

HEALTH SCRUTINY SUB-COMMITTEE

Tuesday, 11 December 2018 at 6.30 p.m.

Committee Room One - Town Hall Mulberry Place

This meeting is open to the public to attend.

Members:

Chair: Councillor Kahar Chowdhury

Vice-Chair: Councillor Eve McQuillan

Councillor Muhammad Harun, Councillor Gabriela Salva Macallan, Councillor Kyrsten Perry and Councillor Andrew Wood

Substitutes:

Councillor Faroque Ahmed, Councillor Asma Islam, Councillor Mohammed Pappu, Councillor Peter Golds

Co-opted Members:

David Burbidge

(Healthwatch Tower Hamlets Representative)

[The quorum for this body is 3 voting Members]

Contact for further enquiries:

Rushena Miah, Democratic Services

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APOLOGIES FOR ABSENCE

- 1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS** **5 - 8**
To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.
- 2. MINUTES OF THE PREVIOUS MEETING(S)** **9 - 14**
To confirm as a correct record the minutes of the meeting of the Health Scrutiny Panel held on 20 September 2018.
- 3. REPORTS FOR CONSIDERATION:**
- 4. TOWER HAMLETS ADULT SOCIAL CARE CHARGING IMPACT ASSESSMENT** **15 - 30**

Tower Hamlets Council introduced a new charging policy for community based adult social care services in October 2017. This presentation provides an overview of the findings from the recent impact assessment that was carried out to review the impact of the new charging policy for community-based adult social care services on service users and carers. The impact assessment aimed to identify whether there has been a change in use of adult social care services and whether the administration of the policy has been fair and equitable. A commitment to carrying out this assessment was made in February 2016, and the report itself focuses on the time period October 2017 (when the policy was put into effect) to June 2018.
- 5. TOWER HAMLETS ADULT SOCIAL CARE SERVICE USER SURVEY 2017/18** **31 - 44**
Local authorities in England, in line with their statutory responsibility for providing adult social care services, are required to conduct an annual survey of their service users. Findings from this survey are key to benchmarking performance at a national, regional and local level, as well as monitoring changes over time. The results of the survey also help the Council to understand the impact of adult social care services on people's quality of life and key areas for improvement, helping to inform and support the standard and delivery of Tower Hamlets adult social care services. This presentation provides an overview of the 2017/18 survey results

6. RESIDENTIAL AND NURSING CARE HOMES AND HOME CARE PROVISION IN THE BOROUGH: QUALITY AND CAPACITY

This report provides an overview of the care home and home care markets in the borough. The regulatory framework within which these market sectors operate is explained as is the role of the Care Quality Commission in maintaining oversight of regulatory compliance. The report explores a range of quality and capacity issues relevant to the care home and home care market in the borough.

Report to follow:-

The report was not published five clear days in advance. The Chair has been informed and has decided this report must go to the December 11 2018 Health Scrutiny Sub-Committee as the agenda for the meeting has been designed to intrinsically link this deep dive item of '*Residential and Nursing Care Homes and Home Care provision in the borough: Quality and Capacity*' to the other two reports being presented before the committee. By reviewing all three agenda items together the committee will be able to better Scrutinise health and social care services around the theme of satisfaction and quality of home care. The reports and subsequent discussion will not be as meaningful if they were viewed in isolation at separate meetings.

7. ANY OTHER BUSINESS

Next Meeting of the Sub-Committee

The next meeting of the Health Scrutiny Sub-Committee will be held on Tuesday, 12 February 2019 at 6.30 p.m.at Town Hall Mulberry Place.

Agenda Item 1

DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:

Asmat Hussain, Corporate Director of Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority—</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to the Member's knowledge)—</p> <p>(a) the landlord is the relevant authority; and</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where—</p> <p>(a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either—</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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HEALTH SCRUTINY SUB-COMMITTEE,
20/09/2018

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

HELD AT 6.30 P.M. ON THURSDAY, 20 SEPTEMBER 2018

MP702 - TOWN HALL MULBERRY PLACE

Members

Councillor Kahar Chowdhury
Councillor Eve McQuillan
Councillor Mohammed Harun
Councillor Gabriela Salva Macallan
Councillor Andrew Wood

Co-opted Member – David Burbidge

Healthwatch Co-Chair

Apologies

Councillor Kyrsten Perry

Officers

Daniel Kerr
David Jones

Strategy Policy & Performance Officer
Interim Divisional Director Adult Social
Care

Dianne Barham

Chief Executive of Healthwatch Tower
Hamlets

Dr Jayne Gallagher

Lead of Barts Health Pain Service.

Dr Kristin Ullrich

RLH Inpatient Pain Service

Dr Somen Banerjee

Director of Public Health

Jackie Sullivan

Executive Managing Director (Royal
London and Mile End Hospitals) –Barts
Health Trust

Lade Ogunseitan

Team Manager HOST Housing Options

Menara Ahmed

VAWG & Hate Crime Manager

Ms Athina Karavasopoulou

Clinical Nurse Specialist

Rafiqul Haque

Housing Options Manager

Rushena Miah

Committee Officer – Democratic Services

Simon Hall

Managing Director - Tower Hamlets CCG

Stephanie Graden

Commissioning Officer LBTH

Steve Hanshaw

Department of Work and Pensions

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

There were no declarations of pecuniary interest.

2. MINUTES OF THE PREVIOUS MEETING

The minutes of the last meeting were approved as an accurate record and signed by the Chair further to the following corrections:

- With reference to page 10 of the agenda pack, it was noted that Councillor Mohammed Harun did not self-nominate for the INEL JHOSC role, he was nominated by Councillor Macallan and seconded by Councillor Perry.
- With reference to page 13 of the agenda pack, it was clarified that the change to walk in services was an 'information' letter not a 'consultation' letter. The change to service was not something that required a statutory consultation.

RESOLVED:

1. To approve the minutes of the meeting held on 10 July 2018.

3. REPORTS FOR CONSIDERATION:

4. HEALTHWATCH TOWER HAMLETS PAIN MANAGEMENT REPORT

The Committee received a presentation on research conducted by Healthwatch on pain management from Dianne Barham, Chief Executive of Healthwatch Tower Hamlets.

