


<b>Cabinet</b> 8 April 2015	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Robert McCulloch-Graham, Corporate Director, Education, Social Care and Wellbeing	<b>Classification:</b> Unrestricted
<b>Adult Social Care Local Account 2013-2014</b>	

<b>Lead Member</b>	<b>Councillor Abdul Asad, Cabinet Member for Health and Adult Services</b>
<b>Originating Officer(s)</b>	Jack Kerr, ESCW SPP
<b>Wards affected</b>	All wards
<b>Community Plan Theme</b>	<b>A Healthy and Supportive Community</b>
<b>Key Decision?</b>	Yes

### Executive Summary

This report provides the Mayors Advisory Board with a summary of achievements and priorities as set out in the 4th annual Local Account of Adult Social Care.

The aim of the Local Account is to provide transparency for local people to better understand how social care is being delivered in Tower Hamlets, leading to greater involvement and challenge. This Local Account covers the period of 2013-2014 and also sets out priorities for 2014/15.

### Recommendations:

The Mayor in Cabinet is recommended to: / The Mayor is recommended to:

1. Note the content and approve the publication of the Local Account

#### 1. REASONS FOR THE DECISIONS

- 1.1 Local Account is being put before Cabinet for sign off and information purposes.

#### 2. ALTERNATIVE OPTIONS

- 2.1 N/A

### **3. DETAILS OF REPORT**

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

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

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

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

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

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

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

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

### **4 BODY OF REPORT**

4.1 When considering the achievements set out within the Local Account 2013/14, it is useful to do so in the context of wider strategic issues. This MAB report will not serve to replicate the extensive narrative within the Local Account, but will summarise these into key messages.

4.2 The introduction of the 2014 Care Act. The Act brings together more than 40 separate pieces of legislation and puts people’s needs, goals and aspirations at the centre of care and support, supporting people to make their own decision, realise their potential and pursue life opportunities. Significantly the Act sets out new rights for carers, emphasises the need to prevent and reduce care and support needs, and introduces a national eligibility threshold for care and support. Additionally it introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care. The Care Act will be implemented in two phases in April 2015 and April 2016. In preparation for these changes we have set up a Care and Health Reform Programme. Much of the information in this Local Account and our plans for the future relate to the Care Act.

4.3 The number of people in England who have health problems requiring both health and social care is increasing. For example, in the next 20 years, the percentage of people over 85 will double. This means there are likely to be more people with 'complex health needs' - more than one health problem - who require a combination of health and social care services. But these services often don't work together very well. For example, people are sent to hospital, or they stay in hospital too long, when it would have been better for them to get care at home. Sometimes people get the same service twice - from the NHS and social care organisations - or an important part of their care is missing. Consequently the government has announced that the Health and Social Care system will be fully integrated by 2018. Work to make this a reality in Tower Hamlets has been a key priority for us in the previous year. Tower Hamlets Health and Wellbeing Board oversee the delivery of this work through the Integrated Care Board. The strategy for Integration in Tower Hamlets is part of a shared 5 year plan, 'Transforming Services Together', across Tower Hamlets, Newham and Waltham Forest. Tower Hamlets, working alongside Waltham Forest and Newham became part of the "WELC Integrated Care Pioneer". The WELC Pioneer Programme drives the delivery of the Integrated Care Programme within the 5 year 'Transforming Services Together' plan. In 2013/14 the introduction of the Better Care Fund provided us with a great opportunity to drive our Integration agenda forward. This work has been spearheaded by Tower Hamlets Health and Wellbeing Board who have agreed how this money will best be spent.

4.4 We continue to respond to one of the greatest challenges we have ever had to face – significant cuts in funding provided by Central Government to Local Government. These cuts are leading to difficult decisions across the public sector, and will continue to do so for the next few years. However we have managed to deliver efficiencies without any impact on our frontline adult social care services which will continue to be prioritised. In addition to this, many of the borough's residents are facing their own challenges, because of changes being made to welfare benefits

#### **4.5 Key Facts:**

- Of the 4,660 people in receipt of LBTH Adult Social Care services, 64% had a physical disability, sensory impairment or frailty. In terms of costs, £42.2m was spent to support this group of people
- 20% received care for mental health needs; people aged 18+ experiencing mental health difficulties, many of whom have long term conditions. £13.3m was spent to support this group of people
- 14% received care for learning disabilities which range from supporting people to live independent lives, to those with incredibly complex and profound disabilities, requiring 24/7 support. £27.8m was spent to support this group of people.

