

ADULT SOCIAL CARE – SHAPING A BETTER FUTURE

Nine Statements to Help Shape Adult Social Care Reform

Published July 2020

ADASS: WHO WE ARE

PRESIDENT



James Bullion
Norfolk County
Council

VICE PRESIDENT



Stephen
Chandler
Oxfordshire
County Council

HONORARY SECRETARY



Glen Garrod
Lincolnshire
County Council

HONORARY TREASURER



Iain MacBeath
Hertfordshire
County
Council

POLICY LEAD



Andy Begley
Shropshire
Council

IMMEDIATE PAST PRESIDENT



Julie Ogley
Central
Bedfordshire
Council

REGIONAL LEAD



Carol Tozer
Isle of Wight
Council

ASSOCIATE TRUSTEE



Brian Parrott
ADASS
Associate

TRUSTEE



Cath Roff
Leeds City
Council

EXTENDED TRUSTEE



Alison Tombs
North
Tyneside
Council

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.

CONTENTS

- 1. INTRODUCTION**
- 2. NINE KEY STATEMENTS**
- 3. CONCLUSION**

ADULT SOCIAL CARE – SHAPING A BETTER FUTURE

NINE STATEMENTS TO HELP SHAPE ADULT SOCIAL CARE REFORM

1. INTRODUCTION

Social care is an essential part of the fabric of our society. Social care at its best enables and transforms lives. It enables millions of us to live the lives we want to lead, where we want to live them. Whether we need support with our mental health, because of physical disabilities, learning disabilities, or because we are older and need additional support. It supports us to work; to socialise; to care and support family members; and to play an active role in our communities.

For too long social care has been talked about as a problem; an impossible challenge; a crisis; and as a cost for the state. However, the reality is quite different. As well as supporting the well-being of millions of us and our families, social care also contributes to the economic well-being of our communities. It is a major local employer and any expansion of social care means new businesses, new job opportunities, increased tax contributions and a significant net contribution to the local and national economies. Adult social care is a positive force in our lives and within our society.

Social care is underpinned by the principles of social justice and it affords opportunities to so many of us. The contributions of more than 1.4 million people who work in social care and the millions of family carers enable so many of us to live our lives as we want to live them.

The response to Covid-19 demonstrated the professionalism and dedication of those working in adult social care and the commitment of family carers, but it also exposed the flaws and fissures within the system that we have all known existed and have worsened over recent decades. Adult social care was left exposed to the ravages of Covid-19 by decades of political inaction and failure to properly prioritise social care. It exposed specific issues and concerns with particular models of care.

It is the human cost of the Covid-19 outbreak that most starkly underlines why things must change; the number of people who died, care staff who gave their lives caring for others, those who experienced domestic violence, those whose mental health deteriorated, and those family carers who were left exhausted by 24/7 lockdown care.

The pandemic has already changed the way we experience care and support. So many more services and contacts are being provided online, others have changed beyond recognition. So many more of us are being receiving care in our own homes, often from family members. Demand for care home places has reduced dramatically and most shared spaces that have been traditionally used by day services have closed, some potentially may never reopen. It is not too dramatic to say that care may never be the same again.

We face many challenges as a result of Covid-19, but we are also presented with a huge opportunity to rethink, redesign and reorientate care. Rather than simply reinforcing and protecting what we have, we have an opportunity to do something fundamentally different.

We have the chance to reimagine the care that we all want for ourselves and our families. Care and support that meets our needs and wants. To design care that is fit for the future we want.

In thinking about what care might look like in the future, we should be mindful this vision must align with and/or trigger further tweaks to the existing legislative framework in which we operate. Our starting point is that the Care Act is fundamentally good legislation, which will merely require minor changes to Part One to reflect whatever is agreed, and a more wide-ranging rethinking of Part Two. The Liberty Protection Safeguards reforms are already in train, the Human Rights Act is increasingly important as is Mental Health Act Reform following the Wessely Review in 2019.

