Local Account Factsheet 2014-15
Older People including those with Dementia
Older People in Hackney

Current projections by the Greater London Authority suggest that the London Borough of Hackney will have around 19,200 older citizens in 2015. Most older people in Hackney live independent, healthy and fulfilling lives without needing help from the London Borough of Hackney. Some older people receive care and support from family and friends. However, some older people may need help from us, at some point in their lives. This may be for a short time, after a fall, illness or hospital admission, particularly if they have no family living nearby.

People with Dementia in Hackney

In Hackney, as with the rest of the country, it is likely that there is a significant under diagnosis of dementia.

The total number of residents listed on GP dementia registers was 748 in 2013/14, which equates to a rate of 3.7% of those over 65 years of age.

National prevalence estimates suggests that the rate should be nearly twice this and that an additional 521 older people should be registered.

If people with dementia are undiagnosed they may not be able to access the care and support that they are entitled to.

Older people from Black and Ethnic Minority Groups (BME) may face additional barriers to timely dementia diagnoses.

There is a higher level of incidence of dementia for people from certain BME communities. This is linked to higher rates of vascular incidents in these communities. An added issue is that in some communities dementia is seen as a normal part of the aging process and families see it as their role to accept the illness without outside support.

The Dementia Advisor and Support Service, run by the London Borough of Hackney and the City Alzheimer’s Society, has identified the need for services to respond to ethnic and cultural diversity. They have been delivering dementia awareness training to the Charedi community this year and working with the Hackney Caribbean Elders Organisation to promote dementia awareness. Plans for the coming year include forming better links with the Turkish and Kurdish community.
The City of London Corporation is also committed to creating a ‘Dementia Friendly City’, where residents and local retail outlets and services have a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. Over the past year 482 people have attended ‘Dementia Friends’ information sessions. The Dementia Friends campaign encourages people to become ‘Dementia Champions’ and share information with their colleagues, family and friends.

The services that we provide

In 2014-2015, 1696 people aged 65 or over in Hackney received support from our adult social care services with an additional 167 suffering from dementia receiving services. Most of the people we helped had physical impairments although some had more complex needs such as depression or dementia. We aim to support and help older people to remain living in their own homes and communities for as long as possible.

During 2014-15

- 91.3% of older people were able to remain living in their own home after supported discharge from hospital
- We helped older Hackney residents stay in their own home for longer with just 61 older people being placed in residential care homes in 2014-15 compared with 64 in 2013/14
- 58 carers of older people with dementia were provided with services such as temporary home care or respite to give them a break from their caring role.

Services to support people with dementia

We work closely with East London Mental Health Foundation Trust to provide Mental Health Care of Older People Services (MHCOP) within the borough.

The service offers a single point of entry with an emphasis on
early identification, assessment and support. MHCOP offers a broad range of community services which include intensive home based support; choice in treatment and care options to users and carers and adopts a re-ablement approach to treatment and care. The service includes a diagnostic Memory Clinic, which is a multidisciplinary team (members from different healthcare professions with specialised skills and expertise) and consists of geriatric medicine, neuropsychology, psychiatry and nursing and dementia advisors based with the Alzheimer’s Society.

**MHCOP Memory Clinic**

This service was set up to improve assessment and diagnosis. Diagnosis now exceeds 70% (national target 67%) and is ranked in the top 35 in the country for its achievement in this area.

The service provides assessment, diagnosis and post diagnostic care and support. This may include a range of options according to the person and carers needs and include cognitive stimulation therapy group work, initiation of treatment, support to access mainstream services and support, and information to assist with future care planning.

**The Dementia Care Team (DCT)**

The DCT is a multidisciplinary health and social care team that provides ongoing care and support for people with a diagnosis of dementia and the behavioural and psychological symptoms of dementia, within the community and their carers.

The team provides the person with dementia and their families as much support as is needed to enable them to continue living independently at home for as long as is feasible and achieve a good quality of life.

In addition to dementia services, MHCOP provides care and support to people with
psychiatric mental illnesses such as Schizophrenia and depression.

**The Community Mental Health Team**

The Community Mental Health Team is a multidisciplinary health and social care team that provides treatment care and support within the community. It consists of nurses, occupational therapists, psychologists, social workers, psychiatrist and support workers. There is a focus on recovery and it offers assessment, diagnosis and brief interventions or longer term support if required.

**The Intermediate Care Team**

The Intermediate Care Team is a nursing led team that provides intensive treatment to people in the community. Its purpose is to prevent unnecessary hospital admission and reduce the length of hospital stays. It operates seven days a week and aims to provide flexibility and choice for service users.

