Excerpts from the full set of slides which were used at Cordis Briefing on Thursday 19th July 2018. Full slides are available for subscribers. Please click here to find out more: http://www.cordisbright.co.uk/briefing.php

Cordis Briefing

July 2018

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Extract

Today's Briefing

- Introduction
- Sleep-ins
- HMRC National Minimum Wage Naming
- Financial Stability

BREAK

- Health and social care integration
- Assistive technology
- ADASS budget survey

Introduction

Extract

Happy birthday social care

- 5th July 1948, social care as we know it today came into being
- Had less relevance in 1948 – average life expectancy was 66 years for a man and 71 years for a woman.
- Those numbers have now increased by 17% for men (77years) and 15% for women (81years).
- Established that health care was free and that social care was the responsibility of local government and could be charged for.
- As the countries of the UK have increasingly gone their separate ways approaches to free vs. chargeable have diverged.

Extract

How free is social care?

	England	Northern Ireland	Scotland	Wales
Number of responsible organisations	152 LAs	5 HSCTS	32 LAs	22LAs
Needs test?	Yes	Yes	Yes	Yes
Income test?	Yes	Yes	Yes	Yes
Asset test?	Yes	Yes	Yes	Yes
Lower asset threshold (£)				
Upper asset threshold (£)				
Services covered by the means test				
Personal care				
Nursing care				
Accommodation costs				

Extract

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Personal care	Yes	Yes	NO	Yes
Nursing care	Yes	Yes	NO	Yes
Accommodation costs	Yes	NO	Yes	Yes

Extract

Free personal care in Scotland

- Narrower in practice than the title suggests
  - All adults over the age of 65 are eligible for free personal care in their own home, if they require assistance with personal tasks such as help with personal hygiene, food preparation and mobility.
  - Under the age of 65 this is means tested, with a commitment from Scottish Government to extend free personal care to those under 65 by 2019.
  - For those who receive care in a residential setting, the local authority makes a contribution to the cost of their personal care (at a flat rate), directly to the care provider. This payment does not cover their accommodation costs, which are subject to a means test

Extract

Asset threshold as % of average property value

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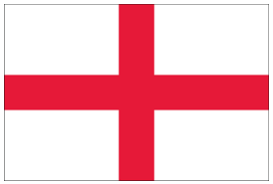


Extract

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	9.6%	**17.9%**	**18.4%**	**25.6%**

