Local Government Benchmarking Framework

improvement service

Adult Social Care Briefing 2018

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 is an area where councils and their partners face growing demands due to an ageing population and the increasing complexity of needs experienced by vulnerable adults. It is forecast that the percentage of the population aged 65 or over will rise from 18.1% to 21.1% by 2024. In the face of these increasing demands, councils and their partners continue to modernise and transform social care provision to deliver better anticipatory and preventative care, provide a greater emphasis on community-based care and enable increased choice and control in the way that people receive services.

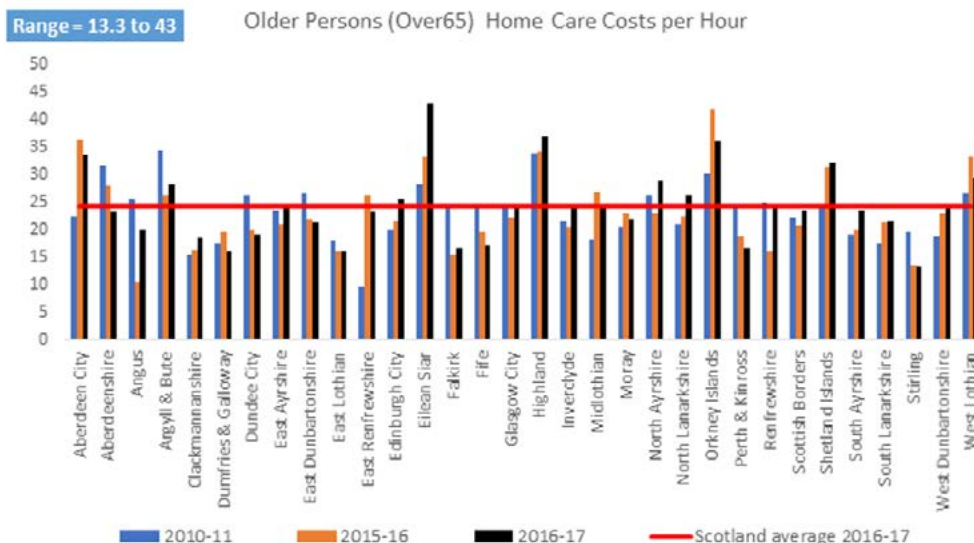
Home Care Services

Since 2010/11, there has been a real terms increase of 1.7% in spending per hour on home care for people over 65 across Scotland. This reflects an overall 11.5% increase in gross expenditure and 9.6% increase in the number of hours delivered during this period, although movement between years has fluctuated.

Home Care Costs per Hour for People Aged 65 or Over

% Change	Cash	Real
2010/11 – 2016/17	11.9	1.7
2010/11 – 2011/12	-1.8	-3.2
2011/12 – 2012/13	3.5	1.4
2012/13 – 2013/14	-1.0	-2.7
2013/14 – 2014/15	-0.1	-1.5
2014/15 – 2015/16	4.7	4.0
2015/16 – 2016/17	6.3	4.0

In the past 12 months, spending per hour has increased by 4.0% in real terms from £21.67 to £22.54. This reflects a 6.24% increase in expenditure and a 2.2% increase in hours delivered. The increase in expenditure will reflect in part the commitment from October 2016 to pay all social care workers the living wage. There is significant variation across councils, with spend per hour ranging from £12.28 to £42.15. This variation has widened in the past two years, with rural councils having significantly higher costs than urban councils.



Balance of Care

The second area of adult social care services covered in the framework is the percentage of adults over 65 with intensive care needs (who receive 10+ hours of support) who are cared for at home. This is an area of growing importance in an effort to care for more people in their own home rather than institutional settings such as hospitals. The effective design and delivery of home care services can help prevent those most at risk of unplanned hospital admissions from entering the hospital sector unnecessarily. For those who do enter hospital, it can also help prevent delayed discharges. The balance of care has shifted in line with policy objectives across the period with a growth in home care hours provided (9.6%) and a relative decline in residential places (-1.2%). The percentage of people with intensive needs who are now receiving care at home has increased from 32.2% in 2010/11 to 35.3% in 2016/17. 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.

