DISTINCTIVE, VALUED, PERSONAL

WHY SOCIAL CARE MATTERS: THE NEXT FIVE YEARS

**directors of
adass
adult social services**

ADASS Trustees 2015-15

March 2015

2

Foreword

Social care provides care, support, and safeguards for those people in our communities who have the highest level of need and for their carers.

Good care and support transforms lives, helping people to live good lives, or the best they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control. It is distinctive, valued, and personal.

An independent YouGov poll indicates that 1 in 3 people either receive or are in touch with social care services. The same poll indicated that adult social care was the area in which the public would most like to see additional government investment, apart from the NHS.

2015 is an important time for adult social care services in England. We are living longer, which is a success story of our age that we should celebrate – but it has profound consequences for the kind of care and health services we need in the future.

There is not enough funding for social care and it has been reducing in real terms. The funding gap is estimated to reach £4.3 billion by 2020. More people are living longer; there are more people with disabilities who need care and support. Fewer and fewer of them are receiving public funding. This needs to be addressed.

We need adequately funded models of care that align – and re-design - care and health services effectively.

We urge politicians to act to meet the significant growth in the volume and complexity of needs faced by generations that rightly expect to lead longer more fulfilled lives.

David Pearson

David Pearson
President of the Association of Directors of Adult Social Services
March 2015

The Association of Directors of Adults Social Services is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status and
- Promoting high standards of social care services

Our members are current and former directors of adult care or social services and their senior staff.

Why Social Care matters – some key facts:

- **Social care responds to a wide range of needs - from an 18 year old with autism who needs support to leave home to an 80 year old with dementia who needs protection as well as personal care. It helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help at times of crisis. The quality and sufficiency of these services is a key barometer of a good society.**

- **Social care touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care - as part of the paid workforce (which is bigger than that of the NHS), as unpaid informal carers or as a recipient of services. Most of us at some point in our lives will need some kind of care and support. Social care is everyone's concern.**

- **Social care relies heavily on over 5.5 million unpaid carers – usually family members.**

- **Social care involves both public money and private spending. Local authorities spend £14billion: 35% of their total spending and the biggest single budget that councils control. Individuals spend at least £10billion of their own money on care services. Nearly half of care home fees, for example, are met by individuals with their own money.**

- **Social care is a vital 'connector' to other public services, especially the NHS but also local housing and community services. It works in partnership with community groups, voluntary and private providers and organisations that represent people who use services.**

- **Councils have important legal responsibilities to protect people's interests and rights in vulnerable situations - for example where people are being abused or neglected, where they lack the capacity to make decisions for themselves or where doctors are considering compulsory assessment or treatment of people in acute mental crisis. Councils work closely with the police and criminal justice system.**

- **Social care contributes to economic growth as well as meeting social needs. Most care providers are small businesses that form a sizeable chunk of the local economy in many places. It contributes as much as £43billion to the national economy and supports 1.5 million full time equivalent jobs. As the majority of spending is on staff, there is the potential for a significant multiplier effect to stimulate economic growth. Strong social care and a strong economy go hand in hand.**

March 2015

Purpose and Context

This document sets out the distinctive role and value of social care in the 21st century, when we are living longer, often with multiple health conditions that need a focus on the whole person and not just a single disease. More of us need help and support to lead a good life. This applies just as much to younger people with disabilities and health conditions, for whom modern health care means longer lives, as it does to older people. It should be a cause for celebration that the need for social care is a consequence of success - of the social, economic and scientific progress that has made longevity possible – not a reaction to failure. The challenge now is to bring our services and systems up to date so they offer the right care and support, in the right place, at the right time.

This raises fundamental questions about how social care is organised, delivered, and funded. It is in the context of both the Care Act 2014, which sets out our nation's expectations of a care service fit for the 21st century, and the tightest squeeze on public finances since the 1970s. As more of us have a mixture of needs that involve medical care as well as social support that exceed the separate responsibilities of individual organisations, it is impossible to consider how we meet these challenges in isolation from the NHS. The Five Year Forward View published recently by NHS England looks ahead to consider the possible options and choices for health care.

In this document we describe why many of these questions apply also to our social care arrangements. Whilst there are some important differences between the NHS and social care, their futures are intertwined.

