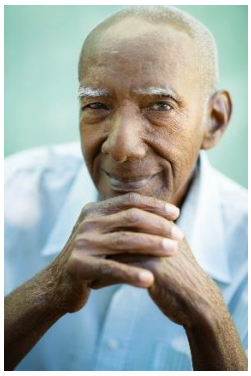
London Borough of Lewisham:
Local Account for Adult Social Care 2016/17



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Foreword

The Local Account describes the Council's achievements in relation to adult social care over the past year. It sets out the challenges facing the Council, explains how we spend money on adult social care and sets out our vision for the future.

We are committed to supporting our most vulnerable residents to live fulfilling lives. Our aim is to support people to live as independently as possible with improved choice, control and dignity. Working with our partners we are developing services aimed at reducing or preventing the need for longer-term care and support. Keeping adults at risk of harm, abuse or neglect safe continues to be a key priority.

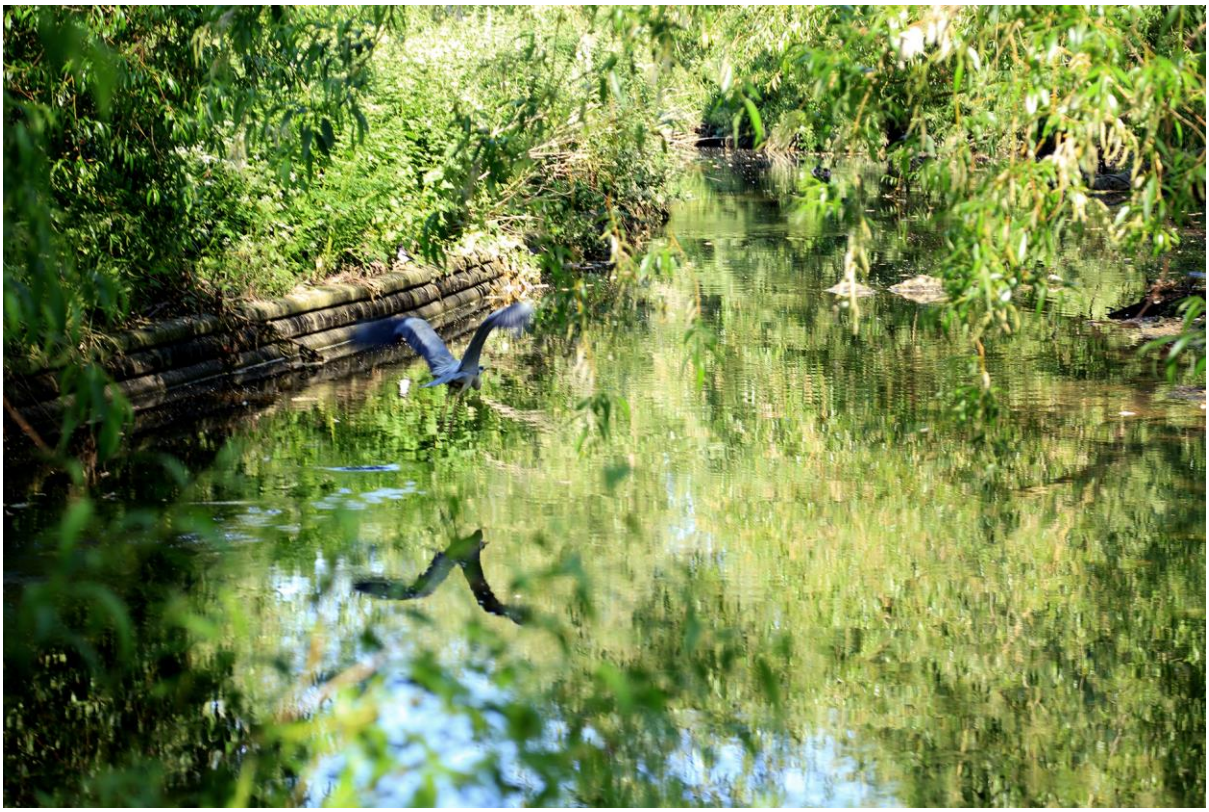
We are delivering adult social care services in a challenging financial climate. At the same time, demand for our services is increasing as people are living longer, often with more complex needs. The Council has made essential savings and is working to become even more efficient. We are reducing duplication, simplifying processes and looking at the way we commission services to get better value for the Council and Lewisham residents.

