

Decision Maker: EXECUTIVE

Date: 19th October 2011

Decision Type: Non-Urgent Executive Key

Title: NHS FUNDS FOR SOCIAL CARE 2011/12 AND 2012/13:
INVESTMENT PLANS FOR SERVICES FOR PEOPLE WITH
PHYSICAL DISABILITIES AND YOUNGER ADULTS WITH
LEARNING DISABILITIES

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Ward: Borough-wide

1. Reason for report

This report concerns the funding allocation to the PCT identified in the NHS Operating Framework for 2011/12 and 2012/13 for social care services which also support the NHS. The report sets out the investment plans and accompanying business cases for how the funds will be used to alleviate future budget pressures in services for people with physical disabilities and younger people with learning disabilities.

2. **RECOMMENDATION(S)**

For the Executive to:

- a) **Agree to the drawing down of NHS funds for Social Care from the Council's central contingency of £279,157 in year 1 and £257,037 in year 2 for the investment plan for services for people with physical disabilities.**
- b) **Agree to the drawing down of NHS funds for Social Care from the Council's central contingency of £55,173 in year 1 and £165,522 in year 2 for the investment plan for services for younger people with learning disabilities.**

Corporate Policy

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

1. Cost of proposal: Estimated cost Investment Plan for Services for People with Physical Disabilities: £279,157 in 2011/12 and £247,350 in 2012/13. Investment Plan for Service for Younger People with Learning Disabilities: £55,173 in 2011/12 and £165,522 in 2012/13.
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: NHS Funds for Social Care
 4. Total current budget for this head: £3.176 million in 2011/12 and £3.042 million in 2012/13
 5. Source of funding: Funds transferred from NHS
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Staff

1. Number of staff (current and additional): 5 additional FTE staff (time-limited)
 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 with physical disabilities.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The NHS Operating Framework for 2011/12 identifies allocations of funds from the Department of Health for social care services which also support the NHS. This funding has been transferred to the Local Authority and amounts to £3.176 million in 2011/12 and £3.042 million in 2012/13. The NHS Operating Framework for 2011/12 sets out how this allocation of funding should be managed.
- 3.2 At the Executive on 14th February 2011 it was agreed to fund projected cost pressures in the next two years due to demographic changes in Older People's, Physical Disabilities and Children's Social Care services. This short-term targeted use of the funds (£1 million for each year) will help to manage in-year demand pressures whilst longer-term sustainable alternatives are developed.
- 3.3 The Shadow Health and Well-being Board endorsed a number of priority areas for investment using the remaining funds (£2.176m in 2011/12 and £2.042m in 2012/13). The investment plans for these priority areas adhere to the following principles, agreed at the Health and Wellbeing Board:
- Investments will be short-term (e.g. pump-priming) to reconfigure services to mitigate against future growth pressures
 - Investments will be approved on the basis of robust business cases which can demonstrate benefits to both health and social care
 - All investments proposals will demonstrate an exit strategy to ensure non-dependency on this funding in the longer term
- 3.4 Oversight of the use of these funds and the outcomes sought and delivered will be the subject of six monthly reports to the Health and Wellbeing Board which will be asked to endorse or amend objectives and aims for the following period.
- 3.5 This paper outlines the investment plans for services for people with physical disabilities and younger people with disabilities. In September the Executive agreed the investment plan for phase one of the dementia programme. The investment plan for phase two of the dementia programme will be submitted to the Executive later in the year.

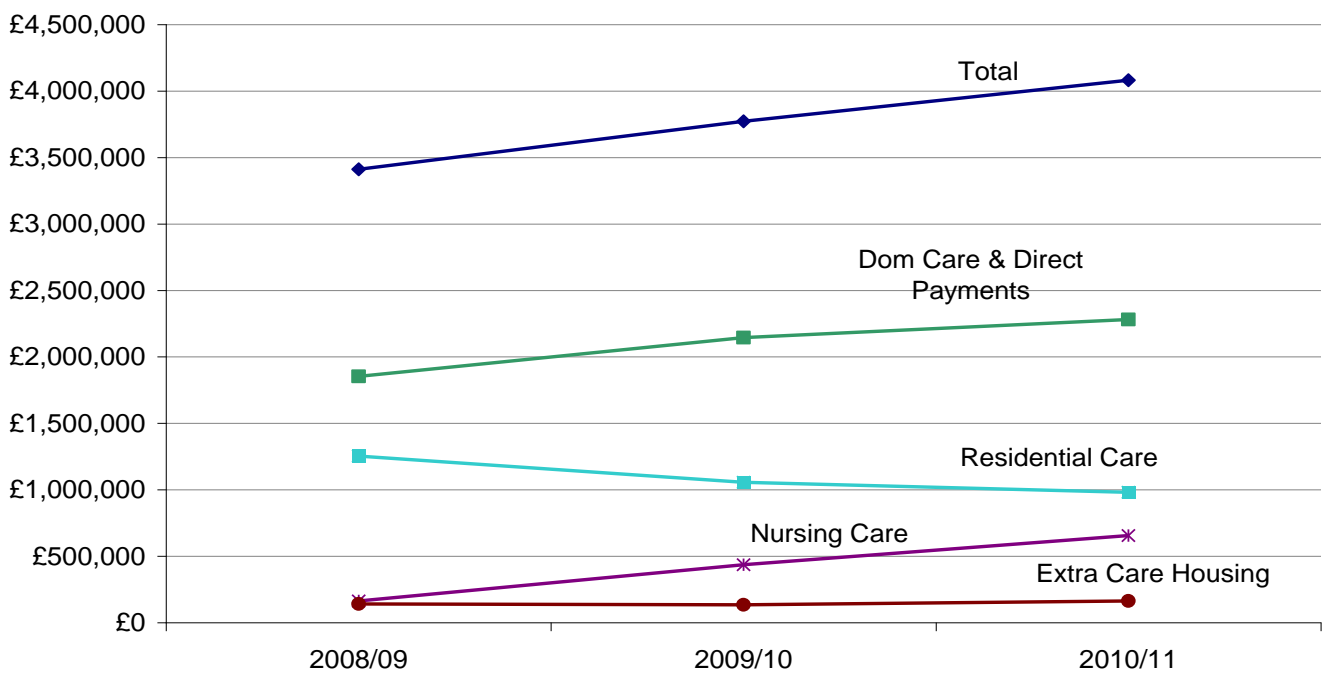
Investment Plan for Physical Disabilities

