

# **The Business of Care in Barking and Dagenham**

**Adult Social Care Market Position Statement  
2014 to 2016**

**Interim update: January 2016:**

**[To be read in conjunction with the Market Position Statement 2014 to 2016]**

**London Borough of Barking and Dagenham**



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# Part 1: Developing the Social Care System

## 1 Introduction and Context

**Over the past eighteen months there have been a number of significant changes in the way adult social care and support is delivered. This document provides an interim update to The Business of Care, Barking and Dagenham's Market Position Statement 2014 to 2016. It sets out some of the key national and local changes, and looks in more detail at a number of key areas for commissioning and the provider market.**

The Market Position Statement is a vital tool in driving market development and supporting providers to create local service provision that is responsive to the needs of our residents and delivers positive outcomes by ensuring that:

- care needs are prevented from becoming more serious
- people can easily get the information they need to make good decisions about their own care and support
- there is a wide range of high quality providers to choose from

The [Market Position Statement](#)<sup>1</sup> published in 2014 can be viewed on the Council's website. The Market Position Statement and this interim update should be read in conjunction. The update seeks not to repeat information, but simply clarify any significant developments that have taken place both in terms of policy and relevant data/context. If the item you are looking for is not included in the update please refer to the original Market Position Statement.

### **National context**

The context for the Business of Care in Barking and Dagenham has changed significantly in the last 18 months.

The current climate for Local Government is the most challenging it has been for a number of years. The budget pressures require significant remodeling both across authorities and, particularly in this context, within the adult social market. The funding gap in Barking and Dagenham to 2020 following the Comprehensive Spending Review is £70 million. The introduction of a national living wage and the pension liabilities from April 2016 will add additional cost pressures within the local care market.

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<sup>1</sup> [http://search3.openobjects.com/mediamanager/barking/asch/files/ad6814-lbbdmarkstatpages\\_web\\_final\\_1.pdf](http://search3.openobjects.com/mediamanager/barking/asch/files/ad6814-lbbdmarkstatpages_web_final_1.pdf)

## Care Act 2014

The Care Act 2014 became operational on 1 April 2015 and is the most important piece of adult social care legislation and guidance for a generation. It focuses on prevention, wellbeing and personalisation, introducing new rights for carers, a new assessment approach and national eligibility criteria for care and support.

The Care Act has direct implications for the Council's role in developing and shaping the local care and support market. It places a duty on the local authority to ensure quality, diversity and sustainability in the market through its commissioning activities and its interactions with providers.

The interim update below includes updates on specific duties under the Care Act 2014 to help providers understand its relevance and implications for the Adult Social Care Market in Barking and Dagenham.

## Local context

### The borough's vision: One borough; One community; London's growth opportunity

To achieve its vision, the Council is focused on its priorities of:

- Encouraging civic pride
- Enabling social responsibility
- Growing the borough

In line with the overarching vision the Council is now seeking to respond to the changing environment both within the borough itself and the authority.

### Ambition 2020 and the Growth Commission

By 2020 the Council will need to have reduced its budget by £70 million to £110 million. The [Ambition 2020](#)<sup>2</sup> programme will lead a radical rethink of the role of the Local Authority and services and functions provided by the Council and its partners in order to save the £70 million that is required to balance the books.

Clearly one of the key areas to look at in redesigning services and working with partners is within the adult social care. Within the Adult Social Care market specifically the new requirement with regard to the national living wage and the pensions liabilities will place significant additional pressures on an already reducing budget. The introduction of the ability to raise the Council tax by 2% would net Barking and Dagenham approximately £900,000, which is significantly lower than the funding gap that has been created.

However, the borough has huge [growth opportunity](#)<sup>3</sup> with the ambition of creating 35,000 new homes and 10,000 new jobs over the next 15 years. This is an ideal opportunity for businesses to work alongside the Council and create a "place" that

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<sup>2</sup> <https://chrisnaylorlbbd.wordpress.com/2015/07/14/ambition-2020-and-the-growth-commission/>

<sup>3</sup> <https://www.lbbd.gov.uk/wp-content/uploads/2015/04/Londons-growth-opportunity-brochure.pdf>

delivers the aspirations of the community. As part of the process Barking and Dagenham Council has set up a Growth Commission made up of leading experts in order to provide an independent, evidence-based view of what is needed to support economic growth and social development in Barking & Dagenham. The Growth Commission is due to report in the spring of 2016.

A key element of growth in the borough will be health and social care related services. According to the Business Register & Employment Survey 2014 there are 1600 jobs in residential and community based social care for older and disabled people alone, representing 3.2% of total employment in the borough. If we factor in the wider health and social care workforce in the statutory sector and in partner and provider agencies this is a significant workforce. Therefore the health and social care economy will play an important role in the economic growth of the borough in the future.

The role of an effectively trained workforce for adult social care is significant. Links to Care City and other training opportunities will be key for the market and for changes in the way services may be delivered.

The Market Position Statement is a good starting point for providers from all sectors to work with the Council and deliver Ambition 2020 through collaborative working, introducing new ways of delivering adult social care functions to modernise delivery of care and support provision in line with the legal framework of the Care Act 2014. Whilst this is an interim update, a new Market Position Statement will be published in the autumn of 2016 that will fully reflect Ambition 2020 and the Growth Commission.

### **Health and Wellbeing Strategy**

The Statement also seeks to reflect key points from other drivers, such as the [Health and Wellbeing Strategy](#)<sup>4</sup>, which was refreshed in May 2015.

This seeks to work with partners to deliver integrated care and support to ensure all residents have the best possible opportunity of:

- Staying well
- Living well
- Ageing well

The key outcomes from the delivery of the Strategy from 2015-2016 are to:

- Increase the life expectancy of people living in Barking and Dagenham.
- Close the gap between the life expectancy in Barking and Dagenham with the London average.
- Improve health and social care outcomes through integrated services.

The four strategic aims are:

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<sup>4</sup> <http://moderngov.barking-dagenham.gov.uk/documents/s90333/JHWS%20Refresh%202015%20V3.pdf>

- Prevention: Supporting local people to make lifestyle choices that will positively impact their lives
- Protection: Protecting local people from threats to their health and wellbeing
- Improvement and Integration of services
- Personalisation: Ensuring people have choice and control over the care and support they receive regardless of setting

For further details on the Health and Wellbeing Board and the Strategy please see the existing Market Position Statement (Page 5)

### **Role of Social Care in London – Care City development**

Barking and Dagenham Council, NELFT and University College London partners are working together on the [Care City](#)<sup>5</sup> brand to focus the agenda on those areas where partnership working is uniquely placed to accelerate progress for the benefit of the communities across Barking and Dagenham, Havering, Redbridge and Waltham Forest. .

Care City's vision focuses on healthy ageing and social regeneration structured around the following strategic priorities:

- Innovation: To stimulate continuous improvement and innovation across the local health and social care system
- Research: To advance the application of cutting-edge research into practice by bringing research closer to local people, and facilitating new models of research
- Education: To increase resilience across the system's workforce by inspiring new entrants from within our local community, creating opportunities at all career stages, and evolving our workforce model

Care City will aim to bring together health and social care professionals with researchers, education providers, technology experts, small and medium companies and social entrepreneurs to develop the workforce and healthcare products of the future. It will also aim to create local employment for local people and will be a centre where research is conducted into frailty and long term health conditions.

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<sup>5</sup> <http://www.nelft.nhs.uk/about-us-partnership-working>

# 2 Prevention

## What we want for our residents

We want a community where residents take responsibility for their health and wellbeing and understand how to maintain this throughout the stages of life. Therefore an understanding of what helps to prevent, reduce or delay deterioration in health and wellbeing is essential.

