REVIEW OF OLDER PEOPLES DAY SERVICES IN THE LONDON BOROUGH OF TOWER HAMLETS.

Contents

1. Executive Summary

1.1. Over the next 10 years, the number of older people living in Tower Hamlets is expected to increase significantly, alongside increased life expectancy. While people are living longer, many are living with long term conditions, physical, learning disabilities and/or mental health problems. All of which create a demand for adult social care services.

1.2. Data shows a significant increase in the working age population, with 56% of the total residents aged 30-49[1]. The number of residents aged 65 and over will see an increase of over 22%. Within this, the number of 85 year olds is projected to increase by 46.7% - the largest percentage increase across any five year age group.[2] This in turn will have a greater resource implication on funding for services and a pressure on service providers to deliver within austerity measures providing innovative responsive service that demonstrates value for money.

1.3. The Council currently funds two in house day opportunity services (excluding Russia Lane Dementia Service) and nine further spot contracted services supporting 290 service users in the borough. This equates to a spend of £1,858,049 per annum on the larger contracts and a further £140, 000 on the smaller spot contracts. An annual expenditure equating to £1,998,049.

1.4. However, the occupancy and rates and activities vary across the services along with the needs of those accessing the various projects. The review examines this, and proposes that the purpose of day opportunities be looked at again, as well as the service model and recommendations for service scoping and delivery. The proposed service model recommends:

- **Dedicate the Current In house Service at Jack Dash House as a Complex and High Needs Service** to meet the growing demand for frail elders with complex needs.
- **Establishing a Preferred Provider Framework** with a clear quality outcomes service specification for community hub day opportunity services for those who are eligible. This will in turn improve the customer Journey and experience.
- **Reconfiguration and re-provision** of the in house service provided to Somali elders at Mayfield House. Currently underutilised, not having adequate building facilities and not demonstrating value for money. To ensure current service users are able to access and receive support in a service which has the facilities available which meet cultural and religious requirements. Any such service should also meet the need of Somali elder women who are not currently accessing services.
- **A partnership approach** across the Universal Services, working with lunch clubs, linkage plus, specialist services, advice and advocacy and carers services to offer a clear directory of services, access information and support as part of the customer journey. This will include a need a commitment to market development and a collaborative approach to capacity building across, health, social care and the statutory sector.

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[1] GLA 2012 SHLAA Population Projections
[2] Population Key Facts, Research Briefing 2013012, LBTH CRU

- **Support providers and operational teams** to implement the changes of the Care Act 2014. A statutory duty to provide advocacy and support to Carers is amongst the key requirements both through the Council and for providers to deliver. Further details can be found https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

2. Introduction and purpose

2.1. Following a report to Cabinet on the 6th November 2013, Cabinet recommended a three step process to support the modernisation of day services provided for older persons in Tower Hamlets.

1: The first included the offer of new 12 month contracts on a spot basis from 1st April 2014 to 31st March 2015 with the three externally commissioned block funded services. This was completed with negotiated rates in place by the 1st April 2014.

2: The second recommendation was to carry out a review of existing provision for older persons in the Borough, based on services for those who meet the Fair Access to Care Services eligibility criteria. The review is to support the shaping of future services and take into consideration both local and national drivers including the vision of The Care Bill. The aim being to return to Cabinet to agree a procurement route with clear outcomes for future older people's day opportunity services.

3: The third was to progress with the procurement as agreed by Members at Cabinet.

2.2. The methodology for the review included:

- Reviewing best practice guidelines from government, national and local organisations based on research and policy and benchmarking.
- Reviewing and analysis of demographic trends and projections to support future mapping and planning.
- Appraisal of policy and legal requirements to be embedded into service design and delivery of services in adult social care
- Reviewing existing services, (in house and all spot arrangements) based on activities, attendance, facilities, budget, and resources.
- Cost analysis of day services rates across in house, external and local london boroughs for benchmarking
- Extensive Consultation with existing eligible service users, staff, carers, public health, operational leads and focus groups

2.3. There are huge pressures in adult social care, particularly for older people. Against a national picture of an ageing population linked to a rising demand for adult social care, set against a background of funding limitations and austerity measures, increasing cost pressures on residential and nursing care provision, and the implementation of The Care Act (2014) it is timely to review the range of very traditional day services provided to eligible people in the borough to ensure that services:

- meet local needs and aspirations
- are equitable across our communities
- provide value for money and, ultimately
- engender happy independent older people who feel that they can make a valuable contribution to their local community.

2.4. The Council currently spends £1,858,049 on the in house and external day services for older people who meet Fair Access to Care eligibility criteria. This figure is based on the external day services, previously on a block contract but now subject to spot contract arrangements (St Hilda's weekend service, Sonali Gardens and Sundial Centre) and the two in-house services, Riverside and Mayfield House. This excludes the cost of the Russia Lane Day Service for people with Dementia, as this provision was not considered for the purposes of the review - it being a specialist service and therefore out of scope.

2.5. Additionally, it is anticipated that the Council will spend around £140,000 on a range of spot purchased day provision during 2013-14, which is a conservative estimate. This is around £50,000 less than last year due to a number of people who have left these services.

2.6. Due to a number of key drivers associated with the ageing population in the borough, the demand for adult social care services, and therefore the cost pressures on Adult Social Care, will increase in the years between now and 2020, continuing a gradual trend which has been in evidence for several years already. Cost pressures will continue to increase unless a more sustainable approach to meeting need and improving outcomes for service users and carers is identified for the future. This does require a focus on early intervention and prevention services to support adults to maintain health and wellbeing and therefore greater independence in later life.

3. Tower Hamlets Demographic Information

3.1. The 2012 Mid-Year Estimate from the ONS put the population of Tower Hamlets at 263,000. This stands the Borough 14th out of 33 London Boroughs based on number of residents – deemed a mid-sized local authority.

3.2. In England, there is a growing ageing population, particularly in the 65 and over age groups. However the London Borough of Tower Hamlets has a specific demographic profile with 49% of all residents in the age group of 20-39. Tower Hamlets is the 2nd most densely populated borough in London at 13,296 residents per kilometre[3]. Based on the 2011 Census, Tower Hamlets was the fastest growing area in the country over the last ten years with the population increasing by 27%. The expectation is that over the next ten years, the population will increase by an additional 20% to reach 320,000 residents by 2013[4]. According to GLA SHLAA based projects, Tower Hamlets will be the 3rd fastest growing Borough in London (across 2013-2023) after the City of London[5] and Greenwich.

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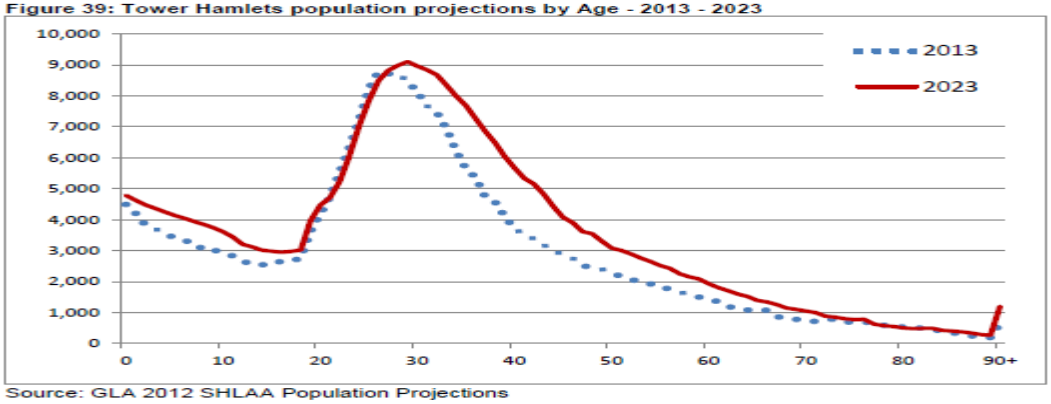
[3] Population Key Facts, Research Briefing 2012-13, LBTH CRU
[4] IBID
[5] City of London is projected to be fastest growing area in the GLA projections partly because it starts from a low population baseline (less than 8000 residents in 2013)

Population over 65 data

3.3. The population in the over 65's age group only equates to **6%** of the overall resident population, the lowest in England, where the average sits at 11.3%. Newham has the second lowest over 65 populations at 6.8% followed by Hackney at 7.1%. [6]

3.4. When looking at the census data of 2012 and previous ten years to 2012, population projections by age over the next 10 years are showing an increase over all age groups but with a significant increase in the working age population with 56% of the total residents being in the age range of 30-49[7]. The number of residents aged 65 will also see an increase of over 22%.Within this age group, the number of 85 year olds is projected to increase by 46.7% - this being the largest percentage increase across any 5 year age group.[8]

Figure 39: Tower Hamlets population projections by Age - 2013 - 2023



Source: GLA 2012 SHLAA Population Projections

3.5. When this percentage is translated into population terms, this equates to an additional **3,500** residents in the 10 years from 2013. Of these **923** are expected to be in the over 85 age group. **Current capacity in services would not be able to manage the demand without expanding the current older people's day opportunities market place**. This will need to consider the prevention and rehabilitation needs of service users from an age band from 50 in order to supply services to meet the broad and divergent health and social care needs that will be presented in later life as well as services equipped and skilled at supporting frail elders.

