

London Borough of Tower Hamlets

Adult Social Care

Local Account

January 2012 - [Version FINAL](#)

Live Life Your Way

[Tower Hamlets Community Plan through to 2020](#)
[Strategic Priorities](#)

Preventing people from dying prematurely

Providing excellent Primary and Community Care

Helping people live healthier lives

Enabling people to live independently

Keeping vulnerable children, adults and families safer, minimising harm and neglect

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What is a Local Account?

Under new Government guidelines councils across England must publish an annual document, which sets out progress and outcomes achieved in adult social care. The aim 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.

A Word from Mayor Lutfur Rahman – Mayor of Tower Hamlets

I hope you enjoy reading the first ever *Tower Hamlets Adult Social Care Local Account*. I hope that through this 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. You can also tell us what we do well as it is important to keep doing these things.

Since becoming elected Mayor of Tower Hamlets in October 2010, I have had the privilege to get closer to the support being delivered to the most vulnerable people in the borough. Much is changing nationally that will impact on local people, from Welfare Reform to changes with how the NHS operates.



We have created a new partnership with our colleagues in NHS East London and the City and local GPs to take forward NHS reforms, working together to make sure that our residents, providers and partners are effectively engaged and consulted about any changes. We also work with our partners in the NHS to identify the health and social care needs of our residents through our Joint Strategic Needs Assessment (JSNA) and this helps us develop strategies to address inequality or poor outcomes of local people. Key areas of recent Needs Assessment that are now at the strategy or commissioning stage are:

- Carers
- Learning Disability
- Older People Mental Health
- Older People Housing
- Adults with Mental Health difficulties
- Falls

Although this is a Local Account for adult social care, you will see much information on our work with Health and other partners such as the Tower

Hamlets Involvement Network (THINK) as, without them, we would not be able to achieve the successes to date.

The Tower Hamlets Health and Wellbeing Board (HWB), which I Chair will make sure that the health and social care priorities for Tower Hamlets are addressed through our Health and Wellbeing Strategy. 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. All of this will be strengthened with the forthcoming transfer of Public Health services and responsibilities from the NHS to local government control from April 2013. Planning is already underway to ensure that Public Health resources are targeted to the specific needs and priorities of our communities.

With Central Government significantly cutting public funding, the Council is facing up to the need to make around £90m savings over four years (2011-15). We are now the only local authority in England that does not charge for Home Care, but this means we must use our resource equitably and wisely to reach the most vulnerable. Tower Hamlets is committed to protecting front line services in light of this and we have been involving local people in the decision making process through our Budget Road Shows. This has allowed residents to tell us their priorities, but also gain an understanding about just how complex it is in making huge savings in a borough with such a high level of need.

Our commitment to equalities

In this climate of change and funding cuts, the drive and commitment to protecting the most vulnerable is still key to our approach to Adult Social Care – the heart of tackling inequality in supporting the most vulnerable community members to live independently in their own homes. The Public Sector Equality Duty (PSED) allows us to demonstrate our commitment to this. Alongside our aspiration for One Tower Hamlets - in particular to tackle inequality, we have made a commitment to publish equalities data and will publish information on:

1. Who accesses our services - although this is guided by Fair Access to Care Services which is national guidance
2. How satisfied they are with our services – this is based on the National User Experience Survey which we already publish annually
3. The outcomes for people using our services – this will enable us to check whether we are achieving the outcomes we would expect to be achieving for the community.

For the year 2011/12, you can see what we have published here:

http://www.towerhamlets.gov.uk/lgsi/800001800100/800043_transparency/public_sector_equality_duty.aspx

To drive up our equalities work, we will focus our equalities priorities in the following way:

Equalities information: We will work to improve the equality information we hold on service users and how we use it, including obtaining information on the new protected characteristics as introduced by the Equality Act 2010.

Embedding equalities practice: The Transformation of Adult Social Care has introduced a number of changes for the Directorate; we will focus on how we embed equalities practice into the day to day running of the Directorate.

Focus on protected characteristic: Sexual orientation

There is recognition that data collection on sexual orientation is a strategic challenge which needs to be supported and addressed across the Council and our partners including health. This year the Directorate will focus on meeting the needs of Older Lesbian, Gay, Bisexual and Transgender people by focusing attention on obtaining better information and working with providers to better understand, provide the right interventions, and meet the needs of this community group. This year will also see a renewed emphasis on support for LGBT carers. Both of these pieces of work are linked to how well the challenge of the lack of data on sexual orientation is addressed - allowing us to understand needs first.

About this Local Account – Sam Walker, Engagement Support Assistant

Hello everyone,



My name is Sam. I work at Tower Hamlets Council as an Engagement Support Assistant. I also go to the Tower Project day service for people with disabilities.

I spoke to a lot of people with disabilities and older people to hear what they wanted to see in this Local Account.

I visited places like the Coborn Centre, Poplar Day Centre, and the “Your Say, Your Day” mental health event. I went to events to hand out a questionnaire about the Local Account.

My colleagues also went to talk to people at THINK, at a meeting with Carers, at a Bangladeshi Disability Awareness day and at different resident events. We went to ask what people want to see in the Local Account, and what they think about it.

I visited the services between October and November. Some people were interested in giving their views, and some people weren't. It varied. Some people filled in the questionnaire by themselves, and some people needed help from Carers or from me.

I enjoyed visiting the centres and the events, because it was interesting speaking to everyone. I like the experience and learning about how to ask questions and carry out research.

Over 60 people have told us what they want to see in the Local Account, either by filling in a questionnaire or coming to a meeting. The main things people said were:

- They are interested to find out how we spend our money, what support is out there and how we help people with disabilities and their families.
- People want to know how we find out about people's views, and how we make decisions. They want to know about our plans for the future, and what we have done if things have gone wrong.
- People want to see real stories about people, and plenty of pictures and bright colours

This big report has lots of information in it, but what people have asked for is for this to be made into a magazine that is much shorter and has photos. I am involved in doing this and looking forward to promoting this in February 2012.

You can read more about my experience of working at Tower Hamlets Council later in this report. You can also check out my own blog at:

http://www.towerhamlets.gov.uk/lgsi/101-150/148_get_involved_with_social.aspx

Introduction from Adult's Health and Wellbeing Management Team

This document provides an update on our progress over the last 18 months (April 1st 2010 – 31st October 2011), but it is important to stress that adult social care has been under significant change since 2007 with *Putting People First (PPF)*. PPF is about the transformation of adult social care so that services are delivered in a way that ensures that users of services “exercise maximum control over their own life...and participate as active and equal citizens, both economically and socially”. This has had an impact both on how our own services are organised and also how we commission services from external providers. This is the biggest change to adult social care since the introduction of the NHS and Community Care Act 1990.

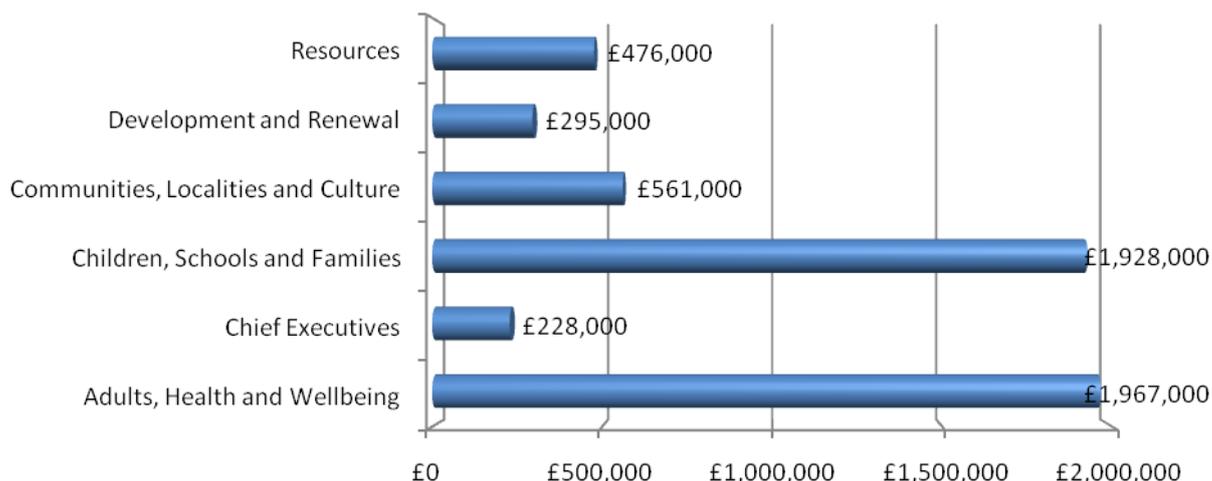
This year will see further change with the proposed Government White Paper, Caring for Our Future, bringing together the Vision for Adult Social Care, the Dilnot

Report on future funding of adult social care and the Law Commission's reform of adult social care. These changes are by far the greatest challenge social care has faced in a generation, alongside significant reductions in budgets from Central Government.

Reduction in funding from Central Government

Alongside delivering the national changes to adult social care, the Coalition Government came to power in May 2010 with a policy of accelerating the response to the deficit in the public finances. On 23rd May 2010, in-year savings of £6bn were announced, local government's share of which is £1.160bn. Tower Hamlets received some £4.125m less in grants than it has budgeted for in 2010/11, in addition to which a further £5m worth of grants which have been received in previous years were not allocated.

In order to respond to the announcement, it was necessary for the Council to make plans for in-year savings of £5.4m with the Directorate supporting £1.9m (36%) of these savings. These savings were agreed by Cabinet in June 2010.



It is important to note that the way in which Tower Hamlets is delivering the national strategic changes in adult social care, firmly underpins the savings made in 2011/12 and those planned for 2012/13. The Directorate will deliver £4.82m savings by March 2012 and £12.6m by 2015.

Protecting our investment in Prevention

In this difficult financial context, in February 2011 Cabinet agreed to protect the funding of services provided to people who are not eligible for social care under Fair Access to Care Services (FACS) guidelines and supported the continued shift of resources to fund services that prevent people needing social care in the future. This means that over a period of time resources will increasingly shift from long term services to prevention, early intervention, and support for independence and enable better outcomes for people through maximising independence and minimising long term dependence. This also supports the

Council to spend money effectively and fairly as it enables us to make optimum use of resources by managing demand for long-term services.

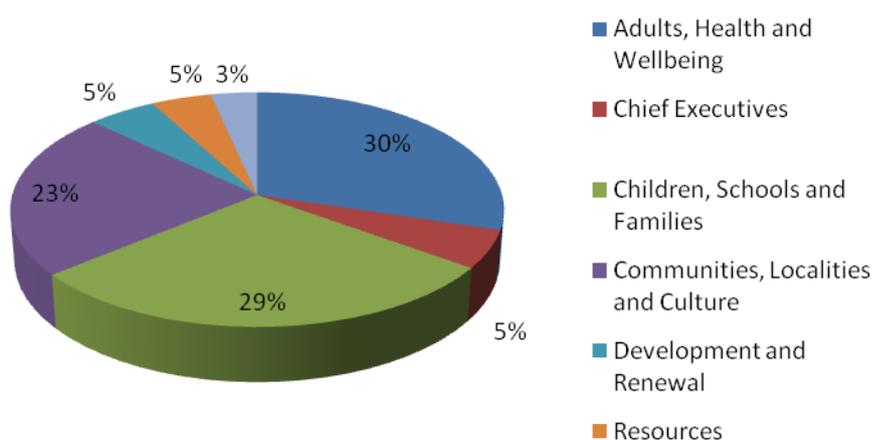
Examples of these services include popular LinkAge Plus, lunch clubs across the borough and a range of services to support Carers.

