
Choice, Control and Independence

**Transformation of Adult Social Care:
Personalisation and Commissioning
Plan 2011-2015**

Appendices

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National and Local Policy Context

a) National Policy Framework

The health and social care White Paper *Our health, our care, our say: a new direction for community services* (2006) and the resulting Department of Health concordat *Putting People First* (2007) set a clear direction for the transformation of adult social care agenda that had broad cross party support.

In May 2010 a new Conversation-Liberal Democrat Coalition was elected with the primary objective of reducing the nation's record National Debt. Subsequent government announcements have made it very clear that the size of the state will be reduced as a result. Public agencies will be provided with significantly reduced funding (a net reduction of 18% for local government) during the period of the 2011-14 Comprehensive Spending Review.

There are clear themes emerging from the new government on the role of public services in the 21st century and these can be summarised as:

- enabling the best outcomes for residents in line with their needs and wishes
- facilitating the provision of public services across the public, private, voluntary and community sectors so residents have choice and improvements are driven by competition
- directly providing services only in the situations where it is not more effective and efficient for the private market, voluntary sector or community to do so, for example, as a safety net for the most vulnerable
- helping to avoid the creation of dependency relationships and providing time-limited support.
- build on existing social networks and community resources and enabling people to help themselves and each other
- fostering and supporting a new culture of voluntarism, philanthropy and social action, including opening up services to new providers like charities, social enterprises and private companies to get more innovation, diversity and responsiveness to public need
- enabling greater community empowerment so that people are involved in the decisions that affect their lives.

In October 2010 'A Vision for Adult Social Care: Capable Communities and Active Citizens' was published. This identifies seven principles as the foundation of a modern social care system for adults and these are:

1. **Prevention:** empowered people and strong communities will work together to maintain independence.
2. **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
3. **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils.
4. **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
5. **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
6. **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services.
7. **People:** a workforce can be drawn on that can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.

In July 2010 the Coalition Government published its proposals for transforming the NHS in a white Paper called *Equity and Excellence: Liberating the NHS*. With the stated intention of transferring 80% of the NHS budget to consortia of GPs this represents the most fundamental change to the NHS since its inception in 1948. The abolition of Primary Care Trusts will see a number of responsibilities transferred to councils, particularly in the area of public health.

In February 2011 the government published *Think Local, Act Personal: the Next Steps for Transforming Adult Social Care*. This links the new Vision for Adult Social Care and Putting People First. It asserts that councils, health bodies and providers need to work more collaboratively to personalise and integrate service delivery across health and adult social care; and make vital public funding go further. It also recognises the contribution that individuals, families, carers and communities make in providing care and support - both to those who are publicly funded and those who either pay for themselves or rely on family carers.

In May 2011 the Law Commission published its recommendations for changes in community care legislation as it applies to the community care needs of adults. It proposes a new statute that would establish that the overarching purpose of adult social care is to promote or contribute to the well-being of the individual. It is further suggested that the new legislation will include a number of factors that must be considered before a decision is made in relation to an individual. A decision maker would be required to:

- assume that the person is the best judge of their own well-being, except in cases where they lack capacity to make the relevant decision;
- follow the individual's views, wishes and feelings wherever practicable and appropriate;
- ensure that decisions are based upon the individual circumstances of the person and not merely on the person's age or appearance, or a condition or aspect of their behaviour which might lead others to make unjustified assumptions;
- give individuals the opportunity to be involved, as far as is practicable in the circumstances, in assessments, planning, developing and reviewing their care and support;
- achieve a balance with the well-being of others, if this is relevant and practicable;
- safeguard adults wherever practicable from abuse and neglect; and
- use the least restrictive solution where it is necessary to interfere with the individual's rights and freedom of action wherever that is practicable.

The Dilnot Commission on the future funding of adult social care is expected to report on the future funding of community services for adults in July 2011. The recommendations of both the Law Commission and the Dilnot Commission are expected to be reflected in an Adult Social Care White Paper due to be issued by the Department of Health in the autumn of 2011.

b) Local Policy Context

Hillingdon Council's Sustainable Community Strategy 2008 – 2018 identifies the vision for adult social care, health and housing services in Hillingdon, which is:

To make Hillingdon a borough with excellent health, social care and housing, where all residents can enjoy fulfilling and happy lives.

Within the structure of the Local Strategic Partnership, the Health and Wellbeing Board takes responsibility for the adult social care, health and housing agenda. The Board's Wellbeing Strategy focuses on the contribution that health, adult social care and housing can make to achieve the broader objective of improving the wellbeing of Hillingdon's residents. It outlines our partnership priorities and ambitions for improving the wellbeing of our residents and their families in the five-year period to 2015 and these are:

1. To ensure that safe, high-quality services will be provided to everyone in the borough; services that are more flexible, responsive and easier to access, particularly to those in the community with the greatest needs.
2. Preventing ill-health and promoting wellbeing will be embedded in everything we do; people will be supported to stay healthy and independent, with early interventions to prevent existing problems getting worse.
3. That improved wellbeing outcomes will be achieved through reducing wider inequalities present within the borough; improving the economic, social and environmental conditions which influence a person's life chances.

