

Adult Social Care

Council Debate

13th September 2017

Introduction

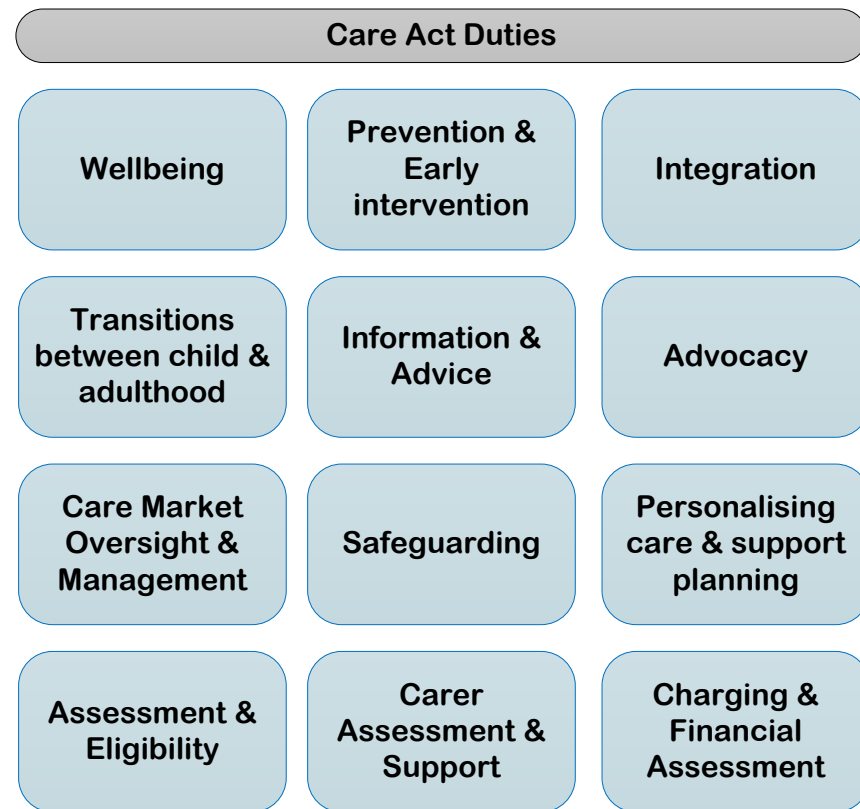
- Adult Social Care, unlike NHS Care is not free at the point of delivery.
- Demand is growing due to an ageing population.
- Demand is also growing as younger people with profound disabilities are living much longer.
- There is wide recognition that the adult social care system is at the point of collapse but there is no consensus on the solution.
- The solution lies somewhere in the balance of responsibilities between individuals, their families, local government and central government.

Social care policy: national reviews of social care

- 2002 HM Treasury - Wanless Report
- 2005 Green Paper Independence, Wellbeing and Choice
- 2006 Securing Good Care for Older People (Wanless; The King's Fund)
- 2006 White Paper Our Health, Our Care, Our Say
- 2009 Green Paper Shaping the Future of Care Together
- 2010 White Paper Building the National Care Service
- 2011 Dilnot Commission, Fairer Care Funding
- 2012 White Paper Caring for our Future
- 2014 Care Act
- 2014 Barker Commission (The King's Fund)
- 2017 Government announces intention to publish Green Paper on future of Adult Social Care

National social care reviews & legislation

- Separate reviews, green and white papers over the past 20 years.
- Biggest impact was Care Act 2014 →

