

<b>Committee/Meeting:</b> Cabinet	<b>Date:</b> 10 April 2013	<b>Classification:</b> Unrestricted	<b>Report No:</b> CAB 102/123
<b>Report of:</b> Corporate Director Education Social Care and Wellbeing  <b>Originating officer(s) Karen Sugars</b>		<b>Title:</b> Report on the Adult Social Care Local Account 1 <sup>st</sup> April 2011 – 30th November 2012  <b>Wards Affected: All</b>	

<b>Lead Member</b>	Cllr Abdul Asad, Cabinet Member for Health and Wellbeing
<b>Community Plan Theme</b>	A Healthy Community
<b>Strategic Priority</b>	Preventing people from dying prematurely  Providing excellent Primary and Community Care  Helping people live healthier lives  Enabling people to live independently  Keeping vulnerable children, adults and families safer, minimising harm and neglect

## 1. **SUMMARY**

- 1.1 This report provides Cabinet with a summary of achievements and priorities as set out in the 2<sup>nd</sup> annual Local Account of Adult Social Care.
- 1.2 The aim of the Local Account is to provide transparency for local people to better understand how social care is being delivered in Tower Hamlets, leading to greater involvement and challenge.
- 1.3 This paper sets out the approach taken to co-develop and co-produce a Tower Hamlets Local Account for adult social care in partnership with THINK, which holds an appropriate independent challenge and scrutiny role
- 1.4 The Local Account consists of 3 elements:
  - The Adult Social Care Local Account – Strategic priorities – Main document
  - A customer facing magazine Local Account *Local*
  - The 2013/14 Adult Social Care Business Plan (available April 2013)

## 2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:

- 2.1 Note the attached Local Account.

## 3. **REASONS FOR THE DECISIONS**

- 3.1 The Local Account is being put before Cabinet for information purposes.

## 4. **ALTERNATIVE OPTIONS**

- 4.1 N/A

## 5. **BACKGROUND**

- 5.1 The requirement for a Local Account is set out in *Transparency in Outcomes: A framework for adult social care* (ASCOF), for monitoring delivery and accountability arrangements. Published on 16 November 2010 by the Department of Health (DH), the ASCOF aims to enable a “broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved for people with support needs”.

- 5.2 Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services across four Outcome Domains and are measured by ASCOF Indicators:

**Domain 1:** Enhancing quality of life for people with care and support needs

**Domain 2:** Delaying and reducing the need for care and support

**Domain 3:** Ensuring that people have a positive experience of care and support

**Domain 4:** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

This will support the Government’s role in reporting to the public and Parliament on the overall system, and influence national policy development.

- 5.3 The ASCOF enables ‘benchmarking’ and comparison between areas to assist with local accountability in reporting to the public as it provides validated sources of outcome information.

## 6. **Co-production of the Tower Hamlets Local Account**

- 6.1 To ensure that the Local Account is informed by the views of local people, the directorate has pursued a co-production and development approach with THINK. In 2012, this involved carrying out a number of consultations on the

contents of the 2010/11 Local Account and the summary called 'Local Account *Local*', resident's magazine.

- 6.2 The Local Account was circulated to residents in May and June 2012 via Idea Stores and One Stop Shops, Service User Customer Forums and Community Groups. A series of events were held throughout May and June to collect customer feedback. In addition, both the main document and the resident's magazine were made available on the Tower Hamlets Internet at:

[http://www.towerhamlets.gov.uk/lqsl/101-150/147\\_how\\_we\\_are\\_doing\\_in\\_social.aspx](http://www.towerhamlets.gov.uk/lqsl/101-150/147_how_we_are_doing_in_social.aspx)

- 6.3 The Local Account was presented to the Tower Hamlets Health and Wellbeing Board on 24<sup>th</sup> January 2013 who endorsed:
- a. Achievements in relation to outcomes for people who receive adult social care
  - b. Recommendations on areas for increased focus to feed into the business planning cycle of the council and the Health and Wellbeing Strategy

