



Association of Directors of Adult Social Services

Response to the Dilnot Commission on the Future Funding of Adult Care & Support (January 2011)

Executive Summary:

We have responded to each of the questions raised by the Commission, and this comprehensive response is detailed in the supplementary papers (see appendix 1 & 2)

Introduction:

Our Association is a charity encompassing the professional leadership of statutory adult social services, covering the one hundred and fifty two English Local Authorities. We serve councils of all political persuasions. Our contracts proscribe us from political activity and we are politically non-aligned.

Our statutory responsibilities involve formulating and discharging Councils' statutory responsibilities for the commissioning and provision of state funded adult social care services (but many of our members also hold council responsibilities for leisure, housing and community safety responsibilities, and increasingly children's social care responsibilities) and work in close partnership with local NHS commissioners and providers.

In this role we are charged with the responsibility of dispensing the £15 billion of public funds allocated to deliver adult social care services.

These roles and responsibilities place Directors of Adult Social Care at the very heart of making any reformed system work, and ADASS is highly committed to work with the Commission to secure critically important lasting and sustainable reforms.

Our perspective on the future funding of Adult Social Care

Our role and experience qualifies us to state the requirements which will characterise a sustainable funding settlement and the outcomes it must address. These will inform the evaluation and selection of the options under consideration. We are neither economists nor actuaries and therefore will not comment on the technical evaluation of the various funding systems. We will comment, from our professional perspective on the impact of various options (as they have been described and evaluated) upon the adult social care system and its beneficiaries (our detailed submission is captured in Appendix 1).

We have included specific responses from the ADASS Continuing Care Reference Group in the Appendix 2. These additional comments provide further evidence relating the impact of the various options upon this specific group, particularly in

recognition of the potential high costs this cohort represents and the complexities in confirming funding accountability (estimated costs of meeting CHC needs in the current financial year is over £2bn).

We take as given that the current funding system is unsustainable and have contributed with many others across the sector to a proven case for change. This is not repeated here, as it has been well described elsewhere. We welcome the establishment of the Commission and its approach to this task. However, we would contend this must be the last such exercise in nearly fifteen years of deliberation.

We restate with increased urgency our call for a final determination and action to institute a new and sustainable funding settlement. Our daily experience of the pressures in the care system in the face of demographic, technical, workforce changes and more recently severe resource constraints reinforces deepening concerns for the ever growing impact this is having on individuals, families, communities and the staff in the many providers who deliver care and support. Not only can we literally no longer afford to continue with the status quo, but it is wholly reprehensible to leave unaddressed this increasing impact upon affected individuals and their carers.

As with other key strategic issues with long term impacts upon our children and our grandchildren (such as tackling climate change), governments and citizens must not shirk their responsibilities and avoid the tough decisions to address the profound societal impacts of an ageing society, including making a sustainable settlement for funding care and support. The public do not deserve and will not tolerate short term, partial, partisan and ideological positions in any political or media discourse on this matter designed for cynical commercial or political advantage.

Our primary concern, given the experience of the past, is that this will remain in the “too difficult to fix” box and action will either be delayed or not taken at all. This we recognise will be in the hands of the government and to some extent the public, media and other political parties who will shape the conditions in which they make their decisions. However, any action that is constrained will fall far short of a sustainable settlement.

Therefore, we commend and support the stance of the Commission to arrive at and recommend a sustainable settlement, as this is vital to the future capability to care for and support citizens and their families who struggle to do the ordinary activities of daily living that the rest of us can do without a second thought. Where the Commission concludes that any component is necessary to make this settlement sustainable it should be included in its recommendations regardless of any previous positions that may have been asserted in relation to it.

Conclusion

ADASS continues to strongly support a partnership option (between citizens, communities and the state) where state support is provided to those who lack means, with particular attention to the younger adults (who in the main live on lower incomes and do not acquire wealth), with either life long or enduring conditions (including physical disabilities, learning disabilities and mental health) requiring ongoing care and support. As described previously, we believe that the state must also consider making some resource available to those with means, to assist in meeting these risks and costs. This must be deployed in such a way as to incentivise people to plan and make provision for the care costs they are likely to face.

We support the proposition that a period of free support for everyone at the point of rehabilitation or other predicted risk prevention interventions would be beneficial. It would help people to construct sensible, well-informed and more affordable support plans. However, we accept that this may have to be offset by the re targeting of the current panoply of universal benefits enjoyed by those with means.

We remain very concerned that options supporting only voluntary engagement of self funders in making provision for their care requirements will not deliver a sustained funding settlement, as there is no evidence anywhere else that they do. If a more mandatory route is to be applied then we have outlined a range of choices and incentives which can be adopted to make it more attractive and affordable to everyone to offset the requirement to participate.

In such an environment there will considerable and understandable pressure for the care and support system to be configured to be more efficient, more cost effective and the parameters for variations to be substantially narrowed.

We expect to benefit from the work of the Commission but it must mark the end to deliberative effort. The next vital step is for actions to be adopted with urgency which are both necessary and sufficient to a sustainable funding settlement for adult care and support.

In summary, ADASS would like to emphasize the following five points:

- **Partnership is the most viable option**
- **A time limited period of free care would enable citizens to make informed and affordable support plans**
- **It is vital that the partnership option has maximum coverage across all citizens**
- **Affordability is key, with systems to be configured optimally to maximise resources and capacity**
- **The Government must make the right resource available to support a sustainable funding settlement**

Finally, ADASS would like to clearly restate the commitment to share its' professional knowledge and position to work closely with the Commission to achieve a realistic and deliverable set of proposals that could form the basis of a new funding settlement, for the mutual benefit of all.

James A. Reilly
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