

SOCIAL CARE, HEALTH AND HOUSING – FUTURE AIMS AND CHALLENGES

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REASON FOR REPORT

This paper presents to the Policy Overview Committee for review and discussion the key aims for Social Care, Health and Housing, and the challenges the Group faces in achieving these aims.

OPTIONS OPEN TO THE COMMITTEE

1. To comment on the aims and challenges facing Social Care, Health and Housing.
2. To use the report to support Members in their scrutiny role.

INFORMATION

1. The following sections of this report present the future aims for Social Care, Health and Housing to support the Council's vision "putting residents first".

Background

The council has recently undertaken a major restructuring which has had implications for SCH&H as Children and Families now sits within the Directorate. The key messages from that restructuring are:

- One directorate, (Planning, Environment, Education and Community Services) will be responsible for all universal services which will deliver better integrated services to Hillingdon's young people.
- Social Care, Health and Housing will be responsible for more targeted and specialist services which will deliver better integrated services to families with children and adults with care support and housing needs.
- All social care services (children and adults) will be delivered in a more co-ordinated way.
- By delivering services for vulnerable children alongside those for vulnerable adults, we will be able to deliver better outcomes for all of our vulnerable residents right through from childhood to when they become adults.
- The safeguarding of children and safeguarding of adults will be better delivered together.
- This will also join up more effectively with housing services, providing a better, all-round service to vulnerable residents and those with particular support needs.

Education and Children's Policy Overview Committee will continue to review matters as they relate to children and young people although there may be some overlap with this POC, such as with transitional children, housing matters etc.

Health and Well-Being – Aims and Priorities

Social Care, Health & Housing has developed its BID transformation programme to deliver the three aims of:

- I. **Managing demand:** keeping residents independent, investing in preventative services to stop or significantly delay residents from requiring ongoing social care or becoming homeless or in housing need
- II. **Managing the support system:** efficient and effective in-house provision that is reablement focused, delivering time-limited interventions to effect change so residents can learn or re-learn crucial skills to live independently
- III. **Managing supply:** commissioning private and voluntary social care and housing services, delivering support, choice and independence to vulnerable, complex and high dependency residents

Supporting this, the Social Care Health and Housing mission is “residents to have the choice and control to live safe, healthy, independent lives in supportive local communities”. To support the delivery of our strategic improvements we have adopted five key guiding principles:

1. **Choice and control** - We will ensure that users of services are in the driving seat in deciding how their desired outcomes will be achieved within available resources
2. **Safe, healthy and independent lives** - We will shift from providing long-term institutional services to providing time-limited support which helps people regain independence in the community
3. **Supportive local communities** - We will achieve sustainable change by supporting individuals and communities to help themselves and each other
4. **Different for less** - We will use up to date, evidence based approaches to services which are more efficient and effective
5. **Working together** - The whole community has a role to play in keeping people safe, healthy and independent. Through integrated working with health and other partners, we will commission services that draw on existing networks and community capacity

The departmental aims and BID programme are central to Social Care, Health and Housing’s whole systems approach and further support the aims of Hillingdon’s Health and Wellbeing Strategy, developed and delivered through the Local Strategic Partnership’s Health and Wellbeing Board. The Health and Wellbeing Strategy focuses on the contribution that health, 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 over the next five years. The development of the strategy takes into account what our residents have told us and the local analysis of need set out within the Joint Strategic Needs Assessment (JSNA).

The strategy comprises five priorities covering mental health, long-term conditions and housing. These are to:

- Deliver the best possible health and wellbeing outcomes including promoting equality and tackling inequalities.
- Deliver safe, personalised and accessible social care and housing services that ensure support, independence and choice as well as secure best value.
- Focus on health promotion, disease prevention, wellbeing and early intervention and address risk factors.
- Support people with long term needs, promoting self care and independence.
- Maximise opportunities to help people live in settled and affordable homes and prevent homelessness.

