



National Audit Office

**NCASC 2017**

# **Pressures, possibilities and prospects**

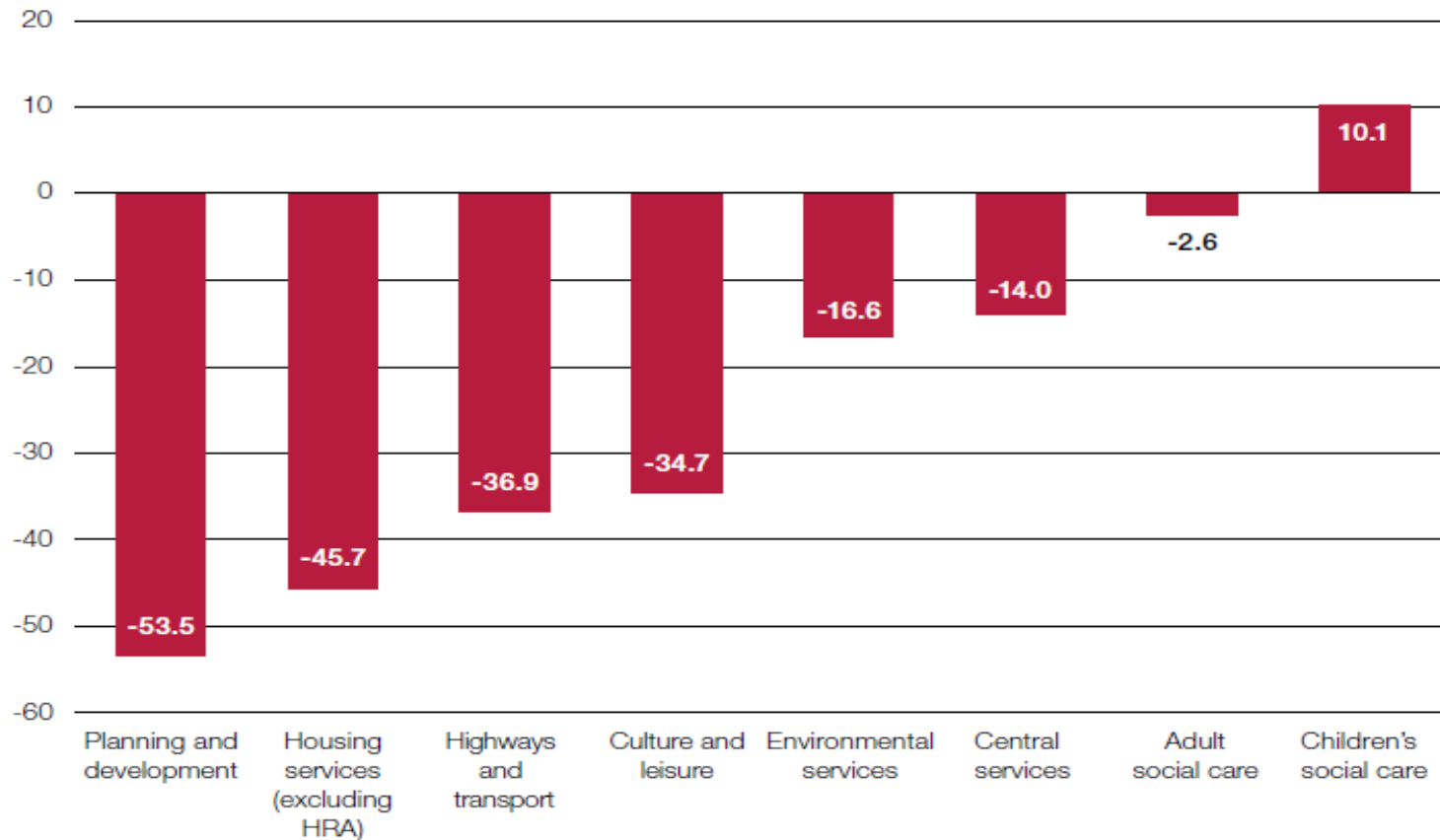
Ashley McDougall, Director Local Service Delivery Value for Money  
11 October 2017

# Background: Financial change 2011-12 to 2016-17

Changes in local authority spend, 2011-12 to 2016-17 (Outturn)

