London Borough of Havering

Adult Social Care Services Local Account 2015/16

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Adult Social Care Local Account 2015/16

Introduction & Foreword

Welcome to the third Local Account for adult social care services in Havering. The Local Account is an important part of the Government's plan to let people know about their local care and support services for adults and how well they are performing. It also gives us the opportunity to make more information available to residents on our successes, challenges and priorities.

Foreword: adult social care in Havering

With London's oldest population, adult social care services in Havering are instrumental in helping individuals and their families live independent and fulfilling lives in all parts of the borough.

This is reflected in the amount that Havering spends on adult social care. With the largest budget in the Council of £52.9 million - around 36 per cent of the Council's total net budget - we help over 7,500 people each year use services ranging from reablement to residential care.

However, demand for our services are increasing at a time when people are living longer, our population is swelling and funding for services is reducing.

In an age of austerity, making the best use of our resources, working in partnership with a range of care providers, providing choice, shaping the local care market and improving the experience of service users is essential.

We are doing this by integrating our services with health partners, providing early help, intervention and preventative measures to stop care and support needs from developing and helping our residents live as independently as possible in the comfort of their own homes.

The Council has strong partnership arrangements in place with the local NHS, the community and voluntary sector and, with our Integrated Care Coalition, the neighbouring boroughs of Barking and Dagenham and Redbridge.

In this local account, we aim to make it easy to see how we are progressing. Although we recognise that we are on the way to delivering better outcomes for our service users we know we can - and will - do much more to improve the lives of all Havering adults.

Cllr Wendy Brice Thompson, Cabinet Member for Adult Services and Health

Barbara Nicholls, Director Adult Social Care

What is Adult Social Care?

Adult Social Care (ASC) is about providing personal and practical support to help people live their lives, supporting them to maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

ASC services are provided after a care assessment, and are subject to a national eligibility criteria. Services might include assistance with mobility, help with daily chores, short-term assistance after a period of illness, or adaptations to someone's home. The intention is always to help people remain independent in their own homes wherever possible, although support may be provided in a community setting or in a care home. We also look to provide personalised care wherever possible; an individual might receive a direct payment or personal budget to enable them to purchase tailored care to meet their needs. An important part of social care is safeguarding vulnerable people.

Adult Social Care services (ASC) in Havering helps and supports residents with the highest social care needs. Our service users may have a range of needs and include:

- older people; and
- people with physical disabilities, learning disabilities, mental health needs, and people with memory and cognition needs.

We also offer support for the unpaid carers of those receiving our services.

The services we provide and what they cost

Havering Council has a responsibility to care for and protect the borough's most vulnerable residents. The Council also helps all local people to help themselves, live independent lives and stay involved in their local community.

From equipment & adaptions to direct payments, assistive technology to leisure activities, Havering provides a range of support to help people do as much as they can for themselves and stay healthy.

For those who need it most, Havering Council and its partners provide services that aim to help them lead better, and more comfortable, lives.

In 2014/15, we supported **7,500** service users with 5,500 over the age of 65. This included over 2,600 people over the age of 85.

This increased to more than **7,770** in 2015/16 – a 2.7% increase from last year - with almost 6,117 of them over the age of 65. This included 3,080 over the age of 85.

Table 1: What adult social services did from April 2015 to March 2016

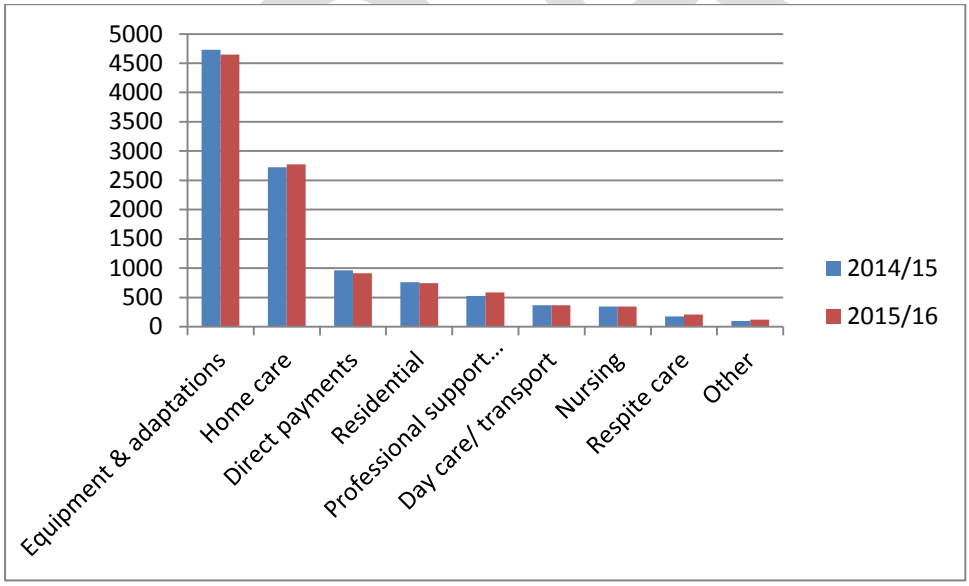
2014/15	2015/16	
3776	3887	People receiving long-term adult social care support
811	867	Carers received an assessment of their needs
1570	1500	Older people supported in the community
465	481	Older people living in residential accommodation
656	668	People with mental health issues supported by services
151	155	Working age people with learning disabilities living in residential or nursing accommodation
2055	2358	People who received a direct payment or personal budget
1787	3027	Support plans reviewed with service users
860	848	Referrals for adult safeguarding

A further breakdown is detailed below. It should be noted that some people may receive more than one service during the year, and this table shows the number of instances that each service was provided during 2015/16.

Table 2

	2014/15	2015/16
Equipment & adaptations	4732	4,646
Home care	2724	2,775
Direct payments	961	916
Residential	759	746
Professional support (services provided as part of a care plan)	527	586
Day care/ transport	368	370
Nursing	347	346
Respite care	176	210
Other	102	124
	10,696	10,719

The graph below represents table 2 visually:



Although numbers increased significant savings were still delivered, as outlined in the financial challenge section.

The financial challenge

Havering Council faces significant financial challenges due to funding reductions and increasing demand for services. Demand is increasing in terms of numbers of people who need care and support, and also in terms of complexity. For example, we are seeing people with different types of dementia coming to us for support. We are supporting a growing population in Havering with a profile that is ageing. We must continue to meet our responsibilities which are laid out in stature in the Care Act 2014, the Mental Health Act 2007; as a society we carry a moral responsibility to support our most vulnerable individuals but this is also enshrined in law. Overall the Council needs to reduce its total budget by around a third by 2018.

