

Adult Social Care in Hillingdon

Linda Sanders

Corporate Director of Social Care, Health & Housing
London Borough of Hillingdon



HILLINGDON
LONDON

Introduction

- a bit about me
- The Hillingdon context



HILLINGDON
LONDON

Outline of presentation

- What is the statutory role for Adult Social Care?
- Adult Social Care, Health & Housing strategy
- Personalisation
- Assessment and support planning
- Reablement
- TeleCareLine
- Supported Housing



The national picture for Adult Social Care

- Across England, Adult Social Care is the largest portion of a council's discretionary spend - over 25% on average
- Overall, more people work in social care (1.5 million) than in the NHS (1.4 million)
- 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
- 70,000 more working age adults will have potential care needs by 2014 and 300,000 more over the next 20 years
- In 2005, nearly 700,000 people in the UK had dementia. By 2015 this number will have almost trebled nationally. In Hillingdon, this will mean 2,694 people



Statutory role

- Overseen by the Director of Adult Social Services (DASS), ASC has the legal responsibility for delivering:
 - Community care assessments of adults with social care needs, their carers and their families - including the application of Fair Access to Care Services (FACS) criteria
 - Assessments for NHS patients who need community care services in order to be discharged safely from hospital
 - Local needs assessments, ensuring availability and delivery of a full range of local authority services
 - Leading the application of multi-agency safeguarding procedures for vulnerable adults
 - Delivering an integrated whole systems approach to supporting communities; and
 - Promoting social inclusion and wellbeing.



ASCH&H Mission

“For residents to have the choice and control to live safe, healthy, independent lives in supportive local communities.”



HILLINGDON
LONDON

Supporting principles (1)

ASCHH embraces the enabling role of local councils through the following 5 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



Supporting principles (2)



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



HILLINGDON
LONDON

Adult Social Care Strategic Priorities

Services are developed according to the 3 strategic priorities at the core of the department's transformation:

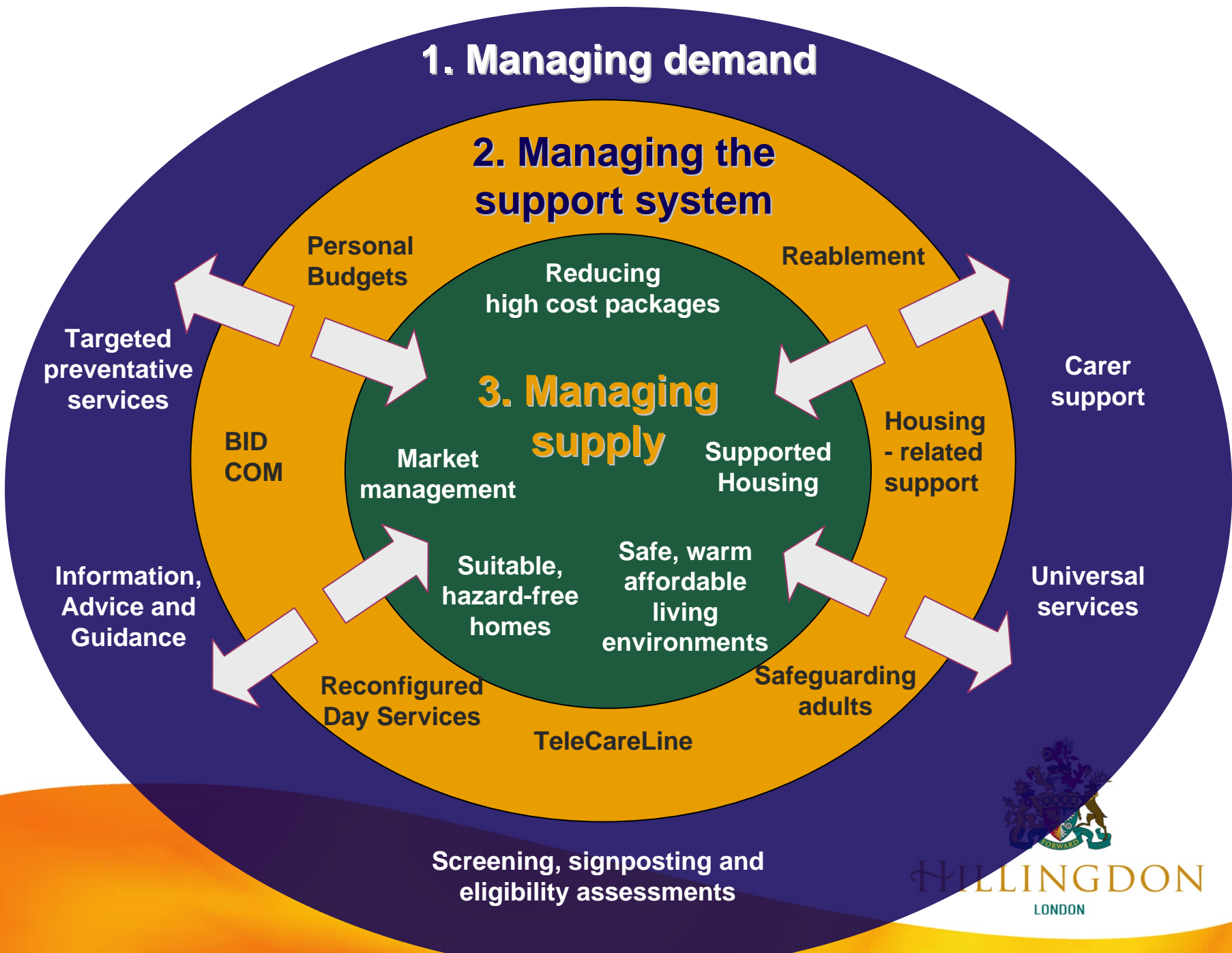
1. **Managing demand:** keeping residents independent, investing in preventative services to stop or significantly delay residents from requiring ongoing social care or becoming homeless or in housing need
2. **Managing the support system:** efficient and effective in-house provision that is reablement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



