



# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

## Agenda

Tuesday 20 January 2015

7.00 pm

Courtyard Room - Hammersmith Town Hall

### MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Rory Vaughan (Chair) Councillor Hannah Barlow Councillor Elaine Chumney (Vice-Chair)	Councillor Andrew Brown Councillor Joe Carlebach	Patrick McVeigh, Action on Disability Bryan Naylor, Age UK Debbie Domb, HAFCAC

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Date Issued: 12 January 2015

# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

## Agenda

20 January 2015

<u>Item</u>		<u>Pages</u>
<b>1.</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>	1 - 15
	(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 3 December 2014.	
	(b) To note the outstanding actions.	
<b>2.</b>	<b>APOLOGIES FOR ABSENCE</b>	
<b>3.</b>	<b>DECLARATION OF INTEREST</b>	
	<p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
<b>4.</b>	<b>IMPERIAL COLLEGE HEALTHCARE NHS TRUST: ACCIDENT &amp; EMERGENCY WAITING TIMES</b>	
	This report will follow.	

**5. UNDER FIVES FLU VACCINATION PROGRAMME IN HAMMERSMITH & FULHAM**

This report will follow.

**6. 2015 MEDIUM TERM FINANCIAL STRATEGY**

This report will follow.

**7. ABOLITION OF CHARGING FOR HOME CARE SERVICES**

16 - 22

This report details the recommendation to cease charging for homecare services and the customer, financial and staffing implications of the decision.

**8. OVERVIEW OF THE PUBLIC HEALTH SERVICE FOR THE THREE BOROUGHES**

This report will follow.

**9. WORK PROGRAMME**

23 - 24

The Committee is asked to consider its work programme for the remainder of the municipal year.

**10. DATES OF FUTURE MEETINGS**

Wednesday 4 February 2015

Monday 13 April 2015

# Agenda Item 1

London Borough of Hammersmith & Fulham



## Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Wednesday 3 December 2014

### PRESENT

**Committee members:** Councillors Rory Vaughan (Chair), Hannah Barlow, Andrew Brown, Joe Carlebach and Elaine Chumnery (Vice-Chair)

**Co-opted members:** Patrick McVeigh (Action on Disability), Bryan Naylor (Age UK) and Debbie Domb (HAFCAC)

**Other Councillors:** Councillors Sue Fennimore, Vivienne Lukey and Sharon Holder

**Witnesses:** Ingrid Karikari (Casserole Club), Catherine Pymar (Open Age) and Pat Bunche (White City Enterprise)

**Healthwatch CWL:** Paula Murphy, Director

**Officers:** Liz Bruce (Executive Director for Adult Social Care & Health), James Cuthbert (Whole Systems Lead), Stuart Lines (Deputy Director of Public Health), Sue Perrin (Committee Co-ordinator), Mike Potter (Interim Director, Adult Social Care Commissioning) and Paul Rackhman (Head of Community Commissioning)

The Chair stated that he had agreed to the inclusion of 'Under Fives Flu Vaccination Programme in Hammersmith & Fulham' to the agenda, on the grounds of urgency, due to the fact that the flu vaccination season was now here and therefore the issue could not wait until the January meeting.

### **30. MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 17 November 2014 were approved as an accurate record and signed by the Chair, subject to the addition of the following:

#### **24. Call for Evidence on Engaging Home Care Service Users, Carers and Families**

Page 6, third paragraph, add 'Councillor Chumnerly stated that a change of mindset was needed and Mrs Bruce agreed that this was urgent.'

### **31. APOLOGIES FOR ABSENCE**

Apologies for lateness were received from Ms Domb.

### **32. DECLARATION OF INTEREST**

There were no declarations of interest.

### **33. CALL FOR EVIDENCE - FUTURE ARRANGEMENTS FOR MEALS ON WHEELS**

Ms Karikari, stated that the Casserole Club was a community food sharing scheme, which connected people in a local area who were passionate about food and cooking and the community with older people who could not cook for themselves, to share meals on a regular basis. The benefits included: reduced social isolation and loneliness; improved food provision among older people; helping people to stay independent for longer; strengthened connections between generations within communities; and providing a flexible approach for people to volunteer their time and skills locally.

Ms Karikari stated that volunteers were required to complete a criminal records check and food hygiene test. Local recruiters such as Age UK helped to find diners and sign them up. The Casserole team helped to match cooks and diners.

The report which had been tabled, set out the development of the Casserole Club and its achievements. The Casserole Club was not currently live in the three boroughs.

Catherine Pymar stated that Open Age, which had started 21 years ago in Kensington & Chelsea, championed an active life for older people. It worked across the three boroughs to enable anyone aged 50 or older to sustain their physical and mental fitness, maintain an active lifestyle, develop new interests and make new friends.

Open Age had over 4,500 members and provided some 400 weekly activities. There had recently been a grant from Hammersmith & Fulham Council.

Lunch groups were held in Westminster and Kensington & Chelsea, both in restaurants and sheltered housing schemes, with a local delicatessen

delivering to groups. A two course meal was provided for £4.50. Open Age was able to subsidise meals up to a value of £8.50, through grants.

Open Age tried to help particularly those people who were isolated and lonely and had issues with public transport. Home visits were made to encourage people to participate in activities and help with public transport was provided. The focus was to get people out of their homes and to build on the community and networks in the local area, thereby reducing isolation. Open Age aimed to support physical and mental wellbeing, to engage with the local community and to use local businesses.

Pat Bunche, Interim Director of White City Enterprise, a not-for-profit social enterprise, soon to become a registered charity stated that the Enterprise helped the community to take on the delivery of local services for White City and Wormholt.

There was a good opportunity for jointed up work in getting residents into the community. Projects included a support network for local parents called 'Neighbourhood Mums and Dads', aimed at young isolated families. The Enterprise was working with Big Local and Hammersmith United Charities to deliver a number of other befriending projects, aimed at vulnerable local people, generally older people. All projects relied on volunteers. An IT mentoring project helped people to get online and there were plans to develop community gardens.

The Community Champions, who supported their neighbours by passing on advice and building awareness, would host the Healthy Winter event at Parkview Centre for Health & Wellbeing the following week.

The 'over 50s building' had been transferred to the management of the Enterprise, and it was hoped that this would become a hub for wellbeing in the community. The Enterprise had recently met with Hammersmith & Fulham Foodbank, and it was hoped to make a provision in the building, which would be more than just a foodbank, for example giving advice on how to cook healthy meals on a budget and the provision of some meals.

Mr Lines stated that malnutrition and social isolation were public health issues. However, the level of need was an issue because it was difficult to get an accurate number of malnourished people, as this data was not recorded. They tended to be people living at home, and malnourishment was linked with the growing prevalence of dementia. It was estimated that there might be up to 2,000 malnourished people in the borough. 1,000 people had been diagnosed with dementia, although the true figure was likely to be higher.

Effective interventions in respect of malnutrition were limited as there was a lack of evidence regarding people not eating properly. There were links with an aging population and other needs such as falls, physical activity and potentially fuel poverty.

Public Health was working closely with Adult Social Care to develop effective services to identify and screen people, which it hoped would be based at White City.

Councillor Carlebach noted that, in contrast, there was currently publicity in respect of obesity.

Ms Karikari responded that the Casserole Club aimed to provide more than a meal; it was a vehicle for bringing people together and for friendships. Ms Pymar stated that Open Age endeavoured to provide a healthy meal and also cooking classes. It encouraged people to cook and to think about nutritional values. Ms Bunche added that White City Enterprise had the potential to develop healthy foods, working with dieticians and to monitor people with whom it was working.

Councillor Brown stated that malnutrition and obesity were often found in the same person and mentioned a number of useful contacts, which he agreed to forward in an e-mail.

**Action: Councillor Brown**

Councillor Chumnerly queried the relationship with foodbanks. Ms Karikari responded that it would be possible to explore in a particular area.

Councillor Barlow queried the support the Casserole Club would need to set up in an area. Ms Karikari responded that a new project would need access to the local authority website, people to support with advice and guidance and matching diners and cooks and a key person to lead the project.

Councillor Lukey queried the service and assistance with transport, provided by Open Age. Ms Pymar responded that Open Age facilitated the use of transport. Westminster Community Transport provided transport specifically for residents of Westminster who found it difficult to use public transport unassisted. Hammersmith & Fulham had funded the development of this link for its residents who could not use public transport.

Ms Pymar indicated the range of services provided across Kensington & Chelsea and Westminster, and specifically lunch clubs and Sunday lunch. There was capacity to offer more, with additional funding.

Mr Naylor stated that Age UK also provided lunch clubs and a befriending service and had recently carried out a survey of loneliness and isolation. There was a need for services to be individual and local, and transport was an essential part of a successful service. Mr Naylor offered to circulate the report entitled "Loneliness and Isolation - Evidence Review".

**Action: Bryan Naylor**

Ms Karikari responded to a query, that the Casserole Club could not replace Meals on Wheels, which delivered good value meals to a large number of people. The Casserole Club was something slightly different, based on connecting people, more of a one to one relationship.

Councillor Vaughan asked the three guests how the Council could support their organisations, Ms Bunche suggested a potential way would be to identify an area where services were already being delivered and other resources were available and for a task group to join together the services provided by these different organisations.

Ms Pymar responded that she echoed the previous comment. Some people were challenged by transport. Council support from Adult Social Care and NHS GP surgeries, could help to identify people who could benefit, some of whom were isolated at home. Ms Karikari stated that it was necessary to start with service users to try to understand the situation and research and talk to the people who needed to be reached.

Members acknowledged the level of work in reshaping the service provision. It was suggested that; GPs and Adult Social Care could help to identify people who were at risk. In addition, there was available evidence from the experiences of local community services, the community champions and people who used the services.

Councillor Barlow requested that a future report included a breakdown of the £75,000 budget.

Councillor Vaughan summarised the key points:

1. Research and mapping: for future arrangements to work properly, there needed to be a body of evidence, which would clarify the people which Adult Social Care was trying to target and to understand their needs.
2. A pilot within the borough would test any further expansion of lunch clubs as a way forward.
3. There needed to be clarity in respect of the offer.

#### **RESOLVED THAT:**

1. The Committee recommended that a range of services to combat elderly isolation (lunch clubs, good neighbours, community groups befriending, etc.) were incorporated into the People First website.

**Action: Mike Potter**

2. An update report would be added to the work programme.



### **34. UNDER FIVES FLU VACCINATION PROGRAMME IN HAMMERSMITH & FULHAM**

A briefing on flu immunisation for children by Dr Andrew Burnett, Interim Consultant in Public Health Medicine and a report by Lynda Gibbon, Interim Immunisation Manager for London, NHS England (NHSE) had been received.

The Chair had agreed to the addition of this item on the grounds of urgency, because of concerns in respect of the lack of uptake of the vaccination by children under five, the target cohort for 2014/2015 winter season.

The report from NHSE set out the uptake for children in Hammersmith & Fulham in the cohorts two years, three years and four years to the end of November 2014. Whilst the uptake was slightly higher for children with long term medical conditions than for healthy children, it was still significantly lower than the target to offer the vaccine to 100% of the eligible cohort.

Mr Lines emphasised the importance of this public health prevention initiative. The public health function was split between Public Health England and NHSE, which had commissioned GP providers to offer free flu immunisation to all eligible children and to provide activity data on a weekly basis. Whilst performance was not good, there was also an issue with poor data, partly attributable to the way in which GPs reported and the churn of patients.

