

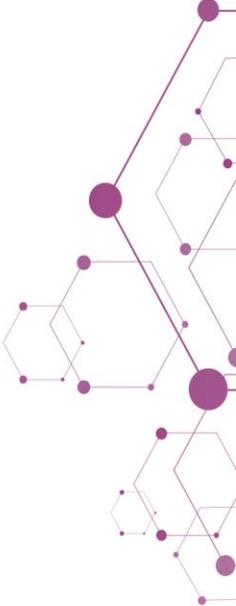


A FAIRER FUTURE FOR COUNTIES

COUNTY COUNCILS NETWORK

Adult Social Care: Green Paper and Integration

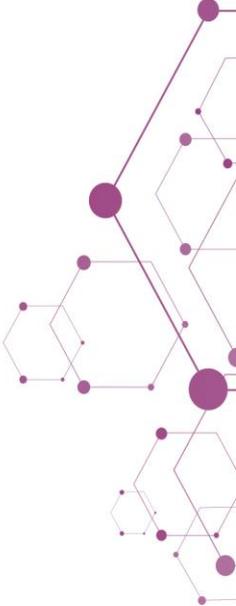
Chaired by:
Cllr David Williams
CCN Spokesman for Health and Social Care



Adult Social Care: Green Paper and Integration

Paul Burstow

Chair of the Social Care Institute for Excellence



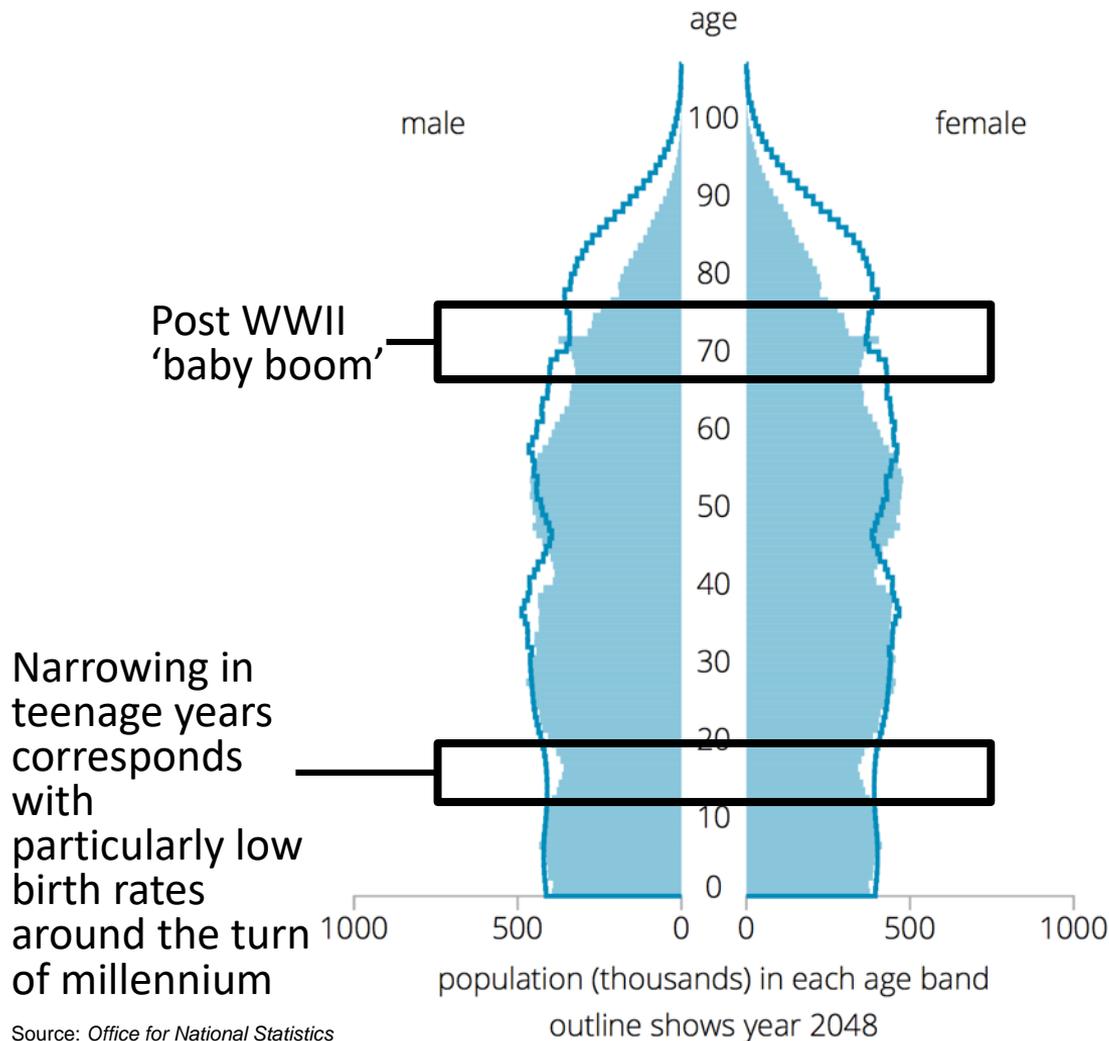
100
Million



Mrs Whelan

I am pleased to hear that you are celebrating your One-Hundredth Birthday. My sincere congratulations and best wishes on this very special day.