Social care's contribution goes well beyond that of a supportive adjunct to the NHS. Effective, personalised care and support helps reduce the impact and incidence of physical and mental ill-health –and it does so by supporting people to live better, more fulfilled lives as well as providing essential services to those of us who need them. Anchored within local government's responsibilities for promoting wider health and wellbeing, and the role of public health, the distinctive value of social care in local government is rooted in nurturing resilient, healthy families and communities that can reduce and prevent the need for formal services. Local government recognises and reflects the diversity of different places and communities, ranging from inner city housing estates to isolated rural communities.

As the burgeoning army of 'babyboomers' march towards later life, the quality of care of all kinds – from hospitals to home care - will attract increasing attention. Ensuring that services that are good enough for ourselves and our families will become a personal concern as well as a public issue.

So the questions facing social care over the next five years are no less urgent than those facing the NHS and will attract heightened political and public attention. Both systems will need to respond to higher expectations about greater control and choice over care, support, and treatment.

March 2015

Executive Summary

1. What we describe today as social care has changed beyond recognition over our lifetime. Care has shifted away from remote long stay institutions towards community and home-based services, with a strong focus on supporting carers. There has been a revolution in the values based on individual human rights and the promotion of independence, dignity, and choice. The sector has risen to the challenge of new responsibilities, for example, the transfer of spiralling residential care spending from the social security system in the 1990 community care reforms, and the retreat of the NHS from long term care of older people. Its record of achieving efficiency is exemplary. 91% of people who use social care are satisfied with the help they receive – ratings that would be the envy of many private companies as well as other public services. Social care delivers.

2. There has been good progress in developing different models of care that enable people to live as independently as possible, for example through rehabilitation and reablement that avoids dependency on long term care and traditional services, developing recovery models in mental health services, and through supporting people with learning disabilities or mental health needs to engage in employment and leisure. There are many examples of innovative local services aimed at earlier intervention and prevention but they are hard to prioritise when money is tight. There is considerable scope to achieve better outcomes for people through the further development of these services along with the right mix of housing-based support, telecare and other technologies. The provision of information and advice will become more important in supporting individuals to manage their own health and care needs and access the right help.

3. The mainstream use of personal budgets is improving the choice and control individuals have over their care and support, and their lives. Extending these arrangements so that people can access a combined budget covering health as well as social care needs ('Integrated Personal Commissioning') creates the potential for integrated care to be driven as much by individuals as by organisations. Personal budgets help to ensure that public money is spent on what is really important to individuals.

4. Social care has a long history of joint working with the NHS in areas such as hospital discharge, and for people with mental ill-health or with a learning disability. Much care previously provided by the NHS is now delivered through the social care system. The coordination of primary and community health and social care support are vital for many people. Surveys conducted by ADASS with the NHS Confederation have shown high commitment by Clinical Commissioning Groups and councils to joint working but reported that the obstacles stem more from national policy differences than any lack of local will to work together.

5. The Care Act 2014 is an important step forward, replacing a historical ragbag of legislation - some of it dating back to the Poor Law - with a single modern statute that reflects 21st century needs and values. But legislation on its own is not enough – there remain major problems with the adequacy of the current system in facing up to new needs and challenges. These revolve around money, how care is delivered and joined-up with other services, the quality of care, and the workforce that provides it.

6. In recent years spending on social care has reduced significantly: 2014 is the fifth year of real term reductions, with £3.5billion less in council social care budgets since 2010. Councils have an exemplary track record of making efficiencies: 78% of budget reductions have been achieved in this way since 2010. Councils have also prioritised social care – it accounts for 35% of all their spending compared to 30% in 2010. However, funding has not kept pace with demography. 90% of councils are now only able to respond to people with critical and substantial needs. In 2005 it was 47%. At least 400,000 fewer people are getting publicly funded help. Reductions in access on

March 2015

this scale to many other public services would cause public and political outrage. Our knowledge of the growing numbers of people who are 'lost to the system' (because they are not entitled to publicly funded care) is limited, but it seems inevitable that their unmet needs will be displaced to other places and people, such as unpaid carers and hospitals. This creates unnecessary human, as well as financial costs.

7. The financial challenges facing social care are not new. A succession of independent reviews and commissions (Sutherland, Wanless, Dilnot, Barker) over the last decade and beyond, have highlighted the structural fault lines between a universal NHS that is free at the point of use and used by most of the population, and social care that is rationed ever more tightly to those with the highest needs and lowest means.

