WHAT MIGHT GOOD LOOK LIKE IN SOCIAL CARE IN TIMES OF AUSTERITY?

Presentation

Local Government Association Programme

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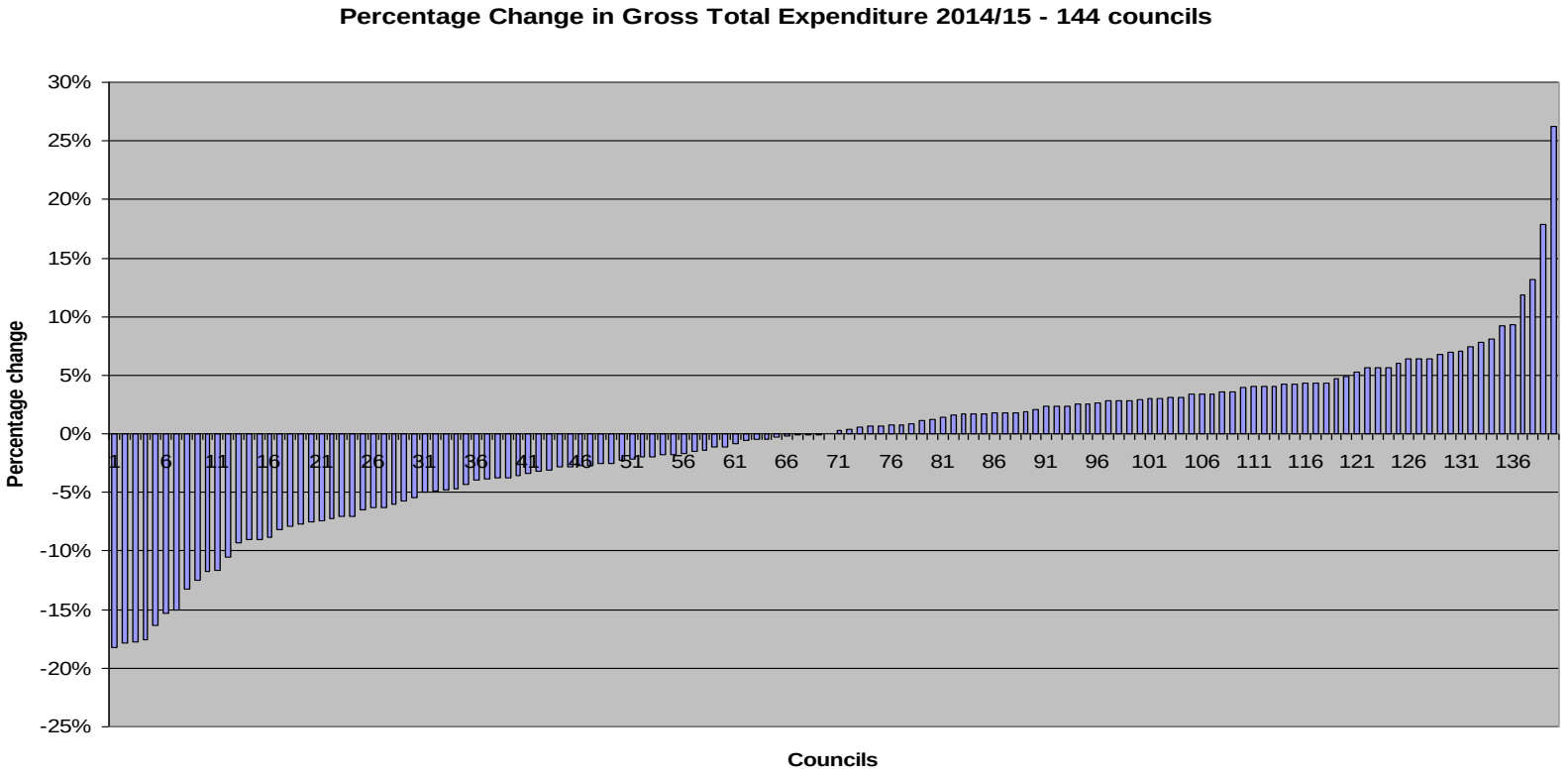
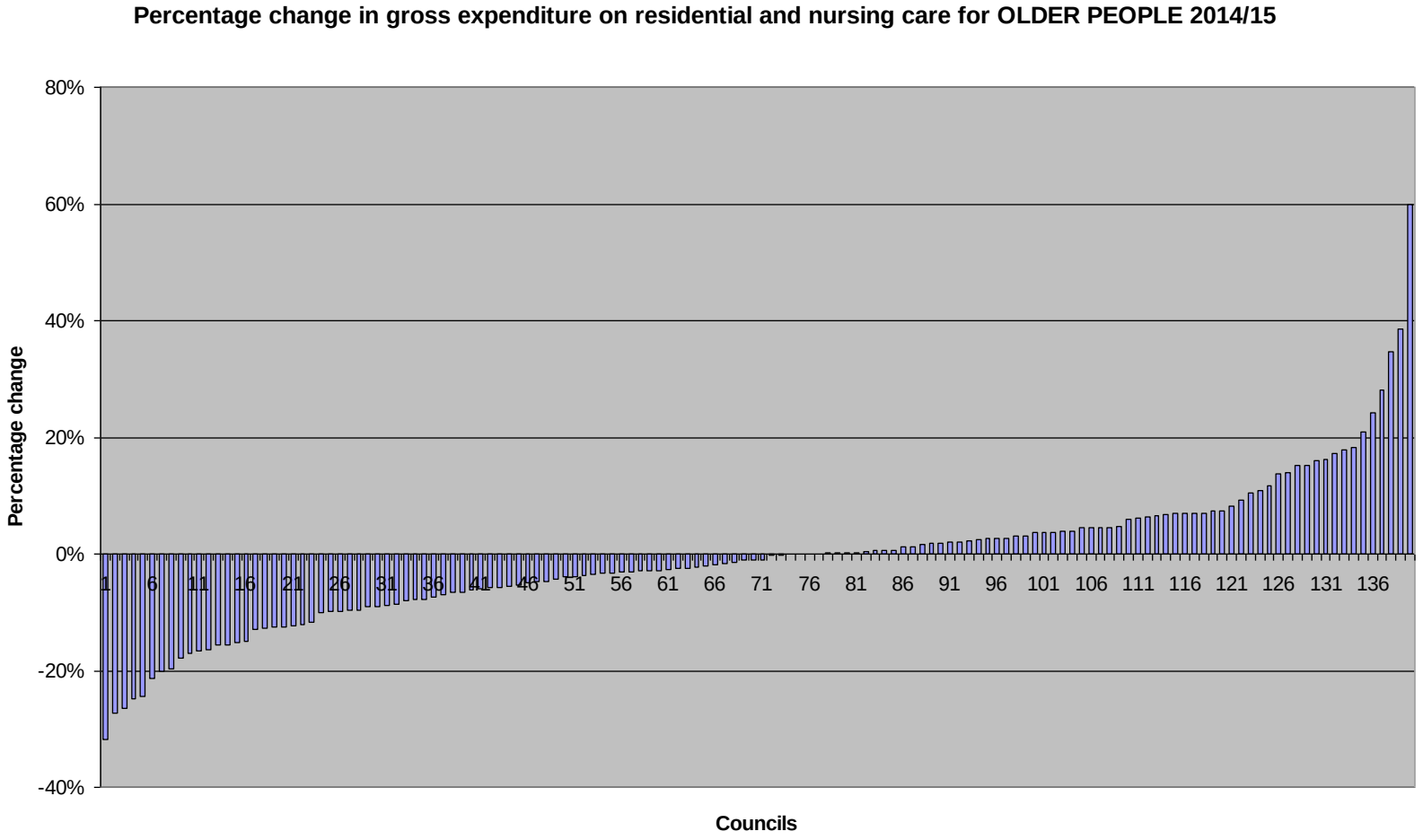
Council variation