1. Managing demand

2. Managing the support system

3. Managing supply



Adult Social Care, Health & Housing (ASCHH) - London Borough of Hillingdon

- ASCHH as a directorate has ca. 1300 employees, from Adult Social Care, Housing, and Hillingdon Housing
- Services are provided to thousands of vulnerable people in Hillingdon

Overall budget	Gross	Net
Adult Social Care	£85.7m	£63.9m
Housing	£174.6m	£11.4m
Housing Revenue Account	£51.6m	



Adult Social Care & Housing gross budget

Older people	£39.5m
Learning disabilities	£31.3m
Physical & sensory disabilities	£9.2m
Adult mental health	£5.7m
Housing Needs	£25.7m
Housing Benefits	£148.9m
Total	£260.3m
Also included in above totals ...	
Other adults (substance misuse, HIV/AIDS)	ca. £400k
Adult social care and housing-related support commissioning (third sector, etc)	£7.8m



Statistics: ASC in Hillingdon

The Adult Social Care service in figures:

- Over 2009/10, 5769 clients received direct ASC support
- The needs of a further 1484 were attended to at or near the point of contact
- 3355 individual referrals for assessment were received and managed
- Of these new assessments, 216 were referred from primary health/community health including GPs
- 547 referrals were received from secondary health (A+E, hospital OT, ward, hospice, etc)



HILLINGDON
LONDON

Partnership working with health is at the centre of the new vision for social care

Principle 5: plurality and partnership

“The variety of people’s needs is matched by diverse service provision, with a broad market of high quality service providers. Care and support is delivered in partnership between individuals, communities, the voluntary and private sectors, the NHS and councils ”