#### **4.6 Key Strategic Achievements:**

- The Health and Wellbeing Board is leading on the integration of care which will bring about greater collaboration between health and social care services and a better understanding of the health needs in the borough,

which will enable commissioners and providers to work in a more joined up way.

- A key development overseen by the Health and Wellbeing Board in 2013/14 was the introduction of the Better Care Fund (BCF). The £3.8bn Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The BCF is one of the most ambitious programmes ever across the NHS and Local Government. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services. Using the resources made available through the BCF to enable our Integrated Care Programme our vision for health and care services in Tower Hamlets is of an integrated care system that coordinates care around the patient and delivers care in the most appropriate setting, empowering patients, users and carers. By putting patients/service users in control we aim to unlock greater health benefits for our residents so they can live longer and healthier lives.
  
- The BCF programme of work has just started and we have already begun to explore how we can best utilise the resources made available to us. Tower Hamlets Health and Wellbeing Board have recently signed off on proposals as to how this money can be put to best use. One of the ways we are using the Better Care Fund is to look at how we can work more effectively with health colleagues when it comes to equipment, assistive technology and Telecare. The impact of these kinds of services on carers can often make the difference between being able to continue to provide care to their loved one, or developing needs for health and care support themselves. Carers provide a key service in preventing their loved ones from developing a health condition or slowing the development of a health condition and we have good evidence that carers are more able to continue in their caring roles through provision of Assistive Technology.
  
- Another area of focus is the potential integration of health and social care teams. Community Health Teams are integrated teams comprising of nurses, physiotherapists, occupational therapists, and others. We are looking at these teams joining up with Social Work teams in adult social care. We are currently carrying out a detailed analysis of how these teams could be joined up in practice. The aim is to prevent residents who are at a high risk of health interventions (such as hospital admission) of requiring this. Instead support will be provided in the community, providing care and support closer to home.
  
- A few other examples of how this money has been spent includes:
  - Improved our approach to diagnosing and supporting people with autism
  - Improved the way we work with young people with Learning Disability and long term conditions as they enter adulthood. This transition can be a stressful time for these young people and their families and we aim to do this earlier and achieve better outcomes

- Funded specialist management support to redesign services to bring health and social care together through integration
- Increased the availability of assistive technologies that can support people to be safe and independent for as long as possible
- Reduced waiting times for reablement services which has also helped support people to move out of hospital quickly and safely and keeping them at home for longer.

These projects and many others have been endorsed by the Tower Hamlets Health and Wellbeing Board and they will be monitored to ensure this is the best use for this money.

4.7 Our strategic priorities through to 2014 are:

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

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

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

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

4.8.2 The level of reported quality of life of those in receipt of social care services in Tower Hamlets is an average score based on responses to the Adult Social Care Survey and is made up of eight different components. The Tower Hamlets social care-related quality of life (ASCOF 1A) score out of 24 was 18.5. This performance is in line with the London average (18.5) and slightly below the England average (19). This marks a slight increase on our performance from last year when we scored 18 out of 24.

4.8.3 In Tower Hamlets the proportion of service users who report that they have control over daily life (ASCOF 1B) was 69.9%. Performance is below the London average (71.8%) and the national average (76.8%). This does however mark an increase on our performance from the previous year which was 68.8%

4.8.4 Tower Hamlets continues to roll out Direct Payments and Personal Budgets. In 2013/14 the proportion of service users and carers who received self-

directed support was 55%. The performance was below the London average (67.5%) and national average (61.9%), but an improvement on our 2012/13 outturn (52.6%). The proportion of people using social care who receive direct payments (ASCOF 1C part 2) was 21.6%, above the national average (16.4%). we have consistently improved our performance over the last couple of years: 55% of our service users and carers received a personal budget in 2013/14, an increase from 52.6% in 2012/13 and 38.3% in 2011/12. 1105 people out of 2820 receiving a personal budget in 2013/14 chose to receive it as a direct payment.

