



NEWTON

CCN
COUNTY COUNCIL & NETWORK

The Future of Adult Social Care

Summary Report



Optimised Local Delivery

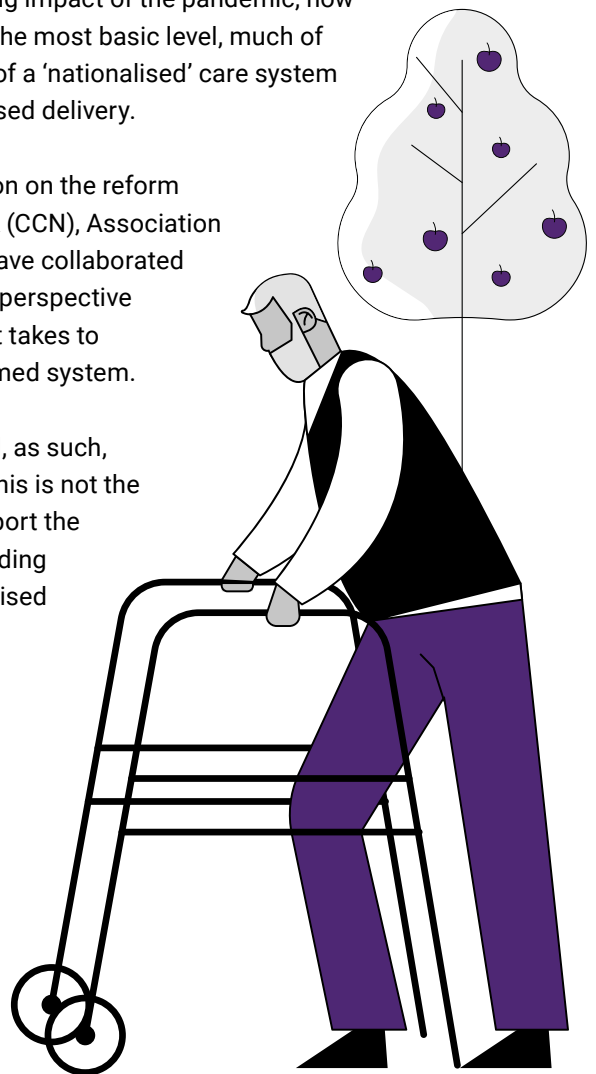
Background

Even before the global COVID-19 pandemic emerged, the Government was under pressure to set out its long-awaited plans for adult social care reform. The issue had been identified by commentators across the political spectrum as *the* principal policy question which the UK would need to answer in the coming decade as the 2020s dawned.

As the Government nears publication of its proposals for reform of the adult social care system, and as the country works to cope with the ongoing impact of the pandemic, now is the time to have this important discussion. To date, at the most basic level, much of the national conversation has sought to explore the idea of a 'nationalised' care system compared with modernising and improving current localised delivery.

To help shape and influence an evidence-based discussion on the reform of care services in England, the County Councils Network (CCN), Association of County Chief Executives (ACCE) and Newton Europe have collaborated on an extensive programme of work that seeks to form a perspective on the future of adult social care and, in particular, what it takes to optimise the delivery of this vital public service in a reformed system.

The scope of this work has been deliberately specific and, as such, while it has considered the necessity of funding reform, this is not the primary aim of the programme. The aim has been to support the inevitable decisions that will need to be made around funding by assessing and demonstrating the features of an optimised model of adult social care.



How to use these reports

The full report, *The Future of Adult Social Care – Optimised Local Delivery*, contains extensive detail and case studies from a programme of work conducted across the county authority family. It sets out what an optimised model for adult social care should look like and how it can be delivered locally and at scale across England. It is hoped this will be of valuable use to those charged with designing and implementing social care reform, as well as highlighting and propagating good practice across the sector. The full report and accompanying material can be downloaded from the microsite - www.futureasc.com.

This summary report, published simultaneously, is designed as a briefer narrative guide to absorb the key principles of the report and understand the foundations of the optimised model more readily. It serves as a useful shorthand reminder but should not be seen as a substitute for the wider depth of knowledge that can be obtained from reading the full report.



Why Do We Need an Optimised Model?

It has only been in recent decades that the policy debate around adult social care has been viewed as a nationally significant issue. Whilst seismic changes in the immediate post-war period have resulted in a national insurance and national health system that is cherished at home and envied abroad, the related issue of providing for social care has arguably remained unresolved.

