

Adult Social Care Briefing 2017

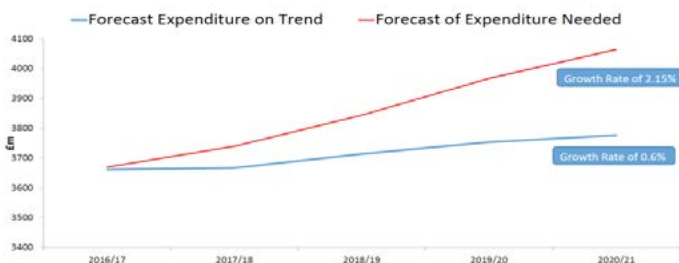
The provision of services to support vulnerable adults and older people is a major priority for councils and accounts for around a quarter of total council spend.

Social care services are undergoing fundamental reform as council services integrate with services from the National Health Service to create new Health and Social Care Partnerships (HSCPs). The purpose of these major changes is to strengthen the partnership working across public services to help improve outcomes for vulnerable adults and older people and reduce the inefficiencies associated with disjointed systems.

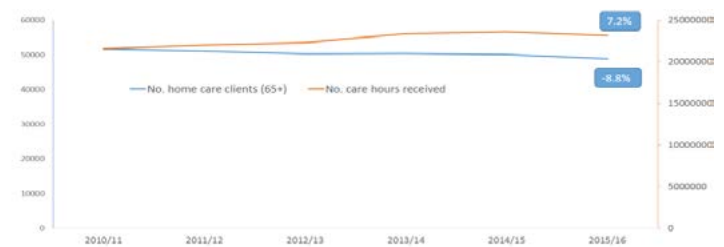
Spending on care for older people has grown in real terms across the period since 2010/11 (+6%) but not at the level necessary to keep up with demographic change (2-3% per annum). The balance of care has shifted in line with policy across the period with a growth in home care and a relative decline in residential places. As importantly, the number of people receiving home care has decreased over time and the hours of care they receive on average has increased, i.e. in shifting the balance of care, a greater resource has become targeted on a smaller number of people with higher needs. Self-directed support has grown steadily across the period from 1.6% to 6.7% of total spend. A comparison of the base year and 2015/16, therefore, shows real growth in budgets, and steady progress on priority objectives.

This picture is qualified if the more recent years, 2014/15 and 2015/16, are focused upon, and the trends above are linked to wider data on the health and care system. Across the past 12 months, spending on home care grew by 3.9% but the cost per hour of care increased by 6.1% and the number of hours provided fell by 2.8%. The number of older people placed in care homes grew by 1.2% having fallen in previous years.

Spending on social care has increased ... but at a slower rate than demographic change

