directors of adass
adult social services

Green Paper Statement

2018

Statement on the Social Care Green Paper

The Secretary of State for Health and Social Care, Jeremy Hunt, recently made his first speech about adult social care - ahead of the Green Paper - describing seven key principles for the sector. In this paper we provide an early response to those principles with what we in ADASS consider to be some of the key building blocks in relation to securing sustainable arrangements for all our futures.

ADASS: WHO WE ARE

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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.

1. Greater security for all – for those born with or developing a care need early in life and for those entering old age who do not know what their future care needs may be

Many of us will, at some point, either need social care or find ourselves caring for family members. Social care and social work provides advice, care, support and safeguards when we are frail or in vulnerable circumstances enabling us to live good lives, or at least the best we can. Yet social care is not the NHS, where we know that care and treatment will be free at the point of delivery.

This Green Paper should not just be about older people, there are many people requiring support from social care of a working age alongside young people with profound disabilities moving into adulthood. We need something that works for all the generations.

For people who need financial help to get the support they need, social care is means tested and increasingly targeted at those in greatest need with the least income and assets. Some people with certain conditions will be supported by the NHS, whilst others with similarly debilitating conditions will not. It is increasingly a matter of chance whether people will receive free support (NHS) or means tested support (social care) despite the fact that the effect upon their lives will be equally profound. People with the highest level of needs may face very high care costs.

We believe that there should be clarity and certainty for all – regardless of age – as to what we can expect from the state in terms of care, support and safeguards. In turn we should be able to expect clarity and certainty in terms of what we are responsible for and what, if anything, we might be expected to pay.

As a society we need to decide how we pay for adult social care in the longer term, whether through taxation, changing benefits, savings and insurance or through the value of people's houses.

We advocate a greater pooling of risk across society and believe the state should extend its role in securing sufficient resources. This should support appropriate levels of 'person centered' care for those who will buy their own care and support ensuring good advice, information and an assessment as a right. For many people who 'self-fund' their own care they should expect to benefit from support to make well informed choices about how best they might meet their needs, often in difficult circumstances. Without such a comprehensive offer the support purchased can be unnecessary, leading to poor outcomes including prematurely requiring higher levels of care with a consequential loss of independence.

Whatever the mechanism chosen and however much the state is prepared to pay for care we expect the system to be simple and easy to understand and administer.

2. The highest possible control given to those receiving support

Care and support – whatever the need - must be personalised, centered on the needs and wishes of the person concerned, involving our representatives or advocates if we lack the capacity to decide, respecting and involving our families. Adult social care should promote our physical, mental, social and psychological wellbeing, supporting us to retain our place within the community, valuing our aspirations and ability to contribute to society.

As adults we have the right to make what might seem unwise decisions. It is the role of social workers to support us to realise our aspirations.

It's also essential that social workers safeguard our rights. This is especially important if we ever find ourselves in circumstances where we face abuse or neglect. This is part of the crucial role social workers play in determining the outcomes we want for ourselves.

Social workers also must consider and safeguard when doctors are considering compulsory treatment or admission to hospital or when people lack capacity and may be deprived of their liberty. Social Workers work with us as individuals, in families and in communities.

To exercise control we need:

- good information, advice, and, if we cannot articulate our needs and wishes, advocacy;
- the opportunity to weigh up the risks and benefits of different options;
- trained, skillful, valued staff to provide support and a range of services providing social care that gives us genuine choice;
- Enough resources and time to allow us to garner support that suits our needs and wishes before we reach crisis, to help us through crisis and to recover and return to life.

3. Whole-person, integrated care with the NHS and social care systems operating as one

Our sense of belonging is important to our wellbeing. We live in a variety of settings and our sense of community will be highly individualised. We need opportunities for engaging in our communities including access to education or employment. Loneliness and isolation, along with frequent changes of accommodation are bad for our wellbeing and mental health. Where families, volunteers and relevant professions work well together people are far more likely to have the choice and control they value and their sense of place retained. This will, for some, include how they can have what to them will be a 'good death'.

Developing and building relationships, supporting carers and developing supportive communities is a key element in what might be described as 'strengths based practice'. Social work and social care are vital connectors, supporting people to remain at home or, within new communities. Support to obtain appropriate housing including supported and extra care housing is therefore an important element in ensuring people have access to a range of choices that meets their needs in a holistic way.

