

Local Account

How well we deliver
adult social care services

April 2010 to March 2011 & April 2011 to September 2011





Cabinet Member for Health, Social Care and Culture



I welcome this new local account as an important part of the Council's commitment to be transparent with local residents about what we do and spend in adult social care.

It shows Hackney Council's adult social care performance from April 2010 to March 2011 from April 2011 to September 2011. It looks at how we improved outcomes for service users and carers through preventative measures such as advice and information, personalisation and personal budgets.

We provide the vast majority of our services jointly with independent and voluntary agencies. It is essential we work with our partners to develop services that reflect what local people want to use. We are committed to working closely with our NHS partners to provide joined up health and social care.

Much is changing for the better, and we welcome any responses and suggestions for how we can improve adult social care. In spite of the economic challenges facing all local authorities, we have protected front line services and provided for growth to meet increased demand.

A handwritten signature in black ink, appearing to read 'Jonathan McShane', written in a cursive style.

Councillor Jonathan McShane
Cabinet Member for Health, Social Care and Culture

Chair of the Local Involvement Network (LINK)



Hackney LINK welcomes the production of this first annual local account. The report is an important step in providing Hackney residents with the opportunity to hold the Council accountable and responsible for the services it commissions and delivers.

The LINK expects the local account to be transparent and open in providing evidence for what has been achieved and what has not been achieved to gain a meaningful and balanced view of both equality and quality of services provided and to improve services in general.

It is accepted that this is a first report, produced during a time of great change and that it will evolve over the coming year into a more comprehensive statement of performance.

A handwritten signature in black ink, appearing to read 'Nicola Benjamin', with a long horizontal line extending to the right.

Nicola Benjamin
Chair of the Local Involvement Network

Corporate Director of Health and Community Services



I am pleased to present the first local account of how well we are delivering adult social care to Hackney residents. We have produced this first report as the basis from which we can produce a more meaningful account next year.

This local account gives examples of what we have done. It describes key areas of adult social care services rather than giving a complete picture of all the work the directorate does to improve the lives of Hackney residents.

Our adult social care performance is very strong and we are working hard to improve areas where we can do better including taking steps to increase the number of people using self directed support.

We have made good progress in reducing the number of people unnecessarily placed in residential care. Based on results of a recent user experience survey, most people are happy with the services they receive.

At our last inspection in 2010, the Care Quality Commission rated our adult social services as excellent. Although we took the view that we wanted to introduce personal budgets on a measured and methodical basis, not rushing the introduction of such a fundamental change, we are now offering personal budgets to all eligible residents to buy their own care to achieve more choice and flexibility.

We are proud of our joint work through our partnership board involving NHS colleagues, service users and carers and we are keen to strengthen and develop these partnerships in the future.

You can help us improve future local accounts by giving us feedback on this document and telling us the type of performance information which is of most interest to you. We will consult further on the content of local accounts in the New Year.

I am proud of the services we provide but I am not complacent as there are always things we could do better. By placing service users at the centre of our decision making, such as with the development of next year's local account, I am confident we will continue to deliver services that make the most difference to improve people's quality of life.

A handwritten signature in black ink, appearing to read 'Kim Wright'.

Kim Wright
Corporate Director, Health & Community Services

Contents

Introduction

Section 1: What is a local account?	02
Section 2: Who we work with	03
Section 3: Changes in adult social care	04
Section 4: What do we do?	07
Section 5: Safeguarding adults in Hackney	09
Section 6: What we have done for local people	11
Section 7: Who are our local people?	22
Section 8: How much do we spend?	23
Section 9: What do we spend it on?	24
Glossary	28
Appendix 1: Key performance indicators	30
Appendix 2: Key changes in adult social care	34
Appendix 3: Fair Access to Care criteria	35
Let us know what you think about this local account	36



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Introduction

In Hackney we are proud of the way we work with our residents, the NHS and the wider community. We have found that by working together we achieve better outcomes for people who use our services.

Our social care services help people:

- Improve their health and wellbeing
- Maintain independence
- Be safe in vulnerable situations
- Choose and control their own care
- Be supported in their caring role

In 2010 the health and social care watchdog the Care Quality Commission rated Hackney's adult social care services as 'excellent' and praised the way we help people live more independently, remain safe and access high quality services.

Our work with different agencies and the support we offer Hackney's diverse community were singled out for special mention. Our preventative services were described as 'excellent' and our safeguarding arrangements 'well led'.

Many services you read about in this local account are provided by organisations working together

with council departments and we want to recognise their contribution to achieving our aims which are:

Meeting the person, not just the need: ensuring the needs of the whole person are recognised so services are designed around them

Promoting health and wellbeing: helping people to be safe, live healthily, make healthy choices, tackling health inequalities, and keeping communities safe through preventative and enforcement activities to increase the wellbeing of our communities

Providing wider choice: having access to a choice of, and control of, good quality services

Improving access to services: enabling people to access services which meet, and are responsive to, their individual and diverse needs, and ensuring Hackney has a clean, safe, accessible public realm and a sustainable approach to waste

Joining up and innovating: working in partnership to develop the capacity to achieve change and deliver our priorities



Section 1: What is a local account?

The Government has introduced local accounts to help residents see how local adult social care services are doing. This is our first local account.

The Care Quality Commission (CQC) no longer inspects council adult social care departments, (although we still assess our own performance as you can see in Appendix 1). Instead all councils must publish their own local accounts.

Our account tells residents:

- How well adult social care performed
- The challenges we faced
- Our plans for future improvements

Hackney Council decided to start this process early to give residents a chance to tell us what information they would like to see in the account and to help us set future priorities. We want Hackney Council's local account to be useful for residents and we welcome your feedback to help us shape the account in future years.

Our local account uses four main headings to show what we achieved during April 2010 to March 2011 and April 2011 to September 2011. It also shows what we plan to do during the last six months of this financial year, October 2011 to March 2012, and beyond.

These headings are:

1. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
2. Enhancing quality of life for people with care and support needs
3. Promoting independence, delaying and reducing the need for care and support
4. Ensuring people have a positive experience of care and support

These four headings have been introduced by the Department of Health and all local authorities are expected to report performance against them.



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Section 2: Who we work with

We cannot deliver our services without the help of partners who include:

- Hackney Local Involvement Network
- City and Hackney Carers' Centre
- Registered Social Landlords
- Other Council services such as housing, regeneration and community services
- Health services including GPs, NHS, East London NHS Foundation Trust, Homerton University Hospital
- Metropolitan Police
- The voluntary and third sector
- Service users and carers
- User led organisations



Section 3: Changes in adult social care

Recent national governments have introduced big changes in adult social care as the current system is not fit for the 21st Century and there is a huge funding gap nationally. Like all councils we need to change our social care system and reform the way people pay for support. Our goal is for people to have better lives through choice and control over the support they use.

This is known as ‘personalisation’ of social care services.

To bring about personalisation we need to change the systems, processes, practices and cultures that have developed over the years around helping people access care and support.

People are now getting more choice and control over the care they receive through new budget arrangements (see page opposite). The move towards personalisation has already started.

Transformation of Adult Social Care was launched by the Government in 2007 and directed councils to focus on prevention to help people stay healthy and active and avoid the need for more costly services. It emphasised early intervention and re-ablement and said people who needed long term help should control it through self directed support.



Preventative services have become increasingly prominent in health and social care in recent years and they are at the centre of what we do in promoting wellbeing and delaying the onset of needs for care and support. Prevention is the key to reducing demand for high-intensity and high-cost services and an increasingly important focus for service development.

Primary prevention keeps people well, independent and healthy for as long as possible.

Secondary prevention helps people regain their wellbeing and independence after a period of service use due to heightened need and reduces the likelihood of people needing to access services again.

Tertiary prevention helps people remain as well as possible and prevents the need for long term care.

A number of other national reviews, reports and guidance have shaped the move to personalisation. These are summarised in Appendix 2 at this end of this document.

Think Local, Act Personal is a national partnership of carers, service users and central and local government that devised the **Making it Real framework**. This framework helps councils deliver real change and positive outcomes for local people. It uses ‘I statements’ to express what people want to see and experience. We have started using these statements to check our progress in 2010-11 and guide our actions in 2011-12 (we use these ‘I statements’ in section 6).

