

London Borough of Barking & Dagenham

Annual Adult Social Services Report: *Our Local Account 2012/13*

Incorporating the complaints annual report.

Draft for submission to the Health & Wellbeing Board
17 September 2013

Contents

There are many elements to Social Care in Barking and Dagenham. This year we have structured our Local Account around the types of services we deliver and the main service user groups that receive them.

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Foreword

Welcome to our 2012/13 '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, and what we think we need to improve. It's for you, our service users, carers and residents, to read through and tell us whether you think we have got it right.

As a Council, we are passionately committed to ensuring that older and disabled people can live the lives they want. Cuts to the funding we receive from central Government continue to make this more and more difficult, but we have managed so far to continue to protect the essential social care services that support local people.

Despite these pressures, I am really proud of the way that our social care services continue to develop and grow. The foundation for this is a first-rate team of committed staff, as well as a range of excellent services delivered by our partners in the independent sector. We receive a relatively low number of formal complaints, and again this is testament to the responsiveness of our frontline teams when people raise their concerns.

Giving the people who use our service more choice and greater control are our guiding principles. This year we have continued to increase the number of people who get their social care support in the form of a 'direct payment' and then go out and choose their own personal assistant to provide their daily care and support. We have invested in the facilities at Fews Lodge and 80 Gascoigne Road, and radically rethought our in-house provision of home care services. We have embarked on an ambitious programme for the future of learning disability services, and our 'integrated care' work with local GPs has been held up as an example of national good practice.

We know that we don't always get everything right, but we are determined to learn from any mistakes, to do our best to put things right, and to be open about where we think we can improve. Please take the time to read it and let us know if you think we have got our priorities right or what changes you would like to see in the future.

With best wishes,

Cllr Linda Reason
Cabinet Member Adult Services and HR

How social care is changing

2012/13 was a year of considerable upheaval as preparation took place for the many changes introduced by the Health & Social Care Act 2012, which came into force on 1 April 2013. This saw a number of key partner organisations cease to exist, new ones form, and key individuals move on to new roles elsewhere. These new arrangements mean that the way the Council and the NHS work together to improve health and social care has changed, creating new opportunities and new challenges.

Public Health, which funds preventative medicine such as immunisations and healthy weight schemes, has joined the Council from the NHS. This will strengthen the focus that we already have on preventing health and social care problems, rather than just trying to fix things that have already gone wrong.

The way that the NHS allocates funds and makes important local health decisions has also changed. From April the Barking & Dagenham Clinical Commissioning Group (CCG) has taken over the responsibility for planning the health services local people need. The CCG is led by local GPs, who often see first-hand the effects of poorly co-ordinated care when patients come back time and again, or end up in hospital repeatedly. We are already working with local GP leaders to build on our 'integrated care' approach and help get the right support in place to keep people healthy and independent for longer.

Another new organisation, Healthwatch, will represent the patient voice in local health and social care decisions. Healthwatch will use its volunteer and paid staff resources to co-ordinate feedback from the users of local services, holding both social care and the NHS to account.

Bringing all of the new elements of this health and social care 'system' together, the Health and Wellbeing Board now holds overall responsibility for health and wellbeing in Barking and Dagenham. As an executive committee of the Council, the Board includes representatives from social care, public health, the CCG, Healthwatch, local hospitals, and the police. This means that, in one place, the major decision-makers across health and social care can ensure that their plans for local services are properly joined up, and shaped by the feedback of service users, carers and residents.

Whilst the organisations are getting to grips with the 2012 changes, we are already planning for a further raft of major changes. In May 2013, the Government introduced the Care Bill into Parliament. This follows two major reviews of how the social care system currently works: a Law Commission review in 2011 and the Dilnot Commission, which focused on how people pay for their social care, and which reported in 2012.

We welcome the decision to 'tidy up' the laws on adult social care, which have been built up over many years, and hope that the new legislation will make it easier for everyone to understand. The Care Bill proposes a number of changes, such as:

- Introducing national eligibility criteria;
- Introducing new arrangements for paying for care that will limit how much individuals have to contribute to the cost of their care;
- Requiring councils to provide local residents with comprehensive information and advice services.

The impact which the reforms of social care will have on the Council are still being explored, and the final legislation is awaited. We are particularly looking to model the financial impact of the changes to how people pay for their social care, and the new duties expected of the Council, to ensure that the resources are in place to meet need under the new system. In the meantime, we

continue to work on some major reform programmes to modernise the services that local people receive.

Our Major Reform Programmes

Integrating health and social care for those with long-term conditions

During 2012/13 we continued to strengthen our innovative and successful approach to integrated care, with social workers joining community matrons and GPs in jointly planning the care of those with the most complex health and care needs. We know that those people whose health conditions mean that they are regularly attending A&E or being admitted to hospital, benefit from more fully joined up care. Barking & Dagenham is one of the few boroughs to have completely restructured its social care services to be based in 'clusters' alongside GPs and community health services. This means better relationships between frontline health and care staff, greater shared knowledge about the needs of patients and service users, and the systems that really help them to do their job. 2012/13 was the year that this way of working 'bedded in' fully, and we will continue to expand and develop it over the coming years.

We participate actively in the Integrated Care Coalition, which works across the three boroughs (Barking & Dagenham, Redbridge and Havering) which share Queen's Hospital, to improve joint working and to support the hospital in managing the demands placed on it.

'Fulfilling Lives': reviewing Learning Disability Services

The Fulfilling Lives programme seeks to expand the range of meaningful opportunities available for people with learning disabilities.

People with learning disabilities and their families have the same aspirations as everyone else. They would like to be independent, have their own home, make friends, form relationships, get a job and choose what they do in their spare time. If they need care and support they want to be able to make choices about how this is provided and who they allow to be involved with their lives.

The programme will look to unlock some of the existing capacity based in traditional day services, to provide greater flexibility and choice for service users. It will also require mainstream (non-specialist) services to ensure that they are accessible to those with learning disabilities.

Choice and Control: new ways of delivering homecare

The Council is keen to increase the choice and control that local residents can exercise over the social care they receive. We expect there to be an increase in the number of people who use direct payments to commission their own care, and a reduction in the level of support offered by homecare agencies and through Managed Personal Budgets, as well as a reduction in the Council as a direct provider of homecare services.

The initial focus of activity will be to increase the number of Personal Assistants offering support. In the longer term, this project will move the Council away from being a direct provider of homecare to being a facilitator and supporter of people arranging their own support. In particular, instead of people being provided with a limited range of service options in response to their needs, there are increasing numbers of people receiving a 'direct payment' or other form of 'self-directed support'. We are therefore working hard to expand the market in available services, from big providers and small local enterprises, so that people have genuine choice about what they spend their personal budget on. It will also become increasingly important to provide tools that help people identify personal assistants to support them in their care planning and daily life. We have proposals in hand to develop an online 'PA Finder' website that aims to provide this service. Since more and more people are contacting us by email about their social care needs, and more people

use the internet every day, we expect this to become an important resource for finding out about what is out there locally to support people in their homes.

This is just one, relatively small, area where technology is changing the face of adult social care. We are also looking to other ways in which new technology can help to provide better care. For example, we have piloted a 'pre-paid card' system which loads people's direct payments onto the card so that they have their money in a convenient place to pay their care providers and other suppliers for the support they receive. It's quick to set up, saves them the hassle of opening a separate bank account and involves both them and the Council in less monitoring and paperwork.