8. The funding gap for social care is estimated to reach £4.3billion by 2020. Demography is the biggest single pressure, requiring an additional 3% per year to maintain services at their current level. Our estimate assumes savings of 1.5% in each of the next two years and 1% thereafter as savings become much harder to make. This is in addition to the 12% savings achieved during the current spending review period. It also assumes that the additional costs of the Care Act 2014 will be fully reflected in central government support and a £500million net benefit from continuation of the Better Care Fund.

9. The need to place the funding of care on a more sustainable basis is pressing and causing increasing difficulties for all concerned. The inter-dependency of NHS and social care resources means that the protection of the NHS from real term reductions, whilst leaving social care exposed to deep and significant reductions in local government spending, is a recipe for conflict when the overriding imperative is for collaboration and sharing of resources. The NHS can only be protected properly if social care is protected too. The case for a single, shared funding settlement, through the next spending review, that covers social care as well as the NHS and where social care is protected, is overwhelming.

10. Another area of concern arises from the need to maintain and improve the standard and quality of care in response to rising – and entirely reasonable – expectations of individuals and families. Every instance of poor care is one too many. The growth of social media, digital technology and better contract management, and safeguarding together with a more transparent approach to the inspection and regulation of services is leaving few hiding places for poor care.

11. This raises fresh questions about the sustainability of a workforce where levels of pay, training, skills and status are not keeping pace with changing and more complex levels of individual need. This demands renewed attention to how services are led, commissioned, and funded and what kind of job roles and career pathways should be designed to meet changing needs.

12. We agree with NHS England that more decisive steps are needed to break down the barriers within the NHS (between GPs and hospitals, between physical and mental health) and between the NHS and social care. The system is too complex and hard for people to understand and navigate. But as the Five Year Forward View notes, England is too diverse for a one-size fits all solution. What works in urban areas is completely different from the dynamics within our remotest rural communities. We welcome the opportunity to work with NHS colleagues in considering different options for care delivery models – the models outlined in the Five Year Forward View and the Dalton Review will be no more effective than current organisational models, if care and support needs are not an integral feature of their design.

13. Many people with care and support needs are clear that they want a life not a service. They want equal attention paid to their mental, physical, and all other forms of wellbeing. In pursuing closer integration of health and social care, care will be needed to avoid an over-medicalised approach to people whose needs are not primarily clinical. Co-ordination with other services, such as housing or the benefit system, may be much

more important. Equally it cannot be assumed that in the short term integrated care will be cheaper; this is not supported by national and international evidence. A proper transformation fund is needed to meet the double-running costs of developing community alternatives to hospital and long term care and making faster progress in developing the model of care and support we propose.

14. We see the role of government and national bodies creating the right framework of policies, funding, payment and contracting mechanisms, and regulatory regimes that encourage and incentivise local partners to achieve the best outcomes for their populations. The current system of payment by results in the NHS and the relative needs formula in local government no longer reflect the geographical diversity of different communities and the need to incentivise preventive, joined up services. Examples of policy changes that would help, include having a single outcome framework for health and wellbeing rather than separate frameworks for the NHS, adult social care and public health, and a single financial settlement for health, care and support.

There is no appetite for a centrally-led national reorganisation to achieve integration. Instead priority should focus on how the intentions and resources of local authorities and their NHS partners can be better aligned to achieve better outcomes. Existing mechanisms for local decision-making and joint planning should be developed. Whilst recognising that Health and Wellbeing Boards are in a relatively early stage of their development, they offer the best prospects of crafting local solutions tailored to local needs and circumstances, based on strong partnerships between Clinical Commissioning Groups and local authorities. It may be necessary to review their membership, capacity and powers, and duties to ensure they can offer effective and shared system leadership.