4.8.5 In 2013/14, Tower Hamlets continued to perform above London average in relation to Carers receiving a review, assessment or specific carers service (National Indicator 135). In 2013/14 1250 carers received support from adult social care, a slight increase from 1125 carers in receipt of adult social care services in 2012/13.

#### 4.8.6 **Priorities through to 2014**

- Prepare local Adult Social Care services to respond to the Care Act
- Work with health partners to deliver an integrated health and social care system
- Continue to deliver employment model for those with a Learning Disability across the council
- Re-commission Carers Support Services with innovative engagement methods for carers and challenging targets for carers support service organisations
- Review how we deliver domiciliary care with particular reference to new requirements arising from the Care Act as well as the on-going process of making care and support services increasingly flexible and personalised.
- Develop our in-house and commissioned day opportunity services
- To continue to offer personal budgets to people who are eligible to receive them. We will encourage people to take these as direct payments as we know this can give people more choice and control over their support. However, people will always be able to ask the Council to manage their personal budget on their behalf.
- Helping carers to access a much wider range of support. From April 2015, carers who are eligible for support can receive this in the form of a personal budget. Like service users, carers can expect to have more choice and control over the support they receive as carers.
- Changing the way we offer and carry out carer assessments. From April 2015, carers will have the same legal rights as service users, and our approach will reflect this. Carers can expect to be offered an assessment if it appears they would benefit from this and their eligibility for services will be determined by new criteria.

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

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

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

4.9.2 In a difficult financial context, Cabinet continue to protect funding of preventive services provided to people who are not eligible for social care under Fair Access to Care Services (FACS) guidelines. Provision of support in the community such as Assistive Technology, home care and day opportunities continue to be free of charge. Consultation on the 2012/13 Local Account highlighted residents' awareness of funding pressures and are concerned that services will be reduced. Although the Council has seen a decrease in its overall budget, there has been continued commitment to protect funding for adult social care. In 2009/10, adult social care received 28% of the Council's budget. In 2010/11, this increased to 30%, in 2011/12 and 2012/13 this increased again to 33%, and in 2013/14 this increased to 36%. This shows that other council departments are seeing a greater reduction in funding as a bigger proportion of the reduced budget is made available for people who need social care.

4.9.3 The annual cost of providing adult social care and supported accommodation services in 2013/14 was £99m. Permanent admissions to residential and nursing care homes for younger adults (18-64) (ACSOE 2A part 1) was 9.2 per 100,000 population. This is lower than both the London average (10.2 per 100,000 of the population) and the national average (14.4 per 100,000 of the population), and also marks a significant increase from the previous year where we recorded 22.2 permanent admission to residential and nursing care homes per 100,000 of the population. Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into residential care and as such it can be seen that Tower Hamlets performed below the London and England average here.

4.9.4 In relation to older people (65+), permanent admissions to residential or nursing care was 644.2 per 100,000 of the population, above the national average of 650.6 but below the London average of 454. Although still higher

than the London average, we have seen a significant reduction in admissions in 2013/14, so much so that from 2010/11 our rate of improvement is the 3rd best nationally. Additionally, as our performance against the first part of this measure shows, in Tower Hamlets we do a very good job at keeping people as independent as possible for as long as possible in their own community. As stated above, the number of council-supported permanent admissions of adults aged 18-64 to residential and nursing care is 9.2 per 100,000 of the population. Significantly better than the London and national average. As a consequence of supporting people in the community for longer our residents generally tend to access residential and nursing care at an older age than other boroughs at a point where they are too frail to be supported in the community.

4.9.5 In last year's Local Account we acknowledged that Tower Hamlets had some work to do to improve its delayed transfers of care from hospital which are attributable to adult social care. The average number of delayed transfers of care in 2012/13 which are attributable to social care per 100,000 adult (18+) population was 2.3 for Tower Hamlets. We have worked hard to improve this, in 2013/14 the average number of delayed transfers of care which are attributable to social care per 100,000 adult (18+) population was 1.5. This is below both London average of 2.3 and the national average of 3.1. We realised that last year most delays were due to people delaying leaving hospital to wait for suitable placements for those who need residential care. As a result we have invested money from our Winter Resilience budget to fund four 'Step Down' beds to assist in discharging medically fit patients from the Royal London Hospital. There are 2 beds that are residential for people with dementia and 2 beds in Extra Care Sheltered Housing. This space is used as "step down" accommodation for people that are medically fit for discharge but unable to either return home or have not yet chosen a care home to move to. Step down beds are only used for a maximum of 6 weeks, in which time we are able to commission a care service for them. Additionally we extended our Reablement programme to offer a weekend service to enable people to leave hospital at this time. This allows us to improve a person's health and wellbeing whilst at the same time freeing up hospital beds for people who really need them.