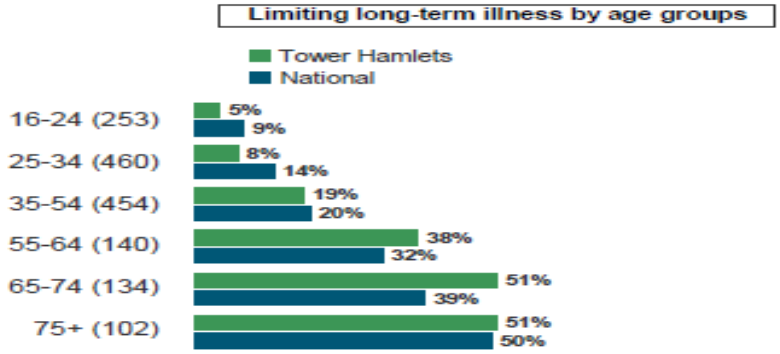
Older People: Health and Wellbeing

3.6. Nationally, the focus when projecting demand for social care tends to be on the 'ageing population', usually focusing on people aged over 65, since older people are, statistically, significantly more likely to require support from both health and social care services. In particular, those aged 85+ are far more likely to be users of health and social care services (as a proportion of their population).[9] This is certainly true in Tower Hamlets, with older people more likely to experience long term conditions,

[6] ONS 2012 midyear estimates.
[7] GLA 2012 SHLAA Population Projections
[8] Population Key Facts, Research Briefing 2013012, LBTH CRU
[9] JRF / Counsel and Care, 2006

and multiple co-morbidities, when compared both to national figures, and to the younger population in the Borough.[10] This can be seen in Fig. 1, below.

Fig. 1: Prevalence of limiting long-term illness by age group across Tower Hamlets – (Fig. 3, Tower Hamlets Older People JSNA – Health and Lifestyle Survey Report, 2009)



3.7. The chart shows that people aged 55-64 in Tower Hamlets are also significantly more likely to suffer from long term conditions than other people of their age nationally, reflecting the significant social-economic deprivation and resulting health inequalities.

4. National policy context

4.1. "Day services" is an umbrella term that covers both day activities and day care. Day activities are those that happen in the community and support older people who have lower level needs. These may include formal and informal settings including universal services; centres run by voluntary organisations, drop-in centres, lunch clubs, and social clubs and keep fit activities and may or may not include staff and volunteers. Day care implies a specific need that would not be met by day activities. It suggests a greater degree of dependency by the person using the service, and a care plan would be in place to document the individual's need and how it will be met.

4.2. A number of policies have helped inform and shape services for older person's day services such as the National Service Framework for Older People 2001 (DOH). This along with Policy such as Next Steps: A New Ambition for Old Age; Caring for or future 2012 DOH, set out standards in the delivery, support and outcomes expected to when services are provided to older persons. The Transforming Adults Social Care drive across local authorities developed further outcomes for adults and older people, including key themes such as;

- to improve health and emotional wellbeing,
- Improve quality of life,
- help people make a positive contribution,
- Increase freedom from discrimination or harassment,
- Enhance personal dignity and respect,
- Mental Health in Old Age,
- Complex needs,
- Urgent Care.

[10] Tower Hamlets Older People JSNA Factsheet, Chapman / Clifford, 2011

The Care Act 2014

4.3. The Care Act 2014 brings a renewed emphasis on providing services that promote wellbeing and independence. It is about supporting people to retain or regain their skills and confidence and to prevent needs or delay deterioration and therefore reduce dependency. Recovery, wellbeing, prevention/reduced dependency and local networks are all core themes running through the Care Bill.

4.4. Each Local Authorities **must** provide or arrange for services, facilities or resources which would prevent delay or reduce individuals' needs for care and support, or the needs for support of carers'[11]**.** Day services in Tower Hamlets play an important role for both the cared for and the carer. They feed into primary prevention and rehabilitation through their focus on reducing social isolation and loneliness through social activities, and improving health outcomes by providing health and wellbeing promotions and physical activities. Services can also provide access to basic information and advice. There is a strengthened focus on the local authority and its universal responsibilities towards not just those who are eligible with an opportunity to redesign services that better meet users' needs and aspirations.

5. Value and Purpose of Day Services

To offer:

- A broad spectrum of good quality day services are an essential part of a plan to support the majority of older people in their wish to remain in their own homes pursuing active and fulfilling lives for as long as is possible. Older people are not a homogeneous group. The population of Tower Hamlets in the age range from 65 to 100+ includes differences in terms of health, fitness, interests, culture and faiths. It has been essential that the review reflects on this and considers as broad a range of day services as possible to ensure that the differing needs of diverse groups within the community were taken into account. Benefits are noted in 4.3.

For the statutory services the benefits include:

- Promoting effective use of inpatient services including preventing unnecessary hospital admission and supporting early and successful discharge. It will also help to reduce the risk of readmission.

- Promoting greater capacity and effective management of personal care services. Offering the opportunity to identify changes in the physical, social and psychological state of the users.

[11] Consultation on draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16. Care and Support Statutory Guidance: Preventing, reducing or delaying needs, p17

The role of day services in rehabilitation and risk management

5.1. Day services are not solely about providing socialisation and support for the isolated and respite for unpaid carers. They also provide a service:

- as part of a rehabilitative, recovery and preventative programme of care for people at risk of, with, or recovering from clinical depression, severe anxiety states or psychosis, some of whom are within the care of the Mental Health Service;
- as part of risk management for people who may be at risk of self-neglect or abuse;
- to help manage the risk for some people who are mainly at home for large parts of the day and, for example, may have dementia and be at risk of wandering; or
- people may attend a day service because they have been advised that this is in their best interest or to provide their carer with some respite. A person must consent to go to a day service.

6. Drivers of Demand for Social Care – Local Prevalence

6.1. There is significantly higher prevalence of the following conditions in Tower Hamlets than nationally, which drives demand for social care.

Cardiovascular Disease (CVD)

6.2. This is a significant risk factor in the likelihood of needing support from adult social care[12]. Overall, the prevalence of this range of diseases (which include stroke) is much higher in Tower Hamlets than nationally (**mortality from CVD is 38% higher in Tower Hamlets than nationally**)[13], and that it increases significantly after the age of 40 in relation to stroke.

Dementia

6.3. All dementias are progressive and are strongly linked with an increased demand for social care. **An increase of 13.7% is expected in the prevalence of dementia in the borough between 2011 and 2020**[14i], with a particularly marked increase of 70% in the 90+ age group[ii][15]. This will have real cost implications for social care.

6.4. Along with better recording of data, this increase in older persons with dementia is likely to represent a rise in the number of recorded diagnoses and referrals as a consequence of improved dementia pathways in the borough, in the context of an absolute rise in demand, as shown in Fig. 4 below.

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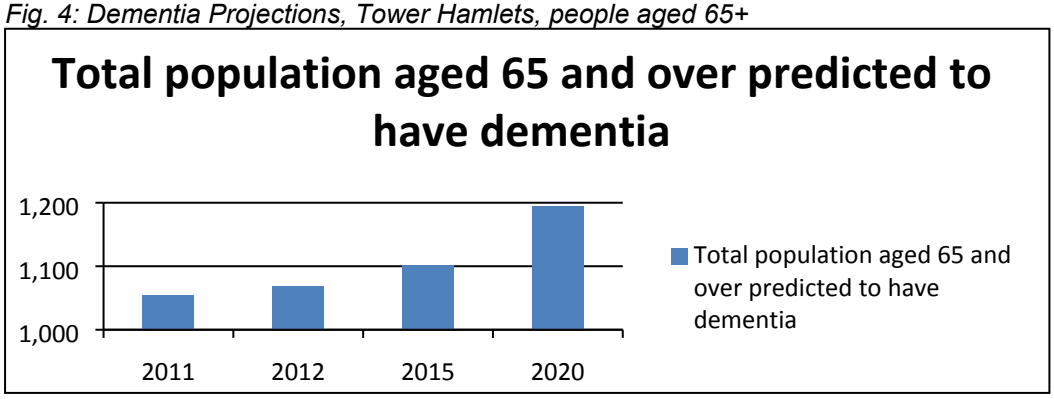
[12] Kings Fund, 2009.