15. We want to see a system that is protected, aligned, and re-designed. To achieve this there are five immediate priorities for action to build a stronger future:

i. For central government to ensure that social care funding is protected and aligned with the NHS, including making provision for the £4.3billion gap in social care funding by 2020 alongside the £8billion gap in health service funding over the same period.
ii. For all parties to focus relentlessly on ensuring that the level of quality is sufficient and that no services cause harm.
iii. To ensure that new social and health care delivery models prioritise the need for:
    a. Good information and advice to enable us to look after ourselves and each other, and to get the right help at the right time as our needs change.
    b. The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
    c. Services that help us get back on track after illness or support disabled people to be independent.
    d. When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical and other forms of wellbeing, and are much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.
iv. Heightening the efforts of all parties to build a sustainable workforce to deliver this model.
v. To strengthen local accountability and innovation by developing local Health and Wellbeing Boards as the places where partners bring together and lead commissioning, market shaping, resource allocation, and service delivery.

1. Why does our care system need to change?

About social care

Social care responds to a wide range of need – from an 18 year old with autism who needs support to leave home to an 80 year old with dementia who needs protection as well as personal care. It helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights, and offers essential help at times of crisis. The quality and sufficiency of these services is a key barometer of a good society.

Social care touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care - as part of the paid workforce (which is bigger than that of the NHS), as unpaid informal carers or as a recipient of services. Most of us at some point in our lives will need some kind of care and support. Social care is everyone's concern.

Our needs are changing

The success story that is our ageing population has been well documented. Our population is growing and more of us are living longer. This involves not just older people but younger people with disabilities and health conditions who are enjoying much longer life expectancies thanks to medical and care advances. The number of people with learning disabilities who will need social care services is likely to rise 25% by 2030. Sometimes their needs can be complex and expensive to meet. Nearly half of council social care spending is on services for people aged 18-65 years.

The pattern of need is changing dramatically as well. Deaths from cancer and heart disease are falling, but more of us experience chronic illness – 70% of the NHS budget is spent on long-term health conditions. Older people aged 75 years and over will have at least two such conditions ('co-morbidity'). The incidence of dementia and frailty in later life is soaring. Many more of us will have a mixture of needs to do with physical health, mental health, and perhaps, difficulty in making decisions for ourselves. They can only be met by well-coordinated 'joined-up' care.

However, our health service has traditionally been organised around single disease specialities and the treatment of one-off episodes of illness through general practice or hospital admission. It is becoming much harder for professionals to demarcate social care needs from those that are the responsibility of the NHS. The multiplicity of different organisations and functions between different parts of the NHS and social care is confusing and complex for people to understand and to navigate.

Building the right model of care and support

Social care is a vital 'connector' to other public services, especially the NHS but also local housing and community services. It works in partnership with community groups, voluntary and private providers, and organisations that represent people who use services.

The Care Act 2014 emphasises the need for preventative and co-ordinated care focusing on wellbeing. In recent years we have become much more aware that some care needs, like some health needs, can be reduced, avoided, or prevented. Supporting people to manage their own health conditions can reduce the need for hospital admission. Offering people rehabilitation and reablement after illness enables them to return to independent living and avoids the need for long term care. Supportive social networks and resilient communities are good for people's health and wellbeing. Too often however the care and health system is

March 2015

better at reacting to crisis and relies too much on hospitals and long term care. This fuels a vicious circle of escalating demand, symptomised by over-stretched A&E departments and unsustainable pressures on local authority social care budgets. We need a different model.

Who pays for care?

Local authorities spend £14 billion, which is 35% of their total spending and the biggest single budget that council's control. But a profound change in our lifetime has been rising levels of private household wealth arising from post-war economic prosperity and the growth in house prices. Whereas health care has largely remained free at the point of use, more of us are responsible for the cost of our own care and support in a way that the architects of the means-tested 1948 settlement could not have imagined. Although the Care Act 2014 will help people with very high care costs, individuals will still make very considerable financial contributions. Individuals spend at least £10billion of their own money on care services. Individuals with their own money meet nearly half of care home fees. Yet public understanding of the funding system is poor, while options for planning ahead and the use of insurance are very limited.

The Barker Commission concluded that the profound difference between health care needs that are met free at the point of need, and social care that is heavily charged and means tested is becoming harder to justify. Public understanding of how these different services are funded has not kept pace with changes in private wealth and the historical legacy of means testing. The result is confusion and misunderstanding, and a strong perception that the current system is unfair.

Economic growth is also about a growing social care sector

Social care contributes to economic growth as well as meeting social needs. Most care providers are small businesses that form a sizeable chunk of the local economy in many places. It employs the equivalent of 1.5 million full time jobs. As the majority of spending is on staff, there is the potential for a significant multiplier effect to stimulate economic growth. Strong social care and a strong economy go hand in hand.