Key themes:

- Identified local people's experiences of pain management. There tended to be two groups of people who came to hospital with pain 1) emergency cases, 2) Chronic pain and long term conditions.
- Self-management of pain – empowering people to manage pain in an acute setting.
- Research found that there were communication issues between the pain management team and other medical professionals.
- The Committee were directed to read up on the case studies in the report.
- Overall there was a picture of things improving but also work to do.

RESOLVED:

1. To note the Healthwatch report on pain management.

5. BARTS HEALTH PAIN MANAGEMENT PRESENTATION

The Committee received a presentation from the pain management team at Barts Health Trust. Speakers included: Jackie Sullivan (Managing Director of Hospitals-Barts Health), Dr Jayne Gallagher, Lead of Barts Health Pain Service, Dr Kristin Ullrich, RLH Inpatient Pain Service, Ms Athina Karavasopoulou, Clinical Nurse Specialist.

Questions from Members:

- **You mentioned there is a specialist pain management nurse available on the ward Monday – Friday, what provision is there on weekends?**

Provision for pain management throughout the week falls to the aestheticians, trainees, junior doctors and ward nurses.

- **Have you identified any bias from your staff in the pain management for certain groups of people, women and recovering addicts for example?** This is covered in training for nurses. We identify the effectiveness in eliminating bias through structured patient feedback. We are looking to do more to train nurses to be advocates for patients and reduce bias.
- **What happens to the approximately 30% of patients who do not receive adequate pain management?** We look at previous intervention and draw up a pain management plan for that individual. This is put on the system which can be accessed by medical professionals for case history.
- **Around 40% of patients are not asked about pain. What are the barriers that prevent medical professionals asking patients about pain?** There is some improvement required in this area. We need to investigate whether people are not being asked about pain or if they are being asked so many questions they cannot recall being asked about pain management. We will take this back.
- **What are your staffing levels like?** There is a safe staffing total that is met. At the Royal London 95.2% of staff are employed in a substantive post. Recruitment and retention levels are very good.
- There was a concern that the CCG had cut their opiate drug budget. This was refuted by CCG officers and it was confirmed that the drug budget had increased. The CCG and Barts Health officers agreed to be available to discuss further pain management questions or individual cases with Members outside of the meeting.

RESOLVED:

1. To note the Barts Health pain management presentation.

ACTION: Members to contact Barts Health or THCCG if they wish to discuss individual cases on pain management.

6. DOMESTIC VIOLENCE DEEP DIVE

The Committee received a presentation from Menara Ahmed, VAWG Domestic Abuse and Hate Crime Manager. Ms Ahmed requested the committee note an error on page 45 of the pack, refugee bed space increased by 17.9% not 17%.

Questions from Members:

- **Can you explain if children are included in these figures and if not what provisions are in place for children?** Work involving child victims is carried out by the Children's Safeguarding Team. The MARAC MASH team also support children and Public Health is also doing some work around family violence. There are numerous early intervention projects at youth centres and nurseries as well.

- **With regard to turn away rates, your presentation showed 17 people were turned away. Why was this?** There may be several reasons including being unable to find a space after phoning the refuge helpline, their preferred refuge was full, they chose to not use the refuge offered, concerns about the safety of the area or they did not meet the criteria – under 16s are not permitted to use the service.
- **What is the eligibility criteria?** It is quite broad but to simplify it is someone who is 16 years old or over, who is experiencing domestic violence or the threat of domestic violence. There is one male refuge in the borough.
- The Broken Rainbow helpline managed by the Greater London Authority was recently cut. It was acknowledged that more work needed to be done to support LGBT people experiencing domestic violence as refuges tended to be geared towards heterosexual women.
- **Do you have enough funding to do what you want to do?** Efficiency savings have been made but these have not affected the quality of the service. Provision in this borough is better than neighbouring boroughs. If further funding was allocated the team would like to expand their work to develop children's refuges, LGBT refuge, services for those with no recourse to public funding.
- It was noted that people outside of the borough do have access to Tower Hamlets Services as the remit is to support any woman experience domestic violence. Members suggested doing partnership work with other councils to support this work.
- **What impact has universal credit made for those fleeing domestic violence?** The Department of Work and Pensions sits on a multi-agency partnership board, partners include the local authority and voluntary sector. Weight will be given to those experiencing domestic violence. Split payments will be possible. The VAWG team are part of DWP training programme which covers implications of universal credit. As this was a multifaceted topic, Ms Ahmed agreed to answer further questions on the topic by email or provide an update at a later meeting.
- **Is there any work being done with FGM survivors and has anyone been prosecuted?** There is a MOPAC funded service delivered by a voluntary sector organisation called Women's Health and Family Service. Nineteen cases were identified in the borough for FGM or risk of FGM and there was a 72% conviction rate. The service promotes that FGM is not a religious or cultural issue but a child protection issue. It works within the community. One challenge is that in some cases the victim does not wish to prosecute a family member.
- **With regard to Social Housing Allocation for women experiencing domestic violence, why are there only 10 spaces available a year?** This number was set as a quota and seems to be adequate; there have not been any requests to exceed this number.
- **Is the sanctuary scheme available to private renters?** Yes.

RESOLVED:

1. To note the presentation on VAWG services.

2. To recommend that the council explores the provision of refuge for LGBT people fleeing domestic violence.
3. To recommend that partnership work with other councils be explored considering a large number of non-residents use Tower Hamlets services.

7. HEALTHWATCH TOWER HAMLETS ANNUAL REPORT 2017/18

The Committee received a verbal summary of the Healthwatch Annual Report 2017/18, presented by Dianne Barham – Chief Executive of Healthwatch Tower Hamlets.

Summarised points:

- The community intelligence network has been established and has begun to produce research.
- The intelligence gathering database is up and running and the CCG has been able to access datasets. Healthwatch and THCCG have been shortlisted for a Healthwatch England award for this piece of partnership work.
- Healthwatch Tower Hamlets is a leading Healthwatch across the country.
- Priorities for next year include a review into improving the hospital admission system, a review into mental health and homelessness and more work young people.
- Aim to inspect 8 services over a 4 week period in 2018/19.

RESOLVED:

1. To note the Healthwatch Annual Report 2018/19.

8. HEALTH SCRUTINY SUB COMMITTEE WORK PROGRAMME 2018/19

The Committee were not in agreement that housing associations and how they support the health and care agenda should be the scrutiny review challenge for 2018/19. The Chair and SPP officer said there was still time to select a different topic.