Our Local Context: Shifting Demographics

We have a fast-growing borough and our own community mapping estimated the population at 185,911, with 48,298 young people aged under 16, and 10,045 older people aged 75 or over. The number of people living in Barking and Dagenham has increased by 13.4% in the last 10 years.

The age distribution of Barking and Dagenham residents is changing. The proportion of young people is high compared with England as a whole, and the proportion of over 50s lower. However, the latest available projection figures¹ show an interesting change in pattern of the borough's population by five year age groupings over the next thirty years. Generally, the younger age groups are projected to stabilise between 2021 and 2031, and are not due to increase significantly for another 20-30 years. The over 75 population is due to decrease between 2011 and 2021, however there is projected to be a consistently significant increase of residents aged over 70 between 2031 and 2041. Interestingly, the very elderly population aged 90+ is projected to grow significantly, with a projected extra 2,100 residents in this age group in 2041 than in 2011, this equates to an increase of 218%. Also evident are significant increases in both actual number and percentage of 50 – 69 years olds in the same period, as well as a massive rise in the 90+ population.

According to the 2011 Census, Barking and Dagenham saw the largest rise in England in 0-4 year olds, but the projected figures now show a much slower growth in this age band, and are even projecting a decrease in 0-4 year olds of 1.6% between 2021 and 2031 in the borough. The reason for this is that since 2011, the number of births in the borough has stabilised and this is projected to continue until 2031. During this period, from 55 years plus there is a projected increase in numbers, particularly between 55 and 69 years. This is less pronounced between 70 and 84 years, but still a significant increase.

With these fluctuating age profiles, the services that are planned now will need to be robust and flexible enough to respond to these projected increases in demand in the future. These increases will also be accompanied by substantial change in the ethnic breakdown of the older population, changing the types of health and social care needs that must be met, as well as the approaches to social care service delivery. Additionally, as the Care Bill is introduced we can expect an increase in the number of people coming forward for assessment (and re-assessment) as the thresholds change and people who currently fund their own care will want to see if the Council can help.

The current high proportions of young people also generate demand for adult social care services as they approach adulthood, in particular driving demand for learning disability services. An estimated 9,300 adults in Barking and Dagenham are currently living with a learning disability, although not all are in need, or in receipt, of social care services through the Council. This number is predicted to increase by about 400 by 2030.

Around 9,600 adults in the borough are living with a moderate or serious physical disability. By 2015, it is estimated that there will be an additional 330 people aged 18-64 years with a moderate or serious physical disability in the borough. Many of these people will need personal care packages, enhanced advocacy services and support to ensure that they are able to understand and access the services they need. As more disabled people are identified, the demand for the social care services is likely to increase.

¹ GLA Population Projections 2012 (SHLAA based)

Older People

Older people represent the largest group of people receiving social care support from the Council: 68.8% of our service users. 224 older people received residential or nursing care, compared with 1,137 who received community-based services. This describes a wide range of different services, including 415 people who were in receipt of aids and adaptations for their home. In 2012/13 we arranged 1,361 new services for older people (following assessment or review, including newcomers to the service).

Giving older people choice and control

The numbers receiving social care are increasing, and the Council continues to meet the demand by keeping its own costs down. More importantly, the way in which people access services is also changing. Social care is moving away from conventional homecare, such as a package designed and planned by the Council to meet your needs. 2012/13 was the first year in which every older person receiving a new social care service had a personal budget. With the help of personal assistants, service users are more in control of their daily lives, and get support that fits into how they want to live their life. We are seeing that people take a greater personal interest in the quality of the care they receive, so that those receiving services through council funds can have the same personalised service that self-funders enjoy.

As this move to personal budgets gathers pace, we are also seeing a move away from using large agencies - called brokerage - to help people manage their budgets. High street accountants are starting to provide these services, just as they might help anyone else with planning their finances. The Council has also started to introduce pre-paid cards, which add further efficiency and independence to the process of receiving Council contributions for care.

We are working with providers of services to improve the range of options that are available to people when they are thinking about how they spend their personal budget. This 'market development' work includes a project to support 'micro-providers' - small, very local service providers - which launched in February 2012 and got properly underway in 2012/13. Early scoping provision identified communities that are rich in micro-providers and we will continue to see options developed for people to spend their personal budgets on, with more options for people to choose from at a very local/neighbourhood level. When it comes to daycare, we are seeing the development of alternative service options, such as personal assistants getting together and setting up informal community-based arrangements (such as gathering together in local cafes) which fit more closely with what people want. Local extra care housing schemes are starting to open up to the wider community, such as at George Brooker House and Fews Lodge. This is helping to break down the thresholds between different types of care, and improve the range of choices available to service users.

All of this means that the Council has to review its information and advice provision, so that there is a reliable directory of the services available to people. We will be recommissioning our social care website, to make it much more interactive and engaging. As part of that, we will develop a 'PA Finder' so that those with a personal budget can find someone to employ to help them with their care needs. Whilst we expect to have this up and running by the middle of 2013, we also expect this to be a long-term piece of work as we continue to adapt to the changing way in which social care services are provided.

Improving extra care and residential care

We have focussed on improvements to our housing based care and support services in order that we can more effectively link them with current borough wide or national objectives. We would like residential care homes and Extra Care schemes to become community hubs. We are seeing the

beginning of this transformation with the Extra Care schemes. They have some excellent facilities which can be more used by the community. We hope to expand this to care homes. For instance, for St Patrick's Day ten residents of Harp House went to Harmony House to enjoy the celebration. Colin Pond Court is looking to attract socially isolated residents to a weekly coffee morning.

We are seeing a reduction in residential care placements for older people, with 146 being permanently admitted to residential care in 2012/13. However, for a significant minority of our service users, this is of course the right option for them. As part of a range of improvements in the year, the Fews Lodge scheme has been developed to sit alongside Kallar Lodge Residential Care Home. The development creates a mix of 13 studio and one-bedroom flats that will help people with dementia to remain independent and provides opportunities for couples to stay together. With a growing demand for services for people with dementia, Fews Lodge will provide much needed specialist support for residents in the borough.

Better working with health services

We have also continued to strengthen our close working with local health services. Our pioneering Integrated Care model was developed last year, based around six 'clusters' of GPs, nurses and social care staff across the borough. However, this was the first year in which that cluster approach was in place for the whole year. One indicator of success is that we continue to see reductions in the number of 'delayed transfers of care' - where planning of social care services is responsible for someone being in hospital longer than they need to be. We have committed, along with local health organisations and the councils in Redbridge and Havering, to develop a Joint Assessment & Discharge Team to work with together with local hospitals and streamline the preparations for people coming out of hospital back into their homes.

This is just one part of the positive role we play in ensuring that people are discharged from hospital safely and swiftly. We know that our local hospital is struggling under considerable pressure, and remain committed to doing what we can to help its improvement. We have also moved away from the reablement model, where a dedicated package of support is provided to those leaving hospital. Whilst other areas use this approach, it has not been found to be as successful in Barking & Dagenham, and the provision of personal assistant support, just as is provided to other recipients of social care, has been found to provide the flexibility that service users need as well as to speed up care planning, so facilitating discharge from hospital. It is less intensive, and to date we have seen no evidence of adverse impacts on service users.

