



ADASS / SCIE seminar

Quality in Austerity

9 January 2015



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The Context for Quality **Whither Social Care?**

Tony Hunter
Chief Executive, SCIE



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Due acknowledgement

The Institute for Research and
Innovation in Social Services

<http://www.iriss.org.uk/>

Imagining the future



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Four scenarios

- Post welfare
- New normal
- Yesterday
- Fully integrated/efficient



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The “post welfare” world

- Collapse of overstretched services, scandals, loss of confidence and morale
- Minimised welfare, multi-generational living, supportive but breakdown risks
- In some areas, community spirit, compassionate, self reliant, cooperative, sense of belonging
- But elsewhere, little cohesion, increased isolation and exclusion



The “new normal” world

- Receiving care and support carries no stigma – the term “social services” no longer used
- Older people, people with disabilities are participants and contributors
- Public accepts improved public funding of services which everyone benefits from
- Collaboration, innovation and positive ways forward deal with increased need
- Workforce slimmed down, flexible and mobile



The “yesterday” world

- Trying to operate as before but with ever less money, little consensus on way forward, short termism and risk aversion
- Little community confidence, investment
- State dependence, professional prescription
- Demoralised workforce, blame culture
- Services limited, fragmented, access complex

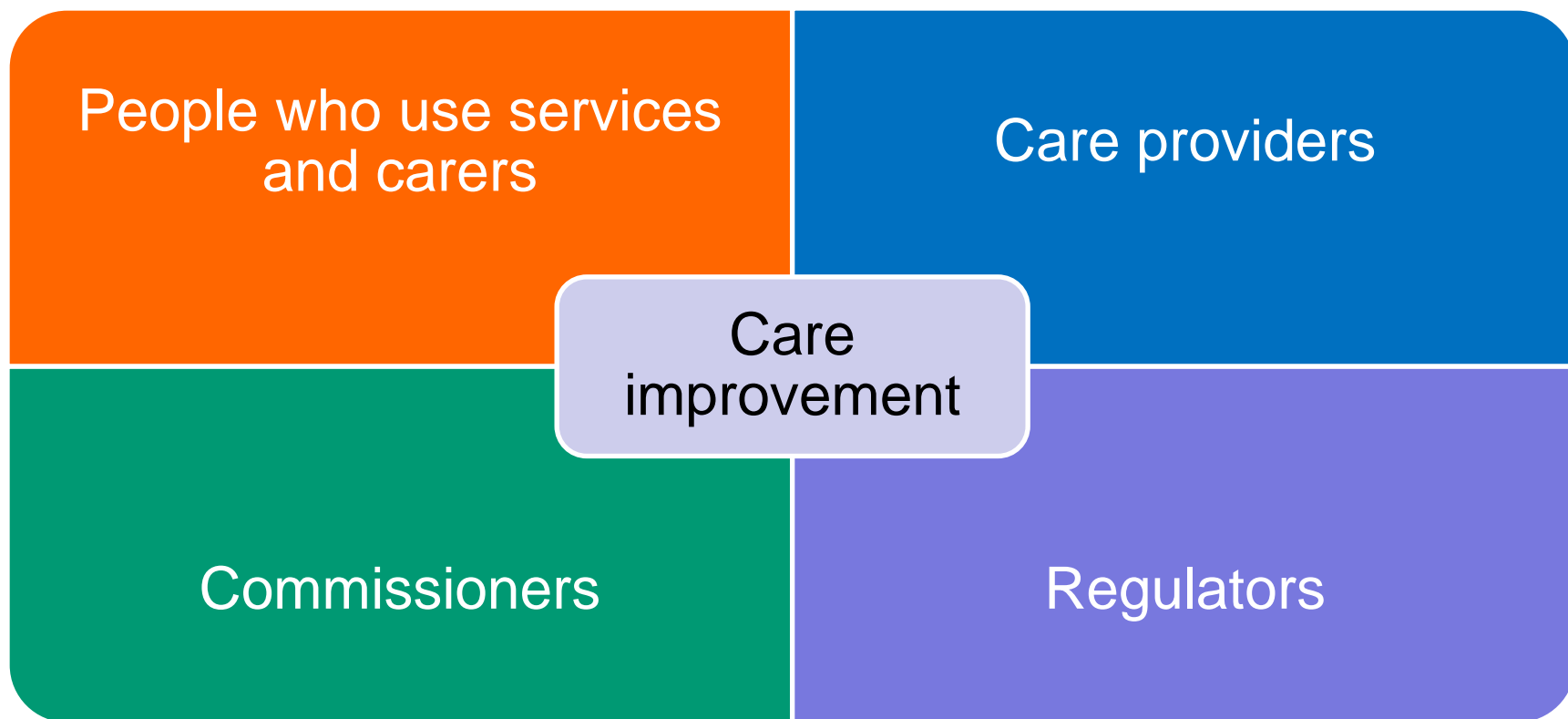


The “fully integrated and efficient” world

- Emphasis on removal of organisational barriers to achieve efficiency
- Managerialism, public money emphasis
- Less tolerance of people who’ve “invited ill health”, prescribed solutions
- Less emphasis on personalised solutions
- Reduced consultation, involvement and community led solutions



The 'quadrangle'



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The question

- How can we collectively improve the quality of life and outcomes for people who use care and support services?
- What can you **offer** to other partners?
- What do you **need** from other partners?

SCIE offer and request

Our offer

- Practical guidance and resources
- Tailored training and consultancy (eg support pre and post inspection for inspection, improvement planning and delivery)
