Use of resources: finding cashable efficiencies in Adult Social Care

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LGA three year programme

• 48 Councils in England (all volunteers to have external challenge and a review of their savings)
• The Adult Social Care Efficiency Programme – The Initial Position
• The Adult Social Care Efficiency Programme – Interim Report 2013
• LGA Adult Social Care Efficiency Programme – The Final Report 2014
Adult Social Care Efficiency Programme 2012-14

Link to the report and annex:

http://www.local.gov.uk/web/guest/productivity/-/journal_content/56/10180/3371097/ARTICLE
Ways of saving money

Manage costs
- In-house v external (close services)
- Procurement of supply
- Personal Assistants v contracted care
- Price for service received – outcomes

Increase income

Manage demand (demographic pressures)
- Diversion - prevention
- Eligibility – incl CHC
- Community / family responsibility
- Promote independence
- Practice that focuses on outcomes – social workers drive costs
Approaches to Social Care

**Personalisation**
- strong focus on Personal Budgets/ Personal Assistants
- Get the RAS right
- Efficiency Model
  - Assess against eligibility criteria with some prevention (re-ablement)
- Procure cost effectively

**Integration**
- Work with NHS to develop fully integrated services
- Promoting Independence
  - The purpose of social care is to assist people to live as independent a life as is possible outside the formal care system
- Get the RAS right
- Efficiency Model
  - Assess against eligibility criteria with some prevention (re-ablement)
- Procure cost effectively
Approaches to Social Care

Personalisation
• Strong emphasis on Direct Payments and use of Personal Assistants
• Clarity on claiming underspent money back
• Clarity on Resource Allocation Systems
• Rights based approach

Integration
• Out of Hospital Care
• Joint Multi-Disciplinary Teams
• Joint Commissioning (alternative to service integration)?
• Risk stratification
• Risk averse approaches

Barking and Dagenham
Northumberland; Torbay; Swindon; Richmond; Southend
Approaches to Social Care

Efficiency
- Procurement
- Processes
- Focus on Prevention
  - Telecare (Hants)
  - Reablement- Torbay/Luton
  - Low Level Services
- Project Management Performance Management

Most Councils – S.Beds; Kent

Promoting Independence
- Problem Solving – not assessing
- Interventions that make a difference
- The flow of people in the system
- Focus on outcomes
- Hackney; Suffolk; Durham, Tameside; Croydon; Wiltshire; South Beds; Torbay; Gateshead
Some interesting findings

• Significant variation between councils on the level of savings to be found – most have to meet 3% p.a (some more)
• Some Councils have experienced small growth in gross budgets – some councils still fund demographic pressures
• Several approaches to managing the “front door” from People2People (social enterprise) in Shropshire to Calderdale’s “Gateway to Care”; South Tyneside; Barking and Dagenham
• Impact of reablement variable – can be much better targeted on those with more complex needs (not on people who will recover anyway)
Other issues.....

• Don’t rush to complete an assessment in a crisis – hold the crisis before making plans
• Interventions – not assessments – promoting independence is the new mantra
• Those councils procuring domiciliary care with fewer providers have lower costs
• ECH and Supported Housing can be more costly
• Carers must be part of the care solution
Can prevention help?

- Investing in communities (low level services) is hard to identify from where direct savings can come. Some good practice in relation to diverting people to community or family for solutions.
- Councils can so far manage to contain demographic pressures in all service areas – more challenging for younger adults with learning disabilities – all councils continue to work on the interventions that help with this. (Further LGA work on this)
- Is a bit of care bad for you? Are people prescribed “dollops of care” – when there are more suitable alternative (e.g. tackling social isolation/ use of telecare etc)? Massive national variation.
- Are permanent decisions being made when someone is in a crisis? Evidence suggests that this is where many “wrong” decisions are made for the longer term. Getting the right intervention at the right time (one that promotes independence).
Biggest savings came from

Most Councils continue to manage reductions to residential care for all client groups (though significant variations between councils) through:

- Better procurement of Intermediate Care
- Better use of re-ablement / rehabilitation
- Focus on recovery (mental health) and recuperation
- Focus on outcomes
- Focus on promoting independence
- Some good use of housing solutions / adaptations and telecare (which promotes independence).
Features of high performing councils

Review outcomes delivered through audits
Strong clarity of measures that will support performance management – understand and use the data

Clear vision and direction for social care – led by politicians and senior managers
Strong focus on managing demand with competence around managing costs
Where to next?

• This is getting harder and harder for councils to sustain – 50% of the savings from Councils have come from Adult Social Care (National Audit Office)
• Councils are having to get tougher and tougher – limiting “soft options” around choice or control – councils not funding “fun”
• The NHS can offer much more to help manage demand for social care – but its hard to get that message across.
For more help..........

www.local.gov.uk/childrenadultsfamilies

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