Elizabeth II



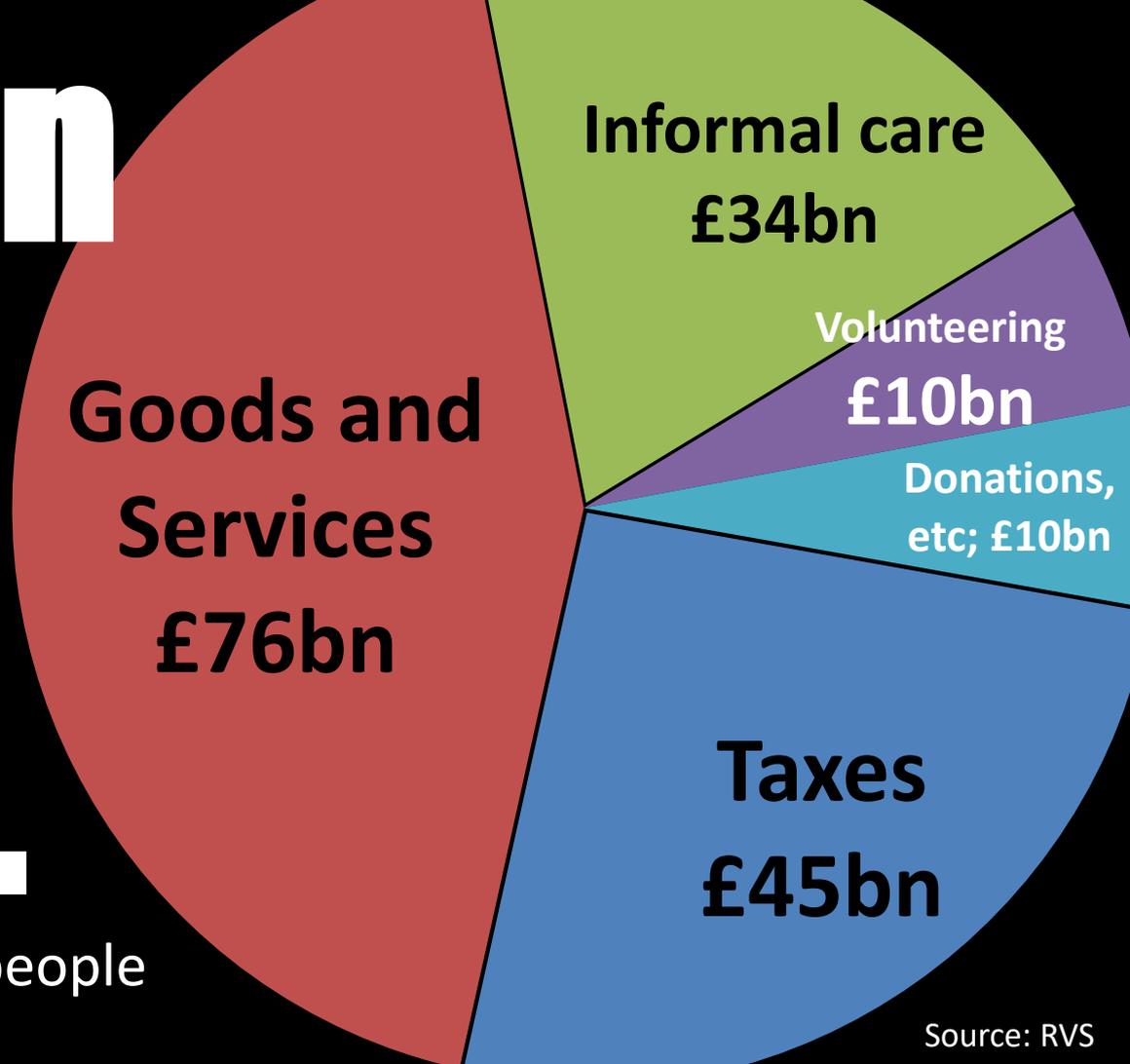
Source: Office for National Statistics

The shape of the UK population is changing

While the UK's population is growing, improvements in healthcare and lifestyles means it is also getting older. In the UK, the number of people aged 85 is projected to double to 3.2 million in the next 23 years.

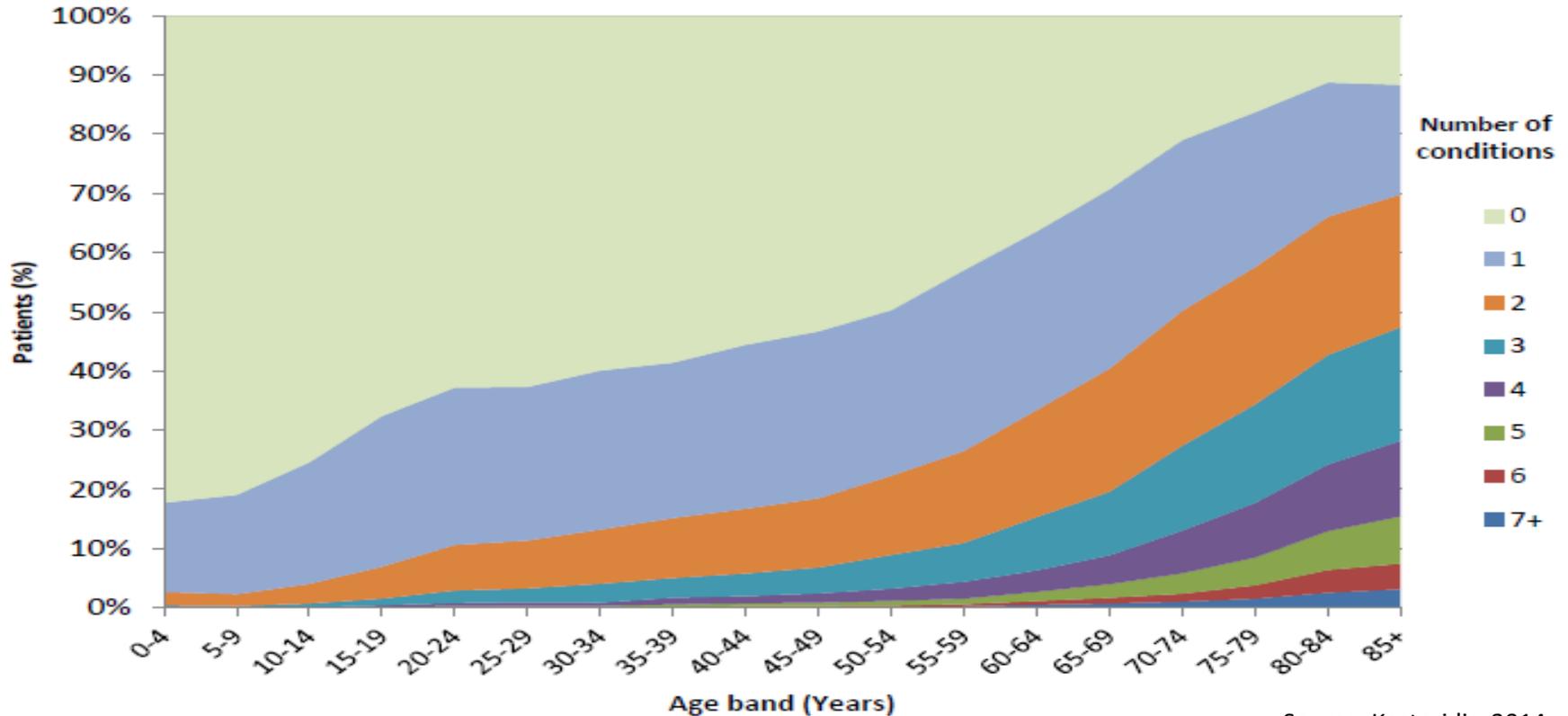
A £175bn Benefit NOT a Burden.

