

8. Local services

Health services

The *Health and Wellbeing Profile 2011/12* data on knowledge and use of health services is up to date: [page 271](#).

Primary care

The *Health and Wellbeing Profile 2011/12* data on primary care services is up to date: [page 273](#).

GP registrations

See Chapter 1 'GP Registrations'.

A new GP out-of-hours service has been commissioned and will start operating in December 2013.

The City

The majority of City residents are registered with the Neaman practice in the City of London (81%), with the second largest registration being at the Spitalfields practice in Tower Hamlets (9%) (Figure 8.1).⁴⁵ Overall, 18% of residents are registered outside City and Hackney PCT; the majority of these are registered with GPs in Tower Hamlets (12%). While the practice with the third largest registration of City residents is in Camden, only 4% of City residents are registered with a GP in Camden PCT.⁴⁶

The Portsoken ward contains two social housing estates at Mansell Street and Middlesex Street. Some of this residential accommodation was originally in Tower Hamlets, but was transferred to the City under The City and London Borough Boundaries Order 1993. The ward's relatively recent addition to the City means that the Portsoken area's links to Tower Hamlets are still strong, and not all of the services in the area are provided by the City. The catchment area of the City's only GP practice does not cover the Mansell Street and Middlesex Street Estates, meaning that residents of these two estates must register with GPs from Tower Hamlets. A Tower Hamlets GP practice currently provides services to Portsoken residents at the Green Box Community Centre, located on the Mansell Street Estate.

Figure 8.1 GP registration of City residents

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Source: Mapping of Health Services in the City of London, 2012

⁴⁵ *Mapping of Health Services in the City of London, 2012*

⁴⁶ *Mapping of Health Services in the City of London, 2012*

Dental services

2013 update

There has been a decrease in the number of adults accessing dental services in Hackney and the City, and 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 trust dental service hosted by Barts Health is responsible for providing care for people with special needs and undertaking epidemiological surveys.

Dental services in Hackney and the City comprise the following:

- 96 dentists working in 28 general dental practices
- three dental 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 England and provided via telephone triage, the Royal London Hospital and three general dental practices. This service is currently under review
- hospital dental services, mainly at Barts, the Royal London and the Homerton, which provide specialist care for local residents.

During the period July 2012 to June 2013, 37.3% of adults in Hackney and the City accessed dental services, compared with 47% in London and 52.5% in England; adult access to dental services decreased by 2.8 percentage points.

According to the GP Patient Survey Dental Statistics (January to March 2013), 89% of residents of Hackney and the City who tried to get a dental appointment were successful, compared with 95% in England (Table 8.1).

Table 8.1 Patient satisfaction with dental services (2013)

	Hackney and the City	London
% patients satisfied with the time they had to wait for a dental appointment	72.8%	82.8%
% patients satisfied with dentistry received	87.1%	89.2%

Source: NHS Business Services Authority Dental Vital Signs Report, July 2013

The City

There are two new dental practices in the City: the Barbican Dental Centre, which offers a range of private and NHS treatments, and the specialist Barbican Orthodontic Clinic, which serves children and young people aged 0–18. City residents also have access to the community services described in figure 8.1.

During the period April 2010 to March 2011, residents of the City of London accessed NHS dental services in the neighbouring boroughs of Hackney, Tower Hamlets, Camden and

Islington. The number of people living in the City of London who attended an NHS dental practice was 620: 557 of these were adults and 63 children.

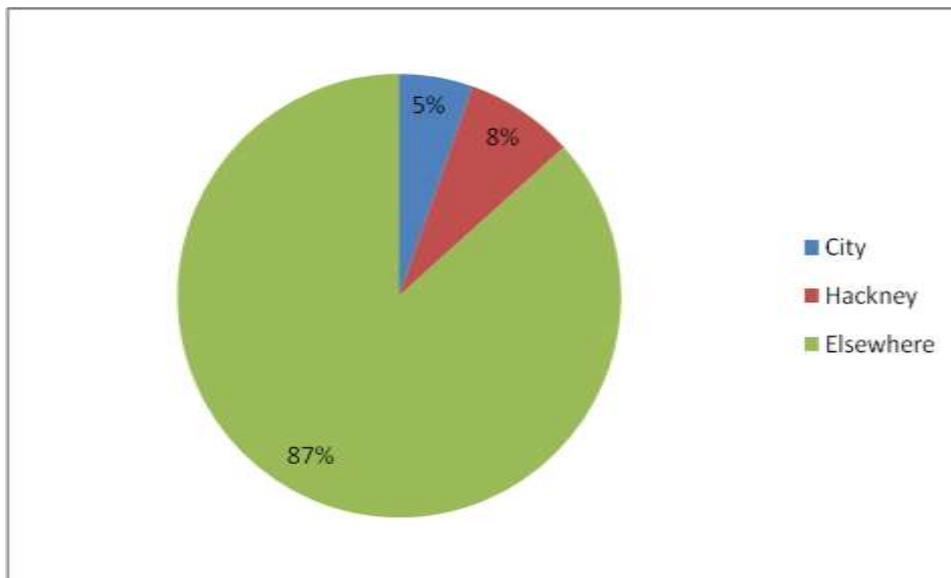
Optometry

The *Health and Wellbeing Profile 2011/12* data on optometry is up to date: [page 277](#).

The City

In 2009/10, only 5% of reported NHS sight tests in the City were performed on City residents, with the rest being performed on non-residents, including 8% on people from Hackney (Figure 8.2).

Figure 8.2 Residency of those undergoing NHS sight tests with optometrists located in the City



Pharmacies and prescribing

There are 50 community pharmacies in Hackney, which provide essential, advanced and local enhanced services to cover the needs of the local population. There are a further 16 community pharmacies in the City.

The City

A total of 16 pharmacies in the City are signed up to deliver Level II smoking cessation support services as detailed in figure 8.2.

These pharmacies have also been branded with the local 'Quit Here' branding in order to raise the profile of the service. In 2012/13, 64% of smokers accessing support to give up smoking in the City did so through their local pharmacy.

In 2012/13, the pharmacy-led service performed well. Although it fell short of its target (by just two quitters), its overall quit rate of 51% greatly exceeded the DoH recommended minimum quit rate of 35%. Its carbon monoxide validation was exceptionally high at 97% (the DoH minimum standard is 80%).

87% of the pharmacies achieved or exceeded the minimum recommended quit rate, although overall there was a slight decrease in the number of four-week quitters compared with the previous year. However, the quit rate increased from 44% to 51%, which suggests that the quality of stop smoking services in pharmacies is increasing.

The profile of smokers who access the pharmacy stop smoking services in the City continues to mirror the profile of the City working population as a whole. 56% of smokers accessing the service are male; they are predominantly white British (76%); and 83% work in managerial or professional occupations.

Level III specialist services are for patients who require longer term, more intensive support. These include patients who: have more than three serious failed quit attempts; smoke within an hour of waking; have chronic diseases (COPD, coronary heart disease, diabetes, hypertension and/or stroke); have multiple illnesses; or have psychiatric problems. The Tobacco Dependence and Research Treatment Unit at Queen Mary University has a team of health psychologists who specialise in supporting smokers who are hard to treat.

The specialist Level III service runs a range of clinics across the City. These include both weekly drop-in clinics and workplace clinics that are run on an ad hoc basis. The Level III service exceeded its 2012/13 target (108%) and achieved a 61% quit rate, with 87% of quitters carbon monoxide-validated. The population accessing the Level III service is very similar to that accessing the pharmacy service: 68% are white British and there are more men than women quitting through the service (65%). When the data is broken down by socio-economic status, the majority of people accessing the service are from managerial and professional occupations (67%). However, routine and manual workers make up 14% of the smokers accessing the Level III service. This is considerably higher than the pharmacy service, where routine and manual workers make up only 4% of the total number of smokers accessing the service.

The Queen Mary service has a team of health psychologists who are able to provide a more intensive level of support and who are trained in behaviour change. They are therefore able to provide a more appropriate service for routine and manual workers, who often have higher levels of dependency.

Smoking cessation support services update

A total of 39 pharmacies across Hackney are signed up to deliver Level II smoking cessation support services.⁴⁷ These provide a highly accessible service to smokers who are less dependent on nicotine, and include the following:

- an initial motivation and assessment appointment
- free weekly stop smoking sessions for six weeks
- convenient one-to-one appointments
- free medication for 12 weeks (prescription charges may apply)
- advice and tips from trained advisers

⁴⁷ City and Hackney Smoking Cessation Services Annual Report 2011–12, NHS East London and City.

- weekly carbon monoxide (CO) monitoring.

All the pharmacies have been heavily branded with the local 'Quit Here' branding in order to raise the profile of the service. In total, 29% of smokers accessing support to give up smoking in Hackney did so through their local pharmacy.

Overall, the pharmacy-led service performed well. The combined efforts of Hackney's pharmacies meant that they exceeded their target, with an average quit rate of 43%. Carbon Monoxide (CO) validation was also significantly above the DH minimum standard, ensuring that 93% of all quitters were CO-validated.

62% of the pharmacies achieved or exceeded the minimum recommended quit rate, and overall there was a slight increase in the number of four-week quitters compared with the previous year.

Secondary care

Hospital admissions and attendances

In 2012/13 there were 20,001 emergency hospital admissions among registered patients in Hackney and the City. This is a standardised rate of 86.8 emergency admissions per 1,000 population,⁴⁸ above the average for London (79.9 admissions per 1,000 population).

