

DRAFT SPEECH – OCTOBER CONFERENCE 2007

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Good morning

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I feel very privileged, if a little daunted, to be addressing you this morning as the first President of the Association of Directors of Adult Social Services and half way through my term of office. The Association of Directors of Adult Social Services is ***the*** officer operational leadership organisation for adult social care in England. All 150 Directors of Adult Services are members, as well as former directors who are Associate Members and are very active in both working with us and contributing in a wide variety of roles. Backed by a small Business, Policy and Press Unit, we work, through our 10 regions and our key policy networks, on a broad range of issues facing adult social care. Our key objectives are:

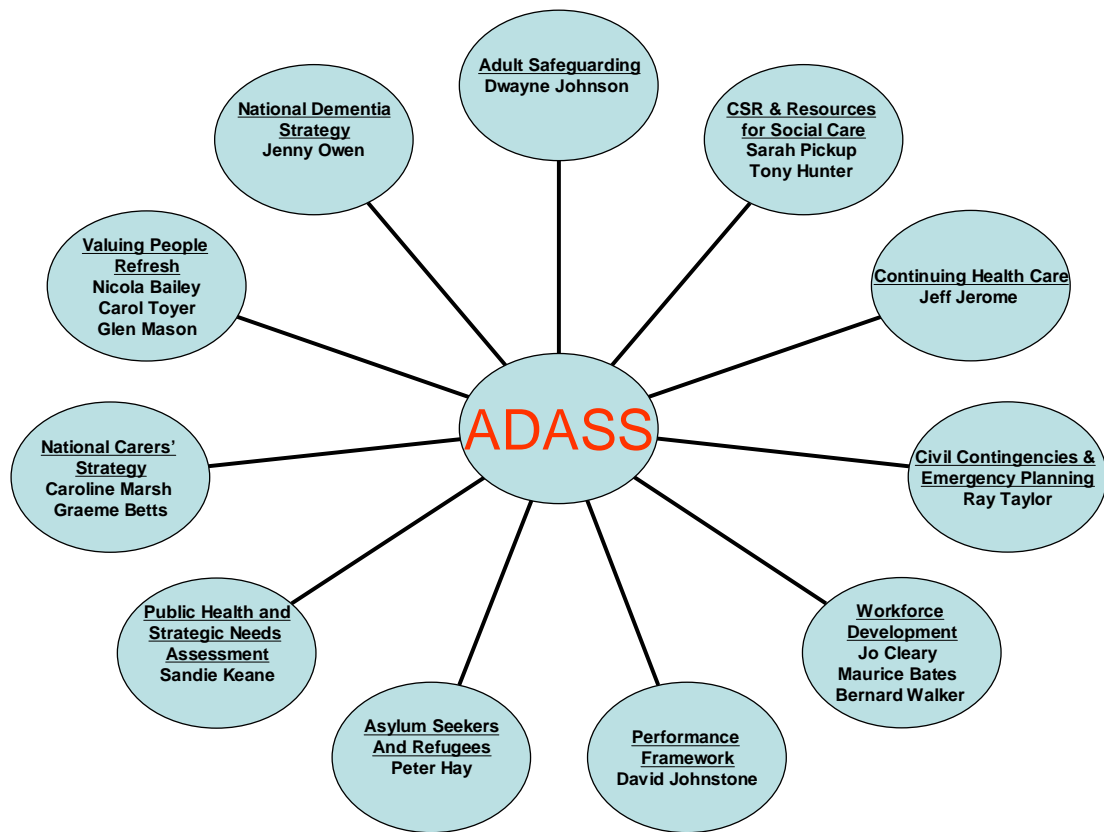
[Slide: bullet points as follows]

- To be a strong, national voice for adult social care
- To increasingly develop and influence the prevention, health and wellbeing agenda
- To contribute to and comment on Government policy, resource allocation, guidance etc – a critical friend
- To provide information and commentary to the media and publicly in relation to social care
- To be a developmental and supportive organisation for directors

To achieve those objectives, we work with Government departments, especially the Department of Health, on developing and commenting on policy and practice. We work with CSCI, GSCC, SCIE and Skills for Care on performance, regulation, the dissemination of best practice and workforce development. We work closely, locally and nationally, with the Private and Voluntary Sectors who provide the majority of social care in England. We have strong links with the LGA, the NHS Confederation and ADCS. We provide speakers for many conferences and seminars, provide information and comment to the media – television, newspapers and weekly specialist magazines.