[13] JSNA Summary Report, 2011, 2007-8 data

[15] Dementia UK prevalence estimates applied to 2011 Census Sept 2012 release

Fig. 4: Dementia Projections, Tower Hamlets, people aged 65+



6.5. NHS London has published alternative estimates for Tower Hamlets, based on GLA population projections, which predict a greater increase (to 2021) in the numbers of people with dementia in the borough. Using this methodology, NHS London predicts a 137.8% increase in people from black and minority groups with dementia in Tower Hamlets in 2021 compared to 2009, and overall, a **31% increase in total numbers of people in the borough with dementia by 2021**.

6.6. The NHS London report suggests that 'it is possible that some ethnic groups that are at relatively greater risk of cardio-vascular disease (such as South Asian communities) may have a raised prevalence rate for vascular dementia'[16]. This suggests that estimates of dementia prevalence set out in this report may be conservative, and that the real rise in numbers (especially as the ethnic profile of older people in the borough becomes more diverse in the coming years) may indeed turn out to be higher than suggested by ONS population projections.

6.7. Currently Tower Hamlets has a specialist service supporting up to 25 people a day with Dementia. Long term planning will require a review of this with demand data to ensure services are available to meet the expected growing demand and the older age group and they be able to meet the sensitivities of culture and religion for service users.

Depression

6.8. Evidence suggests that depression is associated with increased risk of needing support from social care.[17] 13% of all older people in the borough were registered on GP depression registers.[18] This is a significantly higher number than national prevalence rates would predict, and suggests a higher local prevalence of depression than is found nationally.

Living Alone

6.9. Older people who live alone are significantly more likely to have a social care need than those who do not live alone.[19] Overall, according to 2001 Census data, a higher than average proportion of older people in the borough live alone (around 47%,

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[16] Source: Dementia UK prevalence rates applied to GLA 2009 round population projections - SHLAA (revised) for 2009 and 2021

[17] Kings Fund 2009; PSSRU 2012.

12. POPPI Projections

[19] PSSRU, 2012

compared to a national average of around 33% for people aged over 65). More recent local data[20] suggests that even this percentage represents an underestimate, with an average for those in the borough aged 65+ of 61% living alone.

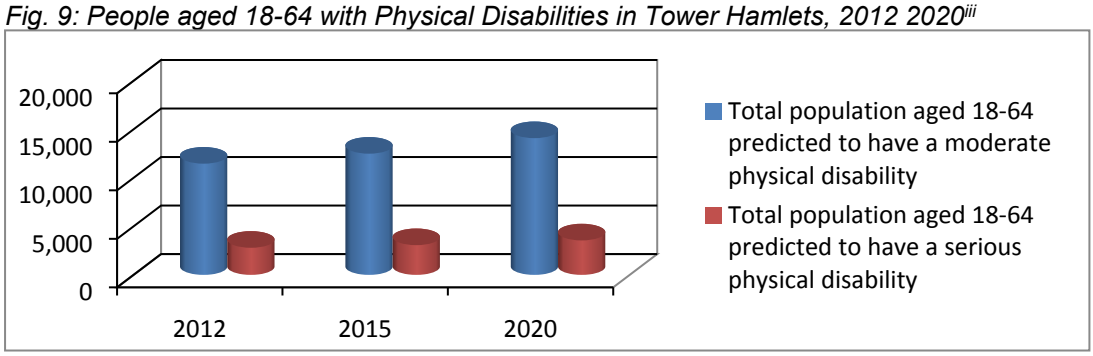
Falls

6.10. A fall can be a catastrophic event leading to increased health needs, reduced mobility, and a greater need for health and social care support. The total number of older people who have had at least one fall during the previous 12 months is expected to increase to from 4,303 in 2012 to 4,332 in 2015 to 4,418 in 2020 in line with population projections[21].

Adults Aged 50+ with physical disabilities and long term conditions

6.11. According to national estimates, a significant increase is predicted in the number of people aged 50+ with physical disabilities in the borough. This can be seen in Fig 7; although this data refers to people aged 18-64, evidence[22] suggests that the largest proportion of this growth will relate to people aged over 50.

Fig. 9: People aged 18-64 with Physical Disabilities in Tower Hamlets, 2012 2020[iii]



6.12. However, it is likely that these national average figures represent an underestimate, as there is evidence that the level of long term illness or disability in Tower Hamlets is significantly **(34%)** higher than the national average[23].

6.13. There is also evidence[24] that poor mobility is correlated to social deprivation, with higher proportions of the population reporting mobility difficulties in the Tower Hamlets population. This also coupled with living in social housing or poor quality housing, unemployment, with poor levels of education, literacy or English language.

6.14. Along with the above health conditions, there is further data of a range of conditions which impact all those over the age of 65 against other age groups. These include **21% of over 75 having Ischemic Heart Disease**[25], **15% aged 65 having diabetes** compared to 2% aged 35-45[26] and in **2011 there were 274,000 newly diagnosed**

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[20] Tower Hamlets Health and Lifestyle Survey, 2009
[21] POPPI projections
[22] Tower Hamlets Health and Lifestyle Survey, 2009, when applied to ONS mid-year projections June 2012
[23] Tower Hamlets JSNA
[24] Tower Hamlets JSNA
[25] HSCIC Health Survey for England 2012 – Adult Trend Tables 2014
[26] IBID

cancers of which 63% of these where in people over the age of 65.[27] In 2012/13 older people were more likely to access adult secondary mental health services - 16% of those aged 85 and over compared to 2% aged 0-64[28]. All the above urges the recognition and the requirement to ensure a more joined up approach to health and wellbeing both and prevention at an early age (40+) but also in the management of conditions in later years of life.

Carers

6.15. There were around 21,000 unpaid carers in Tower Hamlets in 2010, of whom at least 5,800 provided 50 hours or more of unpaid care per week, the highest proportion in London.[29] A higher proportion of the Tower Hamlets population (8,907 people, or 1.32% of the total population) provides 20-49 hours unpaid care per week to a family member, partner or friend than the London or England average. Nationally, carers have worse health than the general population, and in Tower Hamlets, carers have worse general health than the national carers' average.

6.16. The number of carers in Tower Hamlets is predicted to increase significantly in line with population growth from 23,058 in 2015 to more than 26,565 by 2020[30]

6.17. Carers have a vital impact on wellbeing for the cared for on both a social and economic scale. Without them, the Council would have a greater pressure on the spend for adults across a range of day services, domiciliary care as well as on accommodation based provision. It is crucial to support the carers themselves through Health Checks, Carers Assessments and robust communication and engagement processes with providers and the statutory sector.

Older People's Predicted Use of Services between now and 2020

6.18. Analysis of data shows a progressive increase in services provided to older people. Due to the health and demographic factors already outlined in this paper, demand for adult social care services from older people is predicted to continue to increase between now and 2020. For example, one service, home care, which is particularly heavily used by older people in Tower Hamlets, is expected to continue to be under growing pressure over the next 10 years.

6.19. The number of households receiving intensive home care is predicted to rise from 850 in 2015 to **923** in 2020.The number of people aged 65 and over receiving community-based services is projected to rise from 2,048 in 2015 to **2,099** in 2020.

6.20. Tower Hamlets has also seen a rise in demand for services from informal carers (usually family members), and this trend is also likely to increase in line with the growth in the number of carers overall.**[31]** Further, a change which is now law through

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[27] IBID
[28] HSCIC Mental Health Minimum Data Set 2012-13
[29] Tower Hamlets Carers JSNA, 2010
[30] Cathie Marsh Centre Report on Carers, 2010; ONS Population Projections applied to census data

the new Care Act, entitles carers to have their eligible needs met by adult social care, and this is likely to lead to a further rise in demand for services from carers.

7. Equalities

One Tower Hamlets Considerations – Equalities

8.1. On 1st April 2015, the law in relations to the determination of a person's eligibility for their social care needs being met by the Council changed.