RESOLVED:

1. To select a different scrutiny challenge review topic.
2. For Daniel Kerr, SPP Officer, to email Members with alternative options for a scrutiny challenge review.

9. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

- There was a request for information on how the NHS 10 Year Plan will affect the 'STP' relationship?
- There was a request to review the Tender for the Community Service Contract and the roll out of the service. How has Tower Hamlets Together commissioned ELFT to deliver the service?


- Concern was raised about Care World London, a social care organisation that provides services in Tower Hamlets. Workers there had lost their sick pay. There was a request for information regarding Care World employee's terms and conditions and a review into the situation. David Jones, Interim Divisional Director Adult Social Care, said he would speak with Warwick Tomsett about the issue and provide an update to Members of the Committee.
- The Speakers Ball clashed with the next Health Scrutiny Committee Meeting on 4 December 2014. Two alternative dates were offered. These were: Monday 3 December 2018 or Thursday 6 December 2018. Members indicated a preference for Monday 3 December 2018. Democratic Services Officer to send Members a diary invite for Monday 3 December 2018.

RESOLVED:

1. To note the AOB and actions arising from them.

The meeting ended at 8.58 p.m.

Chair, Councillor Kahar Chowdhury
Health Scrutiny Sub-Committee

Non-Executive Report of the: Health Scrutiny Sub-Committee 11 December 2018	
Report of: Denise Radley, Corporate Director, Health Adults & Community	Classification: Unrestricted
Tower Hamlets Adult Social Care Charging Impact Assessment	

Originating Officer(s)	Joanne Starkie, Head of Strategy and Policy, Health Adults & Community
Wards affected	All wards

Summary

Tower Hamlets Council introduced a new charging policy for community based adult social care services in October 2017. This presentation provides an overview of the findings from the recent impact assessment that was carried out to review the impact of the new charging policy for community-based adult social care services on service users and carers. The impact assessment aimed to identify whether there has been a change in use of adult social care services and whether the administration of the policy has been fair and equitable. A commitment to carrying out this assessment was made in February 2016, and the report itself focuses on the time period October 2017 (when the policy was put into effect) to June 2018.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the keys findings from the impact assessment and review and comment on the recommendations and actions that have been put in place.

Officer contact details for documents:

- Joanne Starkie, Head of Strategy and Policy, Health Adults & Community. Ext 0534, joanne.starkie@towerhamlets.gov.uk

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Adult Social Care Charging Impact Assessment

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11th December 2018
Health Scrutiny Panel
Joanne Starkie & David Jones

Charging in Adult Social Care

- Means-tested charging for community-based adult social care services started in October 2017
- Prior to this, Tower Hamlets was one of two local authorities in England who provided community-based support for free
- Our charging policy was agreed on the premise that only those who can afford to pay will do so
- A commitment was made to assess the impact of this in order to:
 - Identify if there has been a change in the use of social care services; and to
 - Assess whether the administration of the policy has been fair and equitable

How the impact assessment was carried out

The following activity was carried out:

1. Collating performance information and quantitative data.
2. Collating feedback and case studies from users, carers, staff and providers. Around 50 service users and carers attended meetings to discuss the impact of charging, and feedback was collected in a variety of other ways.
3. Carrying out an analysis of our charging policy compared to other local authorities, looking at discretionary areas in particular. Results show that no single approach is taken by other local authorities.

The period being looked at was 1st October 2017 to 30th June 2018.

Since then, a survey to service users and carers sent out by Real has been completed by around 70 people.

The process and report was overseen by a Stakeholder Reference Group. This was made up of Council officers, adult social care service providers, and two carers.

Findings – who is being charged

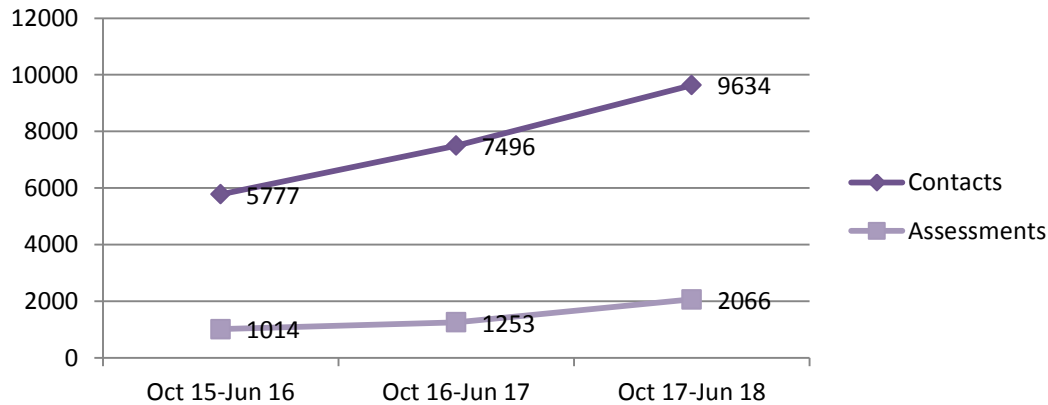
- **1154** people were being charged an amount of money as of 30th June 2018 (43% of people in community based services)
- **240** of this group had not yet filled in a Financial Assessment form and were being invoiced for the maximum amount as a result (i.e. full cost of care up to a maximum of £250 per week)
- Older people and people of a White ethnic background are more likely to be paying the full cost of care up to the maximum amount. People with a learning disability and people of an Asian ethnic background are less likely to be paying cost and have a lower average weekly charge compared to other groups.

Findings – how much is being charged

- **£54** per week is the average weekly amount being paid
- **656** of people are being charged up to 25% of the total cost of their care package
- **129** people have been assessed as paying the full charge, of which 48 have been assessed as hitting the £250 per week maximum amount
- **947** people have been assessed as having to pay no charge

Findings – impact on demand

- No clear evidence that fewer people are coming forward for help



- 47 care packages have been stopped due to charging
- There is a system in place to safeguard adults who want to end or reduce their support due to charging, if doing so would put them at significant risk of harm
- Issues are discussed at a Charging Waiver Panel. Two appeals were reviewed by the Panel over the period in question.