During 2011/12 we are delivering the following key strategic improvements in support of the wider priorities as part of the Local Strategic Partnership, support of our mission and to respond to the significant financial pressures facing local government:

- Increase the number of residents helped to buy their first property
- Increase the number of people to live independently without support or reduced support (reablement). This includes the use of assistive technology with the Council's new TeleCareLine Service.
- Increase the number of people in receipt of a personalised budget for social care giving them more choice and control over their lives
- Continue to ensure Hillingdon safeguards vulnerable adults from harm
- Continue to reduce the number of people living in temporary accommodation
- Maintain an excellent housing/council tax benefit service
- Maintain support to carers to continue caring
- Develop extra care and other forms of supported housing to help people receive the care and support they need to live independently in the community and thereby reducing reliance on residential accommodation
- Maintain the programme to provide new affordable homes

Delivering the Aims

Social Care, Health and Housing has established an ambitious and wide-ranging programme of change to transform service provision to support residents to live, safe, healthy independent lives in supportive local communities. The highlights of this work are:

- The delivery of a free TeleCareLine offer for up to 3000 residents over 85 or eligible for adult social care over a 3 year period
- The transformation of the in-house home care service into a Reablement service delivering excellent outcomes for service users, enabling them to live independently without an ongoing package of care
- A broad programme to support adults with a learning or physical disability and older people into extra care and supported accommodation, so they can live independently with appropriate support through personal budgets

- The reconfiguration of day services to provide integrated day opportunities in the community and increase supported housing provision
- The transformation and reintegration of Hillingdon Housing Service into the council, including the application of the BID common operating model to further improve services
- The transformation of Children and Families services, including the development of a single point of contact, the mainstreaming of the Asylum service and the review of the pathway for children in transition
- Reviewing all commissioned services to ensure they deliver on our strategic priorities, deliver value for customers and offer value for money
- Making use of OLM, the Care Funding Calculator and the West London Alliance to manage the market for social care as effectively as possible
- Delivering reductions in the number and cost of Looked After Children placements through a corporate Family Intervention Project, the recruitment of new foster carers, returning out of borough placements and better contract management

In addition to the delivery of the Social Care, Health & Housing BID we are:

- Continuing to embed the Health and Wellbeing board as part of the Local Strategic Partnership to take a strategic lead for health and wellbeing in Hillingdon, and as the central point of focus for the implementation of change in line with the NHS reforms
- Continuing to ensure robust governance and leadership to safeguard adults from harm through the Safeguarding Adults Partnership Board
- Delivering the transformation of adult social care including full implementation of self-directed support for all client groups in line with the government's aims for all service users to be able to access a personal budget by April 2013
- Continuing to ensure effective communications and staff buy-in to transformation - including a staff road show and staff communications
- Continue to raise the quality of care to improve outcomes and ensure dignity in care
- Modernising our information systems as part of the single development plan for IT within the Council.

Health Service reforms

Whilst External Services Scrutiny Committee is responsible for scrutiny of Health Services, it is important that the key issues facing the Health Services as they impact on SCH&H are mentioned here. Health Services are facing similar financial pressures to those faced within local government. In addition the White Paper, "Equity and Excellence – Liberating the NHS" is identifying major transformation. Importantly for us it supports health & social care being delivered jointly:

- Through Joint Health & Wellbeing Strategies and duties on councils and GPs to have regard to them in commissioning
- By strengthening Joint Strategic Needs Assessments
- Quality standards developed across patient pathways
- The Care Quality Commission as an inspectorate across health and social care

- Through payment systems being used to support joint working, e.g. hospital 30-day post discharge readmission rule
- Through freeing up providers to innovate and expand into social care
- A new legislative footing: Health & Social Care Bill

Challenges

Hillingdon Council faces a number of challenges in delivering the aims outlined above. These represent a mixture of challenges from outside the organisation as well as opportunities within the Council to modernise the way the Council works. The following are key challenges:

- Responding to the national economic crisis – and the tough budget situation facing the public sector with significant constraints placed on local government in the face of increasing demands for services.

Table 1: MTFF savings for next four years in SCH&H.

