Adult Social Care Scrutiny Commission

Increasing Demand in the Working Age Adult Population

Date: 8th September 2016

Lead Director: Steven Forbes

Useful information

- Ward(s) affected: All
- Report author: Ruth Lake
- Author contact details: 454 5551
- Report version: 1

1. Summary

1.1 This report provides an overview of the issues relating to a rise in demand for Adult Social Care services from people aged under 65.

1.2 The report sets out the activity date but also identifies the factors that may influence this trend, noting the role of ASC but also other agencies and of individuals themselves in managing this pressure into the future.

2. Recommendations

2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and make any comments

3. Report

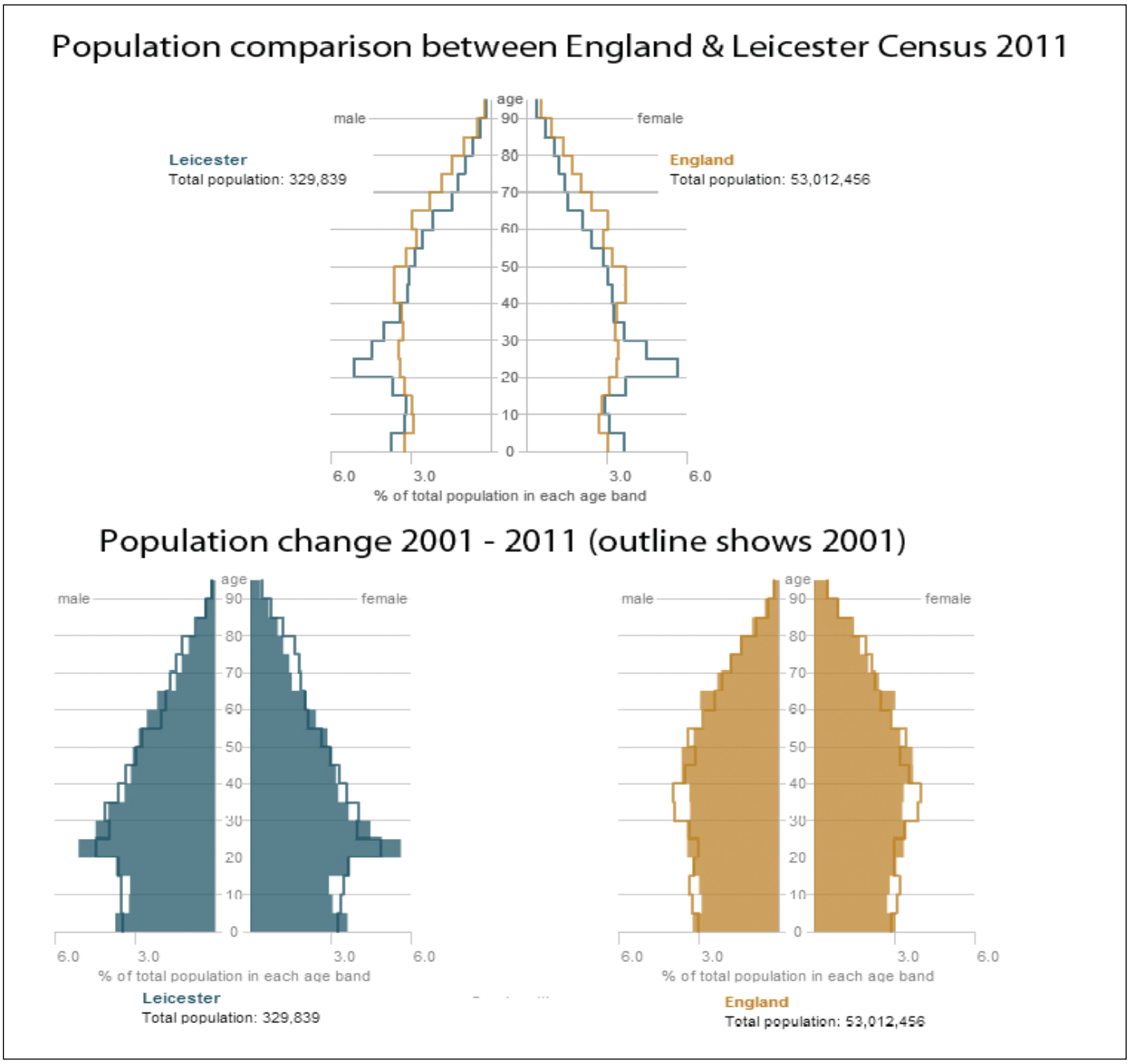
3.1 Context

3.1.1 Nationally, there has been growing concern about the ability of social care and health services to manage the cost and capacity pressures that arise from an ageing population. The widely held view is that people are living longer, with a more complex range of health conditions and disabilities, including dementia, which is putting services under increasing strain. In the context of reducing resources, there is a real concern that services will simply not be able to cope.

3.1.2 Within Leicester City, it has been noted that there has been significant growth in demand for support from people who are of working age, which adds a different context to the local challenge.