Findings – impact on people’s finances

- Policy based on premise that only those who can afford to pay will do so
- Feedback from the impact assessment and Real’s survey is clear that some people disagree with the principle of charging
- Three possible scenarios where people can be charged an incorrect amount:
 - Not completing a Financial Declaration Form: 240 people not done this and have been contacted and supported.
 - Filling in a Financial Declaration Form incorrectly: 748 people have asked for a reassessment. DRE identified as a key issue.
 - Not being charged based on actual use of services if communication breaks down.

Findings – impact on wellbeing

- Overall, there is no clear evidence that charging has had a cross-cutting and negative impact on wellbeing. **62%** of all service users getting community-based support rated their quality of life as good in February 2018, compared to 59 the year before.
- In focus groups, some people felt that charging had caused anxiety and distress. This has since been echoed in Real's survey.
- A strong and consistent message is that communication is a critical issue, and when charging was first introduced, it was not good enough. Improvements have subsequently been made, but it remains a key area.
- People have expressed difficulty in filling in paperwork and the Financial Declaration form. Processes are in place to help people with this. Direct debits can help avoid debt (21% pay this way).

Findings – impact on carers

- Charging may be resulting in an increased burden on unpaid carers
- Feedback is that we may want to review our current approach to respite, to minimise the risk of unpaid care breaking down
- The impact on adult social care users will also have an impact on unpaid carers

Findings – impact on satisfaction with social care

- **59%** of service users in community-based services said they were extremely or very happy with their care and support, compared to 62% the year before
- **5** of the 45 complaints received in adult social care related to charging
- Strong feedback that people’s experience of charging is linked to the quality of care received: Some service users and carers say they now expect – and will push for – better quality support because they are paying for the service

Recommendations – already in train

1. Improving information and communication on charging
 - Guidance has been updated and new information published
 - Easy read guidance is being finalised
 - Workshops have been held
2. Ensuring our systems always capture the actual care received
 - Electronic Homecare Monitoring
 - Prepaid cards
 - Upgraded social care database
3. Ensuring we have an accurate record of people who are exempt from charging – e.g. Section 117

Recommendations – being looked at:

Nine areas are now being focused on between now and April 2019:

1. Strengthening communication
2. Strengthening how we help people to maximise their income
3. Future approach to respite and replacement care
4. Future approach to Disability Related Expenditure
5. Future approach to direct payments
6. Future approach to impact assessments
7. Preventing debt and encouraging direct debits
8. Developing an Appeals Policy
9. Agreeing how and when to check back with people who end services due to charging


Recommendations – being looked at:

- The Stakeholder Reference Group met on 9th November and have drawn up a draft action plan based on the nine recommendations

Next Steps

- The Stakeholder Reference Group will meet again in early 2019 finalise the action plan
- This will then be agreed by CLT in March 2019, so that actions can be put into place with effect from April 2019.

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Non-Executive Report of the: Health Scrutiny Sub-Committee 11 December 2018	 TOWER HAMLETS
Report of: Denise Radley, Corporate Director, Health Adults & Community	Classification: Unrestricted
Tower Hamlets Adult Social Care Service User Survey 2017/18	

Originating Officer(s)	David Oates, Senior Performance & Intelligence Manager, Health Adults & Community
Wards affected	All wards

Summary

Local authorities in England, in line with their statutory responsibility for providing adult social care services, are required to conduct an annual survey of their service users. Findings from this survey are key to benchmarking performance at a national, regional and local level, as well as monitoring changes over time. The results of the survey also help the Council to understand the impact of adult social care services on people's quality of life and key areas for improvement, helping to inform and support the standard and delivery of Tower Hamlets adult social care services.

This presentation provides an overview of the 2017/18 survey results.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Review the keys findings from the 2017/18 Adult Social Care Service User Survey.

Officer contact details for documents:

- David Oates, Senior Performance & Intelligence Manager, Health Adults & Community. Ext 4455, david.oates@towerhamlets.gov.uk

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Tower Hamlets Adult Social Care Service User Survey 2017/18 Results Overview

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11th December 2018
Health Scrutiny Panel

Service User Survey - Overview

- Survey sent to 2,938 service users
- 706 service users responded – 24.1% response rate
- Questions are largely pre-set by Department of Health (NHS Digital) which allows for benchmarking
- There were 8 local questions added to the survey
- Margin of error within the data is no more than +/- 3.3%
 - E.g. If data states 61.0% of service users are satisfied then we can say with reasonable confidence that the true figure for all service users is between 57.7% - 64.3%