Making it Real highlights six priorities for councils to act on:

1. Co-production
2. Personalisation and self directed support
3. Cost effectiveness and efficiency
4. Providers and workforce development
5. Information to the public
6. Community capacity

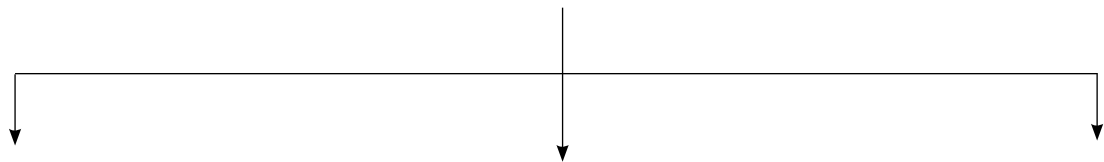
Personalisation

Self directed support

A system that offers people the opportunity to take control of and personalise their support recognising they are best placed to understand their own needs and how to meet them. Most people receiving self directed support will have a personalised support plan and a **personal budget**.

Personal budget

Money allocated from Hackney Council's social care funding to someone who needs support and can be taken either as a **direct payment** or **managed budget**.



Direct payment

A **cash payment** provided to someone to organise their own services. People can take all or part of their personal budget as a direct payment

Managed budget

Where **Hackney Council manages a person's personal budget** on their behalf and arranges their social care support because the person:

- doesn't want to manage their personal budget **or**
- is unable to consent to the direct payment because of a lack of mental capacity and there is no-one suitable to manage the budget on their behalf

Combination of the two

- managed budget
- direct payment

Organise services using both methods

Personal budget case studies

Direct payment user

Mr AB is a physically able 24 year old man with a moderate learning disability. He likes physically demanding activities and displays difficult behaviour if under-occupied. He was often bored with activities at the day services he attended three days a week. He struggles to find his way around independently but can use public transport with an escort. We reviewed Mr AB and used outcome focussed support planning to identify his interests and goals. AB is really **interested in bicycles** and bicycle repairs and would love to do this kind of work. There is a bicycle repair scheme outside the borough that operates on a voluntary basis and AB expressed great interest in doing this rather attending day services. In his outcome focussed support plan it was agreed we would provide Mr AB with a **direct payment to employ a personal assistant** to get him to and from the **bike workshop** and we discontinued his attendance at day services. Mr AB **receives the direct payment in his bank account and directly manages the employment arrangements for his PA including their pay.**

Managed budget user

Since he was admitted to the regional neurological rehabilitation unit with brain injury, Mr A has experienced complex cognition and behavioural difficulties. His poor ability to judge danger poses significant risks to himself and others. He gets anxious and confused about time and needs constant supervision to prompt him to carry out tasks. His family care for him at home. Before the brain injury, Mr A, age 50, was self employed, played a musical instrument and was a keen football supporter. We worked with Mr A, his carers and a multi-disciplinary health team to agree an outcome focussed support plan. We established a **managed budget to pay for a specialist carer** to visit Mr A every day to help plan his day and develop strategies **to manage social situations.** The

budget also pays for him to **attend specialist day services** twice a week to help him build on his rehabilitation goals and give his family a break. **With his managed budget, the Council recruited Mr A's specialist carer and manages their employment and payroll arrangements on his behalf and directly organises his day services.**

Combination of the two

Mr G is 29 and has chronic pain, a knee joint disorder and depression with suicidal thoughts. He has had falls, moves slowly with crutches and often feels dizzy and weak due to the severe pain. He lives alone in a one bedroom first floor flat. Mr G used to play football and finds it extremely hard to adjust to the pain and his lack of mobility. He says he no longer wants to live and is undergoing a mental health assessment. An occupational therapist is also assessing to him to find ways to help him move around at home. Often the only meal he eats is the one delivered by meals on wheels. Mr G wants to get more active by attending a specialist gym and swimming sessions. He has a taxi card but wants someone to accompany him as he fears falling and needs help getting changed. Mr G hopes the activity will improve his mood and distract him from the pain. During his outcome focussed support planning session, he said **he wanted to improve his personal hygiene** by using a **managed budget** to pay for morning and evening visits to help him with personal care and to prepare meals. **The Council organised these activities on his behalf.** He wanted to continue receiving meals on wheels and has decided to use his **direct payments** to help him go swimming and visit the gym five hours a week. **The direct payment goes straight into a bank account which he manages himself.** He has also applied for a **one off direct payment** of £95 for a reconditioned computer to use at home and shop online. Mr G will be reviewed regularly taking into account his goals.

Section 4: What do we do?

Hackney Council’s Health and Community Services directorate is committed to tackling health inequalities and improving residents’ quality of life through adult social care, culture, leisure, and public realm services.

Our service delivery model is based on providing **something for everyone, a little extra for some and more for those who need it most.**

We make best use of **prevention** to maximise independence and prevent people moving unnecessarily to long term care.

Our three stage approach is designed to make Hackney citizens confident about asking the Council about the help and advice they need.

Most people contacting Hackney Council will receive advice and information and be directed to community resources.

If you need advice or information please contact our Information and Assessment team on 020 8356 6262.

We use our **Fairer Access to Care Services (FACS) criteria** to assess who needs social care support. For further information on our FACS criteria please go to Appendix 3 at the end of this document.

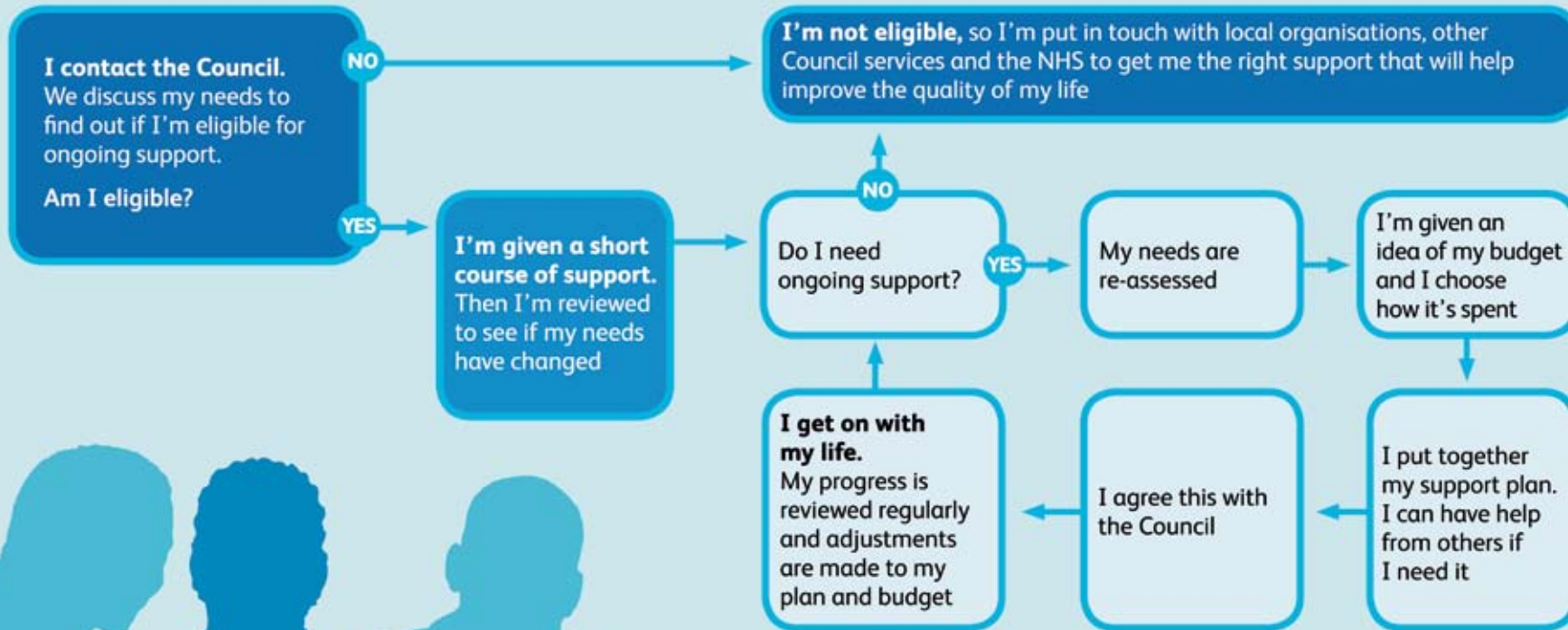
Some people may need intensive, short term intervention to help them carry on living independently. A smaller number living with long term conditions will need on-going intervention targeted at their specific need.

Our service delivery model is shown below:



Our care pathway is shown on the next page.

