“A PROBLEM SHARED”

Making best use of resources in Adult Social Care

Produced by two national partnership boards:

- **TEASC** *(supporting sector-led improvement)*
- **TLAP** *(promoting personalisation and community-based services)*

Products:

- **“A Problem Shared”: national report**
- **Data Analysis: ASC trends over 5 years**
- **Self-Assessment tool for councils**

Purpose:

- Supporting sector-led improvement
- Reviewing how budget reductions have been achieved so far
- Highlighting variations between councils
- Pulling together recent messages from research and guidance
- Developing a self-assessment toolkit

This presentation will:

(1) Summarise the key messages/themes
(2) Highlight important financial trends
(3) Introduce the self-assessment toolkit

➢ **Invite your participation in the next phase**

Key messages and themes

Context:
- ♦ Unprecedented budget reductions since 2010
- ♦ Demographic pressures, offset by increased wealth

➔ What is the real impact of demographic change?

Local Variation:
- ♦ May be increasing
- ♦ Differential impact of council budget cuts – some hit harder than others

➔ Almost impossible to generalise about the sector

Impact of cuts has varied between ASC customer groups:
- ♦ Budgets reduced for all groups except PLD

➔ Need better understanding of reasons for this

Some “traditional” methods used to deliver savings so far:

- ♦ Most savings have come from residential and nursing care (NB reductions in new admissions - until 2011/12)
- ♦ Freezing/suppression of fees
- ♦ Increases in discretionary charges
- ➔ Unlikely to be sustainable

Even more fundamental change from 2013/14 onward:

- ♦ Challenges and solutions will vary from one place to the next
- ♦ Ongoing imperative to tackle ineffective/expensive services
- ♦ Ongoing imperative to “manage demand”
- ➔ There are “better” and “worse” ways of reducing demand (NB This is being explored by the ASC efficiency programme)

Importance of the partnership agenda:

- ♦ Huge potential to join up with the NHS – but no “one size fits all” model
- ♦ So far, the evidence of financial savings from joint work is equivocal
- ➔ Potential of Health and Wellbeing Boards to deliver results

Importance of culture change:

- ♦ Changing attitudes and behaviours
- ➔ Individuals can make a difference!

Importance of co-production:

- ♦ Risk of increasing tension within the sector
- ➔ Need new emphasis on working together – with partners, providers, communities, families and people who need support

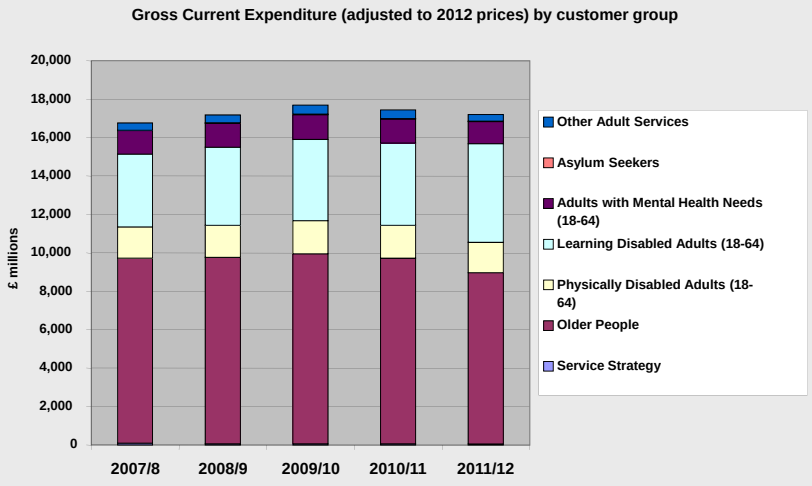
Facts and Figures

- Gross expenditure on ASC reduced in real terms by:
  - 1% in 2010/11
  - Between 2% and 7% in 2011/12.

