



The Dignity Agenda The Mandate for Adult Social Care in Hammersmith and Fulham

Executive Summary

1. Vision and Commitment

Hammersmith and Fulham Council is committed to creating a Borough of Opportunity for all residents, irrespective of age or disability. Our aim is to ensure that our most vulnerable residents can access opportunities, employment, find belonging and participate fully in community life.

We recognise that our residents are best placed to make decisions about the services they receive. We will continue to support user choice and control and engage residents in the development of our services

We will continue to emphasise that residents should take responsibility for protecting their own and others' health and wellbeing and our care will continue to focus on maximising independent living.

2. Delivery

In order to deliver this, we wish to ensure that Adult Social Care delivers services to our vulnerable residents by using our resources in the most effective and efficient way.

We will continue to provide a high quality service at the best possible value for money to our most vulnerable residents who can not make decisions for themselves and for those who need to be protected from harm.

We are determined to ensure that our most vulnerable residents have the opportunity to participate fully in community life by prioritising care in the home and as far as possible and practicable we aim to stop using residential placements.

3. Partners

We will work with the voluntary sector to ensure that residents are supported earlier, preventing them from needing more complex and costly services in the future. We recognise that we can not deliver this 'Dignity Agenda' alone and are therefore committed to working and integrating with our health partners including the Clinical Commissioning Group, Central London Community Health and the West London Mental Health Trust in order to provide the right care, at the right time, in the right place at the optimum cost.

Mandate for Adult Social Care and Integration with Health

1. Purpose

This document sets out the proposed mandate for the provision of Adult Social Care in Hammersmith & Fulham. We are inviting feedback from interested parties. Once views have been considered, it will be put to Cabinet and once finally approved, will set the future guidance for how we will operate.

2. Introduction

We are proud of the high quality services that are delivered in Hammersmith & Fulham and the priority the Council gives to creating a climate in which a healthy community can flourish and all residents can access opportunities, find belonging and participate fully in community life.

Yet there remain differences between the health and social needs of our residents and those who are most vulnerable in our community can be excluded from society.

Hammersmith and Fulham is committed to bringing together all members of our community, so that each member has an opportunity to participate in community life. We are addressing this by helping people to help themselves, helping those who help others and helping those who need help.

3. Our principles

This document sets out the proposed mandate for the provision and practice of Adult Social Care in Hammersmith & Fulham.

- We will provide the leadership and policies to promote a 'borough of opportunity' where people are encouraged to lead as full and independent life as possible.
- We will focus on helping people who need help, helping people who help others and helping people to help themselves.
- We will continue to provide a high quality service for those of our most vulnerable residents who can not make decisions for themselves and for those who need to be protected from harm.
- We will work to ensure that our most vulnerable residents have the opportunity to make a significant contribution to community life.
- We will also expect people to take responsibility for protecting their own and others health and wellbeing.

- We will adopt a reabling approach in all services that we provide and commission
- We will do all we can to prevent avoidable hospital admissions.
- We will continue reduce the need for care homes, prioritising care in the community over care home placements.
- We will continue to promote user choice and control so that service users are able to make informed decisions about what is right for them.
- We will bring together social care and healthcare assessment under one point of contact to offer most efficient and effective service possible.
- We will ensure people access advice and support across a broader range of services, linking health and social care with employment, education and housing services.
- We will set the threshold for community care services at a point where there is a balance between enabling participation in civic life and minimising expenditure.
- We will stimulate the market to provide greater choice, encouraging the development of social enterprises.
- We will engage residents in the development and procuring of services.

To achieve these principles we will work with our health partners and especially the Clinical Commissioning Group and Central London Community Health to integrate appropriate assessments, care management and service provision.

We will ensure that all staff working in the system are trained, supported and motivated to deliver this mandate and to promote an excellent standard of customer care.

4. Financial context

The environment in which we are operating is becoming more challenging as budgets become more constrained.

As a local authorities we have choices about how we reduce our budgets. We must manage adult social care within the budget at the same time as having a sense of purpose about what will make this borough a stronger, better place to live in and our communities more healthy.

We have a duty to make best use of the available resources. There are three ways of doing this:

1. Help people to help themselves; we will invest wisely to prevent or delay any future need for services
2. Help people in our community to help others; we will invest in initiatives that bring communities together
3. Helping those who need help; we will develop integrated assessments with Central London Community Healthcare NHS Trust and develop alternatives to nursing home care to enable people to remain in the community

The merger of the three councils' adult social care services will ensure we are able to make the best use of the resources and expertise available.