- Joint SCIE/Skills for Care improvement 'hub'

Our request

- Examples of good practice (eg Prevention Library)
- Challenges for the future
- Feedback on our work
- Opportunity to work in partnership

Quote 1

“In a world where we are often too bedazzled by “innovation”, we need to remember the power of getting the basics right. Informing, educating, supporting and involving patients make a difference. They improve people's knowledge, skills and confidence to manage.... It reminds us that the ‘soft stuff’ is really the hard stuff.”

Jeremy Taylor, National Voices



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Quote 2

“I am glad that exposing poor care provokes a reaction – but immediate outrage and indignation can be short-lived and fail to deliver the change we want to see.”

Andrea Sutcliffe, CQC



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Quote 3

“The words ‘social care’ mean a huge amount to disabled people throughout Britain.... Right now the government is at crossroads and what they do depends on how much they think we care. So we need two words from you – **I care.**”

Stephen Fry in Scope film



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Quote 4

“Working in our sector offers so many different opportunities, including opportunities to learn and develop skills and achieve qualifications, and it offers the best reward of all which is the satisfaction of a meaningful job well done.”

Sharon Allen, Skills for Care



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Quote 5

“New responsibilities on councils for “market-shaping” are possibly the most ambitious area of the Care Act and place duties on councils to stimulate the whole local market, not just the part which the council purchases from directly.”

Colin Angel, UKHCA



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Quote 6

“We have tested to destruction centrally imposed change – where diktats came from Whitehall and we expected the same service to work in Manchester and Milton Keynes.”

Norman Lamb MP



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Quote 7

“It is time for society to make its choice, deciding whether to invest more in services which protect and support hundreds of thousands of disabled, or older people, or people with mental health issues or learning disabilities. Or to let the gap get wider between the care all these people need, and our dwindling capacity to make sure they get it.”

