

## **APPENDIX 1B**

### **The Cost of Adult Social Care**

#### **Background**

The Adult Social Care provision is governed by the Care Act.

The Care Act 2014 was the most significant change in social care law for 60 years. It applies to England and replaced a host of out-of-date and often confusing care laws.

The legislation sets out how people's care and support needs should be met and introduces the right to an assessment for anyone, including carers and self-funders, in need of support.

The act's "wellbeing principle" spells out a local authority's duty to ensure people's wellbeing is at the center of all it does. The emphasis is on outcomes and helping people to connect with their local community. Also, for the first time, people's eligibility for services are now the same across England.

Adult Social Care has statutory duties to:

- Provide or arrange for services, facilities or resources which will prevent, delay or reduce individuals' needs for care and support or the need for the support of carers.
- Carry out an appropriate and proportionate assessment.
- Carry out a capacity assessment if they believe an individual may lack capacity. Support the individual to be involved in the assessment. This involves providing as much information as possible from the time of first contact, in an accessible format, so that the individual undertaking the supported self-assessment has a full and clear picture.
- Involve an advocate (a family member, friend or independent advocate) to help the individual through the process if they have substantial difficulty understanding, retaining and using the relevant information.
- Ensure the assessment is undertaken by a practitioner who is appropriately trained and has experience of the condition, or consults someone who has. If the user is deafblind the practitioner must have specialist training to carry out the assessment.
- Carry out a safeguarding inquiry where a person may be at risk of abuse or neglect and consider what else (other than the provision of care and support) might assist the person in meeting the outcomes they want to achieve.
- Ensure the care and support plan, or support plan, is, as far as possible, agreed by the adult or carer in question.

#### **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.

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

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<b>Care Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
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 has 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 not further improvement to be made and the Arthritis in her spine is limiting any further improvement.</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 the Martha to go to the bathroom, prepares 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 daughter-in-law visits every day at tea time and supports Martha with going to the toilet and sandwich for tea. She also carries out all Martha's shopping and paying 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>	

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£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, he had a major stroke. George is no longer mobile, or able to wash, or feed himself, he 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.</p> <p>George now needs the support of 2 carers at each call to move and transfer George. George now receives 4 calls a day for carers. In the morning one carer is booked for 45 mins to provide personal care, showering, changing of bed, feeding.</p>	

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The second is booked for 30 mins to support the first carer with personal care, showing 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 gives him his 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 give him is medication.

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

George and Ellen Son and Daughter do all the shopping and most of the housework, they accompany both of their parents to hospital or doctors' 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

Cost Per week	Number of Service Users receiving this level of care
£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 wondering 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 call 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, she has attended Hospital with falls. 3 weeks ago, she fell and broke her arm in 2 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 regular food delivered by Tesco.</p> <p>Whilst on the ward she has become 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 24hour supervision.</p>	

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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 remaining 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 £1000	24
<p>Alec 88 year old Alec 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 resident's room and takes their belongings or tries to get in bed with them thinking they are his wife. On a daily bases he get angry and often try's 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. 6 homes visited but were unable to meet his needs due to his challenging behaviour. The 7<sup>th</sup> 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 had 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 dad works is 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. Jamile'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 younger siblings from school. On Thursdays, Jamil's uncle looks after him all day and overnight while mum works and gives the family respite.</p> <p><b>Weekly Care Package</b></p> <p>3 x day centre</p>	

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3 x return journey

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£501-£1000	175
<p>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 that could support her when mum is no longer around.</p> <p>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 mums friends regularly.</p> <p>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.</p> <p>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, this 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.</p> <p><b>Weekly Care Package</b></p> <p>24 hour supported living 10 hours 1:1 Social Support</p>	

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
£1000 +	258
<p>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 a College until he is 24.</p> <p>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 £2000 and £3000 per week, adult social care fund approx. 2/3 of this cost.</p>	

### Younger Adults with a Physical or Sensory Disability

<b>Cost Per week</b>	<b>Number of Service Users receiving this level of care</b>
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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 recently has had her spleen removed due to the condition so she is prone to infections. Her eyesight is decreasing 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 for lunch with a flask of coffee. The carer also ensure 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 for bed for Loretta.</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 on line, 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-£1000	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 care and the costs will be met by the NHS. Until that time, Adult Social Care will fund his care package.</p> <p>Errol and his wife have 4 children aged between 3 and 11, Errol and his wife 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 get out of bed, shower/bath, and toileting. Errol cannot be left</p>	

