Notice of Meeting

HEALTH AND ADULT SERVICES SELECT COMMITTEE

Tuesday, 20 January 2015 - 6:00 pm
Committee Rooms 3 and 4, Civic Centre, Dagenham

Members: Cllr Eileen Keller (Lead Member); Cllr Danielle Lawrence (Deputy Lead Member); Cllr Syed Ahammad, Cllr Sanchia Alasia, Cllr Abdul Aziz, Cllr Sade Bright, Cllr Peter Chand, Cllr Faruk Choudhury and Cllr Edna Fergus

Date of publication: 9 January 2015

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AGENDA

1. Apologies for Absence

2. Declaration of Members' Interests

   In accordance with the Council’s Constitution, Members are asked to declare any interest they may have in any matter which is to be considered at this meeting.

3. Minutes - To confirm as correct the minutes of the meetings held on 30 September and 19 November 2014 (Pages 3 - 23)

Eye Care Services Scrutiny Review


5. Scene Setting

   A presentation will be delivered by representatives of the Thomas Pocklington Trust.

6. Interactive session

   An opportunity for Committee Members to try on simulation spectacles to gain a greater appreciation of the most common, serious eye conditions.
Other items

7. The Local Account (Pages 29 - 90)

8. Joint Health Overview & Scrutiny Committee (JHOSC)- update

    The Lead Member will provide a verbal update on the JHOSC meetings held on 14 October 2014 and 13 January 2015.

9. Work Programme (Page 91)

10. Any other public items which the Chair decides are urgent

11. To consider whether it would be appropriate to pass a resolution to exclude the public and press from the remainder of the meeting due to the nature of the business to be transacted.

    Private Business

    The public and press have a legal right to attend Council meetings such as the Health and Adult Services Select Committee, except where business is confidential or certain other sensitive information is to be discussed. The list below shows why items are in the private part of the agenda, with reference to the relevant legislation (the relevant paragraph of Part 1 of Schedule 12A of the Local Government Act 1972 as amended). **There are no such items at the time of preparing this agenda.**

12. Any other confidential or exempt items which the Chair decides are urgent
Barking and Dagenham’s Vision

“One borough; one community; London’s growth opportunity”

Priorities

To achieve the vision for Barking and Dagenham there are three key priorities that underpin its delivery:

**Encouraging civic pride**
- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

**Enabling social responsibility**
- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

**Growing the borough**
- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth
1. Declaration of Members’ Interests

There were no declarations of interest.

1. Minutes (5 February 2014)

The minutes of the meeting held on 5 February 2014 were confirmed as correct.


The Group Manager, Integration & Commissioning (GMIC), introduced the report on behalf of the Integrated Care Director, (North East London NHS Foundation Trust) as follows:

- The Health and Adult Services Select Committee (HASSC) undertook a scrutiny review on the Potential Impact of the Recession and Welfare Reforms on Mental Health in 2013/14 which resulted in seven recommendations.
- Under the Council’s agreed scrutiny processes the Health and Well Being Board (HWBB) has responsibility for the implementation of the recommendations and action plan. The Mental Health Sub Group was tasked with overseeing the development of the Action Plan to implement the recommendations.
- The Action Plan was first presented to, and agreed by the HWBB at its meeting with a follow-up update report in July 2014.
- The implementation action plan is currently being updated to reflect progress achieved to date.

The GMIC stated that the Action Plan was currently being worked on and would be provided to the HWBB at an upcoming meeting. An update on the Action Plan was provided as follows:

- Recommendation one: a Mapping exercise had been completed to identify gaps in information and advice provision. Aspects of this were also related to duties in the Care Act 2014 and would be further developed in light of the Act. A consultation event regarding advice provision was being planned for October 2014 where attendees would also be asked for views on the Local Account.
• Recommendation two: actions relating to volunteering were being progressed and monitored by the Sub-group through quarterly update reports.
• Recommendation three: a web resource providing a support network for young people had been developed. There had been better linking between NELFT services so there was a more seamless offer of peer support. Links had been made to the Richmond Fellowship providing vocational support services.
• Recommendation three: Public Health and partners reflected on the need to Support local third sector organisations to develop the role of peer educators in the JSNA.
• Recommendation four: Councillor Edna Fergus was appointed the Mental Health Champion and was involved with World Mental Health day and other events. The Chief Operating Officer stated that Management Team was looking into Review the primary care depression pathway to ensure this is holistic and not overly reliant on the prescription of antidepressants.
• Recommendation five: there had been a review of all supported living scheme contracts to ensure they were providing support to maintain tenancies to those who needed it. Substantial work had been done on this too as part of the JSNA.
• Recommendation six: Continued monitoring of Local Services was occurring through continued consultation with service users and contract monitoring and evaluation.
• Recommendation seven: 718 people had received Mental Health First Aid training and 478 questionnaires had been received back which would feed into the evaluation report analysing the impact of the training.

The Lead Member stated that the outcomes of the review were very positive and thanked all those involved in the implementation of the recommendations.

The Committee agreed that a further and final update on the Action Plan should be presented at its meeting in March 2015.

4. Scrutiny Review on Type 2 Diabetes Services: progress update

The Director of Public Health stated that the HWBB had approved the Action Plan stemming from the HASSC’s Scrutiny Review on Type 2 Diabetes Services 2012/13 at its meeting in July 2014, agreed that it was now complete and asked that the Action Plan be presented to the HASSC.

He added that the Diabetes Action Plan has been embedded in the Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Five Year Strategy. Furthermore the Clinical Commissioning Group (CCG) had appointed a Director of Primary Care Improvement which should improve aspects of performance and organisation and further embed the processes resulting from the HASSC’s recommendations.

The HASSC noted the improvements made as a result of implementing the recommendations outlined in the report and the Action Plan and agreed that the actions stemming from the recommendations were now complete.
5. **The Joint Health Overview and Scrutiny Committee**

The Scrutiny Officer stated that the report informed the HASSC of the latest regulations and local arrangements relating to joint health scrutiny and asked the Committee to agree which three of its members would represent Barking and Dagenham on the Outer North East London Joint Health Overview and Scrutiny Committee (JHOSC). She stated that in previous years the Lead and Deputy Lead Members of the Committee had been appointed and that if the HASSC wished to continue this arrangement one further member would still need to be appointed.

Members noted the report and agreed to appoint Councillors Keller, Lawrence and Alasia to the JHOSC to represent the HASSC.

6. **Implications of the Francis Report**

Matthew Cole (Director of Public Health) introduced the report which gave the background to the Francis Report, summarised the overall findings of the inquiry, and highlighted the specific criticisms of local government scrutiny in the events of Mid-Staffordshire.

It was noted that a similar report was provided to a formal meeting of the HASSC on 29 July 2013 where members discussed the Francis Report in detail. As the HASSC of the municipal year 2014/15 comprised new members, it was considered imperative to re-present the report to the Committee because of the important implications of the Francis Report on health scrutiny.

The HASSC noted that the HWBB at its meeting on 4 June 2013 established a Task and Finish Group Chaired by Conor Burke, Accountable Officer at the CCG, to develop a local response to the Francis Report involving various partners. The Group presented its final report to the HWBB on 11 February 2014 and the Board noted the recommendations and an action plan developed by Group, outlining implementation of the actions across the Barking and Dagenham, Havering and Redbridge social care and health economy.

Members noted that the HASSC report provided an update at section 8 on the progress made since the original report went to the HWBB in June 2013. It was noted that partners have been working to implement the Action Plan focusing on ensuring that all local NHS Trusts are compliant with the statutory 'duty of candour' requirements from October 2014 and all other providers by April 2015. The report provided to the HASSC outlined the current position of the main providers on implementing the duty of candour.

The HASSC then heard audio recordings of witness testimony to the inquiry to bring to life the human aspect of the Mid-Staffordshire failings.

Members agreed that much of the system failings at Mid-Staffordshire Hospital Trust related to patients not being listened to and their concerns not being acted upon.

It was noted that all members of the Council would be invited to a Health training session on 10 November 2014 where there would be opportunities to discuss the role of health scrutiny in light of the Francis report in further detail.
In response to a question it was also noted that a number of HASSC members had agreed to undertake visits to care homes which would provide an opportunity for members to seek assurance on the quality of care from a number of providers.

7. Transforming Services Changing Lives Programme

Dr Mike Gill, clinical lead for the Transforming Services Changing Lives (TSCL) Programme, introduced the report. He stated that the local CCGs of Redbridge, Barking and Dagenham, Tower Hamlets, Waltham Forest, and Newham, NHS England, Bart’s Health and other local providers, had established this clinical transformation programme to consider how services need to change to provide the best health care for local residents. He delivered a presentation summarising the key factors for the case for change and the services within the scope of the consultation.

Neil Kennett-Brown, the Programme Director, stated that at the moment there were no concrete proposals to vary services. He stated that the HASSC was being consulted on the 'case for change' and that comments from members would be reflected in the consultation report which would be produced towards the end of October 2014. After this the 'final case for change' with proposals would be going to the relevant CCGs' governing bodies.

The HASSC asked how changes to services would lead to better health outcomes for people using them and whether the main driver for the changes was the saving that would be made. Dr Gill stated that whilst using resources more effectively was a key factor, some of the priority outcomes of the Programme were to achieve health services where patients report an excellent experience, more people surviving life threatening events such as stroke and more people supported to manage their long term condition in the community.

In response to the HASSC's questions Mr Kennett-Brown stated that integration between different health providers and services would be a definite and essential part of the proposals. The public and patients had been consulted through Public and Patient Reference Groups and staff had also been consulted. At this stage there was an element of uncertainty amongst some staff about what the particular proposals would look like; however, overall, they were positive about the need for change.

Members commented that the case for change had been made well but urged the Programme representatives to take account of the importance of not having a 'one size fits all' approach. They asked that the next stage of developing actual proposals clearly explains the potential impact of changes to services used particularly by Barking and Dagenham residents.

Mr Kennett-Brown stated that the Programme representatives had attempted to engage with stakeholders in Barking and Dagenham; for example, two people including a clinician attended the CCG Patient Experience Forum in July, presentations had been delivered at the August Local Medical Committee, and they had attended the HWWB meeting on 9 September and tonight's meeting to obtain the HASSC's views.

Mr Gill stated that he accepted entirely that the needs of populations across local authority areas could vary greatly. He stated that at this stage the consultation was
on the case for change but once proposals to reconfigure services were more clear, the impact on and needs of local populations would also be clearer. The final report would consider the impact of particular proposals to change services on Barking and Dagenham residents.

Members commented that bearing in mind the outcomes of the 'Health for North East London (NEL)' consultation in 2009, they would expect to see a high level of robustness in the analysis of how the TSCL proposals would impact service users from the affected areas and the sustainability of the proposals. Mr Kennett-Brown stated that the TSCL Programme would need to ask and analyse why certain issues coming out that consultation were not implemented in order to learn from it.

In response to a question, Sharon Morrow, Chief Officer of the CCG stated that the Barking Dagenham CCG was a sponsor on the Programme Board. She stated that the proposals would primarily affect other boroughs but that she was mindful of the HASSC's comments tonight.

The HASSC agreed that the draft response prepared by officers reflected their comments to the case for change and that the Lead Member, Councillor Keller, may finalise and send the response on behalf of the HASSC.

8. Intermediate Care Consultation

Ms Morrow delivered a presentation on the Intermediate Care Proposals which outlined the possible changes to how NHS rehabilitation services could be provided across Barking and Dagenham, Havering and Redbridge (BHR). She highlighted the options for reconfiguring services, one of which was to reduce the number of beds to 40 - 61 (depending on need) and merge the bed base onto one site at King George Hospital.

In response to a question from the HASSC Tara-Lee Baohm (Deputy Director of Strategic Delivery, BHR CCG) stated that Thames' Residents' Association had been consulted in particular on the proposals as a result of a specific request from them. The Association sought assurances about whether the workforce was right and whether the bed modelling was robust and independently assured but their overall response was positive. Ms Morrow stated that generally the Borough's residents' response when consulted about the proposals was positive.

Members asked how residents were informed of the consultation. Ms Baohm stated that the consultation was advertised in GP practices widely, events were held in Heathway, Dagenham and Barking Learning Centre and advertised in the local press.

Members commented that whilst they were fully supportive of the principle of treating people in their own homes, the rationale for the proposals had not been fully made and the impact on Barking and Dagenham residents was not clearly made out in the consultation document. For example, the impact of residents travelling from various parts of the Borough to King George Hospital had not been considered. Members did not feel it was accurate to say that King George Hospital had a station close by or within walking distance. Goodmayes Station was approximately, on average, a 20 minute walk away.

The HASSC noted that the proposal to reduce beds and merge the bed base onto
one site at King George Hospital did not cover the alternative use of Grays Court where beds were currently provided for Borough residents. Members expressed concern that there were 17 “stroke beds” at Grays Court and whilst CCG representatives had stated that they are not subject to this consultation, it was also not clear what would happen to these beds. Furthermore there were a range of specialist outpatient services and clinics on the ground floor at Grays Court and it was also unclear what the impact would be on these services.

CCG representatives stated that at the moment there was nowhere else for the other services being provided in Grays Court to move to. The CCG was working with local authority officers to look at options for using the space in Grays Court affected by the proposals.

Members asked, in light of the closure of the Broad Street Walk-in Centre, why another health service in the Borough was closing down. They further commented that a reason King George Hospital had been selected was because it had other services; however, Grays Court also had other health services. Members expressed concern that taking away beds from Grays Court would leave a half empty building in the Borough. Furthermore, if Barking and Dagenham residents could be expected to travel to King George Hospital, it could also be argued that Redbridge and Havering residents could be expected to travel to Barking and Dagenham. Members could not support the reduction of another health service in the Borough, particularly when it was unclear what would happen to the existing premises offering the service. Members felt the lack of clarity around this lessened the credibility of the proposals.

It was agreed that the report prepared by officers for the HASSC captured members comments to the proposals and that Councillor Keller may finalise and send the formal response to the consultation on behalf of the HASSC.

9. Work Programme 2014/15

The Lead Member stated that the report asked the HASSC to agree the topic which would form the basis of its Scrutiny Review and other items to be placed on its Work Programme 2014/15. She stated that following discussions at an earlier meeting the HASSC had agreed to undertake its Scrutiny Review on Sight Loss and had also requested officers to provide a ‘one-off’ report on the funeral support services available to residents and the prevalence of ‘funeral poverty’ in the Borough.

10. Date of Next Meeting

It was noted that the next HASSC meeting would be on Wednesday 19 November 2014 which would focus on budget proposals for services within the Committee’s remit.
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11. Declaration of Members' Interests

Councillor Peter Chand declared a disclosable pecuniary interest in the budget proposal relating to Personalising Learning Disability Services (ACS SAV 06a), as he was an employee of the Osborne Partnership.

Councillor Danielle Lawrence declared a disclosable pecuniary interest in the budget proposal relating to the Generalist Advice and Hate Crime reporting contract (ACS SAV 12a) as she was an employee of DABD UK.

Councillors Chand and Lawrence left the meeting room prior to the budget proposal in which they declared an interest being discussed and did not participate in the discussion or vote relating to it.


The Cabinet Member for Finance gave a presentation on the background to the budget, setting out the approach, timetable, the consultation process and next steps.

The Council was facing significant challenges due to the shortfalls in budgets and the reduction in Local Government Funding. Estimated savings of more than £53 million were required over the three year period covering 2015/16 to 2017/18.

To bridge that budget gap, a range of savings proposals had been developed targeting the next two financial years with additional proposals earmarked for 2017/18. A gap still existed for each year and savings proposals to address this were currently being developed.

Those savings proposals that specifically fell within the remit of the Health and Adult Service Select Committee (HASSC) totalled £3.530 million and were detailed within the report.

The Lead Member advised those present that the HASSC had been asked to review and analyse the options and issues presented in each budget saving and provide comments and recommendations. The Cabinet would consider the
feedback from the Select Committee scrutiny and other public consultation forums on 16 December 2014.

The Lead Member advised that other Members of the Council, Trade Union representatives and members of the public present would be invited to ask questions and contribute to the discussions during the meeting in line with the procedures.

The savings proposals relevant to the HASSC were then presented and discussed as follows:

(a) **Adult Social Care Workforce (ACS SAV01; £584k)**

This proposal would respond to both the Care Act 2014 and the Council’s success in personalising adult social care services, in particular the rapid expansion in the local market in personal assistants. It would see the deletion of a number of posts from management, occupational therapy, the in-house personal assistant team, and support planning. An additional care budget allocation would be made to ensure support continues to be provided from the local market in care services. The Community Learning Disability Team and the Complex Needs Service would continue to be operated as separate functions, but with merged management. The total staff saving would be £584k.

Members of the Committee expressed concern that whilst some people would be able to make choices around who to purchase care from, others may not.

Members of the Committee and the public also expressed concern that the proposal would see a deletion of 19 personal assistants and asked, given that it was difficult to find work at this time, what would be done to support these members of staff find alternative work. Furthermore, they asked what the redundancy costs incurred by the Council would be.

