many years. He had a stroke last June and was admitted to hospital where he then contracted COVID. Two months later he was taken to Ings Grove for Intermediate Care. Alan has now been home for just over a month and has been supported by the Reablement team.

Alan told us: “I was with my daughter one evening. I wasn’t walking right, and I was seeing double. I went to A&E, and they told me I’d had a stroke.” Alan continues, “I’m getting better, but I still feel weak and tired. I’m walking with a Zimmer Frame now.... when I got to Ings Grove, I needed help in and out of bed, but they got me going with a frame.”

Alan explains that since coming home, his physiotherapist has been Sean from the Reablement team. “He gets me going! He’s tough! He’s doing a damn good job. He’s an understanding lad. Give him my regards! He’s a good communicator – he gets his point across!” It was whilst Sean was teaching Alan sitting exercises that he suggested Alan played the piano as part of his rehabilitation. Because the piano stool was low, a glide about commode was used initially until it was safe for Alan to sit on the stool. Sean filmed Alan to show his progress.

Alan says it can be frustrating when recovery is slow. “I’m doing more than I could. It’s easy to think you are not doing much but you have to compare yourself to 3 months ago.” Although he still gets tired easily and says he often feels lethargic, Alan no longer needs carers and can make his bed and wash and dress himself. He has recently started practising walking short distances outside and is looking forward to warmer weather when he plans to sit in his garden. He continues to enjoy playing the piano.

11 WHAT WE HAVE BEEN DOING:

A way into support is through what we call the front door, or **Community Health and Social Care Hub**. This is the main telephone or email or website contact centre. This team supports over 3,200 people a month looking to access some support or discuss the care they already have in place. We have increased the numbers of staff in the front door team and increased the skills in those staff so that they can support more people with more detailed questions and wishes around their support. We have seen the average length of call in the team double over the past year or so as staff spend more time supporting people, rather than passing them on to another team. We also changed the way we supply equipment so now if basic equipment is needed by someone, they can contact the front door team and they are able to issue it without passing it to other teams. People can also arrange minor changes to their existing support through the front door team without having to wait for a reassessment.

We also changed the way we supply **equipment** so now if basic equipment is needed by someone, they can contact the front door team and they are able to issue it without passing it to other teams. People can also arrange minor changes to their existing support through the front door team without having to wait for a reassessment.

We have been very excited to bring back our **Vision Connect** exhibition of technology, products and services for blind and partially sighted people of all ages. This popular event, organised by Kirklees Transcription Service, features both local and national sight loss charities, organisations and suppliers of technology and equipment.

We know that sometimes people need extra help and support, this could be after a hospital stay, after a period of illness or if an existing condition had flared up. People told us that staying at home really matters to them, so we have developed with community health care and others what we call the **KILT Reablement** team. This team offers specialist help to prevent, reduce and delay the need for ongoing support. This could be in people's own homes or in local short term community rehabilitation centres. To make sure that people have access to specialist help outside office hours we have built an alliance between Local Care Direct (LCD), Kirklees Council, Locala, and Curo. This ensures that there is specialist care and medical support available for people with certain health conditions seven days a week, and up until 8pm. The aim is to keep people at home and support them there rather than them being admitted to hospital or needing an ambulance.

When we are discussing support with people, we have changed our approach, we have moved away from what people can't do, to what people can do. We call this working in a **strength based way**. This usually starts with talking about what people want out of their lives, then working on what people might be able to do or would like support to be able to do for themselves. Bringing equipment and services in is the last part of the conversation and it builds on what people already feel comfortable doing for themselves.

To help better coordinate support we have developed entire new teams such as our **Support Options** team. This brings together expertise in community based options alongside formal care services and the relationship with care and support providers. Its purpose is to work with people and look at a wider range of options that might help that are more community based, or virtual and mix these with more formal care. This way of working allows people to have a better range of activities in their lives. We know that being a part of your community doesn't change because people have a care need or need a bit more support than they used to, or for people who care for others with a care need.

