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What are the Priorities for Reform of the Adult Social Care System?

INTRODUCTION

Roger Gough, Senior Adviser, Localis



Adult social care is one of local government's most vital services, but it is also the system's lurking iceberg. Spending pressures continue to mount, chiefly because of demography. This is often taken to reflect our ageing population, with a rising proportion of elderly and very old people with greater needs for care, and with the prospect of especially rapid growth in conditions such as dementia. However, there are also growing needs from much younger adults with serious needs, more of whom are surviving through childhood than would once have been the case. In itself, of course, this is good news – but the service needs that follow from it have to be addressed. Meanwhile there is, quite rightly, continuing pressure for better, more personal service.

“Adult social care is local government’s lurking iceberg”

The contributions to this Policy Platform demonstrate the three key ways in which the issue is being addressed. One is the provision of more personal service through measures such as direct payments and individual budgets, moving away from old-style paternalism to much greater control by the user. The shift towards contracting out of social care under the 1990 Act has already meant significant changes in the role of local authorities, and ‘personalisation’ will shift it further still. Secondly, there is an emphasis on prevention and measures that enable people to live longer in their own homes – something that is harder to do when financial pressures are forcing many councils to tighten their eligibility criteria. Thirdly, there is the need for ever-improved joint work with the health service.

In all three areas, many councils can demonstrate significant progress and achievements. However, while all are desirable and essential, they cannot address the fundamental flaws in the current financing system described by analysts such as Wanless. The issue is a very difficult one – which is why the government has been so slow to address it in almost twelve years in office – but it cannot be deferred indefinitely. The iceberg is still out there.

LONDON BOROUGH OF BARNET

Councillor Mike Freer, Leader



Reflecting on this question a statement made by Douglas Jay made over 60 years ago springs to mind: “In the case of nutrition and health, as in the case of education, the gentleman in Whitehall really does know better what is good for people than people know themselves”. This has been the widespread experience of current users of the adult social care system but it’s a view which we have challenged strongly in my authority as we try to do things differently.

Our philosophy is not new. Arthur Seldon articulated it succinctly as far back as 1978: “cash gives choice and dignity whereas welfare systems enslave” but only recently has the personalisation agenda in adult social care really come into its own. Whether you approach this from the Public Service 2.0 agenda of Charlie Leadbeater, which focuses on the empowerment outcomes of direct grants, or from an economic perspective in terms of efficiencies that can be gained, it makes sense to us in Barnet.

Of course transforming adult social care is extremely problematic and is the area probably least touched by the modernisation of public services. The high vulnerability of the people receiving services has made providers and funders highly risk averse. But the evidence from pilot schemes and international experience is showing that giving people with disabilities cash instead of services can transform their lives.

“Giving people with disabilities cash instead of services can transform lives”

The provision of social services is a huge market with spending in England accounting for more than £19 billion per annum and more than two million people receiving some sort of publicly funded care. Clearly with



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these sums there is need for a debate about how much the government should spend on these services and even if a greater market develops what role the government and taxpayer will have in providing funding for some older people and those with significant disabilities. Our belief in Barnet is that the simplest way of achieving the best results both economic and in care terms is to give the money to the person involved so that it becomes their money. We believe that they will be more likely to use it in a cost effective way and in a way that responds more closely to their needs.

“98% of people said they were ‘quite’ or ‘really happy’ once they had individualised budgets”

But there is always a danger that individualised budgets, as this approach is referred to, will only be taken up by a minority of people leaving the social care system falling short of the transformation that is required. How can local authorities ensure that individualised budgets become the norm for social care provision with the option of having services provided through the council reserved for those who are completely incapable of looking after themselves?

Local authorities will have to take a completely different approach to achieve this. Current services will need to be decommissioned. Social workers will take on a very different role (that of broker rather than social worker) and there will be fewer of them. The market will have to respond by providing new services for individuals to purchase. But the prize for this transformation will be a huge improvement in the quality of services for the most vulnerable people.

Choice is the key where money empowers people to make their own choices and the sums involved are not insignificant. For many people with disabilities, care packages costing over £100,000 a year are not unusual. While costs in the sector are high it is clear that individuals will have significant purchasing power and will choose to purchase differently. Results from pilot projects indicate, for example, that people tend to employ friends and relatives in caring roles. There has been some unease about this but even small amounts of money can help reinforce family support and reduce dependence on the state.

And what of the paternalistic question that is asked “What if people make the wrong choices”? There are worries that people will spend the money on frivolous

things ignoring their more practical needs or that they may run out of money and the state would need to step in. But this is based on the erroneous assumption that disabled or older people and their carers are somehow less capable than the able-bodied of assessing their own needs and managing risks. Pilots of individual budgets carried out by Mencap show that even people with significant disabilities are able to make choices about their lives and that those choices improved the quality of their lives. The clearest evidence of the success of the individualised budget approach comes from the report on the pilots carried out by In Control (2006). This found that overall satisfaction with the support individuals were receiving increased from 48% saying they were quite or really happy with the support they were receiving to 98% of people saying they were quite or really happy once they had individualised budgets (p.82).

