



The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, including the safeguarding of vulnerable adults, ADASS members often also share a number of responsibilities for housing, leisure, library, culture, arts, community services, and increasingly, Children's Social Care within their Local Authority.

Introduction:

ADASS welcomes this Inquiry as an important step in shaping both the Government's White Paper on Adult Social Care, scheduled for April 2012 and the Integration theme covered by the Futures Forum. This written evidence alongside the oral evidence to be given by Peter Hay, ADASS President sets out the current thinking and positions held by ADASS ahead of the engagement exercises concluding later this year.

Underpinning this evidence, ADASS has developed a set of guarantees on behalf of adult social services to older and vulnerable people which ADASS believes are critical to the success of the White Paper and the widely anticipated reforms of health and social care. These are as follows:

- Freedom from anxiety and the fear of undignified treatment.
- Freedom from financial insecurity in old age, regardless as to whether publicly or self-funded.
- Freedom from a lack of clarity about the social care system.

1. the practical and policy implications of the Government's plans for funding social care, and the recommendations made by the Dilnot Commission and the Law Commission:

- ADASS has warmly welcomed the recommendations of both the Dilnot Commission and the Law Commission and has expressed full support and encouragement that the Government (with full political and sector consensus) responds with a real sense of urgency and commitment (as clearly set out in the Coalition Agreement) to address a long term sustainable funding solution for adult social care and to create a legal framework that is fit for the 21st Century.
- ADASS notes that despite the Dilnot propositions regarding financial certainty, the recommendations themselves do not effectively respond to the widely acknowledged funding gap within social care and the growing demographic cost pressures (widely accepted as 4% per year), as well as responding in an equitable manner to unlocking the £720bn of equity tied up in housing.
- The Dilnot Commission does acknowledge treating housing assets the same for everyone regardless of where care is received, but its recommendations suggest

that this consideration be phased in later. ADASS suggests that there could be an opportunity to respond to the issue of fairness in the treatment of housing assets as a way of generating **some** of the additional funding that the system needs, after all, people who live in their own homes will benefit from the same cap as those going into care homes. Releasing this equity would provide individuals with “peace of mind” in terms of a means to securing care and support whilst also providing an opportunity to also use this equity for other purposes in pursuit of improved outcomes and enjoyment of life.

- It is widely acknowledged the contribution that adult social care offer makes to the overall health and social care economy, with numerous business cases evidencing the upstream benefits of adult social care integrated activity (focused around early prevention, intervention and increased personalisation) upon the patient pathway and the subsequent costs/pressures within the health system.
- This inter-dependency supports the urgent call for a sustainable and long term funding solution for adult social care which will create the conditions to help the NHS achieve its £20bn efficiencies whilst maintaining focus upon improved outcomes for citizens and communities.
- Alongside this direct correlation, ADASS also notes the significant contribution that adult social care has upon the economy, with the sector employing more people than the NHS and it is expected to grow in response to increased demographics and the continued expansion of personalisation. This contribution has been widely underrated and adds to the business case for a sustainable and long term funding solution.

2. The scale and implications of existing variation in access to and charges for social care in England

- The ADASS Budget Survey accurately portrayed the distribution of the Fair Access to Care (FACs) criteria being applied by the 152 English councils. This distribution highlighted that the majority of councils were operating at substantial or above levels (82% of councils in 11/12) and that 13% of councils changed their eligibility criteria in 11/12.
- Despite this increasing drift towards higher eligibility, ADASS recognises that the biggest implication upon variation in accessibility pivots around the antiquated social care legal framework, alongside current dynamics of increased personalisation and numbers of self funders outside the system and variations in market supply. In response, ADASS supports the reforms of the legal framework in tandem with localised decisions as well as closer integrated working towards market development and commissioning to secure a flourishing and diverse offer responding to all citizens needs and improved outcomes.
- Indeed it is recognised that many councils (in partnership with health) have put in place effective health and wellbeing strategies (centred around prevention and early intervention) which proactively seek to empower and support individuals in maintaining independence in their own communities without recourse to FACs services and support. The success of these approaches is well documented but it is also an area which there remains variation in how councils and partners interact with self-funders. This is something that ADASS is addressing head-on through sharing good practice and exploring models of integrated working i.e. the recently launched ADASS Efficiency Network and the ADASS “Managing Resources” work-stream.

- The ADASS Budget Survey confirmed that councils had increased charges by a total of £84m in 11/12, but this needs to be seen in the context of the overall reductions made by Adult Social Care Departments, with increased charges only equating to 8% of the reductions compared to £681m (69%) secured through improved service efficiencies. This clearly demonstrates the extent by which councils sought to protect front line services through local democratic decisions responding to local conditions and political mandates.

