

s256 Agreement for Approval

Reference number: Gateway 18568

Title of scheme: Funding Transfer from NHS to Social Care in 2013/14

How will the section 256 transfer secure more health gain than an equivalent expenditure of money on local government services?

1. The Government has made available through the NHS Commissioning Board funding of £3.7m for LBH with the objective of supporting social care where it benefits health. As a direct result of this announcement the LBH MTF took this sum into account when formulating its budgets for 2013/14.
2. This money for 2013/14 will build on the equivalent money previously received via the PCT¹ which has been invested in developing a significantly enhanced assistive technology support service called TeleCareLine service (TCL) with Reablement a key part of this support; contribute to the demographic pressures relating to children transferring to adult services; Adult Social Care (ASC) demographic pressures; helping people to leave hospital more quickly, get settled back at home with the support they need, and prevent unnecessary admissions to hospital. Examples of these services were:
 - a More capacity for home care support, investment in equipment, adaptations and telecare.
 - b Investment in crisis response teams and other preventative services to avoid unnecessary admissions to hospital.
 - c Further investment in reablement and rehabilitation services and reduce the need for ongoing care.
 - d Additional short term residential places for respite and intermediate care.
 - e helping people to stay independent for as long as possible, for example through re-ablement, reducing the need for care;
 - f ensuring that people receive care and support in the most appropriate and cost effective way to meet their outcomes, for example through assistive technology and driving forward with personal budgets;
 - g maximising spend on frontline services, for example by reducing back office costs and making better use of the social care market.
3. This investment will support and encourage improved integrated working between LBH and our NHS partners. We know that thousands of people use both health and social care services and this continued investment will help to help people to make a full and active contribution to society by improving their quality of care and outcomes, and to the benefit of both organisations.

Description of scheme (In the case of revenue transfers, please specify the services for which money is being transferred).

4. This agreement is consistent with and compliments the JSNA and existing commissioning plans. The funding will support further joint working between health and social care to strengthen community based reablement services in order to support hospital discharge and reduce re-admissions. This will include:

¹ Gateways 15386 (4th January 2011) and Gateway 15434 (13th January 2011)

- a Continue to build on the in-house reablement approach by LBH coupled with enabling the LBH TeleCareLine service to develop and to include TeleHealth also. (£700k)
- b Adult Social Care demographic pressures (£2,000k)
- c Establish a social work team at the Hospital to enable early engagement with families to enable discharge at the appropriate time with the right level of support and reassurance to the family. (£250k)
- d Maintain the level of demand for community equipment without which this would need to be reduced to match the available budget. (£250k)
- e To enable the development of an enhanced dementia service jointly with Health (CCG & CNWL) and voluntary sector partners to provide an integrated service for people with dementia and their family/carers. This will close a significant gap in current service provision as it will cater from diagnosis including those with early onset, by use of positive intervention strategies and provide information to family/carers to enable them to access support mechanisms, right through to end stage dementia. This initiative complements the proposals currently under consideration relating to the new Public Health responsibilities and transferred funding. The Dementia Resource Centre is one of a number of commissioning intentions that will assist in enabling people to remain independent in the community for longer, thus reducing the need for more institutional bed based forms of care such as residential or nursing care. Jointly with Health and other partners the resource centre will provide an integrated service for people with dementia and their family/carers. (£300k)
- f Additional resources to:
 - i. complete the reviews of long term Adult Social Care residential and nursing cases with objective of moving to appropriate supported accommodation (£100k)
 - ii. support to enable full reviews to increase transfers to Personal Budgets of (£100k):
 - (i) In-House Homecare
 - (ii) Day Care
 - (iii) DP clients packages
 - (iv) P&V Homecare

5. As part of financial planning the Council is proposing to identify a total of £12.2m in 2013/14 for ASC services to reflect the demographic pressures faced by the department. This s256 agreement will contribute towards this total, ref 4b above. The tables 1 and 2 below illustrate these demographic pressures.

Table 1: Children Transfers from Education Special Needs Service

6. The table below indicates the reasons and numbers for those children who have transferred since April 2006 and the forward looking forecast to 2017. The difficulty in financially planning for these transfers is that the associated costs can range from less than £100 per week to in excess of £2,000 per week depending on the care package required. This itself can be significantly influenced by the wider support network available for the young person. In addition the age of transfer can range from 18 to 24 depending on individual circumstances, eg attending further education.

