

**THE CABINET**

**Tuesday, 28 September 2010**

**Agenda Item 4.      Barking and Dagenham Safeguarding Adults Board  
Annual Report April 2009 - March 2010 (Pages 1 - 61)**

The Annual Report is attached

**Agenda Item 9.      "Helping You Live the Life You Want" - Older  
People's Strategy 2010 -2013 (Pages 63 - 117)**

The Strategy document and Improvement Action Plan  
(Appendices 1 and 2 to the report) are attached

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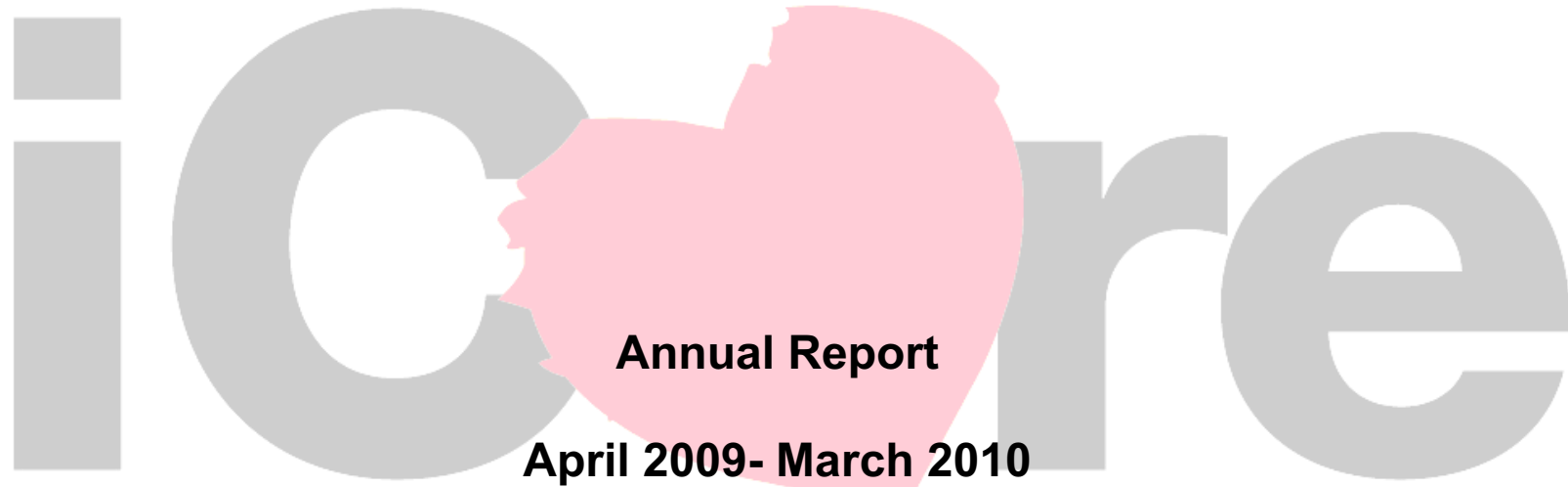
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## VERSION CONTROL/ HISTORY

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# Barking & Dagenham Partnership SAFEGUARDING ADULTS BOARD



**Annual Report**

**April 2009- March 2010**

# Jane's son has taken her food money. Who cares? iC<sup>ore</sup>.



Don't ignore a vulnerable neighbour in need of help at home.

Call us on **020 8724 8859** 9am to 5pm Monday to Friday.  
Out of hours **020 8594 8356**. In an emergency always dial **999**.

**Barking and Dagenham Partnership**

As the newly appointed Independent Chair of the Barking and Dagenham Safeguarding Adults Board it is a great honour to be asked to write the foreword to the Safeguarding Adults Board Annual Report 2009-2010.

The report offers us an opportunity to celebrate the achievements of the year, whilst providing us with a chance to reflect upon emerging issues and our journey ahead.

It is clear that the very many achievements set out in this report are the results of hard work, energy and commitment at all levels across a vibrant partnership. This is testament to all agencies in Barking and Dagenham recognising that Safeguarding Adults is both an organisational and partnership strategic priority. This type of prioritisation does not happen without a great deal of vision and support and so I would like to take this opportunity to extend thanks, on behalf of agencies, to Anne Bristow, the previous chair of the Safeguarding Adults Board.

I would also like to take this opportunity to thank those individuals who have worked so tirelessly on behalf of the Board to deliver such an impressive number of achievements in order to ensure that the London Borough of Barking and Dagenham is a safe place for vulnerable adults to live, study, work and visit.

**Natasha Bishopp**

**Independent Chair of**

**Barking and Dagenham Safeguarding Adults Board**

## Barking and Dagenham Safeguarding Adults Board Membership

In Barking and Dagenham, the Safeguarding Adults Board consists of the following agencies:

**Age Concern**

**Carers of Barking and Dagenham**

**Barking and Dagenham Local Authority**

**Barking and Dagenham Metropolitan Police**

**Barking and Dagenham NHS Trust**

**Barking, Havering and Redbridge University Hospitals Trust**

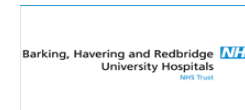
**HUBB**

**London Ambulance Service**

**North East London Foundation Trust- Community Health Services**

**North East London Foundation Trust- Mental Health Services**

**Mencap**



The Department of Health published guidance 'No Secrets' in 2000. This document clearly sets out an expectation upon local agencies around prevention, protection and detection of abuse of vulnerable adults. The guidance also recommended that Adult Social Services should take the lead for this partner-agency work.

While the duty to lead this response rests with Adult Social Services it is widely acknowledged that Safeguarding Adults is everyone's responsibility and we all have a duty to report suspected, alleged or confirmed incidents of abuse.

'Failure to take reasonable and appropriate steps to safeguard individuals from abuse or life threatening events is a breach of Articles 2 & 3 of the European Convention on Human Rights. It is important that adult Protection is triggered when someone is believed to be at risk of harm/abuse and not only at the point where there is demonstrable evidence of harm.'

[Flynn, 2007, 5.3]

This stance was further strengthened in January 2010 when the Minister of Care Services Phil Hope announced that Safeguarding Adults Boards were to be given a statutory footing.

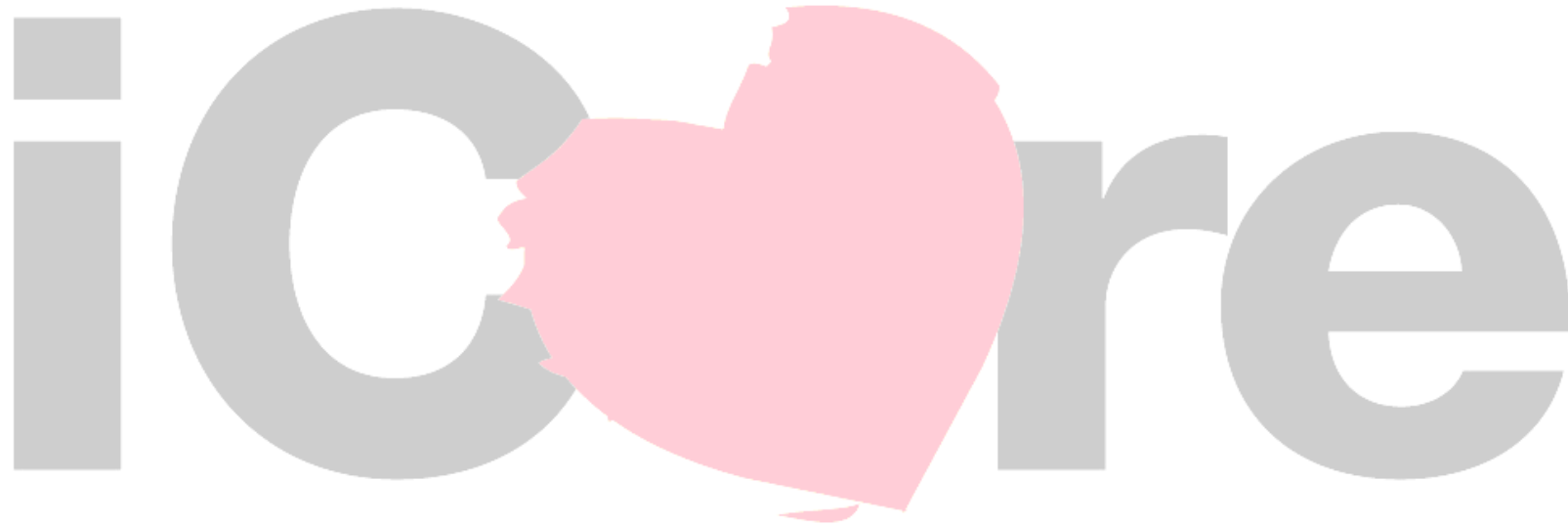
### **Local Policy and Procedure**

Barking and Dagenham's Safeguarding Adults Board responded to the 'No Secrets' guidance by developing its own Policy and Procedure. This has been a joint Policy and Procedure from its inception, with a commitment from partner agencies to contribute to the work of the Board and implementation of its Policy and Procedure. The Policy and Procedure is an information tool, which covers all aspects of Safeguarding Adults, from definitions of abuse through to how to investigate an allegation of abuse or neglect.

In the intervening years Barking and Dagenham Safeguarding Adults Board have integrated further guidance in relation to Safeguarding including Vetting and Barring, Mental Capacity Act and the subsequent Deprivation of Liberty Safeguards. In addition,



Barking and Dagenham are also contributing to the development of Pan London Safeguarding Adults Policy and Procedures which will be published in the coming months.



## Operational Structure of Safeguarding Adults Services

Barking and Dagenham Adult and Community Services have a dedicated **Safeguarding Adults Team**, which has twelve key functions:

- Central referral route for all Safeguarding Adult concerns in the borough;
- It co-ordinates the allocation of cases for investigation;
- It provides specialist operational advice and administrative support to practitioner's investigating allegations of abuse and neglect;
- It oversees quality of safeguarding locally, independently challenging organisations when necessary;
- It provides quality assurance of cases through tracking and performance monitoring;
- It delivers bespoke training to agencies;
- The team leads on the co-ordination of very complex investigations;
- The team provides a strategic function to support the Safeguarding Adults Board;
- To develop robust partnerships with key stakeholders;
- It develops policy and procedure for the borough;
- It co-ordinates the Deprivation of Liberty Safeguards Authorisations;
- It delivers the Protection of Property function in accordance with the National Assistance Act;
- It arranges funerals for individuals in line with the Public Health Act;

The team consists of a Group Manager, four Safeguarding Adults Officers, a Safeguarding Adults Support Officer, three Protection, Funeral and Conference Officers and a Safeguarding Adults Apprentice.

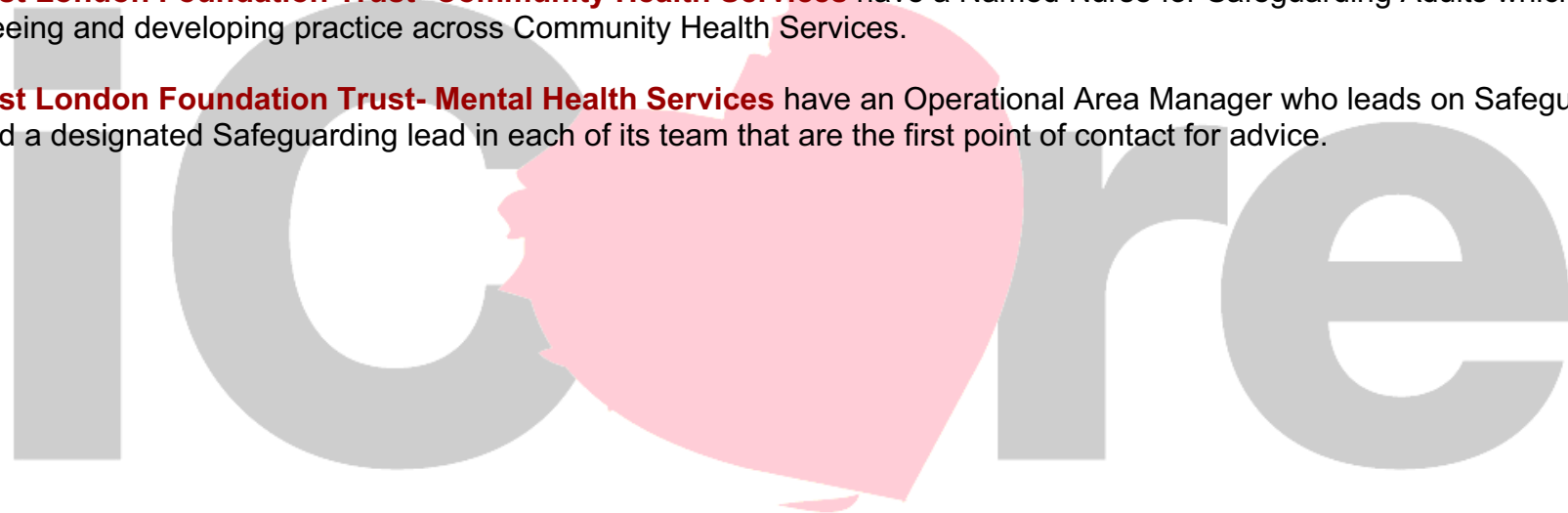
**Barking and Dagenham Metropolitan Police** have a dedicated Safeguarding Adults At Risk Co-ordinator attached to the Public Protection Desks. This Detective Constable who works to identify and advise officers and partners in relation to Safeguarding Adults cases. In addition, the Community Safety Unit leads on the majority of investigations into criminal offences against Vulnerable Adults. Where sexual offences are involved this is led by the Sexual Offence Team.

**Barking and Dagenham NHS Trust** have appointed a dedicated Strategic Lead for Safeguarding Adults which reports via the Safeguarding Team to the Director of Nursing. This post has been in place since Autumn 2009 and takes a lead in ensuring that Safeguarding Adults is consistently considered and delivered across the local Health economy.

**Barking, Havering and Redbridge University Hospitals Trust** currently have a Consultant Nurse for Safeguarding Adults and Children, but are in the process of recruiting a Safeguarding Team, which will include a dedicated leads for Safeguarding Adults.

**North East London Foundation Trust- Community Health Services** have a Named Nurse for Safeguarding Adults which leads on overseeing and developing practice across Community Health Services.

**North East London Foundation Trust- Mental Health Services** have an Operational Area Manager who leads on Safeguarding Adults and a designated Safeguarding lead in each of its team that are the first point of contact for advice.



## Strategic Structure of Safeguarding Adults Services

Barking and Dagenham Safeguarding Adults Board meets quarterly and its members are Directors/ Senior Manager representatives from public bodies with delegated responsibility for safeguarding adults and third sector organisation operating in the borough. The objectives of the Safeguarding Adults Board are to:

- To ensure that all agencies are implementing and comply with the Safeguarding Adults Board Strategy, Action Plan and Local Safeguarding Adults Policy and Procedure and;
- To coordinate work by each body represented on the Board for the purpose of safeguarding and promoting the welfare of vulnerable adults in the area of the authority and to ensure the effectiveness of that work

These objectives are pursued through the following functions:

- Developing policies and procedures for safeguarding vulnerable adults and promoting the welfare of vulnerable adults.
- Determining and maintaining clear processes and an understanding of these across Board members and local partners to ensure effective joint working and efficient use of resources.
- Ensuring that single and multi-agency training is provided on safeguarding and promoting welfare and that this meets the required standard and is appropriate to the needs of relevant staff.

The Safeguarding Adults Board is accountable to the Barking and Dagenham Partnership and presents an Annual Report to the Partnership via the Public Service Board. The Board also presents a six monthly report to both the Healthier Borough Board and the Safer Borough Board. The Board has the following Subgroups: Training and Education Sub-group; Performance & Monitoring Subgroup; Case Review Sub-group; Communication & Engagement Subgroup.

## The Safeguarding Adults Board Strategy and Action Plan

Following an independent review of Safeguarding Adults in 2008 the Safeguarding Adults Board agreed the following vision;

*“By 2011 we will have implemented the first phase of our improvement plan alongside reacting fittingly to any changes which may emerge following the review of No Secrets and the Draft Pan London Safeguarding Procedures. We will also have embedded the broader safeguarding duties across the partnership around the ‘Deprivation of Liberty’, ‘Vetting and Barring Scheme’ and the IMCA work. We will also be effectively influencing the personalisation agenda ensuring that risk is being identified and effectively managed. We will have strengthened the capacity of the SAB governing infrastructure through the development of new subgroups. We will be able to provide auditable evidence of the quality of interventions provided by agencies and be able to evidence successful outcomes through new performance management systems. We will have strengthened joint working across the partnership through the strengthening of partnership protocols and agreements. We will be engaging with professionals and the wider community to cultivate a greater consensus around the importance of a co-ordinated community response to safeguarding concerns and finally we will be systematically consulting with our service users to ensure that what we deliver is working”.*

In order to achieve this ambitious vision the Board identified the following five Strategic Objectives:

- Strategic Objective 1:** Ensuring Effective Leadership and Governance of all Safeguarding Adults processes and practice;
- Strategic Objective 2:** Prevention - Ensuring the coordinated prediction and prevention of possible abuse;
- Strategic Objective 3:** Responsive - Ensuring a coordinated and effective response to abuse that we identify;
- Strategic Objective 4:** Strengthening joint working and practice across agencies and the wider community
- Strategic objective 5:** Identifying emerging good practice to ensure continuous improvement

From these Strategic Objectives the Board developed seven priority areas for action which were as follows:

**Priority 1:** Review Safeguarding Adults Board Leadership, Reporting Structures and Functions

**Priority 2:** Develop a Safeguarding Adults Communication Strategy for Partnership and Public Information needs.

**Priority 3:** To deliver and implement systematic and robust performance management quality assurance arrangements

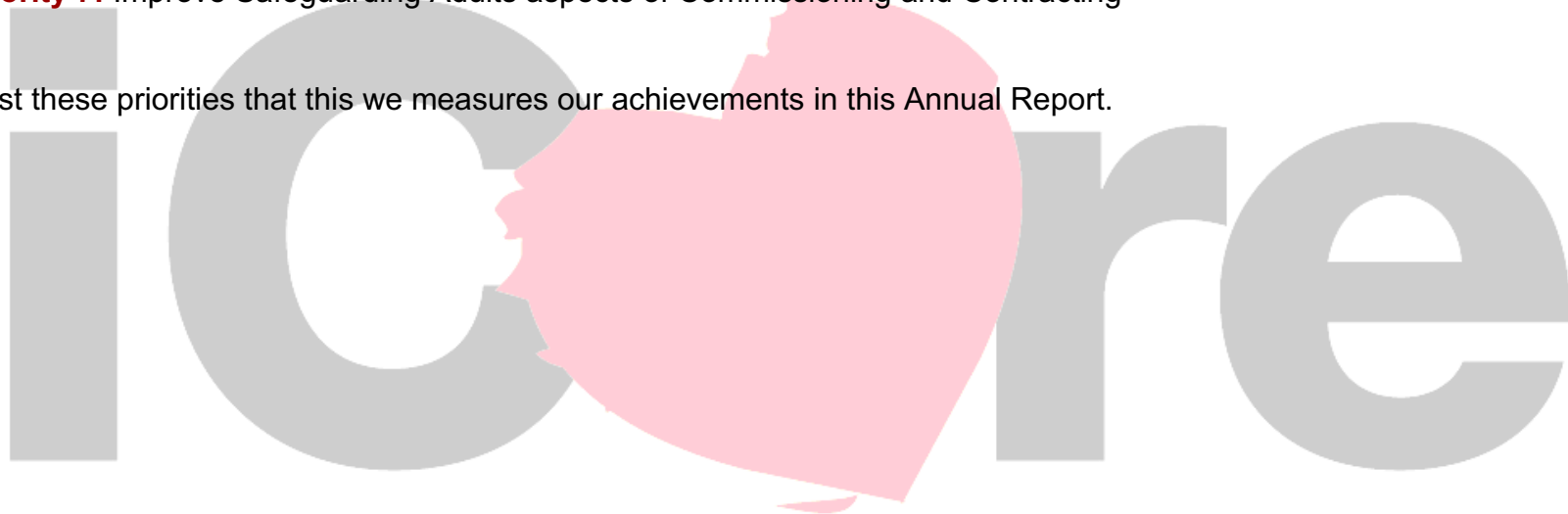
**Priority 4:** To increase adherence to the Multi Agency Safeguarding Adults Policy and Procedure.

**Priority 5:** Promote Safeguarding Adults Multi-agency Good Practice and Support

**Priority 6:** Develop a Safeguarding Adults Multi-Agency Training Strategy

**Priority 7:** Improve Safeguarding Adults aspects of Commissioning and Contracting

It is against these priorities that this we measures our achievements in this Annual Report.



## **Priority 1: Review Safeguarding Adults Board Leadership, Reporting Structures and Functions**

### **What have we achieved?**

#### **Increased membership**

Over the past year the Board have extended its membership to key partners in the third sector including Mencap and Age Concern, This has had a significant impact upon raising the profile of safeguarding adults in the third sector and allowed us to work in closer partnership with service users. An example is the joint work with Age Concern during Elder Abuse Awareness Day in July 2009. The Board has also forged closer links with the London Ambulance Service, and Local Safeguarding Children Board.

#### **SAB Business Planning Day October 2009**

This years SAB Business Planning Day resulted in clarity around the expectation of the board members particularly in relation to governance. The learning from the day fed into the development of a revised Action Plan with additional actions around the need for a comprehensive Communication Strategy with a pooled budget, and the need for formal constitution and training for Board Members.

#### **Appointment of an Independent Chair**

It is widely recognised that Independent chairs are best practice in Safeguarding Adults Boards. Therefore in August 2009 the board appointed Natasha Bishopp, as its first independent chair. We have taken this step to maximise independence, scrutiny and accountability.

#### **Recent restructure of Sub Groups including introduction of Case Review Sub Group**

Over the last year the Board has reviewed its subgroups. We now have the following sub-groups:

- Training and Education

- Performance and Monitoring
- Case Review
- Communication and Engagement
- (Sub group of the Communication and Engagement Sub group- Service User and Carer Consultation)

We began by introducing an MCA and DoLs Sub group, which has now been disbanded in favour of mainstreaming the issues. In recent months we also restructured the Case Review and Best Practice Subgroup, to allow for greater qualitative case review. All of the Subgroups are now chaired by Senior Managers to increase accountability.

