Local Account

How well we deliver adult social care services

April 2011 to March 2012
Cabinet Member for Health, Social Care and Culture

Hackney’s second local account of adult social care services shows how far the Council has come over the last year in delivering high quality services for local people in need of care and support in a way that makes them as independent as possible and gives them more choice and control over their care.

As Cabinet member for Health, Social Care and Culture I am proud that the vast majority of Hackney borough residents with care and support needs are able to live safely at home or supported in the community. I am also proud that 60% of people are satisfied with the services they receive.

However, we still want to make further improvements so services delivered on our behalf by our partners in the voluntary and private sector offer the same opportunities for service users to improve their health and wellbeing. To this end we are reviewing a number of existing services and commissioning new ones to deliver improvements across advocacy, telecare, community equipment and carers’ support services.

Social care is changing with greater emphasis on helping people avoid dependency on traditional care services and achieving better outcomes for people with care and support needs. These changes are taking place against a backdrop of significantly reduced funding from central government. In Hackney we know what needs to happen locally, a vision we recently shared in Hackney Council’s Adult Social Care Commitment Statement: Promoting Independence.

Our success depends heavily on our ability to work with our many partners including the local NHS, the voluntary sector, private companies, service users and their carers. We look forward to working even more closely with all our partners in the coming year to improve the health and wellbeing of some of our most vulnerable residents.

Councillor Jonathan McShane
Cabinet Member for Health, Social Care and Culture
I am delighted to present Hackney Council’s second local account of its adult social care services which reports on how well our services performed during 2011-12 and highlights services we are targeting for improvement over the coming years.

Here you can read about the work we have done to improve people’s health and wellbeing in Hackney and steps we have taken to help our service users remain independent, safe and achieve greater choice and control over their own care.

We are particularly proud of the progress we have made in increasing choice and control for our older service users with 56% of this group now receiving direct payments or managed budgets. We have also made big strides in reducing the number of people admitted into residential care, by offering a wider range of alternatives in the community to help increase recovery and independence.

These are difficult times for all councils and for adult social care services in particular with demand for services increasing while funding from central government reduces. Hackney has risen to this challenge, delivering a fair and efficient system of social care where resources are matched to people’s assessed level of need. We are confident we have a well structured and fair service system in place which makes best use of the limited resources we have.

Our priority for this and future years will be to continue to promote independence and support people to recover, recuperate and rehabilitate. We are also committed to improving residents’ health and wellbeing through effectively developing our parks, leisure centres, libraries and culture services and by providing clear, high quality information about community facilities and activities.

Our work with our partners continues to be fundamental to planning and delivering services. These relationships are even more important given the significant changes happening in the NHS, the advent of Clinical Commissioning Groups and the transfer of public health responsibilities to the Council by April 2013.

Over the coming year we are committed to delivering the highest quality services to Hackney residents with care and support needs, enabling them to have healthy, happy and fulfilling lives within the community.

Kim Wright
Corporate Director, Health and Community Services
We are proud of the way we work with our residents, the NHS, the voluntary sector and wider community. By working together we achieve better outcomes for people who use our services.

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Introduction

Hackney Council is committed to delivering the highest quality services to residents who have care and support needs.

We are proud of the way we work with our residents, the NHS, the voluntary sector and wider community. By working together we achieve better outcomes for people who use our services.

This local account describes what we did between April 2011 and March 2012 and what we plan to do from April 2012.

We published our first local account on 15 December 2011 which covered the first six months of 2011-12. We also consulted between 15 December 2011 and 30 April 2012 to find out what local residents, people who use our services, carers and service providers wanted to see in our future local accounts. See section 1 to find out what people said during the consultation and how we responded.

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

Many services mentioned in this local account are provided by organisations working together, particularly the voluntary sector, local providers of care and the NHS. We want to acknowledge 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 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, 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 introduced local accounts in 2011 to help residents see how well local adult social care services were being delivered and what needed to improve in their area. This is Hackney Council’s second local account.

This account tells residents:
• What we did during 2011-12
• Challenges we faced
• Plans for further improvements

What you said and what we did

We asked local people to tell us what they thought about our first local account published in December 2011. That was our first attempt at producing a local account so we were keen to hear what you thought. We ran a three month online consultation promoted on the council website and in Hackney Today and sent to local community groups and providers.

The consultation generated lots of useful comments which helped us to improve this second local account.

Who responded to the online consultation
• 40 people aged 25-64 (60% men and 40% women)
• People who use services, carers, private and voluntary social care providers, local residents, people who expect to use adult services in the future and staff working in adult social care
• 11 Hackney carers from Equal Partners in Care took part in a face to face discussion

People thought the local account was easy to understand. They also liked the way we used case studies and local pictures.

What you said:
• 87% found it easy to read and understand
• 60% said it told them enough about adult social care in Hackney
• 58% thought it was well written and interesting
• 52% liked the presentation and thought it was well designed
• 37% were not keen on the chapter on ‘What we have done for local people’
• 13% said the information was too complicated

“ I found the local account easy to understand ”
<table>
<thead>
<tr>
<th>You said…</th>
<th>We did…</th>
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<tbody>
<tr>
<td>Can we have more on mental health services?</td>
<td>We now have a dedicated page on mental health – see section 7</td>
</tr>
<tr>
<td>How do children move to adult services?</td>
<td>We now have a dedicated page on transition to adult services – see section 9</td>
</tr>
<tr>
<td>Can we have an easy read version for people with learning disabilities?</td>
<td>We are now preparing and easy read version using picture symbols</td>
</tr>
<tr>
<td>It needs more balance and openness</td>
<td>We have provided more information on areas for improvement</td>
</tr>
<tr>
<td>Information is too complicated</td>
<td>We have simplified the local account and reduced the amount of information reported</td>
</tr>
<tr>
<td>Use simple chapter headings like ‘mental health’ ‘carers’ and ‘older people’ so people can find the sections relevant to them</td>
<td>This local account includes sections on each of our groups of service users</td>
</tr>
<tr>
<td>Where do you plan to make cuts?</td>
<td>We have added a section on planning for future social services – see section 3</td>
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</tbody>
</table>

We have changed the layout of this local account using sections to describe our 2011-12 performance for each service user group. This should make it easier to find the information most relevant to you.

We have underlined key terms in black which are described in our glossary on page 27 and highlighted and underlined useful documents in blue. If you are reading this local account on-line, these blue links will take you to the relevant documents.

“The local account is well written and clear”
Section 2: What people say about their care and support

It is important for Hackney Council to know what our service users and their carers think about the social care services they receive. Their views help us to continuously improve the quality of those services. Each year the Council surveys a sample of our service users receiving residential care, home care, day care or other support.

