

Social Care for Adults in Havering

Local account 2017–18 & 2018–19



Social Care for Adults in Havering

Introduction



Welcome to our fifth annual update on Adult Social Care (ASC) services in Havering, the Local Account. The purpose of our Local Account is to let Havering residents know about local care and support services for adults, and how we are performing, as well as to provide information on priorities for the coming years.

The Council's vision is all about embracing the best of what Havering has to offer. It is made up of four cross-cutting priorities: communities, places, opportunities and connections.

In Adult Social Care (ASC) we continue to contribute to the Council's ambitions to work with residents to improve the places in which they live; to invest in the local economy and generate opportunities for people; strengthening connections across the borough and with London and Essex. Our priority will be continuing to support families and communities to look after themselves and each other, with a particular emphasis on our most vulnerable residents.

ASC is responsible for ensuring the most vulnerable adults in our community, and their carers, are provided with support to meet their assessed essential needs. Safeguarding is top priority, with a personal approach adopted with each case. We ensure residents are provided with practical support to help them live their lives and maintain independence, dignity and control, with individual wellbeing at the heart of every decision.

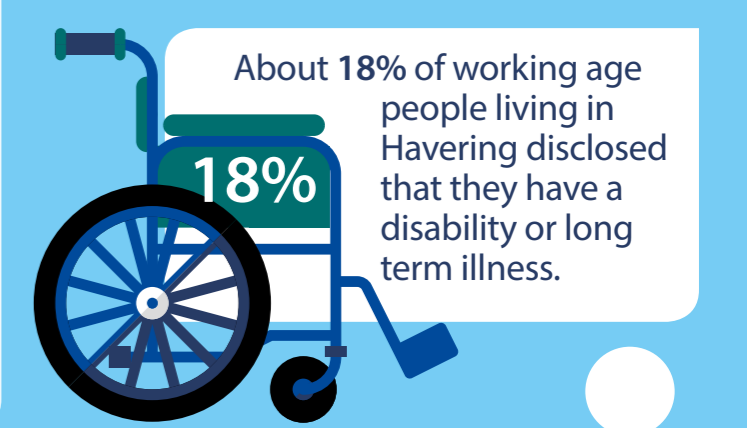
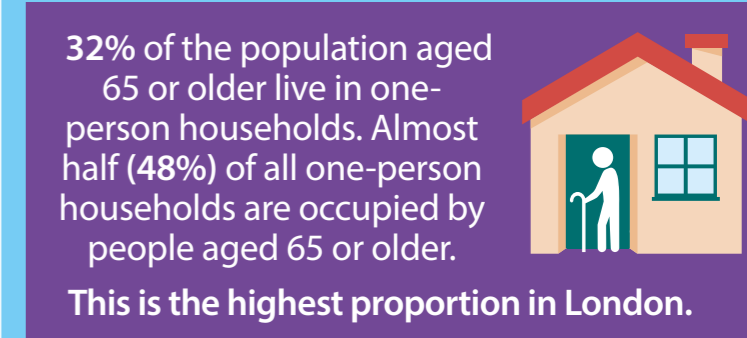
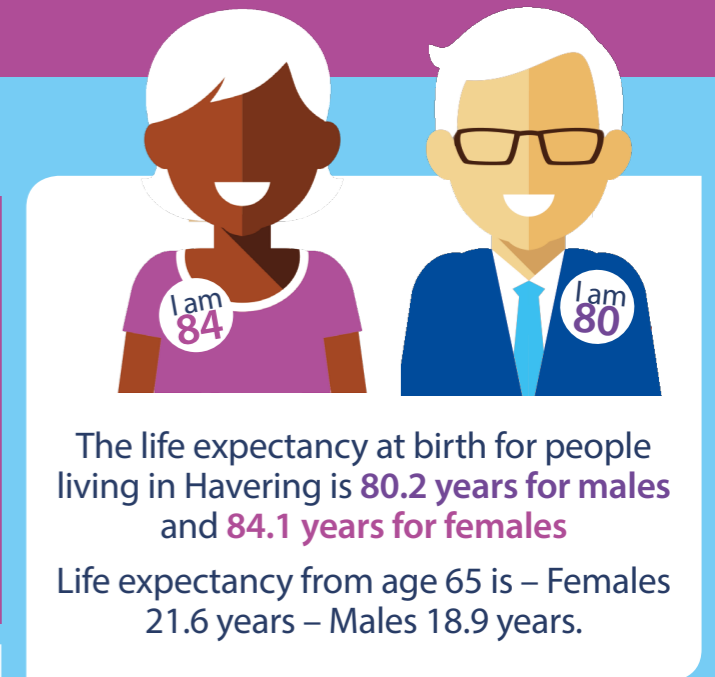
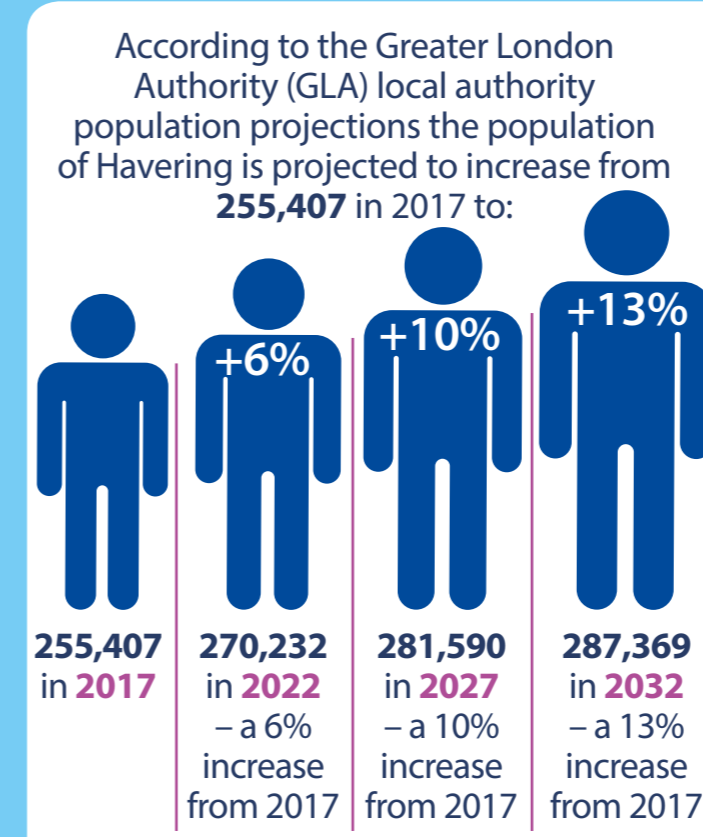
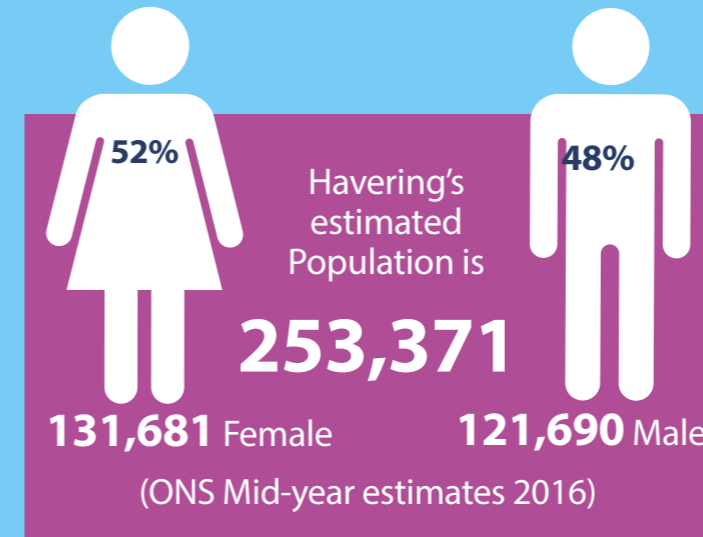
Everyone's situation is unique and we work with people across our communities: older adults, adults who have physical disabilities, those with sensory impairment, mental health needs and learning disabilities, as well as carers in the community.