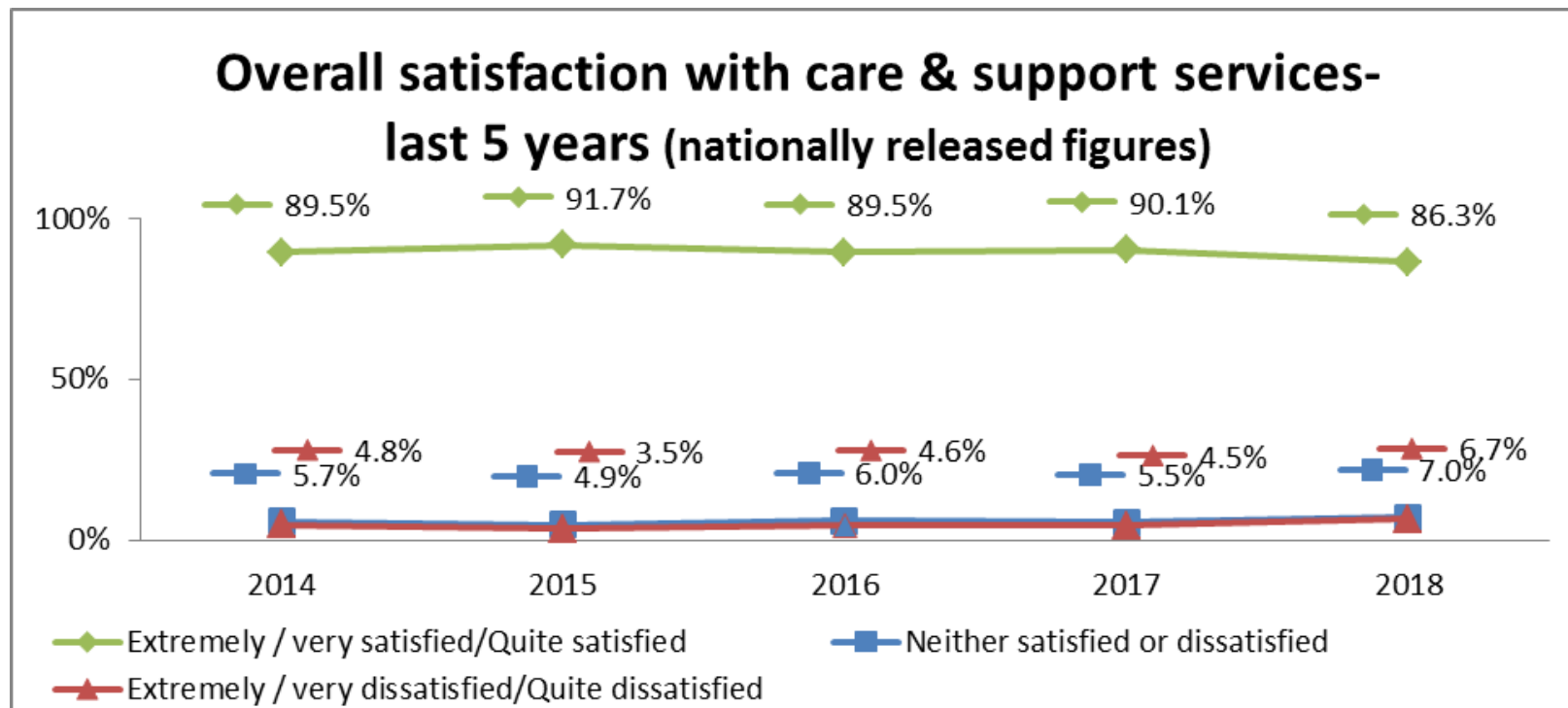
Service User Survey - Overview

Equalities	Rec'd Survey	Completed Survey
Female	56%	43%
Male	44%	57%
Asian Bangladeshi	30%	28%
Black African	1%	2%
Black Caribbean	7%	6%
White British	39%	38%
Other Ethnicity	23%	26%
Christian	23%	26%
Jewish	2%	2%
Muslim	23%	24%
Other/none religion or belief	52%	48%
18-44	21%	21%
45-64	22%	23%
65+	38%	38%
85+	18%	18%
Learning Disability	18%	23%
Mental Health	16%	13%
Physical Disability	66%	64%

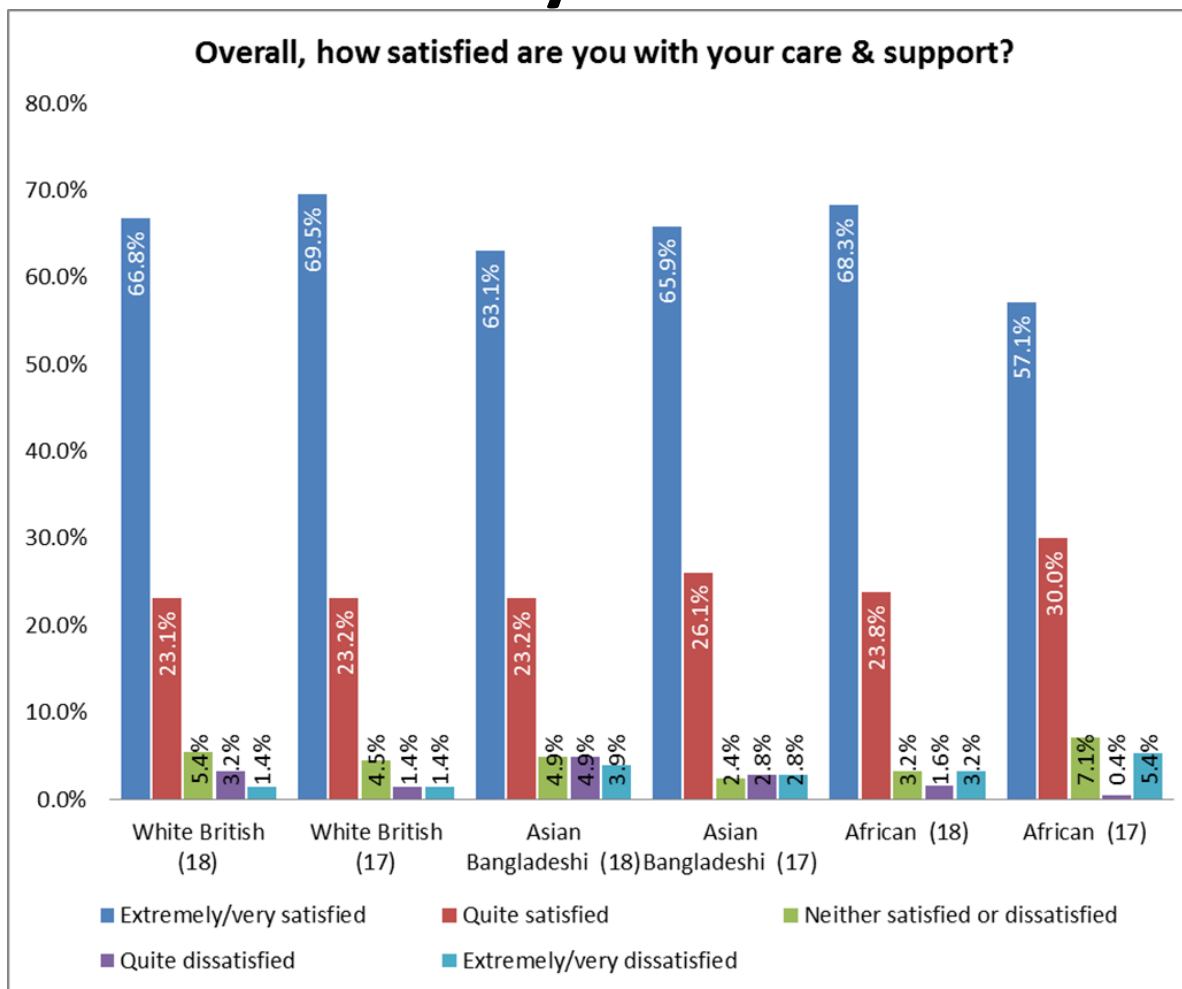
Service User Survey – Overall Satisfaction

Question: Overall, how satisfied or dissatisfied are you with the care and support services you receive?