However, in recent times it has become more visible as a growing problem. **Much is now known about the scale of the mounting pressures in adult social care and the frailties of the current system, and this programme of work has considered these in full.**

For instance, life expectancy has soared from 68 years to 81 years between 1950 and 2020.¹ Between 2009 and 2019, the number of over 65s increased by 23% across England and the number of over 85s increased by 20%. At the same time as rising demand, adult social care has experienced more austerity measures than most parts of the economy. The Association for Directors of Adult Social Services (ADASS) reported that services have made a total of £7.7 billion of savings from their budgets since 2010.² Independent analysis for CCN conducted prior to this programme of work also shows the costs of providing care at the same standard as in 2015/16 could increase by £6.1 billion nationally by 2024/25.³

In 2020 a new challenge has had to be met by social care – COVID-19. People with long-term health conditions are particularly vulnerable to the virus, and there has been a higher death rate amongst older people, including those residing in care homes.

In order to consider an optimised model for adult social care, it is critical that the scale of the challenge is recognised. **But equally important in considering how to deliver an optimised system is a common understanding of what adult social care actually is.**

¹ www.macrotrends.net/countries/GBR/united-kingdom/life-expectancy

² www.adass.org.uk/media/7295/adass-budget-survey-report-2019_final.pdf

³ Independent review of local government spending need and funding May 2019 Summary Report: www.countycouncilsnetwork.org.uk/download/2258 and Technical Report: <http://www.countycouncilsnetwork.org.uk/download/2262>

The programme of work shows that the range of people who receive social care support, and the nature of the services provided, is not widely understood by the public, or by those in decision-making positions. To aid understanding, the report begins by examining this issue and provides a comprehensive articulation of what adult social care is, drawing not only on the views of practitioners on the frontline, but most importantly, those that actually use and rely on these services on a daily basis.

Having considered the challenges faced, and explained the broad scope of services and support that are currently provided, the focus of the report is then to **present an optimised model for adult social care reform**. But optimised for who? In what way? To achieve what outcomes?

As with any debate, there will be differing views which underpin people's perspectives. It is important, therefore, that the report states upfront the **values and beliefs** which form the basis for this programme of work, and therefore how an optimised model of adult social care has been explored.

These values and beliefs are focussed on promoting people's independence. This approach states that the best outcome that can be achieved for an individual is one which enables them to live as independently as possible, whilst remaining safe from harm. Within this context, it is very important that a proper balance is always achieved between safeguarding the interests of the individual and maximising their potential for change to improve their situation. This is achieved by taking a **strengths-based, or asset-based approach**. This approach focuses on what an individual can do without formal social care support, by using the assets they have themselves (their own, personal strengths), in their informal network (such as their family or friends) and their local community. It is only once this has been considered that formal care and support is used to support an individual with what they cannot do.

These values and beliefs recognise the importance of personalisation and choice. The best way to deliver them is by working alongside those who need care and support to help them achieve the goals that they define for themselves. The assessment of someone's assets, strengths and goals ensures that the support plan is personalised in line with those elements, as defined by each person. However, for some people, where it is appropriate, professionals can play a role in helping individuals – and their families – to lift their eyes beyond their current horizons and to assist them to aspire for more than they think they might achieve.

This approach is not only the best for individuals, it is also a cost-effective way of meeting the needs of the population, as more independent individuals typically require less care.

The Foundations of Reform

The national and local foundations necessary for the optimised model

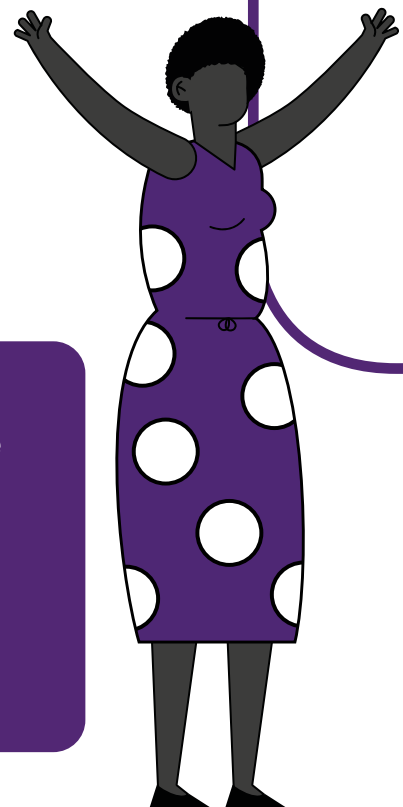
To achieve an optimised model, there are a set of foundations that need to be in place at a national and local level. Below, the key foundations which are desirable are summarised. Extended descriptions can be found in pages 16-29 of the full report.

Foundation 1

A positive profile for adult social care that is fully understood and valued by decision makers, both in central and local government, and importantly by the public.

The **profile of adult social care** needs to be raised so that people feel there is no stigma attached to approaching these services, and for the whole workforce to feel proud to work in the sector, and see a clear route to career development and progression. In this regard, the NHS serves as a useful case study, especially in the way that its perception has developed through the COVID-19 pandemic.

The work of regional and national representative organisations such as CCN, the LGA, ADASS and ACCE, as well as others working across the sector to represent the voice of adult social care, is vital in ensuring the 'brand' of social care is clear and positive. However, this profile should be underpinned by a shared vision for adult social care, deeply understood both locally and nationally, that supports and enables individuals to live as independently as possible.