Working in partnership is key to delivering better, more co-ordinated and cost effective services. We are building on our partnership work across the health and care system with GPs, mental health, community health, the voluntary sector and housing to ensure people get the right help in the right place at the right time.

We are proud of the social care services we provide. We know that the quality of care is important to people and despite the financial challenges we are facing, we are committed to delivering high quality care and support to our residents.

Cllr Chris Best, Cabinet Member for Health, Wellbeing and Older people

Living in Lewisham



Lewisham is a diverse inner London borough that contributes to the diversity and energy of the capital, supporting its growing economy whilst gaining significant benefits from being a part of a world class city. Lewisham is one of the greenest parts of south-east London. Over a fifth of the borough is parkland or open space. The borough has strong communities who take pride in their local areas and neighbourhoods. Lewisham's vitality and dynamism stem from the energy of its citizens and diverse communities.

Lewisham has a growing population, projected to increase from 297,000 in 2015 to 318,000 by 2021, and is the 15th most ethnically diverse local authority in England - 46% of the population are from black and ethnic minority groups. Around 28,000 residents are above 65 years of age and over 3,800 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. People living in the most deprived areas have poorer health outcomes and lower life expectancy compared to the England average. Social housing comprises just over a third of all households in the borough. The private rented sector, the fastest growing housing sector in the borough, comprises some 24% of all households. There are nearly 40,000 one person households in Lewisham.

Demand for adult social care is increasing, both in numbers and complexity. 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to almost 40,000 people. Lewisham's over 60 population is projected to increase by around 15,000 by 2040 which will increase demand for the Council's adult social care services. Lewisham has over 800 active voluntary and community sector organisations and more than 200 individual faith groups. All these groups and many others help to strengthen our communities by galvanising our citizens, addressing local concerns and advocating on behalf of some of the most vulnerable in society.

Facts about Lewisham and our residents

Figures from the 2011 Census, ONS

How does Adult Social Care work?

Our priorities are to:

- Ensure everyone who uses social care services on an ongoing basis has a **personal budget** and promote the use of **direct payments** to maximise the choice and control people have over managing their own care and support.
- Work with Health providers such as GP's, District Nurses and Hospitals to ensure **support is joined up** and all professionals are working together.
- Consider **wider networks of support** and other services such as community groups, library services and adult education, which people access and promote the use of these networks alongside more formal support packages of care.
- Continue to **develop a range of housing options** together with partners which offer care and support in the community and reduce the need for long-term residential care.
- Make effective use of **technological solutions**, such as Linkline, to maintain safe independent living and assist with the care-giving process.
- Support younger adults into **training or employment**.
- Develop **commissioning plans and a provider market** that supports people to take control of their care needs.
- Apply eligibility and charging policies which **reflect Central Government guidance**.

Services in the community

We know that people want to remain in their own homes and neighbourhoods if they become ill or frail and need help caring for themselves. In these circumstances we will try to support people to stay at home and, wherever possible, try to avoid them being admitted to hospital or a residential or nursing care home.

We work with the person, their families and carers to provide information and advice to help them find the most suitable solutions to remain as independent as possible. Where necessary we carry out assessments of a person's needs and help to provide the most suitable services to support them and keep them safe. When we consider what a person's

needs are, we take into account a range of things which impact on health and wellbeing including health, housing and other support, alongside social care.

Preventing and delaying the need for care

Preventative services are as important as long-term services. We are committed to reducing the need for long-term care and one way of doing this is to support people to be as independent as possible for as long as possible. Services that help people in their own homes, such as physiotherapy, adaptations to the home, social activities have been developed in partnership with health organisations and the voluntary sector to ensure people have the support they need to maintain independence after a hospital stay or illness.

Inevitably though, there will always be those who suffer illness or accidents which cannot be avoided. However, we will always look for ways to support people to ensure they can make the most of the assets they have.

Supporting and valuing carers

Carers have the right to an assessment of their needs, separate to those of the cared for person, and regardless of eligibility for formal social care input. Carers are supported to recognise their own needs and access appropriate support to help ensure a longer and more manageable caring role for their family or support network. We recognise that most care and support is provided by family or friends and we continue to provide a range of support for carers.

Resources spent wisely

We are acutely aware of the need to balance meeting the growing need for services, with reduced resources available to the Council and its partners. We need to ensure resources are spent in a fair way, which gives value for money to the public, who fund these essential services.