In response, the Cabinet Member for Adult Social Care and Health stated that:

- Independent advice would be available for people and, family members (where appropriate) would be a part of the decision on who to purchase personal care from. Furthermore, the experience since the Service was remodelled in 2009 was that the availability of personal assistants in the market has far exceeded expectations. The quality assurance mechanisms worked well with dedicated personal assistant coordination function.
- When the Service was remodelled in 2009 a lot of staff who were made redundant became self employed or went on to work for agencies, as the demand for personal assistants was high. She was confident that the staff affected by this proposal would not find it difficult to find work. Furthermore, the Council, where possible, would support staff who were interested in becoming self employed.
- Staff redundancy costs were not available at this stage. These costs would be covered by central budgets.

Members asked what the cost of recruiting eight new social workers would be and whether the proposal would have a potential negative impact on staff in terms of their casework load and ability to cope.
The Cabinet Member for Adult Social Care and Health stated that the saving of £584k had been arrived at after having taken into account the cost of recruiting eight social workers. The Corporate Director of Adult and Community Services stated that staff did feel well supported and had adequate levels of casework and this proposal, if implemented, should not affect this.

Members of the Committee asked whether there was any feedback from Occupational Therapy staff with regards to the proposal to delete one managerial and front line post.

Other Members asked whether the implementation of the proposal would be likely to affect compliance with the Munroe guidance that casework should be allocated to social workers on a 12 to one ratio. They also asked whether some children’s services social workers could not be re-trained to deliver adult social care services.

In response, the Corporate Director of Adult and Community Services stated that:

- In terms of the impact on the Occupational Therapy Service, this proposal allowed an opportunity for the Council to look at the skill mix of the Team and integrate their posts with other work, with the potential positive impact of less people going in and out of people’s homes.
- With regards to the feedback from members of staff who would be subject to redundancy, it was expected that they would not be in support of the proposal. However, the proposal was based on what would be best for service users in light of resources.
- The Munroe guidance was not applicable to adult social care workers.
- Whilst the core training for both children’s and adult’s social care was the same, the roles required a significant degree of specialism, which would have to be built up over time.

A member of the public stated that a proportion of people using services provided at the Maples paid for them using their ‘virtual budgets’ and that their needs had been met well. The proposal seemed to put forward a deficient way of meeting people’s needs. For those individuals for whom the virtual budget would no longer be applicable, their cost to use the Maples would increase to £65 a day. Therefore the Osborne Partnership would only be able to offer two thirds of the current placements.

The Cabinet Member for Adult Social Care and Health stated that it was for the Osborne Partnership to decide how much to charge for placements. In response, the member of the public stated that the Osborne Partnership was supported by charities, which were more likely to support it if they knew that it was backed up by the Council. As Council support would be removed if this proposal was implemented, the Osborne Partnership would be less likely to attract support from charities.

The Corporate Director of Adult and Community Services stated that the eligibility criteria in the Care Act was very clear; the Council was required to determine the amount the person was entitled to by considering their needs. This was different to the question of how much the Council could give to the service provider. It was necessary to retender the contract and although the Osborne Partnership had a good chance at being awarded the contract because of their experience, others may also bid and the Council would have to evaluate the bids before making a
A member of the public stated that in his view, this proposal was akin to a “sticking plaster” approach. He asked what imaginative or brave approach the Council would adopt and when in meeting people’s needs. He also asked how the Council could claim to be able to do more with less, again, having undergone budget cuts in previous years and with the Care Act now placing new duties on it.

The Cabinet Member for Adult Social Care and Health stated that understanding and implementing the Care Act was a complex process; the guidance had not yet been complete and the Council did not know how much it would receive from the Government for its implementation. This proposal would partly help to create some capacity to respond to the Care Act and it was based on the principle that people in need of services should decide which service was right for them, allowing greater flexibility for individual needs to be met.

The Committee supported the proposal.

Councillor Peter Chand left the room at this point and did not return until the discussion and vote on the following saving proposal was over.

(b) Personalising Learning Disability Services (ACS SAV06a; £334k)

This proposal concerned the day services provided at the Maples, under the Council’s own management, and the Osborne Partnership, currently under contract for a particular group of service users, although it also provided services to personal budget holders. The proposal would see the existing service users of both the Maples and the Osborne Partnership block contract moved to a personal budget through which they could choose the support that they would like. The building currently occupied by the Maples would be closed and an alternative use found for it, and the Council’s in-house learning disability day services would be focused at Heathlands where services for people with higher levels of need are provided. The two groups of service users would be assessed to determine their need for specialist support through a personal budget, and supported to move into the new arrangements; in some cases it is anticipated that this would be through more mainstream services rather than specialist. The eventual total savings would be £334k.

The Cabinet Member for Adult Social Care and Health stated that she was aware that the Maples was a long standing service which was very well thought of. However, as more people had taken control over use of services through personal budgets, fewer people had chosen to use services offered by the Maples. 65 people were registered to use the Maples but on a daily average basis there were rarely more than 40 people there. The building had the capacity to support more than 100 people. She acknowledged that for the people who used the Maples, it was very important; however, similarly to the previous proposal, this proposal was based on people’s ability to now choose what service they wished to purchase using their personal budgets.

She stated that the Council had invested £150k in a block contract with the Osborne Partnership. Due to procurement rules the contract had to be re-tendered. However, should people continue to wish to purchase services from the Osborne Partnership, they would be able to do so. To ensure there was no
adverse affect on the service at Healthlands, some social workers would be transferred there. There were also some people who, with the right support, could find employment. Others would purchase the right services for them, including, if they wished, services from the Osborne Partnership.

She stated that she wished to use the opportunity to clarify that the Relish Café would not be closed down. The Relish Café was a model of what the Council would like to see more of; it was doing well enough so as to not rely on a Council subsidy. The subsidy would be reduced over a phased period.

Members of the Committee stated that some users could find it difficult to make decisions around what services to purchase and asked what support would be available to people during the transition process. The Chair read out a question on behalf of MP Jon Cruddas asking the same and also asking how this would be monitored. The Cabinet Member for Adult Social Care and Health stated that people who had social workers could ask them for support and that the Council would work with the Osborne Partnership, the Learning Disability Forum, and where appropriate, family members, to ensure people felt well supported during transition. She would be happy to attend a future meeting of the HASSC to discuss the monitoring of the impact of this proposal on service users.

In response to a question from Members, the Cabinet Member for Adult Social Care and Health stated that:

- The Heathlands was not close to the Maples; however, it was suitable for people with more complex needs.
- Staff redundancy costs had not been worked out at this stage.
- She was confident that staff made redundant would find work as they were trained, experienced and talented.
- The calculations for achieving the saving of £334k had taken into account of the costs of providing services for those who would need higher level support.
- People who used the Maples would be reassessed against eligibility criteria, after which some people may not receive what they were receiving now.
- Every local authority was implementing ‘personalisation’ to accord with the Care Act. By April 2015 local authorities were required to move to different arrangements.

The Committee supported the proposal.

(c) Double-handed calls for personal care in the home (ACS SAV10; £130k)

If a service user requires lifting during home care visits, the current policy of home care agencies is to send two carers to the appointment (doubling up). This reduces privacy and dignity for vulnerable people. A number of factors suggested that there was an excess of such ‘double ups’, and that the use of equipment, supported by individual risk assessment, could potentially reduce the costs associated with providing this care. The proposal would see the provision of overhead hoisting equipment and/or slide sheets and a review of safe handling techniques to reduce two carers to one carer.
In response to questions, the Cabinet Member for Adult Social Care and Health stated that the Council would not take health and safety risks with staff and that risk assessments would be carried out for every case. With regards to permanency of equipment in the person's home, this was something that would be determined on a case by case basis.

The Committee supported the proposal.

(d) Independent Living Fund (ACS SAV09; £250k)

This proposal would ensure a fairer and more equitable distribution of resources for people currently receiving separate funding through the Independent Living Fund (ILF). The ILF closed to new applicants some time ago, and the funding and responsibility for meeting the needs of recipients’ would transfer to local authorities on 15 June 2015. The proposal was to reassess all 39 recipients of the ILF and transfer them to a new personal budget allocation from April 2016, which would bring their support into line with the Council’s standard resource allocation system. It was expected to save £250k from a current spend of around £550k per annum.

Members of the Committee stated that the proposal would have a substantial impact on disabled people, and asked whether people would be disadvantaged if this proposal was implemented. The Cabinet Member for Adult Social Care and Health stated that this proposal would see two groups of people being treated more equally, and therefore, the group affected by this proposal would be disadvantaged.

A member of the public stated that he was receiving money from this fund for a number of years; he felt his independence and wellbeing were based on this support. He urged the Council to find funds to continue making payments to people who had high needs.

Members of the public stated that a risk of implementing this proposal was that people may end up in residential care due to a deterioration in their lifestyle and wellbeing, which would cost the Council much more in the long run.

Members stated that rather than local authorities taking money away from people who needed it to maintain their independence, the Government should be lobbied to provide a fund for those who were no longer eligible for the ILF.

The Committee did not support the proposal due to the potential negative impact it would have on current ILF recipients’ independence and wellbeing given their high level of needs.

(e) Passenger Transport (ACS SAV 11: £400k)

As the Council was working to reconfigure day service provision, particularly for people with learning disabilities through the Fulfilling Lives Programme, it was proposed to also reconfigure the Passenger Transport Service to reflect more individualised transport choices made by service users, with an expected saving of £400k. When the Care Act is implemented in 2015 adults with social care needs
would, where appropriate, have transport costs included in their personal budgets, therefore reducing the need for this Service.

The Cabinet Member for Adult Social Care and Health stated that she was not proposing the cessation of the Service; rather, that the Service be reconfigured to make efficiencies, for example, by having a cross borough service. The proposal would not be implemented until 2016/17, as a review would be undertaken first to establish what the best service model would be.

Members stated that there was no breakdown of how the £400K worth of savings would be achieved. The Cabinet Member for Adult Social Care and Health stated that the detail of this proposal was not available yet as the review of the Service had not been undertaken. The Committee was being asked to support the decision to undertake a review with a view to reconfiguring the service to achieve a £400k saving.

Members asked how people no longer eligible to use the Passenger Transport Service would be supported with learning to travel independently. The Corporate Director of Adult and Community Services stated it was expected that some people would learn to travel independently relatively quickly (with some being eligible for the freedom pass). Generally, any support provided would need to be considered on a case by case basis.

A member of the public stated that reconfigurations usually meant job losses and asked what effect the knowledge of this proposed service review would have on staff morale. The Cabinet Member for Adult Social Care and Health stated that she acknowledged it would be difficult for staff; however, it was necessary to go through this process. She stated that some staff would retain their jobs as the cessation of the Service was not being proposed.

The Committee did not support this proposal, planned to be implemented in 2016/17, due to the lack of detail around how a saving of £400k would be achieved. However, members agreed with the Cabinet Member's proposal to undertake a review of the Service to establish whether efficiencies could be made by turning the Service into a cross borough one, for example.

The Chair adjourned the meeting for a short break. Upon the meeting being reconvened, to accord with the Council’s Constitution, the Committee agreed to extend the meeting for a further reasonable period to get through the business of the meeting.

(f) Taxicard Scheme (CEX SAV50; £160k)

Taxicard was a scheme providing subsidised door-to-door transport for people who have mobility impairments. This proposal to make changes to eligibility (which would see an anticipated 60% reduction in the number of those eligible for the Taxicard Scheme) would save an anticipated £160k per annum. The focus of the reduction would be on those who had the least pressing need for the Service. The Council’s current Taxicard budgets were the second largest of all the London boroughs. Users affected by this proposal would be able to request a reassessment.

Members of the Committee noted that this proposal would affect Band C users and
expressed concern at the proposal as there were currently 1766 people in Band C.

Other members were concerned that people potentially affected by this proposal may not be aware that it was being put forward, or that the Council was undertaking consultation on it. It was suggested that the Committee recommend that the proposal be deferred so more people could be consulted on it.

In response to a question the Corporate Director of Adult and Community Services stated that users affected by this proposal, who have a lot of appointments to attend due to their health needs, may be entitled to travel support for those appointments under NHS provision.

A member of the public suggested that yet again, a proposal was put forward that would affect more vulnerable people. He suggested that the proposal be phased out over a longer period of time than proposed.

In response to questions relating to how the saving had been worked out, the Cabinet Member for Finance stated that Band C users were collectively entitled to 63576 trips. The saving of £160k was based on these trips no longer being funded.

The Committee supported the proposal.

(g) Commissioning Supported Living provision: The Foyer (ACS SAV 12f; £367k)

It was proposed that the short term accommodation for single homeless young adults (18-15) not be retendered when it ceases on 3 July 2015. The service provided 116 beds and tailored life skills programmes seeking to reduce the risk of these young people may cause to themselves or the community. This proposal would see a 100% reduction in the service provision at a saving of £367k. In ceasing the supported living aspect of the accommodation other services delivered from the facility, particularly commissioned by Children’s services, may be impacted. In addition there may be an impact on homeless referrals locally. However, arrangements would be put in place to ensure young adults of working age were supported to live more independently, wherever possible in ordinary houses, in ordinary streets.

Members noted that the concept of placing young people in need of support in one building may cause problems for neighbours. They cited examples of this at the Foyer. However, members were also mindful that it was important not to tarnish all the young people as they were from difficult backgrounds and needed support.

Members of the Committee asked what other options would be available to young people who needed support with living independently should the proposal be implemented. They also asked what would happen to the young people who were currently living in the Foyer, given the low level of one bedroom accommodation in the Borough.

In response, the Cabinet Member for Adult Social Care and Health stated that:

- The Council would continue floating support but in the long term, it would need to have discussions with partners in the voluntary sector about whether they could provide some advice to young people. Although this
The proposal was not to renew a specific contract, the Council needed to consider more widely whether locating all young people in need of support in one building is conducive for them and the community and, the level of floating support available.

- The Foyer was not long term accommodation; the placement was for two years after which the young person would need to move out. In terms of the supply of one bedroom properties in the Borough going forward, Housing would need to have discussions with East Thames about how to increase supply.

Other Members commented that although the non-renewal of this contract would see a short term saving, the repercussions of this proposal may cost the Council more in the long term. Without support, the young people, who were from difficult backgrounds, would be more likely to use drugs or become parents at a young age, for example; this would increase costs for the Council due to the interventions they would require. Also, the young people would need to have their housing costs met by the Housing General Fund.

The Corporate Director of Adult and Community Services stated that the young people who would be affected by this proposal were aged 18 – 25. Whilst it was a difficult decision there were examples of people from this age group, from difficult backgrounds, who had lived independently in the community without support.

**The Committee supported the proposal.**

(h) **Commissioning Supported Living provision: The Vineries (ACS SAV 12g; £201K)**

This proposal concerned the Vineries, which provided low level supported accommodation for 16 -18 year olds to enable them to live full and independent lives. There were 31 units available for a tenure of up to two years. The contract would end on 6 August 2015 and it was not intended to recommission. The anticipated saving from this proposal would be £210k. Support would be put in place for the transition to alternative accommodation.

The Cabinet Member for Adult Social Care and Health stated that this proposal was based on the same principle as the last one; however, as the affected group of people were younger, they may be more vulnerable.

In response to questions from Members of the Committee, the Corporate Director of Adult and Community Services stated that:

- The reason these young people were in supported living arrangements was due to circumstances such as family problems, or teenage pregnancy and fostering was not considered appropriate due to their age.
- At the moment there was no concrete alternative option for these young people; however, among the options being considered were grouped tenancies, floating support and whether a package of support could be offered with resources from Children’s Services, depending on the young person’s circumstances.

Other members argued that similar to the previous proposal, this proposal would
see increased costs in the long term, which may need to be met by the General fund, and therefore, this proposal would not produce a ‘real’ saving. Furthermore, the Vineries did not have the problems associated with the Foyer; it was well thought of in the community.

The Cabinet Member for Adult Social Care and Health stated that she agreed with many of the points raised. She emphasised however, that this proposal would not leave the young people without accommodation; it would remove the supported element of the Service. She stated that perhaps the Troubled Families Programme could provide some support.

The Committee did not support this proposal, noting that this Service was for young people who were likely to be from very difficult backgrounds. They expressed concern that should the supported element of the accommodation be removed, it would have negative effects on young people’s wellbeing with the risk that support would need to be provided from other Council services leading to more expenditure, which would defeat the objective of the proposal.

(i) Commissioning Supported Living provision: Bevan House (ACS SAV 12i; £195k)

It was proposed to not retender the short term accommodation based support for families and single people aged 25 plus when the current contract ceases on 30 September 2015. The Service provided 47 beds and tailored life skills programmes. This proposal would see a 100% reduction in the service provision at a saving of £195k. In ceasing the funding of this Service there would be a reduction in the opportunities to refer from the housing and homelessness teams within the Council and this would impact on other housing provision and the ability to offer provision to families locally. Support would be put in place for the transition to alternative accommodation.

Members expressed concern at the potential impact this proposal would have on vulnerable families, particularly, on children. The Cabinet Member for Adult Social Care and Health stated that whilst the Council had more resources, it was right to support these families; however, due to the level of savings to be made, it was necessary to balance the needs of all those using services, against the resources available. There were many vulnerable families who had learnt and managed to live in the community without support.

The Committee supported the proposal.

Councillor Danielle Lawrence left the room at this point and did not return until the discussion and vote on the following saving proposal was over.

