12. Health and Social Care

Introduction
This section will cover the key aspects of healthcare under the following headings:
- Primary health care: General Practitioners (GPs), dentists and pharmacies
- Acute (general hospital) and community health care: Homerton University Hospital
- Mental health care: East London Foundation Trust services
- Social care: adult, older adults, mental health and supporting people

City and Hackney Clinical Commissioning Group (CCG) is responsible for commissioning hospital and community healthcare services in Hackney and in the City of London. NHS England commissions GP, dental, pharmacy and optometry services and specialist services, and oversees the CCG and its budget.

The health infrastructure (premises, workforce and IT) required to provide a wide range of health care services must respond to changes in healthcare needs and in the way people access and use services. The level of need is not simply defined by the size of the population, but is significantly shaped by population characteristics (e.g. age and ethnicity profile), lifestyle factors, and environmental and economic influences.

Context
A sophisticated analysis of need, and therefore demand, cannot be conducted for this report. However, Hackney performs poorly compared with other London Boroughs on many indicators of health\(^58\) and so it can, therefore, be assumed that there is relatively high need and local demand for health services.

In Hackney, male life expectancy is lower than the national average. Female life expectancy varies by 7.2 years when comparing the most and least deprived wards, and male life expectancy by 8.6 years\(^59\). In addition, there are a number of pressing health needs in the area, including high levels of childhood obesity, prevalence of severe mental health conditions, late presentation for cancer and deaths from heart disease and stroke. A more detailed analysis of local health needs is available in the Joint Strategic Needs Assessment (JSNA) produced by Hackney Council’s Public Health team.\(^60\)

In 2015, Hackney’s Health and Wellbeing Board, which brings together professionals from the NHS, social care, and related children's public health services to improve local services and the health of residents, agreed to continue to focus on the four shared priorities identified in the Joint Health and Wellbeing Strategy (2013/14)\(^61\):

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58 Public Health England Health Profiles 2014
60 [http://www.hackney.gov.uk/jsna.htm](http://www.hackney.gov.uk/jsna.htm)
• Improving the health of children and young people, in particular tackling childhood obesity and working the pregnant mothers and children under five years old;
• Controlling the use of tobacco, with a renewed emphasis on stopping people from starting smoking as well as helping them to quit;
• Promoting mental health, focusing on relieving depression and anxiety for working age adults;
• Caring for people with dementia, ensuring our services are meeting the needs of the older population.

The CCG’s five year plan (published 2014)\textsuperscript{62} aims to
• Reduce premature mortality by focusing on cardiovascular and respiratory diseases, people with mental health problems and people with cancer
• Manage demand
• Develop primary care and community services
• Ensure safe, high-quality, 7 day hospital services
• Address mental health needs

Activity to tackle these challenges is wide-ranging and not all of it is reliant on infrastructure, for example better promotion and design of services to increase take up. The scope of this document is such that consideration will only be given to the key issues that relate to the provision of physical infrastructure in the form of buildings, particularly physical access to services.

**Primary Health Care**

**General Practitioners: current supply and demand**

General Practitioners’ (GP) surgeries are important as they provide a wide-range of health services and are often the first point of contact for residents with a health problem: if referrals to other health providers are required, the GP will make that referral. It is beyond the scope of this study to assess whether each GP surgery is providing the most suitable range of health and well-being services for the local community but consideration is given as to whether there is sufficient access to GP surgeries across the Borough. Specific issues examined are the number of GP surgeries; the number of patients registered at each; and the spatial distribution of GP surgeries.

As of September 2015, there were 43 GP surgeries in Hackney and the City of London\textsuperscript{63} with a total of 196 full time equivalent (FTE) GPs in the September 2014 HSCIC staff survey. In September 2015, there were 300,197 patients registered with these surgeries\textsuperscript{64}, which translates to one FTE GP for every 1,532 registered patients. This compares favourably to the ratio of 1 GP to every 1,800 residents\textsuperscript{65}.

\textsuperscript{62} Outlook For The Next 5 Years - Our Plans, NHS City and Hackney CCG  
\textsuperscript{63} Source: HSCIC. Of these, 1 practice is located in the City of London, and 42 in Hackney.  
\textsuperscript{64} Clinical Effectiveness Group, 2015  
\textsuperscript{65} 1,800 residents per GP is the Royal College of General Practitioners standard used by the HUDU model and in other London Borough infrastructure assessments.
used by the NHS London Healthy Urban Development Unit in its HUDU model, and also compares favourably to the national average of approximately 1,530 and the London average of 1,601. (It is worth noting that a recent baseline analysis of primary care capacity calculated a lower ratio in Hackney of GPs per registered patient, but these figures are not comparable with national or benchmark figures so we have not used them here).

