

## 5.8 Adult social care

### The Care Act

Phase one of the Care Act 2014 became operational on 1<sup>st</sup> April 2015. These parts of the Act provided a new focus and direction for social care which centred on prevention, wellbeing, and personalisation. It introduced new rights for carers, new assessment approaches, and national eligibility criteria for care and support needs. Phase two of the Care Act will introduce major funding reforms through the landmark cap on care costs and extended means test. However, these changes will not be implemented until 2020 because of pressures on local authorities and in particular adult social care.

As a result of the delay to phase two implementation the Council was able to use 2015/16 to concentrate on embedding and consolidating the Care Act changes that have already been implemented. Some key areas which activity has focused on since the introduction of the Act are:

**Workforce Development** – a large number of Council staff have attended Care Act training courses, the courses covered various aspects of the Act, for example, the assessment process, wellbeing, safeguarding and advocacy.

**Improving Advocacy Services** – To ensure the Council were fulfilling its advocacy duties under the Act the contract for advocacy services was re-modelled and re-tendered. The tender was undertaken to appoint one organisation to provide the statutory independent advocacy services for people under the Care Act, Mental Health Act and Mental Capacity Act, and Deprivation of Liberty Safeguards. The contract started on 1 April 2016 and is for a period of 3 years.

Importantly, advocates are independent of the local authority and work in the interest of the person, seeking to get the best deal for that person. They will help to facilitate involvement for those with difficulties expressing their views and wishes and will help ensure that their voice is heard. They will also provide information around a person's rights and options, or take best interest decisions on behalf of a person who lacks the ability to make their own decisions if required.

**Improving Financial Assessments** – Work has been undertaken to improve the way in which financial assessments of potential service users are carried out. A Provisional Financial Assessment Tool has been created which is used by social workers to enable them to provide potential service users with an indicative contribution amount. The Financial Assessment Team will still undertake a full assessment however the provisional tool allows service users to make informed and timely decisions in relation to their proposed package of care and support.

**Improving Information and Advice** – The introduction of the Act has brought new responsibilities to Council's in relation to the provision of information and advice. To ensure compliance the Council has been encouraging both residents and local providers to use the Care and Support Hub as the most up-to-date source of local information and advice in relation to the Care and Support Market. Work has also been undertaken on the Council's Adult Social Care Database in order for it to be

able to meet Care Act requirements (service user eligibility, the assessment process and care planning & review) and there is also the facility to electronically provide information and advice at every stage of the customer journey.

**Commissioning for Prevention** – The Care Act made prevention a statutory responsibility for local authorities. In response to this Barking and Dagenham have increased its focus on prevention when commissioning Adult Social Care services. The Borough has agreed a local ‘Prevention approach’ focused around a ‘me, you and us’ model.<sup>1</sup> Additionally, a number of initiatives have been commissioned around prevention, including a Handy Person’s Service to prevent trips and falls in the home and a video calling pilot for vulnerable and isolated residents in the Borough.

From 2020, once the cap on care costs is introduced, we expect significant demand from local self-funders who will require an assessment of needs, care accounts to manage their progress towards the cap, and in some cases their services arranged by the Council. These changes are profound so it is very important that we prepare fully by gaining an understanding of our self-funder population, especially in the community setting where it is difficult to quantify numbers.

### **Current demand for adult social care**

The demand for adult social care services continues to increase. Increasingly services users are choosing self-directed support, through the provision of direct payments for their care, supported by a Personal Assistant.

The Office for National Statistics (ONS) Subnational Population Projections for Clinical Commissioning Groups in England show that Barking and Dagenham’s population aged 65 years and over is predicted to significantly increase over the next 15 years.

The ONS are projecting that by the year 2030 the population of older people living in Barking and Dagenham will increase to 26,500, this equates to a 35% increase compared to the 19,700 in 2015. The most significant projected changes for this age group in the borough are:

- The number of people in the borough aged 90 or over will increase by 18% by just 2018 and 45% by 2030. This increase will have a significant impact on the number of people requiring support from Adult Social Care.
- The 70 to 74 age group is predicted to have the most significant increase, growing by 54% by the year 2030.
- The 80 to 84 age group is initially predicted to decrease before it increases in 2030 by 17%.
- The 85 to 89 aged population is predicted to remain steady, growing by just 100 by 2030.