For those that do not meet our eligibility criteria, there is a wide range of information, advice and guidance; and we continue to work with our partners to help people remain well and active for as long as they are able.

We hope you find this local account to be informative and useful.

Barbara Nicholls
Director of Adult Social Care and Health

Havering People



Havering has the oldest population in London with a median age of approximately 40 years.

Havering is ranked **166th** overall out of 326 local authorities in England for deprivation. There are pockets of deprivation in the borough.



Adult Social Care in Numbers

	2016/17	2017/18	2018/19
Deprivation of Liberty Safeguards (DoLS)	1,083	1,150	1,607
People who chose to meet their agreed health & social care needs by receiving Self Directed Support	1,735	1,875	1,843
People using the reablement service	1,143	1,353	1,067
Clients who have left reablement with a long term service	21.7%	14.7%	10.2%
Older people admitted to nursing / care homes (65+ average age 85)	321	240	279
Admission rate to nursing/care homes per 100,000 populations (65+ average age 85)	700	519	601.1
Older people receiving long term support in the community	2,907	2,681	2,597

Although total numbers have reduced for those receiving long term care and support in the community, we are seeing people needing more hours of care each week. However, we have been successful in admitting less people into residential

care whilst enabling people to continue to live in their own homes, wherever possible and safe to do so. Other areas of care and support have seen an increase.

As can be seen DoLS is increasing year on year.

Social Care for Adults in Havering

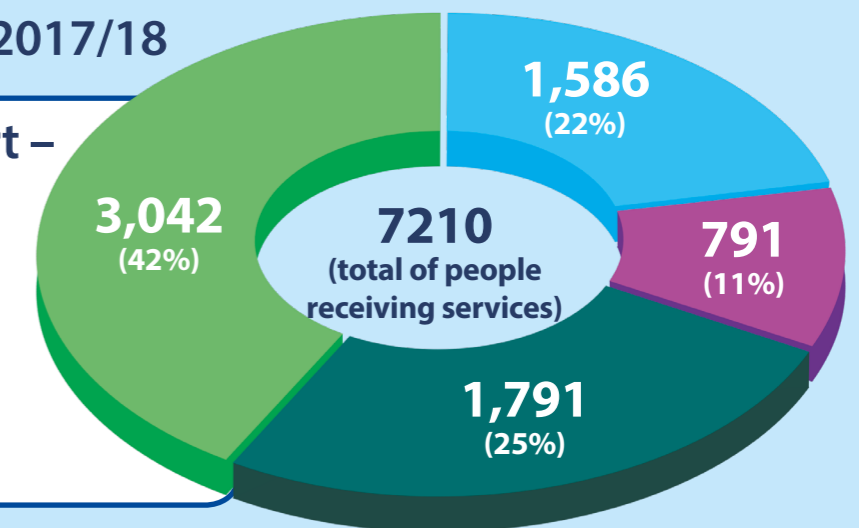
Social care at a glance

People come into contact with ASC in Havering for a variety of reasons. Chief among them are following admission to hospital, the onset of dementia, having suffered a fall, isolation and loneliness or an increasing complexity of needs that

people can develop as they get older. There are also the complex needs that arise from people suffering mental illness, substance misuse problems, domestic violence and the increasing number of people affected by homelessness.