Health is foremost amongst the concerns raised by our older residents. There are opportunities for joint commissioning with health, in particular the newly-formed Clinical Commissioning Group. We intend to build on the cluster model over the coming year to expand and develop it further, including work on mental health needs and an expansion of the caseload. We can offer more preventative and early intervention services particularly for people with dementia as diagnosis is increasing. In particular, we are working on a project called 'This is Me' which aims to help people with dementia to be seen as individuals with histories, not just as subjects of care.

Going beyond care: helping people live the life they want

Keeping people safe - and feeling safe

We continue to be proud that people report feeling safe in the services that they receive - up to 75.3% from 73.5% last year. The section on Safeguarding provides more detail on the work we do to make people safe in local health and social care services. However, we must recognise that this is in a borough where it remains a concern that people don't feel as safe as they should expect to, particularly given that our levels of crime and disorder are not significantly high compared to the rest of London. We have made further strides this year in reducing levels of crime, and have provided more detail in the end-of-year report of the Community Safety

Partnership. We continue to work with the Police to focus on reassuring and supporting our older and more vulnerable members of the community.

Finances

Having enough money to live on is a consistent challenge for older people with the cost of living rising sharply. Changes to the benefit system and rising energy bills contribute to anxiety over finances. Barking and Dagenham has some of the poorest wards in London. In Gascoigne ward, for instance, 39.3% of residents aged 60+ receive pension credit. 80% of these residents are single pensioners.

Getting out and about, with things to do

Our vision is to support people to live in their own homes as long as possible. Unfortunately this can mean some people are socially isolated. Currently less than 3% of older people with social care needs access organised day opportunities. We need to improve the variety of things for older people to do in the day. We have some day opportunities running out of three Extra Care schemes in the borough. Though popular with people who attend, the numbers of people attending are quite low. We need more options for older people at a local level to help them live the life they want.

Older people in the borough want opportunities to meet and do interesting things at a reasonable price. Even a low cost of activities can be off-putting. In the Residents' Survey, respondents aged 65+ were more likely to report that activities are in need of improvement. There are lots of groups and activities that older residents can access but the challenge is increasing participation.

Apart from cost, transport is the biggest barrier to participation. 39.6% of the borough's residents have no access to a car compared with 25.6% nationally (Census 2011). In addition there are areas in the borough where the public transport links are poorer, even in relation to getting across the borough. Older residents appreciate and benefit from the freedom pass but not everyone uses it. There is some apprehension travelling after dark with 50% of over 65s feeling unsafe after dark (Residents' Survey).

On Monday 1st October, over 250 local people celebrated national Older People's Day across three venues in Barking Town Centre. The event was themed around 'Big Skills Share' and older residents were given the opportunity to try something new or revisit an old hobby. Barking Learning Centre, Abbey Sports Centre and the Broadway Theatre were full of activities to try. Despite the heavy rain throughout the day, 95% of attendees enjoyed the event according to the post-event evaluation form. Stallholders and activity coordinators also appreciated the opportunity to meet residents and make new connections. 60 volunteers from voluntary sector agencies supported the event to help make it a successful day. We want to build on the assets of older people demonstrated at Older People's Day.

By providing free access to our leisure centres for those aged over 60, we have seen participation levels continue to increase, with individuals taking steps to improve their own health and wellbeing. The over-60s leisure membership scheme had 3,245 members on 31 March 2013, a steady increase compared to the 2,888 recorded in May 2012. These members made 60,217 visits in 2012/13 compared to 47,972 in 2011/12.

Our Active Age Centres offer older people the chance to meet new friends and try different activities such as tai chi, line dancing, Zumba and bingo. In total, we have over 500 members attending the Active Age centres across the borough. When talking with people about which activities they enjoy most they all said they would love more zumba classes. So since April 2012, we have been running two further all ability zumba classes, one in Barking and one in Dagenham. We are now also running activities in the evenings and are currently looking into offering other activities aimed at different age groups.

It is our intention during 2013/14 to bring together a more co-ordinated 'offer' to older people of the wide range of things to do and places to go for both activities and advice. This will make it easier for people to find out about the work that goes on in our Active Age Centres, the free leisure options that we offer, the Borough's volunteering opportunities, and sources of help and advice.

Volunteering and giving something back to the community

Many older people took up the opportunity to volunteer to support the London 2012 Olympic & Paralympic Games, for which Barking & Dagenham was a host borough. At its peak, Gateway to the Games Volunteers had over 600 volunteers signed up to the programme who supported Council and community events, sports competitions and the fundraising of Living the Dream Trust. Plus other valuable voluntary work included admin, promotions and surveying. Over 100 volunteers supported the Olympic Torch Relay on 27 July that came through the borough, stopping at the Dagenham Town Show. Now the Games are over, the Council continues to provide information and support on further opportunities to give something back to the community.

Memory Games was a project set up to initially engage with older people in the borough in the build up and during the Games, and in the end the project involved people of all ages. Through this targeted reminiscence work, the project aimed to tell the story of the history of sport and the Games in the borough by engaging with sporting stars past and present with local connections to capture memories of the Games and what the borough was like in 1948 when the event was last staged in London. To gather this information we interviewed people and invited older people to reminiscence events in the borough, resulting in an exhibition, film and archive which participants, the public and future generations can enjoy.

Mental Health

Integrated service provision

The Council's mental health services are provided through an integrated service with North East London NHS Foundation Trust (NELFT). This is set in place through a particular type of contract called a 'Section 75' agreement. During 2012/13, the integrated service provided social care services to 567 people.

NELFT organised its services last year on a Trust-wide basis, which created a number of challenges around integrating mental health provision with borough-based social care and their services. A further restructure is planned in 2013/14 which will realign services more closely with the borough. This strengthening of the borough-based management of their services will also assist in developing partnerships with the Clinical Commissioning Group. This means that mental health services are becoming more flexible, and able to meet different needs of local communities and service users. Over the coming year, Barking & Dagenham will review and refresh this agreement with NELFT. This will be part of a fresh look at the balance of resources across Adult Social Care, ensuring that sufficient priority is given to support for people with mental health difficulties.

The core service provided by NELFT on the Council's behalf performs well, with sound provision to meet our statutory duties. There have been no serious incidents in mental health services, for example, and high risk cases are managed well, with the minimum use of 'sectioning' under the Mental Health Act. We retendered our mental health advocacy services, with Voiceability taking over the contract, and we hope that this improved support will assist service users in taking control of decisions about their care. The block contract that we have for residential care at Knights Close now includes elements of personal budget provision as part of the care package. This is a move towards increased personalisation, though there is more to do. The numbers of people accessing mental health services via a personal budget remains low relative to other client groups, at just 55 people, although it has increased over the year and we will continue this improvement over the course of 2013/14.

Whilst valuing and emphasising integrated working, Barking & Dagenham want to ensure that professional social services' responsibilities are recognised and valued. Wider 'continuing professional development' sessions include invites to mental health social care staff, even though they are based within NELFT, and we continue to explore with NELFT how this offer can be further improved.

Residential care and support for people leaving hospital

We remain concerned about high numbers of people receiving services in residential settings, and staying for too long. For example, the supported living unit in Dagenham runs at near capacity, and can be unavailable when needed. Although we are now managing the entry to this unit well, we recognise the need for a more system-wide approach to managing residential placements, with better community planning in place to prevent the need for residential admission.