The last six months have been very busy for us and our members are contributing to an extensive development agenda as we continue to modernise adult social care. This illustration gives a flavour of our current work.

[Slide: diagram]



Significant work is also being undertaken in our regions on improving commissioning, efficiency programmes, provider development etc.

This shows the huge commitment of Directors of Adult Social Services in contributing to the development of policy and practice that will directly benefit users and carers and will help councils across the country to deliver more effective services. Councils support us to do this vital work so I particularly want to thank all elected members and Chief Executives who enable and support us to take on these regional and national roles. In particular I want to thank Salford City Council members, the Leader and the Chief Executive for the huge support they have given to me in the work I have done over the last eight years, first for ADSS and now as President of ADASS. I really appreciate that and am very proud to work in Salford. I also want to thank the

President's Team and our Business Support Unit for so ably supporting me during this very busy time:

[Slide: ADASS photographs]

John Dixon, as our excellent Vice President; John Beer our Honorary Secretary who is steeped in the history of ADSS and has brought a much welcome continuity to the team in ADASS as has Amanda Fry, our very experienced Conference Organiser; our Assistant Honorary Secretaries, Jane Ashman and Dawn Warwick; John Bolton, our Treasurer; Drew Clode our hugely experienced press adviser and Mary, Linda, Claire who spend their time keeping us on track.

So all this work goes on continuously but each year we identify key priorities and challenges and it is on these that I intend to focus.

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We are facing unprecedented demographic change in this country in common with other Western societies. For the first time this year there are more people aged 65 and over than 18 and under. We are also facing a steadily rising number of people with long-term conditions. The effects of obesity, smoking, alcohol and drug misuse, diabetes and conditions such as strokes and dementia all have an impact on individuals and families that increases their likelihood of requiring adult social care. One of the biggest growing sectors of the population is in those over 80. We know that it is older people who are the biggest users of adult social care and particularly those aged over 70. Once people are in their 80's the incidence of dementia steadily increases with one in 5 people suffering from some form. We also know that,

due to medical advances, more children and adults are surviving with multiple disabilities requiring high levels of social care services throughout their lives. As more and more of us come into contact with social care services as users, carers or friends, relatives or neighbours, we now expect much higher quality, flexible and more individual personalised services.

Our key priorities for this year and beyond, therefore, all arise from the steadily increasing demands for adult social care. They are:

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Establishing social care firmly within a wider health, wellbeing and re-ablement approach; reshaping it to provide more self-directed, personalised services; dealing with the financial pressures the increased demand is bringing; commissioning the best pattern of services for the future, improving choice, quality and value for money; contributing to raising the status of social care and public awareness of the importance and value of good social care in a civilised society.

[Slide: Caption - The Wellbeing & Prevention Agenda]

[Slide: photograph]

The Wellbeing and Prevention Agenda

We will not be able to meet the rising demands unless we are able to set social care within the wider context of health and wellbeing. Our partnership with the NHS is vital in this challenge, therefore, to strengthen the interface between what both local government and the NHS does, improve the health and wellbeing of communities. The position of adult social care within Local Authorities gives us huge advantages and, more than ever before, we now

need to work with the community, the Voluntary Sector, across Housing, Culture and Leisure, Transport, Adult Learning, Community Safety etc. This enables us to harness strategies and services in those areas to focus on the health and wellbeing of the local population; to reduce the social isolation of many older people and people with disabilities, to increase access to universal services and employment and to constantly work with those who do need intensive adult social care services for a time to enable them to regain skills and confidence and move back into universal services. Most of our members now have responsibilities beyond adult social care and this gives us exciting new opportunities in Local Authorities. 50% of our members are responsible for all or some aspects of Housing - commissioning or providing; 40% for crime prevention and community safety, community regeneration, safer communities and neighbourhood services; 25% for culture, leisure and adult learning and most are lead officer for health issues. We are all now working with colleagues across councils to achieve the range of services that will be essential to cope with the changing demography: a spectrum of housing services with support, from Care on Call through to extra care, sheltered housing, older people's villages, handy person's services and floating support. A range of services delivered in communities through faith groups, clubs, resident associations etc, opening up culture and leisure services for older people and those with disabilities, improving transport, providing better information – all of these can make a huge difference to people's lives. I know excellent work is going on across the country on this, and the POPPS and LinkAge pilots are showing different ways of developing wellbeing strategies and services, and here are a few examples from Salford.