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<sup>1</sup> [https://search3.openobjects.com/mediamanager/barking/asch/files/prevention\\_-\\_a\\_local\\_framework.pdf](https://search3.openobjects.com/mediamanager/barking/asch/files/prevention_-_a_local_framework.pdf)

Barking and Dagenham's population of adults aged 18-64 is also projected to increase significantly, Figure 1 below shows the ONS population projections for this age group in the borough:

**Table 1 ONS population projections for adults aged 18-64, Barking & Dagenham, 2014-2030**

	2014	2015		2020		2025		2030	
		Number	% Change	Number	% Change	Number	% Change	Number	% Change
People aged 18-24	18,600	18,900	2%	19,200	3%	20,800	12%	23,600	27%
People aged 25-34	32,400	33,000	2%	35,600	10%	36,400	12%	36,200	12%
People aged 35-44	29,600	30,100	2%	33,800	14%	37,100	25%	38,700	31%
People aged 45-54	24,400	24,900	2%	26,700	9%	28,500	17%	31,900	31%
People aged 55-64	15,400	15,800	3%	19,000	23%	21,600	40%	23,000	49%
<b>Total 18-64</b>	<b>120,400</b>	<b>122,700</b>	<b>2%</b>	<b>134,300</b>	<b>12%</b>	<b>144,400</b>	<b>20%</b>	<b>153,400</b>	<b>27%</b>

Source: *Projecting Adult Needs and Service Information* <http://www.pansi.org.uk/index.php>

By 2030 the 18 – 64 population in the borough is projected to increase by 27%, this is in comparison to the 18% predicted for the whole of London. Barking and Dagenham are expected to see the largest rise in the 55 – 64 age group, where the projected increase is 49%. This increase could place significant demand on Adult Social Care in the borough, especially when the borough's healthy life expectancy is taken into consideration. The ONS publish statistics relating to the healthy life expectancy of a borough which measures <sup>2</sup>the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury. The healthy life expectancy for males living in Barking and Dagenham is currently 59.5 years, significantly below the England average of 79.7 and for females the expectancy in the borough is 54.6 years compared to the England average of 76.9.

Barking and Dagenham remains England's 22nd most deprived local authority area<sup>3</sup>. With the high levels of deprivation in the borough and the potential impact of welfare reform it is predicted that:

- The prevalence of drug misuse and related harms may increase
- The risk of mental health illness is likely to be high
- many people will have less money to contribute to care services and there will be few people funding their own care

<sup>2</sup> ONS life expectancy & healthy life expectancy data 2012 to 2014 available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthylifeexpectancyatbirthandage65byupperlocalauthorityandareadeprivation/england2012to2014>

<sup>3</sup> Department for Communities and Local Government 2011, The English Indices of Deprivation 2010, available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010> - Last accessed 16 April 2015

## People accessing adult social care and support

Throughout the 2015-16 financial year Barking and Dagenham's Adults' Care and Support Department received 6,019 requests for support from residents of the borough who weren't previously receiving care and support from the Council. Of these requests;

- 587 people went on to receive a long term service from the Council.
- 1,166 people went on to receive a short term service
- The remaining 4,266 request were responded to with either information and advice or signposting to other services.