Extract

Social care as we know it

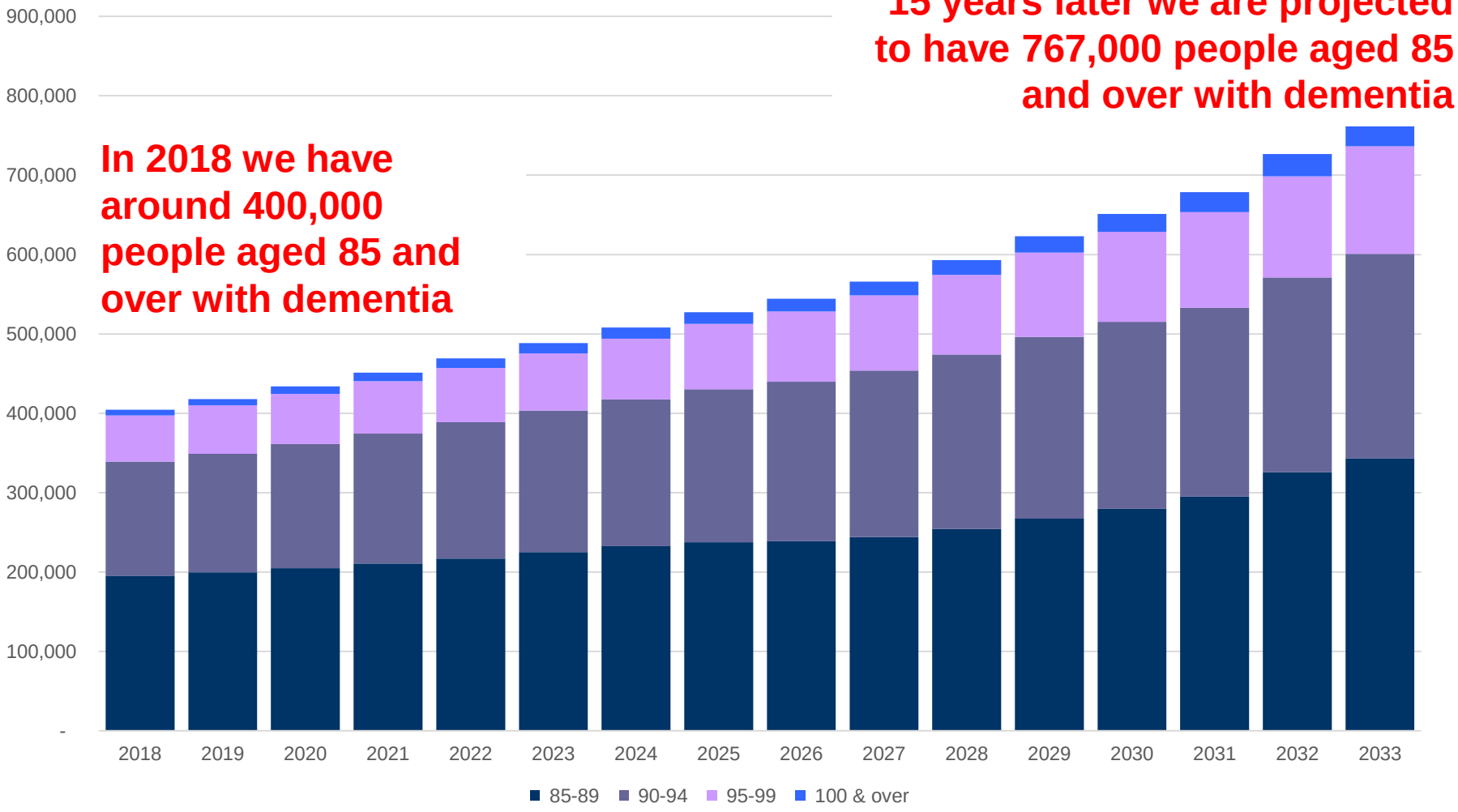
- Looking forward to the next 15 years things look increasingly challenging
- Currently there are around 1.7million people aged 85 and over.
- 15 years from now that number will have risen to around 3million.

Extract

Prevalence of dementia

15 years later we are projected to have 767,000 people aged 85 and over with dementia

In 2018 we have around 400,000 people aged 85 and over with dementia



Extract

Social care as we know it

- Looking forward to the next 15 years things look increasingly challenging
- Currently there are around 1.7million people aged 85 and over.
- 15 years from now that number will have risen to around 3million.
- There are 211 statutory sector authorities (mostly local government) with a legal responsibility for social care.
- To put this change into context:
  - **The average number of people aged 85 and older per statutory authority with social services responsibility is around 8,000 people.**
  - **In 15 years this number will have increased by over 76% to around 14,200 an increase of over 6,000 people.**
  - **Around 3,600 of the 14,200 will have dementia**

Extract

Social care as we know it

- Pressure has also grown through younger adults with disabilities living longer.
- In 1983 a person with Downs Syndrome could expect on average to live to around 23 years of age
- In the intervening 35 years life expectancy has increased by 185% to an average age of 60 years.
- More and more people with complex disabilities are living longer and longer

Extract

Financial stability

Extract

Bespoke research

- Building on the growth / profitability research
- A focus on financial stability
- A review of 50 charitable accounts for the year ending March 2017
- Wondered how various pressures were affecting balance sheets
- Sleep-in provisions?
- Pension deficits?
- Also applied at a series of accountancy ratios
- Here they are (with apologies to the accountants in the room…)

