

# WHAT DOES GOOD LOOK LIKE IN SOCIAL CARE IN TIMES OF AUSTERITY

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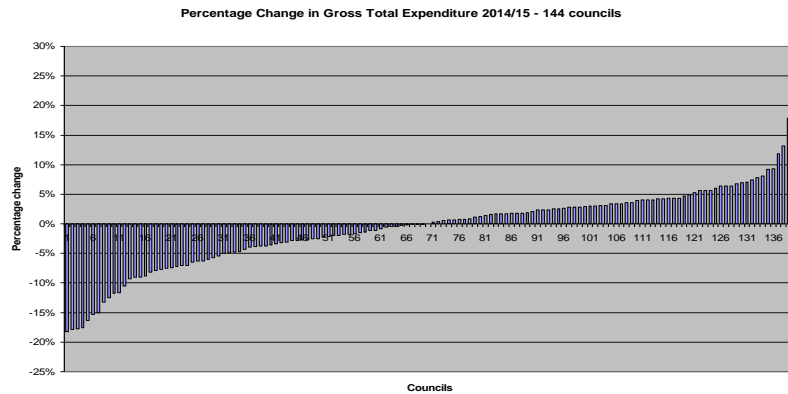
Presentation  
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## Are we experiencing unprecedented cuts in adult social care budgets?

- The scale of the reductions in spend in adult social care – varies significantly between councils.
- The **gross** spend is more significant – the use of the Better Care Fund.
- If some councils can reduce their spend by 30% in Adult Care (over last five years) - and they have – why cant others do the same?
- The myth of demographic pressures? Does the Care Act put on new pressures?
- Councils still finding ways of increasing income/ tackling eligibility (Transport)/ rationalising day care/ using assistive technology/ reducing packages of care/ dependency/ tightening RAS/

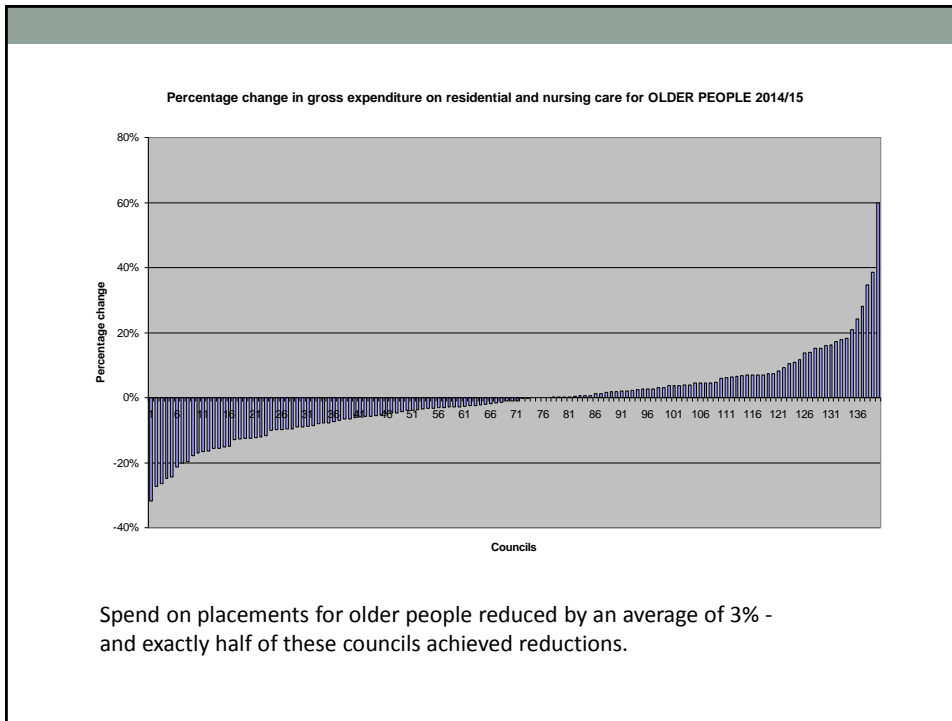
## Council variation



This graph demonstrates that although the national *average* reduction in gross spend was 3%, only about half of these councils actually achieved reductions.

