Use of resources

How do you know you are making the best use of scarce resources?
Why do you need to know?

In general, adult social care tends to account for the largest proportion of councils’ controllable expenditure: the national average was around 35 per cent in 2014/15. Coupled with unprecedented financial pressures on local government as a whole and increases in demand, councils have been faced with demographic change, significant new legislation on social care and fundamental changes to the local government finance system.

It is widely acknowledged that there are ever greater numbers of older and disabled people needing essential care and support, their needs are increasingly complex and the costs of care have increased, with a corresponding increase in the number of carers. Many adult social care departments and service providers are finding that those approaching them for help tend to have more complex needs than in the past; and an increasing proportion need very specialist or expensive packages or placements. So, although fewer people are being supported by social services, the average amount spent on each individual is increasing in many places. Between 2009/10 and 2014/15 spending on adult social care fell by 17 per cent in real terms as councils’ overall budgets were reduced (source: the King’s Fund). This occurred at a time when the number of people looking for support increased by 14 per cent.

Most councils know that in the current financial climate they will be unable to keep pace with these demographic and financial pressures. Therefore, lead members for adult social care are having to engage in a fundamental re-think about how they use their scarce resources to benefit the most vulnerable members of their communities. The below offers some key messages to consider when undertaking this and some questions to lead members may wish consider when leading changes to the way services are developed and delivered.

Nationally, the LGA is well aware that adult social care is a vital public service that supports some of our most vulnerable people and promotes the wellbeing and independence of many more. Sustainable and new funding for adult social care remains one of key issues the LGA is calling on Government to address.

Questions to consider

Questions you may wish to consider when exploring whether your council is making the best use of scarce resources:

- Do you understand the relative size and the priority given to the adult social care budget within the context of the whole council budget? Be rigorous about understanding and challenging the costs of services, including those provided directly by the council.

- Do you understand information about the demand for your council’s services, and how demographic changes are impacting this?

- Are you clear about your council’s ‘offer’? Relatively few people will be entitled to council-funded social care, but many others will benefit from your council’s information service and wider work to build resilient communities. Are you communicating a vision of adult social care that stresses the promotion of independence, personalisation and social inclusion?

- How can you foster a culture in your council that allows its staff to innovate – while it is important to manage risk appropriately, this does not mean that you need to be wholly risk averse.

- Are you prepared to make hard decisions and drive them through? Some valued but traditional services will need to be replaced with new and better models that will be more suitable for future generations. How can you bring people on board locally?
• Are you welcoming external challenge on the way you are transforming services. The option of working with a strategic partner to identify and deliver savings can provide this form of challenge. Are you sharing your learning with other councils?

Do you wish to assure yourself about how well you are doing? You may wish to discover how your council compares with other councils with similar characteristics (see the tools available on LG Inform below). You may wish to explore:

• what proportion of your council’s controllable expenditure is spent on adult social care
• how much your council spends on adult social care per head of population
• what proportion of your adult social care budget is spent on each of the main customer groups and how this is changing
• what proportion of your adult social care budget is spent on residential and nursing home placements and how this differs between customer groups
• how many people you support, whether the number is increasing or decreasing and how this differs between customer groups
• how many carers you support, what their demographic profile is and how services for this group are developing
• what your services (including ‘in-house’ services and those purchased from the private and voluntary sectors) cost per head
• whether registered services in your council area (such as residential and nursing homes and domiciliary care services) are meeting Core Quality Commission’s (CQC) quality standards (and what your own observation from visits to care homes tells you about the quality of care)
• whether your ‘front-line’ is responding well to the demand, or whether there are signs of pressure (eg unacceptable waits for assessments or reviews)?

How can you make the best use of scarce resources?

Ensuring a sustained emphasis on prevention, community support and integration

Council will be supporting a small number people with high levels of need, whilst also seeking to support community-based and preventative services for more people with lower levels of need. It is recognised that it is difficult to get the balance right. The pressure is always there to use scarce resources for those in most acute need and there are similar pressures in the NHS. This means that there need to be system-wide initiatives that prevent or delay the need for social care – both across council services and with wider partners.

LGA research on a range of local prevention schemes suggests that investment in prevention could in some cases yield a net return of up to 90 per cent (See Prevention: a shared commitment in Useful Links below). Furthermore, focusing on the best ‘care pathway’ through approaches to health and care that are better integrated could realise efficiency savings of seven to 10 per cent (see references to LGA research and web resources below).

In adult social care, protecting expenditure on preventative measures that can defer or delay people needing longer term services and can have a long-term financial impact; and on early intervention, such as reablement after a stroke or fall, which can halt or slow down any deterioration and can have an almost immediate impact.

