

Submission from Ealing Social Care Action Group in response to Green Paper entitled the Future of Adult Social Care, issued by the Local Government Association.

September 2018

Introduction

The Ealing Social Care Action Group (ESCAG) is a newly formed action group set up to campaign for improvements in social care generally, and most specifically in the provision of social care and services in the Borough of Ealing. The group is independent, non-party political and promotes equality and non-discrimination. Accordingly, we were very interested to study the Green Paper entitled “Future of Adult Social Care” issued by the Local Government Association. We appreciated the detailed statistics provided and the care taken to give a platform to the real stories of people using social care services; many of the latter reflected the experiences of members of our own group. We also appreciate the interest in hearing from groups like ourselves, and we hope the following comments will be of help in moving forward this important discussion.

Have Your Say:

Questions 1-3 (local decision making and accountability)

Members of the group saw a great advantage to local government being involved in improving health and social care in local areas, both because of the accountability this ensures, but also because local politicians and policy makers can better respond to local needs and circumstances, which will vary very much as between rural and urban areas etc. It is also helpful that local Councils, who have primary responsibility for housing, also handle social care, since often there are important links between these two functions. At the same time, we are very concerned at the split between Council responsibilities (for social care) and NHS responsibilities (for medical care) and feel that much more could be done to harmonise these functions, and ensure greater coordination and cooperation, to the benefit of local people’s social, personal and medical needs. This concern is addressed further on. In the meantime, we were surprised to learn that our Council, Ealing, is considered an outer-London borough with lesser needs than inner-London boroughs (such as Hammersmith and Fulham) and therefore qualifies for less national funding support. We wonder if funding really follows need – as it should – or whether long-established distinctions are being made without regular re-assessment of need on the ground. It is one thing to demand local services and accountability for same, but problematic if funding and resources generally are being determined elsewhere.

Question 4 (improvements in recent years)

While there was some doubt in the group as to the existence of any improvements in adult social care and support in recent years, others did speak positively about the recognition now being given to carers, and informal carers, which was not always the case. Attention was also drawn to

Appendix A of your Green Paper in which you outlined interesting examples of innovatory practice introduced in the realm of social care.

The principle of introducing personal budgets also seemed like an improvement, though clearly the crisis in funding affects this policy directly. There was also a strong feeling that better provision is being made for carers who have children with learning disabilities – whereas in the past, institutionalisation seemed to be the standard response if families could not cope adequately. A much more flexible response to respite care etc. now is a great improvement and responds much better to the needs of the family, carers, and the child with a disability.

Questions 5-7 (problems of funding of social care)

The group believes that cuts have had a dramatic effect on social care. Concerns were expressed about the ability to recruit, train and retain professional carers when monies are so restricted.

There was also a belief that savings now often causes more serious problems in future (ie penny wise and pound foolish!). Real examples were cited of adults with special needs who were ‘costing’ large sums of money, requiring attention from specialist (and very expensive) services, with little real objective apart from managing the risk they pose. If only money had been invested at a much earlier stage – on prevention, rather than cure – it would have been spent much more wisely to the benefit of the person concerned, and indeed society more generally.

Another example of the risk of us being reactive rather than preventative in our approach lies in the cutting of resources available to bodies such as the Care Quality Commission. Such regulatory agencies have a wide range of responsibilities (in registering and assessing all health and social care providers including domiciliary care agencies, respite and residential providers etc), but with inadequate resources they are unable to play their full role in ensuring good social care for all in need.

Your own Green Paper talks of the increasing numbers of people living longer, and therefore the growing demand for social care, so if the service is at crisis stage now (as many describe it) how can we possibly hope to tackle future needs effectively?

Residential care also poses particular challenges – with costs steadily increasing, private companies closing, and local authorities having less money to spend on residential placements. There is also the unfairness of ‘private’ patients subsidising the costs of local authority patients.