We have the opportunity to be radical, to be person-centred and to be transformative. We must seize this opportunity with both hands. This is a task which falls to all of us. Those of us who have care and support needs, our families, our carers and those organisations who support us, as well as those of us who commission or provide advice, care and support. This must involve all of us, not just as potential recipients of care and support, but also as designers of the care and support we all want for ourselves and our families.

This paper sets out nine statements that we believe can help shape the future of adult social care.

2. NINE STATEMENTS TO HELP SHAPE ADULT SOCIAL CARE REFORM

Statement One: We need a public conversation about adult social care reform

In year 1, we need a big public conversation about how we design a system that enables people with care and support needs to live a good life. It will be clear about what we can expect of individuals, families, fellow citizens, communities and the state as part of a network of support.

Our collective starting point must be a conversation about the types of care and support we want for ourselves and our families, today and in the future and how we pay for it. This should then help establish the framework which enables Government and its partners to work with those of us with care and support needs to deliver the care we want.

Our goal must be to engage and involve those of us with care and support needs, our families and carers, those who work in social care and all other key stakeholders in defining the task before us and in ultimately establishing the framework for the way that care will be delivered and experienced in the future.

This work must be inclusive of a range of people and communities where people have social care needs, to think about how the support and care that is needed can be delivered in the future. This must include the diverse experiences and needs of working age disabled people and older people.

The emphasis should be on seeking public agreement on the need to invest in prevention approaches so that people are at less risk of increasing social care needs, and so that people understand their position and rights, and take action for themselves

This should meaningfully explore the broad range of possible models of care available as well as enabling an honest conversation about what we can afford and ultimately how we pay for the care we want and need. This process must settle the national question of how to pay for, and whether to charge for care, and how to align arrangements with health and housing.

Statement Two: Locally integrated care, built around the individual should be the norm.

Reform should be built on the principle of locally determined integrated care that achieves person-centred, person-led, co-ordinated care, treatment and support.

Within the context of a social care reset, our shared goal must be to join up and coordinate care around the individual. For too long care has been built around organisations and

buildings such as hospitals, day care centres and care homes. The future must be about what works for us as individuals and our families, with a whole series of local organisations working together to organise care and support that enables us to work, stay independent at home, and be as engaged in our communities as we want.

Local authorities sit at the heart of our communities and are ideally placed to coordinate this care and support. Social work, with a strengths-based approach, is at the heart of supporting people to live the lives they want in the place they want to be. Working collaboratively with those with care and support need, as well as colleagues in housing, planning, leisure, provider organisations and the NHS to provide seamless care and support. More of this care is likely to be provided in our own homes and will be integrated into specialist housing and care packages akin to current extra care provision. Individuals will no longer have to routinely access care via hospitals, which will instead be able to focus on acute and emergency care. NHS primary and community-based care will routinely come to people in their own homes and utilise the latest technological developments to enable more remote care.

Local authorities have a vital role to play in working with providers to drive up the quality of care available locally and in transforming our commissioning approaches by removing the distances between commissioners, providers and those of us with care and support needs.

The primary role of the local authority, through social work will be to advise and advocate with people, to commission and coordinate care that works for individuals, their families, and carers, to join up support with health and housing, and to safeguard people at risk. This will fundamentally shift how we access and experience care.

Statement Three: We need a complete review of how care markets operate

We want a complete review of how care markets work and the suitability, sufficiency, sustainability, social value and quality of provision, with a consideration of regulation.

Too many of our care providers are currently financially vulnerable and struggling to remain in business, and there are big question marks over the very models of care that underpin social care today. The impact of the Covid-19 pandemic has further underlined the vulnerability of our care markets. The time has come for a complete review of how our care markets work.

Our ambition must be to develop, evolve and nurture models of provision that better meet our care aspirations. This may involve accelerating the shift toward more care and support being provided in our homes and communities. All models of current and future care should be in scope for this review, with a strong encouragement to user and carer-led organisations, providers, social care staff and local authorities to propose and develop innovative forms of person-centred care.