(j) Generalist Advice and Hate Crime reporting contract –ACS SAV 12a; £280k

It was proposed to remove the generalist advice, enhanced welfare rights advice and hate crime reporting by ceasing the commissioned Service as the contract comes up for extension or retendering on 31 March 2015. This would be an 89% reduction in the commissioned Service which supported 5,000 residents annually to access advice locally. The current cost of the provision from the commissioning
The budget was £280k. There was an additional contribution from Children’s Services of £35,000 for advice through children’s centres and with the reduction this Service would be impacted too, as the core service support would no longer be available to deliver additional outreach through children’s centres.

The Cabinet Member for Adult Social Care and Health stated that although there were no developed plans at this stage to mitigate the impact of this proposal, the duty placed on the Council by the Care Act to commission advice services for those who were eligible, may alleviate some of the adverse impact on the community as a result of this proposal, at some stage going forward.

In response to concerns raised by Members of the Committee and the public, with regards to the potential removal of hate crime reporting, the Corporate Director of Adult and Community Services stated that this aspect of the Service was a very small part of the contract and that the evidence clearly showed that the majority of hate crime is reported directly to the Police. She stated that this proposal was brought not because the services were not effective, but because of the level of savings that had to be made to balance the Council’s budget. The Cabinet Member for Adult Social Care and Health stated that people experiencing hate crime should report it to the Police and could go to the Race Equality Council for support.

Members were concerned that implementation of this proposal mean that the most vulnerable members of the community would have nowhere to turn to, particularly at a time of substantial welfare reform. Most people using these services did so because they were desperate. The Citizen’s Advice Bureau was a ‘beacon’ Service who gave much more back to the community than was invested in it. They pointed out that the Public Accounts and Audit Select Committee (PAASC) discussed a proposal to reduce the number of the Council benefits advisors providing face to face advice, which if implemented, would worsen the situation.

The Director of the Citizen’s Advice Bureau provided statistical information on the number of people it supported as well as the types of problems it was supporting people with. She asked who these people would turn to should the proposal were implemented, given that the Council could not directly support them.

**The Committee did not support this proposal** on the basis that the advice services covered by it were all the more necessary at a time of substantial welfare reform. Furthermore, in light of statistics showing that a high level of the Borough’s residents were in debt, unemployed or in receipt of housing benefit, Members felt that this proposal would impact upon the Borough’s residents particularly badly. They also noted that should another savings proposal (falling under the PAASC) to reduce the number of benefits officers providing ‘face to face’ advice be implemented, this would exacerbate the situation.

**Introduction of a charge for the Active Age Programme (ACS SAV39; £120k)**

The Council delivers a health improvement activity programme for older people in the Borough, which has two elements: Active for Life, principally the free leisure offer in the Borough’s leisure centres; and Active Age, activities provided at locations across the Borough. It was proposed to bring these two strands into an
overall programme and to introduce a charge of £1 per week for overall membership. It was expected that this would raise £120k.

In response to questions from Members of the Committee, the Cabinet Member for Adult Social Care and Health stated that:

- users of the services would be able to spread the cost rather than pay one annual fee
- She would not propose to increase the charge further next year, if she remained the Cabinet Member for this Service.

Other members stated that as a host Olympic Borough, its legacy should be to provide easier and cheaper access to its residents. They also commented that it was not right to base an income generating proposal on the Borough’s elderly residents and suggested that perhaps younger or out of borough’ residents should be charged a small amount more instead.

Members questioned whether this proposal would raise the level of income projected as it could be presumed that a lot of residents used the Active for Life Service because it was free and would not continue to do so even if only a small charge was introduced. In response the Corporate Director of Adult and Community Services stated that the projection was prudent and the level of income may actually exceed the amount projected.

**The Committee supported the proposal.**

**(l) Administrative and commissioning posts (ACS SAV 15a; £200k)**

This proposal would see the deletion of eight individual posts across the Directorate. A number were administrative, whilst others were in commissioning functions. As the Council considered how to meet the new duties under the Care Act, further consideration would be given to the resourcing of commissioning functions. The projected saving of this proposal was £200k.

Members asked whether staff remaining in post would face increasing workloads if this proposal was implemented.

The Cabinet Member for Adult Social Care and Health stated that this may be a potential effect but primarily it would mean a reduction in support for Group Managers and Divisional Directors in a range of disciplines.

**The Committee supported the proposal.**

**(m) Mental Health Services (ACS SAV08; £250k)**

This proposal concerned the Council’s integrated mental health social care service managed by North East London NHS Foundation Trust (NELFT). It proposed a reduction in the budgets for residential and supported accommodation, and would require care co-ordinators to find ways in which to keep people independent and/or at home for longer, as well as the moving of support packages from high-cost residential services to lower-cost supported living environments. It would involve the Service working with commissioners on the future configuration of supported
living services. Work was currently underway on the future of the joint arrangements with NELFT, therefore, this was proposed as a saving of £250k starting in 2016/17.

Members of the Committee expressed concern with regards to the availability of supported living environments in the community. The Cabinet Member for Adult Social Care and Health stated that the saving was not proposed to be implemented until 2016/17 and 2017/18 so that the Council could look into the level of provision.

In response to a question from Members of the Committee, the Corporate Director of Adult and Community Services stated that at the moment, people of a working age often went into residential care and stayed there longer than necessary as there was not a strong approach to supporting people to get back out into the community. This proposal would mean more people would be supported to remain in their existing home and that when appropriate, people would receive hospital treatment.

A member of the public stated that this proposal was wrong as:
- it would force people to return home to circumstances which may have contributed to their ill health in the first place.
- individual budgets would not be funded sufficiently enough to allow the person to have a genuine choice.
- This proposal presented risks to very vulnerable people with no safeguards in place to address them.

He urged the Council to provide an ‘affordability guarantee’ to people who would be affected by this proposal.

The Cabinet Member for Adult Social Care and Health stated that people would not be asked to return to unsupported accommodation if it was not safe to do so. She stated that the budget for mental health services was very limited and that this proposal would encourage movement through the care pathway through a ‘recovery approach’.

The Committee supported the proposal.

The Lead Member of the Committee asked the Cabinet Members and officers to formally report back to the Cabinet the comments and recommendations resulting from the meeting. She thanked councillors, officers, and members of the public for their contributions.
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This report sets out the proposed scoping of the scrutiny review on Eye Care Services.

The Health & Adult Services Select Committee is (HASSC) asked to agree the proposed scope for its Scrutiny Review on Eye Care Services.

To achieve good outcomes from a Scrutiny Review, it is best practice to undertake a scoping of the review which sets out key milestones, including the methodology for engaging with relevant stakeholders and gathering information for evidence based recommendations.

1. Introduction and Background

1.1 An options paper was presented to HASSC on 30 September 2014, outlining suggested topics for the Committee to review over the next two municipal years. The HASSC agreed to undertake a review of eye care services, commencing in January 2015.

Areas to scrutinise and explore include:

- Whether there are gaps or obstacles in current service and pathways
- How supply and take-up of Optometry (Opticians) and other eye service compares with other London boroughs and the national average
- Whether local low vision services for Blind and Partially Sighted people are fit for purpose and whether take-up is appropriate
- CCG plans regarding eye care services
• The role of GPs
• Emotional and other support for people newly diagnosed
• How well local services for blind and partially sighted people rate when benchmarked against the national “seeing it my way” charter

2. Methodology

2.1 It is proposed that the scrutiny be conducted via a series of structured meetings. These will:
   • Set the scene, nationally – e.g. the prevalence of sight loss and the issues faced by visually impaired people
   • Explore the situation locally – e.g. the adequacy of local eye care services
   • Tease out issues and areas for further consideration and development.

2.2 In addition to the meetings, visits to relevant groups and services can be arranged for HASSC members.

2.3 It is also proposed that a survey be undertaken to gauge use of eye care services and views about their effectiveness and ease of access. This could be targeted at a sample of local people who either use or are highly likely to need eye care services.

2.4 It is proposed that the scrutiny commences in January 2015 and concludes in September 2015. The proposed process is outlined below.

3. Proposed Programme

3.1 HASSC meeting on 20 January 2015 – “Scene Setting”

This session will put the area for scrutiny into context and highlight:

• The current prevalence of sight loss
• Future demographic changes
• The relationship between sight loss and public health
• The impact of sight loss
• Problems visually impaired people face

3.2 Presentations will be made by Peter Corbett (Chief Executive of Thomas Pocklington – a leading, national Eye Care Charity) and Phil Ambler (formerly the National Coordinator for local implementation of the UK Vision Strategy).

3.3 There will also be an interactive session during which HASSC members can have the opportunity to try on simulation spectacles to gain a greater appreciation of the most common, serious eye conditions.
3.4 **HAHSC Workshop on 4 March 2015 – “The local picture in Sharper Focus”**

Presentations will be made by Matthew Cole (Director of Public Health) and leading local eye care clinicians. These presentations will cover:

- The local prevalence of major eye care conditions
- The relationship between eye care and other local health issues
- Prevention and eye health
- Local services and pathways

3.5 The workshops will include an interactive, exhibition style session. There will be stalls and the opportunity to view and trial equipment; obtain information about services and talk to service users, professionals, and service providers.

Contributors will include:

- The local Optical Committee (representing local Opticians)
- The Vision Strategy Group
- Ophthalmologists and other clinicians from Queens Hospital
- RNIB
- Macular Disease Society
- Vipers (local organisation of visually impaired people)
- Magnifier and Lighting Workshop
- Bridge to Vision
- Electronic visual aids

3.6 **Survey March – April 2015**

Service user survey of usage and attitudes towards eye care services

3.7 **June 2015 HASSC meeting (exact date to be set)**

Initial findings will be fed back and stakeholders will be invited to answer questions and take part in further debate and exploration. Survey findings will also be fed back.

3.8 **June 2015 Visits by HASSC members to local eye care services and groups**

Visits can be arranged for HASSC members to local services. Suggestions include:

- The VIPERS Group (local, fully constituted group of Visually Impaired People)
- Macular Disease Society (fully constituted group affiliated to the national organisation)
- Low vision service at Queens Hospital
3.9 August 2015 – Draft Report

Headline issues and findings will be presented to HASSC members, Councillor Worby and other stakeholders for comment.

3.10 September HASSC – Final Report

Scrutiny Report, findings and recommended actions will be presented to HASSC for sign off.

4. March 2016 HASSC Monitoring of recommendations

In March 2016 the first monitoring report on the progress of implementing the recommendations will be presented to HASSC.
Title: Local Account 2013/14

Report of the Corporate Director of Adult and Community Services

Open Report | For Information
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Report Author: Louise Hider, Health and Social Care Integration Manager | Contact Details: Tel: 020 8227 2861 E-mail: louise.hider@lbdd.gov.uk

Accountable Divisional Director: Glynis Rogers, Divisional Director, Commissioning and Partnerships

Accountable Director: Anne Bristow, Corporate Director, Adult and Community Services

Summary:

The Local Account is the Council’s statement to the local community and service users about the quality of social care services in Barking and Dagenham.

Our Local Account for 2013/14 has been structured slightly differently to previous years. A main Local Account document has been produced which gives the overview of our performance and spend in adult social care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also contains our statutory complaints report. However, key summaries have also been produced for some of the areas which encompass social care, including learning disabilities, carers, physical disabilities and sensory impairment, mental health and older people.

The Local Account has been published on the Council’s Care and Support Hub website and can be found by visiting: [http://careandsupport.lbbd.gov.uk/localaccount](http://careandsupport.lbbd.gov.uk/localaccount). A questionnaire is also ‘live’ on the website to receive the views of service users, partners and the community about social care services. This feedback will be fed into services and will inform our Local Account for 2014/15.

Recommendation(s)

The Health and Adult Services Select Committee is recommended to:

(i) Comment on the Local Account, and raise any questions or concerns that they have with regard to the performance and delivery of outcomes relating to adult social care.

(ii) Encourage residents to fill out the questionnaire on the Care and Support Hub website ([http://careandsupport.lbbd.gov.uk/localaccount](http://careandsupport.lbbd.gov.uk/localaccount)) about adult social care services. This will inform service delivery and will help shape the 2014/15 edition of the Local Account.

Reason(s)

The Local Account is the basis of an on-going ‘conversation’ about the quality and future
development of social care services. It is the Council’s way of accounting to the local community for the quality of its services and is an essential component of the performance management system that replaced the Care Quality Commission’s regime of annual audit.

Additionally, the Local Account furthers all three of the Council’s priorities of ‘encouraging civic pride’, ‘enabling social responsibility’ and ‘growing the Borough’. It details how many of our residents have shaped their quality of life, and particularly their care and support, through the utilisation of personal budgets and Personal Assistants. It also details where the Council has performed well and where we need to focus our attention in 2014/15 in order that we:

- Protect the most vulnerable, keeping adults and children healthy and safe;
- Ensure everyone can access good quality healthcare when they need it;
- Develop a local, skilled workforce and improve employment opportunities.

1. **Background/Introduction**

1.1. When the role of the CQC was redefined and consideration was given to how social care was regulated a decision was taken that there was sufficient maturity in the adult social care sector to move away from the approach of holding an Annual Review Meeting and awarding star ratings to local authorities.

1.2. It was agreed that, in response to representations from the Local Government Association and others, a ‘sector-led approach’ to service improvement would be adopted. Thus putting the onus on adult social care services to lead that agenda at local, regional & national level.

1.3. There are a number of aspects to this work being steered at a national level by the ‘Towards Excellence in Adult Social Care’ (TEASC) Board chaired by the Association of Directors of Social Services (ADASS) and serviced by the Local Government Association (LGA). Its membership also includes (amongst others) the Department of Health (DH), Care Quality Commission (CQC), and the Social Care Institute for Excellence (SCIE).

1.4. The London Social Care Partnership Group also has a group, chaired by Anne Bristow (Corporate Director of Adult and Community Services), which has developed the regional response. Some external challenge is being provided through Chief Executives of London Councils.

1.5. Key points of the approach in London are:

- Participation in a peer review challenge process
- Publication of Local Account
- Participation in the voluntary national quarterly data collection exercise from Q3 2013/14.

1.6. The Local Account is a way of opening up information on adult social care. It should foster a conversation between the Council, service providers, commissioners, service users and the public. The Local Account should empower people to challenge or commend local services as they see fit. It should promote accountability and
engagement, delivering a clear account of adult social care services which can be disseminated, discussed and challenged, with services being improved as a result.

2. **About the Local Account**

   **Structure**

2.1. This year, the Local Account document has been structured slightly differently to previous years. A main Local Account document has been produced which gives the overview of our performance and spend in social care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also looks at the local and wider national context for adult social care and contains our statutory complaints report.

2.2. Additionally this year, key summaries have also been produced for some of the key areas of adult social care in Barking and Dagenham, including learning disabilities, carers, physical disabilities and sensory impairment, mental health and older people. These summaries give a more comprehensive overview of the services, performance, achievements for 2013/14 and plans for 2014/15 in each of these areas. Crucially, they also provide more information on what residents have told us about social care services in each of these areas.

2.3. The overview document and key summaries are attached to this report in Appendices 1 – 6. However, they can also be found by visiting the Care and Support Hub website at: [http://careandsupport.lbbd.gov.uk/localaccount](http://careandsupport.lbbd.gov.uk/localaccount).

**Highlights from the Local Account**

2.4. The Local Account includes information about some of the successes and important developments in adult social care in Barking & Dagenham during 2013/14. These include:

- Launching our new online source of support and information about social care services, the Care and Support Hub
- The Care Quality Commission inspected Kallar Lodge, Millicent Preston House and 80 Gascoigne Road Residential Care Homes, recognising that they provide good quality, safe services
- Extending hospital social work support to weekends so that people had a better experience when discharged from hospital into social care services
- Distributing grants to over 100 local people so that they could choose and arrange their own minor adaptations to their home when they needed them
- Continuing to raise awareness about safeguarding vulnerable adults to residents and amongst council staff and social care agencies
- Continuing to work closely with local GPs to make sure that health and social care were planned together for those that needed both
- Setting up a Personal Assistant accreditation scheme, so that there is a local ‘quality check’ for this important new part of the social care workforce
- Co-ordinating Older People’s Week, with around 1,100 people taking part
- Opening Relish@BLC, a café which prepares adults with a learning disability for employment opportunities
Continuing to support new small enterprises, with an innovation fund of around £47,500 to support new prevention initiatives aiming to become self-sustaining

Commissioning Healthwatch to strengthen the voice of social care users, carers, patients and the public.

### 2.5. Areas for development for 2014/15

Areas for development for 2014/15 that are highlighted within the text include those that respond to national developments, and those that arise based on improvements and developments needed to local services. They include:

- Getting ourselves ready for the implementation of the new Care Act on 1 April 2015, which will bring major change to how we deliver social care services
- Better promotion of the Care and Support Hub web directory of services, and work to make the information more comprehensive
- The launch of the Joint Assessment and Discharge team, which brings hospital, community health and social care teams into one so that people coming out of hospital get a better service
- Improving our systems for responding to Deprivation of Liberty Safeguard applications (where people are prevented from doing something for their own protection) to meet rising demand
- Continuing our work to make sure that residents, service users and staff all know how to raise safeguarding alerts when they are concerned about someone’s safety or wellbeing in social care services
- Launching our first Market Position Statement, that sets out how we think local services need to develop in order to meet the demands of people using services
- Improving our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission
- Developing a new Carers’ Strategy, with input from local carers and their support organisations, and work out new ways to deliver services for carers in the future
- Working with HealthWatch to strengthen the voice of social care users, carers, patients and the public, and to make sure their voice gets heard at the Health & Wellbeing Board.

