

# Chapter 8:

## Local services

### Health services

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#### Knowledge and use of health services

##### 2010 update

Familiarity with the services offered by pharmacists, GPs, A&E, the Homerton Hospital and NHS Direct has grown consistently over the past four years. However large numbers of local people say they know little or nothing about the services offered by other specialist providers such as opticians and dentists

In 2006, 2009 and 2010, NHS City and Hackney commissioned surveys of the local population to assess their knowledge of, and satisfaction with, local services. In each year, respondents were asked how much they knew about the services provided by chemists, GPs, the Homerton Hospital, A&E departments and walk-in centres, opticians, dentists, mental health services and NHS Direct. These surveys were conducted with a representative sample from Hackney and the City but there are no disaggregated results for the two localities.

Figure 8.1 illustrates how many people in each year said they knew 'a fair amount' or 'a great deal' about the services offered by these providers<sup>229</sup>. The other possible responses were 'never heard of it', 'heard of only' and 'not very much', all of which indicate a low likelihood to access a service because of a lack of knowledge about what is offered.

Figure 8.1 reveals that the four services that are most well known – the chemist, GP, hospital and A&E department – are also the four services for which familiarity increases over the four year period. Familiarity with NHS Direct also increased over this period. This may reflect wider use of these services and so growing familiarity with the range of services offered.

Knowledge of the services offered by the other providers, including opticians and dentists, is stable. Large numbers of local people say they know very little about the services offered by these key primary care providers.

Figure 8.2 illustrates the actual use of these services by respondents. As we would expect, the pattern is similar to Figure 8.1 – the more a service is used the better it is known and vice versa – though there are some differences. In particular, although a majority of people are familiar with the services provided by A&E departments, less than a third actually use one in any given 12 month period.

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<sup>229</sup> Ipsos MORI: *Residents' views of health services 2010, NHS City and Hackney, 2010*

Levels of use of all services have remained fairly stable over the four year period, with walk-in centres showing a consistent year-on-year increase. However, the Liverpool Street walk-in centre has since closed.

Figure 8.1. Familiarity with local health services among people in Hackney and the City

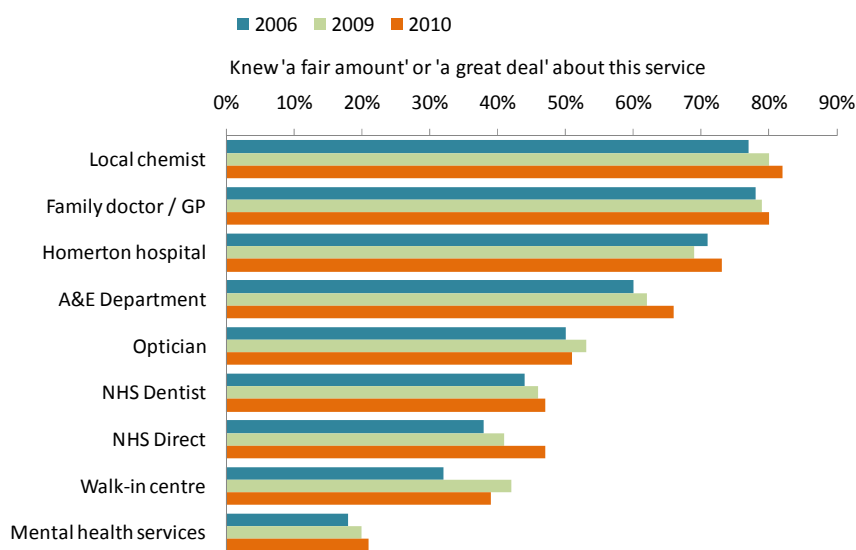
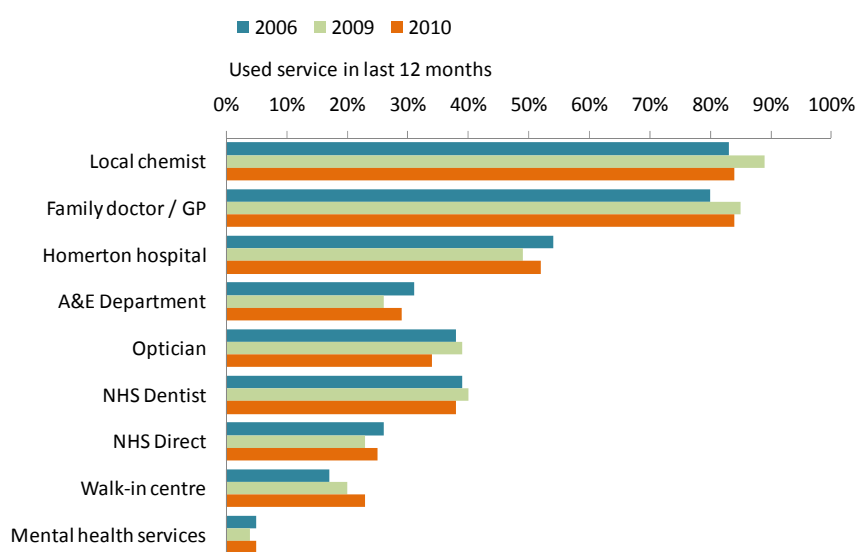


Figure 8.2. Use of local services in last 12 months by people in Hackney and the City



### Health services and health promotion in the Orthodox Jewish (Charedi) community

A needs assessment of the Orthodox Jewish (Charedi) community in Hackney<sup>230</sup> found high awareness of services such as dentists (98%), pharmacists (97%), GPs/health centres (97%), opticians (96%) and Accident and Emergency (93%). There was lower awareness of services such as dieticians (45%), mental health services (42%), learning disability services (37%) and patient advice and liaison services (19%).

Use of key local services was comparable to, or greater than, the general population. Over the previous 12 months, 84% of participants in the needs assessment had used a GP/health centre, 82% had used a

<sup>230</sup> The Charlotte Street Agency: Stamford Hill Charedi Community Health and Wellbeing Needs Assessment for NHS City and Hackney, 2011

pharmacist, 80% had used a dentist, 64% had used an optician and 41% had used Accident and Emergency services. Only 1% had used mental health services.

Most participants were aware of the established network of Jewish health community services in the area: 96% Hazola (emergency/ambulance), 91% Bikur Cholim D'Satmar (family and domestic support services), and 66% Chizuk (emotional/mental stress). In the past 12 months 44% had used Hazola, 16% Bikur Cholim and 5% Chizuk.

Local organizations working within the Charedli community also report high levels of use of primary care services<sup>231</sup>. However, a distinction is drawn between reacting to health problems and preventing them. Charedi people are generally quick to react to health problems but are less good at prevention, and participate very poorly in health promotion and prevention activities. This can be seen in:

- GP practices servicing the Charedi community report poorer levels of screening for breast, cervical and other cancers.
- Poorer levels of physical activity (see page 00)
- Lower levels of childhood immunisations (resulting in outbreaks of measles and mumps in recent years)
- Poorer oral health.
- Poor participation in group-based re-ablement sessions targeting victims of stroke and heart attacks.