Spend on acute and community care has a direct correlation. For example, it is shown that increased spend on community care can realise extensive savings within the acute health sector. The integration with CLCH will align healthcare with social care so that we are able to offer a more complete and efficient service at the optimum cost. We will ensure that savings in the system as a whole are shared.

5. Helping people to help themselves

Evidence suggests that health education and self care can substantially prevent or delay health deteriorating, leading to a reduced reliance on acute health care or social care. We will support our health partners to develop expert patient programmes to enable people to take responsibility for managing their health. Developing telehealth solutions will further this.

Enhanced monitoring and pro-active home visiting has shown to be effective in helping to educate on healthier lifestyles while underlining the role individuals have to play. Together with our health partners, we will train selected home care workers to monitor and support the self care of service users.

We will encourage the further development of 'community champions' so that neighbours are helping neighbours to access services and information and we will signpost to organisations such as H&F Circle which allow people to share interests, activities and skills.

We will actively support voluntary sector organisations which promote inclusion and independence while targeting effective housing and employment support to prevent homelessness and worklessness.

By working with our health partners, particularly the Clinical Commissioning Group, we will promote integrated social and healthcare plans that are focused on helping people to remain independent in their own homes, with shared assessments and a single point of contact for users and carers. We will enhance our web based information to help people navigate the whole system.

We will continue to promote user choice and control in developing support plans to encourage people to take more responsibility for their health and social care needs with outcomes that are designed to empower the service user and reduce dependency.

Through greater use of technology, we will help people manage their conditions by accessing information and advice, their health and social care records, order repeat prescriptions and book appointments on line. We will enhance our telecare offer particularly in relation to falls management, dementia monitoring and night care.

6. Helping People to Help Others

We will continue to work to widen the responsibility of care services beyond the state, promoting the role of families and the wider community. We recognise that in Hammersmith and Fulham a particularly high number of service users live on their own without natural support networks. Our aim is to look at ways of extending support within our communities, including encouraging community organisations and volunteers to establish their own support networks.

We will continue to support initiatives that connect its members to each other in order to share interests, skills and enjoy themselves. We will also promote other schemes which encourage active participation, help neighbours to help each other and those which form local networks with mutually beneficial links between residents.

We will continue to build on the work of our carers support services and promote carers assessments and personal budgets to support informal care. We will develop and encourage the role of volunteers.

7. Helping People Who Need Help

This council is committed to helping those who need help and it wants to do that as effectively as possible. We are a statutory social services authority and we will work as professionally and effectively within our statutory framework as possible.

We have the duty to provide or procure services of last resort to provide a safety net for the health, housing and benefits systems. The largest of our safety nets is for the NHS and our main emphasis will continue to be on working in partnership with the NHS. The majority of our spend in adult social care is on meeting our statutory requirements.

We believe in doing more than what is statutorily required of us in order to help people participate in civic society.

Care in care homes:

Our target and aim is to promote independent living for as long as possible to help people stay in their own homes. We recognise that widespread use of institutional care is not only increasingly becoming unaffordable to the taxpayer, it is also less beneficial to the service user. There is evidence which indicates that once people move in to care homes they become more dependent more quickly.

People in care homes are marginalised, less independent and less able to participate in civic society. Our intention is to promote inclusion and social participation through community care.

We will work with our health partners to design systems that respond to individuals in crisis to provide care in the home as an alternative to an unplanned hospital admission which could have led to a care home placement. A key feature of this system will be the provision of rapid assessment and integrated care from multi disciplinary teams comprising of medical, nursing, home care, physio and occupational therapy expertise. We will also develop our assistive technology and response offer so that individuals in crisis are supported in the home. Where appropriate, we will adapt homes to ensure they are accessible and enable people to remain living in their home.

Where care cannot be provided in a person's own home and a care home placement is required, we will in all instances seek to provide this in extra care sheltered housing and work with our health partners and care providers to deliver nursing care. No one will be discharged from acute hospital directly into a permanent care placement. Only when people have been supported through reablement, rehabilitation and supported housing and living at home is no longer viable, will care homes be considered as an option.