#### **Quarterly updates from partners and sub groups**

Mechanisms are in place to ensure that each of the partners agencies and subgroups provide a quarterly update on progress to the Board. These reports are provided at the Board for information and scrutiny.

#### **High quality PDF papers for Board**

Over the last year the Safeguarding Adults Team have introduced high quality PDF papers for the Board. This has enabled the Boards Business to be communicated in a more professional format. Feedback from partners has been very positive on the introduction of these new ways of working.

#### **Formal links established with other strategic boards underway**

The inclusion of a LSCB update as a standing item on the SAB agenda and visa versa is improving communication across the two safeguarding strategic mechanisms. In addition, there is cross membership between the Board and the Safer Borough Board (SAB). The Board also presents an annual paper to the Local Strategic Partnership, while specific reports go to each of the Boroughs Strategic Boards to gain ratification, BHRUT, NELFT, CMT, Executive, Learning Disabilities Partnership.

#### **Greater alignment between Safeguarding and Community Safety and Neighbourhood services**

With greater involvement of Community Safety and Neighbourhood Services through the management of the LBBD Safeguarding Adults Team, improved connections are being made to the Community Safety agenda. This includes greater links to the Drug Alcohol Action Team, Youth Offending Service, Anti Social Behaviour Team, Hate Crime and Domestic Violence Team. This has enabled stronger links to be made by making use of the existing partnerships. Examples of progress have been the training we



offered to our colleagues in the London Fire Service, along with recent partnership work with the Police around bogus burglary against the elderly.

### **Recruitment of a Safeguarding Adults Named Nurse post for NELFT- Community Health Services**

In November 2009 North East London Foundation Trust- Community Health Services recruited a substantive named nurse for Safeguarding Adults for Community Health Services. This has transformed the Community Health Service response to Safeguarding and has allowed for greater involvement with Health in safeguarding investigations and has also led to an increase in Safeguarding Alerts from Community Health Services.

### **Recruitment of a specialist lead post in Barking and Dagenham NHS Trust**

Barking and Dagenham NHS trust have recruited an innovative Strategic Implementation Lead for Safeguarding Adults to lead to provide an expert overview of Safeguarding Adults across the services it commissions. Since its inception this post has enabled greater clarity and strategic vision for the health economy in relation to Safeguarding Adults.

### **Review and Restructure of the LBBB Safeguarding Adults Team**

Since 2002, there has been a dedicated multi-agency co-ordinator post whose remit was strategic, quality assurance and advisory. Then in 2007 capacity was increased with the recruitment of an additional training post. In 2008, there was a further review of the council Safeguarding Adults co-ordination function. The team migrated to Community Safety and Neighbourhood Services Division, a Group Manager was appointed to provide senior strategic management and resources were identified to again increase the size and remit of the team. The team now acts as the central referral route for all alerts in an effort to better co-ordinate tracking and review of cases. This also served to give the Safeguarding Adults Team operational independence from the care providers and from care managers and social workers who are usually charged with responding to alerts and investigating allegations.

### **Development of a Safeguarding Team within Barking Havering and Redbridge University Hospitals Trust.**

Following some concerns last year a review of the Safeguarding response at BHRUT was conducted and a decision was made to increase the capacity of the hospital to respond and contribute to Safeguarding work through the development of a Safeguarding team of eight professionals. This team is currently being recruited but the Board envisages that it will allow the Trust to sustain their contribution.

## **Development of lead Detective for Safeguarding within the Public Protection Desk**

In recent months the Senior Management Team of Barking and Dagenham Metropolitan Police made the decision to appoint a Safeguarding Adults At Risk Co-ordinator for Safeguarding Adults Operational work. This officer is stationed in the Public Protection Unit.

## **'I Care' jointly funded prevention campaign**

A major achievement this year has been the jointly funded 'I Care' communication campaign. We believe that this campaign has contributed significantly to a 100% increase in referrals over the last year. Funded by North East London Foundation Trust, Community Health Services Barking & Dagenham, NHS Barking and Dagenham, The Metropolitan Police and the Local Authority, the campaign was devised to cultivate community awareness of safeguarding adults and to encourage local people to report concerns at an earlier stage. The public information prevention campaign has been delivered in three distinct phases

The first phase of the campaign began in July 2009, when thousands of disposable tissues were distributed to members of the public on the streets of Barking and Dagenham. Contact details for the Safeguarding Adults Team were placed on the packet so that people would be able to carry them on their person and make contact without arousing any suspicion. In addition the LBBD Transport Team worked with Age Concern and Meals on Wheels to deliver hundreds of cakes, tissues and an information leaflets to vulnerable adults in Residential Homes, local day centres and directly to housebound individuals in their homes.

The second phase followed in the Autumn of 2009 when a high profile poster and article campaign was launched utilising the borough's road-side bill boards together with the distribution of badges denoting support of the 'I care' message.

The third phase, designed to coincide with Christmas 2009 included the Chief Executive of the Council adopting the logo on his Christmas card, the distribution of an 'I Care' sheet of wrapping paper in the local free newspaper and the adoption of an 'I Care' message around the council Christmas trees.

## **Future Objectives**

- Strengthen links between the SAB and the boroughs governance structures through ensuring regular reporting cycles to the following boards: Safer Board; Healthier Board; Adult's Trust; Children's Trust; LSP- Public Service Board; Council Executive; Learning Disability Partnership Board.

- Review the terms of reference for the Safeguarding Adults Board to include the role of members and advisors.
- Further review of the functioning of the subgroups including membership and remit.
- Develop short term SMART action plans for each subgroup which are aligned to the SAB Action Plan.
- Appoint a Vice Chair for the Safeguarding Adults Board
- Set in place a cycle of Safeguarding Adults Board Chairs briefings with lead members- to include distribution of a written briefing.
- Establish a cycle of activity reports by Members to their Chief Executive Officers and Management Boards.
- Establish Service User representation on the Board and Sub-Groups.
- Put in place an effective process for tracking Board decisions and forward planning.
- Formally align strategic objectives with the Local Safeguarding Children's Board.
- To establish monthly meeting's with Sub Group Chairs and SAB Chair to enhance accountability and communication.
- Agree three year financial and/or in kind contributions from member agencies for SAB Activity via LSP
- Establish a Business Planning Group for the Board.
- To develop an explicit Code of Conduct for Members, Chair and Advisors, Political Leadership to be signed of by Chief Executives all partners.



**Jim's milk has been there a while. Who cares? iCore**

**Don't ignore a vulnerable neighbour in need of help at home.**



## **Priority 2: Develop a Safeguarding Adults Communication Strategy for Partnership and Public Information needs.**

### **What have we achieved?**

#### **Development of a SAB Communication Strategy**

The Communication and Engagement Sub-group has developed a Communication Strategy for the Board which has enabled key messages to be agreed and the profile of the work to increase through jointly articulated statements.

#### **Barking and Dagenham NHS Safeguarding Manual**

In recent months Barking and Dagenham NHS have developed a bespoke Safeguarding Manual for health professionals which includes guidance and local information in recognising and responding to Safeguarding adult concerns.

#### **NELFT- Community Health Services**

The named nurse for safeguarding has secured safeguarding adults coverage in both the e copy of their Weekly News and the Foundation Times.

#### **Links with Community Safety Distraction Burglary Operation**

In spring 2010 the Community Safety Partnership arranged and delivered briefings to 800+ staff who deliver direct services to the elderly and the vulnerable on the topic of distraction burglary. The aim was to ensure the safety message was transmitted and able to be reiterated by trusted people in regular contact with clients. Alongside this, ARC Theatre were funded to deliver performances of a distraction burglary workshop to 400+ elderly residents in day centres and community centres

#### **Learning Event 'Safeguarding Adults who may lack Capacity' – 3<sup>rd</sup> November 2009**

Following learning from a Serious Case Review and a Multi Agency Management Review the SAB hosted a large learning event entitled 'Safeguarding Adults who may lack Capacity'. The aim of the event was to improve professionals understanding of the Mental Capacity Act in relation to Safeguarding Adults. The event was attended by over 140 professionals from across agencies.

## **Learning Event GR – January 2010**

In January 2010 the SAB worked in partnership with the Local Safeguarding Children's Board to host a learning event following the death of a 22 year old man from sclerosis of the liver. Following the event an action plan is currently under development to improve the response to young people with complex needs. This was the first event of its sort in Barking and Dagenham and provided agencies like the Youth Offending Service, Safeguarding Adults, Drug and Alcohol Services and Children's services to reflect on practice and processes jointly.

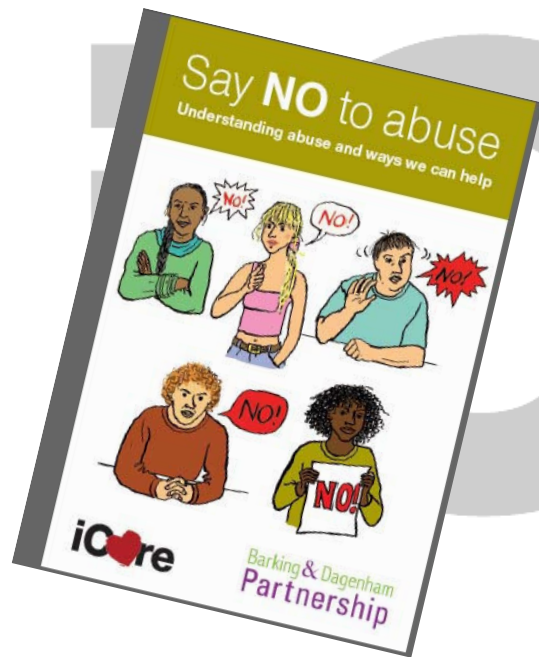
## **Formalised Serious Untoward Incident reporting structure**

In December 2009 it was agreed that North East London Foundation Trust-Community Health Services would formally notify the Corporate Director of Adult and Community Services in the event that a Serious Untoward Incident involved a vulnerable adult to ensure that any necessary Safeguarding issues were responded to effectively.

## **Future Objectives:**

- Develop improved content for the website which can be linked to partner agency sites
- Continue to promote the SAB 'I Care' prevention and reporting campaign as our joint communication approach
- Agree three year resource allocation from partners for the SAB Communication Strategy via LSP
- Develop a forward plan for communication activities to maintain the profile of Safeguarding Adults.
- Develop easy read formats of 'I Care' information
- Integrate Safeguarding Adults prevention and practice messages into wider communication initiatives i.e. personalisation, safeguarding Children, Learning Disabilities, Community Safety
- Develop a suite of resources to support practitioners to implement the 'new' Pan London Procedures.
- Involve Service Users in the development and finalisation of public information
- Publicise referral pathways for other relevant reporting structures and risk management mechanisms. To include: MARAC; MAPPA; Independent Safeguarding Authority; Hate Crime Reporting; MAF/CAF reporting; Police; CQC; Complaints.
- Evaluate the Communication Strategy annually to ensure its effectiveness

- Raise awareness with professionals of the Safeguarding Adults Board and the person who represents their organisation on the board.



## **Priority 3: To deliver and implement systematic and robust performance management quality assurance arrangements**

### **What have we achieved?**

#### **Six Lives Report**

In March 2010 the SAB submitted their response to the Six Lives Report recommendations. This was a comprehensive piece of work which evaluated the current response to individuals with learning disabilities who accessed Health or Social Care Services in Barking and Dagenham. The Audit was delivered in partnership between Health and Social Care agencies in the borough and the final document was produced as an easy read report in addition to the standard format.

#### **Safeguarding Adults Call Over**

Following reports of bad recording practice the Divisional Director of Community Safety and Neighbourhood services established a 'Call Over' process on behalf of the SAB Performance Monitoring Sub-group. Whereby Social Care Services and North East London Foundation Trust- Mental Health Services were invited to fortnightly meetings where the recording of safeguarding investigations is monitored and scrutinised. This quantitative monitoring has resulted in a dramatic improvement in the recording practices of staff across agencies.

#### **Targeted training for under-represented services being provided**

The SAB has delivered targeted training for service users and providers who are currently under-reporting. For example this has included training being delivered to Mental Health Service Users at Tulip and the Vocational Mental Health Team, cross organisational training of all Age Concern Staff and volunteers.



### **Establishment of Deprivation of Liberty Safeguards infrastructure**

In accordance with Legislation Barking and Dagenham Local Authority and Barking and Dagenham NHS Trust, as local Supervisory bodies have established the necessary mechanisms to respond to requests for Deprivation of Liberty Authorisations. This includes a BIA Forum, DoLs panel and local policy and procedures.

### **Development of a risk trigger document so that the SAB can be alerted to cross organisational risks**

The SAB Performance and Monitoring Subgroup have established a risk trigger document to flag up organisation risks in relation to staffing, training and referral numbers. This is being populated and analysed by the Performance & Monitoring Subgroup.

### **Future objectives**

- Develop a robust multi agency dataset which progress can be measured against and resources targeted by.
- Develop a Case Review Subgroup which will monitor the quality of safeguarding adults case work to be chaired at Head of Service level
- Ensure that there is a mechanism in place to track and chase investigations across agencies.
- Provide quarterly reports on performance issues to agencies for action.
- Oversee referral levels for Safeguarding Alerts and Deprivation of Liberties in order to proactively identify blockages or training needs.
- Establish a mechanism to obtain feedback from alleged victims, and where appropriate perpetrators, on process and outcomes.
- To develop and introduce a quality audit cycle.
- To oversee the implementation of Serious Case Reviews and Multi Agency Management Review Action Plans.
- To provide multi agency analysis during Multi Agency Management Reviews.
- To establish a mechanism to escalate competency issues to Training and Education Subgroup.



## **Priority 4: To increase adherence to the Multi Agency Safeguarding Adults Policy and Procedure.**

**What have we achieved?**

### **Involvement with the London Safeguarding Vulnerable Adults Network LSVAN in the development of Pan London Procedures**

The SAB have sent a representative to the LSVAN for the last year to support the development of Pan London Procedures. Our representative has enabled the Board to raise concerns and suggestions.

### **Interim Procedures**

In the meantime we plan to issue some interim Barking & Dagenham procedures (which will be in line with the draft Pan London procedures)

It is hoped that the interim procedures will simplify the process by:

- Reducing the number of levels of investigation
- Simplify the stages in the process
- Clarify roles and responsibilities of individuals, teams and agencies involved in the process
- Set out the procedures and relevant paperwork that should be used
- Ensure that Safeguarding is integral to the core business of the local authority

We have commissioned a consultant to draft a new procedure for the partnership. Consultation with key stakeholder will occur during a workshop.

### **Response to national consultations including No Secrets & CQC Regulations**

The SAB submitted responses to both the Review of No Secrets and the Care Quality Commissions Consultation on their new proposed Regulations.

### **Agreed non-emergency reporting protocol with Metropolitan Police CSU**

Following concerns raised in relation to how long partner agencies spent reporting non emergency issues at police stations the SAB brokered the establishment of a non-emergency reporting mailbox which is managed by the Public Protection Desk.

### **Agreed allocation route for NELFT- Mental Health Services**

Mental Health Services have notoriously stringent eligibility criteria's therefore agreement was sought to agree an alternative allocation route for Safeguarding Concerns involving individuals who do not meet the criteria but whose main vulnerability is a mental health illness. While this agreement is under constant review, significant advances have been made in clarifying allocation of safeguarding cases to partners in mental health services.

### **Remit of Safeguarding Adults Team agreed in partnership with Social Care Teams**

An away day between the LBBD Safeguarding Adults Team and Adult Social Care Teams was held last spring. The day was facilitated by an external consultant and resulted in mutual learning around one another's remits and responsibilities, together with clarity around the resources available to Social Care Teams.

### **Stephen Gale Film**

In November 2009 we developed and showed a short film to over 140 professionals to raise awareness of Safeguarding Adults in the Community. It featured the tragic story of Stephen Gale (28) who had learning disabilities. While living independently in the community he was befriended by Andrew Green who moved in with Stephen and then over a period of months proceeded to brutally torture him leading to his eventual murder. The film was used to highlight the lessons learned in Leicestershire around the dangers of parasitic abuse the need for improved information sharing around vulnerable adults at risk and the importance of the application of mental capacity assessment.

## Future Objectives

- Review Multi-Agency Information Sharing Protocol to ensure explicit mention of Safeguarding Adults.
- The development of a multi agency Prevention policy to include template risk assessments for providers, carers and health staff
- Respond to the Pan London Safeguarding Adults Procedures consultation
- To co-ordinate the transition from Local Safeguarding Adults Policy and Procedures to the Pan London Safeguarding Adults Procedures
- Ensure compliance with the new statutory standards for Safeguarding Adults Boards as announced by Minister Phil Hope in January 2010
- Oversee any necessary change of practice across agencies when 'No Secrets II' and/or law commission response is published.
- To ensure that prevention is at the forefront of partner agencies service development through regular cycle of reporting on prevention activity.
- Formalise MAMR and SCR criteria through the development of threshold protocol.
- The development of a multi agency Prevention policy to include template risk assessments for providers, carers and health staff



## Priority 5: Promote Safeguarding Adults Multi-agency Good Practice and Support

### What have we achieved?

#### **Development of Serious Case Review Action Plan- 63 Recommendations Quarterly review of 'at risk' areas**

Over the last two years the SAB has conducted two Serious Case Reviews Ms N and Mrs S. The recommendations from these Reviews have been combined into a 63 point Action Plan which is monitored now by the Case Review Subgroup. In addition the SAB have conducted two Multi Agency Management Reviews in the last two years Mr DB and Mr GR, recommendations from which are also included in action plans. The SAB have a further two Multi Agency Management Reviews currently ongoing in Relation to Ms HS and Mr JH.

#### **Development of Vetting and Barring Action Plan**

With the new Vetting and Barring legislation the SAB developed a Vetting and Barring Action plan template which members are asked to complete.

#### **Targeted letter to all Managing Authorities to remind them of their duties in relation to Deprivation of Liberties**

Following concerns over the low level of Deprivation of Liberties requests the SAB requested the Deprivation of Liberties Panel to send a targeted letter and information to all managing Authorities that we place with to remind them of their duty in relation to Deprivation of Liberties.

## **NELFT – Community Health Services**

The development of a flow-chart and stepwise paperless process within CHS which dovetails with the invention of a Pressure Ulcer alert process/guidance.

### **Future Objectives**

- Set up a Quarterly Safeguarding Adults Practitioners Forum to facilitate peer learning, multi agency problem-solving and disseminate good practice.
- All agencies to evidence that system's are in place to offer professional supervision to their staff conducting Safeguarding Adult Investigations.
- All agencies to evidence that systems are in place to quality assure safeguarding Adult responses, including evidence of steps to address poor practice and promote good practice.
- Ensure that user and (where appropriate) carer involvement is more consistently embedded into practice and recorded.
- Service User and Carer Sub Group to develop guidance for agencies on best practice in prevention, response and coordination of Safeguarding Adult response.
- Review compliance with Vetting and Barring across agencies at quarterly intervals
- SAB Chair to represent Barking and Dagenham at relevant Safeguarding Adults Conferences
- SAB to run one learning event annually focussing upon issues identified by the Case Review Sub Group
- Barking and Dagenham to be represented at the London Safeguarding Vulnerable Adults Network to identify best practice and update the Board.





## **Priority 6: Develop a Safeguarding Adults Multi-Agency Training Strategy**

**What have we achieved?**

### **Development of draft training strategy competency based by role**

We believe that by providing staff with the tools to recognise and refer concerns they may encounter we are better protecting service users and their carers from discrimination and abuse. In the last year the SAB have trained approximately 1400 individuals from across agencies. Therefore the SAB have formalised its continued joint training plans through the development of the SAB Training Strategy 2010 -2012 which is competency based by job role. We have also endeavoured to think creatively in relation to expanding opportunities to intervene by providing training to previously under-represented sectors for example the Fire Service who visit the homes of older people installing smoke alarms, Enterprise housing maintenance service and Meals on Wheels Managers.

### **NELFT –Community Health Services Training**

NELFT Community Health Services have delivering bespoke sessions to specific staff groups such as pharmacists, as well as the CLDT away day. The standardized training is being delivered in house also on MCA/DoLS every month to CHS staff.

### **Development of Training Data- base for LBBB training**

The SAB have developed a training database for staff accessing Safeguarding Adults training delivered in partnership by LBBB. The next phase will be to include staff who attend Safeguarding Adults Training delivered by partner agencies.

### **Development of joint training**

The SAB have continued to promote joint training with partner's agencies and this has included partnership training with Health, Local Safeguarding Children's Board and Domestic Violence Services and the Police.

### **Barking and Dagenham Metropolitan Police**

On the 7<sup>th</sup> October 2009 The Detective Inspector of the Community Safety Unit conducted a joint training with the Group Manager for Safeguarding Adults to approximately 40 Social Workers at the Social Care Practitioners Forum. In a bid to enhance the

success of Safeguarding Adults Cases through the Criminal Justice System a Safeguarding Adults Briefing was also given to the Community Safety Unit on 23<sup>rd</sup> February. The Detective Chief Inspector from the borough also delivered a briefing re the I Care campaign to almost 400 Officers.

### **Dignify train the trainers – Elder Abuse sessions for service users**

The SAB are working with a charity called DIGNIFY to roll out bespoke Elder Abuse Awareness sessions with Service Users. We are one of only a handful of SAB's who have embarked on this innovative programme, however having trained voluntary sector partners to deliver this work within their organisations we are optimistic that it will reap rewards and speak directly to the individuals who are at most risk.

### **NELFT Safeguarding Adults Lead in every clinical team.**

These leads support Managers to ensure Safeguarding procedures are robustly implemented within clinical teams and assist/advise other practitioners / clinicians when safeguarding issues arise. They will further ensure that safeguarding stays firmly on the agenda within teams, through training, support and awareness raising. NELFT is further ensuring that all staff have received safeguarding training and have also enrolled for Investigators Training through LBBB.

### **IMCA/Dols training**

Our local IMCA Provider HUBB are a key stakeholder on The Safeguarding Adults Board and were recently awarded the Action for Advocacy - Advocacy Quality Mark, and their Investors in People award has been renewed. We have worked in partnership with Hubb to raise awareness of Dols and the MCA over the last year. Most notably following MCA training the number of referrals from Grays Court has been increasing significantly.

### **Drug and Alcohol Action Team Safeguarding Adults Training**

The Safeguarding Adults Team delivered training to 15 representatives from the DAAT on Wednesday 9<sup>th</sup> September 2009 with the DAAT.

### **Provider Training**

This year we have continued to offer training to providers and had a rolling programme at the start of the year which was attended by approximately 200 members of staff from provider services.