These comments are not intended to develop a comprehensive list of concerns, but highlight that, as the Green Paper implies, there are many problems, and they are likely to get worse rather than better if we do not find some structural and financial responses that work over the longer term

Questions 8-9 (the Care Act)

Few if any of the group had had any opportunity to study the Care Act in detail, so the responses to these questions are more schematic. By and large, not least for the acknowledgement given to the role performed by carers (see question 4), the Care Act was thought to have been a very positive measure. However, much of it remains to be implemented, and the delay may require it being reviewed again to see what the obstacles are, and how can they be overcome/remedied in future. We presume that some of the mothballing of the Act came about through austerity measures, but it

may also have been difficult to make such important changes in a relatively short timeframe. We have spoken about the need for greater funding generally elsewhere; but if the change process itself may have been too demanding – the Act offers important lessons for the future regarding the need to establish tough yet realistic timescales. The need for key agencies (most especially the NHS and local Councils) to be able to coordinate their efforts more effectively is vital in any vision for the future of social care.

Questions 10 (non- funding issues)

Obviously other key issues to be resolved may also require funding, but – in no order of importance – the group listed a whole range of issues that need to be addressed in addition to funding:

- There seems to be no uniform standard against which to assess professional carers – there should be a basic minimum standard at least
- Training (as mentioned previously) for carers is vital, not least as a way of raising the calibre of person attracted to, and retained, within the profession of caring
- Disability equality awareness training is a very specific need for all carers
- Caring should be seen as a major contribution to the economy (see your own comment about the sector contributing 46billion annually to the UK economy) and should secure appropriate investment accordingly – standards need to be raised, the professionalism of carers encouraged, and their salaries improved
- Carers should be seen on a par with workers in the NHS and respected accordingly
- Related (but indirect) skills should be developed (eg language skills)
- Why is it we have regulatory and inspection systems for residential care, but nothing equivalent for domiciliary care? The people needing care at home (which is where they often ideally want to stay for as long as possible) is much greater than those in residential care but have limited safeguards in place to ensure their best interests are met.
- For residential care, where regulatory and inspection systems exist, do they look adequately at the training, pay and conditions, and other needs of the staff, and not ‘just’ the clients’ experiences?
- Is there enough coordination between these regulatory/inspection bodies?
- Are the complaints systems known well enough, and used effectively as a way to improve services?

Questions 11-15 (funding options)

Again, ESCAG did not feel it was equipped to comment very knowledgeably about the different funding options. Regarding question 15 however (about the role of individuals, families and communities in supporting wellbeing), a number of ideas were forthcoming (again, in no particular order of importance):

- Carers’ organisations should be offering training to family carers – where necessary, offering training at home (for those unable to get to a centre), and/or offering alternative caring arrangements (akin to childcare) to allow full time carers an opportunity to leave the house and improve their skills
- Individual budgets for carers would be a good idea and could allow them the flexibility to determine (and resource) their own training needs

- Care Navigators at GP surgeries could perform useful signposting functions
- Age UK, and other such groups, need support for their initiatives such as Neighbourly Care which tackles loneliness, and the helplines staffed by volunteers to ring around on lonely neighbours and offer support
- Similar initiatives run by churches, faith groups, and local residents' associations etc could be encouraged in different ways
- Ex-carers could be very important mentors for their successors, or for those engaged in more informal (family/community) caring arrangements
- Whilst respecting the privacy requirements of data protection, it ought to be possible to more easily exchange information between those wanting help, and those wanting to offer it
- Often local community groups working with different ethnic minority communities are an important first port of call to many residents and they need support, both directly, and to share their know-how and contacts across different groups to break down social isolation.

Apart from Councils considering funding these different options, there are many ways in which the Council could be encouraging such initiatives, over and above financially.

Questions 16-18 (how to raise additional funding)

So, ESCAG members think more money is needed, whoever provides social care in future. We also think that as one of the richest countries in the world, it is inconceivable that looking after the most vulnerable in society is not adequately financed. Just as we needed a vision in the 1940s to create the National Health Service, we need a similar vision to create proper social care support for all those who need it. We are loath to opt for any particular option for raising additional monies, since we think it is largely a question of cutting the cake differently (and to the advantage of social care), rather than 'just' raising additional funds. However, we also note that the surveys all show public support for better funding in this area. Should this happen through taxation, national insurance, a merging of both, changes to the National Insurance arrangements which apply to older workers, a ring fencing of resources, more cost savings, or welfare changes, we do not feel adequately qualified to comment. We are also aware that there should not be a sense of generational unfairness. At the same time, the current system where all medical expenses are covered via the public purse, but all other costs are seen as essentially falling to the individual to cover is unfair. The parallels drawn in your text between those with cancer, and those with dementia, highlights extremely well the illogicality of the current funding arrangements.