It was the responsibility of the commissioned provider (GP practice) to invite parents to attend with their children for vaccination and to continue to invite them if they did not attend. Public Health England had produced a range of information for parents to support their decision making.

Councillor Carlebach stated that he had asked for the item to be included on the agenda as parents had reported to him a lack of clarity over the availability and delivery of the flu vaccination for children under 5 years. He considered the uptake unacceptable and that it put lives at risk, particularly those with long term medical conditions, who were more vulnerable. He considered that councillors should take ownership of the problem and give a voice to those who were unable to speak for themselves.

Councillor Carlebach stated that he had been told that many GPs had not informed families that the vaccine was available. Nurseries and children's centres appeared to have little or no information, and similarly school nurses and health visitors. Councillor Carlebach considered that there should be a plan for contacting these groups.

Mrs Bruce stated that NHSE and Public Health England were responsible for commissioning these services. Councillor Brown noted that NHSE had a relatively small number of staff. He considered that the role of NHSE was commissioning, and that in year monitoring was the responsibility of the local authority and that the Public Health budget could be used to get the message into the community, for example whilst school children would be mostly over five, they would often have siblings. The Council website and Twitter feed

could also be used to inform people. Councillor Brown added that preventable health conditions incurred pressure on the health system.

Councillor Lukey responded that the Council did not hold the budget, but it should be possible for the Health & Wellbeing Board to take some leadership. NHSE had not indicated why uptake was low. It was difficult to improve uptake, without knowing what had gone wrong. Councillor Lukey suggested a meeting between the Interim Immunisation Manager, Dr Tim Spicer and Public Health.

Councillor Carlebach considered that as GPs had been commissioned to give the vaccine, GP practices should be contacted.

Councillor Holder noted that the low uptake was not a problem just for Hammersmith & Fulham. The problem needed to be identified and addressed as soon as possible.

Mr Naylor stated that the suggestions put forward were not mutually exclusive and that all those with responsibility should be challenged.

Mr Lines stated that low uptake of the vaccination was a priority and that the Council and Public Health had a leadership role. There was potential for increased publicity to help create demand. A national publicity campaign had not happened.

Councillor Vaughan summarised that a vaccination campaign had not happened in Hammersmith & Fulham; GPs were not inviting parents to attend with their children for the vaccination; and parents were unclear as to where to get the vaccination. The data clearly indicated a low uptake, which was highly unsatisfactory.

#### **RESOLVED THAT:**

The Committee recommended that:

1. The CCG should contact parents to inform them of the availability of the vaccination.
2. There should be an action plan in respect of the relationship between NHSE and the CCG.
3. The issue of low uptake of the vaccination should be escalated, if not resolved by the end of the week.

Councillor Chumnerly stated that the issue should be raised in conjunction with the Children's & Education PAC. Councillor Carlebach stated that he had contacted the PAC.

### **35. HEALTHWATCH CENTRAL WEST LONDON**

Ms Paula Murphy, Director Healthwatch, Central West London (CWL) and Sam Wallace, Borough Manager for Hammersmith & Fulham presented the report, which provided an update on the implementation of Healthwatch (CWL); outlined key projects; and invited PAC members to consider the potential for joint working.

Councillor Barlow queried progress in respect of the outstanding concerns in respect of Shaping a Healthier Future (submitted in October 2014). Ms Murphy responded that Healthwatch CWL met monthly with Dr Tracey Batten to inform the patient engagement programme and clinical strategy. In addition, there were monthly meetings with the Chair and Managing Director of the CCG. Healthwatch CWL aimed to ensure that what local residents were saying influenced changes.

Mr Wallace responded to a query regarding mental health and young people in Hammersmith & Fulham that there were concerns in respect of availability and sign posting, and sometimes a lack of understanding of the role of the various organisations. Information was not joined up. Healthwatch had spoken to young people and visited local CAMHs services and hoped to be involved in the Hammersmith & Fulham multi-agency task group. The project had identified a gap in respect of parental mental health. The report had been presented to the Children's and Education PAC.

Children had been placed out of the borough as a consequence of a reduction in the number of in-patient beds. It was hoped to undertake more work, in conjunction with Healthwatch in other areas.

Mr Naylor referred to the importance of the concept of co-production, and Age UK's experience of meetings but no significant co-production with the CCG. Ms Murphy responded that, in terms of the NHS, there was definitely room for improvement. There was a need to widen communication. Healthwatch would welcome a patient engagement strategy, which included a vision and milestones.

Mrs Bruce responded in respect of placements of young people, that there was a clear policy of not placing young people out of the borough. The figures would be provided to the Committee as part of the report on transition from Children's to Adult Social Care. Councillor Carlebach commented that it might be parental preference that the best place for a young person was out of borough. It was not possible to provide all facilities within borough.

Members queried the role of Healthwatch in making recommendations on national proposals and how evidence was fed into the recommendations. Ms Murphy responded that there was a statutory requirement for organisations to provide a response to Healthwatch within 20 working days, in a formal manner. The response in respect of Hammersmith Hospital was due by the end of the week.

Healthwatch could submit evidence and make recommendations to the Safeguarding Board, Scrutiny Committees and Health & Wellbeing Boards. Dignity Champions were able to enter and view publicly funded health and care services, and make recommendations about how those services could or should be improved. The report was confidential for 20 days and then made public and shared with the commissioners of the service and the CCG. Providers were required to put in place an action plan to implement the recommendations.

Councillor Brown queried the awareness of members of the public in respect of Healthwatch. Ms Murphy responded that as part of the year one review, a question had been included in a residents' survey. 26% of the local population had responded that they were aware of Healthwatch. It was hoped to increase this percentage. £8,000 had been spent on communications, including the website. Healthwatch was being pro-active in going out to the public to raise awareness and lobbying Healthwatch England to raise awareness.

Councillor Vaughan thanked Ms Murphy and Mr Wallace for attending the PAC and suggested that some of the work of Healthwatch could be dovetailed with that of the PAC. A meeting would be arranged for the Chair and Healthwatch to discuss the potential for joint working.

**Action: Committee Co-ordinator**

### **36. ADULT SOCIAL CARE CUSTOMER FEEDBACK: ANNUAL REPORT 2013/2014**

Mr Potter introduced the report, which provided a summary of the volume, type and outcome for all statutory complaints and feedback received by the Adult Social Care Services in 2013/2014.

Approximately 50% of complaints were either upheld or partially upheld. The largest source of complaints were linked to homecare. As discussed previously, this group of people were reluctant to complain, and it was therefore possible that the level of dissatisfaction was under-reported.

Councillor Chumnerly queried whether Members' enquiries were recorded as complaints. Mr Potter responded that Members' enquiries would not be listed as statutory complaints unless they came into the narrow definition. Members enquiries were managed outside the Customer Feedback Team. Whilst they needed a director level response, they would not necessarily be captured. Councillor Chumnerly considered that there should be some system for recording members' enquiries. Mrs Bruce stated that enquiries, complaints and compliments were all very important.

Mr McVeigh queried whether the fifty eight people who had complained were currently receiving a good service and whether there was an independent follow up. Mrs Bruce responded that other ways of measuring customer

satisfaction were in place, for example user surveys, telephoning and talking to people and mystery shoppers.

Mr Naylor considered that people should be encouraged to complain, and that complaints were a valuable learning tool, and that the tone of the report was slightly defensive. Mr Potter responded that this was not intended, and that the report was part of a wider discussion of customer feedback. Mrs Bruce added that Adult Social Care was also happy to take oral complaints.

Councillor Brown commented that the word 'complaint' deterred people from making a complaint. It was a confusing term as people did not like to complain.

In conclusion, Councillor Vaughan requested that a more comprehensive report on customer feedback be brought to a future meeting.

#### **RESOLVED THAT:**

A comprehensive report on customer feedback be added to the work programme.

#### **37. CUSTOMER JOURNEY: IMPROVING FRONT-LINE HEALTH & SOCIAL CARE SERVICES**

Mr Cuthbert presented the proposal to reform Adult Social Care. The report set out the five reasons for such a change.

In spring 2014, the three councils had commissioned an independent review of Operations beginning with focus groups from each borough. The groups were asked to explain their experiences and the reviewers picked four things that mattered most: control, quality coordination and clarity.

The report summarised the issues in respect of the changes in the borough's population and the Council's extended legal duties, brought about by the Care Act and the Children and Families Act.

The national policy of care in the community had meant that more complex care currently happened in or near people's own homes. New initiatives like the Better Care Fund meant that this trend would continue. The Council's medium-term financial plan showed that the budget for Adult Social Care, currently £64million would be £56million in 2016/2017. There would be a 10% reduction in Operations staff.

The report set out the proposals to reform Operations, with a simple service structure with only two teams, with a clearer role:

- (i) A short-term, integrated Community Independence Service to help people when a problem with their health or a crisis in their life put them at risk of losing their independence,

- (ii) A local service for people whose long-term needs were mostly stable which helped them manage their support and lead an independent life.

Mr Cuthbert stated that whilst the proposals could be funded through the Better Care Fund in 2015/2016, the funding for the service was uncertain from the second year.

Mrs Bruce stated that the proposed new service enabled savings of £0.5million in 2015/2016 and plans for additional savings of £1.3m for 2016/2017.

Councillor Barlow queried the accountability of the different organisations. Mrs Bruce responded that Adult Social Care Operations would remain a statutory service of the Council, integrated with health services. The Director of Health & Adult Social Care was the Accountable Officer for discharge of the Council's statutory duties, unless it was agreed to delegate part of the duties going forward. This model did not delegate. The responsible GP would be held to account by Adult Social Care. The service specification would set out the hours, both in hours and out of hours operation.

Councillor Brown queried whether a unit on the Charing Cross site was still under consideration. Mrs Bruce responded that this model was primarily out of hospital care, whilst the Shaping a Healthier Future proposals were in respect of reconfiguration of acute hospitals. Mrs Bruce had not been briefed in respect of an intermediate facility on the Charing Cross site.

Councillor Lukey stated that a meeting with the CCG had been cancelled and would be re-scheduled, The Council needed to understand the better offer for that site. Councillor Lukey was not aware of the site proposals.

Councillor Holder commented that the proposals looked similar to the Whole System described by the CCG. Councillor Carlebach added that the proposals needed to be locality based, with a geographical area aligned with GP networks.

Councillor Chumnery queried how incidents of next day care in the community following discharge not happening fitted into the flow chart. Mrs Bruce responded that the top box of the flow chart had entire responsibility from the time a customer entered the system until a customer left because the service had come to an end. Some aspects of the Community Independence Service were already happening. There would be a multi-disciplinary agreement between hospitals and GPs and nurses. Adult Social Care would follow through to ensure that a home care package was in place. The risk was in respect of the interface, for example a GP not knowing that a patient had been discharged. It was good practice for a patient not to be discharged after a certain time, and this would be written into the agreement. Currently, consultant geriatricians were coming out of the ward and into homes. This would be rolled out if people were happy with the model.

Mrs Bruce responded to a query from Mr McVeigh that the Operations budget would be reduced to £4million in 2016/2017 and there would be staff



reductions. The new model would respond better and more efficiently to customer needs. In addition, there would be investment from the CCG. An accountability framework and a quality framework would sit within the model. This detail had not been provided in the report.