Havering is facing huge funding cuts to our revenue support grant, which has traditionally been the main funding source for local authorities. The table below illustrates how our grant will diminish:

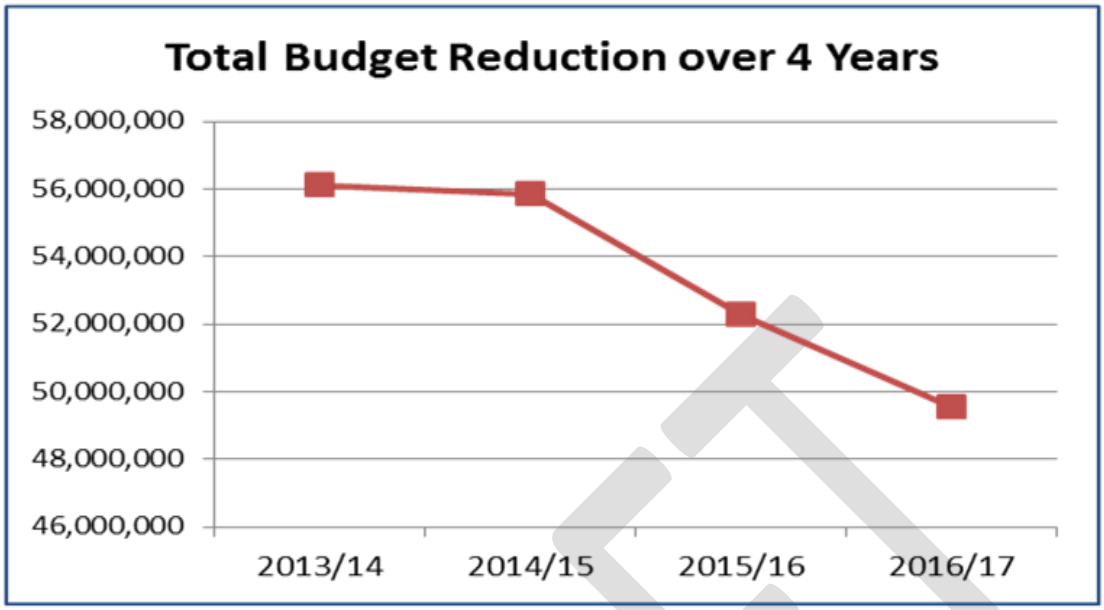
Table 3: Funding cuts

	2015-16	2016-17	2017-18	2018-19	2019-20
Core Funding	**(m's)**	**(m's)**	**(m's)**	**(m's)**	**(m's)**
Revenue Support Grant	30.443	20.890	12.284	6.847	1.376

Government has recognised at a national level demand and budgetary pressures facing adult services, as such local authorities have the option to levy an additional council tax precept of 2% for Adult Social Care. Havering has applied the additional precept, but this is not enough to bridge the funding gap we see opening up in terms of Adult Social Care services.

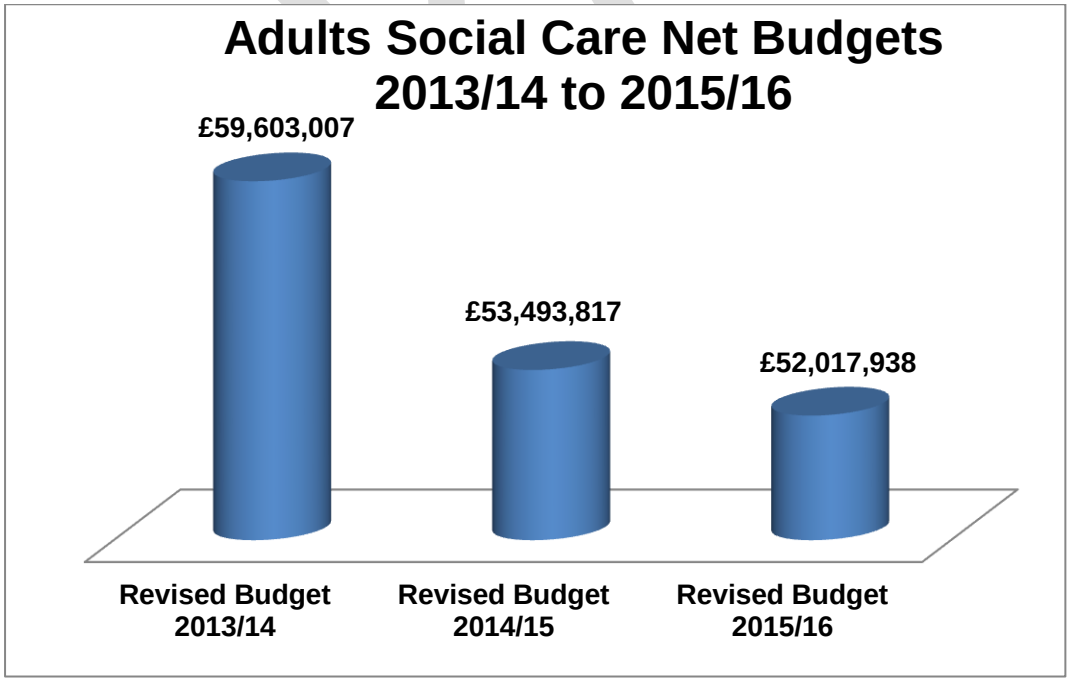
Equally, as Table 3 shows, the main Revenue Support Grant received by the Council is reducing significantly by 2019/20, and the Government is looking at how funding for essential services provided by councils will work in the future. This includes changes to the way local business rates are managed, and for adult social care, working more closely with our local NHS partners (including GP's, community health services and acute hospital services), including jointly funding services where it makes sense to do so. We have started this work already, and whilst recognising there are tough challenges ahead, we know that it is important that we continue to deliver services that help our most vulnerable residents achieve outcomes that are important to them.

The following graph illustrates the scale of the budget reduction that we expect to be facing:

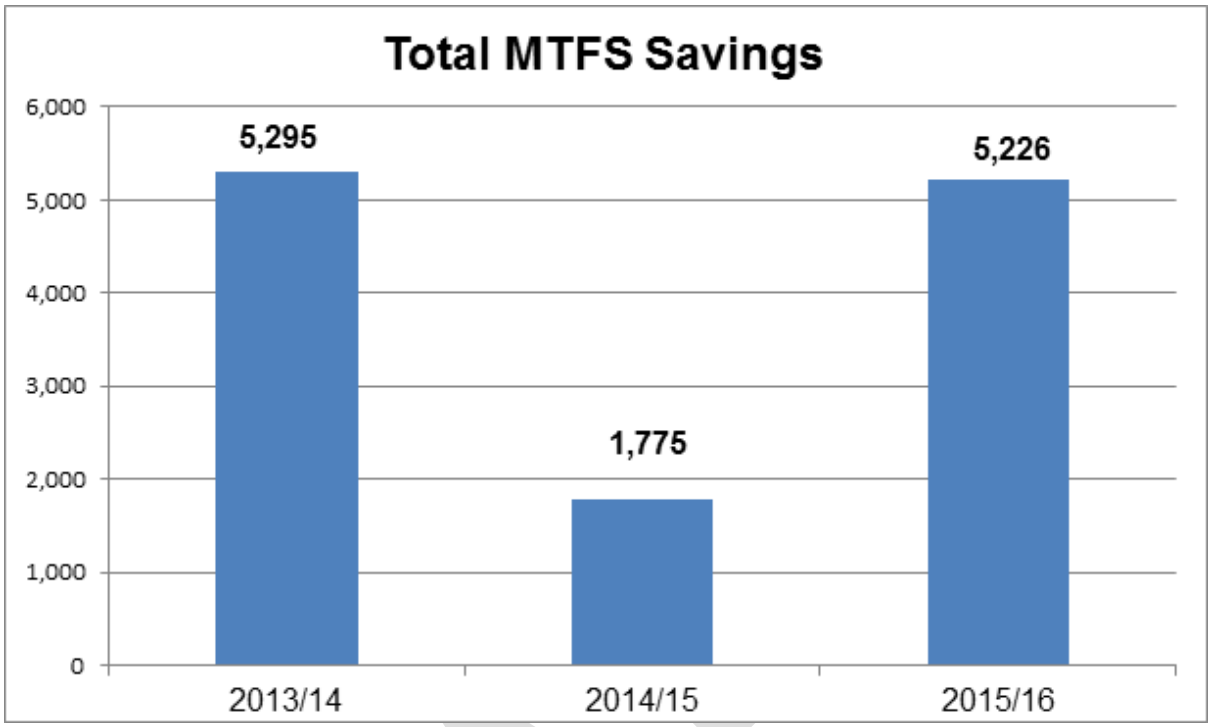


We are actively developing savings plans to address budget shortfalls, in line with overall Council budget plans and considering how we will continue to provide Adult Social Care services. This may mean that we have to provide services in different and innovative ways in order to address the funding reductions that we are seeing.

