

NCAS 2015

Opening Speech – Ray James ADASS President 2015/16

Hello my name is Ray James and I have the great privilege of serving as the President of the Association of Directors of Adult Social Services, affectionately known as ADASS, this year.

Can I add my welcome to Bournemouth, a place of special significance to me, for it was just up the road that I proposed some 30 years ago, I can only hope that the response to what I have to say today is similarly favourable.

I want to; express some thanks, share thoughts and information on key issues, offer some constructive challenge, whet your appetites for the three days ahead, but most of all reflect with you on our shared responsibility to work with and for local people to ensure that social care is at its - in the words of ADASS's own five year forward view - distinctive, valued and personal best.

The Thank yous

So firstly a thank you to the Council and people of Enfield, I have worked there since 1991 and am in my tenth year as a Director. I am deeply grateful to the Leader of the Council,

Cabinet Members and the Chief Executive for their continued support of my time as ADASS President, no small undertaking for any Council particularly in these austere times.

I have also been touched by the kind words offered from members on both sides of the council chamber. It says much about the profile and standing of ADASS that they are so pleased that someone from Enfield holds such respected office.

Enfield is a remarkable place, with a wonderfully diverse and rapidly growing population. The Council has a strengthening reputation for innovative programmes and is determined to build the fairness, growth and strong communities at the heart of our vision.

Our adult social care team has always been hugely committed to increasing the voice and influence of local people, offering meaningful choice and control over what really matters to the quality of people's lives. Recent external acknowledgements have included winning the LGC Award for Community Engagement, highlighting work with people across all ages - from our Parent Engagement Panel through to our 50 volunteer quality-checkers and dignity-in-care panel members.

A moment, too, to acknowledge the remarkable contribution of my predecessor, David Pearson. He is rightly deeply respected across health and social care and his wisdom continues to be widely sought. He has an uncanny knack of knowing just what to say and when to say it. For example, moments before my inaugural speech earlier this year, with perfect timing he whispered in my anxious ear, "Ray, don't forget to enjoy it".

Last year he also implored us all to remember that when the storm comes we should not seek shelter but enjoy dancing in the rain. I'm not sure I have ever heard a more aptly timed quote. David for all you have done and continue to do for ADASS and all of social care, please accept our heartfelt thanks.

### Coproduction

During that opening speech I said coproduction is simply hands down the best way to design and implement meaningful change. The energy, wisdom and insight of people with lived experience - and of their carers and families - never ceases to humble, challenge or inspire. This year our conference team have been determined to ensure that citizen and carer voices are more present and influential than ever. Everyone who has bid to speak has been encouraged to ensure coproduction is

central to their contribution and I am delighted that TLAP are leading one of our next sessions.

Some people make a career out of sounding like they know what they are talking about. My advice to you is to make your career about listening to those whose lived experience means they really do know what they are talking about. Thank you Gary, Alison and especially Isaac for setting the tone for the next three days.

### ADASS Priorities

So I always knew 2015/16 would be an eventful year to be President: the Care Act, General Election, Spending Review, Integration and much more.

The principles underpinning the Care Act have been welcomed across the sector; a focus on wellbeing, on prevention, greater rights for carers, a statutory footing for adult safeguarding. Crucially the content of the Act and its implementation have been heavily shaped by people across the sector. I want to particularly acknowledge the way officials at the Department of Health worked with ADASS and the LGA to form a joint programme office overseeing implementation - an approach that has gone from perplexing other parts of Whitehall to one

commended as best practice for other government departments to learn from.

The decision to postpone implementation of Part 2 of the Act – a decision broadly accepted by most in the sector as a sensible decision given the financial pressures.

Perhaps an unexpected General Election result, although a certain ADASS Press Officer proudly brandished a winning betting slip! Whoever won the Election we knew that they would face difficult decisions in the forthcoming Spending Review and perhaps inevitably that has been one of the dominant themes of recent months.

When ADASS published our Budget Survey in June, that most definitive of all appraisals revealed a 31 per cent real terms cut in adult social care budgets over the last five years. 31 per cent!. The headline messages from that survey bear repeating here :

- Cuts are deepening: councils are running out of 'efficiencies'
- More fragile markets: unsustainable prices, growing workforce supply gaps and threats to quality and sustainability of provider market.

- Spend on prevention is squeezed, with a 6% reduction to only 6.6% of expenditure this year

- . Inevitable impact on the NHS (borne out by NHS Confed survey where 99% of nhs managers report already feeling direct impact of cuts to social care).