### 3. Consultation with residents

3.1. The document provides some overview of the feedback received through the service user and carer surveys, and the complaints that the Council has received and responded to.

3.2. This year we also took drafts of the Local Account to the following meetings and events that were held in September and October:

- The Carers Strategy Group
- Learning Disability Carers Forum
3.3. We asked residents and groups to specifically tell us what they thought about the
Local Account, anything that they thought was missing and their feedback about adult
social care services more generally. This feedback will inform our planning for
2014/15 and has been incorporated into the Local Account ‘key summaries’ where
appropriate. A list of the comments that we received during this process can be
found on page 23 and 24 of the main Local Account document in Appendix 1.

3.4. This year we have also included a questionnaire at the back of the document and on
the Care and Support Hub website. This questionnaire will run ‘live’ until 31 March
2015. The questionnaire will enable us to receive feedback on what residents think
about social care services which we can then use to inform service delivery and the
next Local Account. Members are asked to encourage residents to fill in this
questionnaire. If there are any questions about accessing the questionnaire or the
Local Account, please contact Louise Hider, Health and Social Care Integration
Manager on 020 8227 2861 or email louise.hider@lbbd.gov.uk.

3.5. It is recognised that we still have some way to go in incorporating the ‘user voice’
within the Local Account. Service user and carer involvement will need to be a key
priority for development in the next draft and we are currently looking at innovative
ways in which we can involve service users and structure the Local Account itself for
the 2014/15 edition. We will also look at how we work with Heathwatch and other
service user representative organisations to incorporate feedback into the Local
Account 2014/15.

4. Implications

4.1. Financial Implications

There are no significant immediate financial implications arising from the Local
Account. No large mailing of hard copies is planned, and such requests for paper
copies as are made can be accommodated within existing budgets.

Implications completed by: Roger Hampson, Group Manager, Finance (Adults)

4.2. Legal Implications

The Council is required to issue an annual overview of complaints received, which
forms part of the Local Account. Whilst there is no legal requirement to publish a
Local Account, it stands in lieu of more assertive performance management by
regulators, and lack of a Local Account of suitable quality could be taken into account
should formal regulatory intervention be necessary. The report details the
preparations the Council is making for the change in adult social care legislation
introduced by the Care Act 2014.

Implications completed by: Dawn Pelle, Adult Care Lawyer
5. **List of Appendices:***

Please also note that these documents can be found on the Care and Support Hub website at http://careandsupport.lbld.gov.uk/localaccount

Appendix 1: Barking & Dagenham Adult Social Care Local Account 2013/14: Overview

Appendix 2: Key Summary: Learning disabilities

Appendix 3: Key Summary: Older people

Appendix 4: Key Summary: Mental health

Appendix 5: Key Summary: Physical disabilities and sensory impairments

Appendix 6: Key Summary: Carers
Barking and Dagenham’s account of Adult Social Care activity in 2013/14
Foreword

Welcome to our 2013/14 ‘Local Account’ for Adult Social Care. This is a really important document, in which we set out where we think we have been successful over the past year in Adult Social Care, and what we think we need to improve.

We have recently agreed a new Council vision ‘One borough; one community; London’s growth opportunity’ and one of the key priorities of this vision is ‘enabling social responsibility’. This fits with our guiding principle for Adult Social Care in Barking and Dagenham: giving service users meaningful choice and control over the care and support that they receive. We are committed to working with the local community to help create a Borough that supports wellbeing, promotes independence and encourages residents to lead active lifestyles as far as they possibly can. We champion this through our own services, but have built good relationships with our service providers and our health Partners in order that we are all working together to provide the best outcomes for our residents who need social care in Barking and Dagenham.

2013/14 was a busy year. More and more people received direct payments in order that they can purchase the care and support that they want. Our integrated arrangements which see social workers working alongside GP practices and other health professionals, has developed over the last year with the introduction of mental health social workers to the arrangements, and continues to be successful. We launched our new Adult Social Care website, the Care and Support Hub which gives information and advice, a directory of services and a register of all of our accredited Personal Assistants in the Borough. We also received good inspections from the CQC on a number of our in-house services including 80 Gascoigne Road and Kallar Lodge. This was all achieved against a backdrop of budgetary pressures and I commend our passionate and committed staff, within the Council and across the Partnership, for their hard work in achieving a great deal in a difficult financial environment.

2014/15 will be a challenging year for Adult Social Care services. We will be continuing to work hard to plan and take forward the substantial changes that are required within the Care Act, many of which need to be in place by April 2015. We will also be working with Children’s Services to ensure that we are ready for the changes brought in by the Children and Families Act, primarily affecting young people who will ‘transition’ to Adult services and will be eligible for care and support. Additionally, we will be working with our health partners to deliver the Better Care Fund (an existing pot of money to facilitate closer working between health and social care services to deliver better outcomes for residents), and with neighbouring boroughs to launch our Joint Assessment and Discharge service, a service which will streamline the preparations for people coming out of hospital back into their homes. Additionally, the Council will need to consider more savings to the budget. Cuts to the funding we receive from central Government continue to force us to make difficult financial decisions, although we will endeavour to protect the essential Adult Social Care services that support local people. Our plans for 2014/15 are provided in more detail below and I hope you will look forward to reading next year’s Local Account to see how well we did in taking all of this forward!
Thank you for taking the time to read our Local Account and I hope that you feel it is a true and transparent account of our work in Adult Social Care in 2013/14. Remember, we always want to hear from our residents about what they think of Adult Social Care services and how we can make them better. I would therefore urge you to fill out the questionnaire at the back of this document or on our Care and Support Hub website, or alternatively email any comments to marketdevelopment@lbbd.gov.uk in order that your feedback can inform the way that we conduct Adult Social Care in Barking and Dagenham.

Yours sincerely,

Councillor Maureen Worby
Cabinet Member for Adult Social Care and Health
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1. Introduction

Thank you for reading our 2013/14 ‘Local Account’ for Adult Social Care. This is our third Local Account for Barking and Dagenham and it describes what we did and how we did in Adult Social Care services and activity in 2013/14. The Local Account looks backwards to the things we are most proud of having done during 2013/14 and looks at the areas where we need to improve. It also sets out the key activities we are planning to do during 2014/15.

This year we have produced our Local Account in a slightly different format. We have a main Local Account document which gives the overview of our performance and spend in Adult Social Care, key highlights of what we did in 2013/14 and our plans for 2014/15. It also contains our statutory complaints report. However, we have then produced short summaries for some of the key areas of Adult Social Care in Barking and Dagenham, including learning disabilities, carers, physical disabilities and sensory impairments, mental health and older people. Please feel free to read the document as a whole, or look at the sections that you are interested in. You can also download the document as a whole, or in parts, by visiting the Local Account page on our new Adult Social Care website: [http://www.careandsupport.lbbd.gov.uk](http://www.careandsupport.lbbd.gov.uk)

This document is for you, our service users, carers and residents to read through and tell us whether you think we have got it right. Along with using feedback from our Adult Social Care Survey, we have spoken to a number of residents and groups during the production of this Local Account and we have included their thoughts and ideas throughout. Engagement on this year’s Local Account has included the following:

- The Carers Strategy Group
- Learning Disability Carers Forum
- Learning Disability Service Users Forum
- User-led disabilities group
- Residents during Older People’s Week events
- Residents during World Mental Health Day events

We are also introducing a questionnaire this year in order that you can provide us with feedback on Adult Social Care, our services and what you want to see in Adult Social Care in the future. It will also be an opportunity for you to tell us what you think about this year’s Local Account. You can either fill in the questionnaire at the back of this document and send it back to us or visit our online questionnaire on the Local Account webpage on the Care and Support Hub. The questionnaire will be ‘live’ all year and we will use the responses to inform our services and shape the format and content of our Local Account for 2014/15. If you have any questions or queries, or want to provide us with feedback without filling in the questionnaire, please email us at marketdevelopment@lbbd.gov.uk.
2. Care and support needs in Barking and Dagenham

To help us plan for future adult social care needs in Barking and Dagenham we use the information in our Joint Strategic Needs Assessment (JSNA), an in-depth analysis of local health and social care needs. In addition during 2013/14 we consulted and began developing the Market Position Statement, which sets out how we would like to see the local social care market developing so people have greater choice with their personal budgets.

The following key facts help us understand our local population in order to provide services tailored to meet the needs of our residents.

**Key facts**

- The 2011 Census shows that the population has increased by 22,000 to 185,900 between 2001 and 2011. It is expected to grow by a further 20% over the next 20 years.

- The proportion of white British residents decreased from over 80% to 49%; there was an increase in residents from black and minority ethnic groups (black African - 293%; Bangladeshi - 1000%). This will result in an increase of BME residents aged 65+.

- There has been a slight decrease in the number of people aged 65+ to approximately 19,700 older people; however there is predicted to be an increase in people aged 85+.

- There are around 1240 people living with dementia locally.

- In the last 10 years the number aged 0-4 has increased by 49% and the number aged 5-7 has increased by 20% - one of the fastest growing populations of young children London.

- The number of residents with a learning disability is expected to increase by 20% as children with learning disabilities become adults, and adults with a learning disability live longer.

- We know that our population has significant health problems, at rates higher than other areas of London for conditions such as heart disease, diabetes and respiratory disease.

- Barking and Dagenham remains England’s 22nd most deprived local authority area. With the high levels of deprivation and the potential impact of welfare reform it is predicted that:
  - The prevalence of drug misuse and related harms may increase
  - The risk of mental health problems is likely to be high
  - Many people will have less money to contribute to care services and there will be fewer people funding their own care than other London boroughs.
3. Summary of local care and support services

More detailed information on local care and support services can be found in the key area summaries at the end of this document (for older people, learning disabilities, physical disabilities and sensory impairment, carers and mental health).

Older People
There are nine privately owned residential and nursing homes with a combined capacity of 508 beds and one council-run home for people with dementia, Kallar Lodge. There is a wide range of Extra Care provision, some of which is provided by the Council and some by independent care providers. Across the eight local Extra Care schemes there is a bed capacity of 285. There is a range of day opportunities and six Active Age centres offering activities for around 500 older people, which the Council is seeking to expand. As well as homecare services, a significant proportion of people needing social care at home are now achieving better outcomes through employing their own personal assistant directly. In March 2014, 522 people were in receipt of a direct payment.

People with learning disabilities
There are five residential and care homes providing support, one of which offers support for people with complex needs; and 11 providers of supported living schemes with a capacity of 109 placements. There is also a range of day opportunities locally. In addition the Council funds the Welcome to Our World (WOW) unit at Healthlands Day Centre for adults with autism who require intensive care and support, which provides day opportunities for 12 people.

Drugs and alcohol misuse
Support to people who misuse drugs and alcohol is provided by Crime Reduction Initiatives (CRI), which offers a range of services including counselling, advice and information, and recovery and prescribing services. CRI also provide the Borough’s Community Alcohol Service.

Mental Health
Services for people with mental health problems: Barking and Dagenham’s statutory mental health services (including social care responsibilities) are provided through an integrated service with North East London NHS Foundation Trust (NELFT). This means that NELFT manages multi-disciplinary teams of social workers, physiotherapists and community nurses to support people with both their health and social care needs. In addition counselling services are available for people aged 16+ through Big White Wall, which offers 24/7 professionally moderated mental health support. The borough runs mental health first aid (MHFA), which trains front-line staff to spot signs of mental health problems and prevent them from getting worse.

Physical disabilities and sensory impairments
People with physical disabilities and sensory impairments: Much of the work to support this client group concerns adaptations to assist people with daily living in their home. The Council signposts clients to reputable suppliers allowing them to make their own choices about what equipment they need. Clients then get a prescription from the Council to go and purchase the equipment from a retailer. The Council’s Sensory Impairment Team continues to be proactive in raising awareness of sight and hearing loss, promoting services and preventive options, and creating strong professional networks.
Other general services
There are also a number of commissioned services that offer information, advice and advocacy to prevent further crisis and provide financial support or loans to all client groups including the Local Emergency Support Service (LESS), the Credit Union, specialist advocacy and advice and information services.

4. What’s happening locally?

Continued development of Integrated Care
We have continued to deliver social care through close working with GPs within six ‘cluster groups’. Each cluster is made up of social workers, support planners, community matrons, district nurses and occupational therapists based around a group of GP practices, and means that people receive better co-ordinated and planned care from both health services and the Council. The Council has worked to create a Joint Assessment and Discharge team with neighbouring boroughs of Havering and Redbridge, for launch in June 2014. This service aims to improve the way people leave hospital into community-based support or to go back to their homes. This is part of our aim for more people to get support they need in the community and their own home rather than in hospital or residential settings.

The Better Care Fund
The Government has introduced the Better Care Fund, which is a sum of money from existing spending that is brought together by the Council and the local GPs’ group known as the Clinical Commissioning Group (CCG). Bringing our money together like this allows us to make joint decisions and plan better together to deliver integrated health and social care for local people and make better use of tax payer’s money. In Barking and Dagenham the CCG and the Council have a shared fund of £13million in 2014/15, rising to £21million in 2015/16. The money comes from existing NHS and social services budgets – so this not new or additional money – and is to be spent on reconfiguring existing services to work better together. Pooling funds like this calls for a shared approach and the development of shared plans to reduce the need for people to go to hospital where possible, allowing them to stay in their own homes, staying independent and healthy for longer. We are currently agreeing our plans but expect to see improvements in integrated care, intermediate care, end of life care, dementia support and services for carers as a result of our Better Care Fund activity. The priorities for the Better Care Fund are:

- Improving how people experience care and ensuring the best possible quality in the services that we commission and deliver
- Designing a health and social care system that is ‘future proof’ and able to manage effectively increasing demand and need, not only today, but in years to come
- Ensuring that services are efficient, sustainable and deliver value for money

Fulfilling lives Programme
The Fulfilling Lives transformation programme is a joint initiative between the Council and its partners to expand the opportunities available to people with a learning disability to receive the care and support they need in order to live an independent life. It includes encouraging independent travel and the remodelling and transformation of in-house day services. It contributes to our response to Winterbourne View described below.
Response to Winterbourne View
In December 2012 the government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. Following the report all local authorities were required by April 2014, to have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice. Barking and Dagenham agreed its plan in March 2014, and although it needs further development it, can be viewed [here](#).

Preparing for the Children and Families Act
The Children and Families Act received royal assent in March 2014. The Act sets out a swathe of changes to be implemented from 1 September 2014, however in particular for local authorities, the Act:

- Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. EHC Plans replace ‘statements of educational needs’.
- Requires health services and local authorities to jointly commission and plan services for children, young people and families.
- States that local authorities must publish a clear, easy-to-read ‘local offer’ of services available to children and families.

As they do now, Adult Social Care services will be working with Children’s Services, young people and their families and carers, to prepare children and young people for adulthood and set out arrangements for transition to adulthood, particularly where young people will be eligible for Adult Social Care support. It is thought that there will be some cross-over with the requirements of the Care Act (see below) and this will be worked through in 2014/15.

5. Social Care is changing... (The Care Act)
Throughout 2013/14 we have been preparing for the biggest change to adult social care in a generation: the Care Act 2014, which received its Royal Assent in May 2014. It promotes integration with the NHS in the delivery of care and support services and strengthens procedures for the safeguarding of vulnerable adults. It will be a significant area of our work for the coming years, with major dates for implementation on 1 April 2015 and 1 April 2016. The Act means that the Council must:

- Prioritise a person’s health and wellbeing, to prevent or delay the need for care and support
- Empower people to be involved in decisions about their care by providing information and advice, and access to independent advice to support their choices
- Promote personalisation and the use of personal budgets/direct payments
- Follow national eligibility thresholds for care and support to improve continuity of care and consistency if someone moves to a new local authority area
- Put unpaid carers on an equal legal-footing with service users giving them rights to assessments and for their needs to be met
- Encourage people to think about and plan how to meet their care costs (the Act extends financial support to those who need it most, protecting everyone though a cap on the care costs that people will incur).
6. Who used Adult Social Care services in 2013/14?

Figure 1: Breakdown by client group of the numbers of adults receiving an Adult Social Care service in Barking and Dagenham

During the year 1,005 assessments and 2673 reviews were undertaken leading to 3,862 adults receiving a service. The graph above shows the breakdown by client group of the numbers of adults receiving a service. The Council:

- Gave 1,152 adults aged 18 and over a direct payment to help them make their own choices about care and support
- Responded to 1,300 safeguarding alerts, half of which went on to further investigation
- Provided relevant information and advice about the care and support available locally through the new ‘Care and Support Hub’ with over 30,000 page hits in its first four months (December 2013 – March 2014)
- Supported the completion of assessments, either undertaken by the Council or Carers of Barking and Dagenham, resulting in 492 carers receiving services

7. What we did in 2013/14

We have used the priority themes identified in the Barking and Dagenham Health and Wellbeing strategy to show what we have achieved in 2013/14 and our plans for 2014/15.