The future must be built around the wider implementation of better models of care – care that we want for ourselves and our families. Current market models are not working in the funding environment we are in. This should draw heavily on the work that ADASS members have been doing locally and across their regions to reimagine, redesign and reinvigorate care.

Market reform must promote social value, with a much stronger emphasis on the contribution providers make to the lives of the people they support and their contribution to the communities in which they operate and to wider society. It must also emphasise social care's role in promoting the green agenda and towards ensuring a sustainable future.

We should explore how we can support small and medium sized local companies and 'not for profit' providers so that can evolve and change to deliver new models of care. This will enable them to become key components of our future care markets.

The market must give those organisations that provide care and support much greater certainty about funding and income. Properly resourced social care will be able to give providers the certainty they need to plan for the medium to longer term, to invest in technology and innovation and develop their workforce, whilst giving those of us needing care greater certainty about the care we will receive. In return, we should require greater transparency from providers about their finances, ownership and tax contributions.

It is also important that we look at the care across both the NHS and social care and the wider public and private sectors. This will mean working closely with our NHS and other colleagues to shape a better future, ensure community-based alignment and eradicate duplication.

We will need a regulatory and oversight framework, with a defined role for local authorities, that matches our reformed market and enables us to better anticipate and manage quality issues and provider distress.

In defining the role for local authorities, we should be clear about which arrangements need to be national, regional and local. We must also ensure that local intelligence and local accountability remain at the core, alongside national eligibility criteria and local availability. The presumption should be for radically greater choice and local control.

It is important that as we consider the longer-term future of our care markets that we do not do anything that risks limiting our options for change. Therefore, any short-term support (particularly in the immediate post-Covid-19 period) for particular types of care provision should be tied to a commitment to participate in the reform conversation and where necessary to downsizing particular types of provision, such as potentially some forms of care home provision. This will enable us to better match demand and capacity in the short-term and avoid tying us into forms of care that people do not ultimately want for themselves or their families.

Statement Four: We must address existing and historical inequalities.

A guiding principle of reform should be to address the current inequalities in the system that adversely impact on people with learning disabilities and mental health, and substance misuse issues, older people, those at the end of their lives, women and BAME communities.

Adult social care has a long and proud history of tackling and addressing ingrained social inequalities. The principles of social justice have always underpinned both social care and social work and it is vital reform of social care seizes the opportunity to address persistent inequalities experienced by many groups and communities.

Report after report and inquiry after inquiry have underlined the disadvantages and inequities experienced by women, working age disabled people, those of us with learning disabilities and/or autism, Black, Asian and Minority Ethnic communities and older people. These disparities have been further reinforced by the Black Lives Matter movement and what we know about the impact of Covid-19.

As we reset and rebuild social care, it is vital that we proactively tackle historic inequalities and injustices, whilst ensuring that the new models of care that are nurtured and developed as a result of the reforms are equally relevant, accessible and vital to all groups. We must ensure equality of access and outcomes for all.

To achieve this, we must ensure that we involve people from all communities and groups as part of the big national conversation about the care they want for themselves and their families.

To achieve this, we should determine consistent local processes to address inequalities using the tools including anti-discriminatory practice, population level strategies and targets, community development and anti-poverty strategies, and economic development targeted at promoting equality. We must also ensure that a mechanism to describe annual progress is put in place.

Statement Five: Housing is central to care and to our lives

Every decision about care is also a decision about housing. People should be supported to live at home and remain in their communities unless their needs can only be met elsewhere. We must support working age disabled people, rough sleepers, homeless people and others to establish and keep their own homes. We must build more care and support around people's homes, expanding and evolving housing-based care and support such as Extra Care housing.

Reform must be underpinned by the 'Home First' principle. This is likely to mean a much stronger emphasis on some existing types of care and support which are housing based, such

as ‘supported living’ and ‘extra care housing’, as well as new and innovative forms of care. In turn, this may mean a shift away from existing types of residential care, for example, a lesser reliance on long stay, larger scale care homes although they may continue to play a key role in reablement and short-term care.