People told us they wanted to be part of the management of their care, the best way they felt this would work was through access to their records and plans. We have developed the **Kirklees Care Account** this is a secure online account like council tax and other online accounts people have. The account allows people to see their records; see how much money they have to support their care and contact us directly through the account. We have exciting developments which will mean people can decide changes they feel they need to their support to make sure it is doing what they feel it needs to.

In the past when young adults living with a learning disability leave school and the support of children's social care people told us there was a cliff edge in services and a lack of coordination. We have changed how we support young people to plan and **prepare for adulthood** this involved a great deal of work with young people, parents, carers, care providers and teams across social care. There is now a much better process and approach so the transition into adult care is coordinated and focussed on the wishes of the person.

Supporting Carers is as important to us as supporting people with care needs, carers have helped us change the sort of services we offer and how they access them. We have also increased the support for carers of people living with mental health issues through a new role in South & West Yorkshire Partnership NHS Foundation Trust (SWYPFT). We also talk more about our work with carers in later sections.

Supporting people as they near the end of their lives is a critical part of our role, we have over a number of years developed a strong relationship with our local hospice. Over the past 12-18 months we have developed a **Trusted Assessor** approach with The Kirkwood this means the staff working for the hospice can change or update care and support wishes and services without having to check with the council. This put all decisions around care closer to the person and their family.

12 THINGS WE NEED TO DEVELOP AND HOW PEOPLE CAN SHAPE OUR APPROACH AND FUTURE PLANS:

Making services work better – People that use our services and carers locally need to have confidence and satisfaction in our services and the experience of services be the same irrespective of where in Kirklees people live. We want to hear from people who were less satisfied or whose satisfaction has dropped over the past year or so. We want to know where we can do things better and shape up a new way of working with people.

Culturally reflective support – We know the range of backgrounds amongst of people we support has changed over the past few years and we expect it to be vastly different over the next few years. We want to work with people and providers to make sure that the services we offer, and the accessibility of those services is right for the people we support now and in the future.

Technology in people's homes – Part of making support work is looking to use technology alongside people to provide support, technology that allows people to feel safe, keep more independent and support them with the specific needs of their health conditions. We want to develop a group of people and carers to help us evaluate technology and what works best and help us share ideas with others who might benefit.

PART 3 - HOW WE'VE BEEN - SUPPORTING PEOPLE TO STAY SAFE

Getting the right balance between people living their lives the way they want and feeling safe doing so is important.

12.1 WHAT PEOPLE TOLD US MATTERS – I STATEMENTS

I am seen for who I am.

I am treated with respect and dignity.

I feel safe and I am supported to understand and manage any risks.

I feel welcome and safe in my local community and in places across Kirklees.

13 WHAT PEOPLE'S EXPERIENCE AND THE DATA SHOW US:

Spotlight on: **Safeguarding – Bilal's story**



Bilal is an 80 year old man who lives in Kirklees who has eligible care and support needs under the Care Act 2014. There had been a number of safeguarding concerns about Bilal and the relationship with his son Hamza. These concerns were relating to physical abuse, financial abuse and psychological and emotional abuse.

The social worker worked closely with Bilal to ensure that the work we did part of the S42 Safeguarding Enquiry were in line with making safeguarding personal.

Bilal was supported to give up his tenancy in the community and to move into a long term home within a safe environment with staff there and security in place. Bilal still remains in contact with his son and gives him money, therefore there continues to be risks associated with this, however Bilal has more **choice** and **control** as to when and how often he gives his money and is able to understand and manage any risks himself.

- **7 in 10** (70%) people who use services who feel safe.
- **8 in 10** (83%) people who use services say that those services made them feel safe.

14 WHAT WE HAVE BEEN DOING:

Feeling safe for some people starts at home. We have been increasing the amount and range of **equipment and assistive technology** for people to use that makes them feel safer staying at home. This could be a device that supports someone to take medication on time, a device on the door so family and carers know when someone has left their home, and detectors for falls so help can be arranged much faster.

Supporting people to access safe and long term homes is part of the work we have been doing on the **Rough Sleeper Initiative** which involves housing and support outreach workers delivering a mobile service where it is needed together with social care workers.