Support by age group 2017/18

Breakdown of Support – by age



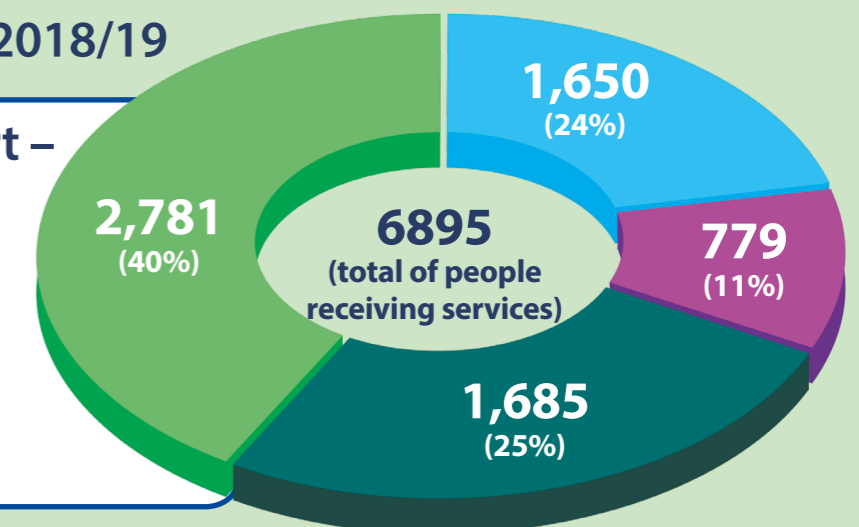
7,210 people received one or more of our services in 2017/18. Of these:

3,042 (42%) were aged 85 or over.
4,833 (67%) were aged over 75 years old,

5,624 (78%) were aged 65 or over.
1,353 people were referred to our Reablement Service.

Support by age group 2018/19

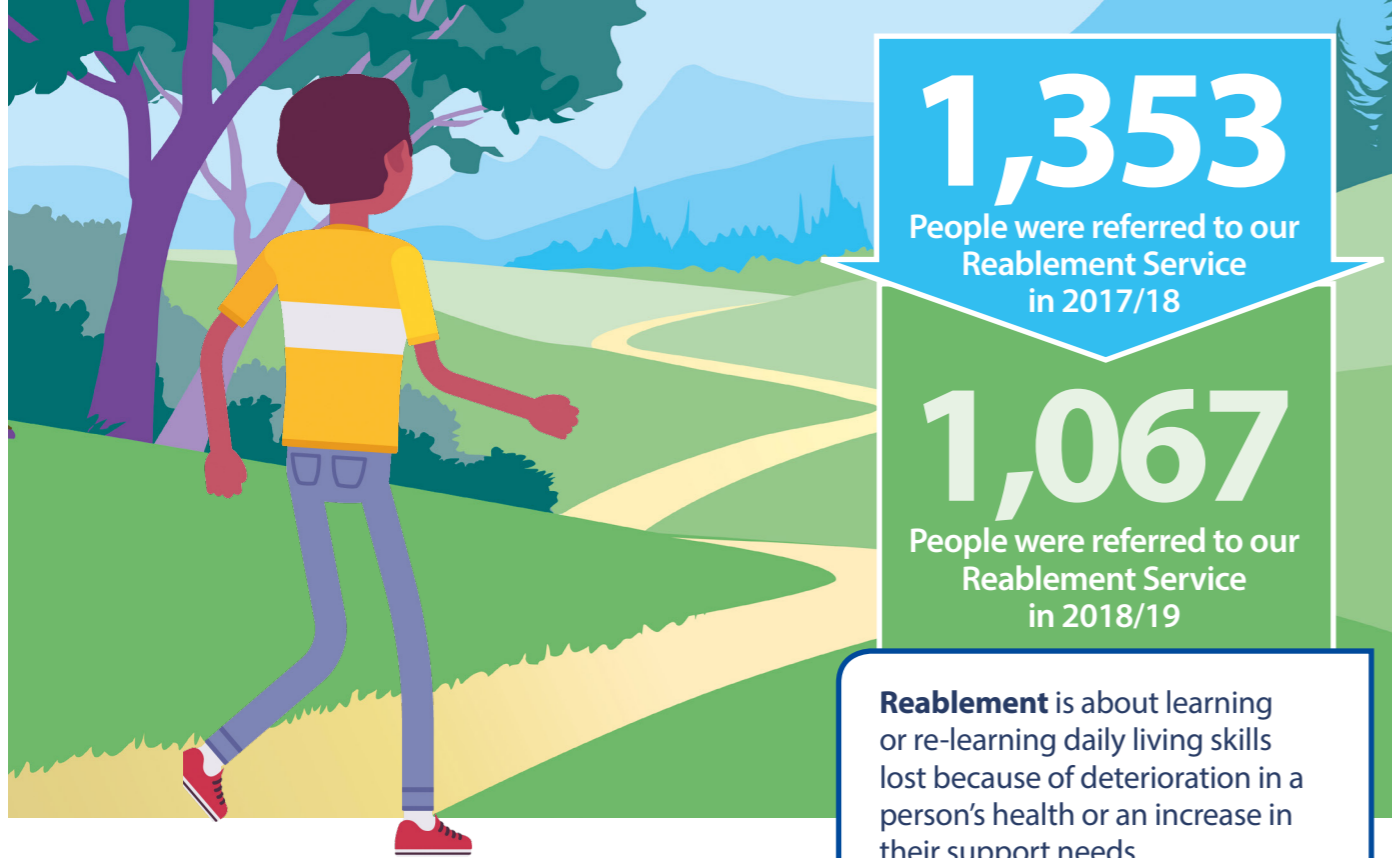
Breakdown of Support – by age



6,895 people received one or more of our services in 2018/19. Of these:

2,781 (40%) were aged 85 or over.
4,466 (65%) were aged over 75 years old.

