

The policy context



Emerging themes and challenges in adult social care



Shifting sands.....





Mind the gap....

- Government has pledged £1bn extra for social care in England from NHS budgets
- The Kings Fund says 'The 27% cut in overall government grants to councils by 2015 is likely to lead to a real-terms cut of 7%' or £1.2bn, in social care spending'
- Big funding gap remains!
- More older people and less funding = 'more for less'



Public health

- Coming home to councils?
- What about funding?
- 'Healthy lives, healthy people' white paper
- Transfers public health responsibilities to local councils
- Commissioning through Health and Well Being Boards (HWBs)



Vision for social care

- Key components:
- Ageing well – older people to maintain their health, well-being and capacity
- ‘Vision for social care’ (16 November 2010)
- Sir Michael Marmot’s report – take a ‘life course’ approach

Direct payments



What are direct payments?

- Direct payments are cash payments
- Given to service users in lieu of community care services they have been assessed as needing
- Are intended to give users greater choice in their care.
- Must be sufficient to enable the service user to purchase services to meet their needs (and must be spent on services that meet eligible needs).
- Recipients to employ people, often known as personal assistants, or to commission services for themselves.
- Service users can get support from direct payment support services commissioned by local authorities, often from user-led organisations.
- Direct payments are available across the UK and to all client groups, including carers, disabled children and people who lack mental capacity.
- NB They cannot be used to purchase residential care or *services provided directly by local authorities*

Personal budgets



- **What are personal budgets?**
- Personal budgets are an allocation of funding given to users after an assessment
- Should be sufficient to meet their assessed needs.
- Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services..or
- They can take have some combination of the two.
- Potentially a good option for people who do not want to take on the responsibilities of a direct payment.
- Personal budgets have been rolled out in England since 2008, with a target of providing every service user with one by 2013

The role of social care professionals and councils?



- Decision-making –
- Assessment and resource allocation
- Reviewing the size of a personal budget
- Support planning and brokerage

But now much wider role for councils.....??

- Localism agenda
- Public health and well being
- Prevention better than cure?
- Budget pressures across the public sector
- Maintaining local capacity

Diminishing role for councils or an immature market place?



- As of April 2011, 35% of **eligible users** and carers in England or some 340,000 people (ADASS figures)
- In a third of these cases, the recipient had taken their budget as a direct payment but in the remainder the council continued to manage the personal budget
- In Scotland, 3,678 people were receiving a direct payment (March 2010) a 22% rise on the previous year.
- But in Scotland 66,222 people receiving home care at the same date.
- In Wales, (March, 2010) just 1% of older users of community-based services (552 people) and 9% of younger adult service users (1,908 people) were using direct payments.



What does this tell us?

- Pilot scheme findings?
- Immature market place?
- Attractive to markets if high volume low cost work?
- Less attractive – complex care cases? high cost? low margins?
- Uncertainty of users – do they want to be ‘employers’?
- Carers still like property based services but....users and professionals suggest not always the best form of care
- Reablement schemes are working well
- Training, skills and risk of little or no local capacity

The NHS reforms and local councils



- GP commissioning of services
- Transfer of some funds from PCT to councils under public health
- Older peoples' services under financial pressure
- Separation of commissioners and providers
- Accountability and national public health board and HWBs?

Will GP commissioning work for older people?



Well fed but under nourished?



Squiffy!



The holistic approach? Have we failed?



- Progress on reducing smoking but alcohol consumption and related hospital admissions are increasing
- Obesity rates have risen significantly
- Older people at risk of malnutrition
- Remember Marmot? Where is the 'life course' for older people?
- Joint working between health and social care needs ?
- Older population health issues to be addressed, including tackling health inequalities?
- GP commissioning boundaries should, as far as possible, be aligned to local authority boundaries?

What the Kings Fund says



The shifting burden of disease: premature death rates from cardiovascular diseases and cancer have declined but chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease, heart failure, arthritis and dementia have become more prevalent. As the population ages, a high proportion of NHS funds will be spent on meeting the needs of increasing numbers of older frail people with multiple conditions and co-morbidities.

What can local councils do?



- Models of delivery matter
- Failure is not an option
- Remember Southern Cross?
- Joining up local services and local budgets
- Are we now at the 'tipping point'
- Retention of local capacity
- Addressing needs holistically
- Not just for the service users but public finances

The 'new' public health role



- Prevention of ill health?
- Supported self-care?
- Enhanced primary care?
- Co-ordination of care and high-quality, safe specialist care?
- Consistent standards of care?
- The 'ensuring' council role

What does all this mean to adult social care in a local authority context?



- There are new opportunities but...
- New threats funding, community right to challenge, fragmentation and change through budgets and funding
- The mode of delivery needs to be responsive, flexible and ensuring
- You need to retain local capacity in service delivery
- Long term – skills , training and market 'regulator' on care standards and ...dare we say it PRICE!

LOCAL SERVICES

LOCAL SOLUTIONS



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