It should also be noted that the CCG (unusually for London) as well as Hackney Council Public Health directly commission a wide range of local services from City and Hackney practices, costing in the region of £10m in 2015/16. These services require additional GP time and resource to deliver and, therefore, the net GP ratio is less favourable than the pure headline figures would suggest. Moreover, the figures do not take account of the evidence that people living in more deprived areas are heavier users of GP services, implying that a higher benchmark ratio may be more appropriate for Hackney (one of the most deprived boroughs in the country). The figures presented here should be considered with these caveats in mind.

On a practice-by-practice basis, the analysis presented suggests that each surgery ranges from significantly under-subscribed to over-subscribed compared to the recommended ratio. However, the fact that a single surgery is over-subscribed may well be mitigated by its patient list being low users of the surgery, a neighbouring GP being under-subscribed, or proximity to a walk in centre (which has GPs but not a patient register). City & Hackney GP Confederation divides the Borough into four sub-areas. It is appropriate to use these areas for GP distribution as residents could be expected to travel up to one kilometre, or 15 minutes’ walk at an average speed, to access a GP, as shown in the table below.

The geographic distribution of GP surgeries throughout the Borough is relatively even and no resident is more than 1km from at least one GP surgery.

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66 HSCIC General Practice workforce census, Sept 2014
67 Boomla et al (2014), GP funding formula masks major inequalities for practices in deprived areas, *BMJ* 2014;349:g7648
General Practitioners: future supply and demand

Our consideration of future supply is complicated by the current policy and funding landscape. The 2009 IDP document referred to the development of four Primary Care Resource Centres, based on the Healthcare for London polyclinic model. The Kenworthy Road Health Centre in the south east of the Borough was commissioned by the former Primary Care Trust, opened in May 2011, but remains largely empty. The Resource Centre plan has subsequently been abandoned. Other premises proposals are currently under review as part of a local Strategic Estates Plan which has been commissioned from CCGs by the Department of Health, and includes a feasibility study on the future of the St Leonard’s hospital site. This lack of certainty means we will rely completely on the Healthy Urban Development Unit (HUDU) model of primary health care provision as it is difficult to consider any contextual information about how delivery, and subsequently infrastructure requirements and costs, may change (it is important to recognise the caveats in using this model, however, as described).

Little investment has happened to develop GP Premises commissioned by NHS England, although some plans have been submitted under the 2015/16 Primary Care Infrastructure Fund to deal with a small number of local premises issues. In future, the fund is changing to a Primary Care Transformation Fund, with £1bn available nationally over 4 years, to cover:

- increased capacity for primary care services out of hospital;
- commitment to a wider range of services to reduce unplanned admissions to hospital;
- improving seven day access to effective care;
- increased training capacity.
The HUDU model does not assess the current capacity of health facilities or services and as such detailed healthcare planning would require a ‘gap analysis’ to determine the precise requirements. However, it has been previously noted that GP surgeries, particularly in the northwest of the Borough are either at capacity or are over-subscribed. It is also likely that relocating GP surgeries from unfit premises and shifting care out of hospitals (called integrated care) has added, and will continue to add, to future primary and community care requirements. The CCG is commissioning an utilisation review of the most under pressure premises, which may identify short-term opportunities to alleviate the pressure. Also, major development in and adjoining Hackney, in particular in the City Fringe Opportunity Area and in the London Legacy Development Corporation area, is expected to generate significant future demand for services.

Table 12.1 below provides an assessment of the future demand for primary (GP) services, by applying the ONS mid-year population estimates, to the current number of registered patients in the Borough’s GP surgeries to calculate a projected ratio of GPs per patients assuming that the number of FTE GPs remain static.

<table>
<thead>
<tr>
<th>Hackney population</th>
<th>Current(2014)</th>
<th>2018</th>
<th>2025</th>
<th>2032</th>
<th>2041</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>263,200&lt;sup&gt;68&lt;/sup&gt;</td>
<td>276,356&lt;sup&gt;69&lt;/sup&gt;</td>
<td>298,114&lt;sup&gt;11&lt;/sup&gt;</td>
<td>315,569&lt;sup&gt;11&lt;/sup&gt;</td>
<td>336,112&lt;sup&gt;11&lt;/sup&gt;</td>
</tr>
<tr>
<td>Total based on GP registered pop. in 2014 with proportional projected increases&lt;sup&gt;12&lt;/sup&gt;</td>
<td>286,741</td>
<td>301,073</td>
<td>324,777</td>
<td>343,794</td>
<td>366,174</td>
</tr>
<tr>
<td>Number of FTE GPs (static)&lt;sup&gt;70&lt;/sup&gt;</td>
<td>196</td>
<td>196</td>
<td>196</td>
<td>196</td>
<td>196</td>
</tr>
<tr>
<td>Registered patients per GP</td>
<td>1,463</td>
<td>1,536</td>
<td>1,657</td>
<td>1,754</td>
<td>1,868</td>
</tr>
</tbody>
</table>

At a Borough level, this analysis points to the possibility that there will be an additional primary care requirement after 2041 as a result of population growth and that, if GP numbers remain static, there will be additional demand on the workforce and services up to this point. These estimates should be treated with caution as there is likely to be higher future demand than this analysis suggests, as the analysis does not take into account factors such as need and deprivation and changes to the GP workforce and range of services provided. It does not account for any additional or extended services required of GPs and the availability of other clinical resources in practices; City and Hackney GP Confederation currently employs 10 salaried GPs who supplement the practice-based GPs in delivering services commissioned locally by the CCG.