- 3.6 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.
- 3.7 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.

3.8 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 also 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 Spend on services for people with physical disabilities from 2008-09 to 2010-11.



3.9 The investment plan was presented to the Adult and Community Services Policy Development and Scrutiny Committee on 27th September 2011 where it gained the support from the Portfolio Holder. The initiatives outlined in the investment plan have two main aims:

1. To re-provide services for service-users with high cost care packages more cost effectively
2. To develop non-institutional and cost-effective models of care and support for new service-users as a viable alternative to residential and nursing care.

This will result in an containment of spend from 2012-13, and the ability to manage the increasing demand for care

3.10 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 51 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 51 support packages cost £2.24 million per year. Some of these service-users could receive more cost-effective forms of support such as:

- 3.11 **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 £825 per week, so even with additional support hours the Extra Care Housing model is significantly more cost effective.
- 3.12 **Community Service Volunteers:** Community Service Volunteers is a national organisation, providing volunteering opportunities to over 150,000 volunteers a year. CSV full-time volunteers are a flexible and dynamic resource. They volunteer for up to 35 hours a week for between 4 and 12 months each. They can be carers, mentors, role models, companions and friends. CSV mainly recruit volunteers to work in social care settings, education, youth offending and with people who are homeless. They can add value to and complement the services offered by professionals and offer extra care and support to individual service users. CSV volunteers can be any age and come from all walks of life, but quite often they are students, or on a gap year, sometimes from overseas, looking to pursue a career in health or social care. The 'host' organisation is required to provide accommodation for the volunteer for the duration of the placement. The administration fee paid to CSV covers a basic living allowance, in addition to volunteer recruitment and selection.
- 3.13 There are 15 people with high-cost domiciliary care packages or live-in care packages. Some of these packages require additional hours 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.
- 3.14 It is proposed to recruit three CSV volunteers to 'live-in' with three people with physical disabilities with high packages of care. The CSV volunteers would not deliver personal care (if this is required, this would be purchased from domiciliary care agencies), but may reduce the total number of domiciliary care visits by providing an extra pair of hands when double-handed care is required. Depending on the requirements of their 'hosts', CSV volunteers could also provide support to other service-users, such as covering the live-in carer's break for up to three hours a day.
- 3.15 **Shared Houses, Adapted Homes and Supported Living:** There are some people living in residential or nursing care, who might be able to 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.
- 3.16 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, taking up to 30-40 weeks. People waiting for adaptations to be made to their property often require additional care and support during this period. Speeding up the DFG process from application to completion of works will result in a reduction in care costs.
- 3.17 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. Better coordination demand for adapted properties will result in unnecessary waste and improved access to suitable accommodation for service-users.

3.18 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 to:

- oversee all Disabled Facilities Grant (DFG) applications.
- establish practice standards on use of DFG
- streamline the DFG process and reduce the average time taken from application to completion of works by 6 weeks
- work with housing providers to know when/what specialist housing becomes available.
- ensure new-builds meet the needs of service users.
- promote wider use of assistive technology

3.19 The solutions identified in this paper will require detailed, focussed and complex work with service-users, therefore the main area of investment is to fund a review team for two years. 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, and then to support the service-users through the change and providing professional support and training to volunteers.

3.20 It is anticipated that these functions will be embedded in mainstream care management practice in future years.

Investment Plan for Younger People with Learning Disabilities

3.21 The Council is experiencing an increasing number of young people making the transition from children's disability services into adult social care services with an increasing complexity of need. In addition, better access to general health care and advances in specialist services is resulting in increased life expectancy of people with complex disabilities. More people with complex needs are living into middle age and beyond with family carers (usually parents) becoming older and often in need of support themselves.