Care Pathway



Section 5: Safeguarding Adults in Hackney

A life free from harm and abuse is every person's fundamental right. All agencies on City and Hackney Safeguarding Adults Board are committed to protecting adults who may be at risk of harm. Abuse is a violation of a person's human rights or dignity by another person and can include physical, sexual, psychological and financial abuse as well as neglect and abuse by paid carers or institutions. If you are being abused or you suspect someone is the victim of abuse you can tell the police, a social worker, a nurse or someone else you trust. **You can also call Hackney Council's safeguarding adults team directly on 0208 356 5782 or visit www.hackney.gov.uk/safeguarding-vulnerable-adults for more information.**

People's lives are improved as a result of safeguarding

Vulnerable adults can receive help from Hackney Council and its partners (such as the NHS and the police) if they, or people who know them, are concerned they may be suffering abuse or neglect. From 1 April 2010 to 31 March 2011, the Council and its partners responded to 416 such concerns. For people found to be suffering abuse or neglect, a change of accommodation or support was the most common outcome after undergoing our safeguarding process. However, we need to more fully understand what people think about how well we help them to stay safe and what we could do better. We have found people who experience safeguarding do not respond well to surveys, so from 2012 we will be using an independent person to go out and talk to people a couple months after receiving our help.

Our Safeguarding Adults Board

Safeguarding work in Hackney is overseen by the City and Hackney Safeguarding Adults Board made up of senior members of statutory agencies including the Council, the police and the NHS along with user, carer and advocacy representatives. We are making sure we continue to offer high quality safeguarding help to people who need it in the face of rising numbers of reports of abuse. Hackney's revised safeguarding procedures start on 1 January 2012. These will deal with this rise in abuse reports by tightening guidance on who does what and when, and by making sure we respond appropriately to try to safeguard the person. Every year the board prepares a report with figures and analysis of abuse activity in Hackney that sets out how we responded to concerns and what the safeguarding system is focusing on. Our annual reports can be found here: www.hackney.gov.uk/safeguarding-vulnerable-adults.

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In 2012 we will use an independent person to talk to people after they have received our help to find out how well we did, how well we helped them to stay safe and how we could do better

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Our safeguarding has been subject to independent checks and we have made changes

Safeguarding in Hackney undergoes checks to make sure the system works. Our 2009 Care Quality Commission inspection found our systems for safeguarding adults were good. Only one UK local authority (Bolton) received a better rating. Afterwards we invited Bolton Council to evaluate our progress and received positive results. In December 2011 we arranged for a team of independent experts to review our safeguarding systems to make sure we are doing the best job that we can. This report is due in January 2012. We report annually to the Health in Hackney Scrutiny Commission made up of representatives elected by the people of Hackney. These checks and balances have led to changes and improvements over the last three years. These changes include development of a clear vision and strategy for what we are trying to achieve; increased efforts to raise awareness about vulnerable adult abuse in Hackney (we offer free training for anyone who works with vulnerable adults) and improvements in case recording and professional supervision.

Quality and safety of local services: personal assistants, care at home, care homes and hospitals

In 2010 Hackney Council's adult social care services were judged excellent by the Care Quality Commission (CQC). In May 2011 the CQC assessed that Homerton University Hospital was treating people with respect. The Council is committed to only using high quality services (such as home help providers and care homes) and has a commissioning department charged with making sure this is the case. Hackney Council faces a challenge at the moment to make sure people with individual budgets and direct payments get the best information and support available to them to choose personal assistants who provide good quality care. The Council already helps people to get police checks and references for their care employees. However, we want to provide better information on the quality of support they can expect from all care providers - even those not checked by the CQC or the Council.

Police and criminal justice sector responses to safeguarding

Police took action in 13.5% of cases where abuse of vulnerable adults was reported and investigated by Hackney Council. Community safety initiatives in Hackney offer help to vulnerable adults. These include the Hate Crime team which provides support for people victimised due to age or disability, and the Handyvan scheme, which repairs and improves home security including changing locks for vulnerable burglary victims. Hackney police also have a specialist mental health liaison officer. We are also improving the Council's approach to dealing with anti-social behaviour to focus on protecting vulnerable adults.

Section 6: What we have done for local people

Here you can read about the work we have done to improve outcomes for people who use our services. **We have outlined what we did during 2010-11 and the first six months of this financial year, April 2011 to September 2011.**

This section also outlines what we plan to do in the remaining six months of this financial year, October 2011 to March 2012 and 2012-13. Our priorities are based on gaps we have identified in our services and in response to comments and suggestions we received from service users.

In section 1 we highlighted the Department of Health's four social care 'outcome' areas designed to help councils demonstrate their performance to residents. In section 3 we mentioned the 'I statements' developed by Think Local, Act Personal to express what people want to see and experience from services. Here we use both to assess how well we have done. The outcome headings are:

1. Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
2. Enhancing quality of life for people with care and support needs
3. Promoting independence, delaying and reducing the need for care and support
4. Ensuring people have a positive experience of care and support

We also share results from our 2011 adult social care survey and case studies on how services have made a difference to individual lives.

Outcome 1

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

Feeling in control and safe

"I feel safe, live the life I want and I am supported to manage any risks"

"I feel my community is a safe place to live and local people look out for me and each other"

"I know what to do to avoid a crisis"

We work with many agencies that safeguard vulnerable adults including the police, the NHS and care providers. We also work closely with colleagues in domestic violence and child protection services.

When a safeguarding concern is raised about a vulnerable person we respond by trying to make sure that person is safeguarded. The number of cases reported have increased. We think this is because we have trained people to spot abuse or neglect and have raised awareness of what to do when abuse is suspected.

97% of people in our user experience survey **said they would tell someone if they were worried about something that happened** and **56.8%** told us they **felt as safe as they wanted**. People with a learning disability felt much safer than other groups.

Some examples of what we did...

- Reached firm conclusions **on whether or not abuse had taken place in 76%** of safeguarding concern cases, and 81 cases were defined as 'abuse'
- Further **developed our safeguarding quality assurance framework** to ensure risk assessments and investigations are timely and protection plans are robust

- **Increased awareness of safeguarding** through training and publicity resulting in a 40% increase in safeguarding referrals in 2010-11 (from 297 to 416 referrals)
- Put mechanisms in place to **make sure people in care homes and hospitals are only deprived of their liberty** under the Mental Capacity Act 2005 when there is **no other option to keep them safe** and to make sure this is done appropriately
- Updated our guidance to staff to take into account most recent best practice and to ensure more vulnerable people are kept safe

Case study 1: Safeguarding a woman with severe learning disabilities

A social worker conducting a routine case review for Ms X who has severe learning disabilities realised money was regularly going missing from her bank account. The social worker instigated a safeguarding process. During the investigation, all residents in Ms X's care home underwent a community care review including those placed by other councils. We found that a care worker had withdrawn thousands of pounds from Ms X's account. The care worker was suspended following further investigation and referred to the Independent Safeguarding Authority. All of Ms X's money was replaced. The home also put in place a robust safeguarding plan for all their residents.

Some examples of what we plan to do...

- Publish an **annual report of our safeguarding activity** on the Hackney Council website
- Raise **awareness** among council frontline **staff working outside adult social care**, including staff in libraries, leisure centres, parks and museums
- Develop a **risk assessment tool** for staff to determine a **proportionate response to abuse** concerns across all client groups
- Work more closely with **child protection** services
- Ensure **the views of people who have been abused strongly influence** the way investigations are carried out and achieve what people want us to do to help them stay safe
- Obtain **independent scrutiny of our safeguarding work** through the Health in Hackney Scrutiny Committee and through independent review by safeguarding experts

Case study 2: Flexible safeguarding

Ms Y was referred to social services with safeguarding concerns. She had mental health problems and a minor learning disability. She was living a very chaotic lifestyle, working as a street sex worker and engaged in serious substance misuse. People were concerned about abuse she was subjected to by others, including possible physical and sexual abuse by clients and other associates. We tried to assess her mental capacity to put appropriate safeguards in place, but a clear assessment proved difficult. Safeguarding work concentrated on co-ordinating efforts by homelessness and housing agencies, social care professionals, drug intervention services and professionals who work with street sex workers to co-ordinate flexible support and assistance for her on her terms.



Outcome 2

Enhancing quality of life for people with care and support needs

Information and Advice

"I have the information and support I need to remain as independent as possible"

"I can speak to people who know about care and support and make things happen"

We provide information on our web pages and in printed formats to help people with care and support needs to achieve their desired outcomes. Staff taking calls from residents are being trained to offer simple equipment including telecare devices and consistent advice and encouragement to make the most of health, culture, leisure and community opportunities.

Our aim is to help people who do not need intensive social care support to remain healthy, active and involved in their communities. With these people we develop personal **wellbeing plans** that will help them to access services in the community.



70% of people found it **easy to find information about our services** while **41% of people** said wellbeing plans had **made a positive difference to the quality of their lives.**

Some examples of what we did...