Funding needs to keep pace with needs, expectations, and the number of people needing care and support

The number of people needing care and support has been increasing over time and will continue to do so. Equally, we want more from our care and health services. Our expectations about the quality of care we want for ourselves and our family, the degree of choice and say in how our needs are met and the kind of information on which to base these decisions has changed beyond recognition. Every instance of poor care is one too many. Whereas previous generations may have been content to be passive recipients of care, today most of us will want to be active participants in shaping our own care and support arrangements. Digital technology and social media create new possibilities to address some of these challenges.

Resources are not keeping up with expectations or needs: the reverse is in fact the case. Spending on local authority social care has fallen by 26% since 2010 – five consecutive years of real term reductions. This amounts to overall cash savings in real terms of 12% over the current spending review period and savings needed to deal with 14% of increased need. Substantial efficiency savings have been made – 78% of budget reductions have been achieved in this way since 2010. Councils have prioritised social care – it accounts for 35% of all spending compared to 30% in 2010.

March 2015

Funding has not kept pace with demography. 90% of councils are now only able to respond to people with critical and substantial needs. In 2005 it was 47%. At least 400,000 fewer people are getting publicly funded help. There are urgent questions about how we manage the growing gap between needs, resources, and expectations, which is estimated to reach £4.3billion by 2020.

The way that the NHS is funded (which has resulted in a shift of resources from primary and community care, which operate alongside social care, into acute hospitals) has made social care's ability to support people at home even more difficult.

"The provision of adequate adult social care poses a significant public service challenge. Demand for care is rising while public spending is falling."[i]

We are reaching a critical point

Despite the mounting pressures, people who use social care are generally very positive about their experience – in 2013/14, 91% were 'quite', 'very' or 'extremely' satisfied with their care and support (65% were 'extremely' or 'very' satisfied). But we cannot be confident about what happens to those who fall outside of the public system – either because their needs are not extensive enough or they are not poor enough. The National Audit Office is right to question how much longer the system in its current form can continue to cope.

In summary despite the best efforts of 1.4 million people who work in social care, the way we organise, deliver, and fund care and support has not kept pace with 65 years of rapid social, demographic, and technological change. Successive government white papers have recognised this but the scale of change has fallen short of what is needed to deliver care fit for the 21st century. A bolder strategy is needed, based on a different model in which all these separate services work as part of a single, whole system and revolve around the needs of each individual.

This is described in section 2.

2. What will the future look like? A new relationship with individuals, communities, and a joined-up care and health system

Our vision and ambitions

Adult social care services in England are distinctive, valued, and personal; they enable us to live our lives as independently and as well as possible, making us feel in control of what we do and how we live.

This section outlines a better model for care and support that will help achieve this. The principles of wellbeing, personalization, and integration enshrined in the Care Act 2014 offer the right foundation but on their own are not enough - good governance in our local areas and adequate resourcing are vital.

Our model for social care is based on a new relationship with citizens, but its core is the continuity of the social approach that recognises how our different individual needs sit within a wider network of personal and social relationships in the community. It sees us as individuals, living in relationships and as people living in communities.

Our **model** for care and support is based on four key elements:

- Good information and advice to enable us to look after ourselves and each other, and get the right help at the right time as our needs change.
- The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
- Services that help us get back on track after illness or support disabled people to be independent.
- When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical, and other forms of wellbeing and are much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.

Good information and advice

Information and advice will enable us to look after ourselves and each other. The need for information and advice starts before we actually need care and support. Ideally we should all be thinking and planning ahead in the eventuality of having significant care needs. This might mean thinking about our finances, housing arrangements and care and support, and arranging Lasting Powers of Attorney so that our wishes can be enacted if, for any reason, we are unable to make decisions for ourselves.

Information and advice should enable us to make the most of a fit and active life, equipping us with information about particular health conditions and signposting us to sources of further information and support. This will help prevent or reduce the need for services and ensure we get the right help, at the right time, in the right place. It will put us in a better position to understand what the options might be and enable us to make better informed choices, so far as we are able to foresee, about arrangements for caring for each other and the end of our lives.

