

Excerpts from the full set of slides which were used at Cordis Briefing on Thursday 18th January 2018. Full slides are available for subscribers. Please click here to find out more: <http://www.cordisbright.co.uk/briefing.php>

Cordis Briefing

January 2018

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Today's Briefing

- Introduction
- Assistive Technology
- Supported Housing Funding

BREAK

- SALT Data 2016/17
- The Real Living Wage
- Transforming Care

Introduction: 2018

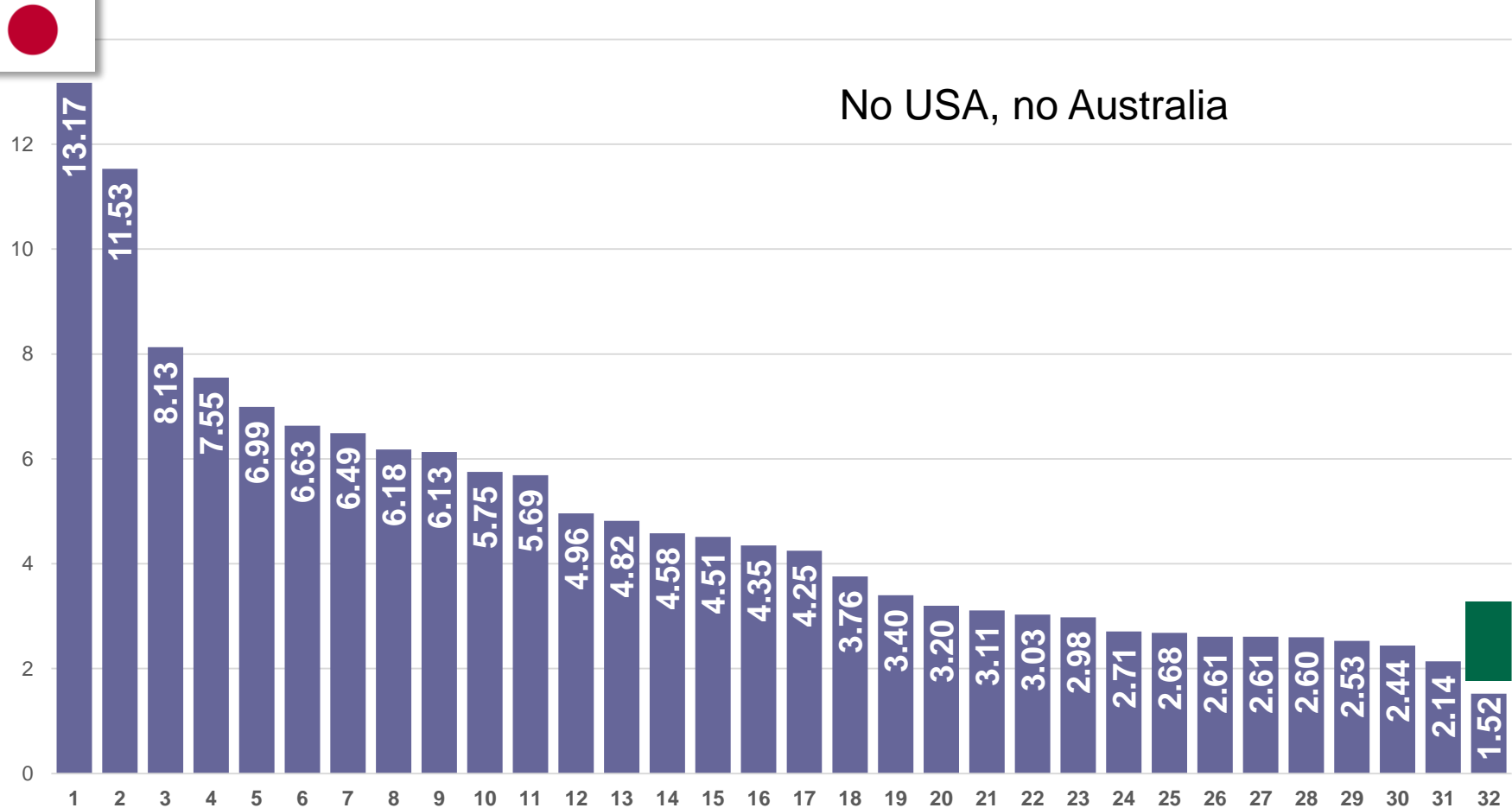


2018 – another winter bed crisis

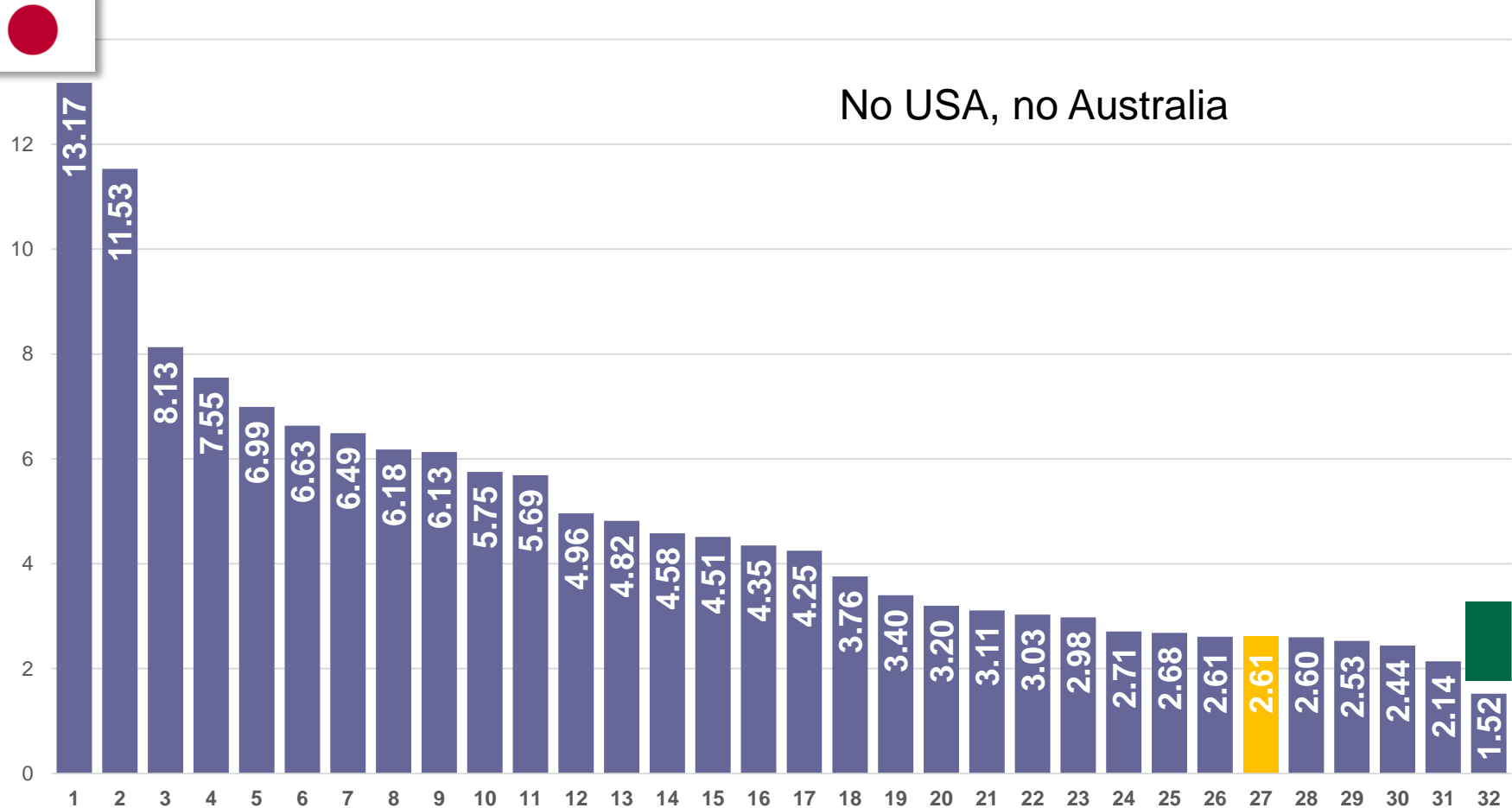
- Another year, another winter bed crisis in the NHS only this time is the worst there has ever been.
- Is it the flu, is it cuts to NHS funding or is that we don't have enough beds?

