

These are extracts from October 2015's Cordis Briefing. Full versions of the slides are available for subscribers by emailing lucyasquith@cordisbright.co.uk. Please contact Lucy if you would like to receive further information about subscribing.

Cordis Briefing

October 2015

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Today's briefing

- Update on spending cuts
- Devolution update and new models of care – vanguard sites
- Delayed transfer of care

- Break for around 15 minutes

- Personal Social Services Adult Social Care Survey
- Social care activity data
- Paying for care



Update on spending cuts and possible ways forward

Countdown to SR15...

Current position

- Councils have already made substantial savings and/or diverted money away from other services to pay for social care

	2011/12 £bn	2012/13 £bn	2013/14 £bn	2014/15 £bn	2015/16 £bn
Cost pressures (gross of NHS transfer and Better Care Fund)	15.3	16.3	17.2	17.8	18.4
Less: Core funding	13.6	13.1	12.8	12.3	11.6
Less: Joint initiatives with NHS (NHS transfer, BCF, Care Act)	0.6	0.6	0.9	1.1	1.9
Funding gap	1.1	2.6	3.5	4.4	5.0
Met through:					
Savings	-0.1	1.2	1.8	2.3	2.5
Money diverted from other budgets	1.2	1.4	1.7	2.1	2.5
Total	1.1	2.6	3.5	4.4	5.0

Additional pressures on social care spending

Cost pressure	2016/17 £bn	2017/18 £bn	2018/19 £bn	2019/20 £bn
Core demand/inflation pressure				1.0
National Insurance				0.8
Home care relative wage				3
Total cost				
Add: Revenue				0.8
Total expenditure		1.8	2.5	2.9

The gap is set to grow by an average of £700m per year

Source: LGA

More detail on funding pressures

- The new burdens that councils will be facing over the Spending Review period are primarily workforce driven – Care Act 2014, Pension Schemes Act 2015, National Living Wage and the Supreme Court judgement on the Deprivation of Liberty Safeguards (DoLS)
- There is little scope left to make more savings to council budgets
- NHS Confederation survey of NHS leaders highlighted that 99% believe cuts to social care funding are putting increasing pressures on the NHS as a whole
- The care market is increasingly unstable
- Little public understanding of how social care is funded

Consequences of the funding gap

- Drop in quality: 8% of services rated 'inadequate' and 34% 'require improvement' in 2013/14. Over 20% of nursing homes failed to meet essential standards of safety and safeguarding in 2013/14.
- Financial failure and/or providers leaving the market
- Successful judicial reviews of care assessments, possibly leading to courts ruling that more generous support must be given
- Increase in mortality
- Risk of serious incidents and scandals

The Spending Review

- To be announced on 25th November
- Plan to save a further £20bn from total public spending
- The Spending Review will set the parameters of the public finances and related changes to public service delivery for the period 2016-17 to 2019-20
- Representations being made by the health and social care sectors
- The scale of cuts since 2010...

Changes to departmental expenditure

21%

“The ability of the NHS to make unprecedented savings in this parliament relies on the government addressing the social care funding gap. Therefore, if the government chooses not to close the social care funding gap in the 2015 Spending Review, it will be choosing not to support the delivery of the NHS 5 Year Forward View.”

(NHS Confederation submission to the Spending Review, 2015)

DFID

Source: *Public Expenditure Statistical Analyses 2015*

What is the solution?

LGA/ADASS submission:

- Plug the funding gap in adult social care that is growing by just over £700 million a year. Using the money saved by delaying phase 2 of the Care Act, with the rest of the funding coming from reductions in spending on other government departments.
- Fund all additional pressures including Deprivation of Liberty safeguards (DoLs) and the introduction of the National Living Wage.
- Allocate £2 billion in each year of this parliament to help the system move more towards prevention, rather than simply fixing problems.
- Greater pooling of budgets between health and social care through an expanded Better Care Fund.
- Multi-year funding agreements



New models of care

Update on the Vanguard sites

New models of care (5YFV)

Multispecialty Community Providers

- moving specialist care out of hospitals into the community

Integrated primary and acute care systems

- joining up GP, hospital, community and mental health services

Enhanced health in care homes

- offering older people better, joined up health, care and rehabilitation services

Acute care collaboration

- local hospitals working together to enhance clinical and financial viability

Urgent and emergency care

- new approaches to improve the coordination of services & reduce pressure on A&E departments.