In the community, we have changed the way we provide specialist supported living for people with mental health problems. This has improved 'flow through' and meant there are more opportunities for those who need support when they are discharged from hospital. This will remain a focus for the coming year, preventing any problems in the provision of community services from holding up people's recovery from mental health problems. Wherever possible we support people with mental health problems to retain their home during periods in hospital, and to help them return to their own home as quickly as possible afterwards. Where, during a period in hospital, they have lost their own home, we will ensure that the right support is put in place.

Focusing on recovery

For the future, the Council recognises that more may need to be done on promoting recovery. Already we have remodelled our day care provision, moving towards something that places recovery more at the heart of the service. As part of that process, we consulted with the users of the service and listened to their concerns about the changes. As a result, the service users established their own social enterprise, the Starlight Group, offering some of the peer support elements that had been a greater focus of the old model of day care provision.

This 'recovery' focus will also inform our look at the core services we provide, so that they have more of an emphasis on getting people back into independence. Where we have reviewed people's placements over the year, we have identified that there are greater opportunities for moving people into more independent settings, closer to communities and with input from their GPs. As part of reablement proposals for the coming year, the Council has agreed with the Clinical Commissioning Group further resources to be put into primary mental health care, delivered jointly with the Council. This also responds to a need to do more for those people whose mental health problems are not of sufficient severity to render them eligible for services.

We are aware that more also needs to be done to support people with mental health problems returning to the workplace. The Recovery College will be developed over the coming year, responding to the low numbers of people in contact with secondary mental health services that were in employment during 2012/13 (at just 2.1%). However, with our local job market under such pressure, we have welcomed that fact that future measures of the employment situation for people with mental health problems will take more account of these local circumstances.

Welfare reforms and the impact of austerity

As we have seen with other client groups, the welfare reforms and continued austerity will have an impact on people with mental health problems. Those currently in treatment may face greater pressure to return to work, whilst those (both in and out of work) who are not currently receiving structured treatment may have more moderate mental health problems exacerbated. Towards the end of 2012/13, the Health & Adult Services Select Committee chose the mental health impacts of austerity as its subject for an in-depth scrutiny review. Once the work is completed, the Health & Wellbeing Board will respond to the recommendations made.

Physical and sensory disabilities

Physical disabilities

Services provided for those with physical disabilities show high levels of people having choice and control over their care, principally through direct payments, as well as good satisfaction levels. There is a significant overlap with older people, covered elsewhere in this Local Account. Much of the work concerns adaptations to assist people with daily living in their home. To support this shift towards direct payments, we have focused on developing the retail market in equipment and assistive technologies, and have trained numerous retailers around assistance equipment and then accredited them as safe and knowledgeable providers. Some clients then get a prescription from us to go and purchase from a retailer, benefiting from the Council's signposting to reputable suppliers and making their own choices about what they need.

The Disabled Adaptations Direct Payments Scheme has been a great success in its first year of operation. Service users receive a direct payment to arrange their own adaptations. Some £465,000 has been paid out for 143 adaptations, which are relatively inexpensive, one-off spends on alterations to homes which can avoid much greater expense to health and social care services through the prevention of hospitalisation due to falls and the postponement of the need for residential care.

Over the coming year we plan to continue these trends, looking at the support that trained specialist retail providers can offer to assess the adaptations that people may need, and so help them to help themselves. It will be imperative that the Council maintains a close interest in the impact of the welfare reforms which will be phased in over the first six months of 2013/14, and how they impact on local disabled people.

Sensory disabilities

Barking & Dagenham continues to be proactive in raising awareness of sight and hearing loss, promote services and preventive options, and creating strong professional networks. With half of sight loss being avoidable, for example, this is an important aspect to the service. During 2012/13, we have run focused activities on sight loss for people with a learning disability, sight loss and diabetes, and promotion of our Eye Health Strategy, which fits into the UK Vision Strategy. As part of the national UK Vision 20/20, Barking & Dagenham won a poster competition describing the implementation of our local Vision Strategy.

In terms of direct service provision, the Council offers a well-resourced team which includes two qualified rehabilitation officers, a specialist deaf/blind worker and a joint partnership with the Deaf Agency. The team provides mobility training for those experiencing sight loss, and rehabilitation support. There have been no waiting lists for the services within the team during the year. For older people experiencing sensory loss, floating support will provide support for their sensory needs as part of a wider social care package.

We provide specialised placements for deaf/blind people, and supported a social group for part of the past year. We have been involved in trials of a Braille machine that translates the Internet for those who are deaf/blind.

We know that people with a learning disability are more likely to experience problems with their vision. Our new 'Bridge to Vision' project began in earnest in 2012/13, which promotes eye tests for people with a learning disability as part of their health action plan, and provides details of optometrists with specialist training. Some 530 people have a health action plan, which should include an eye test every two years. By the end of 2012/13 120 people had had eye tests as part of the project, meaning we are half way to the 275 that should be seen every year.

We have supported the establishment of a local association of visually impaired people, which has not been present locally in the past. It began operating at the end of 2012/13, having planned its formal launch for May 2013. East London Vision (ELVis) has also developed as an 'umbrella' body to support such local societies.

Over the coming year, we will look to implement the proposals that went before our Shadow Health & Wellbeing Board in December 2012, for the development of low vision services. There are an estimated 1,740 people with low visual acuity, for whom there are currently standalone services provided. These can work very well for those who have lived with low vision for a long time, but for those newly diagnosed and coming to terms with their sight loss, a service that is delivered through high street opticians as an 'enhanced service' can be more approachable and help people to adjust. It would be closely aligned with the Council's Sensory Rehabilitation Workers, and be more closely aligned to the standard eye care pathway. It has been successful in Wales, and is supported by the Government's vision for eye health services.

We have also heard from people who use British Sign Language (BSL) that services can be difficult to access. Last April, Action on Hearing Loss (previously RNID) carried out a survey of the experiences of BSL (British Sign Language) users when accessing healthcare. The findings, based on responses from 305 people, included that 68% had specifically requested a BSL interpreter for a GP appointment but did not get one, and 66% for a hospital appointment. 41% had left a health appointment feeling confused about their medical condition, because they did not understand the interpreter. We know as well, that access to Council services can be as difficult. We have therefore invested in 'Sign Translate' and will be starting its use in the coming year. This allows for connection over the Internet to a translator who will interpret what the health or other professional says into BSL for the service user to watch. We hope that this will improve the access of deaf people to our mainstream services.

Learning disabilities

National prevalence data indicates that approximately 9,300 of our 185,911 population in Barking and Dagenham have some form of a learning disability, though not all will require social care support. 620 people with learning disabilities are currently known to the Community Learning Disability Team, of which 344 residents with learning disabilities receive structured services.

Fulfilling Lives

In 2012/13 we consulted with service users, carers and key partners on the service provision currently available to people with learning disabilities, culminating in a big consultation event.

Through our consultation we learnt that:

- young people approaching adulthood had reservations about accessing in-house services as there was a perception that the service failed to match their aspirations;
- all service users told us of a continued aspiration to move-on, find work and do more in their community, but more work based learning was needed;
- Service users need more community focussed support and an offer of meaningful activities at both evenings and weekends;
- Our ageing service users (60+), many of whom have attended our services for 20 years or more, would like to 'retire' from their learning disability day service but would still like things to do during the day;
- Family carers consider that our current in-house day services are safe, trusted and provide valuable respite but there is also a lack of choice in alternatives;
- Both service users and family carers expressed their dissatisfaction with the current transport arrangements due to the operating times limiting opportunities;
- Our middle aged/older service users and their carers felt there was not enough person-centred planning, not enough weekend activities and that personal budgets focus on younger people only.