## Satisfaction with health services

### 2010 update

General satisfaction with local health services reached a four year high in 2010. The services that are used most often, particularly GPs and pharmacists, tend to have the highest levels of user satisfaction

Over the four years from 2006 to 2010 general satisfaction with the local health service improved significantly by 11 percentage points from 65% in 2006 to 76% in 2010. The result for 2010 is comparable to the national result in 2009 (77%)<sup>232</sup> (Figure 8.3).

When asked in 2010 if NHS services in the local area had got better or worse 'over the past few years', far more people – 38% - said they had got better than said service had got worse (11%) (Figure 8.4).

Figure 8.5 shows the levels of overall satisfaction with specific local services, among those who actually used those services. The highest levels of satisfaction are accorded to the service which are most often used – pharmacists, GPs and the Homerton Hospital. Levels of satisfaction have changed little over this period, except for reductions in satisfaction with dentists and opticians compared to the 2006 baseline.

<sup>231</sup> Submission to Health and Wellbeing Profile by The Interlink Foundation, 2011

<sup>232</sup> Tracker on Public Perceptions of the NHS and Social Care, 2009

Figure 8.3. Overall satisfaction with NHS services in the area where you live

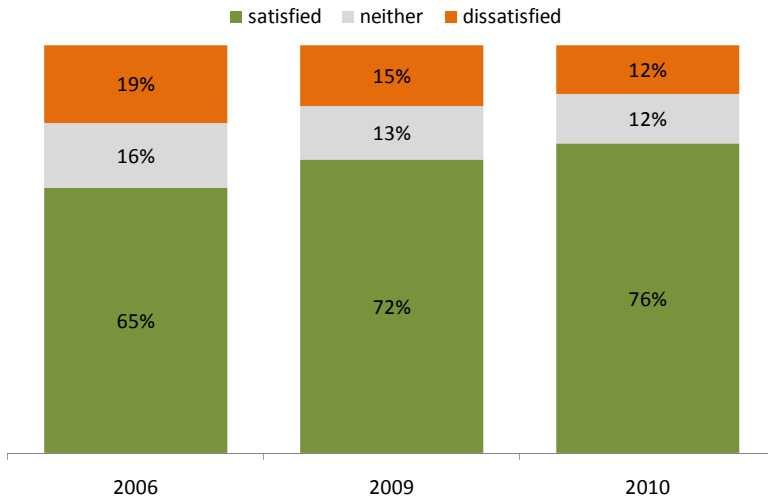


Figure 8.4. Opinion of changes to health services over past few years, 2010

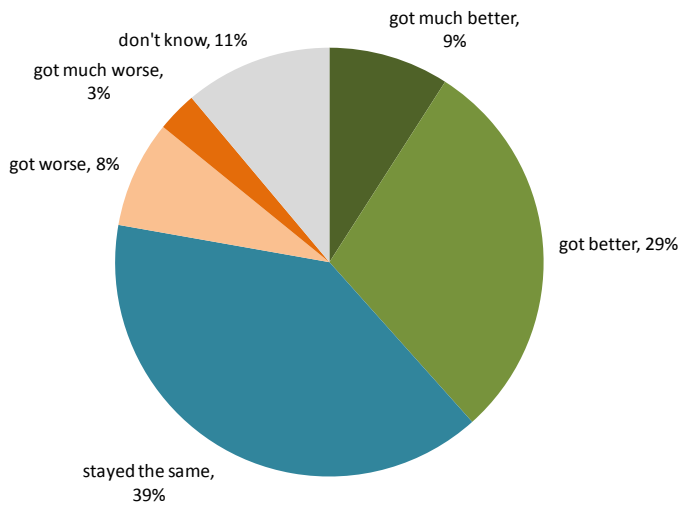
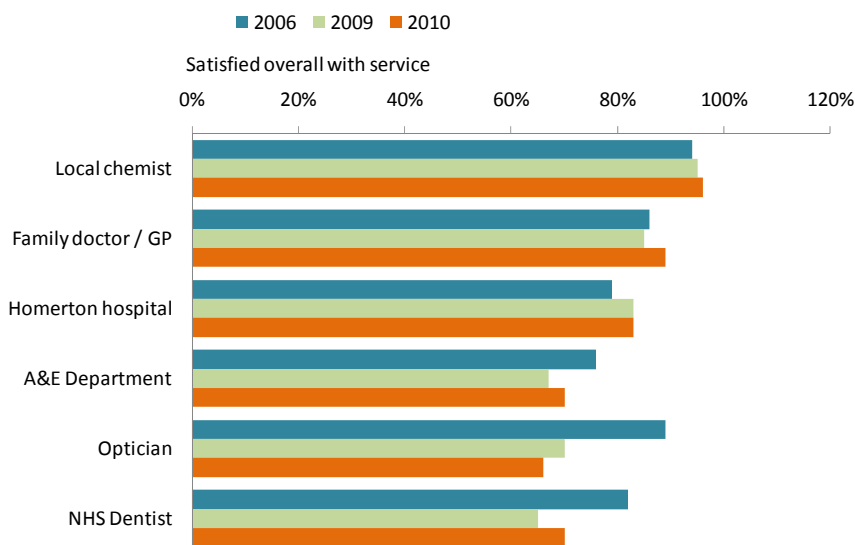


Figure 8.5. Satisfaction with local health services among users of those services



## The views of refugees living in Hackney

Overall, the refugees interviewed appeared to feel more strongly about health services than other groups. Some were very satisfied and appreciated NHS City and Hackney's efforts to reach out to them. They had suggestions for improvement, but seemed generally content, especially when they compared the NHS to the health system in other countries.

Others expressed high levels of dissatisfaction (which was not always backed up by personal experience) and felt that much more effort was required in making the health service satisfactory and inclusive. This may reflect that some in the group had very high expectations of health services in the UK, whereas others appeared to be grateful for any service they received.

*"In general, the NHS service is not bad at all. If I compare with another country, for example the country I am from, there is a big difference. But because we are talking about NHS here in London, in UK, so overall the service is good, [but there are] some areas to improve [...] for example the appointment system." (Male, refugee)*

Most of the challenges that this particular group mentioned were similar to those faced by other migrant groups and were not specific to refugees. The biggest issue appeared to be understanding how the health system works. Having not grown up in this country, respondents simply do not know where and how to access the health services they need and some expected the system to be the same as in their country of origin. For example, some thought they would be able to see a specialist directly without GP referral, or that they could get medication from the chemist without prescription.

*"The NHS is a big, big machine, but us user[s], we don't know exactly how the NHS [is] working so we need some more information... from staff, from consultations, from different research, to be involved." (Male, refugee)*

*"Give information to people. They have to learn how the system works." (Female, refugee)*

Similarly to other minority groups, word-of-mouth from peers – who often have similar awareness levels – is a very important source of information for refugees. This can present a challenge as to get information across it needs to be imparted to the peer group network first. As an example of how strong the effects of word-of-mouth can be, one respondent, who did not speak English, had never visited a GP because his friends told him that this was not an efficient way of accessing health care. Instead, he used the A&E as an instant GP service, and now prefers to go to walk-in centres as he feels they are cleaner than hospitals.