In February 2012, we sent out a postal survey to 1,008 service users and received 359 responses. Below is a summary of the responses to our questions.

<table>
<thead>
<tr>
<th></th>
<th>18 - 64 Physical Disability</th>
<th>18 - 64 Mental Health</th>
<th>18 - 64 Learning Disability</th>
<th>65+</th>
<th>All users 18+</th>
<th>2010 -11 results</th>
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<tbody>
<tr>
<td>% of respondents who were satisfied with the service they receive</td>
<td>66%</td>
<td>48%</td>
<td>90%</td>
<td>60%</td>
<td>60%</td>
<td>62%</td>
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<tr>
<td>% of respondents who felt they had control over their daily life</td>
<td>46%</td>
<td>65%</td>
<td>89%</td>
<td>66%</td>
<td>66%</td>
<td>32%</td>
</tr>
<tr>
<td>% of respondents who felt safe in their community</td>
<td>36%</td>
<td>50%</td>
<td>83%</td>
<td>62%</td>
<td>59%</td>
<td>57%</td>
</tr>
<tr>
<td>% of respondents who felt support services helped them to feel safe</td>
<td>79%</td>
<td>82%</td>
<td>90%</td>
<td>77%</td>
<td>80%</td>
<td>51%</td>
</tr>
<tr>
<td>% of respondents who found it easy to find information and advice about support, services or benefits</td>
<td>52%</td>
<td>63%</td>
<td>69%</td>
<td>67%</td>
<td>81%</td>
<td>70%</td>
</tr>
<tr>
<td>% who felt their quality of life was good or better</td>
<td>53%</td>
<td>52%</td>
<td>96%</td>
<td>62%</td>
<td>62%</td>
<td>56%</td>
</tr>
<tr>
<td>% who felt they had good health or better</td>
<td>22%</td>
<td>57%</td>
<td>79%</td>
<td>36%</td>
<td>43%</td>
<td>36%</td>
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More detailed findings from the Adult Social Care Survey are available on the Council’s website and a summary was sent to participants.

We have developed an action plan to improve on areas where service users’ expressed concerns or dissatisfaction, which will be completed by March 2013. In October 2012, we will also survey carers to find out their experiences and views on our services. The findings of the Carers Survey will be published in April 2013.
Section 3: Planning for future social care services

It is widely accepted the country’s adult social care system in its current form is not fit for purpose. A huge funding gap means the system cannot cope with demand from our ageing population. In our last local account we explained the changes happening in social care nationally.

In Hackney we are clear what needs to change. Our vision, set out in our Hackney Adult Social Care Commitment Statement Promoting Independence, describes a system based on fairness, equity and independence. It is underpinned by an unrelenting focus on promoting independence, aiming for people to have better, more rewarding lives through choice and control over the support they use.

Spending public money wisely
Growing demand coupled with reduced council funding means we must spend money fairly. The way we deliver social care in Hackney at the moment is unsustainable. Like all councils, we need to change our social care system and reform the way people are supported.

We need to manage demand by helping people avoid entering the social care system; intervening earlier and using prevention to promote and maximise independence. Closer working with the NHS and other organisations will help us prevent, reduce or delay people’s need for care services, which often is not the option people want anyway, and at the same time reduce our use of resources.

Improving services over the next four years
During 2011-12 we reviewed almost all of our adult social care services. Service users and carers were at the heart of these reviews and helped inform our plans to improve services so they are personalised, efficient and joined up. By transforming our services we will:

- Make sure people can find clear and useful information about services which will help them to stay independent;
- Make advocacy services available for people who need an independent person to speak on their behalf;
- Ensure people to have access to a range of preventative services such as simple aids and equipment from the local pharmacist using a voucher system to enable people to live safely and independently in their own homes;
- Make available a range of housing options for people who are vulnerable and in need of care and support;
- Build community networks for people to connect with their community and help each other through volunteering and befriending;
- Redesign our home care and day care services so they deliver high quality outcomes for service users and carers.

We work closely with health professionals to coordinate services to make sure Hackney residents enjoy a joined up service.

For example, with a person’s consent, we will share details of the care they receive with their GP so they are fully informed when planning the patient’s medical care. Another example is to develop expert patient programmes to enable individuals take back control of managing their own long term conditions with adequate and appropriate support.

The Council has also established a Shadow Health and Wellbeing Board to tackle inequalities in health and wellbeing in Hackney by strategically planning the commissioning of the right health and social care services for adults and children in Hackney, highlighting the most cost-effective ways to enable Hackney residents to live longer, healthier, safer happier lives. This board will become a full statutory Council committee from April 2013.

Responsibility for improvements in the health of our population will transfer from the NHS to the Council in April 2013.
Section 4: Older people

Case study: increasing independence and reducing isolation

Mr J, an 80-year-old widower with osteoarthritis felt down and isolated and disliked being reliant on his neighbour for help with shopping and laundry. He struggled to get up stairs to use the toilet and could not see or hear very well. Neighbours complained about his TV volume. After falling twice he was referred to the Community Rehabilitation team who gave Mr J special exercises to improve his balance, move around and stand for longer. He was helped to apply for benefits to pay for help at home and dial-a-ride. 3H volunteers helped Mr J go out and about until he felt confident to go alone. The community podiatry team dealt with Mr J’s overgrown toe nails and the sensory team supplied him with reading aids, a flashing door bell and helped him buy TV headphones. He also received simple aids and adaptations to make bathing safer and easier. Now Mr J is living independently, gets out an about and his quality of life has vastly improved.

Promoting older people’s health and wellbeing helps to maintain their independence and reduces their need for more substantial ongoing social care support. As we age, lots can be done to help us remain at home for as long as we can rather than having to go into residential or nursing care.

Our services include:

- Help to regain daily living skills, confidence and mobility (referred to as reablement)
- Information and advice on staying healthy and well
- Befriending and volunteering to address isolation
- Equipment and adaptations to make it easier to move around the home, use the bathroom and prepare meals
- Telecare devices to help people live safely at home
- Direct payments and managed budgets to help people have more choice and control over their care
- Transport, meals, lunch clubs and day centres
- Help at home including personal care
- Help for people to remain safe in situations that make them vulnerable
- Residential and nursing care
Last year we provided care and support services to 3,011 older people. Most people were supported in the community rather than in care homes.

We increased the number of older people receiving direct payments or Council managed budgets from 8% in 2010-11 to 56% in 2011-12.