First Cordis Bright quiz of 2018

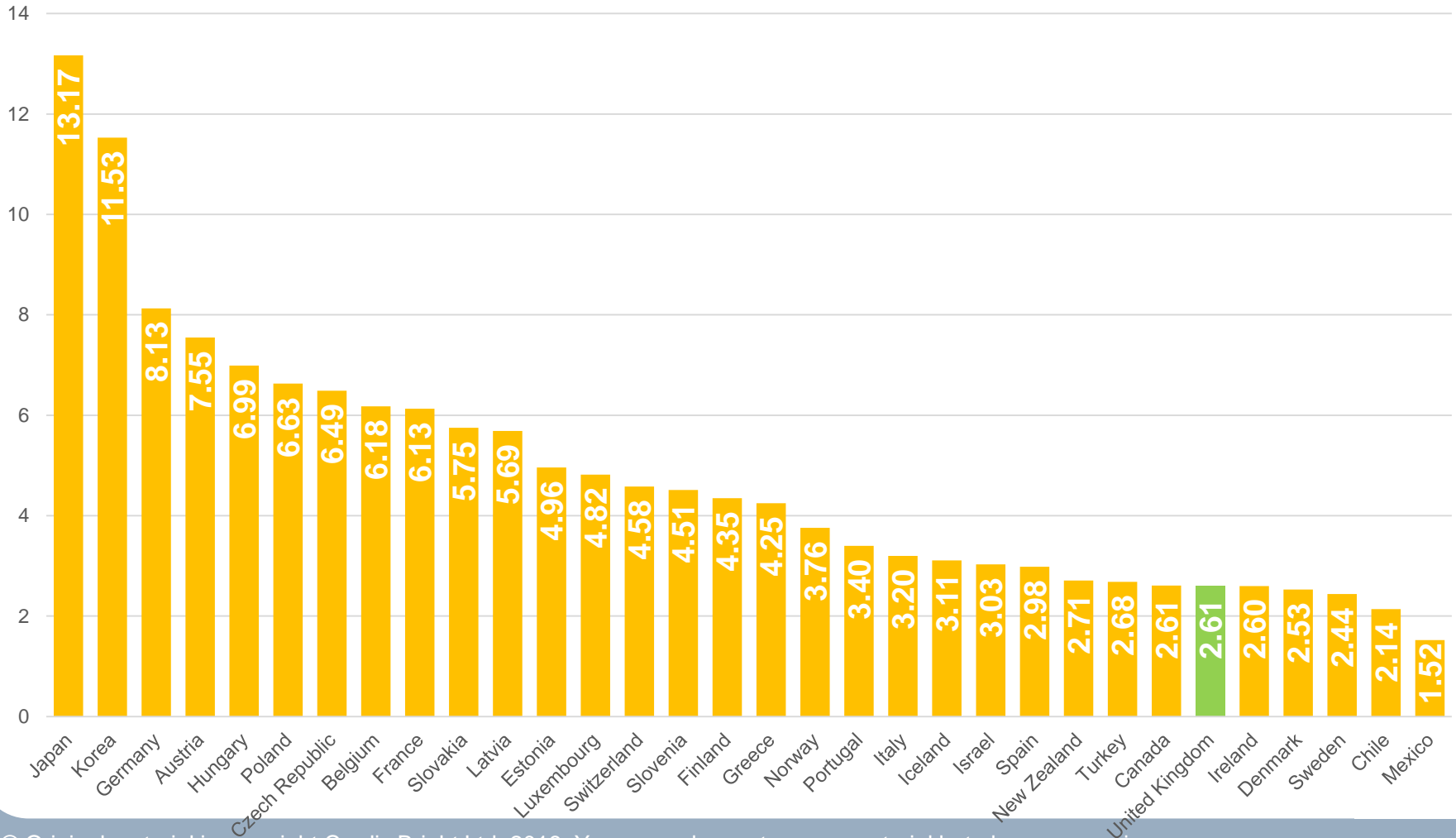
Winter pressures – beds per 1,000 people - 2015