## **7. Resident perspectives on the content of the 2011/12 Local Account**

- 7.1 The majority of people were largely satisfied with the services they received and were keen to illustrate areas that they believed were particularly important to them. Many highlighted the strong relationship between Tower Hamlets Council and residents, emphasising the importance of good communication.
- 7.2 A number of local groups praised the work of the directorate, noting that communication with those we work with (service users and carers) is in fact an area where we have excelled in the past year. The publication of the Local Account *Local* magazine was held by all as a great example of this. Those in receipt of support from adult social care stated that they were fully aware of the services and information available in the borough.
- 7.3 The roll out of personal budgets was universally praised as a good idea, which allowed a more personalised service. People liked the fact that the use of personal budgets featured prominently in the Local Account as a means of working moving forward. However not all people felt confident to be able to use them as they did not fully understand their application. They do however like the fact that personal budgets offer a bespoke service that caters to their own independent need and are glad that Tower Hamlets has adopted this approach.
- 7.4 Conversely there were some residents not in receipt of support from adult social care who would like information on services promoted more extensively.
- 7.5 Against the current economic backdrop there is a considerable level of concern being expressed that provision of health and social care services in

Tower Hamlets will be cut back or taken away completely. A significant proportion of people would like to see evidence of frontline spending.

- 7.6 Feedback suggests that many people believe that wider determinants of poor health should be tackled. Social Isolation, housing and healthy lives were suggested as an areas of focus in the coming year.
- 7.7 Many service users and particularly carers described a need for an integrated approach to care. They would like to see evidence of this in the borough.
- 7.8 There was a mixed response in terms of the standard of care received with regard to staff. Some people thought the assessment system could be fairer.
- 7.9 These areas of feedback feature in the 2011/12 Local Account, with more detailed examples to be provided in Local Account *Local*.

## **8. BODY OF REPORT**

- 8.1 When considering the achievements set out within the Local Account 2011/12, it is useful to do so in the context of wider strategic issues. This Cabinet report will not serve to replicate the extensive narrative within the Local Account, but will summarise these into key messages.
- 8.3 There has been much debate nationally about the future of health and adult social care and we reported in our first local account the Government's intention to publish their vision of what care and support services should look like in future. Much has changed in relation to Health, however the Care and Support Bill<sup>1</sup> published in July 2012 makes its way through Parliament in 2013 with a view to implementation in 2015 and this will signal further change.
- 8.4 We continue to respond to one of the greatest challenges we have ever had to face – significant cuts in funding provided by Central Government to Local Government. These cuts are leading to difficult decisions across the public sector, and will continue to do so for the next few years. In addition to this, many of the borough's residents are facing their own challenges, because of changes being made to welfare benefits.

### **8.5 Key facts:**

- 65% of activity in formal social care support provided in 2011/12 was to people over 18 with a physical need. This includes those injured as a result of an accident, or who have a long term disability or illness. Many of this group are older people who have become frail, particularly those who are aged 80+. This age group use support 3 times the rate of other age groups. The costs for these groups are:
  - £38.9m or 43% of spend on social care goes on people 65 and over
  - £12m or 13% is spent on adults aged 18-64 with physical disability

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<sup>1</sup> For more information, visit <http://caringforourfuture.dh.gov.uk/>

- 18% of activity in formal support was provided to people aged 18+ experiencing mental health difficulties, many of whom have long term conditions
  - £13.2m or 14.6% of spend is used to support this group of people
- 14% of activity in support is provided to adults with learning disabilities which range from supporting people to live independent lives, to those with incredibly complex and profound disabilities, requiring 24/7 support
  - £23.8m or 26.5% of spend is used to support this group of people
- Just over 2% of activity in support is provided to people who are vulnerable for other reasons, for example, those who live chaotic lives due to the effects of alcohol or drugs
  - We use 5% of spend to support other vulnerable people

## 8.6 Key strategic achievements

- The Shadow Health and Wellbeing Board has become increasingly established over the last year. A number of quick start initiatives are in progress. The Board set up an Integrated Care Board to look at how health and social care interfaces can be improved. Alongside this, the Health and Wellbeing Strategy is at an advanced stage of development and this will underpin the work programme of the Board and its sub-groups.
- The transition of Public Health into the Council will be complete by the 1<sup>st</sup> April. A significant amount of detailed planning will enable a smooth transition of staff and responsibilities.