In addition to the detailed evidence of our joint publication with the LGA, last month ADASS joined leading representatives of major charities, care providers and the NHS to publish a joint submission to the spending review. This was a persuasive chorus of voices across the sector speaking with unprecedented unanimity to government of the unquestionable need for a fair and sustainable funding settlement for adult social care.

One of many times when I have been grateful to the increasing number of responsible journalists from a range of media outlets who have shown a mature, balanced and growing interest in our sector.

So in six weeks time when the Chancellor announces the spending review; he has the evidence; the media coverage; respected voices across the sector, and a multitude of NHS leaders all urging him to provide the funding *we* need to ensure

older and disabled people get the care and support *they* rely upon.

The announcement of the living wage is welcome. Every minute of every day front line social care staff make a very real difference to the lives of over a million people in our country. They deserve to be paid, trained and valued in a way that is consistent with the quality of service society rightly expects of them.

So we urge the Chancellor to do the right thing: a clean settlement to provide for both the growing funding gap for social care and the true cost of the living wage. I sincerely hope that in these difficult financial times the government resist the temptation to spin the figures and double count money in the spending power of the NHS and local government. Both need a fair and sustainable settlement given the growing demands upon them, for after all the last time I put a tenner in a joint account it was still a tenner.

If he doesn't the consequences are plain: increased pressure on the NHS; investors looking elsewhere; more care providers exiting the market, and ultimately the safety and wellbeing of growing numbers of people, often with more complex needs, who rely on social care being put at grave risk.

For now enough about the money, let's reflect on some of the ADASS priorities for this year.

**Transforming Care** – The events that Panorama revealed at Winterbourne View were so distressing that it has rightly led to a national programme to transform the treatment, care and support of people in assessment and treatment centres and other long stay settings. The simple truth is that there are many parts of the country where there has been insufficient progress. Yes, the issues are often complex, the financial flows and service models crucial.

But my learning in recent months is that the greatest single determinant of success is the hearts and minds of local leaders and commissioners. So I ask all of you to satisfy yourselves that all that can be done, is being done, in your localities to transform the opportunities available for this group of people. We will continue to work with NHS colleagues on the national enablers, to remove barriers and spread good practice. But ultimately it is the people in this room who are the most effective at delivering independent and inclusive lives with and for people with the most complex of needs. To put it simply, they need you to ensure that the difference is made.

When we get it right, little can be more rewarding or satisfying, and I have the good fortune to work with colleagues in Enfield who have delivered award-winning independent living programmes; changed the perception of inspectors about what's possible; reduced assessment and treatment capacity and shared footage of people leaving assessment and treatment centres, enthusing about the choice of colour to paint the walls of their flat. Lest we ever forget, those little things can make a big difference.

Talking of little things, I have been somewhat of a late adopter of life in 140 characters, the world of twitter. Yet it has been an invaluable source of wisdom, knowledge and occasional humour in recent months. My thanks in advance to the many avid tweeps who will share the events of the next three days with a much wider audience. @rayjjames for those who are interested in me or more importantly #ncasc2015 to follow contributions from across the conference over the next three days.

There are times when we really need to do all we can to share learning, not least when things go wrong in social care. I am sure many of you, like me, have been following the reporting from the inquest into the untimely death of Connor

Sparrowhawk in an Assessment & Treatment Centre> A young man's life ended too soon and a salutary reminder to us all of the importance of our shared safeguarding responsibilities.

I want to commend the *Making Safeguarding Personal* framework to you. This national best practice model with independent evaluation and accreditation has been coproduced with and championed by leading experts and those who have experienced abuse, if you are not actively working towards hard on this what are you waiting for ?; don't just focus on whether abuse or neglect has happened, join Sutton, Solihull, Darlington, Hammersmith and Fulham, Westminster and more in developing the means to help people reach recovery and resolution and get an independent evaluation. Colleagues in Enfield did and have led the way achieving the highest gold level, yet I know we too have absolutely no room for complacency.

So directors and cabinet members - put MSP on the agenda for your next discussion please.

**Workforce** – the experience of people needing social care is determined by the skills and behaviours of about 1.5 million people, more even than working in the NHS. Yet society simply does not value front-line care staff in the way they

should. Social workers rarely enjoy the best of press and there was a 32 per cent turnover of nurses working in nursing homes last year. Got to love the Simon Stephens line, “Ballet dancers are on the approved overseas occupations list yet somehow nurses are not.” Don’t worry I assure you the stage is a tutu free zone!