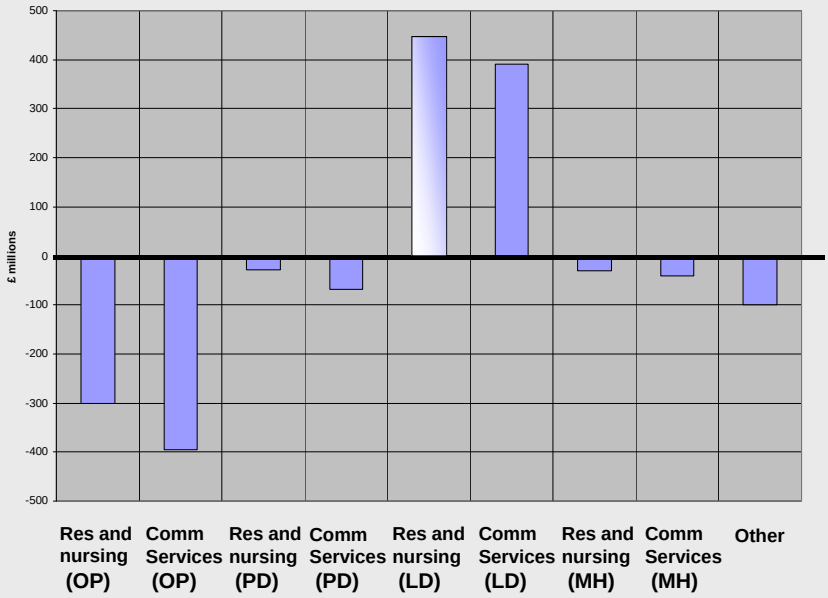
- More savings from community services than from res/nursing home care in 2011/12. (NB Potential implications – should we expect further shifts in the balance of expenditure?)

- The numbers supported by ASC have steadily reduced overall – in most but not all councils.

- Evidence of extensive outsourcing and re-commissioning: NB unit costs "flattened out" in 2011/2.



Real-terms shifts in gross expenditure, between 2010/11 and 2011/12



Trends in LD services are very distinctive:

- ♦ Significant overall budget increases. (But this is not universal).
- ♦ Most of the expenditure increases relate to LD housing and support (not residential care).
- ♦ Increasing numbers supported, and complexity of need (but this does not adequately explain the budget pressures).
- ♦ Impact of new models (including self-directed support?)
- ♦ Local and regional variation – need to learn from the best.

Introducing the UOR self-assessment toolkit

♦ **Based on the ADASS "whole system" framework (2011):**

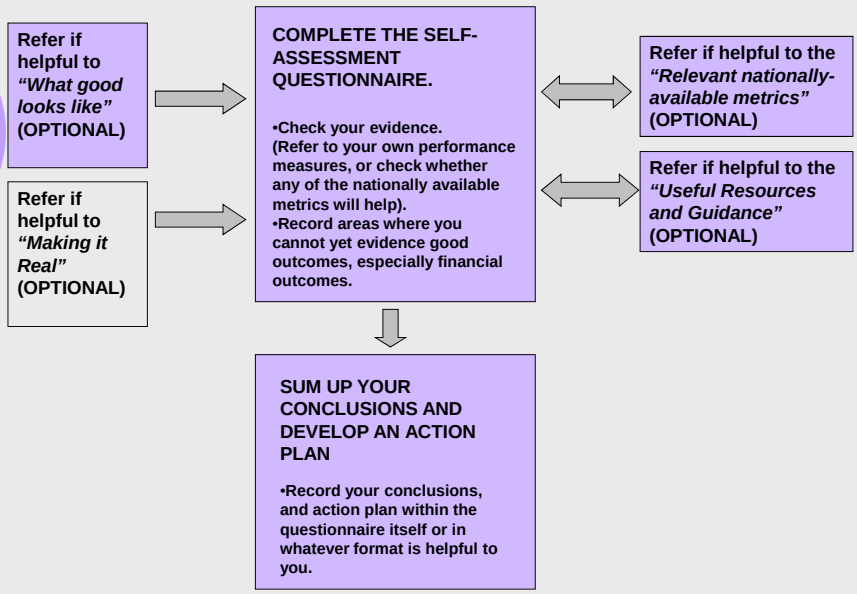
"How to make best use of resources: a whole system approach"
There are six overall areas. The first three address what should be offered to people, and the remaining three address how this should be delivered:
1. Prevention
2. Recovery
3. Continued Support
4. Efficient process
5. Partnership
6. Contributions

♦ **A Self-Assessment Questionnaire + other tools:**
- ♦ suggestions about "what good looks like"
- ♦ suggestions of useful performance indicators
- ♦ list of useful source materials.