Ms Domb noted that there should be a wrap around service. Many people had bad experiences and work was needed on discharge procedures at Imperial. Mrs Bruce responded that some of the issues were complex and Adult Social Care would welcome future scrutiny.

Councillor Vaughan commented that the report was a simplification of the customer journey and that people going through the system might not see the gains. He suggested that there should be a pilot to ensure that the system worked in practice. Mrs Bruce responded that the new model had been piloted by Kensington & Chelsea. It was not possible at this stage to detail savings and there remained some uncertainty in respect of the future of NHS/CCG model.

**RESOLVED THAT:**

An update report to provide more detail of the proposed model would be added to the work programme.

**38. WORK PROGRAMME**

*The Chair proposed and it was agreed by the committee, that the guillotine be extended by 5 minutes to 10.05pm.*

**RESOLVED THAT:**

1. Consideration would be given as to how to add an item on the integration of healthcare, social care and public health to the work programme.
2. The Public Health item be brought forward to an earlier meeting.
3. An additional meeting would be required, in view of the number of items on the work programme.

**39. DATES OF FUTURE MEETINGS**

20 January 2015  
4 February 2015  
13 April 2015

Meeting started: 7.07 pm  
Meeting ended: 10.05 pm

Chairman .....

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## APPENDIX 1

### Recommendation and Action Tracking

The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minute No.	Item	Action/recommendation	Lead Responsibility Progress/Outcome	Status
6.	Imperial College Healthcare NHS Trust: Cancer Services Update	Information to be provided in respect of: <u>Vaccinations</u> : (i) whether flu vaccines would also be offered to patients at Queen Charlotte's hospital: (ii) the number of vaccinations given to patients and staff, to include the provision of the shingles vaccine.  (iii) <u>Cancer Care</u> : action to improve the time between a patient presenting at their GP and a clinical referral.	Imperial College Healthcare NHS Trust	Complete
7.	Shaping a Healthier Future: Update	Information to be provided in respect of: (i) current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing (ii) further detail in respect of where the patients who used the Central Middlesex and Hammersmith Hospitals lived <u>Hammersmith Hospital</u> (iii) the community groups identified	<u>H&amp;F CCG/Shaping a Healthier Future</u> Information provided  A full list of community groups which have received leaflets and posters about the changes as well as the list of organisations we are engaging in face-to-face meetings provided.	Complete

		(iv) communication plan: evaluation criteria  (v) skills-gap analysis and methodology  (vi) expected patient numbers following the closure of the A&E.		
17.	2015 Medium Term Financial Strategy	A written response in respect of servicing the Council's debt to be provided.	Response provided by Hitesh Jolapara.	Complete
18.	H&F Clinical Commissioning Group/Imperial College Healthcare Trust	Information to be provided in respect of:  (i) flu vaccination rates for staff.  (ii) the board level meetings at which the Shaping a Healthier proposals had been discussed.  (iii) foundation trust application (if in public domain)	Imperial College Healthcare NHS Trust	Complete
27.	Independence, Personalisation and Prevention in ASC	(i) Members to be informed whether the tender included the requirement to pay the London living wage.  (ii) The tender specification to be circulated to members.	Liz Bruce  Paul Rackham	Complete
34	Under Fives Flu Vaccination Programme in H&F	Update	Response provided by Stuart Lines, 16 December.	January 2015 meeting.

	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</b></p> <p align="center"><b>20th JANUARY 2015</b></p>
<p><b>2015 Medium Term Financial Strategy</b></p>	
<p><b>Report of the Cabinet Member for Health &amp; Adult Social Care</b></p>	
<p><b>Report Status:</b> Open</p>	
<p><b>Classification:</b> For review and comment.</p>	
<p><b>Key Decision:</b> No</p>	
<p><b>Wards Affected:</b> All</p>	
<p><b>Accountable Executive Director:</b> Liz Bruce, Tri Borough Executive Director for Adult Social Care (ASC) / Stuart Lines, Acting Tri-Borough Director for Public Health (PHS)</p>	
<p><b>Report Author:</b> Jane West, Executive Director of Finance and Corporate Governance / Rachel Wigley - Tri-borough Director for ASC Finance / Jon Laker – Business Partner for Public Health</p>	<p><b>Contact Details:</b>            Tel: 020 8753 1900            E-mail: <a href="mailto:jane.west@lbhf.gov.uk">jane.west@lbhf.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1 The Council is obliged to set a balanced budget and council tax charge in accordance with the Local Government Finance Act 1992. Cabinet will present their revenue budget and council tax proposals to Budget Council on 25 February 2015.
- 1.2 This report sets out the budget proposals for the services covered by this Policy and Accountability Committee (PAC). An update is also provided on any changes in fees and charges.

## 2. RECOMMENDATIONS

- 2.1. That the PAC considers the budget proposals and makes recommendations to Cabinet as appropriate.
- 2.2. That the PAC considers the proposals to freeze, reduce and abolish ASC fees and charges and makes recommendations as appropriate.

## 3. INTRODUCTION AND BACKGROUND

- 3.1 The context for the departmental budgets that relate to this PAC, and financial background to the MTFs, were reported to this Committee in October. An updated Medium Term Financial Strategy (MTFS) forecast<sup>1</sup> is set out in Table 1. The 2015/16 budget gap, before savings, is £23.8m, rising to £69.7m by 2018/19.

**Table 1 –Budget Gap Before Savings**

	£'m	£'m	£'m	£'m
	2015/16	2016/17	2017/18	2018/19
<b>Base Budget</b>	<b>181.5</b>	<b>181.6</b>	<b>181.6</b>	<b>181.7</b>
Add:				
- New Burdens	0.8	0.8	0.8	0.8
- Inflation	2.5	5.3	8.1	10.9
- Contingency (Pay etc)	1.3	3.0	5.3	7.5
- Contingency (CCTV Parking)	1.0	1.0	1.0	1.0
- Current Headroom	1.3	1.2	2.4	3.6
- Growth	4.0	6.2	6.8	6.8
<b>Budgeted Expenditure</b>	<b>192.5</b>	<b>199.1</b>	<b>206.0</b>	<b>212.3</b>
Less:				
- Government Resources	(56.6)	(45.9)	(35.8)	(26.5)
- LBHF Resources	(112.0)	(112.4)	(114.2)	(116.1)
<b>Budgeted Resources</b>	<b>(168.7)</b>	<b>(158.3)</b>	<b>(150.0)</b>	<b>(142.7)</b>
<b>Budget Gap Before Savings</b>	<b>23.8</b>	<b>40.9</b>	<b>56.1</b>	<b>69.7</b>
<b>Risks</b>	<b>12.6</b>	<b>20.4</b>	<b>21.1</b>	<b>21.1</b>

- 3.2 Money received by Hammersmith and Fulham Council from central government is reducing significantly every year. From 2010/11 to 2014/15 government funding was cut by £46m. The 2015/16 funding reduction is £20.3m. Funding is forecast to reduce by a further £30.1m from 2016/17 to 2019/20. A fuller explanation of the funding forecast and spending power calculation is set out in Appendix 6.
- 3.3 Locally generated LBHF resources are council tax and the local share of business rates. Business rates are projected to increase in line with economic growth in future years. The council tax forecast assumes a 1% cut in 2015/16. The 1% cut has reduced the income forecast by £0.5m per annum. Figures for 2015/16 business rates, due to the timing of government guidance, will not be confirmed until late January. There remains a risk (a maximum of £3m) that the current budget forecast may need to be reduced.

<sup>1</sup> A 4 year forecast is provided as this is the time frame within which the government resource spending envelope was identified as part of the 2013 Autumn Statement.

3.4 Future resources are uncertain. Government funding reductions could be more or less than currently modelled. Likewise council tax and business rates income may vary. Sensitivity analysis has been undertaken to test the resource forecast against more optimistic or pessimistic assumptions. For example, should annual government funding reductions be 5% more than currently modelled (on going annual reduction of 10%), for 2016/17 to 2018/19, the budget gap would increase by £12m. Against this risk it is worth noting that the general fund reserve would stand at £20m following the draft proposals in the upcoming budget.

#### 4. GROWTH, SAVINGS AND RISK

4.1 The growth and savings proposals for the services covered by this PAC are set out in Appendix 1 with budget risks set out in Appendix 2.

##### Growth

4.2 Budget growth is proposed in a number of areas. The growth proposals for 2015/16 are summarised by Department in in Table 2.

**Table 2 2015/16 Growth Proposals**

	£'000s
Adult Social Care	599
Children's Services	1,392
Environment, Leisure and Residents Services	671
Finance & Corporate Services	300
Housing and Regeneration Department	130
<b>Budget Growth</b>	<b>3,092</b>
Transport and Technical Services Growth offset against additional savings found within department	925
<b>Total Growth</b>	<b>4,017</b>

4.3 Table 3 summarises why budget growth is proposed:.

**Table 3 – Reasons for 2015/16 Budget Growth**

	£'000s
Government related	900
Other public bodies	375
Increase in demand/demographic growth	489
Council Priority	511
Existing Budget Pressures	1,742
<b>Total Growth</b>	<b>4,017</b>

## Savings

- 4.4 Due to the funding cuts from Central Government, and the need to meet inflation and growth pressures, the council faces a continuing financial challenge. The budget gap will increase in each of the next four years if no action is taken to reduce expenditure or generate more income.
- 4.5 In order to close the budget gap for 2015/16:
- Corporate budgets have been subject to initial review and savings of £3.3m have been identified for 2015/16.
  - Savings of £20.5m are proposed for Departments.

The 2015/16 savings proposals are summarised in Table 4.

**Table 4 – 2015/16 Savings Proposals by Department**

<b>Department</b>	<b>Savings £'000s</b>
Adult Social Care	(6,514)
Children's Services	(4,071)
Environment, Leisure and Residents' Services	(1,395)
Libraries and Archives	(162)
Finance and Corporate Services	(2,762)
Housing and Regeneration	(982)
Transport and Technical Services	(4,307)
Public Health	(350)
<b>Total Departmental Savings</b>	<b>(20,543)</b>
Corporate Savings	(3,273)
<b>Total All savings</b>	<b>(23,816)</b>

## Budget Risk

- 4.6 The Council's budget requirement for 2015/16 is in the order of £168.7m. Within a budget of this magnitude there are inevitably areas of risk and uncertainty particularly within the current challenging financial environment. The key financial risks that face the council have been identified and quantified. They total £12.6m. Those that relate to this PAC are set out in Appendix 2.

## 5 FEES AND CHARGES

- 5.1 The budget strategy assumes that there will be no real terms increases in any fees and charges, unless set by outside Statute or Regulation. In line with council policy, this is calculated using the Retail Price Index for inflation in the August of the year preceding the budget. Many fees and charges will be frozen in absolute terms, including charges for parking, school lunches and adult education. Some charges, such as Meals on Wheels, have been reduced. Other charges, most notably Home Care Charges, have been scrapped altogether.

5.2 In the area of Adult Social Care, all charges have been frozen, reduced or abolished. A listing is set out in Appendix 3 for comment by the PAC.

## 6 2015/16 COUNCIL TAX LEVELS

6.1 Cabinet propose to cut the Hammersmith and Fulham’s element of 2015/16 Council Tax by 1%. This will provide a balanced budget whilst reducing the burden on local taxpayers at a time of rising living costs.