- The Care Act recognises that all assessed needs fall to either being a *duty* or *a power* to meet. That is, where the Council *must* meet the assessed need or *may* meet the assessed need. Resources, lack or availability, cannot be a reason not to meet an assessed need when it is a duty to meet, but can in relation to those the Council has a power to meet.
- Far Access to Care Services (FACS) will be replaced with a national eligibility threshold as set out by the Care and Support (Eligibility Criteria) Regulations 2014.

8.2. For the Council, needs that would previously have been *substantial* or *critical* under FACS, will normally be deemed to have a *significant impact* on a person's wellbeing and so will be seen to fall to being a *duty* to meet.

8.3. In a context of rising demand, alongside stand-still – or even reducing – resources, there is a risk that we may need to focus solely on our statutory duty, and that we may no longer be able to fund 'preventative' services. From an equalities point of view, this may have a disproportionate impact on the most vulnerable groups in the borough.

Efficiency / Best Value

8.4. The directorate strives to achieve best value across all of its commissioning. This is understood to mean commissioning the best quality care (taking account of strategic Council priorities, including requiring that employees are paid the London Living Wage) for the best possible price. Currently, we have a policy of commissioning only services which have meet the Care Quality Commission's standard of Good or Excellent (where services are CQC regulated) or services that meet the Most Economically Advantageous Tender criteria prescribed through procurement.

8.5. The council needs to ensure it can manage increased demand without risking our statutory responsibilities. Standing still is not affordable, because in the future continuing with the status quo will cost more, and will not deliver any more in terms of better outcomes. Given the current austerity drive from Central Government on Public Services, it is proposed that a fresh approach is needed as explored above.

8. Identification of best practice

9.1. Best practice noted a range of provision types including, in house, voluntary sector, use of transport, lunch clubs, different opening hours, and drop in centres. Some drop-in facilities included cafés which offer food ranging from a coffee bar to breakfast, lunch and packed meals for people to take home for their evening meal.

The other facilities available to drop in users include DWP sessions, podiatry, hearing aid advice, dentistry, eye care service, manicure, hairdressing, mobility scheme, access to the Internet. Through the range of commissioned and purchased services including LinkAge Plus and lunch clubs, these provisions in varying degrees based on provider partnerships, are available in Tower Hamlets.

9.2. Best practise would suggest that future provision of day services and better occupation for older people needs an emphasis on independence, choice and well-being. Service provision that promotes a vision that:

- supports flexible and personalised support
- moves from day centres to wider day opportunities
- increases community engagement
- **rehabilitation and recovery ingrained in practice** to promote independence and health across day opportunities
- devolves determination of services to localities
- supports the changing business model and funding streams brought about through Self-Directed Support. A tiered model that focuses on prevention, independence and choice through access to universal services; improved use of voluntary and independent sector and development of resource centres to focus on highest level of dependency whilst ensuring greater community involvement.
- Moving service users onto cash personal budgets top support choice and control

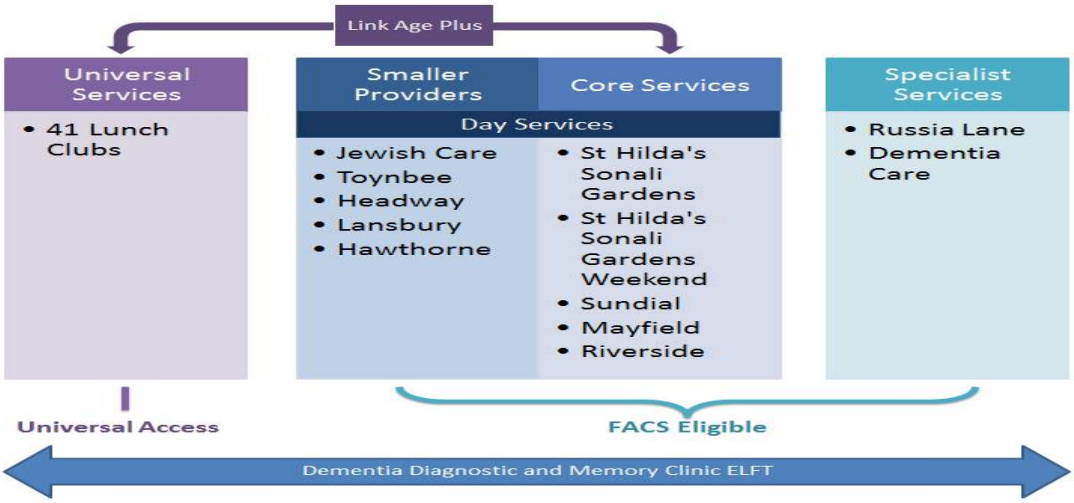
9. Existing provision of Day Services in Tower Hamlets

10.1. This review focused on the services of which there is a contracting arrangement for those over 65 and who met the FACS eligibility criteria. For older people from the age of 50 and over, the council currently currently funds a range of lunch clubs increasingly aimed at providing a service that promotes health and wellbeing.

10.2. Furthermore**, LinkAge Plus** was commissioned again from 31st March 2014, involving a collaboration of five local partner organisations. This service is jointly funded by Tower Hamlets CCG who value the preventative model. The service aims to increase wellbeing and prevent the need for more costly health and social care intervention for Older People in Tower Hamlets by addressing the following:

- Falls prevention through outreach work, physical activities, liaison with the Health services and balance and strength training courses
- Reducing depression through outreach work, mental health promotion,
- Health Promotion through a programme of activities
- Reducing social isolation through outreach work and group activities
- Increasing participation through volunteering
- Maximising people's income through advice sessions and signposting to other advice and advocacy services.

10.3. The Council currently funds three in house day opportunity services and a further nine Third Sector providers through spot contract arrangements. The tables below illustrates services available by providers :



Name of service	Accessed by (all note open to all)	Internal/external
Riverside House	General population	In house
Mayfield	Somali population	In house
St Hildas Sonali Gardens	Bangladeshi Population	External
St Hildas Sonali Gardens - Weekend Service	Bangladeshi population	External
St Hildas Landsbury	General Population	External
Peabody - Sundial Centre	General population	External
Jewish Care	Jewish Elders	External
Headway (specialist acquired brain injury service)	General population	External
Toynbee Hall	General Population	External
Bromley By Bow	General Population	External
Hawthorne Green	General Population	External

10.4. **The core services which support the majority of the 271 service users are those highlighted in yellow above**. All services listed offer a Monday to Friday service, operating in the core hours of 9-5. There is already a weekend service (both Saturday and Sunday) run by St Hilda's as noted. Referrals are predominately made through social workers and brokerage.

Environment/facilities provided in current day services

10.5. All of the services noted operate from traditional building based settings. However the core centres (with most daily attendees) such as **St Hilda's Sonali Gardens, Riverside, and Sundial** have a range of facilities which create for greater

opportunities and amenities on site for service users. These facilities include wheel chair access bathroom and washing and bathing facilities, large communal space areas, on site kitchen and cooking space, lifts, on site outdoor space, parking for transport on site, space on site for partners such as linkage plus to deliver and support services, therapeutic rooms such as hairdressing, massage and café and dining room also on site (Sundial).

10.6. To meet cultural and religious sensitivities, Sonali Gardens is the most adapted space providing separate rooms for both male and female along with communal usage space, separate ablution and toileting facilities as well as separate prayer rooms. As **Sonali Gardens** currently supports **Bangladeshi elders who are Muslim**, the facilities are an absolute requirement to both maintain their religious and cultural beliefs, identity and wellbeing.

10.7. Other services noted such as **Jewish Care, Lansbury, Toynbee Hall** also have the facilities on site of large communal space, wheel chair accessible toilets (but not bathing facilities) and kitchen space. However, all three of these services also run a lunch club and the services are combined in that day service users partake in the same activities and events as lunch club members.

10.8. It can be argued that the lunch club members are getting an enhanced service or the day service users a 'lighter touch' provision. This may be reflected in the average price which sits lower than the core services. There is a broader mix of ages present, as well as ability and needs. When doing the consultation this group of services was called by both a member of staff and service user as "day care light" as many of the service users felt they were more active, mobile, had family and friends for support but also not quite ready for the "real" day centres. This is not to say they were not valued as the value and satisfaction was very high both for maintaining a connection with peers, staff support, reducing isolation, receiving a healthy meal and as service users who attends Jewish Care noted, to maintaining "my Jewishness which is really important".

10.9. However, there is a requirement to look at the building space and environments as a vital element of a services users experience and wellbeing. **Mayfield House** currently supports **men only from Somaliland**. The building **lacks full disability access, separate seating/activity/toilets/washing/prayer space** for male and female which has deterred women from using the service. Although the service is supported by a team who work with service users in a culturally sensitive manner, the building itself does not have the facilities to support this fully in practice and in turn offers a reduced service by being at best only accessible to males. The service has a historical connection as running as a Somali lunch club with a number of attendees continuing to access it as such which in itself poses some risks and management issues.