The number of attendances at accident and emergency (A&E) departments is high. In 2012/13 there were 61,019 attendances at A&E departments among registered patients in Hackney and the City. However, the rate of 422 per 1,000 population is now only the 10th highest in London, having been the highest as recently as 2009/10. The average rate in London is 381 attendances per 1,000 population. Despite the change in ranking within London, the absolute number of attendances is up slightly on the previous year.

Table 8.2 describes the range of conditions for which residents of Hackney were admitted to hospital in 2011/12; these are divided into planned admissions, emergency admissions and, for pregnancy and childbirth, maternity admissions.

⁴⁸ All age-standardised admissions data comes from NHS Comparators. As NHS Comparators uses the GP-registered population for calculating admission rates, reported rates are lower than would be obtained using official population estimates.

Table 8.2 % hospital admissions in Hackney residents 2012/13

Diagnosis classification	2012/13 total	% of all admissions	% emergency
Pregnancy and childbirth	12,378	20%	10%
Diseases of the digestive system	7,852	13%	21%
Factors influencing health status and contact with health services	7,277	12%	2%
Symptoms, signs and abnormal clinical and laboratory findings	4,344	7%	72%
Diseases of the blood, blood-forming organs and immune mechanism	3,857	6%	53%
Certain infectious and parasitic diseases	3,615	6%	36%
Diseases of the musculoskeletal system and connective tissue	3,410	6%	20%
Diseases of the genito-urinary system	2,989	5%	46%
Diseases of the respiratory system	2,833	5%	85%
Diseases of the circulatory system	2,528	4%	51%
Injury, poisoning and certain other consequences of external causes	2,437	4%	85%
Neoplasms	1,891	3%	17%
Newborn (perinatal)	1,577	3%	19%
Endocrine, nutritional and metabolic diseases	1,105	2%	38%
Disease of the skin and subcutaneous tissue	1,045	2%	61%
Diseases of the nervous system and sense organs	698	1%	53%
Mental and behavioural disorders	624	1%	96%
Congenital malformations, deformations and chromosomal abnormalities	195	0%	12%
Diseases of the ear and mastoid process	179	0%	39%
Diseases of the eye and adnexa	79	0%	70%
External causes of morbidity	11	0%	100%
Other	95	0%	46%

Healthcare-associated infections

All hospitals have to follow a code of practice to minimise the risk of healthcare-associated infections spreading within the hospital.

One of the most problematic healthcare-associated infections is MRSA (methicillin-resistant *Staphylococcus aureus*). Sometimes referred to as the 'superbug', MRSA is a drug-resistant form of a relatively common infection, and can be difficult to treat. Between April 2011 and March 2013 there were two cases of MRSA at Homerton Hospital.

The most significant 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. There were 13 cases of *Clostridium difficile* at Homerton Hospital from April 2011 to March 2013.

Adult social care

Services provided

Hackney Council provides a range of services to people in their own homes, including:

- home care
- day care
- meals
- professional support
- occupational therapy
- sensory equipment and home adaptations
- intermediate care
- direct payments
- support for carers
- telecare
- residential and nursing care
- reablement.

These services concentrate on enabling people to remain at home, or to return home after hospital treatment or time spent in residential care. Most people prefer to be cared for in their own homes, so these services are crucial for helping people live independent lives.

In 2012/13, Hackney Council provided services to 5,380 people with a wide range of needs, both at home and in care homes. Four-fifths (86%, or 4,620 individuals) received services in the community. Table 8.3 shows the different groups receiving services by age and gender.

Table 8.4 and Figure 8.3 illustrate the ethnicity of clients receiving community-based services and residential or nursing care. This data demonstrates the priority given to community services. Although there are differences between the ethnic groups, these do not suggest inequalities in access to either type of service.

Figure 8.4 shows the range of community services provided in 2012/13. These are dominated by home care, day care and equipment and adaptations. Equipment and

adaptations are specialist items provided to service users following an assessment by an occupational therapist or physiotherapist. Equipment is prescribed to help service users experiencing difficulties with their functional mobility. They enable the service user and/or carer to remain safe in their home and allow them to perform daily activities as independently as possible.

Further detailed information about the social care services provided to the main social care client groups is provided elsewhere in this document under 'Mental health', 'Disabilities', 'Older people' and 'Carers'.

Table 8.3 People receiving social care services in Hackney by client group and age, 2012/13

	Total	18-64	65+
People with physical disabilities	3,177	866	2,311
People with learning disabilities	548	507	41
People with mental health needs	1,655	1,182	473
Total	5,380	2,555	2,825

Source: London Borough of Hackney

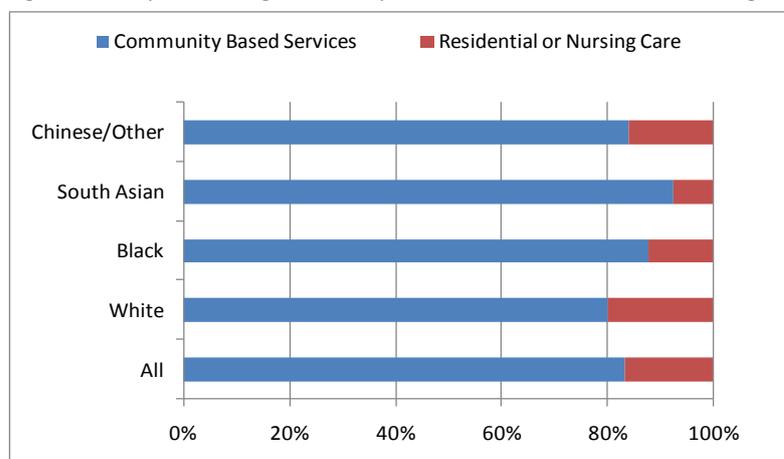
Table 8.4 People receiving community-based services, residential or nursing care by ethnicity, 2012/13

	Total	White	Black	South Asian	Chinese/other
Community-based services	4,620	2,602	1,594	259	165
Residential or nursing care	913	642	219	21	31
Total*	5,533	3,244	1,813	280	196

* The total includes some double counting due to service users moving into care homes from the community during the year.

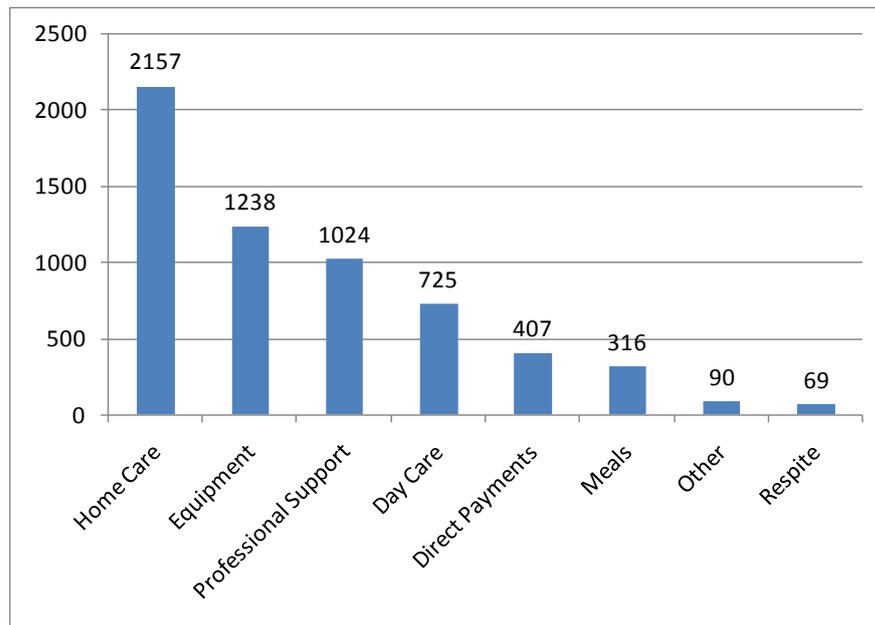
Source: London Borough of Hackney

Figure 8.3 People receiving community-based services, residential or nursing care by ethnicity, 2012/13



Source: London Borough of Hackney

Figure 8.4 Community social care services received from Hackney Council, 2012/13



NB: some clients receive more than one service.

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 commissioned by councils. They offer an opportunity to increase independence and exercise choice. However, they are better suited to some individuals than others. Hackney Council and the City of London Corporation have a duty to make direct payments where individuals express an interest and are able to manage them, with or without assistance. Some people may request support with a direct payment to organise and pay for care, in which case it is set up and delivered in the way they wish.

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 and extremes of temperature, carbon monoxide, natural gas and flooding. The more sophisticated sensors can also monitor the movements of a service user in their home to indicate if the person has stopped moving, had a fall or wandered outside, or is in bed or sitting in a chair. Where relevant, a mobile response team can rapidly visit the service 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 and reassurance

- 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
- contribute to care and support for people with long-term health conditions
- monitor changes to the clinical condition of patients with coronary heart disease, respiratory problems, etc.

In 2012/13 we provided telecare to 1,733 older people, 234 more than in 2011/12.

Outcomes for service users

The annual Adult Social Care Survey provides insight into the lives of users of social care services, including key aspects of health and wellbeing such as personal control over daily life and the experience of pain and anxiety. The following is a description of some of the key findings from the 2012 survey.

Social care-related quality of life

This measure provides an overall indication of the impact of social care services on health and wellbeing. It is a compound measure, based on eight questions about activities in daily life.

The overall score for Hackney was 17.9. Initial benchmarking with other London local authorities suggests that this is an average result.