**Examples of what we did in 2011-12…**

- Supported 170 older people with wellbeing plans
- Started to set up a confidential complaints line for people who receive homecare
- Helped 499 older people take part in the New Age Games physical activity programme
- ‘Reabled’ 2,936 people, mainly older people, to maximise their independence and reduce their need for long term services
- Helped 2,946 older people remain independent with floating support.
- Increased the number of older people in supported housing with care schemes
- Enabled 332 older people to contribute to their communities through volunteering with the 3H Project
- Increased registrations for home book delivery services for people unable to get to local libraries
- Reduced the number of residential placements by enabling people to have enough time to recuperate in suitable step down facilities after leaving hospital

**Examples of what we plan to do…**

- Promote the Hackney SHINE which offers health checks and advice on energy, fuel bills and the warm home discount to all older people who use our services
- Ensure all older people who use our services get help to remain as independent as possible by offering reablement support after illness or injury
- Redesign home care services to encourage older people to do more for themselves
- Continue our work with service users, their families and communities to find solutions that offer value for money
- Work with our NHS partners to develop expert patient programmes which help people take more responsibility for managing their long term conditions
- Older people with dementia will continue to be a key area of responsibility for the Shadow Heath and Wellbeing Board

**Useful links:**

[Hackney SHINE – Seasonal Health Interventions Network](#)
Section 5: People with physical disabilities

I am happy to be looked after by the carer of my choice and someone I know

Case study: stair lift

Mr A, 64, could only leave his home when his two sons lifted him down the steps. This made the widower depressed, withdrawn and isolated. Mr A was referred to the occupational therapy (OT) service to see if he was eligible for a disabled facilities grant. They recommended a step lift to get in and out of his home using an electric wheelchair. Mr A now leaves his home on his own whenever he wants to visit the library, shop and pay bills, activities he was previously unable to do without family support. Mr A said the lift had made a ‘very significant and positive change’ to his life and although he had to make some contribution to the costs it was worth every penny. Mr A is now more independent and no longer relies on his two sons to lift him up and down the stairs or pay his bills.

People with physical disabilities may need help because they cannot move around easily, they are frail or because they have difficulties hearing or seeing.

Hackney provides a range of services for people with physical disabilities. Anyone assessed as having care and support needs due to a physical disability is offered reablement services to help them to live as independently as possible.

Our services include:
- Information and advice
- Walking aids or other equipment
- Equipment and adaptations in the home
- Services for people with problems seeing or hearing
- Reablement services
- Blue badge and freedom passes
- Day services
- Meals on wheels
- Professional support
- Homecare
- Direct payments
- Supported housing with care and supported living schemes
- Residential and nursing care
- Telecare devices
In 2011-12 Hackney Council provided services to 894 people aged 18-64 with physical disabilities. The majority of these people received services in the community rather than in residential or nursing care. Around 43 of these people received services because they had visual or hearing impairment or both.

66% of physically disabled people aged 18-64 were satisfied with the service they received from Hackney

Examples of what we did in 2011-12...

- Produced a Your Personal Budget information pack explaining how decisions are reached and to help people to take as much control as they wish of their care and support
- Produced leaflets on self directed support, managing direct payments and employing personal assistants
- Arranged for 85 people with physical disabilities to have their homes adapted
- Provided telecare services to 342 people with physical disabilities
- Increased the number of people with physical disabilities receiving direct payments or Council managed budgets from 17% in 2010-11 to 71% in 2011/12
- Reduced the number of people with physical disabilities in residential care

Examples of what we plan to do...

- Enable people with physical disabilities who use our services to redeem vouchers at Hackney pharmacies for simple equipment to help with daily living
- Increase choice and control for people with physical disabilities with direct payments
- Carry out a ‘needs audit’ on housing options for disabled people
- Review all our day activities for people with disabilities and develop our commissioning plans
- Create a ‘partnership forum’ which includes people who use our services and carers

Useful links:
- Equipment and adaptations in the home
- Disabled Facilities Grants
Section 6: People with learning disabilities

Mr G who has a learning disability moved into a transitional house run by a Hackney provider where he learned basic independence skills to prepare him for living in his own home for the first time. A year later Mr G moved into a supported living unit where he attended exercise classes and was helped to enrol at a local gym. He now plays badminton, takes part in aerobics classes and travels to the gym on his own. Hackney Recruitment Partnership helped Mr G secure voluntary work for two days a week in a café. After taking part in Hackney’s travel training course, Mr G now travels to work independently.

People with learning disabilities may find it difficult to understand new or complex information and learn new skills. They may be significantly less able to cope independently. These problems will start in childhood and are long term or life-long. People with learning disabilities may have Down’s syndrome, autism or a range of other conditions.

Our services include:

- Help to access employment, volunteering and education
- Support to arrange personal assistants to provide intensive enablement to promote independence
- Help to use universal services so people with the highest level of need can take part in stimulating activities, in groups or 1:1 to increase independent living skills
- Help to become more independent by providing tenancies in supported housing with care or supported living schemes instead of residential care

Hackney Council has a legal partnership with NHS North East London and the City. This means people with learning disabilities are jointly assessed by health and social care professionals and receive appropriate services provided jointly by both organisations. Last year we provided services to 578 adults aged 18-64 with learning disabilities. Most of these people received services based in the community rather than in residential or nursing homes.
Examples of what we did in 2011-12…

• Increased the number of adults with learning disabilities known to Hackney Council living in settled accommodation (from 65% to 76%)
• Supported 34 service users with learning disabilities into paid employment mainly via Hackney One Team
• Supported a further 24 people with learning disabilities to enrol in and attend Hackney colleges
• Supported 37 people with learning disabilities into unpaid or voluntary work
• Increased the number of people with learning disabilities receiving direct payments or Council managed budgets from 22% in 2010-11 to 36% in 2011-12
• Helped 36 people with learning disabilities become more independent by moving them from residential care to supported housing with care or supported living schemes

• Trained 65 people in independent travel through 12 ‘bus days’ sessions
• Delivered autism awareness training to 29 staff who work with people with learning disabilities

Examples of what we plan to do…

• Complete development of our day, community and employment service (Hackney One Team)
• Improve our supported living and supported housing with care units to help tenants with learning disabilities become more independent
• Work with the NHS, private providers and the voluntary sector to deliver services that enable people to do more for themselves and be more independent

Useful links:
Hackney Council’s Learning Disability Services
Learning Disability Service Health in Hackney Scrutiny Review

90% of people with learning disabilities aged 18-64 were satisfied with the services they received from Hackney
Case study: leaving residential care to become more independent and active

Ms A, who has schizophrenia and moderate learning disabilities, was depressed and not engaging with care home staff. When she was confused, Ms A would hide food under her pillow and become incontinent. During her review with her social worker, they agreed Ms A needed to be kept busy with a range of activities. Ms A was able to apply for a supported housing with extra care scheme tenancy in Hackney and leave residential care. In her new home she learned to be more independent and took part in organised activities. Ms A is now always the first to arrive for the weekly art and film clubs, coffee afternoons and games mornings where she has learned to play bingo. Ms A participated enthusiastically in a Halloween party and Black History month event and staff say she is now much more independent, engaged, chatty and happy. Ms A has also stopped hiding food and her incontinence has improved.