Currently, too many people are trapped in unsuitable accommodation – developing a wider and more appropriate stock of housing will ensure people can stay in the places they love for as long as possible, and free up larger housing stock for others who need it.

Home and care are intertwined and the future must be about creating a diversity of provision which supports working age disabled people and older people to live as independently as possible to be supported to live in their own homes, with the care and support they need, for as long as possible.

To achieve this aim we expect to see a significant national expansion in extra care housing through dedicated funding, with local authorities given an expectation of a significant multi-year programme. We should review current housing rights for people in care settings to strengthen the right to live at home, to remain at home following a change of care needs, and to be discharged home after a spell in hospital. We should fund and develop specific housing support programmes to enable radical improvements to the current NHS Plans for Transforming Care, Mental Health crises support, and tackling homelessness and rough sleeping. Housing is a key determinant for better care, and equality.

Statement Six: We need a workforce strategy

We need a workforce strategy, fair national care wages, training and career progression, together with greater support for informal carers.

For too long the skilled and compassionate adult social care workforce has been undervalued by the rest of society. Colleagues working in adult social care have been paid less than their NHS colleagues, too many have been paid at or just above the minimum wage, there has been insufficient training and development support, and vacancy and turnover have been much too high. Unlike the NHS, adult social care has not had a national workforce strategy. This is a huge gap that must be addressed.

As part of the reset and rebuild of adult social care we must prioritise the social care work and develop the first ever social care workforce strategy. This means definitively addressing all of the issues that have impacted social care for decades. It should consider proposals for a national care wage and progression so that colleagues are rewarded for vital work that they do.

Aligned to this there should be a wider consideration of the conditions associated with working in adult social care, so that the overall pay and support package is an appealing one. This needs to include, for example, that those in care are paid sick leave, so that they do not work when they are unwell. Staff should have better contracts of employment, doing away with zero hours contracts that exclude travel time. This should also reflect the merits of care

provided in different settings and including those receiving Direct Payments and the work of Personal Assistants (PAs). We must also ensure that training and development are built in so that those joining care services can be confident that they can progress and have a career for life.

The workforce strategy should also look at the support available to enable family carers to combine their caring responsibilities with their own careers. Making clear what support is available from both the state and from their employers. Over the next two decades, social care will only be sustainable if we prioritise and enable family carers to take on and maintain caring responsibilities. In return, as a society we must recognise, support and reward them.

We need a comprehensive national strategy that encompasses both paid and unpaid carers.

Statement Seven: We must prioritise access to technological and digital solutions.

There should be a focus on ensuring that older and disabled people, families, carers and staff have access to the digital and technological solutions that will benefit them.

The Covid-19 pandemic has shown the speed with which we can adapt to change. A crucial part of our learning has been around the adoption, uptake and normalisation of technological and digital solutions. During the pandemic so much of what we have taken for granted in both health and social care was transformed. Many services that have been face to face moved online, digital platforms enabled us to communicate and apps enabled us to access some support from our own homes.

It is vital that we harness all of the power that technology and digital innovations offer us. Whether it is in terms of utilising digital support, tech-enabled housing solutions or enhanced communication tools, we must prioritise and encourage innovation. We must work with entrepreneurs and digital innovation to develop bespoke tools and to harness everyday technology kit to transform, connect and enable better lives.

Statement Eight: We need a cross-Government strategy

We need a whole government strategy that enables people with care and support needs to live a good life. It is not just what DHSC can do through a longer-term funding settlement but active input from the Cabinet Office, MHCLG, BEIS, DWP and across Whitehall.

Adult social care plays a vital role in our communities, binding us together and enabling so many of us to live the lives we want to lead. Social care contributes to our individual and community well-being; is a positive economic force locally and nationally; is integrated within

local government and works collaboratively with our NHS colleagues; is staffed by colleagues from across the world; and is well positioned to contribute to national initiatives such as the post-Covid-19 rebuilding and the green revolution. As an employer, social care can help to alleviate poverty by employing people in a range of settings close to their own homes and families. Sorting out social care pay would have a profound impact on those women and colleagues from BAME communities who make up a substantial proportion of the social care workforce.