## 8.5 Our strategic priorities through to 2014 are:

- Reduce health inequalities and promote healthy lifestyles
- Enable people to live independently
- Provide excellent primary and community care
- Keep vulnerable children, adults and families safer, minimising harm and neglect

## 8.6 Achievements and priorities by ASCOF Outcome Domain 1: Enhancing quality of life for people with care and support needs

8.7 The level of reported quality of life of those in receipt of social care services in Tower Hamlets is an average score based on responses to the Adult Social Care Survey and is made up of eight different components. The Tower Hamlets social care-related quality of life (ASCOF 1A) score out of 24 was 17.9. The performance was slightly below England average (18.7), but is in line with the London average (18.1).

8.8 In Tower Hamlets the proportion of service users who report that they have control over daily life (ASCOF 1 B) was 62.5%. Performance is below London average (69.9%) and England average (75.1%). Overall performance is the lowest in London. One trend is that adult social care users of a Muslim or Bangladeshi ethnic background reported much lower levels of control compared to people of a White British ethnic background in the Tower

Hamlets survey. This trend was also evident in the 2010-11 ASCOF indicator information sources, though the difference is less pronounced this year. Over the last 12 months, the Quality and Involvement team have carried out a series of focus groups and discovery interviews to try and understand the reasons behind this trend. The following themes have been identified:

- Some people do not see relinquishing control as a negative thing
- Around 90% of Bangladeshi survey respondents received help to complete the survey. Discovery interviews suggest that a proportion of people gave the survey to close family members to complete on their behalf
- Language difficulties for people who have English as a second language are also likely to affect how much control people feel they have

- 8.9 Tower Hamlets continues to roll out Direct Payments and Personal Budgets and in 2011/12 the proportion of service users and carers who received self-directed support was 38.3%. The performance was below England average (43%) and London average (47.1%), but an 8.3% improvement on our 2010/11 outturn.
- 8.10 As at 31<sup>st</sup> December 2012, this increased to 51.3%. We aim to achieve the national milestone of 70% by 31<sup>st</sup> March 2013 (ASCOF 1C part 1). The proportion of people using social care who receive direct payments (ASCOF 1C part 2) was 17.7, above England (13.7) and London (17.3) averages.
- 8.11 We have sought to continue to support adults with learning disabilities and people experiencing mental health difficulties, both of whom are key groups at risk of social exclusion. In relation to Mental Health, Tower Hamlets reported performance was 6.9% and the authority performed better than London (5.9%), but still below England average (8%) for ASCOF 1F.
- 8.12 Tower Hamlets is the worst performer in our comparator group for ASCOF 1E, people with LD support into employment as this looks at those people in receipt of social care (substantial and critical). However, during the period April 2011 and March 2012, Tower Project has helped 55 people with learning disabilities into supported work placements and 20 people with learning disabilities into paid employment. During the same period, people with learning disability receiving a package of support from adult social care, 16 were successfully supported into paid employment (it is only this group of people we can count for the PI) and 15 people undertook unpaid voluntary work.
- 8.13 As part of our work to continue to improve employment opportunities for vulnerable people we are currently finalising the procurement process for the provision of a Supported Employment, Training and Enterprise Service. It is envisaged that this Service will consist of a floating service with targeted outreach, drop-ins and surgeries made available from suitable community venues, which will also include new community hubs. The purpose of this service is to strengthen the provision of job brokerage and supported

employment services to Tower Hamlets residents over 16 years of age who are economically inactive on account of a learning disability.