Good mental health lies at the heart of our wellbeing and quality of life. The word ‘mental health’ covers everything from our ability to cope with stress to more severe clinical conditions such as depression and schizophrenia.

Hackney Council ‘buys’ (commissions) mental health services from East London NHS Foundation Trust, MIND, Dermon and other local organisations.

Our agreements with these organisations aim to give people with mental health needs more choice and control over their care and support. Our goal is for people with mental health needs to live independently by:

- NHS and social care staff working together
- Using a ‘recovery programme’ approach to mental health needs
- Getting more people using direct payments and managed budgets

Last year we provided services to 674 people aged 18-64 with mental health needs. Most of these people were supported in the community rather than in residential care.
Examples of what we did in 2011-12…

- Enabled 28 people aged 18-64 with mental health needs to receive **direct payments**
- Increased the number of adults in contact with **secondary mental health services** in employment (from 5.2% to 5.5%)
- Achieved 89% of adults in contact with secondary mental health services living independently, with or without support

Examples of what we plan to do…

- Redesign some services and improve choice and control by increasing the number of people with mental health needs on **personal budgets**
- Further reduce the number of people with mental health needs in **residential care**
- Deliver **personalisation** by April 2013 by ensuring all older people with mental health needs have a **personal budget** and **outcome focused support plan**
- Increase the number of older people with dementia benefiting from **telecare** and tele-health devices

Useful links:

Lee House Rehabilitation and Employment Centre

48% of people aged 18-64 with mental health needs said they were satisfied with the services they received from Hackney
Section 8: Carers

Case study: carer support

Mrs S is 75 years old and cares single-handedly for her 49 year old learning disabled daughter who is epileptic and has a sensory impairment. She also cares for her 29 year old learning disabled grandson. Mrs S needed support after double knee replacement surgery. She struggled to walk, was in considerable pain and discomfort and felt very tired. Mrs S received weekly physiotherapy but she also needed to attend a gym to strengthen her knees as part of her rehabilitation. Mrs S was assessed for the Homeshare Daycare scheme along with her daughter and grandson. They attended the scheme for three days a week while Mrs S went to the local leisure centre. Mrs S now walks unaided, has regained her independence, feels happier in her caring role and has started gardening. Her daughter and grandson feel more independent as they can interact with more people, go for walks, use the computer and choose their own interests with the volunteer carer’s guidance and support.

According to the 2001 Census, Hackney has around 15,347 carers who provide unpaid support to family or friends who cannot manage without their help. Carers may look after people who are ill, frail, disabled or who have mental health or substance misuse issues.

We recognise most people have their care needs met within their own families and communities. We offer a range of services to help carers cope better in their caring role.

Carers are equal partners with the Council in making sure the people they care for are properly supported to live as independently as possible.

Our services include:
- Carers’ needs assessments
- Carers’ direct payments
- Advocacy and advice
- Carers card
- Respite support and carers’ retreat
- Parking permits (blue badge)
Examples of what we did in 2011-12…

- Assessed or reviewed 1,157 carers to see what support they needed
- 800 carers have a Hackney Carers’ Card that gives discounts in some local shops and local leisure centres
- 336 carers received a direct payment to help them in their caring role
- Funded training for 136 carers including courses on first aid and moving and handling
- 645 carers benefited from services that gave them a break from caring
- 512 carers received advice and information on getting support after review/assessment
- Funded 30 carers’ retreat breaks

Examples of what we plan to do…

- Work with local businesses to secure more benefits and discounts for unpaid carers via the Hackney Carers’ Card scheme
- Develop a ‘Carers Compact’ with each carer to agree how we share responsibility for meeting the cared for person’s needs
- Buy a range of services for carers from the voluntary sector
- Develop a Carers Network to improve outcomes for carers
- Carry out a survey in October 2012 to find out what carers think about services

Useful links:
Hackney Adult Carers Information Pack
Hackney Carers’ Strategy 2012-14
Hackney Carers Helpline 020 8356 5054.
Section 9: Transition to adult social care services

It’s lovely to feel confident about his future

Case study: transition to adult services

Adult services invited a young man with autism, significant learning difficulties and severe communication difficulties to plan for his future. His family were keen to start planning his adult life with him to support a gradual move to greater independence. He was helped to express his views and agree goals for moving slowly and confidently to greater self reliance. A care package was agreed to help him employ support staff so he could attend college and work at a city farm. He now speaks enthusiastically about becoming a farmer, learning about animal care and having his own flat. With a team of trusted and well trained support workers, the young man now has a long term plan to help him leave home, work, learn and socialise in the same way as other young people. The plan will help him gradually spend more time away from his parents. This young man and his family had found it hard to imagine an independent future but using a plan with clear pictures and time scales they are now able to see that real change is possible.

Transition is a term used to describe the process of young people with learning disabilities, physical disabilities or mental health needs moving from childhood to adulthood. The first steps in planning should start early, when the young person is 14 years old and still at school.

Transition planning is about planning for the whole young person, and not just managing their disability or mental health need. This requires all adults involved in transition planning making sure the young person is seen first and the disability or mental health issue second.

Every year around 20 young people with substantial needs go through ‘managed transition’ from children’s services to adult services. Around 150 disabled young people not eligible for adult social care services will get short term support from Transition Outreach to boost their health, wellbeing, skills and confidence. Other young children with less severe difficulties may get support through Young Hackney.

In Hackney we expect young people with mental health needs and disabled young people to be able to make the most of their potential and live independently. They should, where possible, have the chance to work, make and keep friends, have relationships and take part in leisure activities.
Our transition service works closely with education and health services to promote a young person’s journey towards becoming more independent and making their own decisions about their life.