2011/12	2012/13	2013/14	2014/15
£11m	£18m	£23m	£26m
Plus additional £3m (for allocation to 2012/13)			

- Demand pressures
 - Demography - from an ageing population and in particular, learning disability where there is increasing evidence of a significant population increase over the next 5-10 years. This encompasses children with severe disabilities requiring a social care and housing service (Transitional Children). This is due to advances in medical science leading to more live births with profound and challenging needs, and people living longer. The needs of ageing carers represent a potential pressure. The needs of people with dementia and for occupational therapy services is increasing. Demand for residential placements for older adults with adults with mental health needs continues but at a reduced rate from previous years, (see appendix 1). There is also growing numbers of households reflecting increasing numbers of single households, including older people.
 - Legislation and rising expectations – Expectations from clients, families and government to provide people with a better standard of living continues. Coupled with changes in legislation, this has led to increased demand on services provided by in relation to housing, including: homelessness prevention, the Houses in Multiple Occupation licensing system, Disabled Facilities Grants, the demand for affordable housing, a rising number of housing benefit claimants.
 - Economic - Increased demand is related to the wider economic down-turn.

- Turnover of placements – supplier pressure to increase the cost of a placement as new placements for services are made as well as the costs of meeting the needs of people with more complex needs. This is happening at a time where local authorities are placing increasing expectations on suppliers of price reductions and improved value.
- Managing change – maintaining and improving services during periods of change
- Customer engagement – making full use of customer views and involvement in shaping service delivery.
- Partnership working - our key working relationship is primarily with bodies outside of the Council. These include our health and voluntary sector colleagues. We need to continue to work closely with our partners to respond to and manage these challenges effectively.
- Recruitment and retention – represents a major challenge for some key posts across Social Care, Health and Housing to ensure effective succession planning with an ageing workforce profile and fewer people available to appoint from. As part of the Council's workforce planning, we have a dedicated social care recruitment post to support the effective recruitment and retention of staff working in posts which have proved difficult to recruit to.
- Heathrow - robust dialogue with Government to minimise the costs falling on Hillingdon residents
- Housing – the many challenges relating to housing and housing benefit were presented to this committee at its last meeting. The key areas of interest noted by committee were: Housing Benefit Changes, Housing Benefit changes and the strategy to find homes and pay rent, Special Needs and Supported Housing

BACKING DOCUMENTS

Wellbeing Board Priorities

Financial and Performance statistics within SCH&H

SUGGESTED COMMITTEE ACTIVITY

1. Members question officers on the priorities and challenges facing the Department

Appendix 1

Demographic changes in Hillingdon

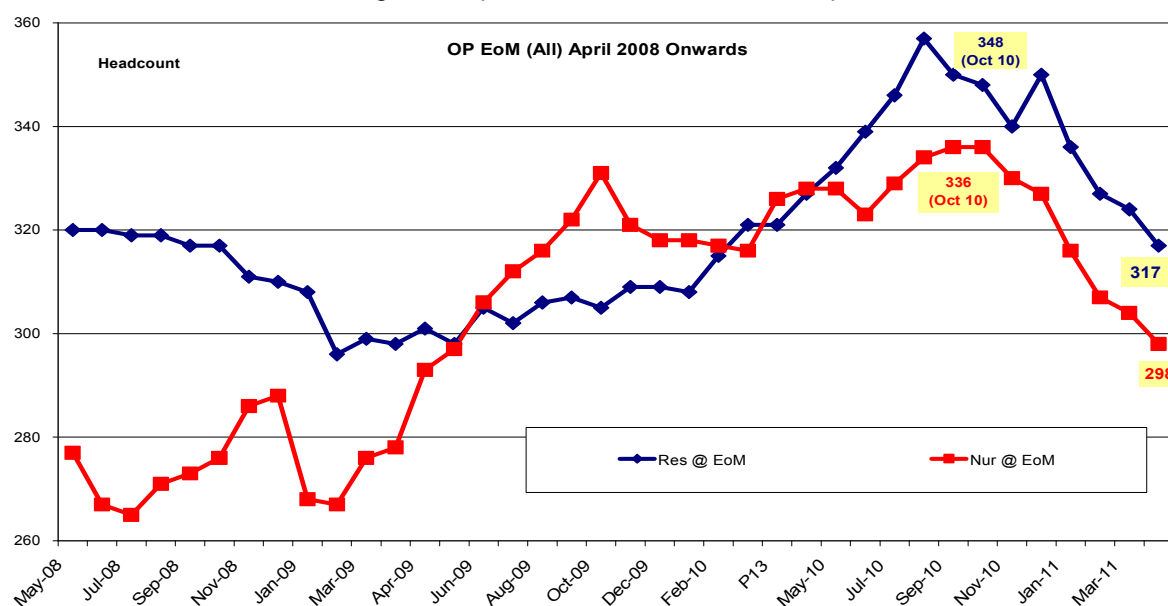
- The population of Hillingdon is expected to rise from 263,000 in 2011 to 289,300 in 10 years, an increase of 10%
- The population for 0-19 years olds is expected to increase from 67,608 in 2010 to 75,494 in 2020 to 81,201 in 2030.
- By 2015:
 - The number of residents over 85 is expected to increase by 11% to 5,500
 - The number of older people with dementia is projected to increase by 7% to 2,694
 - The number of people with learning disabilities living into old age will increase by 7.6% to 762

