

REPORT TITLE	<i>KEY ISSUES FOR HEALTH AND CARE</i>
REPORT OF	<i>GRAHAM HODKINSON</i>

REPORT SUMMARY

Health and care services are provided to vulnerable people with support needs. Good care and support can transform lives, helping people to live as independently and as healthily- as they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control. It is distinctive, valued, and personal.

An independent YouGov poll indicates that 1 in 3 people either receive or are in touch with social care services. The same poll indicated that adult social care was the area in which the public would most like to see additional government investment, apart from the NHS

RECOMMENDATION/S

N/A

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 National Background:

- Demographic pressures for social care alone are currently running at £400m per year and will increase.
- Real uncertainty remains about the affordability and sustainability of the current system.
- In the medium-term social care faces a gap of £4.3 billion, or 29% of the budget.
- NHS is forecast to have a £30 billion funding gap by the end of the decade.

3.2 Policy perspective:

Whilst there are a range of differing perspectives, there is an emerging consensus supported by the Care Act about the key features of a future health and social care system. In broad terms these are:

- Integrated health and social care
- Centered around the individual and focused on outcomes
- Pooling budgets and commissioning
- Focus on prevention, co-production and personalization
- Properly funded baseline
- Localism not centralism

3.3 Background to Integration

Integration is part of the national move to design and deliver services in a more co-ordinated way. It brings together the resources and expertise of our adult health and social care services, making plans together to support people to stay safe, well and at home.

3.4 Integration is about placing people at the centre of the design and delivery of care with the aim of improving patient outcomes, satisfaction and value for money.

3.5 Integration is a response to three pressing issues, the first being spending cuts and the need to deliver efficiency savings. Between 2011-12 and 2015-16 spending by NHS Trusts increased by 11% while local authority spending on adult social care

reduced by 10%. The second is the demographic changes, this is concerned with the rise in demand for health and social care services because of the ageing population along with the greater number of people living with long-term conditions and the incidence of dementia amongst the older age groups. The third issue is around accepting that people were not getting the services they need or receiving them in an appropriate setting.

3.6 Policy Brief

The *Health and Social Care Act (2013)* and the *Care Act (2014)* were introduced to ensure health and social care services pool their resources and integrate so people get the right care they need, in the right place at the right time.

3.7 This was reiterated by NHS England's *Five Year Forward View*, published in 2014. This set out how it aims to achieve financial sustainability in the health and social care system by 2020, this includes integration. This called for better integration of community health, hospital services, mental health, GPs, home care and care homes.

3.8 *The Better Care Fund (BCF)* brings together health and social care budgets to support more person-centred co-ordinated care. The Fund offers financial support to Councils and NHS organisations to jointly plan and work together to deliver local services. The total amount pooled so far has been £5.3 billion in 2015-16 and £5.8 billion in 2016-17. The Better Care Fund is the vehicle to drive the integration by 2020. The BCF did not achieve its principle financial targets over 2015-16, local areas planned to reduce emergency admissions by 106,000 however emergency admissions increased by 87,000 compared with 2014-15. However, it has led to stronger working relationships within local areas, and in Wirral to reductions in unplanned hospital admissions of 4.2% in 2015/16 and 2.8% in 2016/17.

3.9 What are we doing it for?

We are carrying out integration in order to produce a more seamless approach to meeting a person's care needs.

Enabling people to tell their story only once.

The aim of integration is to ensure people receive the most cost-effective care, it looks to overcome professional, legal, organisational and regulatory boundaries within health and social care.

3.10 What are the benefits of doing it?

- Improving the quality of care – ability to respond quickly and effectively to people's needs,
- Reducing costs and activity levels, including reducing duplication across different services. However there is no compelling evidence to show integration in England leads to sustainable financial savings or reduced hospital activity,
- Supporting relationship building at local level.

3.11 Adult Social Care Demand in Wirral:

Over the last 7 years there have been considerable changes to deliver more efficient and effective services. Social care services are mainly outsourced and commissioned at comparatively low prices. Services have been re-tendered and there is a strong focus on re-ablement, but key issues include:

- Low cost comparator overall for older people
- Whilst improving, still a relatively higher proportion of placements into care homes, mainly from Hospital.
- Investments in intermediate care and other alternatives are now reducing admissions (2nd year of reduction) and improving individual outcomes following discharge from hospital.
- Learning Disability, and some mental health services, are relatively high cost.
- Social care has not in the past been well integrated with other council services to improve wellbeing, although this is changing with the 2020 Pledges.

3.12 Quality of care services in Wirral.

Like many other Local Authority areas, Wirral has a mixed economy of care providers. The Council has a Care Act duty to ensure a range of affordable and quality support services are available locally. The Council works with care service providers and the Care Quality Commission to ensure that quality standards are met and to safeguard vulnerable people when this is required.