- **Supported 250 people** aged 55 + through our new **Happy & Healthy in Hackney (3H)** project with information and advice on ways to **stay healthy** including volunteering
- **Sent 3,000 registered Hackney carers** our **Carers Direct Payments booklet** to tell them about the benefits of direct payments and how to access services
- **Distributed 10,000 copies of 'Your Care, Your Way'** and translated it into 11 community languages, a British Sign Language video and easy read version
- Produced a **Your personal budget information pack** so service users know how decisions are reached on the support they need and to **help them to take as much control as they wish** of their care and support resources
- Produced leaflets on self directed support, managing direct payments and **employing personal assistants**

Case study 3: Advice and support help

Mrs B, 61, who has **Parkinson's disease**, contacted the Council about **difficulties she faced managing housework** and her lack of family support. Mrs B could not afford to pay for a cleaner and sought support from social services. Our staff asked Mrs B some questions and provided a **wellbeing plan**. This included support from **Hackney's 3H Service to apply for benefits** to organise a cleaner. Mrs B liked gardening and had won a couple of gardening competitions. Since developing Parkinson's disease, she could no longer take part in the gardening competition. Through her **wellbeing plan**, Mrs B was referred to **Choice in Hackney** who supported her with gardening, allowing her to carry on with an activity she enjoys and which enhanced her quality of life.

Some examples of what we plan to do...

- Develop an **interactive website** to help staff, service users and carers find information they need about **preventative and universal services**
- Commission **a new advocacy service** for Hackney and the City to support people who struggle to express their needs and choices
- Support more people to benefit from **wellbeing plans**
- Set up a **confidential advice and support phone line for home care service users**

Ensure carers can balance caring with maintaining a quality of life

"I have a life of my own alongside my caring role"

We support carers to balance caring with maintaining a quality of life by offering carers' assessments that can lead to direct payments. We also offer Hackney Carers' Card which provides discounts in local shops and benefits in libraries and leisure centres. We consult carers regularly and participants in our carers training said they felt more confident and able to cope.

Some examples of what we did...

- **Almost 100** carers received a direct payment which enabled them to choose the support they need in their caring role
- Funded carers to attend **two carers' retreats** in Suffolk in September 2011
- Engaged carers' group Equal Partners in Care (EPIC) **to develop services and support for carers across all communities**
- Consulted EPIC on wellbeing plans for residents and raised awareness of the **benefits of telecare devices**
- **Extended the Hackney Carers' Card** to adult carers caring for residents of any age and issued cards to more than 800 carers
- Introduced **free swimming** for carers in leisure centres

Case study 4: Support and advice for a carer to take a break

Ms C cares for her 40 year old daughter with mobility and sight impairment and her incontinent adult grandson who has learning difficulties. Ms C **learned about carers' support** from her daughter's **occupational therapist**. A care manager **assessed her needs** and gave her a **Carers' Information Pack**. They discussed what she needed to continue caring and still have a life. Ms C signed up for **Hackney Carers' Card** to get **discounts on family shopping** and receive information about carers' support and events. Ms C was tired of visiting the launderette as her grandson is incontinent and her washer dryer was beyond repair. She **felt isolated** and had not had a break away or time to herself for years. The care manager suggested **self-directed support**. Ms C received a **carers' direct payment** enabling her to buy a new washer dryer. Ms C also went on a carers' retreat break giving her a **total break from caring** and a chance to make **friends**. Now she works with Hackney Council on improving services for carers by attending **Equal Partners in Care** consultation group.

Some examples of what we plan to do...

- Take steps to make sure **more carers know about carers' advice services**
- Involve EPIC in **new carers' services** for Hackney and the City of London from July 2012
- Identify and encourage **more local retailers to support the Hackney Carers' Card** scheme and **extend the range of benefits**
- To raise awareness of a **Carers' Conference** which helps us to identify and support more carers

Outcome 2 continued...

Self-directed support, support planning and personal budgets

"I am in control of my care and support planning"

"I know how much money is available to me for care and support, and I decide how to use it"

We are working hard to help more people manage their own support as much as they wish so they control what, how and when they receive that support. We have started implementing self-directed support where people identify what they want to achieve using personal budgets.

Some examples of what we did...

- Increased the number of **people who receive direct payments** or Council **managed budgets** from **14.2%** in 2010/11 to **31.1%** in September 2011
- Implemented policies on **how we deliver personal budgets to give people an idea of how much** it costs to meet their needs
- Provided service users with **training and support on recruiting and employing personal assistants**
- **Engaged and consulted** with local people, service users, carers, people with learning disabilities and voluntary organisations to develop our new model of adult social care
- Improved **the way young people move from children's services to long term adult social care services**

Case study 5: Self directed support

Forty-one-year old Mr B has a condition which results in **weakened limbs** which appear shorter than average with limited movement. He lives in a one bedroom **adapted supported housing flat**. He **cannot use his hands** to perform daily tasks. He works fulltime and **drives an adapted car**. Mr B uses his mouth to hold a pen to write or type. He finds **swimming reduces stiffness** in his joints for a day or two after, giving him slightly better movement. **Mr B receives self-directed support through direct payments** and additional funds from the **Independent Living Fund**. He employs **personal assistants** to help him maintain his personal care at home and to work and swim.

Some examples of what we plan to do...

- Start providing personal budgets to **people with learning disabilities and mental health needs**
- Help service users and carers **assess or review their own needs**
- Make it easier for people to **manage direct payments by offering more support**

Contributing to family and community life and avoiding isolation

"I have a range of support that helps me to live the life I want and contribute to my community"

"I have opportunities to train, study, work or take part in activities that match my interests and abilities"

Hackney Council has aligned its parks, libraries, archives, museum, leisure and sport services with adult social care to increase access for isolated or potentially vulnerable people. Everyone who contacts our **Information and Assessment Service** is offered a **wellbeing assessment and plan** which opens up opportunities for people to stay well and healthy and get active in the community.

Some examples of what we did...

- Since April 2011, helped **325 older people** make a **positive contribution** to their communities through volunteering with the **3H Project**
- Arranged for 25 people **to use personal budgets to employ a personal assistant to take them out and about**
- Delivered the **Fit4Health community based exercise programme** to 62 people who had suffered strokes helping to improve their energy, fitness and ability to carry out daily tasks
- **Increased registrations for home book delivery services** for people unable to get to local libraries
- Arranged a Black History Month **Caribbean Memories Celebration** at a home for older people
- **Recorded 24 oral histories** for Hackney Museum's Mapping the Change project with people taking part reporting increased self-worth and confidence
- Supported **29 service users with learning disabilities** and **55 with mental health needs** (who met our eligibility criteria) in paid employment
- **Supported 57 people with learning disabilities** (who did not meet our eligibility criteria) through the **Hackney Recruitment Partnership** to help them into employment
- **2200 older people** registered to take part in the **New Age Games** physical activity programme
- Held three **tea dances**, each event attracting **150-200 older people**
- Saw **more than 800 people** take part in free aerobics, zumba, yoga and walking activities in Hackney parks
- Involved **1,211 people in Walking Together** programmes for people aged 50 and over with **55% reporting improvements in health and wellbeing**

Case study 6: Contributing to family and community life

Among the 29 people who contributed their memories to **Hackney Museum's Our African Roots exhibition** was a gentleman who **survived civil war and famine** and fled to Hackney as a boy to rebuild his life in the borough. His oral history highlighted the horrors he endured before coming to Britain and how he came to see Hackney as his home. We **invited him to speak to schoolchildren** as part of the exhibitions programme, a rewarding experience for everyone involved. He told us: **"You have no idea what Hackney Museum has done for me. I have finally started to talk to my brother about what happened."** He told us how being able to share and open up about his childhood experiences had **reaped many benefits for his family and his children**. Our African Roots exhibition was planned and created to share the histories of Hackney's expanding African community. Many other participants told us the exhibition and the chance to record their experiences as part of Hackney's official history had **boosted their confidence and feelings of self worth**.

Some examples of what we plan to do...

- Invest **significantly in front-line staff** training to promote prevention and community involvement
- Increase the pieces of minor equipment and telecare devices ordered to help people remain independent
- Work with **City & Hackney Carers Network** and others to provide further support to carers to remain in or access paid work or volunteer opportunities

Outcome 3

Promoting independence, delaying, and reducing need for care and support

Regaining independence through early intervention and reablement

“I want to become independent again and avoid long term dependence on strangers and professionals”

With our NHS partners, Hackney Council provides integrated services to people leaving hospital including therapy at home. All patients who need it can access reablement to help them function as independently as possible to reduce the need for on-going support or risk of returning to hospital.

Some examples of what we did...