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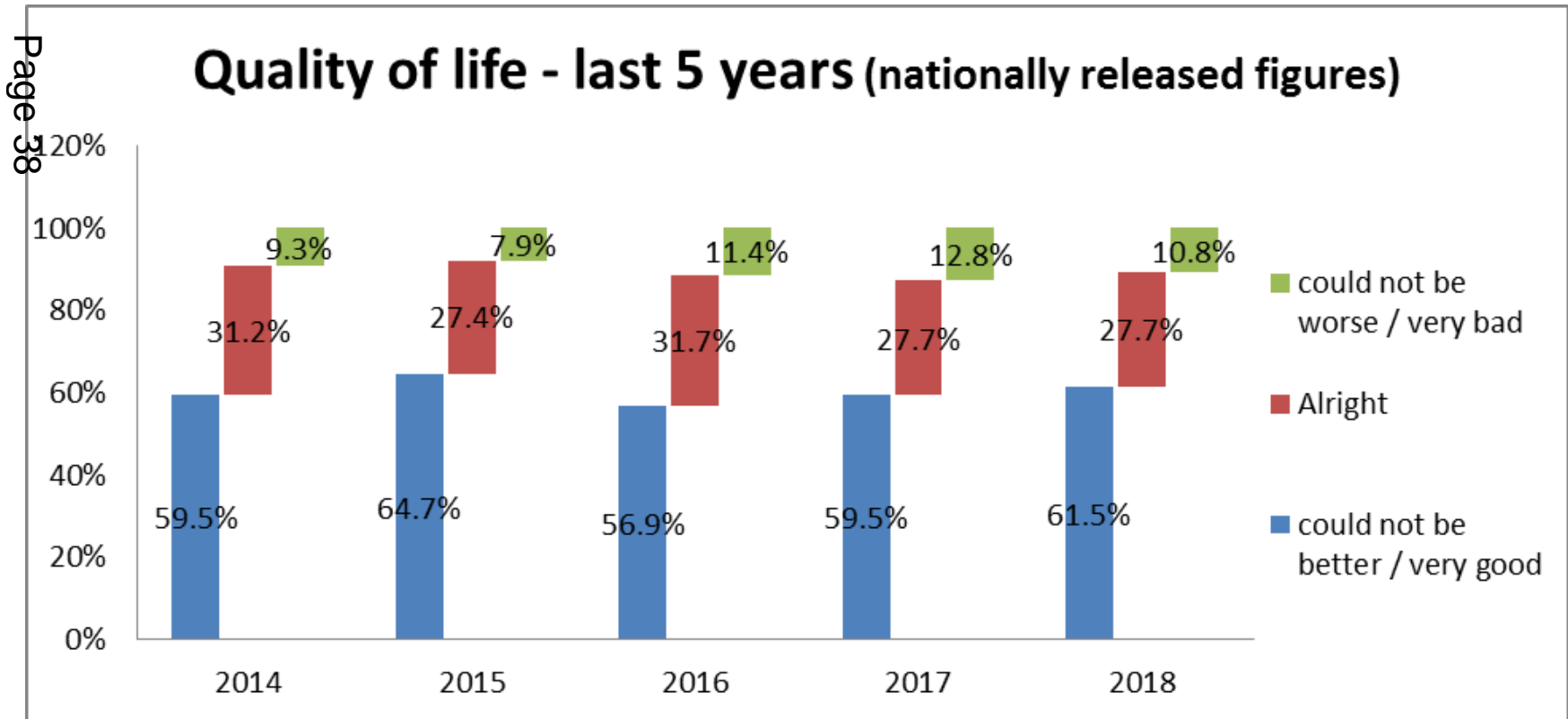


Service User Survey – Overall Satisfaction



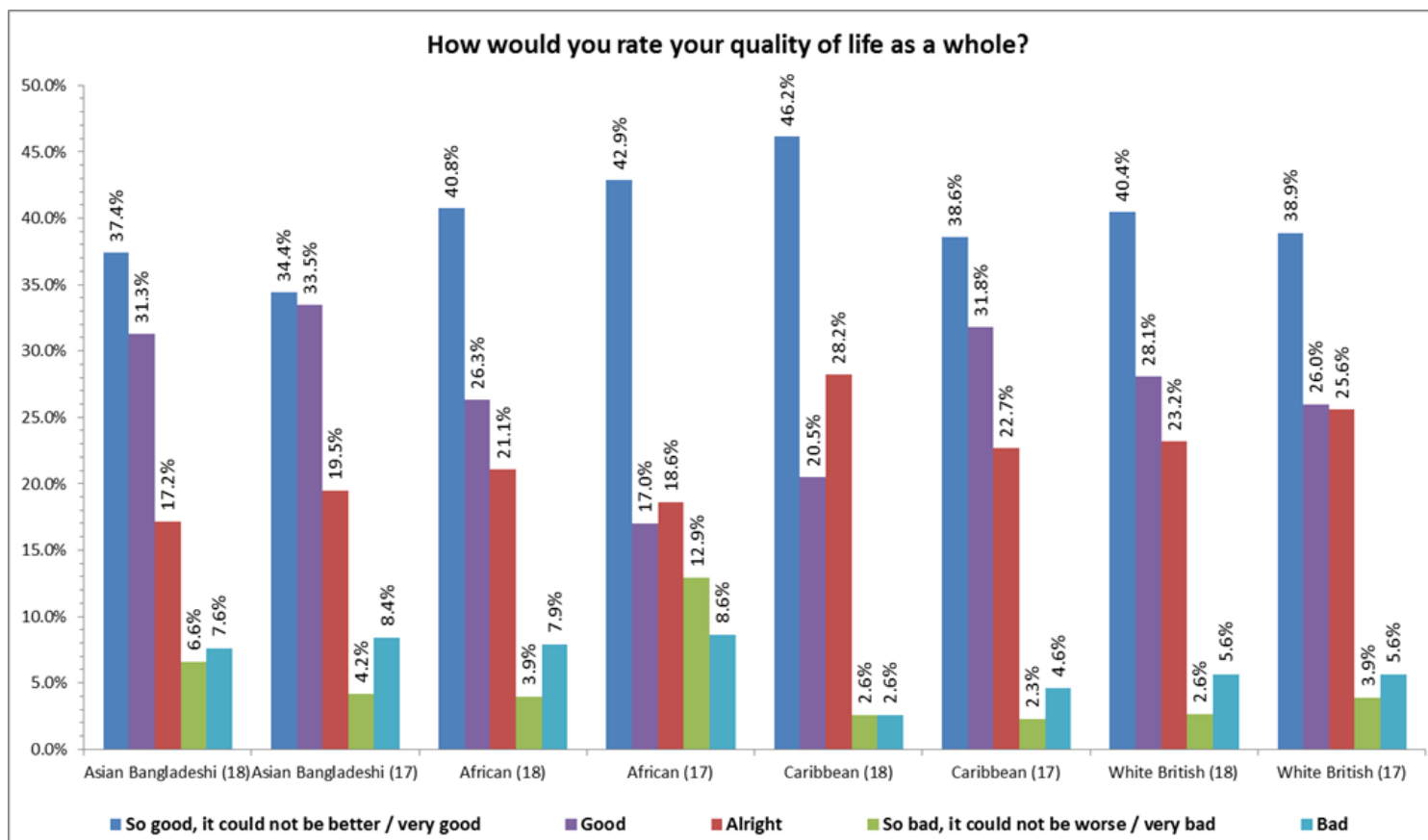
Service User Survey – Overall Satisfaction