How are new models being developed?

- In January 2015, NHSE invited organisations to apply to become ‘vanguard’ sites for the new care models programme, one of the first steps towards delivering 5YFV.
- 29 sites chosen in March 2015. 3 types – **integrated primary and acute care systems; enhanced health in care homes, and multi-specialty community providers**
- In July, 8 **urgent and emergency vanguards** were announced.
- In September, 13 **acute care collaborations** announced – aim to link local hospitals together to improve their clinical and financial viability.
- Vanguards receive change management support from NHSE and access to the Transformation Fund.
- *“Each vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.”*

The first 29 sites



Care model	Applicant
Care Homes	NHS Wakefield CCG
Care Homes	Newcastle Gateshead Alliance
Care Homes	East and North Hertfordshire CCG
Care Homes	Nottingham City CCG
Care Homes	Sutton CCG
Care Homes	Airedale NHS FT

Care model	Applicant
PACS	Wirral University Teaching Hospital NHS FT
PACS	Mansfield & Ashfield & Newark & Sherwood CCGs
PACS	Yeovil Hospital
PACS	Northumbria Healthcare NHS Trust
PACS	Salford Royal Foundation Trust
PACS	Lancashire North
PACs	Hampshire & Farnham CCG
PACS	Harrogate & Rural District CCG
PACS	Isle of Wight
Care model	Applicant
MCP	Calderdale Health & Social Care Economy
MCP	Derbyshire Community Health Services NHS FT
MCP	Fylde Coast Local Health Economy
MCP	Vitality
MCP	West Wakefield Health and Wellbeing Ltd (new GP Federation)
MCP	NHS Sunderland CCG and Sunderland City Council
MCP	NHS Dudley Clinical Commissioning Group
MCP	Whitstable Medical Practice
MCP	Stockport Together
MCP	Tower Hamlets Integrated Provider Partnership
MCP	Southern Hampshire
MCP	Primary Care Cheshire
MCP	Lakeside Surgeries
MCP	Principia Partners in Health



Recently announced vanguards

Urgent and emergency vanguards (July)

South Nottingham System Resilience Group

Cambridgeshire and Peterborough CCG

North East Urgent Care Network

Barking and Dagenham, Havering and Redbridge System Resilience Group

West Yorkshire Urgent Emergency Care Network

Leicester, Leicestershire & Rutland System Resilience Group

Solihull Together for Better Lives

South Devon and Torbay System Resilience Group

Acute care collaborations (Sept)

Salford and Wigan Foundation Chain

Northumbria Foundation Group

Royal Free London

Foundation Healthcare Group

Moorfields

National Orthopaedic Alliance

The Neuro Network, Liverpool

MERIT Mental Health (West Midlands)

Cheshire and Merseyside Women and Children's Services

The Royal Marsden, Manchester Cancer and UCLH

East Midlands Radiology Consortium

'One NHS' Dorset

Working Together (Yorkshire/Derbyshire)

How will success be measured?

- Vanguards aren't designed to save money in the short term. The aim is to trial and identify models of care that will improve quality and work in a different way
- Sites have had to produce 'value propositions' showing how they will save money in the longer term
- Vanguards are currently getting support to develop their logic models
- Vanguard sites can set their own outcome measures
- However there will be 'core metrics' and a 'standard dashboard'
- New approaches should be 'scalable'
- There will be 'real time' evaluation, and those that aren't succeeding will be stopped

Issues

- Transformation funding only available in 2015/16
- The Transformation Fund is only £200m. £60m already allocated to 16 sites
- Risk that in practice transformation money funds 'business as usual'
- Objectives not sufficiently clear
- Little time to build an evidence base
- May have the unintended effect of squeezing out the independent sector



