READY, STEADY, GO!
Driving stability and innovation in the adult social care market

New Dialogues is a series of think pieces supported by the partners of ADASS
With the sustainability of the care market a key risk for adult social services, ADASS and EY organised a roundtable of adult social care leaders to debate the challenges and explore potential ways to put the market on a more stable footing.

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KATE TERRONI, DIRECTOR OF ADULT SOCIAL SERVICES, OXFORDSHIRE COUNTY COUNCIL

INTRODUCTION

Ever since the Care Act took effect, councils have been grappling with their new duty to foster sustainable local markets for adult care services.

The duty arrived at a challenging time. Local authority finances are under unprecedented pressure, demand for services is rising and the risks of market failure have been made clear by the high-profile collapse of several care providers.

In February, with concerns about adult care provision continuing to make headlines, the Association of Directors of Adult Social Services (ADASS) brought together a group of adult social care leaders for an EY-sponsored roundtable debate about the issue of sustainability.

Sustainability of the social care market is a topic that comes up over and over again in the ADASS commissioning network’s discussions. Particularly significant issues include the financial constraints, the quality challenges and the expectations of what people want from social care and whether that can be delivered.

IS IT ALL ABOUT MONEY?

But is ensuring sustainability just about money? the roundtable were asked. Kate Terroni, director of adult social services for Oxfordshire County Council, thought it is not just about the money.

“Oxfordshire pays the highest hourly home care rates in the country, about £20.10,” she said, adding that the council has also given providers guaranteed cost and volume contracts. “Despite all that there is still a massive gap in the amount of home care we need to be commissioning and the availability of it. So, for me, this is absolutely not just about the money. Money is important, but for me it’s a big society thing. Do we value the people who deliver care and do we offer career pathways where people think at 18: ‘I’m going to go and become a care worker?’”

Trying to fill the gaps through spending carries risks too, replied Glen Garrod, the director of adult care and public health for Lincolnshire County Council. “Your neighbouring councils, who might not be in quite the same financial space will feel the effect of that,” he said. “In a way there’s a danger of everybody trying to rise to the top as much as there is a danger of everybody trying to diminish to the bottom.”

Helen Sunderland, the lead on social care practice at consultants EY, noted that the Local Government Association’s Adult Social Care Funding: 2016 State of the Nation Report highlighted that, whilst the people polled supported additional funding for social care, it was unclear whether people agreed this should be funded by council tax rises.

This, coupled with the analysis in the report suggesting the precept will not address the funding gap, puts at risk the likelihood of a purely financial solution to sustainability. “Is it a new relationship between the state, a family and the individual that needs to be thought through and, within this context, how the market can sustainably respond to that?” she asked.

THE IMPACT OF SELF-FUNDERS

“If a rethink of the state’s role in social care is where we’re heading there are two big issues,” said Margaret Willcox, the director of adult social services at Gloucestershire County Council. “One issue is that if that’s the way we’re going we need an honest conversation with the public that says this is not a nationally funded service anymore,”
she said. “The NHS is but local government won’t be because if social care is going to be determined on local finances then it isn’t national.”

The second problem, she continued, is that the councils best placed to raise extra money are often those that need it least. “There will have to be subsidy from somewhere and if you don’t sort that out as a funding formula nationally and leave it to local taxation then we’re back to the system we had pre-1948,” said Willcox.

Places where there are not many people who are paying for their own care can also make a big difference to commissioning and to the sustainability of the market.

High numbers of self-funders brings a different challenge said Iain MacBeath, the director of adult social services for Hertfordshire County Council, who noted that his authority struggles to buy care regardless of how much it pays because of competition for limited care capacity from self-funders and their families.

Higher pay for care workers will not necessarily fix the shortfall of care workers either, said Cathy Kerr, the director of adult social services for the London boroughs of Richmond and Wandsworth: “In one of the boroughs in which I work we’re paying a decent wage and we’ve got an outcomes-focused, seven-year contract for providers, but we still can’t recruit the staff and the staff can’t afford to live in the borough.”

**BETTER CAREER PATHS**

The roundtable agreed that making care work more attractive as a career is vital for sustainability and higher hourly rates are not the only way to attract people into the sector. “It isn’t all money,” said MacBeath. “A lot of it is about leadership and job satisfaction.”

MacBeath cited the example of a nineteen-year-old care worker he met at a supported living unit. She previously worked at a pound shop earning the same money as she does now but loves her new job. Now, having seen how happy she is, many of her former pound shop colleagues have also gone into care work.