	06/07	07/08	08/09	09/10	10/11	11/12	Sub Total	12/13	13/14	14/15	15/16	16/17	Total
Low needs Learning Disability (LD)	0	1	1	0	0	0	2	1	1	0	1	0	5
Moderate needs LD	4	5	9	9	11	6	44	12	8	11	9	7	91
Severe needs (LD)	16	9	17	8	8	8	66	13	12	14	13	8	126
Autistic Spectrum Disorder	4	6	5	1	7	5	28	10	3	12	11	14	78
Behaviour, emotional & Social Difficulty	0	1	0	0	1	0	2	4	5	3	4	2	20
Physical Disability	7	5	4	1	0	3	20	6	3	1	0	2	32
Mental Health	2	1	0	0	0	0	3	0	0	0	1	0	4
Communication Needs	0	0	0	1	2	3	6	6	1	1	4	4	22
Total	33	28	36	20	29	25	171	52	33	42	43	37	378

7. In addition to this rising pressure in the system there is also a well established trend confirmed by national research showing that people with disabilities are living longer; and the number of live births per 1,000 with profound needs is also rising proportionately faster and surviving into adulthood. Taking all these factors together there is a need for LBH Adult Social Care services to transform to deliver more appropriate outcomes that are also efficient from the public purse perspective.

Table 2: Adult Social Care Demographic Pressures

Increase in Population aged 18 and over, projected to 2031 (% change from 2011 baseline in brackets)					
	2011	2016	2021	2026	2031
People aged 18-64	171,548	176,902 (3.1%)	177,464 (3.4%)	178,753 (4.2%)	178,964 (4.3%)
People aged 65-69	9,306	10,556 (13.4%)	9,967 (7.1%)	10,654 (14.5%)	11,843 (27.3%)
People aged 70-74	7,847	8,054 (2.6%)	9,070 (12.6%)	8,659 (-4.5%)	9,256 (6.9%)
People aged 75-79	6,625	6,482 (-2.1%)	6,671 (0.7%)	7,598 (14.7%)	7,278 (9.9%)
People aged 80-84	4,837	4,907 (1.5%)	4,932 (2.0%)	5,207 (7.6%)	5,957 (23.2%)
People aged 85 and over	4,957	5,325 (7.4%)	5,888 (18.8%)	6,695 (35.0%)	7,646 (54.2%)
Total population 65 and over	33,573	35,325 (5.2%)	36,529 (8.8%)	38,813 (15.6%)	41,981 (25.0%)

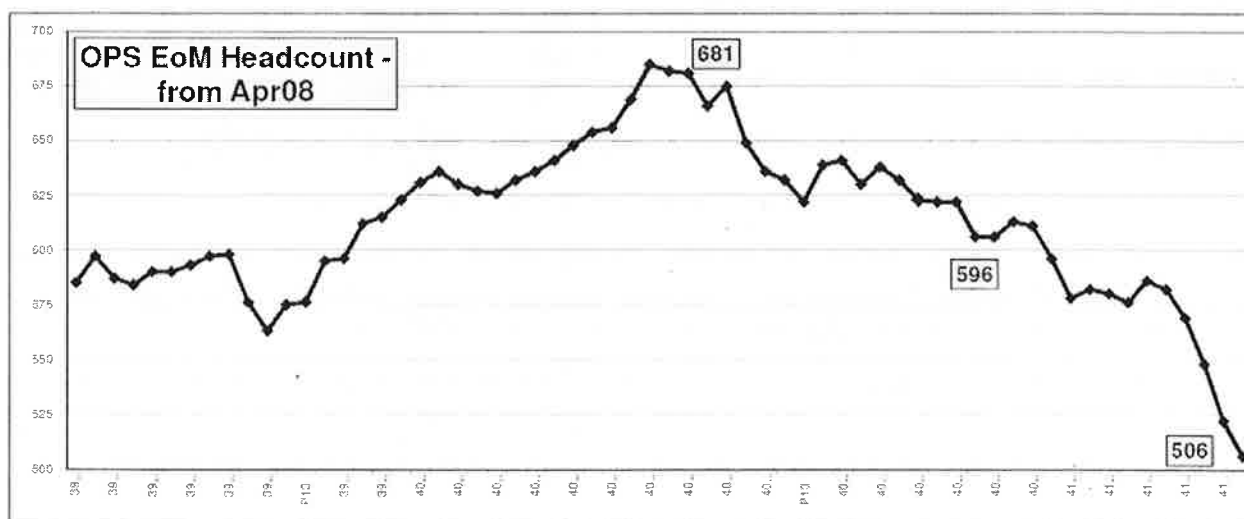
Data Source – GLA SHLAA projections (% increases are against 2011 figures)

8. The huge demographic pressures facing Adult Social Care budgets are well documented. Adult Social Care cost councils £16bn in 2008/9 - 5% more than the previous year despite efficiency savings of about £660 million².
9. We have reached a demographic tipping point, as these national figures indicate:
- 300,000 more older people are expected to have potential care needs by 2014 and 1.4 million older people in the next 20 years.