We need to change so that the state becomes facilitator rather than provider stimulating the market and encouraging welfare independence. Giving individuals cash gives them real choice and in Barnet we believe this is what will make the difference to adult social care. The customer in all other fields is king and unless we change can we really hand on heart claim that the disabled and vulnerable feel they are kings in the public sector? We need to make it so.

KENT COUNTY COUNCIL
Graham Gibbens, Cabinet Member for Adult Social Services



I have been the Cabinet Member for adult social care in Kent for just 4 months so these are very much my first impressions. The very first thing that strikes me is the staff – their dedication, their enthusiasm and their common-sense. Kent Adult Social Services has recently embarked on a radical transformation of every aspect of how it assesses need and how services are delivered. All these changes are challenging for staff and there will be a reduction in the number of managerial posts. There are gripes and anxieties, of course, but it is the level of maturity and the continuing focus on improvement shown by the staff that impresses most, not resting on the laurels of 7 consecutive years of top-ranking 3-star performance.



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The second thing I have noticed is the avoidable complexity of the legislative and regulatory frameworks – the “system” is encrusted and weighed down with 60 years of incremental (and not always joined-up) legislation and a pernicky top-down performance regime that still focuses – whatever the rhetoric – on inputs and compliance with central diktat.

“We are still hamstrung by a reliance on ‘welfare’ legislation”

As we move forward on personalisation and the entirely right focus on empowerment, we are still hamstrung by a reliance on ‘welfare’ legislation, some of which qualified for its bus pass last year. A review of the legislative framework is “promised” – it cannot come soon enough.

There is not the time here to dwell on the detail of funding of adult social care but many readers will know what I mean. Over many years, a tweak here, a tweak there - anything to avoid a fundamental fresh look. Another delayed Green Paper (in “this spring” we now hear) and almost certainly a General Election before anything substantive. Patience is a necessity, not a virtue!

My final first impression concerns the relationships between social and health care. The one that really matters is the one where people have both social and health care needs. There is always room for improvement but I get a strong impression the frontline relationships are very sound. Elsewhere, we have close and mature relationships – not always the best of friends but we never stop communicating.

So what should be our priorities for reform?

Reforming how we *think* about social care is top of my list. I see stronger parallels between tackling health inequalities and what are called “preventative strategies” than perhaps are evident at first sight. We should, of course, be thinking about a saner funding method (a whole Policy Platform in its own right) but, being brutally honest, no government is ever going to make the sustained effort to close the affordability gap. At best, we will continue playing “catch up” in times of relative plenty.

Our best option, therefore, is to see what we can do to change the demand side. We already know at a fairly sophisticated level what demand looks like in terms of

the needs it throws up and where in our communities it is concentrated. However, we seem less confident about taking the big bold steps that allow need to be expressed and met in different ways that will, over time, make the regulatory regime for care services and the performance regime for councils increasingly irrelevant. Innovation maybe encouraged, but it is certainly not enabled, by the current system.

The history of our innovations around assistive technology, especially telehealth, is illuminating – a case study in radical innovation in how to creatively manage the demand side being held back during its early stages by central inertia and caution. We have more support from the centre now but a climate that **actively** encouraged risk-managed innovation (not windy words) could have saved time, effort and money. Why so important? This sort of innovation can prompt a quantum change in self-management (and this is just as true for PCTs in view of their fairly narrow “expert patients” programmes).

Of all the demography-related trends, the anticipated growth in numbers of those suffering from dementia is critical. The oft-heralded national dementia strategy has had a confused and confusing start. It’s all jolly nice developing a strategy for improving care services but how much smarter it might be to focus our attention upstream on the onset-to-clinical-diagnosis stretch of the care pathway. This is where the UK under-performs hugely compared to our European neighbours. We lose out on that very window of opportunity that permits the biggest impacts to be made on the longer-term quality of life issues. If that’s not a scandal, then at least it’s an awful human and financial waste.

“Innovation may be encouraged, but it is certainly not enabled, by the current system”

I’ve already hinted at new forms and means of delivery. Future system reform must create space for new and direct relationships between those who use services and those who provide them. The traditional third sector may be part of that settlement but it too must adapt and, dare I say, be a little less precious. I think we need to look beyond that towards a thriving social enterprise sector, some of which might be composed of strange alliances of users-as-providers. This is as much about local regeneration as social care for its own sake. Complex audit and probity issues will undoubtedly arise - but let us not allow them to become



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show-stoppers.

I would like to conclude with one very simple and unambiguous message. We started off talking about *reform*. Let us raise our ambitions, shed our risk-aversion and aim to *transform*. Too often we have settled for institutional reorganisation as a poor substitute for transformational change – it is about getting *differently* better, not just better.

WESTMINSTER CITY COUNCIL

Councillor Edward Argar, Cabinet Member for Health and Adult Social Care



Adult social care is often seen as the Cinderella service – unless you are one of the people who relies upon it day in day out. For everyone else it often only hits the headlines when something has gone wrong.