Economic contribution of people
aged 65+



Source: RVS

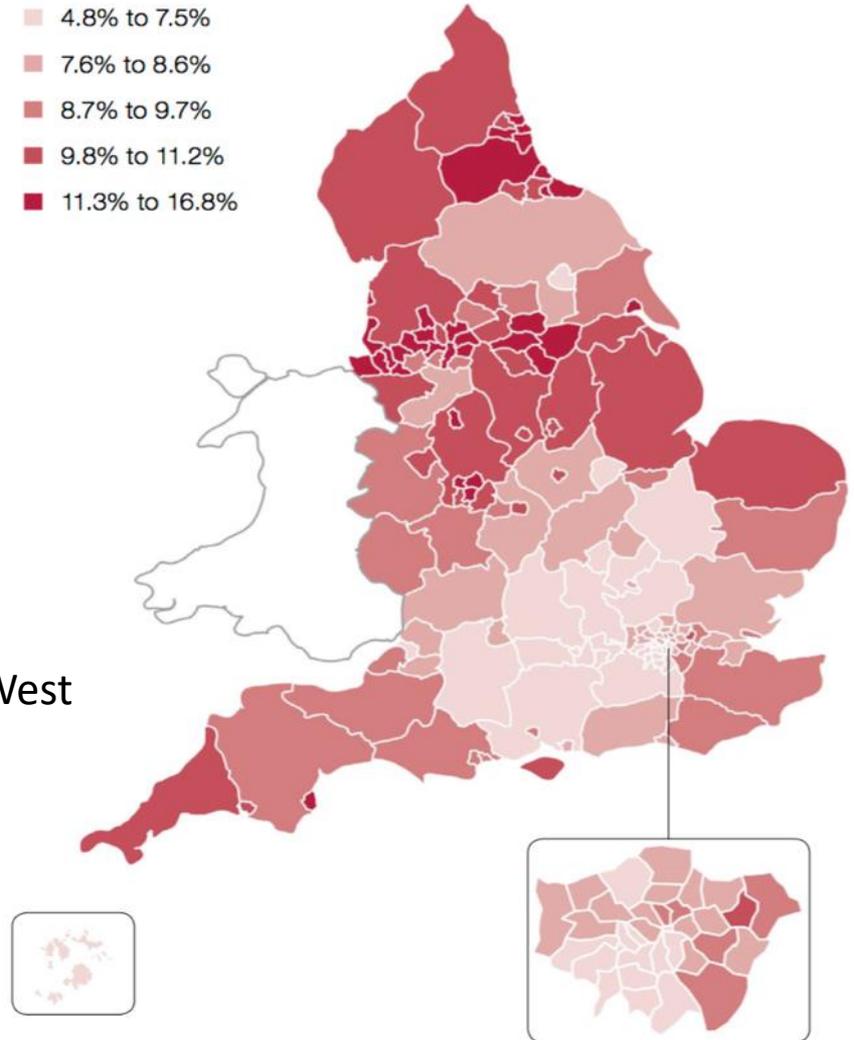
Thanks to life expectancy gains, the number of people living with complex needs is rising



And the proportion of adults with major limitations on their day-to-day activities varies by region

Need is highest in the North East and North West

Source: NAO analysis of ONS 2011 census data



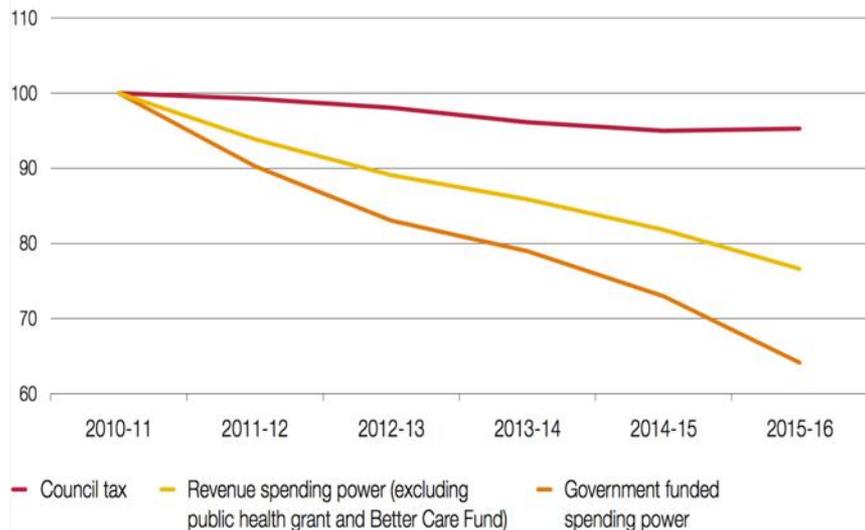
MIND THE GAP

A close-up, low-angle photograph of a dark, textured metal surface. The words "MIND THE GAP" are painted in large, white, sans-serif capital letters across the middle. A bright yellow diagonal stripe runs from the bottom left towards the top right, crossing the text. The surface shows signs of wear, including scratches and scuffing. The background is dark and out of focus, showing a grid-like pattern of a metal grate.