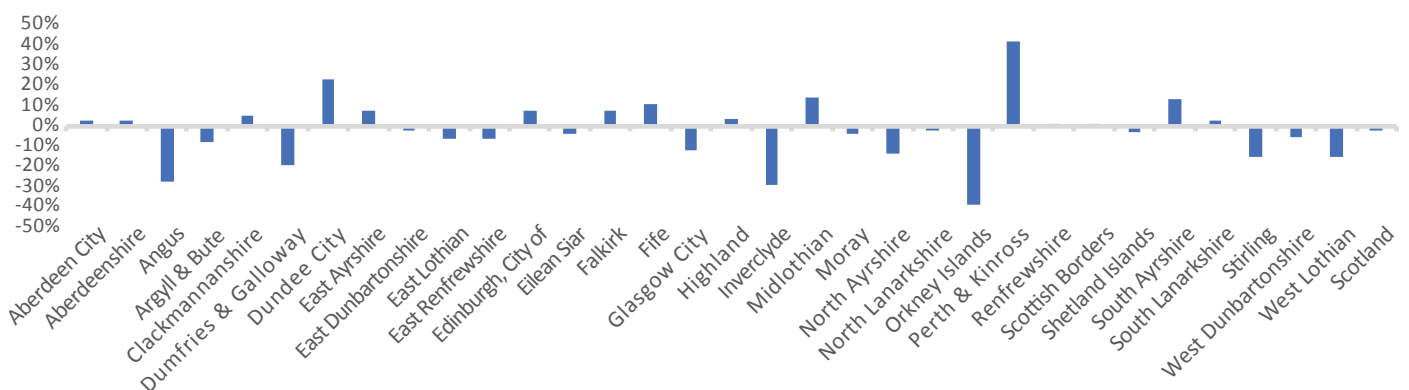


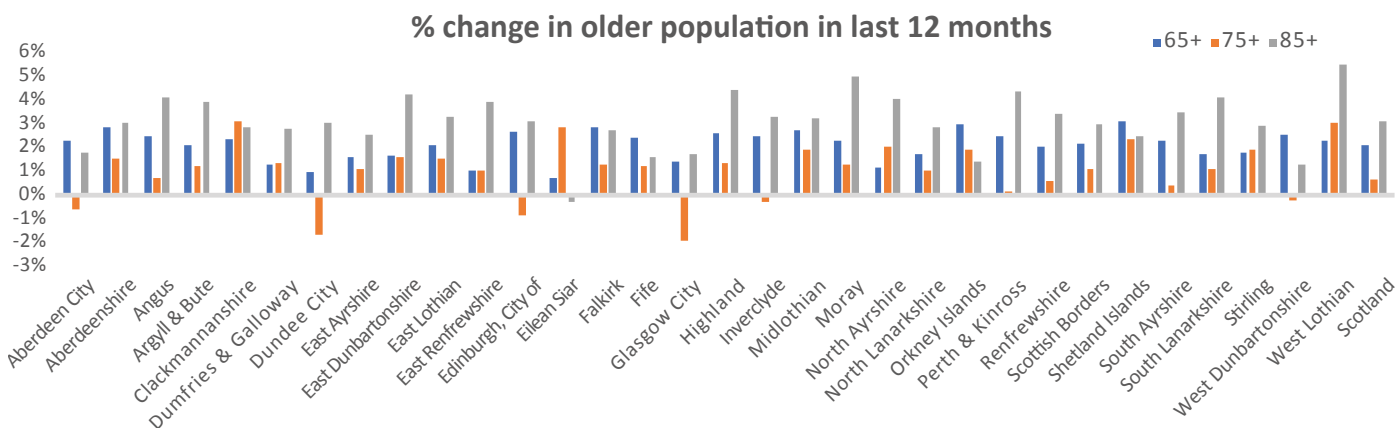
While the number of care hours delivered has increased, the number of people receiving home care has decreased over time



Variation across Scotland

% change number of home care hours in the last 12 months





Learning from October 2017 benchmarking event

In times of increasing demand and continuing budgetary/capacity pressures, collaboration, and not competition is needed around the provision of social care. This is the only way to ensure **long term affordability and sustainability**. While there is an increase in demand and decreasing capacity across Scotland, this is not uniform, highlighting the need for locally tailored responses. **Community led Approaches (NDTI)** could help partnerships both manage demand around new referrals, and strengthen the local market for provision. The approach focuses on promoting independence, and involves collaboration with the community, very light touch recording, and conversations versus assessment. Additionally, **social/micro enterprises** are key to improve choice and sustainability particularly in areas where there is no other provision. Councils should consider how they could work with local providers/organisations to encourage collaboration and collective offer. There is support available from P4P/SENSCOT to support this.

Workforce

Understanding how different organisations approach workforce planning and delivery is key.