Social care spending has been largely protected

Changes in spend (%) (net current expenditure) (real terms in 2015-16 prices)

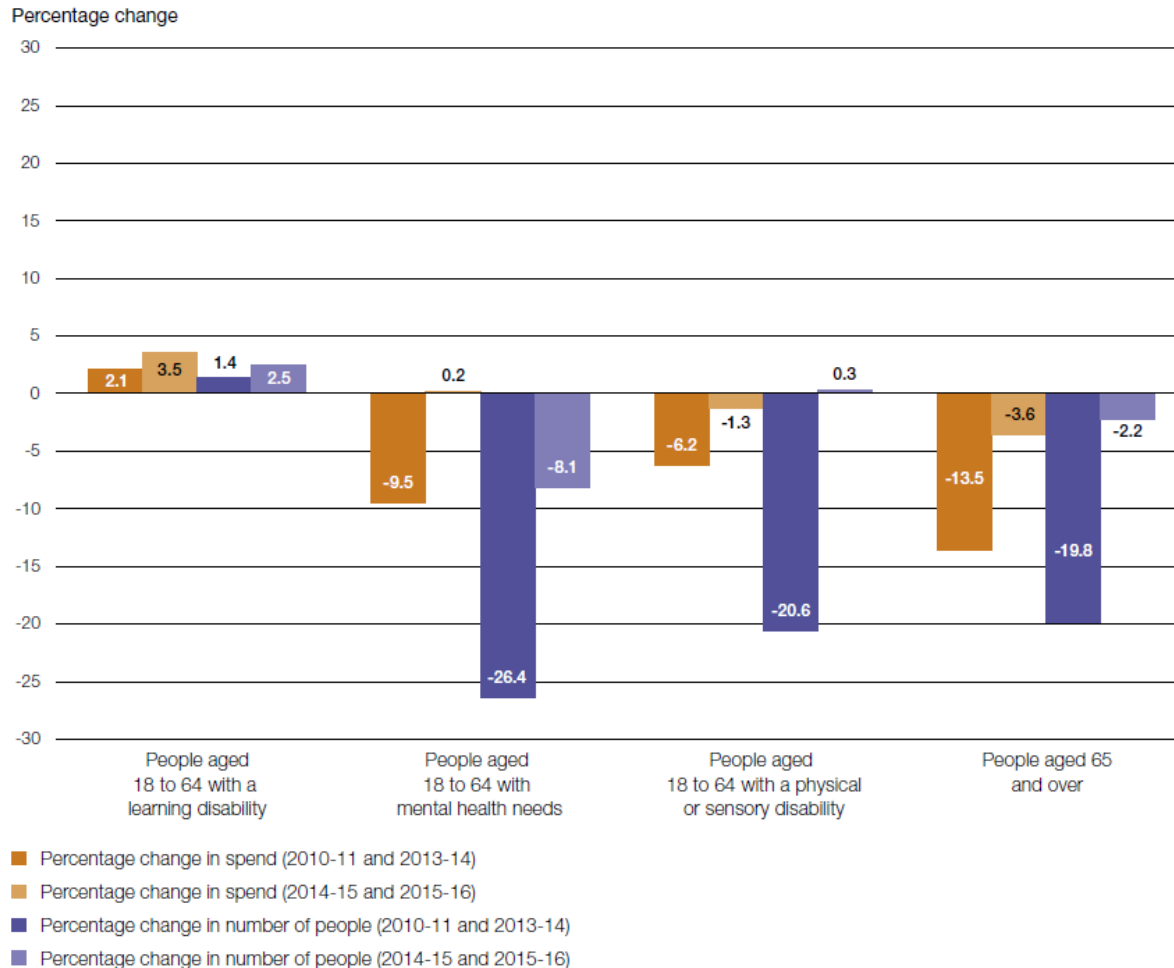


Source: National Audit Office

# Within ASC spending, LAs have protected spending on learning disability services

Breakdown of change in expenditure and number of people supported, 2010-11 to 2013-14 and 2014-15 to 2015-16

Both numbers of people with a learning disability supported, and expenditure on learning disability services have increased



Both spend on learning disability social care, and the number of people supported have **increased**.