² Data sourced from ADASS (L) - *Comprehensive Spending Review submission* – August 2010

- b Over the course of their retirement, men aged 65 today have a 7 in 10 chance of needing some care before they die and women aged 65 have nearly a 9 in 10 chance.
 - c 70,000 more working age adults will have potential care needs by 2014 and 300,000 more over the next 20 years
 - d Analysis carried out by LG Futures for London Councils found that social care costs for younger adults could rise by 20 % between 2009/10 and 2016/17³
 - e According to the Census 2011 figures, there were 25,905 unpaid carers in Hillingdon this is a 12% increase when compared with the 2001 Census results.
10. All of these changes are being reflected at a local level in Hillingdon⁴, where the 2011 census shows that Hillingdon has a population of 273,936 of which approximately 35% of residents are aged over 65, and the number of residents aged over 85 is expected to increase by 7% by 2016. The 2011 census identified that there were 17,981 people in Hillingdon considered that their day to day activities were very limited.
11. Stroke is one of the main causes of disability and is concentrated in the older population. In 2010/11 (the last year for which validated data is available) 3,305 people were reported by GPs as living with stroke. This is projected to increase to 4,351 by 2015.
12. Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 17% to 3,041 in the eight years to 2020. 63% of the increase can be attributed to the over 85s, which is expected to grow by 23% within this period. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 14.1% between 2012 and 2020⁵.
13. The investment since April 2011 in Reablement, TeleCareLine and related community based services has enabled a sharp reduction in the number of older people living in a residential placement, see table 3 below.

Table 3: Number of Residential/Nursing placements at End of each Month (EoM) (April 2008 to January 2013)



³ Local Government Futures' study – *Social Care in London and England – Expenditure and Needs* – February 2010

⁴ *Hillingdon Profile* – January 2010

⁵ Source: POPPI (Projecting Older People Population Information System)

14. In the last 12 months LBH have opened two new extra care facilities enabling 97 residents to live in a supported environment. In Addition the council has embarked on a £44m capital investment programme that will enable a further 225 supported living units to be built as an alternative to a long term registered care placement. Phase 1 of this investment will shortly be submitted to the LBH Cabinet for approval which will enable 126 new purpose built units to be completed by 2015 at a capital cost of £27m.
15. Since April 2011 when this initiative was first launched and upto December 2012, 134 people are either no longer living in a registered placement or have been prevented from needing to do so at an annual saving to Adult Social Care of £2.9m. see table 4 below. This has been achieved by the use of new build such as the extra care described above; utilising registered providers and social landlords; and adaptation of general needs housing where appropriate.

Table 4: Adult Social Care Supported Living Summary

Adult Social Care Supported Living Summary						
Client Category	Saving Category	No. Clients	Net Cost Per Week (£)			Annual Net Saving
			Before	After	Saving	
Older People	Cashable	32	8,395.92	3,325.80	(5,070.12)	(264,355)
Physical Disability		15	15,792.77	9,189.67	(6,603.10)	(344,285)
Learning Disability		36	56,598.15	27,634.83	(28,963.32)	(1,510,147)
Mental Health		10	8,360.70	3,813.61	(4,547.09)	(237,085)
Total Cashable		93	89,147.54	43,963.92	(45,183.63)	(2,355,874)
Older People	Preventative	28	11,423.99	3,673.95	(7,750.04)	(404,087)
Physical Disability		3	2,792.99	2,203.01	(589.99)	(30,761)
Learning Disability		7	8,050.00	6,793.91	(1,256.09)	(65,492)
Mental Health		3	2,482.92	1,913.33	(569.59)	(29,698)
Total Preventative		41	24,749.91	14,584.20	(10,165.70)	(530,039)
Total Savings		134	113,897.45	58,548.12	(55,349.33)	(2,885,914)

Financial details (and timescales):

Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed)

Year(s)	Amount	Capital	Revenue
2013/14	£3,726,297	nil	£3,726,297

Please state the evidence you will use to indicate that the purposes described at questions 1 & 2 have been secured.

16. The key performance indicators to be used are:

1. increase in number of clients entering reablement when compared with same period last year
2. reduction in number of repeat hospital admissions
3. increase in number of people discharged from hospital still at home after 90 days.

4. further reduction in delayed transfers of care for both acute and non-acute services
5. % of clients who no longer require ASC support following reablement
6. % reduction of ASC support post reablement
7. % of Personal Budgets established for ASC clients following reablement
8. shift in balance between long term (ie permanent) and short term (eg respite / interim / intermediate etc) Adult Social Care residential / nursing placements
9. number of ASC high cost packages reviewed
10. number of (fye) District Nurses involved in reablement
11. increase in number of new TeleCareLine packages established when compared with the previous year
12. number of ASC clients relocated from residential care to community based support
13. % of high cost packages relocated to community based support
14. % of high cost packages reduced; and fye value of reduction

The proposed monitoring arrangements are as follows:

17. Officers from both LBH/CCG will work closely together as an operational management team to enhance existing services to deliver above outcomes. This will include a team based at the local hospital to support discharge planning and ensure the appropriate packages of care are in place.
18. A joint senior level LBH/CCG project team will be established to meet monthly to review progress and a report made to the Health & Wellbeing Board.

Signed

MOS
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for NHS Commissioning Board

COO
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Position

30/5/13
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Date

Signed

Mr Sandhu
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for London Borough of Hillingdon

Corporate Director Social Care Hillingdon
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Position

30/5/13
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Date