

London Borough Of Tower Hamlets

# Local Account 2013-14

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## Foreword from Mayor Rahman

As Mayor I am committed to delivering to you a healthy and supportive community. As you read through this fourth Local Account for adult social care services, you'll learn about some of the great work that takes place in our borough and our plans for the future for Tower Hamlets.



I have introduced a host of pledges to ensure that our adult social care is helping people to lead fulfilling, healthy and independent lives. We remain only one of two boroughs to still provide free homecare for the elderly, a pledge that I have committed to during my next four years as Mayor. I have also promised to tackle loneliness and isolation and access to lunch clubs; to build more GPs surgeries and to step up the fight against diabetes and heart disease. These are just some of the ways that we are working to helping people have control over their health in adult life.

But while we are making changes for the better, there are also big challenges ahead in adult social care. Our 2012-13 Local Account highlighted the challenge of meeting an increased demand for care with fewer resources. Unfortunately, those challenges will continue. There is no avoiding the financial pressures each Local Authority is facing, especially at a time when people are living longer and relying on support services to help them live independently. We know we will have to think innovatively, but we refuse to compromise on the quality of the care and support services provided in Tower Hamlets.

We need to make sure the money we spend supports the right people in the borough at the right time, and that we continuously look for ways to improve. One way we will achieve this will be to take full advantage of the opportunities offered to us. For example, through the Better Care Fund we will have access to a £3.8 billion nationally pooled budget to create more integrated health and social care services and ultimately better outcomes for older and disabled people. We will also take full advantage of the opportunities brought to us by the Care Act, without compromising on what's important to us. Through all of this, our key concern will be to protect our identity as a borough – by my pledge to, for example, continue to be only one of two boroughs in the UK that provides free homecare.

Our success depends heavily on our ability to work with our many partners including the NHS, the voluntary sector, service users and carers. We look forward to working even more closely with all our partners in the coming year to improve the health and wellbeing outcomes of our most vulnerable residents.

## Healthwatch Tower Hamlets

Go, feel what I have felt;  
Go, bear what I have borne;  
Go, hear what I have heard;  
The sobs of sad despair.

Members of Healthwatch Tower Hamlets are too familiar with the sentiments expressed in this anonymous poem. It is, therefore very encouraging to go through this Adult Social Care Annual Account (2013-2014) and find that the commissioners and providers of these services are not only caring, but also listen to the community, have empathy and treat the users with dignity and respect.

It is in the backdrop, that Healthwatch Tower Hamlets as the consumer champion welcomes the production of this Annual Local Account by Tower Hamlets Council. Adult Social care deals mainly with the needs of people with physical disability, learning difficulty, mental health needs, and other vulnerable individuals. This report provides local residents the opportunity to learn what and how social care is provided in the Borough. It also provides the community with an opportunity to hold the Council to account for the services they directly provide or commission through various agencies.

In spite of constraints on the budget, the Council has dealt with an increasing number of people contacting them for help, advice and support resulting in a needs assessment and review of their care.

This report clearly shows that Adult Social Care services in Tower Hamlets have worked hard to capture the views of service users and have engaged Healthwatch directly over the past year. Service user involvement and feedback are vital and both Healthwatch and the Council must continue to support peer researchers and independent feedback mechanisms.

Having identified that there are a large number of unpaid carers, the Council has put special emphasis on supporting them. It is important that their voices are regularly heard in any quality improvement and commissioning programmes.

Throughout the Local Account there is information about how to get involved and where to get further information and advice. With so many changes on the horizon it is satisfying that meaningful information is available in this document, making it easy for the residents to contact the right people for help and support.

We at Healthwatch Tower Hamlets are extremely grateful to all involved policy decisions and to those responsible for designing and delivery of Adult Social Care in Tower Hamlets

Healthwatch play an important and independent role in ensuring people have a positive experience of adult social care. Healthwatch gives local people ways of getting involved and influencing service, design, review and development of health and social care services. They are independent of the Local Authority and the NHS and can comment on all health and social care including local hospitals, GPs, care homes, and pharmacies. Visit [www.healthwatchtowerhamlets.co.uk](http://www.healthwatchtowerhamlets.co.uk) or phone 020 8223 8922 to find out more or get

## **Introduction**

Welcome to Tower Hamlets Council's Adult Social Care Local Account. This is our fourth annual local account and is an important part of the Council's commitment to being open and transparent.

Our vision for Tower Hamlets adult social care is one of high quality, which uses prevention and earlier intervention to help people retain the highest possible levels of independence for as long as they can. At the same time we want to ensure that we support vulnerable people to remain safe at home, giving them choice and control over support to meet their unique personal needs. We aim to build self-reliance, protect people's dignity and enhance their quality of life. We were pleased that this year, 66 per cent of adult social care users in Tower Hamlets said they were extremely or very satisfied with their care and support services. These satisfaction levels are higher than both the London and England average<sup>1</sup>. This report will inform you about the work we have done over the past year to achieve such record results and will preview some of the things we have planned to improve the way we do things to continue to meet the needs of our residents.

Like all Councils, we are facing both financial and social challenges and we are changing the way we do things. The population in need of care and support is growing in Tower Hamlets, levels of need are increasing and many related costs are rising. The Council is in a very challenging financial position and there is an increasing focus on delivering financial savings and efficiencies alongside maintaining good outcomes for those receiving our support. Through changing the way we do business, we have managed to reduce our overall budget over the past two years but we expect to have to make further substantial savings over the next few years.

### **What is the Local Account?**

The Local Account is produced annually by Tower Hamlets Council to show how local adult social care services are doing. The Local Account is for everybody. It is one important way to let local people know what we have done in the past year, how much it cost, what challenges we face to improve support and what our plans and priorities are for the future. The Local Account is not supposed to be a complicated technical report, but an open and frank conversation with the residents of Tower Hamlets about the Council's performance. We have tried hard to avoid using words, phrases or abbreviations that only people who work in the Council understand. We really want this to be a common sense report about how we think we are doing with our social care services in Tower Hamlets.

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<sup>1</sup> London: 60 per cent are extremely/very satisfied. England: 65 per cent are extremely/very satisfied. Tower Hamlets result, 66 per cent, is the highest result we achieved since we began sending out the survey four years ago.

Of course there is a lot more information available. If you'd like to know more, please visit

[http://www.towerhamlets.gov.uk/lgnl/health\\_and\\_social\\_care.aspx](http://www.towerhamlets.gov.uk/lgnl/health_and_social_care.aspx) or email [qualityandperformance@towerhamlets.gov.uk](mailto:qualityandperformance@towerhamlets.gov.uk) .

All councils have a legal duty to publish various statistics and to compare themselves with national averages and groups of other similar Councils. There is flexibility in the way we report our performance, but there is an expectation that the Council will engage local residents and improve accountability through targets and priority setting. The Local Account provides us with an opportunity to do this.

## Structure of the Local Account

The Local Account is split into three sections.

1. The first section will provide a broad introduction to the services provided by Adult Social Care to our residents.
2. This will be followed by a review of the key developments nationally and the opportunities and challenges this poses for the Council.
3. The final section is built around the four outcome domains of the Department of Health's 'Adult Social Care Outcomes Framework' (ASCOF). The framework helps the Council to understand how we are performing in the following areas
  - i. Enhancing quality of life for people with care and support needs
  - ii. Delaying and reducing the need for care and support
  - iii. Ensuring that people have a positive experience of care and support
  - iv. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Throughout the Local Account you will find 'resident action points' highlighted in blue text boxes. Resident action points provide an overview of the work we have done to respond to the points residents asked us to focus on in last year's Local Account.

We have also included a number of appendixes, which includes:

- Glossary
- Performance Data and a detailed breakdown of our ASCOF results compared to the previous year.

## Section 1 Tower Hamlets Adult Social Care - What we do and how we do it

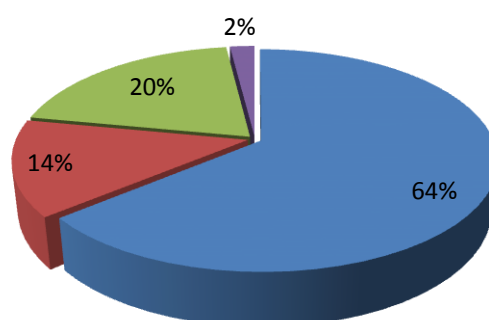
Adult Social Care is part of the Education, Social Care and Wellbeing directorate of the Council. Adult social care covers a range of support available to vulnerable people, aged 18 and over, who need some care and support to live as safely as possible. This section gives you an overview of who we support, how we support them and how we spent our budget in 2013/14.

### Who do we support?

Adult social care supports adults who have significant needs as a result of physical disabilities, sight or hearing problems, learning disabilities, mental illnesses, frail people including those with dementia, people needing drug or alcohol recovery services and other vulnerable adults. We also provide support to the family, friends or neighbours who help care for these people if this is having a significant impact on their own wellbeing. Additionally we work closely with colleagues in children's services to support young people as they move into adulthood and are in need of support to do so.

4,660 people received long-term support with their needs<sup>2</sup> in 2013/14. The table below provides more detail on who received support:

- People with a Physical Disability, Frailty, or Sensory Impairment
- People with a Learning Disability
- People with Mental Health Needs



### How are people supported?

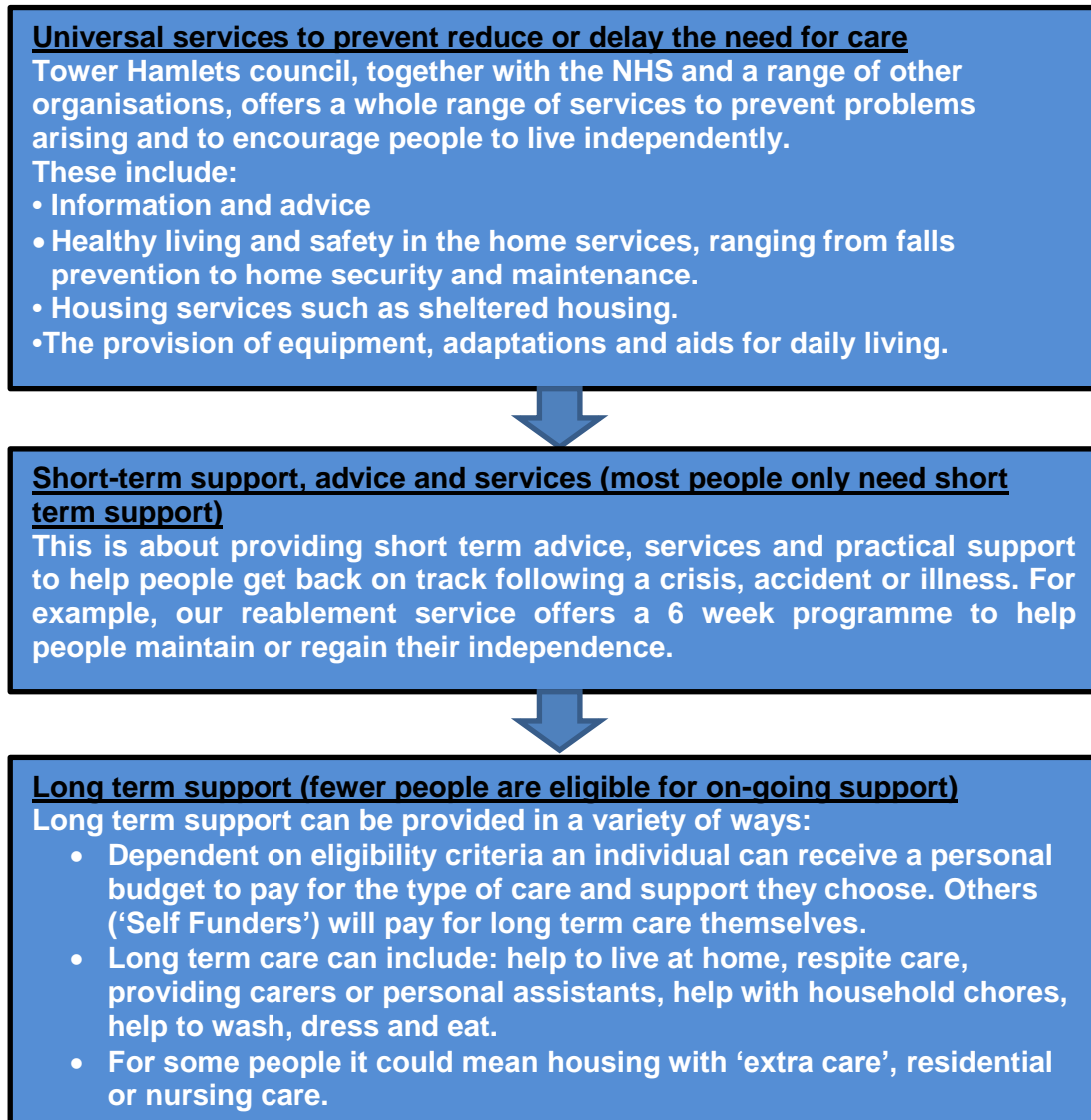
We support people in a number of ways. We provide information and advice related to social care which everyone can access. We fund a range of services and activities designed to keep people as well as possible for as long

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<sup>2</sup> 2013/14 Referrals Assessments and Packages of Care (RAP) Return (2000 people were aged 18-14, 2660 were aged 65+)



as possible. People who need a higher level of support are offered the support that is right for them. This could range from residential care to personal budgets, which are an amount of money to spend on support. The diagram below provides an outline of the different care and support we provide.