We should build on the growing range of innovations across the sector that have made information and advice more readily available and tailored to meet people's needs, such as highly dynamic websites, health and social care navigators who help connect people to

information, and strength based approaches to assessment which help people understand what advice is already available to them amongst friends and family.

Supportive families and communities

Most of us at some point in our lives will have some kind of care and support need. For many this will be so great that it will impact on our family and close personal relationships. If we do care for someone else, we need support ourselves to continue to live our lives, whether that is holding down a job, staying in touch with friends, or taking care of our own health and wellbeing. If we are caring for someone we also need recognition of our role and contribution. We may also need support if there is abuse or neglect in the household.

We are all interdependent and there needs to be a stronger role for resilient communities in upholding 'social health', a key part of our health and wellbeing. Social care is rooted in local government which has responsibility for many other services which help people stay independent and healthy. Local government has a critical leadership role in public health, as highlighted in the NHS Five Year Forward View, and in many other areas such as support to carers, engagement with employers, promoting dementia friendly communities, and through a variety of functions such as planning, design, housing, trading standards and community safety.

As the composition of our communities change, we need to make sure that they can be as supportive as possible to people with disabilities and long term conditions. Informal carers already provide at least £55billion of unpaid care and support for people in this country. The voluntary sector makes a significant and valuable contribution in helping to meet people's needs and enhance their quality of life. Initiatives such as Dementia Friends, 'Meet and Greet' volunteers (helping people successfully transition from hospital into their homes) and Good Neighbour Schemes need to grow as we build understanding and capacity in the future. It will be impossible to meet the challenges ahead without nurturing the potential of community-led and user-led services, including social enterprises.

Getting back on track: recovery, reablement, independence

We are all ill at times, and many of us have a disability or a mental health issue. However, that doesn't necessarily mean that we need care and support all the time. What we do need is the right support, care, and treatment at the right time in order to enable us to lead 'normal' lives that are as good as they can be. So that could mean episodic treatment from a GP, or it could mean services to help us to be independent, with a strong sense of wellbeing, in order to recover from illness and ensure the inclusion of disabled people. This is as true for our mental as for our physical health. These services will include access to employment for younger adults and independent living, recovery from illness, rehabilitation, and reablement for everyone.

Personalised Services

Too often people experience services that are fragmented, poorly coordinated, and hard to navigate. Instead we need services that are personalised, of good quality, and much better coordinated and joined-up around the needs of the individual, with a parity of emphasis on our physical, mental, and other needs. This will entail care coordination, integrated teams, shared assessment and records, and integrated personal commissioning.

For the 3 to 4 million people with multiple long term conditions requiring extensive health and/or social care and support by 2018, along with their carers, the need for person-centred,

coordinated care will be critical, including wherever possible, the use of integrated personal health and care budgets and/or commissioning. These will be used to meet most needs for long term health and care support, and is considered the most powerful way to join up health and care around individuals and families. The NHS England personal commissioning programme is a good opportunity to bring together personal health and care budgets so that individuals are empowered to be the integrators of their own care and support.

Social care has an important role to play as a navigator to access these supports, and as facilitator to improved independence and resilience. Integrated pathways are key, with social care working closely with partners (particularly the NHS) to help individuals experience seamless coordinated services that are effective and efficient.

Personalisation is central to the model we are proposing. It is not new, with roots in the disability rights and mental health survivor movements from the 1970s onwards, as well as being core to traditional social work values. Personalisation starts with the individual, rather than the service and recasts the relationship between professionals, organisations, and the people they serve.

Underpinning factors for delivering our vision: quality and workforce

Underlying our vision is our commitment to the rights to decent quality and safeguarding for all. The Care Quality Commission analysis is that there is too much poor care in a variable market and data shows that the price paid by councils for residential, nursing, and home care has not gone up in four years. Improving quality will require joint effort by providers, commissioners, and the regulator.

Alongside this, councils have important legal responsibilities to protect people's interests and rights when they are in vulnerable situations - for example, where people are being abused or neglected, where they lack the capacity to make decisions for themselves or where doctors are considering compulsory assessment or treatment of people in acute mental crisis. Councils work closely with the Police and criminal justice system. Social workers and occupational therapists in councils have crucial roles in helping people to live as independently as possible with choice and control, as well as working with them to safeguard them from unacceptable risk and harm.