Prevention is at the very heart of our approach to One Community and the Care Act 2014. It is a principle that cuts across all health and wellbeing activity and as such we have sought to embed this in the refreshed Health and Wellbeing Strategy as well as agreeing a Prevention Approach for the borough at the Health and Wellbeing Board in May 2015. It is about individuals and communities being proactive at the earliest opportunity rather than waiting for a crisis before responding to need.

There is no single definition of what constitutes prevention. It can range from wide scale whole population measures aimed at promoting health to more targeted interventions. It can be for one person, or for a particular group, or through lessening the impact of caring on a carer's health and wellbeing. The Council, through Public Health and Adult Services, carries the primary responsibility for developing and maintaining prevention services.

## Good prevention practice

Good prevention is about facilitating individuals taking responsibility for their own lives, health and wellbeing. It is not a one off task, but an ongoing approach to life.

Where service providers across the piece are involved it starts at the point of initial contact and continues at all stages throughout life and changing circumstances.

Effective and early intervention at any point may **prevent**, **reduce** and **delay** more complex health or social care needs. It enhances the quality of life as well as saving resources and costs in the longer term. A preventative approach is at the heart of assessment and service provision, and is closely allied to positive wellbeing.

## Prevention in Barking and Dagenham

In line with the One Community vision and the priority around “enabling social Responsibility” and to implement the Care Act 2014 the Council and its partners have developed a local [prevention framework](#)<sup>6</sup>. It applies the ‘prevent, delay and reduce’ ethos to adults as:

- People who do not have any current needs for care and support, but may have in the near future
- Adults with care and support needs, whether their needs are eligible or met by the local authority or not

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<sup>6</sup> [https://search3.openobjects.com/mediamanager/barking/asch/files/prevention\\_-\\_a\\_local\\_framework.pdf](https://search3.openobjects.com/mediamanager/barking/asch/files/prevention_-_a_local_framework.pdf)

- Carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those whose support needs may not be being met by the Council or other organisation

The borough's prevention framework has three stages: the 'Me', 'Us' and 'You' (Figure 1):

- The approach starts with the individual ('Me': the person who may have care needs). This means considering what the individual already has and what is potentially available to support their health and wellbeing. The framework reinforces the role of the individual, encouraging people to do as much as they can for themselves.
- The second stage recognises that prevention is a job for the community ('Us'). Community underpins social responsibility and creates not only personal but community service development. Where the individual cannot do any more to help themselves, the community is the next stage.
- The final stage ('You') is about statutory agencies such as the NHS, Council, employment agencies, and so on. This tends to target specific population groups or people with high levels of need which cannot be met by the individuals themselves or by communities.

Figure 1: Barking and Dagenham's Prevention Framework



### Future Approach

This approach will inform our work with providers and partners going forward as we seek to embed the prevention approach in our work and commissioning cycles as well as supporting providers to implement the approach.

Public Health and the Council as a whole are reviewing the potential for further joined up targeted activity and resources to support preventative commissioning.

Much of the funding for prevention work in the borough is externally funded by grants from independent funders and we recognise the importance of this funding and will seek to work with providers wherever possible to support such initiatives for the



residents of the borough.

### **Examples of local prevention services**

The Ageing Well programme is for borough residents aged 60 years and over and in September 2015 had a membership of 1981. The programme is funded through a combination of the Public Health grant and income generation, with an annual membership fee of £52. Membership provides access to a range of activities at over 16 venues across the Borough, ranging from Darts to Tai-Chi and entitles members access to swimming, the fitness suite, studio classes and racket activities at the Borough's Leisure Centre's, Monday to Friday (9.00am-5.00pm) and all weekend.

Details of the activities can be found at <http://www.gettingactive.co.uk/wp-content/uploads/2015/05/Ageing-Well-Programme-2015-2016.pdf>

The Better Care Fund is supporting a range of initiatives, including:

- Falls prevention for over 75s at particular risk of falling
- The Handyperson Scheme, which is being delivered by Harmony House, offering a practical solution in people's homes to fix trip hazards, reducing risks and improving wellbeing
- Prevention mapping with the clinical commissioning group to improve links between services, increasing the understanding and awareness of the contribution of universal services across professionals and providers.

Community Resources for Change run a Community Hub at Castle Point in Dagenham. This is a "vibrant hub" run mainly by volunteers where local people can get to know each other, take part in a wide range of activities and give something back to their community. People become isolated for lots of different reasons, like losing a job, health issues or just a change in life circumstances. By getting involved in the Community Hub people can develop friendship, realise how valuable they are and grow in confidence.

As people start to connect, the Hub helps them discover how they can contribute to change in the community by giving their time, energy and skills to different projects. Many people move on to new opportunities, saying their connections with the Hub have made a significant difference in their journey.

### **Good prevention is supported by information and advice**

Good information and advice enables individuals and communities to make well informed choices regarding the support, services and opportunities available to them and helps our campaign to 'prevent, reduce and delay' the need for statutory services. The Council wishes to ensure that it is delivering high quality, impartial information and advice, contributing to prevention and preventative practices and supporting the health and wellbeing of its population.

Section 3 below on information and advice outlines the approach being taken and the services that support this.

## **Opportunities**

There are a range of ways providers can support the implementation of the “Prevention Approach” in Barking and Dagenham. The Council will continue to seek a joined up approach to preventative services, linking into appropriate projects locally, regionally and nationally, and seeking external funding where this is available

Some potential opportunities for providers would be:

- Services that are funded externally through independent funders that help to build “resourceful communities” and encourage social interaction and responsibility
- Opportunities that will help to reduce isolation
- Services that are targeted at reducing falls in the older population

## **Providers we would like to see in the market**

Every social care provider will need to who understand how their services contribute to preventing, reducing or delaying the need for further services through every stage from the beginning of need to End of Life. As such, we would like to see:

- Providers who, understand the impact of data and can use the data their services generate to help them and us to attract additional funding.
- Those who are outcomes-focused and wish to provide expert and innovative personalised care and prevention planning
- Providers who recognise the importance of preventing loneliness and isolation and encourage social responsibility.
- Those who are aware of how they fit into the spectrum of care and prevention and are able to work jointly and interdependently

# 3 Information and Advice

## What we want for our residents

We want people to be active citizens; able to live a meaningful life and make positive contributions to the community they are part of. The availability of appropriate, timely and accessible information and advice is key to enabling residents be active citizens.

From April 2015 the Care Act placed a statutory duty on councils to provide information and advice to the whole population that is both accessible and proportionate.

*“Providing accurate and timely information and advice is ‘fundamental to enabling people, carers and families to take control of, and make well-informed choices about their care and support and how they fund it.... It is also vital in preventing or delaying people’s need for care and support.’”*

## Information and Advice in Barking and Dagenham

The Council has, with partners, developed a clear vision and set of priorities to ensure that information and advice is being delivered with due regard to the Care Act 2014 by:

*Delivering high quality, impartial information and advice supporting health and wellbeing*

To achieve this, the Council will:

- Ensure there is a comprehensive range of information and advice about care and support available locally
- Ensure all digital and face to face information and advice is accurate, up to date, easy to understand and consistent with other sources of information
- Offer tailored information and advice about care and support (in a variety of formats) whenever possible to help individuals understand their range of options
- Work with key information and advice providers from all sectors to improve the co-ordination of information and advice locally
- Develop and promote the Care and Support Hub as the borough’s web based local directory
- Transform information and advice provision in line with the Council’s ‘digital by design’ approach to ensure quick, efficient and localised signposting

The Council, with its partners has taken a three-pronged approach to providing information and advice for residents. This approach seeks to facilitate digital and online services as the first port of call as a more convenient and timely way of accessing services. Where face to face support is provided, particularly with regard to advice, this is delivered at a number of locations:

## **BanD Together Routemaster**

The Council has worked with an innovative partnership, CommunityConnect, to develop an online resource around information and signposting in Barking and Dagenham residents.