**In-Patient Services:**

**Dementia**

Columbia Ward at Mile End Hospital offers assessment to people who have advanced dementia and who require a period of hospital care to stabilise their condition.

**Mental Illness**

Mile End Hospital has an assessment ward for service users with functional mental illnesses.
What we spent in 2014 - 15

We spent a total of **£24.38m** on older people in 2014-15

**Services for Older People**

Some people received more than one service and some people bought services using self-directed support.

**Support with Memory and Cognition (Dementia) all ages**
Our achievements in 2014 – 15 and our plans for 2015 – 16

Below we have summarised what we achieved for older people including those with dementia in 2014-15 and what we plan to do in 2015-16 and beyond

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<th>We said we would:</th>
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<tr>
<td>➢ Set up a support planning and brokerage pilot with Outward, a voluntary and community sector organisation, to help older service users create their support plans and arrange the services they want</td>
<td>✓ A pilot was set up in December 2014 which worked with 21 service users and initial evidence would suggest that service providers improved outcomes for service users.</td>
<td>✓ Review the outcomes from the pilot scheme and make decisions on future support planning arrangements.</td>
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<td>✓ The pilot was extended to run until Autumn 2015 and has a capacity to deal with 50 cases during the additional 6 month period.</td>
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<tr>
<td>➢ Develop new models of integrated working</td>
<td>✓ Began setting up an Integrated Independence Team to support people to help regain their independence</td>
<td>✓ One Hackney will work on integration piloting new ways of working in an integrated setting</td>
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<td>✓ A new Integrated Independence Team will become</td>
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<td>operational in October 2015</td>
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<td>✓ This team will be made up of a range of Health and Social Care professionals with the aim of:</td>
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<td>- Promoting independence in the place where you live</td>
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<td>- Managing health, wellbeing and care</td>
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<td>- Providing support for people and to enable them to maintain their independence</td>
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<td>- Preventing admission to hospital and premature admission to residential care</td>
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<td>- Facilitating earlier hospital discharge</td>
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| ➢ Ensure that the views of older people are fully considered in shaping our plans for new day services | ✓ Wrote to all service users and carers in October 2014 regarding:  
  • The overarching plans for the Transforming Day Care project i.e. the building of a new day centre at Oswald Street and the provision of Community Day Opportunities (community-based day care)  
  • Changes that had happened to date  
  • Numbers at Marie Lloyd Day Centre and Sam and Annie Cohen Day Centre were falling creating significant spare capacity and that LBH was looking into this  
  • Service users living in Housing with Care and supported housing would be supported to receive their day care through their current scheme provider | ✓ We ran a two week consultation with service users and carers in July 2015 regarding the merger of Marie Lloyd and Sam and Annie Cohen Day Centres to find out how we can make the merger as smooth as possible for service users |
|                   | ✓ Considered the consultation feedback and shared the ‘you said, we did’ letters based on their feedback | ✓ In August, we erected a display at day care centres detailing upcoming changes to the provision of day services and updates on the construction of the new community resource centre at Oswald Street. The display consisted of posters, briefing documents, Oswald Street site images, computer generated pictures of the upcoming community resource centre and case studies featuring service users. |
|                   | ✓ In September, we held sessions with | In September, we held sessions with |
In December 2014, we invited service users and carers to presentations to show and consult on the architect’s designs for the new Oswald Street Resource Centre.

Invited local residents to a consultation session regarding the new Oswald Street Resource Centre.

From October 2015 into 2016, a series of Question and Answer briefing sessions will be held in day care centres enabling attendees to ask questions about the transforming day care programme.

In early 2016, community day opportunities taster sessions will be run for service users and their carers.

The Hub at Oswald Street should open in 2016.

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<td>➢ Give Housing with Care tenants more choice by introducing a new range of activities</td>
<td>✓ Organised regular weekly activities which include coffee mornings, arts &amp; crafts sessions, sing-a-long sessions, movie afternoons, board games, chair-based</td>
<td>✓ Continue to provide access to a range of activities</td>
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<td>➢ Introduce New Age Games to Housing with Care schemes and organise interesting day</td>
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<td>▶ Develop new home care services with new providers starting in July 2015</td>
<td>✓ Developed the new home care service, although this experienced a delay</td>
<td>✓ Commission new home care services</td>
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<td>▶ Ensure that new home care</td>
<td>✓ Arranged outings for shopping trips, and other visits, including to the seaside</td>
<td>✓ The previously named RICS service will be re-launched in</td>
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- Make sure tenants who need help to take part in community activities get appropriate support from our new Befriending Service
- trips, BBQs, garden parties and visits to places of interest
- exercise sessions, museum health and wellbeing workshops, cinema trips and exercise sessions at a local leisure centre
- Collated numbers attending each activity and as part of ongoing support, all tenants have a six monthly meeting with the welfare and activity allocated to their scheme to review the activities they have taken part in and any changes that need to be made
services focus on reablement and delivering outcomes and people’s desired goals