3.13 The care market is high volume and dynamic, and the Council's commissioning arrangements are important in ensuring stable and sustainable provision for local people. The rates and fees paid by the Council need to reflect both the requirements for providers to be able to meet quality and safety standards, enable the Council to maintain a stable market which can offer quality provision, whilst ensuring best value and consideration of local factors.

3.14 Recruitment and retention of the workforce remain a key challenge and priority across the health and care system, including the independent sector. Whole system capacity and demand modelling is underway and this will help inform how we best deploy the available resources in Wirral. There will need to be an ongoing conversation with all providers, to seek joint solutions to this challenge.

3.15 The Economic Value of Care

In Wirral the health and care annual investment/cost is currently £880M. This is a significant part of Wirral's £3BN economy. The sector is a primary employer of Wirral people, however funding for care and support comes from a number of sources. The value of informal support offered by carers and care purchased directly significantly outweighs spending by Local Authorities.

3.16 Care Funding, social care precept and iBCF

The Council's strategy remains as having a focus on setting fees that stimulate a responsive and flexible market place maintain capacity and ensure that a range of provision is available, including suitable provision for people with dementia. This includes effective joint commissioning with the CCG for provision such as intermediate care, supporting the whole system economy. Responsive and timely provision is required to support individuals appropriately in their Community, avoiding and minimising the need for acute services, maximising outcomes for individuals. The Council is investing in the development of viable alternatives such as Extra Care housing and a range of step up and step down services to reduce and delay the need for long term care.

3.17 New funding has become available to address the gap in social care funding. The key sources have recently included the Social care precept which is collected from

Council tax payers directly. During 2016 the full value of the precept was set aside to support the care market. Again in 2017 the value of this is a little over £3M which is to be invested directly into the care sector to help improve quality and meet the increased costs of meeting the basic minimum living wage and inflation.

3.18 Focal Points for strategic change ASC in Wirral

Having taken account of the strategic context set out above four primary focal points have been identified to underpin the realisation of further future savings;

- Re-commissioning of services for people with learning disabilities
- Full operational integration of health and social care delivery into 8 local areas with 4 Integrated Community Care Hubs
- Full integration of social care commissioning and quality assurance
- A cohesive population based approach to prevention early intervention and the promotion of wellbeing.
- Transformational change across health and social care providers, to ensure a robust 7 day community offer, which further reduces the need to be admitted to hospital unless absolutely necessary and minimises the time spent in an acute setting, therefore reducing the deconditioning that occurs in people over the age of 80, assessing people for ongoing care and support outside of an acute setting.

3.19 A different reablement and domiciliary commission and offer, which addresses recruitment and retention issues and maximises the use of technology as part of the solution. Further pooling of resources.

4.0 FINANCIAL IMPLICATIONS

4.1 Financial breakdown table. The table below shows new care rates agreed for 2017.

Service type	2016/17	2017/18	Increase From 2016/17	Est. Pressure/yr	% Increase	FNC	(inc. FNC)
Supported Living - Day Hours	£13.02	£13.55	£0.53	£782,000	4.1%		£13.55
Supported Living - Night Hours	£72.51	£73.92	£1.41	£54,000	1.9%		£73.92
Res	£416.00	£434.00	£18.00	£473,000	4.3%		£434.00
Res EMI	£458.00	£488.00	£30.00	£391,000	6.6%		£488.00
Nurs	£457.00	£477.00	£20.00	£266,000	4.4%	£156.25	£633.25
Nurs EMI	£479.00	£499.00	£20.00	£220,000	4.2%	£156.25	£655.25
Dom Care	£12.92	£13.80	£0.88	£621,000	6.8%		£13.80
Extra Care	£11.50	£12.00	£0.50	£100,000	4.3%		£12.00
Total Increase				£2,907,000			
BCF-Funded Care							
Intermediate Care	£643.00	£700.00	£57.00		8.9%		£700.00

Reablement	£14.20	£15.70	£1.50	10.6%	£15.70
Mobile Nights	£47.25	£50.00	£2.75	5.8%	£50.00

4.2 In relation to the iBCF and additional grant funding, this has proved an important source of funding to enable the local system to deal with increasing demand around the Hospital system. Wirral received an additional £8.3M for social care. This will help to cover pressures that we have carried forward from 2016/17 (£5M), to meet new pressures for Hospital transfers such as transfer to assess and home first models, including additional domiciliary capacity (£1.3M) and to develop more innovative services such as investment in technology and telehealth solutions (£2M). The total value of the Better care Fund for 2017 is circa £42M the fund is used to support a range of integrated health and care services designed to enable people to be as independent as possible. Demand is anticipated to remain very high through 2017/18

4.0 LEGAL IMPLICATIONS

N/A

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

6.0 RELEVANT RISKS

N/A

7.0 ENGAGEMENT/CONSULTATION

N/A

8.0 EQUALITY IMPLICATION

(b) No because there is no relevance to equality.

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	