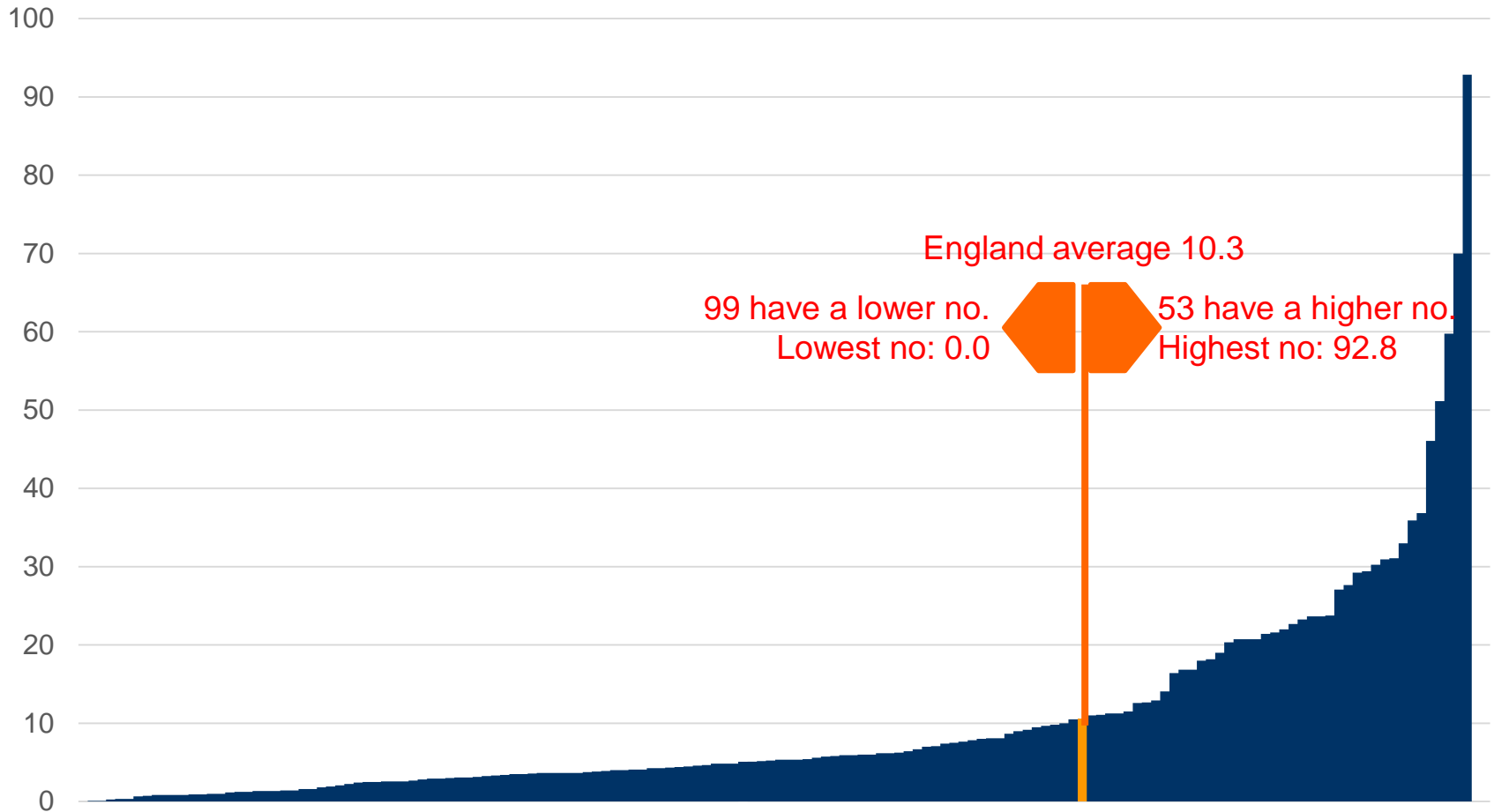
Delayed Transfer Of Care

The problem

- We reviewed NHS England's data on Delayed Transfers of Care.
- On average, how many DTOCs does each Local Area have each day, which are attributed to social care?
 - 10
- What's the highest number?
 - 93
- What's the lowest number?
 - 0
- In some locations, there is a real opportunity for social care providers....
- ...especially as winter beckons.