Extract

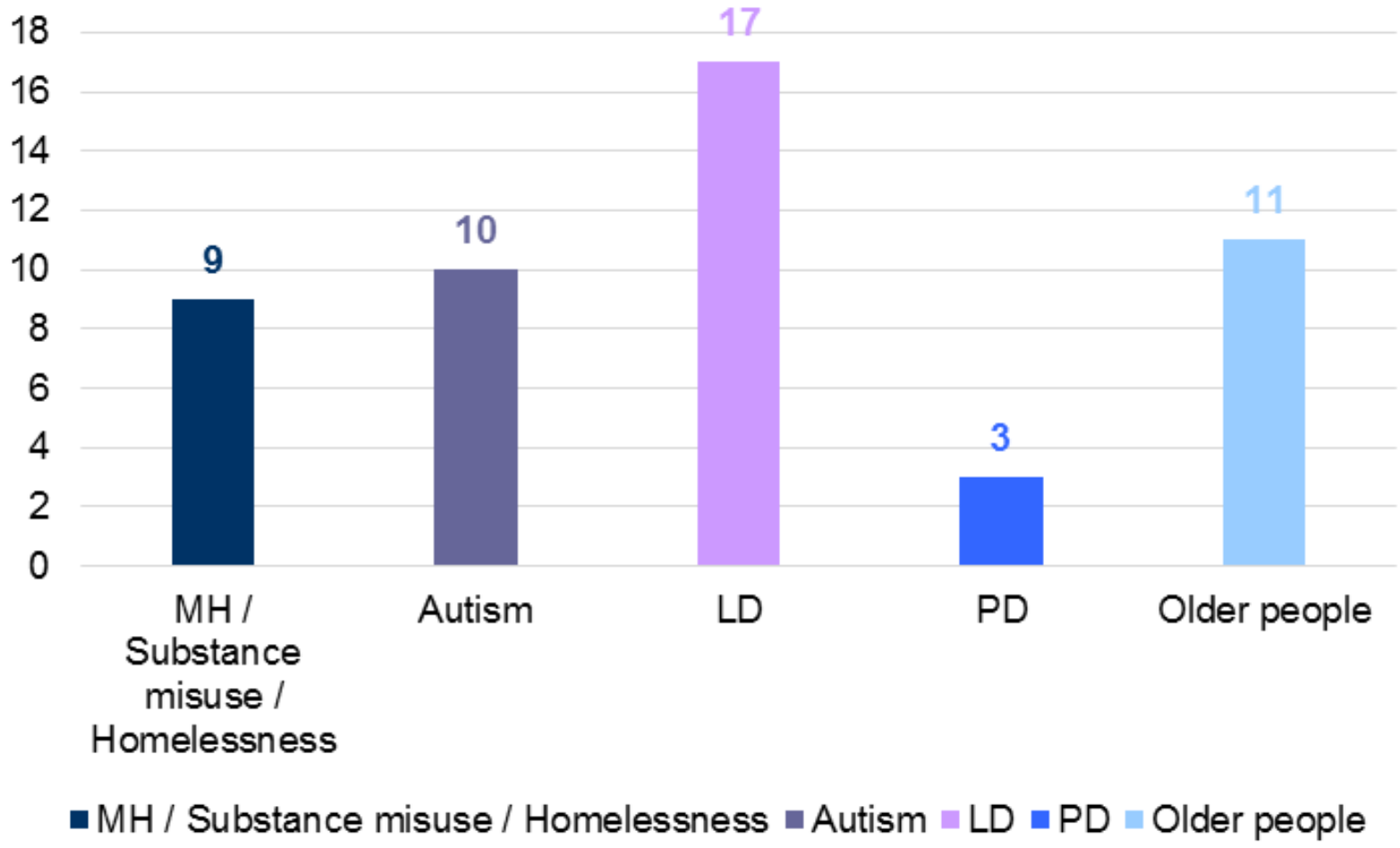
Ratio	Used for	Ideal ratio
Current ratio **Current assets divided by current liabilities**	Used to measure **ability to meet obligations**, e.g. paying suppliers, as they fall due.	Ideally at least 1
Quick ratio **Cash at bank and in hand divided by current liabilities**	Good gauge of financial stability because it tells you whether the organisation has enough **cash** to operate.	Ideally at least 1
Operating reserve **Free reserves (i.e. not restricted, but can include designated) divided by total expenses x 100**	Tells you whether resources are sufficient and flexible enough to **support the work without having to borrow** externally.	Ideally no less than 25%, or enough to cover at least three months of annual expenses.
Operating margin **Surplus (or deficit) divided by income x 100**	Tells you **whether the organisation can operate within its means**. Useful to look at trends over at least 3 years if possible, as there may be unusual events in some years.	Our research suggests 1-3% is standard. 3% feels comfortable.
Viability ratio **Total net assets divided by debt repayable outside one year**	Liquidity or ability to cover debt. It serves as a basic indicator of financial strength because it measures the **availability of cash and other liquid assets to meet the organisation's financial obligations.**	Ratio should be > 1.