Yet it is a service we all expect to be there when needed; it is a service that consumes a massive proportion of council's budgets; and although it is rarely the first issue residents raise on the doorstep, adult social care has the potential to impact more directly and more powerfully on its users' quality of life than most other council services.

Westminster City Council has consistently prioritised the delivery of first class adult social care, treating people as individuals, and has been rewarded by three star ratings in inspections, and high customer satisfaction, but we do this, like most other authorities against a backdrop of challenges.

“Westminster has embraced the ‘personalisation’ agenda in social care”

The challenges of the current social care system are clear to all of us: the need to stretch limited resources to meet increasing demand and complexity of need; the changing demographics and life expectancy of our populations; and in some ways most challenging and most important, the increasingly high expectations of the current and future generations of customers.

Our and future generations are, rightly, more demanding about quality of care, about retaining independence and freedom for as long as possible – and about having

choice over what services are received, when they are received, how they are accessed – a generation which has experienced significant leaps forward in customer service in the private sector quite rightly expects that same experience in the public sector.

Westminster has embraced the ‘personalisation’ agenda in social care, and we place the service-user rather than the as is often the case the provider, at the centre of our services. We have focussed our energies on a programme of transformation designed to deliver greater choice and independence at a pace that individual service-users feel comfortable with, in tandem with a redesign of the way the social care teams work to deliver enhanced services and efficiencies at the same time, all underpinned by a more mature appreciation, acceptance and incorporation of managed risk in decision making.

“It is not a complicated realisation that enabling people to stay in their own homes for longer...is a win-win situation”

Prevention, enabled by partnership working across departmental and organisation silos is central to our future priorities. For example, NHS Westminster and the City Council have a number of joint posts, effective joint commissioning, and joint strategies covering all aspects of our services from public health to substance misuse. Treating people as an individual with a mix of needs, rather than through a series of organisational silos delivers far more effective care and support, and helps us identify and address future inter-related needs at an early stage.

At the heart of our vision for Westminster, and of our ongoing, evolving priorities in response to the voice of our customers is the presumption that they know best – that we are there to support users of services in exercising their choice and navigating the market-place, and to help them make an informed assessment of the risks.

Self-directed care and personalised budgets are crucial to delivering choice. Introducing them in Westminster, supported by significant progress in joint and strategic commissioning, allows us to deliver the flexibility required to enable users of services to make informed decisions. We have recognised that not every service user feels as comfortable doing so hence there is no compulsion, and support is available throughout.

As we look to future commissioning (and importantly de-commissioning) of services in the post-block-contract days, our priority is strategic joint commissioning for outcomes and for flexibility to deliver real choice.



Clutha House, 10 Storey's Gate, London, SW1P 3AY
www.localis.org.uk

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And of course, Independence – it is not a complicated realisation that enabling people to stay in their own homes for longer, properly supported with a care package that is individually tailored to them, is a win-win for everyone. The enabling technologies, and re-ablement programmes for those who need them and those recovering from a hospital stay that we are implementing in Westminster are vital to achieving this. Residential care is sometimes necessary, but being supported at home, within a framework of effective risk management, is what most people want – it preserves independence and will save money for re-investment in services.

“By incorporating a mix of specialisms appropriate to the locality, we can deliver locally focussed services”

While our key driver for all these changes is to improve services, it also means that the way that we operate as a Council must change, and this in turn can improve efficiency. The social care team in Westminster have embraced cultural change, delivering services in new ways. For example, by organising our integrated care teams around geographical hubs, and incorporating a mix of specialisms appropriate to the locality, we can deliver locally focussed services, but also reduce travelling times for social care staff.

Linked to this is the roll-out of electronic social care records, a project with security and reliability at its heart, freeing up office space from paper files, and in parallel making it easier for authorised officers to both complete and access standardised, complete records, and providing for better management monitoring of key indicators allowing better risk management and focussing of resources.

To meet the social care challenges of the future, and the expectations of our constituents, our first priority in Westminster is to ensure that the changes being put in place now work, and that they continue to evolve and adapt to changing demands from residents.

“We must fundamentally examine where the responsibility lies between the individual, families, the third sector and the state”

We must also grapple with questions far beyond simply how to better fund and re-design state provision. We must fundamentally examine where the responsibility

lies between the individual to provide for themselves where they are able, the roles of families, the Third Sector, and the role of state provision to ensure that everyone's needs are met and that those who provide for themselves are not disincentivised from doing so. And underpinning it all, we as Local Authorities, but also more broadly we as a society, must be prepared to engage in a mature debate about how risk as a practical concept can best be applied to adult social care provision, and indeed to our lives more generally.

FOR MORE INFORMATION

Localis is an independent think-tank dedicated to issues of local government and localism more generally. For more information on the work of Localis, please visit www.localis.org.uk, or phone 0207 340 2660. For more information on the individual Councils, please follow these links:

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