Meals

10.10. All of the services have a kitchen on site with a number of the providers cooking meals on site (Sundial, Sonali Gardens, Mayfield, Jewish Care, and Bromley by Bow, Toynbee, Headway, and Hawthorne) and others where Tower Hamlets Community Meals are delivered (Riverside). The cost of the meals varies from the subsidised £2.65 contribution for the in house meals provision to £7.20 at Jewish Care.

Transport

10.11. Transport is provided to all service users where transport is a requirement to enable individuals to access the services identified. The services noted provide a range of options both with transport provided through the Councils in house provision which can be mini bus/taxis or by a commissioned service from the provider. At some services such as Sonali gardens a combination of both in house and provider own transport is used. Although transport is a crucial part in maintaining someone's connection, independence and reducing isolation, it is key to look at assessing this through the travel pathway in order to ensure the most appropriate support is provided maintaining services that work well but using resources flexibly.

Activities

10.12. A range of activities are offered in existing services which will be discussed more fully in the consultation feedback. However, where there was the connection with Linkage Plus, there was a greater awareness of activities which included health and dietary awareness, some support with benefits and welfare as well as the usage of hairdressing peer support groups on site.

10.13. All of the services offered for example, exercise, outings, quizzes, board games (including games found native to home countries, e.g. karum board) and music and entertainment. The core services discussed also the offer of reminiscence sessions to support memory and cognition. Sonali Gardens also provided information and discussion groups whereby local imams would attend the service to talk about health, wellbeing, cultural beliefs especially important during Ramadhan and the desire to fast for some elders. The availability of literature and media in mother tongue was also available in Sonali Gardens, Mayfield and Jewish Care

Occupancy of current core day services

10.14. All services apart from the two in house services are paid under **spot contracts as of the 1st April 2014**. The table below highlights the core services and average attendance over financial year of 2012-13 capturing eligible service users only. With the demographic data telling us there is a growth in elders to support, it is vital to look at current usage and capacity to support future development and map need.

Service	Capacity per day	Average daily attendance	% as Capacity
Riverside	40	30.6	76.5%
Mayfield House	30	4.26	14.2%
Sonali Gardens	40	27.08	67.69%
St Hilda's Weekend	12	9.52	79.33%
Sundial	30	21	70%

10.15. There are two key points to note when looking at the figures above:

- Sonali Gardens figures are hugely impacted by a six week period of Ramadhan each year where occupancy can fall to almost half. This will also be a factor for Mayfield.
- Mayfield figures are based on service users who are eligible only. This service is attended also by male service user (friends of) who had accessed it previously as a lunch club or when no longer eligible. The needs of attendees differ greatly and the staff team have worked consistently to support all with emphasis on those most vulnerable but risks have been posed by visitors as well as negatively intervening whilst staff provide support to eligible service users. This figure can include up to 10 service users per day who do not have eligible needs. There are currently 13 eligible service users who attend Mayfield. Of these there are currently at least two service users who are currently being supported but will be requiring more specialist Dementia Services in the near future. **No women** currently access this service.

10.16. The Riverside service currently supports a higher proportion of service users with higher needs associated with frailty and physical disability. With a higher proportion of service users attending who are wheelchair bound, on some days the service cannot support service users to the original capacity of 40 due to the physical space required. The service however could continue to deliver meeting the higher end support needs group at 35 service users per day. If using this more appropriate occupancy per day, the daily occupancy level would register at 87.4%.

10.17. However all other core services noted have capacity on various days across the week to take on new referrals. Services have been supported to publicise and market their provision with social work and brokerage teams and having a daily rate now as part of the offer, this both serves clarity for purchasers but also a drive for providers to sell services where once not such a priority under block contracting arrangements. From the above data, it is clear that some of the services are underutilised – in particular Mayfield House.

Change in demand experienced by providers

10.18. As part of the consultation, providers where asked about their experiences in delivering the service, the change to the market place and the offer they are having to provide. As a summary a few key factors were clear. The consensus was on the following:

- Changes in present service user group with people having increased frailty, physical disability and cognitive impairment and requiring increased levels of support
- More current service users needing to move to Dementia Services
- Increased expectation from service users wanting more rehabilitative support – this is in extension to anything that may have been provided as the offer from Reablement team and from GP's which is not always accessible due to the logistic of transport and carer support needed to access the services/support.
- More referrals coming through CMHT's
- Referrals where transport is a must to access the service

Benchmarking costs across Boroughs

10.19. Data from the PSSX index 2012-13 positions the London Borough of Tower Hamlets as the second highest unit cost for older person's day services. However, following contract negotiation with block contracts and a review of funding of all spot contracts, evidence based on actuals paid per day against neighbouring London Boroughs would suggest otherwise. The table below calculates average daily rates reported by commissioners and brokerage officers across London boroughs compared to what is paid in Tower Hamlets. Based on this, **the average daily rate paid is on par with neighbouring boroughs** but in some cases lower as some boroughs are yet to adopt the LLW as part of contracting.

Borough	Average Rate paid per day	Transport cost per day	Meals/refreshments per day	LLW
Newham	£30-£50	Not included	£5.50	Yes
RBKC	£36	£15-£20	£3.65	Yes
Waltham Forest	£40	Not included	£6.20-£8.30 (direct payment by service user to Sodexo meals – none subsidised)	Yes
Hackney	£40	Not included	Not provided	Yes
Bromley	£32.	Not included	Charge made to service user	No
Tower Hamlets	£39.35[32] £44.44[33] £47.32[34] £78.08[35]	Not included £10 £35[36] £2.53[37]	From £4 - £7.20 £4.00 £3.00 £3.00	Yes Yes Yes Yes

[32] Spot contract average across Bromley by Bow, Hawthorne Green, Headway, Jewish Care, Norwood, St Hilda's Lansbury, Toynbee
[33] Spot contract across St Hilda's and Sundial Service
[34] In House Riverside Day Service
[35] In House Mayfield House based on numbers of FACS eligible service users in attendance
[36] This cost is based on the Transport Recharge attached to the service budget through LBTH Finance
[37] This cost is based on the Transport Recharge attached to the service budget through LBTH Finance

10.20. When looking at achieving savings through the daily rate, it is not feasible to reduce much further that which is already paid to external spot contracts. However a rate review with adjustment including cost such as transport will look to yield a saving akin to that expected from 2014-15. A saving of approx. £67k is expected from the external day services for 2014-15 and a reduced spend on the smaller spot contracts also expected due to limited new referrals based on previous years. Internal negotiations will need to look at efficiencies to the transport apportionment but emphasis on savings to meet the target of **£201k** for **2015-16**, will require the reconfiguration of how the Mayfield house service is delivered. The needs of this service users group do need to be fully met but the current capacity data, equalities, facilities information and value for money analysis highlights a necessity to reconfigure from where and how this service is delivered. A transition to a community hub where needs would be met and facilities in place would be one of the options proposed as part of the procurement process.

10. Consultation and engagement with service users, providers and stakeholder

10.21. The combination of Section 138 of the Local Government and Public Health Act 2007 and Section 1 of the equality Act 2010 places on local government a general duty to consult with actual and potential service users which is an essential pre requisite of lawful decision making on the restructuring of service provision. The consultation carried out therefore and discussed herein was consistent with this duty. Appendix three captures the consultation sessions with Appendix five illustrating responses to the consultations carried out.

10.22. The purpose of the consultation was to capture the following:

- Learning from service users experience of accessing services and support received in decision making
- Valued aspects of day service
- Help to define outcomes that service users aspire to in day to day day services and support services
- Help to determine priorities and outcomes to support service planning and redesign for specifications
- Learning about the gaps from a user perspective, what works well and not
- Help to learn about the skills service users feel are required in staff teams to enable them to have a positive and enabling experience in services
- Share the message of personal budgets and choice
- Discuss and issues and concerns about present services and the future

For Staff this also looked at the following:

- How the provider will adapt and lead to meet the existing service user need and the changing demographic
- Supporting and developing staff teams with the resources and skills required to deliver responsive services
- Existing in a competitive market place

10.23. For carers, questions were asked on four core themes:

- Your involvement in referral and choice
- Outcomes for you and cared for person
- What is good about the current service
- What the service should look like in the future

Service user feedback

10.24. Service users were very keen and pleased to be part of the engagement process. As an overall picture, the satisfaction level with services was high with service users expressing gratefulness for the service and speaking highly of the support provided by the staff team. These ties in with the report from THINk research found that the most frequently cited positive experience for older people was of day centre services.[38]

10.25. Any **concerns** raised were focused on:

- Potential loss of the service: Awareness of savings from media, social workers and review so concerned about services being reduced or cut as many would like to have additional days and these have not been approved. (Lack of funding given as a reason)
- Concern that any change would also impact on carers and the services are a respite for working family members and older carers themselves who also have health and social care needs.