HILLINGDON
LONDON

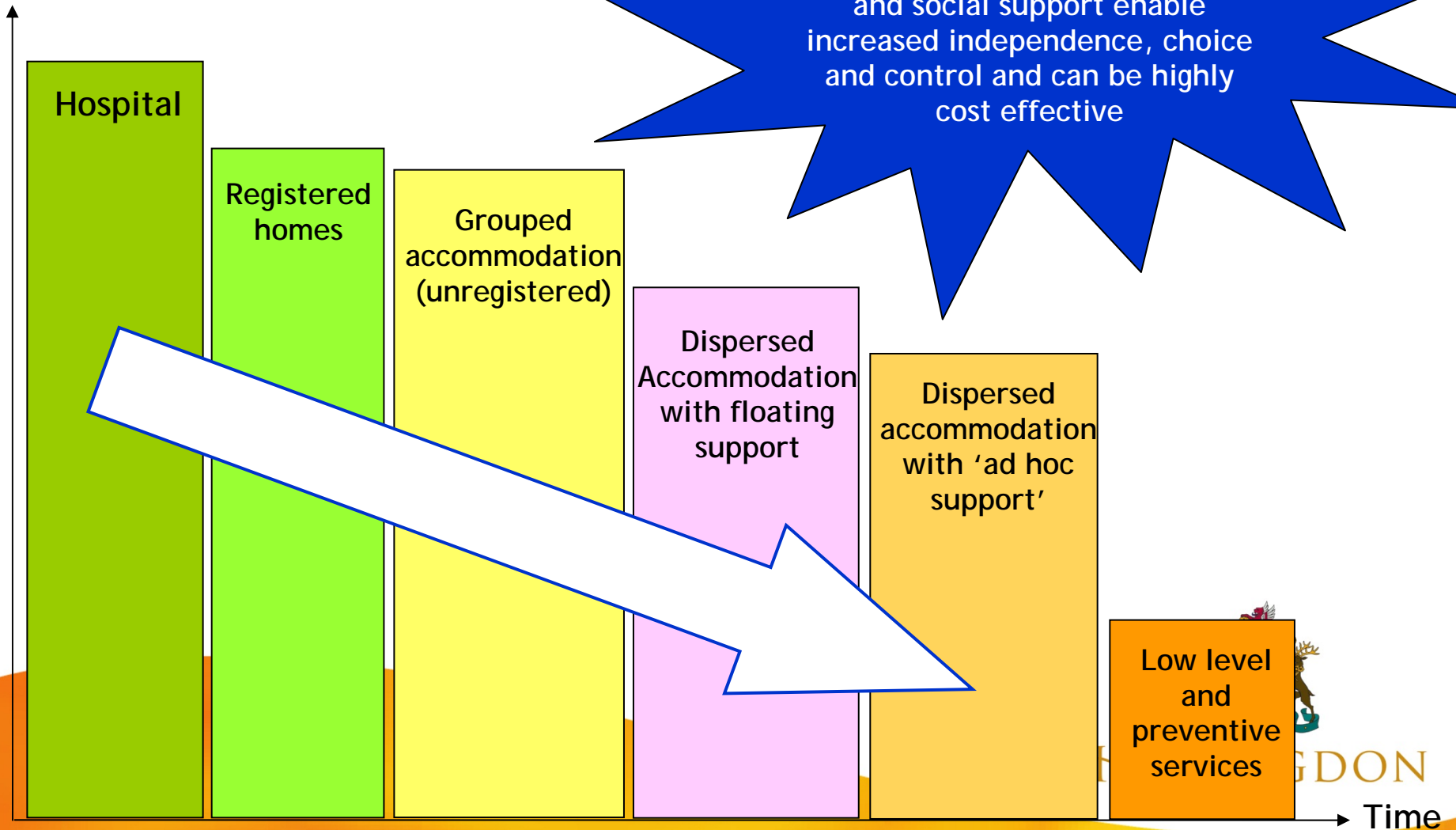
Health & Social Care - Illustrative Case

- A patient living alone with three long-term conditions who was discharged from hospital following a diabetic problem 20 days ago presents to a GP on Friday evening and has no support or food for the week-end... Do you...
 - a) Make a service - send in the practice nurse?
 - b) Share a service - refer to social care
 - c) Buy a service - send back to hospital
 - d) Wait and see - breach 30 day hospital return with ambulance call on Sunday morning