## Future Objectives

- Develop a Central Multi Agency Training Database. To include attendance and Quality indicators
- Roll out of the Multi Agency Competency Based Training and Education Strategy
- Agree three year resource allocation from partners for the SAB Training and Education Strategy via LSP
- Develop a cross agency register for training requests which can be prioritised in accordance to risk
- Develop a skills gap audit based on the feedback from both Performance and Monitoring Sub Group and the Case Review Sub Group
- Develop minimum standards for awareness training for agencies operating and commissioned in the borough.
- Establish a process to allow external agencies to accredit training to the Boards minimum standards
- Achieve multi-agency agreement to mandatory training for public bodies which is linked to performance/ appraisal system.
- Integrate specific training expectations (minimum standards) into the Contract for services commissioned by LBBD and NHS Barking and Dagenham.
- Formally agree shared training arrangements across the public bodies
- Review the Training Strategy annually with the Performance Monitoring and Case Review Sub Group Chairs
- Produce a Quarterly Multi-Agency staff Safeguarding Adults bulletin which will provide useful resource links and relevant updates
- Develop a service user DVD which can be used for training
- Targeted letter to providers who have not made a Safeguarding Referral in the last 12 month cycle to offer training.

**Training Feedback:**

*“A hard topic to consider but the importance of it got across well- now know about the safeguarding team”*

*“I fully enjoyed this briefing as I find it very refreshing and rewarding because of the level of clients that I work with. I am able to make the life of my clients better with these briefings”*

*“This was very informative; I have learnt how to safeguard clients and significant things we should look for to know when people are being abused”*

*“The fact that there is a safeguarding event brings Social Services and NHS together. Excellent speakers, a wide range of information from a wide range of professional, very very good event conducive to learning”*

*“It was the best training I have received; the trainer was very knowledgeable and spoke passionately”*

## **Priority 7: Improve Safeguarding Adults aspects of Commissioning and Contracting**

**What have we achieved?**

### **Joint working with commissioners with investigations**

The SAB has stipulated that it has clear expectations of commissioner to ensure that the services they commission are appropriately safeguarding service users. Therefore work has begun to ensure that there is a Safeguarding clause in contracts, and that commissioners have a clear review tool which they can use to measure compliance against during the review of contracts. This has also included the development of an embargo notification procedure. While this work has focussed predominantly upon LBBB contract the plan is to further expand this into partner agencies through a move toward joint commissioning.

### **NHS Commissioners**

We are working with NHS Commissioners and Providers to ensure a consistent approach to alert pathways, response, decision making and accountability. We have made significant progress in supporting Safeguarding Adults work between Health and Social Care, with the appointment of dedicated Safeguarding Adults posts across health.

### **Bespoke Provider Safeguarding Adults Training Programme underway**

Following discussions with the local Provider Forum we are currently providing a large scale Safeguarding Adults Training programme to providers with some 200 members of staff due to be trained by the summer.

### **Stop Hate UK**

The Council continues to commission 'Stop Hate UK' provision in the Borough which is widely advertised, including easy read information which supports those vulnerable adults who may be victims of discriminatory based hate crime.

## **Safeguarding and Personalisation**

We have led a cross regional safeguarding and Personalisation network to facilitate cross fertilisation of ideas and to encourage joint commissioning of services where appropriate. LBBB drive this discussion through the organisation of the meetings and development of agenda. We have also locally developed a specific Safeguarding and personalisation framework.

### **Future Objectives**

- Safeguarding Leads for each provider
- Compliance monitoring mechanism re: training, vetting and barring etc
- Work with the Provider forums (NH/Residential Care, Domiciliary Care) to build and maintain supportive relationships and improve communications.
- Ensure that procurement and commissioning arrangements explicitly include considerations and clauses relation to training minimum standards (See 6.5)
- Contracts to specify that all Providers to nominate a named Safeguarding Adults Lead
- Contracts must be monitored for compliance including: Up to date Safe Employment policies; Up to date CRN policy and checks for compliance; Staff attending Safeguarding Adults training; Safeguarding Adults concerns are recorded and reported
- Targeted communication with providers who do not make any Safeguarding Referrals or DoLs requests to offer training.
- Implementation of the Safeguarding and Personalisation Work plan
- Development of Institutional Abuse Guidance
- Ensure adequate/ appropriate references to safeguarding adults with the development of the joint commissioning strategy

## 2009/10 Statistics

Case Analysis		2009/10 Totals	Totals	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
	Alerts	2009/10	492	35	24	34	45	41	38	43	44	52	39	42	47
	Referrals		477	35	24	34	45	38	38	43	44	52	39	39	46

Sex	Referrals
Male	158
Female	319
<b>Total</b>	<b>477</b>

18 - 24	25 - 34	35 - 44	45 - 64	65 - 74	75 - 84	85 +	Not Recorded
22	40	30	92	57	95	144	0

Repeat Concern/Alert
51

Complete Referrals
375

Primary Client Group	Count
Physical disability, frailty and sensory	276
Of Which: Sensory Impairment	12
Mental Health Needs (Total)	95
Of Which: Dementia	18
Learning Disability	67
Substance Misuse	5
Other Vulnerable People	34
Not Recorded	0
<b>Total</b>	<b>477</b>

Ethnicity	Count	
White	White British	403
	White Irish	14
	Traveller of Irish Heritage	0
	Gypsy/Roma	0
	Any Other White Background	6
Mixed	White and Black Caribbean	2
	White and Black African	1
	White and Asian	0
Asian or Asian British	Any Other Mixed	5
	Indian	10
	Pakistani	9
	Bangladeshi	3
	Any Other Asian Background	3
Black and Black British	Caribbean	6
	African	9
	Any Other Black Background	2
Other Ethnic Groups	Chinese	1
	Any Other Ethnic Group	3
Not Stated	Refused	0
	Information Not Yet Obtained	0
	Not Recorded	0

Source of Referral	Count
Social Care Staff Total	248
Of which: Domiciliary Staff	15
Residential Care Staff	54
Day Care Staff	3
Social Worker/ Care Manager	23
Other depts of LBBD	0
Social Services Dept/ Other LA	153
Health Staff - Total	96
Health - GP	6
Health - Visitor	9
Mental Health	12
Health Hospital	23
London Ambulance Service	5
Health Other	40
Health Secondary	1
Self Referral	9
Family member	25
Friend/neighbour	9
Womens Refuge	1
Care Quality Commission	1
Housing	6
Police	20
Community Voluntary Sector	7
Other Agency	53
Not known	2

Nature of alleged abuse	18-64	65+	Total
Physical	43	83	126
Sexual	26	9	35
Emotional/psychologic	29	24	53
Financial	48	74	122
Neglect	19	83	102
Discriminatory	7	2	9
Institutional	9	21	30
Not Recorded	0	0	0



Own Home	301
Care Home - Permanent	62
Care Home with Nursing - Permanent	26
Care Home - Temporary	6
Alleged Perpetrators	6
Mental Health Inpatient Setting	1
Acute Hospital	11
Community Hospital	6
Other Health Setting	1
Supported Accommodation	13
Day Centre/Service	6
Public Place	19
Other	10
Not Known	9
Not Recorded	0

Partner	33
Other family member	78
Health Care Worker	12
Volunteer/ Befriended	0
<b>Social Care Staff Total</b>	<b>142</b>
Domiciliary Care Staff	92
Residential Care Staff	37
Day Care Staff	0
Social Worker/ Care	1
Self-Directed Care Staff	0
Other	11
Other professional	1
Other Vulnerable Adult	65
Neighbour/Friend	45
Stranger	2
Not Known	61
Other	39
Not Recorded	0

Substantiated	86
Partly Substantiated	47
Not Substantiated	152
Not Determined	89
Not Recorded	0

Christian	344
Muslim	10
Hindu	1
Sikh	9
Jewish	0
Buddhist	0
Other Religion	4
No Religion	35
Religion not stated	74
<b>Total</b>	<b>477</b>

Total Hours Per month as of 1st April - 30 April		Domiciliary Care	2009/10 Totals
946.89	14.0%	Anchor	5
N/A		Age concern	1
266.75	3.9%	Care UK	4
137.5	2.0%	Care UK (Colin Pond)	3
267.5	3.9%	Care UK (Darcy House)	2
N/A		Carers of B+D	1
794.74	11.7%	Genesis Recruitment	9
N/A		Goldborough	0
80	1.2%	Homecare + Domestic	1
0	0.0%	HDS Group - Ltd	1
363.28	5.4%	John Stanley	1
342.16	5.0%	TLC Care Services	1
N/A		Outlook Care	1
599.49	8.8%	Plan Personnel	8
982.24	14.5%	Westminster	14
6776.78	100%	<b>Total</b>	<b>52</b>

Number of Service Users	Residential / Day Care	2009/10 Totals
35	Alexander Court Care Home	6
41	Bennetts Castle Care Home	3
42	Chaseview	7
3	Cherry Orchid	1
40	Chestnut Court	12
1	Evesleigh Care Group	1
11	Fred Tibble Court	4
40	Gascolgne Residential	1
5	Greys Courts	4
23	Hanbury Court	1
28 Perm (14 Respite)	Kallar Lodge	4
N/A	King George Hospital	2
10	Lisnaveane Residential	4
22	Louise Graham House	4
26	Park View	3
N/A	Queen Hospital	6
1	Speakers Court (Scope)	1
1	Winray	2
72	William Bellamy Centre	2
	<b>Total</b>	<b>68</b>

Safeguarding Training			2009/10 Totals
PI 1	Safeguard Training	ACS Staff	80
		CDS	0
		Housing	0
		External Residential Care	7
		AB Fab	7
		Care Agencies	1
		Apprentices Safeguarding	15
		Consultation Group	25
		Learning Event - Multi Agency	10
		Tulip	20
		MPS Briefing	415
		Mencap	0
	Age Concern	200	
	DoLs	ACS Staff	60
		External Residential Care	4
		PCT	123
	MCA	Voluntary Sector	17
		ACS Staff	50
		Voluntary Sector	17

Adult Safeguarding Triggers			2009/10
PI 2	ACS Staff (Social Care)	Established posts	47
		Number of vacant posts	10
		Number of these filled by agency staff	0
		Number of eligible staff with an up to date CRB check	45
		Average sickness/ Target 2009/10	14.2 / 13.62

PI 4	SAB	Number of Board members engaging in Safeguarding Adults Development sessions	204
		Number of Voluntary, private sector trained	700

Adult Safeguarding Triggers			2009/10
PI 5	Safeguarding Adults Procedure	Level 1 cases (Clients)	46 (45)
		Level 2 cases (Clients)	218 (200)
		Level 3 cases (Clients)	161 (141)
		Level 4 cases (Clients)	39 (34)
		Number of adults subject to protection plans (Clients)	226 (178)
		Number of repeat referrals within 2009/10 period (Clients)	133 (53)

PI 3	Staffing MPS	Established posts in the Community Safety Unit	1x DI, 4xDS, 8x DC, 14x PC, 1x Admin Officer
		Number of these vacant	2x DS, 1x PC, 1x Admin Officer
		Established 'Safeguarding Adults' posts in the Community Safety Unit	1 X DI
		Number of these vacant	N/A
		Established posts in Public Protection Desk Team	1x PS, 4x PCs, 2x civilians
		Number of these vacant	0
		Number of Police Officer's Trained	415

PI 6	Barking and Dagenham Community Health Services	Established district nurses posts	55.30 WTE for all clinical posts (not admin)
		Number of these vacant	Approx 6 WTE
		Established tissue viability posts	1.5
		Number of these vacant	No vacancies
		Other established posts in safeguarding	1
		Number of these vacant	0

PI 7	Funding	Number of vulnerable adults funded by the borough (Total number of adult clients receiving services for period)	6429
		Number of vulnerable adults funded by NHS B&D	45 (Recorded on SWIFT)
		Number of open vulnerable adult cases- those with open allocated social workers	1862
		Number of reviews of Vulnerable Adults placements (Sum of Total of clients reviewed)	5557
		% of reviews within timescale based on D40 NI	84.93%

## Analysis of Performance

The London Borough of Barking and Dagenham Adult Community Services are charged with taking the lead role in coordinating investigations into allegations of abuse or neglect. It is their responsibility to coordinate the multi-agency response to the allegation and to ensure that all other agencies concerned respond to the need to safeguard the individual(s) concerned. Where a crime may have been committed, local authority officers work closely with the relevant police investigators.

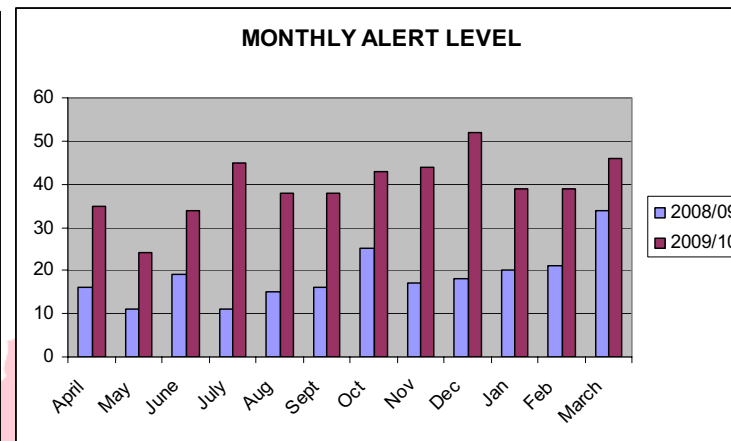
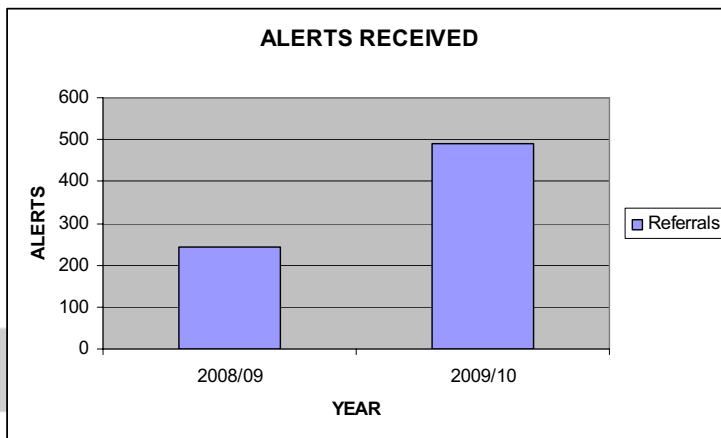
This end of year report provides in depth analysis of 2008/09 and 2009/10 data in order to measure the progress which has been made. It is expected that 'success' will be characterised by an increase in reporting levels (which will suggest increased awareness and a decrease in under-reporting); a decrease in the levels of repeat victimisation (where the same person comes to attention of agencies at the hands of the same perpetrator); an increase in referral sources (to suggest broader partnership promotion; and an increase in compliance to timeframes (to suggest that safeguarding adults procedural understanding and performance tracking is improving).

It is important to note that, in some instances, we have been unable to make direct comparisons because new performance triggers have been developed in the last 12 months. Therefore, in some instances 2009/10 will provide a baseline for future monitoring.

### Number of Safeguarding Adults Alerts

2008/09 = 243 Alerts      2009/10= 492 Alerts

The table overleaf indicates that we have achieved a 100% increase in the number of Adult Safeguarding Alerts which have been received over the last year. We do not think that this is due to a sudden increase in the prevalence of abuse and neglect in Barking and Dagenham but rather that we are more successfully identifying those at risk.

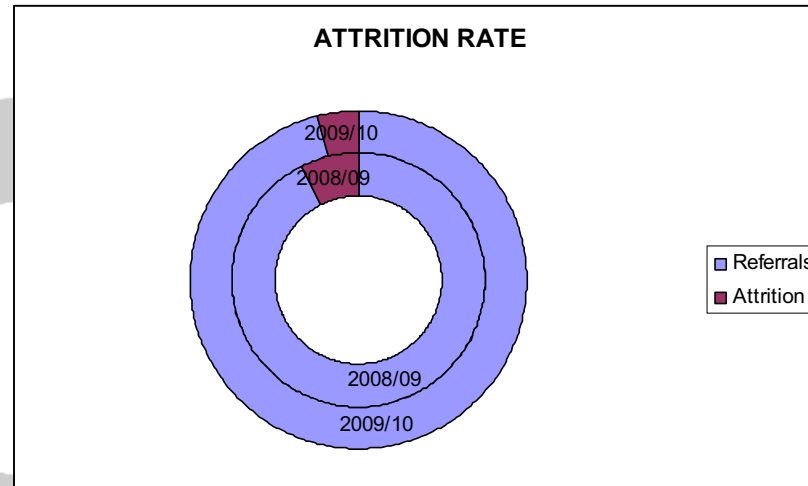


We attribute this in part to the strengthening of joint working strategically and operationally including the development of competency based training across a broader range of agencies. However, through closer analysis of the monthly levels it becomes apparent that the increase coincides encouragingly with the three phases of our 'I Care' Communication campaign in July 2009, November 2009 and December 2009. This is further corroborated by comparing the figures with that of the same three periods the year before when referrals were in decline. This gives further credence to the continuation of this campaign as a means to actively impact upon reporting levels by encouraging individuals who may not have otherwise have raised concerns to do so.

## Alerts Progressed to referral

2008/09 = 223 of 233 Progressed to referral (8% Attrition rate)

2009/10 = 477 of 492 Progressed to referral (3% Attrition rate)



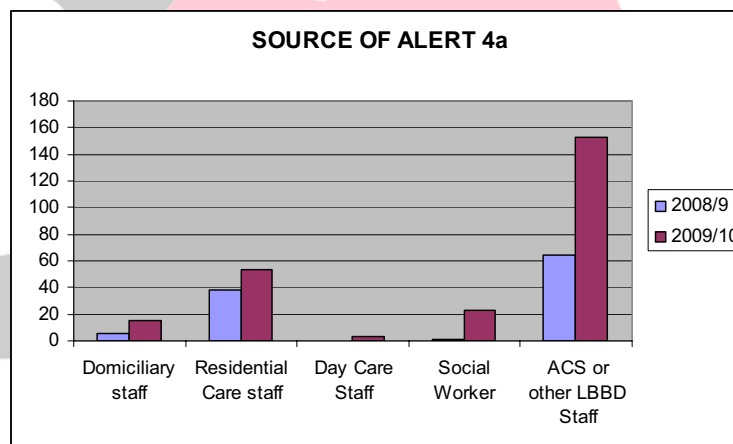
The attrition rate between the number of Alerts received and those progressed to referral in 2008/09 was 8% and in 2009/10 it has fallen to 3%. This suggests that at the point of screening the threshold for screening has altered. This is supported by the fact that significant changes have been introduced over the last twenty-four months in how we process the initial alert. In 2008/09 alerts were received via the generic Intake and Access referral route, however with the subsequent restructure we now see that the Safeguarding Adults Team has become the central referral route and we believe that the involvement of this specialist team has led to a significant lowering of the threshold for allocation to Social Work Teams for investigation. One would expect to see this type of shift as we moved from a process where the screening was conducted by care co-ordinator's to our current position where the screening is conducted by a team of Senior Practitioners specialising in Safeguarding.

The Safeguarding Adults Team has audited a sample NFAs recorded on Swift which are set out on the table below. In summary it appears that in all cases there was an appropriate rationale for all of the NFA action. Thematic reasons included where an alert has been duplicated, and where the information provided does not constitute an allegation of abuse or neglect.

<b>Client Category</b>	<b>Alleged Abuse</b>	<b>Investigating Team Manager</b>	<b>Reason for NFA</b>
Physical & Sensory Disability	Financial (Scam)	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because service user declined safeguarding. Safeguarding Adults Officer assessed capacity, advised client of his options and referred him for a needs assessment.
Physical & Sensory Disability	Neglect	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because the presenting concern was judged to require ordinary casework rather than a Safeguarding Adults response. The service user has declined to have gas central heating installed by the council and the alerter was worried about this. A needs assessment was offered.
Learning Disability	Institutional / Financial	Helen Oliver	NFA recorded by Victoria Grimwood (Safeguarding Adults Officer) because the client is placed out of borough & referral was made to Haringey Safeguarding Adults Team to coordinate safeguarding and liaise with CLDT, Commissioning & the provider. NFA outcome now replaced with 'AP - Placed outside of borough' (this new variable was recently created as a possible contact outcome).
Physical Disability	Emotional / Verbal	Clement Mawoyo	NFA recorded by Intake and Access Team because this was a duplicate alert from Queens Hospital and the concern was already being dealt with by the relevant team.
Physical Disability / Learning Disability	Neglect / Financial	Jane Norris	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) following liaison with the key worker & his manager because the alert was screened and it was agreed that assessment and ordinary casework would be more appropriate. There appears to have been appropriate rationale for this decision (the situation being described was one of need not abuse or neglect). The contact reason has been changed to 'receipt of information'.
Physical	Neglect	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because the

& Sensory Disability			information related to a single missed call from a carer and no harm was occasioned. Contacts monitoring and provider informed.
Mental Health	Financial / Physical	Helen Oliver	NFA recorded by Gavin Jugmohun (Safeguarding Adults Officer) because this was a duplicate alert from Queens Hospital and the concern was already being dealt with by the relevant team.
Physical & Sensory Disability	Neglect	Helen Oliver	NFA recorded by Fariha Mughal (Safeguarding Adults Officer) because this was a duplicate alert received both from LAS & Grays Court and the concern was already being dealt with by the relevant team.