- Bring together health and social care with Homerton University Hospital in a new service called Reablement and Intermediate Care Service (RICS) to help people leave hospital quicker, regain independence after a spell in hospital or to help them avoid unnecessary admission in the first place

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<td>➢ Train more staff to promote independence</td>
<td>✔ Staff training to promote independence has been achieved in collaboration with the Care Act 2014 training programme</td>
<td>✔ Continue to train staff to promote independence</td>
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October 2015 as the Launch the new ‘Integrated Independence Team’
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<td>➢ Help carers of older people to have a break and to support them in their caring role</td>
<td>✓ Commissioned a new community partnership called ‘Carers are the Bedrock’, which started in October 2014 to: • Provide a single point of contact for carers • Support Carers through 18 Community and Voluntary organisations to complete a carers assessment or a review, apply for Direct Payments, access information and advice • Provide outreach to ensure carers in the community are supported • Maintain Carers peer support groups • Organise a Carer’s Rights Day • Provide activities for carers week</td>
<td>✓ Review the service to ensure it meets local needs and the requirements of the Care Act</td>
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<td>✓ The Hackney Carers Card continues to offer discounts at local leisure centres and some local shops and businesses in Hackney</td>
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Sister A, Sister B, and Sister C are three nuns who have lived in a local priory and have been volunteering in the community for over 20 years. The priory is run by its members and each sister contributes to maintaining the building and caring for its members as well as engaging in outside charity work. Over past years, the priory has seen a decrease in its members as the sisters grow older and the numbers of new recruits dwindles.

In the past, the priory was able to fully support an infirmary with rotating volunteers to care for any ill sisters, but more recently sister Z has taken the lead in caring for other residents such as Sisters A, B and C who have become increasingly forgetful and frail.

During the year, caring for all three sisters became overwhelming for Sister Z who reported high levels of stress and exhaustion and more support was needed immediately.

The community matron referred the sisters to the One Hackney Social Worker for increased support. As a result, daily home care services to assist Sister Z with morning care for all three sisters were put in place. Sister A was referred to a dementia specialist and started receiving respite and support services via the Alzheimer’s Society. A referral was made for Sister B and Sister C for housing with care and both sisters were accepted into the same housing scheme with rooms on the same floor. The home is within walking distance of the priory and Sisters C and B will continue to visit and be part of their community. Sister A’s care needs continued to increase and she was supported to move to a residential care home with the assistance of the community matron.

Sister Z was able to provide support to her sisters throughout the remainder of their stay in the priory with the help of outside services and is now able to return to her other duties within the community.
Contact us

To contact Adult Social Care to get help or find out more about the services available:

Visit: www.hackney.gov.uk/adults-older-people

Visit: www.hackney.gov.uk/support-for-adults

Write to:

Information and Assessment
Hackney Service Centre
1 Hillman Street
E8 1DY

Telephone: 020 8356 6262

Email: access@hackney.gov.uk

Other useful links

Hackney iCare – A resource that provides information and advice about the existing adult social care, health and cultural and wellbeing services across the borough that are provided by statutory, voluntary and private sector providers.

www.hackneyicare.org

Outward – Offers three types of support:
- Floating Support (short-term support to help through a time of crisis and a chance to get involved in social activities)
- Volunteering and befriending (volunteers who can provide friendship, emotional support and a small amount of practical support if needed)
- Health and wellbeing (this service offers a range of activities designed to increase confidence and independence, improve emotional and physical wellbeing, and help involvement with the local community)

http://www.outward.org.uk
SHINE – Hackney SHINE energy advice has been set up by the Council to help residents keep well and warm throughout the year and avoid cold-related conditions during winter and anxiety over paying the fuel bills, which can lead to ill health, extra visits to the GP and hospital admissions. SHINE also provides advice for residents on staying healthy over the summer months.

http://www.hackney.gov.uk/shine

If you would like to receive a printed copy of a fact sheet or one in another language or alternative format, please call 020 8356 6982