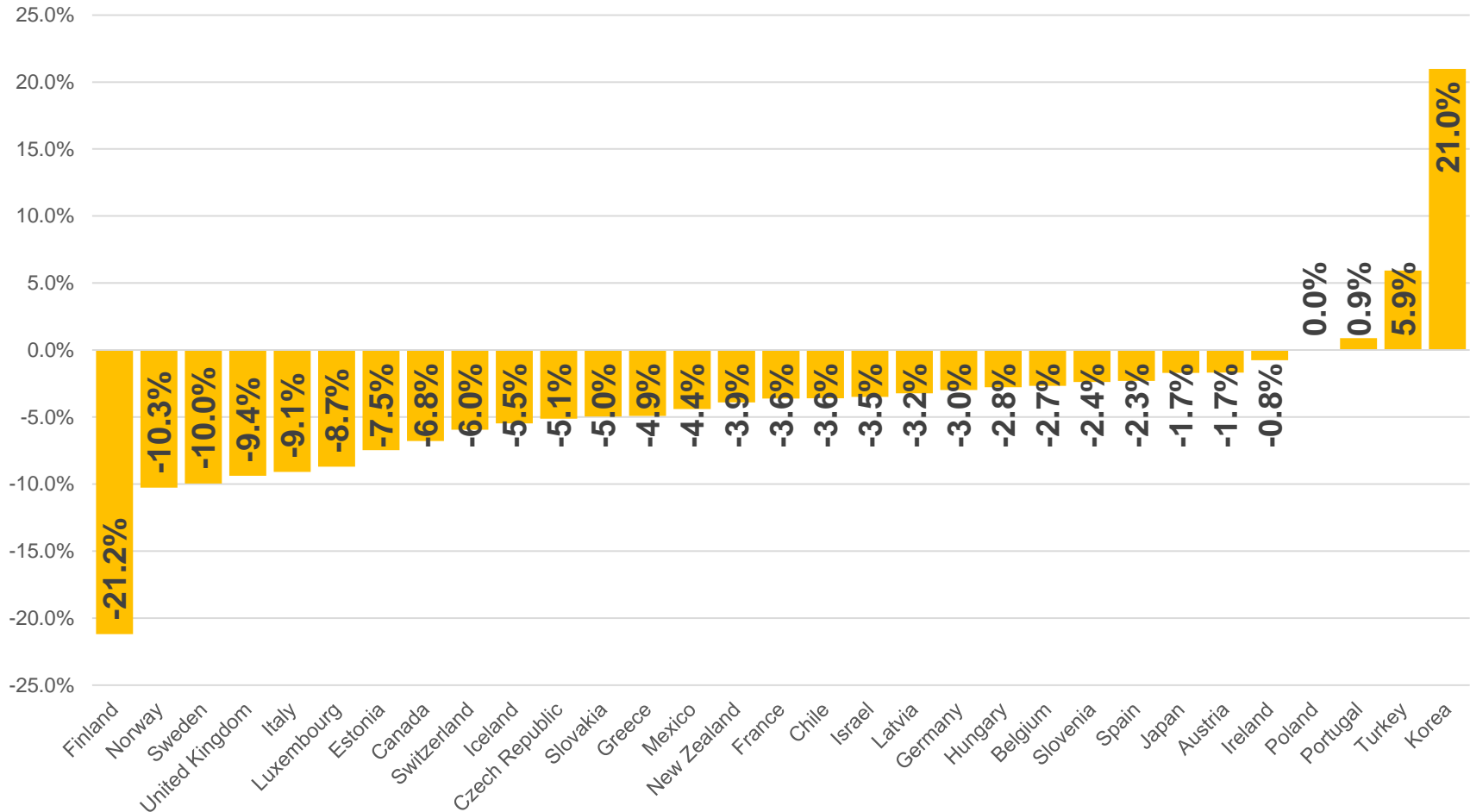
Winter pressures – beds per 1,000 people - 2015



Winter pressures – beds per 1,000 people - 2015



Winter pressures – bed reductions 2011 - 2015



2018 - predictions

- Hard to imagine sustained focus on anything other than Brexit
- Greater and greater differences between the financial circumstances of local authorities depending on where they are in the country
- Some Local Authorities likely to be in very real trouble before the year has come to an end
- If no bail out on sleep in under payment liabilities expect some providers to close and others to merge
- Probably the year where 'place' starts to become more critical

Technology & Assistive Technology

Learning and opportunities for the independent sector

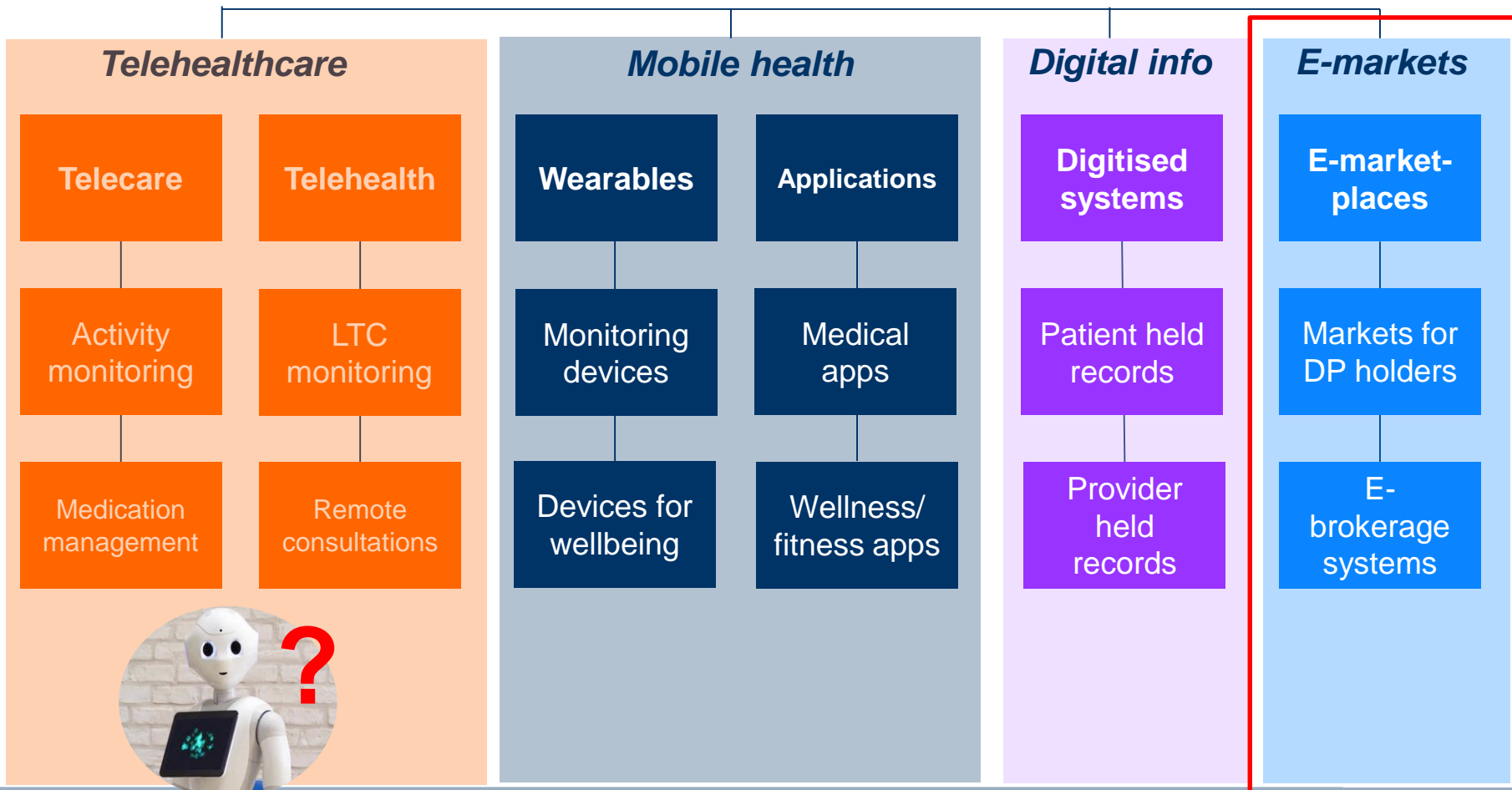


Technology to the rescue?