3.22 36 young people with learning disabilities will be transferring to adult services by 2015/16 which will put significant pressures on social care budgets, especially by those who will need high levels of care. The Learning Disabilities budget assumes a level of growth (£855k in 2011/12 rising to £2.4m in 2013/4) which is not sustainable.

3.23 Currently there is no concerted effort to increase young peoples' levels of independence before they leave education and this can create a dependency culture which leads to an expectation of life long intensive, high cost institutional care. The average cost of an adult residential care placement for people with learning disabilities is £50k per annum compared to £30k per annum for supported living. The proposal is that the funds be invested in services for children with learning difficulties and/or disabilities to mitigate the future impact on funding in adult services. The proposals aim to equip young people to prepare them for more independent living rather than a continuing reliance on residential placements. More young people will be able to access mainstream community services on leaving education, requiring less support from adult social care services in the short to medium term.

3.24 An integrated transition strategy has been developed that combines social care, housing and health provision which will be critical in helping to ensure that future services are able to meet

the increase in service demand resulting from the increase in transition clients. The primary aim of the strategy is to maximise the independence of children and young people so that when they become adults their reliance on statutory services is minimised.

- 3.25 Therefore the focus of the Children and Young People (CYP) work programme is to invest funds in CYP services for children with learning difficulties and/or disabilities to ensure that their independence is maximised during their adolescent years in order that they require less costly services on transition to adult services.
- 3.26 The resources will be used to provide intensive monitoring of the support provided to the current cohort of 30 - 40 young people who are placed in out of borough specialist schools and colleges. The aim is to ensure the young people identified are supported to maximise their potential to live independently whilst in education to reduce the level of support needed when they return home. Two key workers will be employed to work with designated young people to set specific targets both in and out of school to improve independence and ensure that these are built on when they transfer to further education.
- 3.27 Services commissioned for young people post-16 and/or post-19 will be required to maximise young people's independence in preparation for adulthood and one transition support worker will be employed to focus on these young people in further education. The overall aim will be that 6 young people in year 1 and 6 young people in year 2 will move to supported living when they leave education rather than to residential care thus reducing the ongoing resource commitment in adult services.

Project management

- 3.28 Delivery of the investment plans will require strong project management and evaluation to ensure that benefits are realised. At present, no additional costs have been included in these investment plans for project management. It is anticipated that the project management resource identified in the investment plan for services for people with dementia will also cover the projects outlined in this paper, but as the programme of work progresses, it maybe necessary to obtain additional project management resource.

Timescales

- 3.29 All initiatives in phase one will start from 1st November 2011 and will last for up to two years. Funding can be carried forward from one financial year to the next to ensure that the initiatives can be completed.

4. POLICY IMPLICATIONS

- 4.1 This proposal contributes to the Building a Better Bromley objective of Supporting Independence.

5. FINANCIAL IMPLICATIONS

5.1 The financial implications of the proposals outlined in the paragraphs above are summarised in the tables below:

5.2 Investment Plan for Services to People with Physical Disabilities

	Year 1 £	Year 2 £	Full Yr ongoing £
Expenditure	279,157	257,037	48,595
Savings	-150,191	-344,545	-344,545
	128,966	-87,508	-295,950

A full breakdown of the expenditure/savings shown in the table above are included in Appendix 1

The proposals outlined in the investment plan for services for people with physical disabilities require an investment of £279,157 in year 1 and £257,037 in year 2. This will result in a net saving of £87,508 to the Council in 2012/13 and £295,950 p.a. from 2013/14 onwards.

5.3 Investment Plan for Services to Younger People with Learning Disabilities

	Year 1 £	Year 2 £	Year 3 FYE £
2 FTE Key workers	37,333	112,000	0
1 FTE Transition support worker	17,840	53,522	0
	<u>55,173</u>	<u>165,522</u>	<u>0</u>
6 @ £20k per annum	0	-80,000	-120,000
6 @ £20k per annum	0	0	-80,000
	<u>0</u>	<u>-80,000</u>	<u>-200,000</u>
Net cost/saving	55,173	85,522	-200,000

The proposals outlined in the investment plan for services for younger adults with learning disabilities require an investment of £55,173 in year 1 and £165,522 in year 2. This will result a net saving of £200,000 to the Council in Year 3.

5.4 The funding of the above initiatives will be met from the NHS funds for Social Care held in the Council's central contingency in order to deliver ongoing revenue savings.

5.5 A full evaluation will be carried out in Year 2 to ensure that the savings outlined in this report are delivered and if further savings can be realised.

6. LEGAL IMPLICATIONS

6.1 The funding transfer from the Primary Care Trust to the Local Authority is the subject of an agreement under Section 256 of the National Health Service Act 2006.

7. PERSONNEL IMPLICATIONS

7.1 The time limited posts referred to in this report will be offered, in the first instance, to existing staff either as a secondment opportunity or as a fixed term contract. This may provide suitable redeployment opportunities for staff, who may otherwise have been made redundant, following recent reductions to Government and grant funding for local authorities.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	