A more detailed overview of the work that we did in 2013/14 for people with learning disabilities, people with physical disabilities and sensory impairments, carers, people with mental health needs and older people can be found in the ‘key summary’ documents as part of this Local Account.
Priority Theme: Care and Support

✔ Launched the ‘Care and Support Hub’, our new Adult Social Care website which helps service users and carers to have more information, choice and control over their social care services. The website http://careandsupport.lbdd.gov.uk/ includes:
  • general information and advice
  • an interactive service directory of social care related services and providers in the Borough, including community services, care and residential homes. 80 providers were listed in March 2014.
  • our new Personal Assistant Finder - a tool which service users can use to view the Council’s register of accredited Personal Assistants (PAs), look at individual PA profiles and help them to find a PA who matches their requirements and personal preference. As of March 2014 there were 42 accredited PAs listed and another 48 pending Council checks.

✔ Kallar Lodge, Millicent Preston House and 80 Gascoigne Road Residential Care homes were recognised as providing good quality, safe services following unannounced inspections by the Care Quality Commission (CQC).

✔ In November 2013 hospital social work support was extended to weekends allowing people to leave hospitals in a safe and timely way over the weekend. This relieved pressure on the hospital’s ability to cope with admissions and discharges during the winter, and ensured people are given all the support that they needed.

✔ Work is being carried out to improve our End of Life Care services, with an action plan being drafted for decision at the Health and Wellbeing Board in late 2014.

✔ Carried out a Dementia Needs Assessment to gain a local picture of need, services and areas for improvement in order to plan for current and future need. Dementia support is a key part of our Better Care Fund plan.

✔ We are working with Carers’ UK to produce a detailed evidence report to inform the refresh of the Borough’s Carers’ Strategy which is currently underway.

Priority Theme: Protection and Safeguarding

✔ The Council received a very sudden and significant increase in the number of applications to make sure that people in care homes; hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom (known as Deprivation of Liberty Safeguards). This increase happened from 19 March 2014, following a decision of the Supreme Court regarding the case of Cheshire West, and will therefore be seen in next year’s figures. To the end of March 2014, 19 applications were made, of which 16 were granted and three were not. In addition a number of DoLs applications were submitted by Providers and approved
by the Council accordingly. The Council worked closely with Barking & Dagenham CCG to ensure co-ordination of the required Deprivation of Liberty Panels.

✓ There were a number of residential and nursing homes where serious concerns were reported. We worked with these homes and Barking & Dagenham Clinical Commissioning Group, North London NHS Foundation Trust and the Care Quality Commission to ensure that improvements were made and that further harm was prevented.

✓ Ran the annual iCare Campaign to raise safeguarding awareness amongst residents.

✓ Completed audits of our own safeguarding practice to ensure that processes and procedures are followed. The audit focused on how effective our safeguarding interventions were, as well as the interventions of our service providers. The following findings and subsequent actions have been taken regarding the audit:

  o **Providers:** The audit found some concerns regarding the quality of record keeping by providers and that in some instances service user feedback was not being fed into service developments. Meetings have been held with Providers to discuss these issues and improvements are being monitored, including unannounced checks of records and documents. Additionally, 150 people from provider agencies attended face to face safeguarding training during 2013/14.

  o **Staff:** The following recommendations and actions were put forward relating to Council staff safeguarding practice:

**Table 1:** Safeguarding audit recommendations and actions relating to the Council’s safeguarding practice

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<th>Activities</th>
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| Continue to develop the provision of training across the partnership in particular to ensure that a transient workforce is trained | • A Safeguarding Adults at Risk online course has been developed; 289 staff completed it in 2013-2014. 244 of these were Council staff and the remaining 45 were external staff, including colleagues in the North East London NHS Foundation Trust.  
• A training Strategy has been developed and approved by all members of the multi-agency Safeguarding Adults Board. |
| Work to ensure partners make safeguarding alerts appropriately including recording rationales for decisions made where it is felt that the involvement of wider partners should have been present | The Council is developing a Decision Monitoring Tool for use by Safeguarding Adult managers to ensure that rationale progressing the case to full investigation or not is clear and feedback is given to the referrer. |
RECOMMENDATIONS

Activities

Need to ensure that 'no further action' is used appropriately

Further training has now been given to Safeguarding Adults Managers and this has been discussed in the managers’ forum. The use of the Decision Monitoring Tool will further enhance this and will provide information that can be used for quality assurance.

Areas of concern relating to the highest level of persons alleged to be causing harm (PACHs) PACHs indicate a need for improved training and monitoring of these providers and the improved awareness of both adults at risk and their wider families

A Training Strategy for 2014/15 has been developed.

✓ A new Hate Crime Strategy was agreed which recognises disability-related hate crimes or incidents, which the person affected believes are motivated by prejudice or hostility towards people with physical disabilities, mental health problems or learning disabilities.

Priority Theme: Improvement and Integration of Services

✓ Provided a single point of access for care and support through our community health and social care teams which work with GPs to plan, manage and join up care for people most at risk of ending up in hospital. The teams now include mental health social workers to improve the support needed to those with mental health conditions outside of hospital, to prevent their repeated presentation at A&E. This has improved integration between health and social care for those with long-term conditions.

✓ Signed up to Care City - a partnership with North East London Foundation Trust, which will establish a major new research and development centre in Barking, shaping the future of health and social care services and providing access to employment, training and pioneering health services for local residents.

✓ Worked in partnership with people who use services and service providers across six east London boroughs (East London Solutions) to develop a quality assurance framework for providers who wish to offer services to people who manage their own care and support arrangements via a Direct Payment or Personal Budget. This will cover services that support people to live independently in their own community but do not need to be registered with the Care Quality Commission, as they do not deliver personal care.

✓ Consulted on and developed the Market Position Statement which sets out the social care services Barking and Dagenham will need to meet our changing local population and provides organisations who deliver services with information about the direction of travel for services in the borough. This is a major piece of work to better signal to the providers of social care services the sorts of services that our residents need in the future. This will be launched in July 2014.
The Joint Health and Social Care Learning Disability Health Self Assessment Framework (JHSCSAF) was adopted to provide a single, consistent way of identifying the challenges in meeting the needs of people with learning disabilities, and documenting the extent to which our shared goals of providing good quality care are being met.

A joint health and council plan to support people with challenging behaviour has been agreed. It covers positive behavioural support and the right (last resort) physical intervention. By encouraging the development of individual tailored solutions in general needs housing it will help people to live in the community either in or out of borough.

Barking and Dagenham, jointly with Havering and Redbridge Councils, has subscribed to corporate membership of The College of Social Work for the next four years offering social workers practical resources to help build knowledge, skills and confidence.

Reviewed long standing adult social care cases ensuring that those who no longer require help and support do not appear in our predictions for the future so allowing us to plan services more effectively.

Commissioned Healthwatch (the organisation set up to strengthen the voice of social care users, carers, patients and the public), which has sought the views of over 600 residents about local health and care services; carried out five ‘enter and view’ visits and trained seven volunteers. Their work this year relating to adults has supported developments including:
- Carers being able to go into hospital to provide care for their loved ones
- 0844 high cost phone lines no longer being used by GP surgeries

Priority Theme: Prevention

Facilitated Older People’s Week, which saw around 1,100 people take part in 14 different events across the borough, ranging from tea dances, computer support sessions, cricket, knitting, sewing, beauty therapy and a workshop on remembering our history.

Opened Relish@BLC, a café that provides an opportunity for adults with a learning disability to gain work experience and interaction with the public to prepare them for further employment opportunities.

Set up an innovation fund of approximately £47,500 to support new prevention initiatives, which are aiming to become self-sustaining. Seven projects are underway: peer friendship for young people with learning disabilities, Dance for Life for older people, psycho drama for people with mental health needs, social sewing classes for vulnerable children and adults, and Out and About which trains volunteers to help people with learning disabilities and challenging behaviour to access community activities.

Community Catalysts commissioned by the Council, began supporting over 30 existing and new micro-providers in the borough to deliver creative services for
people with a personal budget. The services include massage, strengthening and stretching techniques, postural assessments and advice on health and wellbeing that helps people to stay independent in their own homes for longer.

- Launched the **BanD Together** initiative on 29 November 2013, a series of projects that brings together organisations and co-ordinates activities in the borough, which provide the opportunity for people to receive or give support. Initiatives were aimed at helping and supporting vulnerable people during the winter months and included the ‘knit and natter’ project in which blankets are being made for vulnerable people, foodbank collection boxes; and a new Furniture Bank. The event also highlighted advice, support and other services available for those in need and information for residents on how they can volunteer and get involved in the projects that are taking place.

- A number of services were tendered for in April 2013 to offer information, advice and advocacy across the borough including:
  - Advice to help people in challenging situations at 17 different locations, including children’s centres
  - Advocacy
  - Grants for people in crisis
  - Credit union

### 8. Key performance highlights in 2013/14

We have used information from our adult social care database, the annual social care users’ survey and a local survey of carers to report how we have performed in 2013/14.

- Our annual adult social care users’ survey has responses from 340 service users. We successfully worked with volunteers to telephone service users to encourage and help them to complete the survey. As with previous years, this survey gave us some really interesting feedback, which we will use to improve the support and advice we give you to make your own choices, the services we commission on your behalf, and the services we provide ourselves.

- In February 2014 a postal survey was sent to 279 carers who had had their circumstances assessed or reviewed in the last 12 months. 130 surveys were completed with 121 returned by post and nine completed over the telephone with the help of volunteers.

This section compares our performance with a comparator group of 15 London boroughs for 2012/13, which have a similar range of social and economic issues as well as with London as a whole. **Please note that the 2013/14 performance data for London and our comparator group will not be published until December 2014 and we will ensure that the Local Account is updated with this performance information then.** Our detailed performance indicators for 2013/14 (including the results of the adult social care users’ survey) are set out in Appendix 1, and again include comparisons to the 2012/13 data for the comparator group and London. Detailed responses to the carers’ survey can be found in the carers ‘Key Summary’. 
The areas of performance where the Borough has performed less well will inform our plans for 2014/15. Please see Section 11 – ‘What are we planning to do in 2014/15?’ and the sections within our ‘Key Summaries’.

### Areas where Barking and Dagenham has performed well

The proportion of Learning Disability clients in settled accommodation (own home or with a family member) is 85.3%, up from 77.8% last year and above the 2012/13 comparator group average of 71.8% and the 2012/13 London average of 68.5%.

The borough scored well in comparison to the 2012/13 comparator group results on the:

- social care related quality of life score, with 19.2 compared to 18.0 last year, and compared to 18.3 for both the 2012/13 comparator and London averages
- percentage of service users who are satisfied with the care and support they receive - 65% up from 56.8% last year and above the 2012/13 comparator and London averages of 59.2 and 59.3% respectively
- proportion of service users who feel safe - 73.2%; a considerable increase on the 49.6% reported last year and much higher than the 2012/13 averages for the comparator group (60.3%) and the London average (60.5%).
- proportion of adults in contact with secondary mental health services living independently with or without support – 91.5% compared to 2012/13 data for the comparator group (79.2%) and London (79.4%).
- percentage of service users who said they have as much social contact as they want with people they like - 47.6% compared to 38.4% last year. This is a new indicator for 2013/14 and therefore we have no data to compare this to from 2012/13 for London and the comparator group.

The proportion of service users receiving direct payments (30.5%) places Barking and Dagenham above 2012/13 comparator group (20.1%) and London (19.5%) averages. This is a marked increase to our figures for last year which were 18.9%.

Performance on Delayed Transfers of Care (i.e. meaning that people are able to leave hospital as soon as they are ready) was good with significant improvements over the last two years; the borough stands at 1.1 per 100,000, better than both 2012/13 averages for the comparator group and London at 2.7 and 2.6 respectively.

The local carers’ survey found that:

- 79% said “they had no worries about personal safety” up from 68% in 2012/13
- 56% said “I look after myself” up from 50% in 2012/13
- 41% said “I feel I have encouragement and support” up from 36% in 2012/13
**9. What we’ve spent in 2013/14**

Barking and Dagenham’s net adult social care budget for 2013-14 was £47.8m (excluding income from the Social Care grant of £3.268m). It covers care and support services that the Council purchases, staff who co-ordinate their support, and money given to people to buy their own support. The Council receives around £5m in income from service users assessed as needing to contribute to the cost of their own care.

- £7.4m was given to people across all client groups as direct payments so they could arrange their own care
- £12m was spent on residential care, direct payments and home care for older people
- £12.9m was spent on residential care, direct payments, home care and day care for people with learning disabilities
- £3.8m was spent on mental health services delivered by North East London Foundation Trust (including direct payments)
- £7.1m was spent on block contracts where support services are purchased for more than one person, usually in advance of the service being delivered e.g. supported living for older people and those with a learning disability, advocacy services and welfare support
What we are forecast to spend in 2014/15

The 2014/15 adult social care budget is £44.2m. Due to the financial climate and the reduction in grants from central government the Council has had to make reductions to the adult social care budget in line with reductions to other budgets; for 2014/15 £0.987m of savings are planned within adult social care. 48% of these are from care provision budgets (including in-house services), 43% from reduction in commissioned services and the remainder being staff (including management) reductions. As part of the preparations for the introduction of the Care Act we will model the financial impact of the changes to how people pay for care.

10. Complaints and Compliments

Compliments from service users and carers

In 2013/2014 we received 31 compliments from service users and their families about our services and the dedication of staff to make sure people get the high quality service that they deserve. Some examples are given below.

On the support given by our Integrated Mental Health Team:
“It is with immense gratitude that I feel compelled to write to you to pay our heartfelt tribute to 2 members of your mental Health Team. For they provided excellent and exemplary care and support for our son for which we are extremely grateful”

Assistance with finding suitable Personal Assistants to help her Mum retain her independence:
“Thank you very much on behalf of both myself and my mother for helping us find the 2 PAs, mum is feeling at home with them already”
Complaints from service users and carers

The Adult Social Care Complaints service received 103 complaints in 2013/14. These covered a range of subjects where service users or their families were not happy or had queries about the services being delivered. All complaints are fully investigated so that the best outcome in the circumstances is achieved for the complainant.

Of the 103 complaints we investigated:
- 31 (30%) complaints lodged by complainants were found after careful investigation and information gathering from all parties to be unjustified
- 12 (12%) complaints were withdrawn after advice and support was given to the complainant
- 40 (39%) complaints were partially justified and after investigation an outcome achieved which was acceptable to both the complainant and the Council
- 20 (19%) complaints were found to be justified and we worked with the complainants so that they were satisfied with the eventual outcome

Working with the Local Government Ombudsman (LGO)

If the complainant is not satisfied with the outcome or handling of their complaint they have the option to approach the LGO and ask for the case to be reviewed. Overall seven complainants approached the LGO. We worked closely with the LGO to ensure that where we may not have reached the correct outcome for the complainant this was rectified. Of the seven that were referred we were asked by the LGO to revisit our outcomes on three cases on behalf of the complainant. The LGO found the remaining four cases to have been handled correctly and the outcome to be fair.

The themes of the seven LGO referred cases included transition from children’s to adult services where they were unhappy with the services offered and requested more choice; service users unhappy with waiting time for adaptations to be completed; and the remaining not satisfied with allocation of personal budgets. For the three cases where the LGO requested our outcome be revisited we have taken on board the LGO’s findings and recommendations, and made changes to our service offer, particularly when a service user transitions from children’s to adults’ services, providing information on a wider range of choices available.

How did we respond to the complaints that we received?

During 2013/2014 the Complaints Service handled 20 complaints which following investigation, were found to be justified. When this happens, the service area works with the recommendations of the investigating officer to make improvements. The justified outcomes can be broken down into the following main themes.
Table 2: What we did with ‘justified’ Adult Social Care complaints

<table>
<thead>
<tr>
<th>Complaints about:</th>
<th>No.</th>
<th>What did we do</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quality of service delivered by providers</td>
<td>6</td>
<td>Providers who deliver social care services to our residents are monitored regularly to make sure that they are delivering quality services. Where there has been a complaint or a concern raised, we increase our monitoring and work with the provider to make improvements. Of these six complaints, two were linked to safeguarding concerns. In these cases a safeguarding alert is raised and a very detailed piece of work is carried out by social workers. When the outcome of the investigation has been agreed we then take action against the provider such as if proven an embargo or if partially proven we will work with the provider to put things right. The provider will have an agreed action plan which we monitor closely until we are satisfied they are able to provide services safely and of the quality that we expect for our residents. Complaints raised about the quality of services being delivered are important to us as it gives the opportunity to investigate and work with them to ensure that they are meeting residents’ expectations and needs and that care is being delivered by well trained experienced carers.</td>
</tr>
<tr>
<td>Challenging the amount of personal budget allocated to an individual</td>
<td>6</td>
<td>Where an individual challenged the decision regarding the amount of money given to them to pay for care we asked for a further financial assessment be carried out to make sure all the individuals incoming and outgoing money including benefits were taken into account. Of the six complaints three benefitted from a fuller understanding of how the allocation of a personal budget was calculated. A member of staff with expert knowledge about both benefits and personal budgets telephoned or visited so that the person was left feeling confident that they understood how the budget was calculated. However in three cases the resident was not satisfied about the amount of funding for care given by the Council and their expectations could not be met despite a further assessment. The Council has a fair assessment process for everyone based on the needs of the individual to enable them to live a fulfilling life and be able to stay at home. We have made changes to the way we assess and offer home visits particularly when carrying out financial assessments as face to face contact with a council officer has a better outcome for most people.</td>
</tr>
</tbody>
</table>
Complaints about: | No. | What did we do
--- | --- | ---
Staff attitude | 4 | Complaints against staff are always taken very seriously. If a complaint of this nature is found to be justified the member of staff is closely supervised and given training over a period of time to allow them to reflect on their conduct and make the necessary changes. There were no cases, which after investigation were serious enough to merit disciplinary action.

