

<b>Public Accounts Select Committee</b>		
Title	Adult Social Care Budget	
Contributor	Executive Director for Community Services/Executive Director for Resources	Item 4
Class	Part 1 (open)	07 November 2018

## **1. Purpose**

1.1 In conjunction with consideration of the next round of savings proposals, the Committee has requested updated information about the current cost pressures on the Adult Social Care (ASC) budget. This report provides a summary of the statutory context for Adult Social Care and an overview of the following :

- The budget for 18/19 (Section 5)
- Expenditure on care (Section 6)
- Pressures and trends (Section 7)
- Savings (Section 8)
- Benchmarking (Section 9)

## **2. Recommendations**

2.1 Members of the Public Accounts Select Committee are asked to note the content of the report.

## **3. Background**

3.1 On 13<sup>th</sup> July, 2017 members of the Committee raised their concerns about the scale and direction of travel in respect of the ASC budget and the impact this has on the Council's decisions regarding future savings. The committee considered a report on the budget at its meeting on 27<sup>th</sup> September 2017. The Committee suggested that there may be innovative ways of working with other boroughs to improve efficiency and deliver better outcomes for residents and asked that Mayor and Cabinet task officers with considering cross borough strategies for the provision of long-term residential and nursing care. The officer response was considered by Mayor and Cabinet on 10<sup>th</sup> January 2018.

## **4. Policy Context**

### Statutory Requirements: Care Act 2014

- 4.1 The Care Act 2014, provides guidance as to how a Local Authority should go about performing its care and support responsibilities for those with care needs and their Carers. The overall challenge set out by the Act is to promote wellbeing and independence of the whole adult population by working collaboratively with Health.
- 4.2 The Council has a duty to provide the public with a wide range of information and advice regardless of whether individuals are eligible for a social care assessment.

- 4.3 The Care and Support (Eligibility Criteria) Regulations 2014 sets out the eligibility threshold for adults with care and support needs and their Carers. The threshold is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. Where local authorities have determined that a person has any eligible needs, they must meet these needs.
- 4.4 The Care Act 2014 is a national criteria that gives local authorities a legal responsibility to provide a care and support plan. The care and support plan should consider what the person wants to achieve, and what they can do by themselves. The support plan must include a personal budget which is the money the Council has worked out it will cost to arrange the necessary care and support for that person.

## 5. The Budget

- 5.1 The net adult social care budget is for 18/19 is **£71.219m**.

	£m
Employees	16.52
Premises	0.401
Transport	2.227
Supplies & Services	4.866
Third Party Payments (packages & placements)	70.161
Transfer Payments (Direct payments)	13.766
<b>Gross</b>	<b>107.941</b>
	£m
Government Grants	(12.658)
Other Reimbursements*	(13,032)
Fees & Charges	(11.032)
Income	(36.722)
<b>Net</b>	<b>71.219</b>

\* Other reimbursements includes Better Care Fund and improved Better Care Fund as well as income for Funded Nursing Care.

NB: These figures exclude £12.8m expenditure and income for Continuing Health Care (CHC) packages and placements paid by the Council on behalf of the CCG.

Current financial position: Movements in budget since 2017/18

- 5.2 The budget is £2.3m higher than 2017/18 (excluding iBCF). The changes between years are as follows:

	£m
Base	68.837
16/17 Reserve carry forwards - budget adjustment	(0.015)
Non-salaries inflation net	0.698
2018/19-Previously Agreed Savings	(0.536)
Budget realignment	0.062
Business Support - Transfer of posts back to Directorates	0.766
ASC Precept	1.001
Pay inflation	0.406
<b>Total</b>	<b>71.219</b>

Overspends

- 5.3 At period 6 no net variance is projected on adult social care budgets. This is an improvement on the 2017/18 position when the budget overspent by £0.8m.
- 5.4 The balanced position assumes underspend of the one-off Adult Social Care Support Grant and also assumes that some of improved Better Care Fund is used to support the additional costs to the Council associated with earlier discharges from hospital.

Use of new funding

- 5.5 Adult social care budgets have been supplemented in 2018/19 by an increase in Improved Better Care Fund from £7.5m to £10.4m. The additional resource has been used to fund the following:

Expansion of the Discharge to Assess (D2) scheme	£0.4m
Inflation on contracts	£1.4m
Increase costs of transition from CYP	£0.7m
Other demographic growth	£0.43m
Contingency	£0.3m
Reduction in funding to offset savings	(£0.4m)

- 5.6 The Adult Social Care Support Grant is £0.855m. This is being used to address base budget pressures.
- 5.7 Adult Social Care precept (agreed locally at 1% = £1.001m). This is being used to fund annual provider rate increases.
- 5.8 The iBCF is principally used to address volume and other pressures allowing the service to continue to support the pressures experienced within the local health system.
- 5.9 A further investment of 1.36M has been announced as the allocation for Lewisham to further support the cost pressures associated with winter pressures and hospital discharge.