Higher rates of satisfaction were reported by people with learning disabilities (78.9%) and substance misusers (75.0%). Below average rates were reported by people with physical disabilities/frailty/sensory impairment (56.9%) and people with mental health needs (59.0%).

Overall satisfaction with care and support

This measure provides an indication of the overall experience of services and service quality.

Levels of satisfaction are high in Hackney: 90.4% of survey respondents said they were satisfied, including 58.3% who were very or extremely satisfied. The level of active dissatisfaction is very low (4.6%).

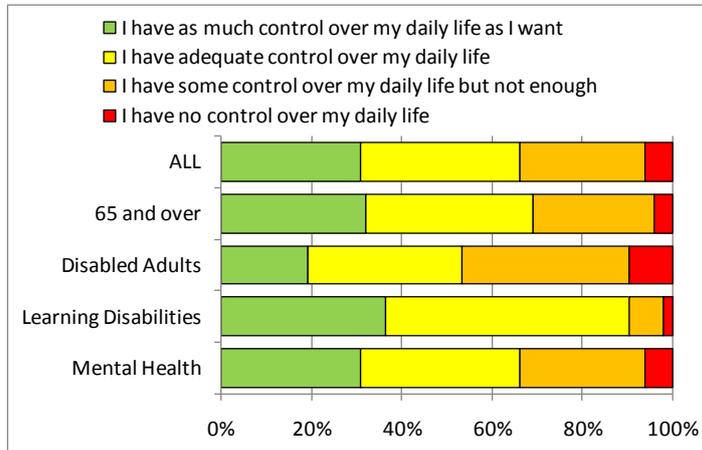
There is a difference in satisfaction rates between the over-65 client group (94.0% satisfied) and the working age client group (85.7% satisfied). Among the working age client group, satisfaction is highest among people with learning disabilities (89.3%) and lowest among disabled adults (56.9%).

Control over daily life

Control over daily life is a key outcome of personalised services. This measure is one component of the overarching measure of social care-related quality of life. Overall, 74.2% of respondents felt they had at least adequate control over their daily lives, including 68.1% who said they had as much control over their daily lives as they wanted. Figure 8.5 illustrates the results for all respondents and for different client subgroups.

As with other indicators, there was little difference in response between older clients (69.0% had at least adequate control over their daily lives) and working age clients (68.0%). However, the proportion of people who felt in control of their daily lives was higher among people with learning disabilities (90.4%) and lower among those with physical disabilities (53.2%) and those with mental health needs (66.1%).

Figure 8.5 Client’s sense of control over their daily life

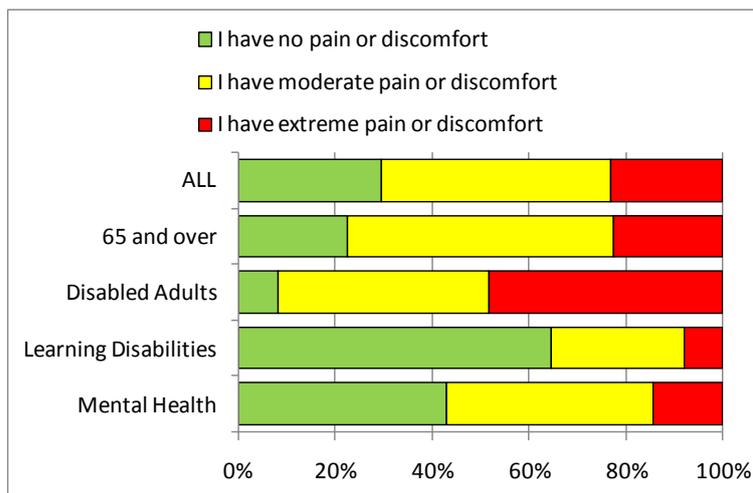


Pain and discomfort

Experience of pain and discomfort is a key component of quality of life. Overall, the majority of clients (70.5%) reported that they were in some pain or discomfort, including nearly one-fifth (23.2%) who were in extreme pain or discomfort.

Clients with physical disabilities/frailty were most likely to report being in pain or discomfort: 91.6% were in some pain or discomfort, including over one-third (48.0%) who were in extreme pain or discomfort (Figure 8.6).

Figure 8.6 Client’s experience of pain and discomfort

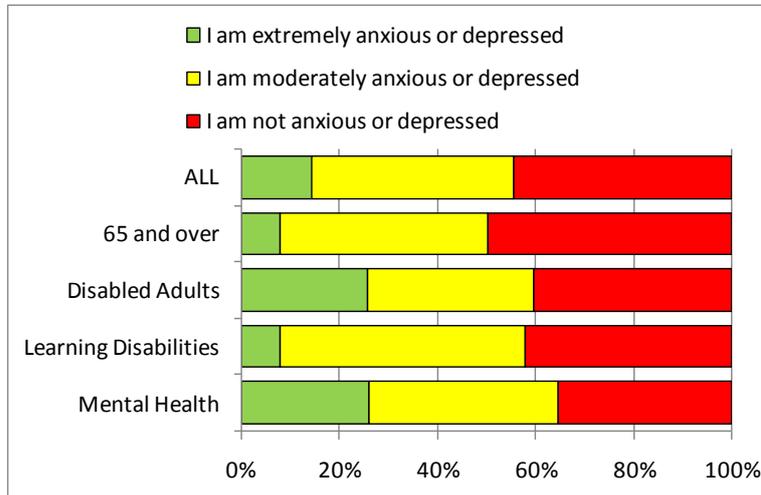


Anxiety and depression

Survey respondents also reported whether or not they were anxious or depressed. Over half (55.4%) of all clients reported some degree of anxiety or depression, including 13.9% who said that they were extremely anxious or depressed (Figure 8.7).

As might be expected, the highest rates of anxiety and depression were reported among clients with mental health needs (64.6%), though the rate among people with physical disabilities/frailty was also high (59.7%). At the level of extreme anxiety or depression, rates for clients with physical disabilities/frailty (25.8%) were almost as high as those for clients with mental health needs (26.1%).

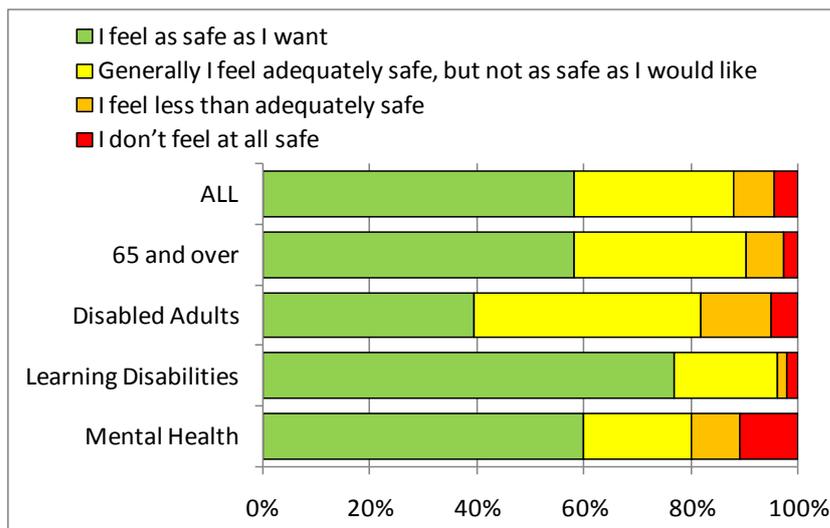
Figure 8.7 Client's experience of anxiety and depression



Personal safety

Feeling safe is fundamental to quality of life, wellbeing and independence. It also underpins the delivery of social care services. Overall, the majority of clients (58.0%) said they felt as safe as they wanted. Just under one-third (29.8%) felt 'adequately safe but not as safe as I would like'. However, more than one in 10 (12.1%) felt either 'less than adequately safe' or not at all safe (Figure 8.8).

Figure 8.8 Client's experience of safety



Safeguarding adults

Adults at risk should be afforded the greatest possible protection from harm. In both Hackney and the City, this protection is overseen by the multi-agency City and Hackney Safeguarding Adults Board. The board brings together the two local authorities, police, the

NHS, the voluntary sector, City and Hackney CCG, the Care Quality Commission and user groups. It aims to promote safer communities, to prevent harm and abuse and to deal well with alleged or actual cases of abuse. A consistent pan-London policy has recently been adopted for safeguarding adults. The policy, *Protecting adults at risk: London multi-agency policy and procedures*, sets out who an adult at risk may be, what sort of situations may give cause for concern about abuse or neglect, and what actions must be taken when someone has concerns. It recognises that our understanding of abuse has developed to encompass adults at risk who may:

- be elderly and frail due to ill health, physical disability or cognitive impairment
- have a learning disability
- have a physical disability and/or sensory impairment
- have mental health needs, including dementia or a personality disorder
- have a long-term illness/condition
- be misusing substances or alcohol
- be a carer, such as a family member/friend who provides personal assistance and care to adults and is subject to abuse.

Abuse is defined by the DH as 'a violation of an individual's human and civil rights by any other person or persons which results in significant harm'. Abuse is the misuse of power and control that one person has over another. Where there is dependency, there is the possibility of abuse or neglect unless adequate safeguards are put in place.

The London policy identifies types of abuse of an adult at risk that may result in significant harm. These include:

- physical
- sexual
- psychological
- financial and material
- neglect and acts of omission
- forced marriage and human trafficking
- exploitation by radicalisers who promote violence
- discrimination and hate crime
- institutional or systemic abuse/neglect.