- Provided reablement support to 721 people with **47.6% regaining enough independence to no longer need support or to have their care package substantially reduced**
- Opened Century Court in April 2011, a **new award winning Housing with Care Scheme for 48 older people and people with learning disabilities**
- **Helped 1,489 older people remain independent** with Floating Support: 621 in sheltered housing and 868 in general housing



Case study 7: 12 week therapy programme

Mr S was referred to the Therapy at Home team for rehabilitation following a stroke. The assessment found he experienced weakness on his left side and was unable to go outdoors because **he struggled to manage stairs**. Mr S wanted to walk to the local chemist and post office. He received 12 weeks' support including exercises, mobility practice, rails and equipment. He was also referred to the district nurses for a pressure cushion and to the **Fit4Health exercise group** and received help to find somewhere to live. At the end of the 12 weeks, **Mr S met his goal** and used two elbow crutches with moulded handles for support while walking outdoors. The strength in Mr S's right leg improved but remained limited. We assessed Mr S and provided him with a splint for his right foot. Three months after he left hospital **Mr S had maintained his functional levels** and was going out independently with his wife supervising him on the stairs. **Mr S no longer required long term care services.**

Some examples of what we plan to do...

- Continue to **improve** our **preventative** and **reablement** services to avoid dependency
- **Increase** the number of people in **supported housing with care** schemes
- Design similar services **suitable for people with learning disabilities and mental health needs**

Support in the most appropriate setting to maintain independence

“I don’t want to end up in a care home”

When people in Hackney have support needs, we want to help them to remain as independent as possible for as long as possible in a familiar environment. When people are discharged from hospital we offer reablement support at the right time to reduce risk of hospital readmission or need for a care home placement. For several years we have been investing in supported housing to help more people live in the community.

Some examples of what we did...

- **Invested in extra care housing** and supported housing within Hackney
- **Opened Century Court, an award winning new housing scheme with 40 flats for older people and people with learning disabilities**
- **Helped 20 people with learning disabilities move from residential care homes to supported living schemes**, giving them more independence

Some examples of what we plan to do...

- Review the mix of housing and care services to **improve options for people with personal budgets**
- Conduct a major **review of intermediate care services**, supported by clinical commissioning groups and NHS partners, to make them even more effective
- Work with City & Hackney Carers Network to **extend support for carers**
- **Speed up access to housing with care**, as it currently takes too long for those people who need to move home quickly

Making sure everyone has the opportunity to have the best health and wellbeing and can access support and information to help them manage their care needs

“I have plenty of opportunities to stay healthy and well”

We want all residents to stay well and healthy and remain independent. Our Health and Wellbeing division provides leisure, libraries, archives, museum, sport and other services to reduce isolation and promote health and community involvement. Our work also goes beyond meeting the needs of vulnerable people to tackle the broader inequalities in the local resident population.

Some examples of what we did...

- Successfully piloted **wellbeing plans with 142 people** to help them access a wide range of services to improve their wellbeing
- More than **50% of people with wellbeing plans reported improvements in daily activity and relationships**
- Launched the **Hackney Tobacco Control Alliance** with partners to tackle smoking, the **single biggest cause of preventable disease** in the borough
- **Ran the Parks for Life programme** promoting health and wellbeing **with 800** people taking part in free weekly yoga, zumba, aerobics and walking sessions in Hackney parks
- Published Health and Wellbeing **profiles for every ward** to give residents, councillors, voluntary and community groups and commissioners **greater insight into the needs** of their local neighbourhoods
- Set up an **Energy Advice Line** to help **tackle fuel poverty**

Case study 8: Wellbeing plan

Ms C is a 64 year old woman who enjoyed playing solitaire. The wiring from the back of her computer came loose and she was no longer able to play her favourite game at home. Ms C did not know how to reconnect her computer and requested support from social services. Through her wellbeing plan, Ms C was linked up to 3H to assist with connecting her computer. They identified that Ms C also enjoyed swimming and dancing. Her wellbeing plan linked Ms C to the New Age Group programme for 50+ for free gym, swimming and dancing.

“

800 people took part in free weekly yoga, zumba, aerobics and walking sessions in Hackney parks as part of the Parks for Life programme

”

Some examples of what we plan to do...

- **Roll out wellbeing plans** to all services users not eligible for social care support
- Tackle inequalities by helping local people deal with **fuel poverty**, cope with the **impact of welfare reform on mental health** and maximise the benefits of using Hackney's parks and open spaces
- Find ways to match **community food growing projects with community kitchens on estates** based on the achievements of the Somerford Grove community growing project



Outcome 4

Ensuring people have a positive experience of care and support

Satisfaction with experience of care and support services

“I have access to high quality, impartial information, advice and advocacy on issues that affect me”

“I have access to information and advice that is available at times and places that suit me”

People who use our care and support services have said we are getting things right. However there is always room for improvement. **62.3% of people** who responded to our adult social care survey were **satisfied** with our services.

The Equal Partners in Care carers' group highly rated our Carers' Retreat services saying:

“

I for one would encourage others to go and would return there anytime

”

“

It was very rewarding, enjoyable with other carers who were there

”

“

The conversations were very interesting and it was useful to hear about other carers' experiences

”

41% of people said wellbeing plans **made a positive difference to their quality of life** and **50%** said **wellbeing plans made them feel safer** at home.

Some examples of what we did...

- **Commissioned 12 voluntary organisations** to identify carers across Hackney and offer them tailored advice and support
- Supported City & Hackney Carers Centre **to provide multi-lingual advice** workers to **improve access to advice and support for many carers**
- **Improved our First Contact Service** by providing a single phone number offering comprehensive advice, help and support to all callers including those ineligible for social care support



Some examples of what we plan to do...

- Use results from our user experience surveys to improve the quality and choice of services, including those for carers, and improve on our survey results next year
- Find out what health and wellbeing outcomes people want from sports and cultural entertainment activity

Make sure people are treated with dignity and respect by people making decisions about their care and support

‘I want people to treat me with respect and be sensitive to my circumstances when they are arranging my care’

‘I want someone to speak up for me when I have difficulty making my own decisions’

Hackney Council is making sure human rights are at the centre of our adult social care practice. This means ensuring staff treat people with dignity and respect, and offering people choice and control to live as independently as possible.

Case Study 9: Respect and dignity

Some people who use our homecare services **told us they received no advance warning if their carer or service was changed.** Our 2009 dignity survey revealed that while **84% of people were warned of changes to carers and services in advance, 16% of people were not.** Hackney’s Home Care Service looked at communication between home care staff and service users. This led to changes. Now **carer and service changes must be communicated to service users in writing in advance.** Emergency changes due to sickness or transport difficulties must be communicated to the service user by telephone. Staff must **confirm the name of the new care worker, their start and end times and that tasks will be carried out** in line with their Outcome Focused Care Plan.

Some examples of what we did...

- **Trained staff and partners in ensuring human rights are protected** in day to day social care practice as part of an British Institute for Human Rights pilot scheme
- Identified 45 staff, service users and voluntary organisations willing to act as **‘dignity champions’** across all services
- Enabled the European Fundamental Rights Agency to run focus groups with service users, staff and voluntary agencies in Hackney to find out how well we have **embedded human rights** and find areas for improvements

Some examples of what we plan to do...

- Extend human rights and dignity training to independently commissioned providers to **embed human rights and dignity in their care practice**
- Make sure independent providers have the tools to embed human rights and dignity in care practice
- Put in place a robust system for monitoring **respect and dignity outcomes**

Section 7: Who are our local people?

It is important we know and understand our local community well to properly plan and provide future adult social care services.

The City and Hackney Health and Wellbeing Profile 2011 identifies our community's needs across health and social care, children and adults. The profile is available at www.hackney.gov.uk/jsna. This profile uses evidence and data from the Census, Hackney Council, NHS City and Hackney (now part of the NHS East London and the City), City of London Corporation and voluntary and community sector partners.

Hackney's Population

We expect major population growth over the next 20 years. By 2031 the population is likely to be well over 260,000. At first this growth will be mainly in the working age population aged between 40 and 59 years, but in the 2020s, as these people grow older, the population of pension age will see the biggest increases. By 2031, the 60+ age group will be 20% bigger than it is today.

Hackney has a young population with more than one in four (26%) of its residents aged under 20 years and nearly two in five (39%) aged between 20 and 39 years. Of the total population, 219,200 people, 18,200 people are aged 65 years or more and 45% are male and 55% female. These are the latest mid year population statistics (2010) published by the Office for National Statistics and can be found on the Hackney website Single Evidence Base pages: www.hackney.gov.uk/statistics-evidence-plans-and-strategies

Against the ethnicity categories used in the Census, 62% of Hackney residents identify as white including 48% who identify as White British. Black residents are the second largest ethnic group in the area. The Census categories disguise the complexity of Hackney's ethnic profile and do not give us information on a number of distinct groups.

The **Orthodox Jewish community** represents an estimated 7% of Hackney people and is **located primarily in Stamford Hill** in the north of the borough. The natural growth of this community is estimated to be 4% annually and over half of its residents (52%) are under 20 years old. There are also large **Turkish and Kurdish communities** in Hackney. This information has been taken from the City and Hackney Wellbeing Profile and we use these statistics to help predict demand and plan services for the future.