The cohort

- 50 organisations
- All providers of social care across different client groups
- In most cases employee costs makes up the majority of expenditure
- Chosen relatively “at random”

Extract

The cohort



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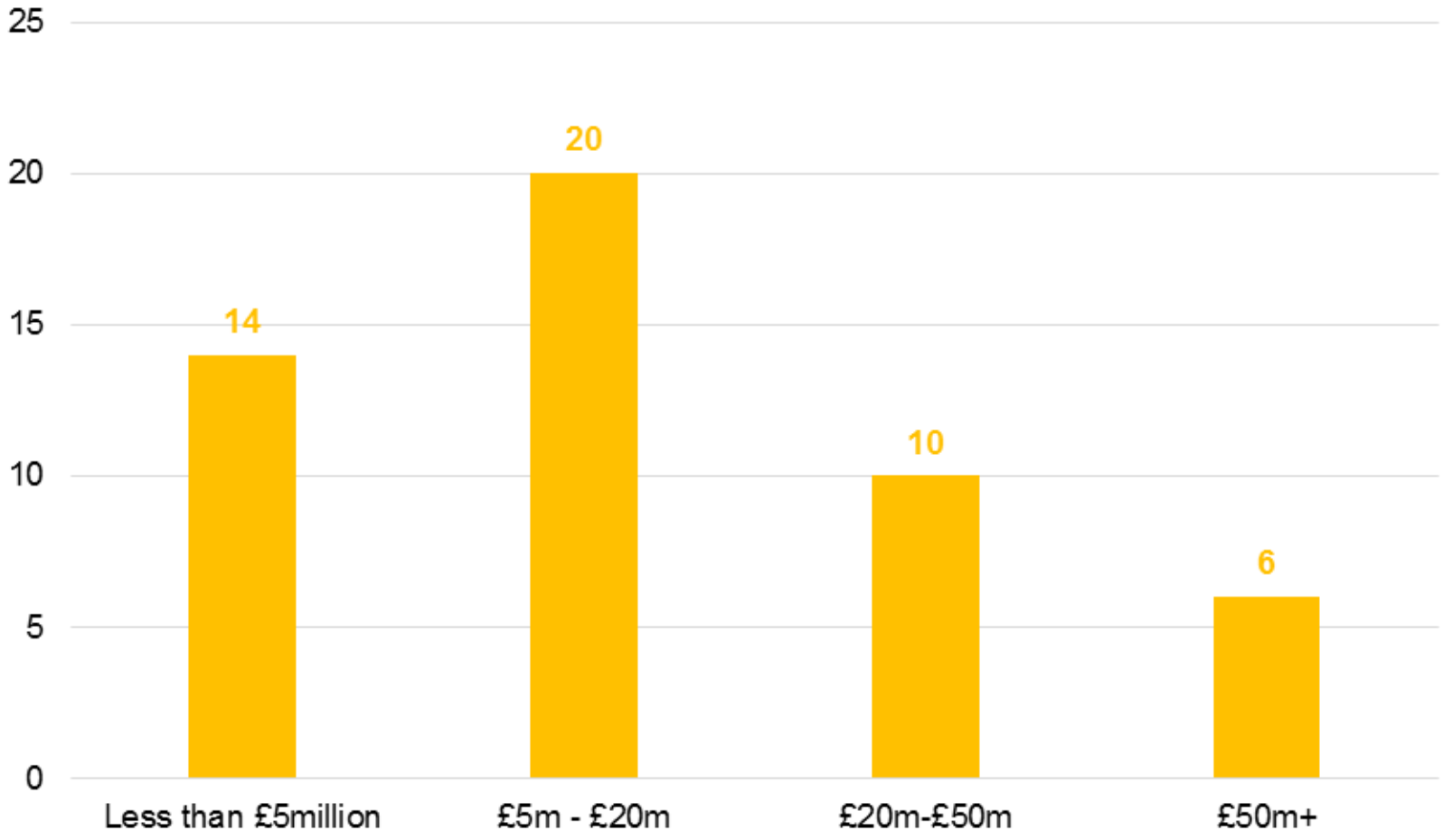
The cohort