Adult Social Care Trends

a. The number of people receiving a social care service, by age and need

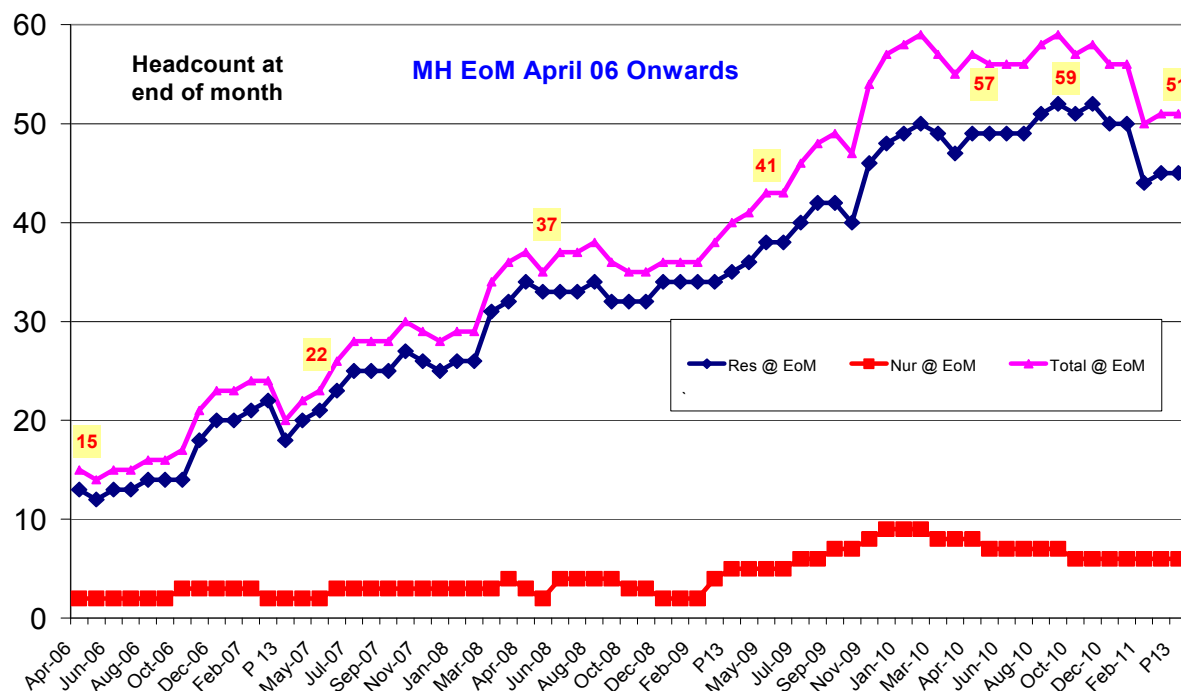
During the first part of 2010/11 we continued to have increasing pressure on residential / nursing placements for older people. As the year progressed this trend has reversed as the strategy to keep people in the community took affect. See table 2 below.