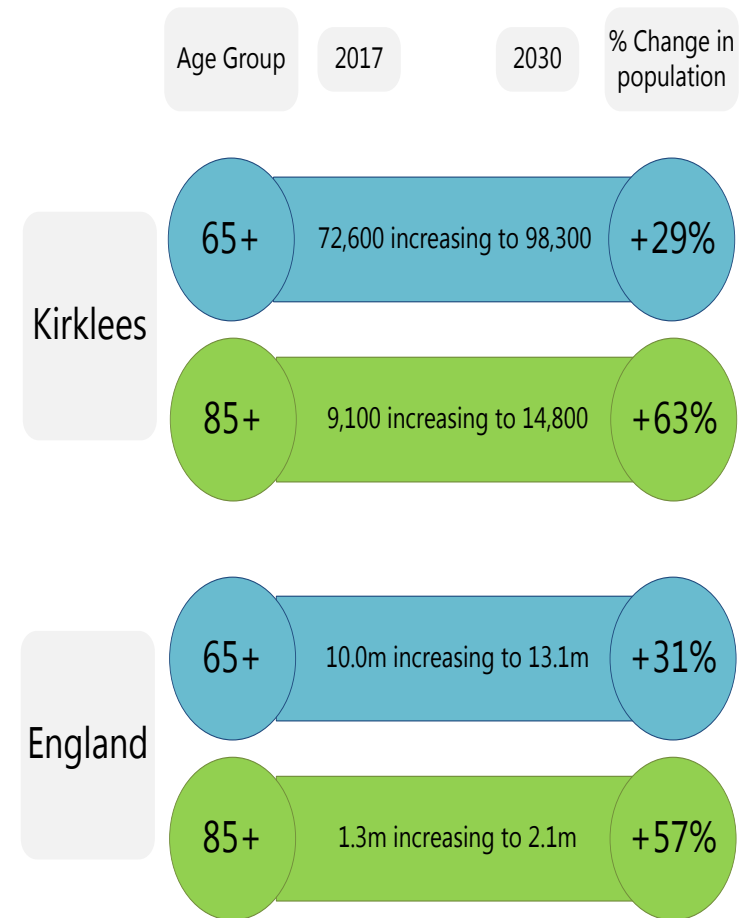


Demographic demands – Older People

- An extra 25,700 older people by 2030
 - More likely to have 3 or more long term conditions
 - 1 in 3 likely to be living with some form of Dementia

By 2030:

- 1 in 3 older people will be aged 75-84
 - 34,600 people
 - Increase of 50% from today
- 1 in 6 older people will be aged 85+
 - 14,800 people
 - Increase of 63% from today



Understanding this demand

- Not a new problem
- Social care system absorbing demand for years
- Some get support from family and carers
- Some get support from the council

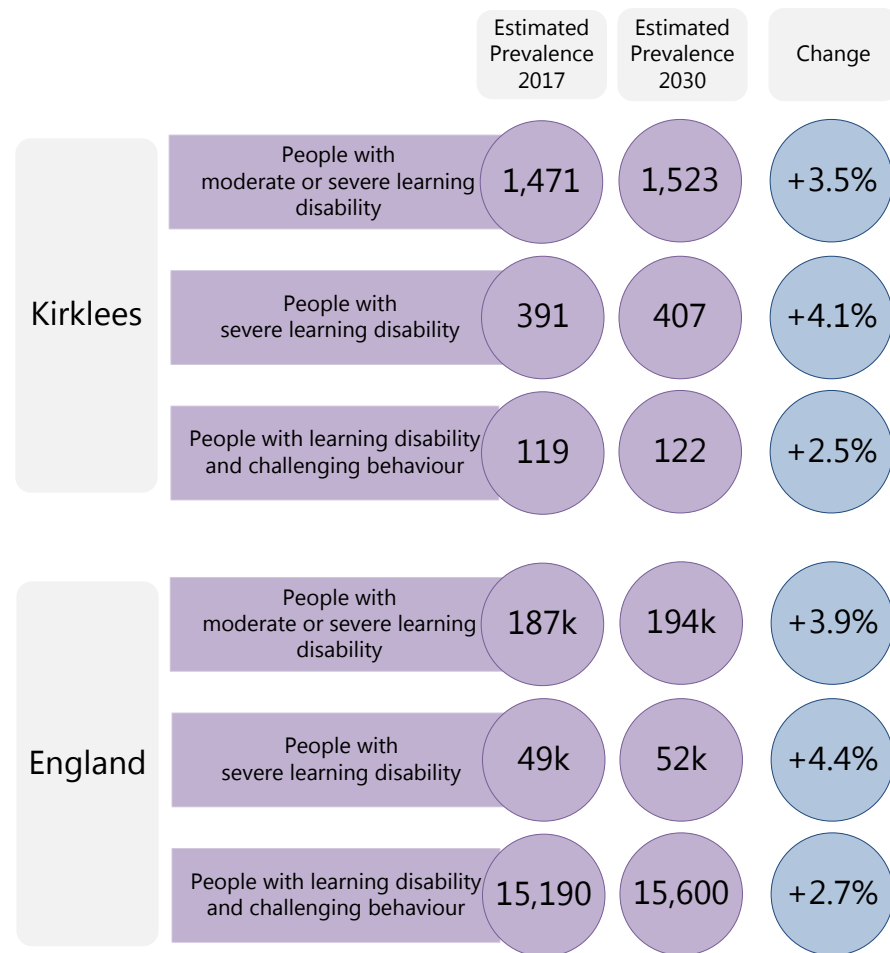


Older people in Kirklees unable to manage at least one self-care task on their own:

- 2,600 more people unable to manage their personal care than 5 years ago.
- 5,000 more people unable to manage their personal care than 10 years ago.
- 7,000 more people unable to manage their personal care than 15 years ago.
- **Expected to be 6,500 more people unable to manage 10 years from today.**

Demand – Learning disabilities

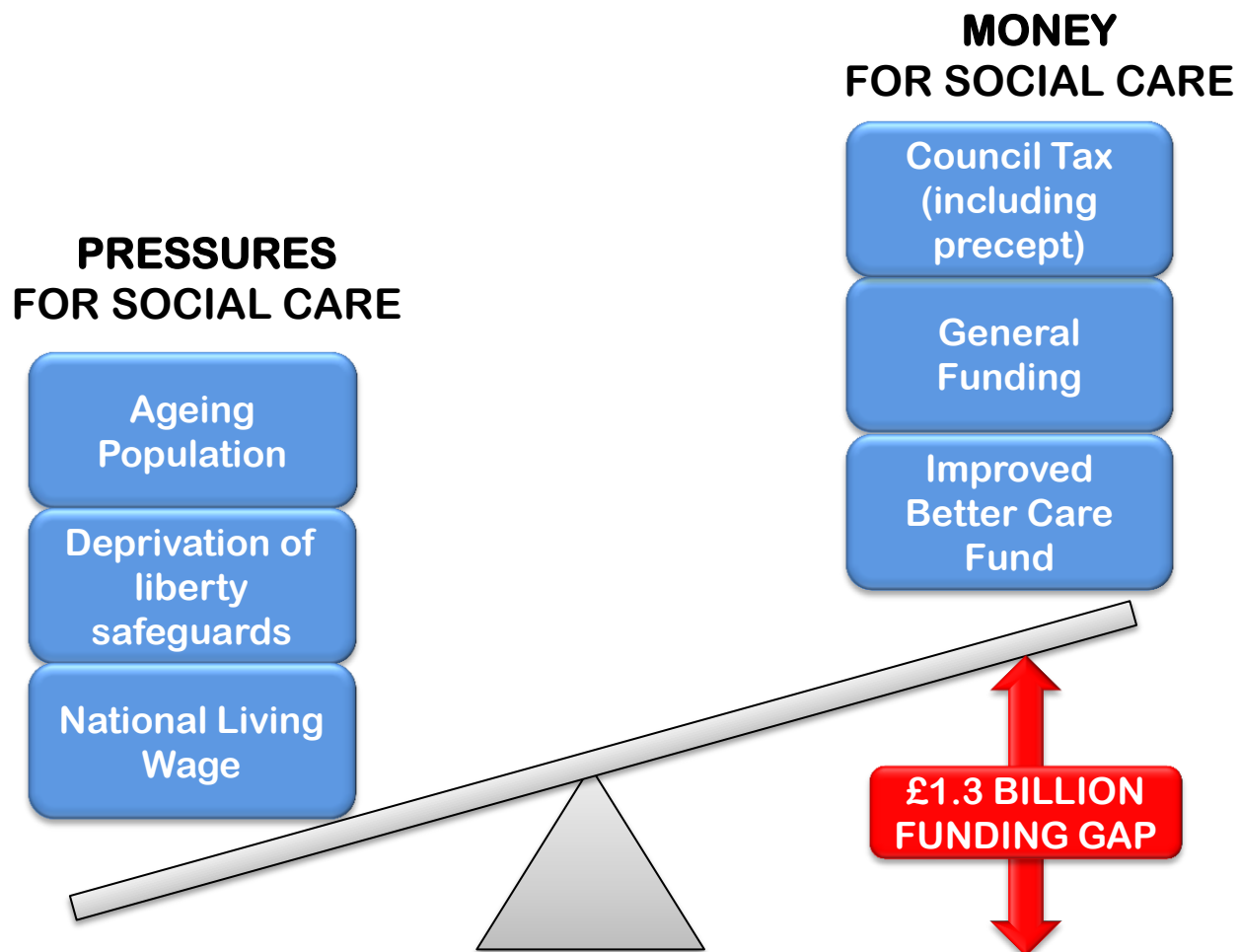
- Increased numbers of children living into adulthood with disabilities.
- An extra 120 people with severe and complex learning disabilities by 2030.
- Transforming Care Programme (outcome of Winterbourne View) means people with more complex needs living in community settings.
- The proportion of people wanting to live independently of their families is increasing.