Waiting times for assessments and adaptations | 4 | We have worked hard to keep waiting times for assessments and adaptations down to the minimum, however sometimes we do not always meet expectations. Some complainants had been waiting between four to six weeks to be assessed which is not acceptable and a further six weeks and over for the work to be carried out. After investigating these complaints and presenting our findings to both the Occupational Therapy Team and the Housing Service which carry out the work a plan was put in place to communicate with residents regularly explaining the reasons why they may have to wait including telling them where they were on the works list. We found that although residents were not completely satisfied with waiting they were more accepting of the situation because of the regular contact with council officers keeping them abreast of what was happening. We will continue to work towards keeping waiting times down and have made progress in this area particularly for assessments which are usually now carried out in two to three weeks.

11. What are we planning to do in 2014/15?

We will use performance information and analysis, survey responses, and the information that we have received from compliments and complaints to improve the support, services and information and advice that we give to residents to make their own choices on the care and support that they receive, our in-house services, and the services we commission on their behalf.

In addition to the above, we have asked residents and service user forums to give their feedback on the Local Account. People that we spoke to included:

- The Carers Strategy Group
- Learning Disability Carers Forum
- Learning Disability Service Users Forum
- User-led disabilities group
- Residents during Older People’s Week events
- Residents during World Mental Health Day events
We asked residents and groups to specifically tell us what they thought about the Local Account, anything that they thought was missing and what they would like to see in Adult Social Care in 2014/15. This feedback will inform our planning for 2014/15 and has been incorporated into the Local Account ‘key summaries’ where appropriate.

Feedback that we received included:

Older people

- We had strong support for the work that is taking place around the Dementia Needs Assessment and plans to look at improving dementia services next year.
- There was also support for the joint working that takes place between our social workers and GP practices.
- Our older residents were really positive about the Borough’s Active Age Offer, although they said that more computer training should be offered and that leisure classes were often very busy and booked up at Becontree Heath Leisure Centre. It was also said that there are not enough leisure classes in Barking. The building of the new Abbey Leisure Centre in Barking Town Centre, opening in late 2014, will provide many more first-class sporting facilities in the Borough and it is hoped that this will ease the problems regarding full classes and availability in Barking.

Physical disabilities and sensory impairments

- One resident raised concerns with us regarding swimming support for adults and older people who use wheelchairs as it was felt that existing support was mainly focused on young people with physical disabilities. This feedback will be given to our Culture and Sport service to inform future service delivery in the Borough’s leisure centres.

Carers

- The carers that we consulted with asked us to include more information in the Local Account about the training and range of activities provided by Carers of Barking and Dagenham, as well as a summary of the Carers Rights Day event that took place on 29 November 2013.
- Carers asked us to ensure that advocacy for carers was included in the preparatory work that the Borough is doing for the implementation of the Care Act.
- It was also discussed that benefit changes have impacted upon carers and that we needed to ensure that future services for carers needed to include benefits and welfare advice support.

People with learning disabilities

- The Learning Disability Service User Forum asked us to ensure that Learning Disability Week 2013 was discussed in the Local Account, particularly as the sport ‘taster’ sessions that were offered during the week gave service users the ‘fitness bug’ and that it raised the profile of physical activity amongst the learning disability community.
- Service users told us that they were particularly concerned about uptake levels for health screenings for people with learning disabilities. There were concerns that service users are not attending appointments and that some people are not aware of the importance of screening. Additionally, service users were concerned that not all people with learning disabilities were identified on GP registers.

Health
screening and work around GP registers will form some of our plans for 2014/15 in the work that we are doing in learning disabilities.

Mental Health

- Service users at World Mental Health Day felt that current advocacy services available to mental health clients were of a high standard and provided a very good service. One service user however stated that they felt that the borough was lacking in a support group for family members of people with mental health issues.
- A number of service users also thought that there needed to be more work done to engage with people from all cultural groups. It was suggested that cultural and community leaders should be involved in any engagement work.
- One service user felt that mental health service users would benefit from more computer training and computer based activities.
- Service users told us that they felt days like the World Mental Health Day where they had the opportunity to express their opinions were very helpful and should be held on a more regular basis.
- These comments will be given to the Mental Health sub-group of the Health and Wellbeing Board for discussion and to inform planning for 2014/15 and beyond.

Taking all of this information into account the key areas for focus in 2014/15 that we have identified are:

- Ensuring people have a positive experience of care and support
- Ensuring safeguarding is prioritised
- Commissioning quality services
- Providing better and more accessible information about support available for service users and carers
- Ensuring carers get the advice and support that they need

Addressing these areas as soon as we can will result in fewer inappropriate referrals and ensure people receive the support they need much earlier and at a reduced cost. This approach alongside the requirements of the Care Act 2014 will inform our future work.

We have identified the activities below to help us deliver on these key areas and move towards ensuring an early intervention and prevention approach. They are set out against the priority themes in Barking and Dagenham’s Health and Wellbeing Strategy 2012-15.

Please note that further specific activities for 2014/15 for learning disabilities, older people, mental health, carers and people with physical disabilities and sensory impairments have been identified in the ‘key summary’ documents.

Table 3: Key areas for focus in 2014/15

<table>
<thead>
<tr>
<th>Health and Wellbeing Strategy themes</th>
<th>Key activities for 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>Get ourselves ready for the implementation of the new Care Act on 1 April 2015, which will bring major changes to how we deliver social care services</td>
</tr>
<tr>
<td>Health and Wellbeing Strategy themes</td>
<td>Key activities for 2014/15</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------</td>
</tr>
</tbody>
</table>
| **Care and support**                | ➢ Better promote the Care and Support Hub web directory of services, and work to make the information more comprehensive  
➢ Launch the proposed Joint Assessment and Discharge team, which brings hospital, community health and social care teams into one so that people coming out of hospital get a better service  
➢ Improve end of life care through training and service improvements within our joint health and social care teams, including the writing of an End of Life Care Action Plan for agreement at the Health and Wellbeing Board |
| **Protection and safeguarding**     | ➢ Improve our systems for responding to Deprivation of Liberty Safeguard applications (where people are prevented from doing something for their own protection) to meet rising demand  
➢ Continue our work to make sure that residents, service users and staff all know how to raise safeguarding alerts when they are concerned about someone’s safety or wellbeing in social care services  
➢ Improve our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission |
| **Improvement and integration of services** | ➢ Launch our first Market Position Statement, that sets out how we think local services need to develop in order to meet the demands of people using services  
➢ Work with people who need care and support, and care providers to develop the choices available to meet their needs  
➢ Encourage more small providers and micro-providers to complete the East London Solutions quality assurance process  
➢ Expand the number of accredited Personal Assistants in Barking and Dagenham  
➢ Take forward the improvements highlighted in our Dementia Needs Assessment  
➢ Improve screening uptake and communication with healthcare services for people with a learning disability. |
| **Prevention**                      | ➢ Develop a new Carers’ Strategy, with input from local carers and their support organisations, and work out new ways to deliver services for carers in the future  
➢ Work with HealthWatch to strengthen the voice of social care users, carers, patients and the public, and to make sure their voice gets heard at the Health & Wellbeing Board |
## 12. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>Support to help a person to express their views about their care needs and choices, secure their rights and represent their interests</td>
</tr>
<tr>
<td>Adult social care</td>
<td>Personal care and practical help for adults who have care or support needs due to age, illness or disability to help them live their lives as independently as possible</td>
</tr>
<tr>
<td>Carer</td>
<td>Someone who provides unpaid support to a family member or friend who cannot manage without this help</td>
</tr>
<tr>
<td>Clinical Commissioning Group (CCG)</td>
<td>A group of GP practices in the same area that have joined together to buy, change or discontinue services for the benefit of their patients and others living in the local area. Most of the health services you might expect to get through your GP practices will need to be organised by the CCG</td>
</tr>
<tr>
<td>Commissioning</td>
<td>Process the Council uses to plan and buy services for adults with care and support needs</td>
</tr>
<tr>
<td>Comparator group</td>
<td>The London boroughs in our group are: Barking and Dagenham, Bexley, Brent, Enfield, Greenwich, Hackney, Haringey, Havering, Hounslow, Lewisham, Merton, Newham, Southwark, Sutton, Redbridge</td>
</tr>
<tr>
<td>Direct payment</td>
<td>Money paid from the Council to people who have been assessed as needing care or support to help them buy it and be in control of those services</td>
</tr>
<tr>
<td>Extra care housing</td>
<td>A type of housing which helps people to maintain their independence; it provides a range of housing and care/support services tailored to meet individual needs available 24 hours a day, 7 days a week. The amount of care provided at any time can be flexible to accommodate fluctuating needs</td>
</tr>
<tr>
<td>Fair Access to care criteria (FACS)</td>
<td>Government guidance for councils to help them decide who can receive adult social care services</td>
</tr>
<tr>
<td>Health and Wellbeing Board</td>
<td>The Health and Wellbeing Board is a statutory committee of the Council and brings together senior leaders from the local NHS, the Council’s Adult Social Care service, Healthwatch and the voluntary and community sector to improve health and wellbeing and reduce health inequalities locally</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Health and Wellbeing Strategy</td>
<td>The Health and Wellbeing Strategy is a statutory requirement which sets out how the Council and other partners on the Health and Wellbeing Board will improve health and wellbeing in their area. The Barking and Dagenham Health and Wellbeing Strategy is available at: <a href="http://www.lbbd.gov.uk/Health/Documents/FinalHealthAndWellbeingStrategy.pdf">http://www.lbbd.gov.uk/Health/Documents/FinalHealthAndWellbeingStrategy.pdf</a></td>
</tr>
<tr>
<td>Healthwatch</td>
<td>The organisation set up to strengthen the voice of social care users, carers, patients and the public</td>
</tr>
<tr>
<td>NHS East London Foundation Trust</td>
<td>North East London NHS Foundation Trust (NELFT) provides mental health and community health services for people living in the London Boroughs of Waltham Forest, Redbridge, Barking &amp; Dagenham and Havering, and community health services for people in south west Essex</td>
</tr>
<tr>
<td>Outcomes</td>
<td>The changes, benefits or other results that happen as a result of getting support from social care</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>Someone who is employed by an individual with care or support needs, who is in receipt of a personal budget to undertake a wide range of care and support tasks</td>
</tr>
<tr>
<td>Personal budget</td>
<td>Money allocated from the Council to someone to buy their own care and support following a social care assessment under the FACS criteria</td>
</tr>
<tr>
<td>Personalisation</td>
<td>Personalisation is the process of enabling people to be more in control of the services they receive. Every person who receives support, whether funded by Adult Social Care Services or by themselves, will have choice and control over the shape of that support</td>
</tr>
<tr>
<td>Provider</td>
<td>An organisation the Council funds or “commissions” to provide adult social care on its behalf</td>
</tr>
<tr>
<td>Review</td>
<td>Regular review of a person’s needs to make sure their care and support plan meets their needs</td>
</tr>
<tr>
<td>Safeguarding</td>
<td>The process of protecting vulnerable adults from abuse or neglect.</td>
</tr>
<tr>
<td>Self-directed support</td>
<td>Support that a person chooses, organises and controls to meet their needs in a way that suits them</td>
</tr>
</tbody>
</table>
Questionnaire

We would like you to hear your views about Adult Social Care in Barking and Dagenham and your feedback on this Local Account. We will use your feedback to inform our services, as well as shaping our Local Account for 2014/15.

You can tell us what you think by:
- Completing our online questionnaire on the ‘Local Account’ page on the Care and Support Hub website: http://careandsupport.lbbd.gov.uk/localaccount
- Emailing your feedback and completed questionnaire to marketdevelopment@lbbd.gov.uk
- Post to: Integration and Commissioning team, Room 218, Barking Town Hall, 1 Town Square, Barking, IG11 7LU

This questionnaire will be open for responses until 31 March 2015.

1. Are you filling in this survey as a:

<table>
<thead>
<tr>
<th>Service user of adult social care services</th>
<th>Please tick one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer of an adult social care service user</td>
<td></td>
</tr>
<tr>
<td>Local resident (non service user or carer)</td>
<td></td>
</tr>
<tr>
<td>Provider of social care locally</td>
<td></td>
</tr>
<tr>
<td>Other (please write in):</td>
<td></td>
</tr>
</tbody>
</table>

2. What adult social care services do you use and how regularly do you use them? (please write in)
3. What do you think about adult social care services in Barking and Dagenham? (please tick)

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Acceptable</th>
<th>Good</th>
<th>Excellent</th>
<th>Undecided</th>
</tr>
</thead>
</table>

Please give us reasons for your answer

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. How do you think adult social care services can be improved? (please write in)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. What did you think about the Local Account 2013/14?

*Please rate the Local Account with a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree*

<table>
<thead>
<tr>
<th></th>
<th>informative</th>
<th>interesting</th>
<th>easy to read</th>
<th>easy to understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>The main Local Account document is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The key summaries (older people, learning disabilities, mental health, carers and physical disabilities and sensory impairment) are:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please give us any additional feedback below*

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

6. How do you think the Local Account can be improved for next year?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
About you

To help us check we are getting the views of as many people as possible and that everyone is treated fairly, we would like to know a bit about you. We won’t share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

Please circle your answers below

Q1. Age

Under 20
20 – 39
40 – 60
Over 60

Q2. Gender

Male
Female

Do you identify, or have you ever identified, as Transgender?
Yes
No

Q3. What is your ethnic group?

A. White
   • English / Welsh / Scottish / Northern Irish / British
   • Irish
   • Gypsy or Irish Traveller
   • Any other White background, write in:

B. Mixed / multiple ethnic groups
   • White and Black Caribbean
   • White and Black African
   • White and Asian
   • Any other Mixed / multiple ethnic background, write in:

C. Asian / Asian British
   • Indian
   • Pakistani
   • Bangladeshi
   • Chinese
   • Any other Asian background, write in:
D. Black / African / Caribbean / Black British
• African
• Caribbean
• Any other Black / African / Caribbean background, write in:

E. Other ethnic group
• Arab
• Any other ethnic group, write in:

Q4. Do you consider yourself disabled?
Visual impairment
Speech impairment
Wheelchair user
Mental health issues
Hearing impairment
Restricted mobility
Learning difficulty
Other hidden impairment (please state):

Q5. Are you a carer?
A disabled person within your family
Older family member
Child/ren under 14 years
Q6. What is your religion?

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in:

________________________________________________________________________

Other (please state):

________________________________________________________________________

Q7. What is your sexual orientation?

Heterosexual („straight“)

Gay man

Lesbian

Bisexual

Other (please specify):

________________________________________________________________________
Appendix 1 - Detailed Adult Social Care performance in 2013/14

Following the key highlights of Adult Social Care performance above, please see below for detailed performance information, split into the four priority themes of the Health and Wellbeing Strategy.

Please note that comparator group and London data for 2013/14 will not be published until December 2014 and therefore we are unable to include this information at the current time. Instead, we have included the 2012/13 data for London and the comparator group to give a provisional snapshot of benchmarked performance. Once the data is published in December 2014 this section will be updated with 2013/14 figures for the comparator group and London.

