

Adult Social Care and the Comprehensive Spending Review: Key issues emerging from discussions with 13 local authorities

Background

As part of their preparations for the Comprehensive Spending Review (CSR), the Department of Health and Social Care (DHSC) asked to speak to a sample of local authorities to understand their experiences. They identified 20 councils they would like to speak to. 13 of them agreed to take part. All of them involved the Director of Adult Social Services (DASS) and many of them also involved the Council's Chief Finance Officer. The Association of Directors of Adult Social Services (ADASS) requested that a representative attend the meetings to take notes and draw out key themes. Notes were prepared for each authority although these were written on an anonymised basis. The notes were agreed with the DASS in each case. This note is based on the notes of the 13 meetings.

DHSC asked a series of set questions around four key themes:

1. Efficiencies – past and future/successes and challenges.

DHSC wanted to understand the approach that the authority had taken to make efficiency savings in the past and the authority's plans. They emphasised that they wanted to distinguish between efficiency savings (the same outcomes at less cost) compared to cuts in services.

2. Measuring Service Quality.

DHSC use ASCOF to measure quality. What approach does the authority take?

3. Impact of Covid on service delivery.

DHSC wants to understand the impact of Covid on service delivery.

4. Demand pressures.

DHSC data shows that numbers in long term care are stable when demography would suggest that numbers would be going up.

ADASS welcome the fact that DHSC was keen to speak directly to individual authorities. It is grateful to the authorities who took part. We believe that they provided invaluable information which should guide the discussions about this year's Spending Review and the implications for adult social care.

This note highlights the most important issues that emerged from the discussions. We would urge the Government to address these issues in this year's Spending Review. They must be part of the sustainable solution for adult social care.

Overview

All 13 authorities described the significant financial pressures their authorities have been under since 2010. This has required significant savings each year by their local authority, with adult social care having to make a significant contribution given that it accounts for 37% of local authority net expenditure on average. This is evidenced by the ADASS Budget and Spring Surveys which have reported that adult social care has planned for over £8.3bn in savings since 2010.

Local authorities are looking for clarity in the medium term on the funding of local government and adult social care. Several authorities were anxious about the funding of adult social care through mechanisms such as the Improved Better Care Fund and the Social Care Grant which may be time limited. They said that the temporary nature of this funding led to poor value for money at times because they could not invest in longer-term more effective solutions.

Some authorities are frustrated at the lack of understanding of the Government of the financial pressures facing local government and adult social care.

Authorities were keen to see a national vision for adult social care which is positive and recognises its importance.

Efficiencies – past and future/successes and challenges

All 13 authorities described the significant challenges they had faced over the last decade in having to make savings which had included reducing or ceasing some services rather than just making efficiency savings. Several authorities described the situation as “close to the bone” or similar.

The initial approach in the first half of the decade was very much on trying to cut the cost of care or stopping funding non-essential services. Several authorities said that there was no further scope to cut the cost of care (such as the hourly rate paid to providers).

In the second half of the decade, the emphasis has shifted to trying to manage demand. Local authorities have promoted approaches that are outcomes led, not service led, and that work with the individual to promote their wellbeing. Almost every authority described the work they had been doing to do this, applying concepts like strengths-based commissioning and the three-conversation model. This is supported by evidence from the ADASS Spring Survey which found that 77% of DASSs identified developing asset-based and self-help approaches to reduce the numbers of people needing long-term care as very important to delivering savings. This suggests local authorities are trying to manage the financial challenges by making a fundamental shift in approach, whilst attempting to avoid an adverse impact on service users and carers

Authorities are also making use of reablement, extra care housing and housing solutions more generally. Several talked about the importance of capital resources from Government to help make this happen on a bigger scale. This is supported by

evidence from the ADASS Spring Survey which found that 67% of DASSs stated that their local authority has a positive investment strategy for housing/accommodation models of care and support.

Hospital discharge was raised as an issue by several authorities. This is both a potential pressure on the system (driving care home placements up) but also an opportunity if there is strong integrated working between the NHS and adult social care. At the time of the interviews, several authorities were positive about the progress made on this issue during the pandemic.

Measuring Service Quality

All 13 authorities provided a comprehensive description of the way that they monitored quality. This demonstrated how seriously they took their responsibilities for quality and safeguarding.

Their approach was more sophisticated than just using the existing Adult Social Care Outcomes Framework (ASCOF). Many authorities are critical of the quality of that information on its own. ADASS is discussing with DHSC how this information could be improved.

Authorities tend to rely more on the following methods:

- Assessing the quality of possible providers through the procurement process.
- The work of their contract monitoring teams (or Quality and Improvement teams) working closely with the Care Quality Commission (and making use of CQC provider ratings). Pre-Covid council monitoring teams would visit providers regularly and comment on what they found.
- Internal performance dashboards which are used to report to councillors. In some authorities, they have developed novel approaches to measuring performance which was of interest to DHSC.
- Trends and specific issues from their Comments and Complaints service.
- Safeguarding alerts.
- Comparisons with other authorities. This was undertaken within regions and by using the Use of Resources model developed by ADASS and the LGA. Some authorities work with a “buddy” and/or with Public Health colleagues.