Percentage of People Aged 65 or Over With Intensive Needs Receiving Care at Home

Year	% of over 65's with Intensive Needs Receiving Care at Home
2010/11	32.2
2011/12	33.0
2012/13	34.1
2013/14	34.3
2014/15	35.3
2015/16	34.8
2016/17	35.3

There is significant although narrowing variation across councils in relation to the balance of care, ranging from 22.9% to 50.4% across Scotland. There is no systematic relationship in the balance of care provided and deprivation, rurality or size of council.

Direct Payments and Personalised Managed Budgets
Since 2010/11, the proportion of total social work spend allocated via Direct Payments and Personalised Managed Budgets has grown from 1.6% to 6.5%. However most of this growth is in Glasgow where expenditure via these two options has grown from £4.8 million to £71.4 million. Excluding Glasgow, the spend on Direct Payments and PMB as a percentage of total social work spend increased from 1.6% to 4.7% across the same period, with Direct Payments accounting for approximately 73% of this spend.

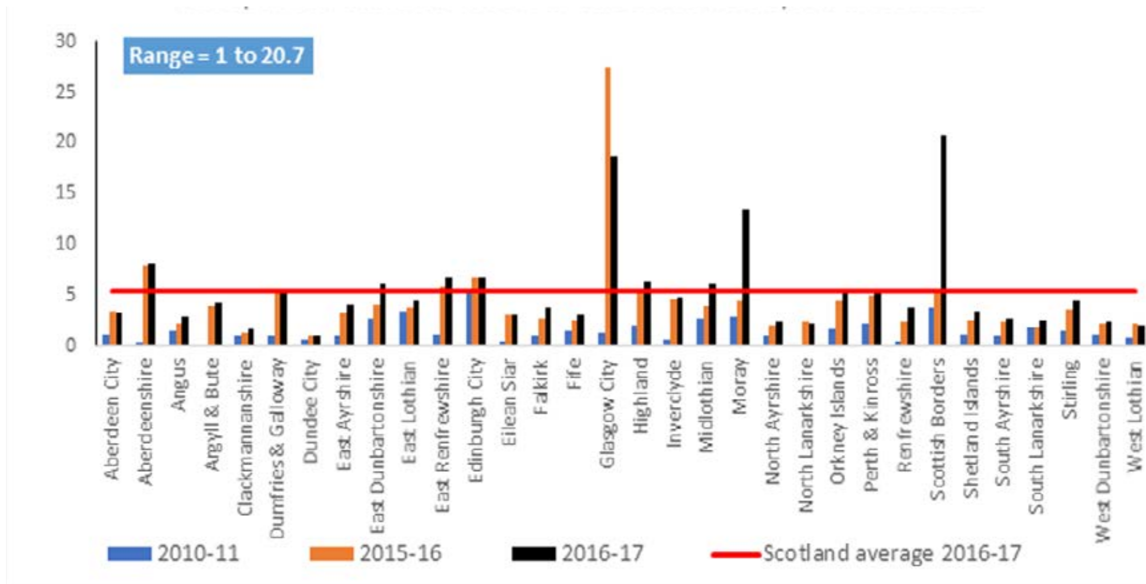
In the last 12 months, the proportion of spend via Direct Payments and Personalised Managed Budgets reduced from 6.7% to 6.5%. Excluding Glasgow, the proportion across Scotland has grown from 3.7% to 4.7% over the past 12 months.

Spend on Direct Payment and Personalised Managed Budgets as a Percentage of Total Social Work Spend

Year	Direct Payment & PMB Spend as a % of Total Social work Spend
2010/11	1.6
2011/12	2.9
2012/13	6.0
2013/14	6.4
2014/15	6.9
2015/16	6.7
2016/17	6.5

In 2016/17 the range in spend across councils was 1.0% to 20.7% (1.0% to 8.3% excluding outliers). The variation has narrowed slightly in recent years. Rural and less deprived councils tend to have higher levels of uptake of Direct Payments and PMB.

Direct Payment and PMB Spend as a Percentage of Total Social Work Spend on Adults 18+



Care Homes

Over the five years for which we have comparable data, there has been a 4.6% reduction in unit costs from £393 to £375. This has been driven by a -3.2% reduction in net expenditure while the number of adults supported in residential care homes during this period has increased by 1.5%.