Beyond people's homes, people feeling safe in their local community is about feeling included and having access to support that helps them feel safe. We have given money to four large voluntary sector organisations we call **Community Anchors**. This money is to support them to develop a range of services in local areas that reflect the wishes of the people in those areas.'

To help make sure that we have something to check our work against we have developed an **Inclusive Communities Framework**. This is designed to help connect with people inclusively, in a trusting and equal way when we are developing and delivering services in with our communities. The Framework is designed to support good practice, supplying guiding principles, approaches, a toolkit and ways to assess our impact.

Keeping people safe when things are not going well is why we have increased the number of **Safe Places** which are a whole range of venues and places in Kirklees where people can ask for help, or just be away from what is causing them to feel unsafe.

Safeguarding people from harm is a basic function of society. We have developed a programme to help everyone understand what they can do, we call this **Making Safeguarding Personal**. We have worked with a mix of different organisations to develop this. It is designed to make sure the response people get is consistent and works effectively for them.

Keeping people safe for us is also about working with other agencies so that people do not fall in the gaps between services. Every week we come together as professionals as a **Vulnerable Adults at Risk** group and our **Self-neglect Risk Escalation Conference (REC)** to agree how we are supporting some of the most vulnerable people in Kirklees together with other agencies.

When people contact us to report a concern around someone being at risk of harm, we have developed processes in place to make sure we can quickly respond and ensure we are **Safeguarding** people from harm. We also have processes and duties to make sure that people have the **Mental Capacity** to understand and manage any risks from harm they may be facing.

Things do not always work out as they should. When we do not get things right or do not follow our own or the processes of our partners, we review the details of what was missed, why it was missed, how that affected the person and what we need to do to improve so it does not go wrong in that way again. There are also formal reviews such as **Safeguarding Adult Reviews**, and **Domestic Homicide Reviews** where there are external reviews with all the agencies involved in a case so everybody contributes to preventing similar issues in cases in the future.

15 THINGS WE NEED TO DEVELOP AND HOW PEOPLE CAN SHAPE OUR APPROACH AND FUTURE PLANS:

Inclusive communities - we know there is work to do to make sure our communities are able to access services and the development of new services. We want people to work with us to develop how we use our inclusive communities framework and help us test how effective it is in changing things for the better, and help people feel safe.

Involvement - When we don't get things right and we are reviewing what we need to do better we want people with lived experience involved. This is to make sure the solutions we develop are effective and we do not create a problem because we have not considered the impact properly.

PART 4 - HOW WE'VE BEEN - WORKING THE KIRKLEES WAY

How we work with people to deliver our best is important.

15.1 WHAT MATTERS

Social care workers are respected, valued and empowered in their roles.

Realising the benefits and value from digital technologies.

People as active and equal partners in how we work together.

Services are co-designed, co-delivered and co-evaluated.

Our communities and diverse places benefitting from and contributing to great social care.

Not doing to or for but working with people and partners.

16 WHAT WE HAVE BEEN DOING:

Working the Kirklees Way builds on what we said earlier about using a strength based approach this can only happen if our staff teams and people working across social care feel **empowered** in their roles. Our staff are skilled and able to work with our service users to develop support that builds on what they already have so they are able to live the life that matters to them. We put a lot of emphasis on supporting staff to try new and different ideas when they are working with people and have a range of training to support this.

When we sit down with staff and talk about the different people that they have been supporting we do this in a **reflective way** so that staff can talk about what went well and what they might do differently in the future. Managers and supervisors have been trained to help their staff think about how they work from lots of different perspectives and how they might be perceived by other people involved in a piece of work or care discussion. Managers and supervisors also try not to give the answers but help staff come to their own conclusions about how they could try something different in a case or in how they work.

People have been helping shape how we work better together. A wide range of people have contributed to the drafting of our **Joint Health and Wellbeing Strategy**, saying what matters to them and how things need to be addressed so they work better and improve health across our diverse communities.