*"[I] go straight to the hospital [I heard] that GPs are just useless. [...] The walk-in centres – not the GP because I don't know [them] – are better than the A&E, because you go there for an accident or emergency and they make you wait, wait, wait. You go to a walk-in centre and you wait for two, three hours, at least you get to be seen." (Male, refugee; with interpreter)*

A more general concern was the perception that the NHS seemed rather disjointed to the outsider, and that various health services need to work together more closely. It was thought, for instance, that the A&E and GPs could share personal information more effectively so that it would not need to be asked several times. Cleanliness was another minor concern that was brought up by several individuals.

Most refugee respondents were generally positive about the service they received from their GP, with some appearing very satisfied. As with other residents, those who were less happy felt that doctors did not give them enough attention. For instance, some mentioned that doctors do not spend sufficient time with a patient, cover only one issue per visit, do not examine them properly, and do not prescribe medicine other than aspirin or paracetamol. For some of the men in particular, their understanding of good medical care appeared connected to the provision of medicine. Given this link, one respondent suggested that GPs may need to explain further why they are not giving any medicine.

*"You can see your GP for only ten minutes. If you have more than one problem, you are only allowed to see them about only one of them." (Male, refugee)*

*"Here, [doctors] don't want to give medicine if [patients] don't need it. In this case, my people think they don't care about us. [Doctors should] explain why they don't give medicine." (Female, refugee)*

Reported waiting times were in line with other respondent groups and ranged from two or three days to two weeks. Respondents were frustrated at not being able to get through to the GPs surgery by phone, and sometimes struggled to make an appointment. Some who were keen to be seen immediately - even if there was no emergency situation - turned to the A&E as a readily available alternative.

Staff were generally thought to be friendly or, if not, to treat the respondents just as any other patient. However, there was a feeling among some respondents that GPs and mental health services at times generalise about the prevalence of conditions among certain groups. For instance, one respondent from Congo thought that patients from Africa were commonly suspected of carrying HIV/AIDS.

*"Improve HIV knowledge for the GP [...] If you come from a [certain] cultural background, the presumption is you probably have HIV." (Male, refugee)*

Some respondents thought that frontline staff were not culturally sensitive enough. While this was a general statement and not backed up by the respondents' personal experience, it is another example of the strength of word-of-mouth communication. Some requested services in languages other than English.

Another comment concerned the impact that communicating in the patient's language can have. One respondent alleged that English terms, such as 'TB', may be unknown to patients, but if he or she heard the term in his or her own language they would better understand the nature of their illness and take it more seriously.

*"When we call it tuberculosis, it's a scientific word. Many people will never understand that or they won't take it as serious as it is. But it has got a different name in Turkish, in Arabic [...] But when you say to them 'verem' in Turkish, they will take it seriously." (Male, refugee)*

Respondents used chemists to pick up medication and thought the service was quick, friendly and efficient. There were isolated concerns that there is insufficient late-opening at chemists, and some confusion that drugs they can buy over the counter in their country of origin are only available on prescription by a doctor.

Most complaints about A&E focussed on long waiting times. This was in part because of a misunderstanding of the purpose of A&E or a conscious misuse of the A&E service – with some using A&E as an out-of-hours GP service and expecting to be seen immediately, even if there was no emergency. However, one respondent alleged that the problem lay with the patients and thought that emergencies do get seen fast.

## Primary care

### General practice

#### 2010 update

The proportion of local people who are not registered with a GP remains at a stable 5%. Non-registration is more common among men and among younger age groups.

General practitioners (GPs) act as the gatekeepers to health services and are often the first point of contact for patients. Local GP surgeries offer a range of services including health advice and treatment, vaccinations and immunisations, contraception and maternity services. At the end of 2010 there were 44 GP practices in Hackney and the City (43 in Hackney and one in the City) with a registered population of 283,179 people<sup>233</sup>.

<sup>233</sup> City and Hackney Clinical Effectiveness Group

This is higher than the estimated resident population, in part because people who leave the area often stay on the GP register for some time.

The Neaman practice in the City had 8,795 registered patients at the end of 2010. However some City residents are registered with practices located outside the City. Within the City, GP services are also provided by NHS Tower Hamlets at the Portsoken Health and Community Centre, which has 48 registered patients<sup>234</sup>.

In local surveys of residents of Hackney and the City, a stable 4-5% of local people have said they are not registered with a GP over the last four years<sup>235</sup>. In 2010, 95% of all respondents said they were registered with a GP but there were important differences within this sample. In particular women were more likely to be registered (99%) than men (91%) and registration is more common among older age groups than younger age groups: 99% of those aged over 55 were registered compared to 92% of those aged 16-34.

According to the same survey, the great majority (89%) of people who use a local GP are satisfied overall with the service they receive. If and when people put off going to see their GP when they have a health problem, it is usually because of difficulty getting a suitable appointment or lack of personal time. There is some support for this from the key evaluation indicators used by the Care Quality Commission: one in five local people are not satisfied with the opening hours of local GPs and around a quarter were unable to get an appointment within two working days when they needed one (table 8.1)

Table 8.2 to 8.4 describe further selected measures from the national GP patient survey. Table 8.2 describes the reasons why people in Hackney and the City did not see a doctor in the past six months, as recorded by the national GP patient survey (which is sent to patients' homes). A significant minority of patients (7%) said they could not be seen at a convenient time and 4% said they did not like or trust the doctors. Twenty-nine percent said that it was easy to speak to a doctor on the phone (45% of those who had tried) (Table 8.3), and 87% said they were satisfied overall with the care they had received from their surgery (Table 8.4). The last of these measures is consistent with the local survey data on satisfaction with GPs.

Table 8.1. Key indicators of access to primary care (Care Quality Commission)

	Hackney and the City	Tower Hamlets	Newham
<b>Number of respondents who were able to get an appointment same day or in next 2 working days</b>	76.3%	75.6%	73.9%
<b>Number of respondents who were able to book an appointment with GP more than 2 full days in advance</b>	72.0%	76.8%	64.6%
<b>Number of respondents who report satisfaction with GP practice opening hours</b>	80.7%	83.0%	76.9%

Table 8.2. Reasons for not seeing a doctor in the past 6 months (Department of Health)

	Hackney and the City	England
<b>I haven't needed to see a doctor</b>	83%	89%
<b>I couldn't be seen at a convenient time</b>	7%	4%
<b>I couldn't get to the surgery easily</b>	2%	2%
<b>I don't like or trust the doctors</b>	4%	2%
<b>Another reason</b>	9%	5%

<sup>234</sup> City of London Corporation

<sup>235</sup> Ipsos MORI: *Residents' views of health services 2010, NHS City and Hackney, 2010*

Table 8.3. Ease of speaking to a doctor on the phone (Department of Health)

	Hackney and the City	England
Haven't tried	39%	44%
Very easy	12%	9%
Fairly easy	17%	16%
Not very easy	13%	10%
Not at all easy	11%	9%
Don't know	10%	12%

Table 8.4. Overall satisfaction with care received at surgery (Department of Health)

	Hackney and the City	England
Very satisfied	48%	54%
Fairly satisfied	39%	36%
Neither satisfied nor dissatisfied	7%	6%
Fairly dissatisfied	4%	3%
Very dissatisfied	2%	1%

## Dental services

### 2010 update

There has been an increase in the number of adults accessing dental services in Hackney and the City but the level of service use remains significantly lower than the averages for London and England.