Importance of Carers in Kirklees

- 45,400 carers locally, of which around 10,400 over 65.
- Since 2001, the Kirklees carer population has grown by 13.8%.
- Estimated value of informal care locally was £848m in 2015.
- Increased legal protection for carers in the Care Act.

Understanding the national imbalance



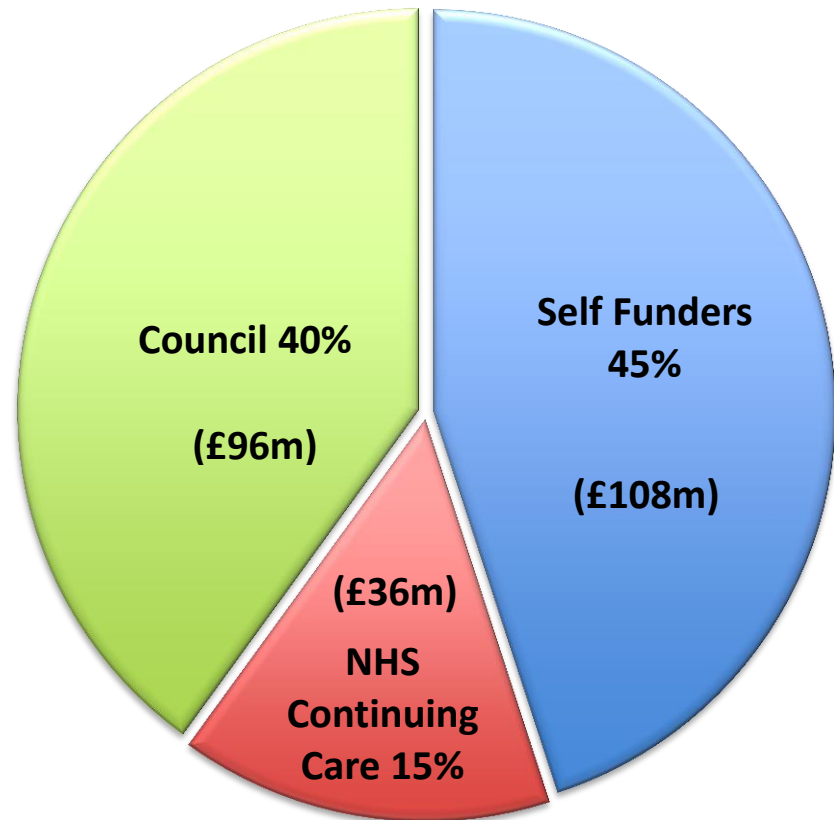
The money - local and national

- Kirklees council spends 35% of its budget or £101.8m on adult social care.
- National funding gap - the LGA estimates that adult social care faces a funding gap of £1.3 billion by 2020 (as part of overall £5.3b gap).
- Spend on social care vs NHS vs other priorities for spend
- Those with capital and income above £23,250 pay full fees (self-funding).
- Self funders in Yorkshire & Humber pay on average 9% more per week than those funded by a local authority in residential care.
- Value of informal care locally was £848m in 2015.

Local spending

Adult Social Care Market in Kirklees
has a total value of around

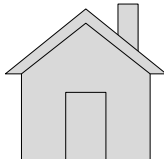
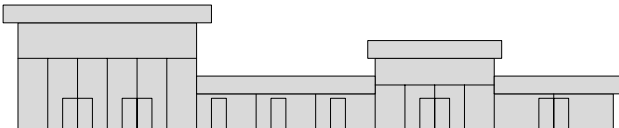

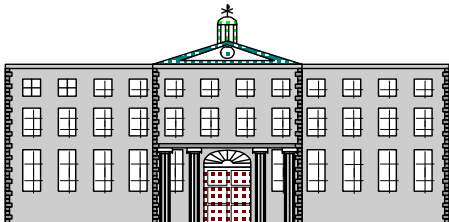
£240m



Self funders

- The number of people who fund their own care will grow.
- National studies suggest that between 15% and 57% of older people fund their own residential care.
- Locally, around 40% of people entirely fund their own home care and around 21% top up public funded residential care.
- We expect the number of older people to be funding all their residential care to increase by a third.