[Slide: Picture of Strictly Come Tea Dancing]

Strictly Come Tea Dancing developed in an area where the Community Committee identified a large number of isolated older people. It is a project run through a Neighbourhood Team across the Council and the Primary Care Trust and provides a very popular weekly tea dancing afternoon which also provides health information and discussion. It targets isolated older people who then have an opportunity for fun, exercise, socialisation and learn about health issues.

[Slide: Picture of Bob]

This is Bob using an assisted exercise machine at one of our day centres. This is designed to support older people and people with disabilities to exercise and regain the use of muscles associated with walking and is linked to our Falls Strategy.

[Slide: Picture of Eunice]

This is Eunice, an 81 year old lady with learning Disabilities and Dementia, in her own house in an Extra Care Housing Scheme. The first time in her life she has ever had her own front door.

[Slide: Picture of Healthy Hips & Hearts]

This is one of our many Healthy Hips and Hearts clubs run by volunteer older people, supported by our Leisure Trust. Last year around 650 older people participated in walks, exercise groups etc and are now forming a Healthy Hips and Hearts Choir. Most of the activity around wellbeing is in partnership with the Primary Care Trust and across Council and Voluntary Sector services and allows us to use budgets, often other than social care, to deliver this range of

services. Our strategies link very strongly with the Government's agenda around Strong and Prosperous Communities and the Devolution to Neighbourhoods agenda. There are huge opportunities for us here and, unless we grasp them and see social care in this wider context, we will be driven to provide ever-increasing, intensive services to fewer and fewer people.

[Slide: Developing Personalised Services]

Developing Personalised Services

Since 1983 we have been striving to offer services that are person-centred, offer more choice and more flexibility. The growth of support for people at home, Direct Payments and the development of person centred planning are all examples of this move. However, with rising expectations, we now need to "up our game" and hence this is one of our priorities. Direct payments uptake, although rising, still represents a fraction of the way services are delivered. Individualised budget pilots are now showing us how we can achieve personalisation across all services. Many authorities working with In Control have done excellent work in showing how the lives of people with Learning Disabilities can be transformed. Here is an example of how a personalised approach can transform the life of one young person in Salford

[Slide: Josh's Story]

Josh is a young man from the Orthodox Jewish Community in Salford. He is severely autistic and cannot verbally communicate. When he was younger his parents were not happy about the education available to him locally and successfully challenged the LEA to pay for a specialist school placement in

Boston, USA. This was very difficult for Josh, his family and the Council. Although the school helped Josh in many ways he found the separation difficult, as did his family. Use of a computer started to open up communication for Josh and showed there was a great deal more to him masked by his communication difficulties. His mother then came to an Open Event that we held several years ago now, lead by people with Learning Disabilities where they discussed their dreams. Josh's parents then came to see me to ask if, together with a local school, we could build up support to enable Josh to live at home. We succeeded and, with Direct Payments, Josh now has support workers from his own community. He is attending a local college and, most importantly for him and his family, a Jewish college as he wants to be the first Autistic Rabbi. Josh has his own website and urges you to look at it at www.joshuasplanet.com and see how his life has been transformed by Person Centred Planning and Direct Payments.

Josh is one of the many people now who, with his family, benefits from a personalised budget approach to delivering social care. In his case he and his family use direct payments but individual budgets can also achieve this kind of flexible, individual service. This approach has been most successful so far for people with physical and learning disabilities.