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alone because of his breathing problems. He is often 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 has asked to 2 hours sitting service per week so that she can take the children out shopping or to the children's friends birthday party or 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

Cost Per week	Number of Service Users receiving this level of care
£1000+	36
<p>Michael is 58 and has a long history of alcohol abuse and street homelessness. He has also has a history of offending. 2 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 being 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

Cost Per week	Number of Service Users receiving this level of care
Up to £500	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 hand do not have Carly's best interest in mind.</p>	



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Carly now lives in at Lewisham homes flat and supported by a specialist mental health nurse for her medication. She received 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 ensure that she is not being taken advantage of by unwelcome visitors.

Carly also received 3 hours per week with a carer for social activities and visiting the Mental Health drop in centre.

### Weekly Care Package

1 hr per day support with daily living  
3 hours per week social support

Cost Per week	Number of Service Users receiving this level of care
£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 night times, weekends and holidays. She pays for a private cleaner and does the entire shopping and other house hold task.</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> <h3>Weekly Care Package</h3> <p>Mornings 1 carer 30 min x 5 days Day Centre x 5 Borough transport x 5</p>	

Cost Per week	Number of Service Users receiving this level of care
£1000+	127
<p>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.</p> <p>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</p>	

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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.

### Adult Social Care Savings and additional funding so far

The table below highlights the savings made and additional funding received by Adult Social Care since 2012

Year	Savings Made / Proposed	Adult Social Care Precept	Better Care Fund (BCF)	Improved Better Care Fund (IBCF)	Additional Funding for ASC – Supplementary for IBCF	Adult Social Care Support Grant
	£	£	£	£	£	£
11/12	(2.9m)					
12/13	(2m)					
13/14	(3.5m)					
14/15	(6.8m)					
15/16	(7.5m)		9.02m			
16/17	(2.8m)	1.67m	8.76m			
17/18	(4.1m)	2.68m	8.61m	1.21m	6.38m	1.37m
18/19	(300k)	1.0m	8.78m	6.56m	3.91m	0.68m
<b>TOTAL:</b>	<b>(29.9m)</b>	<b>5.35m</b>	<b>35.17m</b>	<b>7.77m</b>	<b>10.29m</b>	<b>2.05m</b>

Since 2012, the service has continually tried to deliver savings whilst delivering the best quality of services possible to Lewisham residents. The list below is intended to inform Members of the work that has been undertaken to achieve savings whilst delivering services to meet resident's needs:

- Reconfigured day services
- Commissioned Homecare 4 lead providers
- Increased Extra Care capacity
- Reduced expenditure on transport costs
- Increased Shared Lives opportunities
- Reviews all high cost POC/Placements

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- All low level services have been reviewed
- Increased Supported Living options
- Reduced delayed transfers of care and people ready for discharge in hospital.
- Established Community Connections and SAIL
- Reconfigured respite options
- Developed rehabilitation and reablement to support independence
- Reviewed social work and established neighbourhood model.
- Implemented “Deprivation of Liberty” requirements and ensured we are 100% compliant
- Reviews all expensive “Independent Living Fund cases” and a high number of these cases were then transferred to Continuing Health Care funding.
- All placement reviews are up to date
- Developed Direct Payment services and have started to grow the Personal Assistant Market

All this work has allowed adults social care to have reduced their net budget to £68m in 2018/19 and have one of the lowest adult social care budgets when compared to our local comparators, this data is taken for the ADASS budget Survey Aug 2018, as tabled below.

### How we compare to our neighbours

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							
London Borough of:	Adult Population	Budget and Outturn (£m)			Per Head of Population 18+		
		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

The above table demonstrates the overall spend for Adult Social Care. Other benchmarking data available to us highlights on some client groups, we spend more than our comparators in particular

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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.