4.9.6 As of May 2014, over 2,300 people had Telecare, but this figure increases all the time: An average of 65 Telecare or Assistive Technology equipment are installed each month. This year the Telecare team has particularly focused on ensuring Telecare equipment is installed for people who are in hospital, to enable them to leave hospital without delay.

#### 4.9.7 **Priorities through to 2014**

- Deliver the Health and Wellbeing Strategy and action plan to tackle the wider determinants of health
- Continue to deliver Carer Health Checks, ensuring they have good physical and mental health, and feel fully supported.



- Continue to expand Assistive Technology services, looking at how this can help to delay admission into residential or nursing care and support integrated working with people to prevent hospital admission.
- Deliver our E-market solution to enable people to purchase their own services
- Work with wider council services to look at ways in which we can prevent isolation across a range of groups.
- Ensure that carers are able to access appropriate care and support.
- All Royal London Hospital wards having access to social care staff at weekends
- Working closely with the NHS to improve the experience of people who need both Reablement and hospital Rehabilitation support. Possible options include having a single point-of-access for people and getting the teams to work in the same place.
- We will come to a decision on how Community Health Teams and Social Work Teams can best integrate. We anticipate improvements being made from 2015/16 onwards

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

4.10.1 We are committed to ensuring that people have a positive experience of adult social care. As stated in the introduction of this Local Account, we were pleased that this year 66 per cent of adult social care users said they were extremely or very satisfied with their care and support services. A further 24 per cent were quite satisfied. These satisfaction levels are both higher than the London (60.3) and England average (64.8), and the highest they have been since we started sending out a yearly 'Service User Survey' four years ago. Last year some of our key activity included:

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

4.10.2 The proportion of people who use services and carers who find it easy to find information about services (ASCOF 3D) in the borough was 71.1%. The London average was 72.8% and the England average was 74.5%. Our performance in this area in 2013/14 is an improvement on last years outturn of 67.5%.

4.10.3 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. In 2012/13 303 carer health checks were carried out, up from 106 the previous year.

#### 4.10.4 Priorities through to 2014

- Continue to ensure that care and support has a positive impact on people's lives.
- Provide clear information to the public about eligibility for formal social care and how we make those decisions
- Review carer assessments with a view to improving them.
- Develop a quality framework which will enable the quality of a provider to be measured and shared with other east London boroughs
- Improve communications for information and advice for service users and their carers.
- Improve communications around services available to help increase the level of choice and control people feel they have over the support they receive.
- Launch the eMarketplace to enable people to have more choice over their care and support
- Work to improve both carer's reported quality of life and their experience of adult social care services.

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

4.11.1 The proportion of people who use services who reported through the annual survey that they feel safe was 63.5% in Tower Hamlets, above the London average (62.8%) but below England average (66%). The Council receives a comparatively high volume of safeguarding alerts (many of which were received from sources other than social care and health staff). Whilst this might appear worrying, we have reason to believe this suggests that the Council's message that abuse is unacceptable is being understood by the community and demonstrates that there is good awareness of safeguarding procedures in the local community.

4.11.2 The proportion of people who use services who say that services have made them feel safe and secure (ASCOF 4B) was 86.5% in Tower Hamlets. Tower Hamlets performed better than London average (76.8%) and England average (79.1%).

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

4.11.4 White ethnic groups are slightly over-represented as subjects of referrals at 60.4% compared to being 45% of population (based on 2011 census). Asian ethnic groups are underrepresented when compared to population statistics – only 25.5% of referrals come from this group whilst they make up 41% of population locally.