Around 95 per cent of the care and support funded by the Council is provided by other organisations on our behalf. We work hard to ensure that there is a diverse range of good quality provision for people in Tower Hamlets who need support. You will find more information on how we quality assure support services and work with others on page 40 and throughout this Local Account.

The Adult Social Care Service also has a duty to ensure that people who are not able to decide for themselves, in care homes and hospital, receive care and treatment that is in their best interests. We also take the lead in ensuring the safety of vulnerable adults in the borough who may be subject to abuse or poor quality care. More information on what has happened in this area over the last year can be found in the Safeguarding adults section that begins on page 44 of this report.

## How we spent our money in 2013/14

In 2013/14 the Adult Social Care net budget was approximately £99 million, a slight decrease of 2 per cent on the previous year. This decrease is a result of the reduction in central government funding. The reality for all local authorities is that we are operating in an environment of restricted resource. More information on what this means and the challenges we face are set out in the next section.

The net budget for Adult Social Care represents 36 per cent of the Councils total budget, the largest allocation of money within the council. This reaffirms the council's commitment to prioritise adult social care, marking an increase on the percentage allocated in previous years.<sup>3</sup>

The table below sets out how we spent our budget in 2013/14:

	<b>Net 2013/14</b>	<b>% of Budget</b>
Residential Care and Nursing Care; <i>including non-permanent care such as respite</i>	£30 million	30%
Assessment; <i>staff costs for carrying out community care assessments, support plans and reviews</i>	£18m	18%
Home Care; <i>care services provided to people in their own homes</i>	£18m	18%
Supported Accommodation; <i>housing that enables people to live independently but with support</i>	£2m	2%
Direct Payments; <i>money which is passed directly to people so they can purchase and manage services to meet their eligible needs</i>	£7m	7%
Day Care; <i>support access during the day</i>	£9m	9%
Voluntary Organisations; <i>contributions to preventative services</i>	£5m	5%
Management, Commissioning & Operational costs	£1m	1%
Reablement; <i>intensive short term support which encourages people to be independent as possible</i>	£3m	3%
Occupational Therapy, Equipment & Client aids to daily living	£2m	2%
Transport	£2m	3%
Extra Care Housing Accommodation <i>with varying on-site support</i>	£2m	2%
<b>Total Adult Spend</b>	<b>£99m</b>	

<sup>3</sup> 2012/13= 32% 2011/12= 33%, 2010/11= 30%, 2009/10= 28% of council budget

The way in which the adult social care budget was used in 2013/14 is consistent with the way our money was spent in 2012/13.

As the table above demonstrates, residential and nursing care represents the single biggest area of spend for adult social care. A significant proportion of the budget, £50m was used to support people to live independently in the community. There is a heavy emphasis here on prevention, to keep people as well as possible for as long as possible without the need for emergency hospital admissions. This includes services such as Home Care, Day Care, Supported accommodation, Reablement, Direct Payments, Occupational Therapy, Transport, Extra Care Sheltered Housing accommodation, and the services provided by Voluntary Organisations.

## **Section 2: Opportunities and Challenges facing Tower Hamlets Adult Social Care**

Adult social care is operating in a time of rapid change. We face a number of opportunities and challenges, and anticipate more to come. Demand for adult social care is rising; however our financial resources are reducing as a result of Government spending cuts. We therefore need to look at providing support in new and more innovative ways. The 2014 Care Act provides us with a great opportunity to do this. So too does the Better Care Fund which will contribute to make sure NHS and social care services are better integrated. This section describes these opportunities and challenges in more detail and starts to set out our future plans.

### **Increased demand on Adult Social Care**

One of the main challenges we face in Tower Hamlets is that demand for adult social care is rising, and this is likely to continue in future.

Demand for support rose last year. In 2013/14, 6,855 people contacted Tower Hamlets Council's adult social care services for help or advice, a 15 per cent increase on the previous year<sup>4</sup>. There was a 25 per cent increase in service users receiving an assessment compared to 2012/13<sup>5</sup>

Evidence suggests that there will be a gradual increase in demand for adult social care services across all client groups in future, and that without using our resources better, this trend will continue at least until 2021, resulting in increased pressures on budgets in the next few years. The reasons behind this increase are many. They include:

- More people living in Tower Hamlets as a result of general population growth
- People living for longer, including those with longer-term conditions
- More people with serious health conditions surviving into adulthood.

One of the main ways we can predict who might need support in future is by looking at how the Borough continues to change. Nationally, in the most recent Census (2011) the percentage of the population aged 65 and over was the highest seen in any Census at 16 per cent. With regards to Tower Hamlets the 2011 Census revealed the number of people aged over 65 fell from 18,362 in the 2001 Census to 15,500 in 2011. However, there was an increase of 7.7 per cent in those aged over 80.

It is expected that by 2021 the number of the working age adults with a learning disability will increase by 16.4per cent (against a 2012/13 baseline).

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<sup>4</sup> 2013/14 Referrals Assessments and Packages of Care (RAP) Return R1

<sup>5</sup> RAP A1 (Number of existing clients that had a review completed by primary client type and age group.)

This will place an additional demand of £350,000 each year<sup>6</sup> on an already stretched budget.

We also expect demand for adult social care services from working-age adults with mental health issues to increase in future if recent trends continue. Demand for mental health services are likely to increase the required budget by £325,000 per annum

Projected demand for ASC Services <sup>7</sup>	2012/13	2014/15	2016/17	2018/19	2020/21
Adults with learning disabilities	598	624	652	691	727
Mental health - Psychotic disorder/2 or more psychiatric disorders	682	715	740	771	800
Older people	2710	2728	2815	2919	3045
Physical disability	672	706	741	781	823

We also expect more carers to approach us to get support in their caring role. We know from the 2011 Census that there are around 19,000 carers in Tower Hamlets, but a relatively small proportion of these are in contact with us. The Care Act means we will have new legal obligations towards carers from April 2015, and we expect an increase in demand for support from carers as a result of this. More details on what the Care Act means for carers can be found on page 15.

With all of this information in mind, it is vital that we focus on delaying and reducing the need for care and support for both service users and carers. As such, 'wellbeing' will be at the forefront of the Council's approach to delaying and reducing the need for care and support.

## Finance pressures and public sector austerity

Dealing with an increase demand against a backdrop of prolonged real term reduction in public spending is another major challenge for adult social care. The government's 2013 Spending Review and subsequent statements from the Office for Budget Responsibility have seen extensive and ongoing reductions in central government funding. The Council has already made good progress in achieving savings, however further savings are needed to be made across the Council over the coming years, projected to be around £28m in 2015/16, £42m in 2016/17, and £40m in 2017/18.

<sup>6</sup> Future expenditure is expected to increase from £26,670,000 in 2012/13 to £32,423,000 in 2020/21

<sup>7</sup> Tower Hamlets Demand Modelling Summary Paper

## **Resident Action Point**

We know that residents fear a reduction in the current levels of funding will result in a reduction in the care and support they receive. Last year we said that in the face of this financial challenge we will continue to prioritise the packages of care and support they receive.

Adult social care sits within the Education, Social Care and Wellbeing Directorate in the Council. It is by far the largest Directorate within the Council. There will inevitably be an effect on the way we support people as a result of these reductions. However, in the last year Members and Officers within the Council have worked incredibly hard to mitigate the impact on the services that the community rely on and that provide such essential support. We have listened to what Tower Hamlets residents say is important to them and taken this on board when making decisions. In the context of making these difficult decisions, we carried out a programme of public consultation on budget saving proposals over September and October 2014. Overall, over 380 people attended meeting to discuss specific proposals, over 280 people gave feedback in writing or over the phone, and 180 people gave feedback via the Tower Hamlets website. Overall, the expectation is that the budget reductions should be deliverable without any significant impact on those who need support and their carers. This is because we are looking at how we can deliver services more efficiently as well as how we can provide support to people differently in an effective and dynamic way. The rest of this Local Account sets out how we intend to do this, whilst continuing our commitment to providing the quality and valued services we do now.

## **Welfare Reform**

Changes to benefits remains one of our biggest challenges in terms of the economic wellbeing of residents as well as the financial impact on the council and housing providers. We know that money is a big issue for many people in Tower Hamlets. We know that welfare reform and changes to benefits are already having an impact on many adult social care users and carers. We need to work with other organisations to understand and demonstrate their impact on local people, as well as supporting residents through them. The government's changes to benefits have disproportionately affected local residents with over 700 households subject to the benefit cap and a further 2300 losing income because of the under-occupancy penalty. Local research estimates that by 2015 the cumulative impact of all welfare reforms will mean that on average households claiming benefits will be £1670 per year, or £32 per week, worse off. These impacts will affect over 40,000 households; over half will be households where someone is in work.

Next on the horizon is the introduction of Universal Credit and the transition from Disability Living Allowance to Personal Independence Payments. Improving digital and financial inclusion are issues particularly relevant to these changes, as benefit claims become digital by default and monthly payments are made directly to residents.

We know that for those who are fit to work employment at living wage levels provides a means to mitigate the impact of welfare reform. We are thereof working across the Council to develop employment services that look at all the things affecting people and their ability to work. A range of organisations will work together to create a holistic response to residents in need of some

extra help, not just in terms of employment services, but housing and welfare advice, health and wellbeing, family support, English and maths skills, financial and digital inclusion and childcare. This “partnership approach” will be essential as we move towards the next phase of welfare reform: the national roll-out of Universal Credit.

### **Resident Action Point**

We know that welfare reform and changes to benefits is impacting on many adult social care users and carers. Last year we promised that we would ensure we help residents prepare for the impacts of Welfare Reform.

Our role has been to help people to understand the changes and to support them to get the benefits they are entitled to. Three of the keys ways we are doing this as a Council is by working on “financial inclusion”, “digital inclusion” and employment support:

- Financial inclusion provides free support and advice for people struggling with debt, benefits, welfare and legal issues. The aim is to give people the financial know-how and to help people get the skills, wellbeing, confidence and opportunities to improve their lives. This includes teaching people how to manage their money so they can budget it to pay their bills themselves.
- Digital inclusion is mainly focused on getting people to use the internet. The introduction of the Universal Credit is part of the changes being made to people’s benefits and will mean all applications are made online. Our digital inclusion work provides residents in the borough with the computer skills to do this.
- Lastly we have just begun work on an integrated employment support service. This is aimed at developing a set of support looking at benefits, employment, housing, skills, money and debt and health and family support. It will enable residents to address multiple barriers to work and sustainable housing, and improve their wellbeing.