“We do need to stop talking care work down though,” said Wilcox. “We’ve spent a lot of time telling the public that the home
Care they get is second rate. “Now that’s possibly how it was in the ’70s but it’s not how it is now. Some of the organisations are truly inspirational, they’ve got tremendous staff but we haven’t changed the story.”

But poor career paths mean that even those who become care workers can drift away, said Kerr who gave an example of a worker in a nursing home who became frustrated by the lack of development opportunities. “It was going nowhere,” she said. “You have got to make care work attractive but also then have a scheme that gives people an opportunity to grow and develop.”

Garrod felt that the new associate nurse role could be used to make care work more attractive. “Associate nurses could provide the opportunity for an enriching experience as a care worker, doing things that otherwise might have been reserved for others,” he said. “So if you’re not going to get into a graduation position you can still have a good career within a vocational route. I don’t think that’s made enough of at the moment.”

**CAR-SHARING AND BUTLIN’S**

Care work apprenticeships, such as the one run by Milton Keynes Council, could help, said Sue Wilson, the head of commissioning and quality in adult social care for Leicestershire County Council. “I met some of their apprentices at a recent East Midlands workforce event,” she said. “There were about a hundred and twenty who have gone through the system now and we were saying it’s something we ought to consider. But then there’s the challenge, particularly in the domiciliary care market, of how do they get about? In a rural area how do they afford a car and insure it?”

Sunderland suggested that car-share companies might provide a solution to the transport issues. “Corporate partnerships with organisations that provide car rental services in thirty or sixty minute slots can work particularly well in cities,” she said. “Proactive discussions with such organisations with regards to more rural areas could be productive if a readymade customer base using their services every day can be shown.”

Thinking differently about where to find potential care work recruits is also important, said Garrod. “On the east coast of Lincolnshire we have got a very large Butlin’s, which has a very significant...”
downtime during the winter when we reach peak demand and their redcoats have half the skill set at least of some of our best home care workers," he said.

Warming to the theme, Wilcox said military garrisons are another potential source of recruits that councils could help providers connect with.

“I recently did a peer review and we were in a garrison town,” she said. “There were thirty percent vacancies in their domiciliary care market and how many hundreds of people sitting in the garrison wishing they had a job but couldn’t make the journey because the husband who is the soldier has got the car? Sometimes we need to knit things together.”

NEW CARE MODELS
Beyond the workforce challenges to sustainability, the roundtable felt that new approaches to commissioning will be crucial to developing a healthy adult social care market.

MacBeath told the roundtable that through Hampshire’s new care model vanguard work, the Better Care Fund pays £70 per person per week premium to care homes for residents with higher needs. In addition care staff have been trained in clinical matters and a community pharmacist has helped to shave money off pharmacy bills, which in turn has cut the time spent administering medicine and saved the NHS money.

“That’s a win, but the biggest win is that the care home is not phoning the ambulance,” said MacBeath. “They feel able to cope. There has been a forty-five percent reduction in admissions from that - it’s enormous - and that pays the bill of £70.”

The big question is whether this model can successfully scale up from the eight homes currently involved to all of the county’s two hundred or so homes.

ASSISTIVE TECHNOLOGIES
Assistive technology also offers opportunities for innovation in care services, the roundtable agreed, but there are commissioning and cultural barriers to overcome.

“How just seen this from the pathway redesign perspective, there are many missed opportunities for assistive technology to reach its full potential,” said Sunderland. “Part of this challenge is the way that telecare is commissioned. There is a real need for it to move towards a properly managed service that has a proactive care pathway redesign and then an active searching for cases rather than just waiting for it to come along.”

That, however, requires new ways of working said Karen Sugars, the acting divisional director for integrated commissioning at Tower Hamlets. “What our staff find quite difficult is articulating the risks and the on-going requirement to manage and respond to the assistive technology,” she said. “It’s ok to put a pull cord into someone’s home when you have a call centre but if you give someone a GPS tracker the worker has to work out what happens if someone goes outside of an agreed area; who responds? When you’ve got a social work team that are very busy and trying to get through their workload, doing this sort of work requires a different conversation, analysis and care planning.”

ADASS assistant director Hilary Paxton said fostering a culture of change among social workers is an additional challenge.

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IAIN MACBEATH, DIRECTOR OF ADULT SOCIAL SERVICES, HERTFORDSHIRE COUNTY COUNCIL
There are many missed opportunities for assistive technology to reach its full potential

Helen Sunderland, Director and National Social Care Lead, EY

Contracts must change if we’re to make the most of technology, said Sunderland: “We don’t actually allow the home care provider to say, ‘You know what? I’m going to deliver this package differently because I’m going to use assistive technology for this, this and this outcome or analytics to manage this performance management that you want to hear back from me on.’”