LinkAge Plus have seen referrals steadily increase for older people to take part in physical, social or recreational activities, with a substantial increase in the number of outreach contacts made each quarter, from around 600 contacts in quarter 2 of 2009/10 to over 830 contacts in quarter 2 of 2010/2011. There is a vast amount of qualitative evidence collected that demonstrates the positive impact Link Age Plus services have had on reducing the risk of falls in older people and in supporting people who have already fallen with the network referring 393 people to the Falls service in 2011/2012.

Our LinkAge Plus network continues to go from strength to strength with regular activities throughout the network in 2010/2011, ranging from very specific cultural activities to more generic leisure, social and physical activities, including celebration events and trips, Tower Hamlets continues to provide a wide range of support to people with low level needs across the borough, providing a total budget of £626,235 in 2010/11.

Annual cost of delivering social care

The full cost of providing services in 2010/11 was £116m. This figure includes £13.5m 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. The Adults Health and Wellbeing Directorate budget represents 30% of the Council's total budget:



£95m was spent purchasing services and support for vulnerable people. This includes, £41.2m¹ for people over 65, £23m for people with Learning Disability, £10.2m for people with Physical Disability and £13.5m for people with Mental Health difficulties. We used 5.6% of this budget to provide support to other vulnerable adults.

We spend £31.8m on residential and nursing care, £53.4m on support in the home, for example home care, equipment and meals services and out in the community such as day opportunities².

Transforming Adult Social Care (TASC)

Within this vast social care system we have continued to deliver our local Vision to ensure: “We...enable people who need support to live their lives their way by working in partnership with individuals and communities and spending wisely and fairly.”

This TASC programme has really grown in momentum over the past 18 months as we delivered changes necessary to enable people to have more choice and control over the support and care they receive. This work to transform social care from a traditional model to a more personalised approach is a shift in focus towards universal, preventative services, including information and advice, and advocacy. Use of short term support services, such as Reablement to increase a person’s independence and prevent the need for long term care is now provided to all who may benefit, not only those following a crisis or stay in hospital. After Reablement, those who then meet FACS eligibility criteria are given a Personal Budget to spend on the type of support they feel will best meet their individual needs. The use of Personal Budgets increases the amount of choice and control that people have over their own support, and allows much more creativity in how their needs are met. These budgets can be taken as cash payments called a Direct Payment, or be managed by the Council or nominated individual.

We know we still have more to do to ensure all who can benefit from this new type of support, do so. We are keen to hear from people about what’s working and what can be improved. This has meant putting in place:

- A transformed adult social care operating model
- A transformed market place that enables customers to exercise real choice when using their Personal Budgets
- A transformed (internal and external) workforce that has the required skills and knowledge
- A resource allocation process and financial processes that ensure a financially sustainable directorate
- Ways for people who use services and their Carers to get involved in a way that ensures that our new ways of working meets their needs
- Technology that supports the workforce and customers

¹ PSSEX1 2010_11 return – Mapping Performance Measures and Ratios v2.1 2010_11

² 2010_11 AHWB Gross Exp Outturn.xls

We are shifting from being commissioners and direct purchasers of care to a role of facilitation and development of the market for care and support options. This will grow as individuals increasingly act as commissioners on their own account through the use of Personal Budgets. As a local authority our role will be to understand local needs and aspirations, as we will no longer control demand for specific services. We will do this through the JSNA and Health and Wellbeing Board.

As Mayor Rahman has said, we have had a very busy 18 months here in Tower Hamlets and we hope to bring much of this to you in this Local Account. We hope you find the information useful in guiding you in understanding how social care for adults is arranged and delivered here in Tower Hamlets. We are sure that the next 18 months will prove to be just as challenging.

Our priorities for 2012:

- Understand the implications of the forthcoming White Paper *Caring for our Future*
- Support the Health and Wellbeing Board in this inaugural year
- Manage the transition of Public Health from the NHS to Tower Hamlets Council
- Deliver on our savings programme whilst protecting services to vulnerable people
- Deliver new commissioning and contracting arrangements to transform the social care market
- Push forward with our wider transformation programme to give more people greater choice and control

We look forward to hearing your views over the coming months.

Amjad Rahi – Co Chair of Tower Hamlets Involvement Network (THINK)

THINK welcomes the production of this first annual Local Account. This report is an important step in providing local residents of Tower Hamlets the opportunity to hold the Borough accountable and responsible for the services it commissions and delivers. THINK expects the Local Account to be 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 find out 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 even more essential that users and the community 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 people in Tower Hamlets many are still unsure of what help is available to them and there is concern regarding what is involved with personal budgets. Some feel that care workers are not properly trained in basic care and their care workers change too often. With so many changes on the horizon it is essential that meaningful information is available and that it is easy for people to contact the right people in the local authority for guidance.

There is a strong feeling from users that health professionals and social care staff need to work closer together. THINK supports the aim of greater integration of services that put patients at the centre of a package of support that includes GPs, hospitals, mental health, 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 and the patient receiving care.

The Borough has worked very hard this year to transform adult social care support to a person centred approach. We hope they can continue to support a growth in the number of people using a personal budget in the coming years as we believe that this puts users at the centre of decision making about their care. However it is essential that support recognises the diverse and different needs of people in our Borough and that social care staff genuinely take on the new service values in their contact with users.

So what is social care and who can receive support?

We offer support for older people, people with learning disabilities, people with physical disabilities or sensory impairment, people with mental health conditions and other vulnerable adults, including adults who provide unpaid care to a family member or friend – we call these people ‘Carers’. This support can be open to anyone (universal access) or only accessible to people meeting eligibility criteria.

To receive some types of support from adult social care, we need to look at individual needs to assess these for being eligible for council support based on Fair Access to Care Services (FACS) criteria. Introduced in 2003, FACS is Department of Health (DH) guidance which provides Local Authorities with an eligibility framework. The guidance asks councils to ensure they can provide services to address unmet eligible needs and allows them to set the level at which people are eligible for services or resources.

The Department of Health Guidance groups eligibility into four bands – Low, Moderate, Substantial and Critical, and requires the local authority to set a threshold for access to resources from the council. The full Department of Health guidance can be found at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/document_s/digitalasset/dh_113155.pdf

Tower Hamlets applies FACS eligibility for the provision of resources as a *legal duty* at Substantial and Critical levels. Critical and Substantial needs are often combined; they are basically about keeping safe and well. These levels refer to risk to independence and well being due to:

- Health, safety and freedom from harm
- Autonomy and freedom to make choices
- Ability to manage daily routines
- Involvement in wider community and family life

If a person’s needs are assessed as ‘Critical’ or ‘Substantial’ and they are not requiring residential based services, we allocate an amount of money, called a Personal Budget and will work with them to develop a support plan which can be done with a variety of professionals, such as a social worker, or independently. This outlines how much support and what kind of support is needed. Traditionally, this might include home care, day centres, residential and nursing care, meals on wheels, etc. However, there are substantial changes underway to drastically alter and improve the options available to provide more creative and flexible support. This is known as the Transforming Adult Social Care (TASC) programme.

What if my needs are not assessed as critical or substantial?

Tower Hamlets Council, through the Adults Health and Wellbeing Directorate also spends over £22million³ per year on prevention through social care and Supporting People funding, which funds a number of supported housing and floating support services. Voluntary sector organisations provide a wide range of support that anyone can access, including advocacy, advice, befriending, day support and activities, lunch clubs and telecare. Voluntary sector organisations are also funded to provide services to support Carers, including information and advice, training, and handyperson services. Carers are also entitled to an assessment of their needs, and if eligible can receive respite services and one off direct payments to use in ways that support them in their caring role.

Promoting independence, delaying and reducing the need for care and support

Levels of 'need' in the borough

Since 2008/09, the total Tower Hamlets population of people 18 and over is estimated to have increased by 12%⁴. For adults of working age (18-64), this has increased by 13.6% in the same period. For adults aged 65 and over, we have seen an overall reduction in the population of 4.3%, however, when we look at the different age bands, there are some interesting patterns. The number of people aged 65-74 has decreased by 8.8% with those aged 75-84 reducing by 3.9%. The number of people aged 85 and above has seen a 13.4% increase during the period.

Table one – comparison of age profile

	Adults to 64	65+	85+	% of adults 65+	% of adults 85+
Tower Hamlets	154,215	16,854	1,825	9.9	1.3
England	33,108,464	8,142,491	1,100,183	19.7	3.0

People over 85 consume services at three times the rate as people over 75. (The Borough actually has the lowest proportion of older people of all Councils in the country⁵).

The Borough has the highest or second highest mortality in London from 3 major diseases

a) Cardiovascular disease,

³ 2010_11 AHWB Gross Exp Outturn.xls

⁴ ONS 2008 mid year estimates – Mapping Performance Measures and Ratios v2 2010_11

⁵ PRACTICE AND STRATEGY ISSUES IN THE USE OF RESOURCES IN THE CONTEXT OF PERSONALISATION - Contextual data analysis Oct 2010

- b) Cancer and
- c) Chronic respiratory disease [COPD].

Tower Hamlets has an enormously high level of health need, and experiences some of the starkest health inequalities in the country, both in comparison with the rest of London and the rest of the country, and between different parts of the borough. Research shows that this high level of need is largely due to late presentation of need. A boy born in Bethnal Green North can expect to live 8 years less than a boy born in Millwall, and a girl born in Limehouse can expect to live 6 years less than a girl born in Bromley-by-Bow.

Health is tightly linked to socio-economic status, and wider determinants linked to people's health include income, education, and poverty, quality of housing, physical environment and community cohesion⁶. In recognition of this, many public health responsibilities will transfer from the NHS to the local authority by April 2013. A Public Health Transitions Steering Group has been established in Tower Hamlets.

To drive up improvements in health outcomes, the Tower Hamlets Health and Wellbeing Board membership involves a range of stakeholders including the Tower Hamlets Clinical Commissioning Group (THCCG), NHS East London and the City (NHSELC), HealthWatch (THINK), the Director of Public Health, Directors of Adults and Children's services together with representatives from within the Council in relation to leisure, housing and regeneration.

The aim of the Board is to tackle health inequality within the Borough through agreed commissioning priorities, with providers of commissioned services being accountable to the Board in delivering those priorities. The THCCG has received first stage authorisation to assume commissioning responsibility for some community health services and is leading the way in London to achieve authorisation from April 2012 for all primary healthcare services.

Promoting Independence

The Tower Hamlets Promoting Independence Strategy outlines our overall approach to make sure that promoting independence is really embedded in everything that we do or commission. It brings together our approach to Information and Advice, Advocacy and other types of preventative services. We aim to make sure that there is a holistic experience for service users and Carers that helps people make informed choices enables people to take control and helps people to maintain their abilities, skills and independence. This means making the best use of resources and securing best outcomes by making sure people get the right support at the right time.

Prevention can be described as:

⁶ JSNA 2010-11 (pgs 9, 11, 13)

- Preventing a person from becoming ill or frail in the first place (primary prevention)
- Helping someone manage a condition as well as possible (secondary prevention)
- Preventing a deterioration in an existing condition(s) (tertiary prevention)
- Providing active support to help someone regain as much good health, autonomy and independence as possible (rehabilitation)

Services commissioned and provided across the Council as well as the wider health and social care sector are critical to the effective implementation of this strategy and we work very closely with our partners to ensure this as we cannot deliver this on our own in isolation.