Question: Overall, how satisfied or dissatisfied are you with the care and support services you receive?



Service User Survey – Quality of Life by Ethnicity

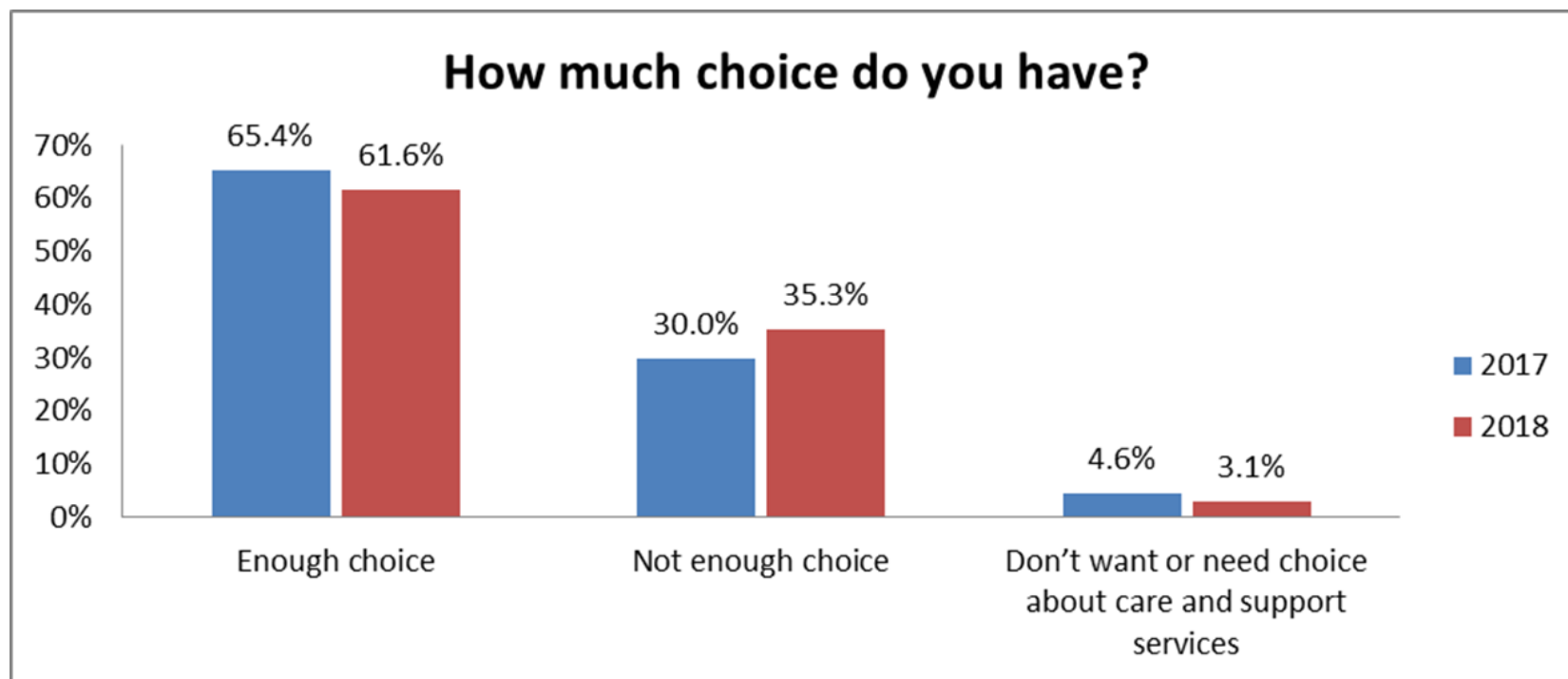
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Service User Survey – Choice

Question: Which of the following statements best describes how much choice you have over the care and support services you receive?