In the 2013-14 Service User Survey, 20 per cent of respondents said they had less money as a result of these changes. Whilst we are pleased that the amount of social care users saying they do not know enough about welfare reform has reduced from 34 per cent last year to 15 per cent this year, we will continue to work to both raise awareness and support people through these changes, especially with the introduction of Universal Credit and the transfer of Disability Living Allowance to Personal Impedence Payments in 2015.

### **Care Act**

The Care Act became law in 2014, and brought with it a series of opportunities and challenges for adult social care. Ahead of these changes being put into place, we have been busy preparing for their introduction. We have set up a “Care and Health Reform Programme” to shape the way we work in Tower Hamlets. Much of the information in this Local Account and our plans for the future relate to the Care Act.

The Care Act will lead to significant changes in how adult social care operates and how we support people. These changes will mostly come into effect from April 2015 with some additional changes to the social care system being introduced in April 2016.

The list below sets out the top things we think you need to know about the Care Act. More detailed information can be found here:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

From April 2015:

**1. Councils must follow new national eligibility criteria to decide whether or not someone should get support from them.**

The criteria have been updated, with a view to ensuring that all local authorities take a similar approach to deciding what levels of need are met. This is being set nationally. What the government are saying is that all councils must ensure a person's needs are met if they have a 'significant impact' on their wellbeing. We are looking at how we will put these criteria into place and have been getting input from staff and residents on this issue. We will provide a more detailed update in the next Local Account.

**2. You have a legal right to know how much it will cost the Council to meet your care needs if you qualify for Council support so that you can choose to take this budget together with your own resources and arrange your own support.**

We call this amount of money a "personal budget". People have been receiving personal budgets for a number of years, and our plans are to continue to offer them. More information on our work around personal budgets can be found on page 21. It's important that we are clear with you how much the Council has a duty to spend, which must be the most cost effective option, so that this can feed into some important changes in 2016, but also that we offer you the opportunity to 'top-up' the support with more expensive options if you wish.

**3. If you qualify for Council support and you have difficulty speaking up for yourself, the Council must offer support to you in this area.**

This type of support is called "advocacy". We currently fund a number of organisations to provide advocacy, and we will increase the availability of this support from April

**4. If you are funding your own care, the Council must arrange your services if you want them to.**

People who fund their own care are often called "self-funders". Traditionally the Council has not been in contact with many self-funders; however the Care Act means that this is likely to change as self-funders can get advice and input from the Council if they choose.

**5. You can defer the payment of any care home fees so that your home does not need to be sold in your lifetime to cover the costs of your care.**

We already offer these "deferred payments" in Tower Hamlets. The Care Act puts this offer on a legal footing. We can now also offer these deferred payments to people in Extra Care Sheltered Housing.

**6. If you care for a friend or family member who has care and support needs, you have a legal right to an assessment of your own needs as a carer, and to get support services if you qualify (see point 1 above).**



This important change means that carers are recognised in the law in the same way as those they care for. We already support carers in a number of ways and carry out “carer assessments” to see what kind of support carers need to carry on in their caring role. The Care Act means that our approach to carers will need to be closely aligned with our approach to service users. Another important change is that you do not need to live in the same borough as the person you care for. The support you might receive is based on where your cared for person lives.

**7. The Council has a duty to provide services that help prevent or delay the development of care and support needs, or reduce care and support needs.**

As you will see from this Local Account, we already provide a range of support to prevent, reduce or delay the need for support and to help people be as independent of services as possible. The Care Act makes this activity a legal duty, and so provides us with an opportunity to strengthen our approach.

**8. The Council must ensure that if you move to another borough, that your support isn't interrupted**

If you are planning to move from Tower Hamlets and are currently receiving support, you will need to tell us so that we can work effectively with your new Council so that they plan to meet your needs too.

More changes will come in from April 2016. These include the introduction of a ‘cap’ on care costs, which means that there will be a limit on what a person has to pay towards the cost of care in their lifetime. The Government will also provide new financial help to those with “modest wealth”.

More details of funding reform can be found at the link below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366086/Factsheet\\_6\\_-\\_Funding\\_reform.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366086/Factsheet_6_-_Funding_reform.pdf)

We will also provide more information on our website in the coming months.

## **Health and Wellbeing Board**

The Health and Wellbeing Board is a statutory committee of the council and a forum where the council and key partners from the health and care system work together to improve the health and wellbeing of our local population and to reduce health inequalities. The Board works to ensure there is a shared and comprehensive understanding of local health and wellbeing needs, and a clear strategy to meet them. In today's age of austerity, the partnership also plays a vital role in ensuring that public money for health and wellbeing is spent in the best possible way, offering value for money and delivering health services that best meet local need.

Key to delivering the Health and Wellbeing Boards vision ‘*Towards a Healthier Tower Hamlets*’ is the Health and Wellbeing Strategy. The Health and Wellbeing Strategy, agreed by the Board at its first full meeting in February 2014, drives the collective actions of the NHS and local government, both commissioners and providers, and engages communities in the improvement

of their own health and wellbeing. The members of the Board have drawn up action plans in four priority areas:

- **Maternity and Early Years**

A key aim of the Health and Wellbeing Strategy is to ensure every child in Tower Hamlets gets a healthy start in life. A key outcome of this work will be to reduce infant mortality and promote good infant health (such as decreasing the amount of children with tooth decay). As children grow up, the Strategy will work towards helping all children be physically, emotionally, behaviourally and cognitively ready for school.

Key achievements

- More babies are breast feeding in Tower Hamlets at 6-8 weeks (69.0%) compared to the England average (47.2%)
- More women are receiving healthy start vitamins in Tower Hamlets (7144; over the target of 5992)
- More children are receiving their immunisations in Tower Hamlets, (93.4% received two doses of MMR at 5 years, compared to 87.7% on average in England).

- **Healthy Lives**

The Health and Wellbeing Strategy focuses on illness prevention and promoting wellbeing for all residents of Tower Hamlets. A key focus of this is tackling obesity through promoting exercise and working towards restrictions on hot food takeaways near schools and leisure centres. Also, a sexual health promotion plan (including sex and relationship education in schools) will be developed and access to sexual health services and contraception choices promoted among all frontline services.

Key achievements:

- More children are attending active play sessions in Tower Hamlets (70 per quarter; over the target of 46 per quarter)
- More schools ( $\geq 12$ ) are participating in "Bike it" a school based cycling promotion in Tower Hamlets
- In 2013/14 a total of 5,700 children (62% of the target population) were screened and 4,600 children (50%) had fluoride varnish applied to their teeth, compared to 59% and 49% respectively in 2012/13.
- 1851 people quit smoking in the last year (2013/14) using local stop smoking services
- 71 % of eligible adults who were offered an NHS health check attended, 5333 in total (higher than the England average of 49%).
- 3972 adults have participated in healthy lifestyles activities (physical activity, healthy eating sessions) as part of the Health Trainers Programme.

- **Mental Health**

The Tower Hamlets Mental Health Strategy, developed by the Health and Wellbeing Board, NHS Tower Hamlets Clinical Commissioning Group and Tower Hamlets Council, sets out our collective approach for improving the quality of life for people with mental health problems. The Strategy was informed by a mental health Joint Strategic Needs Assessment, and a series of stakeholder workshops to identify key priorities and evidence reviews to identify what works. This strategy will make mental health everybody's business. The Strategy includes the care and support we commission and provide for people with multiple health problems. We want to make sure that mental health becomes part of our everyday conversation and that health and social care staff have good mental health awareness. In particular, through our Joint Carers Plan, we will provide information and advice for carers for people with mental health problems, and ensure that carers are able to access appropriate care and support.

Key achievements in the past year include

- The school nursing service has been re-specified with a much greater emphasis on their role in supporting mental health and wellbeing.
- The procurement of tobacco cessation services specified the need for access for people with mental health conditions.
- Two additional dementia cafes have been commissioned, bringing the total to 4, operating once a month for people with dementia and their carers.
- GP training has been delivered on dementia, the Mental Capacity Act and learning disability.

- **Long Term Conditions and Cancer**

The Health and Wellbeing Strategy aims to reduced prevalence of the major 'killers' and increased life expectancy, a key aspect of this will be ensuring more people with long term conditions are diagnosed earlier and surviving for longer. There will also be a key focus on carers through ensuring they have good physical and mental health, and feel fully supported.

Key Achievements:

- Significant improvement in success identifying and measuring respiratory diseases, rising from amongst the lowest 20% in England for testing to the very highest rate in the country in 2012/13.
- Significant improvement in progress in monitoring and controlling blood pressure for people with diabetes and coronary heart disease (CHD), with amongst the best rates of testing in England (moving from the bottom national quartile of performance to the top national quartile in the course of three years for a range of outcomes, including prescribing for high blood pressure, the proportion of those with CHD suffering from high blood pressure)
- Tower Hamlets ranked as the best in England in the 2013/14 for blood pressure control in people with coronary heart disease and diabetes.
- "More people with early stage lung cancer had life-saving surgery at the Royal London Hospital, and there has been a reduction in the proportion of women in Tower Hamlets with late stage breast cancer.

- The Integrated Community Health Team went live in November 2013 and there has been an improvement in the coordination and consistency between reablement and rehabilitation; greater integration of social workers into the locality based clinics; and the development of robust community based Geriatric provision.
- A plan for autism services and improvement has been developed and implemented, with a diagnostic and Intervention Team in place. (See page 27 for more details)

A key focus for the Board has been on the integration of care between health and social care services in order to achieve better health outcomes for residents in Tower Hamlets. For more information on this please see page 33 of this Local Account.

## **Section 3: Tower Hamlets Adult Social Care – How our services are performing**

This section describes our activity over the last year and our plans for the future in more detail. We have structured this section around the Department of Health Adult Social Care Outcomes Framework, as these are the outcomes we are seeking to achieve for people in Tower Hamlets.

### **1) Enhancing quality of life for people with care and support needs**

This year we have focused on enhancing the quality of life for people with care and support needs through:

- Increasing the number of people receiving support through personal budgets and direct payments
- Supporting more carers in their caring role
- Providing an innovative support service to people with dementia
- Developing a new mental health service
- Improving the support we provide to adults with a learning disability
- Developing a new service for people with autism
- Supporting people with money and finances

More details on each of these is set out below.

#### **Increasing the number of people receiving support through personal budgets and direct payments**

Personalisation is about giving people more choice and control over their care and support. Personal budgets are a key part of this: They are an allocation of funding given to users after an assessment and used to meet their eligible care needs. Users can either take their personal budget as a direct payment, or while still choosing how their care needs are met and by whom, leave the Councils with the responsibility to commission support for them.

The Department of Health has set councils the challenging target of 70 per cent for the provision of personal budgets amongst its services users and carers. Whilst we have not yet met this target we have consistently improved our performance over the last couple of years: 55% of our service users and carers received a personal budget in 2013/14, an increase from 52.6% in 2012/13 and 38.3% in 2011/12. 1105 people out of 2820 receiving a personal budget in 2013/14 chose to receive it as a direct payment<sup>8</sup>

#### **Going forward, our plans are:**

- To continue to offer personal budgets to people who are eligible to receive them. We will encourage people to take these as direct payments as we know this can give people more choice and control over their support. However, people will always be able to ask the Council to manage their personal budget on their behalf.
- To extend our offer of personal budgets to carers.

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<sup>8</sup> ASCOF 1C pt1 & pt2

- To help people understand that direct payments can be used in a flexible and creative way.

## Supporting more carers in their caring role

We fully recognise the contribution carers make, and this year as with previous years, we have worked hard to support them. We are fully committed to ensuring all carers in Tower Hamlets receive the best possible care and support and have a range of support specifically targeted at carers themselves. The Carers Plan 2012-15 re-affirms our commitment to support all carers in the borough to have a life of their own, stay mentally and physically well and stay out of financial hardship due to caring. The Care Act will bring big changes for carers from April 2015 onwards, so another big task has been to prepare for these changes.