## 6. Expenditure on care

The primary support needs and the associated costs for care and support are set out in the table below:

### Weekly costs 18-65

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	72,079		5,914	7,575	231,913	3,691
Non-residential	96,145	2,910	2,861	6,427	311,209	6,665

### Service user numbers 18-65

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	65		4	7	135	25
Non-residential	353	17	14	13	476	4

### Unit costs 18-65

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	1,109		1,479	1,082	1,718	148
Non-residential	272	171	204	494	654	1,666

### Weekly costs 65+

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	250,760	1,966	32,672	37,483	23,761	5,073
Non-residential	307,864	4,347	21,857		11,506	5,423

### Service user numbers 65+

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	349	3	45	53	22	6
Non-residential	1104	14	68	51	41	31

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### **Unit costs 65+**

	Physical support	Sensory	Memory & Cognition	Mental Health	Learning Disability	Social Support
Residential	719	655	726	707	1,080	846
Non-residential	279	310	321	226	814	175

Appendix 1 provides detailed profiles on the typical packages of care we would provide to Service Users, both by client type and cost bandings.

## **7. Pressures and Trends**

- 7.1 Although there has been a reduction in terms of the numbers of people requiring care and support. The combination of the following areas of pressure has meant that spend has increased:

### Increased costs

- 7.2 Increases in the unit cost of care. Typically, rates for home care have increased by 3-4%, reflecting the increase in the London Living Wage / National Living Wage. Social care services are largely delivered by carers paid at, or close to living wage rates. These increases add approx. £3m per annum to the budget.

### Demographic change

- 7.3 Demographic changes, especially transition. Each year, there is an increase in numbers and complexity of need regarding the young people with special educational needs and disabilities (SEND) who transfer to the adult social care budget. The number of young adults with complex disabilities transitioning from Children's Services continues to increase, year on year. Lewisham has the 4th highest Autism level in the U.K. This is materialising as a demand/ pressure as there is also an increase in the number of families with more than one sibling with autism, learning disability or ADHD diagnosis making increasing difficult for families to cope.
- 7.4 The estimated total number of adults with a learning disability aged 18 to 64 in Lewisham is estimated at 1,120, and this is projected to rise to 1,190 in 2020. Currently, 755 people with a learning disability are receiving services funded by Lewisham Council.

### Hospital Discharge

- 7.5 National pressures on the NHS has meant that there is an increase in numbers of people requiring an assessment following a stay in hospital. Hospital admission and readmission rates for older people are higher in Lewisham than the overall rate for England. Hospital Discharges has increased from an average of 270 – 320 per month. In addition, the length of stay in hospital is shorter and people are identified

for discharge sooner, resulting in the need for more intensive and expensive packages of care.

7.6 Approximately a quarter of adult population aged 65 plus in Lewisham attended accident and emergency (A&E) in the last three years. Almost 70% of people aged 90 or over are likely to be admitted to hospital when they attend A&E.

7.6.1 The numbers of patients on the Ready for Discharge (RFD) list have fallen from 55 to 8 per week since last year. The target for Lewisham is to have 14 or fewer patients on the RFD at any one time. Assuming an average residential or intensive home care cost of £500 p.w. this accounts for an additional cost to the council of approx. £1m per year.

#### Mental Health

7.7 Mental Health and Dementia: Lewisham has a higher proportion of people with serious dementia problems than neighbouring areas. The table below has been produced by Southwark Public Health Team and identifies the expected growth in the numbers of adults with Serious Mental Health and Dementia conditions between 2016 and 2026.

Borough	Diagnosis	2016		2021		2026		% Change 2016-26	
		<65	65+	<65	65+	<65	65+	<65	65+
Southwark	Dementia	136	1646	170	1837	193	2101	42%	28%
	Serious Mental Illness	3061	482	3357	549	3535	652	15%	35%
Lambeth	Dementia	141	1729	170	1935	196	2228	40%	29%
	Serious Mental Illness	3836	597	4105	677	4279	803	12%	35%
Lewisham	Dementia	159	2250	195	2455	223	2773	40%	23%
	Serious Mental Illness	3118	576	3362	634	3513	738	13%	28%
Croydon	Dementia	311	4775	355	5330	408	6196	31%	30%
	Serious Mental Illness	3382	846	3524	935	3645	1069	8%	26%

### Long term conditions

- 7.8 Of the Adult population, 29% of residents have a long-term condition and 11.2% have two long term conditions who may require on going care and support.

### Deprivation of Liberty Safeguards

- 7.8.1 There has been a year on year increase in requests to carry out statutory assessments of Deprivation of Liberty (DoLS), in 16/17 we carried out approximately 800 assessments, in 17/18 we are forecasting for this to rise over 1000, this will cause a further budget pressure of 200k on the existing 500k cost pressure that this new statutory duty presents.

## 8. Savings

- 8.1 As adult social care is the largest General Fund service the council will inevitably seek savings from the service as part of its budget strategy. Despite some relative protection the savings sought from the service have been considerable. Since 2011/12 savings totalling almost £30m have been taken from the adult social care budget with a further £4m being considered in the current budget round. The table below provides the year on year level of savings made or proposed since 2011/12.

<b>Year</b>	<b>Savings Made / Proposed</b>
11/12	2.9m
12/13	2.0m
13/14	3.5m
14/15	6.8m
15/16	7.5m
16/17	2.8m
17/18	4.1m
18/19	0.3m
19/20	2.1m
20/21	2.0m
<b>TOTAL:</b>	<b>33.9m</b>

- 8.2 Officers are drawing up detailed plans for achievement of the savings proposed for 2019/20. Progress on achievement will be reported as part of regular revenue monitoring in that financial year.