5,245 (76%) were aged 65 or over.
992 people were referred to our Reablement Service.



In 2017/18 **122** carers received a Direct Payment.

In 2018/19 **152** carers received a Direct Payment.

£ Direct Payments are payments made to individuals who have care and support needs or to carers who are eligible for support. The money received can be spent on things that help meet the needs as agreed in their support plan. Anyone who is assessed as needing care services has the right to request a direct payment instead of having services provided by the Council.

A carer is someone who provides unpaid care for a family member or friend whose disability, illness, mental health or substance abuse problem is such that they need their support.



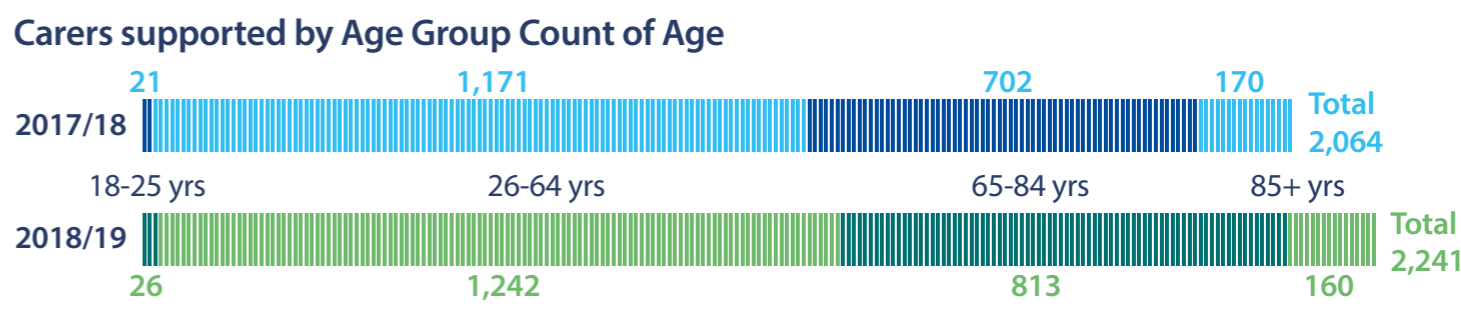
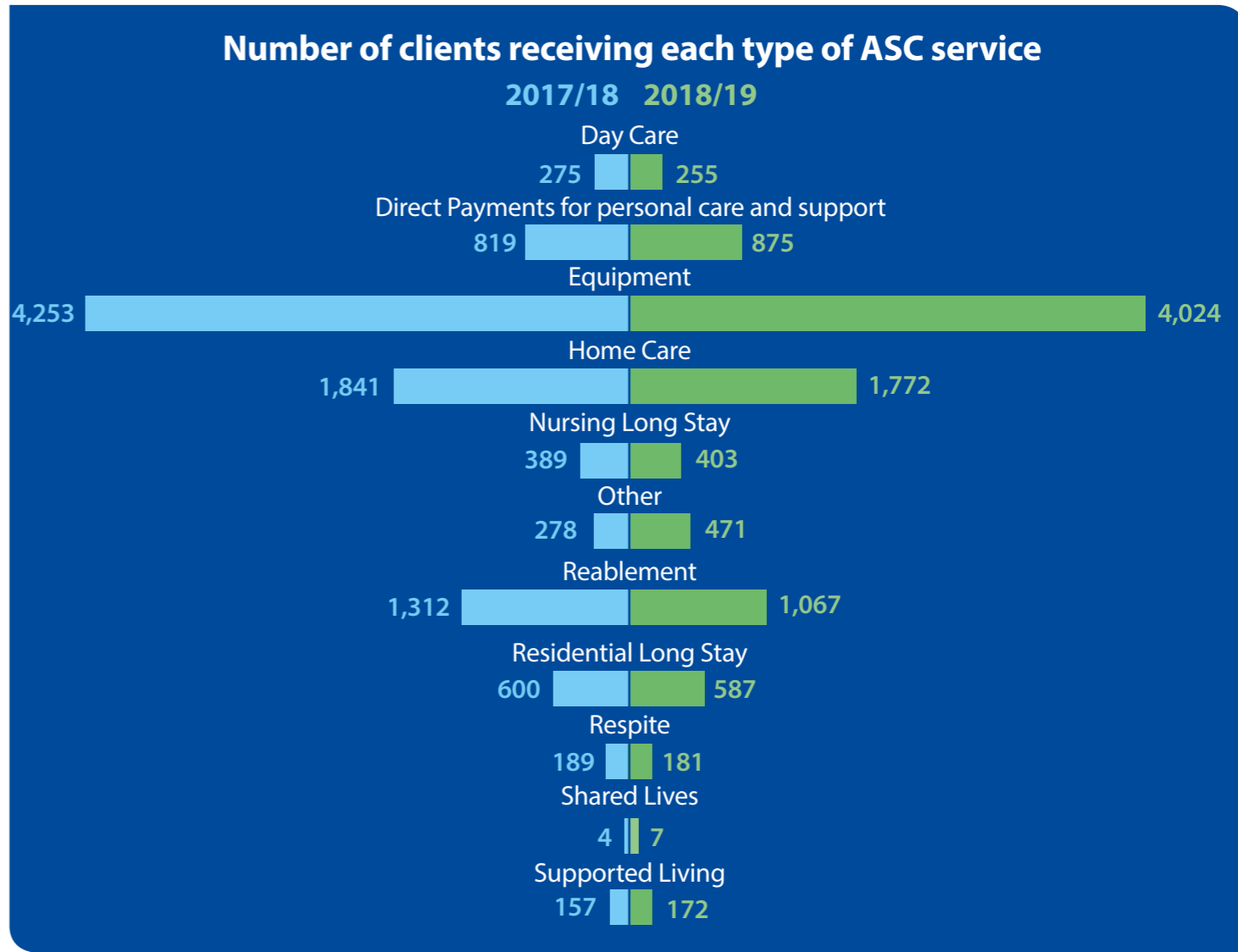
Homecare is where people live in their own homes but get support with household tasks, personal care or other things that help them maintain their independence and quality of life.



