

London Borough Of Tower Hamlets

Local Account 2011-12

December 2012

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Throughout this report, you will notice that some words or phrases are underlined. We know that some readers may not be familiar with all the terms used in this report, so there is a “Glossary” explaining any underlined words on page 47.

Foreword from Mayor Lutfur Rahman, and the Lead Member for Adult Social Care, Cllr Abdul Asad

Cllr Asad and I hope you enjoy reading this, our second annual local account of adult social care. This has been informed by discussions with residents and I am pleased that so many residents have taken part in these conversations. As part of talking to residents about what's important, the first local account was circulated to residents in May and June 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 feedback on how well social care for adults is doing in meeting the needs of vulnerable people.

To find out what we are doing in relation to your feedback, look out for the **'Resident's Action Points'** throughout this document.

We are pleased that the majority of people were satisfied with the services they received and also praised the strong relationship and good communications between Tower Hamlets Council and residents. A number of local community groups praised the work of adult social care, highlighting that communication with people who use services is 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.

This is a period of extreme financial difficulty for local councils, however we are pleased that in the face of these challenges, we are continuing to provide the services you need and deserve. We are the only Council in England to still provide services to residents in their homes free of charge. Our community leadership role is also important and we have used our commissioning power to support local businesses and the London Living Wage. We have ensured that all our providers pay London Living Wage as we believe that a better paid workforce will provide a better service to residents.

There are many changes taking place in social care, and when these changes take place we may not always get things right, and we welcome your views, positive or negative! We hope that through the Local Account and the many events that we will hold to discuss this with local people, you will feel able to ask the Council questions about how services are doing and challenge us to make improvements.



Mayor Lutfur Rahman

Cllr Abdul Asad

AmjadRahi

Co-Chair Tower Hamlets Involvement Network (THINK)



Our members welcome the production of the Annual Local Account by our Council. This report is undoubtedly an important step in providing local residents the opportunity to learn what and how social care is provided in Tower Hamlets; it also shows how it has enabled them to express their views and allowed them to hold the Borough to account for the services they directly provide or commission for the community.

In our opinion the current Local Account is a true representation of the activities of the Council's Adult Social Care services. It is divided into easy to read sections and the language has been simplified to understand and assimilate the message. It is commendable for it being transparent and open in providing evidence for what has been working well, what has not been working so well, and what needs to be improved.

Adult Social Care services have worked hard to capture the views of service users and have engaged THINK directly in their commissioning processes over the past year. However with significant cuts to funding and the need to increase savings in the next few years it is imperative that users and the community at large are at the centre of decision making about how care services are designed and delivered to minimise the impact on the people most in need.

From the feedback we have gathered from service users in Tower Hamlets it would appear that most of them are appreciative of services provided or commissioned through private and voluntary sector. Whereas there are several major unresolved issues about Health service provision in Tower Hamlets, Adult Social Care in the community is a clear winner.

However social isolation and loneliness particularly in the elderly population is an issue which needs to be tackled effectively in future years. There is no doubt that change in the social benefits system has impacted adversely. The Council has the uphill task of innovating to deliver 'more for less'.

THINK play an important and independent role in ensuring people have a positive experience of adult social care. The Network gives local people ways of getting involved and influencing service, design, review and development of health and social care services. They are independent of the Local Authority and the NHS and can comment on all health and social care including local hospitals, GPs, care homes, and pharmacies.

In line with government legislation, THINK will change into "HealthWatch" in April 2013. In addition to gathering resident views and monitoring the quality of services, HealthWatch will also have a signposting function to support residents to find information and advice on health and social care.

Those with long term conditions who can benefit from exercise and weight control measures would welcome reasonable free access to Gyms and other facilities on medical grounds. Even those who can pay to access swimming pools find them unsuitable for their medical needs. It has been suggested by the residents that when contracts for running swimming pools are up for renewal there should be input from Health professionals to ensure that the pools are adopted to meet the needs of persons with short or long term conditions.

Members of the Somali community in the Borough, particularly women, are very pleased with services provided by their day centre. The elderly and the frail would, however, like home care support to be more flexible and accommodative. Vitamin D deficiency and osteoporosis is a public health issue for which residents would welcome informed support.

The section dealing with information and advice in the Local Account is most welcome; with so many changes on the horizon it is essential that meaningful information is available, making it easy for the residents to contact the right people for help and support.

There is a strong feeling from users that health professionals and social care staff need to work closer together to produce a streamlined care pathway. THINK fully supports the aim of greater integration of services that put patients and service users at the centre of a package of support and that involves GPs, hospitals, mental health provisions, community services as well as carers, family and friends. This should place the emphasis on providers and commissioners to build services that link together and enable relationship building and information sharing between the people responsible for providing care and the individuals receiving care.

The Borough has worked very hard this year to transform adult social care support to a person centred approach. Over the years it has championed equality, diversity, and fairness and easy access to services. Our membership is committed to work with the Council to achieve the best social care for the community and we support a continuing growth in the number of people using a personal budget in the coming years.

Now that Public Health is moving to the Council our ambition should be to aim to be the healthiest and best cared for community in the country.

AmjadRahi

Introduction

Welcome to the second annual report of adult social care. This 'local account' will update you on the priorities set out in our [last report](#) and also what we will be focusing on over the coming year. It has been a busy year and we have much to feed back to you.

What's happening nationally?

There has been much debate nationally about the future of adult social care and we reported in our first local account the Government's intention to publish their vision for what care and support services should look like in future. This has been laid out in the [Care and Support Bill](#)¹ published in July this year. We, alongside the NHS and public sector partners, share the priorities set out in the White Paper and we will bring you more details of how we are responding as the paper makes its way through Parliament in 2013.

Also reported in last year's local account, 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 being introduced by the Government over the next few years. We are working hard at the Council to prepare residents for these changes, and to offer advice and support where we can.

You can find more information on our website:

http://www.towerhamlets.gov.uk/lgs/51-100/70_welfare_reforms.aspx

Our partners in the NHS, and indeed across the public and voluntary sectors, are also going through a great deal of change, and have equally hard funding decisions to make. These changes echo the experience of the public and voluntary sectors across the country.

What's happening locally?

Despite the significant cuts to Council funding, we are not planning cuts to adult social care services. 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 their funding as a bigger proportion of the reduced budget

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

is made available for people who need social care. We are doing our bit to reduce our spend and we are focusing on how we can work in different ways to improve the services which do provide, and are focusing on supporting people to be as independent as possible. We know that people who need support want to be as independent and safe as they can, so this focus on independence whilst keeping people safe has been designed to both improve people's quality of life and help us meet the challenges we face.

In last year's [local account](#) we talked about the work we were doing on the 'journey' customers take through our care system and how this changed in September 2011. Over the past year we have looked at how well this new 'journey' is working. Going forward, our plans are to continue to review people's experience, and we will continue to use this information to improve services. We have to target our resources wisely and are interested in hearing your views about your experience of adult social care and keen to use that feedback to improve services for the borough's most vulnerable people now, and also for those who may need support in the future.

Levels of health and social care need in the Borough

One of the main ways we can predict who might need support in future is by looking at how the Borough continues to change. 2012 was an exciting year for our researchers. It was the year where the findings from the 2011 Census² started to be released. For the first time in 10 years we have a very accurate understanding of who lives in our Borough. The Census 2011 estimates that there were 254,100 people living in Tower Hamlets on 27th March 2011. This is a 30% increase on the 2001 Census – the highest growth rate seen across all local authority areas across England and Wales.

People in the 20 to 64 age group in Tower Hamlets have increased from 122,070 in 2001 to 176,400 in 2011, an increase of over 44.5%. This compares to 17.1% increase in London and 7% in England and Wales³.

Nationally, the percentage of the population aged 65 and over was the highest seen in any Census at 16.4 %. One in six people in the UK are over 65. However, in Tower Hamlets the number of people aged over 65 fell from 18,362 in the 2001 Census to 15,500 in 2011. This is a reduction of 15.6%. Similarly, Tower Hamlets saw a fall of 21.9% in those aged 65 to 79. However, there was an increase of 7.7% in those aged over 80.

The table below shows how we are currently expecting the number of older people to increase over the coming years:

ONS Projections based on 2011 Census September 2012 Release	2012	2015	2020	% Increase
Total population 50 and over	39,894	42,214	47,590	19.3%
Total population 65 and over	15,696	15,811	16,736	6.6%

² The Census is a count of all people living in the UK. Find out more at www.ons.gov.uk

³ CRU, Census briefing

People aged 85+	1,873	2,100	2,414	28.9%
Total population - all ages	263,294	283,446	311,331	18.2%

Fig. 6: Office of National Statistics projections to 2020, based on 2011 Census

It is particularly worth noting, alongside a general increase in the numbers of older people in the borough, that ONS predicts a 28.9% increase in the number of people aged 85+ by 2020. These population changes, together with the levels of long term illness or disability (34% higher than the national average) are anticipated to lead to a growth in demand for adult social care services.

You can read more about the health and wellbeing of people in Tower Hamlets by visiting www.towerhamlets.gov.uk/jsna

People receiving adult social care

Tower Hamlets has high levels of deprivation and people living in poverty. Half of older people live below the poverty line in Tower Hamlets, and more people live alone compared to national averages (47% compared to the UK average of 33%). In addition, only 10% of older people eat the recommended amount of fruit and vegetables, and only 20% meet recommended exercise levels. The biggest challenge for health and social care services is how to support people to improve their health and overall wellbeing.

Of the Borough’s *most* vulnerable adults, 4643 were receiving formal support from adult social care in 2011-12⁴, with many more with less severe needs using information, advice and “preventative” support funded by the Council. Formal support means that the Council has a legal duty to provide this because if we didn’t, this group of people would quickly go into hospital, residential care, nursing care, or even die. All other support described can be provided if there is enough money to do so – in other words, it is discretionary. However in February 2011, Tower Hamlets Cabinet agreed to protect funding for such services and therefore many people with lower levels of need continue to receive support to prevent their needs from getting worse. We know that many Council’s up and down the country are making tough decisions when it comes to spending on preventative services, with some withdrawing funding to focus on the highest levels of need. We are fortunate to be able to continue to invest in these services, but we have to accept that this will be tough in the future, particularly if other Council services are being cut to fund this.

