

**Decision Maker:** **Adult and Community Services Policy Development and Scrutiny Committee**

**Date:** **27<sup>th</sup> September 2011**

**Decision Type:** Non-Urgent                      Non-Executive                      Non-Key

**Title:** **SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES**

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**Chief Officer:** Terry Rich, Director of Adult and Community Services

**Ward:** Boroughwide

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1. Reason for report

1.1 The Adult and Community Services Policy Development and Scrutiny (PDS) Committee has expressed a wish to scrutinise budget areas in Adult and Community Services. This report covers the budgets for services for people with physical disabilities and provides an opportunity for Members to comment on the proposals to manage budget pressures by using the NHS funds which have transferred from the Primary Care Trust to the Local Authority in 2011-12 and 2012-13. The proposals will be submitted to the Executive on 19<sup>th</sup> October 2011 for draw-down of the funds.

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2. **RECOMMENDATION(S)**

2.1 **The PDS Committee is asked to comment on the proposed initiatives.**

2.2 **The Portfolio Holder is asked to support the proposals for investment of the NHS social care funds for presentation to the Executive in October.**

## Corporate Policy

1. Policy Status: Existing policy.
  2. BBB Priority: Supporting Independence.
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## Financial

1. Cost of proposal: N/A Business cases are being developed to draw down funds from the NHS Funds for Social Care for 2011/12 and 2012/13 which transferred to the Local Authority under a Section 256. The business cases will be submitted to the Executive in October and will identify the net savings to be delivered as a result of the initiatives outlined in this paper.
  2. Ongoing costs: Recurring cost.
  3. Budget head/performance centre: Services for People with Physical Disabilities
  4. Total current budget for this head: £3,852,250 in 2011/12
  5. Source of funding: ACS Budgets
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## Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: N/A
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## Legal

1. Legal Requirement: Statutory requirement. Under S21 of the National Assistance Act 1948 the local authority has a duty to provide accommodation for people with disabilities who because of this need care and attention not otherwise available to them. Similarly under the NHS and Community Care Act 1990 the local authority has to assess individuals' care needs and provide for these if they meet the Council's eligibility criteria.
  2. Call-in: Call-in is applicable
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## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approx 225 service-users
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## Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