This means that normally we will:

- not pay more for a community package of care than we would pay for a residential or nursing package of care
- undertake a continuing healthcare check if we think someone might be eligible for free NHS care
- include all ongoing care services in someone's financial assessment
- not admit someone to residential care from a hospital bed
- not allow a care service put in place to resolve a crisis to continue as a normal service without careful review
- consider a range of housing options in seeking the most appropriate and affordable for each individual.

Wherever possible, we will put short-term services in place that will aid recovery or recuperation and a return to independence, before considering long-term care or support. We will encourage creativity and innovation to meet identified outcomes, and encourage everyone involved to look for solutions that offer the best quality and value for money.

Carefully considering what a person's needs are will ensure that the right level of support is identified in line with their needs and choices. We recognise the value of wider support networks that many people have within their own families and communities and will look at all available resources when considering how to meet needs. Where family or other support networks do not exist, we will help people to build them through appropriate community networks.

A valued workforce

We continue to work with our all our staff, those working directly for Lewisham Council and those within provider agencies to ensure they understand our vision and commitment to maximise independence and quality of life. We continue to work with staff and partners to develop methods of sharing good practice, ensuring seamless, joined up services which empower service users and challenge staff and providers to meet needs in increasingly person-centred and creative ways.

Managing risks

Our aim is to balance risk management alongside delivery of services that promote independence and empower people to take control of their health and social care needs. We continue to talk openly about possible risks in relation to decisions that service users may make, and that there is an understanding of these risks. Ultimately, decisions will be made by the service user and this may mean that some people make decisions we would not have made.

We never take responsibility away from someone unless we have a court order which determines that the person does not have capacity to manage their own affairs.

Social care providers

We work with social care and support providers, including in-house services, to ensure services focus on outcomes and meeting needs in a way which maximises independence.

We continue to develop and commission community-based services which meet needs flexibly and address issues relating to social isolation. We work to ensure that services deliver value for money and have appropriate performance measures, focussed on outcomes.

With personal budgets for all in place from April 2015 onwards, and direct payments used where possible, we will shape the provider market to ensure that providers offer their service users choice and flexibility.

We will encourage providers to offer creative, innovative services, focussed on meeting needs with the least amount of formal care and support, while delivering identified outcomes, whether this is a user-led organisation, social enterprise or private business.

Measuring success

We will know we are successful in delivering the commitments we have detailed in this statement, through the following measures:

- A reduction in the number of people we are directly supporting through formal social care services and an increase in the numbers of people being helped in their communities
- An increase in the number of people living in their own homes for longer
- An increased number of people recovering from an episode of poor health or illness through the use of intensive 'enablement' or recovery programmes
- An increase in independence, with people taking more control of managing their own health.

Joined up Care and Support

We work with our partners to develop and improve our services to offer care and support which is person centred and co-ordinated to improve outcomes and deliver a better experience for service users, their carers and families.

Working with our colleagues across health and care, we are working to deliver a sustainable health and care system, which better supports people to maintain and improve their physical and mental wellbeing, live independent and fulfilled lives and access high quality care when needed. We are working to break down silos between health and social care and to develop integrated and aligned services.

In our work and in partnership, we will continue to focus on delivering:

- Better Health – by providing people with the right advice, support and care, in the right place, at the right time to enable people to people to choose how best to improve their health and wellbeing.
- Better Care – by providing the most effective personalised care and support where and when it is most needed, giving people control of their own care and supporting them to meet their individual needs.
- Stronger Communities – by building engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.
- Better value for the Lewisham pound – by delivering the most cost effective health and care possible.

The support people receive

We receive over 2700 calls per month asking for information, advice and services.

We undertake an assessment to gain an understanding of peoples' needs. This helps us to identify with the person how their needs will be met and ensure they remain safe. In 2015/16 we carried out 5280 assessments and reviews of people needs.

People with a Learning Difficulty or Disability

We work with our partners to support people with a Learning Difficulty or Disability to live inclusive, independent and safe lives.

Lewisham supported 709 adults with a Learning Difficulty or Disability in 2015/16

People in contact with Mental Health Services

Mental health refers to the psychological and emotional well-being of individuals such as depression and phobias. It also includes those with a history of substance misuse. There are a number of treatments that can be used such as counselling, group session, medication, etc. Support may be provided by specialist teams or by carers who assist individuals with daily tasks and getting around.