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<sup>68</sup> 2014 ONS Mid-Year Population Estimate  
<sup>69</sup> GLA Projections 2014 Round  
<sup>70</sup> HSCIC Staff Survey, September 2014
The HUDU model has been produced at Borough level for Hackney using the 2012 GLA high projections to estimate demand, and the cost, of services required to support an increased number of residents. Five year ranges have been used and the overall health care costs for required primary care provision calculated. As the costs identified by HUDU cover all primary care these are discussed in a separate section - following the sub-sections on dentists and pharmacies.

**Dentists: Current Supply and Demand**

There are 35 NHS dental practices in the City and Hackney CCG area, and 130 dentists. The dentist population ratio is 1:2039 compared to 1:1944 for London and 1:2143 for England.71

Adults in Hackney have higher rates of tooth decay and gum disease compared to London and England12 and lower levels of service use in both adults and children. In June 2015, 43% of children and 39% of adults in Hackney had accessed dental services in the previous 24 months1, compared with 63% of children and 46% of adults in London as a whole.

According to a 2014 Dental Needs Assessment, dental service access varies across Hackney, with higher rates in the North East of the borough, and lower rates in the old Haggerston and Hoxton Ward areas.

**Figure 12.2: Adult dental access rates by Hackney Wards, March 2014**

![Adult dental access rates by Hackney Wards, March 2014](image)

**Figure 12.3: Child dental access rates by Hackney Wards, March 2014**

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71 Health and Social Care Information Centre. NHS Dental Statistics for England 2014/15
Dentists: Future Supply and Demand
The evidence suggests that the focus for improving oral health is crucially about raising the profile of dental health and tackling barriers to access. The aim is to ensure a greater number of people can access dental services in the Borough. It is expected that strategies to increase access to dentistry services, prevention and self-care will be more effective than only looking to increase the overall provision of dentistry in the Borough. However, if activity is successful in increasing the profile of oral health and residents begin to visit their dentist more regularly, then this could have implications for provision.

The HUDU model produced for Hackney includes provision of dental care as part of primary care. A separate section on primary care costs is included in this report after the sub-section on pharmacies.

Community pharmacies: Current Supply and Demand
The recently produced draft Pharmaceutical Needs Assessment (PNA) 2015\(^2\) concludes that for essential services, such as dispensing medication, the number of community pharmacies in the Borough is commensurate with the size of the population and there are currently no gaps in provision. The PNA states there are 49 pharmacies, equivalent to 19.3 pharmacies per 100,000 population – compared to similar areas, Hackney has the lowest number of pharmacies per head of population, but there is good access across the Borough. North West and South West Hackney have the lowest levels of provision.

The PNA recognises that older people and children are higher uses of pharmacy services and need regular access.

\(^2\) NHS City and Hackney, Pharmaceutical Needs Assessment, March 2015
Community pharmacies: future supply and demand
Population projections suggest a growing need for pharmacy services, with a rising proportion of the population in the 65+ age group in particular.

There are opportunities for reviewing community pharmacy premises which have consulting rooms for outsourcing local community services. Community pharmacies are not part of the NHS Premises direction, but there is a network in Hackney that could offer greater access and co-location of services. All pharmacies in Hackney have a consulting area according to the pharmacy contractor survey carried out as part of the 2014 PNA.

The HUDU model covers pharmaceutical infrastructure requirements and costs as part of the wider primary care costs section.

Primary Care conclusion
The high levels of population growth projected for Woodberry Down and Brownswood wards, combined with the fact that there is a family and social component to the housing, is likely to put strain on the capacity of the five GP surgeries serving that area. However, social infrastructure has been considered as part of developing the masterplan for the Woodberry Down estate, which is the growth driver for the wards, but this will need to be reviewed if there are changes to any part of the housing mix.

The demand for dentistry services is growing, but utilisation is below the recommended level.

There is good provision of pharmacy services across the Borough so this is not a concern.

The NHS has been subject to significant policy and funding changes. Consequently the CCG and NHS England have not been able to confirm their future capital programme, but the HUDU model has been used to estimate likely primary health infrastructure, and associated capital costs, will be required to deliver the projected growth for the Borough. This is detailed in Table 12.2 below.