- **Inverclyde** is funding ‘partnership facilitator’ posts via the partnership and is using this resource to move forward with work on localities. The staff contracts are with **CVS** (Community Voluntary Social Inverclyde) but they report to both CVS and the partnership.
- Many authorities (including **Edinburgh** and **East Dunbartonshire**) recruit directly from their private providers. This is challenging for councils however, as it means overall capacity in the local area is not increased as recruitment challenges are simply transferred to private providers.
- **North Ayrshire** worked with a local college and students on HND courses in Health and Social Care to promote social care work in the local area and expand uptake.
- **South Ayrshire** tackled capacity issues in the short-term by advertising on the Public Scotland Website. It has also tackled long-term issues by recruiting from the Carers and Care at Home forums, and have established contracts with local colleges to enable people to move directly from college into employment. However, it still recognises the issues around staff competition (where better council staff terms and conditions mean they ultimately often take staff away from private providers after they have been trained)
- **Highland** provides training for all its micro-enterprises. Some of the micro enterprises only provide two hours provision a week, so it is incredibly important for everyone in the community to come together to learn and share practice.

Procurement

Councils are increasingly developing and implementing new and innovative approaches to the provision of social care.

- **Midlothian** is developing a procurement strategy which will help to facilitate provision similar to that outlined in the Perth & Kinross’s Care and Wellbeing Co-Op (see below).
- **Inverclyde** has developed a Housing Support Framework where all service managers for relevant services work together to develop a new commissioning framework that is efficient and fit for purpose. This process has saved 12%.
- **South Ayrshire** uses a Light Touch Regime for procurement. Social/micro enterprises and community led provision provide important opportunities for rural areas as a number of care providers won’t travel to rural areas, and they have to offer providers 6% extra. South Ayrshire focuses on how it can engage with local communities

to encourage this approach. However, the understanding and expertise of the buyer is critical, and there are some issues around procurement practice and workforce capacity. The Light Touch Regime removes some of the key barriers to an efficient procurement process.

- **Community Catalysts** is a Social Enterprise and Community Interest Company working across the UK to try to make sure that people who need care and support to live their lives can get help in ways, times and places that suit them, with real choice of attractive local options. It believes in the power of partnership and works closely with community groups, local councils, health trusts, CCGs, policy makers and other voluntary and private sector organisations.

Community Provision

Community provision could help partnerships manage demand around new referrals and strengthen the local market for provision. Several councils are looking at community led approaches.

- **Perth & Kinross:** The Care and Wellbeing Co-op in Kinloch Rannoch is a social/micro enterprise initiative set up to support communities lead the life they want in their local community. The key driver was/is the lack of existing provision available in the area to purchase for SDS option 1. Provision involves care and support at home, befriending, independent living solutions for older people, bio dynamic gardening, wellbeing walks, creative writing/memoirs, welfare benefits advice, photography, movement psychotherapy, community herbalist and Shiatsu. They now have two self-employed carers within the enterprise, and have also been able to fund a connector person. The benefits of this approach are that it is significantly cheaper (£30 versus £160), uptake of Direct Payments is increased, and it is a driver for economic growth locally. It also makes the most of local resources - anyone can join the enterprise, everyone has a bit to offer. They identify what they can offer, and agree to meet the operating standards. Factors affecting future development will include the council's willingness/ability to buy 'unregulated/unregistered' community enterprise provision, and their ability to provide assurance of Best Value to finance team to enable use of SDS Option 2.
- **NDTi** is a not for profit organisation working to enable people at risk of exclusion, due to age or disability, to live the life they choose. Working across England, Wales and Scotland, its Community Led Support (CLS) programme involves selected local authorities and health and social care partnerships implementing a new way of delivering community support.
- **Moray** has developed a 3-tier approach which fundamentally changes the way it procures and delivers adult social care. The biggest shift is the priority given to Tier 1 – investment in communities. The next step is to hook this into commissioning and to shift resources. The Moray Community Health and Social Care Partnership's Joint Commissioning Strategy 2013-2023 sets out the direction for the reshaping of local services to better meet the needs of the older population and maximize people's ability to manage their own health and well-being as close to home and as independently as possible. This includes:
 - Investment in a shared approach with the third sector to make better use of community assets. Particularly focus on Tier 1 support.
 - If someone in the community is committed to deliver care, they are encouraged to set up micro enterprise.
 - Recognising that it takes time before the financial benefits of this investment will show in data.
 - Initiatives such as Vintage Disco where the council link in with social enterprises.
- **Moray:** The Community Hub Pilot Project in Mental Health aims to provide the right support at the right time to enable individuals to become as independent as possible and to have choice and control of meeting their own personal outcomes. The Moray Wellbeing Hub started in 2016 as a project, hosted by Moxie Media C.I.C. and funded by the ALLIANCE and See Me, and is now a social enterprise. The Mental Health Social Work team is part of the Integrated Multi-Disciplinary Community Mental Health Team that is based within Pluscarden Clinic, Dr Grays Hospital, Elgin. The Service operates a 'Partners in Care' approach which involves individuals, families/carers, communities, health/social care services and the third sector working collaboratively to promote the best possible mental health outcomes.
- **Moray:** The Shared Lives Service is a network for family based and small-scale ways of supporting adults. It helps adults with a variety of needs to develop their potential and get the most out of life. Services include:
 - Visits to local cafes, the library or shops, community events, clubs etc
 - Appropriate card games, board games and puzzles etc
 - Arts and crafts.
 - Time outdoors enjoying the local countryside and beaches