Working together with Health

We have a strong history of working in partnership with health, which we will be able to build on in delivering social care to vulnerable adults for a number of years through the Tower Hamlets Partnership, with significant achievements to date in relation to our joint commissioning arrangements and co-located services. Various funding streams have been issued by the Department of Health to local Primary Care Trusts to transfer to local authorities subject to agreement on outcomes and how to achieve them.

The *Improving Health and Wellbeing in Tower Hamlets Refreshed Delivery Plan 2010-2012* details the strategic objectives underpinned by Partnership Agreements (Section 256) between the Council and NHS East London and the City (NHS ELC) totalling £4.4m targeted to develop excellent, integrated and more localised services, promote independence, choice and control by service users and investing resources efficiently, for example, prevention at an earlier stage. All integration projects will be under the governance of the Health and Wellbeing Board. Tower Hamlets Council and ELCNHS are working together on a sustainability plan that will ensure the benefits of this investment endures long after the funding ends.

Supporting people to regain skills and abilities lost through illness or injury

Social care plays an important part in supporting the NHS, particularly in relation to discharging people from hospital into the community or into other accommodation types such as residential or nursing care. We also play a vital role in preventing people from being admitted or readmitted into hospital. The Community Virtual Ward (CVW) project in the south west of the Borough identifies vulnerable patients and manages their conditions in the community with the aim of reducing unnecessary or repeated admission to hospital by coordinating and planning care and working in partnership with multi disciplinary team care providers.

It is planned to extend this model across the rest of the Borough in 2012/13 having demonstrated success in two areas of patient and carer satisfaction in relation to 'care closer to home' and 'at home', and cost effectiveness in preventing hospital admissions. From research carried out by Public Health, 80% of the patients on the virtual ward are already known to adult social services, a higher proportion than

predicted, demonstrating just how important it is to work closely with Health colleagues in providing support to people.

Reablement

The Homecare Reablement Service was introduced in April 2009. The Reablement service supports people to regain skills and confidence and works with them to set and achieve their own goals so they can have choice and control in their daily lives. Traditional Home Care has predominantly been based on carrying out daily tasks *for* people, but this can lead to people feeling less in control over their situation than desired. Reablement in the home is about doing things *with* people and focusing on strengths and aspirations as well as coping with difficulties.

There is evidence that Reablement in the home can help people who have been receiving care for many years and our experience to date shows that people benefit greatly from Reablement. In April 2010, the service was expanded into a full 'intake service' where, with very few exceptions, it is the first service provided to all people who may need on going support to live in the community.

At the end of a period of Reablement, typically 6-8 weeks, each goal is assessed as being achieved, partially achieved or not achieved. Our analysis of data shows the following:

Goals Set	Goals Achieved	Goals Partially Achieved	Goals Not Achieved
1056	672	181	189

Our evidence shows that once Reablement is completed, those requiring on-going support packages have projected aggregated yearly costs of **£2.5m**.

Had Reablement not been provided, the equivalent yearly cost of traditional Homecare would be **£2.75m**. The estimated full year saving is therefore **£2.5m**.

This demonstrates an 8.8% reduction in spend and a Net reduction of 12% in on-going needs, with 39% of people being reabled through the process.

How people experience reablement

Our on-going Reablement Survey shows that 76% of service users found the Reablement service to be 'excellent' with 24% stating that the service has been 'very good'.

Most people (70%) felt that they had been fully involved in setting their goals and targets, however 27% were unsure of what we meant by 'goals and targets'. A

small number (3%) reported that they did not feel as if they were involved. We need to do more to ensure we engage people more effectively to increase this measure to 100% of people feeling fully involved.

The feedback gathered also shows that 90% of people felt as if the Reablement service had increased their confidence. We have found that 3% of people felt that Reablement had not helped and 7% were unsure if the service had improved their confidence.

We are reassured that 100% of people have reported that they had been treated with respect and dignity by the Reablement Team.

Areas that people felt had improved for them following Reablement include being able to get out and about, being able to prepare meals for themselves, with the latter resulting in some people no longer needing the Meals on Wheels service. This is consistent with data we hold on the number of older people receiving the meals service, which has decreased by 6.8% since 2008/09.

We have seen a significant increase in demand for Reablement since September 2011. This is causing a delay in people starting their programme of Reablement. We are expanding the capacity of our Reablement Team to meet the new demands in a timely manner.

£50,000 Section 256 funding is supporting the transformation of the Tower Hamlets Community Equipment Service, with a further £250,000 to increase provision of equipment in the home through the CVW that helps support people to regain skills, keeping people independent and at home for longer. This therapeutic approach for residents of Tower Hamlets uses independence technology – community equipment and home adaptations. There is substantial evidence nationally that the timely provision of equipment and home adaptations together with the reablement of service users reduces the cost of care packages. This investment keeps people independent in the community and reduces the likelihood of hospital or residential care admission.

Falls prevention

According to national estimates around 4,800 people aged 65 and over were expected to have a fall in Tower Hamlets in 2010 (1,900 men and 2,900 women). Falls can lead to a loss of independence for older people, as a consequence of the associated loss of confidence or mobility. Falls can often result in bone fractures, and sometimes death. The estimated cost of falls in Tower Hamlets is almost £800,000 for Adults Health and Wellbeing and almost £1.2m for NHS Tower Hamlets.

Although London boroughs have relatively low mortality rates as a result of accidental falls in people aged 65 and over compared to the national average, Tower Hamlets has the fourth highest mortality rate in London for people aged 65–74 years (after Wandsworth, Waltham Forest and Kensington and Chelsea). Mortality rate from accidental falls for people aged 65-74 years is higher in Tower Hamlets (11.2 per 100,000 population) than both London (5.8 per 100,000 population) and England (8.3 per 100,000 population).

NHS East London and the City commissions a multidisciplinary community based Falls Prevention Team that sits within Community Health Services. The team works closely with the Falls Clinic at Mile End Hospital and with relevant services commissioned by Adults Health and Wellbeing, including LinkAge Plus, Age Concern handy-person service and Reablement as well as services such as Telecare and those provided by the Homes Improvement Agency.

Falls can lead to a sudden and substantial loss of independence for older people. This can manifest itself in the need for long hospital stays, costly social care packages, long term nursing or residential care and even premature death.

For the extensive range of support and services available across health and social care, visit our Community Catalogue at:

http://www.towerhamlets.gov.uk/lqnl/health_and_social_care.aspx

Some examples are:

Safe and Steady Groups run courses for people with a history of or fear of falling. Outcomes are measured through improvements in balance and confidence. The average results from the groups show reduced fear of falling at the end of the 10 week programme (51% to 39%).

Handy-Person Service provided by Age Concern Tower Hamlets suggests that around 100 older people are supported by the service each year, with around 1,000 repairs or accident prevention visits conducted annually.

Our priorities in 2012 are:

- Review our Reablement service to ensure it is able to meet demand and value for money
- Expand the Community Virtual Ward pilot to the rest of the Borough
- Commission our new Information, Advice and Advocacy services

[Community engagement - how we ensure that people have a positive experience of care and support](#)

We've tried to get a better understanding of the needs, experiences and aspirations of people who use our services and their Carers. We have done all of this in a variety of different ways, including:

- Going to talk to people who use services.
- Holding events, for example over 200 residents came to some Social Care Road Shows we held earlier this year.
- Sending out a survey. Almost 1000 people who use social care told us their views in this way.

- Getting feedback from independent organisations that are in close contact with residents, such as THINK.

We work closely with the Tower Hamlets Involvement Network (THINK), which is a network of over 900 Tower Hamlets residents who want to improve health and social care in the borough. THINK have been directly involved in shaping and monitoring the experience of social care users and Carers by having membership on the Transformation Programme Board and various groups. We aim to work more closely with the Tower Hamlets CVS in 2012 in order to widen our engagement further.

People have told us their key issues in relation to:

- Finding information about services,
- Social isolation
- How they are supported by social care staff,
- How those staff in turn work with health colleagues,

People have told us that information needs to be easy to understand and comprehensive, and should be communicated from a trusted source. To support this our new First Response Service is the first port of call for adult social care, with staff available to provide advice, signposting to other support and small items of equipment to people who need it. The First Response Service can be contacted on 0207 364 5005.

Community Catalogue

We have developed an online Community Catalogue to provide information about a range of services available in the Borough. The Catalogue can be found at:

http://www.towerhamlets.gov.uk/lgsi/701-750/734_community_catalogue.aspx

The Catalogue is primarily intended to be of use to people planning their care and support services, but is also of wider use to anyone seeking information on the range of available care and support services in the borough. The Catalogue also includes links to other local online directories of health services.

Over the coming year we will be launching a new e-Marketplace which will significantly extend the capabilities of the Community Catalogue. The e-Marketplace will still contain the same information about local care and support services, but it will also include a range of other features such as regularly updated information about a range of national services, as well as advice and information on benefits, housing and other similar services with;

- The ability for individuals to rate and comment on the services they receive (comments will be moderated before they are posted on the site);
- The ability for people to share ideas about meeting care and support needs, and to look for opportunities to share the costs of purchasing services in conjunction with other individuals with similar needs;

- In the slightly longer term, the ability for individuals to order and pay for services using their Personal Budget electronically.
- We are also looking at ways in which this e-Marketplace can be integrated with other Council information services such as those provided through the Idea Stores.

They have worked with us to help shape our new service Values for our staff to deliver against and we will be seeking feedback from people on how we are measuring up.

These Values will be promoted through our new information. Our new information produced this year aims to support people through our new ways of working, for example, guiding people on who can receive support, how to make contact and what standards of practice you can expect. We devised a Public Information Policy to guide the approach and quality expected in all our information. Part of this work involves our new Readers Panel, a group of people who use services, local residents and people from User Led Organisations who advise on accessibility of our information to ensure it is fit for purpose.

We used the above policy to produce information in a range of formats around Personal Budgets and how to plan your support. As part of this work, we involved people who use services in producing a DVD to help people understand the changes. If you would like copies, please contact the First Response Team on 0207 364 5005, or visit:

http://www.towerhamlets.gov.uk/lqnl/health_and_social_care.aspx

Live Life Your Way

In September 2011, we launched an advertising campaign called 'Live Life Your Way' across the borough to raise awareness of adult social care and the ways in which it can support people. This resulted in a 64% increase in new contacts from people in the community between September and the end of November compared to the same period in 2010. This increase in contacts is positive in getting people who need help in touch with adult social care. However, this increase has resulted in people waiting longer than planned for short term support such as Reablement to be provided and we are readjusting our staffing levels to address this.

Adult social care and THINK encourage people to get involved in aspects of our services through representation on Service User and Carer Partnership Boards such as the Learning Disability Partnership Board, the Carers Forum and the Older People's Reference Group. In addition, we support people to take part in a wide range of events, focus groups and specific projects through our Service User and Carer Payments Policy, which reimburses expenses and recognises contributions of individuals through a range of ways, from cash payments to vouchers.

By engaging with residents, gathering and compiling community intelligence, THINK have recommended changes to local NHS and social care services. Most recently, THINK have released a research report on the experience of people with long-term conditions. We are now working with THINK to look at what this means

for social care services. We are also working with THINK as they prepare to take on additional functions in supporting people to make health and social care choices. THINK will become "Health Watch" in 2012, and as such, will have an increased emphasis as a "consumer champion" for people who use health and social care.

THINK 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. If you would like to find out more, or get involved, why not contact:

<http://www.urbaninclusion.co.uk/>

Complaints, concerns and quality

The quality and performance of our service delivery is monitored by our Quality and Performance Board. This Board oversees delivery of the Quality Assurance Framework and Performance Management and Accountability Framework. Areas discussed relate to delivery of service timescales in our new services such as First Response, Reablement and Longer Term Support. We look at this alongside results of detailed audits and surveys that help us understand factors that may be preventing improvements. Our Frameworks have been revised in light of the significant changes to our teams and functions. The Quality and Performance Board will be monitoring the effectiveness of these to ensure they are fit for purpose.