- There's a widespread assumption that 'greater use of technology' will compensate for the projected gap in NHS and social care finances
- Systematic reviews of cost-effectiveness to date have not shown robust evidence of cost savings through use of technology in health and care
- The Department of Health Whole Systems Demonstrator programme did not demonstrate significant savings
- It's possible some of the published evidence lags behind what is happening in reality
- However, technology certainly has the **potential** to improve people's lives and help to deliver care and health in a different – and possibly cheaper - way

The world of health and care technology

Technology in health and care



Some stats

- 1.7m people in the UK use telecare
- Estimates show there are as many as 4.17 million *potential* telecare users over 50 in England alone
- Approximately 1.9 million of those older people are receiving care from friends or family members
- 84% of adults use the internet but only 2% report any digitally enabled transaction with the NHS
- 71% of 55 – 75 year olds (around 10 million people) own a smartphone
- This group is likely to become more numerous, more smartphone literate and to spend more on devices, airtime and mobile commerce

Funding Supported Housing

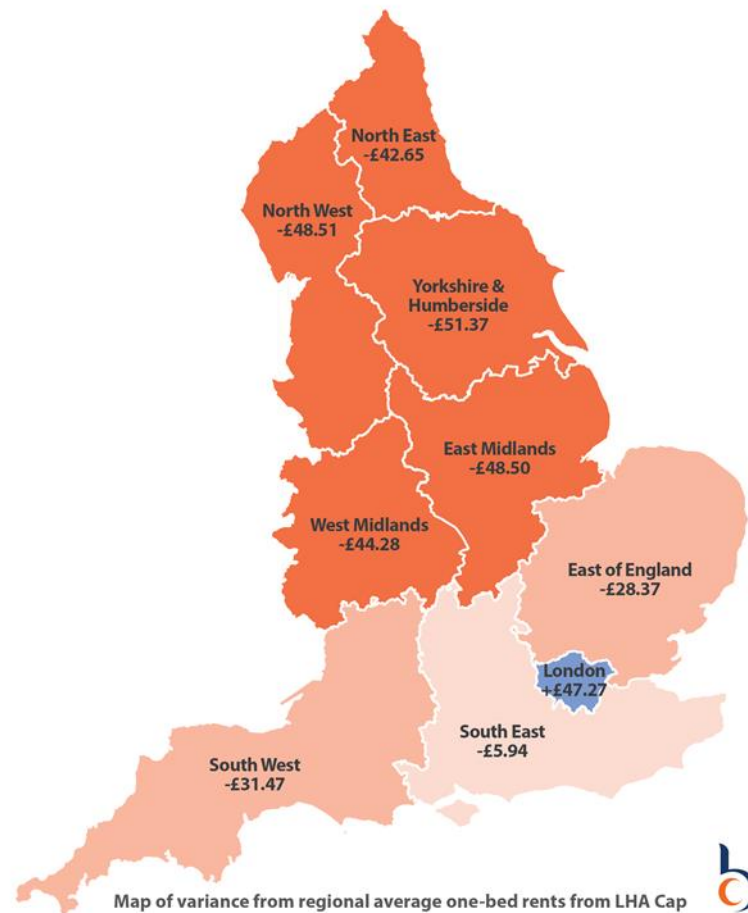
Policy update



Supported Housing Funding Context

Previous proposed policy

- Plan to introduce the Local Housing Allowance cap to supported housing.
- A flawed policy approach due to the significant regional variations in land and rent prices.
- Possibly severe consequences for regions outside London and the South East of England.
- North East, North West, Yorkshire & Humberside, East and West Midlands all with >£40.00pw shortfall between the average one-bed rent and the LHA cap.



New Proposed Policy - October 2017

	Sheltered and Extra Care	Short-term Housing	Long-term Housing
Definition	<p>Housing usually designated for older people with support needs</p> <p>High-projected future demand.</p>	<p>For groups with short-term or transitional need, e.g. DV survivors, young people.</p> <p>High expectations for tenants to move on into unsupported accommodation.</p> <p>Lower projected demand for increased provision</p>	<p>For people with, for example, learning or physical disabilities or mental ill health, as well as highly specialised supported housing.</p> <p>Little expectation of move on.</p> <p>Medium projected demand for increased future provision</p>
Proposal	<p>Introduce a new ‘Sheltered Rent’, keeping funding for sheltered and Extra Care Funding in the welfare system.</p>	<p>Introduce a new ring-fenced Local Grant Fund, 100% locally commissioned.</p>	<p>No change Gov. commitment to work with the sector to deliver improvements to cost control and quality</p>
Aims	<ol style="list-style-type: none"> 1. Plan and facilitate new supply 2. Provide support which keeps people independent, offers a real alternative to residential care, and enables efficient use of stock 3. Provide transparency in reporting against delivery 	<ol style="list-style-type: none"> 1. Enable fair access, even where no local connection has been established 2. Support individuals to move on to independent accommodation 3. Report against spend 	<ol style="list-style-type: none"> 1. Provide support which keeps people independent, offers a real alternative to residential care, and enables efficient use of stock 2. Provide transparency in reporting against delivery