6.2 The Mayor of London has announced his intention to set the Greater London Authority precept at £295 a year (Band D household) for 2015/16. The draft budget is currently out for consultation and is due to be presented to the London Assembly on 28 January, for final confirmation of precepts on 23 February.

6.3 The impact on the Council’s overall Council Tax is set out in Table 5.

**Table 5 – Council Tax Levels**

	<b>2014/15 Band D</b>	<b>2015/16 Band D</b>	<b>Change From 2014/15</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Hammersmith and Fulham	735.16	727.81	(7.35)
Greater London Authority	299.0	295.0	(4.0)
<b>Total</b>	<b>1,034.16</b>	<b>1,022.81</b>	<b>(11.35)</b>

6.4 The current Band D Council Tax charge is the 3<sup>rd</sup> lowest in England<sup>2</sup>.

## 7. Comments of the Executive Director for Adult Social Care and Health on the Budget Proposals

7.1 There are major changes which will have a dramatic impact on the shape and size of the Adult Social Care budget.

7.2 The number of people using our services continues to increase, bringing pressure to our budgets;

7.3 The changes that are set out in the Care Act will bring increased costs (as our duty to assess increases) and reduced income (as the cost of care will be capped). The costs of implementing the care act has been estimated at £1.426m for 2015/16. As announced in the 2015/16 local government finance settlement, the Council will receive £839,812 grant funding for new burdens. This funding is split into £626,550 for early assessments against the cap on care costs, universal deferred payment agreements and additional funding for Care Act implementation, including carers right’s and

<sup>2</sup> Excluding the Corporation of London

£213,262 for assessing and meeting the social care and support needs of offenders residing in prisons.

- 7.4 The balance of the funding for the estimated costs of £586,000 is funded from the Better Care Fund allocation for the Care Act and we await confirmation from government about how the extra costs for future years will be resourced.
- 7.5 The 2013 Spending Round announced a fund of £3.8bn nationally to ensure closer integration of health and care services from 2015/16. This is the Better Care Fund (BCF). The development of the plan is also an opportunity for Adult Social Care and the NHS to review its thinking around the integration of operational services encompassing community nursing, therapies and care management, which were previously part of the Tri-borough programme. The BCF is not new money, but the re-utilisation of current funding streams. As announced in the 2015/16 local government finance settlement, the Council will receive £13.184m which predominately includes existing budgeted health funded commitments of £11.6m, additional investment expected as a result of implementing the community independence service of £0.87m and Care Act new burden funding . It includes the “Social Care to Benefit Health” funding which local authorities have received for the past three years and which is being used to sustain local social services.
- 7.6 The BCF Plan has signalled agreement on the direction of travel by Cabinet members and Clinical Commissioning Groups (CCG) Chairs. We are looking to fundamentally transform the quality and experience of care across health and social care over the next five years. The proposal is to create new joined up support and care within communities. The BCF document sets out investment from Health for 2015/16 for a new Community Independence Service (CIS) in order to deliver much larger savings. One year funding been agreed, however the CIS services are being modelled over the medium term with increased resource and therefore there is risk of uncertainty over future years funding.
- 7.7 We are looking to drive reductions in emergency admissions to hospital and the demand for residential and nursing home care. Appendix 5 highlights the additional investment expected a result of implementing the community independence service of £0.87m as well as savings expected as a result of the Better Care Fund of £1.6m
- 7.8 The Independent Living Fund (ILF) is a scheme financed by the government that aims at supporting disabled people with substantial high needs to live independently in the community rather than in residential care. ILF offers financial support to fund packages of care for those with severe disabilities. The ILF has been closed to new applications since 2010. Current ILF users will continue to receive ILF funding until 30 June 2015 if they are still eligible. From 1 July 2015 all social care support will be provided by Councils and ILF funding should be transferred to Councils via a grant. We await the details of the funding levels and there is a risk that funding would not match estimated costs.



## **Saving Proposals**

7.9 We need to ensure we maintain control over ASC's large and complex budgets during the changes set out above, whilst also reducing our cost base to meet each Council's budget target where possible. The reduction in public sector funding has made the need to make further savings inevitable and deeper than previously experienced.

7.10 We are aiming to do this by a focus on better for less:

- i. Creating a portfolio of projects – with a focus on transforming the way service is provided through operations alignment by implementing a single operating model and organisational restructure so as to meet local service requirements (saving £0.615m); investment in preventative assistive technology with the aim of reducing costs of home care services (£0.206m);
- ii. Contract efficiencies to be achieved by renegotiation of residential and nursing placement contracts (£0.597m); reprocurring Supporting People contracts with a view to manage prices within the budget (£0.843m). This will ensure cost restraint in contracts and reduce costs where possible through a strategic and detailed approach to contract management;
- iii. Reconfiguration of services within the Learning Disabilities client group by reducing the need for expensive out of Borough supported accommodation (£0.089m), maximising in house day care provision (£0.087m) and review of residential care home facilities (£0.037m);
- iv. The department has benchmarked and reviewed a number of high unit cost services . These include review of all high cost, high needs placements for continuing health funding with a proposed saving of £0.106m.
- v. Taking a more holistic approach to the commissioning of services by working in closer partnership with health through integrated commissioning with health (£0.260m), improving outcomes and reducing dependency amongst residents through better joint services with the NHS (£0.157m) and charging Central London Community Healthcare (CLCH) for the space shared with the Learning Disabilities team (£0.100m);
- vi. Investment from health through the Better Care Fund by encouraging independence, enhancing home care services to reduce the need for hospital admissions (£2m). The BCF document sets out investment from Health for 2015/16 only and there remains significant uncertainty over future years funding;
- vii. Identification of contracts that would benefit from investment for public health for supporting people of £0.551m and third sector £0.094m;
- viii. Sharing back office functions with other London Boroughs by reviewing the senior management structure, training programme, workforce development and client affairs service (£0.464m); and

- ix. The application of technology so that we have really good advice on-line, staff can work remotely, more transactions can be performed on-line and more processes are streamlined. Allied to this, the three shared service Councils will be going live with a new Finance and Corporate Human Resources (CHR) system (Managed Services) from April 2015. We will be driving all the orders and payments through our Adult Social Care IT system (Framework i) and into the new Finance system.
- x. The scale of the savings are the largest and most complex we have undertaken to date in ASC. The scale of change cannot be under-estimated nor the work needed to track the savings whilst still improving service quality.

### **Growth**

- 7.11 The department has reviewed its demographic requirements and estimates for 2015/16 and as a result of have identified potential growth pressures within Older People, Physical and Learning Disability client groups based on full year costs for existing clients, disabled children transferring into Adults and a 1% demographic increase, the total pressure for 2015/16 is estimated at £1.565m.
- 7.12 Given the overall Council budget position, we are proposing to request growth of £0.205m and show the balance as risk and we will continue to closely monitor these budgets.
- 7.13 For Mental Health clients, Adults are projecting to manage these pressures within existing budgets.
- 7.14 As a way of partly addressing the risks, the department will consider any underspends in 2014/15 to be carried forward to mitigate these pressures.

### **Fees and Charges**

- 7.15 The council has been charging for homecare services provided to customers of the borough since 2009. The Council provides meal services to eligible customers at a subsidised rate of charge. Income from charging for homecare and meals services has made a small but significant contribution to funding adult social care services. In recent years, meals services have been amongst the most expensive in London and are charged at a significantly higher rate than the other two shared service councils.
- 7.16 In December 2014 the administration, as part of its commitment to social inclusion and in line with its election manifesto pledge, signalled its intention to abolish charges for home care and review charges for meals services.
- 7.17 A separate report is on the agenda of this meeting which considers the implication of Adults Social Care Charging policy and recommendations

to abolish charging for homecare and the customer, financial and staffing implications of the decisions.

- 7.18 A review of the arrangements will be undertaken for both the service model and charging for the delivered meals service with the recommendation to reduce the meals charge from £4.50 to £3 per meal which is a reduction of £1.50 per meal from the 1<sup>st</sup> April 2015.
- 7.19 Appendix 3 shows the fees and charges exceptions table

### **Public Health**

- 7.20 Public Health has a number of priority areas which, in addition to other work, will contribute to the council's mandatory public health duties and to its wider public health duty to improve the health of the local population. These include;

- reducing smoking rates;
- reducing levels of obesity in adults and children;
- improving sexual health;
- reducing substance misuse;
- improving preventative health care; and
- improving mental well-being.

- 7.21 Public Health will continue to be funded by a ring-fenced budget; for 2015/16 this will remain the same as 2014/15 at £20.8m. Additional funds of £1.8m are expected from October 2015 to cover the cost of additional responsibilities being transferred from Public Health England for Health Visiting (0-5 programme).

- 7.22 In addition to the ring-fenced grant, £346k was budgeted in 2014/15 from the General Fund for Public Health. It is proposed this be removed from the Public Health budget to help the Council meet its savings target, thus the net budget for 2015/16 is nil.

### **Savings**

- 7.23 A number of savings for 2015/16 have been identified, through re-commissioning of services. These savings include:
- i. Estimated savings on Genito-urinary medicine (GUM) of £274k.
  - ii. HIV contract savings of £211k.
  - iii. Contraceptive service savings of £93k.

### **Growth**

- 7.24 A number of areas have been identified where development is needed to achieve public health outcomes. This will be achieved through a combination of re-commissioning existing services, newly commissioned services and revising budgets of mandatory functions. This includes;
- i. A recently re-tendered Health Trainers service, providing greatly increased level of activity. Additional spend will be £274k.
  - ii. A proposed increase of £217k for Community Champions is planned, this will include a new Maternity Champion service.
  - iii. A new cardiovascular risk management programme is planned with estimated costs of £200k for 2015/16.
  - iv. An estimation of the additional smoking cessation funds required, for the this mandatory service, is £23k.
  - v. Childhood obesity prevention and Healthy Family Weight Services is in the process of being re-procured and enhanced, additional costs will be £549k.
  - vi. A new Tackling Childhood Obesity programme has been established, comprising pilot schemes and programmes aimed at reducing childhood obesity, the cost for 2015/16 will be £145,000.
  - vii. In October 2015, the Health Visiting service (0-5 programme) will transfer from Public Health England to the local authorities. The estimated cost of this service for the Council is £1.8m, which is expected to be met by additional funds transferred to Public Health.

### **Public Health Investment**

7.25 In addition to the commissioned services, it has been recognised that a number of other Council departments provide services that met both desired Public Health outcomes and the conditions of the grant.

7.26 Other departments were invited to apply for funding from unallocated Public Health funds for short term projects. The expected expenditure for 2015/16 is £2.3m.

### **Reserves**

7.27 The combination of on-going services and planned investment in other departments for 2015/16 requires a draw-down of £0.8m from the Public Health reserves. Please see table 6 for effect on Public Health Reserve.