### Our approach to cost control and savings

- 8.3 We have adopted the Local Government association (LGA) framework to achieve efficiencies in adult social care by further refinement to the following:

- **Our approach to assessment**, which is community and asset based, taking into account what a person can do for themselves including the network of support that can be accessed from within the community.
- By making use of **prevention and short term targeted support**. This can be applied to a range of presenting enquiries and needs and can often delay and /or reduce the need for longer term care. For some people, good advice and information is sufficient to maintain health and well-being. This includes access to equipment including assistive technology to support independence. Short term reablement with a focus on recovery following a crisis is more appropriate to those people who may have had a hospital admission or to further prevent deterioration and promote independence.
- **A joined up approach** across health, mental health, social care, housing and with care providers. Our ambition is to reduce duplication, be responsive to the needs of our residents at an earlier stage so that we can promote every opportunity for good health and well-being and reduce the need for long term care and support whenever safe and appropriate.
- **Commissioning and developing a robust market place** that can respond to a range of needs with services that are of a high standard and are cost effective. We are reshaping some of our provision in order to provide a more personalised offer that supports people to remain within the community wherever possible.
- **Improving our approach to support young people who transition** from children's services to adult social care. The demographics of the borough are challenging in relation to effective transitions with a younger population, a more diverse background and higher than average levels of deprivation compared to the rest of England. We are working on a whole system approach to transition with a focus on improvements and good practice.
- **Applying resources proportionately and accurate charging**. There is good oversight in place to complement the asset based approach to assessment. There are panels in place monitoring expenditure for care provision.

8.4 We are seeking to expand two areas of provision in 2019/20: Personal Assistants (employed by recipients of direct payments) and Shared Lives as an alternative to residential care. We are also exploring the possibility of converting some registered residential provision to supported accommodation.

8.5 We have been working with colleagues in Customer Services, Finance and Transformation/Digital to develop an interface between Controcc and Accounts Receivable. This will allow bills to service users to be amended each billing period to reflect any changes in the level of care received and any changes in the financial circumstances of the service user. We also work with the CCG to ensure that all cases meeting Continuing Health Care criteria are identified promptly and that financial responsibility is transferred to health where appropriate.

## 9. Benchmarking

- 9.1 Adult Social Care is able to benchmark with other neighbouring Local Authorities in regards to their Adult Social Care budgets and spend per head of the local adult population. A recent benchmarking exercise has been completed by the Association of Directors of Adult Social Care (ADASS), the results were received in August 2018, and as shown in the table below, Lewisham, 17/18 had 2<sup>nd</sup> lowest net budget and outturn. Lewisham's spend per head of population again was the second lowest, with only Bromley spending less.

ADASS Budget Survey Aug 2018							
		Budget and Outturn (£m)			Per Head of Population 18+		
London Borough of:	Adult Population	17/18 budget	17/18 outturn	18/19 Budget	17/18 budget	17/18 outturn	18/19 Budget
Camden	201,400	83.3	82.2	90.5	£413.45	£408.21	£449.42
Greenwich	211,800	69.6	73.1	77.4	£328.41	£345.09	£365.55
Hackney	211,000	86.3	89.7	88.8	£409.11	£424.91	£420.91
Islington	191,400	68.1	74.6	70.3	£355.94	£389.58	£367.32
Lambeth	260,800	87.1	87.1	81.5	£334.14	£334.14	£312.66
<b>Lewisham</b>	<b>230,800</b>	<b>68.8</b>	<b>70.6</b>	<b>70.9</b>	<b>£298.25</b>	<b>£306.05</b>	<b>£307.03</b>
Southwark	247,700	87.3	87.3	102.3	£352.53	£352.38	£413.14
Bromley	254,300	0.0	0.0	70.7	£0.00	£0.00	£277.91
Haringey	211,300	86.5	89.5	85.2	£409.20	£423.48	£403.20

- 9.2 Other benchmarking data available to us highlights on some client groups, we spend more than our comparators in particular Learning Disabilities and Younger Adults with a Physical Disability. These are areas where there are focused pieces of work being undertaken to understand why our cost of care is higher for these service users.

### 9.2 Cost of Care and benchmarking

The most detailed return is the Adult Social Care Finance Return (ASC- FR) submitted in July with a second submission in late August. Full data is only published in November so comparative analysis for 17/18 is not yet available. However, we have the analysis completed on the 16/17 returns. This is summarised in Appendix 2.

## 10. Financial implications

- 10.1 The financial implications are contained in the body of the report.

## 11. Legal implications

- 11.1 There are no further legal implications arising from the report, save that specific budget proposals may require further reports with legal implications as to the process and proposals.