From April 2015 the Care Act will introduce a legal duty to assess carer's needs to support them in their caring role. As previously noted, Tower Hamlets has around 19,300 unpaid carers in the borough, around 4,800 of whom provide over 50 hours of unpaid care a week<sup>9</sup>. A much smaller number of carers are in contact with us. We carried out 1425 carer assessments in 2013/14, though we expect this number to rise significantly in future years as a result of the Care Act.

In 2013/14 1250 carers received support from adult social care, a slight increase from 1125 carers in receipt of adult social care services in 2012/13. Support to carers can take many forms and is often essential in helping them sustain their caring role and in enabling the cared for person to stay at home.

We funded the Tower Hamlets Carer Hub to provide a range of support to carers in partnership with other organisations. This ranges from specialist information and advice to one-off direct payments to services and activities to alleviate and manage stress and provide a break from caring.

In 2013/14 we worked hard to extend our reach to support carers from Black and Minority Ethnic (BME) and lesbian, gay, bisexual and transgender groups, as well as carers needing specialist support. Last year:

- 159 carers got support from the Somali Carers Support Service
- 155 carers who support a person with dementia got specific support with this.
- 150 carers went to a support group or retreat organised by the London Buddhist Centre
- 60 carers got support from a service targeting Bangladeshi women

Another success in this area over the last year has been health and wellbeing checks for carers. Research has shown that being an unpaid carer can adversely affect a carer's health. In line with our focus on prevention, Health and Wellbeing Checks for carers are designed to prevent any deterioration in a carer's physical and mental health, providing them with direct support to prevent them from reaching crisis point. Based on the evaluation of this project and continued feedback from carers it was found that carers feel better

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<sup>9</sup> Census 2011 data

prepared to make decisions after a health and wellbeing check and value having some time to look at their own health and life as a carer. Following the health and wellbeing check, a letter is sent to the carer's G.P. outlining the key aspects of the check and identifies further help that can be used to access support. In 2013/14, 303 carers received a Carer Health and Wellbeing Check and 124 carers were reviewed by the service.

**Going forward**, our future plans for carers include:

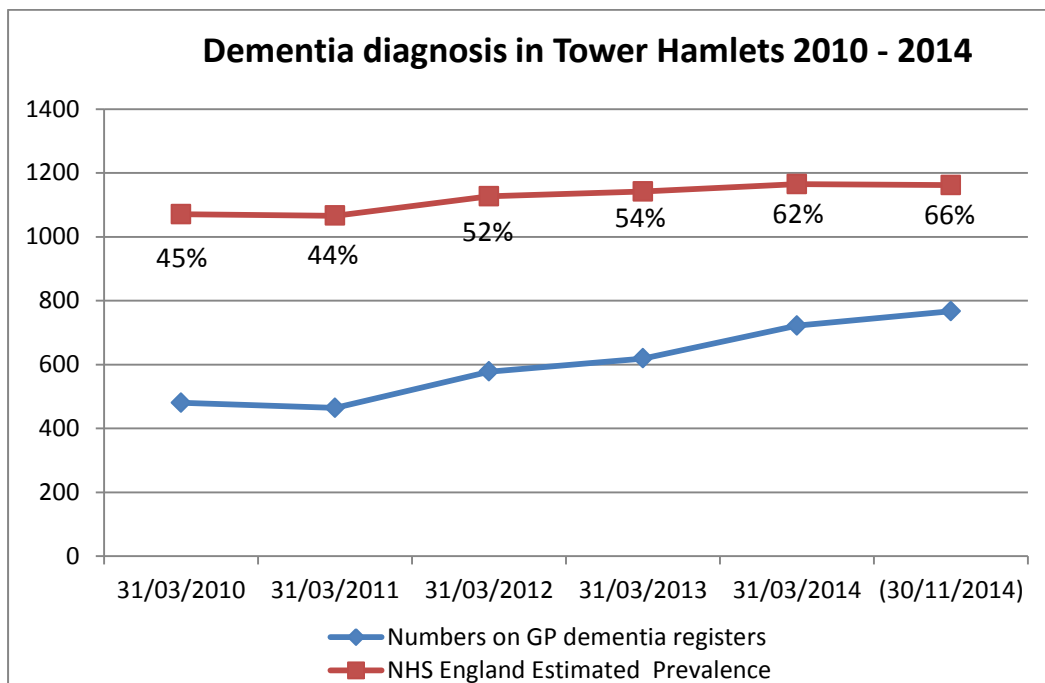
- Changing the way we offer and carry out carer assessments. From April 2015, carers will have the same legal rights as service users, and our approach will reflect this. Carers can expect to be offered an assessment if it appears they would benefit from this and their eligibility for services will be determined by new criteria.
- Helping carers to access a much wider range of support. From April 2015, carers who are eligible for support can receive this in the form of a personal budget. Like service users, carers can expect to have more choice and control over the support they receive as carers.
- Re-commissioning the carers short breaks services to ensure new services will be available from April 2015. Our aim, in line with what carers have told us, is to develop more flexible and innovative short breaks for carers.
- All these changes will be set out in a 2015-18 Carers Plan. This Plan will reaffirm our commitment to carers and set out how we will meet the requirements of the Care Act and how we will support carers in their caring role.

## **Providing an innovative support to people with dementia**

This year as in previous years, the Council has been working together with the NHS and third sector organisations to provide excellent support to people with dementia. Since 2010, this “integrated dementia pathway” has been a national exemplar, improving the wellbeing of people with dementia and their carers. In 2013, the partnership of the Local Authority, NHS and third sector won the Local Government Chronicle Award for this work.

The Council supports people in a range of ways as part of this project. This includes supporting people from BME communities to access dementia services, supporting carers of people with dementia and running dementia cafés across the borough.

The development of this support over the past four years has resulted in a 20 per cent increase in the dementia diagnosis rate and we currently have the third highest diagnosis rate in London. The on the next page sets out the number of people diagnosed with dementia in comparison with expected prevalence levels, and shows that we are narrowing the gap:



Dementia Cafes and carer support have helped to keep people active, informed and in contact with people who have similar experiences. In line with our commitment to prevention, this support helps to delay people’s condition deteriorating. A recent survey of dementia café users found that 100 per cent of service users experienced positive social engagement, 87.5 per cent said they had a better understanding of dementia and 80 per cent reported higher take up of other local support services.

The Tower Hamlets “dementia pathway” continues to be highlighted as an example of excellent practice. In 2014 we hosted visits from leading health and social care figures, and have been the subject of articles in the national press and a Department of Health documentary. Following a visit last summer, Professor Alistair Burns, National Clinical Director, commented: “It was really striking to see the passion for collaboration and the ‘can-do’ attitude in the room. A key part of the success of the developments in Tower Hamlets has been the adoption of a joint strategy that everyone has signed up for. The success is palpable and is serving the needs of people with dementia and their carers fantastically well.”

The Council, in partnership with Tower Hamlets Clinical Commissioning Group, has also started to initiate a dementia support programme in care homes and Extra Care Sheltered Housing schemes. This programme involves an Occupational Therapist providing specialist dementia support for four months. The Occupational Therapist (in partnership with others) provides training to care home staff and supports them to put that learning into practice to improve care. As of December 2014, the Occupational Therapist had focused on three care homes. Examples of the work carried out so far include:



- Updating people's life histories and activity plans, with commitment to make the implementation of the plans 'everybody's business' in the home
- Supporting all homes to consider the Mental Capacity Act and Deprivation of Liberty Safeguards
- Supporting staff to set up a relatives and carers board for services in the community that they can access following the training

To date, the project has received positive feedback from staff. Here are some examples:

*"A resident was shouting, and before last week I would have just said that it was their dementia, but I asked my colleague who was also on the training to come and talk to the resident and we managed to find out that it was a physical problem, that we soon got the GP to prescribe treatment for" – Care Worker*

*"It has been very useful and you have made me think in a different way, I used to think I was observant, but now I really think about the reason why people are saying/doing things and what I can do to support this" – Care Home Manager*

**Going forward**, we look forward to continuing our success in supporting people with dementia and their carers through the "dementia pathway". In 2015 the specialist support provided to care homes and extra-care sheltered housing by the Occupational Therapist will start working with more homes. By the end of 2015 we aim to have worked with all the homes in Tower Hamlets.

### **Improving the support we provide to adults with Mental Health Needs**

Tower Hamlets Health and Wellbeing Board is committed to improving outcomes for people with mental health problems. Mental health is one of the Boards four priorities in the Health and Wellbeing Strategy. In February 2014, the Health & Wellbeing Board approved the Tower Hamlets Mental Health Strategy. The Strategy is a five year plan for improving outcomes for people with, or at risk of, mental health problems in Tower Hamlets, and includes within its scope children and young people, adults of working age and older people. The Strategy sets out how Tower Hamlets partners will work together to promote mental health and wellbeing in our communities, prevent residents from developing more significant mental health problems, and ensure that when people do need them, mental health services are of the highest possible quality, proactively supporting people to recover. It demonstrates our ambition to deliver against the National Outcomes Framework for Mental Health contained in No Health Without Mental Health, Closing the Gap, and other national guidance.

90.5 per cent of adults receiving secondary mental health services in 2013/14 were supported to live independently in Tower Hamlets, an improvement on the previous year and better than the London and National averages.

## **Resident Action Point**

Last year, when thinking about the kind of services residents would like us to prioritise they reported back that they value daycentres and community services which they would prioritise over other services.

Subsequently in 2013 we carried out a review of mental health day opportunity services. We gathered feedback from over 380 people about this and held 12 events to hear people's views. We have listened to people share personal stories, concerns and aspirations about the future. People told us what they value about day opportunity support: that they provide safe and supportive places for people to get support and keep in touch with others, that they help people stay well, support recovery and help people achieve their goals. People also told us what they wanted from a new support service: For example, highlighting the importance of people getting the right information at the right time.

Informed by this review planning has now begun to develop a new Mental Health Recovery and Wellbeing Service for 2015 in order to improve mental health social care services. A range of support, traditionally called 'day opportunities' have been helping people with mental health problems in the community for many years. We currently fund 11 organisations to provide this type of support.

There has been a long time aspiration and commitment to improve this support to help more people recover from mental health problems and – in line with our commitment to prevention - to stay well. We have been working together with people who use and provide services to make improvements and arrange a new Mental Health Recovery and Wellbeing Service for Tower Hamlets.

**Going forward**, we envisage the new Mental Health and Recovery service starting in late 2015. The new service will consist of:

- A new information, signposting and support team
- Longer term one-to-one support and recovery-focussed programmes of support. These will be focused on vocational skills, education, learning and employment. There will be more opportunities for people looking to gain employment or valuable experience through social enterprise initiatives.

## **Improving the support we provide to adults with a learning disability**

The Community Learning Disability service (CLDS) provides care and support to adults with a learning disability in Tower Hamlets. In 2013 a programme of work was implemented to restructure the service to improve this support. The new CLDS structure went live in May 2014. Whilst it is still too early to evaluate the success of this restructure the new design of the service was created in partnership with service users and carers. Some of the main aims of the programme we hope to achieve are:

- To improve the experience of service users and carers
- To reduce waiting times for social care assessments and annual reviews

- Opening out the role of Bangladeshi Parent Advisers so that they can carry out carer assessments and support planning with *all* carers supporting someone with a learning disability
- Retaining the focus around mental health and challenging behaviour for people who have a learning disability or autism
- Ensuring that safeguarding cases are seen in adherence to Pan-London timelines and that service users are protected

In addition to this programme of work, we have worked hard over the last year to support more adults with a learning disability into employment. When service users in CLDS were asked what things were important to them, over 70 per cent said they wanted a job. Currently 6.2 per cent<sup>10</sup> of our service users with a learning disability are supported into employment. This equates to 42 people with a learning disability supported into employment. This falls slightly short of the national target and last year's figure (both 7.9 per cent) so we know we have more work to do.