- 8.14 A new scheme to secure employment for people with learning disability within the Council is showing early signs of success with 10 people now in mainstream employment through the scheme. A priority for the coming year will be to evaluate this pilot and roll it out across partner organisations.
- 8.15 In 2011/12, Tower Hamlets performance was 89.4% and third highest in London and above England average for ASCOF 1H - Adults in contact with secondary MH services in settled accommodation
- 8.16 Our Dementia Strategy and Commissioning of new services has continued to go from strength to strength, with the strategy being shortlisted for a LGC Award.
- 8.17 As part of Transforming Adult Social Care, an extensive modernisation programme of day services saw the opening of our flagship community hub Phoenix Blend for people with LD.
- 8.18 In 2011/12, Tower Hamlets continued to perform above London average in relation to Carers receiving a review, assessment or specific carers service (National Indicator 135) and this will continue to be an area of focus within our newly implemented Carers Plan 2012-15

8.19 **Priorities through to 2014**

- Commission a Supported Employment Service for people with support needs and their carers
- Carry out a needs assessment to underpin a Learning Disability Accommodation Strategy and Commissioning Strategy
- Evaluate the pilot on employing people with LD across the council with a view to rolling the model out wider and providing meaningful employment to individuals
- Finalise the Mental Health Strategy and ensure that the Time to Change Pledge is signed up to across the council and by partners
- Roll out an accreditation scheme for local providers, to ensure quality and safety of care and support

8.20 **Achievements and priorities by ASCOF Outcome Domain 2: Delaying and reducing the need for care and support**

- 8.21 In a difficult financial context, Cabinet continue to protect funding of preventive services provided to people who are not eligible for social care under Fair Access to Care Services (FACS) guidelines. Provision of support in the community such as Assistive Technology, home care and day opportunities continue to be free of charge. In 2011/12, £54m was spent on such services. Consultation on the 2011/12 Local Account highlighted residents' awareness of funding pressures and are concerned that services will be reduced. Although the Council has seen a decrease in its overall budget, there has

been continued commitment to protect funding for adult social care. In 2009/10, adult social care received 28% of the Council's budget. In 2010/11, this increased to 30% and in 2011/12 this increased again to 33%. This shows that other council departments are seeing a greater reduction in funding as a bigger proportion of the reduced budget is made available for people who need social care.

- 8.22 In 2011/12, £32.9m funded placements in residential or nursing homes, offset by £15.7m income. Permanent admissions to residential and nursing care homes for younger adults (18-64) (ACSOE 2A part 1) was 24.7 per 100,000 population. Tower Hamlets is the second highest in terms of placing adults permanently into residential or nursing care in London. London average was 16.6 and England average was 19.4 per 100,000 population. Tower Hamlets performed lower than London and England average. Tower Hamlets place people residentially as a last option. Whilst there has been a significant reduction in the number of adults in residential care, there were at 31/3/12, 23 people living in out of borough supported living schemes. There are 82 high support units in borough, with an additional twenty due to open in the very near future. Our strategy is to bring people back to Tower Hamlets and into Supported Living Schemes. The number of long stay MH residents is decreasing year on year, so too are numbers of people with LD.
- 8.23 In relation to older people (65+), permanent admissions to residential or nursing care was 851.6 per 100,000 population. Tower Hamlets is the third highest in terms of placing older people permanently into residential or nursing care in London. The authority's performance is below London (542.6) and England (705.9) per 100,000 population.
- 8.24 Tower Hamlets data shows that the majority of people over 65 placed into residential or nursing care are 80+. In 2010/11, the average stay of those placed in that year was 78 days and this has been reducing year on year, showing that people are entering residential/nursing care when very elderly and not staying for very long. In addition, we are seeing a reduction in long stay residents, with a 15% reduction on 2010/11 levels
- 8.25 To delay needs escalating, Tower Hamlets extended the provision of our reablement offer in 2011. This intervention aims to increase a person's independence and prevent the need for long term care is now provided to all who may benefit, not only those following a crisis or stay in hospital as a universal service. In 2011/12, In Tower Hamlets the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services was 86.6%. London average was 84.8% and England average was 82.7%. Tower Hamlets performed above London and England average (ASCOE 2B part 1). In relation to those offered reablement (ASCOE 2B part 2) 4.8% of older people (65 and over) discharged into the community were offered this service. Performance was above England average (3.2%), but in line with London average (4.8%).
- 8.26 1,937 people are currently receiving free universal Telecare services (as of December 2012), an increase on 100 from the previous year (December 2011). In Tower Hamlets we are currently exploring how technology can improve the way we support people with more complex support needs and in



November 2012, we launched a broader range of items. This new range is available to the Community Matrons within the Community Virtual Ward (CVW) network and other health staff. The CVW network has expanded across the borough, with each Virtual Ward, now including social workers. To date, 488 people have been supported by the CVW to remain out of hospital and this is expected to rise to 600 in 2013.