Primary care dental services in Hackney and the City are mainly provided by independent contractors within the general dental service. In addition a directly provided Trust Dental Service hosted by NHS Tower Hamlets is responsible for providing care for people with special needs and undertaking epidemiological surveys.

Dental services in Hackney and the City comprise the following:

- 89 dentists working in 29 general dental practices
- three practices providing specialist orthodontic services in primary care
- Trust Dental Services working out of three fixed sites and a mobile dental unit
- urgent care services hosted by NHS Tower Hamlets and provided via a telephone triage, the Royal London Hospital and three general dental practices.
- hospital dental services mainly at Barts and the London and the Homerton provide specialist care for local residents

Forty percent of adults in City & Hackney access dental services compared 48% in London and 52% in England. Over the last 18 months from June 2009 to December 2010 adult access to dental service has increased by 3.5 percentage points.

## Pharmacy and prescribing

### 2010 update

The recent Pharmaceutical Needs Assessment judged the level of provision of pharmacy services in Hackney and the City to be sufficient to meet local needs. However many local people are unaware of the full range of services provided by community pharmacies.

Community pharmacy has had an important role to play in reducing health inequalities through increasing access to health information, prevention and screening services as well as signposting patients to other services and supporting them to take medications. There is a potential to expand services in pharmacy to meet local health needs.

There are 63 operational community pharmacies in Hackney and the City providing essential, advanced and local enhanced services to cover the needs of the local population. This includes 14 pharmacies in the City of London, reflecting the needs of the large working population.

Essential services include dispensing NHS prescriptions. Pharmacies in Hackney and the City dispensed an average of 3,794 prescription items per month<sup>236</sup>. This compares with a median of 6,340 in England. The low average rate of dispensing in Hackney and the City is due to the priority given to advice and retailing in the pharmacies in the City of London.

Advanced services include medicines use review which is particularly important for improving outcomes for patients with long-term conditions. Local enhanced services include the following:

- City and Hackney airways review and management service, which supports patients to better manage asthma and chronic obstructive pulmonary disease;
- Chlamydia screening and treatment services, targeting young people in particular;
- Minor ailments service;
- Weight management service, designed to improve access and choice to services that help people manage their diet and exercise and maintain a healthy weight;
- Emergency hormonal contraception service;
- Free-dom condom distribution service;
- Drug misuse services including needle exchange and supervised consumption;
- TB treatment supervision service, supporting people with TB to adhere to therapy;
- Seasonal flu vaccination service;
- Stop smoking service

There are 28 pharmacies per 100,000 population in Hackney and the City. This level of pharmacy provision is consistent with a primary care trust of this size and type<sup>237</sup>. Pharmacies are well distributed across Hackney, with all but one ward (Cazenove) having more than one pharmacy.

In a local survey of pharmacy use, almost all (94%) respondents said they found it easy to find a pharmacy with less than 1% finding this difficult<sup>238</sup>. Nine in 10 respondents (91%) said they were happy with the opening hours of their pharmacies but 9% had experienced problems in the last 12 months accessing pharmacy services. Three quarters (76%) of patients who had a prescription dispensed on their last visit to a pharmacy rated their experience as good, very good or excellent.

The survey revealed that many local people are not aware of the full range of services provided by pharmacies:

- 37% of respondents were aware that pharmacies could provide a medication review service and 20% had used this service in the past
- 11% of respondents were aware that pharmacies provide Chlamydia screening services

<sup>236</sup> NHS Information Centre, referenced in Pharmaceutical Needs Assessment, 2011

<sup>237</sup> NHS City and Hackney: Pharmaceutical Needs Assessment (draft), January 2011

<sup>238</sup> Local survey undertaken to inform Pharmaceutical Needs Assessment, 2011

- 25% of respondents were aware that pharmacies provided an NHS minor ailments service and 11% had used this service in the past
- 31% of respondents were aware that pharmacies provided a weight management service and 5% had used the service in the past
- 41% of respondents were aware that pharmacies provided the emergency hormonal contraception service and 16% had used it in the past
- 13% of respondents were aware that pharmacies provided a condom supply service through the NHS and 2% had used it in the past
- 41% of respondents were aware that pharmacies provided seasonal flu vaccination and 10% had used it in the past.

In the 2010 survey of the use of all local health services in Hackney and the City, pharmacists were not only the most widely used local service (with GPs), they were also the provider whose services most people felt they knew a lot or a fair amount about (82% said this)<sup>239</sup>. This suggests that most people are very familiar with the essential services provided by pharmacists, above all prescribing, but may not be aware of the many other opportunities that pharmacists offer.

## Optometry

### 2010 update

There was a 6% increase in the number of eye tests taken by residents of Hackney and the City in 2009/10 compared to the previous year, continuing an upward trend. However rates of eye testing in vulnerable groups remain relatively low.

In the City of London there are 27 high street providers offering NHS funded sight tests. In Hackney there are 23 high street providers. In addition, there are 22 providers within City and Hackney who offer home-based NHS-funded sight tests.

In 2009/10, 47,930 NHS sight tests were conducted by optometrists and Ophthalmic Medical Practitioners in Hackney and the City. This represents an increase of just over 6.2% compared to the previous year. There has been a year-on-year increase in the number of sight tests in Hackney and the City since 2005/06<sup>240</sup>.

It is not possible to determine with any degree of accuracy the number of residents in Hackney and the City who are entitled to a NHS funded sight test. However, with an estimated 20% of the local population in 2009/10 taking a NHS sight test, this would appear to be quite a low take-up. The two groups of residents which can be analysed with some degree of accuracy, namely residents aged 60 and over, and those aged less than 16, both appear to have a low uptake of sight tests. For residents age 60 and over the uptake appears to be just over 56% with around 46% taking regular sight tests.

An eye care needs assessment for Hackney and the City has recently been conducted<sup>241</sup>. Its primary recommendation is the development of an Eye Care Strategy to address the weaknesses in local eye care provision. These include the following issues:

- The number of community based eye care services available to local residents is limited with most eye care conditions being managed in a secondary care setting. Not only has this led to increasing demands on secondary care services with subsequent increases in waiting time, but it also means patients have limited choice in terms of provider.
- The regular monitoring of a number of the more stable eye conditions such as glaucoma and diabetic retinopathy is currently conducted in secondary care. With an increasing demand on secondary care services much of this work could be performed in a local primary care environment.