Money on its own is not enough to ensure sustainability. None of this can be achieved without a stable, supported, and skilled workforce. We do not yet have this across the board. "Our experiences tell us that a well led, well trained workforce provides effective, high quality, person centred care and support. This means people accessing care and support can be independent and lead healthy lives, minimising demand on the NHS. Winning the hearts and minds of the workforce is the key to achieving integrated social care and health services working together to meet the individual needs of people in our communities."[ii]

We believe that the best people to build and deliver these approaches are local democratic leaders, clinicians, and other professionals, working closely with individuals and communities to design services that are best suited to local needs and circumstances.

Section 3 sets out how we propose this should be done.

March 2015

3. How will we get there?

Designing a set of care and health services that work well together and reflect 21st century needs will be tough and take years to achieve. As noted earlier, successive governments have grappled with many of these issues with limited success. In the last fifteen years alone there have been nine white and green papers on social care.

Developing the model of social care described in section 2 should involve a staged approach, acknowledging that the social care sector is different from the NHS in that most services are delivered through over 17,000 different private and voluntary providers and a burgeoning number of personal assistants – directly employed by individuals using personal budgets – as well as smaller scale micro providers. How these services are joined-up with health is not straightforward and there is no one size fits all solution. The engagement of the independent sector in the planning, commissioning, and delivery of joined-up services will be essential.

There is little evidence – in the UK or from international experience - that nationally imposed reorganisation in itself would lead to better outcomes for people. Currently there is no appetite for further structural change, especially after successive reorganisations of the NHS. So we endorse the NHS Five Year Forward View's support for 'diverse solutions and local leadership' and assert the importance of the leadership role of local authorities across a wide range of services that impact on the health and wellbeing of their local population. These will build on the elements of our model.

Currently Health and Wellbeing Boards are the only local forum that brings together leaders from the NHS and local government, including public health. A succession of reviews and reports has argued that they could play a bigger role in overseeing the integration of local services and the development of a more integrated approach to the commissioning of services across health, social care, and local government. That is reflected in the requirement for Boards to sign-off local Better Care Fund plans.

The Boards are relatively new and their development is variable across the country, reflecting differences in the history of local relationships and between the cultures of the NHS and local government. It may be necessary to review the existing powers, duties, membership, and capacity of the Boards to ensure that each is ready and fit for purpose to take on a more significant decision-making role. With this proviso, the Boards offer the opportunity for an evolutionary approach based on partnership between Clinical Commissioning Groups (CCGs) and local authorities. CCGs would have a strong and continuing role in contributing to the work of the Boards in overseeing the commissioning of all local services, including those commissioned by the local authority, and the enhanced responsibilities of the Boards for ensuring that local services are coordinated around individual needs.

This next generation of Boards could then form the linchpin of agreed local governance arrangements through which the model of social care proposed in this document could be agreed and developed – and aligned with the care delivery models described in NHS Five Year Forward View. This would ensure a consistent and shared approach to change and could be tested through the vanguard programme. It would avoid the need for extensive structural reorganisation.

March 2015

However, the success of developing the right local models of care will depend on a stronger and clearer national policy framework. We propose that this should have the following elements:

- The introduction of a single shared outcome framework for health care, public health, and social care, and better alignment of policy and performance measures that encourage better coordinated care closer to home and capture how well the local system (rather than individual organisations) are doing in meeting needs.

- Funding the gap facing social care by 2020 alongside that facing the NHS – neither can be considered in isolation because of their inter-dependence - and using the next spending review to work towards a single funding settlement for social care and the NHS.

- Addressing immediate pressures and the double-running costs of developing alternatives to hospital and long term care through a transformation fund in which investment is conditional on reform i.e. the introduction of new models of care.

- Ensuring that there is sufficient flexibility in the future to cover both the universal responsibilities which councils will have under the Care Act 2014 and also to reflect the diverse range of care markets and choices around the country, ranging from inner-cities to the most remote rural communities.