More information about Hackney's population can be found at: www.hackney.gov.uk/xp-factsandfigures



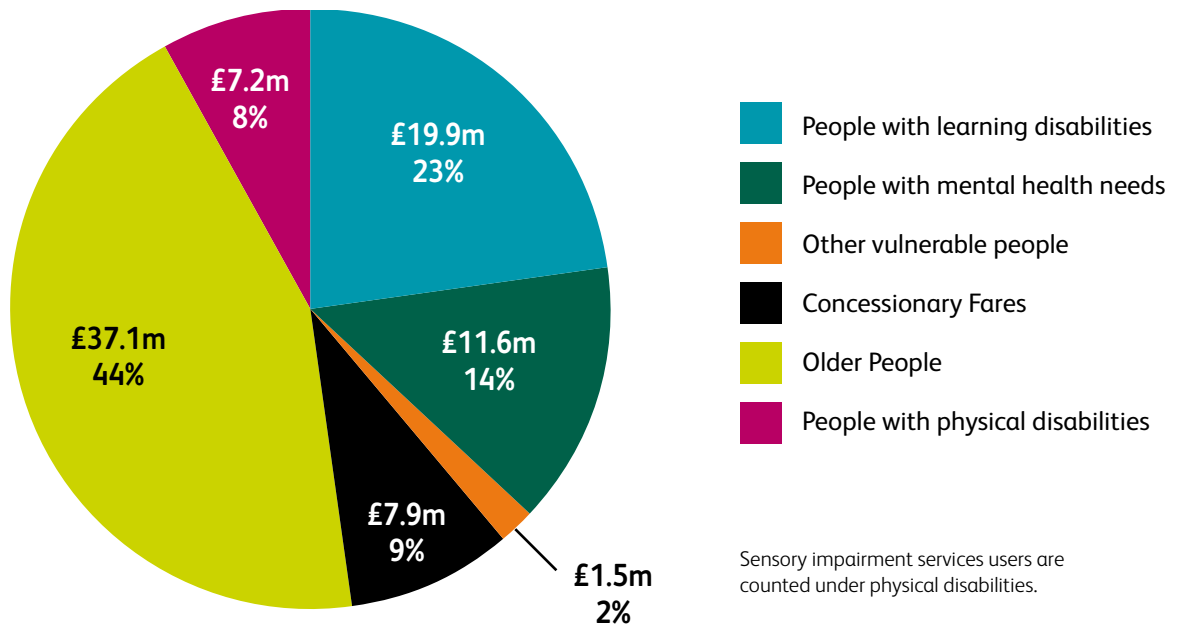
Section 8: How much do we spend?

Adult social care accounts for 29% of Hackney Council's total budget for 2010-11. The pie chart below shows how the **£85,189,000 net spend** is shared between people with different needs in adult social care.

The Council publishes full audited accounts each year. The 2010-11 accounts can be found at www.hackney.gov.uk/f-statement-of-accounts

The Council budget for 2011-12, along with other budget and spending information is available at www.hackney.gov.uk/budget.

Chart 1: Net spend on Adult Social Care in 2010-11



Section 9: What do we spend it on?

We provide a range of services that support people in their own homes including:

- Home care
- Day care
- Enabling services
- Carers' support
- Equipment

Our services concentrate on enabling people to remain at home or return home after hospital treatment or time spent in a residential home. Most people prefer to be cared for in their own

homes so these services are crucial for helping people to live independent lives.

We also provide services to unpaid carers who look after people with adult social care needs.

Chart 2 shows we received **6,121 referrals** during 2010 -11. Of those, 1,329 (22%) people received a **Community Care Assessment**. These people met our Fairer Access to Care Services (FACS) criteria. This means their needs were assessed to be substantial or critical and they need support from social care services. For more information on our FACS criteria please go to Appendix 3.

Chart 2: Referrals received during 2010-11

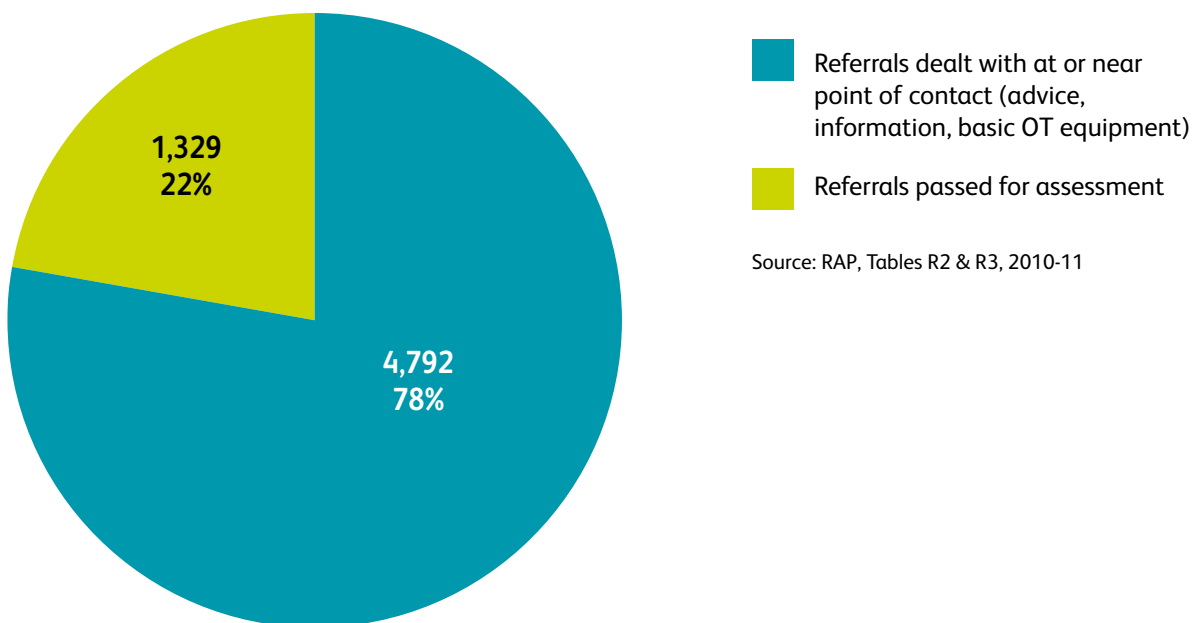


Table 1 shows we **assessed 1,383 people** during 2010-11. 1,329 referrals were received in 2010-11 and 54 during 2009-10. The majority were people with physical disabilities and those aged 65 and over.

Table 1: Number of new assessments by client group and age

	18 – 64	65 or over	Totals	%
People with physical disabilities	283	744	1027	74%
People with learning disabilities	25	1	26	2%
People with mental health needs	110	103	213	15%
Other vulnerable people (Including asylum seekers/refugees)	107	10	117	9%
Total assessments	525(38%)	858(62%)	1383	100%

Source: RAP, Table A7, 2010-11

Tables 2 and 3 show that during 2010-11 we provided **services to 5,389 people** with a wide range of needs and of these 81 % (4,541) received services in the community such as day care, home care and meals. The majority of people in receipt of services are those with physical disabilities and aged 65 and over.

Over 80 % of people receiving a service during 2010-11, did so in the community, reflecting the Council's aim of supporting people to remain independent in the community.

Table 2: People receiving services during 2010-11, by client group, age and gender

	18 – 64		65 or over		Totals	%
	Female	Male	Female	Male		
People with physical disabilities	566	370	1694	906	3536	66 %
People with learning disabilities	229	329	25	12	595	11 %
People with mental health needs	284	415	272	140	1111	20 %
Other vulnerable people	36	70	25	16	147	3 %
Total people	1115	1184	2016	1074	5389	100%

Table 3: People receiving community based services, or in residential or nursing care during 2010-11, by age and gender

	18 – 64		65 or over		Totals	%
	Female	Male	Female	Male		
Community based services	991	952	1689	909	4541	81 %
<small>(These are services provided to support people live in the community for example meals, day care, home care, transport.)</small>						
Residential care	128	254	283	160	825	15 %
Nursing care	10	15	134	52	211	4 %
Total people **	1219**	1221**	2106**	1121**	5577 **	100%
					5389 clients	

Source: RAP, Table P7, 2010-11

** NB: the total people figures include some double-counting of clients as some clients move between different services in the same year (e.g. move from community-based to residential care)

In **Table 4** we see that 61% of people receiving services are White or White British and 30% are Black or Black British. The percentage of Asian or Asian British people receiving services is lower (5%) than the borough profile (10.5%).