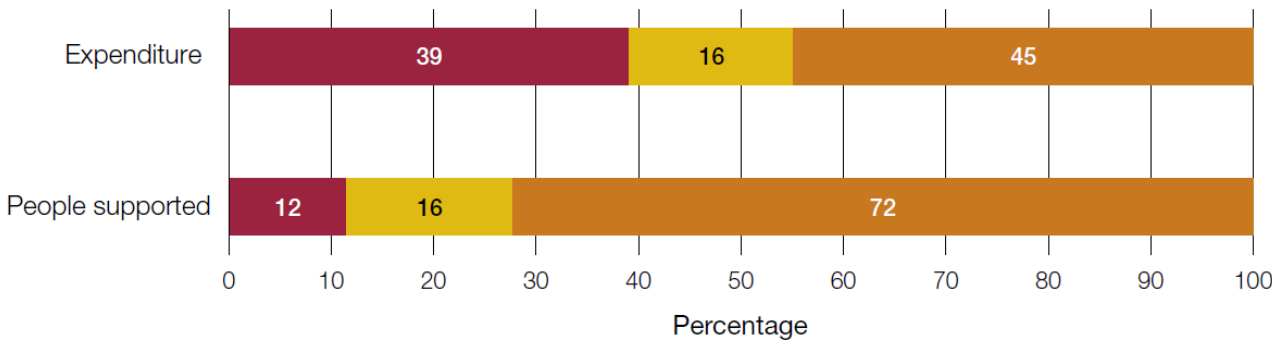
This is **in contrast to other groups of people** who receive social care support. These other groups have experienced reductions in spend and the number of people receiving services.

Source: National Audit Office – Local support for people with a learning disability (March 2017)

# Support for people aged 18-64 with a learning disability is the second largest area of adult social care spend

Breakdown of local authority net current expenditure and number of people accessing social care support in 2015-16

Expenditure on people with a learning disability is high compared with the number of people supported



While people with a learning disability make up 12% of adults supported by local authorities, they make up 39% of net expenditure.

- People aged 18 to 64 with a learning disability
- Other people aged 18 to 64
- People aged 65 and over

Source: National Audit Office – Local support for people with a learning disability (March 2017)

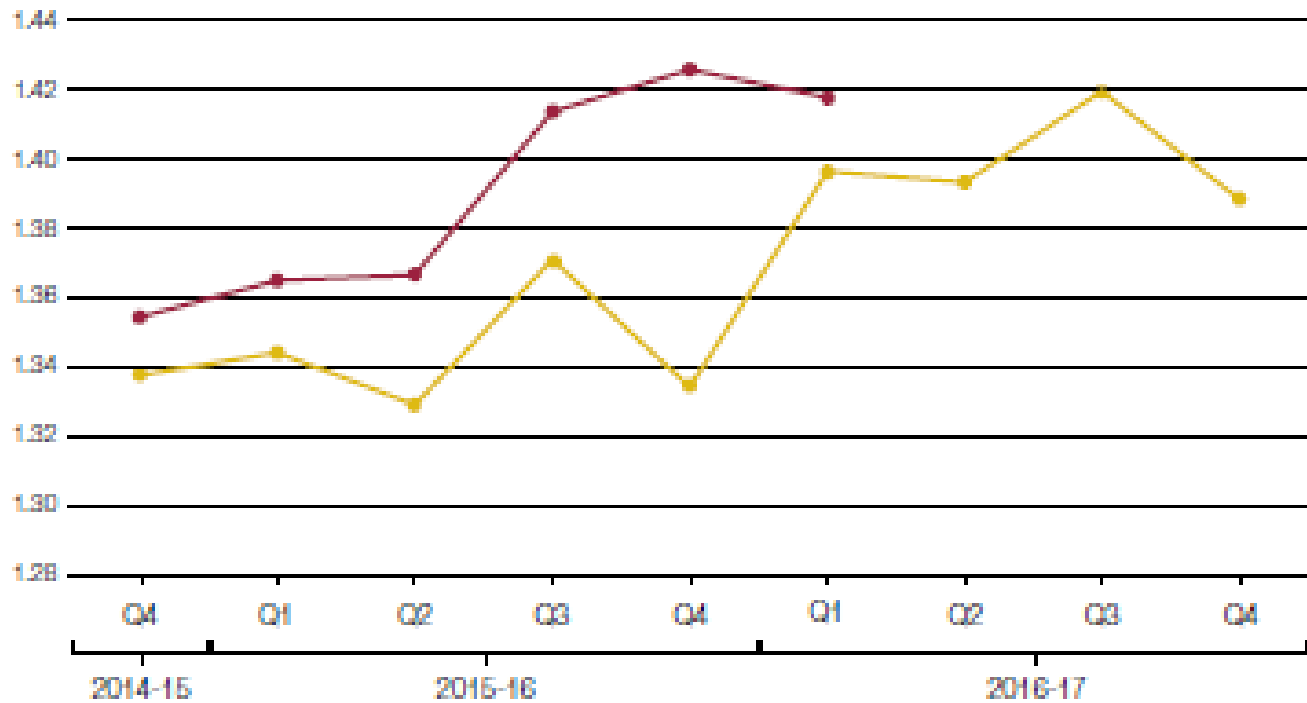
# What integration/BCF/iBCF can deliver: The evidence for integration