- 11.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 11.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
  - Advance equality of opportunity between people who share a protected characteristic and those who do not.
  - Foster good relations between people who share a protected characteristic and those who do not.
- 11.4 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.
- 11.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/>
- 11.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
1. The essential guide to the public sector equality duty
  2. Meeting the equality duty in policy and decision-making
  3. Engagement and the equality duty
  4. Equality objectives and the equality duty
  5. Equality information and the equality duty
- 11.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>

## **12. Crime and Disorder Implications**

12.1 There are no specific Crime and Disorder implications arising from this report and it's recommendations.

## **13. Equalities Implications**

13.1 There are no specific Equalities implications arising from this report and it's recommendations.

## **14. Environmental Implications**

14.1 There are no specific Environmental implications arising from this report and it's recommendations.

### **Background Documents**

If there are any queries on this report please contact Joan Hutton, Head of Adult Social Care (Tel: 020 8314 8364) or Robert Mellors, Group Finance Manager on 020 8314 6628

# The Cost of Adult Social Care

## How money is spent profiles

The information below is intended to inform Members on how the £68m net Care budget in 2018/19 is being spent.

Adult Social Care supports over 3000 service users at any point in time during the year. Service users are banded into four main categories, this links to the Department of Health coding that we are required to use for our statutory returns and benchmarking:

- Older Adults
- Adults 18-64 with a Physical or Sensory disability
- Adults with Learning Disabilities
- Adults in need of Mental Health Support

The information provided below sets out by Service User type, the weekly cost of a care package, how many people in that group receive this type of care, and a typical type of care a person might receive for that weekly cost.

## Older People Case Examples

<b>Diverting People at the Front Door</b>	
No Cost	
<p>Levi, age 78, with a progressive long term health condition, and failing mobility was referred to adult social care by the warden of his sheltered housing property due to issues with personal hygiene and general coping. The warden already helped do his weekly shopping, so this was not a problem.</p> <p>After speaking to Levi on the phone, it was decided that a visiting officer from the front door of adult services would pay a visit with the warden to see what could help.</p> <p>On arrival it was clear that Levi was having difficulties as he was looking unkempt and there was an odour, likely due to the dirty clothes he was wearing. The flat was untidy, and ashtrays were full. Levi was a heavy drinker and there were a few empty cans around the flat. He said that he wanted to continue with his drinking and had been offered detox support in the past. He had a microwave and cooked ready meals in that, but said he generally had a poor appetite</p> <p>It was clear he was sleeping on his sofa as all his bed clothes were placed there. In discussion it was clear he considered this to be normal.</p> <p>He had no family living locally and rarely had contact from anyone apart from the warden there was no one else to help. The other tenants complained if he attended the communal activities so relations here were not good.</p> <p>Levi was fully aware of his situation and following the chat, a few suggestions were offered. He said that he would prefer to be left alone but he did agree that the warden could help him make a claim for attendance allowance - (thought likely to receive the higher rate due to his poor health and failing mobility). He said with that cash the warden could help him find some domestic help to help with his laundry and cleaning the flat. The officer called the DWP to start the attendance allowance claim request and gave some numbers of local agencies who could help with domestic support. The warden agreed to come up with a plan around the</p>	

communal laundry area so that he did not have to wait around for its use. Both he and the warden knew to contact if the situation changed.

Six months on and the situation is still stable as there has been no further contact.

Care Cost Per week	Number of Service Users receiving this level of care
Up to £200	556
<p>Martha is 78 and has suffered from osteo-arthritis for 7 years. Recently she has received a double hip replacement for which she receives 4 week enablement to regain her mobility. At week 4 Martha was able to walk with the support of 1 person, but therapists agreed there was no further improvement to be made owing to arthritis in the spine.</p> <p>Martha is now able to walk short distances with a frame and the support of 1 person in the home, but needs a wheelchair when she leaves the house. Martha receives 3 calls a day from Carers, 45 minutes in the morning to shower, dress, toilet, oversee medication, prepare breakfast and a flask of tea, make the bed and tidy bathroom after shower. A 30 minute call at lunchtime, to support Martha to go to the bathroom, prepare a microwave meal, refill flask and wash up breakfast dishes. Again, another 30 minute call in the evening to support Martha back to bed, change clothes, toilet, make a drink and lock up.</p> <p>Martha's daughter-in-law visits every day at tea time and supports Martha with going to the toilet and the preparation of a sandwich for tea. She also carries out all Martha's shopping and paying of bills, but due to working full time and having a family cannot help with housework, so added to Martha's care package is 30 minutes per week for housework and change of bedding.</p> <p>Martha was keen to get back to playing bingo once a week, where she could meet up with her friends. This was one of the goals she chose for herself at the outset of her rehabilitation. Now able to walk short distances, and using the help of Community Connections, a volunteer driving befriender was found who went weekly with her to the local bingo hall.</p> <p><b>Weekly Care Package</b></p> <p>Mornings 45 min x 7 days  Lunch 30 mins x 7 days  Evenings 30 min x 7 days  30 min domestic x 1 day</p>	

Cost Per week	Number of Service Users receiving this level of care
£201 - £500	470
<p>George is 87 and lives with his 86 year old wife Ellen. George was diagnosed with dementia a year ago, but 3 months ago had a major stroke. George is no longer</p>	

mobile, able to wash or feed himself, and is also incontinent. Ellen has her own medical problems, but wants George to remain at home as long as possible. Their son and daughter have agreed to support mum and dad as much as possible.

George now needs the support of 2 carers at each call to move and transfer George. George now receives 4 calls a day from carers. In the morning one carer is booked for 45 mins to provide personal care, showering, changing of bed, feeding. The second is booked for 30 mins to support the first carer with personal care, showering and changing bed. Ellen is very slow in the mornings due to her health conditions, but prepares the breakfast and medication while the carers make George comfortable.