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

⁴Referral, Assessments and Packages of care (RAP) return 2011-12

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
- 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

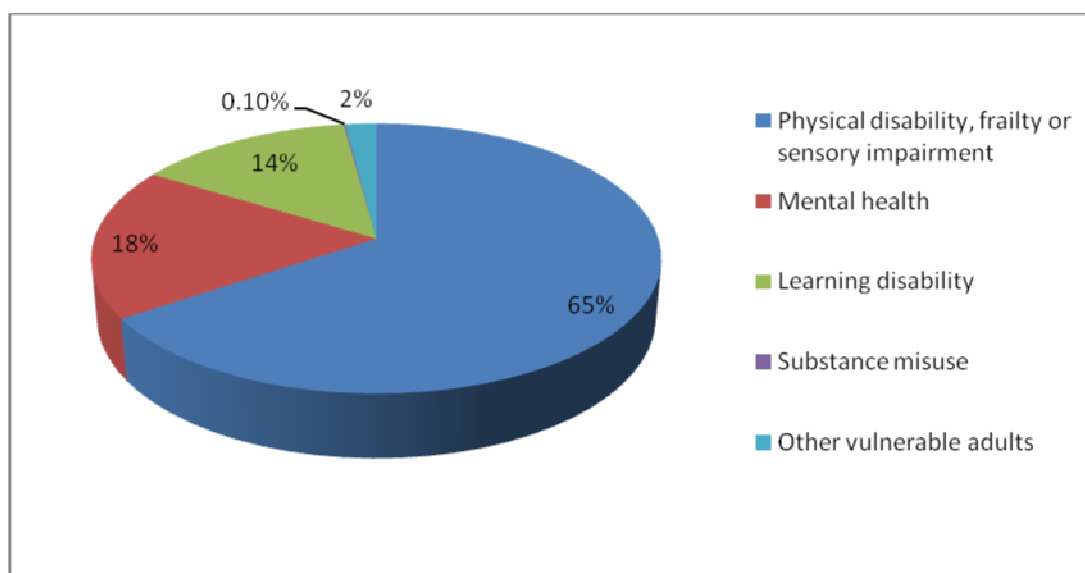


Fig. 2: Profile of the 4643 people who used adult social care in 2011-12⁵

1469 people had a social care assessment with a Social Worker, Occupational Therapist, or other social care professional⁶. A further 2459 people had their support package reviewed with a social care professional⁷. In addition, over 1600⁸ carers had an assessment in 2011-12, which is significantly higher than national averages.

The annual cost of providing adult social care and Supporting People services

⁵ Referral, Assessments and Packages of care (RAP) return 2011-12

⁶ Referral, Assessments and Packages of care (RAP) return 2011-12

⁷ Referral, Assessments and Packages of care (RAP) return 2011-12

⁸ 1032 received separate assessments. 602 received joint assessments with the cared-for person. 2011-12 RAP return.

The annual total cost of providing social care services in 2011/12 was £113m. This figure includes £15.7m income we received from people who received services such as residential care. Just 1.1% of the overall budget is allocated to strategic staff and support functions, with the remainder being used to deliver support to vulnerable people, either through our assessment and support planning functions, or through provision of services and Direct Payments. Spend represents 33% of the Council's total budget. This is broken down into £32.9m on residential and nursing care, £54m on support in the home, for example home care, equipment and meals services, and services provided in the community, such as day opportunities.

Carers

Carers play an incredibly important role, and in recognition of this, we are working to improve the way in which we work with and support them. All parts of this local account are relevant to carers as well to people who need care and support, and we have a range of services specifically targeted at carers themselves.

In 2011/12 we spent £1.5m providing services such as information, advice, and short breaks away for carers. One-off direct payments remain a very popular option for carers. The annual budget to support carers increased by 300% between 2008 and March 2011 to £140,000 and despite the financial challenges facing the Council, we maintained this level of funding up to March 2012⁹.

There are an estimated 21,000 carers in the borough, the majority of whom are not "known" to services. In 2011/12 we supported 1273 carers by providing short breaks or packages of support to help them maintain their caring role. In addition, the numbers of carers taking cash payments to arrange their own support has increased from 371 in 2007/08 to 407 in 2011/12. Through working with carers, we know that flexible arrangements which enable carers to have time to themselves and a life of their own are important as Peter explains on the below:

Read the 2012-15 Carer Plan at www.towerhamlets.gov.uk/strategies

"Hi my name is Peter, and I am my wife`s carer, she is Bi-Polar, or as she prefers to call it Bio- Polo. Last year was quite a good year for carers in Tower Hamlets. On the plus side thanks to carer led lobbying by THINK (Tower Hamlets Local Involvement Network) we secured funding for a full-time dedicated Mental Health Carers` Support Worker at the Carer Centre, in addition to the part time worker we have. Unfortunately this post is only until November, but we will be trying to secure funding it for the future. We also (after a successful pilot for Health and Wellbeing checks for carers) received

⁹ The Carer Plan 2012-15 estimate, based on 476 carers receiving a direct payment in 2010-11.

funding for this year and next year for two nurses to continue with the checks, which after a slow start is up and running now.

In adult social care, work was started on a new “customer journey” for carers, but unfortunately there have been delays with this. It is good that this work is now due to be progressed. There have been problems with Department of Health money for carers’ respite breaks not being used for this purpose, so the news that the government will shortly be asking local health services to account for this money is welcomed. Respite and carer breaks does not necessarily just mean carers going away for a break, but also just having a bit of “Me Time”, which can be what most carers want for a couple of hours once or twice a week. If the facilities are not there and there is a shortage of carers’ support workers then it makes it harder for carers to have their “Me Time”.

Next year I would like to see the Council along with their partners the NHS East London Foundation Trust (for mental health) and NHS Barts Health Trust work together. I would like to see them being more pro-active in identifying the thousands of unknown carers, and visit all the places people congregate, such as mosques, dinner clubs, outside schools at going home time, at the large supermarkets and all similar places. On a national level, I would like to see the Department of Health ring-fence money for carer breaks, to ensure that carers benefit from this”

With this in mind, we worked with carers, including Peter, to develop a three-year “Carers Plan¹⁰”, setting out how the Council, health and third sector services will meet the needs of carers in Tower Hamlets through to 2015. Developing this plan was a priority highlighted in last year’s local account. The key changes introduced by this plan are:

- To improve information, advice and advocacy for carers
- To introduce carers personal budgets to give carers more choice and flexibility
- To support carers to stay healthy and well
- To review balance between money invested in our block contracts for carer services and how we can free as much of this up as possible for carers to take as personal budgets.
- To ensure that the plan is able to meet the requirements set out in the new Care and Support White Paper

An exciting development for the coming year will be the “shared lives” service. We are still in the process of identifying the route we wish to take in terms of our shared lives model and have been liaising with other models of good practice to find an approach that best meets the needs of our residents and offers choice, flexibility, control and dignity and supports families and carers.

The “vision” for how we want carers to experience social care was developed with carers, and says that “we will recognise value and support the unique

¹⁰ Read more at www.towerhamlets.gov.uk/strategies

contribution of carers by offering access to high quality information and support options that promote independence, choice and control”.

In summary, our priorities for supporting carers in the next year are:

- To deliver the priorities stated in the 2012-15 Carer Plan,
- To develop a more flexible and personalised approach to respite and carers breaks such as the Shared Lives Scheme.
- To develop a new “journey” for carers through social care, including the development of personal budgets for carers.

Working with health and the Health and Wellbeing Board

People who use social care, patients and those who care for them often tell us how important it is for health and social care staff to work well together, so we are keen to ensure this happens.

Resident’s Action Point 1: People who use services and particularly carers described a need for an integrated approach with health

Our overall aim is to identify people with health or social care needs before they hit crisis

The Health and Wellbeing Board is made up of Councillors, Health and Social Care Leaders, and patient representatives in Tower Hamlets, and is there to drive forward plans to improve health and wellbeing in Tower Hamlets.

point. For example, Social Workers work closely with GP’s, Community Nurses and Community Matrons. We also work together at a higher, “strategic” level, to plan how we work together, such as through the development of new “Community Virtual Wards (CVW)”.

Following a successful pilot last year, the CVW is a new way of identifying and managing vulnerable patients in the community to reduce unnecessary or repeat admissions to hospital and support self-care of long term conditions. We do this by identifying those most at risk and coordinate and plan their care. The Community Virtual Ward Model of Care is now being fully developed across the Borough and is linked to local areas.

Each CVW provides support from different health professionals and social care staff work closely with GP’s, Community Matrons and Community nurses on a daily basis to support people with health and social needs. We are placing 4 social workers, one in each ‘ward’ to ensure we work in a more integrated way. Since June of this year the community virtual ward has worked with 488 vulnerable people at risk of readmission to hospital and we are expecting this to increase to over 600 of the borough’s most vulnerable people being supported as the CVW’s become more established.

One of the most important priorities from last year has been to bring health and social care closer together through the establishment of our Health and Wellbeing Board (HWB). We reported the development of this Board in last

year's Local Account. This high profile Board will ensure that the health and social care priorities for Tower Hamlets are addressed through our Health and Wellbeing Strategy *Towards a Healthier Tower Hamlets*. The new HWB will maximise every opportunity to enhance local health provision to best serve the needs of vulnerable residents and their Carers. Working with the Clinical Commissioning Group, improving health of our local residents is our top priority. Through the Strategy, the Board aims to improve health and wellbeing through all stages of life through:

- Reducing health inequalities
- Promoting choice, control and independence
- Focusing on prevention, early detection and early intervention
- Patient centred care
- Looking across the life course
- Taking a family centred approach
- Ensuring 'health in all policies'
- Understanding and addressing diversity
- Building on community potential and capacity

Since last year the Board has set up an Integrated Care Board in part to look at a "50+ Pathway" to draw on all organisations involved in supporting people in the 65+ age group (e.g. GP, social work, community health services). So far the group has developed the start of the pathway focusing on preventing people from being admitted to hospital, for those who are admitted, effective and speedy discharges back into the home; and then ensuring effective management of complex and/or vulnerable cases, including last years of life.

Resident's Action Point

2:Residents would also like to see adult social care and health focus more on wider determinants in the upcoming year

Many residents have fed back through our consultations that the wider determinants of poor health should be tackled. Social Isolation, housing and healthy lives were constantly listed as key contributing factors.

As well as making sure we are working together with other organisations to improve health and wellbeing in the borough, the Board has prioritised a number of specific projects.

1. One of four priorities for the Board in the coming year is to develop a mental health strategy for Tower Hamlets

Each of the organisations represented on the Board will sign the "Time to Change" pledge, which is about:

- reducing stigma around mental health problems in Tower Hamlets;
- increasing the take up of mental health support services; and
- ensuring that organisations support their staff in the best possible way when it comes to their own mental health.

The strategy will cover all ages and will consider a range of activities and services, from promotion and prevention, to services in the voluntary sector, health and social care services.

2. A priority from last year, which continues for the year ahead, has been to prepare for the government's reorganisation of health services. A lot of public health activities will change from being the responsibility of the NHS to being the responsibility of the Council from 1 April 2013, along with a budget of £20 million per year. This pays for some important treatments and services, including the treatment of sexually transmitted infections and services for people who have alcohol and drugs misuse problems. It provides an opportunity for adult social care and public health to strengthen how we work together, particularly around prevention and keeping people well.

The Tower Hamlets public health team has a strong record of innovation and improving the health of people in Tower Hamlets. Areas of success include:

- Childhood immunisations up 20% in two years and amongst the highest rates in the country;
- Increased uptake of breast, cervical and bowel cancer screening achieved through a community based awareness raising programme;
- Steady reduction of teenage pregnancies every year since 1998; and
- Reducing the rise in obese and overweight children in Tower Hamlets.