The graph below shows the ASC budgets year on year:



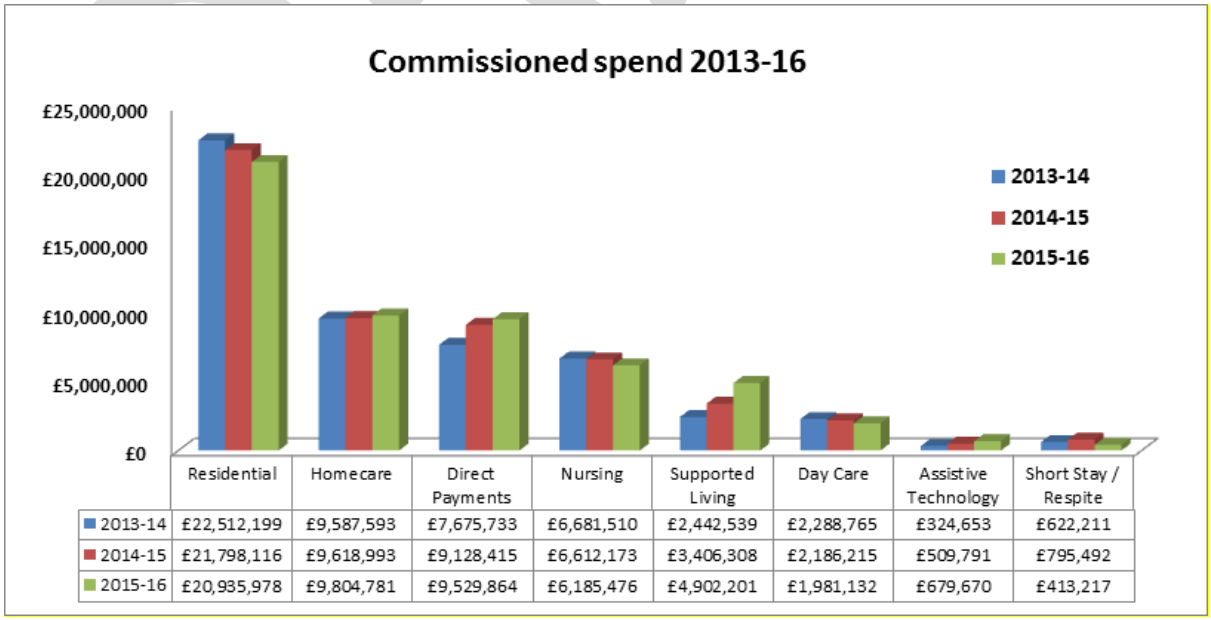
The savings we delivered were:



Note – MTFS stands for medium term financial strategy.

Growth was applied to areas of pressure during 2015/16, notably DOLS which is explained within the safeguarding section. The council tax precept was also applied within Adult Social Care Budgets. The net difference in budget between 2014/15 and 2015/16 was a decrease of £1,475,869.

This graph shows year on year spend by activity area:



	Residential	Homecare	Direct Payments	Nursing	Supported Living	Day Care	Assistive Technology	Short Stay / Respite
2013-14	£22,512,199	£9,587,593	£7,675,733	£6,681,510	£2,442,539	£2,288,765	£324,653	£622,211
2014-15	£21,798,116	£9,618,993	£9,128,415	£6,612,173	£3,406,308	£2,186,215	£509,791	£795,492
2015-16	£20,935,978	£9,804,781	£9,529,864	£6,185,476	£4,902,201	£1,981,132	£679,670	£413,217

Table above shows what we commissioned to spend over the past three years for the different types of service.

Havering in numbers

To illustrate the position in Havering and to give some context, here are some numbers related to the local population

In 2016/17 there were 249,085 residents living in Havering. Some 259,927 people are registered with a Havering GP.

51.97% of Havering's population are female, 48.03 per cent are male.

There are 191,827 people aged over 18 years. Of this, 43,345 (17.4%) people are over the age of 65, and 5,824 (2.3%) people are aged over 85.

With over 43 square miles, Havering is London's third largest Borough. Half of the Borough is greenbelt or parkland.

Havering is ranked 166 out of 326 local authorities for deprivation and 26 out of 32 London boroughs.

Havering's population is set to swell to 282,999 by 2031 – an increase of 18%.

The number of over 65s in Havering is set to increase to 57,100 by 2031 and the number of over 85s is set to increase to 9,300.

The life expectancy for men is 80.2 years and 83.9 years for women.

The National and Local Context

Ageing population

Demand for adult social care services is increasing. In the UK people are living longer lives and this is resulting in a rise in the number of older people in the population. According to the Department of Health (DoH), 80% of older people will need care in the later years of their lives. Havering's population has increased by 3.1% between 2011-13, with an increase of 5.3% in residents aged over 65 years. The ageing population is also living longer and the Council must address the needs of each individual as they arise.

Implementing the Care Act 2014

The Care Act 2014 is the most wide-ranging reform to adult social care in nearly 70 years that, for the first time, places adult care and support law into a single clear statute. The Care Act imposes a *duty* on local authorities to promote *individual wellbeing* when carrying out *any* of their care and support functions in respect of a person. This duty is sometimes referred to as the *"wellbeing principle"* because it is a guiding principle that puts wellbeing at the heart of care and support system.

Much work has taken place to ensure that Havering is compliant with those aspects of the Care Act which came into force on 1 April 2015. This is a large and complex undertaking that has been delivered through a programme management approach.

Sections 19 and 48 to 57 of the Care Act 2014 place a new temporary duty on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider or agency becomes unable to carry on a regulated activity because of business failure. In response, amongst other changes, we have focused on developing joint commissioning arrangements with health and have produced a **Provider Failure Procedure**. The procedure explains what this duty means and Havering Council's approach to ensure that adults and carers are not left without the care or support needed if their care provider becomes unable to carry on providing it because of business failure.

Joining up Health & Social Care

Havering is working with regional agencies including the Greater London Authority to secure devolution at a local level. Devolution is the statutory delegation of powers from central government to govern at a local level.

In Havering we intend to use devolution authority to transform health and wellbeing. We recognise:

- the importance of preventing someone's needs from escalating by signposting to guidance, help and support early on;
- the importance of providing services close to home, where possible;
- the scale and complexity of the present health and care system
- the need to tailor solutions for different people
- The importance of infrastructure, including estates.

We have committed to explore, working with health partners and other local authorities to consider:

- removing barriers to make best use of health and social care infrastructure;
- pooled budgets;
- developing local services
- planning our workforce

As a part of this work, we are developing plans for working across Barking & Dagenham, Havering and Redbridge, to deliver a personalised and sustainable health and care service. This will help us address the budget pressure that we are facing across the wider geographical area, as well as in Havering.

Across local health and social care partners, the next few years will bring a combination of financial challenge and rising demand which is without precedent. Managing this situation will require more than the incremental cutting of elements of service. We need to accelerate work that is currently underway to strengthen prevention and to strengthen care in the community.

The Better Care Fund

The Better Care Fund (BCF) is a national programme which creates a local single pooled budget to enable closer working between the NHS and local government. It is designed to improve outcomes for people; drive closer integration between health and social care; and increase investment in preventative services in primary care, community health and social care.

The Havering Better Care Fund (BCF) is developing a health and social care system in which all adults are supported to live healthy, long and fulfilling lives. Havering Clinical Commissioning Group (CCG) and the London Borough of Havering want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible.