**Table 6 Public Health Reserve**

<b>Public Health Reserve</b>	<b>Total</b>	<b>Allocated</b>	<b>General Ring Fenced Reserve</b>
	<b>£000's</b>	<b>£000's</b>	<b>£000's</b>
Unspent funds in 13-14 allocated to:			
Health Protection Contingency	700	700	
PCT Legacy	229	229	
General Ring-Fenced PH Reserve	1,607		1,607
<b>Balance at 31 March 2014</b>	<b>2,536</b>	<b>929</b>	<b>1,607</b>
Expected Surplus in 14-15	717		717
Expected balance at 30 March 2015	3,253	929	2,324
Expected deficit in 15-16	(800)		(800)
Expected balance at 30 March 2016	2,453	929	1,524

## **8 Equality Implications**

- 8.1 Published with this report is a draft Equality Impact Analysis ('EIA'). The EIA assesses the impacts on equality of the main items in the budget proposals relevant to this PAC. The draft EIA is attached, in Appendix 4. A final EIA will be reported to Budget Council.

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		

Appendix 1 – Savings and Growth Proposals

Appendix 2 – Risks

Appendix 3 - Fees and Charges Not Increasing at the Standard Rate

Appendix 4 – Draft Equality Impact Assessment

Appendix 5 – Better Care Fund

Appendix 6 - Spending Power Reduction

**Adult Social Care Budget Proposals**

Service	Description	2015-16 Budget Change (£,000's)	2016-17 Budget Change Cumulative (£,000's)	2017-18 Budget Change Cumulative (£,000's)	2018-19 Budget Change Cumulative (£,000's)
Operations & Integration	<b>Transformation Projects</b> Prevention strategy with the aim to reduce costs by investing in assistive technology	(206)	(481)	(825)	(825)
Operations & Integration and Mental Health Partnerships	<b>Procurement &amp; Contract Efficiencies</b> Re procurement of contracts with a view to manage prices in residential & nursing placements & care at home.	(597)	(1,344)	(1,923)	(1,923)
Operations & Integration	<b>Transformation Projects</b> <b>Customer Journey Operations Alignment</b> 1. Operations integration (non Health) with the aim of implementation a single target operating model as well as management & team restructure, changes to systems to standardise processes 2 Implementation of a self assessment model. 3. Radical mobile working through the application of technology with a view to enhance productivity. 4. Review of Occupational Therapy service delivery model.	(615)	(1,948)	(1,948)	(1,948)
Finance	<b>Public Health Investment</b> Identify contracts that would benefit from investment from Public Health funding / Third Sector	(94)	(94)	(94)	(94)
Finance	<b>Public Health Investment</b> Identify contracts that would benefit from investment from Public Health funding / supporting people	(551)	(551)	(551)	(551)
Commissioning	<b>Procurement &amp; Contract Efficiencies</b> Reprocurement of supporting people contracts and contract negotiations with a view to manage prices within budget.	(843)	(1,033)	(1,033)	(1,033)
Finance	<b>Shared Services</b> Client Affairs service ( Year 2 savings)	(17)	(17)	(17)	(17)
Operations & Integration	<b>Investment from Health</b> Funding from NHS England to Improve outcomes and reduce dependency amongst residents through better joint services.	(157)	(157)	(157)	(157)
Operations & Integration	<b>Investment from Health</b> Parkview additional income from rents to be derived from the Central London Communities Health Care from sharing of accommodation facilities with the Learning Disabilities team	(100)	(100)	(100)	(100)

**Adult Social Care Budget Proposals**

Service	Description	2015-16 Budget Change (£,000's)	2016-17 Budget Change Cumulative (£,000's)	2017-18 Budget Change Cumulative (£,000's)	2018-19 Budget Change Cumulative (£,000's)
Provided Services & Mental Health	<b>Other Efficiencies</b> Joint work to be undertaken with Children's and Housing Departments on no recourse to public fund clients	(100)	(100)	(100)	(100)
Finance	<b>Other Efficiencies</b> Review of supplies and services budget	(90)	(90)	(90)	(90)
Operations & Integration	<b>Reconfiguration of services</b> Reducing the need for expensive Learning Disability out of Borough supported accommodation for Learning Disability through the delivery of new and remodelled in Borough housing and support options	(89)	(178)	(178)	(178)
Operations & Intergration	<b>Reconfiguration of Services</b> Review of high cost and high placements for continuing health funding.	(106)	(106)	(106)	(106)
Operations & Intergration	<b>Investment from Health</b> More Investment from health through the Better Care Fund by encouraging community independence, enhancement of home care services to reduce the need to acute hospital care.	(2,000)	0	0	0
Commissioning & Finance	<b>Shared Services</b> Efficiencies proposed from the amalgamation of back office finance functions, review of senior management and the review of training programme	(260)	(260)	(260)	(260)
Training & Project Management	<b>Shared Services</b> Efficiencies proposed from the amalgamation from back office functions in Workforce development, planning and business support	(187)	(187)	(187)	(187)
Whole systems	<b>Investment from Health</b> More Investment from health through the Better Care Fund by encouraging community independence, enhancement of home care services to reduce the need to acute hospital care.	0	(200)	(750)	(750)
Operations & Mental Health	<b>Procurement &amp; Contract Efficiencies</b> To be achieved from the home care procurement exercise and new operating model.	(118)	(118)	(118)	(118)
Operations	<b>Reconfiguration of Services</b> Medium term project to Increase capacity in extra care and sheltered accommodation by delivery of new housing support options for people and avoiding the need for out of borough residential placements	0	0	(400)	(400)
Operations	<b>Reconfiguration of Services</b> Substitution of external day care providers by maximising in-house day care provision.	(87)	(87)	(87)	(87)



**Adult Social Care Budget Proposals**

Service	Description	2015-16 Budget Change (£,000's)	2016-17 Budget Change Cumulative (£,000's)	2017-18 Budget Change Cumulative (£,000's)	2018-19 Budget Change Cumulative (£,000's)
Provided Services & Mental Health	<b>Reconfiguration of Services</b> Review of Learning Disability care home	(37)	(37)	(37)	(37)
Commissioning	<b>Investment From Health</b> Integrated Commissioning between Health and Adult Social Care	(260)	(260)	(260)	(260)
	<b>Total Efficiencies</b>	<b>(6,514)</b>	<b>(7,348)</b>	<b>(9,221)</b>	<b>(9,221)</b>
Growth	<b>Demand Pressures</b> Increase in demand for learning disabled people placements and care packages.	205	205	205	205
Growth	<b>Manifesto</b> Meals on Wheels Review Fees	70	70	70	70
Growth	<b>Manifesto</b> Home Care Fees	324	324	324	324
Growth	<b>Legislation</b> Funding of care and support (Care Act)	0	450	450	450
	<b>Growth totalled</b>	<b>599</b>	<b>1049</b>	<b>1049</b>	<b>1049</b>

Departmental Risk/Challenges

Division	Short Description of Risk	Risk	Risk	Risk	Comment
		2015/16 Value £000k	2016/17 Value £000k	2017/18 Value £000k	
Environment, Leisure and Residents Services					

**Departmental Risk/Challenges**

Division	Short Description of Risk	Risk	Risk	Risk	Comment
		2015/16 Value £000k	2016/17 Value £000k	2017/18 Value £000k	
<b>Adult Social Care</b>					
Operations	There is an aging population, in London Borough of Hammersmith & Fulham growth is expected to be 1% per annum. We are currently experiencing increases in numbers during this financial year.	450	900	900	
Operations	Increase in demand for Older People, Physical Disabilities & Learning disabled people placements and care packages.	620	620	620	
Operations	Increase in demand Learning disabled transitions placements and care packages.	700	700	700	
Operations	The Care at Home new outcome based Service is out to tender and an estimated price has been modelled.	1,610	1,610	1,610	
Independent Living Fund	Changes to the Independent Living Fund (ILF) with potential shortfall in funding not passported to ASC	697	929	929	
Operations	Investment from health through the Better Care Fund has been agreed for 2015/16 only. There is uncertainty over future years funding.	-	2,000	2,000	
<b>Adult Social Care Total</b>		<b>4,077</b>	<b>6,759</b>	<b>6,759</b>	

## Adult Social Care Fees and Charges - Exceptions to the 2.4% Increase

Fee Description	2014/15 Charge (£)	2015/16 Charge (£)	Proposed Variation (%)	Total Estimated Income Stream for 2015/16	Reason for uplift/Comments
Meals service charges	4.5	3	-34%	70,000	A reduction of £1.50 has been proposed based on the average meals charge across London Boroughs.
Home Care Charges	12	0	-100%	0	In December 2014 the administration, as part of its commitment for social inclusion and improving adult social care and in line with its election manifesto pledge, signalled its intention to abolish charges for home care. A separate report is on the agenda of this meeting which considers the implication of Adults Social Care Charging policy and recommendations.
<b>1. Careline Alarm Gold Service (Pendant) - Emergency Response &amp; Monitoring Service</b>					
Provided to Private Homeowners and Private tenants	22.89	22.89	0.00%	45,900	
Provided to Housing Association (RSL) tenants	17.02	17.02	0.00%	17,100	
Provided to Council Tenants (Non Sheltered)	3.94	3.94	0.00%	11,100	
Provided to Council Tenants (Sheltered)	2.19	2.19	0.00%	4,100	
Provided to SSD Referred Clients (Paid by SSD)	1.55	1.55	0.00%	2,000	
<b>2. Careline Alarm Silver Service (Pendant) - Monitoring Service only</b>					
Provided to Private Homeowners and Private tenants	15.94	15.94	0.00%	15,600	
Provided to Housing Association (RSL) tenants	10.19	10.19	0.00%	3,000	
Provided to Council Tenants (Non Sheltered)	2.35	2.35	0.00%	2,700	
<b>3. Careline Alarm Gold Service (Pull cord) - Emergency Response &amp; Monitoring Service</b>					
(A) Provided to Registered Social Landlord Sheltered Accommodations (RSL Financed)	1.56	1.56	0.00%	22,900	

## Equality Impact Assessment (EIA)

### Adult Social Care (ASC)

#### Hammersmith & Fulham Budget proposals for 2015/16

#### EXISTING EFFICIENCIES, NEW EFFICIENCY SAVINGS, GROWTH FEES AND CHARGES

The 2015/16 efficiencies have been grouped under headings relating to back office savings measures which affects staff and in such cases equalities impacts are considered as part of staffing establishment reorganisations. Other items are to do with more efficient ways of delivering services to the customers and carers and those are detailed below.

All Departmental savings proposals are detailed in this report. They mainly relate to transformation agenda, investment from Health, Public Health and some staffing reorganisations.

Detailed EIA's will be carried out at the time the proposals are in development when the impact can be fully assessed.

#### 1. Transformation Projects:

The strategic plan for Adult Social Care over the coming years is to improve frontline services and deliver on major service transformation programs. This will be done through:

	H&F 2015/16 Savings
Customer Journey Operations Alignment	£615k
Prevention Strategy with the aim to reduce costs by investing in assistive technology	£206k

**Customer Journey Operations Alignment £615k:** The aim of the measure is to design and implement a single ASC operating model and organisation structure which will include a core service offer to meet local service requirements.

This is likely to have a positive impact for the customer as it would

- improve the customer and carer experience, streamline processes and make the best use of the operations staff.
- It would also enable the Council deliver a better quality of service to customers and carers by reducing bureaucracy.
- It would also put the users and carers in charge of their information that goes through the system and improve integration with social care workers when the information required is always readily available.

**Prevention strategy with the aim to reduce costs by investing in assistive technology £206k:** This would have positive impact for users as it requires investment in assistive technology to prevent the cost of home care

services. This proposal is based on increasing the number of people using telecare thereby enabling them to stay at home for longer.