### Analysis of Referral Source

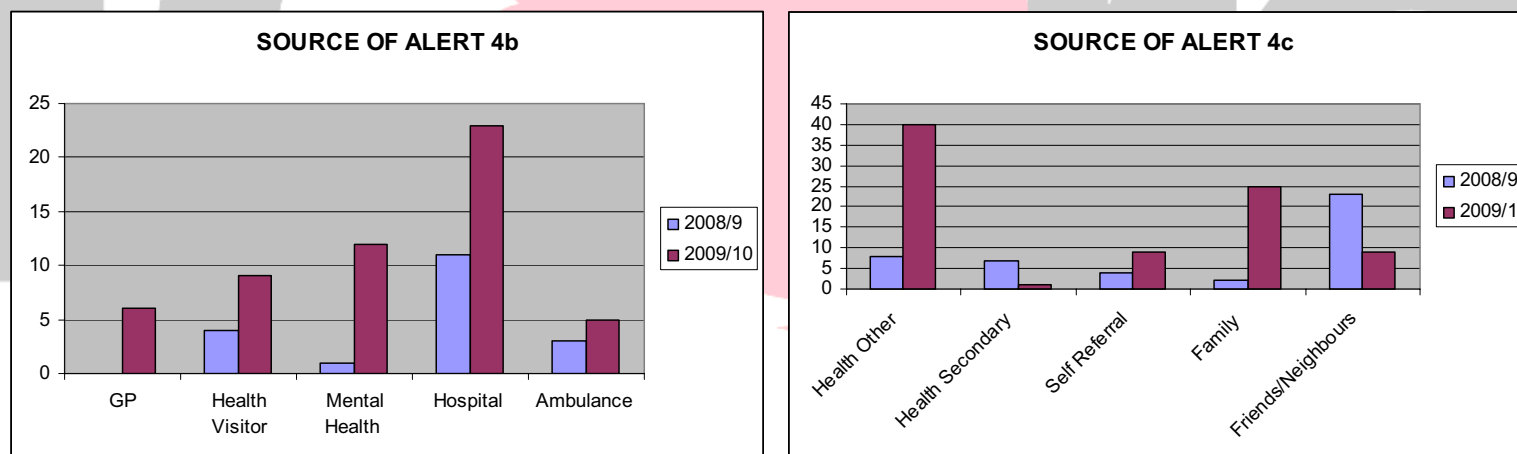


In 2008/09 the largest percentage of referrals originated from ACS/LBBB this indicates that safeguarding was well embedded corporately by the Local Authority. This corporate mainstreaming appears to be further enhanced in 2009/10 as we have seen an additional 3% increase. 2008/09 figures show that 20% of Alerts originated from staff within Residential Care Homes this is in keeping with an emphasis which was historically placed upon institutional abuse. For example during this time training was predominantly offered to and taken up by Residential Care Staff because of our take-up of block contracts. However with our move towards personalisation our stance has shifted to cultivate greater awareness for service users living in different settings and also

we acknowledge that we need to widen our focus towards other vulnerable groups as predominantly residential homes cater for the elderly and frail. This is reflected in 2009/10 flattening of referrals from residential homes which now make up just 11% of our referral sources.

Figures for 2008/09 to 2009/10 also reflect the progress being made in relation to Social Workers themselves alerting the Safeguarding Adults Team to concerns where we have gone from 1 alert in 2008/09 to 23 in 2009/10, while this level remains low it is encouraging to see that social workers are now placing an emphasis upon sharing concerns formally as opposed to taking a reactive stance or dealing with it outside of safeguarding procedures.

It is disappointing that our level of referrals from day centres has not increased more markedly as at the start of 2009 we invested significant resources in training all the staff in one of our provider services, however in the intervening period this service has gone into administration and so the early increase in referrals appears to have tapered off. The introduction of the DIGNIFY model has been introduced in an effort to improve in this area.



A key issue which comes to light through analysis of Table 4b and 4c are the limitations of the data that we had originally collected. For example it is clear that until recently staff were not able to distinguish the specific health agency from which referrals originate. As a consequence though we see a significant number being recorded as Health Other. This aside though both Tables 4a and 4c



depict an encouraging increase in the number of Alerts that we now receive from colleagues in Health (20%). There is little doubt that this increase is attributable to a significant increase in joint working across Health and Social Care and in particular the introduction of specialist Safeguarding Adult posts across the Health economy.

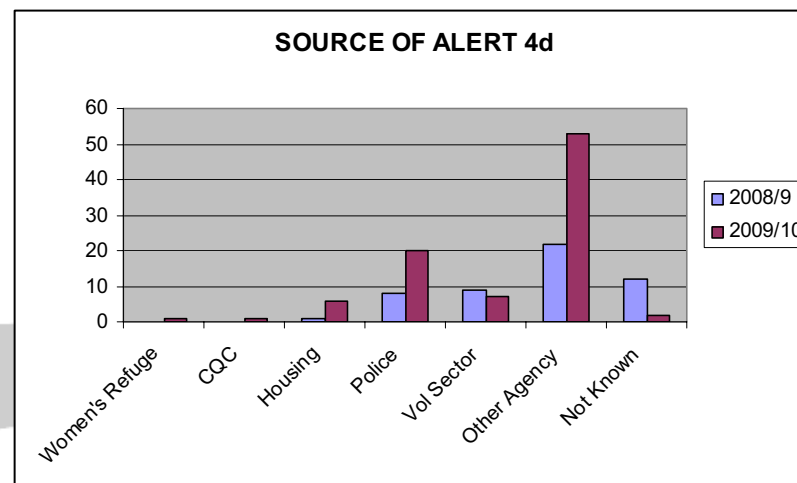
Perhaps most stark is the significant increase that we have seen from colleagues in Mental Health. We believe that this is in response to a combination of increased senior leadership by NELFT together with the introduction of operational safeguarding leads in each team which are supported by the new Safeguarding Team who are on hand to provide support and training.

Table 4c shows us that the success of the 'I Care' campaign has not been due to an increase in referrals from neighbours and/or friends referring concerns as we had expected- where we have in fact seen Alert Sources deplete. Rather, the data shows that we have seen a significant increase in the referrals from families- from less than 1% of all Alerts in 2008/09 to 5% of all Alerts in 2009/10.

Upon reflection it is felt that while the 'I Care' message was designed to encourage all individuals to think about those who are vulnerable in their communities it is likely to be most pertinent to those who are already involved with vulnerable adults.

We recognise that to be truly preventative we need to encourage service users themselves to raise the concern rather than a third party. Table 4c shows that the level of Self Referrals from 2008/09 and 2009/10 has remained consistently low at around 2%. This indicates that there is still significant work to be done to convey the benefits and options available to service users. We suspect that self-referral levels are low across the country for a number of reasons;

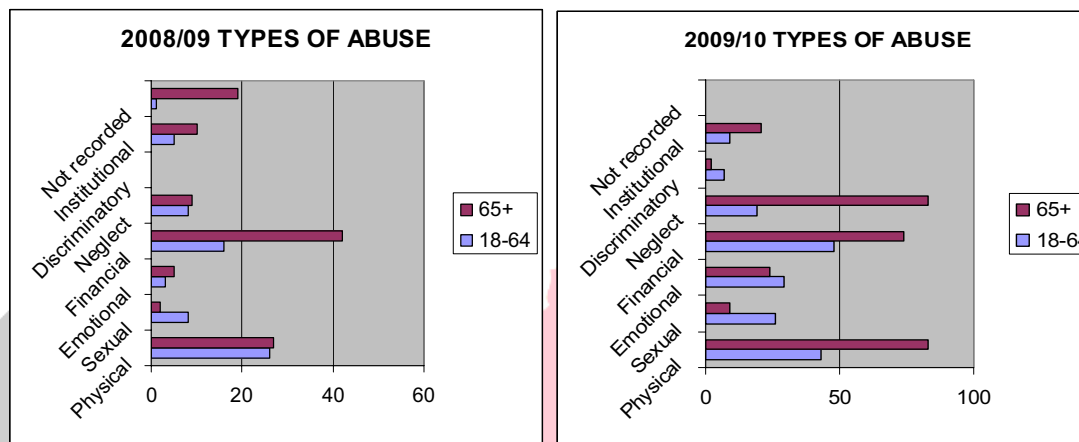
- Firstly victims of abuse face many barriers in disclosing abuse which are compounded by additional vulnerabilities and risks where the service user is dependent upon the person perpetrating the abuse,
- We also believe that service users often lack faith in the responses that are on offer from statutory agencies, for examples there is often anxiety associated with disclosing abuse to social services or the police through fear that it may lead to a loss of independence and control of the matter.
- Finally, we also recognise that some service users will not recognise that what they are experiencing is abuse or neglect.



From analysis of Table 4d we can see that the referrals from Housing, Police, CQC, and the Domestic Violence Sector are on the increase. We believe that this is due to the strengthening of partnership links through the work of the Safeguarding Adults Board and operationally through the work of the Safeguarding Adults Team. However, perhaps more worrying is that we appear to be receiving a lower percentage of referrals from our colleagues in the voluntary sector. This is an area of work which we will prioritise this year. Again, what is evident from Table 4d is that there are limitations to analysis due to the way that some referral sources have been recorded on SWIFT in respect to those recorded as 'Other' agency. However, what is clear is that 2009/10 data shows a convincing increase in referrals recorded under this tab. Again we intend to ask the Performance Monitoring Subgroup of the Safeguarding Adults Board to unpick which agencies are meant by this tab so that we can better analyse gaps etc.

Finally we also see that those referrals sources which are logged as 'Unknown' are decreasing this is most likely to reflect improvements to the SWIFT selections rather than a particular decrease in anonymous alerts. However, this too will be an issue which we will ask the Performance Monitoring Subgroup of the Safeguarding Adults Board to unpick.

## Types of Abuse



The tables above indicate that in 2009/10 there have not been any alerts which are recorded as 'unrecorded' types of abuse. This supports us in our assertion that recording practice has improved through our introduction of intensive performance monitoring.

We see that institutional abuse has remained steady which indicates that we continue to have good links to residential and nursing homes.

We have seen an increase in the reporting of abuse where Discriminatory abuse is alleged as the primary type of abuse. We believe that this due to the increase in awareness around Hate Crime through the improved partnership arrangements with colleagues Community Safety.

The data also demonstrated that we have seen the number of alerts where 'Neglect' is seen as the primary safeguarding concern rise from 9% in 2008/09 to 21% in 2009/10. This indicates that we are successfully intervening to prevent abuse and indeed suggests that our workforce has become more skilled in recognising the early indicators of abuse through training and support. However, we must also note that while reporting of neglect amongst older people has increased those for 18-64 remain fairly static. This may be due to the number of elderly residents dependent upon care in the borough however it may also be due to a lack of

engagement with younger service users so again this is another area which requires further analysis by the Safeguarding Adults Board Performance and Monitoring Subgroup.

The data in relation to 'Financial' abuse appears to validate our concerns around the economic downturn in 2008/09 in that we appear to have experienced an increase during the economic downturn and a decrease now in financial abuse allegations from 32% in 2008/09 to 25% in 2009/10. Again this is a hypothesis which we intend to test through the work of the Performance and Monitoring Subgroup in weeks to come through closer analysis of pre-recession alert levels.

What is also apparent is that we have seen an increase in the reporting of financial abuse of those individuals aged 18-64 in 2009/10. This may suggest that personal budgets (which appear to be predominantly preferred by younger people) may need to be better safeguarded. As always referral levels are a double edged sword though as alternatively it may be that we are collectively having more success in communicating with this group and encouraging them to disclose. Again, this is a hypothesis which we intend to defer to the Performance and Monitoring Subgroup.

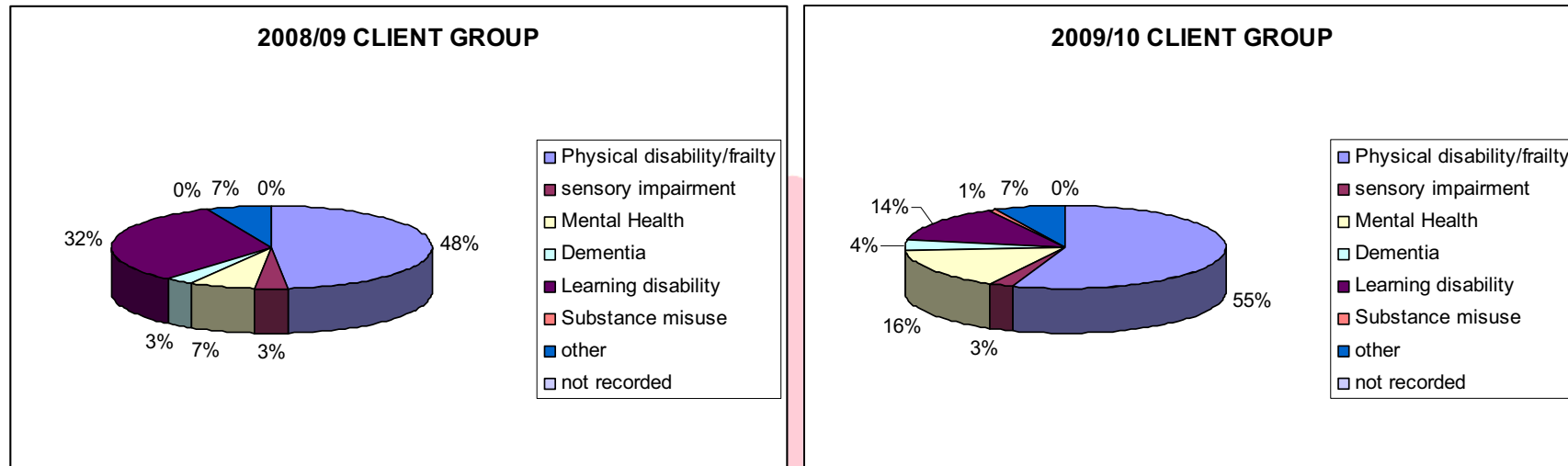
The figures in relation to 'Emotional Abuse' show that we have seen a significant increase in the reporting of emotional abuse, in particular against those aged 18-64. We believe that this is as a result of increased awareness by staff around the definition of abuse and indicates that there exists a sophisticated understanding of the manifestations of abuse in the borough. This may also indicate that the threshold has decreased slightly from years gone by. However either way we are pleased to report this increase to the board.

The level of reporting of 'Sexual Abuse' has remained fairly static proportionally but increased as a reflection of the overall increase in the number of referrals. One would expect this to be the case as 'sexual abuse' is an issue which professionals and individuals alike feel compelled to alert people too regardless of their knowledge of the operational processes and procedures in place.

Finally, the reporting of 'Physical Abuse' as the primary safeguarding concern has changed significantly. In 2008/09 we saw fairly level reporting from those 18-64 and those who were 64+. In 2009/10 we see a surge in reports from elderly service users. While we can not categorically determine why this might have occurred a central focus of our 'I Care' campaign has been in relation to elderly people through World Elder Abuse Awareness Initiatives and we wonder whether this is the cause.

We also recognise that in this borough there are limited institutional settings for non-elderly service users so again this may have skewed these figures. Once again, we will defer this analysis to the Performance and Monitoring Subgroup to monitor and unpick.

### Primary Client Group

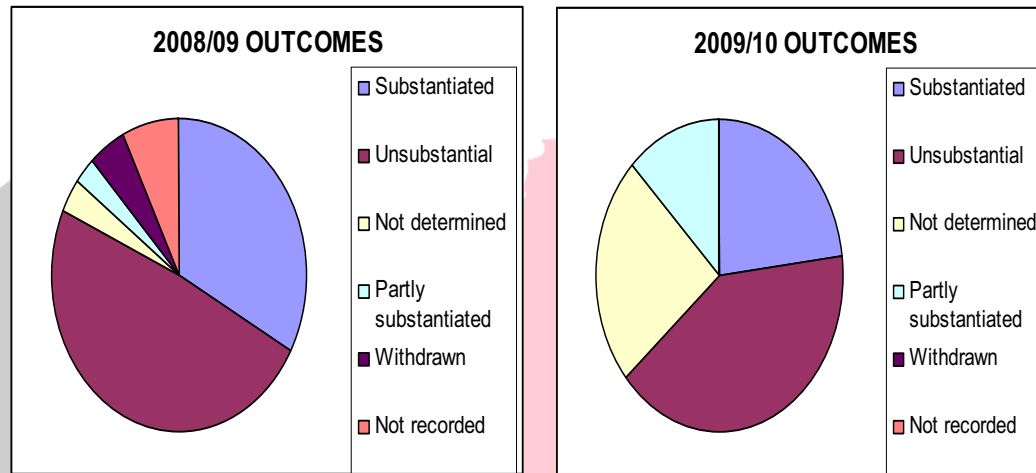


Between 2008/09 and 2009/10 we have seen an increase in the alert rate for individuals with Physical Disabilities/frailty and of clients with Mental Health as their primary vulnerability. Targeted work with Learning disability services is underway including work to develop accessible public information and the provision of bespoke training sessions for service users with learning disabilities.

Those clients classified with either a physical disability or sensory impairment accounted for the largest number of alerts received for 2009/10 with 58%. This was followed by those classified with a Mental Health need at 20% and then a learning disability with 14%. This is comparable to the total number of adult social care clients receiving services for 2008/09. With 52% classified with a physical disability or sensory impairment, 19% with a Mental Health need and 20% for those with a learning disability.

## Investigation Outcomes

The classifications for outcomes changed in 2009/10 as we added substantiated, and not determined, while removing NFA and Client Withdrawn. Therefore analysis is difficult however please see below tables which depict the outcomes.



'Substantiated'- We see from the figures available that substantiated outcomes have decrease from 2008/09 (33%) to 2009/10 (23%), we believe that this may be because our threshold for Safeguarding has lowered and in addition we are experiencing a 50% increase in the number of referrals. However, it can not be discounted that this may indicate that Investigators evidence threshold exceeds a 'balance of probability' judgement in favour of a 'beyond all reasonable doubt' level. This will continue to be addressed through Safeguarding Adults Board Training and Education Subgroup alongside the continued provision of advice and support from the Safeguarding Adults Team to those investigating allegations.

'Unsubstantiated'- What we are able to see in these figures is that we have seen a decrease in the number of cases that we unsubstantiated in 2008/09 (48%) to those deemed to be unsubstantiated in 2009/10 (40%). This shift may be due to either investigators being clearer about outcomes because they are achieving more comprehensive investigations or adversely it may be that we are receiving more inappropriate Alerts.

'Not determined'- There has been a significant increase in the proportion of those cases deemed to be 'not determined' from 4% in 2008/09 to 24% in 2009/10. We would expect to see this increase because we have actively encouraged professionals and other third parties to raise concerns about service users. This suggests that as a consequence we are seeing more occasions where service users have not corroborated the concern but where perhaps professionals are not comfortable to state categorically that it is 'not substantiated'. As highlighted in section 4 there are many reasons why service users would choose to either deny or withdraw from the procedures. In addition this increase supports the assertion that over the last 12 months the thresholds have lowered for alerts; it also supports the argument that we need to continue to reinforce the 'balance of probability' level of evidence which is required for an outcome.

'Partially substantiated'- we have seen a significant 10% increase in those cases which are deemed to be 'partially substantiated'. This may suggest that some cases are more multifaceted than in previous years as this is the option which Investigators choose where there is a suspicion that the allegation is substantiated but where the evidence may not be available. This particular option has been used quite frequently in some of the health based safeguarding Alerts where clinical decisions have not been recorded but where a Health Professional has stated that a course of action was taken.

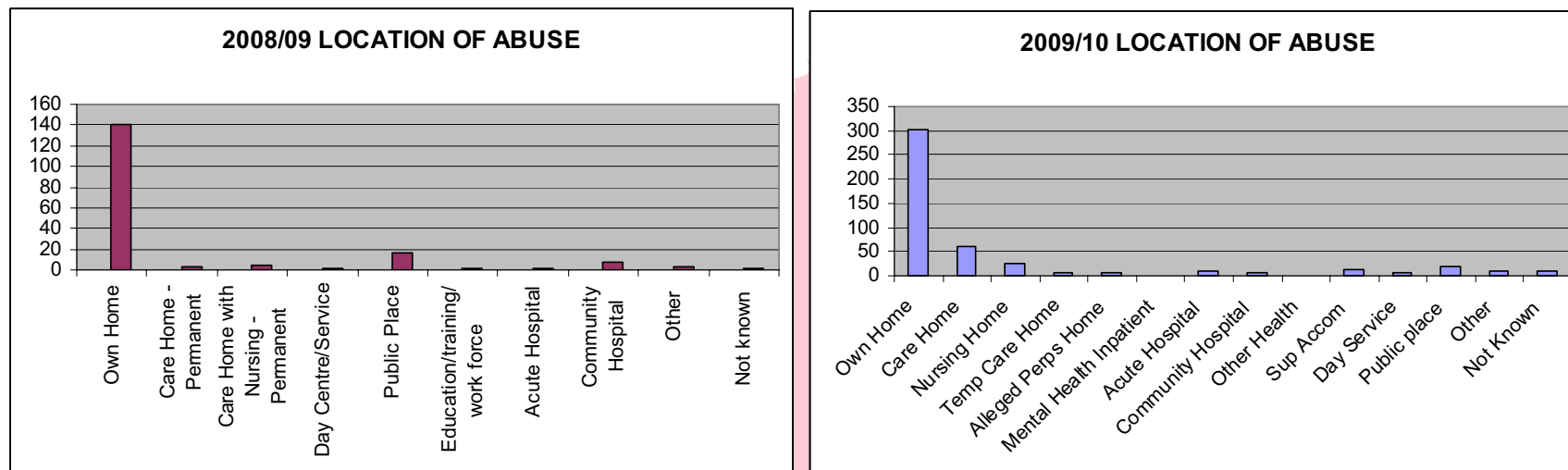
'Withdrawn'- As stated at the start of this section it is not possible to breakdown the 'Withdrawn levels' because after careful consideration the decision was made to remove this tab- to act as an incentive for professionals to continue to attempt to reach a conclusion, based on balance of probability and offer protective measures to clients- even when vulnerable adults withdraw.

### **Ethnicity of Service Users**

Anyone can be a victim of abuse regardless of race or ethnicity. However, we recognise that those individuals aged 80 and above are most at risk of abuse and neglect and predominantly the BME population is younger in this borough- this is reflected in the number of alerts received for 2009/10 where 89% of alerts are for White service users. In 2009 there were projected to be 20,971 over 65s of which the white population was 19,457, giving a white percentage of 92.8%, therefore white people are slightly under-represented in our referral level. A profile of other victim's show that the second highest proportion of referrals were Asian or Asian British background followed by Black or Black British with.

We recognise that certain ethnic groups may be more vulnerable to particular manifestations of abuse. For example harmful cultural practices such as forced marriage, 'so called honour based violence' and female genital mutilation will disproportionately affect certain groups within our community. Therefore it is important that we work in a meaningful way with groups to improve the accessibility of our message to them. It is for this reason that the Safeguarding Adults Board has incorporated this into its strategy.