<table>
<thead>
<tr>
<th>Table 12.2: Primary Health Infrastructure and Costs 2011-2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care space requirements</td>
</tr>
<tr>
<td>Primary care capital costs</td>
</tr>
</tbody>
</table>

The Strategic Estates Plan commissioned by the Department of Health from CCGs will be finalised by March 2016, which alongside future commissioning plans, will be the basis of bids to the £1bn available nationally from the Primary Care Transformation Fund. However, the success of these bids may be constrained by the affordability of the ongoing revenue costs for primary care at NHS England London level. A strategic oversight of this is a key workstream within the Healthy London Partnership.
Acute and Community Health Care

Homerton University Hospital: current supply and demand
The consideration of the infrastructure required to provide acute health care services through Homerton Hospital is complicated by its sub-regional catchment. The analysis of the needs of Hackney communities is covered by the annual Joint Strategic Needs Assessment, with the key issues summarised at the start of this section. Homerton Hospital produces an annual plan and annual report which together respond to more immediate challenges and targets the hospital is aiming to meet.

In 2013/14 the Trust admitted over 59,000 patients and had over 372,000 outpatient appointments (including community midwifery services and sexual health). Around 118,000 people were treated in the accident and emergency department (including attendances to the walk-in centre). Just under 6,000 babies were born at Homerton in 2014/15.

The hospital has almost 500 beds, including a 50 bed nursing home, Mary Seacole Nursing Home, in Shoreditch. The exact number of beds in use, and the reasons they are used for, change from week to week. There are three day surgery theatres and six main operating theatres for all types of general surgery, trauma and orthopaedics, gynaecology, maxio-facial, urology, ear nose throat, obesity, bariatric and obstetrics. There are 13 wards, plus a 9-bed combined adult intensive care and high dependency unit. There is also a maternity ward, paediatrics ward and neonatal unit.

The Hospital regulated, or main, services are as follows:
- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Accommodation for people who require nursing or personal care
- Maternity and midwifery services
- Termination of pregnancies
- Family planning services
- Assessment or medical treatment for people detained under the Mental Health Act 1983.

On 1 April 2011 community health services serving Hackney and the City (CHS) transferred to the management of Homerton. This was a hugely important development and makes Homerton the major provider of both hospital and community services for Hackney residents. With the integration of community services the Trust operates from numerous sites across Hackney, along with a small number in the City.

Homerton can confirm that the Trust has no immediate building infrastructure issues in terms of being able to deliver services although it has little current flexibility within its estate. Maintaining its current buildings will also becoming an increasing

73 Hospital episode statistics.
74 Data supplied by Homerton University Hospital.
challenge for the Trust over forthcoming years. These are two significant challenges for the Trust which it is working proactively to address at present. Within this the Trust has an immediate issue with regard to redeveloping its Pathology Department which it is prioritising.

With regard to community provision the Trust has sufficient capacity to deliver its services but the vast majority of its locations are leased rather than owned. Developing a coherent locality-wide strategy across key stakeholders for the delivery of community services in future is an important objective for the Trust therefore.

The Trust has also made a number of significant adjustments to its infrastructure over recent years. Important in this regard has been:

- A new Endoscopy unit
- A new Energy centre
- A reconfigured HIV and Sexual Health centre
- Additional Outpatient provision
- Enhanced ante-natal and obstetric ultrasound provision

**Homerton University Hospital: future supply and demand**

Forecasting demand for acute health care is challenging particularly in terms of judging activity flows from outside Hackney and the City to the Homerton and in terms of making reasonable assumptions with regard to the transfer of care from acute to non-acute settings. This latter point also impacts upon assumptions with regard to community provision. To add to this complexity, the Trust is also active in pursing contractual opportunities across NE London. The Homerton has, for example, recently won a contract to delivery Retinal eye screening services to Hackney, Waltham Forest, Tower Hamlets, Newham, Dagenham & Redbridge and Havering. This has required the leasing of a number of different properties within the boroughs to deliver this service. The contract is for 5 years with a possible extension of 2 years.

The Trust is currently pre-occupied with assessing the following issues on its main acute site from the perspective of practical deliverability and financial affordability:

**CT Scanner**

The Trust is likely to have to replace its current CT scanner during 2015/16 and will need to consider the need to purchase a second scanner in order to meet demand and to provide additional resilience. This will necessitate a reconfiguration of existing space at a cost of between £1m and £2m.

**Pathology Department**

The Trust has been planning for some years to build a new Pathology Department in order to produce a modern and fit for purpose facility. On site work ceased during 2015, however, as the appointed contractor went into administration. The Trust is now re-assessing its business case for the development and will decide on next steps during the first half of 2016. The capital cost of completing the scheme is likely to be between £15m and £20m.
Critical Care
The Trust’s current 9-bedded critical care facility is in need to development in order to both expand the available capacity and to create a more effective and efficient clinical environment. The Trust is currently scoping the scale of the capacity it requires going forward and looking at possible means of accommodating this on-site. The final solution will either necessitate significant re-development within the existing estate or a new build on the hospital site. Either option is likely to require a multi-million investment from the Trust.