The benchmarking data in the two tables below demonstrates the numbers of older people we supported during the year 2016/17 alongside our comparators. Table one gives the numbers of older people in each of the care categories per 100,000 of the populations. Table 2 provides a similar breakdown categories by spend. These figures were taken from the 2016/17 Statutory Adult Social Care returns. SALT (Short and Long Term Support return) and ASCFR (Adult Social Care Finance Return). For 17/18, these returns were submitted to the Department of Health in July and August, this means that we will not get comparator data back for 17/18 until late autumn 18, so we are unable to provide updated comparator data at this time.

**TABLE 1**

**Rate of Older People receiving Long Term Support at year end,  
per 100K population aged 65+, 2016/17 (by Service Type)**

	Nursing	Residential	Community Direct Payment Only	Community Part Direct Payment	Community Local Authority Managed Personal Budget	Community Local Authority Commissioned Support Only	Total
Lewisham	801	1069	1122	160	2760	784	6696
Greenwich	621	776	586	172	3379	827	6413
Lambeth	952	952	758	19	5323	369	8392
Southwark	836	976	358	100	5437		7707
Waltham Forest	493	898	563	352	2816	493	5615
Hackney	679	855	553	126	4627	302	7142
Haringey	597	1213	578	270	3542	366	6584
Brent	781	689	318	424	4277	13	6515
Hounslow	385	642	626	48	3048	160	4909
Ealing	687	772	434	12	3521	241	5680
Tower Hamlets	602	1506	1122	301	4736	1506	9800
Croydon	548	617	149	70	4940		6314
Islington	1051	1296	636	122	4328	49	7457
Newham	740	986	1110	205	5158		8220
Enfield	564	1093	752	928	764	482	4570
Redbridge	626	1007	1483	354	2653	163	6272
Comparator Group Average	685	959	697	229	3832	443	6768
England Average	494	1065	342	97	1842	210	4050

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**Table 2**

**Gross Current Expenditure on Long Term Support 65+, 2016/17,  
(£000 per 100K population aged 65+)**

	Nursing	Res	Direct Payments	Home Care	Other Long Term Care	Supported Living	Supported Accommodation	Total
Lewisham	£30,329	£36,706	£10,988	£31,490	£4,884	£87	£5,512	£119,996
Greenwich	£19,726	£22,524	£12,390	£36,972	£7,639	£312	£300	£99,863
Lambeth	£36,152	£29,162	£7,844	£53,070	£4,903	£2,392	£0	£133,523
Southwark	£32,798	£37,980	£9,587	£47,989	£14,752	£191	£5,138	£148,435
Waltham Forest	£14,975	£41,500	£8,801	£15,718	£1,792	£299	£9,716	<b>£92,801</b>
Hackney	£17,855	£31,249	£11,437	£69,188	£12,046	£4,979	£141	<b>£146,895</b>
Haringey	£27,997	£47,536	£12,231	£35,085	£5,498	£9,286	£5,521	<b>£143,154</b>
Brent	£25,557	£18,997	£6,134	£26,730	£5,350	£6,308	£313	<b>£89,389</b>
Hounslow	£8,066	£19,467	£4,685	£21,466	£18,366	£1,264	£167	<b>£73,481</b>
Ealing	£30,848	£32,094	£5,747	£23,622	£1,322	£82	£0	<b>£93,715</b>
Tower Hamlets	£24,242	£57,555	£15,822	£45,401	£25,578	£723	£17,782	<b>£187,103</b>
Croydon	£13,582	£37,501	£3,422	£17,639	£2,866	£3,263	£1,052	<b>£79,325</b>
Islington	£24,494	£47,213	£6,577	£26,171	£11,741	£0	£7,037	<b>£123,233</b>
Newham	£21,937	£16,713	£13,130	£37,079	£10,369	£3,962	£525	<b>£103,715</b>
Enfield	£18,315	£41,905	£20,648	£3,447	£2,080	£26	£552	<b>£86,973</b>
Redbridge	£20,616	£43,183	£5,298	£12,052	£8,172	£3	£6,953	<b>£96,277</b>
<b>Comparator Group Average</b>	<b>£22,968</b>	<b>£35,080</b>	<b>£9,671</b>	<b>£31,445</b>	<b>£9,585</b>	<b>£2,074</b>	<b>£3,794</b>	<b>£113,617</b>
<b>England Average</b>	<b>£14,578</b>	<b>£30,402</b>	<b>£4,793</b>	<b>£14,285</b>	<b>£2,818</b>	<b>£2,226</b>	<b>£988</b>	<b>£70,090</b>

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.