8.27 Most people have had a fall at some point in their lives, but for some a fall can be devastating, particularly older people for whom it can lead to worsening health problems, disability, feelings of fear and anxiety, and reduced independence. 731 people were 'screened' by LinkAge Plus in 2011/12 to see if they were at risk of falling. This showed a high proportion (53%) of people living alone. Staff in LinkAge Plus centres then refer people to the Falls Unit at Mile End Hospital, who then help with exercise, referral to the foot clinic and other types of support. 407 people were supported through Adults Health and Wellbeing contracts with the Handyperson service in 2010/11; 404 people were supported in 2011/12; and 227 people have been supported so far in 2012/13 (part year data).

#### **8.28 Priorities through to 2014**

- Commission our new Information, Advice and Advocacy services
- Work closely with Health to embed the Community Virtual Ward concept across the Borough to increase the number of people supported to 600
- Embed Assistive Technology as a viable support option with health and other partners
- Improve continence services to children and families
- Review the Reablement service with ten other health interventions to both enhance wider reablement potential for individual's and also improve waiting times
- Carry out in-depth analysis of admissions of people into residential care to ensure placements are appropriate and provide value for money
- Take forward the 50+ integrated care pathway work

#### **8.29 Achievements and priorities by ASCOF Outcome Domain 3: Ensuring that people have a positive experience of care and support**

8.30 The overall satisfaction of people who use services who said they were extremely or very satisfied with their care and support in the borough was 65.2%, significantly above the London average of 57.2%. The England average was 62.8% (ASCOF 3A).

8.31 The proportion of people who use services and carers who find it easy to find information about services (ASCOF 3D) in the borough was 73%. The London

average was 72% and the England average was 73.8%. More people with a learning disability reported finding it easier to find information and advice on support this year. 75% found it easy to find information on support this year, compared to 61% last year

- 8.32 There are around 60 adults in the borough whose first language is BSL. People have told us about the importance of being able to communicate with staff proficient in British Sign Language (BSL). As a result, we have set up a weekly drop-in service for Deaf people
- 8.33 Following a successful pilot in 2011, we have worked with health partners to provide Health and Wellbeing Checks for Carers. The added value of Carers Health and Wellbeing Checks is that mental and emotional health is included. The new programme of health checks got underway in August 2012 and 65 checks have been completed to date.

### **8.35 Priorities through to 2014**

- Improve waiting times for assessments and support by carrying out a review of the end to end process. This will include feedback gained from those who use services and their carers
- Improve information about eligibility for formal social care and how we make those decisions
- Increase awareness of the use of Personal Budgets to those who may benefit, including how they can be used, what to do if something goes wrong, and what to do if someone using such budgets is being abused.
- Consider how to increase the levels of choice and control for people whose first language is not English
- Implement our new e-Market Place
- review current end of life care provision and practice and develop a sensitive and holistic approach

### **8.36 Achievements and priorities by ASCOF Outcome Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm**

- 8.37 ASCOF 4a - The proportion of people who use services who reported through the annual survey that they feel safe was 58.9% in Tower Hamlets, in line with London average (58.9%) but below England average (63.8%). However, this means that 41% of service users expressed concerns with how safe they feel. We made contact with all those who expressed concern. People tended to answer this question in terms of the safety of their neighbourhood (e.g. levels of anti-social behaviour). The adult social care survey result is comparable with the 42% of residents in the Tower Hamlets Annual Residents Survey who cited safety as a top concern, suggesting the issue is broader than social care.

