

Good morning colleagues. It's very exciting to see everyone and I hope, like me, you have found the last 24 hours a great opportunity to reconnect and be reminded of our collective strengths.

It is an honour and a privilege to represent you over the coming year and I aim to build on the work of all my predecessors to further the core aims of ADASS – to promote social justice and a fair deal for people who draw on care and support to lead good lives.

As ADASS members, we support each other, that's what we do. The work of all our Regional Chairs, our Policy leads and our Principal Social Workers is phenomenal.

I know that I continue to learn from colleagues, who always generously share their ideas, expertise and experience and I should particularly recognise my London colleagues in this regard.

I must thank Greenwich Council for allowing me this opportunity, particularly Danny Thorpe, the Leader, and Nick Davies, my Deputy. And, of course, I look forward to working closely with Beverley Tarka, as our new Vice President.

So, thank you to Stephen, who has been a great champion for us. He has been prepared to be outspoken about the state our services are in, highlighting the unfairness to the people we are here to serve, not just about the disproportionate impact of the pandemic but also the effect of more than a decade of neglect.

It was Stephen who prompted us to measure waiting lists, thus revealing that more than half a million people are now waiting for the vital help they need to live their lives, providing compelling evidence of the need to invest in recovery in social care, just as in the NHS.

Stephen has effectively promoted our cause in the media - I am sure we will all remember his encounter with Ed Balls, his own personal story of his family experience and indeed his earlier star performance on Panorama. I would like to thank you on behalf of us all Stephen for your leadership as President.

Also on behalf of all of us, I must thank Cathie and the whole ADASS team. They have worked incredibly hard, covering a huge reform agenda, business as usual and continuing to respond to the many challenges of COVID. This year, Cathie's role has changed, from that of chief officer, with an internal focus, to become a more outward-looking Chief Executive, speaking on behalf of ADASS with partners and in the media. I am pleased to see Cathie relishing her important new role and finding her voice.

And thank you to all our Sponsors who collectively contribute to making Spring Seminar such a rich and lively event.

So, a bit about me....

It was a sense of things not being fair, of the obvious inequality I could see growing up in inner London and a passion for social justice that led me into social work.

My first job as a social worker was working with people with HIV in west London. In those early days of the AIDS epidemic, there was huge stigma and our home helps refused point blank to visit people with HIV and AIDS. There was no menu of services to support people with this new disease and my job was to co-produce personalised support with people and to work with those affected to co-design services.

Throughout my career, in local government, Whitehall and now as a DASS, Deputy Chief Executive and ICS Executive Place Lead in Greenwich, I have remained absolutely convinced of the importance of strong community social work. It is the highly skilled work that our practitioners do every day that makes the difference to peoples' lives and promotes the best outcomes. The values that underpin social work are held, not just by social workers, but by all of us working in social care.

Beyond our professional roles, many, if not most of us have our own experiences of social care. My mother had depression and later in life her dementia got to a point where my father could no longer cope. She was detained under the mental health act and spent months on a psychiatric ward, before ending her days peacefully in a care home. My dad didn't expect to be a carer. He thought that was women's work. It took him a long time to recognise he was a carer and it is fair to say he didn't have the ideal temperament for it.

However, some years on, we celebrated his 92nd birthday last weekend. He still lives in his own home, despite 3 falls in recent weeks (or 2 slips and a wobble as he

describes it). The second time he fell, he couldn't get up and when the paramedics finally arrived, he refused to go to hospital, despite several broken ribs. He can be pretty cantankerous and at the time I thought typically stubborn for not going to hospital. However, on reflection, being in his own home is what helped him to get better. And of course he knows what matters to him and what risks he is prepared to take to live the life he wants.

It was the integrated care team that responded the next day with advice, support and equipment to help him recover at home. He is lucky, of course, although he lives alone, he has a network of family and friends and a weekly trip to the local pub that continue to stimulate his curiosity, give him purpose and real quality of life, despite his frailty.

That brings me to the Pandemic and its impact. Pre-pandemic my dad was walking to the supermarket every day and doing his own shopping. Covid put paid to that and, over the last couple of years, he was pretty much confined to his flat. As a result, his mobility inevitably declined to the point he can no longer go out independently.

We are all recovering from the trauma of the pandemic to some degree, and we should be extremely proud of the way we in social care have risen to its challenges, showing enormous resilience in such testing times.

We know Covid has impacted disproportionately on some of our communities, highlighting pre-existing inequity. People who draw on care and support have been particularly affected - be that people with learning disabilities and/or autism who have had their lives and routines disrupted, the impact on the lives of unpaid carers, on people's mental health and the thousands of people who lost loved ones in care homes and at home. And on 17th March, just 6 weeks ago, we remembered the social care workers who lost their lives to Covid – almost 1,000 in England alone.

We have learned a huge amount collectively. Not least, the importance of achieving parity of esteem between health and social care. Social care needing to be a stronger voice around the table, so that better decisions are made and social care is never again treated as an afterthought, with such tragic consequences.

The importance of relationships, community and connection became even clearer. Our relationships with care providers shifted to a more partnership approach. We learned more about the resilience in our communities and the potential to build on their strengths and assets. Through the shielding lists, we were able to proactively identify and support people who were more at risk and intervene preventively.

In Greenwich, and I am sure you will have found the same, it wasn't having a clinical condition that made people vulnerable. It was the lack of a stable home, the lack of friends and support networks and digital exclusion. It was the stress associated with caring for an elderly relative with dementia or an adult child with complex needs, without respite. The pandemic has left us in a precarious state and our surveys show

the situation is worsening, however we know that it is not just the last 2 years, or indeed the last decade or so that brought us here.

