SOCIAL CARE

What’s the issue?

“The Children Act 1989 places a general duty on all local authorities to ‘safeguard and promote the welfare of children within their area who are in need’. Local authorities are required to investigate the child’s circumstances and take any action to safeguard or promote the child’s welfare. They also have some responsibilities for young people over 18 years, for example, those with disabilities or who have been ‘looked after’” [68].

“The Care Act 2014 provides the legislation regarding the provision of care and support services to older and disabled people, and their carers, plus safeguarding vulnerable adults from abuse and neglect” [69]. “The Act begins by defining the primary responsibility of local authorities as the promotion of individual wellbeing. There is a shift from the duty to provide a service to meeting needs. A key part of the Act is a focus on preventing or delaying the need for support. Carers are also given significant new entitlements under the Act” [70].

With the ageing population, the need for social care will increase. Furthermore, people are living longer with increasingly complex health needs which place additional needs on scarce resources.

What’s our situation?

From the Child Health Profiles [18], there were 645 children aged under 18 years in care in Hull at the end of 2015/16 which gives a rate of 116 per 10,000 population which is almost twice as high as England (60).

From the Adult Social Care Survey 2015/16 [71, 72], the quality of life of service users in Hull (average score 19.6 out of 24) was higher than for England and the Yorkshire and Humber region (both 19.1). Eight in ten service users in Hull reported that they had control over their daily life, again higher than for England (76.6%) and the region (76.2%).

Most service users accessing long-term support in Hull received self-directed support (86.1%), slightly lower than England (86.9%) and the region (87.9%). Around one-third of Hull’s service users accessing long-term support received direct payments (33.4%) higher than England (28.1%) and the region (25.8%).

For 2015/16, hardly any of the service users aged 18-64 years with a learning disability were in paid employment in Hull (0.9%) which was lower than England (5.8%), the region (6.3%) and all comparators (range 1.7% to 13.2%). Around three-quarters lived in their own home or with their family (74.7%) which was quite similar to England (75.4%) and the region (78.6%). Among adults in contact with secondary mental health services, 6.8% were in paid employment in Hull which was similar to England (6.7%), but slightly lower than the regional average (8.2%). Almost three-quarters were living independently with or without support (73.4%) which was higher than England (58.6%) and the region (64.7%). Among all service users surveyed, 54.2% had as much social contact as they would like which was higher than England (45.4%), the region (46.0%) and second highest of 11 comparators (range 41.4% to 79.7%).

Long-term support needs were met by admission to residential and nursing care homes for 15.7 per 100,000 younger adults aged 18-64 years which was higher than England (13.3) and the region (13.9), and for 878 per 100,000 older adults aged 65+ years which was also higher than England (628) and the region (700). Nine in ten (90.8%) of the older people discharged into these services were still living at home 91 days after discharge from hospital which was higher than England (82.7%), the region (82.9%) and ten of the 11 comparator areas. Only 2.5% of people aged 65+ years received reablement / rehabilitation services following discharge from hospital which was lower than England (2.9%) and the region (3.1%). There were 8.5 delayed transfers of care from hospital per 100,000 population (lower then England at 12.1% and the region at 10.2%), and 3.6% of delays were attributable to social care (which was lower than England at 4.7% but slightly higher.
than the region at 3.4%). The number of new service users who had short-term support in the year who went on to have either no ongoing support or a lower level of support in Hull (56.1%) was much lower than England (75.8%), the region (73.1%) and all but one comparator area.

At 70.7%, the proportion of service users satisfied with the care and support they receive was statistically significantly higher than both England (64.4%) and the region (63.8%), and higher than all 11 comparator local authorities. Three-quarters (76.0%) of service users find it easy to find information about support which was higher than England (73.5%), the region (75.3%) and nine of 11 comparator areas. Seven in ten (69.5%) of services users felt safe which was similar to England and the region, and nine in ten (90.7%) of people who use services said that those services have made them feel safe and secure which was slightly higher than England (85.4%) and the region (85.9%).

For more detailed information, see the JSNA Toolkit: Housing, Environment and Social Care report.

What are the strategic needs?

There is a need to work with partners to ensure that services are integrated, high quality and accessible in ways that offer people appropriate choices. Collaboration with partners to promote self-care, reablement or mutual support in community settings so this is viewed as the norm and reduce reliance on residential or home care will be a key feature. Another focus is to ensure, where appropriate, that the provision of specialist and adapted housing is fit for purpose. The new Care Act 2014 focuses around meeting needs and promoting wellbeing rather than simply the provision of services and on preventing, reducing or delaying the development of need. Therefore, individual needs should be assessed holistically within the context of their support network and each individual's circumstances considered to provide the most appropriate care, help and support for that individual.

One of the aims of the local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans (STP) [3] is to support everyone to manage their own care better through communities and public and voluntary sector organisations working together which includes those providing social care (see the glossary (www.hullpublichealth.org/jsna2017.html#c82) for more information). Work is ongoing in Hull around the asset-based approach which utilises assets within the community to support people and improve their health. Such approaches can be used to tackle the problems within social care and help people feel better through the ability to help themselves and not so reliant on services. Furthermore, the asset-based approach focuses on the holistic approach rather than previous reliance of solving health needs through the provision of multiple different services for different conditions or problems (see the JSNA section on social capital and asset-based approach (www.hullpublichealth.org/jsna2017.html#c14) for more information). Within the STP, there are processes being put in place around technology which can be used to transform health and care services, as well as developing a single electronic care record that can be shared and accessed by health and care professionals, meaning that people will tell their story only once.

The aim is to identify our most vulnerable citizens and work with them to address their specific needs, and support ‘Fuel, Food and Finance’ anti-poverty initiatives that help people minimise the health impact of welfare reform and cost of living rises (e.g. initiatives that enable people to prevent, manage or recover from debt).
References