In response we set out a vision for the improvement of learning disability services. We have called this programme Fulfilling Lives and it will review how we deliver services for people with Learning Disabilities. The Fulfilling Lives is therefore that people with a learning disability and their families will be supported to:

- live independently in the community, in their own home where this is possible;
- be able to live in safety without fear of crime and discrimination;
- be able to travel independently and enjoy the facilities the borough has to offer;
- be supported to access a wide range of mainstream activities, including leisure opportunities;
- have access to appropriate training and support which will lead to employment and volunteering opportunities, including micro-enterprise;
- access good quality and appropriate health care at all stages of their life course;
- receive care as close to home as possible, where they have complex needs and require specialist services.

We would also like to improve the take-up of direct payments for people who have a learning disability, which stood at only 109 service users in 2012/13. This number is lower than expected, mainly because there is a limited choice on offer of activities and resources available to help people with learning disabilities achieve their aspirations.

Delivering this vision is a long-term ambition and will require a number of step changes in the way services are currently configured and delivered, all within the context of the Council having less money. It is envisaged that the programme will run over the next 3 – 5 years and the feedback from the first year of implementation will be included in the 2013/14 Local Account.

Winterbourne View

In May 2011, the BBC broadcast a Panorama programme about the scandal in Winterbourne View Hospital in Gloucestershire, which showed a pattern of serious abuse inflicted on the people with learning disabilities and autism who stayed at the hospital. In December 2012 the government published its final report into the events at Winterbourne View Hospital, highlighting routine abuse of patients, poor management of the hospital, missed warning signs and weaknesses in the whole system's ability to hold the leaders of care organisations to account. The report also importantly highlighted that too many people with learning disabilities, particularly those with complex and challenging needs, were receiving care and treatment in closed institutions often far from home.

The Government's response to the Winterbourne View scandal included a programme of action resulting in the 'Winterbourne View Concordat', which has been signed by statutory and non-statutory agencies. The Concordat sets out a local programme of action which Barking and Dagenham's agencies are implementing, having spent considerable time during 2012/13 working together to understand the implications of this shocking case for our own local services.

Day support, training and employment

With the exception of relatively small numbers of people, who use highly specialist services provided in the independent sector, which they fund through a personal budget, most day provision for people with learning disabilities is currently delivered through traditional day centre activity based at the Maples Resource Centre and Heathlands provided by the Council, and at the Osborne Partnership, an independent sector organisation, part funded by the Council.

During 2012/13 the Council's facilities at Maples and Heathlands were redecorated and refurbished, in order to modernise the environment, making it less institutional and more appealing, particularly to our younger service users. Heathlands retained their autism 'excellence' accreditation from the National Autistic Society.

Residential and nursing care

In 2012/13 we remodelled our block commissioning contracts for residential care homes to a supported living model, enabling service users with a learning disability to have more choice in where and how they live. We have also made important changes to our residential care home at 80 Gascoigne Road, nearing completion, to transform it from a bungalow type structure with 12 bedrooms, to two separate units. One unit will remain as a 'traditional' style residential care home for those residents who have been living in residential care for a significant amount of time and do not wish to change. This unit will be modernised with each of the bedrooms having en suite shower facilities. The second unit will be refurbished to promote independence, with facilities such as a large lounge diner and kitchen which will enable individuals to learn skills such as cooking, shopping and budgeting. A CQC Inspection Report published in January 2013 showed that the home met every standard it was evaluated on, and particularly praised the job that staff had done to prepare residents and their relatives for the changes as they approached, ensuring that they experienced minimum disruption whilst the works were being carried out.

As well as finishing works at 80 Gascoigne Road, in 2013/14 we will be actively developing new approaches for accommodation, with further shifts towards supported living and renting in the private housing market, as well as projects which would allow people to move into home ownership and buy (at least a part of) their own home.

Employment

In a period when unemployment is a serious problem for many of our residents, people with learning disabilities are going to find it even harder to find and keep work. Less than 5% people with a learning disability known to the Council are in some form of employment and the benefit reforms and the Government's Work Programme may see more people with learning disabilities deemed fit for work and this will put additional pressure on the Council to assist them.

In response to this, the Council has begun to work on the employment opportunities available for people with learning disabilities and helping individuals to gain more skills and experience which they could take into the world of work. As part of this commitment to opening up employment opportunities for people with learning disabilities, the new café, Relish@BLC, opened in March 2013 in association with the Maples Resource Centre. The café provides an excellent opportunity for adults with learning disabilities to gain the work experience and interaction with the local public that they need to take into further employment opportunities. More opportunities like Relish need to be provided to give people with learning disabilities the accredited vocational qualifications and support they need to enter the workplace and test out skills they have learned in a supported environment. We will be looking to develop these opportunities in 2013/14, particularly as part of the Fulfilling Lives programme.

The Council has also commissioned an organisation called Community Catalysts to support the set up and sustainability of 'micro-enterprises' in the borough. These are small organisations, typically with five employees or less, who wish to work with adults with social care needs, or they are adults with social care needs who wish to set up a small social care business.

Improving the health of people with learning disabilities

People with learning disabilities often have complex health needs and may have difficulty communicating and explaining what is wrong. The 'Health Facilitation' programme gives people with learning disabilities the help they need to access mainstream health services, including eye tests, dental care, primary care and hospital services, working closely with GPs and GP Practices. The Community Learning Disability Team (CLDT) works with service users, carers and health providers to create individual Health Action Plans (HAPs) to ensure that the health needs of individuals with learning disabilities are being addressed. The number of people with learning disabilities with reviewed HAPs has increased from 68% in 2011/12 to 86% 2012/13.

Since introducing a training programme for professionals, the team have seen an increase in the numbers of GPs carrying out annual health checks for people with learning disabilities. This is, however, an area that continues to need improvement. A new goal for 2013/14 will be to expand the links between Health Facilitation and support for emotional health problems (called 'Improving Access to Psychological Therapies', or IAPT), so that people with learning disabilities can get the emotional support that they need as well as support for their physical health needs.

Becoming an adult

In 2013/14 we will be focusing on improving our Transitions pathway - helping our young people with a learning disability with the transition to adult life. We currently have 48 young people with a learning disability who are aged 14 – 17 and are in receipt of social care funded support packages and are likely to require support as adults. We have also seen a large increase in the number of people reaching adulthood and so moving from Children's Services to Adult Social Care in the last few years, with 43% of our current learning disability population aged 18-34. We therefore need to focus on whether the services that we provide to younger people are the right services and that the information that we give to parents/young people on the Transitions pathway is high quality, useful and ensures that families feel supported through the process.

Support for people with complex needs

For those with complex and multiple problems, the Council provides a service that is designed to provide them with the different elements of support that they need. Some people have a number of problems that don't fit neatly into any one category, and if they need intensive support to remain independent then the Complex Needs team may be involved. This can also include those who are difficult to engage into services, and who challenge services by their behaviour. In 2012/13 the service took on the work previously undertaken by the separate Substance Misuse social care team.