10.26. **Information and access**: the core referral route was from **social workers**. However from feedback it was felt that information about services was very limited and service users were not really aware of what other services are available. **53% either did not know of any other services** and where only provided information about the existing services they were now using. This causes **confusion** about the access pathway and also can be reasons as to the underutilisation of existing services

What service users valued about day opportunities

10.27. Service users felt it was important to have services that were **culturally sensitive.** This related to arriving at a service and feeling safe and confident the service would be able to **communicate** with them, be welcoming and have the food (halal, Kosher) which meets their needs. It also related to having facilities which enabled them to maintain their social and cultural **identity** and feel part of the community in which they belong. **Supportive staff** was a common theme across all services with service users noting kindness, patience, helpful and understanding as highly valued and appreciated, putting them at ease. Service users placed a high emphasis on day opportunities providing the **social and peer interaction and a social network** for many service users who would otherwise be **isolated** and alone at home. The other attendees at services were for some, the only other contact apart from some family to the community and provided an opportunity and break from home to talk through problems and maintain friendships. A large **75%** reported the service provided

[38] Tower Hamlets Local Involvement Network (THINk) South West Locality Healthy Community Group Progress Report and Next Steps (February 2013). Based on over 300 resident comments

activities and outings to give their day meaning and purpose. With living alone or with carers at work or themselves with needs, such was not available at home so time would be spent sleeping, becoming depressed and causing friction at home.

10.28. When looking at service improvements service users, **55%** placed a large emphasis on maintaining and **improving both the mind and body**. There was much debate about getting fit, having therapeutic session like physiotherapy, OT to keep mobile, arms strong to dress and change, as well as activities to keep the mind active to keep away memory loss. A **recovery and wellbeing** service to help maintain independence for service users was requested by 'trained staff'. Service users also wanted more **games and arts and crafts,** again theses covered quizzes and bingo and games such as Boca. Arts and crafts was noted such as sewing as a connection to past activities in youth but also in that it focuses the mind and is a task which occupies time in a structured manner. Further service users wanted more **outdoor activities**, trips and outings to the theatre, beaches, tea dances which got them outdoors, enjoying the outdoors with support which is not always possible when at home, due to lack of carers or transport. Day services were described by many as a lifeline and anchor for **stability** as part of their daily life. One service user described attending the Sonali gardens day centre as "going make to my maternal home" -it being a safe and comforting environment where she was at ease.

10.29. Of all of these, it is vital to look at how services are able to look at providing **activities away from centres and making use of community facilities** including partaking in activities and learning such as ESOL and arts and crafts. This would develop further community inclusion and create independence when looking at accessing facilities in the communities at times also suited to the individual not just when the service was open. It is important to move away from a dependency on a centre to provide all activities but to develop partnerships and infrastructure to support a greater offer of accessible activates from a range of providers and services in the local community.

10.30. A **weekend opening** was a preferred option as it was stressed that the weekend with other day opportunities closed could be a lonely time.

10.31. There was also the recognition that service users from **different communities could come together** and share services as a way forward – tying in with the principle of One Tower Hamlets. This was a particular response from Sonali Gardens. Jewish Care also noted the concern of a diminishing elder Jewish Community in Tower Hamlets. The issue of language was only an issue for some service users at Sonali Gardens as at other services including Mayfield, service users were able to communicate in English.

10.32. Regarding **personalisation and personal budgets**. **87%** of service users were not aware of personal budgets and when discussed, were not interested with the 'trouble' of managing them. This does raise an organisational and culture shift challenge, embedding a change in practice in regards to how personal budgets are promoted and supported with service users as a tool that can unlock greater choices and independence.

Staff consultation feedback

10.33. A series of staff consultations have taken place as one to one meetings and in group meetings. 30 staff members from day services, across management and support staff, drivers and cooks were consulted. Where required, interpreters were used to support this.

10.34. Staff reporting core outcomes of **reduced isolation** through socialisation with **peers**, maintaining a level of **activity** through **exercise** and activities which keep people active and **engaged**. Staff felt **confidence** level of individuals was increased through peer support and encouragement which made **people feel valued**. Activities linked with **health messages** have supported individuals with **maintaining long term conditions**. Service users feel **safe** and look forward to attending services and otherwise are alone and feel the days have no purpose so the services are highly valued.

10.35. The offer for **flexible days** was also discussed. However flexibility needs to be sought through the **reviewing of support plans** to meet needs for service users as well as linking in with **outreach services** to offer greater flexibility when service users cannot get to services.

10.36. The issue of **transport** to attend any flexible or extended offer was raised as a concern. Although currently all service users who attend day services and are eligible are provided with transport, the concern was would this continue to be free if they wanted services more personalised? The Adult Travel Policy seeks all referrals to service to ensure a travel assessment is carried out. The service user wishes on how to attend the service with travel options should form part of the support plan and be costed.

10.37. Staff were keen to **improve on their skills and develop** knowledge in Dementia, Sensory impairment and working with older frail service users. Further information was wanted about falls clinics, access to health and public health to support information and activities, working with specialist providers and organisations, Alzheimer's society and risk assessments and support planning. **Core training and competency checkers** linked to service outcomes was considered good practice to ensure learning is put in practice and service can be responsive to need and meet quality standards.

10.38. Staff were keen to work more **closely with carers** and continue to improve on the **communication** that is in place. It is recognised that many aged carers do not have a carer so **advocacy** and support is essential. Providers currently engage with carers through forums, meetings, emails and phone calls. 1-2-1 support and advice has been provided by keyworkers to carers to ensure any specific service user's needs are supported and any changes updated.

11. Carers feedback

12.1. A number of Carers Feedback events were scheduled to discuss the questions posed as in 10:26. The following points are drawn of the discussion:

12.2. **Involvement in referral and choice;**

- There was limited information about choices and awareness of other services locally.
- Carers were also keen to have cultural specific services with their preferences taken into account
- Carers expressed they wanted more opportunity to influence days of attendance and hours which took into consideration carers needs.
- Carers expressed concern that they felt there was not enough information about services available to them or whether social workers were themselves aware especially in regards to support available for carers which would help them in their role too.

Outcomes for the carer and cared for person;

- Improve cared for persons emotional and psychological wellbeing, achieved through peer support and contact and socialising with others in a safe environment and through activities supported in the community
- Reduce isolation and loneliness, as carers also have family responsibilities and the cared for person can have days/week or hours alone with no other human contact.
- Reduce risk of depression through social contact and support by staff and activities to occupy people in a meaningful way
- Keep cared for person physically well through exercise and awareness of health supported through the activity of attending a day service, getting out and about and exercise and health sessions.
- Support cared for people to retrain independence and control, daily living skills and interaction at the service and in the community to support this.
- Carers requested some “me time” in order to maintain their own wellbeing and manage other family/work and personal responsibilities and needs. This is the long run enables them to continue to support the cared for persons with less ‘pressure and stress’.

What is good about the current service?

- Supportive and friendly staff
- Safe environment
- Cultural needs that are met including language and diet
- Provides support for carers in that their cared for person has some where to go
- Carers felt confident when they hear positive stories about activities at the centre

What should services look like in the future?

- Streamlined referral process to make it simpler and quicker to access services.
- Increase of ‘preventative services’ and activities to keep people active and well, maintaining physical and mental health
- Request for more outreach services and information available at services relating to welfare, benefits, advice, advocacy, and health sessions.

- Operational teams and service staff to have up joined up and up to date and clear information regarding preventative services available along with support networks and peer groups that can be accessed in the borough.
- Recognition of the support that carers provide and this to be recognised as part of the support planning.
- Emphasis on Dementia prevention and awareness for staff and carers.

