Report No.
ACS11042

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker:	**EXECUTIVE**		
Date:	**7th September 2011**		
Decision Type:	Non-Urgent	Executive	Key
Title:	**NHS FUNDS FOR SOCIAL CARE 2011/12 AND 2012/13: INVESTMENT PLAN FOR SERVICES FOR PEOPLE WITH DEMENTIA**		
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Chief Officer:	Terry Rich		
Ward:	Borough-wide		

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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 plan and accompanying business cases for how the funds will be used to alleviate future budget pressures in Older People's services.

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2. RECOMMENDATION(S)

For the Executive to:

a) Agree the focus of the investment plan as identified in para 3.13.

b) Agree to the drawing down of NHS funds for Social Care from the Council's central contingency of £250,280 in 2011/12 and £184,280 in 2012/13.

Corporate Policy

1. Policy Status: Existing policy.

2. BBB Priority: Supporting Independence.

Financial

1. Cost of proposal: Estimated cost £250,280 in 2011/12 and £184,280 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

Staff

1. Number of staff (current and additional): 2 additional FTE staff (time-limited)

2. If from existing staff resources, number of staff hours: N/A

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. Under S29 the local authority to make arrangements to promote the welfare of people suffering from mental disorders of any description. Similary 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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are over 4000 people living in Bromley with dementia. Approximately 45% of these people are estimated to have moderate/severe needs (1,800). The prevalence of dementia in Bromley is expected to increase by 21% from 2005-2021 which equates to an additional 300 people over the next four years.

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 Feburary 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 Sensory Impairment 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 phase one of the dementia programme. Further investment plans for Physical Disabilities and Learning Disabilities will be submitted to the Executive in October 2011. The investment plan for phase two of the dementia programme will be submitted to the Executive later in the year.

Dementia in Bromley

3.6 There are currently over 4000 people living in Bromley with dementia. Approximately 45% of these people are estimated to have moderate/severe needs. According to NICE guidelines, dementia is associated with complex needs and, especially in the later stages, high levels of dependency and morbidity. The associated social care needs often challenge the skills and capacity of carers and services. As the condition progresses, people with dementia can present carers and health and social care staff with complex problems including aggressive behaviour, restlessness and wandering, eating problems, incontinence, delusions and hallucinations, and mobility difficulties that can lead to falls and fractures.

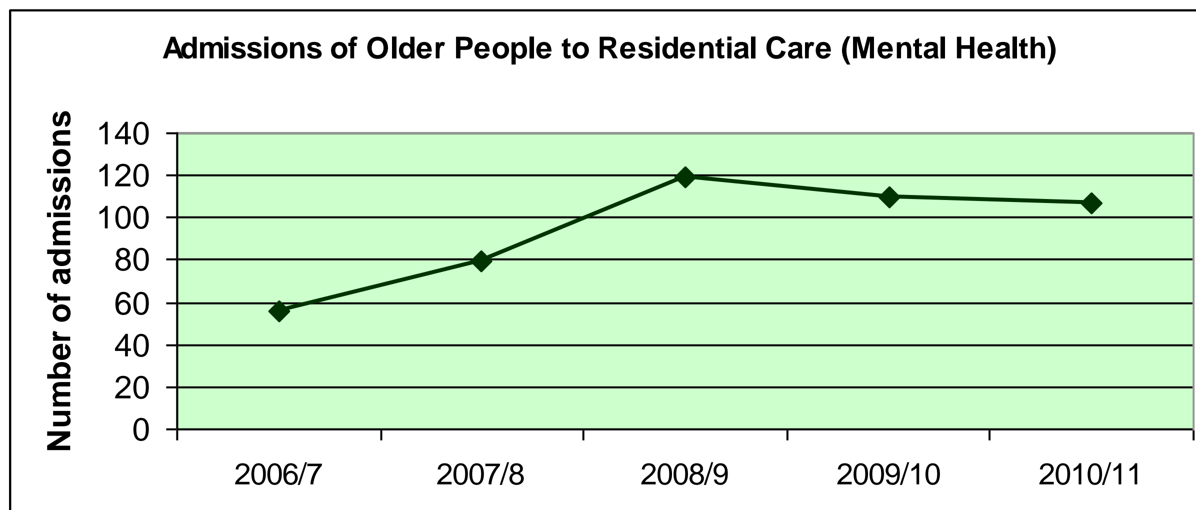
3.7 As the population is ageing, the prevalence of dementia in Bromley is expected to increase by 21% from 2005-2021 which is higher than most of the other Boroughs in London.[1] This equates to at least an additional 300 people with dementia in Bromley over the next 4 years.