On a more serious note the Care Act rightly calls on councils to be more cognisant of the conditions of people working in the services we commission and ADASS’s workforce network continues to partner with Skills for Care and others to ensure those working in social care are valued and trained in the way they should be. Today I unashamedly ask for your help in ensuring front line staff get the recognition they deserve. For ultimately the quality of people lives will be determined by our ability to attract people with the right skills and behaviours into social care.

**Carers** Now if care workers are often unsung heroes, family and informal carers can be simply remarkable. The welcome announcement of a new national carers’ strategy is very timely. The sheer economics of the changes in the age structure of our population over the next couple of decades compel us to reappraise the support and recognition they are afforded. As

Jeremy Hunt said in his speech to the LGA conference in Harrogate, it needs to become as natural to have a conversation with your employer about caring responsibilities for older parents as it is about child care.

It has been heartening to see the increased emphasis given to mental health by politicians of all parties, including our first shadow ministerial role dedicated to this important issue. As this conference follows so closely after World Mental Health Day a chance for us to reflect on our efforts to promote better emotional wellbeing for all, especially children and young people, and on what more we can do to support recovery and inclusion – again, the small things, like taking the time to listen - can make a big difference.

Of all the conditions driving demand for social care, dementia is perhaps the most prevalent. ADASS is pleased to have been asked to join the Prime Minister's Dementia Challenge Board and we look forward to hearing more about the global effort on dementia during this conference.

A word about the CQC on the eve of the publication of their Annual State of Care report. Regulators are rarely popular, a few years ago the organisation perhaps “inadequate”, certainly “required improvement” . While colleagues will acknowledge

that their efforts are not yet as consistently applied as all would hope, they offer an example to many of us.

- \* A commitment to meaningful coproduction; authentic, values-based leadership epitomised in Andrea Sutcliffe's 'Mums' Test',

- \* More robust inspection findings that we can increasingly rely on, and

- \* Perhaps most notably of all - growing numbers of dedicated staff now proud to say they work for the CQC.

While not all of you will agree with me on the CQC, I suspect all will share my disappointment that neither of the key Secretaries of State for our sector will be addressing our conference this year. One can only imagine the multitude of demands placed upon people in such high office, but they are missing out on a great programme at arguably the biggest social care event of the year.

Devolved, Integrated & Personalised

As we look forward I suggest three words will significantly shape the future of adult social care:- devolved, integrated and personalised.

**Devolved:** People and communities matter. However great the strategy it is the energy and insight that local people bring that will determine whether or not they are successfully implemented. What works on an inner city council estate may not in a remote rural or coastal community.

**Integrated** – Across health, social care and other public services, especially housing. Across all political parties, and I suspect virtually everyone here, there is consensus that there is much more we can do to improve outcomes with and for local people through deeper and more meaningful integration of health and social care.

A cautionary reminder (including for Whitehall Comms Teams) that there is no evidence anywhere in the world that integration alone will solve our financial challenge, but that does not stop it being unquestionably the best way to improve outcomes, citizen experience, and contain ever growing future costs.

Perhaps most importantly of all the future must be **personalised**. Many argue that social care has been at the forefront of public sector reform with personal budgets and direct payments delivered at scale, transforming the choice and control offered to citizens, a key reason for satisfaction levels of

over 90 per cent I am sure. So whilst we progress geographical and/or structural change we must also make sure that we coproduce those changes with an unrelenting focus on the person in need of care and support.

I want to leave you with a picture of my daughter Beth on her graduation day last year (apologies to those who have seen it before). It always gets different reactions in the room. Some think Bristol Uni, bright girl, I know despite her father. Some think 'why is she standing like that?' Well if you wear a cape you have to do the Superman Pose. Others are simply admiring the impressive red shoes, Kurt Geiger. Surprisingly Dad bought the graduation outfit. But what lies behind this picture is a young woman who studied cellular and molecular medicine, her final dissertation included computer exome modelling dementia risk. Yet she did this whilst volunteering at meal times on the dementia world at her local hospital.

Colleagues, whatever the challenges ahead, we can meet them with a thirst for the best evidence available underpinned by the right values and behaviours, I hope that's a 'proposal' made in Bournemouth we are all willing to accept.

Thank you for listening, enjoy conference.

Ray James

President ADASS