Extract

Overall scorecard

Ratio	Ideal Performance	Average Actual Performance
Current ratio (ability to meet obligations)	1	2.8 ✓
Quick ratio (availability of cash)	1	1.7 ✓
Operating reserve (ability to support the work without having to borrow)	25%	52% ✓
Operating margin (ability to live within its means)	1-3+%	2% ✗
Viability ratio (liquidity)	1	16.3 ✓

Extract

Conclusions

- Underlying stability appears strong.
- Paints a picture of a cautious and prudent sector.
- Marked lack of willingness to borrow to invest.
- For a modest proportion of the cohort, pensions deficits and contributions represent a modest headache. On average.
- However access to cash and rising workforce costs are a continual challenge across the sector.
- Doesn’t look like these issues will fundamentally de-stabilise the sector.
- However they are undermining the work on a day-to-day basis.
- Will be interesting to see what emerges if we repeat this exercise next year.

Extract

Assistive Technology - Telehealthcare

Strength, limitations and challenges

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Tele-what?

Term	Definition
Telecare	Telecare typically involves a system connecting sensors in dispersed homes or worn by the user to a call centre (Bayer, Barlow, and Curry 2007).
Telemedicine	Involves the use of a device that enables automated transmission of a patient's health status and vital signs data from distance to the respective healthcare setting. Also used to refer to systems allowing interactive consultations.
Telehealth	Broader in scope than telemedicine, with a focus on health promotion and disease prevention. Might include e-mail consultations and educational programs for patients, relatives and/or staff to advanced sensor surveillance, and decision support at the point of care (Koch 2006).
Telehomecare	Using ICT-enabled health services and virtual visits of providers in order to effectively deliver care and support patients with chronic diseases at their homes (Gaikwad and Warren 2009).
Tele-monitoring	Involves using audio, video, and other telecommunication technologies to monitor patient status at a distance, this information will be transferred automatically, rather than requiring a medical professional to be at the patients' location (Paré, et al., 2007).

Extract

Our research

We have a range of recent research experience. Today we will draw from the following three case studies:

- **Western Bay, South Wales**: A wide ranging programme to introduce integrated Intermediate Care Services. Included promoting ***telecare*** services, linked to community based health services.
- **Nottingham City Integrated Assistive Technology Programme:** Aimed to evaluate the impact of ***telehealth*** and ***telecare*** services, as part of an integrated health and social care programme. AT targeted at adults with MH. LD, long-term conditions.
- **Nottingham City Care Home Vanguard:** Aimed to introduce ***telehealth*** and ***telemedicine*** systems into care homes, including nursing and residential homes.

Extract

Impact on service user outcomes – academic literature

- The challenge assessing impacts is that there are a lot of different technologies, configured differently, to support a range of patient populations, with correspondingly varied needs.

Study	Key findings
DelliFraine an Danksy (2008	ire close vention.
Oliver et al. (2	people, at uch as
Paré et al. (20	ore tudies than
Fleming and S (2014)	a positive by the general use of the assistive technology

The key finding?

Different technologies have had different levels of success meeting the needs of different people.

Matching a technological solution to an identified need is a vital step!