Examples of what we did in 2011-12…
- Provided regular 1:1 support to 17 disabled young people through Transition Outreach
- Organised/funded summer schemes for 86 young people with disabilities aged 14 to 19
- Organised 38 Transition Health Outcome Plans, incorporating transition plans and personal health action plans for young people not eligible for adult social care support
- Promoted independent travel, access to sport or help with anxiety management for 82 young people with disabilities
- Launched a cinema club for 7 young people aged 16-19 with high functioning autism, Asperger syndrome and social communication difficulties

Examples of what we plan to do…
- Set up a self-defence group to build disabled young people’s skills and confidence
- Offer a peer mentoring service, training disabled young people to support and guide each other
- Work with Hackney Community College to provide summer schemes
- Continue to offer young people with disabilities 1:1 support with travel, training, leisure, social interaction, personal safety, fitness, sexual health and emotional health and well being
- Work with Preparing for Adulthood to further improve transition planning in line with the new Special Educational Need’s green paper

Useful links:
Preparing for Adulthood
Section 10: Safeguarding adults

“
A life free from harm and abuse is every person’s fundamental right
”

Case study: financial abuse
Eighty-year-old Mrs H lived alone. Her daughter acted as her ‘appointee’. She received Mrs H’s benefits and was meant to help her mother manage her money and pay bills. During a review visit, social workers learned from Mrs H that she had a £1000 unpaid gas bill and money was going missing from her bank account. The social worker enquired further, and learned that sometimes Mrs H did not have food and other essential items in her home. Mrs H agreed the police should be involved because of the money going missing from her account. Social services, the Police and the Department for Work and Pensions worked together to help Mrs H. At Mrs H’s request, Hackney Council took over management of Mrs H’s money, ensured arrears were paid off and set up monthly direct debits for bills.

It is a core responsibility of all of our social work teams to safeguard adults from abuse. 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. Our services are supported by a specialist adult safeguarding team at the Council who help to co-ordinate safeguarding work.

Together we:
• Investigate concerns of abuse and neglect
• Take action to help people to be safe where abuse has taken place
• Help to prevent abuse from occurring in the first place

Adult social care services have a lead role in protecting vulnerable Hackney residents from abuse. To do this, we work closely with our partners, such as the Police and the NHS, under a common set of procedures.
Case study: raising standards in care homes

Concerns were raised with the safeguarding team about the standard of care at a nursing home. There were concerns about the quality of staff training and supervision. Hackney Council and the NHS visited the home, spoke to residents and their families and went through care plans and risk assessments at the home and found the standard of care was not good enough. A clear set of expectations were given to the home about improvements they needed to make. The Council and NHS provided support to help the home make changes through the input from nurses, social workers and commissioners who also worked together to review progress at the home through a schedule of announced and unannounced visits. Standards of care improved substantially.

Examples of what we did in 2011-12…

• Made 325 interventions to protect adults from abuse
• Provided free safeguarding adults and mental capacity training to 409 people working with or representing adults at risk in health and social care
• Provided financial appointee services to 250 service users who felt unable to manage their money, including those at risk of financial abuse
• Saw an increase in safeguarding referrals from 416 in 2010-11 to 536 in 2011-12 as a result of awareness raising and training across key partnerships

Examples of what we plan to do…

• Focus on improving standards of care for Hackney residents, where care is of a poor quality
• Work to ensure that the people we are trying to protect are in charge, where able, of the steps taken on their behalf
• Raise public awareness of systems in place to support adults at risk of abuse through improved public engagement
• Continue to provide Safeguarding Adults training free of charge to people who come into contact with adults at risk during the course of their work

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 you trust. You can also call Hackney Council’s safeguarding adults team directly on 0208 356 5782 or visit our Safeguarding Adults pages on the Council’s website.
Section 11: How much do we spend?

Adult social care accounts for 33% of Hackney Council’s total budget for 2011-12. The table below shows how the £100,214,000 net spend is shared between people with different care needs in adult social care.

The Council publishes full audited accounts each year. Hackney Council’s 2011-12 Statement of Accounts can be found on the Council’s website. The Council Budget 2011-12, along with other budget and spending information is available on the Council’s website.

Chart 1: Net spend on Adult Social Care in 2011-12

Older People
People with physical disabilities
People with learning disabilities
People with mental health needs
Other vulnerable people
Voluntary organisations
Concessionary fares

£2.1m
£10.8m
£8.6m
£12m
£19.2m
£7m
£40.5m
Section 12: What do we spend it on?

We provide services that support people in their own homes including home care, day care, enabling services and 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 home 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 6,510 referrals during 2011-12. Of these, 1,385 (21%) received a Community Care Assessment. This means their needs were assessed to see if they were eligible for social care services.

For more information on our Fairer Access to Care criteria see Appendix 3.

Chart 2: Referrals received during 2011-12

- 5,125 (79%) referrals passed for assessment
- 1,385 (21%) referrals dealt with at or near point of contact (advice, information, basic OT equipment)
### Table 1: Number of assessments completed by client group and age

<table>
<thead>
<tr>
<th>Client Group</th>
<th>18-64</th>
<th>65 or over</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with physical disabilities</td>
<td>261</td>
<td>727</td>
<td>988</td>
<td>68%</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>27</td>
<td>0</td>
<td>27</td>
<td>2%</td>
</tr>
<tr>
<td>People with mental health needs</td>
<td>200</td>
<td>133</td>
<td>333</td>
<td>23%</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>84</td>
<td>1</td>
<td>85</td>
<td>6%</td>
</tr>
<tr>
<td>Other vulnerable people</td>
<td>11</td>
<td>6</td>
<td>17</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total assessments</strong></td>
<td>583 (40%)</td>
<td>867(60%)</td>
<td>1450</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 2: People receiving services during 2011-12, by client group and gender

<table>
<thead>
<tr>
<th>Client Group</th>
<th>18-64</th>
<th>65 +</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with physical disabilities</td>
<td>542</td>
<td>352</td>
<td>1635</td>
<td>929</td>
<td>3458</td>
<td>66%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>232</td>
<td>346</td>
<td>24</td>
<td>16</td>
<td>618</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with mental health needs</td>
<td>265</td>
<td>409</td>
<td>242</td>
<td>131</td>
<td>1047</td>
<td>20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance misuse</td>
<td>19</td>
<td>47</td>
<td>2</td>
<td>2</td>
<td>70</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other vulnerable people (asylum seekers/refugees and welfare benefits clients)</td>
<td>9</td>
<td>8</td>
<td>21</td>
<td>9</td>
<td>47</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total people</strong></td>
<td>1067</td>
<td>1162</td>
<td>1924</td>
<td>1087</td>
<td>5240</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: People receiving community based services, or in residential or nursing care during 2011-12, by age and gender

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>18-64</th>
<th>65 +</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based services</td>
<td>969</td>
<td>971</td>
<td>618</td>
<td>927</td>
<td>4485</td>
<td>82%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential care</td>
<td>112</td>
<td>226</td>
<td>289</td>
<td>175</td>
<td>802</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing care</td>
<td>7</td>
<td>14</td>
<td>121</td>
<td>51</td>
<td>193</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total people</strong> **</td>
<td>1088</td>
<td>1211</td>
<td>2028</td>
<td>1153</td>
<td>5480</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Numbers may not tally as some service users get more than one service.**
Table 4: People receiving community based services, or in residential or nursing care during 2011-12 by ethnicity