The means-tested social care system has suffered a sustained funding squeeze

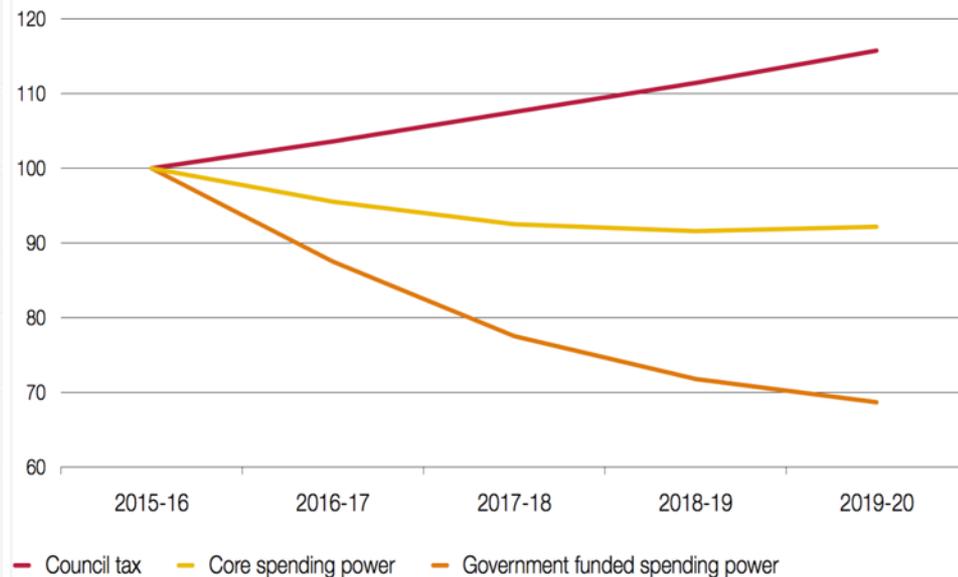
Change in local authority funding, 2010-11 to 2015-16

Percentage change (indexed: 2010-11=100) (real terms at 2014-15 prices)



Change in local authority funding, 2015-16 to 2019-20

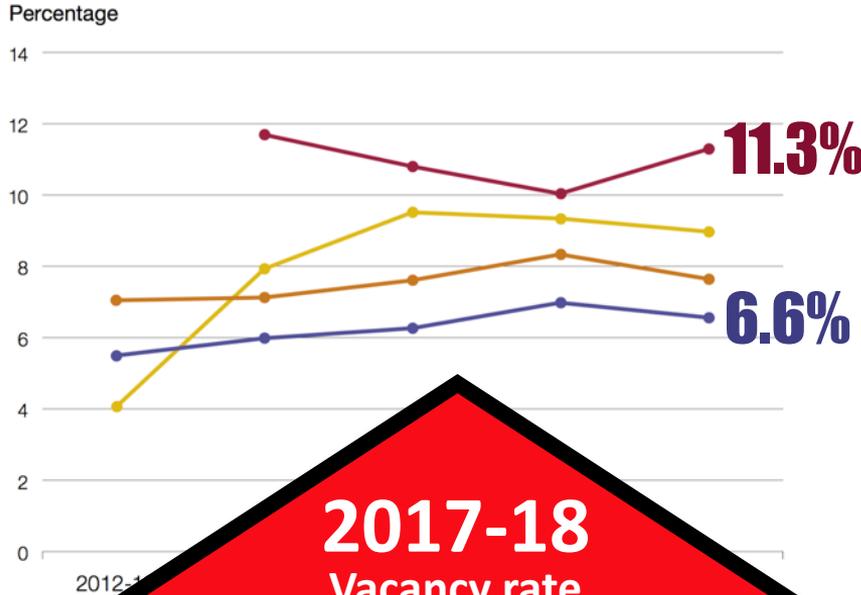
Percentage change (indexed: 2015-16=100) (real terms at 2014-15 prices)



Source: NAO analysis of local authority revenue expenditure and financing

Vacancy and Turnover rates are HIGH and INCREASING

Vacancy rates by role 2012-13 to 2016-17



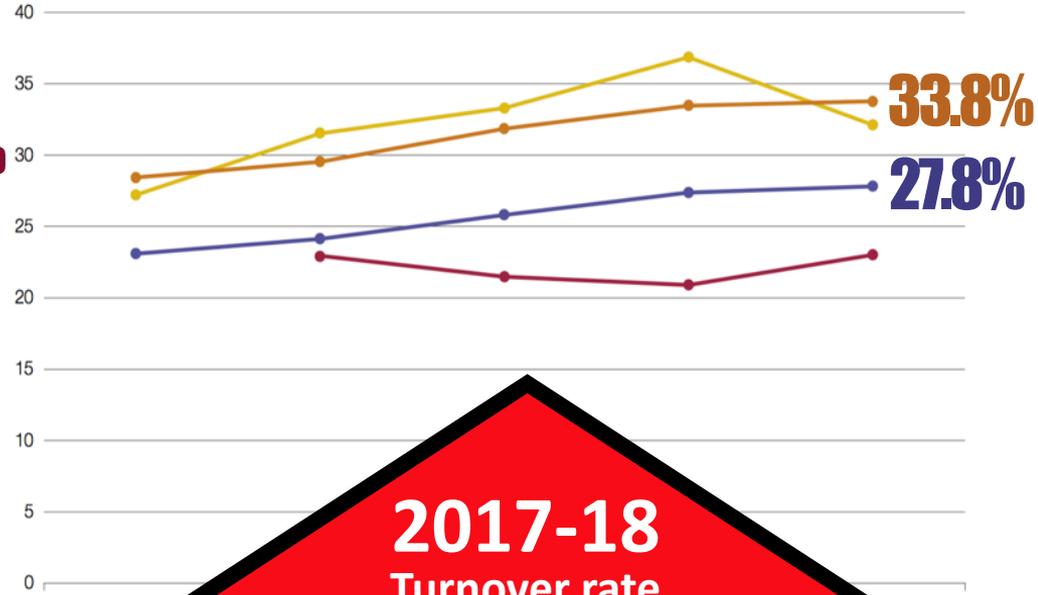
**2017-18
Vacancy rate**

8%

- Registered manager
- Registered nurse
- Care worker
- All job roles

Notes
 1 Vacancy rates are calculated as the number of vacant posts divided by the total number of posts.
 2 Data are not available for the turnover rate for care workers.
 3 'All job roles' includes all the job roles listed in the table.
 4 We have only compared all job roles with care workers in the three job roles with the highest vacancy rates.