How much can care cost the council?

		Type of Care & Support	Average Weekly Cost	Average Annual Cost
Home Care		6-7 hours of home care	£110	£5,800
Supported Living		Adult with learning disabilities	£700	£36,000
		Adult with physical disabilities	£400	£21,000
Extra Care		Older person in extra care	£200	£10,500
Care Home		Older person in a care home	£500	£14,500
		Adult with learning disabilities	£1000	£52,000

Note:

- Care costs can vary significantly dependent on need.
- The contribution people make to the cost of their care is means tested, people can opt to defer payment.
- People can also pay to top up care they get from the council

Case Study 1 – Alan 85 year old

- Alan is an independent 85 year old living in Batley. He has savings of £15k and owns his own home.
- Alan experienced a bad fall, then 12 months later he had a stroke.
- He has relatives who support him when he needs it.
- Alan would contribute to any home care.
- Alan would self fund any care home or extra care place.
- Kirklees Council would jointly fund with health any re-ablement.
- Kirklees Council would ensure there was a range of quality home care and accommodation provision in Alan's area that is accessible to him.

Case Study 2 – Mandy 24 year old

- Mandy has learning disabilities, she is originally from Meltham.
- She has lived in a specialist care home since she left home at 19.
- Mandy has no savings and would not contribute to her care.
- Health would fund support that meets her health needs.
- Kirklees Council would fund her accommodation, care and support.

What can reduce demand?

- The effectiveness of **short-term help** and the approach to **prevention**.
- The availability and cost effectiveness of **supported housing** including **Extra-Care Housing** for Older People.
- The way in which the needs of people with lower care needs are met including increasing the use of **assisted technology**.
- The way in which people with long-term conditions are helped **to self-manage their conditions** including dementia care.
- The **focus on the strengths of the person** being assessed and **the involvement of family and community** in a person's care.
- The way in which providers deliver outcomes including the **availability and vibrancy of the voluntary sector**.
- The partnership with **carers and carer organisations**.

Where have other councils found savings?

- reductions in the number of people in **residential placements**
- reductions in **domiciliary care placements**
- reductions in the number of **assessments** carried out
- reductions in **local authority staff**
- reductions/no increases in **payments** to local authority funding to providers (homes and domiciliary care)
- reductions in **grants** to voluntary sector providers
- **decommissioning** local authority owned homes
- reductions in **step-down beds**
- reductions in **additional services** (e.g. meals on wheels)



Local change now – Avoid, Reduce, Delay

- Avoid the need for care by providing information, advice and through prevention and using the resources that individuals have (informal carers, local community support etc)
- Reduce the size of care packages through re-ablement, using assistive technology, proactive reviews, creativity
- Delay: keeping individuals as independent as possible and in their own homes rather than in residential or nursing care

Local change now - Transformation

Working with our partners Deloitte – The Transformation programme in Adult Social Care is organised into five, interdependent work streams:

- 1. All Age Disability Care Offer** – review high cost placements, develop alternative accommodation offers
- 2. Commissioning** – further develop Extra Care Housing , review commissioning approach
- 3. Sufficiency** – enhance reablement offer and maximise independence, improve respite care offer
- 4. Front door** – demand management, self serve on line
- 5. Care offer** – review care packages , strength based approach

Significant savings (more than £30m) over the next 3 years will be delivered through this programme

Conclusions

- Population, number of complex cases and demand going up.
- More people will want to use care technology, self care and find their own support.
- Tough choices to make about funding, we need to use early intervention to reduce numbers of people that get highest levels of support where we can.
- Provider's unit costs have been squeezed for years, its affecting the workforce and stability of care market.
- We are changing:
 - Need to develop a broader range of accommodation and care options including community plus and informal carer support.
 - Need to have pragmatic discussions with the population about what we will be able to provide in the future, and why support people receive directly from the council will reduce at a faster rate.
 - Need to accelerate discussions about pooling budgets, staff and buildings with partners.