346 Adults under 65 years of age with a Mental Health diagnosis were supported with services in 2015/16

Carers

Carers are people who provide care and support for their family and friends, by doing things that help people to stay in their own homes and live an independent life. Carers can be any age, many carers are under 18.

As of April 2015, you are entitled to a carer's assessment where you appear to have needs. This matches the rights to an assessment of the person being cared for. You will be entitled to support if you meet the national eligibility criteria.

In 2015/16, 1959 carers had their needs considered or reviewed.

Direct Payments and Personal Budgets

A direct payment allows you to choose who you wish to provide your service and pay them directly.

A personal budget is when the Council directly passes the money for your care to your preferred provider.

In 2015/16, 683 people received a Direct payment.

Short term care and support

Working with our partners in health, we provide a range of services to support people following a hospital stay or to avoid people being admitted to hospital if they are unwell. These services could include personal care, physiotherapy and adaptations to the home.

Each week in 2015/16 approximately 125 people were supported to regain their independence by these services.

Residential and nursing care

Residential care is provided in a care home where residents live and have trained caring and health staff on site to provide support.

Nursing care is provided in a specialist nursing home setting where residents live. There are nurses and other trained professionals who provide 24 hour specialist care.

In 2015/16, 783 people were in either a Residential or Nursing placement.

Support with day to day living

These may be provided in people's homes and include personal care and domestic tasks, but may also be available through specialist centres who provide day care. There are many organisations across the area that provide these services either in conjunction with the local authority or GPs, etc.

Over 5200 people were supported with packages of care in 2015/16. At any one point in time on average we have 3200 people received these type of services.

Preventative Services

It is important to develop Preventative Services which help people to remain independent and in their own home.

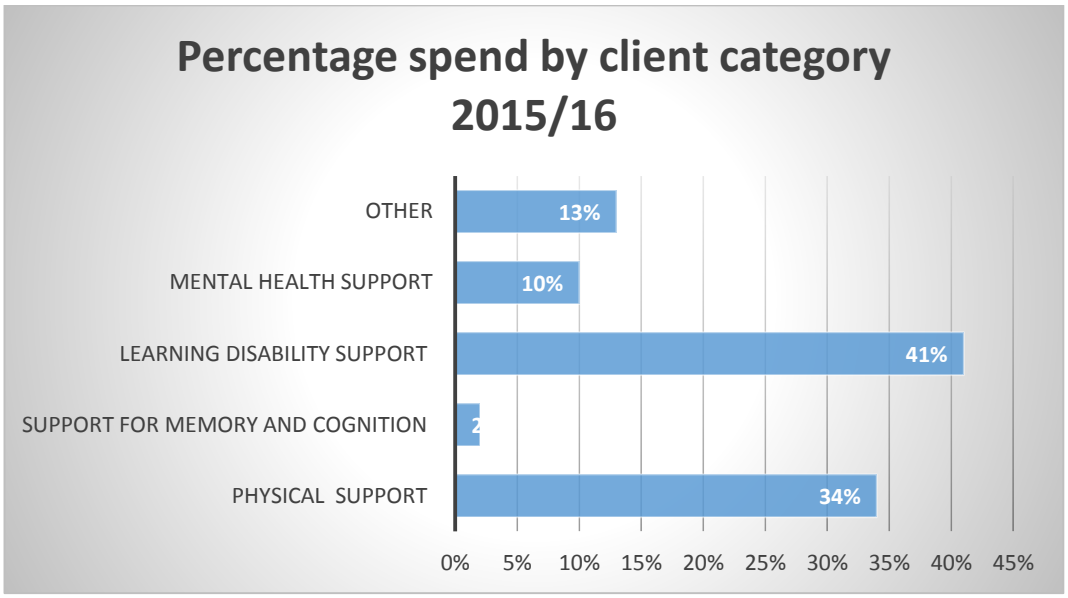
Often some information or advice and signposting is all that is needed, or a small piece of simple equipment makes the difference between independence and needing formal support.