One of the ways we are doing this is through extending our work placement schemes for adults with a learning disability within the Council and beyond. In 2013 we launched a new scheme, offering ten one-year work placements to adults with a learning disability alongside a Level 1 NVQ Business Administration qualification. A further twelve new recruits started in March 2014. The Council was able to extend the scheme this year with an additional ten placements being supported from September 2014 and a further ten from February 2015. The placements have been working in a range of departments and services.

The scheme has been hugely successful with five people gaining paid employment after year one. Feedback has focused on how rewarding and confidence building the project has been on an individual level. For example, one person said: "I was really excited to start work. I was a little nervous to start with but have really enjoyed my time so far and I am learning lots."

**Going forward**, our plans are to continue to improve the support provided through the Community Learning Disability Service and to continue to support adults with a learning disability into employment. We will be working to extend work placement opportunities in other organisations, such as the NHS.

## Developing new support for people with Autism

The new Tower Hamlets Autism Service was officially launched in October 2014, though it has been operating for a number of years. We estimate that there are around 800 adults with Autism in the borough, and around 300 children and young people in local schools<sup>11</sup>. The Tower Hamlets Autism service has been set up to meet this need. It aims to provide:

- A timely diagnosis to those who may have Autism
- A clear pathway to any post-diagnosis support for adults with Autism
- Specialist support in the community for people with Autism

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<sup>10</sup> ASCOF 1E

<sup>11</sup> Analysis of SEN data indicates a further 296 children and young people (aged 3 to 18) with the condition in local schools.

- An effective transition for people who are moving from children to adult social care services
- Support to those with Autism to access employment and training opportunities

The service has already achieved a number of successes. For example, as of October 2014 the employment and training service has received 53 referrals. Two people diagnosed with Autism have been supported by this service into employment<sup>12</sup>.

**Going forward**, we look forward to supporting more people with Autism in Tower Hamlets.

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<sup>12</sup> Tower Hamlets Autism Diagnostic and Intervention service Quarterly monitoring report

## 2) Delaying and reducing the need for care and support

Delaying and reducing the need for care and support is a key focus of our work. It is a huge part of how we intend to address the issue of an anticipated increase in future demand for adult social care. Last year some of our key activity included:

- Working to reduce social isolation and loneliness
- Helping people return home from hospital
- Supporting more people through our short-term Reablement programme
- Offering Telecare to more people
- Developing Assistive Technology
- Supporting more people via equipment and adaptations
- Changing some of our day-time support for people with a learning disability
- Helping people to travel independently
- Supporting people to stay in the community

More details on each of these is set out below.

### Working to reduce social isolation and loneliness

We know that social isolation and loneliness can be devastating for people and that it can impact on both their mental and physical wellbeing. Just over a quarter of adult social care users tell us that they do not have enough social contact with others<sup>13</sup>, so we know it is an issue affecting a number of people we support.

We have learned more about the reasons behind social isolation and the impact of this over the last year: For example, Healthwatch Tower Hamlets carried out a piece of work in partnership with Tower Hamlets Friends and Neighbours to look at the experiences of housebound people. The report found that:

*“A loss of social space was an issue for housebound people who felt disconnected from the world and a sense that that they were both isolated and in a community that did not care very much. Many were reliant on formal care for their social contact<sup>14</sup>”*

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<sup>13</sup> 2013/14 Service User Survey. 26% of respondents said they did not have enough social contact with others. This figure is slightly higher than the London and England average (25 and 22 per cent respectively)

<sup>14</sup> Report on the Voices of Housebound Residents in Tower Hamlets” (June 2014) Tower Hamlets Friends and Neighbours

## Resident Action Point

Last year we said that we would prioritise services that helped to prevent social isolation.

In the last year we funded a number of initiatives to try and tackle isolation, and we have started work with colleagues across the Council to tackle this issue on a wider scale. Here are just some of the ways we currently support people in this area

- We fund two borough-wide befriending services for older people who are socially isolated or at risk of becoming so, including those who are housebound. Support and companionship is provided through visits to the client's home, phone calls and escorting to appointments and/or other community services dependent on the user's wishes. Both services place a focus on involving the service user in all aspects of the service they receive. For example, one client (from Age UK) expressed an interest in developing IT skills in order to communicate with family overseas. They were matched with a befriender who was able to provide basic training during visits and assisted the client in setting up a Skype account enabling them to regularly contact their family and friends.
- We fund 41 Lunch Clubs around the borough, enabling older people to come together and socialise. Attendance at Lunch Clubs was over 23,000 in 2013/14.
- We fund a number of LinkAge Plus Centres around the borough. Centres offer a range of information and activities to anyone over the age of 50. For example, 315 people got involved in physical activities last year and 539 took part in computer/IT sessions. Through outreach work the centres also identify residents who may be socially isolated and not accessing any events or activities, and support them to start.

In addition to this, we are working with colleagues across the Council and in other organisations to tackle social isolation. Last year our Public Health service worked on a project seeking to engage the local community to help prevent and reduce loneliness in older people. This volunteer-led programme will look to develop local support networks and organise groups and events. Ideally the volunteers will be recruited directly from the neighbourhoods and will find out about social isolation and loneliness in their area. With support and training they will produce a detailed report of the findings. This, in turn, will help us decide what projects we should fund to address loneliness in the area. This project has only just begun and will be developed further in the coming year. We will give you an update in next year's local account

You can find recent research on loneliness and social isolation in the borough here:  
[www.towerhamlets.gov.uk/jsna](http://www.towerhamlets.gov.uk/jsna)

**Going forward**, our plans to tackle social isolation and loneliness include:

- Using the research gathered by public health on loneliness and social isolation to help us decide what types of support to fund going forward
- Working closely with colleagues across the Council and beyond to tackle social isolation and loneliness

## Helping people return home from hospital

We know that helping people to return home from hospital can help them stay as well as possible for as long as possible. In Tower Hamlets, the rate of people experiencing delays in their discharge from hospital as a result of problems with social care services is almost half that of the national average<sup>15</sup>

We already ensure that social care staff are available at weekends for some departments in the Royal London Hospital, including Accident and Emergency. However, we are using the Better Care Fund to explore the possibility of extending this model across all of the wards in the hospital. This will enable more people to be discharged from hospital at weekends where they might previously have needed to wait until the following week, or indeed be discharged without valuable input from adult social care. Changing the way we work at the Royal London Hospital will help ensure people get the right care at the right time, which in turn will help to keep people's condition from deteriorating. It will also ensure that any carers are fully involved in the process of a person returning home.

In last year's Local Account we acknowledged that Tower Hamlets has some work to do to improve its delayed transfers of care from hospital which are attributable to adult social care. The average number of delayed transfers of care in 2012/13 which are attributable to social care per 100,000 adult (18+) population was 2.3 for Tower Hamlets. We have worked hard to improve this, in 2013/14 the average number of delayed transfers of care which are attributable to social care per 100,000 adult (18+) population was 1.5. This is below both London average of 2.3 and the national average of 3.1.

We realised that last year most delays were due to people delaying leaving hospital to wait for suitable placements for those who need residential care. As a result we have invested money from our Winter Resilience budget to fund four 'Step Down' beds to assist in discharging medically fit patients from the Royal London Hospital. There are 2 beds that are residential for people with dementia and 2 beds in Extra Care Sheltered Housing. This space is used as "step down" accommodation for people that are medically fit for discharge but unable to either return home or have not yet chosen a care home to move to. Step down beds are only used for a maximum of 6 weeks, in which time we are able to commission a care service for them. This allows us to improve a person's health and wellbeing whilst at the same time freeing up hospital beds for people who really need them.

**Going forward** we will therefore be looking at:

- All Royal London Hospital wards having access to social care staff at weekends
- The possibility of using residential and Extra Care Sheltered Housing on a temporary basis for people who are medically fit to be discharged from hospital but unable to return home.

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<sup>15</sup> ASCOF 2C pt2

## Supporting more people through our short-term Reablement programme

Our Reablement programme supports people to be as independent as possible. The team includes Social Workers, Occupational Therapists, Nurse Advisors, Independent planners and Reablement officers. They visit people at home for up to six weeks to promote rapid recovery after an episode of illness or other change in circumstances in order to help maximise a person's independence and wellbeing to live safely in their own home.

Last year, 963 people went through our Reablement programme<sup>16</sup>. People who have been through the programme consistently give positive feedback, particularly about feeling treated with respect and that their views are listened to<sup>17</sup>. In winter 2014 we extended our programme to offer a weekend Reablement service to enable people to leave hospital at this time.

There are around 150 people who receive both Reablement services from adult social care and Rehabilitation services from the NHS. We are using the Better Care Fund to work more closely with health services so that this group experiences better health and wellbeing.

**Going forward**, our plans for the Reablement programme include:

- Working closely with the NHS to improve the experience of people who need both Reablement and hospital Rehabilitation support. Possible options include having a single point-of-access for people and getting the teams to work in the same place.
- Raise awareness of Reablement for staff who work in the Royal London Hospital.

## Offering Telecare to more people

Telecare is a good example of how we are utilising technology to help delay and reduce the need for care and support. Telecare is the name for equipment that provides 'alert' systems for people at home. People can use it to call for help or it can be set to call automatically when required. Examples include systems to alert carers if a person falls over, or out of bed, or needs changing, or is having a seizure. In an emergency or when assistance is required, Telecare clients can press their alarm to summon help. This triggers an alarm call which is received at the Telecare control centre. Telecare staff are then able to communicate with the caller to establish what the problem is and organise the most appropriate help.

Telecare is available to everyone. People have their own reasons for choosing Telecare but the great majority of our clients say that our service gives them and their relative's peace of mind, a feeling of greater security and reduced feelings of isolation. The service also helps to prevent people from having to go into extra care or residential care for as long as possible by supporting them to remain in their own homes.

As of May 2014, over 2,300 people had Telecare, but this figure increases all the time: An average of 65 Telecare or Assistive Technology equipment are installed each month.

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<sup>16</sup> Reablement Outcomes Report - TASC Customer Journey Compliant

<sup>17</sup> Reablement User Survey - approximate sample size of 130 users with approximate 25% response rate



This year the Telecare team has particularly focused on ensuring Telecare equipment is installed for people who are in hospital, to enable them to leave hospital without delay.

**Going forward**, a key priority for the team is to work closely with colleagues in NHS, to explore opportunities for working together.

## **Developing Assistive Technology**

We are increasingly looking at technology to help people to stay as well as possible for as long as possible. Assistive Technology is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities. Assistive Technology promotes greater independence by enabling people to perform tasks that they were formerly unable to do, or had great difficulty doing, by utilising technology. Technology such as sensors that detect movement can help people to manage their conditions and to minimise risks to vulnerable people.

The team is relatively new, having been set up in 2012. Part of their work over the past year has therefore been to train and support staff in adult social care so that they have a better understanding of Assistive Technology and its benefit. The team has also worked to expand the range of electronic devices which can be prescribed.

Since the beginning of 2013, 476 requests for Assistive Technology have been made.

**Going forward**, some of our plans for Assistive Technology include:

- Working with GPs to see if technology can be further utilised to help people take their medication on time.
- Looking at Telehealth devices that can measure health information remotely.
- Looking to expand Assistive Technology to children with disabilities and their carers.

## **Supporting more people via equipment and adaptations**

Equipment to help people manage their daily lives is another way we help people to stay well. Equipment can include minor adaptations such as bannister rails to simple items like raised toilet seats, to more specialist equipment like pressure-relieving mattresses. Equipment and minor adaptations help disabled people to maintain their independence as much as possible, and helps reduce hospital admission.

The demand for support increased last year: In 2013/14 18,800 items of equipment were delivered, marking a 49 per cent increase on the year before.

Over the last year we have continued to offer people more choice over their equipment. People receive a “prescription” for equipment that they can use at one of 26 accredited retailers in the borough. This is a free service to eligible

residents of Tower Hamlets, but people can choose to pay extra for a more bespoke item (for example, in a different finish). Over 14,600 simple aids were provided in this way over 2013/14. Residents who are not eligible for statutory support still have the opportunity to go to a local accredited retailer and buy their own simple items of equipment to help them or someone else.