We have started, and are developing our **Co-Production Board**, this is where people with lived experience and people working in or leading health and social care services come together to make sure we are working effectively and delivering effective support, and also that developments are shaped with a range of people from the start. We have taken this approach to our strategy around how we work with people living with sensory impairments such as people living with blindness or low vision levels, or those living with deafness. This reworking of our **sensory impairment strategy** has involved people from the start and will describe how things should be in services and support across Kirklees.

We have been involving people in **designing, evaluating and commissioning services** for some time. The process starts with people thinking about their needs and wishes around support, and how they would expect that support to be delivered, and what changes are needed to what happens in services at the moment. When these services are delivered by an external provider

there is a formal procurement process which is where we invite prospective providers to tell us what they can do to deliver the support people have outlined. We evaluate submissions and agree with service users and carers which provider meets their requirement the best.

The involvement of people in service design not limited to services we buy externally, within the council there are a wide range of services that people have helped us design and deliver like at [Cherry Trees](#), one of our respite homes for adults living with learning disabilities in Shepley. People who use the service, and their carers told us that they would like more outdoor facilities and improvements to the garden. We worked to understand what the layout needed to look like, and the sorts of things people wanted to see such as a wheelchair swing and standard swing, a potting shed and wheelchair accessible benches. Because we had to close the home for a while so we could change the building around, when we reopened we had to employ some new staff, our service users helped us in the [recruitment](#) of the new team members.

We have also involved carers and families in the design and development of [Knowl Park House Dementia Day Centre](#) which incorporates dementia design and the latest assistive technology. This has been done with the local Dementia Engagement and Empowerment Project group (DEEP) which is a UK network of dementia voices that have been helping decide the layout and functions in the building and how services need to work at the centre.

Our services would not be effective without the support of our amazing carers. Making sure we have the right support in place so that carers are safe, well and active citizens led us to work with a wide range of carers and the Kirklees Carers Strategy Group to develop the Kirklees [Carers Strategy](#) which outlines the key outcomes and areas of support carers say are most important to them, to ensure the needs of carers are effectively met and changes are delivered.

Spotlight on: **Carer's advocacy – Sue's story**



Sue is a carer for her husband who has a rare condition, needs medication constantly, and collapses every now and then without warning. He won't accept help from anyone other than Sue and they don't have family close by.

Sue contacted Carers Advocacy to help her speak up and ask for the services she needed. Her advocate referred her for a Carers Assessment and attended with her to help her speak about her challenges. Following the Carers Assessment Sue received funding to support her with cleaning and for massages.

Her advocate found Sue wasn't receiving the benefits she was entitled to. A Carers Count Information and Advice worker helped Sue apply for the correct benefits which she now has, and Sue also received some backpay. Sue was very appreciative of all of this and said she would have deteriorated in both physical and mental health without this support.

A part of making sure services are able to deliver and support is about growing care provider organisations that work in Kirklees. Alongside our NHS partners we have invested in the [Kirklees Care Association](#) (KirCA) which stands for, supports and develops care providers working across different types of care provision locally. KirCA have been representing the sector at a range of boards and groups such as the across health and social care Workforce Strategy group

contributing and supporting change so that builds on and reflects the incredible level of skill and experience in providers and their staff teams. Most recently the association has been successfully working with care providers to introduce digital care system so that care records are secure, and more accessible to service users, relatives, and professionals working with people.

Supporting people interested in working in care has been delivered locally by the [In2Care](#) team who work with care providers and people looking to employ their own care staff directly. The team supports recruitment activity and guide people through some of the more technical and legal elements of employing people. There is also a lot of work with prospective job applicants to explain the jobs that are available across social care and the skills needed to progress in a career in care. The team have supported over 2,000 people into jobs in care over the past five years.

Spotlight on: **In2Care – “Megan’s” Story**



Megan has been looking for work for a couple of months, In2Care explained the roles in social care and helped connect her with employers that were looking for someone with her skills. “I wanted to thank In2care for all their help and support in helping me find a role, I am over the moon. Through your service, I was inundated with over 30 phone calls from various providers, I was spoilt for choice! I was interviewed by a provider and within a day, I was offered a role. I couldn’t have done it without the help of your team!”