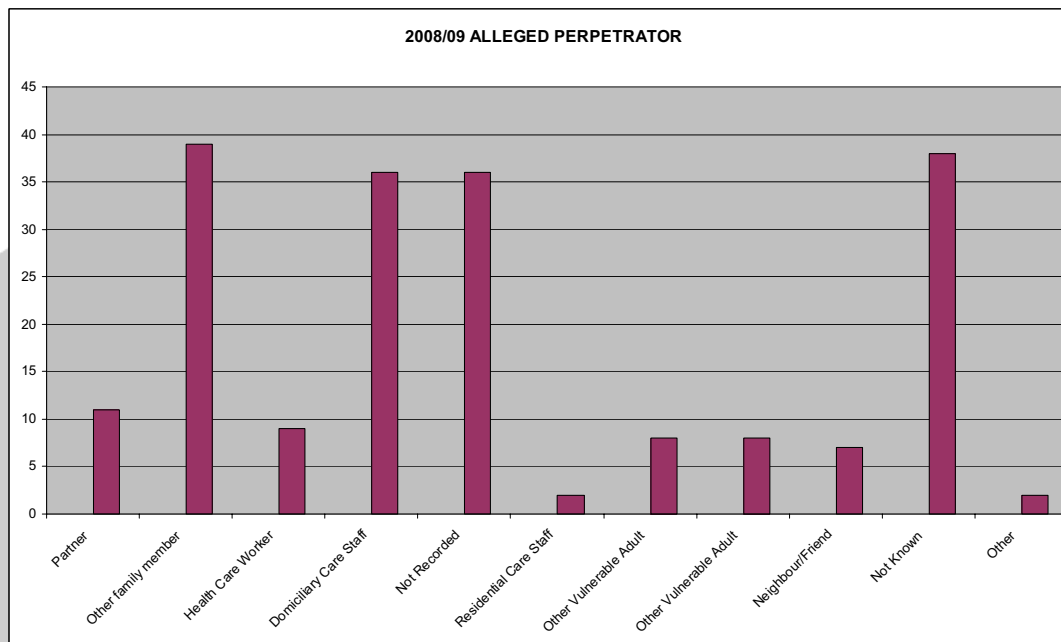
### Location of alleged abuse

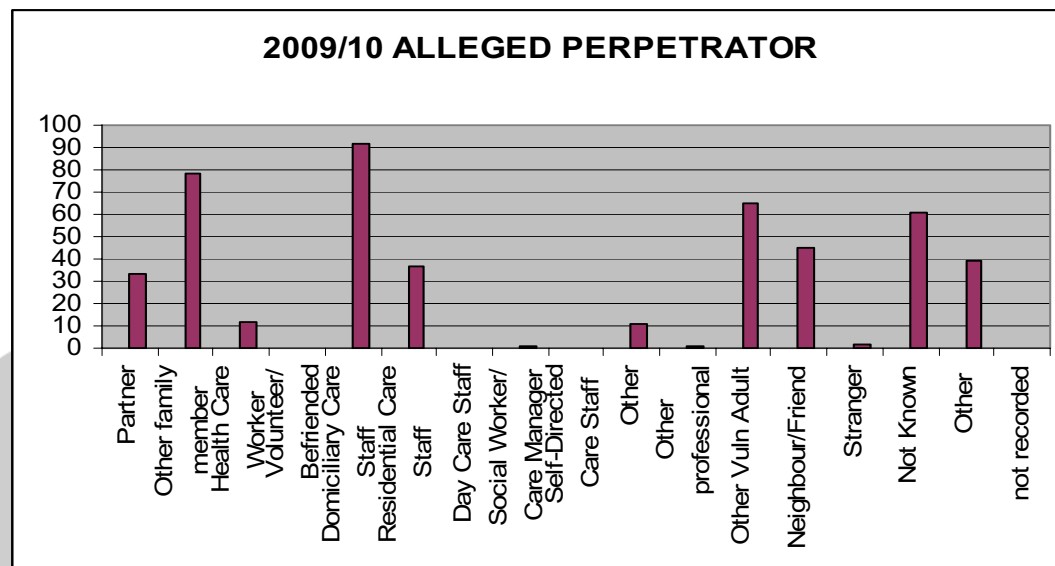


The location of alleged abuse in 2009/10 showed that the majority of abuse took place within the home with 63%. This was followed by a care home setting with 18% and the remainder making up less than 4% each. This may support the assertion that Vulnerable Adults, are at a higher risk of abuse where they are isolated in the community. This gives us credence in relation to ensuring that personalisation embeds safeguarding into its processes as many people will decide to live as independently as they can in the community. As with all abuse statistic reporting levels are a double edged sword and we are never able to categorically conclude that if we receive alerts from agencies it is a good thing- because reporting structures are in place to recognise; or it's a bad thing- because more abuse is happening. However, we would have expected that we would have received a higher level of alerts from across agencies.



### Relationship of alleged perpetrator





We are able to analyse 2009/10 figures with greater ease than that of 2008/09 because the 'not recorded' level has reduced significantly. We also note that in 2009/10 we have seen a percentage decrease in relation to the Anonymous 'Not known' this may suggest that people feel less able to share information anonymously- perhaps due to training or indeed communication after the last year.

This data corroborates the assertion that the myth that abuse is caused by strangers is unfounded as we see very low levels of alerts where this is alleged to be the case. Rather the abuser is much more likely to be known to the victim. This data demonstrates that the abuser is more often a partner, family member or carer. This again allows us to draw parallels with research around domestic abuse- whereby we know for example that women who have disabilities are twice as likely to be the victim of domestic abuse and are twice as likely to be victims of partner/family related sexual abuse, than non disabled women.

## Adult safeguarding triggers/ levels reached- protection plan

While we are unable to compare this years triggers to last years, as they are newly introduced, please see below data in relation to the number of cases which have progressed through the various stages to Protection Plan at Case Conference.

	2008/09	2009/10
<b>Level 1 Cases (Clients)</b>	57 (55)	46 (45)
<b>Level 2 Cases (Clients)</b>	78 (69)	218 (200)
<b>Level 3 Cases (Clients)</b>	30 (30)	161 (141)
<b>Level 4 Cases (Clients)</b>	15 (14)	39 (34)
<b>Protection Plans in place</b>	Data not available	226 (178)

From analysis of the comparable data we can see that there has been a significant shift in threshold over the last year- in 2008/09 25% of cases were disposed of as Level 1 this has reduced in 2009/10 to just 10%. In 2008/09 34% of cases were deemed to be level 2 and thus required a provider report however this has increased in 2009/10 to 45% of cases. Similarly we have also seen an increase in those being deemed to be level 3 and 4 (thus requiring Formal Safeguarding Procedures to be activated) from 20% in 2008/09 to 41% in 2009/10.

## Repeat alerts

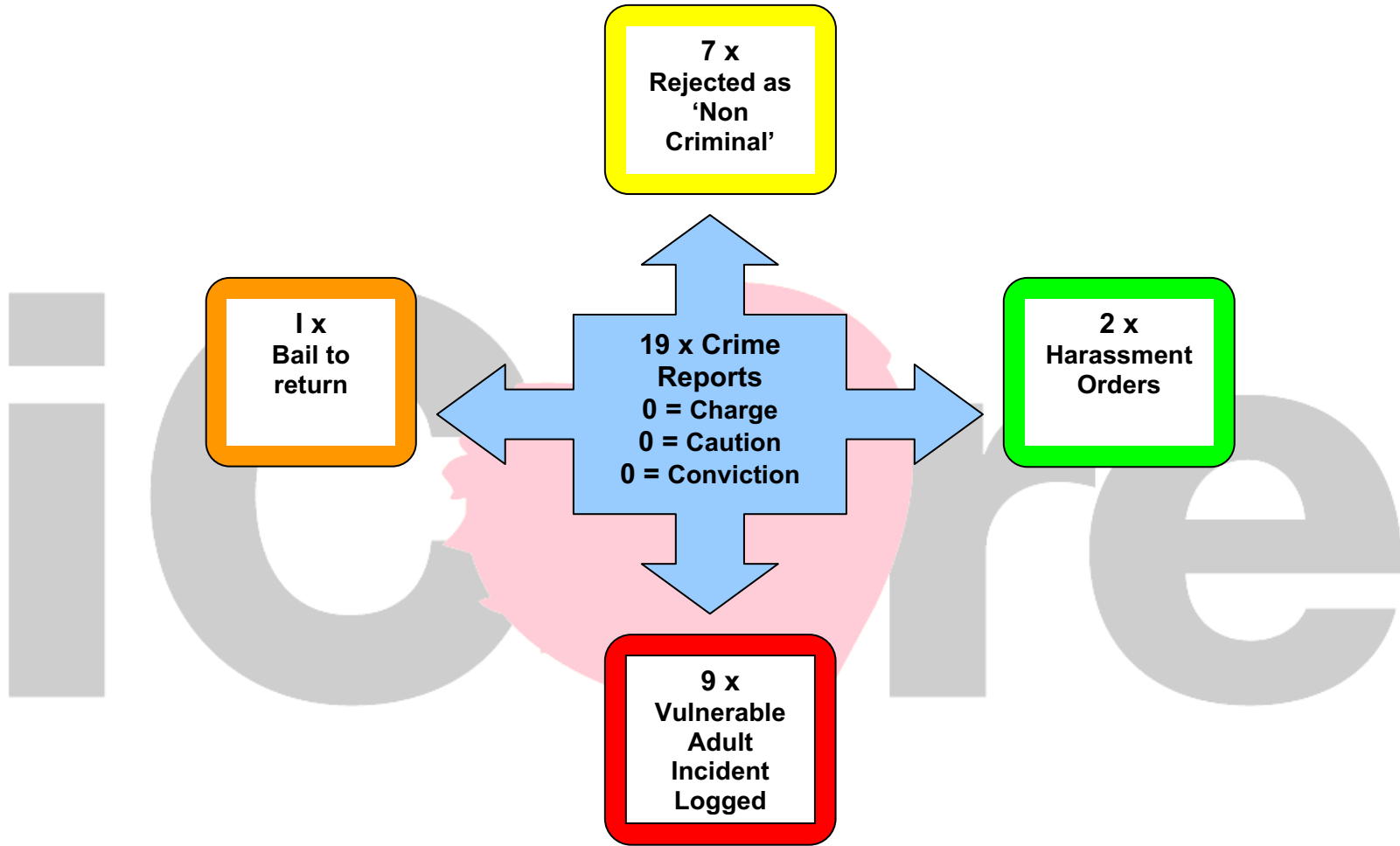
While data is not available to compare 2008/09 figures with 2009/10 figures we have a baseline of 11% for Repeat Referrals presently. When we compare this to the closest reference we have of repeat victimisation for wider domestic abuse the target nationally is 28% (NI 32) we therefore see that our levels are very low. This is encouraging however we must remember that repeat victimisation can act as a perverse incentive when working with abuse, because while it may indicate that responses are preventing repeat incidents of abuse it may also suggest that services are not responding effectively to people the first time and so they are deterred from reporting future incidents. Further analysis needs to be done by the Performance & Monitoring Subgroup to unpick these complexities.

## Criminal Investigations Snap Shot

As with most manifestations of abuse the attrition rate of cases through the Criminal Justice system is often high. This is often due to an emphasis, rightly or wrongly, which is placed on victims to testify, however what we also know victims often withdraw their statements because they are frightened. Therefore, based on some of the lessons learned from the 'Specialist Domestic Violence Court model' we will be continuing to work with our colleagues across the criminal justice sector to improve the quality of evidence retrieved from alternative sources and also to ensure that the appropriate level of specialist support and special measures are afforded to vulnerable witnesses throughout the process.

Until recently we were not routinely furnished with detailed police data, however through the introduction of a dedicated police Safeguarding Co-ordinator this is now available and we are, as a consequence, more able to analyse criminal outcomes for victims. While we acknowledge that the figures below are for the period 16<sup>th</sup> April 2010 to 8 June 2010 they provide a snapshot of activity.

Total Number of reports sent by Police to LBBB Safeguarding Adults Team	11
Total Number of referrals received from LBBB Safeguarding Team	31
Crimint Entries Only (Soft Intelligence)	5
Crime Reports	19



## Conclusion

This Annual Report reveals that the past year has been extremely productive for the Barking and Dagenham Safeguarding Adults Board, thanks to the continued commitment of its partners to develop services in the area. In particular, rather surprisingly for a country facing its worst economic crisis in decades, there has been an unprecedented level of growth with the appointment of dedicated posts to lead this work within many of the public agencies. This is testament to the priority being afforded to this hugely important area of work. As a result vulnerable adults in Barking and Dagenham are arguably being protected more effectively than ever before.

This Annual report has presented us with an opportunity to celebrate the achievements over the last twelve months whilst also setting out our plan of action for the next twelve months. In addition, we acknowledge that Safeguarding Adults is an extremely dynamic area of business and we envisage that our work is likely to be given further momentum by the publication of Pan London Procedures along with guidance in relation to legislative change. We very much welcome this new guidance and look forward to the opportunities ahead to further refine our systems to safeguard adults in Barking and Dagenham.



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# Helping You Live the Life You Want



# Helping You Live the Life You Want Older People's Strategy 2010-2013

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Reviewed by: Safe, Healthy, Fair & Respectful Board

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## Foreword



Barking and Dagenham faces many challenges. The rapid growth of the population to date, and the anticipated further growth, requires the Council, together with its partners, to work together to meet the needs of all residents. Our vision for older people living in Barking and Dagenham, is that we will work with partners to promote the health, independence, well-being, and mobility of older people in the borough.

We want to improve the quality of life for Barking and Dagenham's older population. This strategy is not just about meeting the needs of the oldest members of our community, but also about making sure that everybody aged over 50 remain healthy, active and involved in their communities. Engagement with older people is critical because their needs and expectations will change over the years. We want to ensure that older people live the lives they want to lead. We want them to have choice and control when they need support, and for them to benefit from better health, housing and social care services. We want them to feel safe, and for them to be treated with dignity and respect. We want to acknowledge the tremendous contribution made by older people to the economy, community, civic, and family life in the borough.

As the Councillor with portfolio responsibility for Health and Adult Services, I am committed to ensuring that the support and services older people require are provided in Barking and Dagenham.

The action plan which accompanies the strategy has been put together after consultation with older people in the borough. However, resources are limited, so we cannot provide everything older people have asked for. Nevertheless, we will make every effort to ensure that people living in Barking and Dagenham lead as independent and fulfilling a life as possible as they grow older.

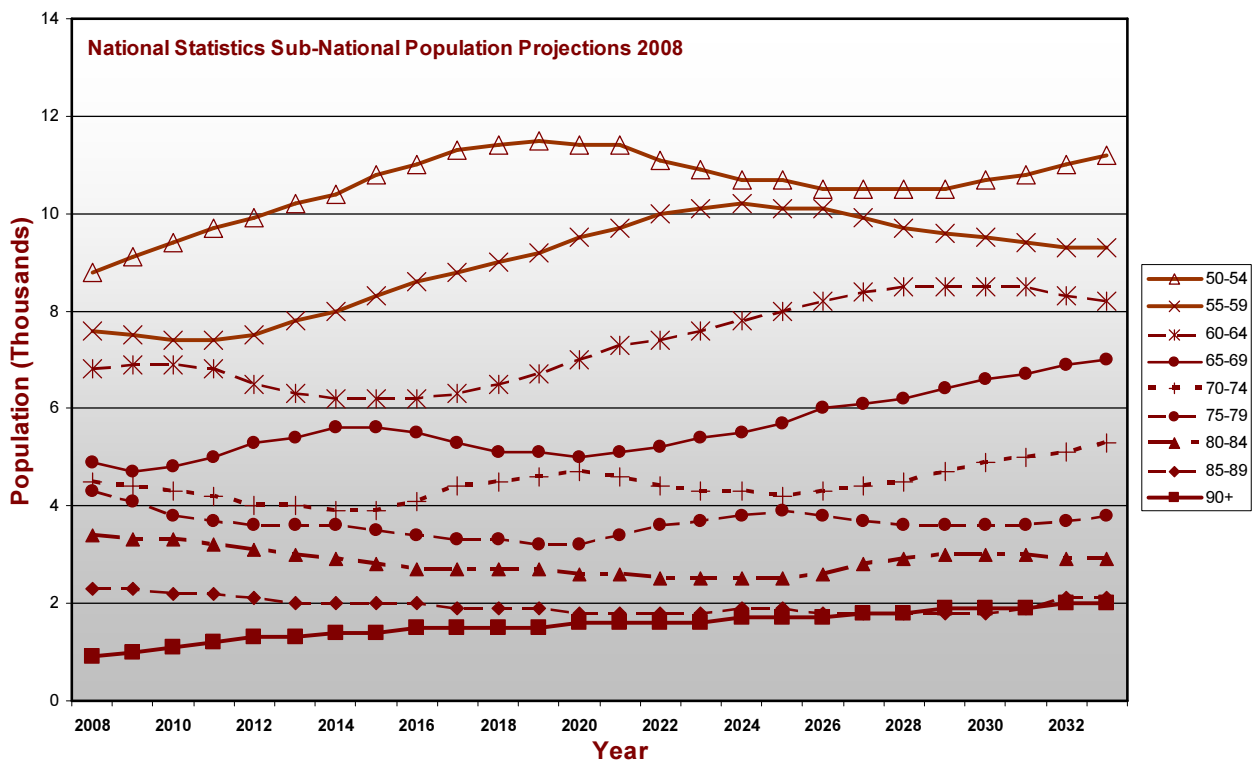
**Councillor Linda Reason**  
**Cabinet Member for Health & Adult Services**

**September 2010**

# Introduction

The population of Barking & Dagenham is an ageing one. While the Council has an Older People's strategy in place, we need to update it, in part to plan for this increase in the age of our local population. Good planning and preparation can have a huge impact on the quality of later life. This strategy sets out the ways in which we will work to ensure that older people can live independently and actively, with a good quality of life, for as long as possible.

The Office for National Statistics (ONS) produces borough level projections to help plan for the future. The graph below shows the Sub-National Population Projections 2008 (SNPP2008), which projects the population of Barking and Dagenham in five year age bands, using the revised 2008 Mid Year Estimate as the base year (the graph only shows the projected population for the over 50s).



Interestingly, the graph shows fluctuations in the various age bands between 50 and 80, with numbers increasing and decreasing between the years 2008 and 2033. However, the 90+ age band continues to increase throughout the projection period. The 90 and over group peaks in 2032 when it represents 1% of the population. By 2033 there is projected to be some 2,000 over 90s; an increase of 122%. This age group has a higher need requirement.

In September and October 2009, and again in June 2010, we held consultation events with older people, including an Older People's Day. The main focus of these events was to listen to suggestions and concerns that would inform the local Older People's Strategy.

Apart from the views of older people in the borough, this strategy is informed by research by the University of London, in partnership with the Council and NHS Barking and Dagenham. Research was undertaken to identify patterns of service use by older people, linked to demography and deprivation.

While this strategy focuses on people aged 50 and over, we recognise that the needs of people aged 50 may vary greatly from those aged 80+, and this is reflected in the services we provide. Three main sub-divisions have been identified:

- Those aged 50-64. Many of these people are active and independent.
- Those aged 65-79. The activity and independence levels of the people in this group vary.
- Those aged 80+. People in this group may be vulnerable as a result of health problems, such as stroke and dementia, social care needs or a combination of both.

This strategy sets out how we will work with partners, to promote the independence and well-being of older people living and working in the borough. The action plan is at the back of this document, and will be renewed annually. The appendix contains a summary of the national drivers for the work done around health and social care.

# Our Vision for older people in Barking and Dagenham

**We will work with our partners to help older people live the life they want.**

At the Council, we acknowledge that we need to further improve and monitor how we provide services to better meet the needs of older people. One way of achieving this is to engage with older people, so that they have a say in commissioning, designing, delivering, and monitoring both mainstream and targeted services. The 2008/09 Place Survey noted that:

Those who feel informed tend to be more satisfied with the area and feel a sense of belonging to their neighbourhood (Place Survey 2008/09. p.53)

This strategy recognises that older people are a diverse group who have different needs and expectations. We want to promote the health, independence, well-being, and mobility of all older people in the borough.

## National Context

This strategy was informed by the Audit Commission's report: Don't Stop Me Now: Preparing for an ageing population (July 2008) . The key messages from the report are:

- The population is ageing and the older population is becoming more diverse;
- Few councils are well prepared for the additional diversity in their populations;
- Central government's Opportunity Age initiative has had limited impact;
- Councils have a local leadership role to create an environment in which people can maintain a good quality of life as they age;
- All Councils need to understand their older communities and shape both universal and targeted services accordingly; and
- Increased awareness, better engagement and innovation could help many older people without significant expenditure.

The government has also produced an update on their 2005 strategy 'Opportunity Age'. The updated strategy 'Building a Society for all Ages', published in 2009, outlines how we, as a society, can make the most of the enormous demographic change taking place, where pensioners now outnumber children for the first time.

Too often, people think of services for older people as being limited to health and social care. However, findings from the Partnerships for Older People Projects (POPP) pilots reveal that those services which promote the health, well-being and independence of older people, help prevent or delay their need for higher intensity or institutional care. Between 2006 and 2009, the Department of Health funded 29 local authorities, and their health and voluntary sector partners, to undertake the POPP pilots. Of the 146 projects run, two-thirds of them were aimed at reducing social isolation and exclusion, or promoting healthy living, with the remainder directed specifically at avoiding hospital admission or facilitating early discharge. Over a quarter of a million people (264,637) used one or more of the services.

The national evaluation of the pilots in January 2010 found that a wide range of projects resulted in improved quality of life for older people, and considerable savings for service providers as well as better local relationships. For example, the reduction in hospital emergency bed days resulted in considerable savings, so that for every extra £1 spent on the POPP services, there was approximately a £1.20 additional benefit in savings on emergency bed days. Overnight hospital stays were reduced by 47% and use of Accident and Emergency departments by 29%. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person.

The results of the POPP pilots supports our approach to service delivery for older people, which addresses not only specific care needs, but also focuses on preventive initiatives, and ways of improving older people's quality of life.

## Local Context, including links to other strategies

In our Local Area Agreement (LAA) we have included a number of National Indicators (NIs) which affect older people. The indicators are:

### Healthier Borough Board

**NI 121** Mortality rate from all circulatory diseases at ages under 75.

The baseline for this indicator is 110.68 per 100,000 population (2004-06), with a target of 97 per 100,000 population in 2010-2011. We are currently on course to hit this target.

### Public Service Board

**NI 5** Overall/general satisfaction with local area.

The baseline for this indicator is 56.4%, with a target of 60.1% for 2010-11. We are not currently on course to hit this target.

### Safer Borough Board

**NI 21** Dealing with local concerns about anti-social behaviour and crime issues by the local council and police.



The baseline for this indicator is 29.7%, with a target of 35.7% for 2010-11. We are not currently on course to hit this target.