♦ Designed to be used flexibly – e.g:

- ♦ for "light touch" management review or to support more detailed investigation;
- ♦ with or without external challenge;
- ♦ single councils or groups of councils – e.g. regional benchmarking clubs…?
- ♦ may be used within LGA Peer Challenge exercises.

Suggested way of using the self-assessment toolkit



	SCORE Min:0 Max: 3	BASIS FOR THIS SCORE i.e. quick summary of evidence	NOTES AND QUERIES including evidence gaps
1. Prevention			
1.1 Information and Advice *(Description of cost-effective practice)*			
1.2 Health, wellbeing and social inclusion *(Description of cost-effective practice)*			
1.3 Targeted Prevention *(Description of cost-effective practice)*			
1.4 Equipment and Assistive Technology *(Description of cost-effective practice)*			
Prevention – Action Plan			

	SCORE	BASIS FOR THIS SCORE i.e. quick summary of evidence	NOTES AND QUERIES including evidence gaps
1. Prevention			
1.4 Equipment and Assistive Technology	**2**	• Established retail model, accessible to the public. Equipment supplier is trading successfully. • Raised eligibility thresholds and increased charges (2010-12). • Activity and expenditure have been high, but both are reducing. • **Telecare:** • Delivery infrastructure (inc. 24/7 response) well-established and cost-effective. • Some successes achieved in reducing waking night staff in LD services using telecare. • Extending - to make more integral to reablement and long-term packages. ➢ **Planned budget saving: £80k in 2013/14.**	▪ <u>We are are uncertain whether telecare has contributed to savings so far – cannot measure.</u> ▪ Implementation challenges – e.g. staff resistance. (Ongoing staff development programme). ▪ Difficult to substitute telecare for package once the package is established – so need to consider from the outset. ▪ Integration of OT and telecare assessment service with reablement – complete ongoing structural review (as below). ▪ Need more systematic and business-like approach.

Action Plan

- Confirm and implement revised performance management framework – by Oct 2013. (e.g. Measure proportion of people discharged from reablement who receive assistive technology/telecare, and proportion of long-term users who receive assistive technology/telecare?).
- Ensure 2013/14 reviews of LD customers routinely consider telecare options.
- Pilot telecare "benefits realisation" strategy (inc monitoring framework) in LD services – from Sept 2013.

Relevance to our 2013/14 Efficiency Programme: <u>HIGH</u>
Our level of confidence: <u>LOW/MEDIUM</u>

	SCORE	BASIS FOR THIS SCORE i.e. quick summary of evidence	NOTES AND QUERIES including evidence gaps
2. Recovery			
2.1 Reablement	**2**	• Established in-house homecare reablement service. • Aiming for further integration with equipment/ adaptations from 2013/14. • 65% of new referrals receive reablement (our target = 90%). • 45% of those receiving reablement need no service after 6 weeks (our target = 50%). • An additional 10% need a reduced service after 6 weeks (our target = 15%). • Unit cost = £2k per intervention. ➢ **Planned budget saving: £120k in 2013/14.**	▪ <u>We do not fully understand why our provision of long-term packages continues to increase</u>. ▪ We need to know more about the medium-term outcomes of reablement – e.g. after 3 months, and 1 or 2 years. ▪ We aim to target the service more effectively from 2013 onwards – e.g. many people do not need 6 weeks, a few need more. ▪ We need to bring down the unit cost of the in-house service – to <£1.5k. ▪ Link to new domiciliary care framework contract (see next section).