Number of Social Care DTOC (14-15)

Average number of acute and non-acute delayed transfers of care (18+) per day





The problem

- The issue does vary enormously across the country.
- Interesting to see which areas are struggling with Social Care-related DTOC.
- Firstly in terms of absolute numbers



20 LAs with Highest Number of DTOC

Average number of acute and non-acute delayed transfers of care (18+) per day

Local authority	No. per day
Birmingham	93
Hampshire	70
Oxfordshire	60
Staffordshire	51
Hertfordshire	46
Wiltshire	37
Somerset	36
Sheffield	33
Coventry	31
Worcestershire	31

Local authority	No. per day
Cornwall	30
Cambridgeshire	29
Devon	29
Kent	28
Dorset	27
Leeds	24
Surrey	24
Suffolk	24
Dudley	23
Essex	23



20 LAs with Lowest Number of DTOC

Average number of acute and non-acute delayed transfers of care (18+) per day

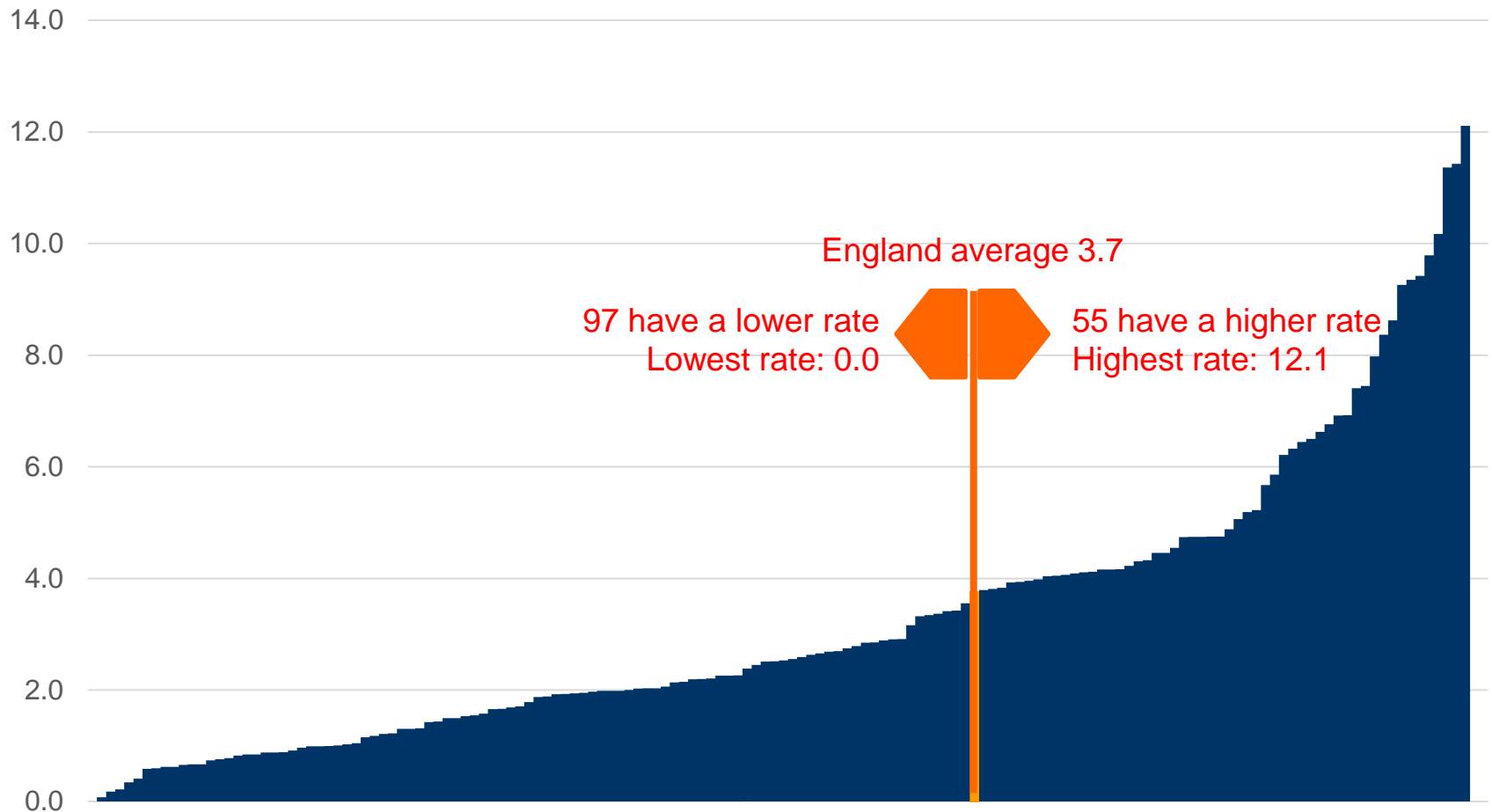
Local authority	No. per day	Local authority	No. per day
Middlesbrough	1	Redcar & Cleveland	1
Darlington	1	Knowsley	1
Stockport	1	St Helens	1
Blackburn with Darwen	1	Bedford	1
Oldham	1	Isles Of Scilly	0
Isle of Wight	1	Slough	0
Merton	1	City Of London	0
Salford	1	Hartlepool	0
Portsmouth	1	Barnsley	0
Rochdale	1	Stockton On Tees	0