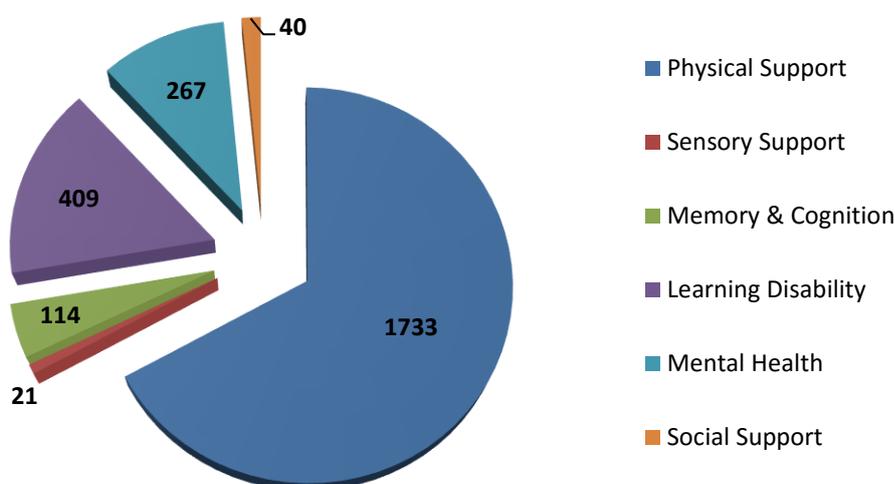
In 2012 Barking and Dagenham introduced Crisis Intervention services, designed to be provided primarily to new Service Users following a discharge from hospital while their care needs are identified. Service Users will ideally be in receipt of a Crisis Intervention service for between four to six weeks. It is intended to stabilise their situation so that a social care assessment can form a reasonable view of their future care needs and longer term services can be put in place (if needed), hopefully as part of the service user's pathway back to independence. Throughout 2015-16 1,162 people received a Crisis Intervention service in the borough, 995 were new clients to Adults' Care and Support while 167 were already in receipt of another service. 817 of the 1,162 Crisis Intervention service users didn't received any other services or only low level services once their Crisis Intervention package came to an end.

Throughout 2015-16 a total of 2,584 people received a long term service from Adults' Care and Support, of these:

- 251 were in a nursing care placement
- 379 were in a residential care placement
- 1,225 received their care and support via a direct payment
- 548 received their care and support via a managed personal budget
- 181 received their care via a service commissioned by the Local Authority, this would include services such as supported accommodation.

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- The majority (67%) of service users require physical support, either with access & mobility or with personal care and support.
- The second largest service user group is learning disability clients, accounting for 15.8% of all clients.
- Mental health and memory and cognition service users make up 14.7% of all clients.

In the same period the Council spent a total of £32,892,000 on Adult Social Care services to service users who meet the Care Act Eligibility Criteria, the breakdown is shown below:

Table 2 Barking and Dagenham Adult Social Care Spend 2015/16

Client Group	Spend	% of Total Spend
Physical Support	£16,123,000	49%
Learning Disability	£11,298,000	34.3%
Mental Health	£2,655,000	8%
Sensory Impairment	£283,000	1%
Memory & Cognition	£2,134,000	6.5%
Social Support	£399,000	1.2%
Total	£32,892,000	

Source: Adult Social Care – Finance Return

- The largest area of spend is physical support which accounted for 49%
- 34.3% of the total spend was attributed to Learning Disability service users, this is despite them only accounting for 15.8% of all clients. This is because typically the cost of a service for this client group is more expensive due to the level of support required.

Barking and Dagenham’s Care and Support Hub was launched in December 2013. It includes information and advice on care and support for the community and a directory of support services, as well as a PA finder. The Hub website had 110,630

page hits via 30,841 separate sessions in 2015-16, throughout the year and the website was used by 22,555 people.

## Carers

Carers who provide unpaid care face substantial inequalities despite their contribution to the Adult Social Care market. This contribution has been recognised for some time and is acknowledged in the Care Act 2014 and the work that local authorities are now required to do to support carers.

The 2011 Census showed that there were 16,201 unpaid carers in Barking and Dagenham; this number has increased by 1.8% since 2001. 42.5% of carers are male and 57.5% are female; 33.8% of the carer population are from BME<sup>4</sup> groups and 8 in 10 carers are of working age (81.7%). The highest concentrations of carers live in the Chadwell Heath, Whalebone, Eastbrook, Valence, Parsloes, Mayesbrook, Becontree and Longbridge wards. The lowest concentrations of carers live in Heath, Abbey, Gascoigne and Thames wards

46.7% of carers provide care for 20 or more hours per week, higher than across London (36.9%) and England (36.4%). 28.5% of carers provide care for 50 or more hours per week, also higher than London (21.6%) and England (23.1%). 1,651 people aged 65 and over are providing 20 or more hours of unpaid care per week, including 1,276 who are providing 50 or more hours. This is likely to be a group with high needs. Three in ten carers (31.4%) report being in 'not good' health (fair, bad or very bad), compared to less than two in ten non-carers (17.6%).