Lunchtimes both carers visit for 30 mins, toilet, change and reposition George into his chair and give medication. Ellen makes Georges lunch and feeds him.

Tea time, both carers visit for 30 mins, toilet, change and reposition George back into bed. Again Ellen feeds George and gives him his medication.

Evening both carers visit for 30 mins, toilet, change, and prepare George for the night.

George and Ellen's son and daughter do all the shopping and most of the housework. They accompany both of their parents to hospital and doctor appointments. On Sundays, their daughter accompanies Ellen to church, whilst their son or grandchildren sit with George whilst Ellen is away.

### **Weekly Care Package**

Mornings 1 carer 45 min x 7 days  
 Mornings 1 carer 30 mins x 7 days  
 Lunch 2 carers 30 mins x 7 days  
 Tea Time 2 carers 30 mins x 7 days  
 Evenings 30 min x 7 days

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£501 - £1000	566
<p>Angela is 92 and was diagnosed with Dementia last year. She was not previously known to social services. Her family report that she is now wandering and they have been called by the police twice in the last 2 months as she has been found at the shopping centre late at night in her nightclothes. Angela's family have disconnected the gas cooker as she recently put an electric kettle on the hob and melted it. The fire brigade were called out and they recommended this action. Angela's family do not live locally and they are unable to support her on a daily basis,</p> <p>5 times in the last 9 months Angela has attended hospital as a result of a fall. Three weeks ago she fell and broke her arm in two places. When admitted to hospital she was unkempt and underweight as she had been throwing the food out of her fridge and not eating regularly, although her family had food delivered by Tesco.</p>	

Whilst on the ward she became increasingly confused and incontinent. Without prompting, reminding and encouragement she would not get dressed or eat. The professionals at the hospital along with Angela's family had a 'Best Interest' meeting, and it was agreed that to keep Angela safe she would now need 24 hour supervision.

A placement in a Residential Dementia care home was sourced by Adult Social Care for Angela where she will be supported 24 with all her care needs. This placement will be near her family so that they can visit more regularly.

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
Over £1,000	24
<p>Alec is 88 year old and has lived in a Residential Dementia care home for 3 years. In the last 6 months his vascular dementia has progressed significantly. Alec no longer sleeps at night (Sundown syndrome). Alec now naps a lot but is awake 19 hours per day. When he is awake is looks for his wife who has been dead for 20 years. He calls for her and gets very distressed. He regularly goes into other residents' rooms and takes their belongings or tries to get in bed with them thinking they are his wife. On a daily bases he gets angry and often tries to attack staff and other residents. The residential care home has asked that a new placement be found for Alec as they are no longer able to meet his needs.</p> <p>In discussion with Alec's Son we requested that a Continuing Health Care assessment be carried out by Lewisham CCG. Alec's case was presented to panel and although Alec did not meet the criteria for fully funded care, he was granted Free Nursing Care. It was agreed that Alec's needs would now best be met in a Nursing Dementia care home, and a placement was sourced. Six homes visited but were unable to meet his needs due to his challenging behaviour. The seventh home agreed to take Alec but required 1:1 hours during the night. This was agreed for a period of 3 months with a review arranged to take place to see if the 1:1 support could be reduced once Alec has settled into the new placement.</p>	

## Adults with Learning Disabilities

<b>Cost of Care</b>	<b>Number of Service Users receiving this level of care</b>
Up to £500	256
<p>Jamil is 19 years old and has challenging needs, he is no longer in education. Jamil lives with his parents and 2 siblings who both have challenging needs and attend Drumbeat Special Educational School in Lewisham. Jamil's dad works as a plumber and often works long hours and weekends, and Jamil's mum has a local part time job 4 days a week. Both parents need to work to support the family home. Jamil's parents want to support Jamil to remain at home for as long as possible. Jamil's parents provide all care for Jamil who needs support with personal care, money, travel and social activities. Jamil's mum does all the housework, shopping and laundry.</p> <p>Jamil cannot be left on his own, so his care package consists of 3 days at the in-house Challenging Needs day centre, including borough transport providing a return journey. This allows Jamil's mum to work, and drop off and pick up her 2</p>	

younger siblings from school. On Thursdays, Jamil's uncle looks after him all day and overnight while mum works and gives the family respite.

### Weekly Care Package

3 x day centre  
3 x return journey

Cost Per week	Number of Service Users receiving this level of care
£501-£1000	175

Cassandra is 41 and has Downs Syndrome. Until 18 months ago Cassandra was not known to adult social care. Mum who is 82, contacted us 18 months ago as she was concerned she had been diagnosed with kidney failure and needed to make long term plans for Cassandra, as there is no other family who could support her when mum is no longer around.

Cassandra's mum has always looked after Cassandra, and has supported with personal care and all domestic tasks. Cassandra did not have any skills with daily living, managing money or socialising, other than meeting mum's friends regularly.

We met with Cassandra and mum and carried out assessments to look at long term plans. It was agreed that Cassandra should move into supported living.

6 months ago Cassandra moved into Supported Living accommodation. She now shares a house with 5 other adults supported by live in carers. Cassandra is being taught independent living skills and how to budget. Included in her weekly care costs is 10 hours of socialisation time per week, which allows a carer to accompany Cassandra to go shopping, visit cinemas or leisure centres, attend local community groups or church, and visit mum a couple of times a week as she is now housebound.