Extract

Implementation challenges – Our research

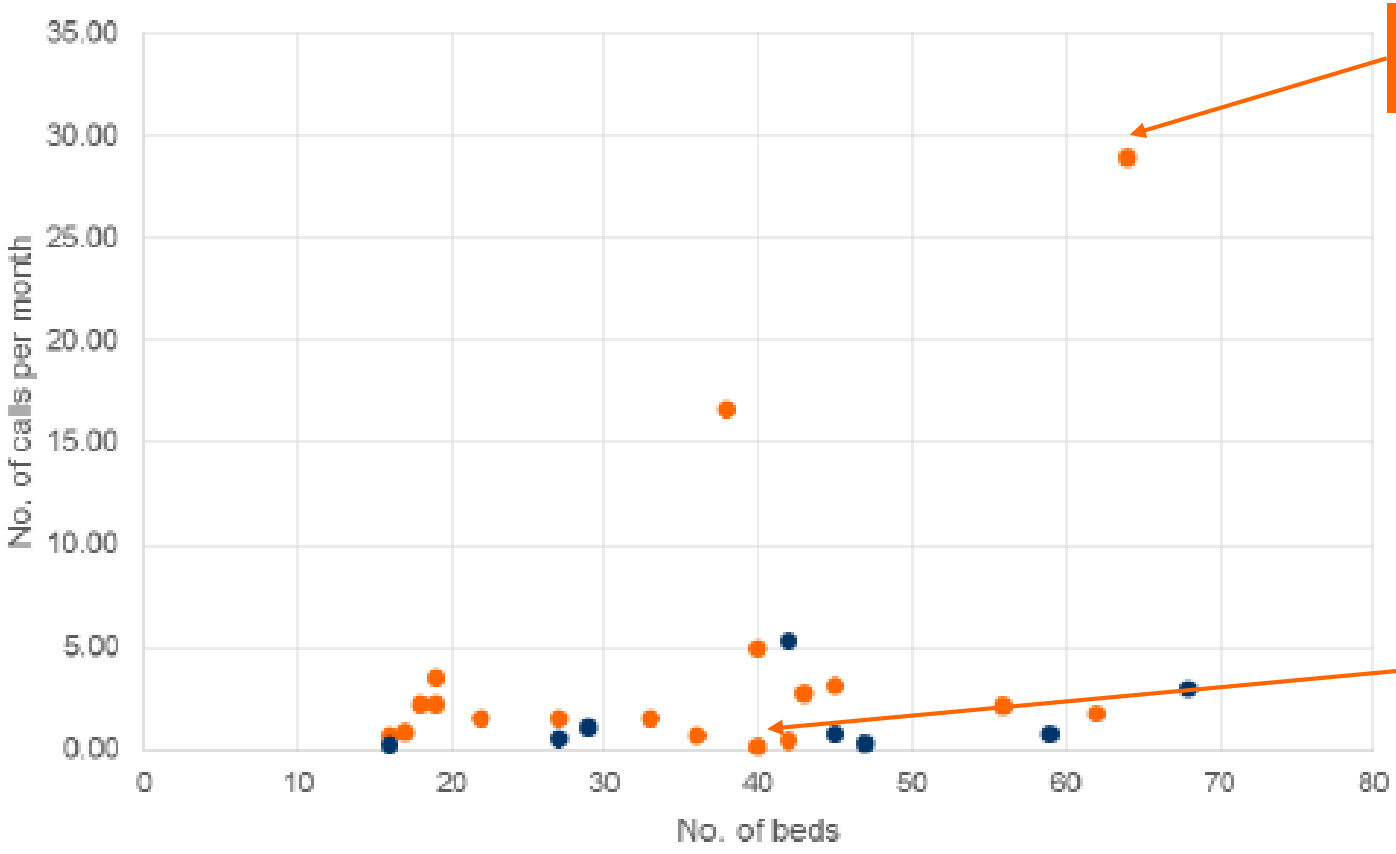
- **Treat telehealthcare as part of an integrated system of services, not as a bolt-on addition:**
  - **Western Bay**: Telecare systems linked to local falls teams were considered very effective, whereas telecare systems which contacted relatives were more likely to result in an ambulance call-out.
  - **Nottingham City Vanguard:** Attempted to introduce telehealth system to care homes, but found it challenging to agree a process with GPs so that collected data would actually be monitored.

- **Is your service *actually* ready for a technological solution?**
  - Do you have the correct digital infrastructure?
  - Are staff willing and able to use AT?
  - Is the purpose of the AT clearly enough defined?

Extract

Telemedicine calls per month (Notts Vanguard)

Figure 31: Call per month vs. number of beds (Orange ● = Residential home; Blue ● = Nursing home) [38]



Almost 29 calls per month

Fewer than 1 call every 6 months

Extract

Conclusions

– Telehealthcare does have potential to improve the lives of service users, in terms of their experiences and their health outcomes. ***However, replicability is challenging and it is important to match needs to technology.***

– Telehealthcare works best when integrated into wider services and many of the benefits are accrued by primary and secondary healthcare services. ***Therefore work with commissioners to co-design solutions*.**

– There are challenges around implementation and replicability of telehealthcare. ***Engage staff, service users, families to ensure that they understand technology and feel comfortable using it.***

– Introducing new technology isn't enough – ***it's about changing staff or service user behaviour***

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