<sup>239</sup> Ipsos MORI: Residents' views of health services 2010, NHS City and Hackney, 2010

<sup>240</sup> NHS City and Hackney: Eye Care Needs Assessment (draft), October 2010

<sup>241</sup> NHS City and Hackney: Eye Care Needs Assessment (draft), October 2010

- Access to eye care services should be open to all sections of the population. However one group in particular, those with learning disabilities, have been identified as not having full access to eye care services.
- The distribution of sight test providers across Hackney is uneven, with many providers concentrated in certain small areas. This has resulted in some areas having either no or limited provision. The local public survey conducted into eye care services indicated the lack of access to a local provider as one of the reasons for residents not taking regular sight tests.
- No promotion of eye health is currently conducted in Hackney and the City.
- There is currently no regular public engagement exercises conducted around eye health in City and Hackney. Public engagement is vital to the understanding of local needs and also for the on-going evaluation of how well eye care services are performing.

## Secondary Care

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The Homerton Hospital sits at the heart of Hackney and provides a range of services to local people, complementing GPs, dentists and pharmacists. St. Bartholomew's Hospital (Barts) is the hospital of the City of London and is the oldest hospital in England.

Although hospitals are often described as offering 'secondary care' - that is places you go after your first contact with a GP or other primary care professional - they also offer direct access through their Accident and Emergency (A&E) Departments.

### Hospital admissions and attendances

#### 2010 update

In 2009/10 planned hospital admissions for Hackney and the City residents rose by 7.0% and emergency admissions rose by 1.9%. The rate of emergency admissions is average for London but the rate of A&E attendances is still the highest in London, indicating an over use of A&E for conditions that could be addressed in primary care.

Emergency admissions for respiratory illness and for injury and poisoning continued to fall in 2009/10 but emergency admissions for diseases of the circulatory and digestive systems rose last year.

In 2009/10 there were 64,607 hospital admissions among registered patients in Hackney and the City, an increase of 3.4% on the previous year. The biggest increase, of 7.0%, was in elective (i.e. planned) admissions. Emergency admissions rose by 1.9% and maternity/baby admissions fell by 1.5%. Figure 8.6 illustrates the trend in admissions across these three categories over the last five years.

The age-standardised rate of hospital admissions in 2009/10 was 221 admissions per 1,000 population. This compares to an average for London of 217 admissions per 1,000 population<sup>242</sup>. The age-standardised rate of emergency admissions was 84 admissions per 1,000 population. Again, this is only slightly higher than the London average of 80.5 emergency admissions per 1,000 population and lower than the national average of 87.

However the age-standardised rate of *attendances* at Accident and Emergency departments remains the highest in London: 420 per 1,000 population in 2009/10, compared to an average for London of 306 per 1,000 population. There were 114,945 attendances by Hackney and the City residents in 2009/10, an increase of

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<sup>242</sup> All age standardised admissions data from NHS Comparators. As NHS Comparators uses the GP registered population for calculating admission rates, reported rates are lower than would be obtained using the official population estimates.

1.2% on the previous year. As the rate of emergency admission is average for London, this suggests that there are still too many people in Hackney and the City attending Accident and Emergency departments for problems that could potentially be addressed elsewhere in the community.

The leading conditions for which people are admitted to hospitals as emergencies are diseases of the respiratory system, diseases of the digestive system, injury and poisoning, diseases of the circulatory system, diseases of the genitor-urinary system and mental and behavioural disorders (Table 8.5). Figure 8.7 shows the trend in emergency admissions for these six leading conditions over the last five years. Overall, admission rates are fairly stable though there has been a decline in emergency admissions for respiratory disease and for injury and poisoning and slight rises in emergency admission for the other four conditions illustrated.

Figure 8.6. Hospital admissions among patients registered in Hackney and the City 2005-2010 (SUS)

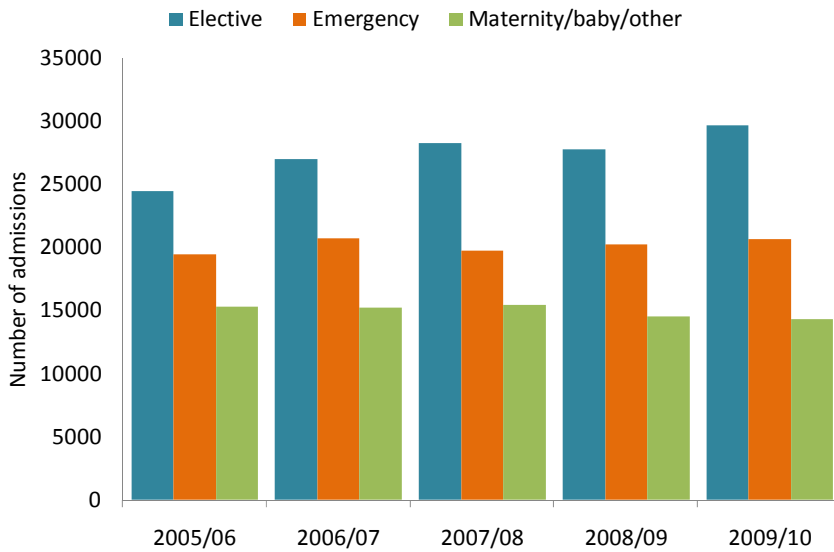


Figure 8.7. Emergency admissions (leading conditions) in City and Hackney, 2005-10 (SUS)

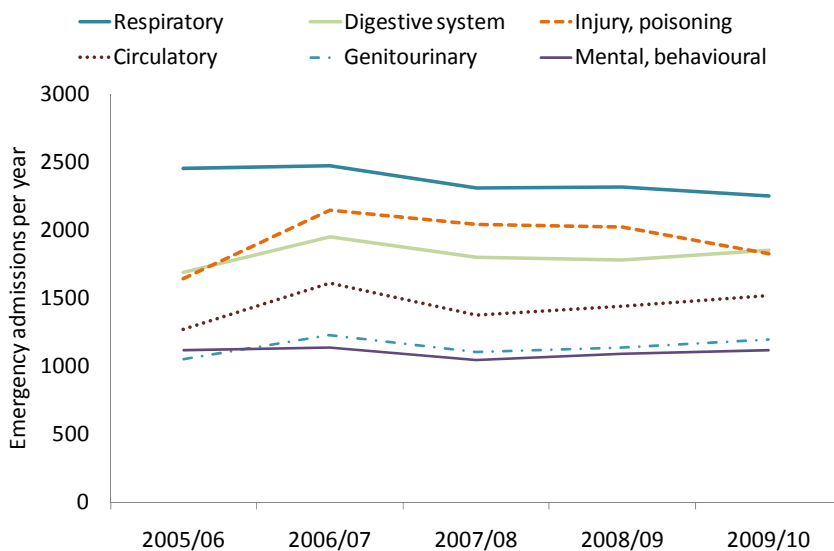


Table 8.5. Emergency admissions in Hackney and City population, 2009/10 by condition (SUS)