Table 4: People receiving community based services, or in residential or nursing care during 2010-11, by ethnicity

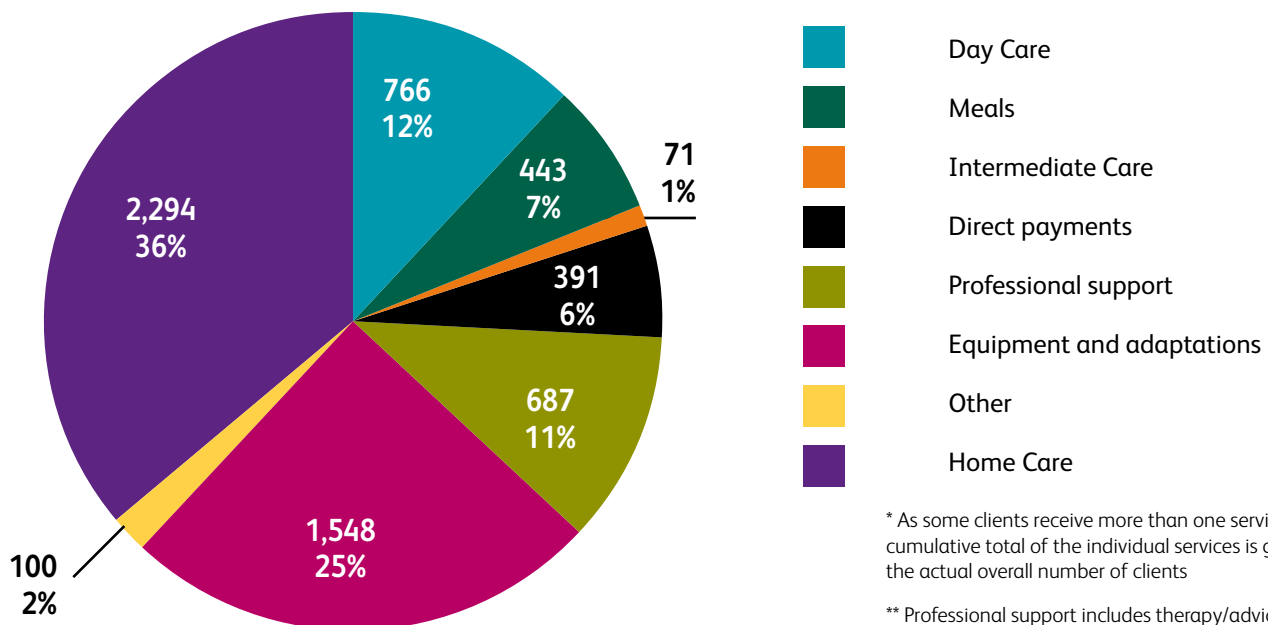
	White or White British	Black or Black British	Asian or Asian British	Chinese and any other	Not stated	Totals %	
Community based services	2698	1440	251	150	2	4541	81%
<small>(These are services provided to support people live in the community for example meals, day care, home care, transport.)</small>							
Residential care	604	179	14	28	0	825	15%
Nursing care	154	51	1	5	0	211	4%
Total people **	3456	1670	266	183	2	5577 **	100%
	(61%)	(30%)	(5%)	(3.2%)	(0.03%)	5389 clients	
Borough profile % (ONS)	65.3%	17.0%	10.5%	4.4%	0%	NA	100%

Source: RAP, Table P7, 2010-11

** NB: the total people figures include some double-counting, as clients may use more than one of these categories of service in a year (e.g. move from community-based to residential care).

Chart 3 shows more than **one third of people received home care services** and one quarter received a piece of equipment or an adaptation was made to their home. On the 31 March 2011 there were 4541 service users in receipt of community based services. More service users are choosing to receive their services via direct payments and during 2010-11, 6% received their services in this way.

Chart 3: Types of community based services provided during 2010-11



* As some clients receive more than one service, the cumulative total of the individual services is greater than the actual overall number of clients

** Professional support includes therapy/advice/support/counselling, this is normally provided to people with mental health needs

Table 5 shows we assessed or reviewed **1,204 carers**. Of those 43% received support services including **carers discount cards, residential respite, carers retreat, counselling and sitting services**.

Table 5: Carers receiving support, advice and information during 2010-11

	18 – 64	65 or over	Totals	%
Carers receiving advice and information	489	199	688	57%
Carers receiving support services	416	100	516	43%
Total Carers	905	299	1204	100%

Source: RAP, Table C2, 2010-11 (age of carer)

Tables 6 and 7 show 489 people received either a direct payment or managed budget during 2010-11 and of those 51% were White or White British and 38% Black or Black British. The take up of direct payments by White or White British and Asian or Asian British people is low when compared to the borough profile in Table 7.

Table 6: Service users receiving direct payments/managed budgets during 2010-11

	18 – 64	65 or over	Totals	%
People with physical disabilities	152	184	336	69%
People with learning disabilities	84	2	86	18%
People with mental health needs	32	25	57	11%
Other vulnerable people	7	3	10	2%
Total service users	275	214	489	100%

(11% of clients receiving community based)

Source: RAP SD1, 2010-11 & 2009-10

Table 7: Service users receiving direct payments or managed budgets by ethnicity

	Clients	SDS %	Borough Profile % (ONS)
White	250	51%	65.3%
Black or black British	186	38%	17.0%
Asian or Asian British	35	7%	10.5%
Chinese and any other	18	4%	4.4%
Mixed	0	0%	2.8%
Total clients	489	100%	100%

Source: RAP SD2, 2010-11 & 2009-10

Glossary

Advocacy

Help for people to express their views about their needs and choices

Care Quality Commission

Independent regulator of all health and social care services in England

Carer

Someone who provides unpaid support to family member or friend who cannot manage without this help

Commissioning

Process the council uses to plan and buy services for adults with care and support needs

Community based services

Social care services provided in the community rather than in hospital or other institutions including day care, meals, professional support, homecare, transport, supported housing with care and supported living schemes

Cultural services

Services that seek to entertain and contribute to the physical, intellectual and social wellbeing of residents including libraries, leisure centres, the arts, museum and parks

Direct payment

Money payment made to people who need care following an assessment to help them buy their own care or support and be in control of those services

Equipment and adaptations

Specialist items provided to service users following an assessment by an occupational therapist or physiotherapist to help them remain safe in their home and perform daily activities

Fairer Access to Care

Government guidance for councils to help them set eligibility criteria for adult social care services

Managed budget

Where a person asks the council to directly provide them with services to the value of their personal budget or to contract someone else to provide the service

Nursing care

Care carried out or supervised by a qualified nurse including injections and dressings paid for by the NHS

Outcome

End result, change or benefit for an individual who uses social care and support services

Preventative services

Services that involve early interventions to prevent long term dependency or ill health

Personalisation

New approach to adult social care that is tailored to people's needs and puts them in control

Personal budget

A money allocation available to someone who needs support where the money comes from the Council's social care funding

Professional Support

Therapy, advice, support or counselling services normally provided to people with mental health needs

Public Realm

Council services covering streets and street lighting and cleaning, road safety, sustainable transport, waste, recycling, markets, parking, environmental protection, consumer protection and food safety

Reablement

Timely and focused intensive therapy and care in a person's home to improve their choice and quality of life and maximise long term independence

Residential care

Care in a care home providing personal care such as washing, dressing and taking medication

Safeguarding

Protecting vulnerable people from neglect or physical, financial psychological or verbal abuse

Supported Housing with Care

Housing developments comprising self contained flats for people age 55 plus with housing, support and care needs (usually for people needing at least 10 hours of care a week) Some schemes are for people with learning disabilities, severe memory problems or brain injury

Supported Living Schemes

Schemes that help adults, mostly aged 65 and older, to live as independently as possible in the community and where they are responsible for their own tenancies

Telecare

Equipment, devices and services to help vulnerable people stay safe and independent at home, including fall sensors and safety alarms

Universal services

Services available to all borough residents including libraries, parks and health services

Vulnerable adult

A person aged 18 or over who may be unable to take care of themselves, or protect themselves from harm or exploitation due to mental health problems, disability, sensory impairment, frailty or other condition

Wellbeing plan

Information and support for vulnerable residents to help them keep independent, healthy and well and out of long term care services for as long as possible

Appendix 1: Key performance indicators

The table below provides information on how Hackney Council's adult social care and preventative services performed last year and during the first six months of 2011-12. We are still working on developing more meaningful ways to measure how well our services help people with care and support needs to achieve better outcomes. These will be included in next year's local account.