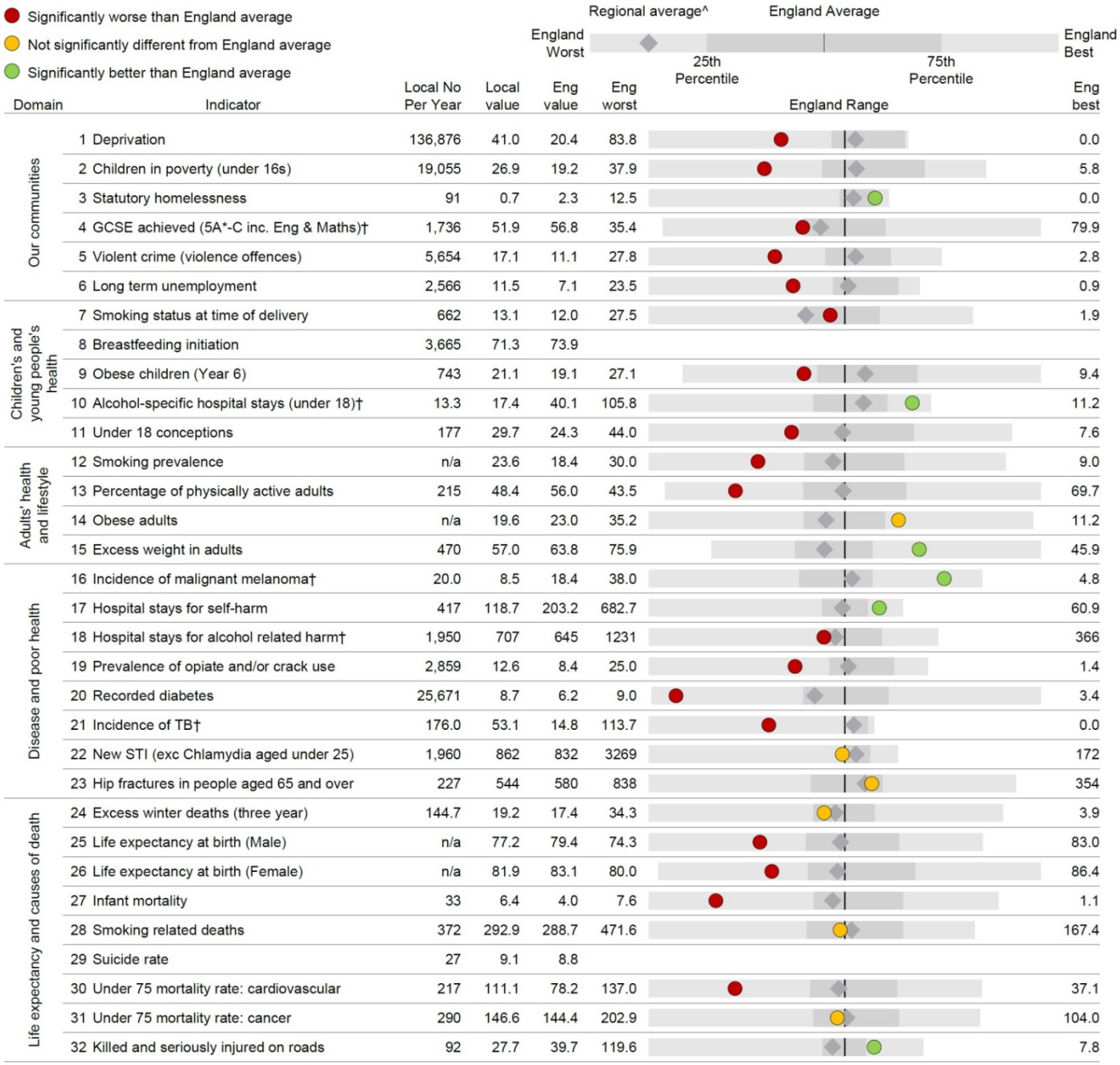
3.2 Our population

3.2.1 We know that the population in the city is younger than the national average but also highly deprived.



3.2.2 In many of the indicators of population wellbeing, people fare poorly.

Health indicators for Leicester compared with England

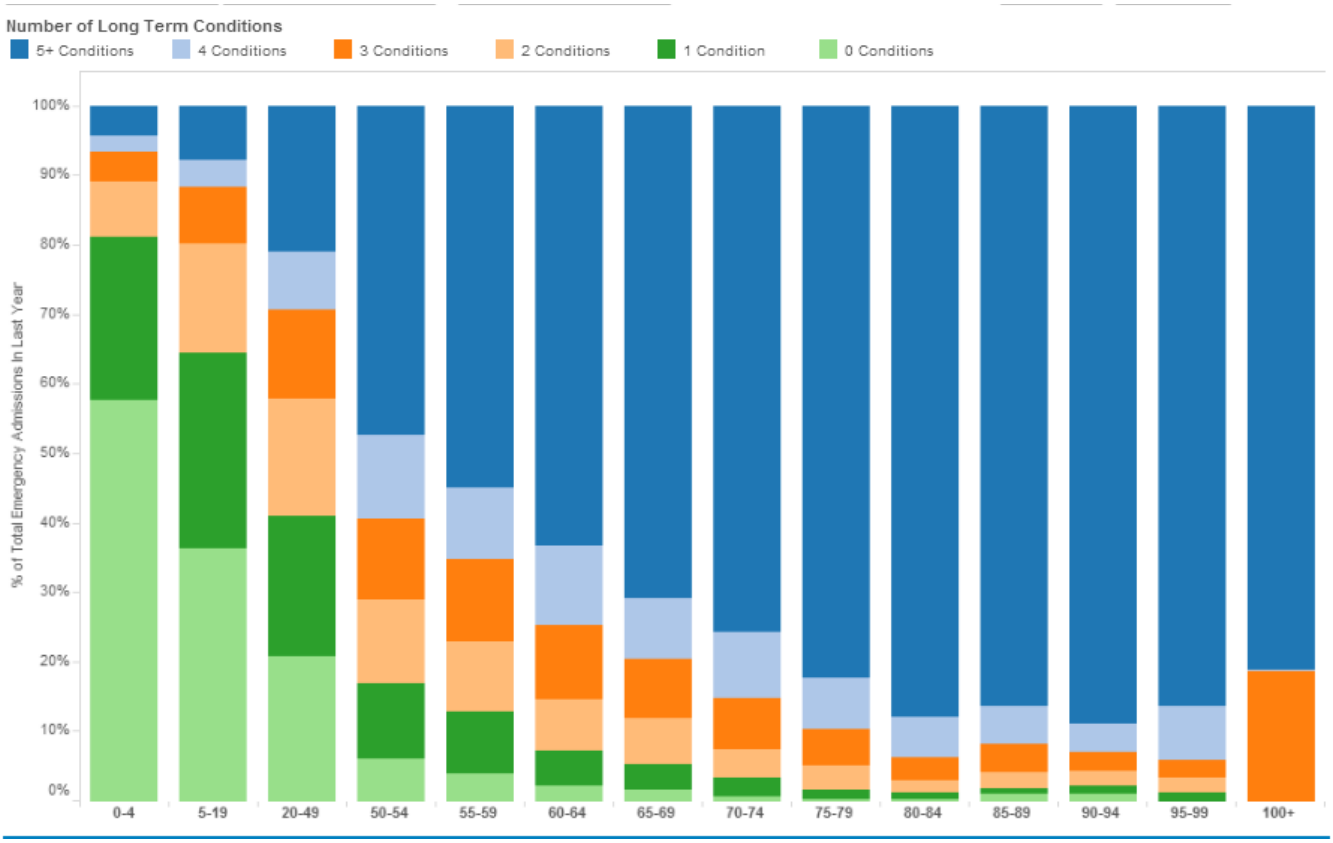


Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	136,876	41.0	20.4	83.8	0.0
	2	Children in poverty (under 16s)	19,055	26.9	19.2	37.9	5.8
	3	Statutory homelessness	91	0.7	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	1,736	51.9	56.8	35.4	79.9
	5	Violent crime (violence offences)	5,654	17.1	11.1	27.8	2.8
	6	Long term unemployment	2,566	11.5	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	662	13.1	12.0	27.5	1.9
	8	Breastfeeding initiation	3,665	71.3	73.9		
	9	Obese children (Year 6)	743	21.1	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)†	13.3	17.4	40.1	105.8	11.2