4. Service provision will be customer-focused and based on a thorough understanding of the different needs and issues which affect our diverse borough.
5. People will be provided with greater choice and control over the services they receive; information will be available and easily accessible to support choices.
6. All partners in public, private and third sector settings will work together to ensure seamless service provision to those requiring care and treatment.
7. More services will be provided in the community and closer to people's homes, not in hospital or institutional settings.

The strategy identifies five priorities and these are:

1. Promoting Equality and Reducing Inequalities
2. Transforming Adult Social Care and Housing
3. Health promotion, disease prevention and early intervention
4. Supporting People with Long-term Conditions
5. Housing and homelessness

The Council Plan sets out the following vision for the council for the period 2010-2014:

In The London Borough of Hillingdon, we put our residents first, delivering value for money services. We will protect the borough's heritage, built and natural environment promoting civic pride so that people are proud to say they live in Hillingdon. We will continue to keep our residents safe and healthy and will do all we can in the current economic climate to maintain services that our residents tell us are important.

One of the priorities within the Council Plan is to **improve and promote the health and well being of adults and older people.**

The council's commissioning framework has been developed to deliver the council's objectives across all services. The framework deals with "strategic commissioning², which is defined as the task of identifying services that address the needs of service users and shaping the market to enable these services to be delivered. It sets out the key activities of strategic commissioning as:

- engagement with partners to make evidence based decisions about the services required to meet identified needs consistent with budget and the desired outcomes
- identifying opportunities for joint working and joint commissioning to maximise value and efficiency
- communicating those decisions to partners and stakeholders

- establishing a three year plan which sets out the actions that will be taken to achieve the policy objectives and deliver the desired outcomes

Appendix 1A

The Vision for Quality in Adult Social Care – a Summary of Proposals	
Prevention	<p>The Government will:</p> <ul style="list-style-type: none"> • publish a White Paper on public health, outlining councils' enhanced leadership role in health improvement and the opportunities this offers.
Personalisation	<p>The Government will:</p> <ul style="list-style-type: none"> • put personalisation at the heart of the framework for quality and outcomes being developed and examine the outcomes and benefits for people; • consider how to embed personalisation in the new legal framework following the Law Commission's report – for instance, in strengthened guidance new statutory principles to underpin the law, and through an entitlement, or right, for support to be offered as a personal budget or direct payment; • consider how to pursue greater portability of assessment, subject to the Law Commission and Funding Commission reports; and • use the pilots currently under way to inform the rollout of personal health budgets and make it possible to combine personal health budgets with personal budgets in social care in the future.
Plurality and partnership	<p>The Government will:</p> <ul style="list-style-type: none"> • identify and remove barriers to collaboration, pooling or alignment of budgets across health and social care and bring together funding streams for employment support; and • consider the barriers to market entry for micro and small social enterprises, user-led organisations and charities, and the proposed role for Monitor to play in market shaping.
Providing protection	<p>The Government will:</p> <ul style="list-style-type: none"> • work with the Law Commission in preparation for strengthening the law on safeguarding to ensure the right powers, duties and safeguards are in place.
Productivity, quality and innovation	<p>The Government will:</p> <ul style="list-style-type: none"> • support the work of councils to deliver efficiency savings by co-ordinating and disseminating support tools and best practice; and • publish and consult publicly on our proposals for a new strategic approach to quality and outcomes in adult social care.

People	<p>The Government will:</p> <ul style="list-style-type: none">• support the publication of a workforce development strategy by Skills for Care and a leadership strategy by the Skills Academy;• publish a personal assistants' strategy in 2011; and• working with councils, extend the piloting of social work practices to adult social care during 2011.
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Appendix 2