## **Stronger Borough Board**

**NI 1** Percentage of people who believe people from different backgrounds get on well together.

The baseline for this indicator is 49.1%, with a target of 53.5% for 2010-11. We are currently on course to hit this target.

**NI 4** Percentage of people who feel they can influence decisions in their locality.

The baseline for this indicator is 37.4%, with a target of 41.4% for 2010-11. We are not currently on course to hit this target.

We have produced a number of strategies which contribute to the independence, well-being, health, and social care, of older people in the borough. These include:

- Valuing People Now – Our vision for services for people with a learning disability (in draft stage).
- Older People's Arts Strategy (in draft stage).
- The Safeguarding Adults Board has put together a business plan, and an action plan for 2008-11.
- Carers Strategy 2008-2011 (in draft stage).
- Domestic Violence Strategy 2008-2011.
- Community Safety Partnership Plan 2008-2011.
- Adult Drug Treatment Plan
- Volunteering Strategy
- Third Sector Strategy
- In-care/vulnerable adults strategy (?)

## **Seeking the views of older people**

Three Knowledge Cafés were held in September and October 2009, with between 30 and 70 people attending each event. Attendees were sat around tables in groups of no more than 9 people, with a facilitator at each table who encouraged discussion about issues that affected older people. Notes were then fed back to the whole group and discussed generally.

A further consultation event was held in June 2010, which involved a range of residents, voluntary and statutory sector partners. This event was attended by Councillor Reason, and representatives from the Department of Work and Pensions, and Government Office London.

The issues raised by participants at all of the consultation events, have helped to inform the writing of this strategy and the contents of the action plan.

## Our Key Priorities

Consultation within the Council, with partners, and with older residents in the borough, identified a number of issues that were considered to be important to older people. These included transport; communication; social cohesion; health and social care; crime and personal safety; leisure; and housing. The issues are discussed below, and are addressed according to what is already being done; and what residents in the borough had to say about those issues. An action plan, setting out what the Council and its partners will be doing in the future is included at the back of this strategy. The action plan will be monitored and updated annually.

### Transport

#### What has already been done?

- The Local Implementation Plan is our 5 year plan for transport in Barking & Dagenham. The plan sets out the local transport policies and proposals that will implement, at a borough level, the Mayor of London's Transport Strategy.
- £2.9m funding achieved from Transport for London through the Local Implementation Plan.
- Transport for London is now considering its timetable for extending the Docklands Light Railway from Galleon's Reach in Newham to Dagenham Dock, with new stations in Barking Riverside, sometime between 2012 and 2016.
- The East London Transit now links Ilford and Barking Town Centres to the new development at Barking Riverside and to Dagenham Dock. Although planned initially as a dedicated bus service, using state of the art vehicles and technology, an option for upgrade to a tram service will be retained.
- Crossrail is the new high frequency, convenient and accessible railway for London and the South East. It will give residents another travel option, with a stop at Chadwell Heath, providing a direct route across London to Heathrow Airport.
- We ran a successful pilot using small passenger vehicles to provide a more flexible Passenger Transport Service, utilising staff down-time, thereby reducing the cost.

#### What Barking & Dagenham residents said about transport

This was one of the biggest issues for older people across the borough. Residents wanted regular, reliable, and accessible transport. Many people felt that the Freedom Passes were necessary to maintain independence, mobility, and social contact. Many older people felt that if they didn't have free travel, then they would be more socially isolated.

There was a call for more disabled parking in Barking town centre, and also for safe, accessible transport at night, so that people could take part in evening activities. Accessibility to transport was a major concern, with many people having a long walk to get to bus stops, for example. For those with restricted mobility, using public transport was not an option.

Many of the older people consulted, needed to attend Queen's Hospital in Romford on a regular basis. They were dissatisfied that there is no direct bus route from Barking to the hospital. The Patient Liaison and Advice (PALS) lead for Barking, Havering and Redbridge University Hospitals NHS Trust on public transport has lobbied Transport for London on a regular basis about improving bus services to the two main hospitals, and there is cross-party support from local politicians for this initiative.

Some of the older people consulted, were apprehensive about sharing public transport, particularly buses, with schoolchildren, who they sometimes felt were noisy or boisterous.

## Communication

### What has already been done?

- The News is our free fortnightly newspaper, and is distributed to over 70,000 homes across the borough, and 12,000 local businesses, and circulated to more than 160,000 readers.
- In March 2008, the annual Society of Information Technology Management 'Better Connected' survey of public sector websites rated the Barking & Dagenham website as one of the top 20 local authority websites in the UK.
- We launched London's first talking CCTV cameras. Sixteen of the borough's CCTV cameras are fitted with loudspeakers which will deliver messages about things like fines for littering and anti-social behaviour.
- We have been running a Cleaner, Greener, Safer campaign for the last 2 years, encouraging people to do more for the environment, and report problems to us.

### What Barking & Dagenham residents said about communication

There was a lot of positive feedback about The News; information about local events and services was much appreciated, as were articles about local people. Many people felt that The News was an opportunity to provide positive role models for older people. There were suggestions about ways in which the newspaper could develop, for example, the inclusion of a list of scams and con artists working in the area, also a list of reputable tradesmen.

A number of the people consulted said that they would like a spokesperson, who could put forward their points of view to the Council and its partners. There was a suggestion that each of the large groups representing older people (such as Forum for the Elderly; Elderberries; etc.), should provide a champion. The 'champions' could meet regularly, and feed back to us their concerns and needs.

There were complaints that many of the leaflets advertising events by the public sector were often poorly produced, with no specified date, time, or venue. There was also a request that all information should be in plain English, with no acronyms. On invitations to events, people asked that maps be provided with entrance points clearly marked, together with distance from bus stops, etc.

## Community Cohesion

### What has already been done?

- The borough adopted its first community cohesion strategy 'One Community' in 2004. An updated strategy, adopted in July 2007, has been built on the foundations of partnership working and shared values that One Community established. The vision of the Community Cohesion Strategy is to build communities and transform lives. The strategy is committed to ensuring that local residents will:
  - Be more involved in the development of provision and services.
  - Feel that services are accessed fairly.
  - Feel safer living and travelling around the borough.
  - Increasingly get on well with and respect people from other communities.
  - Have empathy for those who are disadvantaged or vulnerable, regardless of background.
- The Council has developed a number of multi-agency approaches to working at a very local level, helping to demonstrate to local people that their needs are being addressed, and to make the community a better place to live.
- A range of highly innovative communication and engagement techniques have been developed by the Council to build trust in local communities.
- A number of small-scale intergenerational activities have been very well received by the people who participated in them.

### What Barking & Dagenham residents said about Community Cohesion

The concept of community was frequently raised as a concern. Many residents felt that there was a lack of social activities for older people in the borough, and that many of the social centres they used were being closed down. There were references to a desire for community cohesion, and increased community spirit, with Dagenham Town Show cited as an example of an effort to encourage community cohesion.

There was some interest in intergenerational projects, but a large number of people suggested that there needed to be more opportunities for older people to socialise, before we spent money on organising intergenerational events. In addition, many of the older people, including representatives from the white, Muslim, and Hindu communities, complained about the behaviour of young people. There was a perception that spending money on a few intergenerational projects would not make a difference. Many people felt

that work needed to be done with the parents, and that teenage pregnancy, together with the inability to enforce discipline, was a big problem.

There were a number of Community Centres that were cited as providing opportunities for older people to meet up, but some of the activities and events were expensive, which stopped some people from joining. There was a suggestion that since older people had paid tax all their lives, they were entitled to free social events, and leisure activities.

A number of the older people consulted had complaints which were based on myths about the borough, particularly connected to housing allocation and migrants. Interestingly, one group of people argued for greater integration in terms of age, gender and ethnicity when it came to events organised by the Council. They felt that by holding specific events targeted at groups according to either ethnicity, age, gender, etc., we were actually preventing greater integration.

Older residents expressed disappointment about the lack of 'good' shops in the borough, with a number of people complaining that they had to travel to either Ilford or Romford to shop. There were also complaints about the Heathway, because so many shops had shut, and there were no toilets.

## Health and Social Care

### What has already been done?

- The Council and the PCT have jointly undertaken a Joint Strategic Needs Assessment (JSNA) which finds out about the health and wider needs of the local community. Indicators show that the number of older people who are successfully supported to live at home in Barking and Dagenham, is greater than the national average.
- Information about health and social care services is widely available in the borough. We fund a care directory and information, support and respite care/short breaks to support carers. Barking, Havering and Redbridge University Hospitals NHS Trust have produced an 'Older Person Care Guide', which contains general advice and useful telephone numbers.
- When a person is assessed as having ongoing care and support needs, a personal budget is provided to access a range of services, including home care; meals at home; day activities for older people with disabilities; equipment and adaptations; community alarms and Telecare.
- We are a national leader in developing 'personalisation'. Under this system people receive advice, information and support in accessing services and in some cases they receive a personal budget to achieve the outcomes they require.
- Following concerns expressed by older people and their families, we have been implementing a new system of electronic monitoring (called EZI-tracker). This identifies individual care workers, and monitors their time of arrival and departure, and breaks down the charges to 15, 30 and 45 minute slots.

- In 2008 the Unique Care project brought social care together with health to form a team approach to promote early intervention for people over 65 years: to prevent inappropriate unplanned admission to hospital, reduce the length of stay and enable people to manage their own care in the community outside a hospital setting.
- We offer an emergency respite/short-break service for people with dementia to give families respite from their caring responsibilities. We have also commissioned Carers of Barking and Dagenham to develop the Memory Lane Resource Centre, which provides 24 places a day for people with dementia as well as support for their family carers.
- An initiative involving pharmacists, district nurses, social workers and inpatient staff, piloted an improved way of pharmacists issuing medication outside hospital, called the MAR (Medication Administration Record) Chart Project (March 2010).
- We have developed a joint quality monitoring framework, with other local authorities in East and North London, aimed at improving the quality of care in local residential and nursing homes
- A 2005 report highlighted the fact that although South Asian older people are the largest BME group in Barking and Dagenham, their take up of community care services was very low. We now fund regular drop-in advice and information sessions for black and minority ethnic (BME) community.
- In October 2009 we produced, together with NHS Barking and Dagenham, a "Living well, ageing well" booklet. We have agreed a "Health and Wellbeing Strategy 2010" with ten key priorities, six of which are directly relevant to older people: reducing smoking; increasing physical activity; promoting healthy eating; depression and emotional wellbeing; alcohol misuse; improving end of life.
- The 'I Care' campaign, launched in October 2009, aims to encourage all residents to look out for vulnerable adults, including older people, in their neighbourhoods.
- There has been significant emphasis on informing people how to complain about poor service delivery. There is a new joint agreement for processing health and social care complaints (April 2010) which should streamline the investigation of complaints.
- In October 2007, the government introduced a new statutory framework for patient and public involvement in health and adult social care. At the heart of the new system are Local Involvement Networks (LINKs). LINKs are made up of individuals and community groups who work together to improve local services. The job of a LINK is to find out what people like and dislike about local health and social care services, and help them work with the people who plan and run them, to make them better. For example, Barking and Dagenham LINK has now completed consultation and engagement with service users and LINK members, on the proposals to change hospital services across North East London.

## **What Barking and Dagenham residents said about health and social care**

The main concern expressed by older people was whether they would receive support to stay in their own homes, and to stay independent for as long as possible, if that is what they choose to do.

Some people were not clear about how to get services and where to go for information about health and social care issues.

A few people, who received home care, were concerned that while they were charged at an hourly rate for a carer, their carers only stayed for 10-15 minutes at a time and were inconsistent about the time they arrived.

Language barriers made accessing information and services difficult.

Older people living in extra care units were generally satisfied with their environment and care services, and said that they felt safe. However, there was concern about the quality of meals, and lack of activities on site, which some people felt led to a poor quality of life.

## **Crime and Personal Safety**

### **What has already been done?**

- The Community Safety Team was set up as a direct result of the 1998 Crime & Disorder Act. The team works with the police and other partnership agencies to reduce crime and disorder through specific working groups and projects. The team also works very closely with other groups and agencies on a variety of anti-crime initiatives. The team have been very successful in achieving funding for more CCTV equipment; anti-drugs funding; a street wardens scheme; community work; and additional security measures for residents.
- The Bogus callers scheme identifies and supports residents who have been repeat victims of bogus callers. The scheme uses specially installed dispersed Social Alarm units, and is a partnership between the communications centre and the Metropolitan Police.
- Street Base is a new initiative providing a range of activities and spaces available to young people aged 11 to 19. The aim is that young people will choose to spend their time at Street Base, and that they will enjoy, achieve, and make positive contributions to their communities.
- A no cold calling zone has been set up in Abbey and Gascoigne wards. The aim of the zone is to encourage residents not to answer the door to any unannounced visitors – unless they show genuine photo-id. The scheme is being run jointly by our trading standards team and Barking and Dagenham Police.
- We fund and contract the Metropolitan Police Service to employ an additional 6 police officers in the Borough, including 1 sergeant. These officers form a new, police managed and operated, Parks Safer Neighbourhood Team. They will work side by side with the local Safer

Neighbourhoods Teams and with park users and Friends to problem solve long term crime and ASB problems in the parks. They patrol the parks, providing reassurance through their presence.

## **What Barking & Dagenham residents said about crime and personal safety**

There was a lot of praise for the Safer Neighbourhoods teams, but also a request for more PCSOs on the street. The new police 'shop' in the Heathway was welcomed. However, personal safety was frequently mentioned, with the majority of older people consulted saying that they were reluctant to go out at night, because of a perceived fear that they were more at risk from crime.

In general, the people consulted felt that crime levels in the borough had risen, particularly with regards to crimes such as theft and mugging. Many people said that they didn't feel safe on Thames View at night because there were overgrown bushes at the bus stop. It was generally felt that overgrown shrubbery and trees provided hiding areas for muggers, and were also a hazard for people with mobility difficulties.

Many people felt that there was a general trend across the borough to make the pavements too wide, and that this encouraged cyclists to use the pavements rather than the roads. There were also complaints that mobility scooter users were inconsiderate when it came to pedestrians.

Many older people complained about young people hanging around street corners, and said that they felt intimidated when walking past them. There were also complaints about the groups of young people hanging around the increasing number of fast food outlets in the borough.

## **Leisure**

### **What has already been done?**

- Building of the new Becontree Leisure Centre is under way.
- Free swimming, learn to swim and aqua aerobic programme for the over 60s.
- From April 2010, the borough's over-60s have also had free use of Barking & Dagenham's four leisure centres. They are able to use the gym and take up a variety of fitness classes from Monday to Friday until 5 p.m., and at any time on weekends.
- The exercise recommendation scheme enables GPs to refer older people to the leisure centres. They can participate in a programme of free exercise that will help them to adopt a healthy and active lifestyle.
- The Elderberries group caters specifically for the over 50s. Available at all Leisure Centres in the borough, this programme provides many different activities such as circuit training, badminton, table tennis, and gym, as well as the opportunity to socialise.



- A healthy walks programme is being provided in the borough. The specially guided walks allow older people to enjoy gentle exercise in the greener areas of the borough, whilst socialising with like-minded people.
- Our leisure centres host a wide range of clubs and societies which provide activities for older people, like the Barking and Dagenham Short Mat Bowls club and Tai Chi at Wood Lane Sports Centre.
- Apart from free membership, free internet access, access to books, magazines, newspapers, CDs and DVDs, the Library service provides many activities across the borough for the over 50s. These include internet instruction; reading groups; coffee mornings; and an after school activity club where grandparents can take their grandchildren for crafts and fun.

## **What Barking & Dagenham residents said about leisure**

Free swimming for the over 60s was much appreciated. However, there were some complaints about the hours when free swimming was available, and from women who asked for women only sessions. Some people also had difficulties with getting to an appropriate leisure centre. There were suggestions that all leisure activities should be free for older people.

A number of people commented favourably on the Elderberries, but for many people it was difficult to access Goresbrook Leisure Centre (where the largest group of Elderberries meet) using public transport. A number of people commented on the importance of activities for older people, because it kept them physically and mentally active.

The libraries were praised as being excellent and much improved. It was felt that it was easier to get the books they wanted, and that the librarians were really helpful. However, there were requests that DVDs from the library should be free (or cost 50p).

A large number of people said that they enjoyed the parks, but would like more seating and park-keepers patrolling. One suggestion was that there should be more partnership work between park-keepers and friends of the park. They felt that the walks in the park were a good idea, but were often unsuitable for older people, particularly those who walked at a slower pace. Even when it was suitable, older people wanted the distance advertised, together with information about the evenness of the surfaces.

There were requests for one-off events, such as singing or craft days (where crafts were sold off and money given to charity). While older people were reluctant to go out at night, they did want more daytime events, where they could try new things and participate in various activities.

## **Housing**

### **What has already been done?**

- Scrutiny was undertaken throughout 2009/10 on Supported Housing for Older People. Subsequently, some good progress has been made: we are commissioning a detailed Housing Needs Survey which will establish the

housing needs of older people in the Borough across the next 10-20 years. We are also undertaking a review of a number of sheltered housing schemes with a view to potential redevelopment and re-provision (including mixed models and tenures) thereby increasing the quantity and quality of housing for people aged 50+.

- In 2008/09, 91% of all the new houses approved in Barking and Dagenham were designed to 'Lifetime homes standard'. This is the highest percentage of any London Council.
- Strategic shift in provision away from accommodation-based supported housing to floating support and 'preventative housing' (using telecare etc.).
- We have begun the implementation of a choice based letting system for sheltered accommodation. This implementation follows a detailed consultation with older people and represents a greatly improved process for the allocation of sheltered housing having received positive feedback from residents and users.
- A Learning Disabilities Housing Strategy has been produced covering accommodation and housing issues for older residents. The strategy has a particular emphasis upon an ageing population and for the first time, attempts to deal with issues such as tenancy succession, home ownership and continued independent living. The strategy is making good progress (for example, easy read information is being developed, home ownership plans are being discussed) and is monitored via a monthly Learning Disabilities Housing Group.
- Good progress has been made with the implementation and roll out of telecare.
- The Housing Strategy 2007-10, included the aim to move away from traditional sheltered housing towards high intensity residential services, called extra care housing.
- We have secured a £3 million NPower grant to assist with energy conservation measures in Council housing stock. Affordable warmth/fuel poverty grants and programmes targeted at older residents. Reducing the carbon emissions from existing homes not only helps address climate change, but also results in lower heating bills. This is a major benefit to older people, who are more likely to be on lower incomes, and suffer fuel poverty. We work in partnership with two organisations: 'London Warm Zone', and 'Warm Front', which assist households in improving the insulation and heating of their homes. Our intention is to continue to prioritise affordable warmth grants for older people.
- We currently manage 22 sheltered housing schemes around the borough, for people in housing need over 55 years of age. For those people with higher need who want to continue to live independently there is extra care housing which has onsite care.
- Development of intensive home-care support service and home-care commissioning, including the development of multi-disciplinary packages of care to support people with intensive needs to live in their own homes.

- Taking action to prevent falls in the home including multi-disciplinary falls risk assessments and outreach services to identify potential fallers.
- The Eyesore Campaign was recently launched; it cracks down on untidy and unsightly gardens.

## **What Barking & Dagenham residents said about housing**

Many attendees felt that as older people, their views were not considered important. They didn't feel that they were consulted on issues such as housing.

The majority of older people consulted would consider moving to smaller accommodation once their children left home. However, they didn't want to move to a high-rise block, or to accommodation where there wasn't room to store their much-loved possessions. In addition, many people found it difficult to leave neighbours and friends.

The preferred option when moving to a smaller property, was to move into sheltered accommodation with a warden. The majority of older people consulted liked the idea of community living, where they had separate accommodation, but shared communal areas where they could socialise. Some of the people consulted already lived in sheltered accommodation, and said that they felt safe there, and enjoyed joining in the group activities whilst still able to retain their independence.

Many people commented on the appearance of housing in the area, in particular the state of front gardens. Many thought that private landlords in particular, didn't take care of their property. It was unclear whether it was the responsibility of street wardens to report overgrown gardens that were a safety hazard to people using the pavements.

## **Finance and Benefits**

### **What has already been done?**

- We have a Benefits Outreach Team, who make weekly visits to the Sheltered Centres, to ensure all residents benefits are kept fully up-to-date. The team also carry out numerous home visit requests, which are generated through Revenue Benefits and through partners like Social Services, Age Concern, Vulnerable Adults team, DABD, PCT, and the Mental Health Team. This aspect of our work brings the team into direct contact with 2,000 pensioners each year.
- In September 2006, the Benefits Outreach Team went into partnership with the Pension Service to provide a Joint Visiting Team. This team consists of staff from both organisations, and works to ensure that every pensioner is visited at either their 60th, or 65th birthday, when their complete benefit package is reviewed. Visits are also carried out when changes in circumstance, such as a bereavement or a deterioration in their health or mobility occurs. The award of extra, or new, benefits, is made as seamless as possible.

- The Joint Visiting Team alone, has generated additional benefit awards to local pensioners that may otherwise have remained unclaimed. This amounts to:
  - Sept. '06 to March '07 = £1m
  - April '07 to March '08 = £3m
  - April '08 to March '09 = £4m
  - April '09 to Sept '09 = £3.1m (projected to reach £5, by March '10).
- A vigorous home visiting service means that we gain invaluable feedback. This enables the various pensioner support teams to assess what assistance someone may need to continue to live independently.
- We are working with Liberty Credit Union to bring a credit union to the borough, which will bring an affordable savings and loan facility to local people who might otherwise be vulnerable to loan sharks.

### **What Barking & Dagenham residents said about finance and benefits**

The majority of residents were happy with the information they received regarding benefit entitlement. However, there were requests for information on financial management.

## **Education and Skills**

### **What has already been done?**

The Adult college programme is not age specific, and is marketed to all ages as an inclusive set of learning opportunities.

Until recently, the college did run a number of ICT courses for the over 60s, in partnership with Westbury Age Concern. However, the centre used to host the course has now been closed by Age Concern, but there is still some provision made at the college, and at Valence and Goresbrook Learning Villages.

Unfortunately, due to age related legislation, we are not allowed to offer a fees subsidy based upon age, other than for those in receipt of benefits. Regarding the acquisition of new skills, and the cost involved: very few courses are free, although the Adult College has amongst the lowest fees structure in North East London.