Local leaders will wish to champion a council-wide strategy (and also work with district councils, where applicable) to ensure that older and disabled people can lead full lives in the community. Working across the council can ensure, for example, that leisure and transport services are ‘age proofed’ and that council services in general are accessible to older and disabled people.
Local leaders will wish to ensure that – through health and wellbeing boards – that the council and the local NHS support each other in developing strategies that emphasise prevention, good community health services and greater integration with social care. Preventing or delaying ill health amongst adults and carers is now required by the Care Act and is an important component of the NHS Five Year Forward View. Prevention needs to be emphasised in the NHS Sustainability and Transformation Plan (STP) for the area. Lead members also want to ensure that the BCF supports local ambitions to improve people’s health and wellbeing, including shifting care to be more community based and preventive in approach.

An additional £2 billion funding for social care was announced in the 2017 Spring Budget, called the ‘improved Better Care Grant’. There may be different interpretations as to how best to direct this funding locally, so it is vital that lead members are clear where and what their communities’ areas of greatest need are and that funding is appropriately channelled to these (see the ‘Must Know’ on STPs and integration for more on these issues).

Despite – and while being honest and open – about financial pressures, councils will need collaborate with the community and voluntary sector to develop new ways of working that support people through local networks. (For example, promote the concept of ‘dementia-friendly’ communities.) This should aim to improve people’s independence, reduce loneliness and prevent or delay the need for state funded care.

Councils will also want to explore how they support informal carers. There is growing recognition of the importance of the 6.5 million informal carers in the UK who provide £132 billion of free support and who are themselves growing older as the people they care for live into extreme old age.

Questions to consider

Questions you may wish to consider when exploring whether your council is ensuring a sustained emphasis on prevention, community support and integration:

• Are you working with your Director of Public Health – and any members with responsibility for health – to prioritise prevention? Are you working with the lead member for public health and with your directors of public health and adult social care to ensure that early intervention and prevention of ill health have a central place in your strategy?

• Do collective place-based resources across the public sector reflect the need to shift resources towards prevention? Is your local NHS also getting this balance right? If not, what needs to change? What is your role in leading this change?

• How well are you and other members working through the health and wellbeing board to develop a strategy for integrated care with the NHS?

• How well do health and social care work together in local communities and hospitals – for example, to ensure appropriate and timely discharges from hospital; and developing integrated ‘reablement’ teams to ensure people regain independence after illness?

• Are you working with NHS partners and other councils to develop shared frameworks to monitor and manage performance with an emphasis on ensuring that the care and support ‘system’ offers optimum value for money. (This means ensuring that people are supported at home wherever possible, which is what they prefer, avoiding unnecessary use of expensive ‘institutional’ services like hospitals and care homes.)

• When making funding decisions about community services outside of social care services, such as leisure services, to what extent do your council consider the implications for users of adult social care services?
• Are you considering specific initiatives for the seasons that impact most of health, such as ‘winter warmth’ campaigns.

Taking positive steps to manage demand

Measures to prevent people developing the diseases and being able to manage the risks associated with old age, long-term illness and disability both enable people to live independently for longer and may also save resources. A key challenge is to try to contain the demand for social services.

One of the findings in the final report of the Adult Social Care Efficiency Programme (see links below) is that the better a council understands its demand and the impact current approaches make on expenditure, the more likely it is that the council will find further efficiencies.

All councils spend a large proportion of their budget on residential and nursing home care, the majority of which is usually spent on care for older people – but the proportion varies considerably from one council to the next. Most councils have a longstanding aim to shift expenditure away from residential and nursing homes, to maximise the resources available to support people in the community.

Some positive ways of managing the demand – both for councils and for people that use services and their carers – are:

• Ensuring people have access to good information and advice – that the ‘front door’ of the council has a positive approach to signposting people to alternative sources of help.

• Changing the culture – by putting a new emphasis on harnessing people’s own potential, maximising their recovery after an episode of ill-health, and helping them to access alternative forms of support in their communities. As most services are provided in the independent sector, it is very important that this new culture extends across all agencies and is actively promoted by the council.

• Protecting investment in services designed to prevent people from needing formal adult social care intervention.

• Fostering the assets already available in communities such as volunteers and informal support networks.

• Helping individuals and their carers to use their personal budgets to secure cost-effective services for themselves, maximising the contribution they themselves can make to their own care and support.

• Reduce reliance on high cost residential and nursing care by social care staff need to undertake assessments at an appropriate time and not from a hospital bed following a crisis.

• Making use of advances in technology (telecare) as part of service transformation to help people remain living independently for longer.