In response to the needs of Carers in the borough, Barking and Dagenham have developed a Carers' Strategy<sup>5</sup> which outlines seven key priorities in order to deliver the vision for Carers in the borough. These include:

1. Carers are identified at the earliest opportunity and offered support to prevent, reduce or delay their needs and the needs of their cared for
2. Carers are provided with personalised, integrated support that is tailored to their assessed needs.
3. Carers are consulted in the care provided to their loved ones, treated with respect and dignity and have the skills and knowledge recognised.
4. Carers supported to maintain good physical and mental wellbeing
5. Carers supported to improve individual social and economic wellbeing, reduce social isolation and fulfil their potential in life
6. Carers are supported to cope with changes and emergencies and plan for the future
7. Carers are supported when their caring role is coming to an end and to have a life after caring

Please see separate section on carers needs at 7.1 for more detailed information on carers in Barking and Dagenham and the services available to them.

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<sup>4</sup> BME includes White Irish, Gypsy and Irish Traveller, and Other White categories

<sup>5</sup> Let's Care for Carers: A Carers' Strategy for Barking and Dagenham 2015-2018

## Mental health

There are significant inequalities between mental health and physical health –often referred to as ‘parity of esteem’. The Royal College of Psychiatrists has proposed one of the simplest and most influential definitions of ‘parity of esteem’: “Valuing mental health equally with physical health”. These inequalities include preventable premature deaths, lower treatment rates for mental health conditions and an underfunding of mental healthcare relative to the scale and impact of mental health problems

*No health without mental health*<sup>6</sup>, a cross government mental health outcomes strategy launched in 2011, is underpinned by the Government’s three main guiding principles of freedom, fairness and responsibility. Following on from this the government published *Closing The Gap* in February 2014. Closing the Gap challenges health and social care economies to go further and faster to transform the support and care available to people with mental health problems and is the concept of ‘parity of esteem’ between mental health and physical health services. Most recently the NHS released their Five Year Forward Plan<sup>7</sup> setting out how the health service needs to change in order to promote wellbeing and prevent ill-health. The plan includes the five year ambitions for mental health which states that over the next five years the NHS must drive towards an equal response to mental and physical health, and towards the two being treated together. In addition to the above the Council’s Better Care Fund submission includes a stream covering mental health outside of hospital.

In light of the above the delivery model for mental health social care is currently undergoing a full review and a new Mental Health Strategy is being written, led by the local authority and the Clinical Commissioning Group. The Mental Health Sub Group of the Health and Wellbeing board have been leading on this process and the Strategy will be discussed at Health and Wellbeing Board in Autumn 2016.

Please see Section 7.24 for more information and a detailed breakdown relating to mental health prevalence in Barking and Dagenham.

## Learning disabilities

People with learning disabilities have a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which starts before adulthood, and has a lasting effect on their development<sup>8</sup>

According to predictions (based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled

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<sup>6</sup> No health without mental health, HM Government, 2011  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_124058.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf)

<sup>7</sup> <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>8</sup> Valuing People: A New Strategy for Learning Disability for the 21st Century, Department of Health, 2001  
<http://www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf>

Estimating Future Need/Demand for Supports for Adults with Learning Disabilities <sup>9</sup>(in England) the numbers of people living with a learning disability in Barking and Dagenham is expected to increase.

Table 3 shows that by 2030 the number of people (aged 18 and over) living with a learning disability in the borough will increase by 909, this represents an increase of over 25% compared to the number in 2015. The 65-74 age group will be the age group which experiences the largest increase. The numbers of 65-74 year olds living with a learning disability in Barking and Dagenham is projected to grow by 104 or 48%.