BanD Together Routemaster provides individuals and practitioners with a single tool that takes account of multiple or complex needs to identify appropriate local services across all sectors. It asks residents a series of questions and gives them personalised relevant advice and details of organisations which can provide support. This signposts them into early intervention services and provides a diagnostic tool for complex cases in a cost effective way, reducing the demand on stretched frontline advice services.

It is available at: [www.BanDTogether.co.uk](http://www.BanDTogether.co.uk).

## **Care and Support Hub**

For people to make informed choices they need good quality information and advice about services, support and opportunities available to borough residents. The Council's [Care and Support Hub](#)<sup>7</sup> provides an accessible, interactive and engaging way to find out about care and support. This is an essential resource for residents and anyone looking to or already providing services locally.

The Hub includes a directory of services to help people choose what to spend their budget on, with links to the latest Care Quality Commission (CQC) inspections. The directory is an opportunity for service providers to promote their offer. Providers can be included by clicking on the '*Register here*' section on the Hub's home page.

To help people choose the right person to support them, the Hub also has a [Personal Assistant Finder](#)<sup>8</sup>. This allows those seeking to employ someone to view the Council's register of accredited personal assistants, look at their profiles and find someone who matches their requirements and personal preferences.

There will always be a number of residents wanting to purchase services directly from providers who will choose not look to the Council for information and advice. Therefore some providers will market their services directly without going through the Council.

## **Face to face information and advice**

Face to face advice for all residents is provided by Barking and Dagenham Citizen's Advice Bureau and DABD through a commissioned contract with the Council. The service provides open access to residents 6 days a week from various locations, including children's centres, across the borough.

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<sup>7</sup> <http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/home.page>

<sup>8</sup> [http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/pa\\_home.page](http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/pa_home.page)

If residents have a disability, additional focused advice is provided by DABD.

In addition Barking and Dagenham CAB, with external funding, coordinates an Advice Plus network which seeks to support the development of the quality and provision of advice in the borough.

## Future Approach

### Growing a digital borough

As can be seen in the section above the Council is committed to delivering more public services online and making online options easier and more accessible for everyone to use, while recognising the need for reasonable adjustments under the Equality Act 2010. This is because, to be sustainable in the long term, digital self-service options must be the first point of call for residents accessing public services. The Council's *Digital by Design* programme will develop means to switch users from face-to-face contact and encourage uptake of online services. This approach is integral to delivering information and advice.

Providers need to consider online solutions and adapt their service delivery to meet the need and expectation of the rapid digital change. We need to deliver services that are modern, inexpensive and efficient, and in a way that is inclusive of all our residents.

In Barking and Dagenham, the recent Freedom Pass renewal programme showed that around 62% of our over 65s renewed online. Earlier this year, 82% of the one million people who registered to vote used the online service, around one third of them via a smartphone or tablet.

### Opportunities

There are a range of ways providers can support the provision of information and advice in Barking and Dagenham. The Council will seek to ensure that residents have access to appropriate, timely and accurate information and advice. This will require coordination and cooperation across the Council and its partners, including providers. Some potential opportunities for providers would be:

- Services that are funded externally through independent funders that help to build “resourceful communities” and encourage access to information and advice to enable social responsibility
- Opportunities that will help to residents to access the “right” information and advice
- Information and Advice to specific communities, e.g. Carers, people with behavior that challenges etc.

## Providers we would like to see in the market

- Every social Care provider will need to who understand how their services provide signposting, information and advice to people using their services so that they are effectively informed and therefore empowered to make appropriate decisions with regard to their health and wellbeing.
- Providers who understand the impact of data and can use the data their services generate to help them and us to attract additional funding.
- We would like to see providers who recognise the importance of information and advice in accessing wider services and opportunities for the people they are working with.
- Providers who consider online solutions and adapt their service delivery to meet the need and expectation of the rapid digital change.
- Providers who effectively maintain their information on the Care and Support Hub and other digital platforms in order to facilitate access to up to date information for residents.

# 4 Carers

## What we want for our residents

We want to create a community where carers feel recognised, supported and valued in their caring role. We want to support carers to stay active and healthy so that they can continue to support the people they care for as well as accessing support for themselves. The Care Act recognises the important work done by carers and makes provision for them to have an assessment of their own support needs.

Carers are an integral part of the social care economy, providing an estimated equivalent of £352.5 million of paid care in the borough per year<sup>9</sup>. Carers come from all walks of life and we know that some do not even identify themselves as carers. We know that carers want to be part of the decisions made about the people they care for. We also know that some carers continue to work and others would like to return to employment or education.

The Care Act 2014 introduced significant and welcome measures to improve the rights of adult carers. These measures include:

- A duty on local authorities to promote the physical, mental and emotional wellbeing of carers and their participation in work, education and training;
- Clearer information, advice and access to a range of preventative services which reduce carers' need for direct support;
- New assessments which put carers on an equal footing with the person they care for;
- A national eligibility threshold, bringing greater clarity around entitlement for carers and those they care for;
- Giving eligible carers, for the first time, a clear right to receive services, via a direct payment if they choose;
- Processes in place to ease the transition between child and adult services.

In the Business of Care, Barking and Dagenham's Market Position Statement 2014 to 2016, Carers were identified throughout the document. This addendum and future market position statements will have a specific section on carers in line with the Care Act 2014.

## Looking back

Around 16,200 people in Barking and Dagenham identify themselves as carers (Census 2011). Carers of Barking and Dagenham works with 2,600 registered local carers. This suggests there are a large number of carers not receiving services. Nationally it is estimated that 1 in 9 people in the workforce are caring for someone

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<sup>9</sup> Valuing Carers (Carers UK and University of Leeds, 2011) – calculation is based on a methodology that uses an official estimate of cost per hour of providing home care to an adult

who is ill frail or has a disability. It is important to maintain the health and wellbeing of carers and support them to access or maintain employment opportunities.

In 2014/15 there were 551 carers' assessments or reviews carried out by the Council's social care teams and third sector partners.

Carers provide a significant number of hours of support for service users in the borough with older carers providing more hours of care as shown in the Figure 2.

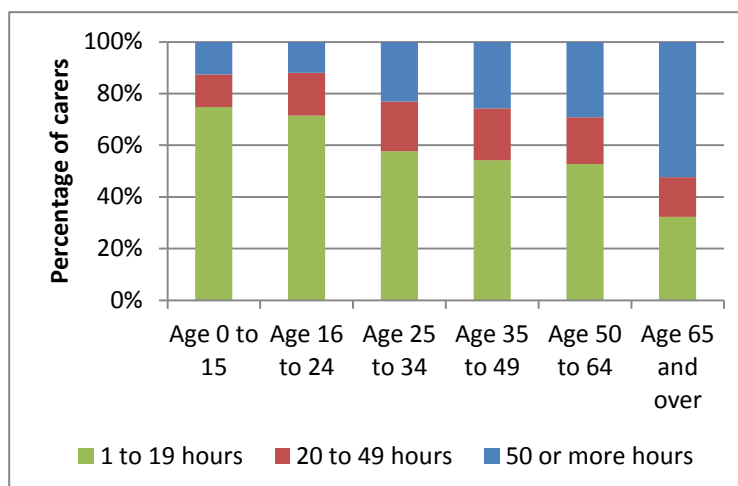


Figure 2: Number of caring hours by age group

[Carers of Barking and Dagenham](#)<sup>10</sup> provide support to carers in the borough. In 2014/15, 1262 carers accessed support; overall 19% of whom were men and 81% were women. This data shows that men are under-represented when it comes to accessing the support service, although there is some evidence to indicate that women register and male partners access support via their partners.