• Understand where there are gaps in services – where the quality and sustainability of services may be in question. Under the Care Act, councils have a duty for market-shaping. Ensure that officers map local provision, for example, by producing robust ‘Market Position Statements’, and that they plan ahead. Encourage the development of strong commissioning for outcomes and procurement functions, and of mature and constructive relationships with independent sector partners.

• Understand how recruitment and retention problems such as a shortage of domiciliary care workers may be impacting the delivery of care in your area. Be prepared to champion local recruitment campaigns – and work with others to make sure people are attracted to work in the care sector.
Questions to consider

Questions you may wish to consider when exploring whether your council is taking positive steps to manage demand:

• How is your council ‘managing the demand’ for adult social services? Is your current strategy successful? Is it dependent on some or all of the positive measures listed above?

• What is people’s experience of getting help and support from adult social care? For example, do they find it straightforward to find information about what help is available and what they might have to pay? If they are entitled to an assessment or services, do they have a timely response from the council?

• Are your processes efficient and do they make sense from the perspective of those seeking support?

• Do you have strategies in place to reduce expenditure on residential placements in favour of supporting people in the community? Are you monitoring progress towards this goal? If you are aiming to reduce the proportion of your adult social care budget spent on residential care, do you have a target for this?

• Are you putting resources into supporting informal carers based on your knowledge of their demographic profile in your area?

• Do you understand your local ‘markets’ – including both social care and housing markets – how these may need to change in response to changing need? (For example, do older and disabled people have access to suitable and affordable accommodation?). Are you working with other council departments and/or other councils to address gaps in the supply?

• Do you understand your local workforce, including whether/how recruitment and retention problems may be impacting the effective delivery of health and social care in your area?

• To what extent does your council routinely investigate whether new models of supported housing and new technologies (eg the use of alarms, aids and adaptations and telecare) might solve people’s problems in a cost effective way?

• How effective are your processes for evaluating whether commissioned services are delivering quality and value for money? (Are these processes applied equally to the services managed by the council and to those purchased from external providers?)

• Does the way in which you manage your budget enable adult social care (working with others) to meet its responsibility to safeguard people at risk of neglect or abuse? (See the ‘Must Know’ on safeguarding for more on this issue.)

• How successful is your council’s ‘personalisation’ programme in adult social care? Are people using their personal budgets to buy new and different kinds of support, which offer good value for money? Are their personal budgets giving them more choice and control? (See the ‘Must Know’ on personalisation for more on this issue.)

• How do you check the impact of budget reductions for particular groups, including those protected under the Equality Act 2010?

What further resources are available?

Key resources
The Association of Directors of Adult Social Care (ADASS) worked with the Chartered Institute of Public Finance and Accountancy (CIPFA) to develop an Advisory Risk Tool to help councils assess their financial risks: www.cipfa.org/socialrisktool

A range of LGA programmes seek to help your council make efficiency savings and generate income. A specific programme on health and adult social care efficiency includes information on efficiency opportunities in integration, public health, commissioning, adult social care and learning disabilities. www.local.gov.uk/our-support/efficiency-and-income-generation/care-and-health-efficiency
The LGA adult social care risk awareness tool supports health and care system leaders in targeting limited resources on the right issues in social care and identifying mitigating action to address their most pressing risks

The Towards Excellence in Adult Social Care (TEASC) programme (now ended) and Think Local Act Personal (TLAP) programmes produced a self-assessment toolkit in 2014 to enable councils to assess to what extent they are making best use of resources in adult social care

Funding for adult social care

Budget 2017 LGA on the day briefing:

Adult social care budget tool:
www.local.gov.uk/adult-social-care-budget-tool

Adult social care funding: state of the nation report, LGA (2016)

ADASS budget survey 2016:
www.adass.org.uk/budget-survey-2016/

General resources in care and health

Care and health efficiency:

Care and health improvement:
www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement

Informatics and integration:
www.local.gov.uk/topics/social-care-health-and-integration/informatics

Financial and sustainability risks:

Key data tools and resources:

Market shaping and commissioning:

Resources on integration:

Leadership of health and wellbeing:

Lead member development opportunities:
http://local.gov.uk/lead-member-development

Public health and prevention:
www.local.gov.uk/topics/social-care-health-and-integration/public-health

Sustainable funding for adult social care:
www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care
Systems resilience:

Principal advisers are the LGA’s focal point for discussions with councils about their improvement needs and the support available:
www.local.gov.uk/our-support/lga-principal-advisers

Related ‘Must Knows’

How do you know you are making progress in the personalisation of adult social care?

How do you know your council is performing well in adult social care?

How do you know if STPs are making a positive impact?

How do you know your council is being effective in keeping people safe?

How do you know that you are implementing care and support reforms effectively?


Updated April 2017