**Table 3 Projected number of people (aged 18+) living with a learning disability, Barking and Dagenham, 2015-2030**

	2015	2020	2025	2030
People aged 18-24 predicted to have a learning disability	512	519	560	634
People aged 25-34 predicted to have a learning disability	822	886	906	901
People aged 35-44 predicted to have a learning disability	739	833	917	959
People aged 45-54 predicted to have a learning disability	581	626	672	756
People aged 55-64 predicted to have a learning disability	359	433	492	524
People aged 65-74 predicted to have a learning disability	217	240	267	321
People aged 75-84 predicted to have a learning disability	130	127	144	163
People aged 85 and over predicted to have a learning disability	59	62	66	71
<b>Total population aged 18 and over predicted to have a learning disability</b>	<b>3,419</b>	<b>3,725</b>	<b>4,024</b>	<b>4,328</b>

Source: *Projecting Adult Needs and Service Information* <http://www.pansi.org.uk/index.php>

For more information on people with learning disabilities and autism, please see sections 3.2 and 4.3.

### Older people

Services provided to older people account for the largest proportion of service users, of 2,584 people who received a long term service from Adults' Care and Support in 2015-16 1,594 (61.7%) were over the age of 65.

Direct payments are an established service delivery method for this client group; in 2015/16 676 older people purchased their care and support via this method. An increasing number of older people are now achieving better outcomes through using their direct payment to employ their own personal assistant directly. The Personal Assistant directory is available to all via the Council's Care and Support Hub and now includes in excess of 100 personal assistants. Older people also

<sup>9</sup> [http://eprints.lancs.ac.uk/21049/1/CeDR\\_2008-](http://eprints.lancs.ac.uk/21049/1/CeDR_2008-)

[6 Estimating Future Needs for Adult Social Care Services for People with Learning Disabilities in England.pdf](#)

make up the majority of clients receiving crisis intervention services, of the 1,162 clients receiving this short term service in 2015/16 988 (85%).

It is the borough's intention to help older people to remain in their own home for as long as possible. As a result of this the number of older people residing in residential or nursing care is decreasing. On 31 March 2016, 364 older people were in a residential or nursing care placement, in comparison to the same point in 2014 the figure was 423.

For more information on older people, please see section 5.7.

### Physical and sensory disabilities

Currently the majority of younger people (18–65 years) with physical disabilities choose to live in their own homes with support, either in general housing with adaptations where necessary, or in supported living schemes where they have their own tenancies. There are a small number of people with physical disabilities who have chosen to remain in residential care after moving in many years ago, but generally these are in the older age group. Sometimes people will move to residential care for a short period if their disability is caused by a serious accident for example, but this is always part of a longer term plan to achieving more independence.

As with younger people the majority of older people with physical disabilities would choose to live in their own homes with support. If this is not possible, the individual may move to adaptable accommodation. Other living options are considered if neither of the previous solutions are possible, for example, sheltered housing, extra care or residential care.

Table 4 below shows how projections estimate that the number of Barking and Dagenham residents with a serious physical disability will increase significantly by 2030. The total number is predicted to rise by more than 800, this would equate to an increase of 34%. The 55-64 age group is predicted to experience the largest increase of this time frame (increase of 46%).

**Table 4 projected number of Barking and Dagenham residents with a serious physical disability, 2015-30**

	2015	2020	2025	2030
People aged 18-24 predicted to have a serious physical disability	151	154	166	189
People aged 25-34 predicted to have a serious physical disability	132	142	146	145
People aged 35-44 predicted to have a serious physical disability	512	575	631	658
People aged 45-54 predicted to have a serious physical disability	672	721	770	861
People aged 55-64 predicted to have a serious physical disability	916	1,102	1,253	1,334
<b>Total population aged 18-64 predicted to have a serious physical disability</b>	<b>2,384</b>	<b>2,694</b>	<b>2,965</b>	<b>3,187</b>

Source: *Projecting Adult Needs and Service Information* <http://www.pansi.org.uk/index.php>

See Sections 4.2 and 7.5 for more information on individuals with physical or sensory disabilities in Barking and Dagenham.