### Weekly Care Package

24 hour supported living  
10 hours 1:1 Social Support

Cost Per week	Number of Service Users receiving this level of care
£1000 +	258

Robert is 20 and has Autism and **Cerebral palsy**. He was a looked after child and has a current Education and Health plan. Robert is a "transition young adult" moving from Children's to Adult services. He currently is at a Residential College in Brighton and is expected to stay at college until he is 24.

The cost of the College fees is paid for by Education, and the cost of his 24 hour residential care costs are paid for by adult social care. The typical cost of a college placement is between £2,000 - £3.000 per week, adult social care fund approximately  $\frac{2}{3}$  of this cost.

### Younger Adults with a Physical or Sensory Disability

Cost Per week	Number of Service Users receiving this level of care
Up to £500	369
<p>Loretta is 32 and a single mum to 11 and 14 year old daughters. Loretta was diagnosed with Sickle Cell Anaemia in her early 20's. Loretta's condition is now advanced, she is unable to get out of bed in the morning on her own and her general mobility is poor. She has recently had her spleen removed due to the condition so she is prone to infections. Her eyesight is deteriorating and she can no longer leave the flat on her own.</p> <p>Loretta has 1 hr personal care call in the morning; she is very slow so she needs longer to wash, dress and toilet. The carer helps her with breakfast and leaves a sandwich and a flask of coffee for lunch. The carer also ensures that the children have breakfast and get off to school on time. The carer will also try to ensure the flat is tidy.</p> <p>The carer provides 1hr in the evening and supports cooking of the evening meal for the family, personal care and preparing Loretta for bed.</p> <p>Loretta's mum and sisters visit at weekends to help with the children and housework, ironing and laundry.</p> <p>Loretta orders her shopping online, and depending on the delivery slot available, either the carer, mum or sisters put the shopping away.</p> <p>If Loretta is well enough at weekends her family take her and the children out shopping or socialising.</p> <p>Children's Social Care and the School provides carer support to the children.</p> <p><b>Weekly Care Package</b></p> <p>Mornings 1 carer 1hr x 7 days Tea Time 1 carer 1 hr x 7 days</p>	

Cost Per week	Number of Service Users receiving this level of care
£501-£1,000	81
<p>Errol is 47 and had been living with lung cancer for 3 years, 2 months ago he was admitted to hospital with breathing problems where it was confirmed that the cancer has spread to his liver, after tests it was confirmed that the cancer had spread and he has been given a 6-9 month life expectancy. Medically he is being treated with palliative care, he will be closely monitored by medical staff and when it is deemed that he has less than 3 months to live, his care will become end of life</p>	

care and the costs will be met by the NHS. Until that time Adult Social Care will fund his care package.

Errol and his wife have 4 children aged between 3 and 11. The family have agreed that he will remain at home as long as possible and ensure that they have quality time with the children. Errol is a large man who needs support with his personal care 4 times a day, his mobility is poor and he is very weak, he needs the support to 2 people to get out of bed, shower/bath, toileting. Errol cannot be left alone because of his breathing problems. He is often in need of support during the night with medication (oxygen and nebuliser) which his wife provides. His wife has given up work and is trying to manage the household tasks and caring for the 4 children.

Errol's wife is exhausted and has asked to 2 hours sitting service per week so that she can take the children out shopping or to the children's friend's birthday parties or other activities. She has also asked for 1 hour per week support with domestic duties, cleaning and ironing.

### **Weekly Care Package**

Mornings 1 carer 45 min x 7 days  
 Mornings 1 carer 30 mins x 7 days  
 Lunch 2 carers 30 mins x 7 days  
 Tea Time 2 carers 30 mins x 7 days  
 Evenings 30 min x 7 days  
 2 hours Sitting Service per week  
 1 hour Domestic Care per week

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£1,000+	36
<p>Michael is 58 and has a long history of alcohol abuse and street homelessness. He has also has a history of offending. Two years ago Michael was found very unwell on the street by the police and taken to Lewisham hospital where he spent 9 weeks recovering, and was also diagnosed with Huntington's Chorea. Whilst Michael's physical condition is deteriorating he is very abusive and violent which is a trait of the condition.</p> <p>Michael does not have any family that we have been able to trace, or reliable friends to support him. Michael was deemed to lack capacity and was placed on Deprivation of Liberty authorisation. Adult Social Care engaged an independent advocate to take part in the Best Interest decision for Michael's long term care needs.</p> <p>The professionals agreed that a specialist placement in a residential home that specialises in the disease should be made. Michael moved to the home in West Sussex and remains there.</p>	

### **Adults in need of Mental Health Support**

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
Up to £200	59
<p>Carly is 26 years old and has bipolar and a personality disorder. Carly has not had contact with her family for some years and has twice tried to commit suicide. Carly has been made homeless a number of times as she allows people into her home who cause problems with neighbours and do not have Carly's best interests in mind.</p> <p>Carly now lives in a Lewisham Homes flat and supported by a specialist mental health nurse for her medication. She receives 1 hour per day support at home to ensure she is managing her daily living, managing money and paying bills, cooking, eating and shopping. This also ensures that she is not being taken advantage of by unwelcome visitors.</p> <p>Carly also receives 3 hours per week with a carer for social activities and visiting the Mental Health drop in centre.</p> <p><b>Weekly Care Package</b></p> <p>1 hr per day support with daily living 3 hours per week social support</p>	