Table 2 - Residential and Nursing Care Spot Placements for Older People



The demand for Mental Health residential / nursing placements has continued but not at the same level as previous years. See table 3 below

Table 3 - Placements for Adults with Mental Health Needs



b. Location of Care

Community based services (e.g. homecare) are provided within the Borough as these support people to remain living within their own home.

Like many other Council's, Hillingdon commissions residential and nursing care services from within the Borough and also from outside Hillingdon to meet specific needs and preferences. Hillingdon's Joint Commissioning Strategies are developing preventative, rehabilitative/reablement services that support people to remain living at home where appropriate to reduce the need for and use of residential and nursing care. They are also challenging the need for out of borough placements and all placements considered to be high cost.

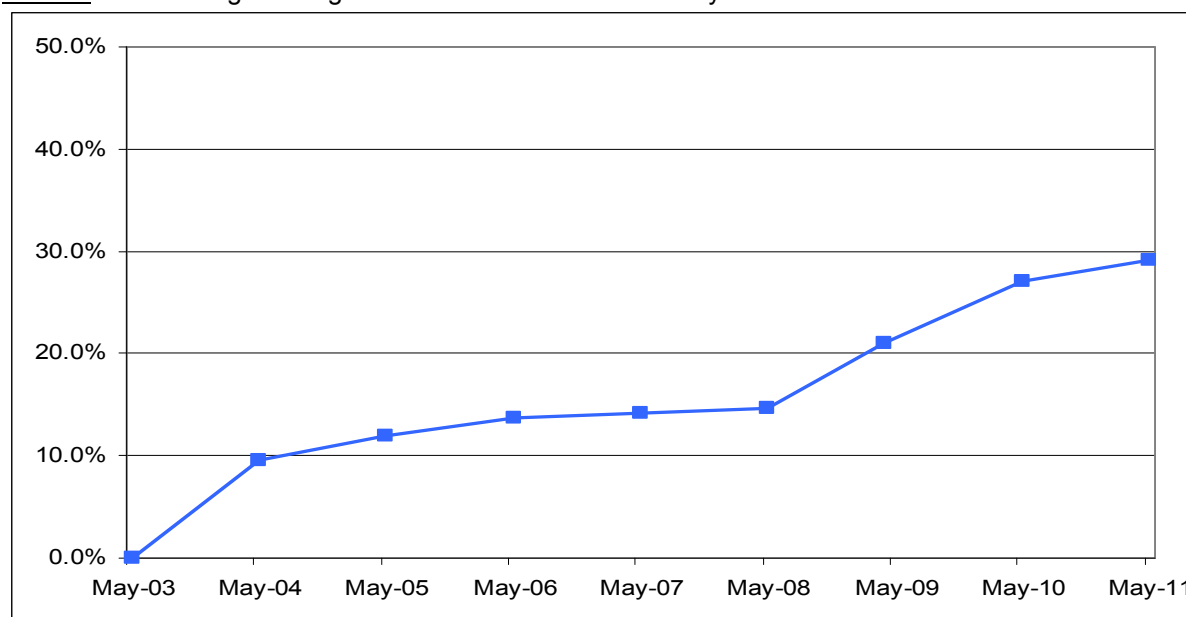
Housing Services Trends

a. Benefits Services

Households Claiming Benefits

Overall the number of households in Hillingdon claiming benefits has increased by 29.1% since 2003 and is expected to reach over 25,000 in 2011. See table 4 below.