The number of carers from Black, Asian and Minority Ethnic (BAME) communities is significant at 34% (2014/15). This needs to be reflected in the support services provided.

### Carers in Barking and Dagenham

Following the commissioning of local research and investigation by Carers UK in 2014 the Council, Clinical Commissioning Group and Carers of Barking and Dagenham have worked in partnership to develop the [Let's Care for Carers: A Carers' Strategy for Barking and Dagenham 2015-18](#)<sup>11</sup> to be:

*A carer-conscious community, working to create innovative and sustainable support for carers, where carers are viewed as 'everybody's business' and feel valued.*

It has seven priority areas:

1. Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of the person they care for
2. Carers are provided with personalised, integrated support that is tailored to their assessed needs
3. Carers are consulted in the care provided to their loved ones, treated with respect and dignity with recognition of their skills and knowledge

<sup>10</sup> <http://www.carers.org/local-service/barking>

<sup>11</sup> [https://search3.openobjects.com/mediamanager/barking/asch/files/carers\\_strategy\\_v4.pdf](https://search3.openobjects.com/mediamanager/barking/asch/files/carers_strategy_v4.pdf)



4. Carers are supported to maintain good physical and mental wellbeing
5. Carers are supported to improve individual social and economic wellbeing, reduce social isolation and fulfill their potential in life
6. Carers are supported to cope with changes and emergencies and plan for the future
7. Carers are supported when their caring role is coming to an end and to have a life after caring

With the implementation of the Care Act 2014 it was anticipated that the number of carers assessments carried out by social workers would increase. This has not yet been the case. In 2014-15, 282 carers assessments were completed. In the first six months of 2015-16, 62 carers' assessments have been completed.

### Looking forward

Through the mechanism of the Better Care Fund, the Council and CCG are implementing a range of services in line with the Carers strategy. The first of these, in line with our information and advice duty under the Care Act 2014, is the tendering for a Carers Hub.

The Hub for Carers will provide a single point for information advice, signposting, screening and referral for assessment. The Hub also supports the effective coordination of the offer across universal services and specialist services. The commission for the Hub for Carers will be awarded in February 2016, to be in operation for April 2016.

Following on from the establishment of the Carers Hub there will be a number of initiatives that will provide opportunities for innovation and development in the provision of services with and for carers.

### Future

In the future we expect the number of carers to increase as young carers transition to adulthood. There is a projected growth in the overall population of Barking and Dagenham of 22.7%, suggesting there will be an even greater number of unpaid carers in the borough.

### Opportunities

There are a range of ways providers can support the provision of carer's services in Barking and Dagenham. The Council will seek to ensure that carers are enabled to support themselves and through a range of mechanisms and receive services that are tailored to their personal circumstances. This will require coordination and cooperation across the Council and its partners, including providers. Some potential opportunities for providers would be:

- Services that are funded externally through independent funders that help to build "resourceful communities" and encourage access to information and advice to enable social responsibility
- Opportunities that will help to develop self sustaining carers peer support

- networks across specific communities, e.g. men, specific ethnic groups etc
- The development of volunteer based services to support carers such as befriending schemes or respite services.
  - Innovative ways of supporting young carers reaching adulthood.

### **Providers we would like to see in the market**

- Every social care provider proactively considering the needs of carers and referring to appropriate services such as the Carers Hub. In addition providers should be able to respond in a crisis and alert the Council when necessary.
- Providers who understand the impact of data and can use the data their services generate to help them and us to attract additional funding.
- We would like to see providers who recognise the importance of information and advice for carers in accessing wider services and opportunities for the people they are working with.
- Providers who consider online solutions and opportunities, such as carers chat rooms, and adapt their service delivery to meet the need and expectation of the rapid digital change.
- Providers who support carers to maximise their opportunities in a personalized way.

# 5 Advocacy

## What we want for our residents

We want people who need support to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need to have access to the right advocate where necessary.

The aim of advocates is to ensure people from vulnerable groups are empowered to speak up and be heard so that they are included and afforded the equality of opportunity (as others) and that their human rights are protected.

## Advocacy in Barking and Dagenham

The Council has statutory advocacy duties can be summarised as the following:

### Mental Health Advocacy

The Mental Capacity Act 2005 (MCA) and the Mental Health Act 2007 (MHA) introduced statutory obligations in England and Wales to provide advocacy services in certain circumstances. These can be summarised as:

**Independent Mental Health Advocacy (IMHA)** - IMHAs are specialist advocates who are trained to work within the framework of the Mental Health Act to provide an additional safeguard for patients who are subject to the Act (who have been detained). IMHA support also includes providing information and exploring options for individuals. IMHA work will take place in the community or in hospital. IMHAs are available for anyone over the age of 18.

**Independent Mental Capacity Advocacy (IMCA)** - IMCAs provide specialist independent advocacy to people (aged over 16) covered by the Mental Capacity Act 2005 who have no one able to support or represent them, and who lack the capacity to make a decision **and/or have problems communicating, possibly because of dementia, a brain injury, a learning disability or mental health needs.**

**Deprivation of Liberty Safeguards (DoLS)** - DoLS is one element of a wider IMCA Service and is intended to protect individuals who have been deprived of their liberty to serve their best interest. The Council may request advocacy support on receipt of a DoLS application. The purpose of a DoLS is to ensure that a person's liberty is only restricted correctly and safely. The Law Commission are currently consulting on proposals to revise the DoLS regime, and proposals in this paper would be adaptable to their recommendations as they currently stand.

### Individual Advocacy under the Care Act 2014

Local authorities must now involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing

up their options, and assist them in making their own decisions. An independent advocate can help someone to do this.

Individual advocacy must be considered from the very first point of contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry or safeguarding adult review.

The criteria for the provision of independent advocacy is set out in the Care Act. It is required if the individual has substantial difficulty in:

- Understanding relevant information
- Retaining information
- Using or weighing the information as part of engaging
- Communicating their views, wishes and feelings.

### **Independent NHS Complaints Advocacy**

Independent NHS Complaints Advocacy supports patients, service users, residents, their family, carer or representative with a complaint or grievance related to any aspect of healthcare as described in the Health and Social Care Act 2012. This includes that which falls under the remit of the Health Service Ombudsman, such as complaints about poor treatment or service provided through health services in England

### **Looking back – existing advocacy support**

In 2014/15 advocates were used to support the following people under the following categories

IMHA	73
IMCA	98
DoLs	47
NCAS	43
Specialist and Care Act	51 (Q1, 2015/16) 200-250 forecast 2015/16
Care Act	30) (Q1, 2015/16) 120-160 forecast 2015/16
Total	(461-511)

The provision of the advocacy (until March 2016) is being supported by the following:

- Specialist Advocacy Framework providing Independent Care Act Advocacy (ICA) and ‘specialist’, non-statutory advocacy

A framework of providers including [Royal Mencap](#)<sup>12</sup>, [DABD](#)<sup>13</sup> (Disablement Association of Barking and Dagenham) and [VoiceAbility](#)<sup>14</sup> provide short term, professional (paid), issue based advocacy for people with a social care need who are in crisis This includes people with learning disabilities, mental health,

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<sup>12</sup> <https://www.mencap.org.uk/our-services/personal-support-services/advocacy>

<sup>13</sup> <http://www.dabd.org.uk/our-services/advocacy>

<sup>14</sup> [http://www.Voiceability.org/in\\_your\\_area/london/barking\\_dagenham\\_and\\_havering](http://www.Voiceability.org/in_your_area/london/barking_dagenham_and_havering)

dementia, autism and older people. The framework aims to ensure that people have more choice and control over the advocacy support they receive and that the provider is specialist in their area of need. The borough's user led organisation, the [Independent Living Agency](#) (ILA), helps people choose who they want to use for advocacy. Each organisation has its own specialist knowledge and service offer.