### **What Barking & Dagenham residents said about education and skills**

A number of people noted that local colleges used to subsidise courses for older people (for example, flower arranging, painting in watercolours), but this was no longer the case.

A number of people were keen on acquiring new skills, such as computing, but often found that there was a cost involved, or that transport was an issue.

## Planning and Climate Change

### What has already been done?

- Good progress has been made in preparing the Local Development Framework (LDF). This is our planning strategy for the borough up to 2025. Comprehensive consultation has been undertaken in preparing the LDF and it includes a number of policies which will improve conditions for older people. The main part of our LDF was adopted in March 2010.
- The Local Development Framework contains a number of policies which will improve conditions for the elderly, and create an environment that addresses their needs. Therefore the key action is to ensure the policies in the LDF are implemented. These include:
  - All new homes to be built to Lifetime Home standards.
  - 10% of all new homes to be built to wheelchair accessible standards.
  - Protecting existing district centres and neighbourhood parades which older people tend to rely on more than other age groups.
  - Insisting that new homes are built to high standards of sustainable design and construction, thereby reducing heating and lighting costs.
  - Ensuring that new development is built to 'Secure by Design' standards; thereby resulting in a safer environment.
  - Protecting and enhancing those features in the borough that older people cherish, including:
    - The borough's heritage through the designation of Conservation Areas, and statutorily and locally listed buildings.
    - Public open spaces.
    - Sites of importance for Nature Conservation.
  - Ensuring major trip generating development is located in places with good public transport links.
  - Seek to improve public transport in those areas which are currently poorly provided, for example the Thames View Estate, and Marks Gate.
  - Ensuring new development meets the needs of and is inclusive to all members of society.
- In 2008/09, 91% of all the new houses approved in Barking and Dagenham were designed to 'Lifetime homes standard'. This is the highest percentage of any London Council.
- All of the completed housing schemes in 2008/09 were assessed against the Building for Life standard. We are committed to ensuring that in the future all schemes score highly against this assessment and our newly qualified Building for Life Assessors will be instrumental in ensuring this.
- Our Climate Change Strategy was approved in January 2010. This Strategy is very important in delivering the Older People's Strategy. Climate change

is likely to lead to more severe weather events, for example, hotter summers, when older people are more vulnerable. The Climate Change Strategy focuses on initiatives which 'green' the borough. For example, the implementation of the Green Grid, tree planting, and improvements to the borough's parks, and on building design.

- In November 2009, our Resident Design Forum met for the first time. This Forum comprises residents of all ages from the borough and provides feedback on new planning proposals.
- In July 2009, we approved the Local List which comprises 134 buildings, buildings of special architectural or historic interest, which will be preserved where possible through the planning process.
- In September 2009, we approved a planning advice note on crime prevention through environmental design.
- One of the most significant contributors to climate change is the carbon emissions from existing homes. Reducing these not only helps address climate change, but also results in lower heating bills. This is a major benefit to older people, who are more likely to be on lower incomes, and suffer fuel poverty. In this regard, the strategy focuses on the work we do in partnership with two organisations: 'London Warm Zone', and 'Warm Front', which assist households in improving the insulation and heating of their homes.

## **What Barking & Dagenham residents said about planning**

Many attendees felt that as older people, their views were not considered important. They didn't feel that they were consulted on issues such as housing and planning. One of the attendees suggested that trips should be organised to various development sites across the borough, so that people could get a clearer idea of the issues being raised.

One of the common complaints about planning was that the documents were difficult to understand, and that too many acronyms were used.

We held seven focus groups, and over 100 older people attended. Their comments were taken into account when preparing the LDF. It is important to note that older people did not only focus on issues which affected their age group, but were genuinely concerned with issues affecting the future of the borough.

## **Working or Volunteering**

### **What has already been done?**

- Volunteering at Eastbury Manor House is administered through the National Trust membership scheme.
- Valence House provides a wide variety of volunteering opportunities for older people, including becoming a Museum Welcome Host, local history researcher, gardening, children and family learning, oral history archive, and involvement in the Heritage events.

- Our Olympic Ambition Team are well on the way to reaching their target of 500 volunteers for their 'Gateway to the Games – Volunteer Programme'.
- There are opportunities in the borough's parks, for volunteers to help with conservation work, or provide a positive contribution towards ongoing management and development.

### **What Barking & Dagenham residents said about working and volunteering**

A number of the people consulted had been involved in either volunteering or part-time work recently. Many liked the idea of a small job, but felt that they would be unlikely to get the opportunity because of their age. In addition, given the recession, many felt that they shouldn't take jobs from young people.

## Implementation and monitoring

An action plan, showing how each of the eleven priorities identified in this strategy will be addressed, is at the end of this document. A Council Head of Service will be identified to lead on the development and implementation of the action plan, which will be updated annually. The recently created Older People and Long Term Conditions Partnership Board will oversee and monitor the actions in the Health and Social Care Section.

The Safe, Healthy, Fair, and Respectful Board will provide the necessary overall governance for the strategy, to ensure that it is implemented effectively. The Board will approve each action plan, and receive a quarterly monitoring report on its delivery, to help ensure that the intended outcomes are achieved.



# APPENDIX 1: Action Plans

To be added.

## **APPENDIX 2: Principle national policy drivers for health and social care**

### **National Carers Strategy (England)**

This strategy applies to all carers, regardless of age. The national strategy makes the commitment of £255m for 2008-11, in addition to the £22 million already committed. The strategy states:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Every carer will be provided with the opportunity to access comprehensive information when they need to. The information will be easily accessible for all groups of carers, and specific to their locality.
- £150 million provided in a flexible way, which meets the personal needs of carers and the people they support.
- Pilots to look at how the NHS can better support carers in their caring role through developing models of best practice and enabling more joined-up service provision between the NHS, local authorities, and the third sector.
- Pilots to improve the support offered by GPs for carers.
- Piloting annual health checks for carers.
- Up to £38 million to enable carers to combine paid employment and caring role or re-enter the job market, through encouraging flexible working opportunities and increased training provision.
- Improving the emotional support offered by central, local government and the third sector to carers.
- Training carers to strengthen them in their caring role and empower them in dealings with care professionals.
- Training professionals across the board, from health to housing, to provide better services and support.
- Ensure that their sector support for carers is available throughout the country to a larger proportion of carers.

- Provide vital data about carers to aid local and national commissioners and policy makers.
- Establishing a standard definition of carers across government.

## National Dementia Strategy

The National Dementia Strategy 2009 is the Government's 5-year plan for improving health and social care services in England for everyone with dementia, and their carers. The government estimate that the number of people suffering from dementia will increase from 700,000 in 2008 to 1.4 million in 2038. The estimated cost of this will rise from the current figure of £17 billion to over £50 billion. The government believe that if money is spent now to improve the quality of life for people with dementia and their carers, money will be saved in the future, as well as improving things for everybody concerned.

The strategy has 3 key steps to improve the quality of life for people with dementia and their carers:

- 1) Ensure better knowledge about dementia and remove the stigma. This includes the need for better education and training for professionals.
- 2) Ensure early diagnosis, support and treatment for people with dementia and their family and carers. This improves the chances of improving their quality of life.
- 3) Develop a range of services that better meet the changing needs of people with dementia and their carers in the future.

The national strategy lists 17 key objectives.

### Objectives (and their outcomes)

- 1. Raise awareness of dementia and encourage people to seek help. The public and professionals will be more aware of dementia and will understand dementia better.**

This will:

- Help remove the stigma of dementia
- Help people understand the benefits of early diagnosis and care
- Encourage the prevention of dementia
- Reduce other people's fear and misunderstanding of people with dementia

- 2. Good quality, early diagnosis, support and treatment for people with dementia and their carers, explained in a sensitive way. All people with dementia will have access to care that gives them:**

- An early, high quality specialist assessment
- An accurate diagnosis which is explained in a sensitive way to the person with dementia and their carers
- Treatment, care and support as needed after the diagnosis

Local services must be able to see all new cases of people who may have dementia in their area promptly

- 3. Good quality information for people with dementia and their carers. People with dementia and their carers will be given good quality information about dementia and services:**
  - At diagnosis
  - During their care
- 4. Easy access to care, support and advice after diagnosis. People with dementia and their carers will be able to see a dementia adviser who will help them throughout their care to find the right:**
  - Information
  - Care
  - Support
  - Advice
- 5. Develop structured peer support and learning networks. People with dementia and their carers will be able to:**
  - Get support from local people with experience of dementia
  - Take an active role in developing local services
- 6. Improve community personal support services for people living at home. There will be a range of flexible services to support people with dementia living at home and their carers.**

Services will consider the needs and wishes of people with dementia and their carers
- 7. Implement the New Deal for Carers. Carers will:**
  - Have an assessment of their needs
  - Get better support
  - Be able to have good quality short breaks from caring
- 8. Improve the quality of care for people with dementia in general hospitals. This way people with dementia will get better care in hospital:**
  - It will be clear who is responsible for dementia in general hospitals and what their responsibilities are
  - They will work closely with specialist older people's mental health teams
- 9. Improve intermediate care with people with dementia. There will be more care for people with dementia who need help to stay at home**
- 10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers. Services will:**

- Consider the needs of people with dementia and their carers when planning housing and housing services
  - Try to help people to live in their own homes for longer
- 11. Improve the quality of care for people with dementia in care homes. Services will work to ensure:**
- Better care for people with dementia in care homes
  - Clear responsibility for dementia in care homes
  - A clear description of how people will be cared for
  - Visits from specialist mental health teams
  - Better checking of care homes
- 12. Improve end of life care for people with dementia People with dementia and their carers will be involved in planning end of life care. Services will consider people with dementia when planning local end of life services**
- 13. An informed and effective workforce for people with dementia All health and social care staff who work with people with dementia will:**
- Have the right skills to give the best care
  - Get the right training
  - Get support to keep learning more about dementia
- 14. A joint commissioning strategy for dementia health and social care services will work together to develop systems to:**
- Identify the needs of people with dementia and their carers
  - Best meet these needs
- 15. Improve assessment and regulation of health and care services and of how systems are working. There will be better checks on care homes and other services to make sure people with dementia get the best possible care**
- 16. Provide a clear picture of research about the causes and possible future treatments of dementia. People will be able to get information from research about dementia. We will do lots of things to identify gaps in the research information and do more research to fill the gaps**
- 17. Effective national and regional support for local services to help them develop and carry out the strategy. The Government will give advice and support to local services to help them carry out the strategy.**

There will be more good quality information to help develop better services for people with dementia

## Personalisation Agenda

The 'Our Health, Our Care, Our Say' White Paper and the Comprehensive Spending Review 2007 outlined the key elements of a reformed adult social care system for England. The reformed system is an attempt to ensure that the needs of each person are met in a way that suits their personal and individual circumstances. This new approach is called Personalisation.

The cross-Government Concordat 'Putting People First', published in December 2007, gave shape to the overall policy. The Concordat was developed by central government departments, the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), providers and the Commission for Social Care Inspection (CSCI). The Department of Health then issued a circular on 'Transforming Social Care' (LAC2008/01), which provided details of the grant that central government would make to support the cost of implementing the new system, as well as the expectations of local authorities in implementing the change. Councils are required to transform services for adults from 2008-11, to ensure they are more sensitive to the user's needs and wants.

Traditionally, councils have purchased care directly, which has proved cost-effective for councils and offered market security for providers. They have assessed potential clients and placed those users who met eligibility criteria into the existing services that best fitted. Under personalisation, this model is reversed. Potential social care clients are invited to assess their own needs. If they meet eligibility criteria and are awarded a personal budget, they can choose direct payments and purchase services themselves. They also have the option of letting the local authority manage their personal budget on their behalf. Nevertheless, in order for service users to take an active role in decisions about their own care, they will need good information, support and advice, which the Council will be expected to provide.

Personalisation consists of a number of key elements:

- A common assessment of the person's social care needs, based on a self-assessment wherever possible.
- The assessment identifies care and support needs, which relate to an allocation of funding known as the personal budget. The client takes control of the personal budget or may ask that this be administered by a relative, carer, an organisation, or the Council.
- Knowing the budget available, the person takes control of their own care through a support plan to be funded within the available personal budget.
- Personalisation allows more choice and control for people, identifying what is personally important to them, and how they would like their support delivered in a way which best suits their individual needs, priorities, and circumstances.
- The role of social workers will change in emphasis from assessment and managing resources, to advocacy, information, advice, and helping people to arrange their own services.

Personalisation cannot be delivered by social care alone. Achieving change will include involvement from other Council services, such as housing, benefits, leisure, libraries,

customer access (for example, One Stop Shops), transport, as well as with the NHS. It will also involve working with partners in independent, community, and voluntary organisations.







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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
<b>1.</b>	<b>COMMUNICATION</b>			
1.1	Implement promotional campaigns to support the successful implementation of Older People's Strategy initiatives.	Key promotional programmes: <ul style="list-style-type: none"> <li>• Free access to leisure centres for over 60s</li> <li>• I Care campaign</li> <li>• Older People's Day</li> </ul>	Relevant departmental budgets	Client satisfaction rating with effectiveness of promotional campaigns.
<b>2.</b>	<b>TRANSPORT</b>			
2.1	Ensure it is safer and easier to walk and take public transport in the borough	Gain Transport for London approval in March 2011, for 2011-2014 Local Implementation Plan which will include a three year delivery plan of Local Transport Schemes	Transport for London funding	Gain Transport for London approval in March 2011. A suite of indicators and targets will be developed in the monitoring section of the Local Implementation Plan.
		Successful implementation of 2010/11 Local Implementation Plan Programme. This includes improvements to the public realm and to the safety of the Green Lane and Rainham Road corridors, a range of accessibility improvements in the Becontree Neighbourhood (area bounded by Valence Avenue, Longbridge Road and boundary with LB Redbridge) and environmental improvements to a number of shopping parades.	Transport for London funding	Programme of schemes delivered on time (by March 2011) and to budget £2.509 million.
2.2	Making it easier to get to Queen's and King George's hospitals	Analysis of local public transport and access to hospitals via the Health Services Travel Analysis toolkit.  Establish a travel advisory group with representation from patients, wider public and transport providers, which will aim to improve	ONEL	Travel advisory group established.

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		the experience of patients travelling to health sites, including Queen's and King George's hospitals.		
<b>3.</b>	<b>COMMUNITY COHESION</b>			
3.1	To continue and develop the Home from Home initiative working alongside colleagues in Heritage, NHS B&D, transport and others to enhance and support service provision to elders in the community	1 event provided per month across a range of libraries		Increase in older people attending
3.2	Libraries to continue to support events that involve older people/people from diverse backgrounds and promote intergenerational activity	Armistice Day 2011 Older People's Day Living Libraries Black History Month	LBBB revenue funding	Increase and diverse range of people attending events
3.3	Heritage to investigate the possibility of providing transport to heritage sites for diverse community groups	Identify way forward by January 2011	LBBB revenue funding	Increase in diverse community groups using Heritage services
3.4	Heritage to extend the Home from Home initiative to events at heritage venues	1 event provided per quarter across both heritage sites	LBBB revenue funding	Increase in diverse community groups using Heritage services
3.5	To continue to use a range of techniques to address myths which lead to concern in the community		LBBB revenue funding	Increase in % of people who feel that people from different backgrounds get on well together
3.6	To continue to provide support to community groups to enable them to provide activities for local people to come together	Capacity-building grants programme to be agreed by end March 2011	LBBB revenue funding	Increase in % of people who feel that people from different backgrounds get on well together
<b>4.</b>	<b>HEALTH AND SOCIAL CARE</b>			
4.1	Move towards more independence focused services	Develop more flexible, safe and integrated community services to support people living at home, including people with complex needs and disabilities as a positive alternative	LBBB / NHS B&D mainstream	Decrease in demand for residential care because people have confidence in the care and support at home

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		to residential care (April 2010 onwards).		
		As part of a value for money exercise, benchmark B&D's spend on residential care for older people, both internal and external; continue to invest only in residential care for people with complex needs and develop user-centred and carer-centred, cost effective, alternatives that support people at home (Jan 2011).	LBBB mainstream	Strategy in place for investment in residential care for people with complex needs and community alternatives.
		Review the pricing structure and test the market to allow for the purchasing of a smaller amount of high quality residential and nursing home care within the borough for those older people with complex needs who require it (Nov 2010).	LBBB mainstream	Inspections and quality assessments show evidence of carer and consumer satisfaction. Complex needs can be catered for at a reasonable cost.
		Develop more high quality supported living and extra care services with waking night staff, including a new extra care scheme at Few's Lodge for people with dementia and people with learning disabilities (by 2012).	LBBB and Hanover Housing	High quality extra care scheme at Few's Lodge developed in partnership with Hanover by 2012
		Take a more strategic approach to commissioning residential placements for older people with mental health needs, to improve the quality and cost effectiveness (by Apr 2011).	LBBB Mainstream	Jointly agreed process for more effective purchasing of residential places for older people with mental health needs.
		Develop a new model of Joint Intermediate Care, including the needs of older people with mental health problems, as part of the move to more integrated working of community services (by April 2011).	LBBB / NHS B&D mainstream	Strategy in place for an integrated service for an Intermediate Care targeted to reduce length.
		Review the reasons for delayed transfers of care (DTC) of older people, particularly of	NHS B&D and LBBB	Plan of action and evidence of reductions in DTC.

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		health delays and develop options for jointly funded step down provision (Sept 2010).	Mainstream	
		Continue to benchmark the costs and performance of in-house reablement services against other local authorities with CSED support (Apr 2010).	LBBB mainstream	Evidence of value for money of in-house services against benchmark authorities.
		Improve the effectiveness of the private home care agencies to provide effective end of life care (commence Sept 2010).	LBBB Mainstream	All home care agencies to have end of life training in place for staff.
		Deliver on the interventions described in the National Suicide Prevention Strategy, the National Service Frameworks for Mental Health and Older People (April 2010 onwards).	LBBB/NHS B&D/NELFT	Improved the health of the population - reducing mortality from suicide.
		Implement the 9 recommendations of the Scrutiny Report on Sheltered Housing agreed by members in March 2010.	LBBB	Interim report on the agreed recommendations to be presented to members in Nov 2010.
4.2	Put service users and carers in control of services	Convert existing traditional care packages to personal budgets for older people to offer more choice, control and value for money (ongoing 2010).	LBBB mainstream	Self-directed support and personal budgets in place for 45% of users by April 2011 (local target).
		Convert existing traditional healthcare packages to personal health budgets for adults and older people to improve the quality of patient experience, choice and the effectiveness of care (by March 2010).	NHS B&D Additional project funding	75 Personal health budgets in place by 31 March 2010
		Roll out the MAR (Medication Administration Record) project borough-wide to improve effectiveness of medication delivery at home on hospital discharge (phase 2 to commence May 2010, with a review in August 2010).	NHS B&D, LBBB, BHRUHT mainstream	Improvement in the way medication is provided at home by paid care staff and family carers. High level of awareness health and social

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
				care staff.
		Provide clear, accessible and timely information and advice to all older people with support needs and their carers. Client Information Group, to review range of information for older people about services (July 2010).	LBBB mainstream	Universal information and advice provided for all potential customers including self-funders.
		Improve the provision of information for people who have had a stroke and their carers when in acute hospital care and on discharge back home (May 2010 for 6 weeks).	NHS B&D/LBBB	Up-to-date information pack for stroke survivors in use across the health and social care system.
		Improve the availability of information for customers by establishing an on-line portal using the Quick Heart Information Directory and six 'Elephant' information kiosks: 4 fixed and two outreach (mobile) units. In the longer term this will give customers access to their own client records (commence May 2010).	LBBB Mainstream	Customer feedback that the Elephant kiosks are helpful. The fixed units installed at: Goresbrook Leisure Centre; St Georges; Barking Learning Centre; Porters Ave Health Centre.
		Implement the Housing Association Charitable Trust (HACT) Up2Us Pilot on personalisation for tenants living in extra care settings, led by Hanover (first meeting of steering group Nov 2009).	LBBB and Hanover Housing	Understanding of the impact of personalisation on tenants in extra care and on Registered Social Landlords.
		Fully implement and consolidate the TCES (Transforming Community Equipment Services) project which is using the retail model of provision of community equipment (May 2010).	LBBB mainstream	Service users aware of new prescriptions to be able to access small equipment items
		Monitor delivery of home care (in-house and contracted) through use of EZI-tracker and spot checks; address concerns about use of	LBBB mainstream	Effective monitoring of delivery and customer satisfaction with process for care staff logging

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		telephones (April 2010 onwards).		in and out.
		Revise the Telecare strategy and develop new approaches to telemedicine and consolidate Careline Community Alarms and Telecare provision (Sept 2010).	LBBB/NHS B&D mainstream	Improved mechanism for the installation and monitoring of Telecare. Development of local approaches to telemedicine.
		Commission a consumer survey of Telecare recipients to focus on satisfaction and any delays in service provision (June 2010).	LBBB mainstream	Take up, satisfaction and timeliness of Telecare provision.
		Build skills and capacity in community staff to the Gold Standard to provide support for people who choose to die at home and for those family members who care for them (start Sept 2010).	NHS B&D and LBBB	High staff awareness of End of Life Care Gold Standard.
		Set up multi agency planning group to review and plan services for younger people with dementia (50 – 65). Undertake a scoping exercise in collaboration with adult mental health services and learning disability services to see how many people with early onset dementia there are in B&D (Jan 2011).	NHS B&D and LBBB NELFT (may need project funding).	Services should be flexible and based around the needs of the individual, with access to early diagnostic and counselling services.
		Staff working in all services for older people to be offered more training in Support Planning and the use of the Resource Allocation Tool (ongoing).	LBBB, NHS B&D, NELFT	Increase staff awareness and competence in new ways of working.
		Set up a working group to meet quarterly with LD Services, MH, health and housing services to review the needs older people with learning disability and older carers of people with LD (Nov 2010).	LBBB/NHS B&D/NELFT/ Carers of B&D	Better collaborative working between services and process for future planning established.
		Ensure that the workforce is trained to meet the new personalisation agenda and processes (2010)		Evidence of an effective workforce development plan.



