



# **DISTINCTIVE, VALUED, PERSONAL**

**Why social care matters  
even more in 2017 and  
into the long term future**

directors of  
**adass**  
adult social services

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## Contents

Foreword .....	3
Why Social Care Matters - some key facts .....	4
1. Purpose .....	5
2. Context .....	5
3. Resource challenges .....	6
4. Why does our care system need to change?.....	8
5. What will the future look like? A new relationship with individuals, communities, and a joined-up care and health system? .....	9
6. How will we get there?.....	13
7. Conclusion .....	13

## 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. This document sets out the key functions of adult social care and social work, the things that make it Distinctive, Valued, and Personal.

In 2015, David Pearson, the then ADASS President, introduced the first edition of this paper: [‘Distinctive, Valued, Personal: Why Social Care Matter – The next five years’](#) ADASS’ key statement about adult social care and social work.

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

Since that time the adult social care sector has come together - the third sector, providers, think tanks, supported by NHS colleagues - in recognition of the severe impact of continued reductions in funding, to raise awareness of the critical nature of social care and to position it as a national priority. The public and the media recognise that the situation is worse, not better. The impact of underfunding is experienced by disabled and older people and their families, by care staff and social workers, by care providers and by the health service.

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 continued to reduce in real terms. 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.



Margaret Willcox

**President Elect of the Association of Directors of Adult Social Services  
March 2017**

*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 £13.82 billion: 35% of their total spending and the biggest single budget that councils control. Individuals spend at least £10 billion 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 £43 billion 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.**

## 1. Purpose

This document sets out the distinctive role and value of social care in the 21<sup>st</sup> 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. This document is written in the context of both the Care Act 2014, which sets out our nation's expectations of a care service fit for the 21<sup>st</sup> century, and the ongoing reductions in funding for social care. 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.

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 – and how they are funded will attract increasing attention. Ensuring that services that are good enough for ourselves and our families is a personal concern as well as a public issue.

## 2. Context

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 significant increase in the emphasis placed 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.

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, developing vanguards 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.

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.

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 21<sup>st</sup> 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, the quality of care, and the workforce that provides it.

### 3. Resource challenges

#### 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, for Baby boomers, rising levels of private household wealth arising from post-war economic prosperity and the growth in house prices. Of course, this levels out and reduces for younger people. But 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. Plans for the Care Act 2014 to help people with very high care costs have been shelved and many individuals will still make very considerable financial contributions. Individuals spend at least £10 billion 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 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. 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.

In recent years public spending on social care has reduced significantly: ADASS Budget Surveys have shown that successive years of cuts took £4.6 billion (31%) out of *council social care budgets between 2010 and 2015 whilst need grew significantly*. Demography is the biggest single pressure, requiring an additional 3% per year to maintain services at their current level. Further savings of £941 million are being made: a cumulative total of £5.5 billion from budgets by the end of this financial year. Councils have an exemplary track record of making efficiencies and they have also prioritised social care - it has accounted for 35% of all their spending for the last three years compared to 30% in 2010. However, funding has not kept pace with demography or with increasing essential costs such as the welcome National Living Wage, legislation and case law.

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 by the LGA to reach £2.6billion 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.

Despite the prevention and wellbeing duties set out in the Care Act, few councils are able to do more than respond to people with critical and substantial needs. Fewer people are getting publicly funded help. Reductions in access on 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 Age UK estimate that nearly 1.2 million people aged 65+ do not get the help they need and 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. The sector has significant concerns as to whether the rights and duties in the Care Act 2014 can be delivered within these constraints.

The Local Government Finance settlement fifteen months ago introduced the social care precept that allows councils to raise council tax by 2% a year, on top of the 1.99% that they can raise without a referendum, over the life of the Parliament. The Social Care Precept exacerbates distributional inequalities without covering increased need and cost, except in a small number of councils. In all regions bar one the Precept raises less than National Living and Minimum Wage requirements alone. In two regions it raises less than half. Looking at money raised per capita as a result of a 2% rise, the City of London would be able to raise £136 per person over 65, whilst Dudley could only raise £39 per person. That is a difference of well over three times the value.

That settlement also introduced the Improved Better Care Fund for some councils to partly compensate for the differential impact of the precept, but that Fund only commences in 2017 and only reaches a significant contribution to the crisis in 2019/20. The total amount quoted as additional to social care is only the case if every council raises council tax every year over the life of the Parliament.

The most recent settlement further acknowledges concern but does not introduce additional funding: it redistributes the New Homes Bonus to form an Adult Social Care Grant of £241m and re-profiles the ability of councils to raise the precept by up to a total of 6% in the next three years.

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 whilst social care is exposed to deep and significant reductions in local government spending 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.

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.

## 4. 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.

Many people with care and support needs are clear that they want a life not a service. They want equal attention paid to their social, 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.

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. New models of care are further developing such work.

### 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.

### **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. More could be done to support carers in employment. Carers UK's survey in September 2014 showed that one in five respondents were forced to give up their jobs to care.

### **Funding needs to keep pace with expectations and costs**

The number of people needing care and support has been increasing over time and will continue to do so. The social care precept in 2016/17 raised less than two thirds of the cost of the welcomed National Living Wage. Not only is the quantity of social care challenged: the quality is too.

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.

"The provision of adequate adult social care poses a significant public service challenge. Demand for care is rising while public spending is falling."<sup>i</sup>

Despite the mounting pressures, people who use social care are generally very positive about their experience 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.

## **5. 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. 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 nearly 70 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 21<sup>st</sup> 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 section outlines a better model for care and support that will help achieve this. The principles of wellbeing, personalisation, 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, in work and elsewhere. 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.

### **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 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. Sustainability and Transformation Plans largely focus on the sustainability of the NHS. We need to work over time to ensure that they develop to support also the sustainability of social care.

### **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 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 £55 billion 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**

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 social, 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."<sup>ii</sup>

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.

## 6. How will we get there?

Designing a set of care and health services that work well together and reflect 21<sup>st</sup> 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 seventeen years alone there have been nine white and green papers on social care.

Developing the model of social care described in section 5 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. Sustainability and Transformation Plans are the first stage for the NHS. The next stage is to build the social care model.

There is little evidence – in the UK or from international experience - that nationally imposed reorganisation in itself would lead to better outcomes for people or would address the funding challenges for social care and our NHS. 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.

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 Sustainability and Transformation Plans. 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.

## 7. 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 gap in social care funding by 2020 and addressing the longer term funding issues across all government departments.

- 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, achieve early resolution to meeting our needs and to get the right help at the right time as our needs change.
  - b. Prevention; reducing or delaying the need for care.
  - c. The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
  - d. Services that help us get back on track after illness or support disabled people to be independent.
  - e. Safeguards that prevent or reduce harm when there is a risk that we may be abused or neglected, when we lack capacity to make decisions for ourselves or may be at risk of being deprived of our liberty, or where doctors are considering compulsory assessment or treatment in hospital or the community if we are mentally unwell.
  - f. 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. Good support planning to enable us to use personal budgets and reviews that enhance our circumstances 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.

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

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<sup>i</sup> National Audit Office

<sup>ii</sup> Skills for Care