What people who use services have told us

A User Experience Survey carried out in February 2011 asked all people who use social care a number of questions to determine their perception of their quality of life. Tower Hamlets looked at the "the proportion of people using adult social care who report having control over their daily life". This survey told us what people's experience of social care is and their perceptions of the services they receive. The overall measure (NI127 Self Reported Measure of Quality of Life) shows that Tower Hamlets performs in line with the rest of London in that many who use social care report a positive experience in their quality of life. This survey looks at eight areas, or 'outcomes' set out in the table below:

Outcome	Overall Score	Areas for further work
1. Being clean and presentable in appearance	90% report being clean and presentable in appearance	
2. Getting the right amount of food and drink	91% report getting food and drink at the right time	
3. Having a clean and comfortable home	92% report having a clean and comfortable home	People from Asian /Bangladeshi community report feeling less happy

		with their current home when compared to people from a White British background People living in residential care report more positive experience in almost all areas
4. Feeling safe	58%	People from an Asian/Bangladeshi background report feeling less safe when compared to people from a White British background
5. Having control over daily life	69% report having enough control over daily life	People from the Asian/Bangladeshi community report feeling less control of their lives compared to people from White backgrounds
6. How they are treated	65.2% reported that ' <i>the way I'm helped and treated makes me think and feel better about myself</i> '	
7. Having social contact with people	87% reported that the help they receive helps them to stay independent	
8. How people spend their time doing enjoyable things that are valued	84% reported that the support received is based on their needs and wishes	

People in learning disability services report higher satisfaction levels with social care and a more positive quality of life in almost all areas of the 2010/11 survey. Ninety percent of people with a learning disability living in a residential home are 'happy' with the way staff help them, compared to 77% of people with a learning disability living in the community.

Of all people who responded 87.3% 'strongly agree' or 'agree' with the statement "the support I get helps me to stay as independent as possible and live life my way", compared with 97% of people with learning disability. 6% of people with learning disabilities did not answer this question. Of those that did, 96% 'strongly agree' or 'agree'.

Overall people report a positive experience. People with learning disability report more positive experiences in all areas.

A project is underway to carry out further in-depth research to find out what could be the cause of low scores for some people in some areas. This work will be reported by March 2012.

Formal complaints made to the Council in relation to the Adults Health and Wellbeing Directorate remains relatively low in number, though these have increased from the previous year. Thirty seven complaints were made in 2010-11, compared to 23 complaints made in 2009-10.

The number of complaints challenging assessment decisions rose in 2010/11 to 13, compared to 10 for the previous year. Complaints concerning delay or service failure rose from 3 complaints in 2009-10 to 13 in 2010-11.

The learning from these complaints has been addressed at both an individual and service level. Training has been organised to enable home care workers to deal better with difficult situations.

In the six month period between April 2011 and September 2011, 18 complaints concerning adult social care have been received by the Council. The vast majority of these (16 out of 18) have not been upheld. Thirteen of the 18 have been to challenge assessment decisions, suggesting a potential overall increase in this area for 2011-12. The remaining five concern a delay in service provision.

Our priorities for 2012:

- Review effectiveness of the QAF and PMAF to ensure they are fit for purpose
- In-depth research into low feelings of choice and control for some user groups
- Support THINK in its transition to Health Watch
- Widely promote our new service Values to enable people to give us feedback
- Implement our new e-Market Place
- Review recommendations within the THINK Long Term Conditions report

How we work to enhance the quality of life for people with care and support needs

To ensure that the quality of life for people who receive social care remains a positive experience, our new ways of working are increasingly enabling people to participate in the decision making process of identifying their care needs and make choices about the support required, and that it is tailored to individuals' wishes, including those of families and Carers.

Nationally, 'Putting People First' (PPF) has been a shared Vision and commitment to transform adult social care towards a personalised, person-centered adult social care system. Through this system, PPF aimed to help individuals create bespoke care services using their Personal Budget or Direct Payment, enabling them to receive the right care and support at the right time. It also sought to reduce the

pressure on local authorities by investing money in prevention, rather than offering care when people's needs are highest.

Personal Budgets

In Tower Hamlets, we are beginning to make this change happen through giving people who are eligible for social care a Personal Budget. Nationally, councils in England were challenged to enable at least 30% of people who are FACS eligible who receive support in the community to do so through using a Personal Budget or Direct Payment. This is very challenging 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 used much of 2011 getting people used to the concept of Personal Budgets that are managed by the council. We expect that as people realise the potential for greater freedom and choice, they will increasingly choose to manage the budget themselves (or with family members).

In 2008/09 only 3.6% of eligible people over 65 were using a budget to plan their support. This increased to 32% in 2010/11, a significant increase. The percentage of people with learning disability has also doubled over the period from 10% to 19.3%, with adults with physical disabilities increasing 3-fold to 37%. Although the rate of increase for people with mental health needs has increased 5-fold, this still remains under 10% of the total number of people eligible.

Overall, Tower Hamlets achieved the national milestone (for NI130) and we are aiming to increase the percentage of people using a budget of some kind to 50% by the end of March 2012. We are currently at 40%.

Independent Support Planning

To support people to use their budgets to plan creatively, Tower Hamlets commissioned a pilot *Independent Living Support Service (ILSS)*. Since December 2010 Disability Coalition Tower Hamlets (now *Real*) has been funded by the Council to test out this approach. This service provides support to individuals in planning how they will best meet their care and support needs, and also to arrange and set-up these services. Where this involves the individual employing a personal assistant the service will also provide expert advice and help in dealing with the requirements associated with being an employer. The service operates as an alternative to support planning and the arranging of services by our own Longer Term Support and Brokerage Teams. The service is currently funded until March 2012, and the Directorate will shortly be making decisions about what happens beyond that date. The Directorate is also looking at how other means of assisting people to support plan and arrange their services can be developed locally.

Within Tower Hamlets, we have redesigned our team functions to provide more effective brokering of support packages. The Access to Resources Team and Brokerage Team take people's support plans and set about approaching providers and securing support options at the best possible prices. We are beginning to think through how we can offer this type of support to people who self fund their own care.

Attracting new providers into Tower Hamlets

Ensuring that people are able to purchase a range of flexible and creative services and support options has been a major focus for the Council over the last 18 months. To stimulate the market and attract new providers into the Borough, we will publish our Market Position Statement early in 2012/13. This is aimed at existing and potential providers of adult social care and support and sets out the Vision of people who use services, Carers, providers and others about the future of the local social care market. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged.

Through the Market Position Statement, providers of adult social care can learn about the Council's intentions as a purchaser of services, and Vision for how services might respond to the personalisation of adult social care and support. Voluntary and community organisation can learn what local needs are in order to develop new activities and services. People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help encourage providers into social care markets and offer innovative services.

New providers of social care in 2012

Tower Hamlets is currently in the process of selecting new providers of domiciliary care (also known as home care) services, and these new providers will be in place by April 2012. We are also looking to award new contracts to providers of Community Equipment. We spend just under £27million⁷ per year on supporting people in their own homes through providing personal care and support to carry out daily living tasks. The new contracts for these services make up a significant part of this overall spend and have been drawn-up in a way that ensures that the services operate in a more flexible way that supports our wider work on personalisation. So, for example, where domiciliary care is traditionally provided to people in their own homes, while this will still be the case in the future, services will also be expected to support people to live more independently. That might mean care staff accompanying the individual to go shopping or to access a community facility such as a library, lunch club or hospital. In developing this flexibility our aim is to ensure that individuals have more options and choices about how their care and support needs are met.

Following completion of the procurement work and the award of the new contracts, we are planning a smooth transition for people who use these services and their Carers, paying particular attention continuity of care in the run up to the Olympics, in addition, we expect to experience some challenges to service provision during the games period.

⁷ 2010_11 AHWB Gross Exp Outturn.xls

Supporting people into employment

We have sought to continue to support adults with learning disabilities and people experiencing mental health difficulties, both of which are key groups at risk of social exclusion. We work with *Tower Project*, a learning disability specialist employment scheme, to find work placements across the council for people with disabilities. The *Working Well Trust* to support residents of Tower Hamlets who have experienced mental health problems find employment, either paid or unpaid.

Tower Project has helped 106 people with disabilities with 6 or more hours of support around job hunting, mentoring or training. Of the people with learning disability receiving a package of support from adult social care, 22 of those were successfully supported into employment between April 2010 and March 2011. This represents 3.6% of people, which is an improvement on the previous years' performance, but the lowest performance in London. We plan to benchmark ourselves against the best performers nationally to see how we can further improve employment opportunities for vulnerable people.

Nationally, less than 10% of people known to learning disability services are in paid work⁸. The 2010-11 User Experience Survey asked customers about their hopes for the future. Having a job was a noticeable aspiration from respondents in learning disability services.

One way we aim to improve this is through a new scheme Tower Hamlets Council has launched to secure employment of people with learning disability within the council by funding at least four paid work placements across the council for people who have experience of using learning disability services and who live in the Borough. This supports the aims of the *Tower Hamlets Workforce to Reflect the Community Strategy* and *Community Plan* priorities for "A Prosperous Community" which include "identifying and removing barriers to employment for target groups" and "helping people to get and keep employment by ensuring there is support and training before and after they get a job".

Sam Walker is our Engagement Support Assistant and started her Directorate placement in September 2010. Sam uses learning disability services and was recruited through the Tower Project JET service, the two days per week placement shifted from voluntary to a paid placement after six months, and finished on 30th June 2011. Following this, Sam was recruited to a permanent part-time Engagement Support Assistant post from 21st July 2011. The post was originally established to support communication and engagement around the transformation of adult social care programme, and is now focused around ongoing administrative and engagement tasks. Sam regularly produces a *blog* on her experiences which is available at:

http://www.towerhamlets.gov.uk/lgs/101-150/148_get_involved_with_social.aspx

Employment for people with mental health needs is a key route to recovery with Tower Hamlets performing slightly better than other London councils, but slightly

⁸ NI146 (% of adults with learning disabilities in employment) average for 2009-10 was 6.8%

lower than England averages. During 2010/11 154 people with mental health needs were supported into employment (NI150) and retained their jobs beyond 13 weeks through the Working Well Trust. We exceeded our original target of 3.5%; the final figure for 10/11 is 6.1%., and closer to the London top quartile of 6.6%.

We are looking to extend the opportunities for employment within the council to those with mental health difficulties, and also keen to widen out opportunities within partner agencies and provider organisations over the coming year.

Accommodation options (learning disability)

As part of Transforming Adult Care, specifically 'Putting People First' and 'Valuing People Now' Vision – giving individuals the support to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity. We know in Tower Hamlets that some people with learning disabilities in Tower Hamlets aspire to live independently and that current accommodation is not always meeting people's needs in the most appropriate or best way:

- "Changing housing and doing more activities outside the home are key aspirations for a lot of social care customers."⁹
- "Proportionally more people with a learning disability are in residential care."¹⁰
- "People with learning disabilities in Tower Hamlets...have expressed that accommodation is an area where their needs are currently not being well met. People have expressed a desire to live independently as tenants; to flat share with friends; to have some choice and control over where they move to; to be able to decorate and improve their homes themselves."¹¹
- "In 7.3% of the case files for those currently living in residential care there was explicit mention of the client wishing to move into independent accommodation."¹²
- In a survey of health and social care staff working with people with learning disabilities "a greater proportion of staff felt that accommodation options meet the needs of people with learning disabilities in Tower Hamlets 'not very well' or 'not well at all' (43.8%), compared with 27.5% who felt these needs were met 'quite well' or 'very well'¹³

To address these issues our Resettlement project will assist people with learning disabilities achieve greater control over aspects of their life and to provide more housing and support choices to address some of the issues that the Learning Disabilities JSNA has identified. The project allows the council to take a consistent approach, using Housing Options guidance to review all disability long term placements and supported living placements to ensure that individuals are living in the most suitable accommodation according to their needs.