## 2. Procurement and Contract Efficiencies:

	H&F 2015/16 Savings
Reprocurement of contracts with a view to manage prices in residential and nursing placement and care at home	£597k
Home Care procurement exercise and new operating model	£118k.
Supporting People- reprocurement of supporting people contracts and contract negotiations with a view to manage prices within budget	£843k

### **Reprocurement of contracts with a view to manage prices in residential and nursing placement and care at home £597k**

The aim of the contract efficiency savings is to reduce the cost of the Adult Social Care services currently commissioned through external providers

This would have a positive impact for the Council and ultimately benefit the service users as the Council would:

- Benchmark against the market to ensure contracts represent the best value for money and are competitively priced.
- Renegotiate contract terms and reprocure services where necessary to secure the best value and minimise concentration of risk
- Reduce the number of contracts to ensure these can be effectively managed within available contract management resources.
- Harmonise contract management processes and systems.

### **Home Care procurement exercise and new operating model £118k**

One of the key priorities of the Department is enable more people stay independent for longer by providing Home care services through a new operating model. The Home care service contract is currently out to tender with the new model of service focusing on improving customer outcomes.

The service user would benefit from this positively as the new proposals will include regular reviews to ensure that older and disabled customers and their carers are getting the right service.

**Supporting People- reprocurement of supporting people contracts and contract negotiations with a view to manage prices within budget £843k.**

This proposal is centered around the reprocurement of supporting people contracts which is likely to have a positive impact on customers as aspects of this measure will involve reprocuring to ensure that a more efficient service is being provided.

Such decisions are subject to the usual decision making process which may include carrying out an Equality Impact Analysis at which stage the impact can be fully assessed.

### 3. Reconfiguration of Services.

	<b>H&amp;F 2015/16 Savings</b>
Reducing the need for expensive out of Borough supported accommodation for Learning Disabilities	£89k
Substitution of external day care providers by maximizing in house day care provision	£87k
Review of Learning Disability residential care income	£37k
Review of all high cost and high needs placements for continuing Health funding:	£106k
Identify contracts that would benefit from investment from Public Health Supporting People:	£551k
Identify contracts that would benefit from investment from Public Health/Third Sectors:	£94k

There are a number of savings proposals which would impact the Learning Disabilities (LD) services. These include:

**Learning Disability Supported Accommodation & Day Care services £89k & £87k**

This will have a positive impact for Adult Social Care customers as this aims to meet the increase in demand and numbers of people with Learning Disabilities in the borough through new housing developments and a programme of remodelling existing accommodation services & Day Care services over the longer-term. There is a shortage of supply of high quality specialist housing provision in the borough to meet current and future complex health, social care and physical needs.

Through the delivery of new and re-modelled in-borough housing and support options for people, the Council's aims to provide access to a range of quality local housing provision avoiding the need for out of borough expensive residential care provision.

### **Review of Learning Disability Care Home £37k**

This is part of the LD Strategy for accommodation and support and this is likely to have an adverse impact on a small number of customers and their carers. The savings proposed is year 2 of the review and to date external and individual service users meetings have taken place to discuss and arrange the service provision for the users. The equalities issues e have been fully considered and steps such as an independent facilitator has been employed to consider and mitigate any negative impact this may have on service provision.

### **Review of all high cost and high needs placements for continuing Health funding £106k**

This refers to a combination of where residents get services from, more regular reviews of packages and benchmarking cost against partners' services most appropriate and the best value for money.

This would have a positive impact as there would be more timely and appropriate interventions in an integrated care co-ordinated approach which would provide appropriate levels of care.

### **Identify contracts that would benefit from investment from Public Health Supporting People: £551k**

This proposal is for funding from public health for LBHF Housing support services. The Department would work with Public Health to review the housing support contracts and identify how the service specifications and contracts can be strengthened to include clear and measurable public health activity and this may have a positive impact on service users.

### **Identify contracts that would benefit from investment from Public Health/Third Sectors £94k**

This would impact users of this service positively as this proposal is seeking funding from Public Health to improve the pathway to employment for people with Learning Disabilities.

## **4. Investment from Health.**

	<b>H&amp;F 2015/16 Savings</b>
Investment from Health through the Better Care Fund	£2m
Integrated Commissioning with Health	£260k
Improve Outcomes and reduce dependency amongst residents through better joint services with NHS	£157k
Additional income to be derived from collection of rental income from Central London Communities Health Care colleagues	£100k.

**Investment from Health through the Better Care Fund: £2m.** This represents the net benefit share that H&F will receive from Health for the savings that will be achieved in the local health system by reducing urgent



care bed usage and reducing demand for hospital. This will be achieved by supporting existing integrated services by extending and increasing capacity in adult social care crisis response, community independence and home care services.

We are looking to fundamentally transform the quality and experience of care across health and social care over the next five years. The proposal is to create new joined up support and care within communities which would aid integration of operational services encompassing community nursing, therapies and care management and have a positive impact for service users in health and social care.

#### **Integrated Commissioning with Health: £260k**

The savings arise from a review of Joint Commissioning between Health and Adult Social Care staffing arrangements . As this is a back officer review, it does not have a direct impact on service users and in such cases an equalities impact would be considered as part of staffing reorganisation.

#### **Improve Outcomes and reduce dependency amongst residents through better joint services with NHS: £157k**

This item relates to money being received by the Council from the NHS. There are no anticipated equality issues.

#### **Additional income to be derived from collection of rental income from Central London Communities Health Care colleagues £100k.**

This measure is proposing to charge Central London Community Healthcare (CLCH) service charges for the space shared with the Learning Disabilities team.

The Joint Learning Disabilities team is based at Parkview and the Council is in discussions with CLCH regarding a contribution to the service charges. There are no anticipated equality issues.

### **5. Shared Services:**

	<b>H&amp;F 2015/16 Savings</b>
Efficiencies proposed from the amalgamation of back office functions	£464k

#### **Efficiencies proposed from the amalgamation of back office functions**

**This measure includes a review of senior management posts and the review of training programme £260k.**

**Review of the workforce development, planning and business support teams: £187k and shared services client affairs team £17k:** As this is a back officer review, it does not have a direct impact on service users and in such cases an equalities impact would be considered as part of staffing reorganisation .

### **6. Other Efficiencies.**

	<b>H&amp;F 2015/16 Savings</b>
Joint work to be undertaken with Children's and Housing on No Recourse to Public	£100k

Fund clients	
Review of supplies and services budget:	£90k.

**Joint work to be undertaken with Children's and Housing on No Recourse to Public Fund clients: £100K.**

This proposal is for joint asylum service between Adult Social Care, Children's Services and Housing with the aim reducing budget pressures in this areas across the three departments. The Adults No Recourse to Public Funds budget is projecting an underspend in 2014/15. There are no anticipated equality issues.

**Review of supplies and services budget: £90k.**

Budget analysis to ascertain which budgets classed within supplies and services are projecting a range of small underspends and reduce the budgets accordingly to meet efficiency targets. There are no anticipated equality issues.

**7. Growth.**

**Increase in demand for Learning disabled customers placements and care packages: £205k.**

This is a positive impact as there will be additional funding to meet the increase in the demand for placements for people with needs arising from Learning Disabilities. These will all be of high relevance to disabled people and will support the participation of disabled people in public life and help to advance equality of opportunity between disabled and non-disabled people. These items will have a neutral service impact as the increase in budgets will meet the needs of these customers and carer and there will be no change to the service or to the eligibility for the service as a result.

**8. Fees & Charges**

**Abolition of charging for Home Care Services.**

The Council has a discretionary power to charge for social care services provided to residents who live in the community. The power to do so is contained in Section 17 Health and Social Services and Social Security Adjustments Act 1983 ("HASSASSAA 83").

Hammersmith & Fulham Council provides a range of domiciliary services (home care, day care and transport services) to its customers who qualify for the service. The Council has been charging a contribution towards the cost of providing home care services only based on its Charging Scheme since January 2009.

Charges for home care services have been a flat rate of £12.00 per hour since April 2012. The minimum charge unit is 15 minutes or £3.00 per quarter of an hour. Charges for home care services are based on actual hours of services provided.

In December 2014 the administration, as part of its commitment to social inclusion and in line with its election manifesto pledge, signalled its intention to abolish charges for home care.

Abolishing home care charges is expected to have a positive impact on current and future home care users as it improves their financial position and wellbeing for the 1266 current customers receiving homecare services in Hammersmith & Fulham of which 313 were contributing towards the cost of care.

Following the decision a small number of home care users who refused the services due to charging are anticipated to return back for assessment of services, which is expected to improve the independence and wellbeing of those affected.

#### **Meals on Wheels: Reduction of charge to £3 per meal.**

Hammersmith & Fulham provides a meal services for customers of the borough who meet the Council's Fair Access to Care Services (FACS) and charges customers a flat rate contribution towards the service.

Meals services are provided to customers by the contractor Sodexo Ltd. There is a part of a contract framework agreement with Sodexo Ltd and Hammersmith and Fulham Council is the lead authority. The contract commenced on 8th April 2013 and covers a five year period.

In December 2014 the administration, as part of its commitment to social inclusion and in line with its election manifesto pledge, decided to review customer charges for meals services and proposed to reduce the charge from £4.50 to £3 per meal.

A reduction in the meals charges is expected to have a positive impact on 127 current and future customers as it improves their financial position and wellbeing.

## BETTER CARE FUND

- 1.1 The Better Care Fund (BCF) is defined as a single pooled budget for health and Social Services to work more closely together, based on a plan agreed between the NHS and local authorities.
- 1.2 The BCF comes into full effect in 2015/16, although work has already started in 2014/15 as Clinical Commissioning Groups and local authorities start to transform the system.
- 1.3 The BCF supports the aim of providing people with the right care, in the right place, at the right time, including expansion of care in community settings.
- 1.4 A Better Care Fund Plan has to be submitted by the NHS and local authorities. Funding allocations to the local authority and to the NHS are dependent on agreement between the parties on the BCF Plan.
- 1.5 The Plan was submitted to Central Government in September 2014.

### Community Independence Service

- 1.6 Additional costs are expected to arise on local authority budgets as set out in Table 1 below:

**Table 1: Additional Costs to Local Authority Budgets**

Type of Spend	£'000
The Re-ablement Service – this is mainly staff. A 10% efficiency saving from creating a joint team has been assumed.	£483
Home Care – arising from delaying entry into or reducing stays within residential care	£358
Equipment – additional costs to enable customers to remain at home	£29
<b>TOTAL</b>	<b>£870</b>

1.7 The Health Service has agreed to fund these additional costs in 2015/16.

**Table 2: Local Authority Savings Anticipated from BCF**

<b>Savings Anticipated</b>	<b>£'000</b>
Avoidance of care in residential/nursing home	384
Reduction in home care hours following re-ablement	431
S75 Savings	568
Residential and Nursing Placements – securing lower costs	247
<b>TOTAL</b>	<b>1,630</b>

## Spending Power Reduction

### The Provisional 2015/16 Local Government Finance Settlement

1. The Provisional Local Government Finance Settlement was released on 18<sup>th</sup> December. The key Hammersmith and Fulham figures are summarised in Table 1 and Table 2.