This graph demonstrates that although the national *<u>average</u>* reduction in gross spend was 3%, only about half of these councils actual 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



Spend on placements for older people reduced by an average of 3% - and exactly half of these councils achieved reductions.

*The evidence for Prevention

- Universal Help – the Public Health Agenda
  - Focus on keeping well and active
  - Focus on keeping people out of the formal care system
- Short Term help for those in crisis
  - Focus on outcomes from short interventions e.g. equipment including assistive technology
- Targeted help for those with eligible needs
  - Focus on: Recovery model in mental health; reablement for older people; progression for adults with Learning Disabilities.
- Targeted help for those with long term conditions
  - Helping people live with dementia
  - Helping people live with long term conditions

Low level services can accelerate a persons need for more care

10 ways the NHS impacts directly on unnecessary demand for social care

- The access to continuing health care funding
- Assessments undertaken in hospital – one in five people over proscribed the care they need
- Admissions from hospital direct to residential care without intermediate support
- Available support from community health services (e.g. district nursing)
- Available support from community mental health services
- Psychiatric support for those with challenging behaviours
- Falls Prevention services not operating fully or effectively
- Lack of incontinence services
- Lack of dementia care and support services
- Reluctance by some psychiatrists to enable long term patients to live more independently – Winterbourne etc

Managing demand for social care

- The philosophical approach and policies of the council – “promoting independence” and building on “preventive interventions” - A little bit of care may be bad for you – the progression model
- The front door
- The NHS
- Front line practice – never assess for a long term service when a person is in a crisis
- Reablement, Recovery, rehabilitation and recuperation
- Understanding wealth and ADLs (Aids to daily living)
- Using assistive technology + living with a long term condition
- Using people’s assets + working in partnership with carers
- Using community assets + Using supported housing options (that promote independence)
- Commissioning and performance manage for outcomes not outputs

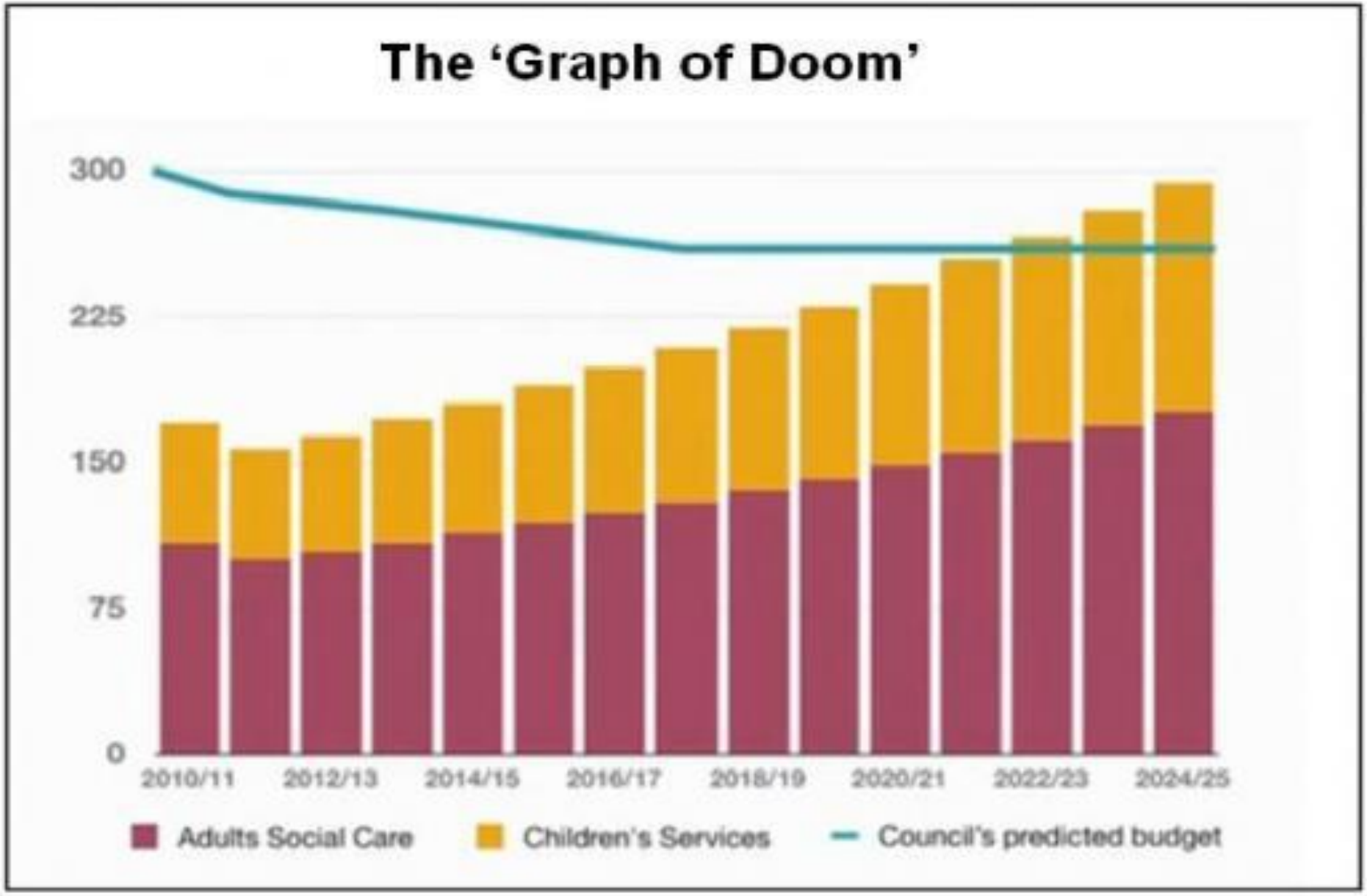
Promoting Independence

- 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 practioners – 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)