The policy describes a seven-stage process for reporting, investigating and determining appropriate actions where there is concern that abuse or neglect may be taking place. The City and Hackney Safeguarding Board has published an additional protocol, which sets out how this seven-stage process operates within the City of London and the London Borough of Hackney. The protocol identifies the central role of Safeguarding Adults Managers, suitably qualified professionals in lead agencies responsible for coordinating action in response to referrals, and the importance of a graded response to handling abuse concerns so that resources can be effectively targeted towards the more serious safeguarding cases.

The number of alerts to the Adult Safeguarding Board has risen over the last six years from 150 in 2005/06 to 672 in 2012/13. In the last year alone there was a 25% increase in alerts. This rise is seen as a positive indication that the abuse of vulnerable adults is being

recognised more widely in Hackney, not that the abuse of adults itself has increased. The rate of alerts is 350 per 100,000 population. This is average for London.

Of the 672 alerts in 2012/13, 388 (57.8%) were for those aged under 65, and 284 (42.2%) for those aged 65 or over. In total, 225 adults were referred to the next stage in the safeguarding process, 18 of whom were the subject of more than one referral during the year. Overall, 54.6% of referrals were females, 45.4% were males.

The number of referrals of adults at risk is likely to increase over the next few years, due to increasing life expectancy (including for people with a learning disability/profound and multiple learning disabilities); more cases of dementia; and the potential risks linked to personalisation. Furthermore, the new London-wide policy on safeguarding adults defines a widening range of circumstances in which people may be considered vulnerable/at risk, including homelessness. This policy also brings some 'serious untoward incidents' in relation to health under the safeguarding adults banner.

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

Social care for older people

2013 update: focus on inequalities

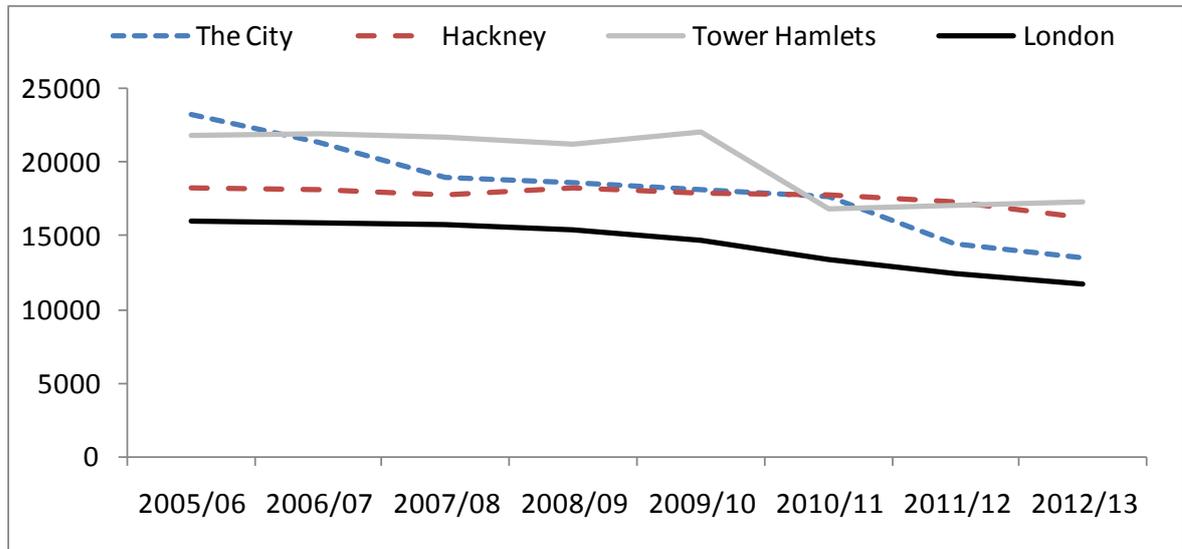
There is above average demand for social care in the black Caribbean population in Hackney, and relatively low demand in the black African and South Asian populations.

In 2012/13, Hackney Council provided social care packages to 2,825 older people (those aged 65 and over), equivalent to just under one in six people in this age group. The great majority of these clients (82%, or 2,311 older people) were coping with a physical disability. However, 473 clients (17%) had mental health problems and 41 (1%) had a learning disability.

Over the last five years, the number of people aged 65 and over in Hackney who are receiving social care packages has remained stable (Figure 8.9). Figures 8.10 and 8.11 show the ethnic profile of these clients. There continues to be a higher than average demand for services within the black Caribbean population, and a relatively low demand within this age group in the black African and South Asian populations.

Services provided in the community include home care, equipment and adaptations, meals, day care and short-term residential care. Figure 8.12 shows the changing levels of demand for these services over the last eight years in Hackney, and also the reduction in residential placements as a result of promoting independence through reablement and preventative services in the community.

Figure 8.9 Older people (aged 65 and over) receiving care packages per 100,000 population, 2005–13



Source: NASCIS

Figure 8.10 Older people receiving social care packages from Hackney Council by ethnicity, 2012/13

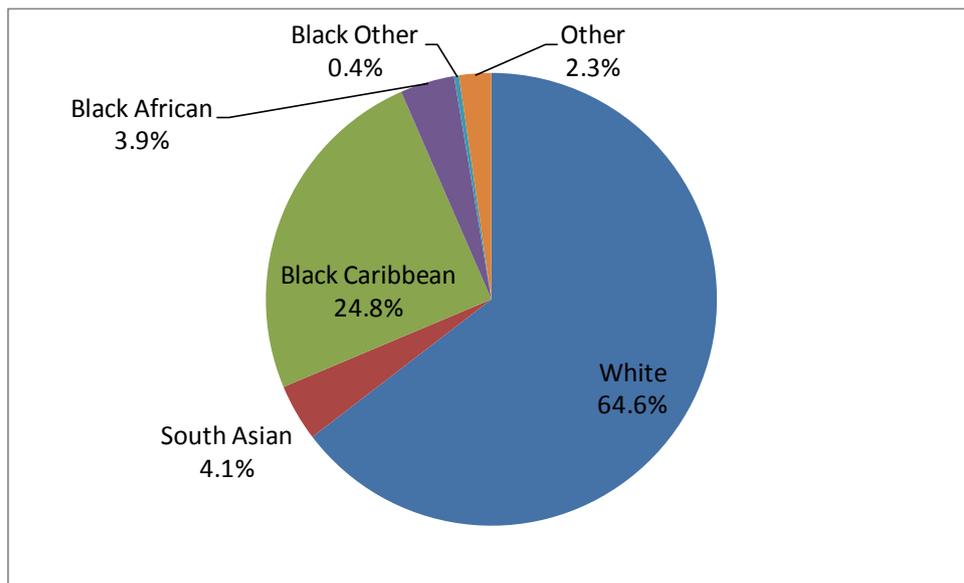
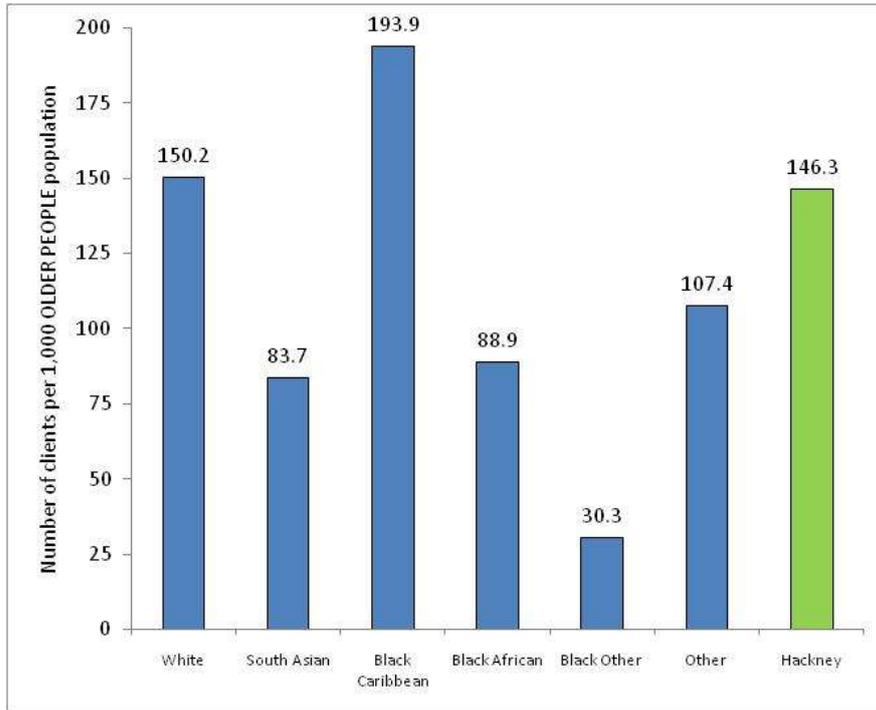
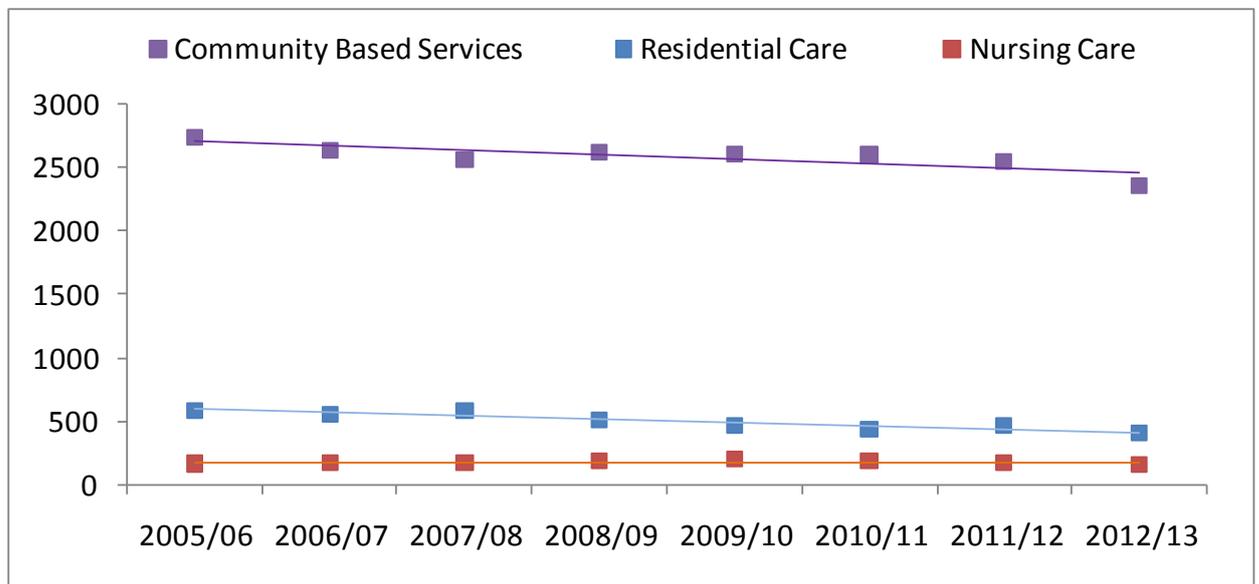