- The Departments have **not yet established a robust evidence base to show that integration leads to better outcomes for patients.** The Departments have not tested integration at scale and are unable to show whether any success is both sustainable and attributable to integration.
- There is **no compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity.** While there are some positive examples of integration at the local level, evaluations of initiatives to date have found no evidence of systematic, sustainable reductions in the cost of care arising from integration.

# Plan v Actual (Emergency Admissions)

Emergency admissions continue to rise relative to local plans to reduce them

Emergency admissions (million)



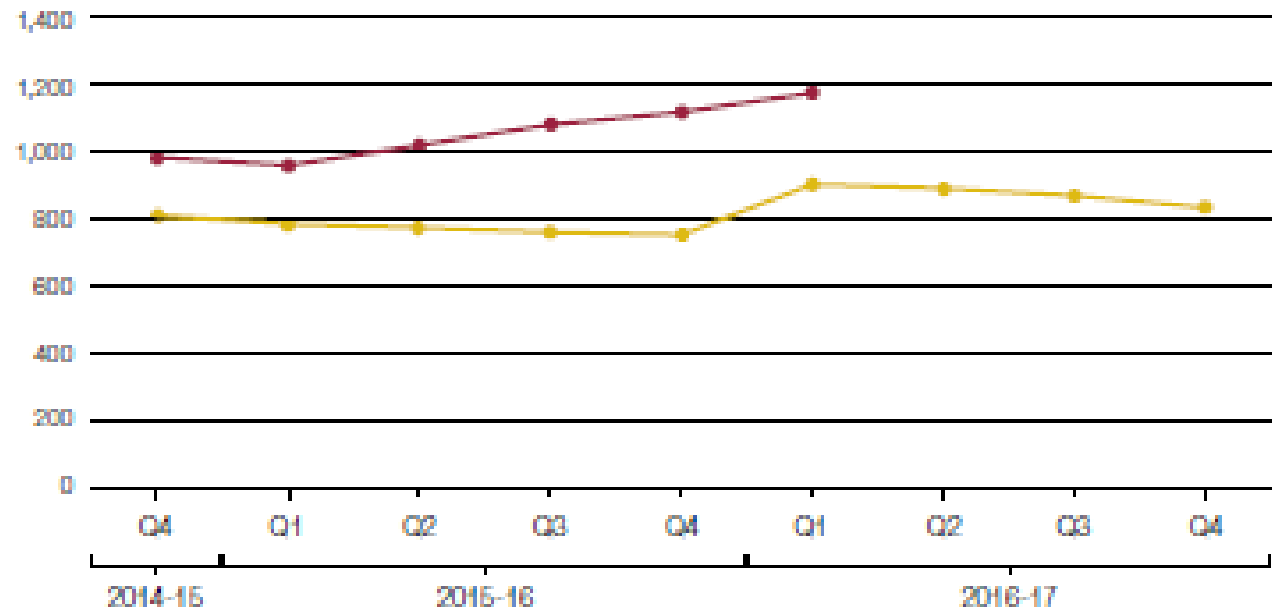
- Actual performance
- Planned performance

Source: National Audit Office analysis of NHS England Quarter 4 2014-15 – Quarter 1 2016-17 Better Care Fund data