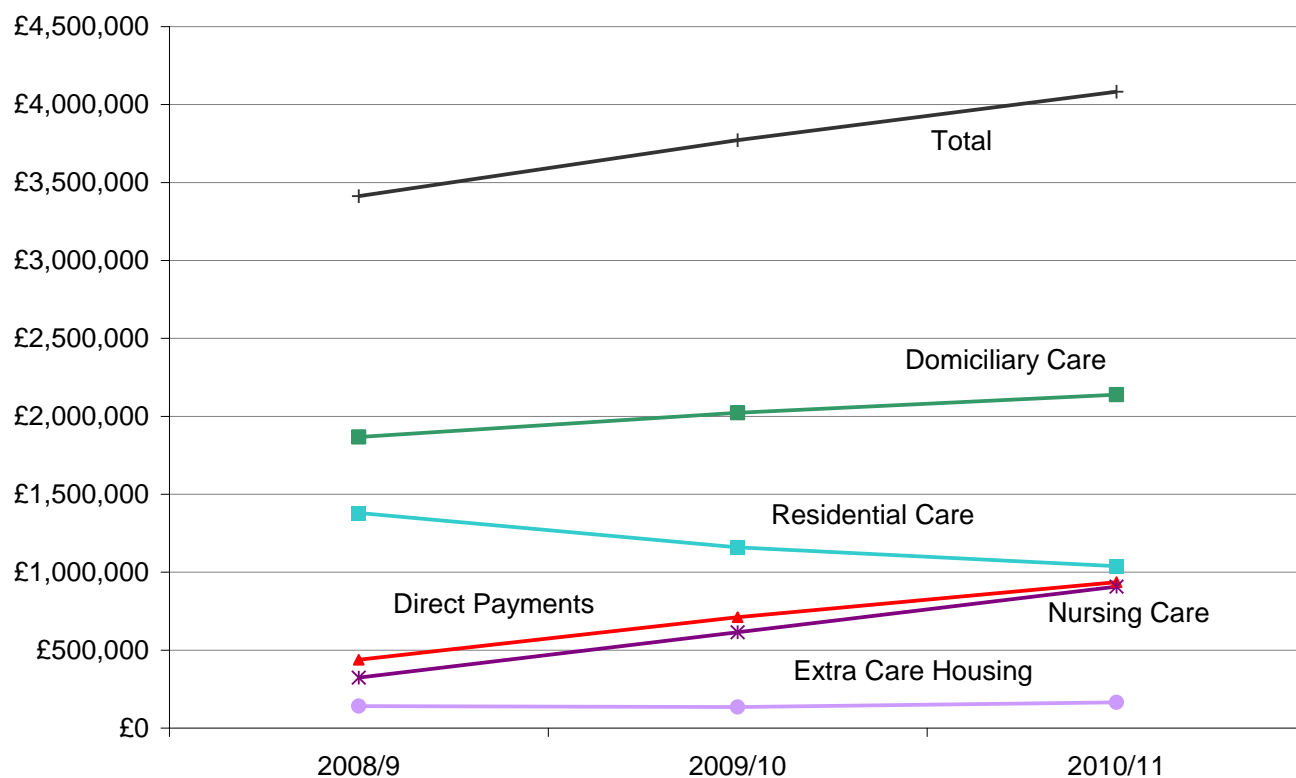
### 3. COMMENTARY

- 3.1 The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There are currently 225 service-users over the age of 18 with physical disabilities who meet the Fair Access to Care eligibility criteria and who are receiving Council funded support.
- 3.2 Adult and Community Services has experienced an increase in spend on Physical Disabilities in the past three years. As demonstrated in the graph in figure 1, there have been particular increases in the domiciliary care, direct payments and nursing care budgets. A gradual increase in demand for services for people with physical disabilities is to be expected due to following reasons:
- the increase in neo-natal survival rates resulting in higher numbers of children with complex disabilities transferring to adult social care
  - people with complex deteriorating conditions are living longer due to medical advances and therefore require support for longer
  - the decline in mortality rates from major diseases such as stroke, heart disease, vascular disease and cancer means that more people need support to live with these diseases.

These changes would be expected to result in an increase in the number of service users. As more services are available to enable people to live at home, there is therefore likely to be a consequent increase in the provision of domiciliary care, which will in turn lead to reduced reliance on residential care. For those with the highest levels of need there is also likely to be an increased need for nursing care.

For Bromley, this trend is apparent in the spend data below. Data from Care First indicates that in Bromley the majority of the new spend is on service-users aged 45-65 and over 60 percent of the new services started in the last three years are for service-users in this age group.

Fig. 1



3.3 The table in figure 2 shows the total budget and outturn for Physical Disabilities from 2008/9.

Fig 2.

	2008/9	2009/10	2010/11
<b>PD Totals</b>			
- Budget	3,037,010	3,271,444	3,763,618
Outturn	3,411,250	3,771,876	4,082,020
<b>Variance (over/ -under)</b>	<b>374,240</b>	<b>500,432</b>	<b>318,402</b>

3.4 The tables in figure 3 provide a breakdown of the budget for Physical Disabilities. Numbers of service-users have been mapped against the budget where available. The tables show that the increase in spend on the residential and nursing care is due to the increase in numbers of people in nursing care from 2008/9. The average cost of a nursing placement is £49.7k per year, so very modest increases in numbers of service-users can have a significant impact on the budget. Residential care placements have reduced as service users have been helped to remain in their own homes through providing domiciliary care packages, in line with the modernisation agenda. This is also the most cost effective type of placement.

