

CfPS health scrutiny conference 'Anatomy of accountability'

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About ADASS



ADASS is a charity. Our members are current and former directors of adult care and their senior staff. Our charitable 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

Background

- Social care provides care support and safeguards when we are in our most vulnerable circumstances.
- Good care and support transforms lives, helping people to live good lives, or the best they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control.
- Social care touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care.
- Social care is a vital ‘connector’ to other public services, especially the NHS but also local housing and community services





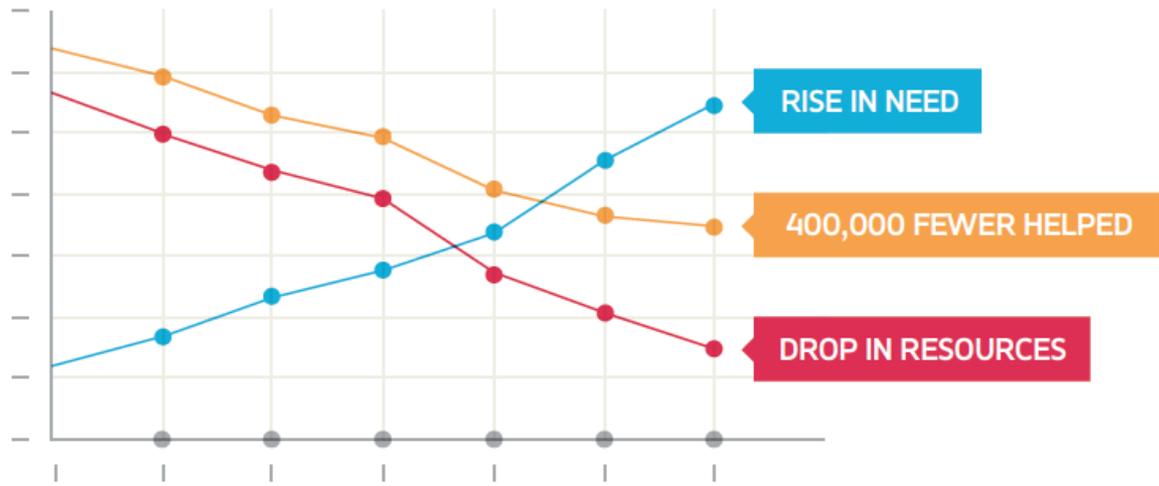
Social supporting effects

Social care glues services and support together – NHS, housing, community, voluntary, home and residential services.

Resources

- Councils have prioritised social care in the past few years (it accounts for 35% of all their spending compared to 30% in 2010) but ASC has made savings of £5.5 billion over the last 6 years.
- Funding didn't keep pace with demographic change and increased complexity. At least 400,000 fewer people are getting publicly funded help.
- Of those that do get care and support, many are getting less care and their needs are more complex.
- The £2bn over three years, together with the precept are very welcome but don't solve the longer term problem. The precept raises least where it is most needed.





Fall in Resources

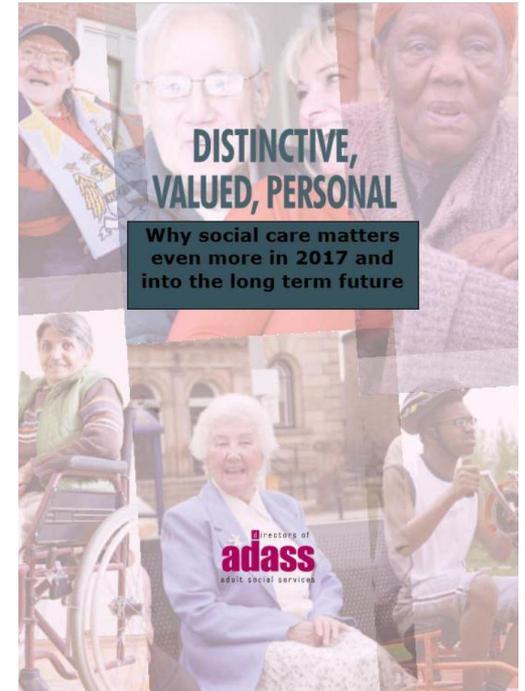
As we all live longer - more people need care and support but resources have fallen by 26% since 2010. As a result social care helps 400,000 fewer people and only those with substantial and critical need.

Direction

We want to see a system that is protected, aligned, and re-designed.

To achieve this there are five immediate priorities:

- Ensuring that social care funding is protected and aligned with the NHS
- Ensuring that the level of quality is sufficient and that markets are sustainable
- Developing new social and health care delivery models
- Building a sustainable workforce
- Strengthening local accountability and innovation by developing local Health and Wellbeing Boards



Models of care

- We need adequately funded models of care that align – and re-design - care and health services effectively.
- There has been good progress in developing different models of care that enable people to live as independently as possible. For example, through rehabilitation and reablement that avoids dependency on long term care and traditional services
- A proper transformation fund is needed to meet the double-running costs of developing community alternatives to hospital and long term care and making faster progress in developing the model of care and support we propose.



Our model of care

- Our model for social care is based on a new relationship with citizens, but its core is the continuity of the social approach that recognises how our different individual needs sit within a wider network of personal and social relationships in the community, in work and elsewhere.
- 4 key elements:
 - Good information and advice
 - The recognition that we are all interdependent
 - Services that help us get back on track after illness
 - We need services that are personalised, of good quality and are much better joined-up



Health and Wellbeing Boards

- We endorse the NHS Five Year Forward View's support for 'diverse solutions and local leadership' and assert the importance of the leadership role of local authorities across a wide range of services that impact on the health and wellbeing of their local population.
- To strengthen local accountability and innovation by developing local Health and Wellbeing Boards as the places where partners bring together and lead commissioning, market shaping, resource allocation, and service delivery.



STP challenges

- We are conscious that NHS Operational Planning and Contracting Guidance 2017–19 focuses on the STP footprints as the basis for planning. However, there is a danger that this becomes the basis for local decisions about the BCF.
- HWBs are the only *local* governance, (alongside scrutiny committees) and this sits uncomfortably with the legal basis of accountability of the NHS through NHSE regions to the CE and Secretary of State.
- Local BCF plans need to align closer with STPs. This is causing a lot of confusion and consternation in local systems.
- Many organisations, feel they have been bounced into very big health system footprints for STPs, without understanding exactly what they are for.



Questions/comments/discussion



- **Your questions, comments, observations?**

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