Integrated Social Care Teams

People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs. In summary, it is better to work together across health and social care, as well as with other partners such as GPs. s

A person's care may be provided by several different health and social care professionals, across different providers. As a result people can experience health and social care services that are fragmented, difficult to access and not based around their (or their carers') needs. Approaches that seek to address fragmentation

of care are common across many health systems, and the need to do so is increasing as more people live longer and with complex co-morbidities.

Integrated care may be judged successful if it contributes to better care experiences; improved care outcomes; and the delivery of more cost effective services.

Our BCF 2015/16 plan stated: The strategic objective will deliver by 2019: ‘A locality based integrated health and social care workforce comprising multi- disciplinary workforce across six GP cluster-based localities. Remaining sensitive to practice list profiles, the service will incorporate adult social care eligibility criteria in its risk profiling. It will include voluntary sector provision of local information and advice and integrate mental health professionals. This will ensure a smooth pathway between locality and specialist provision and to provide support to GPs and their patients in a similar way to physical health specialists. ‘Individuals will have a named care professional who will be responsible for ensuring their care is appropriately coordinated for their needs.’

Co-located teams are now in place in Cranham and Harold Hill, with two more locations in Romford and Rainham/Elm Park co-located by October in 2016. The locations house social work and health (North East London Foundation Trust - NELFT) teams.

, Next steps are that the service delivery model will be reviewed to agree how we can then progress towards full integration with NELFT partners. The key aim will be to have a joint approach to assessments and care planning and integrated packages of care.

In the future we intend to locate health and social care teams around GP clusters or localities in Havering. We are also working in partnership with the NHS to provide the technology to share social care records.

Health and Wellbeing Strategy 2015-2018

Between January and May 2015, we consulted on Havering's new Health and Wellbeing Strategy, to cover the period 2015 to 2018. Havering's Health and Wellbeing Strategy 2015-18 sets out eight priorities for tackling some of the borough's most challenging health issues, which are:

Theme A: Preventing, reducing and delaying the need for care and support through effective demand management strategies:

- Priority 1: Provide effective support for people with long term conditions and their carers so that they can live independently for longer
- Priority 2: Improve identification and support for people with dementia and learning disabilities and their carers
- Priority 3: Reduce obesity
- Priority 4: Reduce premature deaths from cancer and cardiovascular disease

Theme B: Providing better integrated support for people most at risk:

- Priority 5: Better integrated care for the "frail elderly" population
- Priority 6: Improve integrated care for children, young people and families most at risk
- Priority 7: Reduce avoidable hospital and long term care home admissions

Theme C: Improving quality of service and patient experience:

- Priority 8: Improve the quality of services to ensure that patient experiences and long term health outcomes are the best they can be.

In total almost **200** residents, patients/service users, and carers were consulted. The responses to the 2015 public consultation provide further insights into the views, priorities and proposals of residents, local voluntary community organisation and partners.

The purpose of the strategy is to enable:

- all Health and Wellbeing Board (HWB) partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up commissioning and delivery plans to address these priorities
- the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy
- members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy; includes engaging residents in co-producing solutions

We have developed a delivery plan to implement the Health and Wellbeing Strategy. The Delivery Plan details the programmes and projects that will deliver the interventions identified in the Health and Wellbeing Strategy.

Our Objectives

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Havering's Future

- We want Havering to be clean and to look after our environment for future generations.
- We want you to be safe – whether you're a pensioner walking through a town after dark, or a young child growing up without the security of a loving home.
- And we want you to be proud to live in Havering – where we respect each other, value our traditions and work together to improve our quality of life.

The Children, Adults and Housing directorate had seven priorities for 2015/16 that cut across its services, as follows:

1. Target our limited Resources on those who need the most support.

2. Work in partnership with Health and other key partners to deliver improved services and improved value for money through integration, including preparing and equipping our workforce for change and ensuring that our teams understand and appreciate one another's pressures and priorities.

3. Where needed we will intervene early to prevent further escalation of needs – by identifying emerging issues and intervening early.

4. People and communities will look after themselves and each other where possible.

5. We will effective signposting to the appropriate service.

6. We will seek to manage demand by prioritising the most cost effective provision.

7. We will seek to revitalise the voluntary sector to be best placed to deliver services in the most cost effective ways.

Following on from this, the service objectives were:

1. Care Act Implementation and Personalisation – modernising our service from end to end, including our provider market.

2. Integration – working with health and other partners to deliver seamless services centred on people who need them.

3. Commissioning - developing and signing up to a coherent strategic framework setting out our priorities for Havering with its partners.

4. Quality and Safeguarding – strengthening safeguarding arrangements and ensuring high quality services that are safe.

5. Workforce development – having a motivated and skilled workforce, both internally and externally.

6. Finance and Performance – balanced budgets, deliver savings and improve/sustain performance.

Older people

In Havering some 45,859 people are aged over 65. At over 18 per cent of the Borough's total population this is the largest proportion of older people in London. This age group tends to have the highest health and social care needs.

Most older people in Havering live healthy, independent and active lives without support from the Council and a large number receive care and support from family and friends – around 27,000 according to the 2011 census.

In 2015/16

- 272 older people were admitted to nursing or care homes, with an average age of 85yrs highlighting our on-going commitment to support committed to helping residents stay in their own home for longer,
- Almost 85% of older people using our reablement service were able to remain living in their own home after leaving hospital.
- We helped over 500 carers of older people with services like respite or a temporary care home stay for the person they care for.

Case study 1 – integrated services helping for Mr A and Mrs A

Mrs A aged 83 and Mr A aged 89 are an elderly couple living together. Mr A is the main carer for his wife who has dementia. The couple also received support daily from their daughter who lives in the borough, although she has health conditions and became unable to manage. A package of care was introduced to enable their daughter to visit less frequently. Mr A experienced several falls in a short space of time. A referral to physiotherapy was made and a walking stick was provided.

Mrs A was reviewed by a Memory Clinic and a Community Psychiatric Nurse was allocated. Mrs A received a support package provided by a health team, while Mr A's care remained with a community social worker. There was co-ordination across agencies to ensure all decisions were aligned – enabling clear definition of roles and responsibilities between health and social care, so that partnership working was enabled.

The impact on the daughter and her family has been reduced, and there have been no instances of crisis or further hospitalisation since.

Social Isolation Project

In response to the increasing issue of social isolation and loneliness in our community, we set up a Social Isolation Project. This Project is aligned with the Health and Wellbeing Strategy, and is themed to support older adults in the community. This approach focuses on addressing social isolation by supporting a

person to access services and support, for example existing community groups. This sis to increase their social networks

The project has provided evidence of a number of barriers which impact on the older adult achieving a positive change to their routine to engage in the wider community. It has also developed a broad understanding of wider community resources. This is informing service developments and commissioning plans.

- The Project has provided home visits to socially isolated older adults across the borough. Referrals are accepted from Health and Social Care Staff, the voluntary sector or individuals themselves.
- The Project provides a link for older adults into their local community and promotes network building and community connections.
- The Project has accepted 275 referrals and has actively worked with 138 older adults, providing varied levels of input to support the older adults to achieve their goals relating to social inclusion.
- Networking with a range of stakeholders has been essential to identifying positive solutions to enable older adults to overcome their barriers to engaging in the community.
- The project concludes in November 2016, and will provide recommendations on the ways forward to support our social isolated older adult community.

Supported Living

Supported living means that an individual is supported to live in the way that they wish. This is a housing model that offers support to live independently in the community.

In Havering we are looking to increase supported living services, where appropriate, to allow greater access to the community and increased choice and control.

Case study 2 : helping to start afresh with supported living

Mr Ks journey is an example of a success story of a transition from Long stay Hospital to the community made possible by the development of specialist supported living accommodation for learning disability clients.