More recently we have extended the opening of the service to seven days a week so that people who need equipment can get this without delay.

### **Working together with health services**

As mentioned earlier in this Local Account we are trying to strengthen the way we work together with health and other organisations in almost every area, as can see throughout this Local Account.

The Health and Wellbeing Board is leading this integration of care. Over the past year Tower Hamlets Health and Wellbeing Board has been busy overseeing the delivery of the Councils Integrated Care agenda. The strategy for Integration in Tower Hamlets is part of a shared 5 year plan, 'Transforming Services Together', across Tower Hamlets, Newham and Waltham Forest. Each borough within the programme has its own Integrated Care Board reporting to the local Health and Wellbeing Board ensuring the inclusion of local factors within each borough's plans.

In October 2013 the Government announced fourteen pioneering initiatives which would showcase innovative ways to of deliver coordinated. These pioneering initiatives were designed to transform the way health and care is delivered to patients by bringing services closer together than ever before. Tower Hamlets, working alongside Waltham Forest and Newham became part of the "WELC Integrated Care Pioneer". The WELC Pioneer Programme drives the delivery of the Integrated Care Programme within the 5 year 'Transforming Services Together' plan.

## **Resident Action Point**

In last year's Local Account we reported how there is a strong feeling from patients and users of social care that health professionals and social care staff need to work closer together to produce a streamlined approach to care.

A key development overseen by the Health and Wellbeing Board in 2013/14 was the introduction of the Better Care Fund (BCF). The £3.8bn Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is one of the most ambitious programmes ever across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. Using the resources made available through the BCF to enable our Integrated Care Programme our vision for health and care services in Tower Hamlets is of an integrated care system that coordinates care around the patient and delivers care in the most appropriate setting, empowering patients, users and carers. By putting patients/service users in control we aim to unlock greater health benefits for our residents so they can live longer and healthier lives.

The BCF programme of work has just started and we have already begun to explore how we can best utilise the resources made available to us. Tower Hamlets Health and Wellbeing Board have recently signed off on proposals as to how this money can be put to best use. One of the ways we are using the Better Care Fund is to look at how we can work more effectively with health colleagues when it comes to equipment, assistive technology and Telecare. The impact of these kinds of services on carers can often make the difference between being able to continue to provide care to their loved one, or developing needs for health and care support themselves. Carers provide a key service in preventing their loved ones from developing a health condition or slowing the development of a health condition and we have good evidence that carers are more able to continue in their caring roles through provision of Assistive Technology.

Another area of focus is the potential integration of health and social care teams. Community Health Teams are integrated teams comprising of nurses, physiotherapists, occupational therapists, and others. We are looking at these teams joining up with Social Work teams in adult social care. We are currently carrying out a detailed analysis of how these teams could be joined up in practice. The aim is to prevent residents who are at a high risk of health interventions (such as hospital admission) of requiring this. Instead support will be provided in the community, providing care and support closer to home.

### **Going forward,**

- Our work will continue to be aimed at enabling people greater levels of self-management over their conditions to prevent things like hospital or residential care admission. One option being explored is having this type of support in health and social care housed under one "Independent Living Service". This would be more accessible to people and would place a greater emphasis on keeping people well.
- We will come to a decision on how Community Health Teams and Social Work Teams can best integrate. We anticipate improvements being made from 2015/16 onwards.

## Changing some of our day-time support for people with a learning disability

We already fund a number of local projects which enable adults with a disability to socialise, learn new skills and improve their wellbeing.

Over the last year, work has been underway to redesign a Centre used by adults with a learning disability. This “Create” service will include a café as a social enterprise and will have a more accessible and dynamic space for training, workshops, IT and movement and arts and crafts.

## Helping people to travel independently

Over the last two years we have worked to support adults with a learning disability to use public transport independently. This project initially focused on people with a learning disability who had transport provided by the Council to go college. A number of these people went on “travel training”. This involves a staff member supporting individuals to travel independently. It could be through supporting them to use public transport or help to figure out a walking route. In total 50 of the 71 service users using transport did not need transport services and have now gone through or are completing travel training in order to maximise their independence. Most importantly, people with a learning disability are enjoying the independence the travel training has given them.

**Going forward**, our plans are to offer this training to everyone in day services who may benefit from this.

## Supporting people to stay in the community

We know it is important for people to be as independent as they can. A lot of the support provided through adult social care enables people to stay in their communities and delays or reduces the need to move into a care home. It is to this end that we provided home care to 2545<sup>18</sup> adults in 2013/14. Home care typically involves a care worker visiting someone and helping with things like getting up and going to bed, keeping clean and tidy and eating and drinking properly. Sheltered and extra-care sheltered housing is another example of how we support people to stay in the community. Extra Care Sheltered Housing provides an alternative to a care home in specialist self-contained flats that promote independence and allow individuals to be in control of their lifestyle. There are now six Extra Care Sheltered Housing schemes in Tower Hamlets, providing 214 apartments for rent.

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<sup>18</sup> RAP P2f

## **Resident Action Point**

We know that people want to remain as active and independent as possible in their own communities. Last year we said that we would continue to make this a priority. As a result of all the preventative work demonstrated throughout this Local Account we have reduced the number of people placed in residential care over the last four years: In 2010/11, 785 per 100,000 of the population was supported in this way. In 2013/14 this figure was 644 per 100,000 of the population. Our rate of improvement over this period is the third best nationally.

Our 2013/14 result is above the London average of 650 but is lower than the London average of 454 which is largely a result of the variance of need within the local population. One possible explanation for this that in Tower Hamlets we do a very good job at keeping people as independent as possible for as long in possible in their own community. The number of council-supported permanent admissions of adults aged 18-64 to residential and nursing care is 9.2 per 100,000 of the population. This a significant improvement on lasts years figure of 22.2 per 100,000 of the population and is above the national average of 14.4 per 100,000 of the population, the London average of 10.2 per 100,000 of the population, and the inner London average of 11.6 per 100,000 of the population. As a consequence of supporting people in the community for longer our residents generally tend to access

### **3) Ensuring that people have a positive experience of care and support**

We are committed to ensuring that people have a positive experience of adult social care. As stated in the introduction of this Local Account, we were pleased that this year 66 per cent of adult social care users said they were extremely or very satisfied with their care and support services. A further 24 per cent were quite satisfied<sup>19</sup>. These satisfaction levels are both higher than the London and England average<sup>20</sup>, and the highest they have been since we started sending out a yearly 'Service User Survey' four years ago. Last year some of our key activity included:

- Developing information and advice related to adult social care
- Checking the quality of services
- Giving people a choice over the support they receive
- Monitoring people's perceptions of social care staff
- Looking at complaints and putting things right
- Looking at the impact of care and support

More details on each of these is set out below.

#### **Developing information and advice related to adult social care**

The importance of information on adult social care that is good quality, clear and easy to find continues to be one of main messages we hear from people who need support from adult social care. People often tell us that they want to know what support is out there and who can get it. People want simple ways of getting information and advice and, when they find it, it needs to be clear and jargon-free.

We have been working on a number of projects over the last few years to try and improve our information and advice. For example

- We set up the First Response team for people who might need support or want to make changes to their support. They can be contacted on 020 7364 5005.
- We fund a number of organisations to provide information and advice. We advise people to contact an organisation called Real if they are not sure where to start. Real can be contacted on 020 7001 2170.
- We have produced a number of publications to try and explain the often complicated world of social care.
- We have been developing an online "e-marketplace" to provide information on the social care services that are out there. This is due to be launched in the next year. We know that not everyone has internet access, so we will be making sure people have other ways of getting this information.

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<sup>19</sup> 2013-14 Service User Survey in Tower Hamlets. Based on 1127 responses. A further 6 per cent of respondents answered "neither satisfied or dissatisfied". 4 per cent were dissatisfied.

<sup>20</sup> London: 60 per cent are extremely/very satisfied. England: 65 per cent are extremely/very satisfied.

In a recent survey, a quarter of adult social care service users said that information and advice on support, services or benefits is difficult to find<sup>24</sup>. This figure is slightly higher than both the England and London average (19 and 22 per cent respectively) so we know we still have work to do. The majority of service users say they are happy with the information once they have found it (67 per cent).

At the same time, the Care Act which came into law this year, means we now have a legal duty to provide information and advice on adult social care. We know that information and advice can be powerful aids to delaying and reducing the need for care and support, as it enables people to get the right help at an early stage and can stop problems from escalating.

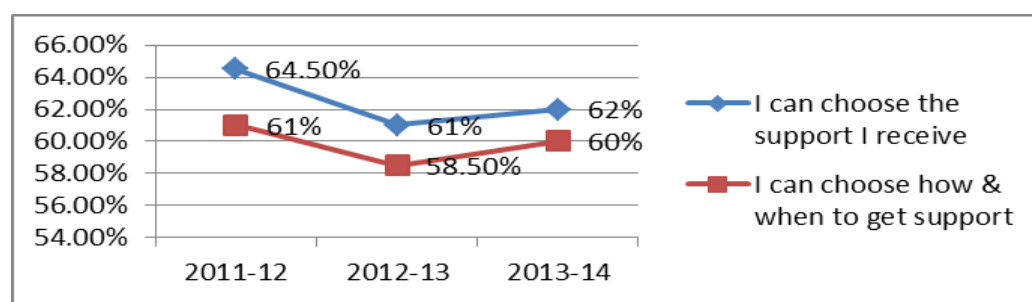
**Going forward** then and in response to both the Care Act and service user feedback, we are looking again at how we provide information and advice. We are drawing up an “Information Plan” that will set out the changes we plan to make. The plan will be in place by the end of the year, and will be developed in partnership with service users and carers.

### Giving people choice over the support they receive

#### Resident Action Point

Last year residents told us that they would like more information on the services available to them. It is in response to this that we have been busy finalising the e-marketplace and developing the ‘Quality Excellence Framework’ that you can read about in more detail in the sections below.

This year as with previous years, we asked adult social care users in Tower Hamlets about how much choice they feel they have over their care and support. The graph below sets out the results:



We are pleased that the results have improved on last year, but will be doing more work to understand the reasons behind why 12 per cent of service users say they do not have choice over their care and support.

We are currently in the final stages of implementing our ‘eMarketplace’. An eMarketplace is a website, similar to Amazon or eBay for social care, where people can find out about and purchase support services in the local area.

Organisations will be able to advertise their services on this site and eventually people will be able to purchase care through the site. In 2013/14 we got feedback from service users and carers on the eMarketplace, and have developed it with this feedback in mind.

**Going forward**, we will launch the eMarketplace to enable people to have more choice over their care and support.

## Checking the quality of services

As previously noted, the vast majority of support in adult social care is provided by organisations who are funded by the Council. We thoroughly monitor the quality of the support we fund to ensure that people are having a positive experience. Monitoring also enables us to act quickly if things go wrong.

This year, we have continued to monitor the services we fund through our “Quality Excellence Framework”. This includes three-monthly reviews and visits to services from Council staff.

This year we have also started work to help people make decisions on the support that is right for them. People who buy their own care and support using direct payments or their own money often ask for information about how good an organisation is. The Council has lots of information about organisations that we have contracts with. However, there are a lot of organisations in our community doing great work that we don’t know much about. Sometimes they are too small to spend a long time getting a complicated quality mark so it is hard for them to show off how good they are.

Alongside five other east London boroughs (Barking and Dagenham, Havering, Newham, Redbridge, and Waltham Forest) we have therefore designed a quality assurance system for organisations or individuals who wish to offer services to individuals who manage their own care and support arrangements via a direct payment.



Look out for this quality mark which shows that an organisation meets all of our standards

It is also a way for small organisations to get onto our eMarketplace without filling in lots of complicated forms. People can use pictures or videos to show us they meet the standards. We want as many organisations to understand it then there is more choice and variety for you. We are also working with other East London boroughs to make sure we have information not just on organisations in the borough but also organisations on our doorstep.