The problem

- The issue does vary enormously across the country.
- Interesting to see which areas are struggling with Social Care-related DTOC.
- Firstly in terms of absolute numbers
- And in comparison with their overall population size

Rate of Social Care DTOC (2014-2015)

Average daily rate of delayed transfers of care per 100,000 population aged 18+



7 Break



Briefing Dates for 2016

- **21st January 2016**
- **21st April 2016**
- **14th July 2016**
- **20th October 2016**

Coffee from 10am for a 10.30am start

 Follow @CordisBright for social care news and information

Personal Social Services Adult Social Care Survey, England 2014-15

A snapshot of the impact of social care services





Top 10 local authorities for service user satisfaction

Local authority	Percentage of satisfied customers
East Riding of Yorkshire	95.3%
Sefton	95.0%
Isle of Wight	94.8%
Blackburn with Darwen	94.6%
Lancashire	94.4%
Poole	94.3%
Bournemouth	94.0%
North Somerset	94.0%
West Sussex	93.9%
Medway Towns	93.8%



10 local authorities with highest service user dissatisfaction

Local authority	Percentage of dissatisfied customers
Islington	8.6%
Hammersmith and Fulham	7.5%
Lambeth	7.5%
Sheffield	7.4%
Ealing	7.3%
Hounslow	7.2%
Manchester	7.1%
Waltham Forest	6.9%
Brent	6.5%
Buckinghamshire	6.4%

Social care activity data



Activity – two services

- Social care for adults is really two different systems divided by age – 18- 64 and 65 plus.

18-64				65+			
Planned Entry (Transition)	Discharge from Hospital	Diversion from Hospital services	Community / Other route	Planned Entry (Transition)	Discharge from Hospital	Diversion from Hospital services	Community / Other route
3,470	41,325	13,235	460,850	330	292,020	35,595	998,980
1%	8%	3%	89%	0%	22%	3%	75%

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Nearly quarter of older people first contact social care via hospital discharge

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Virtually no planned entry into social care for older people – but this may rise



ST Max

Long term

Low level

Universal/ signposted/ no service

18-64

65+

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30	7,955	1,175	16,830	25	97,735	12,270	81,835
1,250	3,855	745	24,360	55	34,765	2,570	75,975
240	5,615	1,475	76,740	65	19,505	4,645	195,650
1,780	22,075	8,965	320,835	170	127,390	12,440	601,865



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1%	19%	9%	4%	8%	33%	34%	8%
36%	9%	6%	5%	17%	12%	7%	8%
7%	14%	11%	17%	20%	7%	13%	20%
51%	53%	68%	70%	52%	44%	35%	60%



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