Mr K is a 28 year old man with a moderate learning disability and epilepsy who spent his childhood in foster care and then lived in a variety of residential placements before he was 18 years old when he was placed in hospital following incidents of challenging behaviours and destruction to property. Mr. K was clear that he wished to return to the Havering area to maintain family links. With support from his social worker team, working with clinicians and Housing colleagues, this was made possible by offering him supported living accommodation commissioned specifically for learning disabled clients in purpose built flats.

As a result Mr K appears happier and healthier and is growing in confidence. The support team assist him to maintain his tenancy and manage his flat, thereby promoting his independence and dignity. He has recently said that he is ready to look for voluntary work, something his support workers are helping him with.

Supporting Havering's Carers

A carer is someone who looks after a relative or friend who because of age, physical or other disability cannot manage at home without help. This can range from personal care including toileting, washing and feeding to help with the shopping, housework or simply keeping them company.

During 2015/16 almost 2,000 carers were either assessed or received information and advice.

- Nearly 752 carers were signed up to the Havering Carers' Register, connecting them to a number of services and a wealth of information.

- 500 carers got a break from caring when the person they care for received respite care.

In 2015, we introduced the jointly produced Havering Carers Information Booklet. The booklet provides carers with an overview of a range of services and support in Havering, including how to access a carer's assessment and local voluntary and community sector support and contact details.

In June 2015, we launched the Havering Carers information e-bulletin, a quarterly electronic publication, which receives input from Council services, the Havering Clinical Commissioning Group and community and voluntary partners. There was also the re-launch of the Havering Carers Register and new sign up forms were produced and circulated across Havering. Over 750 carers are currently signed up to the Havering Carers Register.

The Havering Carers Forum was evaluated by carers and subsequently redesigned and a new Havering Carers Forum flyer was produced to provide people with the dates of the meetings well in advance. In February 2016, 85% of carers said that they found the Carers Forum very helpful to them. Voluntary and Community Sector service representatives were also regularly called upon to participate. Carers Personal Budgets were introduced in April 2015 and a Resource Allocation System for calculating an indicative budget for carers was introduced in June 2015. To date, over 50 eligible carers have opted to take up a Carers Personal Budget.

Next steps for 2016/17:

- We expect to see an increase in the number of carers signing up to the Havering Carers Register in 2016 to 2017.
- Officially launch the Joint Havering Council/Havering CCG Carers Strategy and Action Plan.
- Increase the number of carers signing up to the Havering Carers Register to receive carer's newsletters and invitations to carer's events etc.
- Deliver more dementia awareness training.

Some feedback we have received from carers who have had dementia awareness training is below:

"The dementia training has really made a difference to the way I will think and feel about dementia going forward. My dad is living with it at the moment and after today I think he will be able to 'live well' because of the extra support and understanding I will be able to provide him".

"I would advise retailers that awareness does not cost them anything – it is more about understanding. Dementia affects people in different ways, which means there are so many things that businesses may not have even considered. For example, many shops have black mats at their entrances. To some people with dementia, these can actually appear to be holes. We are not necessarily advising retailers to get rid of their black mats – just to get some dementia awareness training so that staff can spot someone who may be concerned or worried by it".

Dementia Friendly Community (with award)

Around 3,500 people aged over 65 live with Dementia in Havering and the Havering Dementia Action Alliance was developed with our partners to help those affected by the disease.

Nationally to date, over 1,730,260 organisations or teams have received dementia friendly training, 350 have completed it online and 1,965 clinicians who have been trained in dementia symptoms.

The Havering Dementia Action Alliance, which has more than 81 member organisations, 23 of those are GP practices and has won the Best Dementia Friendly Community Initiative in the Dementia Friendly Awards, and the Community Organisation Award for Disability in The National Diversity Awards.

Providing choice

Havering Council wants service users to have choice and control over the way care and support is provided.

Self directed support (SDS) covers personal budgets including Individual Service Funds, Council managed accounts and direct payments. Anyone who is assessed as needing care services has the right to request a direct payment instead of having services provided by the Council.

There are some limited circumstances when direct payments are not awarded but the majority of people already receiving, or assessed as needing services have a right to direct payments.

We intend to:

- Increase the proportion of service users who receive some form of self-directed support.
- Introduce a Havering Direct Payments Pre-paid account and card to make managing direct payment a lot easier.
- Reviewing the voluntary sector and continue to commission services that help people remain independent

Case study 3: A personal budget for Mrs D

A personal budget was set up for Mrs D. Her daughter recently told a Direct Payments Co-ordinator how receiving a personal budget for her mother has made a difference. She can now arrange extra care for her mother when she needs it, as direct payments work well because of the flexibility.

There is no need to have a fixed day and time for care to be provided, like there used to be in the past. Because of the flexibility a personal budget has been convenient in meeting Mrs D's needs.

Improving communication with social care providers

Havering strives to work closely with its stakeholders. Effective communication from both providers and the local authority is essential in achieving this aim and building better relationships.

Weekly email updates to social care and health providers

Havering Council produced a weekly email update to its social care and health providers. The bulletins' overarching aim was to inform providers of National best practice, innovations in how health and social care is provided globally and to notify services of new training opportunities, events, local projects and tenders.

Following the response to these weekly email updates, the Council is in the process of developing this into a scheduled e-bulletin that it is inclusive of health, children's and adult's social care information. With this, the local authority intends to expand on its e-bulletin content to incorporate information and advice, local and national news reports, best practice resources and provider-appropriate funding opportunities.

Calendar of provider forums dedicated to provision areas
The local authority schedules quarterly forums for its network of care providers. There are provider forums related to 'Homecare', 'Residential and Nursing', 'Voluntary and Community Sector' and 'Learning Disabilities and Autism' provisions. The forums range from frequencies of six weekly to quarterly and are developed in partnership with providers, with providers completing evaluation forms on the quality of agenda items, frequency of forums and the approach of Council officers. The forums enable an outlet for providers to make suggestions for future discussion areas and issues that they face. The Council intends to develop its provider forums further with its providers to help build better relationships and support the commissioning of services.

Online Care Network portal for social care and health providers
Havering launched its online Care Network for the Borough's social care providers last year. The network enables care providers of all sizes – from large care homes to small voluntary organisations – to discover what support is available, browse and book local training and events and, where appropriate, share service details and apply for tenders. The site allows providers to have a page dedicated to their organisation and the services they provide. There are opportunities for discussion through the network with online forums and private chat facilities.

There are plans to further develop and redesign some aspects of the Care Network in the next year in co-production with social care providers, in order to suit changes in need and demand, and to further improve and simplify communication. Providers can access the Care Network and request an account by visiting www.carenetworkhavering.org.

Developing the council's information and advice website in conjunction with providers
Havering Council has been improving its information and advice website in collaboration with social care providers in order to promote access to information, ensure consistency in out-going messages about social care and support and act as a resource for providers of services to keep informed of social care processes. Providers can access the information and advice website by visiting www.haveringcarepoint.org.

Developing information on the Havering Council website for social care providers
Havering Council provides a range of support to social care providers in Havering. It was recognised by providers that information about this support was not reflected on the Havering Council website. The Council responded to providers' needs and developed a webpage on the Havering Council website which contained information

for the adult social care workforce, in terms of training and support available, details of provider forums, Havering's vision and market position and how providers can apply for tenders in Havering. The webpage can be accessed on www3.havering.gov.uk/Pages/Services/adult-social-care-workforce.

Preventing or delaying the need for health and social care

The Council and its partners provide a number of services to help people recover faster from illness, prevent unnecessary admission to hospital or premature admission to residential care, enable timely discharge from hospital and help people live independently.

