



FROM QUESTIONS to ANSWERS

Professor Bob Hudson made an important contribution to the recent #socialcarefuture gathering based upon a long career researching and analysing public services. Bob offered a diagnosis of the current problems with social care and outline ideas for solutions. He was slightly limited, however by the eight minutes we gave him!

Following the gathering Bob has now brought his detailed thoughts together for #socialcarefuture with support from Nesta. The summary of his piece, We Need to Talk About Social Care is here, and detailed piece here

He goes beyond what is wrong and why, to offer closely argued ideas about how things could change to produce a much better future.

We are grateful to Bob for putting both his brain into this task and his head above the parapet. Some in our network will find this kind of analysis and presentation helpful, others prefer to focus differently. We would like to invite those who do read Bob's piece to offer feedback.

For example:

- Is this focussing on the right things, both in terms of diagnosis of the problem and effective solutions?
- Do you know of good examples linked to the five components Bob identifies?
- What practical action might be taken by members of this network to achieve positive progress in the areas Bob points up and the means he proposes
- What other action might be needed or approaches taken?

Please feel free to leave short comments here or send longer thoughts to socialcarefuture@gmail.com



WE NEED TO TALK ABOUT ADULT SOCIAL CARE

**IT'S JUST NOT WORKING –
BUT IT CAN BE FIXED**

Executive Summary

IT'S JUST NOT WORKING...

Adult social care simply isn't working for anyone. Firstly – and most importantly - it isn't working for those who need support; they too often struggle to access help and even when they are successful in doing so it may not meet their needs. Secondly it's not working for front-line staff – those involved in assessment are locked in an unedifying struggle between assessing needs and checking resources; those working in the sector as providers are badly paid, inadequately trained and under-regarded; and unpaid carers continue to be routinely unsupported. Finally, it isn't working for the organisations providing services, many of whom are pulling out of contracts, saying funding levels are unrealistic.

BETTER FUNDING IS A PREREQUISITE

More and fairer funding is a prerequisite. The relentless cuts to local authority budgets have to be reversed. Alongside this change there needs to be a sustainable model for sharing the cost of long-term care between the state, individuals and families. A largely tax-funded national care service putting adult social care on the same footing as the NHS would probably be no more expensive than restoring access to 2009/10 levels; it would also ease the problem of integrated health and social care by removing the problem of trying to align a means-tested system with one free at the point of use.

IT'S ABOUT MORE THAN MONEY

It's not enough to just complain about a failing model; we need to enthuse about a better one. The sector has been through two models in the past fifty years. The period roughly between 1970 -1985 consisted of a virtual monopoly of provision by local authority social services departments. This was followed by the gradual dominance of a market model characterised by a multiplicity of competing providers, mostly private companies. Now this model too is under challenge from fresh thinking that explores the ways in which the views of those who need support, and who work in the sector, take priority.

What we now need is something radical and far-reaching; something that addresses the following five components:

1. New administrative structures
2. A new focus on ethical behaviour
3. Rein in and reshape the care market
4. Commissioning for innovation
5. Supporting change to make it happen

NEW ADMINISTRATIVE STRUCTURES

Public administration is the means by which we put into effect the values, principles and policies that we have collectively decided should shape our lives. Local government used to have a huge role in shaping and delivering a beneficial civic life but is now largely powerless. It needs a better source of independent funding such as local tax revenues topped up by increased ring-fenced grants for priority areas (like social care) alongside additional redistributive no-strings funding that allows councils to set their own priorities. These new structures have to be capable of ensuring strong organisational coordination at the right level for different tasks, and must be able to build strong relationships between local government, civil society, local businesses, communities and people with a shared interest in 'place'. This has far reaching implications beyond social care.

A NEW FOCUS ON ETHICAL BEHAVIOUR

The place of ethics in human services seems to have got lost. Ideas about restoring ethical behaviour into public services and public life are essentially about the kind of society in which we wish to live and how we should lead our lives. Those working in the sector are (or certainly should be) active moral agents guided by ethical principles and emotions such as sympathy, empathy, sensitivity and responsiveness. Two things could make a difference here: commissioning for social value; and commissioning services from ethical care providers.

Commissioning for Social Value:

The main legislation in England for prioritising anything other than financial

efficiencies in the awarding of public services contracts is the Public Services (Social Value) Act 2012 but there is little evidence that it has been effective. Stronger measures are required such as replacing 'social value' with obligations on 'social impact' or 'public value' alongside looking at the case for a new Companies Act.