It is therefore vital that social care sits at the heart of a cross-government strategy that involves all Whitehall departments and agencies. This should set out the pivotal role that social care plays in our communities and the role it can play in our wider development as a society.

Social care should not be viewed as a problem or a cost, it is a contributor to so many facets of our society and it should be viewed for what it is – genuinely transformative and enabling.

The strategy should set out clearly the totality of what the Government plans to do in respect of adult social care, so that we can all be clear about the road ahead.

Statement Nine: We need to manage the transition

There will need to be a funded and managed transition from the current care system to the new system that ensures service continuity for people with care and support needs. This includes specific support to see the care system through the coming winter period.

Over the coming months we face many big decisions which will ultimately shape how care and support is delivered and experienced from many years to come. These changes are likely to be fundamental in nature and will prove initially challenging for some of us who have care and support needs and those of us who provide services. It is likely to lead to a fundamental shift in the way that care is delivered, with at least a partial move from some forms of care such as care homes; and will require care professionals to work in and across different settings and embrace new skills and challenges.

It will therefore be vital that we properly manage the transition period as those of us with care and support needs witness the evolution of care; and those who work in adult social care adjust to new ways of working. This will require a coherent transition plan, which maps out changes and outlines the support available for all concerned to manage the shift in care.

This will require bespoke support for those of us who access care and support today as we adapt to new forms of care and support. Similarly, we must support providers to evolve and transform so that they can deliver new forms of care, or alternatively to exit the market in a managed way. We should specifically seek to support small and medium sized local companies and not for profit providers so that can evolve and change so that they can deliver new models of care and become key components of our future care markets.

We must support everyone to make the transition and to genuinely benefit from the development of new and innovative models of care.

3. CONCLUSION

The case for adult social care reform is well established. Whether viewed from the standpoint of someone who needs care and support today, millions more of us who will need care in the future, for taxpayers and for Government, reform is essential. Social care transforms and enables, we must now enable social care to do what it does best.

Covid-19 must be remembered as the catalyst for fundamental change in the way we experience care. We must move away from the old ways, structures and assumptions and embrace a new, better future.

What is required now is a total reset; a wholesale reimagining of adult social care. This short paper sets out nine guiding principles which we hope can shape fundamental adult social care transformation. These are intended as a starting point for the wider, society-wide conversation about the care and support we all want for ourselves and our families, now and in the future.

The Government has a unique opportunity to deliver fundamental reform and in so doing so transform millions of our lives. The Government has a pivotal role to play over the coming months. It can drive this transformation by using its political capital and significant parliamentary majority to deliver short-term support and longer-term funding and reform. It has an opportunity through the upcoming Spending Review 2020 and the proposed white paper to break the cycle of two decades of broken political promises of successive governments of all political colours. It can fulfil the promise to sort out social care once and for all of us.

We therefore need a two-year funding settlement in 2020 that ensures the short-term sustainability and continuity of care; creates the space for us all to undertake the national conversation that will ultimately shape a new person-centred vision for adult social care, secure new deal for those that work in social care and millions of family carers; and to properly transition to the new models of care that emerge as a result. This will then lay the foundation for the longer-term funding settlement that will be needed in 2022-23 for the next five-year period to embed the new approaches to care and support.

The prize is adult social care that is truly fit for the twenty-first century. We must design, shape and build that care and support together.

ADASS

ADASS is the Association of Directors of Adult Social Services in England. We are a charity, a leading, independent voice of adult social care.

© Association of Directors of Adult Social Services 2020
18 Smith Square,
Westminster,
London
SW1P 3HZ
Charity Reg. No 299 154
Tel: 0207 664 3239

To discuss the report in more details, or for media enquiries, please contact:

Phil McCarvill

Deputy Chief Officer

Phil.mccarvill@adass.org.uk

07919483214

Letizia Mattanza

Communications, Events and Membership Coordinator

Letizia.mattanza@adass.org.uk

07771 590860

Contact and Follow ADASS:

