

## **EXPERT PANEL ON THE FUTURE DELIVERY OF CARE SERVICES**

### **RESPONSE FROM THE ASSOCIATION OF DIRECTORS OF SOCIAL WORK**

The Association of Directors of Social Work (ADSW) welcomes the opportunity to contribute to the work of the Expert Panel on the Future of Social Care.

ADSW is the professional organisation representing senior social work managers in Scottish local authorities. ADSW is an independent voice of social work leadership in Scotland. It exists to promote social justice and protect the interests of the people who use social work and social care services.

We do this by:

- influencing and advising parliament, local and national government in relation to policy and legislation
- promoting social justice and the needs of vulnerable citizens
- assisting members and their councils in implementing policy and legislation
- developing, supporting and promoting best practice and innovation
- providing comment and opinion to the media

This submission represents the collective view of the Association and has been endorsed by our Executive Committee. It has also been shared with SOLACE and COSLA.

#### **Remit of the Expert Panel**

ADSW is disappointed that the remit of the consultation appears to concentrate on how to go about setting up a national care agency, rather than beginning with the question: 'what do we need to improve in our health and social care services?'; and 'how can we bring about change?' Any proposal for such a huge change in service delivery demands much broader consideration of the fundamental problem before a decision is made on organisational structures, which of themselves are rarely the single solution to any problem.

ADSW is not concerned with defending the status quo. Any model of service delivery can always be improved upon and we are eager to participate in discussions that identify, quantify and begin to address the barriers to improvement. For example, we know that a huge amount of time, effort and resource are consumed in discussing responsibilities and liabilities between agencies, which could be better used delivering services; we also know that the separate accountabilities of the nationally directed health service and of local authority social work services often drive these organisations to pursue different targets and objectives.

We are not opposed to radical and new ideas: ADSW has been at the forefront of the implementation of Changing Lives, the Review of Social Work in 21<sup>st</sup> century, representing transformational change in relation to leadership, governance and self directed care. The core values and principles of social work are based on promoting the interests of individuals who need care, protection and support, not on preserving any particular model of service delivery.

## Contribution, expertise and success of social work

Before we detail our position on this proposal, we have an important challenge to Ian Gray's assumption that most families face a daily battle with social work services.

We know from the Social Work Inspection Agency data that 89% of older people believe the services they receive are of good quality and 85% say they have helped them lead a more independent life. This is not to deny room for improvement, but we need to make a clear distinction between facts that have been collected and validated by a government agency and simple anecdote.

Social work in Scotland is successful in a number of other areas, for example:

- It has a history of supporting vulnerable people through massive change and improving outcomes for them as a result. 'Community Care' is 20 years old this year. Social work has successfully led the implementation of care in the community, which has seen thousands of vulnerable people resettled in our communities, following hospital resettlement policies.
- Social work contributes something to the outcomes and lives of vulnerable people that no other service does. The 1968 Social Work (Scotland) Act came into being as a direct result of the recognition that the unique, holistic approach offered by social work required to be strengthened.
- Social work officers are skilled and experienced in commissioning services from other providers. Successful commissioning is critically important to meeting the needs of vulnerable people most effectively, ensuring services are developed and available into the future, in a way that ensures cost effectiveness and invests in the provider sector.

Social work is also best placed to support vulnerable people through change. Community empowerment, personalisation and co-production rely on other community based services, such as housing, employment and education to implement them successfully; social work is located and shares a value base with these services within local government.

## The main issues influencing the future delivery of older people's care

The existing pattern of care for older people is becoming unworkable under present and predicted circumstances. The pressure of demographics and of higher expectations, which will see older people living longer and demanding more independence, control and choice; coupled with the pressure of reduced funding must lead us all to question the status quo, in which the state is provider and the citizen a passive recipient of support.

We must tackle these pressures. In so doing, we have an opportunity to transform the shape of older people's care into a model that is workable, sustainable and co-produced with citizens, rather than designed for and provided to them.

## Providing care services in the future

ADSW would like to make the panel aware of the work currently underway in relation to re-shaping older people's care. This work highlights several key principles, which should underpin the development of social care for older people. These are:

- the importance of building capacity within communities and families to provide care and support to vulnerable people
- the increasing emphasis on the reablement of individuals and of self-managed care

- the drive towards increasing individuals' independence to live in their own home through personalised services (including self-directed support, direct payments and individual budgeting)
- the criticality of telecare and telehealth services in supporting these approaches

The best way to deliver services based on these principles is to utilise the existing community planning arrangements, which could discharge the statutory requirement currently vested in local authorities "to advance well-being" within local communities. Steps have been taken in England to set up Health and Well-being Boards in localities, which mirror to some extent the role of Community Planning Partnerships.

In addition, there may be scope for community planning partners to develop a "Total Place" approach to collaboration, such as that tested in England over the past few years. This would assist in strengthening and refining community planning arrangements into the future.

The recently launched Change Fund is an example of how this could work in practice. The guidance accompanying the fund requires all bids and local change plans to be developed and approved by Community Planning Partnerships. This approach could be built upon further by embedding Community Health Partnerships within community planning arrangements, led by local authorities for local communities. This would ensure that a consistent strategic approach is taken to the delivery of community care and health services, particularly when linked to Single Outcome Agreements.