3.8 The pressures are already being seen in existing services. Referrals to the Oxleas Memory Service have been steadily increasing and the pressure on social care is mainly in residential

[1] Healthcare for London Dementia Services Guide (2009)

and nursing care. Whereas the overall number of older people being placed in care homes is reducing, this trend is not seen for people with dementia, and admissions to specialist dementia residential care have doubled since 2006/7 (see fig 1).

Figure 1



3.9 The strategic approach in Adult and Community Services is to develop Extra Care Housing as a more cost effective alternative to residential care. Crown Meadow Court opened in April 2011 and two new schemes will be opening in 2012.

3.10 The gross budget for Older People's services is £35.3 million in 2011/12, of which £23.2 million is for residential and nursing care. The residential and nursing care budget will be reduced by £351,000 in 2012/13 and £793,000 in 2013/14 as it is assumed that new demand will be met by lower cost Extra Care Housing rather than residential care.

3.11 Laing and Buisson estimate that 25 per cent of over 85s will need a care home. If 25 per cent of the additional 300 people with dementia in Bromley over the next four years require residential care, this will result in a £1.9m pressure on the residential and nursing care budget per year from 2015 (75 people @ £510 per week).

3.12 The challenge for Adult and Community Services is to ensure that with a reduced budget, there is enough capacity in Extra Care Housing to meet the increasing demand for care as the population ages, but also to ensure that the Extra Care Housing schemes are equipped to meet the needs of people with dementia as this is the likely profile of a significant proportion of the people requiring Extra Care Housing in the future.

3.13 The various models of support on offer can be considered part of a hierarchy of care (see Table 1), with more costly forms of support at one end of the spectrum in institutional settings, and lower cost forms of support closer to home in community settings at the other end of the spectrum. The proposed focus of the investment plan for dementia is on ensuring that people are supported by the most cost-effective model of care, thus avoiding escalation to a more costly form of support.

Table 1: Hierarchy of care

	Level of support	Average cost of care per week
	Own home either alone or with family carers. Receives a care package which can include domiciliary care, day care, support to carers etc.	£202*
	Extra Care Housing with 10 hours of support per week.	£220
	Specialist dementia residential care (NB in exceptional cases only)	£510
	Specialist dementia nursing care (NB includes £105 contribution from the NHS)	£696**

* Based on the current average cost of a domiciliary care package (£166) plus average attendance at an enhanced dementia day service place (1.65 days per week @ £22 per day). Excludes support to carers.

** Based on current average weekly cost of nursing home placements.

3.14 Four initiatives are being proposed. These are:

3.15 1) <u>Pilot new models of support in people's homes to avoid or delay the need for high cost models such as Extra Care Housing, residential or nursing care.</u> Two approaches are to be piloted:

3.16 1a) Community Service Volunteers (CSV) Dementia Project.

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.

3.17 It is proposed to recruit two CSV volunteers to 'live-in' with two people with dementia where there are concerns about their safety in remaining at home, especially at night, and where the family/ care management teams are starting to consider alternatives such as Extra Care Housing. 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 prompting medication, providing support during mealtimes etc. It is anticipated that each volunteer would provide approximately 7 hours of support to their 'host' per week, plus the security of being there overnight.

3.18 With the remaining hours it is proposed that the CSV volunteers provide sitting services to other people with dementia who live with family carers, in order to give the carer a break during the day. The volunteers would also work together to provide alternatives to day services for up to 8 people during the week.

3.19 1b) Care2Stay Homeshare pilot

Homeshare provides housing in exchange for help in the home. A householder offers free or low-cost accommodation in exchange for up to 10 hours of support per week. The home-sharer (i.e. person moving in to the property) is unlikely to have any specific interest or training in health or social care, but will be willing to exchange a few hours a week helping someone at home in exchange for rent free lodging.