Foundation 2

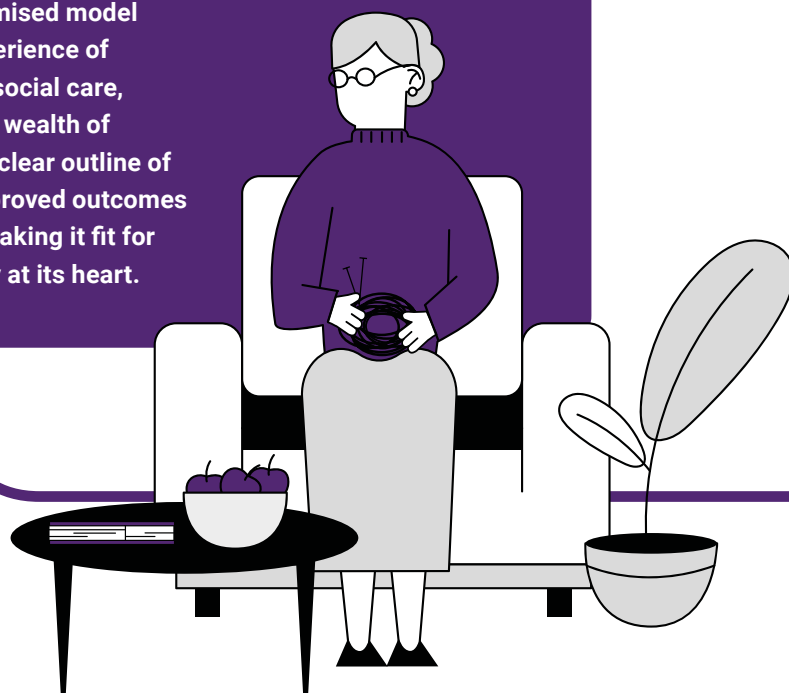
Local delivery supported by national oversight.

A centralised or health-originated model would risk under-estimating the breadth of support which adult social care incorporates. So much of social care is about prevention and enhancing long-term wellbeing. This is in contrast to the NHS, where much of the focus is on responsive acute services, whereas for social care, only a small proportion of the overall care and support is delivered in this way. The majority is provided informally through families, informal carers and voluntary and community groups and assets.

Local government is uniquely placed to effectively coordinate and manage this overall ecosystem, with deep roots in informal care networks that exist in a community. To centralise this responsibility would risk disrupting these crucial local links, which are the foundation of an optimised model, and would lead to a much greater need for state-funded care.

Alongside this, a shared understanding of both local and national performance could begin to create the conditions for parity and help each party to understand how they best play their role in improvement and innovation. An outcomes-based performance framework would serve to highlight local areas of innovation or best practice that could be shared, tailored, or adopted as appropriate.

The full report seeks to develop an optimised model of delivery by exploring the present experience of local authorities as the lead agency for social care, in collaboration with local partners. The wealth of expertise, practice, and data provides a clear outline of how a reformed system can achieve improved outcomes for people, at a sustainable cost, thus making it fit for the future. This model has local delivery at its heart.



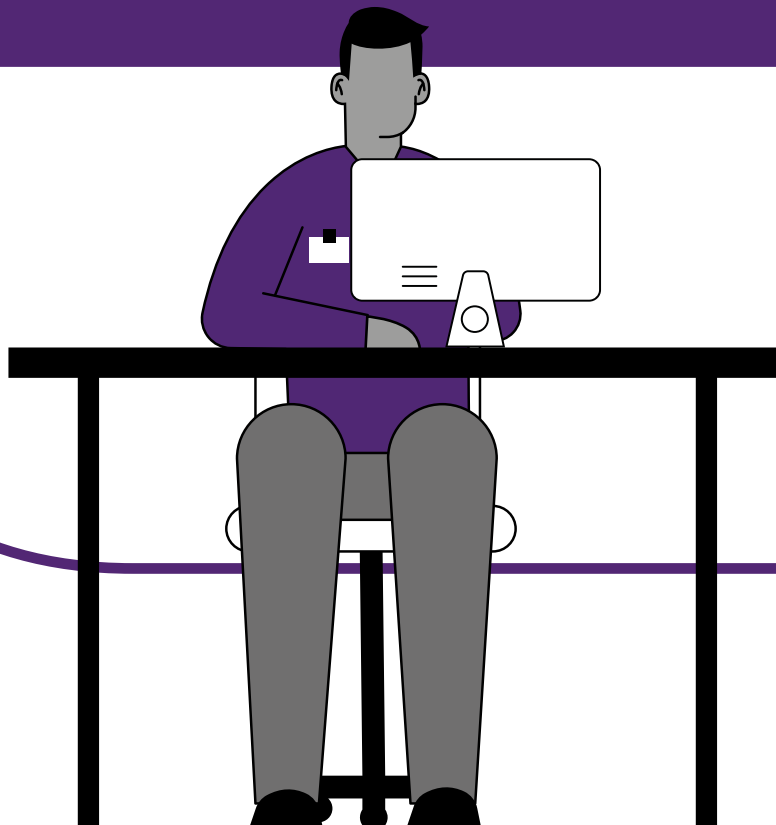
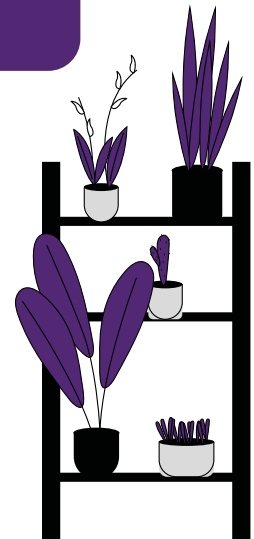
Foundation 3