Shared Lives Carers is provided by Moray Council and is registered with the Care Inspectorate. The Shared Lives Service is based in the Shared Lives Carer's own home. Shared Lives Carers are carefully selected and

comprehensively assessed and trained by the Moray Council Shared Lives Service.

- **Moray:** The Option 2 Pilot with Scottish Personal Assistants Employers Network is designed to enable clients who wish to employ Personal Assistants.
- **Dundee:** is working to develop Community/Family Based support for Children and Young People. It is trying to commission third sector, but has identified a real gap in the process and the need to join this up at a strategic level by getting commissioners around the table.
- **South Ayrshire** is using the Community Empowerment Agenda to frame conversations around growing community provision, autonomy, self-direction, and community resilience
- **Highland** is taking forward the Buurtzorg neighbourhood approach. This approach to caring in the community was developed in Holland and has attracted much support across the UK. Translating to Neighbourhood Care, the principle is the deployment of small self-managed teams of care staff—mostly nurses and no more than 12 in a team, who have a defined geographical area. There are several coaches available to support the teams, a total web based communication system ensuring sharing of information and a very small backroom function. The key success factors with Buurtzorg are:
 - it's simple principles
 - it's patient and community focus
 - high levels of trust and value
 - the maturity, autonomy, ownership and entrepreneurial spirit for care design and delivery by its staff.

Although this system is deployed within a commercial market in Holland, it is thought to be transferrable into the NHS and could be widened out across integrated services. Delivering 24/7 care focussed on keeping people in their own home, this model is being tested across Scotland including Highland.

- **Edinburgh:** Wellbeing PSP is engaging with the community to build/develop local structures.
- **North Ayrshire** is looking at how to grow social/market enterprises within its island communities where there is currently a very low uptake of Option 2.
- **Midlothian:** Wellbeing Access points are placed in community centres around the area to help hard to reach participants link in with services, thereby reducing drop in attendances at GP practices.
- **Midlothian** locality forums were commissioned by National Services Scotland to facilitate communities to work better together.

Other Approaches and Ideas

Councils across Scotland are implementing and testing different ways to provide and improve adult social care.

- **Inverclyde** has taken forward clusters for GP practices to test new ways of structuring primary care services. Professionals work together in clusters led by one GP, improving resource and staff planning and enhancing links to other health services.
- **North Ayrshire** ran a pilot project related to the use of community alarms. When an alarm was pressed, a community alarm assistant attended alongside paramedics. This reduced admissions to hospital by 74%.
- **Edinburgh** is working hard to promote independence, and doing a lot of reablement work.
- In **Aberdeenshire's** annual Homecare report, it focuses also on people and projects as well as facts and figures.



Useful Links

Presentation: [Community Led Support](#)

Presentation: [The Care & Wellbeing Co-op](#)

[The Care and Wellbeing Co-op case study](#)

[The NDTi Community Led Support Case Study](#)

Explore the LGBF data by service, across councils and over time using the [My Local Council Tool](#)