In 2017/18 **1,875** people met their health and social care needs through Self Directed Support.

In 2018/19 **1,843** people met their health and social care needs through Self Directed Support.

Self Directed Support gives individuals informed choice about how social care is provided with a focus on working together to achieve individual outcomes.



Social Care for Adults in Havering

The Budget

As our population grows and ages, so too does the demand for social care services. We are seeing people needing more hours of care due to increasing complexity of needs leading to increases in the Community Team costs. Safeguarding is another area where costs have increased.

As we continue to experience budget pressures we need to target our resources in the best way possible. We achieved a balanced budget position in 2017/18 and 2018/19. A Peer Review in October 2017 conducted by Association of Directors of Social Services (ADASS) commended Havering Adult Social Care for its strong financial governance.

Demand has been managed through the positive impact of prevention measures, such as reablement and having the right conversations with people early on. We know that it is only by thinking and working differently, that we can continue to ensure the demand for services doesn't overtake the money available to deliver them.

Prevention is about interventions that help people to maintain or improve their health and/or quality of life and their independence in the community.



Commissioning

is the planning and resourcing of services to achieve the best possible outcomes for the community and for individuals who require care and support.

Day opportunities

are where people who are socially isolated meet other people, have meals and take part in activities.

Assessment

is the gathering and assessing of information about an individual's needs to develop a plan.

Safeguarding

provides support to people with a learning disability, dementia, mental health or substance abuse problems who have care and support needs that may make them more vulnerable to abuse or neglect.