	11	Under 18 conceptions	177	29.7	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	23.6	18.4	30.0	9.0
	13	Percentage of physically active adults	215	48.4	56.0	43.5	69.7
	14	Obese adults	n/a	19.6	23.0	35.2	11.2
	15	Excess weight in adults	470	57.0	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma†	20.0	8.5	18.4	38.0	4.8
	17	Hospital stays for self-harm	417	118.7	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm†	1,950	707	645	1231	366
	19	Prevalence of opiate and/or crack use	2,859	12.6	8.4	25.0	1.4
	20	Recorded diabetes	25,671	8.7	6.2	9.0	3.4
	21	Incidence of TB†	176.0	53.1	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	1,960	862	832	3269	172
	23	Hip fractures in people aged 65 and over	227	544	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	144.7	19.2	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	77.2	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	81.9	83.1	80.0	86.4
	27	Infant mortality	33	6.4	4.0	7.6	1.1
	28	Smoking related deaths	372	292.9	288.7	471.6	167.4
	29	Suicide rate	27	9.1	8.8		
	30	Under 75 mortality rate: cardiovascular	217	111.1	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	290	146.6	144.4	202.9	104.0
	32	Killed and seriously injured on roads	92	27.7	39.7	119.6	7.8

This is notable for issues relating to lifestyle, such as smoking, levels of activity and diabetes

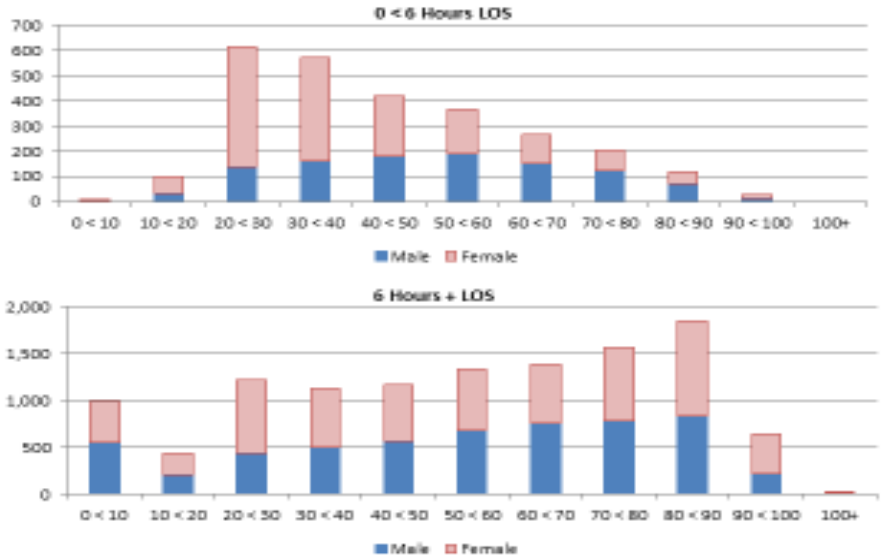
3.2.3 The correlation with demand for services is evident. Rather than simply age alone driving

demand, we can see that it is the presence of multiple long term conditions that does so. As these are prevalent across a wider adult age group than on other areas, and are significant in number, it is perhaps unsurprising that working age adults are a demand pressure.