3.20 It is also proposed to work with the organisation Care2Stay to pilot homeshare opportunities for a similar cohort of people with dementia as identified above (four people). As with CSV volunteers, it is not appropriate for homeshares to provide personal care, but they can provide the reassurance needed by some people to give them the confidence to remain in their own home for longer, thus delaying or avoiding the need for Extra Care Housing or residential care. There may also be potential to reduce the number of domiciliary care visits required, as above. The Care2Stay pilot is being offered to Bromley free of charge.

3.21 The budget implications are set out in section 5. It is anticipated that savings can be made in the cost of community support packages. The potential for savings from the pilot are relatively small (approx £2,000 per person per year), but if the pilot is successful and can be rolled out to a larger number or people, the potential for financial savings are much greater. For example, 50 people benefitting from the schemes would deliver a saving of £100,000 per annum.

3.22 <u>2) Enhancing the capacity and capability of Extra Care Housing staff to support people with more advanced forms of dementia.</u>

3.23 Ensuring that staff in Extra Care Housing have the skills and capabilities to support increasing numbers of people with dementia with more advanced forms of the disease is crucial in avoiding unnecessary hospital admissions and escalation to higher cost residential or nursing care.

3.24 During 2010, Bromley Mind worked in partnership with in-house Extra Care Housing teams to provide training and on-going consultancy support and coaching in working with people with dementia. Feedback from staff has been positive, with 87% of participants reporting that they felt more confident about their ability to work with people with dementia.

3.25 Although placements to Dementia residential care have levelled off in 2010/11 (see fig 1), the numbers of people with dementia are increasing and further work needs to be done to ensure there are viable alternatives available. Two in-house Extra Care Housing schemes have been decommissioned in the past year, Crown Meadow Court opened in April 2011 and two further new schemes are scheduled to open in 2012. It is essential to ensure that these staff groups have the skill and competencies to support people with dementia right from the start. In addition, anecdotal evidence indicates that Extra Care Housing staff lack confidence in using the full range of Assistive Technology and that the benefits of Assistive Technology are not being fully realised.

3.26 Therefore it is proposed to continue to invest in specialist dementia support to these staff groups over the next two years. The focus of the project will be on working with staff:

- To identify effective and targeted interventions for individuals which ultimately result in lower-intensity care packages
- In supporting staff in developing robust care plans with appropriate levels of care
- To identify opportunities for using Assistive Technology to reduce the number of support hours needed.

3.27 Negotiations will take place with specialist dementia voluntary organisations to deliver this project.

3.28 The budget implications are set out in section 5. It is anticipated that savings can be made by delaying or avoiding the need for nursing care, and by reducing the weekly cost of the care package in Extra Care Housing.

3.29 3) Enhancing the capacity and coordination of community-based services to support people with more advanced forms of dementia in their own homes.

3.30 As more people with dementia are supported in their own homes (including Extra Care Housing), community services such as district nursing, re-ablement, mental health, carer services and intermediate care are likely to need enhanced capacity in terms of staff competencies and potentially additional capacity to work with larger caseloads. The current configuration of community services for people with dementia have been developed in recent years by different statutory organisations in parallel, and therefore it is possible that there may be duplication, overlap and gaps in provision.

3.31 It is proposed to commission some further scoping to test out what kind of community support is most effective in supporting people to remain in their own homes, thus preventing or delaying the need for residential care and avoiding admissions to secondary care.

3.32 The project will initially take the form of a 'virtual' multi-disciplinary team, led by a senior care manager. The care manager will case-find people who are living in the community who are at risk of requiring more costly models of care. The team will meet regularly to review cases to identify the most appropriate pathway for each person, and any potential barriers to accessing those pathways. The team will consist (as a minimum) of representatives from Bromley Healthcare (District Nursing), Oxleas Community Mental Health Teams, LBB Re-ablement, Occupational Therapy and voluntary organisations such as Carers Bromley and/or Bromley Mind.

3.33 At the end of the pilot phase (maximum 6 months), the team will report on:

- Most appropriate care pathways for the cohort of cases identified
- Pressure points in those pathways where additional capacity is required
- What kind of additional capacity is needed (e.g. competency development or more staff)
- What potential benefits could be realised through the commissioning of a joint intervention team for dementia.

3.34 This will help inform the business cases for commissioning intentions for the future, and it is likely that further funding will be required from the NHS funds for Social Care to implement these initiatives later in the year.