When we have complex needs a range of professions and services are often necessary, embedded in communities representing social care and NHS primary, community and mental health services. For these services to be truly effective, further transformation is necessary to develop person centered, place based health and care systems. We know there are too many admissions to hospital and unnecessary delays in a return home for a significant number of people; more targets associated with hospitals are not the answer. The investment that is necessary in primary, community and social care services to help address this is long overdue, without which this situation will continue to occur and people will continue to have poorer outcomes.

We support local pooling of budgets, connective IT systems, better coordinated care within primary and community settings and a strong voice for people 'with lived experience' of health and social care services. We support a strong focus on local systems which builds upon local democratic structures with a strengthened role for Health and Wellbeing Boards. This will allow our local political leaders and our councilors to play a vital role in our health and wellbeing interests alongside NHS colleagues: a vital counter-balance. We do not see structural integration with the NHS per se as a solution, preferring to focus on 'integrated care' which focusses on the person who needs our support.

To enable social care to play its full part alongside the NHS it requires a dedicated and appropriately qualified Director of Adult Social Services (DASS) operating at a corporate level in each council able to maximize opportunities for cross-council working, advising Council leaders and managing risk.

Pooling budgets and other resources – at scale - such as those within the Better Care Fund (BCF) will require amendments to current legislation to ensure that there is parity between NHSE and councils such as is being trialed in Greater Manchester. We also call for a fundamental reform of Continuing Health Care to ensure people requiring support have a simple, coherent and understandable experience when they require a range of support.

Our priorities for better, joined-up, person-centered services and sustainable health and care services for those with complex needs are:

1. Integrated personal commissioning – the default position underpinning all our practice;
2. Integrated Commissioning – not just between health and adult social care but with housing as well;
3. Long term workforce planning – where appropriate jointly developed with the NHS;
4. Inter- connected information systems – that understand the whole person;
5. Increased use of local multidisciplinary team approaches – including volunteers and professionals covering social care, community and mental health services;
6. A focus on wellbeing and prevention or reablement.

4. Better practical support for families and carers

Those of us who choose to care for family members should have clarity over what the state will provide to support us, which includes access to a basic living income. Carers' health and financial wellbeing, including our employment and pension rights, should not be compromised. After all, most of us do not choose the circumstances in which we become carers.

Carers' rights to equal status in the Care Act are only three years old, and should be strengthened by more targeted resources.

They are vital to our general economy as workers as well as carers; they should have specific employment protections that allow them to fulfil their role and have a right to paid leave that parallels parental leave. Carers should also expect to be included and active participants in their loved one's care and wellbeing.

5. Quality and safety embedded in service provision

There is still a lot of great care and dedication but we see clear evidence that the sufficiency of services, the choices available and quality is diminishing. With a growing older and disabled population and increased costs, the attempts to meet as many people's needs as possible mean that the resources that there are, are being spread too thinly. There are worrying signs in many places of distressing experiences for vulnerable adults and their families and of safeguarding concerns being raised. Of course, this also has a very visible impact upon the functioning of local NHS services. There are existing duties placed on councils relating to shaping care markets extending choice, creativity and quality. There is a great desire to be able to supportpeople to make the choices that meet their needs and aspirations, but in many places markets are so fragile and limited that the focus is on preventing collapse, closures and contract handbacks.

Care work is a highly skilled and values-based occupation. The amount paid to care homes and home care providers is simply not keeping pace with the need to deliver enough well trained and remunerated care workers to achieve these ambitions. It is only recently that additional investment has occurred as the government has released short-term emergency funding to support social care. This will not provide the necessary stability or levels of investment needed to retain what already exists let alone encourage investment and innovation.

After eight years of cut-backs, despite the best endeavors of local Councils, to protect adult social care any increases have been lost, not in new or more services but in seeking to sustain the increased cost associated with such initiatives as the welcome National Living Wage. Councils have also reduced significantly their own staffing in performance management, commissioning and market shaping. Increasingly Directors of Adult Social Services are managing a range of other functions as part of wider Council cut-backs.