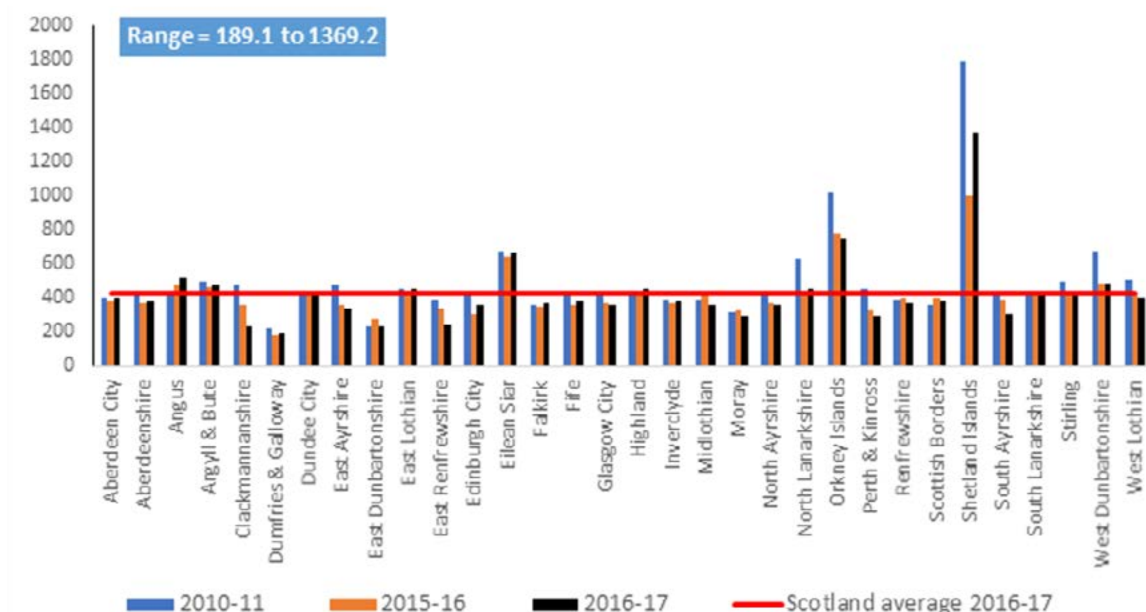
In the last 12 months, the average cost per week per resident increased by 0.6% from £373 to £375. This reflects a small increase in net expenditure (0.1%) and a small reduction in the number of residents (-0.5%).

Care Home Costs per Week for People Over 65

% Change	Cash	Real
2012/12 – 2016/17	1.4	-4.6
2012/13 – 2013/14	-2.1	-3.7
2013/14 – 2014/15	2.5	1.0
2014/15 – 2015/16	-1.8	-2.5
2015/16 – 2016/17	2.9	0.6

There is a considerable level of variation across councils with island councils in particular reporting significantly higher costs. When island councils are excluded, costs range from £186 to £516. Variation has widened in the last 12 months, after narrowing over recent years.

Older Persons (Over 65s) Residential Care Costs per Week per Resident (£)