Questions 19 & 20 (tests to be applied and cross-party consensus)

The tests set out in the Green Paper seem excellent and ESCAG (as a non-partisan politically independent group itself) agrees completely that it will be necessary to forge some cross-party consensus if a sufficiently radical vision is to be developed regarding future models. It would be terrible if one government were to establish important changes, and these were then overturned soon after by a successor government: most of all, we need a sustainable and long-lasting solution to our current problems.

Question 21 (improving health and wellbeing locally)

We have mentioned earlier (see questions 5-7) the need to focus on preventative measures rather than curative ones, so we agree that there is an important role to be performed by public health services in improving health and wellbeing locally.

Question 22 & 23 (other services)

We believe that the voluntary sector provides a number of important services in terms of social care, and they have know-how and skills that are not always found in the private sector. However, their costs are growing too, and Council cuts have an impact on how much the voluntary and community sector are able to respond to the level of need on the ground. In most areas, and certainly in Ealing, there is a lively and thriving voluntary sector which can innovate and create tailor-made and specialist services. Yet these groups also often need Council grants to survive, so cuts in such services (or a focus solely on project funding rather than also on core costs) will have a very detrimental impact on those in need. We did not have time to reflect upon the appropriate relationship between the Council and the voluntary sector, but the latter should not become an extension (or an alternative) for the former, therefore there probably needs to be some thought given to distinguishing between what must remain a Council function and what can/should be delivered by an independent non-profit making voluntary group.

Question 24 (principles to underpin adult social care)

Some of the principles that ESCAG think needs to underpin adult social care include:

- Person-centred care
- Respect for all involved (for those needing and providing care, for health workers and careworkers, for NHS/Council staff...) – sometimes there is a sense of people being looked down upon and that is why we talked earlier of the improved status that carers need
- Equality
- Dignity
- Effective involvement of family and friends and informal carers in the care system
- Safeguarding concerns – we were disturbed to learn that some support workers (for example) are employed directly by the carer or carer's family, thanks to the direct payment scheme, and apart from not necessarily receiving relevant training - commented on earlier - there is little or no supervision of their inter-action with some of our most vulnerable users of social care). It is nonsensical to make all sorts of inspection arrangements for some forms of care, and none at all for others.

Questions 25-28 (health and wellbeing boards)

Again, our relatively recent formation means that ESCAG has not much experience to date of these boards, but will now make more of an effort to find out what is going on locally, and how accountable they are. Initial impressions suggest that they might be largely information sharing forums, which is a good thing, but maybe they could be given more 'teeth' to ensure more effective coordination across health and social care remits. There was also a sense that they might need to

increase their profile locally so more people engage with them on issues of concern. Examples of failure of effective oversight were provided to the group, but it was unclear to what extent this was a failing of the Health and Wellbeing Board or wider regulatory/inspection systems, and we will re-visit this issue ourselves at a later date.

Question 29 (NHS funding on adult social care)

ESCAG did not come to any consensus on which (if any) of the options should be pursued regarding NHS funding on adult social care. We should note, however, that our work is to campaign for improvements in the provision and monitoring of social care in Ealing, within the broader framework of a campaign for a national social care system, funded from general taxation, free at the point of delivery and without means testing.

Conclusions

ESCAG again wants to thank the Local Government Association for taking this initiative and hope that it encourages widespread debate and also the speedy production of the long-promised government White Paper. We would be grateful to hear the results of this consultation and to learn if there is any way groups like ours can lobby, locally and nationally, to move forward this important debate.

For further information contact:

*Ealing Social Care Action Group
via Maggie Beirne (ESCAG Secretary)*