<table>
<thead>
<tr>
<th></th>
<th>White or White British</th>
<th>Black or Black British</th>
<th>Asian or Asian British</th>
<th>Chinese and any other</th>
<th>Not stated</th>
<th>Totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based services*</td>
<td>2631</td>
<td>1462</td>
<td>256</td>
<td>133</td>
<td>3</td>
<td>4485</td>
<td>82%</td>
</tr>
<tr>
<td>Residential care</td>
<td>580</td>
<td>181</td>
<td>14</td>
<td>27</td>
<td>0</td>
<td>802</td>
<td>15%</td>
</tr>
<tr>
<td>Nursing care</td>
<td>141</td>
<td>44</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>193</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total people</strong> **</td>
<td>3352</td>
<td>1687</td>
<td>272</td>
<td>166</td>
<td>3</td>
<td>5480**</td>
<td>100%</td>
</tr>
<tr>
<td>Borough profile</td>
<td>65%</td>
<td>17%</td>
<td>11%</td>
<td>4%</td>
<td>0%</td>
<td>NA</td>
<td><strong>5240 clients</strong></td>
</tr>
</tbody>
</table>

*These are services provided to support people live in the community for example meals, day care, home care, transport.

**Numbers may not tally as some service users get more than one service.

Chart 3: Types of community based services provided during 2011-12
Appendix 1

Care Pathway

I'm not eligible, so I'm put in touch with local organisations, other Council services and the NHS to get me the right support that will help improve the quality of my life.

Do I need ongoing support?

YES

I have an idea of my budget and how it’s spent.

I put together my support plan. I can have help if I need it.

I agree this with the Council.

My progress is reviewed regularly and adjustments are made to my plan and budget.

I get on with my life.

NO

I'm given a short course of support. Then I'm reviewed to see if my needs have changed.

I contact the Council. We discuss my needs to find out if I'm eligible for ongoing support.

Am I eligible?
Appendix 2: Personalisation

Like all councils we are in the process of changing our social care system and reforming 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.

People are now getting more choice and control over the care they receive through new budget arrangements (see diagram below).

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

<table>
<thead>
<tr>
<th>FACS Eligibility Criteria</th>
<th>SERVICES PROVIDED TO MEET ELIGIBLE NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The risk is Critical when</strong></td>
<td>PRESENTING NEEDS</td>
</tr>
<tr>
<td>• Life is, or will be, threatened; and/or</td>
<td></td>
</tr>
<tr>
<td>• Significant health problems have developed or will develop; and/or</td>
<td></td>
</tr>
<tr>
<td>• There is or will be little or no choice or control over vital aspects of the immediate environment; and/or</td>
<td></td>
</tr>
<tr>
<td>• Serious abuse or neglect has occurred or will occur; and/or</td>
<td></td>
</tr>
<tr>
<td>• There is, or will be, an inability to carry out vital personal care or domestic routines; and/or</td>
<td></td>
</tr>
<tr>
<td>• Vital involvement in work, education or learning cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• Vital social support systems and relationships cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• Vital family and other social roles and responsibilities cannot or will not be undertaken.</td>
<td></td>
</tr>
<tr>
<td><strong>The risk is Substantial when</strong></td>
<td></td>
</tr>
<tr>
<td>• There is, or will be, only partial choice or control over the immediate environment; and/or</td>
<td></td>
</tr>
<tr>
<td>• Abuse or neglect has occurred or will occur; and/or</td>
<td></td>
</tr>
<tr>
<td>• There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or</td>
<td></td>
</tr>
<tr>
<td>• Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• The majority of social support systems and relationships cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• The majority of family and other social roles and responsibilities cannot or will not be undertaken.</td>
<td></td>
</tr>
<tr>
<td><strong>The risk is Moderate when</strong></td>
<td></td>
</tr>
<tr>
<td>• There is, or will be, an inability to carry out several personal care or domestic routines; and/or</td>
<td></td>
</tr>
<tr>
<td>• Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• Several social support systems and relationships cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• Several family and other social roles and responsibilities cannot or will not be undertaken.</td>
<td></td>
</tr>
<tr>
<td><strong>The risk is Low when</strong></td>
<td></td>
</tr>
<tr>
<td>• There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or</td>
<td></td>
</tr>
<tr>
<td>• Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• One or two social support systems and relationships cannot or will not be sustained; and/or</td>
<td></td>
</tr>
<tr>
<td>• One or two family and other social roles and responsibilities cannot or will not be undertaken.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Glossary

3H project
Happy and Healthy in Hackney project that provides information and advice to help people to stay healthy

Abuse
Physical violence, verbal aggression, unwanted sexual contact, money or property taken without consent or under pressure, neglectful care or the deprivation of choice, privacy or social contact

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

Befriending
Service involving trained volunteers befriending isolated, housebound mainly older people in the community

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 residential homes

Community Care Assessment
An assessment carried out to decide whether a person needs social care services

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

Deprivation of Liberty Safeguards
Safeguards under the Mental Capacity Act (2005) that aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty

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

Expert Patient Programme
An NHS self management programme for people with long term conditions

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

Floating support
Support to help vulnerable people manage their accommodation and live independently in the community

Hackney One Team
Hackney’s day, community and employment service for people with learning disabilities

Home care
Help at home from paid carers for people with care and support needs

Managed budget
Where a person asks the council to directly provide them with services to the value of their personal budget

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
Outcome focussed support plan
Care plans that focus on goals or outcomes for the person with care and support needs

Partnership forums
Forums made up of people who use our services that contribute to shaping and planning adult social care services

Personal assistants
A person or care worker employed directly by someone with care and support needs sometimes using direct payments

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

Recovery programme approach
An approach used in mental health care that supports a person’s potential for recovery

Residential care
Care provided in a care home

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

Secondary mental health services
Services for people with more severe mental health needs, usually provided in a hospital

Shadow Health and Wellbeing Board
A strategic transitional board involving Hackney Council, local NHS partners, Hackney LINk and the voluntary sector ready for transition to a full statutory committee for Hackney Council from April 2013

Supported Housing with Care
Housing comprising self contained flats for people age 55 plus with housing, support and care needs (for people needing at least 10 hours of care a week)

Supported Living Schemes
Schemes that help adults, mostly aged 65 and over, to live as independently as possible in the community

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, frailility or other conditions

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 5: Key performance indicators

The table below provides information on how Hackney Council’s adult social care and preventative services performed during 2011-12.