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£501 - £1000	56
<p>John is 61 and has been on a Section 117 for 10 years. John's physical condition has now deteriorated and his mental health is unstable. John's wife Karen is 15 years younger than John and still works in London for a solicitor. Karen wants John to remain at home and feels that she can manage as long as John is safe whilst she is at work. Karen looks after John at night times, weekends and holidays. She pays for a private cleaner and does all the shopping and other household tasks.</p> <p>John has 30 min carer visit of a morning for personal care and to get him ready for centre Monday – Friday.</p> <p>John attends day centre 5 days a week and receives borough transport.</p> <p>Karen collects John directly from the day centre on her way home from work.</p> <p><b>Weekly Care Package</b></p> <p>Mornings 1 carer 30 min x 5 days Day Centre x 5 Borough transport x 5</p>	

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£1,000+	127

Josh is 23 and has been known to mental health services since he was 11. Josh has a severe personality disorder and is psychotic. He has made numerous attempts to commit suicide. He is no longer detained under the Mental Health Act, but is on a Section 117 aftercare.

Josh is unable to live independently at this time. Following discussions with mental health professionals and his family, it was felt that in his best interest a specialist placement be found that can work with Josh to help him work towards living independently in the community as soon as possible.

It should be noted that the numbers of adults supported with mental health are low, this is due to most of the data regarding these clients being held on the SLAM system. We are working with SLAM to improve the quality of the data for clients who are in receipt of Adult Social Care.

## Appendix 2

## Adults Social Care Benchmarking Data 2016/17

Net expenditure on Long Term Support 65+ , 2016/17									
(£000 per £100k population aged 65+)									
	Nursing	Residential	Direct Payments	Home Care	Other Long Term Care	Supported Living	Supported Accommodation	Fairer charging income	Total
Lewisham	£22,389	£25,587	£10,988	£31,490	£ 4,583	£ 87	£ 5,512	-£ 9,063	£ 91,573
Greenwich	£13,813	£13,630	£11,374	£36,438	£ 7,429	£ 300	£ 300	-£ 4,820	£ 78,464
Lambeth	£25,144	£21,291	£ 7,155	£53,070	£ 4,903	£ 2,392	£ -	-£ 9,060	£ 104,895
Southwark	£23,275	£30,022	£ 8,511	£44,213	£ 7,468	£ 187	£ 5,106	£ -	£ 118,782
Waltham Forest	£14,669	£27,852	£ 8,093	£11,170	£ 2,168	£ 299	£ 9,716	£ -	£ 73,967
Hackney	£11,930	£22,553	£11,437	£69,173	£11,734	£ 4,979	£ 141	-£ 6,624	£ 125,323
Haringey	£20,571	£34,361	£11,458	£31,016	£ 4,574	£ 9,286	£ 5,267	£ -	£ 116,533
Brent	£19,150	£13,189	£ 5,419	£26,730	£ 5,350	£ 6,168	£ 297	-£ 6,340	£ 69,963
Hounslow	£ 2,872	£17,458	£ 3,270	£14,246	£22,265	£ 1,264	£ 144	£ -	£ 61,519
Ealing	£20,310	£21,697	£ 5,342	£23,622	£ 1,177	£ 82	£ -	-£ 4,245	£ 67,985
Tower Hamlets	£20,295	£46,294	£15,822	£45,401	£25,342	£ 723	£17,371	£ -	£ 171,248
Croydon	£ 9,363	£30,247	£ 3,328	£ 9,405	£ 2,693	£ 3,097	£ 1,052	-£ 2,372	£ 56,813
Islington	£12,670	£32,802	£ 6,577	£26,171	£11,858	£ -	£ 7,037	-£10,543	£ 86,572
Newham	£14,740	£ 7,479	£13,130	£37,079	£10,369	£ 3,962	£ 525	-£ 4,791	£ 82,493
Enfield	£10,264	£24,706	£17,109	£ 3,292	£ 1,988	£ 26	£ 571	£ -	£ 57,956
Redbridge	£ 8,161	£26,714	£ 4,463	£12,052	£ 7,511	£ 3	£ 6,194	-£ 5,859	£ 59,239
Comparator Group Average	£15,045	£24,198	£ 8,495	£26,116	£ 7,152	£ 1,996	£ 3,095	-£ 3,795	£ 82,302

For 16/17 Lewisham provided care over the year to 6696 older adults per 100,000 of the population. We provided slightly more care to more people than Greenwich but far less than Southwark and Lambeth, and lower than the London comparator average. Similarly we spent less per 100,000 head of population than Lambeth and Southwark, but more than Greenwich and London and National comparators.

Alongside this benchmarking information consideration needs to be given regarding the number of local self funders, for which there is no benchmarking information and the different in authorities that pay the National Living Wage and the London Living Wage to care staff.