The link with substance misuse is in recognition of the effect that long-term use of drugs and alcohol can have in prompting a wider range of problems, including mental health, physical disability and cognitive impairment. The service involves social workers, in-house personal assistants and specialist drug and alcohol services working together. Service users, in addition to getting their case assessed and overseen by a social worker, have direct input from community support workers.

The Complex Needs Unit were involved with 247 clients in 2012/13, compared to 135 in 2011/12, this increase coinciding with the team taking over the work on substance misuse. 35 service users have a primary social care need around mental health, 30 have learning disabilities, and 49 are considered to have primary needs around physical and/or sensory disabilities.

As well as substance misuse services, the team also co-ordinates the social care needs of those who have suffered severe head injuries. Whilst this may involve small numbers of people, the support that they need to adapt to physical or other disabilities can be considerable, and require intensive levels of intervention. The team also supports those who are at risk of serious self-neglect and, whilst they may have the capacity to make decisions about their lives, nonetheless they need a level of assertive intervention, and the service attempts to work in a more proactive way, rather than reacting when things go wrong. The throughput of this service is slower because of the complexity of the care needs.

Along with other services, there is a need to do what we can to make these services more personalised, even though in some cases the 'assertive' nature of the service makes personalisation particularly difficult. We also need to improve the use of feedback from service users, again despite the difficulty in some circumstances. The team has considerable liaison with the Safeguarding Adults team, as well as multi-agency case management services such as the Multi-Agency Public Protection Arrangements for high-risk offenders.

Safeguarding

A separate Annual Report for the Safeguarding Adults Board provides more detail on the year's work to safeguard vulnerable adults from abuse. In the Local Account we have only provided an overview of this important area of work.

The Safeguarding Adults Board annual report is available in the papers of the Health & Wellbeing Board for 17 September 2013. [link to follow]

The Partnership has had another successful year, against a backdrop of a lot of change, particularly for our health partners with whom we have continued to engage effectively. As part of these changes, the Council has taken on the administration of Deprivation of Liberty Safeguards (DoLS) for the health sector as well as other care settings. The reports into the issues that emerged from both Winterbourne View and Stafford Hospital (the Francis Report) were published in the year, and comprehensive and robust responses were made by the borough's health and social care leaders.

Overall, the borough continued to see increase in alerts, which is likely to be the result of training, local publicity and the media coverage of Winterbourne View and Mid-Staffordshire NHS Trust. 1,369 adults safeguarding alerts were received in the 2012/13 financial year, a 22% increase compared to the 1,119 in the previous year. Barking and Dagenham progressed a lower proportion of these alerts to the full, completed investigation than the rest of our group of 'similar' boroughs. However, of those that did go through to investigation, 86.7% of Barking and Dagenham's completed referrals were either substantiated or partly substantiated, compared to just 40% for our 'similar' borough group. This suggests that decision-making on progression to investigation is robust.

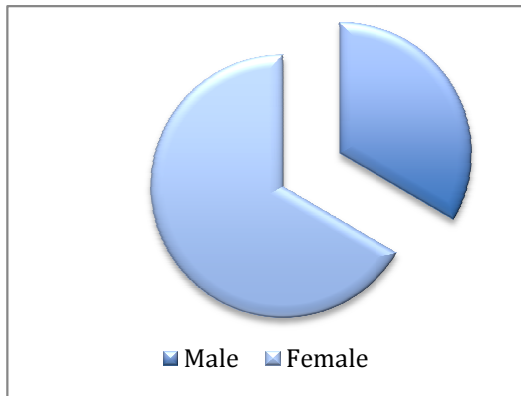
Of the 1,369 alerts 552 were for vulnerable people aged 18-64, 149 for people aged 65-74, 249 for people aged 75-84 and the remaining 389 were aged 85 or over. Further analysis and breakdown of the alerts and investigations can be found in the Safeguarding Adults Board Annual Report.

Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards (DoLS) are the arrangements which were put in place as part of the Mental Capacity Act. They aim to ensure that care homes and hospitals do not unlawfully restrict the choices of people who lack the mental capacity to consent to decisions. In 2012/13, the Council took on the administration of DoLS for the health sector as well as other care settings. Between April 2012 and March 2013 the Borough received 25 applications for deprivation of liberty authorisations. Of these cases 15 were authorised and 10 were not authorised.

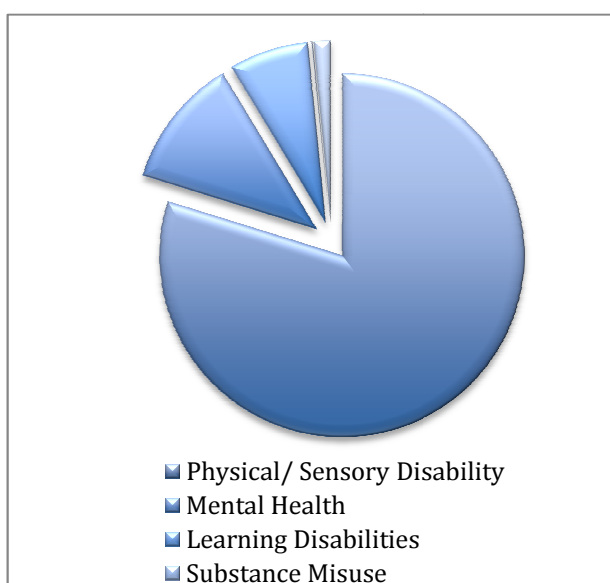
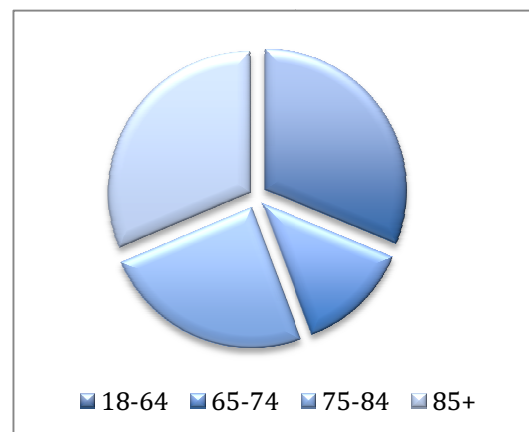
Summarising our performance

- Throughout the 2012/13 financial year Adult Social Care within the London Borough of Barking and Dagenham provided services to 4,889 people. The graphs below illustrate the gender, age and client type breakdowns of these clients



- Of the 4,889 clients in receipt of services 66.6% (3,255 people) were female and 33.4% (1,634 people) were male.

- Clients aged 85 and over equated to 31.4% of all those receiving services in the year
- Collectively older people (clients aged 65 and over) make up 68.8% of all clients



- 79.8% of service users were receiving services from adult social care due to physical and/or sensory disabilities - this would include many of the older people referred to above.
- Mental health service users were the second most prominent client group in 2011/12, making up 11.6% of all clients.
- 7% of clients in the year were primarily receiving services for a learning disability.

Direct payments and self-directed support

- In 2012/13, 923 of our adult social care service users were in receipt of a direct payment. When this is converted to a 'per 100,000 population' figure, it equates to 695, which places Barking and Dagenham in the top 3 boroughs in London.
- 2,015 of Barking and Dagenham's Adult Social Care clients were in receipt of 'self-directed support', when converted to a per 100,000 figure this became 1,515, above the London average of 1,455 and the England Average of 1,460. Self-directed support includes managed personal budgets, where the care package is converted into an amount of money, like a direct payment, but continues to be managed by the Council on the service user's behalf.