Figure 8.11 Ethnicity of older people receiving services: rate per 1,000 population of older people by ethnic group



Source: NASCIS/GLA

Figure 8.12 Social care services (community-based services, residential care and nursing care) used by older people in Hackney, 2005–13



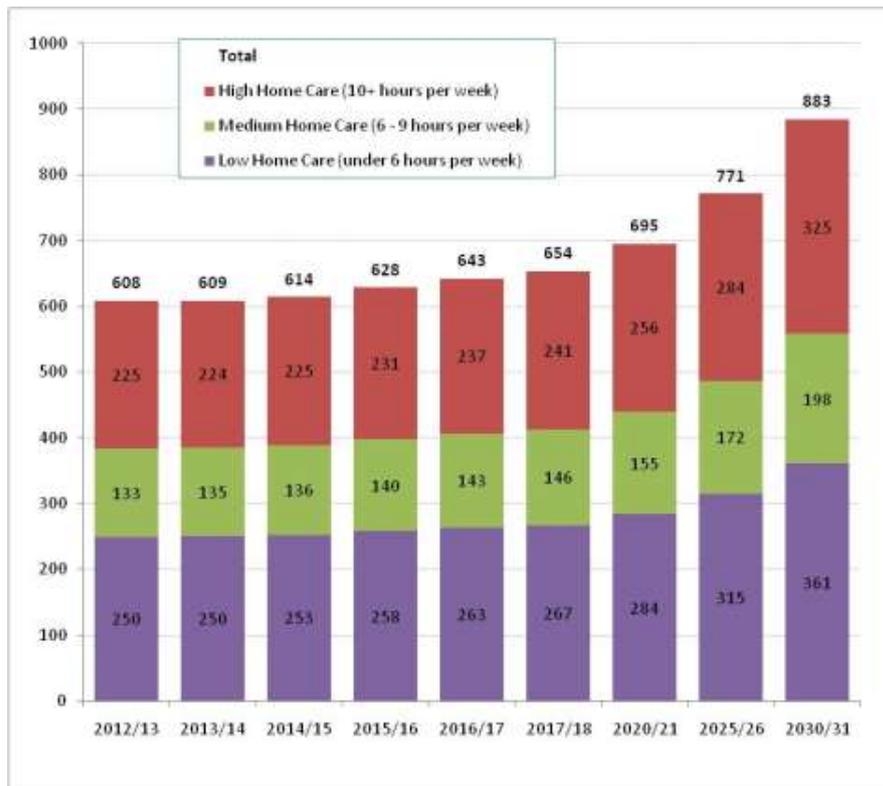
Source: NASCIS

Growing demand

It is expected that demand for adult social care services will increase up to 2031. Hackney Council has taken its social care activity and cost data for the previous five years and has combined it with population forecasts for the borough to estimate a baseline of expected

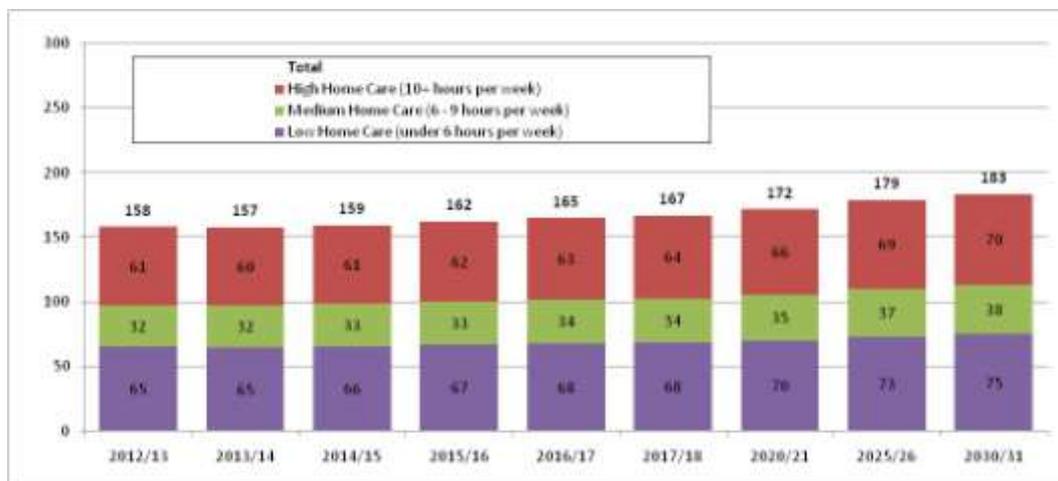
activity and spend levels up to 2031. It has also factored in the effects of any service improvements to be made as adult social care is transformed, and has applied these to the baseline. For example, as shown in Figure 8.13 below, demand for home care for older people – and the rate of increase of this demand – is expected to rise from 2017 onwards. This is partly down to an expected increase in the older population of the borough (using GLA population projection data), but also because the council plans to provide more long-term home care (rather than residential care) in the future.

Figure 8.13 Home care for older people: projections of demand 2012–31 by intensity of package



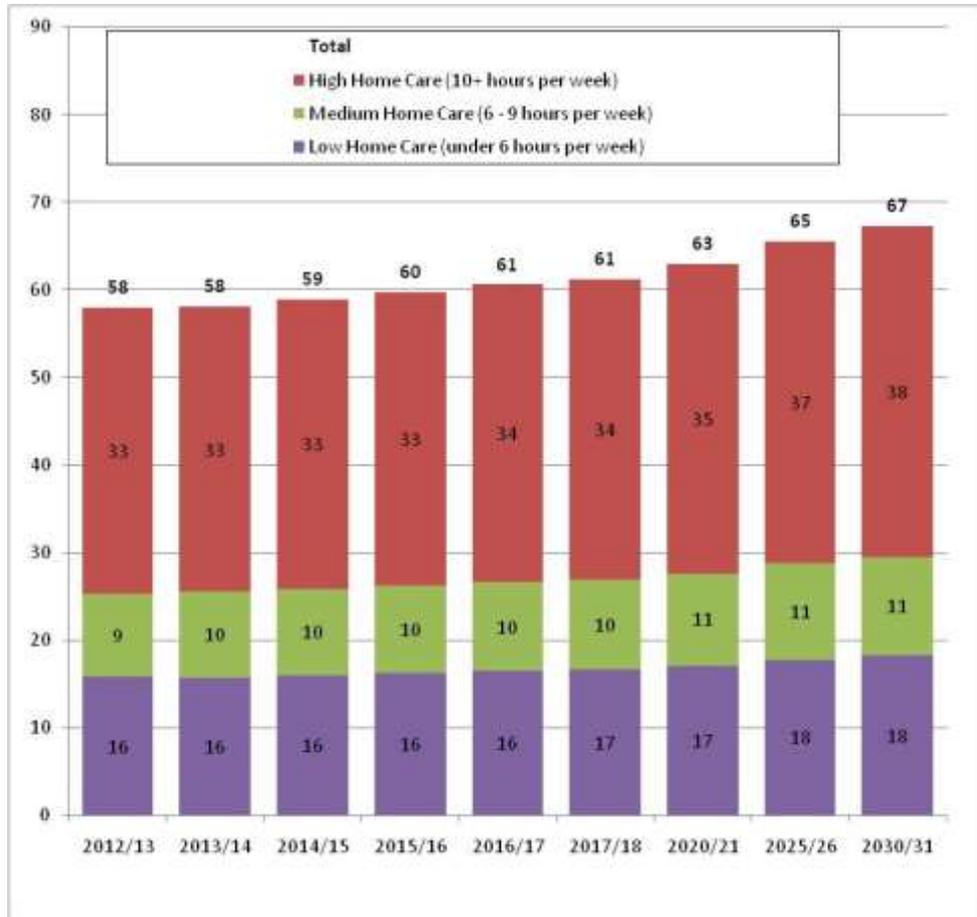
It is expected that demand for home care for disabled adults will rise, but at a lower rate than for older people (Figure 8.14).