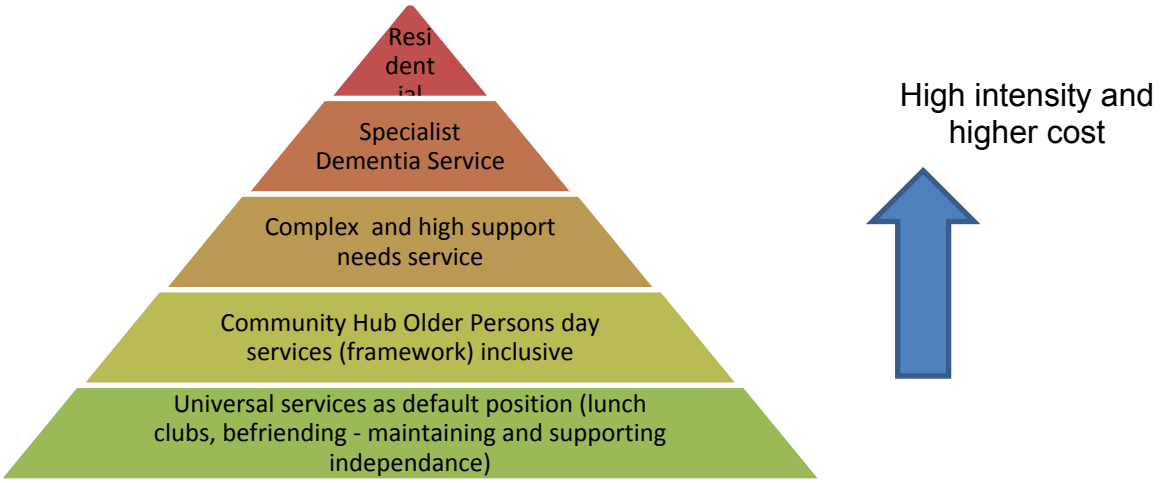
12. Services for the future

13.1. The feedback from service users and staff provides some values and outcomes that are required to shape services for the future. These include:

What are some of the objectives of day opportunities we want to achieve?

- To provide rehab and recovery support ingrained in practice across all day opportunities
- To help older persons maintain health for wellbeing and independence
- To promote peer support for individuals
- To promote community and inclusion with collaborative partnership approach with the statutory and voluntary sector
- To offer personalised and 1-2-1 support
- To enable older people to feel valued and contributing members of the community
- To promote cultural awareness and inclusion amongst the local community
- To provide older people with skills to maintain confidence and independence to live at home or access the community as long as is possible
- To provide information and therefore choices to services and support that is required to meet individual needs
- To provide skilled and trained staff who are skilled in supporting people in a personalised approach.
- To support carers to continue to support the cared for and maintain independence as well as have access and support for themselves to keep well and be supported (health checks, carers assessments as part of the support planning in a holistic way)

Recommendations: Service model



13.2. **Establish a Flag Ship High Need Service with a focus on working with the complex and high needs service users**, as a way forward to support a growing client group which require a bespoke specialist service. This could be the configured through the current in house service at Riverside. This captures the growing need group of older frail elders with multiple health and social care needs and physical disabilities. This group is a rising need group based on demographic data as well as what providers are telling us regarding referrals received.

13.3. **Community hub day services** (framework) with integrated support, working in partnership with Linkage Plus, Community and Health Services, Public Health, other voluntary sector providers would be commissioned to deliver a range of activities both at services but also supported to access facilities in the community. The community hub provision could see a Hub hosting a range of services meeting different community groups in the same building to share resources and skills whilst maintaining unique identities with activities and support befitting to each person's needs.

13.4. The **reconfiguration of the existing services to Somali elders away from the current site.** This is to enable an accessible and appropriate service for the Somali population including women: currently women are not willing to attend the existing service due to the environment and facilities as previously mentioned. This service could be hosted through existing services which have in place ablution, prayer, halal kitchens and separate social and activity spaces as an extended service for both male and females. This element of the service set up as a framework would have an agreed service specifications, outcomes and rate for service. There is a need for services to not act in silos' and work collaboratively which will be promoted through service specification and outcomes. This in turn promoting the One Tower Hamlets pledge.

13.5. Although the plot above is a pyramid, there is no reason to expect that a one way journey remain the trajectory to the journey or choices for older people. Flexible services which would enable a person to access community Hub and then move to Universal or vice versa should be enabled as part of the support planning process.

Personal budgets should enable greater choice and movement to provide a variety of support and activities to form the menu of what is offered to older persons.

13.6. It is also a key element that the **universal services such as advocacy, befriending is made part of the offer for those in community hubs**. If the universal offer is extended the expectation would be that fewer people access community hubs but are supported for longer through early intervention and prevention services, maintaining individual independence and choice as long as possible whilst meeting the need to tackle isolation, social interaction and engaging and partaking in the local community. A joined up approach with existing lunch clubs and universal services which could offer alternatives to day opportunity provision with extended offer of support.

Broader recommendations include:

- Joined up provision between health and social care providing greater awareness of diagnostic services, universal provision and specialist services and support agencies
- Greater utilisation and expansion of universal services such as lunch clubs. The extension of this offer beyond lunch and support to access these as a default position with a focus on the application of the practice framework criteria and levers such as transport as an access point to day services being addressed
- Developing outreach and preventative services as step to support independence at home as long as possible as well as connected to universal services. Linking in with befriending services and universal services from the community. This will need to be a key part of the Ageing Well Strategy to address increase of this population group over the next ten years
- Advocacy and information a core offer to provide information and support to service users and carers
- Participation of both service users and carers into the quality assurance of services and recruitment of staff and volunteers

- A focus on all services to implement rehabilitation and supporting health and wellbeing programmes as core activates for all
- Day opportunity service for people with specific medical/rehabilitation needs, high support needs to have a collaborative service working in partnership with health professionals e.g. physiotherapy, speech and language therapy, monitoring of nutrition to both maintain functioning levels as well as improve them

- Developing and learning framework for staff supported through the Council which list a range of training to help support staff to deliver services with a focus on changing need and developing and enhancing skills and techniques for successful engagement and delivery of services
- Focus on accreditation and training for staff to support the emerging and ever more present service user needs such as an aging population, sensory impairments and communication, Dementia, and supporting healthy lifestyles to manage long term conditions such as Diabetes.

- Developing a service specification with clear quality outcomes which are meaningful to older persons and their carers. These to be monitored through contract management but also service user and carer peer reviews

- Community hub style provision where services are reached out to as well as coming into a building. These include access to leisure, learning, social activities, information about welfare and benefits and health services such as optical, dentistry, and peer support groups linked to other local providers and funded services.
- Ensure the cultural and religious needs of service users is met through service delivery and facilities which enable service users to practice these in a suitable environment
- Extended services over the weekend and flexible services, use of PA's to access community or universal provision as options to day care.
- For some older persons, opportunities to explore volunteering, learning and meaningful activities as part of social engagement and community involvement as well as for self-esteem. ESOL was mentioned by a number of service users as means of independence if they could communicate better.

Gaps and improvements to service provision

13.7. The following are considered as gaps or needs for service development in Tower Hamlets:

- Further data is required to look into the extension of Dementia Services in the Borough. Especially skills to support the cultural and religious needs of the Bangladeshi and Somali community.
- The Older Persons Fact Sheet (LBTH, March 2012) also called for key recommendations to support developing services for older people including:
  - developing an Ageing Well Strategy and full Ageing Well Needs Assessment
  - To develop a set of metrics across health and social care to measure health and wellbeing, including adult protection
  - To utilize the latest advances in health and social care technology.
- A coordinated response to the needs of older persons in the Borough, through a Partnership Board which will be represented by key leads and stakeholders to provide a collaborative and long term approach to services for older persons. This could be a 10 year plan with mile stones for the immediate future, 2 years, 5 years and 10 years. This will require input from health, adult social care, mental health, public health, early intervention and prevention services, housing as well as user and career representatives, Health Watch, THINk, Advocacy services and the third sector providers.
- Further support to both service users and carers in relation to the choices that can be made in regards to the services that are on offer and can be accessed. This includes raised awareness of personal budgets through the support planning process and as part of carers assessments. This includes implementation of the Care Act.
- There is no provision for older persons identifying as LGBT and there is a need to support all services to be inclusive to all.

Appendix 1 – Detailed Equalities Analysis

It is clear that demand pressures on adult social care arising from the older population are expected to increase over the next 10 years. It is important to understand more about the nature of this projected increase in demand from an equalities point of view. This analysis will focus on the key equalities aspects in relation to race, religion, gender and sexual orientation.

An important caveat on this part of the document is that it is largely based on 2011 GLA projections, and on the results of the 2001 Census, because with the exception of gender, a detailed breakdown of the data on the lines of these equalities characteristics is not yet available from the 2011 Census. Further census data will be released later in 2012. It is also based on the Older Persons Fact Sheet (JSNA) 2011 (reviewed in 2012).