It is very important to us to develop something useful to yourselves. As a good example, East London residents told us that they would be more likely to use personal assistants if we did the checks they suggested and kept a register.



**Going forward**, we are developing a code of conduct for Personal Assistants in partnership with the people who employ them. Next year will bring lots of choice and information about Personal Assistants who have been checked out using criteria that you have told us is important to you

## Monitoring people's perceptions of social care staff

People who need support and carers continue to highlight the importance of staff who:

- Listen
- Care
- Have empathy
- Treat others with respect

This year as with previous years, the vast majority of service users have told us that they were treated with respect by staff assessing their need for social care. 81 per cent said this in the 2013-14 Service User Survey, whilst 3 per cent felt they were not treated with respect.

In another survey distributed to service users by staff who work for adult social care at the Council, 83 per cent of respondents said they felt their views were listened to and acted on where possible. Two per cent did not feel this way.

Service users, carers and representative organisations such as Healthwatch have told us that health and social care need to work better together, as do teams within social care. For the first time this year, we asked people in the annual Service User Survey about their experiences of this. The results show that 60 per cent of adult social care users feel that their care is co-ordinated well, whilst 14 per cent do not feel this way.

**Going forward**, our work around the Better Care Fund will continue to address this area which remains a key priority for us in the years ahead.

## Looking at complaints and putting things right

We work hard to put things right if things go wrong. Over 2013/14, the Council received 57 formal complaints about adult social care. The number we received this year has decreased by three complaints compared to last year. We received an increased number of "locally resolved concerns" 119 this year compared to 63 last year<sup>21</sup>. These are concerns that people have raised that are dealt with there and then, and are not formerly raised as complaints. We monitor this information as it provides us with a valuable insight into how people are experiencing services. The table below breaks down the number of complaints we received last year.

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<sup>21</sup> Please note this includes two additional months of data compared to last year

Since 2011 the biggest topic of complaint continues to be about “challenging decisions”. Often, these complaints involve people being unhappy with a

Topic	Complaints 2012/13	Complaints 2013/14	Total Locally Resolved Concerns ( Jun 2012 - Mar 2013)	Total Locally Resolved Concerns ( Apr 2013 - Mar 2014)
Access to services	4	0	0	0
Policy/procedure	1	0	2	0
Service delay/failure	18	14	23	57
Service quality	1	1	22	34
Staff conduct / competence	14	15	8	13
Challenge decision	22	24	5	5
Other	0	3	3	10
<b>Total</b>	<b>60</b>	<b>57</b>	<b>63</b>	<b>119</b>

decision to reduce or end the care and support they receive. A decision like this is made if someone is considered “ineligible” for care and support services

“Service delay/failure” remains the biggest issue raised through “locally resolved concerns” since 2012. This might involve – for example – someone being concerned that a care worker arrived late for a visit. Our commissioning staff are closely working with homecare agency to ensure that care workers keep an accurate log of arrival and leaving times.

**Going forward**, we will continue to monitor complaints. We will make sure that complaints are addressed on both an individual and department-wide level as appropriate, and that we learn from them.

### Looking at the impact of care and support

One of the key positive things service users have told us over the last year is how care and support services are impacting on their lives. 2013-14 Service User Survey respondents say care and support improves their quality of life, helps them feel in control, helps them to feel safe and helps them be as independent as possible. Tower Hamlets has improved over time across each of these areas, and the results for this year are higher than both London and England averages. The following table provides more detail on this:

This year, 64 per cent of service users in the 2013/14 Service User Survey said respondents said they feel “as safe as they want”, an increase of six percentage points on last year and one of the biggest single areas of improvement. This compares with an England average of 66 per cent and a London average of 63 per cent<sup>23</sup>. 70 per cent said they had enough control over their daily lives. These results are the highest we have had for three years.

Help to...	2011-12	2012-13	2013-14
Have a better quality of life – LBTH	n/a	91%	92.5%
Have a better quality of life – London	n/a	87%	88%
Have a better quality of life – England	n/a	89%	90%
To feel safe – LBTH	n/a	85%	86%
To feel safe – London	n/a	74%	77%
To feel safe – England	n/a	78%	79%
More control over daily life – LBTH	83%	87%	89%
More control over daily life – London	82%	83%	84%
More control over daily life – England	85%	85%	87%
To be as independent as possible – LBTH <sup>22</sup>	78%	78%	81%

**Going forward**, we look forward to continuing our success in these areas.

<sup>22</sup> This question has only been asked in Tower Hamlets so no benchmarking data is available

<sup>23</sup> 2013-14 Service User Survey

## 4) Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

One of the core functions of adult social care is to safeguard vulnerable adults from abuse and avoidable harm. Last year as in previous years, we have worked hard on this issue. Some of our key activity included:

- Raising awareness of adult abuse
- Analysing who is raising concerns and experiencing abuse
- Analysing safeguarding information

More details on each of these is set out below

### Raising awareness of adult abuse

Last year, we published an article on adult abuse and safeguarding in the local paper. Alongside this we continued our ongoing work to raise awareness about adult abuse and safeguarding.

The Council receives a comparatively high volume of safeguarding alerts (many of which were received from sources other social care and health staff). Whilst this might appear worrying, we have reason to believe it demonstrates that there is good awareness of safeguarding procedures in the local community.

We received 525 initial safeguarding contacts in 2013 -14, this is a slight drop on the previous year safeguarding contacts, but is above the London average of 493 referrals for the same period. Again, whilst this initially appears worrying, we think it demonstrates that the wider community understand that abuse is not acceptable.

**Going forward**, we intend to publish more articles emphasising that men can be abused too as there is a general concern that abuse against men may be hidden. We will also improve how we engage with the public to raise general awareness of safeguarding. Likewise, we will work with colleagues in the Council and beyond to ensure they know their responsibilities in relation to safeguarding. We will develop a training plan on this issue across partner agencies in Tower Hamlets with this in mind.

### Analysing who is raising concerns and experiencing abuse

Each year we carry out detailed analysis of who is raising concerns about safeguarding and who experiences abuse. This enables us to see if there is a section of the community we need to work more closely with.

Here is a summary of what we have found out for Tower Hamlets:

- 60 per cent of alleged victims of abuse are female. This reflects the England average.
- White ethnic groups are slightly over-represented as subjects of referrals at 60.4% compared to being 45% of population (based on 2011 census). Asian ethnic groups are underrepresented when compared to population statistics – only 25.5% of referrals come from this group whilst they make up 41% of population locally.
- 89 per cent of safeguarding referrals are amongst individuals already 'known to the Local Authority', which usually means they are in receipt of services or are eligible for services under the Community Care Act.
- The highest proportion of safeguarding referrals are made in relation to people who have physical disabilities (53.8 per cent), this is line with the England average of 50.7
- In 2013-14, Tower Hamlets appeared to have a slightly lower proportion of referrals amongst Mental Health Clients (18.3 per cent) compared to an England average of 24.4 per cent.

### **Analysing safeguarding information**

Each year we also carry out detailed analysis of safeguarding cases. As in the previous section, it enables us to see if there is specific action we need to take to prevent or tackle adult abuse.

Here is a summary of what we have found out for Tower Hamlets:

- The highest proportion of completed safeguarding referrals last year for Tower Hamlets identified 'neglect or act of omission' as the largest type of reported abuse, is consistent with the England average.
- In 2013-14 there was a higher proportion of 'financial abuse' (24.7 per cent) reported in this borough than the England average (18.3 per cent).
- The majority of safeguarding issues take place in the alleged victims own home. The figure is 63.2 per cent in Tower Hamlets, which is higher than the England average of 42 per cent.
- 54 per cent of individuals or organisations believed to be the source of risk are known to the alleged victim. 23 per cent are allegedly perpetrated by those providing social care and support.
- 36.4 per cent of safeguarding cases cannot be substantiated, as the alleged types of abuse are either unfounded or disproved. This is higher than the England average of 30.2 per cent and the London average of 34.5 per cent and work will be undertaken to understand this.
- 76 per cent of individuals were assessed as 'not lacking capacity' and thus able to make decisions in the safeguarding process. For those individuals identified as 'lacking capacity', 82 per cent were effectively provided with support or were represented by an advocate, family member or friend.

**Going forward**, we will:

- Look at further publicising the issue of financial abuse to ensure people are safe around this issue and possibly training for staff.

- Develop a better understanding as to why 36.4 per cent of completed referrals resulted in 'no further action required under safeguarding.
- Develop a better understanding of why our performance is lower than the London and England averages when it comes to the number of allegations concluded as either fully or partially substantiated.

## Improving safeguarding

We have improved safeguarding practice in Tower Hamlets in a number of ways over the last year. Below are some examples:

- We have improved our performance around Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The requests for authorisations to deprive somebody of their liberty if their wellbeing is at risk increased from 12 to 28, which is a significant improvement from the previous two years. On 19 March, the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. This judgment clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. This means that a much greater number of service users and patients will now be subject to a deprivation of liberty and will come under the protection of the DOLS procedure.
- The Safeguarding Adults Board continues to do good work. Linked to this Board are sub-groups on Good Practice and Training, Quality Assurance and Performance and a Champions Group. These sub-groups have contributed to the work of the Board and supported improvements in safeguarding in the borough.

**Going forward**, our priority is to meet some of the wider national changes happening in safeguarding. This means:

- Reviewing our Safeguarding Adults Board to make sure it meets the requirements of the Care Act
- Including self-neglect and hoarding under safeguarding and deciding when action needs to be taken in relation to this
- Changing the way we work with victims of abuse to ensure they are at the centre of any investigation and the support they receive.
- Comply with the Supreme Court judgement and guidance in relation to Deprivation of Liberty and ensure our practice is underpinned by the revised Mental Capacity Act Code of Practice

In addition, we will continue to work to improve our performance and work closely with other organisations to prevent and tackle adult abuse.



## Appendix 1 – Glossary

Advocacy	Support to help a person say what they want, secure their rights and represent their interests.
Assistive technology	Products or equipment that help people to carry out daily tasks and stay safe.
Audit	Inspecting work to see whether it is being carried out properly.
Benefit Cap	A limit on the amount of money someone can receive in benefits.
Better Care Fund	BCF is a nationally pooled £3.8 billion budget that shifts resources into social care and community services for the benefit of the NHS and local government
Block contracts	A contract to say an organisation will provide a large number (or “block”) of services.
Carers	Support or “look after” a friend or family member who needs help.
Clinical Commissioning Group	Group of GPs who decide on a lot of local health services.
Commissioning	Funding other organisations to provide social care on our behalf.
Community Virtual Ward	Getting support from a range of health professionals without being admitted to hospital.
Direct payment	Money paid directly into someone’s bank account.
Electronic Home Care Monitoring	A way to record when a Care Worker starts and ends their shift when caring for someone at home.
e-marketplace	An online catalogue, showing what support people could buy with a personal budget.
Equipment	Things like an alarm or a bath seat. Equipment helps people stay safe and carry out tasks like washing and cooking.
Extra-care sheltered housing	Housing (e.g. a block of flats) where residents each have their own flat but get support from social care staff with daily tasks.
Fair Access to Care Services Criteria	The main criteria we use to decide who can get social care.
Family Wellbeing Model	Looking at the needs of a whole family (e.g. parents and children) rather than just one family member.
Financial inclusion	Everyone being able to get the most from their money and avoiding charges or fees.
Financial inclusion strategy	A plan saying how we will help people get the most from their money and avoid fees and charges.
First Response service	The first point-of-contact for any adult social care queries or concerns.
Framework Agreement	A list of approved organisations we can fund to provide adult social care on our behalf.
Health and Wellbeing Board	The Board is there to drive forward plans to improve health and wellbeing in Tower Hamlets.
Health and Wellbeing Strategy	The plan lays out how the Council and other organisations will improve health and wellbeing.
HealthWatch	A group of local residents who give their views and