Figure 8.14 Home care for disabled adults: projections of demand 2012–31 by intensity of package



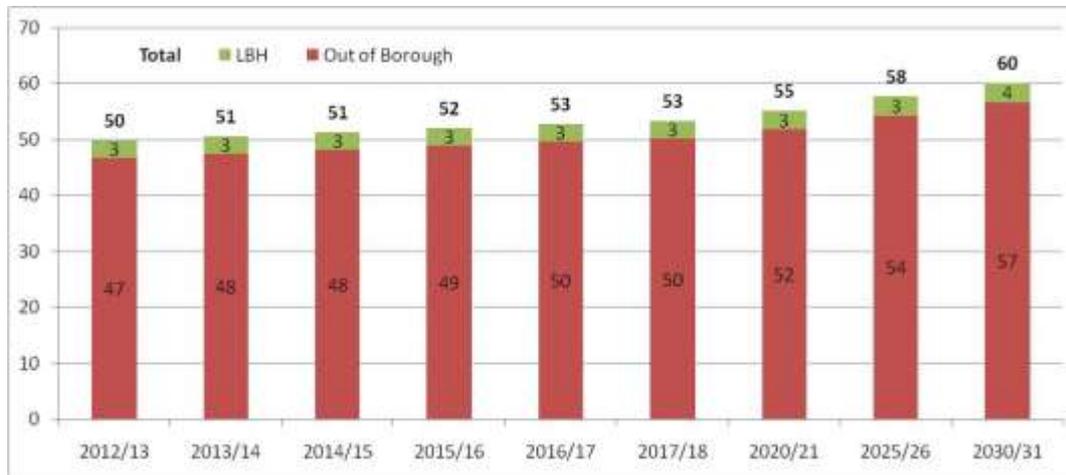
It is expected that demand for home care for adults with learning disabilities will rise, but at a lower rate than for other client groups. Where there is increased demand, it will be for more intensive services, i.e. over 10 hours of care per week (Figure 8.15).

Figure 8.15 Home care for adults with learning disabilities: projections of demand 2012–31 by intensity of package



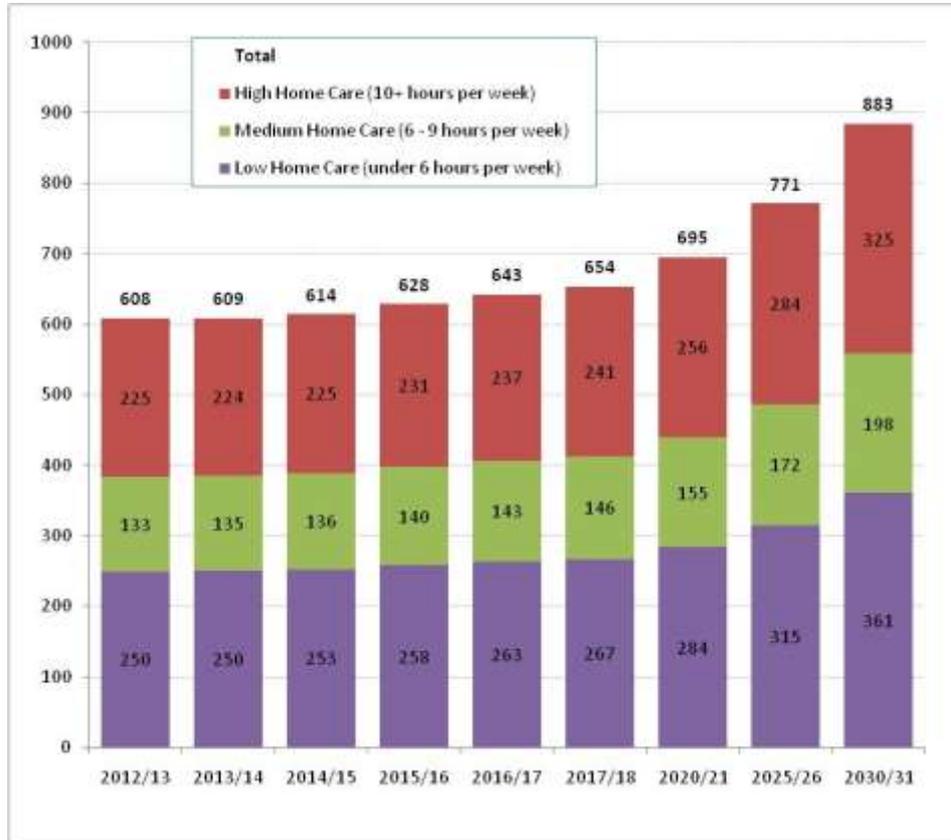
It is expected that demand for home care for adults with mental health issues will rise, but also at a lower rate than for other client groups (Figure 8.16).

Figure 8.16 Home care for adults with mental health issues: projections of demand 2012–31 by intensity of package



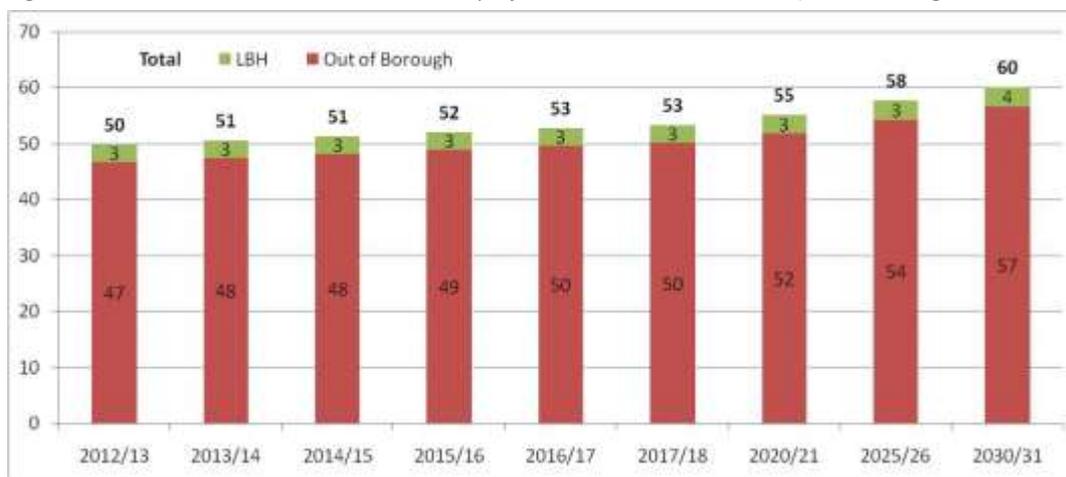
As more community-based solutions than residential settings will provide care for older people in the future, it is expected that the numbers of older people needing residential care will remain stable for a few years. However, demand will increase from 2017 onwards, when there will be a significant rise in the borough's older population (Figure 8.17).

Figure 8.17 Residential care for older people: projections of demand 2012–31 (out-of-borough and in-borough)



More community-based solutions than residential settings will provide care for disabled adults in the future. However, the numbers needing residential care are still expected to increase steadily after 2017 (Figure 8.18).

Figure 8.18 Residential care for disabled adults: projections of demand 2012–31 (out-of-borough and in-borough)



More community-based solutions (especially supported housing initiatives) than residential settings will provide care for adults with learning disabilities in the future. However, the

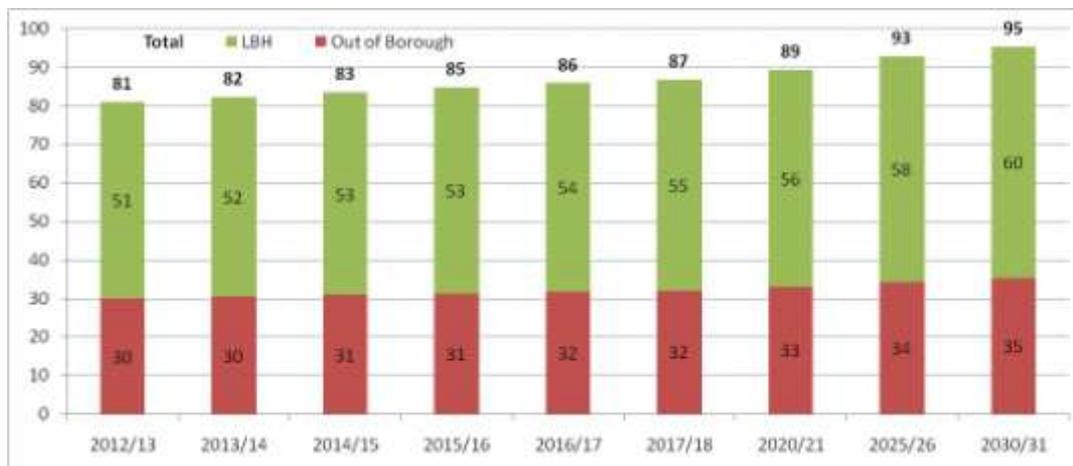
numbers needing residential care are still expected to increase steadily from 2017, although they will decline marginally over the next three years (Figure 8.19).

Figure 8.19 Residential care for adults with learning disabilities: projections of demand 2012–31 (out-of-borough and in-borough)



Although more community-based solutions (especially supported housing initiatives) than residential settings will provide care for adults with mental health needs in the future, the numbers needing residential care are still expected to increase (Figure 8.20).