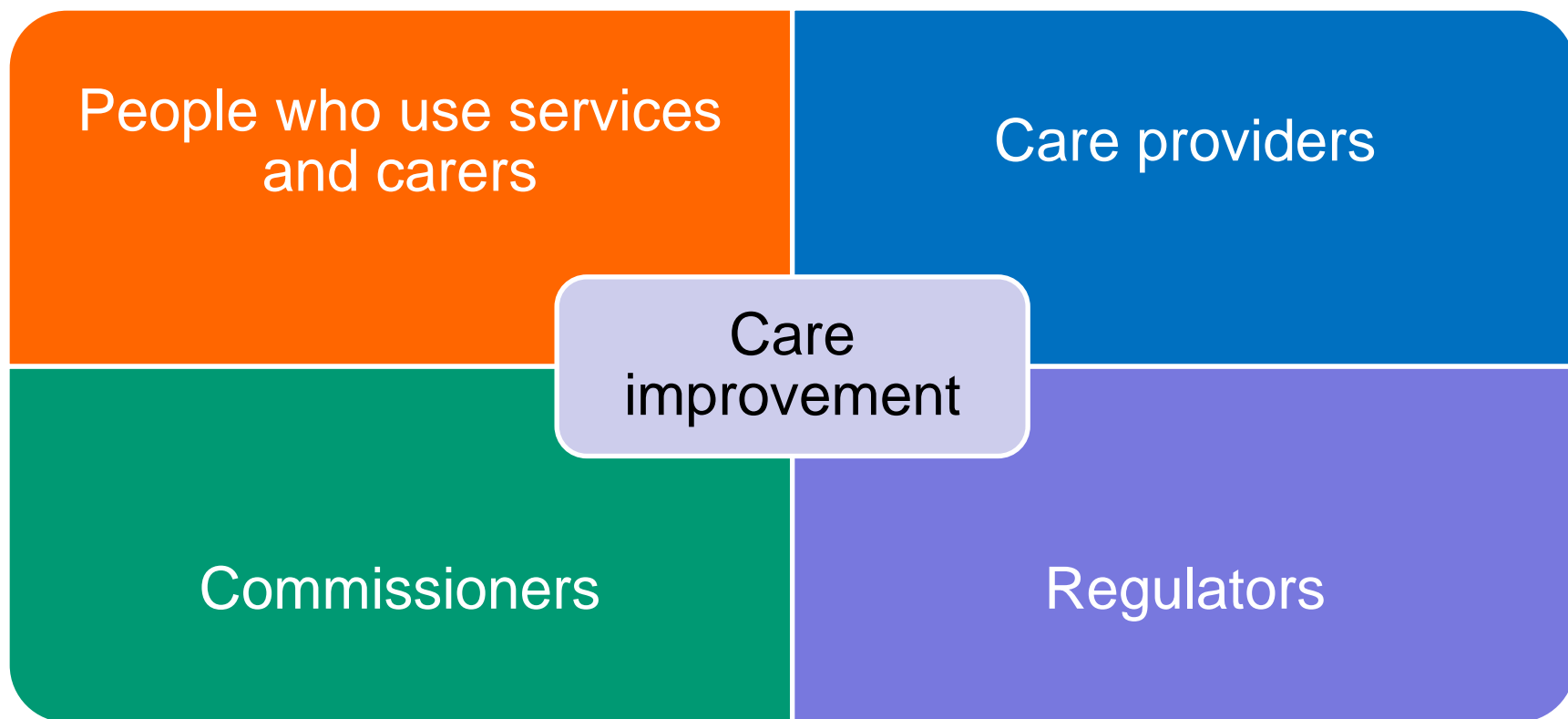
David Pearson, ADASS



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Supporting improvement: the evidence and process

Ewan King

Director of Business Development and Delivery

SCIE



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Presentation contents

- What factors support improvement
- Improvement support process
- What support do providers need
- Our collaboration to support provider improvement