Spotlight on: **In2Care – Sophie’s Story**



I was faced with the daunting task of recruiting a full team of people to provide 24/7 care to my adult son who needs constant support. I had very little time to get it up and running. It has been invaluable not only to have the advertising from Kirklees Into2Care, but also the mini application form so I can screen the potential candidates. It is really easy then to get in touch with people with all the key information you supply. Thanks to the advert being shared on Facebook I have recruited two specialist support workers. I also have shortlisted three people for the team management role. This has all happened in just a couple of months. I haven’t had to sign up to job sites, I haven’t had to pay subscriptions and I am not constantly bombarded with emails from these companies. I am still delivering a lot of the care myself so having someone to take some of the pain out of recruitment has been absolutely fantastic. I wish you had been around years ago when I had Direct Payments before!

There are a wide range of other employment and workforce development programmes also underway such as the work we have been doing to support people into social work through the **Social Worker Degree Apprenticeship** (SWDA). We are delivering this in partnership with the Open University. This programme delivers a mix of teaching with on the ground practical learning and experiences. The aim is to support new entrants to social work and also act as a progression route for those already in social work so they can bring their skills and experiences to a new job.

Throughout our work we are always considering how **digital technology** can make things, better, safer, of higher quality and allow people to be independent. This includes our work on increasing the range and mixture of devices and technology keeping people at home or safe in the setting they are in. Our work to make the online care account effective, and our work behind the scenes to make sure systems in hospitals, GP surgeries, pharmacies, and community health care can talk to each other.

17 THINGS WE NEED TO DEVELOP AND HOW PEOPLE CAN SHAPE OUR APPROACH AND FUTURE PLANS:

Equity – We need people to work with us to make sure our services and commissioning is accessible to all those that would like to access it, and where we need to change things, people are able to say what needs to improve and help us make those changes. We also need to be sure that our services reflect the wide range of diverse communities we have in Kirklees and evolve to meet the changing needs of everybody.

Workforce - We need to continue to work with people to have a more representative workforce supporting people. We also need people to work with us to address the numbers of staff leaving the care sector and what we can collectively do to address this.

18 SOCIAL CARE REFORMS²

The Government announced in December 2021, its White Paper around reforming adult social care over the next decade. This came shortly before the assent of the Health and Care Act 2022 which changes some NHS organisations locally, it also places duties on to all partners in health and social care to work more effective together.

The main part of the reforms are changes to ensure that people and carers have fair access and greater choice, control and support to live independent lives, they can access personalised advice about adult social care, they can also then access outstanding quality and tailored care and support. This will help to ensure there is genuine choice and control about how care and support can enhance quality of life and promote independence in a way that matters to consumers and carers.

How care and support is paid for is also set to change, people contribute towards the costs of care if they are able to, there is a more generous safety net for those who are unable to pay. From October 2025, no one arranging support (such as home care or residential care) will have to pay more than £86,000 over their lifetime in care costs. Individuals with assets of less than £20,000 will not have to pay anything towards their care from their assets. And those with assets under £100,000 will be eligible for some state support, up from £23,250 at the moment.

There are also changes for people who self-fund their care, through part of the existing Care Act 2014 people that pay in full for their care and support will be able to access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to providers. Fees that providers of care and support charge will also become more transparent to allow people to make more informed decisions.

As demand has continued to increase over the past few years and as we continue to see recruitment challenges across the care workforce providers and people will see increasingly that digital tools and technology that can support independent living and improve the quality of care are deployed where they add the most value locally.

Not only are people and their carer's at the centre of care, but there is also an entire workforce of 11,500 people locally working across care and support services. There are plans to develop this workforce and provide clear skills and career paths and progression opportunities across the sector.

All this activity needs to be effective at a local level, therefore, local authorities will be assessed by the Care Quality Commission (CQC) the national regulator of health and social care to ensure they are fulfilling their duties and are delivering against the areas briefly described above.