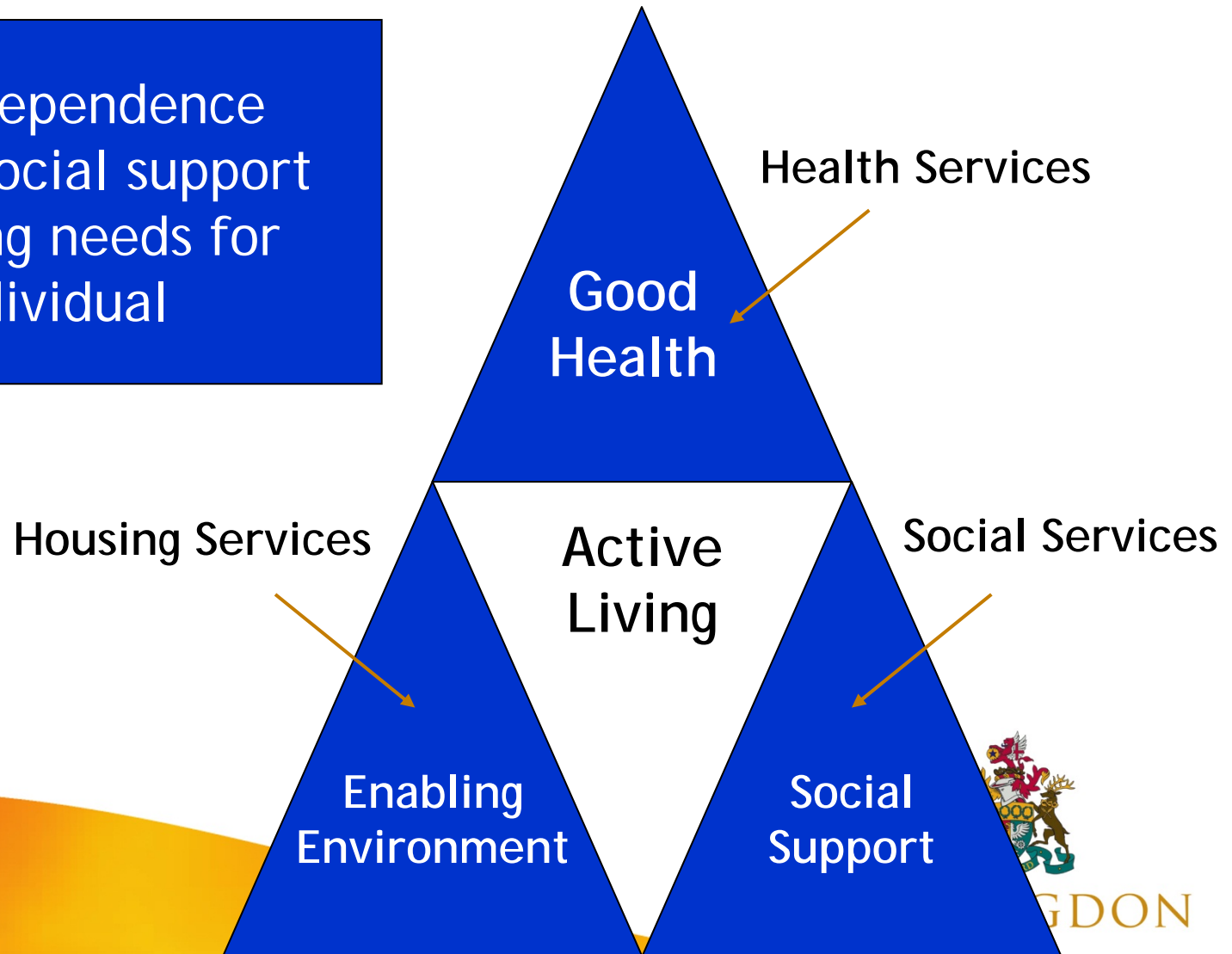
Lowering dependence, increasing independence

Unit cost



The importance of Health

The interdependence of health, social support and housing needs for an individual



A greater role for councils in health

In July 2010, the Department of Health published the White Paper "*Equity and Excellence - Liberating the NHS*". It sets out the future role expected of councils:

1. Leading joint strategic needs assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies - collecting information on our population together with GP consortia in order to design, deliver and purchase the best possible services

2. Supporting local voice, and the exercise of patient choice – taking responsibility for the transformation of the local LINK into HealthWatch

3. Promoting joined up commissioning of local NHS services, social care and health improvement – hosting a statutory Health and Wellbeing Board where joined up commissioning plans for the local area are developed

4. Leading on local health improvement and prevention activity



The White Paper 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



GP commissioning

- Working together to develop new pathways and markets will be essential under the new reforms
- The Department of Health's vision for ASC states:

"A first step in market shaping is for councils, with their NHS partners, to move away from traditional block contracts; increase personal budgets, including direct payments; and support the growth of a market in services that people want."