## Current evidence suggests:

- Little more to be gained from further savings in procurement or social work staffing – both may set up more problems ahead – except for in-house providers
- Demand in social care is driven by the practices in assessment and care management – risk averse or managed risk?
- Can we assess for the most effective interventions that assist people need less care? Can we make better use of preventive actions?
- Some Councils are managing demand better than others



## 5 Models of approach to more cost effective models of social care

- 1. Personal Budgets – Direct Payments and Personal Assistants
- 2. Community Capacity – helping people outside of the formal care system
- 3. Integration with NHS – getting the right care pathway for people in the NHS
- 4. Promoting Independence – every care plan should have an aim to help the person be more independent
- 5. Outcome based commissioning for population – work with Commissioners and Providers – trust them to deliver improved outcomes

## Personal Budgets - Barking and Dagenham

- Everyone should have a personal budget with the option of a Direct Payment
- Those with a Direct Payment might choose to spend this on a personal assistant (P.A.)
- There needs to be a good supply of P.A.s from a commissioned provider(s) who will recruit, train and support the P.A.s
- Overall the cost works out at about £1.00 per hour less than contracted care – removes brokerage and transaction costs from Dom Care Agencies (can be £2.00 per hour)
- Once people have the personal budget – is it a right?

## Community Capacity –

### Shropshire; North Tyneside; Suffolk

- There are solutions which can help people located within families, communities and voluntary organisations – how can these be maximised to effect overall demand management for social care.
- Most councils can divert 70% of potential customers with good information and advice BUT – some councils offer more –looking at solutions within the community – up to a further 10% of people may be helped – supported in a crisis; tackling social isolation; helped with practical tasks.
- May be linked to some better self-managed programmes – the expert patient/ living with dementia/ carer support (social work practice). May also be linked to use of assistive technology. Reduces spend on domiciliary care

## Integration with the NHS –

### Kent, Swindon, Torbay

- Everyone is doing it – but who is delivering a transformed service or saving money (some places costs to councils are increasing).
- Acceptance that current model does not deliver best outcomes for customers of social care – increases admissions for residential care or need for dom. care
- Work on longer term outcomes for customers – **getting the right set of interventions at the right time** – (see Torbay approach to reablement) typically older people's needs are overstated in hospital settings; services commissioned don't always deliver best outcomes (and do you know)?
- Work of Newton (Europe) for LGA. – possible 2% efficiency in the system (most of which benefits NHS)

## Promoting Independence -

### Wiltshire; Hackney; South Tyneside; Darlington; Norfolk;

- About half of councils are managing demand effectively – most of these have a vision for social care based on principles of “promoting independence”
- Every one should have a care plan where the help being offered focusses on assisting a person to reduce their need for care – both short term and longer term
- Set of commissioned services – well used by practitioners – which focus on delivering improved outcomes – based on recuperation; recovery; rehabilitation and reablement
- Focus on personal resilience and capacity to change backed by professional assistance.
- Builds on evidence for prevention – and challenge to care that creates dependency – typically see up to one third reduction in admissions to residential care (younger adults and older people)

## Outcome based commissioning – Wiltshire; Torbay; Hertfordshire; Nottinghamshire...

- Emerging model based on work in Wiltshire – where providers are rewarded for delivering improved outcomes for customers that has reduced their need for care
- Nottinghamshire contract in LD services/ Coventry's reablement contract
- Now moving towards commissioning for outcomes for population – work of Mears (provider) to assist councils in achieving this – to reduce transaction costs and to put onus on provider to deliver outcomes.
- Early calculations show that this is a lower cost model – places risks on providers and focusses on improved outcomes – removes time and task from dom care and monitoring costs. Trust the Provider!

## Conclusion

- Half of councils are looking to manage their future demand and their cost models in a sensible way – is this sustainable?
- Those councils managing savings – have a clear vision and direction – supported by local politicians (in some places) Important that partners and customers support and understand the vision
- Half of councils still have significant room for making savings (if required)
- Concern over professional appetite for change (in some places)?
- Needs new performance management system to support change – linking finance and activity

## The following councils have contributed to the thinking:

- Barking and Dagenham
- Bridgend
- Coventry
- Darlington
- Durham
- Glasgow
- Hackney
- Hampshire
- Kent
- Kingston-upon-Thames
- Leicestershire
- Norfolk
- North Tyneside
- Nottinghamshire
- South Tyneside
- Tameside
- Torbay
- Suffolk
- Sutton
- Shropshire
- Warrington
- Wiltshire
- Wolverhampton

## Web sites

LGA – Adult Social Care Efficiency Programme

Link to the 4 reports and annex:

[http://www.local.gov.uk/web/guest/productivity/-/journal\\_content/56/10180/3371097/ARTICLE](http://www.local.gov.uk/web/guest/productivity/-/journal_content/56/10180/3371097/ARTICLE)

- See IPC Paper on Outcomes Based Commissioning
- <http://t.co/bXZL9iEJsB> (pdf)
- <http://www.communitycare.co.uk/2015/04/30/outcomes-based-commissioning-meet-challenges-facing-domiciliary-care>