Fig.3

	2008/9	2009/10	2010/11
<b><u>Residential and Nursing Care</u></b>			
Budget	1,412,870	1,449,420	1,534,130
Outturn - Nursing	163,503	435,454	655,547
Outturn - Residential	1,253,971	1,056,304	981,405
Sub-Total	1,417,474	1,491,758	1,636,952
Variance (over/ -under)	4,604	42,338	102,822
<i>No. of service-users - Nursing</i>	9	16	20
<i>No. of service-users - Residential</i>	31	26	24
<b><u>Domcare and DPs</u></b>			
Budget	1,483,650	1,687,120	2,065,630
Outturn	1,853,286	2,145,214	2,281,210
Variance (over/ -under)	369,636	458,094	215,580
<i>No. of service-users</i>	N/K	216	243
<b><u>ECH</u></b>			
Budget	140,490	134,904	163,858
Outturn	140,490	134,904	163,858
Variance (over/ -under)	0	0	0

- 3.5 The Executive approved additional funding of £600,000 in 2011/12 to cover the increase in costs in services for people with Physical Disabilities using the NHS funds for Social Care which transferred over from the PCT. It is anticipated that costs for Physical Disabilities in 2011-12 will be contained within existing resources.

**Other factors contributing to the increase in spend**

- 3.6 The number of people coming through transition from Children's Services is relatively low for Physical Disabilities (although a significant issue for LD). There are 27 young people aged 14-17 receiving social care support who will be transferring to Adult Services in the next four years. All receive Direct Payments and the value of the support is relatively low. Only three people have Direct Payments of over £100 per week. There are no known young people with Physical Disabilities coming through transition in the next three years who are currently in residential care.
- 3.7 From August 2010, live-in carers are required by European law to have a three hour break during the day. Some service-users cannot be left unsupported during this period, and additional support has had to put in to cover the break. In 2010/11 there were 22 service-users receiving a live-in care package and some of those packages may have increased by up to £300 per week (£15.6k per year) which would contribute to the increase in spend in the domiciliary care budget.

- 3.8 In August 2010, a change in policy was brought in regarding the Independent Living Fund (ILF). ILF contributions are now only available to people who are working for 16 hours per week or more, whereas previously the ILF would be available to cover the costs of any community care package over £320 per week. As the majority of service-users do not work, the council has had to pick up the additional costs of new service-users from August 2010 which would have previously been covered by ILF. The additional cost of this for 2011/12 of has been contained within overall resources.
- 3.9 Anecdotal evidence suggests that since the Continuing Care Framework was introduced in 2009, it has been more difficult to obtain a contribution from health for some cases. This has also put pressure on social care budgets.

#### The Future: Planned action and proposals

- 3.10 Population projections for people aged 18-64 predicted to have a moderate or serious physical disability are relatively stable over the next four years. The analysis above suggests that the biggest pressure in the future will be from existing service-users with complex conditions who require higher cost packages as their condition deteriorates.
- 3.11 The remainder of this paper outlines the actions to be taken to reverse the trend in the spend on services for people with Physical Disabilities and to develop more cost-effective models of care and support.
- 3.12 Since 2010-11, care management have imposed tighter controls on all new packages. This has resulted in better gate-keeping of resources in order to mitigate the effect of the spending pressures.
- 3.13 Officers have carried out a desk-top review of the packages with a net cost of £500 per week or more (i.e. after client contributions, continuing care or ILF contributions). There are 50 service-users who fall into this category (an additional 13 have been excluded as changing their support package will affect their ILF contribution, and therefore minimise any savings). These 50 support packages cost £2.24 million per year. Some of these service-users could receive more cost-effective forms of support such as:
- 3.14 **Extra Care Housing:** There are six people in a residential or nursing placement who are over 55 years old, which means they are eligible for Extra Care Housing. Extra Care Housing with ten hours of support costs £220 per week. The average cost of residential and nursing care for physical disabilities is £857 and £956 per week respectively, so even with additional support hours the Extra Care Housing model is significantly more cost effective.
- 3.15 **Community Service Volunteers:** There are 23 people with high-cost domiciliary care packages or live-in care packages where additional hours are required to cover the carer's break or to provide double-handed care. Some service-users simply need to be accompanied at all times which does not require trained social care staff. Therefore it is proposed to use Community Service Volunteers to provide alternative support to these people, thus generating a saving in the domiciliary care and direct payments budget.
- 3.16 **Shared Houses, Adapted Homes and Supported Living:** There are 32 people living in residential or nursing care, some of whom could move to non-institutional settings with the appropriate rehabilitation and re-ablement. There are currently four community rehabilitation flats in the Borough (two at the Rotunda on Burnt Ash Lane and two at Roselyn on Homesdale Road). Service-users live in the flats for up to two years where they receive rehabilitation and reablement before moving to a longer term solution such as a shared house, adapted home or supported living. It is proposed to work intensively with these service-users to identify people with the potential to move out of residential care into alternative accommodation settings. Depending on the outcomes of the reviews, it may be necessary to work with housing