Our challenge is to translate this now into our largest group of users - older people. This is a very different population from younger adults with disabilities, many of whom we know throughout their lives. Older people often come to us in crisis, there are much higher numbers and the through put in relation to services is very great. It is, therefore, one of our biggest challenges to redesign a social care system that will continue to provide good quality emergency care, intermediate care and re-ablement whilst enabling more and more people to take control of budgets and design and commission

their own package of support. This will challenge the roles of our care managers, how we record and account for our resources and redesign IT systems to deal with this fundamental change. We are up for this challenge because we know that it has the potential to provide services that are more flexible, personal and where the person is at the centre of managing their care. We will share best practice across the Association and are, with the Department of Health, Idea and the LGA, working to achieve and transform progress across the country.

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The Funding of Social Care

ADSS and then ADASS has been very active for the last 2 years in working with the LGA, other partners and the Department of Health to make the case for additional resources to meet the demographic pressures facing Adult Social Care and the need for a public debate about future funding.

We therefore particularly welcome the announcement of the intention to produce a Green Paper, and are ready to play our part as an Association, to contribute to and shape that paper.

Funding pressures in social care across the country remain acute. The Comprehensive Spending Review last week does show that the Department of Health and the Treasury have begun to recognise the importance and under-funding of Adult Social Care. We always knew that the funding issues facing us in social care would not be resolved in this Comprehensive Spending Review. The additional funding is very welcome – it is only a start, there is still a long way to go. A very challenging Efficiency Target has also

been set for us and ADASS, nationally and regionally, are working with the Care Services Efficiency Delivery Programme to develop and share good practice in delivering efficiencies without cutting services. Nevertheless, more and more Councils are having to manage demand by tightening eligibility criteria – thereby losing opportunities for early intervention, reablement and prevention of the need for long-term care. This is the opposite of what we would want and need to do to manage demand in the longer term, which is why the development of corporate and wider partnership, wellbeing strategies, reablement etc are so important.

Securing adequate funding for social care therefore remains one of our top priorities and we will work with the Department of Health on the implementation of this CSR and planning for the next one, linked to the Green Paper.

Commissioning

Over the last 15-20 years, local authorities have steadily moved from being large providers to becoming commissioners. This is particularly so in adult social care. But we are still on that journey and CSCI's report and feedback from the Independent Sector and our members indicate that this is a key area if we are to truly assess future demand, develop and shape capacity and ensure a range of services for individuals – who will increasingly, through Direct Payments and Individual Budgets, commission themselves.

Commissioning is challenging: there is no established expert commissioning workforce in any area of public service. The NHS, the Department of Children, Schools and Families and the Department of Communities and Local Government are all looking to develop commissioning capacity in their sectors. Our plea is: please join up at Government level as most

commissioning at local level should be joint commissioning – whether it is across Council departments with Primary Care Trusts and with Practice Based commissioners or across a number of councils. We have all made a start on this but there is still a way to go. As Practice Based commissioning develops, it is vital that Practice Based Commissioners recognise the integral importance of social care and wider Council services in enabling people to stay healthy and independent. Joint Strategic Needs Assessments across councils and PCT's will be key. Commissioning strategies will follow from those and need to cover public health, preventative and wellbeing services as well as intensive health and social care needs. Already, many councils are jointly commissioning new models of service in Extra Care Housing, Intermediate Care, Supported Employment, Independent Living, Advocacy and Information. Our commissioning responsibilities also include commissioning the workforce across all sectors and our Human Resources committee has done some very helpful work on this.

So ADASS will continue to develop commissioning expertise and share best practice through our regional and policy networks.

The Status of Social Care – the Secret Service

Finally, the status of social care. Delivering Adult Social Care still feels like running the Secret Service. Nobody is very interested or knows what we do, until they or their families need us. Members will be very familiar with budget consultations and public meetings where people never mention social care. The environment, housing, street lighting, crime and youth nuisance is what is in the public's mind when they think about Council Services. The demographic change facing the country, however, means that adult social care is now moving into the spotlight – we must be ready for this – passionate

about delivery, the best quality personalised services, celebrate what we do already, use the media and work to make a reality Dame Denise Platt's recommendations on leadership in the sector from members and officers.

I have worked in social care for over 30 years and, like you, have seen many times how it can transform people's lives, protect them when they need support at times of difficulty and, at its best, give people confidence to fulfil their dreams. We need to be proud of what we do already whilst we continue to develop personalised, flexible and quality services to meet the demographic change and public expectation. I am confident we can do this.