Percentage Turnover by role, 2012-13 to 2016-17



**2017-18
Turnover rate**

30.6%

- Registered manager
- Registered nurse
- Care worker
- All job roles

Notes
 1 Establishments record the numbers of permanent and casual employed staff.
 2 Data are not available for the turnover rate for care workers.
 3 'All job roles' includes all the job roles listed in the table.
 4 We have only compared all job roles with care workers in the three job roles with the highest turnover and vacancy rates where there are data.

GOOST

£780 million



200,000

Workforce

shortage 2020

8 out of 10

UK care homes

50+

years old



“ Many care homes, particularly **those that are most reliant on LA-funded residents, are not currently in a sustainable position.....** while they might be able to stay in business in the near term, **they will not be able to maintain and modernise facilities, and eventually will find themselves having to close,** or move away from the LA-funded segment of the market. ”

**When does
a TIPPING
POINT tip?**



**The state of health care and
adult social care in England**
2017/18



“ **The adult social care market remains fragile, with providers continuing to close or cease to trade and with contracts being handed back to local authorities. ...we warned that social care was ‘approaching a tipping point’ – as unmet need continues to rise, this tipping point has already been reached for some people who are not getting the care they need.** ”



70
YEARS
OF THE NHS
1948 - 2018

SOCIAL



CARE

A hand from the top center of the frame points its index finger down towards the middle of a row of ten stylized human figures. The figures are arranged in a line, holding hands. The first three figures on the left are black, the next three in the middle are red, and the last four on the right are black. Each figure has a reflection below it. The background is plain white.

**3 in 10 say they
are preparing
financially for
future care costs.**

Ipsos Mori, 2017



MILE WIDE



INCH DEEP

Many people think the current funding system is more generous than it actually is, with many assuming social care will be free when they need it.

“Paid in all my life.”



DANGER

**ELECTRIC THIRD RAIL
DO NOT ENTER**

21
22
W2

C



Heroic healthcare

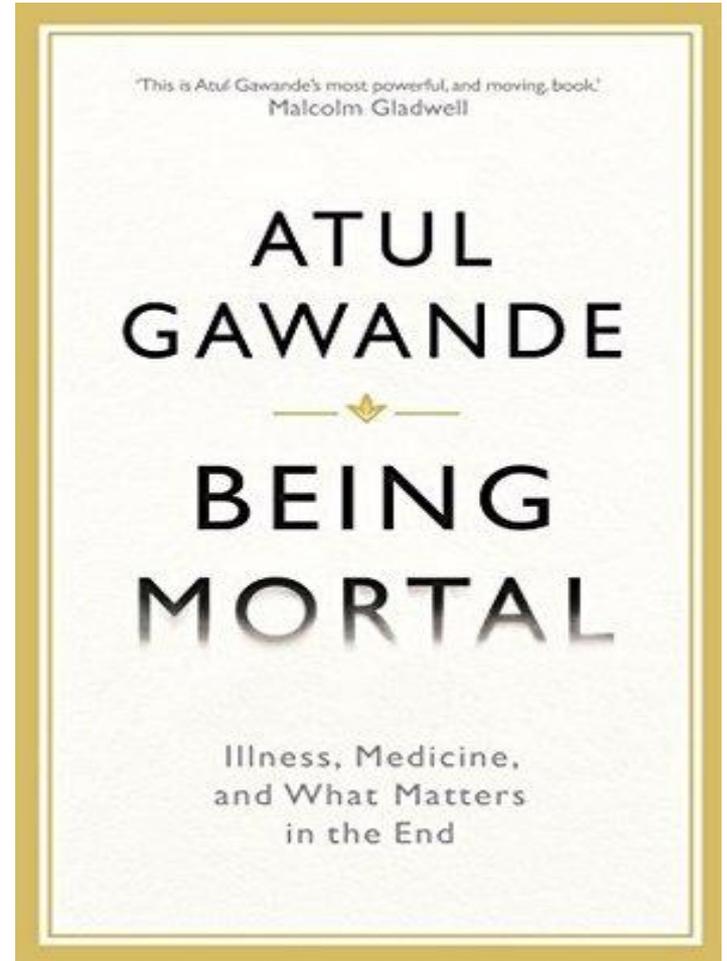
**Healthcare systems
contribute**

0%

Healthy life

For more than half a century now, we have treated the trials of sickness, ageing, and mortality as medical concerns. It's been an experiment in social engineering, putting our fates in the hands of people more valued for their technical prowess than for their understanding of human needs. The experiment has failed.