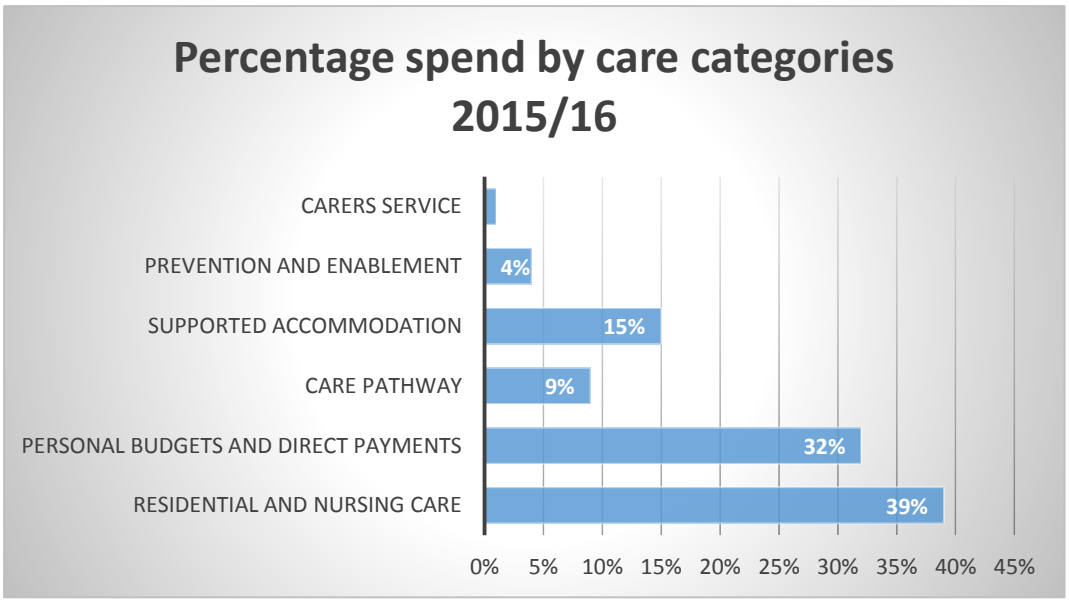
Some people need larger adaptations to their home like stair lifts and bathroom changes.

In 15/16 33,000 contacts were made to our call centre. Over 1,450 people received a range of community equipment such as special mattresses and special beds. 1,908 small items of equipment to support personal care were also provided. 147 people had changes made to their home under the Disabled Facilities Grants scheme. We provided 4,914 community alarms.

How we spent the budget in 2015/16

The total budget for Adult Social Care in 2015/16 was £71.05 million. Savings of £7.54 million were made in 2015/16 compared to 2014/15.





Our priorities for 2015/16 and how we did

KEY: ★ Completed ● On track ▲ Slipped

Our Priorities	Progress made in 2015/16	Status
Closer working with GP practices, district nurses and other health services	We employed a Neighbourhood Co-ordinator to work in each neighbourhood. The Co-ordinators have improved communication between GPs, district nurses and adult social care and facilitated better multi-disciplinary working.	●
Improve early planning for young people who might need adult social care	During the year we have worked with Children and Young Peoples Services to develop a long term strategic plan so that transition from childhood to adulthood for both the young person and their families is improved. We have worked with professionals from Education, Children's Social Work, Voluntary organisation and families and carers. This work will be taken forward in 2016/17	●
Work with local care providers to develop services that promote independence	Our Commissioning team has worked in partnership with local providers to develop new approaches to delivering home care services. Contracts with four new lead provider agencies for personal and domestic care will start in 16/17. The contracts will deliver outcome focused services that meet people's individual needs. We have undertaken a review programme for people with Learning Disabilities to make sure that people are supported appropriately within Supported Living units. This will mean that more people will be supported to live independently and there will be more provision for younger adults. Conrad Court, a new Extra Care facility for older people came on line during the year.	●

Continue to develop and improve the provision of information and advice	The new social care and health webpages went live in August 2015. The website was designed and tested with residents and provides information and advice about local health and social care services, how to maintain and improve your health and wellbeing and better manage any existing conditions. We worked with Carers Lewisham to ensure that advice and support is available to enable carers to continue caring and lead healthy and independent lives. We made it easier to get the right advice and support to look after yourself - to stop smoking, reduce alcohol and drug misuse; promote mental and emotional wellbeing and healthy eating - with a range of interventions and actions to support behaviour change. Work continued to develop and enhance the Single Point of Access, already the Single Point of Access covers all district nursing and social work services. This will improve the co-ordination and provision of health and social care information for Lewisham people. We worked with the 'Go On' project by speaking with residents to better understand the barriers to digital inclusion. We supported initiatives to establish Digital Zones in shops, banks and public buildings where people can discover the benefits that basic digital skills bring to everyday life.	
Continue to develop our partnership approach to safeguarding	A team was established to ensure that requests under the Deprivation of Liberty Safeguards applications were managed effectively, and additional Best Interest Assessors were trained. Safeguarding Adults Training was developed in line with new legislation to improve practice.	