Theatre and Endoscopy Capacity
The Trust’s elective capacity – predominantly operating theatres and endoscopy rooms – is under regular pressure currently and additional physical flexibility would assist the Trust in managing waiting times and service efficiencies effectively. However, there are limited on-site options for addressing this at present and also a prohibitive capital cost. In the short term the Trust is consequently likely to need to manage the issue via extended working arrangements.

In terms of community provision the Trust is currently assessing options for rationalising its leased estate in order to deliver more cost effective solutions. Such solutions are deliverable in part by mobile working options. Larger scale consolidation will, however, need to be a part of a wider locality plan for community resources and the Trust is committed to working with the CCG, and other stakeholders, on this agenda.

Future Provision: Acute Care Costs
Not all of the major infrastructure items required by Homerton currently have confirmed funding and this may prove a challenge for the Trust over the next 3 years.

At present the Trust does not use the HUDU model for medium and long term planning. However, an indicative consideration of the extra demand, and required capacity, that may result from development and population increase in the Borough can be provided by the HUDU model run for Hackney. The output of this model is included here to provide a rough estimate as to the potential costs to acute care provision of a rising population over a longer term period.

The model has been produced for Hackney at Borough level and for each ward. In terms of acute care the HUDU model predicts the requirements as set out at Table 12.3 below.

Table 12.3: Acute care requirements and costs at Homerton Hospital 2011-2025

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total acute space</td>
<td>1190 sqm</td>
<td>1125 sqm</td>
<td>1212 sqm</td>
<td>3527 sqm</td>
</tr>
<tr>
<td>Total acute capital costs</td>
<td>£3.79m</td>
<td>£3.58m</td>
<td>£3.85m</td>
<td>£11.22m</td>
</tr>
</tbody>
</table>
The CCG Commissioning Plan identified the need to manage demand for services, particularly for urgent care. Demand for A&E and emergency admission to hospital has reduced as part of the implementation of the plan, with the development of a primary and urgent care centre, GP out-of-hours service, enhanced duty doctor coverage for in hours and some limited GP extended hours. Demand from out of borough has risen, utilising available capacity. A major review, Transforming Services Together, primarily for Waltham Forest, Newham and Tower Hamlets is including the potential future impact on the Homerton as part of a wider system impact from changes at Barts Health and King George V sites. This review is yet to conclude, so the full impact is not known.

Mental Health Care

East London Foundation Trust current supply and demand

The East London Mental health Trust provides a wide range of community and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham and Tower Hamlets. The East London areas served by the Trust are the most culturally diverse and deprived areas in England and therefore provide significant challenges for the provision of mental health services.

The Trust’s local services in Hackney serve a population of 263,200. In Hackney, the Trust provides services on 3 inpatient sites and from 8 community bases.

The Trust states that there is compelling evidence that the profile of patients the Trust serves is more demanding in terms of clinical severity and high comparative levels of psychiatric morbidity. A variety of measures show Hackney as having a prevalence of mental health conditions which is much higher than the national average and one of the highest levels of psychiatric morbidity in London.

The Mental Health Benchmarking Report 2015 confirms that the Trust is performing well compared to other Mental Health Trusts in terms of inpatient efficiency, including average length of stay, bed occupancy, lower readmission rates and lower delayed transfers of care. However, in City & Hackney the number of psychiatric hospital admissions is high compared to the national average (444 per 100,000 population compared to a mean of 234 per 100,000 population). Similarly the proportion of Mental Health service users in hospital is much higher locally than the National average (City & Hackney Mental Health Needs Assessment, 2014).

Consequently, the Adult Mental Health Service in City & Hackney, as well as the Trust as a whole, has one of the highest number of Adult Acute beds per 100,000 population in the UK (Mental Health Benchmarking Report 2015). Currently, City & Hackney has five wards and a total of 90 acute adult psychiatric inpatient beds for a Hackney population of 263,000.

The CCG has invested in new models of mental healthcare, in particular enhancing the provision in primary care and involving other providers, such as the Homerton, Tavistock & Portman and voluntary sector as well as East London Foundation Trust.
East London Foundation Trust future supply and demand

The population of Hackney is forecast to increase by 20% over the next 15-20 years. This level of increase in the population, coupled with the continuing high levels of psychiatric morbidity in Hackney, may require some expansion of both the community and inpatient capacity of local mental health services in order to meet the anticipated demand.

The expected 20% increase in the population in Hackney over the next 20 years, this would suggest a possible future need for the equivalent of an additional ward of 15 to 18 beds over this time frame.

The CCG is working with a number of partners to address future demand and ensure care is provided in the most appropriate setting. This may free up some capacity at East London Foundation Trust.

Adult Social Care

Social Care relates to the provision of a wide range of services for older, disabled and vulnerable people who require care and support in order to live an independent life and play a full part in society.