# Plan v Actual (DTOC)

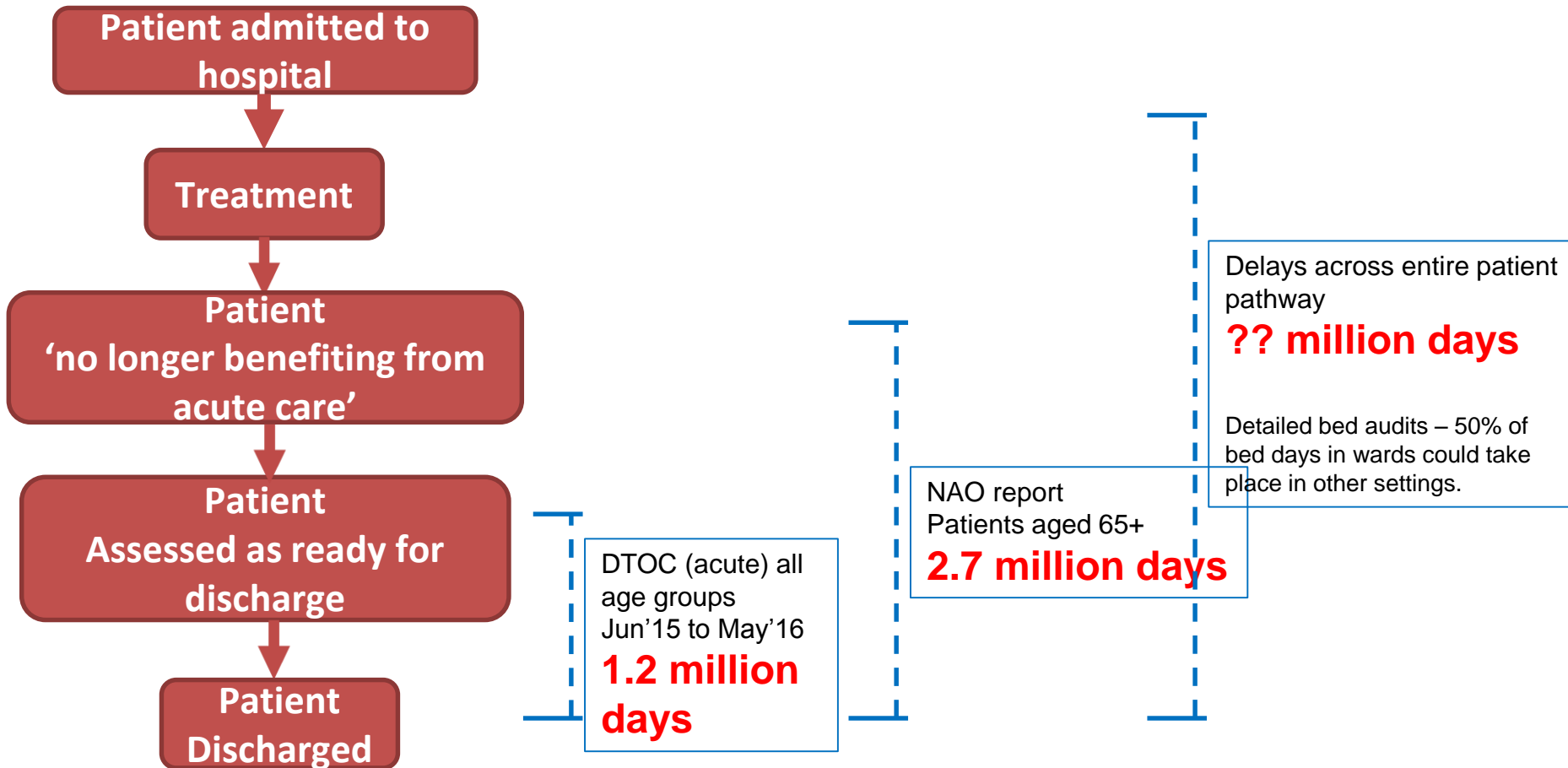
Delayed transfers of care continue to rise despite local plans to reduce them

Delayed transfers of care per 100,000 population



● Actual performance  
● Planned performance

# DTOC is only part of the picture





# The data on the cost of delays is poor

There are significant costs of treating older patients in acute hospital who no longer need to be there. However, there is a lack of robust information on the cost to acute hospitals of delays and of treating patients in a range of other settings (e.g. residential / nursing home care)