3.2.4 In terms of acute activity, the health system has noted the growth in emergency admissions within the working age adult profile and also the short Length of Stay (LOS) for this cohort. The following table illustrates the activity by gender and age, highlighting the demand from short stay emergency admissions in the working age adult population.

2015/16 emergency admissions profiled by LOS, age and sex



- High volume of short stay admissions in 20-40 age bands, increasing in number year on year (18% growth 13/14 to 14/15; 39% growth 14/15 to 15/16)

3.2.5 With regards to ASC clients, the table below identifies that change in our client base over the course of 2015/16. It is notable that:

- There was a net increase of 54 working age adults with mental health needs (11% growth)
- There was a net increase of 83 working age adults with physical disabilities (12% growth)
- The numbers of older people supported is relatively static

LONG TERM SU NUMBER MOVEMENT IN 2015/16

	MENTAL HEALTH			LEARNING DISABILITY			PHYSICAL DISABILITY			OTHER			TOTAL		
	< 65 yrs	65+	Total	< 65 yrs	65+	Total	< 65 yrs	65+	Total	< 65 yrs	65+	Total	< 65 yrs	65+	Total
SU Numbers at 1 April 2015	**489**	**977**	**1,466**	**828**	**139**	**967**	**711**	**1,970**	**2,681**	**66**	**44**	**110**	**2,094**	**3,130**	**5,224**
New long term SU numbers in year	**110**	**164**	**274**	**71**	**1**	**72**	**173**	**629**	**802**	**22**	**9**	**31**	**376**	**803**	**1,179**
(of which Long Term Residential)	*17*	*17*	*34*	*3*	*0*	*3*	*0*	*16*	*16*	*0*	*2*	*2*	*20*	*35*	*55*
SU enders in year	**56**	**247**	**303**	**67**	**10**	**77**	**90**	**512**	**602**	**35**	**25**	**60**	**248**	**794**	**1,042**
Net change in long term SU numbers	**54**	**-83**	**-29**	**4**	**-9**	**-5**	**83**	**117**	**200**	**-13**	**-16**	**-29**	**128**	**9**	**137**
SU Numbers at 31 March 2016	**543**	**894**	**1,437**	**832**	**130**	**962**	**794**	**2,087**	**2,881**	**53**	**28**	**81**	**2,222**	**3,139**	**5,361**

3.2.6 Local intelligence on contact during this year (2016/17 to date) identifies that we are receiving more contacts about people under 65 than we are for over 65's.

Count of Person ID	Age band	
Action Taken	Over 65	Under 65	Grand Total
Information/Advice Given Only	366	534	900
Link to Existing Case	176	66	242
Link to Existing Safeguarding Adults Episode Only	1	1	2
No Further Action from Contact	177	138	315
Progress to New Case	436	424	860
Service at Point of Contact	24	9	33
Signposted to Other Agency	556	690	1246
Start New Safeguarding Adults Episode Only	60	33	93
Grand Total	1796	1895	3691

3.3 What does this mean?

3.3.1 Demand for services is driven by people who have multiple long term conditions (LTC). In Leicester people are living with multiple LTCs at an earlier age than in other parts of the country. This can be seen to translate into demand for urgent care as well as ongoing health and social care services in the working age population that is above that which you would expect to see. The table below illustrates the higher numbers of people being provided with long term support, but also noting the comparatively lower cost per individual due to low unit costs for services in Leicester. It is numbers of people rather than costs of services that is driving the local pressures.

Supported adults 18-65 comparator data

(all 2014/15)	**Leicester**	**Comparator average**	**England average**
Number of 18 – 65 supported in residential / nursing care	410	247	311
Number of 18 – 65 receiving long term community support	1,925	1,214	1,570
Number of 18 – 65 supported	2,335	1,461	1,881
Average annual cost per person 18 - 65	£18,008	£18,359	£21,828

3.3.2 There is also an impact on informal care in the city, as the population that we might be expecting to care for an ageing population may themselves be living with health conditions.

3.3.3 The precipitating factors, given the available public health information, can be linked back to issues that affect people from birth – deprivation and unhealthy lifestyles resulting in high levels of physical and mental health needs.