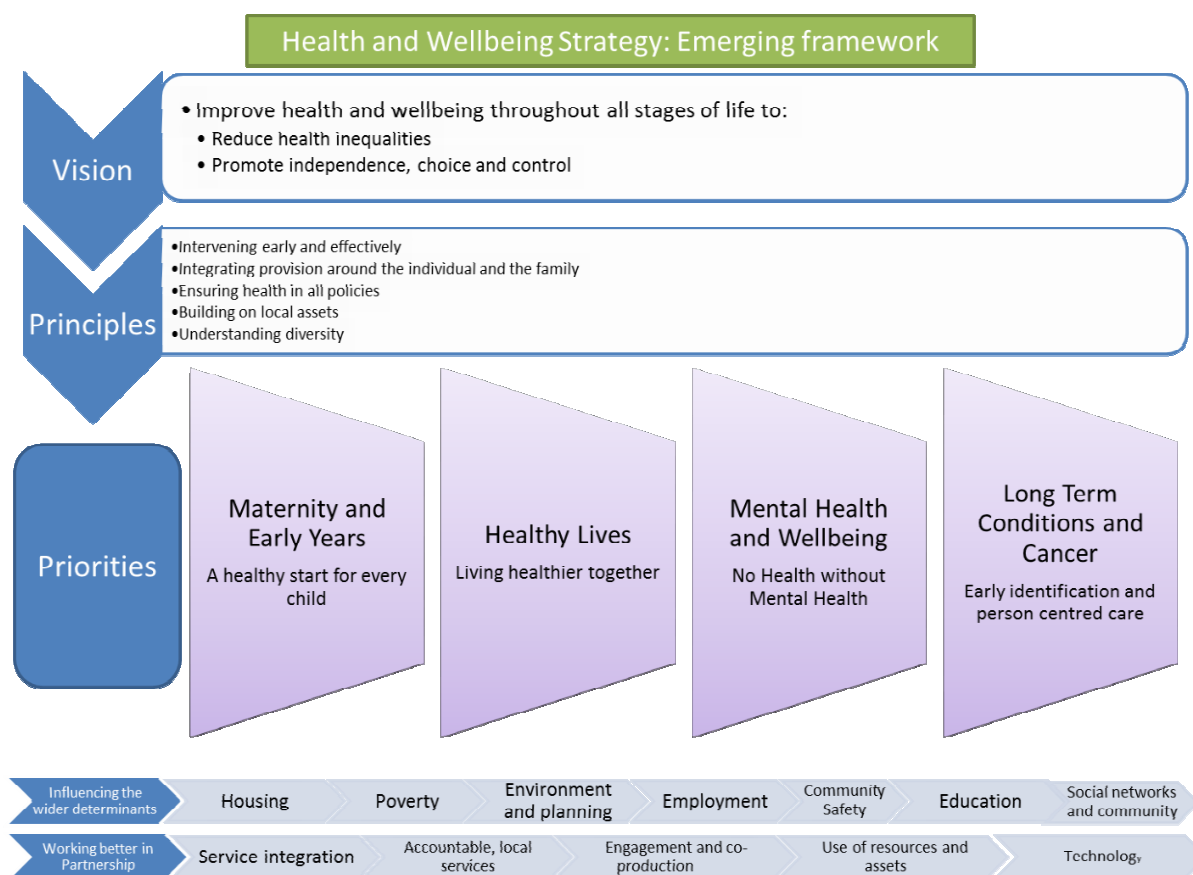
The Council aims to ensure that this success continues when public health becomes a Council responsibility.

3. Another priority for the Board will be to improve continence services for children and the overall experience that families have when getting help for continence problems.

To improve health and wellbeing in the borough, we want to improve how we work with children's social services too. 2013 will see social services for adults, children and the education department move from being separate departments of the Council into one new Directorate called Education, Social Care and Wellbeing. Integrating will provide a better opportunity to look at the needs of whole families, rather than just individuals within the family. This "Family Wellbeing Model" is aimed at providing the most effective support for children and their families to achieve their full potential. This could involve health, early years, education, youth, social care, crime and justice and housing services and any other service impacting on a child, young person and /or their parents or carers.

These and other projects and plans are being brought together into one Health and Wellbeing Strategy aimed at tackling specific issues and also the wider determinants of health. This will be finalised in April 2013. Our consultation involved engaging with local people and organisations. We found that overall there is general support for the future "vision" for health and wellbeing in Tower Hamlets. The principles of the strategy also appear to be well supported and we received specific feedback about how these could be

improved. 84% of respondents to the survey either strongly agreed (26%) or agreed (58%) with the priorities. This feedback was then used to define the framework for the strategy:



The members of the Board are now drawing up plans to make sure that the strategy’s vision and priorities are put into place.

Altogether, the Health and Wellbeing Board, its strategy and the transfer of Public Health to the Council provide a strong foundation that enables us to work together in partnership to improve the health and wellbeing of everyone in Tower Hamlets.

Our priorities for next year are:

- To work with health colleagues to draw up plans on how to make the health and wellbeing strategy a reality for people in the borough. This will include our approach to working with colleagues in the NHS;
- Finalise our mental health strategy to make sure the local mental health “system” provides what people need and want and
- To make sure that public health’s move from the NHS to the Council is smooth, and that public health continue to work on the priorities in the health and wellbeing strategy.
- To set stop smoking targets for organisations at a local or “ward” level, to encourage more people to stop smoking;

- To set up a ‘diabetes alliance’ or agreement between organisations in the borough, the aim of which will be to help people avoid and manage diabetes;
- To improve continence services for children in the community

Setting the scene for greater independence

In social care, when we work with people who need support, we draw on their skills and strengths to improve their quality of life, whilst reducing dependency on services as this quote from a Discovery Interview shows:

“I think sometimes too much is done. I think I was only able to do things because there was no-one else to do them for me...I can understand, when you’ve got somebody doing it for you, you let them do it. And then you stop being able to do it yourself. So I think sometimes too much is done for people. They don’t have the incentive to do it themselves. I know it is a hard road, if you have to do everything for yourself, but it should be. But that’s just the way I feel.”¹¹

Being independent is an aspiration for many and this is what has driven the transformation of our services over the past few years. We know that some aspects of our services are not working quite as well as we would like, but by using the wealth of feedback over the last year we are better able to pinpoint your priority areas.

Hearing the views and experiences of people who use adult social care, or care for those who do, is crucial when it comes to ensuring people have a positive experience. Some of our key activity over the last year has been:

- Going to resident groups around the borough to talk about adult social care. We have attended a range of meetings – such as the Tower Hamlets Older People’s Reference Group (supported by Age UK) and the Carer Forum (supported by the Carer Centre) – to get people’s input into Telecare, the Health and Wellbeing Strategy, and this report.
- Sending out our second annual questionnaire to all service users in receipt of long-term adult social care. Around 3500 people were sent a questionnaire in February 2012, and we received around 900 responses.
- Talking to a small group of people in detail about their experiences of the Reablement service, to see how people experience the service and how we can improve this.
- Training a group of people who have experience of adult social care services to carry out research with service users and carers.
- Developing service user and carer involvement in the Learning Disability Partnership Board.

¹¹ – BLT Discovery Interview, March 2012.

For example, in 2012 we asked a local research company (PPRE) to work with us to train a group of people who have experience of using social care to become Peer Researchers'. These people then carried out a range of interviews and focus groups with those who had been through the 'customer journey' and were now in receipt of services. This enabled us to get a detailed understanding of the issues that still need to be addressed. The full report will be available in early 2013, but here are some of the key findings:

- Generally, social care assessments were seen as positive events conducted by people who were seen as skilled and sensitive. The importance of people being "listened to" by Social Workers and staff comes out clearly from the research.
- However, peer researchers found that not everyone understood the different roles and responsibilities of adult social care, the NHS and landlords. Likewise, not everyone was aware about the level of choice available to them, or who to go to if things go wrong.
- There was also disappointment from some service users that the things they felt they needed had not all been agreed, and that the reasons for this had not been made clear. Service users are worried about cuts, and some feel that this having an impact on their support.

We are now developing an action plan to address the issues raised in the report. Our aim is for all service users to have a sound understanding of what they can expect from social care, and how decisions are made.

Peer research

Our recent peer research project enabled service users to talk to people who may have had similar experiences and are independent of the Council, whilst providing us with a valuable insight into the quality of our services and how that might be improved.

16 "peer researchers" were recruited in 2012, and interviewed a small group of adult social care users about their experiences of support planning. Additional peer researchers are

In addition to this work, results from the Department of Health's survey show that many people needing on-going social care support in Tower Hamlets agree that this support helps them stay as independent as possible (77.6%)¹². However, this result is down from 88% last year. People with a learning disability, people in residential care, and people in receipt of a Direct Payment or cash personal budget were more likely to say that care and support helps them to stay independent than other groups. We want this figure to be nearer 100% for all groups.

¹² 2011-12 Tower Hamlets User Experience Survey

We carried out a detailed look, or 'audit' of 123 people's assessments asking "has support to keep people well, delay dependency and promote independence been fully considered?" Results show that 88% of assessments fully achieved this, 7% partially achieved, 2% not achieved and 4% not appropriate¹³. Whilst people may not always feel that services are keeping them independent it is a core part of our assessment process and we need to understand why people's perception differs from our own evidence.

Resident's Action Point 3: Some residents criticised the assessment system and thought that this could be fairer.

Our consultation on last year's local account also highlighted **Resident's Action Point3:** that some criticised the assessment system and thought that this could be fairer, so clearly we have some work to do in 2013 to understand this better. This feedback mirrors the increase in the number of complaints challenging assessment decisions. You can read more about this at page 20.

The Department of Health's 'social care-related quality of life' measure¹⁴, gathered via an annual survey to all who receive formal social care asked people if they feel clean and presentable, if they are getting the right amount of food and drink, if they have a clean and comfortable home, if they feel safe, if they feel in control of their daily lives, if they have enough social contact with others, if they spend time doing things they value and enjoy, and if the way they are supported makes them feel better about themselves. Responses show an improved overall quality of life reported this year compared to last year:

- 61.6% rated their quality of life as 'good' compared to 57% last year.
- People reported increased feelings of safety, having more social contact, and being able to spend more of their time doing things they enjoy.
- The proportion of people who said they felt safe was in line with the London average but below the England average. Anecdotally, we know that people tend to answer this question in terms of the safety of their neighbourhood (e.g. levels of anti-social behaviour) and this finding is comparable with the 42% of residents in the Tower Hamlets Annual Residents Survey who cited safety as a top concern. We are working with Council colleagues and partners to address this issue, for example, the Learning Disability Partnership Board is looking at people's experience of feeling safe on public transport.
- Tower Hamlets performed well (81.8%) for the proportion of people who use services who say that those services have made them feel safe and secure, this is higher than London average (73%) and England average (75.4%).

¹³ Based on 123 Case Record Audits carried between May and August 2012

¹⁴ You can read the full Adult Social Care Outcomes Framework here:

<http://www.dh.gov.uk/health/2012/03/adult-social-care-outcomes-framework/>

On the less positive side, people reported feeling less in control of their daily lives, and were less likely to say they felt better as a result of how they are supported. At the same time, even though more service users reported feeling safe this year compared to last year, there are still relatively high numbers of service users who reported not feeling safe enough (40.5%) or even 'not safe at all' (3%).

The table below provides a summary of people's quality of life compared to last year¹⁵:

	Topic	2010-11 result¹⁶	2011-12 result¹⁷
1	I feel adequately clean and presentable or better.	90%	90%
2	I feel positive about the food and drink I have.	90%	91%
3	My home is clean and comfortable	92%	92%
4	I feel as safe as I want	58%	59.5%
5	I have enough control over my daily life.	69%	64%
6	I have enough social contact with others.	74%	76%
7	I am able to spend my time doing things I value and enjoy	60%	61%
8	The way I am helped and treated makes me feel better about myself.	65%	60%

Fig. 1: 2010-11 and 2011-12 Tower Hamlets User Experience Survey results – Quality of life

One trend is that adult social care users of an Asian Bangladeshi ethnic background reported much lower levels of control compared to people of a White British ethnic background in the Tower Hamlets survey. We found this in the 2010-11 survey, but the difference is less pronounced this year. Over the last 12 months, we have carried out focus groups and one-to-one interviews to understand why. This work continues but provisionally, the following themes have been identified:

- A significant minority of people of an Asian Bangladeshi ethnic background have difficulties understanding English, which has an effect on how much control people feel they have.
- Some people may not see relinquishing control to people they trust as a negative thing.
- Around 90% of Bangladeshi survey respondents received help to complete the survey. There is research to suggest people do not always give an honest opinion if they get help to fill the survey in¹⁸.

We are now working to address these issues. Over the next year, we want to raise awareness of adult social care for people who have English as a second language through holding a series of community events. We want everyone

¹⁵ 2011-12 Tower Hamlets User Experience Survey

¹⁶ Based on 987 responses from Tower Hamlets adult social care service users in long-term support

¹⁷ Based on 896 responses from Tower Hamlets adult social care service users in long-term support

¹⁸ Across England "There were slightly lower satisfaction levels where the service user was not involved in answering the questions with only 60 per cent of returned questionnaires showing that the service user was extremely or very satisfied" – Adult Social Care Survey England 2011-12 report

to understand what they can expect from social care and how the system works, so that they feel more in control of the support they receive.

This survey also showed that 65.2% of people who use long-term support services in Tower Hamlets reported being extremely or very satisfied with their care and support services this year, compared with 60.5% last year¹⁹. A further 23% reported being “quite satisfied”. When we compare our performance with other London Boroughs, and England the London average was 57.2% and the England average was 62.8%. The table below gives an overview of the feedback we have received on adult social care this year compared to last year:

1	Extremely or very satisfied with care and support services.	60.5%	65%
2	The way I'm helped makes me feel better about myself.	65%	60%
3	I am treated with respect by the people who assess my needs for social care.	89%	82%
4	I have found it very or fairly easy to find information and advice about support, services or benefits.	63%	62%
5	I was very or fairly satisfied with the information, advice and support I initially got from social care staff.	n/a	76%

Fig. 1: 2010-11 and 2011-12 Tower Hamlets User Experience Survey results – experience of social care

Overall, the results of the 2012 survey shows:

- People with a learning disability report more positive experiences over many areas when compared with people with a physical disability or mental health issue.
- People in residential care report more positive experiences over many areas when compared to those who live in their own homes. People who get a personal budget in the form of a direct payment also report higher-than-average satisfaction levels across many areas.
- Younger adults and people of an Asian Bangladeshi or Black African ethnic background report more negative experiences across several areas when compared to older people and people of a White British ethnic background.

These same trends were evident in the 2011 survey, so over the last 12 months we have looked in more detail and talked to service users. What we have found is that there is a complex set of reasons behind why different people answer the survey in different ways: These include language barriers

¹⁹ The User Experience Surveys are carried out each year, and are sent to all service users in long-term support services. 978 surveys were completed in 2010-11, and 896 were received in 2011-12. This represents a response rate of around 30%.

²⁰ Based on 987 responses from Tower Hamlets adult social care service users in long-term support

²¹ Based on 896 responses from Tower Hamlets adult social care service users in long-term support

that affect some people’s quality of life, deprivation in the borough which particularly affects some people, and the help some people received to fill in the survey. It is also interesting to note that the same trends are evident in survey results across England. Our priorities for this year are to tackle these issues where we can. For example, as noted earlier, we plan on doing more to raise awareness of social care for people who have difficulties understanding English.

Adult social care complaints and feedback

The table below provides a summary of the formal complaints received by the Council in relation to adult social care over 2011-12.

Access to services	0	5	3	0	1	1
Challenge assessment decision	13	30	18	7	3	2
Conduct/competence	10	8	3	2	1	2
Policy/procedure	0	1	0	1	0	0
Records/info held	0	2	2	0	0	0
Service delay/failure	13	18	4	6	7	1
Service quality	1	2	1	0	1	0
Totals	37	66	31	16	13	6

Fig. 5: Adults Health and Wellbeing Directorate Corporate Complaints 2010-11 and 2011-12

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.

Resident’s Action Point 4:

Feedback suggests mixed experiences in terms of the standard of care being received in relation to staff and feedback from service users, carers, and residents has told us that we need to do a better job at communicating FACS assessment criteria so that people have clear expectations and a better understanding of social care

Complaints “challenging assessment decisions” increased from 13 in 2010/11 to 30 in 2011/12. **Resident’s Action Point 3:** also highlighted that some criticised the assessment system and thought that this could be fairer so this is consistent with this pattern. Three of the complaints were upheld and seven were partially upheld. **Resident’s Action Point 4:** Feedback suggests mixed experiences in terms of the standard of care being received in relation to staff and feedback from service users, carers, and residents has told us that we need to do a better job at communicating the “Fair Access or Care Services” (FACS) assessment criteria we use,

so that people have clear expectations and a better understanding of social care²².

To improve this we have included more detailed information on FACS criteria in our publications and are looking at the training needs of our staff in promoting this in more accessible ways.

“Service failures or delay” accounts for a 38% increase in complaints. We are closely monitoring the time it takes people to receive services, so that the risk of this happening is minimised. We know it is taking too long for people to receive services and we are working on minimising this.

Our aim is for people to get assessments and reviews swiftly, and for these to be based on what each person needs support with and what they want to achieve. We expect everyone to be treated with respect by social care staff, and we know from feedback how important it is for our staff to work well with staff from other organisations. We have checked our performance against these aims, and have found that:

- The time it takes for people to get an assessment can vary. Last year, 331 people had an urgent need for an assessment and were seen within two days. 394 were seen between two days and two weeks, 200 were seen between two and four weeks, 396 were seen between four weeks and three months²³ and the remainder were seen over three months.
- The vast majority (82%) of people who need support felt treated with respect by the people assessing their need for support²⁴. However, this figure is down by seven percentage points compared to last year, and we recognise that more work is needed to understand both this and the experience of the 5% who report not being treated with respect.
- An audit to check the quality of 123 assessments or reviews found that 72% of assessments are fully achieving best practice across seven key areas²⁵. 82% of assessments had fully applied the principles of personalisation (focussing on choice and outcomes) when staff worked with

²² The assessment criteria used by Social Workers, Occupational Therapists and other professionals to determine who is eligible for adult social care services continues to be based on Department of Health “Fair Access to Care Services

²³ Referral, Assessments and Packages of care (RAP) return 2011-12

²⁴ 2011-12 Tower Hamlets User Experience Survey

²⁵ (1) Has eligibility criteria been applied appropriately? (2) Has support to keep people well, delay dependency and promote independence been fully considered? (3) Have the principles of personalisation – focussing on choice and outcomes - been fully applied when working with the service user? (4) Has a multi-agency approach been undertaken when working with the service user? (4) Has the role and function of all carers been fully explored and their expertise respected? (5) Has the role and function of all carers been fully explored and their expertise respected? (6) If mental capacity is an issue, are decisions being made based on the wellbeing of the individual? (7) Is the recorded information used to carry out this audit of a high quality?

service users. 13% had partially applied these, 1% had not applied these, and 4% were not applicable²⁶.

- The same audit found that 75% of cases, staff had worked well with other organisations when carrying out an assessment. 9% had partially achieved this, 2% had not achieved this and 14% were not applicable. There was evidence in 64% of the 123 cases that the role of carers had been fully explored and their expertise respected in an assessment. 11% had partially achieved this, 6% had not achieved this, and 19% were not applicable.

The feedback via complaints, although on the increase, can be seen negatively, although we see that these figures signify that people feel more confident in making a complaint, as we know from feedback that some people worry that complaining will have a negative impact on their support.

Our priorities for the coming year are:

- Reviewing customer representation on Directorate decision-making structures.
- Carrying out more research with peer researchers.
- Looking at how to learn more about the views and experiences of people with dementia.

Information and Advice

Our aim is to give people information on adult social care that is clear, useful and easy to understand²⁷. This year, the people who use social care have told us that we are doing a good job, but that there is still room for improvement:

Resident's Action Point 5: Some residents said that they would like more information on the services available to them.

- **Resident's Action Point5:** Some residents said that they would like more information on the services available to them.
- 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.
- 26% of people with a physical disability or frailty found it difficult to find information on support this year (around three percentage points higher than last year), so we recognise we still have work to do. We will work to improve this over the coming year, through the development of things like our [e-market place](#).

²⁶ Internal Case Record Audit of 123 service user assessments or reviews between May and August 2012

²⁷ This is one of the four core quality standards in our Quality Assurance Framework

- More than three quarters (76%) of adult social care users told us they were satisfied with the information and advice they received when they first came into contact with social care. 73% told us they found it easy to find information about services, which is slightly above the London average (72%) and below the England average was 73.8%.

A clear message from residents has been the importance of knowing where to go for social care and understanding who can access support. We have included this information in a range of new leaflets, and have been distributing these across the borough in places like One-Stop Shops, IDEA Stores and GP surgeries.



In addition, we are in the process of commissioning and funding a new information, advice and advocacy service for people with support needs including all disabilities, sensory impairments, and people living with HIV/AIDS. The idea is to have a network or “hub” where people can get information, advice and advocacy on a wide range of subjects. This will also make it much easier for people to find out about other services, including:

- Health and healthy living services
- Leisure and social activities
- Employment including supported employment
- Housing
- Volunteering
- Crisis
- One to one advocacy to help people to speak out
- Benefits and financial information

The idea is that these services will support people to be as independent as possible and help prevent reliance and dependency on more intensive care and support.

“Financial inclusion” means everyone getting the chance to get the most from their money, and everyone being able to avoid unnecessary charges or fees.

Changes to welfare benefits are having a major impact on residents of the borough, and financial challenges are being felt across all sections of our community. Across the borough, organisations are all working together to forewarn residents about changes to people’s benefits, with the aim of helping residents to be as prepared as possible. The main changes relate to the

overall Benefit Cap, and changes to Local Housing Allowance. The changes are likely to affect families with no one in work, or only in work for a limited number of hours a week, and particularly those with two or more children. There are also significant plans for changes – and cuts - to disability benefits, with particular implications for many people who use adult social care support services. The Council has been putting together information and advice for people who are likely to be affected by benefit changes. This includes staff in adult social care so that they in turn can help people with any questions or concerns they may have.

As a Council, we are trying to respond to this by putting a renewed focus on tackling debt, poverty and promoting financial inclusion in the borough. A Financial Inclusion Strategy has been drawn up, which focuses on improving people's ability to manage their money; making sure people can get financial "products" (e.g. mortgages) and services; and making sure people can get debt and money advice.

If you have any questions or are worried about how changes to benefits could affect you, you can phone the Department of Work and Pensions Benefit Enquiry line on 0800 882 200. If your question is about Housing Benefit, you can phone the Council on 020 7364 5001.

You can also get information and advice about social care from our First Response Service, which is the first port of call for adult social care questions or concerns. In last year's local account we told you about the service, but it was still quite new. However, the service has now been in place for a year, and between 1st September 2011 and 31st August 2012 the service had received 3913²⁸ contacts from members of the public, with 85% of queries being resolved within 24 hours. Since the service has been in place we've learnt the following things about the First Response Service:

- 9% required no further action
- 5% needed information and advice
- 3 out of 4 of people (72.4%) had an initial assessment;
- 9% needed urgent support;

The volume of work coming into the team is larger than expected and the main priority is to make sure there are skilled staff available to meet the needs of the borough's residents.

Our future plans

- To establish and support the new information, advice and advocacy service;
- To increase people's understanding of adult social care (particularly for people not currently in contact with us), so that people have clear expectations of what we can help them with.

²⁸ LBTH, 2012, First Response Activity Map Period: 1st September 2011 to 31st August 2012, Internal report

- To make it easier for people to find information on adult social care by developing an e-marketplace and implementing the Promoting Independence Strategy.

Prevention: Keeping people well

Support to older people to avoid falls

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. It is important that the risk of older people falling is minimised and we have a range of ways to support people at risk of falling:

Helping people to remain at home for as long as possible is one of our main focuses in adult social care. Our Handyperson service carries out small tasks around the home such as repairs, installing items of equipment and making the environment safe and comfortable. This can reduce the risk of falls and other accidents and is a valued service by carers and those they care for. The Handyperson service also helps people recently discharged from hospital in ensuring their home is safe for them to return to. 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).

The Handyperson service is run by Age UK, and in addition to receiving referrals from social workers and other health and voluntary sector workers, people who need the service can also self-refer by contacting Age UK in Tower Hamlets.

To contact the Handyperson service, call 0208 981 7124
info@acth.org.uk | www.acth.org.uk
 82 Russia Lane, London

LinkAge Plus is a programme to promote local, community based, and mainstream service alternatives to institutionalisation and isolation. This extensive, co-ordinated network of over thirty community based organisations works around 5 network hubs and provides a range of services to people over 50 years old. These include health promotion, benefits advice, education, volunteering opportunities and leisure activities.

In addition, 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 referred people to the Falls Unit at Mile End Hospital, who then helped with exercise, referral to the foot clinic and other types of support.

Health Checks for Carers

Being a carer can have an adverse effect on one's health. 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.

Nurses based in places like the Carers Centre carry out confidential health checks and provide time and space for carers to talk about how their caring role impacts on their own life. A letter is written to the carer's G.P and the carer is helped to get support if needed. Carers have told us that they valued having some time to look at their health and their life as a carer.

We are now working with Community Matrons and GP practices across the borough to embed Carers' Health Checks so carers can maintain physical, mental health and wellbeing, which is a key priority of the 2012-15 Carers Plan. A particular priority this year is to increase the number of health checks for carers of adults with a learning disability.

For more information on Carers Health Checks, contact the Tower Hamlets Health Check for Carers Team, Carers Centre, 21 Brayford Square, London. E1 0SG.

People with sight or hearing problems (sensory impairment)

There are currently 1292 adults on Tower Hamlets Council's sensory impairment registers. This includes:

- 1) 204 people who are deaf and
- 2) 297 who are hard of hearing and
- 3) 411 adults registered as blind and
- 4) 380 as partially sighted.

Information from independent national organisations suggest that there are likely to be more people in the borough with hearing or vision loss who are not known to us.

Over the last year, changes have been made to the support available, with a view to people getting in contact with the Sight and Hearing service at an early stage. Anyone with hearing or vision loss can access it.

SatvinderUmahefula is a Social Worker with the Sight and Hearing Service explains how the team supports people:

"Through the provision of equipment, specialist clinics, information and advice, sensory rehab training and individualised support plans the service has helped enable people to maximise their independence. Furthermore through outreach work we have helped to raise awareness of sensory loss within the local community and with a range of staff across the Council and

our own social care teams, enabling sensory impairment to be considered within assessments and also ensuring people know where and how to access services.

Our services support people to remain independent and in control. Advice and information given at the initial point of contact maximises the choices people have and the support they can get from a range of services.

We provide “Vision Rehab” and “Low Vision” services which are aimed at keeping people as independent as possible. Providing equipment or supporting people with rehabilitation to become independent and avoid the need for long term social care services through mobility and living skills training and Braille classes. A Community Low Vision clinic, staffed by people from health and social care also provide optometry assessments, low vision equipment in the form of magnifiers, and rehabilitation.

There are a number of elements to the services provided to d/Deaf people in the borough. There is an established Hearing Clinic for people who are d/Deaf or hard of hearing (some of whom communicate in BSL and some of whom do not), which is available by appointment. People using the Hearing Clinic can get advice, information and equipment demonstrations.

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. On Wednesday morning each week a BSL duty officer is available, from 9.30am – 1pm, and in the afternoon, there is open door service for anyone who uses BSL to come in and discuss any issues of concern, from 2 – 4pm. Both are held at Albert Jacob House, 62 Roman Road.

If anyone would like more details about any of these services, or is not able to attend in person, they can e-mail sightandhearing@towerhamlets.gov.uk or text 07947 308 235.

The Sight and Hearing service objective is to:

- Run sensory awareness training for all adult social care staff;
- Work more closely with staff who support people with a learning disability and mental health problem;
- Work more closely with staff in the Reablement service;
- Run sensory awareness sessions for carers and providing more information and advice to carers, and
- Improve the support provided to for deaf people.
- Expand the weekly BSL drop-in session

Employment support

Being in work can be hugely beneficial to people's health and wellbeing. The Tower Project Employment Team support people to get into work by helping build CV's, search for, and apply for jobs, provide training and also provide job coaching once people start a new job. Between April 2011 and March 2012, Tower Project supported 20 people with learning disabilities into paid employment; 41 people into work placements (typically 12 weeks in length which are unpaid) and 37 people into voluntary opportunities. Not everyone being supported by Tower Project is known to adult social care, as generally those receiving formal support have more complex levels of need. Of those receiving a package of support from adult social care, 16 (2.5%) were successfully supported into paid employment and 15 people undertook unpaid voluntary work. Taking into account both paid and voluntary work, this represents 4.9%. Our performance is lower than England (7.1) and London (9.3). In comparison with other London boroughs Tower Hamlets performance was the lowest.

A priority for 2013 is to procure a Supported Employment, Training and Enterprise Service. This is to be provided in community venues as well as the new community "hubs" to further support people with a learning disability to find work.

In addition to this, Tower Hamlets Council has launched its own scheme to provide people with a learning disability with job opportunities. The Council are funding ten paid work placements across the Council for people who receive formal support from adult social care and who live in the Borough. Placements started in October 2012 and will last for one year. Placements combine both paid employment and training for Level 1 NVQ in Business Administration.

In last year's local account we introduced Sam Walker, our Engagement Support Assistant who, following a similar placement scheme was recruited to a permanent part-time post in July 2011. Sam recently carried out an employment survey among 52 people with learning disabilities where 44 people said that they wanted to work and highlighted the different barriers that prevent them from actively looking for employment, such as their benefits being stopped. Sam regularly produces a blog on her experiences which is available at:

http://www.towerhamlets.gov.uk/lqsl/101150/148_get_involved_with_social.aspx

In addition to supporting people with learning disability into work, supporting people with Mental Health problems is also important. In Tower Hamlets the proportion of adults in contact with secondary mental health services in paid employment in 2011/12 was 6.9% and is higher than London (5.9%), but still below England average (8%). Our performance this year is an improvement on the final figure for 10/11 which was 6.1%. In Tower Hamlets the main employment support service for people with mental health problems is commissioned by the NHS; it's called REWORK and is provided by Working Well Trust, and provides support to service users with Serious Mental Illness

with getting into employment. Within East London Foundation Trust Occupational Therapists within Community Mental Health Teams, Community Rehab Team, Early Intervention Service and the Tower Hamlets Centre for Mental Health screen all Employment, Training and Education referrals and do preparatory work prior to the service users going to REWORK. The Trust and REWORK have a very successful partnership creating a smooth pathway for people into employment. In 2011/12 Rework supported 61 people into employment of which 25 were on a Care Programme Approach which is an indicator for severe mental illness. The NHS also commissions a "Support, Advice and Recovery Service" (SARS) from the Community Options Team which supported 41 people to gain or stay in employment in 2011/12, with a further 75 supported to get into or stay in education, training or voluntary work.

Using new technology

The world around us is rapidly changing and technology increasingly plays an important role in our day to day lives. In social care, we want to fully exploit the benefits that technologies can offer, in order to better support people with care and support needs. Over the last few years [assistive technologies](#) have been developed, and can help enable people to manage a range of health conditions and impairments. 1937 people are currently receiving Telecare services (as of December 2012), an increase on 100 from the previous year (December 2011).

"Telecare" is a small portable alarm that can be installed at home or carried around. If the alarm is activated, staff who work in social care will get in contact to check everything is ok.

Between January and March 2012 the Council spent some time trying to find out what people thought about Telecare and our plans to extend the range of items on offer. We found that people who had experiences of Telecare generally reported a positive experience, and people were particularly supportive of the potential for Telecare to provide a break for carers. However, some people were worried about Telecare giving people a false sense of security as it won't always be as effective as human presence. Some people were concerned that Telecare may replace care workers and leave people isolated.

In Tower Hamlets we are currently exploring how technology can improve the way we support people and their carers. We are trying out a bigger range of technology in [Extra Care Supported Housing schemes](#); the Dementia Memory Clinic and in the [Community Virtual Ward](#), to see what impact this has and whether it helps people avoid hospital admissions:

- The Extra Sheltered Housing scheme fitted with extra technology is called Shipton House, and is aimed at residents who have dementia. Door sensors will be installed for each flat and these will be programmed to suit the daily pattern of the resident. The idea is that the warden will be alerted if a tenant leaves their flat at a time that isn't safe.
- People who are in contact with the Dementia Clinic may be provided with devices such as reminder units, environmental sensors and

person locators (for those at risk of wandering) to maximise their safety, security and wellbeing, while enabling them to remain living in their own homes for as long as possible.

- Patients using the Community Virtual Ward may also be able to use a bigger range of technology to help people remember to take their medication or alert someone when a risk of a fall or sudden illness is detected.

We also want to offer more technology to people at home, as we know this may help some people to stay at home and avoid residential care by making homes safer. The new devices can help in the following ways:

- People can raise an alarm that goes through to a carer or the Council's monitoring centre if they feel threatened or suffer from a sudden incident of illness
- People can be reminded to carry out important activities such as taking medication or locking the house in the evening
- People can get help quickly if something is wrong. New devices can send alerts to a carer or monitoring centre if, for example, there is a long delay in returning to bed after getting up at night or no movement in the house for a long period, when the person is supposed to be at home.

It is important to say that these items will only be provided following a rigorous assessment of need to ensure the items are appropriate and that the person can use them. These new items will not be available to everyone.

Choice over equipment

A major development over the last year has been to give more choice over simple items of equipment people need to stay independent, giving people a "prescription" for equipment to be used at one of 24 accredited retailers in the borough. This is a free service to eligible residents of Tower Hamlets, but people can choose to pay extra for a more bespoke item (for example, in a different finish).

The service started with four social care teams providing prescriptions on 30th April 2012, and was then extended to more teams in June 2012. The service is now growing from strength to strength, health staff are now being trained to become prescribers (the training began in December 2012).

Our monitoring shows that people across the borough are benefiting from the new system and exercising choice. Between April 2012 and October 2012, 1637 items of equipment were prescribed in this way and the numbers are expected to rise further.

Reablement: Help to regain independence

The Reablement service was introduced in April 2009 and was expanded in August 2011 to provide Reablement opportunities for the vast majority of people who need social care. [Reablement](#) is an important part of social care, and one of the main ways we are working to support people to stay as well as

possible for as long as possible. Typically, the Reablement service involves a six-week programme of support aimed at helping people to be as independent as they can. At the end of the Reablement service, some people may need no further support. Others may need a smaller amount of support than they otherwise would. Since August 2011 there has been a big increase in the demand for Reablement. The number of referrals between August 2011 and July 2012 totalled 1246, five times as many people than had been through the service the previous year. The service has two areas of focus:

Supporting people discharged from hospital

Tower Hamlets has some work to do to improve its delayed transfers of care from hospital which are attributable to adult social care. The average number of delayed transfers of care which are attributable to social care per 100,000 adult (18+) population was 5.2 for Tower Hamlets which is 5th highest in London and not in line with London average (3.0) and England average (3.8). Most delays are due to people delaying leaving hospital to wait for suitable placements for those who need residential care. When we do discharge people into the community, the service is proving to be effective at keeping people at home following a stay in hospital. 86.6% of older people (65 and over) who were still at home²⁹ 91 days after discharge from hospital into Reablement/rehabilitation services above both London (84.8%) and England averages (82.7%³⁰).

Supporting people to maintain independence

As can be seen from the increased numbers of referrals to the service, many of these are from new people not previously known to us³¹. Although we work with people in the same way as those coming out of hospital, those being discharged from hospital have to be prioritised in order to ensure that hospital beds are made available for other patients.

This has led to longer waiting times for people who are contacting us from within the community. Our monitoring shows that people can wait 2 months for Reablement to begin and this is longer than we would like. Of the 1246 people receiving Reablement, 354 people went on to receive on-going support in the form of a personal budget.

To better understand the experience of people going through this service, eleven interviews were carried out in summer 2012. Many people reported a highly positive experience including clear communication from staff, officers who were flexible, who cared and who listened and receiving support that was effective in increasing their confidence and independence.

²⁹The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital.

³⁰ LBTH, 2012, [Comparison of Social Services Performance Indicators](#)

³¹Between November 2011 and November 2012, 3995 people got in contact with us, 2898 people had an initial assessment, and 1090 were referred to Reablement

The main barriers people identified were around health needs that either cannot improve or constantly change, people needing more time to achieve goals and the different perceptions people have of their own independence.

Our priorities for the coming year are to reduce the time people have to wait for Reablement whilst increasing levels of satisfaction. Alongside this we are keen to look at ways to help people be independent in ways other than daily physical tasks

Longer Term Support Services

Personal Budgets and Support Planning

People with long-term social care needs are experiencing a greater level of choice as personal budgets are increasingly offered. This allows people to know how much is being spent on the cost of their formal social care and people can opt to take this money, devise their own support plan and manage their support themselves. Alternatively, these budgets can be managed by their family or even by the Council. The key is that they get to choose when and how they receive their support.

Between August 2011 and September 2012, 925 people went through support planning, although this took an average of 55 days to complete. The majority of people have chosen to have their personal budgets managed by the Council. We have identified through our consultation on last year's local account that personal budgets were universally praised as a good idea as it allowed a more personal service. People liked the fact that the use of personal budgets featured prominently in the local account as a means of publicising this.

Visit our website to find out more:

http://www.towerhamlets.gov.uk/lqsl/701-750/730_longer-term_support_and_pe.aspx

Did you know?

A cash Personal Budget is when you receive the money into your own chosen bank account to pay for your own support.

Resident's Action Point 6: Some people said that they did not feel confident in using personal budgets as they did not fully understand how they could be used.

budgets and the support available.

Resident's Action Point 6: However many said that they did not feel confident in using personal budgets as they did not fully understand how they could be used. We know from this that we need to provide better information and support to people in using personal

Residents do however like the fact that personal budgets offer a bespoke service that caters to their own independent need and are glad that adult social care in Tower Hamlets has adopted this approach.

In 2011-12, 1990 people directed their own support. 920 of these did so with a cash personal budget or direct payment³².

Tower Hamlets' has fewer people receiving "self-directed support" than the England average and average for other London Boroughs but we have a higher proportion of people who taking the money and manage it themselves. Working with people to move to a personal budget is a very challenging area as people have told us that they are concerned about the responsibility of managing their own budget and also concerns that some people may experience financial abuse. We have given this a lot of thought and have spent the past year working with people to understand what a personal budget means for them.

In a survey sent to all service users in long-term support in 2012, 64.5% of people said they could choose the support they received, and 61% said they could choose how and when to get support. In the same survey, 23% of adult social care users said they were interested in the idea of a cash personal budget paid to them, and a further 28% were interested in a budget paid to someone they trust. People who completed the survey who are in receipt of a cash personal budget (i.e. one paid directly to them) reported higher-than-average satisfaction levels: 68.2% reported being extremely or very satisfied with their care and support services, compared to an average national response of 64.7%.

In mental health services, around 200 support plans have been completed, with many plans emphasising support intended to improve physical as well as mental health and getting back into employment - for example, personal trainers and courses to improve skills and employability. Service users who are 'new' to social care are now being identified, for whom the menu of traditional services on offer had not been suitable. These people are benefiting from the new focus on choice and control, and from the flexibility of the personal budget.

The "review" of the experience of people with a physical disability or frailty in adult social care found that whilst people are getting support to be independent, we need to ensure people have real choice and control over the resources used to secure support. We also need to ensure that bureaucracy (paperwork and formalities etc.) is minimised, and that staff both inside and outside the Council are working effectively together. We will be working on this over the coming year.

To help to make sure that people with support needs have more choice and control at every stage, Real, a local Disabled Person's Organisation, has continued to provide an independent support planning and brokerage service on a pilot basis during 2012 in addition to existing Direct Payment support services. The independent support planning and brokerage arrangements have been evaluated during 2012, and the learning from this evaluation will be used during the early part of 2013 to further develop our overall approach to

³² Adult Social Care Outcomes Framework 2011-12 – 1C result for Tower Hamlets.

the continuing delivery of high quality adult social care. Arrangements for providing the right support to individuals taking their Personal Budget as a Direct Payment will also continue to be developed during 2013 to keep pace with expected increases in the take-up of Direct Payments.

We know there's more we need to do to make sure the people we support have the level of choice and control they need and want. Our priorities are:

- To make sure that people have real control over the money for their care and support;
- To provide more support for people to develop their own networks of support in their local communities and to increase community connections; and
- Increase awareness of what personal budgets can be used for and the support available with Tower Hamlets residents and those who use services.
- Improve the time it takes to be served throughout the Customer Journey so that people do not wait longer than necessary for support.

Help in the home

Around 1800 adults in Tower Hamlets receive about 1.1 million hours of care and support in the home each year³³, to help with things like personal care and household tasks. These services continue to be free and Tower Hamlets is the last remaining Council in England not to charge for care to people living in the community.

We spent £23.2 million³⁴ on home care services in 2011-12, which represents just over a fifth of the total annual budget for adult social care. An additional 386³⁵ people receive a cash personal budget to purchase support, of which a significant proportion chose to employ a Personal Assistant to support them.

In the 2012 survey, 59% of people receiving home care reported being extremely or very satisfied with their care and support services³⁶. The feedback we have received from service users and carers has highlighted the importance of good customer service in ensuring someone has a positive experience of home care:

They [the care workers] were really nice and friendly... Because they were very patient and they heard me out ... it was a good experience...they were very pleasant and they were asking questions
(Discovery Interview, May 2012)

³³As of 23rd July 2012, 1774 adults were in receipt of home care in Tower Hamlets.

³⁴ Total expenditure on home care including joint arrangements, Adult Social Care Expenditure in 2011-12 including SSMSS costs.

³⁵Number of people receiving a Direct Payment as of 31st March 2012.2011-12 RAP return.

³⁶ 2011-12 Tower Hamlets User Experience Survey

7 of the 22 formal complaints resolved by Council between October 2011 and May 2012 concerned home care services: One related to a delay in home care, four related to the quality of home care and two related to home care services being withdrawn following an assessment. Concerns about the quality of home care have been raised in the some of the feedback we have received from residents: The Tower Hamlets Older People's Reference Group in November 2011 raised the availability, quality and continuity of care from care workers as an issue. We are putting systems in place so that we can check the quality of home care, through things like customer feedback. We are supporting people to understand what they can expect from home care in our publications. We are also giving people more choice about who provides their home care through offering more people Personal Budgets.

During 2012 the Council re-tendered its home care contracts. A number of existing organisations were unsuccessful in being awarded new contracts and are being replaced by new providers, all of whom meet the Care Quality Commission essential standards of quality and safety. The new contracts started on 26th November 2012, and a detailed programme of work was put in place to ensure the safe and seamless transfer from existing organisations to new ones where this was required. "Handover" visits between the existing and new care workers were organised to ensure that each individual's specific requirements were properly communicated to the new care workers. People, who preferred to stay with their existing home care provider, or go to a different one, also had this choice by getting a cash personal budget.

New providers will use an Electronic Homecare Monitoring system to monitor the timeliness of care workers. Under this system care workers are required to log their start and finish times to check that carer workers are arriving on time and that the time spent with the service user matches the expected duration. Any late arrival or visits which are cut short can then be easily identified and raised with the relevant provider or care agency to improve quality. The system also allows the Council to only pay for delivered care.