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2011 to March 2012</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAFEGUARDING ADULTS WHOSE CIRCUMSTANCES MAKE THEM VULNERABLE AND PROTECTING FROM THEM FROM HARM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of service users who said they feel safe in their community</td>
<td>59%</td>
<td>57%</td>
</tr>
<tr>
<td>% of service users who say that those services have made them feel safe and secure</td>
<td>80%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Number of safeguarding referrals:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Older People (65+)</td>
<td>241</td>
<td>141</td>
</tr>
<tr>
<td>• Older People (65+) Mental Health Problems</td>
<td>64</td>
<td>43</td>
</tr>
<tr>
<td>• Mental Health (18-64)</td>
<td>103</td>
<td>110</td>
</tr>
<tr>
<td>• Physical Disability (18 - 64)</td>
<td>89</td>
<td>56</td>
</tr>
<tr>
<td>• Learning Disabilities (18-64)</td>
<td>85</td>
<td>50</td>
</tr>
<tr>
<td>• Substance Misuse (18-64)</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>536</strong></td>
<td><strong>416</strong></td>
</tr>
</tbody>
</table>

**ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS**

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2011 to March 2012</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>How people using our services rate their quality of life</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>% of service users who feel they have control over their daily life</td>
<td>66%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Number of carers assessed or reviewed and provided with advice and information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of carers assessed or reviewed and provided with services</td>
<td>512</td>
<td>688</td>
</tr>
<tr>
<td><strong>Number of carers receiving a carer’s direct payment</strong></td>
<td>336</td>
<td>277</td>
</tr>
<tr>
<td>% of people receiving social care as self-directed support</td>
<td>51%</td>
<td>14%</td>
</tr>
<tr>
<td>% of people receiving social care as a managed budget</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>% of people receiving social care as a direct payment</td>
<td>15%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS**

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2011 to March 2012</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults with learning disabilities known to the borough who are in employment</td>
<td>5.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>% of adults in contact with secondary mental health services who are in employment</td>
<td>5.5%*</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

* Figure supplied by East London NHS Foundation Trust.
## Local Account
How well we deliver adult social care services

<table>
<thead>
<tr>
<th>Description</th>
<th>April 2011 to March 2012</th>
<th>2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DELAYING AND REDUCING THE NEED FOR CARE AND SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual permanent admissions of people aged 18-64 to residential and nursing care homes per 100,000 population</td>
<td>17.5</td>
<td>14.3</td>
</tr>
<tr>
<td>Annual permanent admissions of people aged 65 and over to residential and nursing care homes per 100,000 population</td>
<td>636.8</td>
<td>674.9</td>
</tr>
<tr>
<td>Delayed transfers of care from hospital per 100,000 population (social care)</td>
<td>6.5</td>
<td>11</td>
</tr>
<tr>
<td>% of older people still at home 91 days after being discharged from hospital with reablement/rehabilitation services</td>
<td>90.5%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>ENHANCING QUALITY OF LIFE FOR PEOPLE WITH CARE AND SUPPORT NEEDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of adults with learning disabilities known to the borough who live on their own or with their family</td>
<td>76%</td>
<td>65%</td>
</tr>
<tr>
<td>% of adults in contact with secondary mental health services living independently, with or without support</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td><strong>ENSURING PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE AND SUPPORT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of people satisfied with social services</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
<td>% of service users easily finding information and advice about support services</td>
<td>81%</td>
<td>70%</td>
</tr>
<tr>
<td>% of contacts to Social Services from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospital</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>• Community Health</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>• Self Referrals</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>• Family/friend/neighbours</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>• All other points</td>
<td>24%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Appendix 6: Adult Social Care Commitment Statement: Promoting Independence

Social Care for Adults in Hackney – Fairness, Equity and Independence

Hackney Council is committed to delivering the highest quality services to residents who have care or support needs. The Council is committed to working with its partners (particularly the voluntary sector, local providers of care and the NHS) to develop services for residents that help people live as independently as possible with minimal interference. We will develop a fair system of social care where the resources that are offered relate to the level of assessed needs a person might have and where their contribution towards the costs of that care clearly relates to their ability to pay. Fairness, Equity and Independence will be at the heart of social care in Hackney.

We have established a structured and fair service system which works to make the very best use of the limited resources that we have.

We will promote health and well being through the effective development of universal services, ensuring that we enable ‘something for everyone’ through provision of clear information about facilities and activities in their local community.

We will give priority in our future service delivery to helping people recover, recuperate, and rehabilitate so that they are able to live as independently as possible.

We will ensure that all staff understand how to work with service users in ways that promote their independence, ensure their safety and support their recovery.

Community Based Solutions

We will always aim to help people continue to live in their neighbourhood and community, where this is feasible and affordable. We will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community based setting. To this end, we will no longer admit any older person direct from a hospital bed to a residential care home without a longer term assessment. We will always ensure that the assessment is offering more than just a response to a current crisis and that each person is getting the right health, housing and other support alongside their social care. If a person is now in residential care and an assessment indicates that they may be able to live in the community we will give them the opportunity to try that option.

We will ensure that the interventions we offer people will focus on how we can promote their independence. This means we will always seek to use community based solutions including assistive technology where these will enable people to remain safe and meet their care needs. All the domiciliary care that we offer will be based on the principles of re-ablement. This means we will work with people to see how we can assist them in doing more for themselves. Over time we would expect some packages of care to decrease as people meet their own defined outcomes in achieving greater independence.

We will use residential care where we have explored other options and have found that this is the only way to meet someone’s care and support needs in a safe way. In many cases, people who have the most complex needs also have longer term health conditions which also mean they may be entitled to additional personal health budgets to meet their needs.

Resources focused on critical and substantial needs

Our interventions will offer the right level of support according to a person’s assessed needs. Assessments will be carried out over a reasonable period of time to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan.
We recognise that the solutions that many people have to meet their care needs can be found within their own families, their communities and within themselves. We will work with each person and their network to find these solutions. Where people have lost their support networks we will work in partnership to rebuild them. We will encourage our service users, our partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve. We will always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse).

**Empowering Risk Management**

The essence of our work will be to ensure that we are balancing risk to empower and safeguard our service users. We will never take responsibility away from someone unless we have a court order, which indicates that the person does not have capacity to manage their own affairs. If we are concerned about the decisions a person is making for themselves, but they still have capacity to make a decision, then we will talk through the risks and work with them to ensure that, as far as possible, they understand the risks they are taking. This may mean that some people make the wrong decisions but that will be their choice based on as full an understanding as possible of the risks. We will look to offer guidance and support but not to take over control.