Social care services can be provided in care homes (including residential homes and nursing homes), in a person’s own home (usually referred to as domiciliary care or home care) or at community venues (such as drop-in and day care centres). There is a complicated mix of funding and provision of different types of social care services. In England, social care can be funded through central government funds allocated to the local council; council tax revenues; an individual’s contribution to their care package, or services that are arranged independently. Charities and other social or third sector organisations also fund and provide a range of care services.

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time, there is a national level of care and support needs that all councils have to consider when they assess what help they can give people. All these came into force on 1 April 2015.

Local authorities have taken on new functions that ensure people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support;
- have a range of providers offering a choice of high quality, appropriate services.

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Briefing – Funding adult social care in England (The King’s Fund, March 2009)
Hackney Council has developed new policies and procedures to reflect all new statutory requirements and ran an extensive training programme on the Care Act for managers and front line staff. Overall the Council has successfully embedded all of the statutory requirements under the Care Act 2014.

The Council’s Health and Community Services Directorate provides – directly and in partnership with East London and the City NHS – both care management/social work and directly provided care services. A significant volume of care provision is commissioned or purchased from the private and voluntary sector.

The Council has an agenda that focuses on Promoting Independence, resilience, personalisation and prevention. Increasing activity on addressing health inequalities and other determinants of health will have long term benefits in reducing social care requirements. Personalisation is giving residents who do use social care the choice and control over which services they use and how they want to be supported. This will see greater variety of services used and require significant changes to the operation of the social care market.

**Overall current supply and demand**

Hackney Council currently provides adult social care to 3189 users: types of service can be broadly separated into community-based services, residential and nursing placements. A snapshot of analysis of service provision by gender, in 2015, is presented below.

**Table 12.4: Service provision for Adult Social Care by gender: September 2015**

<table>
<thead>
<tr>
<th>Type of Adult Social Care</th>
<th>Female</th>
<th>Male</th>
<th>All clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female clients</td>
<td>% female clients</td>
<td>Male clients</td>
</tr>
<tr>
<td>Community-based services</td>
<td>1348</td>
<td>51%</td>
<td>1290</td>
</tr>
<tr>
<td>Residential care</td>
<td>210</td>
<td>47%</td>
<td>241</td>
</tr>
<tr>
<td>Nursing care</td>
<td>63</td>
<td>63%</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>1621</td>
<td>51%</td>
<td>1568</td>
</tr>
</tbody>
</table>

Community-based services (the highest concentration of provision) are separated below into components: external and in-house
### Table 12.5 Community based services for Adult Social Care by gender, September 2015

<table>
<thead>
<tr>
<th>Sector</th>
<th>Type</th>
<th>Female clients</th>
<th>% female clients</th>
<th>Male clients</th>
<th>% male clients</th>
<th>All clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internal provision</strong></td>
<td>Housing with Care</td>
<td>113</td>
<td>48%</td>
<td>125</td>
<td>53%</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>Day Care</td>
<td>144</td>
<td>56%</td>
<td>112</td>
<td>44%</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>Direct payments</td>
<td>212</td>
<td>59%</td>
<td>148</td>
<td>41%</td>
<td>360</td>
</tr>
<tr>
<td></td>
<td>(clients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meals</td>
<td>62</td>
<td>59%</td>
<td>44</td>
<td>42%</td>
<td>106</td>
</tr>
<tr>
<td></td>
<td>Transport</td>
<td>85</td>
<td>63%</td>
<td>51</td>
<td>38%</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Professional Support</td>
<td>385</td>
<td>40%</td>
<td>567</td>
<td>60%</td>
<td>952</td>
</tr>
<tr>
<td><strong>All community based services</strong></td>
<td><strong>Internal provision total</strong></td>
<td><strong>1001</strong></td>
<td><strong>49%</strong></td>
<td><strong>1047</strong></td>
<td><strong>51%</strong></td>
<td><strong>2048</strong></td>
</tr>
<tr>
<td><strong>External provision</strong></td>
<td>Home Care</td>
<td>561</td>
<td>64%</td>
<td>315</td>
<td>36%</td>
<td>876</td>
</tr>
<tr>
<td></td>
<td>Supported Living</td>
<td>61</td>
<td>35%</td>
<td>112</td>
<td>65%</td>
<td>173</td>
</tr>
<tr>
<td></td>
<td>Day Care</td>
<td>41</td>
<td>35%</td>
<td>78</td>
<td>66%</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td>Transport</td>
<td>7</td>
<td>29%</td>
<td>17</td>
<td>71%</td>
<td>24</td>
</tr>
<tr>
<td><strong>External provision total</strong></td>
<td><strong>670</strong></td>
<td><strong>56%</strong></td>
<td><strong>522</strong></td>
<td><strong>44%</strong></td>
<td><strong>1192</strong></td>
<td></td>
</tr>
<tr>
<td><strong>All community based services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note – service users may be counted more than once in the table if they receive more than one type of service, the Grand Total row is a count of all service users, not packages of care.