Summary of Statutory Adult Social Care Responsibilities

- **National Assistance Act 1948.** Established a duty to provide residential accommodation and provide community services to disabled people. Section 21 states that “ A Local Authority may, with the approval of the Secretary of State, and to such extent as he may direct shall make arrangements for providing residential accommodation for persons aged 18 years or over who by reason of age, illness or disability or any other circumstances are in need of accommodation not otherwise available to them.” Section 47 defines the duty of a Local Authority to remove to suitable premises persons in need of care and attention and Section 48 defines the Local Authority responsibility to safeguard the property of a person not able to make the necessary arrangements.
- **Health Services Public Health Act 1968.** Section 44 extended the power of councils, detailed in the National Assistance Act 1948, to provide accommodation elsewhere in premises managed by them or another such authority. Section 45 placed a duty on councils to promote the welfare of older people and Section 65 extended the powers of Local Authorities to grant financial and other assistance to certain voluntary organisations.
- **Chronically Sick and Disabled Persons Act 1970 (as amended).** Section 1 placed a duty on councils to undertake an assessment of likely need for services in their area under the 1948 Act and to publish the results. Section 2 gave councils powers to provide practical assistance in the home, assistance with travel, holidays, leisure and telephone. Section 3 required local authorities with housing responsibilities to have regard to the special needs of chronically sick and disabled persons.
- **Mental Health Act 1983 .**Section 114 requires a Local Authority to appoint a sufficient number of approved social workers for the purpose of discharging the responsibilities conferred on them and Section 117 states that “it shall be the duty of the local social services authority to provide aftercare services for any person detained in hospital and then ceases to be detained”.
- **Disabled Persons (Service, Consultation and Representation) Act 1986.** Established the right for disabled persons to request an assessment and placed a duty on Local authorities to have regard to the needs of the carer when deciding which services to provide for a disabled person.
- **National Health Service and Community Care Act 1990.** Section 46 defines the duty placed on the local authority to prepare and publish a plan for community care services and review the same. Section 47 places a further duty on the local authority

to assess need of individuals living in their area and then decide whether the identified needs call for provision of service by them.

- **Community Care (Recognition and Services).** Imposed a duty on Local Authorities to carry out a carers assessment where the cared for person is being assessed under the National Health Service Community Care Act 1990 or the Children Act 1989.
- **Carers and Disabled Children Act 2000.** Gives carers a right to an assessment of need independent of the cared for person.
- **Community Care (Delayed Discharges) Act 2003.** Imposed timescales on Local Authorities to undertake assessments of NHS in-patients and fines if delay is caused by social services. The Secretary of State may also make directions to allow local authorities to provide services free of charge for a maximum of six weeks to facilitate discharge from hospital.
- **Carers (Equal Opportunities) Act 2004.** Established new rights for carers. Local Authorities have a duty to inform carers of a right to an assessment and the assessment must include consideration of whether the carer a) works or wishes to work and b) is undertaking or wishes to undertake education, training or leisure activity.
- **Mental Capacity Act 2005.** The Act enshrines in statute current best practice and common law principles concerning people who lack mental capacity and those who take decisions on their behalf. It deals with the assessment of a person's capacity and acts by carers of those who lack capacity; identifies the situations where a designated decision-maker can act on behalf of someone who lacks capacity; it creates a duty on councils to establish an independent Mental Capacity Act advocate to support a person who lacks capacity.
- **National Health Service Act 2006.** Established a general duty on Local Authorities to provide community services for the prevention of illness and for the care of persons suffering from illness
- **Mental Health Act 2007.** Introduced deprivation of liberty standards into the 2005 Mental Capacity Act. The safeguards are designed to protect the interests of an extremely vulnerable group of service users and to:
 - ensure people can be given the care they need in the least restrictive regimes
 - prevent arbitrary decisions that deprive vulnerable people of their liberty
 - provide safeguards for vulnerable people
 - provide them with rights of challenge against unlawful detention
 - avoid unnecessary bureaucracy

Appendix 3
Key SCHH Performance Indicators

Target Heading		Mar 10 Baseline	London Average 09/10	England Average 09/10	10/11 Outturn	Target Mar 12	Target Mar 13	Target Mar 14	Target Mar 15
1. % spend on residential/nursing	OP	51%	50%	56%	51%	TBC	TBC	TBC	30%
	LD	56%	24%	24%	62%	TBC	TBC	TBC	13%
	PD	33%	11%	10%	32%	TBC	TBC	TBC	15%
	MH	38%	11%	7%	39%	TBC	TBC	TBC	15%
2. NI 125 - no of discharges from hospital for people aged 65+		84%	81.4%	81.2%	95%	87%	89%	91%	93%
3. NI 130 - Social care clients receiving Self Directed Support		7.2%	13.4%	13%	16.7%	30%	50%	TBC	TBC
4. NI 132 - waiting times for assessment		82%	87.9%	81.3%	82.7%	94%	94%	94%	94%
5. NI 133 - waiting times for services		80%	90.4%	90.5%	86.1%	94%	94%	94%	94%
6. NI135 - % of carers in receipt of support.		20%	28%	29%	25%	28%	TBC	TBC	TBC
7. NI141 - number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from supported accommodation in a planned way.		78.2%	81.1%	77.1%	75.9%	70.3%	TBC	TBC	TBC
9. NI142 - number of service users (i.e. people who are receiving a Supporting People Service) who have established or are maintaining independent living		99.5%	98.2%	98.3%	99.5%	99.0%	TBC	TBC	TBC