Atul Gawande, Being Mortal, 2014

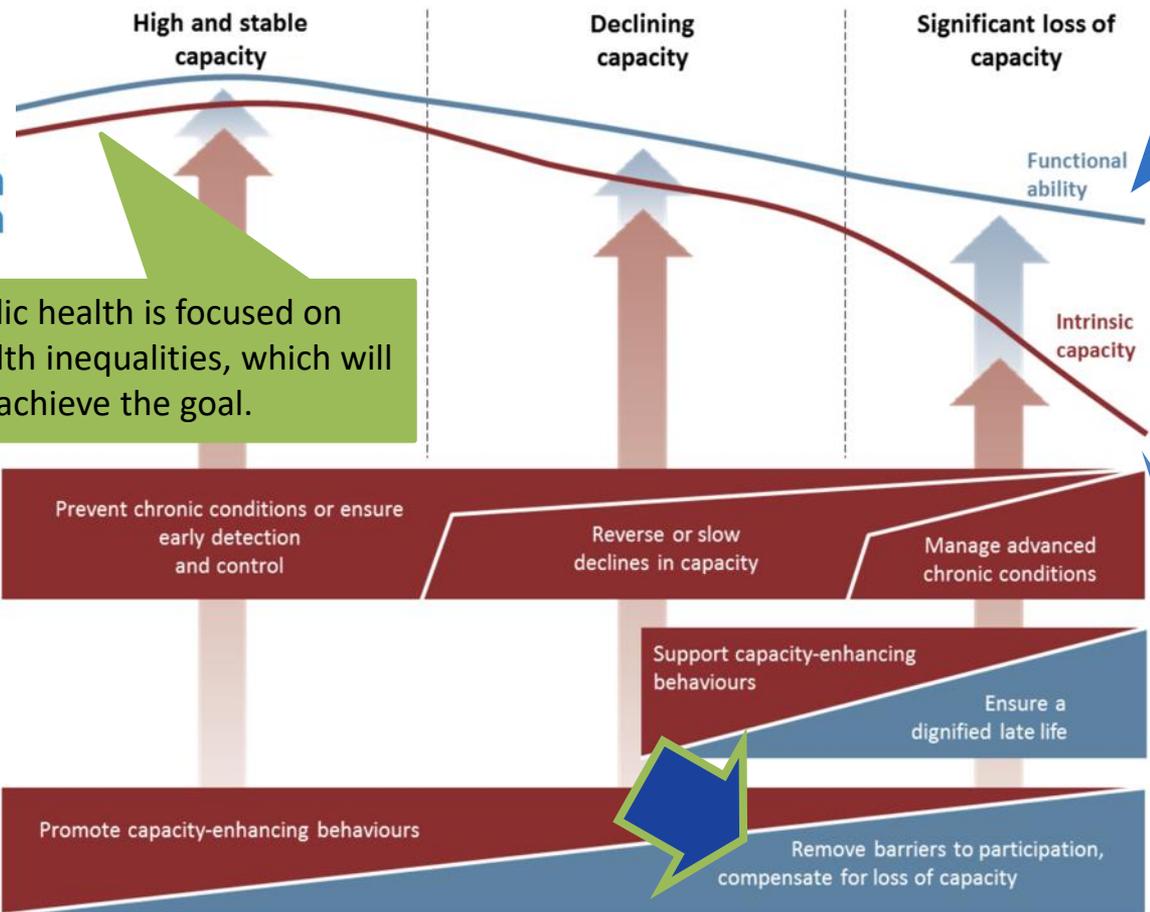


Healthy Ageing Framework



World Health Organization

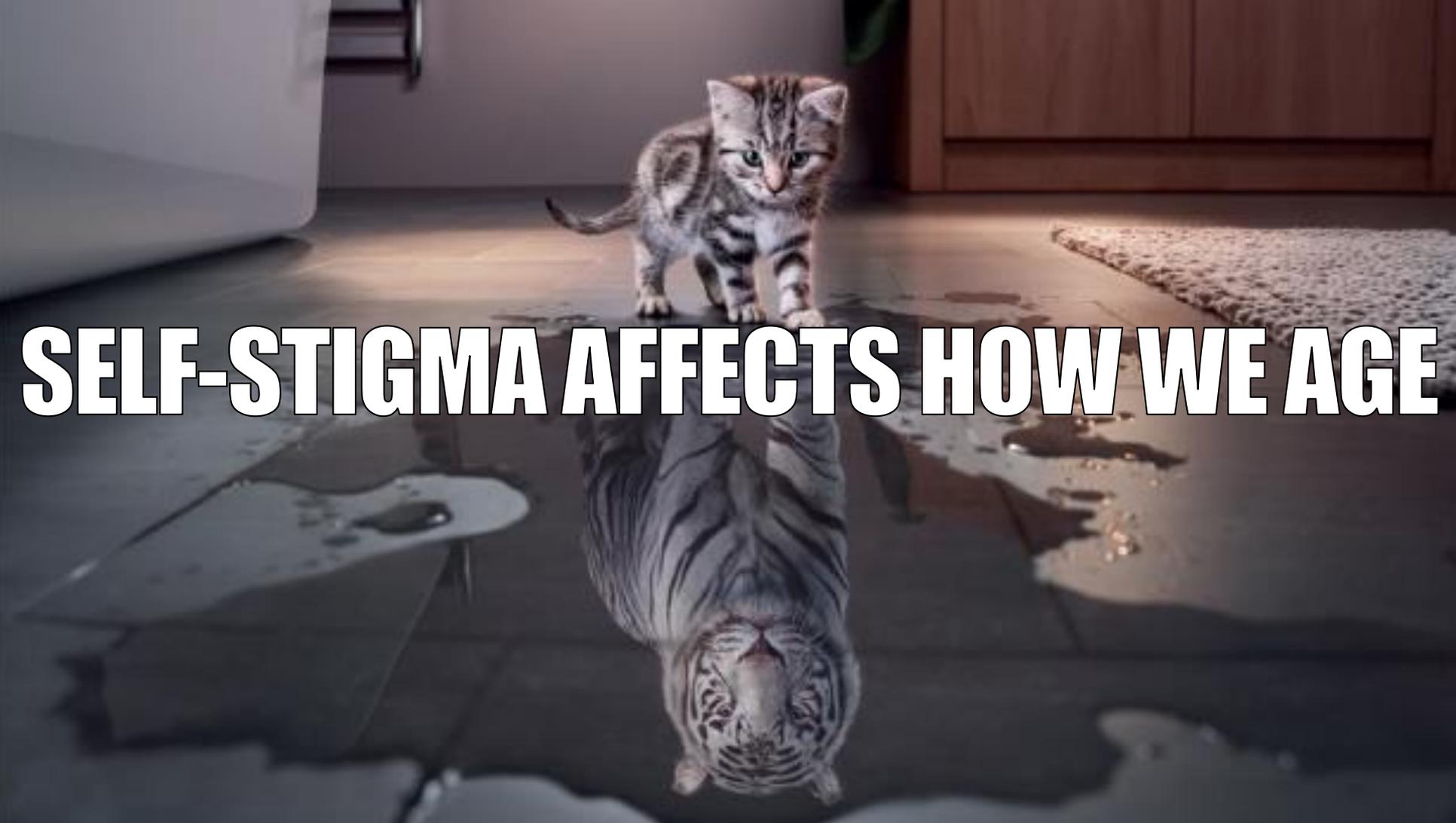
Work on public health is focused on reducing health inequalities, which will be critical to achieve the goal.



