

# Care and Independence Overview and Scrutiny Committee 17.12.18

Health and Adult Services – Financial Pressures

# Summary

- Current Financial Position
- What are the pressures? What is causing the overspend?
- How are we addressing those pressures?
- Potential Asteroids
- Funding Issues

# Financial Position

- £153m net budget
- £3.5m overspend at Q2 – funded from temporary funding (IBCF)
- Ongoing pressure in Care and Support of £4m
- Action Plan drawn up
- Builds on budget review undertaken last year
- Harrogate and Craven seeing highest pressures

# Financial Summary

- Savings of £15m achieved – more to come
- Spend less on Long Term support than others (£11m)
- 12% of budget is funded by passporting from NHS
- Fragmented mix of funding
  - Grants
  - Council tax
  - Social Care precept
  - NHS
  - Contributions from those who use our services

# Care Market and Other Demand Pressures

- Increasing demands
- Placements for older people above NYCC rates is 43% and rising
- Harrogate and Craven figure is 68% (£7m cost)
- Rurality = downtime
- Growth in referrals
- Experience of CRC
- Mitigation – prevent, reduce, delay

# Addressing the £4m overspend: Practice

## Current Position

- Prevent, reduce, delay capacity has expanded effectively through development of living well and strong front door to mitigate against increase in referrals into social care and help offset and deflect growing demand, helping to keep long-term support numbers stable.
- Proportion of cases diverted exceeding target assumptions – however, volume and demand of contacts and referrals is still increasing
- Reablement provision data indicates an efficient and effective process and outcomes, with the majority being channelled through to reablement and then not returning for a subsequent service.
- DTOC performance has improved significantly in terms of social care delays, whilst NHS delays continue at levels that are worse than the NHSE baseline. Scarborough Hospital stands out as a problem area.
- We are becoming more strength-based. However, practice needs to be better, with less variation in decision-making. It needs to be Confident, Competent, Consistent and Cost-effective.

# Addressing the £4m overspend: Productivity

## Current Position

- The proportion of contacts diverted at the front door remains on target, but the actual number of cases being passported to social care teams is up, resulting in increased pressure on smaller frontline teams.
- The Care and Support re-structure has achieved the intended channel shift into the independence and reablement route.
- Assessment outcomes indicate staffing pressures in the reablement channel, with planned care teams providing cover on assessment completions, which reflects anecdotal evidence related to staff pressures.
- More than 1 in 4 assessments are ended before completion, representing a significant level of unproductive effort. A review of front door arrangements could help to more fully realise the intended benefits of the restructure.
- Further opportunities to streamline care planning (Community-led Support pilot) and workforce deployment (e-rostering)
- Too much variation in sickness absence levels – could be improved, although better than many Councils
- Financial Assessment, brokerage and direct payments processes and services ripe for review and a better digital offer

# Addressing the £4m overspend: Market

## Current Position

- The ageing population profile, increased prevalence of factors creating care needs, and high numbers of self funders increase pressure on local care systems and help to drive up costs.
- The proportion of placements for older people (65+) above NYCC rates (42%) is rising. It is a key driver of budget pressures, particularly in Harrogate & Craven where the levels rises to 70%.
- Currently no category management approach for supported living provider contracts, leading to pressures in LD placements
- Access to domiciliary care provision is a persistent, periodic issue across the county, resulting in significant additional cost to the authority in plugging the gap in care provision. Market failure in dom care is currently supported through reablement delivery teams which reduces out ability to deliver reablement interventions to reduce packages of care.
- Admission rates and average weekly costs for permanent placements are broadly in-line with comparator group averages. Placements for mental health and learning disability are very costly.



# Potential asteroids

IBCF / BCF

Transforming Care cost-shunt

LPS: Mental Capacity Act reform

Green paper and spending review

National care market crisis

NHS Long-term Plan: integration

# Funding

- Lobbying continues
- Preparing for the Green Paper
- Rurality and market
- State v individual
- Clarity: Health and Social Care