Percentage of Adults Satisfied with Adult Social Care Services

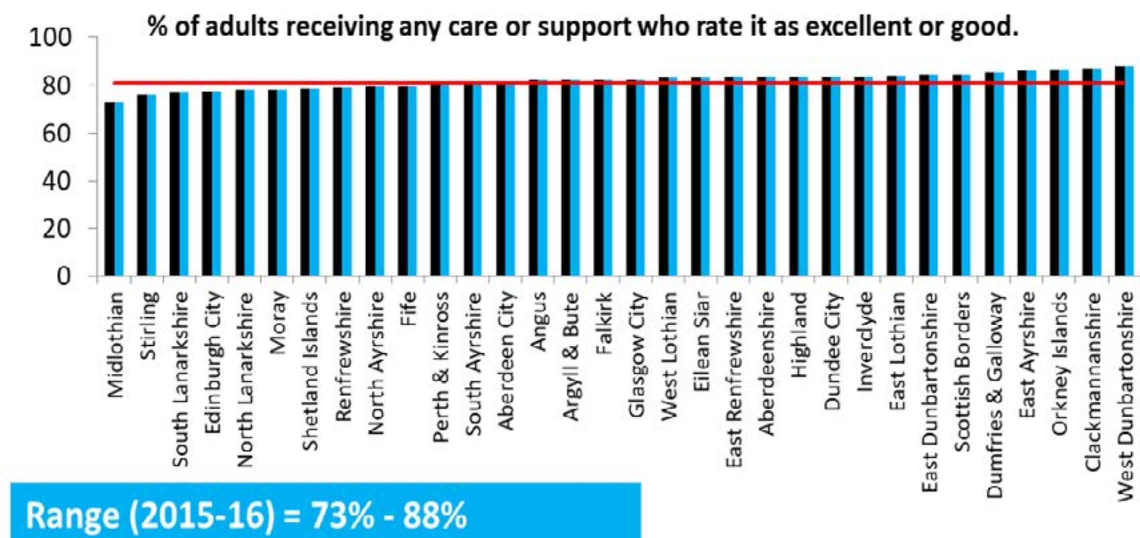
The percentage of adults receiving any care or support who rate it as Excellent or Good reduced from 84% in 2013/14 to 81% in 2015/16, a significant reduction at national level. Similarly, the % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life reduced from 85% in 2013/14 to 84% in 2015/16. This reduction is not statistically significant.

Percentage of Adults Satisfied With Social Care Services

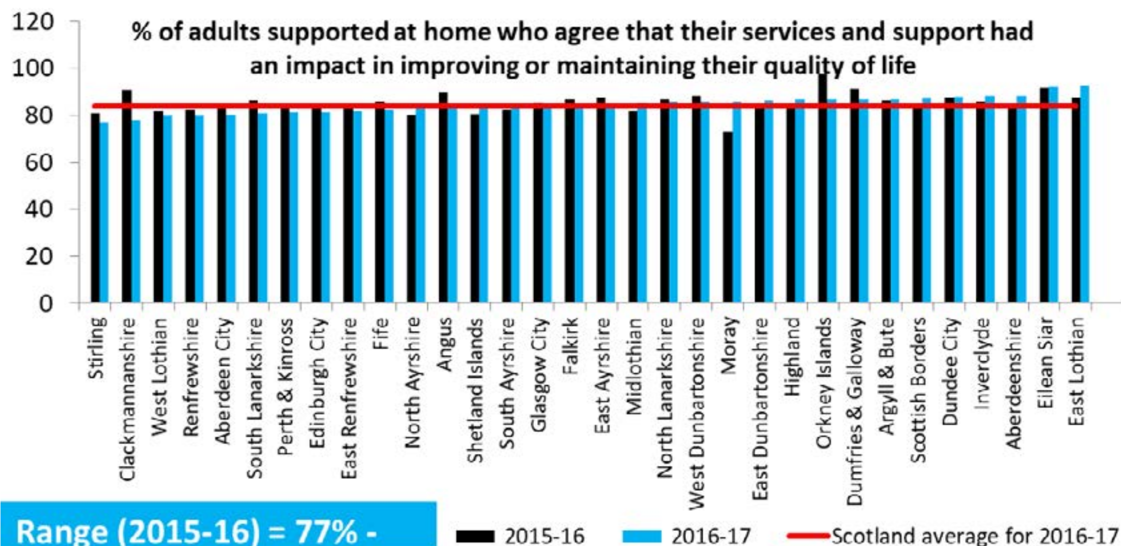
Year	% Receiving Any Care or Support who Rate it as Excellent or Good	% Supported at Home who Agree that their Services and Support had an Impact in Improving or Maintaining their Quality of Life
2013/14	84	85
2015/16	81	84

Satisfaction rates vary from 73% to 88% for those rating the care/support as excellent or good, and from 77% to 92% for those who agree their support had an impact in improving or maintaining their quality of life. There are no systematic effects of deprivation, rurality or size of council on satisfaction rates.