Table 4: Performance measures split into the Health and Wellbeing Board priority themes

<table>
<thead>
<tr>
<th>Performance measures</th>
<th>Barking and Dagenham</th>
<th>Comparator group</th>
<th>London</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012/13</td>
<td>2013/14</td>
<td>2012/13</td>
<td>2012/13</td>
</tr>
<tr>
<td>Social care related quality of life (average based on responses to eight questions in Adult Social Care survey)</td>
<td>18.0</td>
<td>19.2</td>
<td>18.3</td>
<td>18.3</td>
</tr>
<tr>
<td>Proportion of people who use services who have control over their daily life shown as a %</td>
<td>69.8</td>
<td>72.3</td>
<td>70.2</td>
<td>70.9</td>
</tr>
<tr>
<td>Number of social care users who receive self-directed support as a % of all clients</td>
<td>42.1</td>
<td>60.6</td>
<td>64</td>
<td>63.9</td>
</tr>
<tr>
<td>Number of social care users who receive direct payments as a % of all clients</td>
<td>18.9</td>
<td>30.5</td>
<td>20.1</td>
<td>19.5</td>
</tr>
</tbody>
</table>
### Care and support

<table>
<thead>
<tr>
<th>Performance measures</th>
<th>Barking and Dagenham</th>
<th>Comparator group</th>
<th>London</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults using services who are satisfied with the care and support they receive</td>
<td>56.8</td>
<td>65.0</td>
<td>59.2</td>
<td>59.3</td>
</tr>
<tr>
<td>Number of people aged 65+ admitted in permanent residential &amp; nursing care placements per 100,000 population</td>
<td>871</td>
<td>697</td>
<td>526</td>
<td>478.2</td>
</tr>
</tbody>
</table>

### Protection and safeguarding

<table>
<thead>
<tr>
<th>Performance measures</th>
<th>Barking and Dagenham</th>
<th>Comparator group</th>
<th>London</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of service users who feel safe shown as a %</td>
<td>49.6</td>
<td>73.2</td>
<td>60.3</td>
<td>60.5</td>
</tr>
<tr>
<td>Proportion of service users who say that those services have made them feel safe and secure shown as a %</td>
<td>75.3</td>
<td>76.3</td>
<td>75.9</td>
<td>73.9</td>
</tr>
</tbody>
</table>
### Improvement and integration of services

<table>
<thead>
<tr>
<th>Performance measures</th>
<th>Barking and Dagenham</th>
<th>Comparator group</th>
<th>London</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of delayed transfers of care from hospital which are attributable to adult social care per 100,000 population</td>
<td>4.4</td>
<td>1.1</td>
<td>2.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Proportion of people aged 65+ living at home 91 days after leaving hospital shown as a %</td>
<td>91.5</td>
<td>88.3</td>
<td>84.3</td>
<td>85.3</td>
</tr>
<tr>
<td>Performance measures</td>
<td>Barking and Dagenham</td>
<td>Comparator group</td>
<td>London</td>
<td>Comment</td>
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<tr>
<td>-----------------------</td>
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<tr>
<td>Proportion of service users and carers who find it easy to find information support shown as a %</td>
<td>66.0</td>
<td>71.2</td>
<td>68</td>
<td>68.3</td>
</tr>
<tr>
<td>Proportion of service users that said they have as much social contact as they want with people they like shown as a %</td>
<td>38.4</td>
<td>47.6</td>
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<tr>
<td>Proportion of adults with a learning disability in paid employment shown as a %</td>
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<td>6.7</td>
<td>8.8</td>
<td>9.1</td>
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<tr>
<td>Proportion of adults with a learning disability who live in their own home or with family shown as a %</td>
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<td>85.3</td>
<td>71.8</td>
<td>68.1</td>
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<td>Proportion of adults in contact with secondary mental health services in paid employment shown as a %</td>
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<td>Proportion of adults in contact with secondary mental health services living independently with or without support shown as a %</td>
<td>91.6</td>
<td>91.5</td>
<td>79.2</td>
<td>79.4</td>
</tr>
</tbody>
</table>
Who used our services in 2013/14?

- 620 people with learning disabilities are currently known to the Community Learning Disability Team, 339 who are eligible to receive services.

- 673 people with learning disabilities are identified on GP registers: 62 with profound or complex needs, 128 are aged under 17 years, 506 are 18-64 and 39 are aged 65+.

- There were a small number of Deprivation of Liberty Safeguards (DoLs) applications concerning people with learning disabilities which were responded to accordingly, however we are seeing an increase following the outcome of the Cheshire West Supreme Court ruling. There are dedicated ‘Best Interest Assessors’ now working on dealing with the increase.

£12.9m was spent on services for people with learning disabilities including care and support, our in-house services, staffing, and our commissioned contracts (for example, our Supported Living schemes).

What services are available for people with learning disabilities?

- There are a range of day opportunities available and a maximum capacity of 109 placements in supported living schemes locally.

- There are five residential and care homes in the borough providing support for around 60 people with a learning disability (including 80 Gascoigne Road which offers support for those with more complex needs). There are an additional 33 people living in care homes outside of the borough.

- The Council has a range of in-house services including the Maples (a day centre that provides and organises activities that help people with learning disabilities to achieve their goals and ambitions), and Heathlands (which provides day services and activities for adults with learning disabilities who require intensive care and support). Additionally, the Council has an integrated Community Learning Disability Team, a team of social workers, nurses, doctors and therapists who work with people with more severe and complex learning disabilities and who are eligible for Adult Social Care from the Council.

The Borough has an ambitious transformational programme called ‘Fulfilling Lives’ which is aimed at encouraging independence, choice and control and expanding the number of opportunities available to people with a learning disability to ensure that they have the same life chances as everyone else.
What do people with learning disabilities think of social care services?

Based on the 2013/14 Adult Social Care survey:

- 86% of people with learning disabilities felt that they had as much control over their daily lives as they wanted or adequate control over their daily lives;
- 86% of people with learning disabilities said that care and support services made them feel safe;
- 77% of people with learning disabilities said they were ‘extremely satisfied’ or ‘very satisfied’ with the care and support they receive;
- 64% of people with learning disabilities felt that they have as much contact as they want with people they like;
- 52% of people with learning disabilities found it easy or very easy to find information and advice about support, services or benefits.

These are good results for people feeling in control of their lives, for people feeling safe and satisfied with the support they receive. The low score for social contact and access to information reaffirms the Council’s commitment to the Fulfilling Lives programme.

During consultation on the Local Account with the Learning Disability Service User Forum, service users told us that they were particularly concerned about uptake levels for health screenings for people with learning disabilities. There were concerns that service users are not attending appointments and that some people are not aware of the importance of screening. Additionally, service users were concerned that not everyone with a learning disability was appearing on GP registers in the Borough.

Health screening and GP registers will form some of our plans for 2014/15 in the work that we are doing in learning disabilities.

What did we achieve in 2013/14?

- The Fulfilling Lives programme which started in 2012, is continuing to expand the range of meaningful opportunities available for people with learning disabilities.
- Relish@BLC opened in March 2013, a café that provides an opportunity for adults with a learning disability to gain the work experience and interaction with the public for them to take into further employment opportunities. Relish is also the venue for ‘Stars in the sky’ which provides friendship groups and nightclub events across the whole of London and Essex making Relish a premier learning disability venue!
- Developed traineeships for people with a learning disability aged 16 -25 in partnership with Barking and Dagenham College. Six trainees completed the programme in 2013/14 and a new cohort is starting in 2014/15.
- The ‘Welcome to our World’ (WOW) Autism Unit based at Heathlands achieved an excellent rated accreditation from the National Autism Society.
- The ELF Project, sponsored by the Public Health Programme, started in September 2013 aiming to improve the health of people in Barking and Dagenham who have a learning disability. ELF stands for ‘Eat well, Live an active life, Feel sustainable lifestyle changes, including helping service users to access screening and health care services, choose and prepare healthy food and helping them to become more active. 

ELF participants in the weight loss programme.

Highlights so far have included cookery demonstrations, local nature walks, dance aerobic sessions and a bespoke weight loss programme.
80 Gascoigne Road residential home was recognised as providing good quality, safe services for people with learning disabilities following an unannounced inspection by the Care Quality Commission. 80 Gascoigne was completely refurbished to create a new unit for six people with behaviour that challenges to support the commitment from Winterbourne View that people are able to receive the care and support they need as close to home as possible.

The Learning Disability Partnership Board (LDPB), a sub-group of the Health and Wellbeing Board was refreshed. The LDPB is the strategic group for issues relating to learning disabilities and includes carer and service user representatives within its membership, as well as representatives from commissioned organisations who provide services in the Borough.

A successful training programme was commissioned by the Council and delivered by Carers of Barking and Dagenham to support ageing carers in thinking about the future when they may no longer be able to care for their loved ones. Good feedback was received by attendees.

The Council hosted a successful week of events for national Learning Disability Week which was held between 19 and 25 August 2013. The theme was ‘bringing people together to celebrate family life and developing strong family networks in local communities.’ Events included a Family Sports Day at Jim Peters Stadium and a Community Day hosted by Mencap. Service users told us that the sport ‘taster’ sessions that were offered during the week gave them the ‘fitness bug’ and that it raised the profile of physical activity amongst service users.

In response to the government’s final report into the events at Winterbourne View Hospital Barking and Dagenham has produced a plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging. It sets out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

The Council is working with the Royal National Institute for the Blind (RNIB) and local opticians to ensure that people with a learning disability get the eye care that they need. The initiative is called ‘Bridge to Vision’.

During 2013-14 the volunteer driver scheme was started up to enable both people with a learning disability and older people who cannot use public transport to get around the Borough. So far, the scheme has recruited 16 volunteers, 9 drivers and 7 befrienders, delivering 47 journeys per week.

How did we perform in 2013/14?

- Throughout the 2013/14 financial year 134 learning disability clients accessed their care via a direct payment, a 23% increase when compared to the 109 in the previous year.
- The proportion of adults with a learning disability who live in their own home or with family has increased from 77.8% in 2013/13 to 85.3% in 2013/14; this far exceeds the London average of 68.5%.
- The proportion of adults with a learning disability in paid employment has increased from 5.4% in 2012/13 to 6.7% in 2013/14.
Examples of our plans for 2014/15

- Improve screening uptake and communication with healthcare services for people with a learning disability. The Learning Disability Service User Forum has asked the Council to tailor the theme of Learning Disability Week 2014 around healthy lifestyles, with events centred on topics such as healthy eating, exercise and living independent lives. We will also be continuing to develop the ELF project, particularly working with health partners to improve screening uptake.
- Deliver awareness training and ensure reasonable adjustments within universal services to meet the needs of people with learning disabilities
- Deliver and develop the Challenging Behaviour action plan
- Develop and refresh the Borough’s Adult Autism Strategy (due to be refreshed in 2014/15)
- Continue to deliver the Fulfilling Lives programme, particularly in improving information and advice, access to local community services and improving the uptake of personal budgets.
- Build on the training delivered by Carers of Barking and Dagenham and develop a range of support for ageing carers who are caring for ageing service users.
- Develop further projects, including ‘Urban Vintage’, a vintage shop at the Maples which combines a furniture renovation project and vintage clothing supplied by the Osborne Partnership.

- Build on the work of the volunteer driver’s scheme and establish a Transport Forum and a travel training initiative with the local Police and Transport for London to support people with learning disabilities travelling independently in Barking and Dagenham.
- Establish a project to work with 12 people with behaviour that challenges in seeking employment opportunities.

Do you agree with what we have said above about learning disabilities?

Take part in our Local Account questionnaire and tell us what you think!
Who used our services in 2013/14?

- Older people represent the largest group of people receiving social care support from the Council: 70.6% of our service users.
- There was a monthly average of around 330 in residential care through the year; 136 were admitted into permanent placements in the year (125 residential, 11 nursing placements).
- 2,248 received community-based services, including 763 people who were in receipt of aids and adaptations for their home.
- 522 people at the end of the year were receiving a direct payment.
- 318 older people received new/additional services following an assessment or review.
- 88.3% of older people (65+) discharged from hospital into crisis intervention were still living at home 91 days after discharge.
- 707 safeguarding alerts were raised about older people.
- 13.4% of the over 60s population are members of the borough’s leisure centres: the number visiting leisure centres increased by 20.1% from 60,217 in 2012/13 to 72,328 in 2013/14; 69.4% of visits were to Becontree Heath Leisure Centre.

What did we spend in 2013/14?

- The Council spent £4.2m on direct payments to older people in 2013/14. It spent £3.3m on homecare and crisis intervention; this bought a monthly average of 9,600 hours of care.
- £8.6m was spent on residential and nursing placements for older people, with an additional £2.1m spent on the Council’s own residential and extra care services.
- The Council offset those costs with £3.3m in income from charges to service users for their care.
- In addition, the Council spent approximately £3m on the social work teams that plan and co-ordinate that care, and which are co-located with GP surgeries in ‘clusters’.

Do you agree with what we have said in this document about older people?
Take part in our Local Account questionnaire and tell us what you think!
Services for Older People

- The Council’s approach to co-ordinating the care and support of older people in the borough is built around the borough’s six clusters of social workers, nurses and GPs.
- Most of our service users receive a direct payment, which allows them to make choices about their care. We work with people to form their plans for the care, often starting with a personal assistant to provide their flexible support. By 31 March, 42 personal assistants were accredited with the Council.
- Nine privately owned residential and nursing homes in the borough have a combined capacity of 578 beds; in addition the Council runs Kallar Lodge, a specialist home for people with dementia.
- 8 extra care schemes have a bed capacity of 285; some provided by the Council and some by independent providers.
- A range of day opportunities, including six Active Age centres, offer a wide range of activities for older people. In addition, the Council offers free leisure centre use for older people, and a range of volunteering opportunities.

What do Older People think about Adult Social Care services?
Based on the 2013/14 Adult Social Care survey:

- 72% of older people felt that they had as much control over my daily life as they want and adequate control over their daily lives
- 54% of older people felt that they have as much contact as they want with people they like
- 65% of older people said they were ‘extremely satisfied’ or very satisfied’ with the care and support they receive
- 81% of older people found it easy or very easy to find information and advice about support, services or benefits
- 83% of older people said they felt as safe as the want
- 88% of older people said that care and support services made them feel safe

These are good results on feelings of safety, and reasonably positive around feeling in control. The Council will be looking at how it can improve the satisfaction with services (particularly bearing in mind the emphasis on personalisation). The low score for older people having social contact reaffirms the Council’s commitment to its Active Age Offer, volunteering and promotion of other community activities.

We spoke to residents at Older People’s Week about the Local Account and the majority of people agreed with what we have listed overleaf as our achievements for 2013/14 and our plans for 2014/15.

In particular, we had strong support for our work around the Dementia Needs Assessment and plans to look at improving dementia services next year. There was also strong agreement for joint working arrangements with GPs in our clusters. Residents were also really positive about the Borough’s Active Age Offer, although they said that more computer training should be offered and that leisure classes were often very busy and booked up at Becontree Heath Leisure Centre. It was also said that there are not enough leisure classes in Barking.

The building of the new Abbey Leisure Centre in Barking, opening in late 2014, will provide many more first-class sporting facilities in the Borough and it is hoped that this will ease the problems regarding full classes and availability in Barking. We will look at how expanded computer training can be offered through our Active Age offer.
What did we achieve in 2013/14?

- Launched the ‘Care and Support Hub’, our new Adult Social Care website - [http://careandsupport.lbbd.gov.uk/](http://careandsupport.lbbd.gov.uk/) - to help service users have more information, choice and control over their social care services.
- Kallar Lodge, and Millicent Preston House were recognised as providing good quality, safe services for older residents following unannounced inspections by the Care Quality Commission (CQC).
- During Elder Abuse Week the Adult Safeguarding and Neighbourhood Crime Reduction Teams worked with the Police, Fire Service, Victim Support, Safer Homes Project, Blue Bird Care and Carers of Barking & Dagenham to hold ‘Keeping Safe in Barking and Dagenham’, an event attended by about 92 people.
- The 2013 Older People’s Week saw 14 events take place across the borough, in e.g. libraries and community centres to care homes and leisure centres. Voluntary and community organisations were given the opportunity to bid for small grants to run local events, leading to a significantly extended programme. 1,100 people took part in tea dances, three ‘Silver Sunday’ computer support sessions, sewing, knitting, cricket, beauty therapy and a workshop on remembering our history, as well as advice sessions on finances, benefits/entitlements and health. People were encouraged to join local clubs and societies.
- Carried out a Dementia Needs Assessment to gain a local picture of need, services and areas for improvement in order to plan for current and future need.

Many older people are now choosing to employ Personal Assistants (PAs) to help care and support them. In 2013, the Council launched the PA accreditation scheme. All of the PAs accredited by the Council have gone through a number of checks, including a Disclosure and Barring Service (DBS) check provided free of charge by the Council, and a reference check. They have also signed up to a Code of Conduct with the Council to ensure that they meet the Council’s standards of care, including the promotion of rights and independence, confidentiality, safeguarding, and risk. In return, the Council offers free training to the accredited PAs and promotes the PAs through the Borough’s PA register and online PA Finder. The PA Finder is part of the Council’s new Care and Support Hub website [http://careandsupport.lbbd.gov.uk/](http://careandsupport.lbbd.gov.uk/). PAs also regularly come together in a ‘PA Forum’ in order that they can discuss their work, support each other and talk through issues and training needs.

By 31 March 2014, the Council had 42 accredited PAs listed on the PA Finder and another 48 pending Council checks. The Council is receiving great satisfaction rates for the PAs in the scheme with 143/144 telephone spot checks in March 2014 recording satisfaction with a PA.

Examples of our plans for 2014/15

- Improve dementia diagnosis rates and access to memory clinics. Following the Dementia Needs Assessment, the Council will be putting together an action plan to look at how, with our Partners, we can improve and strengthen the services that we offer around dementia.
- Expand the six Active Age centres offering activities older people and better link it to the free leisure offer at the borough’s leisure centres, including the new Abbey Leisure Centre opening in late 2014.
- Launch the Joint Assessment and Discharge team, bringing together social care and health services from across three boroughs, so that people are better able to leave hospital as soon as they are ready.
- Continue our work to raise the awareness of safeguarding amongst residents and service users.
- Improve our processes for ensuring the quality of local services, focusing our attention on those that are a concern, and working closely with the Care Quality Commission.
- Undertake a programme of Councillor Visits to care homes to support quality assurance.
- Launch a Market Position Statement, in which we ‘signal’ to providers of social care services the sorts of services that our local residents want, so that people have more choice in how they meet their needs.
- Expand the number of accredited Personal Assistants in Barking and Dagenham.
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Who used our services in 2013/14?
According to our latest data for 2013/14:

- 231 people aged 18 – 64 were accessing mental health services provided by NELFT
- 310 people aged 65+ were accessing mental health services, including people with dementia
- 92 people with a mental health problem were in residential care
- 153 Safeguarding alerts about people with mental health problems

Additionally, the latest Joint Strategic Needs Assessment 2012/13 states that:

- Recording of mental health problems is low with only about 0.7% of residents registered by GPs on their mental health registers
- In any given week an estimated 11% of residents will be experiencing depression; higher than the England average (8%) but the same as the London average (11%).

How did we perform in 2013/14?