It turns out it is not just my dad who believed caring to be women's work! When Bevan set up the welfare state, social care was universally seen as unpaid, domestic, women's work. Today, women expect jobs and careers and many households need both partners to work to make ends meet. There are now almost 7 million carers in the UK, which means one in every eight of us are carers at any one time. Millions more had some experience of caring during the pandemic.

The effects of demographic and economic change have been compounded by a clear, but largely undebated, shift of activity from health to social care. For example, many of today's care homes with nursing, commissioned by local authorities, have by default become the modern equivalent of cottage hospitals. And care workers are skilfully and safely performing tasks that used to be the preserve of health staff. That may well be the right way to go, but it has not been discussed and planned and people are not properly paid or recognised for the skilled work they do. Our care and support landscape has been developing by contingency, sometimes seemingly haphazardly.

Our ADASS surveys show that despite everything, social care has been magnificent.

We now provide more home care than ever before and to people with more acute and complex needs. This had gone up to over 41 million hours by October 2021. We

are still analysing our latest survey data, however it would seem these higher levels are being maintained. However, the number of hours that can't be provided continues to rise at an alarming rate and, at first glance, this is further evidence of the fact there are not enough staff to deliver the care people need.

Our early analysis suggests a steep rise in the numbers waiting for the care and support, to over half a million people. Each individual is someone unable to live their life to the full, many will have carers unable to get on with their lives, their own health will suffer and the risks of deterioration create a vicious cycle of hospital admissions and further NHS pressures. This also means that DASSs are having to make invidious decisions about safety, who gets care and what sort of care can be afforded.

The evidence is clear that significant investment is required to support adult social care recovery - to help us tackle growing unmet, undermet and wrongly met need. Without this people will continue to suffer and pressures on community, mental health, primary care services and hospitals will exacerbate. This is undeniably a crisis in social care.

Now, after 3 decades or more of reports and commissions, we finally have White Papers, both on Reform and on Integration. I welcome the aspirations set out in 'People at the Heart of Care'. How people live their lives and connect with each other is changing rapidly, developing better housing options and embracing technology

that puts people in control are important elements of the ambition. There is a positive commitment to more funding through the health and care levy.

The introduction of the Cap has finally grasped the nettle of the balance between citizen and state on who pays for care. It won't, however, fix social care. And there is a danger in the developing narrative that social care is now fixed. There are immediate challenges we face over the next year – sustainability, workforce, recovery and multiple policy reform.

The Fair Cost of Care, alongside the introduction of Clause 18 (3) of the Care Act, poses huge risks, both to a fragile care market and to the stability of Local Authority finances. The recent Laing and Buisson report, commissioned by the County Councils Network, was clear the policy needs further huge investment to enable councils to pay sustainable rates and offset the impact of 18(3).

We are all too familiar with the workforce challenges. Covid has exposed pre-existing fault lines. Low pay, poor terms and conditions, with over half of homecare workers on zero hours contracts, reflect the value we as a society place on people who carry out crucial, highly skilled work. As competition from hospitality, logistics and retail increases, staff vacancy levels have risen, so that one in every ten care roles were vacant in March this year. And it is not just about front line care staff. We already have shortages of OTs and social workers, who are critical to recovery in social care, and we will need many, many more of them to implement reform.

We are beginning to understand the scale of recovery required and, at the same time, preparing for the biggest reforms we have seen in a generation. The forthcoming changes are multifaceted and have cumulative impact. From setting up thousands of Care Accounts, to Fair Cost and Market Sustainability planning, to Building the Right Support, to Liberty Protection Safeguards, to preparing for Assurance (or Inspection by any other name) through to working effectively with new Integrated Care Systems.

In the face of these challenges we need to seize the initiative. We need to stop being driven by events, and to start being assertive about the kind of care and support we want to see. We need a plan for the future - and all of us who draw on social care, who commission it, who provide it and who regulate it, can help shape that future. And we have the tools. Improved intelligence will undoubtedly flow from the market sustainability exercise. We can use this to strengthen our hand in exposing the need to pay people fairly to provide high quality and compassionate care.

As we heard yesterday, the Integration White Paper provides opportunity to bring our thinking about people and communities into the heart of ICS conversations and to influence change. To demand a fairer pattern of NHS investment that prioritises prevention, addresses the inequalities exposed by Covid and promotes a strengths-based approach to health and wellbeing in our communities.

As confident social care Leaders drawing on our wider Council assets, we can be a strong and equal voice with NHS colleagues at neighbourhood, place and ICS levels. This is not about structural integration, it's about strengthening relationships and influence to promote a social model, led by what matters to people and which recognises the importance of homes, good work and the wider determinants of health. We know the critical importance of social care in local economic development, providing good jobs for local people. Some Councils, like Liverpool for example, have used the Social Value Act to good effect to strengthen social care.

It is clear that, whilst some people will need, or choose, residential care, many more of us want to live in our own homes wherever possible. To achieve the ambition set out in both White Papers we need to re-imagine support in communities. Yesterday, we heard from the Archbishops' Commission about the need for care with strong and mutual support at its heart, to help people to live fulfilling lives. We need a model that moves away from time and task, creates a sustainable workforce and ensures health and care is rooted in communities and joined up around people. This will need inspired, creative and determined leadership from us all.

My priority is to work together with you, with our allies and, importantly, with people with lived experience, to understand how our ambition would be implemented and the changes, capacity and resources required to realise a better future. By setting this out we can shape and influence what's to come.