In home care, our priorities for the coming year include:

- Offering people more choice over who provides their home care by continuing to offer personal budgets, and giving people more detailed information to make these choices by developing an e-marketplace.
- Increasing the use of "electronic home care monitoring" to improve quality and value for money
- Encouraging people to use the THINK "Rate our Service" system, so that people can view resident feedback on different home care providers.

End of life care

The Department of Health estimates that the overall annual cost of end of life care to NHS and Social Care services is measured in billions of pounds. Survey results show that most people in Tower Hamlets do not die in their place of choice – 64% die in hospitals, although national surveys suggest that

most people would like to die at home. This means developing a range of support services at the end of life, spanning both health and social care.

There has been some progress in advancing the end of life care agenda, especially within the health sector, progress elsewhere has proved inconsistent. End of life care cannot be the sole concern of the health sector; local authorities also have a key part to play.

A priority for 2013 will be to review current end of life care provision and practice and develop a sensitive and holistic approach.

Support outside the home

Many adults in Tower Hamlets need support outside of the home too; this can include support to give carers a break, called respite. In addition, people can be supported to undertake training or work experience, do activities with friends and even meet up for lunch. Last year 386³⁷ people receive a cash personal budget for this purpose.

Over the last year we have worked in partnership with people who use our services and their carers to transform several of our day services to make them services that they would want to buy. To do this we have been working to change the way our day centres work so that they are able to offer people more choice, control and independence in what activities and support they have during the day.

A major development in the last year has been the new Phoenix Blend Community Hub for people with learning disabilities on Bell Lane which is a flagship service representing a move from traditional 'building based' services to a community hub and a 'service without walls'. Working with an organisation called RCHL³⁸, Phoenix Blend officially opened on 20th July 2012. You can watch a film of the event on You Tube (<http://www.youtube.com/watch?v=kCHAH4Yulw8>).

On the 10th December the hub was visited by Government Health Minister Norman Lamb MP. Mr Lamb said he found the visit 'inspiring', and was 'very impressed with the building and its setting'. Spending over 30 minutes talking with people who go to Phoenix Blend, Mr Lamb told staff that he had been hugely impressed by the variety of activities being undertaken at Phoenix Blend and how the whole service was designed and led by those that use it.

As part of the move from the William Brinson Centre from late May and June 2012, people with learning disabilities were involved in the layout, furniture, colour scheme and planning and research for the cafe. This co-design involved Poetry In Wood, another learning disabilities day service and social enterprise, making an art sculpture which shows journeys and interests of people using the community hub and designing the Phoenix made of wood and mosaic. Both of these pieces of art are displayed at Phoenix Blend.

³⁷ Number of people receiving a Direct Payment as of 31st March 2012.2011-12 RAP return.

³⁸ Redbridge Community Housing Ltd.



As part of Phoenix Blend there's a social enterprise café that has been up and running from June. The cafe provides an opportunity for people with learning disabilities to gain confidence, training, and work experience with the aim that this will support people to gain future paid employment opportunities.

In January 2012, all services in the Adult Resource Centre at Southern Grove moved to new premises to make way for a state of the art new school. Jim Craddock and Claudette Mason tell us how it went:

Jim Craddock, Manager of the Riverside Centre

For some people, leaving Southern Grove was quite emotional, as a number of people had been going there for many years. Staff had regular conversations with people about the move, and there was a display showing the floor plan of the new Centre and a number of photographs showing how the work was progressing. The last day at Southern Grove was celebrated with a farewell party, which everyone enjoyed.

After three days of getting the new furniture into the right position, our people arrived and were thrilled with the new Centre. For the first few days everyone was saying things like, 'Isn't it wonderful', 'isn't it lovely and bright', and 'there seems to be so much room'.

Once things settled down and everyone was familiar with things, we decided to hold a competition to find a new name for the Centre. When all suggestions had been received, people themselves selected the name they most liked. The Riverside Centre was chosen.

In May 2012 we had our official opening attended by Mayor Lutfur Rahman and the Lead Member Cllr Asad, followed in the afternoon by our first Open Day, which proved to be a great success. In recent months, we have worked with 'Clod Ensemble – Extravagant Acts for Mature People' on a photography project to create their own 'photo history'. Aided by a small contribution by the Centre these were professionally bound and printed, and people were given a

copy of their own book to keep. A copy of this is currently on display at CubittTown library. This year, we are looking forward to telling people more about the Riverside Centre, so that more people are aware of our service.

The Riverside Centre and is based on the ground floor of Jack Dash House. You can take a “virtual tour” of the Riverside Centre by visiting:

[‘http://www.towerhamlets.gov.uk/lgsi/251-300/296_community_and_day_centres/Riverside_Centre.aspx’](http://www.towerhamlets.gov.uk/lgsi/251-300/296_community_and_day_centres/Riverside_Centre.aspx)

Claudette Mason, Manager of the Day Opportunities service

Day Opportunities for adults with physical disabilities moved from Southern Grove into new premises in the Red Coat Centre in January 2012. It was an emotional and difficult thing to do as people had attended the Southern Grove site for many years and held fond memories. People however were pleased that we had a new place to move to because this is the only service of its kind for people with physical disabilities in Tower Hamlets.

Since the move we were able to resume our therapeutic work with people, and built up many links within the local community, including our local City Farm and IDEA Store. These links have been really successful, and have enabled people access to new opportunities. For example, some at the Centre have completed Customer Service Level 1 and 2 training provided by Tower Project and have secured a stall in Spitalfields Market where they sell art and crafts products that they have made.

In summer 2012, the Centre organised a joint celebration of the Queen’s Diamond Jubilee and the Olympic Games, called the “Jubolympics”. The event was well attended with entertainment from the Pearly King and Queen of East London, and there were accessible games and our own medal ceremony. We were also pleased that a number of service users had the opportunity to attend the Paralympic Games supported by staff and carers.

This year, we are looking forward to continuing to support service users to access new opportunities.

The Physical Disability Opportunities Centre has moved into the Red Coat Centre in Stepney (called Stepney Way), shared with a youth club.

Independent living

In Tower Hamlets we are putting increasing emphasis on supporting people to live as independently as possible by providing a better range of accommodation options. An example

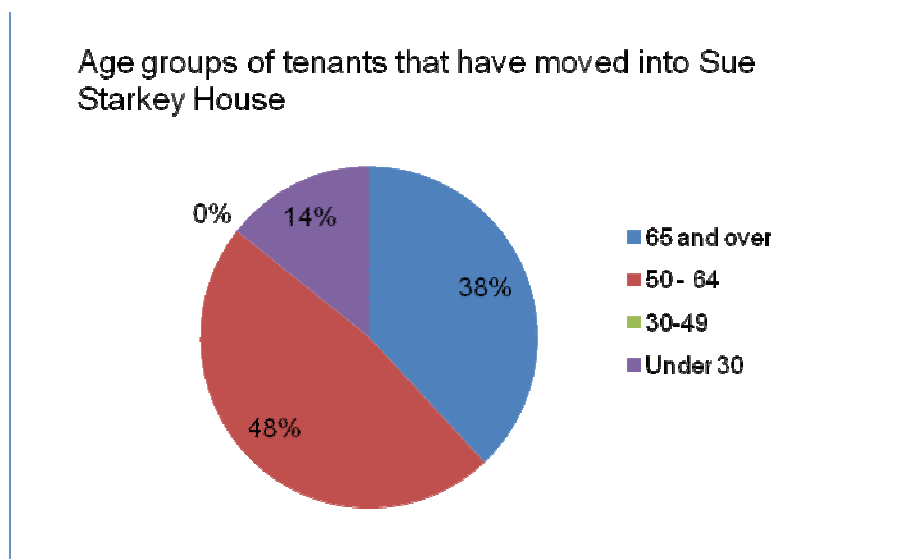
ECSH aims to meet the housing, care and support needs of older people, while helping them to maintain their independence in their own private accommodation. It combines purpose-built housing for older people with onsite flexible care that adapts to residents' changing needs and allows them to retain their

of this is Extra Care Sheltered Housing (ECSH), which has historically been targeted at older people, and at the same time, reducing the need for general residential care. Most existing residential facilities either are already specialised in dementia (nursing and residential) or targeted to be more specialised in the future

Although there remains a high demand for places in care homes in the borough, especially for specialist dementia, ESCH provides an alternative to a care home in specialist self-contained flats that promote independence and allow individuals to be in control of their lifestyle.

There are now six ECSH schemes in Tower Hamlets, providing 161 apartments for rent. This includes two new ECSH schemes opened in the borough in 2012 providing 57 additional flats. One of the schemes is specifically for people with dementia and in the other, we are encouraging younger adults with learning/physical disabilities and mental health to consider the scheme as an alternative to long-term residential care. This has proven to be quite popular.

The take up of flats in the new scheme by younger adults with learning/physical disabilities and mental health needs show that ECSH is an option for all adults, not just for older people (see the chart below).



In Tower Hamlets the proportion of adults with learning disabilities who live in their own home or with family was 43% for 2011/12 which is the second lowest in London (London average is 65.7%) and is below England average (69.9%). In Tower Hamlets we know that we have a significant number of people with learning disabilities who live in residential settings – for some people this is the right setting for their care and support but for others there are aspirations for other accommodation options which include things like ECSH, supported living and cluster flats.

One of our priorities for the coming year is ensure people with learning disabilities can live in accommodation options that best meet their needs and aspirations. As part of this we are conducting a needs assessment to support development of an accommodation strategy that will provide a range of accommodation options for this group. During the next year the needs assessment will be completed and the strategy developed to take forward the actions.

Mental Health Accommodation Strategy

Over the last couple of years we have worked hard to support people who are in contact with secondary mental health services to live independently, with or without support. In the provisional performance indicators Tower Hamlets is performing well compared with other London Boroughs and England; the authority's performance is third highest in London and above England average.

The Mental Health Accommodation Strategy set us targets for the number of admissions to and discharges from residential care which we are achieving. In 2011/12 there were 13 admissions and compares favourably with the 29 in 2008/09 (the highest number in the last 6 years). The number of discharges has increased to 25 from 15 in 2006/07. The number of people with mental health problems in residential care at year end (2011/12) has decreased to 2007 levels; 118 at year end in 2011/12 compared with 135 at its highest in 2008/09.³⁹

During this financial year we are working to support people living in in-borough supported accommodation who with the right support would be potentially able to move on to an independent tenancy – this requires significant support from the Housing Resettlement Team and demand has been higher than expected.

We have 2 major workstreams to support service users with Mental Health and Learning Disability to live as independently as possible. This involves reviewing all users currently in residential care and seeing if with more community based support they can live in less institutionalised accommodation. The MH strategy is in its 3rd year and the Ld work in its 2nd year.

Some of the savings from ceasing to commission high cost residential care placements is being reinvested with Supporting People money to increase our in-borough supply of supported accommodation where services users can hold a proper tenancy. This involves our social work teams and the mental health service providing a high level of support to individual service users and their families.