- The numbers of people accessing mental health services via a personal budget remains low relative to other client groups, at just 66 people, although it has increased over the year.
- The proportion of adults in contact with secondary mental health services in paid employment is 3%, below the London average for 2012/13 of 5.5%.
- The proportion of adults in contact with secondary mental health services living independently with or without support is shown at 91.5%, above the London average for 2012/13 of 78.7%.

What services exist in the Borough for people with mental health problems?
Barking and Dagenham’s statutory mental health services are provided through an integrated service with the North East London NHS Foundation Trust (NELFT). This is arranged through a Section 75 agreement, a formal agreement in which the Council can delegate responsibilities to NHS bodies for health-related functions. NELFT manages multi-disciplinary teams (e.g. social workers, community nurses and physiotherapists) to support people with their health and social care needs to ensure that individuals get the right support at the right time.

Alongside these teams there are a number of commissioned services:

- The Council currently oversees 3 mental health specialist supported accommodation contracts which provides 14 self contained flats and 10 shared units.
- The Council also recently retendered and awarded a contract for Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) which are statutory services. The IMCA service provides specialist independent advocacy service to people (aged over 16) who have no one able to support or represent them, who lack the capacity and/or have problems communicating.
• In April 2012 a new contract was awarded to Richmond Fellowship who provide specialist employment support service users with mental health needs. They are also commissioned to provide services users with social inclusion opportunities to prevent isolation and support recovery.

• The Council also supported a local User Led organisation, Starlight, in 2013/14 who provided peer support opportunities for local residents who also have mental health needs.

Award-winning digital mental health service Big White Wall (http://www.bigwhitewall.com) is available for all patients over 16 in Barking and Dagenham. It offers 24/7 professionally moderated mental health support: peer support, creative art and writing therapies, self-management information and online self-help courses in a safe and anonymous environment. The service may be used by itself as an early intervention for emotional distress, or alongside medication and talking therapies.

What we’ve achieved in 2013/14

✓ Agreed to update the Section 75 agreement so that mental health services continue to be integrated between the council and health and provided by NELFT from 1 April 2014. The agreement affects the employment of 29 members of the Council’s staff, who will work under a secondment arrangement to NELFT, and pooled funding arrangements for both organisations; pooled funding totaled £10.7m in 2013/14.

✓ The Borough received a national award at the House of Lords to honour their “exemplary” first aid help to people with mental health problems. The Mental Health First Aid (MHFA) project trained 500 front-line staff by March. The Borough has made a local commitment to deliver Mental Health First Aid (MHFA) training to 1500 frontline staff working with both adults and children over the next 2 years that are within the Barking & Dagenham partnership.

✓ Hosted a service user engagement event on World Mental Day (10 October) to inform a review on the impact of welfare reforms and austerity on people’s emotional and mental wellbeing. The review’s recommendations cover better information, advice and advocacy; opportunities for training and volunteering; review of the primary care depression pathway; and deliver Mental Health First Aid training programme.

✓ Social care services are entirely structured around integration with the NHS’s six clusters of GP practices. Together with community matrons and other health services, these cluster teams work jointly to plan and deliver the care that some of our most vulnerable residents, including our older residents, need. In 2013, a mental health social worker joined each of the clusters to work with vulnerable residents who have mental health problems, but are not of a high enough level to access mental health services.

What do people with mental health problems think of Adult Social Care services?

Based on the 2013/14 Adult Social Care survey:

• 77% of people with mental health problems felt that they had as much control over their daily lives as they want

• 54% of people with mental health problems said they felt as safe as the want; 46% said that care and support services made them feel safe

• 49% of people with mental health problems said they were ‘extremely satisfied’ or ‘very satisfied’ with the care and support they receive

• 44% of people with mental health problems found it easy or very easy to find information and advice about support, services or benefits
Examples of our plans for 2014/15

• Remodel supporting living arrangements for residents with mental health problems to encourage more movement into independent living in the Borough

• Increase the number of people with mental health problems receiving a direct payment /personal budget and the services and opportunities that are available in the market that can be purchased

• Review the information and advice available about mental health, particularly on the Care and Support Hub, and ensure that people know where to get information about mental health

• Increase professional development for staff through the Mental Health First Aid scheme in order that 1500 staff are trained across the Partnership.

• Improve understanding and appropriate use of the Mental Health Act and Deprivation of Liberty Safeguards.

• Increase access to mental health advocacy services

• Implement actions from the scrutiny review to minimise the negative impact of the recession on people with mental health problems

• Audit services within Barking and Dagenham against the government’s ‘Closing the Gap’ report (published February 2014) which sets out 25 recommendations for local authorities and their partners to take forward to ensure that robust and effective services and care and support are available to people with mental health problems.

Do you agree with what we have said above about mental health?

Take part in our Local Account questionnaire and tell us what you think!
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Who used our services in 2013/14?

- An estimated 4.5% (7650) of the local population has significant sight impairment; the proportion rises to over 20% of those aged over 75, however not all of these people will be eligible to receive services
- 561 people with physical and sensory disabilities are receiving services
- 289 clients with physical and or sensory disabilities (aged 18-64) were in receipt of direct payments in 2013/14.
- 383 adapted their home to meet their needs last year, 117 of these people received an adaptations grant through a direct payment.
- 1133 people attended ‘Inclusive for Life’ sports and activity sessions in 2013/2014

What services are there in Barking and Dagenham for people with physical disabilities or sensory impairments?

- One of the most significant, practical solutions to supporting residents with disabilities is through adaptations that are made to their home to meet their needs. We have a number of different adaptations schemes, including our Major Adaptations Scheme detailed below.
- The Council’s approach to supporting people with sensory impairments continues to be proactive in raising awareness of sight and hearing loss, promoting services and preventive options, and creating strong professional networks.
- A multi-agency Vision Strategy Group has been set up to provide strategic direction on how the Borough as a whole comes together to work on eyecare and vision issues for our residents. The Council chairs the group, but it is also attended by local Optical Committee representatives, local voluntary sector organisations, our Community Learning Disability Team and carer representatives.
- The Council supports the TaxiCard and Dial-a-Ride schemes which provide important services for those residents who have trouble getting out and about because of a disability or mobility problems.
- The Council commissions a number of other services to help support people with physical disabilities and sensory impairments. These include:
  - **Disabled Go** - an online access guide for the Borough providing information on around 1,000 venues across Barking and Dagenham
  - **Translation and Interpreting Services** - The Council has a shared services arrangement for translation and interpreting services with Newham Language Shop, which includes services for residents who are deaf and visually impaired. The service is used as required by managers in the Council, usually in front-line services such as Adult Social Care.

We also support and work with a number of other organisations and micro-enterprises who provide support for disabled people in the Borough. The Disablement and Information Line (DIAL) also offers advice and information over the phone on all welfare rights and benefits and can help residents in Barking and Dagenham complete their claims with form filling and other advice and information.

Do you agree with what we have said?
Take part in our Local Account questionnaire and tell us what you think!
What do people with physical disabilities and sensory impairments think of Adult Social Care services?

Based on the 2013/14 Adult Social Care survey:

- 67% of people with physical disabilities felt that they had as much control over their daily life as they want and adequate control over their daily lives
- 60% of people with physical disabilities said they felt as safe as they want; 64% said that care and support services made them feel safe
- 58% of people with physical disabilities said they were extremely satisfied' or very satisfied' with the care and support they receive
- 48% of people with physical disabilities found it easy or very easy to find information and advice about support, services or benefits
- 37% of people with physical disabilities felt that they have as much contact as they want with people they like

People with physical disabilities feel reasonably in control of their lives, safe and satisfied with the services they receive. More work is needed to improve access to information and advice and increase opportunities for socialising. Our plans for 2014/15 will focus on these issues.

During the consultation on this edition of the Local Account, one resident raised a concerns with us that they felt that there needed to be more swimming support for adults and older people who use wheelchairs as it was felt that existing support was mainly focused on young people with physical disabilities. This feedback will be given to our Culture and Sport service to inform future service delivery in the Borough’s leisure centres.

How did we perform in 2013/14?

- 383 adapted their home last year to meet their needs.
- 128 adaptations were undertaken in 2013/14 via the boroughs major adaptations direct payments scheme
- 289 clients with physical and or sensory disabilities (aged 18-64) were in receipt of direct payments in 2013/14.

What did we achieve in 2013/14?

- Launched the ‘Care and Support Hub’, our new Adult Social Care website - http://careandsupport.lbdd.gov.uk/ - which helps service users to have more information, choice and control over their social care services.

- The Council has done a great deal of work to look at equipment and adaptations to assist people with daily living in their home. This has included developing the retail market in equipment and assistive technologies, and training numerous retailers around assistance equipment and accrediting them as safe and knowledgeable providers.

- Importantly our Major Adaptations Direct Payments Scheme has been a great success! Service users receive a direct payment to arrange their own adaptations, which mean that they get the adaptation that they want within their own home. Grants of up to £4,000 have been given to local people for showers, downstairs toilets, ramp access, stair lifts and lighting for visually impaired people. 117 people were given a major adaptation direct payment to undertake adaptations to their home. A further 266 people made adaptations to their home through grants from the Council, including adaptations to Council houses and funding through the Disabled Facilities Grant.

- Events were held for Deaf Awareness Week, World Sight Day and Eye Health Week in the Borough in which we promoted our local services and our strategies, like our local Vision Strategy.

- As part of the national UK Vision 20/20 organisation, Barking & Dagenham won a poster competition describing the implementation of our local Vision Strategy.
What did we achieve in 2013/14? (continued)

✓ The ‘Inclusive for Life’ project being taken forward by our Sports and Leisure service aims to increase the numbers of disabled people who are engaged in sports and leisure activities. The project aims to increase levels of participation, increase the numbers of sporting opportunities available, raise awareness and encourage existing clubs to become more inclusive. The project works closely with day centres and community groups to ensure the sessions that are being provided are what the service users want and need them to be. There are lots of sessions and activities already available for disabled people in the Borough including inclusive athletics, cycling, and dance sessions, and sessions specifically for adults with a sensory, learning or physical disability including football, boccia and multi-sport sessions at Becontree Heath Leisure Centre.

✓ The residents of Lodge Avenue, a supported living scheme which has a range of fully accessible living accommodation for people with a physical disability, have pooled their budgets to pay for care and support which has enabled them to use the money they have saved to spend on activities such as going to the cinema, football or saving to go on holiday with carer support.

✓ The Council gave a pump priming grant to the VIPERS (Visually Impaired People Embracing Recreation and Sport), a user group of people with visual impairments. The group meet monthly at Dagenham Library and are consulted with regarding issues and relevant services.

✓ The Borough was also instrumental in setting up and supporting East London Vision (ELVis). ELVis is a user-led organisation designed to provide an effective and efficient way of ensuring that vision impaired people living in East London get the support and services they need. It is an umbrella organisation with voluntary sector, user led representation in each of the east London Boroughs, including Barking and Dagenham.

Examples of our plans for 2014/15

- Following the feedback that we received in the Adult Social Care Survey, we will be working to improve access to our information and advice provision and increase opportunities for socialising for people with physical disabilities. A lot of this work will be undertaken under our response to the Care Act.
- Retender our Translation and Interpreting Service in November 2014 as the contract comes to an end in March 2015.
- A Magnifyer and Lighting workshop will regularly take place in one of our local libraries for residents with visual impairments to provide help and support around magnifying and lighting issues.
- Continuing to support local voluntary sector and user-led groups, including ELVis in its development of an East London Vision Strategy, and supporting the VIPERS.
- The Borough’s Access Group is going to be refreshed in 2014/15. The Access Group is made up of local volunteers with knowledge of access and disability issues. The group will work with a range of organisations and policy makers to make buildings, roads, transport, information, Council and health services more accessible to everybody.
- The Borough’s Select Committees undertake investigations into a topic in which they scrutinise and challenge local services and talk to service users to understand their experiences. At the end of their investigations, the Select Committee makes recommendations to improve service provision in that area. Two of the Select Committees will be undertaking scrutiny reviews in physical disabilities and sensory impairments in 2014/15 – the Safer and Stronger Select Committee will be conducting an investigation into disabled parking, and the Health and Adult Services Select Committee will be undertaking a scrutiny review into sight loss.
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What is a carer?
Carers are adults and children who provide unpaid care to people who are ill, frail or living with a disability and who cannot manage without them. Carers look after partners, spouses, family members, friends or neighbours. The caring role can be stressful, and isolating.

From April 2015 the Care Act 2014 puts carers on an equal legal-footing with service users giving them rights to assessments of their needs, to services and to a personal budget. We will be working with CarersUK, residents and other stakeholders to plan the services that will be needed to improve the lives of carers over the coming months.

What services are available for carers?
Adult and Community Services in Barking and Dagenham provides support to unpaid carers who care for anyone aged 18+ and who give support to family or friends not able to manage without this help due to illness, disability, mental health or substance misuse. In order to receive adult social care support the person being cared for must live in the borough, although carers may live inside or outside the borough.

Carers of Barking & Dagenham are commissioned by the Council and the Clinical Commissioning Group to provide assessment, advice, information and support for carers: [http://www.carerscentre.org.uk](http://www.carerscentre.org.uk). Their services include the development and delivery of training programmes, peer support, identification of ‘hidden’ carers and outreach work, support for carers to access employment, training, benefits and information/advice, and a programme of work with young carers.

They also provide the Memory Lane Resource Centre, providing support to carers of people with dementia, which carers and service users can choose to ‘purchase’ with the personal budget that is provided to them by the Council.

Numbers of carers in Barking and Dagenham
The 2011 Census showed that in Barking and Dagenham:
- There were 16,201 carers
- Carers make up 8.7% of the local population, compared to 8.4% of the population in London and 10.2% across England.

The number of carers’ assessments or reviews carried out in 2013/14 rose to 741 from 551 in the previous year, across both the Council’s social care teams and by Carers of Barking & Dagenham.

At 31 March 2014, 492 carers were receiving a support service. Carers of Barking & Dagenham report having contact with around 3,000 carers via their regular newsletter.

Do you agree with what we have said about carers?
Take part in our Local Account questionnaire and tell us what you think!
What have we achieved in 2013/14?

✓ Commissioned CarersUK, to work with local carers’ groups, service providers and others to draft a new Carers’ Strategy, and shape the services needed for the future.

✓ Launched the ‘Care and Support Hub’, our new Adult Social Care website which has information specifically for carers to help them have greater choice and control.

✓ Carers of Barking and Dagenham have taken the lead for Safeguarding Awareness training for carers. Where the main carer has not been the alleged abuser in safeguarding investigations, we have involved them in the safeguarding process and ensured that their voice is heard.

✓ Carers have also been involved in the Deprivation of Liberty Safeguards (DoLs) application process. Where they have needed support in the DoLs application process, we have commissioned Independent Advocacy for them.

✓ Continued to support the Carers’ Group, convened by Carers of Barking & Dagenham, to highlight issues around being a carer.

✓ Carers Week took place in June 2013, with a range of events to highlight the issues faced by carers, and the promotion of and advice. Additionally, Carers of Barking and Dagenham ran two successful stalls on Carers Rights Day (29 November 2013) in Barking Town Centre and Dagenham Heathway.

What do carers say about Adult Social Care services?

Annually, we collect the views of carers through a survey. For 2013/14, questionnaires were sent to 279 carers who had had their circumstances assessed or reviewed in the last 12 months. 130 surveys were completed with 121 returned by post and nine completed over the telephone with the help of volunteers. The survey asked carers whether or not current services they receive are helping them in their caring role and their life outside of caring and for their views of services provided for the cared for person.

- 58% said they were satisfied with the support or services they and the person they care for had received in the last 12 months
- 72% said “I’m able to spend my time as I want” or “I do some of the things I value”
- 78% said “I have as much control over my daily life” or “I have some control over my daily life”
- 56% said “I look after myself”; (in terms of their sleeping and eating)
- 79% said “they had no worries about my personal safety
- 35% said “I have as much social contact as I want” with 45% reporting “they have some social contact but not enough”
- 43% said information and advice was “easy to find”
- 58% said they felt involved or consulted in discussions about the support or services provided to the person they care for

Some of these responses raise a number of concerns: too few carers are satisfied with the services they receive; too few found it easy to get the information and advice they need; and a concerning number feel that their own wellbeing is not being looked after.

In addition, we conducted a telephone survey of 77 carers in June 2013 to explore their views and needs. 80% of them were caring for people more than 50hrs per week. People identified wanting more respite ‘trips’; more opportunities to talk to people when there are difficult times; and more volunteering support for older people.

We will ensure that we are using this feedback in finalising our new Carers’ Strategy and to inform the development and delivery of carers’ and information and advice services in 2014/15 and beyond.
## HEALTH & ADULT SERVICES SELECT COMMITTEE WORK PROGRAMME 2015

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Agenda Items</th>
<th>Presenter</th>
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<th>Pre-meeting with Lead &amp; Deputy Lead</th>
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<tr>
<td>Wed 4 March 18:00, Civic Centre, Committee rooms</td>
<td>PART A: Eye Care Services scrutiny review: The Local Picture- Presentations followed by Workshops</td>
<td>Matthew Cole &amp; Local Eye Care clinicians Various</td>
<td>Wed 4 Feb AM</td>
<td>Fri 6 Feb</td>
<td>Fri 20 Feb</td>
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