In relation to quality, we are committed to sharing good practice, risk management and mutual challenge through the established approach to Sector Led Improvement (SLI). We

recognize that there will be other ways to improve how services are organised, operated and that available resources are used to best effect. We see potential for a blended solution which brings together the approach taken to 'System Reviews' undertaken by the Care Quality Commission with many of the attributes of SLI. This would better reflect the increasing complexity of people who need a combination of health, social care, occupational and housing solutions. However, any costs associated with a national review of performance and effectiveness should not be at the expense of allocating such resources on money for care and support.

6. A sustainable funding model for social care supported by a diverse, vibrant and stable market

The adult social care market is extremely fragile and has been for a number of years – as evidenced by successive CQC annual reports - with increasing examples of service failure and underlying financial stress. Provider failure impacts negatively on very frail or vulnerable individuals and their families. Vulnerable people of any age should not have to move from their settled place of residence because of increasing provider failure.

ADASS has repeatedly warned government that funding reductions in social care would lead to fewer people getting less care, provider failure, and would impact on the NHS. It is equally the case that much needed investment in prevention, digital technology and wellbeing services is taking place against a back-drop of years of cuts to adult social care and wider council services. This represents a vicious spiral.

Funding should cover the range of needs, be fair and based on the best balance of taxation, potential re-prioritisation of other benefits (pensions and non-means tested benefits), an individual's contribution and private insurance. Fairness should be between and within generations (noting that the nature of home ownership is continuing to change and such capital sums that are currently available to some of the older generation may not be in years to come), and recognise that the areas of England have different geographies, rurality, demographic and socio-economic influences. Funding solutions should be long term and capable of being adjusted at periodic intervals.

At least £2bn is needed by 2020 **just** to stabilize the market and to enable key statutory responsibilities to be fulfilled. This will not address the disparity in funding of social care workers when compared to health care workers in the NHS. Pay to the care workforce, **which outnumbers those working in the NHS,** needs to go up by 29% to achieve anything like a parity of esteem and help to both attract and retain a skilled workforce: an initial estimate is that this would mean an investment of approximately £3.0bn.

As a nation we cannot continue to spend the diminishing proportion of GDP on adult social care as we have; any government must recognise that more and more people will require specialist long-term care. The majority of people will need support in their own homes (and more investment into different forms of housing and technology need to be explored as part of this) but there remains an ongoing need for high quality 24-hour residential and nursing care.

Whilst the majority of adult social care is provided by small to medium enterprises there are a number of large providers, some funded or run as part of multi-national businesses. We are concerned that there is a lack of clarity and transparency about some care providers as to who holds the purse strings and makes the decisions about expenditure. It cannot be right that the lives of thousands of vulnerable people hang on the decisions of investors who have bought the debts of parent companies or where proprietors or investors have little connection with the services that support many very vulnerable people who depend on them.

There needs to be greater market transparency and economic regulation looking at fee rates, profit margins, funding sources and risks – for both state-funded and self-funded recipients. This could be through CQC or it could be through councils.

7. A valued workforce

The quality of care and support services is dependent upon a skilled, valued and appropriately remunerated workforce. The 1.5 million people who work in social care deserve 'parity of esteem' with their NHS counterparts; to be able to work in a service that is valued and rewarded.

It is shameful that care is often seen as unskilled when it requires commitment, dedication, skill, compassion and resilience.

An overstretched workforce, with insufficient training and career opportunities means that the psychological reward of caring for people is greatly diminished. The low remuneration of care workers means that many cannot afford to live in some parts of the country or in decent quality accommodation. Suitable accommodation isn't just an issue for people receiving services but for the social care workforce as well.

Social care needs and deserves the resources to recruit and retain a sufficient, skilled workforce. This would include:

- A national recruitment campaign that can be delivered locally;
- Local Living Wages for those areas with full employment and where the Living Wage will not attract staff;
- We recognize the need for more training in the care workforce and would welcome further work to support mandatory training in the 'care certificate' as a basic minimum alongside registration for unit managers in both home care and residential settings – as the CQC have stated – 'well led' will typically mean 'safe';
- Career pathways that lead to a range of options including social work, nursing, therapies, community development, employment support, policing or other professions;
- Joint training and qualifications for those providing personal care and nursing for those of us with very complex needs.