⁹ LBTH, 2011, Housing: Factsheet on people's views

¹⁰ LBTH, 2011, Learning Disabilities: Factsheet on people's views

¹¹ LBTH, 2011, Learning Disabilities in Tower Hamlets: Tower Hamlets JSNA 2010-11, p 77

¹² LBTH, 2011, Learning Disabilities in Tower Hamlets: Tower Hamlets JSNA 2010-11, p 79

¹³ LBTH, 2011, Learning Disabilities in Tower Hamlets: Tower Hamlets JSNA 2010-11, p 81

Where appropriate, the project has been identifying suitable housing options that are available - and it is anticipated that this provides greater value for money by resettling people in more suitable, alternative accommodation, which will cost less than their existing accommodation or placing them in residential care. Within this there are cases where some people require a higher care support cost where their current accommodation does not meet their needs.

The proposed changes will mean that we spend less, but more importantly, will provide a better quality and better value for money alternative to residential care.

The project is de-registering (where appropriate for individuals) a number of in-borough residential care homes to supported accommodation for people with learning disabilities. This will offer individuals increased choice and control as they will have their own tenancies and Personal Budget. To date, 17 individuals have experienced this change. As at 31st March 2011 61.4% of people with Learning Disabilities are now within settled accommodation, an improvement on the previous financial year and we expect this to continue to improve going forward.

Accommodation options (mental health)

Demand on mental health services is expected to increase in line with the population growth over the next few years. Most of this growth (and therefore demand for mental health services) will be in the 25-49 year and 50-64 year age groups. The Borough has a very young population, particularly 25-45 year olds, which may lead to more new diagnoses of mental illnesses. Tower Hamlets has several factors which may equate to a higher burden of mental ill health than is suggested by population factors alone. These include high levels of deprivation, unemployment, poor living conditions, and high levels of social housing, poor educational achievement and the large BME population.¹⁴ Data on incapacity benefits shows that there are higher than average proportion of people claiming incapacity benefit for mental illness in Tower Hamlets.

The number of working age adults with a mental health problem living in residential care grew from approximately 95 in Spring 2004 to around 135 in Winter 2009/10. Over the same period, the annual cost of residential care rose from £3m to £6.5m, and in 2008/9 and 2009/10, Tower Hamlets was in the top quartile for the number and cost of new residential care placements made of working age adults with a mental health problem in London. There are currently limited appropriate in-borough accommodation options, and as a result over 90% of Tower Hamlets service users living in residential care are in out of borough homes. Through ensuring that service users have accommodation options in-borough and receive the right recovery-orientated support at the right time in accessing them, there are significant opportunities for improving quality of care, promoting a more personalised and recovery-orientated approach, and improving cost effectiveness.

¹⁴The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level with respect to mental health.

During 2010/11, NHS East London & The City (NHSELC) and the London Borough of Tower Hamlets (LBTH) have funded a Resettlement Team pilot to bring care management responsibilities for working age adults with a mental health problem living in residential care into one team and to make immediate improvements to the accommodation care pathway as a result. Building on *NHS Tower Hamlets (2010) Need and Capacity Assessment for Accommodation of Working Age Adults with a Mental Health Problem*, NHSELC and LBTH have developed a *Commissioning Strategy for Accommodation of Working Age Adults with a Mental Health Problem*, which aims to reduce the number of people living in out of borough residential care to 70 by 2015 through developing a new model for supported accommodation in-borough, with additional capacity, and supporting service users to move, and be diverted, from out of borough residential care into it. In addition to improving quality and promoting recovery for service users, the Partnership intends that the Strategy will deliver savings for both LBTH and NHSELC, amounting to £1m recurrently on the 2009/10 baseline by 2014/15.

The number of service users living in residential care has reduced to 115 (as of September 2011), with an increase in the number of service users living in supported living schemes to 22. Many of the service users living in out of borough supported living schemes will return to in-borough supported accommodation when space becomes available.

The Mental Health Commissioning and Supporting People (SP) Teams are currently working with the providers of the five current in-borough supported accommodation schemes to develop and improve their high support offer, to ensure that it is of sufficient high quality to support service users moving back in borough from residential care. As part of this process, the two teams are carrying out an engagement exercise with service users living in schemes potentially affected by change. Tower Hamlets performs well in ensuring people in contact with Secondary Mental Health Services are in settled accommodation, third highest in London. We aim to improve this further in the coming year.

The Supporting People (SP) Programme

The SP Programme was introduced in 2003 with a key aim to review all legacy funded provision, achieve value for money and drive through service improvements in housing related support. Although described below separately from other services it is marbled throughout the learning disability, mental health and older people's commissioning strategies.

Housing related support is defined as support services which are provided to any person for the purpose of developing that person's capacity to live independently or sustaining capacity to do so. The support is provided in two main forms: accommodation based – supported housing scheme with staff on site; and floating support – staff visiting service users in their own home.

Supporting People pulls together the Probation Service, Housing, Children and Young People Services, Adults Health and Wellbeing, the Drug and Alcohol Action Team, NHS and other partners to deliver against 2 national performance indicators, 6 Community Plan 2020 Priorities and 7 local performance targets. A

broad spectrum of vulnerable groups is covered by the SP programme. Services are provided for the homeless and rough sleepers, young people leaving care or at risk (including teenage parents), older people, people with mental health needs, physical disabilities, learning disabilities, HIV/ AIDS, people with substance misuse issues, refugees, ex-offenders and women fleeing domestic violence.

In the provision of support, the programme helps the most vulnerable and excluded people contribute to wider society by focusing on achieving positive outcomes for individuals:

- Reducing rough sleeping or other forms of homelessness by providing emergency accommodation, such as hostels and supported accommodation;
- Reducing repeat homelessness by providing support to individuals to move from hostels and supported accommodation to permanent independent living;
- Preventing homelessness through eviction due to debt, harassment and lack of relevant support;
- Reducing the need for institutional types of care, for example residential or nursing care by providing supported accommodation and support services that enable individuals to remain in their own homes for as long as is possible;
- Tackling social exclusion by improving access to paid employment, education and training opportunities;
- Tackling substance abuse through appropriate housing related support services for people with a drug or alcohol related need, in partnership with agencies providing treatment; and
- Reducing re-offending and promoting community safety, by meeting the housing-related support needs of offenders.

Reducing poverty and inequality drives the local authority's work and its 'One Tower Hamlets' aspiration. As a programme fundamentally designed to address the often complex and inter-related needs of some of the most vulnerable, supporting people is of particular relevance to Tower Hamlets which is one of the most deprived areas in the country.

The services to be delivered under new contracts will be governed through the five-year Supporting People Commissioning Strategy which was agreed by Cabinet on 9th March 2011. The key aim of the strategy is to reframe SP services as a core element of 'Prevention and Independence' as part of the programme underway to transform adult social care in Tower Hamlets. As a result of this residents of the borough will continue to receive excellent services which are more tailored towards individual needs making use of Personal Budgets and Individual Service Funds.

The strategy will be delivered through the establishment of a procurement framework.

The Framework Agreement

Following an appraisal of the options for the future commissioning of the Council's Supporting People services, it was agreed to set up of a Framework Agreement from which future contracts for Supporting People services could then be let. In line with the developing emphasis within the Council on seeking collaborative procurement opportunities, it was also agreed to undertake this procurement as a joint exercise with the London Borough of Newham. While the Framework Agreement is being set up in collaboration with the Newham, subsequent contract awards made under the Framework will be dealt with individually by each council. The Framework Agreement is divided into a series of categories, or "lots, and a detailed service specification and pricing structure was developed for each of these categories.

Accommodation options (older people)

The Council is putting increasing emphasis on *Extra Care Sheltered Housing* (ECSH or 'housing with care') and reducing its need for basic residential care with most residential care either already specialised or targeted to be more specialised in the future. We have looked at the need for older people's housing, which showed that the availability of designated supported accommodation for older people needs to increase by around 20%. A range of different types of housing for older people is required. This is in addition to the general demand for good quality accessible accommodation for people over the age of fifty. Our assessment forecast a need for a minimum of 225 additional units of extra care housing by 2025.

What is Extra Care Sheltered Accommodation?

Extra Care Sheltered Housing is an alternative to a placement made in standard residential care, but is not an alternative to other forms of public housing as it is provided specifically for tenants with high level care needs and the flats are designed for people with physical and / or sensory impairment

There are six Extra Care Sheltered Housing schemes in Tower Hamlets, which provide 161 apartments for rent. Two of these are new schemes which will be operational by April 2012, including one scheme specifically for older people with dementia.

Tenants have their own flats, with their own facilities, including a bathroom and fully equipped kitchen and are responsible for all aspects of their tenancy including the paying of rent, utility bills and Council Tax. The principle behind ECSH is that a prospective tenant will be able, with support, to maximise their independence and complete some daily living tasks independently, for the long-term.

There are also 6 older people's Residential or Nursing Care Homes in Tower Hamlets providing 335 beds registered for elderly care or elderly care with nursing. Most homes cater for a mix of needs, for example nursing and nursing dementia. Tower Hamlets had 126 older people in homes in the borough in 2010/11, with an additional 485 in homes outside of Tower Hamlets.

Working together to support for people with Dementia

There are around 1500 people living in the borough with dementia with this number set to double in the next 30 years. The Tower Hamlets JSNA identified dementia as a key priority, with the resulting Dementia Strategy now successful in providing new services including a Diagnostic Memory Clinic that enables early assessment for people with emerging memory problems. A new Community Dementia Team now provide ongoing support in the community for people with dementia including support for their families and Carers. A new Dementia Liaison Service now provides expert assessment and support for people with dementia at the Royal London Hospital. The Dementia Adviser Service, managed by Alzheimer's Society gives advice people with dementia and their Carers and a new Extra Care Sheltered Scheme for people with dementia is due to open in April 2012.

Mrs A said:

"I'm so glad to have these new services because dementia services are much needed. It's so important to raise awareness about dementia. These kinds of services will help (Mr A) and I look after each other and live better lives. They will help many others too."

Working together to support for people with Autism

Our Joint Strategic Needs Assessment shows that there are thought to be around 1,910 adults with Autistic Spectrum Disorder (ASD) in Tower Hamlets in 2011, approximately 765 of who do not also have a learning disability. Recent estimates suggest that there are approximately 400,000 adults with Autism in England (approximately 1% of the population). Prevalence is thought to be higher among men (1.8%) than among women (0.2%), which is consistent with patterns found in childhood population studies.

In 2010/11 there were 205 children aged 18 and under in Tower Hamlets with an Autistic Spectrum Disorder alone, and a further 65 children with an ASD in combination with another disability.

There are a range of services for children and young people with autism and their Carers in the Borough. For example, Mindbuilders Project (Bethnal Green) has the Early Bird Intervention Autism Project; a family centred approach to autism, offering parent groups and individual support work. There is also a Parents Advice Centre (Stepney) providing information, support and advice to parents and Carers of children with special educational needs. The Child Development Team (Mile End) provides an assessment and co-ordination service for children under the age of 18 with multiple disabilities and their families. Phoenix Outreach Service (Bow) is a team of specialist teachers, teaching assistants and speech and language

therapists to work with children on the autistic spectrum. Supporting children aged 3-16yrs with ASD in mainstream education.