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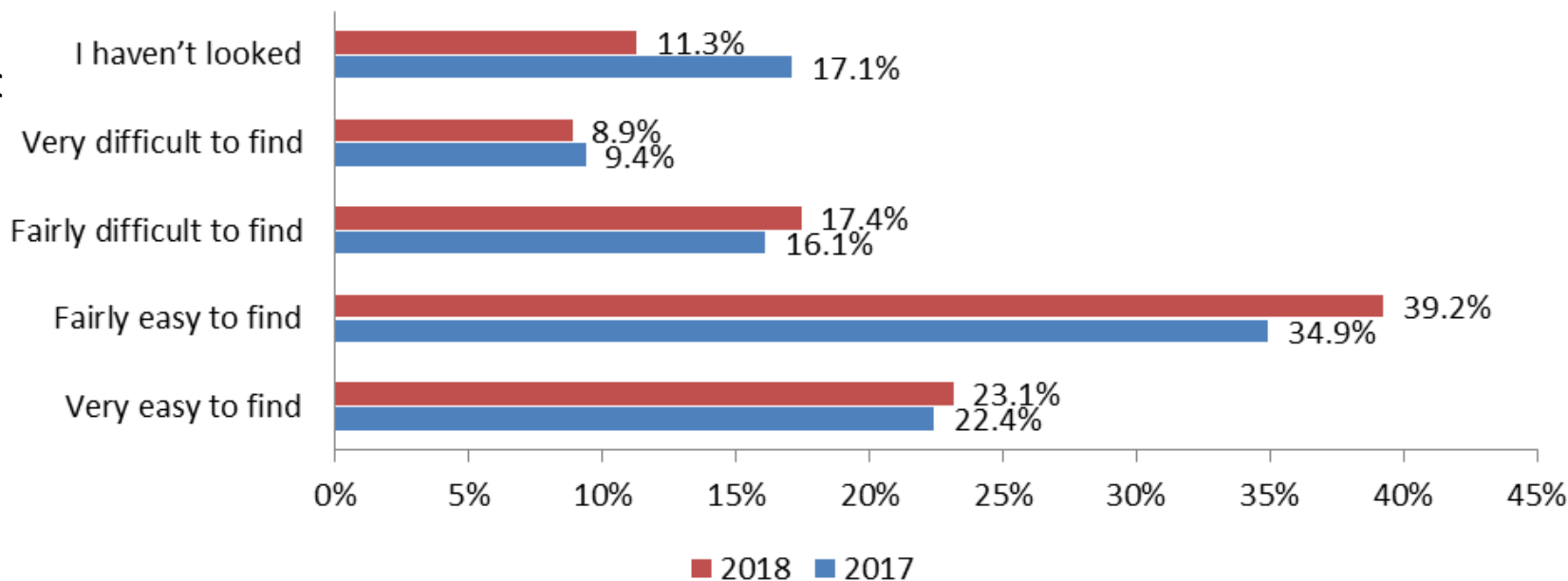


Service User Survey – Finding Information & Advice

Question: In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

How easy have you found it to get information or advice

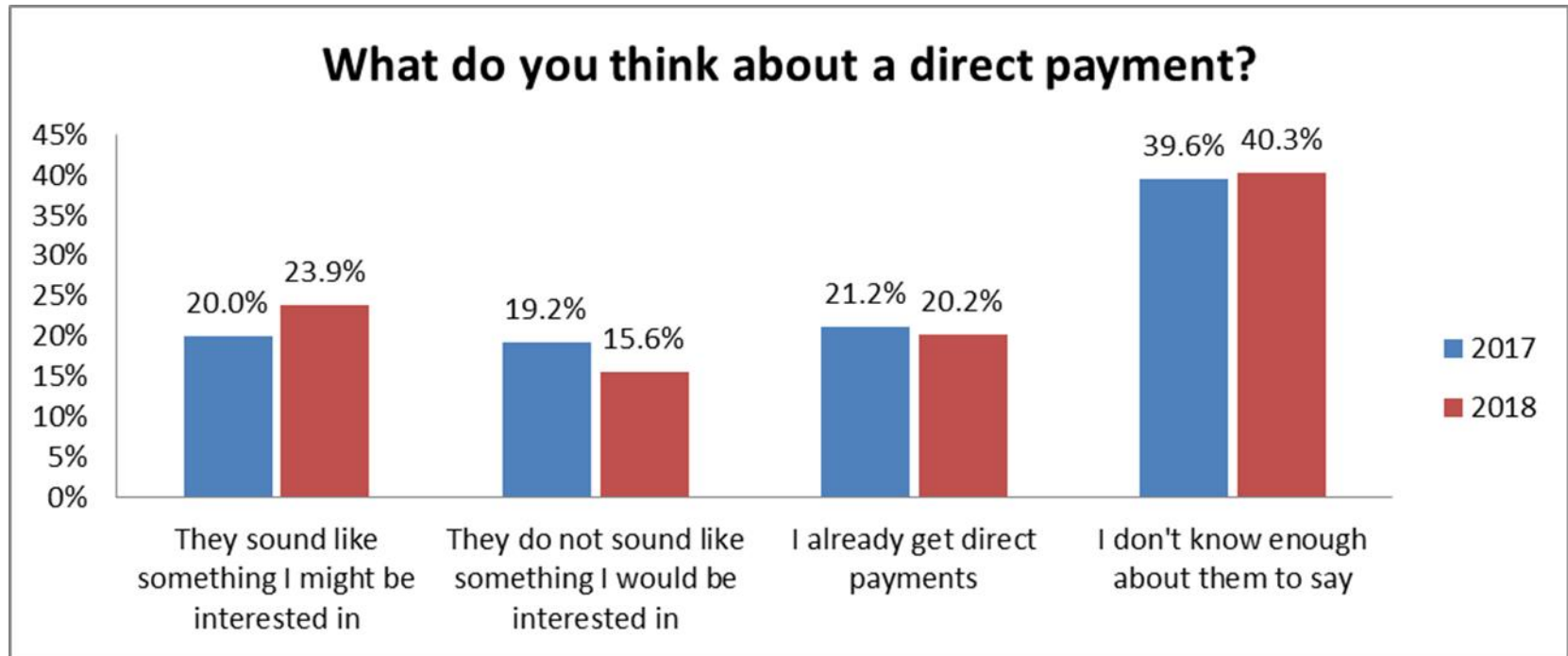
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Service User Survey – Direct Payments

Question: Which of the following statements best describes what you think about a direct payment that would be paid to you to buy support?

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Service User Survey – Other Highlights

- More citizens stated that Social Care has helped them think how friends and family can help them in 2018 than in the previous year (55.9% in 2018, 49.2% in 2017)
- 56.6% of service users stated that they are able to choose what support they receive, an increase of 2.4 percentage points on 2017. 9.5% of service users stated that they were not able to choose, a 0.9 percentage point decrease on 2017
- 70.3% of service users stated that their support helps them stay as independent as possible (a similar percentage to 2017), with 5.8% of service users stating that their support does not help them stay independent (a 0.7 percentage point increase compared to 2017)
- The three most common tasks that service users could not do alone are finances & paperwork (64.8%), wash/bath/shower (48.7%), and getting dressed/undressed (37.3%)
- There has been an increase in those service users who stated that they are moderately anxious or depressed, an increase of 5.6 percentage points between 2017 (43.0%) and 2018 (48.6%). This has coincided with a decrease in those service users who stated that they are not anxious or depressed (4.6 percentage points, 2017 percentage of 42.2%, 2018 percentage of 37.8%).

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