3.35 4) Enhancing the capacity and capability of residential care staff to support people with more advanced forms of dementia.

3.36 Oxleas are currently funded by the PCT to deliver a project in four targeted residential and nursing care homes with the aims of:

- reducing admissions to the acute dementia inpatient unit
- supporting the discharge of patients from acute care back to their residential care home, thus reducing the length of stay in hospital and avoiding the need for the patients to be moved to nursing care.
- Supporting the reduction of the usage of antipsychotic medications in the care homes.

3.37 The four care homes have been targeted as they were making higher number of referrals to specialist mental health services regarding 'challenging behaviour'. The first set of workshops has now been delivered in one care home, and preliminary evaluation of the project is underway.

3.38 It is proposed to commission an expansion of the project in 2011/12 and 2012/13 to an additional 4 care homes per year, focussing particularly on the training and interventions required in residential care homes (rather than nursing) which have been demonstrated to be effective in enabling people to remain in residential care settings, avoiding or delaying the need for more costly nursing care. Additional benefits may include reducing admissions to acute and secondary mental health services and reducing hospital length of stay.

3.39 The budget implications are set out in section 5. It is anticipated that savings can be made by delaying or avoiding the need for nursing care and by reducing the number of bed days in acute settings.

<u>One-off costs</u>

3.40 It is proposed to fund a Senior Care Manager to provide project support and coordination. This will include:

- Case-finding service-users to take part in the CSV and Homeshare pilots
- Reducing and adjusting care packages as alternative forms of support are identified
- Providing professional support to volunteers
- Leading and coordinating the virtual multidisciplinary community team as described in 3.32

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

3.42 Delivery of the investment plan will require strong project management and evaluation. Therefore it is proposed to include funding for project management, evaluation and benefits realisation.

3.43 The project management, evaluation and Senior Care Manager posts will either be offered as a secondment opportunity or a fixed term contract.

<u>Timescales</u>

3.44 All initiatives in phase one will start from 1st October 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.

3.45 Phase two of the investment plan for dementia will be submitted to the Executive later in the year for phase two. This will include firmed up business cases for proposals 1 (New models of support in people's homes) and 3 (Enhancing capacity and coordination of community based services) following the evaluation of the pilots in phase one. It will also include proposals for short term investment to develop dementia day services, respite services and other preventative services following reviews which are currently underway.

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 table below:

	Yr1 *	Yr2 (FYE)	
Proposal 1:			
Costs	29,280	29,280	
Savings	10,390	47,174	
Net cost/ -savings	18,890	-17,894	
Proposal 2:			
Costs	30,000	30,000	
Savings	80,171	320,684	**
Net cost/ -savings	-50,171	-290,684	
Proposal 3:			
Costs	10,000	tba	
Savings		tba	
Net cost/ -savings	10,000	tba	
Proposal 4:			
Costs	50,000	50,000	
Savings	36,827	147,306	***
Net cost/ -savings	13,174	-97,306	
One-off costs			
Senior Care Manager	56,000	0	
Project Management and Evaluation	75,000	75,000	
TOTAL Cost	**250,280**	**184,280**	
TOTAL Saving	**127,387**	**515,164**	
TOTAL Net cost/ -savings	**122,893**	**-330,884**	

* Assumes 25 per cent of full year effect savings achieved in year 1 due to lead in time.

** Includes £38,220 savings in PCT budgets

*** Includes £72,930 savings in PCT budgets

**** The costs of the Senior Care Manager are split between the 4 project proposals as follows : Proposal 1- 40%, Proposal 2- 10%, Proposal 3- 40%, Proposal 4- 10%. The costs of Project Management and Support are split as follows : Proposal 1- 25%, Proposal 2- 25%, Proposal 3- 25%, Proposal 4- 25%. Should any of the proposals not go ahead, there would be a consequential reduction in staff costs.

5.2 The four proposals above require an investment of £250,280 in 2011/12 and £184,280 in 2012/13. This will result a net saving of £219,734 to the Council and £111,150 to the PCT in 2012/13.

5.3 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.

5.4 A full evaluation will be carried out in Year 2 to determine the ongoing net revenue savings that could be realised from these initiatives.

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 As indicated in paragraph 3.43 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)	