Commissioning from Ethical Care Providers:

Commissioners need to be able to distinguish between the business and workforce practices of different providers and to prioritise those acting as 'ethical employers'. These considerations could cover both specific employment practices and evidence of a wider ethical mission. Criteria could include: staffing levels, payment of the living wage, encouragement of collective bargaining, governance sharing arrangements; and compliance with ethical codes.

REIN IN AND RESHAPE THE CARE MARKET

Revisiting the role and place of a 'market' in adult social care is a complex undertaking. There are three complicating factors: penetration (provision is now largely privatised); fragmentation (thousands of competing providers) and fragility (the market is unstable). There are nevertheless several ways to regulate the market and incorporate a more ethical approach. These include:

Transparency:

There is remarkably little transparency about the ways in which private companies in receipt of publicly funded contracts deliver on their agreements. A 'transparency test' (incorporating an extension of the Freedom of Information Act) could stipulate that where a public body has a legal contract with a private provider that contract must ensure full openness and transparency with no 'commercial confidentiality'.

Tax Compliance:

The ownership of all companies providing public services under contract to the public sector should be available on the public record. At the same time a new taxation test could require private companies in receipt of public services contracts to demonstrate that they are subject to UK taxation law.

Profit Capping:

An appropriate maximum return of, say, 5% on investment would be an acknowledgement of the fact that social care is a low risk sector and that both inflation and borrowing rates are very low.

Renationalisation:

This would not be a simple undertaking. Decisions would have to be taken on the nature and extent of such a measure. For example, whether it would apply to all non-statutory providers, private and not-for-profit alike, or only to those multi-national companies using debt-financed models. Compensation costs for companies that have their assets nationalised would also have to be considered.

COMMISSION FOR INNOVATION

In social care, the skills and capacity to commission, contract and monitor have all been diminished by years of austerity. There no longer seems to be a strategy to harness the commissioning of public services to some strategic direction; rather the end product seems to be simply market diversification in pursuit of greater 'cost-effectiveness'. New approaches could include:

Commissioning to Retain Local Wealth:

This involves opening markets up more easily to local small and medium enterprises rather than looking to national and international chains. These local suppliers will encompass employee owned businesses, social enterprises, cooperatives and other forms of community ownership. Some localities are already demonstrating achievements along these lines.

Commissioning Local and Small:

Commissioners tend to gravitate towards bigger companies providing larger sized services as a way of avoiding the complexity of developing relationships with a multiplicity of smaller providers. However, the models which most closely align to what people want are those which can operate at human scale. This implies the need to look afresh at the potential roles that could be played by 'civil society' in its widest sense - informal networks, community groups, cooperatives, registered charities, social enterprises and a hybrid of all of these forms.

Commission Personally:

The notion of 'personalisation' has become a prominent feature of the policy and practice landscape, though there is a tendency to equate it solely with holding a personal budget. There are wider considerations (that were well encapsulated by the now forgotten Putting People First strategy) of 2007 which sets out four dimensions: individuals having choice and control over their services through personal budgets; widely available low-level support to help people avoid a debilitating crisis; universal

access to the information needed to make new choices and plans; and work to building more inclusive and supported communities. Only the first of these has been addressed and even then not effectively.

Co-Productive Commissioning:

Implicit in all of this is the need for care and support to be co-produced - a relocation of power and control through the development of new user-led mechanisms of planning, delivery, management and governance. There is now growing evidence of successful implementation with positive results, for example with small community businesses, local area coordination and asset-based development. The first national gathering of the Social Care Future movement in Manchester in November 2018 became a celebration of these and many other initiatives.

SUPPORTING CHANGE TO HELP IT HAPPEN

Transformational change has no qualities of spontaneous growth or self-perpetuation. There is therefore a need to think of ways in which a new approach could be effectively promoted, regulated and supported. This has to be based upon an assumption that a new model is the default setting.

CONCLUSION

In the realm of personal care and support there is a view that markets have become too detached from morals; that markets and market values have penetrated spheres in which they do not belong. This is assuredly the case with adult social care. However the dissatisfaction with the old 'take it or leave it' model of much previous local authority provision and the challenges to that model from the independent living movement still largely remain unmet.

Big change is never easy. The Italian philosopher Gramsci observed that 'the crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid systems appear'. Adult social care is currently in this interregnum. What is now urgently needed is a future in which bottom-up innovation is promoted by top-down support along the lines developed in this report. Adult social care simply isn't working – but we can fix it!

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