Table 4 – Percentage Change in Benefit Claimants from May 2003 to 2011

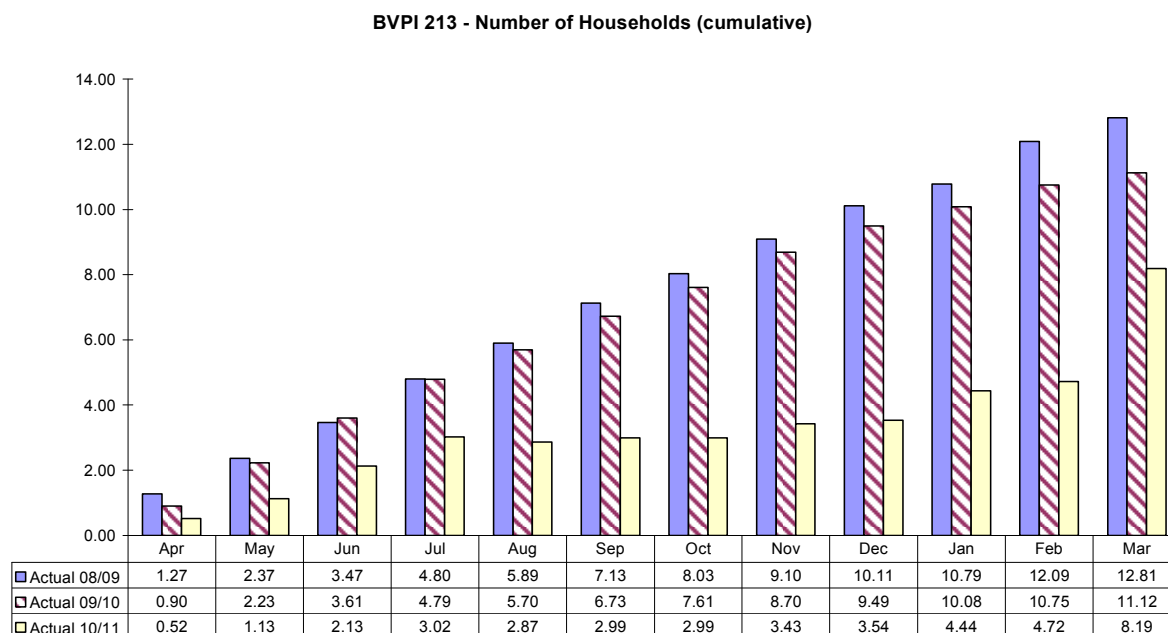


b. Private Sector Housing

Preventing Homelessness / Supporting Access to Suitable Housing in the Private Sector

As part of the wider housing strategy, Hillingdon Council is working effectively with a range of partners, including landlords, to successfully resolve the housing needs of households presenting as homeless. The following graph shows the cumulative trend in the number of households for whom the Council's housing advice service successfully intervened to resolve their situation.

Table 5 – Number of Homeless Households Helped to Find Suitable Housing in the Private Sector



(Indicator reference = BVPI 213 - Number of households (per thousand households) who considered themselves as homeless, who approached the local housing authority's housing advice service(s), and for whom housing advice casework intervention resolved their situation.)

Disabled Facilities Grants (DFGs)

The following table shows the change in expenditure on disabled facilities grants since 2003/04.

Table 6 – Expenditure on Disabled Facilities Grants and Number of Grants

Year	Spend (£)		Numbers	
	Total spend on DFGs - Mandatory and Discretionary	Year on Year % Change in Spend	Total spend on DFGs - Mandatory and Discretionary	Year on Year % Change in Numbers
2003/04	£ 1,425.00	0%	131	
2004/05	£ 1,499.00	5%	158	21%
2005/06	£ 1,861.00	29%	171	25%
2006/07	£ 1,896.00	25%	157	15%
2007/08	£ 2,366.00	50%	214	53%
2008/09	£ 2,629.00	51%	247	54%
2009/10	£ 2,018.00	23%	214	34%
2010/11	£ 2,820.00	69%	200	32%

In 2010/11 the Hillingdon was successful in gaining an increased Disabled Facilities Grant allocation from the Government and the Council contribution was also increased. The total spent in 2010 was double in comparison to the amount spent in 2003/04. For 2011/12 the overall budget has been reduced by £200k to the 2008/09 level.

Numbers of People on the Waiting List for Disabled Facilities Grant

Table 7 – Numbers of people waiting for a Disabled Facilities Grant

Number of People on the Waiting list for DFG	
Year-end	Number
2004/05	37
2005/06	87
2006/07	141
2007/08	42
2008/09	33
2009/10	43
2010/11	15