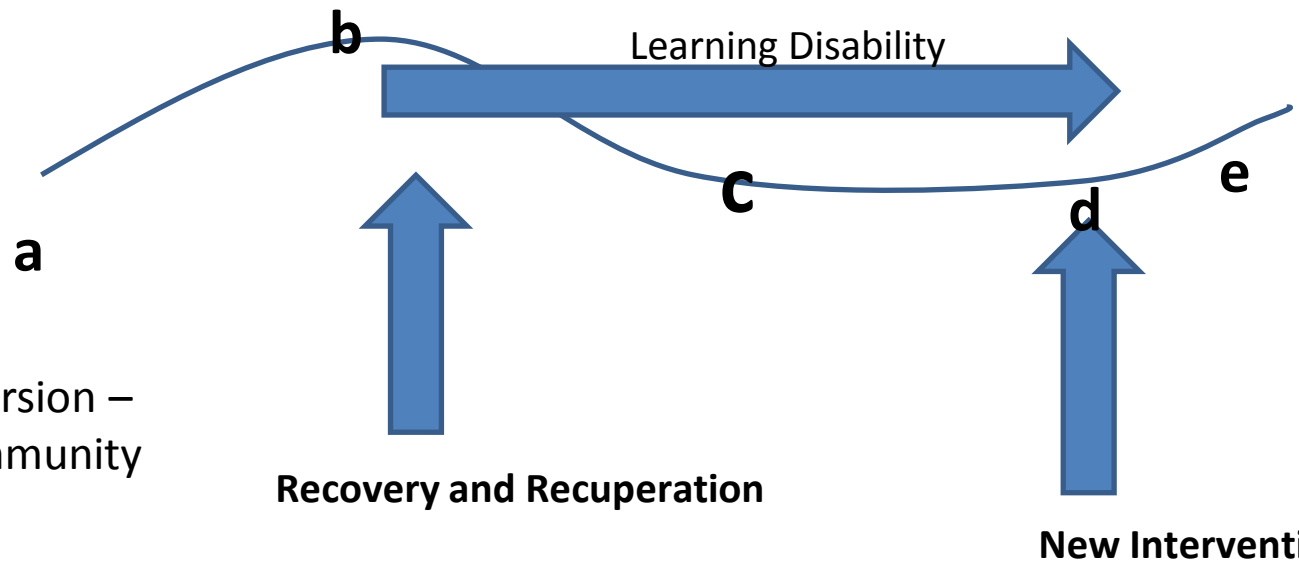
Four Approaches to Outcome-Based Commissioning

- Set clear outcome-based performance standards for each contract against which they can be measured
- Set a clear set of outcomes for each customer against which providers can be measured
- Set a budget for a service which will reduce over time (with same volumes of people being helped with less care)
- Commission a lead provider to deliver services to a sub-set of the population where the cost can be calculated based on an optimum performance where the provider will deliver improved outcomes which will mean that a percentage of people will require less or no care over a given period of time.

Table 1 - The Barnet Graph of Doom



Managing demand in social care – Progression Model



Requires a new performance management system

- ASCOF doesn't really help us measure much of what we need to manage demand
- Need to focus on flows of customers – diversions at each stage
- Need to focus on outcomes from interventions e.g. residential intermediate care
- Need to focus on little bits of help – is this the right help?
- Need to collate data – set targets and manage the performance of each part of the system

What will good look like?

- Councils which manage demand at both front doors – the public and the NHS and keep people out of the formal care system
- Councils working with their partners (including NHS and Providers of Care) will focus on helping people regain or attain maximum potential for independence
- Councils will focus on prevention with partners
- Councils will work with people on the assets they have for themselves, in their families and in their communities
- Commissioners will focus on outcomes not outputs
- Councils will performance manage that they are delivering all of the above

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

- 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
- IPC Report on threats and opportunities for Savings
- The full report can be found on the IPC website <http://ipc.brookes.ac.uk/publications/index.php?absid=839>.