Assessment and reviews

- In line with providing clients with a more personalised service and promoting independence, the provision of direct payments is increasing. This shift in services means that the reviewing of services provided by adult social care has become even more vital. In the 2011/12 financial year 3,450, or 70.6%, of the 4,889 clients who were in receipt of services received a review.
- 999 new clients received an assessment for services throughout the year. Only 14.8% of these assessments found that the service user did not need services.

One issue discovered when submitting the 2012/13 end of year statutory performance returns was that Barking and Dagenham's Adult Social Care have a large number of long standing cases recorded as being open. Further investigation showed that a large majority of these cases were for clients who were in receipt of a large piece of equipment which need to be regularly monitored and reviewed. Work is planned for the 2013/14 financial year to carry out a review of these long standing cases with an aim to remove from the monitoring statistics any in which the equipment is no longer in use.

The leisure offer to older people

- As at the 31st March 2013, 6,278 people had an active Council leisure centre membership. One area which continues to grow is the Borough's 60+ membership scheme, which had 3,245 members on the 31st March 2013, this is a steady increase compared to the 2,888 recorded in May 2012.
- 1,101,565 visits were made to the borough's leisure centres in 2012/13, this is a 10.9% increase compared to the 993,039 in 2011/12. Within this figure, visits by residents aged 60 and over have also increased from 47,972 in 2011/12 to 60,217 in 2012/13.

Other sources of information

We are providing information posters with our key performance information in a more graphical and engaging form. Contact us, or check the webpages on the Council website, for more details and to obtain a copy.

What our service users and carers told us

Each year we are required to do send a survey to recipients of our services. As a new measure, we are also required to send undertake a survey every two years of our carers. Whilst using these measures provides some indication of the quality of services and the views of those who use them, we recognise that the 'voice' of service users is still not sufficiently powerful within the Local Account. Working with our new partners at Healthwatch, this is a priority for us to address for 2013/14.

Views of service users

791 questionnaires were sent out, and 353 were returned, giving a reasonable response rate of 45%.

53.8% of Barking & Dagenham service users feel that their quality of life is good or very good, an improvement on 49.3% in 2011/12. 73.6% of respondents felt that they have control over their daily life, again an increase on last year's figure (of 67%).

Only 52.1% of respondents found that information was easy to find, a figure which indicates the need for considerable work over the coming year, given the new duties that are likely to come into effect for the provision of comprehensive information and advice.

56.4% of service users report feeling 'as safe as they would like', on a par with London but lower than England averages. However, 75.3% say that the services they receive make them feel safe. This disparity perhaps indicates that there is something for the Community Safety Partnership to consider as part of its routine work on improving wider perceptions of safety in the Borough.

The views of carers

222 carers were sent a questionnaire, and a total of 105 responded (47%). This doesn't provide a statistically significant sample for the borough, which is because of some problems with recording information on the social care information systems. We will be addressing this in the coming year, to ensure that 2014's survey is more robust. We are also considering undertaking our own survey in 2013 to strengthen the data available to us and to ensure that we are keeping up a sustained improvement in services for carers.

However, overall carers in Barking & Dagenham rate their quality of life as 'average'. This is roughly on par with the group of our most similar boroughs, is slightly below the London average, and noticeably below the England average.

The satisfaction level of carers with the support they receive from agencies in Barking & Dagenham is average. 61.1% of Barking & Dagenham respondents indicated they were quite, very or extremely satisfied with the support services received, compared to an England average of 64.6% and an average for our group of 'similar boroughs' of 60.6%. However, within this Barking & Dagenham have a noticeably high proportion of carers who are extremely satisfied with the support services received, at 17.5%, compared to the most similar boroughs group (at 9.2%), London (at 9.3%) and England (at 13.2%).

However, Barking and Dagenham has the highest proportion of carers who stated that they haven't received any support in the last 12 months, 6.5 percentage points higher than the group of most similar boroughs.

Complaints 2012/13

The Adult Social Care Complaints and Information Team dealt with a wide variety of complaints, compliments, feedback, enquiries and Freedom of Information requests last year. The Council must abide by statutory regulation governing how it responds to complaints made about its social care services.

A total of 69 complaints were investigated under the statutory system between April 2012 and March 2013. Eight of these complaints were made about the Council's contracted provider organisations. Out of the 69 complaints that were received, 62 (90%) of complaints were responded to within the 20 day period.

4,889 people in Barking and Dagenham received a service from Adult Social Care or our Providers in 2012/13. The number of complaints received as a percentage of the number of total people who receive services last year was 1.4%. This is a very low figure for the number of people receiving services. Service user satisfaction surveys continue to suggest a good level of satisfaction with the services provided, and this low complaints figure would seem, on the face of it, to back this up. However, we recognise the importance of not being complacent, and will continue to raise the profile of the complaints procedures in 2013/14.

The number of complaints received has reduced by 41 complaints or 37% from the 2011/12 financial year. Customers saw considerable changes in 2011/12 in both the structure and delivery of the service and in the charging policies in place, principally the introduction of the Fairer Charging Policy. It is thought that the number of complaints received in 2012/13 may have reduced from the previous year because residents are more used to the changes within Adult Social Care services and have come to accept the Fairer Charging Policy. Staff within Adult Social Care have also carried out a great deal of work to communicate and explain changes to residents. The provision of better information to residents on the financial assessment process in 2012/13 was a recommendation that was taken forward following our last review of the complaints received by Adult Social Care in 2011/12.

Nature of Complaints

The nature of the complaints that we received last year (including those received about our Providers) can be broken down into the following categories:

- The majority of complaints, 21 out of the 69 that we received, were regarding issues to do with the **delivery or the quality of services** provided by the Council or our contracted Provider organisations;
- 18 of the complaints were **challenges to decisions** that had been made, e.g. the outcome of an initial assessment;
- 13 of the complaints were challenges to decisions, but specifically focused on **financial contributions and charging**;
- 11 complaints were made about **members of staff**;
- 6 complaints were classified as **'other'** issues. This included delays in receiving documents and decisions or disputes regarding reductions in service after reviews/assessments.

Out of the complaints that were received about our Provider organisations, all eight complaints received were regarding the delivery or quality of services.

Outcomes

When a social care complaint investigation is completed, an outcome is given to the complainant regarding the nature of their complaint. The following table outlines the outcomes that were given in 2012/13:

Outcome	Number of complaints
Justified	13
Partially justified	21
Unjustified	27
Withdrawn	1
Resolved with complainant satisfied	6
Sent to another organisation/authority	1

Out of the 13 complaints that were found to be 'justified', the following are a selection of the actions or recommendations that arose:

- Administrative actions, such as the re-sending or revision of paperwork;
- Revisiting and revising service users' assessments, and amending decisions about the services that were offered, the desired use of a personal budget by the service user, or the provision of medical equipment;
- Revisiting or planning adaptations to service users' homes, based on further information and review of the cases;
- Issues addressed with staff, both from the Council and independent providers, around supervision, timeliness, recording, communication, availability or training issues.