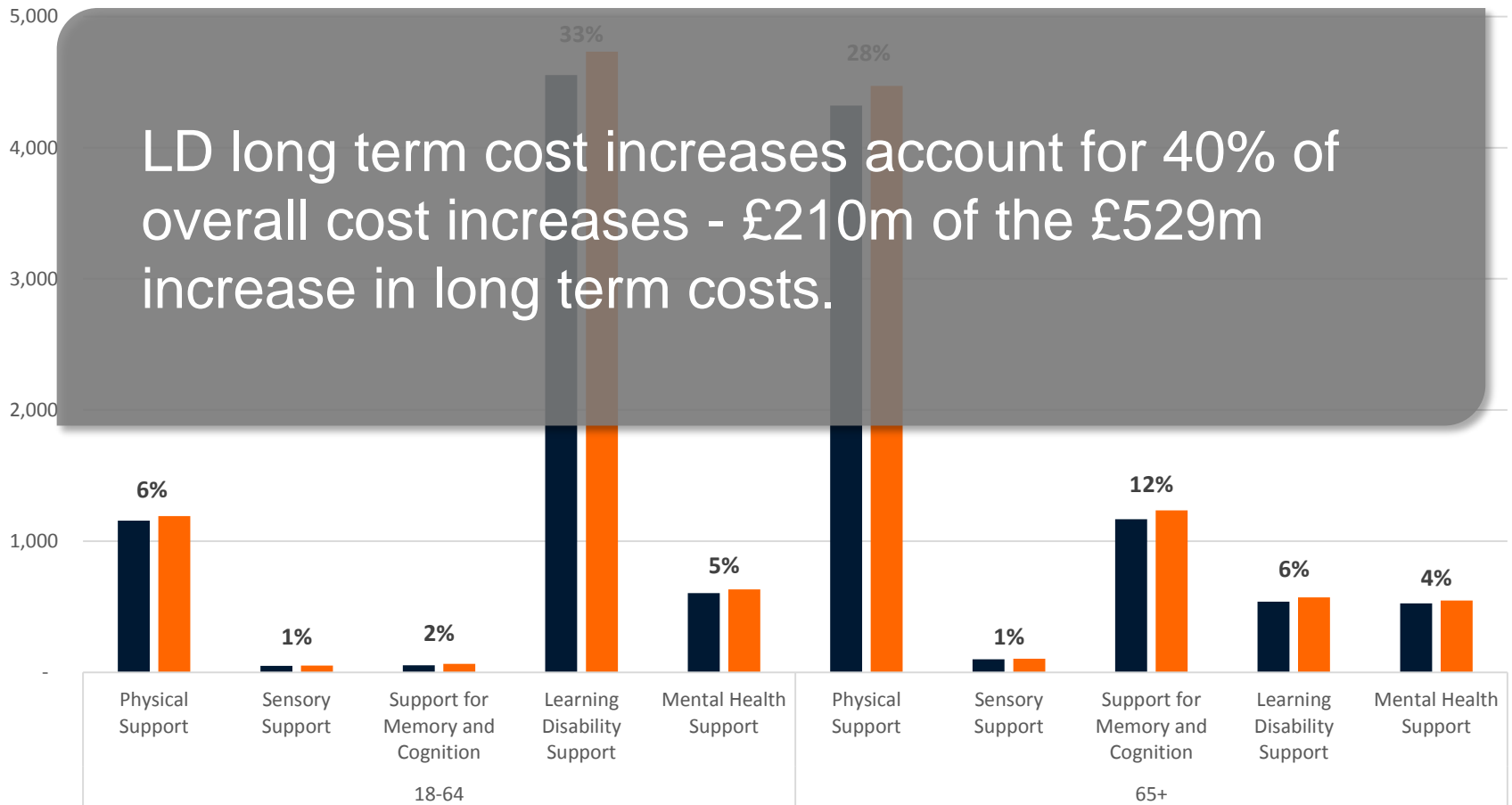
Personal Social Services Data 2016/17

SALT, Finances and Activity

Long Term Care Cost Changes

Long Term Care Costs

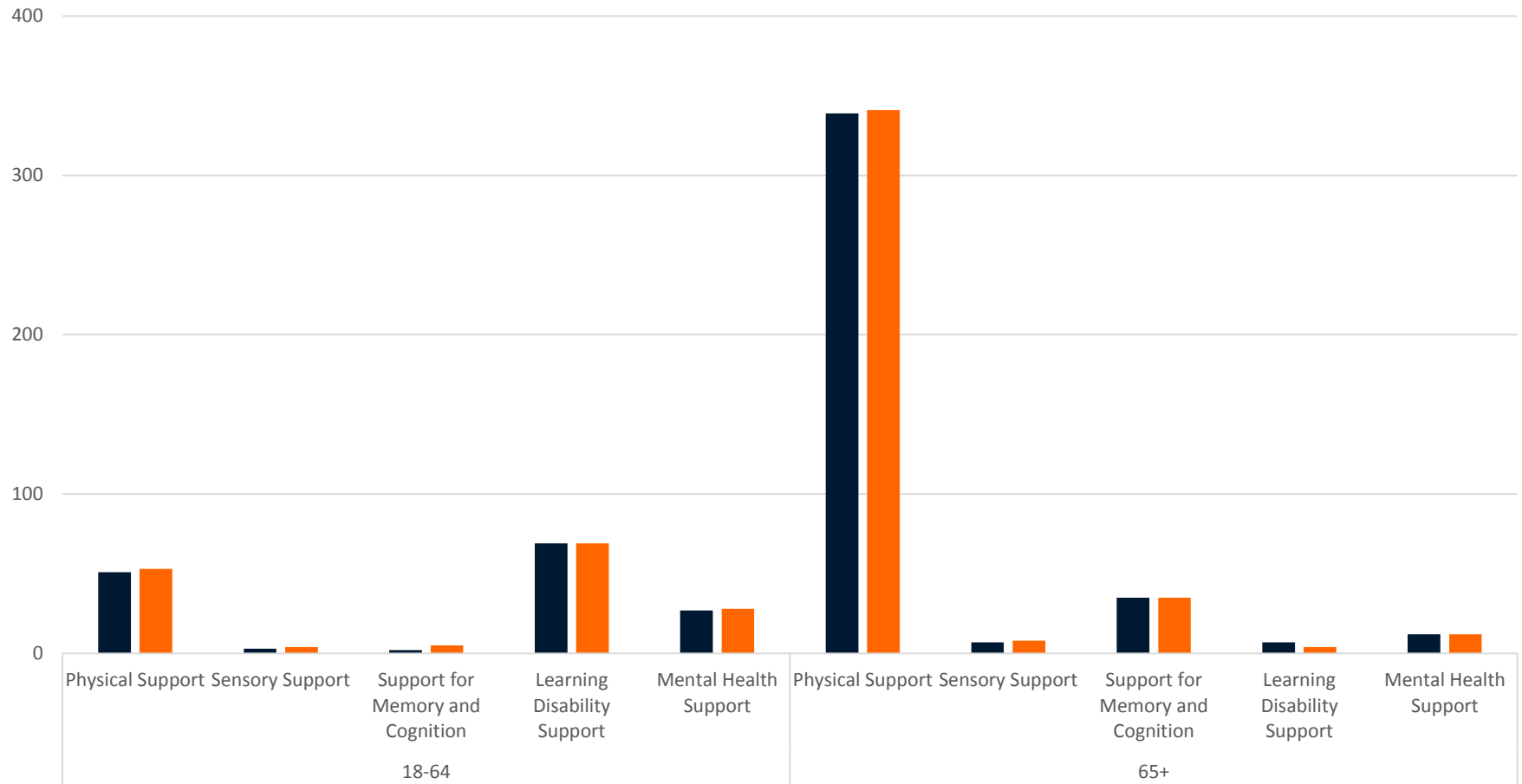
■ 2015-16 ■ 2016-17 Series3



Short Term Care Cost Changes

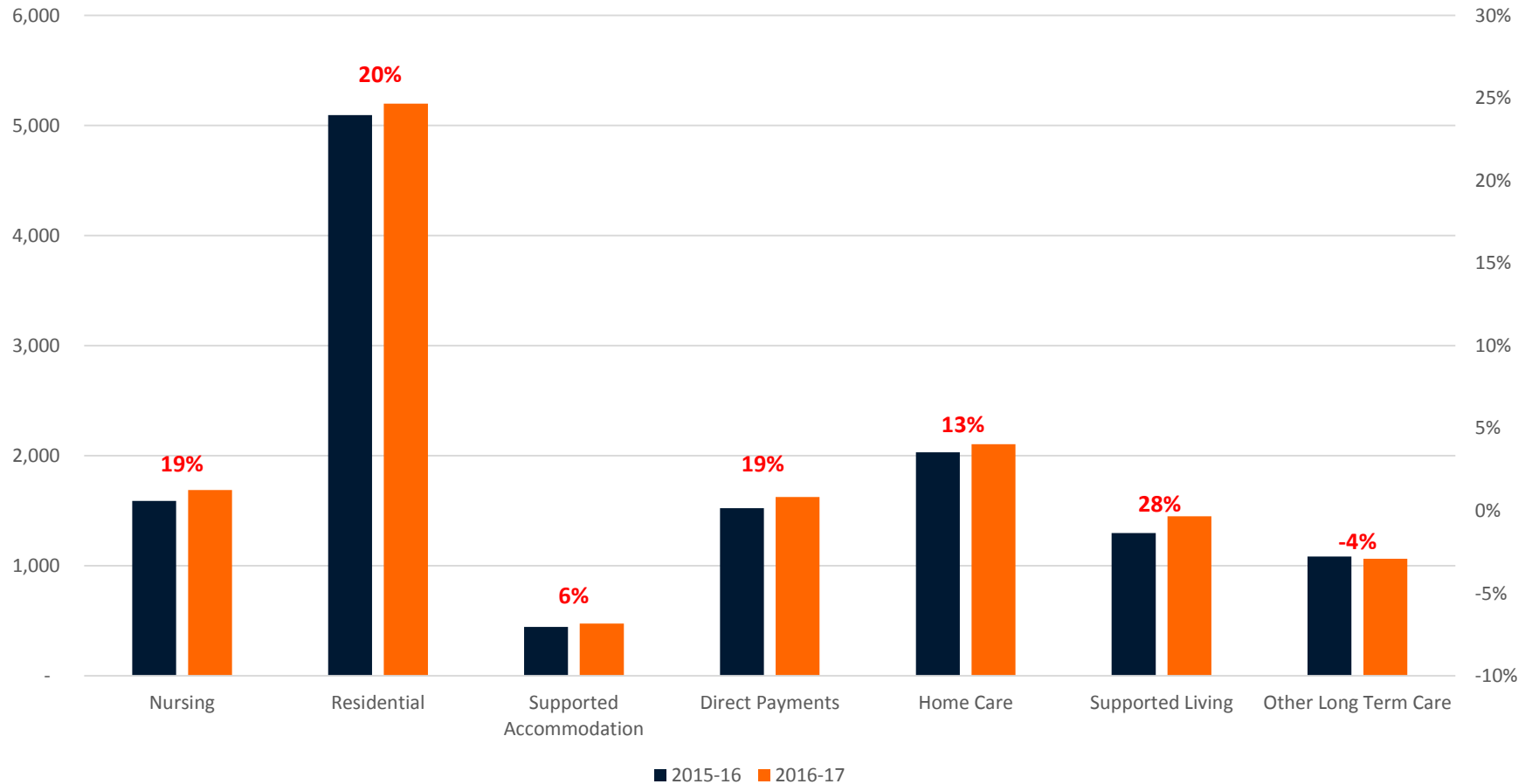
Short Term Care Costs 2015-17

■ 2015-16 ■ 2016-17



Drivers of Long Term Cost

Long Term Support Setting Costs 2015-16
(Percentage Share of total cost change)



Long Term Care Cost Change (18-64)

- This first table shows the percentage of the total change (18+) in costs for each service type attributable to each support need

The large changes in costs of LD services are not reflected in changes in numbers: there was a 3% increase in Settled Accommodation, and a 3% decrease in unsettled (mainly residential care) according to SALT data

	Nursing	Residential	Supported Accommodation	Direct Payments	Home Care	Supported Living	Other Long Term Care
Physical Support	1%	0%	-2%	30%	15%	4%	-10%
Sensory Support	0%	0%	0%	3%	0%	0%	0%
Support for Learning and Cognition	2%	3%	2%	3%	2%	1%	0%
Learning Disability Support	5%	26%	20%	53%	-19%	98%	6%
Mental Health Support	-4%	-1%	0%	8%	9%	17%	-1%

Conclusions