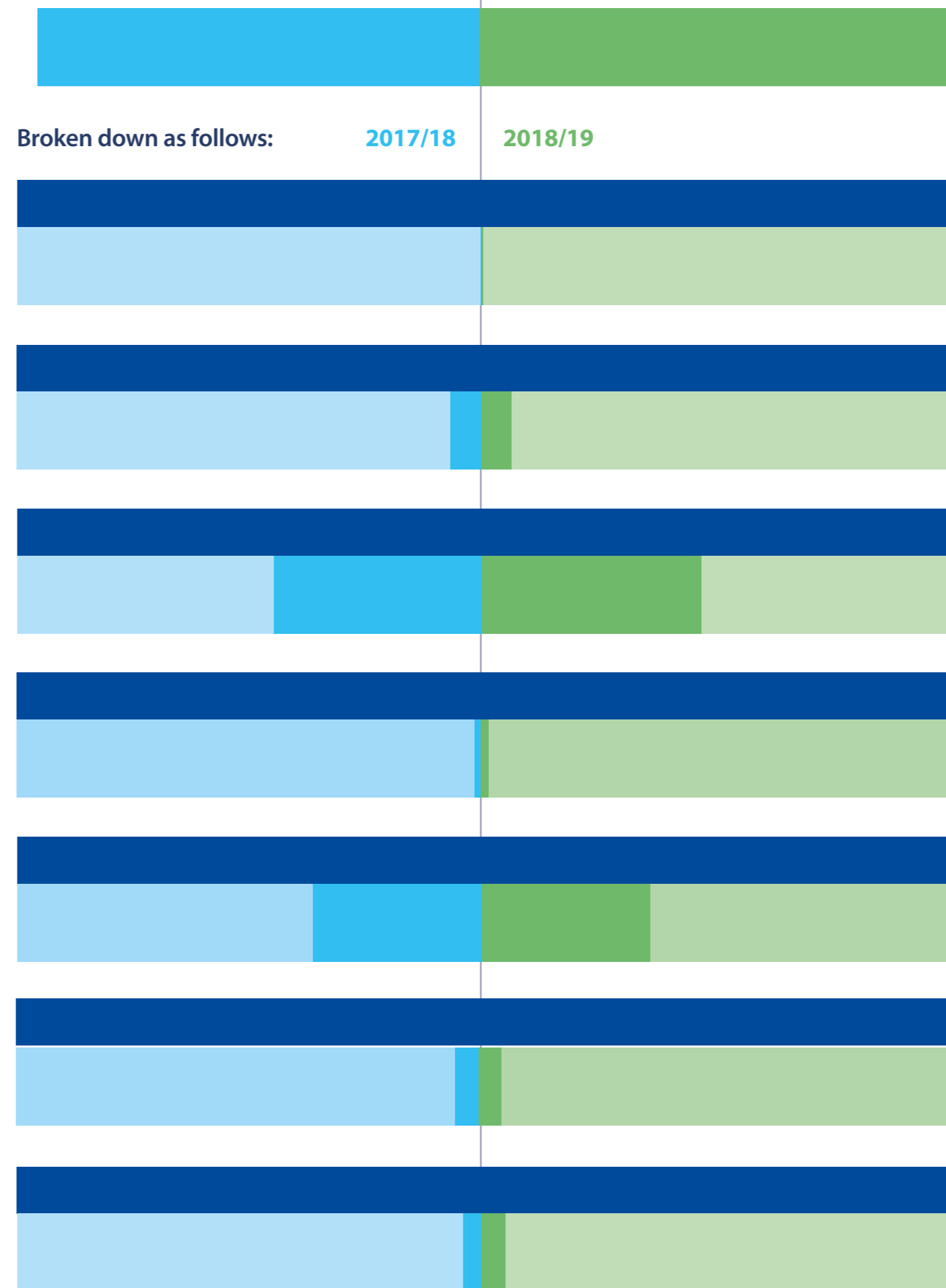
Our spend in 2017/18

Our spend in 2018/19

Broken down as follows:

2017/18

2018/19



What we did well over this period



Our Front Door

Our Front Door, which is usually the first contact with us, underwent a redesign. We developed this with skilled staff so that we are better able to provide advice and guidance, and refer to the correct team, on a timely basis. This improved initial handling of contacts, giving a smoother experience for the customer

Better Living

To this end, we introduced a new way of working called Better Living, which involves a series of conversations:

- An initial conversation focused on listening, building on individual strengths, considering what resources are available via family, other networks and the community, with a view to promoting independence.
- The second conversation is about offering short term support for people in crisis, potentially involving intensive support for a limited duration.
- The third conversation explores, where appropriate, the use of a fair personal budget.

Positive feedback

The feedback from residents using our services was generally positive. According to the 2017/18 annual Adult Social Care Survey, **91%** agreed that Havering's care and support services help them to have a better quality of life. In 2017/18 **71%** of people who used our services said that they felt safe, compared with **69%** in the three previous years. This increased to **89%** in 2018/19.

Fewer admitted to residential settings

Fewer people were admitted into residential settings – with 519 per 100,000 people aged 65 or over permanently admitted to a nursing or care home in 2017/18, compared with 700 in 2016/17. This is moved to 601 per 100,000 in 18/19.

Investing in homecare

We have invested in the homecare market to stabilise care provision, to give capacity to provide services in Havering. We are committed to ensuring home care workers benefit from a reasonable funding regime.

Active Homecare Framework

In 2017/18, we implemented the Active Homecare Framework, a dynamic purchasing system which enables providers to operate in Havering so long as they meet quality criteria. We developed a method for understanding the outcomes for residents of the homecare that they have received. A set of measures and questions have been developed in partnership with people who use out service, their family and the Council. The Council's Quality Outcomes team regularly contact a random sample of people to gather feedback on homecare services. Results for 2018/19 indicated that **85% of users rated the service as good or very good.**

The numbers of older people needing long term support in the community fell from 2,907 in 2016/17 to 2,681 in 2017/18, and fell again to 2,597 in 2018/19.

In 2017/18, **78%** of people with a learning disability in Havering were living in their own home or with their family, and **78.5%** in 2018/19.

In 2017/18, **85%** of people in contact with secondary mental health services (for people with serious or complex psychiatric disorders) were living independently, and **86.4%** in 2018/19.

More choice and control


We introduced a pre-paid purchase card, used by individuals to manage their personal budget. This means people can check their balance online, the Council are clearer on how money is being spent and there is less paperwork to process.

77% of people who use our services said in 2017/18 that they have control over their daily lives, compared with **71%** in the previous three years, and **74.8%** in 2018/19.

Personalisation in Havering means putting the individual at the centre of the process of working out what their needs are, choosing the support they need and having control over their life.

Havering is the first London borough to sign up for dementia-friendly personal budgets.

Havering Dementia Action Alliance is working to ensure those affected by dementia are supported and accepted and able to live in their community. The Mercury Shopping Centre is piloting a 'Silent Tuesday' to improve the shopping experience of people with learning disabilities, autism and dementia and to reduce distractions that may deter people coming to the centre. The Queen's Theatre in Hornchurch are showing Dementia friendly performances called Down Memory Lane.



"I would like to take this opportunity to once again thank you for the kind consideration and help you gave to me and my family when arranging the placement of my mother. This was a very traumatic time for us and your patience, especially with me, was much appreciated. I would also like to thank you for the kindness, courtesy and patience you showed to my mother."

We were commended by ADASS Peer Review in October 2017 for being stable and well-supported with strong and effective leadership, good councillor oversight, self-awareness and staff who are open to learning and change.

We have the **Havering Social Care Academy** for all social care staff working with children, adults, their families, carers and the wider community. The Academy provides staff with access to training, a research hub, and opportunities for career progression. Our aim is to improve stability and retention, the quality of services for residents and to recruit more in-house staff. **We have significantly reduced our agency staff from 45% to 20% of our workforce.**

We developed a better understanding of the social care provider market and workforce arrangements, allowing us to encourage greater stability in the wider workforce. The local authority has developed a Provider Training Programme and supported significant growth in the Personal Assistant (PA) market. Increasing numbers of PAs have been able to access quality assured training in Havering, and we have established a register of accredited PAs for residents to choose from.