### Hospital Pressures

Lewisham Adult Social Care and the local NHS trusts works hard to reduce any delays and ensure people are discharged either back to their own home, to an intermediate care bed where they can

## **APPENDIX 1B**

receive rehabilitation with a view to return home, or to a long term residential placement as soon as they are medically fit.

Members will be aware of the national pressures that the NHS has been facing in recent years, and the national reporting of people not being discharged from hospital when they are medically fit to do so. In Lewisham like our neighbouring boroughs, we are dealing with people who are older and frailer than we would have seen five to ten years ago. In this paper we have detailed our out of hospital provision and some the work we have undertaken to support hospital discharges and reduce the number of days people stay in hospital, which in turn has added further pressures to the Care Budget.

Whilst we endeavour to return everyone one back to their own home where possible, there will always be some people whose needs or circumstances are at such a complex level this is not possible. Some people need intensive rehabilitation and cannot be left overnight once they are medically fit, for these people there are 25 rehabilitation beds in Brymore Nursing home, these beds are funded by the CCG and Adult Social Care. People can move from hospital to these beds and receive intensive therapies for up to 6 weeks. The aim is to ensure that they regain as many independent living skills and mobility as possible. These beds have a 95% occupancy rate at any one time and 87% of people do manage to return home with low levels of care. For some people their condition deteriorates or the planned goals are not able to be met, these people may then need to move to a residential or nursing placement.

We also have 15 “Community Beds” which are situated in Lewisham Hospital on “Sapphire” ward. Community Beds are a step down from an acute bed. These 15 beds are commissioned and paid for by the CCG and Adult Social Care. These beds are used for people who no longer need to be in an acute bed, but cannot return home due to their illness/condition or being homeless with high care needs. Most people who spend a period of time on Sapphire ward are awaiting for a placement to be sourced in a suitable care home.

In 2016, there was an average of 52 people waiting on any day who were deemed to be medically fit waiting to be discharge from Lewisham Hospital. This increase to around 70 if we included Lewisham people in other hospitals. Whilst not all the delays we due to adult social care, process, procedures and communication across all partners contributed to the delays. By early August 2018, these daily numbers have reduced to an average of 6.

A number of projects were put in place to reduce the delays in the hospital and support the flow of beds. The government issued a requirement on Health and Social care to implement the “10 High impact changes” that should ensure delays are minimised.

Lewisham and its partners decided to focus on 2 projects that could deliver the greatest efficiencies:

Discharge to Assess (D2A) – for people who can return home safely and receive short term care (enablement) or small package of ongoing care. The day they are deemed medically fit, a member of the D2A follows the person home within 2 hours of discharge and assesses their needs for care and equipment in their own home. Care and support is arranged and within 72 hours of returning home, a decision is made as to their ongoing needs. We estimate that D2A is reducing stays in hospital by 3 days, making a saving of £1050 per person to the trust. In turn, the costs for those 3 days of care has now transferred to Adult Social Care.

On average we take home 150 people a month through D2A, 1,800 people per year. Each person receive approximately 6 hours of care over the 3 days. This has added in the region of £400k to the cost pressure to the social care budget in 17/18 and 18/19.

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Nationally CCG's and Social Care were set a target to reduce the number of Continuing Health Care (CHC) Assessments being undertaken on acute wards in the hospital. In January 2018 we adopted the new national forms for assessing, thus reducing paper work by about 40 pages per assessment and agreed a risk share approach to agreeing the ongoing care for a patient in a hospital bed, at this stage we make a decision as to the probable long term care destination, this allows our placement/brokerage team to source the care needed and expedite discharge. This has seen people reducing the number of days spent in an acute bed by approximately 10 days per person, a saving to the trust of £3.5k person.

Alongside the CCG, we assess approximately 8 people per week in hospitals for CHC, or about 416 per year. The 10 days the person would have stayed in a hospital bed receiving care and support has now transferred to Adult Social Care, this has produced a cost pressure in the region of £450k.

So as stated above the reduction in numbers of people being medically fit for discharge has reduced thus allowing improved flow of patients and releasing beds, has subsequently caused through the 2 changes in process an overall cost pressure in the region of £850k.