ADSW celebrated its 40<sup>th</sup> Anniversary in 2009. We have a proud record of leading innovation in social work in Scotland since the passage of the Social Work (Scotland) Act 1968. The Association would like to register a continuing interest in the developing dialogue regarding the future of social work and social care. There are a number of innovations, which could meet the underlying aspirations behind these proposals. The Association considers that the establishment of a national care service could detract from the necessity of continuing to build upon community based social work, health and partnership services in response to growing levels of need.

### Evidence to the expert panel

When giving evidence to your Listening Event in Glasgow on 23 February, ADSW spoke of the need to have a 'sheet anchor of values' when embarking on a process of change. In this regard we would associate ourselves with the core principles set out by COSLA in its response to the Commission on the Future Delivery of Public Services:

- Public Services need to be focused on the improvement of outcomes – to plan for outcomes, to budget for outcomes and to be accountable for outcomes.
- An outcomes approach demands integrated local delivery and funding arrangements, which are accountable to a local democratic body – this should be the default position, with alternatives being considered only where the co-ordination or discharge of duties is impossible or less efficient at a local level.
- Local democratic accountability for locally-delivered services needs to be strengthened.
- Public services need to be responsive to local needs, to be enabling and to build on local assets in order to maximise citizen engagement and empowerment.
- Public policy needs to be refocused towards early intervention and prevention and away from its current assumptions.
- The statute needs to be consolidated in two directions: public bodies should be given more powers and fewer duties; and the citizens of Scotland should be given a clearer description of their rights, entitlements and responsibilities.

## Why a national care service would not deliver the necessary changes in older people's care

The establishment of a national care service would not address the issues outlined, for the following reasons:

1. We need to be truly focused on outcomes and the experience of the individual and his/her need for services which are relevant, effective and offer best value. We should begin from this premise, and consider which models may support this, rather than starting from the premise that a structural response of itself is the answer.
2. ADSW strongly supports the establishment of national standards for social care (not exclusively for adults), which would address the issue of variation across Scotland and would be a clear 'charter' establishing what citizens can expect of state funded care support.
3. ADSW would also welcome a delivery mechanism for social care that ensured joint and equal accountability for shared performance targets between the key agencies responsible for delivering social care services.
4. The establishment of a national care agency contradicts the principles of current strategic thinking. For example, the 2020 Public Services Trust document: "From Social Security to Social Productivity" has a strong emphasis on localism, moving power and control away from the centre and back to communities. It acknowledges that local differences are inevitable, and indeed desirable, if these are determined by local choice.
5. The premise that a national care service would address a perceived "postcode lottery" is not supported by evidence, which on the contrary demonstrates that the current social security system and the NHS deliver grossly unequal health, social and economic outcomes across the country. Managing local differences in locally relevant ways is far more effective.
6. The 'Total Place' agenda, which is linked to the above, has begun to improve both outcomes and efficiencies.
7. Our communities value local democracy. A national service will weaken local decision-making by breaking the link between local tax raising powers and decisions regarding service levels and priorities.
8. A national care service may inaccurately divert limited resources to particular areas, without recognising that deprivation and need in Scotland paint a much more complicated picture than straightforward indicators of deprivation. ADSW is concerned that some areas of significant need would be left seriously under-resourced. Meeting need in one part of the country by creating deprivation in another is unproductive displacement activity.
9. A national approach goes completely against the drive toward personalised and co-produced solutions, and instead leads us towards standardisation – something we have been actively trying to get away from because people who use our services tell us that it is not what they want. It will also stunt local economic growth and diversification of local care markets by imposing standardised solutions. It will stifle innovation and instead impose compliance.
10. The Local Government in Scotland Act 2003 acknowledges that local authorities may have different views regarding the type of activity that will promote or improve the well-being of their area, and the factors that constitute that well-being. The guidance makes clear that plans, priorities and action taken under the legislation should be informed by, and responsive to, the

views of the people and communities in the area.<sup>1</sup> There is an obvious and purposeful relationship between social work and the other services of the local council in advancing wellbeing. There is a real danger in siting older people's social care within health of recreating boundaries between social care and other critical services that support people in their own homes and communities and prevent inappropriate hospital admissions and ultimately institutionalisation, e.g. culture, recreation and leisure, housing, education, employment, etc.

11. A national care service is rearward rather than forward looking and does not reflect or encourage changes in public attitude regarding reciprocal responsibilities between the state, individuals and communities. We need to change our emphasis from viewing the 'service user' as a passive recipient of state provision to an 'active participant' who takes both control and responsibility, and is an equal contributor.
12. Social work's contribution to the lives of people in Scotland stems from a different value base than the health service, treating people holistically, addressing all their needs. Recent research on the contribution and success of social work interventions in assisting people with substance misuse problems points to this (see report on ADSW's website [www.adsw.org.uk](http://www.adsw.org.uk) published on 18 March 2011).

## Conclusion

We hope the panel finds this submission helpful and we would be pleased to provide further information and evidence if required. ADSW would also be keen to participate in further discussions regarding the possible mechanism for delivering our shared objectives of **improved outcomes** and **consistent standards** through a **joint accountability framework** that is owned in equal measure by the key public service delivery bodies.

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President of ADSW

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<sup>1</sup> Guidance on the Power to Advance Wellbeing  
<http://www.scotland.gov.uk/Publications/2004/04/19276/36158#b15>