Functional ability has had less attention in public policy. Loss of function is a big driver of public spending and poor outcomes. Shifting this line would have a significant impact on quality of life.

What matters to you not what is the matter with you.

Existing life science, health research and public health programmes tend to address improving intrinsic capacity.

A small tabby kitten stands on a dark, reflective floor. In the foreground, a large puddle of water reflects the kitten, but the reflection is distorted to appear as a large, powerful tiger. The background shows a white wall on the left and wooden cabinets on the right. The overall lighting is dim, with a spotlight effect on the kitten.

SELF-STIGMA AFFECTS HOW WE AGE



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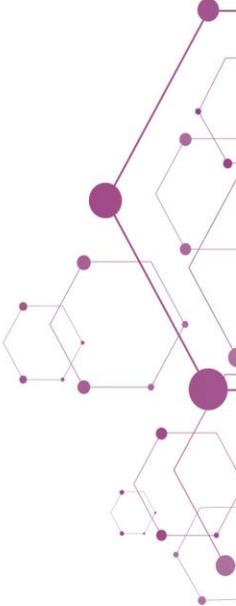
Adult Social Care: Green Paper and Integration

David Pearson

Corporate Director, Adult Social Care and Health

and

Nottingham and Nottinghamshire STP/ICS lead



Key issues for Green Paper to address

1. Funding the existing mean-tested system
 - £2.3bn this year
 - Health investment 2009-2016/17 up 10.3%
 - Social Care Gross spend down by 9.9%
 - £650m for adults and children's in 19/20 still leaves reduction of £650m in LA expenditure
2. Determining the degree of pooled risk for people who currently fund themselves. Issues of personal risk and the efficiency of the system

Key issues in the Green Paper

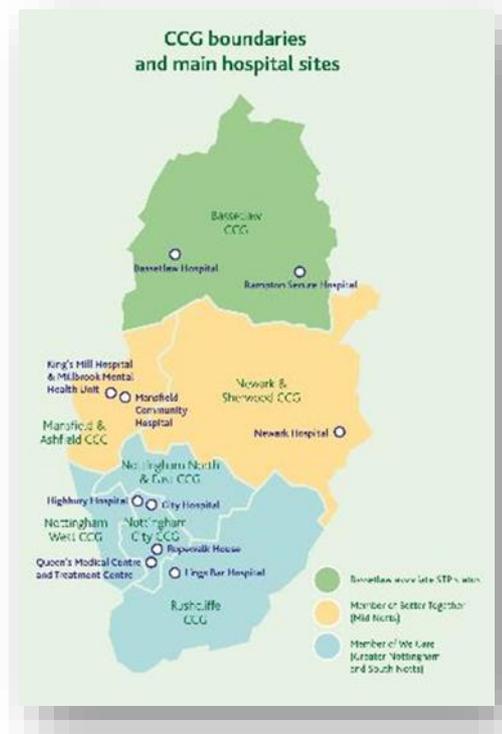
3. Areas of reform required in the social care system – integration with health, workforce, market sustainability, technology and housing
4. How, as a nation, we will pay for 1-3 above? Adult Social Care expenditure is currently just over 1% of GDP.

Integrating health and care

- Distinguishing features of our time - demography, technology and resources
- From STP to ICS
 - integrated health
 - integrated health and care
 - integrated health and wider services
- Population focus from system focus; Population Health and Wellbeing and Population Health Management
- Unlocking capacity, smarter together

Nottinghamshire Integrated Care System – at a glance

- **Vision:** Sustainable, joined up high quality health and social care services that maximise the health and wellbeing of the local population
- **Population:** Approx. 1.1 million people; diverse, growing and ageing population
- **Spend:** circa £3 billion per annum
- **Local people want:** Support to be independent wherever possible, more services close to home and joined-up services



Improving outcomes

- **Information sharing to improve practice, efficiency and outcomes** – GPRCC 0.5bn records, 100% of GP's signed up to information sharing. Used to produce data to reduce variation, risk stratify and share records
- **Preventing strokes in greater Nottingham** – proactively identifying people at risk of stroke through atrial fibrillation – using information from GPRCC to identify people. Through intervention early work has prevented 44 strokes and 12 deaths
- **End of life care in mid Notts** – 27% of people attend ED. Improved information on risk; new integrated service. 10% of reduction and changes to care produce better outcomes and £1.8m savings
- **Enhanced care in care homes** – A&E attendances down by 29%; admissions down by 23%
- **Multi-disciplinary team working in primary care** – better health and social care outcomes and reductions in costs between £2,700 and £4,446 per person; 13% more people supported at home - admissions to hospital down 12% from the cohort

Improving outcomes (2)

- **Call for care** – crisis response within 2 hours helping to de-escalate crises, 1520 avoided ambulance transfers; 613 avoided admissions and reduced length of stay in 216 cases. £1.686m saving.
- **Housing, health and care** – importance of collaboration with [housing](#) recognised e.g. ASSIST – partnership between Mansfield District Council, CCG and Hospital Trust – improved outcomes and early discharge from hospital, 400% return on investment and £1.4m savings for NHS.
- **Integrated personal commissioning** – from 85 Personal Health Budgets to 2000; 500 are joint health and social care. Nottinghamshire is an Integrated Accelerator Pilot site.

Helen: “The difference was immense. We went from being done to, to being done with. We work together so Karls needs are met on a personal level rather than one size fits all.”

Perception of local government from Britain thinks survey

- There is broad agreement between local government and health on the future “place based” integration better and more cost effective
- Many in local government feel that the NHS tends to engage late or not at all, rather than as a collaborative, open process
- Reinforced through early stages of STP. Since engagement and involvement very varied.

Local government as an investible proposition

- Local Government has a leadership role bringing together wider public, private and civic endeavour
- Brings the strength of local democracy and different relationship between citizen and the state
- Population health and wellbeing management can only be done together
- A strong health service and a strong social care/ public health service. Different cultures and emphasis - we are stronger together
- Notts first STP plan to have housing and environment as an enabling workstream
- Whole system, holistic person centred approach for cohorts of people who need proactive, co-ordinated care
- But the cultural differences between the national NHS and Local government are significant....