Condition classification	Number of admissions	%
Diseases of the respiratory system	2248	10.9%
Diseases of the digestive system	1853	9.0%
Injury, poisoning and certain other consequences of external causes	1829	8.9%
Diseases of the circulatory system	1515	7.3%
Diseases of the genitourinary system	1196	5.8%
Mental and behavioural disorders	1114	5.4%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1010	4.9%
Certain infectious and parasitic diseases	817	4.0%
Neoplasms	739	3.6%
Diseases of the skin and subcutaneous tissue	648	3.1%
Pregnancy, childbirth and the puerperium	504	2.4%
Diseases of the nervous system	412	2.0%
Endocrine, nutritional and metabolic diseases	375	1.8%
Factors influencing health status and contact with health services	192	0.9%
Diseases of the musculoskeletal system and connective tissue	187	0.9%
Certain conditions originating in the perinatal period	138	0.7%
Diseases of the eye and adnexa	99	0.5%
Diseases of the ear and mastoid process	67	0.3%
Congenital malformations, deformations and chromosomal abnormalities	32	0.2%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	3971	19.3%
Other	1675	8.1%

## Healthcare associated infections

All hospitals have to follow a code of practice to minimise the risk of infections spreading within the hospital. These are called health care associated infections.

One of the most problematic healthcare-associated infections is MRSA. Sometimes referred to as the super bug, MRSA stands for methicillin resistant *Staphylococcus aureus*, a drug resistant form of a relatively common infection which can be difficult to treat. The estimated MRSA bacteraemia rate per 10,000 bed days for Homerton Hospital remained stable at 0.83 in 2008/09, just above the England average of 0.79. The rate at Barts was 1.16 per 10,000 bed days in 2008/09.

The most important cause of hospital-acquired diarrhoea infection is *Clostridium difficile*. When certain antibiotics disturb the balance of bacteria in the gut, *Clostridium difficile* can multiply rapidly and produce

toxins which cause illness. In 2008/09, the rate of confirmed *Clostridium difficile* cases across Hackney and the City was 44 per 100,000 population, well below the London average of 72.

## Adult social care

Adult social care services in Hackney and the City aim to support people who are frail, ill or disabled to live full and independent lives in the community. Social care services for adults focus on four specific client groups: older people, people with mental health problems, people with physical disabilities and people with learning disabilities.

Data on the number of people in each of the four core client groups receiving care packages from Hackney Council and City of London Corporation is included in the relevant sections in Chapter 7, as is data on support services for carers. This section presents selected data on the services provided across client groups.

### Supporting people to live at home

Hackney Council and City of London Corporation provide a number of services that help support people in their own homes including home care, day care, enabling services, carers support, equipment and telecare. These services are focused on enabling people to remain at home or to go home following a period of hospital treatment or a period spent in a residential home. Most people prefer to be cared for in their own homes rather than in a residential setting so these services are crucial in helping people to live independent lives.

In 2009/10, Hackney Council supported 4,690 adults to live at home, a rate of 2,850 per 100,000 population<sup>243</sup>. Of these clients, 2,605 (56%) were aged 65 years or more. The great majority (84%) of adults receiving care packages from Hackney Council do so in their own homes rather than in residential or nursing homes.

In 2009/10, the City of London Corporation supported 235 adults to live at home, a rate of 865 per 100,000 population. Of these clients, 155 (66%) were aged 65 years or more. Eighty percent of adults receiving care packages from City of London Corporation do so in their own homes rather than in residential or nursing homes.

#### Home care

In 2009/10, 1,407 Hackney residents received home care services (Table 8.6). This was an increase of 22% on the 2008/09 caseload. The majority (71%) of these clients were aged 65 or more years and 57% of all clients received intensive home care services (over 10 hrs and six or more visits a week).

In 2009/10 80 City residents received home care services, of whom 15 (19%) received intensive home care and 65 (81%) receive non intensive care.

Table 8.6 Home care provision in Hackney, 2009/10 (LBH)

	non-intensive	intensive	total
18-64 years	213	195	408
65+ years	386	613	999
total	599	808	1,407

<sup>243</sup> RAP returns on National Adult Social Care Intelligence Service

## Telecare

Telecare brings health and social care directly to service users in their own homes, supported by information and communication technology. It uses technology to support more people to live independently, thus making the best use of limited resources to support their safety and wellbeing.

Telecare includes community alarms which plug into a service user's telephone line, enabling them to summon help from a central call handling and monitoring centre. TeleCare equipment can also detect fire, smoke, extremes of temperature, carbon monoxide, natural gas and flooding. The more advanced sensors can also monitor the movements of a service user in their home to indicate if the person has stopped moving, had a fall, wandered outside or is in bed or sitting in a chair. Where relevant a mobile response team can rapidly visit the user's home to render assistance as required.

Telecare and telehealth services:

- Increase choice and independence for service users
- Reduce the burden on carers and provide them with more personal freedom;
- Reduce the need for residential and nursing care;
- Unlock resources and redirect them elsewhere in the system;
- Reduce acute hospital admissions;
- Reduce accidents and falls in the home;
- Support hospital discharge;
- Contribute to the development of a range of preventative services
- Contributing to care and support for people with long term health conditions
- Monitor changes to the clinical condition of patients with CHD, respiratory problems etc

In March 2011, 3,200 people received telecare services in Hackney. Of these 451 had a telecare package involving more advanced sensors

In the City of London, 20 people received telecare services in 2010/11.

## Community equipment

A wide range of equipment and minor and major adaptations are offered to help people with disabilities manage their conditions and remain independent. One-off items such as grab rails, toilet frames, bed accessories and bath seats are also provided.

In 2009/10, 5,676 service users in Hackney received equipment of some form and 419 adaptations were made to council properties. Overall, 14,164 different items of equipment were provided<sup>244</sup>.

The 2009/10 Hackney user experience survey focused on equipment and adaptations. Overall, 60% of respondents said they were satisfied with this service, compared to 68% nationally, and 77% felt happy and in control of the way care workers treat them, compared to 87% nationally.

In 2009/10, 344 community equipment items were delivered to City residents (94% within the 7 day target). Eight clients received major adaptations to their home and 31 clients received minor adaptations.

## Other support services

The following local support services focus on prevention and wellbeing and are vital to promoting independence and managing future demand:

- The Supporting People programme provides a range of housing related support to vulnerable people to help them live independently and maintain their tenancies. A total of 9,543 clients used this service in Hackney in 2009/10.
- The Day Care Therapy Team rehabilitates service users, increases independence and maximises people's ability to live in their own homes. Services include occupational therapy, physiotherapy, psychotherapy and speech and language therapy. Fast Track Therapy is a service for people leaving

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<sup>244</sup> Community equipment is provided by Millbrook Healthcare Ltd in both boroughs. Data from Millbrook via Hackney Council and City of London Corporation.

hospital or others who are housebound it consists of a day centre which people can attend for six weeks to receive therapy and help to stay independent. Some people have been able to move on to Lunch Clubs at the end of their therapy.