Reablement provides an intensive short term (six week) service to help people back into their own home and on the road to independent living once they leave hospital.

In 2015/16 we provided reablement to 1,191 people at home and 128 people received reablement at our residential facility at Royal Jubilee Court in Romford.

Only 5.9 per cent of services users who received reablement returned within 91 days for further ongoing care or support.

Case study 4: Reablement helped Mrs Clark get back on her feet and return home

Mrs C is a 78 year old lady who was living on her own in her one bedroom bungalow, until she had a fall outdoors when doing her shopping.

Prior to the fall Mrs C was very active and went out nearly every day to run errands. She believed that this was very important to stay fit and to keep herself occupied. Mrs C found being in hospital very difficult as she was confined to her bed. She was keen to be discharged home as soon as possible.

A recommendation for reablement support for up to 6 weeks was agreed. This would comprise of 3 support calls a day focusing on enhancing Mrs C's confidence and independent living skills. Mrs C was also provided with some equipment to aid her independence at home.

Two days after discharge, the Social Worker contacted Mrs C to follow up on how she was settling back at home. Mrs C continued to receive Reablement support initially 3 times a day but she had reduced it to 2 times daily in her 2nd week of being at home. The 4th week post discharge, Mrs C had made really good progress and was confident in managing her daily tasks, so no longer required support. The Reablement support was terminated and Mrs C continued to manage her day to day tasks independently.

Whilst adult social care works to support people with care needs to live their lives as independently as possible and enjoy the best quality of life as they can, we recognise that we have a part to play in supporting the wider council priority of reducing the need for our services in the first place. By supporting residents and communities to understand their own assets and abilities we aim to move to a different relationship with our residents. By assets we mean things that enable people to support themselves and be independent, for example we work with family and friends to build a supportive environment for individuals. When people feel confident to be able to do more to manage their lives in the way they want to, they become more independent, and don't need our services in the same way. This is all about helping people at the right time, and in the right way for them.

Safeguarding

An adult at risk is someone who finds it difficult to protect themselves from harm or abuse due to age, illness, disability or other impairment. Harm can be physical, psychological, sexual or financial and can be caused by another person, a carer or an institution.

Our Vision

'To make sure that Adults at risk from harm in Havering are safe and able to live free from neglect and abuse'.

At the center of all we do are Six Adult Safeguarding Principles, and our business plans and performance monitoring reflects these principles:

EMPOWERMENT – people feeling safe and in control, encouraged to make their own decision and giving informed consent. People feeling able to share concerns and manage risk of harm either to themselves or others

PREVENTION –it is better to take action before harm happens, so good information and advice are really important

PROPORTIONALITY – not intruding into peoples' lives more than is needed by responding in line with the level of risk that is present

PROTECTION – support and representation for those adults who are in greatest need because they are most at risk of harm

PARTNERSHIP – working together with the community to find local solutions in response to local needs and issues

ACCOUNTABILITY – being open about what we are doing and responsible for our actions - focusing on outcomes for people and communities

Havering Safeguarding Adults Board (HSAB)

The HSAB is the lead partnership with responsibility for ensuring that all adults at risk in the borough are able to lead safe, fulfilling lives and are not subject to abuse or neglect by others. The Board develops strategies to reduce risk and prevent harm adults and also co-ordinates and monitors how effectively partner organisations are working together as well as implementing their own safeguarding responsibilities.

The key objectives of the HSAB, as set out in the Care Act 2014 are:

- To help and protect adults in the London Borough of Havering who have need for care and support, are experiencing, or are at risk of abuse or neglect, and

as result of those needs are unable to protect themselves against the abuse or neglect or risk of it, and

- To co-ordinate and ensure the effectiveness of what each of its members does.

The HSAB must publish an Annual Report each year setting out how well it has achieved its objectives. During 2015/ 16 the board focused on Care Act 2014 compliance. In December 2015 the Board adopted the revised Pan London Safeguarding Adult Procedures. The introduction of the new procedures, which where revised to take into account the Care Act, was supported by the HSAB with a week of briefings in March 2016 open to staff from all agencies.

The HSAB also produced during 2015/16 an Escalation Policy to emphasise the need to challenge as appropriate to support staff from different organisations in feeling confident to raise issues, and test decision making in a constructive and safe way.

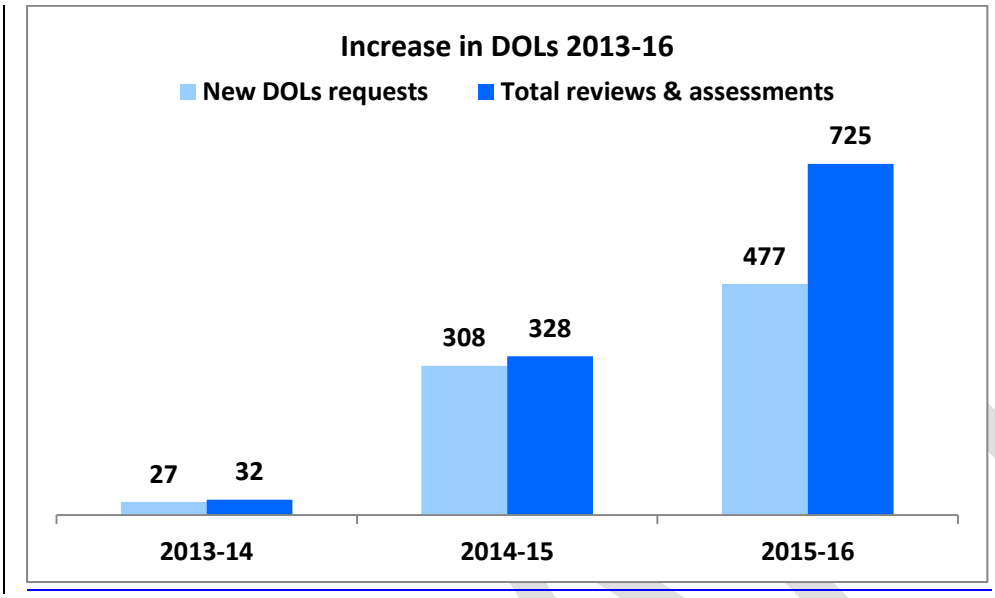
Making Safeguarding Personal (MSP)

MSP is about ensuring safeguarding is as centred on the individual whom the concern is about as is possible. MSP is starting to be applied within Adult Social Care, where we are focussing on outcomes people are looking for through actively participating in the safeguarding process. A measure of success is whether people are supported to meet their expectations and outcomes from our safeguarding interventions... There is a need during 2016/17 to ensure that all agencies adopt the MSP principle when interacting with adults at risk. To that end a review of all agencies current position will be undertaken.

We have embedded MSP within our new safeguarding toolkit. We have developed a questionnaire to get feedback from the adult at risk or their advocate, to see that MSP was evident in the process they went through and to evaluate the difference our intervention has made. We also undertaking a number of audits to ensure that there is a consistent approach throughout our service.

Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS)
The Deprivation of Liberty Safeguards aims to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom or support living arrangement only deprives someone of their liberty in a safe way that is in their best interest... The application of MCA and DOLS has remained a major focus. Highlighted in last year's local account was the Supreme Court Judgment in March 2014, which has continued to significantly impact on the number of applications during 2015/16 as shown below:

	New DOLs requests	Total reviews & assessments
2013-14	27	32
2014-15	308	328
2015-16	477	725



To help us manage this increased demand on our service, we have the following priorities;

- To ensure that we have sufficient Best Interest Assessors to meet the forecasted demands.
- Raise awareness around the Deprivation of Liberty Safeguards and provide relevant training.
- Support providers to recognise when a person is being deprived of their liberty and refer in for an authorisation as soon as possible.
- Ensure that where a person is an unlawful deprived of their liberty immediate alternative options/solutions are explored.