(Some of these Councils do not all pay the London Living Wage)

CIPFA Comparator Group	
Greenwich	Ealing
Hackney	Enfield
Islington	Haringey
Lambeth	Hounslow
Southwark	Newham
Tower Hamlets	Redbridge
Brent	Waltham Forest
Croydon	

	Lewisham – annual spend per population 18+	Comparator group – annual spend per population 18+	Difference (£)	Difference (%)
Long term net	294.60	253.92	40.68	16.02%
Short term net	6.68	10.65	-3.97	-37.28%
Non SALT net	58.69	78.34	-19.65	-25.08%
<b>Total</b>	<b>359.97</b>	<b>342.91</b>	<b>17.06</b>	<b>4.98%</b>

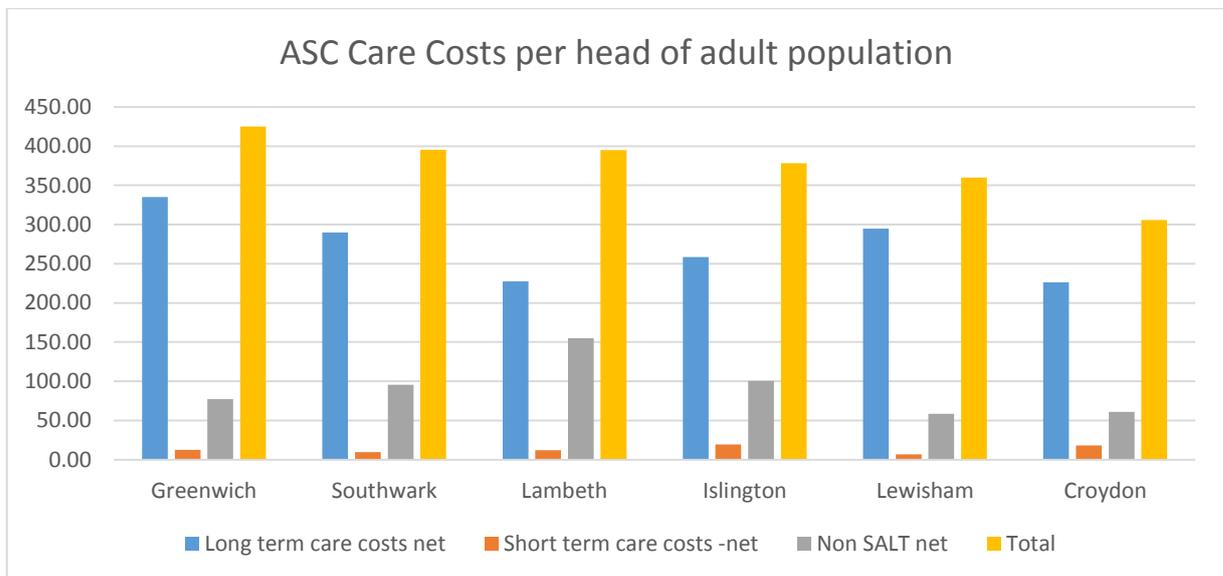
Lewisham's spend on short-term and non-SALT services is below average. This partly reflects the use of Better Care Fund to support social work services and enablement whereas in other boroughs more of this fund is used to fund nursing and other placement costs. (Lewisham shows as a high net spender on nursing for this reason). Low spend on non-SALT may also reflect the fact that some boroughs show all overheads as non-SALT rather than allocating them across all services. Lewisham's relatively high spend on long-term services would then be partly explained by the inclusion of overheads.

However, when benchmarking with our London local comparator boroughs (Greenwich, Islington, Lambeth, Southwark and Croydon) who

have similar demographics it suggests our overall spend per capita of the adult population is the second lowest.

Adult Social Care Finance Return 15/16						
Category	Greenwich	Southwark	Lambeth	Islington	Lewisham	Croydon
Long term care costs net	335.24	289.96	227.58	258.39	294.60	226.44
Short term care costs –net	12.60	9.82	12.32	19.49	6.68	18.35
Non SALT net	77.34	95.56	155.11	100.38	58.69	61.07
Total	<b>425.18</b>	<b>395.34</b>	<b>395.01</b>	<b>378.26</b>	<b>359.97</b>	<b>305.86</b>

All the boroughs listed in the table above pay the London Living Wage.



The ASC-FR allows us to breakdown further the spend highlighted above by age and client group, the results are highlighted in the table below:

	Greenwich	Islington	Lambeth	Lewisham	Southwark	Croydon
Net Expend Age 18 to 64 Learning Disability support	156.99	109.50	100.35	145.71	135.67	140.61
Net Expend Age 18 to 64 Mental Health support	47.53	25.33	37.20	20.83	6.83	12.54
Net Expend Age 18 to 64 Support with Physical, Memory and Cognition	45.41	35.37	33.95	38.45	45.73	29.79
Net Expend Age 18 to 64 Sensory support	4.07	0.18	0.99	0.85	0.00	0.23
Net Expend Age 65 and over Learning Disability support	55.89	45.96	75.05	94.90	31.31	65.99
Net Expend Age 65 and over Mental Health support	18.84	193.69	112.12	123.20	152.24	23.25
Net Expend Age 65 and over Support with Physical, Memory and Cognition	745.14	740.72	543.57	699.15	1,004.02	328.79
Net Expend Age 65 and over Sensory support	11.54	5.68	1.30	5.70	0.00	7.47

