

The state of social care

Andrew Cozens
Strategic Adviser, Children Adults & Health
Services

Community Well-being Board
7 March 2007

Summary

- Messages from the CSCI report: The state of social care 2005-06 published in January 2007
- Implications for the sector
- Focus for improvement

Context

- 2 million people – all ages - used social care services arranged by councils in 2005-06.
- 174,000 people paid for residential care and many others bought services directly from voluntary and private organisations.
- Significant real terms increases in spending by councils over recent years. In 2004-05:
 - Children's Services: + 7%
 - Adult Services: + 4%

Growth in spending 2004/05

Adults' services:

direct payments		48%
equipment and adaptations	13%	
assessment/care management		11%
home care	7.5%	

Children's services:

adoption	13%	
family support	10%	
social work	7%	
fostering	6%	

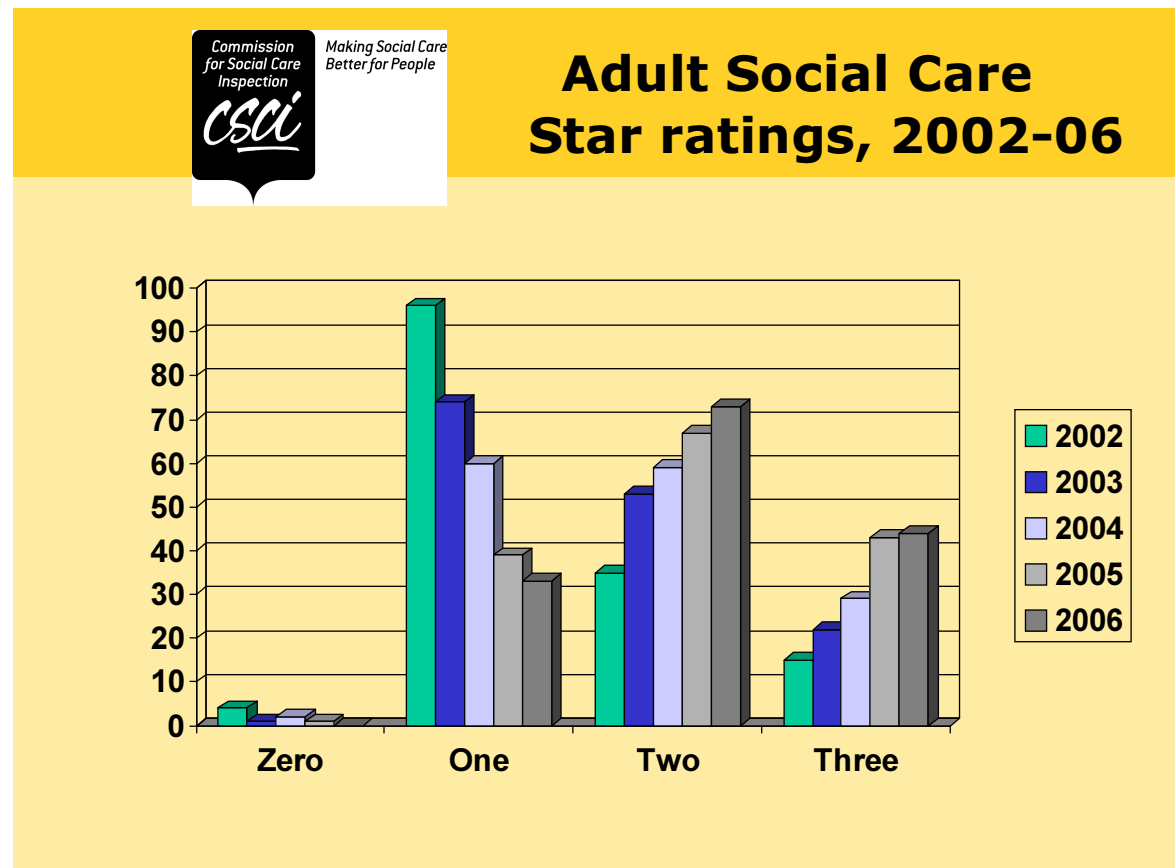
Key messages from CSCI

- Social care continues to improve and modernise.
- But improvement is gradual.
- Progress is being hampered by pressures on the sector.
- There are concerns about the impact of a shift of responsibilities onto individuals and families.