associations to identify 2-3 additional adapted flats for a two year period to facilitate some additional service-users to move out of residential care. During this period work will also be undertaken with the housing department to develop designated Supported Living accommodation for younger adults (aged under 55) where people with medium – high support needs can be supported in a cost effective way.

Many people with physical disabilities can lead fulfilling and inclusive lives in the community if they live in suitably adapted properties. Disabled Facilities Grants (DFG) are available to contribute towards the cost of adapting properties, but the process can be long and drawn out.

Registered Social Landlords have responsibilities in ensuring that properties are adapted to meet the needs of disabled tenants, but these often get ripped out when tenants moved out, even though there are other people with disabilities waiting for adapted properties.

The proposal is to fund occupational therapist expertise in housing to oversee, manage and co-ordinate these activities regarding adapted properties in the Borough to ensure better access to the properties, and providing viable alternatives to residential care.

Key areas of work will be:

- Oversee all Disabled Facilities Grant (DFG) applications.
- Establish practice standards on use of DFG
- Work with housing providers to know when/what specialist housing becomes available.
- Ensuring new-builds meet the needs of service users.
- Promote wider use of assistive technology

### Ordinary Residence

3.21 There are a small number of people with high cost packages who no longer live in Bromley and who, it could be argued, should no longer be funded by Bromley Council. However, these cases are time-consuming to pursue, possibly resulting in legal challenges and/or complaints. With additional resources in care management, it would be possible to address these issues.

3.22 The solutions identified in this paper will require detailed, focussed and complex work with service-users. A business case is being developed to use the NHS funds for Social Care which have transferred over from the PCT to fund a review team for up to 12 months. The review team will consist of Senior Care Managers and a Senior OT with particular expertise and knowledge in the NHS framework for Continuing Care, legal matters, the Independent Living Fund and other benefits, and the ability to robustly review and challenge existing support packages to identify innovative and cost-effective alternatives.

## **4. POLICY IMPLICATIONS**

4.1 The initiatives outlined in this paper contribute to the Building a Better Bromley objective of Supporting Independence.

## **5. FINANCIAL IMPLICATIONS**

5.1 Business cases are being developed to identify the financial implications of the initiatives outlined in this paper. The initiatives will be funded by the NHS funds for Social Care which have been transferred under a section 256 agreement from the Primary Care Trust and are for two years – 2011/12 and 2012/13.

## **6. LEGAL IMPLICATIONS**

6.1 Under S21 of the National Assistance Act 1948 the local authority has a duty to provide accommodation for people with disabilities who because of this need care and attention not

otherwise available to them. Similarly under the NHS and Community Care Act 1990 the local authority has to assess individuals' care needs and provide for these if they meet the Council's eligibility criteria

<b>Non-Applicable Sections:</b>	Personnel
Background Documents: (Access via Contact Officer)	[Title of document and date]