- 8.38 The proportion of people who use services who say that services have made them feel safe and secure (ASCOF 4B) was 81.8% in Tower Hamlets. The authority's performance is the second highest in London. Tower Hamlets performed better than London average (73%) and England average (75.4%).
- 8.39 There has been an increase in the number of complaints in 2011-12 compared to the previous year, although the overall number remains comparatively low when compared with other council services. Complaints "challenging assessment decisions" increased from 13 in 2010/11 to 30 in 2011/12, however when set in the context of 1469 assessments being completed in the year, this represents 0.2%.
- 8.40 The council receives a comparatively high volume of alerts where safeguarding is implicated. The service received 590 initial contacts in total for the full year, a 9.8% increase on 2010/11 levels. 296 of these were formally regarded as a safeguarding alert with 97% proceeding to a full safeguarding process. In 2011/12 the largest number of people going through the safeguarding process was older people (111). 61 People with Learning Disabilities and 44 people with Mental Health issues also went through the process in 2011/12.

#### 8.41 **Priorities through to 2014**

- Work with colleagues across the council to improve people's feelings of safety
- Further developing effective multi-agency practice, joint training and best practice sharing. Improving integration with other areas working with vulnerable adults: MAPPA, MARAC, Prevent, Children's Social Care and Community Safety.
- Ensuring that Adult Safeguarding is central to the Personalisation work where people are encouraged to get the balance right between being safe and getting on with their lives.
- Joint training for Health and Social Care Commissioners to ensure services purchased are of good quality and reflect proper safeguarding practice within their daily work.
- That safeguarding services work harder to engage with all of Tower Hamlets communities particularly where referrals rates are low
- Ensuring Hostels and other accommodation outside any regulatory framework are monitored and compliant with safeguarding arrangements.
- Working alongside providers and organisations to look at how to jointly develop more preventative ways of working to reduce avoidable safeguarding referrals.

- Agreeing a multi-agency approach to respond to people who self neglect

#### **8.42 Summary view of achieving positive outcomes for people who use services and their carers**

8.43 Tower Hamlets has continued to deliver the significant system changes required from *Putting People First* to transform adult social care so that services are delivered in a way that ensures that users of services “exercise maximum control over their own life...and participate as active and equal citizens, both economically and socially”. This has had an impact both on how our own services are organised and also how we commission services from external providers. This is the biggest change to adult social care since the introduction of the NHS and Community Care Act 1990. We now have more people being supported through reablement, personal budgets, Direct Payments, specialist services such as Dementia and learning disability. Our commitment is to continue to deliver excellent quality services. We will continue to focus on some of our timescales within the ‘customer journey’ in order to increase some aspects of reported satisfaction. In turn, there are some aspects of support that will need more detailed investigation to ensure we are doing all that is possible to support vulnerable people appropriately, namely admissions to residential care and supporting people into employment.

### **9. COMMENTS OF THE CHIEF FINANCIAL OFFICER**

9.1 As per section two of the report, Cabinet are asked to note the Local Account for Adult Social Care.

9.2 The cost of producing the Local Account will be/has been met through existing general fund resources held by the Adults Health and Wellbeing Directorate. The main cost will be the production of the publication. There are no other specific financial implications arising from the publication of the local account.

9.3 The Local Account includes a section on the financial position of the Adults Health and Wellbeing Directorate. This includes the financial outturn and performance of the Directorate in 2011/2012 which is consistent with publications and reports that are already within the public domain. In particular, the Council’s annual accounts and reports submitted to Cabinet and full Council.

### **10. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)**

10.1 The report informs members about the publication of a Tower Hamlets Local Account developed in conjunction with THINK. The local account is intended to be a source of information, developed locally, which may include quality and outcome priorities and how these have been progressed; a description of

partnership working; and data relating to quality and performance. Local information and local outcome measures should be contained in a local account, supplementary to national outcomes measures so as to promote quality, transparency and accountability in adult social care.