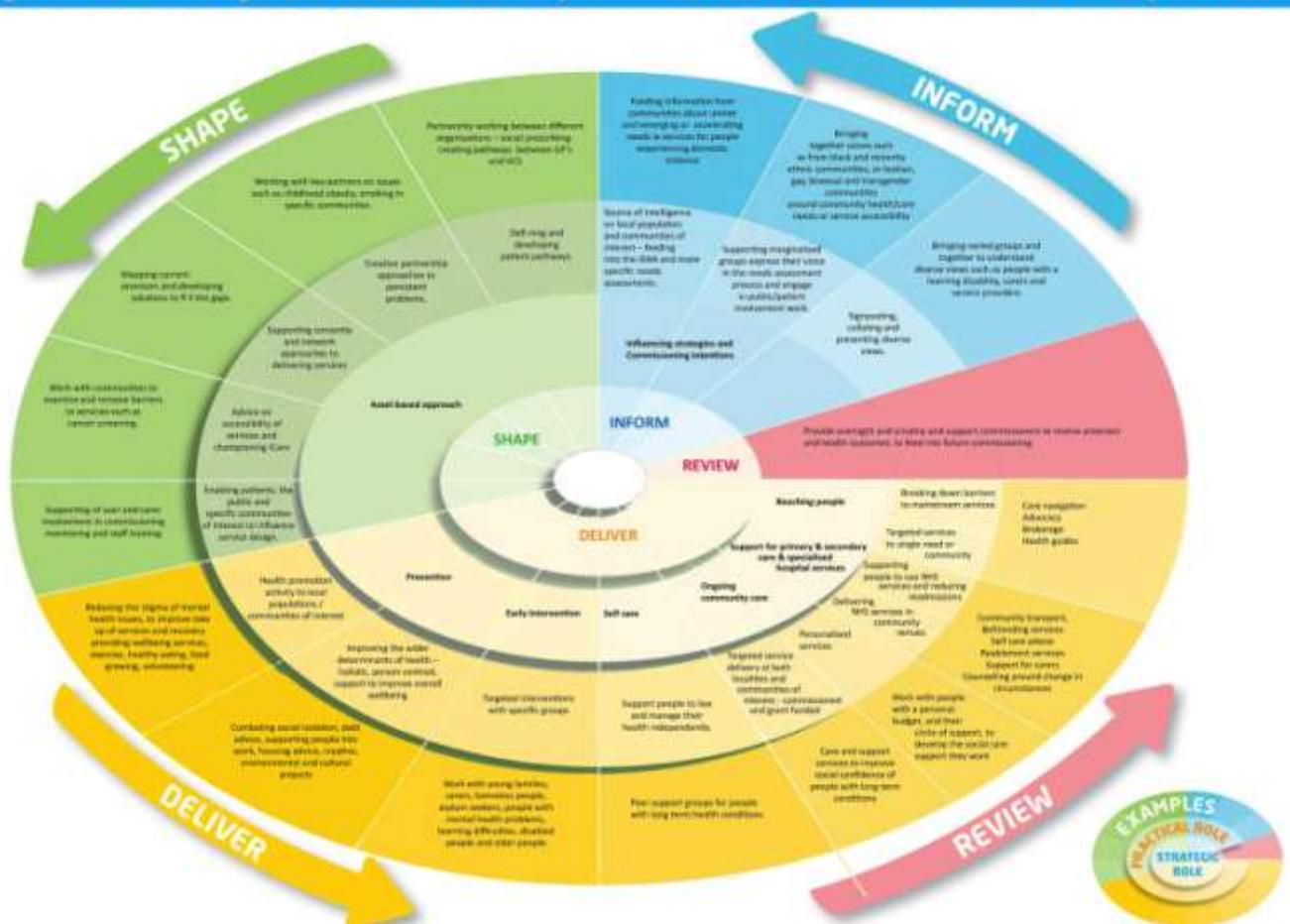
Figure 8.20 Residential care for adults with mental health needs: projections of demand 2012–31 (out-of-borough and in-borough)



The voluntary and community sector

Definition and scope of the voluntary and community sector in Hackney

Ways the voluntary sector can work to promote health and reduce health inequalities



The term 'voluntary and community sector' (VCS) covers all not-for-profit organisations. This includes organisations of all sizes and with different legal structures. All have an equally important role to play in supporting Hackney residents: large charities bring resources and national best practice to the area, while smaller charities offer a bottom-up, flexible approach to meeting local needs.

Local charities can work in more than one borough, like Social Action for Health, Mobile Repair Service, St Joseph's and Core Arts. They can be user-led, such as Choice In Hackney or Hackney People First, where at least 75% of the management committee are service users. They can also be aimed at a particular community of interest or provide culturally specific services, such as the VLC Community Centre for refugees from Vietnam, Laos and Cambodia, Derman (for the Turkish and Kurdish communities) and the Hackney Caribbean Elderly Association.

Hackney has a large and diverse VCS comprising almost 3,000 organisations. These include the following:

National and regional charities: these include Macmillan Cancer Support, the Alzheimer's Society, Family Action and Advance UK.

Local charities: these include local branches of national federated charities, such as Age UK East London and City and Hackney Mind; and standalone local charities such as St Mary's Secret Garden, the City and Hackney Carers' Centre and Shoreditch Spa.

Local community organisations: these include smaller organisations that may or may not be registered charities, such as luncheon clubs like the Nightingale Lunch Club; and networks like the Hackney African Forum.

Social enterprises: these are businesses that make a profit through providing goods and services, but reinvest their profits into society or the organisation's mission. A local example is the Centre for Better Health, a community benefit society set up to provide urgent healthcare to the local community.

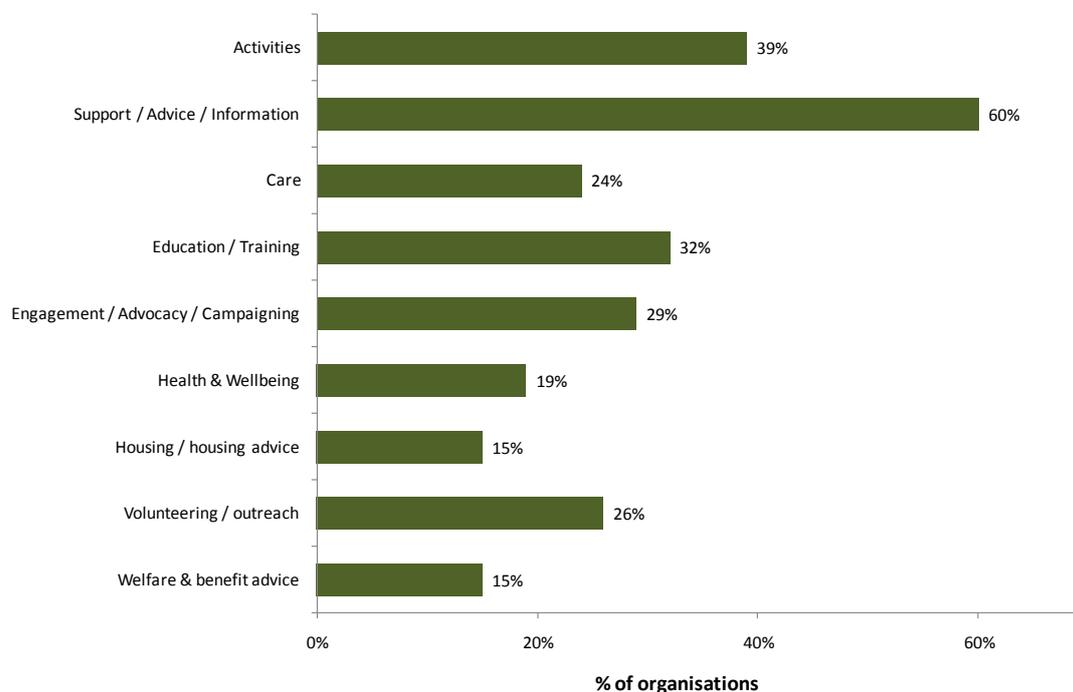
Housing associations: these are not-for-profit organisations that provide low-cost social housing. Local examples are Outward Housing, Family Mosaic and One Housing.

The VCS operates extensively within health and social care, both nationally and locally. 39,340 of England's 171,000 voluntary and community organisations are involved in the provision of adult health and/or social care and support services.

Many people with complex needs, long-term conditions or a terminal illness need to access different healthcare, social care, housing and other services, often simultaneously. Nationally, the evidence is that these services can be fragmented, and the people who rely on them often find them hard to access. A key function of many VCS organisations is to integrate and co-ordinate care and support across organisational and professional boundaries. They play an important role in supporting people with complex or long-term conditions and needs, whether by offering unpaid care co-ordination or providing formal advice, information and advocacy. In addition, VCS groups often work across areas such as welfare benefits and housing, leading joined-up work in arenas outside health and social care that affect health outcomes.

In 2013 the City and Hackney Health and Social Care Forum (HSCF) conducted an e-survey and telephone survey with its membership of 200 Hackney organisations. It received 145 responses. In keeping with the national picture outlined above, we found that our members provide the whole range of health and social care-related services, from preventative services through to care and support.

Figure 8.21 Services offered by the voluntary and community sector (VCS) in City and Hackney (local survey 2013)



The VCS in Hackney provides care and practical support to people to enable them to live independently, and supports greater self-management for people with long-term conditions such as HIV, diabetes and depression. It also takes a holistic approach to tackling social, environmental and health challenges. There are many examples of services that are not directly health-related, but which have a very positive impact on health outcomes and people’s wellbeing, such as projects that offer opportunities to break social isolation and those that support people into work or volunteering. There are huge benefits to children’s and young people’s physical, social, intellectual, creative and emotional health and wellbeing from taking part in play and youth and early years’ activities, many of which are provided by VCS organisations across the borough. These include the many projects run in conjunction with Young Hackney, Short Breaks and Community Partnerships. These opportunities help build children’s confidence, self-esteem and resilience, and many contribute to the prevention of health problems.