What we did well over this period (continued)



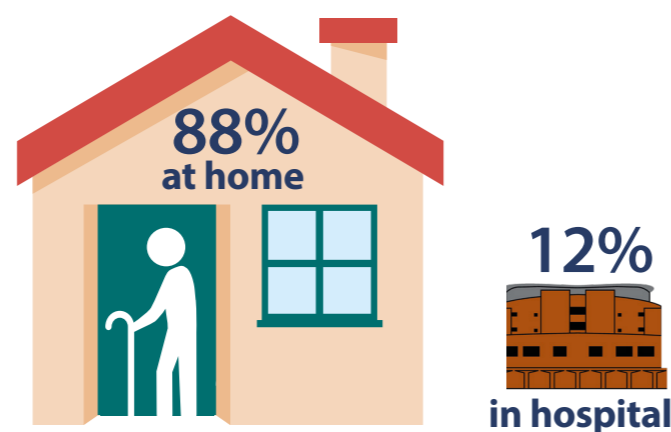
"I am writing to say a huge Thank You for all your help and support in moving [my mother] to Ashgate House. it is obvious to see she is far happier and healthier than she has been in a long time. Thanks to your efforts she now has quality of life and the appropriate level of care for her needs for the first time in years she has actually put on some weight! Since moving [her] mental health has also improved... it feels like a weight has been lifted knowing [she] is being cared for properly. It has allowed us to provide support and spend quality time with our mum, who is terminally ill, without worrying about the level of care and for that we will always be very grateful to you."



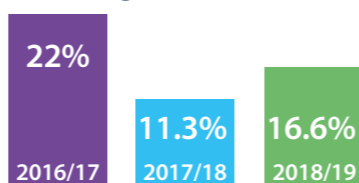
Getting patients home and able

While challenges remain, the ADASS Peer Review described Havering's Joint Assessment and Discharge Team – based at King George and Queens hospitals and the first contact for many who use our services – as working well and finding creative solutions, not least in maintaining low delayed discharges from hospital. The Review described our record as 'impressive' and also praised our discharge-to-assess approach, which (also known as the home-first model) means a reduced level of assessment in hospital, and ensuring no decision about long term care is made until they return home.

Our Reablement Service helps people get back on track after a stay in hospital, working with them for up to six weeks to be as self-sufficient as possible with the right support in place.



88% of older people were still at home 91 days after discharge from hospital into rehabilitation or reablement services in 2017/18. The proportion of residents finishing reablement and still needing a long term service fell from 22% in 2016/17 to just 11.3% in 2017/18 and 16.6% in 2018/19.



Reablement service

We re-commissioned the reablement service to integrate with the Intensive Rehabilitation service commissioned by the health. The rationale was to reduce duplication and enable staff to work in partnership. As the contract was ending in April 2019 we completed a procurement exercise in late 2018 which resulted in Essex Cares Limited (ECL) becoming the new provider. The service model in terms of integration is the same and we will work with ECL over the coming year to align services to the rest of the intermediate care pathway. This resulted in improved outcomes; 10.2% of clients left reablement with a long term service in 2018/19 compared to 14.7% in 2017/18.

HDAA

The Havering Dementia Action Alliance (HDAA) signed up 15 organisations to the HDAA and trained 257 dementia friends. The HDAA built strong links with the hospital, Queen's Theatre, and various carers groups following the launch of their Dementia Strategy; and has reinstated the dementia cafés at Queen's and King Georges Hospitals which enables carers to talk and gather information.

Working with care home providers

The Council have been working with care home providers to understand costs which make up a residential care placement. Provider forums have been designed to open up dialogue on this subject. This has led to better informed decisions through improved understanding of the pressures in the market.

CarePulse

We have successfully introduced CarePulse. This is a system to obtain consistent information about care home capacity. Healthy London Partnership helped bring care homes, the Council and Health together to agree a shared approach to collecting information about the market. This has meant that staff time has been saved, and more up to date and accurate information is available.

Personal Assistants to support residents

There has been a focus on expanding the number of Personal Assistants (PA) working in Havering to support residents with personal budgets.

Prevention

Prevention is about ensuring residents have access to a range of support that helps them maintain their independence and prevents or delays the need for ongoing support.

The new voluntary sector service offer focuses on prevention; supporting Havering residents to live independent lives without recourse to more formal statutory support. The offer has been recently recommissioned and the voluntary sector services are split into three key outcomes:

- Promote social inclusion for those isolated and/ or prevent people from becoming socially excluded
- Develop community resilience and personal wellbeing through peer support networks
- Carers supported in their caring role and to maintain a life of their own

The commissioned voluntary sector services went live on 1st February 2018 and there is an expectation that over the life of the contract providers will aim to develop self-sustaining groups and receive funding through alternative streams.





Where we need to do better

In 2017/18 we received 108 complaints. Of these: 51 were upheld, 52 were not upheld and 5 were withdrawn. While this compares well with the 121 complaints received the year before, those complaints upheld raised a number of concerns:

As in previous years, there remains a key complaint theme around financial assessment and charging, particularly linked to the level and quality of services, mostly community-based services. The other key complaint issue to emerge in 2017/18 was around delivery of equipment.

In 2018/19 complaints decreased slightly to 91. Of these, 12 were upheld, 15 partially upheld, 38 not being upheld and 12 withdrawn.

The highest number of complaints was about external home care. The main reason for complaints still remains linked to financial issues and disputes on charges. There was also an increase in family members not being happy with the social worker's decision.

Areas identified for improvement during the year were around completeness of assessments, information to providers on the treatment of direct payments used for respite, and financial information. Some of these may be picked up through the new Adult Social Care system Liquid Logic when implemented.