Residential and nursing care

Around 1000 Tower Hamlets residents were in residential or nursing care placements funded by Tower Hamlets Council in 2011-12. There are six older

³⁹ LBTH, 2012, Mental Health Accommodation Strategy – Summary of 2011/12 performance

people's Residential or Nursing Care Homes in Tower Hamlets providing 335 beds registered for older people's care and nursing. There are nursing and residential options for older people outside of the borough too and people move to care homes based on preferences like living close to family members or the need for specialist support. The overall spend on residential and nursing care in 2011-12 was £32.9 million, representing just under a third of the total spent that year.

For adults under the age of 65, Tower Hamlets is the second highest in terms of placing adults permanently into residential or nursing care in London. For older people aged over 65, Tower Hamlets is the third highest. Our local 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

Health promoting activities in care homes

People who go into residential or nursing care are by far the most vulnerable in society, experiencing physical and mental deterioration which requires all professionals to work well together. We know that this doesn't always happen.

The Council and health colleagues in the [Clinical Commissioning Group](#) are starting to address this, which involves working with older people, carers, social care, GPs, community matrons and staff and the Royal London Hospital. The aim is to focus around residents' needs and wishes, to help them to remain independent for longer and manage the inevitable deteriorations as people age, in line with the resident's wishes by planning ahead.

A significant aspect of our work is through purchasing different types of care and support services from providers outside of the Council – this process is called 'commissioning'. In 2011/12 we spent £98.6m purchasing services for vulnerable people to use. Much has been said in the media about people's safety when receiving care and rightly, people are anxious to hear how we work with providers to ensure, as far as possible, that people are safe.

The Safeguarding Adults Team at Tower Hamlets Council has continued to work closely with commissioning staff within both the Council and NHS Tower Hamlets, especially with regard to cases arising within residential and nursing care which are often commissioned by both health and social care. It is the intention of partners to continue to develop integrated commissioning and a key aim for the Safeguarding Adults Team will be to ensure that safeguarding is fully incorporated into these processes. In 2012/13, the Safeguarding Adults Board strengthened and clarified the safeguarding responsibilities of both NHS and Local Authority commissioners and this is now more explicit in all aspects of contracting supported via bespoke training. This means that

learning from safeguarding investigations can travel back to commissioning practice and inform future contracting and procurement.

With safeguarding of vulnerable adults at the forefront, we have developed a Commissioning Plan which explains how we will ensure that when we buy new services, or re-commission existing services, we do this in a way which is based on evidence, supported by a transparent and fair approach, and focused on safe, good outcomes which services will achieve for individuals and communities. Approved by the Council's Cabinet in September 2012, the plan is designed to be read alongside the Market Position Statement, which provides a detailed picture of current demand for, and supply of, social care services in the Borough, and how we expect this to change over coming years. As more and more people take up the offer of cash personal budgets, our role in the Council changes; as well as purchasing services ourselves, we also need to make sure that there are appropriate services in the local market for people to choose from. This is what we mean by 'market development'. The aim is to encourage and support providers to shape their services towards personalisation, get good results when they support people, provide better ways of supporting people, and explore ways in which they can complement these approaches and be rewarded for doing so

Safeguarding activity

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, with 296 of these being formally regarded as a safeguarding alert. Comparative records only started in September 2011 and within this period 97% of alerts proceeded to full safeguarding process. This implies a good local understanding across agencies and the public as to what safeguarding is and what should be done about it. Anecdotally it is worth noting that the amount of alerts raised by care and nursing staff is increasing and marks a professional confidence to make concerns known as part of proper care and nursing practice.

In 2011/12 the largest number of safeguarding referrals was for older people (111), people with Learning Disabilities (61) and Mental Health issues (61). Due to the way previous data was collected it is difficult to make direct comparisons, however the data shows a significant increase in referrals of people with Learning Disabilities. Some of this increase is linked to people living under more independent living arrangements.

During the year 60% (178) of referrals due to safeguarding issues were of women. The service now receives more domestic violence referrals as a result of the increased profile safeguarding now has within the local domestic violence forums.

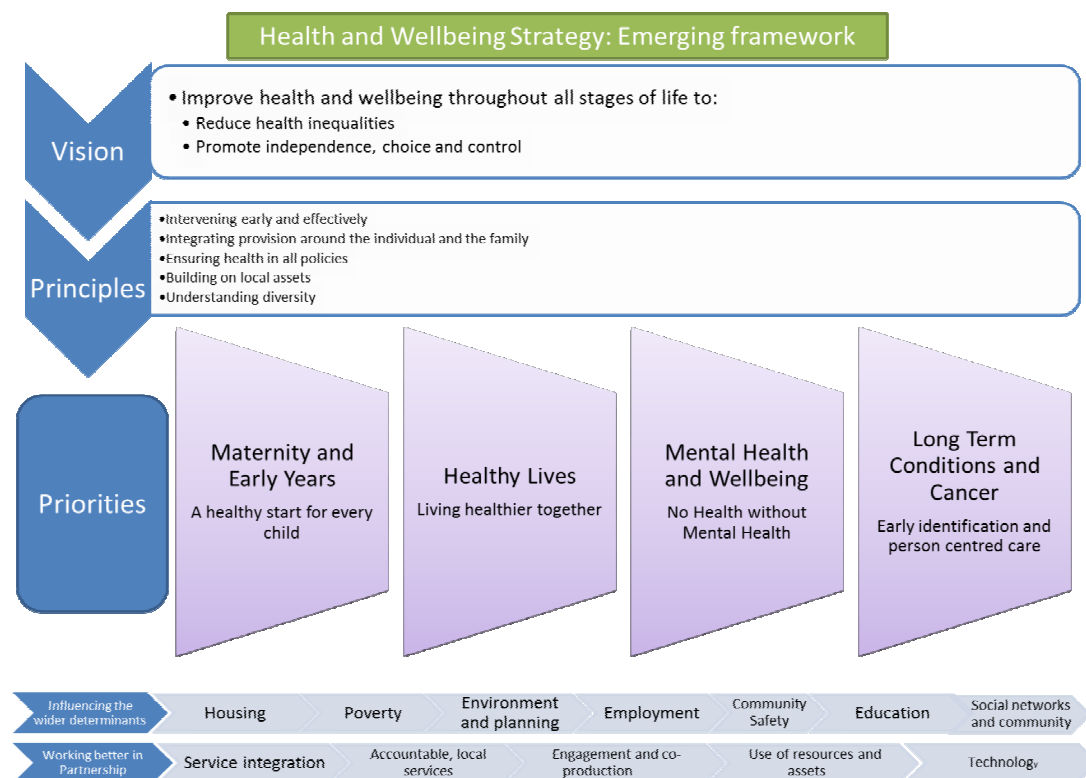
Allegations of physical abuse have increased in 2011/12, being now 101 of all referrals, with financial abuse being 27% of all referrals (25% in 2008/09).

Our data shows that in Tower Hamlets most reported abuse is in people's own homes. This is consistent with national data. It is also recognised that abuse frequently goes unreported in people's own homes.

The referrals of abuse occurring in care homes is also relatively high, and work has been undertaken with providers to ensure good reporting of abuse to the Safeguarding Team. This work has improved alerting rates but an on-going challenge is that of working alongside providers to minimise similar alerts. The referrals to the safeguarding team show the majority of abuse is seen as coming from within families which is again borne out by national data.

Summary of priorities for 2013/14

The priorities for adult social care are part of the emerging framework for the Tower Hamlets Health and Wellbeing Strategy:



As part of this, our strategic priorities are:

- Reduce Health Inequalities and Promote Healthy Lifestyles
- Enable People to Live Independently
- Provide excellent primary and community care.
- Keeping vulnerable children, adults and families safer, minimising harm and neglect

- Analyse the implications of the Care and Support Bill
- Finalise the transition of Public Health into the Council
- Establishment of the Health and Wellbeing Board from its shadow form by 1st April 2013

The Department of Health “Adult Social Care Outcomes Framework” provides a way for Council’s to view their progress and the impact adult social care services are having. The Framework is built around four domains, which have been used here to set out our priorities for the coming year:

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

- Commission a Supported Employment Service for people with support needs and their carers
- Conduct a needs assessment to underpin a LD Accommodation 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 Chance Pledge is signed up to across the Council and our partners
- Roll out an accreditation scheme for local providers, to ensure quality and safety of care and support

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

- Deliver the Health and Wellbeing Strategy and action plan to tackle the wider determinants of health
- Deliver our E-market solution to enable people to purchase their own services
- Review the Reablement service with health partners 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
- Increase health checks for carers who support people with a LD
- Take forward the 50+ integrated care pathway work
- Increase the number of people supported to remain at home via the Community Virtual Ward network to 600

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

- 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 user 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
- Work with colleagues across the Council to improve people's feelings of safety

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

- 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 Services 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 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

Appendix II: Glossary

Advocacy	Support to help a person say what they want, secure their rights and represent their interests.
Assistive technology	Products or equipment that help people to carry out daily tasks and stay safe.
Audit	Inspecting work to see whether it is being carried out properly.
Benefit Cap	A limit on the amount of money someone can receive in benefits.
Block contracts	A contract to say an organisation will provide a large number (or “block”) of services.
Carers	Support or “look after” a friend or family member who needs help.
Clinical Commissioning Group	Group of GPs who decide on a lot of local health services.
Commissioning	Funding other organisations to provide social care on our behalf.
Community Virtual Ward	Getting support from a range of health professionals without being admitted to hospital.
Direct payment	Money paid directly into someone’s bank account.
Electronic Home Care Monitoring	A way to record when a Care Worker starts and ends their shift when caring for someone at home.
e-marketplace	An online catalogue, showing what support people could buy with a personal budget.
Equipment	Things like an alarm or a bath seat. Equipment helps people stay safe and carry out tasks like washing and cooking.
Extra-care sheltered housing	Housing (e.g. a block of flats) where residents each have their own flat but get support from social care staff with daily tasks.
Fair Access to Care Services Criteria	The main criteria we use to decide who can get social care.
Family Wellbeing Model	Looking at the needs of a whole family (e.g. parents and children) rather than just one family member.
Financial inclusion	Everyone being able to get the most from their money and avoiding charges or fees.
Financial inclusion strategy	A plan saying how we will help people get the most from their money and avoid fees and charges.
First Response service	The first point-of-contact for any adult social care queries or concerns.
Framework Agreement	A list of approved organisations we can fund to provide adult social care on our behalf.
Health and Wellbeing Board	The Board is there to drive forward plans to improve health and wellbeing in Tower Hamlets.
Health and Wellbeing Strategy	The plan lays out how the Council and other organisations will improve health and wellbeing.
HealthWatch	A group of local residents who give their views and try to improve health and social care. HealthWatch will take over from “THINK” in 2013.

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

	someone gets in contact to check everything is ok.
THINK	A group of local residents who give their views and try to improve health and social care. HealthWatch will take over from "THINK" in 2013.