### **Future transformation**

#### **Accountable Care Organisation**

On 15 December 2015, London Health and Care Collaboration Agreement was published by the London Partners (London's 32 Clinical Commissioning Groups, all 33 LA members of London Councils, the Greater London Authority, NHS England London Region and Public Health England London Region). It set out the overall commitment of the Partners to the transformation of health and social care through integration and devolution. Alongside it, five pilot projects were announced, one of which was for "Barking & Dagenham, Havering and Redbridge [to] run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill."

The announcement follows the submission of a bid to NHS England London Region for the support to develop a business case, focused on whether the model of an Accountable Care Organisation could deliver the next stage of integrated service delivery across the three boroughs, with the aim of delivering the improvements that are needed in the health of the population, the quality of care they receive, and the efficiency with which it is delivered.

Accountable Care Organisations are forms of joint health and social care delivery that emerged in the United States in response to the need to improve preventive care, and reduce the costs associated with poorly planned care. They were referenced in the NHS 5-Year Forward View as one of the possible mechanisms for improving joint working across health and social care. In essence, they involve groups of providers taking responsibility for all healthcare for a defined population, under agreements with a commissioner about the sharing of financial risk. In the UK context, it is expected that there will be a softening of the commissioner/provider split at a local level, as the new organisation takes on a shared responsibility for population-level health outcomes. It is intended that the health of population, as well as the services that are provided for it, are improved through fully integrated service delivery and an ability to ensure that greater levels of preventive activity are better targeted, both of which should release savings and efficiencies.

The exact details of how the organisation would be structured, the services that would be in scope, and the financial commitment and risk involved are all to be determined through the process of developing the business case. It is to be stressed that, at this stage, there is no decision on whether to proceed with an Accountable Care Organisation. All participating organisations will take a decision on whether to proceed, through their established governance processes, based on the business case that is developed by summer 2016.

Our proposals for an Accountable Care Organisation, if successful, will bring greater coherence and focus to our transformation plans for mental health, planned care, primary care, and urgent and emergency care. We would have a greater emphasis on reducing the costs of expensive acute care and investing in prevention activity, all under the management of a single organisation taking responsibility for the health, and health and care services, of the 750,000 people in Barking & Dagenham, Havering and Redbridge. Our immediate work to develop new models of care and support will take us towards this new, ambitious vision of health and wellbeing for our residents. Decisions on an Accountable Care Organisation will be taken during 2017 by the eight health and social care organisations that would take part (three local authorities, three clinical commissioning groups, two NHS trusts).

### **Redesign of the local authority**

As part of the future design of the council, Community Solutions will take a holistic approach to providing early intervention and support and will develop responses that will incorporate links to mental health support as required. The new service will be developed to encourage self-help and where necessary provide residents with the most appropriate support based upon their circumstances. Community Solutions means that the customer will be an equal partner with the Council in improving their outcomes. They will experience more holistic services both online and in person, and will receive outreach support where needed.

Community Solutions forms a key part of the Council seeking to get 'upstream' and help people earlier so that more intractable problems do not develop. It will be developed alongside the redesign of adult social care and the creation of a locality model in partnership with the health service (as part of the Accountable Care Organisation development programme). The new Target Operating Model for adult social care is currently being scoped, and will be agreed by the Council alongside the approval of the Medium Term Financial Strategy over winter 2016/17.

### **Recommendations for Commissioners**

In recent years the London Borough of Barking and Dagenham have sustained significant cuts in government funding and with further cuts to come it faces a shortfall of £63 million by 2020. The challenge resulting from the shortfall is that the Council will have to completely change the way in which it works in order to be able to continue to deliver services within a significantly reduced budget.

Commissioners will need to work throughout the 2016-17 financial year to ensure that the proposed remodelling of the Council's Adults Social Care provision delivers statutory responsibilities robustly, prevents escalation of need, and delivers efficiently within available (reduced) resources.

Collaboration and integration are key to ensuring that services remain sustainable, and that their quality continues to improve: the Council is recommended therefore to continue its journey towards integration, building on a locality model which will ensure that services are locally-driven and personalised for service users.