NAS Autism Support Tower Hamlets (Spark Centre, Bethnal Green) provides information, advice and support to parents, Carers and young people with ASD; offering help with behavioural, emotional and practical challenges that living with a child with ASD can present. Sparkle Under Fives Play and Activity Service provide weekly sessions for children aged 18 months to 5 years who have a disability, including ASD. 'Aut and About' provide group based activities in the community on Saturdays for children aged 8-13 years (junior group) and young people aged 14-19 years (senior group) with ASD- has a long waiting list and the Autism Parents Support Group (Phoenix School, Bow) provides support to parents and Carers of autistic children.

For adults with autism and their Carers, the Tower Project, First Start (Isle of Dogs) provides a day service for eligible adults with ASD who display challenging behaviour. This service provides day trips, leisure activities, a sensory room, and 1:1 support for people who need it. The National Autistic Society Befriending Scheme is a service for both children and adults with autism and their families. The Carers Centre provides support to Carers, including those of people with ASD.

All services mentioned above can be found in our Community Catalogue at:

http://www.towerhamlets.gov.uk/lqsl/701-750/734_community_catalogue.aspx

There is much work to be done to increase support to adults with ASD in the borough. There is currently work underway to implement the National Autism Strategy for Adults in accordance with Department of Health guidance. To support this work, as part of the Section 256 funding received from Health we are investing £500k in Autism Services. The current planning assumption is that this funding shall continue until further notice, being provided by NHS East London and the City for 2011/2012 and 2012/2013 and then the NHS Tower Hamlets Clinical Commissioning Group in later years.

A team has been established to drive forward delivery of the Autism Strategy. The local strategy will be based on delivering against the seven quality outcomes and three service ambitions of the National Autism Strategy Fulfilling and Rewarding Lives (March 2010).

Modernising support to people in the community

On 9th February 2011, Tower Hamlets' Cabinet agreed a 'Modernisation Programme for Learning Disability Day Opportunities'. Work is underway with existing providers to develop 'Community Hubs' in Tower Hamlets, with a new Hub in Bell Lane due to open in January 2012.

Currently many of our services are delivered within a 'one size fits all', building-based model with limited flexibility to meet the goals and aspirations of individuals with learning disability. Our day services focus on activities in specialist day centres on weekdays. In addition project-based services outside of day centres

have been developed for people with learning disabilities to enhance employment skills.

Because these services are buildings based and are often block contracted, they make it more difficult for people to make individual choices about what support and services would best meet their own need. It is considered that this approach separates people with learning disability from mainstream society. Our aim is to improve the quality of experience for people with a learning disability in a way that maximises their opportunities and potential, whilst also ensuring services offer value for money.

Our new approach will move services away from building based 'traditional day centres' to a wide range of services that people can access using their personal budgets. This will include specialist services where appropriate but also mainstream services within the wider community.

Less independent people will continue to use day centres regularly, but more independent people will only use the centre as a base or meeting point to go out to community-based activities (if they use it at all). In addition, in the future the focus on community-based activities and a much wider range of options will mean buildings could be used by more groups and the wider population.

Our priorities for 2012 are:

- Increase the number of people who take up Personal Budgets and also Direct Payments
- Review the Independent Living Support Service Pilot and commission a permanent solution
- Implement new contracting arrangements and support new providers into place from April 2012 – paying particular care during the Olympic period
- Benchmark employment provision with other Local Authorities
- Finalise the Autism Strategy

Supporting Carers

Carers are one of the main resources supporting the health and social care economy in Tower Hamlets, according to research carried out by Carers UK, saving the local economy £459 millions¹⁵. Carers play a crucial part in ensuring a healthy, safe and supportive community.

From Tower Hamlets Joint Strategic Needs Assessment 2010-2011:

There are around 21,000 unpaid Carers in Tower Hamlets in 2010, of whom at least 5,800 provide 50 hours or more of unpaid care per week. A higher proportion of the Tower Hamlets population (1.32%) provides 20-49 hours unpaid care per week to a family member, partner or friend than the London (1.01%) or England average (1.08%). The proportion providing 50 hours or more per week in Tower

¹⁵ Carers UK Valuing Carers 2011

Hamlets is the highest in London (2.38% in Tower Hamlets compared to 1.66% in London and 2.03% in England)⁴.

- 63% of Carers (providing 20 hours or more unpaid care per week) in Tower Hamlets are female.
- 18% of Carers are of pensionable age.
- 3% of Carers are under the age of 16.
- 44% of Carers are Bangladeshi.
- 41% are white British.

In the young carer group, 64% of Carers are Bangladeshi (almost 80% of female young Carers) and just 18% white British. This proportion varies across older age groups; 49% of working age Carers are Bangladeshi and less than 16% of older Carers are Bangladeshi. Asian Carers of working age are disproportionately represented as Carers compared to the Asian working age population as a proportion of the overall Tower Hamlets working age population.

In January 2010, a survey was sent to around 970 unpaid Carers who had received a carer's assessment between September 2009 and September 2010. The response to the 2010 Carer Survey (17%) is too low to be able to draw meaningful conclusions about the experiences of Carers overall in Tower Hamlets. However, 3473 service users were sent the survey. In terms of paid and unpaid care, 73% of people received practical help on a regular basis from friends or family, which gives an indication of the level of unpaid care being provided in the borough. 27% of people have "top up" care and support paid for by themselves or their family.

The National Carer Strategy is a framework for developing support for Carers over ten years from 2008 to 2018 with a vision that Carers will be universally recognised and valued as being fundamental to strong families and communities. The National Strategy has a focus on tailoring support for Carers to their personal needs and enabling Carers to maintain a balance between their caring responsibilities and a life outside of caring. It acknowledges the need to support all Carers through the provision of information and advice, while recognising that the focus of resources will be on support for Carers with the greatest needs.

The NHS Operating Plan for 2010/11 recognised Carers as "expert partners in care" and highlighted that Carers may benefit from additional support including breaks for Carers. In recognition of this, NHS East London and the City (the former Tower Hamlets PCT) has transferred funding during 2011/2012 to jointly commission Carers' services under integrated commissioning arrangements with the Local Authority acting as lead commissioner on behalf of the NHS. As well as breaks for Carers, this funding, totalling £350,000, is targeted at improving the user/carer experience in relation to information and support to Carers following hospital discharges and to tackle the specific need highlighted in the Carers Joint Strategic Needs Assessment (JSNA) of supporting Carers of people with mental health problems.

The refreshed Tower Hamlets Carers Strategy and Commissioning Plan for Adults 2012-2015 builds on the previous Tower Hamlets 3 Year Carers Strategy 2008-

2011. It provides a significant opportunity to improve the way the needs of Carers are met, by providing up to date and easily accessible information, advice and advocacy; the introduction of Carers personal budgets; annual health checks; support to access training and employment and specialist support for Carers of those with a long term condition, e.g. dementia, mental health problems and strokes.

Within the framework of the Community Plan, this strategy will be key to delivering real improvements in making Tower Hamlets a healthy and supportive community. The central themes of the strategy are promoting independence, choice, social inclusion and quality of life. It aims to inform and support Carers from a diverse community to access information, advice and high quality support services that enable them to carry out their caring roles and “to have a life of their own”¹⁶. This will be achieved through working in partnership with Carers and the people they care for, the voluntary and community sector, the local authority and health services.

The commissioning of a new council wide advice, information and advocacy service for 2012 will play an important part in meeting this need. Another key theme emerging is the need for annual health and wellbeing checks for Carers. The Tower Hamlets Demonstrator Site Health Checks for Carers has shown the value that Carers have placed on having a service dedicated to their health and wellbeing. We are pleased to continue to offer health checks through provision of Section 256 Partnership Agreement funding from THELC into 2012.

From the Big Health Check in 2010 and 2011 for people with a learning disability, Carers of people with a learning disability told us that they are not aware that the person they care for should have an annual health check at their GP practice. We want to make sure that Carers are seen as expert partners by the professionals who work with them and the people they look after.

The voluntary sector also plays a vital role in meeting the diverse needs of Carers in the borough. Tower Hamlets has a distinctive history of providing innovative and culturally sensitive services, often leading the field in terms of diversity and inclusion. Culturally specific services for Carers from the Bangladeshi, Somali and Jewish communities are provided by *Apasenth*, *St Hilda's*, *Usha Mohila Somity*, *Jewish Care* and the *Black Women's Health and Family Support*. Support for other diverse groups such as Lesbian, Gay, Bisexual and Transgender (LGBT) citizens are not so well developed as demonstrated by the Equality Impact Assessment (EQUIA) for the 2008-11 Carers Strategy, which highlighted the lack of data available regarding LGBT Carers. This is an area we intend to focus on in 2012.

A survey of Carers in Tower Hamlets found that around two thirds of Carers surveyed reported experiencing tiredness or disturbed sleep. Around one third of Carers reported feelings of stress, depression and physical strain¹⁷. Carers in Tower Hamlets experience worse general health than Carers surveyed nationally and than the Tower Hamlets population in general. 41% of Carers surveyed

¹⁶ Carers at the heart of 21st-century families and communities 2008

¹⁷ Tower Hamlets Carers Survey, NHS Information Centre, 2010.

reported their general health to be good or very good (49% England average¹⁸), compared to 77% of the Tower Hamlets population as a whole¹⁹.

Around 7% of Carers surveyed in Tower Hamlets look after more than one person and this is consistent with the picture nationally. However, Carers in Tower Hamlets are more likely to live with the person they care for (84% in Tower Hamlets, compared to 73% England average). This is likely to result in a more time intensive caring role, which may explain the higher than average proportion of the Tower Hamlets Carers population providing 20 hours or more care per week. 51% of Carers surveyed in Tower Hamlets reported spending 100 hours or more per week caring, compared to 37% of Carers nationally.

Tower Hamlets is committed to supporting Carers and invests in provision of support in a range of ways. National data shows Tower Hamlets to be the highest performer in London in providing Carers with assessments, reviews and specific Carers services (NI135). But we know we need to do more to continue to improve the lives of Carers in the borough.

Legal changes on the way for Carers

On 10 May 2011 the Law Commission delivered its recommendations²⁰ to reform Adult social care law. The aim is to consolidate and reform 60 years of legislation and 40 statutes, numerous court judgments, directions, approvals, and statutory and practice guidance in to a single statute. The Government aims to introduce a White Paper to introduce legislation to implement the recommendations accepted by the Government in the next session of Parliament in 2012 and the implementation of the new law in 2015.

The Law Commission's recommendations are very detailed and contain 76 recommendations; however there are a number of recommendations that would impact on Carers if adopted as law. Tower Hamlets Council is analysing the recommendations for impact to service provision with a view to ensuring that we meet legal requirements within the timeframe. For a copy of the report please visit:

<http://www.justice.gov.uk/lawcommission/publications/1460.htm>

These changes together with those relating to personalising support for Carers are forming the development of the 'Carer's Customer Journey', which acknowledges that family members and Carers are "expert care partners" and extends the support planning and Personal Budget process to Carers. We are working with THINK representatives who have a special interest in Carer issues to ensure our new ways of working take full account of Carers needs.

One of the main ways we currently support Carers in their caring role is through providing Direct Payments (DP's) as a cash lump sum called 'One Off Direct

¹⁸ 2009-10 Personal Social Services User Experience Survey of Carers. Copyright © 2010, The Health and Social Care Information Centre. All Rights Reserved.

¹⁹ Tower Hamlets Carers Survey, NHS Information Centre, 2010 and Tower Hamlets Health and Lifestyle Survey, 2010.

²⁰ **THE LAW COMMISSION'S RECOMMENDATIONS TO REFORM ADULT SOCIAL CARE LAW [Law Com No 329 HC 941 10 May 2011]**

Payments'. These are proving ever popular with the budget allocated to providing DP's increasing 360% over the last three years from £30,000 in 2008/09 to £140,000 in 2010/2011 due to demand. In 2010/11 95 Carers out of a total of 426, used their One Off Direct Payment for a break. These annual payments provide Carers with a choice to purchase a break as well as allowing them to purchase items that will make their caring role easier such as a washing machine, a computer, driving lessons or furniture.

Our priorities for 2012:

- Finalise the Carers Strategy Refresh
- Implement the Carers Customer Journey
- Needs analysis of Lesbian, Gay, Bisexual, Transgender Carers

How we safeguard adults whose circumstances make them vulnerable and protect them from avoidable harm

By Brian Parrott
Independent Chair, Safeguarding Adults Board
London Borough of Tower Hamlets

I write as Independent Chair of the Tower Hamlets Safeguarding Adults Board since September 2010, and also as Independent Chair of the Safeguarding Children's Board since January 2011. This gives me a good overview of the development of both adults and children's safeguarding within Tower Hamlets and the potential links between them. Both boards are fully committed to a transparent and outcome-focused approach to presenting information on safeguarding.

The Safeguarding Adults Board meets 6 times a year and there are three subgroups of the Board - Performance and Quality, Training and Safeguarding Champions. We are working currently to diversify the Board to include more direct user representation. The Board comprises key local authority, NHS, voluntary and independent sector organisations, and includes Police and Fire Services. We are looking at the information which illustrates the effectiveness of the board in relationship to awareness raising, prevention and direct response to allegations of harm within the population.

There has been a review of adult safeguarding by the local authority's Overview and Scrutiny Committee. From the action plan we are exploring future peer review opportunities.

Increase in Referrals

There has been a significant increase in safeguarding adult's referrals to the local authority in the past 18 months. Much work has been undertaken to provide and develop training across organisations in the borough, as well as raising awareness of safeguarding issues within a diverse community with an extensive language range. This work has resulted in an increase in referrals from 296 referrals in 2009-

10 to 535 cases in 2010-11. From April – Sept 2011 this trend has continued with 244 referrals.

Over the coming year, we will also explore the reason why some people are referred back to us. Alongside this, we are keen to carry out work in the area of people who self neglect.

We see this information at each Safeguarding Adults Board, which receives a regular performance report to consider the implications of referrals received and assessments conducted. We have seen a significant increase in referrals from Health, but also from across partner organisations as a result of the joint working and adherence to procedures. The Performance and Quality and sub-group is currently looking at UK and London wide adult safeguarding data to consider implications for Tower Hamlets. At present we do not have Carers as a specific group on whom we should be focussed but we are exploring Carers issues further, including in the light of the Law Commission review.

Areas to Explore

Initial information shows low reporting of safeguarding in relation to people with HIV and people with a Direct Payment which requires further examination. Across July and August 2011, an in-depth audit was carried out to look in more detail at how people have used Direct Payments. The findings were that most people use their Direct Payment to employ Personal Assistants or Home Carers, and a small proportion of people employ close family members. The main benefit people found in doing this is that employing someone who is known and trusted is often a preferred option. However, there is evidence to suggest that there is a lower rate of recording and reporting concerns around adult abuse and safeguarding for people who receive Direct Payments. We are now working to raise people's awareness of safeguarding issues and where and how to report them. We have now ensured that all items of information produced by adult social care have details on safeguarding and how to report concerns as standard. This signposts people to call the First Response Service on 0207 364 5005. The SAB will monitor this issue going forward.

Work is also being undertaken to understand better issues of safeguarding referrals in relation to ethnicity and gender. We are working with THINK to develop feedback from people who have gone through the safeguarding process to understand and improve their experiences. This approach will provide an independent view about how to improve people's lives as a result of our safeguarding activity.

I am confident that the Tower Hamlets Safeguarding Adults Board is well placed and strong enough to discharge its core responsibilities in a continuing collaborative, well informed and positive way, but also in a way which is ambitious and challenging in our continuous drive for improvements. One of our main aims in the coming year will be for the Safeguarding Adults Board to begin to align itself to the Health and Wellbeing Board in order to ensure safeguarding of vulnerable adults is a key consideration for the Partnership going forward.

How we safeguard adults and enable positive risk

November 2010 saw the final the final Care Quality Commission (CQC) rating for adult social care services was published on 25 November 2010, which showed a significant improvement in safeguarding as a result of an extensive programme of improvement. The retention of our 'overall performing excellently' rating, with an improved grading of 'serving people well' for the outcome that relates to safeguarding is as a result of support and investment of resources made by the Council.

Ensuring people receive safe personalised services is underpinned by our *Positive Risk Taking Policy* placing personalisation and management of risk at the centre of practice. We will continue to support staff to deliver this effectively. The Policy was introduced alongside the development of the personalisation agenda. We recognise that when people are making choices and decisions, it will involve elements of risk. Risk is an inevitable consequence of empowered people making decisions about their own lives. Positive risk taking enables staff and people who need support to weigh up the potential benefits and harms of exercising one choice of action over another; identifying the potential risks involved, and developing plans and actions that reflect the potential and priorities of the person with support needs.

Risks are considered during the assessment process and support planning process. However, although social workers are skilled in risk management, there is recognition within the Directorate that we need to continue to support staff in enabling positive risk. Working to this policy will help manage any potential abusive situations arising which may prevent a person from having full choice and control over their lives. We do recognise that in some instances, the need to safeguard people arises irrespective of detailed work carried out with them.

Six Lives

In March 2007 MENCAP published a report titled 'Death by Indifference' which examined the cases of six individuals who died whilst receiving NHS care. Whilst the families of the six individuals had lodged formal complaints to the Healthcare Commission, MENCAP called on the government to launch an independent investigation into all six deaths and address their claim that there is institutionalised discrimination against people with learning disabilities within the NHS.

In July 2008, the Six Lives report concluded that people with learning disabilities were less likely to receive the most effective care to meet their needs, and whilst there were examples of good practice in some areas, this was not typical. In response to the report, the Ombudsman made recommendations for the NHS and Local Authorities to urgently review their processes. This resulted in the first Six Lives Event – Big Health Check Up Day, which took place in Tower Hamlets in 2010. The borough wide event involved a wide range of professionals across health and social care and service users. Feedback from the event was incorporated into a Self-Assessment Framework report and fed back to NHS London for validation.

The event was repeated in June 2011. The report received from NHS London this year indicated a number of areas where the scoring was less than last year. Primarily, the areas falling are around public health e.g. disease prevention and many related to GPs. A sub-group of the Learning Disabilities Partnership Board has been set up to address these issues and it is anticipated that improvements will be made for next year.

Compliance and quality – responding to poor practice

What we know is that the quality of safeguarding practice has improved since the Six Lives event and the CQC inspection. Compliance with Safeguarding Adults Procedures has improved since 2008/09. Evidence shows that our strengthened leadership and robust implementation of our new procedures has significantly increased awareness across services as evidenced by the numbers of referrals received in the year. Referrals in relation to people with learning disability has increased from 27 in 2008/09 to 109 in 2010/11, a 300% increase. The number of older people and people with physical disability referred has remained static at 247 and 44 respectively, however the number of referrals for people with mental health difficulties has increase from 26 in 2008/09 to 72 in 2010/11.

Our extensive Quality Assurance Framework has supported staff to achieve greater compliance with timescales for work carried out, and a high degree of compliance with auditing processes. However, with the major staff restructure and implementation of a new IT system carried out in 2011, we have seen a levelling out of performance in both timescales in responding and recording. We expect performance to return to previous levels and believe performance will continue to improve in these areas in 2012.

In the face of the challenging economic climate, the SAB has stepped up the game with the Chair writing to all statutory organisations to raise awareness of the need to focus on safeguarding even more in the face of significant savings in public sector finances. The response has been positive, with partners committing to continued emphasis for safeguarding.

The need for such commitment is demonstrated by the recent safeguarding investigation launched against Winterbourne View, a placement for people with learning disabilities. Highlighted by a Panorama programme, it depicted serious acts of abuse carried out by staff on the residents.

Although Tower Hamlets did not have anyone placed at Winterbourne View, we instigated an accelerated programme of review for all people placed in other homes owned by the parent company Castlebeck. The SAB, in addition to this, have ensured that all providers have Whistle Blowing Policies, which they all do, and their usage will now be monitored by the Quality and Performance Sub Group.

Our priorities in 2012 are:

- Align the SAB with the Health and Wellbeing Board governance structure
- Implement the Overview and Scrutiny Review Action Plan

- Explore under representation of groups such as those with HIV and those who use Direct Payments
- Analyse patterns of referrals in relation to ethnicity and gender
- Review the effectiveness of the Positive Risk Taking Policy
- Implement the improvements highlighted by the Six Lives – Big Health Check self assessment
- Monitor usage of whistle blowing procedures

Appendix A - Key Statistics - General

According to our data²¹, as at 31st March 2011 we had a total of 4430 people on the books (eligible for an assessment or review). Alongside this, we assessed or reviewed a total of 1886 Carers during the performance year, a slight increase from 1701 in 08/09

During the period 2008/09 (April 1st 2008 – March 31st 2009) to 2010/11 (April 1st 2010 to March 31st 2011), we have been seeing more new people approaching adult social care each year, with the number of new assessments of older people increasing 35% from 633 new people in 08/09, to 855 in 2010/11. New assessment of people with learning disability has remained static over the same period, but new assessment of people with physical disability has increased 30%, from 455 to 592. This isn't to say that everyone goes on to need services, 74% of those people receiving a new assessment went on to need services. We have also seen a 128% increase in new assessments for people with mental health needs from 92 to 210, with 92% going on to receive services.

We have a 10.8% increase in the number of assessments and reviews of Carers over the same period. During the same period, the number of Carers receiving support increased by 21.5%, with a 100% increase in support for Carers of older people, a 40% increase in support to Carer's of adults with learning disability, 64% increase in support to Carers of people with physical disability and a 50% increase in support to Carers of those with mental health difficulties

The department has carried out approximately 3,600 reviews during the year. The proportion of people receiving a review at least annually declined from 89.4% in 2008/09 to 51% in 2010/11, with reviews of those with learning disability showing the greatest decline to 30.3%. 78.3% of people with mental health difficulties received a review during the year.

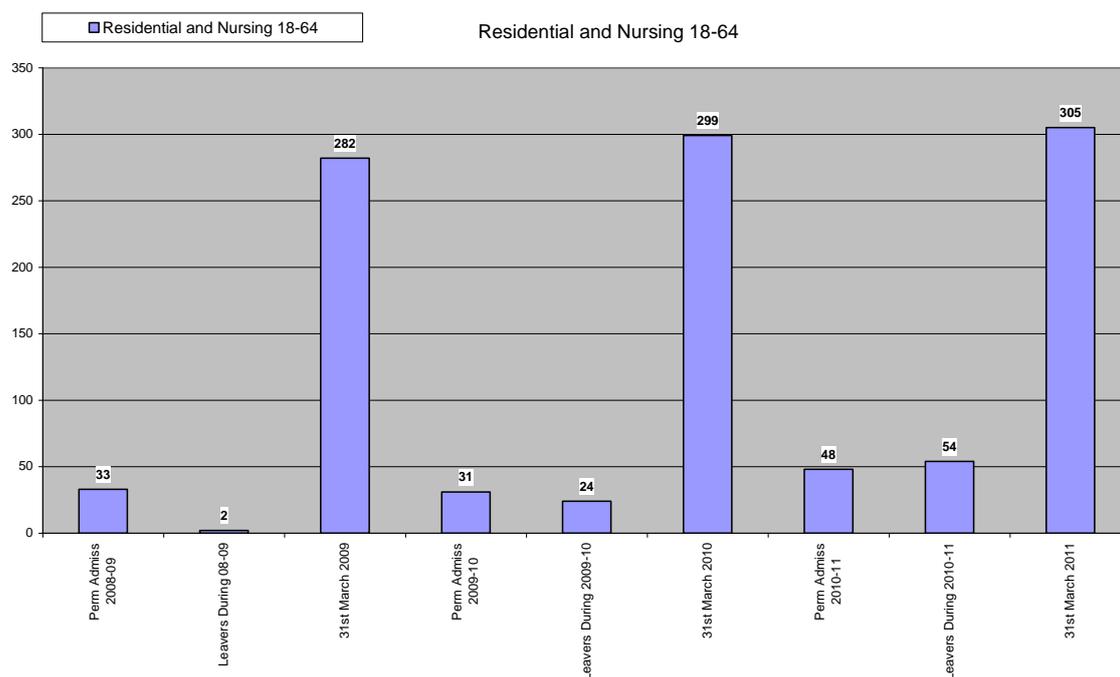
There has been an increase of 54% in the number of people aged 18-64 permanently admitted to residential or nursing care from 31 in 09/10 and 48 in 10/11.

The chart below shows adults aged 18-64 placed as a 'permanent admission' to residential or nursing care during the year, by year (the left hand column per year). The chart also shows the number of people leaving residential or nursing care during the same periods (middle column per year). The right hand column per year shows the total number of people who are placed in residential or nursing care as at the end of that reporting year.

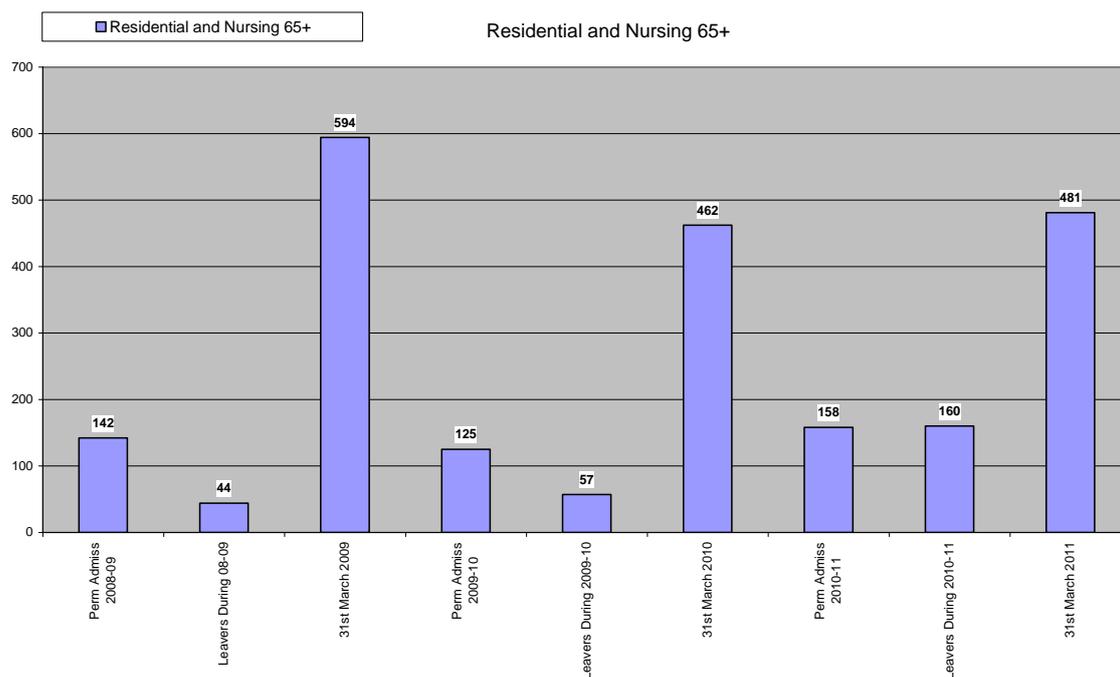
In 2008/09, 33 new people were placed during the year, 2 people left during that year; however no new people placed that year left in the same year. In 2009/10, 31 new people were placed during the year, 24 people left that year. Of those who left, 14 were people admitted during the year, staying an average 33 days. In 2010/11, 48 new people were placed during the year, 54 people left during the

²¹ Referrals Assessments and Packages of Care Return (RAP) – Mapping Performance Measures and Ratios v2.1 2010_11

year. Of those who left, 24 of those were people placed during that year, staying an average of 31 days.



The chart below shows that for people over 65, in 2008/09 142 new people were placed during the year, 44 people left during that year. Of those who left, 36 of those were new people placed that year, staying an average 88 days. In 2009/10, 125 new people were placed during the year, 57 people left that year. In 2010/11, 158 new people were placed during the year, 160 people left during the year. Of those who left, 59 of those were people placed during that year, staying an average of 78 days.



The number of older people receiving Home Care increased from 1494 in 08/09 to 1609 in 10/11 (7.6%)

Safeguarding - the picture across London

The extent of abuse of vulnerable adults by social care staff, either employed by council's or by independent providers of services can be seen by looking at the statutory Vulnerable Adults return. Our analysis shows that Tower Hamlets reports lower than London and England averages where the alleged perpetrator is someone who is providing social care support:

1. *Alleged Perpetrator type amongst vulnerable adults: Social Care staff*

Alleged Perpetrator type	Tower Hamlets	London Average	England
Social Care Staff	19.8%	24.3%	25.3%

When compared against London comparators, Tower Hamlets is significantly lower than Waltham Forest (44.2%), Redbridge (37.3%), and Ealing (33.3%), but higher than Newham (10.8%) and Hackney (12.7%).

During the period April 2010 to March 2011, 280 investigations were completed and a total of 535 referrals were received by Tower Hamlets. Just over 60% of all safeguarding investigations resulted in the concern not being substantiated or deemed inconclusive.

2 *Safeguarding Investigations in Tower Hamlets: Case Conclusion Outcome*

Case conclusion Type	Number	%
Substantiated	75	26.8%
Partly Substantiated	35	12.5%
Not substantiated	85	30.4%
Not Determined /Inconclusive	85	30.4%
Total	280	

This can be seen in the context of both London and England averages where Tower Hamlets appears to demonstrate more accurate levels of alerts becoming actual substantiated claims of abuse compared to London comparators, and just a slight increase on England averages as can be seen in table 2a below:.

2a *'Not substantiated and inconclusive cases'*

Safeguarding Case Conclusion	Tower Hamlets	London Average	England
Not substantiated	30.4%	35.9%	31.3%
'Not determined/Inconclusive' cases	30.4%	24.2%	27.7%

When comparing Tower Hamlets' with neighbouring boroughs - higher levels of 'not substantiated' case conclusion outcome was reported in Greenwich at 52.5%, Barking & Dagenham at 51.3% and Waltham Forest at 47.4%.

However, for 'inconclusive cases', Tower Hamlets reports a higher percentage in such cases and therefore we need to look into both practice and recording to understand why this is the case.

Safeguarding Case Outcomes

The outcome of completed referrals is recorded at the conclusion of an investigation, according to the criteria established by the National AVA data recording requirements. Overall, the table below shows that 'no further action' (105, 35.0%), followed by 'not known' (60, 20.0%) and 'Police action' (45, 15.0%) are the most frequent outcomes for vulnerable adults in Tower Hamlets.

3 Outcomes of investigations against alleged perpetrator

Case conclusion Type – Outcomes for Victims	Number	%
No further action	105	35.0%
Not known	60	20.0%
Police Action	45	15.0%
Management of access to the Vulnerable Adult	20	6.7%
Disciplinary Action	20	6.7%
Continued Monitoring	15	5.0%
Removal from property or service	10	3.3%
Community Care Assessment	10	3.3%
Referred to Person on Vulnerable Adults List /ISA	5	1.7%
Counselling /Training/Treatment	5	1.7%

[Please note, the other categories recorded zero data and some cases can result in multiple outcomes].

Comparisons against the London and national averages are provided below.

4 'No further action' outcome

Safeguarding Case Conclusion	Tower Hamlets	London Average	England
'No further action'	35.0%	42.3%	34.0%

The outcome for completed referrals against the alleged perpetrator in Tower Hamlets resulted in 'no further action' in 35% of cases. This is in line with the national average of 34.0%, although the London average is significantly higher at 42.3%. However, when compared to Tower Hamlets London comparators, higher levels of 'no further action' were reported in Haringey (78.2%), Greenwich (60.4%), and Newham (60.4%).

When we look at the levels of Police action following investigations, Tower Hamlets report a more than double the London average and almost 3 times the England average in relation to this:

5 *Police action outcome*

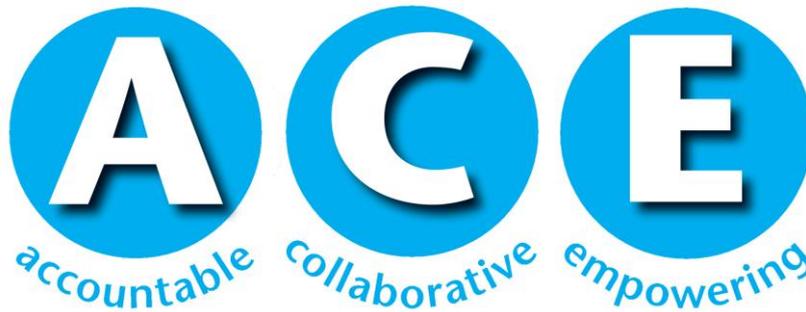
Safeguarding Case Conclusion	Tower Hamlets	London Average	England
<i>'Police action/</i>	15.0%	7.1%	5.4%

When we look at Tower Hamlets' neighbouring boroughs, Newham report Police action at (4.3%), Barking & Dagenham (5.0%) and Waltham Forest (1.3%), with a majority of London boroughs reporting lower levels of police action against the perpetrator with Hackney (10.9%), Greenwich (3.6%), Haringey (2.7) and Islington (4.5%).

Appendix B

AHWB

Organisational Values



Accountable	Collaborative	Empowering
<ul style="list-style-type: none"> • Take responsibility • Build resilience • Not be paternalistic • Enable independence • Be clear on responsibilities • Demonstrate the new public service ethos 	<ul style="list-style-type: none"> • Working in partnership • internal • external 	<ul style="list-style-type: none"> • Enable people to have valued lives • Enable people to be safe • Enable people to be independent
<p>Make every pound count</p> <ul style="list-style-type: none"> • Spend wisely • Spend carefully • Get value for money • Avoid waste and duplication • Benchmark • Say 'No' sometimes • Be equitable 	<p>Ambitious for customers</p> <ul style="list-style-type: none"> • Be creative • Be innovative • Be challenging • Focus on strengths and not just needs • Support positive risk taking 	<p>Skilled, knowledgeable and continue to learn</p> <ul style="list-style-type: none"> • Be open to new ideas • Deliver best practice • Be evidence based • Be outcome focused • Be clear • Be confident • Continually develop
	<p>Respect customers</p> <ul style="list-style-type: none"> • Act with integrity • Act with courtesy • Be transparent • Act with respect • Act with fairness • Be consistent • Be reliable • Ensure equality within the relationship 	