4. Conclusion

We want to see a system that is protected, aligned, and re-designed. To achieve this there are five immediate priorities for action to build a stronger future:

i.   For central government to ensure that social care funding is protected and aligned with the NHS, including making provision for the £4.3billion gap in social care funding by 2020 alongside the £8billion gap in health service funding over the same period.

ii. For all parties to focus relentlessly on ensuring that the level of quality is sufficient and that no services cause harm.

iii. To ensure that new social and health care delivery models prioritise the need for:

   a. Good information and advice to enable us to look after ourselves and each other, and to get the right help at the right time as our needs change.
   b. The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
   c. Services that help us get back on track after illness or support disabled people to be independent.
   d. When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical, and other forms of wellbeing and are much better joined-up around our individual needs and those of our carers. Personal budgets are central to this approach.

iv. Heightening the efforts all parties to build a sustainable workforce to deliver this model.

v.   To strengthen local accountability and innovation by developing local Health and Wellbeing Boards as the places where partners bring together and lead commissioning, market shaping, resource allocation, and service delivery.

March 2015

vi. The strength of social care is putting people in control: it is distinctive, valued, and personal:

"For me, social care means the support I need to have a full and meaningful life and to do the things I want and need to do, not just to get by"
Martin S. Yates

"The support I get from social care for my son means I can become a mum again"
Sally Percival, carer

"For me as a person who uses Adult Social Care services it is important that there is a safety net of care and support for people in need or at risk. Adult Social Care has never been more relevant or more challenged as we enter the dawn of the Care Act. Adult Social Care is very important as it has the responsibility and the influence to enable people who use its services to thrive not just to survive and to have a better life".
Clenton Farquharson MBE

"My wife has spinal cord injury and is paraplegic. Some years ago we were experiencing consistent poor service from the care company. They were turning up late most days and not at all some days. The Social Services were prompt in dealing with the problem and found us another care company very quickly. They also told us about direct payments and we have been on this for 3 years now. We find employing personal assistants a lot more reliable and caring is of a higher standard."
Bilgin Musannif

"The best part of personalisation is when you relapse and you're supported properly to get back on your feet. The support I received was home help and this ensured that everything required was in place and I was supported to resolve any difficulties."
Matt Langsford (mental health survivor and care leaver)

"…my situation has improved a lot since my last assessment and I now have a services configured around my real needs using direct payments. This supports my autonomy and independence and allows me to pursue my interests and sustain my health."
Larry Gardiner

"As someone with an acquired impairment I have had support from my local authority for 15 years. Over this time the support has changed dramatically and now by using direct payments I am able to use the same support more flexibly. My condition fluctuates quite a lot and now I can change around my support so that when I'm really unwell I can use more and then have less when I don't need so much. It means I can be more involved in my community and it is easier for me to stay in touch with my family."
Disabled person, north London (did not want to be named)

"It would not be overstating the case to describe social care as 'life support' for an increasing number of disabled people, older people and their carers, but we now stand at a critical point for the future of social care provision. Chronic underfunding has seen dramatic year-on-year rationing of social care support, and tightening eligibility criteria, leaving thousands without the support they need to do the basics, like getting up or out of the house. There is an urgent need to increase funding for social care and expand eligibility,

March 2015

while thinking innovatively about the services that are provided. Failure to meet this increasing need will only exacerbate the negative impact on the NHS, disabled and older people, their carers and the wider economy. This chronic under-investment in social care is no longer sustainable. We need action to ensure that disabled and older people, and their carers get the support they need."
Richard Hawkes, Care and Support Alliance

"Our experiences tell us that a well led, well trained workforce provides effective, high quality, person centred care and support. This means people accessing care and support can be independent and lead healthy lives, minimising demand on the NHS. Winning the hearts and minds of the workforce is the key to achieving integrated social care and health services working together to meet the individual needs of people in our communities."
Sharon Allen, Skills for Care

"People who use multiple services over time need person centred coordinated care. The health system is still at first base in understanding this. As the drive for all local areas to integrate services continues, the future of social care must be to provide the essential resource of knowledge, experience and practice on getting personalisation right – and coproducing services with people and communities In this respect, we will all need social care!"
Don Redding, National Voices

"Social care is a facing unprecedented challenges and opportunities, and this is the right time to set out what adult social care should look like going forward. Knowledge is a valuable asset in setting this vision, which is too often over-looked when we consider the resources available to improve and personalise care and support. When resources are limited, it's even more important to understand what works in delivering effective, and efficient, care".
Tony Hunter, Social Care Institute for Excellence (SCIE)

[i] National Audit Office
[ii] Skills for Care