3. the practical and policy implications of the Government's commitment to promote personalisation of social care, including personal budgets and direct payments

- ADASS fully supports the personalisation offer and has been the champion of personalisation within the public sector, leading the way on personal budgets and direct payments over the past few years.
- ADASS sees personalisation as an essential building block towards the case for change, creating a new and exciting space in which individuals can truly experience choice and control matched with personal responsibility.
- ADASS has worked closely with the Government to develop and refine the personalisation offer and all councils have committed themselves to meet the Government target of all eligible social care clients to be in receipt of personalised budgets/direct payments by March 2013. Indeed the latest survey conducted by Think Local Act Personal indicates that councils are well on track to meeting this target.
- As part of the adult social care commitment to sector-led improvement, ADASS surveyed councils this year to establish the extent of progress towards personalisation and to establish some of the key challenges and successes that councils can learn and benefit from. These are detailed below as follows and provide a useful reference for development work across the sector and with Government moving forward:
 1. most councils lack the evidence base for the cost effectiveness of advisory and brokerage support services, though indicators for outcomes are well articulated
 2. there is proactive investment in communication plans, staff training and development to ensure that individuals are aware of the universal offer
 3. some councils encourage a positive risk-taking culture, but there was a paucity of information on mitigating measures
 4. Financial accounting capability to individual levels is patchy. Whilst trying to achieve fully integrated accounting systems some respondents felt these pose both challenges and risks to the service
 5. Some council do not fully understand market development and confuse market analysis with market shaping. The spectrum of market activity is broad, but the majority of councils are stimulating new models, whilst some are encouraging new market players. It is noted that this council viewpoint on the supply and range of personalised support needs to be checked against the perception of service users
 6. Some council have not extended brokerage and advocacy services to self-funders.
- Central to personalisation is the focus upon improved outcomes and ADASS has worked closely with Government and across the sector to develop the integrated

outcomes framework as a means to articulate these outcomes as markers of performance and progress. The alignment of outcomes and personalisation creates a powerful dynamic towards real citizen choice and control and a means to create an integrated response. Although this framework has been well described, the next challenge is to ingrain the framework fully within the commissioning activity across the sector.

- The balance between increased personalisation and the numbers of self funders is driving new challenges regarding both the availability of reliable and accessible information and advice, set against a responsive market place. Councils have positively responded to this challenge but this remains an issue which requires continued development and meaningful engagement with self funders to address variation in approaches.

4. The barriers faced by recipients of social care when they wish to relocate to another area, particularly with regard to the portability of assessments

- ADASS fully supports the portability of assessments and the work upon creating a system based upon improved outcomes combined with anticipated reforms of the legal framework and a fair and equitable funding solution that will create the environment in which individuals can enjoy real choice and control.
- In terms of current barriers the current legal system lacks clarity, the current funding system does not effectively respond to local demographic / socio-economic needs and the level of market sophistication varies from place to place. These elements combine to create a toxic mix of inconsistency and variation.
- ADASS also recognises that the welfare system itself often penalises or restricts individual movement and any reforms to the social care system must also be undertaken in synergy with welfare reforms to create incentives to allow for individual movement.
- Alongside the work of councils in market shaping, ADASS argues that the reformed system should be balanced with a national portable assessment of need that is acknowledged everywhere along with a portable assessment of individual means, but that there remains local democratic decisions about the services to meet need and the amount to pay for them.

5. Economic regulation of the social care system including a proportionate failure regime that can mitigate against the failure of social care providers

- ADASS has already commented to Government through its responses to the Care Quality Commission consultation on regulation and to the Health Select Committee Inquiry on the Regulators as to addressing economic / financial regulation of the social care system.
- ADASS notes that there is a pressing need for public assurances on the financial fitness of care providers – as evidenced by the recent collapse of a major provider group and its unsustainable business model. This is a key question for the adult social care sector as a whole and requires a response which allows for transparency and clarity at every level.
- In response, ADASS seeks clarity as to how the regulatory function of Government can assist in this public reassurance, whether this be the role of the Care Quality Commission or Monitor in confirming the financial fitness of operations (NB the

proposed CQC Registration Framework does not mention “financial fitness” in its criteria) and would seek commitment from the Regulators as to their visibility and level of engagement with providers with regards to compliance with the regulatory framework.

- Secondly, ADASS is encouraging the (provider) sector itself to offer greater public transparency through the availability of consistent and accessible financial information. The Association ADASS is already working closely within the sector to seek these reassurances (for example Think Local Act Personal- “Making it real”) with particular reference to robust and accessible information and advice that drives more “informed” decisions by citizens. This is particularly important at points of crisis when they may first interact with adult social care.

6. The practical and policy implications of the Government’s stated commitment to promote integration between health and social care services

- ADASS supports and is fully committed to the reforms of health and social care. This is great opportunity to bring forward further integration of services and support around people.
- This is a central theme of the proposed reforms of health and social care and fundamental to creating a system that responds effectively and efficiently to improved outcomes for individuals and communities.
- However ADASS does not necessarily believe that integration is purely about changing structures or bureaucracy, but is equally about culture, behaviours and values, particularly introducing the social model of care into more wider fields.
- ADASS believes that any integration must be bottom up rather than purely just England –wide prescribed structural reform. The dynamic of localised commissioning provides the vehicle for real integration which is referenced against a localised JSNA and articulated as a local Health and Wellbeing Strategy, subject to local democratic scrutiny and endorsement.
- Indeed ADASS has constantly maintained that it is the Health and Wellbeing Boards that hold a major key to integration and the proposed reforms must ensure that these Boards have the necessary statutory leverage to bring partners together around a set of agreed priorities and outcomes and that these arrangements ensure transparent democratic local accountability, best served by local government.
- ADASS acknowledges that these reforms bring new challenges and opportunities and the new reformed world needs to balance how both individual and public money works together and how different elements of the NHS, GPs, Public Health and Local Authorities combine to provide the variety of the universal offer set against local conditions. Indeed ADASS states that *“we must be clear about trying to impose national structural solutions to integration, as opposed to building the conditions together that remove the gap between health and care around people in whatever way makes most sense locally, and in a way that works and can be held to account.”*