*“Out-of-hospital care needs to become a much larger part of what the NHS does.”*  
(NHS, Five Year Forward View)

**£900 million**

Lord Carter’s estimate of the annual cost of delays to acute trusts

**£820 million**

NAO estimate of the cost of treating older patients in acute hospitals who no longer require acute treatment

**£0 to £640 million**

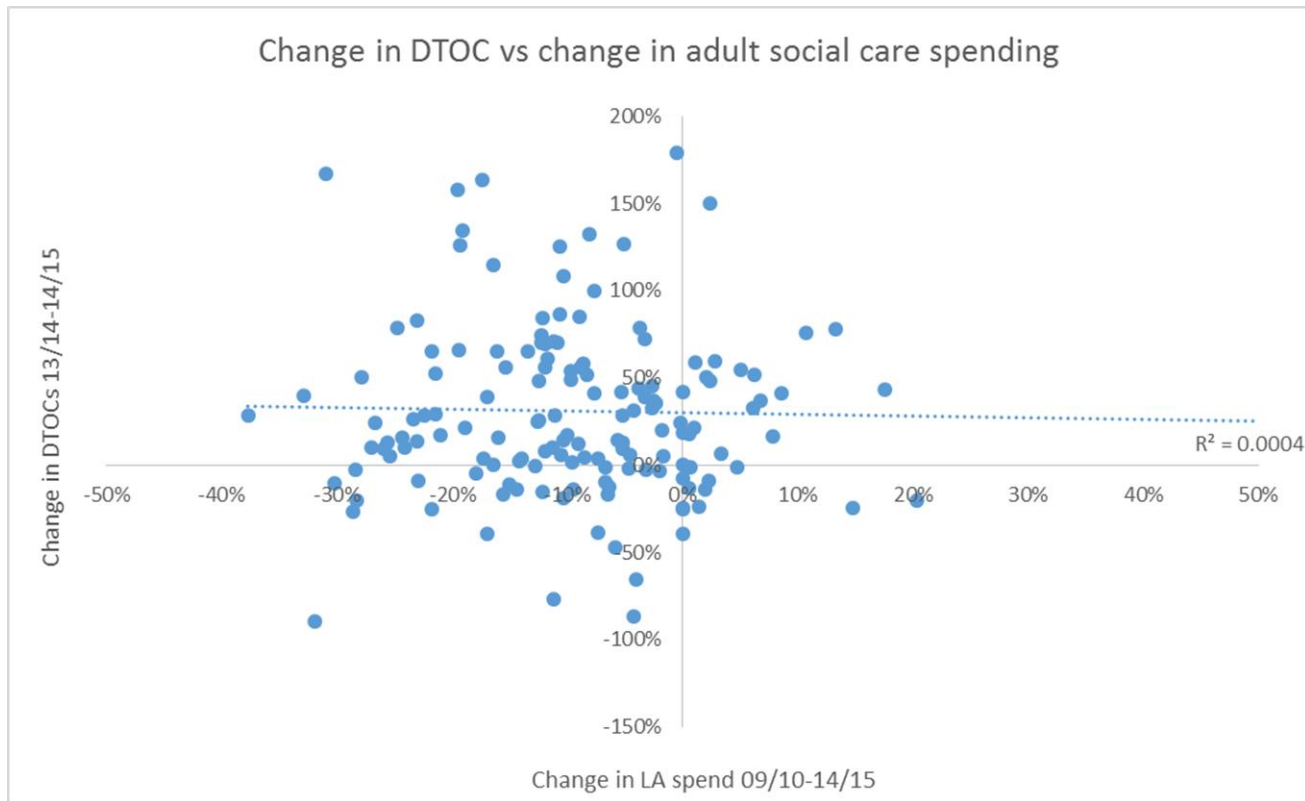
NHS England’s estimate, provided during PAC hearing, of the net cost of treating older patients in acute hospitals who no longer require acute treatment

**£180 million**

NAO estimate of the public cost of providing care for delayed patients either at home or in more appropriate care settings

# What can more spending deliver?

We found no correlation between the change in DTOC and the change in adult social care spending



# Thoughts

- Plans, or £2 billion, do not overcome the world
- Use what works but build on evidence
- Joint endeavour
- Timescale for change

# Thank you

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