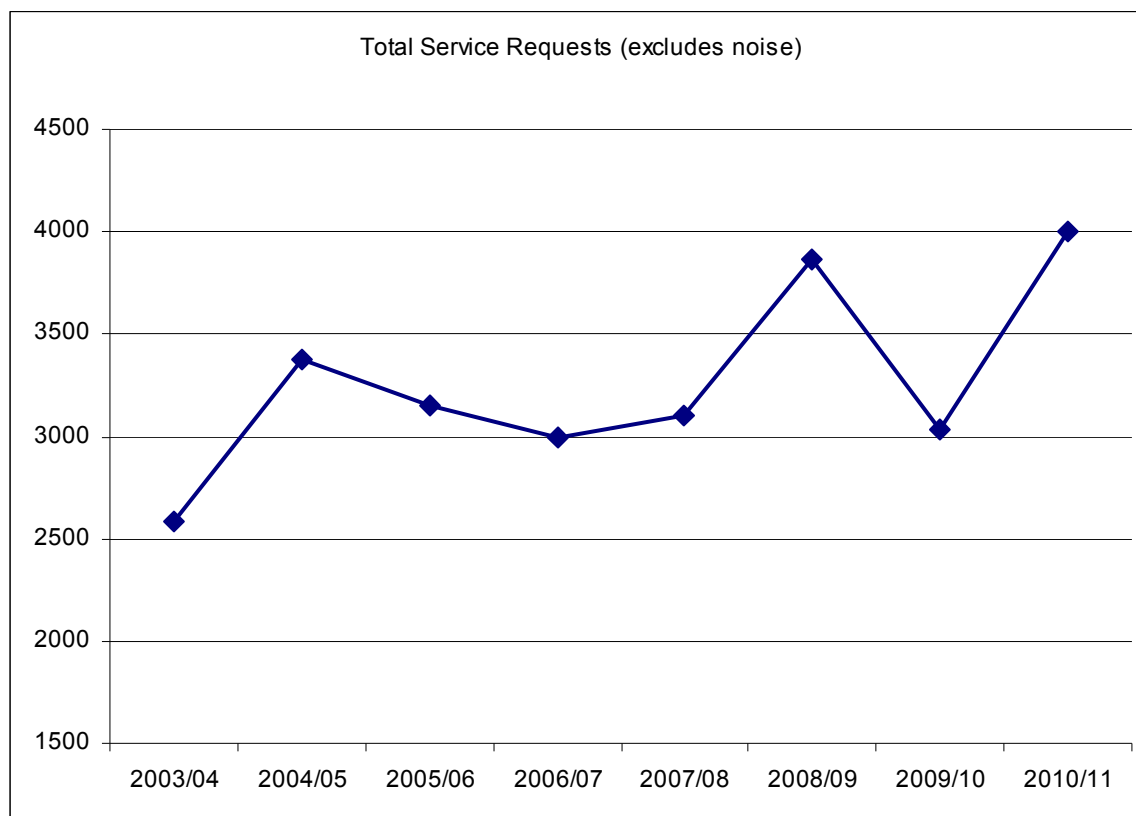
As at the end of May 2011, there are 11 people waiting for a disabled facilities grant.

Private Sector Housing Requests for Services

During the last eight years, the number of requests made to the Private Sector Housing Team for a service has increased by 54% to March 2011 with the highest level of services requests in 2010/11. See table 8 below.

Table 8 – Number of Service Requests Made to Private Sector Housing

PSH Service requests	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Grants related	909	1,579	1,026	639	416	723	158	563
Drainage	127	122	185	221	153	199	157	178
HMOs	73	51	127	330	327	323	234	350
Other Housing Problems	1,472	1,607	1,772	1,794	2,198	2,603	2,484	2,898
Other	6	13	42	8	13	18	5	8
Total Service Requests (excludes noise)	2,587	3,372	3,152	2,992	3,107	3,866	3,038	3,997



Houses in Multiple Occupation (HMOs)

The number of houses in multiple occupation in Hillingdon has increased from 700 in 2003/04 to 2310 in 2008/09, an increase of 230% in this period. The latest estimate for the number of houses in multiple occupation is based on House Condition Survey 2008.

Table 9 – Number of Houses in Multiple Occupation

Number of HMOs in LB Hillingdon	
2003/04	700
2004/05	1400
2005/06	1400
2006/07	1700
2007/08	2700
2008/09	2310
2009/10	2310
2010/11	2310