Learning from complaints is crucial, to ensure the service can make improvements to how vulnerable residents and their families are supported. They continue to play an important role in highlighting areas of improvement and we will respond as appropriate.

We need to work harder at explaining the benefits to individuals of deciding how money is spent on their own care and support arrangements, if more people are to choose direct payments.

We need to conduct further needs analysis for people with learning disabilities in employment, to consider our approach when commissioning support, ensuring greater personalisation and better employment opportunities.

We have been working with our neighbouring boroughs as well as Barking, Havering and Redbridge Clinical Commissioning Group to build frameworks to jointly commission, as well as to share local knowledge and understanding of the wider geographical area.

We recognise we need to:

- broaden the 'customer journey' so that our first conversation with residents isn't confined to social care but ranges across the Council and Partners;
- continue to work with children's services on ensuring pressures are identified and managed, improving the transition between our services;
- seek opportunities to work better with local GP's and Primary Care on setting priorities,
- work closely with the voluntary sector, to focus on prevention, help improve support, reduce isolation and better support carers.



personal, family and community resilience; and a key priority for Adult Social Care is to build local capacity for those in need of supported housing, care homes and home care.

We expect to fully see the positive impacts of the redesign of our Front Door and the introduction of Better Living over the coming year. We want to truly embed this way of thinking and working into everything we do including our market strategy.

We will progress what the ADASS Peer Review described as our 'emerging strengths' around health and social care integration: from joint commissioning to the provision of a seamless service. Over 2018/19 we have been progressing plans to further integrate social care with community health services, in order to support people in their own homes, reduce unnecessary hospital admissions and accelerate hospital discharge into a safe community setting.

We continue to work to ensure there is a choice of personalised care available in the borough by actively working with providers and PAs on training, recruitment and retention, and by facilitating group forums, to stabilise the social care market.

Adult Social Care is now piloting Individual Service Funds for homecare. This is where the care budget is held by the care provider so they work with the individual to develop a personalised care and support package to meet the needs of the individual. This provides the opportunity to flex support from day to day.

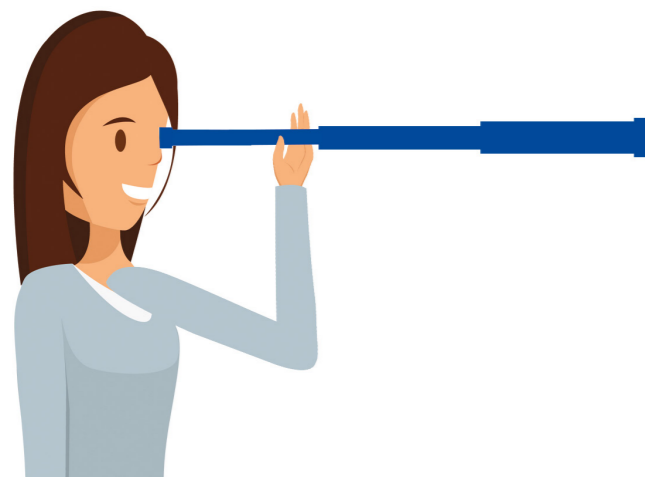
Over the coming year the Adult Social Care will be reviewing the Direct Payments process with a view to improving access and making it quicker and easier for all involved. Although Havering's direct payment take-up rates are improving, we want

We continue to experience pressure on services from a growing and ageing population, from the increasingly complex needs of those coming to us for support, and from the drive for greater support in the community for those leaving hospital.

We will need to keep on top of these changes in demographics and in needs when planning and commissioning our services in the context of much reduced government funding.

We are meeting these challenges by working better and more effectively. This includes implementing a new case recording system to improve productivity and the flow of client information; working across organisations that make up the local health and care economy, and supporting and shaping the care market to ensure we have the capacity and the people in place to meet residents' care needs.

Adult Social Care with other departments in the council and community health services continues to work on new models of care and support e.g. locality-based teams in local communities. We continue to work with our voluntary sector partners, focussing on joined-up services that build



more people to receive support in this way, and to have more say over where the money allocated for their care and support is spent.

For personalisation we will be improving our processes and increasing options in the market to give people more choice and control.

We will continue to work with our provider market to ensure high quality and value for money services for vulnerable people, including those with autism.

For homecare we will be shifting from time and task to focus on outcomes and quality. We want to support and develop the workforce. One way to achieve this will be to get to the position where we pay a minimum payment for every care visit. This will recognise the value we place on the care provided and mean care staff know how much they will receive as a minimum.

We will be piloting a trusted assessor model for residential care to reduce time lost in care home managers visiting the hospital to assess new residents.

A new Dementia Engagement Group will be set up to include carers, healthcare professionals, and admiral nurses to discuss smarter ways of working.

We will be working with our voluntary sector preventative services to develop a method of capturing the outcomes from the service.

We have started a programme to develop a number of local supported housing schemes across children's and adult social care. The first scheme for young people leaving care is expected to open late summer 2019 with a new build supported housing scheme for adults with disabilities expected in the summer of 2021, along with a scheme for children with disabilities and another scheme for young people leaving care. The schemes will enable the Council to manage costs more effectively and work more closely with providers to deliver high quality outcomes for vulnerable children, young people and adults.



Social Care for Adults in Havering



What do you think?

Whether you live in Havering and use social care yourself or care for somebody who does, or just want to have your say on local services, we would love to hear from you. To share your views on what you've read or if you would like to work with us to improve support for residents, please send your message to ASCBusinesssupporthub@haverling.gov.uk

If you would like to know more about Adult Social Care in Havering visit: www.haverling.gov.uk/adultsocialcare