Percentage of Adults Receiving any Care or Support who Rate it as Excellent or Good



Percentage of Adults Supported at Home Who Agree That Their Services and Support had an Impact in Improving or Maintaining Their Quality of Life



Work within Family Groups has identified the following factors as important in understanding the local variation between authorities in the provision of Adult Social Care Services

- Rurality: there is a significant connection between rurality and the cost and balance of social care provision. Rural authorities have higher residential and home care costs and a lower proportion of people cared for at home.
- Demographic variability: the number and proportion of over 75s within local populations will have a significant influence on the cost and balance of social care service provision locally.
- Service design and workforce structure – factors such as the service delivery balance between local authority provision and private/voluntary provision, along with variability in the resilience and capacity within regional workforce and provider markets will influence both costs and balance of care.
- Level of digital provision within care services.

Learning from October 2018 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. Councils and Health Partnerships across Scotland continue to work flexibly to give individuals more flexibility, choice and control over the support services they receive via SDS payments.

Key Themes

As demand for social care continues to grow, alongside the ageing population of Scotland with increasingly complex care requirements - the current way of working is unsustainable. Basic needs take priority, so planning for prevention and alternative ways of working can be challenging. On the ground, frontline staff do not get the time to take a step back and innovate, and there are challenges with recruitment and retention. Community based approaches with less formal levels of care are proving to work well in some areas, helping to maintain independence and social contact for elderly people. Trying something new can be challenging, and service design needs to match current reporting requirements. Innovation and creative ways of working will be needed to integrate the current quantitative measurement for a system that is primarily qualitative.

Workforce

With the Social Care workforce having an annual yearly turnover of over 20% (Source: Scottish Care), retention of staff continues to pose a challenge to local authority care providers. Increasing expectations are being placed on Social Care staff, and with an ageing workforce (average age of Public Care Home staff is 50, Public Housing Support/ Care at Home is 51). Source: SSSC Data 2017)

To encourage more people to consider care as a profession, **Scottish Borders Council**, SBCares, Borders College and NHS Borders have come together to support the delivery of the integrated health and social care partnership by creating the which provides a range of flexible training opportunities. This will enable individuals across the Borders to learn while they earn, develop a range of skills and offer progression onto their chosen career pathways. The vision is to ultimately deliver a range of training and skills development programmes from entry level to degree level, and one of the key aims of the BCCA is to ensure that the future workforce are sufficiently up-skilled to allow them to have the knowledge and understanding, as well as the confidence, to carry out their essential roles effectively.

West Dunbartonshire has a traditional workforce with 90% of the service delivered in-house, with most staff being on standard contracts. Flexible solutions are being explored to develop a model that can effectively match the needs of service users.

Partnership Working

Housing with Care in the **Scottish Borders** is a type of housing that supports older people to live as independently as possible. These developments consist of self-contained flats, designed to meet the needs of older people. Tenants have the independence of having their own home but can also enjoy the benefits of having staff on hand to provide flexible care and support should it be required. Housing with Care is provided within existing sheltered

housing developments by both Trust Housing and Hanover Housing. There are currently developments in Innerleithen, Galashiels, Peebles and Jedburgh with more planned across the Borders.

Both **Angus** and **Aberdeen City** have Social Workers based in GP practices.

Aberdeenshire are creating an enablement pathway through use of Multi-Disciplinary Teams (MDT); diverting referrals to occupational therapy/physical therapy. Promoting independence for service users.

Under **Aberdeen City**'s 'West Locality Unscheduled Visits' project, Advanced Nurse Practitioners make unscheduled visits normally undertaken by GPs. GPs reported reduced workloads allowing them to spend more time with patients in the practice, a high-quality service for patients, and decreased stress for other practice staff. ANPs felt they provided holistic care to patients and were providing GPs with a good service. Evaluation report.

Early Intervention/Preventative Care

Partnerships are increasingly investing in intensive integrated provision targeted for the most vulnerable people, in order to avoid hospital admissions and to speed up discharges.

Aberdeenshire - Virtual Community Wards involve the co-ordination of short term (matter of days) wrap around health and care at home as an alternative to hospital admission. It provides upstream support for vulnerable people who are at risk of being admitted to hospital. The Virtual Community Ward is a method by which health and social care services can be integrated around the needs of individuals at risk. It creates a system which can rapidly identify and meet the needs of individuals who have acute illness, exacerbation of chronic illness, terminal phase of an illness or complexity associated with social care needs. Most, but not all, will be elderly, and will often be frail already. The intervention is therefore aimed at the group of individuals most likely to suffer an otherwise avoidable hospital or care home admission, or to come to harm due to a lack of organisation of, and consistency of, health and social care.