- 10.2 The delivery by the Council of its statutory functions in respect of adult social care in a way that is high quality, transparent and accountable is consistent with good administration. There is thus adequate power to support development of a local account inherent within the statutory functions which will be the subject of the local account narrative. Were it necessary, an additional source of power may be found in the general power of competence in section 1 of the Localism Act 2011. The general power enables the Council to do anything that individuals generally may do, subject to such restrictions and limitations as are imposed by other statutes.
- 10.3 The local account is a report and summary that ranges across the Council's adult social care functions. To the extent that the local account sets out priorities or actions, these are a reflection of the content of a number of Council plans and strategies. The delivery of these may give rise to legal issues that will need to be addressed. The Council will continue to have act within its statutory functions, including by complying with its many duties in respect of adult social care and its best value duty under section 3 of the Local Government Act 1999.
- 10.4 In developing the local account, the Council will need to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't.

## **11. ONE TOWER HAMLETS CONSIDERATIONS**

- 11.1 The report informs Cabinet that the Local Account is a requirement under *Transparency in Outcomes: A framework for adult social care* (ASCOF). The Local Account development process seeks to identify areas of inequality for local people. The report highlights areas where further work will be carried out in the coming year to better understand and address potential issues.
- 11.2 The report addresses provision of care and support for vulnerable people, particularly safeguarding, in conjunction with partners. The report is therefore very relevant to the aims of One Tower Hamlets and has a direct impact on the following Strategic Objectives:
- **A Safe and Supportive Community** – bringing together support for the most vulnerable residents with community safety issues
  - **A Healthy Community** – including public health, access to primary care and mental health

- 11.3 The development and discussion of the Local Account with a wide range of community groups seeks to promote the wide variety of support services on offer to various communities in the borough.
- 11.4 The Local Account is intended to be a mechanism for local challenge and has been developed in conjunction with THINK. Feedback was sought from some of the borough's most vulnerable residents. A local magazine summarising key information will increase this involvement further and encourage more people to get involved in the development of social care for vulnerable adults.

## **12. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 12.1 The Local Account is an extensive document and has been made publicly available from the Council's internet, reducing the need to produce extensive and expensive hard copies. To ensure that local people can understand and engage in service development and delivery going forward, a shorter magazine has been produced that will be printed and sent to key locations across the borough

## **13. RISK MANAGEMENT IMPLICATIONS**

- 13.1 This report is being presented to Members for information purposes, no proposals are being made. However the scope of the services being delivered to vulnerable people in the borough and the partnership working required enabling this to be carried out effectively and safely requires an appropriate governance structure to ensure appropriate risk management activities are in place. Section 8.6 of the report sets out, in Tower Hamlets, the body which oversees the strategy to improve health and wellbeing and address health inequality in the borough is the shadow Health and Wellbeing Board, due to become a statutory Board on 1<sup>st</sup> April 2013.
- 13.2 In addition, the Safeguarding Adults Board oversees the effectiveness of implementation of the Pan London Safeguarding procedures across Partner agencies in Tower Hamlets. Strong leadership and partnership working should be underpinned by appropriate risk identification and management processes in order to minimise risk to vulnerable adults in the borough.

## **14. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 14.1 Paragraph 8.37 of the report informs members of the level of concern users of adult social care have in relation to their safety. Further research suggests that responses relate to wider community safety concerns. It will be important to ensure that this issue and wider adults safeguarding issues are addressed as part of the review of Community Safety Plan.

## **15. EFFICIENCY STATEMENT**

15.1 Efficient use of resources is of key concern for Adult Social Care in order to ensure that the Council can continue to discharge its statutory duty to meet eligible assessed need. The key mechanism, by which resources are distributed, is through robust application of eligibility criteria as set out within national Fair Access to Care Services guidance (FACS). It is through application of this guidance that resources are directed to the most vulnerable residents with needs classified as being 'critical' and/or 'substantial' in nature. Section 7.5 of the report, further detailed within the Local Account, highlights resident's views on the application of FACS criteria and therefore more work will be carried out to ensure residents have appropriate information on how decisions are made and how resources are targeted towards the needs the Council has a duty to meet.

## 16. APPENDICES

Appendix 1 Local Account

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### **Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012**

Brief description of "background papers"	Name and telephone number of holder and address where open to inspection.
None	