HILLINGDON
LONDON

GP Commissioning - Illustrative Case

- A family with two severely disabled children moves into town to an adapted house, following the breakdown of the parental relationship...Health, education and social care costs are of the order of £300,000 per annum...does the GP commissioning consortium:
 - Bear the cost and risks itself?
 - Insure against the costs by pooling children's budgets with other consortia and the local council?
 - Buy a cheaper service from a private school in another locality?
 - Seek specialist commissioning resources and advice from the National Board?

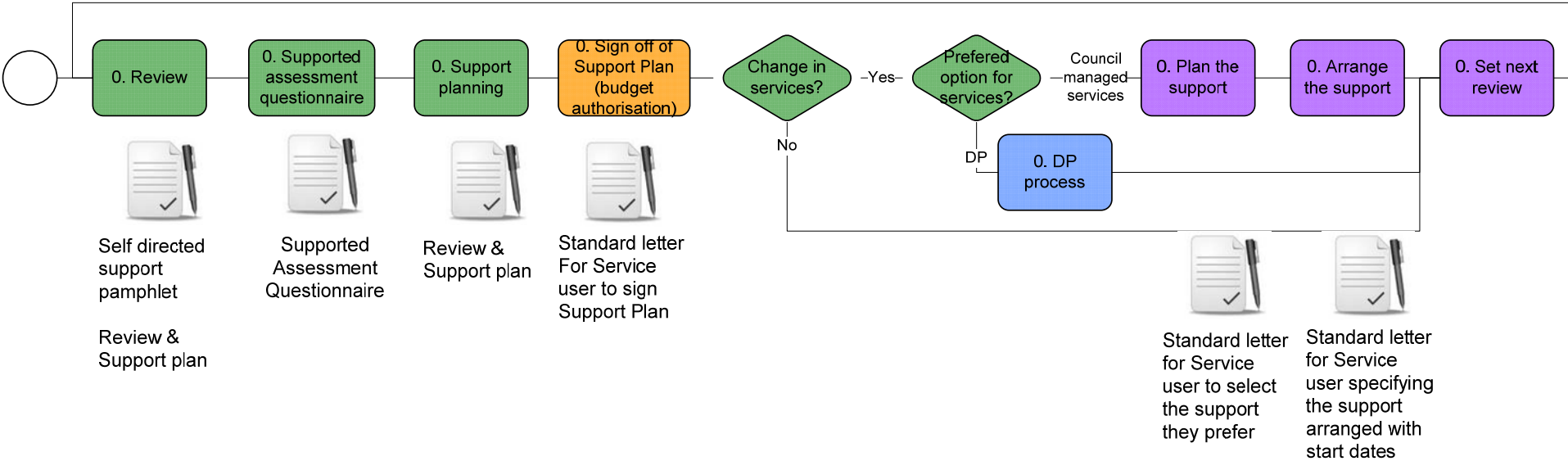


Personalisation

- Personalisation is a key driving force behind adult social care reform
- By April 2013 all social care service users should have access to a personal budget
- The environment for personalisation is built on:
 - A new ASC service delivery model
 - Culture change to support choice and control
 - A well developed external market
 - Strong community networks