Developing the right funding model

There is no doubt that any reformed system should be based on **stable finances and a funding model that promotes the right behaviours** by those who commission care services.

Adult social care is delivered locally, and while most of the funding for care services is raised through local taxation, central government funding is, and will remain, critical. Decisions made centrally have a significant impact on both the quantum of funding local authorities have access to, as well as, to a certain extent, what they need and are able to spend it on. This creates a tension that makes **adult social care both a local responsibility and a national responsibility**.

A funding model which gives longer-term certainty would promote local accountability and support local leaders to make decisions in the best interests of the local population. This will enable local authorities to tailor services to their unique demographic, delivering good outcomes at a sustainable cost through the optimised delivery model described in the report.



Foundation 4

A whole system approach and partnerships with Integrated Care Systems

Social care leadership in Primary Care Networks and as an Integrated Care System requires building **strong local relationships with health partners**; investing the time and effort into ensuring there is a **common purpose, mandate and accountability** for joint teams; and building, **coordinating and navigating community assets** to fundamentally reduce the presenting need of the future population.

Alongside this, **delivering adult social care is not only the responsibility of the adult social care directorate within a local authority**. The far-reaching nature of the system and its intersection with a host of other services – most notably health, but also housing, benefits, children’s services, the voluntary and community sector and many others – makes partnership working across different agencies not just desirable, but completely essential. Historically, Health and Wellbeing Boards have been established as a key conduit within local authorities to attempt to lead this system coordination, seeking to bring a wider focus on tackling the determinants of poor health that lead to more complex needs in later life.

The optimised local delivery model presented in the report is designed to support and enable better collaboration at a local level and is consistent with this wider direction of travel. In this model it is local leaders who set out a vision to address what they understand about the lives of people with care and support needs based on real-time interaction with communities. This vision is shared and developed with, and endorsed, by local politicians who play an important part in the design and delivery of successful systems.

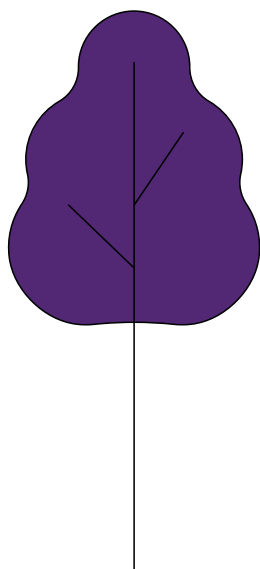
An Optimised Model of Delivery

The project has collated the real experiences and practice of county authorities to create a blueprint for the foundations of a model upon which overarching reform of the adult social care system can be built on.

This optimised model is based on a delicate balance of achieving good independent outcomes for individuals while keeping them appropriately safe. It requires the ability to innovate, whilst holding onto those principles that are so vital to ensure that all adults, no matter their care or support needs, are able to live fulfilling lives in their community.

The basic idea that underpins the optimised model described in the report is that designing and delivering adult social care needs to start from the fundamental principle of achieving the best and most independent outcomes for individuals. From this core, service 'layers' can then be built out, with each layer supporting, enabling and reinforcing the values and beliefs.

These layers are essential, because coordinating thousands of staff across a dispersed geographic area – the reality for large county authorities – requires structures and processes which enable the easiest route to take to be the one that achieves the best outcome.



There are three major layers which will be considered:

- **Service delivery enablers:** the factors associated with the direct delivery of services, be those the practitioners or partner organisations involved in providing services, the model of practice they employ or the way that pathways are constructed.
- **Organisational enablers:** the factors which wrap around and support service delivery, including the use of digital and technology, workforce, culture, leadership and strategic commissioning.
- **Organisational and structural form:** the fundamental structures and context within which the service operates.

These three layers are broken down further into nine specific component parts, or 'themes', comprising the optimised local delivery model. Below, a summary overview of the nine elements is provided.

The main body of the report systematically details the importance of each of these component parts, which together create a detailed description of how an optimised local delivery model can operate in practice.

Foundations of an optimised model

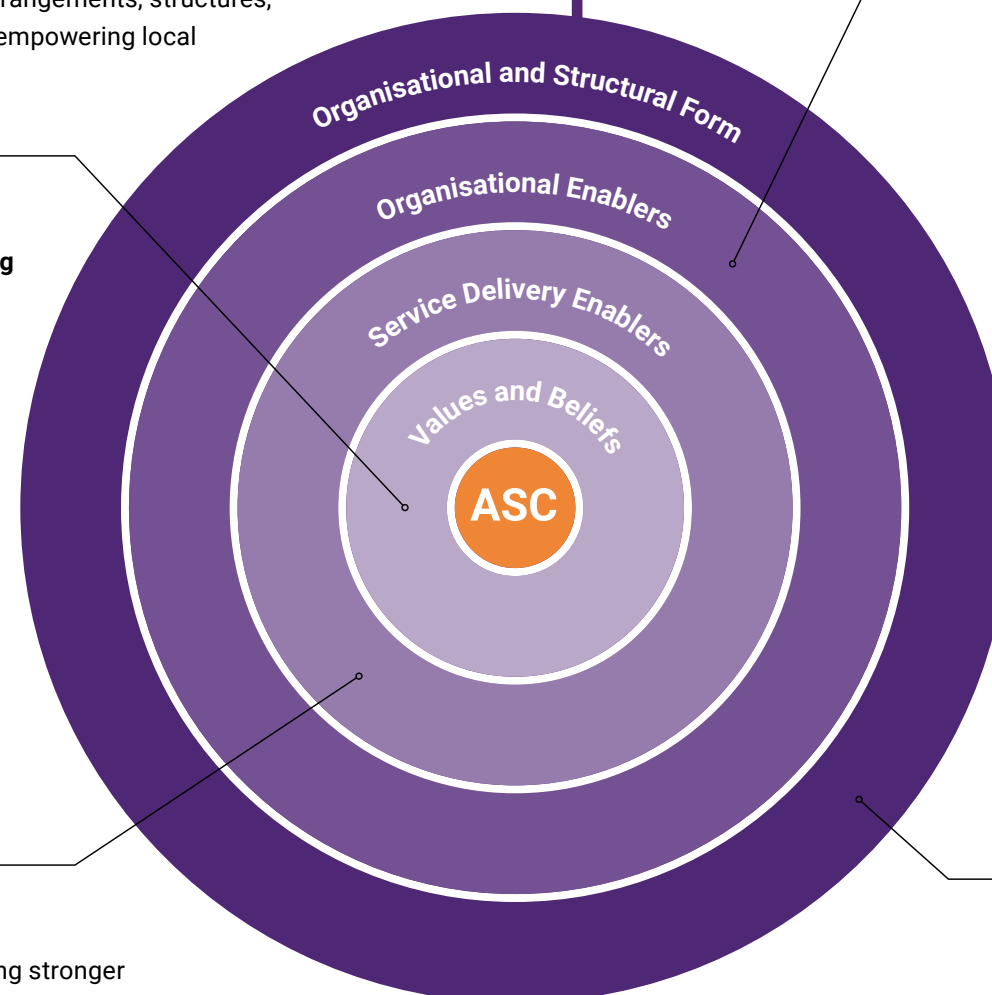
In order to achieve the optimised delivery model, there are a set of **foundations that need to be in place at a national and local level**. These include a shared vision and trusting relationship between central and local government, underpinned by the right national funding arrangements; structures; reporting; governance; and communication – all of which are essential to empowering local systems to optimise adult social care.

Values and Beliefs

The values and beliefs which underpin this programme focus on **promoting wellbeing, promoting independence and supporting independence**. These values and beliefs recognise the importance of personalisation and choice. The best way to deliver them is by working alongside those who need care and support to help them achieve the goals that they define for themselves. However, for some people, their life experience means that they have low expectations of themselves or of the way in which they might be helped. It is right that professionals listen to these concerns, but also where it is appropriate, they can play a role in helping people to aspire for more than they think they might achieve. This results in a service that is delivered with a shared vision to help individuals to set their own goals, build on their strengths, make a positive contribution to their local community, and live as independently as possible.

Service Delivery Enablers

1. The right **provision of services** promote independence by building stronger and more resilient communities, helping an individual with some form of recovery, rehabilitation or reablement or by effectively supporting those individuals who have longer-term care needs.
2. The right **pathways** – which are designed from the perspective of the individual rather than the service.
3. The full buy-in and support from **local partners and providers** is essential to achieving the values and beliefs.
4. Strengths-based practice can only be delivered consistently in a working environment which is fundamentally designed with this approach in mind, and by ensuring **practitioners feel supported, empowered and challenged**.



Organisational Enablers

5. Exceptional **leadership and a consistent culture** are the key enablers to embed the right values and beliefs throughout the organisation.
6. Embracing **emerging digital opportunities**, whether through the use of technology, systems, data or analytics, presents a compelling opportunity for services to improve outcomes for people at a sustainable cost. This requires an environment which promotes **digital innovation**, alongside a clear understanding of the desired impact of any investment on the end user (whether staff or person).
7. While the COVID-19 pandemic has raised the profile of the adult social care sector, there remains a significant challenge locally and nationally to ensure the **right workforce** is recruited and retained by making working in adult social care (whether as a professional or frontline carer) a desired and rewarding career.
8. To meet the needs of the population, authorities are best equipped to work with the provider market, achieve the best outcomes for individuals, and do so in the most cost-effective way, when they have an effective **strategic commissioning function**.

Organisational & Structural Form

9. Delivering adult social care is not only the responsibility of the adult social care directorate - collaborating across the whole local authority, and with partners across the wider health and care system enables a holistic, effective and efficient approach to delivering care.

What we could achieve if an optimised model was adopted across all of England through reform

Importantly, based on extensive engagement and assessment of council practices to date, the analysis shows that there are potentially significant benefits that could be achieved if this model of local delivery was fully adopted and implemented, including across this range of six key service outcomes.

It is important to recognise the full benefits of the optimised model can only be delivered if the foundations of reform were put in place, including a resolution to the long-term funding of adult social care. Therefore, the full benefits should not be considered as savings that could be achieved by councils within the current model of provision and associated funding constraints, but rather opportunity benefits that would result from a reformed adult social care system.

At least 90,000 more older people could benefit from improved short-term services to maximise their independence.



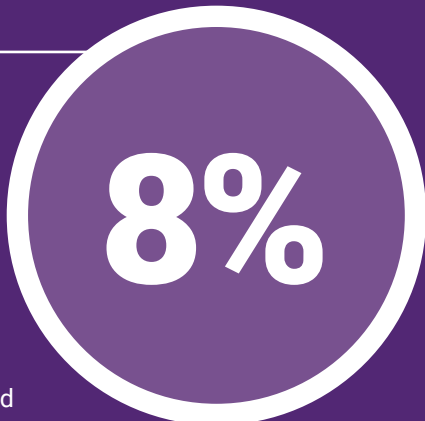
90,000

Effective short-term services can **reduce or prevent** an individual's need for long-term care. At least **90,000** more older people could benefit from short-term services each year, equivalent to a **40%** increase. If everyone who would benefit from a short-term service were able to access one, and if all services were as effective as the upper quartile, this could offset spending requirements on long-term care by an estimated **£867 million per year**.⁴

This could be achieved through commissioning the right coherent suite of effective short-term services and creating the right capacity to support all individuals who would benefit (*Theme 8*). The best services set clear and ambitious goals for individuals and create an environment for practitioners to be challenging, creative, and adopt a performance culture (*Theme 1.2*).

⁴ Current and potential values for volumes and effectiveness are taken from case reviews and delivered Newton programmes from 13 local authorities, with the double count from care homes opportunity removed.

8% average reduction in formal support hours, by enabling working age adults with learning disabilities living in the community to be more independent.



8%

There are over **104,000** people with learning disabilities (aged 18-64) living in the community with some form of local authority-funded formal support.

The number of hours of formal support they receive could be reduced by **8%** through strengths-based practice (*Theme 4*), stronger links to voluntary and community sector (VCS) services (*Theme 1.1*) and effective use of short-term services, such as enablement (*Theme 1.2*). This would offset spending requirements by an estimated **£261 million per year**.⁵

18% increase in older adults living in a more independent setting of care.



18%

60,000 older adults move into a publicly funded care home each year for long-term care, with 1 in 3 coming from a discharge from hospital, the rest from the community. At least **18%** of these people could be supported in a more independent setting, for example in their own home. This change of setting would offset spending requirements on long-term care by an estimated **£178 million per year**.⁶

This could be achieved through improved strengths-based practice and creating the right environment to support practitioners (*Theme 4*), pathways that are built around the individual (*Theme 2*), and effective strategic commissioning (*Theme 8*).

⁵ Delivered Newton programmes and case reviews demonstrated an average reduction of 8% in care hours, which has been applied to total net spend on non-residential long-term care for working age adults with learning disabilities.

⁶ Data from Newton transformation programmes and case reviews with 11 local authorities, extrapolated to national level. In some authorities this figure is as high as 50%. Financial benefit per person calculated from difference between average care home weekly cost and upper quartile domiciliary care package weekly cost.

4-6% reduction in total commissioned home care hours by better connecting older and working age adults to their local communities when, or before, their needs escalate.

4-6%

1,400,000 new requests for council-funded support are received each year through the community front door. There is scarce data available on effective use of community and VCS services, but it has been demonstrated by a sample of councils that they could make better use of these services to help reduce the total number of hours of commissioned home care by 4-6%, which could offset spending requirements by an estimated **£95 million per year**.⁷

This could be achieved through local delivery of adult social care (*Section B*), strong relationships with voluntary and community organisations (*Theme 1.1*), and effective pathways at the community front door (*Theme 2.3*).

Over 11,000 more adults with learning disabilities living in non-residential settings.

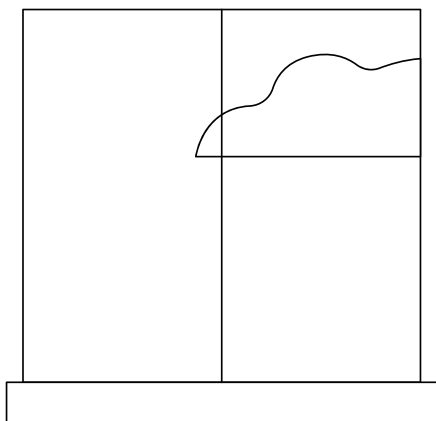
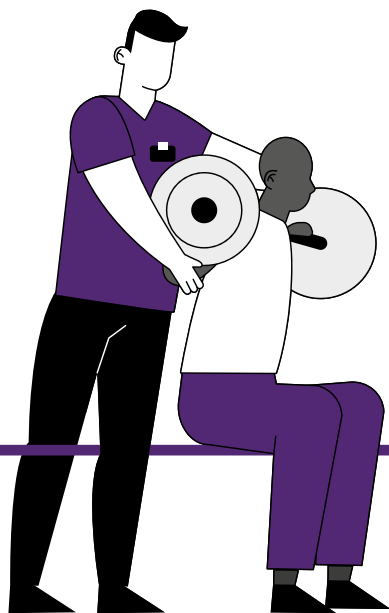
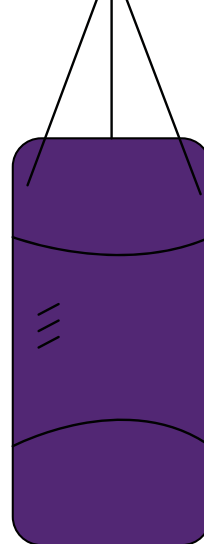
11,000

27,000 adults with learning disabilities are living in residential homes. Up to 43% of these people could be living in a more independent setting, such as supported living or with a Shared Lives carer. If these people were to move to these settings, this could offset spending requirements by an estimated **£74 million per year**.⁸

To help move people currently in residential care, sometimes they would need support in gaining new skills, confidence, and specific support to move to more independent settings (*Theme 1.3*). To help prevent people inappropriately moving to residential homes in the first place, effective transitions pathways (*Theme 2.2*) are needed from children's social services, with 'promoting independence' plans being developed in childhood. In both cases, the right provision would need to be available in those independent settings, through effective strategic commissioning (*Theme 8*).

⁷ Combination of delivered programme benefit and Newton reviews with local authorities demonstrated a 4.7% average (range 4-6%) reduction in domiciliary care hours. This has been applied to net spend on domiciliary care for all adults, with the double count from the provider-collaboration opportunity removed.

⁸ Data from delivered Newton transformation programmes and case reviews with 11 authorities. Financial benefit per person calculated from average of difference in packages for the same individual between residential and more independent settings.



5% average reduction in formal care through collaborating with trusted providers to enable older adults to live more independently at home.

5%

Up to **225,000** older adults use publicly funded long-term domiciliary care services or direct payments each year to fund support in their own home, the majority of which is delivered by the private provider market.

Providers are the people who spend the most direct time with individuals who use these services, so are able to have frequent conversations with them about their goals and support. When providers are trusted to adjust care packages based on these conversations, they are able to better tailor their support to the person's needs. **5%** of formal care can be avoided, on average, when providers are trusted to make these adjustments, resulting in more independent outcomes for those individuals. This may involve making the most of wider assets available in the community, such as voluntary and community sector services. This could offset spending requirements on home care by an estimated **£75 million per year**.⁹

This could be achieved through forming collaborative relationships between providers and authorities (*Theme 3*), with both parties incentivised to achieving the best outcomes for individuals through outcomes-based commissioning (*Theme 8*).

⁹ Delivered programmes and trials with local authorities demonstrated a reduction in care hours by 5% on average. This reduction is applied to annual net spend on older adults domiciliary care across England.

Conclusions and Recommendations

As part of social care reform, the conditions have to be created for local authorities to deliver an optimised service. Given the breadth of scope of the adult social care system, the complexity and nuance of the communities within which it is delivered, and the evolving national context, this is a complex task. However, this report seeks to provide a basis for an optimised service, and points to the key enablers that need to be prioritised in order to make this a reality.

It is the hope of the authors of this work that any reform will ensure these enablers can be taken forward systemically, leading to a consistent and sustainable solution for the future.

The central overarching conclusions for adult social care reform which have been drawn from the report are as follows:

i. Promoting Independence

A sustainable system should put the individual at the centre of their own support and be designed to promote independence.

This requires a move away from a paternalistic approach of ‘providing care’, and towards a system that promotes independence, whilst putting individuals and their networks at the heart of determining their own care solutions. To achieve the most independent outcomes, professionals need to work alongside the individuals they care for to focus on their strengths; to think about what this means they can achieve themselves and what their families and communities can support with; and then to offer tailored help and support to maximise their potential.

In addition to achieving good outcomes for the population, this report demonstrates that this approach can also result in a more cost-effective service. Whilst there is no doubt that long-term funding needs to be addressed, there is an opportunity for local authorities to make best use of their limited financial resources by achieving more independent outcomes for people.

ii. An explicit set of social care values and beliefs

The values and beliefs of adult social care, built around promoting independence, need to be explicit and pervasive across the partners involved in the delivery of services and the individuals accessing services.

In order to optimise the delivery of adult social care, these common values should be clearly articulated, and communicated, and should permeate across all partners and providers involved in delivering the service. This should include representative bodies, introducing a degree of consistency across the country. Crucially, the individuals who access services need to be involved in shaping what these values mean for the local community so they fully understand and believe in the values.

The challenge of achieving a shared vision for adult social care should not be underestimated. This report explores the complexity involved with aligning every aspect of service delivery, the wider organisation and local and national relationships. These factors cannot be dealt with in isolation. This work has demonstrated how they all weave together to form an optimised model. One component cannot be optimised without having the others in place. This complexity underlines the need for a consistent value set, sitting at the heart of service design.

iii. An optimised delivery model for care has local government at its heart

An optimised model of adult social care requires a depth and breadth of local understanding and relationships.

While the model for optimised delivery may be consistent across the country, the way in which adult social care is then shaped and delivered by any service is down to the complex nuances of the local area. This report has explored the critical nature of this local bias, from understanding the population in order to strategically commission services, to the importance of collaborating with local community and voluntary services, partners, providers and the broader workforce, who often are not employed by the local authority.

iv. Investment in local and national adult social care leadership

Strong and visible leadership of adult social care is essential at the local, regional, and national level, and is enabled by continued investment in growing and developing the right people.

Strong and visible national leadership is also required to steer, represent and be the voice of the sector. Locally, recruiting high quality individuals who can become leaders in the future, is a vital pre-requisite to success and the right learning and development support needs to be in place to allow them to fulfil their potential and become effective in their role. This enables the local authority to fulfil its critical leadership role in aligning all service provision across a place.

v. Achieving parity of esteem between health and social care

Realising the positive outcomes of health and social care integration relies on strong, local relationships, where local government has an equal say. This is based on an understanding of each other's importance in the system and the needs met by the different organisations.

Arguably, one of the most crucial partnerships to be forged by local government is with the local health system. There continues to be much debate about governance and structures, including the direction of Integrated Care Systems and Primary Care Networks. However, on their own, these structural changes will not be the solution until there is a shared purpose, and adult social care is positioned as an equal partner. While parity of funding models with the NHS will be important, this issue transcends funding, workforce and national leadership, and achieving a degree of parity is a fundamental enabler of realising the benefits of integrated working. This can be enabled by strong local leadership, which fosters relationships between partners.

vi. Enabling a new funding settlement

The relationship between local government and central government is a critical success factor for optimising outcomes and maximising the impact of the public pound.

The current model of funding adult social care – which relies on a balanced budget at the start of each financial year and is dependent on supplementary grants – prevents the long-term thinking needed to deliver an optimised model. There is no doubt that long-term funding needs to be addressed - both for today and for the future - in the context of changing demographics, including people living longer lives with more complex conditions. This is also an important enabler of parity within a fully integrated health and care system.

Consistent implementation of the optimised model set out in this report will provide assurance that money is being spent effectively. This will require continued investment in high quality local leadership. Together, these factors will create the conditions for longer-term settlements, enabling continued, and sustainable progress to be made.

vii. A new performance framework

A new, cross-departmental performance framework can provide a shared and data-driven understanding of local and national outcomes, providing the basis for an open and transparent relationship with central government.

The transparent, two-way flow of data and information between local and central government is an important enabler of a trusting relationship. Communities are varied, and so will require different service solutions. Therefore, re-thinking existing performance frameworks to shift the focus to outcomes (driven by shared values and beliefs) will align all stakeholders around a common goal.

There should be clear standards set, which promote consistency whilst allowing flexibility. Central government should have the right mechanism to intervene where needed, which will give further confidence for longer-term funding. It is crucial that the flow of information is two-way, and data that can be used to drive local service development is freely shared back with authorities.

If you would like to discuss the findings of this programme of work or have any questions please contact:

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**The Future
of Adult
Social Care**