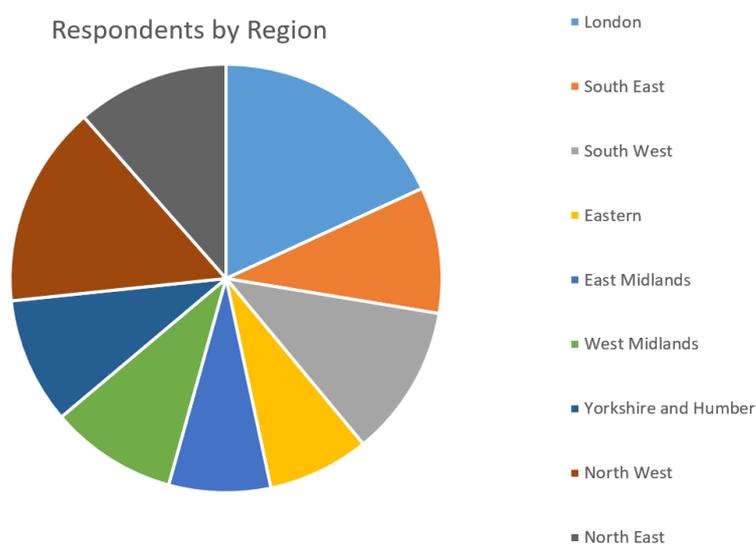


Autumn Short Survey of Directors of Adult Social Services 2017

Key Messages

The survey

To find out more about in-year pressures on council adult social care budgets, ADASS circulated a short survey to all 152 directors in England. The survey was open for two weeks in September 2017 and 105 (69%) directors responded. There was a good spread of responses across all nine local government regions.



This paper contains a summary of the data obtained.

Over and underspends against budget

55 councils or 53.4% of the sample have an in-year forecast overspend on their adult social care budgets. The range of overspend was from under £1000 up to £20.8m. The average overspend was £2m. 52 told us the percentage of their budget this represented, and this ranged from 0.01% up to 28% percent, with an average of 3.0%. 35 councils or 33.98% of the sample forecast to be on budget. A small proportion (13 councils or 12.62% of the sample) forecast to be underspent. For these councils this represented between 0.2% and 3.6% of the budget, with an average percentage underspend of 1.3%.

A number gave further commentary on the situation and for a significant number of those that are predicting to be on budget, this was only possible due to the additional iBCF funding. Some directors also referred to the use of reserves.

The provider market

Ease of obtaining services

Councils were asked if it was difficult, leading into winter, to find places in residential or nursing care or to find the required levels of home care. The most difficult service to obtain is a place in a nursing home, with 52.4% of councils finding it difficult or very difficult to get a place in a nursing home. 45.6% of councils said they found it difficult or very difficult to get homecare, and 20.21% of councils found it difficult or very difficult to get a place in a residential home.

Providers handing back contracts or ceasing to trade

50 councils had experienced handbacks of contracts. 46 (92.0%) of these had experienced handbacks in home care, 12 (24%) in residential care and 9 (18%) in nursing care. 6 councils (12%) had experienced contract handbacks from all three types of service.

64 councils had experienced provider closures, 36 of those (56.25%) in home care, 37 (57.8%) in residential care and 33 (51.6%) in nursing care. 13 councils (20%) had experienced closures all three types of service.

90 local authorities had experienced quality concerns, 74 (82.2%) in home care, 80 (88.9%) in residential care and 77 (85.6%) in nursing care. 61 (68%) had experienced quality issues in all three types of service.

74 councils told us how many people this had affected in their area. The total figure across those 74 councils was 27,815 people, which equated to an average of 376 people in each local authority area whose lives had been affected by quality issues or change of services due to contract handbacks or providers ceasing to trade.

This is a continuing story from our previous year's Autumn survey and our 2017 Budget Survey, and ADASS is working with representatives from across the sector to find ways to sustain social care markets, particularly home care markets, and to support its members to prevent provider and market failure, whether on the grounds of financial or quality issues, and to respond swiftly and effectively when provider failure happens.

National Living Wage/National Minimum Wage and Sleep-In Costs

71 councils responded to give an estimate the amount their council would pay for NLW/NMW for sleep-in shifts, per year, the average was £734,000, with an estimated annual total bill for those 71 councils of £52m, per year.

67 councils were able to provide an estimate of the amount required to cover the six-year back-pay for sleep-ins in council-run services. The average was £131,221 per council, with a total for those 67 councils of £8,791,794.