	As part of the London pilot on Making Safeguarding Personal (MSP), we have developed our practice so that clients are fully engaged with the safeguarding process, in line with the Care Act 2014, statutory guidance and the Pan-London adult safeguarding policy and procedures. There was close partnership working between LB Lewisham, NHS Lewisham Clinical Commissioning Group, NHS England and the Care Quality Commission in relation to a major enquiry involving Organisational abuse. There was very positive feedback from Association of Directors of Adult Social Services and the Care Quality Commission in relation to the well managed closure of two nursing homes following liquidation of the management company.	
Continue to play a key role in the wider integration and transformation of health and social care in Lewisham.	As demand on the NHS continues to grow we are working on an Enhanced Care and Support project that will further develop / redesign services that either: - Stop people being admitted to hospital by wrapping health and social care services around them in their homes, and being able to provide medical interventions and tests in a day unit at Lewisham Hospital so people can return home on the same day. - Allow people to be discharged from hospital once they are medically fit as soon as possible and carry out any assessment in their own homes.	

Plans for 2016/17

Our priorities	What this means for residents
Working with our health and care partners to deliver a whole system model of care.	By working closer together, sharing information and responding to changes in health needs, we will deliver better co-ordinated care in your home and help you to remain independent as possible We will ensure that you do not need to go into hospital unnecessarily, but if you do have to stay in hospital you return home as soon as possible.
Delivering a Quality Assurance Framework for Assessment and Care Services.	We will further develop systems that monitor and measure the quality of the care and support you are receiving both from us and from providers. This will ensure that we are keeping people safe and help support the care providers.
Further develop a Single Point of Access and information and advice.	We will ensure that you are able to access information and advice and signposting 24 hours per day, no matter where you are. The information you will be given will help you make the right choices for you and your families. We will use new technology so that you can tell us about your care needs at any time. This information will be available to other professionals who may be supporting you.
Improving choice and delivering outcome based services.	We will work with agencies commissioned to provide care at home. New outcome based contracts will offer more choice and control over the care you and your families receive. We will continue to develop personal assistants providing greater choice.
Continued improvements to safeguarding in line with Care Act requirements.	We are planning to develop an Adults Multi Agency Safeguarding Hub. This means Social Workers and Police Officers will work together and identify people who are at risk of abuse much faster. We will continue to develop the 'Making Safeguarding Personal' programme to ensure the wishes of any person suffering abuse are at the centre of decision making. We will undertake a peer review to ensure we are continuously improving our approach to safeguarding.
Develop partnership work with Children and Young Peoples Services to improve transition arrangements	We will develop services that supports the young person and their families during the period of leaving school and moving to further education. We will ensure that there long term plans in place for housing, social activities and gaining employment

Key performance indicators 2015/16

These indicators are the national set of Adult Social Care outcome framework (ASCOF) indicators that measures how well care and support services achieve the outcomes that matter most to people.

The framework:

- supports councils to improve the quality of care and support services they provide
- gives a national overview of adult social care outcomes in 2015 to 2016

National Adult Social Care Outcomes Framework (ASCOF) Performance Indicators	Lewisham	Regional (London) Average	National (England)
ASCOF 4A: Feeling safe	68.9%	65.9%	69.2%
ASCOF 4B: Services helping people feel safe	89%	81.7%	85.4%
ASCOF 1A: Social care-related quality of life (QoL)	18.7%	18.6%	19.1%
ASCOF 1C(1): % in receipt of SDS/direct payments	97%	85.3%	84.9%
ASCOF 1C(2): % in receipt of direct payments	23.8%	35.4%	36.4%
ASCOF 2A(2): Permanent admissions of older people per 100,000 population	618.6	570.3	628.2
ASCOF 2A(1): Permanent admissions of adults aged <65 per 100,000 population	9.9	10.2	13.3
ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100, 000 population	2.4	3.3	4.7
ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation	98.1	85.4%	82.7%
ASCOF 3A: Overall satisfaction of people who use services	61.7%	60.3%	64.4%