Multi Agency Sharing Hub (MASH)

In June 2014, Havering became the first borough in London and one of the first authorities in the country to implement a joint children and adults MASH.
The purpose of the MASH is to improve the quality of information sharing and decision-making at the point of referral. This is achieved in Havering by facilitating the sharing of intelligence across agencies this enables the MASH to ensure safeguarding interventions are timely, proportionate and necessary. The MASH has a number of partners co-located such as Police, Public Protection, Housing, Probation, Adult Mental Health, Early Help Advisor and independent Domestic Violence Advocacy supported virtually by Youth Offending Team, Education, Drugs and Alcohol service.

Multi-agency training programme
There has been a training needs analysis to identify what training is being offered through the HSAB partnership and to plan future training needs.
There have been multi-agency briefing sessions to introduce the new Care Act guidance to those working with and supporting adults. Self-neglect was formally recognised as a category of abuse within the Care Act for the first time. As a result the Board offered two full training courses on self-neglect and hoarding which was attended by a variety of multi-agency professionals working in adult safeguarding, health and provider settings.

Case study 5: Safeguarding residents
Background to the case
The Safeguarding Adult Team received a referral. The police were called to the address by Mrs X because she had been assaulted that morning by her husband, who had left prior to the arrival of the police. Mrs X stated she has suffered an abusive relationship from her husband for the last few years. Police reportedly spoke to her 7 year old daughter who also confirmed the case of domestic abuse.
Action by SAT.
Following the safeguarding referral, several attempts were made to contact Mrs X by the phone without success. However, as the case appeared very urgent, it was triaged and referred to children's service due to the presence of child in a household where there was domestic violence.
In addition, a referral was made where professionals discussed the domestic violence concerns and measures were put in place to safeguard Mrs X and her daughter. The referral also triggered an IDVA referral (Independent Domestic Violence Advisor).
Outcome
Due to joint working between all professionals the husband eventually handed himself in at Romford Police Station and was arrested and placed in police custody, thus ensuring the safety of Mrs X and her child and to allow appropriate support to be put in place.
Mrs X has contacted us to express her support and has complimented all for all the support she has received as she now feels safer.

Information and Advice

'Information and advice is fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.' (Care Act Guidance para 3.1)

The Care Act 2014 places a duty on Local Authorities to: '…establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers'.

In Havering, following a consultation it was felt an organisation based in the local community would be best placed to provide residents with information and guidance

about care and support. The preferred option was to make use of existing community resources with the service operating from community hubs, which are places or buildings where people already go that are easy to access, rather than from one building in one location as was the previous service model.

During 2015/16:

- **New Care Point Information and Guidance Service was launched in September 2015** The service, provided by Family Mosaic, offers free independent information and guidance to Havering residents who want to find out more about care and support, health and wellbeing and advice for carers.
- **A total redesign of our information and advice website (Carepoint) was carried out.**

Since the launch the Care Point service has developed and extended its reach by increasing the number of community hubs used across the borough to provide residents with information. Care Point can be accessed in places such as, Romford Shopping Centre, Queen's Hospital, Children's Centres, Libraries, Job Centres and various GP Surgeries. A full list of locations where Care Point can be accessed are displayed on the Care Point website www.haveringcarepoint.org.

Over the last year Care Point has been working in partnership with a variety of stakeholders to build relationships, generate referrals and facilitate joint working. The stakeholders include

- GPs
- Healthwatch Havering;
- Adult Social Care;
- Children's Service;
- The Richmond Fellowship;
- Sycamore Trust;
- Salvation Army;
- Havering Disabled Association;
- Havering Mind;
- Citizens Advice Bureau;
- Age UK; and
- Carers Groups.

Since the launch the number of residents accessing Care Point has been increasing steadily each month. During the period 01/09/15 to 31/08/16, the service provided information and guidance to 3,277 Havering residents. The service has provided direct assistance to over 500 residents in relation to welfare benefits and blue badge applications over the last year.

Next Steps

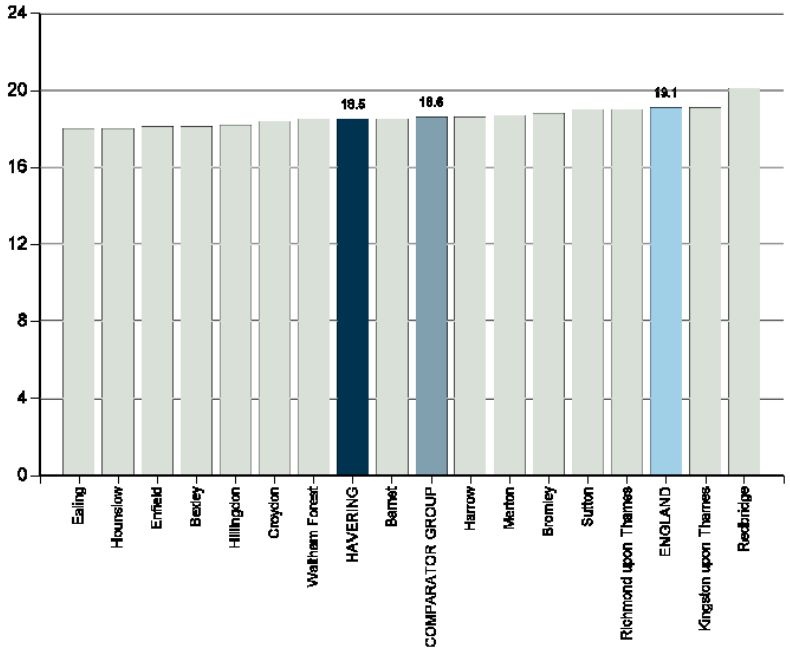
- Develop new ways of reaching people in the local community and varying the use of community hubs based on the demand.
- Target information and advice at particular parts of the community that are hard to reach or would benefit most from receiving the service.
- Continue to build relationships with local stakeholders to generate referrals and share information.
- Establish a local information and advice (I&A) steering group comprising of local I&A stakeholders, to ensure up-to-date information is maintained and reduce duplication.
- Support changes and improvements to the Care Point website based on feedback from the community

Feedback from our residents

ASS wants to ensure that residents have a say in how we plan and deliver services, how we can improve them, as well as take part in key decisions concerning changes to services. We use customer surveys, meetings, regular forums, complaints and compliments to make sure we know what is important to local residents to improve services and review progress.

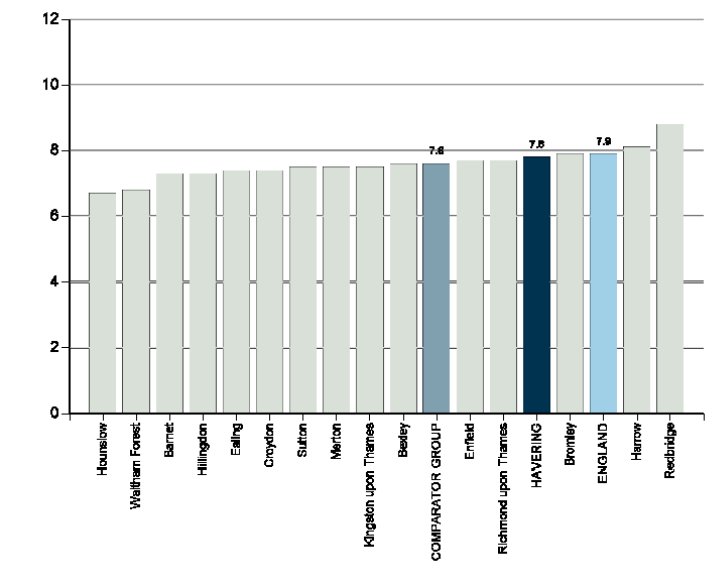
Two of the more formal ways of doing this are the ASC survey and the Carers survey. As these surveys are done by all councils in England who provide adult social care, they also help us to compare how we are doing. Nationally, the ASC survey is done once a year and the carer's survey once every 2 years.