Health and Local Government coming together locally?



Key Issues

- ✓ We are some way from having an adult social care system fit for future requirements of funding, the market, workforce and consistency despite the Care Act
- ✓ If we are to make progress the central government will need encouragement from local government collectively
- ✓ Change is required in all the policy areas
- ✓ Local government needs a strong narrative about the “investible proposition”.
- ✓ The best systems have strong health and local government political and executive leadership and commitment – there is a huge opportunity

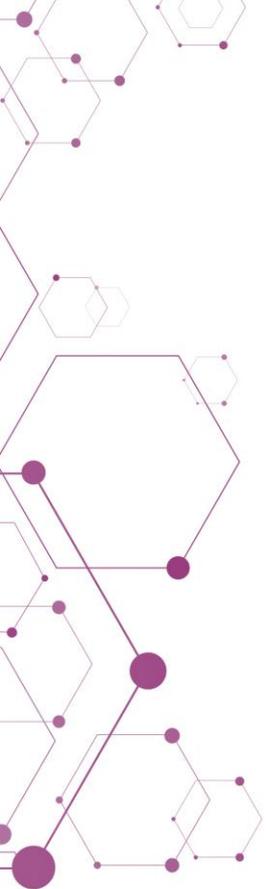
Supporting Adults in Nottinghamshire film





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COUNTY COUNCILS NETWORK



CCN

COUNTY COUNCILS NETWORK

Adult Social Care: The Changing Landscape

Steve Phillips

Senior Partner, Public Sector - Newton

**FINANCIAL
REFORM**



**OPERATIONAL
REALITY**

>40%

The proportion of people not discharged to the best possible place given their needs.

#1

Nursing & residential home placements could **reduce by almost half**.

#2

Going straight home with some support could **increase by almost a third**.

#3

Going home with reablement could **increase almost threefold**.

8% to 15%

net annualised savings

**How do we
make this better?**

“In isolation I am always going to overprescribe”

£'s of suggested level of care & support

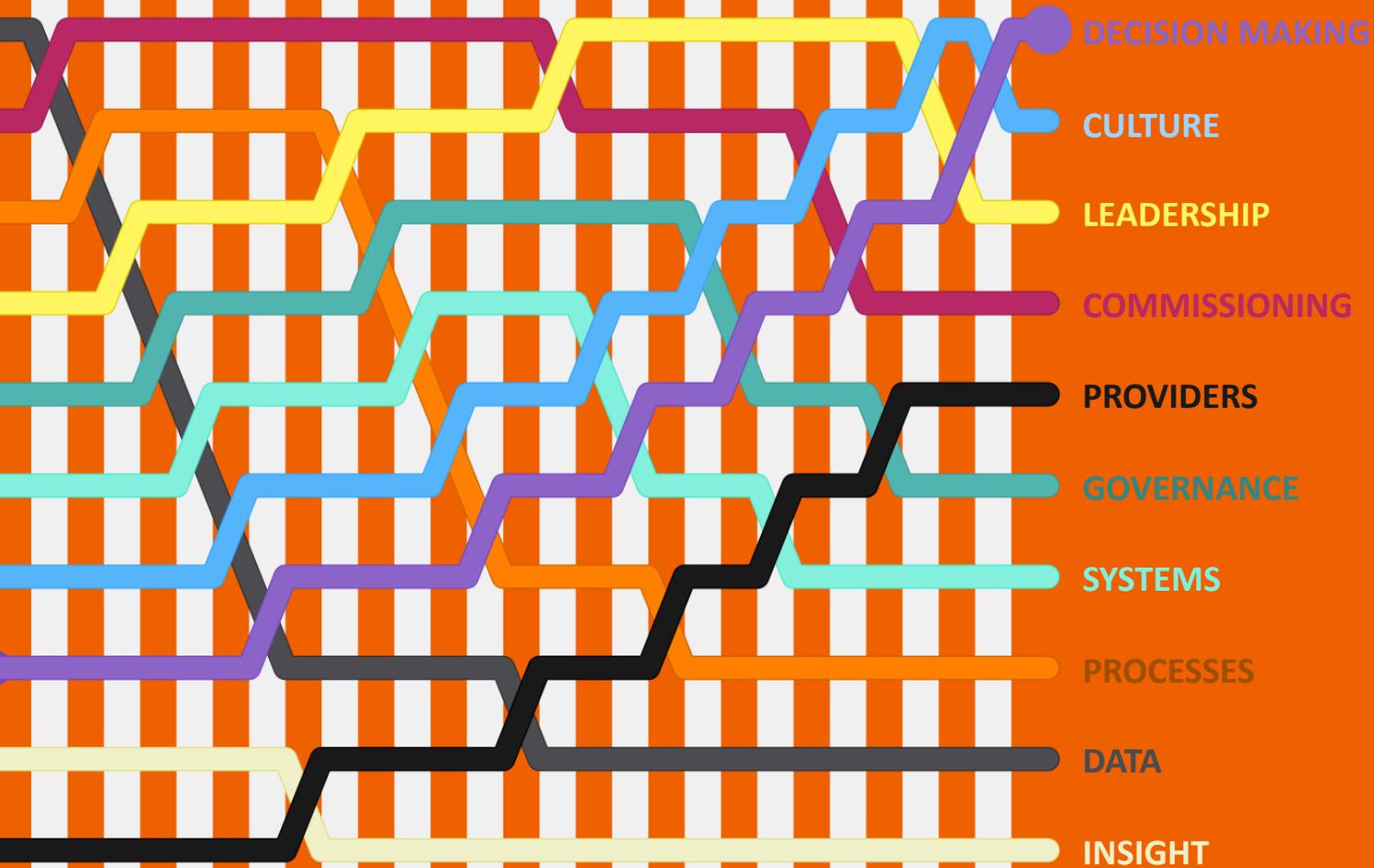
Worker 1

Worker 2

Worker 3

Why?

Group decision by workers 1, 2 and 3 together



**FINANCIAL
REFORM**



**OPERATIONAL
REALITY**



**Better outcomes.
Financial sustainability.
Improved staff engagement.**

NEWTON



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