10. % of people needing a service after 5 weeks re-ablement.	22%	N/A	N/A	32%	50%	TBC	TBC	TBC
11. NI145 – Adults aged 18 -64 with learning disabilities in settled accommodation.	41%	58%	61%	54%	63%	TBC	TBC	TBC
12. NI146 – Adults aged 18 – 64 with learning disabilities in employment.	0%	11%	7%	1%	2%	3%	5%	7%

Appendix 4.
Buildings-based Day Care Services Provided by Hillingdon Council

Table 1: Older People Day Centre Analysis Table

Day Centre	Net Budget (£,000)	Capacity (Weekdays)	Capacity (Saturday)	Number of service users (Weekdays)
Asha	322.4	45	20	102
Grassy Meadow	838.5	60	N/A	139
Poplar Farm	215.5	12	12	40
TOTAL	1,376.4	117	32	281

Table 2: Learning Disabilities Day Service Analysis

Service and budget	Net Budget (£,000)	No. of users	No. users per day	Capacity per day
Parkview				
	620.3	44	36	38
Woodside				
	600.6	68	55	58
RAGC:				
	210	35	25	25
Phoenix				
	579	29	24	28
Totals	2,009	176	140	149

Appendix 5

Residential and Supported Housing Services Directly Provided by Hillingdon Council

a) Council Provided Residential Services

Service	Net Budget £,000s	Number of Beds
Charles Curran House	752.7	22
4 Hatton Grove	797	17 (1 emergency)
1 Colham Road – Positive Behaviour Support Team	520.6	4 permanent 2 short-term intervention
3 Colham Road	934.6	10 & 3 respite
3 Merrimans House	444.1	9 respite and emergency provision

b) Council Provided Supported Housing Services

SERVICE	Net Budget £,000s	Level of Need	Number of Units
Learning Disabilities			
Goshawk Gardens	139.7 & 27 housing support	Moderate	5
Swakeleys Road	100.7 & 25.5 housing support	Mild/moderate	7
Chapel Lane	219.7	Moderate	7

c) Council Provided Sheltered Housing Services

Older People	Number of Units
(Sheltered Services) Barden Court	28
(Sheltered Services) Ascott Court	33
(Sheltered Services) Barr Lodge	47

(Sheltered Services) Childs Court	25
(Sheltered Services) Cobden Close	66
(Sheltered Services) Darrell Charles Court	37
(Sheltered Services) Drayton Court	24
(Sheltered Services) Langworth Drive	79
(Sheltered Services) James Court	45
(Sheltered Services) Mandela Court	40
(Sheltered Services) Manor House	50
(Sheltered Services) Missouri Court	43
(Sheltered Services) Roberts Close	63
(Sheltered Services) Rylestone	22
(Sheltered Services) Sibley Court	28
(Sheltered Services) St Catherine's Farm Court	30
(Sheltered Services) The Buntings	36
(Sheltered Services) Yiewsley Court	24
(Sheltered Services) The Gouldings	43
(Sheltered Services) Triscott House	Was 30; will be 47
(Sheltered Services) Wallis House	29
(Sheltered Services) Michael Shersby House	40

Appendix 6

Summary of Property Requirements and Forecast Provision

	Estimated Need 2011 - 13	Units in the pipeline 2011/12 - 2012/13	Gap 2011-13
Older People			
Sheltered for rent			
Sheltered for lease			
Extra-care for rent, inc dementia	165	95	70
Extra care for lease/LCHO, inc dementia	20	0	20
Age restricted 55+		12	
Total supported housing units	185	107	90
Total older people	185	107	90
People with Learning Disabilities		0	0
Total in residential/nursing under 55 pending review*	124		124
Extra care for rent, inc dementia	46	10	36
High support (24hr staff on site)	79	32	47
Medium support (fixed period hours, plus individual hours)	18	8	10
Shared Housing (cluster units)	8	0	8
General needs housing with floating support	16	0	16
Total supported housing units	267	50	217
Total learning disabilities	291	50	267
Physically Disabled and Sensory Impaired			
Total in residential/nursing under 55 pending review*	30		30
Extra care for rent	10		10
High support (24hr staff on site)	7	6	1
Medium support with floating support	9	0	9
Adapted properties (for wheelchair users)	60	0	60
Total supported housing units	56	0	50

Total physically disabled	116	0	116
People with Mental Health Needs			
High support (24hr staff on site)	40	0	40
Medium support: shared housing with floating support	5	0	5
Total supported housing units	45	0	45
Total mental health	45	0	45

TOTAL NUMBER OF SUPPORTED HOUSING UNITS REQUIRED 2011-2013 **402**