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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
4.3	Develop a market of services for older people to choose from	Develop a process to ensure that there is feedback to strategic commissioners about the delivery of services/gaps in the range of choices available for older people (July 2010).		System in place for improved liaison and plans in place to identify gaps enable providers to meet gaps.
		Introduce more choice and control in how recipients with personal budgets can be supported in their personal care at home (by December 2010).	LBBB Mainstream	Move away from block contracts for home care.
		Examine alternative ways of supporting people rather than traditional meals-on-wheels provision, to give older people more choices e.g. supermarkets, freezers and microwaves (May 2010).	LBBB Mainstream	More choice, control and satisfaction in the quality of meals.
		Improve the availability of activities in extra care schemes, by ensuring the activities and support are included in the extra care contracts (Apr 2011).	LBBB Mainstream	Activities included in all contract specifications.
		Work with colleagues in housing services to improve the fabric of the in-house sheltered housing and extra care housing environments in line with the agreed strategy (by 2015).	LBBB mainstream – capital bids	Quality compatible with housing association sheltered and extra care schemes.
		Upgrade alarms in all the sheltered housing schemes to enable support of Telecare equipment (by Dec 2010).	LBBB mainstream	All sheltered housing schemes able to support Telecare.
		Plan longer term arrangements for the day activities for older people with frailty or disabilities (July 2010).	LBBB mainstream	Fit for purpose accessible activities for disabled older people.
		Develop a range of day opportunities for older people to purchase with their personal budgets (Apr 2010).	LBBB Mainstream	Market of day opportunities established in B&D.
		Memory Lane Resource Centre to develop new ways of working with more personalised	LBBB mainstream	Greater choice and control for carers and people who need

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		responses using personal budgets (Apr 2010).		care from family carers.
4.4	Work in partnership to deliver services to older people in the community	Develop and improve the governance arrangements for older people, including older people's mental health services and service for people with dementia, reporting up to the Health and Wellbeing Board (by July 2010).	LBBB, NHS B&D, providers and voluntary sector	Greater clarity about the joint governance arrangements for older people services.
		Include representatives of older people in the new governance arrangements for health and social care services for older people – e.g. Set up an Older People's Compact and/or a Joint Board (by July 2010).	NHS B&D and LBBB Mainstream	A more robust infrastructure is established for consultation with all elders in the borough.
		Develop a local governance structure for taking forward National Dementia Strategy implementation and follow up Self Assessment (May 2010).	LBBB Mainstream	Governance structure agreed and in place by June 2010.
		Follow up and implement where appropriate the recommendations in the Dementia Scrutiny Panel report (April 2010).	NHS B&D, LBBB, voluntary sector	Recommendations to be included in the Local Implementation Plan.
		Draw up and consult upon a Local Implementation Plan for putting into effect the National Dementia Strategy (by July 2010).	LBBB Mainstream	Agreement across health, local authority and voluntary sector on priorities for dementia.
		Take forward the Integrated Care Project to establish more integrated working of community teams focuses around GP clusters. (The new structure to start Sept 2010.)	LBBB/PCT mainstream	Evidence of integrated working between community nursing, social care and other provider services around GP Practices.
		Increase the uptake of Carer Assessments for those family carers who care for older people (Mar 2011).	LBBB Mainstream	Increase in carer assessments undertaken in line with national PI targets.
		Repeat 2005 report on the needs of South	NHS B&D and	Hopefully evidence of

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		Asian communities to see if there has been any change in the take up of community services by BME communities (Jan 2011).	LBBB Mainstream	increased uptake by BME communities.
		Use Department of Work and Pensions/Department of Health Self-assessment Checklist to determine where we are at locally in involvement, leadership and service design (June 2010).	LBBB and NHS B&D	Consultation and self assessment completed by June 2010, as part of the Corporate Strategy for Older People.
		Implement the Sensory Action Plan which includes a draft local response to the UK Vision strategy and agreed joint pathways of care (ongoing).	LBBB/NHS B&D/ BHR	Improved services and better outcomes for older people with sensory impairment.
		Long Term Conditions project to develop a new focus on prevention and support, delivering high quality, innovative, effective and efficient services, closer to home (from April 2010).	NHS B&D funded Mainstream	A set of commissioning specifications for community services that describe new models of care.
		Require all residential homes to provide Gold Standard end of life care. Work with the PCT Health Facilitators to train staff in the Gold Standard framework (starting Jan 2011).	LBBB and NHS B&D	All homes equipped to deal with end of life care with expertise and dignity.
		Specialist mental health teams to work with general hospitals to support and train staff in the detection and initial management of mental health problems in later life (Jan 2011).	NHS B&D/ NELFT/ BHR/ LBBB	Improved mental health care of older people in acute hospitals; better community links to improve discharge and follow-up.
		Inform and influence providers from all sectors to help them deliver more personalised and cost effective services (June 2010).	LBBB and NHS B&D mainstream	Services to offer better value for money and more flexible personal responses.
4.5	Stimulate local communities and	Enable members of the community by giving	NHS B&D and	Evidence joint working people

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	maximising social capital to increase the focus on a network for prevention in the borough	information on health and well being and services on occasions where members of the public engage with local professionals to assess and plan for improvement (Feb 2010).	LBBD mainstream	understand what they can do to promote positive health and well being.
		Improve joint working and liaison with older people from minority communities to identify their needs and preferences (by Sept 2010).	LBBD Mainstream	Needs of BME elders included in the Older People Commissioning Plan.
		'Get Together' project together with other London boroughs to pilot new ways of working to reduce isolation of older people (starting October 2010).	Capital Ambition bid	Isolated elders satisfied with new support model. The model is sustainable in the longer term.
		Work closely with the Benefits Outreach Team implement the new agreement (Oct 2009) to improve Court of Protection and financial processes to protect older people who are unable to manage their own finances.	LBBD mainstream	Clarity about roles and responsibilities when the Director of Social Services has been nominated as appointee.
		Work with the voluntary sector to build a preventative network of services in the borough, in social enterprises, in line with the Voluntary Sector Compact (ongoing).	LBBD and NHS B&D mainstream	Compact effective in developing preventative approaches.
		Improve facilities for disabled people and uptake of Active Age Centres and consider options for self-management (by October 2010).	LBBD mainstream	Evidence of improved facilities for disabled people. Plans for the longer term development of the Active Age Centres.
		Take forward the actions for the four themes in the Volunteering Strategy for Barking and Dagenham so older people can play an active part in the community (agreed Nov	LBBD mainstream	Volunteering is visible and valued; there are more and more diverse opportunities; clear volunteering pathways;

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		2009)		and good volunteering practice.
		Work with the Local Involvement Network (LINKs) to ensure that local people have a voice in health and social care services and where improvements need to be (ongoing).	LBBB and NHS B&D mainstream	Robust programme of consultation and evidence that consumer views have shaped priorities.
		Ensure that Adult Social Care and the PCT had the commissioning capacity to deliver this challenging commissioning agenda by (Dec 2010).	LBBB and NHS B&D	Commissioners in permanent posts with credibility and competence to deliver.
<b>5.</b>	<b>CRIME AND PERSONAL SAFETY</b>			
5.1	<p><b>Improved personal safety for older people</b></p> <p>5.1.1 Increasing personal safety for older residents within the home, especially targeting distraction burglary</p>	<p>Briefings to approximately 800 front-line staff (including LBBB and voluntary) who work with the elderly</p> <p>Commissioning Arc Theatre to stage eight performances for elderly residents on distraction burglary and bogus callers</p> <p>Ongoing provision of UVPC door alarms</p> <p>Safer Homes Project to target older residents through advertising project at events and locations attended by older people</p> <p>Owner: Police</p>		% decrease in distraction burglary
	5.1.2 To ensure that our elderly residents feel safe in the built environment	Regeneration and Planning to ensure that Section 17 of the Crime and Disorder Act – <a href="http://www.crimereduction.homeoffice.gov.uk/legislation26.htm">http://www.crimereduction.homeoffice.gov.uk/legislation26.htm</a> is considered when looking at planning applications for buildings and		

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		open spaces  Owner: Jeremy Grint		
		See also milestones contained in <b>Anti-Social Behaviour Action Plan 2010-2012</b> , relating to Safer Neighbourhood Teams and Enforcement Services and Street Scene addressing the environmental concerns of residents  Owners: Katherine Gilcreest, Peter Tonge, Michael Butler		
5.2	<p><b>Improved visibility of the services working to protect residents in the borough, including police, Safer Neighbourhood Teams and teams incorporated within Community Safety</b></p> <p><b>This was also proposed by Recommendation Five of the Anti-Social Behaviour Scrutiny Report, February 2010</b></p> <p>5.2.1 Improved police visibility in parks and green spaces across the borough</p>	<p>Introduction of a Parks Safer Neighbourhood Team (March 2010 onwards)</p>		<p>Team established</p>
	<p>5.2.2 Ensure that Safer Neighbourhood Teams are engaging with the people in their areas and that Ward Panels and Ward Partnerships are addressing the issues important to local people and setting priorities to effectively address these concerns. This includes engaging</p>	<p>See milestones contained in <b>Anti-Social Behaviour Action Plan 2010-2012</b></p> <p>Owners: Katherine Gilcreest, Peter Tonge, Private Housing, Val Jones, Alison Buchanan</p>		<p>A well publicised neighbourhood action plan for each area with links to key ASB issues and a clear plan for tackling these</p> <p>A joined up partnership ASB</p>

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	older people that live in sheltered housing			<p>team, co-located in LA premises</p> <p>A clear campaign of publicising achieved actions along the 'you said we did' lines in News and local newsletters</p> <p>Decrease in NI 21</p>
5.3	<p><b>Supporting elderly victims and witnesses of anti-social behaviour and hate crime</b></p> <p>5.3.1 Improve the current provision and support that is being provided to older people if they are victims/witnesses to anti-social behaviour or hate incidents and hate crime</p>	<p>See milestones contained in <b>Anti-Social Behaviour Action Plan 2010-2012. These measures include the appointment of a Victim and Witnesses Champion, the launch of the Safer Homes Plus project and the development of the Victim and Witness support packs, which provide victim and witnesses with information about the services they should expect from partnership agencies</b></p> <p>Owners: Katherine Gilcreest, Shelley Hart, Maxine North, Allison Buchanan</p>		<p>Increase the number of complaints resolved at an early stage via mediation/restorative justice</p> <p>Review the support given to complainants and witnesses to ensure that this is appropriate to allow serious enforcement action to be taken without risk to the complainant/ witness</p> <p>Improving the satisfaction of service users</p>
	5.3.2 Preventing anti-social behaviour from continuing and/or escalating	See milestones contained in <b>Anti-Social Behaviour Action Plan 2010-2012</b>		Reduce percentage of residents who feel that alcohol and drug use is a key driver

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		<p>Owners: Katherine Gilcreest, David Horne, Rob Williams, Meena Kishinani, Heather Wills</p>		<p>for ASB</p> <p>Develop comprehensive support packages for perpetrators where support will prevent the ASB from continuing/ escalating</p> <p>Reduce the percentage of residents who feel that parents do not take responsibility for their children by increasing the use of interventions which support and/or enforce against parents in regards to ASB by young people</p>
5.4	<p><b>Improving intergenerational relationships, especially improving fear of crime from older people about younger people and improving the lack of trust between both groups</b></p> <p>5.4.1 Proposal that LBBD will commission a voluntary provider to deliver a full-scale pilot of intergenerational work focusing on neighbourhood relationships. The setting for the work will be variable but the model will be to bring together young people and older people as participants in a small number of weekly shared learning “sessions” centred around a range of</p>	<p>Form a small group drawn from relevant Council Departments (CDS; Engagement; Leisure; Adult Learning) and relevant voluntary groups to plan and develop the pilot.</p> <p>One voluntary/community organisation is commissioned to lead on developing pilot IC projects in three key wards on different topic</p>		To be developed



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	<p>formal learning objectives but with an expectation that informal learning will also be high. Suggestions that this could link to I Care and YOS</p>	<p>areas</p> <p>One senior lead officer for the Council is appointed to act as champion for the approach to IC</p> <p>Regular feedback to the Stronger Borough Board as the lead LSP Board and regular feedback updates to the Children's Trust and Health and Well-Being Board and Safer</p> <p>(March 2010 onwards – initial agreement gained by ACS and Children's DMT)</p> <p>Owners: GM Engagement, Heather Wills</p>		
	<p>5.4.2 Continuation and extension of good work around Intergenerational Conflict (IC) already occurring in the borough</p> <p>This was emphasised by recommendations from the February 2010 Anti-Social Behaviour Scrutiny Report, including the joint-working of the Older People's Forum, BAD Youth forum and the use of a robust marketing and communications plan using a range of media</p>	<p>Continuation of work, including:</p> <p>Promotion of IC DVD made by BAD Youth Forum</p> <p>Joint meetings between BAD Youth Forum and Elderly Peoples Forum, first held in Sept 2009 with a view to delivering a joint project</p> <p>Marketing and communications plan to improve the negative media perception of young people, including pages in 'The News'</p> <p>Positive promotion of young apprentices</p> <p>YOS reparation work</p> <p>Owners: Heather Wills, GM Engagement,</p>		<p>To be developed</p>

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		David Horne, Stephen Ducker		
	5.4.3 Increase opportunities for residents of different ages to engage with each other through problem solving exercises for Anti-Social Behaviour issues raised by the Community	Use restorative justice approaches to resolve cases involving community issues like ball games. Target set to publicise at least 3 intergenerational events focusing on 'community issues' per year  Ward Panels to explore methods of involving young people in the ward panel process in a way that reduces fear of crime for all residents		Number of intergenerational events held focusing on ASB issues  Increase in % of residents saying that they feel safe in the borough
5.5	<b>Safeguarding vulnerable older people</b>  5.5.1 Implement the Safeguarding Adults Board Strategy and Action Plan 2009-2011 to meet the Boards five Strategic Objectives	See milestones contained in Safeguarding Adults Board Strategy Action Plan 2009-2011  Owners: Glynis Rogers, Helen Oliver	Various	Increase in Safeguarding Adult referrals from partner agencies  Increase in Safeguarding Adult referrals from members of the public
	5.5.2 Deliver specific 'I Care' communication initiatives for Older People	Annual contribution to the Older People Awareness Day activities  Owners: DCI Philip Howarth  Lead Elder Abuse Awareness Day activities on 15 June  Owners: DCI Philip Howarth	Pooled resource budget	Increase in Safeguarding Adult referrals from partner agencies  Increase in Safeguarding Adult referrals from members of the public
	5.5.3 To establish Safeguarding Adults consultation mechanism with existing Older Peoples Forum to support their involvement in shaping service delivery	Evidence of consultation with Older Peoples Forum for key deliverables via the Communication and Engagement Subgroup  Owners: DCI Philip Howarth	Pooled resource budget	Increase in Safeguarding Adult referrals from partner agencies  Increase in Safeguarding Adult referrals from members of the public

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
<b>6.</b>	<b>HOUSING</b>			
6.1	Undertake a housing needs analysis for older people.	Housing Needs Survey let by July 2010. Interim report Dec 2010. Final Housing Needs Survey published Mar 2011.	Housing Revenue Account and General Fund	Provision of more preventative older people housing (outputs to be defined in 2011-2015 Housing Strategy)
6.2	Undertake a detailed options analysis for six specific sheltered housing schemes	Option analysis complete by Dec 2010. Implement redevelopment options where necessary by March 2011	HRA and GF	Provision of more sheltered/affordable housing (outputs to be defined by options appraisal)
6.3	Undertake options analysis across remainder of sheltered housing, extra care, residential and nursing stock including maintenance and modernisation options.	Options analysis complete for sheltered stock by April 2011	HRA and GF	Improvements to stock resulting in lower maintenance costs. Higher resident satisfaction ratings
6.4	Develop Older People Housing Strategy	Needs analysis completed by Dec 2010. Sheltered stock options analysis completed by March 2011. OP Housing strategy published July 2011	HRA and GF	Implementation of outputs in Older People Housing Strategy Action Plan
6.5	Undertake options analysis for specific extra care dementia scheme.	Needs analysis by Dec 2010. Options analysis by Mar 2011. Implementation by Apr 2011	HRA and GF	Provision of extra care dementia scheme by end 2012
6.6	Undertake survey to assess the impact of telecare in terms of cost savings and ability of service users to remain living independently in their own home.	Survey completed by March 2011		Cost savings identified. Number of older people living independently in their own homes as a result of telecare support
<b>7.</b>	<b>FINANCE &amp; BENEFITS</b>			
7.1	Work to maximise benefit take up in pensioner group	Regular contact and meetings with partners including The Pension Service, Care Managers, vulnerable adult teams, NHS B&D etc., to identify pensioner households who may need assistance	GF	Compare the level of benefits in payment to LBBB pensioners with the known growth in population on an annual basis

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
7.2	Work with Care Management and outside agencies to ensure each pensioner is in receipt of the maximum level of financial support for personal care	To ensure the Care Managers and Financial Assessment teams work closely to ensure the needs of pensioners and their families in need of home care are given maximum financial assistance possible	GF	To obtain figures from Care Management of the numbers in receipt of financial support and the monetary level of that support
7.3	Pursue an Outreach policy of being in direct contact with pensioners	Together with the Pension Service operate a Joint Visiting Team dedicated to visiting pensioners at home including those left at home when a partner has to go into care	GF	Volume of home visits made year on year and compare against levels of new/increased awards attained
7.4	Make the community aware of the benefit service for pensioners	By attending Forums and seminars, exhibitions, LBBB outreach days	GF	Monitor the number of productive enquiries per venue
<b>8.</b>	<b>PLANNING AND CLIMATE CHANGE</b>			
8.1	Ensure all new homes are built to Lifetime Home standards	Borough wide development policies adopted January 2011	LBBB revenue funding	% of new homes approved and built to Lifetime Home standard will be monitored in Local Development Framework Annual Monitoring Report. Target 100% of approvals and completions by December 2010
8.2	Ensure all new homes on major Developments achieve 14 of more points against the Building for Life Assessment	Two Council employees have gained Building for Life accreditation. All major housing schemes will be assessed against the 20 Building for Life criteria and reporting in the Local Development Framework Annual Monitoring Report.	LBBB revenue funding	100% of all new homes achieving 14 or more points against the Building for Life Assessment by December 2012.
8.3	Develop a fuel poverty strategy to tackle fuel poverty and energy efficiency in both	All council-owned homes will be brought up to an average Standard Assessment Procedure	External funding	All council-owned homes will be brought up to an average

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
	public and private sector housing.	(SAP) rating of stock to a minimum of 70 points by 2016.	LBBB revenue funding	Standard Assessment Procedure (SAP) rating of stock to a minimum of 70 points by 2016.
<b>9.</b>	<b>WORKING AND VOLUNTEERING</b>			
9.1	Develop a range of volunteering opportunities in libraries, to help people make the most of what's on offer	First volunteers start Jan 11	LBBB revenue funding	Number of volunteers in libraries
9.2	Implement the volunteering strategy to significantly increase the number of volunteers in the borough	Increase by 30% the number of registered volunteers over 2008 baseline by March 2012	LBBB revenue funding	Increase in number of volunteers over baseline
9.3	Pilot a Time Bank in the borough	Time Bank established December 2011	LBBB revenue funding External funding	Increase in number of volunteers over baseline
<b>10.</b>	<b>LEISURE</b>			
10.1	Widen access to sport and physical activity	Becontree Heath leisure centre opens (by May 2011)	LBBB capital	Increase in the number of older people in the Borough using the leisure centres.
10.2	Leisure facilities and services will be made fully inclusive to enable those who wish to participate, or participate more often, to do so.	Inclusive Fitness Initiative (IFI) accredited health and fitness facility provided at Becontree Heath Leisure Centre (by June 11).	LBBB mainstream funding	% increase in the number of gym members aged 50+ and those with disabilities.
10.3	Opportunities to remove barriers to participation in sport and physical activity will be explored, particularly in relation to pricing policies.	Free use of leisure centres for over 60s (April 2010 – March 2011)	LBBB, NHS B & D and DCMS funding – one off funding to end March 2011	% increase in participation by older people
		Provision of reduced price grass roots activity programmes as part of the More Active More Often programme	NHS B & D and Sport England	% increase in participation by 50+
10.4	The parks in the Borough need to be	Adizone outdoor gym installed at Mayesbrook	NHS B & D plus	Evaluation of first year

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
	places where local people like to go. As funding is secured, the implementation of the Strategic Parks Initiative will be rolled out to improve accessibility and encourage structured and more informal physical activity in parks and open spaces across the Borough.	<p>Park (by June 2010).</p> <p>Barking Park renovation scheme implemented.(by December 2011).</p> <p>In partnership with the British Trust for Conservation Volunteers a Green Gym will be established to enable members of the local community to increase their level of physical activity and improve their physical and mental health, whilst at the same time, improving the local environment</p>	<p>additional external funding - one off</p> <p>LBBB capital and Heritage Lottery Fund</p> <p>One off funding from Barking and Dagenham Partnership.</p>	<p>operation – usage by over 50s</p> <p>Construction and landscaping works delivered on schedule, within budget and to the agreed specification</p> <p>120 participants in year one</p>
10.5	Promote non-traditional, non-competitive approaches to encourage physical activity through projects and programmes based around play, dance, walking, jogging and cycling	Tea Dances held quarterly at Dagenham Park Community School for general public (targeting older people)	LBBB mainstream budgets	Number of events
		Programme of new activities delivered: dance mats; street self defence; jogging clubs; 50+ elderberries etc.	LBBB mainstream budgets plus NHS B&D	Number of participants
		Production and distribution of a Walk4life brochure to raise awareness of the benefits of walking and to promote local walking programmes	Funded by 'Go London, think feet first' campaign.	Number of activities presented and participants.
10.6	Work with partners to implement co-ordinated and effective exercise referral and weight management programmes for adults.	Review with partners the effectiveness of the existing exercise referral programme (by end June 2010)	NHS B & D and partners	% increase in the number of people taking part in weekly organised walks.
		Creation of an exit strategy to encourage	LBBB	% increase in the number of

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Ref	Key Actions or work areas	Milestones	Budget (mainstream or additional)	Metrics for evaluation success
		those people completing the exercise referral programme to remain physically active.	mainstream budgets and NHS B & D	older people continuing to be physically active 12 months after completion of the referral programme
10.7	Work to enhance the skill levels, diversity and number of local coaches and volunteers.	Establishment of a co-ordinated coach education and mentoring programme.	Sport England and NHS B & D	Increase in the number of qualified coaches, officials and volunteers in the Borough
		Provision of Walk Leader and Jog Leader training opportunities to local volunteers.	To be confirmed	Number of older people completing the training programme.  Number of new older people leading walking and jogging activity programmes.
<b>11.</b>	<b>EDUCATION AND SKILLS</b>			
	No improvement actions identified for 2010 - 12			

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