² People at the Heart of Care

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#empowering-those-who-draw-on-care-unpaid-carers-and-families>

19 COMPARING KIRKLEES WITH OTHER COUNCILS ³

There are a range of national measures around adult social care all councils have to report on, the Adult Social Care Outcomes Framework (ASCOF) pulls data from a variety of returns and allows comparison between councils, regions and data trends to be reflected.

19.1 HOW PEOPLE FEEL ABOUT OUR SERVICES AND THEIR IMPACT:

- Service User Satisfaction improved slightly in the 18-64 age group to 72%, which is 5% ahead of the Yorkshire and Humber region. However, in 65+ we saw a decline in satisfaction with 56% satisfaction levels against a regional 63%.
- Interestingly in comparison to service user satisfaction we saw improvements in 65+ Carers with satisfaction at 42% up from 37% in 2018/19, and 9% ahead of the region. In 18-64 year old carers we saw a slight decline in carer satisfaction at 35% and we are very slightly behind the regional average of 36%.
- People feeling that they have enough choice over care and support services has declined on the previous year going from 75% in 2020/21 to 68% in 2021/22.
- Quality of life scores for service users and carers both declined after a peak at the last reporting point, although we were higher than the regional picture in carer quality of life scores. Potentially linked to this is the level of social contact people report being happy with. We have seen a decline in how satisfied people are with their level of social contact, this peaked in 2018/19 but declined over the past two years.

19.2 DEMAND FOR SUPPORT:

- In terms of new demand, we saw a decline on the previous year in New Requests for Support, but this is thought to be added pandemic requests for support in 2020/21. In 2021/22 we went back to the same trajectory we were on before the pandemic. The demand increase we saw last year was higher in the 65+ age group and remained fairly flat in the 18-64 age group.
- The number of people that we have provided short term support to maximise their independence has dropped in the 65+ age group over the past 3 years, but we have seen increases in those aged 18-64. Even though the volume of people supported short term has dropped, the outcomes of this intervention have been better than the region we have slightly higher numbers of people leaving short term support with no ongoing need.
- Looking to those accessing long term support we had seen a decline over recent years with a slight uptick in the past 12 months. The region has remained flat this means we have seen a greater reduction in the number of people accessing long term support than regional averages.
- In terms of ratios for long term support we have 4,630 per 100,000 population in the 65+ age group accessing long term support, against a regional 5,075 per 100,000. In the 18-

³ ASCOF Data 2021/22 (<https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/2021-22>)

64 group we are supporting 800 people per 100,000 against a regional 835. This means we are supporting 10% less people than the region in long term support services.

19.3 SPENDING COMPARISONS:

- Our spending has followed regional trends over the past few years, although we reported a spend increase of 1.2% higher than Y&H averages. Our spend per 100,000 adults increased by the same proportion and we spent £51m per 100,000 population against a regional average of £49m.
- Our grant spending was lower than the regional average.

19.4 OUR WORKFORCE⁴

- Nationally the workforce leavers rate in social work roles was 14.2%, this did reduce over the pandemic but has since returned to 2017/18 and 2018/19 patterns. Our local leaver rate was 10.8% for the same care roles.
- Vacancy rates nationally for social work roles are around 9% which again is heading back to pre-pandemic levels.

⁴Skills for Care Workforce Estimates <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/local-information/My-local-area.aspx>

20 TO CONCLUDE

We hope you have found this account of our work interesting and can see how you might be able to help support some of the developments we have talked about in this document.

We are really keen to hear from you about your experiences and how you think we can do more of the things you felt helped and worked well for you. We also like to hear stories about the differences our workforce makes in the everyday lives of the people of Kirklees.

If you would like to contact us about what we have covered in this document, please contact: quality.improvement@kirklees.gov.uk

If you have feedback, compliments, comments and complaints about your care and support or our services more generally please contact us [here](#)

If you would like to be involved or would like to discuss how you can be more involved in our work, then please contact us coproduction@kirklees.gov.uk. We are often able to pay for your time and really value the contributions of all those that help us make Kirklees a better place.

For more information please visit
www.kirklees.gov.uk