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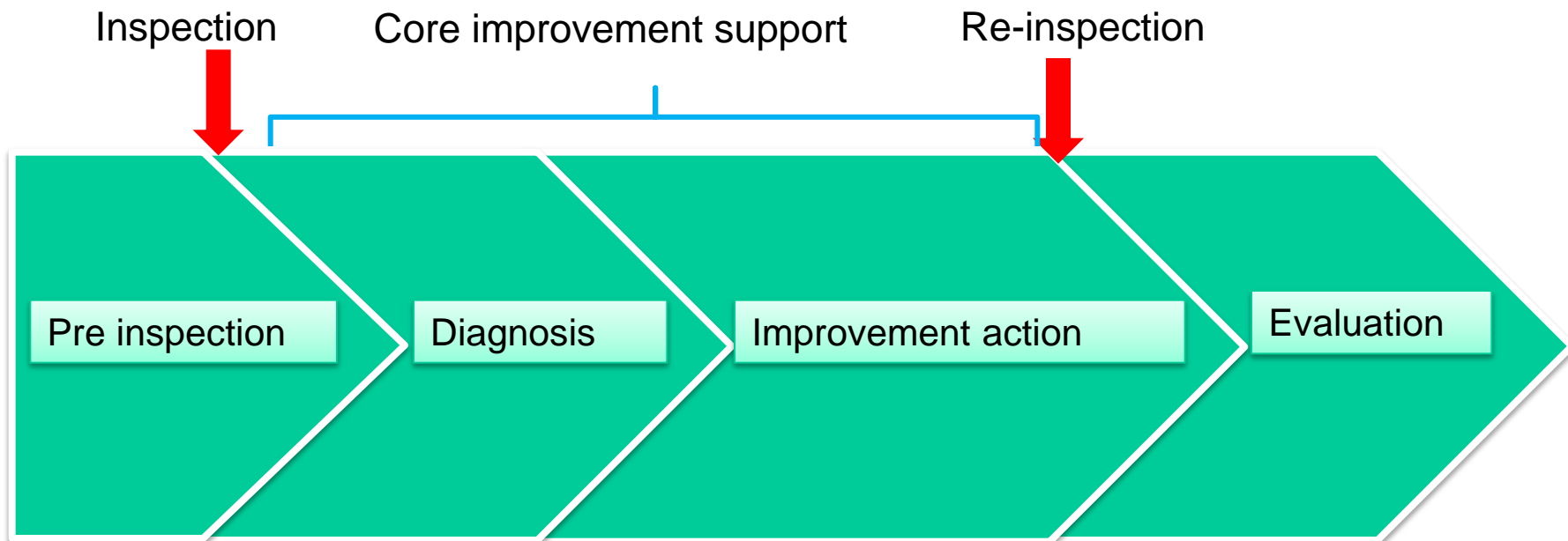
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How organisations improve: common themes

- Acceptance of inspection or diagnosis of failure
- Changes to leadership, personnel and style
- Strong communication around values, expectations, performance and progress
- Clear plans for improvement – with milestones and timescales
- External support, challenge and customer feedback are embraced
- Capacity building, training and getting right people in right roles
- Time! *'No department has emerged from special measures in less than 12 months'* (Audit Commission)



The staged improvement process



Evidence sources: Evaluations and reviews of improvement and intervention regimes to support public agencies, e.g. Audit Commission, CQC, DfE, CQC, LGA, Ofsted



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What providers have told us they need

Pre-inspection

- Support and tools need to focus on **prevention** – for many, falling into inadequate or special measures is too late
- Need for tools that support **long-term improvement**, with support around improving leadership and culture seen as important
- Practical tools and support around ensuring **policies and documentation** are in order and high quality
- Tools to support regular self-audit and review to embed improvement



What providers have told us they need

Diagnosis

- Much of the feedback has highlighted the diagnostic stage as being most critical.
‘CQC will tell you what you have failed at, not why you have failed – the reasons can be complex’
- Strong demand for tools and support to help providers diagnose areas that need improvement and find priority areas to work on
- A systems approach, that seeks to identify and unpack the interrelated causes of failure are viewed positively



What providers have told us they need

Improvement Action

- Denial is the strongest inhibitor to improvement – support that provides challenge and support is important
- Support of Peers would be welcome – mirroring sector led approaches
 - ‘My Home Life, a collaboration of care providers, provides access to advice and leadership support’*
- Demand for good training, tailored to different types and sizes of organisations, e.g. safety and leadership
- Need for tools to support improvement planning, but also real improvement stories from elsewhere



What providers have told us they need

Evaluation

- Sustaining improvement recognised as a real challenge
- Support to help providers check progress and self assess would be welcome
- Lack of benchmarking tools is a gap in provision

Overarching messages

- Need to involve people who use services and carers
- Resources and tools are not enough, improvement will require hands on support (but who pays?)
- Collaborative local approaches could work, when competition doesn't get in way

Our collaboration to support improvement

- SCIE and Skills for Care, with support from TLAP, are developing a joint offer of improvement support for registered providers
- First step will be an online ‘improvement hub’ which will signpost care providers to relevant, freely available resources by SCIE, Skills for Care, TLAP and NICE
- Initial engagement with sector concluded, but wider engagement will continue over Jan, Feb and March, including people who use services and carers
- CQC, DH and ADASS on steering group
- Longer term, new resources and functionality added to site



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Questions?

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