**Older people care: current supply and demand**

Hackney has approximately **133** sheltered units of accommodation for older people and **620** units of accommodation with care and support available for those with greater care needs. Floating support, which visits older people in their home to provide advice and support to help them sustain their independence, has a capacity to work with **1,293** people.

Helping older people remain in their homes and maintain a decent quality of life for as long as possible is a priority.

The overall supply is being reviewed at present and findings are not available, however there are areas of low demand indicating overprovision or the need for reconfiguration of existing resources.
Older people care: future supply and demand
New developments are opening, such as the St Peters, for older people with mental health conditions, and Limetrees.

Population growth estimates vary, but should the older population steadily increase, revenue costs would see pressures without further successes in prevention and ‘reablement’ services, which are strategic priorities and for which Hackney is well regarded.

Pipeline schemes already have capital funding, but further funding would be required should the needs assessment identify a requirement for additional capacity. This is typically from the Homes and Communities Agency with additional support from the owning Housing Association and the Council.

As efforts continue to be made to support people in their homes, issues of accessible transport, public realm and community facilities such as accessible public toilets and signage will be increasingly focused on by older people and their representative groups, which may need to be factored into ongoing works programmes in relevant departments.

Learning disabilities: current supply and demand
There were 477 people accessing learning disability services as at the 1st June 2015. Historically, high levels of use of residential care provision, including placements in homes outside of Hackney, have been consistently reduced over recent years with a number of people moving into supported living schemes. Two large in-Borough Residential Care Homes have de registered over the past two years and become supported housing. Reconfiguration of specialist housing supply and the creation of new services have increased the number of people occupying tenancies in Hackney. This trend will continue.

Hackney Council supports 148 units of supported accommodation to people with learning disabilities.

Learning disabilities: future supply and demand:
As at the 1st June 2015 there were 148 people placed in residential care homes, most of those in out of borough placements. There are currently no vacancies within any of the units of supported housing within the borough for people with learning disabilities. This shortage of supply will mean that young people in transition from children’s to adult’s services will be at risk of being placed out of the borough into residential care services. An average of 10 to 15 people each year transition into adult services.

In addition there are young people who have been placed out of the borough in residential care that the integrated learning disability team would like to re settle into supported housing within the borough. To meet this increase in demand it is projected that over the next 5 years, at least 50 new Supported Accommodation Units will be needed to avoid increased numbers and costs of placing people in
residential care out of the borough. This accommodation will be needed to meet the needs of people with higher support needs.

In future, the budgets available to people for their care will be outlined through personal budgets giving a fair, individual allocation of funding. It is likely that this will further contribute to an increase in people choosing services based in supported housing schemes. This will mean re-profiling the way revenue budgets are spent.

**Mental health social care current supply and demand**

Hackney historically experiences higher than average levels of poor mental health among its residents. The recorded prevalence rates of severe mental health conditions and depression in general practice remain among the highest in London.

The recorded prevalence of severe mental health conditions – schizophrenia, bipolar disorder and other psychoses – in GP practices in Hackney and the City was 1.35% in 2013/14\(^{76}\). Rates of mental health hospital admissions among the population of Hackney and the City remains higher than London and England averages\(^{77}\).

Consequently, there are more services for people with mental health problems than the regional average. Table 12.6 below shows there are 452 units of support to people with mental health needs. The supply highly exceeds demand for high support provision according to the East London NHS Foundation Trust.

**Table 12.6: Current supply of mental health provision**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Accommodation Units</th>
<th>Floating Support units</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing related support (23 projects)</td>
<td>208</td>
<td>129</td>
<td>337</td>
</tr>
<tr>
<td>Residential Care (4 projects)</td>
<td>58</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Private supported living (2 projects)</td>
<td>33</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Forensic residential care (2 projects)</td>
<td>24</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>323</strong></td>
<td><strong>151</strong></td>
<td><strong>452</strong></td>
</tr>
</tbody>
</table>

Source: Mental Health Supported Living Needs Assessment 2015

The key gaps in service provision are the following:

- There has been no ‘step down’ service available for people coming from residential care, especially those with complex needs.
- Schemes tend to get ‘silted up’, whereby clients tend to stay in shared housing schemes rather than move on to self-contained housing.
- Need to increase capacity of high support supported living provision

\(^{76}\) Quality Outcomes Framework  
\(^{77}\) HSCIC
Mental health social care future supply and demand

The Mental Health Commissioners have recognised that there is a need for more “step down” accommodation, for people currently living in residential care and supported housing. The commissioning review of mental health supported living (2015) recommended an increase of high support provision for people with complex needs. Further work will be undertaken to establish the exact numbers of additional allocations or purpose built properties required to inform future allocations policy and, if necessary, HCA investment.

Housing related support services

Housing related support services are non-statutory services that help vulnerable people achieve or sustain independent housing.