The Customer Journey for personal budgets



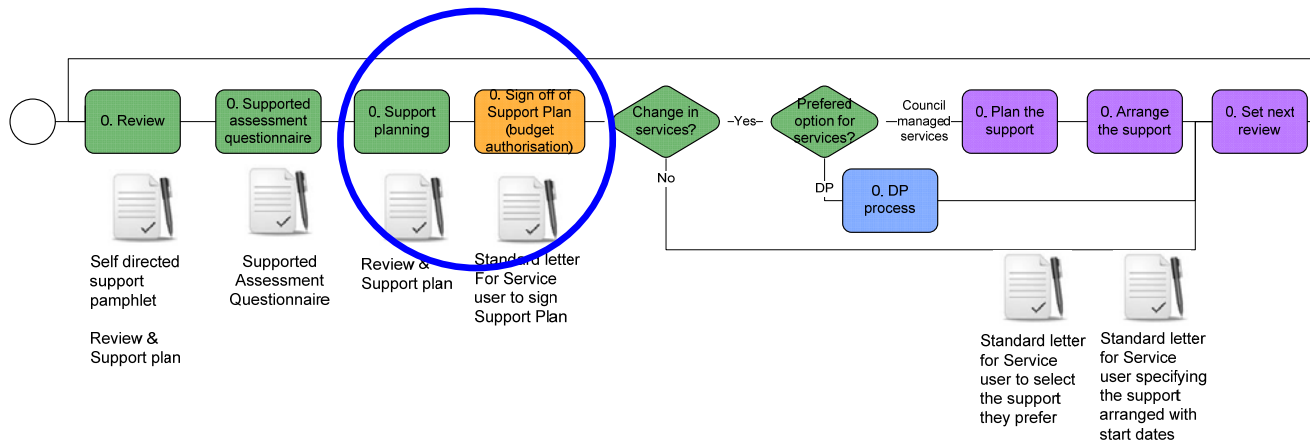
Assessment

- There is a single point of contact for Adult Social Care: Hillingdon Social Care Direct (HSCD)
- HSCD staff signpost, screen and support residents directly
- Assessment for eligibility for social care is carried out by a social worker; there is also a financial assessment
- Supported Assessment Questionnaires (SAQs) are used to determine indicative Personal Budgets



Support Planning (1)

- Support planning is central to the Personal Budgets process



- It is the main mechanism through which users access choice
- Support plans include the user's core outcomes and the package of support tailored to their individual needs



Support Planning (2)



Support plans are built around:

- A person-centred approach
- Creativity and flexibility are important; as are...
- Risk assessment and contingency planning
- This is a conditional resource entitlement - activities must meet the required outcomes
- Support plans are signed off by the council



Personalisation - Illustrative Case Study

Case

- Mr and Mrs L are an older couple living in a quiet road close to the local bus route. Mrs L has been caring for her husband since 1995, when he had surgery for a triple bypass. As a result of the surgery, he has severe memory problems and sudden and acute episodes of collapse when paramedics need to be called. Mrs L has found herself increasingly reluctant to leave her husband on his own, even for short shopping trips.
- Last year, when her husband was in hospital, the doctor recognised the stress Mrs L was under and referred her husband to Adult Services for assessment. The social worker suggested a personal budget as she felt it would give Mr and Mrs L the flexibility they needed.



HILLINGDON
LONDON

Personalisation - Illustrative Case Study (Cont.)

The personal budget:

- Provides four hours of support from Crossroads, to enable Mrs L to do her shopping and also to have time for herself.
- One day a fortnight provided by a local agency to enable Mrs L to have a day's respite and for care to be provided for Mr L, a meal cooked for him and assistance with the housework. On this day Mrs L is often taken out to lunch by her daughter and has also been able to use it to visit her sister who lives in Hampshire.
- Other hours are saved up for periods of respite as required. Mrs L has just had knee surgery and Mr L received respite care from a local service that he likes.



Reablement

- Reablement is a time-limited period of support for people who have reached a critical point, where their independence is threatened and who are at risk of requiring ongoing statutory services
- In Hillingdon, we have introduced a new Reablement Service
- Good practice indicates that 50% of those who have received reablement do not require ongoing social care services after a period of six weeks
- This is key to delivering on hospital priorities: helping to prevent readmissions within a 30-day period



Reablement - Illustrative Case Study

Case

- For 11 years, Margaret cared for her husband who lived with Parkinson's disease at home. When Margaret fractured her ankle he was admitted to a care home. Following his death Margaret suffered another fall in which she badly bruised her left arm and shoulder. This knocked her confidence and resulted in her spending most of her time in bed, relying on the support of her niece.
- From being someone who was able to do her own shopping and cleaning, she found it increasingly difficult to dress and wash herself, as well as cope with domestic tasks. She found it hard to eat and drink making it difficult for her to maintain her weight, which affected her general wellbeing.
- Margaret had not personally received any support from Adult Social Care before, but wanted to regain her independence by being able to shower and prepare her own meals. Her aims were to increase her appetite and improve her mobility and strength.