GLA estimates for 2011 show that 47 per cent of the borough's population are from BME groups. This is high compared to the London average (34 per cent) and is the fifth highest in London, after Newham (70 per cent), Brent (58 per cent), Harrow (53 per cent) and Redbridge (49 per cent). Within the borough's BME population, the largest ethnic group is the Bangladeshi population, who make up 30 per cent of all residents. Tower Hamlets has – by far – the largest Bangladeshi population in both London and England.

In terms of age, the borough's BME population has a younger age profile than that of the White population. Of all residents aged under 20 in the borough, 77 per cent are from BME groups (55 per cent from Bangladeshi groups and 22 per cent from other BME groups). Conversely, GLA analysis suggests that 60% of older people in the borough are White, and that 23% are Bangladeshi.

In the period to 2026, the broad ethnic composition of the population of the borough is expected to remain stable, though the percentage of the population of Bangladeshi origin is expected to fall slightly from 30 to 28 per cent. However, the profile of older people in the borough is expected to change during this period; the proportion of older people in the borough who are White is expected to fall to 54% (from 60%) over the next twenty years, as the Bangladeshi population and other Black and Minority Ethnic residents become older . Therefore, it is predicted that a growing proportion of the demand for adult social care services in the borough will be generated by the needs of Bangladeshi, and other BME, older people.

In 2011-12, 2672 people over the age of 65 were receiving AHWB services, of whom 1837, or 68.8%, were White, and 392, or 14.7%, were Bangladeshi. The remainder were from other ethnic groups including Black African, Black Caribbean, and other Asian groups . Therefore it would appear that older Bangladeshi people are under-represented, and White older people over-represented, in their current use of adult social care services.

Even if these proportions remain the same, it is still likely, given the demographic projections outlined above, that greater actual numbers of Bangladeshi older people will be requiring adult social care services in the borough in the future.

In terms of at risk groups, South Asians are more likely to develop CHD at a younger age, and Black people have the highest stroke mortality rates (JSNA).

This paper does not aim to forecast the specific types of services which residents will require in the future, nor indeed to outline adjustments which will need to be made to service provision and commissioning in anticipation of demographic change, though these important issues will need to be explored further elsewhere, in order to ensure that our future service offer meets the needs of all ethnic groups in the borough.

However, services will need to ensure that they are carefully designed to meet people's cultural needs, and the marketplace will need to develop in order to ensure that older people of all ethnicities and backgrounds can choose a service which suits their requirements and preferences.

Religion

The profile of religion and belief in Tower Hamlets is very distinctive . During the 2001 Census, 78% of residents stated that they have a religious belief, which is significantly higher than the national average. The borough has the highest proportion of Muslim residents of any local authority area in the country, at 36.4%.

However, 14% of people described themselves as having no religious belief, which makes them the third largest religion / belief group in the borough.

In terms of age, the Christian community, which overall comprises 39% of residents in the borough, has a larger proportion of older people in the borough than other faith communities. Christian communities are varied in terms of ethnicity with significant numbers of Roman Catholics from Eastern Europe and Pentecostal Christians from African countries.

Tower Hamlets has the largest proportion of Muslim residents, approx. 36.4%, of any local authority area in the country. The 2001 Census shows that at that time, the vast majority of the Muslim population were Bangladeshi; however, there were also significant numbers of Somali, Algerian and Moroccan Muslims living in the borough as well as smaller numbers from Arab countries, the Indian subcontinent and Eastern Europe. It will be important to understand the full results from the 2011 Census, when these are published, to explore how these communities have evolved within the borough in the last decade.

However, the Muslim population has a very young profile. Overall, In Tower Hamlets, 61% of the under 15 population are Muslim, whereas 21% are Christian. In contrast, amongst the 50+ population, 61% identify as Christian and 19% as Muslim.

London figures suggest that people with no religious belief are more likely to live in cohabiting couple households than other Londoners, are slightly more likely to live in one person households, and are significantly less likely to live in married couple households. The age profile of people with no religious belief is distinctive in that significantly more people are between the ages of 25 - 44 than the London average, whereas there are significantly less older people than in other religion / belief groups.

The profile of people receiving an adult social care service appears different to that of the population at large, with 22% of users being Muslim, 42% being Christian, 6% being another religion, 3% no religion and 27% unknown. This might initially suggest that people of Christian religion are slightly over-represented among adult social care users, and Muslims under-represented; however, whether or not this is the case, does depend on the profile of that 'unknown' group which forms a significant proportion of the whole sample.

In addition, given that a larger proportion of people using adult social care in the borough are over the age of 65 (63% of service users are in this older age group), and given the younger profile of the Muslim population in the borough, one would expect to see a lower proportion of adult social care users to be Muslim compared to the profile of the wider community.

It is expected that in line with the projected increase in the proportions of Bangladeshi and other BME older people, there will be a slight increase in the proportions of Muslim older people in the future, including in those who require adult social care support. As before, services will need to ensure that they are sensitive to and supportive of older people's religious needs.

Gender

The most recent (2011) Census results are now available, broken down by gender. Significantly, this suggests that by 2020, although there will still be more older women aged 85+, the overall growth in the numbers of older people aged over 85 will be significantly driven by a growth in older men.

Fig 20 – ONS Subnational Projections September 2011

	2012	**2015**	**2020**	**% Increase**
Males 65+	7,254	7,275	7,743	6.7%
Males 85+	**727**	**886**	**1,177**	**61.9%**
Females 65+	8,442	8,536	8,993	6.5%
Females 85+	1,146	1,214	1,237	7.9%
All aged 65+	15,696	15,811	16,736	6.6%
All aged 85+	1,873	2,100	2,414	28.9%

In terms of the numbers of clients receiving an adult social care service in 2011-12, 1636 women over the age of 65, and 1036 men of this age group were receiving a service . This means that 19.4% of women over the age of 65 are users of adult social care in the borough, and 14.3% of older men are users of adult social care services. Overall, 17% of older people in the borough were users of statutory adult social care services in 2011-12 (more were using preventative services commissioned by AHWB for which it is not necessary to be assessed as Fair Access to Care eligible, such as lunch clubs, Link Age Plus, Handypersons services and information, advice and advocacy services).

Also, it can be seen that 38.8% of people aged over 65 receiving an adult social care service were men, and 61.2% were women. This means that men are slightly under-represented in their current use of adult social care services, although not by as much as it may at first seem, since within the over-65 age group, people over the age of 85 are far more likely to be users of adult social care services, and a majority (61.2%) of residents in the borough aged over 85 are women.

A significant implication of these figures is that over the next 10 years, it can be expected that a growing proportion of older adult social care users in the borough will be men. This will need to be considered and carefully taken into account in the course of commissioning and planning service provision, to ensure that services are equally welcoming to men and women; and that the market is developed to meet the needs of older men and women equally, driven by the choices and preferences of service users and personal budget holders.

Sexual Orientation

Unfortunately we do not have accurate data with respect either to the numbers of Lesbian, Gay and Bisexual older people living in the borough, or to the numbers of LGB older people who currently use Adult Social Care services in the borough. Indeed, accurate national data is not even available. A qualitative study was carried out in 2009, focused on the experiences of LGB residents in Tower Hamlets, aged 50+.

This study observed that, based on estimates that 6.5% of the UK population is 'exclusively homosexual', Age Concern claimed in 2002 that 1 in 15 users of their services would be lesbian or gay. Other statistics from the ONS differ significantly from this estimate, suggesting that only 1.5% of the population identifies as gay, lesbian or bisexual, and in London, that 2.2% of the population identifies as gay, lesbian or bisexual. Evidence from the 2001 Census shows that Tower Hamlets has the fifth largest reported number of cohabiting same sex couples nationally, and the fourth largest (of 33) in London.

In terms of the population of Tower Hamlets, based on the range of estimates nationally and for London, this would suggest that between 350 - 1000 people aged over 65 currently living in the borough are LGB, and that this number will grow very slightly to between 370 - 1100 people by 2020. In terms of older adult social care users in the borough, it would suggest that between 60 - 180 older LGB people will be users of adult social care services in the borough in 2011-12.

As with the other equalities characteristics above, the needs of people who are LGB will need to be carefully considered by service planners and commissioners. In particular, commissioners should ensure the market is developed to enable a real choice of good quality, personalised services to personal budget holders, with equality, diversity and inclusion a clear quality criteria when commissioning services and when encouraging service improvement across the developing social care market.