	try to improve health and social care. HealthWatch took over from “THINK” in 2013.
Housing-related support	Support to help someone to be independent, linked to where they live. Homeless hostels, women’s refuges and sheltered housing are all examples.
Independence plans	A plan in the “Reablement” service, saying what changes a person would like to see as a result of getting support.
Joint Strategic Needs Assessment	Research into the current and future health and wellbeing of Tower Hamlets residents.
Link Age Plus	Centres offering information, advice, activities and support to older people.
Local Housing Allowance	A way of working out Housing Benefit for people who rent from a private landlord.
Long-term condition	A long-term health problem, such as asthma or diabetes.
NHS East London Foundation Trust	Part of the NHS, running things like mental health services.
NHS Barts Health Trust	Part of the NHS, running things like the Royal London Hospital.
Outcomes	The changes, benefits or other results that happen as a result of getting support from social care.
Personal budget	An amount of money from the Council to buy social care.
Personalisation	A person who needs social care having more choice and control over their lives and the support they get.
Procurement	The process of purchasing or buying something.
Provider	An organisation we fund or “commission” to provide adult social care on our behalf.
Public health	Public health looks at how to improve the overall health and wellbeing of a population, rather than individuals.
Reablement	A short-term programme of support designed to help people regain their confidence and independence.
Recovery	A way of dealing with mental health problems, aimed at improving a person’s health and quality of life.
Respite	A temporary rest period. Respite care is normally a temporary break for carers of the ill or disabled.
Safeguarding	Protecting people who are vulnerable from harm or abuse.
Self-directed support	Support that a person chooses, organises and controls to meet their needs in a way that suits them.
Sensory impairment	A sight or hearing problem.
Social care assessment	An assessment is looks at what support a person needs. FACS Criteria is used to decide whether someone is eligible to get support from social care.
Supporting People	A government programme helping vulnerable people live independently and keep their social housing tenancies.
Support package review	A review to check if a person’s need for support has changed, and to see the support they are getting is

	still right for them.
Support planning	Laying out the support a person will get and what changes they want to see as a result.
Transitions	Moving from children's social services to adult's social services.

## **Appendix 2 – Key 2013/14 Referrals Assessments and Packages of Care (RAP)**

In Tower Hamlets last year:

- 4660 people received adult social care services, which is consistent with the level from the previous year
- 6855 people contacted Tower Hamlets Council's adult social care services for help or advice, a 15per cent increase on the previous year
- 2830 new service users had an assessment of their needs, a 25per cent increase on the previous year
- 2965 existing service users' received a review of their care needs, a 2per cent increase on the previous year
- 1250 Carers received care and support services, an 11per cent increase on the previous year
- 1425 Carers received a carers assessment, a 9per cent decrease on the previous year.

### Appendix 3 – Adult Social Care Outcomes Framework (ASCOF) Measures

		2013-14 Outcome Measures				2012-13 Outcome Measures				
		Tower Hamlets	Inner London	London	England	Tower Hamlets	Inner London	London	England	
	<b>Number of respondents who answered all eight questions</b>	<b>1,030</b>	<b>6,665</b>	<b>14,775</b>	<b>65235</b>	815	5,335	12,685	60,410	<b>ASCS - questions 3a to 9a and 11</b>
<b>1A</b>	The sum of the scores for all respondents who answered all eight questions divided by the number of respondents who answered all eight questions	<b>18.5</b>	<b>18.4</b>	<b>18.5</b>	<b>19.0</b>	<b>18.0</b>	<b>18.1</b>	<b>18.3</b>	<b>18.8</b>	<i>* Outcome is a weighted value</i>
<b>1B</b>	Proportion of respondents who felt they had control over their daily life	<b>69.9</b>	<b>71.8</b>	<b>72.4</b>	<b>76.8</b>	<b>68.8</b>	<b>70.8</b>	<b>70.9</b>	<b>76.1</b>	<i>* Outcome is a weighted value</i>
<b>1C(1)</b>	Number of clients and carers receiving self-directed support in the year to 31 March as a percentage of clients receiving community-based services and carers receiving carer specific services <i>(aged 18 and over)</i>	<b>55.0</b>	<b>65.6</b>	<b>67.5</b>	<b>61.9</b>	<b>52.6</b>	<b>60.3</b>	<b>63.9</b>	<b>56.2</b>	
<b>1C(2)</b>	Number of users and carers receiving direct payments in the year to 31 March as a percentage of clients receiving community-based services and carers receiving carer specific services <i>(aged 18 and over)</i>	<b>21.6</b>	<b>23.9</b>	<b>22.6</b>	<b>19.1</b>	<b>23.4</b>	<b>21.3</b>	<b>19.5</b>	<b>16.8</b>	
<b>1D</b>	The sum of the scores for all respondents who answered all six questions divided by the number of respondents who answered all six questions	..	..	..	..	<b>7.3</b>	<b>7.5</b>	<b>7.7</b>	<b>8.1</b>	<b>Please note this information is reported biannually and as such data is not available for</b>

										2013/4
<b>1E</b>	Working age learning disabled clients known to CASSRs in paid employment as a percentage of working age learning disabled clients known to CASSRs in the year to 31 March <i>(aged 18 to 64)</i>	<b>6.2</b>	<b>6.7</b>	<b>8.8</b>	<b>6.7</b>	<b>7.9</b>	<b>7.3</b>	<b>9.1</b>	<b>7.0</b>	
<b>1F</b>	Working age adults who are receiving secondary mental health services and who are on the Care Programme Approach recorded as being employed as a percentage of working age adults who are receiving secondary mental health services and who were on the Care Programme Approach <i>(aged 18 to 69)</i>	<b>5.7</b>	<b>5.0</b>	<b>5.4</b>	<b>7.0</b>	<b>6.8</b>	<b>5.8</b>	<b>6.9</b>	<b>8.8</b>	
<b>1G</b>	Working-age learning disabled clients who are living in their own home or with their family as a percentage of working-age learning disabled clients <i>(aged 18 to 64)</i>	<b>63.7</b>	<b>70.9</b>	<b>68.6</b>	<b>74.9</b>	<b>60.5</b>	<b>69.5</b>	<b>68.1</b>	<b>73.5</b>	
<b>1H</b>	Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently , with or without support as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach <i>(aged 18 to 69)</i>	<b>90.5</b>	<b>77.5</b>	<b>78.6</b>	<b>60.8</b>	<b>86.4</b>	<b>78.1</b>	<b>79.4</b>	<b>58.5</b>	
<b>1I1</b>	Number of respondents who answered 'I have as much social contact as I want with people I like' as a percentage of all respondents to ASCS question 8a	<b>38.9</b>	<b>40.1</b>	<b>40.7</b>	<b>44.5</b>	N/A	N/A	N/A	N/A	<i>* 2013-14 Outcome is a weighted value, Previously combined from ASCS and CS; not comparable with latest performance</i>
<b>1I2</b>	Number of respondents who answered "I have as much social contact I want with people I like" as a percentage of all respondents to CS question 11	..	..	..	..	N/A	N/A	N/A	N/A	

<b>2A(1)</b>	Number of council-supported permanent admissions of younger adults to residential and nursing care divided by the size of the younger adult population in the area multiplied by 100,000 ( <i>aged 18 to 64</i> )	<b>9.2</b>	<b>11.6</b>	<b>10.2</b>	<b>14.4</b>	<b>22.2</b>	<b>11.6</b>	<b>10.6</b>	<b>15.0</b>
<b>2A(2)</b>	Number of council-supported permanent admissions of older people to residential and nursing care divided by the size of the older people population in the area multiplied by 100,000 ( <i>aged 65 and over</i> )	<b>644.2</b>	<b>545.2</b>	<b>454.0</b>	<b>650.6</b>	<b>654.7</b>	<b>564.3</b>	<b>478.2</b>	<b>697.2</b>
<b>2B(1)</b>	Proportion of older people ( <i>aged 65 and over</i> ) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.	<b>80.4</b>	<b>92.9</b>	<b>88.1</b>	<b>82.5</b>	<b>81.8</b>	<b>89.3</b>	<b>85.3</b>	<b>81.4</b>
<b>2B(2)</b>	Number of older people ( <i>aged 65 and over</i> ) discharged from acute or community hospitals from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) as a percentage of the total number of people ( <i>aged 65 and over</i> ) discharged alive from hospitals in England between 1st October and 31st December. This includes all specialities and zero-length stays	<b>3.5</b>	<b>7.2</b>	<b>5.0</b>	<b>3.3</b>	<b>2.7</b>	<b>5.1</b>	<b>4.5</b>	<b>3.2</b>
<b>2C(1)</b>	Average number of delayed transfers of care on a particular day taken over the year divided by the size of the adult population in the area ( <i>aged 18 and over</i> ) multiplied by 100,000	<b>5.7</b>	<b>6.8</b>	<b>6.8</b>	<b>9.6</b>	<b>7.9</b>	<b>6.2</b>	<b>6.9</b>	<b>9.4</b>
<b>2C(2)</b>	Average number of delayed transfers of care on a particular day taken over the year that are attributable to social care or jointly to social care and the NHS divided by the size of the adult population in the area ( <i>aged 18 and over</i> ) multiplied by 100,000	<b>1.5</b>	<b>2.8</b>	<b>2.3</b>	<b>3.1</b>	<b>2.3</b>	<b>2.5</b>	<b>2.6</b>	<b>3.2</b>

<b>3A</b>	Total number of respondents to question 1 as a percentage of those respondents who answered 'I am extremely satisfied' or 'I am very satisfied' or 'I am very happy with the way staff help me, it's really good'	<b>65.8</b>	<b>60.0</b>	<b>60.3</b>	<b>64.8</b>	<b>61.1</b>	<b>59.5</b>	<b>59.3</b>	<b>64.1</b>	<i>* Outcome is a weighted value</i>
<b>3B</b>	Respondents who answered 'I am extremely satisfied' or 'I am very satisfied' as a percentage of all respondents to the question excluding those who answered 'We haven't received any support or services from Social Services in the last 12 months'	..	..	..	..	<b>28.4</b>	<b>34.6</b>	<b>35.2</b>	<b>42.7</b>	Please note this information is reported biannually and as such data is not available for 2013/4
<b>3C</b>	Respondents who answered 'I always felt involved or consulted' or 'I usually felt involved or consulted' as a percentage of all respondents to question 15 excluding those who answered 'There have been no discussions that I am aware of, in the last 12 months'	..	..	..	..	<b>63.4</b>	<b>65.8</b>	<b>65.9</b>	<b>72.9</b>	Please note this information is reported biannually and as such data is not available for 2013/4
<b>3D1</b>	Number of respondents who answered "Very easy to find" and "Fairly easy to find" as a percentage of all respondents to question 12 (excluding those who answered "I've never tried to find information or advice")	<b>71.1</b>	<b>73.0</b>	<b>72.8</b>	<b>74.5</b>	<b>67.5</b>	<b>68.9</b>	<b>68.3</b>	<b>71.4</b>	<i>* 2013-14 Outcome is a weighted value, 2012-13 is average of the two ASCS and CS outcomes ; not comparable with latest</i>
<b>3D2</b>	Number of respondents who answered "Very easy to find" or "Fairly easy to find" as a percentage of all respondents to question 13 (excluding those who answered "I have not tried to find information or advice in the last 12 months").	..	..	..	..					

										<i>performance</i>
<b>4A</b>	Respondents who answered 'I feel as safe as I want' as a percentage of all respondents to question 7a	<b>63.5</b>	<b>60.9</b>	<b>62.8</b>	<b>66.0</b>	<b>58.3</b>	<b>58.7</b>	<b>60.5</b>	<b>65.1</b>	<i>* Outcome is a weighted value</i>
<b>4B</b>	Respondents who answered 'Yes' as a percentage of all respondents to question 7b	<b>86.5</b>	<b>75.0</b>	<b>76.8</b>	<b>79.1</b>	<b>84.9</b>	<b>74.6</b>	<b>73.9</b>	<b>78.1</b>	<i>* Outcome is a weighted value</i>