The Virtual Community Ward is based around a local area in most cases defined by a GP practice patient population. In the morning, a group of health and social care professionals in the area will meet for around 15 minutes to identify vulnerable people in the community who, if there is no intervention, would be at risk of being admitted in to hospital or even a care home. They would get an update of the vulnerable person and then discuss any actions required for that day. Collectively, the professionals put together a combined package of care, support and lifestyle advice designed to keep people healthier and independent for longer. The Virtual Community Ward will be developed in a phased way across **Aberdeenshire** with the proposed addition of rapidly accessible home carers, community nurses, care managers and medical diagnostics.

VCWs have been running now for more than 2 years in **Aberdeenshire** in 84% of GP practices. To date 3,293 patients have been admitted and discharged from a VCW, and it is estimated that 1,219 hospital admissions have been avoided (411 acute, 808 community hospital). Feedback identifies personal care/home care, nursing care as the most critical interventions required to meet the needs of VCW patients.

Aberdeen City are developing an acute care model aiming to help people get out of hospital and reducing the likelihood of admission in the first place. This is similar to the VCW approach, involving a group of clinicians, but based more on health needs. Also, link workers are provided in GP practices to signpost to available provision as an investment in early intervention/prevention.

The **Scottish Borders** What Matters Hubs initiative offers a new approach to providing advice and information for adults wanting to maintain independence in their own homes. It is a new way of getting public services nearer to people in rural areas and another way of increasing the use of village and community halls. Developed with input from staff at Scottish Borders Council, NHS Borders, the voluntary sector and representatives from the local community, the hubs will offer residents the chance to attend drop-in sessions in their own communities and meet with a range of professional staff and trained volunteers to get advice about social care needs, general wellbeing and independence. The aim is to identify minor issues, so they can be resolved earlier to support early intervention and a more proactive response. This has led to a reduction in waiting times for assessment from 10 weeks to 7 weeks, for occupational therapy from 11 weeks to 7 weeks, and in access to social work from 13 weeks to 7.5 weeks. There have also been benefits in relation to staff satisfaction.

West Dunbartonshire have established a Frailty Team using resources from Social Care fund. This has been driven by concern around delayed discharges. It involves nursing, occupational therapy, social care and enables rapid access to assessment and care to be built around those with a care plan to reduce admissions, and to get people out of hospital quickly and stop re-admissions. Care home liaison nurses are also brought in to support the rapid response. **Clackmannanshire and Stirling HSCP** also have a Frailty Clinic service which provides comprehensive geriatric assessment on day one.

Digital

Technology enabled care is becoming increasingly prevalent within adult social care settings. Nationwide projected population growth alongside budgetary constraints will likely benefit from creative digital solutions to enable care and support services to continue to be delivered to a high standard. This digital shift will affect staff and service users, and will require additional training and a potential shift in the way services are delivered.

Aberdeen City are looking at how traditional sleepovers can be replaced with medical prompts through the use of digital solutions. **Aberdeenshire** have invested in digital solutions such as the E-Frailty tool to support service delivery and assist with future planning.

Dumfries and Galloway are exploring ways to support service users to embrace technology which would allow services to be delivered in a different way. **West Dunbartonshire** are looking to carry out a pilot of COPD monitors, and are looking for ways to encourage service users to participate. **Edinburgh** has been piloting smartphones with staff who work in care at home teams. **Midlothian** has also been rolling out smartphones, and supporting staff to successfully overcome barriers to using them.

Midlothian currently utilise the CM2000 system co-ordinate all their teams, with over 6000 visits each week. Midlothian are exploring potential future uses of CM2000 to involve social work and nurses as well to help build a picture of all the interactions with a service user.

Aberdeen City have successfully utilised the Commission Portal, a CM2000 bolt-on to significantly reduce the number of unmet care hours from over 1,000 to around 300 hours. It works by matching social care needs to available staff, primarily by postcode area. This has led to a reduction in complaints. Aberdeen City are the only local authority using it at the moment.