57 councils were able to provide an estimate of the amount required to cover the six-year back-pay for sleep-ins for all services in their area. The average was £1,782,974 per council area, with a total for those 57 council areas of £101,629,500.

This is a significant area of financial pressure for both providers of services and those that fund them, whether local authorities, CCGs funding NHS continuing health care or individuals funding their own care.

What would help to stabilise markets?

Councils were asked what would be most useful to stabilise markets before the winter pressures are experienced. Recognising that each local area faces different factors, 64 councils believed that the most useful would be new investment money ring-fenced to Adult Social Care, but with freedoms to spend it on what is required as a local priority. The second most useful was thought to be ring-fenced new funding to cover the 6-year back-pay of National Living Wage/National Minimum Wage sleep-in obligations. Winter premia were thought to be the third most useful. A significant number thought that providers publishing their fee rates would be helpful, and others would find guidance on an adequate benchmark price for care useful. The next most popular choice was help with market shaping and market facilitation. Other suggestions included a long-term funding solution for adult social care, to give stability and value to the sector, and support for recruitment and retention of sufficient care workers, including national promotion of adult social care as an attractive sector to work in, and national work on training, recruitment and status of homecare, care home, and nursing staff.

NHS-related pressures

Better Care Fund (BCF) Plans and Delayed Transfers of Care (DToC)

At the time of the survey, 93% of councils had agreed their local ambitions for delayed transfers of care with all parties locally. At that point:

- 78% had agreed NHS ambitions in line with national expectations
- 65% had agreed Social care ambitions in line with national expectations
- 22% had agreed NHS ambitions **not** in line with national expectations
- 28% had agreed Social care ambitions **not** in line with national expectations
- Only 1% had not locally agreed NHS ambitions, and only 1% had not locally agreed social care ambitions

When asked if the local agreed DtoC ambitions were realistic,

- 46% thought they were realistic for both NHS and Social Care ambitions
- 25% thought they were not realistic
- 22% thought they were realistic for social care but not NHS
- 8% thought they were realistic for NHS but not social care

Considering the responses on whether ambitions had been agreed and whether these were realistic, it is significant that at the time of the survey, although 62 councils agreed both NHS and social care ambitions in line with national expectations, only 32 of these councils thought both ambitions were realistic. 15 thought that the social care ambitions were realistic but not the NHS ambitions, and 4 thought the NHS ambitions were realistic but not the social care ambitions. 11 councils thought they were not realistic for either.

About 67 councils were able to estimate the cost of additional work required to undertake the BCF planning and agree the DToC ambitions. The estimated costs ranged from under £1,000 to £471,000.

DToC Fines

16 councils (16.67% of the sample) stated they had been fined in 16/17, and of those, 10 paid the fine. Fines ranged from £2,280 up to £280,540. 8 (8.5% of the sample) stated they had been fined in 17/18, and of those, 6 paid the fine. Fines since April 2017 ranged from £3,000 up to £99,970. 27 councils (29.7%) thought fines were likely to be used more in future, whereas 64 councils (70.3%) thought they were not.

Sustainability and Transformation Plans (STPs)

51% of councils believe that their local authority is engaged (22%) or very engaged (29%) with their STP. Only 17.7% of respondents are confident (13.5%) or very confident (4.2%) that their STP will deliver its aims.

Green Paper Priorities

Respondents were asked what they thought were the highest priorities for the forthcoming adult social care green paper.

- 84 councils (87.5%) believed that a long-term, financial model for sustainable adult social care is a high priority.
- 79 councils believed a clear commitment to sustainable care markets is a high priority (55 councils or 57.3%) or a priority (24 councils or 25%).
- 71 councils thought that understanding of need for managed transition to new financial model was a priority (32) or a high priority (39).
- 68 councils believed a recognition of adult social care in its own right, supporting people in terms of inclusion and engagement and promoting the social model is a high priority (39 councils or 41.1%) or a priority (29 councils or 30.5%).
- Consultation on pensions and benefits and on the use of insurance to pay for care cost was seen as slightly less of a priority although still supported by a significant number, with 43 councils (45.7%) seeing pensions and benefits consultation as a priority or high priority and 32 councils (34.1%) seeing consultation on insurance options as a priority or a high priority.

Other suggested priorities included social care workforce recruitment and retention, further support for joint work across health, housing and social care, a focus on “place” and asset-based approaches, a focus on sustainability and attention to working age adults and not just older people. It was also suggested that there should be clear timescales associated with publication and implementation.