**Table 1 – Unringfenced Government Funding**

	2014/15	2015/16
<b>Confirmed Allocations</b>	£'000s	£'000s
Revenue Support Grant	66,647	47,429
New Homes Bonus Grant <sup>1</sup>	4,638	4,105
Other Unringfenced Grants	4,866	4,275
<b>Total Confirmed</b>		
<b>Total All</b>	<b>76,151</b>	<b>55,809</b>
Grant fall - cash		-20,342
Grant fall – cash terms %		-27%
<b>Grants for New Burdens</b>		
Adult Social Care – Care Act 2014		840

- 2 The settlement includes funding of £0.840m for new burdens (such as prison social care and the early assessment of the cap on care costs) associated with the Care Act 2014. It is assumed that this funding will be required to meet new expenditure commitments.

**Table 2 - Ringfenced Funding Allocations**

	2014/15	2015/16
	£'m	£'m
Public Health Grant	20.9	20.9
NHS Funding to support social care and benefit health	6.3	0
Pooled NHS and LA Better Care Fund		13.1
	<b>27.2</b>	<b>34.0</b>

- 3 The main change is the significant increase in NHS funding made available in 2015/16. This is part of a national pot of £3.8bn. This funding is a pooled budget intended to improve the integration of health and care services. The NHS and local authorities must agree locally through Health and Wellbeing Boards how it is spent. For now it is not assumed that any of this funding will be available to

<sup>1</sup> The 2015/16 allocation is estimated. The figure quoted by the government excludes a deduction required to fund the London Enterprise Partnership. This figure is not yet confirmed.

support the MTFS – it will replace existing health funding or be a new burden. This assumption will continue to be reviewed.

### 2015/16 Spending Power

- 4 As part of the settlement announcement the government state their view of the cut in local authority spending power. As well as government funding this includes their assumption on what local authorities will collect through council tax and business rates. The figures are set out in Table 2. The Hammersmith and Fulham cut is more than twice the national average. In part this is because a low proportion of Hammersmith and Fulham funding comes from council tax.

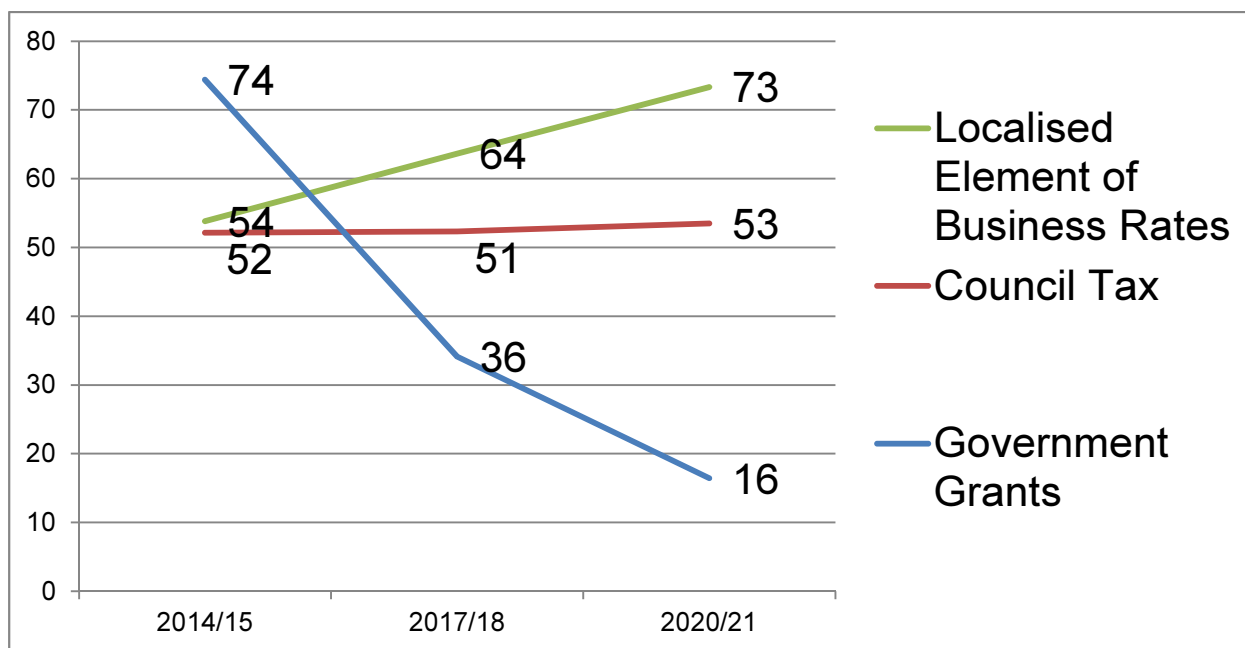
**Table 2 – Government Spending Power Calculation.**

	2014/15	2015/16
LBHF	-4.8%	-4.7%
London Average	-3.9%	-3.4%
National	-2.9%	-1.8%

5. The Government spending power calculation is questionable. It takes no account of inflation or demographic pressures. In addition:
  - In London it takes no account of the top-slice of £1.6m, from new homes bonus grant, made to fund the London Local Enterprise Partnership.
  - It muddles together ringfenced grants (such as the £20.9m for Public Health) and unringfenced grants. This masks the true cut in funding for core local authority services.
  - The comparison of better care funding between 2014/15 and 2015/16 is not on a like for like basis. Hammersmith and Fulham is not £6.8m better-off when the burdens associated with this funding are allowed for.
  - Government assumptions on business rates income take no account of the impact of business rates appeals. These have meant that what many authorities can collect, including a £2m to £3m shortfall for Hammersmith and Fulham, is less than assumed in the calculation.
- 6 The spending power calculation issued by the government suggests a 4.7% reduction for Hammersmith and Fulham. Initial review by this authority suggests the real reduction is more than 10%.
7. In terms of budget requirement, the actual reduction for Hammersmith and Fulham, assuming a council tax freeze, is from £180m in 2014/15 to £160m in 2015/16. This is a cut of 11%. The reduction is close to 14% if inflation and demographic pressures are allowed for.

### Funding Beyond 2016/17.

8. Government funding beyond 2015/16 is not yet confirmed. The current forecast is set out out in the graph below (all figures in £'millions):



9. The general government grant receivable by Hammersmith and Fulham will reduce significantly by 2020/21. The latest forecast is set out below:

**Table 1 – Grant Forecast for Hammersmith and Fulham**

	2014/15	2017/18	2020/21
Revenue Support Grant	£66m	£26m	£10m
Other General Grants <sup>2</sup>	£8m	£10m	£6m
	<b>£74m</b>	<b>£36m</b>	<b>£16m</b>

10. The main grant is revenue support grant. This is determined by the government based on their view of what funding an authority should receive, the (Settlement Funding Assessment (SFA). This also takes account of the expected contribution from the local share (30%) of business rates. The figures for 2014/15 and 2015/16 are shown in Table 2.

**Table 2 - Hammersmith and Fulham – Key data from the 2014/15 and Provisional 2015/16 Local Government Finance Settlements.**

	2014/15	Provisional 2015/16	Cash (Reduction) / increase	% (Reduction) / Increase
Settlement Funding Assessment	£121.2m	£103.6m	(£17.6m)	(14.6%)

<sup>2</sup> The main other general grants are for the new homes bonus, council tax freeze, housing benefits administration and education support grant.



Of which:				
Revenue Support Grant	£66.1m	£47.4m	(£18.7m)	(28.2%)
Baseline Business Rates Funding level <sup>3</sup>	£55.1m	£56.2m	£1.1m	2%


11. In modelling future funding reductions the SFA is the relevant figure. So for 2015/16 the overall reduction in the SFA is 14.6%. As business rates are expected to increase in line with forecast inflation (2.3%) then the reduction in revenue support grant is much greater (28.2%).
12. The Medium Term Financial Strategy currently includes the provisional grant figures for 2015/16. A 10% reduction in the SFA is then modelled to 2018/19 and 5% per annum to 2020/21. The figures are shown Table 3. Because the business rates baseline figure does not reduce then all the 10% reduction in the SFA falls on Revenue Support Grant (ie a 10% cut on government funding translates to a much greater % cut in RSG).

**Table 3 – Reduction in RSG to 2017/18**

	2016/17	2017/18	2020/21
Prior Year SFA	£103.6m	£93.3m	£74.9m
Less 10% Reduction to 2018/19 and 5% after	(£10.4m)	(£9.3m)	(£3.7m)
<b>Updated SFA</b>	<b>£93.2m</b>	<b>£83.6m</b>	<b>£71.2m</b>
Of which:			
Revenue Support Grant	£36.4m	£26.4m	£9.6m
Business rates funding baseline	£56.8m	£57.2m	£61.6m

<sup>3</sup> This is the amount of the settlement funding assessment that the government assume is collected through business rates.

# Agenda Item 7

	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY &amp; ADVISORY COMMITTEE</b></p> <p align="center"><b>20<sup>th</sup> JANUARY 2015</b></p>	
<p align="center"><b>ABOLITION OF CHARGING FOR HOME CARE SERVICES</b></p>		
<p align="center"><b>Report of the Cabinet Member for Adult Social Care &amp; Health</b></p>		
<p><b>Open Report</b></p>		
<p><b>Classification</b> - For consideration and make recommendations to Cabinet as appropriate</p> <p><b>Key Decision:</b> Yes</p>		
<p><b>Wards Affected:</b> All</p>		
<p><b>Accountable Executive Director:</b> Liz Bruce - Executive Director - Adult Social Care and Health.</p>		
<p><b>Report Author:</b> Prakash Daryanani – Head of Finance</p>		<p><b>Contact Details:</b> Tel: 020 8753 2523 E-mail: prakash.daryanani@lbhf.gov.uk</p>
<p>AUTHORISED BY: .....</p> <p>.....</p> <p>.DATE: .....</p>	<p>AUTHORISED BY: .....</p> <p>.....</p> <p>.DATE: .....</p>	

## 1. EXECUTIVE SUMMARY

- 1.1. London Borough of Hammersmith and Fulham has been charging for homecare services provided to residents of the borough since 2009. Income from charging for a contribution towards the cost of home care services has made a small but significant contribution to funding adult social care.

- 1.2. In December 2014 the administration, as part of its commitment for social inclusion and improving adult social care and in line with its election manifesto pledge, signalled its intention to abolish charges for home care services.
- 1.3. This report details the recommendation to cease charging for home care services and the customer, financial and staffing implications of the decision.

## **2. RECOMMENDATIONS**

- 2.1. That the PAC considers the report and makes the following recommendations to Cabinet.
  - 2.1.1. To abolish charging for home care services provided to customers of the Borough on 31<sup>st</sup> March 2015.
  - 2.1.2. For services delivered up to 31<sup>st</sup> March 2015, charges will still apply. It is recommended that these charges be pursued for a period of 3 months ending 30 June 2015.
  - 2.1.3. To write-off total estimated outstanding home care debt of £133,000 as at 1<sup>st</sup> July 2015 and delegate authority to write-off the debts to the Executive Director of Finance and Corporate Governance and Deputy Executive Director and Director of Finance and Resources, Adult Social Care and Health.
  - 2.1.4. To request additional provision for bad debt of £91,000 from the Corporate Finance from the bad debt provision account.