- We have only scratched the surface of the data, so expect to see more detailed analysis at future briefings
- Cost costs of care have increased, but this has not been spend on additional services, as the overall number of clients has reduced slightly
- There is a shift towards Supported Living for people with learning disabilities, although costs are shifting faster than people!
- Will LD services start to become unaffordable – given the other adult social care pressures facing local authorities, will they start to look for ways to make significant reductions in support costs?

Transforming Care - update



Transforming Care

- How did we get here
- Who is in still living in an NHS setting or NHS funded setting
- How long have they been there
- Progress on preventing admission
- Progress on moving out
- What the trends might tell us
- Data analysis correct November 2017

Transforming care - Ethnicity

Ethnic group	Transforming Care – numbers	Transforming Care % breakdown	UK population % breakdown
White	1,870	88.0%	87.2%
Mixed	55	2.6%	2.0%
Asian or Asian British	70	3.3%	6.9%
Black or Black British	105	4.9%	3.0%
Other Ethnic Groups	25	1.2%	1.9%

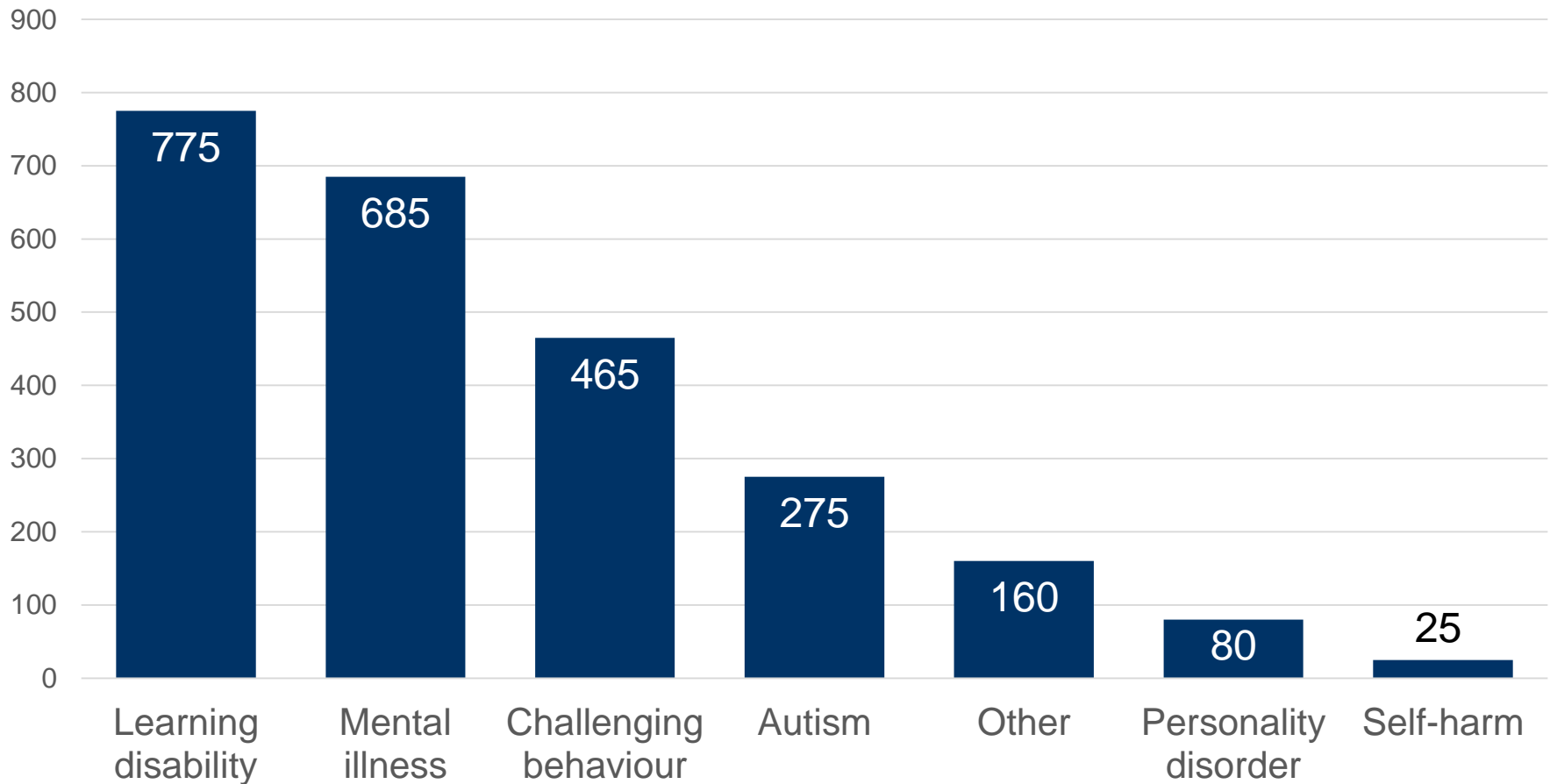
340 people are 'not stated' or 'not known'