Reablement - Illustrative Case Study (Cont.)

Outcome

- The Reablement Team worked very closely with health colleagues to improve these aspects of Margaret's life. A dietician provided advice on increasing appetite and weight gain. The physiotherapist provided strengthening exercises and walking equipment.
- The reablement programme focused on personal care, increasing activity and outdoor mobility, so Margaret was able to walk to her local shop. Advice on diet and meal preparation led to an increase in appetite and weight gain. "The team help me want to get better and feel determined to do this," says Margaret.
- At the end of the reablement Margaret returned to washing independently, doing her own cleaning and laundry and going outside with her friend. Margaret has no ongoing care needs.



Telecare

- Telecare is the name given to a range of equipment (detectors and sensors) that will raise an alarm with another person in an emergency
- Often linked to telehealth - a system which enables the management of an individual's health condition remotely or in their own home
- Prioritises individuals' ability to live in the community and reduces residential and hospital admissions
- Both Telecare and Telehealth have led to savings for the health and social care system - the Whole System Demonstrator is likely to validate this this year



Telecare - Illustrative Case Study

Case

- Mrs F, 74, had a stroke at home in December 2008. Mrs F's stroke affected her mobility, resulting in her needing additional carer support around the home. She also suffers from Arthritis and a slow pulse rate.
- Mrs F has a strong support network of friends, but despite this added support, as she lives alone her main concern is that an emergency situation arises where she needs urgent attention and nobody is around to help.
- The hospital discharged her six weeks after her stroke because a full package of telecare support was put in place for her.
- Mrs F now has a variety of different alarms and sensors fitted in her home, such as:
 - Sensors to remind her to turn off the water and the lights if they are left on,
 - a flood detector in the kitchen and bathroom,
 - heat detector in the kitchen,
 - radio pull cord in the bathroom,
 - a medication dispenser, a carbon monoxide detector and
 - a pendant she wears around her wrist.



HILLINGDON
LONDON

Telecare - Illustrative Case Study (cont.)

Outcome

- “TeleCare has made such a difference to me. I used to leave the water and lights on and the windows open, sometimes I would even leave the cooker on. But now TeleCare reminds me to turn all of these things off” said Mrs F.
- “Once I forgot to take my medicine because my sister was visiting from America, and the medicine dispenser started beeping. I was thinking to myself “What is going on?” and then I heard my phone ringing and I knew it was the TeleCare team. They asked me if I’d taken my tablets and advised me to take them right away.”



HILLINGDON
LONDON

TeleCareLine

- New service that will be free for the 85+ and Adult Social Care service users (subject to a financial assessment)
- Funded through section 256 agreement with the PCT as part of an overall approach to reablement
- Up to 3,000 residents will benefit from TeleCareLine over four years
- The implementation of telecare in North Yorkshire resulted in an average saving of £3,654 per adult social care service user, or a 38% reduction in costs



Supported Housing

- Supporting the independence of the people who use social care
- Shifting from the predominant use of residential care to supported housing
- Plans are being drafted to bring 440 new units on stream in the next four years

Shifting spending from residential care to supported housing

	Where we are now	Target for 2015
Learning disabilities	67%	15%
Physical and sensory disabilities	42%	13%
Older people	50%	40%
Mental health	33%	13%



NO PARKING
ANY VEHICLES
BEYOND THIS
POINT



Supported Housing - Illustrative Case Study

Case

- E is a young woman, 24, who has severe learning disabilities and requires personal assistance during the day and at night but not during sleeping hours. She suffers from epilepsy.
- Since leaving college she initially lived at home with her mother. When her mother's health deteriorated it became clear that living at home was no longer an option.
- Although a place was available in a residential home locally, both she and her mother were insistent they did not wish to move into the home.



Supported Housing - Illustrative Case Study (Cont.)

Outcome

- Through the support planning process with Adult Social Care, E was enabled to move into a Supported Housing flat. Her Mum comes to stay with her one night a week.
- E also took a Direct Payment as part of her Personal Budget and now employs her own personal assistants so she has flexible help in the day and at night. As a result, her independence has grown and she is better able to manage her life.



HILLINGDON
LONDON

What else would you like to know?

A chance to ask your questions



HILLINGDON
LONDON