## **3. REASONS FOR DECISION**

- 3.1. As part of its commitment for social inclusion and improving adult social care and in line with its election manifesto pledge, the administration signalled its intention to abolish charges for home care services.

## **4. INTRODUCTION AND BACKGROUND**

- 4.1. Hammersmith & Fulham Council provides a range of domiciliary services (home care, day care and transport services) to its customers who qualify for the service. The Council has been charging a contribution towards the cost of providing home care services only based on its Charging Scheme since January 2009.
- 4.2. Charges for home care services have been a flat rate of £12.00 per hour since April 2012. The minimum charge unit is 15 minutes or £3.00 per quarter of an hour. Charges for home care services are based on actual hours of services provided.

- 4.3. In 2014/15 the Council has budgeted to collect £441,000 from contributions made by customers towards the cost of homecare provided under the current Charging Policy. Charges are based on income only, including disability related income with assets and savings not considered in the financial assessment.
- 4.4. In November 2014 there were 1266 customers receiving homecare services in Hammersmith & Fulham of which 313 (25%) were contributing towards the cost of care while the remaining 935 (75%) were exempt from charging under the scheme of the Council.

## **5. CARE ACT 2014**

- 5.1. The Care Act will come in to effect from 1<sup>st</sup> April 2015. It retains the existing discretionary power that local authorities have to decide whether to charge or not for adult social care services.
- 5.2. The above proposals to abolish charges for home care services is line with the discretionary powers provided to local authorities within the Care Act.
- 5.3. The proposal to cease charging for home care services delivered from 1<sup>st</sup> April 2015 is in line with the powers in the Care Act.
- 5.4. The Care Act coupled with the decision to abolish charges for home care services may draw more customer who could have funded their care otherwise to request for care funded by the Council. It is difficult to quantify this impact on the finances of Adult Social Care.

## **6. OPTIONS AND ANALYSIS OF OPTIONS**

- 6.1. In the Summer of 2014 Officers submitted an briefing paper to the Cabinet Members for Adult Social Care and Social Inclusion outlining the current position, options for charging and the implication of abolishing of charging for home care charges.
- 6.2. The option paper included :
- keep the current charging policy,
  - review of the current charging policy to extend the Scheme to other, elements of domiciliary services and consider capital assets as part of the financial assessment, and
  - abolish charging for home care services
- 6.3. In December 2014 the Council, signalled its intention to abolish charging for home care services.

## 7. CONSULTATION

- 7.1. The proposed method of consultation would be through the production of the a Cabinet Report to be presented to Budget Council on 26<sup>th</sup> February 2015.

## 8. EQUALITY IMPLICATIONS

- 8.1 The Council has a discretionary power to charge for social care services provided to residents who live in the community. The power to do so is contained in Section17 Health and Social Services and Social Security Adjustments Act 1983 ("HASSASSAA 83").
- 8.2 The Council provides a range of domiciliary services (home care, day care and transport services) to residents eligible for its services. However, under the current policy charges a contribution for only homecare services.
- 8.3 The Home Care Charging Policy of the Council is based on the Fairer Charging Guidance for Home Care and Non-Residential Services 2003. The Fairer Charging Guidance ensures that service users are charged only an amount they can afford to pay and in many cases this will result in no charge.
- 8.4 The Charging Policy of the Council takes in to account all customer's income, including disability related income but no assets or savings compared to all inner London schemes taking savings in to account.
- 8.5 Under the Charging Policy home care users in Hammersmith and Fulham are also allowed to keep up to 100% of their disability related income through a full assessment of disability expenditure.
- 8.6 The table below shows a distribution of the weekly assessed contributions of homecare customers as at November 2014. There were 1266 customers receiving homecare services of which 953 (75%) are exempt from charging by virtue of receiving a weekly income less than or equal to the minimum weekly allowance allowed under Fairer Charging Guidance.

### **Summary of weekly assessed contribution of home care Customers at November 2014**

Weekly Assessed Contributions	Customer Numbers	Proportion of customers
£0.00	953	75%
£3.00 - £12.00	52	4%
£12.01 - £24.00	89	7%
£24.01 - £36.00	52	4%

£36.01 - £48.00	60	5%
£48.01 - £60.00	22	2%
£60.01 - £96.00	18	1%
£96.01 - £280.00	20	2%
	<b>1266</b>	<b>100%</b>

8.7 As detailed in the table above 80% of contributions are paid by customers assessed to pay for 4 or less hours of care per week while the average size of home care package is 9 hours per week.

8.8 Abolition of charging for home care services is expected to have a positive impact on home care users who currently pay a contribution as it improves their financial position and wellbeing.

8.9 Following the decision a small number of home care users who refused the services due to charging are anticipated to return back for assessment of services, which is also expected to improve the independence and wellbeing of those affected.

## 9. LEGAL IMPLICATIONS

9.1. The Council has statutory power but not an obligation to charge for home care services. As with all statutory discretions it must be exercised reasonably and after consideration of all relevant matters.

## 10. FINANCIAL AND RESOURCE IMPLICATIONS

### Budget Implication

10.1. The financial impact of ceasing charges will consist of two elements, an income impact which is quantifiable and the expenditure impact which is difficult to predict.

10.2. The decision to abolish charges for home care and will result in annual loss of income of £441,000. There would be cost savings from the administration of home care charging of (£117,000) leaving a net budget shortfall of £324,000. This shortfall accounted for in 2015/16 MTFS proposals and funded from efficiency savings elsewhere in the Council's budget.

10.3. The financial risk of increase in demand for services is more difficult to quantify. Based on past experience when the Council abolished home care charging in February 2006 there wasn't a significant increase in demand. Any increase in demand will be identified at an early stage so that options for dealing with the budget implications can be developed.

## One-off Costs

- 10.4. There are anticipated one-off costs for the write-off of estimated residual home care debt of £132,000 and potential redundancy costs for 3 full time equivalents. While the Department will minimise any redundancy costs, any such costs will be met from Corporate redundancy provision.

## Home Care debt

- 10.5. Total home care debt as at 31<sup>st</sup> November 2014 is £72,814 provided by a bad debt provision of £41,972.

### Summary of home care debt – 31/11/2014

DEBT STATUS	VALUE(£)	COMMENT
Age debt over 24 months	£50,580	
Age debt over 12 months	£8,757	
Closed packages	£13,477	
	<b>£72,814</b>	

- 10.6. As charges will continue to 31<sup>st</sup> March 2015, total charges of £140,000 (4 x £35,000 per month) will be raised to 31<sup>st</sup> March 2015 of which 35% is anticipated to be collected. Total debt as at 31<sup>st</sup> March 2015 is estimated to increase to £133,000. Therefore, there will be a requirement for additional bad debt provision of £91,000
- 10.7. Charges raised up to 31<sup>st</sup> March 2015 will be pursued and collected retrospectively in the usual way up to 30<sup>th</sup> June 2015.
- 10.8. However, as it is anticipated that only a small proportion of the current and historical charges will be collected and request Corporate Finance to provide the provision required for the remaining bad debt.
- 10.9. The outstanding debt remaining as at 1<sup>st</sup> July 2015 will be presented to Executive Director of Finance and Corporate Governance and Deputy Executive Director and Director of Finance and Resources, Adult Social Care and Health to be written-off.

## STAFFING IMPLICATIONS

- 10.10. There are currently 7 established posts within the Financial Assessment & Charging Team in Hammersmith and Fulham all filled by permanent members of staff.

- 10.11. Financial assessment, billing and collection of client contributions towards the cost of providing both home and residential/nursing care is carried out by 5 officers of the team. The team is line managed by one officer.
- 10.12. Welfare Benefit Advice is offered to all adult social care customers to maximise their income as part of the current home care charging policy. This function is carried out by one officer of the team.
- 10.13. There is an ongoing review aimed at establishing a shared services Financial Assessment and Charging Team, running parallel to the abolition of home care charging with a timescale of implementation from 1<sup>st</sup> April 2015.
- 10.14. The future provision and scope of the Welfare Benefit Advice offered to home care users of the borough is part of the above review.
- 10.15. The full staffing and possible redundancy implications will be detailed in the shared services Financial Assessment & Charging Review report.

## **11. RISK MANAGEMENT**

- 11.1. The financial risk of increase in demand following abolition of home care charging is difficult to qualify. However, from past experience there wasn't a significant increase in demand for the service following abolition and three quarter of current customers do not pay a contribution towards the cost of care.
- 11.2. Demand for services is monitored closely each month as part of the Council's revenue monitoring process and any budgetary implications highlighted at an early stage.

## **12. EXECUTIVE DIRECTOR OF FINANCE & CORPORATE GOVERNANCE COMMENTS**

- 12.1 The Director of Finance & Corporate Governance has contributed towards the financial and resource implications of the intention to abolish home care charging and the governance arrangement of the decision.

### **LOCAL GOVERNMENT ACT 2000** **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Section</b>
	Homecare Charging Papers	Prakash Daryanani	ASC - Finance



# Agenda Item 9

## Health, Social Care and Social Inclusion Policy and Accountability Committee

<b>Work Programme 2014/2015</b>
<b>22 July 2014</b>
Imperial College Healthcare NHS Trust: Cancer Services Update Shaping a Healthier Future: Update on programme and decisions to date. Healthwatch: Presentation on its Role and Work Care Act: Update
<b>7 October 2014</b>
Hammersmith & Fulham Foodbank Imperial College Healthcare NHS Trust: (i) update following closure of Hammersmith Hospital Accident & Emergency Department (ii) update on outline business case for clinical services across the three main hospital sites, following Trust Board meeting Medium Term Financial Strategy (Update)
<b>17 November 2014</b>
Adult Social Care Information and Signposting Website – People First Call for Evidence: Engaging Home Care Service Users, their Families and Carers Independence, Personalisation and Prevention in Adult Social Care and Health Safeguarding Adults: Annual Report
<b>3 December 2014</b>
Healthwatch Adult Social Care Customer Feedback: Annual Report 2013/2014 Customer Journey: Improving Front-line Health & Social Care Services Meals on Wheels Under Fives Flu Vaccination Programme in Hammersmith & Fulham
<b>20 January 2015</b>
Imperial College Healthcare NHS Trust: Accident & Emergency Waiting Times  2105 Medium Term Financial Strategy  Abolition of Charging for Home Care Services  Overview of Public Health Services for the Three Boroughs  Under Fives Flu Vaccination Programme in Hammersmith & Fulham
<b>4 February 2015</b>
Imperial College Healthcare NHS Trust: Actions in response to the CQC report and the Francis Inquiry recommendations  Shaping a Healthier Future: Update

**March 2015: to be agreed**

Care Act : Go Live implications

Central London Community Healthcare NHS Trust: Five Year Strategy and Foundation Trust Status Update

GP Networks and Enhanced Opening Hours

H&F CCG: Performance Report  
Imperial College Healthcare NHS Trust::

Individual Budget Changes/Self Directed Support/Personalisation

Public Health: Prevention Strategy

Transition from children's to adult social care: Update

Review of Learning Disabilities Day Services

**13 April 2015**

Equality and Diversity Programmes and Support for Vulnerable Groups

**2015/2016 Meetings**

Customer Journey: Update

Customer Satisfaction

Digital Inclusion Strategy

H&F Foodbank

Integration of Healthcare, social care and public health

Meals on Wheels: Future Arrangements

Safeguarding Adults: H&F Report