Around 40 more people in this group than would be expected

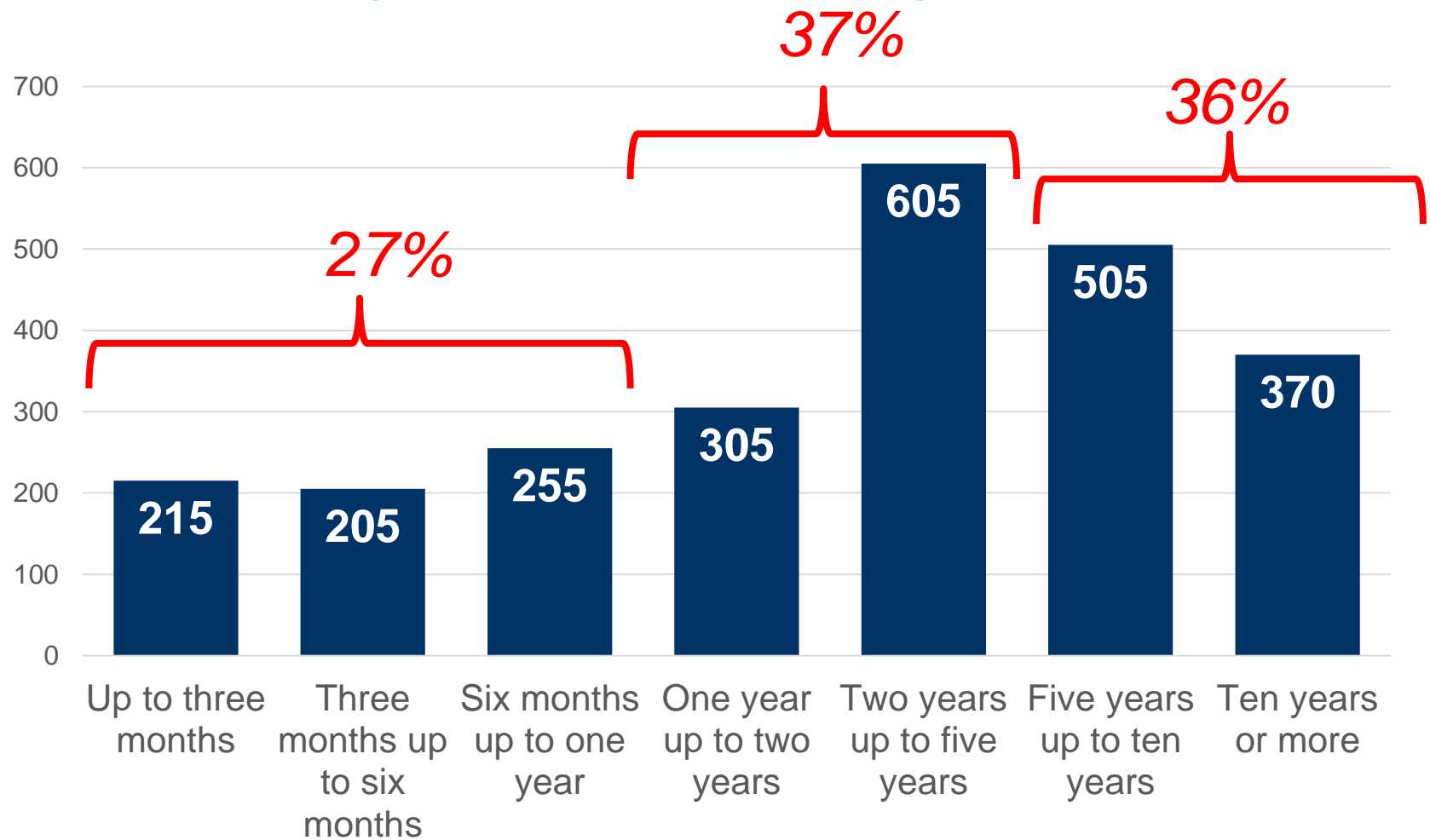
Transforming care - Who

- Mostly men – 1,815 (74%), women 640 (26%), mostly working age, nearly half under 35.
- Predominantly white
- Mostly likely to have a learning disability – 1,870 people (76%), 495 people with Autism only. The LD group has 590 people with autism
- Main ‘diagnostic category on admission’ provides more detail.