Some authorities were concerned that resource constraints might compromise their ability to monitor quality in the future.

Impact of Covid on service delivery

Covid has had tragic consequences for adult social care with a disproportionate number of deaths of people who access care and support and those people who work in the sector. DASSs were also reporting the exhaustion of workers in the

sector. Furthermore, the number of unpaid carers and the pressures on them have increased significantly.

However, there have been some positive developments which create opportunities for the future. DASSs reported that working with the NHS locally had improved. Plans (for the NHS and adult social care) must build on this. However, there are concerns about what will happen when the Discharge to Assess financial support is no longer available – potentially at the same time as the NHS is under even greater pressures and it is going through a reorganisation with the disappearance of Clinical Commissioning Groups (CCGs).

Most DASSs described the shift away from care homes as people needing care had become more reluctant to go into care homes. This has had several consequences. The pressures on home care and other care in the community had increased – see the workforce section later. Most authorities are reporting significant levels of voids in care homes in their area. This may be an opportunity to assist the transformation of care away from the dependency on care homes to supporting people to live in their own home or in assisted housing. However, managing this transition will be complex given the financial pressures on care homes. It will also require investment in suitable housing options.

Infection control has improved considerably but this will create ongoing financial pressures on adult social care. Covid has also had a significant impact on the implementation of savings, as highlighted in the ADASS Budget Survey 2020. Covid has also created new pressures on adult social care such as more people with safeguarding concerns or requiring support with mental health problems. Directors stated that we do not understand the impact of long Covid and other consequences of the pandemic but are worried about the additional financial risks that this might create.

Authorities are concerned about the fragility of the adult social care market at the same time as recognising the huge contribution of providers during the pandemic. They were also worried that as the economy opens up the workforce challenges will get worse as workers move to the hospitality and retail sectors.

DASSs were appreciative of the temporary financial support provided by the Government although some expressed frustration at the bureaucracy that was required for some of the funding.

Demand pressures

Authorities confirmed the DHSC's assumption that in general, the numbers of people accessing long-term care and support, in part at least, were stable. This reflecting the success that they had had with promoting approaches that are outcomes led, not service led, and that work with the individual to promote their wellbeing through strengths-based approaches. It also reflected the work that they had done with the voluntary and community sector.

However, they also reported increasing acuity – more complex needs. This was reflected in both older people (the impact of dementia) and younger adults. Many authorities highlighted the impact of young people moving from Children’s Services to Adults with very complex needs including Autism.

The increasing complexity of people’s needs is increasing the costs of care and support, with increasing numbers of people requiring care from more than one care worker. Unpaid carers also need more support if they are going to carry on providing care. Their support is vital to the sustainability of adult social care.

This year’s ADASS Spring Survey has once again highlighted that the biggest area of budgetary concern on adult social care is the increasing needs of younger adults rather than older people (especially people with learning disabilities). For 2021/22, 40% of DASSs indicated that this was the case, with only 3% stating they were more concerned about people aged 65 and over and 54% of DASSs indicating they are concerned about both in equal measure. Covid has led to more people coming forward with mental health needs. This is evidenced by the results of the ADASS Activity Survey, published in June 2021, where 68% of DASSs who responded reported there have been increases in the number of people presenting with need as a result of mental ill health since November 2020.

Councils are worried that there is a growing level of unmet need (which would become much more apparent if a Dilnot type solution was implemented). The results from the recent ADASS home care and workforce snap survey support this assertion, identifying that nearly 300,000 people are waiting for an assessment, care and support or a review for their adult social care needs. That’s equivalent to 1 in 5 people who access either short or long-term social care during the year. This represents unmet and under met need for people with care and support needs. Such delays are in a large part a consequence of these workforce challenges.

Workforce

One other issue emerged from the conversations which is a very serious challenge. Many authorities referred to the pressures on the adult social care workforce which is limiting the capacity of the adult social care sector. At the time of the interview, providers were already struggling to recruit new workers and turnover remained very high. Local authorities were already seeing problems beginning to emerge as workers left the sector to go back to the hospitality and retail sectors as the economy get back to normal.

One local authority described the impact of agreeing to pay fees based on providers paying the Real Living Wage (based on the hourly rate published each year by the Living Wage Foundation). This had helped considerably improving capacity locally although it had cost several million pounds to do this. Other authorities had considered this and decided that they could not afford to do this. This reinforces the importance of ADASS's recommendation in the last 2 years for a Minimum Wage for Adult Social Care which creates a significant differential to other low paid sectors. This will require significant investment by the Government as part of an overall package to ensure the sustainability of adult social care.