Many VCS groups act as a first point of contact for people who need further support with a wide range of issues – including mental health, drug/alcohol addiction and obesity – and who would not approach, or would feel uncomfortable approaching, statutory organisations.

The VCS role in the integration of health and social care

The Government requires local authorities and CCGs to work together to better integrate health and social care.

National Voices, the national coalition of health and social care charities, states that integrated care must:

- be organised around the needs of individuals

- always focus on the goal of benefiting service users
- be evaluated by its outcomes, especially those which service users themselves report
- include community and voluntary sector contributions
- be fully inclusive of all communities in the locality
- be designed together with both the users of services and their carers
- deliver a new deal for people with long-term conditions
- respond to carers as well as the people they are caring for
- be driven forwards by commissioners
- be encouraged through incentives
- aim to achieve public and social value, not just to save money
- last over time and be allowed to experiment.

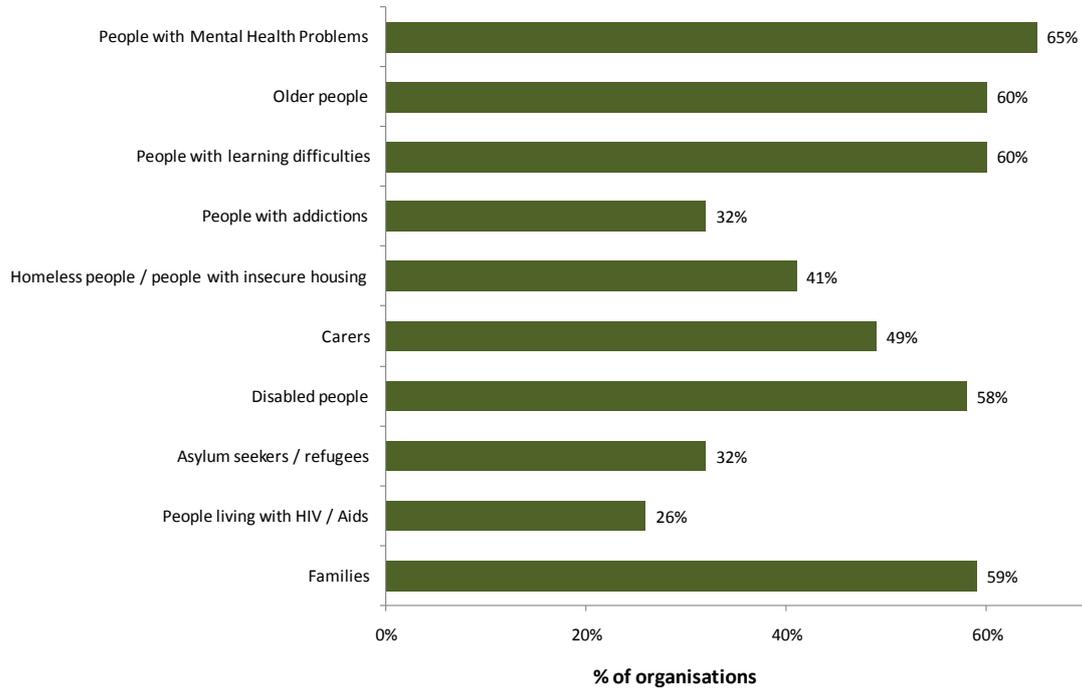
Government guidance is clear that what works is:

- access to support networks across the voluntary, community and charitable provider sector, users and research organisations
- supporting the development of social capital by securing partnership contributions from community networks and voluntary, community and faith sector organisations.

The VCS role in tackling health inequalities

The VCS targets communities of disadvantage (both geographical communities and communities of interest), and many of Hackney's organisations were created by community action – communities starting organisations to support themselves where there was a gap or need not met by statutory or private sector bodies. For example, over 90 languages are spoken in Hackney, and this is reflected in the services offered by local VCS groups.

Figure 8.22 Client groups of voluntary and community sector (VCS) organisation in City and Hackney (local survey 2013)



In total, 44% of respondents offer culturally specialist services (Table 8.23). The personalisation of adult social care, along with social prescribing, should increasingly mean that people are able to choose whether or not to access culturally specific services.

Table 8.23 Proportion of voluntary and community sector (VCS) organisation in City and Hackney offering culturally specific services (local survey 2013)

Do you offer culturally specific services?		
No	51%	
Yes	44%	
Missing	4%	
If Yes, which cultures?		
	Jewish	18
	Turkish	10
	African	7
	Kurdish	7
	Charedi	7
	Other*	38
<p><i>* African (francophone), Afro-Caribbean, Alevi, Asian, Bangladeshi, Black, BME, Caribbean, Chinese, Congolese, Eastern European, Irish, Makaton, Migrants, Minority Ethnic Groups, Muslim, Refugees, Somali, South Asian, Turkish Cypriot, Vietnamese</i></p>		

Co-commissioners

We are all aware of the financial pressures facing individuals, communities and statutory agencies. The local VCS works to bring resources and funding into Hackney. While we do not have a definitive figure for this, a snapshot from 2009 shows that 11 local groups providing advocacy or carers' services brought in £700,000 from external funding sources. Research carried out in 2005 by South Bank University in partnership with Social Action for Health found that the VCS contribution to the health and social care economy was £14–£16 million, or 13% of the total adult social care budget at the time. Voluntary organisations are therefore co-commissioners, bringing resources, knowledge, skills and connections into Hackney's diverse communities. In our survey the biggest grant givers after Hackney Council (with its community grants) were the Big Lottery Fund, Lloyds TSB and the DH.

Quality, monitoring and evaluation

80% of our respondents have a quality assurance system in place; this means they have systems to ensure services are:

- needed by users, to a required standard
- well run
- assessed and improved
- shown to make a positive and measurable difference
- continuously improved in order to achieve the very best results.

Hackney Council has been working in partnership with City and Hackney CCG to develop a 'social prescribing' pathway to link people who go to their GP with non-medical issues with appropriate support in the community. This scheme will be tested in 2014 and the council is confident that, as well as ensuring people get long-term holistic support, it will help provide evidence for the crucial role of the VCS in supporting people who face multiple and rising social pressures.

In addition to the potential for seamless working across all sectors facilitated by the integration of health and social care, the council is pleased to be working in partnership with statutory colleagues to bring additional resources into the borough. The joint work on the 'Fulfilling Lives, Ageing Better' Big Lottery bid has been successful in getting the borough to the second stage of this very competitive fund (to date), and it is hoped that this will be the start of future joint fundraising partnerships.

The City

There are around 350 organisations operating or based in the City, ranging from small neighbourhood groups and churches to large national charities and regional funders such as the City Bridge Trust and the various livery companies.

The way the City commissions services from the VCS, including from organisations based in the City, Hackney, Islington and Tower Hamlets, is guided by best value principles and the Local Procurement Directive.

The City's relatively small resident population and large daytime population of commuters and workers provide a unique environment for the VCS. There are many opportunities for City workers to volunteer both time and resources, particularly in the City Fringe area, and several City organisations exist to support this. For example, City Action is a free service provided by the City of London Corporation which introduces City businesses to a diverse and creative range of skills-based volunteering opportunities. These opportunities are carefully matched with the objectives and interests of employees.

The City of London Corporation is working in partnership with the charity Spice to create a Time Credits Network for the City, helping to strengthen and build communities. City of London Time Credits are a way of thanking those who give their time to their local community. They can be 'earned' by anyone who volunteers within the City of London, and 'spent' on events, training or leisure services in the local area.

Time Credits have been trading in the City since June 2012, and since then over 1,700 hours have been contributed by 180 people through 21 connected providers and community groups. The focus of the programme has been on developing Time Credits in the Portsoken ward, one of the most deprived areas of the City. Spice has been liaising with the commissioning team to involve users in commissioning, designing and delivering services – and in training providers to adopt the Time Credits system – and is currently working with City Gateway, CSV, Recycling, Fusion, Toynbee Hall, Artizan Street Library and Community Centre and Healthwatch. Local residents are also growing in confidence and are starting to set up more community-led groups, including gardening clubs, good neighbours' schemes, activity groups such as Zumba and sewing, and social groups for women and young people.

By encouraging more people to get involved in services, local community groups and third sector organisations, Time Credits create opportunities for individuals to learn new skills, gain confidence and raise their aspirations. By spending Time Credits, individuals can try new activities and improve their health and wellbeing. Many participants have commented that, through the Time Credits Network, they have been able to try activities they could not previously afford. As a result of their increased participation, individuals have better access

to peer and community support networks, and a more positive perception of their ability to contribute to the local community.

Initial findings from our evaluation survey, carried out a year after rollout, show that 31% of people involved with Time Credits have never previously volunteered within their community, and 62% feel that the scheme is helping to improve their quality of life.

Social prescribing project

In partnership with City and Hackney CCG, the City and Hackney Health and Social Care Forum is developing a collaborative project, working with the London Borough of Hackney, the City of London Corporation and the VCS to develop a system for social prescribing.

Social prescribing is a process whereby GPs refer patients with social, economic, emotional, practical and/or wellbeing needs (whether or not they also have identified physical or other medical issues) to a range of local support services. These might include welfare advice, befrienders, walking clubs, arts clubs and exercise groups. This process is sometimes called 'community referral', as activities and services are on offer locally and are mostly provided by the VCS.