Bringing providers in at the design stage would help. “We’re not the experts here,” said Terroni. “Why wouldn’t we bring in the subject experts? But we need to have more conversations about this with our lawyers because they get twitchy when I say I want to bring in providers at the design stage.”

Garrod, however, worried that technological solutions could prove too binary and make it harder for services to meet the needs of individuals. “For example in one village we couldn’t get home care for love nor money and there were three or four people who needed a service,” he said. “They said give us the money you would have spent on us, allow us to use your systems and we will arrange what we need. That’s a non-linear product.

“It requires you to be very different because we are not used to allowing individual consumers to come together as a collective to purchase services using our technology. It upset everybody and it’s only because I have a certain job title that it happened.”

The roundtable felt that inflexible care plans are a problem for care provision too. “It doesn’t help that social workers still issue time- and task-driven care plans so care workers have no flexibility,” said MacBeath, recalling how he got an “ear bashing” from an elderly lady at a Flexicare unit after she was given a hot shower she did not want. “She had been washed to within an inch of her life and the care worker said if we don’t do it we haven’t done what is on the care plan. I’m always amazed at how expert care workers are in medication, moving and handling. They know exactly what to do but we don’t give them any flexibility. It would show them that we value them as professionals a bit more if we gave them more flexibility on the care plan. I am determined that is what we’re going to do.”

Kerr raised the question of whether retirement villages with on-site care services can play a role in sustainability. “There is a cohort of older people who still want to be owner-occupiers but who would live somewhere else as long as they could own their flat or whatever,” she said. MacBeath said one Hertfordshire provider built a village and set aside half of its forty-two flats for owner-occupiers. “We didn’t put a penny into that as a council, but the developer realised that if he collaborated with the council we’d always have a waiting list,” he said.

“But do you just want to live with older people when you get old?” asked Wilcox. “I think that loneliness can mean that some people do want to live among other people,” replied Paxton.

The infrastructure side of such developments is also still new territory for adult social care. “We are developing an Ageing Well strategy and one of the challenges for the team is to think about the offer and whether it is possible to have a village-type approach,” said Sugars. “That’s some way off but up until a couple of years ago we probably wouldn’t have considered the opportunities to invest our Community Infrastructure Levy or S106 funding to develop these types of solutions.”

Wilson agreed: “That’s something we’ve always tried to work out with our community infrastructure levies and 106s. What’s the calculation for adult social care? Schools are easy, the communities and libraries side is easy, but we’ve got some huge developments that are going to put pressure on us but we can’t come up with the sums.”

On the question of dealing with provider failures, MacBeath said Hertfordshire is planning to have to step in and start providing services itself if it happens again. “We’ve had two failures, but we’ve managed to find providers to absorb them,” he said. “But in domiciliary care we’ve now got two agencies that are so big they have got forty percent of the market between them, so it’s risky for us and them to ask them to do more. Should another agency fail, we’ll have to consider taking it in-house.”

The question Hertfordshire is grappling with is whether there is a way to turn another failure into an opportunity to raise the bar for care provision: “Is there a way the council
could run that business on the same money that we offer to the private sector but perhaps achieve better outcomes for people? Mediate the market by reabling people and reducing care packages so it becomes, ‘If we can do it, why can’t you all?’”

Sunderland said the roundtable’s discussion suggested that the relationship between care providers and local authorities has become more mature. “It’s not a ‘I pay you, you respond’ relationship,” she said. “It has become a much more advanced conversation about how can we innovate together for mutual benefit. How we move from that conversation to the pragmatics of procurement will be the trick.”

And doing that successfully will mean getting the inspectorate involved, she added: “There are a lot of exciting ideas in this room but when it comes to an inspection you don’t know how many of them are going to get marked down.”

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**CATHY KERR, DIRECTOR OF ADULT SOCIAL SERVICES, LONDON BOROUGHS OF RICHMOND UPON THAMES AND WANDSWORTH.**

**CONCLUSION**

While pressured finances, market failures and rising demand suggest a hostile climate for sustaining adult social care market, the roundtable discussion identified many ways in which new thinking can tackle these challenges.

Making care work a more attractive vocational career option and appealing to pools of potential recruits, such as unemployed partners living on military garrisons, offer a way to deal with the workforce challenges.

Working with housing and care providers more closely can help find new ways to deliver both the quality and quantity of accommodation and support adults need.

The use of technology and care plans that give providers more scope to use the expertise they have are also promising.

Finally, experiments such as Hampshire’s premium payments for higher need individuals are already delivering savings and better care.

The challenge may be big but the adult social care sector is anything but short of creative ideas on how to deliver change for the better.
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