We know that most service users want to stay in their homes. We are committed to managing down our use of care homes for permanent and respite placements so that in time very few service users will have to move into a care home. In order to do this we will work closely with our partners in the NHS, both commissioners and service providers and will integrate our assessments with nursing assessments. People who now get their nursing care in care home with nursing will in future get it in their own homes and we are relying on our health care partners to deliver this. The same is true of end of life care.

Care in the community:

A single point of contact will be established for all service users, bringing together health, social care and housing support in one care assessment package. This will enable us to make the best use of available resources and help us identify and meet the needs of service users in the most effective way possible.

Personal choice and accountability is extended and enhanced through personal budgets and direct payments so that the service user is aware of the cost of their care and can make informed decisions about what is right for them and choose whether to arrange it themselves or have the council arrange it for them. We will also encourage the use of advocates.

Hammersmith & Fulham is one of only 4 London councils which provides services to people with 'moderate needs' and above but we spend less per head of adult population than 23 other councils. We will continue to set eligibility criteria in a way that balances the needs of the service users with the overall need to make the most efficient use of constrained resources.

The relatively low financial gain that may be achieved by raising the eligibility criteria to Substantial or Critical would be outweighed by the adverse impact on service users' ability to engage in civic life. We will set the threshold for community care services at a point where there is a balance between enabling participation in civic life and minimising expenditure. We believe that this is a more rational position than merely reducing community care services to the minimum required of us by law.

We want all our residents to be safe, as well as fully engaged in civic life. To this end, we will meet our duties under the binding guidance on Safeguarding, the Mental Health Act and the Mental Capacity Act in a highly professional and quality assured way.

As a central London borough we have a high incidence of mental ill health. We remain highly committed to prioritising our mental health service to make sure that people get the help they need to make a recovery and re engage in civic society. We rely on our strong partnership with the West London Mental Health Trust to deliver this with us.

Amongst our most vulnerable residents are people who are unable to make decisions for themselves or manage their own affairs and have no one else to manage these for them. We make decisions for and act on behalf of many of our service users each year and remain committed to doing this.

8. Commissioning best value

Our commissioning will be evidence-based and informed by intelligence gained through needs analysis information and engagement with users and carers; professionals and experts; and providers.

We will work with Clinical Commissioning Groups and other community partners to develop services which are integrated and focussed on prevention, early intervention, and reablement. Users will have opportunities to choose and influence the services they use. To this end we will encourage the entry of innovative new providers, including third sector and social enterprises, to deliver quality services – including services currently managed directly by the Council.

We will work with our Tri-Borough partners to procure services in the most effective and efficient way possible, reducing administration and management costs and focusing a greater share of resources on the frontline. We will ensure all commissioned providers reach the required standards and continuously improve quality, outcomes, and value for money. Likewise, we will seek ongoing feedback from service users, communities, and providers on the effectiveness of our commissioning process in meeting local needs and achieving specified outcomes.

9. Conclusion

Through increased prevention, greater education and by empowering care communities, we expect to see greater throughput in the number of people we are directly helping. We also expect to see a continued reduction in the use of care homes. We will ensure that the Council as a whole work with us to deliver the same agenda.

Tri-Borough working will make significant savings by combining commissioning, market management and procurement with the intention that a greater share of the available resources is spent on the frontline.

By aligning healthcare and social care commissioning with a single point of contact and assessment, we will provide a more efficient, streamlined and responsive service.

The outcome we are seeking is to build a stronger, better society where the burden of responsibility around the provision of care is extended beyond the Council alone.

Appendix 1

Statutory framework:

- We have a duty under **section 21 of the National Assistance Act 1948** to provide residential care if a person is in need of care and attention which is not otherwise available to them. This must be provided in registered care homes. The council currently spends £35m per year on this so it is especially important that we manage this spend wisely.
- We have a power under **section 29 of the National Assistance Act 1948** to make arrangements for promoting the welfare of residents. The Chronically Sick and Disabled Persons Act, 1970 turns this power into a duty for those who need it. The council currently spends £12m per year on this.

- We must carry out an assessment of need under **section 47 of the NHS and Community Care Act 1990** where a person appears to be in need and then must provide services to meet assessed need. The council currently spends £1.1m per year on this. These assessments control the spend on the above two areas accounting for £47m of council expenditure.

- We have duties under the **Mental Health Act and the Mental Capacity Act** to make decisions on behalf of those who cannot make them for themselves. This is mainly the work of professional social workers and the council spends £5.7m per year on this.