

The challenges facing adult social care in Westminster

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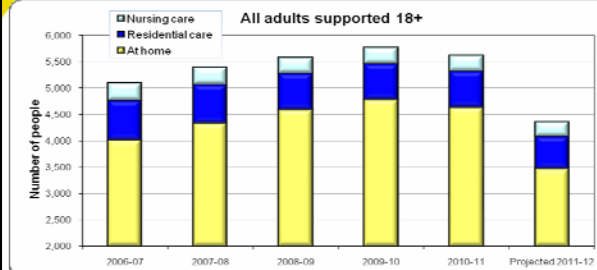
These are the toughest of times

- Adult Social Care must take £16 million out of its budgets over 2 years – circa 20%
- Linked to 3-5% inflation and 2-3% increases in demand
- The reasons are a combination of loss of Government Grant and other income
- This means a fundamental review as to the role and purpose for adult social care

Profile of Westminster ASC

- High proportion of older people living alone (2nd to K&C)
- High proportion of older people helped to live at home (13% compared with 6% in Southwark).
- High proportion of older people in residential care and we pay the 2nd highest costs for this in London (behind K&C who have lowest numbers) and highest costs for Nursing Care
- Most of our average costs are in the upper quartiles (for London)
- We have a lower than average population for adults with learning disabilities (but high spend on assessment and care management)
- We support a low number of carers (below London average) but offer a high number of breaks at an above average cost
- The number of safeguarding alerts has trebled in last two years
- We have the second highest estimated proportion of harmful drinkers

All adults supported 18+



Tri-Borough

Joint Commissioning and Procurement

- A single team that will deliver the agreed Westminster commissioning plan gaining the benefits of the purchasing power of three organisations (Kensington & Chelsea, Hammersmith & Fulham and Westminster) under a single Strategic Director

Joint services with Health

- A single team with Community Health that will assess and care manage older people to sit alongside our existing joint teams which operate in learning disability, mental health and substance misuse. The operational plan will be set by Westminster City Council

- This provides about 25% of the solution

New Models of Care

- Evidence suggests that:
 - Giving older people a little bit of help may accelerate their need for more intensive help
 - That many older people will recover from a medical intervention given time and the right support
 - That active engagement of older people can be very positive – that passive giving to older people can have a negative impact on them.
 - That older people should not be assessed for longer term care when they are in a crisis
 - That supporting carers is a positive way of helping them provide the care required by a loved one.

- That people with disabilities can develop their potential outside of the social care system
- That recovery, recuperation and rehabilitation are the focus on modern social care systems
- That better performance by health can reduce demand for social care

New model for Westminster

- Focus on how to intervene in people's lives in a way that does not increase their dependency –
RECOVERY **REHABILITATION**
RECUPERATION **REABLEMENT**
- Focus on community capacity and individual resilience as the base of civic society
- Focus on "expert patient" with a degree of self managed care
- Focus on personal budgets

Challenges

Old Westminster

- Help everyone we can
- Focus on safeguarding and quality
- Protect citizens at risk
- Fund community projects
- Give grants to voluntary organisations
- Some personal budgets
- Joint Commissioning with Health

New Westminster

- Keep people out of the care system - reduce levels of care
- Focus on empowering citizens to take control
- Focus on managing risk
- Working with communities and encourage them to raise monies and use volunteers
- Everyone has a Personal Budget
- Joint Objectives and some Joint Services with Health
- Procure through Tri-Borough

Not for Westminster

- We don't want services that create dependency
- We don't want services that are totally reliant on the local state
- We don't want to give grants
- We don't want to fund projects that are just repeating the same old services
- We don't want services that cant respond to personal budgets

We do want.....

- We need your innovation and creativity to find local solutions for local people
- We want to work with organisations that can show the outcomes they deliver for people
- We want organisations that can find some resources outside of the public purse – including volunteers
- We want services that can connect up the various systems – Health, Welfare, Benefits etc – work in partnerships
- We want services that actively engage with citizens and communities