Action Plan

- Assess usefulness of 3-monthly reviews for all those discharged from homecare reablement.
- Use annual reviews in 2013/14 to log outcomes for all those who received reablement in 2012/13.
- Ensure potential of equipment/adaptations is routinely considered for all users of reablement service – implementation by Sept 2013.
- Agree indicators for regional benchmarking by June 2013
- Complete ongoing review and confirm model for improving co-ordination of OT assessment service with reablement, 2013/14.

Relevance to our 2013/14 Efficiency Programme: <u>HIGH</u>
Our level of confidence: <u>MEDIUM</u>

♦ The toolkit aims to be based on evidence on what is cost-effective. But there are many gaps in local and national evidence – and ongoing controversies!

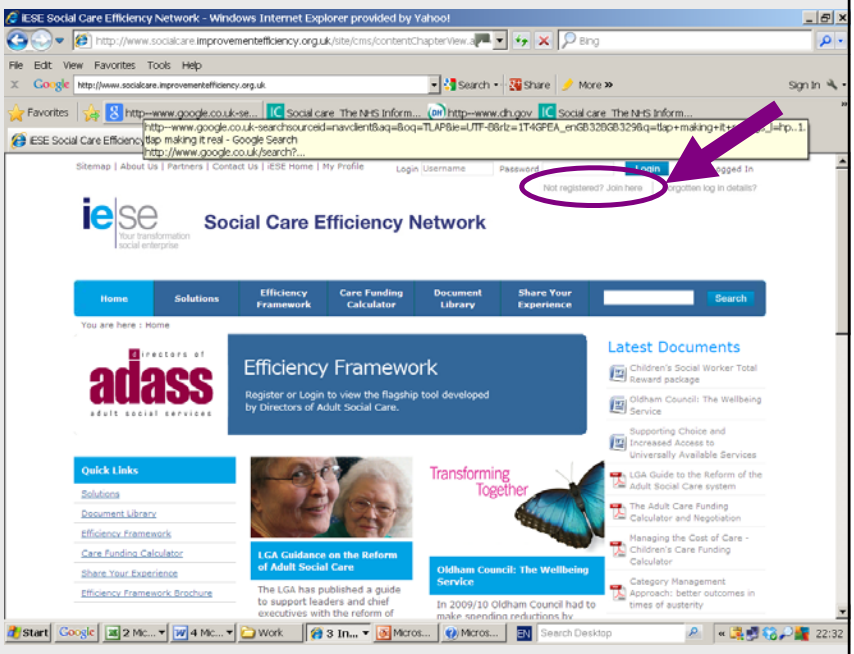
♦ The toolkit is a "work in progress". We will:

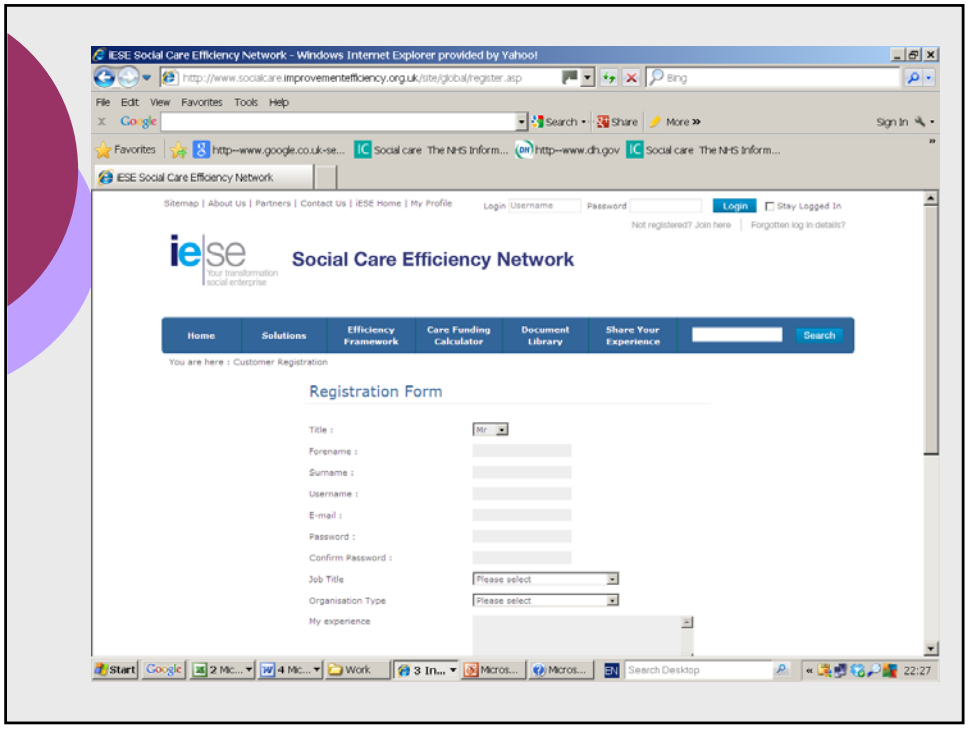
- test and refine it in 2013;
- encourage comparisons/benchmarking;
- use it to inform more national development work on UOR;
- disseminate learning.