The programme continues to undergo significant reconfiguration over recent years through a process of strategic commissioning reviews. Revenue funding continues to reduce and there are no plans to provide new buildings for supported accommodation, although there are proposals to refurbish some existing building stock\(^\text{79}\).

With the changes to welfare benefits and the possible social consequences of this and other effects of cuts in public expenditure, demand for services is likely to rise, increasing the gap between demand and supply.

Table 12.7 below shows a breakdown of the current provision of accommodation/float support for different client groups by Hackney Council. It indicates that demand exceeds supply for most services, particularly accommodation support. The lack of revenue funding is likely to prevent the development of new services in the foreseeable future.

Table 12.7: Details of accommodation and floating support units

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Accommodation Support (Units)</th>
<th>Floating Support (Units)</th>
<th>Total Units</th>
<th>Comments on demand &amp; supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People/Generic (floating support)</td>
<td>N/A</td>
<td>1,293</td>
<td>1,293</td>
<td>Demand growing – will shortly exceed of supply</td>
</tr>
<tr>
<td>Frail elderly(^\text{79}) Supported Living Scheme (SLS) and SHwC (Supported Housing with Care)</td>
<td>620</td>
<td>N/A</td>
<td>620</td>
<td>Appropriate for present</td>
</tr>
<tr>
<td>People with mental health needs</td>
<td>208</td>
<td>129</td>
<td>337</td>
<td>Excess demand for high support provision</td>
</tr>
</tbody>
</table>

\(^\text{78}\) Meeting notes (Social Care and Mental Health) taken on the 23 June 2011 CDM reference: 4036354

\(^\text{79}\) Individual over 65 years old who have functional impairments
http://medicaldictionary.thefreedictionary.com/frail+elderly
<table>
<thead>
<tr>
<th>People with learning disabilities</th>
<th>149</th>
<th>45</th>
<th>103</th>
<th>Demand for services with high care input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage parents</td>
<td>32</td>
<td>0</td>
<td>32</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Young people at risk/leaving care</td>
<td>115</td>
<td></td>
<td>115</td>
<td>Excess demand</td>
</tr>
<tr>
<td>People with substance misuse problems</td>
<td>16</td>
<td></td>
<td>16</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Ex-Offenders</td>
<td>74</td>
<td></td>
<td>74</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Women at risk of domestic violence</td>
<td>48</td>
<td></td>
<td>0</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Single homeless people with support needs</td>
<td>114</td>
<td></td>
<td>114</td>
<td>Excess demand. Additional accommodation services for those with complex needs required.</td>
</tr>
<tr>
<td>Rough sleeper</td>
<td>178</td>
<td>N/A</td>
<td>178</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Floating Support Services including statutory homeless people</td>
<td>N/A</td>
<td>350</td>
<td>350</td>
<td>Excess demand</td>
</tr>
<tr>
<td>Travellers</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Excess demand – permanent or temporary accommodation/ visitor facilities may be provided for water moorings subject to further discussion with British Waterways</td>
</tr>
<tr>
<td>Community Alarms/Telecare</td>
<td></td>
<td>3,734</td>
<td></td>
<td>Appropriate capacity</td>
</tr>
<tr>
<td>HIA and Handyperson Service</td>
<td>N/A</td>
<td>1,000</td>
<td>1,082</td>
<td>Includes 1000 people a year supported through the Handyperson Service and an estimated 82 major adaptations.</td>
</tr>
</tbody>
</table>

In 2015-16 the Council spent £14.2m on supported housing, floating and outreach support and Telecare services for 4,341 people. The recent comprehensive Spending Review will inevitably result in further cuts which will impact on service provision. Work has been undertaken to make efficiency savings and also to provide more personalised provision to respond to individual need. Telecare, as a

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preventative service for people with low and moderate social care needs, is being promoted to some client groups to help them remain independent as long as possible and thereby reduce the ongoing costs of care.

The current accommodation provision by the Council is likely to be sufficient to meet demand of most of the client groups. For instance, the Council has de-commissioned specialist services for refugees, HIV-AIDS and physical disabilities. Floating support is now provided by the Generic Floating Support Service. For groups such as teenage parents and young people at risk, where demand is exceeding supply, it is a revenue issue rather than an infrastructure issue that constrains supply. Therefore, the new tariff system may not be able to address the funding gap for these provisions.

Social care conclusion
Service provision and available funding for the provision of social care has been significantly affected by changes to national policy, available funding and approaches to delivery. Adult social care has, and is, undergoing comprehensive transformation. There is a sense that policy, funding and delivery changes is likely to result in a lower requirement for infrastructure in the form of buildings as delivery switches to a range of different methods of providing floating support to clients in their own homes. However, appropriate and future-proofed housing for people with disabilities and/or who are aging, so that they can continue to live in their homes as long as possible, continues to be the area of excess demand.