Description	April 2010 to March 2011	April 2011 to September 2011	Target 2011-12
SAFEGUARDING ADULTS WHOSE CIRCUMSTANCES MAKE THEM VULNERABLE AND PROTECTING FROM THEM FROM HARM			
% of service users who said they feel safe	56.8%	From an annual survey	No target
% of service users who say that their services have made them feel safe and secure	50.8%	From an annual survey	No target
Who service users said they would contact if they felt unsafe, as a percentage from the Adult Social Care Survey:			
• My care manager or social worker	17.4%	From an annual survey	No target
• No-one/I don't know	7.2%	From an annual survey	No target
Number and % of safeguarding referrals:			
Older People (65+)	141 (33.9%)	84 (36.5%)	No target
Older People (65+) Mental Health Problems	43 (10.3%)	26 (11.3%)	
Mental Health (18-64)	110 (26.4%)	44 (19.1%)	
Physical Disability (18 - 64)	56 (13.4%)	39 (17.0%)	
Learning Disabilities (18-64)	50 (12.0%)	32 (13.9%)	
Substance Misuse (18-64)	16 (4.0%)	5 (2.2%)	
TOTAL	416	230	
Safeguarding Adults referrals per 100,000 population	249	138	
		(Full Year est. = 275)	
Number of completed safeguarding cases:			
Older People (65+)	69 (33.3%)	73 (39.2%)	No target
Older People (65+) Mental Health Problems	21 (10.1%)	21 (11.3%)	
Mental Health (18-64)	46 (22.2%)	41 (22.0%)	
Physical Disability (18 - 64)	29 (14%)	26 (14.0%)	
Learning Disabilities (18-64)	33 (15.9%)	22 (11.8%)	
Substance Misuse (18-64)	9 (4.5%)	3 (1.6%)	
TOTAL	207	186	
Repeat incidents of domestic violence	13%	8%	30%
Cases of violent crime per 1000 population	1.61	0.13	1.89

Description	April 2010 to March 2011	April 2011 to September 2011	Target 2011 - 12
ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS			
How people using our services rate their quality of life. Responses to an Annual Survey to 8 questions about control, dignity, personal care, food & nutrition, safety occupation, social participation and accommodation	76.6 %	From an annual survey	No target
Service users who feel they have as much control over their daily lives as they want	31.8 %	From an annual survey	No target
Number of people contacting Social Services who were signposted to the Happy and Healthy in Hackney project (3H)	59	250	No target
Number of people contacting Social Services who were signposted to community and voluntary organisations who do not require ongoing social care support	292	Not available	No target
Number of carers assessed or reviewed and provided with advice and information	688	184	1,150
Number of carers assessed or reviewed and provided with services	516	208	
Number of carers receiving a carer's direct payment	227	99	250
Carers receiving services from Carers Grant Funded Services	266	Not available	275
Number of carers who receive respite care breaks – (short term residential/nursing plus day and night sitting)	130	96	150
% of assessments of people completed within 28 days	94.8 %	97.6 %	92 %
% of people with services set up within 28 days	94.5 %	89.4 %	92 %
% of people receiving social care as self-directed support	14.2 %	31.1 %	50 %
% of people receiving social care as a managed budget	0 %	20.2 %	50 %
% of people receiving social care as a direct payment	14.2 %	10.9 %	
% of people who use services that feel they have control over their daily life	31.8 %	From an annual survey	35 %

Description	April 2010 to March 2011	April 2011 to September 2011	Target 2011 - 12
ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS			
% of people receiving Supporting People funds achieving independent living	98%	98%	98%
% of adults with learning disabilities known to the borough who are in employment	4.8%	5.1%	6%
% of adults in contact with secondary mental health services who are in employment	5.2%	5.1%	4.1%
DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT			
Annual permanent admissions to residential and nursing care homes per 1,000 population	0.90	0.86	0.90
Number of grant funded schemes aimed at Black and Minority Ethnic communities (BME)	25	25	25
Number of people per 100,000 population in residential or nursing care:			
• Physical Disabilities (18-64)	31.7	28.1	No target
• Mental Health (18-64)	47.9	49.1	No target
• Learning Disabilities (18-64)	98.7	95.1	No target
• Older people (65+)	333.9	326.7	No target
Average monthly delayed hospital discharges per 100,000 population	13.9	10.8	13.0
Average monthly delayed hospital discharges attributable to adult social care per 100,000 population	11	6	10
% of older people still at home 91 days after being discharged from hospital with reablement and rehabilitation services	95%	96%	90%
% of people who are independent and do not require long term services within 6-12 weeks after being discharged from hospital with a rehabilitation and reablement programme	75%	82%	75%
% of people receiving Fast Track Therapy Services who are independent within 6 weeks (NEW)	76%	100%	80%

Description	April 2010 to March 2011	April 2011 to September 2011	Target 2011 - 12
ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS			
% of adults with learning disabilities known to the borough who live on their own or with their family	65%	69%	67%
% of adults in contact with secondary mental health services living independently, with or without support	89%	85%	75%
Number of Occupational Therapy Equipment items delivered to people	7,114	3,121	7,500
Number of people in Supported Housing with Care	NA	103	115
ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT			
% of people satisfied with social services	62.3%	From an annual survey	No target
% of service users easily finding information and advice about support services	70.3%	From an annual survey	No target
% of service users who are happy with the way their care workers treat them	88.8%	From an annual survey	No target
% of contacts to Social Services from:			
• Hospital	32%	52%	No target
• Community Health	17%	15%	
• Self Referrals	23%	7%	
• Family/friend/neighbours	7%	5%	
• All other points	21%	20%	



Appendix 2: Key changes and developments in adult social care

A number of national reviews, reports and government guidance have shaped the move to the personalisation of adult social care.

Dilnot Review: Future Funding of Care and Support highlighted the urgent need to reform social care funding and recommended improvements to the way young people with care and support needs accessed adult services

A Vision for Adult Social Care sets out the Government's vision for personalising adult social care and using outcomes to measure effectiveness. It laid down seven principles: Personalisation; Partnership; Plurality; Protection; Productivity; and People

The **Law Commission Review Recommendations** called for a single, clear, modern statute and code of practice for a coherent social care system. It recommended that

councils provide clear and concise information to older people, disabled people, those with mental health problems and carers on their legal rights to care and support

The **Health and Social Care Bill 2011** is the Government's vehicle for delivering its vision to modernise the NHS. Its themes are: strengthening commissioning of NHS services; increasing democratic accountability and public voice; liberating NHS services provision; strengthening public health services and reforming health and care arm's-length bodies

Caring for our future: shared ambitions for care and support consultation is a Department of Health consultation which ended on 2 December 2011 and invited views on what the Government should prioritise to improve the care and support system

Appendix 3 - FACS eligibility criteria

We use our Fairer Access to Care Services (FACS) criteria to assess which people need social care support. These criteria are set by the Council in line with Department of Health guidance.

FACS Eligibility Criteria	
PRESENTING NEEDS	<p>The risk is Critical when</p> <ul style="list-style-type: none"> • Life is, or will be, threatened; and/or • Significant health problems have developed or will develop; and/or • There is or will be little or no choice or control over vital aspects of the immediate environment; and/or • Serious abuse or neglect has occurred or will occur; and/or • There is, or will be, an inability to carry out vital personal care or domestic routines; and/or • Vital involvement in work, education or learning cannot or will not be sustained; and/or • Vital social support systems and relationships cannot or will not be sustained; and/or • Vital family and other social roles and responsibilities cannot or will not be undertaken.
	<p>The risk is Substantial when</p> <ul style="list-style-type: none"> • There is, or will be, only partial choice or control over the immediate environment; and/or • Abuse or neglect has occurred or will occur; and/or • There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or • Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or • The majority of social support systems and relationships cannot or will not be sustained; and/or • The majority of family and other social roles and responsibilities cannot or will not be undertaken.
	<p>The risk is Moderate when</p> <ul style="list-style-type: none"> • There is, or will be, an inability to carry out several personal care or domestic routines; and/or • Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or • Several social support systems and relationships cannot or will not be sustained; and/or • Several family and other social roles and responsibilities cannot or will not be undertaken.
	<p>The risk is Low when</p> <ul style="list-style-type: none"> • There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or • Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or • One or two social support systems and relationships cannot or will not be sustained; and/or • One or two family and other social roles and responsibilities cannot or will not be undertaken.
	<p>SERVICES PROVIDED TO MEET ELIGIBLE NEEDS</p> <p>ELIGIBLE NEEDS</p> <p>ADVICE, INFORMATION AND DIRECTING TO PREVENTATIVE SERVICES</p>

Let us know what you think about this local account

We want to start consulting on this local account now to find out what you think and what information you want see in future reports. Hackney Council is inviting feedback from residents and other stakeholders.

This online consultation runs from 20 December 2011 until 13 March 2012. We will also be directly consulting carers and other people who use our services during 2012.

Please visit www.hackney.gov.uk/local-account and tell us what you think.