Self-directed Support

The introduction of Self-directed Support (SDS) in Scotland following the Social Care (Self-directed Support) (Scotland) Act 2013 means that people receiving social care services in Scotland have the right to choice, control and flexibility to meet their personal outcomes. Local Authorities are required to ensure clients are offered a range of choices on how they receive their social care services and support. SDS works best when there is a wide variety of care and support services to choose from. In more rural areas, this choice may be limited due to lack of service provision. Local Authorities continued to play a key role in providing support to Self-directed Support clients in 2016-17, with 53% of clients receiving some services or support from their Local Authority. Partnerships are facing challenges around limited option choice and ensuring sufficient time to explore implications of options within assessment to ensure appropriate choices. The balance of in-house/commissioned provision locally will be important, in that this may have an impact on demand and waiting times for various options.

West Dunbartonshire are reviewing their back office processes recording SDS option 1 spend, and **Dumfries and Galloway** use a pre-payment card which allows straightforward recording of this spending.

Scottish Borders were early adopters of SDS and they make good use of data; this has been used to grow uptake of Direct Payments in the area. To support the uptake of SDS, the options are built into assessment documentation, and locally grown support agency Encompass can assist with the administrative tasks which occur with using direct payments. Groups of service users in the Borders have creatively utilised direct payments to fund an enhanced day service, with support from Encompass.

Aberdeen are aiming, primarily through their assessment process, to increase uptake of option 1 and 2. The SDS team are evidencing how they are offering services to all new clients, and also are reviewing their existing 4,000 open care packages to ascertain whether direct payments would be a more suitable option for service users.

Learning from **Aberdeenshire's** SDS rollout has so far highlighted the importance of legal responsibility issues to assist people in making their decisions. Time for staff and service users to plan is essential to effectively identify aims and ensure the best SDS option to achieve these goals is chosen. Staff need support from legal teams to ensure they are confident in their knowledge, ensuring service users are supported appropriately.

Community Capacity Building/Localised Provision

Many areas are developing provision along the principles of localised provision, particularly around lower level/softer needs. They emphasise the importance of existing community capacity in successfully building this approach, and also challenges around managing demand to ensure sustainability

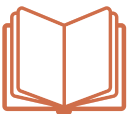
The Community Capacity Building Project in the **Scottish Borders** provides a range of coordinated community projects to enhance services provided by existing voluntary and community groups and identify gaps in services.

These aim to support older people and encourage communities to create and run their own activities including walking football, gardening clubs, and gentle exercise classes. Link Workers are empowered to be creative around outcomes, working with local variation and recognising that one size doesn't fit all. The social return on investment for the work of the team is estimated at being £10 for every £1 invested. This represents significant value to both participants and in terms of savings to the health and social care system as a whole.

The **Buurtzorg** Dutch model of community nursing and care at home where care is provided by small, self-managing teams in a given neighbourhood is being trialled in several areas. The care is person-centred, with needs assessed holistically rather than being divided into separate health and social care needs. In **Aberdeen**, the INCA (Integrated Neighbourhood Care Aberdeen) Team is working in the Peterculter area of the city. Building up informal support networks around the individual is key, involving family, friends and the local community. The Buurtzorg principles have been adapted so that both nurses and care at home support workers are working together in an integrated team. In order to successfully roll-out the approach, it is important to monitor eligibility criteria to ensure teams don't become overwhelmed. **Clackmannanshire and Stirling** are piloting the principle of Buurtzorg, with a view to informing the basis of their locality approach. A self-managed team has been set up and an evaluation framework implemented. This will hopefully develop a blue-print re how to implement this approach going forward. Several councils are keen on providing a Buurtzorg-type model, but there are limitations/barriers, and a large cultural shift needed to successfully implement.

A significant element of **West Dunbartonshire's** Integration Joint Board strategic plan refresh was focused on community capacity and co-production.

Midlothian have in the past taken scenarios to their Older People's Assembly for example to demonstrate the complexity of the care at home service, highlight the amount of work involved and show the challenges from different perspectives for example the service user, carer, relatives and the office team.



Related Reading

Adult Social Care briefing 2017

Care Home Workforce Data Report 2018

The Experience of the Experienced: Exploring employment journeys of the social care workforce