Dimensions of improvement

- **People in control:**
 - 32,000 direct payments (up 45%)
 - individual budget pilots
- **Integrated support:**
 - growth in intermediate care
 - housing-based care
 - family support and crisis intervention
- **Innovation and promoting independence:**
 - use of assistive technology
 - new models of homecare
- **Well-being and social inclusion initiatives:**
 - New partnership initiatives for older people
- **Improved basic services**

**No Zero Star councils, 25 improving,
16 with a reduced rating**



Improvement is gradual

No major shifts in trends

- Most resources are still spent on traditional forms of care.
- Still relatively few people using direct payments
 - only £1 in every £100.
- Some services still not meeting key National Minimum Standards (NMS) e.g.
 - Over 1/3 care homes not meeting safe medication or recruitment standards
 - Over 40% do not ensure appropriate care plans for residents
 - 1/3 children's homes not meeting adequacy of staff and health, safety and security NMS.
- Performance of services in different council areas continues to vary widely.
- On average voluntary providers perform better against NMS than other providers.

How are we doing on commissioning?

- Commissioning is still focused on specific groups, rather than the whole population.
- Little market analysis and development.
- Little commissioning for quality.
- New initiatives represent a small investment compared to total resources.
- Few councils focus on people who fund their own care – or are excluding by high eligibility criteria.
- Among the latter group there is a danger of little choice or control; services of poor quality; those with complex needs may not have specialist needs met.

Progress is hampered by pressures

- **Financial**
 - cost pressures: rising demand for more intensive care services for adults and children.
 - impact on partnerships of NHS deficits.
- **Tensions**
 - greater efficiency but also commissioning more personalised care
 - prevention agenda and rising demand for care services.
- **Organisational Turbulence**
 - reduction in numbers of Primary Care Trusts
 - separation of adult and children's services.
- **Rising Eligibility Criteria**

Emerging issues

- A shift of responsibilities from the statutory sector to individuals, families and carers, but without the infrastructure to support it.
- There will be people who do not meet eligibility criteria and by necessity:
 - have to fund their own care
 - rely on family and friends, or
 - have no option but to do without.
- These people have:
 - little choice or control
 - are using services of poor quality
 - may have complex needs whose specialist requirements are not being met.

Implications for carers

- Evidence that carers bear the costs of ever tightening eligibility criteria.
- Support and services patchy – only 1/5 councils taking strategic approach.
- Performance varies widely between Councils in provision of services to carers.
- Danger that carers are seen as a ‘resource’ only and remain or become socially excluded.
- Over 50% of Councils cite financial constraints as barrier to developing support to carers.

The **Minister's** ambition for social care

- Enhanced status for social care and those who work in it.
- Building a narrative for social care that supports the redirection of resources from acute to community and social care interventions.
- The transfer of power from professionals to people who use services and their carers.
- Re-addressing the interface between the NHS and local government – “I don’t want a service, I want a life”.
- Recognition of the role of the third sector and social enterprise, and rethinking how the state relates to communities.

(Summary of a speech by Ivan Lewis MP to LGA November 2006)

Efficiency – transforming local services

- The needs of vulnerable people require strategic planning and coordinated delivery across a range of different services:
 - Work with authorities to understand the connections between efficiency activity in different bodies, and how flows across local agencies can be identified, measured, discussed and agreed in localities.
 - Explore how to incentivise co-operation between local agencies to secure the best efficiencies.
 - Make downstream costs transparent as a powerful tool to promote improved cross-agency working.
 - Enhance information sharing, accessibility and geographical reach.

(Strong and prosperous communities: The Local Government White Paper)

Focus for improvement

- Strategic needs assessment and better commissioning.
- Focus on better outcomes for the whole population and on the wider infrastructure of community, family and privately funded support.
- Greater personalisation, choice and control.
- Better information to support decisions on care options.
- Better support for carers.
- Efficiency and effectiveness.

The state of social care

Andrew Cozens
Strategic Adviser, Children Adults & Health
Services

Community Well-being Board
7 March 2007