- Mental Health Advocacy

This service provides statutory advocacy with regard to IMCA, IMHA and DoLS and is provided by VoiceAbility.

- NHS Complaints Advocacy Service (NCAS)

This service is to support people around Independent NHS Complaints Advocacy and provided, as part of a Pan-London contract with 26 boroughs by VoiceAbility.

The majority of service users who access these advocacy services are people with learning disabilities, older people with dementia, people who have acquired a brain injury or people with mental health problems, as well as people with a temporarily reduced mental capacity due to alcohol or drug abuse, illness or trauma.

### Looking forward

With the implementation of the Care Act 2014 it is anticipated that there will be a progressive increase in demand over the next few years. It is also anticipated that the demand for The IMCA/IMHA/DoLS services will remain at current levels moving forward. The anticipation is that there will be more than 400 referrals across the two statutory acts in 2016/17.

Rather than having two contracts for mental health and specialist advocacy going forward the Health and Wellbeing Board agreed in October 2015 to tender for one coordinated service. One advocacy service will lead to a more outcome-focused service, enabling one advocate to support an individual throughout their care and support journey, whether this is subject to the Care Act, Mental Capacity Act or Mental Health Act without any reduction in specialisms.

A single advocacy service (proposed to be called the 'Advocacy Centre') is being tendered for April 2016. The intention is that this will be a web based service that will receive all referrals for advocacy, provide a seamless advocacy service for the borough with one advocate supporting the needs of an individual and ensure that appropriately trained advocates are available. One particular focus of the provision will be signpost to other services in the Borough and encourage informal and self-advocacy.

This service will not be commissioned for non statutory advocacy but will be expected to service to efficiently signpost to other services in the Borough. The provider would also respond to self referrals by encouraging informal and self advocacy and supporting elements around prevention and capacity building to

build, shape and develop the local advocacy market in the Borough. The successful Provider will:

- **Develop and support ‘appropriate persons’** (family member, interpreter, friend, carer etc) to provide advocacy support through support and training.
- **Work with local organisations**, such as our colleges and Care City, to establish advocacy training centres in the Borough and ensure, where possible, that advocates are recruited from Barking and Dagenham and the local area.

## Opportunities

There are a range of ways providers can support the provision of advocacy services in Barking and Dagenham. The new advocacy provider from April 2016 will be seeking to support the development of the market. Some potential opportunities for providers would be:

- Services that are funded externally through independent funders that help to build “resourceful communities” and encourage access to information and advice to enable social responsibility
- Opportunities that will help to develop appropriate adults (family member, interpreter, friend, carer etc) to provide advocacy support
- The development of locally trained advocates to increase the professional workforce.

## Providers we would like to see in the market

- Every social care provider proactively considering the needs for advocacy at the initial point of contact and referring to appropriate services such as the Advocacy Centre. In addition providers should be able to respond in a crisis
- Providers with specific specialisms where the core contract may not be able to meet the need.
- Providers with trained advocates who can be called on in cases of urgent need,
- Those with IMCA, IMHA and Care Act qualifications able to operate in different settings offering a seamless service for the individual depending on their point in the pathway
- Those who can build capacity self-promote and market their services to individuals and referrers alike.

# 6 Personal Assistants

## What we want for our residents

We want people to be active citizens; able to live a meaningful life and make positive contributions to the community they are part of. The availability of a pool of appropriately trained personal assistants is key to enabling residents be active citizens.

Personalised care enables people to meet their individual needs. It allows them to maintain independence and achieve personal outcomes. Personal budgets are an important means of delivering this, and direct payments enable individuals to employ their own PAs if they choose to. The expectation is that more people will be using PAs as the number of direct payments increases.

Barking and Dagenham have been proactively developing the PA market as part of a policy decision to facilitate choice and control for people with adult social care budgets. We have been successful in encouraging the take up of the personal assistant model particularly with older people

The Care Act requires councils to make sure that people who use their direct payments to employ PAs meet their legal responsibilities and act as good employers. Councils face a challenge to provide timely access to the right information, advice and support for this to happen. The expectation is that the local authority will provide:

- Clear advice for direct payment recipients on becoming an employer
- Specialist support and advice to enable direct payment users to meet all of the responsibilities associated with employing people including tax, national insurance obligations, health and safety, and pension obligations
- Information on how to access disclosure and barring service checks where possible
- Signposting to other sources of advice and resources including Skills for Care Workforce Development Fund and local direct payment support services

A Personal Assistant (PA) supports people with their everyday life. This can include:

- help with shopping and household tasks
- personal care such as bathing and getting dressed
- supporting people to access community resources such as libraries, community activities and leisure facilities
- helping people to work and maintain their independence

Whatever service is required, the PA enables their service user to maintain choice and control.

## Personal Assistants in Barking and Dagenham

### Looking back

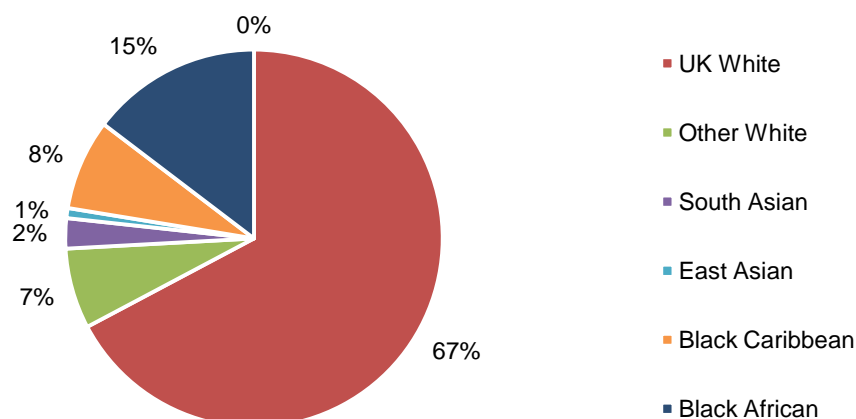
The Council has been proactively developing the PA market locally since December 2012 to provide people who have a personal budget with the option of a personal assistant.

2014/15 was a year in which the number of personal assistants (PAs) in Barking and Dagenham grew substantially. Over 2014/15 the council has worked to build up the PA market in the Borough and we now have over 150 PAs on our PA register as of December 2015.

The Council has a list of accredited Personal Assistants (PAs) on its [Personal Assistant Register](#)<sup>15</sup>, located within the Care and Support Hub. All PAs accredited by the London Borough of Barking and Dagenham must go through a number of checks, including a Disclosure and Barring Service (DBS) check. PAs must also sign up to a Code of Conduct to ensure that they meet the required standard of care including promotion of rights and independence, confidentiality, safeguarding and risk.

Figure 3 below provides the ethnic breakdown of Pas on the Council's register in June 2015.

#### Accredited PAs: Ethnic profile



PAs provide differing levels and types of care depending on the needs of the service user. The current gender breakdown of PAs on the register shows that the vast majority of PAs are women, with seven men in total.

Not all PAs are on this register. This may be for a number of reasons, for example, they may have chosen not to be on the register, or they may not be seeking additional employment, or they may not meet the required accreditation criteria. However, they still provide services to residents of the borough.

<sup>15</sup> [http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/pa\\_home.page](http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/pa_home.page)



## Looking Forward

Skills for Care's report, [Supporting individual employers and their personal assistant](#)<sup>16</sup> report (March 2015), draws on the findings of the POET survey 2014 and the ADASS personalisation survey report 2014. It acknowledges that progress has been made in supporting PAs and their employers. It identifies a number of gaps in provision including:

- availability of effective PA registers
- access to general advice and guidance
- learning and development opportunities for PAs and their employers
- local quality assurance for PAs
- sustainable peer support

In Barking and Dagenham we are seeking to continue to develop the PA market as viable options for people with a social care budget. It is also anticipated that demand will continue to increase due to the social care information we have:

- There are a large number of people under 65 living with long term conditions needing care and support
- In the next 20 years the number of older people 85+ is likely to grow increasing the need to enable this group to plan for their care and support
- There are a high proportion of young people with learning disabilities whose transition needs must be planned for

## Personal Assistants we would like to see in the market

From the information we have above there are some specific gaps in the PA market locally that we would like to see addressed:

- Those who are reflective of the local community, for example, from Black, Asian and Minority Ethnic (BAME) communities
- More male PAs
- Younger PAs
- Those with specialist experience of working with specific client groups.

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<sup>16</sup> <http://www.skillsforcare.org.uk/Document-library/Employing-your-own-care-and-support/Report-Supporting-individual-employers-and-their-PAs.pdf>

# Part 2: Developing social care for the different client groups update

## 7 Older People Addendum

**This should be read in conjunction with the older people's section of the Business of Care in Barking and Dagenham pages 15-19**

### Older People

The demand for adult social care services continues to increase, even though the numbers of older people, who are the largest client group, are reducing. Increasingly services users are choosing self-directed support, through the provision of direct payments for their care, supported by a Personal Assistant.

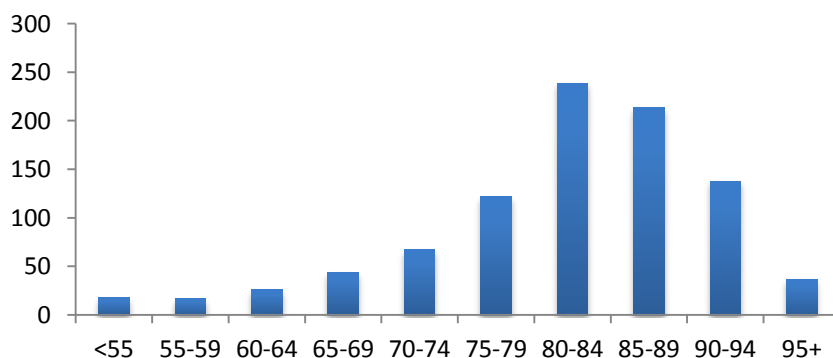
Older people continue to be the largest adult social care client group within Barking and Dagenham. Throughout 2013/14 56%<sup>17</sup> of all adult social care expenditure was spent on services for older people. This is slightly above the England average of 51%.

### Dementia

According to the NHS Dementia Calculator the number of people estimated to be living in the borough with dementia has risen to 1,324, 184 of which are living in a residential care setting. Barking and Dagenham currently has a dementia diagnosis rate of 63.93%, compared to the London average of 65.79%. Despite falling slightly short of the London rate this is still a massive increase compared to the 2010/11 financial year when the borough's rate was 37.55%.

Figure 4 below shows that dementia continues to affect more people in the age groups between 75 and 94.<sup>18</sup>

**Figure 4:** Age breakdown of clients with diagnosis of dementia



<sup>17</sup> HSCIC expenditure report 2013/14

<sup>18</sup> The NHS Dementia Calculator

The number of people living with dementia is on an increasing trajectory both nationally and locally, the number of people with dementia in Barking and Dagenham is predicted to increase to 1,842<sup>19</sup> by the year 2030.

### Residential Care

We are continuing to help older people to remain independent in their own homes for as long possible. As a result of this throughout 2014/15 when comparing the number of older people entering a care home with the number of people leaving the net figure was a reduction of 9 places over the year. The Council's average monthly spend on care home placements for an older person is approximately £435,825. The average length of stay in a care home has also reduced in recent years. In 2011-12 the average length of stay was reported to be 2.67 years. A recent piece of work undertaken shows that this average has fallen to approximately 1.5 years. This reduction is also linked to the fact that people are remaining in their own home for longer than any time before, resulting in the average age of admission into a care home is increasing.

We are currently working closely with residential and nursing homes in the borough to establish the true cost of providing these services. The results of this piece of work will form the basis of the prices paid for this type of care moving forwards.

### Care and support in the home

We are currently undertaking a tender exercise to establish a list of providers for both our Homecare and Crisis Intervention services.

Over 90 organisations expressed an interest in the tender, with 41 submitting an application. As a result of the tender between 10 to 15 providers will be selected and contracted to provide these services. The sheer numbers of applicants is a clear indication that the provision of Homecare and Crisis Intervention service available in the borough outweighs the current need the Council has.

Over the last year the average weekly hours delivered by homecare agencies continued to decrease to just under 4,350. In correlation the number of older people using a direct payment has increased over the same period.

### Joint Assessment and Discharge Service

In June 2014, Barking and Dagenham in partnership with Redbridge and Havering launched a Joint Assessment and Discharge team. In the six months following the team's implementation there was a 35% reduction in Delayed Transfers of Care (attributable to social care) reported. The team have also helped to reduce the time between a patient (requiring social care support) being ready for discharge and their actual discharge.

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<sup>19</sup> The Projecting Older People Population Information System (POPPI).

# 8 Learning Disability Addendum

**This should be read in conjunction with the Learning disability section of the Business of Care in Barking and Dagenham pages 20-23**

Learning disability services in Barking & Dagenham remains one of the highest area of Adult Social care spend. It is also a service that supports many of the boroughs most vulnerable and complex need of care and support. The borough is focused on ensuring learning disabilities services are safe, offer good outcomes and offer value for money.

There have been a number of developments over the past year:

## Working with our partners

We are working with Barking and Dagenham Clinical Commissioning Group ensuring people with a learning disability receive an integrated health and social care provision. The effects of this are single or joint assessment, quicker decisions on joint packages and a focus on outcomes that enhance the wellbeing of the individual.

## Personalisation

Personalisation has often being a challenge to implement within learning disability services. However the authority remains committed to ensuring services reflect person centred approaches and outcomes.

## Supported Living

The supported living services underwent a competitive tender exercise and awarded 3 contracts to provide accommodation based supported living services. The contracts were awarded with intent to transform the service from a traditional authority commissioned single provider; to a model that offers a combination of a provider offering the core essential shared services with each service users designing their own network of personalised providers to meet their needs.

Assessments are taking place and service users are being supported to develop their support plans.

## Day Opportunities

Day resources are for many service users and families' part of the support package. Service users with appropriate educational, social, vocational or a respite services ensures that people remain at home within the family unit. The borough has provided the traditional model of day service at the Maples Day centre for a number of years. The Health and Wellbeing Board agreed the de-commissioning of the Maples Day resource, and the centre closed in October 2015. Whilst this has been challenging it is the much needed catalyst to support the review of re-modeling of some of the other day provision that is currently commissioned.

A project group has been tasked with the re-modeling of day services and the

following steps were taken for all service users accessing Maples or the Osborne Trust:

- A re-assessment which is compliant with the new Care Act eligibility criteria
- All services users that are eligible have receive an Individual Budget and supported to develop a personalised support plan to access day provision
- Two workshops were held with service users and carers to introduce a range of options for people, from leisure and sports activities to volunteering and routes into employment where appropriate.

The re-modeling and transformation of services has created an opportunity for new providers to develop and offers services. Community Catalysts; a Social Enterprise and Community Interest company provides imaginative solutions to help micro organisations to assist them develop services that are required. The Micro-enterprise Coordinator also acted as the liaison between the local authority and service users to ensure the provision being offered is integrated into the council's care and support hub and general awareness of the micro providers are publicised.

# 9 Autism Addendum

**This should be read in conjunction with the autism section of the Business of Care in Barking and Dagenham pages 24-25**

People with autism can have a wide variety of support needs and any one individual with autism can have areas where they function well and other areas where they may need support. The term 'autistic spectrum' is used to reflect this variation.

The Council carried out a self assessment of how it delivers autism services and follows the Government's Autism Strategy 'Fulfilling and Rewarding Lives', which aspires to: 'ensure that adults with autism are able to lead fulfilling and rewarding lives within a society that accepts and understands them. A three year strategy was published in December 2014 with nine agreed priorities. These were:

- Priority One: Access to relevant information and support through diagnosis and knowing what support is available.
- Priority Two: Delivering good quality care and support.
- Priority Three: Supporting housing needs.
- Priority Four: Access to employment, training and skills (including volunteering and work placements).
- Priority Five: Access to meaningful activities, during the day, in the evenings and at weekends.
- Priority Six: Transition planning.
- Priority Seven: Involvement in service planning.
- Priority Eight: Safeguarding people with autistic spectrum disorders and their families.
- Priority Nine: Making all of our services accessible (including ensuring staff are trained)

The authority will be developing autism services that meet the priorities. Therefore there are opportunities for providers who would be interested in developing services in these areas.

The key to ensuring people with autism receive the appropriate support and service is Priority 1 having a diagnosis and ensuring the appropriate pathway is offered. The authority has commissioned the diagnostic pathway for autism from North East London Foundation Trust (NELFT). This will ensure people with on the autistic spectrum get a diagnosis and access support if they need it.

The authority is working towards bridging the gaps between learning disability and mental health services to ensure adults with autism receive the appropriate service.

Historically Autism has been included within the grouping of learning disability services. The government's strategy on Autism gives a clear message that services can no longer assume the needs of people with Autism are met under overarching services. The Council is developing its Independent Living Strategy; this will detail how the council will meet the housing and support needs of adults with Autism.

# 10 Supporting Challenging needs Addendum

**This should be read in conjunction with the behavior that challenges section of the Business of Care in Barking and Dagenham pages 26-27**

In responding to preventing or minimising admissions for people the local authority is implementing the strategic commitments made to the Health & Wellbeing Board in March 2014 on “*Addressing Behaviour that Challenges services*”, the Borough’s Challenging Behaviour Plan. The key actions relating to this plan are:

- Developing local services that have the expertise to support behaviour that challenges.
- Developing services that offer service users and carers a respite during short term crisis.
- Working regionally to develop provisions that are feasible and sustainable across the neighbouring borough boundaries.
- Sharing good practice across the region and nationally.

The following actions have been achieved in the first phase of the Challenging Behaviour Plan:

- Improved integration with health and social care. Many service users that display behaviour that challenges often have a combination of health and social care support needs, joint assessments and joint funding solutions have been a successful outcome to meeting the needs of the service user.
- Raising awareness understanding, and knowledge of good practice in supporting service users that have challenging needs. This has been through encouraging Providers through the Providers forum to implement Positive Behaviour support as a core training element of their induction programme for staff.
- Supporting Providers to implement the Safeguarding reporting and Deprivation of Liberty Safeguard (DoLS) in a transparent, non risk aversive approach that leads to service improvements.
- Reshaping the Community Learning Disability team to include specialists in behaviour that challenges and ensure these specialists offer training and crisis intervention.
- Utilising the Fulfilling Lives programme to work with existing providers/specify in the supported living tender the need to move people who have attended day services for a long time and who wish to move on to find mainstream opportunities.

**Next Steps – Challenging Behaviour Plan**

The next phase of the Challenging Behaviour Plan will take place over the next 5 years. The programme of work will require a long term commitment from all partners in order to see a sustainable change in how service users that have behaviour that challenge are supported by the borough.

An ongoing challenge is the **availability of housing** which can be tailored to ensure that services for individuals with challenging behaviour can be delivered. This will include developing links with landlords and the Housing department. This will be incorporated into the Independent Living Strategy that is being developed.

It has been identified there is a need to develop a **service specification** that meets the need of service users that display challenging behaviour. It is recognised that there is a lack of providers with the expertise to develop bespoke packages and sustain support to people with challenging and complex needs. We will be working with colleagues across North East London to develop a framework of “expert Providers” that would be accessible to the authority.

Additionally, it has been highlighted that the challenge for CCGs will be developing a selection criteria and service specification for providers that is robust enough to meet the needs of people with challenging and complex needs. The London Borough of Newham is leading this development. Barking and Dagenham have representation on the development of the framework through the Learning Disabilities Lead Networks Group. It is planned to have the framework in operation by April 2017.

Barking and Dagenham are also part of a working group that is led by the Tizard Centre within Kent University. The Tizard Centre is recognised as one of the world’s leading research and study centres for learning disability. The completion of the service specification will assist the council to commission good providers that are clear on the expectations of commissioned services designed for challenging behaviour services, and ensure providers have the skills and resources to achieve the outcomes.

Barking and Dagenham are **working closely with all the regional authorities overseen by NHS England**. This joined up approach has led to a number of positive outcomes:

- Sharing of information about good quality providers.
- Sharing of safeguarding concerns across the region and therefore minimising the risk of another Winterbourne View type of incident.
- Sharing the task of sourcing suitable providers, and therefore creating economies of scale and financially viable models that would not have been sustainable in isolation by a single borough.

The lack of good local services has led to many service users being offered a placement out of the borough; this happens in both children and adults services. Once the service users are settled in their new community it is often difficult to support service users to return to Barking and Dagenham, as occasionally they are now settled in their community and do not wish to return or at times there are legal



requirement restricting a return to the borough.

In order to minimise the number of out of borough placements that are agreed in the first instance the council will need to work with providers and landlords to develop service in our locality, and work more closely with Children services.

# 11 Mental Health Addendum

**This should be read in conjunction with the mental health section of the Business of Care in Barking and Dagenham pages 28-31**

## Mental Health Review

There are significant inequalities between mental health and physical health –often referred to as ‘parity of esteem’. These inequalities include preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems. The Royal College of Psychiatrists has proposed one of the simplest and most influential definitions of ‘parity of esteem’: “Valuing mental health equally with physical health”.

A number of government initiatives have been introduced in an attempt to reduce this deficit. The first one being No health without mental health, a cross government mental health outcomes strategy launched in 2011, is underpinned by the Government’s three main guiding principles of freedom, fairness and responsibility. Following on from this the government published Closing the Gap in February 2014. Closing the Gap challenges health and social care economies to go further and faster to transform the support and care available to people with mental health problems and is the concept of ‘parity of esteem’ between mental health and physical health services. Most recently the NHS released their [Five Year Forward Plan](#)<sup>20</sup> setting out how the health service needs to change in order to promote wellbeing and prevent ill-health. The plan includes the five year ambitions for mental health which states that over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. In addition to the above the Council’s Better Care Fund submission includes a stream covering mental health outside of hospital.

In light of the above the delivery model mental health social care is currently undergoing a full review. The Mental Health Sub Group of the Health and Wellbeing board has been leading on this process and three events were scheduled in the autumn of 2015. The themes of the three events were “My Life”, “My Home & Family” and “My Care”, and covered all aspects of mental health service delivery in the borough from stigma to packages of care. A final scoping meeting will take place in January 2016 where the process for developing a new Mental Health Strategy will be agreed. The new strategy will shape the future delivery of mental health services in the borough.

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<sup>20</sup> <https://www.england.nhs.uk/ourwork/futurenhs/nhs-five-year-forward-view-web-version/5yfv-exec-sum/>

# 12 Physical and sensory disabilities Addendum

This should be read in conjunction with the Physical and sensory disability section of the Business of Care in Barking and Dagenham pages 32

## Physical disabilities

### Spend and activity

In 2014/15 313 clients with physical disabilities aged 18-64 were in receipt of direct payments. For those aged 65 or above, 675 people were in receipt of a direct payment who had physical disabilities.

From November 2014 there were 5310 working age people claiming Disability Living Allowance (DLA) in the borough. Arthritis made up the largest proportion of claims at 13.6%. London Borough of Barking and Dagenham is one of only 4 Boroughs in London where more than 15% of the population live with a long-term, limiting health condition (others being: Newham, Hackney and Islington).

Figure 5 shows the number of people with a physical disability who were known to Adult Social Care in 2014/15. The graph is split into the following categories:

- Nursing care
- Residential care
- Community (those individuals, who receive support in the community via a direct payment, managed personal budget or commissioned service)

Primary Support Reason	Nursing	Residential	Community TOTAL
Physical disabilities (aged 18 - 64)	17	10	520
Physical disabilities (aged 65+)	198	250	1680

### Support at Home

Since 2012, adaptations for older and disabled people who live in owner-occupied and privately rented accommodation have been provided via two Council schemes - Disabled Facilities Grants (DFG) and the Adaptation Grant Scheme. The former is governed by the Department of Communities and Local Government (DCLG) guidance and is intended to provide disabled people with access to essential facilities within their homes and access to the exterior of their property. This is for both adults and children. The latter is a preventative, direct payment scheme based on a self assessment for over 18s.

For our Adaption Grant Scheme, approximately £300,000 was paid out for 90 adaptations such as stair lifts, bathing equipment and downstairs toilets.

The Borough does not pay for adaptations costing under £50 and residents are signposted to suppliers who can provide small adaptations of this nature.

People also use a personal budget to purchase other forms of support such as a personal assistant to help with certain tasks.

There is a great deal of pressure on both the DFG and the Adaptation Grant Scheme in Barking and Dagenham. Between 2012 and 2014 there was an increase of 150 referrals to the DFG which has resulted in a significant budget pressure and an additional £150,000 of funding from the Council to this service on top of money from the DCLG. The Borough is predicting a continued increase in pressure on these services due to demographic change and increases in long-term conditions. Please see the Borough's JSNA for a further analysis.

### **Day Opportunities**

The Adult Social Care Survey for 2014/15 pointed to two key areas of improvement for Barking and Dagenham:

40% of people with physical disabilities said that they found it easy or very easy to find information and advice about support, services or benefits. This is a low figure and down from last year when it was 48%.

37% of people with physical disabilities said that they felt that they have as much contact as they want with people they like. This is the same figure as last year.

The survey and further consultation has revealed that there are limited social activities available for people with a physical impairment in the borough.

Additionally, the survey points to the need for the Borough to improve its information and advice provision for people with physical disabilities. The Borough commissions Disabled Go, an online access guide for the Borough providing information on around 1,000 venues across Barking and Dagenham. We will work with Disabled Go to ensure that they are better integrated into our Care and Support Hub website.

### **Sensory disabilities**

#### **Who needs support?**

Figure 6 indicates that there are relatively few people receiving a social care service in the community for a sensory impairment (either a hearing, visual or dual impairment). The numbers increase slightly with age. A large proportion of people who experience sight and hearing loss are older, but this is often not the primary area of need recorded.

Primary Support Reason for those aged 18 to 64	Nursing	Residential	Community
			TOTAL
Sensory Support: Support for Visual Impairment	0	0	17
Sensory Support: Support for Hearing Impairment	0	0	2
Sensory Support: Support for Dual Impairment	0	1	0

Primary Support Reason for those aged 65 and over	Nursing	Residential	Community
			TOTAL
Sensory Support: Support for Visual Impairment	2	2	19
Sensory Support: Support for Hearing Impairment	1	0	6
Sensory Support: Support for Dual Impairment	0	1	4

## Services

A multi-agency Vision Strategy Group has been set up to provide strategic direction on how the Borough as a whole comes together to work on eye care and vision issues for our residents. The Council chairs the group, but it is also attended by local Optical Committee representatives, local voluntary sector organisations, our Community Learning Disability Team and carer representatives.

The Borough was also instrumental in setting up and supporting East London Vision (ELVis). ELVis is a user-led organisation designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need. It is an umbrella organisation with voluntary sector, user led representation in each of the east London Boroughs, including Barking and Dagenham. ELVis is an excellent resource for providers and providers can contact ELVis for support and advice in setting up services for vision impaired people. Details can be found at: <http://www.eastlondonvision.org.uk/>

## Future

The Council's Health and Adult Services Select Committee are also undertaking a scrutiny review of sight loss and the associated services available to support residents. The recommendations from the review will be published in autumn 2015. It is thought that the recommendations will focus on the importance of sight tests and the use of correct eye wear.

## Opportunities

More user-led organisations and models of peer support for people with physical and sensory impairments.

# 13 Drug and Alcohol Addendum

**This should be read in conjunction with the drugs and alcohol section of the Business of Care in Barking and Dagenham pages 36-39**

In line with the National Drug Strategy, Barking and Dagenham would like to see services and support who focus on preventing drug use in the community and supporting people to recover from drug and alcohol dependence.

Substance misuse can be a problem for anyone; no matter if they are old or young, have a disability or a mental health problem

For example use of alcohol amongst older people appears to be increasing and causing related health problems. We would like all service providers in Barking and Dagenham to be aware of emerging substance misuse issues and be adaptable to deal with changes in the drug and alcohol market. There are a few updates from publication in July 1014.

## The Prescribing Service

The prescribing service has been newly re-designed and re-commissioned.

The new services will work primarily with all adult residents of Barking & Dagenham who are affected by drugs, including prescription and over-the-counter medications.

The Prescribing Service will provide a range of drug treatment services and interventions which consist of specialist prescribing, rapid prescribing, G.P shared care. The Prescribing Service will also provide wound care and blood borne virus services along with advice, information and training to carers, partners, families and other professionals.

## The Recovery Management Service

The Recovery Management Service has been newly re-designed and re-commissioned.

The Recovery Management Service provides Open Access which includes the Criminal Justice Services, who will take on the care-coordination of an individual's recovery journey from point of entry to the service to treatment exit and will facilitate referrals to other services in Barking and Dagenham including the prescribing service and the structured day programme.

The service's offers a mix of evening and core office hours to service users to maximise uptake of the service, including those who are working or have childcare need. The delivery will take place at a variety of settings and satellites anywhere in the borough based on need.

The new model will provide robust recovery interventions throughout an individual's

treatment. An individual's recovery plan will also incorporate non substance misuse related interventions and support in order to build full recovery capital. This may include basic health screenings (including tuberculosis and dental), family liaison, housing, benefits and education, training and employment.

Enabling the individual to stop using drugs will reduce acquisitive crime in the borough connected with drug misuse, ensure that the health and wellbeing of local residents improves by enabling them to return to employment, training or education, securing stable accommodation and thereby reducing the wider harm to individuals and communities.