♦ Ongoing priority to collect evidence on "what works" – collated by Improvement and Efficiency South East (IESE). Please keep sending examples to their "Social Care Efficiency Network" (SCENE) website: http://www.socialcare.improvementefficiency.org.uk

➢ **Can you help by:**

- **Trying out the toolkit?**
- **Sharing your experience?**

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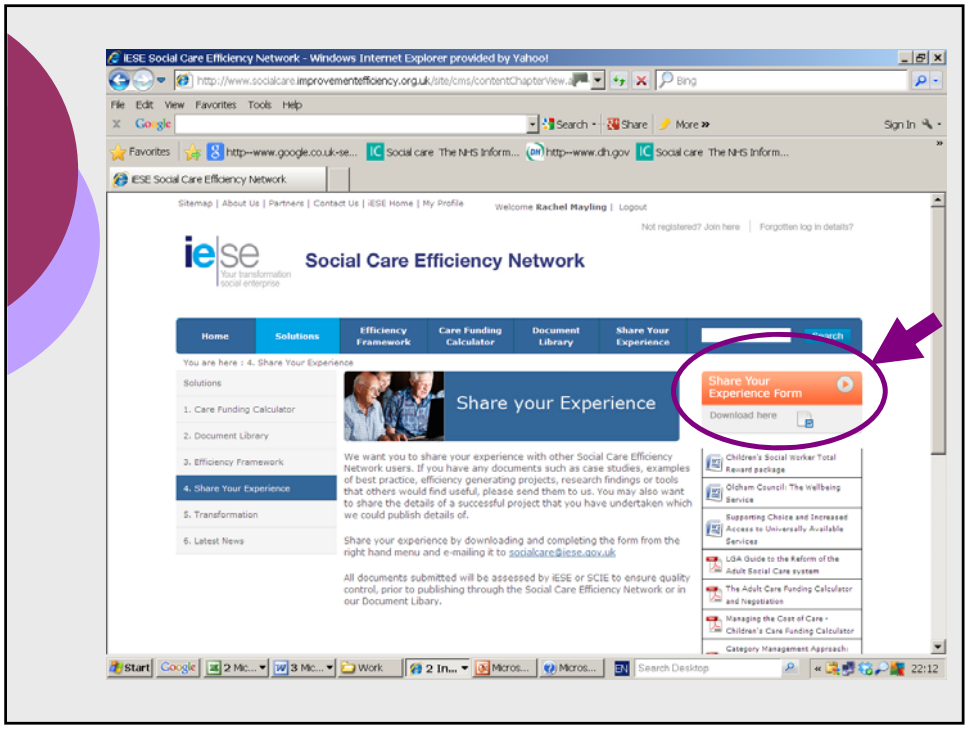
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5. Transformation
6. Latest News

Next steps:

- Early pilots of tookit in 4 locations.
- Considering a supplementary tool/support for elected Members.

- Looking for more volunteers for May 2013 onwards (for “light-touch” approach or extended review).
- Some guidance and support available from TEASC.

- Comments and feedback (and expressions of interest) to:

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