Adult Social Care Survey



Social care related quality of life score this indicator gives an overarching view of the quality of life of users of social care. It is a composite measure based on responses to eight questions in the ASCS.

Carers Survey



AS
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Carer-reported quality of life score this measure gives an overarching view of the quality of life of carers. It is a composite measure based on responses to six questions in the Carer survey

Complaints and compliments

There has been a very slight increase in the number of complaints received within Adult Social Care. However what has been noted is that there is a continuing trend of increased complaints from people who use services and/or their families disputing charges resulting from our financial assessment of their ability to contribute to the cost of their care... As a result of this, a working group was set up to look at ensuring that correct and consistent information was provided regarding paying for care. This group produced a financial checklist and a financial charging case note. Use of this and the impact will be monitored through 2016/17.

Numbers of **complaints** over the last three years are as follows:

2015/16	2014/15	2013/14
93	92	108

There has been an increase in complaints around 'level of service,' which could reflect the increasing demand on resources that Adult Social Care are having to work within. With the implementation of the Care Act the indication is that more service users are challenging the level of service provided. The implementation of part two of the Care Act involving the finance aspects and the Appeals Panel process has been deferred until 2020 and it is not clear what the impact will be.

Closer working with providers has helped reduce the number of complaints involving providers, where we have seen a decline over the last two years. This is encouraging.

The number of new clients coming into the service during 2015/16 was 3,707 and this will be monitored in future years against the number of complaints received.

Below are some examples of the **compliments** received across the different areas:

Everything done in a professional manner and more assistance given than expected – ACT North

Thank you for all your time, patience and all your help in respect of my Aunt' – ACT South

A mother placed on End of Life care – *she was kept safe, warm and clean and was treated kindly and with respect. Even when she was at her most difficult, the patience of the nursing/support staff was outstanding*. – Cranham Nursing Home

Your carers were invariably courteous, helpful and tolerant and their good spirits, cheerfulness and good humour helped to get us through some very difficult and trying times – Community Care Line

It felt like you were listening to him and supporting him to make discharge easier on his aunt and this, he feels has led to a well-controlled discharge. – JAD

Thank you for all your support and care over the last 15 years. Thank you for listening to all our problems and seeing us through some very tough times. – Learning Disabilities

The carers have so far been lovely and she feels well supported and enjoys their company. – Medic2

Following a relative who died intestate a family member writes in - *I very much wanted the opportunity to give you feedback regarding the amazing way she has helped my family… You are extremely fortunate to have her managing this work, she really is a rare person in the busy world we live in* – Client Finance

Thanks to each and everyone of you, have made it possible for me to have the time and the great support to get my confidence back to return home. – Royal Jubilee Court/Reablement

For more information see the 2015/16 Annual Report (insert link)

Our Priorities for 2016/17

With ever more Havering residents dependent on care and support services provided by Havering Council and its partners, the biggest challenge remains meeting the needs of a growing number of service users - particularly those aged over 65 - with the resources and funding available.

With each generation in Havering living longer than the last it is important to ensure that people can enjoy these extra years in good health. Meeting the challenges ahead we will:

- **Focus on prevention and early intervention** through working more effectively across the Council to reduce the need for intervention and services in the first place, and support residents to be self-care as much as possible.

- **Be more ambitious** integrating services with our health partners to provide seamless care and support to residents. We need to provide more services that are joined up with health, provided by the NHS, and social care, provided by the council.

- **Provide more choice** and increase the take-up of personal budgets and direct payments. This is key to helping people manage their own care. We will also help shape Havering's care market to ensure real choice and control for everyone whether through a local authority managed budget, a direct payment, individual service fund or for those who self fund their own care.

- **Be more strategic in how we commission and contract services** not just across the council but with our health partners and with residents shaping the decisions we make.

- **Embrace our new responsibilities under the Care Act** fully modernising our services including how we assess people's needs, put together a support plan, provide choice and control, improve well-being and maximise independence. In Havering, care and support is changing for the better as a result.

- **Continue to strengthen our safeguarding arrangements** to make sure we are doing as much as we can to protect people from abuse – preventing it happening in the first place and in dealing with issues quickly.

- **Ensure our workforce has the right tools** to do the job and feels confident in meeting the challenges ahead. Our new Principal Social Worker will help us focus on outcomes for people rather than our processes, our senior management restructure will help us integrate services with our health partners, and our Assistant Chief Executive will ensure the needs of adults are always the priority.

- **We need to ensure we effectively manage the council's largest budget** in light of significant demographic pressures and increased demands.

Tell us what you think

We hope you have found this local account of Havering adult social care useful.

The requirement to publish our Local Account comes from the Towards Excellence in Adult Social Care (TEASC) Programme and from the national Association of Directors of Adult Social Care. The TEASC programme helps councils perform to the highest standard in adult social care.

Let us know your thoughts. Please email your views to adultsocialcare@havering.gov.uk and help us improve future accounts and publications.

Keep Informed

To keep up-to-date with the latest developments in adult social care in Havering, visit www.havering.gov.uk and subscribe to our email updates including Health and Well-being, Carers, Care Connect and Active Living.

Social care providers can sign-up to www.carenetworkhavering.org to connect with a range of information and training.

For further information on adult social care visit www.haveringcarepoint.org.uk

The Care Act 2014 can be found here:
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Care and Support Statutory Guidance can be found here:
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

The Mental Health Act 1983 can be found here:
http://www.legislation.gov.uk/ukpga/1983/20/contents

Glossary of Terms

Care and support assessment:
Under the Care Act 2014, Local Authorities must carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care. This is called a care and support assessment and it will focus on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve.

Devolution:
The transfer or delegation of power to a lower level, especially by central government to local or regional administration.

Direct payments:
Direct payments are payments made to individuals or carers who request them to meet some or all of their assessed and eligible care and support needs. They are one way of receiving a personal budget and are intended to give users greater choice in their care. The payment must be sufficient to enable the service user to purchase services to meet their eligible needs, and must be spent on services that meet eligible needs.

Greater London Authority (GLA):
The (GLA) is a top-tier administrative body or local authority for Greater London. It consists of a directly elected executive Mayor of London and an elected 25-member London Assembly with scrutiny powers. It was created in 2000 to fulfil the needs of London as a whole and to work with the boroughs in areas such as transport, planning, economic development, the environment, police, fire and emergency services, culture and health.

Making Safeguarding Personal
Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded.

National eligibility criteria:
The national eligibility criteria can be found in the Care Act 2014 and set a minimum threshold for adult care and support and carer support. All local authorities must at a minimum meet needs at this level.

Personal budgets:
Personal budgets are an allocation of funding given to users after an assessment which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can take have some combination of the two.

Pooled budgets:
Pooled budgets combine funds from different organisations to purchase integrated support to achieve shared outcomes.

Reablement services:
Reablement services are for people with disabilities and those who are frail or recovering from an illness or injury. The aim is to help people regain the ability to perform their usual activities, like cooking meals, washing and getting about, so they can do things for themselves again, stay independent and live in their own home.

Revenue support grant:
Revenue Support Grant is a central government grant given to local authorities which can be used to finance revenue expenditure on any service. The amount of Revenue Support Grant to be provided to authorities is established through the local government finance settlement.