Out of the 27 complaints that were found to be 'unjustified', the findings of the complaints investigations can be summarised into the following themes:

Theme of unjustified complaint	Number of complaints
Challenges to decisions where services were either reduced or not eligible - not upheld	10
Challenges to charges/waivers - not upheld	8
Challenges that the quality of service was poor or that a service was not delivered as agreed - not upheld	6
Allegations of problems with members or staff or that there were issues to do with communication - not upheld	3

Local Government Ombudsman

If a service user or their family is not happy with the outcome of a complaint investigated by the Council, the complainant can contact the Local Government Ombudsman (LGO) who will review

the nature of the complaint, the response from the Council and conduct their own investigations where required. The LGO is a free, independent service available to all residents, regardless of who pays for their care.

Last year, Adult Social Care was subject to six LGO investigations, two more than 2011/12. The Council was not found guilty of 'maladministration' in any of the cases referred, and four of the complaints were closed by the LGO with the findings of:

- Two cases were closed with the finding that there was no case to be investigated;
- Two cases investigated by the LGO found that the Council had acted appropriately and that there was no further action to be taken by the Council.

In the remaining two cases, the LGO found the following:

- The Council was at fault in one of the cases and was instructed to pay £200 compensation, modify our financial assessment process and assure that financial assessment assessors were given re-training;
- In the second case, the Council were instructed to reduce the care fees that were outstanding for one service user.

Whilst these were important remedies for the individual complainants, on the whole, Adult Social Care continue to manage their business without external direction with regard to matters being brought before the Ombudsman. Adult Social Care continue to maintain their record with the LGO of no cases of maladministration since 1998, and will continue to respond proactively to the initial stages of any complaint as part of an overall excellent customer service experience for all of our residents.

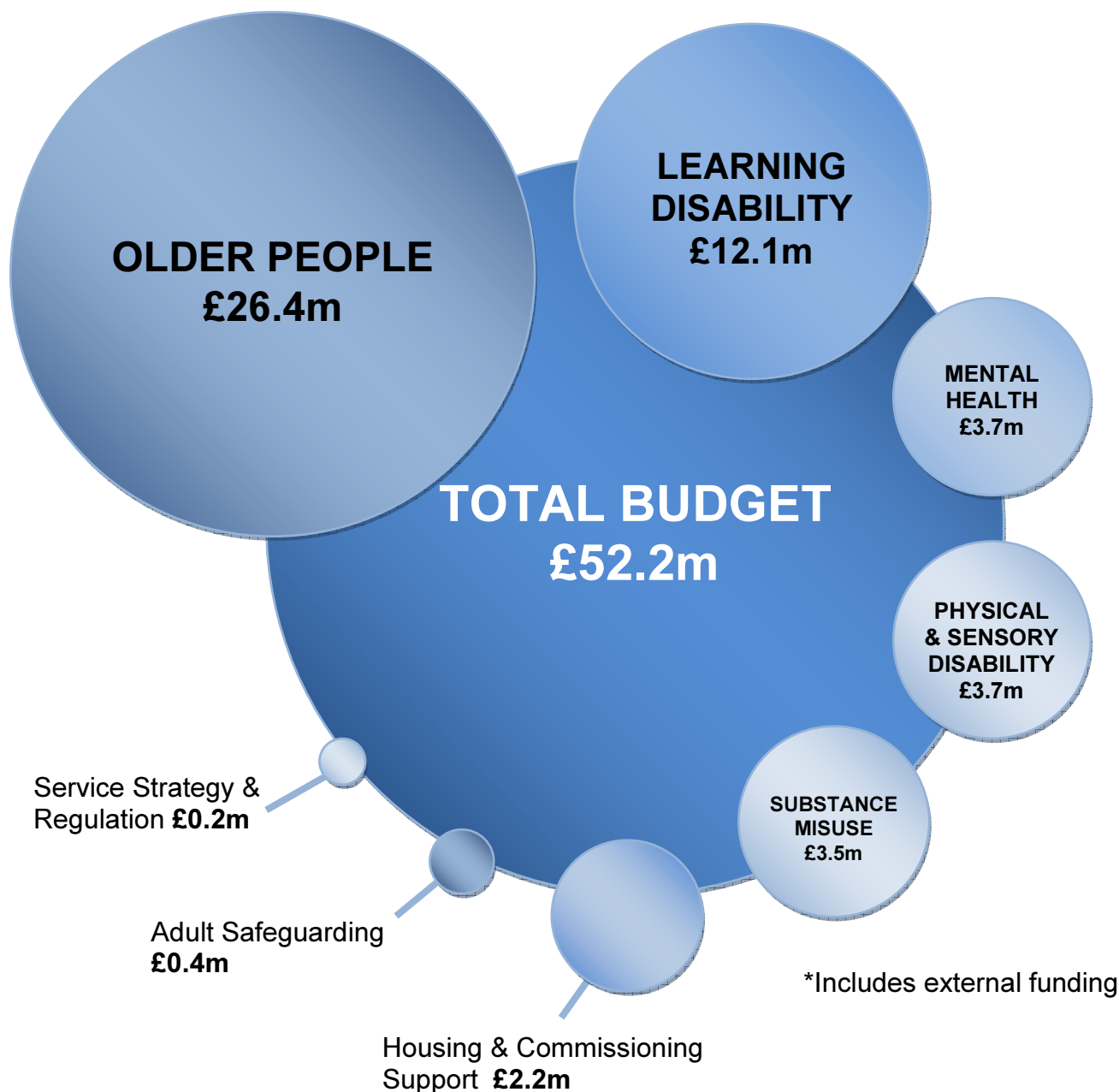
Other Activity

As well as Social Care complaints, the team also handled a variety of requests, including enquiries from MPs and Councillors, compliments, Data Protection and Freedom of Information for the whole of the Adult and Community Services Department in the Council. This included 67 compliments received last year about Adult Social Care, about members of staff, services that had been put in place, and equipment that had been installed.

What we want to achieve in 2013/14

We will be ensuring that we are proactive in getting feedback from complainants to ensure that satisfaction with the complaints process remains high. We will also be reviewing the information in our leaflets, ensuring that hard-copies of these leaflets are available in all Council and Partner facilities and that an online form is available on our planned new Social Care website.

Finance 2012/13



In 2012/13 the Council received £723 million in gross funding. The majority of this money is provided to the Council specifically to be spent on schools and housing. Of the remaining £173.3m, the Adult Social Care budget was £52.2 million. The diagram shows how our funding is distributed in Adult Social Care service areas.

The Council is still under considerable financial constraints following the last Comprehensive Spending Review, which announced spending cuts of 28-30% over the four year period between 2011/12 to 2014/15. Due to the constraints on funding the Council had to make a number of very challenging decisions to deliver its priorities within a significantly reduced funding settlement.

In 2012/13 approved savings of £2.2 million were achieved within Adult Social Care services and in 2013/14 approved savings of £1.7 million are built into the social care budget. These financial challenges are significant and the Council and Adult Social Care managers remain committed to providing a safe and high quality service within the limited resources available.

Contacting us with your feedback

As we have said through this Local Account, we want to hear from you about what you think of the services we provide.

If you want to give us your views on the services we provide you can contact the Business Services Unit in Adult and Community Services.

Contact details

Address: Business Services Unit
Adults & Community Services
Room 218, Barking Town Hall
1 Town Square
Barking
Essex, IG11 7LU

Phone: 0208 227 2155

Email: adultsocialcarecomplaints@lbbd.gov.uk