- The First Response Provider Team provides intensive re-ablement support for up to eight weeks after hospital discharge or delivers a preventive service to reduce admissions. An outcome-based care plan is developed by the assessor together with the service user and family to ensure that the user's ability to live as independently as possible is maximised. The targets are frequently reviewed during the period of support, and adjusted to meet needs and preferences.
- The First Response Duty Team is a team of nurses, social workers, physiotherapists and occupational therapists who respond to A&E referrals within one hour preventing the potential negative affects of a hospital stay by helping people stay in their own homes.
- The Hackney Short Stay Unit comprises nine intermediate care beds providing rehabilitation.
- Early Stroke Supported discharge is a service that provides up to 12 weeks of support to people who have had a stroke once they have left hospital. As a result, people can go home earlier and reduce dependence on services. Service users are reviewed after 3 months to check that independence has been maintained. In 2008/09, 79% of service users achieved this outcome with the remainder requiring signposting to community and voluntary services and equipment provision. Only 6% needed further therapy intervention.
- The Community Resource Team promotes volunteering opportunities for older people providing social support for peers in their own homes. Volunteers undertake home visits, and a telephone befriending and teleconferencing service keeps in touch with 150 isolated vulnerable older people.
- Age Well delivers a programme of activities to address needs of people approaching retirement with a focus on physical activity and well-being. The project is for Hackney residents aged between 50-65 years, with an emphasis on reaching BME communities and economically disadvantaged people. During 2008/09, 254 residents benefited from Age Well services. Clients were asked to compare how they felt now compared to when they started: 90% reported that their general fitness was much better (54%) or a little better now (36%). Mobility was much better for nearly half the clients (46%) and a little better for 29%. Clients reported that generally their mood was much better (61%) or a little better (22%). Ability to cope with stress was much better for almost half (49%) and a little better for 27%. Feelings of loneliness had decreased for 46% (much better) and a little better for 32%.

*Case study : "Mr D, 52 years old, was admitted to hospital with a Stroke. He was previously fully independent and worked as a cleaning supervisor. He was in the hospital Stroke Unit for 5 days where he was visited by the Therapy at Home team community therapists. On discharge he was unable to prepare meals for himself, unable to get into the bath, was anxious and lacking confidence communicating with people because of word finding difficulties and unable to return to work. The team worked with him on personal goals and he is now independent at home with all tasks including bathing and meal preparation, confident getting around the community and interacting with people and has started a graded return to work with the support of the therapy team."*

## Direct payments

Direct payments and personal budgets are designed to give people control over their lives by providing an alternative to the community social care services provided by councils. They are an opportunity to enhance independence. However, they are better suited to some individuals rather than others. Hackney Council and the City of London Corporation have a duty to make direct payments where individuals consent and are able to manage them, with or without assistance. Some people may request a direct payment to organise and pay for care, in which case it is set up and delivered in the way they wish.

Table 8.6 describes the number of people in Hackney and the City receiving direct payments and personal budgets. In 2009/10, 420 clients of adult social services in Hackney chose to receive direct payments, of whom 35% were aged 65 years or more.

In 2009/10, 65 clients of adult social services in the City chose to receive direct payments and personal budgets, of whom 38% were aged 65 years or more.

**Table 8.6. Levels of direct payments to adult social care clients 2009/10 (NASCIS)**

	Hackney	The City	Tower Hamlets	London
Service users aged 18-64	275	40	195	10,880
Service users aged 65+	145	25	145	11,065
Total service user receiving direct payments	420	65	340	21,945
Rate per 100,000 population	255	615	185	360

## The Transformation of Adult Social Care in Hackney

The Transformation of Adult Social Care is a national policy set out in the *Putting People First* concordat in 2007. It is centred on prevention - ensuring as many people as possible are enabled to stay healthy and remain actively involved in their communities for longer, thereby delaying or avoiding the need for targeted services. It also emphasises early intervention and reablement.

Those who do need help, however, should have maximum control over this, through self-directed support, with the information, means (financial and practical) and confidence to make it a reality. The concordat has been further developed through *Think Local, Act Personal: Next Steps for Transforming Adult Social Care* which is a proposed sector-wide partnership agreement to moving forward with personalisation and community-based support.

There are three potential areas of prevention action:-

- Primary prevention – keeping people well, independent and healthy for as long as possible. This is where the greatest impact and the largest savings can be made and is crucial to building sustainable long term outcomes.
- Secondary prevention – helping people regain their wellbeing and independence after a period of service use resulting from heightened need, reducing the likelihood of people needing to access services again. Its scope is restricted to those who have already experienced avoidable episodes.
- Tertiary prevention – helping people remain as well as possible while receiving social services. This is important in reducing costs of existing care packages.

The aspirations of Hackney Council’s Health and Community Services Directorate are summed up in: something for everyone, a little extra for some and more for those who need it most. The model is designed to make sure that every citizen of the borough feels able to approach the Council and enquire about the help and advice that they require. It is envisaged that the majority of people will receive advice, information or be sign-posted to resources in the community. However a proportion of people may require some intensive, short term intervention to enable them to continue to live independently in the community. A smaller proportion, those living with long term conditions, will need on-going intervention which will be targeted to their specific need.

Personalisation of Adult Social Care aims to ensure that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the way that support is delivered in all care settings.

The following are examples of primary, secondary and tertiary prevention in Hackney:

### Primary prevention

- The New Age Games. This is a fun sports activity programme which is open to all Hackney residents who are 50 years old or above. The aim of the games is to encourage older people to try out new sports such as archery, swimming, aerobics and darts. The activities will take place at different leisure centres across Hackney.

- **Healthy Walks.** Hackney's Walking Together Programme is suitable for all ages, especially those who are beginners to exercise, feel unfit or are over 50. The walks take between 30 – 60 minutes and are led by a qualified Health Walks leader and First Aider.
- **Tea Dances.** Regular tea dances are held for Hackney's over 50s at Stoke Newington Town Hall. They help older residents to lead healthy, active and independent lives.

### Secondary Prevention

- **3H project.** This project focuses on intervening with people who have approached social care but only have low needs. It provides short periods of work to bridge people into community and universal services so they can receive support.
- **Older People Floating Support.** While not a social care service, these schemes provide housing related support to up to 1,400 older people in the borough. They are advice, empowerment and support services working holistically.