#### **4.11.5 Priorities through to 2014**

- To continue to work with our partners to ensure the smooth and timely management of safeguarding alerts and referrals
- To analyse safeguarding activity data, identify emerging themes and action changes towards improvements
- To ensure the continued compliance with the Mental Capacity Act and the Deprivation of Liberty Safeguards
- To track that learning from the Serious Case Review is embedded in practice
- Monitor actions and outcomes in relation to the Winterbourne and Francis reports
- Engage with the wider health bodies such as NHS England and Health Watch to involve them in the safeguarding agenda in LBTH
- To work together with the wider Community Safety Initiatives
- To link the work of the Safeguarding Adults Board with that of the Health and Wellbeing Partnership Board
- Look at further publicising the issue of financial abuse to ensure people are safe around this issue and possibly training for staff
- Reviewing our Safeguarding Adults Board to make sure it meets the requirements of the Care Act
- Comply with the Supreme Court judgement and guidance in relation to Deprivation of Liberty and ensure our practice is under pinned by the revised Mental Capacity Act Code of Practice

#### **5. COMMENTS OF THE CHIEF FINANCE OFFICER**

5.1 The cost of producing the Local Account will be met through existing budgets, there are no other direct financial implications arising from the publication of the local account

5.2 The Local Account includes a section on the financial position of the relevant divisions of the ESCW directorate. This includes financial outturn and performance data for 2013/2014 which is consistent with publications and reports that are already within the public domain. In particular, the Council's annual accounts and reports submitted to Cabinet and full Council.

#### **6. LEGAL COMMENTS**

6.1 The report informs members about the publication of a Tower Hamlets Local Account. The local account is intended to be a source of information, developed locally, which may include quality and outcome priorities and how these have been progressed; a description of partnership working; and data relating to quality and performance. Local information and local outcome measures should be contained in a local account, supplementary to national outcomes measures so as to promote quality, transparency and accountability in adult social care.

6.2 The delivery by the Council of its statutory functions in respect of adult social care in a way that is high quality, transparent and accountable is consistent with good administration. There is thus adequate power to support development of a local account inherent within the statutory functions which will be the subject of the local account narrative. Were it necessary, an additional source of power may be found in the general power of competence in section 1 of the Localism Act 2011. The general power enables the Council to do anything that individuals generally may do, subject to such restrictions and limitations as are imposed by other statutes.

6.3 The local account is a report and summary that ranges across the Council's adult social care functions. To the extent that the local account sets out priorities or actions, these are a reflection of the content of a number of Council plans and strategies. The delivery of these may give rise to legal issues that will need to be addressed. The Council will continue to have act within its statutory functions, including by complying with its many duties in respect of adult social care and its best value duty under section 3 of the Local Government Act 1999.

6.4 In developing the local account, the Council will need to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't

## **7. ONE TOWER HAMLETS CONSIDERATIONS**

7.1 The report informs Cabinet that the Local Account is a requirement under *Transparency in Outcomes: A framework for adult social care* (ASCOF). The Local Account development process seeks to identify areas of inequality for local people. The report highlights areas where further work will be carried out in the coming year to better understand and address potential issues.

7.2 The report addresses provision of care and support for vulnerable people, particularly safeguarding, in conjunction with partners. The report is therefore very relevant to the aims of One Tower Hamlets and has a direct impact on the following Strategic Objectives:

- **A Safe and Supportive Community** – bringing together support for the most vulnerable residents with community safety issues
- **A Healthy Community** – including public health, access to primary care and mental health

7.3 The development and discussion of the Local Account with a wide range of community groups seeks to promote the wide variety of support services on offer to various communities in the borough.

7.4 The Local Account is intended to be a mechanism for local challenge. Feedback was sought from some of the borough's most vulnerable residents. A local

magazine summarising key information will increase this involvement further and encourage more people to get involved in the development of social care for vulnerable adults.

**8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

8.1 NA

**9. RISK MANAGEMENT IMPLICATIONS**

9.1 NA

**10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 NA

**10. EFFICIENCY STATEMENT**

10.1 NA

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**Linked Reports, Appendices and Background Documents**

**Linked Report**

- NONE

**Appendices**

- Appendix 1 Local Account 2013/14.

**Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- NONE if none.

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