**Work with Providers**

We will work with our providers and with our in-house team to build a philosophy of care that focuses on outcomes – where service users can determine with their assessors and their providers the aspirations they have from the service. We will ensure that people have a suitable level of service (preferably through a Direct Payment) that will meet their currently assessed needs and support their objectives towards independence.

We will always work with those who are providing services to ensure that they are delivering value for money (including those services provided by the council) from the public purse; we will look to achieve this in partnership through a dialogue between service users, providers and the council. We will set performance contracts for all our services that are provided or commissioned by Hackney Council and these will focus on the desired outcomes for the service users. We will invest in providers who can demonstrate creative, innovative service provision and disinvest in providers who do not provide a person centred, value for money service.

We will develop community based services that encourage good neighbourliness, assist in meeting the challenges of social isolation and social exclusion as well as services that enable people to take more control over their own lives.

We will support user-led organisations, social enterprises and other groups who can meet our aspirations for social care.

The council as a main employer in the area will take a lead by demonstrating that it is an employer of choice for disabled people and people with a history of mental illness.

We will also work with other public sector bodies, our contractors and companies based in Hackney to offer real opportunities for people whose disability may have traditionally disadvantaged them within the employment markets.

**Partnership with Health Professionals**

We need to continue to develop an integrated and outcome-focused approach to our work with all our health partners, particularly the City and Hackney Clinical Commissioning Group. We need to ensure that we share common goals in assisting people to remain independent in their own homes. This means that where possible we will have shared health and social care assessments and a single plan that will help people to retain independence in the community. For example, the interventions from occupational therapy, physiotherapy and social care input detailed in one support plan.

We will work with NHS partners to develop the expert patient programmes which enable people to take more responsibility for how they manage their longer term conditions.
This will both help them as the patient and reduce the cost to the council and the NHS. One of the principles that we will develop with NHS partners is to ensure that any assessments made, allow the person to have a period of treatment and support to enable them to make a full recovery before we make a longer term plan for their care. This will particularly apply to older people in hospital (as above).

With the consent of the service user, we will also share details of care packages and review of those packages with their GP so that the GP is clearly aware of the interventions in place to promote independence and maintain the wellbeing of their patient.

**Spending Public Money Wisely**

With the combination of growing demand and reduced resources available to the council, we need to ensure that money is spent in a fair and equitable way. It is possible that some of our current service users and their carers may see a reduction in the amount of money that is available to them. The decision as to how any reduced money will be used will always be done in full consultation with the user and their carers. In particular we will manage reductions in a clear, transparent and negotiated way.

We need to reduce some historical levels of service provided to service users which are greater than the associated levels of assessed need. Whilst ensuring fair and equitable services means we cannot delay this process unduly, we will take a sensitive and understanding approach.

We will focus on achieving value for money for every service that we procure on behalf of service users. We will focus on finding the most affordable price that can deliver us the degree of quality that our service users require.

In a world of personal budgets we will take a balanced view between procuring services on behalf of local people to achieve good value mainly through framework agreements and through encouraging service users to develop their own creative solutions to meeting their needs.

We will ensure that there are services available for service users and their carers to meet their needs within the resources that will be made available to them through personal budgets. We will work with local and regional providers of care to support the delivery of this policy.

Our commissioning strategy will be developed jointly with our health partners and in consultation with our service users and carers and we will learn lessons from elsewhere. We will build models of care and support which help us to deliver the outcomes that we have outlined above.

**Knowledgeable and Informed Workforce**

We will develop a workforce who can work within this vision. This includes staff both within the council and those who work for organisations who provide services on our behalf. We will ensure that all staff understand how to work with service users in ways that promote their independence and support their recovery. We will support staff to work within multi-disciplinary teams. We will help staff develop their practice in ways which will assist them to empower our service users to make the best use of their personal budgets to ensure a relentless focus on promoting independence rather than creating dependency.

We will examine our policies to ensure that we are fulfilling our statutory duty to promote equality of opportunity and to challenge inequalities in adult social care. Every policy area will be accompanied by an Equality Impact Assessment.

**Valuing Carers**

Many people with social care needs will have these met mainly through the carers with whom they live. Recognising there may be increased responsibilities for family carers, the council will develop a compact with each carer as to how we can best share the responsibility for delivering the care a person needs. We will ensure that carers are informed of their right to have a carers assessment which they can have either together with their cared for person or separately.
The services we offer

• We will continue to develop housing schemes with partners with suitably adapted accommodation and to offer care and support in the community wherever that is feasible to meet someone’s needs (as opposed to residential care).

• In an age of digital technology we will continue to explore how new technological solutions, such as Telecare can give citizens better care, ensure their safety and assist our staff in carrying out their daily tasks.

• We will expect that younger adults who have sufficient ability are supported into work environments. We will support younger adults and their families through the move from children’s services into the adult world. We will support young carers to ensure that their needs are also being met.

• We will use personal budgets to ensure that the people requiring longer term care can take as much control over their lives as their needs allow. We will continue to increase the number of people who are in receipt of a direct payment.

• Many people with social care needs will have these met mainly through the carers with whom they live. The council will develop a compact with each carer as to how we can best share the responsibility for delivering the care a person needs.

• Our charging policies will reflect the guidance given to us from Central Government. We apply a means tested approach. We do not offer any subsidies to service users for services we provide or those we commission when contributions are made from personal budgets. Services to carers are currently provided free of charge.

• We will focus on achieving value for money for every service that we procure, finding the most affordable price that can deliver us the degree of quality that our service users require to deliver their specified outcomes.

• We will develop our commissioning strategy with a wide range of stakeholders including health partners, providers, community groups, users and carers taking a whole systems approach to the design and development of services. We will develop a market place for service provision that meets the needs of a vibrant diverse community.

• We will ensure that all council departments strive to ensure that their policies promote good services for people who may have care and support needs e.g. we will look to ensure our street scene can be used by wheelchair users and that our Library Services have books in large print and talking books to assist blind and partially sighted residents.

The outcomes we are seeking

• We will ensure our policies fulfil our statutory duty to promote equality of opportunity, maintain parity in access to services and challenge inequalities in adult social care.

• We expect to see a reduction in the number of people we are directly helping and we expect to see an increase in the number of people being helped within their communities with safeguarding arrangements as appropriate.

• We expect to see more people living healthy, happy and more fulfilling lives in their own home.

• We expect to see a reduction in the number of people who will have to be admitted to residential care to meet their assessed needs and more people will be using personal budgets to meet their needs in the community.

• We expect to see an increase in the number of people successfully completing recovery and recuperation programmes and having access to Telecare and good housing options to meet their longer term needs.
Contact

If you would like more information about this local account or would like the information in a different format including large print or audio tape/CD or in another language, please contact:

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