### Tertiary Prevention

- **Healthy eating and physical activity projects in supported living schemes.** These projects prevent deterioration in the health and wellbeing of their residents.
- **Median Road Resource Centre (MRRRC)** Median Road Resource Centre is a council run short-term residential resource facility and day centre for older people. The centre comprises four distinct but complimentary services, all of which aim to promote independence and provide care based on individual need.
- **Formerly a standard residential home,** in recent years the service has been developed to meet the increasing demand for transitory residential facilities. The 37 beds are divided into small units with 24-hour care provided by care support workers.
- **Intermediate care in Hackney Short Stay Rehabilitation Unit.** This service provides up to six weeks intensive rehabilitation. The service is available to City and Hackney residents age 55 and over.
- **Interim placement.** Interim Placement provides short-term transitional placement to facilitate hospital discharge or prevent a hospital admission for non-medical reasons.
- **Residential respite.** This service provides a respite break for individuals who require assistance with all aspects of personal care as well as those with some characteristics of cognitive impairment.
- **Day centre.** A community day centre runs from Median Road Resource Centre on weekdays. The service provides a safe and supportive environment for service users with cognitive impairment to meet with others and take part in a range of activities.
- **Telecare.** Telecare (see above) provides remote care and reassurance, facilitated via telecommunication-based equipment. Telecare helps individuals of all ages and their carers to remain living safely and independently in their own homes.

## Safeguarding adults

### 2010 update

The number of referrals in Hackney to the Safeguarding Adults Board has risen sharply in both 2009/10 and 2010/11.

Vulnerable adults should be afforded the greatest protection possible from harm. In both Hackney and the City this statutory duty is overseen by the multi-agency Safeguarding Adults Board.

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because they have a mental health problem, disability, or sensory impairment; or because they are old and frail; or because they have some form of illness.

Abuse is a violation of a person's human rights or dignity by someone else. There are many kinds of abuse including:

- Physical abuse, e.g. hitting, slapping, pushing, kicking, restraint or inappropriate sanctions.
- Sexual abuse, e.g. rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
- Psychological abuse, e.g. emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material abuse, e.g. theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
- Neglect or acts of omission, e.g. ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating.
- Discrimination, e.g. racist, sexist behaviour and harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment.
- Institutional abuse. This can sometimes happen in residential homes, nursing homes or hospitals when people are mistreated because of poor or inadequate care, neglect and poor practice that affects the whole of that service.

The government's consultation on the review of national safeguarding guidance included the following key messages from the participation of older people, adults with learning or other disabilities and people with mental health needs<sup>245</sup>:

- a) Safeguarding must be built on empowerment – or listening to the victim's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life.
- b) Everyone must help to empower individuals but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices.
- c) Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.
- d) The participation/representation of people who lack capacity is also important.

The number of referrals to the Adult Safeguarding Board has risen over the last three years. There were 154 referrals in 2008/09, 297 referrals in 2009/10 and 417 referrals in 2010/11.

Of the 417 referrals in 2010/11, 238 (57%) were for those aged under 65, and 179 (43%) for those aged 65+ years. There were 375 adults in total referred to the safeguarding procedure, 40 of whom were the subject of referrals more than once during the year. Overall, 57% of referrals were from females, 43% from males. Further analysis by the Safeguarding Adults quality assurance and performance sub-board will be published in the board's Annual Report in summer 2011.

The number of referrals in the City is much smaller due to its population size. In 2009/10 there were nine referrals to the Safeguarding Adults Board. This includes referrals for City residents who are placed in residential or nursing homes outside the authority for whom the City still has a duty of care.

The number of referrals of vulnerable adults is likely to increase over next few years due to increasing life expectancy, including for people with learning disability and profound and multiple learning disability; more cases of dementia; and the potential risks linked to personalisation. Furthermore, the new London-wide policy on safeguarding adults has resulted in a widening range of circumstances in which people may be considered

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<sup>245</sup> *Safeguarding Adults. Report on the consultation on the review of 'No Secrets'*, Department of Health, 2009

vulnerable/at risk including homelessness<sup>246</sup>. This policy also brings some health Serious Untoward Incidents under safeguarding.

Overall, therefore, there is likely to be greater demand for safeguarding investigations and for more (or different) support services following investigation.

The number of referrals in the City is much smaller due to its population size. In 2009/10 there were nine referrals to the Safeguarding Adults Board. This includes referrals for City residents who are placed in residential or nursing homes outside the authority for whom the City still has a duty of care.

## The Third Sector

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The Third Sector includes the voluntary and community sector but also other nongovernmental organisations such as faith organisations, social enterprises, co-operatives, mutuals and housing associations.

In Hackney, Third Sector organisations play a vital role in meeting the needs and aspirations of local communities. The Third Sector is a core member of the local strategic partnership, Team Hackney, and contributes in many ways to the delivery of the partnership's Sustainable Community Strategy.

The partnership is committed to supporting the development of a strong local environment for a thriving Third Sector and a 'fit for purpose' Third Sector in terms of supporting the delivery of local priorities. This commitment has been expressed in the Hackney Compact. This document, which was built on extensive local consultation and partnership work, outlines the mutual responsibilities of statutory funders and voluntary sector providers.

There are an estimated 1,800 voluntary and community organisations based in Hackney split between a small number of large organisations and a very large number of small community organisations which work at a grass roots level – 85% of organisations have no paid staff<sup>247</sup>. East London boroughs have a particularly high proportion of very small groups with turnovers of under £10,000 (70% across Hackney, Newham and Tower Hamlets compared with 56% nationally). These organisations play a vital role in supporting local communities mainly or entirely through voluntary effort. They provide a wide range of services at a local level with a strong emphasis on meeting the needs of children and young people and vulnerable groups. Many groups are led by, and meet the needs of, specific Black, Asian, Minority Ethnic and Refugee communities.

Health and social care partners have commissioned a broad range of voluntary organisations to provide services for vulnerable groups such as carers, young people, older people, people with disabilities and those with mental ill health. Local services commissioned in this way include:

- Lunch and day activity programmes, including healthy eating activities
- Generalist and specialist exercise classes, including for those who are housebound
- Bereavement services
- Carers services, including for those with mental ill health
- Advocacy services, including for those with mental ill health
- Home improvement and small repairs services
- Drugs and alcohol services
- Advice and information services

The City of London's Third Sector is coordinated and supported by the City's Council for Voluntary Service, CITY.COMM, a key partner in the planning and delivery of services. There are around 350 organisations

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<sup>246</sup> Social Care Institute for Excellence with the Pan London Adult Safeguarding Editorial Board: *Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse*, 2011

<sup>247</sup> Team Hackney: the Hackney Compact, an agreement between public agencies and the third sector, 2008

operating or based in the City ranging from small neighbourhood groups and churches to large national charities and regional funders including the City Bridge Trust and the various Livery Companies.

The way the City commissions from the Third Sector, including from organisations based in the City, Hackney, Islington and Tower Hamlets, is guided by Best Value principles and the Local Procurement Directive. City Third Sector organisations are important stakeholders in this, mainly through the City of London's local strategic partnership 'The City Together'.

The City's relatively small resident population and large daytime population of commuters and workers provide a unique environment for the Third Sector. There are many opportunities for City workers to volunteer their time and resources to the Third Sector, particularly in the City Fringe area, and several City organisations and others exist to support this.