3.3.4 Our recent concentrated efforts to work with older people, through the Better Care Fund (BCF), can be viewed as positive given the city is bucking the trend in this area: static, moving towards reduced, emergency admissions and a steady state in social care clients. The initiatives in place have been designed around a cohort of people that are 'frail'. However the growing demand in working age adults will need a different, tailored solution. This will be the focus of the integrated systems of care that are now moving forward, building on the BCF work to date.

3.4 A sustainable future?

3.4.1 By the time people present at the ASC front door it is too late to make any meaningful intervention to improve health and reduce demand for care. Opportunities to reduce dependency can be effective in delaying the need for care and this is where our preventative focus has been, at this tertiary level.

- Our approach to advice, information and guidance is predicated on giving people an early and meaningful offer that helps them to find solutions within their own or community resources. By giving relevant advice, people can access support that promotes their overall wellbeing and also meets specific needs, such a community involvement.

- Our reablement service is a long established offer to people who appear to have needs that, if not addressed, may require care and support from ASC. Primarily aimed at people with functional restrictions or age related issues, it has demonstrated its effectiveness in supporting people to become more independent, with around 51 – 53% of people being fully independent at the conclusion of the reablement intervention.

- Enablement is a new service from April 2016, complimentary to reablement, in offering independence focussed support to people with learning disabilities and mental health issues. It aims to enhance people's ability to self-care, to participate in community activities, to find work, training and with practical issues such as budgeting and travel training. It offers a 12 week intervention and due to the short time that this service has been operating the performance data is still emerging. However this has been a service gap and it is anticipated that it will significantly reduce the dependency of people on statutory services.

- The department is currently looking to develop its assessment and support offer to an asset based approach. Whilst we already focus on people's strengths during the assessment process, there is an opportunity to develop a more explicit asset based model and this has been adopted in other areas with some early indications of success in reducing need for statutory services.

3.4.2 The real challenge lies in tackling the factors against which good or poor health are predicated. The city has had a very positive uptake of the NHS Health Checks programme. The Health Checks programme goes some way to helping to address the impact of deprivation and can be seen as a 'mid-life MOT'. All adults aged 40-74, who do not already have any pre-existing conditions (as GPs will be aware of these patients and managing them anyway) will be invited once every 5 years on a rolling basis to have a Health Check. This enables early identification of health problems or factors which could lead to health problems, such as weight / smoking etc and improved treatment / self-care.

3.4.3 The health and care economy is beginning to pull together its focus and resources in relation to preventative work through the Sustainability and Transformation Plan. This is vital if the city is to effectively target those people who will, in future years, create a demand for services that cannot be afforded.

3.4.4 It should be noted that the public health strategy in development will have a strong focus on mental health, this being an important factor in determining overall health and wellbeing.

4. Financial, legal and other implications

4.1 Financial implications

Our *overall* growth in service user numbers in 2015/16 was 2.6% (as per the table on page 7) and the impact of this together with the increased cost of service users as their condition deteriorates has been included in the budget for care package costs. The growth in service user numbers by individual age groups and service need is continually reviewed and any significant change will be factored into the budget.

Martin Judson, Head of Finance

4.2 Legal implications

There are no direct implications arising from this report Pretty Patel, Head of Law ext 1457

4.3 Climate Change and Carbon Reduction implications

There are no climate change implications resulting from this report

4.4 Equalities Implications

Equalities considerations in keeping with our Public Sector Equality Duty (PSED) tend to be reflective, considering service take up by and outcomes for service users on the basis of the protected characteristics relevant to that service provision. An evidence base capturing protected characteristics needs to be in place in order for us to be able to demonstrate that we satisfy our PSED requirements: that we do not discriminate against any particular group because of their protected characteristic(s), that we promote equality of opportunity in regard to the achievement of intended service outcomes, and that we foster good relations between different groups of people. The report presents an emerging trend. From an equalities perspective, the main consideration is the collection of information on the protected characteristics of those featured within this emerging trend and that the implications of this profile be considered during the various stages of any proposed programme development arising, to ensure that due regard is paid to our PSED duty. Irene Kszyk, Corporate Equalities Lead, ext 374147

4.5 Other Implications

None noted

5. Background information and other papers:

N/A

6. Summary of appendices:

N/A