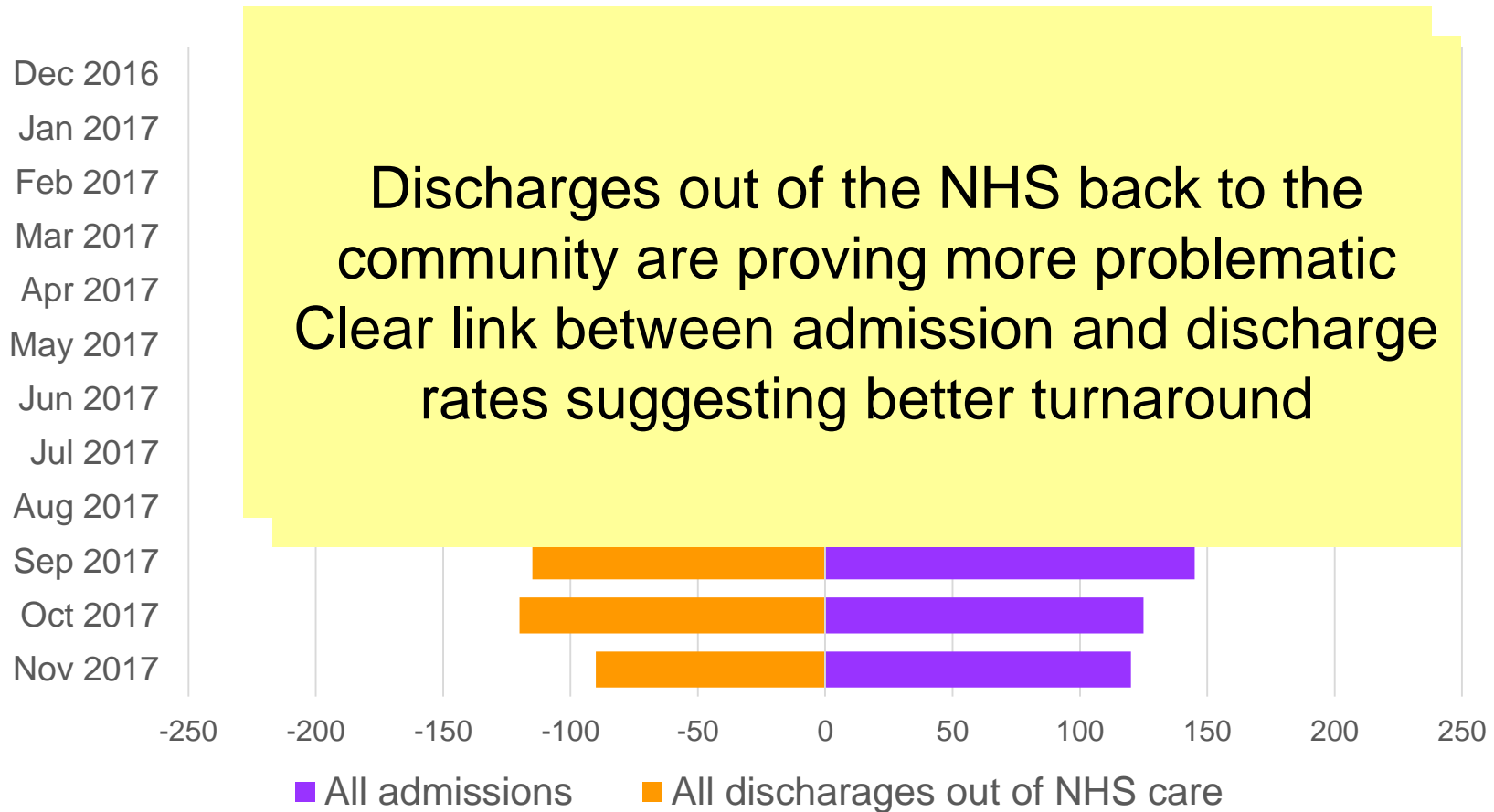
Transforming care - Main 'diagnostic category on admission'



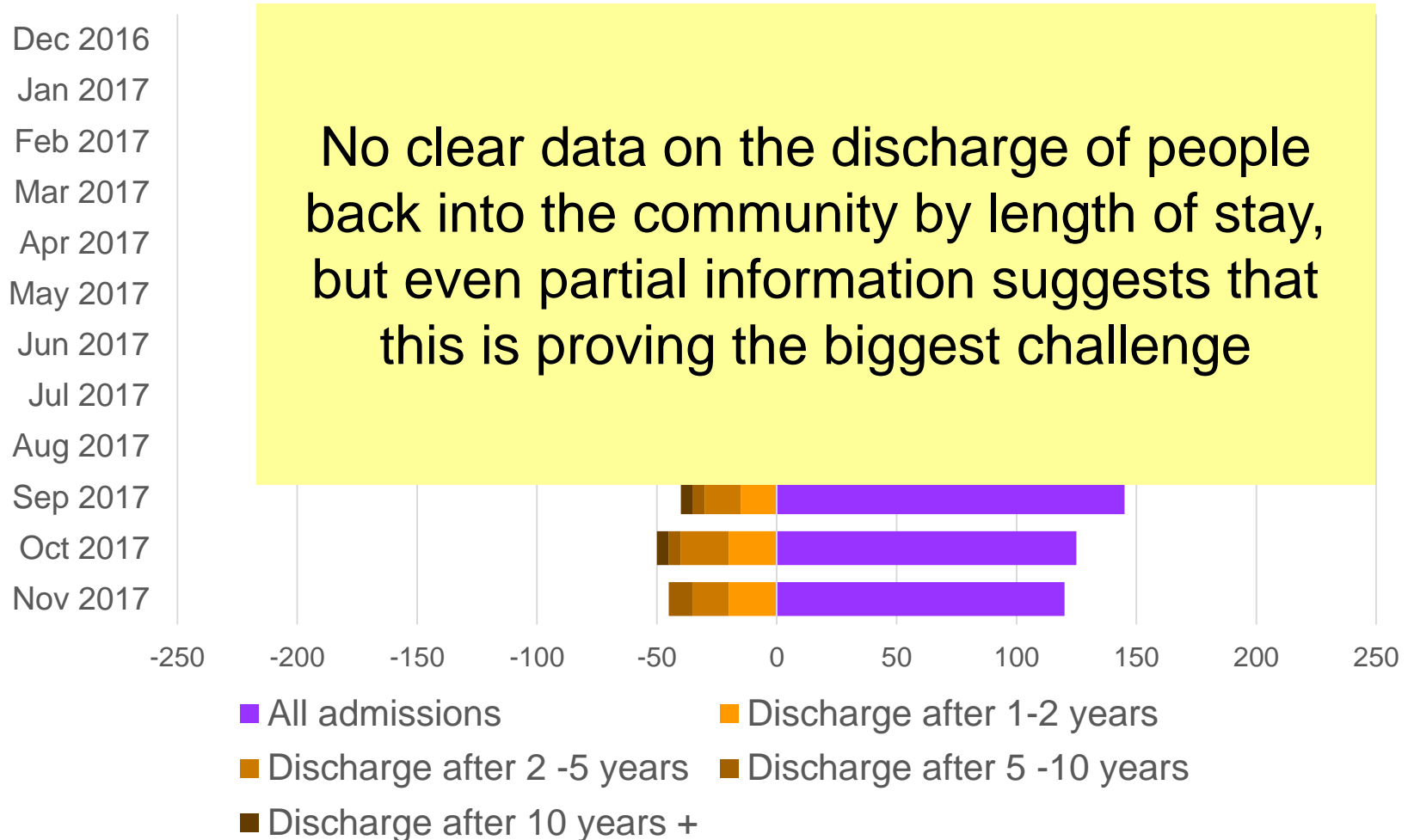
Transforming care – How long



Transforming care – Is it working?



Transforming care – Is it working?



Transforming care – some conclusions

- For a national strategy enjoying cross party support and one that has enjoyed strong ministerial leadership it has proved surprisingly hard to get rolling.
- Currently the best performance is about reducing admissions and getting people in and out quickly
- Moving people back to the community who have been in these settings for many years is proving much more of a challenge
- There appears to be a potential conflict of interest between the strategy and its champions and the organisations with day to day responsibility for the current care arrangements.



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